



THE CENTER ON
IMMIGRATION
AND CHILD WELFARE

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STRENGTHENING BORDER FAMILIES

Frontline Practitioner Perspectives
on Service Access for Immigrant
Families with Young Children in
Doña Ana County, NM

PREPARED BY

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STUDY SUMMARY

In recent years, federal immigration and public benefits policies with implications for immigrant families¹ in the U.S. have been extraordinarily restrictive and punitive. These policies have exacerbated a climate of fear and vulnerability for immigrant families, while also creating significant barriers to service access and eligibility for immigrant families, particularly those services that are important for child health and wellbeing. The borderlands of New Mexico are one of the most impoverished areas of the country, where the day-to-day experiences of immigrant children and families are impacted by complex border policies and dynamics that restrict access to needed supports.

Early childhood (ages 0-8) is a crucial time for child development across the cognitive, socio-emotional, and physical domains. Supportive services such as health, mental health, early childhood education, childcare, and public assistance (e.g., SNAP, TANF, WIC, etc.) are critical to ensuring the healthy development and well-being of children, especially during these early years. Emerging research indicates that immigrant families are forgoing essential services in response to the previously mentioned policies, which is incredibly concerning for their children's long-term health and wellbeing outcomes.²³⁴ Furthermore, the COVID-19 pandemic has increased vulnerability for immigrant families in an unprecedented way. Until the recently passed American Rescue Plan Act, previous COVID-19 relief options excluded tax-paying immigrant and mixed-status households from receiving financial assistance⁵. Even though COVID-19 has disproportionately impacted immigrant-dominated industries, many immigrant families remain ineligible for unemployment or other public benefits.

This research details the results of the second phase of a multiphase mixed-methods study that aims to: 1) understand the accessibility and quality of services for immigrant families with young children in Doña Ana County both before and during the COVID-19 pandemic; 2) identify barriers and facilitators to service access for these families; and 3) uplift community-informed practice and policy solutions to improve equity in access to key supportive services for immigrant families with young children in southern New Mexico and across the state.

The results of the first phase of data collection, which elicited the perspectives of community agency and local government leaders in 2020, are available [here](#). This second phase, conducted

¹ For the purposes of this report, “immigrant families” refers to families in which all family members are non-U.S. citizens as well as to mixed-status families, or those who have at least one family member (e.g., a parent) who is not a U.S. citizen, while other family members, often children, who are U.S. citizens.

² Jeanne Batalova, Michael Fix, and Mark Greenberg, *Millions will feel chilling effects of U.S. public charge rule that is also likely to reshape legal immigration*. (Washington, DC: Migration Policy Institute, 2019), <https://www.migrationpolicy.org/news/chilling-effects-us-public-charge-rule-commentary>

³ Jennifer Haley et al., *One in five adults in immigrant families with children reported chilling effects on public benefit receipt in 2019* (Washington, DC: Urban Institute, 2020), <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>

⁴ Jennifer Haley et al. *Many Immigrant Families with Children Continued to Avoid Public Benefits in 2020, Despite Facing Hardships* (Washington, DC: Urban Institute, 2021), https://www.urban.org/sites/default/files/publication/104279/many-immigrant-families-with-children-continued-avoiding-benefits-despite-hardships_0.pdf

⁵The December 2020 stimulus package somewhat addressed this gap by enabling citizens in mixed-status households to receive benefits. However, people with individual taxpayer-identification numbers, or “ITINs,” were still excluded from receiving benefits. The March 2021 American Rescue Plan Act allowed all individuals with SSNs to receive \$1,400 payments (including children whose parents do not have a SSN), making an additional 2.2 million children in immigrant families eligible for relief.



in the late spring of 2021, elicited perspectives of those who work directly with immigrant families across a variety of service settings in the Doña Ana County community. We collected 80 online surveys from frontline practitioners from a variety of community-based organizations, including early childhood education and early intervention providers, healthcare and mental health providers, schools, immigration legal services providers, and other social service providers. We also conducted 5 follow-up focus groups with select survey participants to delve deeper into key themes that arose through the surveys and gain more insight into key areas of interest. This report provides detailed information from frontline practitioners from 35 different agencies in Doña Ana County serving Las Cruces as well as many smaller towns and communities in the county.

Participant responses highlighted challenges with engagement related to fear of immigration consequences, legal status and eligibility issues, lack of information about available services, cost barriers, and language access issues. Language access issues are primarily related to insufficient bilingual staff, lack of resources for languages other than Spanish, lack of funding to provide language services, and document translation challenges. Participants also provided insight on the degree to which they believe that immigrants trust the services provided by their agencies. They reported that factors such as relationship and rapport building, provision of language appropriate services, information sharing and education, and having service providers with relatable experiences (e.g., are immigrants themselves) contribute to increasing trust between immigrant communities and service providers.

In conjunction with approaches that help build trust with immigrants, participants specified which strategies are successful for engaging immigrant families. These include information sharing, education, and outreach; provision of language appropriate services; cultivating and leveraging trust; interagency collaboration; case management; streamlining and centralizing services and more. Participants also noted the impact that the COVID-19 pandemic has had on service needs and access and provided insight on how immigrant families have coped in this context. The report concludes with participant perspectives on the greatest needs of the immigrant community and recommendations on how best to meet these needs. This includes participants' ideas on the concept of a one-stop-shop for services for immigrant families, its needed components and ideal location and format.

The findings and recommendations of this phase of the research inform the next phase of the project scheduled to begin in January 2022. Phase 3 will comprise of two core components: 1) a community resource mapping project to identify and map existing services for immigrant families in Dona Ana County; and 2) data collection with immigrant families with young children. The mapping project in conjunction with the information and perspectives provided by immigrant families themselves will inform the exploration of a pilot of the one-stop-shop.



