



COLORADO
Department of Education

Migrant Education Program Comprehensive Needs Assessment

Submitted to:

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August 2019 (Updated March 2021)

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Executive Summary

This report provides an update to the Colorado Comprehensive Needs Assessment (CNA) completed in 2014. In line with guidance from the Office of Migrant Education (OME), which calls for an update whenever there are substantial changes in the student population or in the context for services, this report reflects 2017-18 data and demographic shifts that have occurred since 2014.

Policy guidance issued by OME in the Title I-C Non-Regulatory Guidance (2010) states that needs assessments must reflect the best information available and focus on ways to meet the unique educational needs of eligible migrant children and youth. This CNA was planned and implemented in collaboration with a broad-based needs assessment committee representing Migrant Education Program (MEP) educators and administrators, State education agency staff, and parents.

Process

In order to conduct a comprehensive assessment of migrant student needs, the State compiled data from the 2017-18 school year. The needs assessment committee reviewed student assessment and achievement data, parent and staff surveys, and other outcome data, such as graduation and dropout rates. The committee identified key areas of need and requested additional information to support concerns that were identified in five goal areas: school readiness, reading, math, high school graduation, and non-instructional support services, with a focus on health needs of migrant youth.

Results

The data included in this CNA show a continued need to support migrant students with direct instruction and supportive services to help them succeed in school, stay in school, and address interrupted schooling issues associated with the migrant lifestyle. The most pressing needs (academic and non-academic) are identified and included in the report; strategies to address these needs will be revisited and updated up as part of the State's Migrant Service Delivery Plan (SDP) development during the 2019-2020 school year. The SDP will set the measurable program outcomes and align them with the activities detailed in the MEP application. The SDP will also outline its plan to monitor progress and create other solutions to support migrant student success.

Conclusion

Despite demographic shifts in Colorado's migrant population since 2014, several trends have persisted. Migrant students continue to perform poorly in school relative to their non-migrant peers, as indicated by state assessments and other academic outcomes, such as graduation and dropout rates.

In addition to the perennial challenges of obtaining and sustaining a high-quality education, this report also highlights the health needs of migrant youths and families. Mental health and physical wellness continue to be at the forefront of many migrant families' minds. Focus groups conducted with MEP staff, migrant parents, and migrant youths revealed that access to healthcare is a prioritized need. Participants also emphasized the need for resources to cope with bullying, mental health, and issues surrounding illicit drug use.



Acronyms and Abbreviations List

BOCES	Board of Cooperative Educational Services
BPHC	Bureau of Primary Health Care
CAMP	College Assistance Migrant Program
CDE	Colorado Department of Education
CHC	Community Health Center
CNA	Comprehensive Needs Assessment
CMAS	Colorado Measure of Academic Success
CWD	Child with Disabilities
DARE	Data, Accountability, Reporting and Evaluation
DT	Dental Therapists
ED	U.S. Department of Education
ELA	English Language Arts
EL	English Learner
ESEA	Elementary and Secondary Education Act
ESSA	Every Student Succeeds Act
FEP M1	Fluent English Proficient - Monitor Year 1
FEP M2	Fluent English Proficient - Monitor Year 2
FPL	Federal Poverty Level
FQHC	Florida Quality Health Centers
GPA	Grade Point Average
HRSA	Health Resources and Services Administration
ID&R	Identification and Recruitment
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
LEA	Local Education Agency
LEP	Limited English Proficient
MCHC	Migrant Community Health Center
MEP	Migrant Education Program
MHC	Migrant Health Center
MHFA	Mental Health First Aid
MS3	Migrant Student System of Support
MSAW	Migrant Seasonal Agricultural Workers
MPO	Measurable Program Outcomes
MYLI	Migrant Youth Leadership Institute
NACHC	National Association of Community Health Centers
NACMH	National Advisory Council on Migrant Health
NAWS	National Agricultural Workers Survey
NCFH	National Center for Farmworker Health
NEP	Not English Proficient
NGS	New Generation System (State MEP data system in 2017-18)
NHANES	National Health and Nutrition Examination Survey
OME	Office of Migrant Education
OSHA	Occupational Safety and Health Administration
OSY	Out-of-School Youth
PAC	Parent Advisory Council



PFS	Priority for Services
PPE	Personal Protective Equipment
READ	Colorado Reading to Ensure Academic Development Act
SDP	Service Delivery Plan
SEA	State Education Agency
SMYLI	State Migrant Youth Leadership Initiative
SOSY	Solutions for Out-of-School Youth
SOSOSY	Strategies, Opportunities, and Services to Out-of-School Youth
STEAM	Science, Technology, Engineering, Arts, Math



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Section 1: Introduction

The Colorado Migrant Educational Program (MEP) provides supplemental support to migratory youth so that they have the same academic opportunities as their non-migrant peers, as well as the appropriate support in place to help them succeed. The MEP works to ensure that these children, students, youth and families are not penalized in any manner by disparities in curriculum, student academic achievement standards, and graduation requirements due to the transient nature of their residency. One of the key goals of the MEP is to prepare students to graduate from high school, postsecondary education, or employment ready.

The MEP serves children from birth to the age of 21, who are eligible for free public education under State Law. In order to qualify for MEP services, children must have moved within the past three years across state or school district lines, with or to join a migrant parent or guardian who has obtained qualifying temporary or seasonal employment in agriculture, fishing, or dairy.

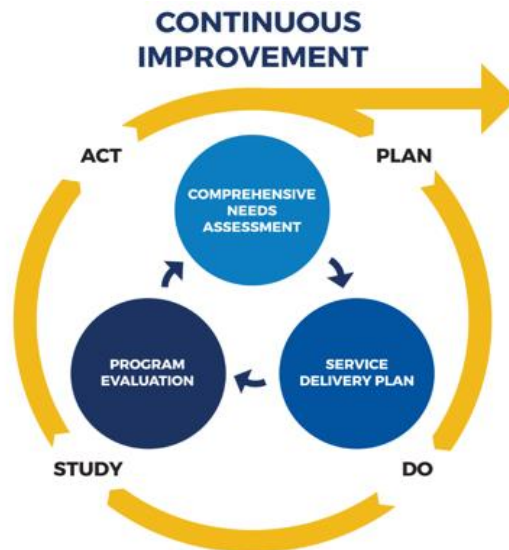
The Colorado Department of Education (CDE) administers the state MEP using a sub-granting process by funding five regional centers (Metro, Northern, Southeast, Southwest, and West Central). These regional centers provide a comprehensive program of identification and recruitment (ID&R), migrant student enrollment, supplemental instruction, health and support services and referrals, professional development of MEP staff, and family engagement. Each center faces challenges that are unique to their region and are tasked with creating strategies that are tailored to the migrant population that they serve.

In accordance with the guidance issued by the U.S. Department of Education (ED) Office of Migrant Education (OME), states that receive federal funding under Title I, Part C of the Elementary and Secondary Education Act (ESEA), reauthorized as the Every Student Succeeds Act (ESSA, Section 1306), must conduct comprehensive needs assessments (CNA) on a regular basis in order to accurately evaluate and identify the needs of migrant youth in the state.

Specifically, the CNA assesses levels of proficiency in math and English Language Arts (ELA), graduation and dropout rates, English language development, school-readiness, student engagement, non-educational factors such as health needs, and issues affecting out-of-school youth (OSY). The performance of migrant students is compared to their non-migrant peers in order to highlight any gaps in achievement in comparison to their non-migrant peers, which the MEP continually strives to decrease and, ultimately, close. The CNA also aims to identify barriers that prevent students from succeeding, such as cultural and linguistic barriers, various health-related problems, and factors associated with their migratory lifestyles.

In accordance with the Continuous Improvement Cycle (see Figure 1), program evaluation results have also been used to inform the CNA. The CNA will then serve as the basis for the State Delivery Plan (SDP), which outlines the strategies that the state will implement in order to address both the educational and non-educational needs identified by the CNA. The MEP and DARE teams will be co-developing updates and revisions to Colorado's SDP based on the results of this CNA.

Figure 1. Continuous Improvement Cycle



Source: U.S. Department of Education, Office of Migrant Education, *Migrant Education Program Comprehensive Needs Assessment Toolkit* (July 2018), p.3.

Background of Colorado's MEP CNA

The Colorado MEP's CNA was last updated in May 2014, wherein both the academic and non-academic needs of migrant youth were examined. Four areas of focus were identified for action: school readiness, academic (both reading and math), graduation, and non-instructional support services. As part of the needs identified under "Non-instructional Support Services", it was determined that "...migrant students lack access to health services (medical, dental, and mental health) needed to resolve problems, that negatively impact students' potential for academic success" (Colorado's 2014 CNA update report to the U.S. Department of Education, pp. 29-30). Strategies were developed to provide "health education, supplies, referrals, coordination and follow up for migrant students who have identified health needs." The MEP team also resolved to "collaborate and coordinate service delivery with community health care providers."

As part of Colorado MEP's response to the health needs identified in the 2014 CNA, the Migrant Student System of Support (MS3) was formed in 2015, among other initiatives and activities aimed at ameliorating identified needs. Since then, the Colorado MEP team and its regional directors have collaborated with healthcare professionals from across the state to improve migrant youths' access to healthcare services and remove barriers to receiving care. The MS3 collaboration aims to bring together organizations that serve migrant families in Colorado to promote a greater understanding of each agency's services and eligibility requirements. The goal is to create a seamless system of support for migrant youth from birth through their first year in college. A full list of the member organizations can be found in the Appendix.

The Colorado MEP is committed to identifying and addressing these health needs, while continuing to focus on closing achievement gaps and improving other academic outcomes for migrant students, such as increasing graduation rates and reducing dropout rates. Therefore, in 2018, the MEP team commissioned a renewed CNA to evaluate the health and other needs of migrant students and an evaluation of the impact of the program to date.

Purpose and Scope of the 2018 CNA

Over the past five years, the demographics of the migrant youth population have shifted due to the ever-changing composition of migrant families in the state. In order to effectively serve this population, the process for updating the CNA began in January 2018 with a review of the findings of the 2014 CNA, the strategies implemented in response to identified needs, and identifying new or continuing needs.

A review of program evaluation and survey results from prior years indicated that migrant students' performance on state assessments and requirements have increased only slightly since 2014. Furthermore, although many of the 2014 measurable program outcomes (MPOs) were met, the MPOs measured by performance on state assessments remain as an area in need of improvement. Accordingly, academic performance will continue to be the primary focus of the 2018 CNA as we investigate the root causes of the static performance results.

In addition to educational needs, one of the CDE's main concerns entering this cycle of updating the CNA was the health needs of migrant youth. Since 2014, anecdotal evidence of the challenges pertaining to healthcare access have continued to accumulate. Given that health is a key factor that influences academic performance, a secondary focus of the 2018 CNA is to deepen our understanding of the obstacles that migrant youths face in accessing medical, dental, and mental health care.

Based on the Continuous Improvement Cycle (see Figure 1 above), the plans for conducting the CNA took into consideration the following:

- Results of recent program evaluations.
- The process used for the 2014 CNA update and the findings of that report.
- The Office of Migrant Education (OME) at the U.S. Department of Education's [Comprehensive Needs Assessment Toolkit](#).
- The most recent migrant student achievement data and academic outcomes, such as graduation rates, as compared to outcomes for all students and other historically underserved student groups.
- Literature review of the national trends pertaining to needs of migrant youths.
- Focus group and survey results conducted specifically pertaining to health-related needs of migrant youths.

