



# Homeland Security

September 24, 2020

MEMORANDUM TO: Enrique M. Lucero  
Executive Associate Director  
Enforcement and Removal Operations  
U.S. Immigration and Customs Enforcement

FROM: Peter E. Mina (b)(6)  
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SUBJECT: Richwood Correctional Center  
Complaint Nos. 20-01-ICE-0075 and 19-11-ICE-0754

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted an onsite investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Richwood Correctional Center (Richwood) in Richwood, Louisiana on February 20-21, 2020. CRCL's review of Richwood focused in large part on operations in the areas of medical care, mental health care, environmental health and safety, and conditions of confinement.

We greatly appreciate the cooperation and assistance provided by ICE Field Office staff and Richwood management and personnel before and during the onsite. As part of onsite investigation, CRCL used four independent subject-matter experts: a medical consultant, mental health consultant, an environmental health and safety consultant, and a penologist. As a result of detainee and staff interviews, document reviews, and direct onsite observations, our experts identified concerns at Richwood including medical and mental health care and treatment, suicide prevention, PREA, use of force, food storage and laundry service. (b)(5)

(b)(5)

At the close of the investigation, CRCL held an onsite exit briefing in which we discussed our findings with leadership from the ICE Field Office and Richwood and, following the onsite, sent an email to ICE ERO on March 11, 2020, identifying our preliminary findings and recommendations.

Enclosed with this memorandum are the separate reports prepared by our subject-matter experts following the onsite review. 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 these non-priority recommendations and implement them 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.

### **Mental Health Care**

CRCL's onsite investigation revealed significant deficiencies in the provision of mental health care and treatment at Richwood. Particularly problematic is Richwood's suicide prevention program, as evidenced by the October 15, 2019 suicide by hanging of Roylan Hernandez Diaz (b)(6). Mr. Hernandez Diaz, who was placed in administrative segregation for observation and monitoring related to a hunger strike on October 10, 2019. On October 15, 2019, a captain at the facility reported that he smelled a strong odor coming from Mr. Hernandez's cell and that he entered the cell when he could not see Mr. Hernandez through the cell door window. When the captain entered the cell, he found Mr. Hernandez hanging from his top bunk with a bedsheet attached to his neck and immediately requested medical assistance.

### **Suicide Prevention:** (b)(5)

(b)(5)

1. (b)(5)

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3. (b)(5)
- 4.

5. Train all custodial, medical, and mental health staff that interact with mental health detainees on (a) mental health policies; (b) suicide prevention policies including medical care for a suicide attempt; (c) assessment of mental health needs when being placed on a hunger strike or in segregation; and (d) signs of decompensation, particularly when isolated (segregation, SMU).

6. (b)(5)

7. Train mental health staff on risk assessment and documentation of risk assessment (a) each initial and subsequent time a clinician completes documentation for detainees placed and maintained on suicide watch, documentation needs to include the rationale for placement; (b) clinical rationale for continuation and discontinuation of the watch; (c) the detainee's mental status and functioning; (d) consideration/acknowledgement of the detainee's prior relevant mental health functioning based on a review of relevant mental health documentation; (e) assessment of the detainee's current risk level; factors that minimize risk; (f) plans to ensure safety (while on the suicide watch and when the watch is discontinued); and treatment interventions; and appropriate plans for follow-up by mental health during and after the suicide watch.

8. Develop a process in which tele-psych providers are supervised to include regular audits of documentation by a psychiatrist who is available for consultation.

9. Develop a process in which a psychologist or psychiatrist provides supervision to the mental health program and staff to include regular auditing of mental health documentation including documentation completed by nursing staff for detainees in isolation (segregation, SMU).

Following the onsite investigation, CRCL's mental health expert provided the following additional priority recommendations regarding mental health care and treatment at Richwood.

**Suicide Prevention Program:** (b)(5)

(b)(5)

(b)(5)

10. Ensure any policies developed are compliant with NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential.

11. (b)(5)

12.

