UNACCOMPANIED CHILDREN

DHS and HHS Have Taken Steps to Improve Transfers and Monitoring of Care, but Actions Still Needed

Statement of Kathryn A. Larin, Director Education, Workforce, and Income Security
Highlights of GAO-18-506T, a testimony before the Permanent Subcommittee on Investigations, Committee on Homeland Security and Governmental Affairs, U.S. Senate

April 26, 2018

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DHS and HHS Have Taken Steps to Improve Transfers and Monitoring of Care, but Actions Still Needed

What GAO Found

The Department of Homeland Security (DHS) and Department of Health and Human Services (HHS) have agreed to establish a joint collaborative process for the referral and placement of unaccompanied children, but the process has not yet been implemented. In 2015, GAO reported that the interagency process for referring unaccompanied children from DHS to HHS’s Office of Refugee Resettlement (ORR) shelters was inefficient and vulnerable to error, and that each agency’s role and responsibilities were unclear. GAO recommended that DHS and HHS jointly develop and implement an interagency process with clearly defined roles and responsibilities, as well as procedures to disseminate placement decisions, for all agencies involved. In February 2018, HHS officials told GAO that the agency was reviewing a draft of the DHS-HHS joint concept of operations.

ORR has reported taking steps to improve monitoring of grantees that provided services to unaccompanied children. In 2016, GAO reported that ORR relied on grantees to document and annually report on the care they provide for unaccompanied children, such as housing and educational, medical, and therapeutic services, but documents were often missing and ORR was not able to complete all of its planned visits. GAO recommended that ORR review its monitoring program to ensure that onsite visits are conducted in a timely manner, that case files are systematically reviewed, and that grantees properly document the services they provide. Since 2016, ORR has reported that its grantee monitoring has improved, with more timely completion of on-site monitoring of all its grantees.

ORR relies on grantees to identify and screen sponsors before placing children with them. In 2016, GAO reported that limited information was available on the services provided to children after they leave ORR care, and recommended that HHS develop processes to ensure its post-release activities provide reliable and useful summary data. Subsequent data from ORR indicate that the percentage of children receiving these services has increased, from about 10 percent in fiscal year 2014, to about 32 percent in fiscal year 2017. Also, in August 2017, ORR officials said that new case reporting requirements had been added to ORR’s policy guide; however, further steps are needed to ensure the systematic collection of these data to provide useful information on post-release services across agencies, as GAO recommended.

Why GAO Did This Study

ORR is responsible for coordinating and implementing the care and placement of unaccompanied children—that is, children who enter the United States with no lawful immigration status. The number of these children taken into custody by DHS and placed in ORR’s care rose from about 6,600 in fiscal year 2011 to nearly 57,500 in fiscal year 2014, many coming from Central America. Though declining somewhat, the number has remained well above historical levels. In fiscal year 2017, DHS referred 40,810 such children to ORR.

This testimony discusses efforts by DHS and HHS to improve the placement and care of unaccompanied children in four key areas: (1) the process by which unaccompanied children are transferred from DHS to ORR custody; (2) how ORR monitors the care of unaccompanied children in its custody; (3) how ORR identifies and screens sponsors before children are transferred to their care; and (4) what is known about services these children receive after they leave ORR custody.

This testimony is based primarily on the findings from two prior GAO reports: a 2015 report on actions needed to ensure unaccompanied children receive required care in DHS custody; and a 2016 report on further actions HHS could take to monitor their care. This testimony also includes updated information on the progress agencies have made in implementing GAO’s recommendations, and more recent statistics from publicly available sources.

View GAO-18-506T. For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

Sponsors’ Relationship to Unaccompanied Children from El Salvador, Guatemala, and Honduras (Released from Custody from January 7, 2014, through April 17, 2015)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Parent</th>
<th>Other relative</th>
<th>Family friend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60%</td>
<td>32%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>(31,079)</td>
<td>(16,416)</td>
<td>(1,865)</td>
</tr>
<tr>
<td>Unrelated sponsor</td>
<td>&lt;1% (161)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GAO analysis of Office of Refugee Resettlement data. | GAO-18-506T
Note: Percentages do not sum to 100 due to rounding.

