

THE RAPID PULSE

August 2006

Faces & Places

WELCOME

Elizabeth, NJ:
LCDR Donna Bertone

Florence, AZ:
Ms. Erica Neil
Cindy Walton, RN

Washington, DC:
LTJG Eugene Hayes

FAREWELL

Houston, TX:
LCDR Priya
Navaneethan

Pearsall, TX:
LTJG Lyra Gibbs

THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*! As I'm sure everyone is aware, this has been a time of rapid growth and expansion for DIHS, as we begin to staff new sites in support of the President's Secure Border Initiative.

The first three sites (Taylor, Harlingen and Willacy County; all in Texas) have already opened, with major success! And I want to take this opportunity to thank everyone who has played a role in the successful opening of these sites. Thus far, we asked several DIHS staff to accept a permanent change of station (PCS) in order that they might assume new positions of responsibility and leadership within the Division. And they have eagerly risen to the challenge. We have also begun to deploy staff from other DIHS sites, to assist with the opening of the new sites, and I want to thank them for their dedication. I also would like to thank those staff who remained at their own site to not only fulfill their own responsibilities, but to backfill for their colleagues who have deployed to the new sites.

This has been a tremendous group effort, whether it is the Procurement Section, ensuring that our new sites have the necessary equipment and supplies, or whether it is our Information Technology Unit, getting the sites online. Our Program Assistants at Headquarters deserve a tremendous thank you for as-

sembling Policy & Procedure binders and other information to send to the new sites, as does the HQ Credentialing Coordinator for privileging and credentialing new hires as well as our existing staff. Everyone has played an important part!

Also, I believe that everyone serves as a "goodwill ambassador" for DIHS, and should always be on the lookout for potential hires. Spread the great word about our Division! And if you know of someone interested in working in DIHS, refer them to our Human Capital Unit.

Thank you again to everyone for your continued hard work and dedication.

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NEW STRUCTURE OF THE MENTAL HEALTH PROGRAM

By Dr. Gustavo Cadavid

Taking advantage of the National Commission on Correctional Health Care (NCCHC) Mental Health meeting in San Diego, CA from July 8th through the 10th of this year, all of the DIHS mental health providers met to review and update the program.

In light of the rapid changes affecting the entire Division, the Mental Health Program wants to be ready to respond to the new challenges. With the attendance of CAPT Migliaccio, the providers identified ten areas of high interest for the group.

Working groups for each area were selected and tasked with evaluating and making recommendations back to the DIHS Mental Health Program. The findings and recommendations will then be forwarded to the DIHS Executive Council for their consideration.

The ten areas of interest are:

- Continuing the annual update of **Chapter 15** of the DIHS Policy and Procedure Manual, and its **SOPs**, so they better reflect the changes DIHS is facing.
- Consideration of a new **mental health staffing model** with accompanying job descriptions and billets which better respond to the safe delivery of care to our patient population. Emphasis will also be given to **professional development and retention**.
- The Mental Health Program will work with our HR Unit to **recruit** mental health providers.
- With the recruitment of new staff we will be making recommendations on **orientation of new staff members** regarding mental health issues.
- A group will look at **managed care** initiatives with the aim of developing best practices for screening, referring and allocating mental health beds.
- In order to be **more cost effective**, the Mental Health Program, in coordination with pharmacy, will continue to chart **use of psychopharmacological agents** and develop more cost efficient models for psychotropic medications.
- Developing more efficient methods to support mental health and more effectively capture productivity of the mental health providers via EMR/data collection.
- Ensuring the **readiness** and preparation of mental health staff for **OFRD**. This same group will also address issues related to the **COERs**.
- Our current **peer review system** will be updated.
- The areas of **patient education and staff education** will be further developed by creating and organizing better health education tools and handouts for detainees. This group will also make recommendations on required annual training.

It is the goal of the mental health program to serve the needs of DIHS and ICE in the most cost effective and safe way.

We feel that the product of these workgroups will shape the way to achieve our goal.

MEETING ACCREDITATION STANDARDS: HEALTH CARE AND DETENTION STAFF TRAINING

By LCDR Brenda L. Gearhart

Training is an important aspect of accreditation for the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The El Centro Service Processing Center undertook a detailed review of accreditation requirements in the areas of health care staff training and detention staff training and initiated a comprehensive plan to ensure staff completed all required training.

