



Healthcare Costs for Noncitizens in Detention

April 29, 2024

Fiscal Year 2023 Report to Congress



**Homeland
Security**

U.S. Immigration and Customs Enforcement

Message from the Deputy Director and Senior Official Performing the Duties of the Director

April 29, 2024

I am pleased to present the “Healthcare Costs for Noncitizens in Detention” report prepared by U.S. Immigration and Customs Enforcement (ICE).



This report was compiled pursuant to direction in the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2023 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-328), which continues direction provided in the Joint Explanatory Statement accompanying the FY 2022 DHS Appropriations Act (P.L. 117-103), and which further continues direction provided in the Joint Explanatory Statement accompanying the FY 2021 DHS Appropriations Act (P.L. 116-260).

Pursuant to congressional guidelines, this report is being provided to the following Members of Congress:

The Honorable Mark Amodei
Chairman, House Appropriations Subcommittee on Homeland Security

The Honorable Henry Cuellar
Ranking Member, House Appropriations Subcommittee on Homeland Security

The Honorable Chris Murphy
Chair, Senate Appropriations Subcommittee on Homeland Security

The Honorable Katie Britt
Ranking Member, Senate Appropriations Subcommittee on Homeland Security

Please direct report inquiries to the ICE Office of Congressional Relations at (202) 732-4200.

Sincerely,

A handwritten signature in blue ink, appearing to read 'P. Lechleitner', written in a cursive style.

Patrick J. Lechleitner
Deputy Director and
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

Executive Summary

This report to Congress, “Healthcare Costs for Noncitizens in Detention,” meets the legislative requirement for ICE to provide a report on the cost of administering healthcare in the detention system. It presents information about the ICE healthcare system, focusing on detained noncitizen transfers for off-site healthcare, instances of serious medical and mental health conditions, and staffing within ICE detention facilities.

This report presents information from FY 2023 and addresses the following areas:

- An overview of the ICE healthcare system and components that oversee and administer detained noncitizen healthcare;
- A description of the ICE budget and detained noncitizen healthcare expenditures, including mental health and preventive services; and
- A discussion of strategic initiatives to strengthen the detention healthcare system, modernize the ICE healthcare workforce, and efforts to contain the cost of detained noncitizen healthcare.

The ICE Health Service Corps (IHSC) mission is to provide safe delivery of high-quality healthcare to those in ICE custody. IHSC comprehensive healthcare services include both individualized treatment for ICE-detained noncitizens and promotion of public health through prevention of disease transmission.



Healthcare Costs for Noncitizens in Detention

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I. Legislative Requirements

This report was compiled pursuant to direction in the Joint Explanatory Statement accompanying the Fiscal Year (FY) 2023 Department of Homeland Security (DHS) Appropriations Act (P.L. 117-328), which continues direction provided in the Joint Explanatory Statement accompanying the FY 2022 DHS Appropriations Act (P.L. 117-103), and which further continues direction provided in the Joint Explanatory Statement accompanying the FY 2021 DHS Appropriations Act (P.L. 116-260).

The Joint Explanatory Statement accompanying P.L. 117-328 states:

Continuation of Prior-Year Requirements.—ICE shall continue to follow the directives under the following headings in the explanatory statement accompanying the fiscal year 2022 Act (Public Law 117-103), according to the previously directed timeframes, reporting requirements, required sustainment, and guidance:

...

(3) Healthcare Costs for Immigrants in Detention...

The Joint Explanatory Statement accompanying P.L. 117-103 states:

Continuation of Prior-Year Requirements.—ICE shall continue to follow the directives under the following headings in the explanatory statement accompanying the fiscal year 2021 Act (Public Law 116–260), according to the previously directed timeframes, reporting requirements, required sustainment, and guidance:

...

(3) Healthcare Costs for Immigrants in Detention...

The Joint Explanatory Statement accompanying P.L. 116-260:

Healthcare Costs for Immigrants in Detention.—ICE is directed to provide an annual report on the cost of administering healthcare, including mental health or preventative services, in the detention system. The report shall include all sources of funding utilized to provide healthcare services to individuals in custody, including all such funding provided by HHS under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116–136), other federal agencies, or state, local, or private sources of funding. The report shall include the number of instances when detainees were transported to hospitals, emergency rooms, or other healthcare facilities and shall note instances of serious medical or mental health conditions, pregnancy, disability, or positive or presumptive cases of communicable diseases impacting more than 100 detainees, along with antibody positive cases for diseases when such tests are available. Further, the report shall detail the number and type of position of medical personnel, including pediatric medical professionals, and mental health staff at each ICE detention facility and note any position that has been vacant for 30 or more days.

II. Background

A. ICE Detention Healthcare System

The U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) is a component within ICE Enforcement and Removal Operations (ERO) and the only entity within ICE responsible for providing direct healthcare to detained noncitizens. IHSC is committed to providing safe delivery of high-quality healthcare to those in ICE custody and strives to be the best healthcare delivery system in detention and correctional healthcare. Individuals in IHSC-staffed and non-IHSC-staffed facilities receive a health screening within 12 hours of arrival and a complete health assessment within 14 days of admission.

IHSC has a high-performing, results-producing healthcare workforce made up of a multisector, multidisciplinary staff of over 1,670 authorized positions. The positions include U.S. Public Health Service Commissioned Corps officers, federal General Schedule (GS) civil servants, and contract health professionals. IHSC staff is comprised of medical and administrative personnel.

ICE administers a detention health system that provides direct healthcare in ICE-owned facilities; oversees compliance with healthcare-related detention standards in contracted facilities; reimburses for off-site healthcare services that detained noncitizens receive; and supports special operations missions.

To support the organization's mission, IHSC's structure is divided into five divisions:

- The Administration Division supports the activities and systems utilized by IHSC personnel responsible for sustaining the IHSC healthcare system.
- The Clinical Services Division provides medical oversight, guidance, and instruction to IHSC providers and allied health professionals who deliver medical, mental, and dental healthcare to ICE-detained noncitizens.
- The Health Care Compliance Division coordinates continuous quality improvement and oversees healthcare compliance in non-IHSC-staffed facilities; ensures all IHSC-staffed facilities comply with accrediting body standards; oversees the agency's quality improvement, risk management, and patient education programs; and reimburses providers who render healthcare services to individuals in ICE custody outside the detention health system.
- The Health Systems Support Division oversees operations of medical and administrative staff in IHSC-staffed facilities, coordinates facility openings and closures, and supports special operations.
- The Office of the Chief of Staff coordinates across IHSC's divisions to support the agency's communications, investigations, policy, external information, and emergency preparedness functions.

In FY 2023, IHSC Headquarters (HQ) included 20 units providing strategic and operational guidance to 19 IHSC-staffed medical facilities/clinics; oversaw compliance with health-related

standards in non-IHSC-staffed detention facilities; initiated program and process improvements; monitored healthcare expenditures and medical claims billing processes; and managed the human and fiscal resources necessary to sustain the healthcare system.

While IHSC does not directly provide the medical care in non-IHSC staffed facilities, IHSC oversees the facilities' compliance with national detention standards, as required by each facility's contracts with ICE. IHSC coordinates care through medical referrals, as needed, through the Field Medical Coordinator Program. IHSC also directly supports ICE Field Office Directors on detained noncitizens' medical issues within each Field Office Director's areas of responsibility.

IHSC currently pays for off-site medical¹ services provided to detained noncitizens while they are in the custody of ICE ERO, ICE Homeland Security Investigations (HSI), and U.S. Customs and Border Protection (CBP).² IHSC reimburses independent providers, who provide care in local hospitals and healthcare systems, for services rendered. The FY 2023 DHS Appropriations Act (P.L. 117-328) included funds to ICE for CBP off-site medical claims costs. In FY 2023, IHSC obligated \$115,964,455 for off-site medical claims, which included \$74,980,000 in supplemental Title V funding for third party medical costs related to noncitizens in CBP custody.³

In FY 2023, IHSC continued to significantly increase its provider network through agreements with hospitals, health systems, and individual practitioners who provided off-site care to detained noncitizens. IHSC thoroughly vets these providers through a process that verifies their professional credentials. This process increases access to high-quality healthcare providers.

ICE contracts with the Department of Veterans Affairs (VA) Financial Services Center (VA-FSC) to process medical claims reimbursements; providers must complete and submit information to receive payment. IHSC completed 324 letters of understanding (LOU) in FY 2023, with a cumulative total of 1,018 signed LOUs to date. LOUs are not contracts, but instead are agreements between IHSC and the provider that detail the types of services providers agree to deliver and specify that reimbursement for those services will be at Medicare rates.

