



Disability Law Center

Massachusetts Protection and Advocacy

A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital



Exterior barbed wire fence and exterior sign at Bridgewater State Hospital.

A Report to the President of the Senate, the Speaker of the House of Representatives, and the Chairs of the Joint Committee on Mental Health Substance Use and Recovery, the Joint Committee on the Judiciary, the Senate Ways and Means Committee, and the House Ways and Means Committee, submitted pursuant to the FY 2019 Budget (Acts of 2018, Chapter 154, Item #8900-0001.)

February 25, 2019

Introduction and Overview

This monitoring report covers the period from July 1, 2018 to December 31, 2018. Similar to our last report in the spring of 2018, there continues to be much positive change at Bridgewater State Hospital (BSH). This positive effort, however, occurs against the backdrop of an extremely challenging physical environment. Virtually all forward progress necessarily must surmount difficult physical conditions caused by a deteriorating 45-year-old building that is not designed in accordance with current day mental health facility standards. As described in greater detail below, these challenges are created by the constant day-to-day deficiencies of the physical environment, affecting virtually every aspect of the infrastructure, including the heating, cooling, plumbing, and electrical systems, as well as those that result from an outdated design which fails to support or facilitate good mental health treatment for men deemed needing “strict security.” A second ongoing challenge to the forward progress at BSH described more fully below, is the substantial and near-constant change in the senior staff and leadership, both at the vendor, Wellpath (formerly CCRS)¹ and at the Department of Corrections (DOC). The BSH staff deserve credit for all the positive advances they have achieved -- especially when understood in the context of a hostile physical setting and the ongoing changeover among senior and critical staff members – but the men at BSH and the staff who treat them truly deserve a physical plant and environment that support, not hinder them.

Extent of Monitoring Effort

During the period from July 1, 2018 through December 31, 2018, DLC staff were on site 32 staff days. Throughout this time, CCRS/Wellpath afforded DLC broad and unhindered access to a range of different meetings, including the morning Safety Huddle, quarterly Governing Body meetings, DOC-DMH quarterly meetings, as well as a wide variety of other meetings and events, including the newly formed PS Governance meeting. This significant presence on the grounds of BSH and OCCC was especially important during this period, as there was turnover in the overwhelming majority of the senior positions within DOC and Wellpath staff. In addition to attending a wide range of meetings on site, DLC regularly received and reviewed important

¹ The vendor Correct Care Recovery Solutions (“CCRS”) changed its name to Wellpath (“WP”) in November 2018. For consistency this Report will refer to them using their current name, Wellpath, to avoid confusion.

documents, such as the daily nursing reports, enabling DLC to follow developments and identify major trends or concerns.

Physical Environment/Physical Plant

During this past six month period, a substantial portion of DLC's time and effort needed to be devoted to issues relating to the ever deteriorating physical plant of BSH and negative effects on Persons Served ("PS") from the physical environment at BSH.

Extreme Heat and Humidity: By way of background, there is no central air conditioning in any of the buildings at BSH, except for the Administrative Building with staff offices. The Medical Building has partial humidity control but it is not consistent and is not capable of dramatically lowering temperatures. Throughout the facility, there are spots with air conditioning units to cool medication storage areas and some staff offices, but none of them are consistently reliable; some do not function at all and some cannot be controlled so it may cool too much. (*See Attachment 1, DOC January 14, 2019 Letter to Stan Eichner, for description of split air conditioning units being replaced to cool nurse/medication areas.*) Other than parts of the Medical Building that are sometimes less humid, no PS living areas or recreation areas are air-conditioned in this purported hospital setting.

The first two months of the monitoring period, July and August, warm weather resulted in extremely hot temperatures at BSH. For example, in August 2018, temperatures as high as 90 degrees with humidity as high as 69% were recorded in both the medication storage area and the PS hallway in Adams Building. Generally, individual PS rooms have less airflow and higher temperatures than in the hallways. High heat and humidity can have especially harmful effects on PS at BSH. These individuals with mental and sometimes physical disabilities are in need of hospital level of care and are the most vulnerable to exacerbating environmental factors. High heat and humidity may not only intensify symptoms of mental illness, but may cause harmful side effects to medications. For example, many psychiatric medications increase the body's sensitivity to heat and others inhibit the body's ability cool through perspiration. In addition, certain symptoms of mental illness and medication cause individuals to bundle on clothing,

which is especially dangerous in extreme heat and humidity and creates additional safety challenges for PS and staff.

This summer, Wellpath staff members were sent out to doctors because of heat-related symptoms. PS complained to DLC of heat-related symptoms, including headaches, tiredness, sunburn, salty skin, perspiring until they could not perspire any more, and difficulty breathing in rooms due to no air circulation. High heat and humidity can have especially harmful effects on individuals who are receiving substantial doses of medication. Temperature control was a constant problem both in individual rooms as well as in common areas. For example, broken air conditioning units resulted in excessive heat that can jeopardize the efficacy of medications. Overheating did jeopardize camera equipment and caused several instances of alarms and fire scares in the Lighthouse building. Wellpath employed a number of ad hoc corrective strategies, such as establishing cooling centers, providing access to water by having Igloo water coolers on each unit, handing out frozen pops and relaxing the staff dress code to allow for wearing shorts, (though some staff expressed their discomfort wearing shorts concerned about inappropriate responses from certain PS). These strategies were, however, limited at best and ultimately ineffectual in remediating the institutional challenges of providing a humane environment that facilities appropriate mental health treatment in an outdated 45-year-old building that is not air-conditioned.