For those who might be interested in the complete NCCHC, ACA and JCAHO references related to staff training issues, please go to the “G Drive,” under “Specialty Folders, PI Accreditation, Training and Patient Education.” There you will find: “Medical Staff Training Standards;” “Medical Staff Annual Training Requirements,” “Medical Staff Training Schedule” (a sample schedule for training), and “Employee Annual Training and Orientation for Health Staff” (a sample form to document Annual Training completed by health care staff). You will also find the “Detention Staff Annual Training Requirements,” which lists detention staff training requirements with standards referenced.

HEALTH CARE STAFF TRAINING REQUIREMENTS – THE EL CENTRO RESPONSE

The El Centro SPC developed an annual training calendar to determine how many topics needed to be covered, when they would be presented, and who would be the most appropriate presenter. Several of the presentations were developed into PowerPoint presentations that could be taught in an interactive manner, or could be used for self-study. While face to face instruction is always optimal, time is often limited. The El Centro SPC made the decision in some cases to allow self-study for some topics. However, for these topics, a brief test was developed

to ensure that health care staff completed the training.

Below is El Centro’s annual training schedule with the presenters and dates removed so that other facilities that might want to use this information could adapt it for their use. Included are recommendations for possible presenters. The presentations that are listed as “PowerPoint” presentations include all the required areas for each subject per the standards. These PowerPoints (as well as the self-study test) can be found on the “G Drive,” under “Specialty Folders, PI Accreditation, Training and Patient Education” then click on “Power points for Staff Training.”

(NOTE: See Annual Training Schedule on Page 8 of this publication!)

DETENTION STAFF TRAINING REQUIREMENTS (MEDICAL RELATED)

The El Centro Health Services Administrator (HSA) ensures that medical staff plays an integral role in medical-related training for detention staff. El Centro medical staff actively teaches many of the topics that are required for detention staff, and when they don’t teach the classes personally, they review the training materials to ensure appropriateness and accuracy of the information.

The HSA and other key health care staff work closely with the ICE and AKAL training officers who are responsible for the training of detention staff. At the El Centro SPC, the detention training officers implemented a 2-phase training schedule that provides two weeks of

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training for each detention staff member. Listed below are medical-related or mental health-related training required for detention staff. These PowerPoint presentations are the same as for medical staff training and some can be found on the “G Drive,” under “Specialty Folders, PI Accreditation, Training and Patient Education” then click on “Power points for Staff Training.”

Required Training for Detention Staff Related to Medical or Mental Health Issues:

- Suicide Prevention (PowerPoint)
- Recognizing Signs and Symptoms of Mental Illness (PowerPoint)
- Sexual Assault Awareness Training (PowerPoint)
- Infectious Diseases
- Recognizing the Need for Emergency Care and Intervention in Life-Threatening Situations (such as heart attacks)
- Recognizing Acute Manifestations of Chronic Illnesses (such as Asthma and Seizures)
- Recognizing Adverse Reactions to Medications
- Procedures for Appropriate Referral of Inmates with Health Complaints to Health Staff
- Cultural Diversity (PowerPoint)
- Communication Skills
- CPR/ First Aid
- Crisis Communication
- Recognizing Intoxication and Withdrawal

The PowerPoint entitled “Mental Health Issues” includes information on recognizing signs and symptoms of mental illness, recognizing intoxication and withdrawal, mental retardation and personality disorders.

CONCLUSION

As new facilities are staffed and ready to accept detainees, there may be a need for pre-developed materials to assist in the start up process. The El Centro health care staff hopes that this information is useful in this process.

The CCA Houston Processing Center

By CAPT Christine Williams

The facility’s first design, construction, and managed contract was awarded by the United States Department of Justice, Immigration and Naturalization Service (INS) in 1984 as a 506 bed facility located in the northeast section of the city of Houston, Texas, Harris County, with Bush Intercontinental Airport only ten minutes away.

On October 1, 2004, the Division of Immigration Health Services (DIHS) assumed operation of the health care clinic. During the remodeling and expansion to a 905-bed one-story, single-building security facility housing both female and male illegal aliens, the medical staff provided care from a double wide trailer located outside the facility building, connected by a wooden ramp.

During this expansion the medical staff faced many challenges. The pre-existing medical record system was revamped from filing by name to filing by alien number. Less than

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three months later the hard copy medical files were replaced with an Electronic Medical Record (EMR) system. Ongoing construction throughout the facility created new challenges daily in assuring patient access to care. Staff from the Port Isabel, El Paso, and Batavia Service Processing Centers were sent on temporary duty at various times to assist with the initial staffing. As the facility population grew, the medical staff numbers were increased creating another challenge in the limited space of the trailer. On April 14, 2005 the medical staff moved out of the trailer into the new permanent clinic. The months of preparation planning and coordination resulted in only two hours of down time during the move, with emergency care available at all times.



