



**Written Statement of**

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**For a Hearing of the  
House Committee on Appropriations,  
Subcommittee on Labor, Health and Human Services, Education, and  
Related Agencies**

**“Oversight Hearing: Mental Health Needs of Children in HHS Custody”**

**Wednesday, September 18, 2019  
2358-C Rayburn House Office Building**

My name is Bill Canny, and I am the Executive Director of the Department of Migration and Refugee Services (MRS) within the U.S. Conference of Catholic Bishops (USCCB). On behalf of USCCB/MRS, I would like to thank the House Committee on Appropriations' Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, as well as the Subcommittee Chair Representative Rosa DeLauro and Ranking Member Representative Tom Cole for the opportunity to submit this written statement for the record.

The care of unaccompanied immigrant children is of great importance to the Catholic Church. USCCB/MRS has operated programs to help protect unaccompanied children for nearly 40 years, often working in a public/private partnership with the U.S. government. In this statement, I share insights from our work serving these children and their families. I also offer recommendations to help ensure that vulnerable unaccompanied children, including those with mental health needs, are connected to critical support services upon their release from federal custody.

### **U.S. Conference of Catholic Bishops and Catholic Social Teaching**

The Catholic Church in the United States has played a critical role in the care of unaccompanied children, and USCCB/MRS has been a leader in the protection of, and advocacy for, these children. Our work assisting unaccompanied children is rooted in the belief that they, like all God's children, were created in His image and have a unique and sacred human dignity. We believe that once an unaccompanied child arrives at our border, our nation has a moral obligation to ensure his or her safety and wellbeing. As Pope Francis has said: "Among migrants, children constitute the most vulnerable group, because as they face the life ahead of them, they are invisible and voiceless."<sup>1</sup>

Since 1994, USCCB/MRS has operated the "Safe Passages" program. This program serves unaccompanied immigrant children apprehended by the Department of Homeland Security (DHS) and placed in the custody and care of the Office of Refugee Resettlement (ORR), within the Department of Health and Human Services (HHS). Through cooperative agreements with ORR, and in collaboration with community-based social service agencies, the Safe Passages program provides community-based residential care (foster care and specialized groups homes) and small-scale shelter placements to unaccompanied children in ORR custody, as well as family reunification services (pre-release placement screenings (home studies)<sup>2</sup> and post-release social services for families). In Fiscal Year (FY) 2018, the USCCB/MRS Safe Passages program served 1,125 youth who arrived as unaccompanied children—907 through our family reunification program and 218 through our residential care program.

In addition to our work serving unaccompanied children through the Safe Passages program, during the summer 2018 USCCB/MRS worked in collaboration with Lutheran Immigration and Refugee Service to assist both DHS and the HHS in their work reunifying separated families.

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<sup>1</sup> Pope Francis, *2017 World Day of Migrants and Refugees Message* (September 8, 2016), available at [https://w2.vatican.va/content/francesco/en/messages/migration/documents/papa-francesco\\_20160908\\_world-migrants-day-2017.html](https://w2.vatican.va/content/francesco/en/messages/migration/documents/papa-francesco_20160908_world-migrants-day-2017.html).

<sup>2</sup> During a home study, a community-based case worker assesses the safety and suitability of the proposed caregiver and placement, including the caregiver's capacity to meet the child's unique needs, any potential risks of the placement, and the caregiver's motivation and commitment to care for the child. Home studies result in a recommendation on whether placement with the proposed caregiver is in the child's best interest.

Besides providing initial humanitarian and reunification assistance, USCCB/MRS worked with families into late 2018 and early 2019 to provide access to social and legal service and case management.<sup>3</sup> USCCB/MRS provided these charitable services because of our belief that such services would help support the separated children and families, reduce their ongoing trauma, and help ensure positive compliance outcomes.

Through this work, we have learned of the trauma that many unaccompanied and separated children have suffered, and we have witnessed the resulting impacts on their mental and emotional health. I attach a report that we issued about the work that we undertook entitled, “Serving Separated and Reunited Families: Lessons Learned and the Way Forward to Promote Family Unity” and ask that this report also be admitted to the record.

