



Testimony of

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Before the

**Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
United States House of Representatives**

June 9, 2021

Chair DeGette, Ranking Member Griffith, and members of the Subcommittee, it is my honor to appear on behalf of the Department of Health and Human Services (HHS). I am JooYeun Chang, the Acting Assistant Secretary for the Administration for Children and Families (ACF). As the Acting Assistant Secretary for ACF, I oversee the work of the Office of Refugee Resettlement (ORR), which is responsible for the care and placement of unaccompanied children in HHS custody. In my testimony today, I will describe ACF's efforts to increase capacity while quickly and safely unifying unaccompanied children with a sponsor, typically a parent or close family member. ACF affirms that DHS facilities are no place for children to remain for longer than is necessary and is working on all fronts to move children out of DHS facilities and into ORR care as quickly and safely as possible. To do this, we are taking action in three key areas: increasing both emergency and state-licensed bed capacity, implementing policy and operational changes to quickly and safely place children with sponsors, and deploying additional federal staff in the field to support mission operations.

Despite continuing challenges, we are making tremendous progress. Due to increased capacity and inter-agency coordination, unaccompanied children are moving quickly out of CBP facilities, spending only 24 hours in CBP custody on average, with only a few unaccompanied children in custody longer than 72 hours each week. As of June 7, 2021, there are approximately 700 unaccompanied children in CBP facilities, compared to over 5,000 at the end of March, when the average time in custody was around 5 days. Working closely and collaboratively with our inter-agency partners, we are also bringing down the overall census in ORR shelters and have reduced the number of unaccompanied children in our care by 25 percent in the last month, from a high of over 23,000 at the end of April to below 17,000 in June, due to both a recent

decline in referrals of unaccompanied children as well as ORR's significant progress in safely accelerating unifications.

Current State of the Program

As of May 31st, ORR has received 62,231 referrals of unaccompanied children from DHS for this fiscal year. In the midst of this significant level of arrivals, ORR has implemented several policy and operational changes to decrease children's length of care. As of May 20, 2021, ORR has unified 31,830 children with individual sponsors since January 20th. It has also increased its bed capacity through multiple strategies. First, ORR has worked aggressively to safely regain licensed beds taken offline due to COVID-19 social distancing by implementing other public health mitigation strategies. Through updates to COVID-19 guidance, ORR has authorized over 4,000 beds to come back on-line in state-licensed facilities. At least 3,000 of those beds are fully staffed and operational shelter and transitional foster care beds, with the remaining beds being specialty beds. More beds are being added as care providers continue to hire staff. Further, to help minimize the presence of children at CBP facilities, ORR has stood up over 19,000 temporary beds at emergency intakes sites and the Carrizo Springs Influx Care Facility (ICF).

Shelter Capacity

ORR prefers to place unaccompanied children in state-licensed care provider facilities and is utilizing all available options to safely care for unaccompanied children, including short-term and long-term solutions. In the short-term, ORR is working to ensure unaccompanied children do not spend more time in CBP facilities than necessary by: (1) safely increasing capacity in its state-licensed network; (2) safely reducing the time it takes to place unaccompanied children

with vetted sponsors; (3) using influx care facilities with the same standards of care used in ORR's state-licensed network; and (4) establishing emergency intake sites to transfer additional unaccompanied children out of CBP facilities.

Specifically, in order to increase current bed capacity, ORR worked with the Centers for Disease Control and Prevention (CDC) to implement new COVID-19 guidance specific to the ORR care provider network. The guidance provides enhanced COVID-19 mitigation strategies so care providers can bring more of their licensed capacity safely back online while ensuring the safety of unaccompanied children and staff. In addition, ACF has authorized hazard pay and incentive bonuses to increase/retain care provider staff and has facilitated access to COVID-19 vaccinations for care provider staff. These actions have resulted in the authorization of more than 4,000 beds in the state-licensed network.

As a result of the compelling need to minimize the presence of children at CBP facilities, ORR also stood up temporary facilities. For example, in February, ORR reactivated the Carrizo Springs ICF, which is fully staffed and is currently caring for approximately 900 unaccompanied children.

Further, ORR has deployed a third category of care provider facility, the emergency intake site, in inter-agency collaboration with the Federal Emergency Management Agency (FEMA), the CDC, U.S. Commissioned Corps of the Public Health Service, as well as non-governmental organizations. ORR currently has 10 active emergency intake sites, which meet the immediate need for additional capacity to keep pace with the number of referrals of unaccompanied children to ORR care. Emergency intake sites provide a more appropriate and less crowded environment

than CBP facilities while ORR works to process unaccompanied children as quickly and safely as possible for release to a sponsor. Unaccompanied children who will require longer-term care are transferred out of emergency intake sites.

While these strategies have proven to be essential to reducing the average time children remain in CBP custody- particularly during a time when both the COVID-19 pandemic and high referral rates placed significant demands on the UC program - they do not represent the long-term vision for the program. Over the long-term, ORR will build its permanent capacity network through new funding opportunity announcements and by working with existing and new providers to expand state-licensed capacity. Through this effort, it will prioritize smaller-scale shelters and seek to increase family-based placements. It will also explore transitioning to a flexible bed capacity model so that licensed beds can be deactivated and held on reserve during periods of low referrals/occupancy, and then reactivated quickly when the need arises.