IHSC provides medical support for ERO removals and special operations. U.S. Public Health Service (PHS) officers from the IHSC Special Operations Unit (ISOU) serve as medical service providers for ICE missions, both domestically and internationally. ISOU supports ERO by delivering medical services during domestic transfers and international removals. It also provides medical services to migrants rescued or interdicted at sea on U.S. Coast Guard (USCG) cutters in support of noncitizen migrant interdiction operations.

B. Accomplishments

In FY 2023, IHSC administered and managed a healthcare system that provided direct care to more than 131,000 detained noncitizens housed at 19 designated facilities throughout the Nation,

¹ ICE notes that reimbursed medical claims pertain to off-site care and services.

² ICE pays for all off-site medical claim costs for noncitizens detained by CBP.

³ 168 CONG. REC. S8553, S8561 (daily ed. Dec. 20, 2022).

to include medical, dental, mental health, preventive, and public health services, exceeding 1.2 million encounters in FY 2023. The encounters include but are not limited to 136,312 intake screenings; 87,707 physical exams; 150,450 sick calls; 22,417 urgent care visits; 14,508 emergency room and off-site referrals; 14,162 dental visits; 49,518 mental health interventions; and 265,994 prescriptions filled.

IHSC also oversaw compliance with health-related standards for over 191,850 detained noncitizens housed in 128 non-IHSC-staffed facilities, totaling over 45,000 beds. IHSC executed a budget totaling approximately \$351.9 million in FY 2023.

In FY 2023, IHSC continued to evolve to best support ERO, detained noncitizens' healthcare needs, and IHSC's organizational and health system functions. The overall number of facilities decreased in FY 2023, with the closure of Berks County Residential Center in Berks, Pennsylvania, on February 1, 2023. (Please refer to Appendix A for a full list of IHSC-staffed detention facilities in FY 2023.) Through the IHSC Temporary Duty On-Call Schedule Program, IHSC internally deploys its PHS staff from ICE HQ and other facilities to temporarily fill critical staffing shortages within its IHSC-staffed facilities. Chronic staffing shortages at Buffalo Service Processing Center, in Batavia, New York, required 270 days of continuous support in FY 2023 to backfill multiple critical leadership vacancies and ensure mission success and meet accreditation standards.

IHSC special operations personnel provided full-time medical support to ICE Air Operations and ICE ERO objectives. IHSC supported 53 missions, caring for 2,579 noncitizens during transport to 97 countries. Under an agreement with USCG, IHSC provided medical services to migrants rescued or interdicted at sea. In FY 2023, IHSC special operations staff cared for 12 U.S. service members, 958 migrants, including 11 pregnant women, and 76 minors onboard USCG vessels. Treatment included surgical care and minor procedures on 19 patients. IHSC medical providers treated 152 chronic care, 261 acute care, and 10 emergency care patients, which prevented negative outcomes and potentially saved lives while keeping the homeland safe.

In September 2023, the Drug Quality and Security Act⁴ required all facilities to have a Global Location Number to track drugs through their lifecycle. Pharmaceutical deliveries would cease without this number. IHSC mobilized and coordinated across 18 IHSC-managed facilities to meet this requirement so IHSC could seamlessly provide timely, safe medication delivery and high-quality healthcare.

In response to the Coronavirus Disease 2019 (COVID-19) pandemic, IHSC continued to track disease trends, issued real-time guidance for the detention environment, continued to operate its medical facilities and clinics nationwide, supported ERO removal operations, and oversaw compliance at non-IHSC-staffed facilities. IHSC continued COVID-19 vaccinations among detained noncitizens in ICE custody to mitigate the spread of the virus. As of September 30, 2023, 75,809 detained noncitizens in ICE custody received COVID-19 vaccinations at IHSC-staffed and non-IHSC-staffed facilities nationwide since detained noncitizen vaccinations began; another 122,286 detained noncitizens refused vaccination. Additionally, in FY 2023, 7,228 detained noncitizens received boosters.

⁴ Pub. L. No. 113-54, 127 Stat. 587 (2013).

On May 11, 2023, national COVID-19 public health emergency authorities ended when Title 42 expired. ICE collaborated with DHS, the Department of Health and Human Services, and IHSC units to prepare for an anticipated surge of an additional 20,000-30,000 noncitizens into custody. IHSC ensured 100,000 COVID-19 tests were readily available in strategic locations across the Nation. Although the national emergency has ended, IHSC continues to monitor, test, vaccinate, and protect detained noncitizens from COVID-19. Actual operational and public health impacts included a migrant surge along the southwest border as well as changes to COVID-19 management, requirements, and reporting. Guidance from the Centers for Disease Control and Prevention informed the changes to COVID-19 processes. IHSC prepared its clinical workforce to mobilize, as needed, to respond to increased operations at IHSC-staffed facilities and repatriation missions. IHSC staff conducted weekly site visits to sites impacted by migrant surges.

1. Strengthen the Healthcare Workforce

IHSC expanded the agency's capacity to care for ICE-detained noncitizens by proactively recruiting and thoroughly vetting healthcare practitioners who provide care in IHSC-staffed facilities and in the ICE provider network. In FY 2023, IHSC reviewed and verified credentials for 351 IHSC medical providers and 778 community providers and granted them privileges to practice within the IHSC healthcare system. To manage the growing healthcare workforce, IHSC implemented an electronic credentialing and privileging system. The system centralizes and optimizes operations to securely maintain documents for over 1,100 IHSC medical providers and over 5,000 community providers who participate in the provider network.

In FY 2023, IHSC implemented processes to ensure ongoing quality assurance within the organization by regularly reviewing and assessing the qualifications and performance of IHSC's providers. IHSC began continuous reviews of registered nurses and dental hygienists in the National Practitioner Data Bank, which helps to ensure patient safety by providing information on any medical malpractice payments and adverse actions related to healthcare practitioners, providers, and suppliers. Ongoing reviews enable IHSC to detect and mitigate issues promptly and proactively.

The IHSC workforce continued to grow in FY 2023 to fill critical gaps and perform essential functions required by the healthcare system. FY 2023 appropriations approved funding for 50 additional PHS positions. These positions enable IHSC to expand its deployable clinical nursing and behavioral staff to support IHSC-staffed facilities; increase capacity to recruit, credential, and train staff; strengthen compliance oversight of non-IHSC-staffed facilities; establish capacity to support referral and medical claims functions for CBP; and improve its medical quality management, procurement, and communications functions.

IHSC increased its capacity to recruit, hire, and onboard new federal GS and PHS personnel. In FY 2023, IHSC recruited and onboarded 175 PHS positions. Of these, IHSC filled 52 critical clinical vacancies. After processing over 1,100 PHS applications and identifying 795 qualified candidates, IHSC hired 89 PHS officers from agencies external to ICE. Internally, IHSC successfully retained its existing workforce; 86 PHS officers were transferred or promoted to

new positions. IHSC hired 20 PHS officers recruited through two virtual career fairs in FY 2023.

See Appendix B for a detailed list of medical and mental health positions at each IHSC-staffed detention facility. The table highlights positions that have remained vacant for 30 or more days.

2. Off-Site Referral to Hospitals, Emergency Departments, or Other Healthcare Facilities

IHSC oversees compliance with health-related standards for facilities not staffed by IHSC that house detained noncitizens in ICE custody. In addition, IHSC manages the reimbursements for detained noncitizens' off-site healthcare and services.

In FY 2023, to help ensure detained noncitizens received high-quality off-site care, IHSC signed 324 new agreements with community medical providers, which significantly expanded IHSC's provider network and detained noncitizens' access to healthcare nationwide. IHSC had agreements with 1,018 community providers when FY 2023 concluded.

IHSC continued efforts to improve the systems that support off-site referrals and medical claims in FY 2023. IHSC trained staff to use the Electronic Claims Administration and Management System (eCAMS), which streamlined the claims adjudication process and decreased medical claims denials. This system resulted in a 49 percent automated adjudication of all claims; improved communication to providers for corrections; and automated custody verification to prevent fraud, waste, and abuse (FWA) related to prior overpayment errors. Additionally, IHSC published policies and procedures to standardize and guide medical claims management and medical payment authorization requests in IHSC-staffed and non-IHSC-staffed facilities.

In FY 2023, IHSC continued to support referral coordinator training and competencies. Referral coordinators monitor workload and compliance-related metrics for off-site referrals from IHSC-staffed facilities, resulting in findings, corrective action plans for improvement, and standardization. They support efficient continuity of care for detained noncitizens and management of referred off-site health services.

