

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

BEHAVIORAL HEALTH SERVICES

**IHSC Directive: 07-02
ERO Directive Number: 11806.3
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Effective Date: December 5, 2023**

By Order of the Assistant Director
(b)(6),(b)(7)(C), DHSc, FACHE

12/5/2023

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Signature

1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures for U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) concerning the delivery and management of behavioral health services provided to detained noncitizens, hereafter referred to as “patients.”

2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel who support health care operations in ICE-owned and contracted detention facilities (CDFs) 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 42, U.S. Code, Chapter 102, Subchapter IV, Section 9501 (42 U.S.C. § 9501), *Behavioral Health Patient Bill of Rights*.
 - 3-2. Title 8, Code of Federal Regulations, Section 232 (8 CFR 232), *Detention of Aliens for Physical and Behavioral Examination*.
 - 3-3. Section 322 of the Public Health Service Act (42 USC§ 249 (a)), *Medical Care and Treatment of Quarantined and Detained Persons*.
 - 3-4. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USU 252), *Medical Examination of Aliens*.

- 3-5. ICE Directive 11065.1 *Review of Use of Segregation for Detainees.*
 - 3-6. ICE Directive 11063.2 *Identification, Communication, Recordkeeping, and Safe Release Planning for Detained Individuals with Serious Mental Disorders or Conditions and/or Who Are Determined to be Incompetent by an Immigration Judge.*
 - 3-7. ICE Directive 11005.3 *Using a Victim-Centered Approach with Noncitizen Crime Victims.*
4. **POLICY:** Behavioral health providers and health services staff provide behavioral health services to patients in ICE custody. These services encompass a variety of treatment options for mental health, substance misuse, prevention and recovery, wellness and health promotion.
- 4-1. Behavioral health services incorporate a full spectrum of trauma informed integrated care that includes behavioral health case management, coordination and monitoring from admission to discharge for all patients who require them.
 - 4-2. Behavioral health providers refer patients to alternative facilities to address their mental health needs when appropriate.
5. **RESPONSIBILITIES:**
- 5-1. **Behavioral Health Unit Chief or Designee.**
 - 5-1.1 Oversees IHSC behavioral health services to include the scope, standards and professional skills and activities of all behavioral health providers (BHPs).
 - 5-1.2 Coordinates the integration of trauma informed care practices throughout the IHSC care continuum to include consultation and training.
 - 5-2. **Clinical Director or Designee.** Serves as the facility clinical medical authority and directs clinical support, supervision and oversight of patient health care services.
 - 5-3. **Regional Behavioral Health Consultants (RBHC).**
 - 5-3.1 Oversee IHSC behavioral health services to include scope, standards and professional skills and activities of all BHPs.
 - 5-3.2 Collaborate on complex behavioral health cases.
 - 5-4. **Supervisory Behavioral Health Providers (SBHP) or Designee.**
 - 5-4.1 Provide clinical supervision for all behavioral health providers within an IHSC-staffed facility.

- 5-4.2 Notify IHSC leadership of all patients identified with serious mental illness (SMI).
- 5-4.3 Convene the facility multidisciplinary treatment team.
- 5-4.4 Participate in facility health care meetings related to medical and mental health patient care management.
- 5-4.5 Oversee the BHP's coordination of safe release planning with ICE stakeholders for SMI patients and patients identified as incompetent by an immigration judge.

5-5. Behavioral Health Clinical Consultants (BHCC).

- 5-5.1 Coordinate with the facility BHP to transfer patients in need of behavioral health services, beyond the level of care provided at the IHSC-staffed facility.
- 5-5.2 Participate in IHSC Headquarters significant detainee illness (SDI) and segregation meetings and reports on patients within IHSC-staffed facilities.
- 5-5.3 Monitor and track patients identified with serious mental conditions or disorders, in collaboration with facility BHP.
- 5-5.4 If there is no BHCM within the field medical coordinator's (FMC's) area of responsibility (AOR), the FMC identifies behavioral health cases and coordinates with the BHCC for behavioral health case management.

5-6. Behavioral Health Providers (BHP).

- 5-6.1 Provide behavioral health services to patients in a clinical setting, through scheduled and unscheduled appointments, and welfare checks.
- 5-6.2 Conduct weekly rounds to evaluate patients in the Special Management Unit (SMU).
- 5-6.3 Conduct mental health evaluation on all patients who voice suicidal or homicidal ideation, exhibit symptoms of a psychotic or thought disorder, or need immediate behavioral health services and close supervision.
- 5-6.4 Coordinate and integrate medical, mental health and substance abuse services, to include referrals for psychiatric evaluation or medication management.

