

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

SERIOUS MENTAL DISORDERS AND CONDITIONS

IHSC Directive: 07-05

ERO Directive Number: 11809.1

Federal Enterprise Architecture Number: 306-112-002b

Effective Date: July 25, 2019

Technical Update: October 7, 2021

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

STEWART D SMITH

Digitally signed by STEWART D SMITH
Date: 2019.07.25 09:23:33 -0400

-
1. **PURPOSE:** This purpose of this directive is to set forth the policies and procedures for tracking and monitoring detainees/residents with serious mental disorders or conditions.

 2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting 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 its employees supporting IHSC.

 3. **AUTHORITIES AND REFERENCES:**
 - 3-1. ICE Directive: 11067.1, Identification of Detainees with Serious Mental Disorders or Conditions.
 - 3-2. IHSC Directive: 03-03, Patients with Chronic Disease and Other Special Needs.
 - 3-3. Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices Resource Center.

 4. **POLICY:** IHSC provides consistent and continued care of all detainees and residents (hereafter referred to as "patients") who are identified with serious mental disorders or conditions. All health services staff ensure patients with a serious mental illness (SMI) are referred for mental health services. IHSC behavioral

health staff evaluate and monitor patients with an SMI closely to provide consistent, timely, and adequate care. Through this directive, IHSC:

- 4-1. Establishes SMI criteria for patients with serious mental disorders or conditions.
- 4-2. Identifies procedures for evaluation and treatment of patients with an SMI as clinically indicated and as prescribed in their individual treatment plan.
- 4-3. Ensures appropriate notification to health services administrators (HSAs) or designee, and the field office director (FOD) of identified patients with an SMI.
- 4-4. Specifies pertinent clinical documentation to assess and monitor all patients who meet SMI criteria.
- 4-5. Ensures a monthly mental health review of acute or chronic patients with an SMI.
- 4-6. Assigns responsibility for special management of patients with an SMI.

5. ROLES AND RESPONSIBILITIES:

5-1. Behavioral Health Unit (BHU) under the direction of the Unit Chief:

- 5-1.1 Must monitor patients with serious mental illness, disorders, or conditions identified as an SMI.
- 5-1.2 Provides clinical and case management support to ensure consistent and adequate care for patients with an SMI.

5-2. Behavioral Health Providers (BHPs):

- 5-2.1 Identify patients who present with an SMI, as specified in Section 5.1 and ICE Directive 11067.1, *Identification of Detainees with Mental Disorders or Conditions*.
- 5-2.2 Complete an IHSC Form 883 for every SMI patient upon initial evaluation and once every 30 days for as long as the patient is deemed to meet the SMI criteria.
- 5-2.3 Must round on patients with an SMI presenting with active psychiatric symptoms, at least weekly, as specified in IHSC Directive 03-03, *Care of Patients with Chronic Disease*.
- 5-2.4 Develop specific interventions and measurable outcomes for chronic illnesses and other special needs requiring a mental health treatment plan as clinically indicated.

- 5-2.5 The treatment plan shall include the frequency of the follow up for evaluation based on behavioral symptoms, psychiatric impairments of functional limitations.
- 5-2.6 Document a mental health encounter on the eClinicalWorks (eCW) Segregation and SMI SmartForm (SF).
- 5-2.7 Must assign the mental health encounter to BHU for notification and continued monitoring purposes.
- 5-2.8 Assign the SMI global alert to the patient's health record.

5-3. Behavioral Health Clinical Consultants:

- 5-3.1 Request an initial report, and later updated reports, on patients with an SMI per ICE segregation policy.
- 5-3.2 Review Segregation and SMI SF for policy compliance and reporting accuracy.
- 5-3.3 Review Enterprise Business Optimizer (eBO) report #1448 *BHU SMI* to monitor patients with an SMI in IHSC facilities.
- 5-3.4 Request and review IHSC 883s from BHPs monthly.

5-4. Field Medical Coordinator (FMC) or Medical Care Coordinator (MCC):

- 5-4.1 Staff must follow requirements included in IHSC Directive 03-06, *Health Evaluation of Detainees in Special Management Units (SMU)* and IHSC Operation Memorandum 16-019, *Mental Health Case Management*, in the IHSC policy library once the patient with an SMI is placed in the Special Management Unit (SMU).
- 5-4.2 In non-IHSC staffed facilities, must provide written updates on ICE patients housed in segregation units at detention facilities where IHSC does *not* provide direct patient care services, in accordance with IHSC Operation Memorandum 16-019, *Mental Health Case Management* in the IHSC policy library.
- 5-4.3 Per segregation policy, BHU requests an initial report, and later updated reports, on patients with an SMI from the responsible FMC.

6. PROCEDURES: For additional procedures, refer to IHSC 07-02 G-01, *Behavioral Health Unit Services Guide* in the IHSC policy library.

- 6-1. Identifying Patients with an SMI:** A patient must have a serious mental illness, disorder, or condition that meets SMI criteria to classify as having an SMI. A BHP determines if the patient has a serious mental illness, disorder, or condition that meets one of the three SMI criteria:

6-1.1 **By limitations/conditions:** A mental disorder that is causing serious limitations in communication, memory, or impaired mental and/or intellectual functioning (e.g., communicating, conducting activities of daily living, social skills), or a severe medical condition (e.g., traumatic brain injury or dementia) that significantly impairs mental function.

