CONDITIONS OF DETENTION EXPERT'S REPORT

ON

ATLANTA CITY DETENTION CENTER

Prepared by:

(b) (6)
MAS

Rocklin, CA

August 26, 2017

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ATLANTA CITY DETENTION CENTER

I. SUMMARY OF REVIEW

The U.S. Department of Homeland Security (DHS Office for Civil Rights and Civil Liberties (CRCL), received complaints alleging that U.S. Immigration and Customs Enforcement (ICE) violated the civil rights and civil liberties of persons being detained at the Atlanta City Detention Center (ACDC) in Atlanta, Georgia. On December 9, 2016,[1] CRCL received an email from the American Bar Association (ABA) alleging Detainee #1 was placed and held in segregation against his will for his own protection without due process hearings. On December 13, 2016,[2] CRCL received an email referral from the DHS Office of the Inspector General (OIG) related to Detainee #2's complaint that the law library printer had been broken for three months and was impeding legal access. In addition, on January 23, 2017[3] and January 30, 2017,[4] CRCL received two email referrals from the DHS OIG regarding Detainee #3, who reported being on a hunger strike protest due to not being able to speak to his Detention Officer for six months. Additional complaints CRCL received raised allegations related to the provision of medical care and mental health care, visitation, correspondence, and property.

To examine the allegations in the complaints, CRCL conducted an onsite investigation on May 25 and 26, 2017, to look at the issues listed above, as well as the use of special management units, sexual abuse and assault prevention and intervention, suicide prevention and intervention, access to the law library and legal materials, language access, religious access and services, recreation, visitation, and telephone access. This investigation reviewed ACDC's adherence to the National Detention Standards (NDS) and the Performance-Based National Detention Standards 2011 (PBNDS 2011) for Sexual Abuse and Assault Prevention and Intervention (SAAPI) compliance.

This report contains recommendations to address any deficiencies identified that are based on ICE's detention standards, correctional experience, and recognized correctional standards, including those published by the American Correctional Association (ACA).

II. EXPERT PROFESSIONAL INFORMATION

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[redacted]

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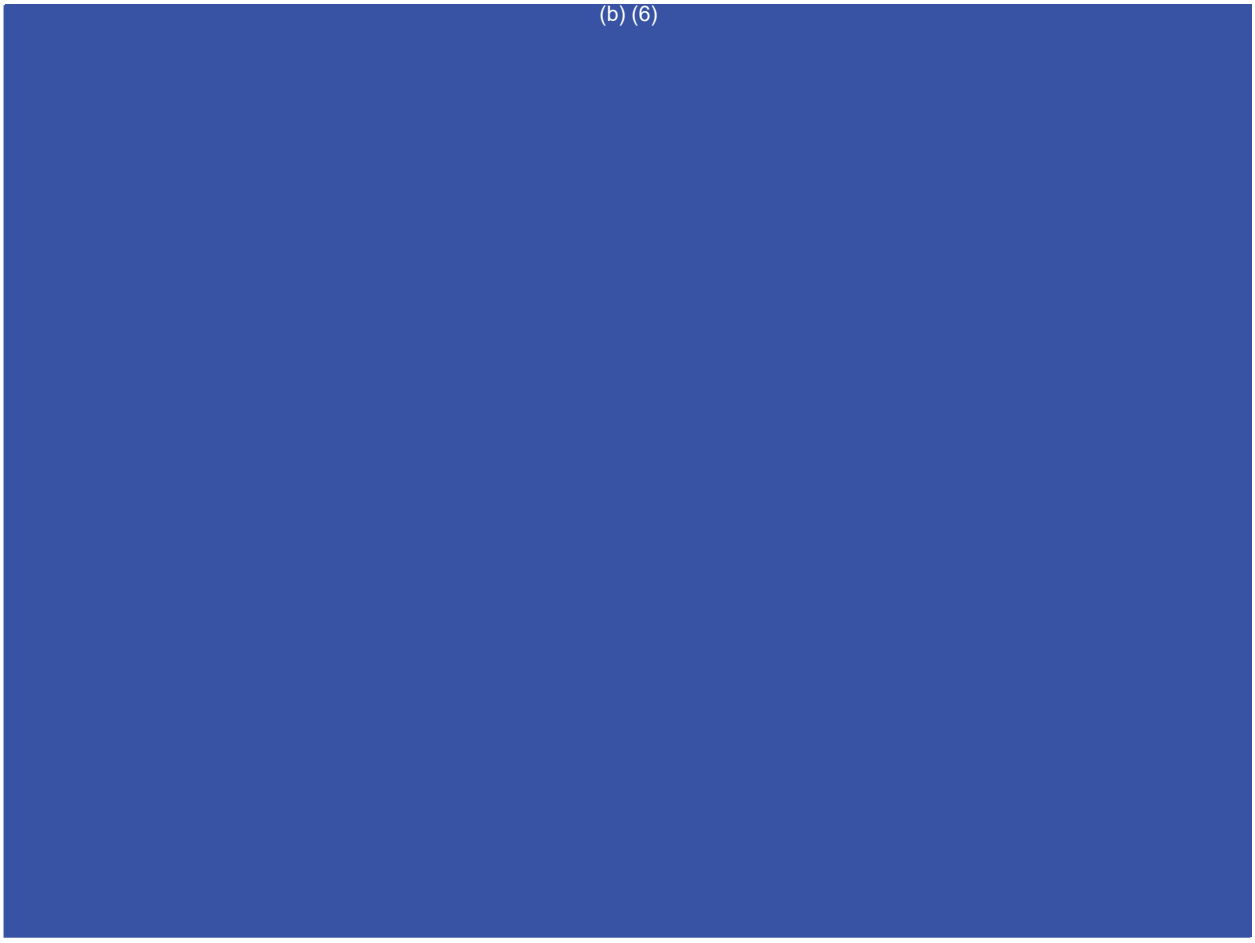
[1] CRCL Complaint No. 17-03-ICE-0056

[2] CRCL number Contact-DHS-17-0400

[3] CRCL Complaint No. 17-04-ICE-0123

[4] CRCL Complaint No. 17-04-ICE-0123



III. RELEVANT STANDARDS

A. ICE Detention Standards

ICE's NDS and PBNDS 2011 (for SAAPI only) currently apply to ACDC. This facility was covered by these standards during the entire period relevant to this investigation. Consequently, I relied on the NDS and PBNDS 2011 (SAAPI only) when looking at the specific allegations regarding conditions at the facility. Additionally, I considered ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention, issued May 22, 2014, which was in force and effect during this period; and U.S. Immigration and Customs Enforcement Language Access Plan, June 14, 2015.

B. Additional Relevant Standards / Professional Best Practices

On issues not specifically addressed by NDS, I made recommendations based on my correctional experience, best correctional practices, and recognized correctional standards including those published by ACA.

IV. FACILITY BACKGROUND AND POPULATION DEMOGRAPHICS

ACDC is located in Atlanta, Georgia, and is operated and managed by the City of Atlanta, Department of Corrections, under an Intergovernmental Service Agreement between ICE and the City of Atlanta to house ICE detainees. ACDC has a rated population count of 1314, consisting of 1000 male and 314 female beds. ACDC is accredited by the American Correctional Association and houses inmates and detainees.

On May 25, 2017, the detainee count at ACDC was 134 male and 47 female detainees. The total detainee population count was 181. The detainees are primarily housed in three units: 3NW, 5NE, and 5NW. The facility has a male special management unit (SMU) and a female SMU. At the time of this review, there was one male detainee and no female detainees in the SMU. Detainees held in either administrative or disciplinary segregation are housed in the SMUs.

V. REVIEW PURPOSE AND METHODOLOGY

The purpose of this review was to examine the specific allegations made in the complaints, as well as to identify other areas of concern regarding the operation of the facility. As part of this review, I examined a variety of documents; conducted a site visit of ACDC on May 25-26, 2017, along with CRCL staff and experts who examined medical care, mental health care, and nutrition, environmental health and safety; and interviewed ICE and ACDC staff and detainees. Detainee names and alien numbers are omitted from this report, and instead listed in Appendix A.

The staff at ACDC was helpful and cooperative during our onsite investigation, and I appreciated their assistance. I also appreciated the cooperation and assistance provided by ICE staff before, during, and after our trip.

In preparation for the onsite and completion of this report, I did the following:

- Reviewed the complaints received by CRCL
- Reviewed the April 2016 ICE National Detainee Handbook
- Reviewed relevant ICE NDS
  - Grievance System
  - Detainee Handbook
  - Admission and Release
  - Law Libraries and Legal Material
  - Recreation
  - Religious Practices
  - Staff-Detainee Communication
  - Special Management Units
  - Custody Classification System
  - Population Counts
  - Disciplinary System
  - Sexual Abuses and Assault Prevention and Intervention (PBNDS 2011 SAAPI)
  - Facility Security and Control

    - Funds and Personal Property
    - Significant Self-harm and Suicide Prevention and Intervention
    - Telephone Access
    - Detention Files
    - Visitation
- Reviewed relevant ACA correctional standards

While at the ACDC on May 25-26, 2017, and post visit, I did the following:

- Toured male and female housing units
- Interviewed housing officers
- Interviewed male and female detainees
- Reviewed detainee housing rosters
- Reviewed detainee files
- Reviewed the ACDC Detainee Handbook
- Inspected telephone pro bono number postings in housing units and SMUs
- Toured visiting room
- Inspected the law library
- Interviewed the law librarian and officer
- Interviewed detainees regarding law library
- Reviewed the facility schedule for the law library and the library attendance log
- Inspected the recreation yards for male and female detainees
- Reviewed the recreation schedule for general population and the SMUs
- Reviewed the religious service schedules
- Reviewed the religious service area
- Interviewed the chaplain
- Reviewed detainee grievance logs for 2016 and 2017 (through date of review)
- Reviewed specific detainee grievances and responses
- Interviewed the grievance officer
- Reviewed detainee disciplinary reports
- Inspected the special management units
- Reviewed administrative segregation and disciplinary segregation hearing notices, reports, and detention files
- Reviewed disciplinary segregation orders
- Interviewed the detainees in the SMU
- Reviewed detainee requests made to ICE
- Reviewed the daily activity schedule
- Interviewed custody and program personnel regarding PREA/SAAPI, use of force, disciplinary system, law library and legal access, religious access and services, recreation programs, grievance system, staff-detainee communication, investigations, use of segregation, suicide prevention policies, language access, telephone access, and mail
- Met with various ICE staff during the course of the review
- Reviewed the IGSA between ICE and the City of Atlanta

- Reviewed ACDC policies on:
  - Sexual Assault and Abuse Prevention and Intervention
  - Classification
  - Housing Unit Management
  - Counts
  - Post Orders
  - Recreation
  - Special Management Unit
  - Use of Force and Restraints
  - Religious Practices
  - Grievance System
  - Code of Conduct
  - Disciplinary
  - Detainee Handbook
  - Law Library/Library Services
  - Training
  - Telephone Use
  - Inmate Work Program and Supervision
- Reviewed ICE ERO Memorandum, Further Guidance Regarding the Care of Transgender Detainees, June 19, 2015

In the context of this report, a finding of "substantiated" refers to an allegation that was investigated and determined to have occurred; a finding of "not substantiated" refers to an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred; and a finding of "unfounded" means an allegation that was investigated and determined not to have occurred.

VI. CONDITIONS OF DETENTION FINDINGS AND RECOMMENDATIONS

A. Grievance System, Staff Misconduct, Retaliation, Staff Detainee Communication

On January 23, 2017[5] and January 30, 2017,[6] CRCL received two email referrals from the DHS OIG regarding Detainee #3, who reported being on a hunger strike protest due to not being able to speak to his Detention Officer for six months. I interviewed Detainee #3, and he said that his hunger strike was not related to lack of access to his assigned Detention Officer for six months but was instead related to not being released from ICE custody.[7] During the group detainee interviews some detainees reported difficulty seeing their Detention Officers (DOs) and contacting their DO's by telephone; however, others did not experience difficulty.

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[5] CRCL Complaint No. 17-04-ICE-0123

[6] CRCL Complaint No. 17-04-ICE-0123

[7] CRCL found no due process violations by ICE related to the length of time this detainee was in ICE custody. In his interview with CRCL, the detainee indicated that his appeal of a removal order was pending with the Board of Immigration Appeals.

As part of this investigation, I also reviewed ACDC's compliance with the Detainee Grievance Procedures Standard. The NDS aims to protect detainees' rights and ensure they are treated fairly by requiring that facilities provide a procedure for detainees to file both informal and formal grievances and receive timely responses relating to any aspect of their detention, including medical care. One important requirement of the Grievance Procedures Standard is that detainees are protected from harassment, discipline, punishment, or retaliation for filing a complaint or grievance.

I reviewed the grievance system, reviewed grievances and interviewed the Grievance Officer as part of this investigation. I also interviewed two groups of randomly selected detainees, one male and one female. The male detainees stated during the interviews that grievances do not make a difference and emergency grievance response does not occur. Both male and female detainees reported fearing that reporting complaints would result in staff retaliation, including being locked down by the officers. The NDS mandates "each facility shall implement procedures for identifying and handling an emergency grievance." The ACDC Detainee Handbook has no instruction on how to file an emergency complaint. In addition, the NDS mandates that a grievance log contain the outcome of grievances. The grievance log at ACDC does not contain the outcome of grievances. The NDS also mandates that any complaint made against staff be reported to ICE. There is no process in place at ACDC to ensure ICE is notified when grievances containing a staff complaint are received.

The group detainee reports raised in onsite interviews mirror the staff misconduct allegations formally documented in grievances. The Adult Local Detention Facility Performance Based Standard 4-ALDF-6A-07 mandate that detainees [Inmates] are not subjected to personal abuse or harassment. NDS, Detainee Grievance Procedures, provides "Staff will not harass, discipline, punish, or otherwise retaliate against a detainee lodging a complaint."

I also toured the units and inspected the grievances boxes. The grievance boxes were secure.

Findings:

Detainee #3's alleged hunger strike due to not seeing his assigned Detention Officer for six months is unfounded.

The ACDC grievance system does not conform to the NDS Detainee Grievance Procedures.

The NDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- ACDC is not logging or reporting all allegations of staff misconduct to ICE. ICE and ACDC should develop a tracking system for all staff misconduct allegations, and ensure that each allegation is reported to ICE. (NDS, Detainee Grievance Procedures) (Level 1)
- ACDC's Detainee Handbook does not provide detainees with a description of an emergency grievance process. ACDC does not address emergency grievances in a timely

manner. ICE should ensure ACDC implement procedures for identifying and handling an emergency grievance in a timely manner. (NDS, Detainee Grievance Procedures) (Level 1)

- ACDC detainees report fear of retaliation for filing grievances. ACDC should provide additional training to staff and ensure detainees are not subject to retaliation for filing grievances. (NDS, Detainee Grievance Procedures) (Level 1)

B. Legal Access

Law Library

On December 13, 2016,[8] CRCL received an email referral from the DHS OIG related to Detainee #2's complaint that the law library printer had been broken for three months and impeding legal access. I reviewed the complaint allegations and the law library and legal access as part of this investigation. Detainee #2 was no longer at the facility when CRCL was onsite and could not be interviewed. I interviewed male and female detainees, the law librarian and law library officers, and reviewed grievances while onsite. Interviews and documentation confirm the printer in the law library was broken for over two months, which hindered printing of documents needed for legal filings. ICE is responsible for providing a working law library printer. Detainees reported that the law library printer had also been previously broken, and ICE did not replace it timely. ICE replaced the broken printer with a used printer. The volume of documents that are printed daily create significant wear and tear on the printer. A used printer is likely to break again from the significant use. There is no back-up printer available at the facility.

Detainees interviewed also complained of not being able to access the law library. Grievances also substantiated law library access complaints. Detainees reported their requests to go to the law library were screened by staff who then determined whether access was granted. The Law Librarian reported the posted library schedule is not accurate. Female detainees reported they did not access the law library. Female detainees did not understand how to use the library and had language barriers. Spanish speaking staff, Spanish translation services, and Spanish interpretation services were not consistently available in the law library.

The NDS Access to Legal Materials, requires "Each detainee shall be permitted to use the law library for a minimum of five (5) hours per week." NDS also requires the facility to provide detainees "with appropriate language and reading-writing abilities." The Law Librarian was not aware that a Language Line telephonic interpretation service was available for use to assist LEP detainees.

Finding:

Detainee #2's complaint regarding lack of ability to print legal material related to legal proceedings for over two months due to a broken printer is substantiated.

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[8] CRCL number Contact-DHS-17-0400

ACDC fails to provide legal access to detainees in accordance with the NDS.

The NDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- ICE's failure to replace or repair a broken printer timely for detainees to print documents prevents access to legal material and other documents needed for immigration proceedings. ICE should provide to ACDC a back-up printer for when the printer breaks to eliminate long periods during which detainees cannot print necessary documents. (NDS, Access to Legal Material, 4-ALDF-6B-03) (Level 1)
- ACDC does post an accurate law library schedule and does not provide detainees consistently with five hours access to the law library weekly. ACDC should revise and post an accurate law library schedule and ensure detainees receive the mandated weekly five hour access to the law library. (NDS, Access to Legal Material)

C. Limited English Proficiency (LEP)-Language Access

I reviewed the language access at this facility as part of this investigation. There were no open language access complaints at the time of investigation; however, during interviews of two groups of detainees, one male and one female, which included detainees who are limited English proficient (LEP), the detainees reported language access issues.[9] LEP detainees reported being required to sign documents in a language they did not understand. A review of detainee files indicated that detainees who were or appeared to be Spanish speakers based on requests they had written in Spanish had signed forms written in English, with no indication of interpretation or translation assistance. Detainees I interviewed reported that LEP detainees were required to sign documents that were written in English and that language line interpretation assistance was not provided. Detainees also reported medical and mental health staff consistently use detainees as interpreters which requires detainees to disclose personal healthcare information in front of other detainees. "I-Speak" posters that can help literate LEP detainees identify their preferred language were not posted in key areas of the facility.

ACDC and ICE do not currently comply with providing language access to LEP detainees. Under federal civil rights law and DHS policy, LEP detainees must be provided meaningful access to information, programs, and services within ICE detention. Title VI of the Civil Rights Act of 1964 (Title VI); Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, 65 Fed. Reg. 50,121 (Aug. 11, 2000); Department of Homeland Security Language Access Plan, February 28, 2012; and U.S. Immigration and Customs Enforcement Language Access Plan, June 14, 2015 mandate language access for individuals held in detention. This obligation includes providing access to competent interpretation (oral) and translation (written) services for a wide range of interactions and programs covered by the ICE standards, such as Admission and Release, Custody Classification, Sexual Abuse and Assault Prevention and

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[9] CRCL staff and I conducted these interviews with the assistance of a qualified Spanish language interpreter.

Intervention, Special Management Units, Staff-Detainee Communication; Disciplinary System; Medical and Mental Health Care; Suicide Prevention; Detainee Handbook; Grievance System; and Law Library and Legal Materials. Furthermore, not only is this a legal requirement, but a failure to provide appropriate language services can impact the safety of detainees and staff, and undermine the facility's compliance with detention standards and its own processes and procedures. ACDC and ICE's contractual obligations require them to provide meaningful language access for residents.

ICE and ACDC staff do not consistently provide oral interpretation through Language Line or translate official documents from English to other languages for LEP detainees. LEP detainees are required to sign documents that they do not understand, which invalidates the content of the documents and purpose of having detainees sign documents. Detainees may violate the rules because they do not understand what the rules are due to LEP issues.

Finding:

ACDC fails to provide meaningful access for LEP detainees in compliance with the DHS and ICE language access plans and the PBNDS 2011[10].

The PBNDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- ACDC records indicate that language access resources are not frequently used to assist LEP detainees. ACDC should provide training to its staff on their obligations to provide meaningful access to LEP detainees and the resources that are available to assist them meet this obligation, and should document provision of this training. (DHS and ICE Language Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
- ACDC records indicate that language access resources are not frequently used to assist LEP detainees. ACDC should develop a Language Line logging system and require all facility staff to regularly record its use by date, alien number, and language of interpretation. Documenting Language Line usage is essential to validating compliance with language access obligations. (DHS and ICE Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
- ACDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are written in English without any translation notation. To ensure that ACDC complies with the arrival screening requirements in the Admission and Release standard,

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[10] PBNDS 2011 is being applied to evaluate language access at this facility. Staff-Detainee Communication and NDS does not address LEP detainees and NDS Access to Legal Material advises that facilities establish Standards to assist LEP detainees but suggests as an example using the services of other detainees who are sufficiently literate in the LEP detainee's language to help an LEP detainee navigate the law library and draft legal documents. Neither NDS complies with the U.S. Immigration and Customs Enforcement Language Access Plan, June 14, 2015 therefore, PBNDS 2011 is applied for the purpose of this review.

ACDC should ensure the use of qualified interpreters or professionally translated forms to ensure meaningful access for LEP detainees. (PBNDS 2011, Admission and Release) (Level 1)

- ACDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are written in English. ACDC should ensure forms and informational posters for detainees are professionally translated or detainees are provided with qualified interpreters to assist with providing meaningful access to LEP detainees. (DHS and ICE Language Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
- ACDC should document the language(s) spoken by each detainee to facilitate the process of providing language access. (Best Practice)

D. Prison Rape Elimination Act, Sexual Abuse and Assault Prevention and Intervention (SAAPI)

As part of this investigation, I reviewed ACDC's compliance with the Standard 2.11 of the PBNDS 2011 related to sexual abuse and assault prevention and intervention. I reviewed ACDC's SAAPI (PREA) policy. The SAAPI policy and protocol at this facility does not comply with PBNDS 2011. Detainees are notified of the zero tolerance policy in the detainee handbook. Required postings are located throughout the facility; however, the SAAPI Program Coordinator was out on long-term leave and the postings had not been updated to provide the name and contact information of the interim SAAPI Program Coordinator. Staff are trained on the facility SAAPI policy; however, the interim SAAPI Program Coordinator has not received any formal training regarding the role and responsibilities of SAAPI Coordinator. There were numerous deficiencies identified in ACDC's SAAPI Program. No individual SAAPI (PREA) incident log is maintained. Separate SAAPI incident/investigation files are not maintained as mandated by the PBNDS Standard 2.11. No documented annual review of incidents has been completed as mandated. Detainees are screened upon intake at ACDC for history of sexual abuse (vulnerability); however, the screening occurs in a location where other detainees can hear the responses, which can result in false reporting and inaccurate screening. Detainees' past sexual abuse history screening must be conducted in a confidential setting to ensure that accurate reporting occurs and a detainee's confidential information is not compromised.

Finding:

ACDC does not comply with PBNDS 2011, Standard 2.11, Sexual Abuse and Assault Prevention and Intervention.

The PBNDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- ACDC's current SAAPI (PREA) Program Coordinator has not received formal training regarding the role and responsibility of the positon. ACDC should provide formal training to the SAAPI (PREA) Program Coordinator to ensure SAAPI Program mandates are in compliance with Standard mandates. (PBNDS 2011, SAAPI) (Level 1)

- ACDC does not provide accurate contact information on SAAPI posters. The contact person on the SAAPI posters should be updated to reflect the current SAAPI Program Coordinator's name and contact information. (PBNDS 2011, SAAPI) (Level 1)
- ACDC does not maintain a SAAPI (PREA) incident log as mandated. ACDC should create and maintain the mandated SAAPI (PREA) incident log. (PBNDS 2011, SAAPI) (Level 1)
- ACDC does not conduct the annual review of sexual abuse investigations and incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. ACDC should complete the annual review of sexual abuse investigations and incident reviews. (PBNDS 2011, SAAPI) (Level 1)
- ACDC does not have appropriate controls on the dissemination of responses to risk assessment questions asked of detainees at intake to screen for risk of sexual abuse victimization or abusiveness. ACDC should modify its intake screening process to provide confidentiality when asking detainees screening questions about their prior sexual abuse and assault history. (PBNDS 2011, SAAPI) (Level 1)

E. Admission and Release

As part of this investigation, I was asked by CRCL to review ACDC's compliance with NDS standard on Admission and Release. I toured the ACDC Admission and Release area and identified deficiencies. All admission and orientation information should be communicated to detainees in a language or manner the detainee can understand, and oral interpretation or assistance shall be provided to any detainee who is illiterate or speaks a language in which written material has not been translated. Interviews of detainees, review of detainee files, and interviews with staff indicate that ACDC is not fully complying with these mandates. As discussed in the Language Access section of this report, ACDC is non-compliant with the Language Access mandates. Recommendations related to language access are contained within the Language Access section of this report. Additionally, as discussed in the SAAPI section of this report, detainee vulnerability screening in the Admission and Release area does not protect the confidentiality of disclosed information. Recommendations for identified violations are provided in the Language Access and SAAPI sections of this report.

Finding:

ACDC does not comply with the mandates in PBNDS 2011, Standard 2.1, Admission and Release

Recommendations

- No Additional recommendations

F. Special Management Unit (SMU)

On December 9, 2016,[11] CRCL received an email from the American Bar Association (ABA) alleging Detainee #1 was placed and held in segregation against his will for his own protection

[11] CRCL Complaint No. 17-03-ICE-0056

without due process hearings. As part of this investigation, I interviewed Detainee #1, reviewed his detention file and segregation documents, interviewed staff and toured the administrative and disciplinary segregation units. I found multiple due process and NDS violations. Detainee #1 was placed in administrative segregation against his will and was not provided a due process hearing. The placement order describes misconduct reported by other detainees, but there is no record of a formal hearing being conducted. The NDS states, "All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified." The specified procedure include: "a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. A written record shall be made of the decision and the justification." The NDS also requires a seven-day review be conducted by a supervisory officer every week for the first month and then every 30 days thereafter. There is not a record of these reviews being conducted at ACDC. When interviewed, Detainee #1 reported the mandated reviews did not take place. The detainee was held in administrative segregation for 47 days from November 25, 2016 through January 11, 2017. The NDS also mandates "a permanent log be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g. meals served, recreation, visitors, etc." This log is to be maintained for each week and a SMU file created for the duration of the detainee's stay in the SMU. The records are to be maintained in the mandated SMU file in the segregation unit for the duration of the detainee's stay. This is standard correctional practice throughout the country.

Finding:

Detainee #1's complaint of isolation in the SMU in Administrative Segregation without due process for 47 days is substantiated.

ACDC does not comply with the mandates in NDS, SMU in Administrative and Disciplinary Segregation

The NDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- ACDC is not providing detainees in the SMU, Administrative Segregation, with adequate due process rights. ACDC should ensure the mandated 72 hour review is conducted when a detainee is housed in the SMU and the regular reviews are conducted within the mandated timeframes. (NDS, SMU, Administrative and Disciplinary Segregation) (Level 1)
- ACDC is not maintaining the mandated segregation records and SMU file for detainees housed in SMUs. ACDC should maintain the mandated activity records and the SMU file for each detainee held in segregation for the duration the detainee is housed in the SMUs. (NDS, SMU, Administrative and Disciplinary Segregation) (Level 1)

G. Voluntary Work Program

As part of this investigation, female detainees that CRCL staff and I interviewed reported being harassed by officers to work multiple voluntary shifts in a day and sometimes work seven days per week. The female detainees alleged that if they refused, they were offered enticements such as extra food, but if they continued to decline to work, they were threatened with lockdown. I was not able to determine whether these allegations are legitimate; however, numerous female detainees reported this practice of retaliation for voluntary work assignments. ACDC should conduct an investigation to determine if there is any merit to these complaints.

OTHER FINDINGS

During the onsite investigation, I reviewed Religious Practices, Visitation, Recreation, and Telephone Access and did not have any findings in these areas.

VII. SUMMARY OF ACDC RECOMMENDATIONS

Regarding the specific deficiencies I found as part of my inquiry into these complaints, I have recommended the following based on the NDS, PBNDS 2011 (for SAAPI only), and U.S. Immigration and Customs Enforcement Language Access Plan, June 14, 2015.