- 5-6.5 Coordinate safe release planning with ICE stakeholders, for SMI patients and patients identified as incompetent by an immigration judge.
- 5-6.6 Provide clinical supervision for behavioral health technicians (BHT) based on their scope of practice, skills and clinical competencies.

5-7. Behavioral Health Case Managers (BHCM).

- 5-7.1 Monitor and advise on all aspects of behavioral health services for patients within non-IHSC-staffed facilities.
- 5-7.2 Coordinate with ICE stakeholders for safe release planning of SMI patients and patients identified as incompetent by an immigration judge for non-IHSC-staffed facilities.
- 5-7.3 Monitor and notify IHSC leadership regarding acute mentally unstable and complex patients, when non-IHSC-staffed facilities transfer patients for community behavioral health inpatient care.
- 5-7.4 Monitor, track and report about patients placed in segregated housing for suicide precautions within non-IHSC-staffed facilities.
- 5-7.5 Notify IHSC leadership of all patients identified as SMI within non-IHSC-staffed facilities.
- 5-7.6 Conduct behavioral health clinical audits for risk analysis, accreditation, and policy compliance in non-IHSC-staffed facilities.
- 5-7.7 Identify community resources for continuity of care for non-IHSC-staffed facilities.
- 5-7.8 Advocate and recommend clinical practices for detained patients at non-IHSC-staffed facilities. These practices include, but are not limited to, suicide risk assessments, access to language services, Prison Rape Elimination Act (PREA) posters, transgender care, disability accommodations, etc.

5-8. Field Medical Coordinators (FMC).

- 5-8.1 Liaise between the field office, medical staff at non-IHSC-staffed detention facilities and IHSC Headquarters.
- 5-8.2 FMCs must coordinate the release of medications, medical summaries, and pertinent medical information to assist BHU in safe-release planning.

5-9. Behavioral Health Technicians.

- 5-9.1 Provide non-professional care for patients with mental health conditions under the supervision of a licensed behavioral health provider or the clinical director.
- 5-9.2 Use scientific and technical expertise to provide individual care and educational group training for patients.

5-10. Health Services Administrators (HSA).

- 5-10.1 Support oversight of behavioral health services within IHSC-staffed facilities.
- 5-10.2 File facility health services staff behavioral health services annual training records.
- 5-10.3 Coordinate with health services staff to manage SMI reporting requirements.
- 5-10.4 Convene a facility multidisciplinary committee to monitor patients in SMU.

5-11. Physicians/Advanced Practice Providers (APP)/Registered Nurses (RN) /Licensed Practical Nurses (LPN)/Licensed Vocational Nurses (LVN). Conduct medical and behavioral health screenings to identify and refer patients for medical or behavioral health services.

5-12. Multidisciplinary Committee. Addresses safety and behavioral health needs of patients with symptoms or mental health disorders or conditions. Consists of an HSA, physician/APP, SBHP or designee and ICE stakeholders.

5-13. Multidisciplinary Treatment Team (MDTT). Reviews current treatment, determines treatment recommendations, and integrates patient care services. The team comprises SBHP or designee, physician/APP, nurses, behavioral technicians and ICE stakeholders.

6. PROCEDURES: Refer to IHSC 07-02 G-01, *Behavioral Health Services Guide*, located in the [IHSC Policy Library](#) for detailed procedures.

6-1. Behavioral Health Services and Programs.

- 6-1.1 **Access to Available Behavioral Health Services.** Health services staff educate patients on how to access behavioral health services, through sick call or other medical care encounters.

6-1.2 Initial Mental Health Screenings.

6-1.2.a. Nurses, APPs, physicians or BHPs complete all initial mental health screenings within 14 days of admission to the facility.

6-1.2.b. Nurses, APPs, physicians or BHPs assess the following in initial mental health screenings:

- Patient mental health complaints.
- Psychiatric hospitalization and outpatient treatment.
- Withdrawal seizures.
- Drug or alcohol use, hospitalization, detoxification, and outpatient treatment.
- Suicidal behavior or suicidal ideation.
- Violent behavior.
- Victimization.
- Special education history.
- Head trauma.
- Sexual abuse or sexual offenses.
- Human trafficking.
- Emotional response to incarceration.
- Intellectual functioning.
- Use of psychotropic medications.
- Orientation to person, place and time.

6-1.2.c. Nurses, APPs, physicians and BHPs document initial mental health screening findings in the patients' electronic health record (eHR).

6-1.3 Mental Health Evaluations.

