

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

**KROME BEHAVIORAL HEALTH UNIT (KBHU)
NATIONAL ADMISSION AND DISCHARGE CRITERIA**

**IHSC Directive: 07-09
ERO Directive Number: 11803.2
Federal Enterprise Architecture Number: 306-112-002
Effective: March 25, 2021
Annual Review: April 25, 2022**

**By Order of the Assistant Director
Stewart D. Smith, DHSc, FACHE**

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1. **PURPOSE:** The purpose of this directive is to standardize the admission, continued stay, and discharge criteria for the Krome Behavioral Health Unit (KBHU).
 2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees and contract support staff. It is applicable to IHSC personnel supporting health care operations in both ICE-owned and non-IHSC-staffed facilities and to IHSC headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
 3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, U.S. Code, Section 1222 (8 U.S.C. §1222), Detention of Aliens for Physical and Mental Examination.
 - 3-2. Title 42, U.S. Code, Section 249 (42 U.S.C. §249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-3. Title 42, U.S. Code, Section 252 (42 U.S.C. §252), Medical Examination of Aliens.
 - 3-4. Title 8, Code of Federal Regulations, Part 232 (8 C.F.R. § 232), Detention of Aliens for Physical and Mental Examination.

- 3-5. Title 8, Code of Federal Regulations, Section 235.3 (8 C.F.R. § 235.3), Inadmissible Aliens and Expedited Removal.
 - 3-6. IHSC Directive 07-08, *Krome Behavioral Health Unit (KBHU) Clinic Administration Directive*.
 - 3-7. IHSC Directive 07-02, *Behavioral Health Services Directive*.
 - 3-8. IHSC Directive 07-02 G-01, *Behavioral Health Services Guide*.
4. **POLICY:** ICE Health Service Corps (IHSC) and none-IHSC facilities must apply standard criteria when referring patients with certain behavioral health needs for admission to the KBHU.
- 4-1. **Description and Objectives of the KBHU.** The KBHU is a 30-bed behavioral health residential unit, within the Krome Service Processing Center (SPC). The KBHU treats detainees with serious mental health needs, and detainees who exhibit debilitating symptoms of psychological distress and/or disorders. The KBHU provides subacute evidence-based and individualized treatment and services utilizing a Modified Therapeutic Community model to improve patient health outcomes. (Refer to IHSC Directive 07-08, *KBHU Clinic Administration*.) The KBHU provides behavioral health treatment services to:
 - 4-1.1 Reduce the length of stay of inpatient hospitalizations;
 - 4-1.2 Reduce frequency of inpatient hospitalizations;
 - 4-1.3 Improve mental health well-being;
 - 4-1.4 Prevent mental health deterioration, through monitoring, therapeutic intervention, and assisting with reintegration into the general detention population and the community at large; and
 - 4-1.5 Increase the detainee's effective and active participation in legal processes and immigration court proceedings.
 - 4-2. **The Admission Review Panel (ARP)** reviews all patient admissions and discharges for the KBHU in accordance with the admission and discharge criteria listed in sections 4-3 and 4-6. The ARP comprises the following staff:
 - 4-2.1 ERO Miami field office director (FOD), deputy FOD, or designee.
 - 4-2.2 ERO Miami officer in charge (OIC) or designee.
 - 4-2.3 KBHU psychiatrist or psychiatric services designee.
 - 4-2.4 Krome SPC facility medical or clinical director, or designee.

- 4-2.5 Krome SPC health services administrator (HSA).
- 4-2.6 IHSC Behavioral Health Unit (BHU) chief or BHU designee.
- 4-2.7 KBHU national program manager (ARP Panel Chair) or designee.
- 4-2.8 ICE Office of the Principal Legal Advisor representative (as needed/applicable).

4-3. Admission Criteria: The following outlines standard criteria for admission to the KBHU program.

