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

BEHAVIORAL HEALTH SERVICES DIRECTIVE

IHSC Directive: 07-02
ERO Directive Number: 11806.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: September 25, 2020

By Order of the Assistant Director
(b)(6); (b)(7)(C)

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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 detainees/residents/patients (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 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 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.** Patient Self-Determination Act (42 U.S.C. § 1395cc (f)).

4. **POLICY:** IHSC conducts timely behavioral health care services, coordination, and monitoring from admission to discharge for all patients who require them.

5. RESPONSIBILITIES:

5-1. IHSC Behavioral Health

5-1.1 The Behavioral Health Unit (BHU) provides the following:

5-1.2 National oversight of IHSC behavioral health, including scope, standards, and competencies activities;

5-1.3 Technical assistance related to behavioral health services;

5-1.4 Reviews and updates of the behavioral health directive and guide located in the IHSC Policy Library.

5-2. Designated Behavioral Health Authority.

5-2.1 The designated behavioral health authority for IHSC is the chief of the Behavioral Health Unit at IHSC Headquarters (HQ). When the position is vacant, the deputy assistant director (DAD) of clinical services or designee is the authority**.**

5-2.2 The clinical director (CD) designates the local behavioral health authority at an IHSC-staffed facility. In the absence of the CD, the health services administrator assumes this authority.

5-3. Behavioral Health Staffing.

5-3.1 IHSC-staffed facilities offer behavioral health services to patients in a clinical setting through scheduled and unscheduled appointments and welfare checks on business days.

5-3.2 IHSC facilities provide access to 24-hour emergency behavioral health services (i.e., local emergency room).

5-3.3 IHSC designated psychiatrists and psychiatric advanced practice providers provide face-to-face and tele-psychiatry services as needed.

6. PROCEDURES: Refer to IHSC 07-02 G-01, *Behavioral Health Services Guide*, within the IHSC Policy Library for detailed procedures.

6-1. Behavioral Health Programs and Services

6-1.1 Responsibilities: The Behavioral Health Unit, health services administrators, behavioral health providers, and non-behavioral health providers work collaboratively to deliver and manage behavioral health services to the detainee and residential population. Each IHSC staff member has specific roles and responsibilities to ensure

consistent, integrated, and comprehensive behavioral services to the IHSC patient population.

6-1.2 Notification of Available Behavioral Health Services: During the intake screening, health staff educate detainees and residents on how to access behavioral health services.

6-1.3 Access to Care: Detainees and residents can access behavioral health services through various avenues such as, sick call, during the physical exam and health assessment, and referrals from both health and non-medical staff.

6-1.4 Behavioral Health-Related Services: Specialized behavioral health services are available at IHSC facilities for patients who voice suicidal or homicidal ideation and have known substance use disorders or conditions.

6-1.4.a Every IHSC-staffed facility must implement a Suicide Prevention and Intervention Program (SPIP). All health staff must screen for suicidal ideation, plan, and/or intent. Behavioral health providers (BHP) develop an individualized treatment plan based upon the suicide risk assessment (SRA) for all patients identified by health staff as a danger to self. Facility staff coordinate with medical and non-medical staff to implement suicide precautions for these patients.

6-1.4.b Patients with identified substance use disorder or conditions receive services appropriate for maintenance and stabilization while in ICE Custody.

6-1.5 Behavioral Health Evaluation, Treatment, and Program: Utilization of behavioral health services, including levels of prioritization and necessary care, are based on the patient's symptoms. Treatment options include talk therapy, psychotropic medications, inpatient treatment, and crisis/emergency intervention. Patients, who receive behavioral health services, must have a treatment and/or management plan accompanied by a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) within 3 business days and reviewed every 90 days while in ICE custody.

6-1.6 Continuity of Care for Behavioral Health Patients Behavioral health staff develop behavioral health services to meet the patient's needs, utilizing an integrated approach to ensure services meet both

medical and psychosocial needs. Behavioral health staff monitor and manage patients with acute and chronic mental illness. In certain instances, ICE may request a mental health review for patients with serious mental disorders or conditions in preparation for repatriation or release from ICE custody.