The facility now has detainee housing areas consisting of 24 dormitories that each house approximately 35 detainees. The 24-hour ambulatory care clinic and 16 bed in-patient Short Stay Unit is staffed by United States Public Health Service Officers and STG contract support personnel. It has a full service pharmacy and dental clinic and provides a myriad of medical services including but not limited to intake screenings, physical examinations, chronic care clinics and acute care.

There is also a Clinical Laboratory Improvement Amendments (CLIA) waived laboratory as well as onsite teleradiology services. The Medical Doctor, Dentist, Psychologist, Nurse Practitioner, Physician Assistants, Pharmacist, Registered Nurses, Licensed Vocational Nurses, Medical Records Technicians, Pharmacy Technician and Administrative Assistant all work together with the Health Services Adminis-

trator and Assistant Health Services Administrator to support the mission. An average of 100 detainees are seen in the clinic daily for sick call, physical exams, laboratory procedures, medication administration, and management of chronic medical conditions such as diabetes, heart disease and hypertension.

The majority of detainees being housed at the Houston Processing Center are criminal illegal aliens who are prison releases that have ICE holds or detainers and who are required to go through immigration hearings before a Federal Immigration Judge to determine if deportation is in order. In most cases, deportation does take place. The average length of stay per detainee is approximately 45 days. Fifty percent of the detainees are from Mexico.

The facility has a library/law library, multi-purpose rooms (where religious services are held), and a commissary. There are also two control centers, a non-contact visitation area, intake and holding area, segregation cells, property storage area, medical area, attorney conference rooms, fully-equipped kitchen, laundry, warehouse, education areas as well as inside and outside recreation areas.

The clinic staff recently demonstrated its commitment to carry out the mission of promoting global disease prevention through the delivery of primary health care. In collaboration with the Houston City Public Health Preparedness Office, the Hazmat Team (fire department), the Immigration and Customs Enforcement (ICE), and the Correctional Corporation of America (CCA), a bio-terrorism disaster drill (Anthrax exposure) was conducted with combined table-top and functional exercises from 0700-1600 on June 15, 2006.

The facility emergency command center was activated with medical providing a vital role.

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A medical team was sent out to the dorms to explain about the drill and to identify any contraindications for prophylactic medications. Those detainees with potential contraindications were individually interviewed to assess their needs. The indoor recreation area was set up with tables for registration, medical assessment and prescription, dispensing, education and referrals.

With clinic staff and members of the Houston City Public Health Preparedness Office staffing the tables, prophylactic medications (packages of dried fruit) were dispensed to 99 detainees and 31 staff efficiently in one hour. There was also a table top exercise performed with the Hazmat Team to evacuate the detainees after the “administration” of the medication. This is an exciting beginning since this was the first time the City of Houston had performed a functional drill utilizing their Mass Prophylaxis Field Operation Guide and their Public Health Emergency Response Plan. Recommendations submitted by DIHS medical staff for improvements in the plan were accepted and will be implemented in the Houston City plan, benefiting the entire community.

This month the Houston DIHS clinic received its initial JCAHO accreditation. The extensive planning and preparation as well as the teamwork of the clinic staff led to this successful achievement. It has been a wonderful experience participating in this clinic expansion and evolution to a fully accredited health care facility.

Submissions to The Rapid Pulse:

This is **your** newsletter! Have an idea for an article for a future issue of *The Rapid Pulse*? Or do you have an article you’d like to submit?

Email Ms. Shalana Millard at shalana.millard@dhs.gov today!

