



Monitoring Report

Homestead Emergency Temporary Shelter for Unaccompanied Children

Introduction

The Office of Refugee Resettlement (ORR) is a part of the U.S. Department of Health and Human Services (HHS). ORR is responsible for the care and placement of children referred to ORR by the Department of Homeland Security (DHS). According to ORR, these are children below the age of eighteen who entered the country without their parent or legal guardian or who for other reasons have been separated from their parent or legal guardian.¹ This Report will refer to the children in ORR's custody as "unaccompanied children" or "UCs." According to ORR's website, since Oct. 1, 2017, it has increased the number of UC shelter beds

¹ ORR gives this definition of **Unaccompanied Alien Child (UAC)**: "UAC is the term used and defined in the Homeland Security Act of 2002, which created the Unaccompanied Alien Children's program at ORR. A UAC is a child who has no lawful immigration status in the United States; has not attained 18 years of age; and with respect to whom: 1) there is no parent or legal guardian in the United States; or 2) no parent or legal guardian in the United States available to provide care and physical custody."
<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Shelter%20Care>

from about 6,500 to about 13,000 beds.² As part of a recent need to increase capacity, ORR opened “Homestead Temporary Shelter” (Homestead) as a “temporary emergency influx shelter” in Homestead, Florida.³

Homestead is located on the grounds of Homestead Airforce Reserve base and is located in a former Job Corps Facility. ORR has periodically opened Homestead as a temporary emergency influx shelter since at least 2016. It was initially opened from June 2016 through March 2017. It was reopened on March 29, 2018. Homestead is operated by contract between ORR and Comprehensive Health Services Inc. (CHS) of Cape Canaveral, Florida.

At the time of our visit in August 2018, the capacity of Homestead was 1350 children. There were 1333 children at facility at the time of our monitoring visit. There were 898 males and 435 females at the facility. The children’s ages ranged between 13 and 17.9.

Monitoring Visit

As Florida’s Protection and Advocacy system for individuals with disabilities, Disability Rights Florida has federal authority to advocate for the protection of the rights of individuals with disabilities in the State of Florida including, but not limited to, individuals with mental illness and individuals with intellectual and developmental disabilities. This authority includes access to public and private

² <https://www.acf.hhs.gov/orr/resource/unaccompanied-alien-children-frequently-asked-questions>

³ ORR gives this definition of “**Influx Care Facility:**” “A type of care provider facility that is opened to provide temporary emergency shelter and services for unaccompanied alien children during an influx or emergency. Influx care facilities may be opened on Federally owned or leased properties, in which case, the facility would not be subject to State or local licensing standards; or, at facilities otherwise exempted by the State licensing authority.” <https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Shelter%20Care>

facilities in the State which render care or treatment to such individuals to monitor compliance by the facility with respect to the rights and safety of the residents.

The purpose of our visit to Homestead was to determine if any of the children placed there were individuals with disabilities and, if so, to determine if those children had been or are at risk of being subjected to abuse, neglect, or other violations of their rights. Our monitoring of Homestead took place on August 29 and 30, 2018. The four-person monitoring team included Disability Rights Florida staff with significant experience monitoring facilities in Florida that provide care to individuals (including juveniles) with disabilities and members knowledgeable about the educational rights of children with disabilities. Two of the team members were fluent in Spanish.

Our monitoring visit began with a meeting with Leslie Wood, Program Director for CHS at Homestead. As we had requested, Director Wood provided a facility population census, resident orientation manual, daily activity schedules, a list of youth at Homestead that CHS had identified as needing psychotropic medications, and a list of youth with mobility or other physical impairments. Director Wood then gave us an overview of the facility. After the meeting we toured the facility living areas, medical areas, cafeteria, school building, and recreation areas.

At the conclusion of the tour we split into two teams and conducted interviews with individual children. Our interviews were targeted toward children with disabilities and we used the CHS list of youth at the facility identified as needing psychotropic medications and the list of youth with mobility or other physical impairments. We conducted multiple interviews over the course of 2 days.

