

**United States Conference of Catholic Bishops
Migration and Refugee Services**

**Safe Passages Family Reunification
Program Operations Manual**

FY2019



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Preface

Introduction

The United States Conference of Catholic Bishops' department of Migration and Refugee Services (USCCB/MRS) began its Safe Passages program in 1994 to protect unaccompanied, undocumented children apprehended by immigration officials. Due to the Homeland Security Act of 2002, the care and placement of children was transferred from the Immigration and Naturalization Services (USCIS) to the Office of Refugee Resettlement (ORR), and stated that custody of unaccompanied children (UC) must be transferred to ORR within 72 hours of apprehension. A federal program was created to ensure that children are placed in the least restrictive setting that is in child's best interest. USCCB/MRS coordinates the Safe Passages Family Reunification Program through a federal grant with the United States Department of Health and Human Services/Office of Refugee Resettlement/Division of Unaccompanied Children Operations (HHS/ORR/DUCO¹). The goal of the program is to ensure that children who have been detained by immigration officials are released to safe family environments, who can provide for their physical and emotional well-being. The USCCB/MRS' Safe Passages Program also works to ensure that children are on a path toward permanency by helping them obtain immigration relief, whenever possible.

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¹ <https://www.hhs.gov/programs/social-services/unaccompanied-alien-children/index.html>

The Program Operations Manual (POM)

Welcome to the USCCB/MRS Safe Passages Family Reunification Program! This Program Operations Manual (POM) will provide the knowledge and tools necessary to ensure effective and high-quality services to unaccompanied children and families. Topics will include:

- The children served by the program, Unaccompanied Children (UC);
- The ORR/DUCO systems that work with these children;
- How to leverage all available community resources for families, and;
- The policies and procedures for Home Study and Post-Release services through USCCB/MRS's Safe Passages Family Reunification Program.

This manual provides a host of helpful resources in the appendices and hyper-linked throughout the document. You have the options of printing this document for your reference or keeping this as an electronic document to access the online files. The hyper-links provided will take you to online resources available to help you, including links to our MyMembership page.

Chapter 1: Family Reunification Program Overview

- 1.1 Program Overview
- 1.2 Safe Passages – Family Reunification Web Library
- 1.3 The Population We Serve
- 1.4 Structure of the USCCB/MRS Family Reunification Program
- 1.5 Child Focused and Strengths Based Approach

1.1 Program Overview

Through a network of qualified local social services providers, the USCCB/MRS's Safe Passages program conducts home studies and provides post-release services for UC released from the care of ORR/DUCO to sponsors. Sponsors include family members or other caregivers designated by the child's family. Prior to ORR/DUCO's approval of release and reunification, all sponsors must complete the required Family Reunification Application and required background checks. Sponsors commit to attending to the child's needs and ensuring the child complies with the immigration court requirements. A home study (HS) may be requested prior to a child's release to assess the safety and appropriateness of placing a child with a sponsor. Other children may be referred for post-release services (PRS) only. Upon a child's approved release from ORR/DUCO care and custody, local social services providers within USCCB/MRS's Safe Passages Family Reunification network provide post-release services to monitor the child's well-being, connect the child and family with appropriate community-based referrals and services, and to support a successful family reunification.

1.2 Safe Passages – Family Reunification Web Library

Throughout this document, additional information and resources will be provided in the form of both website links to our Safe Passages Family Reunification MyMembership page and Appendices. The MyMembership resources library contains a wealth of information for both new and existing providers. This includes training and webinar materials, guidance on completing home study and post-release reports, and additional resources and information related to the program and population served. The link to the main page of the web library can be found below. *(Please contact USCCB/MRS if you require assistance with your log-in to access the web library).*

MyMembership Page:
<http://community.usccb.org>
 Username: <YOUR EMAIL>
 Default Password: migration1234

1.3 The Population We Serve

Unaccompanied Children (UC) are defined as children younger than 18 years of age, who have migrated to the United States without lawful immigration status and were not accompanied by a parent or legal guardian at the time of apprehension by US immigration authorities². The POM will refer to these children and adolescents as "UC", "youth", or "child." For more information on the UC population refer [here](#).

² Homeland Security Act of 2002, 107th U.S.C. §462.2 (2002)

Most migrate to the United States in order to reunify with a family member that is already living here; however, they could also be fleeing from gang violence, abuse, poverty and hunger, or to seek educational and employment opportunities. Gang violence and government corruption is highly prevalent in these Central American countries, with some having the highest homicide rates in the world. Youth are reporting being recruited by gangs and having their lives, and lives of their families threatened, if they do not join. There is also a percentage of youth who are seeking to reunify with biological parents they may have not seen in many years. Their parents migrate to the United States to seek improved employment opportunities and leave the youth, some as young as infants, in the care, of a grandparent or other family member. When these caretakers age or are no longer able to care for them, they may request the parent, or encourage the youth, to migrate to the United States.

The children served through the Safe Passages Family Reunification program have migrated to the US from all over the world; most are from Central America; however, we have served youth from South Asia, the Caribbean, and other Latin American countries. They are considered vulnerable because many have experienced traumatic events before or after they left their home countries. Reportedly they travel with the aid of a smuggler (“coyote”), alone, or accompanied by a family member or friend. Despite this, the typical migration journey for an unaccompanied child is quite traumatic and expensive. Research has shown that most are robbed, beaten, kidnapped, and/or sexually assaulted. Youth who are smuggled, or have high debt associated with their travel, are potentially at risk of human trafficking or being forced to work once reunified in order to pay off their debt. While not all cases of human smuggling are cases of human trafficking, it is important to understand the risks and to recognize the signs of labor and sex trafficking. If traveling alone, they tend to navigate by word of mouth by other family members or friends who have made the journey. Once they arrive in Mexico, they usually cross the country by climbing on top of moving trains. There are a small number of youths who report experiencing no trauma along their journey; however, one could argue that the journey of leaving your country and migrating thousands of miles, potentially alone, could be traumatizing.

1.4 Structure of the USCCB/MRS Family Reunification Program³

The Family Reunification program at USCCB/MRS consists of the Assistant Program Director, Placement Specialist, Children’s Services Specialists, and Program Associate. The **Assistant Program Director** oversees and manages the programmatic operations of the Family Reunification program at USCCB/MRS. They liaise directly with ORR/DUCO on program operation, budget, and policy and procedure. The **Placement Specialist** receives home study and post-release case referrals from ORR/DUCO and subsequently refers them to the Family Reunification provider in closest proximity to where the UC’s sponsor resides. Once the Placement Specialist accepts a case, he/she contacts the assigned Family Reunification provider to initiate a request for services. More information on the referral process is provided in Chapter 4 of this document. Each Family Reunification provider is designated a specific point of contact, a **Children’s Services Specialist (CSS)** on the Family Reunification team. Each CSS serves as the primary USCCB contact at for their designated programs. The **Program Associate** provides administrative support to the Family Reunification program when needed.

³ Staff information and titles are subject to change.

The **CSS** is available to provide training, case consultation, and technical assistance. For new home study cases, your CSS can clarify the reasons for referral and to provide initial guidance on the home study process and expectations. They will also serve as your point of contact and liaison for any situations that warrant ORR/DUCO's attention. For new post-release cases, your assigned CSS will provide release notification, information on service guidelines, and due dates for all post-release reports. He or she will also be in communication with you to provide webinar trainings, newsletters, on-site trainings, and to facilitate peer exchanges. ***USCCB/MRS highly encourages our Family Reunification providers to contact the CSS for case-specific consultation and guidance at any time during the service period.***

Your CSS also conducts quality assurance reviews of all home study and post-release reports. They are responsible for conducting both desk and on-site monitoring of local Family Reunification Programs. More information regarding monitoring and quality assurance will be provided in **Chapter 8: Monitoring and Quality Assurance**.

1.5 Child- Focused and Strengths-Based Approach

While providing home study and post release services, programs should keep in mind that the primarily focus on service delivery is to ensure the safety, well-being, and permanency of the child. While it is appropriate and necessary in some cases to provide additional assistance and referrals to address the needs of the family as a whole, an independent assessment of the child's well-being should always be conducted. During every home visit, you must **conduct an independent interview with the child**. In some cases, where there may be safety concerns, or the child appears uncomfortable sharing information independently, it may be necessary to conduct a follow-up visit with the child only at a neutral location (i.e., a school, after-school program, or in your office).

When providing home study or post release services, program should ensure that they are educating recently reunified immigrant families on available community resources and empowering them to draw on their own strengths and resources to increase their resiliency. Undocumented children and their families can demonstrate remarkable strength and resilience in their survival and coping skills while adapting to their new surroundings in the United States. When these mechanisms are lacking, a heightened risk is placed on the family that can result in dysfunction and place the children at risk of possible removal from the home, or in need of services. In order to ensure that these goals are being met, the Family Reunification team encourages providers to use a strengths-based approach to working with families, focusing on the strengths and [protective factors](#) that the child, sponsor, and families have. Building up empowered sponsors who know how to access resources and use positive techniques reduces the risk of abuse and neglect and encourages an environment where the child is allowed to thrive.

