

## Summary of Conference Call

U.S. Immigration and Customs Enforcement  
Advisory Committee on Family Residential Centers  
Subcommittee on Medical and Mental Health  
July 19, 2016

The U.S. Immigration and Customs Enforcement (ICE) Advisory Committee on Family Residential Centers (ACFRC), Subcommittee on Medical and Mental Health convened for its weekly meeting on Tuesday, July 19, 2016, via teleconference from 1:30 P.M. to 2:00 P.M.

### **Attendance:**

#### *Subcommittee Members Present for the Teleconference:*

- Leslye Orloff
- Judith Dolins
- Dr. Andres J. Pumariega

\*Dr. William Arroyo did not participate in the teleconference due to travel.

#### *Others Present:*

- John Amaya, Deputy Chief of Staff, ICE; Designated Federal Officer (DFO), ACFRC
- Andrea Washington, Special Assistant, ICE

### **Opening Remarks:**

Chair Leslye Orloff conducted a roll call of the subcommittee members and acknowledged ICE staff on the line.

Special Assistant Andrea Washington reminded the group that Dr. William Arroyo would not be on the call because he is out of the country and that the meeting had to end earlier than normal due to the ICE team's schedule.

### **General Meeting:**

Chair Orloff said she wanted to give the subcommittee an update on what the other groups were doing in terms of responding to the second batch of information ICE sent to the full Committee on Friday (July 15). She asked Vice Chair Judith Dolins and Dr. Andres Pumariega if they had received the material and if they had a chance to review the answers from ICE. Both confirmed that they received the material, but they had not had an opportunity to thoroughly read through the documents.

The Chair asked members to open the document specific to the questions posed by their group so they could go through it together. She pointed out that some questions received full responses, while other questions were answered with a comment that the request was outside the scope of their work; the other subcommittees received answers in the same format. Chair Orloff said given what was received from ICE, the Subcommittee on Access to Counsel and Language Services is taking the lead on writing a letter to express disappointment with what they believe is

a lack of information from ICE. The letter will outline how not having certain information has impeded their ability to make meaningful recommendations. The letter will be shared with Chairs and Vice Chairs from the other subcommittees so they can weigh in on signing on to the letter. Chair Orloff noted that in the last meeting, it was decided that she would use her best judgement to choose whether or not their group signed on. She said now that more information has been provided by ICE and the focus of the letter is expressing concern about questions deemed outside the scope, she thought it would be good for the group to discuss what was classified as outside the scope in their set of questions. Then the subcommittee could decide what they want to highlight as information that would have been helpful, if they want to add to the legal group's letter.

Dr. Pumariega, commenting more generally about obtaining information from ICE, brought up a recent story on the LatinoUSA podcast, which covered the suicide of a male detainee at an adult detention facility. He suggested that the other subcommittee members listen to the podcast because he believes it lays out the difficulty of and the barriers to getting information from ICE.

Chair Orloff then asked Vice Chair Dolins if she would assist her in going through the document of questions to pull out the out of scope responses. Chair Dolins agreed, and they arranged to follow up with each other later in the week.

Transitioning to her draft recommendations, Chair Orloff said she would like to hear Dr. Pumariega's thoughts on what she put together. Vice Chair Dolins mentioned that she had already sent her comments to the Chair via email, and she planned on sending her comments on Dr. Pumariega's recommendations later.

Dr. Pumariega began providing feedback, stating that he appreciated all of Chair Orloff's references to the Family Residential Standards and the Performance-Based National Detention Standards.

He continued that on the issue of adequacy of screening, he defined screening very differently from the Chair. Dr. Pumariega said Chair Orloff was defining screening as essentially obtaining a history, but it had to be kept in mind that the population of families in detention have very low mental health literacy; they do not necessarily know what depression, post-traumatic stress disorder, or anxiety are, and they do not understand how to manage them. He stated that some of the misunderstanding can be attributed to different idioms, languages, and experiences. Dr. Pumariega said it is okay to obtain historical data, but he thinks it would be better to have in addition to that an actual symptomatic screening.

Chair Orloff said it seemed to her that this was an opportunity to take some of her recommendations on domestic violence, sexual assault, and physical health screening and make them sub-topics under Dr. Pumariega's recommendations on general mental health.

Dr. Pumariega responded that he thought Chair Orloff tried to integrate domestic violence and child abuse into every part of his section, but these are specialty areas. He said attention needed to be paid to ensuring that the basic mental health screening portion is not diluted. Dr. Pumariega

said rather than integrating so much into the mental health section, the specialty areas should be kept in their own section.

On the training of staff, Dr. Pumariega said finding professionals already credentialed to deal with domestic violence and child abuse would be difficult, particularly in the south Texas region; it is a very high bar. He said the best that could be done would be to work with organizations he recommended in the document because they would be best able to identify contractors. He further stated that another good option would be to provide training on screening identification and short-term intervention; he said he would make edits on the idea in the document. He added that it is better to identify solid mental health professionals that would serve in the family residential centers (FRCs), and then train them to work with domestic violence, child abuse, and sexual assault survivors. He again reiterated that calling for all of the professionals to be certified is a very high bar, which concerned him.

Dr. Pumariaga said he would definitely adjust the interventions to be brief. The main three interventions would be psycho-education, motivational and enhancement work, and brief cognitive behavioral therapy. He said sometimes enough can be done in three sessions to get somebody set up with what they need. He noted that psycho-education could be done in a group setting, while the others could be handled individually.

On referrals, Dr. Pumariega said giving someone a list of available resources is not enough. He stated that if there is certainty about where a family is going after release, they should actually be set up with appointments before they leave the facility. Chair Orloff said that would not be that hard to do, given the availability of different databases of programs. She said mothers and/or children could be set up with appointments with a therapist or a domestic violence/sexual assault counselor. Dr. Pumariega said this is not something that would have to be done for everyone, just those who have identified mental health needs. He said this would be a higher bar and ensure some level of follow through, noting that part of the follow through would still be up to the mothers and children. He stated that educating families about the mental health system, the benefits of psychological counseling or therapy, and the benefits of medication, would be a key part of the process.

Shifting to the issue of a culturally comfortable environment, Dr. Pumariega said it is one thing for ICE to approve groups coming into the FRCs, and it is a different thing for the agency to proactively reach out to organizations to assist in creating a more culturally comfortable ambiance for residents. He suggested the idea of each FRC having a community advisory committee, and Chair Orloff suggested it could be this type of committee's job to connect the FRCs to local resources who could be invited to do work with the women at the facilities. Dr. Pumariega said it seemed that faith-based organizations were already coming to the detention centers, and the Chair said a more robust version of that model could be created by inviting other non-governmental organizations to participate. Dr. Pumariega stated that it could work, but ICE would need to be willing to take the initiative and reach out to the organizations.

On the issue of trauma-informed care, Chair Orloff and Dr. Pumariega discussed the potential of having staff from the Department of Health and Human Services (HHS) provide trauma-informed training to staff at the FRCs. Chair Orloff noted that HHS provides this service to jails

and other government agencies, and she said she believes that HHS would be willing to do so for ICE.

Ms. Washington then informed the group that it was time to start wrapping up the call.

Chair Orloff, outlining next steps, said she would incorporate the changes discussed on the call into her draft and review the comments Vice Chair Dolins and Dr. Pumariega provided in email. She added that she still has a few more parts to write in her section, and she hoped the group could continue talking through her recommendations next week.

**Adjournment:**

The subcommittee adjourned at 2:00 P.M.