To further illustrate the substantial, if not insurmountable, challenge of providing safe and appropriate care in such a setting, when Wellpath offered to provide portable air conditioners on the units, it was informed that the existing electrical system was not capable of meeting the electrical need of air conditioners. This issue vividly illustrates the inherent and substantial limitations imposed by this outdated facility. The old structure retains heat and lacks central cooling, but even a stopgap strategy of air conditioners could not be employed because the inadequate infrastructure of the facility was incapable of meeting the electrical needs of air conditioners. So even where the vendor has expressed its willingness to go the extra step and obtain air conditioners, the inadequate infrastructure prevents such a remedial response from occurring. In a meeting in October, called by DLC to address problems with the physical environment, DOC's response to recurring serious heat crises – that it was an especially hot

summer – is wholly inadequate. DOC had to acknowledge that the problem is rooted in a structural problem that cannot be ultimately fixed. More critically, DOC’s response fails to provide an effective remedial plan that would avoid the problem repeating year after year, with potentially fatal results. Significantly the problems that result from the inadequacy of the physical plant issues at BSH are not limited to just the high heat and humidity of the summer season. Winter cold, snow and ice also create challenges to appropriate treatment of PS. For example, while this Report was being drafted in January, off-unit movements and programming were suspended for 2 days because the Recovery Place (programming in a “temporary” modular building in use since 1989) only registered 44 degrees and outdoor walkways were still icy to traverse. More global and more permanent fixes must be undertaken to replace the aged failing structure so the health and well-being of Persons Served and staff will not be compromised or jeopardized by an unacceptably bad physical environment.

Mold Outbreak: The other acute environmental crisis in the fall concerned the presence of mold in the basements of several of the buildings at BSH. A leak in the antiquated steam heat system, caused a “mold explosion” to occur in the basement of the Medical Building, while failed waste pumps resulted in four inches of water in the basement of the Administration Building. Medical and other records in the basement were covered by mold, as well as the walls and floors in those buildings. Wellpath materials and facility records had to be evacuated from the basement. Based upon the earlier extreme heat conditions and the mold outbreak, DLC found, under the Protections and Advocacy statutes, probable cause that PS might be subject to neglect for failing to provide a safe physical environment. DLC retained the services of a highly regarded expert on mold issues and contacted DOC, seeking to tour BSH and take mold samples. In response, DOC proposed instead that a meeting occur so DOC could describe what efforts had been made to address the mold issue, suggesting that the information would ameliorate DLC’s concern. On October 16, a meeting between DOC and DLC staff and its retained expert occurred, during which DOC shared information about its efforts to address the mold issue. DOC also shared documents before and after that meeting about remedial efforts and testing results. Rather than ameliorating DLC’s concerns, the information provided actually increased its concerns. DLC’s retained expert did not feel that the testing or the remedial efforts were sufficiently rigorous to identify or remediate the problem. Other information shared by DOC

reinforced concerns about the quality of air at the facility – for example, DOC acknowledged that neither the air exhaust units on the buildings, nor the air ducts in any of the buildings, *have ever been cleaned since the building was built in 1974*. DOC has most recently reported to DLC that they are “exploring hiring a private company to clean all of the exhaust ductwork.” (See Attachment 1, DOC January 14, 2019 letter.) Based on their continuing concerns, DLC renewed its request in early November to tour the facility with its retained expert and take mold samples (without cost to DOC) to see whether the problem had in fact been resolved. In response to DLC’s renewed request, DOC sent a letter dated November 9th denying DLC the opportunity to tour the facility and test for the presence of mold. DOC argued that neither DLC’s federal Protection and Advocacy authority nor in its role as the General Court’s monitor of the efficacy of service delivery reforms at BSH provided DLC with the authority to take mold samples. DOC’s letter also expressed its view that DLC’s authority was narrowly limited to only those areas where PS lived. This is despite the fact that DOC’s own testing revealed the presence of mold on the second floor of the Administration Building where Wellpath offices and a well-used conference room are located.

DLC believes that it would be in the interest of both DOC and the Persons Served to have the information clarified. The test results would either confirm that DOC’s efforts were successful – presumably providing relief to staff and PS; or help identify the remaining presence of a mold problem that needs to be effectively remediated. Additionally, in DLC’s view, the testing should not be limited to just where PS are, because the effect on the health and well-being of the staff would also be a valid concern of the Commonwealth. The ability to conduct such testing is integrally related to the General Court’s directive to DLC to monitor “the efficacy of service delivery reforms at BSH.” To this day, it is unknown the extent to which the mold outbreak continues to be a threat to PS and staff at BSH. What is known is that the origin of the mold explosion was a leaking steam heating system that caused the mold to grow at an astronomical rate. Once again the best the facility can do is patchwork fixes that will invariably fail again, with potentially greater harmful or dangerous results. As recently as mid-December, when DLC conducted a visual inspection of the site, no less than seven black spots were seen in areas where PS live, but because DLC was denied permission to test those spots for the presence of mold, one

does not know which of these dark spots might pose a health hazard and which might be harmless.

Other Problems with the Physical Plant: On any given day at BSH one might find broken doors, clogged toilets, lost hinges, damaged fences, missing bolts, broken security cameras, malfunctioning security monitors, missing tiles, falling ceilings, painted over vents or a host of other problems, stemming from the age and use of the building. Before and during our recent physical inspection of BSH on December 18, various members of the maintenance staff worked feverishly to catch up with the ever long list of issues that need to be fixed or patched, but despite best efforts, it was not possible for them to catch up to the need. As corroborated by both DOC and WP, the deteriorating condition of the physical plant requires near constant patchwork repair. (*See* Attachment 1, DOC January 14, 2019 letter and Attachment 2, Wellpath January 2019 letter.) Probably one of the most daunting challenges over the years has been the leaky roof over the gym in the Commons building. Throughout the entire time that DLC has been monitoring BSH, the roof over the gym has leaked after sizable rain or snow storms. Each time that happens large buckets are strategically placed in the gym, forcing programs to work around the buckets or be canceled all together. The roof gets patched, only to spring a new leak in a similar or nearby location. DOC did make plans to put on a new roof, but before the project could begin, asbestos was discovered in the ceiling, so the roof replacement project had to be delayed until sometime in the spring. We are aware of at least one instance where a PS slipped on the wet floor and had to receive medical attention. Over the summer overheating in common areas caused the walls to sweat and drip, resulting in dangerous slippery conditions and health risks to PS and staff. Here too a staff member who was providing 1:1 attention to a PS fell on the slippery floor and had to be taken for medical help.