Standards of Care

ORR care providers in the state-licensed network are required to adhere to all applicable ORR regulations and policies as well as state licensing requirements. Influx care facilities must also adhere to applicable ORR regulations and policy. Carrizo Springs ICF, located in Carrizo Springs, Texas, is currently ORR's only active influx care facility. ORR performed a comparative analysis of ORR's standards for influx care facilities and the Texas licensing standards and found that Carrizo Springs meets or exceeds Texas's licensing requirements. Emergency intake sites are temporary facilities used to provide immediate sheltering needs for unaccompanied children in an emergency response setting, aligned with best practices in

humanitarian and disaster response efforts. Emergency intake sites must meet the following standards: (1) maintain safe and sanitary facilities; (2) provide water, food, appropriate clothing, and access to toilets, sinks, and showers; (3) maintain adequate temperature control and ventilation; (4) provide adequate supervision and ensure adherence to a zero-tolerance policy towards abuse and maltreatment; (5) provide access to religious services, as available; (6) provide medical care, including mental health care. ORR prefers to place unaccompanied children in state-licensed or influx care facilities and has already demobilized two emergency intake sites, Dallas and San Antonio, in late May. Currently, ORR is planning to demobilize the ORR emergency intake site at JBSA-Lackland by the end of June.

Policy Changes Since February 2021

ACF has taken action to address hurdles to unification placement with sponsors in existing ORR policy head-on and has made a number of changes since January 20th to reverse or modify policies that impact the speed at which placement occurs, while maintaining a strong focus on the safety of unaccompanied children. Specifically, ORR now pays for a child's travel costs to their sponsor, which has removed financial barriers to quick release. Furthermore, HHS has terminated the 2018 Memorandum of Agreement with DHS regarding information sharing of sponsor and sponsor household information, which advocates had cited as a negative influence on sponsors coming forward to take custody of a child.

ORR has also created an expedited unification process for Category 1 children so that they can be more quickly and safely unified with a sponsor who is a parent or legal guardian. I want to stress that this expedited process does not eliminate background checks for the parent or legal

guardians; the expedited process streamlines vetting procedures in order to avoid unnecessarily prolonging the time children remain in the government's custody, and achieves this efficiency without compromising safety. If any derogatory information comes to light during the information collection process, the case is no longer considered under the expedited criteria and the case follows the standard ORR sponsor assessment and release procedures.

Inter-agency efforts

ORR is working with its inter-agency and HHS partners to ensure that unaccompanied children are safe and placed with family members or other suitable sponsors as quickly and safely as possible. DHS Secretary Mayorkas also directed in March, DHS' Federal Emergency Management Agency (FEMA) to support a government-wide effort to safely receive, shelter, and transfer unaccompanied children to ORR care and onward to a verified sponsor. FEMA immediately integrated and co-located with HHS to look at every available option to quickly expand ORR's physical capacity for appropriate lodging as well as support HHS in managing overall operations.

CBP stood up the interagency Movement Coordination Cell (MCC) within its headquarters to bring together colleagues from FEMA, ORR, ICE, and CBP to share a common operating picture in order to more efficiently facilitate UC processing and transfer. The goal of the MCC is to rapidly transfer custody of unaccompanied children from CBP to ORR—whether to licensed bed facilities or the emergency intake sites stood up in collaboration with FEMA—and this interagency approach has been remarkably successful in reducing the average time that unaccompanied children spend in CBP facilities.

HHS has also deployed teams from the Office of the Assistant Secretary for Preparedness and Response as well as the Commissioned Corps of the U.S. Public Health Service to support emergency intake sites, while the CDC is involved with COVID-19 guidance and testing oversight. ACF has also sent out a call for volunteers to deploy to the border for support of case management staffing and providing direct care at emergency intake sites. Federal employees, who received cleared background checks through their Federal positions, also have responded to the call in support of ORR's mission on the ground by providing supervision of direct care staff at emergency intake sites.

Future of the Program

Looking forward, ACF is committed to improving ORR's ability to successfully implement the Unaccompanied Children program, and adapt its capacity and service delivery to emerging referral patterns, both during periods of influx as well as low occupancy. ORR must have the internal personnel and processes in place to independently manage an emergency response effort, continue to expand licensed bed capacity, further reduce the time to unify children with sponsors, and modernize our data and technology systems. We also have an opportunity to bring the lessons learned from recent innovations in state child welfare programs to establish a new model of care that combines smaller shelter and foster family settings with more robust programming that focuses on enhanced legal, educational, and behavioral health needs of these unaccompanied children and youth.

Transparency

Transparency in our actions is incredibly important to ACF, and I appreciate Congress's critical oversight work over the years in the Unaccompanied Children program. ORR regularly briefs members and staff. I myself have been on a number of inter-agency calls to discuss the Southern border with members of Congress, as well as Secretary Becerra. Since January 20th, ORR has hosted over 60 tours of ORR facilities for members of Congress and their offices.

Closing

Thank you for this opportunity to update you on ORR's efforts in the Unaccompanied Children program, and for your commitment to the safety and well-being of unaccompanied children. I look forward to working with you on our continued enhancement of policies and procedures, and all facets of the Unaccompanied Children Program. I would be happy to answer any questions.