Detainee Medical Care and Staffing

June 3, 2008

Overview: Medical Care is a High Priority and ICE is Always Seeking Ways to Improve

- Among ICE's highest priorities is to ensure safe, humane conditions of confinement for those in ICE custody. ICE makes every effort to enforce all existing standards and whenever possible, to improve upon them. When ICE finds that standards are not being met, the agency takes immediate action to correct deficiencies and when deficiencies cannot be corrected, ICE relocates detainees to other facilities.

Steps Taken by ICE in the Last Twelve (12) Months

- ***Performance Based Standards***. Involving the NGO Community, DHS Civil Rights and Civil Liberties Office, and detention experts from outside of the agency in rewriting the ICE Detention Standards into a performance based format. Not only will these new standards, scheduled to be implemented later this year, provide an update to the existing standards that were written in 2000, but they will be more effective in evaluating and where necessary adjusting the quality of detention being provided to those in ICE custody.

- ***Nakamoto and Creative Corrections***. Companies recognized for their expertise in detention management. Detention professionals from Creative Corrections are now performing the annual detention facilities inspections formerly performed by ICE employees on a collateral duty basis. Detention experts from the Nakamoto Group are now serving as on-site, full time quality assurance inspectors at ICE's 40 largest facilities and will be performing the same function on a regional basis for all other ICE facilities.

- ***Detention Facilities Inspection Group (DIFG).*** Creating the DFIG within the ICE Office of Professional Responsibility (OPR). The DFIG provides objective oversight and independent validation of the detention facility inspection program. It also conducts immediate focused reviews of serious incidents involving detainees, including any death or allegations from any source that detention standards are not being met.

- ***Transfer administration of DIHS from HRSA to DHS.*** Two critical reasons included the ability to press for the expeditious filling of health care provider vacancies and the ability to detail health care providers to facilities or operations where their services were needed. However, ICE needs to ensure that the transfer of the administrative functions did not shift greater substantive responsibilities onto ICE non-medical professionals.

- ***Comprehensive Review of DIHS***. Initiated a comprehensive baseline review of DIHS upon its transfer to ICE to identify any gaps in policy or performance that required attention.

- ***Seeking of Assistance from DHS OHA***. After conducting a comprehensive review of DIHS, ICE requested assistance from DHS Office of Health Affairs to administer the supervision, training and audit of medical professionals. With OHA's help, great strides have been made in filling DIHS vacancies, moving closer to an electronic medical records system, developing a more transparent appeal process for Treatment Authorization Requests, and dealing with isolated episodes of contagious diseases.

- ***Electronic Health Records***. ICE is working with DIHS and information technology experts to facilitate the deployment of electronic health records for ICE detainees. ICE has finalized the Project Charter and the Team leaders and membership, and begun development of Request for Information (RFI) materials.

- ***Treatment Authorization Requests***. ICE is working to complete a review of whether it is necessary to change the process by which Treatment Authorization Requests (TARS) are approved and appealed, and specifically whether final TAR appeals should be approved by a medical authority outside of DIHS.

- ***PHS Officers at Worksite Operations***. Assigning uniformed Public Health Service Officers to work-site enforcement operations to ensure that all sole care giver and humanitarian medical issues among those arrested are identified and handled appropriately.

- ***Contacting State Health Agencies***. ICE will be directing DRO field offices to contact State health authorities in all cases of detainee deaths.

- ***Removal of Detainees when Appropriate***. Removing all detainees from two detention facilities where we could not be assured that the safe, humane conditions ICE demands were being maintained.

- ***Pregnant Detainee Policy***. Issuing policy guidance requiring that detention decisions involving pregnant detainees be reviewed every two weeks to determine the appropriateness of continued detention.

<u>Respond to Specific Concerns about DIHS</u>

- ***A Snapshot on Services***. DIHS regularly provides heart surgery, chemo therapy, dialysis, appendectomies. Here are some numbers from 2007: 210,000 prescriptions; 16,000 dental visits, 1000 hospitalizations, 97,000 sick call visits, 135,000 chest x-rays.

- ***Health Care Spending***. $100 million on detainee health care in 2007. Average daily population has increased by approximately 30% while health care spending has increased by almost 70% over same period of time.

- ***Current Staffing Numbers***. As of May 15, 2008, DIHS employed a total of 707 employees out of 870 authorized. The breakdown of employees is as follows: 276 Public Health Service Officers; 11 Civil Servants; 420 Contractors

- ***On Staffing Shortages***. Since October, 215 health care providers have been hired, with more than 200 currently in the pipeline. The vacancy rate has dropped from approximately 30% to 19%. ICE is working with OHA and PHS to begin hiring more Officers and fewer contractors.

- ***Credentialing.*** After the comprehensive review, no staff were found to be unlicensed, but a corrective action plan for credentialing issues was implemented. To date 90% of all missing documentation has been collected and monthly status reports are being completed by the field sites. ICE is working with OHA to obtain a contractor to handle the record keeping responsibilities in the future.

Concerns about Suicide

- ***Overview***. Staff working with ICE detainees are trained to spot suicide risks and to use prevention and intervention techniques. In the last 15 months, psychologists and social workers have managed a daily population of over 1,350 seriously mentally ill detainees without a single suicide.

- ***National Detention Standards on Suicide***. Pursuant to ICE's National Detention Standards, all staff working with detainees in detention facilities must be trained to recognize signs and situations potentially indicating a suicide risk. Staff must act to prevent suicides with appropriate sensitivity, supervision, and referrals. Any clinically suicidal detainee must receive preventive supervision and treatment. All ICE Field Office Directors have had to verify that their staff is complying.

- ***Suicide Prevention Efforts***. DRO, with the assistance of U.S. Public Health Service mental health professionals, created a suicide prevention poster and all Field Office Directors have been directed to place the posters in all detainee housing and common areas. It not only encourages suicidal or depressed detainees to reach out to medical and facility staff, but also reminds dorm mates to report their observations when they are aware of someone who may be feeling depressed. In July 2007, DRO created the Detainee Suicide Prevention and Intervention Wallet cards for use by staff who have regular contact with ICE Detainees. The card identifies high-risk suicidal factors and behaviors, high-risk times and places, and lists several actions officers can take to help prevent detainee suicides.

Involuntary Sedation

- ***The Policy Has Changed***. In June 2007, ICE policy was changed to require a court order for such sedations, except in emergent circumstances where the individual represented a threat to himself or others. In January 2008, that policy was limited further to require a court order in any case involving involuntary sedation, with no exceptions. Under both the June 2007 and January 2008 policy, medication administered consistent with treatment of a diagnosed mental condition is appropriate. As a result, there have been no forced sedations since last summer.

Detainee Deaths

- ***Overall decrease in the mortality rate***. While the ICE detainee population has increased by more than 30 percent since 2004, the mortality rate declined from 29 in calendar year 2004 to 7 in calendar year 2007.

- ***Comparisons to other systems***. The number of deaths per 100,000 people is lower in ICE facilities than in U.S. prisons and jails, not to mention the general population. In 2005, the mortality rate for ICE detainees was 7.5 per 100,000, compared with 540.5 among inmates at U.S. prisons and jails. For the general population, the rate was even higher: 798.8 and 826 in fiscal years 2005 and 2007, respectively