Another problem that illustrates the ongoing deterioration of the physical plant has been the inability to reliably provide consistent hot water in the Medical building in conformance with the DPH regulations. Numerous times the hot water was unexpectedly shut off, ran out or broken. The defective valve was finally identified and a replacement was ordered in mid-December. However, prior to replacement, asbestos was identified on insulated water pipes and must first be abated. (“A purchase requisition to remove the asbestos was submitted to the DOC Fiscal

Division on 1/10/19 for approval.”) (*See Attachment 1, DOC January 14, 2019 Letter.*) As a temporary stop-gap measure, BSH maintenance was able to get two showers in an adjoining building in the gym operational, but of course, even that short term fix imposes extra time demands on staff and an extended walk in the cold for PS.

In every one of its public reports, DLC has implored the Commonwealth to change the administration and oversight of BSH to the Department of Health (DMH), enabling Massachusetts to join the other 48 states in having such a facility under the control of its department of mental health. Significantly, DMH has strenuously resisted such calls, expressing its extreme reluctance to do so as long as BSH is operated out of the existing 45-year-old building, all to the detriment of the Persons Served.

Staff Turnover

During this monitoring period, there has been a striking amount of turnover among eleven key leadership positions at Wellpath. Except for three positions that remained the same, every other leadership position changed at least once and some positions changed more than once, including Administrator. While Wellpath reports a less than 4% overall vacancy rate, there remain high levels of turnover for every category of employee at BSH. Wellpath has made recruitment efforts in an attempt to stabilize staffing, but turnover and leadership vacancies remain. Of the eleven unstable leadership positions, a substantial number of positions only have someone in an “Acting” capacity or remain vacant, such as the Administrator, Assistant Administrator, the Nursing Director, Risk Manager, and Family Engagement Specialist. At the end of 2018 approximately, 32 jobs were posted for Bridgewater State Hospital on the Wellpath website. On the DOC side, the one constant was the presence of the Superintendent, although virtually every other position, both higher and lower than hers did change. The consistent presence and engagement of the Superintendent enabled significant progress to be made in a number of important areas. Perhaps most notably, the Superintendent promoted and obtained a consistent level of cooperation between Wellpath and DOC staff, especially at OCCC. As described more fully below, the Superintendent worked to substantially improve programs and opportunities for the PS at OCCC. When DLC brought a time-sensitive visitation issue to the attention of the Superintendent, she was able to resolve it quickly and effectively. DOC also enhanced

Administrator James Rioux's position to include being on-site at Bridgewater on a daily basis to focus on issues at BSH in real time. Administrator Rioux has been extremely helpful on physical plant issues as well as tracking restraint and seclusions. He is also charged with improving parity between BSH and the units at OCCC. Without a Deputy Superintendent on site at BSH, Administrator Rioux's expanded role and presence is a vast improvement for DOC oversight at BSH.

Persons Served in the RU and the ISOU Units at Old Colony Correctional Center

DLC's May 2018 Report had identified significant concerns with the conditions and programs for the men at the two BSH units at OCCC, pointing out that these individuals had not enjoyed the benefits of the changed culture experienced by those remaining at the State Hospital and that their program needs were typically subordinated to the logistical and administrative needs of that correctional facility. Under the leadership and direction of the Superintendent, those concerns of disparate treatment have largely been addressed, resulting in significantly improved programs and services for PS at OCCC. The first order of business was making sure that Wellpath and DOC staff communicated and coordinated with each other. The second step was to review what programs and services were being provided at the State Hospital and to substantially replicate them at OCCC. One of the concerns identified in the May report was the need for more access to the yard, not just the thin slab of unprotected concrete immediately outside the units. That issue has been addressed in a number of ways, including access to a larger shared yard, fully functional benches, a vegetable garden, a full basketball court and hoop, and some lawn game equipment. Inside exercise has been promoted by the provision of exercise bicycles.

Programming, which had been fairly limited, has been substantially increased and participation has increased. A therapy dog has been used to very good effect on both units. One of the Peer Specialists from BSH goes over to OCCC once a week. The effort by the Superintendent and the staff of Wellpath and DOC has had a very positive effect on the PS in these two units at OCCC.

Developmental Service Program (DSP) and Persons Served with Intellectual and Developmental Disabilities

The May 2018 DLC Report had identified concerns with this program for this population. The contract with the longtime outside vendor was ended and Wellpath decided to administer the

program itself. In the course of that transition, Wellpath decided that it would integrate these individuals into their overall improved programming, rather than having a separate segregated program. DLC supports this model with the goal of effectively integrating these PS into general programming while specializing treatment and discharge planning to their individual needs. Wellpath indicated that it was going to hire staff with specialized backgrounds in this area. Apparently, a person specialized in these issues was hired but then left. So even though Wellpath changed the nature of this program back in the summer, promising to deliver an evidence-based program with specialized staffing, it has not yet been able to deliver on that promise. Additionally, Wellpath anticipated that by last summer they would generate and share data attesting to the success of the program, but that also has yet to occur as well. In the meantime, Wellpath has integrated PS from this program into their overall programming and has stated that it is progressing well. We have not received data supporting that view and look forward to receiving it once Wellpath begins to generate such data.

Food and Nutrition

A concern had been raised about whether the diet at BSH was suitably designed to be healthy for PS who might have health conditions that would be exacerbated by poor nutrition. DOC reports that Wellpath has a process in place by which a Wellpath dietician evaluates each PS to determine whether a specialized diet is needed. If a PS is identified as needing a modified diet, a therapeutic diet order can be written by the medical doctor. Concerns have also been raised about both the quality/freshness and variety of food at BSH. As part of future monitoring, DLC will be reviewing how well Wellpath's dietary evaluation process works throughout its different stages and other food-related issues.

