



Statement by

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Governmental Affairs
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Chair Peters, Ranking Member Portman, and members of the committee, it is my honor to appear on behalf of the Department of Health and Human Services (HHS). I am January Contreras, the Assistant Secretary at the Administration for Children and Families or ACF. ACF, through our Office of Refugee Resettlement or ORR, administers the Unaccompanied Children program and we are responsible for the care of unaccompanied children and uniting them with family or a vetted sponsor. I appreciate the opportunity to share with you updates on our ongoing efforts to care for every child referred to us, safely and aligned with child welfare principles, which includes our continuous work to ensure we have adequate capacity to meet any increase in referrals.

I was sworn in on March 31st and while I have only been on the job for a month, I am firmly committed to effectively managing the Unaccompanied Children program and prioritizing the safety of each child whose care we are entrusted with. During my first week on the job, I visited the Emergency Intake Site at Fort Bliss to see our work up close and meet with front-line staff. I have also witnessed the tireless work of the dedicated and skilled team at ORR, who despite tremendous challenges, always place the best interests of children first and continually rise to meet the moment. As I meet with you today, I believe we are prepared to continue safely serving all unaccompanied children referred to us.

Current State of the Program

By statute, HHS is required to provide care to all unaccompanied children referred to ORR by another federal agency, usually the Department of Homeland Security (DHS). Once a child is referred to ORR, ORR works to place the child safely and quickly with a vetted sponsor, usually a parent or a close relative.

As of May 2, we had 8,376 children in care and an overall capacity of 15,513 beds across our network. ORR is able to promptly accept referrals and generally keep the amount of time children spend in U.S. Customs and Border Protection (CBP) facilities well under 72 hours, with the current average being about 23 hours.

As of May 2, ORR has received 72,609 referrals of unaccompanied children from DHS for this fiscal year. In FY 2021, we received 122,247 referrals and placed 108,246 children with vetted sponsors. It is important to note that the Title 42 Public Health Order only applied to unaccompanied children for a very limited time—from March 20, 2020 to November 19, 2020, and then briefly from January 29, 2021 until on or about January 30, 2021. Unaccompanied children have generally not been subject to the Title 42 Order since November 2020; however, we are planning and preparing for any changes in referrals of unaccompanied children, including the possibility of increased referrals that might result from the termination of Title 42 for adults and family units.

Capacity

The team at ACF works each day to ensure that we have adequate capacity to quickly and safely accept all children referred by DHS despite ongoing challenges posed by the

COVID-19 pandemic and high number of referrals. The pandemic significantly reduced the number of beds in our network of standard beds (i.e., beds not in influx care facilities or emergency intake sites). This was mainly due to health and safety protocols around quarantine, isolation, and social distancing as well as difficulties care providers continue to experience in hiring staff. Today, we have cooperative agreements for 13,613 beds in our standard network, the highest number of standard beds we have had on record in the history of the program. We are focused on building greater capacity for more standard beds for children that best meet child welfare principles, including adding beds to existing grants and funding new grants. At the end of last year, ORR issued a Notice of Funding Opportunity (NOFO) for shelter and transitional foster care beds and anticipates awarding grants to approved applicants later this year.

Staffing issues with our grantees and quarantine needs due to COVID-19 continue to be the primary driver of bed unavailability. ORR has authorized hazard pay and incentive pay for grantees to retain and recruit staff in order to keep beds available for children referred to us. ORR has also worked closely with the Centers for Disease Control and Prevention (CDC) to safely adapt CDC guidance and initiate policy changes around quarantining, social distancing, and COVID-19 mitigation measures, which allowed programs to safely once again make more beds available for the children in our care.

EIS State of Play: Mobilization

To ensure adequate capacity, ORR activated an influx care facility (ICF) and emergency intake sites (EIS) in 2021 to ensure the prompt placement of children into ORR care and

custody. EIS provide temporary emergency shelter for unaccompanied children who are referred to HHS from DHS. Our goal is to ensure we have capacity for all children referred to us so that children do not have long stays in border facilities, which are neither designed nor equipped to care for children. We do not consider EIS to be longer-term placement options and continue to review capacity needs to determine timelines for conversion of EIS to even higher care standards. Out of the 14 EIS that were brought online last year, only two remain active: Pecos EIS in Pecos, Texas, and the ORR EIS at Fort Bliss in El Paso, Texas. Although EIS facilities are temporary, we continuously work with our contractors to ensure they are safe and appropriate placements for children and provide key services, including robust case management and mental health supports. We are in the process of transitioning both of the remaining EIS facilities to influx care facilities, which provide the same services and supports as our standard shelters. Finally, we are conducting regular outreach to explore potential use of public and private properties that could be utilized as temporary influx care facilities as needed to accommodate increased referrals.

