



Bridgewater State Hospital PAST, PRESENT & FUTURE

HISTORICAL INFORMATION

- ▶ Titicut Follies Film 10/3/1967
- ▶ New Facility Built 1970
- ▶ Various Health Contractors
- ▶ Now Mass Partnership for Correctional Health - MPCCH

What's At Bridgewater?

- ▶ Originally constructed in 1855, today MCI-Bridgewater consists of the following facilities:
 - ▶ Bridgewater State Hospital : medium security prison housing approximately 300 patients and administered by the Department of Correction.
 - ▶ Mass Treatment Center medium security, criminal & civil sex offenders
 - ▶ MASAC minimum security – Sec 35 commitments for treatment for males
 - ▶ Old Colony Correctional Center (OCCC) Mental Health Focused Facility

WHO IS AT BRIDGEWATER TODAY?

- ▶ 305 Male Residents – 250 Patients
- ▶ 53 Cadre (Inmates who are Workers)
- ▶ 710 Admissions Annually
- ▶ 542 Discharges Annually
- ▶ 113 Discharged to DMH
 - ▶ Revolving Door/Dumping Ground

How Does Someone End Up At BSH

- ▶ Court-ordered evaluation under an applicable section of Mass General Law Chapter 123. The length of the observation period can range from twenty to forty days, based upon the purpose of the evaluation. Such evaluations are completed in the effort to determine the following:
 - ▶ Competency to stand trial
 - ▶ Determination of criminal responsibility

HOW DOES SOMEONE END UP AT BSH

- ▶ Ability to await trial in a penal environment
- ▶ Ability to serve a sentence in a penal environment
- ▶ Need for further treatment and/or strict security following a finding of not guilty by reason of insanity
- ▶ Sentencing evaluation

AFTER EVALUATION – WHAT HAPPENS

- ▶ Patients may be committed to this facility following the completion of their observation period if it is determined that they need further treatment and evaluation. Commitment periods can range from six months to one year, and must be ordered by the court

MUST BE COMMITTED TO STAY AT BSH

CPCS Attorneys Represent Patients in Commitment Hearings:

- ▶ 18As – State Inmates
- ▶ 18As – County inmates
- ▶ 7 & 8s - Civil Commitments
- ▶ Not Guilty by Reason of Insanity - NGRI
- ▶ 14s - Transfers from DMH

HOW ARE THEY HOUSED

- ▶ A, B & C UNITS Quiet Rooms, Comfort Rooms
- ▶ MAX 1 & 2 FOR MOST AGGRESSIVE PATIENTS
- ▶ MED WEST – NEED CLOSE WATCH - HIGH PROFILE/VULNERABLE PATIENTS
- ▶ INFIRMARY – SICK, TREATMENT, ELDERLY
- ▶ INTENSIVE TREATMENT UNIT – 13 BED Unit – Humane Restraint System
- ▶ Treatment Programs
- ▶ Commons Building – gym, cafeteria, chapel, clubhouse, library

RECENT HISTORY OF STATE HOSPITAL

- ▶ 2009 --DEATH OF JOSHUA MESSIER
- ▶ 2009-2013 GLOBE SPOTLIGHT ON MESSIER AND OTHER DEATHS
- ▶ 2014 DLC INVESTIGATION Focusing on excessive and inappropriate use of restraint and seclusion
- ▶ 2014 MINICH LAWSUIT Focus also on excessive use of R&S with 3 named plaintiffs but state agreed to class
- ▶ 2014/2015 Both Agreements Finalized

DLC AGREEMENT – DLC MONITOR

- ▶ REDUCE USE OF RESTRAINT AND SECLUSION
- ▶ TRAINING FOR STAFF
- ▶ COLLABORATE WITH DMH – STEPDOWNS AND TRANSFERS
- ▶ NEW POLICIES REGARDING USE OF RESTRAINT AND SECLUSION MEMORIALIZED IN DOC 651
- ▶ ICPS FOR THOSE ORDERED TO ITU FREQUENTLY
- ▶ ACCESS TO OUTDOOR RECREATION AREA
- ▶ DLC CALLS FOR TRANSFER OF BSH FROM DOC TO DMH (LIKE 48 OTHER STATES)
- ▶ EXPIRES DECEMBER 14, 2016