RESEARCH METHODS

This research is rooted in a community-based participatory model, relying on the input from four community agency partners and a community advisory group. Our community agency partners include: 1) a low-cost immigration legal services provider, 2) an early childhood education and comprehensive services provider for families experiencing homelessness and near-homelessness, 3) a faith-based community organizing organization, and 4) an education and nonprofit capacity-building organization. Our advisory group consisted of 12 community members with personal and professional experience with immigrant families, including social workers, teachers, parents, and other frontline practitioners in immigrant-serving agencies.

In early 2021, researchers administered online surveys to 80 frontline practitioners across Doña Ana County, New Mexico who provide early childhood, childcare, health, mental health, food, housing, legal, and other types of social services. Community advisory partners provided recommendations of key organizations and stakeholders to target. Participants were recruited via email. They completed an informed consent, demographic questionnaire, and the survey via Qualtrics online survey platform. A \$20 e-gift card was offered upon completion of each survey. Five 90-minute focus groups were conducted with 17 survey participants who indicated an interest in participating in a follow up focus group to provide more in-depth information about their experience and perspectives. Focus groups were conducted via Zoom video conferencing, with 2 groups administered in Spanish and 3 groups administered in English. A \$30 e-gift card was offered in compensation for participants' time.

Descriptive analyses of quantitative survey data were conducted via SAS using chi-square and t-tests for assessing relationships among key variables of interest. A qualitative thematic approach was utilized to analyze data from open-ended survey questions as well as the focus groups using Dedoose software. An initial codebook of the open-ended questions was created by two researchers, and was member checked and revised using an iterative team process to arrive at common definitions of codes and themes. Focus group data was analyzed by two researchers to identify new themes and compelling quotes that would bring light to key themes revealed in the data.



RESULTS

PARTICIPANT & AGENCY CHARACTERISTICS

PARTICIPANT CHARACTERISTICS

The majority of participants identified as Hispanic or Latino and reported being proficient in another language. Participants carried a range of different job types and service sectors. The majority of participants (55%) had worked at their organization for less than 5 years. On average, participants reported having worked with immigrants or on immigration issues for 9.2 years, and 52.9% of their work is with immigrants (See Table 1). Five 90-minute focus groups were conducted with 17 survey participants to provide more in-depth information about their experience and perspectives.

Table 1. Survey Participant Demographics

	n	%
Race & Ethnicity		
Hispanic or Latino	65	81.3%
Multiple race or ethnicity	5	6.3%
Other	10	12.5%
Proficiency in another language		
Any other language	71	88.8%
Spanish	68	85.0%
Education		
High school graduate, diploma or equivalent	1	1.3%
Some college credit, no degree	9	11.3%
Trade/technical/vocational training	2	2.5%
Associate degree	5	6.3%
Bachelor's degree	29	36.3%
Master's degree	28	35.0%
Professional degree	3	3.8%
Doctorate degree	2	2.5%
Job/Position Type		
Caseworkers/Social Workers	21	26.3%
Management/Administration	15	18.8%
Clinicians	15	18.8%
Community Outreach Providers/Promotoras	15	18.8%
Educators	10	12.5%
Legal Service Providers	4	5.0%
Length of Time Working for the Agency		
Less than five years	44	55.0%
5-10 years	21	26.3%
11-20 years	11	13.8%
More than 20 years	4	5.0%

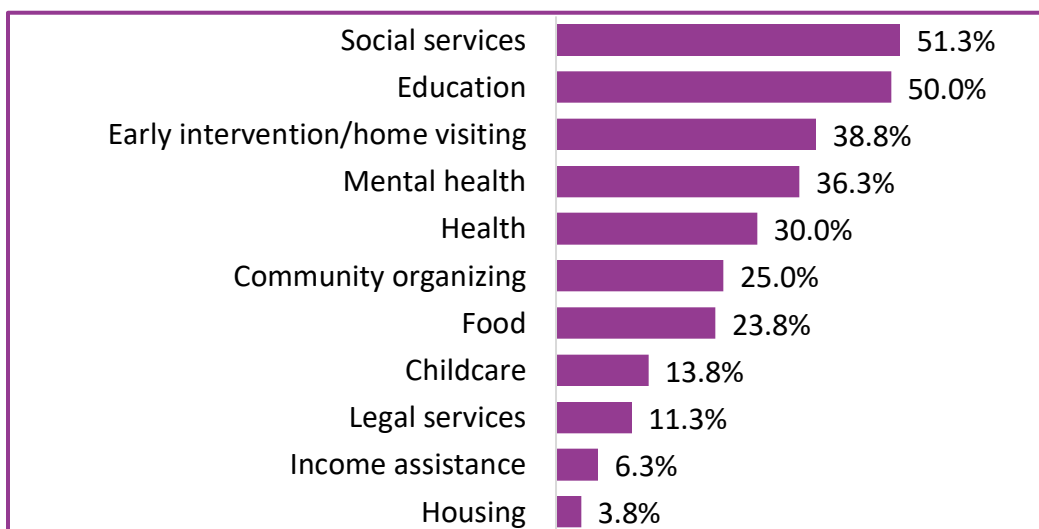


Experience with Immigrant Populations or Issues	Mean	Min - Max
Length of time working with immigrants	9.2 years	0.9 - 33 years
Percent of work with immigrants	52.9%	0% - 100%

AGENCY CHARACTERISTICS

Participants reported that their agencies provide a number of services to the community, including social services, education, early intervention or home visiting, mental health services, health services, community organizing, food, childcare, legal services, income assistance and housing (see Figure 1).

Figure 1. Types of Services Provided by Responding Agencies



While the majority of participants (67.5%) reported that their agencies primarily serve Las Cruces, NM, a number of other smaller towns and communities are also served by the agencies of survey participants, including Anthony, Vado, Chaparral, Hatch, Mesquite, Berino, Santa Teresa, Sunland Park, La Union, and others, as well as some outside the county (See Table 2 & Figure 2).

