U.S. Department of Health and Human Services
Office of Inspector General

Operational Challenges Within ORR and the ORR Emergency Intake Site at Fort Bliss Hindered Case Management for Children

Why OIG Did This Review

In 2021, the United States saw a substantial increase in the number of unaccompanied children who arrived at the southern border and were referred to the care of HHS's Office of Refugee Resettlement (ORR). The number of such children increased from 1,929 children in October 2020 to 20,339 children in April 2021. At the same time, ORR's capacity to care for children was diminished due to COVID-19-related staffing shortages and the loss of bed space due to recommended public health mitigation strategies. To accommodate these children, ORR—a program office of HHS's Administration for Children and Families (ACF) that operates the Unaccompanied Children Program—opened 14 temporary emergency intake sites (EISs), including the ORR EIS at Fort Bliss, Texas.

Members of Congress, child welfare advocates, and staff at ORR facilities raised concerns about inadequate case management at the ORR EIS at Fort Bliss and its adverse effect on children's well-being and their safe and timely release to sponsors.

How OIG Did This Review

This review analyzed information from interviews with 66 ORR and facility staff. It also analyzed HHS documents related to case management at ORR facilities. Finally, OIG visited the ORR EIS at Fort Bliss in June 2021.

Operational Challenges Within ORR and the ORR Emergency Intake Site at Fort Bliss Hindered Case Management for Children

What OIG Found

Key Takeaway

From its opening in March 2021 through June 2021, operational challenges within ORR and at the ORR emergency intake site at Fort Bliss hindered case management, which may have adversely affected unaccompanied children's safety and well being.

To provide care to the historically high number of unaccompanied children who arrived at the southern border in early 2021, ORR opened emergency intake sites (EISs), including the ORR EIS at Fort Bliss. From the opening of the ORR EIS at Fort Bliss in March 2021 through June 2021, operational challenges within ORR and at this EIS hindered case management, which raises concerns related to children's safe and timely release from ORR care. ORR and facility staff reported that the facility's rushed opening impeded ORR's ability to bring in experienced case managers and provide them with adequate and timely training. This created a situation where some children waited weeks between updates from their case managers, which staff at the facility reported as causing many children to experience distress, anxiety, and in some cases, panic attacks.

Additionally, case management for children's safe and timely release from the ORR EIS at Fort Bliss faced challenges as a result of ORR-wide approaches that hindered case management across all ORR facilities. Specifically, ORR issued guidance to expedite children's release, and this guidance removed several safeguards from ORR's process for screening potential sponsors. Sponsors are parents, guardians, or relatives or other individuals designated by an unaccompanied child's parents to assume care for the child. Although the purpose of the guidance was to reduce delays, the removal of these safeguards may have also increased children's risk of release to unsafe sponsors. In addition, deficiencies with ORR's case management system—the Unaccompanied Children Portal—contributed to case management delays and potentially increased children's risk of release to unsafe sponsors.

Finally, staff reported acts of potential retaliation and whistleblower chilling. This may have created an environment in which staff at the ORR EIS at Fort Bliss and ORR headquarters felt discouraged from raising concerns about case management and child safety to supervisors.

What OIG Recommends and How the Agency Responded

The Office of Inspector General recommends that—to help ensure that children receive quality case management services that prioritize their safety and well-being, including during an influx—ACF: (1) develop and implement a plan that supports ORR and its contractors in securing qualified case managers during an influx to help ensure children's safe and timely release to sponsors; (2) provide case managers with timely and comprehensive training and support to help ensure children's safe and timely release to sponsors; (3) create an emergency policy development protocol that provides for adequate input from staff with expertise in child welfare when ORR develops field guidance during an influx; (4) ensure that ORR addresses challenges regarding usability and search capabilities within its case management system, the UC Portal; and (5) ensure that ORR's employees and employees of ORR's contractors and recipients are informed about Federal whistleblower protections. ACF concurred with all of our recommendations.

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BACKGROUND

Objective

To examine operational challenges within ORR and at the ORR emergency intake site (EIS) at Fort Bliss that hindered case management for children's safe and timely release from March through June 2021.

The Office of Refugee Resettlement (ORR), a program office of the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS), manages the Unaccompanied Children (UC) Program. The UC Program serves children who arrive in the United States unaccompanied. Although the number of unaccompanied children arriving at the southern border varies from season to season and year to year, in fiscal year (FY) 2021 a historically high number of unaccompanied children began arriving at the southern border of the United States. The number of unaccompanied children referred to ORR custody nearly doubled from FY 2019 to FY 2021. The UC Program received 69,488 referrals for unaccompanied children from the Department of Homeland Security (DHS) in FY 2019, and 122,731 referrals for unaccompanied children in FY 2021.[1, 2]

The 2021 surge of unaccompanied children at the U.S. border presented several urgent challenges that ORR needed to address to house and care for unaccompanied children referred from DHS. These challenges were exacerbated by the fact that, in early 2021, ORR's capacity to care for children in its regular network of care provider facilities (facilities) was diminished due to COVID-19-related staffing shortages and a decrease in bed space in response to physical distancing protocols and other public health mitigation strategies. [3]

Exhibit 1. Referrals of unaccompanied children to ORR, by fiscal year
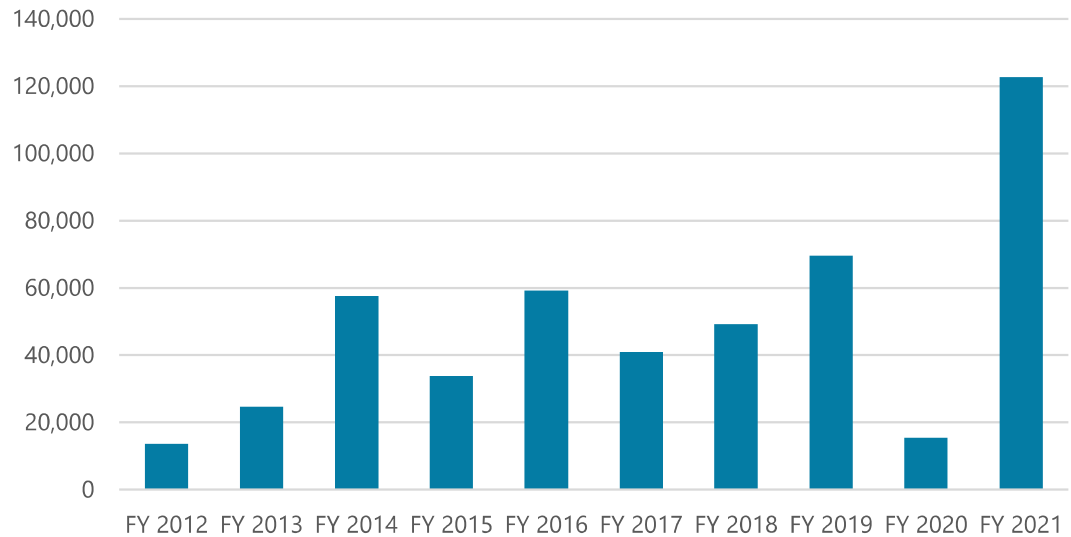
Source: ORR data on annual referrals of unaccompanied children from DHS, 2022.

Unaccompanied Children Program

Unaccompanied children are minors who have no lawful immigration status in the United States and do not have a parent or legal guardian available in the United States to provide care and physical custody.[4] The majority of unaccompanied children have been apprehended by immigration authorities at or near the United States border without a parent or legal guardian. Children in custody of any Federal department or agency, including DHS, must be transferred to ORR within 72 hours from the determination that the child is unaccompanied unless there are exceptional circumstances.[5] Federal law requires ORR to make safe and timely placements for children in the least restrictive setting that is in the best interest of the child.[6] To that end, ORR funds a network of facilities that furnish temporary care for children until they are released to a sponsor or otherwise leave ORR custody. A child remains in ORR custody until an appropriate sponsor in the United States who can assume custody is identified, the child turns 18 years old and ages out of the UC Program, or the child's immigration status is resolved. Children's sponsors can include parents, guardians, and relatives, and other individuals designated by the child's parents.[7]

Office of Refugee Resettlement care provider network

ORR enters into grants, cooperative agreements, and contracts with several types of facilities, in a variety of settings, to form a care provider network that provides placements for the children in its care.[8] These facilities must provide services for children, including housing, food, medical care, mental health services, educational services, and recreational activities. Most facilities are licensed or accredited under the laws of their respective States, and they must meet ORR requirements. In FY 2021, ORR provided funding to approximately 200 facilities and programs in 22 States.

ORR's bed management strategy aims to accommodate the substantial fluctuations in the number of unaccompanied children that arrive at the U.S. southern border throughout the year.[9] ORR maintains "standard" beds that are available year-round at licensed care facilities. Additionally, ORR can add or reduce "temporary" beds as needed at unlicensed influx care facilities, which are opened on a temporary basis when ORR experiences an influx of children. The COVID-19 pandemic had a significant impact on ORR's care provider network capacity, which was reduced by up to 40 percent. This reduction was primarily caused by staffing shortages and loss of bed space attributable to physical distancing protocols and other public health mitigation strategies set by the Centers for Disease Control and Prevention to mitigate the spread of COVID-19. Although ORR has worked to build up its licensed bed capacity and—as of June 2022—funds more than 17,000 licensed beds (the highest in the UC Program's history), additional capacity was needed in early 2021 to manage the historic increase in the number of unaccompanied children referred from DHS and to implement COVID-19 mitigation strategies.[10]

Exhibit 2. Children in ORR care, October 2020–June 2021
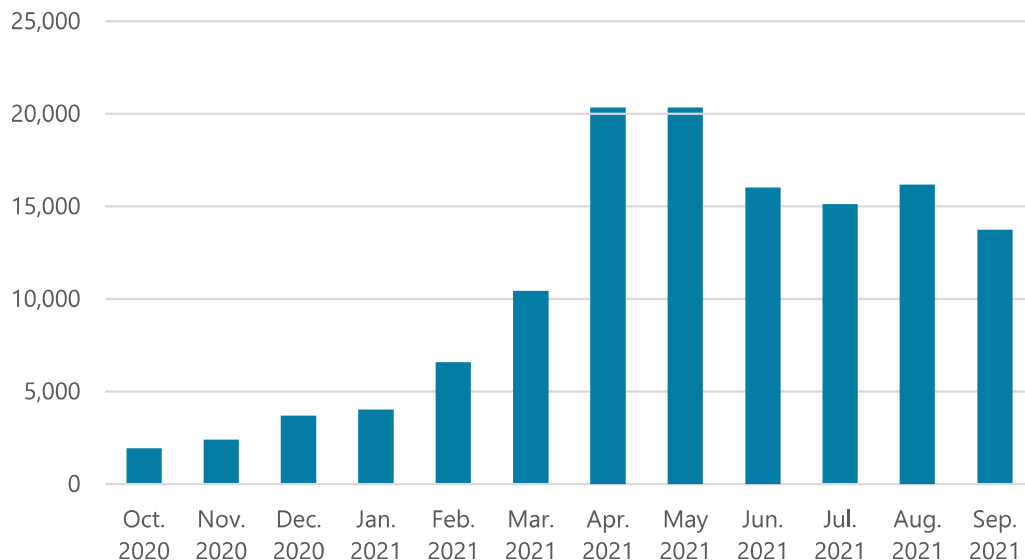
Source: ORR data on unaccompanied children in ORR care, 2022.

In response to the number of unaccompanied children referred from DHS in spring 2021, ORR reopened one influx care facility and, in collaboration with the Federal Emergency Management Agency and the Department of Defense, opened a new type of facility: the EIS.[11] In 2021, ORR opened a total of 14 EISs along the U.S. southern border and in the U.S. interior; facility operations ranged from a period of weeks to more than 1 year. For a comparison of services offered at EISs, influx care facilities, and licensed shelters, see Appendix A.

Emergency Intake Sites

ORR established EISs as unlicensed, short-term facilities intended to be open for less than 6 months and to receive timely referrals from DHS, which was experiencing overcrowding in border facilities due to the unprecedented influx of migrants.[12] ORR opened EISs in FY 2021 due to a severe shortage of beds in ORR's licensed care provider network and influx care facilities. ORR defines a severe shortage as when ORR does not have enough licensed beds available, which would result in children remaining in DHS custody for more than 72 hours.[13] EISs were initially established as temporary stopgap facilities from which children would be referred to licensed care facilities as soon as beds became available.

On April 30, 2021—more than a month after ORR opened its first EISs—ORR issued field guidance outlining instructions and standards for operations at EISs.[14] Prior to this guidance, ORR had not published comprehensive instructions or standards for EISs on its website.[15] For a detailed timeline of EIS opening dates and relevant field guidance issuance, see Appendix B.

As of June 2022, ORR does not currently operate any EISs. ORR closed 12 of the 14 EISs by January 2022, and converted the remaining two facilities (the ORR EIS at Fort Bliss and the Pecos EIS) from EISs to influx care facilities in May and June 2022, respectively. This conversion means that the ORR facilities at Fort Bliss and Pecos must meet minimum standards of care for licensed facilities; for a comparison of services offered at EISs, influx care facilities, and licensed shelters, see Appendix A.

