



February 2016

UNACCOMPANIED CHILDREN

HHS Can Take Further Actions to Monitor Their Care

Accessible Version

GAO Highlights

Highlights of [GAO-16-180](#), a report to congressional requesters

Why GAO Did This Study

ORR is responsible for coordinating and implementing the care and placement of unaccompanied children. The number of children placed in ORR's care rose from nearly 6,600 in fiscal year 2011 to nearly 57,500 in fiscal year 2014. GAO was asked to review how ORR managed their care.

This report examines (1) ORR's response to the increase in unaccompanied children, (2) how ORR cares for children in its custody and monitors their care, (3) how ORR identifies and screens sponsors for children, and (4) what is known about services children receive after they leave ORR custody. GAO reviewed relevant federal laws and regulations, ORR policies, and ORR and Executive Office for Immigration Review data. GAO also visited nine ORR grantee facilities in three states selected to vary in the type of care provided, shelter size, and location, and conducted a random, non-generalizable case file review of 27 case files of children released from these facilities. GAO interviewed agency officials and community stakeholders in six counties that received unaccompanied children, representing diversity in geographic location, size, and demographics.

What GAO Recommends

GAO recommends that HHS (1) develop a process to regularly update its capacity plan, (2) improve its monitoring of grantees, and (3) develop processes to ensure its post-release activities provide reliable and useful summary data. HHS agreed with GAO's recommendations.

View [GAO-16-180](#). For more information, contact Kay E. Brown at (202) 512-7215 or brownke@gao.gov.

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What GAO Found

In fiscal year 2014, nearly 57,500 children traveling without their parents or guardians (referred to as unaccompanied children) were apprehended by federal immigration officers and transferred to the care of the Department of Health and Human Services' Office of Refugee Resettlement (ORR). Most of these children were from Central America. GAO found that ORR was initially unprepared to care for that many children; however, the agency increased its bed capacity to accommodate up to 10,000 children at a time. Given the unprecedented demand for capacity in 2014, ORR developed a plan to help prepare it to meet fiscal year 2015 needs. The number of children needing ORR's care declined significantly through most of fiscal year 2015, but began increasing again toward the end of the summer. Given the inherent uncertainties associated with planning for capacity needs, ORR's lack of a process for annually updating and documenting its plan inhibits its ability to balance preparations for anticipated needs while minimizing excess capacity.

ORR relies on grantees to provide care for unaccompanied children, including housing and educational, medical, and therapeutic services. GAO's review of a sample of children's case files found that they often did not contain required documents, making it difficult to verify that all required services were provided. ORR revised its on-site monitoring program in 2014 to ensure better coverage of grantees. However, ORR was not able to complete all the visits it planned for fiscal years 2014 and 2015, citing lack of resources. By not monitoring its grantees consistently, ORR may not be able to identify areas where children's care is not provided in accordance with ORR policies and the agreements with grantees.

ORR grantees conduct various background checks on potential sponsors prior to releasing children to them. These potential sponsors are identified and screened by the grantees as part of their responsibilities for the unaccompanied children in their care. The extent of the checks conducted depends on the relationship of the sponsor to the child. Between January 2014 and April 2015, ORR released about 50,000 children from Central America to sponsors to await their immigration hearings. In nearly 90 percent of these cases, the sponsors were a parent or other close relative already residing in the United States. Sponsors do not need to have legal U.S. residency status.

There is limited information available on post-release services provided to children after they leave ORR care. In part, this is because ORR is only required to provide services to a small percentage of children, such as those who were victims of trafficking. In May 2015, ORR established a National Call Center to assist children who may be facing placement disruptions, making post-release services available to some of them. Also, in August 2015, ORR began requiring well-being follow-up calls to all children 30 days after their release. ORR is collecting information through these new initiatives, but does not currently have a process to ensure that the data are reliable, systematically collected, or compiled in summary form. Service providers GAO spoke with also noted that some of these children may have difficulty accessing services due to the lack of bilingual services in the community, lack of health insurance, or other barriers.

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Abbreviations

CBP	U.S. Customs and Border Protection
DHS	Department of Homeland Security
DOJ	Department of Justice
EOIR	Executive Office for Immigration Review
Flores Agreement	<i>Flores v. Reno</i> Settlement Agreement
FY	fiscal year
HHS	Department of Health and Human Services

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ICE	U.S. Immigration and Customs Enforcement
LOPC	Legal Orientation Program for Custodians of Unaccompanied Alien Children
OFO	Office of Field Operations
ORR	Office of Refugee Resettlement
SIJ	Special Immigrant Juvenile
Trafficking Victims Protection Reauthorization Act	William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008
USCIS	U.S. Citizenship and Immigration Services



February 5, 2016

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate

The Honorable Ron Johnson
Chairman
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Charles E. Grassley
Chairman
Committee on the Judiciary
United States Senate

The number of unaccompanied children apprehended by Department of Homeland Security (DHS) officials and subsequently placed in the care of the Department of Health and Human Services' (HHS) Office of Refugee Resettlement (ORR) increased from nearly 6,600 in fiscal year 2011 to nearly 57,500 in fiscal year 2014, the highest number of children on record.^{1,2} In particular, the number of unaccompanied children from three Central American countries—El Salvador, Guatemala, and Honduras—

¹The 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). As such, children traveling with related adults other than a parent or legal guardian—such as a grandparent or sibling—are still deemed unaccompanied. In this report, we refer to unaccompanied alien children as unaccompanied children because this is the term used by the Department of Health and Human Services.

²The number of unaccompanied children apprehended by DHS federal immigration officers at the southwest border in fiscal year 2015 was 42 percent lower than in fiscal year 2014. However, the number of children apprehended in fiscal year 2015 was still the second highest on record.

has increased dramatically.³ Many traveled hundreds or thousands of miles under dangerous conditions, such as atop trains or on foot through deserts, to reach the U.S. border. Once transferred into ORR custody, they are placed in shelters or foster care homes, operated by ORR grantees until they can be matched with sponsors,⁴ for example, parents or other family members who reside in the United States, to await immigration hearings, referred to herein as removal proceedings.

The rapid increase in children entering ORR care from 2011 through 2014 has at times strained ORR's capacity to find shelter beds and raised questions about ORR's management of its program for unaccompanied children. There are reports that the increase has also created challenges for the communities in which these children are eventually placed. You asked us to review ORR's response to the increasing number of unaccompanied children. This report addresses the following questions: (1) how ORR has responded to the increased number of unaccompanied children, (2) how these children are cared for while in ORR custody and how ORR monitors their care, (3) how ORR identifies and screens sponsors before children are transferred to their care, and (4) what is known about services, challenges, and the status of removal proceedings for children after they leave ORR custody?

To address these questions, we reviewed relevant federal laws and regulations, annual reports to Congress, budget justifications, and other ORR policy documents. In addition, we interviewed ORR and HHS officials. To address how ORR responded to the increased number of unaccompanied children, we reviewed ORR's funding opportunity announcements and relevant planning documents. We also reviewed a plan that was developed by an interagency group, called the Unified Coordination Group, led by DHS's Federal Emergency Management Agency and established to coordinate the federal response to the

³We previously reported that U.S. agencies have sought to address the causes of unaccompanied child migration through recent programs, such as information campaigns to deter migration, developed in response to the migration increase and other long-standing efforts. See GAO, *Central America: Improved Evaluation Efforts Could Enhance Agency Programs to Reduce Unaccompanied Child Migration*, [GAO-15-707](#) (Washington, D.C.: July 29, 2015).

⁴The entities providing services receive ORR funding through cooperative agreements. However, because ORR refers to them as grantees, for purposes of this report we will also refer to them as grantees unless otherwise noted.

increase of unaccompanied children apprehended at the southwest border. To gather information about how children were cared for while in ORR custody, we analyzed information from ORR's web-based portal, a database that contains intake, placement, and sponsor information, as well as individual service plans for these children. We analyzed information for children admitted to and discharged from ORR's care between January 7, 2014, when ORR began using the portal, and April 17, 2015. To assess the reliability of these data, we reviewed the data for erroneous dates, reviewed ORR business rules to ensure data reliability, and interviewed ORR officials and contractors knowledgeable about the data. We determined that the data were sufficiently reliable for the purposes of this report. We also visited nine ORR facilities in three states—New York, Texas, and Virginia—to observe areas where children are housed and receive educational, medical, and recreational services, and while at these sites we interviewed ORR grantee staff. These states were selected for variation in the types of care provided by ORR grantees, shelter size, and location. Additionally, we reviewed a nongeneralizable random sample of 27 case files of children released in fiscal year 2014 or 2015 from the nine shelters we visited.

To assess ORR's monitoring of its grantees, we reviewed ORR and grantee documents, including monitoring schedules and reports. We also discussed monitoring with grantees' staff during site visits. Lastly, to learn what is known about these children once they leave ORR's custody, we conducted phone interviews with individuals representing local entities such as school districts and human services agencies and organizations in six counties where 50 or more children have been released to sponsors in fiscal year 2014. The counties include Fairfax County, Virginia; Harris County, Texas; Nobles County, Minnesota; Pulaski County, Arkansas; San Mateo County, California; and Scott County, Mississippi. These counties were selected to represent a diversity of size, geographic location, and demographics. Additionally, we analyzed Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR) data and interviewed relevant officials from that office as well. To assess the reliability of EOIR data we reviewed related documentation and interviewed officials knowledgeable about the data. We also spoke with DHS officials. DHS's U.S. Immigration and Customs Enforcement (ICE) and U.S. Citizenship and Immigration Services (USCIS) responded to written questions regarding the reliability of their data. We found these data to be sufficiently reliable for our purposes. See appendix I for additional information on our scope and methodology.

We conducted this performance audit from October 2014 to February 2016 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 provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Increased Apprehensions

In recent years there has been a significant increase in apprehensions of unaccompanied children from El Salvador, Guatemala, and Honduras (see table 1). We previously reported that children from El Salvador, Guatemala, and Honduras often leave their home country due to crime, violence, and lack of economic opportunity, among other reasons. In particular, the decision to migrate to the United States is also influenced by a desire for family reunification, educational opportunities, perception of U.S. immigration policy, and the role of smuggling networks that encourage migration.⁵ Historically, most unaccompanied children have been adolescents 14 to 17 years of age, with males representing a higher percentage of the children; however, the population is diverse and includes children of all ages, as well as pregnant and parenting teens.

Table 1: Apprehensions by the Department of Homeland Security (DHS) of Unaccompanied Children by Country of Citizenship and Percentage of Children DHS Transferred to the Department of Health and Human Services (HHS), Fiscal Years 2009 through 2014

Fiscal year	Mexico	Guatemala	Honduras	El Salvador	Other	Total Apprehended	Percent of total apprehended by DHS transferred to HHS
2009	16,813	1,271	1,123	1,292	296	20,795	23%
2010	14,610	1,643	1,122	1,979	527	19,881	33%
2011	12,482	1,702	1,051	1,466	408	17,109	34%
2012	16,204	4,037	3,167	3,532	928	27,868	43%
2013	18,995	8,376	7,106	6,279	1,593	42,349	55%
2014	17,341	18,202	19,272	17,019	1,907	73,741	77%

Source: GAO analysis of DHS data. | GAO-16-180

⁵See GAO, *Central America: Information on Migration of Unaccompanied Children from El Salvador, Guatemala, and Honduras*, GAO-15-362 (Washington, D.C.: Feb. 27, 2015).

Note: U.S. Customs and Border Protection's Office of Field Operations—which is responsible for border security, including immigration—was not able to provide the number of unaccompanied children apprehended during fiscal years 2009 through 2011 because it had data only for the number of children apprehended and could not break out how many were unaccompanied children and how many were accompanied children. Data for the numbers transferred from DHS to HHS were rounded to the nearest hundred; because of this rounding, and the limitations of the Office of Field Operations data, the percentages shown are approximate.

ORR's Responsibility for Children

Under the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Trafficking Victims Protection Reauthorization Act), except in the case of exceptional circumstances, 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.^{6,7} The Homeland Security Act of 2002 gives ORR responsibility for coordinating and implementing the care and placement of unaccompanied children—individuals younger than 18 years old with no lawful immigration status and no parent or legal guardian in the United States available to provide care and physical custody.⁸ 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 children are considered unaccompanied. The children remain in the custody of the federal government throughout their

⁶Within DHS, U.S. Customs and Border Protection's U.S. Border Patrol and Office of Field Operations, as well as ICE, apprehend, process, temporarily detain, and care for unaccompanied children who attempt to illegally enter the United States. Border Patrol apprehends such children at U.S. borders between ports of entry, and the Office of Field Operations encounters them at ports of entry. ICE apprehends unaccompanied children within the United States at locations other than borders or ports of entry. ICE's Office of Enforcement and Removal Operations is generally responsible for transferring unaccompanied children, as appropriate, to HHS, or repatriating them to their countries of nationality or last habitual residence.

⁷Pub. L. No. 110-457, tit. II, § 235(b)(3), 122 Stat. 5044, 5077 (codified at 8 U.S.C. § 1232(b)(3)). The Trafficking Victims Protection Reauthorization Act directs the Secretary of the Department of Homeland Security, in conjunction with the Secretary of State, the Attorney General, and the Secretary of Health and Human Services, to develop policies and procedures to ensure that unaccompanied children in the United States are safely repatriated to their country of nationality or of last habitual residence. 8 U.S.C. § 1232(a)(1). The Act sets forth special rules for these children from contiguous countries (i.e., Mexico and Canada), allowing such children, under certain circumstances, to voluntarily return to Mexico or Canada prior to the initiation of removal proceedings and directing the Secretary of State to negotiate agreements with Mexico and Canada to manage the repatriation process. 8 U.S.C. § 1232(a)(2).

⁸Pub. L. No. 107-296, tit. IV, subtit. D, § 462, 116 Stat. 2135, 2202 (codified at 6 U.S.C. § 279). ORR is required to promptly place an unaccompanied child under its custody in the least restrictive setting that is in the best interest of the child. 8 U.S.C. § 1232(c)(2)(A).

stay in ORR care, but are in the physical custody of ORR residential care providers (see fig. 1). ORR solicits residential care providers, referred to as grantees in this report, through funding opportunity announcements, and funds these grantees through 3-year cooperative agreements.⁹ When making funding decisions, ORR evaluates applications against a set of established criteria.¹⁰ The grantees are private nonprofit and for-profit organizations and must be licensed by a state licensing agency to provide residential, group, or foster care services for dependent children, for example, in a shelter setting.¹¹

⁹Grantees operate on behalf of ORR; as such, we sometimes refer to activities carried out by grantees as ORR activities.

¹⁰Application evaluation criteria focus on the program's design and service provision; management; budget and budget justification; performance evaluation plan; and administrative and service environment.