1. ACDC is not logging or reporting all allegations of staff misconduct to ICE. ICE and ACDC should develop a tracking system for all staff misconduct allegations, and ensure that each allegation is reported to ICE. (NDS, Detainee Grievance Procedures) (Level 1)
2. ACDC's Detainee Handbook does not provide detainees with a description of an emergency grievance process. ACDC does not address emergency grievances in a timely manner. ICE should ensure ACDC implement procedures for identifying and handling an emergency grievance in a timely manner.(NDS, Detainee Grievance Procedures) (Level 1)
3. ACDC detainees report fear of retaliation for filing grievances. ACDC should provide additional training to staff and ensure detainees are not subject to retaliation for filing grievances. (NDS, Detainee Grievance Procedures) (Level 1)
4. ICE's failure to replace or repair a broken printer timely for detainees to print legal documents prevents access to legal material needed for immigration proceedings. ICE should provide to ACDC a back-up printer for when the printer breaks to eliminate long periods during which detainees cannot print legal documents (NDS, Access to Legal Material, 4-ALDF-6B-03) (Level 1)
5. ACDC does post an accurate law library schedule and does not provide detainees consistently with five hours access to the law library weekly. ACDC should revise and post an accurate law library schedule and ensure detainees receive the mandated weekly five hour access to the law library. (NDS, Access to Legal Material) (Level 1)
6. ACDC records indicate that language access resources are not frequently used to assist LEP detainees. ACDC should provide training to its staff on their obligations to provide meaningful access to LEP detainees and the resources that are available to assist them meet this obligation, and should document provision of this training. (DHS and ICE Language Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)

7. ACDC records indicate that language access resources are not frequently used to assist LEP detainees. ACDC should develop a Language Line logging system and require all facility staff to regularly record its use by date, alien number, and language of interpretation. Documenting Language Line usage is essential to validating compliance with language access obligations. (DHS and ICE Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
8. ACDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are written in English without any translation notation. To ensure that ACDC complies with the arrival screening requirements in the Admission and Release standard, ACDC should ensure the use of qualified interpreters or professionally translated forms to ensure meaningful access for LEP detainees. (PBNDS 2011, Admission and Release) (Level 1)
9. ACDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are written in English. ACDC should ensure forms and informational posters for detainees are professionally translated or detainees are provided with qualified interpreters to assist with providing meaningful access to LEP detainees. (DHS and ICE Language Access Plans) (PBNDS, Multiple Standards) (Level 1)
10. ACDC's current SAAPI (PREA) Program Coordinator has not received formal training regarding the role and responsibility of the positon. ACDC should provide formal training to the SAAPI (PREA) Program Coordinator to ensure SAAPI Program mandates are in compliance with Standard mandates. (PBNDS 2011, SAAPI) (Level 1)
11. ACDC does not provide accurate contact information on SAAPI posters. The contact person on the SAAPI posters should be updated to reflect the current SAAPI Program Coordinator's name and contact information. (PBNDS 2011, SAAPI) (Level 1)
12. ACDC does not maintain a SAAPI (PREA) incident log as mandated. ACDC should create and maintain the mandated SAAPI (PREA) incident log. (PBNDS, SAAPI) (Level 1)
13. ACDC does not conduct the annual review of sexual abuse investigations and incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. ACDC should complete the annual review of sexual abuse investigations and incident reviews. (PBNDS 2011, SAAPI) (Level 1)
14. ACDC does not have appropriate controls on the dissemination of responses to risk assessment questions asked of detainees at intake to screen for risk of sexual abuse victimization or abusiveness. ACDC should modify its intake screening process to provide confidentiality when asking detainees screening questions about their prior sexual abuse and assault history. (PBNDS 2011, SAAPI) (Level 1)
15. ACDC is not providing detainees in the SMU, Administrative Segregation, with adequate due process rights. ACDC should ensure the mandated 72 hour review is conducted when a detainee is housed in the SMU and the regular reviews are conducted within the mandated timeframes. (NDS, SMU, Administrative and Disciplinary Segregation) (Level 1)
16. ACDC is not maintaining the mandated segregation records and SMU file for detainees housed in the SMUs. ACDC should maintain the mandated activity records and the SMU file for each detainee held in segregation for the duration the detainee is housed in the SMUs. (NDS, SMU, Administrative and Disciplinary Segregation) (Level 1)

CRCL ATLANTA CITY DETENTION CENTER

APPENDIX A

Detainee Names and Alien Numbers

Detainee #1: (b) (6)

Detainee #2:

Detainee #3:

CRCL ATLANTA CITY DETENTION CENTER INVESTIGATION

BEST PRACTICE RECOMMENDATIONS

APPENDIX B

1. ACDC should document the language(s) spoken by each detainee to facilitate the process of providing language access. (Best Practice)

Report for the U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties

Atlanta City Detention Center, Atlanta, Georgia

Complaint Numbers
16-11-ICE-0592
16-11-ICE-0594
16-11-ICE-0585

Prepared By: (b) (6) MS, RD, LD/N, REHS/RS, CPFM, CJM

6/5/2017

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Introduction

On May 25 – 26, 2017, I assessed the environmental health and safety conditions pertaining to U.S. Immigration and Customs Enforcement (ICE) detainees at the *Atlanta City Detention Center* in Atlanta, Georgia. This onsite investigation was provided under contract with the United States Department of Homeland Security, Office for Civil Rights and Civil Liberties (CRCL). Accompanying me on this investigation were (b) (6) Policy Advisor, CRCL; (b) (6) (b) (6) Policy Advisor, CRCL; as well as three other subject matter experts who examined Atlanta City Detention Center's medical and mental health care, and correctional operations.

The purpose of this onsite was to investigate complaints made by ICE detainees of various alleged violations of civil rights and civil liberties at Atlanta City Detention Center. This investigation was conducted to obtain an impression of the validity of the allegations by assessing the facility's adherence to applicable standards and best practices related to environmental conditions. The areas reviewed included food service, laundry, fire and life safety, chemical control, housekeeping and sanitation, pest control, maintenance, and potable water. This review included visiting the housing units, kitchen, laundry, barber service area, medical clinic and housing, and the intake area.

Qualifications

My education includes a Bachelor of Science in Professional Studies - Business and a Master's Degree in Dietetics. I am a Registered Dietitian, Licensed Dietitian, Registered Environmental Health Specialist/Registered Sanitarian, Certified Jail Manager, and a Certified Professional Food Manager. I have managed food service operations at Miami-Dade Corrections & Rehabilitation Department since January 1991. I am also a Certified Food Safety (ServSafe) instructor and a Registered ServSafe Examination Proctor.

Methodology

The basis of this report includes document reviews, tour of the facility, detainee interviews, facility staff interviews, visual observations, and environmental measurements. The findings and recommendations contained in this report are solely those of the author. The report cites specific examples of conditions found during this review; however, they should not be considered as all-inclusive of the conditions found during the inspection. Consideration was given to national and state standards including the 2000 National Detention Standards (NDS) and Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, published by the American Correctional Association (ACA).

I would like to extend my sincere appreciation to Chief (b) (6), (b) (7)(C) and his staff. The facility employees were helpful, respectful, accommodating, and placed no limitations on my requests. Their cooperation and assistance is greatly appreciated.

Facility Overview

The Atlanta City Detention Center opened in 1995 and has a rated capacity of 1,300 beds. This facility houses inmates from the Atlanta City area as well as contracting for the detention of ICE detainees. The total ICE detainee population on May 25, 2017, was 115 adult males and 25 adult females. The Atlanta City Detention Center is operated by the City of Atlanta Department of Corrections, however some services, such as Food Services are contracted. The Atlanta City Detention Center houses both male and females detainees, and has a diverse detainee population from multiple nationalities. Spanish is the most common language spoken amongst detainees. The NDS are applicable to this facility.

Findings

Complaint Numbers 16-11-ICE-0592

Complaint number 16-11-ICE-0592 did not contain specific information directly related to food; however, the detainee alleged that he had received inadequate care for diabetes. Based on this allegation, it is appropriate to review the facility's process for providing an appropriate diet for detainees that are diabetic.

> Findings: The allegation (Complaint Number 16-11-ICE-0592) as it may pertain to an appropriate diet for detainees that are diabetic is unsubstantiated. A detainee's need for a therapeutic diet is determined by medical staff in the clinic. When a therapeutic diet is ordered, the information is entered into a computer system that facility staff refer to as Direct Tech. The kitchen staff are notified of the diet orders via Direct Tech. Each therapeutic diet is prepared in the kitchen based on information received from Direct Tech
>
> Applicable Standard: The PBNDS 2000 Food Service standard is applicable.
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> Analysis:
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> Food Service operations in the Atlanta City Detention Center are contracted with Trinity Services Group. There is a dietitian that provides an annual review and certification of all menus provided by Atlanta City Detention Center. A therapeutic menu appropriate

to address detainees that are diabetic is in place and has been authorized by the Registered Dietitian.

The latest menu cycle review and certification of all menus by a Registered Dietitian for the Atlanta City Detention Center was conducted on November 16, 2016. Therefore, all menu certifications comply with the PBNDS 2000 Food Service standard stating, "A registered dietitian shall conduct a complete nutritional analysis of every master-cycle menu planned by the FSA. Menus must be certified by the dietitian before implementation." The master-cycle menu averages 2,800 calories per day, which is adequate to meet the caloric needs of most healthy detainees.

The food service at Atlanta City Detention Center is a cook serve operation. Detainees are fed on multi-compartment plastic insulated (reusable) trays in the housing areas. There is no detainee or inmate dining room. All meals are cooked and food is put on the trays via a trayline run in the kitchen. Meal trays, including those for therapeutic diets are loaded onto delivery carts by floor and housing area as they come off of the trayline. When the total number of meals needed for a particular housing area have been loaded onto the delivery cart, including the therapeutic diets, delivery staff leave the kitchen with the delivery cart and deliver the meals to the designated housing area. On May 25, 2017, I observed the running of the trayline for lunch. The meal consisted of chicken tetrazzini, noodles, diced carrots, cornbread, and carrot cake. On this day, during my observation, the cart for delivery to housing unit 6NW was completed at the time I was available to follow meal delivery and observe meal distribution. Although 6NW is not a detainee housing unit, the process for passing out the meals, including therapeutic diets is the same. The delivery staff and I left the kitchen with the meal delivery cart at 11:30 am. Upon arrival to Unit 6NW, all inmates (they are inmates in this unit) that are designated to assist with the passing out of meals went to wash their hands and put on gloves, while inmates moved to the recreation area to form a line for meal pass. There is a delivery ticket completed by the kitchen that indicates the number of meals being delivered, including the meals for therapeutic diets. The unit officer checked the delivery ticket against the number of meals on the cart and verified that everything listed on the meal ticket was there, and then she signed the delivery ticket as her verification. After this was completed, meal pass began at approximately 11:45 am with inmates on therapeutic diets being called first, followed by inmates on the regular general population diet.

The Regular and Diet menus for Atlanta City Detention Center are on a five-week menu cycle. Milk (2%) is served at breakfast on the regular diet two days per week, and five days per week on the High calorie/protein, Diabetic 2400 and Diabetic 2800 diets.

Applesauce is served on the regular diet every day for breakfast. Fresh fruit is not shown on the five week menu cycle, however, during interviews with the detainees, it was reported that if they get fresh fruit, it is one time per week, and it is always an orange.

There is no faith-based menu served at Atlanta City Detention Center. However, this facility does observe Ramadan by providing double portions at breakfast and dinner during the Ramadan month. Therefore, detainees participating in Ramadan do not receive any food from the facility food service (kitchen) between the breakfast and dinner meals. Kitchen staff reported that if a Kosher diet was requested, they do have the capacity to provide that diet. When the Chaplain was asked, the answer was that the facility does not have a Kosher diet and the detainee would be offered a vegetarian diet instead.

During interviews with detainees, both male and female, some stated that some of the food at Atlanta City Detention Center is o.k., but most often the complaints were that the food is either too salty or too bland. In addition, overall most complained that there is way too much cornbread served. Detainees stated they prefer more chicken, more rice, less cornbread, and less pasta. A review of the menu cycle for bread type items reveals that between lunch and dinner meals, cornbread is served twenty one times, however, regular bread is served twenty three times, while biscuits are ten times, hotdog buns are four times, tortillas are four times, garlic bread is four times, and taco shells are served two times. To add to the common serving of cornbread, cornbread is shown at both lunch and dinner on Week 4, Day 6, and then again at lunch on Week 4, Day 7. This means that cornbread is essentially served back to back at lunch and dinner on these days. A review of the menus also shows a variety of foods incorporating some ethnic variety. Since many detainees are of Hispanic background, it should also be considered to serve black beans or red beans along with rice. Those of Hispanic background enjoy eating beans with rice. Black beans are served several times, such as on Week 2, Day 6 and Week 5, Day 6, but there is no rice on these meals. Breakfast meals include hot cereal, scrambled eggs, pancakes, waffles, dry cereal, biscuits and gravy, sausage, and milk or calcium fortified beverage. The master-cycle menu lists a variety of lunch entrees including hotdogs and hotdog buns, Chili Mac, Stroganoff with pasta, spaghetti with marinara sauce, chicken patty, Burrito, turkey bologna, and turkey salami. Side items at lunch include baked beans, Spanish rice, Mexicali corn, cabbage, and black beans. Dinner meals include Enchilada Casserole, BBQ Meat w/Soy, Spanish rice with meat, Turkey sausage, and chicken quarter. Side dishes at dinner include broccoli, carrots, peas, green beans, Spanish rice, mashed potatoes, mashed sweet potatoes, bread dressing, collard greens, and Mexicali corn.

The Atlanta City Detention Center does comply with the PBNDS 2000 Food Service standard that specifies, "The FSA shall base menu selections on the best nutritional program the facility can afford" and "The overall goal of a quality food service program is to provide nutritious and appetizing meals, efficiently and within the budgetary restrictions, manpower, resources, equipment, and physical layout". However, I recommend greater emphasis on typical foods of detainee's ethnic backgrounds, working into the menus greater variety so that items served are not repeated so close together, such as the number of times cornbread is served or applesauce every day for breakfast, and consideration for some fresh fruit on the menus. A menu review and modification will facilitate compliance with the PBNDS 2000 Food Service standard specifying, "The INS requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitation and the security and orderly running of the facility through a common fare menu". The Atlanta City Detention Center should consider having a Kosher menu available should any detainees request a Kosher diet, and provisions for other religious requests if it is possible to do so. It is also understood that each facility must meet all ICE/ERO standards and follow required procedures, however, menu planning that takes into consideration foods that nationalities are accustomed to is encouraged.

