EXECUTIVE SUMMARY

Operational Efficiency Analysis of the UAC Care Pipeline

1. Background and Purpose

The Unaccompanied Alien Children (UAC) care pipeline is a federal system run by the Department of Health and Human Services (HHS) / Office of Refugee Resettlement (ORR). It moves children through four stages: intake from CBP, placement into HHS care, transfer between facilities, and discharge to a sponsor.

This project analyzed data from 2023 to 2025 across four key performance indicators (KPIs) to find where the system slows down and how resources can be used better. The goal is to give program leadership clear, data-backed information to make faster and smarter decisions.

Dashboard KPI Summary (2023–2025)

KPI	Measured Value	Target	Status
Transfer Efficiency	143.2%	> 80%	**EXCEEDS TARGET**
Discharge Rate	2.37%	5.0%	**BELOW TARGET**
Backlog / Accumulation	Avg 45 | Peak 304	Minimize	**MONITOR**
Outcome Stability Score	95.7 / 100	> 80	**STRONG**

2. Key Findings

The dashboard data revealed four clear patterns:

- **Transfers are running well above target:** The average Transfer Efficiency was 143.2%, with a peak of 300%. The system exceeded the 80% target on 652 out of 716 days (91% of the period). This is a positive result — CBP to HHS handoffs are happening faster than required.
- **Discharge rate is too low — the biggest problem:** The average Discharge Rate was only 2.37%, well below the 5% target. Out of 124,853 total discharges, 88.8% of children were still in care at the latest month. The trend chart shows a sharp drop after January 2025, which is a serious warning sign.
- **Backlog spikes are manageable but unpredictable:** The average backlog was 45 children, but it peaked at 304 during 2024. The current Backlog Rate is 25%, rated Low — but the heatmap shows February 2024 was a critical stress point.
- **The system is stable overall — but volumes are falling:** The Outcome Stability Score is very strong at 95.7/100, with only 4.3% variation. However, the number of children in HHS care dropped sharply from ~10,000 in 2023 to ~2,000 by 2025, which needs explanation.

3. Operational Risks Identified

Based on the data, three risks need attention:

- **Discharge bottleneck is the #1 risk:** A 2.37% discharge rate against a 5% target means children are staying in care far longer than planned. With 88.8% of children still in care at any given time, the system cannot make room for new arrivals fast enough.
- **Backlog can spike without warning:** Even though today's backlog rate is low, the data shows it jumped to 304 children during peak periods in 2024. Without a monitoring alert, the program could be caught off guard again.
- **Volume drop in 2025 needs explaining:** The sharp fall in apprehensions and discharges after early 2025 looks unusual. This could be a real trend or a data reporting gap — either way, it needs to be confirmed before using the data for future planning.

4. Strategic Recommendations

Based on the findings, here are five actions that would make the biggest difference:

- **Fix the discharge bottleneck first:** Since the discharge rate (2.37%) is the biggest gap, the program should add more case managers to the discharge process and set a clear weekly discharge target for each facility.
- **Set up a backlog alert system:** Use the dashboard data to send automatic alerts when the backlog goes above 100 children, so leadership can respond before it becomes a crisis.
- **Investigate the 2025 data drop:** Verify whether the sharp decline in intake and discharge numbers after early 2025 is a real change or a reporting issue. Accurate data is essential for budget and staffing decisions.
- **Keep building on transfer efficiency:** Transfer Efficiency is already strong at 143.2%. Share what is working well in high-performing facilities so other programs can do the same.
- **Use the stability score as a monthly check:** The 95.7 Stability Score shows the system is consistent. Make this a regular report card metric — if it drops below 85, that should trigger a review.

5. Expected Policy Impact

If the discharge bottleneck is addressed, the program can move children to sponsors faster, free up bed space, and lower the cost per child. Getting discharge rates closer to the 5% target could reduce the average length of stay by weeks.

Fixing the data reporting gaps will give leadership a more accurate picture of the pipeline in real time. This means better decisions, faster responses to surges, and stronger justifications when requesting funding or staff.

The dashboard already shows this program has real strengths — strong transfer efficiency and high stability. The goal now is to close the discharge gap and protect those gains with consistent monitoring.