In 2016, GAO reported that limited information was available on the services provided to children after they leave ORR care, and recommended that HHS develop processes to ensure its post-release activities provide reliable and useful summary data. Subsequent data from ORR indicate that the percentage of children receiving these services has increased, from about 10 percent in fiscal year 2014, to about 32 percent in fiscal year 2017. Also, in August 2017, ORR officials said that new case reporting requirements had been added to ORR’s policy guide; however, further steps are needed to ensure the systematic collection of these data to provide useful information on post-release services across agencies, as GAO recommended.
Chairman Portman, Ranking Member Carper, and Members of the Subcommittee:

Thank you for the opportunity to discuss efforts by the Department of Homeland Security (DHS) and the Department of Health and Human Services (HHS) to improve the process of placing and providing care for unaccompanied children—that is, children who enter the United States with no lawful immigration status. The number of unaccompanied children apprehended by DHS officials and subsequently placed in the care of HHS’s Office of Refugee Resettlement (ORR) increased from nearly 6,600 in fiscal year 2011 to nearly 57,500 in fiscal year 2014. In particular, the number of unaccompanied children from three countries—El Salvador, Guatemala, and Honduras—increased dramatically over this time. While the number of children DHS placed in ORR’s care declined through much of fiscal year 2015, it subsequently began increasing again and has remained well above historical levels. More recent data from the U.S. Border Patrol suggest that DHS apprehended nearly 60,000 unaccompanied children at the southwest border in fiscal year 2016 and more than 41,000 in fiscal year 2017. Also, according to ORR data, DHS referred 40,810 unaccompanied children to ORR in fiscal year 2017, and in the first 6 months of fiscal year 2018, DHS apprehended nearly 22,000 unaccompanied children.

1In this statement, we refer to unaccompanied alien children as unaccompanied children because this is the term used by the Department of Health and Human Services (HHS). The term “unaccompanied alien child” refers to a child who (1) has no lawful immigration status in the United States, (2) has not attained 18 years of age, and (3) has no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody. 6 U.S.C. § 279(g)(2). Children traveling with related adults other than a parent or legal guardian—such as a grandparent or sibling—are still deemed unaccompanied. While these children may have parents or guardians already in the United States, if the parent or guardian is unable to provide immediate care, the child is considered unaccompanied.


4Data publicly available from the Office of Refugee Resettlement at: https://www.acf.hhs.gov/orr/about/ucs/facts-and-data.
My statement today will focus on efforts made by DHS and HHS to improve the placement and care of unaccompanied children in four key areas: (1) the process by which unaccompanied children are transferred from DHS to ORR custody; (2) how ORR monitors the care of unaccompanied children in its custody; (3) how ORR identifies and screens sponsors before children are transferred to their care; and (4) what is known about services and the status of removal proceedings for children after they leave ORR custody. My statement is based primarily on the findings from two prior GAO reports: a 2015 report on actions needed to ensure unaccompanied children receive required care in DHS custody; and a 2016 report on further actions HHS could take to monitor their care. For detailed descriptions of the methodologies used, see our prior reports. Additionally, we obtained and analyzed information and documentation on actions DHS and HHS have taken to address our recommendations in these prior two reports. The work upon which this statement is based was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provided a reasonable basis for our findings and conclusions based on our audit objectives.

Under the Homeland Security Act of 2002, responsibility for the apprehension, temporary detention, transfer, and repatriation of unaccompanied children is delegated to DHS; and responsibility for coordinating and implementing the care and placement of unaccompanied children is delegated HHS’s Office of Refugee Resettlement (ORR). U.S. Customs and Border Protection’s U.S. Border Patrol and Office of Field Operations (OFO), as well as U.S. Immigration and Customs Enforcement (ICE), apprehend, process, temporarily detain, 


and care for unaccompanied children who enter the United States with no lawful immigration status.\textsuperscript{9} ICE’s Office of Enforcement and Removal Operations is generally responsible for transferring unaccompanied children, as appropriate, to ORR, or repatriating them to their countries of nationality or last habitual residence. Under the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Trafficking Victims Protection Reauthorization Act), unaccompanied children in the custody of any federal department or agency, including DHS, must be transferred to ORR within 72 hours after determining that they are unaccompanied children, except in exceptional circumstances.\textsuperscript{10}

