



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DATE: April 29, 2022

TO: Interested Parties

FROM: Xavier Becerra, Secretary of Health and Human Services

SUBJECT: Office of Refugee Resettlement Plan for the Unaccompanied Children's Program Following the Implementation of Title 42 Termination for Families and Single Adults

Current State of the Program

Under the Biden-Harris Administration, the Department of Health and Human Services (HHS) has been focused on safely and humanely caring for every child referred to us by the Department of Homeland Security (DHS), including our continuous work to ensure we have adequate capacity to meet any increase in referrals.

By statute, HHS is required to provide care to all unaccompanied children (UC) referred to the Office of Refugee Resettlement (ORR) by another federal agency, usually the Department of Homeland Security (DHS). Once ORR takes temporary custody of a child, we work to place the UC in a safe, healthy environment for the pendency of the child's immigration proceedings. ORR provides children with temporary shelter at standard facilities or at influx care facilities and emergency intake sites established to quickly and safely transfer them from DHS custody. ORR places the vast majority of children with a vetted sponsor, usually a parent or a close relative.

In Fiscal Year (FY) 2021, ORR received an unprecedented number of UC referrals (122,731 total) and placed 109,030 children with vetted sponsors. While the Title 42 Order has not applied to unaccompanied children since November 2020, the current projected referrals to ORR remain high. This memorandum outlines how HHS is preparing for future increases of referrals. Several elements of this plan were developed and implemented starting last year, as referrals have continued to be above historic averages in FY 2022. In building this plan, our objective continues to be safely serving all unaccompanied children referred to us.

Capacity

As of April 28, 2022, ORR has 8,645 children in care, down from the high of 22,500 in April 2021. Overall capacity at this time stands at 15,521 beds across our network. ORR is able to quickly process DHS referrals of UC and keep the amount of time children spend in US Customs and Border Protection facilities under the 72 hours prescribed by law. As of April 28, 2022, ORR has received more than 70,000 UC referrals from DHS in FY 2022 and has placed more than 71,000 children with vetted sponsors. Over the week of April 18, 2022, daily referrals from DHS to ORR averaged 270 children.

ORR reviews capacity needs throughout the year, based in part on historic data and utilizing DHS projected scenarios. HHS is also participating in the planning underway, led by the DHS Southwest Border Coordination Center, for an anticipated increase in migration following the termination of the Title 42 Order for families and single adults. The primary populations projected to drive the likely increases in arrivals are family members and single adults; however, we also anticipate an increase in the number of unaccompanied children, who continue to come primarily from Guatemala, Honduras and El Salvador.

Currently, FY 2022 total referrals are projected to be approximately 149,000 children. This means that referrals for the remainder of the fiscal year could increase to an average of between 500 and 600 children daily. Under this projection, ORR could need up to 19,000 beds by the end of the fiscal year, which would be brought online at standard and temporary facilities. However, if fewer beds are required to meet the actual number of children referred and discharge trends, ORR – in keeping with standard practice – would reduce capacity accordingly. If referrals exceed projections, ORR would mobilize additional temporary shelter sites and surge case management and staffing support as needed.

ORR continues to have capacity to quickly and safely shelter all children referred by DHS, despite ongoing challenges posed by the COVID-19 pandemic, high and fluctuating numbers of referrals, and vulnerabilities associated with the UC population. ORR has continued to adjust as needed – building on initiatives to increase the number and availability of standard shelter beds, including adding beds to existing grants and funding new grants. At the end of the last calendar year, ORR issued a Notice of Funding Opportunity (NOFO) for shelter and transitional foster care beds and anticipates awarding grants to approved applicants later this year.

To ensure adequate capacity, ORR activated an Influx Care Facility (ICF) and Emergency Intake Sites (EIS) in 2021 to permit the prompt and safe transfer of children from DHS custody. Although EIS facilities are temporary, we continuously work with our contractors to ensure they are safe and appropriate placements for children and provide key services. At these sites, children participate in educational and recreational activities, such as reading, art, and indoor and outdoor athletics. Children have access to medical treatment, laundry service, phones to call their family, and legal services. They also meet weekly with case managers and mental and behavioral health counselors.

