

Summary of Conference Call

U.S. Immigration and Customs Enforcement
Advisory Committee on Family Residential Centers
Subcommittee on Medical and Mental Health
August 2, 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, August 2, 2016, via teleconference from 1:30 P.M. to approximately 2:45 P.M.

Attendance:

Subcommittee Members Present for the Teleconference:

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

Others Present:

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

Opening Remarks:

Chair Leslye Orloff confirmed that Dr. William Arroyo and Dr. Andres Pumariega were on the line. She asked Special Assistant Andrea Washington if Vice Chair Judith Dolins was expected to be on the call, and Ms. Washington answered it was anticipated that the Vice Chair would join the teleconference. Vice Chair Dolins called in a few minutes later, just as the subcommittee moved into the main discussion.

General Meeting:

The conversation began with members stating that they did not believe ICE had provided them with copies of certain screening tools, intake forms, and forms for residents to request copies of their medical records; these documents were noted as attachments in the subcommittee's question and answer material. Members also questioned the availability of the United States Public Health Service (USPHS) Division of Immigration Health Services (DIHS) Pediatric Physical Assessment Form, which the group had requested, but was not referenced in the ICE responses or documents.

Ms. Washington told members copies of the screening tools, intake forms, and record request forms were sent in a series of emails from Special Assistant Maryam Ali. Ms. Ali joined the meeting and walked members through where they could find the documents in the materials. There was still some confusion about exactly where the documents were located, so Ms. Ali agreed to re-send them separately in an email to the subcommittee.

In regards to the DIHS form, Chair Orloff said the group requested the document because it is referenced in the Family Residential Standards (FRS) and the Performance-Based National Detention Standards (PBNDS). The form was not provided in the material, but it was not listed as something that the subcommittee would not receive, so the Chair asked for clarification on whether or not it will be given to members. Ms. Ali said it was her understanding that the answers and documents provided for that specific inquiry were supposed to address the group's question. She said she could flip the question back to ICE staff just to confirm that the DIHS document is not going to be provided.

Chair Orloff then moved the conversation to the questions that ICE deemed out of scope for the group's tasking. Dr. Pumariega said he disagreed with a few items determined to be out of scope, particularly on the issue of credentialing.

Ms. Washington explained that "outside the scope" meant that ICE attorneys reviewed the question and decided that based on the specifics of the subcommittee's tasking, the question was not within the scope of the group's work.

Dr. Pumariega again expressed his disagreement, stating that members need a description of the credentialing process to help determine the quality of care and the qualifications of those providing medical and mental healthcare to residents at the family residential centers (FRCs). He said just being told by ICE that staff is wonderful is not sufficient, and no review committee would accept statements of staff being well-trained without evidence.

Chair Orloff said the FRS and the PBNDS both state that there has to be a credentialing process and there should be notes for those credentialing committee meetings. Dr. Pumariega added the information from the credentialing meeting is supposed to be available for review.

Dr. Arroyo said it is impossible to make informed recommendations about medical services without having a number of the documents the subcommittee requested. Vice Chair Dolins said "outside the scope" seemed to just be a blanket answer, and she thought it was silly for the group to not be able to see staff credentialing. She said members were asked to join the Committee to give their best judgement and use their professional training to come up with ways to improve the FRCs, and that is what the group is trying to do. The Vice Chair said their efforts were being hampered by not having the full information on which to base their judgement.

Chair Orloff said if members could see the credentialing criteria, they could compare the criteria to a set of respected national standards and confirm that they are in line with best practices or make recommendations to improve them. Without seeing the criteria, the subcommittee was operating in a vacuum, she said.

ACFRC DFO John Amaya told the group he would take all of their comments under advisement and follow up with ICE attorneys to find out exactly why they reached the conclusions they did, and he would get back to the subcommittee. Responding to the comments about ICE medical and mental health staff, DFO Amaya said no one was asking members to take the agency's word as gospel. He said members have their own backgrounds and expertise and assuming no

additional information is provided, they should not be prohibited from at minimum making recommendations on what standards should be applied and what a credentialing process should look like.

Chair Orloff said under the current circumstances, she did think the group could use their expertise to move forward with making recommendations that outline state of the art standards that should be used in mental, adult, and child health. She said the group could also make recommendations on what the FRS and the PBNDS should be requiring of any facility as well as call for Danya International and the Office for Civil Rights and Civil Liberties (CRCL) to explore the extent to which standards are being used.