Throughout FY 2023, IHSC addressed detained noncitizen medical needs prior to and during transport. Managed care coordinators monitored 2,221 detained noncitizen hospitalizations. IHSC monitored 260 cases elevated to the list of Significant Detainee Illnesses (SDI) for interdisciplinary review (see Section B.3 Significant Detainee Illnesses). There were 1,451 total transports in FY 2023 for 985 detained noncitizens in ICE custody and 466 noncitizens in CBP custody. Transportation included air and ground ambulance services for both emergency and non-emergency situations, as well as specialty care transport.

Please refer to Appendix C for a list of off-site referrals by medical diagnosis code.

3. Significant Detainee Illnesses

In FY 2023, IHSC monitored 2,221 hospitalizations (an increase from 1,175 in FY 2022) and

reviewed 260 cases of potential SDIs among detained noncitizens. In FY 2023, *Fraihat*⁵ injunction mandates, which required ICE to release noncitizens with chronic medical issues, were lifted in October 2023. As a result, ICE has not been releasing as many individuals with chronic medical issues, and the overall detained noncitizen population retained a larger number of individuals with health issues.

SDIs require interdisciplinary review and where the SDI designation may be applied to a condition that is a serious or potentially life-threatening illness, injury, or impairment that may involve inpatient care in a hospital or other extended care facility; periods of incapacity due to the illness; or an illness that has continuity of care needs requiring significant coordination with external partners. Instances of SDIs in FY 2023 included hunger strikes, depression/anxiety, schizophrenia spectrum disorders, cardiac disorder, cancer, tumors, alcohol withdrawal, hypertension, respiratory issues, stroke, and other mental health, infectious, or chronic disease issues.

See Appendix D for a detailed list of SDIs in FY 2023.

4. *Pregnancy*

In FY 2023, 349 pregnant noncitizens came into ICE custody. ICE's July 2021 directive states that "[g]enerally, ICE should not detain, arrest, or take into custody... individuals known to be pregnant, postpartum, or nursing unless release is prohibited by law or where exceptional circumstances exist." ICE Directive No. 11032.4, *Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals* (July 1, 2021).

There were 78 approved referrals for offsite obstetrics and gynecology services in FY 2023. IHSC made 7 referrals for its pregnant noncitizen population and CBP's U.S Border Patrol (USBP) made 71 referrals for its pregnant detained noncitizen population.⁶ There was a total of 19 inpatient hospitalizations related to active labor and birth in FY 2023. These numbers are expected to change, as there is typically a lag in medical claims application, processing, and payment for services rendered. Providers have 1 year from the date of service to file claims.

5. *Disability*

ICE continues to provide reasonable accommodations for noncitizens with disabilities. In FY 2023, IHSC enhanced reasonable modification activities to ensure detained noncitizens who require modifications receive appropriate care. In FY 2023, 1,131 detained noncitizens reported at least one disability, and a total of 1,120 noncitizens received reasonable modifications. Detained noncitizens with disabilities may submit multiple reasonable accommodation requests. IHSC reviewed over 2,000 reasonable accommodation cases in FY 2023, an increase from over 1,300 in FY 2022.

⁵ *Fraihat v. U.S. Immigration and Customs Enforcement*, 445 F.Supp.3d 709 (C.D. Cal. 2020).

⁶ CBP referrals are included in this ICE report because ERO pays for all off-site medical claims costs, including referrals for off-site care made for individuals in CBP custody.

In FY 2023, IHSC updated its policies that govern care of patients with chronic conditions and special needs. Additionally, IHSC made annual reasonable accommodation training mandatory for its workforce.

6. Mental Health

In FY 2023, there were 7,748 noncitizens in ICE custody who required intervention and further mental health services. Of these, 697 required hospitalizations. IHSC directly provided 49,518 mental health interventions within its 19 IHSC-staffed facilities, an increase from 40,023 in FY 2022. IHSC spent \$425,000 on inpatient mental healthcare. Depression/anxiety, schizophrenia spectrum disorders, bipolar disorder, and suicide attempts were among the SDIs that IHSC monitored in FY 2023.

In FY 2023, IHSC expanded its telepsychiatry services to address high demand and staff shortages. IHSC established four additional telepsychiatry clinics at Florence Service Processing Center, South Texas Family Residential Center, Houston Contract Detention Facility, and Northwest Detention Center. IHSC currently provides telepsychiatry services in 8 ICE facilities in total.

The IHSC Krome Behavioral Health Unit (KBHU) aims to decrease the frequency of inpatient psychiatric hospitalizations and overall length of stay in detention by directly addressing symptoms that impede detained noncitizens’ ability to actively participate in immigration proceedings. In FY 2023, KBHU patients attended more court sessions, but also saw more psychiatric hospitalizations, for which they also had increased lengths of stay than in the previous year.

Impact of KBHU Intervention	FY 2021	FY 2022	FY 2023
Court Appearances	70	152	198
Psychiatric Hospitalizations	6	4	9
Psychiatric Hospitalization Length of Stay (Days) ⁷	11	7	11

Figure 1. Impact of KBHU Mental Health Interventions

Source: IHSC Behavioral Health Unit and ICE Custody Programs

In FY 2023, IHSC implemented the Columbia Suicide Severity Rating Scale, an evidence-based screening tool available in over 160 languages that assesses suicide risk acuity. IHSC trained over 150 ICE staff on its use and associated safety planning interventions. IHSC also delivered suicide prevention and intervention training to 609 DHS staff in September 2023.

IHSC designed and piloted Life Improvement for Tomorrow, a group treatment program, and trained 48 behavioral health staff at four sites. To date, IHSC has held 67 psychoeducation groups attended by 143 patients. The program’s goal is to support noncitizens in recognizing and managing their stress response and maximizing sleep quality as well as quantity in the

⁷ FY 2021 through FY 2023 data are the average length of stay. Numbers are rounded to the nearest day.

detained environment. Participants have reported improved social connectedness and overall wellness.

7. Preventive Services

Preventive services apply to individuals who do not have symptoms of disease or illness. Under its existing scope of covered services, IHSC currently provides preventive services to ICE-detained noncitizens in continuous detention longer than 6 months, regardless of multiple facility transfers. IHSC schedules patients for preventive services based on age, gender, or risk factors.

In FY 2023, IHSC published five clinical practice guidelines to apply evidence-based medical community standards. The guides outline the services IHSC provides within its ICE-owned facilities related to preventive health services, deep venous thrombosis, asthma, hyperlipidemia, and epilepsy. The guides align with U.S. Preventive Services Task Force recommendations, ICE National Detention Standards, ICE Performance-Based National Detention Standards, and National Commission on Correctional Health Care accreditation requirements.

The IHSC Opt-Out Sexually Transmitted Infection (STI) Testing Program is a voluntary screening program designed to identify STI's within the ICE detained noncitizen population. In FY 2023, IHSC offered testing to approximately 29,574 noncitizens at intake, counseled 11,083 patients, tested 4,054, and ultimately identified 301 STIs. IHSC detected asymptomatic infections in over 7 percent of individuals tested, which enabled medical treatment prior to their release and notification to health departments to ensure continuity of care within the community.

The IHSC Tuberculosis (TB) Program detects probable cases of active TB. The number of reportable cases in FY 2023 (800) increased by over 160 percent when compared to FY 2022 (507), and over 375 percent compared to FY 2021 (211), with more than half of all cases coming from three facilities.

IHSC Tuberculosis Program	FY 2021	FY 2022	FY 2023
Reported Cases	211	507	800

In FY 2023, IHSC improved environmental health and safety oversight through updated policies, assessment tools to improve compliance, site visits, and training.

III. FY 2023 Detained Noncitizen Healthcare Costs

A. Budget Overview

ICE’s detained noncitizen healthcare is provided by IHSC and its healthcare service contractors and partners. ICE spent more than \$390 million on detained noncitizen healthcare. Of the \$390 million, IHSC’s detained noncitizen healthcare costs totaled approximately \$351.9 million, or 90.2 percent, whereas ICE’s detention and family residential contract partners spent \$38.2 million, or 9.8 percent, of ICE’s total FY 2023 expenditures for detained noncitizen healthcare.

Funding for offsite medical claims, medical contract personnel, and PHS personnel salaries accounted for 85 percent of IHSC’s FY 2023 budget. The cost of contract personnel, ICE personnel, labs, COVID-19 testing, language interpretation, medical supplies, inpatient mental healthcare services, information technology, and other costs comprised the remaining 15 percent.