Chapter 2: Local Provider's Program Management

- 2.1 Personnel
- 2.2 Staff Training
- 2.3 Staff and Supervision

2.1 Personnel

Per ORR's Funding Opportunity Announcement (FOA), the requirement for Home Study and Post Release Case Worker is, "must have a bachelor's degree in Social Work (BSW) or an equivalent degree in education, psychology, sociology, or other behavioral sciences equivalent". ORR/DUCO may consider relevant work experience in lieu of social services background and a waiver to the above requirements can be made in certain circumstances. Staff working on Home Study and Post Release cases must also be bilingual in Spanish and English. A Master's in Social Work or equivalent is required to provide program supervision; social work licensure is not required. Staff positions that will be supervisory in nature, must receive pre-hiring approval from ORR/DUCO.

Linguistically and Culturally Appropriate Services

As a program of the Safe Passages Family Reunification program, providers are required to employ bilingual (Spanish) speaking staff to conduct Home Study and Post Release Services. In the event that a child and/or sponsor speaks a language other than English or Spanish, the provider is responsible for securing professional interpretation services in order to conduct the interviews in their native language. Likewise, interpretation should be utilized when necessary to conduct all required interviews. **Under no circumstances should a child, family member, or ORR/DUCO shelter staff be used as an interpreter for any home visit or interview.** Contact your CSS for assistance if you are unable to secure interpretation services.

2.2 Staff Training

Staff working for the Safe Passages Family Reunification Program are required to receive 40 hours of training annually in the following topic areas:

- ORR/DUCO Policy and Procedures
- Child Welfare Best Practices
- Cultural Competence Training
- Immigration and Child Welfare Systems (local, national, international)
- Child Development Training
- Loss and Family Separation Training
- Health and Mental Health
- Confidentiality Training
- Child Trafficking and Smuggling
- Child Abuse Reporting Requirements
- Immigration Overview
- The Flores Settlement Agreement
- Trafficking Victims Protection Reauthorization Act of 2008
- Violence Against Women Reauthorization Act of 2013
- Safety working in the field
- Substance Abuse
- Gang Prevention

- Domestic Violence
- Community Based/Education Services

These training requirements can be satisfied through on-site training, agency sponsored training, USCCB/MRS trainings, webinar, conference workshops, etc. It is recommended to maintain detailed training logs for each staff to verify compliance with this ORR/DUCO requirement. Please note that trainings can satisfy more than one training topic and that there is no set number of hours needed to satisfy a particular topic. Training hours for new program staff that are hired during the fiscal year will be prorated. Staff training logs will be reviewed during on-site monitoring visits and are collected at the end of the fiscal year. It is the responsibility of individual staff to ensure their training logs are up to date and meeting the required training topics. Here is a [template](#) and example of a tracker to keep a record of trainings completed.

2.3 Staff and Supervision

Staff and supervisors should participate in regular supervision to discuss cases and programmatic issues. It is up to the discretion of the agency on the frequency of these sessions and format (i.e., 1:1 or group setting) but at minimum should occur bi-monthly. Program supervisors should also review case files and documentation for quality assurance at least on a quarterly basis throughout the year.

Chapter 3: Databases – MRIS and UAC Portal

- 3.1 MRIS Database Overview
- 3.2 MRIS User Roles
- 3.3 Learning to Use the MRIS Database
- 3.4 Benefits of the MRIS Database
- 3.5 UAC Portal

3.1 MRIS Database Overview

USCCB/MRS utilizes an online database system, Migration and Refugee Information System (MRIS), to share information between local providers and USCCB/MRS. In the Safe Passages Family Reunification Program, providers use MRIS to:

- Review and accept case referrals sent by USCCB/MRS
- Submit post-release reports
- Access and review previous reports that have been submitted

Each individual program staff member will receive his/her own log-in to access the MRIS database. Information submitted to USCCB/MRS is stored in this site, including child case records and reports for each case. The following is a brief overview of how to utilize MRIS; the link to access MRIS, can be found [here](#), as well as previously recorded MRIS training [here](#).

3.2 MRIS User Roles

The primary contact for each program is assigned to the **administrative role** within the database. Typically, this is the contact listed on the Memorandum of Understanding (MOU) with USCCB/MRS Safe Passages Family Reunification. ***If the primary contact at your agency changes, please inform USCCB/MRS immediately.*** This role allows access to every part of the site and can function as any of the other roles below, except as the final approval of reimbursement requests. In addition, this user can see all cases, forms, budgets, create monthly administrative expenses, and approve reports. **The administrative user role is responsible for adding or updating staff into the database and must assign one of the three following roles to each staff member: financial, case manager, or case supervisor.** Below is a brief description of each role:

- **Financial:** This staff member is responsible for authorizing all financial forms as a second verifying signature using their credentials. *(Note: The “financial user” role is a distinct role from the “administrator user” even if it is the same individual for your agency).*
- **Case Manager:** This staff member is the primary user of the database and can write reports for his/her cases. The reports written by the case manager, once completed in MRIS, must be reviewed and submitted by either the case supervisor or by the administrator to USCCB/MRS.
- **Case Supervisor:** This staff member can assign user roles in MRIS and write reports for his/her cases. In addition, the case supervisor can view and approve information for all cases assigned. The case supervisor can submit reports written by their case managers to USCCB/MRS. However, this user cannot approve financial forms.

3.3 Learning to use the MRIS Database

The database provides a “Help” section which enables users to access various tutorials and frequently asked questions to further assist in report submission. If this section does not open, please ensure your internet browser’s pop up blocker is disabled. The “Help” section can be found at the top right-hand corner of the database site and includes the following sections:

- Contents Section
- Tab Overview
- Form Overview
- Reports Detail
- Frequently Asked Questions
- Tutorials

3.3.1 Reports Submitted Via the Database

The following reports are to be submitted via the database. These reports can also be viewed on the **Safe Passages MyMembership** page but are for reference purposes only.

- 14-day Report
- 60-day Report
- Semi-Annual/6-month Reports
- Case Closure Summary Report

All forms need to be completed and submitted through the MRIS Database system; for more information on these forms, please reference **Chapter 6: Post-Release Reporting Requirements (Section 6.2, page 23)**.

3.4 Benefits of the MRIS Database

Beyond the convenience of submitting reports and reimbursements online, the database provides additional benefits for its users. Some sections have searchable fields that make it easier for the user to find a particular case.

In the “Alerts” tab, users are informed of late reports when they see a **red** “Alert”; users are also able to sort “Alerts” by the form name, report type, or report due date.

Within the “Cases” tab, users can sort their cases by type of case, country of origin, or gender. Additionally, the search feature assists the user in locating a particular case record, a feature particularly helpful for those agencies with numerous cases. Once in the case record, users can locate reports that have been submitted and their current status, i.e., approved, pending supervisor approval, submitted, etc.

If you have any questions regarding submission of reports via the database, please contact your Children’s Services Specialist. For any technical challenges with MRIS, please contact USCCB/MRS’ Information Technology department at mrishelp@usccb.org and copy your CSS on this help request.

3.5 UAC Portal (ORR/DUCO Database)

ORR/DUCO has implemented the use of the UAC Portal. The UAC Portal is used to obtain documentation for youth referred and being served by USCCB/MRS. It is the responsibility of the local provider to log into the UAC Portal and download needed and required case file documents. If a document has not been uploaded to the UAC Portal, please inform your assigned CSS. Once a home study report is completed, the document is to be uploaded to the UAC Portal, closing the referral. Additional information regarding home study submission will be provided in **Chapter 5: Home Study**. All staff should have access to the UAC Portal. If not, please contact your assigned CSS. The link for the UAC Portal can be found [here](#). Please note that the UAC Portal is managed by ORR/DUCO, not USCCB/MRS; therefore, we do not have control over how that database is managed.

Chapter 4: Case Referrals

4.1 Referral Overview

4.2 Referral Process

4.1 Referral Overview¹

Cases are referred to the USCCB/MRS Family Reunification Program through a nationwide network of residential care provider programs (often referred to as “shelters”), which are contracted by ORR/DUCO to house detained children and facilitate their safe release to an approved sponsor. When USCCB/MRS receives a referral for home study or post-release services for a child, the Placement Specialist accepts the case when funded capacity is available and then refers the case to a sub-recipient within the Family Reunification provider network.

Before USCCB/MRS receives a case referral, a potential sponsor must complete an application (Family Reunification Packet) to be considered for sponsorship. The application is sent to the sponsor by the child’s shelter case manager at the ORR/DUCO-contracted care provider program where the child is living. The child’s shelter case manager reviews the completed application, which includes the sponsor’s proof of identity, proof of relationship to the child, and results from a national (FBI/OSSI fingerprint) criminal history check². However, according to ORR/DUCO policy, for cases in which the sponsor is the biological parent or legal guardian, there is no apparent safety risk and the child/youth does not meet specific referral requirements, i.e. the case is referred for a home study, the sponsor may be exempted from fingerprint background checks. ORR/DUCO policy and procedures are subject to modification or update regarding sponsorship requirements. USCCB/MRS will keep all sub-recipients informed of any changes or updates to ORR/DUCO guidance impacting the provision of Home Study and Post-Release services.

ORR/DUCO currently has the following categories of sponsors depending on their relationship with the UC:

- Category 1: Biological parent or legal guardian
- Category 2A³: Grandparents and adult siblings, regardless of their previous relationship with the child; or, other close relatives who were primary caregivers to the child (i.e., provided physical care/custody). Half-siblings and step-siblings from a verified marriage would be considered 2A
- Category 2B: Uncles, aunts, first cousins, and in-laws who were not primary caregivers to the child
- Category 3: Distant relative or unrelated adult

4.2 Referral Process

Cases are referred to sub-recipients via email and the MRIS database system. The sub-recipient will be blind copied on emails sent to shelter case managers indicating that the referral has been accepted

¹ POM Update 8/26/2019

² ORR/DUCO has a Memorandum of Understanding with HHS 's Office of Security and Strategic Information (OSSI) to run the fingerprints through the Federal Bureau of Investigation (FBI) to conduct immigration checks and complete Child Protective Service checks.

