

REALLOCATION/TRANSFER -

The UAC Program, operated by the Office of Refugee Resettlement (ORR), is required to provide care, food, shelter, and services to UAC in ORR custody before release to a suitable sponsor, usually a parent or close relative. While the number of UAC in HHS shelters decreased recently due to intensive case management efforts by ORR, it remains high by historical standards, and existing shelter capacity is nearly full. As in the past, the overwhelming number of UAC in ORR care are children traveling across the border into our country on their own without a parent.

Referrals from southern border crossings continue to increase significantly and are projected to increase to historic levels. In January 2019, referrals were 4,490, 45 percent higher than the 3,107 referrals in January 2018. Similarly, in February 2019 referrals were 6,546, or nearly a 120% increase over the February 2018 total of 2,984 referrals. Given historical seasonal patterns, we expect UAC referrals to continue to increase materially over the next few months.

Based on the anticipated growth pattern in referrals of UAC from DHS to HHS, HHS is preparing for the need for high bed capacity to continue. As a result, the Secretary plans to reallocate additional HHS resources for the UAC Program.

This reallocation includes a Secretary's Transfer of up to \$286 million and an up to \$99 million reprogramming of refugee funding within the Office of Refugee Resettlement. These resources will allow the program to increase shelter capacity and meet its statutory duty to provide shelter to all unaccompanied alien children referred to HHS for care.

Between FY 2011 and FY 2018, funding needs for the UAC program has exceeded appropriated funding five times.

- As was done in prior reallocations in FYs 2012, 2013, 2014, 2017, and 2018 for the UAC program, the funding will be used for increases in caseloads and unexpected surges.
- Unfortunately, the need for additional funds has grown since FY 2011, with the continual increase of unaccompanied alien children at the border.
- These transfers are a temporary solution to the permanent consequence of a broken immigration system.
- Based on the current growth pattern, and increased length of time needed to thoroughly vet appropriate sponsors to ensure safety of unaccompanied alien children, HHS is preparing for the possibility of heightened capacity to continue so it

can meet its responsibility, by law, to provide shelter for UAC referred to our care by DHS.

- No funding is being reallocated from Ryan White for this transfer.

Transfer Authority Background

- HHS has limited authority to shift funding between accounts or between programs whose funding levels are specified in law. This authority is provided annually in the Labor-HHS appropriations bill (sec 205 for FY 2018), and enables the Secretary to shift funds between discretionary appropriations provided in the final bill to address unmet needs or emerging needs.
- The authority is limited to discretionary accounts of that subcommittee. Generally, no appropriation may be increased by over three percent, and no appropriation may be decreased by more than one percent. The Office of Refugee Resettlement appropriation can be increased up to 15 percent. Congress must be notified 15 days in advance of using the transfer or reprogramming authority. These authorities were also used to increase funding in FY 2018, 2017, 2014, 2013, and 2012 for the Unaccompanied Alien Children (UAC) program. In FY 2016, the authority was used to increase funding for Zika-related response activities.
- The Administration routinely and proactively discusses funding options for all its programs within the authority granted to us by the Congress.

Requesting DOD Assistance -

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Based on the anticipated growth pattern in referrals of UAC from DHS to HHS, HHS is preparing for the need for high bed capacity to continue. As we have over the past six

years, HHS is once again requesting the assistance of the Department of Defense (DoD) to help respond to the migration influx of unaccompanied alien children (UAC) along our southern border by identifying and making available space for up to 5,000 UAC temporary influx beds in one or more DoD installations in the Continental United States.

There isn't a specific trigger to activate a DoD site. This is a situational decision based on needs for temporary shelters and appropriate, available facilities. HHS will work with DoD to assess military facilities to determine if particular locations are suitable for ORR to temporarily provide shelter for Unaccompanied Children if necessary.

The request is similar to the 2015, 2016 and 2017 request made to DoD by then Secretary of Health and Human Services Sylvia Burwell to provide up to 5,000 temporary beds for unaccompanied children on DoD installations.