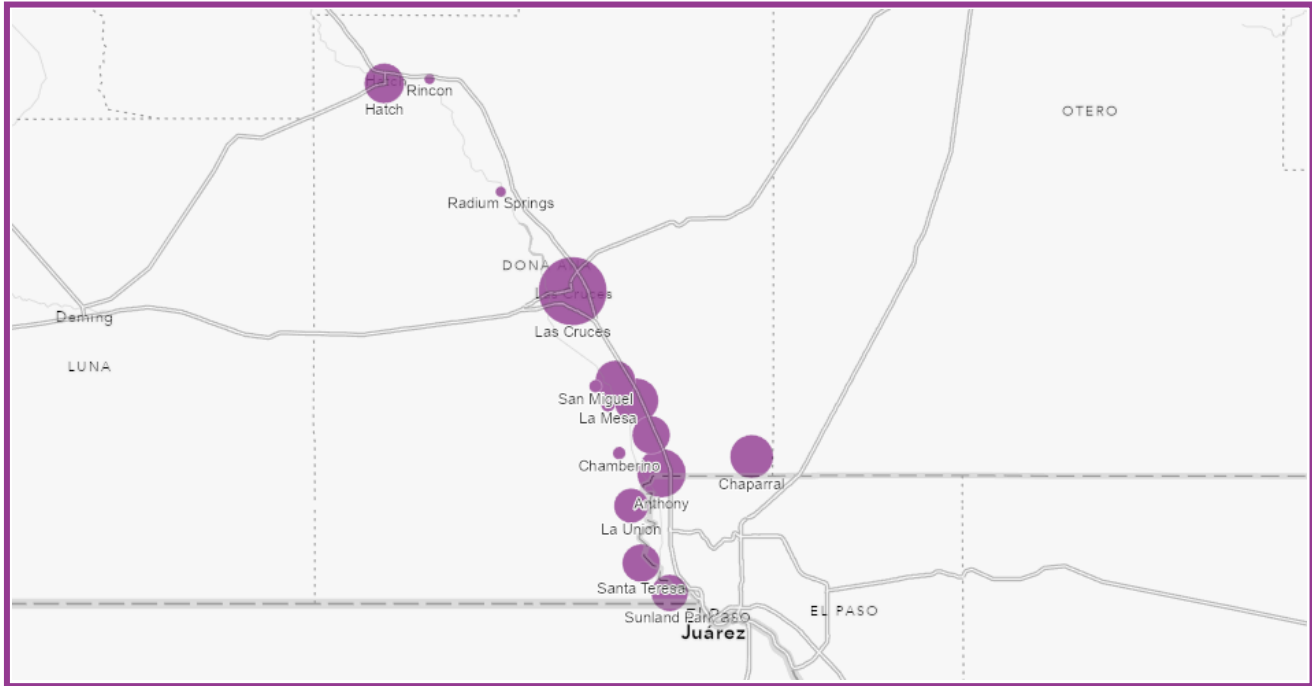
Table 2. Communities Served by Responding Agencies

Las Cruces	67.5%	La Union	28.8%
Anthony	45.0%	Outside Dona Ana County	8.8%
Vado	40.0%	La Mesa	5.0%
Chaparral	38.8%	Chamberino	3.8%
Hatch	35.0%	San Miguel	3.8%
Mesquite	35.0%	Rincon	1.3%
Berino	32.5%	Radium Springs	1.3%
Santa Teresa	32.5%	Other	1.3%
Sunland Park	31.3%		

Percentages sum to more than 100% because respondents were instructed to select all that apply.



Figure 2. Map of Communities Served by Responding Agencies



Source: Map created using ArcGIS® software by Esri. Data sources include New Mexico State University, Texas Parks & Wildlife, CONANP, Esri, HERE, Garmin, SafeGraph, FAO, METI/NASA, USGS, Bureau of Land Management, EPA,

IMMIGRANT ENGAGEMENT

CHALLENGES WITH ENGAGEMENT

The majority of participants (85.1%) reported that their organizations experience challenges engaging with the immigrant community at least sometimes, including 23.8% who often experience challenges and 8.8% who always experience challenges. The most commonly cited barriers included immigrant fear, lack of eligibility for services, language barriers and trust issues (See Appendix B, Table B1). Some participants discussed internal agency challenges (e.g., high employee turnover rates) or requirements (e.g., prioritizing profits and/or service provision to clients who are billable via Medicaid) that as barriers to serving immigrant clients. Participants spoke about unique challenges in communities like Chaparral, an unincorporated *colonia* divided between Doña Ana County and Otero County. Policies in Otero County are notably less welcoming of immigrants, where for example, the sheriffs “seem to have really increased an unfair focus on folks who might be undocumented.”

Most participants (72.6%) thought that immigrant families have felt at least somewhat comfortable receiving services at their organization, while 18.8% thought families have felt somewhat uncomfortable and 7.5% extremely uncomfortable. Participants offered their perspectives on the reasons why families

“I have seen children whose parent(s) have been deported and address the impact on their mental health through counseling services. Many children identified continuous stress due to inability to travel, fear of parents' status being learned and excessive perfectionism [to] improve family's financial status.”

– Mental health practitioner



may not receive services that they are eligible for. The top 10 reasons are found in Figure 3.