¹¹In some cases, a facility may be overseen by one or more local government agencies instead of a nonprofit or for-profit organization. For example, some secure facilities are governed by commissions appointed by local governments.

^fA termination is a type of completion in which a case is closed without a final order of removal. Termination of proceedings generally occurs when the respondent is found not removable as DHS charged and constitutes a conclusion of the proceedings requiring that DHS file another charging document to initiate new proceedings.

The aim of shelter care is to provide the least restrictive environment commensurate with the safety, emotional, and physical needs of the child. In keeping with the 1997 Flores v. Reno Settlement Agreement (Flores Agreement),¹² which articulates a number of broad principles and policies applicable to the detention of unaccompanied children,¹³ grantees are required to provide proper physical care and shelter for children that ORR has interpreted to include suitable living accommodations (e.g., bed, chair, desk, storage for clothing and other personal items), culturally appropriate meals and snacks, several sets of new clothing, and personal grooming items.¹⁴ The facilities where children are housed are required by ORR to have designated common areas, including space for education, recreation, and case management as well as space to hold confidential services, such as health services and counseling. The primary settings in which children receive care include:

¹²The court-approved settlement agreement in the case of *Flores v. Reno* was the result of a class action lawsuit filed against the former Immigration and Naturalization Service (INS) challenging the agency's arrest, processing, detention, and release of juveniles in its custody. The agreement sets out nationwide policy for the detention, release, and treatment of minors in the custody of the former INS, the border security and immigration-related functions of which are now performed by Customs and Border Protection, Immigration and Customs Enforcement, and U.S. Citizenship and Immigration Services. Stipulated Settlement Agreement, *Flores v. Reno*, No. 85-4544 (C.D. Cal. Jan 17, 1997); Pub. L. No. 107-296, tit. IV, 116 Stat. 2177-2212. According to ORR officials, the Flores Agreement sets forth the general treatment of and services provided to unaccompanied children in ORR custody.

¹³In ongoing litigation before the U.S. Court of Appeals for the Ninth Circuit (*Flores v. Lynch*, Case No. 15-56434 (9th Cir. Filed Sept. 18, 2015)) regarding the Flores Agreement, DHS appealed an order of the U.S. District Court for the Central District of California (*Flores v. Lynch*, Case No. CV 85-04544 DMG (Ex) (C.D. Cal. Aug. 21, 2015)) in which the court found, among other things, that the agreement encompasses accompanied and unaccompanied minors.

¹⁴Among other things, the Flores Agreement establishes that unaccompanied children in federal custody will be treated with "dignity, respect and special concern for their particular vulnerability as minors." It also establishes procedures for the temporary placement of unaccompanied children following their apprehension, which include "expeditiously process[ing]" the minor, providing the minor with a notice of rights, and generally segregating unaccompanied children from unrelated adults. In addition, it sets forth a "general policy" favoring the release of these children "without unnecessary delay" to their parents, legal guardians, adult relatives, certain other adults or entities designated by the parent or guardian, licensed programs willing to accept legal custody, or under certain conditions, another entity or adult individual, in this order of preference.

-
- Shelters. These residential facilities are operated by state-licensed ORR grantees aiming to provide the least restrictive shelter environment based on the safety, emotional, and physical needs of the child. The majority of children going through ORR are placed in shelter care.
 - Foster care. Transitional foster care is short term care that is designed for children under the age of 13, sibling groups with one sibling under the age of 13, pregnant and parenting teens, and children with special needs. Long-term foster care is designed for children who ORR expects to be eligible for immigration relief and who are expected to have an extended stay within the ORR system, for example trafficking victims or orphaned children. Therapeutic foster care is for unaccompanied children whose exceptional needs cannot be met in regular family foster care homes and consists of intensive supportive and clinical services in the homes of specially trained foster parents. Foster family homes must be licensed according to their state's licensing regulations. Foster care placements are the least restrictive placement option in the ORR continuum.¹⁵
 - Staff-secure shelters. These facilities maintain a heightened level of security measures within a licensed shelter care context. The population is primarily made up of children with an offender history, but does not typically include children with serious offenses, a violent or assaulting history, or serious sex offenders.¹⁶ Service provision is to be tailored to address the individual needs and underlying behavior and reasons for such a placement.
 - Secure shelters. These are ORR's most restrictive residential settings. These facilities are designed for a child who requires very close supervision and may need the additional internal controls and physical structure of a secure facility. This secure population is primarily made up of children with a serious offender history; children who are serious

¹⁵ORR's system for foster care placements is separate from state-run child welfare and foster care systems.

¹⁶DHS officials gather information on children as part of their intake. ORR requests the following information from DHS: whether the unaccompanied child is an escape risk; any information on a history of violence, juvenile or criminal background, or gang involvement known or suspected; risk of danger to self or others; or state court proceedings and probation. Once in ORR's care, facility staff interview children to obtain additional information about previous criminal activity.

escape risks; children who have attempted to escape or escaped from a staff-secure care provider; or children who have been severely disruptive in a staff-secure setting. A secure facility may be a licensed juvenile detention center or a highly structured therapeutic facility.

- Residential treatment centers. These facilities are considered therapeutic placements for children diagnosed with a mental health disorder by a psychiatrist or psychologist. These centers provide services in a highly structured clinical program and have the ability to provide services to children with various diagnoses, such as bipolar, depressive, and conduct disorders.
- Group home. A group home specializes in caring for specific populations (e.g., teen mothers). A group home is run by 24-hour staff or house parent and typically houses 4 to 12 unaccompanied children. Extended care group homes are for children who may be in ORR custody for an extended period.

In addition to caring for the children, ORR's grantees assess the suitability of potential sponsors—generally parents or other relatives in the country who can care for the child after they leave ORR custody. This assessment includes background checks, and in some cases, conducting home studies when there are questions about the ability of the sponsors to meet the needs of a child and provide a safe environment.^{17,18} In cases in which a child is considered to have mental health or other needs that could benefit from ongoing assistance from a social welfare agency, ORR may arrange for post-release services. Additionally, in cases in which a favorable home study was conducted, post-release services are automatically provided. Post-release service providers refer sponsors and children to community resources, such as legal, psycho-social, or educational services. Children released to sponsors may attend public schools and use other services they are eligible for, such as health care

¹⁷An unaccompanied child may not be placed with a person or entity unless ORR determines that the proposed custodian is capable of providing for the child's physical and mental well-being. 8 U.S.C. § 1232(c)(3)(A).

¹⁸A home study is an in-depth investigation of the potential sponsor's ability to ensure the child's safety and well-being. The process includes background checks of the sponsor and adult household members, a home visit(s), a face-to-face sponsor interview and possibly interviews with other household members, and post-release services. A home study is conducted for any case in which the safety and well-being of the unaccompanied child is in question and for any child included in specified statutory categories.

provided by state or local agencies or nonprofit organizations in the communities in which they reside. Release to a sponsor does not grant legal immigration status to these children.

Children are scheduled for removal proceedings in EOIR immigration courts to determine whether they will be ordered to be removed from the United States or granted immigration relief. ORR requires sponsors to ensure that children attend their removal proceedings. Immigration judges, who are located in courts around the country, hear children's cases and make determinations regarding whether they should be ordered removed from the United States or granted legal immigration status. Children who wish to apply for asylum or Special Immigrant Juvenile (SIJ) status do so through DHS's USCIS.¹⁹ USCIS has initial jurisdiction over all asylum applications filed by unaccompanied children, including those in removal proceedings. If USCIS does not grant asylum, an immigration judge considers the asylum claim anew. When applicable, ICE is responsible for the removal and repatriation of children.

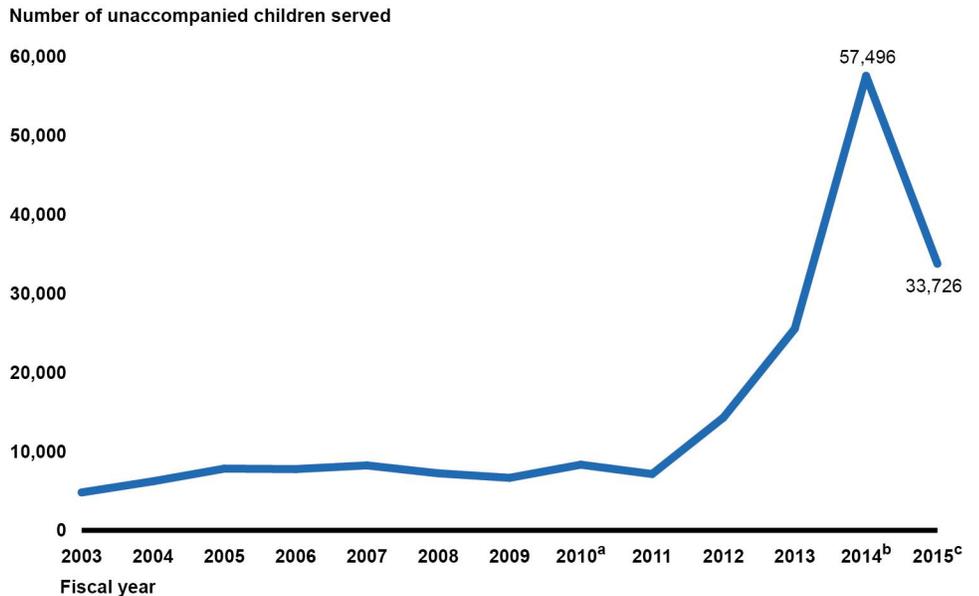
¹⁹Asylum may be granted to people who have suffered past persecution or have a well-founded fear they will suffer future persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. 8 U.S.C. § 1158(b)(1)(B). In addition, eligible unaccompanied children may petition for Special Immigrant Juvenile status, which is designed to help foreign children who have been abused, abandoned, or neglected get a green card. To be eligible, a state court must decide that a child is a dependent of the court or to legally place the child with a state agency, a private agency, or a private person; it is not in the best interests of the child to return to his or her home country; and 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 may be eligible for other types of immigration relief, for example "T nonimmigrant status," which allows victims of severe forms of trafficking in persons to remain in the U.S. to assist in an investigation or prosecution of human trafficking cases.

ORR Responded to the Increase in Unaccompanied Children by Expanding Its Capacity, but Has Not Yet Updated Its Plans to Meet Future Needs

ORR Expanded Capacity to Care for the Highest Number of Children on Record in 2014 and Updated Policies to Help Expedite Release of Children to Sponsors

In response to an increased number of referrals of unaccompanied children from DHS in recent years, particularly in fiscal year 2014, ORR increased its shelter capacity (the number of beds it has available) and updated its policies and procedures to reduce the number of days children spend in ORR custody. From fiscal years 2003 through 2011, ORR cared for less than 10,000 unaccompanied children per year (see fig. 2). Beginning in fiscal year 2012, the number of unaccompanied children apprehended at the southwest border by DHS and transferred to ORR custody rose to unprecedented levels, and peaked in fiscal year 2014 at nearly 57,500.

Figure 2: Number of Unaccompanied Children Served by the Office of Refugee Resettlement, Fiscal Years 2003 through 2015



Sources: Department of Health and Human Services Fiscal Year 2016 Justification of Estimates for Appropriations Committee (2003-2014 data); Office of Refugee Resettlement officials (2015 data). | GAO-16-180

^aFiscal year 2010 data excludes 697 Haitian children served as a result of the Haitian Earthquake Repatriation effort.

^bFiscal year 2014 Cuban/Haitian and asylee numbers are estimates pending further data from other sources.

^cFiscal year 2015 data represent the number of unaccompanied children referred to ORR.

The vast majority (95 percent) of the children in ORR’s care from January 2014 through April 2015 were from Guatemala, Honduras, and El Salvador according to our analysis of ORR data (see table 2). As noted earlier, some children from contiguous countries such as Mexico who meet certain conditions are also referred to ORR. Over half of the children were 16 or 17 years old; the remainder were 15 and younger.

Examples of Experiences of Unaccompanied Children

Reasons for Migration: Children in ORR care reported a variety of reasons for traveling to the United States. Several children reported a desire to reunite with a parent or relative in the United States and pursue better education opportunities. One child reported being threatened by a gang member who wanted to date her, while others were being pressured to join local gangs. Another child described leaving his biological parents and siblings to find work in the United States in order to send money home to provide for his family.

The Journey: Children described diverse experiences during their journeys to the United States. A number of children or their relatives paid professional smugglers or “coyotes” to facilitate their journey to the United States. One child described a journey that took a month traveling by buses, a plane, several stays in a house with other migrants and finally a boat crossing into the United States. Another child reported that it took nearly 45 days to make it to the border by bus.

Some children traveled with other relatives. One child described traveling for 10 days with a cousin, taking a combination of cars, buses, taxis, walking, and swimming across the Rio Grande together.

In some cases children faced troubling circumstances during their journey. One girl describes being physically assaulted by Mexican border officials who took money and belongings from migrants traveling from countries outside of Mexico.

Source: GAO analysis of data from the Office of Refugee Resettlement. | GAO-16-180

Table 2: Country of Birth for Unaccompanied Children in Office of Refugee Resettlement Custody, January 2014 to April 2015

Country	Number	Percent
Guatemala	19,340	34%
Honduras	17,463	31%
El Salvador	17,235	30%
Mexico	1,421	3%
Ecuador	670	1%
Other	772	1%
Total	56,901	100%

Source: GAO analysis of Office of Refugee Resettlement data. | GAO-16-180

Notes: Data are for children admitted and discharged or transferred from January 7, 2014 through April 17, 2015.

Initially, ORR was unprepared to accommodate the large number of children, and the increase in the spring and summer of 2014, in particular, overwhelmed its capacity, according to an ORR official. In 2012 and 2014, ORR did not have the facilities and beds to quickly place children in shelters, and some children were not transferred into ORR’s custody within the 72 hour time frame set forth in the Trafficking Victims Protection Reauthorization Act. Additionally, we previously found that inefficient communication between DHS and ORR negatively affected the referral and placement process for unaccompanied children.²⁰ Overall, approximately 91 percent of children were placed in shelter care from January 2014 through mid-April 2015. Occasionally children may have been placed in staff-secure care facilities when less restrictive placement options were unavailable. During our site visits, staff at one staff-secure facility reported that they received about 15 to 20 children who could have been placed in less-restrictive settings, but were not because such types of shelter beds were not available.

