

Summary of Conference Call

U.S. Immigration and Customs Enforcement
Advisory Committee on Family Residential Centers
Subcommittee on Medical and Mental Health
May 3, 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, May 3, 2016, via teleconference from 1:30 P.M. to approximately 2:30 P.M. The purpose of the meeting was to continue talking about potential topics for recommendations.

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 kicked off the call by confirming that she and Vice Chair Judith Dolins were both on the line. The Chair said she expected Dr. Andres Pumariega and Dr. William Arroyo to dial in to the call as well.

General Meeting:

Chair Orloff and Vice Chair Dolins began the conference call by discussing the chart the subcommittee has been working on to organize its potential recommendation topics and note the level of information currently available to subcommittee members. They talked about changing the format of the document to better suit the group's needs, but mostly focused on whether trauma-informed care should fall under the umbrella of mental health or be pulled out as its own standalone category. Chair Orloff said she considers trauma-informed care to be a separate issue, stating that recent Substance Abuse and Mental Health Services Administration recommendations to Federal agencies have recognized trauma-informed care as a method of how work is done in detention-like facilities. Vice Chair Dolins said she would make the subject a separate item in the chart.

A few minutes into the conversation, Dr. Pumariega and Dr. Arroyo joined the call.

With all subcommittee members present, Chair Orloff said she thought it would be useful to spend the rest of the meeting discussing additional topics to add to the chart, thinking through potential recommendations, and assigning work to individual members. She suggested that if members took the next week to fill in the chart and share what they have added, that would allow her and/or Vice Chair Dolins to compile and send a list of outstanding questions to ICE by May 10.

Dr. Pumariega stated that in his view, there were issues in the mental health services section that did not really match the field. Chair Orloff said the group should review the section together to see what fits and what should be moved to another part of the chart.

Dr. Pumariega agreed that mental health screening and services fit the category, but said the item should be divided into a lot more subcategories; it should be more granular. He said he would email his thoughts on how to break out the topic.

Chair Orloff stated that she wanted to add screening and treatment for domestic violence and sexual assault (DV/SA) under the mental health section. Dr. Pumariega concurred that it could be included in the section. He added that trauma-focused psychotherapy should also be listed, noting that it needs to be evidenced-based and a practitioner's training needs to be reviewed.

Dr. Pumariega mentioned that a missing piece that would be helpful in assessing how mothers and children are currently screened for possible mental health issues was the I-794 in-processing health form. He was able to find a version of the I-795 form, which he shared with subcommittee members, but the I-794 is what is actually used by ICE, he said. Chair Orloff said she would ask for a copy of the form in her compiled request for information.

Bringing the conversation back to screening for DV/SA, the Chair said during the visits to the family residential centers (FRCs), she asked staffers on-site about whether or not screening for DV/SA was being done. She said there was only acknowledgement of factors related to gender-based asylum and recent sexual assault, although ICE is supposed to be doing more, based on her review of the ICE Performance-Based National Detention Standards (PBNDS).

Chair Orloff stated that the topic of a culturally comfortable environment should be moved from the mental health section to the trauma-informed section; Dr. Pumariega agreed. The Chair then suggested that bed checks and the impact of detention on parenting could also be moved to the trauma-informed category.

The group then further discussed DV/SA, and Chair Orloff proposed that the issues could potentially fall into two separate categories: mental health screening and medical services. She stated that sexual assault in particular has both a physical and mental health component and that in a normal healthcare setting, screening for domestic violence is part of mainstream healthcare. She concluded that screening for DV/SA could be placed under health services and the treatment for DV/SA could be placed under mental health.

Vice Chair Dolins said the subcommittee now had a lot on screening, but not much on actual services for mental health or medical care. Dr. Arroyo stated that given the short average length

of stay, there likely would not be a lot of time for treatment so the focus should be primarily on quality assessments. His opinion was that treatment and follow-up become more important upon release. Chair Orloff said that in order to ensure the proper treatment post-release, it is critical to make sure assessments are taking place, and Dr. Arroyo added that making sure those assessments actually get to whoever will be providing the care is equally as important.