Although CBP is a separate DHS agency, ICE pays for all CBP offsite medical claim costs. In FY 2023, ICE allocated approximately \$116 million for offsite medical claims for ICE and CBP. ICE has not fully disbursed this amount since providers have up to 1 year from the date of service to claim reimbursement. Based on the current trajectory of payments for services provided in FY 2023, total ICE costs are projected at \$63.8 million (55 percent) and CBP costs are estimated at \$52.2 million (45 percent).

Cost Drivers (Including Personnel and Information Technology Costs)	
Contract Personnel	\$110,853,789
PHS Personnel	\$72,335,085
ICE Personnel	\$21,909,105
Information Technology	\$5,511,141
Off-Site Medical Claims	\$115,964,455
Laboratory Services	\$5,624,303
COVID-19 Testing	\$6,064,979
Language Interpreting	\$1,170,000
Medical Supplies	\$1,000,000
Inpatient Mental Healthcare	\$975,000
Other**	\$10,515,727
Total	\$351,923,584

**Includes costs that do not fall in aforementioned categories (e.g., travel, purchase card expenses).

Figure 2. IHSC Cost Drivers in FY 2023

Source: Federal Financial Management System

ICE detained 277,484 noncitizens whose average length of stay was 30 days in FY 2023. Between FY 2019 and FY 2022, the overall number of detained noncitizens decreased, while the overall length of stay increased. FY 2023 saw the shortest average length of stay recorded in 5

years. The FY 2020 average length of stay is exceptionally high, due to stringent patient movement restrictions during the first year of the COVID-19 pandemic.

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Book-Ins	519,392	186,729	205,242	199,404	277,484
Average Length of Stay	35	40	37	38	30

Figure 3. ICE Initial Book-Ins and Average Length of Stay

Source: Federal Financial Management System, ICE Integrated Decision Support

IHSC’s annual costs increased by 9.7 percent in FY 2023, while the average daily population (ADP) increased by 24.6 percent. Meanwhile, there was a 12 percent decrease in the daily cost per person. In FY 2023, the ADP increased from the previous year, while the average length of stay and daily cost per person decreased. The decreased daily cost of healthcare per noncitizen, coupled with shorter average lengths of stay, continues to drive the overall cost of healthcare per detained noncitizen.

FY	IHSC Costs	ADP	Daily Cost per Person
2019	\$248,089,002	50,163	\$13.55
2020	\$315,098,069	33,724	\$25.60
2021	\$270,292,561	19,467	\$38.04
2022	\$320,797,853	22,725	\$38.68
2023	\$351,923,584	28,314	\$34.05

Figure 4. ICE ADP and IHSC Costs

Source: Federal Financial Management System, ICE Integrated Decision Support.

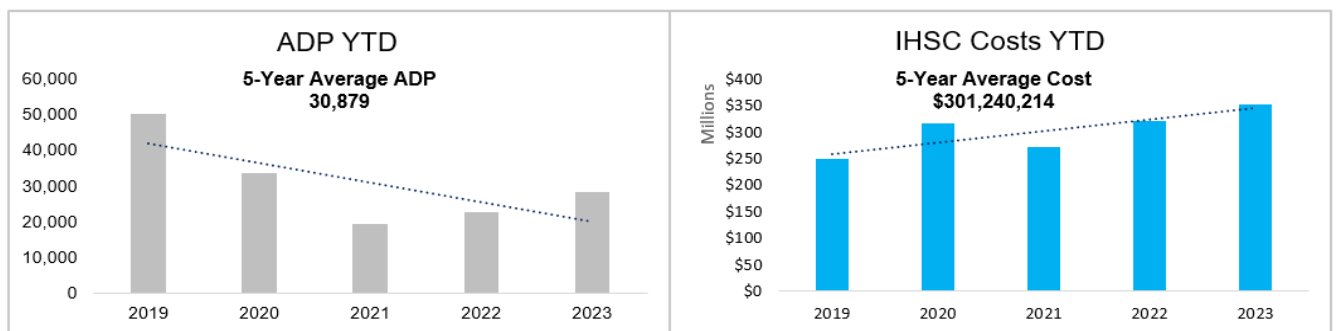


Figure 5. ICE ADP and IHSC Cost Trends

Source: Federal Financial Management System, ICE Integrated Decision Support

B. IHSC Healthcare Workforce

The IHSC workforce is comprised of over 1,670 authorized positions at ICE HQ, field offices, and ICE-managed detention facilities. The IHSC healthcare workforce includes physicians, psychiatrists, psychologists, social workers, psychiatric nurses, dentists, dental assistants, dental hygienists, pharmacists, pharmacy technicians, radiology technicians, registered nurses, advanced practice providers, licensed vocational nurses, medical assistants, medical records technicians, other health professionals, and administrative support personnel.

In FY 2023, the total IHSC workforce increased, as the number of authorized PHS positions increased from 569 in FY 2022 to 619 in FY 2023. While the percentage of vacant GS positions (34 percent) and contract positions (14 percent) decreased in FY 2023, the rate of PHS (28 percent) vacancies remained the same in FY 2022. The following table presents the percent of positions filled and vacant, by personnel type:

Personnel	FY 2022		FY 2023	
	Filled	Vacant	Filled	Vacant
Federal Civilian (GS)	61%	39%	66%	34%
U.S. Public Health Service	72%	28%	72%	28%
Contract	86%	14%	87%	13%

The following table shows the number of authorized and filled IHSC positions by personnel type. The FY 2023 costs reflect the total amount expended for filled positions only:

Personnel	Authorized	Filled	FY 2023 Cost
Federal Civilian (GS)	218	143	\$21,909,105
U.S. Public Health	619	448	\$72,335,085
Contract	839	726	\$110,853,789

Figure 6. IHSC authorized and filled positions, and actual FY 2023 costs.

Source: IHSC Personnel Unit

ICE continued to face challenges in filling its authorized positions due to the difficulty filling clinical positions located at remote and isolated locations. The challenge for federal GS positions within DHS is the lack of monetary incentives and competitive salaries compared to other federal agencies (i.e., the Department of Defense and VA) who offer recruitment and retention incentives such as special pay allowances that increase the overall salaries for their employees. Likewise, VA approved a separate pay authority which offers flexibility for DHS to offer higher salaries and incentives. These issues persisted in FY 2023. Comparing FY 2022 to FY 2023 staffing data, assignment pay for PHS officers improved recruitment and retention of officers in hard to fill areas.

C. Off-Site Referrals and Care

IHSC reimburses providers, hospitals, and health systems for off-site care provided to detained noncitizens while in ICE and CBP custody. This report provides both referral and medical claims data. Statistics about medical claims always lag referral data due to processing time from VA-FSC. Furthermore, medical claims adjudication and processing times can result in retroactive updates to previous fiscal year data, as demonstrated in Figure 7, which includes updated historical average off-site costs.

In FY 2023, IHSC adjudicated 54,363 medical claims payments, totaling \$7.6 million, for care delivered to noncitizens in ICE custody by providers outside IHSC-staffed facilities. IHSC also processed an additional 9,807 medical claims, costing approximately \$4.5 million, for care provided to noncitizens in CBP custody. IHSC forecasts the total cost for all FY 2023 medical claims should range between \$98 million and \$114 million, with an average total cost of \$106 million. ICE costs are estimated to comprise 55% of the overall total, and CBP costs are estimated to comprise 45% of the overall total.

As of November 6, 2023, FY 2023 off-site claims costs exceeded \$12.1 million. IHSC expects both the number of claims and the total cost for FY 2023 to increase during FY 2024, as providers have 1 year after the date of service to submit medical claims. Furthermore, due to the transition to a new medical claims processing system and process,⁸ there is an increased lag within the adjudication and approved payment timelines for FY 2023 off-site claims which impact reporting of average off-site costs (*see* Figure 7). Based on the 64,170 claims received as of November 6, 2023, the average cost per claim in FY 2023 was \$189. IHSC expects more complete FY 2023 data by October 2024.

The following table presents data based on the claims paid dataset from VA-FSC. ICE pays off-site medical claims submitted by ICE and CBP.

FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
\$537	\$649	\$829	\$741	\$189

Figure 7. Average Off-Site Costs, Per Medical Claim

Source: VA-FSC Paid Claims Database

⁸ In FY 2023, IHSC collaborated with the VA-FSC to convert the prior manual medical claims adjudication process to an enhanced new eCAMS.

IV. Discussion

A. Strategic Initiatives to Strengthen the Detention Healthcare System

ICE made tremendous strides between FY 2018-FY 2020 to ensure a highly qualified and trained workforce; support accountability and adherence to prescribed standards; adopt industry standards and practices; and promote improvements and innovations to build capacity within the detention health system.