Interviews generally followed a questionnaire drafted by the team and were conducted in Spanish. Children were interviewed individually in separate rooms. A CHS staff member was in the hallway outside of our interview rooms, but we felt it was extremely unlikely that our conversations with the children could be overheard. In spite of a lack of complete privacy, we felt the children were open and forthcoming in their responses to our questions.

Overview

The following overview of Homestead was provided during the interview with Director Wood. Homestead operates as an emergency temporary shelter for UC. Director Wood stated that ORR does not require emergency temporary influx shelters to be state licensed. She stated that Homestead's purpose is to house UC safely until permanent facilities or sponsors can be located for the children. The goal of the facility, according to Director Wood, is reunification.

Director Wood said that children may be placed at Homestead from anywhere in the United States. She said that ORR's decision to place a child at Homestead as opposed to some other facility is based almost entirely on available bed space. The nationalities of the children at Homestead are primarily from Central America, mainly Honduras or Guatemala. Children from Homestead may be transferred to other ORR facilities anywhere in the country or may be released directly to sponsor families.

Director Wood informed us that all children arriving at the facility are given "risk assessments" for gang affiliation, history of trauma, gender identity, physical

impairments, and mental health.⁴ Director Wood stated that Homestead is not designed or equipped to provide additional services to children with “special needs,” generally defined as children requiring extensive mental health services, extensive medical services, or greater accessibility due to physical disabilities. She stated that children requiring extensive mental health or medical services, or need greater accessibility due to physical disabilities are sent to designated ORR facilities in other states. Director Wood also said that children who arrive at Homestead that are identified as needing these additional services “are elevated” for transfer out of Homestead to more appropriate facilities.

Length of Stay at Homestead

Director Wood stated that the average length of stay at Homestead had been 30 to 45 days but had recently increased to approximately 60 days. This increase was confirmed by our interviews with the children. Most of the children we interviewed had been at Homestead 45-60 days. Several children we spoke with told us they had been there more than 60 days with three children reporting that they had been at Homestead 72, 78, and 98 days respectively. Director Wood stated that the increased length of stay was due in large part to an ORR policy implemented in June 2018 requiring additional background screening and vetting of potential sponsors and family members. She also cited new ORR requirements that all members of sponsor families be fingerprinted and undergo a background check prior to placement. She said the new fingerprinting requirements alone account for much of the additional time. Finally, she noted that many of the less restrictive and

⁴ We did not review the risk assessment tool and we do not what kind of screening assessment tool Homestead or ORR utilizes for the “risk assessments.”

more permanent ORR facilities (such as His House) that take children from Homestead are maxed out and have waiting lists for placement.

Physical Plant

The facility is on a large campus adjacent to the Homestead airbase. It consists of four large concrete block dormitory-style buildings, an auditorium, a cafeteria area and an administration building. The block buildings appeared to be 30-40 years old but were in relatively decent condition. CHS has supplemented the permanent buildings with large air conditioned tents. One large tent houses the education area, one is used for new resident orientation and other large gatherings, and another provides additional shower and toilet space for the living areas. Additional portable toilet facilities have been brought in for use by the children. The facility is surrounded by an 8-foot-tall chain link fence with a dark green mesh covering making it nearly impossible to see in or out. Entrance and exit is restricted to two "checkpoints" staffed by CHS security staff.

General Staffing

The majority of the direct supervision of children at Homestead is provided by Youth Care Workers (YCW). Director Wood stated that the staffing ratio is one YCW to 12 children. The Director said they were fully staffed for YCWs at the time of our visit. According to CHS job postings for Homestead, the minimum educational qualification for a YCW is a high school diploma or equivalent.⁵ Director

⁵ Required qualifications for YCWs are: minimum age of 21 years or older; High school diploma or its equivalent; bilingual in Spanish & English (Read, Write, Speak); clean criminal background check; clean Child Abuse and Neglect (CAN) or child protective services check; ability to stand, bend or stoop for the duration of the shift ; ability to remain calm and composed under stress; ability to supervise UC's indoors and outdoors throughout the entire duration of their shift; meet the requirements of the contract for all immunizations; and ability to receive and understand detailed information through oral communication. <https://chsmedical.hua.hrsmart.com/hr/ats/Posting/view/10523/0>

Wood said Homestead has six counselors and a counselor supervisor. She told us that Homestead also has 16 case managers with six case manager vacancies. Each child is to meet with his or her case manager once a week.