Dr. Pumariega said he thought it was essential to still look at the potential for at least some treatment, citing that there are people who stay in detention for longer periods of time. Adding to this point, Chair Orloff said mothers and children who have experienced trauma—from what happened to them in their home country, the journey to the United States, or as a result of being in a residential center—can go into crisis from having to retell their story multiple times. For some people, retelling their story can feel like reliving the pain and/or fear they experienced, which can lead to a crisis situation. Dr. Pumariega agreed.

Dr. Arroyo reiterated that he does not believe there is much to be done in the way of treatment in a short window of time, but was in agreement that crisis intervention and treatment should be available. Chair Orloff said this kind of recommendation could be couched in the idea that while it is understood that families will not be at the facilities long, it is also understood that the retelling of a traumatic story could be a trigger for a mental crisis and there should be care available on-site. Dr. Arroyo said to call this care crisis mental health support.

Dr. Pumariega, shifting the discussion, said attention also needs to be given to documentation and how information is handled. He stated that there needs to be a formality to the clinical recordkeeping that meets legal and regulatory needs.

Dr. Arroyo then brought up the issue of medical standards, asking which standards ICE adheres to. Chair Orloff and Dr. Pumariega said some of this information was outlined in the PBNDS, which Dr. Pumariega sent out to the subcommittee.

Vice Chair Dolins, reviewing the list of topics Dr. Pumariega sent in an email breaking down the mental health category, asked him to clarify if “adequacy of psychiatric follow up” pertained to just post-release. Dr. Pumariega said it could relate to post-release, but he meant follow-up within the FRC after someone has experienced a crisis situation. He stated that follow up should happen within a reasonable period of time, suggesting a day or two after the event.

Vice Chair Dolins then asked subcommittee members if they thought they had enough information to start the recommendation process for the topics outlined in the chart or if there was still missing information that hindered the ability to make useful recommendations. Chair Orloff said she believed a notes column should be added to the chart, and members could start filling in that box with their thoughts about how recommendations should look.

Chair Orloff continued that she would finish going through the chart and indexing the page numbers where additional background could be found in the PBNDS. Vice Chair Dolins added that members’ personal observations could also be referenced to help shape the subcommittee’s recommendations.

Vice Chair Dolins asked Dr. Pumariega and Dr. Arroyo if they would be willing to think through the mental health and health services categories and begin framing potential recommendations. Chair Orloff said the doctors' initial thoughts would be useful as starting points, and members could go back and forth with editing and fine-tuning from there. She asked the doctors to review the issues under both subjects and sort out which topics they would like to be responsible for drafting. Dr. Arroyo said he thought some of the issues could be collapsed into one topic, and it would be prudent to streamline subjects in the interest of time.

Subcommittee members then began going line-by-line through the chart, discussing who should take ownership of which issue. On the topic of credentialing, Dr. Pumariega noted that although members have seen the PBNDS, it was unclear if there was a definitive acknowledgement that the FRCs operate under these standards. Chair Orloff stated that during the subcommittee Chairs call earlier in the day, she believed that ICE staff said the PBNDS was the standard. She asked ACFRC DFO John Amaya to confirm.

DFO Amaya answered that following consultation with ICE attorneys, it was confirmed that the subcommittee should be using the ICE Family Residential Standards (FRS) as their reference. Subcommittee members then questioned whether or not they had been given the FRS, and Special Assistant Maryam Ali responded that the standards are posted on the official ICE website as separate PDFs based on topic. She added that she circulated the link to the page with the standards a while ago. Dr. Pumariega said he would appreciate a complete document instead of multiple PDFs, and Ms. Ali repeated that there was not a single document to share, but she would resend the link to the online PDFs to everyone.

