

Summary of Conference Call

U.S. Immigration and Customs Enforcement
Advisory Committee on Family Residential Centers
Subcommittee on Medical and Mental Health
May 31, 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 31, 2016, via teleconference from 1:30 P.M. to approximately 2:15 P.M. The purpose of the meeting was to discuss and review draft recommendations.

Attendance:

Subcommittee Members Present for the Teleconference:

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

*Chair Leslye Orloff was unable to join the teleconference due to international travel.

Others Present:

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

Opening Remarks:

Vice Chair Judith Dolins performed the roll call, noting that Dr. William Arroyo was not yet on the line and recognizing the ICE staff on the teleconference.

General Meeting:

Vice Chair Dolins started the meeting by asking Dr. Andres Pumariega if he received the email confirming that the deadline for draft recommendations had been moved from the end of June to August 1. Dr. Pumariega said he did receive the email. The Vice Chair stated that the extended deadline did take away some of the pressure, but it still meant that work on the drafts needed to be handled over the summer when people are going to be taking time off.

Vice Chair Dolins then gave a readout of the subcommittee Chairs call. She said based on the discussion during that call, it seemed like all of the subcommittees were on the same page as far as formatting the recommendations. However, everyone is struggling with the issue of how to incorporate what they observed during the tours of the family residential centers (FRCs) into their recommendations because one-day observations do not tell the full story, she said. Vice Chair Dolins remarked that the Committee can state what the standard should be, but members do not really know if ICE or the contractors are following the standards. Because of this, many Committee members feel the best way forward is to acknowledge what the standards are and make recommendations based on them, unless they have observed things that are just not right.

The Vice Chair then moved the conversation to the recommendations drafted by Dr. Arroyo, saying she wanted the subcommittee to go through the recommendations to see if they were in line with where everyone wanted to go as a group, if something needed to be added, or if anything needed to be deleted. Dr. Pumariega said instead of grinding out the details over the phone, it would be easier for him to provide feedback over email. He said that as far as the format used by Dr. Arroyo, his general sense was that the style was a little too wordy and narrative. Dr. Pumariega said he was drafting brief phrases for his recommendations.

Dr. Arroyo then joined the call, and Vice Chair Dolins got him caught up on where the group was in their discussion.

Vice Chair Dolins told Dr. Pumariega if he wanted to continue with short recommendations that meant the group will have to fill those recommendations in at some point. Dr. Pumariega said he would be okay adding longer sentences later, but it just made sense right now for him to continue using shorter, simpler phrasing to get straight to the point.

Vice Chair Dolins asked Dr. Arroyo if he would like to walk subcommittee members through his recommendations and his method for putting them together.

Dr. Arroyo stated that his approach for tackling his topics was to state the problem initially; provide some information on the problem as he perceived it; in most cases, mention that verification is needed for whatever standard is being adhered to; and identify those documents that would serve as verification. After working through these pieces, he then wrote the recommendations.

Dr. Arroyo said his description of the issue regarding credentialing was more expansive than he anticipated, but he thought it was a good length to aim for. On the bed check issue, he said the American Correctional Association is cited as support for the practice, but he was not sure that was a good standard to follow for the family detention setting. Thus, he recommended discontinuing the practice.

Dr. Arroyo stated that on the topic of parenting in the FRCs, he recommended putting tools in place to support mothers in their parenting to the degree possible, including family resident management systems. He said that while parenting classes were available, it was not clear what the curriculum was, and there was no verification that the classes were taking place.

On the subject of the general well-being of families at the residential centers, Dr. Arroyo said he referenced comments made by external observers, advocates, and the news media about the environment at the centers. He said a better approach would be to get and track feedback from the mothers themselves, so he recommended conducting surveys of current and former residents to better inform what steps might be taken to improve the conditions at the FRCs.

Dr. Pumariega said he thought the recommendation on improving the environment could also be used as part of the recommendation on the issue of cultural competency. Dr. Arroyo agreed.