Organization of the 2018 CNA

This report provides an overview of the Colorado CNA process and how the results will be used to inform the development of the state Service Delivery Plan (SDP). The SDP details the comprehensive strategies to be implemented and services to be provided to the migrant youth and their families in the upcoming years. The services will be designed to address each area of concern identified by this report, with a specific lens on medical, dental, and mental health needs. The CNA results and the SDP action plan will become the basis for use of MEP funds starting on July 1, 2020.

This report is organized into five sections, including this **Introduction** section. The next section describes the **Methodology** used for conducting the CNA, including the process for collecting and analyzing data. The **Results** section explores and explains the current status of academic performance and non-academic needs of migrant children and youth. The last two sections, **Concerns and Solution Strategies** and **Conclusions**, delineate the prioritized needs and how those will be used in the SDP development process.



Section 2 - Conducting a Comprehensive Needs Assessment

The CNA Process in Colorado

The CDE followed OME's recommended five-step approach from the CNA Toolkit in updating its strategies on identifying the gaps in academic achievement and wellness of migrant youth.

Step 1: "Conduct Preliminary Work"

CDE reviewed the requirements of the CNA, developed a timeline and plan for the process, met with stakeholders and regional directors reflecting a variety of relevant perspectives to provide guidance to the process, and reviewed baseline data on the state's migratory child population. CDE then met with a committee of healthcare providers and professionals, as well as regional representatives, who provided insight on the limitations of accessing health-related data and the need to corroborate evidence across multiple data sources.

Step 2: "Explore What Is"

The CNA work group [consisting of CDE members of the Data, Accountability, Reporting, and Evaluation (DARE) team, MEP Office representatives in the Unit of Federal Programs, as well as MEP Regional Directors] reviewed existing data and results of recent program evaluations. With input from regional directors and state MEP staff, the work group identified concerns about migratory children and families and determined the types of data needed to adequately assess the full extent of gaps in care. Surveys and interview questions were developed to determine whether, and to what extent, health needs are being met.

Step 3: "Gather and Analyze Data"

The CDE collected survey data as well as qualitative data from focus groups and interviews to determine the health needs of migrant youth. The CDE also pulled data on state assessments, various academic outcome measures at the district and school level, as well as monitoring data from regional MEP centers. The CNA work group analyzed the data and distilled a set of need statements and solution strategies.

Step 4: "Make Decisions"

The CNA work group wrote the final CNA report, which delineates the CNA process, findings, and conclusions. The report is shared with CDE MEP staff, regional directors and staff, the State Parent Advisory Council (PAC), Youth Events (Close-Up, SMYLI, STEAM), and other stakeholders to provide context, background, and depth of understanding of the needs to migrant students in Colorado in preparation for next step of developing the SDP.

Step 5: "Transition to SDP Development"

This step, which involves working with stakeholders to propose evidence-based solutions and prioritizing the strategies to embed in the SDP, will be integrated into the SDP development process. This report will be shared with stakeholders and administrators at the SEA and LEA levels at the State PAC and Youth Events and will serve as the basis for initiating the SDP planning process.

Data Collection and Reporting Procedures

CDE staff, including the DARE team in collaboration with the MEP Office and other entities, conducted focus group interviews in the spring and summer of 2018. Staff met with groups across a wide variety of venues throughout the State to ensure that a diverse range of respondents were interviewed. Participation was voluntary and translators facilitated the conversation for each of the groups. Parents and their students, community members, and regional personnel attended many of the groups. Surveys were given to parents at several events, but responses were minimal.

Focus group questions were developed by the CDE team in collaboration with regional staff. Feedback was solicited on the interview questions and survey constructs and were incorporated into the final documents. Depending on the composition and size of the groups, the facilitators determined whether to conduct whole group interviews or to separate parents from students, boys from girls, or other selective groupings to ensure that participants were comfortable in sharing their experiences and relating their needs.

Data collections for the 2017-18 CNA were conducted between March 2018 and August 2018. Listed below are the activities and events that the CDE held during this period to help shed light on the factors that influence healthcare access and engagement:

- Presented recent program evaluation results to State Director, MEP staff, and Regional Directors.
- Met with the State Director and State MEP staff to plan the CNA.
- Met with the State Director, a nurse, a representative from the Colorado Community Health Network, a representative from CDE's Student Health Services Office, a Regional Director, and the director of the College Assistance Migrant Program (CAMP) in February 2018.
- Met with the State Director Regional Directors at the February 2018 Directors' Meeting in Denver to discuss health needs of migrant youth.
- Conducted a focus group and distributed surveys at the Civics/Close Up State Civics Day on April 21, 2018. Feedback was received from 50 students.
- Conducted focus groups with parents and youth, as well as distributed surveys, at the State PAC meeting in Breckenridge on June 29, 2018. Feedback was received from 20 parents.
- Conducted focus group interviews and distributed surveys at SMYLI (Summer Migrant Youth Leadership Institute) in Denver on July 23, 2018. Male and female participants were interviewed separately to increase engagement. Feedback was received from 80 students.
- Met with a member of the National Advisory Council on Migrant Health in August 2018.

Results from the data collections are presented in the following section of this report (Section 3: **Results**) and form the basis for the conclusions and recommendations presented in Section 4, **Concerns and Solution Strategies** and Section 5, **Conclusions**.

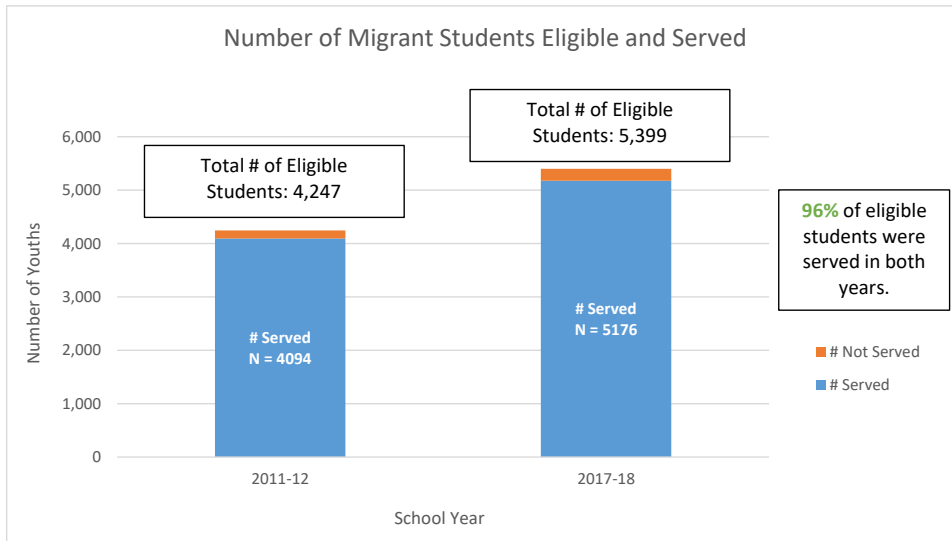
Section 3 - Results

State Demographics

Eligibility and Enrollment

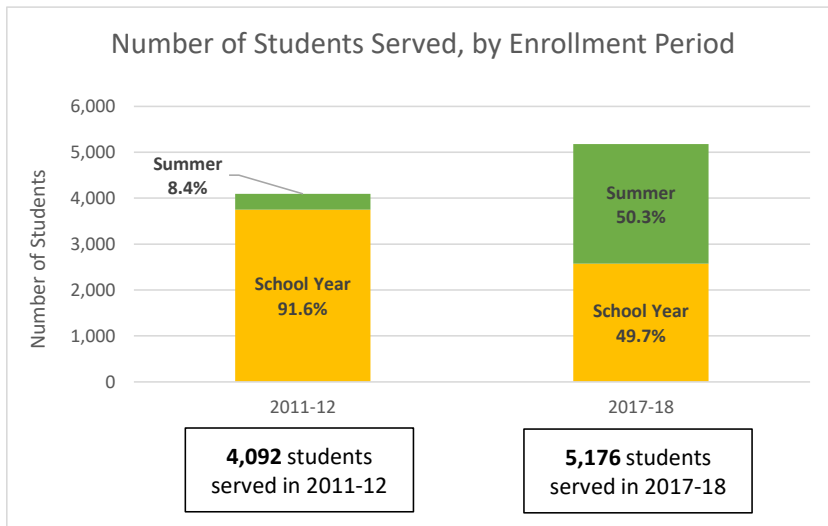
In the 2017-18 academic school year, Colorado identified 5,399 eligible migrant students. This is a considerable increase (27%) from the 4,247 students identified as eligible in the 2011-12 school year. Because it takes approximately 7-10 business days to process the Certificate of Eligibility, it is challenging to receive the most accurate number as sometimes a family will have relocated by the time their application is approved. Despite the challenges posed by the migratory patterns of this population, the Colorado MEP has been able to provide services to 96% of families who were identified as eligible in both 2011-12 (4,092 students served) and 2017-18 (5,176 students served).

Figure 2. Number of Migrant Students Eligible and Served



The MEP regional centers enroll and provide supplemental services to migrant families throughout the calendar year. In 2017-18, 2,573 students received services during the school year, and 2,603 received services during the summer. Compared to 2011-2012, 31% less students (N = 1,177) were served during the regular school year, while significantly more students (N = 2,259) were served in the summer term.

Figure 3. Number of Students Served, by Enrollment Period



Priority for Service (PFS) Status

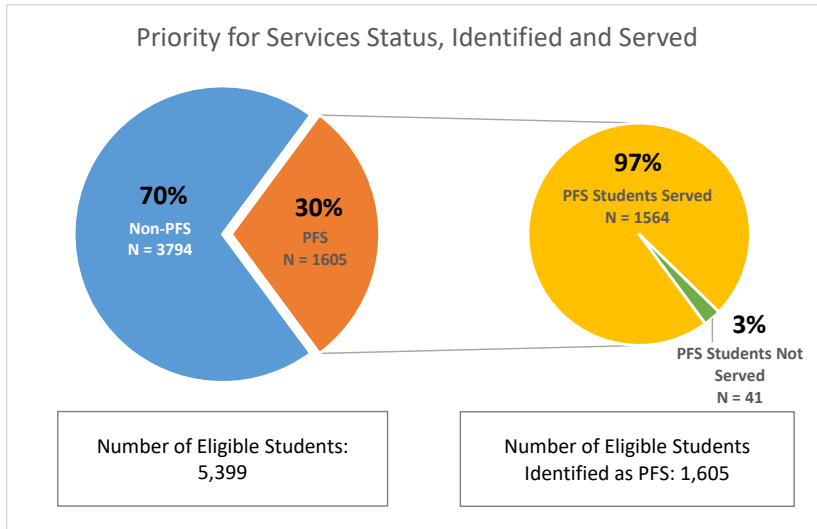
Students with the greatest needs are prioritized for services. Once a student has been identified as eligible for migrant services, they are further evaluated on several factors to determine whether they qualify for Priority for Services (PFS) status. PFS status must be designated within 30 days of identification.

The first criterion is having significant educational interruptions (e.g., missed more than 10 days of school or changed schools within the last 12 months due to the migrant lifestyle). Secondary criteria include not meeting academic expectations or being at risk for not meeting academic expectations academically (i.e., scored

unsatisfactory on a state content assessment) or linguistically (i.e., scored below a level 5 overall and on literacy on the state language proficiency assessment), and finally, a combination of multiple risk factors.

There are two groups that automatically qualify as PFS: Children between the ages of 3 and 5 who are not enrolled in school, as well as out of school youth (OSY).