- 4-3.1 The following IHSC providers may refer detainees for consideration for admission to the KBHU: physicians; psychiatrists; advanced practice providers (APPs); behavioral health providers (BHPs); field medical coordinators (FMCs); HSAs at ICE SPCs; contract detention facilities (CDF); and non-IHSC facilities from throughout the U.S. and its territories.
- 4-3.2 Detainees are eligible for referral to the KBHU if they are either unsuitable for placement at an over 72-hour ICE detention center or failed at their current detention facility placement due to impairment in functioning or relapse of acute mental illness. A detainee must have the following characteristics for admission to the KBHU:
 - 4-3.2.a A male and at least 18 years of age.
 - 4-3.2.b Medically stable and not require aggressive or extensive general medical care.
 - 4-3.2.c Major psychiatric diagnosis as classified in the current Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), such as mood, psychotic, anxiety, trauma and stress-related and substance disorders; and a current International Classification of Diseases 10 (ICD-10); and/or active psychiatric symptoms that are currently impairs daily functioning.
 - 4-3.2.d Require a higher level of care than previously provided (e.g., due to not responding to current level of care, an acute escalation of behavior, or pose a risk of harm to self or others).
 - 4-3.2.e Have the capacity to participate in all phases of the interdisciplinary and multimodal programming of treatment

at KBHU. The detainee should benefit from the program's different modalities of treatment: individual therapy, behavioral modification, and group therapy.

4-3.2.f Reasonable expectation of improvement in the detainee's disorder and level of functioning, as a result of active participation in the program.

4-3.2.g No legal restrictions exist regarding detention authority to include, but not limited to, impending loss of detention authority, judicial injunctions or court-imposed restrictions regarding transfer of detainee.

4-3.2.h No suicidal, self-injurious, and/or violent behavior for at least 30 days, which is assessed on a case-by-case basis, prior to referral to program.

4-3.3 The KBHU Admission Review Panel must consider the following additional admission criteria, on a case-by-case basis:

4-3.3.a Symptoms and impairments as a result of a psychiatric disorder, excluding supplementary classifications such as V-codes.

4-3.3.b Mild cognitive functional impairments (e.g., neurocognitive disorder or neurodevelopmental disorders); however, must be able to function and benefit from treatment modality.

4-3.3.c The detainee recently met acute inpatient psychiatric criteria but does not meet criteria for psychiatric hospitalization. Additionally, the detainee is at high-risk for reoccurrences or symptom exacerbation during attempts to place the detainee in the general population setting after hospital discharge. The detainee may demonstrate this by:

- Major, long-term impairments in at least two of the following areas: occupational, educational, social, relational, or other major areas of functioning.
- Performance of basic activities of daily living, such as feeding, toileting, or dressing without prompting or physical assistance.

4-3.3.d The detainee requires transitional services (to a detention setting or for release) at a level of intensity and frequency

comparable to patients in an inpatient setting (acute or chronic setting) for similar psychiatric illnesses.

4-3.3.e The detainee's segregation history, to include the number of times placed in segregation, type of segregation, time spent in segregation, and the reasons for placement in segregation.

4-3.4 Case Determination and Acceptance: Upon receipt of all required information and documentation, the ARP adjudicates the case and presents a determination to the referring Field Medical Coordinator or Health Services Administrator. The ARP may require additional information before the ARP accepts the case.

4-3.4.a The ARP convenes, at a minimum, weekly to consider new cases and review the status of those currently housed at the KBHU, as well as to track the success of the program. The ARP may meet on an ad-hoc basis based on the clinical needs of patients or admission requests.

4-3.4.b The ARP considers each case by weighing admission criteria and treatment offerings against the ability to effectively and efficiently manage the individual's treatment needs and immigration case. If a case meets all essential criteria, but the KBHU cannot accept the patient due to lack of available bed space, the ARP will place the case on a waiting list. The ARP will subsequently review the case weekly until space becomes available, or there is no longer a need for the transfer.

4-3.4.c The ARP must make a good faith attempt to reach consensus when recommending a detainee for admission to the KBHU. However, if the ARP cannot reach a consensus, the ARP chair forwards the case to the deputy field office director (DFOD) of the ERO Miami Field Office and the IHSC deputy assistant director (DAD) of Clinical Services/medical director for review and final decision.

4-3.4.d The ARP determines how a detainee's case will be categorized prior to acceptance and transfer to the KBHU. A detainee's case is categorized as: full transfer to the Miami Field Office area of responsibility (AOR); or "room and board" only, and upon discharge from the KBHU, the detainee will be returned to the originating AOR.