A Regular Menu tray for lunch service on May 26, 2017, was requested and delivered to our work area. The meal consisted of Hotdogs, Hotdog buns, baked beans, diced carrots, and a sugar cookie. Because detainees complained about salt content of the food during interviews, particular attention was paid to the baked beans. When sampled, they were not found to be with too little or too much salt. It was also noticed that the lunch meal on both May 25 and May 26 contained diced carrots. Back to back serving of the same food items gives the appearance to detainees that something is served too often and that variety is lacking. Cornbread for lunch, then dinner, and then lunch the following day is an example of back to back serving and detainees did complain about too much cornbread being served. A menu review and modifications with emphasis on food variety, and avoiding back to back service of the same foods, will ensure nutritional balancing of macronutrients in accordance with the U.S. Recommended Daily Allowances (RDA) and will assist in facilitating nutritionally balanced menus in accordance with the PBNDS 2000 Food Service Menu Planning specifying, "While each facility must meet all INS standards and follow required procedures, individuality in menu planning is encouraged", and "If necessary, the FSA shall modify the menu in light of the nutritional analysis, to ensure nutritional adequacy".

The Atlanta City Detention Center's kitchen is inspected by the Fulton County Department of Public Health and Wellness. The most recent inspection was conducted on January 20, 2017. This was a routine inspection and the facility scored a 100. Routine inspections are unannounced inspections for the purpose of ensuring adherence to food safety standards and are not related to any complaint(s) received by the Health Department. There were a few violations noted on the inspection, such as black dirt in the ice machine, light in the walk in cooler needs repair, the hand sink near the walk in cooler not properly supplied, meaning there was either soap, paper towels, or trash can or all three missing. All of these violations were corrected on the spot, during the inspection; therefore, because they were immediately corrected during the inspection, they were not counted against the final inspection score. The kitchen also had a routine inspection on June 28, 2016, that also resulted in a score of 100. There were no violations noted on this inspection, the inspector wrote on the inspection report "Observed facility in compliance GREAT JOB!!!" The kitchen was also inspected on December 10, 2015 with a score of 100.

During my inspection of the kitchen on May 25, 2017, the kitchen was found to be in compliance with the PBNDS 2000 Food Service standard. The kitchen was clean and orderly. There was no evidence of pests or vermin, nor was there evidence of expired, spoiled, or unwholesome food in any parts of the kitchen, including storage areas. The facility has a pest control contract with a reputable pest control provider and the kitchen receives monthly service, along with call back service whenever needed. I reviewed several inspection documents for the kitchen. All non-compliant issues identified during these inspections are documented and corrective actions were taken and documented. The Food Service Director and Assistant Food Service Director both have a food safety manager certification through the National Restaurant Association's Educational Foundation ServSafe program.

During my tour and inspection of the kitchen, I also inspected equipment, behind equipment, under equipment, the coolers, freezer, food storage areas, janitorial storage areas, and key and tool control. The equipment was found to be clean, behind and under equipment was clean, the floors and walls were clean, the janitorial storage area was clean and orderly as well as the food storage areas. I reviewed the key and tool control process. Both are signed in and out by documenting on a log.

The Atlanta City Detention Center receives food items and ingredients for food preparation from reputable vendors. I reviewed multiple invoices randomly selected for food items, ingredients, and supplies received by the Atlanta City Detention Center. During my inspection of the kitchen and storage areas, all food items observed were

dated and stock was rotated utilizing the first in, first out (FIFO) method as evidenced by checking dates on multiple items and comparing dates in the front and back of the storage shelves.

Also, during my inspection, on May 25, 2017, I checked the water temperature in all hand sinks. All were found in compliance with the FDA Food Code requirement of a minimum of 100° F. The kitchen utilizes a flight type tray washer with heat sanitation in the final rinse. The tray washer was not in use during my inspection of the kitchen on May 25, 2017; however, I returned to the kitchen on May 26, 2017, to observe the tray washing process and check the temperature of the final rinse (sanitation) on the tray washer. The temperature on the final rinse was reading 185° F during my observation. A minimum of 180° F is required. Therefore, there was no problem with the temperature of the tray washer for sanitizing purposes. I also reviewed multiple temperature logs for kitchen equipment, including cooler, freezer, and dishwasher temperature logs. All were found to be in compliance with food safety standards.

Conclusion:

The food service program at Atlanta City Detention Center provides detainees with safe meals. Detainees work in the kitchen in the food tray line areas and with cleaning and sanitation processes, but they are not permitted in the cooking areas. The food service staff were observed to be considerate of detainees in the kitchen area and work along with them at the tray line. Staff do recognize that meal periods are highly anticipated events in a detention/correctional environment. Therefore, the appearance and presentation, taste, and overall satisfaction/dissatisfaction with the meals and meal service can impact the health and general demeanor of detainees and staff in the facility, as specified by the PBNDS 2000 Food Service standard, "The food service program significantly influences morale and attitudes of detainees and staff, and creates a climate for good public relations between the facility and the community." Although the menus utilized by the Atlanta City Detention Center have a variety of food items, consideration of detainee's desires concerning food items, such as reducing the frequency of cornbread, serving rice with beans, etc., would go a long way in influencing morale and attitudes toward the food service program.

Recommendations:

1. The Atlanta City Detention Center should review the menu offerings with a dietitian and make nutritionally sound modifications where possible to better accommodate the menu preferences of the various nationalities housed at the facility to ensure compliance with the NDS Food Service standard stating, "The FSA shall consider the

ethnic diversity of the facility's detainee population when developing menu cycles. While each facility must meet all ICE/ERO standards and follow required procedures, individuality in menu planning is encouraged." (Applicable standard: NDS; Food Service, Level 2)

2. The Atlanta City Detention Center should review the menu offerings with a dietitian and make nutritionally sound modifications to ensure a variety of food items served, such as fresh fruit and reducing back to back serving of food items, such as cornbread. This review and modifications suggested will assist in ensuring a balance of macronutrients (protein, fat, and carbohydrates) and variety and assist Atlanta City Detention Center in ensuring compliance with NDS Standard, stating, "The overall goal of a quality food service program is to provide nutritious and appetizing meals, efficiently and within the budgetary restrictions, manpower, resources, equipment and physical layout". (Applicable standard: NDS; Food Service, Level 2)

Other Observations

Barber Operation

The Atlanta City Detention Center provides barber services to detainees in individual housing units inside a room they refer to as the pantry. Staff indicated that this room (pantry) is used for barber services only. There is a barber schedule posted in the housing units indicating that barber service is available on the first and third Tuesday of each month, and also Monday through Friday upon request. The barber services room was inspected on May 26, 2017 in housing unit 5NE. There is a sink provided in the room with under sink and overhead cabinets. There is hot and cold running water, the hot water temperature was measured and found in compliance for handwashing at 102° F (minimum required for hand washing is 100° F). There was a microwave sitting on the counter where the sink is located that was partially blocking the sink. The staff advised that this microwave was not functioning; therefore, it should be removed as it may interfere with staff's or detainees ability to properly wash their hands. The Atlanta City Detention Center complies with the NDS standard indicating, "The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color". Inspection of the room reveals that although the walls and floors are of smooth, nonabsorbent construction, additional cleaning is needed. The walls need scrubbing especially the lower parts of the walls and the floor edges close to the baseboards need scrubbing as well. The barber service room was not in use at the time of the inspection. The barbershop regulations and use restrictions were clearly posted

on the door. The barber supplies are kept under lock and key outside of the housing area when barber services are not being provided. The barber box for housing unit 5NE was inspected. The clippers appeared clean, as well as the individual clipper attachments, however hair was observed in the bottom of the clipper box and on a small tooth brush inside of the box that appears is being used to brush hair out of the clippers and attachments. The preventative maintenance (PM) oil for the clippers was also in the clipper box. When staff was questioned about whether the PM oil was provided to the housing unit inside of the barber services room with this box, the answer was "yes". The label on the PM oil indicates that it is flammable; it is considered a chemical and does have a manufacturer's Safety Data Sheet available. Therefore, it is recommended that the PM oil be kept under lock and key. There is a locked janitorial closet in each housing unit, therefore, if the facility wants the PM oil to be available, it should be kept in the janitorial closet and only be used under supervision of staff. There is no procedure for cleaning and sanitizing barbershop equipment, such as clippers, clipper attachments, etc., as well as chemicals that are to be used for the same. In addition, there is no documentation of training on the use of the clippers, or cleaning and sanitizing the clippers and attachments. There is no logging that cleaning of any barber equipment is completed between detainee visits or at the end of the barber services. Training of detainees providing barber services is essential in order for the Atlanta City Detention Center to comply with NDS Environmental Health and Safety standard for Barber Services which states, "Between detainees, all hair care tools coming in contact with the detainees will be cleaned and effectively disinfected".

Applicable Standard: The NDS Environmental Health and Safety standard stating, "Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs, and clippers" is applicable. Furthermore, the NDS Environmental Health and Safety standard requiring, "Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting" is also applicable.

Conclusion: The Atlanta City Detention Center hair barber services room complies in part with the NDS Environmental Health and Safety standard for Barber Services concerning a separate room for barber services, hot and cold running water are available, hot water is at the proper temperature, and the walls and floor are of smooth material and easy to clean. However, cleaning of the walls and floors is necessary, and assurance of cleaning of the hair care equipment between detainees is needed. Documentation of training and cleaning/sanitizing practices is also needed. Logs of equipment use and cleaning/sanitizing is recommended.

Recommendations:

3. The Atlanta City Detention Center should ensure that walls and floors in the barber service areas are cleaned regularly and scrubbed periodically to ensure that they are kept clean. In addition, cleaning and sanitizing of barber equipment must be completed, detainees must be trained on proper use of equipment and proper cleaning and sanitizing procedures, as sanitation in a barber service area is essential due to possible transfer of disease through direct contact with equipment, clippers, towels, combs, etc. A log for documenting cleaning/sanitizing processes between each detainee visit is also recommended. (Applicable standard: NDS; Environmental Health and Safety, Level 1)

Medical Care

The Atlanta City Detention Center medical clinic/housing and medical isolation area environmental conditions were inspected on May 25, 2017. The overall environmental conditions of the medical clinic and medical housing meet the requirements stipulated NDS, which states, "The key to the prevention and control of nosocomial infections due to contaminated environmental surfaces is environmental cleanliness". Responsibility for ensuring the cleanliness of the medical facility lies with the HSA or with an individual designated by the HSA or other health care provider utilized". The medical clinic/housing and medical isolation floors, walls, and general areas were clean. In the medical isolation area, the A/C vents were in need of cleaning. It is especially important in a medical area where ill patients may be housed that A/C vents are clean. Dust and debris on A/C vents can be introduced into the circulating area and bacteria may be present on these materials. In turn, dust, debris, and bacteria may be inhaled by patients that are already in a health compromised situation. A/C vent cleaning should be on a regular cleaning schedule so that these services are provided at a regularly scheduled interval. There were no patients in medical isolation at the time of the inspection.

Applicable Standard: The NDS Environmental Health and Safety standard is applicable.

Conclusion: The Atlanta City Detention Center medical clinic/housing/isolation general areas are properly cleaned and disinfected in compliance with the NDS Environmental Health and Safety standard, however, attention to proper and regular cleaning of A/C vents is warranted. Dust, debris and possible bacteria create opportunities for the spread of germs, viruses, and infections, and risking the health and safety of both staff and detainees.

Recommendations:

4. The Atlanta City Detention Center should review their housekeeping plan and provide more detailed information on cleaning and maintaining A/C vents. This plan should outline equipment and supplies to be used and exact steps to be taken to properly clean A/C vents and how to protect patients and staff from inhaling dust and debris during the cleaning process. There should also be a schedule for ensuring that A/C vents are cleaned at regular intervals. The medical clinic and medical housing are prime areas for the spread of germs, viruses, infections, and disease. There should be a detailed housekeeping plan and schedule in place for staff to follow. (Applicable standard: NDS; Environmental Health and Safety, Level 1).

5. The Atlanta City Detention Center should put a check and balance system in place to ensure that cleaning and disinfecting procedures and schedules are followed. Regular inspections of the areas should document clearly lack of cleanliness, violation of standards, etc. The inspections should have documented corrective actions taken and when, followed by a follow-up inspection. Facility administration and medical clinic administration should work together to ensure that standards are met on a consistent basis, and if and when standards are not met a plan of action for corrective measures is completed and adhered to. (Applicable standard: NDS; Environmental Health and Safety, Level 2).

Intake Area

During the initial tour of the Atlanta City Detention Center in the Intake Area multiple ceiling tiles were observed stained, wet, and some were broken due to being wet. This observation clearly indicates that there is leaking occurring from above the ceiling in this area. Wet ceiling tiles and leaking from the ceiling are of concern as bacteria will grow in wet and damp areas. In addition, in the medical screening room in the Intake Area, the cabinets in this room need to be cleaned as well as the floor corners and floor edges need stripping and cleaning. It is extremely important for a medical area to be kept clean and sanitary; as bacteria, viruses, and disease can be easily spread in these areas if proper cleaning and sanitizing procedures are not followed.

Applicable Standard: The NDS 2000 Environmental Health and Safety standard is applicable.

Conclusion: The Atlanta City Detention Center Intake Area must be assessed for leaking from above the ceiling and wet and stained ceiling tiles must be replaced in order to reduce the chance of bacterial growth, a potential health hazard. In addition, the

medical screening room in the Intake Area should be thoroughly cleaned, the cabinets scrubbed as well as the floor corners and edges stripped, cleaned and waxed. These processes will assist the Atlanta City Detention Center in their compliance with the NDS 2000 Environmental Health and Safety standard for general housekeeping and general cleaning of facility and medical operation areas. When medical areas are not kept clean, this creates opportunities for the spread of germs, viruses, and infections, and risking the health and safety of both staff and detainees.

Recommendations:

6. The Atlanta City Detention Center should review their maintenance plan and ensure that leaking from ceilings, windows, or walls is addressed in a timely manner, and that wet ceiling tiles are removed, the leaking fixed and new ceiling tiles are put in place. In addition, the facility's housekeeping plan should be reviewed to ensure there is detailed information concerning the cleaning of the Intake Area medical screening room. This plan should outline equipment and supplies to be used and exact steps to be taken to properly clean in this area, including sanitizing procedures. There should also be a schedule for ensuring that this area is cleaned at regular intervals, and any equipment used is cleaned and sanitized between each patient screening. (Applicable standard: PBNDS 2000; Environmental Health and Safety, Level 2).