³ July 19, 2019: ORR updated and broke up this category into two sub-categories. This change is also reflected in the ORR UAC MAP (Manual of Procedures) Section 2.

and services will be provided by USCCB/MRS. The sub-recipient will then receive a referral and placement verification request in MRIS and an email referral which notes the service category (Home Study or Post Release), location of sponsor, relationship to the child, and referral reasons. Cases are accepted by clicking through the verification and placement window in MRIS and responding to the referral email. Please note, that due to ORR/DUCO guidelines, **you will need to verify/accept a case within 24 hours** (or the next business day) of referral. Once the case has been accepted by your program, it is the responsibility of the local program to download all the required shelter case documents⁴ for the child (found in the UAC Portal⁵). The name of the shelter case manager assigned to the child's case can be found either on the case acceptance email sent by the Placement Specialist or on the UAC Portal. Once the case has been accepted, the sub-recipient can immediately begin the Home Study or Post Release process. For cases in which the sub-recipient conducted the Home Study, a verification for Post Release services will not be sent. Rather, the Placement Specialist will blind copy the sub-recipient program and the local worker that conducted the initial home study, that USCCB/MRS will continue providing services to the child and sponsor. For assistance with case referrals or acceptance, please contact the Family Reunification Placement Specialist at **202-541-3321**.

⁴ Refer to Chapter 8, subsection 8.1 for required shelter case documents

⁵ Refer to Chapter 3, subsection 3.5 for more information on the UAC Portal

Chapter 5: Home Study

- 5.1 Home Study Overview
- 5.2 Home Study Instructions
- 5.3 Home Study Submission
- 5.4 Home Study Extension Requests
- 5.5 Home Study Addendums

5.1 Home Study Overview

According to the ORR/DUCO Policies and Procedures, a home study is conducted before ORR/DUCO makes a release decision when “the safety and well-being of the child [UC], the sponsor family unit, or the community are in question, or more information is needed about the safety and appropriateness of the home environment.”

In addition to concerns about the placement and the need for more information, the **Trafficking Victims Protection and Reauthorization Act (TVPRA)** of 2008, states a home study is required for a child who:

- is a victim of a severe form of **human trafficking**,
- has a **disability**, as defined by the Americans with Disabilities Act of 1990,
- has been a **victim of physical or sexual abuse** under circumstances that indicate the child’s health or welfare has been significantly harmed or threatened, **or**
- whose **proposed sponsor clearly presents a risk** of abuse, maltreatment, exploitation, or trafficking to the child based on all available objective evidence.

USCCB/MRS identifies the above home study type as, **HS-TVPRA**.

ORR can also request an **ORR Mandated Home Study**. These home studies are required for a UC who:

- has a non-relative potential sponsor who is seeking to sponsor multiple children (this would include siblings or parent-baby sets) or has previously sponsored a child and is seeking to sponsor additional children.
- has a non-relative potential sponsor who is seeking to sponsor a UC who is 12 years old or younger (considered “tender age.”).

USCCB/MRS identifies this home study type as, **HS-Mandatory**.

Discretionary Home Studies may also be conducted on a potential sponsor for cases that do not fall under TVPRA or ORR mandated home study categories, and when the shelter case manager and case coordinator both agree that a home study is needed to make a final release decision. Home studies that fall under this criterion, are identified as **HS-Discretionary**.

After the local provider receives a home study referral from USCCB/MRS, the assigned worker conducts the home study, which includes a visit to the home of the sponsor, interviews with other household members, and a telephonic interview with the child and shelter staff (as necessary), to provide a recommendation as to whether the child’s placement with the sponsor is in the child’s best interest and the sponsor is a suitable caregiver. A brief explanation of these steps, as well as required

reporting to USCCB/MRS, is found in Sections 4.2 and 4.3 below. Detailed instruction and guidance about each of these steps is provided in the **USCCB/MRS Family Reunification Home Study Write-Up Guide**, which can be found [here](#).

USCCB/MRS provides ongoing technical assistance and case consultation throughout the home study process. In certain circumstances, USCCB/MRS will also receive and prepare the final report for submission to ORR/DUCO, which has the authority to make the final decision about whether the child will be released. **If the child is ultimately approved for release by ORR/DUCO, the local provider is expected to continue serving the child during the post-release service period which may result in the program surpassing their funded anytime capacity.**

5.2 Home Study Instructions

Providers will be given **10 business days** from the next business date following the date of referral to complete the home study and corresponding report⁷. The home study report and due date will be provided by the agency's assigned CSS. Should you experience difficulty accessing a required report form, or have questions regarding due dates, please contact your CSS for assistance. **Any reasons for needing a home study extension must be justified and the request should be made to USCCB/MRS as soon as possible in the home study process.**

Basic Elements of the Home Study Process⁸:

- o *Criminal Background Check(s)*
Checks are completed by the shelter prior to the home study referral for all known adult household members. Actual background check results are no longer included in the case referral documentation you receive, but updates may be provided in the case assessment or the release request; it is recommended that you consult with the shelter worker prior to submitting a home study to ORR/DUCO. If additional household members over 18 are identified during the home study, and have not completed background checks, you must notify your CSS immediately to assist with guidance on how to proceed with the home study. In cases of a home study, **all** adult household members must be fingerprinted.
- o *Child Abuse & Neglect Registry (CA/N) check*
This check is done to find out what, if any, contact the sponsor has had with the child welfare system in the states where the sponsor has lived. The CA/N check is required only for the sponsor in home study cases. Although this is primarily the responsibility of the shelter case manager, an update on the status must be included in the "sponsor overview" section of the home study report. As such, the local worker conducting the home study should coordinate with the shelter case manager to ensure he/she has requested a CA/N check for the sponsor and to get an update on the status. Contact your CSS with any questions regarding this requirement for sponsors.
- o *Interviews*
You are responsible for conducting interviews with the following:

⁷ For example, if the case is referred to the sub-recipient on January 1st, the first business day starts on January 2nd which would result in the home study report being due on or by January 15th.

⁸ Background, fingerprint, and CA/N checks are requested per ORR and State guidelines which can be waived or changed. You will receive guidance on new requirements as USCCB/MRS receives them from ORR.

1. Child
 - Telephonic interview with child in ORR shelter
 - Interview should be conducted in child's native language
 2. Sponsor
 3. All persons living in the home ages 3+. For children under the age of 3, the sponsor's interaction and relationship with the child should be reported
 4. ORR/DUCO shelter case manager and/or clinician for updates on child's progress in care, if necessary.
 5. Other professionals working with the child (probation officers, attorneys, social workers, etc.) for a comprehensive assessment, if necessary.
- o *Home Study Report*
- The home study report should provide a comprehensive assessment of the potential placement of the child in the home of the sponsor, based on information collected through the interviews, background checks, and case file review.

Before the Home Visit:

The **Home Study Process Checklist** guides the assigned worker through the steps to take before conducting the home visit with the sponsor, as well as, some steps to ensure during the home study process. This checklist can be found [here](#).

During the Home Visit:

- Introduce yourself to the sponsor and explain your role.
- Provide an overview of the home visit process.
- Request to take a tour and view all rooms in the home. Observe and assess proposed sleeping arrangements for the youth. Check for safety hazards and ensure the house has adequate food.
- Explain that you will ask a lot of personal questions and explain the importance of obtaining all information.
- Answer the sponsor's questions before beginning the interview.
- Interviewing:
 - o Ask open-ended questions
 - Don't read questions word for word – use report template as a guide
 - Engage in conversation
 - Consider the order of the questions you will ask
 - o Professional observation of non-verbal cues
 - o Ask questions to find out unknown any missing information and clarify any discrepancies
 - o Use the [USCCB/MRS Family Reunification Home Study Write-Up Guide](#), in addition to guidance questions developed by your own agency, to aid in the interviewing/discussion during the home visit and to ensure the following required areas are addressed:
 - UC Background
 - Sponsor Background/Overview
 - Sponsor's Relationship to UC and Motivation
 - Sponsor Parenting/Sponsorship
 - Household members
 - Home and community

- Financial situation
- Risk and Protective Factors
- Be creative and ask the question several different ways. Sometimes when you ask the question directly you may not get a thorough response.
- Explore evasiveness – If the sponsor does not want to answer the question, ask why?
- Clearly document your efforts to obtain this information, to be included in the final report. Provide your professional assessment as to why the sponsor did not answer certain questions.

Psycho-educational Process:

- Come to the home visit prepared to provide the sponsor with education and resources to address the reasons for referral. Concrete resources and referrals should be provided to the sponsor and these should be clearly documented in the relevant section of the home study report.
- Determine what the sponsor already knows about the child's needs and where they are lacking information.
- Help the sponsor recognize needs and identify potential solutions.

After the Home Visit:

Note whether you identified any of the following concerns. If so, you must **notify your CSS about these concerns within 24 hours (or the next business day)** after you conduct the home visit:

- You identify or suspect there are additional adult household members that were not included on the referral documentation or have not completed the required background check.
- You were unable to view one or more rooms in the home, for any reason.
- The sponsor relocates or intends to relocate during the home study process.
- The sponsor lacks sufficient knowledge of the child's specific needs or appears to minimize the extent of these needs.
- You identified concerns of abuse or neglect in the sponsor's home, which you must report. **(MANDATORY REPORTING REQUIREMENT)**
- You anticipate a negative home study recommendation.