ORR has cooperative agreements with residential care providers to house and care for unaccompanied children while they are in ORR custody. The aim is to provide housing and care in the least restrictive environment commensurate with the children’s safety and emotional and physical needs. In addition, these residential care providers, referred to here as grantees, are also responsible for identifying and assessing the suitability of potential sponsors—generally a parent or other relative in the country—who can care for the child after they leave ORR custody.\textsuperscript{11} To do this, grantees collect information from potential sponsors and run various background checks. In cases in which there are questions about the ability of the sponsor to meet the child’s needs and provide a safe environment, and for children included in specified categories under the Trafficking Victims Protection Reauthorization Act, a home study is also conducted. In certain circumstances ORR may also arrange for post-release services for the child.

Release to a sponsor does not grant unaccompanied children legal immigration status. Children are scheduled for removal proceedings in

\textsuperscript{9}Border Patrol apprehends unaccompanied children at U.S. borders between ports of entry, and OFO encounters these children at ports of entry. ICE apprehends unaccompanied children within the United States at locations other than borders or ports of entry. According to U.S. Customs and Border Protection officials, OFO encounters unaccompanied children instead of apprehending them because the children have not technically entered the United States at ports of entry until OFO officers have processed them. However, for the purposes of this statement, we use the term “apprehend” to include actions taken by all DHS entities responsible for unaccompanied children—Border Patrol, OFO, and ICE.

\textsuperscript{10}8 U.S.C § 1232(b)(3).

\textsuperscript{11}Qualified sponsors are adults who are suitable to provide for the child’s physical and mental well-being and have not engaged in any activity that would indicate a potential risk to the child.
immigration courts to determine whether they will be ordered removed from the United States or granted immigration relief. There are several types of immigration relief that may be available to these children, for example, asylum or Special Immigrant Juvenile status.12

In response to a recommendation in our 2015 report, DHS and HHS have agreed to establish a joint collaborative process for the referral and transfer of unaccompanied children from DHS to ORR shelters, but the process has not yet been implemented. It will be important to ensure that, once implemented, this process has clearly defined roles and responsibilities for each agency, as we recommended.

In 2015, we reported that the interagency process to refer unaccompanied children from DHS to ORR shelters was inefficient and vulnerable to error.13 For example, as of April 2015, DHS and ORR relied on e-mail communication and manual data entry to coordinate the transfer of unaccompanied children to shelters because each agency used its own data system and these systems did not automatically communicate information with one another. These modes of communication made the referral and placement process vulnerable to error and possible delay in the transfer of these children from DHS to ORR. Each DHS component also submitted shelter requests to ORR in a different way. We reported that the roles and responsibilities of DHS components were not consistent during the referral and placement process, and DHS points of contact for ORR varied across Border Patrol sectors and ICE and OFO areas of operation. Further, we noted that the inefficiencies in the placement process for unaccompanied children had

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12Asylum may be granted to people who have suffered past persecution or have a well-founded fear they will suffer future persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. 8 U.S.C. § 1158(b)(1)(B). In addition, eligible unaccompanied children may petition for Special Immigrant Juvenile status, which is designed to help foreign children who have been abused, abandoned, or neglected obtain a green card. To be eligible, a state court must decide that a child is a dependent of the court or legally place the child with a state agency, a private agency, or a private person; that it is not in the best interests of the child to return to his or her home country; and that the child cannot be reunited with a parent due to abuse, neglect, abandonment, or a similar basis found under state law. 8 U.S.C. § 1101(a)(27)(J), 8 C.F.R. § 204.11. Unaccompanied children also may be eligible for other types of immigration relief. For example, “T nonimmigrant status” allows victims of severe forms of human trafficking to remain in the United States to assist in an investigation or prosecution of such cases.

been a long-standing challenge for DHS and ORR. Therefore, we recommended that DHS and HHS jointly develop and implement a documented interagency process with clearly defined roles and responsibilities, as well as procedures to disseminate placement decisions, for all agencies involved in referring and placing unaccompanied children in ORR shelters.