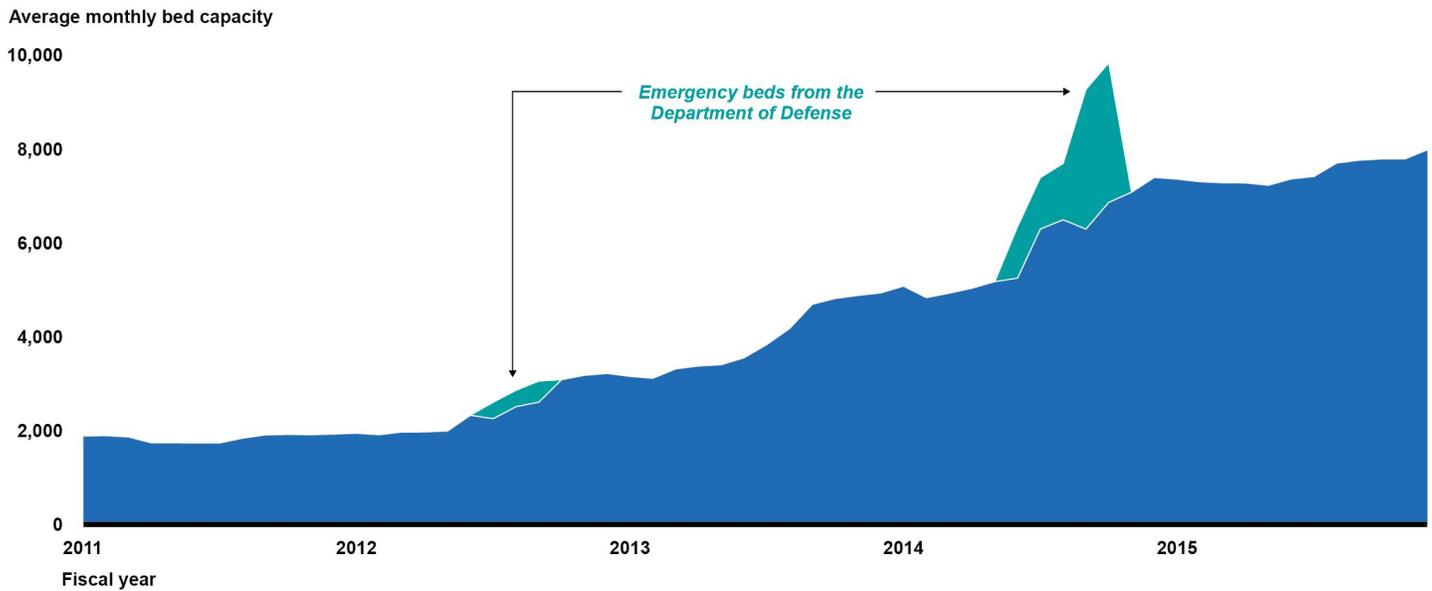
²⁰GAO, *Unaccompanied Alien Children: Actions Needed to Ensure Children Receive Required Care in DHS Custody*, GAO-15-521 (Washington, D.C.: July 14, 2015). To increase the efficiency and improve the accuracy of the interagency unaccompanied children referral and placement process, we recommended that the Secretaries of Homeland Security and Health and Human Services 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 the referral and placement of unaccompanied children in Department of Health and Human Services shelters. To date, this recommendation has not been implemented.

In response to the need for more beds, ORR solicited new grantees to provide shelter services in both 2013 and 2014 and awarded additional cooperative agreements, including three large, national-scale grants, to existing providers to expand their capacity. From fiscal year 2011 through June of fiscal year 2015, the number of ORR grantees increased from 27 that operated 59 facilities to 57 that operated 140 facilities.²¹ The additional number of grantees significantly increased the number of beds available to serve unaccompanied children (see fig. 3). In addition, in both fiscal years 2012 and 2014, ORR used temporary beds on Department of Defense facilities because it did not have enough permanent beds to meet its capacity needs.²² During fiscal year 2015, ORR no longer needed or used temporary beds, as fewer children were referred to its care, although it retained additional capacity to be prepared for more children, which we discuss later in this section.

²¹According to ORR officials, in the past, ORR had grantees and contractors provide shelter services. Beginning in 2009, ORR switched to using only grantees for standard shelters, but maintains contracts for temporary and surge beds, as needed.

²²In fiscal year 2012, ORR used 350 temporary beds on DOD sites; in fiscal year 2014, 2,975 DOD beds were used. According to ORR officials, the average daily cost of these beds was about twice the cost of standard shelter beds, due to extra costs like per diem payments for staff. We previously reported that in fiscal year 2014, the average daily shelter cost per bed was \$248. [GAO-15-521](#). In the event of another significant increase in apprehensions and referrals from DHS, ORR officials said they are exploring the use of DOD facilities, in addition to other options.

Figure 3: Office of Refugee Resettlement (ORR) Bed Capacity by Month, Fiscal Years 2011 through 2015



Source: GAO analysis of Office of Refugee Resettlement data. | GAO-16-180

Note: ORR bed capacity fluctuates during the course of a month; the data are for the average number of beds in each month.

The number of beds ORR needs is a function of how many unaccompanied children are referred to its custody and how long these children stay in grantee facilities before they can be placed with sponsors. While some children are quickly placed with sponsors, others remain in care for an extended period. The average number of days children remain in shelter varies from month-to-month as different children rotate in and out of care. To further manage its capacity, ORR decreased children's length of stay in shelters. The average number of days a child stayed at an ORR facility decreased from 72 days in fiscal year 2011 to 34 days in fiscal year 2015. To decrease children's length of stay, ORR updated policies and procedures, streamlined processing for safe placements, and expedited the release of children to sponsors. Specifically, ORR simplified documentation requirements for sponsors by eliminating notarization requirements and allowing photocopies (rather than original copies) of supporting documentation, such as birth certificates. ORR also removed the fingerprinting component of background checks for parents and legal guardians with no criminal or child abuse history (see table 3). According

to shelter staff, these changes were feasible, in part, because most children come with contact information for a relative that can serve as a sponsor.²³ Agency officials emphasized that they do not believe that these changes have jeopardized the safety of the children, and they can now more quickly release children to their parents or other relatives.

Table 3: Examples of Efforts by the Office of Refugee Resettlement (ORR) to Reduce an Unaccompanied Child’s Length of Stay in a Shelter, Beginning in 2012

Sponsors
Shortened time frame for identifying and approving sponsors, and simplified sponsor application.
Established priority categories for approving sponsors based on relationship to child.
Streamlined procedures and simplified documentation requirements for sponsors, including elimination of fingerprinting requirement for parents/legal guardians with no criminal or child abuse history.
Release
Reduced the maximum number of days between approval of a child’s release and actual discharge, and paid for travel of child to sponsor, if needed, during the height of the surge. ^a
Clarified policy to staff that optional medical services should not delay a child’s release.
Collaborated with Executive Office for Immigration Review on a pilot to expedite requests for voluntary departure; streamlining voluntary departure process.
Internal Policies
Reduced various paperwork requirements and standardized case management forms.
Standardized mechanisms for tracking providers’ performance on release processing, for example, created tools to track timeframes from ORR approval of release to the physical discharge of the child, by the care provider.
Revised care provider policies including child assessments, safety planning, and services mandated by Flores Settlement Agreement. ^b
Staffing
Expanded duties for field staff.
Hired additional field staff.
Provided training on sponsor identification and approval procedures to all care providers.

Source: Interviews with and documents from Office of Refugee Resettlement. | GAO-16-180

^aIn August 2015, ORR stopped paying for children’s travel to sponsors; however, in December 2015 it began to do so again under limited circumstances.

²³In the fall of 2014, ORR officials told us that they have not seen evidence that adults are fraudulently sponsoring unaccompanied children. Nonetheless, ORR told us that it is monitoring the number of children it releases to sponsors, through its UAC portal, to ensure that individuals are not sponsoring too many children unrelated to them. However, in August 2015, two individuals pleaded guilty to charges related to luring Guatemalan children into the United States on false pretenses in 2014. According to the indictment, one of the individuals submitted fraudulent Family Reunification Applications to ORR officials to obtain custody of six children, among other things.

^bA court-approved settlement agreement in the case of Flores v. Reno articulates a number of broad principles and policies applicable to the detention of unaccompanied children.

Additionally, ORR implemented several policy changes to address fluctuations in the number of children in its custody. In November 2014, ORR implemented a new policy in order to address fluctuations in its standard capacity needs by defining a “high” season (April through July) and a “low” season (August through March), and providing 25 percent less funding during the low season to shelters with more than 50 beds.²⁴ Generally, this means ORR is paying less money per bed, while still maintaining capacity in case those beds at the larger shelters are needed. However, the fluctuations in seasons can create challenges for grantees, according to shelter staff. For example, grantees employ and train professional staff (such as licensed counselors) which makes it difficult for them to downsize shelter operations during the low season while remaining sufficiently staffed for the high season or an influx of children. Another policy change that occurred in June 2014 decreased the number of children staff served. The number of children per case manager decreased from 20:1 to 8:1 and per clinician from 25:1 to 12:1.²⁵ According to ORR officials, these changes helped ensure that children received needed services and facilitated the timely release of children. Agency officials said that while these policy changes could improve service provision for children and sponsors, the changes also increased shelter staffing costs, making it more difficult for grantees to decrease their budgets to account for the low season. Although grantees told us the low season is used to train staff while fewer children are in care, it is possible staff may not be fully utilized from August through March.

²⁴In recognition of the seasonality of migration, HHS directed providers operating shelter and foster care facilities with 50 or more beds to revise their proposed fiscal year 2015 budgets to maintain capacity but reduce operating costs by a target of 25 percent in the period between August and February, which is typically the low season for the program.

²⁵According to ORR officials, the reduction in the number of children served per staff member occurred gradually. Clinicians provide clinical and/or counseling services for unaccompanied children and provide oversight for the unaccompanied child’s mental and emotional health. Case Managers perform a variety of duties, including coordinating the completion of assessments of unaccompanied children, completing individual service plans, assessing potential sponsors, making transfer and release recommendations, and coordinating the release of a child or youth from ORR care and custody.

ORR Continues to Assess Capacity Needs

ORR has taken additional steps to prepare to meet ongoing and future capacity needs by developing a framework to guide its efforts and is continuing to participate in an interagency group created in response to the influx of unaccompanied children.

Bed Capacity Framework—ORR developed a bed capacity framework for fiscal year 2015 that outlines its plans to continually monitor data on the referrals of unaccompanied children and other indicators, such as apprehensions and releases, to help it assess its capacity needs. The framework also includes key information ORR should have and mechanisms that should be in place to meet its needs, such as an inventory of available beds, timelines and decision points for determining if and when bed capacity should be increased, and ways to operationalize these decisions. ORR officials said that prior to 2014, ORR’s shelter capacity was based on the number of children referred to its care in previous years.²⁶ The new capacity framework provides bed capacity based on two possible scenarios: (1) a baseline scenario similar to fiscal year 2014 in which about 58,000 children would be served during fiscal year 2015, and (2) a surge scenario that can serve 104,000 children over the fiscal year. The framework also includes three types of beds:

- “standard” beds, which are available year-round through the annual grant process;
- “temporary” beds, which are part of the annual grant process but provide additional capacity for a portion of the year as needed; and
- “surge” beds, which can be made available during surges and outside of the annual grant process.

The Unified Coordination Group—The President established this interagency effort, led by the DHS’s Federal Emergency Management Agency, to enhance coordination among HHS, DHS, and other agencies

²⁶According to HHS and DHS officials, neither agency has a sophisticated method in place to predict the number of unaccompanied children who might arrive. DHS does not routinely project apprehensions of unaccompanied children or future migration. The DHS Office of Immigration Statistics used to provide a monthly modeling forecast of transfers to ORR. However, according to an official at the Office of Immigration Statistics, the office determined that the large increase in apprehensions in fiscal year 2014 was an anomaly and thus suspended the model in May 2014, as it was highly sensitive to large fluctuations in the number of children transferred, as happened during the surge. According to this official, there were no plans to resume modeling as of January 2015.

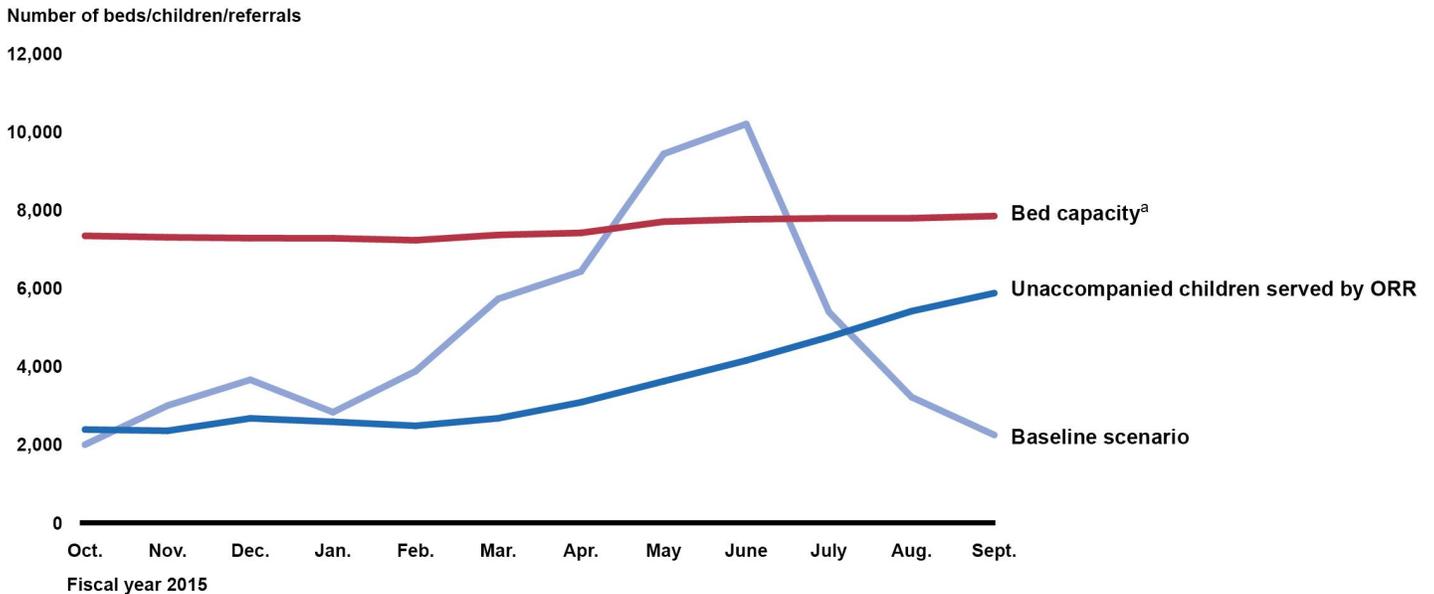
in response to the significant increase in the number of unaccompanied children. The Unified Coordination Group issued a strategic plan in March 2015 that outlines indicators (for example, when a certain percent of ORR beds are occupied) for determining when partnering agencies need to meet and for deciding appropriate levels of response.