Programming

Within this reporting period, programming has vastly expanded at both BSH and OCCC. Reconfiguring staffing during groups at BSH and expanded access to different spaces at OCCC have both allowed Wellpath programming room to grow. At BSH, programming is offered off unit for those PS with no restrictions, and on unit for those PS who are restricted to units for safety reasons. Programming is a mix of evidence-based groups, skills groups, and activity groups. While there is room for developing and expanding programming, this last period was a

big step forward and long overdue. Wellpath is now focusing on trying to capture data about individual PS and programming attendance. Currently, they are capturing how many groups are offered and how many attendees there are, but there is no connection back to assess or document the impact on the individual PS. Once the data is expanded and more specific, Wellpath may be able to track progress, setbacks, trends, etc. and connect them to programming attendance and participation. DLC continues to wait for this level of data tracking and will continue to monitor Wellpath's programming initiatives.

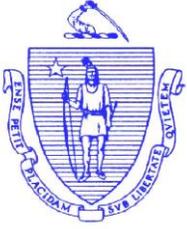
Reporting to Monitor

DLC remains concerned about the level of reporting from Wellpath to DOC and/or DLC. Specifically, policies, practices, and data around medication orders or assaults have not been transparent. After many months, DLC is still waiting for a final policy on medication orders. Wellpath is following neither a DOC nor a Department of Mental Health policy but rather their own version of the legal requirements, *see* description in Attachment 2, Section 2, WP January 2019 letter. DLC remains deeply concerned about these practices, as described more fully in its May 2018 Report, at 3-5. DLC has also requested that Wellpath report on staff and PS assaults but has never received this data. Recently, DLC requested that this data be reported on to the BSH Governing Body, as it had once been before Wellpath took over the contract.

System-wide Change to the Physical Environment Required

Although there has been positive progress at BSH, time, energy and resources that would otherwise be available to provide services and programming to PS must be siphoned off to address an inadequate and failing physical plant. Instead of the resource drain of patchwork fixes, the Commonwealth needs to construct a modern facility that can effectively provide humane and appropriate treatment to this extremely needy population. DLC urges the Commonwealth to proceed with addressing this long overdue unaddressed need under the auspices of the Department of Mental Health.

Attachment 1



The Commonwealth of Massachusetts
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January 14, 2019

To: Stan Eichner, Director of Litigation

Through: Jennifer Gaffney, Acting Deputy Commissioner
Sean Medeiros, Assistant Deputy Commissioner

From: Suzanne Thibault, Superintendent

Re: **Six Month Report for DLC (BSH and OCCC)**

As you requested, I am providing the following updates regarding the physical plant, administration of medication, programming, Developmental Services Program (“DSP”), PS at the Recovery Unit (“RU”) and Intensive Stabilization Unit (“ISOU”) staff turnover at Wellpath and DOC, and Diets.

Physical Plant

The Department of Correction (“DOC”) has purchased and received replacement split air conditioning units for the Adams and Bradford Buildings. It is expected that these units will be installed in the spring of 2019. The DOC Maintenance staff will also be making necessary repairs on all of the exhaust fans in each unit to improve air flow/ventilation for staff and patients during the summer months. BSH Maintenance is also exploring hiring a private company to clean all of the exhaust duct work to remove any excess dust build up and to clean and sanitize the supply duct.

The DOC’s Department of Resource Management facilitated roof repairs in 2018 which included the Attucks/Commons Building, Bradford/B Building, Lighthouse/Medical Building, Berkshires/Max Mods/. The roofs for the Administration Building and Gym have been bid out and awarded for replacement by the DOC; this project is expected to be completed this summer. Currently the DOC Maintenance staff and Wellpath are monitoring ceiling leaks in the B Building and Medical Building as part of the effort to determine the origin of any leaks before attempting

a repair. Adequate rainfall is necessary to visibly observe any leaks in these areas in order to perform the proper repairs. If it is determined that the roof in these buildings are the cause of any leaks, the roofs are still under warranty and the vendor who performed the repairs in 2018 will return to make the necessary repairs. As roof leaks are repaired and no longer leaking water, the ceilings will be repaired by Wellpath and DOC Maintenance in the next few months.

The DOC has purchased a hot water heater and micromixer for the Lighthouse/Medical Building to increase water temperatures to the Department of Public Health (DPH) standard of 110 degrees. Prior to installation, asbestos insulated water pipes located in the Medical Building mechanical room will need to be abated. A purchase requisition to remove the asbestos was submitted to the DOC Fiscal Division on 1/10/19 for approval.

As indicated in my DLC response dated 6/8/18, Wellpath and DOC are committed to refreshing each housing unit. This includes applying new paint and finish, relocating nursing stations, along with the associated sink and AC unit; creating a new break room area for the staff, and removing and replacing all of the extruded metal finishes of the old unit control rooms with Lexan and glass. The following units have been renovated to date: Carter/C Building, Hadley/Max 1, and Lenox/Max 2. The Adams Building is currently being renovated by Wellpath staff. It is expected that the remainder of the units will be renovated by the end of 2019.

In early December 2018, the DPH conducted an audit of the BSH physical plant. Although many previous areas of concern were corrected by Wellpath and BSH Maintenance staff, there remains some work to do. The BSH Maintenance Department will be receiving training from the OCCC Maintenance Department the week of 1/14-1/18/19 on how to resurface the shower floors and booking holding cell floor using a special water/slip/peel resistant material. Wellpath and BSH Maintenance will also be replacing tiles where needed, painting where needed, cleaning vents, and repairing sinks and showers before DPH returns in June 2019. Furthermore, once a two man lift can be positioned in the outside yard, the windows on the Adams/A Building will be power-washed to remove any sediment/debris. Additional lighting in the yard will also be restored when it is appropriate to use the two man lift outside.