Concerns about EISs. EISs have been the subject of media reports and complaints from members of Congress, child welfare advocates, and staff at the facilities. Many of the reports and complaints included concerns about the safety and well-being of children in EIS facilities and the delays that some children experienced in receiving services.[16, 17, 18]

ORR EIS at Fort Bliss. ORR opened its EIS on the Fort Bliss military base in El Paso, Texas, on March 30, 2021. The facility reached a capacity to care for up to 10,000 children 13–17 years of age in May 2021, and—as of June 2022—has beds for 2,000 children. Children are housed at the facility in warehouse-sized tents with cot-style bunkbeds, consistent with temporary shelters used during emergency responses and disaster relief efforts.[19, 20] Operations at the ORR EIS at Fort Bliss are overseen by facility leadership, including:

> *Incident commanders.* Incident commanders are Federal employees temporarily assigned to work at EIS facilities by ORR to oversee facility operations and custodial care of the children.[21, 22]

> *Federal field specialists.* Federal field specialists and Federal field specialist supervisors are ORR employees who serve as local ORR liaisons to one or more facilities within a region. They are responsible for providing guidance and technical assistance to facilities.

Contract leadership. Leaders from various contractors also work closely with ORR to oversee facility operations and ensure that children receive appropriate services.

Throughout this report, we refer to the ORR facility at Fort Bliss as "the ORR EIS at Fort Bliss." The facility operated as an EIS for the duration of our review period (March–June 2021) and was converted to an influx care facility on May 30, 2022.

Case management for children's safe and timely release

Through its case management process for children's safe and timely release, ORR is responsible for identifying a suitable sponsor in the United States who can care for the child when he or she leaves ORR custody. By law, ORR must establish the safety and suitability of potential sponsors.[23] Thorough sponsor screening processes help protect children from being at risk of harm after their release.[24] Efficient processes are also important because in previous Office of Inspector General (OIG) work, staff at care provider facilities reported that children's mental health often deteriorated with longer lengths of stay in ORR care.[25] ORR policy assigns the responsibility of screening sponsors to case managers.[26]

When ORR cannot identify a suitable, safe sponsor, children will remain in a facility or may be placed in long-term foster care, including community-based foster care or a group home. Children who turn 18 years old while in ORR care are typically transferred to DHS custody. As laid out in ORR policy, the process for releasing a child in ORR's care to a sponsor includes:

Identifying a sponsor. Staff at the facility where the child resides interview the child, parents, legal guardians, or other family members (including those in their home country) to identify potential sponsors in the United States.

Sponsor submission of application for release. The potential sponsor must complete and submit the Family Reunification Packet, which consists of documents a potential sponsor must complete before a release decision can be made, as well as documentation needed to verify the sponsor's identity, address, and relationship to the child.[27]

Background checks. ORR requires a background check of potential sponsors and adult members of a sponsor's household. Depending on the sponsor's relationship to the child and other factors, these may include a public records check, sex offender registry check, State child abuse and neglect registry check, and a Federal Bureau of Investigation criminal history check.

Release decision. Facility staff consider all collected information and make a recommendation to ORR regarding the child's release to a potential sponsor. ORR staff then make one of the following determinations:

- approve the release,
- approve with post-release services,

- require a home study before making a decision,
- deny the release, or
- send back for further review.

ORR and facility staff roles related to case management for children's safe and timely release

Sponsor screening processes are carried out by a variety of staff at all types of ORR facilities. Key staff include:

Case managers. Case managers are facility staff who are responsible for assessing children and their potential sponsors, providing regular case updates to children, making transfer and release recommendations based on collected information, and coordinating children's release.

Case management team members. Other members of the case management team are facility staff, including case aides, data aides, and case management quality control staff. These staff members assist in preparing, tracking, and reviewing children's cases.

Federal field specialists. Federal field specialists and Federal field specialist supervisors are ORR employees who are responsible for approving or denying children's transfer between ORR facilities and release to sponsors.

Youth care workers. Youth care workers are facility staff who provide around-the-clock monitoring of children and are responsible for bringing children to and from case management meetings.

Mental health staff. Mental health staff are facility staff who are responsible for providing in-house mental health care for children.

Case coordinators. Although case coordinators are not involved in sponsor screening at EISs, they review all assessment information for unaccompanied children and children's sponsors to make a recommendation for release at other ORR facilities.

ORR's online case management system

The Unaccompanied Children (UC) Portal is ORR's online case management system and is used throughout the sponsor screening process. Every child who enters ORR care is logged in the system.[28] Case managers use the UC Portal to manage all activities related to a child's sponsorship case. The system contains detailed information about a child's interactions with case managers, documentation used to verify a sponsor's identity, address(es), and relationship with a child, release paperwork, and other documents related to a child's case. The system tracks the child from intake to discharge to a sponsor.

Since April 2021, ORR has been making incremental improvements to the UC Portal. According to ORR, these improvements prioritize child safety, efficiency of the case management process, the overall user experience, and system security and stability.

Case management at EISs

Because EISs were established as temporary stopgap facilities, they were not initially intended to provide the full range of services offered at ORR's licensed facilities (e.g., case management for children's safe and timely release).[29] However, the rapid increase of unaccompanied children referred to ORR care from February through April 2021—combined with physical distancing protocols recommended to reduce the spread of COVID-19—caused a severe shortage of beds in ORR's licensed care provider network. This meant that many children could not be transferred from EISs to licensed ORR facilities and needed to be released directly from EISs to sponsors. As a result, ORR and its contractors had to establish services for children's safe and timely release from EISs. ORR quickly staffed case management at EISs with hundreds of individuals who could pass background checks and were able and willing to work in a mass care setting during the COVID-19 pandemic.[30]

On April 30, 2021, ORR issued field guidance stating that EISs should begin providing case management services for children's safe and timely release to sponsors "either at the time of an EIS stand-up or as soon as reasonable under the circumstances."[31] According to the guidance, case management services at EIS facilities should be primarily focused on releasing children without unnecessary delay to sponsors who are able to provide for their care. Once established, case management services at EISs were carried out by contractors, subcontractors, and Federal employees, including teams from United States Citizenship and Immigration Services and volunteers from across the Federal Government.[32] In June 2021, ORR reported that all EISs in operation had implemented some case management services.[33]

Concerns about case management at the ORR EIS at Fort Bliss. Members of Congress, child welfare advocates, and staff at the facility reported concerns about the inadequate case management at the ORR EIS at Fort Bliss and its adverse effect on children's well-being and their safe and timely release to sponsors.[34] Among these reports were multiple letters to OIG from the Government Accountability Project—a whistleblower and advocacy organization—in which several Federal employees who had volunteered for temporary assignments at the ORR EIS at Fort Bliss shared concerns about case management and child safety.[35] The reports described overwhelming noise levels; extreme weather such as dust storms and high temperatures; and unsanitary conditions.[36] These reports also alleged that ORR staff, ORR contractors, ORR subcontractors, and other Federal employees (whom we refer to collectively as staff) at the facility were ill-prepared to provide adequate case management services, which adversely affected children's mental health as well as the quality of case management that the children received. Some reports alleged that staff at the ORR EIS at Fort Bliss were discouraged from raising issues about case

management and child safety, leading to concerns about the potential violation of whistleblower protection laws.[37]

Methodology

This review analyzed data from interviews OIG conducted with ORR staff and facility staff (i.e., ORR contractors, ORR subcontractors, and Federal volunteers) virtually and during OIG's June 29–30, 2021, visit to the ORR EIS at Fort Bliss. OIG took several steps to protect the identities of the individuals we interviewed, including removing names and other identifying information from interview excerpts. In cases where it was necessary to include sensitive and potentially identifying information about the interviewee's role or experience, OIG obtained their verbal and written consent.

The review also analyzed internal and public HHS documents. This review reports on the most salient themes regarding case management practices that may have adversely affected children's safety and well-being during our March 30–June 30, 2021, review period. For more information on past OIG work regarding the UC Program, see Appendix C.

Data Collection

Interviews. We conducted interviews with a sample of 66 individuals who were directly or indirectly involved in case management at the ORR EIS at Fort Bliss during our review period. OIG conducted interviews from June 11, 2021, through December 17, 2021. Approximately half of all interviews were conducted during OIG's site visit June 29–June 30, 2021, and approximately half were conducted virtually before and after the site visit. These 66 interviewees included case managers and case management team members; youth care workers; Federal field specialists and their supervisors; incident commanders; and ORR leadership. In this report, ORR leadership refers to Presidential appointees under the Executive Schedule and career employees with supervisory functions who oversee the UC Program.

The majority of staff that OIG interviewed while onsite at the ORR EIS at Fort Bliss were members of the case management team. OIG randomly selected 41 case managers and case management team members for interview and purposively selected other staff, including members of the youth care, administrative, and mental health teams, based on job titles of relevance to case management processes at the facility. We were able to interview 25 case managers and case management team members for a response rate of 61 percent. For a detailed breakdown of interviewees' roles at the facility and in ORR, see Exhibit 3.

Exhibit 3. ORR and Facility Staff Interviewed

Staff Role	Number Interviewed
ORR Staff	
Federal field specialists/Federal field specialist supervisors	8
ORR leadership	4
Contractor Officer Representative	1
UC Portal technical expert	1
Facility Staff*	
Case managers and case management team members	28
Youth care team	8
Mental health team	5
Administrative team	5
Incident commanders	4
Contract leadership	2
Total Staff Interviewed	**66**

*Facility staff include ORR contractors, ORR subcontractors, and Federal volunteers.
Source: OIG interview data, 2022.

Documents. We reviewed HHS documents related to case management at ORR facilities, standards of care at EISs, and the surge in arrivals of unaccompanied children that began in January 2021 (e.g., ORR policies and procedures, ORR training materials, ORR Juvenile Coordinator Interim Reports, and ORR field guidance). We also reviewed a letter that Federal field specialist supervisors presented to ORR leadership in which they raised concerns about the development of field guidance, EISs rushed opening, case management, and child welfare.

Data Analysis

We performed qualitative analysis of the interview data collected from 66 ORR and facility staff members, which involved multiple steps carried out by OIG staff. We used qualitative analysis software to organize interview responses and categorize the themes that emerged related to operational challenges that hindered case management.

We examined results to identify significant challenges reported by ORR and facility staff. We identified the most significant challenges impeding case management, as reported by ORR and facility staff. As such, the report does not reflect every challenge that facility staff mentioned during interviews. We considered a challenge significant if it was identified by the majority of staff across relevant roles, with one

exception: concerns raised by staff regarding alleged acts of retaliation and whistleblower chilling. Due to the nature and importance of these allegations, the team decided that any information related to this issue warranted inclusion in the report. OIG values the critical role that whistleblowers play in disclosing fraud, waste and abuse and protecting of public health and safety. OIG investigates complaints of whistleblower retaliation as appropriate within its jurisdictional boundaries.

We also reviewed available internal and public HHS documents—including ORR training materials, ORR Juvenile Coordinator Interim Reports, and ORR field guidance—to establish facts, confirm timelines, and, when possible, verify interview responses.

Limitations

This review reflects the perspectives of staff who were present onsite or had knowledge of case management processes at the ORR EIS at Fort Bliss during our March 30–June 30, 2021, review period. Our review is limited to operational challenges that hindered case management during the first 4 months of operations at the ORR EIS at Fort Bliss, as reported by interviewees.

Comprehensive field guidance—which ORR issues to address emergency or short-term policy goals—was not issued to outline EIS standards until a month into our review period. We did not analyze informal guidance that may have been distributed to EISs prior to the April 30, 2021, field guidance.

Standards

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

ORR's rapid staffing of the ORR EIS at Fort Bliss left inexperienced and untrained case managers unprepared to provide case management for children's safe and timely release to sponsors

Following the rapid opening of the ORR EIS at Fort Bliss on March 30, 2021, and the arrival of thousands of unaccompanied children at the facility, ORR faced difficulties related to case management for the safe and timely release of children to sponsors as required by ORR guidance.[38] Specifically, ORR faced difficulties in securing experienced case managers and providing adequate training for inexperienced case managers. To provide case management, ORR employed nearly 300 case managers within a month of opening its EIS at Fort Bliss.

To meet the need for case management staff, positions were often filled with inexperienced case managers who lacked knowledge about child-welfare best practices and the Unaccompanied Children Program

Many of the case managers who were rapidly placed at the facility to meet the demand for case management reportedly lacked relevant knowledge and experience, which left them unprepared to navigate ORR's process for the safe and timely release of children to sponsors. Interviewees reported that it was difficult to find staff qualified to conduct ORR's complex sponsor screening process, which requires coordination among care provider staff, ORR staff, and other Federal agencies. As a result, case management positions were filled with Federal volunteers and contract staff from a diverse variety of professional backgrounds. ORR leaders, incident commanders, and Federal field specialist supervisors told OIG that many of these case managers lacked relevant experience.

Staffing the case management program with experienced individuals is important for ensuring that case management is conducted in accordance with ORR policy and with consideration for children's safety and well-being. One ORR leader reported concern about the impact of rapid hiring practices on the vulnerable children in ORR's care. "The population that we are supporting is an at-risk population," he said. "They are children; they are inherently vulnerable. There are unfortunately bad actors out in the world that specifically target programs that support and provide services to children so that they can victimize and abuse children." For this reason, he explained, bringing on inexperienced case management staff rapidly "is something that should never occur."

> "Contractors at EIS facilities were expected to hire large numbers of case managers in an **extremely short period of time**. Unfortunately, this appears to have been done **at the expense of hiring individuals [with] the knowledge, skills, or abilities** to serve as skilled case managers in the UC Program."
>
> *– Letter from Federal field specialist supervisors to ORR leadership, July 23, 2021*

When inexperienced case managers conduct case management with limited or no knowledge of child-welfare best practices, children's risk of release to unsafe sponsors may increase. Federal field specialist supervisors reported that some inexperienced case managers showed a disregard for long-established child-welfare best practices. In some cases, release recommendations made by these inexperienced case managers reportedly failed to consider children's significant history of abuse and neglect or whether sex offenders resided in the potential sponsor's household. ORR leaders reportedly received numerous complaints about the quality and thoroughness of some case managers' work.

