



Homeland  
Security

August 21, 2017

MEMORANDUM TO: Matthew Albence  
Executive Associate Director  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

FROM: Dana Salvano-Dunn, (b)(6)  
Acting Deputy Officer for Programs and Compliance  
Office for Civil Rights and Civil Liberties

William P. McKenne, (b)(6)  
Acting Director, Compliance Branch  
Office for Civil Rights and Civil Liberties

SUBJECT: Alexandria Staging Facility  
Complaint Nos. 16-07-ICE-0391; 15-04-ICE-0183

LaSalle Detention Facility  
Complaint Nos. 16-06-ICE-0612; 16-06-ICE-0605;  
16-04-ICE-0628; 16-03-ICE-0207

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL), is conducting an investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Alexandria Staging Facility (ASF), located in Alexandria, Louisiana and the LaSalle Detention Facility (LDF), located in Jena, Louisiana. CRCL's review of ASF and LDF focused in large part on operations in the areas of suicide prevention; medical care; and conditions of confinement. Because ASF and LDF have the same detention and medical care oversight – GEO oversees detention practices and IHSC oversees medical care at ASF and LDF – we have combined our recommendations into one memorandum.

We greatly appreciate the cooperation and assistance provided by ICE Field Office staff and the ASF and LDF management and personnel before and during the onsite. As part of our March 13-17, 2017, onsite investigation, CRCL used three independent subject-matter experts: a medical consultant, a suicide prevention consultant, and a penologist. As a result of detainee and staff interviews, document reviews, and direct onsite observations, our experts identified concerns related to detention at ASF and LDF including medical and mental health care, suicide prevention and intervention, and staff training. At the conclusion of our onsite investigation, CRCL held an exit-briefing where we discussed our findings with leadership from the ICE Field Office and ASF and LDF.

*—Protected by the Deliberative Process Privilege*

Enclosed with this memorandum are the separate reports prepared by our subject-matter experts following the onsite review.<sup>1</sup> The recommendations have been divided into priority and non-priority recommendations. Priority recommendations are listed in the body of this memorandum and CRCL requests that ICE formally concur or non-concur with these recommendations, and provide CRCL with an implementation plan for all accepted recommendations. Non-priority recommendations are contained in a separate attachment to this memorandum. Although CRCL is not requesting formal responses to these, we encourage ICE to consider and implement these recommendations to the fullest extent possible.

With this memorandum, and consistent with our standard practice, we request that you indicate whether ICE concurs with the expert recommendations, and that for those agreed to, you provide an action plan within 60 days.

### **Suicide Prevention Practices**

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<sup>1</sup> In general, CRCL's experts relied on the applicable 2011 Performance Based National Detention Standards (2011 PBNDS) and related professional standards in conducting their work and preparing their reports and recommendations related to LDF. CRCL's experts relied on the National Detention Standards, the Under 72 Hour Model Check List, and related professional standards in conducting their work and preparing their reports and recommendations related to ASF. Some of their analysis or recommendations, however, may be based on constitutional or statutory requirements that exceed the detention or professional standards.

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**Recommendations applicable to both ASF and LDF:**

1.

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**IHSC and ICE should develop a joint orientation and annual suicide prevention training for medical, mental health, and correctional staff at ASF/LDF, with instruction provided by IHSC.**

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**Intake Screening and Assessment:** The intake screening tool currently used at ASF and LDF is inadequate for the identification of suicide risk and therefore, ASF and LDF are not properly screening for and identifying detainees at risk for suicide. *See* 2011 PBNDS Medical Care, Section 4.3.V.J; Significant Self Harm and Suicide Prevention and Intervention 4.6.V.B.1. As a result, **CRCL recommends that ICE should:**

**2. Revise the current intake screening form by adding the following questions:**

**i. Was detainee a medical, mental health or suicide risk during any prior contact and/or confinement within this facility?**

**ii.**

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**iii. Have you ever attempted suicide?**

**iv. Have you ever considered suicide?**

**v. Are you now or have you ever been treated for mental health or emotional problems?**

**vi. Have you recently experienced a significant loss (relationship, death of family member/close friend, job, etc.)?**

(b)(5)

- vii. **Has a family member/close friend ever attempted or committed suicide?**
- viii. **Do you feel there is nothing to look forward to in the immediate future (expressing helplessness and/or hopelessness)?**
- ix. **Are you thinking of hurting and/or killing yourself?**

3. (b)(5)

i. (b)(5)

- ii. **Medical staff conducting intake screening should always review the detainee's alert screen to verify whether they were previously confined in an ICE facility and had any history of suicidal behavior/placement on suicide precautions during any prior detention or confinement/incarceration prior to detention; and**
- iii. **Regardless of the detainee's behavior or answers given during intake screening, further assessment by mental health staff should always be initiated based on documentation reflecting possible mental illness and/or suicidal behavior during a detainee's prior confinement within an ICE facility.**