Figure 3. Top 10 Reasons families do not access services

1. FEAR
2. LACK OF INFO/ AWARENESS
3. LEGAL STATUS AND/OR ELIGIBILITY ISSUES
4. COST BARRIERS
5. LANGUAGE BARRIERS
6. MISTRUST/DISTRUST
7. LACK OF INFO ABOUT ELIGIBILITY
8. TRANSPORTATION ISSUES
9. HESITANT TO SEEK SERVICES
10. LACK OF AGENCY CAPACITY

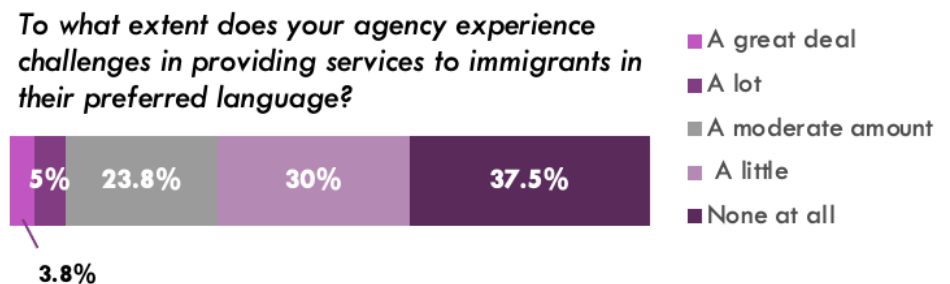


LANGUAGE ACCESS

More than half of the participants (62.6%) reported that their agency experiences challenges in providing services to immigrants in their preferred language at least a little (See Figure 4). The main types of language access challenges cited included a lack of or need for bilingual staff, a lack of resources for languages

other than Spanish, lack of funding or cost barriers within the agency, and document translation challenges. Some focus group participants reported that their agencies do not prioritize the hiring of bilingual and bicultural staff and that they are not aware of formal language access plans within their organizations. However, participants from agencies that target immigrants as a primary client population reported that their agencies do prioritize hiring bilingual staff and providing language appropriate services. Participants also noted a need to intentionally create content for immigrant families e.g., for education and outreach, as opposed to relying on translation of content originally created in English. Some highlighted a need for *bicultural* service providers, stating that sometimes bilingual staff are not fluent enough to communicate in depth with families and that having relatable life experience aids in effective communication and trust building.

Figure 4. Challenges in language appropriate service provision



“Every information they ever get about services or things, it’s drafted in English. And then at some point it’s translated... But inevitably, the folks who receive that information are looking at it...[and] it’s very obvious to them that these materials were never created for them in the first place... I think there is this feeling of like I’m getting this information as a second-class citizen basically...a second-class member of this community.”

– Community organizer



TRUST IN SERVICES

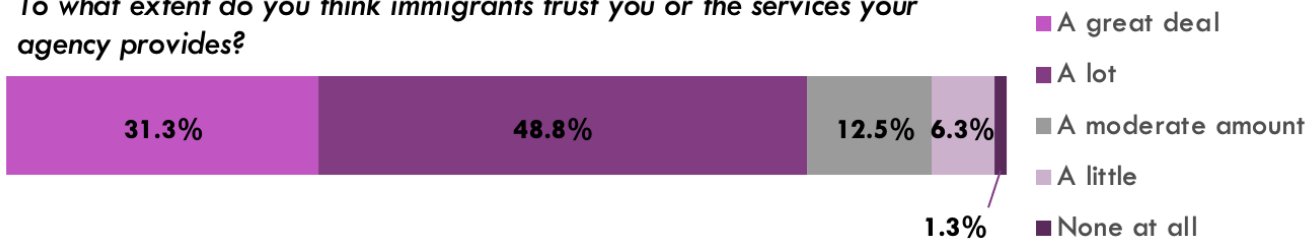
The majority of participants reported that they felt immigrants trust the services that their agency provides either “a lot” (48.8%) or “a great deal” (31.3%) (See Figure 5). Key contributors to trust include relationship and rapport building, provision of language appropriate services, information sharing and education, and having service providers with relatable experiences (e.g., being immigrants themselves). Several focus group participants elevated the importance of frontline practitioners being representative of the immigrant population and of using *promotoras*, who are already established in the communities and act as trusted messengers. They also talked about the importance of partnering with other organizations who are already trusted messengers with the immigrant community.

“If you show up with a promotora, you're in. They really are beneficial. They're everywhere. Every community has them, so they have been a big help to us... promotoras, they're magic.”

– Social services provider

Figure 5. Extent of immigrants' trust in agency services

To what extent do you think immigrants trust you or the services your agency provides?



ENGAGEMENT APPROACHES

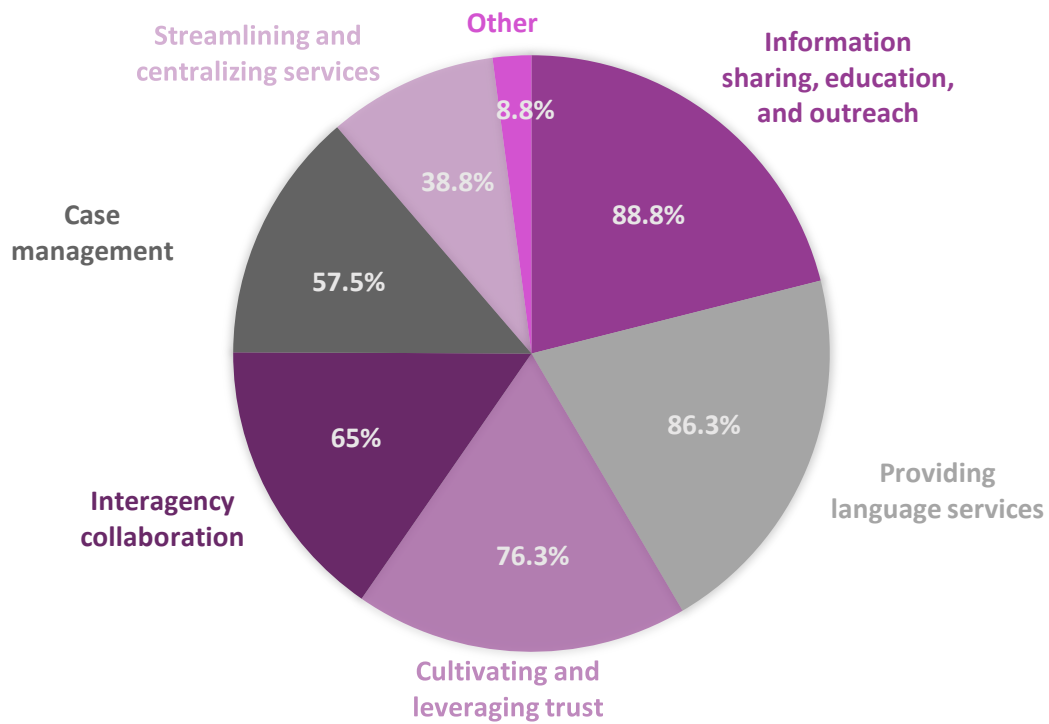
Figure 6 below depicts the approaches that participants use to engage immigrant and mixed-status families. Information sharing, education, and/or outreach as well as providing language services were the most commonly selected approaches. Participants highlighted additional strategies employed to address the challenges they encounter with engagement, including maintaining confidentiality, being adaptable and flexible in service provision, implementing low-cost services and sliding fee scales, advocating for clients, utilizing community organizers and/or *promotoras*, and having relatable experiences or backgrounds to immigrant families (see Appendix B, Table B2). Two participants mentioned that explaining that they are not affiliated with ICE or law enforcement as an important component of their trust-building and engagement. Several Spanish-speaking participants, many of whom identified as immigrants themselves, spoke to their ability to build trust and effectively engage with immigrant families because of their shared experiences as immigrants.