In the early months of operation of the ORR EIS at Fort Bliss, ORR did not provide inexperienced case management staff with adequate training to help ensure children's safe and timely release to sponsors

In the absence of adequate training during the early months of operation of the ORR EIS at Fort Bliss, inexperienced case managers at the facility were left ill-prepared to help ensure that children were released to safe sponsors. ORR policy guidance includes training requirements for all ORR staff who have contact with children, but according to staff familiar with operations at the facility, ORR initially waived these requirements for 60 days.[39] This meant that hundreds of case managers who were hired at the facility in March and April may not have received training on a variety of topics prior to assuming case management duties and interacting with children.

> "We were thrown in with **no formal training**. We relied on each other and shared what we had learned. They spoke to us like we knew how to process cases when, in reality, **it was trial and error**."
>
> *– Case manager*

Although ORR and its contractors began offering in-person training modules in late April, some staff reported that the trainings they received were irrelevant, outdated, or not applicable to case management at the ORR EIS at Fort Bliss. Specifically, they reported receiving little or no training on topics related to case management duties,

such as managing a caseload or working with personally identifiable information. Staff described an environment in which case managers relied on their peers and learned from their mistakes.

This lack of training for inexperienced case managers at the ORR EIS at Fort Bliss may have caused unnecessary delays in uniting children with their sponsors. Staff reported that when case managers were not adequately trained, they were unprepared to conduct case management in a particularly challenging environment. According to an incident commander, several cases submitted by case managers at the facility were sent back by Federal field specialists tasked with approving children's release. Cases were sent back for further review after Federal field specialists observed deficiencies including incomplete sponsor screenings and insufficient evidence to support the safe release of a child to a sponsor.

In the early months of operation of the ORR EIS at Fort Bliss, some case managers' infrequent communication with children and their sponsors caused children to experience distress, anxiety, and in some cases, panic attacks

Staff who were onsite during the facility's early months of operation reported that children experienced distress related to infrequent communication from case managers. ORR guidance for licensed facilities highlights the importance of regular updates, stating that that case managers should provide children with weekly updates on the status of their cases.[40] ORR did not publish guidance on how often case managers at unlicensed EISs should meet with children until late May. In the meantime, hundreds of children who began arriving at the ORR EIS at Fort Bliss on March 30 reportedly spent weeks without receiving updates from case managers. A case management team member reported that, near the end of May, she became aware of a list of 700 children who had not been seen by a case manager for approximately 60 days. Similarly, a youth care worker recalled compiling a list of nearly 100 children who had been at the facility for more than 30 days and who reported infrequent communication with their case managers. The youth care worker stated that, in many cases, these children had not been contacted by any case management staff after their initial intake interview.

"Kids would say, 'I haven't talked to my case manager in 48 days.' **They had a sense that they had been forgotten**. Even if someone was working the case, it wasn't communicated to the kids in any systematic way. One girl kept saying she didn't know what was going on, and one day **she broke down and said she couldn't take it anymore**."

– Youth care worker

This lack of communication contributed to what another interviewee called "a pervasive sense of despair" among children at the facility, who reportedly experienced distress, anxiety, and in some cases, panic attacks. Interviewees shared children's fears of being forgotten by case management staff, which led to uncertainty about when they would be released from the facility and reunited with their family or other sponsors. In one extreme case of a child in distress, a youth care worker described witnessing a young girl begin to hit and cut herself in front of a group of children after learning that her mother had not yet been contacted by a case manager as part of the sponsor screening process. Following this episode, the girl was restrained by security guards and other staff and transferred to a psychiatric facility. According to the youth care worker, staff "were told that her mother's comment—that she hadn't been contacted by the case manager—was what prompted this reaction." [41]

Facility staff attributed the initial lack of communication with children to a variety of factors. One factor leading to infrequent communication with children was that case managers often had large caseloads due to staffing shortages, high rates of turnover, and the large number of children onsite. Some case managers told OIG that they managed caseloads of as many as 30 to 35 children during spring 2021, which contributed to delays in providing children with updates. [42] At the time of our onsite interviews in late June 2021, case managers reported managing fewer than five cases as the number of children at the facility was lower.

"I started early in the month of May. It was overwhelming at the beginning. At one point, **I was up to 35 kids.** I had no time to process the kids I was seeing. **I was not the only one in that boat**. There were so many kids who had not been seen 30 [or more] days."

– Case manager

Additionally, confusion surrounding case assignment in the facility's early months left case managers unsure about which children were assigned to their caseloads, which some staff said caused children's cases to "fall through the cracks." Another factor was case managers' inability to locate children onsite in a timely manner. Site leadership described the facility's initial process of locating children as "chaotic" and "haphazard," recalling how youth care workers would walk through the massive tents shouting children's names using bullhorns. One case manager reported that the process of locating a child to meet with a case manager often took 3 hours.

Facility staff stated that quality control measures implemented in June 2021 resulted in more frequent communication between case managers, children, and sponsors. Several interviewees offered that ORR and facility leadership's efforts to track and set goals for case managers' communication with children resulted in more frequent interactions between case managers, children, and

sponsors. According to facility leadership, the facility's data team began analyzing metrics related to case assignment and case management communication. Facility leadership also implemented a tracking system that required guards to scan children's bracelets when they entered or exited any part of the facility. This enabled youth care workers to locate children for case management meetings more quickly.

ORR issued guidance standards specific to EISs in late May 2021, which states that case managers at EISs "should update unaccompanied children on the status of their case throughout the process and no less than every 10 to 12 days."[43] By late June, case managers at the ORR EIS at Fort Bliss had met the facility's goal of ensuring that every child at the facility met with their case manager every 7 days. ORR leadership reported that this improvement was helpful for the mental health of children at the facility.

ORR issued field guidance that removed certain steps of the sponsor screening process across ORR facilities, potentially increasing children's risk of release to unsafe sponsors

In early 2021, in response to a surge in arrivals of unaccompanied children (see Exhibit 2), ORR issued field guidance to modify case management and sponsor screening processes for children in ORR's care. ORR field guidance is issued to address emergency or short-term policy goals and is used to modify or supplement ORR's standard policies and procedures. ORR and facility leadership expressed concerns with the way in which this field guidance was developed and its effect on children's safety.

According to Federal field specialist supervisors, some ORR field guidance issued from March 2021 through June 2021 was developed without adequate input from ORR staff with expertise in child welfare

During the 2021 surge in arrivals of unaccompanied children (see Exhibit 2), ORR leadership quickly developed and issued field guidance without adequate input from ORR child-welfare experts. Months after the field guidance was implemented, a group of 11 ORR staff that included all but one of the Federal field specialist supervisors presented ORR leadership with a letter in which they raised concerns about the development of field guidance. According to this letter and staff interviews, the rapid development and implementation of this field guidance meant that ORR's child-welfare experts were not given the chance to review the policies and ensure that they prioritized children's safety.

ORR leaders presented differing perspectives on the amount of planning and review that took place prior to the implementation of this field guidance. One ORR leader reported that their team was excluded from the review process, while another ORR

leader reported discussing the policies' development with a variety of ORR and field staff. Additionally, ORR stated that field guidance was reviewed extensively by field staff. Nonetheless, all ORR policy should be planned and reviewed with careful consideration for ORR's responsibility to facilitate children's safe release to sponsors. This should also include field guidance created to rapidly implement procedural changes.

"It should be emphasized that [the field guidance issued within the past 3 to 4 months] were developed **without significant voice from ORR's own UC child-welfare subject matter experts**."

– Letter from Federal field specialist supervisors to ORR leadership, July 23, 2021

ORR field guidance issued from March 2021 through June 2021 eliminated multiple aspects of the sponsor screening process

According to ORR leadership and staff, field guidance issued from March 2021 through June 2021 removed basic safety measures from the sponsor screening process in an effort to expedite children's release from care. Although ORR must ensure that children do not experience unnecessary delays in release, it must also ensure that children are safely released to thoroughly vetted sponsors.

One field guidance issued on March 22, 2021, greatly reduced the information collected by case managers to examine children's mental health, social history, and the quality of children's relationships with their potential sponsors, for children being released to a parent or legal guardian.[44, 45] This field guidance also removed a level of third-party review of the sponsor screening process designed to help ensure that children are safely released to their sponsors.[46] Finally, it removed background checks and identity verification for other adult household members and alternate adult caregivers in cases involving a sponsor who is the child's parent or legal guardian. This change applied only to cases where the child was determined not to be especially vulnerable, subject to a required home study, or to be at additional risk for abuse or neglect. Another field guidance issued on March 31, 2021, reduced the background checks and identity verification required in cases in which children are released to siblings, grandparents, cousins, or other close relatives.[47]

Some ORR leaders and other staff reported concerns that these policies prioritized quick discharge over safety by eliminating critical safeguards from the sponsor screening process. One ORR leader stated, "what you're going to hear from staff is they're concerned that all of the focus seems to be entirely on this throughput notion [releasing children to sponsors quickly], but there's a lack of recognition about the very real situations that children find themselves in when they crossed the border unaccompanied." Similarly, the letter written by Federal field specialist supervisors

alleged that these changes have weakened ORR's ability to vet sponsors and protect children from risks such as trafficking and exploitation.

"Case management staff are encouraged to strive to do **the absolute minimum vetting of sponsors** to effectuate the quickest releases. As a result, there are **safety issues** that are likely being overlooked."

— Letter from Federal field specialist supervisors to ORR leadership, July 23, 2021

Other ORR leaders did not share the concern that these policies presented a risk to children's safety and instead believed that they served to expedite children's release from ORR facilities to sponsors who are parents or other close relatives. One ORR leader stated that these policies only removed components of the sponsor screening process for children being released to parents and other close relatives, who ORR considers to be at lower risk of presenting safety concerns to unaccompanied children. These ORR leaders spoke of the challenges of balancing a thorough sponsor screening process with a release process that efficiently reunites children with safe sponsors during an influx.

Deficiencies with ORR's online case management system contributed to case management delays and potentially increased children's risk of release to unsafe sponsors

Staff at the facility reported that usability issues, including crashes, timeouts, and missing data, diminished the utility of ORR's online case management system, the UC Portal, as a case management tool. Additionally, staff reported that limitations in the UC Portal's search capabilities made it inefficient and ineffective for use in the sponsor screening process. Because the UC Portal is an essential tool used in the process to determine the suitability of potential sponsors, these deficiencies may have put children's safety at risk.

Timeouts, crashes, and missing data limited case managers' ability to reliably enter and access information in the UC Portal

Case management staff at the ORR EIS at Fort Bliss reported that frequent timeouts made it difficult for them to input information related to children's cases into the UC Portal. Many case managers stated that the UC Portal frequently signed users out at unexpected intervals throughout the day, regardless of how active they had been in the Portal or how recently they had opted to remain signed in when prompted by the system. These timeouts reportedly occurred approximately 10 times each workday. When users were signed out unexpectedly, all unsaved information that they had entered into a child's case file was erased. This meant that case managers were forced to re-enter case information multiple times, rather than using this time to

advance children's cases. According to ORR, improvements made to the UC Portal after our review period have since reduced the frequency with which users are unexpectedly signed out.

Case management staff also reported that the UC Portal occasionally crashed and remained offline for extended periods of time. One Federal field specialist reported that crashes and other Portal issues caused delays in documenting case information at the ORR EIS at Fort Bliss from March through June. When these crashes occurred, case managers experienced delays in documenting and uploading important information related to children's cases. As a result of these frequent crashes, many case managers resorted to using less-secure case management tools, including spreadsheets and handwritten notes. One case manager stated, "I prefer to have everything handwritten, so I bought myself a notebook and tabs. I learned that I needed to write everything down because the Portal kicks me out every few minutes. . . . Everyone has their own method."

"The UC Portal **frequently times out and kicks out users** while they are in it. The Portal has been down in the past for **months at a time**."

– Federal field specialist

Case management staff reported that some of children's medical and release information was missing from the UC Portal, which also contributed to delays in children's release to sponsors. Staff reported that case managers were not always able to access information through the UC Portal that could be used to determine children's whereabouts, such as medical quarantine and release information. As a result, these case managers were unaware when issues with transportation or COVID-19 quarantine requirements prevented children from departing the facility as scheduled.[48] In these cases, the Portal inaccurately listed children as released from ORR care although they remained in the facility. According to one case manager, as many as 500 children at a time would be displayed in the Portal as having been released when they were still present at the facility. Without this crucial information about children's whereabouts, case managers were unaware that they needed to take additional steps to help ensure children's timely release to sponsors.

Deficiencies in the UC Portal's search capabilities impeded case managers' ability to reliably determine whether potential sponsors were sponsoring other children, an indicator of possible trafficking

According to case management staff, search functions in the UC Portal used to identify whether a sponsor had previously sponsored or attempted to sponsor a child did not always provide accurate results. The process of confirming a sponsor's history of attempted and actual sponsorship is a crucial and required step to ensuring that

children are released to safe adults who can provide for their care, as it provides case managers with information collected about a potential sponsor during previous screening. This step is necessary to help ensure that children do not fall victim to trafficking and other forms of exploitation, as could be the case when one adult attempts to sponsor several unrelated children. The UC Portal's reported inability to link these records may have increased children's risk of release to unsafe sponsors.