Figure 4. Priority for Services Status, Identified and Served

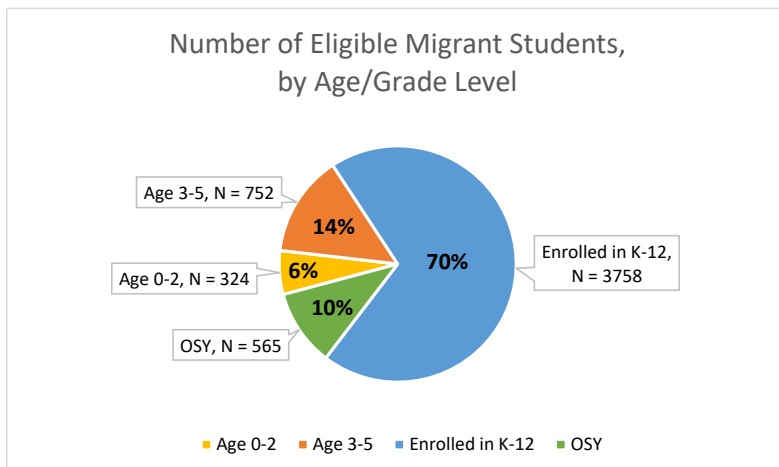


Of the 1,564 PFS students who were served, 860 (55%) were served during the school year, and 704 (45%) were served in the summer.

Age/Grade Level

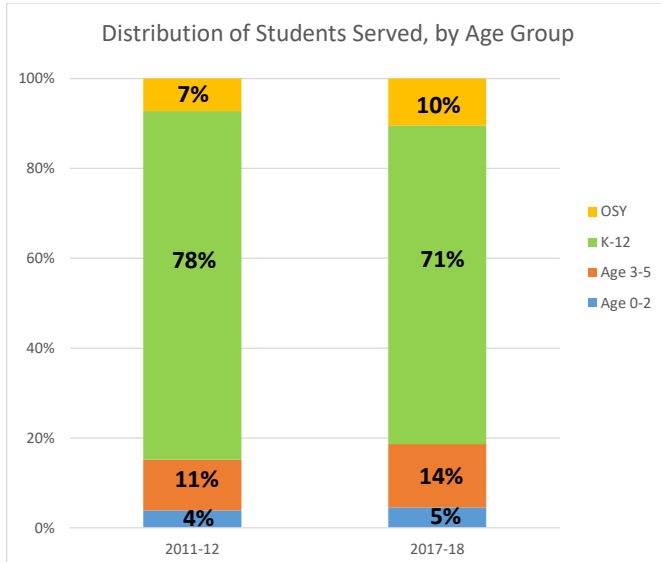
Of the 5,399 eligible migrant youths, the majority (70%) are enrolled in school. Children under the age of 3 comprise approximately 6% of the total group. Children between the ages of 3 and 5 who are not enrolled in preschool or kindergarten comprise 14%. The remaining 10% of youths (age 17-21) are out of school and designated as Out of School Youth (OSY).

Figure 5. Number of Eligible Migrant Students, by Age/Grade Level



Of the migrant students served, the distribution of age groups shifted slightly between 2011-12 and 2017-18. Notably, the two PFS groups—ages 3-5 (not enrolled in school) and OSY—both increased relative to the other age groups.

Figure 6. Distribution of Migrant Students Served, by Age Group

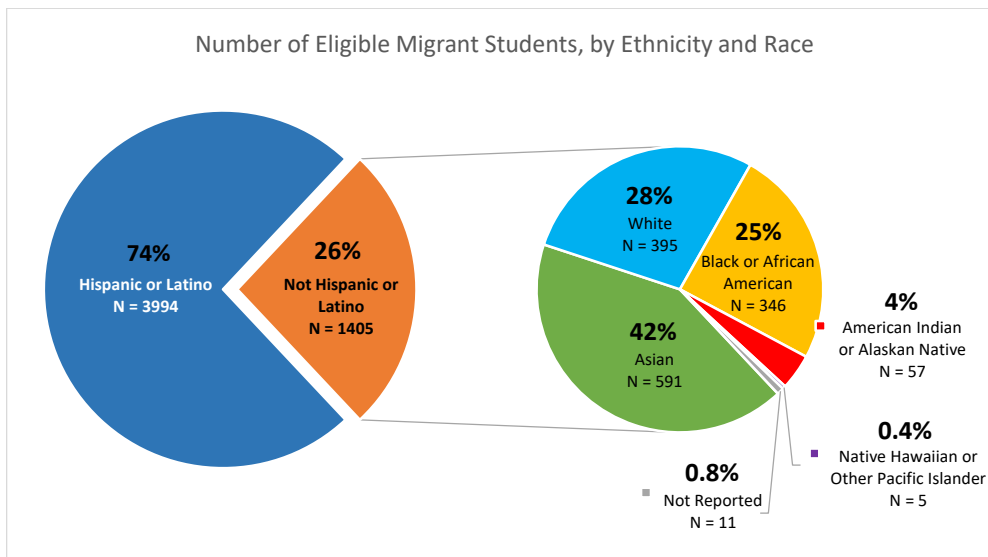


Ethnicity and Race

Of the 5,399 eligible migrant students, 74% (N = 3,994) identified as Hispanic or Latino.

Of those who identified as non-Hispanic or non-Latino, 42.0% (N = 591) identified as Asian, 28.1% (N = 395) identified as White, 24.6% (N = 346) identified as Black or African American, 4.1% (N = 57) identified as American Indian or Alaska Native, 0.4% (N = 5) identified as Native Hawaiian or Other Pacific Islander, and 0.8% (N = 11) of individuals did not report information on race.

Figure 7. Number of Eligible Migrant Students, by Ethnicity and Race



Language Proficiency

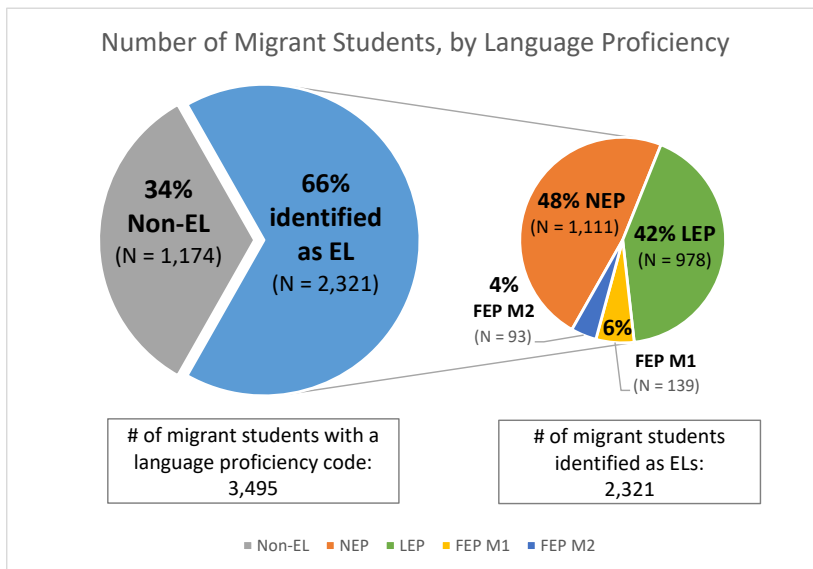
During the academic year 2017-18, Colorado had four different designations for English learners (ELs):

1. Not English Proficient (NEP),
2. Limited English Proficient (LEP),
3. Fluent English Proficient - Monitor Year 1 (FEP M1), and
4. Fluent English Proficient - Monitor Year 2 (FEP M2)¹.

Of the 5,399 eligible migrant youths, 3,495 students cross-matched with Colorado’s 2017-18 student enrollment in the month of October, as reported by districts, and were found to have a language proficiency code. Based on this information, a total of 66% (N = 2,321) of migrant students were identified as being ELs.

Figure 8 below shows the breakdown of migrant students by their language proficiency. The vast majority of students are not language proficient (NEP) or have limited English proficiency (LEP). Of the 2,321 migrant students identified as ELs, 75% (N = 1,735) were native Spanish speakers. The remaining 25% of ELs spoke Burmese (5%, N = 125), Somali (5%, N =118), Karen or Pa'o (3%, N = 80), Rohingya (3%, N = 70), or a language that comprised an even smaller percentage. In total, 45 different languages were reported to be the migrant students’ native languages.

Figure 8. Number of Migrant Students, by Language Proficiency



Region

The state of Colorado’s MEP operates out of five regional centers, with varying industries, populations served, population sizes, and geographical properties (rural v. non-rural, mountain regions). Regions also vary by geographic locations – some are in or near large urban cities, while others are in or near small, remote towns. This has implications for the types of services needed at each regional center.

The northern MEP regional center is based in Greeley, CO and enrolled 55% (N = 2,963) of the total number of eligible migrant youths in the state in 2017-18. This region is characterized by its diversity and large refugee

¹ Colorado now has additional categories for tracking language proficiency, including Former EL (FELL), and Fluent English Proficient – Exit Year 1 and Exit Year 2 (FEP E1 and FEP E2).

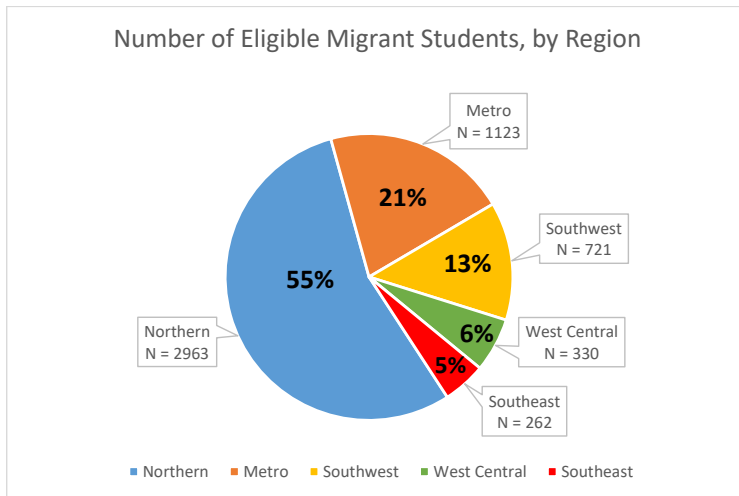
population, serving families from various countries in Africa, Asia, and Latin America. One of the largest industries in this region is meat packing.

The second largest MEP regional center is based in metropolitan Aurora, CO and was host to 21% (N = 1,123) of migrant youths. This region is the state’s urban corridor, and as a result, its migrant workers are highly mobile. The migrant populations here are also very diverse and include refugee families. The primary industries in this region are warehouses, nurseries, and meat packing.

The southwest MEP regional center is based in Alamosa, CO and is the third largest regional center, enrolling 13% (N = 721) of total eligible migrant youths. This region serves a mostly Hispanic/Latino population, with a large contingent from Guatemala. The primary industries in this region are growing mushrooms and potatoes.

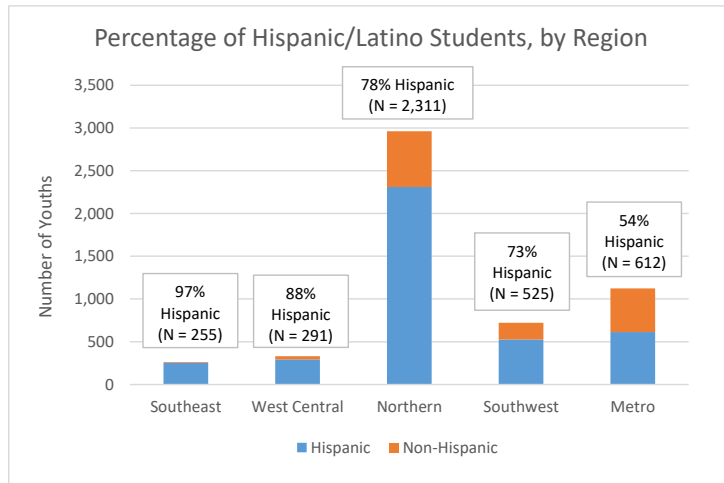
The smallest MEP regions in Colorado are the Southeast and West Central regions. The Southeast enrolled 6% (N = 330) of all eligible migrant youths in 2017-18, most of whom were Hispanic/Latino population. The West Central region encompasses the largest land area covered by the Colorado MEP, but the migrant family density is low, enrolling 5% (N = 262) of migrant students. The region is characterized by a predominantly Hispanic/Latino population as well, many of whom work in the agriculture industry.