“Puedo comprender a estas personas porque yo sé lo que han sufrido. Yo sé como vienen. Yo sé de dónde vienen...No me da vergüenza decir que trabajé limpiando casas de siete de la mañana a siete de la tarde, ganando diez dólares al día. Y que bañé perros y que quité pulgas y que hice cantidad de cosas por sobrevivir. No me da vergüenza. ¿Por qué? Porque logré superarme y salir adelante. Yo creo que ellos también se merecen una oportunidad.”

– Adult education provider



Figure 6. Engagement approaches utilized by frontline practitioners



CHANGES DURING COVID-19

The majority of participants (71.3%) reported that they have noticed changes in immigrant families accessing their services during the Covid pandemic at least a moderate amount (Appendix B, Table B3). Primary changes described include a greater need for assistance with meeting various basic needs (e.g., food, housing, utilities), a lack of access to technology and internet, school and education-related challenges, barriers due to agency closures, and increased employment and income needs. Participants reported that a main source of support for immigrant families during COVID-19 has been their agencies providing them with information and resources. Beyond this, a primary way that immigrant families have coped and found support during COVID has been by relying on family and friends.

“I have seen incredible resiliency in the families I’ve worked with. I think this is due in part to strong inter-family networks that have allowed social support structures to remain in place despite the pandemic.”

– Legal services provider



MEETING THE COMMUNITY'S NEEDS

Participants offered insight on what is most needed to meet the unique needs of the immigrant community in Doña Ana County. Figure 7 demonstrates the top 10 concerns and needs of immigrants as identified by survey participants. Unemployment and employment needs were cited as a top concern for immigrant families, especially in the context of the COVID-19 pandemic. Other basic needs, like health services, housing, income, education, and food needs, also made the top 10 list of concerns. Fear of repercussions due to legal status, lack of immigration status and a need for immigration legal services were identified as significant concerns for families. With respect to legal services, participants reported that immigrant families specifically need help with defense of deportation (73.8%), family-based immigration petitions (68.8%), asylum, (61.3%), humanitarian visas (61.3%), and housing exploitation (46.3%).

Figure 7. Top 10 Concerns of Immigrant Families

1. EMPLOYMENT/UNEMPLOYMENT
2. FEAR OF REPERCUSSIONS DUE TO LEGAL STATUS
3. HEALTH SERVICES OR LACK OF HEALTH INSURANCE
4. HOUSING
5. INCOME
6. LACK OF LEGAL STATUS/ IMMIGRATION SERVICES NEEDS
7. EDUCATION
8. LACK OF KNOWLEDGE ABOUT SERVICES OR ELIGIBILITY
9. MENTAL HEALTH
10. FOOD & NUTRITION NEEDS

In order to begin to meet these needs and concerns of immigrant families, participants identified the following changes needed to improve immigrant families' access to services:

1. **Resource and information sharing:** Participants reported that more education and outreach is necessary to provide immigrant families with information and increase awareness about the services available in the community. Existing outreach and education should be more targeted toward immigrant families, and not simply a byproduct of the translation of materials and content originally created in English.
2. **Access to more services:** Participants reported that more services are needed. The majority of services are located in Las Cruces, while the smaller communities outside Las Cruces, such as Chaparral, Sunland Park, and other *colonias* lack a variety of services. This lack of services in families' own communities is compounded by a lack of adequate transportation and geographic barriers like the Border Patrol checkpoints, which prevent access to the services that are available in Las Cruces.
3. **Improved language access:** Participants reported that more bilingual staff and more information and resources in different languages are necessary. Many participants reported needing more fully bilingual staff at their agencies as well as more resources for languages other than Spanish (e.g., indigenous languages in Mexico and Central America, Mandarin, Thai, etc.).



4. **A one-stop-shop:** Several participants highlighted the need for a one-stop-shop or a “no wrong door”⁶ approach for services for immigrant families. →
5. **Free or lower-cost services:** Participants elevated the need to lower cost barriers to services by providing more free, low-cost, and/or flexible payment services. Often even the seemingly nominal fees charged by agencies for services, forms, documentation, etc. are a barrier for immigrant families who often lack financial resources.
6. **More specialized staff:** Participants reported a need for more staff who are trained in immigration issues and working with immigrant populations. The challenges and experiences of immigrants are very unique, and this requires specialized knowledge that goes beyond culturally sensitive and trauma-informed care → encompass the unique stressors and traumas that many immigrants face.