- 4-4. KBHU Criteria for Exclusion:** Any of the following criteria excludes detainee consideration for transfer to the KBHU:
- 4-4.1 The detainee manifests behavioral and/or psychiatric symptoms that require a more intensive level of care (i.e., acute psychiatric hospitalization or chronic therapeutic setting).
 - 4-4.2 The existing IHSC or non-IHSC detention facility detainee can safely maintain and effectively treat the detainee with less intensive services.
 - 4-4.3 The detainee does not consent to treatment.
 - 4-4.4 Legal restrictions exist in the detention authority. Restrictions include, but are not limited to, impending loss of detention authority; judicial injunctions; or court-imposed restrictions regarding transfer of detainee.
- 4-5. Continued Stay Criteria.**
- 4-5.1 The patient's clinical condition improves, but not beyond the point where KBHU therapies warrant discontinuation.
 - 4-5.2 The patient actively participates in KBHU interventions to reach maximum therapeutic benefit.
- 4-6. Discharge from KBHU:** The ARP reviews patient cases and determines when a patient is appropriate for discharge from the KBHU. The ARP must make a good faith attempt to reach consensus and agree to discharge the detainee from the KBHU. However, if the ARP cannot agree, the ARP chair will forward the case to the ERO Miami Field Office DFOD and the IHSC DAD of Clinical Services/medical director for review and final decision.
- 4-6.1 Patients are eligible for discharge once they meet their maximum therapeutic benefit achievable within the KBHU program, as evidenced by prolonged mental health stability, substantive engagement in legal proceedings, and capability of maintaining mental health stability in a lower level of care.
 - 4-6.2 Discharge planning includes the following: discharge summary; arrangement for a reasonable supply of current medications; referral information for continuity of care for follow-up services with a behavioral health provider and with psychiatry as needed; and all aspects of discharge planning are documented in the electronic medical record.

- 4-6.3 Prior to achieving program goals, the ARP could discharge a detainee from the KBHU due to the following:
 - 4-6.3.a Continuous maladaptive or disruptive behavior, and resistance to behavioral management.
 - 4-6.3.b Inappropriate physical contact with another detainee, i.e., sexual or violent in nature.
 - 4-6.3.c An ERO investigation finds the detainee guilty of selling prescription medication.
 - 4-6.3.d The attending staff, program manager, and clinical psychiatrist present other incidents to the ARP for review and determination.
- 4-6.4 An ARP decision is not required in the following instances:
 - 4-6.4.a Housing is no longer necessary due to release from custody or removal from the United States.
 - 4-6.4.b The detainee's clinical condition declines and requires inpatient psychiatric care or hospitalization (24-hour supervision). ARP review and approval should not delay arrangements for hospitalization.

5. RESPONSIBILITIES:

- 5-1. **Field Medical Coordinator or Health Services Administrator** should submit the initial patient referral to the appropriate area of responsibility (AOR) regional behavioral health consultant via (b)(7)(E)@ice.dhs.gov or (b)(7)(E)@ice.dhs.gov. The regional behavioral health consultants prepare the application referral documents for the KBHU Admission Review Panel (ARP). The ARP meeting is held weekly with the option to conduct an ad-hoc meeting based on the clinical needs of patients or admission requests. The ARP receives all KBHU applications and supporting documentation and records from the regional behavioral health consultants at least 48 hours in advance of the ARP meeting.
- 5-2. **Admission Review Panel** reviews and approves all KBHU admissions and discharges. The ARP ensures patients meet admission, continued stay, and discharge criteria described in section 4. (See section 4-2 for a list of members.)
 - 5-2.1 Convenes weekly or on an ad-hoc bases to review new case referrals, active cases, and to track KBHU program success
 - 5-2.2 Must make a good faith effort to reach consensus.

5-2.3 If the panel cannot agree, the ARP chair forwards the case to the ERO Miami Field Office DFOD and the IHSC DAD of Clinical Services/medical director for review and final decision.

5-3. Krome SPC Health Services Administrator maintains all Krome SPC LOPs, including the IHSC KBHU Concept Statement and Procedures, as outlined in IHSC Directive 11-07, *Local Operating Procedures (LOP) Management*.

5-4. KBHU staff, program manager, and clinical psychiatrist:

5-4.1 Ensure program compliance.

5-4.2 Recommend patient discharge to ARP once the detainee obtained maximum benefit from the program.

5-4.3 Inform ARP of any incidents that meet the criteria for premature discharge.

5-5. KBHU Program Manager:

5-5.1 Serve as ARP chair and direct panel meetings and case reviews.

5-5.2 Manage daily KBHU clinical and administrative operations.

5-5.3 Oversee KBHU staff training and program evaluation.

5-6. Krome SPC physician or psychiatric APP collaborates with the Behavioral Health Providers to develop and update detainee treatment plans as needed.