Out of the 14 EIS that were brought online last year, only two remain active: Pecos EIS in Pecos, Texas, and Fort Bliss EIS in El Paso, Texas. We are in the process of transitioning both remaining EIS facilities to Influx Care Facilities, which provide services and supports similar to our standard shelters. Both EIS facilities have the ability to expand capacity should referrals of children to ORR increase. In addition, we expect the ICF at Carrizo Springs in Texas to come back online in the coming weeks following the transition to a new provider.

ORR is continuing regular outreach to explore potential use of public and private properties that could be utilized as temporary influx care facilities as needed to accommodate increased referrals or provide replacement capacity for existing EIS or ICF facilities, if needed. In January 2022, ORR posted a Request for Information (RFI) for Sources Sought for Full Service Influx Care

Facility Support on sam.gov, to expand ORR's portfolio of potential sites for use as temporary shelter during an influx. Responses to the RFI are currently under review. In March 2022, HHS extended a Request for Assistance (RFA) to federal agencies to provide an updated list of potential federal property that could be used for temporary shelter during an influx. ORR is currently working with federal agencies to assess site viability.

In addition to shelter capacity, ORR has also built capacity to deploy case management and staffing support to facilitate the sponsor assessment process. This capacity can be deployed using contracted staffing support or through the use of trained federal volunteers, as needed. Over the past year, ORR has successfully deployed enhanced case management to EIS sites, standard shelter facilities, and as part of Operation Allies Welcome.

HHS planning for the UC program also includes a regular assessment of transportation needs. At times, ORR may need to quickly move children between shelter facilities and also works to safely place children with their vetted sponsors. To do this, ORR utilizes both commercial and charter transportation. ORR has regularly used charter transportation, including chartered flights, during times of high numbers of children in care to ensure children do not remain in congregate care settings for longer than necessary after the sponsor assessment process is complete and discharge has been approved.

Policy and Process Improvements

Over the past year, ORR has implemented multiple policy and process changes to secure the safest placement for children while they await adjudication of their immigration cases. Currently, the average length of care for children in ORR custody is 28 days, down from 42 days in January 2021, with children at EIS on average spending 14 days in care.

Most UC are tested for COVID-19 during DHS intake processing prior to entering congregate settings, thus ensuring the ability to segregate UC by test results, provide appropriate care to UC who have tested positive, and minimize further spread. Children who test positive are transported together (and separately from other UC) to designated ORR facilities that are designed to provide robust care for COVID-19 positive children and to minimize the chance of transmission. UC placed with a vetted sponsor do not pose a significant level of risk for COVID-19 spread into the community because they are released after having undergone testing, quarantine or isolation, and vaccination when possible. UC sponsors also are provided with appropriate medical and public health direction.

In June 2021, ORR began distributing COVID-19 vaccines to eligible unaccompanied children 12 years and older per Centers for Disease Control and Prevention (CDC) guidance, which has expanded to children 5 and older. We have now provided more than 70,000 children with COVID vaccinations, including more than 22,000 children with two doses.

ORR continues to work closely with the CDC on health protocols at all of our shelters, including universal and proper wearing of masks, frequent hand washing, cleaning and disinfection, improved ventilation, staff vaccination, and cohorting children according to their COVID-19 test status. Over the last month we have seen our positivity rates among children and staff fall, and

continue to have sufficient quarantine and isolation beds to safely care for COVID positive children and prevent spread.

Future of the Program

ORR continues to build capacity that enhances our ability to manage emergency response efforts by expanding bed capacity, minimizing the amount of time children stay in congregate care settings, and safely placing children with vetted sponsors. UC Program FY 2022 budget resources total \$8.76 billion and are currently projected to be sufficient to fund the potential need for up to 19,000 beds through the end of the fiscal year, though COVID mitigation and response measures continue to add costs. ORR also works to update contingency response plans should referrals increase beyond current projections, which has not happened in recent months despite the high numbers of daily encounters at the border across all demographics. Should additional resources be necessary to manage a sustained increase in referrals, HHS would engage Congress on any potential need for supplemental appropriations.

The President's Fiscal Year 2023 Budget includes a request for a contingency fund for the UC program. Such a fund would allow us to account for seasonal and yearly fluctuations in referrals and to ensure sufficient capacity. The contingency fund would automatically provide additional resources in response to increases in referrals, providing funds to activate and acquire additional bed capacity if required. Specifically, the fund would pay out \$27 million for each increment of 500 referrals above a threshold of 7,500 UC referrals in a month. In addition, ORR will continue to enhance its data and technology systems to support integrated systems, advanced analytics, and efficient communication.