Snow Removal

In December 2018, a snow removal plan was devised using BSH Maintenance staff and an inmate workforce of up to ten inmates who are classified to OCCC Minimum. BSH Maintenance staff will be the primary responders and will be responsible for clearing the parking lot, outside perimeter, inner perimeter, vehicle trap, walkways, emergency exits etc. BSH Maintenance staff will contact the Shift Commander for Wellpath to determine if any additional areas need to be shoveled, plowed, or salted before leaving.

Administration of Medication

DOC correctional staff plays a significant role in the preparing of passively and actively resistant patients for intramuscular medication at OCCC as part of an Emergency Order or compliance with Court Authorized Treatment (“CAT”). DOC staff works in concert with Medical and Mental Health providers in the Intensive Stabilization Unit (ISOU) to establish whether the patient can receive his medication while seated in a chair, if the patient requires wrist restraints while seated, or requires humane restraints. The OCCC and Wellpath administration are currently working together to establish new Humane Restraint and Intramuscular Medication procedures for OCCC that will improve medication delivery times, communication between involved staff, and staff safety.

OCCC Administration is pursuing moving the ISOU Medical Treatment Room to G15 in order to safely administer medical treatments, emergency medication and CAT to compliant patients, and for physical therapy. This room will be kept free of unnecessary medical equipment and can be monitored via video camera.

Programming

Programming has increased since the inception of the RU and ISOU at OCCC in March 2017.

Recovery Unit

According to Wellpath's Program Schedule, patients housed in the RU have access to 32 hours of programming between Classroom #6 and #8 each week which includes:

Team Solutions, Mindfulness, Dual Diagnosis, Expressive Music, Anger Management, Healthy Minds, CLCO, Self-Regulation, CBT, DBT, Clubhouse, Yoga, Diabetes Management Group, Sense-Ability, Positive Psychology, American Literature, Community Meeting, Self-Esteem, Brain Games, Dual Recovery, Life Skills, Drama Club, Topics in History, Current Events, Music Group, Clubhouse, and Art Group.

Patients in the RU also have access to the gym seven days/per week for 1 hour and 45 minutes each day. On Wednesdays, Wellpath also offers a structured Physical Education class in the Gym. Patients have access to three exercise bikes in the RU. A bike challenge was held in November 2018 in which 133 hours of patient usage was recorded by patients of the RU. The Treatment Team provided ice cream sandwiches and certificates for all the patients who participated.

Patients in the RU also have access to the off unit Library five days per week for one hour each day.

Currently there are thirteen patients residing in the RU who are working in a job assignment. Jobs include Unit Librarian, cleaning exercise bikes, cleaning stairs, cleaning showers, cleaning classroom #6, trash removal, etc. All thirteen positions are paid positions.

Inmate Companion Program

Six Inmate Companions also contribute their time six days per week to assisting patients in the RU. Due to safety concerns, inmate companions are restricted from assisting patients residing in the ISOU. The goal of the Inmate Companion program is to match carefully selected and trained inmates with patients who require additional assistance meeting their individual treatment goals. Treatment goals consists of improving personal hygiene, improving social and communication skills, increasing attendance in therapy, program, recreation, and leisure activities.

Education

Wellpath has hired a head teacher, Paul Monahan, who started new employee orientation on 1/14/19. He will soon be teaching Adult Basic Education, Adult Secondary Education, English as a Second Language, Computer Skills (MS Word, Excel, Typing Tutor), Current Events, Math Refresher, Career Readiness, and Book Club. Teacher Assistant, Coleen Kublin, continues to offer Topics in History, Current Events, and American Literature.

Special Events

On December 20, 2018, Wellpath and DOC hosted a Family Holiday Event in the Visiting Room at OCCC for patients residing in the RU and their families. This was a great opportunity for patients and their families to share in the holiday spirit. Also, on 12/19/18, patients residing in both the RU and ISOU received holiday care packs which included hygiene items, clothing and writing material.

Intensive Stabilization Orientation Unit (ISOU)

According to Wellpath's Program Schedule, patients housed in the ISOU have access to thirty hours of on unit programming which includes: Music Group, Stress Management, Engagement, Dual Diagnosis, Coping Skills, Health and Wellness, Relaxation, Orientation Group, and Bingo.

Patients in the ISOU have access to the outside recreation (within the unit) seven days per week and may be used during movement periods. Patients also have access to one exercise bike in the unit that may be used during movement periods. Patients in the ISOU also have access to the law computer inside the unit seven days per week and which may be used during all recreation periods.

Outside Recreation Yard

Since July 1, 2018, the outside recreation yard has received several upgrades and is utilized by the patients residing in the RU weekly (weather permitting). A basketball hoop, dip bars, chin up bars, and outside benches are now installed in the outside yard. During the warmer months patients are frequently seen playing baseball, throwing the football, tending to their garden (Seeds of Change Program), and exercising under the supervision of RTA's and Activity Therapists.

Developmental Services Program (“DSP”)

According to Wellpath, DSP continues to be in the final stages of development. Recently the staff member identified to lead the program resigned. Wellpath is actively seeking qualified candidates with experience in developmental disabilities to facilitate this program. Wellpath's goal is to offer full time programming for patients who meet Department of Developmental Services (“DDS”) criteria with a focus on the following:

1. Providing opportunities to learn through alternative and interactive styles to assist patients in independent living skills.
2. Providing accessibility to work/job/skills for purposeful tasks to build self-esteem, improve communication, and sense of purpose.
3. Providing structure, safety, and nurturing in a safe therapeutic environment.