Building on these successes, IHSC began implementation of its new five-year strategic action plan in FY 2021. The overarching priorities within the strategic action plan will enhance and modernize the IHSC health system; achieve efficiencies and cost savings; and enable the workforce to provide high-quality healthcare to detained noncitizens in ICE custody.

- *Strengthen the foundation.* IHSC will design and implement the next generation of health systems assessments to improve compliance with applicable standards, enhance quality patient care, modernize the staffing model, and enhance technology platforms to support current and future needs.

In FY 2023, IHSC continued to progress in its efforts to modernize its infrastructure with an electronic property management system, records management program, and integrated systems to support data analytics and program monitoring. IHSC continued to strengthen local Quality Improvement Programs and implemented a national Quality Review Program. IHSC launched the IHSC Finder in July 2023, an electronic repository of compliance activities across all detention facilities. This tool includes information from field medical coordinator site visits, ICE Office of Detention Oversight inspections, IHSC health system assessments, and accreditation audits. The dashboard assists IHSC staff in monitoring, tracking, and trending any potential concerns, and responding to requests for information. Additionally, IHSC launched a Quality Review Program tool in FY 2023, which IHSC will use to oversee compliance with detention standards and policies, and track and monitor data across all detention facilities that house noncitizens in ICE custody.

In FY 2023, IHSC developed a memorandum of agreement with CBP which details how the two organizations will collaborate to manage medical referrals, utilization of off-site care, and claims reimbursement. Under this agreement, IHSC will maintain operational oversight of CBP medical claims processing, under the direction of the Office of Health Security within the Department of Homeland Security. IHSC also collaborated with the VA Financial Services Center to transition ICE's manual adjudication process system to eCAMS. In FY 2023, IHSC auto-adjudicated 48.97 percent of the 222,964 received claims using this system with the average age of a claim being 7.37 days; improved communication with providers offering an electronic provider portal for claims status review; and instituted automated custody verification within the claims adjudication process to prevent FWA related to payment of services after release from custody.

In FY 2023, IHSC also implemented the Unified Patient Tracking System, a database that compiles significant event notifications; clinical updates; tracks hospitalized patients with medical and mental health concerns; and supports case management and continuity of care for all noncitizens in ICE custody across 147 facilities. Previously, there were separate systems that tracked information for noncitizens housed in IHSC-staffed and non-IHSC-staffed facilities respectively. This centralized system enables better care coordination and the delivery of high-quality health care.

- *Optimize operations.* IHSC will build and optimize several areas of operation, including clinical care, medical case management and oversight in contract detention facilities, health plan and administrative functions, and agency communications.

In FY 2023, IHSC continued to optimize its clinical care services. IHSC expanded its telehealth program to provide remote psychiatry, behavioral health, dental, and radiology services for detained noncitizens nationwide. Within ICE detention facilities, IHSC implemented “treatment team” meetings to develop clinical skills among its medical staff and enhance communication with custody staff to collectively ensure the safety and security for noncitizens in its custody and care.

IHSC used telehealth technology to offer remote medical and mental healthcare services. In FY 2023, IHSC expanded its telepsychiatry services to address high demand and staff shortages. IHSC established four additional telepsychiatry clinics at Florence Service Processing Center, South Texas Family Residential Center, Houston Contract Detention Facility, and Northwest Detention Center. IHSC currently provides telepsychiatry services in 8 ICE facilities in total. The expansion of telehealth services increased access to consistent and timely patient care, reduced transmittable disease risk from patient travel, and reduced security and transportation costs.

IHSC published new policy and guidance documents to guide medical referrals, claims, and reimbursement processes. ICE standardized and modernized its requirements, systems, and processes over the past several years, which culminated in a new directive and several guides. These documents clearly standardized the referral and authorization processes agencywide, which enhanced clinical decision-making, continuity of care, and ensured appropriate levels of off-site care for referred patients.

ICE also enhanced its ability to oversee compliance with health-related standards in contracted facilities that house detained noncitizens in ICE custody. In FY 2023, IHSC field medical coordinators completed 73 comprehensive site visits, finding 44 facilities in full compliance with ICE medical standards. IHSC conducted an additional 16 modified site visits, and 25 follow-up site visits to ensure ongoing compliance. These visits resulted in 29 corrective action plans.

In FY 2023, IHSC published 33 policies that standardize and align operations and care provision across the ICE health system and ensure compliance with national standards. The new policies addressed topics to include end-of-life care; quality improvement; pharmaceutical services; dental services; medical air operations; transgender care management; occupational health and infectious disease prevention; care of patients with special needs; use of psychotropic medications and restraints; medical claims management, payment, and authorization; treatment

consent and authorization; medical education and training; and facility operations. Additionally, in June 2023, ICE published the ICE Health Services Design Standards to simplify, standardize, and regulate the design and construction of IHSC-managed medical facilities, while adhering to detention facility requirements. It details requirements for safe administrative and medical spaces, and serves as a tool when planning, designing, renovating, and constructing new facilities.

In FY 2023, ICE announced the IHSC Ethics Committee, a decision-making consultative resource for all IHSC staff regarding issues of medical ethics. The committee provides recommendations, opinions, and options, rather than a mandated course of action, to address unique situations and challenges in the detention setting. Examples of ethical concerns may include hunger strike management, involuntary psychiatric treatment, end-of-life care, and therapeutic termination of pregnancy. In every case, the IHSC Ethics Committee considers the best interests of patients, staff, stakeholders, as well as legal and regulatory requirements when it examines ethical issues within IHSC.

IHSC continues to adapt to changing requirements and external factors that affect noncitizen health care. Increased interest and oversight from multiple ICE, DHS, and other government agencies have resulted in an exponential number of requests for information (tasks) since FY 2018. These requests require significant resources and time to finalize a response, thus detracting from core functions and operations. Even with establishing a dedicated team to coordinate the volume of requests, the information sought by these organizations often require frontline staff involved in patient care to respond. This additional requirement continues to strain program and clinical staff. Despite not being resourced to perform this additional function, IHSC remains responsive to the extent possible, without compromising patient safety or quality care. The number of tasks IHSC receives has increased each year:

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Information Requests	300	798	1,796	1,791	2,060	3,236

Figure 8. Number of external requests for information from IHSC.

Source: IHSC Task Management System

- *Foster resilient teams and people.* IHSC will strengthen the federal GS and PHS workforce, enhance training and development, build ready and resilient people and teams, and promote employee engagement and recognition.

In FY 2023, IHSC continued to support its workforce through strategic personnel allocations that support facility operations, staff recognition, and partnerships to secure a healthcare pipeline. IHSC allocated 50 new PHS positions approved with FY 2023 budget funding. These positions augment clinical medical, nursing, and behavioral health support within IHSC-staffed facilities; compliance and quality improvement; referral and offsite utilization review and management; provider credentialing and privileging; medical education and training; and other support functions. In FY 2023, IHSC onboarded and trained 176 new employees who completed the quarterly IHSC New Hire Orientation in FY 2023. Additionally, ICE promoted PHS professional and leadership development staff through the Leaders Emerging and Developing

IHSC Mentoring Program, supporting 24 mentor/mentee pairs in FY 2023. Since 2019, this program has supported over 100 mentor/mentee alumni.

In FY 2023, IHSC renewed its medical staffing contract. Previously ICE filled its mission-critical staffing shortages via a single contract, which successfully filled over 930 medical positions nationwide at 19 IHSC facilities. In August 2023, ICE adopted a regional approach and awarded the medical staffing indefinite delivery/indefinite quantity contracts to seven vendors. This approach will improve recruitment, hiring, and retention of qualified contract healthcare personnel by encouraging innovative, tailored approaches to each geographical region. Additionally, ICE awarded a separate professional services contract in July 2023 to support operations and program management at IHSC Headquarters.

In FY 2023, IHSC trained over 100 supervisors and managers, who supervise 690 GS and PHS staff across the ICE health system. Since 2019, IHSC received over 170 bargaining unit and non-bargaining unit GS Title 5 positions and 250 PHS positions. IHSC's supervisory training helped supervisors understand the personnel policies, requirements, and practices associated with each personnel type. This training equipped, enabled, and empowered supervisors to effectively manage the diverse, multidisciplinary IHSC workforce.

In FY 2023, IHSC offered 70 additional trainings on its IHSC TRAIN online learning management system tailored for the IHSC workforce. The new trainings addressed a range of topics related to detention healthcare services and operations, including suicide prevention, hunger strikes, risk management/incident reporting, and medication administration. IHSC staff completed over 3,400 training hours in FY 2023, which enhanced their clinical practice and public health knowledge. Furthermore, over 300 staff attended Ground Rounds, a program to help develop clinical knowledge and skills and improve health outcomes for patients. IHSC expanded its capacity to develop quality offerings in FY 2023 by training over 50 staff to serve as Course Providers, i.e., staff who develop courses in alignment with IHSC Quality Training Standards.

