

# THE RAPID PULSE

June 2006

## Faces & Places

### WELCOME

**El Centro, CA:**  
LT Christine Yu

**San Diego, CA:**  
Mr. Jason Saliba

### FAREWELL

**Miami, FL:**  
CDR Jay Seligman

**Washington, DC:**  
LCDR Martin Ruiz-  
Beltran  
CDR Steve Wacha

## THE DIRECTOR'S PERSPECTIVE

By Dr. Gene Migliaccio

Welcome to another installment of *The Rapid Pulse*! This is an exciting time for the Division of Immigration Health Services (DIHS), and I want to talk this month about some of the current activities and initiatives we have underway.

We are moving towards significant growth as a result of a directive to increase Immigration and Customs Enforcement (ICE) bed capacity by 6000. This may result in the DIHS workforce in the field, increasing by 100 full time equivalents (FTEs).

DIHS is also looking to diversify its role to include staffing of ICE Family Detention Facilities. We are also looking at a possible expansion to provide staffing for new facilities in Texas and Arizona.

Meanwhile, our Aviation Medicine Program expects more escort missions and is expanding with an additional five FTEs.

The Human Capital Unit is working diligently to recruit new staff to accommodate growing medical programs at Port Isabel and Pearsall, with the support of the new leadership team at HRSA.

There are also opportunities for Officers to assume greater responsibility as part of the DIHS Assistant Health Services Administrator (AHSA) Training Program, as we look to identify, prepare and train the next generation of DIHS leaders.

Finally I want to mention that DIHS is examining the possibility of scheduling a nursing conference this fall. This is a busy and exciting time for our Division, and I thank all of you for your continued commitment and dedication to the organization.

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## ***THE EL CENTRO SPC WELLNESS TEAM***

By LCDR Brenda L. Gearhart

In November of 2005, the El Centro Service Processing Center's (SPC's) medical and detention staff organized a meeting to discuss the issues of detainee and staff wellness and safety. At this meeting, the group decided to go forward in the development of a Wellness Team, hereafter referred to as the Team. What follows is: an outline of the Team's stages of development and levels of communication, the Team's accomplishments, ongoing performance improvement initiatives, insights and lessons learned, and next steps for the Team.

### Stages of Team Development and Levels of Communication

For anyone considering starting a wellness team, it is important to understand that there is a tremendous initial investment of time that will probably require some extra hours on the part of one or two people who have the commitment to keep the momentum going and the enthusiasm high.

At El Centro, the mental health provider, the health services administrator, and the assistant health services administrator discussed the vision and what they wanted to happen and began to contact leadership in ICE. Initially, this group met with the Detention Officer Supervisor (DOS) to discuss our ideas and inform him of the benefit of this endeavor to the facility. The group emphasized how this initiative could help meet the American Correctional Association (ACA) standards. Since the facility had an upcoming ACA inspection, this helped the DOS sell this idea to other department heads.

The group had its first meeting on November 8, 2005. In attendance at the initial meeting (in addition to the fore-mentioned individuals) were the contract security staff (AKAL) supervisor, the two recreation specialists, the SDDO, an SIEA, the DOS, and the chaplain. The mental health provider outlined her draft of proposed objectives of the Team.

The action plan for consideration by the Team called for a paradigm shift, moving from a reactive to pro-active environment in the area of detainee and staff wellness and safety. It called for an increase in scheduled activities to reduce levels of stress and possible acting out of behavior; better coordination of service programming and better communication; and enhanced staff development and morale. The first two meetings (meetings are held once a month on the second Tuesday of each month) were focused on *information sharing* and getting to know each other's roles and responsibilities.

Over the next several meetings the action plan was reviewed and refined and more members were added to the Team. During these months, communication was at a higher level and there was now *coordination* of activities. The Team now looked at when activities were being scheduled, times available at different locations for activities, and began to propose expansion of activities.

During this time there were also many changes at the facility among the ICE leadership. This slowed the process somewhat as new leadership needed to be briefed and brought on board. However, the El Centro medical staff and detention staff have a very good relationship and this facilitated the continued growth and progress of the group.

At the most recent May meeting, it was apparent that *coordination* of activities and initiatives is more firmly grounded and the Team is moving to a higher level of Team-building – from *coordination* to *collaboration*. This collaboration will become apparent in the future

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*Wellness– From Page 2*

as we begin to break into work groups with representation from all departments whose goal will be to more clearly define goals, objectives and performance- and outcome-based measures.

The team has also expanded in the past several months to ensure participation of direct line staff and all departments. Meetings now average 15-20 attendees.