Completing the Home Study Report:

After the home visit, contact the sponsor and any other stakeholders to gather any additional information necessary to complete the home study report. If you have not already done so, interview the child. Interviewing the child is a critical part of the home study process. You will need to coordinate this interview (usually via telephone) with the shelter case worker. During this interview is important to obtain the child's perspective on the reunification with the proposed sponsor, goals post release, and background history.

Detailed guidance for completing the Home Study Report can also be found in the [USCCB/MRS Family Reunification Home Study Write-Up Guide](#).

Making the Final Recommendation:

Consider the risk versus protective factors identified during your assessment, as well as, child welfare principles. Reports in which a negative recommendation will be made need to be reviewed by your CSS **prior to** submission to ORR/DUCO.

Risk versus Protective Factors⁹

Risk factors are conditions that we know through prior research to be commonly present in situations of child abuse or neglect, so we want to be able to identify them during our assessments. These are just some examples of risk factors:

- Substance abuse
- Age
- Disabilities
- Domestic violence
- Poverty
- Lack of safety in neighborhood
- Inadequate plan for supervision

When protective factors are present in a family setting, they can help serve as buffers when the family unit encounters stress or difficulty. These are some things you want to keep in mind as you begin your assessment and look for these (through both observation and discussion) during the home study. These are just some examples of risk factors:

- Nurturing and attachment
- Knowledge of parenting and youth development
- Parental resilience
- Social connections
- Concrete supports

Child Welfare Principles

Child welfare principles include safety, permanency, and well-being, and these are factors to keep in mind during your assessment and while making the final recommendation. Is the sponsor capable in the current situation to ensure the child's safety, permanency, and well-being upon reunification? If there are concerns with any of these areas, begin thinking (and have the sponsor present ideas as well) of what changes need to occur to ensure these. This could include discussion of neighborhood safety, supervision planning, or identifying the need to further educate the sponsor on a particular area or issue.

A comprehensive recommendation should include psycho-educational information that was provided during the home study process, to include the following:

- what knowledge/access of community resources does the sponsor already have or is needed to meet the needs of the child,
- what resources/education have you provided directly to sponsor during the visit, and
- what additional education/support/resources are needed for the placement to succeed.

5.3 Home Study Submission

Follow the guidance provided in the **Home Study Submission Checklist, which can be found [here](#)**. It is the responsibility of the program to upload and submit the home study reports to ORR/DUCO. The home study report needs to be saved in PDF format, and uploaded into the UAC Portal, with no special characters in the file name. The home study report will also need to be emailed, in PDF format and password protected to the assigned shelter case manager, Federal Field Specialist (FFS), Third Party Reviewer (GDIT), and your assigned USCCB CSS. Once the home the home study report is submitted, USCCB/MRS will close the case in MRIS to open capacity to serve a new home study referral.

⁹ Information from www.childwelfare.gov

5.4 Home Study Extension Requests

If, while conducting the home study, it is determined that an extension will be needed, please contact your assigned CSS as soon as possible. Home study extensions require authorization from ORR/DUCO, and due to the limited time frame, providers should request an extension as soon as they can to maintain compliance with due dates. The assigned CSS will request the extension on your behalf and will notify the assigned worker of the request outcome. Some examples for requesting an extension can include: unable to establish contact with a sponsor to schedule home visit; inability to contact shelter case worker to schedule interview with youth, etc. If the sub-recipient is unsure of what would warrant an extension, please contact your assigned CSS.

In situations where the home study cannot proceed for an extended period, for example the sponsor has reported that they will be moving but has not secured new housing or household members refuse to participate in the home study process; it may be appropriate for your assigned CSS to request that the referral be remanded/cancelled until the issue is resolved. Please consult with your CSS if the above situations occur as soon as possible to determine how to proceed.

5.5 Home Study Addendums

Shelter case managers or Federal Field Specialists (FFS) can request addendums be completed, especially in cases of a negative home study recommendation. Home study addendums need to be approved by the FFS prior to the request and should come to the attention of your assigned CSS, who will follow up on your behalf about the ability and capacity to complete the addendum. Should a shelter case manager or FFS contact the assigned worker directly, please notify your CSS who will follow up and respond to the request on your behalf.

Currently, ORR/DUCO does not have a specified timeframe for completion of home study addendums but to ensure ongoing capacity, USCCB/MRS requests that home study addendums be conducted within 10 business days. Only the pertinent sections, along with the Recommendation Section, of the original home study report need to be amended/updated. Once the addendum is completed, the local provider will submit the report via email to the shelter case manager, FFS, Third Party Reviewer (GDIT), and USCCB/MRS in the same PDF, password protected protocol as noted above.

Chapter 6: Post Release Services

- 6.1 Post-Release Overview
- 6.2 Post-Release Reporting Requirements
- 6.3 Intensive Services
- 6.4 Guardianship
- 6.5 Notifications of Concerns (NOCs)
- 6.6 Relocation of the Child or Sponsor

6.1 Post-Release Services Overview

Children are referred for post-release services (PRS) when the child's release is determined safe and appropriate by ORR/DUCO, but the child and sponsor need additional assistance to connect them to appropriate resources in the community to address the child's needs. ORR has implemented the following Post Release service categories (and timeframes)¹⁰:

- **TVPRRA Post Release Services (PRS-TVPRRA):** post release services following a TVPRRA home study. These cases will receive 14-day, 60-day, and semi-annual visits, with monthly phone calls after the 60-day visit, and will remain open until the UC turns 18, their immigration proceedings are resolved, or contact is lost for more than 30 days.
- **Discretionary/Mandatory Post Release Services (PRS-Mandatory/PRS-Discretionary):** post release services following a Discretionary or Mandatory home study. These cases will receive a 14 day and case closure visit, with bi-weekly phone calls, and will remain open for 90 days or until the UC turns 18, their immigration proceedings are resolved, or contact is lost for more than 30 days.
- **PRS-Only Services:** post release services where a home study was **not** conducted. These cases will receive a 14 day and case closure visit, with bi-weekly phone calls, and will remain open for 90 days open or until the UC turns 18, their immigration proceedings are resolved, or contact is lost for more than 30 days.

Post-release services can occur in combination with a home study or independently. If your agency conducted the home study, it is expected that you will continue to serve the child during the post-release services period, pending approval of release. If your agency is unwilling or unable to follow a home study with PRS, then it is important to inform your CSS during the home study process or immediately after the home study report has been submitted. Common reasons for this may include the distance of the case, sensitive issues that came to light during the home study process, or other potential reasons. Other cases that did not receive a home study can be referred for post-release services only.

Core Service Requirements for Post-Release Service Providers:

At the time of the 14 day initial visit, providers should take the time to review with the UC and their sponsor all of the release paperwork provided to them from the shelter; ensure that Change of Venue/Change of Address COV/COA forms have been updated/completed; provide education to the sponsor on immigration court, and assistance on calling the Executive Office for Immigration Review

¹⁰ ORR/DUCO timeframe of post release services are subject to change at any time; providers will be informed of any changes.

(EOIR) hotline, as well as provide any key referrals/resources to address the primary referral need(s) of the UC.

The goal of post-release services is to provide the following core services:

- assessment of the child's safety and adjustment
- informing/reminding the sponsor of sponsorship responsibilities (refer to the ORR/DUCO Sponsorship Agreement in the Family Reunification Packet for an overview of sponsor responsibilities – this can be found [here](#))
- assistance with school enrollment, as needed
- education on accessing emergency services in the United States
- education on US and/or state child welfare laws
- education on state law regarding compulsory school attendance and school referrals/registration
- education on state guardianship law and process (if applicable)
- confirmation of completion and submission of Change of Venue and Change of Address (COV/COA) forms to both the immigration court and the ICE Chief Counsel. Change of Address forms, if needed, can be found here: [EOIR website](#)
- provision of referrals for pro bono legal or low-cost representation for the child's immigration hearing
- discussing the importance of attending immigration appointments and hearings; and providing guidance on how to utilize the EOIR hotline, **1-800-898-7180**, for updated court information
- linking the child and family with appropriate community-based resources and referrals to address the reasons for referral (e.g. mental health, and medical resources)
- orientation to community resources (e.g. food banks, social services, recreational programs, and emergency services)
- advising the family to contact the child's probation officer or juvenile court, when applicable

After USCCB/MRS accepts the case and refers/notifications the local provider of the case, post-release services should begin when notification from USCCB/MRS, shelter staff, the sponsor and/or the UAC Portal that the child has been released to the sponsor. The assigned worker is required to **contact the sponsor within 24 hours of notice of release** to confirm the child's arrival, ensure the child is safe and well, and to schedule the initial home visit, **which must occur with seven (7) days of being notified of the child's release**. Be sure to document all attempts to contact the sponsor in your case notes. (More guidance on case note documentation requirements can be found in **Chapter 8: Monitoring & Quality Assurance**.)

The **Post Release Checklist** guides the assigned worker through the steps of the post release process. This checklist can be found [here](#).