Figure 9. Number of Eligible Migrant Students, by Region



The northern region is the largest in terms of migrant student population. Of all eligible migrant students, approximately 55% reside in the northern region.

Figure 10. Percentage of Hispanic/Latino Students, by Region



Within each of the five regions, between 54% and 97% of eligible migrant students identify as Hispanic or Latino based on their intake form upon enrollment into the migrant program. The figure above illustrates the variations across regions.

Other Considerations

In addition to the statistics reported above, several other factors arose that help paint a fuller picture of the migrant youth profile in Colorado:

- **Homelessness:** Of the migrant students who were newly identified and enrolled in 2017-2018, 1,534 identified as experiencing homelessness at some point during the year. Across the state, 1.6% (N = 14,242) of students experienced homelessness at some point.
- **Individualized Education Program (IEP):** Of the 3,495 migrant students who had a student identification number that matched with Colorado’s 2017-18 student enrollment in the month of October, as reported by districts, 8.4% (N = 293) of students were identified as having an IEP in the 2017-18 academic school year. Across the state, 10.9% (N = 98,984) of students were identified as having an IEP.
- **School Setting:** Of the 3,702 number of students who enrolled in school during the academic year 2017-18, 4.6% (N = 172) of the schools were identified as Charter Schools, 0.9% (N = 34) of the schools were Magnet Schools, 0.9% (N = 32) were Online Schools, 0.1% (N = 4) were Vocational Schools, 11.1% (N = 412) were designated as Innovation Schools, and 1.7% (N = 64) were Alternative Education Campuses.

MEP Services Provided

The MEP regional centers provide instructional services and support services to children, students, youth, and families.

Instructional services are defined as “instruction in a subject area provided for students on a regular or systematic basis, usually for a predetermined period of time” (2011 Colorado MEP Guidebook, p. 40). Instructional services encompass a wide range of activities, ranging from early childhood development and school readiness, to health education, family literacy, and life skills. For a full list of services, see the Appendix. Housed within instructional services are “Reading Instruction” and “Math Instruction”, which are taught by

certified teaching professionals. In contrast, a tutoring session in reading by a paraprofessional can qualify as “Instructional Services”.

Figure 11. Top 5 Instructional Services Provided During the Regular Term, 2017-18

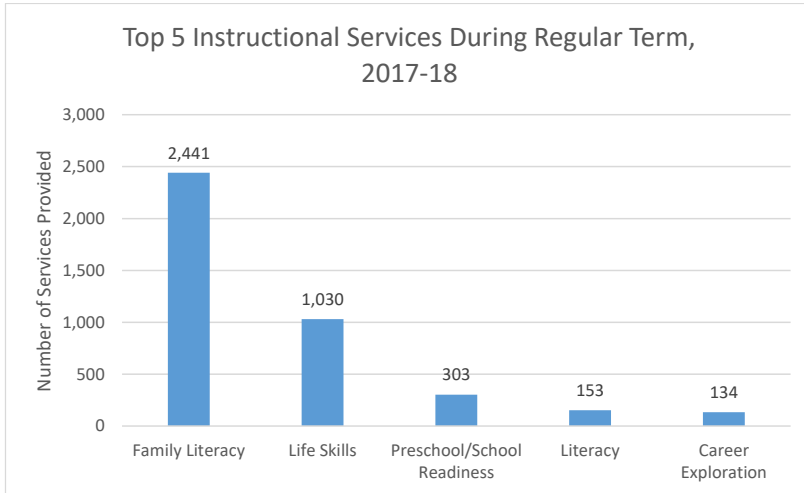
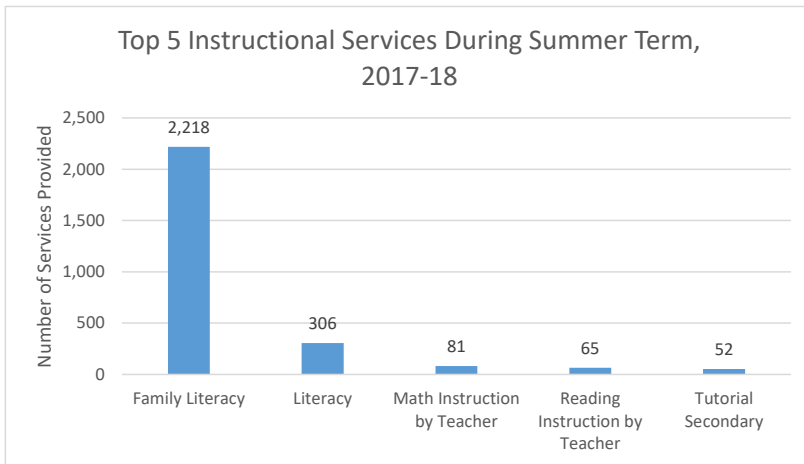


Figure 12. Top 5 Instructional Services Provided During the Summer Term, 2017-18



Support services range from providing school supplies, transportation, language interpretation, health screenings, and counseling on non-mental health issues. A key component of support services includes referrals, which aim to connect migrant students and their families to services not provided by the MEP, such as health services, food and clothing assistance, additional computer literacy classes, and job training programs. Regional MEP offices also support the education of migrant youths and students by providing school supplies.

Figure 13. Top 5 Support Services Provided During the Regular Term, 2017-18

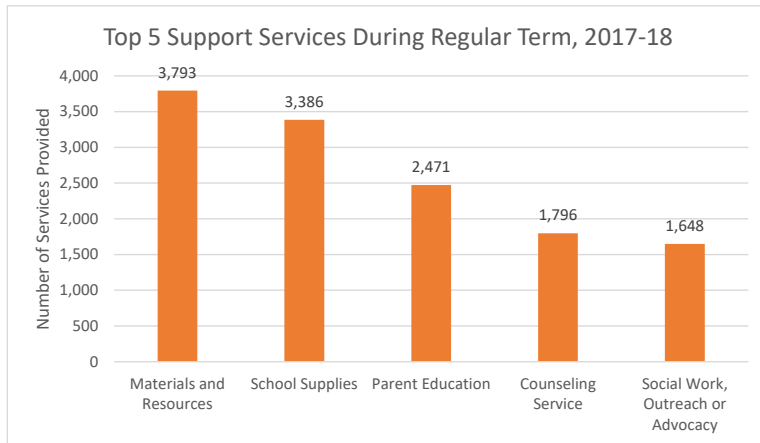
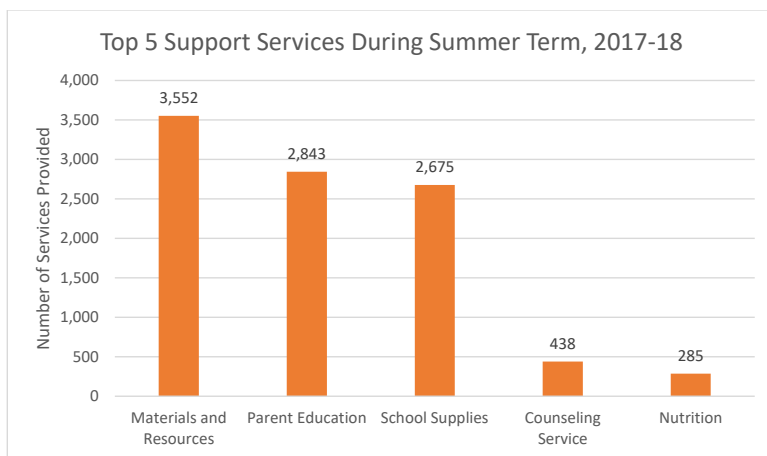


Figure 14. Top 5 Support Services Provided During the Summer Term, 2017-18



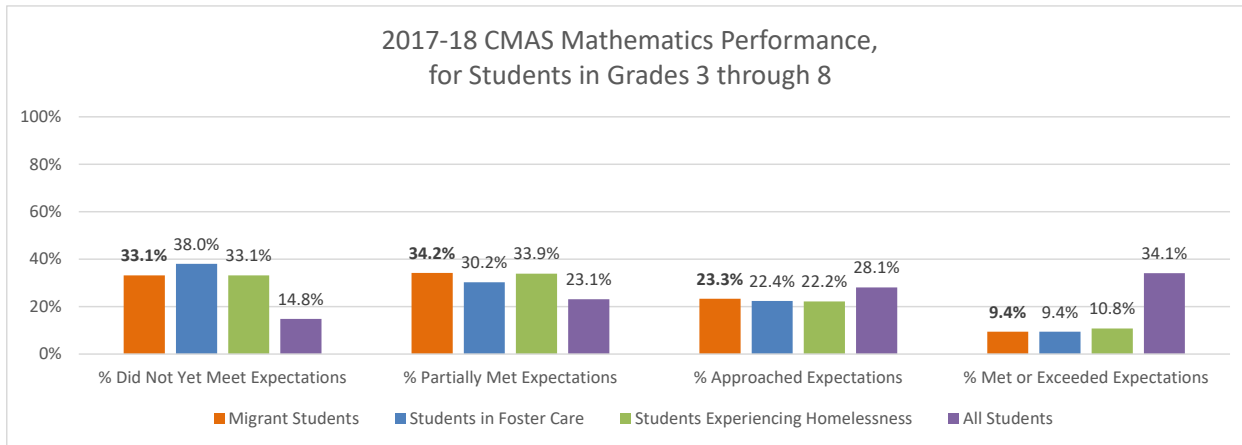
Considerably more students received both instructional and support services in 2017-18 than in 2011-12. A total of 3,716 students received an instructional service in 2017-18, a 42% increase from the 2,622 who received an instructional service in 2011-12. Likewise, 5,155 students received a support service in 2017-18, a 44% increase from the 3,578 who received a support service in 2011-12. Notably, 2,043 received counseling services in 2017-18, a 654% increase from the 271 who received a counseling service in 2011-12.

State Assessment Results

In the 2011-12 CNA, migrant students were identified as having significant reading and math needs. These needs remain in 2017-18, as indicated by performance on the Colorado Measures of Academic Success (CMAS), Colorado’s annual assessment for students in grades 3-8, as well as on the SAT Mathematics, and SAT Evidence-based Reading and Writing. Colorado’s assessment results are presented below; for data more aligned to students served in the Colorado MEP, see results from the [MEP evaluation](#).

