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OFFICE OF INSPECTOR GENERAL

**Testimony Before the
United States House Committee on Energy & Commerce**

HHS-OIG Oversight of the Unaccompanied Alien Children Program

Testimony of:

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Good morning, Chair DeGette, Ranking Member Guthrie, and Members of the

Committee. I am Ann Maxwell, Assistant Inspector General for Evaluation and Inspections for the Office of Inspector General (OIG), U.S. Department of Health and Human Services (HHS). I appreciate the opportunity to appear before you to discuss the challenges that care provider facilities faced addressing the mental health needs of children in HHS custody. Any significant challenges that facilities face in addressing a child's mental health needs could have serious immediate and long-term ramifications for children's well-being.

OIG's Oversight

OIG oversees all HHS programs and operations. OIG combats fraud, waste, and abuse in those programs; promotes their economy, efficiency, and effectiveness; and protects the beneficiaries they serve. To accomplish this, OIG employs an array of tools, including audits, evaluations, and investigations.

OIG takes very seriously its responsibility to protect the health and welfare of vulnerable children. As such, we have prioritized oversight of the Unaccompanied Alien Children (UAC) Program, which is administered by the Office of Refugee Resettlement (ORR) within HHS's Administration for Children and Families (ACF), since responsibility for caring for unaccompanied children was transferred to HHS by the Homeland Security Act of 2002.

One important goal of OIG's work on the UAC Program has been to promote the protection of children in HHS care. We have reviewed whether ORR grantees met safety standards for the care and release of children in their care, and the efforts of ORR to ensure the safety and well-being of children after their release to sponsors.

In 2018, numerous stakeholders raised serious concerns about the health and safety of unaccompanied children, including the provision of appropriate mental healthcare services, at HHS-funded facilities. Given the urgency of the situation, and OIG's independent oversight role, we launched a series of reviews examining health and safety issues in the UAC Program. This testimony focuses on challenges to providing mental health services. Other reviews from our 2018 initiative address employee screening, including staff background checks, physical security of facilities, and challenges facilities faced in ensuring children's safety. We are also assessing the challenges HHS and facilities faced in reuniting separated children with their parents.

ORR's Unaccompanied Alien Children Program

The UAC Program serves children who have no lawful immigration status in the United States and no parent or legal guardian available to provide care and physical custody. By law, ORR has custody of and must care for each unaccompanied child by providing housing, food, educational services, recreational activities, and health services, including mental health services.

ORR funds a network of more than 100 facilities that furnish care for children until they are released to a sponsor or otherwise leave ORR custody. These facilities, generally, are State-licensed and must meet ORR requirements. Most children are in shelter facilities, the least restrictive setting. ORR's network also includes residential treatment centers that provide therapeutic care, as well as secure and staff secure facilities that provide a higher level of supervision. One of the staff secure facilities also offers specialized therapeutic care.

Mental Health Services in Care Provider Facilities

According to the terms of the 1997 Flores Settlement Agreement, which sets national standards for the detention, release, and treatment of children without legal immigration status in

Federal custody, children must receive necessary medical and mental health services. At a minimum, each child in ORR custody must receive at least one individual counseling session per week from a trained mental health clinician. When needed, children also may receive care from external mental healthcare specialists, such as psychiatrists and psychologists.

Mental health clinicians are employed at every facility and are responsible for providing in-house mental healthcare for children. These clinicians, who must meet minimum education and experience qualifications, are responsible for conducting mental health assessments, providing counseling services, providing crisis intervention services, and recommending care from external specialists. ORR requires each facility to employ at least 1 mental health clinician for every 12 children in care.

HHS-OIG Review of Mental Healthcare Challenges in ORR-Funded Facilities

To complete this review, OIG conducted site visits at 45 of the 102 ORR-funded facilities that were in operation in August and September of 2018. We visited facilities to hear directly from their staff about the challenges they faced caring for children and ensuring their safety.

Facilities were purposively selected to achieve wide coverage of facilities participating in the UAC Program, varying by size and geographic location, among other factors. These facilities cared for about 72 percent of children in ORR's custody at the time of our review.

We conducted qualitative analysis of interview data from: (1) approximately 100 mental health clinicians who had regular interaction with children across the 45 facilities; (2) medical coordinators in each of the 45 facilities; (3) the program director and lead mental health clinician in each of the 45 facilities, and (4) the 28 ORR federal field specialists assigned to the 45 selected facilities.

We did not determine whether the challenges that were identified resulted in care that failed to meet ORR requirements or clinical standards, nor did we assess the quality of the mental healthcare provided. Instead, we offer a broad survey of the challenges facing the program as reported by staff in order to provide ORR with information useful for directing attention toward the most significant mental health-related challenges facing facilities.