Home Visits¹¹

The 14-day, 60-day, semi-annual, and case closure visits must be in the home, utilizing the [PRS Home Visit Questionnaire](#). At times, cases may produce complications in which a home visit is not feasible. In these rare cases, a visit may be conducted in the office, school, etc., but never solely over the phone. The visits should be conducted so that their corresponding reports can be submitted at the following

¹¹ Depending on the youth's age at the time of referral, it is possible that not all three reports will be required.

intervals following notification of the child's release: 14 days, 60 days, and 180 days (6 months or semi-annual) as required based the type of PRS case it is. Case closure visits should occur within 90 days following notification of the child's release for PRS Only and PRS Mandatory/Discretionary cases. For PRS-TVPRA cases that require further visits, home visits should be conducted on a semi-annual basis until the case is closed. All visits and phone calls should be documented in the case file.

Bi-weekly/Monthly Phone Calls

Bi-weekly phone calls are required for **PRS-only, PRS-Mandatory, and PRS-Discretionary** cases after the initial home visit. The purpose of bi-weekly phone calls is to discuss current placement adjustments, issues, and needed assistance. The progress of referrals should be understood and noted where appropriate. Each phone conversation should be included in the case notes, and include what was discussed, and with whom the interaction took place. Phone calls are expected to continue until the case closure home visit.

Monthly phone calls are required for **PRS-TVPRA** cases after the 60-day home visit. At a minimum, all PRS-TVPRA cases should receive a monthly call, in the event, intensive services are needed due to an emergency or other complication, then the call schedule should convert to a bi-weekly, or as needed, schedule until the identified issue has been addressed and/or resolved. In many cases, this emergency or complication may require a Notification of Concern (NOC), which may require extra visits or assistance to the sponsor and UC. For more information on intensive services, see section 6.3.

Post Release Reports

Post-Release reports are designed and required to keep USCCB/MRS and ORR/DUCO informed of the child's adjustment to their new setting, their safety, permanency and well-being. Additionally, post release reports are required to be part of the child's case file which are reviewed during on site and desk monitoring by USCCB/MRS. Report due dates are usually indicated in the release notice email the assigned CSS sends to the assigned worker, however providers should refer back to the timeline mentioned above. The assigned worker will also receive an alert in MRIS, 30 days prior to the report due date, however when in doubt, contact the assigned CSS.

6.2 Post-Release Reporting Requirements

Safe Passages Family Reunification program utilizes a case management model to provide post release services to UC and their families. Post Release reports show what services the UC and family were referred to based on their identified needs, as well as what services are being provided to the families, if families are benefitting from the services being provided, and the outcome of the services their receiving.

Currently the Safe Passages Family Reunification post release reports do not accurately reflect the "Assistance Provided" by local providers. As USCCB/MRS is in the process of updating the post release reports in MRIS, please use the following guidance until these updates have been implemented¹².

When completing Post Release reports, please remember the following:

¹² USCCB/MRS is in the process of developing a Domains Guide to assist in the writing of post release reports based on the guidance above.

- 14-day reports should consist of all phone calls, home visits, and services provided between that first/initial contact (at the beginning of the post release service period) and the 14-day report.
- 60-day reports should consist of all phone calls, home visits, and services provided between the 14-day report and the 60-day report
- The first Semi-annual (6 month) report should consist of all phone calls, home visits, and services provided between the 60 day and the 6-month report
- Proceeding semi-annual reports should include all phone calls, home visits, and services provided during each following 6-month period until the case closes
- Case closure reports should be a summary of all phone calls, home visits, and services provided during the entire post release service period (even if the case was not initially assigned to the current worker or program)

Guidance to completing specific sections of the post release report:

Services/Assistance Provided:

Services provided are what you as the assigned case manager do during the indicated service period and home visit and is a way to track and show to ORR/DUCO what our local providers do, i.e. assisting the sponsor with enrolling the youth in school (provided directly); providing referrals for mental health services, etc. Main selections for the “Assistance provided” column should be:

- Discussed
- Educated
- Referred
- Monitored
- Provided Directly
- Other

At a minimum, “Discussed”, “Educated”, and “Monitored” should be selected for **every report** and service area as these services should be assessed and discussed at every visit. Selecting “Provided Directly” would indicate that the case manager or the agency provided the service directly to the UC or sponsor. For example, if your agency provides counseling services that the UC is accessing, “Providing Directly” would be appropriate. Only in circumstances where contact was never established would it be appropriate to not select any of the above assistance modalities.

Outcomes:

This is the outcome of the goal and/or objectives specifically mentioned in the domain area and are subject to change during the service period.

Goals Achieved:

Goals Achieved are going to indicate whether the child and/or sponsor accomplished the goal for that service domain. It is important to highlight that goals achieved is the responsibility of the UC and/or sponsor and ***not*** on the case manager or agency assigned to the case. This section is to report the usage of a referral or service by the UC or sponsor, where required.

Please see the following case example below on how Outcomes and Goals can fluctuate during the service period in the Mental Health Domain.

Case Example:

A youth has a diagnosis of depression, and it is recommended that due to her mental health history, the youth continue with mental health services upon release to the sponsor.

14 Day Report				
Domain	Goals/Objectives	Assistance Provided	Outcomes	Goals Achieved
Mental Health	<p>GOAL: Ensure minor's mental health needs are met.</p> <p>OBJECTIVES: Provide sponsor with information on the benefits of mental health resources as necessary.</p>	☒ Discussed ☒ Educated ☒ Referred ☒ Monitored ☐ Provided Directly ☐ Other	<p>Child delayed service – child may participate at a later time (re: currently, it appears that the sponsor is receptive to services and may enroll the youth into counseling services)</p>	☐ Yes ☒ No ☐ N/A
CASE SUMMARY				
<p>Mental Health: During the 14-day service period, the local provider indicated that they educated the sponsor on the needs of the youth and benefits of receiving therapy and discussed how the sponsor should get those needs met through a counseling agency, at church, or through school services, and provided them with referrals. The sponsor indicated that she will look at the referrals and will discuss it with her spouse and the youth.</p>				

60 Day Report				
Domain	Goals/Objectives	Assistance Provided	Outcomes	Goals Achieved
Mental Health	<p>GOAL: Ensure minor's mental health needs are met.</p> <p>OBJECTIVES: Provide sponsor with information on the benefits of mental health resources as necessary.</p>	☒ Discussed ☒ Educated ☒ Referred ☒ Monitored ☐ Provided Directly ☐ Other	<p>Child delayed service – child may participate at a later time</p> <p>(re: currently, it appears that the sponsor is receptive to services and may enroll the youth into counseling services)</p>	☐ Yes ☒ No ☐ N/A

CASE SUMMARY				
<p>Mental Health: During the 60-day service period, the local provider discussed with the sponsor and youth the plans to meet the youth's needs regarding her depression. The youth and the sponsor both report that things have been going well and now the youth does not want to participate in counseling, but they are open to it if they need it down the road, the sponsor agrees with this. The local provider again educated the sponsor and the youth on the benefits of</p>				

counseling services and reminds the youth to at least seek out her school counselor if she has any concerns.

1st Semi Annual Report

Domain	Goals/Objectives	Assistance Provided	Outcomes	Goals Achieved
Mental Health	GOAL: Ensure minor's mental health needs are met. OBJECTIVES: Provide sponsor with information on the benefits of mental health resources as necessary.	☒ Discussed ☒ Educated ☒ Referred ☒ Monitored ☐ Provided Directly ☐ Other	Child/sponsor declined service – Child has turned down/does not want services	☐ Yes ☒ No ☐ N/A

CASE SUMMARY

Mental Health: This case manager reviewed the earlier mental health referral at the first semi-annual service period and report, however the youth and the sponsor decided that they do not want services, because the youth has not had any issues with depression.

2nd Semi Annual Report

Domain	Goals/Objectives	Assistance Provided	Outcomes	Goals Achieved
Mental Health	GOAL: Ensure minor's mental health needs are met. OBJECTIVES: Provide sponsor with information on the benefits of mental health resources as necessary.	☒ Discussed ☒ Educated ☒ Referred ☒ Monitored ☐ Provided Directly ☐ Other	Child receiving assistance – child is currently obtaining service	☒ Yes ☐ No ☐ N/A

CASE SUMMARY

Mental Health: During the second semi-annual service period and report, there has been some crises in the home, the youth reported suicidal ideation, was hospitalized for 2 weeks, and was referred and connected to a therapist, whom she has been seeing two times a week for the past month.

Case Closure Report				
Domain	Goals/Objectives	Assistance Provided	Outcomes	Goals Achieved
Mental Health	<p>GOAL: Ensure minor's mental health needs are met.</p> <p>OBJECTIVES: Provide sponsor with information on the benefits of mental health resources as necessary.</p>	☒ Discussed ☒ Educated ☒ Referred ☒ Monitored ☐ Provided Directly ☐ Other	Service completed - Child has received service	☒ Yes ☐ No ☐ N/A

CASE SUMMARY
<p>Mental Health*: Prior to leading up to the case closure visit, the sponsor and youth reported that the youth is no longer attending counseling due to her no longer needing services per the therapist. They both report that things have been going well and both have benefited from the counseling services.</p> <p><i>** The case remains open for another year until the youth's case closes due to them turning 18. The corresponding semi-annual reports reflected that the youth continued to receive counseling services during that time.**</i></p>

Also note that you can still provide assistance in a certain domain and have an outcome and goal be "not applicable"; for example with the above case, the youth does not have a history of substance abuse, however the local provider still wants to provide the sponsor and the youth with education on the symptoms of drug use, as the youth may be in a vulnerable situation due to being in a new country, and may have difficulties with adjusting, peer pressure, self-medicating due to depression, etc. and therefore may be more receptive to trying and using drugs. This can be indicated as such in the corresponding post release reports:

1 st Semi Annual Report				
Domain	Goals/Objectives	Assistance Provided	Outcomes	Goals Achieved
Substance Abuse	<p>GOAL: Address child's substance abuse issues (if applicable)</p> <p>OBJECTIVES: Provide sponsor with information on substance</p>	☒ Discussed ☒ Educated ☒ Referred ☒ Monitored ☐ Provided Directly ☒ Other	Not applicable to this child	☐ Yes ☐ No ☒ N/A

	abuse. *Provide sponsor referrals to local resources.			
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CASE SUMMARY

Substance Abuse: According to the youth and the sponsor, he/she does not have a history of substance abuse, however the local provider provided education on the symptoms of drug use. The youth may be in a vulnerable situation due to being in a new country, and may have difficulties with adjusting, peer pressure, self-medicating due to depression, etc. and therefore; may be more receptive to trying and using drugs.