#### **Intervention:**

- 4. **GEO and IHSC's suicide prevention policies fail to provide guidance on the specific procedures for the appropriate emergency medical response to a suicide attempt. Accordingly, IHSC and GEO should revise their suicide prevention policies to include specific procedures for the appropriate emergency medical response to a suicide attempt. All staff should be trained in the use of the emergency equipment and know its location. At a minimum, the revised policies should include the following procedures:**
  - i. **All staff who come into regular contact with detainees should be trained in standard first aid procedures and CPR;**
  - ii. **Any staff member who discovers a detainee engaging in self-harm should immediately survey the scene to assess the severity of the emergency, alert other staff to call for medical personnel if necessary, and begin standard first aid and/or CPR as necessary. If facility policy prohibits an officer from entering a cell without backup support, the first responding officer should, at a minimum, make the proper notification for backup support and medical personnel, secure the area outside the cell, and retrieve the emergency**

**response bag (that should include a first aid kit, Ambu-bag or CPR mask, and rescue tool);**

- iii. Correctional staff should never presume that the victim is dead, but rather should initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.**

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**Recommendations applicable to ASF:**

**Intake Screening and Assessment:**

- 5. The “Intra-System Intake Review” form which is embedded into eClinicalWorks only includes one non-medical question – “[a]re you being treated for or are you having any current medical, dental, or mental health conditions?” This limited inquiry is inadequate for the identification of mental illness and suicide risk in detainees. This is particularly important for ASF, where the facility does not provide mental health treatment and programming. Detainees identified needing mental health care or on suicide precautions are relocated to LDF where their mental health needs are met. Therefore, intake screening for mental health and suicide risks is critically important at ASF in order to determine appropriate housing. Accordingly, IHSC should revise the “Intra-System Intake Review” form to include basic inquiry regarding mental illness and suicide risk. (2011 PBNDS Significant Self Harm and Suicide Prevention and Intervention, 4.6.V.F). In revising the form, the following questions should be added:**
  - i. Are you or have you ever been treated for mental health or emotional problems?**
  - ii. Have you recently experienced a significant loss (relationship, death of family member/close friend, etc.)?**
  - iii. Do you feel there is nothing to look forward to in the immediate future (expressing helplessness and/or hopelessness)?**
  - iv. Are you thinking of hurting and/or killing yourself?**



## **Recommendations applicable to LDF:**

### **Intake Screening and Assessment:**

6. The Mental Health Segregation Rounds form does not contain suicide risk questions or require a brief mental health status examination. The inclusion of these questions and the requirement that a brief mental health status examination be conducted are critical in assessing the potential suicide risk of the detainee. **IHSC should revise the current “Mental Health Segregation Rounds” form to include: (1) questions to assess a brief suicide risk inquiry and (2) a brief mental status examination. (2011 PBNDS Significant Self Harm and Suicide Prevention and Intervention, 4.6.V.F).**

### **Housing:**

7. Current IHSC and GEO suicide prevention policies do not adequately address procedures for deciding which possessions and privileges are provided to detainees while on suicide watch. (b)(5)

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**IHSC and GEO should revise LDF's suicide prevention policies to include the following requirements:**

- i. All decisions regarding the removal of a detainee's clothing, bedding, possessions (books, slippers/sandals, eyeglasses, etc.) and privileges shall be commensurate with the level of suicide risk as determined on a case-by-case basis by mental health staff (2011 PBNDS Significant Self Harm and Suicide Prevention and Intervention, 4.6.V.F.1);
- ii. If mental health staff determine that a detainee's clothing needs to be removed for reasons of safety, the detainee shall always be issued a safety smock and safety blanket (2011 PBNDS Significant Self Harm and Suicide Prevention and Intervention, 4.6.V.F.2);
- iii. A mattress shall be issued to all detainee on suicide precautions unless the detainee utilizes the mattress in ways in which it was not intended (i.e., attempting to tamper with/destroy, utilizes to obstruct visibility into the cell, etc.) (2011 PBNDS Significant Self Harm and Suicide Prevention and Intervention, 4.6.V.F.1);

iv.