6-1.7 Care for Specialized Population(s): Behavioral health staff follow dedicated behavioral health services and protocols for the following populations: segregated patients; victims of sexual assault; patients at risk for sexual assault; transgender patients; and children (under the age of 17).

6-1.8 Consultative Services: The behavioral health provider serves as a subject matter expert for ICE in specific areas of expertise and may coordinate services with other IHSC units (e.g., Psychiatric Services Unit) or outside entities. Services may include, tele-psychiatry, psychotropic medication, forced emergency psychotropic medications, and forensic behavioral health evaluations.

6-1.9 Non-IHSC Staffed Facilities: IHSC field medical coordinators work with facility medical staff to identify all individuals with behavioral health concerns within their area of responsibility.

6-1.10 Other Related Behavioral Health Responsibilities: The health services administrator, in collaboration with the clinical director, may require behavioral health staff to provide annual behavioral health training to both medical and non-health staff at their designated IHSC-staffed facility. In addition, IHSC staff, including the health services administrator, field medical coordinator, and the Behavioral Health Unit staff, participate in inter-component meetings with ICE staff to discuss patients who have significant medical and behavioral health issues affecting continued detention, release, or removal. The Behavioral Health Unit staff member, or designee, conducts peer reviews on all IHSC behavioral health providers annually.

6-1.11 Protection of Medical Records and Sensitive Identifiable Information (PII): All staff must keep medical records, whether electronic or paper, secure with access limited only to those with a need to know. IHSC trains staff at orientation and annually on the protection of a patient's medical information and sensitive PII.

7. HISTORICAL NOTES: This directive replaces IHSC Directive 07-02, *Behavioral Health Services,* dated 14 May 2016.

7-1. This updated directive complies with Performance-Based National Detention Standards 2011, Revision 2016 standards, as well as the 2019 update of Prison Rape Elimination Act (PREA) and Suicide Prevention Intervention Program policies.

7-2. Moved psychotropic medications to section 6-1.7. (Ref. Collaborative Practice Agreement).

8. APPLICABLE STANDARDS:

8-1. Performance Based National Detention Standards (PBNDS):

8-1.1 PBNDS 2011, Revision 2016: 4.3 Medical Care**.**

8-2. National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2018.

8-2.1 J-E-05 Behavioral Health Screening and Evaluation.

8-2.2 J-G-01 Disease Services.

8-2.3 J-G-02 Patients with Special Health Needs.

8-2.4 J-G-04 Basic Behavioral Health Services.

8-2.5 J-G-07 Intoxication and Withdrawal.

8-2.6 J-I-02 Emergency Psychotropic Medication.

8-3. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities, 4th edition.

8-3.1 4-ALDF-4C-27-28 Behavioral Health Program.

8-3.2 4-ALDF-4C-29 Behavioral Health Screen.

8-3.3 4-ALDF-4C-30 Behavioral Health Appraisal.

8-3.4 4-ALDF-4C-31 Behavioral Health Referrals.

8-3.5 4-ALDF-4C-30 Behavioral Illness and Developmental Disability.

8-3.6 4-ALDF-4C-40 Special Needs Inmates.

8-3.7 4-4368 Behavioral Health Program.

8-3.8 4-4369 Behavioral Health Program.

8-3.9 4-4370 Behavioral Health Screen.

8-3.10 4-4371 Behavioral Health Appraisal.

8-3.11 4-4372 Behavioral Health Evaluations.

8-3.12 4-4374 Behavioral Illness and Developmental Disability.

8-3.13 4-4399 Special Needs Inmates.

8-3.14 1-HC-1A-25 Behavioral Health Program.

8-3.15 1-HC-1A-26 Behavioral Health Program.

8-3.16 1-HC-1A-27 Behavioral Health Screen.

8-3.17 1-HC-1A-28 Behavioral Health Appraisal.

8-3.18 1-HC-1A-29 Behavioral Health Evaluations.

8-3.19 1-HC-1A-31 Behavioral Illness and Developmental Disability.

8-3.20 1-HC-3A-06 Special Needs Inmates.

9. **RECORDKEEPING:** 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.

10. **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.

11. **POINT OF CONTACT:** Chief, Behavioral Health Unit.