13. Define level 1 and level 2 of suicide precautions in the suicide watch policy and provide clear indication of when each level should be utilized. At a minimum, consider level of suicide risk and level of supervision needed and provision of property.

14. (b)(5)

15. Following the completion of risk assessment training for mental health training (March 11, 2020, Recommendation 4a), conduct regular clinical supervision and audit documentation.

16. Ensure that a debrief occurs after any critical incidents in accordance with PBNDS 2011 (2016 revisions) 4.6 Significant Self-Harm and Suicide Prevention and Intervention, K Debriefing and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05. (b)(5)

(b)(5)

17. Ensure that any plan to re-locate medical staff to a different area of the facility includes a sufficient number of suicide watch cells. These cells must be free of ligature attachment points and provide full visibility of the detainee.

18. Review the various suicide logs provided on-site indicated a pattern of detainees expressing distress after court. This should be addressed. One option is to have all detainees assessed by mental health after court. Conduct a Continuous Quality Improvement (CQI) study to assess for this and respond accordingly.

**Administrative Segregation:** (b)(5)

(b)(5)

(b)(5)

19. Develop a clear policy and procedure regarding assessment of detainee's mental health needs by nursing staff before placement in administrative segregation. At a minimum include the rationale for the evaluation, including review of mental health documentation and guidelines for referral to mental health. Conduct training on this policy and regular audits of nursing and mental health documentation.

20.

(b)(5)

**Mental Health Programming:**

(b)(5)

(b)(5)

(b)(5)

21.

(b)(5)

22. Train all staff that interact with detainees on the signs and symptoms of mental health distress.
23. Conduct regular audits of mental health documentation (including documentation from nursing staff that pertains to mental health) until full compliance with documentation of standards is reached and maintained for a reasonable period of time.

24.

(b)(5)

25. (b)(5)

26. Develop a clear rationale for detainee inclusion on and removal from the mental health roster. Identify what warrants designation of Serious Mental Illness and ensure nursing staff have regular access to an updated list to refer to when assessing mental health needs.

**Staff Training:** (b)(5)

(b)(5)

27. (b)(5)

28.

**Telepsych:** (b)(5)

(b)(5)

29. Establish a plan that ensures that detainees are consistently seen by the same tele-psych provider.

30. Develop and implement a plan for the on-site delivery of care by designated tele-psych providers at least once every six months.

31. Update the CureGlobal contract to ensure alignment with these recommendations and current practices.

32. Develop a mechanism to ensure regular communication between all disciplines. This should occur between multi-disciplinary line staff and leadership staff with a process to ensure that pertinent information between both levels is exchanged.

**Mental Health Documentation:** (b)(5)

(b)(5)

33. Provide supervisory oversight by a licensed mental health professional, preferably a psychologist or psychiatrist, to review the mental health documentation that is collected

and maintained.

34. Ensure mental health evaluations and treatment plans are compliant with PBNDS standards. This can be accomplished with templates that provide prompts for necessary documentation. If templates are not feasible given various providers; providers will need to be trained on inclusion of necessary components with regular auditing to ensure compliance.
35. Ensure that all documentation in the healthcare record includes the date and time of contact with provider signature and are complete. When there are multiple pages of an evaluation, the detainee's identifying information needs to be included on each page.

**Medical Records:** (b)(5)

(b)(5)

36. Develop and implement a process to ensure access for direct review of a patient's complete medical record by the tele-psych provider. PBNDS 2011 (2016 revisions), 4.3. Medical Care, V, BB Medical Records, 1. Health Care File.

**Professional Conduct:** (b)(5)

(b)(5)

37. (b)(5)

**Confidentiality:** (b)(5)

(b)(5)

38. Train all staff on the limits of confidentiality and how to communicate information to stakeholders on a need to know basis, unless the detainee has signed a written release of information.