In July 2023, IHSC signed a memorandum of understanding with Larkin University, located in Miami, Florida, for healthcare students to conduct trainings at ICE's Krome Service Processing Center. The agreement gives students an opportunity to obtain comprehensive clinical experience under the supervision of IHSC healthcare staff. Students who gain clinical experience in ICE facilities can apply for job openings in IHSC once they complete their health degree. IHSC has five similar agreements with other academic institutions.

IHSC launched the IHSC Assistant Director Awards Program in January 2023 to celebrate individual and team achievements in the areas that matter most to IHSC. These areas include substantial contributions toward the IHSC mission, professional conduct in the workplace, support of the health system, management excellence, innovation, collaboration, and quality improvement. In its inaugural year, IHSC recognized 32 staff through seven group awards.

B. Ongoing Efforts to Contain the Cost of Detention Healthcare

IHSC's efforts to balance detained noncitizen healthcare costs while continuing to ensure access and delivery of quality healthcare are detailed below.

- *Establish and standardize utilization management workflows, using evidence-based guidelines.* The Utilization Management (UM) Program evaluates the efficacy, quality, appropriateness, and necessity of offsite referrals. When a noncitizen requires healthcare services that the facility cannot provide directly on-site, IHSC may approve a referral to community medical providers or other healthcare entities to deliver that care. The UM Program monitors the referral-authorization process and the use of off-site healthcare via audits and utilization reviews to identify and prevent FWA.

The program uses the national, evidence-informed Milliman Care Guidelines (MCG), Centers for Medicare and Medicaid Services guidelines, medical records, detention standards, IHSC policy, and claims data to evaluate medical services and conduct utilization reviews. To modernize and improve ICE's capacity to detect FWA, IHSC requested funding for software that will enhance its capacity to identify risky behaviors within the provider population; and analyze claims and encounter data. With this software, IHSC can detect, deter, and identify FWA through analytic results, thus improving detained noncitizen healthcare while decreasing healthcare costs.

In FY 2023, seven UM Program staff completed MCG certification and began training licensed independent provider staff to utilize MCG guidelines to support their referral-authorization decision processes and piloted the use of MCG at IHSC-staffed facilities. Several facilities participated in the pilot, which used the guidelines to review referrals and assess alignment with standards of care. This process saves cost by avoiding unnecessary treatment while ensuring patients receive the correct care at the appropriate time.

- *Strengthen contract facility compliance with ICE Detention Standards.* ICE will enhance contractual language with contracted facilities to expand IHSC's authority to ensure compliance with health-related standards for detained noncitizens in ICE custody. New requirements will include implementation of quality improvement and risk management programs and processes. These authorities will expand IHSC's oversight responsibilities beyond the current responsibility of overseeing compliance with detention standards.

V. Conclusion

The ICE healthcare system is highly dynamic and responsive to the needs of detained noncitizens in its care. IHSC continues to modernize and bolster its capacity to address the healthcare needs of its detained noncitizen population; oversee compliance with health-related standards within non-IHSC-staffed facilities; process and reimburse for off-site care efficiently; and support removals and special operations.

To address challenges discussed in this report, ICE will:

- Pursue additional funding and authorities for incentives to recruit and retain healthcare providers more effectively, especially for hard-to-fill positions.
- Request and onboard additional GS administrative positions to stabilize critical functions and programs at ICE HQ.
- Support continuing education, training, and professional development to maintain a workforce of highly qualified personnel who are experts in detention healthcare.
- Continue to safeguard against FWA by monitoring use of off-site care, using evidence-based guidelines and standardized utilization management processes.
- Seek additional funding to modernize the detention healthcare system, obtain and sustain automated systems for efficient business operations, and maintain key functions for the department. These information technology system investments include:
 - An updated electronic health records system, a centralized patient record repository used by providers to securely access and share medical and mental health information.
 - Analysis software specific to reduce the risk for FWA related to medical claims data.
 - A human resources management system.
 - Systems, software, and equipment that enhance clinical practice and patient care, such as telepharmacy and other remote telehealth services; a pharmacy temperature monitoring system; and risk management tools.
 - Other systems to support and optimize business processes, such as the community-based provider network; automated incident reporting system; and a task management system used to coordinate over 3,200 external requests for information annually.
 - Additional electronic storage and data capacity for new and existing systems.
 - Sustainment of new systems developed in FY 2023 and mentioned in this report.
- Strengthen medical care oversight for detained noncitizens in contract facilities beyond the current contractual responsibility of overseeing compliance with detention standards.

VI. Appendices

Appendix A: List of IHSC-Staffed Detention Facilities

Appendix B: Medical and Mental Health Positions at U.S. Immigration and Customs
Enforcement Health Service Corps-Staffed Detention Facilities

Appendix C: Fiscal Year 2023 Off-Site Referrals by Medical Diagnosis Code

Appendix D: Fiscal Year 2023 Significant Detainee Illnesses

Appendix E: Abbreviations

Appendix A: List of IHSC-Staffed Detention Facilities

1. Alexandria Staging Facility, Alexandria, LA
2. Berks County Residential Shelter, Berks, PA*
3. Buffalo Federal Detention Facility, Buffalo, NY
4. Caroline Detention Facility, Bowling Green, VA
5. Central Louisiana ICE Processing Center, Jena, LA
6. El Paso Service Processing Center, El Paso, TX
7. Elizabeth Contract Detention Facility, Elizabeth, NJ
8. Eloy Detention Center, Eloy, TX
9. Florence Service Processing Center, Florence, AZ
10. Folkston ICE Processing Center Annex, Folkston, GA
11. Houston Contract Detention Facility, Houston, TX
12. Krome Service Processing Center, Miami, FL
13. Montgomery Processing Center, Conroe, TX
14. South Texas Family Residential Center, Dilley, TX
15. South Texas ICE Processing Center, Pearsall, TX
16. Port Isabel Service Processing Center, Los Fresnos, TX
17. Northwest Detention Center, Tacoma, WA
18. T. Don Hutto Residential Center, Taylor, TX
19. Varick Staging Facility/26 Federal Plaza, New York, NY
*Berks County Residential Shelter was operational for only a part of FY 2023 and officially closed on February 1, 2023.

Appendix B: Medical and Mental Health Positions at U.S. Immigration and Customs Enforcement Health Service Corps-Staffed Detention Facilities

U.S. Immigration and Customs Enforcement Health Service Corps (IHSC)-Facility Vacancies, > 30 Days, as of October 19, 2023

Position	Alexandria	Berks	Buffalo	Caroline	Dilley	El Paso	Elizabeth	Eloy	Florence	Folkston	Houston	Jena	Krome	Montgomery	Pearsall	Port Isabel	Tacoma	Taylor	Varick	Grand Total
Administrative Assistant				1				1												2
Assistant Health Services Administrator			1		1	1		1		1	2					1		1		9
Advanced Practice Provider (APP)	2	1	6	2	8	3	1	4	1	4	4	1	2	6	3	2	4	3		57
Assistant Nurse Manager			1			1		1	1		1	1	1	1	1	1	1	1	1	12
Behavioral Health Technician			1					1			1		2				2			7
Behavioral Health Technician - Krome Behavioral Health Unit (KBHU)													1							1
Behavioral Health Provider				1	10	3		4	2		3	4	8	1	1	4	1			42
Clinical Director		1	1		1		1	1	1					1	1	1	1		1	11
Chief Pharmacist												1								1
Clinical Services Manager					1															1
Contract Coordinator	1						1	1									1	1		5
Dental Assistant			2		1			1							1	2	1			8
Dentist				1		1		1		1						2	2			8
Dentist Supervisory			1										1							2
Dentist (Part-Time Employee (PTE))										1										1
Facility Health Program Manager			1	1	1			1						1						5
Health Services Administrator		1	1				1									1	2	1		7
Infection Prevention Officer	1				1			2		1	1					1	1			8