The agencies agreed with this recommendation and in response, DHS and HHS finalized a memorandum of agreement (MOA) in February 2016. The MOA provides a framework for coordinating each agency’s responsibilities and establishing procedures, shared goals, and interagency cooperation with respect to unaccompanied children. The MOA states that DHS and HHS agree to establish a joint concept of operations. According to the MOA, this joint concept is to include, among other things, standard protocols for consistent interagency cooperation on the care, processing, and transport of these children during both steady state operations, as well as in the event the number of unaccompanied children exceeds standard capabilities and existing resources. In February 2018, HHS officials told us that the agency is reviewing a draft of the DHS-HHS joint concept of operations. To fully address our recommendation, DHS and HHS will need to ensure that this joint concept, once finalized and implemented, includes a documented interagency process with clearly defined roles and responsibilities, as well as procedures to disseminate placement decisions, as we recommended.

In response to a recommendation in our 2016 report, ORR reported taking steps to improve monitoring of its grantees, including reviewing its monitoring protocols and ensuring all grantees were monitored over a 2-year period. These steps should increase the timeliness, completeness, and consistency of ORR’s monitoring; however, ORR needs to ensure that its updated processes and protocols are fully implemented and in use.

In 2016, we reported that ORR relies on grantees to provide care for unaccompanied children, such as housing and educational, medical, and therapeutic services, and to document in children’s case files the services they provide.14 Grantees are required to provide these services and to

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14For a more detailed discussion of the care and services provided to children by grantees, see our 2016 report, GAO-16-180.
document that they did so. However, in our 2016 report, we found that documents—such as legal presentation acknowledgment forms,\(^{15}\) records of group counseling sessions, or clinical progress notes—were often missing from the 27 randomly selected case files we reviewed. In addition, we identified several cases in which forms that were present in the files were not signed or dated. We found that although ORR used its web-based data system to track some information about the services children received, and grantees reported on the services they provided in their annual reports, the documents contained in case files were the primary source of information about the services provided to individual children. We concluded that without including all of the documents in case files, it was difficult for ORR to verify that required services were actually provided in accordance with ORR policy and cooperative agreements.

In our 2016 report, we noted that ORR’s most comprehensive monitoring of grantees occurred during on-site visits, but that onsite visits to facilities were inconsistent. Prior to fiscal year 2014, project officers were supposed to conduct on-site monitoring of facilities at least once a year. However, we found in our review of agency data that many facilities had not received a monitoring visit for several years. For example, ORR had not visited 15 facilities for as many as 7 years. In 2014, ORR revised its on-site monitoring program to ensure better coverage of grantees and implemented a biennial on-site monitoring schedule. Nevertheless, ORR did not meet its goal to visit all of its facilities by the end of fiscal year 2015, citing lack of resources. In our 2016 report, we concluded that without consistently monitoring its grantees, ORR cannot know whether they were complying with their agreements and that children were receiving needed services. We recommended that the Secretary of HHS direct ORR to review its monitoring program to ensure that onsite visits are conducted in a timely manner, case files are systematically reviewed as part of or separate from onsite visits, and that grantees properly document the services they provide to children. HHS concurred with this recommendation and stated that it had created a new monitoring initiative workgroup to examine opportunities for further improvement.

Since our 2016 report, ORR has reported achieving more timely and complete monitoring. In May 2017, ORR issued a summary of its fiscal year 2016 monitoring showing that monitoring of all of its 88 grantees was

\(^{15}\) Our 2016 report noted that ORR contracted with nonprofit organizations to provide Know Your Rights presentations, which provided basic legal information to children. See GAO-16-180.
completed over the 2-year period of fiscal years 2015 and 2016. As a result of this monitoring, the agency reported issuing 786 corrective actions, almost all of which were closed within 90 days.\textsuperscript{16} The most common corrective actions were related to incomplete case file documentation and inconsistent implementation of some of ORR policies and procedures, according to ORR. Subsequently, for the 2-year period of fiscal years 2017 and 2018, ORR reported that as of April 2018, it had completed monitoring of 65 grantees and planned to complete monitoring of all of its remaining 39 grantees by the end of the fiscal year.\textsuperscript{17}

In addition, ORR has reported that it is taking steps to ensure its monitoring processes and protocols are more systematic and uniform. During 2016, ORR announced a new Monitoring Initiative with the goal of establishing a comprehensive system of monitoring for all ORR-funded programs; HHS reported that it had conducted three trainings for ORR Project Officers and was in the process of adding two to three additional Project Officer positions to the unaccompanied children program. In April 2018, HHS reported that ORR was in the process of reviewing and revising its monitoring tools, and planned to have final versions of these tools completed by the end of fiscal year 2018. Once ORR completes its review of its monitoring tools and fully implements its revised protocols, these steps, along with its more timely monitoring, should help ensure an improved monitoring program.