Vice Chair Dolins stated that she thought the subcommittee's recommendation about the possibility of having an ombudsman on-site at the FRCs could fit alongside the survey recommendation. Dr. Arroyo concurred, adding that the ombudsman would need to be a completely independent person not tied to the Department of Homeland Security or any company responsible for managing the facilities.

Based on the discussion, Vice Chair Dolins said she thought that once all of the recommendations were completed, the subcommittee would be able to consolidate those that could be grouped together. Dr. Arroyo agreed.

Circling back to the topic of parenting at the FRCs, the Vice Chair asked Dr. Arroyo if there were any particular family resident management tools he wanted to recommend by name. He responded that there are a lot of things published for the general public on managing behaviors—some of which are supported by the American Academy of Pediatrics and some by the American Academy of Child and Adolescent Psychology—that could be useful, so it might be worth including those. Dr. Arroyo said he could list a few at the end of the recommendation. Vice Chair Dolins said it should be kept in mind that the families in the residential centers have undergone trauma, so it should not be just a regular behavior management tool.

Vice Chair Dolins then asked Dr. Pumariega if he was having any struggles with putting together his recommendations. He answered that he was not having any problems; he was just slogging through his list.

Shifting subjects, Vice Chair Dolins brought up the topic of licensure. She noted that there were recently hearings on the South Texas Family Residential Center (Dilley) and the Karnes County Residential Center (Karnes). Doctors with her organization, the American Academy of Pediatrics, attended and gave testimony. She said one of the issues that came up is that there are a number of services that are supposed to be provided at Dilley and Karnes, but the locations of the facilities are underserved as far as the availability of medical staff. Dr. Pumariega said he is including that point in his recommendations. He continued that ensuring the availability of services depends on the level of professionals and who partners with the FRCs. He said one of the ideas he has been thinking about is recommending an academic affiliation between the FRCs and colleges and universities within close proximity.

Vice Chair Dolins said that in terms of available pediatricians, there are pediatricians in both locations who are willing to help. Dr. Pumariega said he believed the capacity issue was the same with pediatricians because there is just a huge difference between the availability of medical care and professionals near the border versus in San Antonio. He stated that San Antonio has a lot better supply.

The Vice Chair asked if there were other issues that needed to be discussed. Dr. Arroyo said the group needed to consider a strategy for consolidating and refining the recommendations once they are all written. Vice Chair Dolins asked what he had in mind. Dr. Arroyo answered that there is going to have to be a final editor who will need to decide what recommendations are reasonable, what needs to be consolidated, and which recommendations could stand on their own. He said a decision needed to be made on who would serve as this final editor.

Vice Chair Dolins followed up by asking if there were any ideas about who the final editor should be. She also asked if members thought everyone should be involved in the review process or if one person should be assigned to review.

Dr. Pumariega responded that his preference was for everyone to comment on each other's work as individuals complete their drafts. He said that when editing and commenting, subcommittee members should use track changes in Word, which would make it easier to merge recommendations into a single document later. Dr. Pumariega added that he believed it was ultimately up to the Chair and the Vice Chair to edit the final document. Dr. Arroyo agreed.

Vice Chair Dolins then committed to getting more of her recommendations drafted by the next meeting and encouraged Dr. Pumariega to do the same. She said it would take some time for the subcommittee to go through the recommendations when they were all drafted. She suggested that the weekly calls could be used to talk through some of the bigger issues, and smaller issues could be hashed out in Word documents over email. She said this would give everyone two opportunities to edit or comment before the final product is compiled.

Vice Chair Dolins, referencing the subcommittee's topics chart, questioned if anyone believed there were still issues not covered in the table.

Dr. Arroyo stated that in doing more thorough research on what a health accreditation process entails, he thinks there are many facets of healthcare organizations under national accreditation standards and the subcommittee does not touch on all of them. He said that is partially why he was recommending that the FRCs pursue accreditation; it would ultimately include all of those essential facets not addressed by the subcommittee. Vice Chair Dolins asked if he meant the Joint Commission of Healthcare Accreditation Organizations (JCHAO) standards. Dr. Arroyo said JCHAO or the National Committee for Quality Assurance (NCQA), adding that there are also other standards out there that could be considered.