Position	Alexandria	Berks	Buffalo	Caroline	Dilley	El Paso	Elizabeth	Eloy	Florence	Folkston	Houston	Jena	Krome	Montgomery	Pearsall	Port Isabel	Tacoma	Taylor	Varick	Grand Total
Licensed Practical Nurses/Licensed Vocational Nurse (LVN)	3	4	3	2	5	1	2	6	4		5		3	4	6	5	5	2		60
LVN-Immunization					1															1
Medical Assistant						1		1			1	1	2			4	2			12
Medical Records Technician		1	2	1	2	3		1	1		3	1	2	3	4	2	3	1		30
Nurse Manager	1		1					1		1		1		1	1		1			8
Pharm Technician					1		1	1			2	1	2				1	1		10
Pharmacist					2	1							1		2	1				7
Physician	1		1		1			2			1	2	2	1	2	2	1			16
Physician - Psychiatrist				1		1						1	2	1	1		1			8
Physician – Psychiatrist (PTE ⁹)			1													1	1			3
Physician (Collaborative Practice Agreement (CPA))									1					1			1	1		4
Physician (PTE)					1															1
Psychiatric APP			2			1		1	2		1		2				2			11
Psychiatric Registered Nurse													4							4
Radiology Technician						1		1	1			1		1		2	1			8
Registered Dental Hygienist (RDH)					1				1											2
Referral Coordinator																1				1
Registered Nurse	6	4	5	3	6	12	7	10	6	8	6	7	21	6	7	8	15	7	1	145
To Be Assigned						1														1
Grand Total	15	12	30	13	44	31	14	43	21	17	31	22	56	28	30	41	50	19	2	519

Appendix C: Fiscal Year 2023 Off-Site Referrals by Medical Diagnosis Code

The following table details the diagnoses, categorized by medical diagnosis and International Classification of Diseases, Tenth Revision (ICD-10) code, for which detained noncitizens were transported to hospitals, emergency rooms, or other healthcare facilities.

The data presents the number of claims and ICD codes associated with detained noncitizens while in ICE Enforcement and Removal Operations (ERO), ICE Homeland Security Investigations (HSI), U.S. Customs and Border Protection (CBP) U.S. Border Patrol (USBP), and CBP Office of Field Operations (OFO) custody.

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
A00-A09	Intestinal infectious diseases	88	0	390	0
A15-A19	Tuberculosis	1,745	12	16	11
A30-A49	Other bacterial diseases	179	0	1,097	14
A50-A64	Infections with a predominantly sexual mode of transmission	50	0	71	0
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers	1	0	0	0
B00-B09	Viral infections characterized by skin and mucous membrane lesions	22	0	85	0
B15-B19	Viral hepatitis	126	0	78	0
B20	Human immunodeficiency virus [HIV] disease	382	0	0	0
B25-B34	Other viral diseases	32	0	929	0
B35-B49	Mycoses	34	0	32	0
B50-B64	Protozoal diseases	36	0	46	0
B99	Other infectious diseases	4	0	0	0
C00-C14	Malignant neoplasms of lip, oral cavity, and pharynx	1	0	0	0
C15-C26	Malignant neoplasms of digestive organs	51	0	0	0
C30-C39	Malignant neoplasms of respiratory and intrathoracic organs	1	0	0	0
C45-C49	Malignant neoplasms of mesothelial and soft tissue	18	0	0	0
C50	Malignant neoplasms of breast	11	0	0	0
C60-C63	Malignant neoplasms of male genital organs	39	0	1	0

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
C64-C68	Malignant neoplasms of urinary tract	26	0	0	0
C76-C80	Malignant neoplasms of ill-defined, other secondary and unspecified sites	31	0	0	0
C81-C96	Malignant neoplasms of lymphoid, hematopoietic and related tissue	3	0	52	0
D00-D09	In situ neoplasms	4	0	0	0
D10-D36	Benign neoplasms, except benign neuroendocrine tumors	197	0	2	0
D37-D48	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes	13	0	0	0
D49	Neoplasms of unspecified behavior	15	0	0	0
D50-D53	Nutritional anemias	112	0	8	12
D55-D59	Hemolytic anemias	51	0	32	0
D60-D64	Aplastic and other anemias and other bone marrow failure syndromes	117	0	11	0
D65-D69	Coagulation defects, purpura, and other hemorrhagic conditions	52	0	14	0
D70-D77	Other disorders of blood and blood-forming organs	25	0	52	0
D80-D89	Certain disorders involving the immune mechanism	4	0	0	0
E00-E07	Disorders of thyroid gland	133	0	36	0
E08-E13	Diabetes mellitus	811	3	1,332	13
E20-E35	Disorders of other endocrine glands	60	0	10	0
E50-E64	Other nutritional deficiencies	9	0	0	0
E65-E68	Overweight, obesity and other hyperalimentation	13	0	1	0
E70-E88	Metabolic disorders	330	21	1,432	42
E89	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified	1	0	0	0
F10-F19	Mental and behavioral disorders due to psychoactive substance use	145	81	151	51
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	1,197	13	13	5
F30-F39	Mood [affective] disorders	1,362	8	36	14

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	344	0	320	13
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors	3	0	0	0
F60-F69	Disorders of adult personality and behavior	12	0	0	0
F99	Unspecified mental disorder	4	0	0	0
G00-G09	Inflammatory diseases of the central nervous system	3	0	0	0
G20-G26	Extrapyramidal and movement disorders	1	0	0	0
G30-G32	Other degenerative diseases of the nervous system	1	0	0	0
G40-G47	Episodic and paroxysmal disorders	670	0	884	10
G50-G59	Nerve, nerve root and plexus disorders	56	0	35	0
G60-G65	Polyneuropathies and other disorders of the peripheral nervous system	1	0	19	0
G70-G73	Diseases of myoneural junction and muscle	4	0	0	0
G80-G83	Cerebral palsy and other paralytic syndromes	8	0	15	0
G89-G99	Other disorders of the nervous system	118	14	97	14
H00-H05	Disorders of eyelid, lacrimal system, and orbit	89	0	8	0
H10-H11	Disorders of conjunctiva	112	0	42	0
H15-H22	Disorders of sclera, cornea, iris, and ciliary body	47	0	15	0
H25-H28	Disorders of lens	68	0	0	0
H30-H36	Disorders of choroid and retina	72	0	0	0
H40-H42	Glaucoma	639	0	10	0
H43-H44	Disorders of vitreous body and globe	35	0	0	0
H46-H47	Disorders of optic nerve and visual pathways	7	0	0	0
H49-H52	Disorders of ocular muscles, binocular movement, accommodation, and refraction	3,656	0	0	0
H53-H54	Visual disturbances and blindness	103	0	3	0
H55-H57	Other disorders of eye and adnexa	28	0	9	3

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
H60-H62	Diseases of external ear	4	0	14	0
H65-H75	Diseases of middle ear and mastoid	33	0	103	2
H80-H83	Diseases of inner ear	23	0	11	0
H90-H94	Other disorders of ear	73	0	19	0
I05-I09	Chronic rheumatic heart diseases	11	0	7	0
I10-I16	Hypertensive diseases	1,113	12	1,930	61
I20-I25	Ischemic heart diseases	334	0	187	34
I26-I28	Pulmonary heart disease and diseases of pulmonary circulation	3	0	0	0
I30-I5A	Other forms of heart disease	272	2	171	13
I60-I69	Cerebrovascular diseases	114	0	129	0
I70-I79	Diseases of arteries, arterioles, and capillaries	92	0	38	0
I80-I89	Diseases of veins, lymphatic vessels, and lymph nodes, not elsewhere classified	210	0	109	0
I95-I99	Other and unspecified disorders of the circulatory system	146	0	12	0
J00-J06	Acute upper respiratory infections	130	0	609	32
J09-J18	Influenza and pneumonia	365	0	1,235	5
J20-J22	Other acute lower respiratory infections	69	0	354	21
J30-J39	Other diseases of upper respiratory tract	54	0	79	0
J40-J47	Chronic lower respiratory diseases	185	0	307	15
J80-J84	Other respiratory diseases principally affecting the interstitium	37	0	30	0
J85-J86	Suppurative and necrotic conditions of the lower respiratory tract	14	0	0	0
J90-J94	Other diseases of the pleura	25	0	58	0
J95	Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified	1	0	0	0
J96-J99	Other diseases of the respiratory system	76	0	293	0
K00-K14	Diseases of oral cavity and salivary glands	168	0	160	0
K20-K31	Diseases of esophagus, stomach, and duodenum	348	0	256	0