**Medical Care**

(b)(5)

(b)(5)

**Translation and Language Access:** (b)(5)

(b)(5)

- 39. Use appropriate interpretation and language services for detainees with limited English proficiency and document its use in the detainee's medical record.

**Examination and Treatment Area:** (b)(5)

(b)(5)

- 40. Identify a space to set up a medical examination and treatment area to provide health examinations and treatment for detainees in a private and safe setting. CRCL's medical expert recommends leaving the door open during the examination with a curtain at the door.

**Medical Housing:** (b)(5)

(b)(5)

- 41. (b)(5)

**Medications:** (b)(5)

(b)(5)

- 42. Ensure appropriate documentation of medication administration.

**Intake Screening:** (b)(5)

(b)(5)

- 43. (b)(5)



**Health Assessments:** (b)(5)

(b)(5)

44. Modify its health assessment tool to include a detailed documentation of a detainee's medical history, physical exam results, and a plan of care.

45. (b)(5)

46. Establish a process to track annual health assessments similar to its annual TB tracking tool.

**Sick Call:** (b)(5)

(b)(5)

47. (b)(5)  
48.  
49.

**Specialty Care:** (b)(5)

(b)(5)

50. (b)(5)

**Health Records:** (b)(5)

(b)(5)

51. Ensure that the medical records are organized uniformly to ensure the staff have access to

all available information when providing care and that verbal orders should be signed by the medical provider in a timely manner.

**Emergency Care:** (b)(5)

(b)(5)

- 52. (b)(5)
- 53.

**Conditions of Detention**

(b)(5)

**Detainee Requests:** (b)(5)

(b)(5)

- 54. Provide the assigned Grievance Coordinator additional training and ensure compliance with the PBNDS Grievance Procedures. PBNDS 2011 (2016 revisions), Grievance Procedures, a.1.

**Use of Force:** (b)(5)

(b)(5)

- 55. Implement corrective action plan, including training, to ensure compliance with the PBNDS Use of Force Standards. PBNDS 2011 (2016 revisions), Use of Force Standard, a.2.
- 56. Conduct a complete review and assessment of Richwood's use of force and ensure the required policies and procedures are implemented and followed PBNDS 2011 (2016 revisions), Use of Force and Restraints, 1.1.

**Administrative Segregation:**

(b)(5)

(b)(5)

57. Modify the administrative segregation and special observation cells to ensure close supervision and monitoring can be provided. PBNDS 2011 (2016 revisions), Special Management, b.1.

58.

(b)(5)

59. Provide detainees confined in administrative segregation two hours of out of cell recreation, seven days a week and provide appropriate attire for outside recreation during inclement weather. PBNDS 2011 (2016 revisions), Special Management, b.3, m.1.

60. Provide detainees confined in special management unimpeded access to required ICE posted information. PBNDS 2011 (2016 revisions), Limited English Proficiency, b.4, c.2.

61. Provide detainees in special management observation cells privacy to change clothes and perform bodily functions. PBNDS 2011 (2016 revisions), ICE Sexual Abuse and Assault Prevention and Intervention, Part 2.11, ICE SAAPI Policy 5.6 (2)(3), and Richwood Policy and Procedure b.5, d.2.

**Language Access:**

(b)(5)

(b)(5)

62. Develop and implement a language access policy and ensure that all staff are appropriately trained on the language access policies and procedures. PBNDS 2011 (2016 revisions), Limited English Proficiency, c.1.

63. Provide language access training to the Chaplain to ensure he is familiar with the required procedures to provide LEP detainee language access. PBNDS 2011 (2016 revisions), Religious Practices, n.1.

**PREA:** (b)(5)

(b)(5)

64. Conduct a complete assessment of Richwood's PREA Program and correct all identified deficiencies. PBNDS 2011 (2016 revisions), ICE Sexual Abuse and Assault Prevention and Intervention, Part 2.11, ICE SAAPI Policy, and Richwood 2.11 Sexual Abuse and Assault Prevention Intervention, d.1.