6-1.3.a. APPs, physicians or BHPs evaluate patients by levels of mental health prioritization: Level 1 emergent, Level 2 urgent, or Level 3 routine.

6-1.3.b. APPs, physicians or BHPs describe patient appearance, evidence of abuse or trauma and symptoms of mental health problems in the eHR.

- 6-1.3.c. Psychiatric APPs, psychiatrists or BHPs identify all patients with SMI and refer them as clinically appropriate.
- 6-1.3.d. BHPs must complete mental health evaluations for all children within 24 hours of referral.
- 6-1.3.e. Psychiatric APPs, psychiatrists or BHPs perform mental health evaluations for patients with intellectual disabilities.

6-1.4 Behavioral Health Services Referrals.

- 6-1.4.a. Nurses immediately refer patients to a higher level of care, if they screen positive for mental health problems.
- 6-1.4.b. APPs and physicians refer patients who screen positive for mental health problems to IHSC specialty consultants or BHPs.
- 6-1.4.c. IHSC specialty consultants or BHPs respond to behavioral health referrals within 72 hours.
- 6-1.4.d. Nurses, APPs, physicians or BHPs refer patients to community facilities for detection, diagnosis, and treatment of mental health conditions beyond those available on-site.
- 6-1.4.e. APPs, physicians or BHPs must refer patients to psychiatric services for court ordered forensic evaluations.

6-1.5 Behavioral Health Treatments.

- 6-1.5.a. Behavioral health staff provide crisis intervention when a patient presents at risk for self-directed violence or when a patient is psychiatrically unstable.
- 6-1.5.b. Behavioral health staff use individual psychotherapies and supportive counseling to promote health maintenance, wellness, and recovery.
- 6-1.5.c. Health services staff identify and treat patients with known substance use disorders or conditions while in ICE custody in accordance with IHSC Directive 03-13, *Patients with Substance Use, Intoxication and Withdrawal*, located in the IHSC Policy Library.
- 6-1.5.d. BHPs provide psychoeducation and specialized behavioral health group programming for patients with identified mental health, health promotion, wellness, and recovery needs.

- 6-1.5.e. BHPs develop individualized treatment plans that address a patient's housing, job assignments and program participation.
- 6-1.5.f. APPs, physicians and BHPs refer patients as clinically indicated for psychiatric evaluation and pharmacological interventions.
- 6-1.5.g. BHPs document clinical evaluations, treatments, and follow-up in the eHR.

6-2. Behavioral Health Continuity of Care.

- 6-2.1 The BHP collaborates with RNs, IHSC specialty consultants, APPs, physicians, clinical pharmacists and ICE stakeholders for stabilization and maintenance of medical and mental health patient conditions throughout detention to prepare for repatriation or release.
- 6-2.2 The BHP coordinates with the HSA and ICE stakeholders to identify SMI patients in IHSC-staffed facilities and provide integrated care from admission to discharge.
- 6-2.3 Health services staff monitor patients who await transfers, when a provider refers them to off-site mental health services.
- 6-2.4 The BHCM advocates for, and recommends, clinical practices for detained noncitizens at non-IHSC-staffed facilities. Clinical practices include, but are not limited to, suicide risk assessments, access to language services, PREA posters, transgender care, disability accommodations, etc.
- 6-2.5 The BHCC completes weekly reviews and participates in MDTT meetings for patients on the facility SMI Spreadsheet. The BHP submits the SMI spreadsheet to BHU designees every other week.
- 6-2.6 The BHCM identify and manage patients with behavioral health concerns and coordinate continuity of care with the FMC within non-IHSC-staffed facilities.
- 6-2.7 FMCs submit the SMI spreadsheet to the BHU and MCMU designees from non-IHSC-Staffed facilities biweekly.

6-3. Behavioral Health Services for Specialized Population(s).

- 6-3.1 Health services staff provide behavioral health services and use trauma informed protocols for victims of human trafficking, patients in segregation, victims of sexual assault, patients at risk for sexual assault, transgender or intersex patients, and children under 17 years old.
- 6-3.2 BHPs collaborate with RNs, APPs, physicians, IHSC specialty consultants and ICE stakeholders to safely house and monitor patients with mental health conditions.
- 6-3.3 BHCC and BHCMS report weekly on patients in segregation with mental health disorders and conditions.
- 6-3.4 Facility staff or ERO notifies IHSC facilities BHCCs about patients in segregation with mental health disorders and conditions.
 - 6-3.4.a. The BHCC reviews the case and updates the segregation review management system (SRMS) and reviews and provides updates to the HQ weekly segregation spreadsheet.
 - 6-3.4.b. BHCC reports about patients in segregation with mental health disorders and conditions during the weekly segregation meeting with representatives from IHSC HQ, ICE ERO HQ, Office of Principal Legal Advisor (OPLA), and Office of Detention Policy and Planning (ODPP).
- 6-3.5 Facility staff or ERO notifies the non IHSC-staffed facilities BHCMS about patients in segregation with mental health disorders and conditions.
 - 6-3.5.a. The BHCM reviews the case and updates the SRMS and reviews and provides updates to the HQ weekly segregation spreadsheet.
 - 6-3.5.b. BHCM reports about patients in segregation with mental health disorders and conditions during the weekly segregation meeting with representatives from IHSC HQ, ICE ERO HQ, OPLA and ODPP.