Case managers reported issues when searching the UC Portal's for a sponsor's name or address. When searching for a sponsor by name, case managers found that only records that exactly matched the spelling and capitalization of the entered name were produced. For example, a search for sponsor "Juana Gomez" would not produce results for former sponsors "juana gomez," "JUANA GOMEZ," "Juana M. Gomez," or "Juana Gomez-Ramos."

Similarly, searches for addresses yielded only records that exactly matched the entered address. A search for "101 Main Street Apartment C" would not produce results for former addresses "101 Main St Apt C," "101 Main Street Unit C," "101 Main Street #C," or "101 main street apt c."

Exhibit 4. Visual representation of a name and address search in the UC Portal

SEARCH RESULTS
Juana Gomez

NOT FOUND
juana gomez
JUANA GOMEZ
Juana M. Gomez
Juana Gomez-Ramos

101 Main Street Apartment C

SEARCH RESULTS
101 Main Street Apartment C

NOT FOUND
101 Main St Apt C
101 Main Street Unit C
101 Main Street #C
101 main street apt c

Staff reported finding cases in which many children were released to the same address. Because the UC Portal lacked the ability to link nearly-identical records and includes all historic sponsorship records for attempted and actual sponsors, search results were not always reliable for use in quickly identifying potentially unsafe sponsors. As one case manager stated, "The system doesn't trigger a notification that one person may be sponsoring 15 kids at the same apartment complex, or in the same unit."

Source: OIG analysis of interview data and onsite UC Portal demonstration, 2022.

ORR shared a summary of improvements it made to the UC Portal after our review period, some of which were related to search capabilities.

Alleged acts of retaliation and whistleblower chilling may have created an environment in which staff at the ORR EIS at Fort Bliss and ORR headquarters felt that they were discouraged from raising issues about case management and child safety

OIG received information that staff at the ORR EIS at Fort Bliss and ORR headquarters faced potential retaliation after raising issues about case management and child safety, which caused hesitation among other staff who wished to share concerns. OIG also received reports that staff were removed from their roles at the facility and ORR headquarters after raising concerns to supervisors. Several other reports disclosed actions that may have created fear of retaliation among staff.

Some staff who raised concerns about case management and children's safety allegedly experienced potential retaliation by ORR and field leadership in the form of reassignment or dismissal

Two staff reported experiencing potential retaliatory actions from their supervisors after raising concerns about case management and children's safety.[49] One individual was a staff member of ORR leadership. This staff member was allegedly demoted and transferred after raising concerns to supervisors about the safety of children at EISs and the removal of certain safety checks in the sponsor screening process. The second individual who reportedly experienced alleged retaliatory actions was a Federal employee from a non-HHS agency temporarily assigned to work on the case management team at the ORR EIS at Fort Bliss. This employee reported having sent an email to the facility suggestion box—the established method for reporting concerns to facility leadership—that listed concerns about the lack of case management updates for children. After sending the email, the employee reported being dismissed from the temporary assignment by an HHS contractor.[50]

"I think [staff] have learned that **if you ask questions. . . you're going to be pushed aside**. Either your role is going to be diminished or you're going to be **pushed out of ORR**."

— ORR leader

In addition to the two interviewees who reported experiencing alleged retaliation firsthand, several interviewees reported having secondhand knowledge of staff who were allegedly dismissed or reassigned after reporting concerns. Three such examples involved staff who reportedly raised issues about case management and children's safety:

- OIG received a report alleging that a staff member was reassigned after raising concerns about case management oversight at facilities including the ORR EIS at Fort Bliss.

- OIG received a report alleging that a staff member was "iced out" of the ORR EIS at Fort Bliss after raising concerns about children's safety at the facility.

- OIG received a report alleging that a staff member was removed from a temporary assignment at the facility after not following the chain of command. According to the report, the staff member had intervened in a child's case to prevent unnecessary delays in the child's reunification with a sponsor.

ORR and facility staff who were aware of alleged retaliation reported hesitation raising concerns about case management and children's safety

Some staff reported that they were hesitant to raise concerns about case management and children's safety due to the fear of retaliation by ORR and facility leadership. In some cases, the reported actions of ORR and facility leadership may have risen to the level of whistleblower chilling. Whistleblower chilling occurs when leadership of an organization create a culture of fear of retaliation amongst staff, effectively scaring staff into withholding any complaints or reports of wrongdoing.[51] Whistleblower chilling obstructs the mission of HHS-OIG to investigate allegations of fraud, waste, and abuse. One staff member told OIG, "I'm under the impression that there have been some [dismissals] that appear to be retaliatory when people voice grievances or concerns. It has crossed my mind more than once when sending an email." Another staff member reported hearing that employees at the facility had received messages threatening dismissal if they continued raising issues.

"The worst part of the [ORR EIS at Fort Bliss] was the **utter lack of transparency**. . . . They did everything possible to **discourage people** from discussing what was going on."

– Facility staff member

Other facility staff reported that they felt generally discouraged from raising concerns. One staff member stated that "as the field people on the ground, we feel like [facility leadership] don't want us to say anything bad. . . If you have an issue and say it, you hear, 'Don't be confrontational with the contractor. Don't say that.' You learn quickly they don't want [you] to talk about these issues." Another staff member stated that "if you don't go along with [leadership], it's like, 'I'm not going to work with you.'" In addition, 2 staff members working at ORR EIS at Fort Bliss reported that they— alongside about 100 other staff members—were told during their first day onsite not to send anything to the facility suggestion box during their first 10 days. According to

one Incident Commander, this instruction may have been given to staff to prevent them from suggesting process improvements before they fully understood operations at the facility. However, if staff are hesitant to share feedback, ORR and facility leadership may not be able to ensure that children in ORR care receive services that adhere to ORR standards and child-welfare best practices.

As a result of these concerns, OIG provided ACF leadership and staff with materials and training intended to educate them on the appropriate handling of protected disclosures and whistleblower rights available to Federal employees. OIG issued an informational memo to ACF on November 1, 2021, that noted whistleblower protection concerns in unaccompanied children operations. Following this memo, HHS and ACF have coordinated with the HHS-OIG Whistleblower Protection Coordinator to provide ACF staff with whistleblower protection training. In March 2022, ACF hosted an optional "Whistleblower 101" training presented by the Whistleblower Protection Coordinator for over 300 ACF employees. ACF held a "Whistleblower 102" training for ACF managers and supervisors in July 2022.

CONCLUSION AND RECOMMENDATIONS

From its opening in March 2021 through June 2021, operational challenges within ORR and at the ORR EIS at Fort Bliss hindered case management services provided to unaccompanied children at the facility. These challenges reportedly contributed to uncertainty and distress for children and potentially impeded their safe release to sponsors. In response to the unprecedented increase in unaccompanied children arriving at the U.S. southern border in early 2021 and reduced bed capacity caused by COVID-19-related challenges, ORR created EIS facilities. These facilities were quickly established to accommodate referrals for children from DHS within 72 hours.

The historic increase of unaccompanied children referred to ORR care meant that many children needed case management services for safe and timely release directly from EISs to sponsors. As a result, some case management positions at the ORR EIS at Fort Bliss were rapidly filled with case managers who lacked relevant skills and experience. Additionally, ORR did not provide these inexperienced case managers at the ORR EIS at Fort Bliss with adequate training to prepare them to help ensure children's safe and timely release to sponsors.

Case management at the ORR EIS at Fort Bliss also faced challenges due to ORR-wide approaches that may have adversely affected children and staff at all ORR facilities. In an effort to manage thousands of children's cases during the 2021 surge in arrivals, ORR rapidly issued field guidance that removed certain safeguards from the sponsor screening process across ORR facilities, and the rapid removal of these safeguards may have increased children's risk of release to unsafe sponsors. In addition, deficiencies with ORR's case management system, the UC Portal, may have also put children's safety at risk by impeding case managers' ability to reliably identify unsafe placements across the country. Finally, reported acts of potential retaliation and whistleblower chilling may have affected staff's willingness to share feedback and limited ORR's ability to ensure that children at all ORR facilities received services that adhere to ORR standards and child-welfare best practices.

ORR has taken steps to address some of the challenges that hindered case management at the ORR EIS at Fort Bliss (which, as of May 2022, is classified as an influx care facility). Several interviewees mentioned quality control efforts that significantly improved the frequency of case managers' communication with children and their sponsors. Additionally, ORR shared a summary of actions taken after our review period to address challenges related to case management at the ORR EIS at Fort Bliss. Among these actions were efforts to streamline the hiring of qualified case managers; a new case management training approach; quality control efforts intended to improve communication between case managers, children, and sponsors; and updates to the UC Portal intended to increase usability and search functionality.

During the past decade, there has been substantial variation in the number of unaccompanied children that are referred to ORR care during an influx. This variation demonstrates the need for ORR facilities to be adequately prepared to provide quality services when numbers of children in ORR care rapidly increase. ACF will need to take steps to ensure that children at ORR facilities—including facilities established in response to influxes, like the ORR EIS at Fort Bliss—receive quality case management services that appropriately balance children's safety and well-being with their timely release to sponsors.

We recommend that ACF:

Develop and implement a plan that supports ORR and its contractors in securing qualified case managers during an influx to help ensure children's safe and timely release to sponsors

To respond to surges in arrivals of unaccompanied children, ORR must have processes in place to quickly establish case management services in order to safely release children from its care. ACF should require all facilities in its care provider network—including those opened in response to an influx—to hire qualified staff, when possible, to conduct case management. To accomplish this, ACF could proactively identify contractors with case management experience in preparation for staffing facilities opened in response to an influx.

Provide case managers with timely and comprehensive training and support to help ensure children's safe and timely release to sponsors

ACF should ensure that all case managers are trained in ORR procedures and child-welfare best practices before providing services to children. Additionally, case managers should receive additional training as needed on a continuous basis. ACF should also ensure that newly hired case managers receive ongoing support and oversight as they adapt to the challenging role of conducting ORR's sponsor screening process for the safe and timely release of children. This training and support could also include resources that are specific to emergency processes and new ORR field guidance.

Create an emergency policy development protocol that provides for adequate input from staff with expertise in child welfare when ORR develops field guidance during an influx

To help ensure that field guidance developed in response to surges in arrivals of unaccompanied children fully considers children's safety, ORR should create an emergency policy development protocol. This protocol should establish a process for the review and implementation of guidance developed rapidly in response to an influx. This protocol should also establish an emergency policy team that would be activated during an influx to provide multiple perspectives on the potential impact of policy changes on children's safe and timely release. This advisory team should include a wide spectrum of representatives, such as policy staff, Federal field staff, facility staff, and external child-welfare experts.

In a March 2020 report, [Communication and Management Challenges Impeded HHS's Response to the Zero-Tolerance Policy](), OIG recommended that ACF take steps to ensure that unaccompanied children's interests are prioritized and represented in decisions affecting the UC Program. Based on the findings in this review, we reiterate this unimplemented recommendation. ACF's actions to protect children's safety should include ensuring that potential risks to unaccompanied children are explicitly assessed and considered in decisions about policies affecting unaccompanied children. Without such risk assessments, policies intended to help children may have unintended or unforeseen consequences that result in greater harm.

Ensure that ORR addresses challenges regarding usability and search capabilities within its case management system, the UC Portal

As ORR works to improve the UC Portal, it must ensure that it supports case managers in facilitating the safe release of children to sponsors. Specifically, ORR should address the timeouts, crashes, and missing data that currently impede case managers from reliably entering and accessing information in the UC Portal. Additionally, ORR should ensure that an address or name search in the UC Portal enables case managers to review all relevant sponsor records, regardless of minor variations in spelling, format, and capitalization of the information entered.

Ensure that ORR's employees and employees of ORR contractors and recipients are informed about Federal whistleblower protections

ORR employees should participate in training aimed at ensuring that staff are not discouraged from, or retaliated against for, reporting concerns about children's safety

and the quality of services they receive at ORR facilities. As a component of this training, we recommend that ACF mandate "Whistleblower 101" training for all employees, to be provided in coordination with OIG's Whistleblower Protection Coordinator. The training should be mandatory for all ORR leadership and provided annually. ACF should also consider offering this training to other ORR employees on an annual basis. Additionally, ACF should inform and stress to its contractors and recipients that their employees are also covered by whistleblower protections, and it is their responsibility to convey those protections to their subcontractors and sub-recipients.[52]

AGENCY COMMENTS AND OIG RESPONSE

ACF concurred with all of our recommendations. ACF provided additional context regarding the historic challenges that ORR faced during the period of review, and detailed the significant steps that it has since taken to enhance services for unaccompanied children.

In response to our first recommendation—for ACF to develop and implement a plan that supports ORR and its contractors in securing qualified case managers during an influx to help ensure children's safe and timely release to sponsors—ACF described steps taken to secure experienced case managers who can be mobilized within its provider network during periods of influx. ACF stated that, as of July 2022, ORR's contractor has recruited and onboarded more than 400 experienced case managers who can deploy to ORR programs nationwide. We appreciate ACF's continued efforts to secure additional case managers. We urge ACF to continue these efforts so that ORR and its contractors have a sufficient pool of qualified case managers to deploy during future influxes.

