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Administration for Children and Families  
Office of Planning, Research, and Evaluation (OPRE)  
330 C Street SW, Washington, DC 20201

February 7, 2024

**RE: ORR Proposed Information Collection Activity, 89 FR 921; Comments on Proposed Information Collection Activity; Release of Unaccompanied Alien Children From ORR Custody (OMB #0970–0552).**

Dear Ms. Jones,

The Women's Refugee Commission (WRC) writes to comment upon the recently proposed information collection activity entitled "Release of Unaccompanied Alien Children From ORR Custody (OMB #0970–0552)." WRC appreciates the opportunity to provide feedback to help facilitate children's reunifications with families and placement in safe and stable homes that will remain safe and stable.

WRC writes to express our support for certain additions to the R-1 ("Verification of Release), R-4 ("Release Request"), and R-9 ("Proposed Category 4 Discharge Plan Form") forms used by the Office of Refugee Resettlement (ORR). We also suggest one change to the proposed R-10 ("Program Exit Processing") form and one recommendation for implementation of the proposed R-9 and R-10. These comments follow below. We emphasize that the absence of a comment for other changes within the proposed Information Collection, whether regarding the above listed forms or other forms not discussed, should not be construed as support or as lack of support for such changes.

## **WRC’s interest in commenting on the proposed Information Collection**

The **Women’s Refugee Commission** is a 501(c)(3) non-profit organization that advocates for the rights of women, children, and youth fleeing violence and persecution. Within WRC, the Migrant Rights and Justice Program has longstanding and deep experience with researching, monitoring, and advocating for improved conditions of care in and support with release and reunification from ORR custody. Based on the information that we collect on our monitoring visits and our analysis of the laws and policies relating to these issues, we advocate for improvements, including by meeting with government officials and service providers and by documenting our findings through fact sheets, reports, backgrounders, and other materials. We make recommendations to address identified or observed gaps or ways in which we believe the corresponding department or agency can improve its compliance with the relevant standards.

## **WRC comments on the proposed changes in the Information Collection**

### **I. WRC expresses strong support for certain additional text in the proposed Verification of Release (R-1) form**

WRC writes in strong support of the revised “Acknowledgement of Sponsor Care Agreement” added to the proposed R-1. The newly added statement – “In agreeing to these provisions, the sponsor holds authority to consent to medical and mental health care on behalf of the child” – has the potential to be strongly beneficial to unaccompanied children.

As you are aware, unaccompanied children reunified with sponsors in American communities commonly encounter gaps in medical care, mental health care, and medical and mental health case management services. Gaps commonly persist even in states with an expanded Children’s Health Insurance Program. WRC’s monitoring activities and ongoing research have found that medical delays often occur due to the difficulty of parents or sponsors to obtain necessary forms, show income, or—in the case of non-guardian sponsors—to provide certification of a sponsor’s custodial duties. In the latter of these cases, WRC believes that the proposed text may remove many barriers to children’s care.

### **II. WRC expresses qualified support for certain additional text added to the UC Portal related to the proposed Release Request (R-4) form**

WRC writes to express qualified support for the changes to the revised R-4 form (UC Portal version) related to home studies, specifically for those changes listed in the Federal Register under the following R-4 sections:

- “Case Manager Recommendation”;
- “Case Coordinator Recommendation”; and
- “ORR Decision.”

Collectively, these changes break out the positive and negative findings within a home study recommendation and the subsequent approval or denial of a prospective sponsor. WRC supports these proposed changes because we believe that, in total, they will bring additional transparency to ORR home studies. The above sections of the proposed forms will also enable future systematic analyses of home studies that are both more comprehensive and more accurate, and which are currently impractical if not impossible to undertake.

However, WRC’s monitoring activities and ongoing research have led us to have significant concerns about home study assessments. Our concerns center around systematic problems in the which populations are directed to discretionary home studies, and in cultural biases that may be present in home study practices – as well as the resulting recommendations – for both mandatory and discretionary home studies. We are further concerned about the de facto presumption that prospective sponsors are unfit, including parents and guardians, in cases of mandatory home studies, which is discordant with child-welfare principles and best practices. Our support for the changes to the R-4 is thus limited, and we encourage ORR to more broadly examine the home study assessment process to begin to remedy its systemic and systematic problems.

### **III. WRC expresses strong support for elements of the Health Safety Discharge Plan section in the proposed R-9**

WRC writes to express our strong support for elements of the Health Safety Discharge Plan in the proposed R-9. We divide our comments of support into two sections. WRC expresses our strong support for the following specific items within the proposed R-9:

- The youth’s eligibility for non-federally based medical coverage, and all subsequent questions<sup>1</sup>;
- The youth’s eligibility medical insurance, and all subsequent questions<sup>2</sup>; and
- Questions for released youth who are also parents of a child in ORR care.<sup>3</sup>

The above items begin to fill a known gap in post-release medical care – that even youth who settle in states that provide them medical care commonly lack continuity of care. At a general level, gaps may result from a lack of communication between ORR, the facility, and post-release service providers on the timing of release and granting adequate access to necessary information

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<sup>1</sup> Beginning with the text, “Is the child eligible for medical coverage...?” and all subquestions that follow within the indentation.