Report Findings and Recommendations

Facilities reported several challenges in addressing children's mental health needs. Some were systemic in nature, such as: (1) the inherent challenges associated with treating children who have experienced intense trauma, (2) difficulty accessing external mental health specialists, and (3) difficulty finding therapeutic placement options within ORR's network. In 2018, existing challenges were exacerbated by Federal policy changes that resulted in facilities caring for an increasing and changing population, including younger children who were unexpectedly separated from their parents. We recommend practical steps ORR can take to assist facilities and address these challenges.

Mental Health Clinicians Stated That They Were Not Prepared To Care for Children Who Had Experienced Intense Trauma

Facility staff discussed the challenges inherent in caring for a population of children who have experienced intense trauma. Facility staff reported that many of the children in their care had experienced intense trauma from a variety of events in their home countries or on their journey to the United States. Some children experienced additional trauma when they were unexpectedly separated from their parents upon arrival in the United States.

Despite their training and experience, mental health clinicians reported feeling unprepared to address the level of trauma that some children had experienced.¹ The UAC Program is designed to house and care for children during relatively short-term stays until they can be released to sponsors. Because the length of children's stays are unpredictable and, from a mental health treatment standpoint, relatively short, mental health clinicians reported being unable to adequately address their trauma. Mental health clinicians reported that they were wary of opening wounds that they would not have time to address adequately through continued therapy and, instead, focused on making sure that children were stable and able to cope day-to-day.

All facilities reported that staff—including mental health clinicians—received training to help them work with children who had experienced trauma. Nonetheless, mental health clinicians discussed how challenging it was to hear about children's traumatic experiences. Further, mental health clinicians said that colleagues hired without previous experience in caring for unaccompanied children in ORR custody may have been especially unprepared for the severe trauma of children in their care. Mental health clinicians and program directors told us that facility staff would benefit from more training on trauma-informed care.

OIG recommends: Additional guidance on addressing trauma in children. To address these issues, we recommend that ORR provide facilities with evidence-based guidance on addressing trauma in short-term therapy in children of all ages.

¹ Our companion review: *Unaccompanied Alien Children Care Provider Facilities Generally Conducted Required Background Checks but Faced Challenges in Hiring, Screening, and Retaining Employees* found that almost all the facilities we visited hired mental health clinicians who met minimum requirements.

High Counseling Caseloads Stretched In-House Mental Health Clinicians

Care provider facilities reported high counseling caseloads due to challenges in recruiting and retaining mental health clinicians. This made it more difficult for them to make sure that all children received the time and attention they needed. Even facilities that met ORR's required facility-wide ratio of 1 clinician for every 12 children may have had individual clinicians who were responsible for counseling more than twice that number because of the way cases were distributed.

OIG also found that, at the time of our visits in August and September 2018, 26 of the 45 facilities reported that the mental health clinician position posed the greatest hiring challenge. Facilities most often attributed this to difficulties finding bilingual candidates and candidates who met the minimum qualifications.

OIG recommends: Strategies for addressing high mental health clinician caseloads.

We recommend that ORR assess whether to establish maximum caseloads for individual mental health clinicians. We also recommend that ORR develop and implement strategies to assist care provider facilities in overcoming obstacles to hiring and retaining qualified mental health clinicians.

Facilities Faced Challenges Accessing External Specialists for Children Who Needed

Specialized Diagnosis and Treatment

We found that facilities faced challenges accessing external specialists for children who needed more mental health treatment than was available from in-house staff. ORR uses an insurance company that maintains a network of doctors, hospitals, and other health professionals to provide mental health services to children in ORR custody. However, facility staff told us that this provider network does not include enough mental health specialists to meet children's needs.

These challenges were acute for facilities in medically underserved areas. Bilingual specialists, in particular, were difficult to find.

OIG recommends: Strategies for improving access to external mental health

specialists. ORR should ensure that the national network of external healthcare providers maintained by its insurer includes the mental health specialists needed to address children’s mental health needs. For facilities in areas with a scarcity of mental health specialists, ORR could consider entering into agreements with Federal, State, or local health agencies or qualified specialists to provide necessary mental health treatment.

Facilities Were Unable To Transfer Children Who Needed a Higher Level of Mental Healthcare to More Appropriate Placements Within ORR’s Network

Mental health clinicians determined that some children needed a higher level of care than facility staff and external specialists could provide, but facilities reported difficulties transferring these children to facilities in the ORR network that are licensed to provide specialized care. Staff said that the two residential treatment facilities in ORR’s network lacked bed space for children who needed transfers. Combined, these two facilities have 50 beds dedicated to children in ORR care.