In response to our second recommendation—for ACF to provide case managers with timely and comprehensive training and support to help ensure children's safe and timely release to sponsors—ACF described the development and delivery of new training for case managers, and affirmed its continued investment in expanding and strengthening the UC Program's training infrastructure. ACF stated that in September 2021, ORR awarded a 5-year contract to update the UC Program training infrastructure. ACF noted that the updated training will employ performance standards for planning, delivery, and evaluation, and support ORR's longstanding training needs—even during influx periods. We urge ACF to ensure that essential components of this updated training are provided to case managers before they begin providing services to children.

In response to our third recommendation—for ACF to create an emergency policy development protocol that provides for adequate input from staff with expertise in child welfare when ORR develops field guidance during an influx—ACF stated that ORR created an emergency policy development protocol to evaluate field guidance developed during the 2021 influx. ACF also detailed the process by which ORR's new Policy Evaluation Workgroup—composed of staff from several UC Program divisions—performs in-depth reviews of the UC Program and collects feedback on field guidance review. ACF noted that information and analyses from these reviews are documented in a decision memo before the workgroup makes a recommendation to rescind, extend, modify, or permanently adopt field guidance into ORR policy. The ORR Director and ACF leadership review and approve decision memos, as needed. ACF also noted that the workgroup relied on critical insights from child welfare advocates, whose input was solicited throughout the evaluation process and included

direct input on field guidance. We appreciate ACF taking this action and encourage this workgroup to remain active throughout future influxes and policy changes.

In response to our fourth recommendation—for ACF to ensure that ORR addresses challenges regarding usability and search capabilities within its case management system, the UC Portal—ACF described its collaborative efforts to improve the UC Portal through multiple feature and function upgrades released every 2 weeks. ACF outlined specific upgrades that were recently made to help users find sponsor records more efficiently and accurately, as well as reduce the frequency of system timeouts. We urge ACF to continue developing and releasing upgrades to the UC Portal to address crashes and missing data and to improve search capabilities.

In response to our fifth recommendation—for ACF to ensure that ORR's employees and employees of ORR contractors and recipients are informed about Federal whistleblower protections—ACF pledged to amend ORR's template cooperative agreement to more specifically explain whistleblower policy and training as well as HHS-OIG reporting and protections, as appropriate.[53] Additionally, ACF described the optional training series it conducted in conjunction with HHS-OIG from March through July 2022, as well as a mandatory course for supervisors and managers. We appreciate ACF's collaboration with HHS-OIG on this matter, and encourage ACF to mandate "Whistleblower 101" training for all employees—not just supervisors and managers.

For the full text of ACF's comments, see Appendix D.

APPENDICES

Appendix A: Services Provided by ORR Facility Types

	Standard ORR Facility	Influx Care Facility	Emergency Intake Site
Case Management Services for Safe and Timely Release	Required	Required	Recommended as of April 30, 2021*
Routine Health Care	Required	Required	Recommended as of April 30, 2021*
Educational Services	Required	Required	Recommended as of April 30, 2021*
Recreation and Leisure	Required	Required	Recommended as of April 30, 2021*
Routine Counseling	Required	Required	Not Addressed in Field Guidance**
Acculturation Services	Required	Required	Not Addressed in Field Guidance**
Sanitation and Hygiene	Required	Required	Required
Adequate Supervision	Required	Required	Required
Legal Services	Required	Required	Required
Emergency Health Care	Required	Required	Required

Source: OIG analysis of ORR Policy Guide, *Children Entering the United States Unaccompanied, Sections 3, 7,* and ORR Field Guidance 13, *Emergency Intake Sites (EIS) Instructions and Standards*

* Our use of the term "recommended" reflects the terminology in the ORR Field Guidance issued on April 30, 2021, which states that "as soon as possible and to the extent practicable," EISs should seek to provide the following services: case management services for safe and timely release; a reasonable access to privacy; an in-person presentation by a legal service provider; educational services; and daily recreational/leisure time.

Comprehensive field guidance—which ORR issues to address emergency or short-term policy goals—outlining EIS standards was not issued until a month after children began arriving at the ORR EIS at Fort Bliss. We did not analyze informal guidance that may have been distributed to EISs prior to the April 30, 2021, field guidance.

** This topic was not addressed in ORR Field Guidance 13. We note that the guidance states that EISs should, to the extent practicable, ramp up services to meet minimum standards of an influx care facility.

Appendix B: Timeline of EIS Openings and Field Guidance No. 13

During March 14-30, 2021, ORR opened: Midland EIS; Dallas EIS; San Diego Convention Center EIS; Freeman Coliseum and Expo Center EIS; and the ORR EIS at Fort Bliss.

March 14-30, 2021

ORR issued Field Guidance No. 13 on April 30, 2021, outlining instructions and standards for operations at EIS. Prior to this guidance, ORR had not issued comprehensive instructions or standards for EIS on its website.

April 30, 2021

April 1-22, 2021

During April 1-22, 2021, ORR opened: NACC Houston EIS; Pecos EIS; Dimmit EIS; Delphi EIS; Starr Commonwealth EIS; Penn International Academy EIS; JBSA Lackland EIS; and Long Beach Convention Center EIS.

May 1, 2021

ORR opened Pomona Fairplex EIS on May 1, 2021.

Source: EIS opening dates provided by ORR; ORR field guidance, ORR Field Guidance 13, *Emergency Intake Sites (EIS) Instructions and Standards*, April 30, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on May 16, 2022.

Appendix C: Related OIG Work

Information on OIG's work on this topic can be found on our Unaccompanied Children webpage. Below is a list of OIG reports on unaccompanied children.

Title	Report Number	Date Issued
Office of Refugee Resettlement's Influx Care Facility and Emergency Intake Sites Did Not Adequately Safeguard Unaccompanied Children From COVID-19	A-06-21-07002	June 2022
HHS Should Improve Internal Coordination Regarding Unaccompanied Children	OEI-BL-20-00670	May 2022
Office of Refugee Resettlement Generally Ensured That Selected Care Provider Facilities for Its Unaccompanied Children Program Complied With Federal Emergency Preparedness Requirements	A-04-20-02025	February 2022
Characteristics of Separated Children in ORR's Care: June 27, 2018–November 15, 2020	OEI-BL-20-00680	November 2021
OIG Toolkit: Insights from OIG's Work on the Office of Refugee Resettlement's Efforts To Care for Unaccompanied Children	OEI-09-21-00220	May 2021
The Office of Refugee Resettlement Did Not Award and Manage the Homestead Influx Care Facility Contracts in Accordance With Federal Requirements	A-12-20-20001	December 2020
Office of Refugee Resettlement Ensured That Selected Care Providers Were Prepared to Respond to the COVID-19 Pandemic	A-04-20-02031	November 2020
Youth For Tomorrow—New Life Center, Inc., an Administration for Children and Families Grantee, Did Not Comply With All Applicable Federal Policies and Requirements	A-03-16-00250	September 2020
Southwest Key Programs Failed to Protect Federal Funds Intended for the Care and Placement of Unaccompanied Alien Children	A-06-17-07004	September 2020
Unaccompanied Alien Children Program Care Provider Facilities Do Not Include All Required Security Measures in Their Checklists	OEI 05-19-00210	June 2020

The Office of Refugee Resettlement's Incident Reporting System Is Not Effectively Capturing Data To Assist Its Efforts To Ensure the Safety of Minors in HHS Custody	OEI-09-18-00430	June 2020
Communication and Management Challenges Impeded HHS's Response to the Zero-Tolerance Policy	OEI-BL-18-00510	March 2020
Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody	OEI-09-18-00431	September 2019
Unaccompanied Alien Children Care Provider Facilities Generally Conducted Required Background Checks but Faced Challenges in Hiring, Screening, and Retaining Employees	A-12-19-20001	September 2019
Southwest Key Did Not Have Adequate Controls in Place To Secure Personally Identifiable Information Under the Unaccompanied Alien Children Program	A-18-18-06001	August 2019
Southwest Key Programs Did Not Always Comply With Health and Safety Requirements For The Unaccompanied Alien Children Program	A-06-17-07005	August 2019
The Children's Village Inc., An Administration for Children and Families Grantee, Did Not Always Comply With Applicable Federal and State Policies and Requirements	A-02-16-02013	April 2019
Lincoln Hall Boys' Haven, an Administration for Children and Families Grantee, Did Not Always Comply With Applicable Federal and State Policies and Requirements	A-02-16-02007	February 2019
Separated Children Placed in Office of Refugee Resettlement Care	OEI-BL-18-00511	January 2019
BCFS Health and Human Services Did Not Always Comply With Federal Regulations Related to the Health and Safety of Unaccompanied Alien Children	A-06-17-07007	December 2018
The Tornillo Influx Care Facility: Concerns About Staff Background Checks and Number of Clinicians on Staff	A-12-19-20000	November 2018
Florence Crittenton Services of Orange County, Inc., Did Not Always Claim Expenditures in Accordance With Federal Requirements	A-09-17-01002	October 2018

[Heartland Human Care Services, Inc. Generally Met Safety Standards, but Claimed Unallowable Rental Costs](#)	A-05-16-00038	September 2018
[Florence Crittenton Services of Orange County, Inc., Did Not Always Meet Applicable Safety Standards Related to Unaccompanied Alien Children](#)	A-09-16-01005	June 2018
[BCFS Health and Human Services Did Not Always Comply With Federal Requirements Related to Less-Than-Arm's-Length Leases](#)	A-06-16-07007	February 2018
[Office of Refugee Resettlement Unaccompanied Alien Children Grantee Review—His House](#)	A-04-16-03566	December 2017
[HHS's Office of Refugee Resettlement Improved Coordination and Outreach to Promote the Safety and Well-Being of Unaccompanied Alien Children](#)	OEI-09-16-00260	July 2017
[Division of Unaccompanied Children's Services: Efforts to Serve Children](#)	OEI-07-06-00290	March 2008

Appendix D: Agency Comments

ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of the Assistant Secretary | 330 C Street, S.W., Suite 4034
Washington, D.C. 20201 | www.acf.hhs.gov

August 10, 2022

Ms. Christi A. Grimm
Principle Deputy Inspector General
U.S. Department of Health and Human Services
330 Independence Avenue, SW.
Washington, DC   20201

Dear Ms. Grimm:

The U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) thanks the HHS Office of Inspector General (OIG) for the opportunity to comment on the report titled, *"Operational Challenges Within ORR and the ORR Emergency Intake Site at Fort Bliss Hindered Case Management for Children,"* which contains recommendations for ACF and the Office of Refugee Resettlement (ORR). Your report reviews one of the most challenging periods in ORR's history amid a historic number of unaccompanied children placed in ORR care, the largest and fastest expansion of emergency capacity, and at the height of the Coronavirus Disease 2019 (COVID-19) pandemic. As ORR worked quickly to respond to this unprecedented emergency, and with limited resources, it prioritized the safety and wellbeing of children at every step. The ORR Emergency Intake Site (EIS) at Fort Bliss was activated due to the urgent and compelling need to safely receive timely referrals of unaccompanied children from the Department of Homeland Security (DHS) who experienced severe overcrowding in border facilities due to the influx. Overcrowding in DHS border facilities – which are not designed nor equipped to safely care for children – coupled with the threat of the COVID-19 pandemic created a situation in which there was significantly increased risk of serious harm to children while in DHS custody (i.e., death or serious illness/injury). At the time of ORR EIS at Fort Bliss' standup on March 30, 2021, ORR's total available bed capacity across its standard care provider network was reduced by up to 40 percent due to COVID-19 mitigation measures and staffing shortages, while over 4,000 unaccompanied children were in DHS custody awaiting placement and transfer to an ORR program.

Given the exigency of the circumstances, the ORR EIS at Fort Bliss service delivery evolution was significant. From its initial activation in March 2021, through and beyond OIG's review period that ended in June 2021, a snapshot of all the improvements that were made included:

- The ORR EIS at Fort Bliss went from an initial length of stay (measured from admission at the ORR EIS at Fort Bliss to an unaccompanied children transfer or discharge from ORR custody from the site) of approximately 41 days at the end of March 2021 to 16 days at the end of June, and 13 days at the end of July 2021, demonstrating ORR's clear commitment to enhancing and improving the case management process.
- In June 2021, the ORR EIS at Fort Bliss began twice daily onsite coordination briefings (morning and evening) that convened all case management leadership from team leads,

representatives from behavioral and mental health teams, representatives from the contractual vendor leadership including transportation, dormitories, and medical services, to ensure ongoing, consistent communication and to clearly articulate strategy and priorities for each day.

- In June 2021, the ORR EIS at Fort Bliss contractor, in collaboration with ORR federal staff, launched a partnership with Casey Family Programs and the Annie E. Casey Foundation intended to more quickly identify "true" Category 4 children and to develop a Family Finding and Engagement playbook, a practical guide for case managers in identifying, locating, and engaging family and supportive adults. This playbook was shared with all case managers and mental health clinicians at other EISs to standardize sponsor identification best practices.

- In June 2021, ORR mobilized an established case management contractor to provide technical assistance staff to improve the safe release of children at the ORR EIS at Fort Bliss. The case management contractor, with experience providing case management services at other ORR programs, deployed staff highly proficient in ORR release policies and procedures to support case management operations as a co-contractor at the ORR EIS at Fort Bliss. Technical assistance staff offered targeted, case-specific expertise for all levels of unaccompanied children's cases with a particular focus on "remand status" cases when field staff needed additional instruction or information from case managers. The contractor provided group and individual training to facilitate case progress.

- In June 2021, the case management contractor established a Quality Control/Quality Review Strike Team and a Remand Strike Team to ensure that case recommendations submitted by case managers were complete with sufficient information necessary for ORR's Federal Field Specialist (FFS) to review and make an informed release decision that prioritized safety and best interest of the child. Implementation of this remand review process improved the number of total remands from a high of over 60 remands a day to an average of 5 to 9 remands in July 2021.

