



October 30th, 2025

The Honorable Senator John C. Velis, Chair
Joint Committee on Mental Health, Substance Use and Recovery
State House, Room 513
24 Beacon St
Boston, MA 02133

The Honorable Representative Mindy Domb, Chair
Joint Committee on Mental Health, Substance Use and Recovery
State House, Room 33
24 Beacon St
Boston, MA 02133

Re: Testimony in Support of H.2201: An Act relative to ensuring quality mental health services in state correctional facilities

Dear Senator Velis, Representative Domb, and Honorable Members of the Joint Committee on Mental Health, Substance Use and Recovery:

I am writing to express the National Alliance on Mental Illness of Massachusetts' (NAMI Mass) strong support for **H.2201**, *An Act relative to ensuring quality mental health services in state correctional facilities*. This bill allows the Commissioner of the Department of Mental Health (DMH) to supervise mental health services for incarcerated individuals under the custody of the Department of Correction (DOC).

NAMI Mass is a grassroots nonprofit whose base includes individuals with mental health conditions, their families, and caregivers. Our mission is to ensure that all people impacted by a mental health condition receive the support they need when and where they need it. We understand that people in carceral settings often do not have access to adequate mental health services. That is why we advocate for mechanisms that ensure all people living with mental health conditions receive the care they need.

People living with mental health conditions are disproportionately represented among incarcerated populations. In 2024, 23.4% of U.S. adults experienced mental illness, and 5.3% experienced

serious mental illness (SMI);¹ comparatively, of the Massachusetts prison population, 42% of men and 78% of women had an open mental health case in 2024, while 37% and 74% respectively live with SMI.² These staggeringly high percentages illustrate the fact that there is a considerable need for quality mental health services in our jails and prisons.

In the Commonwealth, the provision of mental health services to prisoners is overseen entirely by DOC. Section 17A of Massachusetts General Law C.127 mandates the Commissioner of the Department of Correction to establish programs in state correctional facilities for inmates in need of mental health services as well as provide mental health training to DOC staff.

However, DOC has been proven unable to administer adequate mental health services. In 2020, the United States Department of Justice released the results of an investigation into the Massachusetts Department of Correction, concluding that the conditions in DOC prisons violated the Eighth Amendment of the U.S. Constitution.³ In an extensive report, they detailed many examples of the Department's failure to provide adequate supervision or mental health care to prisoners in mental health crisis, including failing to remove instruments used to commit acts of self-harm, failing to properly treat suicidal prisoners and prisoners who self-harm, and imposing excessively restrictive, violating, and harsh conditions upon prisoners under therapeutic supervision, among other violations.⁴

Over the past few years, the DOJ has monitored DOC's compliance under a Settlement Agreement to address these conditions. Despite DOC's substantial or partial compliance with most of DOJ's requirements, recent compliance reports highlight several continued issues with DOC's delivery of mental health services.⁵ Prisoners are still regularly restrained during contact with mental health staff even when it is unnecessary; there have been only modest improvements to, and in some cases worsening of, individualized assessment and multidisciplinary treatment planning for individuals in mental health crisis; and facilities like Souza-Baranowski Correctional Center (SBCC) and MCI-Norfolk have experienced difficulties delivering mental health services and protecting individuals experiencing mental health crisis.⁶ Furthermore, low staffing levels have contributed to longer waits for mental health care and an increase in mental health crises,⁷ while

¹ National Alliance on Mental Illness. (2025). *Mental Health By the Numbers*. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>

² Massachusetts Department of Correction. (n.d.). *Quick Statistics*. Retrieved October 28, 2025, from <https://www.mass.gov/info-details/quick-statistics>

³ Civil Rights Division & District of Massachusetts. (November 17, 2020). *Investigation of the Massachusetts Department of Correction*. United States Department of Justice & United States Attorney's Office. https://www.justice.gov/d9/press-releases/attachments/2020/11/17/2020.11.17_-_mdoc_cripa_notice_final_0.pdf

⁴ Civil Rights Division & District of Massachusetts. (November 17, 2020). *Investigation of the Massachusetts Department of Correction*. United States Department of Justice & United States Attorney's Office. https://www.justice.gov/d9/press-releases/attachments/2020/11/17/2020.11.17_-_mdoc_cripa_notice_final_0.pdf