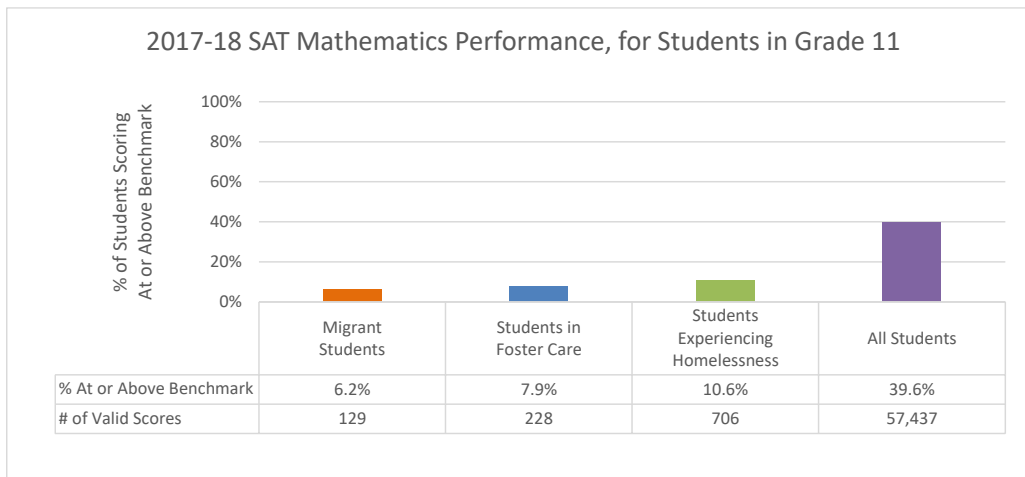
As shown in Figure 15 below, across all grades, 9.4% of migrant students met or exceeded expectations on the math assessment, as compared to 34.1% of all students in Colorado. Due to the academic challenges posed by the migratory lifestyle, it is helpful to consider how migrant students perform on assessments relative to peers who face similar challenges, such as students in foster care and students experiencing homelessness.

Figure 15. CMAS Mathematics Performance for Students in Grades 3 through 8



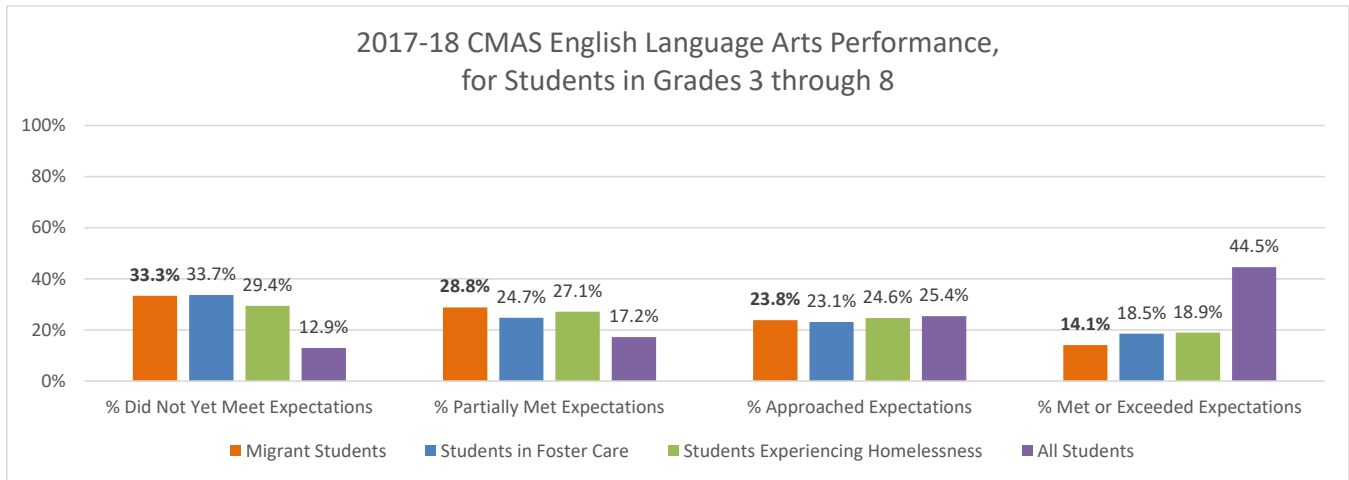
Performance on the SAT mathematics assessments illustrate a similar disparity in achievement. As shown in Figure 16 below, only 6.2% of migrant students scored at or above benchmark in the 2017-18 mathematics sections on the SAT, compared to 7.9% of students in foster care and 10.6% of students experiencing homelessness. In contrast, 39.6% of all students in Colorado scored at or above benchmark. In addition, migrant students had the lowest number of valid scores for the SAT math assessment.

Figure 16. SAT Mathematics Performance for Students in Grade 11



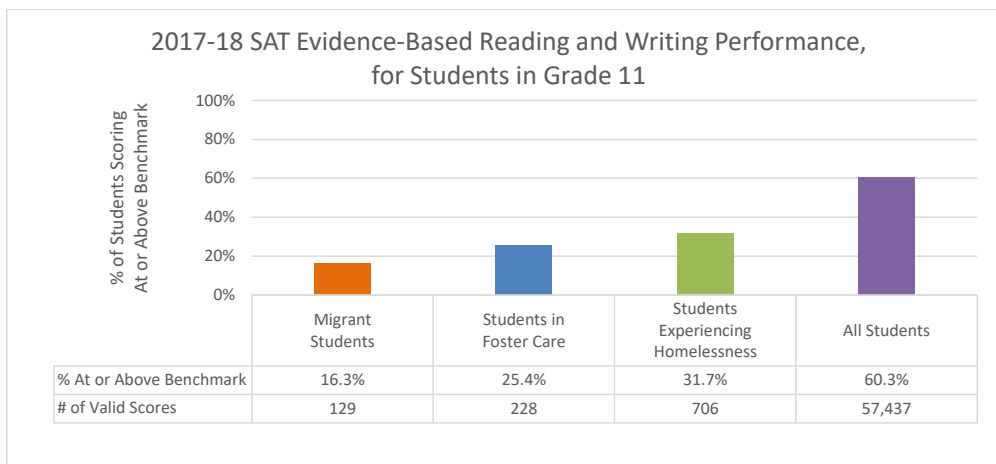
Differences were even more pronounced for the CMAS English Language Arts (ELA) assessment than for the CMAS Mathematics assessment. As shown in Figure 17 below, across grades 3 through 8, 14.1% of migrant students met or exceeded expectations on the ELA assessment, as compared to 18.5% of students in foster care, 18.9% of students experiencing homelessness, and 44.5% of all students in Colorado. This can be partly attributed to the fact that two-thirds of migrant students are also English Learners, thereby affecting their performance ELA assessments.

Figure 17. CMAS English Language Arts Performance for Students in Grades 3 through 8



Among high school students, performance on the SAT Evidence-Based Reading and Writing assessment similarly reflects a large disparity in performance between highly mobile students, such as migrant students, students in foster care, and students experiencing homelessness, and the performance across all students in the state. Figure 18 below shows that only 16.3% of high school migrant students scored at or above the benchmark, compared to 25.4% of students in foster care and 31.7% of students experiencing homelessness. In contrast, 60.3% of all high school students in Colorado who took the assessment scored at or above benchmark. As mentioned above, the participation rate of migrant high school students is low, even in comparison to other highly mobile student groups.

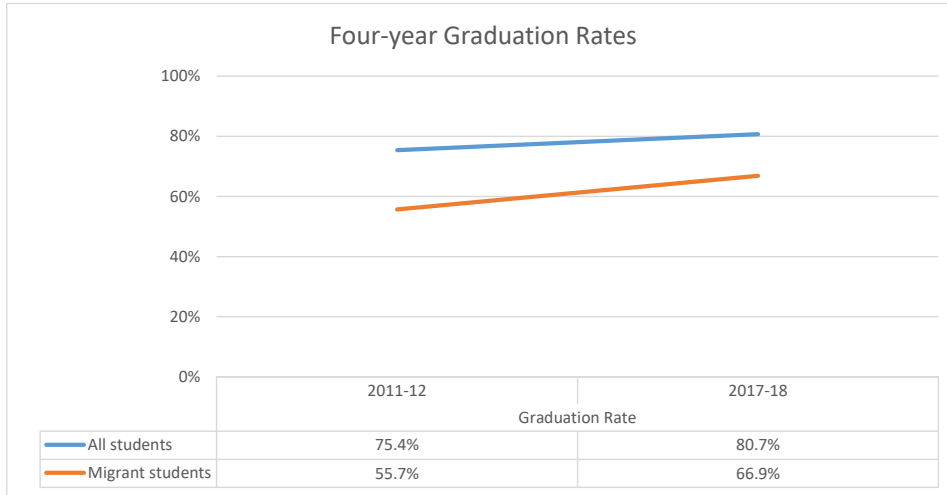
Figure 18. SAT Evidence-Based Reading and Writing Performance for Students in Grade 11



Graduation Rates

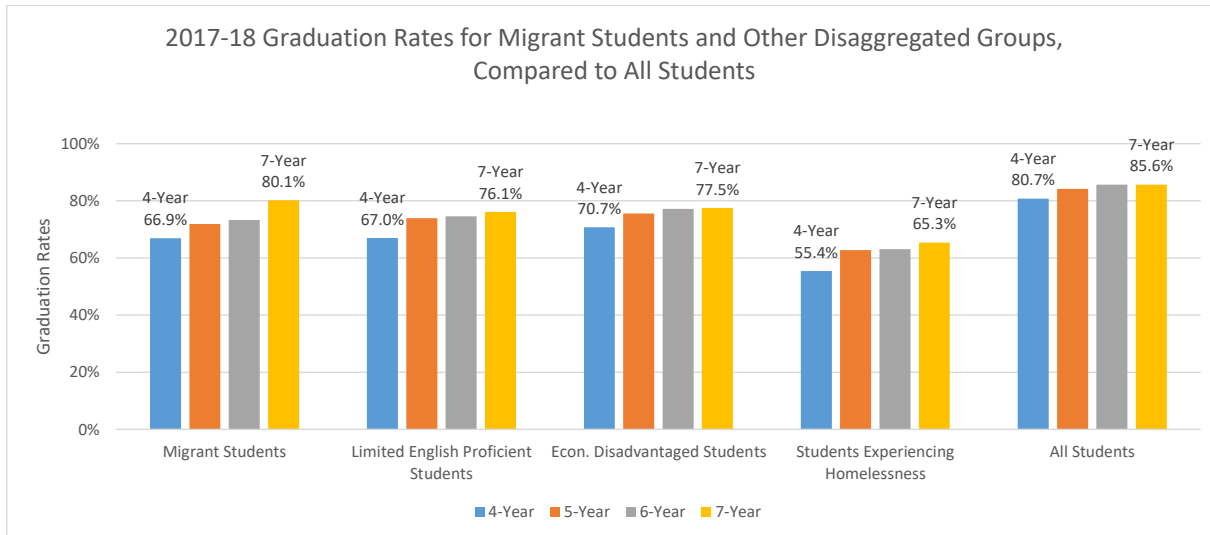
In 2011-12, the four-year graduation rate for migrant students was 55.7%, which was far below the 75.4% graduation rate for all students in Colorado. Since then, migrant students have made gains on this metric. In the 2017-18 academic year, the four-year graduation rate for migrant students increased by 11.2% to reach 66.9%. Meanwhile, the four-year graduation rate for all students in Colorado increased by 5.3% to reach 80.7%. (See Figure 19). It is encouraging to see that the gap in graduation rates has grown smaller over the past five years. However, the MEP will continue to employ strategies to increase graduation rates for migrant students.

Figure 19. Four-year Graduation Rates for All Colorado Students and Migrant Students



The severe interruptions to school attendance and continuity of study associated with the migratory lifestyle pose additional challenges for migrant students who aim to graduate high school in 4 years. In order to take into account these circumstances, it is helpful to look at a longer time window for graduating. Figure 20, below, shows that for migrant students, the graduation rate increases to 80.1% over a 7-year period. This is more comparable to the 7-year graduation rate of all students, which is 85.6%.