ORR has consistently expressed publicly that EIS are a temporary solution and a short-term placement option for unaccompanied children to address significant capacity challenges, with child welfare and safety being the primary focus. Due to the continually high referrals from DHS, as well as the ongoing need for bed capacity that can accommodate COVID-positive unaccompanied children, ORR determined that extending the use of the ORR EIS at Fort Bliss was necessary to ensure unaccompanied children were timely transferred from DHS to HHS custody within timelines required by statute. ORR worked with the operator of the ORR EIS at Fort Bliss towards meeting all Flores Settlement Agreement (FSA) Exhibit 1 service standards and congressionally mandated staffing ratios for unlicensed facilities. Since OIG's review period concluded, the ORR EIS at Fort Bliss has enhanced services for unaccompanied children, including expanding educational and recreational activities, offering weekly individual and group counseling sessions in addition to emergency mental health services, and implementing critical aspects of the full initial medical exam as required by the FSA. On May 30, 2022, ORR finalized the facility's transition to the ORR influx care facility (ICF) at Fort Bliss to reflect the heightened service standards available to all children at the site.

To date, the ORR ICF at Fort Bliss continues to support ORR's operations by ensuring ORR has the bed capacity to receive referrals from DHS in a timely manner during the ongoing influx, as required by law, and by providing child-friendly programming with services and resources tailored to children who immediately receive individualized services, including appropriate medical and dental care, individualized case management, structured educational services appropriate to a child's level of development and communication skills, recreational activities, individualized and group counseling sessions, access to religious services, and legal services. The ORR ICF at Fort Bliss continues to meet ORR UC Program Policy Guide Section 7 Policies for Influx Care Facilities and FSA Exhibit 1 standards. For example, children placed at the ORR ICF at Fort Bliss are expected to be released to a sponsor within 30 days. As of July 24, 2022, the ORR ICF at Fort Bliss' average length of stay is 14 days for children unified with vetted sponsors.

Below please find our comments on the report findings and our specific response to each recommendation. As described below, ACF concurs with all recommendations and has already taken steps to implement OIG recommendations.

ACF Response to Recommendations

Recommendation 1: Develop and implement a plan that supports ORR and its contractors in securing qualified case managers during an influx to help ensure children's safe and timely release to sponsors.

ACF Response: ACF concurs with this recommendation.

Measurable improvements in case management resulting from enhanced contractor support at the ORR EIS at Fort Bliss led ORR field staff to recommend establishing a similar support model for all ORR programs nationwide. In direct response, ORR established a national case management contract to guarantee experienced case managers were secured and could be mobilized within its provider network during periods of influx. The case management contract requires remote or onsite operational readiness to provide case management support services, complete sponsor assessments and sponsor identify verification, as well as ensure safe and timely unifications and post-release services for unaccompanied children. Included in the contract is a requirement for a cadre of qualified case management staff who will provide case management services, support recruitment of qualified case managers, screening, credentialing, training, and data tracking systems. Qualified case management staff is defined as possessing 2-5 years of experience in case management and child care, and education experience in social work and/or social services. ORR also included the following contractor requirements:
- (a) maintain a robust personnel credentialing and vetting process;
- (b) comply with all personnel policies found in ORR Policy Section 4.3 Personnel;
- (c) ensure all qualified case management staff receive training in ORR policies and procedures, including case management processes; completion of the Family Reunification Packet; ORR interim guidance and operations; ORR field guidance; standards to prevent, detect, and respond to sexual abuse and sexual harassment; behavior

management and de-escalation strategies; cultural competence; child welfare best practices; and ORR's UC Portal;

- (d) provide targeted technical assistance (TA) services to those programs ORR recognizes could benefit from additional case management support. TA staff will support case management operations as a co-contractor at a given site and provide a "hands on" support structure.

As of July 2022, ORR's contractor has recruited and onboarded 373 experienced case managers and 32 case manager supervisors who can deploy to ORR programs across the United States in need of case management support and onsite TA. Additionally, between April 2022 and July 2022, ORR received 21 federal detailee volunteers based on contractor outreach who meet the cooperative agreement definition of qualified case managers, making ORR's total 426 as of July 2022. While the total number of federal detailee volunteers can fluctuate day-to-day based on deployment periods, it continues to serve as a valuable case management resource pool to supplement the case management contract. Overall, this national case management contract has already made an immediate impact on the quality and continuity of case management operations by limiting disruptions to services during weekends and holidays.[1] It is clear that by leveraging such a flexible, national case management model, children in ORR's care are safely and efficiently receiving services while avoiding unnecessary delays in the process.

ORR received over 122,000 referrals of unaccompanied children from DHS in fiscal year 2021. This historic referral influx strained not only ORR's network bed capacity but also its ability to quickly recruit and staff programs across the country, due mainly to the staffing challenges brought forth by the COVID-19 pandemic. ORR understands the critical role case managers play in ensuring the safe and timely release of children from ORR care, especially during periods of influx where bed capacity is an essential resource. ORR prioritized expanding case management staff capacity and could not increase capacity as quickly as needed given the historic level of referrals and hiring challenges resulting from the COVID-19 pandemic.

ORR's employs a holistic approach to case management that is grounded in child welfare best practices. ORR makes clear in its cooperative agreement language with grantees that case managers are the backbone to efficient and effective case management processes that prioritize the safety and wellbeing of every child. A requirement of all grantees is for programs to staff lead case managers who are responsible for coordinating the program's case management and safe and timely release services, train new case managers, and supervise the work of other case managers. ORR's minimum qualification standards for lead case managers includes a master's degree in the behavioral sciences, human services, or social services fields or a bachelor's degree and at least 3 years of progressive employment experience that demonstrates supervisory and case management experience. These lead case manager positions require ORR review and approval in order to ensure qualified lead case managers are hired. Additionally, ORR's

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[1] During the 2022 extended Fourth of July holiday weekend, ORR mobilized 44 case managers to provide temporary case management support from Saturday July 2 through Monday July 4, at both standard programs and influx care facilities. Furthermore, 26 of the mobilized staff continued to provide case management support to their assigned program beyond the holiday weekend in order to address additional case management issues and areas of improvement that were identified over the support period.

minimum qualifications for case managers requires a bachelor's degree in the behavioral sciences, human services, or social services field, and it is strongly encouraged that case managers hired by grantees have child welfare and/or case management experience. ORR Project Officers work very closely with grantees to review qualified candidates in order to ensure that qualified case managers are identified and hired and collaborate on overcoming any barriers to securing and hiring qualified case managers.

When it comes to contracts, ORR extends the same child welfare principles found in its cooperative agreements. ORR requires contractors to recruit and employ case managers based on the appropriate level of need to ensure staff must be able to contact sponsors outside of traditional working hours and work around sponsors' schedule. This approach to maximize communication opportunities and channels with potential sponsors to ensure the child's best interests are prioritized during their stay in ORR care. ORR also requires contractors to staff experienced case managers who have at least 2-5 years of experience in recording case management activities and child care experience, an associate degree, degree in social work or social services, with demonstrated ability to gather, document, and verify information. Contractors are also required to staff lead case managers with at least 1 year of experience with ORR program case management and a minimum of 2 years of experience in staff management and supervisory duties. Additionally, ORR requires contractors to recruit supervisory case managers who have a minimum of 3 years of experience with ORR program case management and a minimum of 5 years of experience in staff management and supervisory duties. ORR considers this structured approach as a model to support case management services and leverage experienced case managers in a collaborative environment and ensure children receive their services in a timely fashion and prevent any unnecessary delays in case management services.

Recommendation 2: Provide case managers with timely and comprehensive training and support to help ensure children's safe and timely release to sponsors.

ACF Response: ACF concurs with this recommendation.

ORR has deployed a two-pronged approach to address ORR training needs to enhance the comprehensiveness of training and support offered. First, ORR has taken significant steps to immediately respond to critical operational feedback gathered from various sources, including field staff, contractors, federal volunteers, and other stakeholders, during the 2021 influx to focus on training needs across the ORR network. In response to earlier noticeable gaps in training support, ORR supported the development and delivery of a robust training curriculum, particularly for case managers, which provide training modules in effective case processing and procedures, which began in June 2021. Second, in September 2021 ORR invested in a long-term training initiative for federal, grantee, and contractor staff that would establish a strong ORR training infrastructure for the Unaccompanied Children (UC) program, adaptive to ORR's current and future training needs.

Early in the ORR EIS at Fort Bliss activation period, ORR field staff recognized the need to implement training support, particularly for case managers, to ensure the efficiency of case processing and the safety and wellbeing of children in ORR care. In coordination with its case management contractor, ORR developed a responsive training approach in June 2021 that not

only provides introductory case management training to all federal detailees during their first week on-the-ground, but also supports ongoing training in areas of deficiencies or questions identified by ORR federal and field staff called weekly "refresher" or deep-dive trainings and technical assistance solutions in real time. These trainings also include a self-test component for case managers to determine knowledge retention and resulted in more engagement with case managers during training sessions and increased retention of core competencies. ORR is working strategically to ensure case management training needs are identified across the ORR network and are delivered appropriately to further develop ORR programs' case management proficiency and mastery of case processing.

For a list of ORR's Training and Technical Assistance Case Management trainings that have already been developed, please see Appendix A.

Broadly speaking, ORR continues to invest in expanding and strengthening the UC program's training infrastructure for federal staff, grantees, and contractors. In September 2021, ORR awarded a new training and technical assistance contract with a 5-year period of performance to update the UC program training infrastructure. Feedback and lessons learned from ORR staff, grantees, and contractors were provided through interviews and leveraged to provide ORR with a collaborative needs assessment on how the UC program's current operations and specific services could be enhanced and refined to more effectively meet the needs and support the performance of ORR care provider programs across the network. This includes training needs for case management services. The overall training foundation will employ performance standards for effective assessment, planning, delivery, and evaluation of training and technical assistance needs. These long-term investments in a foundational ORR training infrastructure are ongoing and aim to flexibly support ORR's longstanding training needs regardless of operations during influx periods.

Recommendation 3: Create an emergency policy development protocol that provides for adequate input from staff with expertise in child welfare when ORR develops field guidance during an influx.

ACF Response: ACF concurs with this recommendation.

ORR developed an emergency policy development protocol to guide its comprehensive evaluations of field guidance developed during the 2021 influx. ORR's Policy Evaluation Workgroup, officially formed in September 2021, performed in-depth reviews of the UC program, including safe and timely release, unification efforts, and the needs of unaccompanied children while in ORR care through qualitative and quantitative data analytics. Direct engagement with the unaccompanied children care provider network in October 2021 offered an opportunity to highlight challenges and benefits resulting from rapid policy implementation and to link quantitative case data to qualitative narratives and perspectives from field staff.

The Policy Evaluation workgroup membership consisted of staff from different UC program divisions, including Policy, Health, and Operations, with representatives ranging from Project Officers to FFS supervisors. Additionally, the weekly workgroup relied on critical insights from child welfare advocates to inform the workgroup's recommendations, including from the United

States Committee for Refugees and Immigrants, United States Conference of Catholic Bishops, the Young Center for Immigrant Children's Rights, Casey Family Programs, Migration Policy Institute, Kids in Need of Defense, Vera Institute of Justice, and Lutheran Immigration and Refugee Service. Their input was solicited throughout the evaluation and re-evaluation process in Fall 2021 and Spring 2022 and included direct input on pros and cons associated with a particular field guidance and whether to revise, rescind, or leave such policy untouched in light of child welfare best practices.

In order to continue to evaluate the many systemic and programmatic factors impacting the initial outcomes of field guidance implementation, the workgroup also conducted a qualitative survey released to all engagement groups (with 216 responses), facilitated 18 targeted focus groups with a total of 97 participants, and gathered quantitative data from sources such as the UC Portal, the ORR National Call Center, and ACF's Office on Trafficking in Persons (OTIP). Furthermore, the evaluations centered its metrics on child welfare and safety. Many of the questions asked by child welfare experts during the evaluation process included how field guidance 1) impacted an unaccompanied child's length of care, 2) considered child safety concerns in implementation, and 3) facilitated the ability for staff to express safety concerns around release procedures and background check requirement modifications. Leveraging child welfare expertise during the evaluation process was essential to ensuring that the safety and best interest of children was prioritized in the implementation and review of all field guidance, and ORR continues to maintain that focus in all its evaluations.

The protocol to develop and evaluate field guidance is still in-use and ORR continues to leverage subject matter experts within ORR and external stakeholders including advocate groups with child welfare and immigrant expertise. To summarize, the process begins with identifying field guidance in need of evaluation. Through focus groups and surveys first, feedback is collected and reviewed on the implementation of field guidance, including areas that need strengthening. The workgroup utilizes data team metrics as a key component to define and measure success or improvement of implementation. To ensure a wide spectrum of representatives participate and are allowed to weigh in when reviewing a particular field guidance, the workgroup meets multiple times (and, at the start, met weekly) to discuss focus group, survey, and data findings. Feedback on field guidance review is not limited to members of the workgroup only. Members are encouraged to meet with additional staff outside the workgroup should they determine additional insight is essential for a holistic child welfare review. All relevant and essential information and analyses considered are documented in a decision memo, which includes specific callouts of pros, cons, and implementation roadblocks. The federal staff workgroup collectively reviews the memorandum and agrees on a recommendation to document whether to rescind, extend, modify, or permanently adopt the field guidance into ORR policy. All decisions memos are reviewed and approved by the ORR Director and ACF leadership, as needed.