Dr. Pumariega said the best way to do this would be for the FRCs to contract with a behavioral health organization accredited by the Joint Commission of Healthcare Accreditation Organizations (JCHAO) because that organization would match the JCHAO criteria for credentialing and standards of care. Then, the further qualifications of care that professionals would need to work with the specific population at the FRCs could be added. Dr. Arroyo said it does not have to be JCHAO; he would be willing to accept any national health accrediting body.

Chair Orloff said it sounded like the recommendation would be that the residential centers have to meet some kind of national accrediting standards/process. She added that the recommendation would also need to have an enforcement mechanism.

Shifting the conversation, Vice Chair Dolins asked Dr. Arroyo and Dr. Pumariega if they could make a judgement on the sufficiency of the intake screening forms based on what was provided. Dr. Pumariega said he did not think the screening was adequate because only historical information is being collected, not symptoms. He said obtaining patient history is fine, but symptom screening and information needs to be included.

Chair Orloff transitioned the discussion to formatting recommendations. She told members that the other subcommittees were currently planning to outline their recommendations with a few sentences about what they are recommending followed by a subparagraph about how they came to the conclusion and/or provide resources to look into. The Chair used the credentialing process as an example of how this could potentially work for the group. She said members could start doing some of this work now based on their expertise, and they could drop footnotes in places where they want to note that information was not shared. Chair Orloff stated that if members worked through the recommendations in this manner, they should be able to create a robust list of recommendations.

The Chair then informed the group that during the subcommittee Chairs call, it was requested that ICE approve the timeline below for completing the recommendation process:

- **September 2:** Subcommittee drafts ready to share across subcommittees
- **September 2-16:** Members share edits, comments, and questions with each other
- **September 16-30:** Subcommittees finalize their drafts
- **September 30:** Final subcommittee recommendations are sent to Committee Chair Kurt Schwarz

Chair Orloff said Chairs were still awaiting approval from ICE on the timeline. She continued that once the final recommendations are with Chair Schwarz, there will not be any further changes to them until the full Committee public meeting, which Ms. Ali stated during the Chairs call would take place somewhere between mid and late October. The Chair said members should be prepared to turn in dates that they are unavailable during the month of October.

Ms. Washington clarified that the public meeting would likely happen during the first week of October. Chair Orloff asked why the tentative timeframe was moved up. Ms. Ali explained that between the earlier Chairs call and the afternoon subcommittee calls, there was more discussion among ICE staff. She said members should still provide unavailable dates for the entire month of October.

Vice Chair Dolins said it seemed that at the public meeting, members would be pretty much done. Ms. Washington said members would have an opportunity during the public meeting to talk to each other about issues such as potential edits, clarifications, and grammatical errors, so there would still be some room for discussion before finalizing the full slate of recommendations.

Chair Orloff said she was going to ask Subcommittee on Education Chair BethAnn Berliner and Subcommittee on Access to Counsel and Language Services Chair Jennifer Nagda for their draft recommendation formats so their group could get a sense for what the other subcommittees are doing. She added that their group could potentially start inputting their work into one of the formats. Dr. Arroyo said he thought it would be more efficient to hold off on inputting anything into a new document until the Chairs agree on one format.

Vice Chair Dolins, bringing up the topic of phrasing, asked if the recommendations should be framed as “ICE should” or “ICE must” in the text. Chair Orloff said the Chairs have not discussed should vs. must, but her opinion was that with medical standards, the group might want to go with “must” in their recommendations. The Vice Chair said she thought this was an issue worth getting agreement on soon.

Chair Orloff then said she wanted everyone to force themselves through the process of thinking about what inspection or enforcement mechanism should be in place to ensure their recommendation is followed.

Vice Chair Dolins asked if members should also think about timelines for implementation. Chair Orloff answered that if members think a timeline would be helpful on a particular recommendation, they should mention it.

The Vice Chair inquired about including metrics. The Chair responded that if there are metrics in the medical world that CRCL or another inspection entity could measure against, it could be useful to add them. Vice Chair Dolins asked Dr. Arroyo and Dr. Pumariega for their opinions, and Dr. Arroyo said metrics are good, but there are other basic issues he would prioritize before metrics.

The Chair, wrapping up the call, outlined the tasks everyone should be working on over the next week, chiefly entering their work into the new recommendations format. She reminded members that she would reach out to the other subcommittee Chairs for copies of their formats and said she would bring up the conversation about should vs. must on the Chairs call.

With no further issues to discuss, Chair Orloff adjourned the meeting.

Adjournment:

The subcommittee adjourned at approximately 2:45 P.M.