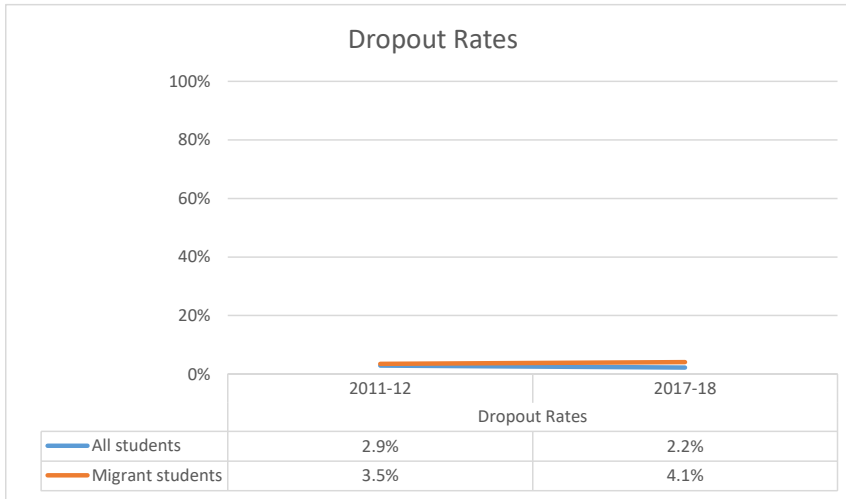
Figure 20. Graduation Rates for Migrant Students and Other Disaggregated Groups



Dropout Rates

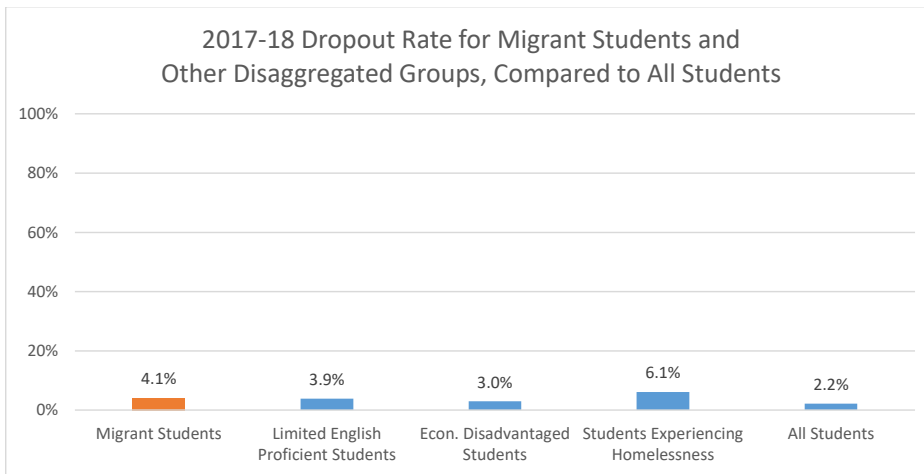
In 2011-12, the migrant dropout rate (including the dropout rates at alternative schools) was 3.5%, higher than the 2.9% dropout rate for all Colorado students. In 2017-18, the migrant dropout rate increased to 4.1%, while the dropout rate for all Colorado students decreased to 2.2% (See Figure 21).

Figure 21. Dropout Rates for all Colorado Students and Migrant Students



It is important to consider dropout rates for migrant students within an appropriate context, similar to the analysis of graduation rates. The dropout rates for disaggregated student groups such as limited English proficient students, economically disadvantaged students, or students experiencing homelessness, are similarly higher than the dropout rate for all students.

Figure 22. Dropout Rates for Migrant Students and Other Disaggregated Groups



Health Indicators and Services

Like all states, Colorado tracks the number of migrant students who receive MEP-funded supplemental instructional and support services. These supplemental services are not intended to serve as direct services for medical or mental health needs. To address the health needs of its migrant student population, the Colorado MEP relies primarily on referrals to healthcare providers in each region. The strength of the referral network and the resources allocated to healthcare support are left to the discretion of the regional centers, which further contributes to the differences in health needs amongst the regions in Colorado.

In the past, the MEP has not formally collected data on health needs or health services provided. As part of the 2018 CNA, the CNA work group met with various stakeholders (including MEP staff, migrant parents, and migrant youths) to better understand the extent of need in this area.

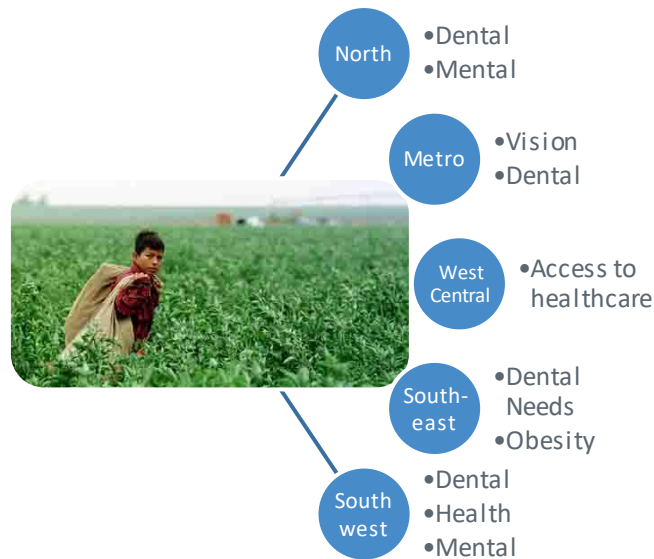
Health Needs Indicated by MEP Staff

In February 2018, CDE staff met with the regional migrant directors to learn about what they perceive as the health needs of the migrant youths that they serve. Dental, vision, and mental health care featured most prominently. It is important to remember that each of the five regional MEP centers serve a unique demographic of migrant youths and has different availability of care, supports and services depending on variables such as urban or rural, among others.

In the West Central region, one of the main issues is access to health care, which has been exacerbated by doctors leaving rural hospitals in the region. Some of the health services that the regional MEP center currently provide are screenings, vouchers, and collaboration with other groups to help with services.

The Southeast region indicated that it has not set aside funds for health services, but it does collaborate with other agencies to provide health services as needed. Most of the region’s youths are from Mexico and primarily suffer from lack of dental care and obesity.

The Southwest region also indicated that health and dental services were needed, and well as mental health services.



The Metro region provided vision healthcare through a voucher system by partnering with Visionworks, a privately-owned eye care center with several locations throughout metropolitan Denver/Aurora. The Metro regional MEP also sets aside money to provide dental assistance. The main issue that the Metro region faces is lack of health education, rather than healthcare access. Most of the migrant youths in the region have access to healthcare professionals but could greatly benefit from a program in health education to empower them to engage in their own health. This is true especially for refugees who qualify for CHIP, as they may need additional information and assistance in navigating the government system.

The Northern region indicated that dental care is the most pressing need for its migrant youths, followed by mental health care. Many of the migrant youths who re-located from Mexico, Guatemala, and Africa struggle with stress and social isolation and would benefit from greater mental health support.

Health Needs Indicated by Migrant Parents

In June 2018, CDE staff conducted a focus group with migrant parents to learn about what they perceive as the most pressing health-related issues for their children. Foremost amongst their concerns were:

- Bullying and the associated mental health consequences,
- Illicit drug use, and
- Access to mental health resources (including psychological counseling).

Bullying from other students appeared to be a concern across all grades. Children are threatened by classmates both in the classroom and during recess. Bullying from teachers was also a concern. Parents are worried that their children are at greater risk for depression or suicidal ideation as a result of school bullying. Parents wanted strategies for talking to their children when they are being bullied, as well as strategies for speaking with school administrators to gain support and services from the school and district. They felt that problems related to bullying, drug use, depression, and suicide are interrelated and must therefore be addressed simultaneously. Many parents thought that resources for handling difficult conversations and mental health supports (one set of resources for parents and another geared toward students) should be readily available at schools and at regional offices or centers.

Parents also indicated that of medical needs (e.g., vision, dental, etc.), dental care was needed most. Two parents recalled that their children were in need of braces, which are not covered under Medicaid. Most parents agreed that their children had access to and received preventative medical and dental care. Their greatest fear or barrier in accessing care was that providers may not speak their language, or that they did not have access to free healthcare or health insurance.

On the topic of illicit drug or alcohol use, some parents were aware that their children were experimenting with these substances. Many parents confided that they did not know how to access resources and services for dealing with substance use, citing language barriers as well as the fear of asking for information and assistance. Other parents reported not knowing the differences between and the danger of different substances, such as smoking marijuana versus smoking methamphetamine. Cultural differences need to be taken into account as well. For example, Somalis traditionally do not use tobacco due to religious beliefs. However, the children of recently immigrated Somali refugees are starting to try tobacco or other drugs in order to “fit in” with their peers.

An overwhelming feedback point on this topic was that the education should start with the parents, in order to work in a preventive rather than reactive way. A strong health education program could address these needs, such as common warning signs of drug use, strategies for initiating a conversation about drug use with youths and children, and information on detoxification programs. This information should be accessible to all parents and families, both English-speaking and non-English speaking, and readily available at schools, PAC meetings, and other community gatherings.

When parents were asked if the migratory lifestyle creates additional health challenges for their children, parents responded that the population of migrant students is undergoing a change. There are concerns regarding migratory lifestyles that are more prevalent among refugees. Translation and interpretation are very important. Specifically, refugee newcomers represented in focus groups requested access to psychological and mental health resources.

Suggestions for Action and Supports

Parents, community members, and regional support personnel shared recommendations to facilitate the dissemination of informational resources:

- Provide an online link to resources on the MEP website.
- Develop informational topic-specific fliers, share lists of resources, and have them available at Parent Advisory Council (PAC) meetings so that parents can take back and share with others.
- Set up a time where parents can go to school and converse with each other. Have informational resources readily available.
- Informational packets should be created for migrant families and shared at the beginning of the school year.

Health Needs Indicated by Migrant Youths

Amongst migrant youths, several themes emerged from focus group interviews and anonymous surveys. The most urgent of the issues was related to mental health and self-harm. In a focus group of approximately 15 male migrant students, nearly all participants indicated that they had wanted to hurt themselves intentionally or knew of a friend who had contemplated self-harm. Among the 19 female participants in the focus group, approximately 32% indicated that they had contemplated self-harm. This paints a dire picture of the mental health state of the migrant youth population and presents a sense of urgency for focusing on the mental health of migrant students.

With regard to secondhand exposure to physical violence, 20% of male participants indicated that they personally knew someone who had been seriously threatened or attacked (i.e., shot, stabbed, raped, etc.) in the US, and nearly 75% of male participants indicated that they knew someone who had been threatened or attacked in another country. All female participants (100%) indicated that they knew someone who had been seriously threatened or attacked.

Medical care needs were assessed through anonymous surveys, which indicated that approximately half of the respondents had received dental and vision screenings in the past year. Approximately 25% of survey respondents had received hearing screenings. Approximately 50% had received vaccinations and health screenings. Only about 10% of respondents reported receiving mental health counseling screening. Dental needs were mixed, as some said that they could go to the dentist, but many others said that they could not. Some of the students also indicated that they had overall health needs. Many of the students also reported having problems with stress, anxiety, or other mental/emotional health issues.

The survey results revealed three main types of barriers with regard to receiving healthcare: financial resources, time constraints, and health literacy. The most common reasons stated for not visiting a dentist or a primary care physician were cost, residency status, lack of transportation, parents being too busy to take them, and fear of dentists. The most common reasons for not seeking mental health care were not knowing where to go, the cost of getting help, residency status, not wanting to worry their families, not seeing it as a reason to get help, not having time to go to the doctor because of school or work, and not being able to share their concerns with anyone.