Recommendation 4: Ensure that ORR addresses challenges regarding usability and search capabilities within its case management system, the UC Portal.

ACF Response: ACF concurs with this recommendation.

ORR, led by the UC Portal Technology Team, has sought bi-weekly releases of UC Portal enhancements to ensure that children in ORR care are receiving case management services without unnecessary technological delays.

ORR worked with the United States Digital Service for nearly a year to implement improvements to the UC Portal and continues to deliver iterative improvements to the UC Portal with a user-centered, agile process. Recent improvements increased usability and search functionality to speed up processes, reduce errors, built in checks to prevent improper discharges, and made it easier to identify possibly problematic sponsors. Continued usability strategy is two-fold: improve upon the current code base while also iteratively replacing each component of the UC Portal with a completely new and modernized code base over time. Every two weeks since April 2021, the UC Portal technology team releases multiple feature and function upgrades to production ranging from user experience improvements through the redesign of processes in the Portal, to adding features and functions required by ORR Policy.

Among the many improvements ORR has made to the UC Portal since April 2021, ORR has made significant improvements to the search capability. Since January 2022, all users can now search for a sponsor's full name regardless of minor variations in spelling, format, or capitalization of the information entered by the user. Previously, when searching for information on a potential sponsor in the UC Portal database, users would use very broad search terms (e.g., first name only, last name only, part of an address) in order to capture a wider range of results. This was a functionality issue that made it cumbersome for users to search for an individual with more precise search terms. The search capability improvement allows users to now search for a full name (first and last names together), date of birth, or address. Users can now enter an individual's full name into the search function and the top results will match that individual's information, removing the need for users to enter broader search terms to retrieve results. Searching by full name, date of birth, or full address yields better results: helping uses find sponsors quickly, efficiently, and with greater accuracy. These search improvements have been made to all search functions in the UC Portal: the quick search box on the top right corner of database and the search box located in the Sponsor Information section of an unaccompanied child's record. Additionally, the search capability improvements also have allowed UC Portal users to identify duplicate sponsor profiles and flagging those for the UC Portal team. This improvement also allows users to avoid creating duplicate sponsor profiles unintentionally.

Another improvement to the UC Portal is the integration of a tool called "SmartyStreets," which validates, enriches, and standardizes addresses. This improvement, integrated in October 2021, helps reduce the frequency of case managers entering duplicate sponsor records due to variation in addresses and makes it easier for case managers to find the sponsor they are searching for across multiple sponsor records. The new functionality will prompt the user if they try to enter an address that has an invalid number. The notification will ask the user to double-check the address and correct the mistake, if necessary.

Beginning in April 2021, ORR has also made system stability enhancements to better sense user inactivity when logged into the UC Portal. Previously, users would experience timeouts or be logged out of the database unexpectedly, which would cause disruption when entering information into the UC Portal. ORR redefined what the system considers activity to include, for

example, typing in a text box, clicking a radio button, and interacting with a date picker. The UC Portal's 60-minute "timeout clock" now senses these actions as activity, removing unexpected logouts that would cause a loss of information or documentation and a disruption to the case management process. Other system stability enhancements, beginning in April 2021, include enhanced resilience of the UC Portal platform by migrating from a single cloud-based sever to Amazon Relational Database Service. Also added is a technical performance monitoring tool in April 2021 to assist in identifying and quickly addressing system outages before they occur. ORR continues to work on improving the UC Portal database with end-users in mind to ensure efficient and effective case management processing.

Recommendation 5: Ensure that ORR's employees and employees of ORR's contractors and grant recipients are informed about Federal whistleblower protections.

ACF Response: ACF concurs with this recommendation.

All ORR contracts (i.e., for EIS or ICF) must include whistleblower protection provisions as prescribed by the Federal Acquisition Regulation (FAR) 3.908-9 or FAR 12.301(b)(3) for commercial contracts. Commercial contracts require the inclusion of FAR 52.212-4(r), which requires compliance with laws unique to Government contracts. The contractor agrees to comply with 31 U.S.C. 1352 relating to limitations on the use of appropriated funds to influence certain Federal contracts; 18 U.S.C. 431 related to officials not to benefit; 40 U.S.C. chapter 37, Contract Work Hours and Safety Standards; 41 U.S.C. chapter 87, Kickbacks; 41 U.S.C. 4712 and 10 U.S.C. 2409 relating to whistleblower protections; 49 U.S.C. 40118, Fly American; and 41 U.S.C. chapter 21 relating to the procurement integrity. Non-commercial contracts require the inclusion of FAR [52.203-17 Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights,](#) which requires the contractor to inform its employees in writing the whistleblower rights and protections under 41 U.S.C. 4712. The contractor is also required to include this information on whistleblower rights and protections in all subcontracts on the date of subcontract award to ensure all subcontractors are aware of their whistleblower rights and protections.

Whistleblower protections are a key mechanism for ensuring the safety and wellbeing of all children in ORR care. Cooperative agreements with care providers set the value framework for care provider grantees to ensure that children and staff concerns are always heard and valued, and that grantees are responsible for the establishment of an environment and culture that prioritizes processes and procedures for individuals to elevate and report any child welfare concerns without concern for retaliation. For example, ORR's cooperative agreement requires grantees to create and implement a Code of Conduct that reflects the professional and ethical standards of their own agency and state licensing agency in addition to those of a reputable professional organization, such as the National Association of Social Workers, Child Welfare League of America, or the American Public Human Services Association. The Code of Conduct must specifically address the employee's obligations with respect to interactions and interventions with unaccompanied children, staff, and external stakeholders. The Code of Conduct must ensure that all board members, contractors, sub-contractors, grantees, sub-grantees, and volunteers comply with the code.

Additionally, the grantee must train all persons subject to its Code of Conduct and have a "whistleblower policy" that provides staff an opportunity to report suspicious unethical, inappropriate, or illegal activities without negative consequence. The grantee must include proof in the personnel files that the employee has received training in, agrees to abide by, and understands the Code of Conduct. ORR will amend the template cooperative agreement to include language that more specifically explains that the whistleblower policy and training should cover and provide more specific information on HHS OIG reporting and protections, as appropriate.

With respect to federal employees, supervisors, managers, and supervisory commission corps staff who oversee General Schedule employees are required to complete training on whistleblower protections and how to respond to complaints alleging a violation of whistleblower protections. Completion of this annual training ensures that managers and supervisors are well informed of the rights and protections afforded to whistleblowers, and how to address any complaints alleging retaliation. Further, and as noted in your report, beginning in March 2022, ACF conducted a series of webinars in conjunction with the HHS OIG on interacting with various components of the HHS OIG. This webinar series included two sessions on whistleblower protections: Whistleblower 101, which targeted the entire ACF community and contractors, and Whistleblower 102, which targeted Managers and Supervisors. This series, which concluded in July 2022 during National Whistleblower Week, culminated with an HHS OIG panel presentation that included representatives from several HHS OIG components, including the HHS OIG Office of Counsel to the Inspector General, who recapped the earlier presentations and provided "key whistleblower takeaways." The ACF sponsored OIG webinar training materials are located on ACF Connect and are available to all ACF employees anytime. The mandatory course, *2022 Supervisors and Managers: What You Need to Know about Whistleblower Protection, Prohibited Personnel Practices, and Retaliation*, is available on the HHS Website under HHS Mandatory Employee Training.

Again, I appreciate the opportunity to review and comment on this report. Thank you and your team for sharing our commitment to keeping the unaccompanied children in our care safe. Please direct any follow-up inquiries to our OIG liaison, Scott Logan, Office of Legislative Affairs and Budget, at (202) 401-4529.

Sincerely,

January Contreras,
Assistant Secretary
for Children and Families

Appendix

Appendix A. ORR's Training and Technical Assistance Case Management Trainings.

Course Title	Description
Behavior Management	This course discusses behavior management strategies, per ORR Policy, 3.3.13, and meets child welfare best practice standards. This course emphasizes the importance of communication and the utilization of de-escalation techniques.
Case Management Learning Circles: Sponsor Engagement	This course provides case managers an opportunity to engage in peer exchange to promote strategies for sponsor engagement in support of safe and timely release.
Case Management Overview	This course reviews the key participants involved in an unaccompanied child's case and identifies sponsor categories, how to flag a sponsor for any high-risk indicators. Other topics covered include how to complete the Family Reunification Application, identify proof of address, and register a potential sponsor for the Legal Orientation Program for Custodians. The course concludes with overview of the release process and resources.
Case Practicum: Admissions	Part 2 of Case Management Intensive course reviews ORR admission requirements and activities, such as assessments.
Case Practicum: Discharges	Part 4 of Case Management Intensive course reviews ORR's discharge process and covers topics including home studies, post release services, and discharge activities.
Case Practicum: Resources	Part 1 of Case Management Intensive course covers all the available ORR resources for case managers, such as ORR online Policy Guide, ORR's Manual of Procedures (MAP), ORR issued Field Guidance, and other user manuals.
Case Practicum: Sponsors	Part 3 of Case Management Intensive course focuses on activities involving sponsors, such as searching for a sponsor and completing the Family Reunification Packet.
Category 3 – Family Conferences	This course reviews the policies, procedures, and best practices related to Category 3 sponsors and how to conduct effective family conferences, particularly in relation to Category 3 cases.
Category 3 – Sponsor Assessment	This course reviews the policies, procedures, and best practices related to working with Category 3 sponsors.

Category 4	This course reviews the policies, procedures, and best practices related to unaccompanied children without an identified sponsor.
Child Development	This course covers child development. Among the topics discussed is identifying normal benchmarks and how to notice warning signs of an issue with a particular child.
Child Welfare Best Practices	This course provides an overview of child welfare best practices framed within the context of ORR's child welfare mission.
Cultural Competence	This course discusses the topics of culture, race, tolerance, and how to develop an inclusive environment that honors everyone. The course explores ways programs can be inclusive and culturally competent.
Duchitanga (Unaccompanied Children Portal – Fingerprint)	This course reviews the latest update to sponsor fingerprint procedures and how to properly document in ORR's UC Portal database.
Family Conferences	This course provides practical tips on the utilization of family conferencing, including the purpose of holding family conferences, and how best to facilitate.
Home Studies	This course reviews criteria for unaccompanied children's cases that are required to undergo a home study. Among the topics covered are how to create a home study referral on the UC Portal, and how to track the progress of an accepted home study referral.
Introduction to Unaccompanied Children Portal	A guide on the UC Portal that shows how data is processed from admittance to discharge. A basic introduction explaining the tabs and the case management features.
OTIP Eligibility	This course provides an overview of human trafficking, including how to screen unaccompanied children for trafficking indicators, how to report trafficking concerns, the mission of OTIP, how to refer to OTIP, and the benefits and services available to eligible children.
Policies, Procedures, Operations, and Care and Custody	This course provides a general overview of ORR, including a review of ORR's Policy Guide, MAP, and related resources; describes the roles of the unaccompanied children program team; describes the levels of care within the ORR network; reviews the procedures for transfer between care providers; reviews the admission and discharge processes.

Prior Sponsorships	This course provides an overview of how to search for a potential sponsor's previous sponsorship attempts, how to document completion of the search, and how to mitigate any potential concerns or red flags.
Privacy and Information Sharing	This course reviews the unaccompanied children program policies and procedures related to privacy of information, and how to handle requests for unaccompanied children's case information.
Professionalism	This course provides an overview of the ORR Code of Conduct; reviews professional boundaries, confidentiality, conflicts of interest, prohibition on giving legal advice, and reporting non-compliant or unprofessional conduct.
Proof of Address	This course reviews acceptable forms of proof of address with examples.
Release Request	This course provides an in-depth workshop of the ORR release request requirements, including review of sample release requests and writing practice.
Reporting and Boundaries – Prevention of Sexual Abuse	This course reviews ORR's Zero Tolerance Policy and accompanying policies, including reporting methods, definitions, reporting requirements, responses and follow up, and a review of the latest policy updates.
Response to Remands	This course defines case remands, provides examples of common case remand reasons, and describes how to proceed after receiving a remand.
Separations / Migrant Protection Protocols	This course describes the process and accompanying procedures for working on unaccompanied children program cases impacted by family separation or Migrant Protection Protocols.
Significant Incident Report Best Practices	This course provides and overview and scenarios of Significant Incident Reports (SIR), including the purpose of SIRs, how to compete an SIR addendum, best practices for reporting and writing SIRs.
Significant Incident Report Demonstration	This course provides a demonstration and walkthrough for how to access and create SIRs in the UC Portal.
Sponsor Fingerprint	This course reviews the process and procedures associated with completing sponsor fingerprints.

Sponsors	This course describes sponsor screening activities, ranging from identifying a sponsor to completing a safe release recommendation.
Trauma-Informed Care	This course provides a basic introduction to trauma-informed care systems, definitions, and applications. The course explores various trauma-informed topics and secondary trauma, and how programs can help make their facilities better able to serve vulnerable populations.
UC Portal Sponsorship Assessment	This course reviews the most recent updates to the sponsor assessment process procedures and how to effectively document in the UC Portal.
Safe Release of Unaccompanied Children	This course describes procedures for sponsor assessment, vetting, fraud identification, and safe release.

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ENDNOTES

[1] ORR, Factsheets and Data: Referrals. Accessed at https://www.acf.hhs.gov/orr/about/ucs/facts-and-data on January 12, 2022.