Currently the Life Skills program facilitator is utilizing the Boston Life Skills program for patients who would qualify for DSP in the community. Patients who meet the criteria will work to develop skill sets that will allow them to become more independent in the BSH community and community at large. The DSP offers patients the following groups: Goals, Journaling, Communication, Home and Self Care, Mindful Bodies, Culinary Prep and Cooking, Community Living, and Money Management

Persons Served in the RU and ISOU units

As of 1/14/19, there are thirty patients committed to the RU and eight patients on observation status in the ISOU. Patients residing in the RU and ISOU are serving state sentences. If a patient is committed for a period of either up to six months or for one year, the patient will reside in the RU. If a patient is still within his observation period, he will receive his evaluation in the ISOU. On occasion, if there is a conflict between an RU and ISOU patient, they are separated within these two units. In rare situations, patients who are 52A status (awaiting trial with history of state incarceration) at BSH may be transferred to the ISOU at OCCC. This typically occurs when the patient's behavior cannot be managed by Wellpath at BSH and the patient poses a significant security risk; i.e., escape, participates in group disturbances/demonstrations, predatory behavior, etc.

Staff Turnover at Wellpath and DOC

The DOC is currently seeking a Director of Engineering for BSH due to the departure of Dave Bartorelli on 11/9/18 and the vacancy is currently posted. The DOC is also seeking an Industrial Instructor III to replace Kenny DeCosta once he retires on 1/22/19.

On December 1, 2018, DOC Administrator James Rioux, was transferred from OCCC to BSH to manage the DOC personnel at BSH, DOC security operations, manage seclusion and restraint documentation for the DOC Commissioner, provide oversight to the RU and ISOU, and ultimately ensure that the programming and services for BSH state sentenced patients are equivalent to those patients residing at BSH proper, i.e., jobs, access to indoor/outdoor exercise and equipment, access to the gym, access to library, and law computer services.

Diets

According to Wellpath dietician, Jenna Hudson, patients are identified upon admission for nutrition risk and assessment. If a patient meets the criteria for either moderate or high nutrition risk during the admission nursing assessment, a referral is made to the dietitian and the medical doctor is notified immediately. A therapeutic diet order can be written by the medical doctor during admission or can be written by the registered dietitian after the initial nutrition assessment, if indicated. All therapeutic diets served at Bridgewater State Hospital have been reviewed by a dietitian and meet 103 CMR 761.00: [Access to Therapeutic Diets and Medical Care.](#)

Wellpath continues to reduce the risk of medical/health issues by continuing clinical nutrition intervention throughout the course of admission. Once nutrition assessment is completed and a therapeutic diet order is written, the order will be renewed every thirty days, or as determined by the medical doctor or dietitian. Referrals to the dietitian can be made at any time during the course of admission to avoid and/or minimize risk due to the medical/mental health diagnoses. Nutrition interventions are included in treatment planning and care plans as needed.

Additionally, Wellpath seeks to reduce risk of medical/health issues by incorporating health and wellness into recovery strategies. Several nutrition, health, and wellness recovery groups are offered along the spectrum of care to educate and offer support of health management during hospitalization. These groups are facilitated by the dietitian, nursing, and occupational therapists experienced in administering health and wellness support.

If I can be of further assistance, please contact me at 508-279-6760.

ST/gjt

cc. file

Attachment 2

BRIDGEWATER STATE HOSPITAL
20 Administration Road
Bridgewater, MA 02324
508.279.4800

Disability Law Center Report January 2019

1. Physical Plant

The Physical Plant at BSH continues to present the type of challenges normally associated with a facility built in the 1970's. Recent multiple roof leaks have damaged ceilings and have compromised floor tiles throughout the facility. As of today, the vast majority of the roof leaks have been repaired and the repairs on the ceilings and floors is about to begin. The roofs for the Administration Building and Gym have been bid out and awarded for replacement. The replacement roofs are expected to be completed this summer.

An aging heating and ventilation system has made temperature regulation difficult on all the housing units, however, the replacement of parts has begun. Temperature control is an area of concern during high heat and extremely humid days. As a consequence, the BSH community is sometimes confronted with sweating walls and slippery floors, due to a combination of blocked supply and return air vents and motors in need of repair. Recent efforts include educating both patients and staff on the need to ensure air vents remain open and unblocked and the repair of motors. Multiple fans and portable cooling units have been placed in strategic areas to alleviate some of these issues. In addition, the Department of Correction Division of Resource Management is currently assessing the existing heating and ventilation systems, identifying issues, and making necessary repairs. The Department of Correction has supplied new Micro mixers to return hot water to the Attucks building and two more have been ordered for the Lighthouse and Lenox units. All patient room doors and locking mechanisms have been upgraded. Currently, there are one or two housing unit entry doors in need of repair due to missing mechanisms above the sliding doors. Replacement systems are available to replace and retrofit these sliders.

As with most secure facilities, patient behavior causes multiple plumbing issues. The hiring of a second Department of Correction plumber together with the purchasing of tools useful in dealing with materials inappropriately introduced into the plumbing system has helped manage these issues.

Wellpath and the Department of Correction have been working closely to recognize the day-to-day occurrences needing attention. In partnership, all parties strive to work together for the safety and well-being of patients and staff.

2. Administration of medication (including the status of the ETO and EMO protocol) as well as efforts to track and monitor this issue

Medication administration at BSH is supported through the use of an electronic medical record (ERMA) developed by Wellpath. BSH continues to develop this application as documentation and

communication needs are identified. There have been swift responses and updates as the concerns are immediately referred to the program development team to remedy.

There continues to be lengthy delays in some cases between the filing of a petition for an 8B order (involuntary medication orders) and the judicial hearing on the petition. Although most petitions are heard within a reasonable time frame, treatment for a number of patients continues to be delayed. More often than not, these patients are acutely ill and in need of immediate treatment. Currently, there are 31 pending 8B petitions which have been filed but not yet adjudicated; three petitions have been pending for three months, one pending for four months, and two pending for five months. In recent years, there has been greater attention paid to the impact of delays in initiating treatment on patients' recovery from psychosis. These delays are associated with a diminished response to treatment once initiated and potential permanent disability.