**Law Library:** (b)(5)

(b)(5)

65. Ensure detainees have meaningful access to the law library. PBNDS 2011 (2016 revisions), Law Libraries and Legal Material, i.1.

**Grievances:** (b)(5)

(b)(5)

66. (b)(5)

**Disciplinary:** (b)(5)

(b)(5)

67. Conduct a complete review and assessment of the Richwood detainee disciplinary system and correct all deficiencies to ensure the disciplinary system promotes a safe and orderly living environment for detainees. PBNDS 2011 (2016 revisions), Disciplinary System, k.1.

**Training:** (b)(5)

(b)(5)

68. Conduct an evaluation of the Richwood Training Program and develop and implement an overall training plan to ensure all staff receive necessary initial and on-going training to perform their assigned duties and responsibilities. PBNDS 2011 (2016 revisions), Staff Training, o.1.

**Environmental Health and Safety**

(b)(5)

(b)(5)

**Meal Service:** (b)(5)

(b)(5)

69. Analyze their meal service schedule and alter it to the extent possible to allow for meals to be served at more reasonable times.
70. Provide services for detainees, such as commissary distribution in such a way that the services do not interfere with meal schedules.

**Food Service:** (b)(5)

(b)(5)

71. **Storage area:** All kitchen and storage areas require regular cleaning to reduce the possibility of bacterial growth and unsanitary areas. Food and pallets stored against walls and corners restricts proper cleaning of the area, and also restricts pest control servicing and monitoring. FDA Food Code 2017. Accordingly, Richwood should store food and pallets far enough away from walls and corners to allow for proper cleaning of the area and availability of the area for pest control servicing and monitoring.

**72. Standing water:** (b)(5)

(b)(5)

Standing water can be a breeding area for bacteria and fungus that can contaminate food and supplies. FDA Food Code 2017. Accordingly, A workorder should be generated for maintenance to investigate the source of the water on the floor in the outside storage container. Once the source is identified, the problem should be rectified to stop water incursion.

**73. Kitchen:** (b)(5)

(b)(5)

(b)(5)

Standing water can be a breeding ground for bacteria and fungus that can contaminate food and supplies. FDA Food Code 2017. Accordingly, Richwood should repair or replace the kitchen floor where it is in disrepair. Until such time that the repairs or replacement have been completed, water on the floor must be moved into drain areas, and not permitted to create areas of standing water. Staff should take extra care to ensure that floors are cleaned frequently and properly.

74. **Kitchen equipment:** Food must always be protected from contamination. Dust particles can become airborne and contaminate food and rusty equipment cannot be cleaned properly, allowing the potential for bacteria growth. (b)(5)

(b)(5)

(b)(5)

Accordingly, Richwood should (a) ensure that all areas of the kitchen, including but not limited to behind, between, underneath and above kitchen equipment is kept clean and free of dust buildup; (b) develop a schedule for regular cleaning of equipment that also instructs the process, including checking for proper cleaning during regular kitchen inspections; and (c) repair or replace rusty equipment to ensure that proper cleaning and sanitizing practices can be performed.

**Menus Contradict Dietician Recommendations:** (b)(5)

(b)(5)

75. Meet with the registered dietitian and review the most common age, weight, height and activity level of the detainees and the dietitian should then determine proper Dietary Intake Allowances based on the information provided to ensure that nutritional values and caloric content are appropriate for the population detained at Richwood.

76. Review menus with the dietitian to ensure that stated menus are feasible for Richwood to follow. If changes are needed, the menus should be re-certified.