Dr. Arroyo continued that these kinds of standards cover management devices, management of pharmaceuticals, credentialing, emergency, and more aspects that are not identified in the subcommittee's list of issues. Nevertheless, he said, they are covered in comprehensive accreditation. Dr. Arroyo also said he mentioned state standards as potential guides because some state standards are better than Federal rules.

Dr. Pumariega interjected to state that he needed to leave the call early due to another meeting.

Vice Chair Dolins asked Dr. Arroyo if he had a preference between JCHAO and NCQA; she thought NCQA was more limited. Dr. Arroyo stated that NCQA is more applicable to non-hospitals and that JCHAO's strength is hospitals, not ambulatory health centers, which the FRCs are more comparable to. Vice Chair Dolins said the subcommittee might want to be more definitive in its recommendation regarding which set of standards would be best to pursue for accreditation. Dr. Arroyo said he mentioned both standards because he is familiar with both of them, but the group can sort out which one is best later.

Discussing concerns she has heard from physicians and lawyers who have visited the FRCs, Vice Chair Dolins said she has been told stories about children not getting the medical care they needed because the service is not available at the residential centers and families not being able to leave for care because a mother has not passed her credible fear test. She asked Dr. Arroyo if he had heard any accounts like this; Dr. Arroyo said he had not. The Vice Chair said that while she thinks these stories should be kept in mind, she also wanted to be careful not to let one incident reflect the whole.

Dr. Arroyo said this was an example of why systematic surveying of the mothers about their experience at the facilities would be helpful. The surveys could dispel or corroborate claims and show where there are real gaps in medical care. Vice Chair Dolins said given the number of mothers and children coming through the residential centers, it is unlikely that residents will receive 100 percent of the medical care they should. However, she said, the percentage of medical care that is missed matters, noting that there is a big difference between 1 percent of missed care and 18 percent of missed care.

Going back to the subject of bed checks, Vice Chair Dolins said she thought mothers and children at the facilities looked lethargic and despondent, which could be linked to not getting enough sleep due to being awakened at night. Dr. Arroyo agreed, stating that being woken up every hour can take a toll on an individual. The Vice Chair added the dejected looks could have also been triggered by mothers not knowing their fate and the angst that can come from experiencing trauma on the journey to the United States.

Vice Chair Dolins asked if there was anything left to discuss. Dr. Arroyo asked if she had a sense from the other subcommittees about when they would be done with their recommendations.

The Vice Chair answered that the Subcommittee on Education was probably a little further along in writing their recommendations, and the Subcommittee on Access to Counsel and Language Services was in about the same place as their group. Vice Chair Dolins said she suspected that the legal group will have longer introductions and recommendations. She said the education group shares a similar concern with their subcommittee about the lack of evidence when it comes to standards and protocols actually being followed. She added that all of the subcommittees are grappling with exactly how they are going to handle integrating any additional information received from ICE.

Dr. Arroyo asked for clarification about what was due on August 1, and Vice Chair Dolins responded that it was the draft recommendations that were originally due at the end of June. She said this gives everyone more time to work on fine-tuning their recommendations, but still was around the time when people would likely be on vacation. Vice Chair Dolins said she thinks the group will want to have as much done by the end of June as possible, though the information provided by ICE around the middle of the month could affect drafting.

Vice Chair Dolins asked Dr. Arroyo if there was anything further, and he said he had nothing else to discuss. The Vice Chair then asked Special Assistant Andrea Washington if there was

anything to add from ICE, and Ms. Washington said there was nothing additional. With no other issues to address, Vice Chair Dolins adjourned the meeting.

Adjournment:

The subcommittee adjourned at approximately 2:15 P.M.