Housing Areas

Multiple detainee living areas were inspected and found to be clean and tidy. In some shower stalls there was a very minor amount of soap scum. The ambient air temperatures and illumination levels were within acceptable ranges. During female detainee interviews in Unit 3NW on May 25, 2017, several detainees complained that the shower water temperature is not hot enough and that the unit air temperature is too cold. On May 26, 2017, the ambient air temperature inside of housing unit 3NW was measured and found to be 72.6° F. This is within acceptable range of comfort level. In addition, on May 26, 2017, the shower water temperature was measured in Unit 3NW and found to be 93°F. Therefore, the American Correctional Association (ACA) Standard 4-ALDF-4B-09, taken from the Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, published by the American Correctional Association (ACA) covering operable showers, which states that "Water for showers is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of inmates and promote hygienic practices", was not met during my inspection in this unit. It is important to point out that showering is part of promoting good personal hygiene, and good personal hygiene is an important requirement, especially where human beings live in close proximity,

such as dormitories/housing units at the Atlanta City Detention Center. Shower water temperature below 100° F is less comfortable, and discourages the regular use of showers and spending an appropriate time taking a shower. Regular showering reduces the spread of germs, the potential for infections, and can even help provide a sense of self-confidence to those that place a high importance on their personal hygiene.

Conclusion:

The overall shower conditions meet the requirements stipulated by the PBNDS 2000 standards, except for Unit 3NW, where shower water temperature was found below the minimum requirement of 100° F. Water temperature in showers must be between 100° F and 120° F in accordance with ACA Standard 4-ALDF-4B-09.

Recommendation:

7. The Atlanta City Detention Center must correct the shower water temperature in Unit 3NW. Detainees reported that this is an ongoing problem. It is recommended that the issues of this water temperature problem be investigated and water temperature level raised until the required shower water temperature of 100° F to 120° F is met. This will ensure that the Atlanta City Detention Center is in compliance with the ACA Standard 4-ALDF-4B-09 requiring that "operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices." (Applicable standard: ACA Standard 4-ALDF-4B-09, Level 1)

Summary of PBNDS 2000 Recommendations – Priority Level 1

The following are statements of issues/problems that are Priority Level 1 observations and are listed as Recommendations with Level 1 priority throughout this report:

Recommendation #3

Observation: The walls and floors in barber service areas must be cleaned regularly and barber equipment must be cleaned and sanitized between each detainee service.

Problem Reason: Cleaning and sanitizing of barber equipment must be completed, detainees must be trained on proper use of equipment and proper cleaning and sanitizing procedures, as sanitation in a barber service area is essential due to possible transfer of disease through direct contact with equipment, clippers, towels, combs, etc.

Applicable Standard: PBNDS 2000; Environmental Health and Safety, E. Barber Operations

Recommendation #4

Observation: The A/C vents in the medical isolation/observation area are dirty.

Problem Reason: The medical clinic and medical housing are prime areas for the spread of germs, viruses, infections, and disease. Proper cleaning of A/C vents is necessary to protect patients and staff from inhaling dust, debris, bacteria and germs from dirty A/C vents.

Applicable Standard: PBNDS 2000; Environmental Health and Safety, 6. Environmental Health in Medical Operations

Recommendation #7

Observation: The shower water temperature was found in housing unit 3NW to be 93°F, below the standard requirement of 100°F - 120°F.

Problem Reason: Thermostatically controlled water temperatures in showers to temperatures between 100°F and 120°F ensures safety and promotes hygienic practices.

Applicable Standard: ACA Standard 4-ALDF-4B-09

Summary of PBNDS 2011 Report Recommendations - (All Priority Levels)

1. The Atlanta City Detention Center should review the menu offerings with a dietitian and make nutritionally sound modifications where possible to better accommodate the menu preferences of the various nationalities housed at the facility to ensure compliance with the PBNDS 2000 Food Service standard stating, "The FSA shall consider the ethnic diversity of the facility's detainee population when developing menu cycles. While each facility must meet all ICE/ERO standards and follow required procedures, individuality in menu planning is encouraged." (Applicable standard: PBNDS 2000; Food Service, Level 2)

2. The Atlanta City Detention Center should review the menu offerings with a dietitian and make nutritionally sound modifications to ensure a variety of food items served, such as fresh fruit and reducing back to back serving of food items, such as cornbread. This review and modifications suggested will assist in ensuring a balance of macronutrients (protein, fat, and carbohydrates) and variety and assist Atlanta City Detention Center in ensuring compliance with PBNDS 2000 Standard, stating, "The overall goal of a quality food service program is to

provide nutritious and appetizing meals, efficiently and within the budgetary restrictions, manpower, resources, equipment and physical layout". (Applicable standard: PBNDS 2000; Food Service, Level 2)

3. The Atlanta City Detention Center should ensure that walls and floors in the barber service areas are cleaned regularly and scrubbed periodically to ensure that they are kept clean. In addition, cleaning and sanitizing of barber equipment must be completed, detainees must be trained on proper use of equipment and proper cleaning and sanitizing procedures, as sanitation in a barber service area is essential due to possible transfer of disease through direct contact with equipment, clippers, towels, combs, etc. A log for documenting cleaning/sanitizing processes between each detainee visit is also recommended. (Applicable standard: PBNDS 2000; Environmental Health and Safety, Level 1)

4. The Atlanta City Detention Center should review their housekeeping plan and provide more detailed information on cleaning and maintaining A/C vents. This plan should outline equipment and supplies to be used and exact steps to be taken to properly clean A/C vents and how to protect patients and staff from inhaling dust and debris during the cleaning process. There should also be a schedule for ensuring that A/C vents are cleaned at regular intervals. The medical clinic and medical housing are prime areas for the spread of germs, viruses, infections, and disease. There should be a detailed housekeeping plan and schedule in place for staff to follow. (Applicable standard: PBNDS 2000; Environmental Health and Safety, Level 1)

5. The Atlanta City Detention Center should put a check and balance system in place to ensure that cleaning and disinfecting procedures and schedules are followed. Regular inspections of the areas should document clearly lack of cleanliness, violation of standards, etc. The inspections should have documented corrective actions taken and when, followed by a follow-up inspection. Facility administration and medical clinic administration should work together to ensure that standards are met on a consistent basis, and if and when standards are not met a plan of action for corrective measures is completed and adhered to. (Applicable standard: PBNDS 2000; Environmental Health and Safety, Level 2).

6. The Atlanta City Detention Center should review their maintenance plan and ensure that leaking from ceilings, windows, or walls is addressed in a timely manner, and that wet ceiling tiles are removed, the leaking fixed and new ceiling tiles are put in place. In addition, the facility's housekeeping plan should be reviewed to ensure there is detailed information concerning the cleaning of the Intake Area medical screening room. This plan should outline equipment and supplies to be used and exact steps to be taken to properly clean in this area, including sanitizing procedures. There should also be a schedule for ensuring that this area is cleaned at regular intervals, and any equipment used is cleaned and sanitized between each

patient screening. (Applicable standard: PBNDS 2000; Environmental Health and Safety, Level 2)

7. The Atlanta City Detention Center must correct the shower water temperature in Unit 3NW. Detainees reported that this is an ongoing problem. It is recommended that the issues of this water temperature problem be investigated and water temperature level raised until the required shower water temperature of 100° F to 120° F is met. This will ensure that the Atlanta City Detention Center is in compliance with the ACA Standard 4-ALDF-4B-09 requiring that "operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices." (Applicable standard: ACA Standard 4-ALDF-4B-09, Level 1)

On-site Investigation Report

Atlanta City Detention Center (ACDC)

May 25-26, 2017

(b) (6)
MD, FACP
(b) (6)
Riverside, CA 92506

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Introduction

This report responds to a request by the Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) to review and comment on the medical care provided to detainees at the Atlanta City Detention Center ACDC) by the City of Atlanta. My opinions are based on the materials provided and reviewed in advance and an on-site investigation of the facility on May 25-26, 2017. My opinions are expressed to a reasonable degree of medical certainty. ACDC personnel were most pleasant and cooperative during my investigation.

Expert Qualifications

(b) (6)

Methods of Review

In advance of the on-site investigation, I reviewed documents provided by the CRCL. During the on-site investigation, I toured the facility including dormitories, pill lines and the medical clinic, reviewed documents and medical records, and interviewed staff and detainees. I did focused reviews of medical records for those detainees who had chronic medical conditions such as asthma or high blood pressure. Clinical performance was measured by a focused review of medical records using a standardized methodology. (The full methodology for the review is described in the document entitled Assessment of Quality of Medical Care in Detention Facilities, and its accompanying Reviewer Pocket Guide.) The measures are based on nationally published accepted clinical guidelines, or consensus guidelines where there are no published clinical guidelines. I reviewed roughly 25 individual detainee medical records in total. I conducted individual interviews with nine detainees selected at random from chronic care rosters or selected because of complaints received. Where relevant to findings, reference is made to the National Detention Standards (NDS).

Overview

This report represents the result of an off-site review of documents (including medical records) and my focused two-day on-site medical review at the facility in response to a request by CRCL to investigate specific complaints at ACDC.

ACDC is located in downtown Atlanta, Georgia. It has the capacity to house roughly 1300 adults and reports roughly 33,000 admissions annually. During the onsite investigation, the ICE detainee census was 115 detainees. Medical care is provided by staff and contractors of the City of Atlanta.

Overall, I found the medical care at ACDC to be good, but there were five areas where the current program did not meet the (NDS) or the current National Commission on Correctional Health Care Jail Standards (NCCHC 2014) as required by the NDS. This report will focus on deficiencies and areas requiring further attention in order to meet those standards.

Findings

1. **Insufficient Medical Staffing:** The facility staff has insufficient licensed and support staff to service the population of over 1300 detainees. This is not just my opinion as a detention medical expert, but it is documented by vacancies in the facility's own staffing plan. For example, the chronic care nursing position, a critical role, is vacant. In addition, the current nursing staffing plan does not adequately account for expected

absences due to illness, vacation and staff turnover.

There is only one licensed provider, a physician, responsible for delivering care to an average daily population of 1300 detainees and 33,000 ACDC inmates (all of whom must be medically screened) who rotate through annually.

Finally, the Director of Nursing, who also serves as the Health Services Administrator (HSA), does not have administrative support and consequently ends up spending time on basic clerical tasks such as booking, confirming and documenting outside clinic appointments for individual detainees. Insufficient staffing impacts access to care by delays in follow-up for non-urgent care (such as chronic disease clinics) and reviews of the medical records documented delays in such follow-up.

The evidence of the impact of these deficiencies was found in multiple areas. My review of the program revealed delays in nursing responses to sick call requests (often taking four to five days), failure to call chronic care patients back to the clinic as ordered by the physician and other deficiencies in chronic care, and missed doses of medications resulting from failure to renew orders in a timely manner.

PERFORMANCE does NOT meet NDS (Part 3, 2, Medical Care).

2. **Unclear Organization Structure**: The director of the medical program (including mental health) has been absent for months on a long-term medical leave. In her absence, there is a HSA, and a Clinical Medical Authority (CMA), but based on both my interviews with these leaders and the organizational chart provided, there are confusing lines of authority and there is some confusion about who, if anyone, has authority over both medical and mental health in the event that issues between the two units arise. A clear administrative structure with clean lines of authority is critical to a well-functioning medical program.

   PERFORMANCE does NOT meet NDS (Part 3, 2, Medical Care) and **NCCHC 2014**.

3. **Lack of Quality Assurance Program.** The medical program does not currently have a well-developed quality assurance program. Medical leadership and staff also lack basic training in quality assurance techniques. Training is easy to provide, and the city may even have the capacity to provide training in house. The absence of a quality assurance approach fails to meet NCCHC standards, and also deprives the facility from proven approaches to identify and fix problems and potential problems in an effective and data driven process.

   PERFORMANCE does NOT meet NCCHC 2014

4. **Gaps in Subspecialty Care**: ACDC has a very good relationship with the local hospital, Grady Hospital, and its clinics who provide sub-specialty care for most needed sub-specialties. However, Grady is unable to provide timely access to care in three areas: oral surgery, orthopedic surgery and podiatry. In all three areas I found significant delays

in access to care resulting from the poor access for these sub-specialties. ICE and ACDC have just secured a community provider outside Grady to address the oral surgery needs, but orthopedics and podiatry are still unmet needs.

PERFORMANCE does NOT meet the 2000 NDS (Part 3, 2, Medical Care)

5. **Lack of NCCHC Accreditation.** Per the National Detention Standards, the facility must be accredited by the National Commission on Correctional Health Care or establish an alternative to accreditation that meets or exceeds the standard (such as developing and deploying policies that would meet or exceed all NCCHC standards).

   PERFORMANCE does NOT meet the 2000 NDS (I)

Complaints

1. 16-11-ICE-0592 - **alleged inadequate medical care or accommodation of his diabetes.** My investigation of the medical record *did substantiate* this complaint in one specific area: I did find that one of his diabetes medications were not given continuously. There were gaps in providing his medications.

2. 16-11-ICE-0594 - **alleged inadequate medical care or accommodation**. My investigation *did not substantiate* this complaint.

3. 16-11-ICE-0585 - **alleged inadequate medical care and accommodation.** My investigation *did not substantiate* this complaint.

4. **Other substantiated complaints:** CRCL received a number of complaints about medical care that were not referenced in the retention memo. These include complaints received in writing prior to the on-site investigations and complaints raised verbally by detainees during the on-site investigation. *Substantiated* complaints included the failure to provide timely care for podiatry **(Case #4)**, missed medication doses and failures to provide timely follow up for chronic illnesses.

Detainee Death[1]

I reviewed one medical record of a detainee who died on May 16, 2017, while in ICE custody at ACDC. Another office within DHS will conduct a complete audit of this death based on more complete information, therefore, my comments will be limited to two problems that I identified that should be addressed pending the full death review:

1. **Policy and procedure for detainees with chronic conditions on unconfirmed medications on arrival**: A common clinical scenario involves a detainee who arrives at a facility on medications for chronic health conditions but the receiving facility

[1] Case #5 referenced in the Appendix

cannot confirm those medications by either a verification by a pharmacy or a labeled medicine container. In this case, the detainee arrived at the facility reporting that he was on medications for both diabetes and high blood pressure but he was unable to name the medications or provide the name of a pharmacy. The nurses did not notify the physician, rather they placed him on generic nursing protocols to cover high blood sugars and high blood pressure. When the physician came in the next day, he was not notified about the detainee or his medical conditions nor his unconfirmed medications. The detainee collapsed the following day. A detainee arriving with a history of significant chronic conditions and unconfirmed medications should result in a telephone consult to the on-call physician and triage to see the physician at the first available opportunity (in this case it would have been the next morning).