Policy and Process Improvements

As a child welfare agency, we know that the best place for children is with their family. Over the past year, ORR implemented multiple policy and process changes to expedite the safe placement of children with their vetted sponsors.

For example, ORR initiated new mechanisms for digital fingerprinting which dramatically shortened the timeline for sponsor fingerprint background checks, and

expedited unification processes were implemented for children being placed with parents and close relatives when there were no safety concerns. Case managers and case aides were increased to ensure evening and weekend coverage and to facilitate sponsor assessments. ORR invested in transportation of vetted sponsors and unaccompanied children to avoid unnecessary delays in unification. We also improved various processes and provided technical assistance to grantees to decrease the time it takes to receive necessary paperwork from sponsors. A help desk was also established with the Honduran consulate and a similar arrangement will soon be in place with the Guatemalan consulate so that we can more quickly verify child and sponsor information. We also have a strong working relationship with DHS to closely coordinate the safe and timely transfer of children to our care and have worked to improve data sharing related to new referrals so that ORR receives information that may help with identifying potential sponsors in the United States.

While many of these improvements pre-dated my arrival at ACF, I am committed to constant review of our processes to make them as efficient and safe as possible for the children we serve.

Discharge and Post-Release Services

Though ORR's custody ends when a child is placed with their vetted sponsor, ORR values post-release services (PRS) to promote the safety and well-being of children who have been unified.

This year, ORR is planning to implement an expansion of post release services and work to increase the rate of referrals to these services. Over the longer term, we are committed to a goal of eventually being able to serve all children who are released from ORR care, as resources allow.

In addition, all children released to a sponsor receive a Safety and Well-being Follow-Up Call. ORR also ensures that all children have access to the ORR National Call Center (ORRNCC), where children and their sponsors can call in with their concerns or to receive assistance with enrolling in school, finding medical care or accessing other services. This call center is available 24 hours a day, seven days a week.

Operation Allies Welcome (OAW) and Ukrainian Response

ORR continues to participate in Operation Allies Welcome (OAW), the federal government's unified effort to support the resettlement of vulnerable Afghans to the United States. As part of that effort, ORR has led efforts to facilitate family unifications or refer eligible unaccompanied children to ORR care. ORR unified 1,042 children directly from ports of entry and safe havens.

Unaccompanied Afghan Minors (UAM) not unified at a port of entry are cared for within ORR's shelter network and are quickly put in contact with their parents, guardians, or relatives, if contact information is available. If parents or suitable sponsors cannot be identified, UAM are referred to long-term foster care (LTFC) and the Unaccompanied Refugee Minors Program (URM), as needed. Family and sponsor unification efforts continue for all minors who enter the LTFC and URM programs. As of May 2, 2021, 158

UAM remain in ORR custody. In addition, 73 Ukrainian unaccompanied children have been referred to ORR and 42 have been united with a sponsor with the remainder being cared for in our standard shelter network.

Future of the Program

ORR continues to focus on strengthening how we meet our obligations to unaccompanied children and ensure that ORR can adapt its capacity and service delivery to the fluctuating needs of the program. ORR continues to explore avenues that will enhance our ability to independently manage emergency response efforts by expanding bed capacity, minimizing the amount of time children stay in congregate care settings, and safely placing children with vetted sponsors. ORR will continue to enhance its data and technology systems to support integrated systems, advanced analytics, and efficient communication.

At the same time, it is clear that there are numerous areas of uncertainty in this program that can inhibit ORR's ability to respond effectively to emerging trends. We continue to advocate for the Unaccompanied Children contingency fund included in the President's Fiscal Year 2023 Budget. The contingency fund is designed to address the inherent uncertainty in this program by providing a reliable source of funding when referrals require ORR to activate new capacity. Specifically, the fund would provide additional resources if referrals exceed 7,500 per month allowing us to account for seasonal and yearly fluctuations in referrals and to ensure sufficient capacity.

Closing Remarks

While I am new to this role, fulfilling our legal and moral obligation to care for unaccompanied children will be my highest priority. I recognize the critical importance of oversight, and I know that many of you have been key partners in supporting ORR's capacity to carry out our humanitarian duty to Unaccompanied Children. I look forward to working with all of you. Thank you for this opportunity to update you on ACF's efforts, and for your commitment to the safety and well-being of unaccompanied children. I would be happy to answer any questions.