“I would like to see an immigrant service non-profit organization or center where an immigrant family can come to get help with medical, employment, food, education, mental health, legal - a one-stop-shop in sorts. This will be staffed by professionals who are culturally sensitive and trauma-informed.”

– Early intervention provider



Additional recommendations are available in Appendix C, Table C1.

WHERE FAMILIES GET SERVICES

Participants identified specific places immigrant families go to access services for a variety of needs, including health, education, childcare, child behavioral issues, unemployment and income, mental health, housing, food, and legal advice. Figure 8 highlights the top 5 places in each category. Comprehensive lists of these agencies and organizations are available in Appendix C, Table C2.








Figure 8. Where families go when they need help*

<p> HEALTH NEEDS</p> <ol style="list-style-type: none"> 1. La Clinica de Familia (LCDF) 2. Ben Archer Health Centers 3. Local clinics or hospitals 4. Amador Health Center 5. Mexico 	<p> MENTAL HEALTH NEEDS</p> <ol style="list-style-type: none"> 1. La Clinica de Familia (LCDF) 2. Amanecer Community Counseling 3. Amador Health Center 4. Ben Archer Health Centers 5. Aprendamos Family of Services
<p> EDUCATIONAL NEEDS</p> <ol style="list-style-type: none"> 1. Las Cruces Public Schools 2. Doña Ana Community College 3. Gadsden Independent School District 4. Head Start/Early Head Start 5. Hatch Public Schools 	<p> HOUSING NEEDS</p> <ol style="list-style-type: none"> 1. Family and friends 2. Churches 3. Community of Hope 4. La Casa, Inc. 5. Gospel Rescue Mission

*Figure continues on the next page →

⁶ A “no wrong door” approach refers to a system of service provision in which there are multiple entry points to services and programs, or “no wrong door,” and an individual can access the services they need regardless of where they enter the system.

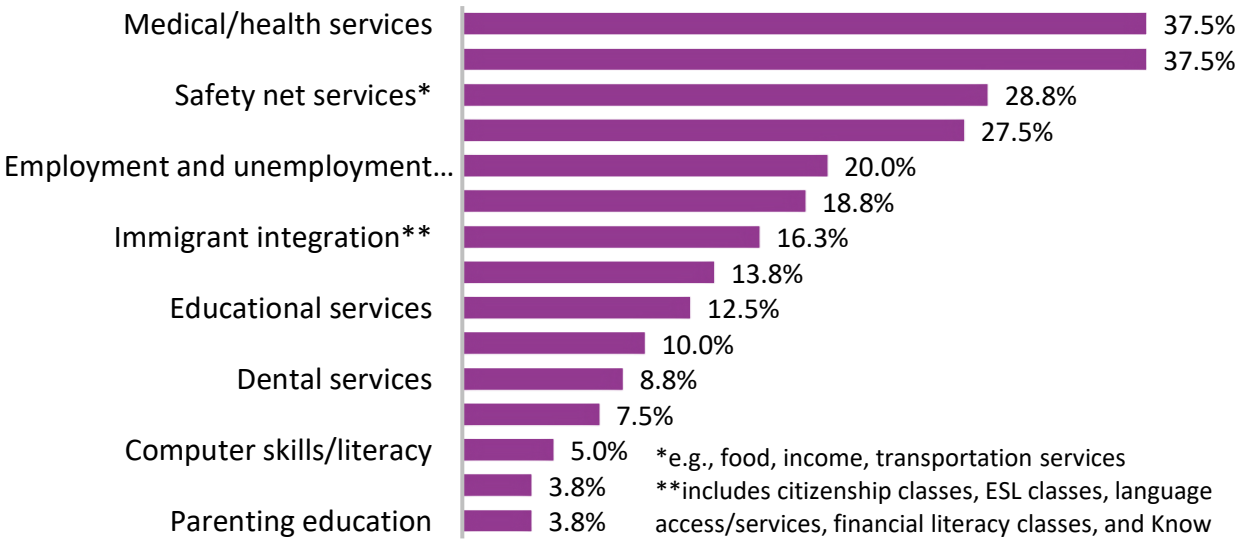


 <h3>CHILDCARE NEEDS</h3> <ol style="list-style-type: none"> 1. Family and friends 2. Children, Youth & Families Dept (CYFD) 3. Head Start/Early Head Start 4. Jardin de los Niños 5. New Mexico Pre-K 	 <h3>FOOD NEEDS</h3> <ol style="list-style-type: none"> 1. Churches 2. Casa de Peregrinos 3. NM Human Services Dept 4. SNAP/Food stamps 5. Roadrunner Food Bank
 <h3>CHILD BEHAVIORAL ISSUES</h3> <ol style="list-style-type: none"> 1. La Clinica de Familia (LCDF) 2. Schools 3. Amanecer Community Counseling 4. Aprendamos Family of Services 5. Ben Archer Health Centers 	 <h3>LEGAL ADVICE</h3> <ol style="list-style-type: none"> 1. New Mexico Legal Aid 2. Catholic Charities of Southern NM 3. Free legal clinics or services 4. Colonias Development Council 5. Churches
 <h3>UNEMPLOYMENT OR INCOME NEEDS</h3> <ol style="list-style-type: none"> 1. NM Human Services Dept 2. NM Workforce Solutions 3. Family and friends 4. NM Workforce Connection 5. Churches 	

THE ONE-STOP-SHOP

Participants were asked to provide their ideas on the concept of a one-stop shop for immigrants in the community. Figure 9 describes the various types of services that participants felt should be included in a one-stop-shop. Key among these are immigration/legal services; medical and health services; safety net services (e.g., food, income, transportation assistance); housing, rental, and/or shelter services; employment/unemployment services; mental and behavioral health services; case management and referrals; and educational services.