2. **Policy and Procedure for Abnormal Vital Signs**: Currently, there appears to be no clear guidance for nurses for when they should contact a physician for abnormal vital signs (temperature, pulse, blood pressure, respiratory rate and pulse oximetry.) Nurses should be provided with clear guidelines for when the physician should be contacted.

Overall Medical Care

While this report focuses on deficiencies in the medical care at ACDC, it is important to comment briefly on the medical program as a whole. Performance of the medical program met the NDS in all other areas not cited. Strengths include the quality of the personnel that make up the medical leadership team in the facility, specifically the medical doctor (who is also the CMA) and the Director of Nursing (who is also the HSA). Another strength is the use of an electronic health record.

Discussion

The focus of this report is on deficiencies. The deficiencies cited in this report are all correctable, and recommendations for correction are provided below.

While I cite four specific areas requiring attention, it should be appreciated that deficiencies in those cited areas create other problems. For example, inefficiencies created by the combination of inadequate staff and inadequate administrative support of the clinical operation all have impact on the timeliness of medical care. My review of 25 medical records of patients requiring ongoing care for chronic medical problems such as diabetes, hypertension, HIV and asthma revealed that frequency of evaluation does not meet published disease specific standards guidelines (including NIH and NCCHC guidelines).

I also identified problems in the documentation of special needs for detainees with disabilities or other chronic medical problems. Often the requests for accommodations were conveyed verbally to the appropriate security staff rather than through the formal communications tool required by the facility. This resulted in confusion about some of the accommodation requests. The facility was working to correct this problem while we were on site.

There were some problems in the past with the timeliness of providing medications for HIV patients on arrival, but the root cause of these delays had already been identified and addressed by the new pharmacist in coordination with the HSA. Review of more recent records did not demonstrate significant problems with continuity of medication on arrival.

Summary of Recommendations

Overall medical care of ICE detainees at ACDC meets 2000 NDS with the exception of the following areas where care **does not** currently meet those standards:

1. **Insufficient Medical Staffing:** There is inadequate staffing (medical providers, nursing and administrative support staff) to provide care for the population.

   PERFORMANCE does NOT meet the 2000 NDS (III.A).

   Recommendations:

   a. In addition to the current full time physician (who also serves as the Clinical Medical Authority), ACDC should add an additional licensed provider at between 0.5-1.0 FTE (20-40 hours weekly). It is further recommended that this position be scheduled to provide on-site care on Saturdays and Sundays at least 4 hours per day.
   b. ACDC should work with the Director of Nursing to review current nursing staffing to ensure that adequate staff are in place to deliver required care on a daily basis. Known vacancies in the existing plan, especially the chronic care nurse, should be filled as soon as possible.
   c. The medical unit needs additional administrative support to help with clerical duties such as scheduling, confirming, recording and communicating outside medical referrals, among other supportive administrative duties in order to allow the Director of Nursing (and HSA) to direct her attention to duties more consistent with her training and responsibilities.

2. **Unclear Organization Structure**: The current organizational chart for medical leadership is confusing. In addition, the medical director position has been effectively vacated due to long-term illness.

   PERFORMANCE does NOT meet the 2000 NDS (III.A) and **2014 NCCHC**.

   Recommendations:

   a. The organizational chart needs to be revised in order to identify a clear leadership structure consistent with the required roles of Health Services Administrator (HSA) and Clinical Medical Authority (CMA), both of whom should have ultimate authority over the entire medical program, including

medical, mental health and dental.

b. In the prolonged absence of the current medical director, these roles should be formally assigned to on-site leadership using acting titles if necessary.

3. **Lack of Quality Assurance Program.** The current medical program does not have a well-developed quality assurance program, and current medical leadership lack training in this area.

   PERFORMANCE does NOT meet 2014 NCCHC

   Recommendation: ACDC should provide training to medical leaders and staff in quality assurance. The medical team should then establish an ongoing and meaningful continuing quality assurance program to help identify problem areas, provide leadership with data in which to assess the problem, and objectively measure the success of interventions deployed to address the problem.

4. **Gaps in Access to Sub-specialty Care.** The current medical program does not have timely access to sub-specialty care for podiatry or orthopedics

   PERFORMANCE does NOT meet 2014 NCCHC

   Recommendation: ACDC should work with ICE to secure community providers who are able to provide needed subspecialty services in areas not adequately serviced by the existing contract with Grady Hospital.

5. **Lack of NCCHC Accreditation.**

   Recommendation: ACDC should apply for and secure accreditation by the National Commission on Correctional Health Care.

   PERFORMANCE does NOT 2000 NDS (I)

6. **Recommendations related to the detainee death**

   Recommendation: Policies and procedures should be modified to require notification of the on-call physician of incoming detainees with chronic medical conditions on un-confirmed medications in order to initiate appropriate therapy pending further investigation. In addition, such detainees should be prioritized to be seen by the physician or other licensed practitioner within 24 hours. Nursing protocols should also be developed to provide clear guidelines for when to call the on-call physician with abnormal vital signs.

   PERFORMANCE does NOT meet best practices

These corrective measures will require monitoring to ensure they adequately address the substantiated deficiencies.

Appendix I

This section includes identifiers to protected health information. Disclosure/distribution of this appendix should be limited accordingly.

Identity of Cases Cited in this Report

My Case No.	A #	Name	CRCL Complaint #
1.		(b) (6)	16-11-ICE-0592
2.			16-11-ICE-0594
3.			16-11-ICE-0585
4.			
5.			
5.			

REPORT FOR THE
U.S. DEPARTMENT OF HOMELAND SECURITY
OFFICE FOR CIVIL RIGHTS AND CIVIL LIBERTIES
Onsite March 25 – March 26, 2017

Investigation regarding Atlanta City Detention Center, Atlanta, Georgia

Complaints reviewed in this report included the following:

Complaint No. 16-11-ICE-0592
Complaint No. 16-11-ICE-0594
Complaint No. 16-11-ICE-0585
Complaint No. 17-03-ICE-0056
Complaint No. 17-04-ICE-0123

Prepared by (b) (6) PhD, MPA, CCHP
(b) (6)
Madison, WI 53707

Report date June 9, 2017

Introduction and Referral Issues

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL), enlisted me to participate in an onsite investigation regarding complaints it received alleging civil rights and civil liberties abuses of individuals in U.S. Immigration and Customs Enforcement (ICE) custody at the Atlanta City Detention Center (ACDC) in Atlanta, Georgia. The complaints raised allegations regarding conditions of confinement including adequacy of medical care at ACDC. Specifically, three complaints detailed in the retention memo identify concerns about timely access to quality health care (16-11-ICE-0592, 16-11-ICE-0594, and 16-11-OCE-0585). Additionally, there are noted concerns regarding common and questionable use of administrative segregation status, and complaints by detainees of not receiving adequate mental health care and lack of access to therapeutic or supportive alternatives to psychiatric medication.

While none of the primary complaints prompting the current investigation details concerns related to any specific element of the mental health care program at ACDC, the allegations regarding access to mental health services prompts the need to evaluate ACDC's compliance with 2000 National Detention Standards (NDS) related to mental health care during this onsite investigation of conditions of confinement and general medical care.

Method of Review

I was onsite at ACDC on May 25 and May 26, 2017, totaling approximately 18 hours. While there, I toured the facility including general housing units for both male and female detainees, the intake unit, indoor and outside recreation space, special management units, and health care unit.

Prior to the onsite, I reviewed the applicable NDS mental health forms and policies provided by the facility, material on quality improvement activities, staffing patterns, detainee handbook, and suicide prevention activities.

During the site visit, I reviewed the following documents:

1. Policy and procedures
2. ACDC inmate/detainee handbook
3. A list of ACDC grievances related to medical and mental health care over the past year
4. Various written complaints submitted by ICE detainees and their respective responses
5. Minutes from the quarterly ACDC multidisciplinary meetings
6. The ACDC chronic care roster for detainees receiving mental health services
7. ACDC roster of detainees receiving psychiatric medications since January 1, 2017
8. A roster of detainees placed on suicide precautions in previous six months
9. A roster of detainees housed in segregated setting over previous six months
10. Twenty healthcare records (see Appendix 1) of detainees chosen from the following sources:
    a. roster of detainees currently housed in restricted housing setting,

b. list of detainees identified with mental health concerns on the chronic care list,
c. list of detainees placed into suicide watch in the previous 12 months,
d. list of detainees whose complaints prompted the current review, and
e. list of detainees provided by other experts present on the current site visit arising from their individual reviews.

Additionally, I conducted individual interviews with nine (four female) detainees who were chosen from a list of patients on the chronic care list for medical or mental health treatment. These interviews were in collaboration with Dr. (b) (6) the medical expert assigned to this review team, along with the aid of a qualified Spanish-language interpreter. Five of the nine interviewees were also part of the group for whom I completed a file review. A list of the interviewees is provided in Appendix 2.

I also had the opportunity to interview ACDC's mental health and medical staff.

Analysis, Conclusions, and Recommendations

Review of overall mental health care activities

The following section provides an assessment of compliance with NDS 2000 relevant to mental health care activities at ACDC.

Mental Health Program

(Standards: NDS 2000, Medical Care)

Administration

The mental health and medical services are administered by City of Atlanta Department of Corrections. Medical staffing consists of a Director, who oversees both medical and mental health activities, and is currently on long term medical leave; a Director of Nursing, who oversees the medical service; and a Physician who is administratively supervised on site but works for a contracting agency along with nurses, mid-level practitioners and ancillary support staff. Mental health services are overseen by the Mental Health Supervisor who is a Licensed Social Worker. Psychiatric services are provided on-site by Grady Hospital System in collaboration with Emory University who provides several psychiatric fellows.

The facility houses both male and female detainees who remain separated at all times. The majority of mental health services are provided on the housing units. Sick call and triage occurs cell front but there is space on each housing unit for confidential sessions, if deemed appropriate by the clinical staff.

There are quarterly meetings attended by a variety of managers including medical staff, security management, mental health and medical leadership, pharmacy, food service, housekeeping, dental providers and medical staff from Grady Hospital. Meetings include a report out of major

departments but does not include discussion of quality improvement activities and does not include discussion of specific detainee cases for programmatic or treatment planning purposes.

The medical and mental health units conduct peer reviews, but there is no formal Quality Improvement/Quality Assurance (QI/QA) system in place at the facility. Leadership was unable to identify any studies of timeliness or quality of service and there is no dedicated QI/QA committee, policy, or plan. The continuous quality improvement efforts at ACDC do not meet NDSs or the current National Commission on Correctional Health Care Jail Standards (NCCHC) (2014) as required by NDS.

Staffing, Space, and Access to Care

The mental health program staffing pattern includes: 1.0 FTE Licensed Social Worker (Mental Health Supervisor) and 2.5 FTE mental health practitioners who also hold social work degrees and are licensed by the State of Georgia. There is one newly vacant mental health provider position for a total of 3.5 FTE mental health practitioners and 1.0 supervisor. The facility has a collaborative relationship with Grady Health System and Emory University. Grady provides mental health clinicians who provide on-site care and structured treatment for jail residents. They do not engage with ICE detainees. Grady also provides on-site psychiatric clinics using Emory Fellows, three days per week for a total of approximately 15 hours. Psychiatric medications are provided by Grady and detainees are regularly transferred to Grady for mental health evaluation and treatment. There is onsite mental health coverage from 8 am until midnight five days per week. The mental health providers rotate on-call.

The facility's mental health providers including psychiatric care providers from the Grady/Emory collaboration are located separately from medical staff, on a separate floor of the building. There is distinct separation between the two areas of health care and there is not meaningful collaboration or coordination between the two groups. Mental health services are provided in the housing units. Medical services are provided in a distinct health care unit. There is a medical housing unit that includes negative pressure rooms and separate medical beds that were vacant during the onsite.

Medical and mental health care providers utilize the language line for interpretation needs if the provider is not fluent in the detainee's language. However, during the detainee interviews another detainee was used to interpret for a detainee who spoke Arabic. This should not occur in the context of routine medical or mental health services. Intake evaluations are conducted using interpretation either in person or via the language line. A review of the language line usage in the intake area suggests that the line is either not regularly used or not well tracked. Orientation activities and the ICE Detainee Handbook are available in Spanish.

Psychiatric services are provided by Grady Health System in collaboration with Emory University. Detainees receiving medication are regularly seen by Grady/Emory psychiatric health providers at reasonable intervals. Notes are meaningful and reflect clinical thinking and general treatment plan. It was observed that the use of language line is inconsistently documented.

The mental health supervisor reported that the staffing pattern is sufficient to provide the services required however the staffing pattern does not support group psychotherapeutic services or individual counseling other than single-session interventions, which supports the specific complaint about lack of access to routine mental health services that accompanied the formal complaints prompting this onsite evaluation. The supervisor reported that adding another staff person would allow weekend services and allow the department to add psychoeducational and other short-term treatment opportunities. Individual counseling, group counseling, and psychosocial/psychoeducation programs are considered basic mental health care, essential for meeting NCCHC (2014) standards.

Health Care Record

Since 2015, ACDC has utilized a comprehensive electronic health care record called Correctek. The electronic record is relatively easy to use, however Grady Health Systems does not directly enter notes or data into the system. Notes from psychiatric consult are provided to ACDC, scanned into the EHR, and maintained in a section of the system separate from other mental health visits which may take several days and limits the utility of the information for other providers.

Suicide Prevention Program and Management of Mental Illness in Segregation

(Standard: NDS 2000, Suicide Prevention and Intervention, §§ III.A-C.)

There have been no detainee suicides at ACDC in the last year and no reported attempts, although there have been placements in observation status as a result of threats to self.

ACDC has a detailed suicide prevention program. Staff participates in the required suicide prevention training. The initial intake screening process uses a mental health questionnaire that asks questions specific to self-harm risk. Facility policy requires that detainees who express self-harm ideation or engage in self-harm behavior be placed into an observation/isolation status in the special management unit which is also used for disciplinary housing. Property in observation status is determined by security staff.

When placed into suicide watch status, detainees are seen every eight hours by health care staff, and reviewed by mental health staff daily. 1:1 monitoring by security staff is occurring in cases of active suicidality as required by NCCHC standards. Notes from mental health professionals typically provide a rudimentary plan that includes follow-up timeline. There is no additional plan-driven mental health treatment provided to detainees while in suicide watch. Clinical staff describes a step-down process by which detainees can be moved out of their 1:1 monitoring space into a different special management space that allows for 15 minute checks. Security staff indicated that detainees housed on that step-down unit who are still in clinical suicide watch are housed in cells close to the security desk within direct line of sight, however on the first day of the site visit, a detainee in this step-down suicide watch status was located in a cell whose direct line of sight from the officer station was entirely blocked by a brick column.