Even with these efforts in place and as we have previously reported, ORR officials said predicting the number of unaccompanied children that will be apprehended each year is difficult because there are many factors that affect a child's decision to leave his or her home country and come to the United States.²⁷ ORR officials added that determining appropriate capacity levels for ORR shelters is challenging because the agency must be prepared for a large increase of children without overspending on unused beds if fewer children arrive.

In ORR's bed capacity framework for fiscal year 2015, its baseline scenario was informed by the 2014 influx (58,000 children annually with the peak need of 10,600 beds). The actual number of children placed in ORR's care in fiscal year 2015 was over 33,700 with almost 6,000 children in ORR's custody in September 2015 (see fig. 4). Generally, children needing care in fiscal year 2015 numbered well below the fiscal year 2014 baseline and below the actual number of beds available, particularly during the "low" season months at the beginning of fiscal year 2015. As discussed earlier, ORR has reduced funding levels for some facilities during this low time period to help manage costs and two of the grantees we spoke with said this time was used to train employees. The children served in fiscal year 2015 were less than one-third of ORR's alternative scenario of 104,000 children needing care.

²⁷GAO, *Central America: Information on Migration of Unaccompanied Children from El Salvador, Guatemala, and Honduras*, [GAO-15-362](#) (Washington, D.C.: Feb. 27, 2015).

Figure 4: Office of Refugee Resettlement’s Projected Number of Children to be Served Monthly in Fiscal Year 2015 under Its Baseline Scenario and the Actual Number Served through September in Fiscal Year 2015



Source: Office of Refugee Resettlement (ORR) FY 2015 Bed Capacity Framework and GAO analysis of ORR data. | GAO-16-180

Note: According to ORR, the baseline scenario was based on the actual number of unaccompanied children referred to ORR for care in fiscal year 2014. Additionally, the alternative (surge) scenario included in ORR’s bed capacity framework is not included here. The alternative scenario was based on a total of 104,000 children, with a peak of more than 14,000 children in May.

^aBed capacity refers to average number of funded beds for the month. According to ORR officials, the bed capacity could have been increased at any point if necessary.

The number of children in ORR’s care increased during the “high” season in 2015 and reached more than 50 percent of ORR’s bed capacity in June. This percentage of capacity in use—one of the indicators developed by the Unified Coordination Group—triggered a meeting of the group. Because fewer children were arriving than expected, officials decided that a higher level response was not needed and ORR did not increase shelter capacity at that time.

However, as shown in figure 4, the number of children in ORR’s care increased in August, departing from historical trends in which August marked the start of the “low” season. In our testimony on October 21,

2015,²⁸ we provided analyses of DHS data that indicated that unlike the prior year, apprehensions at the border in the month of August 2015 increased compared to previous months in 2015, and exceeded by nearly 50 percent August 2014 apprehensions. In mid-August 2015, ORR had 5,500 children in its care and approximately 7,800 available beds. ORR officials told us that information it received from DHS and the Department of State through its work with the Unified Coordination Group suggest that the rate of referrals will remain steady or increase in fiscal year 2016. As a result, ORR plans to increase its bed capacity to between 8,500 and 8,700 as of November 15, 2015, adding beds through its existing network of shelter providers.

As noted above, ORR is taking several actions, including working with related agencies, to minimize the risks of not meeting its charge of providing care and services to unaccompanied children by ensuring it has capacity to meet demand. At this point, given the uncertainty of the number and timing of children's journeys from Central America, ORR has supported some levels of unused capacity in order to be prepared. The bed capacity framework it developed for fiscal year 2015 included plans and steps to manage its capacity and ORR officials said they continue to use it as a roadmap. However, they have not updated this framework for fiscal year 2016 and have not established a systematic approach to update their framework on an annual basis to account for new information so that it remains current and relevant to changing conditions. For example, adjustments may be warranted for baseline and alternative scenarios that influence plans for bed capacity. According to federal standards for internal control, an agency's processes for decision making should be relevant to changing conditions and completely and accurately documented.²⁹ Not having a documented and continually updated process for capacity planning may hinder ORR's ability to be prepared for an increase in unaccompanied children while at the same time minimizing excess capacity to conserve federal resources.

²⁸GAO, *Unaccompanied Alien Children: Improved Evaluation Efforts Could Enhance Agency Programs to Reduce Migration from Central America*, [GAO-16-163T](#) (Washington, D.C.: Oct. 21, 2015).

²⁹GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

Grantees Provided Education, Medical, and Therapeutic Services to Unaccompanied Children in ORR Custody, but ORR's Monitoring of Grantees Is Inconsistent

Grantees Provided Services to Children ORR policy requires certain care and services be provided to unaccompanied children while in ORR facilities (see table 4).

Table 4: Selected Care and Service Requirements for Office of Refugee Resettlement Grantee Facilities

Care/Service	Requirement
Initial Intake Assessment	Within 24 hours of receiving a child, facility staff conduct an assessment to gather information on family members; medical and mental health concerns; medications taken; and personal safety concerns.
Orientation	Within 48 hours, facility staff provide an orientation to the child, including providing information on the care provider's rules, responsibilities, and procedures; the child's rights and responsibilities; and grievance policies and procedures.
Medical Services	Within 48 hours of admission, children receive a complete medical examination; immunizations; routine medical and dental care; emergency health services; family planning services; prescribed medications; and appropriate mental health interventions.
Academic Educational Services	Within 72 hours, an educational assessment must be conducted. Facilities must provide six hours of education per day, Monday-Friday, throughout the entire calendar year in basic educational areas (including English as a Second Language, if applicable).
Proper Physical Care	Children are provided suitable living accommodations, food, appropriate clothing, and personal grooming items.
Individual Needs Assessment	Includes information from various initial intake forms and collections of information to determine a child's specific needs, such as an educational assessment, religious preferences, and the child's personal goals, strengths and weaknesses, among other information.
Religious and Acculturation Services	Children are provided opportunities to observe and practice spiritual and religious beliefs; celebrate U.S. holidays, discuss U.S. laws, be exposed to U.S. food and entertainment; and take field trips to local historical, scientific, or cultural points of interest.
Recreational and Leisure Services	Children are to engage in at least 1 hour of large muscle activity each day.
Telephone Calls, Visitation, and Mail	Children are allowed at least two calls of 10 minutes or longer per week, supervised visits with family members and potential sponsors; and access to mail.

Care/Service	Requirement
Individual and Group Counseling Services	Children are provided at least one individual counseling session with a trained social worker and two group counseling sessions per week.
Legal Services	Children are provided information on legal rights and the availability of free legal services.
Reunification Services	Staff are required to identify sponsors and evaluate the suitability of the sponsor.

Source: GAO analysis of ORR Policy Guide. | GAO-16-180

The Child Advocate Program

- The Trafficking Victims Protection Reauthorization Act of 2008 (8 U.S.C. § 1232(c)(6)) authorized HHS to “appoint independent child advocates for trafficking victims and other vulnerable unaccompanied alien children” to advocate for the best interests of the child. ORR has a contract with The Young Center for Immigrant Children’s Rights to provide child advocate services.
- This program started on a small scale in the Chicago area and was expanded through the Violence Against Women Reauthorization Act of 2013. In fiscal year 2015, programs were operational in Chicago, IL; Harlingen, TX; Houston, TX; New York, NY; and Washington, DC
- Child Advocates meet regularly with the child while in ORR custody and attend immigration court proceedings with the child. Advocates also make recommendations regarding the best interest of the child with respect to custody, care, legal representation, and other issues to immigration judges, asylum officers, and federal agencies, including ORR. With the child’s consent, the advocate will remain in contact with the child after release from ORR custody.
- In fiscal year 2015, the program served 321 children, but was not able to provide advocates for all children referred to the program.

Source: GAO Analysis of Office of Refugee Resettlement documents. | GAO-16-180

During our site visits to nine facilities, staff described providing services to children that ranged from intake, orientation, and medical screening processes, to recreational activities and supervised field trips to museums. Staff also provided information to us about the Know Your Rights presentations, which provide basic legal information to children, and other legal screening services, through arrangements with various nonprofit organizations.³⁰ Staff also shared with us information about ORR’s program to provide children with independent advocates. In addition, we saw children’s rooms, and we observed staff distributing clothing and personal hygiene items to children. We also visited dining and recreational areas, health clinics where children are vaccinated and receive medical care, and classrooms. Classrooms and course instruction varied across the facilities that we visited. Some facilities had classrooms dedicated to single subjects, while others taught all subjects in the same space. In some instances, teachers from local school districts provided on-site instruction. In other instances, grantees employed teachers. One facility we visited bused children to a school off-site. Children placed in transitional foster care attended school at the facility.

³⁰ORR contracts with the Vera Institute of Justice and the U.S. Committee for Refugees and Immigrants to provide these services. They, in turn, subcontract with other organizations to provide the services to unaccompanied children. According to ORR officials, these services are authorized under the Flores Agreement and access to counsel to represent the children is ensured, to the greatest extent practicable, by the Trafficking Victims Protection Reauthorization Act.

Grantees Did Not Always Document the Services They Provided

ORR requires grantees to document in case files many of the services they provide to children and review of case files figures prominently in ORR's monitoring of grantees. However, we found that required documents were often missing from the 27 randomly selected case files that we reviewed. Facility staff must maintain numerous documents in children's case files to ensure that care is provided and that facilities are in compliance with ORR policy and applicable laws, according to ORR policy. For example, ORR's case file checklist includes admission, legal, and medical documents; education services, case management, clinical services and discharge records; acknowledgement of program forms; and significant incident reports. The checklist also includes the reunification packet, which contains sponsor information, such as proof of identification, including a birth certificate; proof of relationship to the child, including the child's birth certificate; and a completed reunification application.

While our site visits suggest that the ORR facilities were generally providing care to children as required by ORR policy; none of the 27 case files we reviewed contained all of the required documents to verify the services provided. Specifically, 14 case files were missing the Know Your Rights legal presentation acknowledgement form, 10 were missing a record of group counseling sessions, and 5 were missing clinical progress notes. In addition, we identified several cases in which forms that were present in the files were not signed or dated. Although ORR uses its web-based data system, the UAC portal, to track some information about the services children receive, and grantees report on the services they provide in their annual reports, the documents contained in case files are the primary source of information about the services provided to individual children.

ORR staff told us that some of the documents were probably not included in the case files we reviewed for the following reasons:

- Facility staff sometimes forget to place copies of acknowledgements in case files.
- Some group activities are documented through sign-in forms that may not get placed in individual case files.
- Staff may not place documents in files until cases are closed.

However, because all of the cases we reviewed were closed cases, this explanation does not apply to the files we reviewed. ORR officials added that missing documentation is often a routine reason for corrective action.

Without all of the documents included in the case files, it is difficult for ORR to verify that required services were actually provided in accordance with ORR policy and grant agreements during its monitoring visits.

ORR's On-Site Monitoring of Facilities Is Inconsistent

ORR's most comprehensive monitoring of its grantees occurs during on-site monitoring visits, however we found that on-site visits of facilities has been inconsistent. According to ORR documents, during on-site monitoring visits, ORR project officers spend a week at facilities touring, reviewing children's case files and personnel files, and interviewing children and staff. Additionally, prior to visiting the facilities, ORR guidance directs project officers to review quarterly reports, recent audit reports, organization charts, grant applications and agreements, facility leases, safety and sanitation certificates, and other items. They are also to consult with other ORR staff who work with grantees. Also, according to ORR, on-site monitoring typically includes a review of a random sample of case files for children cared for at a facility. ORR officials noted that, in addition to on-site monitoring, they monitor grantees in other ways, such as desk monitoring where project officers, review, among other things, significant incident, quarterly reports, and obtain feedback from facility staff. Additionally, according to ORR officials, ORR field staff—contract field specialists and federal field specialists—provide oversight and work directly with facility staff. For example, field staff provide technical assistance, attend facility staffing meetings, and advise ORR headquarters officials on decisions involving the placement, transfer, discharge, and special needs of unaccompanied children.

Prior to fiscal year 2014, project officers were supposed to conduct on-site monitoring of facilities at least once a year. However, our review of data provided by the agency found that many facilities went several years without receiving a monitoring visit. For example, ORR did not visit 15 facilities for as many as 7 years. ORR officials acknowledged that some facilities went many years without on-site monitoring and attributed it to lack of staff resources. The officials noted that in 2009, four project officers were responsible for 45 facilities, as well as other tasks. By 2013, although the number of facilities had increased, there were two project officers responsible for on-site monitoring.

In 2014, ORR implemented a biennial on-site monitoring program, hiring new project officers whose sole responsibility is to provide on-site monitoring of all of its facilities. Nevertheless, ORR did not meet its goal to visit all of its facilities by the end of fiscal year 2015. ORR officials said they rescheduled some monitoring visits because of limited resources and administrative challenges, such as limited travel funds. In fiscal year

2014, project officers visited 12 of 133 facilities, and by August of fiscal year 2015, they completed 22 of 29 scheduled visits to 140 facilities. ORR rescheduled 11 other monitoring visits from fiscal 2015 to 2016, bringing the total number of visits scheduled for 2016 to 70.³¹ Given ORR's recent history, its ability to visit 70 facilities in a single year is uncertain. According to standards for internal control, management should establish and operate monitoring activities to monitor the internal control system and evaluate the results. Monitoring generally should be designed to assure that it is ongoing and occurs in the course of normal operations, is performed continually, and is ingrained in the agency's operations.³²

In addition to ORR's scheduled onsite monitoring, officials said that project officers occasionally visited facilities out of cycle. However, they did not use specific criteria to determine when out-of-cycle visits were warranted. Instead, they assessed facility risks on a case-by-case basis. According to ORR officials, as part of ORR's desk monitoring of facilities, project officers looked for patterns that indicated a possible lack of oversight by facility staff, such as an increase in significant incident reports, and the need for a monitoring visit. Officials said that staff were more likely to provide technical assistance or schedule a 1-day site visit, rather than a week-long on-site monitoring visit. During fiscal year 2015, ORR officials said that they scheduled one out-of-cycle visit after an unaccompanied child ran away from a facility under unclear circumstances.

Monitoring visits are intended to provide an opportunity to identify program deficiencies or areas where programs are failing to comply with ORR policies. For example, according to ORR site visit monitoring reports that we reviewed, during two separate visits to one facility project officers found that facility staff had failed to medicate children properly, including, in one instance, accidental overdoses of medicine. At another facility, children informed ORR staff that they were not meeting regularly with their case managers. All of the monitoring reports that we reviewed included findings that were gleaned from case file reviews about grantees failing to document services. Project officers prepare monitoring reports,

³¹According to ORR officials, they closed 29 facilities between July 2015 and the end of September 2015, decreasing the number of facilities from 140 to 111. If ORR adheres to its revised schedule, all of its 111 facilities will have been visited over a 3-year period—2014 through 2016.