Team Accomplishments

The Team has accomplished several initiatives that have moved the facility closer to its goals. First, the Team developed a Mission Statement for the Team which is as follows: *“The mission of the El Centro Service Processing Center Wellness Team is to discuss, develop and improve processes, programs and activities that enhance detainee and staff wellness and ensure a safe environment for everyone.”*

The Team has also developed a combined activity calendar that lists all recreation, religious services, and health education activities. (The medical staff at El Centro emphasizes preventive health education through weekly health education classes on topics such as stress management, diabetes, infectious diseases, and nutrition.) This calendar is now posted on each barracks’ bulletin board and detainees are aware that this is where activity information can be found. Once a week, the mental health provider also visits each barrack to verbally inform detainees of health education activities and the location of the Activity Calendar. As a result of this written and verbal communication, the health education classes have an average attendance of 40-50 detainees.

To continue with the emphasis on increased opportunities for activities to reduce stress, the Team has also purchased *Learning English* books for Spanish speakers which are kept in the detainee library and can be utilized by detainees during their library time. The Team felt this was important because it was something the detainees wanted to have available. The Team felt that these books would be used frequently

and keep detainees involved in a positive endeavor. Additionally, the medical staff put together health education folders, for use in the library, with extensive information on topics such as diabetes, heart disease, substance abuse and smoking cessation. This information is in Spanish and English and gives detainees the opportunities to learn more about their health concerns.

Another accomplishment of the Team that addresses staff development is the development and distribution of a suicide prevention laminated pocket card that can be placed immediately behind the employee ID badge. This card outlines symptoms of depression so that staff can identify potentially depressed detainees for early intervention; the other side of the pocket card reminds staff what to do if they suspect a detainee might be suicidal.

An additional accomplishment that came as a result of suggestions by the kitchen staff (meeting our goal of increased staff involvement) was improved diet compliance with medical and religious diets. The kitchen staff informed the Team that many individuals on special diets were not picking up their special meals, causing increased problems for the kitchen staff and increased costs to the facility for wasted meals.

One of the medical clinic’s physician assistants (PAs), the chaplain and the food services supervisor collaborated to address this issue. The food services supervisor sent a report each week to the PA and chaplain to let them know which individuals were not complying with their diets. These individuals were then counseled by the PA or chaplain.

The PA would educate them on the health risks associated with eating a regular diet (because of their existing health problems) and encourage them to pick up their special diet meals. If the informed individual chose not to

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*Wellness– From Page 3*

receive the special diet, the card was terminated. The detainee was instructed to notify medical staff if he decided to resume a special diet in the future. Within a month of this collaboration, 100% of detainees were in compliance.

Although this is an ongoing activity, the collaboration and mechanisms are in place to continue.

Ongoing Performance Improvement Initiatives

What follows is the Team's current Performance Improvement Initiatives with the stated goals, objectives, and early ideas for outcome measures. In the next several months, the Team will be looking at more defined outcome measures for each initiative in small work groups.

*Goal 1:* Increased Communication and Staff Involvement in Processes.

*Objective:* Encourage all staff to offer suggestions for processes/activities that enhance detainee and staff wellness and that promote the safety of everyone at El Centro SPC.

*Outcome Measures:* Number of staff suggestions; number of staff suggestions implemented or partially implemented.

*Goal 2:* Increased Attention to Staff Development.

*Objective A:* Increase opportunities for staff recognition.

*Outcome Measure A:* Number of staff members recognized.

*Objective B:* Increase activities that promote esprit de corps, team building and morale.

*Outcome Measure B:* Number of activities for morale, team-building and esprit de corps (ex. Sports Day, barbeque)

*Objective C:* Increase staff job satisfaction.

*Outcome Measure C:* Ten percent increase in level of satisfaction as indicated from baseline staff survey and survey 6 months later.

*Goal 3:* Increased Detainee Attendance at Activi-

ties to Reduce Disciplinary Problems and Mental Distress.

*Objective A:* Increased communication with detainees to increase attendance at activities.

*Outcome Measure A:* Number of detainees attending activities on a monthly basis.

*Goal 4:* Enhanced communication with detainees to improve wellness and safety.

*Objective A:* Timely communication between detainees and deportation staff.

*Outcome Measure A:* Number of detainee requests to speak to deportation officer in comparison to the number of detainee requests that were responded to face-to-face or in written format within 3 business days.

*Objective B:* Respectful and clear communication with detainees by all staff.

*Outcome Measure B:* Number of grievances related to staff's lack of respect or miscommunication.