Efforts at reducing the delays in holding 8B hearings have largely been unsuccessful, hence, in rare instances the provisions of 103 CMR 27.10(d) have been utilized, which allows for medication treatment of a patient in-wait between the filing of an 8B and the subsequent hearing. This intervention is initiated "to prevent an immediate, substantial and irreversible deterioration of the patient's mental illness." Although many patients who decline medications are at an increased risk of acts of violence and/or an increased vulnerability of violence toward them, there has been a heightened level of diligence by providers to ensure that only patients who are at risk of *irreversible deterioration* receive medications under this protocol. Only the Medical Director, or designee, can authorize treatment under this protocol, and the patient must be continuously assessed by his provider for response to treatment, including whether they have been restored to competence to make treatment decisions or that they are no longer at risk of irreversible deterioration. The medical records of patients under this protocol are audited to ensure adherence to this protocol. There is a preference for the District Court to establish an expedited procedure for patients with pending 8B petitions. The request is to create a step for a prompt limited hearing that provides judicial authorization to initiate treatment pending the outcome of a patient's full forensic evaluation and any delays caused by procedural considerations, but in the absence of such an expedited procedure, 103 CMR 27.10(d) at the least allows us to avoid irreversible harm to patients.

Emergency Medication Orders (EMOs) are medications given to treat the psychiatric symptoms precipitating a behavioral emergency such as the threat or occurrence of extreme violence, personal injury or attempted suicide. Depending on the nature of the emergency, oral or intramuscular medication may be administered. When the patient is able to provide informed consent to a medication during an emergency, it would not be considered an EMO. When the patient accepts the medication orally due to the knowledge that should he decline it would be administered intramuscularly then it would be considered an EMO. An EMO is documented using an EMO progress note. When a manual hold is used to facilitate safe intramuscular medication administration, the process is documented in a restraint order. This process corresponds to the DMH regulation 104 CMR 27.12. While this regulation defines this process as "medication restraint," current psychiatric literature and practice has disputed the notion that emergency medications as always a form of "medication restraint" or "chemical restraint."

As found in any acute psychiatric setting, there are occasions when an individual demonstrates acutely violent or self-injurious behaviors that are not necessarily due to a mental illness, but nevertheless, requires an emergency intervention to prevent serious harm to self or others. In these cases, for the sole

purpose of safety, EMO's would be used to mitigate acutely escalated behavior. Fortunately, these are rare instances with the BSH patient population. Instead, the majority of EMO administrations at Bridgewater State Hospital are not to restrain a patient but to treat an acute symptom of a mental illness that is manifesting itself in a behavioral emergency. These include symptoms such as acute paranoia, command auditory hallucinations or gross behavioral disorganization that can result in a behavioral emergency necessitating emergency intervention. Emergency Medication Orders are tracked in the Electronic Health Record (ERMA), and the data on the administration of these medications is tabulated with a weekly generated report.

3. Programming – both the substance of how it's being provided and utilized, as well as the challenge of generating a system for capturing and sharing such data

Bridgewater State Hospital: Programming at BSH continues to be offered seven days per week. Recovery Place continues to provide the majority of Evidenced-Based Model Curriculum for groups including IMR, Dual Recovery, CBT, DBT, Emotional Regulation, Seeking Safety, Competency, WRAP, etc. Rehabilitation Services has also developed more Spanish and Haitian Creole speaking groups to accommodate patients who prefer to engage in treatment in these languages. In addition, enrichment groups continue to be offered to provide person-centered care. Examples of these groups include sense ability, recovery through music, songwriting, BSH band, recovery dialogue, and mindfulness. All Rehabilitation Services staff facilitating the above groups have specialized training to ensure optimal quality of service.

Programming growth in the Attucks has surged. This expansion includes an increase of engagement groups and robust advancement of a Wellness program. The Wellness program is two-fold in that it offers group experiences and structured physical activities. This comprehensive focus on wellness has increased participation and has brought predictability and consistency to this area of campus. Elements of the Wellness program core curriculum include: Nutrition, Health and Wellness, Team Tournaments, Team Building Skills, Walking groups, Ride Fit, Yoga, Thai Chi, and Sports and Psychology. Patients have provided recommendations and feedback to this program to inform its successful development/execution and ensure patient satisfaction.

On-unit programming has been refreshed as efforts toward full-day unit schedules unfold. The on-unit programs provide structure and engagement for patients along the continuum of their recovery. Programs vary to meet all stages of recovery and enrichment of treatment. These therapeutic groups are facilitated by unit- and team-based staff along with ancillary professionals including peer support specialists; the patient advocate; and the nutritionist.

Old Colony Correctional Center:

Programming at OCCC continues to be offered seven days per week. A recent model change includes the use of one group facilitator allowing for additional group options. Peer Support, Diabetes Management, Physical Education, History, and American Literature are some of the added groups in the RU. A new RU initiative has rolled out. This creative addition to programming involves a monthly health and wellness challenge.

ISOU services have been tailored to provide individualized treatment. There is an emphasis on enriching the patient experience in engagement groups and building rapport with patients who need additional support to connect and participate in treatment. Evidence of effectiveness has been observed

as there has been an increase interest and tolerance for group participation. The ISOU has added Physical Education, music, and relaxation groups and brain game activities.

Evidenced-Based Model Curriculum including IMR, Team Solutions, CBT, CLCO, Seeking Safety, DBT, IDDT, Positive Psychology, and Dual Recovery continue to be offered. Library and Fresh air times are scheduled daily.

Sharing information:

The OCCC Rehab team members attend care plan meetings and rounds daily. The Rehabilitation Coordinator assigned to OCCC attends treatment team meetings and assists with the identification of well- suited groups for the individual's treatment and manages the group referral process. Both BSH and OCCC staff provide program schedules and group descriptions to the patients and members of the treatment teams.