Figure 9. Types of services needed for a one-stop-shop for immigrant families



Participants also provided insight about where such a one-stop-shop should be located. Participants named specific cities/towns across Doña Ana County, including Las Cruces, Anthony, Chaparral, Hatch, Sunland Park, Vado. They also provided more general recommendations regarding location of the one-stop-shop, the format, who they think should provide the one-stop-shop and how immigrant families would find out about it (See Table 3). Participants also made recommendations about the types of agencies/entities as well as the type of staff that should be providing the one-stop-shop services.

Table 3. Recommendations for one-stop-shop

LOCATION	FORMAT	PROVIDER TYPE	OUTREACH
<ul style="list-style-type: none"> ● in/near the immigrant community ● in the colonias/rural communities ● in an accessible location ● in schools ● in community centers ● downtown/central location ● within an existing service provider ● at/near NMSU ● close to the border ● in places of worship ● at the Dept of Health ● where people would not have to pass a Border Patrol checkpoint. 	<ul style="list-style-type: none"> ● multiple locations (e.g., main office in Las Cruces with satellite branches) ● mobile unit ● virtual option 	<ul style="list-style-type: none"> ● community agencies ● government ● nonprofits ● coalition/collaborative of agencies. ● experienced staff (e.g., social workers, promotoras, community health workers, etc.) ● empathetic and relatable staff (e.g., those with relatable life experiences), health professionals, volunteers, advocates, and bilingual and bicultural staff. 	<ul style="list-style-type: none"> ● general outreach/advertising ● agency collaborations and referrals ● word of mouth ● flyers and signage ● via the schools ● social media, and other media (e.g., radio, TV, etc.).

CONCLUSION & NEXT STEPS

This research generated foundational knowledge of the factors that positively and negatively impact service provision for young immigrant children and their families as well as an understanding of the service provider ecosystem. Results identified key community needs, raised awareness, and garnered momentum and interest among community groups and local officials to address the needs of those most often left in the shadows. Findings informed development of guidelines for organizations to be more inclusive of immigrants, which is forthcoming. Altogether, the results of this research and its recommendations will improve equity in access to services and well-being outcomes for the youngest children in immigrant families.

The next phase of this study will commence in early 2022 and will survey the perspectives of immigrant families with young children in Doña Ana County themselves on the key barriers and facilitators to accessing services in the community and on the idea of the one-stop-shop, including what it should look like, where it should be located, and who should staff it. We are also conducting a complementary community resource mapping project to identify and map the existing services and providers available to immigrant families across the county. These two projects will collectively inform community development of a pilot of the one-stop-shop for immigrants in the community, which may serve as a model for communities across the state.



APPENDICES

APPENDIX A: AGENCY CHARACTERISTICS

Table A1. Agency Services & Communities Served

Types of Services Provided by Responding Agencies	n	%
Social services	41	51.3%
Education	40	50.0%
Early intervention or home visiting services	31	38.8%
Mental health services	29	36.3%
Health services	24	30.0%
Community organizing	20	25.0%
Food	19	23.8%
Childcare	11	13.8%
Legal services	9	11.3%
Income assistance	5	6.3%
Housing	3	3.8%
Communities Served by Responding Agencies	n	%
Las Cruces	54	67.5%
Anthony	36	45.0%
Vado	32	40.0%
Chaparral	31	38.8%
Hatch	28	35.0%
Mesquite	28	35.0%
Berino	26	32.5%
Santa Teresa	26	32.5%
Sunland Park	25	31.3%
La Union	23	28.8%
Other, outside Dona Ana County	7	8.8%
La Mesa	4	5.0%
Chamberino	3	3.8%
San Miguel	3	3.8%
Rincon	1	1.3%
Radium Springs	1	1.3%
Other not specified	1	1.3%

Counts/percentages sum to more than n=80/100% because respondents were instructed to select all that apply.

This data corresponds to Figures 1 and 2 above.



APPENDIX B: IMMIGRANT ENGAGEMENT

Table B1. Challenges or barriers to engaging with the immigrant community*

	n	%
Fear	16	20.0%
Lack of eligibility for services	12	15.0%
Language barriers	12	15.0%
Trust issues	12	15.0%
Work-related constraints	7	8.8%
Lack of understanding of systems or services available	6	7.5%
Transportation issues	6	7.5%
Don't want to share their info/expose their situation	5	6.3%
Lack of financial/economic resources	5	6.3%
Cultural challenges	4	5.0%
Agricultural work-related challenges	3	3.8%
Lack of agency funding or funding restrictions	3	3.8%
Lack of health insurance	3	3.8%
Lack of internet/technology	3	3.8%
Border Patrol checkpoints	2	2.5%
Refusal of services	2	2.5%
Other	10	12.5%

*Responses summarized from open-ended survey questions.

Table B2. Additional strategies used to address challenges with engagement*

	n	%
Maintaining confidentiality	6	7.5%
Adaptations/Flexibility in service provision	4	5.0%
Low cost/sliding fee scales	4	5.0%
Advocating	3	3.8%
Community organizers and/or promotoras	3	3.8%
Having relatable experiences/backgrounds	3	3.8%
Providing tangible resources	3	3.8%
Assistance in navigating services	2	2.5%
Explaining that they are not affiliated with ICE/Law Enforcement	2	2.5%
Offering virtual alternatives	2	2.5%
Other	3	3.8%

*Responses summarized from open-ended survey questions.