<sup>2</sup> Beginning with the text, “Is the child (and/or any of their children) eligible for medical insurance...?” and all subquestions that follow within the indentation.

<sup>3</sup> Beginning with the text, “Is the child a parent of a child in ORR care?” and all subquestions that follow within the indentation.

to complete the application. In our monitoring and ongoing research, other gaps may result from delays when PRS providers covering large geographic areas that lack familiarity with state-specific requirements and recent changes in CHIP procedures. Adding a layer of continuity of care in the case management process is a strong step forward for the youth that the R-9 applies to. Finally, WRC further expresses strong support for directives that require case managers to provide “clear instructions on how to establish residency upon release or age out, for the purposes of enrollment in health insurance.”

WRC also expresses support for the inclusion of data collection on the following topics within the Health Safety Discharge Plan:

- Information regarding the youth’s ongoing medical, mental health, and dental needs;
- Information regarding the youth’s medications;
- Information about youth’s health appointments impacted by the youth’s discharge from custody;
- Information regarding the youth’s need for specialty care in the community of reunification; and
- Information about scheduled community health appointments for the youth after discharge

WRC supports the above topics in the R-9 without endorsing any specific questions. We believe that the topics will help ensure continuity of care for ORR youth and address both gaps discussed above, as well as significant problems in other areas, such as youth whose care plan includes proper psychiatric medication.

#### **IV. WRC recommends that Age Outs and Age Redeterminations be separated in the proposed R-10**

Fields 1–8 of the proposed R-10 describe the child fields to appear in the ORR Portal version of the R-10, based on a user input. Field 6 from this list describes a single set of subsequent fields to appear if “Age Out” or “Age Redetermination” appears in the parent field of “Exit Processing Basic Information.” (Field 6 explanatory text: “Below fields appear if the Discharge Type = Age Out or Age Redetermination”).

WRC recommends separate fields for “Age Out” and “Age Redeterminations” on user experience, database management, and data collection grounds. Conflating “Age Out” and “Age Redetermination” in this circumstance does not meet best practices in user experience design, as it introduces an avoidable error condition – where information for one type of case is placed in the fields of another case, when tired or distracted users engage with the form meaning to enter data for the other type of case. This error condition is better rectified at the level of fields than at the level of text within the same field. Database design best practices also default to

“atomization” of data, that is, separate tables for unique information. Since Age Outs and Age Redeterminations are conceptually distinct categories that collect different information, and since the two populations may require substantially distinct forms of support in the future, the underlying ORR Portal system would be best served separating the two, all else being equal. Likewise, for both data transparency and usefulness of data, conflating the two distinct categories unnecessarily introduces circumstances in which data-centric analyses of age outs or age redeterminations will be impossible to undertake or impractical due to large amounts of data cleaning being required.

Finally, WRC notes that the implied workflow in the “Exit Processing Basic Information” – only two options, neither of which treats Post-18 Plan or Age-Out Plan – appears to imperfectly align with the implied workflow for users in Field 6 (which divides the proposed fields by Post-18 or Age-Out Plan).

**V. WRC recommends the collection of certain information in the proposed R-9 and R-10 be enacted only with implementing guidance**

Both forms R-9 and R-10 include additions of questions related to the Department of Homeland Security’s (DHS) Immigration and Customs Enforcement (ICE) Young Adult Case Management Program (YACMP). Women’s Refugee Commission has joined colleague organizations in highlighting serious concerns over the existence of the YACMP,<sup>4</sup> a program that purports to offer case management to youth released from immigration custody, but that in practice goes against evidence-based best practices on community support for those navigating the immigration process. In addition to concerns over the program’s structure and implementation, appropriate case management services should be de-coupled from immigration enforcement and not based in an enforcement agency.

While Women’s Refugee Commission supports the efforts to further track enrollment of young people in the YACMP in order to understand who is being enrolled and where, we urge ORR – in its finalization of these forms – to clearly direct case managers, HS/PRS workers, and other relevant staff to not interpret the inclusion of a question on YACMP as an endorsement of the program or, to be perceived as encouraging of enrollment in YACMP. Any training ORR staff receive relating to the new forms should explicitly reiterate these positions as well.

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<sup>4</sup> National Immigrant Justice Center, Women’s Refugee Commission, and the Young Center 2023. “ICE’s New Young Adult Case Management Program: Why It Falls Short of Case Management Best Practices and Puts Youth at Risk.” Available at: <https://www.womensrefugeecommission.org/research-resources/ices-new-young-adult-case-management-program-why-it-falls-short-of-case-management-best-practices-and-puts-youth-at-risk/>

## **Conclusion**

The Women's Refugee Commission appreciates the opportunity to provide input on forms related to release, and we look forward to collaborating with ORR to ensure the wellbeing of all unaccompanied children. Please feel free to contact WRC at [mariob@wrcommission.org](mailto:mariob@wrcommission.org) with any questions or if we can be of further assistance.