What is an “influx” or “emergency” shelter?

The Department of Health and Human Services’ Office of Refugee Resettlement (ORR) is charged with the care of unaccompanied immigrant children (UC) in U.S. government custody until they can be reunified with an approved family member or friend pending their immigration court proceedings. Accordingly, ORR operates a network of facilities to house these children that are in its custody. When its standard network is at or near capacity, ORR has historically utilized “influx” or “emergency” shelters on a temporary basis to accommodate the additional children being referred to its care.

Are influx shelters child detention facilities?

No. While ORR does have some limited bed space in its network for children deemed flight or safety risks – “secure” or “staff-secure” placements, which are more restrictive – influx facilities do not meet these criteria. Further, ORR actively works to release all children in influx facilities to identified “sponsors” (typically approved family members).

How many influx facilities is ORR currently operating?

Currently, ORR’s only influx facility is in Homestead, Florida. Due to the significant spike in UC referrals to ORR so far during Fiscal Year 2019, ORR recently announced that it would be expanding the Homestead facility in mid-April to accommodate 3,200 children.

Do influx facilities have to meet the same requirements as other ORR shelters?

No. Under the Flores Settlement Agreement, most ORR facilities must meet minimum requirements and be licensed by the relevant state for childcare. Flores however, explicitly makes an exception for influx facilities, recognizing the need for ORR to be able to rapidly onboard and operate these facilities in times of emergency. ORR, however, has implemented its own – albeit less rigorous – set of standards for influx shelters.

Why are influx facilities needed?

While not ideal, influx facilities are an important tool for ORR to have available to deal with UC bed space needs as it can take months to license and onboard a standard ORR facility, while influx facilities can be operationalized much more quickly. As a result, if UC referral numbers unexpectedly increase, influx facilities become ORR’s only option for rapid response. If ORR did not have the option to utilize influx facility bed space, we would likely see many more unaccompanied children being held for extended periods in CBP holding facilities, which are neither child-friendly nor designed for prolonged care.
Can any unaccompanied child be placed into an influx facility?
No. ORR has criteria detailing which children can be transferred to an influx facility, including requirements that ORR can only place UC in influx facilities who are: ages 13-17, have no known medical or behavioral issues, speak English or Spanish, and are able to be discharged from ORR care expeditiously.

Does USCCB/MRS have any concerns with influx facilities?
Yes. USCCB/MRS has toured and shared with ORR its concerns and recommendations relating to Homestead, as well as past influx facilities. While we believe that use of these facilities may be necessary at certain times, we do support improved child protection standards and oversight.

How can influx facilities be improved?
We recommend influx facilities be required to meet higher minimum child protection requirements when the facilities are in operation for prolonged periods of time and are no longer truly serving as just rapid-response facilities. We also recommend that influx facilities be subject to codified restrictions on which children they can house and how long children can remain in care before they need to be transferred to a permanent facility. We further urge increased monitoring visits to and oversight of influx facilities.

What can Congress do?
We urge members of Congress to:

• **Introduce and Support Legislation to Improve Care at Influx Facilities.** In conjunction with other care providers and advocates, we have developed suggested bill text that would codify improved standards for these facilities.

• **Robustly Fund ORR and Urge it To Prioritize Child-Friendly Care.** For Fiscal Year (FY) 2019, while we support the Administration’s request for supplemental appropriations to address the care of unaccompanied children by ORR, we also strongly urge Congress to include requirements on how such funding is to be utilized. For FY 2020, we recommend Congress appropriate a minimum of $1.8 billion for ORR’s UC line item. We also support the Administration’s request for a $2 billion contingency fund that could be utilized over three years. Through the FY 2020 and any supplemental FY 2019 appropriations process, we urge Congress to require ORR to expand its permanent bed capacity and prioritize use of community-based residential care (foster care and small group homes) and small-scale shelters. We also urge it to require ORR to review referred cases of family separation and to report to Congress and engage with both child welfare experts and the Department of Homeland Security regarding trends and any inappropriate instances of separation.

• **Address Issues Increasing Children’s Length of Stay.** In addition to high UC referral numbers, part of reason ORR has had to rely on influx facilities is due to increased lengths of stay for children in care. We urge Congress to address certain factors that are contributing to increased lengths of stay, including by requiring ORR to rescind the Memorandum of Agreement on information sharing.

Endnotes


5. Children Entering the United States Unaccompanied: Section 1.7, supra note 1.

6. Id.