6.3 Intensive Services

ORR/DUCO has implemented a level system, “Level I” and “Level II”, to identify and address UC’s needs; Level II cases, are previously known to Safe Passages Family Reunification Programs as cases that need “Intensive Services”. Intensive services usually follow a Notification of Concern (NOC), and are used when a child and/or sponsor may need additional assistance connecting to supportive services to meet the child’s needs or there are concerns about the safety, permanency, or well-being of the child in the placement. Intensive services consist of additional home visits, phone contact, or direct assistance outside of the regularly scheduled PRS reports, home visits, and biweekly/monthly phone calls. Programs, in consultation with their assigned CSS, have the discretion and flexibility in identifying the frequency and duration of intensive services.

After consultation with the assigned CSS, the assigned CSS will note the elevation of a case from Level I to Level 2 in their program notes; however, providers should document all intensive services, phone calls and additional home visits provided in the case notes and the next corresponding post-release report. Providers should continue to provide updates on the case to their assigned CSS and consult with them for any further guidance.

Programs should remember to adhere to reporting requirements for Notifications of Concerns and submit these reports as necessary whether in conjunction with the intensive services or independently.

6.4 Guardianship

Children are released from the care and custody of ORR/DUCO with authorization to reside with the approved sponsor while continuing to attend all required immigration proceedings. It is important to understand that ORR/DUCO sponsorship is not the same thing as legal guardianship. Although approved to reside with the sponsor, unless the sponsor is a biological parent, he/she does not automatically have legal guardianship of the child. A power of attorney or guardianship documentation from the country of origin, may be not be recognized in US court. If the sponsor of a child, who is not the legal guardian of the child, wishes to obtain legal guardianship, then he/she must apply within the state of residence. During the post-release services period, the provider should provide guidance on whether pursuing legal guardianship would be in the best interest of the child. Several benefits of guardianship may be, but are not limited to: ability of the guardian to act as a parent without taking the rights of the parent away permanently, having authority to consent for a number of life events, such as, obtaining a driver’s license. For situations in which a child may need extensive medical services, a legal guardian would be able to make decisions about treatment. A legal

guardian may make decisions regarding the child's immigration matters (including eligibility for Special Immigrant Juvenile Visas, when applicable).

6.5 Post-Release Notifications of Concern (NOC)

Notifications of Concern (NOC) are submitted to ORR/DUCO or to USCCB/MRS to alert of a significant incident that has occurred with the youth and/or the sponsor. ORR/DUCO policy states that NOC must be submitted **within 24 hours** (or the next business day) of the sub-recipient learning of the incident. To assist you, a [flow chart](#) was developed to help determine where to submit the NOC.

NOC's to ORR/DUCO:

The assigned worker will utilize the NOC [template](#) provided by USCCB/MRS to submit a NOC to ORR/DUCO **within 24 hours** (or the next business day) of notification of the incident, for any case meeting the following criteria:

1. Any abuse or neglect requiring CPS involvement
2. Runaway behavior
3. Hospitalization of the child (medical or mental health)
4. Contacts or threats by individuals believed to represent child smuggling syndicates or organized crime
5. Placement disruption where the child may be at risk
6. Sexual abuse in ORR custody
7. Incidents involving criminal activity (i.e. arrest, incarceration, or police involvement)
8. Sponsor declining services
9. Death of the child
10. Loss of contact either through no initial contact or safety concerns being evident after loss of initial contact
11. Incidents involving media attention
12. Other incidents determined to be significant by the post-release service provider in consultation with assigned CSS

The worker will complete the template, and have it reviewed and signed by a supervisor prior to submitting the NOC to ORR/DUCO. For additional guidance or questions on the NOC criteria or reporting, contact your assigned CSS.

Protocol for NOC submission to ORR/DUCO:

The local provider shall complete the USCCB/MRS Notification of Concern (NOC) form, and submit the NOC electronically to the following:

- ORR/DUCO NOC email: DCS_HSPRS@acf.hhs.gov
- In cases of UC death, trafficking concerns and media attention copy the ORR Program Officer
- Copy the assigned USCCB/MRS Children's Services Specialist
- Copy the Family Reunification Assistant Director
- In instances where Child Protective Services (CPS) are involved, copy Associate Director for Children's Services

NOC's to USCCB/MRS

There may also be situations in which a NOC would be warranted but may not meet the above criteria. In those instances, a NOC to USCCB/MRS should be submitted. Generally, if an incident occurs with the youth that would warrant an internal incident report with your agency, would warrant the submission of a NOC to USCCB/MRS. An example of this could be, the youth breaks their arm at school and needs to go to the hospital and gets a cast. They were not hospitalized overnight therefore not requiring a NOC to ORR/DUCO but could warrant one to USCCB/MRS.

Protocol for NOC submission to USCCB/MRS:

The local provider shall complete the USCCB/MRS Notification of Concern (NOC) form, and submit the NOC electronically to the following:

- The assigned USCCB/MRS Children's Services Specialist
- Copy the Family Reunification Assistant Director

All NOCs need to be password protected prior to submission. Completed NOC's and email communication copies should be maintained in the child's case file.

6.6 Relocation of the Child or Sponsor

If the child and/or sponsor relocate during the post-release service period, services will follow the child. If the child and/or sponsor remain in your agency's services area, notify your CSS, who will instruct you to continue providing services at the new address. If the child relocates out of the service area, notify USCCB/MRS to potentially refer the case to another service provider within our Family Reunification Network to continue serving the case. Obtain as much information as possible regarding the new location, new caretaker (if applicable) and their contact information. In many circumstances, if USCCB/MRS is successfully able to place the case with another network provider, no case closure report will be required at the time of relocation/transfer.

The assigned CSS will also provide consultation and technical assistance on how to proceed with post release reports; however, generally, the timeline of services will remain the same from when the child was released from ORR/DUCO care. For example, if a child receiving post release services only (no prior home study) relocates after a 14-day report was already submitted, the new provider will close the case 90 days from when the child was released, not 90 days from the case was assigned to the new provider. It is requested that once the case has been transferred, the new provider completes a phone call and initial visit and confirm that the child has relocated, provide referrals and resources prior to a visit to the new home within seven (7) days; the case will proceed with phone calls and home visits based on the initial referral type.

Until confirmation that the child and/or sponsor has relocated, the case will remain with the current provider, even if a new provider is found and ready to take the case. If the case relocates, and the provider receives no confirmation, please consult with your assigned CSS for case specific guidance on whether a closing report is necessary.

Be sure to inform the sponsor that a Change of Address (COA) form must be filed with the Immigration Court. COA forms, by State, can be found on the following website for the Executive Office for Immigration Review (EOIR): [EOIR website](#).

Chapter 7: Case Closure

- 7.1 Case Closure Overview
- 7.2 Case Closure Reporting Requirements
- 7.3 Special Circumstances
- 7.4 Post Release Extension Requests
- 7.5 Case Closure Report Submission

7.1 Case Closure Overview

There are a number of reasons for which a Post Release Case will close, however the following general case closure guidelines apply to ALL CASES, no matter the service type.

- The child turns 18 years of age;
- The child's immigration case reaches final resolution/disposition (this includes receiving orders of removal or the case is administratively closed by an immigration judge);
- Loss of contact with the child and/or family for a period greater than 30 days

Preparing for Case Closures

As a local provider prepares to close a case and terminate the post release service period, there are a few things to keep in mind. First, the local provider should be preparing the family for the pending scheduled closure from the very first meeting depending on the post release service period. As the closure date comes nearer, the local provider should remind and prepare the family for the termination of services, anticipate the future needs in order to provide appropriate referrals, review post release service goals, evaluate the progress made during the service period, and address any unmet service areas.

Post 18 Planning

When a child/youth turns 18 they are legally considered an adult, and therefore, and therefore no longer eligible for post release services through ORR.

When a youth receiving post-release, services approaches their 18th birthday, it is important for the local provider to prepare the family for post-18/independent living planning. This is pertinent for any youth approaching their 18th birthday, even if they intend to remain under the care of their approved or current sponsor. Independent living planning should include discussion of the youth's living arrangements post-18, educational plan, continued counseling/therapy, vocational and personal goals, as well as money management.

If there is a plan to move, the worker should assist the youth and family to devise an informal or formal Post-18 plan. This will help the youth prepare for the transition and assure that they have access to resources and services they may need. Topics to address in the plan include: pending immigration court hearings, living arrangements, paying the rent, bills, education, employment, and continued access to medical and mental health services, social supports, community supports, and emergency contacts.