(b)(5)

- v. Detainees on suicide precautions shall not automatically be locked down. They should be allowed dayroom access commensurate with their security level and clinical judgment of mental health staff. (2011 PBNDS Significant Self Harm and Suicide Prevention and Intervention, 4.6.V.F.1)

**Levels of Supervision and Management:**

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8. Revise the suicide prevention policies to provide operational definitions of behavior that distinguishes Suicide Watch, Constant Watch, and Mental Health Observation. Recommended definitions for Suicide Watch, Constant Watch, and Mental Health Observation are:
  - i. *Suicide Watch* and *Constant Watch* are reserved for the detainee who is actively suicidal, either by threatening or engaging in self-injury, or has a plan to commit suicide, and would be considered a high risk for suicide. This detainee should be observed by an assigned staff member on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals.
  - ii. *Mental Health Observation* is reserved for the detainee who is not actively suicidal, but expresses suicidal ideation and/or has a recent prior history of self-destructive behavior and would be considered a low risk for suicide. In addition, a detainee who denies suicidal ideation or does not threaten suicide, but demonstrates other concerning behavior (through actions, current circumstances, or recent history) indicating the potential for self-injury, should be placed under *Mental Health Observation*. This detainee should be observed by staff at staggered intervals not to exceed every 15 minutes, and should be documented as it occurs.

Consideration should also be given to integrating the “high acute risk,” “moderate acute risk,” and “low risk” terms utilized in the Suicide Risk Assessment forms into the three levels of observation.

**Medical Care and Treatment**

(b)(5)

**Recommendations applicable to LDF:**

(b)(5)

- 9. Insufficient Medical Professional Staffing:** The medical program at LDF depends on contractors to deploy adequate staff. LDF's remote rural location makes it more difficult to recruit qualified professionals to work in the facility. The only practical ways to address the challenge of the remote location are to increase compensation to provide incentive to attract qualified contract professionals or to recruit more IHSC licensed professionals to be deployed at the facility. Accordingly, **IHSC should ensure medical staffing is adequate to meet the staffing plan and to ensure appropriate and timely medical care is provided to detainees. IHSC should conduct a medical staffing analysis to determine the appropriate number of medical staff needed to provide constitutionally adequate medical care to the detention population at LDF. (2011 PBNDS Medical § II.21, V.B.)**
- 10. Sub-specialty support for Infectious Disease/HIV:** LDF is located in a remote area, creating challenges in accessing sub-specialty care. If IHSC is unable to secure qualified sub-specialty support in the area of HIV, it may be prudent for ICE to avoid placing detainees with this medical need at this particular facility until appropriate sub-specialty support can be secured. Accordingly, **ICE should assess the sub-specialty support available in Jena, Louisiana and, where sub-specialty support is determined to be limited or unavailable, transfer detainees in need of the specific sub-specialty services to another facility until appropriate sub-specialty support can be secured. (PBNDS 2011, Medical Care, § II. 5, V.A.5)**

**Penology**

(b)(5)

**Recommendations applicable to ASF:**

- 12.** (b)(5)  
(b)(5) Accordingly, GEO should require staff to describe specific actions taken by each staff member involved in a use of force incident. (b)(5)  
(b)(5) While the NDS requires only that incidents be documented when force is used on a detainee, it is implicit and imperative that the detail describing each officer's actions be sufficient to determine the appropriateness of the actions taken. (NDS, III. A. 2. b. Use of Force)



**Recommendations applicable to LDF:**

13. The use of force incident reports reviewed on site did not fully describe the incident that transpired prior to the use of force or during its application. (b)(5)

(b)(5)

The complete expert reports and recommendations are contained in the enclosed expert reports. It is CRCL's statutory role to advise department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. We look forward to working with ICE to determine the best way to resolve these complaints. We request that ICE provide a response to CRCL 60 days whether it concur or non-concur with these recommendations. If you concur, please include an action plan. You can send your response by email. If you have any questions, please contact Senior Policy Advisor, (b)(6) by telephone at (b)(6) or by email at

(b)(6)

Copy to:

Philip T. Miller  
Deputy Executive Associate Director  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

(b)(6); (b)(7)(C)

Tae Johnson  
Assistant Director  
Custody Management  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

(b)(6); (b)(7)(C)

Claire Trickler-McNulty  
Acting Assistant Director  
Office of Detention Policy and Planning  
U.S. Immigration and Customs Enforcement

(b)(6); (b)(7)(C)

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Dr. Luzviminda Peredo-Berger  
Assistant Director  
Immigration & Customs Enforcement (ICE)  
Enforcement and Removal Operations/ICE Health Service Corps  
U.S. Immigration and Customs Enforcement

(b)(6); (b)(7)(C)

CAPT Esan O. Simon, MD, MBA, FS, USPHS  
Associate Medical Director  
Department of Homeland Security  
Immigration & Customs Enforcement (ICE)  
Enforcement & Removal Operations/ ICE Health Service Corps

(b)(6); (b)(7)(C)

Enclosure

Appendix A – Non-Priority Recommendations  
Appendix B – Medical Expert Report for LDF  
Appendix C – Medical Expert Report for ASF  
Appendix D – Penologist Expert Report for LDF  
Appendix E – Penologist Expert Report for ASF  
Appendix F – Suicide Prevention Practices Expert Report for LDF  
Appendix G – Suicide Prevention Practices Expert Report for ASF