Staff Treatment and Living Conditions

CHS requires all children to be in sight and sound proximity to staff at all times. Our observation of the facility was that it was operated in a highly regimented military fashion. The daily routine for the children is very structured and children were moved around the grounds in single-file lines escorted closely by staff.

There are no uniforms but all children are provided similar looking clothing by the facility, usually blue jeans and t shirts. Staff wake the children at 6:30 AM and turn the lights out at 10:00 PM. Children reported that once they are in their bedroom areas, they are not allowed to talk to each other. When moving from one area to another (i.e. school to cafeteria) children are also not allowed to talk to each other and are in single-file lines. Children reported very limited opportunity to interact with other children beyond their housing group. Even siblings are limited to once per week supervised meetings if they have been separated into different housing groups.

None of the children we spoke with expressed fear of abuse or neglect by staff. None of the children reported use of physical force or use of restraint or seclusion. Some children reported frequent fights among children but felt these were minor incidents related to arguments during soccer games, etc.

Homestead has a grievance process and most children we spoke with knew how to use it. Some had filed grievances related to the quality of the food.

Living Areas

Two of the large dormitory-style buildings are used for living/sleeping areas for the children. Each dormitory building houses 424 children. Sleeping areas are large rooms divided in the middle by a shared toilet/shower. Each room sleeps 12 children in six bunk beds (see photos). The doors to the rooms have all been removed. At night a staff member is seated in the doorway as a monitor. Each child is provided with a plastic storage box for their



Room with 6 bunk beds, housing 12 youth

a plastic storage box for their belongings. Children are expected to assist in the cleaning of their living/ sleeping area. Common areas in the dorms have a TV and a few seats or couches. There are cameras in common areas but not in bedrooms or bathrooms.

The former auditorium has also been converted to a sleeping area. Two large rooms in the auditorium each contain bunkbeds to house approximately 400 children (see photos). Older boys (16-17) are housed in the auditorium. The

auditorium lacks shower and toilet areas, so a large tent with showers and toilets has been located adjacent to the building.



Housing assignments are by gender and roughly by age. Males are housed in the auditorium and one of the dormitories. Females are in the other dormitory.



The living and sleeping areas were observed to be generally clean and well kept. However, the living and sleeping areas, especially the auditorium, were very crowded. As noted above, Homestead does not

adhere to state licensing requirements or regulations governing minimum square footage for living space.



Former auditorium converted into housing units

Food Service

There is a free-standing kitchen and cafeteria facility. All children eat their meals in the cafeteria. Homestead provides three meals and two snacks to each child per day. There is no commissary for children to obtain their own snacks. The quality and type of food provided was a frequent complaint by children during our interviews. When we commented on this to Director Wood she said she was aware of the complaints and indicated that CHS was trying to provide better quality and more culturally suitable meals for the children.

Medical

One of the dormitory-style buildings has been converted to a medical unit. The medical unit has exam areas and we observed at least six medical isolation rooms. On site medical staff include nurses and physician's assistants to provide assessments and routine medical care. Children needing more extensive medical care are transported to local clinics or hospitals. All children go through a medical assessment on arrival. Newly arrived children are kept separate from the general population at the facility until they go through a medical screening. Medical isolation rooms are available for those children who may have a contagious disease. The medical isolation rooms are fairly large with a TV and bed. Children in the isolation rooms are provided constant 1:1 supervision by a staff member seated in the room doorway. We were told by medical staff on the unit that medical isolation rooms are not used for children with behavior or mental health issues.

Director Wood stated that medical staff attempts to contact parents or guardians of children requiring significant medical care or medication for medical issues. However, based on our interviews with several children, it appears that

contact is primarily for notice rather than consent as contact often occurs after care or medication has been administered. Director Wood told us that for some children, a parent or guardian may be unavailable. We were informed that in such cases ORR staff or Homestead staff give consent for medical care on behalf of the children.