In 2016, we reported that ORR grantees that provide day-to-day care of unaccompanied children are responsible for identifying and screening sponsors prior to releasing children to them. During children’s initial intake process, case managers ask them about potential sponsors with whom they hope to reunite. Within 24 hours of identifying potential sponsors, case managers are required to send them a Family Reunification Application to complete. The application includes questions about the sponsor and other people living in the sponsor’s home, including whether anyone in the household has a contagious disease or criminal history. Additionally, the application asks for information about who will care for

\textsuperscript{16}ORR reported that as of May 1, 2017, all corrective actions resulting from its fiscal year 2016 monitoring were closed.

\textsuperscript{17}According to HHS officials, the number of grantees fluctuates throughout the fiscal year. As of April 2018, ORR reported funding 102 grantees.
the child if the sponsor is required to leave the United States or becomes unable to provide care.\textsuperscript{18}

Grantees also ask potential sponsors to provide documents to establish their identity and relationship to the child, and they conduct background checks. The types of background checks conducted depend on the sponsor's relationship to the child (see table 1). In certain circumstances prescribed by the Trafficking Victims Protection Reauthorization Act or ORR policy, a home study must also be conducted before the child is released to the sponsor.\textsuperscript{19} Additionally, other household members are also subjected to background checks in certain situations, such as when a documented risk to the safety of the unaccompanied child is identified, the child is especially vulnerable, and/or the case is being referred for a mandatory home study.

\textsuperscript{18}ORR does not require that a sponsor be a citizen or lawful permanent resident of the United States.

\textsuperscript{19}The Trafficking Victims Protection Reauthorization Act requires that before placing a child with a sponsor, HHS must first determine whether a home study is necessary. The Act requires a home study be conducted for: a child who is a victim of a severe form of trafficking; a special needs child with a disability; a child who has been a victim of physical or sexual abuse that has significantly harmed or threatened the child's health or welfare; or a child whose proposed sponsor clearly presents a risk of abuse, maltreatment, exploitation, or trafficking to the child based on all available objective evidence. 8 U.S.C. § 1232(c)(3)(B). ORR policy also requires a home study before releasing a child to a non-relative sponsor who is seeking to sponsor multiple children, or who has previously sponsored a child and is seeking to sponsor additional children.
### Table 1: Required Background Checks Conducted by Office of Refugee Resettlement (ORR) Grantees, by Sponsor Category, as of February 2016

<table>
<thead>
<tr>
<th>Sponsor Category</th>
<th>Public records check</th>
<th>National (FBI) criminal history check based on digital fingerprinting&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Immigration status check conducted through the Central Index System (CIS)</th>
<th>Child abuse and neglect check&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1: Parent or legal guardian</td>
<td>●</td>
<td>◇</td>
<td>◇</td>
<td>●</td>
</tr>
<tr>
<td>Category 2: Close relative</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Category 3: Distant relative or unrelated adult</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Category 4: No potential sponsor</td>
<td></td>
<td></td>
<td></td>
<td>(These instances are rare, but when they occur, children remain in ORR facilities or are placed in ORR's long-term foster care.)</td>
</tr>
</tbody>
</table>

Legend: A full-circle indicates that the background check is required in all cases. A half-circle indicates that the background check is only required in cases in which there is a documented risk to the safety of the unaccompanied child, the child is especially vulnerable, and/or the case is being referred for a mandatory home study.

Source: ORR Policy Guide. | GAO-18-506T

Note: There are other potential checks that might occur, such as state criminal history repository and/or local police checks.

