REMARKS BY AMY FRONTZ
ASSISTANT INSPECTOR GENERAL FOR AUDIT SERVICES
PRESS BRIEFING UAC NATIONAL REVIEW, EMPLOYEE SCREENING REPORT
SEPTEMBER 4, 2019

Our first report focused on ORR-funded facilities' efforts to conduct required background checks and maintain appropriate levels of qualified employees as part of their responsibility to ensure the safety and well-being of children in their care.

We found that, in general, facilities serving unaccompanied children met a range of background checks and qualification requirements designed to keep individuals who may pose a risk to the safety and well-being of children from having access to children.

However, a few facilities did not have documentation of the required FBI fingerprint or CPS check results (also known as the child abuse and neglect check), and some did not ensure that the out-of-State CPS checks were conducted.

In addition, we found that more than half the facilities allowed employees to begin employment prior to receiving the results of either the FBI fingerprint check, the CPS check, or both.

For the facilities that had to comply with additional State background checks, most completed the checks as required. However, at a few facilities there was either no documentation that the check was completed, or the check was not completed before the employees' start date.

The failure of some facilities to complete required background checks prior to allowing employees direct access to children may have placed the health and safety of some children at risk.

In addition to the compliance-related issues, ORR granted six facilities (influx and non-influx facilities) waivers from conducting the CPS checks for employees with direct access to children. ORR has the authority to grant waivers for influx facilities due to the impracticality of compliance for temporary and short-term facilities. However, ORR has no comparable authority to waive background checks for non-influx facilities.

Moving into our review of employee qualifications. We found that most facilities hired mental health clinicians who met ORR education requirements; however, more than half the facilities hired case managers who did not meet the ORR education requirements. Specifically, of the 194 case managers included in our review, 67 individuals across 31 facilities did not meet the education requirement.

We also found that approximately half the facilities reported challenges screening prospective employees, with the majority of those reporting the length of time it took to receive the results of background checks as the most significant challenge.

In addition, more than half the facilities reported challenges in hiring and retaining employees, with the mental health clinicians reported as the greatest hiring challenge.

We presented several recommendations in our report. I'll mention only three of them.

We recommended that the Administration for Children and Families work with ORR to ensure all facilities complete the required Federal and State background checks on current employees.

We recommended ACF work with ORR to rescind existing waivers to non-influx facilities for CPS checks and that ORR work with facilities to ensure CPS checks are completed for current and future employees.

And we also recommended ORR work with facilities to develop a process for facilities to report when case managers or mental health clinicians staffing ratios are not met, so that ORR can use this information when making placement decisions and ensuring children's needs are met. This is key as inadequate clinical services could have significant consequences for children's well-being and development.

ACF concurred with all our recommendations and outlined corrective actions it has taken or plans to take to address the findings identified in the report.

And now, Ann will now discuss our second report.

REMARKS BY ANN MAXWELL
ASSISTANT INSPECTOR GENERAL, OFFICE OF EVALUATION AND INSPECTIONS
PRESS BRIEFING UAC NATIONAL REVIEW, MENTAL HEALTH REPORT
SEPTEMBER 4, 2019

Thank you, Amy.

In the second report we are releasing today, we present the challenges ORR care providers face in addressing the mental health needs of children in their care.

Prompt mental health treatment is essential, not only to stabilize each child in crisis, but to minimize the risk the child may negatively influence or harm others.

To gather information about the challenges to providing care, we interviewed staff who work directly with the children – mental health clinicians and managers, medical staff, and facility management in the 45 facilities we visited across the country.

We heard firsthand from these staff about the obstacles they face in their efforts to deliver mental health services.

It is crucial to note that we did not determine whether these obstacles resulted in care that failed to meet ORR requirements or clinical standards.

Nor did we assess the quality or appropriateness of mental health care provided to the children.

Instead, we offer a broad survey of the most significant mental health-related challenges facing the program as reported from the front-lines.

I will now briefly summarize these challenges and then I will present our recommendations for how ORR should assist facilities in overcoming them.

First, staff described the challenges inherent in caring for children who experienced intense trauma before coming into HHS care. According to those who treat them, many children enter the facilities after fleeing violence and experiencing direct threats to their safety during their journey to the United States. Some children also experience the additional trauma of being unexpectedly separated from their parents as a result of U.S. immigration policies.

Second, facilities reported high caseloads for mental health clinicians, which, they felt, limited clinicians' effectiveness in addressing children's needs.

High caseloads resulted, in part, from facilities' challenges employing clinicians that was previously mentioned.

Third, facilities reported challenges accessing specialized services for children who needed higher levels of therapeutic care.

Specifically, facilities noted challenges accessing external mental health specialists such as psychologists and psychiatrists. In one example, the only bilingual specialist a facility could locate was in a neighboring state.

In addition, facilities reported a lack of therapeutic placement options within ORR's network for children who needed a higher level of care than shelters are designed to provide.

This was especially acute for children who had a history of behavior problems in addition to psychiatric disorders.

Finally, policy changes in 2018 exacerbated these concerns according to facility staff.

In 2018, ORR instituted sponsor screening requirements that resulted in longer stays in ORR facilities for children.

Facility staff reported that longer lengths of stay resulted in deteriorating mental health for some children and increased demands on staff.

Also, in the Spring of 2018, the Zero Tolerance Policy, instituted by the Department of Justice and the Department of Homeland Security, resulted in a rapid increase in the number of separated children in ORR facilities.

Facilities reported that addressing the needs of separated children was particularly challenging because these children exhibited more fear, feelings of abandonment, and post-traumatic stress than did children who were not separated.

The separated children were also often younger than the teen-agers the facilities were used to caring for. And, staff reported feeling unprepared to provide mental health care services to younger children. As one program director said, "The little ones don't know how to express what they are feeling... Communication is limited and difficult. They need more attention."

Based on these findings, OIG recommends six practical steps that ORR can take to assist facilities in overcoming these challenges. I'll highlight a few.

We recommend that ORR:

- provide facilities with evidence-based guidance on addressing trauma in short-term therapy.
- develop strategies for overcoming obstacles to hiring and retaining qualified mental health clinicians.
- address gaps in options for children who require more specialized treatment and
- take all reasonable steps to minimize the amount of time children remain in custody to avoid the effects longer stays have on children's mental health.

ACF concurred with all of our recommendations and described its plans to address the challenges, some of which are already underway.

This concludes my remarks. We are available to take questions.