Mental Health Care

Director Wood stated that each child at Homestead attends one group therapy session per week and at least one individual therapy session per week. Homestead employs 6 therapists. The Director said all of the therapists are licensed counselors although not all are licensed in Florida. The lead counselor is a licensed mental health counselor (LMHC).

According to a daily schedule we received while at Homestead, group sessions are one hour. Children told us that group sessions cover various subjects such as life skills or group discussion regarding the children's experiences or trauma. Children's descriptions of the usefulness of the group sessions varied widely. Children said the individual sessions are one or two times per week and last 30 minutes - 1 hour. Some children described their individual sessions as very beneficial. However, several others described them as brief, perfunctory and lacking in substance. They stated that therapy sessions are usually held in large open rooms in the presence of other children and therapists making it difficult to have a private conversation. Some children told us that more private settings are available if they ask.

According to information provided by Director Wood, there were 19 children receiving psychotropic medications at Homestead at the time of our visit. The

Director told us that if the initial assessment, staff report, or child report, indicates a need for additional mental health treatment or medication, the child is referred to a local mental health clinic, Larkin Behavioral Center, for evaluation by a psychiatrist. Children receiving medication told us they were receiving medication because of anxiety, difficulty sleeping, or because they were "sad" or depressed. Based on the information we received from Homestead and our interview with the children, medications prescribed included Vistaril, Lexapro, Sertraline and Escitalopram. These medications are often prescribed for symptoms related to anxiety, PTSD, depression or sleeplessness. Children reported that they are routinely transported to Larkin to meet with a psychiatrist and for medication follow-up.

As noted above, children reported that the facility attempts to contact parents/guardians to notify them when children are placed on medications, but not for informed consent. Some children stated that they gave consent themselves or the facility staff provided consent on their behalf.

Director Wood stated that there was no seclusion or restraint rooms at Homestead. She stated that since opening in March there had been no need for seclusion or restraint of a child. Director Wood said that if a child needed seclusion or restraint due to mental illness they would be assessed at the local mental health clinic. She said children needing this type of care due to mental illness would likely be transferred to another ORR facility that could provide a higher level of care.

Education

Children attend school Monday – Friday for about six hours per day. The children are grouped into four levels based on age rather than comprehensive

educational testing or assessment. The levels are: Beginner (grades 1 to 5), Intermediate (grades 6 to 8), Advanced (grades 9 to 10), and Advanced Academics (grades 11 to 12). All of the teachers are CHS employees. CHS does not require teachers to be state certified (although Director Wood said most teachers are certified). The school curriculum was developed by CHS. Homestead's school curriculum does not follow Florida state standards, but Director Wood said it was "based" on the standards. Classes include ESOL, science, history, math and "reading and writing." Children are also provided with physical education and have access to basketball courts and soccer fields for at least one hour per day weather permitting.

The Director stated that school is provided year-round in accordance with ORR requirements.

Classrooms are located in a large air conditioned tent partitioned into classrooms. There are no text books. Children reported that teaching usually involves the teachers writing a lesson on a large whiteboard for the children to copy. None of the children reported having homework or other out of class assignments. Most classes appeared to be taught in Spanish and English. The classrooms were observed to be crowded. Some children appeared to be engaged and attentive in the classes. Most children interviewed stated they were glad that classes were being provided although some said they were not being challenged by the content of the classes.

Director Wood stated that CHS could, but does not, contract with the local school board for educational services. The Director stated that Dade County

Schools offered to provide educational services but CHS declined because of issues including the year round school requirement.

Homestead does not provide any services pursuant to the Individuals with Disabilities Education Act (IDEA) and no assessments for IDEA services are provided. At least one of the children interviewed was having significant difficulty in school possibly due to learning disabilities. The child reported that they were not receiving any individualized assistance in school.

Visitation/Communication

Children are permitted visitors once per week. Visitors are usually sponsor family members. Children may also get visits from consulate staff. Children stated they have access to phones twice per week to speak with family members and are usually limited to ten minutes per call. They do not have privacy during the phone calls.

Phones with direct lines to consulates and abuse hotlines are located in common areas. However, children report they are not allowed to use these phones and must report incidents to staff who dial the phone for them.