Colorado MEP Data Profile

The Data Profile below summarizes the demographic data presented throughout this section and provides additional information about Colorado’s migrant children and youth. The profile is based on the most recent data available for the academic year 2017-18.

Figure 23. Colorado MEP Data Profile

MEP subgrantees	The CDE Migrant Education Program funds five local MEPs statewide: <ol style="list-style-type: none"> 1. Aurora Public Schools (Metro) 2. Mesa 51 (West Central) 3. Centennial BOCES (Northern) 4. Adams State University (Southwest) 5. Pueblo 70 (Southeast)
Qualifying activities	Seasonal and temporary work, in agricultural and fishing. Examples include meat packing; dairy, greenhouses/nurseries, feed lots, including field work
Qualifying moves*	<p>Domestic Moves:</p> <ul style="list-style-type: none"> ➤ Approximately 80% of qualifying moves were from within the U.S. <ul style="list-style-type: none"> ○ 43% of which were from within Colorado. <p>International Moves:</p> <ul style="list-style-type: none"> ➤ Approximately 20% of qualifying moves were from outside of the U.S. <ul style="list-style-type: none"> ○ 15% of international moves were from Mexico.
Sending states*	Texas; California; New Mexico; Kansas; Arizona
Sending countries*	Mexico; Malaysia; Guatemala; Thailand; El Salvador; Kenya; Honduras; Nepal; Burma
Student ethnicity	Predominantly Hispanic/Latino, Asian/Pacific Islander, East African
Instructional services provided	Math Instruction by a Teacher; Reading Instruction by a Teacher; Bright Beginning; Balanced Literacy; Building Bridges; Career Exploration; Distance Learning; English for LEP children; Even Start; Family Literacy; Post-Secondary Prep; Preschool/School Readiness; amongst others.
Support services provided	Clothing bank; Counseling Service; Health, dental, and vision screenings; Language interpretation; Leadership Academy; Parent education; Referral services; Supplemental school supplies; Social work, outreach, or advocacy; Transportation; amongst others.
Migrant youths eligible	5,399 eligible migrant youths in 2017-18. This represents a 27% increase since 2011-12.
Last qualifying move	Within the last 12 months: 1,487 (28%)
Migrant youths served	2,573 (regular year) and 2,603 (summer program)

<p>PFS risk factors</p>	<ol style="list-style-type: none"> 1. Educational interruption (In the preceding 12 months changed schools during the regular school year or missed 10 or more days due to the migrant lifestyle) and, 2. Not meeting expectations or being at risk for not meeting expectations academically (i.e., scored unsatisfactory on a state content assessment) or linguistically (i.e., scored below a level 5 overall and on literacy on the state language proficiency assessment). 3. Having multiple risk factors. <p>Two groups automatically qualify as PFS:</p> <ol style="list-style-type: none"> 1. Children between the ages of 3 and 5 who are not enrolled in school 2. Out of school youth (OSY).
<p>PFS served regular school year</p>	<p>860 (33% of those served)</p>
<p>PFS served summer</p>	<p>704 (27% of those served)</p>
<p>Migrant English learners</p>	<p>2,321</p>
<p>Migrant students with disabilities with an IEP</p>	<p>293</p>
<p>Homeless migrant students</p>	<p>1,534</p>
<p>Binational migrant students</p>	<p>895 identified; 853 (95%) served</p>
<p>Migrant dropout rate</p>	<p>4.1% vs. 2.2% for all students</p>
<p>Migrant graduation rate</p>	<p>66.9% vs. 80.7% for all students</p>
<p>Migrant reading proficiency</p>	<p>14.1% proficient/advanced vs. 44.6% for all Colorado students</p>
<p>Migrant mathematics proficiency</p>	<p>9.4% proficient/advanced vs. 34.2% for all Colorado students</p>

* Qualifying moves data are reported for the period up to July 12, 2018. This does not reflect moves made after July 12, 2018 through August 31, 2018 (the end of the 2017-18 School Year reporting period).

Section 4 - Concerns and Solutions Strategies

Planning to Address Comprehensive Needs

The Colorado MEP seeks to establish a series of health indicators specific to our migrant population in order to determine a baseline health profile, and then maintain ongoing data collection to accurately reflect the migrant population’s health profile at future points in time. This is in response to the lack of standardized data available to identify and understand the extent to which migrant students and their families are accessing the healthcare they require.

Baseline health data are lacking, in part, due to the absence of a precise denominator. The transient nature of the migrant population as well as continuous migration into and out of the U.S. make it difficult to collect information on, and track, this population. Additionally, there is a constant risk of undercounting workers who meet the legal definition of migrant but do not fit ethnic and demographic stereotypes or occupational classifications. Furthermore, many migrant workers minimize their contact with government agencies. Language barriers, the seasonal nature of the work, and large distances between camps or farms in rural, often remote, areas all contribute to the difficulties in determining a precise count.

Nationwide, there is a similar dearth of accurate information on the health status of migrant workers, and even less on that of migrant youth. Without an accurate representation of the scope of the concern, there is little chance of understanding the degree to which objectives are being met. The data collection and monitoring system Colorado plans to implement will align with the theory of change. Key indicators will help determine progress on measurable objectives. We posit that access to information leads to a change in knowledge and beliefs, which leads to an observable change in behaviors, and ultimately contributes to positive health- and education-related outcomes.

The following statements outline several areas of concern and need related to the overall health and academic success of migrant students and the needs of their families to better support their well-being and success.

Academic Performance: Math

Concern Statement 1.1

We are concerned that migrant students (grades 3-8) are not meeting grade level standards in Math and are performing at a lower achievement rate than non-migrant students.

Need Indicator:

Migrant students continue to score lower than their non-migrant peers on all measures of achievement based on CMAS Math performance data. Across those in grades 3 through 8 who participated in the CMAS Math assessment, 33.1% of migrant students did not meet expectations compared to only 14.6% of non-migrant students. The stark performance gap is further illustrated by the fact that only 9.4% of migrant students “Met or Exceeded Expectations” compared to 34.1% of non-migrant students, a nearly 25% difference.

Need Statement:

The percent of migrant students who meet or exceed expectations in CMAS Math assessment needs to increase by 25% in order to close the gap in performance disparity.

Data source: CMAS Math Performance, 2017-18.

Concern Statement 1.2

We are concerned that migrant high school students (grades 9-11) are not meeting grade level standards in Math and are performing at a significantly lower achievement rate than non-migrant students.

Need Indicator:

Migrant students continue to score lower than their non-migrant peers based on SAT mathematics performance data. Among high school students in grade 11 who participated in the SAT Math assessment, 6.2% of migrant students scored at or above benchmark, compared to 39.6% of all students. Furthermore, migrant students had the lowest number of valid scores for this assessment, indicating a need to encourage high school migrant students and families to participate in testing in order to increase college readiness and engagement.



Need Statement:

The percent of migrant students who at or above benchmark on the SAT mathematics assessment needs to increase by 33.4% in order to close the gap in performance disparity.

Data source: SAT Mathematics Performance, 2017-18.

Academic Performance: ELA

Concern Statement 2.1

We are concerned that migrant students (grades 3-8) are not meeting grade level standards in ELA and are performing at a lower achievement rate than non-migrant students.

Need Indicator:

Migrant students continue to score lower than their non-migrant peers on all measures of achievement based on CMAS ELA performance data. Across those in grades 3 through 8 who participated in the CMAS ELA assessment, 33.3% of migrant students did not meet expectations, compared to only 12.8% of non-migrant students. Even more pronounced is the difference between the percentage of students who met or exceeded expectations for CMAS ELA scores: 14.1% of migrant students versus 44.6% of non-migrant students.

Need Statement:

The percent of migrant students who meet or exceed expectations in CMAS ELA assessment needs to increase by 30.5% in order to close the gap in performance disparity.

Data source: CMAS ELA Performance, 2017-18.

Concern Statement 2.2

We are concerned that migrant high school students (grades 9-11) are not meeting grade level standards in ELA and are performing at a lower achievement rate than non-migrant students.

Need Indicator:

Migrant students continue to score lower than their non-migrant peers based on SAT evidence-based reading and writing performance data. Among high school students in grade 11 who participated in the SAT reading and writing assessment, 16.3% of migrant students scored at or above benchmark, compared to 60.3% of all students. Furthermore, migrant students had the lowest number of valid scores for this assessment, indicating a need to encourage high school migrant students and families to participate in testing in order to increase college readiness and engagement.

Need Statement:

The percent of migrant students who at or above benchmark on the SAT evidence-based reading and writing assessment needs to increase by 44% in order to close the gap in performance disparity.

Data source: SAT Evidence-Based Reading and Writing Performance, 2017-18.

School Readiness

Concern Statement 3.1



We are concerned that migrant children (ages 3-5) are attending preschool and kindergarten at lower rates than non-migrant students, and thereby entering first grade without sufficient school readiness skills.

Need Indicator: Between 2011-12 and 2017-18, the percentage of migrant youths aged 3-5 who are not enrolled in preschool or kindergarten increased from 11% to 14% of the total number of students served. This change in the distribution of the migrant youth population poses a concerning trend. In 2017, the U.S. Census Populations Division estimated a total of 202,118 children aged 3-5 in the state of Colorado. According to Colorado's student enrollment snapshot taken in October of every year, there were 102,402 students enrolled in preschool and kindergarten in the 2017-2018 academic year. This yields an estimate of 51% for children between the ages of 3-5 who attended preschool and kindergarten.

Need Statement:

The percent of migrant students aged 3-5 enrolled in preschool and kindergarten needs to increase to over 30% in order to increase rate of school readiness.

Data source: Migrant demographic data, 2011-12 and 2017-18; U.S. Census Bureau, Population Division, 2017; Kids Count Data Center, The Annie E. Casey Foundation; Colorado student enrollment data, as reported by school districts.

High School Graduation and Services for OSY

Concern Statement 4.1

We are concerned that migrant students are graduating at a lower rate than non-migrant students.

Need Indicator: In the 2017-18 academic school year, the four-year graduation rate for migrant students was 66.9%, compared to 80.7% for all students. Although this gap has decreased since 2011-12, it remains a concern for the MEP.

Need Statement:

The four-year graduation rate for migrant students' needs to increase by 13.8% in order to reduce the disparity in graduation rates between migrant students and the Colorado state student population.

Data Source: Colorado State Graduation Rate data, 2017-18.

Concern Statement 4.2

We are concerned that migrant students are dropping out of school at a higher rate than non-migrant students.

Need Indicator:

Since 2011-12, the gap in dropout rate between migrant and all students has widened from 0.6% to 1.9%. Whereas the dropout for all students in Colorado decreased from 2.9% to 2.2%, the dropout rate for migrant students increased from 3.5% to 4.1%.

Need Statement:

The percent of migrant students who drop out of school needs to decrease by 1.9% in order to reduce the disparity between migrant students and the Colorado state student population.

Data Source: Colorado dropout rate data, 2017-18.

Health

Concern Statement 5.1

We are concerned that migrant students are not receiving adequate mental health services.

Need Indicator:

The topics of depression, self-harm, and need for mental health services emerged during every focus group interview conducted with MEP staff, parents, and migrant students. The qualitative data indicates that mental health services are urgently needed for migrant students who are struggling to cope with issues related to bullying, interpersonal violence, depression, and social isolation. Migrant youth do not have adequate access to mental health supports and services.

Need Statement:

The focus of this CNA was to determine, using qualitative data, if any mental health needs exist. There is a need for developing instruments and methodology that allow for appropriate and representative measurement of these concerns and needs to establish a baseline and develop quantitative targets.