<sup>a</sup>The FBI identification index name_DESCRIPTOR check may be used in lieu of fingerprint background checks in the case of unidentifiable fingerprints or in extenuating circumstances if: the sponsor/household member has submitted fingerprints, release paperwork and decision making is otherwise complete, there are no concerns about the sponsor and the sponsor does not require a home study, and there is a delay in receiving the prints results. ORR approval is required.

<sup>b</sup>Child abuse and neglect checks are obtained on a state-by-state basis to determine whether a potential sponsor has a record of child abuse or neglect in any of the localities in which they have resided over the previous 5 years.

In our 2016 report, we found that between January 7, 2014, and April 17, 2015, nearly 52,000 children from El Salvador, Guatemala, or Honduras were released to sponsors by ORR. Of these children, nearly 60 percent were released to a parent. Fewer than 9 percent of these children were released to a non-familial sponsor, such as a family friend, and less than 1 percent of these children were released to a sponsor with whom their family had no previous connection (see table 2). Historically, most of these unaccompanied children have been adolescents 14 to 17 years of age, but about a quarter of the children from these three countries in 2014 and early 2015 were younger.
Table 2: Sponsors’ Relationship to Unaccompanied Children from El Salvador, Guatemala, and Honduras (Released from Office of Refugee Resettlement Custody from January 7, 2014, through April 17, 2015)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>31,079</td>
<td>60%</td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>6,925</td>
<td>13%</td>
</tr>
<tr>
<td>Sibling</td>
<td>6,251</td>
<td>12%</td>
</tr>
<tr>
<td>First cousin</td>
<td>1,221</td>
<td>2%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>739</td>
<td>1%</td>
</tr>
<tr>
<td>Other relative</td>
<td>1,280</td>
<td>3%</td>
</tr>
<tr>
<td>Family friend</td>
<td>4,185</td>
<td>8%</td>
</tr>
<tr>
<td>Unrelated sponsor</td>
<td>161</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Total</td>
<td>51,841</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Office of Refugee Resettlement data. | GAO-18-506T

Note: Percentages do not sum to 100 due to rounding.

In response to a recommendation in our 2016 report, ORR reported taking various steps to collect additional information on the services provided to unaccompanied children after they are released from ORR custody. We welcome this progress, but continue to believe that further steps are needed to fully address our recommendation.

In 2016, we reported that limited information was available about post-release services provided to children and their sponsors. Post-release services include such things as guidance to the sponsor to ensure the safest environment possible for the child; assistance accessing legal, medical, mental health, and educational services for the child; and information on initiating steps to establish guardianship, if necessary. The Trafficking Victims Protection Reauthorization Act requires ORR to provide post-release services to children if a home study was conducted,
Our 2016 report noted that ORR was in a position to compile the data it collects on post-release services, and to share the data internally and externally with other federal and state agencies to help them better understand the circumstances these children face when they are released to their sponsors. ORR was already collecting some information from its post-release grantees on services provided to children after they left ORR custody, and its newly instituted well-being calls and National Call Center would allow it to collect additional information about these children. However, at the time, ORR did not have processes in place to ensure that all of these data were reliable, systematically collected, and compiled in summary form to provide useful information about this population for its use and for other government agencies, such as state child welfare services. As a result, in our 2016 report, we recommended that the Secretary of HHS direct ORR to develop a process to ensure all information collected through its existing post-release efforts are reliable and systematically collected, so that the information could be compiled in summary form to provide useful information to other entities internally and externally. HHS concurred and stated that ORR would implement an approved data collection process that would provide more systematic and standardized information on post-release services and that it would make this information available to other entities internally and externally.

At the time of our 2016 study, a relatively small percentage of unaccompanied children who had left ORR custody were receiving post-release services. Officials said ORR’s responsibility typically ended after it transferred custody of children to their sponsors. We found that slightly less than 10 percent of unaccompanied children received post-release services in fiscal year 2014, including those for whom a home study was conducted implies responsibility to check on the well-being of these children after their release from ORR custody. According to ORR officials, the agency is generally not required by law to track or monitor the well-being of all children once they are released to sponsors. These services can also include providing information about or referrals to resources available in the community. Post-release services are limited in nature and typically last a relatively short time.

Federal internal control standards require that an agency have relevant, reliable, and timely information to enable it to carry out its responsibilities. See GAO-14-704G.

