

Summary of Conference Call

U.S. Immigration and Customs Enforcement
Advisory Committee on Family Residential Centers
Subcommittee on Medical and Mental Health
April 26, 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, April 26, 2016, via teleconference from 1:30 P.M. to approximately 2:30 P.M. The purpose of the meeting was to continue the discussion on potential issues for the subcommittee to address in its 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

Opening Remarks:

Subcommittee Chair Leslye Orloff conducted the roll call, confirming that all members were present for the teleconference.

General Meeting:

Chair Orloff began by stating that her goal for the call was to spend much of the allotted time further discussing potential topics for recommendations, but she had a few items to address before getting into the core of the meeting.

The Chair informed the group that on the subcommittee Chairs call, it was decided that it might be too much work for everyone to add their notes to the compiled document of previously asked questions, which she created. It might be easier for individuals to comb through their personal notes and pull out information they thought was worth sharing with the full Committee.

Chair Orloff then stated that Jennifer Nagda, Chair of the Subcommittee on Access to Counsel and Language Services, created a draft worksheet that could be helpful in organizing topics into buckets. She said she would like for one of the subcommittee members to volunteer to review the draft and based on the group's brainstorming, amend the worksheet or craft a new one that would better fit their needs.

Dr. William Arroyo, who was reviewing the document of compiled questions, said his preliminary thought was that many issues outlined in the document were not in the purview of the subcommittee. Chair Orloff explained that the compiled list was a combination of questions asked by the full Committee, which is why there are topics included that do not pertain to their group. She said the questions regarding mental health, medical health, and trauma fell under the umbrella of their work, adding that all of the subcommittees are also tasked with looking at the broader issue of detention management.

Vice Chair Judith Dolins then directed everyone to look through the pages in the compiled list that covered health and mental health. She asked if sexual abuse fell within the scope of the subcommittee's work, and Chair Orloff answered that she did not know where else it would fit. She said perhaps it could overlap with the work of the team looking at legal concerns, but more than likely it was an issue for their group to tackle.

Chair Orloff, moving the conversation along, said she would like for members to think more about how they want to move forward in terms of formulating topics, organizing those topics, and assigning work for drafting recommendations. She said ideally, the subcommittee should have a final list of issues by May 10. Once the issues are finalized, members can divvy up the drafting assignments and confirm what information they absolutely need to give a recommendation.

The Chair then asked subcommittee members to take a look at the meeting minutes from the last call to review the list of items that have already been suggested and brainstorm about issues they believe are still missing.

Dr. Andres Pumariiega said that given the relatively short length of stay most families experience, there should be a focus on the issues of case management and referrals for both mental and medical health. He said that because of the short window when a family is in a facility, referrals for service in the cities where they will eventually live should start almost immediately after the screening they receive upon arrival. Dr. Pumariiega said health professionals at the centers should be thinking about the kinds of services a mother and/or child will need once they are released from the residential center.

Vice Chair Dolins recalled that during the full Committee public meeting on March 16, ICE's new family case management program was discussed. Currently, the program is only in a handful of locations. She asked if expanding the program, assuming it is successful, would be something the group would want to recommend.

Dr. Pumariiega responded that it seemed like most of the focus of the family case management program is to ensure that people appear in court. He stated that it is okay if court appearance is the focus of the initiative, but said in conjunction with that there needs to be a push to make sure families get connected to community-based services for medical and mental health.

Chair Orloff added that case management for making sure people appear in court should not be devoid of any trauma-informed approach. Linking families to the mental health and social services they need should be part of the equation, she said.

Dr. Pumariega continued with his point, noting that federally-qualified health centers could be partners in the program. He said many of these centers now have mental health services and using them could lend toward a very culturally-competent approach.

Vice Chair Dolins, synthesizing everyone's comments, said the possible recommendation would be to explore case management not just focused on court appearance, but also on the real needs of the families in the communities where they will end up.

Dr. Arroyo said corollaries to this topic are the issues of whom a family stays with upon release and the parameters for determining whether or not a residence is conducive to their well-being. He said if a young woman goes to live with an abusive relative who has a history of assaulting people, that might not be the ideal place.

