

Press Briefing Remarks

COMMUNICATION AND MANAGEMENT CHALLENGES IMPEDED HHS'S RESPONSE TO THE ZERO-TOLERANCE POLICY REPORT

March 5, 2020

- Thank you, Tesia.
- In Spring 2018, the Departments of Justice and Homeland Security enacted the zero-tolerance policy, which resulted in large numbers of children being separated from their parents by Homeland Security - and placed in the custody of the Department of Health and Human Services.
- In late June of the same year, a Federal District Court halted family separations, except in very limited circumstances.
 - The court also ordered that the government reunite those separated children still in HHS care with their parents.
- The report we are releasing today, reviewed the HHS response to the zero-tolerance policy and found that communication and management challenges impeded planning and response efforts.
- To arrive at this conclusion, we gathered evidence from multiple sources:
 - We interviewed hundreds of staff, including HHS and grantee staff as well as HHS senior officials;
 - We reviewed thousands of documents; and
 - We conducted site visits at 45 HHS-funded care provider facilities across the country.
- Our review of all of this information revealed a number of specific challenges.

- The first challenge we uncovered was that HHS was not prepared for the zero-tolerance policy.
 - HHS was not prepared because interagency channels designed to coordinate immigration policy across Federal agencies were not used to notify HHS of the zero-tolerance policy in advance. Instead, HHS officials and staff learned that the policy was in effect - through media reports.
 - HHS was no prepared because key senior HHS officials did not act on repeated, advance warnings from staff that family separations were occurring prior to the zero-tolerance policy, and might increase.
 - Specifically, key senior officials did not elevate that information or take action to prepare for the possibility of large-scale family separations.
- This lack of preparation had consequences.
 - When the zero-tolerance policy went into effect, HHS did not have sufficient bed capacity in State-licensed care provider facilities. As a result, hundreds of separated children remained in DHS detention beyond the 72 hours allowed by law.
 - Also, care provider facilities—facing an unexpected increase in young, separated children—encountered many challenges to meeting their unique needs.
 - Separated children had heightened feelings of anxiety and loss and some expressed acute grief that caused them to cry inconsolably.
 - A facility program director said: “We were...bombarded with kids who had these needs related to being very recently separated.”
 - Finally, because there was no advance planning, there were no systems put in place to track separated families across HHS and DHS. Thus, when the court ordered the Federal government to

reunify children with their parents, the government struggled to identify which children had, in fact, been separated.

- The second group of challenges we explore in the report relate to the efforts to reunify families.
 - To reunify separated children with their parents, HHS worked closely with the care provider facilities it funds to house and care for the children. These facilities told us they faced significant operational challenges at every stage of the reunification process.
- To start, facilities reported difficulties locating and communicating with parents in DHS or DOJ detention.
 - A facility program director told us that, in one case: “facility staff called the DHS detention center every day seeking the parents of an 11-year-old child. They could not reach anyone. The child cried every day.”
 - And a mental health clinician said: Not knowing what happened to their parents haunted the children. The kids had lots of questions, but we had no answers.”
- Facilities also reported difficulties with the reunifications. In some cases, children and the facility staff accompanying them, spent hours, late at night, waiting in vans in the parking lot of the DHS detention center where they were to be reunified with their parent.
- Finally, facilities reported that the guidance and directives from HHS related to the reunification effort were poorly communicated, contributing to confusion about the reunification process and children’s stress.

- The final group of challenges we explore in the report relates to the ongoing efforts to track and place children separated since the court halted most family separations. As a reminder, the court order allows separations in certain circumstances to protect the child, including when a parent has a criminal history.
- While HHS has taken steps to improve the tracking of separated children, these improved procedures rely on multi-step, manual processes that are inherently vulnerable to error.
- And, HHS staff report that they still do not consistently receive complete information from DHS about parents' criminal backgrounds.
 - That information is necessary to allow the staff to make appropriate care and placement decisions for children who have been separated from their parents.
- These are the specific challenges we identified. And while they largely refer to events and actions that took place in 2017 and 2018, they also point to broader communication and management concerns.
- Thus, we believe HHS should address the challenges we identified to ensure that it can provide high-quality, appropriate care for children currently in its custody.
- Further, clear lines of communication—both across Federal agencies and within HHS—are vital to HHS's ability to adapt and respond effectively to any new developments in immigration policy or practice that could impact children in the future.

- We recommend that HHS take four actions –
 - First – Take steps to ensure that children’s interests are prioritized and represented in decisions affecting the UAC Program, both internally and when engaging with interagency partners.
 - Second – Modify or Pursue formal agreements with DHS and DOJ that ensure that HHS receives information it needs to provide appropriate care for unaccompanied children.
 - Third - Improve communication to care provider facilities regarding operational directives and other instructions.
 - And finally, Fourth - Further improve its ability to identify separated children by reducing reliance on manual processes.
- HHS concurred with all of our recommendations and described actions taken and planned to address them.
- OIG believes that taking these actions will strengthen the effectiveness of HHS’s communication and management, allowing it to better serve children.
- This concludes my remarks. I am available to take questions.