6-4. IHSC Suicide Prevention and Care Program. IHSC establishes care for patients to prevent self-directed violence (SDV) and death by suicide. Specialized behavioral health services are available at IHSC-staffed facilities, as outlined in IHSC Directive 07-04, *Suicide Prevention and Intervention*, located in the IHSC Policy Library.

6-5. Multidisciplinary Treatment Team Meeting (MDTT).

6-5.1 The SBHP convenes monthly MDTT meetings to monitor patients with complex medical and behavioral health needs.

6-5.2 The SBHP or designee reports patients identified with serious mental disorders or conditions, to ICE stakeholders and the Office of Principal Legal Advisor (OPLA) at weekly meetings.

6-6. Multidisciplinary Committee. IHSC staff, including the HSA, FMC and the BHU staff, collaborate in inter-component meetings with ICE stakeholders to discuss patients who have significant medical and behavioral health issues affecting detention, release, or removal.

7. HISTORICAL NOTES: This directive replaces IHSC Directive 07-02, *Behavioral Health Services*, dated September 25, 2020.

7-1. Summary of Changes.

7-1.1 Changed the language detainee/noncitizen to patient throughout the directive in the appropriate context.

7-1.2 Revised the policy statement to align with Performance-Based National Detention Standards (PBNDS) 2011, Revision 2016.

7-1.3 Revised, clarified and expanded responsibilities to align with IHSC 07-02 G-01, *Behavioral Health Services Guide*, located in the IHSC Policy Library.

7-1.4 Revised the procedures sections to include initial mental health screening, mental health evaluation, treatment, referrals, and behavioral health services.

7-1.5 Added the Multidisciplinary Committee and the Multidisciplinary Treatment Team to align with PBNDS Standards.

7-1.6 Archived the Operations Memorandum (OM) 16-019, *Mental Health Case Management*. The contents of the OM can be found:

- 7-1.6.a. Suicide Observation, Attempts and Completions found in IHSC Directive 07-04, *Suicide Prevention and Intervention*.
- 7-1.6.b. Hunger Strikes found in IHSC Directive 03-24, *Hunger Strike*.
- 7-1.6.c. Segregation Reporting found in IHSC Directive 07-02, *Behavioral Health Services*.
- 7-1.7 Updated definitions specific to this directive.
- 7-1.8 National Commission for Correctional Health Care (NCCHC) 2014 standards are no longer applicable. The following renamed and renumbered standards are archived. The NCCHC 2018 standards are listed.
 - 7-1.8.a. J-G-01 Disease Services is now J-F-01 Patients With Chronic Disease and Other Special Needs found in IHSC Directive 03-03, *Care of Patients With Chronic Health Conditions and Special Needs*, located in the IHSC Policy Library.
 - 7-1.8.b. J-G-02 Patients with Special Health Needs is now J-F-01 Patients With Chronic Disease and Other Special Needs found in IHSC Directive 03-03, *Care of Patients With Chronic Health Conditions and Special Needs*, located in the IHSC Policy Library.
 - 7-1.8.c. J-G-04 Basic Mental Health Services is now J-F-03 Mental Health Services found in this directive.
 - 7-1.8.d. J-G-07 Intoxication and Withdrawal is now J-F-04 Medically Supervised Withdrawal and Treatment found in IHSC Directive 03-13, *Patient With Substance Use, Intoxication and Withdrawal*, located in the IHSC Policy Library.
 - 7-1.8.e. J-I-02 Emergency Psychotropic Medication is now J-G-03 Emergency Psychotropic Medication found in IHSC Directive 03-44, *Use of Emergency Psychotropic Medications, Clinically Ordered Restraints and Seclusion*, located in the IHSC Policy Library.
- 7-1.9 American Correctional Association Performance-Based Standards for Adult Local Detention Facilities are no longer applicable and are archived.