Depending on the child's specific needs, the worker should make referrals to on-going services before the child turns 18 (i.e. mentorship programs, case management, school counselors, etc.) to ensure there is continued monitoring and follow up even after the case closes. Please assure that the child's

immigration court case will continue as scheduled regardless of age; there is no separate juvenile court in the immigration court system.

Termination of immigration proceedings

If the immigration proceedings are terminated, the local provider should call the Executive Office for Immigration Review (EOIR) hotline to confirm the status of the child's case. As a reminder, local providers are recommended to call the EOIR hotline monthly for regular updates and suggest that the child and/or sponsor does the same. Once the status of the child's immigration case is confirmed, the local provider should notify the assigned CSS. When possible, the local provider should also obtain a copy of the immigration order to add to the case file.

Repatriation Planning

During the post-release service period, some children with no identified legal relief options may ultimately receive an Order of Removal or Voluntary Departure Order from the Immigration Court. If a child desires to return voluntarily to home country, it is recommended that, with the assistance of an attorney, a formal request be made at the next scheduled immigration court hearing. It is also recommended that the family contact their local consular office for additional guidance and assistance with voluntary departure or repatriation. In these situations, the local provider is asked to conduct a final home visit prior to closing and to address repatriation planning during this time to help prepare for the child's safe return to the home country. Repatriation planning should include encouraging the child and family to consider their long-term plans as a family unit and to identify a potential caregiver for the child back in the home country. For additional support on repatriation, the family can also be referred to the nearest consular office. Some additional resources for repatriation planning include:

- For support related to children repatriating to Guatemala, Kids in Need of Defense (KIND) can provide additional resources: www.supportkind.org.
- Additional in-country resources may be found at downloadable apps from Ref Aid: <https://refaid.com/>
- International Organization for Migration's Mig App: <https://www.iom.int/migapp>.

7.2 Case Closure Reporting Requirements

Case closure due dates will be included in the release notification that is provided by the assigned CSS. It is highly recommended that the case closure visit be conducted 7-14 days prior to the case closure date in order to have sufficient time to follow up with the assigned CSS to determine if the case should close as scheduled or be extended; however, under no circumstances should cases be extended past a youth's 18th birthday.

PRS-TVPRA Cases

For cases referred for PRS-TVPRA services, the case will close after one of the following situations occurs: the child turns 18; there is a resolution to immigration proceedings (including receiving an order of deportation), or there is a loss of contact for more than 30 days. While post release services are voluntary there is an expectation that the child and sponsor will continue with services until one of the above reasons for closure occurs; however, sponsors and the child can ultimately refuse ongoing services. If you are uncertain regarding case-specific closure guidelines, contact your assigned CSS for guidance. All case closures require completion of the corresponding Case Closure report.

PRS Only/PRS- Mandatory/PRS-Discretionary Cases

For cases referred for post-release services ONLY or post release following a Mandatory or Discretionary home study, the case will close after 90 days (unless the child turns 18 before the 90 days), with the completion of the service period. All case closures require completion of the corresponding Case Closure report. If you are uncertain regarding case-specific closure guidelines, contact your assigned CSS for guidance.

7.3 Special Circumstances

Sometimes during post release services, a case may close earlier than expected due to special circumstances. If any of the following occur, it may affect the case closure report due date; please follow up with your assigned CSS for an updated case closure date.

Child arrested by law enforcement

If by chance a child or youth is arrested and placed into the juvenile justice system, the local provider should obtain as much information about the arrest as possible. If the child or youth is detained for a period longer than 30 days, then his/her case will close with the option to reopen upon release. If the child or youth is detained for less than 30 days, then post release services will continue as scheduled following his/her release.

Child placed in State child welfare system

If by chance a child or youth is removed from the home and placed into that State's child welfare/foster care system, the local provider should obtain as much information about the placement as possible. If the child or youth is removed for a period longer than 30 days, then his/her case could close with the option to reopen upon release. If the child or youth is detained for less than 30 days, then post release services will continue as scheduled following his/her release.

Child runs away

A case will also close if the child or youth runs away from the sponsor's home, their whereabouts are unknown, and the local provider is unable to reestablish contact within 30 days.

Relocation of child and/or sponsor

In the event that the sponsor and/or child relocates, their whereabouts unknown, and the local provider exhausts all possibilities to reestablish contact within 30 days, the case will close.

Placement Breakdown

Additional placement breakdowns that can lead to case closure include the child being placed in the custody of a child welfare agency or the sponsor or child refusing to participate in PRS, which are voluntary.

Loss of Contact

If contact is lost with the sponsor, child, or both, adhere to the following protocol **within 30 days** of lost contact:

- Contact your CSS to notify USCCB/MRS of lost contact.
- Continue to attempt phone contact and document all attempts in the child's case file.
- Send a letter (in the child and sponsor's native language) on your agency letterhead to the home requesting to re-establish contact. A sample/template letter is provided [here](#).
- Conduct a minimum of one unannounced home visit to the sponsor's address and document this in the case notes.

From the first unsuccessful contact attempt, the local provider should continue to make reasonable efforts to reach the family, while documenting the dates and types of all attempts. These attempts to reestablish contact will continue, but not exceed a period of 30 days without successful communication. If, after 30 days the above attempts to re-establish contact have been made and were unsuccessful, consult with your CSS regarding completion of a case closure report. In situations in which initial contact was never established, or there were noted safety concerns prior to the loss of contact, a NOC will need to be submitted to ORR/DUCO and USCCB/MRS. In some situations, the sub-recipient can request that the sponsor be “flagged” in the ORR/DUCO system for failure to comply with agreed post release services or due to any noted safety concerns. Refer to Chapter 6 on submission protocols for NOC.

7.4 Post Release Extension Requests¹³

ORR/DUCO grants extensions to post release cases for exceptional circumstances up to one month at a time. An extension may be given to post-release cases in exceptional circumstances, such as a potential placement breakdown, safety concerns, unmet medical/mental health needs, etc. Prior to the child’s case closing, a visit should be conducted in the home with the child and the sponsor to review the progress that has been made during the service period; during this time the caseworker should ensure that the child’s needs and reasons for referral have been met. If there are any concerns noted at this meeting, please contact your assigned CSS to provide them with a synopsis of the issues. This synopsis should identify the issue/concern and explain why an extension is requested; the synopsis should also include how the provider can assist the child during the month of extended service period. If an extension is approved by ORR/DUCO, the assigned CSS will provide guidance on how to proceed with the case, and when a case closure report is due. **Under no circumstances can ORR/DUCO post-release services continue once the child turns 18 years of age.** Please consult with your CSS for additional guidance on alternative options available for youth approaching age 18 with outstanding service needs.

7.5 Case Closure Report Submission

Case closure due dates will be included in the release notification that is provided by the assigned CSS. It is highly recommended that the case closure visit be conducted 7-14 days prior to the case closure date in order to have sufficient time to follow up with the assigned CSS to determine if the case should close as scheduled or be extended; however, under no circumstances should cases be extended past a youth’s 18th birthday.

Case closure reports for a youth who is aging out, will be expected a couple of days prior to the youth’s actual birthday, your CSS will notify you of this report due date.

If any of the above **special circumstances**, or other noted challenges, occur, that result in a post release case closing, your CSS will provide you with a new case closure date, and provide you with a case closure report due date, which is usually 10 days after the closure of the case.

When submitting case closure reports, the reports should be a summary of all phone calls, home visits, and services provided during the entire post release service period (even if the case was not initially assigned to the current worker or program). The report should include comprehensive

¹³ USCCB/MRS is in the process of creating a checklist/guide to assist in determining PRS cases that could warrant an extension of services.

information about the services provided by the provider, as well as the outcomes of the services provided, and if goals were achieved.

When completing the closure report, please refer to the following guidance:

- Evaluate each Service Area domain according to the stated goals and objectives.
- Be sure to provide as much narrative information as possible to support your position on whether the goal was achieved or not.

For cases where there has been a loss of contact, please answer the questions based on what you found at the last home visit. Cases where there was no contact whatsoever after placement, it is appropriate to have a long list of goals that were not achieved, but it is critical to explain why the goals were not achieved in each outcome box on the report.

Chapter 8: Monitoring & Quality Assurance

- 8.1 Case File Maintenance
- 8.2 Case Notes and Documentation
- 8.3 On-site Monitoring
- 8.4 Desk Monitoring
- 8.5 Corrective Actions

8.1 Case File Maintenance

Programs are required to maintain appropriate supporting documentation and any other records relevant to the work and activities performed under the MOU. As part of services provided under the grant from ORR/DUCO, the case file is an important record that should have accurate and up to date documentation to ensure that services are being provided as required by ORR/DUCO.

Requirements as outlined in the FY19 MOU for the Safe Passages Family Reunification Program, state:

- Case files will be maintained in a **secure location** at designated site. It is the agency's discretion if case files will be kept electronically (e-file) or by hard copy.
- All case files are **subject to review** by USCCB/MRS and ORR/DUCO and may be requested for an audit at any time by either entity.
- In cases of **sibling groups**, each child should have **his/her own case file**.
- The case file should include all case information from USCCB/MRS, case notes with signatures/initials and dates, supporting documentation, copies of all reports, as well as any correspondence/case consultation with USCCB/MRS.