MINICH AGREEMENT – DLC MONITOR

- ▶ Focus also on reduction of use of restraint and seclusion
- ▶ Legible orders
- ▶ Review of patient in restraint every 12 hours & Seclusion every 48 hours
- ▶ ICPs for Patients
- ▶ Family Support Groups
- ▶ Change Milieu of ITU – Phone Calls, Outdoor Rec, Access to Hygiene
- ▶ Training for Staff
- ▶ Minich Agreement Expires March 2017 (unless extended)

DLC MONITORS BOTH AGREEMENTS

- ▶ DLC staff – 4 Attorneys are at BSH 3 days per week
- ▶ Restraint and Seclusion reduced dramatically
 - ▶ Still over used and used for the wrong reasons
- ▶ Concerns regarding appropriate mental health and medical care continue
- ▶ DOC environment still not a good one for treatment/recovery.

BAD TO WORSE

- ▶ CONCERNS ABOUT FUTURE OF BSH WITH BAKER ADMINISTRATION
- ▶ FAMILY MEETING APRIL 7TH
- ▶ LEO MARINO DEATH APRIL 8TH
 - ▶ DLC INVESTIGATES DEATH
 - ▶ FINDINGS ARE DISTURBING
 - ▶ LEO DIED CHOKING TO DEATH ON TOILET PAPER HE RECEIVED FROM MH WORKERS CHARGED WITH WATCHING HIM 24/7
 - ▶ ALSO WATCHED BY CO's WATCHING LIVE VIDEO STREAM FROM CAMERA IN CELL
 - ▶ LEO KILLED HIMSELF WHILE THOSE REQUIRED TO WATCH HIM DID NOTHING TO PREVENT IT

LEO MARINO

- ▶ Death Investigation and our subsequent investigation of Mr. Marino's time at Bridgewater, confirms that Bridgewater not capable of treating and caring for this population
- ▶ DLC Again calls for removal of this facility from DOC control and that DMH take responsibility for the treatment of these patients

LEO MARINO

- ▶ DLC ISSUES FINDING OF NON COMPLIANCE WITH MINICH AGREEMENT AND MINICH CASE REOPENED
- ▶ MINICH ATTORNEYS CALL FOR PLACEMENT IN RECEIVERSHIP
- ▶ UNLESS SETTLED AGAIN, MINICH COULD EXTEND TIME OF AGREEMENT AND MONITORING

PROGRESS BEGINS???

- ▶ APRIL 28TH - FAMILIES MEET WITH GOV BAKER'S CHIEF OF STAFF, SEC BENNETT, SEC SUDDERS & BSH GEN COUNSEL
- ▶ FAMILIES EXPRESS CONCERNS ABOUT LACK OF TREATMENT, INAPPROPRIATE TREATMENT OF FAMILIES WHEN TRYING TO GIVE INPUT AND WHEN VISITING
- ▶ FAMILY COUNCIL MEETINGS ARE SCHEDULED
- ▶ VISITING HOURS ARE EXPANDED

RECENT DEVELOPMENTS

- ▶ HEARING HELD BY JOINT COMMITTEE ON MENTAL HEALTH & SUBSTANCE ABUSE ON SEPTMEBER 13TH
- ▶ RFP FOR NEW PROVIDER OF MENTAL HEALTH AND MEDICAL CARE ANNOUNCED
- ▶ ENHANCED QUANTITY AND QUALITY – MORE TREATMENT STAFF AND LESS COS
- ▶ MOVING VARIOUS POPULATIONS TO OCC AND OTHER PLACES
- ▶ PROMISING AND HOPEFUL BUT CONCERNS REMAIN

OCC: BRIDGEWATER ANNEX

- ▶ 18As State Inmates sent to BSH will be moved to OCC
- ▶ 3 units at OCC
 - ▶ Recovery Unit
 - ▶ Stabilization Unit
 - ▶ Infirmary
- ▶ Separate Outside/Recreation Area
- ▶ Will be Accredited and Must Remain Separate from OCC Inmates

WHERE WE ARE TODAY

- ▶ It is a prison and not a hospital, a culture of punishment not of therapy
- ▶ You cannot change it by replacing administrators --there are some very good ones there, and their inability to fix BSH only proves the need for larger systemic change
- ▶ You cannot change it by cosmetics: new coats of paint, or murals, or landscaping, sprucing up the courtroom or visiting room, or installing better cameras, as nice as all of that may be;
- ▶ STILL BELIEVE BSH MUST BE TRANSFERRED TO DMH