



AN ACT TO TRANSFER BRIDGEWATER STATE HOSPITAL FROM THE DEPARTMENT OF CORRECTIONS TO THE DEPARTMENT OF MENTAL HEALTH

H.1698/S.1135 Rep. Balsler/Sen. Creem

NAMI Mass supports legislation to transfer the responsibility for the operation and oversight of Bridgewater State "Hospital" from the Department of Correction to the Department of Mental Health. Transfer of oversight will ensure that the quality of care and level of safety for patients at Bridgewater receive matches that of a mental health facility and will facilitate a shift in the cultural environment of Bridgewater to a more patient-centered clinical rehabilitation model.

Overview & History of Bridgewater

Bridgewater State Hospital (BSH) is not a "hospital" but a medium-security prison for men. Much of the general population believes that BSH is where the criminally insane, wildly violent and dangerous prisoners are sent. However, the majority of BSH patients have never been convicted of a crime, but instead are committed after being found incompetent to stand trial or not responsible for their actions. In many cases, they are charged with only minor infractions.

Despite these population characteristics, BSH has long been known as a rough place where guards often strapped patients down or locked them in isolation cells for misbehavior — and where some patients met gruesome deaths. In 2013, patients at Bridgewater State Hospital were placed in restraints or isolation more than 100x the rate of patients at other MA state mental health facilities.

In 2016, Leo Marino, a 43-year-old father of two with a history of mental illness and suicide attempts, choked himself to death in an isolation unit; questions were raised about adequate monitoring by Bridgewater staff and an investigation into the facility's operations was initiated. The report following the Disability Law Center's (DLC) investigation concluded that "the system utterly failed in the single task of preventing Mr. Marino from committing suicide" and had he been placed in a Department of Mental Health hospital, Marino would have had human contact, therapy and programming rather than frequent placement in isolation. In March 2017, the state brought in outside company Correct Care Recovery Solutions (CCRS) to provide quality treatment, security, and shift the culture at BSH to reflect a real commitment to treatment instead of punishment.

"Despite the progress that we're seeing we still think Bridgewater should be transferred from DOC to DMH. Bridgewater will never become a mental health facility with a therapeutic culture while it remains under DOC"

-Christine Griffin
Disability Law Center

"Massachusetts can seize this opportunity to reestablish itself as the national leader in mental health treatment. Liberating Bridgewater State Hospital from DOC control will be an important and symbolic step."

-Jordan Harris
Pioneer Institute

Next Steps: Shifting from DOC → DMH

Though CCRS has made tremendous progress, even CCRS itself acknowledges that great challenges still exist in transforming BSH, especially when addressing issues that require collaboration with outside agencies and organizations. Many of these barriers can be attributed to Bridgewater still being under the control of the Department of Correction (DOC), which lacks the same capacity as the Department of Mental Health (DMH) to address the needs of their patients. Specific concerns outlined in DLC's 2018 follow-up report that would be better addressed by DMH are:

Massachusetts is one of only two states that confines individuals with mental illness to a correctional facility.

It is imperative that MA joins the rest of the country in shifting the oversight and control of Bridgewater State Hospital to DMH, the department capable of providing the services necessary to properly care for and treat patients with mental illness.

Physical Plant

- BSH was not designed according to current mental health facility standards, putting staff and patients at risk due to issues including temperature control, broken doors, clogged toilets, damaged fences, broken security cameras etc.
- These issues would have to be addressed by DMH, who would be required to ensure the physical plant is conducive to the mission of treatment and recovery.

Person-Centered Treatment

- One of the clear goals of CCRS when it began its tenure at BSH was to ensure that all persons served are involved in their own treatment planning from admission to discharge.
- Though great strides have been made in policy changes, implementation of such practices have been slow under DOC control.
- DMH encompasses a more clinical perspective and better equipped to ensure that persons served are provided proper person-centered treatment throughout their stay at BSH.

Programming

- Though CCRS has worked to implement changes to improve the effectiveness of their programs, many of their efforts remain aspirational, especially for individuals with intellectual and developmental disabilities
- Lack of coordination between DOC, CCRS, DMH, and DDS is a significant barrier
- DMH is better equipped to implement effective programming, especially for individuals where more specialized efforts are necessary.
- DMH is better suited to facilitate multi-departmental collaborative efforts for clinical programming.



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