Additionally, future interview and focus group participants need to be able to report that migrant students and their families have access to mental health supports and services, as needed, and to know of the supports and services available to them.

Data Source: Staff focus group interviews; parent focus groups; student focus groups.

Concern Statement 5.2

We are concerned that migrant students and families are not receiving adequate education and resources for health-related topics including school bullying, substance abuse, and mental health.

Need Indicator: The Metro region has an expressed need for health education. Parents and families self-identified a need for additional information and tools for engaging their children in conversations on these topics, greater understanding of mental health concerns and needs of their children, and the supports and resources available to them.

Need Statement:

The focus of this CNA was to determine if health needs existed using qualitative data. There is a need for developing instruments and methodology that allow for appropriate and representative measurement of these concerns and needs to establish a baseline and develop quantitative targets.

Additionally, future interview and focus group participants need to be able to report that migrant students and their families have access to and are obtaining health educational materials, supports, and resources available to them.

Migrant youths and families need to have improved perceived health knowledge, which can be attained through health education and resources for topics such as bullying, substance abuse, and mental health.

Data Source: Parent focus group survey; staff focus group survey.



Concern Statement 5.3

We are concerned that migrant students and their families are unable to access dental and vision health care.

Need Indicator: In the West Central region, access to health and dental care is an identified need. The Northern region has an expressed need for dental care and mental health care.

Need Statement:

The focus of this CNA was to determine if health needs existed using qualitative data. There is a need for developing instruments and methodology that allow for appropriate and representative measurement of these concerns and needs to establish a baseline and develop quantitative targets.

Additionally, future interview and focus group participants need to be able to report that migrant students and their families have access to dental and vision supports and services, as needed, and to know of the supports and services available to them.

As a starting point, migrant youths and families need to have access to basic primary care, including an annual physical exam, an annual vision exam, and bi-annual dental cleanings.

Data Source: Parent focus group survey; staff focus group survey.

Section 5 - Conclusions

Summary and Conclusions

The Colorado CNA has been updated to reflect changes in its migrant demographics. Since 2014, the Colorado MEP has reorganized its regional districts from six to five regional migrant centers, operating under new subgrantees. The MS3 coalition was formed in response to the health needs that were first identified in the previous CNA.

Compared to the 2014, the MEP identified and served a greater number of migrant youths and families in 2017-18. In terms of race and ethnicity demographics, the majority of those served identify as Hispanic/Latino. However, in recent years, proportionally fewer migrant families and youths are arriving from Mexico, and instead, are now from various countries in Central and South America as well as Southeast Asia.

Despite the demographic shifts, certain trends have persisted. Migrant students continue to underperform in school relative to their non-migrant peers, as indicated by the CMAS and SAT assessments. The consequences of frequent interruptions to school attendance and continuity of study are also evident in lower graduation rates and higher dropout rates.

Mental health and physical wellness continue to be at the forefront of many migrant families' minds. Focus groups conducted with migrant parents and youths revealed that resources to cope with bullying, mental health, and issues surrounding substance abuse were particularly needed. MEP staff indicated that access to health services (i.e., vision and dental) was also greatly needed.

Moving forward into the development of the Service Delivery Plan, the CNA committee will keep in mind the progress made since 2014 as well as the newly identified needs.

Next Steps

The Colorado plan for the delivery of services to meet the unique educational needs of its migrant students will serve as the basis for the use of all MEP funds in the state. This Service Delivery Plan is essential to help the Colorado MEP develop and articulate a clear vision of the needs of migrant children on a statewide basis; the MEP's measurable outcomes and how they help achieve the state's performance targets; the services the MEP will provide on a statewide basis; and how to evaluate whether and to what degree the program is effective.

The Colorado MEP will include the following components in its comprehensive Service Delivery Plan:

1. **Performance Targets.** The plan must specify the performance targets that the state has adopted for all migrant children for: 1) reading (ELA); 2) mathematics; 3) high school graduation; 4) the number of school dropouts; 5) school readiness; and 6) any other performance targets that the state identifies for migrant children.
2. **Needs Assessment.** The plan must include identification and an assessment of: (1) the unique educational needs of migrant children that result from the children's migrant lifestyle; and (2) other needs of migrant students that must be met in order for them to participate effectively in school.
3. **Measurable Program Outcomes.** The plan must include the measurable outcomes that the MEP will produce statewide through specific educational or educationally related services. Measurable outcomes allow the MEP to determine whether and to what degree the program has met the special educational needs of migrant children that were identified through the comprehensive needs assessment. The measurable outcomes should also help achieve the state's performance targets.
4. **Service Delivery.** The plan must describe the MEP's strategies for achieving the performance targets and measurable objectives described above. The state's service delivery strategy must address: (1) the unique educational needs of migrant children that result from the children's migrant lifestyle, and (2) other needs of migrant students that must be met in order for them to participate effectively in school.
5. **Evaluation.** The plan must describe how the state will evaluate whether and to what degree the program is effective in relation to the performance targets and measurable outcomes. The Colorado MEP may also include the policies and procedures it will implement to address other administrative activities and program functions, such as:
 - **Priority for Services.** A description of how, on a statewide basis, the MEP will give priority to migrant children who: 1) are failing, or most at risk of failing, to meet the state's challenging academic standards, and 2) whose education has been interrupted during the regular school year.
 - **Parent Involvement.** A description of the MEP's consultation with parents (or with the State Parent Advisory Council (if the program is of one school year in duration) and whether the consultation occurred in a format and language that the parents understand.
 - **Identification and Recruitment.** A description of the state's plan for identification and recruitment activities and its quality control procedures.
 - **Student Records.** A description of the state's plan for requesting and using migrant student records and transferring migrant student records to schools and projects in which migrant students enroll.



In addition, Colorado will: 1) update the CNA as needed to reflect changing demographics and needs; 2) change performance targets and/or measurable outcomes to reflect changing needs; and 3) use evaluation data to change services that the MEP will provide statewide and the evaluation design to reflect changes in needs.

As part of the Colorado MEP continuous improvement model, the next step for the MEP is to use the information contained in this CNA report to inform the comprehensive state service delivery planning process. The state has begun planning for this activity and will use the OME toolkit, Migrant Education Service Delivery Plan Toolkit: A Tool for State Migrant Directors (August 2012).

Communication and Dissemination Plan

The Colorado MEP regional directors and the CNA committee are dedicated to widely and effectively disseminating the CNA findings to ensure its understanding and use. Key stakeholders include: the State Title I Committee of Practitioners, the state PAC, local regional PACs, regional directors and local operator groups, and the Colorado Association of School Executives (CASE) administrators group.

The CNA committee also discussed the implications of appropriately communicating the report findings to various audiences, include migrant families, regional directors and staff, partner organizations, practitioners at the local, state, and federal levels, and researchers. Communication strategies for the updated MEP CNA include:

- Submit report to the SEA and OME;
- Develop a PowerPoint presentation that summarizes the CNA findings;
- Translate all documents into Spanish for parents and community members;
- Develop a 1-page summary of the CNA, including the basics (“What is the MEP?”) as well as graphics on the continuous improvement process; and
- Present findings to key stakeholders (e.g., CASE, State Conference, Counselors’ Conference, PAC meetings, and youth events).

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Exhibit 1. *List of Collaborating Partners/Programs for MS3*

Migrant Student System of Support (MS3)

List of Collaborating Partners/Programs:

BUENO - High School Equivalency Program
BUENO - College Assistance Migrant Program
Adams State University College Assistance Migrant Program
Colorado State University-Pueblo College Assistance Migrant Program
Metropolitan State University of Denver College Assistance Migrant Program
Otero Junior College Child Development Services
Rocky Mountain Service Employment & Redevelopment
Colorado Department of Labor and Employment
Colorado Department of Education Office of Migrant Education
Colorado Department of Education Data, Program Evaluation and Reporting Office
Colorado Department of Education Culturally and Linguistically Diverse Education Office
University of Boulder Center for the Study and Prevention of Violence
Southwest Migrant Education Program
Metro Migrant Education Program
West Central Migrant Education Program
Southeast Migrant Education Program
Northern Migrant Education Program
Lutheran Family Services

Exhibit 2. Number of Students Served Compared Across Years

Grade	Regular Term		Summer	
	2011-12	2017-18	2011-12	2017-18
Ages 0-2	152	129	6	104
Ages 3-5	426	234	37	497
K	228	144	25	141
1	272	171	36	139
2	248	165	16	149
3	240	178	32	154
4	263	158	43	123
5	240	147	29	152
6	224	173	22	140
7	208	133	18	132
8	203	148	21	123
9	204	168	30	154
10	182	150	15	112
11	167	121	10	106
12	197	147	4	46
OSY	296	207	0	331
Total	3,750	2,573	344	2,603

Exhibit 3. Migrant Students who are English Language Learners

Grade	# NEP	# LEP	# FEP M1	# FEP M2	Total	% of Total
K	80	35	0	0	115	5.0%
1	136	58	2	0	196	8.4%
2	127	81	2	1	211	9.1%
3	107	98	6	0	211	9.1%
4	93	107	13	1	214	9.2%
5	78	112	12	8	210	9.0%
6	57	77	25	21	180	7.8%
7	59	68	14	18	159	6.9%
8	68	61	8	8	145	6.2%
9	91	81	18	5	195	8.4%
10	69	58	17	4	148	6.4%
11	71	61	8	12	152	6.5%
12	59	62	10	15	146	6.3%
OSY	10	14	4	0	28	1.2%
Total	1,111	978	139	93	2,321	
% of Total	47.9%	42.1%	6.0%	4.0%	100.0%	

Exhibit 4. CMAS Math Performance, 2017-18

Math CMAS scores 2017-18													
	# Valid Scores		Mean Scale Score		% Did Not Yet Meet Expectations		% Partially Met Expectations		% Approached Expectations		% Met or Exceeded Expectations		
	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	
3	198	64,516	719	739	27.8	14.2	29.8	19.7	25.8	26.9	16.7	39.2	
4	210	65,785	712	735	31	15.4	40	23.5	21.4	27.3	7.6	33.9	
5	200	65,316	714	737	31	13.6	35.5	23.1	24	27.7	9.5	35.6	
6	183	63,582	708	733	33.9	14.1	40.4	27.1	17.5	28.4	8.2	30.4	
7	172	59,811	711	733	*	12.2	*	24.7	*	34.2	*	28.9	
8	172	49,017	704	728	43.6	22.9	24.4	23.6	23.3	25.4	8.7	28.2	
All grades	1,139	378,542	712	735	33.1	14.7	34.2	23	23.3	28.1	9.4	34.2	

Exhibit 5. CMAS English Language Arts Performance, 2017-18

ELA CMAS scores 2017-18													
Grade	# Valid Scores		Mean Scale Score		% Did Not Yet Meet Expectations		% Partially Met Expectations		% Approached Expectations		% Met or Exceeded Expectations		
	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	Migrant	Not Migrant	
3	194	62,822	710	739	44.3	17.7	26.8	18.1	12.9	23.8	16	40.4	
4	206	64,583	715	745	31.6	10.5	30.1	17.2	26.7	26.1	11.7	46.2	
5	197	65,162	721	746	21.8	9.8	32	16.1	32.5	26.6	13.7	47.5	
6	182	63,465	718	743	25.3	10.4	36.8	18.9	25.3	27.8	12.6	42.9	
7	171	60,736	715	744	36.3	14.4	25.1	15.7	18.1	23.3	20.5	46.6	
8	174	58,510	712	743	41.4	14.6	21.3	17.1	26.4	24.4	10.9	43.9	
All grades	1,124	375,278	715	743	33.3	12.8	28.8	17.2	23.8	25.4	14.1	44.6	