Contact with mental health providers while in the segregated setting, including while in suicide watch, regularly occurs at the cell door rather than in a private setting. Rounds by mental health providers occur at the required intervals and notes from those rounds are generally meaningful. There is access to confidential space should mental health or medical staff deem it appropriate to engage in more in-depth therapeutic intervention outside of the typical required rounds.

Detainees with significant mental health concerns housed in the special management unit receive the same recreational, property, and out-of-cell opportunities as other detainees housed in the unit. However, they and other detainees housed for administrative, non-disciplinary purposes do not receive the same out of cell opportunities as those detainees in general population. The access to various privileges is determined largely by security staff even if the reason for housing in the special management unit is to step-down from suicide watch or to manage behaviors associated with serious mental illness and is not the result of a disciplinary infraction for which the restriction might be warranted. By facility policy (SOP 200-12 Special Management Procedures, §§ 8.6. Recreation and Exercise) all detainees housed in segregated status require leg shackles when out of their cells. There is little recognizable difference in the day-to-day living of detainees housed in segregation for a significant disciplinary infraction versus those housed there for exhibiting signs of mental illness. Detainee interviews and file reviews suggest that there is lack of clarity for detainees and medical/mental health practitioners alike regarding status of individual detainees housed in the special management unit.

Screening, Assessment and Referral

(Standards: NDS 2000, Admission and Release, §§ A.3 & H; Medical Care, §§ III.A & D)

Facility policies clearly delineate the process of detainee referral to mental health services. The officer-conducted interview at time of arrival asks questions related to mental health and physical health history, trauma, and other topics. That screen is conducted at a desk in full view and hearing of other detainees and staff and allows for little privacy. More confidential mental health screenings are conducted by nurses or mental health providers generally within required timeframes after the intake screening is conducted by security staff upon arrival.

The screening tool and interview conducted by health care staff adequately addresses the required points including suicide risk evaluation and evaluation of factors associated with PREA, and asks questions related to current and historical psychiatric symptoms or treatment, experience of criminal victimization, recent loss, traumatic experiences, and other information.

Detainees who enter the facility on current psychiatric medications receive a continuing prescription by a physician or nurse practitioner pending review by the psychiatrist at the next available opportunity. Transfer summaries usually accompany the detainee to the facility.

Mental health assessments are required within 14 days of arrival, a timeframe that was not regularly met. In six of the twenty files I reviewed, the mental health appraisal occurred after the

14-day window suggesting that a quality improvement review of the process is warranted. There are no quality assurance studies reviewing timeliness of intake or other processes.

Sick Call

Every housing unit except segregated settings are equipped with a Keefe kiosk system for use by detainees in requesting medical and mental health services. Requests are triaged daily and appointments are made based on priority. In the segregated setting, detainees request a sick call slip from the desk officer and returns it to the officer who then provides it to medical staff. The request process in segregated housing is not confidential and should be improved. The Detainee Handbook details the process for making sick call requests for health care or to report suicidal ideation.

Medical Isolation, Involuntary Medication, and Use of Restraints

Isolation for medical purposes generally occurs in the medical housing unit where there are reverse pressure rooms.

Detainees in need of treatment intervention beyond the scope of ACDC are routinely transferred to Grady Hospital for acute care. This has been generally successfully accomplished. The facility does not initiate involuntary psychiatric medication. Medication refusals are noted in the record. If needed, the patient goes off site to the inpatient facility. ACDC does not restrain detainees for mental health purposes.

Continuity of Care

(Standard: NDS 2000, Medical Care, §§ III.F.)

Detainees arriving at the facility with prescribed medications are regularly evaluated within required timeframes. Detainees indicated that there were not typically gaps between arrival at the facility and provision of medications when the detainee brings an active prescription. When there is no prescription and the detainee indicates they have been taking specific medications, there are occasional delays pending evaluation by mental health staff. Transfer summaries reportedly typically accompany the detainees at intake to ACDC. Detainees releasing from the facility are provided with at least a 30 day supply of medication and a detailed medical care summary to aid in transition to the next living situation.

Review of Health Care Records

I reviewed the mental health records of twenty ICE detainees. As noted above, there were no formal complaints directly relevant to mental health care, although the informal concerns about lack of access to non-pharmaceutical interventions have been supported by this onsite review. Thus general findings are offered below. Where significant concerns are identified, I have listed more details of the case to reflect areas that prompt recommendations later in this report. A list of files reviewed is provided in Appendix 1.

1. Most mental health program requirements identified in NDS 2000, Medical Care, were generally provided in a timely manner. Interview documentation reflects history of previous diagnoses and psychotropic interventions, suicidal ideation, and traumatic history for all files reviewed. Referrals were made to mental health providers and psychiatric staff as appropriate. Prescribed medications were typically received without unusual delay.

2. Mental health and health care staff report that transfer health summaries usually arrive with detainees if they arrive from another facility. One case in which this material did not arrive with the detainee provides an example of several concerns noted here.
    - During the onsite tour, Detainee 8 was seen by CRCL staff obviously distressed in day space. A subsequent file review showed no mental health history or needs identified at intake. Regular follow-ups, including in segregated housing, also documented that no mental health disorder was present. However, the detainee reported during an interview that she had been asking for mental health services and was told she had no mental health needs. Further review of the detainee was requested by another expert participating in this on-site. Another search of the health record with the aid of medical staff yielded no intake history, no transfer summary at intake/receiving, and no noted mental health needs or services identified. However, a review of ICE case documentation indicated that the detainee had received inpatient mental health services from Columbia Regional Care Center in September 2016. Lack of a transfer summary at intake, lack of records from the previous inpatient visit scanned into the electronic health record, and lack of a formal communication process between disciplines compromised the access to and quality of care for this detainee.

3. Documentation of mental health services was not always present. Follow-up consultation by psychiatrists upon referral was likewise not always present. I received search assistance of the medical record from medical staff and when the material was not present I was directed to mental health staff to ascertain why. Mental health staff expressed some concern with the electronic health record related to absence of content that they report was completed and should be present. Regular quality assurance efforts including chart reviews should be initiated to identify and ameliorate concerns with services or documentation.

4. Intake mental health appraisals were not always conducted within required time frames. Six of the twenty reviewed files detail mental health appraisals conducted past the 14-day expectation. There are no formal quality assurance/quality improvement activities in place to identify systemic problems.

5. Two of the twenty detainees for whom I did a file review were detained in the special management segregated unit during the course of their detention for suicide watch or "safety" purposes due to active symptoms of mental illness.

- Detainee 9 arrived March 6, 2017 endorsing symptoms of significant mental illness including auditory hallucinations during the mental health appraisal on March 8, and self-harm ideation at the initial psychiatric consult on March 27. He was placed into segregated status "for safety," was moved back into general population but requested segregation again on April 10, 2017. He has continued to express a desire to remain in segregated status and on May 12, 2017 he was given a diagnosis of Psychotic Disorder NOS. There are clinical notes that reflect both "safety" and "disciplinary" as reasons for placement into the segregated status.
- Detainee 12 arrived on March 24, 2017 and would not speak or give information during the intake/receiving process. He would not respond to questions from mental health staff and was put into suicide management on the special management unit. There was no noted statement regarding self-harm concern throughout the length of the detainee's stay in segregated housing. He was seen daily with little response until March 31. Psychiatry consult on March 31 described a potential serious mental illness diagnosis and medications were offered, which the detainee refused. He was observed laughing inappropriately and mumbling while on suicide watch until April 7 when there was reported to be an increase in productive engagement. Mental health staff reported receiving a contact from the detainee's mother reporting concern for perceived worsening of depressive symptoms on May 10. The mental health practitioner indicated he would follow up but there is no documented contact or referral until April 24 when the detainee was moved to another facility. Lack of a formal process for communication across disciplines for detainees housed in segregated status compromised the care of the detainee.

Placement of detainees in a segregated setting based on their mental illness is a violation of professional standards and described more fully in the recommendations section.

Summary of Recommendations

NDS 2000, Medical Care, states "All detainees shall have access to medical services that promote detainee health and general well-being." The following recommendations result from deficiencies in meeting the overarching standard of NDS 2000. When relevant, I also include other relevant portions of the NDS 2000, as well as references to the Standards for Health Services in Jails and Standards of Mental Health Care, National Commission on Correctional Health Care (NCCHC).

Each recommendation below is designated either as Level 1 (highest priority and essential), Level 2 (important), or a best professional practice recommendation.

Priority Recommendations and Rationale

1. **ACDC should engage in comprehensive programmatic evaluation and improvements necessary to meet or exceed the accreditation standards of the National Commission on Correctional Health Care. (Level 1).**

Rationale:

NDS 2000, Medical Care, §§ II. Applicability states "IGSAs [as ACDC is denoted] may adopt, adapt, or establish alternatives to the procedures specified for SPCs/CDFs, provided they meet or exceed the objective represented by each standard." Additionally, NDS 2000, Medical Care, §§ III.A. notes "… the health care program and the medical facilities… will be in compliance with the standards of the National Commission on Correctional Health Care (NCCHC). Each medical facility will maintain current NCCHC accreditation…"

ACDC medical and mental health services are not NCCHC accredited and do not approach the standards of accreditation for the majority of its care. Engaging in needed programmatic improvements and successfully attaining accreditation by NCCHC would satisfactorily address the majority of concerns related to mental health care noted in this report.

2. **ACDC should develop a robust quality improvement program. (Level 1).**

Rationale:

NCCHC Standards for Mental Health Services (MH-A-06, an essential standard) requires that "A continuous quality improvement (CQI) program monitors and improves mental health care delivered in the facility." They continue that in order to be compliant with the standard "the mental health care delivery system is systematically analyzed for needed improvement and, when found, that staff develop, implement, and monitor strategies for improvement." Specifically, "the CQI program for mental health services completes: an annual review of the effectiveness of the CQI program by reviewing CQI studies, minutes of administrative and staff meetings, results of mental health record reviews, or other pertinent written materials; at least one process quality improvement study and one outcome quality improvement study each year; and an annual review of deaths and serious incidents involving inmates with mental illness to identify trends and needed corrective actions."

The quality improvement activities at ACDC focus primarily on health care chart reviews and there is a paucity of medical or mental health care quality improvement activities that could assist in identifying, correcting, and monitoring concerns noted in this report. There is no policy related to CQI activities, no formal quality improvement committee, and no identifiable systematic quality assurance initiatives focused on mental health care.

A robust mental health quality assurance/quality improvement program including routine monitoring, targeted improvement studies, and case review would assist in identifying and addressing many of the issues noted in this onsite review.

3. **ACDC should develop an adequate array of mental health services including individual, group, and psychoeducational opportunities for detainees who need them. (Level 1).**

4. **ACDC should develop an adequate array of mental health treatment to address the serious mental health needs of detainees housed in the special management unit. (Level 1)**
5. **ACDC should develop therapeutic treatment activities monitored through a formal treatment plan for detainees who are identified as at risk for suicide. (Level 1)**

Rationale:

NCCHC Standards for Mental Health Services (MH-A-01, an essential standard) notes: "Inmates have access to care to meet their serious mental health needs." They continue: "The intent of this standard is to ensure that inmates can request and have access to care that meets their serious mental health needs and that a range of mental health services is available, adequate, accessible, and provided. It is the foundation on which all National Commission on Correctional Health Care standards are based."

NCCHC Standards for Mental Health Services (MH-G-01, an essential standard) requires that "Outpatients receiving basic mental health services are seen as clinically indicated, but not less than every 90 days. Those with a chronic mental illness are seen as prescribed in their individual treatment plans." The intent of the standard is to ensure that a "range of mental health services are available to inmates with mental health problems so that they are able to maintain their best level of functioning. The immediate objective of mental health treatment is to alleviate symptoms of serious mental disorders and prevent relapses to sustain patient's ability to function safely in their environment."

ACDC does not offer individual, group, or psychoeducational programming to detainees, either in general population housing units or in segregated status. Detainees in segregated status, even for purposes of managing mental illness without any disciplinary infraction, are afforded only the same access to services and time out of cell as detainees housed for security reasons. There is a lack of treatment plan driven psychotherapeutic mental health care to address the causes of suicidality or symptoms of mental illness resulting in placement in the segregated status. Likewise, there is a paucity of therapeutic mental health care other than psychiatric intervention to address basic mental health needs that can help ensure successful functioning in the facility or upon release.

6. **ACDC should develop a system for detainees in segregated settings to request mental health care services in a confidential fashion. (Level 1).**

Rationale:

NCCHC Standards for Mental Health Services (MH-E-05, an essential standard) notes that "All inmates have the opportunity daily to request mental health care." "Oral or written requests for mental health care are picked up daily by qualified health care professionals and triaged within 24 hours. When mental health staff are not on duty within a 24-hour period, a mental health liaison, using facility protocols established by the correctional and mental health authorities, reviews and responds to inmate's mental health requests."

NCCHC Standards for Mental Health Services (MH-H-02, an essential standard) requires that "the confidentiality of a patent's written or electronic clinical record, as well as orally conveyed mental health information, is maintained." NCCHC Standards for Health Services in Jails (J-E-07, an essential standard) provides in the discussion that "there are many ways to satisfy the standards. Inmates can… write their requests on slips that are dropped into a locked box" that are then picked up by health staff who go to all housing areas. The intent of the standard is to ensure that all mental health care needs are met while maintaining the confidentiality of mental health information, including material provided on requests for care.

7. **Mental health evaluation and treatment should be conducted in private without risk of being overheard by other detainees. (Level 2)**

Rationale:

NCCHC Standards for Mental Health Services (MH-A-09, an important standard) requires that "mental health services are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of services."

ACDC routinely places detainees identified as having self-harm or suicidal ideation in suicide watch. Detainees isolated due to risk of self-harm or symptoms of serious mental illness receive daily rounds by mental health staff while standing at the cell door which affords little privacy.

8. **ACDC should modify the intake space or process to allow for privacy during the initial officer screening of the detainee. (Level 2)**

Rationale:

NCCHC Standards for Mental Health Services (MH-A-09, an important standard) require that "mental health services are conducted in private and carried out in a manner designed to encourage the patient's subsequent use of services."