⁵ Kapoor, R. (September 20, 2025). *Massachusetts Department of Correction Compliance Report #5*. <https://www.mass.gov/doc/dqe-report-9-20-25/download>

⁶ Kapoor, R. (September 20, 2025). *Massachusetts Department of Correction Compliance Report #5*. <https://www.mass.gov/doc/dqe-report-9-20-25/download>

⁷ Dewey, E. (July 22, 2025). Has The Inhumane and Costly Massachusetts Prison Health Care System Improved Under New Management? *The Shoestring*. <https://theshoestring.org/2025/07/22/has-the-inhumane-and-costly-massachusetts-prison-health-care-system-improved-under-new-management/>

those staff who have been hired to provide direct clinical care are mostly inexperienced clinicians who do not yet have their independent licensure.⁸

In addition to these overt infractions, there is a notable lack of minimum standards for the Department of Correction's provision of mental health services. Without such standards, or any disclosures around service delivery and outcomes, there is no guarantee that quality services are being carried out, regardless of whether DOC is found to be complying with the DOJ's requirements. Simply put, DOC is not expected to be an expert on providing mental health care: in Massachusetts, that role belongs to the Department of Mental Health.

To close this gap, H.2201 would grant the Commissioner of DMH supervision over the provision of mental health services to prisoners in the custody of DOC, establishing minimum standards to ensure the adequate delivery of these services. It is highly sensible that the Department of Mental Health, as the State Mental Health Authority, would have oversight of the services provided to a significant population of vulnerable individuals living with mental health conditions, especially given the history of inadequate care and violations alleged against both DOC and the current behavioral health contract holder, VitalCore.⁹

In contrast, DMH has a proven track record in creating safe environments that foster healing and provide comprehensive care, prioritizing therapeutic services, peer support, and "humane, person-centered care and treatment."¹⁰ Regardless of where someone receives mental health services, these defining features of quality treatment are essential for the well-being and successful recovery of individuals with mental health conditions. Additionally, DMH regularly reviews data and employs targeted strategies to reduce restraint usage, offering stronger regulations, accountability measures, and standards of care than DOC. By allowing the Commissioner of the Department of Mental Health to audit each correctional facility at least once every six months, H.2201 would facilitate this level of transparency and quality in DOC-run facilities.

If the Commonwealth is serious about protecting the rights and promoting the well-being of its residents, mandating oversight of the Department of Correction's mental health services by the Department of Mental Health is prudent. Individuals who are incarcerated in Massachusetts deserve access to quality mental health care, and providing oversight of the provision mental health services to DMH is an important step towards assuring this right and fostering a rehabilitative environment without undermining DOC's control over the services in their facilities.

I urge you to report favorably on H.2201. Allowing the Commissioner of the Department of Mental Health to supervise mental health services in DOC facilities and establishing minimum care standards would better serve every incarcerated individual in Massachusetts by protecting their rights and guaranteeing access to quality treatment.

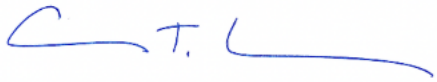
Thank you for your attention to this matter.

Sincerely,

⁸ Kapoor, R. (March 22, 2025). *Massachusetts Department of Correction Compliance Report #4*. <https://www.justice.gov/crt/media/1402961/dl>

⁹ Equal Justice Initiative. (July 30, 2025). Investigation Reveals Widespread Medical Neglect in Mississippi Prisons. <https://eji.org/news/investigation-reveals-widespread-medical-neglect-in-mississippi-prisons/>

¹⁰ DMH Mental Health Licensing Division. (2023, April). *Hospital Based Human Rights Training* [PowerPoint slides]. <https://www.mass.gov/doc/hospital-based-human-rights-training/download>

A handwritten signature in blue ink, appearing to read 'E.T.L.', with a long horizontal flourish extending to the right.

Eliza T. Williamson
Executive Director
NAMI Massachusetts
331 Montvale Ave
Suite 200
Woburn, MA 01801