Chair Orloff said this was an interesting take, but flagged the potential for families having to stay in detention longer because of where they are going to be released. She agreed that the likelihood of a young woman being victimized goes up when placed in the home of an estranged family member or a family member with a history of abuse. She said the issue, however, is whether there is a way for ICE to help with what placement should be. Thinking from a legal perspective, Chair Orloff stated that holding mothers and children in detention until there is some sort of screening for the home might not be ideal because it extends their stay at the residential center. On the other hand, ensuring that they have basic information like—like Know Your Rights information—when they leave a facility could be extremely helpful. She added that many immigrant women think abuse is normal, but they could be empowered by knowing that in the United States domestic violence (and other forms of abuse) is a crime.

Vice Chair Dolins, in response to a question from Dr. Arroyo regarding screening, said she does not believe screening of households is currently done for families. She also backed Chair Orloff's concern about the potential impact of household screenings leading to extended stays in the residential centers, and she supported the idea of making sure mothers and their children leave the centers with as much information as possible on what constitutes abuse.

Chair Orloff added that mothers and children should also know that if they become victims of an abusive situation, depending on the abuse, they have another path to legal status, which could make people less afraid to report an incident.

Dr. Arroyo said another potential facet to consider in the area of case management is the timeline for checking in on families. He asked if calls should be placed within a week of a family's arrival at a residence. Chair Orloff and Vice Chair Dolins did not address timeline, but agreed that this kind of call could go further than just being a check-in to make sure the family is where it is supposed to be and will show for court; the questions asked could be expanded to include questions that check on their well-being. Dr. Pumariega said the case could be made that a family is more likely to appear in court as required if they are in a stable and supportive environment. Chair Orloff added that individuals are also more credible witnesses in their case when they are physically and mentally healthy.

The subcommittee then spent time discussing the policies and procedures for when a child is sick at a residential center and needs to be transported to a hospital. During one of the residential center tours, Vice Chair Dolins spoke to a mother who claimed she was not allowed to go to a hospital with her child, and subcommittee members expressed concern about why a mother would not be allowed to accompany her child under these circumstances.

Chair Orloff followed by stating that she spoke with another mother who said her child needed medication for an illness, but she was told that the pharmacy had run out of the medication. Dr. Arroyo said the question needs to be asked about what the rules are when the pharmacy does not have the treatment necessary for a particular condition.

Dr. Arroyo continued that it would be good to know what standards and/or accreditations the centers adhere to. Vice Chair Dolins added that it would be helpful to get clarification on whether or not the facilities are licensed as any kind of medical care facility.

Dr. Pumariega then brought up the Civil Rights of Institutionalized Persons Act (CRIPA), noting that this Federal law sets requirements for meeting the health, mental health, nutritional, well-being, and educational needs of anybody that is detained. He said detained is writ large, and he stated that there have been class action lawsuits brought against many state governments about CRIPA violations. He asked if the residential centers fall under CRIPA.

Chair Orloff said it seems that if the centers are under the CRIPA standards, there would have to be policies and procedures in place and that information should be shareable. Dr. Pumariega said this is the point he has been making in his comments about the lack of information available to the Committee in regards to questions about mental health screening and tools. He said plaintiffs in CRIPA lawsuits are able to get nearly all the information they request.

Dr. Arroyo mentioned the *Flores* case, noting the standards it requires and its impact on detaining children.

After more discussion about standards, including conversation on internal ICE criteria, members agreed that they needed clarity on exactly what standards apply to the residential centers so that it could potentially provide recommendations on the issue.

Closing out the meeting, Chair Orloff said she would take the lead on drafting questions that are pertinent to the subcommittee's work going forward and send them to the group for any refining. She said once everyone agrees on the questions, she will send them to the ICE staff for responses.

Chair Orloff then asked Vice Chair Dolins if she would be willing to start the process of inputting the subcommittee's preliminary potential recommendations into the worksheet created by Chair Nagda. Vice Chair Dolins agreed to take on the project. Chair Orloff said once the worksheet is filled in, the subcommittee can use the document as a tool to build a work plan for drafting assignments.

The Chair Orloff asked everyone to keep thinking about additional possible topics so that by the end of the next meeting there would be a robust list of issues to explore.

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

Adjournment:

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