5-7. KBHU Staff. Staff are comprised of ERO program officials and IHSC federal and contract health care professionals. Staff fulfill assigned duties within the KBHU with specificity due to the sensitive nature and requirements of working with patients housed in the unit. KBHU staff must:

5-7.1 Possess knowledge, skills, and abilities in order to fulfill needs of the KBHU mission to provide interdisciplinary services for detainees with chronic conditions or special needs.

5-7.2 Attend orientation training prior to beginning KBHU operational duties, and recurring training to include but not limited to evidence-based and individualized treatment and services utilizing a Modified Therapeutic Community model.

5-7.3 Remain flexible with operational scheduling to achieve the KBHU mission despite staff shortages due to callouts, leave, promotions, and other unforeseen events.

- 5-8. Custody Resource Coordinator (CRC)** facilitates the discharge planning group to provide detainees continuity of services after discharge to establish a detainee's effective transition and integration back into the community.
- 5-9. Interdisciplinary Treatment Team (IDTT)** is coordinated by the KBHU program manager and KBHU staff. The IDTT assesses and makes recommendations to update the detainee's treatment plan, reviews progress, and continuum of care.
- 6. PROCEDURES:** KBHU's approaches and processes are patient-centered, goal-directed, integrated, and care-focused; the KBHU aims to improve patient health outcomes. Health staff from IHSC-staffed and non-IHSC detention facilities refer patients to the KBHU for chronic conditions and specials needs. While housed in the KBHU, detainees receive medical, dental, and mental health services from admission to discharge, provided by an assigned interdisciplinary medical team. Procedures are care-specific, guided by IHSC Directive 07-02, IHSC Behavioral Health Services, and IHSC 07-02 G-01 , IHSC Behavioral Health Services Guide, located in the IHSC policy library. See IHSC Directive, 03-03 *Care of Patients with Chronic Health Conditions and Special Needs*, for procedures related to the management of chronic care patients.
- 6-1.** A physician, psychiatrist, psychiatric APP, or another qualified health care provider identifies patients with chronic diseases and other special needs.
- 6-2.** The responsible physician establishes, and annually approves, clinical protocols for the KBHU. Clinical protocols are consistent with national clinical practice guidelines. Clinical protocols to identify and manage chronic diseases or other special needs include, but are not limited to, the following: asthma, diabetes, HIV, hyperlipidemia, hypertension, mood disorders, and psychotic disorders.
- 6-3.** The Krome SPC physician, psychiatric APP, or other qualified provider develops an individualized treatment plan for each detainee housed in the KBHU, and updates the plan as needed. Providers must document the treatment plan in the electronic health record.
- 6-3.1** Documentation in the health record confirms that providers follow the chronic disease protocols and special needs treatment plans as clinically indicated by: determining the frequency of follow-up for medical evaluation based on disease control, monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome, indicating the type and frequency of diagnostic testing and

therapeutic regimens (e.g., diet, exercise, medication), documenting patient education (e.g., diet, exercise, medication), and clinically justifying any deviation from the protocol.

- 6-3.2 Chronic illnesses and other special needs requiring a treatment plan are listed on the problem list. Medical and dental orthoses, prostheses, and other aids to reduce effects of impairment, are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist.
- 6-4.** Local Operating Procedures (LOPs): KBHU operations align with the KBHU concept statement and procedures, and all KBHU staff must comply with Krome SPC LOPs and KBHU guidance. All Krome SPC local operating procedures, including the KBHU concept statement and procedures, are managed by the Krome SPC health services administrator. (See IHSC Directive 11-07, *Local Operating Procedures (LOP) Management*.)
- 6-5.** Admission Review Panel: All ARP members meet weekly to discuss and vote on possible patient KBHU admissions and discharges.
- 6-6.** Treatment Plan Meetings: The KBHU program manager and staff meet weekly to discuss the patient's progress, to conduct compliance analysis, and review reported incidents. The team reviews and decides on whether the patient requires continued care at the KBHU or meets discharge criteria. The team also reviews new patient cases and advises the program manager of any concerns to communicate further to the ARP.
- 6-7.** Interdisciplinary Treatment Team (IDTT): The purpose of this bi-weekly meeting is to review and coordinate new arrivals' treatment plan development, and discuss current patients' on-going care, immigration status and discharge plan. KBHU staff, deportation officers, program manager, program advisor, custody resource coordinator, clinical psychiatrist, and ERO Miami FOD attend the meeting. (See IHSC directive, 07-08, *Krome Behavioral Health Unit (KBHU) Clinic Administration*.)
- 6-8.** Discharge Planning Group: The custody resource coordinator (CRC) convenes this group weekly with an RN or behavioral health provider and patients. The CRC provides patients pertinent information about life and continuity of services after discharge either to general population, home country, or the community. (See IHSC Directive 07-08, *KBHU Clinic Administration*.)
- 6-9.** Triad Leadership Meeting: The KBHU program manager, clinical psychiatrist, nurse manager, and Krome facility clinical director or