Insights and Lessons Learned

If another facility hopes to start a Wellness Team, it is important to commit resources and energy to this effort. Everyone is busy and no one is eager to add another responsibility to their already busy schedule. Whoever spearheads this effort must understand that after-hours work will need to be done initially. This individual must also be a good marketer: pointing out the benefits to each department (ex. meets accreditation standards, looks good on resume, etc.)

It is important to have a vision and develop a mission statement early on. However, the Team needs to develop the mission statement. Rely on the vision to guide the process, but be open to what other team members suggest. El Centro is a smaller detention facility with its own unique issues. Other facilities may have different issues or priorities.

*see Wellness– Page 5*

*Wellness– From Page 4*

Celebrate the successes. The ICE staff member on the Team who was responsible for helping prepare the facility for the ACA inspection, indicated that he recently attended the meeting on the results from the survey and that ACA recognized and praised the activities and accomplishments of the Wellness Team. This good news was shared at the May meeting.

Next Steps for the Team

The Team is excited and motivated to continue the progress. As already indicated, the Team is going to have small work groups refine the outcome measures. The Team is also looking at in-processing requirements and hopes to develop a new video for detainees to explain the facility’s procedures and services, especially for those who are illiterate.

This is an exciting time for the Team as more people become involved. Each member is beginning to take ownership and contribute to the efforts. In the next months, the Team’s meeting facilitator hopes to be doing less talking and instead getting reports from each team member responsible for a project.

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***DIHS Assistant Health Services Administrator Training Program***

By LCDR Kelly Brown

The Division of Immigration Health Services has revitalized a dynamic and rewarding opportunity for the growth and leadership development of its officers. Applications have been accepted for our AHSA Training Program, designed to last 1 to 2 years, and to provide the training for future leaders within DIHS. With the current dynamic climate of growth and change in DIHS, as well as the Immigration and Customs Enforcement community,

DIHS has identified a need to prepare the next generation of Health Services Administrators (HSA) for success, right now! Candidates who qualify for the training program will (1) be seeking a new challenge, (2) be willing to relocate and travel, and (3) will preferably hold a masters degree in health administration or another health related field. Once the training is completed, the officer will be expected to compete for the next available HSA position, and then to serve at that location for two years before applying for a new position or location.

As part of the roll-out of the program, all current AHSAs have been asked to reaffirm their commitment to this role and to the Division’s mission. The dozens of new applicants represent a broad range of backgrounds and experience. A panel of reviewers is narrowing the roster to a smaller number of candidates, who will then be interviewed at DIHS Headquarters in DC. The final group will be formally selected, then matched to report to a site with an identified AHSA requirement.

The leadership of DIHS is excited about this ground-breaking program, and looks forward to meeting and orienting its AHSA Class of 2006!

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***Disaster Preparedness Day***

By Ms. Shalana Millard

I recently had the pleasure of attending “Disaster Preparedness Day: Preparedness Begins With You,” an event sponsored by the Department of Health and Human Services (HHS), in recognition of National Hurricane Preparedness Week.

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*Preparedness— from Page 5*

“Disaster Preparedness Day” took place at the main HHS building in Washington, D.C., in order to “assist and educate employees regarding disaster preparations.” Hurricanes are a rarity for those of us in our nation’s capitol; however, HHS recognizes that equipping its employees with knowledge of disaster preparedness can help save lives.

U.S. Surgeon General Vice Admiral Richard Carmona provided opening remarks at the event. Several organizations were represented at Disaster Preparedness Day, including DHHS Public Health Service Veterinarians, the American Red Cross, Humane Society, Indian Health Service Environmental Health, American Public Health Association, United Way for America, Department of Education, and SAMHSA. They manned booths and provided a wealth of informational packets and hand-outs, and took the time to talk to those who approached their respective booths.

For the benefit of all DIHS staff, I have scanned in much of the material that I brought back with me from Disaster Preparedness Day. You can find these documents on the Global Drive at: **G:\Hurricane, Terrorism and Other Disaster Preparedness Information.**

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***Procurement Quiz***

By LT James Lee

1. The IMPAC card should be used whenever possible for any services and supplies needed in the day-to-day operation of DIHS.
  - a. True
  - b. False
  
2. Micropurchase means an acquisition of supplies or services that do not exceed \$2000.
  - a. True

- b. False
  
3. The act of approving an unauthorized commitment by an official who has the authority to do so is called:
  - a. Modification
  - b. Ratification
  - c. Amendment
  - d. Constructive change
  
4. \_\_\_\_\_ are authorized to enter into an agreement on behalf of the Government.
  - a. Health Services Administrators
  - b. IMPAC cardholders
  - c. Program managers
  - d. None of the above
  