The space used by officers to conduct initial interviews of arriving detainees allows for little privacy. Detainees are asked personal details about mental health needs, traumatic experiences, and sexual orientation, among others, while standing or sitting at a desk surrounded by other detainees or facility staff. The effectiveness of the intake process in gathering vital information for others to use in housing and treatment decisions is negatively impacted by the lack of privacy and may result in serious mental health needs of incoming detainees being missed at intake.

Best Professional Standard

Recommendation: ACDC should develop alternate options for housing of detainees who are suicidal or are placed into segregation status solely because of mental health symptoms.

Rationale:

The American Psychiatric Association noted that "inmates who are in severe psychiatric crisis, including but not limited to acute psychosis and suicidal depression, should be removed from segregation until such time as they are psychologically able to tolerate that setting." Further, "no inmate should be placed in segregation housing solely because he or she exhibits the symptoms of mental illness, unless there is an immediate and serious danger for which there is no other reasonable alternative (APA, Psychiatric Services in Jails and Prisons. Washington, DC [2000])."

NCCHC Standards of Mental Health for Correctional Facilities (2001) state in Appendix D: Suicide Prevention Protocols "To every extent possible, suicidal inmates should be housed in the general population, mental health unit, or medical infirmary located close to staff. Housing assignments should be based on the ability to maximize staff interaction with the inmate, not on the decisions that heighten depersonalizing aspects of confinement" (p. 126).

Placing a detainee who is experiencing psychological distress, including suicide or self-harm concerns, in an environment associated with discipline exacerbates that distress and reduces the likelihood that the detainee will report self-harm ideation or symptoms of serious mental illness in the future.

APPENDIX I

REVIEW OF HEALTHCARE RECORDS

List of Files Reviewed:

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Details of File Reviews:

(b) (6)

Arrived at facility and participated in routine intake interview on 3/4/2017. At intake (b) (6) reported receiving sleep medications. She was referred to psychiatry and on 3/9 was seen and medications continued. The formal mental health appraisal occurred on 5/19/2017 where the detainee reported mental health concerns including depression and anxiety with a history of treatment for postpartum depression. She had already been seen by psychiatry and medications continued so other than a recommendation for the detainee to continue follow-up with psychiatry, no further follow-up was identified. While psychiatric consult was timely for continuing medications, the appraisal which was to occur in 14 days was not accomplished until more than two months after arrival.

(b) (6)

The detainee arrived at the facility on 12/29/2016 and participated in routine intake screen. The mental health appraisal completed within expected timelines on 1/5/2017 identified no history of previous mental health treatment or noted symptoms of mental disorder. On a routine sick

request shortly after arrival, the detainee requested counseling due and was referred to psychiatry. Supportive therapy was recommended. She was referred by medical staff to mental health on 4/3/2017 and on 5/4/2017 was seen by mental health staff to receive psychoeducational materials.

(b) (6)

Detainee was received at ACDC on 3/26/2017. The medical intake conducted same day noted a history of depression, anxiety, and insomnia. He was referred to mental health and participated in the mental health appraisal on 3/29 where he reported panic attacks due to previous trauma. He was recommended for therapy and a medication review. He was seen by psychiatry on the same day and no medications were ordered. Another mental health appraisal was conducted on 4/5/2017 and another psychiatric referral was made. Medication was prescribed and the detainee participated in routine and timely psychiatric consults until his discharge from the facility on 5/17/2017.

(b) (6)

Detainee was received at ACDC on 2/10/2017. He participated in the requisite medical intake evaluation and claustrophobia and sleep issues were noted. He was seen by psychiatry on 2/15/2017 and Seroquel was prescribed. He participated in follow-up consult on 3/14/2017 and at regular follow up appointments in April and May 2017. He remained at the facility at the time of the site visit.

(b) (6)

Detainee was received at the institution on 2/10/2017 and the medical screen on the same day noted no mental health history or current symptoms. This was confirmed at the mental health appraisal on 2/22/2017. The detainee reported sleep difficulty on 3/8/2017, was seen by psychiatrist on 3/9 with no ensuing medication prescriptions. He requested psychiatric consult on 4/7/2017 requesting medications which were not prescribed. He discharged from ACDC on 5/3/2017.

(b) (6)

Detainee was received at the institution on 9/30/2016 and participated in the routine intake screening. He initiated a hunger strike on 10/2/2016 and was seen on 10/5/2016 by mental health staff who identified that the reason for the hunger strike was to protest returning to Cuba. He was seen by psychiatry on 10/16 where he rejected medications. Follow up consults on 2/24/2017 and 3/16/2017 revealed a diagnosis of adjustment disorder and the detainee refused medications. He also refused a medical visit on 5/12/2017 and was discharged from the facility on 5/23/2017.

(b) (6)

Detainee was received on 4/28/2017 and reported no mental health concerns. She was seen for the mental health appraisal on 5/8 and mild depression was noted. On 5/24 she was also seen by medical staff and identified no symptoms of mental illness as recently as 5/24/2017. Notably, this detainee was observed crying in the day-space during this site visit. Further follow-up gleaned that Ms (b) (6) had a history of mental health evaluation at Columbia Regional Care Center in September 2016 prior to be returning to an ICE Detention Center where she refused

consult with psychiatry on 10/13/2016. This reviewer returned to the file to consult previous records with the aid of ACDC director of nursing and no records from prior incarcerations were located in the electronic health record.

(b) (6)

Detainee arrived at ACDC on 4/4/2017 and participated in the medical screening where no mental health history or symptoms were noted. Mental health appraisal conducted on 4/20/2017 confirmed no mental health need or symptoms noted. She has participated in routine timely health care with no mental health follow-up noted.

(b) (6)

Detainee arrived at ACDC on 3/6/2017 and the same day medical screening revealed no mental health history or current symptoms. The mental health appraisal conducted 3/8/2017 noted that the detainee was reporting auditory hallucinations starting at entrance to the jail. The detainee was referred to psychiatry. He was seen on 3/27 and on 3/28 reported self harm ideation and was placed into segregated housing for safety. He was returned to housing unit but at mental health consult on 4/10 requested segregation where he remains. He was seen by psychiatry on 4/14/2017 and prescribed Seroquel. During regular weekly consult on segregation with mental health staff the detainee continued to request segregated status and on 5/12/2017 was identified with a significant mental illness The mental health notes indicated variably that the detainee was housed on segregated status for disciplinary purposes or for safety purposes. There is no noted rule infraction suggesting that disciplinary sanction was imposed.

(b) (6)

Detainee arrived at ACDC on 10/6/2016 and participated in the medical screening on the same day, noting no mental health needs or history. The mental health appraisal conducted 10/12/2016 was consistent with the initial finding and no mental health needs were identified. He was discharged on 11/7/2016.

(b) (6)

The detainee arrived on 12/29/2016 and participated in the medical evaluation on the same day. No mental health needs were identified. The mental health appraisal was conducted on 5/24/2017 – well after the timeframe – and no mental health concerns were identified.

(b) (6)

Detainee arrived to ACDC on 3/24/2017 and did not talk, answer questions, or give information at his medical review or mental health appraisal conducted the same day. He was put in suicide management and seen on 3/28, 3/29, and 3/30. On 3/31/2017 he was seen by psychiatry and diagnosed with a serious mental illness. Medications were offered and the detainee refused. He remained in suicide management on 4/3/2017 where he was observed mumbling. On 4/5 and 4/7 more engagement with staff was noted and no mental health symptoms were reportedly present. A phone call was received from the detainee's mother on 4/10 in which she detailed her view of his deteriorating mental status. The mental health counselor reported that a referral would be made for follow up but there were no reported follow up consults from that date until he was transferred to Columbia Regional Care Center on 4/24/2017 and discharged from ACDC.

(b) (6)

Detainee was received at ACDC on 12/29/2016. Medical intake noted no mental health concerns. His mental health appraisal on 1/12/2017 also identified no mental health concerns. He was sent out for medical needs on several concerns and expressed somatic complaints through 5/10/17. In a note sent with his return from the local hospital the detainee was reportedly identified with depression and medications were initiated. There was no mental health review or follow up consult noted in the electronic health record since his return from the hospital on psychiatric medications on 5/10/2017.

(b) (6)

Detainee arrived at ACDC on 2/6/2017 and endorsed no concerns at the initial screening or at the mental health appraisal which occurred on 2/16, within the expected timeframes. She has requested no mental health consult since her arrival.

(b) (6)

The detainee was most recently placed at ACDC on 1/13/2017. During initial screening and medical intake there were no mental health needs noted and the detainee was discharged on 1/23/2017 with no identified mental health concerns or treatment.

(b) (6)

Detainee arrived at ACDC 6/2/2016 and participated in the requisite screening and medical evaluation on the same day. Previous mental health treatment was noted and he was referred for further mental health follow up. The mental health appraisal took place on 6/13/2016. The detainee identified participating in mental health treatment prior to 2010 but no current psychiatric symptoms. He was again seen by a mental health provider on 8/16/2016 and reported no mental health needs. He was discharged from ACDC on 11/22/2016.

(b) (6)

Detainee was received at ACDC on 2/26/2016. Initial screening revealed no mental health history or symptoms. The mental health appraisal conducted 3/15/2016 confirmed no mental health concerns or history. He was seen by psychiatry on 8/15/2016 after making statements about his health that were viewed as psychosomatic but there were no noted mental health concerns or complaints through the length of his stay until his discharge on 3/10/2017.

(b) (6) **(Complaint 17-03-ICE-0056)**

Detainee was received at ACDC on 7/14/2016 and endorsed history of anxiety controlled by medication. No referral to mental health services was made after the intake screening. Mental health appraisal was completed on 7/29/2016 where the detainee acknowledged sleep difficulty and a psychiatric consult was recommended. He was prescribed medication and received regular follow up visits at reasonable intervals from September 2016 until current. Detainee remained at ACDC as of 5/24.

(b) (6) **(Complaint 17-04-ICE-0123)**

Detainee was received at the facility and participated in the required screening on 7/11/2016. Medical review from 7/12/2016 and mental health appraisal on 7/27/2016 identified no history of

mental health concerns and no current symptoms or need for mental health follow up. Detainee remains at ACDC as of 5/25/2017.

APPENDIX II

LIST OF DETAINEES INTERVIEWED

(b) (6)

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APPENDIX A

Non-Priority/Best Practices Recommendations

Atlanta City Detention Center

Complaint Nos. 16-11-ICE-0592, 16-11-ICE-0594, and 16-11-ICE-0585

Medical

1. ACDC lacks National Commission on Correctional Health Care (NCCHC) Accreditation. Per the NDS, the facility must be accredited by the NCCHC. Although this standard specifically addresses service processing centers (SPCs) and contract detention facilities (CDFs), ACDC, an IGSA, must "establish alternatives to, the procedures specified for SPCs/CDFs, provided they meet or exceed the objective represented by each standard."

Mental Health

2. ACDC medical and mental health services are not NCCHC accredited and do not approach the standards of accreditation for the majority of its care. Engaging in needed programmatic improvements and successfully attaining accreditation by NCCHC would satisfactorily address the majority of concerns related to mental health care observed in the onsite review. As such, ACDC should engage in comprehensive programmatic evaluation and improvements necessary to meet or exceed the accreditation standards of the NCCHC.

3. ACDC routinely places detainees identified as having self-harm or suicidal ideation on suicide watch. Detainees isolated due to risk of self-harm or symptoms of serious mental illness receive daily rounds by mental health staff while standing at the cell door which affords little privacy. ACDC should ensure mental health evaluations and treatment are conducted in a confidential setting without the risk of being overheard by other detainees.

4. The space used by officers to conduct initial interviews of arriving detainees allows for little privacy. Detainees are asked personal details about mental health needs, traumatic experiences, and sexual orientation, among others, while standing or sitting at a desk surrounded by other detainees or facility staff. ACDC should modify the intake space or process to allow for privacy during the initial officer screening of the detainee.

5. Placing a detainee who is experiencing psychological distress, including suicide or self-harm concerns, in an environment associated with discipline exacerbates that distress and reduces the likelihood that the detainee will report self-harm ideation or symptoms of serious mental illness in the future. Therefore, ACDC should develop alternate housing options for detainees who are suicidal or are placed into segregation status solely because of mental health symptoms.

Environmental Health and Safety

6. While testing the shower water temperature in Unit 3NW, the water shower was observed to be below the minimum requirement of 100° F. ACDC should investigate the issues of this water temperature problem until the root cause/problem is found and then ensure that the water temperature level be raised to meet the standard to ensure safety and promote hygienic practices.

7. ACDC should review the menu offerings with a dietitian and make nutritionally sound modifications, where possible, to better accommodate the menu preferences of the various nationalities housed at the facility to ensure compliance with the PBNDS Food Service standard stating, "The FSA shall accommodate the ethnic and religious diversity of the facility's detainee population when developing menu cycles. While each facility must meet all ICE/ERO standards and follow required procedures, individuality in menu planning is encouraged."

8. ACDC should review the menu offerings with a dietitian and make nutritionally sound modifications to ensure a variety of food items served, such as fresh fruit and reducing back to back serving of food items, such as cornbread. This review and modifications suggested will assist in ensuring a balance of macronutrients (protein, fat, and carbohydrates) and variety and assist Atlanta City Detention Center in ensuring compliance with PBNDS 2011 Standard, stating, "All detainees shall be provided nutritionally balanced diets that are reviewed at least quarterly by food service personnel and at least annually by a qualified nutritionist or dietitian."

9. ACDC should put a check and balance system in place to ensure that cleaning and disinfecting procedures and schedules are followed. Regular inspections of the areas should document clearly lack of cleanliness, violation of standards, etc. The inspections should have documented corrective actions taken and when, followed by a follow-up inspection. Facility administration and medical clinic administration should work together to ensure that standards are met on a consistent basis, and if and when standards are not met a plan of action for corrective measures is completed and adhered to.

10. ACDC should review their maintenance plan and ensure that leaking from ceilings, windows, or walls is addressed in a timely manner, and that wet ceiling tiles are removed, the leaking fixed and new ceiling tiles are put in place. In addition, the facility's housekeeping plan should be reviewed to ensure there is detailed information concerning the cleaning of the Intake Area medical screening room. This plan should outline equipment and supplies to be used and exact steps to be taken to properly clean in this area, including sanitizing procedures. There should also be a schedule for ensuring that this area is cleaned at regular intervals, and any equipment used is cleaned and sanitized between each patient screening.

Corrections

11. ACDC should document the language(s) spoken by each detainee to facilitate the process of providing language access.