[2] In FY 2020, the number of referrals decreased to 15,381 because of a U.S. public health order responding to the COVID-19 pandemic that was implemented in March 2020. The order suspended entry of certain non-citizens at or near the U.S. borders, resulting in the expulsion of most unaccompanied children upon attempting to enter the United States. Following a court injunction and a February 2021 policy change, referrals of unaccompanied children to HHS began to increase.

[3] CDC issued guidance, "COVID-19 Interim Guidance to Reduce the Risk of COVID-19 Spread at ACF, ORR, Temporary Influx Care Facilities, and EIS," on March 30, 2021. According to this guidance, all ORR facilities should adopt and strictly implement mitigation measures, including universal and proper wearing of masks, physical distancing, frequent handwashing, cleaning and disinfection, improved ventilation, increased testing, and vaccination. This guidance defines physical distancing as "keeping a safe space between yourself and other people who are not from your household." When physical distancing is a challenge—such as at ORR facilities—CDC recommended cohorting (i.e., identifying a group and keeping them distanced from other groups). Given the number of children, staff, volunteers, and contractors at each ORR facility, CDC advised that mixing of staff and cohorts should be minimized as much as possible.

[4] 8 USC § 1232(g).

[5] 8 USC § 1232(b)(3).

[6] 8 USC § 1232(c)(2).

[7] ORR, "Children Entering the United States Unaccompanied: Section 2.1" (ORR's Policy Guide), May 11, 2015. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2 on January 25, 2022.

[8] Facility types in ORR's licensed care provider network include shelters, foster care or group homes, staff secure or secure facilities, and residential treatment centers.

[9] CBP, "U.S. Border Patrol Total Monthly UC Encounters by Sector (FY 2010–FY 2020)." Accessed at https://www.cbp.gov/sites/default/files/assets/documents/2021-Aug/U.S.%20Border%20Patrol%20Total%20Monthly%20UC%20Encounters%20by%20Sector%20%28FY%202010%20-%20FY%202020%29%20%28508%29a_0.pdf on January 25, 2022.

[10] *Flores v. Barr*, No. CV 85-4544-DMG-AGR, ORR, "ORR Juvenile Coordinator Interim Report (Document 1104-2: 42935)," April 9, 2021. Accessed on July 19, 2021.

[11] ORR worked closely with the Federal Emergency Management Agency and other Federal partners to establish EIS facilities and engage service providers. Services were provided by a combination of the American Red Cross, Federal staff, including teams from the HHS Office of the Assistant Secretary for Preparedness and Response and the U.S. Public Health Service Commissioned Corps, and various contractors. *Flores v. Barr*, No. CV 85-4544-DMG-AGR, ORR Juvenile Coordinator Interim Report (Document 1104-2: 42930), April 9, 2021. Accessed on April 7, 2022.

[12] ORR, Field Guidance 13, Emergency Intake Sites (EIS) Instructions and Standards, April 30, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on November 23, 2021.

[13] DHS is required to transfer unaccompanied children to HHS within 72 hours, except in the case of exceptional circumstances. 8 U.S.C. § 1232(b)(3).

[14] ORR, Field Guidance 13, Emergency Intake Sites (EIS) Instructions and Standards, April 30, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on November 23, 2021.

[15] ORR, "Unaccompanied Children's Program Field Guidance." Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on April 7, 2021.

[16] Camilo Montoya-Galvez, *CBS News*, "Migrant children endure despair and isolation inside tent city in the Texas desert," June 22, 2021. Accessed at https://www.cbsnews.com/news/immigration-migrant-children-fort-bliss-tent-city-texas/ on November 17, 2021.

[17] Government Accountability Project, "New, Detailed Whistleblower Evidence Further Documenting Abuses of Unaccompanied Immigrant Children Warehoused by the Federal Government at Fort Bliss and Other Emergency Intake Sites," September 8, 2021. Accessed at https://whistleblower.org/press-release/press-release-new-detailed-whistleblower-evidence-further-documenting-abuses-of-unaccompanied-immigrant-children-warehoused-by-the-federal-government-at-fort-bliss-and-other-emergency-intake-sites/ on November 17, 2021.

[18] Letter to ORR Director Cindy Huang from Senators Merkley, Blumenthal, Booker, Padilla, Feinstein, Hirono, Whitehouse, Wyden, Warren, Casey, and Sanders; October 13, 2021. Accessed at https://www.merkley.senate.gov/imo/media/doc/Letter%20to%20ORR%20re_%20Anomaly%20Request%20FINAL.pdf on November 17, 2021.

[19] According to a January 2022 article in the *El Paso Times*, the ORR EIS at Fort Bliss had capacity to care for 2,500 children. Previous reports from April and May 2021 listed total capacity at 2,000 beds and 10,000 beds, respectively. Accessed at https://www.elpasotimes.com/story/news/2022/01/11/migrant-children-still-housed-emergency-shelters-el-paso-pecos/9157540002/ on June 14, 2022.

[20] ORR reported that it worked closely with the Federal Emergency Management Agency to ensure that each EIS adhered to emergency response setting requirements.

[21] Four incident commanders led operations at the ORR EIS at Fort Bliss during spring and summer 2021.

[22] ORR, Field Guidance 13, Emergency Intake Sites (EIS) Instructions and Standards, April 30, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on November 23, 2021.

[23] 8 U.S.C. § 1232 (c)(3).

[24] In 2014, ORR released several children to unrelated sponsors who were associates of traffickers. The children were forced to work physically demanding jobs at an Ohio egg farm for up to 12 hours a day. Documents reviewed by the United States Senate Permanent Subcommittee on Investigations confirm that the failure to adequately verify a sponsor's alleged relationship with an unaccompanied child has led to unsafe placements. United States Senate, Permanent Subcommittee on Investigations, Committee on Homeland Security and Governmental Affairs, *Protecting Unaccompanied Alien Children From Trafficking and Other Abuses: The Role of the Office of Refugee Resettlement*, February 10, 2016.

[25] OIG, *Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody*, September 2019. Accessed at https://oig.hhs.gov/oei/reports/oei-09-18-00431.pdf on April 23, 2021.

[26] ORR Policy Guide, *Key Participants in the Release Process: Section 2.3,* January 30, 2015. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2 on January 25, 2022.

[27] The Family Reunification Packet consists of documents a potential sponsor must complete before a release decision can be made, including an Authorization for Release of Information, a Family Reunification Application, and a Sponsor Care Agreement. To view the Family Reunification Packet, see https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program.

[28] ACF, *UAC Portal User Manual*, September 2017.

[29] ORR, Field Guidance 13, Emergency Intake Sites (EIS) Instructions and Standards, April 30, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on November 23, 2021.

[30] ORR Policy Guide, *Employee Background Investigations: Section 4.3.3,* February 5, 2018. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2 on January 25, 2022.

[31] ORR, Field Guidance 13, Emergency Intake Sites (EIS) Instructions and Standards, April 30, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on November 23, 2021.

[32] Office of Personnel Management, Detail Opportunity, March 25, 2021. Accessed at https://www.chcoc.gov/content/detail-opportunity-information-departmentagency-leadership on February 23, 2022.

[33] *Flores v. Barr*, No. CV 85-4544-DMG-AGR, ORR, "ORR Juvenile Coordinator Interim Report (Document 1124-2: 42123)," June 4, 2021. Accessed on July 19, 2021.

[34] Priscilla Alvarez, CNN, "Texas emergency shelter is mostly 'warehousing' thousands of migrant children, according to eyewitnesses," March 24, 2021. Accessed at https://www.cnn.com/2021/05/24/politics/fort-bliss-migrant-children-shelter/index.html on February 23, 2022.

[35] Government Accountability Project, "More Whistleblowers Call Attention to Mistreatment of Immigrant Children," July 2021. Accessed at https://whistleblower.org/in-the-news/whistleblower-network-news-more-whistleblowers-call-attention-to-mistreatment-of-immigrant-children/ on December 23, 2021.

[36] Letters to the U.S. House of Representatives, U.S. Senate, U.S. Office of Special Counsel, and HHS-OIG from the Government Accountability Project on July 7, 2021, and July 28, 2021. Accessed at https://whistleblower.org/wp-content/uploads/2021/07/070721-Fort-Bliss-Whistleblowers-Disclosure.pdf and https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf on February 17, 2022.

[37] The Whistleblower Protection Act, 5 U.S.C. § 2302, and the HHS Whistleblower retaliation regulation, 45 CFR 73-735-1303, prohibit any employee who has authority to take, direct others to take, recommend, or approve any personnel action from using that authority to take or threaten to take any action against any employee in reprisal for making a complaint or providing information pursuant to 45 CFR 73-735-1301 (Mandatory Reporting of Criminal Violations) and 45 CFR 73-735-1302 (Mandatory Reporting of Misconduct).

[38] ORR has policies and procedures in place to ensure that unaccompanied alien children in ORR care are released in a safe, efficient, and timely manner. Additionally, ORR issued Field Guidance 13 on April 30, 2021, which requires EIS facilities (e.g., the ORR EIS at Fort Bliss) to establish case management services for the safe and timely release of children as soon as possible after opening.

[39] According to section 4.3.6 of ORR's Policy Guide, "Children Entering the United States Unaccompanied," care provider facilities must provide training to all staff, contractors, and volunteer employees who may have contact with unaccompanied children. New employees, including case managers, must complete training before gaining access to children and youth.

[40] Section 2.3.2 of ORR's Policy Guide states that "the Case Manager provides weekly status updates (monthly for children in LTFC) to the unaccompanied child on the child's case and provision of services, preferably in person."

[41] According to a CBS News article from June 2021, similar incidents of self-harm and panic attacks occurred at the ORR EIS at Fort Bliss. Accessed at https://www.cbsnews.com/news/immigration-migrant-children-fort-bliss-tent-city-texas/ on June 22, 2022.

[42] ORR Field Guidance 13, issued on April 30, 2022, noted that EISs should maintain a minimum ratio of one case manager to every eight children. The guidance does not specify what size each case manager's case load should be.

[43] ACF, Standard Operating Procedures: Case Management Procedures for Emergency Intake Sites (EIS), May 2021.

[44] ORR field guidance, ORR Field Guidance 10, Expedited Release for Eligible Category 1 Cases, March 22, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on May 17, 2022.

[45] OIG compared ORR's standard UC Assessment and Sponsor Assessment tools with ORR's modified UC Assessment and Sponsor tools, which are used in expedited release cases authorized under ORR Field Guidance 10. The Mental Health section of the standard UC assessment contains a mental health assessment, including questions relating to the child's mental health, behavioral concerns and substance abuse; the Mental Health section in the modified UC Assessment is limited to asking the child if the child has any mental health concerns. It does not ask the child specific questions relating to their mental health, behavioral concerns, or substance abuse. Similarly, the Proof of Relationship section in the standard Sponsor

Assessment seeks to establish the sponsor's relationship to the child and confirm that the relationship was verified; the modified Sponsor Assessment does not contain an analogous section. Finally, the standard Sponsor Assessment contains questions about how much the potential sponsor knows about the child's journey and could provide context into their relationship; the same section in the modified Sponsor Assessment only asks if the child owes any debt.

[46] ORR Field Guidance 10 removed third-party review of eligible cases by case coordinators. Prior to this guidance, case coordinators concurrently reviewed all assessment information on an unaccompanied child and sponsor to make a recommendation for release. Once case managers and case coordinators agreed on a particular recommendation for release, the Federal field specialists made a final release decision.

[47] ORR, Field Guidance 11, Temporary Waivers of Background Check Requirements for Category 2 Adult Household Members and Adult Caregivers, March 31, 2021. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance on May 17, 2022.

[48] According to ORR, "children who are infectious with communicable diseases of public health concern, which have potential to cause outbreaks, will not be released from ORR care until they are non-infectious." ORR, "Children Entering the United States Unaccompanied: Section 3.4.8," May 11, 2015. Accessed at https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-3#3.4.8 on January 21, 2022.

[49] According to the Whistleblower Protection Act, 5 U.S.C. § 2302, Federal employees with supervisory responsibilities are prohibited from taking action against any employee in reprisal for making a protected disclosure. Protected disclosures include complaints that the employee believes evidence gross mismanagement or violations of law, rule, or regulation. Prohibited personnel actions against employees may include dismissal, reassignment, and/or other changes to duties.

[50] The two interviewees who reported experiencing retaliation have not filed complaints with HHS-OIG. One has filed a complaint with the Office of Special Counsel and the other falls outside of HHS-OIG's jurisdiction because that individual is not an HHS employee.

[51] For whistleblower chilling to be considered an adverse action, it must be accompanied by a personnel action or threat of a personnel action. *Chacon v. Department of Health and Human Services*, NY-1221-14-0372-W-1 ¶ 27 (2017); see *Covarrubias v. Social Security Administration*, 113 M.S.P.R. 583, ¶ 15 n. 4 (2010); *Shivaee v. Department of the Navy*, 74 M.S.P.R. 383, 388 (1997).

[52] Federal law mandates that all Federal contractors, subcontractors, grantees, subgrantees, or personal services contractors must inform their employees in writing of the rights and remedies provided under 41 U.S.C. § 4712. Accessed at https://oig.hhs.gov/documents/fraud/367/NDAA-Notice-HHS-Contractors.pdf on August 16, 2022.

[53] HHS, Notice to HHS Contractors, Subcontractors, Grantees, Subgrantees or Personal Services Contractors. Accessed at https://oig.hhs.gov/documents/fraud/367/NDAA-Notice-HHS-Contractors.pdf on August 16, 2022.