5. The individual responsible for an unauthorized procurement may be legally and financially liable and subject to disciplinary action.
  - a. True
  - b. False
  
6. Formal contracts are not needed for recurring requirements for services such as recurring maintenance services, interpreting services, and parking services.
  - a. True
  - b. False
  
7. The official document that identifies specific goods and services is called a
  - a. Standard Form 1034
  - b. HHS 393
  - c. OF 612
  - d. DD 214
  - e. 1040 EZ
  
8. Purchase requirements under \$100,000 are called \_\_\_\_\_.
  - a. Negotiated acquisitions
  - b. Simplified acquisitions
  - c. General acquisitions
  - d. Equity acquisitions

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*Procurement– From Page 6*

- 9. Which agreement is used for filling anticipated repetitive needs for supplies and services?
  - a. Interagency agreement
  - b. Fixed price agreement
  - c. Competitive agreement
  - d. Blanket purchase agreement
  
- 10. What information must be submitted to DIHS HQ to be considered adequate for processing a requisition above the micropurchase dollar threshold?
  - a. Specifications
  - b. Three vendors
  - c. Price quote from government representative
  - d. Point of contact information
  - e. All of the above

***The first to respond with all correct answers wins a spirit coin! Email me your answers!!***

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**Web Links of the Month**

- 1. **CDC-Division of TB Elimination**  
<http://www.cdc.gov/nchstp/tb/default.htm>
- 2. **National Tuberculosis Controllers Association**  
<http://www.ntca-tb.org/>
- 3. **California Tuberculosis Controllers Association**  
<http://www.ctca.org/>
- 4. **International Union Against Tuberculosis and Lung Disease**  
<http://www.iatld.org/>

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***National Health Care Recruiter***

LCDR Kelly Brown

Health care recruiters from hospitals and health systems across the country celebrated the 15th annual National Health Care Recruiter Recognition Day, on Tuesday, June 6. In 1991, Congress declared the

first Tuesday in June each year to be National Health Care Recruiter Recognition Day.

Healthcare recruiters are an integral part of the health care workforce and the day-to-day operations of hospitals and health systems nationwide. By recruiting the best health care professionals to their facilities, recruiters ensure patients receive optimum care and their organizations excel.

DIHS would like to express particular gratitude to its recruiters and those of you involved in health care recruitment efforts across the country every day. Often, our very presence (in and out of uniform) is a testament to our enjoyable workplace, and motivates others to join our team.

Here at DIHS, there are 2 full-time HR generalist/recruiters responsible for the timely and efficient staffing of our 14 sites and HQ. Mr. Joseph Kuzemchak has been with the Division since 2003, and brought with him a wealth of health care recruiting experience. He is responsible for staffing our Houston, El Centro, Elizabeth, Florence, San Diego and Tacoma sites.

Ms. Kim White joined the DIHS team this past spring, and hails from Johns Hopkins University where she also recruited health care staff from various specialties. She is responsible for staffing our Buffalo, El Paso, Pearsall, Krome, Los Angeles, Port Isabel, and San Pedro sites.

Mr. Corey Vines, in addition to his duties as STG Project Officer, assists with recruitment efforts for DIHS HQ and ICE DRO.

On this National Health Care Recruiter Recognition Day, we salute our recruiting staff and echo the sentiment that “Everyone is a Recruiter!”

## *MEO Transition Update*

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By LCDR Kelly Brown

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In FY 2005, HRSA conducted a year-long standard study under the requirements of the Office of Management and Budget Circular A-76 of the commercial functions of the Bureau of Primary Health Care, Division of Immigration Health Services, (DIHS) nationwide. Announcement of the study was made at the December 6th, 2004 all hands meeting of DIHS employees and was posted in the Federal Business Opportunity (Fedbizops.com) website for public announcement of this A-76 standard study.

The results of the study have been certified and the formal public announcement of the outcome was made on April 14, 2006. The services provided by HRSA's Division of Immigration Health Services will remain in-house rather than be contracted out.

A Most Efficient Organization (MEO) is “the staffing plan of the agency tender, developed to represent the agency’s most efficient and cost-effective organization.” Creation of an MEO typically leads to documented savings and productivity improvements, since the MEO is not usually a representation of the incumbent organization, but is the product of management analyses that include, but are not limited to, activity based costing, business case analysis, consolidation, functionality assessment, industrial engineering, market research, productivity assessment, reengineering, reinvention, utilization studies and value engineering.