6-1.2 **By psychiatric or behavioral symptoms:** One or more active psychiatric symptoms and/or behaviors such as: a severe disorganization of thought or grossly abnormal actions; active hallucinations or delusions; catatonia; severe depressive symptoms; suicidal ideation and/or behavior; mania or severe exacerbation of manic symptoms; or marked anxiety or impulsivity.

6-1.3 **By disorder or condition:** A BHP diagnoses the patient as demonstrating significant or severe symptoms of one of the following six disorders:

6-1.3.a Psychosis or psychotic disorder,

6-1.3.b Bipolar disorder,

6-1.3.c Schizophrenia or schizoaffective disorder,

6-1.3.d Major depressive disorder with psychotic features,

6-1.3.e Dementia and/or a neurocognitive disorder, or

6-1.3.f Intellectual development disorder (moderate, severe, or profound).

6-2. Treatment consideration for patients with an SMI. A BHP determines the continuum of care for treatment based on presenting SMI criteria from section 6-1.3. Also, as related to serious mental illness, disorder or condition, the following functional impairments are considered as causative factors for treatment.

6-2.1 The patient must demonstrate one of the following three impairments related to his/her serious mental illness, disorder, or condition:

6-2.1.a **Recent or ongoing hospitalizations or medical stays:** Any ongoing or recurrent behavioral health conditions that require a recent or prolonged hospitalization, typically for greater than 14 days, or a recent and prolonged stay in the medical clinic of a detention or correctional facility, typically for greater than 30 days.

6-2.1.b **Requires special housing.** Any condition that would

preclude the patient from being housed, typically for greater than 30 days, in a non-restrictive setting (such as a general population housing unit).

6-2.1.c **An impairment IHSC considers serious.** Any other mental illness that IHSC determines as serious.

6-3. Reporting and documentation of patients with an SMI in IHSC-staffed facilities. Once the BHP identifies a patient as having an SMI using criteria listed above, the following notifications and documentation shall occur:

6-3.1 **BHP notification to HSA:** The BHP must notify the HSA of a patient with an SMI.

6-3.2 **HSA notification to (FOD):**

6-3.2.a The HSA must notify the Enforcement and Removal Operations (ERO) FOD of a patient with an SMI no later than 72 hours after identification.

6-3.2.b The HSA must also notify the FOD of any patient in ICE custody who is housed in administrative segregation (including a mental illness) or hospitalized due to a mental illness.

6-3.2.c **BHP documentation:** The BHP must assign the SMI global alert in the patient's health record.

6-4. Reporting and documentation of patients with an SMI in facilities not staffed by IHSC.

6-4.1 **ERO and IHSC to FOD:** In facilities not staffed by IHSC, ERO field office supervisory personnel, in consultation with the IHSC FMC, and/or an appropriately designated IHSC medical provider, must notify the FOD of a patient with an SMI no later than 72 hours after identification.

6-4.1.a **Request for documentation for patients who are referred:** The FMC must request documentation on the patient with an SMI from the non-IHSC staffed facility behavioral health provider to support referrals for follow up mental health evaluations, diagnosis, and treatment. FMCs must provide BHU with a list of identified patients with an SMI, at a minimum, weekly.

6-4.1.b **Request for documentation for patients not referred:** If the patient is not referred for mental health evaluation,

ICE should request that a BHP, or designee, complete a mental health review (IHSC Form 883), or the facility provide the patient's on-site medical records to the FOD.

6-5. Intensive Monitoring:

- 6-5.1 IHSC meets monthly with ERO to discuss any cases that meet the SMI criteria. The HSA and/or designee, per request, provide the ERO FOD and/or designee with mental health evaluations, IHSC 883s, or records of patients with an SMI.
- 6-5.2 HSAs, or designee, should request that the FODs coordinate with their local chief counsel to ensure the appropriate ERO field office, IHSC, and Office of the Chief Counsel (OCC) supervisory personnel meet at least monthly to discuss any cases within their areas of responsibility (AOR) involving patients with SMIs. They should also discuss patients otherwise reported based on current ICE segregation policy and/or in accordance with ICE Performance-Based National Detention Standards (PBNDS).
- 6-5.3 IHSC and ERO field office supervisory personnel, in coordination with OCC supervisory personnel, must report any major changes in stability to the responsible FOD and chief counsel as soon as practicable to appropriately respond to patients with an SMI need.

7. HISTORICAL NOTES: This policy replaces IHSC Directive 07-05, *Serious Mental Disorders and Conditions*, effective July 25, 2019. The technical update incorporates the following:

- 7-1. Language to address referenced NCCHC, J-F-01 Patients with Chronic Disease and Other Special Needs, J-F-03 Mental Health Services standard and compliance indicators added to align with NCCHC 2018 standards.
- 7-2. Clarified roles and responsibilities of the BHP to include assigning global alert in the medical record.
- 7-3. Outlined specific information included in the individualized treatment plan.

8. DEFINITIONS: See definitions for this policy at Glossary for IHSC Official Guidance in the IHSC policy library.

9. APPLICABLE STANDARDS:

- 9-1. **ICE Performance-Based National Detention Standards:** PBNDS 2011 (errata 2016).
 - 9-1.1 **Part 4: Care;** 4.3 Medical Care.

9-2. Family Residential Standards

9-2.1 **Part 4: Care**; 4.3 Health Care

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. Compliance indicators #1 through 8 are addressed in IHSC Directive 07-08, *Krome Behavioral Health Unit (KBHU) Administrative Clinical Services*.

9-3.2 J-F-03 Mental Health Services. Compliance indicators are addressed in IHSC Directive and Guide 07-02, 07-02 G-01, *Behavioral Health Services*.

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, Behavioral Health Unit.