National Disability Rights Network
May 23, 2013

Custody Programs and Community Outreach Webinar

U.S. Immigration and Customs Enforcement Enforcement and Removal Operations
Average Daily Population Tables

### Key Facts Summary

<table>
<thead>
<tr>
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<th>FY13</th>
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<tbody>
<tr>
<td>Fiscal Year ADP</td>
<td>34,635</td>
</tr>
<tr>
<td>Fiscal Year ALOS</td>
<td>28.9</td>
</tr>
<tr>
<td>Percent of Detainees Released</td>
<td></td>
</tr>
<tr>
<td>25% removed or released within:</td>
<td>1 day</td>
</tr>
<tr>
<td>50% removed or released within:</td>
<td>8 days</td>
</tr>
<tr>
<td>75% removed or released within:</td>
<td>33 days</td>
</tr>
<tr>
<td>90% removed or released within:</td>
<td>70 days</td>
</tr>
<tr>
<td>95% removed or released within:</td>
<td>116 days</td>
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</table>

### ADP by Facility Type

- CDF: 17%
- IGSA: 48%
- DIGSA: 22%
- SPC: 11%
- OTHER: 1%
- BOP: 1%

### ADP by Mandatory and Priority Status

- Mandatory Priority: 72%
- Non-Mandatory Priority: 21%
- Non-Mandatory Non-Priority: 5%

### ADP by Mandatory Status and Criminality

- Mandatory Criminal: 46%
- Non-Mandatory Criminal: 17%
- Non-Mandatory Non-Criminal: 28%
- Non-Mandatory Non-Criminal: 9%
Performance-Based National Detention Standards 2011

- PBNDS incorporates the input of many agency employees and stakeholders and also includes references to the Americans with Disabilities Act of 1990.
- PBNDS defines a special needs detainee as one whose mental and/or physical condition requires different accommodations or arrangements than a general population detainee would receive.
- Within 12 hours of arrival, all detainees shall receive, by a health care provider or specially trained detention officer, an initial medical, dental and mental health screen and be asked for information regarding any known or emergent medical conditions.
- Detainees with hearing or speech disabilities shall be granted reasonable accommodations to all for appropriate telephone services.
Risk Classification Assessment System (RCA)

- At ICE intake and subsequent assessments, RCA utilizes a risk scoring methodology to generate recommendations for decisions related to:
  - Detention or Release
  - Bond Amount, if applicable
  - Custody Classification Level (if the individual is detained)
  - Community Supervision Level (if the individual is released)
- The RCA module aids ICE personnel in making consistent custody and classification decisions by automating the review of an alien’s:
  - Biographic information
  - Criminal history
  - Immigration history
  - Special vulnerabilities
  - Community ties
RCA

• RCA will never recommend detention for an individual with a Special Vulnerability if not subject to mandatory detention

• An ICE supervisor will always be required to justify a decision to detain a detainee determined to have a Special Vulnerability

• ICE personnel maintain the ability to exercise discretion and document all decisions

• RCA allows ICE officers to document the existence of any special vulnerabilities of detainees (see next slide)
**RCA Continued**

<table>
<thead>
<tr>
<th>Special Vulnerabilities</th>
<th>Mandatory Detention per Stat / Alleg</th>
<th>Risk to Public Safety</th>
<th>Risk of Flight</th>
<th>Recommendation / Decision Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes or No</td>
<td></td>
<td></td>
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</tbody>
</table>

**Special Vulnerabilities**

- **Serious physical illness** (info)
- **Serious mental illness** (info)
- **Disabled** (info)
- **Elderly** (info)
- **Pregnant** (info)
- **Nursing** (info)
- **Primary caretaking responsibility** (info)
- **Risk based on sexual orientation / gender identity** (info)
- **Victim of persecution / torture** (info)
- **Victim of sexual abuse or violent crime** (info)
- **Victim of human trafficking** (info)
- **Other** (info)
- **None**

*Provide additional information relevant to your observations and assessment:*
Medical Care Improvements

• Formerly the Division of Immigration Health Service, ICE Health Services Corps (IHSC) became an ERO component in 2007.

• IHSC provides direct patient care at the 221 dedicated ICE facilities – over 15,000 patients (or over 45% of ICE’s detained population).

• IHSC established the Field Medical Coordinator Program for increased interaction with and oversight of the contract facilities.

• Electronic health record system is being developed and will begin testing implementation in the field in June 2013.
Mental Health Transition Unit

- IHSC and the Miami field office are developing a mental health transition unit at the Krome detention facility.
- The transition unit will house up to 30 detainees in a specialized housing area within the Krome campus.
- Other non-mental health medical needs will be provided by the IHSC Krome detention facility medical staff.
- Facility renovations have been completed, and the unit is scheduled to open by June 2013.
• **Enhances public engagement** to better address the concerns of the public and detainees.

• Reflects ICE's continued belief that sustained public engagement is indispensable to the **success of our agency**.

• The CDH allows ICE to address the following in a timely manner:
  - Community **outreach** inquiries and requests
  - **Prosecutorial discretion** requests
  - **Detention concerns** (including reporting sexual/physical assault/abuse and systemic complaints on facility conditions)
  - Information about **enforcement activities**
  - Questions about immigration **court cases**
  - Other **concerns** regularly raised by the public
• June 15, 2012, Deferred Action for Childhood Arrivals (DACA) initiative announced
• June 18, 2012, DACA Hotline Call Center established, which eventually answered more than 6,200 calls on DACA
• September 28, 2012, DACA Hotline transitioned to the Community Hotline
• November 9, 2012, Community Hotline began transition to Community and Detainee Helpline (CDH)
• February 1, 2013, fully deployed CDH with activation in all detention facilities nationwide
• CDH can be reached Monday – Friday from 8am – 8pm ESD at: **1-888-351-4024**
Questions/Comments?