The BSH Rehabilitation Services Department staff attend daily and weekly department specific rounds/referral meeting to share pertinent information with each other. The Rehab coordinators at BSH meet weekly to discuss patient schedule changes and discuss patient needs/goals identified in the patients' Master Care Plans.

Data:

The Rehabilitation Services Departments at OCCC and BSH are currently tracking statistics on group attendance, individualized treatment contacts, and participation in engagement/enrichment activities. This information is submitted to BSH and Corporate senior leadership and to the Department of Correction on a bi-weekly basis. The data has shown a steady increase in programming hours, including group participation and patient contacts.

Currently, BSH staff are working with the ERMA team to fully utilize all the electronic record options. An individualized group progress note has been developed and implemented to align with and reflect each patient's advancements in goals identified in his Master Care Plan. A progress note is submitted to capture progress during each group the patient has attended. BSH continues to collaborate with the ERMA team as needs are identified including scheduling/report generating components.

4. DSP program – besides a description of how Wellpath [WP] decided to proceed with a more integrated model, but some data or other information on how the program is proceeding

DSP is at in the final stages of its transition to Wellpath. Recently, the staff member identified to lead the program was offered and accepted a very exciting work opportunity elsewhere. Recruitment efforts are active and urgent to identify a qualified person to assume this program responsibility. Candidate criteria include training in occupational therapy and working experience with individuals with Developmental Disabilities. The overall DSP goals for full-time programming for patients who meet DDS criteria include the following:

1. Opportunities to learn through alternative and interactive styles to assist patients in reaching optimal living skills independence.
2. Provide accessibility for purposeful work/job/skills to increase self-esteem, improve communication skills, develop a sense of purpose and value; and build a supportive community.

3. Provide structure, predictability and consistency in a safe therapeutic environment.

Currently the Life Skills program is utilizing the Boston Life Skills curriculum. This program includes those individuals who qualify for DSP services. This is a person-centered, strength-based program that targets skill development to enhance independence.

Groups offered in this program include the following:

- Goals
- Journaling
- Communication
- Home and Self Care
- Mindful Bodies
- Culinary Preparation and Cooking
- Community Living
- Money Management

5. PS at the RU and ISOU units

Please see information in response #3 regarding programming at OCCC.

In addition to what has been noted above, the Department of Correction made some operational changes to accommodate the needs of the patients and unit functions. Over the summer, the Department of Correction expanded fresh air and exercise opportunities for the RU and ISOU patients. Patients now have access to the larger exterior yard. The Department of Correction added basketball hoops, benches and exercise equipment to promote a more diverse exercise experience as well as more green spaces and a larger recreation area. Exercise equipment was added to the yard in the ISOU for similar purposes. Raised garden beds; seedling programs and a large outdoor garden are in place for patients who enjoy horticulture. Wellpath and the Department of Correction are actively working to improve the companion program. In addition, the Department of Correction has worked collaboratively with Wellpath in order to manage the census and acuity of both the ISOU and RU.

Staff turnover at WP and DOC

Within the Wellpath administrative team, the following is a status update of key positions:

- Hospital Administrator: Deborah Saper
- Interim Safety Director: James Brow
- Interim Assistant Safety Director: Rick Holden
- Chief Nursing Officer: Cheryl Sprague
- Performance Improvement: Kathy Conroy - start date January 14, 2019
- Assistant Director of Nursing: Michael Sansone
- Risk Management: David DiNapoli- February start
- Food Service Manager: Michael Dickerson

Within the Department of Correction, current position holders:

- Commissioner: Carol Mici
- Acting Deputy Commissioner (Clinical Services): Jennifer Gaffney
- Assistant Deputy Commissioner (Prison Division - Central Sector): Sean Medeiros
- Superintendent: Susan Thibault

In concert with Corporate Partners, there are active recruitment efforts for all open positions. Subsequent to the departure of previous chaplain, who also managed volunteer services and family engagement, two distinct positions of Chaplain and Family Engagement Specialist have been developed. Both positions will be managed through the Psychology Department. Volunteer Services will fall under the Rehabilitation Services Department. There are recruiting efforts underway to identify contracted chaplain services and a full-time Licensed Marriage and Family Therapist. The family therapist will work more intensively with patients to address family-related issues and facilitate family therapy when indicated. This person will also facilitate family programs including the monthly support group and the family art group.

Food – what, if any process is there for identifying which PS need to have their diet modified in order to avoid or minimize the negative effect of the diet on their particular medical/health issues; and for those PS identified, what does WP do to reduce such risk?

Patient dietary needs are identified on admission for nutrition risk and assessment. When a patient meets the criteria for ‘moderate’ or ‘high’ nutrition risk in admission nursing assessment, a referral is placed to the dietitian and the medical doctor is immediately notified. A therapeutic diet order can be written by the medical doctor during admission or can be written by the registered dietitian after initial nutrition assessment, when indicated. All therapeutic diets served at Bridgewater State Hospital have been reviewed by a dietitian and meet 103 CMR 761.00: Access to Therapeutic Diets and Medical Care.

WellPath continues to reduce risk of medical/health issues through on-going clinical nutrition intervention throughout the course of admission. Once a nutrition assessment is completed and a therapeutic diet order is written, the order will be renewed every thirty days, or as determined by the medical doctor or dietitian. Referrals to the dietitian can be made at any time during the course of admission. Nutrition interventions are included in treatment planning and care plans.

Additionally, WellPath seeks to reduce risk of medical/health issues by incorporating health and wellness into recovery strategies. Several nutrition, health, and wellness recovery groups are offered along the spectrum of care to educate and offer health management support during admission. These groups are overseen by the dietitian, nursing, and occupational therapists who have experience in administering health and wellness support.