Case Management; Discharge

The primary role of case managers is contact with sponsor families and follow-up on the background screening and vetting process. Many children expressed frustration with their case managers and the lack of progress on their cases. Several children cited the high turnover of case managers as one of the primary causes for the delay in the processing of their discharge. One child noted that he had four different case managers in 6 weeks. Director Wood admitted the high rate of case manager turnover. She cited changing ORR screening

requirements as a source of frustration by many case managers. In addition, she attributed staff turnover to the fact that as a temporary emergency influx shelter Homestead could not guarantee long term employment.

Issues of Concern

The stated purpose of the Homestead temporary emergency influx shelter is to provide for the basic needs of children placed there for a very short-term basis. Based on our observations during the visit and our conversations with the children it appears that their minimal needs of food, clothing, shelter, medical care, and personal safety are being met. None of the children we interviewed complained of, or reported observing, instances of staff physically abusing children or using inappropriate physical restraint.

However, our Team had significant concerns (many of them interrelated), which, if not addressed, could soon result in abuse or neglect of children with disabilities housed at Homestead. The Team's issues of concern are:

- 1. Overcrowding:** Homestead is operating at maximum capacity. Living and sleeping areas appear seriously overcrowded. Case management and counseling services in particular appear to be stretched so thin that case managers and counselors cannot provide the baseline quality of services required.
- 2. Basic Educational Services:** The educational services being provided at Homestead are minimal. Children attend school but there are no text books and the educational curriculum is not up to state minimum standards. The classrooms are overcrowded and children report that lessons are simply copying what a teacher writes on the board.

3. IDEA Education Services: Children with disabilities who are in the custody of ORR are still entitled to services in accordance with the Individuals with Disabilities Education Act. No IDEA services are provided at Homestead and children are not screened for IDEA eligibility. IDEA “child find” (eligibility) services are supposed to be provided by local school systems to every child in their jurisdiction. This is not happening at Homestead. It is our understanding that the Miami Dade school system has offered to provide these services at Homestead, but CHS has declined.

4. Mental Health Services: As might be expected, anxiety, PTSD, depression, and sleep disturbances appear to be the most frequently reported mental health concerns by children at Homestead. While children reporting these symptoms are referred for assessment, it is the team’s opinion that these conditions are being significantly underreported by the children and staff. Further, the team was concerned that the overcrowding and impersonal conditions of the facility will exacerbate these symptoms especially in light of the increasing length of stay. The counseling and therapy services at the facility lack the necessary frequency or intensity necessary to treat or even identify the presence of these symptoms. The lack of privacy during the individual sessions undermines their effectiveness and was of particular concern to the Team.

5. Informed Consent: Based on the information we received from Homestead staff and the children we interviewed, either the children themselves or CHS facility staff are permitted to provide informed consent

to treatment. Neither of these procedures are appropriate. The coercive nature of seeking “consent” from minor children in government detention completely undermines the concept of informed consent. CHS staff may have a number of competing interests that disqualify them from providing consent. When informed consent cannot be obtained from parents or guardians, ORR should require Homestead to follow Florida state law and obtain court authorization for treatment prior to administering medical or mental health care in any situation other than an emergency.

Recommendations

The overarching recommendation is to transfer children out of Homestead to more appropriate licensed settings as quickly as possible. It is widely acknowledged that a large percentage of the children detained in ORR facilities have suffered significant trauma and may require appropriate mental health care. Homestead, with a population of over 1300 children at the time of our visit, cannot possibly meet their needs. Subjecting these children to the overcrowded and impersonal conditions at Homestead for extended periods of time will only exacerbate these issues and may be a form of abuse and neglect in and of itself. ORR and CHR need to work to reduce the length of stay and the population of Homestead as soon as possible.

As stated by Director Wood, Homestead’s goal is to transfer children to sponsor families or to more permanent and appropriate facilities within about 30 days. If that target were being met, we would be less concerned about the level of overcrowding, the lack of appropriate educational services, and the lack of more intensive counseling and mental health services. Unfortunately, the length of stay

had increased to 60 days at the time of our visit. We spoke with several children who had been detained at Homestead for nearly three months, or more. Subjecting vulnerable children to the conditions at Homestead for this length of time is simply unacceptable.