Facility staff also described difficulty in finding appropriate placements for children who needed more therapeutic treatment but who also had a history of problem behaviors that put themselves or others at risk. Children with significant mental health needs such as oppositional defiant disorder, dissociative symptoms, and suicidal ideation remained in settings not well equipped to address their needs.

OIG recommends: Increased options for therapeutic placements in ORR’s network.

ORR should increase therapeutic placement options for children who require more

intensive mental health treatment, including options for children with behavioral issues that accompany their mental health needs.

Federal Policy Changes Exacerbated Existing Challenges in 2018

Policy changes in 2018 exacerbated existing challenges, as they resulted in 1) a rapid increase in the number of children separated from their parents after entering the United States, many of whom were younger, and 2) longer stays in ORR custody for children.

Separated and Younger Children. According to program directors and mental health clinicians, separated children exhibited more fear, feelings of abandonment, and post-traumatic stress than did children who were not separated. Separated children experienced heightened feelings of anxiety and loss as a result of their unexpected separation from their parents after their arrival in the United States. In addition, the trauma of their separation, and resulting feelings of distrust, made it difficult for mental health clinicians to establish therapeutic relationships through which they could address children's needs.

In addition, the number of young children, age 12 and younger, in ORR's care increased sharply in May 2018 when the Department of Homeland Security (DHS) formally adopted the zero-tolerance policy of criminally prosecuting all adults for illegal entry into the United States. This policy led to many more children, some of them quite young, being separated from their parents. The proportion of young children in ORR care rose from 14 percent of referrals to ORR in April 2018 to 24 percent of referrals in May 2018.

Caring for young children presented different challenges than caring for the teenagers facilities typically served. Young children had shorter attention spans, lacked the ability to comprehend the role of the facility, and more commonly exhibited defiance and other negative behaviors. Facilities noted the difficulties associated with completing assessments and other

screenings for pre-school-aged and younger children who could not accurately communicate their background information, needs, or the source of any distress.

OIG recommends: Guidance that helps facilities care for young children. As previously mentioned, we recommend that ORR disseminate guidance on addressing trauma in short-term therapy. This guidance can improve facilities' readiness to meet the mental healthcare needs of children of all ages, including very young children.

Longer Stays in Facilities. A more stringent sponsor screening process led to longer stays in facilities. Facilities reported that children with longer stays experienced more stress, anxiety, and behavioral issues, which staff had to manage. Some children who did not initially exhibit mental health or behavioral issues began reacting negatively as their stays grew longer. Children who experienced longer facility stays exhibited higher levels of defiance, hopelessness, and frustration, along with more instances of self-harm and suicidal ideation.

ORR's requirements for screening potential sponsors have varied over time, as it attempts to balance safety concerns with the need for the timely release of children from HHS custody. In June 2018, ORR began requiring fingerprint background checks of all potential sponsors and the adult members of their households and sharing that information with DHS. Following this policy change, the amount of time that children remained in ORR care increased dramatically. In March 2019, ORR changed its policy again; it eliminated fingerprint background checks for parents or legal guardians, in most circumstances. By April 2019, the average length of stay had declined to 48 days. Since then, length of stay was 45 days in May and June and 47 days in July 2019.²

² The average length of time spent in care provider facilities by children who have been released from ORR custody. HHS, *Latest UAC Data- FY 2019*. <https://www.hhs.gov/programs/social-services/unaccompanied-alien-children/latest-uac-data-fy2019/index.html#>.

OIG recommends: Take reasonable steps to minimize the time that children remain in ORR custody.

It is essential that ORR appropriately assesses all sponsors before making a release determination. We recommend that ORR assess current policies and procedures to ensure that they do not present unnecessary barriers and establish procedures to ensure that future policy changes prioritize child welfare considerations and do not inadvertently increase the length of stay.

Conclusion and Upcoming OIG Work on the UAC Program

ACF concurred with all of our recommendations and described its plans to address them, some of which are underway. We encourage ACF to support the facilities that are directly responsible for the care of children in its custody and minimize barriers to appropriate mental health treatment.

OIG appreciates the support that we have received from Congress for our work overseeing the UAC program and the additional resources to augment our efforts in this area. We anticipate initiating reviews on new topics. Specifically, we expect to examine coordination between HHS and DHS, sponsor screening, emergency preparedness, and the appropriateness of children's placements and transfers within ORR's network of facilities.

Challenges to addressing the needs of children in HHS custody require our combined attention and very best efforts. Thank you for the opportunity to testify today and to be part of this conversation on this important topic.