### **Needs of the Children and Importance of Support Services**

While poverty and the desire to reunify with family are ongoing motivations for unaccompanied children to migrate, violence in the home and at the community and state levels is a primary factor forcing children to flee El Salvador, Honduras, and Guatemala (the Northern Triangle of Central America). As a result, unaccompanied children fleeing to the U.S. have often suffered incredible trauma – trauma which may be compounded by violence inflicted upon them during their journeys north.

Take, for example, Lupe,<sup>4</sup> a 14-year-old girl from the Northern Triangle who was referred to USCCB/MRS for services after her release from ORR custody due to past trauma. In her home country, Lupe had been sexually assaulted by a family member and the target of both physical abuse and verbal threats from individuals in her local community. Lupe was further victimized – both sexually and physically – as she fled to the U.S. seeking protection. As a result, Lupe suffered from traumatic stress symptoms, including irregular moods, irritability, nightmares, and behavioral issues; she was eventually diagnosed with Post-Traumatic Stress Disorder.

Similarly, we have seen the terrible consequences for the thousands of children who were unnecessarily separated from their parents and deemed “unaccompanied” as a result of the Administration’s zero-tolerance policy and subsequent separation practices. These children often also experience terrible anxiety and, in some cases, developmental delays. As the American Academy of Pediatrics has noted: “[H]ighly stressful experiences, like family separation, can cause irreparable harm, disrupting a child’s brain architecture and affecting his or her short- and long-term health.”<sup>5</sup>

Ensuring that these children’s mental health needs are addressed is critical. One existing tool that can assist with this, as noted by HHS in its response to the recent Office of Inspector General

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<sup>3</sup> U.S. CONFERENCE OF CATHOLIC BISHOPS AND LUTHERAN IMMIGRATION AND REFUGEE SERVICE, SERVING SEPARATED AND REUNITED FAMILIES: LESSONS LEARNED AND THE WAY FORWARD TO PROMOTE FAMILY UNITY (2018), *available at* [https://justiceforimmigrants.org/2016site/wp-content/uploads/2018/10/Serving-Separated-and-Reunited-Families\\_Final-Report-10.16.18-updated-2.pdf](https://justiceforimmigrants.org/2016site/wp-content/uploads/2018/10/Serving-Separated-and-Reunited-Families_Final-Report-10.16.18-updated-2.pdf).

<sup>4</sup> Name and identifying information changed to protect client confidentiality.

<sup>5</sup> Colleen Kraft, AAP Statement Opposing Separation of Children and Parents at the Border (May 8, 2018), <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/StatementOpposingSeparationofChildrenandParents.aspx>.

report,<sup>6</sup> is post-release services (PRS). Post-release services connect referred unaccompanied children and their sponsors to a social services agency for support after the child's release from ORR care. PRS includes risk assessment and action-planning with families around areas of need and concern, connection to community services, and referral to legal services. Further, for children with mental health concerns, PRS will provide a referral to a qualified mental health services provider and, if needed, a case manager will discuss with the family the importance of therapy. These services are also generally important to help ensure a child's safe placement, mitigate the risk for family breakdown, facilitate community integration, and help the family understand the need to comply with their immigration court proceedings.

Maria<sup>7</sup> is just one example of a child who has benefited from post-release services. Maria left the Northern Triangle at age 14 due to severe violence she had suffered in her home country. She had been targeted and trafficked by a local gang, and she was sexually assaulted twice before she was able to flee. Thankfully, Maria made it to the U.S. and was released from ORR care with post-release services after receiving a positive home study. Through these services, a USCCB/MRS affiliate was able to connect Maria with a mental health agency within two weeks. She began attending individual therapy weekly and family therapy as well. When the case closed in early 2019, Maria reported that she was continuing to attend therapy to help her address her past trauma. She noted that being connected with her therapist had greatly helped her as she was learning important coping skills and felt much better than when she first arrived in the U.S.