³²[GAO/AIMD-00-21.3.1](#).

citing remedial steps or corrective actions that programs must take to comply with ORR policies.³³ According to ORR officials, in 2014, grantees typically implemented corrective actions within 30 days of receiving notice of a program deficiency. Without consistently monitoring its grantees, ORR cannot know whether they are complying with their agreements and that children are receiving needed services.

ORR Grantees Have Identified and Screened Sponsors before Placing Children with Them

ORR has delegated the responsibility for identifying and screening sponsors to its grantees. In addition to the day-to-day care that grantees provided to children, facilities' staff are responsible for identifying and screening potential sponsors. During the initial intake process, case managers ask children 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 the child if the sponsor is required to leave the United States or becomes unable to provide care.³⁴ Sponsors also are asked to provide documents to establish their identity and relationship to a child. The manner in which grantees screen the sponsor varies based on the sponsor's relationship to the child (see table 5). The Trafficking Victims Protection Reauthorization Act requires home studies in cases in which it is determined that the child is a victim of a trafficking; the child has a disability as defined by the Americans with Disabilities Act; the child has been a victim of physical or sexual abuse significantly affecting their health or welfare; or the child's sponsor clearly presents a risk of abuse, maltreatment, exploitation or trafficking to the child.³⁵ In addition, ORR policy requires home studies in cases where the sponsor is a non-relative

³³ORR uses the percentage of closed corrective actions as an outcome measure of its program's performance.

³⁴ORR does not require that a sponsor be a citizen or lawful permanent resident of the United States.

³⁵8 U.S.C. § 1232(c)(3)(B). The Trafficking Victims Protection Reauthorization Act requires home studies in cases of "severe forms of trafficking in persons," which is defined as—(A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. 22 U.S.C. § 7102(9).

and a child is 12 years old or younger, the individual is seeking to sponsor multiple children to whom he or she is not related, or as required by the Trafficking Victims Protection Reauthorization Act. ORR officials reported that 2.2 percent of released cases received a home study in fiscal year 2014.

Table 5 identifies the types of background checks that are conducted as part of the reunification process to help ensure the safety of the child once released to a sponsor.³⁶

Table 5: Required Background Checks Conducted by Grantees for Office of Refugee Resettlement Sponsor Categories

	Public records check	National (Federal Bureau of Investigation) criminal history check based on digital fingerprinting ^a	Immigration Status Check conducted through the Central Index System	Child abuse and neglect check ^b
Category 1: Parent or legal guardian	full-circle	half-circle	half-circle	half-circle
Category 2: Close relative	full-circle	full-circle	full-circle	half-circle
Category 3: Distant relative or unrelated adult	full-circle	full-circle	full-circle	full-circle
Category 4: No potential sponsor	In these rare instances, children remain in ORR facilities or are placed in ORR's long -term foster care.			

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-16-180

Note: There are other potential checks that might occur, such as state criminal history repository and/or local police checks. In certain circumstances, such as where 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, other household members are also subjected to background checks.

^aThe Federal Bureau of Investigation Identification Index Name/Descriptor Check may be used in lieu of fingerprint background check results in the case of unidentifiable fingerprints or in extenuating circumstances if: 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.

³⁶ORR policy states that additional background checks can be conducted in certain instances. For example, Immigration Status Checks are conducted through the Central Index System, the immigration database of non-citizens, on Category 1 sponsors (parents) in cases where there is a documented risk to the safety of the child, the child is especially vulnerable, and/or the case is being referred for a mandatory home study. In addition, background checks can be conducted on other members of the household in such cases. State Criminal History Repository Check and/or Local Police Checks are done on a case by case basis when there are unresolved criminal arrests or an issue that is still in process.

^bChild 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 five years.

Prior to children’s release to sponsors, sponsors sign a Sponsor Care Agreement, which stipulates, among other things, that they will:

- provide for the physical and mental well-being of the child;
- ensure that the child appears for all removal proceedings in immigration court;
- ensure that the child reports to ICE in the event that they are ordered removed from the United States by an immigration judge;
- notify DHS of address changes; and
- if not the parent or legal guardian of the child, attempt to establish legal guardianship through the local court system.

Between January 7, 2014, and April 17, 2015, ORR released 51,984 children from El Salvador, Guatemala, or Honduras to sponsors. 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 to whom their family had no previous connection (see table 6).

Table 6: Sponsor Relationship for Unaccompanied Children from El Salvador, Guatemala, and Honduras Released from Office of Refugee Resettlement Custody from January 7, 2014 through April 17, 2015

Relationship	Number	Percent
Parent	31,079	60%
Aunt/Uncle	6,925	13%
Sibling	6,251	12%
Family Friend	4,185	8%
Other Relative	1,280	3%
First Cousin	1,221	2%
Grand-parent	739	1%
Unrelated Sponsor	161	<1%
Total	51,841	100%

Source: GAO analysis of Office of Refugee Resettlement data. | GAO-16-180

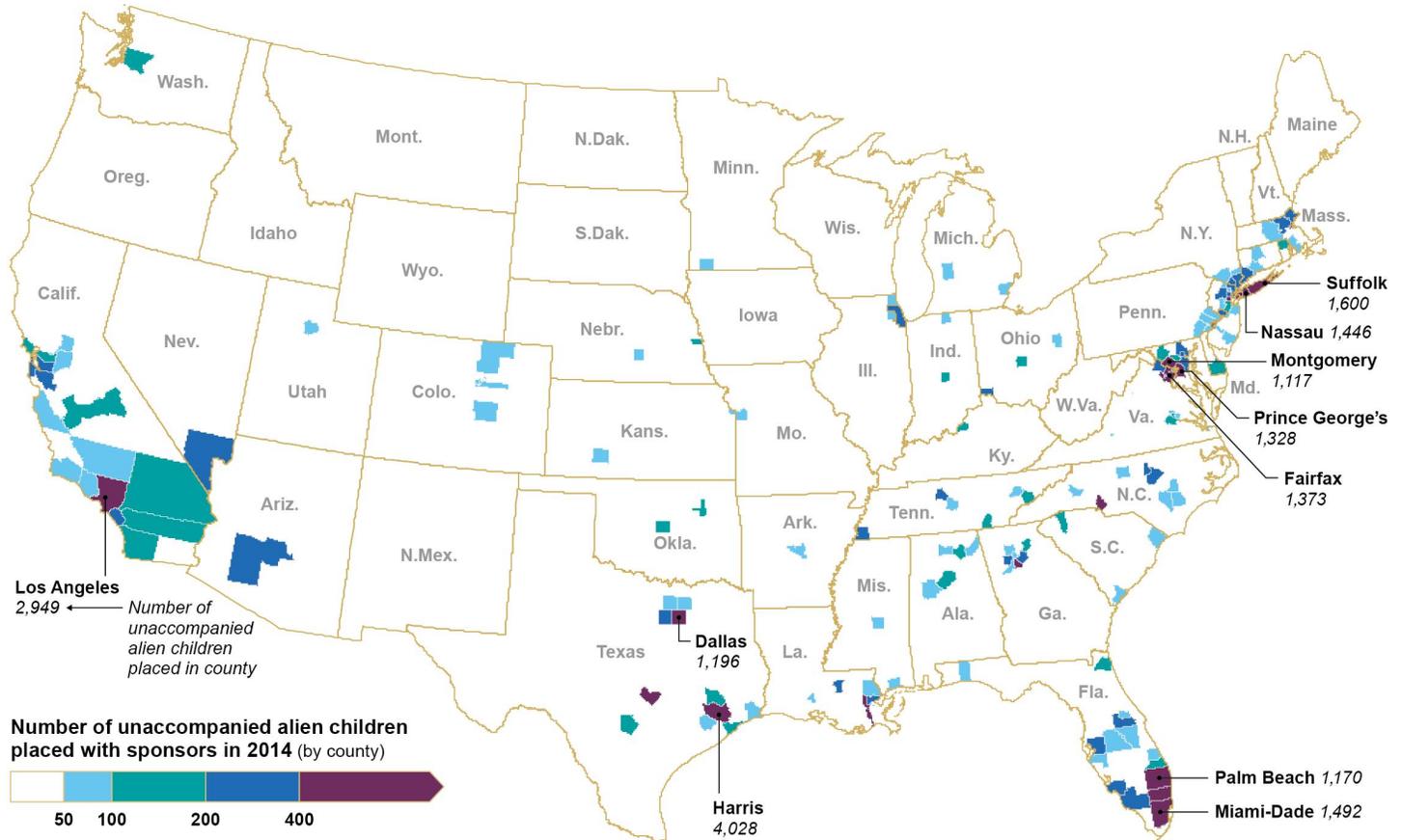
Note: Percents do not sum to 100 due to rounding.

In fiscal year 2014, ORR released a total of 53,518 children to sponsors, and these children were released in every state except one.³⁷ The largest number of children were placed in Texas, New York, California, Florida, and the Washington, D.C. area, respectively, with Harris County, TX receiving 4,028 children in fiscal year 2014, more children than any other single county (see fig. 5).³⁸ Often children were placed in counties with large Latino populations.

³⁷ORR releases county-level data for counties in which 50 or more children were released. In fiscal year 2014, 50 or more children were released in 163 counties. These children made up approximately 83 percent of the children that were released from ORR custody in fiscal year 2014. In fiscal year 2015, 50 or more unaccompanied children were released to sponsors in 104 counties; representing about 72 percent of the children released.

³⁸For the purpose of this analysis, the Washington, D.C. area includes Washington, D.C., Fairfax and Arlington counties, and Alexandria City in Virginia, and Montgomery and Prince George's counties in Maryland.

Figure 5: Counties to Which the Office of Refugee Resettlement Released Unaccompanied Children, Fiscal Year 2014



Source: GAO analysis of Office of Refugee Resettlement data. | GAO-16-180

Note: Data are for counties in which 50 or more children were released.

Limited Information Is Available on Services Provided and Status of Children Once Released from ORR Care

ORR Continues to Serve a Small Percentage of Children After They Have Been Released, but Has Limited Contact with Most

The Trafficking Victims Protection Reauthorization Act requires ORR to provide post-release services in cases in which a home study was conducted prior to a child's release to a sponsor, and authorizes ORR to provide post-release services to other children, such as those with mental health needs, who may benefit from them.³⁹ These services include direct assistance to the child and sponsor by ORR grantees in the form of guidance to the sponsor to ensure the safest environment possible for the child, as well as assistance accessing legal, medical, mental health, and educational services, and initiating steps to establish guardianship if necessary. These services can also include providing information about resources available in the community and referrals to such resources.

According to ORR officials, a relatively small percentage of unaccompanied children received post-release services, and ORR's responsibility for the other children typically ended once it transferred custody of the children to their sponsors. According to information provided by ORR, the number of children receiving post-release services increased from fiscal year 2012 through fiscal year 2014, but, due to the overall increase in the number of unaccompanied children served by ORR, the percentage receiving these services decreased from 24 percent

³⁹As noted previously, the Trafficking Victims Protection Reauthorization Act requires ORR to conduct home studies for children who meet certain criteria, such as when the child is a victim of a severe form of trafficking; has a disability as defined by the Americans with Disabilities Act; has been a victim of physical or sexual abuse significantly affecting their health or welfare; or the child's sponsor clearly presents a risk of abuse, maltreatment, exploitation or trafficking to the child. In such cases, the Trafficking Victims Protection Reauthorization Act requires ORR to provide post-release services. 8 U.S.C. § 1232(c)(3)(B). The statute uses the term "follow-up services," which we refer to in this report as "post-release services." Organizations funded by ORR conduct home studies and provide post-release services. The funding provided by ORR for these services is separate from the funding awarded to provide shelter to children while in ORR custody.

to 9.5 percent over this timeframe. However, ORR officials also stated that they had not confirmed that these data provided by grantees are accurate.⁴⁰ Post-release services are limited in nature and typically last for 6 months; however, in cases in which a home study was conducted, ORR is required to provide post-release services until the child's immigration case is resolved.⁴¹ According to ORR, in these cases, post-release services last, on average, a year to a year and a half.

Although ORR provides post-release services to a small percentage of children after they leave its care, the office has recently taken several steps to expand access to services to children. For example, according to ORR officials, the agency recently expanded the eligibility criteria for post-release services to include all children released to a non-relative or distant relative. In addition, on May 15, 2015, ORR began operating a National Call Center help-line.⁴² Children who contact ORR's National Call Center within 180 days of release who have experienced or are at risk of experiencing a placement disruption are also now eligible for post-release services according to ORR officials. In its first month of operation, ORR officials stated that the call center received 25 calls from children and sponsors related to placements that had been disrupted or were in danger of becoming disrupted.⁴³ Lastly, in August 2015, ORR instituted a new policy requiring facility staff to place follow-up calls to all children and their sponsors after the children are released. The purpose of these calls is to determine whether the children are still living with their sponsors,

⁴⁰ORR officials told us that these data were derived from the quarterly Program Performance Reports submitted by ORR post-release service provider grantees and that because the data are pulled from program reports manually, human error can affect the accuracy of the data. ORR officials told us that data on the provision of post-release services are not currently recorded in its web-based portal; however, ORR is working on a module to allow such data to be stored in the portal. ORR officials also told us they are in the process of developing monitoring protocols for ORR's post-release service provider grantees. ORR officials added that they do not use data from these reports to make adjustments to the services particular children are receiving.

⁴¹According to ORR officials, the provision of post-release services may be extended beyond 6 months if they are deemed necessary. Sponsors may refuse post-release services at any time. According to ORR officials, ORR is prohibited from providing post-release services after a child turns 18 years old.

⁴²Information about the help-line is provided to children and sponsors when the child is released from ORR custody.

⁴³According to ORR officials, with the creation of the National Call Center in in May 2015, ORR began tracking placements that fail, if the child or sponsor calls the call center to report this information.

enrolled in or attending school, aware of upcoming removal proceedings, and safe. ORR guidance requires the “Safety and Well Being” calls to occur 30 days after the children are released from ORR care to sponsors. Staff are required to make a “reasonable effort” to contact the children and document the results of the call in the children’s case files.⁴⁴ Facilities are also required to submit a tracking report to ORR monthly to document these follow-up calls.⁴⁵ In cases in which additional services are needed, the case manager will refer the child and sponsor to ORR’s National Call Center. In cases in which the child is believed to be unsafe, ORR’s policy requires that the case manager comply with mandatory reporting laws, state licensing requirements, and federal laws and regulations regarding reporting to child protective agencies and law enforcement.

ORR officials told us these policy changes were made as a result of an overall review of ORR policies, including those related to post-release services. These changes expand post-release services to children and families who may need additional support, but were not assigned such services when the child was initially placed with the sponsor.