77. Ensure that approved menus are followed consistently.

**Laundry services:** (b)(5)

(b)(5)

78. **Weighing laundry:** Overloading of washing machines creates the environment where laundry is not washed with the proper amount of water, detergent, and sanitizer. Improper laundering can be a mechanism for the spread of viruses, bacteria and fungus. If the rated weight capacity of washing machines is unknown, and laundry is not weighed before being placed inside of washing machines, then there is the risk of overloading the washing machines. PBNDS 2011 (2016 revisions); Issuance of Bedding, Linen and Towels and Exchange Requirements. Accordingly, Richwood should: (a) obtain a laundry scale for weighing laundry before placing it into washing machines; (b) post the rated weight capacity of all washing machines utilized in the facility should; (c) weigh laundry before placing it in the washing machines, and no machine should have more than the rated weight capacity loaded inside; and (d) train all staff and detainees working

in the laundry on the proper use of the commercial washing machines located in the laundry services area, including providing training on the total weight allowable in each machine and the importance of not overloading any washing machine.

79. **Laundry return:** Detainees self-reported concerns that their laundry doesn't come back from the laundering service clean. Therefore, they often self-laundry their personal items in the housing area with bathing soap. Washing laundry, especially personal clothing items with bathing soap is an unsanitary and improper laundering practice. Bathing soap is not designed for the purpose of washing fabrics or textiles, and it does not contain any sanitizing properties for fabrics. Improper laundering can be a mechanism for the spread of viruses, bacteria and fungus. PBNDS 2011 (2016 revisions); Issuance of Bedding, Linen and Towels and Exchange. Accordingly, Richwood should: (a) ensure that the complete laundry schedule showing what items are laundered on what days is posted in each housing area; (b) educate detainees on the laundry schedule and staff should ensure that the schedule is adhered to; (c) educate detainees on the proper filling of mesh laundry bags, the importance of not stuffing the bags too full, and why this is important; and (d) educate detainees on the importance of laundering clothing, personal items, linens, and towels properly and why self-laundrying is an unsanitary and unsafe practice.

**Housing:** (b)(5) \_\_\_\_\_ in  
(b)(5) \_\_\_\_\_

80. **Leaks:** Water incursion allows for wet ceilings, walls, and/or floors. Standing water allows for the breeding of bacteria and fungus and can be a source of contamination in the areas. In addition, mold from wet areas can cause allergy complaints and respiratory issues. PBNDS 2011 (2016 revisions); Environmental Health and Safety. Accordingly, Richwood should: (a) investigate the cause(s) and source of water incursion and take the appropriate steps to rectify the reasons and (b) ensure that water be immediately cleaned up and removed from any floors to assist in avoiding bacteria and fungi growth and accidental injuries.

81. **Showers were observed containing drain fly larvae:** Showers were also observed without proper caulking and sealing of areas where the floor and walls meet, leading to the perfect breeding areas for drain flies. PBNDS 2011 (2016 revisions); Environmental Health and Safety is applicable. Accordingly, Richwood should: (a) remove the wall panels in the showers and complete a thorough mechanical cleaning of the areas, including the shower drains. Once the area has been completely cleaned, new wall panels should be installed; (b) ensure that The area at the base of the wall panels where the floor and walls meet are completely sealed to stop water from seeping behind the walls and creating unsanitary standing water; and (c) ensure that showers are inspected routinely to ensure that cracks in seals have not formed so that water seepage is avoided.

**Improper storage of food items:** (b)(5) \_\_\_\_\_  
(b)(5) \_\_\_\_\_

82. Conduct regular housing unit inspections, and detainees should be observed routinely, to ensure that improper storage of food items is not occurring.
83. Ensure detainees should eat their meals in the dining hall. If a detainee is not able to walk to the dining hall, Richwood needs to make alternate arrangements, that does not include bringing food from the dining hall to an individual in a regular housing unit.

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 within 60 days, whether it concurs or non-concurs with these recommendations. If ICE concurs, please include an action plan. The response can be sent by email. If there are any questions, please contact Senior Policy Advisor, (b)(6) by telephone at (b)(6) by email at (b)(6)

Enclosures

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

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