After some additional commentary about the availability of the FRS and which PDFs were most relevant to the subcommittee, Chair Orloff said she would continue the work of indexing the chart with page numbers from the PBNDS and do the same with the FRS. Dr. Arroyo questioned the need to continue focusing on the PBNDS if the subcommittee knows that the residential centers are guided by the FRS. Chair Orloff said she did not think it was harmful to keep the PBNDS in mind. Vice Chair Dolins said her thought was that subcommittee members should use the FRS, and she again stated that members' own observations from the tours of the facilities should be taken into account when making assessments on whether or not the standards are being adhered to. She said that where there are gaps, the subcommittee should ask ICE staff to provide more documentation that would assist in clarifying whether or not standards are being met.

Chair Orloff stated that she believes the recommendations should not solely be about if current standards are being met, but also what the standards should be. She indicated that some recommendations could be more forward thinking, and Dr. Pumariega agreed.

Dr. Arroyo said that if ICE says it is meeting a standard and members find that the agency is not actually doing so, it needs to be identified in the recommendations. Chair Orloff concurred, but noted that there will be issues where there is no standard or there is no available information to confirm or deny that a standard is being met.

Vice Chair Dolins said that in the recommendations column, she would put a notation in to comment on if the standard is being followed and/or if there should be a new standard.

Chair Orloff reiterated that some recommendations will not be about a standard, pointing out that a recent change to no longer require mothers to input their Personal Identification Number when calling abuse report hotlines had nothing to do with a standard. She said some recommendations can be based on professional experience and known best practices. Dr. Arroyo stated that recommendations that are pulled from reputable standards that are routinely used would have more credence than recommendations based on personal opinion.

Vice Chair Dolins said to try to sort out where there are standards and where standards are not applicable, she would create a “source” column where subcommittee members could note if a standard did or did not exist.

Subcommittee members then circled back to divvying up drafting responsibilities, and they agreed on the breakdown below:

Leslye Orloff

- Women’s health screening
- Women’s health services at the facility
- Domestic violence, sexual assault, and human trafficking screening
- Screening for domestic violence
- Screening for sexual assault
- Crisis intervention for trauma triggered by the legal and detention process
- Communication of findings from mental health assessment to immigration attorneys (for immigration claims)
- DV/SA medical services in mental health
- Trauma informed services
- Know your rights DV/SA
- Referrals upon release to victims’ services in the community they move to

Judy Dolins

- Children’s health screening
- Children’s health services at the facility
- Parent accompaniment of children receiving treatment outside of the facility
- Ombudsman
- Immunization record

Dr. William Arroyo

- Emergency/acute medical care
- Medical standards- Does credentialing, staffing and supervision structure meet national/ICE/etc. standards
- Medications stocking availability, access, procedures
- Bed checks

- Impact of detention on parenting
- Residence and family wellbeing

Dr. Andres Pumariega

- Adequacy mental health
- Mental health screening (general and follow-up screeners)
- Indications for mental health assessment services from screening
- Indications for psychiatric evaluation
- Trauma-focused brief psychotherapies
- Other psychotherapy services delivered
- Range of psychiatric medications prescribed
- Adequacy of psychiatric follow-up
- Credentials of MH professionals (should be on site per ICE detention standards)
- Clinical documentation of services
- Maintenance of confidentiality (HIPAA)
- Follow-up and referral to treatment services in their release communities
- Culturally comfortable
- Mental health referrals

Chair Orloff then reminded the group that there would not be a meeting the following week because the ICE staff would be participating in the ICE Leadership Conference. She asked everyone to take the next few days to think through their subjects and formulate questions that would require additional feedback from ICE. She gave a deadline of May 9 for questions to be sent to her, so that she could compile and share them with ICE on May 10.

The Chair also reminded the subcommittee that she would be on international travel for three weeks starting on May 11. She requested that members take those weeks to work on their draft recommendations so that when the full subcommittee reconvenes in early June, there is substantial work to read through. She added that Vice Chair Dolins would be leading the meetings while she was away.

With no other items to discuss, Chair Orloff adjourned the meeting.

Adjournment:

The subcommittee adjourned at approximately 2:30 P.M.