ORR already has some information from its post-release grantees on services provided to children after they leave ORR custody, and its newly instituted well-being calls and National Call Center allow it to collect additional information about these children. However, ORR does not have processes to ensure that all of these data are reliable, systematically collected, and compiled in summary form to provide useful information about this population for its use and for other government agencies. Regarding post-release services, as noted previously, ORR officials had not confirmed that data provided on the number of children served by their grantees were reliable and had not compiled or summarized information on post-release services. In addition, ORR officials told us that reports on post-release services are not currently entered in ORR’s web-based database; although they said they had plans to incorporate

⁴⁴ORR’s Operations Guide requires the case managers to attempt to contact the sponsor and child at least three times.

⁴⁵ORR officials told us that they collect the following data from these calls: the date of the first call attempt; how many calls were attempted; whether the child and sponsor participated in the call; whether the sponsor and/or child were referred to the National Call Center; whether a report was made to child protective services and/or law enforcement; whether a report was made to the ORR Federal Field Specialist; whether the care provider referred the sponsor and/or child to the Sexual Abuse hotline; and whether the child was in immediate danger.

this information into the database in the future. Because post-release information is currently stored in grantees' individual quarterly program performance reports, it is difficult to compile and summarize. Regarding the National Call Center, ORR officials said they did not have a process in place for systematically summarizing information collected from these calls. According to ORR officials, for the National Call Center that began operation in May 2015, ORR receives weekly and monthly reports from the contractor operating the call center with information on calls related to child abuse and neglect; placement disruptions; domestic violence; and children who have run away from their sponsors. ORR officials told us that they plan to analyze the call center data for trends, but as of October 2015, they had not yet begun to do so. Federal internal control standards require that an agency must have relevant, reliable, and timely information to enable it to carry out its responsibilities.⁴⁶

According to ORR officials, the agency is generally not required by law to track or monitor the well-being of these children once they are released to sponsors.⁴⁷ However, because of its expansion of post-release services, the new call center, and the new well-being calls, ORR will have access to information on children's well-being. Compiling and sharing this information presents an opportunity that could help ORR and other federal and state agencies better understand and respond to changing circumstances, such as the potential involvement of unaccompanied children with state child welfare services and emergency medical services. Without processes to ensure that the data from its activities are reliable, systematically collected, and compiled in summary form, ORR may be missing an opportunity to provide useful information about this population for the use of other government agencies.⁴⁸

⁴⁶[GAO/AIMD-00-21.3.1.](#)

⁴⁷ As discussed previously, the Trafficking Victims Protection Reauthorization Act requires ORR to provide post-release services in cases in which home studies are conducted, which ORR officials noted implies responsibility to check in on the well-being of this subset of children after their release from ORR custody.

⁴⁸[GAO/AIMD-00-21.3.1.](#)

Children Placed with Sponsors by ORR Generally Have Access to Similar Services as Other Children without Lawful Immigration Status

Once children are released from ORR custody to their sponsors, ORR policy states the sponsors are responsible for providing for their physical and mental well-being. Services available to unaccompanied children through local service providers are typically the same as those available to other children without lawful immigration status. For example, children without lawful immigration status are generally not eligible for federal benefits, such as the Supplemental Nutrition Assistance Program, Medicaid, and Temporary Assistance for Needy Families; however they are eligible for other federal benefits such as emergency medical assistance. Local service providers we spoke with in six counties told us that the children's status would have no effect on eligibility for many of the services they provide.⁴⁹ For example, school districts are required to educate students regardless of their immigration status. Similarly unaccompanied children were not precluded from receiving services at health clinics we spoke with.

Overall, the level of awareness about, and services available to, unaccompanied children varied across the jurisdictions we spoke with. For example, in two of the counties in which we conducted phone interviews, representatives from mayors' offices told us that they were unaware that unaccompanied children were living in their city or had limited knowledge about the issue. However, in another jurisdiction we visited, the mayor's office had established a working group related to unaccompanied children that included representatives from several city departments and nonprofits.⁵⁰ In this city, representatives from the health and

⁴⁹As we previously reported, with certain exceptions, unaccompanied children are generally not eligible to receive federal public benefits because these children lack lawful immigration status in the United States and are not considered qualified aliens. According to ORR officials, these children cannot receive federal benefits because they do not meet the definition of a qualified alien as defined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. However, under specific statutory exceptions, applicable to aliens generally, unaccompanied children may be eligible for certain federal public benefits regardless of their lack of legal status, even though they do not meet the definition of "qualified alien." The exceptions are as follows: emergency medical assistance, short-term noncash in-kind emergency disaster relief, public health assistance for immunizations and treatment of communicable diseases, programs such as soup kitchens that deliver in-kind services at the community level, and U.S. Department of Agriculture's school meal programs. GAO, *Unaccompanied Alien Children: Actions Needed to Ensure Children Receive Required Care in DHS Custody*, [GAO-15-521](#) (Washington, D.C.: July 14, 2015).

⁵⁰In one of the places we visited, we conducted phone interviews as part of a site visit to ORR grantee facilities. We spoke with various city agencies and nonprofits; however, this city was not located in one of the six counties in which we conducted phone interviews specifically to determine what is known about children after they leave ORR custody.

education departments regularly attended immigration court to screen and enroll children in the state's Children's Health Insurance Program and to help with school enrollment.⁵¹

In some locations, non-profit organizations work specifically with unaccompanied children, providing legal, medical, or other services. In one community, we spoke with a staff member at a nonprofit organization that provides services to unaccompanied children from Central America, such as case management, individual and family counseling, support group services, and educational services. This organization also has other programs that serve unaccompanied children, along with other at-risk children, that focus on gang prevention and intervention services. Program staff told us they receive the bulk of their referrals from gang prevention coordinators and school social workers, but also receive referrals from courts, mental health counselors, and parents. Program staff told us the program is "overwhelmed" by the number of recently immigrated youth referred to it. Unaccompanied children may also receive some services through local or national nonprofit organizations that other children without lawful immigration status do not. For example, services provided through post-release service grants with ORR or by legal service organizations under DOJ's Executive Office for Immigration Review's (EOIR) Legal Orientation Program for Custodians of Unaccompanied Alien Children.⁵²

Local service providers we spoke with expressed concerns that unaccompanied children might have unmet needs or face barriers to receiving some necessary services. For example, representatives we spoke with in four of the six school districts, as well as representatives

⁵¹States have flexibility in setting eligibility for their Children's Health Insurance Programs. Some states use state dollars to insure children without lawful immigration status.

⁵²The Legal Orientation Program for Custodians of Unaccompanied Alien Children (LOPC) provides legal orientation presentations to the custodians (sponsors) of unaccompanied children in EOIR removal proceedings. The purpose of this program is to inform the children's custodians of their responsibilities to ensure children appear at all immigration proceedings, as well as protect children from mistreatment, exploitation, and trafficking, as provided under the Trafficking Victims Protection Reauthorization Act. EOIR works with ORR and non-government partners to carry out this program nationally. As resources allow, the LOPC assists interested custodians in locating pro bono counsel for the children in their care. EOIR oversees the LOPC through a contract with the Vera Institute of Justice and local subcontracting legal service organizations. Under federal law, unaccompanied children have a right to counsel in a removal proceeding, but at no expense to the government. See 8 U.S.C. § 1362.

from a County Office of Education, discussed the mental and behavioral health needs of these children and several noted barriers to meeting these children's needs. We were also told by seven local service providers who worked with these children that they had previous exposure to violence and trauma. Four local service providers noted that in some cases children have experienced challenges related to reunification with parents they had not seen for many years. Six service providers said that these factors could contribute to behavioral and mental health needs or make them more susceptible to gang recruitment and trafficking.

A staff member in a local health clinic and a school district official told us that some children disclosed harrowing stories of their journeys to the United States, including incidents such as being tied to a tree for several days, experiencing a sexual assault, and watching a fellow train rider's execution by beheading. One health care provider estimated that about 50 percent of unaccompanied children he served required mental health services. Some counties reported challenges attracting bilingual professionals, such as mental health providers, making it difficult for these children to obtain needed services. Officials we spoke with in five of the six school districts also noted that newly arrived children from Central America—many of whom may have been unaccompanied—often have limited or disrupted educational histories and face language barriers. Officials from four of these school districts said that these issues can make academic achievement or graduation challenging. According to officials we spoke with, state and local requirements may also create barriers for unaccompanied children. Officials we spoke with in one county told us that non-parental sponsors lack the rights of a parent or legal custodian under state law. In this county, such sponsors must apply for legal custodianship in court. However, until they have obtained custodianship, it can be difficult to enroll children in school or access health services for them, according to court and social service agency officials in this county.⁵³

Unaccompanied children also face barriers similar to those faced by other children without lawful immigration status. Staff we spoke with at all three

⁵³In addition, officials stated that the district court, which hears custodianship cases in this county, does not have jurisdiction to grant custodianship until a child has resided in the state for six months or longer. Officials in this county told us that in many cases, proving that the sponsor has started the process to obtain legal custodianship is enough to enroll a child in school.

of the clinics, as well as other local agency officials told us that lack of health insurance, lack of knowledge about where to seek services, and/or fear of disclosing their immigration status made it challenging to access certain health care services and other services.⁵⁴ Staff at the three clinics and local agency officials in one county told us that lack of health insurance made obtaining some health care services especially difficult, such as dental care and care for more specialized health needs, which tend to be more expensive and not available through local clinics. Officials in two school districts told us that finding teachers who are bilingual or teach English as a second language was a challenge for them and ensuring that they had appropriate personnel to serve these children was therefore difficult. However, officials in some school districts we spoke with appeared to have more resources available to serve these students. Specifically, one official we spoke with said the school district was establishing a “newcomers division” within its Multilingual Education Department, which would serve newly arrived immigrant students—including formerly unaccompanied children. Another school district we contacted had a contract with a nonprofit organization to provide services to these students, including socio-emotional supports.

⁵⁴However, a health system official in one county told us that children without lawful immigration status are eligible for public county-funded health insurance and representatives from a nonprofit that provides legal and health care services in one state in which we conducted a site visit told us that unaccompanied children could be enrolled in the Children’s Health Insurance Plan using state funds.

Immigration Proceedings May Result in Several Possible Outcomes for Unaccompanied Children, and the Outcomes for Many Have Not Yet Been Determined

Under the Trafficking Victims Protection Reauthorization Act, unaccompanied children are generally required to be transferred to ORR and await immigration removal proceedings while in the custody of either ORR⁵⁵ or a qualified sponsor.⁵⁶ Upon apprehension by DHS, unaccompanied children are given a Notice to Appear before EOIR for removal proceedings.⁵⁷ During these proceedings, EOIR's immigration judges, who are located in courts around the country, decide whether the child is removable from the United States and, if so, whether he or she is eligible for relief or protection from removal. In 2007, EOIR issued guidance for immigration judges concerning cases involving unaccompanied children, which sets out basic principles that immigration judges should use in court proceedings. These include employing child-sensitive procedures and how the best interest of the child should be taken into account in the context of the judge's discretion.⁵⁸ In addition, ORR requires sponsors to ensure that children attend their removal proceedings.

⁵⁵In some cases, such as when a child is held for an extended time because a sponsor cannot be located or the child is held in a secure facility because of their criminal history and is thus not suitable for release to a sponsor, the removal proceedings may occur while the child is still in ORR custody.

⁵⁶On a case-by-case basis for unaccompanied children from Canada and Mexico, DHS may allow the child to withdraw his or her application for admission and return to his or her country of nationality or last habitual residence—referred to as repatriation—without further removal proceedings if the officers screen such children within 48 hours of being apprehended and determine that (1) the unaccompanied child is not a victim of a severe form of trafficking in persons; (2) there is no credible evidence that the child is at risk of being trafficked if repatriated; (3) the child does not have a fear of returning to his or her country owing to a credible fear of persecution; and (4) the child is able to make an independent decision to withdraw the application for admission to the United States and voluntarily return to his or her country of nationality or last habitual residence. 8 U.S.C. § 1232(a)(2), (4). For Mexican and Canadian unaccompanied children who do not meet all four of these screening criteria, the Trafficking Victims Protection Reauthorization Act requires DHS to follow the same process established for unaccompanied children from other countries and transfer them to HHS within 72 hours of determining they are unaccompanied, absent exceptional circumstances. See 8 U.S.C. § 1232(a)(2)(A), (3)-(4), (b). If DHS cannot make a screening determination for a Mexican or Canadian unaccompanied child within 48 hours of the child's apprehension, DHS must transfer the child to HHS within 72 hours after determining that the child is unaccompanied in accordance with additional requirements. See 8 U.S.C. § 1232(a)(4), (b).

⁵⁷EOIR will initiate a case when DHS sends EOIR a Notice to Appear, a copy of which is then sent to the child or child's sponsor.

⁵⁸Operating Policies and Procedures Memorandum 07-01: Guidelines for Immigration Court Cases Involving Unaccompanied Alien Children, Department of Justice, Executive Office for Immigration Review, May 22, 2007.

An unaccompanied child who is in removal proceedings could apply for various types of lawful immigration status with DHS's U.S. Citizenship and Immigration Services (USCIS), including asylum and Special Immigration Juvenile (SIJ) status.⁵⁹ USCIS's asylum officers have initial jurisdiction of any asylum application filed by an unaccompanied child, even where such child is in removal proceedings.⁶⁰ If, for example, an unaccompanied child intends to apply for asylum with USCIS, an immigration judge may administratively close (i.e., temporarily remove the case from the immigration judge's calendar) or continue the removal proceeding pending the adjudication of the asylum application with USCIS. According to EOIR officials, administrative closure does not grant the child lawful immigration status, but the child is not at risk of removal while the proceeding is closed. In general, an individual is eligible for asylum if he or she (1) applies from within the United States; (2) suffered past persecution, or has a well-founded fear of future persecution, based on race, religion, nationality, membership in a particular social group, or political opinion; and (3) is not statutorily barred from applying for or being granted asylum.⁶¹ If USCIS determines that the unaccompanied child is ineligible for asylum and does not otherwise have lawful immigration status in the United States, USCIS asylum officers refer the asylum

⁵⁹In addition, unaccompanied children may be eligible for other types of immigration reliefs such as a "T nonimmigrant visa," which must also be adjudicated by USCIS, and which may be granted where, among other things, the child is a victim of a severe form of trafficking in persons, and is physically present in the United States on account of such trafficking, including physical presence as a result of participation in investigative or judicial processes associated with an act or a perpetrator of trafficking. See 8 U.S.C. § 1101(a)(15)(T)(i).

⁶⁰See 8 U.S.C. § 1158(b)(3)(C). USCIS's asylum officers adjudicate affirmative applications—that is, claims filed with USCIS at the initiative of the applicant.