7-1.10 Revised all standards references to reflect current publications.

8. **DEFINITIONS:** See definitions for this policy in the Glossary for IHSC Official Guidance located in the [IHSC Policy Library](#).
- 8-1. **Behavioral health treatment.** Consists of short-term, evidence-based strategies and techniques to include brief psychotherapy, supportive individual counseling, group programming, and crisis intervention.
 - 8-2. **Case Management.** Case management assesses managed care needs and coordinates the support services that the patient needs to optimize the healthcare and psychosocial treatment goals for monitoring, housing and placement.
 - 8-3. **Competency.** The ability of an individual to participate in legal proceedings.
 - 8-4. **Continuity of care.** The process by which behavioral health services develop to meet the patient's bio-psychosocial needs throughout the care continuum.
 - 8-5. **Crisis intervention.** A short-term technique used to address an immediate mental health emergency to stabilize the individual in crisis.
 - 8-6. **Emergent.** A mental health condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could result in: placing the health of the individual in serious jeopardy; or significant impairment of mental function.
 - 8-7. **Human trafficking.** Involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act.
 - 8-8. **ICE stakeholders.** Comprises ICE, Enforcement and Removal Operations (ERO), Custody officials, field office director, assistant field officer director, facility administrator, and officer in charge.
 - 8-9. **Multidisciplinary Committee.** Comprises health services administrator, clinical director, supervisory behavioral health provider, ICE stakeholders and custody staff.
 - 8-10. **Multidisciplinary Treatment Team.** Comprises health care staff, BHP, physician or APP, nurse manager, behavioral health consultants, and behavior health technicians.
 - 8-11. **Routine.** Mild to moderate impact on mental function requiring attention within 72 hours to address behavioral symptoms or changes in mental status that may result in a decline in daily life activities or adaptive functioning.

- 8-12. Safe release Planning** Development of individualized release from detention plan prior to release that includes coordination of release medication, medical and mental health case summary and information about continuity of care.
- 8-13. Serious Mental Illness.** One or more mental, behavioral, or emotional disorders as causing serious functional impairment, which substantially interferes with or limits one or more major life activities. IHSC uses the terminology serious mental illness, serious mental disorders and serious mental conditions interchangeably.
- 8-14. Trauma Informed Care.** An approach that recognizes and responds to the impact of trauma on individuals. It assumes that an individual is more likely than not to have a history of trauma, and understands that trauma can negatively affect their current life. It promotes healing and recovery by providing physical, psychological, and emotional safety. It empowers individuals to make choices about their care. Moreover, it avoids re-traumatization by being sensitive to trauma symptoms and triggers.
- 8-15. Urgent.** Mental health conditions or symptoms requiring attention within 24 hours that if left untreated could rapidly become an emergency resulting in significant impairment of mental function.

9. APPLICABLE STANDARDS:

9-1. Performance Based National Detention Standards (PBNDS) 2011, Revision 2016:

- 9-1.1 Part 4: Care, 4.3 Health Care, O. Mental Health Program.
- 9-1.2 Part 4: Care, 4.6 Significant Self-harm and Suicide Prevention and Intervention.

9-2. Family Residential Standards, 2020:

- 9-2.1 Part 4: Care, 4.3 Medical Care; O. Mental Health Program.
- 9-2.2 Part 4: Care, 4.6 Significant Self-harm and Suicide Prevention and Intervention.

9-1. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities, 4th edition.

- 9-1.1 4-ALDF-4C-27-28 Mental Health Program.
- 9-1.2 4-ALDF-4C-29 Mental Health Screen.
- 9-1.3 4-ALDF-4C-30 Mental Health Appraisal.
- 9-1.4 4-ALDF-4C-31 Mental Health Referrals.

9-1.5 4-ALDF-4C-34 Mental Illness and Developmental Disability.

**9-1. National Commission on Correctional Health Care (NCCHC):
Standards for Health Services in Jails, 2018.**

9-1.1 J-E 05 Mental Health Screening and Evaluation.

9-1.2 J-F 03: Mental Health Services.

10. PRIVACY AND RECORDKEEPING: ICE uses noncitizen 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 detained noncitizens. IHSC limits access to detained noncitizen 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. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained. IHSC creates, receives, stores, retrieves, accesses, retains, and disposes of these records in accordance with ICE Records and National Archives and Records Administration approved records retention schedules. Contact the IHSC Records Liaison for further information or guidance.

11. **NO PRIVATE RIGHT STATEMENT:** This directive is an internal directive 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, Behavioral Health Unit.