Unaccompanied Children: Surge and Surveillance

CSTE Disaster Epidemiology Workshop
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Brief History of ORR

1980
- The Immigration and Nationality Act (INA) establishes the federal Office of Refugee Resettlement (ORR) through the 1980 Refugee Act

2000
- ORR expands its service provision to cover three new categories: persons granted asylum, survivors of torture, and certified adult victims of human trafficking

2003
- Oversight of services to Unaccompanied Alien Children (UAC) is transferred to ORR through the Homeland Security Act of 2002, following the breakup of the Immigration and Naturalization Service (INS)

2008
- The Trafficking Victims Protection Reauthorization Act (TVPRA) of 2008 extends ORR’s mandate to confer eligibility and services to trafficked children
UC Definition and Referral

Intercepted in U.S., under 18 years old, with no lawful immigration status in the U.S., no parent or legal guardian in the U.S., OR, with no parent or legal guardian in the U.S. available to provide care or legal custody.

UC are referred to ORR for placement by another Federal agency, usually the Department of Homeland Security (DHS).

By law, other Federal agencies have to transfer the custody of a UC to ORR within 72 hours.

The majority of UC come into ORR care because they were apprehended by DHS while trying to cross the border.

Others are referred as a result of interior apprehensions after involvement with local law enforcement or internal immigration raids.
UC Program Responsibilities

- Care and custody of UC (provide shelter, food, clothing, and services)
- Make and implement placement and transfer decisions
- Reunify UC with qualified sponsors
- Oversee a network of ORR-funded care provider facilities
- Monitor care providers and ensure compliance with national care standards
Referral Numbers and Countries of Origin

**UC Referrals by Year (FY 2004–2014)**

**UC Countries of Origin (FY 2014)**

- Honduras (34%)
- Guatemala (32%)
- El Salvador (29%)
- All Other Countries Combined: (5%)
UC Referrals by Month, FY 2013–2015

FY 13 Referrals
FY 14 Referrals
FY 15 Referrals
## UC Demographics, FY 2012–2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>&lt;14 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014</td>
<td>66%</td>
<td>34%</td>
<td>27%</td>
</tr>
<tr>
<td>FY 2013</td>
<td>73%</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>FY 2012</td>
<td>77%</td>
<td>23%</td>
<td>17%</td>
</tr>
</tbody>
</table>
ORR Response to 2014 Surge

- Throughout FY 2014, ORR greatly expanded shelter capacity in the UC network of care providers by expanding existing shelters and funding new providers.

- In June 2014 President Obama directed DHS Secretary Jeh Johnson to facilitate a response to the humanitarian crisis at the border; ORR, ACF and HHS joined FEMA-led efforts to respond.

- ORR opened temporary shelters at three DOD facilities, in use during May, June, and July. These facilities sheltered over 7,000 children.

- ORR deployed administrative strategies to expedite the safe release of children to sponsors, including streamlined forms and travel coordination.
ORR 2015 Influx Planning

As part of the FEMA-led Unified Coordinating Group, ORR has developed interdepartmental plans for future influx response, including greater coordination with DHS.

By May 2015, ORR will have more standard shelter capacity in its network than at anytime previously in program history, ensuring the program is prepared for seasonal fluctuations and significant increases in referrals.

ORR has development many options for bringing online temporary shelter capacity if needed, including agreements with GSA and DOD, and a contract solicitation for temporary shelter services.

As in 2014, ORR is able to deploy administrative strategies to facilitate the safe expedited release of children from shelters to an appropriate sponsor.

ORR continues to work with HHS partners, including the CDC, developing strategies to improve monitoring and surveillance of public health interests.
UC Health Surveillance

- Illnesses of public health significance
  - Care providers work with local health departments
  - ORR receives reports from care providers
  - ORR notifies state health departments for situational awareness

- *Upcoming*: Monthly reports on illnesses of public health concern in UC for stakeholders
UC Healthcare Claims Study (1)

• **Background:** Medical services (initial screening, outpatient primary care and specialty visits, hospitalizations, etc.) covered for UC in ORR care

• **Methods:** Link UC **CY 2014** medical claims dataset (A-number, DOB, name, sex, ICD-9 code, ICD-9 description, date of service) with ORR case management data (country of origin)
  
  – Exclusions and restrictions
UC Healthcare Claims Study (2)

• **Methods**: ICD-9 codes reclassified into broader categories using AHRQ/Healthcare Cost and Utilization Project Clinical Classifications Software (CCS)¹
  
  – 18 main diagnosis groups, with further breakout (e.g., Level 1 [1. Infectious and parasitic disease] -> Level 2 [1.1. Bacterial infection] -> Level 3 [1.1.2 -> Septicemia ], etc.)

• **Preliminary Results**: 3,331 unique ICD-9 codes; 12,777 diagnostic code encounters (needs further cleaning)

¹ [https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp](https://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp)
## Preliminary Results:
### Top 5 Primary [Level 1] CCS Diagnosis Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diseases of the respiratory system</td>
<td>2,612</td>
</tr>
<tr>
<td>2. Diseases of the nervous system &amp; sense organs</td>
<td>1,839</td>
</tr>
<tr>
<td>3. Mental illness</td>
<td>1,349</td>
</tr>
<tr>
<td>4. Symptoms; signs; ill-defined conditions &amp; factors influencing health status</td>
<td>1,192</td>
</tr>
<tr>
<td>5. Injury &amp; poisoning</td>
<td>1,000</td>
</tr>
</tbody>
</table>

* Currently includes some duplicate codes for UC with repeat visits for the same condition.
UC Health Framework

Collaboration

Guidance

UC Health

Surveillance & Analysis

Medical System

Program Compliance
For more information, visit ORR’s website at:

www.acf.hhs.gov/programs/orr/