⁶¹See 8 U.S.C. §§ 1101(a)(42)(A), 1158; 8 C.F.R. §§ 208.13, 1208.13. Certain categories of aliens are statutorily ineligible for asylum even if they can demonstrate past persecution or a fear of persecution. The following individuals are ineligible to apply for asylum: (1) those who have been in the United States more than 1 year without filing for asylum, unless they can demonstrate changed or extraordinary circumstances; (2) those previously denied asylum unless they can show changed circumstances; and (3) those who may be removed to a third country where they would have access to fair asylum procedures. See 8 U.S.C. § 1158(a)(2). USCIS and EOIR are prohibited from granting asylum to the following: (1) persecutors of others and certain criminals; (2) those who are described in the terrorist grounds of inadmissibility or deportability, or are reasonably regarded as a danger to the security of the United States; and (3) individuals who were firmly resettled in a third country prior to coming to the United States. 8 U.S.C. § 1158(b)(2)(A). The 1 year deadline and "safe third country" exceptions to asylum filing eligibility do not apply to unaccompanied alien children. 8 U.S.C. § 1158(a)(2)(E).

application for review by an immigration judge, who will reopen the case and reinstate the child's removal proceedings. In addition to asylum, unaccompanied children may seek to apply for SIJ status through USCIS, which is designed to help immigrant children who have been abused, abandoned, or neglected. According to USCIS, certain children who are unable to be reunited with a parent can obtain lawful permanent resident (or green card) status as a SIJ, and children who obtain a green card through the SIJ program can live and work permanently in the United States. To be eligible for SIJ status, among other things, a child must be declared dependent on a state court or such court must decide to legally place the child with a state agency, or an individual or entity appointed by a state or juvenile court; it must be determined not in the best interests of the child to be returned to his or her home country; and it must be that reunification of the child with a parent is not viable due to abuse, neglect, abandonment, or a similar basis found under state law.⁶² Once an unaccompanied child has met all the eligibility requirements for SIJ status, he or she must then file for adjustment of status to receive an SIJ-based green card.

In July 2015, the Associate Director of the Refugee, Asylum and International Operations Directorate at USCIS testified that USCIS has received increasing numbers of asylum applications from unaccompanied children in recent years and, in particular, from fiscal years 2012 through 2014.⁶³ Specifically, the Associate Director testified that USCIS received 534 asylum applications from unaccompanied children who were apprehended in fiscal year 2011 as compared to 6,990 asylum applications from such children who were apprehended in fiscal year 2014. In addition, according to USCIS, when compared to the number of unaccompanied children apprehended annually over the 2011 through 2014 time period, the percent of children applying for asylum with USCIS has also increased (from 3 percent in fiscal year 2011 to 10 percent in fiscal year 2014). Further, the Associate Director testified that since fiscal year 2009, USCIS granted asylum to unaccompanied children at a rate of 42.6 percent (according to USCIS, the overall rate at which all new asylum

⁶²8 U.S.C. § 1101(a)(27)(J); 8 C.F.R. § 204.11.

⁶³Joseph E. Langlois, Associate Director, Refugee, Asylum and International Operations Directorate, U.S. Citizenship and Immigration Services, U.S. Department of Homeland Security, *The 2014 Humanitarian Crisis at Our Border: A Review of the Government's Response to Unaccompanied Minors One Year Later*, testimony before the Senate Committee of Homeland Security and Governmental Affairs, July 7, 2015.

applicants with USCIS were granted asylum was 41 percent).⁶⁴ From fiscal year 2009 through May 31, 2015, USCIS's testimony statement indicated that 92 percent of the unaccompanied children who applied for asylum with USCIS were from El Salvador, Guatemala, or Honduras.

If unaccompanied children have not yet sought, or are not granted, certain immigration benefits within the jurisdiction of USCIS, there are several other possible outcomes, and various forms of relief that may be available to them during immigration proceedings.⁶⁵ For example:

- **Removal order:** An immigration judge rules that the child is removable, not otherwise eligible for relief or protection from removal, and therefore is to be removed from the United States. ICE is responsible for carrying out such orders.⁶⁶
- **Administrative closure:** When a case is temporarily removed from an immigration judge's calendar or from the Board of Immigration Appeals' docket.⁶⁷ According to EOIR, a judge may administratively close a case, for example, if a child applies for asylum during their removal hearing.⁶⁸ EOIR officials said that such an action does not grant the child legal immigration status, but the child is not at risk of removal while the case is closed. Cases that are administratively closed can be reopened at a later date.

⁶⁴These data are through May 31, 2015.

⁶⁵For unaccompanied children in removal proceedings, EOIR's immigration judges determine their removability, and adjudicate affirmative asylum claims referred by USCIS as well as any other claims for relief or protection from removal not otherwise under the jurisdiction of USCIS.

⁶⁶DHS outlined its removal priorities in a November 20, 2014 memorandum. DHS prioritizes removals in the following manner (1) threats to national security, border security, and public safety, (2) misdemeanants and new immigration violators, (3) other immigration violations. The removal order becomes administratively final when all avenues for appeal with EOIR to remain in the United States have been exhausted or waived. See 8 C.F.R. § 1241.1.

⁶⁷The Board of Immigration Appeals is the highest administrative body for interpreting and applying immigration laws. It is the appellate component of EOIR that primarily decides appeals of immigration judge decisions and certain decisions the DHS renders.

⁶⁸The Trafficking Victims Protection Reauthorization Act changed the process for unaccompanied children to apply for asylum so that asylum officers with USCIS have initial jurisdiction of asylum applications for these children. Pub. L. No. 110-457, § 235(d)(7), 122 Stat. 5044, 5080-81 (codified at 8 U.S.C. § 1158(b)(3)(C)). According to USCIS, this allows children to have their asylum claims initially heard in a non-adversarial setting.

-
- **Termination:** A decision by an immigration judge that dismisses the case related to a particular charging document. In such cases, the child is not subject to removal relating to the dismissed charging document, but this decision does not grant the child legal immigration status.
 - **Voluntary departure:** An order from the immigration judge that allows a child who is removable to voluntarily leave the country in a designated time frame in lieu of formal removal.⁶⁹
 - **Relief:** An immigration judge may grant relief or protection from removal to a child who is otherwise removable, provided the applicable eligibility requirements are satisfied.

In July of 2014, DHS began noting on Notices to Appear whether the juvenile who was apprehended was accompanied or unaccompanied. With this information, EOIR began using a specific code in its automated case management system to identify unaccompanied children.⁷⁰ According to EOIR data, from July 18, 2014, through July 14, 2015, DHS initiated more than 35,000 removal proceedings for unaccompanied children. Of these 35,000 removal proceedings, EOIR data indicate that as of July 14, 2015, an immigration judge issued an initial decision in nearly 13,000 proceedings (or 36 percent).⁷¹ Of those 13,000 decisions, about 7,000 (or 55 percent) resulted in a removal order for the

⁶⁹Generally, voluntary departure is permitted at the alien's own expense. 8 U.S.C. § 1229c(a)(1). However, the Trafficking Victims Protection Reauthorization Act states that certain unaccompanied children in removal proceedings are eligible for voluntary departure at no cost to the child. 8 U.S.C. § 1232(a)(5)(D)(ii). Voluntary departure is distinct from voluntary return, which refers to 1) the process by which DHS evaluates the eligibility of an unaccompanied child from a contiguous country to withdraw his or her application for admission to the United States prior to initiation of removal proceedings (8 U.S.C. § 1232(a)(2)), or 2) in the case of unaccompanied children from non-contiguous countries, an immigration judge allowing withdrawal of an application for admission during removal proceedings where certain requirements are met (8 U.S.C. § 1225(a)(4); 8 C.F.R. § 1240.1(d)); followed, in both scenarios, by the unaccompanied child's decision to voluntarily withdraw (8 C.F.R. §§ 235.4, 1235.4) and their return to home country.

⁷⁰EOIR refers to these Notices to Appear as initial receipts. Before July 2014, EOIR officials stated that its automated case management system had a code to identify unaccompanied children, but use of the code was not required and it was inconsistently applied.

⁷¹Percents are based on non-rounded data.

unaccompanied child.⁷² According to EOIR data, about 6,100 (or 88 percent) of those initial decisions that resulted in removal orders were issued in absentia, which is when a child fails to appear in court for their removal proceedings and the immigration judge conducts the proceeding in the child's absence. However, 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, and new charges may be filed in cases that are terminated. In addition, children who receive a removal order in absentia, and with respect to whom a motion to reopen their case has been properly filed, are granted a stay of removal pending a decision on the motion by the immigration judge.⁷³ Moreover, a child may seek to appeal a removal order; thus, it is unclear from the data pertaining to orders of removal whether such orders were deemed administratively final as a result of all avenues for appeal with EOIR to remain in the United States being exhausted or waived.⁷⁴ Overall, according to ICE data, from fiscal year 2010 through August 15, 2015, based on final orders of removal, ICE removed 10,766 unaccompanied children, 6,751 of whom were from El Salvador, Guatemala, or Honduras. According to EOIR data, as of July 14, 2015, there were over 23,000 pending cases for unaccompanied children. Therefore, the ultimate legal outcome for many unaccompanied children has not yet been determined.⁷⁵

Conclusions

To accommodate the increase in the number of unaccompanied children, ORR has increased its number of grantees and bed capacity in recent years and developed a framework to help it prepare for future demand, starting with fiscal year 2015. The number of children referred to ORR through most of fiscal year 2015, while high by historical standards, was less than expected, and ORR grantees had many unoccupied beds. However, the number of referrals began increasing towards the end of the

⁷²According to the Department of Justice, decisions of immigration judges are final unless a party appeals to the Board of Immigration Appeals.

⁷³See 8 U.S.C. § 1229a(b)(5)(C); 8 C.F.R. § 1003.23(b)(1)(v).

⁷⁴See 8 C.F.R. § 1241.1.

⁷⁵Immigration courts have a significant backlog of cases and the large increase in apprehensions of unaccompanied children in 2014 significantly increased the courts' caseload, according to testimony before the Senate Homeland Security and Governmental Affairs Committee by an EOIR official in July 2015. In the summer of 2014, to reduce the length of time unaccompanied children waited before their cases were heard, EOIR began prioritizing removal proceedings involving these children.

summer and has remained high through the beginning of what is typically ORR's "low" season. Although ORR may not be able to predict the exact number of facilities and beds needed in any given year, developing a process for updating its bed capacity framework on an annual basis may help ensure an adequate response while minimizing the use of federal funds and provide documentation of its analysis and decisions in support of its capacity levels.

In addition, ORR brought new grantees online quickly and increased the number of its staff responsible for monitoring these grantees. Now, ORR has to determine how best to leverage its resources and use its staff to monitor these grantees. Grantees provide care and services to unaccompanied children, many of whom have been exposed to trauma and violence and travelled great lengths to get to the United States. It is important that grantees comply with ORR's policies to ensure these children receive, among other things, medical, clinical and educational services, and that children are quickly reunified with sponsors. However, ORR does not regularly monitor its grantees, and cannot ensure that they are providing these needed services and properly documenting them. Lastly, in addition to many questions about the children's well-being and whether they have access to needed services, there are questions about their potential involvement with state child welfare services, and whether these children will return to their country of origin or legally remain in the United States. Although ORR has recently taken steps to gather more information on the children once they are released, it does not have a process to ensure that the data are reliable, systematically collected, and summarized. While ORR is not required to gather this information, an opportunity would be lost to help ORR and other government agencies better understand and respond to issues related to unaccompanied children if this information is not collected in a reliable and consistent manner.

Recommendations for Executive Action

We recommend that the Secretary of the Department of Health and Human Services direct the Office of Refugee Resettlement to take the following three actions:

- Develop a process to update its bed capacity framework on an annual basis to include the most recent data related to numbers of unaccompanied children who may be referred to its care and adjust its planning scenarios that guide its bed capacity as appropriate.
- 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.

- Develop a process to ensure all information collected through its existing post-release efforts are reliable and systematically collected so that they can be compiled in summary form and provide useful information to other entities internally and externally.

Agency Comments and Our Evaluation

We provided a draft of this report to the Departments of Health and Human Services (HHS), Homeland Security, and Justice for review and comment. Each of the departments provided technical comments that we incorporated in the report as appropriate. HHS also provided written comments that are reproduced in appendix III.

HHS concurred with all of our recommendations and stated that it is committed to continuously working to improve its operations. HHS agreed to update its bed capacity framework annually. Additionally, HHS agreed to improve its monitoring of grantees. HHS described several of its monitoring efforts, for example day long site visits, desk monitoring, and monthly reporting, which we discuss in the report, and stated that it has created a new monitoring initiative workgroup to examine opportunities for further improvement. These are all important efforts, but it is also important for HHS to take steps to strengthen its most comprehensive monitoring of grantees, its weeklong on-site monitoring, through timely visits, systematic reviews of case files, and properly documenting services provided to children. HHS also agreed to improve its data collection process to provide more systematic and standardized information on post-release services.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from its issue date. At that time, we will send copies of this report to relevant congressional committees, the Secretaries of Health and Human Services and Homeland Security, and the U.S. Attorney General. In addition, this report will be available at no charge on GAO's website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VI.

Kay E. Brown

Kay E. Brown, Director
Education, Workforce, and Income Security Issues

Appendix I: Scope and Methodology

We used several approaches to address our objectives, including reviewing relevant laws and regulations, court settlement agreements, and agency policies. In addition, we interviewed relevant ORR and HHS officials and officials from the Departments of Homeland Security and Justice.

To address how ORR responded to the increased number of unaccompanied children, we analyzed changes in the number of ORR's grantees and ORR's average monthly bed capacity from fiscal year 2010 through 2015. We reviewed ORR documents, such as ORR's Bed Capacity Framework for fiscal years 2015, funding opportunity announcements, and other relevant planning documents. We also reviewed a plan developed by the Unified Coordination Group and interviewed ORR and ACF officials about the Unified Coordination Group's activities. In addition, we reviewed ORR's policy guide for its unaccompanied children program, updates to this guidance, and ORR's schedule for additional policy updates.

To gather information about how children were cared for while in ORR custody, we analyzed information from ORR's web-based UAC portal for children admitted to and discharged from ORR care between January 7, 2014, when ORR began using the portal, and April 17, 2015. This database contains information such as children's date and country of birth, intake, placement, and sponsor information, among other data. To assess the reliability of these data, we conducted electronic testing of the data, reviewed ORR business rules to ensure data reliability, and interviewed ORR officials and contractors knowledgeable about the data. We determined the data were sufficiently reliable for our purposes. We also visited nine ORR facilities in three states—New York, Texas, and Virginia—to interview ORR grantee staff. Locations were selected to ensure variation in the types of care provided by ORR grantees, shelter size, and location. We visited shelters, staff-secure shelters, secure shelters, and transitional foster care providers. We also reviewed a nongeneralizable random sample of 27 case files of children who were released from the nine shelters we visited. This sample was generated using alien identification numbers from data from ORR's UAC portal for all children with a status of discharged and a valid discharge date. Each case file was reviewed by two GAO analysts to assess the extent to which documents required by the Flores Agreement and specific ORR policies were present and complete. After both analysts reviewed the files, they reconciled any differences between their reviews.

