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February 2, 2024

Ms. Robin Dunn Marcos

Director

Office of Refugee Resettlement

Administration for Children and Families

Mary E. Switzer Building

330 C St SW, Room 5123

Washington, DC 20201

Re: Submission for OMB Review; Release of Unaccompanied Alien Children From ORR Custody (OMB #0970-0552)

Dear Director Dunn Marcos:

On behalf of the 67,000 primary care pediatricians, pediatric medical subspecialists, and surgical specialists of the American Academy of Pediatrics (AAP) who are committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults, we appreciate this opportunity to provide comments on the Office of Refugee Resettlement's (ORR) proposed changes to the forms used when unaccompanied children are released from custody and provided with post-release services (PRS).

AAP has reviewed the proposed changes to the forms and is grateful for the opportunity to provide suggestions of other improvements that ORR can make to improve clarity and breadth of the collected information.

Verification of Release (Form R-1)

AAP would like to thank ORR for incorporating our past recommendations and feedback in the Acknowledgement of the Sponsor Care Agreement. The additional statement, "In agreeing to these provisions, the sponsor holds authority to consent to medical and mental health care on behalf of the child," directly aligns with one of the recommendations in AAP's joint report with the Migration Policy Institute (MPI), *A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities*. In the report, we recommended ORR include a statement "that formally states that the sponsor can provide consent for medical and mental health care for the child (when needed, per state policies for all minors)".ⁱ Our members have reported that without an affirmative statement of a sponsor's ability and responsibility to consent for a child's health care, some health care facilities and insurance providers have rejected the Verification of Release form as certification of a sponsor's custodial responsibilities. ORR's addition of this statement is a vital step forward in addressing this barrier for children accessing health care.

Virtual Check-In Questionnaire (Form R-6)

AAP supports some of the proposed changes to the virtual check-ins, formerly known as safety and well-being calls. First, AAP supports the change to have PRS providers conduct the check-ins, rather than care provider facilities. We are hopeful that this change will increase the likelihood of sponsors accepting the calls. In tandem with this change, we recommend reviewing the current training protocols for PRS providers, ensuring they have partnerships with community-based providers, and are able to promptly provide information on available resources in connection with any needs identified during the check-in calls. AAP specifically encourages ORR to ensure PRS providers develop strong awareness of and relationships with local health systems to ensure children receive appropriate medical and mental health care, especially services needed to enroll in school. AAP would be happy to work with ORR to engage PRS providers in this regard.

Second, AAP supports the addition of questions for sponsors and children to confirm the sponsor has maintained care of the child. ORR may also consider adding questions regarding a child's health care coverage status and whether they have a regular source of pediatric medical care, an open-ended question about the relationship between the child and the sponsor, and the child's safety specifically in a work context.

AAP's primary concern with the changes to the virtual check-ins is the timing of the calls. ORR has proposed three calls, taking place at 7 business days, 14 business days, and 30 business days post-release. AAP supports additional calls to the sponsor and child, and 3 calls seems achievable. However, AAP recommends spacing the calls out further, past 30 days. Many challenges between children and sponsors develop long after placement, so the 30-day check-in is insufficient to determine the long-term status of a child and sponsor relationship. AAP recommends the first call be conducted at 7 business days, the second call between 21 and 30 business days, and the third call at least 60 business days after placement. By extending the check-in period, ORR is more likely to catch significant issues such as school enrollment, ongoing access to PRS, and lack of connection to needed resources. The later calls are also more likely to reveal instances where the sponsor-child relationship deteriorated and the child is in need of additional support. AAP offers additional recommendations for ways ORR can best support sponsors in the aforementioned report with MPI.

Discharge Plan (Form R-9)

AAP appreciates the attempt to standardize discharge planning but is concerned about some of the proposed changes. This form is used for children who are not likely to be released to a sponsor, may obtain a form of lawful immigration relief, are projected to have a prolonged stay in ORR care, and/or will soon turn age 18 and age out of ORR care. Many of these populations are particularly vulnerable and lack connections to systems of support and community resources. A comprehensive discharge plan can improve a child's experience after their release from ORR's custody.

In the proposed information collection for this form, it is not clear whether ORR requires a consultation with the child's medical or mental health provider as part of the process. While "Health Discharge Safety Plan" and "Behavioral Health Support Summary" are included, the proposal lacks detail about what these categories actually include. Our members are concerned about information sharing, such as medical records, in the discharge process, as a child transitions to a different health care provider. It is important to make sure that the ORR care providers completing form R-9 have all the available information and ensure nothing is missed in discharge.

Thank you for the opportunity to provide these comments. Please don't hesitate to contact Tamar Magarik Haro in the AAP's Washington Office at 202-347-8600 or tharo@aap.org should you have any questions or if you would like to further discuss AAP's recommendations for these forms or others. We look forward to working with you to ensure children leaving ORR custody are appropriately cared for and receive needed services.

Sincerely,

A handwritten signature in black ink, appearing to be 'BDH', with a long horizontal line extending to the right.

Benjamin D. Hoffman, MD, FAAP
President

BDH/mm

ⁱ Beier J, Fredricks K. A Path to Meeting the Medical and Mental Health Needs of Unaccompanied Children in U.S. Communities. American Academy of Pediatrics and Migration Policy Institute; 2023.
https://downloads.aap.org/AAP/PDF/aap-mpi_unaccompanied-children-report-2023_final.pdf