Table B3. Changes in service access during COVID-19

<i>To what extent have you noticed changes in immigrant families accessing the programs and services during COVID-19?</i>	n	%
A great deal	12	15.0%
A lot	20	25.0%
A moderate amount	25	31.3%
A little	16	20.0%
None at all	7	8.8%



APPENDIX C: MEETING THE COMMUNITY'S NEEDS

Table C1. Additional changes needed to improve immigrant families' access to services*

	n	%
Trusted/safe/welcoming space	6	7.5%
Policy and systemic changes	6	7.5%
Access to healthcare/preventive care	5	6.3%
More funding/charitable fund	4	5.0%
Broader eligibility	3	3.8%
Education on rights	3	3.8%
More legal services	3	3.8%
No immigration consequences	3	3.8%
Transportation	3	3.8%
Easier process to know if they qualify	2	2.5%
Extend hours of service	2	2.5%
Higher wages & benefits	2	2.5%
Housing	2	2.5%
Mobile unit	2	2.5%
Technology access improvements/innovations	2	2.5%
Other	8	10%

*Responses summarized from open-ended survey questions.

Table C2. Where immigrant families go when their children or family needs help with the following*

Health	n	%
La Clinica de Familia (LCDF)	48	60.0%
Ben Archer Health Centers	24	30.0%
Local clinic or hospital	23	28.8%
Amador Health Center	8	10.0%
Mexico	5	6.3%
New Mexico Department of Health	3	3.8%

Additional single responses included Medicaid, family and/or friends, school.

Education	n	%
Las Cruces Public Schools	14	17.5%
Doña Ana Community College (DACC)	9	11.3%
Gadsden Independent School District	8	10.0%
Head Start/Early Head Start	5	6.3%
Hatch Public Schools	4	5.0%



Community centers	3	3.8%
Jardin de los Niños	3	3.8%
Community colleges (unspecified)	2	2.5%
Migrant Education Program (MEP)	2	2.5%

Additional single responses included MCH Family Outreach, Aprendamos Family of Services, NMSU, College Assistance Migrant Program (CAMP), Highschool Equivalency Program (HEP), Colonias Development Council, universities (unspecified), and Other.

Childcare	n	%
Family and/or friends	26	32.5%
NM Children Youth and Families Department (CYFD)	10	12.5%
Head Start/Early Head Start	7	8.8%
Jardin de los Niños	6	7.5%
New Mexico Pre-K	2	2.5%

Additional single responses included Big Brothers Big Sisters Mountain Region, New Mexico Regional Education Cooperatives Association, Colonias Development Council, Las Cruces Public Schools, La Clinica de Familia, La Casa, churches, and community centers.

Child Behavioral Issues	n	%
La Clinica de Familia (LCDF)	14	17.5%
Schools	11	13.8%
Amanecer Community Counseling Center	10	12.5%
Aprendamos Family of Services	9	11.3%
Other	7	8.8%
Mental health or behavioral clinics	6	7.5%
Ben Archer Health Centers	6	7.5%
Family and/or friends	4	5.0%
Amador Health Center	3	3.8%
Local clinics	3	3.8%
Esperanza	3	3.8%

Additional responses included early intervention agencies, Alegria Family Counseling, NM Children Youth and Families Department (CYFD), Tresco, Inc., La Casa, MECA Therapies, LLC, Community Action Agency of Southern NM, Families and Youth, Inc., and local hospitals.

Unemployment or income	n	%
NM Human Services Department	13	16.3%
NM Dept of Workforce Solutions	13	16.3%
Family and/or Friends	5	6.3%
NM Workforce Connection	5	6.3%
Churches	3	3.8%
Community of Hope	2	2.5%

Additional responses included Families and Youth, Inc. La Clinica de Familia, Salvation Army, NM Legal Aid, and Aprendamos social workers.



Mental Health	n	%
La Clinica de Familia (LCDF)	22	27.5%
Amanecer Community Counseling Center	8	10.0%
Amador Health Center	7	8.8%
Ben Archer Health Centers	7	8.8%
Aprendamos Family of Services	5	6.3%
Local clinics or hospitals	4	5.0%
Family and/or friends	4	5.0%
Behavioral Health Centers	3	3.8%
Community centers	3	3.8%

Additional responses included Alegria Family Counseling, Amistad Family Services, churches, La Casa, schools, A New Hope Therapy Center, Peak Behavioral Health, Mesilla Valley Hospital, CYFD, NM Family Services, Counseling Las Cruces, and La Piñon.

Housing	n	%
Housing authorities (unspecified)	18	22.5%
Family and/or friends	15	18.8%
Churches	10	12.5%
Community of Hope	9	11.3%
La Casa, Inc.	8	10%
Gospel Rescue Mission	5	6.3%
Other	5	6.3%
Tierra del Sol Housing Corporation	3	3.8%
Community centers	3	3.8%
Housing and Urban Development (HUD)	3	3.8%
Mesilla Valley Housing Authority	3	3.8%
La Clinica de Families (LCDF)	2	2.5%
Catholic Charities of Southern NM	2	2.5%
Aprendamos Family of Services	2	2.5%

Additional single responses included Catholic Charities, Community Action Agency of Southern NM, Families and Youth, Inc., shelters, NM Human Services Department, Jardin de los Niños, La Piñon, McKinney Vento Project Link, Amanecer Community Counseling Center, and NM Legal Aid.

Food	n	%
Food Banks (unspecified)	26	32.5%
Churches	17	21.3%
Casa de Peregrinos	16	20.0%
NM Human Services Department	7	8.8%
SNAP/Food Stamps	6	7.5%
Roadrunner Food Bank	5	6.3%
Schools	4	5.0%
WIC	3	3.8%
Community centers	3	3.8%

Additional responses included El Caldito, Loaves and Fishes, family and/or friends, Community of Hope, La Clinica de Familias (LCDF), Families and Youth, Inc., Aprendamos Family of Services, and La Casa.

Legal Advice	n	%
New Mexico Legal Aid	20	25%
Catholic Charities of Southern NM	19	23.8%
Free legal clinics or services	5	6.3%
Colonias Development Council	5	6.3%
Churches	4	5.0%
Local courts	3	3.8%
Family and/or friends	2	2.5%
Private lawyers	2	2.5%

Additional single responses included ACLU, Community of Hope, NM CAFé, La Casa, and community centers.

This data corresponds to Figure 8 above.