To assess ORR's monitoring of its grantees, we reviewed ORR and grantee documents, including monitoring schedules, reports, and corrective actions. We also analyzed data provided by ORR on the frequency of past monitoring and levels of staffing devoted to monitoring activities. In addition, we discussed monitoring with grantees' staff during site visits and with ORR officials.

Lastly, to learn what is known about these children once they leave ORR's custody, we conducted phone interviews with school districts and other local government officials and nonprofit groups in 6 counties where 50 or more children were released to sponsors in fiscal year 2014. We interviewed individuals representing 19 local entities including—six school districts, one county office of education, five human services agencies or organizations, one county health system, one county executive's office, one county juvenile court system, one mayor's office, and three local health clinics. We also corresponded via email with a representative from a second mayor's office. The counties include Fairfax County, VA; Harris County, TX; Nobles County, MN; Pulaski County, AR; San Mateo County, CA; and Scott County, MS. These counties were selected to represent a diversity of size, geographic location, and demographics, including variation in the size of the Latino population. We used publically available ORR data on the number of children released to sponsors by county and county demographic data from the United States Census Bureau to select counties. We then obtained additional data on the cities within selected counties children were being released to from ORR to select localities within counties to contact. Separately, we conducted interviews with city officials and nonprofit service providers in one of the cities in which we conducted a site visit.

We also analyzed Department of Justice's Executive Office for Immigration Review (EOIR) data and interviewed relevant officials from EOIR. To assess the reliability of EOIR data we reviewed related documentation and interviewed officials knowledgeable about the data. We also spoke with DHS officials. DHS's Immigration and Customs Enforcement (ICE) and U.S. Citizenship and Immigration Services (USCIS) responded to written questions regarding the reliability of their data. We found these data to be sufficiently reliable for our purposes.

We conducted this performance audit from October 2014 to February 2016 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 provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Unaccompanied Children's Age at Office of Refugee Resettlement Admission for Children from El Salvador, Guatemala, and Honduras, January 2014 through April 2015

Ages	Number	Percent
1 to 9	4,448	8%
10 to 13	9,648	18%
14	5,156	10%
15	7,635	14%
16	12,006	22%
17	14,685	27%
Total	53,578	100%

Source: GAO analysis of Office of Refugee Resettlement data. | GAO-16-180

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

Appendix III: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

JAN 2 C 2016

Kay Brown
Director, Education, Workforce, and Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Brown:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Unaccompanied Children: HHS Can Take Further Actions to Monitor Their Care*" (GAO-16-180).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in cursive script that reads "Jim R. Esquea".

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED: UNACCOMPANIED CHILDREN: HHS CAN TAKE FURTHER ACTIONS TO MONITOR THEIR CARE (GAO-16-180)

The Department appreciates the opportunity to review and comment on this draft report.

GAO Recommendations

GAO recommends that the Secretary of the Department of Health and Human Services (HHS) direct the Office of Refugee Resettlement (ORR) to take the following three actions:

- (1) Develop a process to update its bed capacity framework on an annual bases to include the most recent data related to numbers of unaccompanied children who may be referred to its care and adjust its planning scenarios that guide its bed capacity as appropriate.
- (2) 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.
- (3) Develop a process to ensure all information collected through its existing post-release efforts are reliable and systematically collected so that they can be compiled in summary form and provide useful information to other entities internally and externally.

HHS Response

HHS appreciates the review that GAO provided of the Unaccompanied Children's Program. HHS is responsible for coordinating and implementing the care and placement of unaccompanied children. In recent years, the number of unaccompanied children referred to HHS's Unaccompanied Children Program each year was generally in the range of 6,000 to 7,000 until fiscal year (FY) 2012. Those numbers increased from 2012 through 2014, from 13,625 in FY 2012 to 24,668 in FY 2013 to 57,496 in FY 2014 and 33,726 in FY 2015. HHS has worked hard to adapt to this rapid increase in the size of the program, bringing on additional staff and expanding its network of providers. HHS also has adjusted a number of its policies to efficiently and effectively respond to both seasonal and unexpected fluctuations in migration, while also maintaining the highest possible standards of care for this vulnerable population. HHS is committed to continuously working to improve its operations.

The Department concurs with GAO's recommendation that its bed capacity framework should be updated on an annual basis. We created this framework in FY 2015 and will update it annually. The Department also concurs with GAO's recommendation that it adjust its planning scenarios that guide its bed capacity as appropriate. The framework provides a useful mechanism for identifying the long term planning tasks that should be implemented over the course of the year. HHS is able to assess the adequacy of current capacity and estimate capacity needs under a range of assumptions about projected referrals and discharges. Accordingly, since the summer of 2014, HHS has improved its capacity to monitor and assess the implications of inflows, outflows, length of stay, and other inputs relevant to estimating the demand for and maintaining appropriate bed capacity. Given the difficulty of predicting annual flows, however, it is important for HHS to work closely with our federal partners and the Unified Coordination Group, and continuously monitor referrals and discharges in real time, to adjust capacity, consistent with the bed capacity framework, accordingly.

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED: UNACCOMPANIED CHILDREN: HHS CAN TAKE FURTHER ACTIONS TO MONITOR THEIR CARE (GAO-16-180)

The Department also concurs with GAO's recommendation to improve monitoring of grantees. As the report notes, ORR implemented a biennial on-site monitoring program in 2014, including the hiring of new project officers whose sole responsibility is to conduct on-site monitoring of shelter facilities. We are committed to ensuring that facilities are subject to a comprehensive monitoring no less than biennially.

In addition to this comprehensive monitoring, monitoring project officers conduct the following activities:

- Routine site visit monitoring: Day long visits to every facility once or twice per month, both unannounced and announced, to review policies, procedures, and practices and guidelines compliance related to case management services. ORR representatives attend "case staffings" (meetings that take place with care provider staff, Case Coordinators and others, where individual unaccompanied children's cases are discussed) at care provider facilities to observe how care provider teams are collaborating and evaluate the effectiveness of the case management system as a whole. ORR receives monthly reports on all care provider facilities based on the findings from these site visits as well as quarterly reports from each facility identifying strengths and weaknesses, identified concerns, and training needs.
- Desk monitoring: Ongoing oversight based on the HHS grants management model, which includes monthly check-ins with the care provider's Project Officer, regular record and report reviews, financial/budget statements analysis, and communications review.
- Site visits in response to project officer or other requests: Visits for a specific purpose or investigation, for example, in response to a corrective action plan.

Contract field staff also conduct periodic case file reviews and conduct interviews with children to ensure facilities comply with particular aspects of their agreements. ORR also has created a new monitoring initiative workgroup that is examining opportunities for further improvement in monitoring documentation and identifying best practices for its monitoring protocols for the Unaccompanied Children's Program.

The Department concurs with the GAO recommendation related to post-release services. We recognize the importance of post-release services and, because of this, as GAO notes, in the past year, ORR expanded eligibility for post-release services to include children released to non-relatives and distant relatives; made a hotline available to all children and sponsors during the first 180 days after placement so that children and sponsors can seek assistance when a placement has been disrupted or is at risk of disruption; and has established a new policy requiring facility staff to do follow-up calls to children and sponsors 30 days after release. We recognize that collecting and reporting data on post-release services will assist ORR and the Department as we implement future policy planning and program improvements. ORR will implement an improved data collection process that will provide more systematic and standardized information on post-release services. ORR will make information collected available to other entities internally and externally.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Kay E. Brown, Director, (202) 512-7215 or brownke@gao.gov

Staff Acknowledgments

In addition to the contact named above, Gale Harris (Assistant Director), Kathryn Larin (Assistant Director), Ramona L. Burton (Analyst-in-Charge), David Barish, Erika Huber, and Jesse Lamarre-Vincent made key contributions to this report. In addition, key support was provided by Lucas M. Alvarez, Sandra L. Baxter, James Bennett, Kathryn Bernet, Justin Fisher, Alison Grantham, Jean L. McSween, Jon Najmi, James Rebbe, Almeta J. Spencer, and Kathleen van Gelder.

Appendix V: Accessible Data

Agency Comment Letter

Text of Appendix III:
Comments from the
Department of Health and
Human Services

Page 1

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OFFICE OF THE SECRETARY
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JAN 20 2016
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Page 2

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Data Tables

Accessible Text for Figure 1: Flow of Unaccompanied Children through the U.S. Immigration System

1. Department of Homeland Security (DHS) apprehends unaccompanied child
2. DHS starts immigration processing of unaccompanied child
3. If unaccompanied child is not from Canada/Mexico, DHS issues Notice to Appear to unaccompanied child and informs U.S. Department of Justice's Executive Office for Immigration Review (EOIR)
 - a. DHS begins removal proceedings and refers unaccompanied child to the Office of Refugee Resettlement's (ORR) care
 - b. ORR places unaccompanied child in a shelter
 - c. Unaccompanied child released to a sponsor (typically a relative)
 - d. ORR notifies U.S. Immigration and Customs Enforcement (ICE) of unaccompanied child's release

- e. EOIR adjudicates unaccompanied child’s case in removal proceedings
 - I. Removal order^a
 - II. Voluntary return^b
 - III. Voluntary departure^c
 - IV. Immigration relief^d
 - V. Administrative closure^e
 - VI. Termination of proceedings^f
- 4. If unaccompanied child is from Canada/Mexico found at a land border or port of entry
- 5. DHS evaluates unaccompanied child’s eligibility for voluntary return to Canada/Mexico
- 6. If unaccompanied child is eligible and agrees, the child is repatriated to Canada/Mexico
- 7. If Unaccompanied child is not eligible or refuses, DHS begins removal proceedings and refers unaccompanied child to the Office of Refugee Resettlement’s (ORR) care
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 - b. Unaccompanied child released to a sponsor (typically a relative)
 - c. ORR notifies U.S. Immigration and Customs Enforcement (ICE) of unaccompanied child’s release
 - d. EOIR adjudicates unaccompanied child’s case in removal proceedings

Sources: GAO analysis of DHS, ORR, and EOIR documents and interviews officials from these agencies. | GAO-16-180

Data Table for Figure 2: Number of Unaccompanied Children Served by the Office of Refugee Resettlement, Fiscal Years 2003 through 2015

Fiscal year	Number of unaccompanied children served
2003	4792
2004	6200
2005	7800
2006	7746
2007	8212
2008	7211
2009	6639
2010	8302
2011	7120
2012	14271

Fiscal year	Number of unaccompanied children served
2013	25498
2014	57496
2015	29000

Sources: Department of Health and Human Services Fiscal Year 2016 Justification of Estimates for Appropriations Committee (2003-2014 data); Office of Refugee Resettlement officials (2015 data). | GAO-16-180

Data Table for Figure 3: Office of Refugee Resettlement (ORR) Bed Capacity by Month, Fiscal Years 2011 through 2015

Fiscal Year	Month	Average monthly bed capacity	Emergency beds from the Department of Defense
2011	Jan	1883	0
	Feb	1892	0
	March	1864	0
	April	1739	0
	May	1739	0
	June	1737	0
	July	1735	0
	Aug	1837	0
	Sept	1906	0
	Oct	1918	0
	Nov	1911	0
	Dec	1925	0
2012	Jan	1942	0
	Feb	1911	0
	March	1968	0
	April	1970	0
	May	1991	0
	June	2325	0
	July	2252	350
	Aug	2507	350
	Sept	2604	450
	Oct	3084	0
	Nov	3176	0
	Dec	3216	0
2013	Jan	3154	0
	Feb	3113	0
	March	3313	0
	April	3375	0

Appendix V: Accessible Data

Fiscal Year	Month	Average monthly bed capacity	Emergency beds from the Department of Defense	
	May	3402	0	
	June	3549	0	
	July	3832	0	
	Aug	4173	0	
	Sept	4690	0	
	Oct	4813	0	
	Nov	4878	0	
	Dec	4932	0	
	2014	Jan	5077	0
		Feb	4831	0
		March	4926	0
		April	5032	0
	May	5171	0	
	June	5247	1095	
	July	6293	1095	
	Aug	6489	1200	
	Sept	6292	2975	
	Oct	6860	2975	
	Nov	7077	0	
	Dec	7392	0	
2015	Jan	7356	0	
	Feb	7300	0	
	March	7279	0	
	April	7275	0	
	May	7225	0	
	June	7360	0	
	July	7412	0	
	Aug	7698	0	
	Sept	7760	0	
	Oct	7786	0	
	Nov	7788	0	
	Dec	7986	0	

Source: GAO analysis of Office of Refugee Resettlement data. | GAO-16-180

Data Table for Figure 4: Office of Refugee Resettlement’s Projected Number of Children to be Served Monthly in Fiscal Year 2015 under Its Baseline Scenario and the Actual Number Served through September in Fiscal Year 2015

Fiscal year 2015	Baseline scenario	Unaccompanied children served by	
		ORR	Bed capacity ^a
Oct.	2000	2386	7337
Nov.	3000	2354	7300
Dec.	3658	2672	7279
Jan.	2829	2583	7275
Feb.	3878	2481	7225
Mar.	5727	2674	7360
Apr.	6427	3082	7412
May	9431	3620	7700
Jun.	10197	4152	7760
Jul.	5391	4752	7786
Aug.	3215	5412	7788
Sep.	2247	5873	7843

Source: Office of Refugee Resettlement (ORR) FY 2015 Bed Capacity Framework and GAO analysis of ORR data. | GAO-16-180

Data Table for Figure 5: Counties to Which the Office of Refugee Resettlement Released Unaccompanied Children, Fiscal Year 2014

US map locates counties where at least 50 unaccompanied alien children were placed with sponsors.

The largest counties include...

State	County	Number of unaccompanied alien children placed in county in 2014
California	Los Angeles	2,949
Texas	Dallas	1,196
Texas	Harris	4,028
New York	Suffolk	1,600
New York	Nassau	1,446
Maryland	Montgomery	1,117
Maryland	Prince George’s	1,328
Virginia	Fairfax	1,373
Florida	Palm Beach	1,170
Florida	Miami-Dade	1,492

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Central America: Improved Evaluation Efforts Could Enhance Agency Programs to Reduce Unaccompanied Child Migration. [GAO-15-707](#). Washington, D.C.: July 29, 2015.

Unaccompanied Alien Children: Actions Needed to Ensure Children Receive Required Care in DHS Custody. [GAO-15-521](#). Washington, D.C.: July 14, 2015.

Central America: Information on Migration of Unaccompanied Children from El Salvador, Guatemala, and Honduras. [GAO-15-362](#). Washington, D.C.: February 27, 2015.

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