administrators meet weekly. They convene to assess and enhance KBHU administrative and nursing services collaboration, with the goal of positively impacting program operations. Their aim is to support excellence in the delivery of care. In addition, the local Triad Leadership Meeting is a means for local unit representatives to discuss and share initiatives and advancements of each unit; detail implementation strategies of new initiatives; and discuss local and agencywide issues that affect each area of operation.

- 6-10.** Weekly Medical Call Meeting: program manager updates IHSC headquarters staff on the medical/psychiatric stability and program interventions of the KBHU program participants.
- 7. HISTORICAL NOTES:** This directive replaces IHSC Directive 07-09, Krome Transitional Unit (KTU)-Scope of Care, Referrals and Admissions, dated 25 April 2021. Annual review conducted with no updates.
- 8. DEFINITIONS:** See additional definitions for this policy at Glossary for IHSC Official Guidance in the [IHSC policy library](#).
- 8-1. Clinical Director (CD)/Clinical Medical Authority (CMA)** – The director is responsible for the delivery of all health care services to the detainee population at a specific facility. These services include, but are not limited to, medical, nursing, dental, and behavioral health. Duties include clinical supervision of the medical providers, evaluating patient care through an ongoing quality assurance program, providing training and mentoring to health care staff, and evaluating and treating medically complex patients. Within IHSC, the CMA is the clinical director. The CD may be remotely located in the event the local position is vacant or a contract physician is employed as the physician on-site.
- 8-2. Contract Detention Facilities (CDF)** – CDFs are contractor-owned, contractor-operated facilities that provide detention services under a competitively bid contract awarded to ICE.
- 8-3. Field Office Director (FOD)** – Individual with chief responsibility for field operations and facilities in their assigned geographic area.
- 8-4. Health Care Personnel or Providers** – Health care personnel or providers are credentialed individuals employed, detailed, or authorized by IHSC to deliver health care services to detainees. This includes federal and contract staff assigned or detailed (i.e., temporary duty) who provide professional or paraprofessional health care services as part of their IHSC duties.

- 8-5. **Health Services Administrator (HSA)** – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities.
- 8-6. **Non-IHSC Facility** – A state or local government facility used by ICE ERO through an intergovernmental service agreement.
- 8-7. **Medical Providers** – Medical providers include physicians, physician assistants, nurse practitioners, and clinical pharmacists.
- 8-8. **Behavioral Health Providers** – Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, psychiatric mental health nurse practitioners, or any other behavioral health professional who, by virtue of their license, education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients
- 8-9. **Service Processing Center (SPC)** – A detention facility where ICE is the primary operator and controlling party.

9. APPLICABLE STANDARDS

9-1. **Performance-Based National Detention Standards (PBNDS):**

9-1.1 PBNDS 2011: PBNDS 2011 (revised Dec. 2016).

9-1.1.a Part 4: Care, 4.3 Medical Care; Section V. O. Mental Health Program;

9-1.1.b Part 7: Administration and Management, 7.4 Detainee Transfers.

9-2. **American Correctional Association (ACA):**

9-2.1 4-ALDF-4C-05: Referrals.

9-3. **National Commission on Correctional Health Care (NCCHC):** Standards for Health Services in Jails, 2018:

9-3.1 J-F-01: Patients with Chronic Disease and Other Special Needs.

9-3.2 J-E-10: Discharge Planning.

10. PRIVACY AND RECORDKEEPING. ICE uses detainee health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of detainees. IHSC limits access to detainee health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of

an officer or employee with a need for the paper record to perform their duties.

- 10-1.** IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.
- 10-2.** IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.
- 10-3.** All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

11. NO PRIVATE RIGHT STATEMENT. This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

12. POINT OF CONTACT: Chief, IHSC Behavioral Health Unit.