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
K35-K38	Diseases of appendix	451	0	219	0
K40-K46	Hernia	290	0	91	0
K50-K52	Noninfective enteritis and colitis	155	0	480	0
K55-K64	Other diseases of intestines	666	18	329	4
K65-K68	Diseases of peritoneum and retroperitoneum	29	0	27	0
K70-K77	Diseases of liver	113	0	108	7
K80-K87	Disorders of gallbladder, biliary tract, and pancreas	483	0	363	0
K90-K95	Other diseases of the digestive system	157	8	104	0
L00-L08	Infections of the skin and subcutaneous tissue	693	38	876	9
L20-L30	Dermatitis and eczema	26	0	45	0
L40-L45	Papulosquamous disorders	11	0	0	0
L49-L54	Urticaria and erythema	19	0	36	0
L60-L75	Disorders of skin appendages	110	5	53	0
L80-L99	Other disorders of the skin and subcutaneous tissue	46	0	38	6
M00-M02	Infectious arthropathies	22	0	1	0
M04	Autoinflammatory syndromes	10	0	0	0
M05-M14	Inflammatory polyarthropathies	138	0	11	0
M20-M25	Other joint disorders	964	0	351	1
M26-M27	Dentofacial anomalies [including malocclusion] and other disorders of jaw	4	0	21	0
M30-M36	Systemic connective tissue disorders	2	0	26	0
M40-M43	Deforming dorsopathies	18	0	3	0
M45-M49	Spondylopathies	40	0	10	0
M50-M54	Other dorsopathies	646	0	298	0
M60-M63	Disorders of muscles	180	0	448	0
M65-M67	Disorders of synovium and tendon	35	0	20	0
M70-M79	Other soft tissue disorders	758	0	315	0

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
M80-M85	Disorders of bone density and structure	1	0	6	0
M86-M90	Other osteopathies	47	0	25	18
M91-M94	Chondropathies	132	0	30	0
M95	Other disorders of the musculoskeletal system and connective tissue	1	0	0	0
M99	Biomechanical lesions, not elsewhere classified	2	0	0	0
N00-N08	Glomerular diseases	13	0	1	0
N10-N16	Renal tubulo-interstitial diseases	266	0	294	0
N17-N19	Acute kidney failure and chronic kidney disease	252	0	468	14
N20-N23	Urolithiasis	280	0	290	0
N25-N29	Other disorders of kidney and ureter	60	0	12	0
N30-N39	Other diseases of the urinary system	431	31	816	18
N40-N53	Diseases of male genital organs	428	0	161	0
N60-N65	Disorders of breast	137	0	22	0
N70-N77	Inflammatory diseases of female pelvic organs	49	0	29	15
N80-N98	Noninflammatory disorders of female genital tract	336	0	270	0
O00-O08	Pregnancy with abortive outcome	56	0	259	0
O09	Supervision of high-risk pregnancy	7	0	122	0
O20-O29	Other maternal disorders predominantly related to pregnancy	137	0	3,654	47
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems	3	0	1,583	8
O94-O9A	Other obstetric conditions, not elsewhere classified	29	0	985	2
Q00-Q07	Congenital malformations of the nervous system	2	0	4	0
Q10-Q18	Congenital malformations of eye, ear, face, and neck	9	0	0	0
Q20-Q28	Congenital malformations of the circulatory system	11	0	49	0
Q60-Q64	Congenital malformations of the urinary system	8	0	0	0
Q65-Q79	Congenital malformations and deformations of the musculoskeletal system	3	0	0	0

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
R00-R09	Symptoms and signs involving the circulatory and respiratory systems	2,789	21	1,910	70
R10-R19	Symptoms and signs involving the digestive system and abdomen	1,861	10	1,235	46
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	228	0	124	11
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	31	0	45	0
R30-R39	Symptoms and signs involving the genitourinary system	209	0	94	0
R40-R46	Symptoms and signs involving cognition, perception, emotional state, and behavior	576	7	233	2
R50-R69	General symptoms and signs	6,277	12	1,889	62
R70-R79	Abnormal findings on examination of blood, without diagnosis	12,407	0	151	2
R80-R82	Abnormal findings on examination of urine, without diagnosis	9	0	1	0
R83-R89	Abnormal findings on examination of other body fluids, substances, and tissues, without diagnosis	23	0	0	0
R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis	473	0	48	15
R97	Abnormal tumor markers	6	0	0	0
Retired	Null or invalid diagnosis codes	1,472	0	0	0
S00-S09	Injuries to the head	939	4	1,921	28
S10-S19	Injuries to the neck	86	0	339	18
S20-S29	Injuries to the thorax	109	0	660	5
S30-S39	Injuries to the abdomen, lower back, lumbar spine, pelvis, and external genitals	184	0	1,198	0
S40-S49	Injuries to the shoulder and upper arm	288	0	904	12
S50-S59	Injuries to the elbow and forearm	331	0	701	9
S60-S69	Injuries to the wrist, hand, and fingers	381	0	997	14
S70-S79	Injuries to the hip and thigh	11	0	413	0
S80-S89	Injuries to the knee and lower leg	452	0	4,528	26
S90-S99	Injuries to the ankle and foot	254	0	2,035	12
T14	Injury of unspecified body region	112	0	129	0

ICD-10	ICE (ERO & HSI) and (USBP & OFO) CLAIMS ONLY	ERO	HSI	USBP	OFO
ICD Codes	Medical Diagnosis	Claims	Claims	Claims	Claims
T15-T19	Effects of foreign body entering through natural orifice	189	38	21	20
T20-T25	Burns and corrosions of external body surface, specified by site	22	0	89	0
T30-T32	Burns and corrosions of multiple and unspecified body regions	3	0	8	0
T36-T50	Poisoning by, adverse effect of and underdosing of drugs, medicaments, and biological substances	86	17	34	0
T51-T65	Toxic effects of substances chiefly nonmedicinal as to source	19	0	69	0
T66-T78	Other and unspecified effects of external causes	258	0	823	0
T80-T88	Complications of surgical and medical care, not elsewhere classified	297	0	61	28
U07.1	COVID-19	269	5	305	0
Z00-Z13	Persons encountering health services for examinations	63,401	31	343	77
Z18	Retained foreign body fragments	2	0	0	0
Z20-Z29	Persons with potential health hazards related to communicable diseases	9,383	0	74	0
Z30-Z39	Persons encountering health services in circumstances related to reproduction	1,084	0	432	0
	TOTALS	130,799	411	48,662	991

Appendix D: Fiscal Year 2023 Significant Detainee Illnesses

In Fiscal Year 2023, there were 260 cases elevated to the list of Significant Detainee Illnesses (SDI) for interdisciplinary review. The SDI designation may be applied to a condition that is a serious or potentially life-threatening illness, injury, or impairment that may involve inpatient care in a hospital or other extended care facility; periods of incapacity due to the illness; or an illness that has continuity of care needs requiring significant coordination with external partners.

Number	SDI
105	Hunger Strike
30	Heart
15	Endocrine
15	Miscellaneous/Other
14	Brain/Head
13	Respiratory
10	Anemia
6	Ear/Nose/Throat
6	Kidney
6	Nervous System
5	Cancer
5	Stroke
5	Gastrointestinal
5	Infectious Disease
4	Orthopedic
4	Liver
3	Blood Disorder
2	Alcohol Withdrawal
2	Mental Health
2	Eyes
1	Amputation
1	Transgender
1	Wheelchair Bound
260	Total

Source: U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Medical Case Management Unit (MCMU) Medical Care Coordination Program. The MCMU Managed Care Coordinators (MCC) oversee care for ICE detained noncitizens who are on the Significantly Ill list. MCCs obtain patient care updates from field staff and report SDIs to IHSC leadership, the ICE legal staff, and ICE Enforcement and Removal Operations personnel.

Appendix E: Abbreviations

Abbreviation	Definition
ADP	Average Daily Population
APP	Advance Practice Provider
CBP	U.S. Customs and Border Protection
COVID-19	Coronavirus Disease 2019
DHS	Department of Homeland Security
ERO	Enforcement and Removal Operations
FWA	Fraud, Waste, and Abuse
FY	Fiscal Year
GS	General Schedule
HQ	Headquarters
HSI	Homeland Security Investigations
ICD-10	International Classification of Diseases, Tenth Revision
ICE	U.S. Immigration and Customs Enforcement
IHSC	ICE Health Service Corps
ISOU	IHSC Special Operations Unit
KBHU	Krome Behavioral Health Unit
LOU	Letter of Understanding
LVN	Licensed Vocational Nurse
MCC	Managed Care Coordinator
MCMU	Medical Case Management Unit
OFO	Office of Field Operations
PHS	Public Health Service
SDI	Significant Detainee Illness
STI	Sexually Transmitted Illness
TB	Tuberculosis
UM	Utilization Management
USBP	United States Border Patrol
USCG	U.S. Coast Guard
VA	Department of Veterans Affairs
VA-FSC	Department of Veterans Affairs - Financial Services Center