Quiz: Process for Submissions to Present or Speak

LCDR Jean Pierre DeBarros

1. I am free to present at any given time on my current position and the work that I do.
 - a. True
 - b. False
2. The clearance process is required for only the following:
 - a. Poster presentation
 - b. Speaking at a conference
 - c. Briefing the Surgeon General
 - d. All of the above
3. I need only to let HQ know about my intentions to speak and they will handle everything else.
 - a. True
 - b. False
4. The following individual(s) have a role in reviewing submissions:
 - a. CAPT Migliaccio
 - b. CAPT Downs
 - c. CAPT Jarres
 - d. Dr. Shack
 - e. All of the above
5. It is much easier to send my presentation at once to everyone in my chain to include the DIHS leadership.
 - a. True
 - b. False
6. The Director asked me to present at an upcoming meeting, hence I do not need to follow the submission process.
 - a. True
 - b. False

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Quiz- From Page 6

7. Once at the HRSA Speakers' Bureau, the turn-around time is:
 - a. 24 hours
 - b. 7 days
 - c. 2 weeks
 - d. Approximately a month

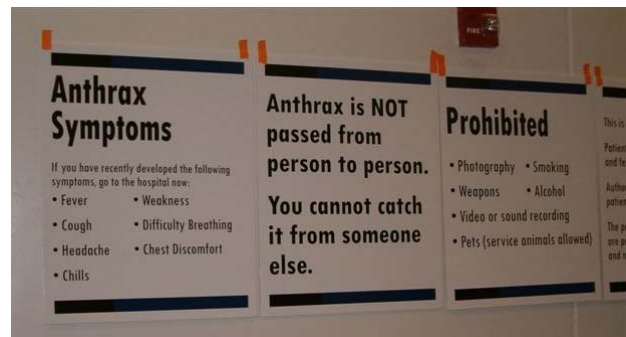
8. The following is necessary on all presentations:
 - a. HRSA logo in the bottom right corner
 - b. The name of my organization, the Bureau of Primary Health Care and HRSA on the title page
 - c. Presenter's contact information in the closing of the briefing
 - d. Information pertinent to the presenter's area of expertise

9. When HRSA provides me feedback on my presentation and asks me to apply edits,....
 - a. I have the option take their advice under consideration and make the final decision on the build of my briefing
 - b. I need to establish a strong rebuttal when I feel they have misunderstood and I must stand my ground.
 - c. I must apply the required edits and provide a copy to the DIHS POC responsible for communicating the revised presentation with the Bureau.
 - d. I will wait for HQ to apply the edits and let me know the outcome.

10. The following must accompany all submissions to the Bureau:
 - a. A crisp \$20 bill to expedite the process
 - b. The Speakers' Bureau Submission form
 - c. Hardcopies of the submission
 - d. A gift as an early thank you for "moving things along" (wink-wink)

Your current DIHS POC is LCDR Jean-Pierre DeBarros (202-732-0060). In his absence, LCDR Elizabeth Osborne (202-732-0030) will serve as his alternate.

Pictures from the Houston facility's Incident Drill on 6/15/06



Annual Training Schedule

TOPIC	PRESENTER	DATE OF TRAINING
Suicide Prevention/Intervention	MHP	
Abuse/ Torture	PowerPoint	
Sexual Assault Awareness/Sexual misconduct	PowerPoint	
Cultural Competency	PowerPoint	
Crisis Intervention/Communication Skills	PowerPoint	
Understanding Mental Illness/ Recognizing AOD Problems in Detainees	PowerPoint	
Restraints and Seclusion/ Forced Psychotropic Medication	Clinical Director	
Dental Annual In-Service	Dentist	
Infection Control	Infection Control Officer	
Biohazard us Waste/ Blood and Body Fluid Clean-up	Infection Control Officer	
Blood Borne Pathogens – HIV, Hepatitis	Infection Control Officer	
Airborne Pathogens - TB	Infection Control Officer	
Hunger Strikes	PowerPoint	
Ergonomics/ Body Mechanics	Safety Officer	
OSHA – Employee Rights and Responsibilities	Safety Officer	
Medication Administration/ Sharps Training (select nurses)	Nurse Manager	
Hostage Situations	Video	
EEO	HSA/AHSA	
Age Specific Training	Mid-Level or MD	
CPR	Renewal by provider	
AED	Renewal by provider	
Safety Training	Safety Officer	
Chemical Hazardous Waste	Safety Officer	
Fire Drill/Extinguisher Training	Safety Officer	
Utilities Management/ Gas and Electric Safety	Safety Officer	
CLIA Lab. Testing (select staff)	Nurse Manager	
Medical Equipment	Nurse Manager	
Security In-Service (Key Control, Inmate Behaviors, Contra- band, Safety of Medical Staff, Inmate Rights and Responsi- bilities)	ICE Staff	
First Aid (select staff)	Mid-level or MD	
Disaster Training	Safety Officer	
Patients Rights and Responsibilities	HSA/AHSA	
Privacy Act/Confidentiality	HSA/AHSA	