The methods an MEO may use to create efficiency and cost effectiveness are at their discretion. It was the role of the MEO team to determine how PWS and other requirements would be met. From an organizational structure perspective, it may be beneficial to simplify MEO staffing; one way to accomplish this may be to eliminate one or more FTEs by removing unnecessary work that is not specifically

required in the PWS, or abolish or modify non-essential tasks. Notwithstanding, MEOs propose a staffing plan that is consistent with their OP/STAFF/DIV’s culture and the particular circumstances of their organization. MEOs also research best practices as part of their competitive analysis to determine effective approaches to generating savings and efficiencies.

For the next five years the Division of Immigration Health Services will function according to the “Most Efficient Organization” (MEO) proposal that the program made during the competitive process. To assure that quality standards are maintained a Quality Assurance Surveillance Plan (QASP) will be implemented soon, to continue over the next five years.

Source: HRSA’s A-76 Website: <http://intranet.hrsa.gov/a76/index.html>

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## *Social Services Unit Update*

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By LCDR Thomas Hochberg

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It has been quite some time since I have submitted an update on the work of the Social Services Unit, formerly the POCR Unit. Yes, we have changed our name, in order to more accurately reflect the work we do! While we do work with the Post Order Custody Review cases, where ICE is seeking to continue detaining a “specially dangerous” alien, our unit is also the home of the Alternatives to Detention and Availability of Healthcare Programs. So while our former unit name has its roots in the origin of the work, the work of the Unit has expanded to meet the needs of ICE to include these three very important programs.

In July of 2001 ICE (legacy INS) requested that the Division make recommendations for conditions of release or continued detention of  
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aliens who were considered to be “specially dangerous.” This came about due to a Supreme Court ruling in June of 2001 (*Zadvydas v. Davis*) that stated that legacy INS could not continue in detention aliens whose deportation could not be effected in the “reasonably foreseeable future.” Subsequently, legacy INS set forth regulation (8 CFR 241.14(f)), that would allow for aliens that were determined to meet the ‘specially dangerous’ criteria to be continued in detention for up to a year before being re-evaluated.

Since that time over 406 responses have been generated with respect to these requests from ICE! The housing of those individuals has posed a challenge for ICE and DIHS. Because this subset of our population meets the criteria means that they are mentally ill criminals and by virtue of the psychiatric findings, there are no conditions of release that would ensure the safety of the public. While the average length of stay in ICE custody for the average alien is 28 days, these aliens will be in detention long-term. They often are severely mentally ill and may pose considerable behavioral challenges while in custody. In addition, ICE is following the treatment that they receive while in custody and has tasked DIHS with ensuring that they receive the care that is necessary to treat their condition and pursue a course of treatment that would render them releasable. The POCR evaluation and follow up component of the Unit continues to provide us with the satisfaction of meeting the mission of DIHS. The legal process continues though, as aliens appeal their continued detention under this regulation.

In January 2005, the Supreme Court issued another ruling in *Clark v. Martinez* that allowed for the potential release of all Mariel Cubans that ICE has held in custody, some since the early 1980s. The impact on the Social Services Unit was tremendous. ICE had in detention approximately 900-1,000 Mariel Cubans whose custody status needed to be reviewed. Post Order Custody worksheets needed to be completed on those that did not have a recent Cuban Review Panel.

Out of the nearly 1,000 total the ICE field offices sent to HQDRO, approximately 200 A files needed to be reviewed for appropriate program placement in either the 241.14(f) program or the Alternatives to Detention Program. Together with ICE, PHS reviewed all the files and made recommendations for placement. Then a vast majority of those files were referred to the Unit for completion. The profile of this population represented some of the most seriously ill individuals in custody, including severe and chronic mental illness, combined with a history of medication non compliance, homelessness and violent criminal history

ICE had requested that the unit complete the POCR evaluations within 30 days and all placement cases within the following timeline: for aliens that had a habeas petition pending, 30 days; for aliens that had a sponsor or family, 60 days; for aliens that were homeless, 90 days. Normally these timelines would not present a challenge to the Unit but with the mass influx of 241.14(f) and placement cases, the workload was overwhelming. I reached out to CAPT Jarres for approval to request the assistance of the social workers in the field. With support from Dr. Shack and CAPT Jarres and the HSAs, social workers from the field were assigned a caseload: CDR Seligman, CDR Storch, LCDR Gearhart, LCDR Seligman, LT Thompson and LT Miller. Their support was instrumental in working towards meeting our deadlines.

Today, nearly all of the placement cases have been released and all of our .14 cases have been evaluated and a disposition is pending from ICE. The unit continues to receive new cases on a regular basis in all of our programs and seeks new ways to meet the needs of ICE in all matters related to social services. If you have any questions please feel free to contact me or anyone in our unit for more information about our important programs.