Case files must have the following items below, which are noted in the Case File Checklist [here](#):

Case Referral Documentation (from the UAC portal):

- Release Request (final)
- UAC Assessment (most recent prior to discharge)
- UAC Case Review (most recent prior to discharge)
- Sponsor Information
- FRP (Family Reunification Packet)
- Background Checks (CA/N, Public Records, Sex Offender, Fingerprints, etc.)
- SIRs (if applicable)
- Discharge Notification (DNF)
- Other relevant information (i.e., safety plan, psychological reports, etc.)

Agency/program documentation:

- Cover sheet with child's name, A#, dates of services
- Authorization to Participate in Services
- Grievance Policy
- Client's Rights & Responsibilities
- Release of Informed consent
- Confidentiality Statement

Home Study/Post Release forms:

- Home study report (if applicable)
- Post release reports

- COA/COV form (or evidence in the case note that it was requested or completed by sub-recipient)
- Notice to Appear (NTA) (or evidence in the case note that it was requested or completed by sub-recipient)
- Verification of legal relief (if applicable)
- Copy of Trafficking Eligibility Letter (if applicable)
- Notifications of Concerns (NOC) to either USCCB or ODD/DUCO (if applicable)
- Grievances filed by UC (if applicable)
- Case notes (see below for more detailed information on case note requirements)

Agency Forms

To ensure best practice, **the following documents should be translated, provided to and reviewed with child and sponsor during the initial home visit, in the native language.** Signed copies of these documents should be maintained in the case files:

- Copy of your agency's Grievance Policy, should be bilingual (in child and sponsor's native language)
- Copy of your agency's Client Rights & Responsibilities Statement, should be bilingual (in child and sponsor's native language)
- Informed consent (if applicable for release of information)

Client Confidentiality

All case files must be maintained in a secure physical location at designated site at the program. Files can be maintained either in hard copy or in a secure electronic case file. The program must maintain all case files on site per their state's licensing requirements (usually 5 years) and be prepared to respond to any requests for potential federal audit. If the program closes, USCCB/MRS must be notified of the closure and all case files must be forwarded to USCCB/MRS headquarters for maintenance.

Release of Information

Providers are not authorized to release case information or documentation to any third party without authorization of ORR/DUCO. This includes, but is not limited to, any requests for information by an attorney, medical or mental health provider, school official, or other social service or child welfare entity. **All home study and subsequent post release reports (if applicable) and case referral documentation are property of ORR/DUCO.** For additional guidance on release of information to a third party, contact your CSS or click [here](#).

The assigned worker is permitted to share verbal information only with a third party, with the written and signed consent of the child and sponsor. You must ensure a signed Authorization of Release of Information Form is on record in the child's case file prior to releasing any verbal case information with a third party.

8.2 Case Notes and Documentation

Documenting service delivery is a key function of social service agencies. USCCB/MRS is obligated through its cooperative agreements, grants, and contracts with federal funders to ensure quality service provision is rendered by its providers. Case notes serve the purpose of recording client goals, case management activities, and outcomes, and are important for accountability. The following guidance provides information on social work industry practice standards for case note documentation.

For best-practice, providers should document all services provided; USCCB/MRS recommends that case notes should include:

- All phone and face-to-face contact with the child and/or sponsor
- All **ATTEMPTED** contact by phone or otherwise
- Clear documentation of service provisions
- All report submission dates
- Record client goals, case management activities and outcomes
- Any requests for case extensions or intensive services
- Reasons for and date of case closure
- Any case consultation with USCCB/MRS
- Evidence that file was reviewed by a supervisor/quality assurance

For best-practice, use the “third person” when writing case notes (i.e. he/she/it/one or they...i.e. This writer...) and focus on the provision of services to the client. If a client needs to be directly quoted then “you” and “I” can be used (i.e. “The client reported, ‘I don’t agree with you’”).

Cases that are reviewed during supervision, reviewed by a supervisor, or audited by internal quality assurance departments (if applicable) should also be documented in the case note.

For more information on Case Note Documentation Guidelines, please click [here](#).

8.3 On-Site Monitoring

Per USCCB/MRS’ Cooperative Agreement with ORR/DUCO, USCCB/MRS will conduct annual, on-site monitoring of all budgeted sites to ensure compliance with the Memorandum of Understanding (MOU), ORR/DUCO Policies and Procedures, the Family Reunification Program Operations Manual. It is at the discretion of ORR/DUCO if federal staff will accompany USCCB/MRS during the monitoring visit. USCCB/MRS can also conduct the visit in teams, with usually one CSS as the principal monitor. The CSS monitoring the program may or may not be the CSS assigned to that site. The CSS monitor conducting the visit will be confirmed in advance of the monitoring visit, and will hold extensive conversations in advance of the visit to determine how to proceed.

Monitoring visits can last two to three days, depending on the size of the program. During the monthly program call, the CSS assigned to the program will discuss potential monitoring dates that accommodate the schedule of the program staff and USCCB/MRS. In an effort to facilitate and ease the monitoring, USCCB/MRS revised the monitoring protocols and several monitoring processes can be completed in advance of the visit. For example, cases files audit, staff interviews, and initial personnel file review can be done in advance of the onsite monitoring visit. This is not required; however, needing to do these processes onsite could prolong the length of the visit.

What to expect during the monitoring visit:

- Meeting with management to discuss program implementation
- Review of personal files
- Review of case management processes
- On-site case file review
- Interviews with staff working on family reunification cases
- Observations of home visit(s)
- On-site training

- Focus groups with UC and sponsors
- Meet with community stakeholder working with the sub-recipient on UC cases

During on-site or desk monitoring reviews, USCCB/MRS and/or ORR/DUCO will review case files and collaborate with agency staff to discuss program implementation and compliance with the MOU, ORR/DUCO and USCCB/MRS policy and procedure.

Following on-site visits, USCCB/MRS will submit a monitoring report to ORR/DUCO and provide a copy to the program. The monitoring report will include any compliance related findings, as well as, areas for program development and growth. This report will be submitted within 30 business days after the last day of the on-site visit.

Programs are responsible for submitting a written response to any findings and recommendations made by USCCB/MRS as a result of on-site reviews and desk audits. This response, which should include a clear action plan and timeline to address each identified finding or recommendation, is due to USCCB/MRS **within 30 business days** of receipt of the on-site or desk monitoring reports. USCCB/MRS will provide the program with the report template for the response.

8.4 Desk Monitoring

USCCB/MRS conducts ongoing desk monitoring of all family reunification providers for quality assurance through ongoing review of home study and post release reports. This includes monitoring for compliance with regards to quality of report writing, clear documentation of service provision to ensure referral reasons are being thoroughly addressed, and timeliness of report submissions.

During desk monitoring, USCCB/MRS can request a case file from **any provider** at **any time** for random quality assurance review. If a case file is requested for a random quality assurance review, the sub-recipient agency must provide this **within 48 hours** of the request.

8.5 Corrective Actions

If any compliance issues are identified during on-site or desk monitoring, USCCB/MRS will contact the program to issue the appropriate corrective action. The program is required to provide a formal response to the corrective action within 30 business days of receipt. USCCB/MRS will continue to closely monitor the program to ensure plans to address the findings are being conducted until the program comes into compliance. If the program is not able to successfully come into compliance with ORR/DUCO and USCCB/MRS policies and procedures, USCCB/MRS may put the agency on probation and continue to work closely with the program to create a corrective action plan that will bring the program into compliance.

Helpful Resources

ORR/DUCO Policies and Procedures

For a comprehensive and up-to-date review of ORR/DUCO Policies and Procedures for Unaccompanied children, click [here](#).

ORR/DUCO National Call Center

For additional information and resources to assist any child that came through the ORR/DUCO system, contact the following: HELP LINE 1 (800) 203-7001 | information@ORRNCC.com; or click [here](#) for more information. This information can also be provided to sponsors or other advocates and service providers as necessary and helpful.

BRYCS

Bridging Refugee Youth and Children's Services (BRYCS) provides national technical assistance to organizations serving refugees and immigrants so that all newcomer children and youth can reach their potential. Click [here](#) for more information.

CLINIC

CLINIC promotes the dignity and protects the rights of immigrants in partnership with a dedicated network of Catholic and community legal immigration programs. They advocate for transparent, fair and generous immigration policies, through programs, the news, and through volunteering. Click [here](#) for more information.

EOIR

The primary mission of the Executive Office for Immigration Review (EOIR) is to adjudicate immigration cases by fairly, expeditiously, and uniformly interpreting and administering the Nation's immigration laws. Under delegated authority from the Attorney General, EOIR conducts immigration court proceedings, appellate reviews, and administrative hearings. Click [here](#) for EOIR forms from DOJ or click [here](#) for EOIR forms from USCIS. To contact EOIR for an update on a child's immigrant court case or scheduled hearing dates, call **1-800-899-7180**.

Legal Orientation Project for Custodians (LOPC)

EOIR provides free legal orientation programs for sponsors of unaccompanied children. For information on upcoming legal orientations for sponsors, or to locate and refer to the nearest location, click [here](#).

Immigration Relief Options

This is a resource packet of information for immigration relief for undocumented immigrant children. Please note that advocates should only use these fact sheets for quick reference. For additional information and/or assistance, please see the Immigration Resources section at the back of this packet. To view this document online, please click [here](#).

KIND

KIND serves as the leading organization for the protection of unaccompanied children who enter the US immigration system alone and strives to ensure that no such child appears in immigration court without representation. We achieve fundamental fairness through high-quality legal representation and by advancing the child's best interests, safety, and well-being. Click [here](#) for more information.

MRIS Help

Please click the below to access MRIS help:

[MRIS Portal User FR Training](#)