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20 U.S.C. § 1232(c)(3)(B). The statute uses the term “follow-up services,” which we refer to as “post-release services” in this statement. ORR officials noted that this statutory mandate to provide post-release services to children for whom home studies were conducted implies responsibility to check on the well-being of these children after their release from ORR custody. According to ORR officials, the agency is generally not required by law to track or monitor the well-being of all children once they are released to sponsors. These services can also include providing information about or referrals to resources available in the community. Post-release services are limited in nature and typically last a relatively short time.
conducted. However, the percentage of unaccompanied youth receiving post-release services has increased in recent years. According to publicly available ORR data, approximately 31 percent of unaccompanied youth received such services in fiscal year 2015, 20 percent in fiscal year 2016, and 32 percent in fiscal year 2017.

In addition, during 2015, ORR had taken steps to expand eligibility criteria for post-release services. According to ORR officials, these changes included making all children released to a non-relative or distant relative eligible for such services. ORR also began operating a National Call Center help-line in May 2015. Children who contacted ORR’s National Call Center within 180 days of release and who reported experiencing (or being at risk of experiencing) a placement disruption, also became eligible for post-release services, according to ORR officials. Additionally, our 2016 report noted that in August 2015, ORR had instituted a new policy requiring grantee facility staff to place follow-up calls, referred to as Safety and Well Being follow-up calls, to all children and their sponsors 30 days after the children are placed to determine whether they were still living with their sponsors, enrolled in or attending school, and aware of upcoming removal proceedings, and to ensure that they were safe. ORR’s policy required grantees to attempt to contact the sponsor and child at least three times.

In August 2017, ORR told us that the agency had created new guidance on case reporting, records management, retention, and information-sharing requirements for post-release service provider, and that it had collected data on Safety and Well Being follow-up calls that had been made to children and their sponsors. For example, ORR told us that during the first quarter of fiscal year 2016, its grantees reached 87 percent of unaccompanied children and 90 percent of sponsors by phone within 30 to 37 days after the child’s release from ORR care. In the second quarter of fiscal year 2016, these figures were 80 percent and 88 percent, respectively. ORR also said that the agency had developed a plan for collecting and analyzing National Call Center data. However, as of April 2018, ORR officials noted that case management functionality had not yet been built into ORR’s web-based portal. Further, ORR officials told us that the agency planned to create uniform data collection reporting forms for grantees providing post-release services, but as of

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22According to ORR data, in fiscal year 2014, home studies were conducted in approximately 2 percent of all cases in which a child was released.
April 2018, it had not developed these forms. ORR's steps represent progress towards systematically collecting information that can be used internally and shared, as appropriate, with external agencies; however, to ensure our recommendation is fully addressed, ORR will need to complete its data collection and reporting efforts.

With respect to unaccompanied children's immigration proceedings, we reported in 2016 that several different outcomes are possible, and that the outcomes for many children had not yet been determined. An unaccompanied child who is in removal proceedings can apply for various types of lawful immigration status with DHS's U.S. Citizenship and Immigration Services (USCIS), including asylum and Special Immigration Juvenile status. Alternatively, an unaccompanied child who has not sought, or has not been granted, certain immigration benefits within the jurisdiction of USCIS, may still have various forms of relief available to him or her during immigration proceedings. For example, an immigration judge may order the child removed from the United States, close the case administratively, terminate the case, allow the child to voluntary depart the United States, or grant the child relief or protection from removal. Moreover, a judge’s initial decision does not necessarily indicate the end of the removal proceedings. For example, cases that are administratively closed can be reopened, new charges may be filed in cases that are terminated, and children may appeal a removal order. In addition, in cases involving a child who receives a removal order in absentia, and a motion to reopen the child’s case has been properly filed, the child is granted a stay of removal pending a decision on the motion by the immigration judge. In our 2016 report, we found that according to ICE data on final removal orders from fiscal year 2010 through August 15, 2015, ICE removed 10,766 unaccompanied children, and about 63 percent of these children (6,751) were from El Salvador, Guatemala, or Honduras.
Chairman Portman, Ranking Member Carper, and Members of the Subcommittee, this concludes my prepared remarks. I would be happy to answer any questions that you may have.

For further information regarding this testimony, please contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement.

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