Unfortunately, despite the importance of these post-release services, we know that most unaccompanied children released from ORR care do not receive such services. Additionally, in recent months, even those children who are referred for PRS may wait for weeks or even months before they are connected to a service provider. While ORR is taking steps to address this backlog, thousands of children who qualify for PRS have been released from care without services in place. This is, of course, a concern for any such child, but particularly those with mental health needs who are especially vulnerable.

## **Recommendations**

Considering the importance of post-release services and the concerns discussed above, we respectfully suggest that Congress and ORR:

- **Provide Robust Funding for Expanded Post-Release Services.** In accordance with domestic child welfare best practices, Congress should urge ORR to increase the number of unaccompanied children and families receiving post-release services. As noted above, expanded services would increase protection for these children, allow them to be linked to local resources, including mental health services providers, when needed, provide education on immigration court requirements, and provide monitoring of the child's safety and wellbeing. We note with appreciation the funding provided for such services in the Fiscal Year (FY) 2019 emergency supplemental appropriations bill, as well as the House FY 2020 Labor, Health and Human Services, Education, and Related Agencies bill. We

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<sup>6</sup> HHS OFFICE OF INSPECTOR GENERAL, CARE PROVIDER FACILITIES DESCRIBED CHALLENGES ADDRESSING MENTAL HEALTH NEEDS OF CHILDREN IN HHS CUSTODY (2019), *available at* <https://oig.hhs.gov/oei/reports/oei-09-18-00431.pdf>.

<sup>7</sup> Name and identifying information changed to protect client confidentiality.

hope that as the FY 2020 bill is negotiated with the Senate, and in future appropriations cycles, that funding such services remains a priority.

- **Confirm Adequate Mental Health Referrals and Related Training.** ORR should review the guidelines that residential care providers use to refer a child with mental health concerns for post-release services. It should conduct a review to ensure that such referrals are occurring regularly and consistently across its network of providers. Further, it should implement increased training for providers to ensure that they recognize mental health concerns and understand the importance in referring such children for PRS.
- **Work to Identify Additional Risk Factors for Children.** We appreciate the steps ORR took in 2016 to designate additional risk factors warranting “discretionary” home studies (those not mandated by law) and corresponding post-release services. We encourage ORR, however, to regularly engage with providers to evaluate new and additional risk factors that could help to indicate groups of unaccompanied children who would benefit from family reunification services.

For example, we recommend that ORR categorically provide PRS to all children who have been separated from parent or legal guardian at the border. While assisting the separated and reunified families in 2018, USCCB/MRS was able to provide short-term post-reunification assistance to nearly 700 families. Through this process, USCCB/MRS found that many of the reunited children and families were experiencing symptoms of trauma, including separation anxiety. Longer-term post-release services are clearly needed for this population. The three months of services provided by the USCCB/MRS could typically only address the families’ immediate needs in their new communities. Often, it is only at the point in which these immediate needs are addressed that families are ready to start tackling the trauma and stress from which they suffer.

- **Ensure Flexibility to Respond to Newly Identified Needs.** Children who are receiving PRS-only services, (those who did not also receive home studies), typically receive services for a shorter period than those children for whom family reunification services (PRS and a home study) are required by law. In some instances, we have seen children appropriately being designated to receive PRS-only services, only for the provider to later discover concerns that would have warranted legally mandated family reunification services (PRS and home study). In our experience, ORR has historically not allowed these children to be re-designated to receive the lengthier services.

ORR must ensure that that the system maintains flexibility to address such situations. When risk factors are identified by service providers, it should allow for re-designation of the child for legally-mandated PRS, even after release, so that the child can receive services through the pendency of his or her immigration court proceedings. We have found that month-to-month extensions of PRS, which can be granted by ORR and are appreciated, do not fully address these concerns as they do not allow PRS providers to engage in long-term service planning.

**Conclusion**

Unaccompanied and separated children are among the most vulnerable arriving at our border. We must recognize their vulnerability and look for ways to address their trauma and help alleviate their suffering. This is both our moral obligation and reflective of who we are as a nation of historical refuge. As always, USCCB/MRS stands ready to offer our support to Congress and HHS/ORR to improve protections and services for these children.