



“Influx” Facilities for Unaccompanied Immigrant Children: Why They Can be Needed & How They Can be Improved

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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” shelters¹ 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,² 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?

Earlier this fiscal year, ORR operated influx facilities in Tornillo, Texas; Carrizo Springs, Texas; and Homestead, Florida.³ As of mid-August 2019, ORR is not holding children in any of its influx facilities,⁴ however, some of these facilities remain available for ORR use if there is another increase in referrals of unaccompanied minors.⁵

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

No. Under the [Flores Settlement Agreement](#),⁶ 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, has implemented its own – albeit less rigorous – [set of standards](#)⁷ for influx shelters.

Why can influx facilities be needed?

Although not ideal, influx facilities are an important tool for ORR to have available to deal with UC bed space needs. 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](#)⁸ 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 other 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 required to meet codified in-person staffing ratio minimums and be subject to codified restrictions on which children they can house. 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 FY 2020, we [recommend](#)⁹ Congress appropriate a minimum of \$4.6 billion for ORR's UC line item – in line with actual FY 19 expenditures and supplemental appropriations for UC care. We also support the Administration's request for a \$2 billion contingency fund that could be utilized over three years. Through the FY 2020 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 further 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 recently 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](#)¹⁰ on information sharing.

Endnotes

1 *Children Entering the United States Unaccompanied: Section 1.7*, OFFICE OF REFUGEE RESETTLEMENT (March 21, 2016), <https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.7>.

2 *Children Entering the United States Unaccompanied: Section 1.2.4*, OFFICE OF REFUGEE RESETTLEMENT (Oct. 10, 2018), <https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.4>.

3 In June, the Department of Health and Human Services announced the opening of a new influx facility in Fort Sill, Oklahoma; however, no unaccompanied children have been placed in the facility since its activation due to declining referral rates. The facility currently remains available for use if referral numbers increase. See Asher Stockler, *Oklahoma Army Base Fort Sill Will Not House Migrant Children, For Now*, NEWSWEEK (July, 27, 2019), <https://www.newsweek.com/hhs-orr-immigration-fort-sill-migrant-children-1451438>.

4 See U.S. Dep't of Health and Human Services, *Unaccompanied Alien Children sheltered at Homestead Job Corps Site, Homestead, Florida* (Aug. 6, 2019), <https://www.hhs.gov/programs/social-services/unaccompanied-alien-children/homestead-job-corps-site-fact-sheet/index.html>; see also U.S. Dep't of Health and Human Services, *Carrizo Springs Temporary Influx Facility* (July 30, 2019), <https://www.hhs.gov/programs/social-services/unaccompanied-alien-children/carrizo-springs-temporary-influx-facility-update.html>; Maria Sacchetti, *Trump Administration Removes All Migrant Teens from Giant Tornillo Tent Camp*, THE WASHINGTON POST (Jan. 11, 2019), available at https://www.washingtonpost.com/local/immigration/trump-administration-to-shutter-texas-tent-city-for-migrant-teens/2019/01/11/c914356e-1510-11e9-b6ad-9cfd62dbb0a8_story.html?noredirect=on.

5 *Id.*; see also Stockler, *supra* note 3.

6 Settlement Agreement, *Flores, et al. v. Reno*, Case No. CV 85-4544 (C.D. CA, 1997), available at https://cliniclegal.org/sites/default/files/attachments/flores_v_reno_settlement_agreement_1.pdf.

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

8 *Id.*

9 USCCB/MRS, *Letter to House on FY 20 Appropriations* (March 25, 2019), available at <https://justiceforimmigrants.org/wp-content/uploads/2019/04/FY20InitialMigrationAppropriationsLetterHouse-1.pdf>.

10 USCCB/MRS, ET AL., *THE ORR AND DHS INFORMATION-SHARING AGREEMENT AND ITS CONSEQUENCES* (Jan. 2019), available at <https://justiceforimmigrants.org/wp-content/uploads/2019/01/Updated-formated-MOA-backgroundunder-1.17.19.pdf>.

