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| Seal2  **CHARLES D. BAKER**  Governor  **KARYN E. POLITO**  Lt. Governor | The Commonwealth of Massachusetts  Executive Office of Public Safety and Security  One Ashburton Place, Room 2133  Boston, Massachusetts 02108  Tel: (617) 727-7775  TTY Tel: (617) 727-6618  Fax: (617) 727-4764  www.mass.gov/eopss | **THOMAS A. TURCO, III**  Secretary |

**Conditions of Confinement Meeting**

**Restrictive Housing Oversight Committee**

**Date:** February 19, 2020

**Time:** 1:00PM-2:00PM

**Place:** DOC Headquarters

50 Maple St.

Milford, MA 01757

**Meeting Minutes Approval**

The meeting began at 1:16pm. It was noted that the prior meeting minutes need to be dated. There were no other amendments. Bonnie made a motion to approve the minutes and Chris seconded. All voted in favor and the motion carried unanimously. Chris proposed tabling the discussion on information requests for a future meeting. Bonnie asked about open meeting law and Arielle said that there cannot be any serial communication. Bonnie asked for a one-on-one meeting with the DOC or Tony before the next meeting.

**DMH Audits of Segregation Units**

Tony explained that the DMH audits occur at Hampden and Middlesex counties and at the DOC facilities. He has conducted segregation audits at all locations. The team assesses whether the inmates are getting appropriate treatment for medical, dental, and mental health. The segregation team is comprised of a psychiatrist, a medical clinician, an LISCW, and two other members. They use a standardized set of questions to interview inmates. Depending on the facility, there may be a small or large number of inmates available. They will often meet with inmates at the cell door for those who had been at RH previously. Tony said he does not allow his staff to do that at Souza-Baranowski due to safety concerns. They meet with the superintendent and the superintendent’s staff. They explain what has happened since the last audit and give detailed information about the population and self-abuse data, etc. The segregation team reviews that material and discusses staff and appropriate staffing being available. They go over all vacancies and hear how they are being filled and make sure there are qualified individuals available. They go to the RHU and interview all inmates who are available. They try to interview at least eight inmates and then do a full review of their medical record. They review the medical record for its completeness and legibility. They look at identified mental health illnesses and treatments. They confirm the person is being seen on a regular basis and use standardized forms to document this information and check off the available information. Any discrepancies they find are identified during the session and brought back to the superintendent during the exit interview. They inform the superintendent and his staff if they found areas of concern. Within 48 hours, DMH sends an e-mail to an employee at health administration at the DOC with all concerns that the segregation team had. DOC reviews the concerns and responds back in writing including a corrective action plan. The response provided by DOC is included in the report. In the report, they break down the interviews they conducted with inmates, any record review, and interviews with the mental health director, medical director, and the director of nursing. If they are dissatisfied with the DOC’s response or there is a perpetual issue they are concerned with, they ask for a full corrective action if there is reason to believe this is an ongoing problem. They rarely issue them but perhaps will do that for 2-3 facilities a year. The report is then written and sent to the DMH Commissioner. It is then sent to Commissioner Mici. At that point, their duty is complete. Prior to sending to the Commissioner, Tony will send to DOC again and ask that they advise if anything seems incorrect. Then, he is able to state it was pre-reviewed. Some prisons are looked at annually and others bi-annually. The prisons are aware of their visit ahead of time and staff are identified. Several facilities have a history of having a large numbers of inmates in RH and those are conducted bi-annually. They only look at two Houses of Correction which is pursuant to a budget amendment that they will conduct the same kind of an audit with the emergency services program. Those are sent to the Sheriff and a copy to EOPSS. Chris commented that this method is a lot more thorough than interviewing inmates without validation. Bonnie asked if DMH collects data on self-injurious events or sentinel events. He said that DOC provides that information to DMH from the last audit. They ask if there were any suicide attempts or sentinel events in RHU or in General Popoulation to see if there is a lot of acuity within that prison. Chris said he spoke with Mitzi Peterson and a successful suicide would be a sentinel event but when asked, they can call out which are sentinel events. He said if we gave them a time frame, they can look at it. Chris said they could actively call them out if the Committee requests it. Bonnie asked if the DOC separates RHU versus general population. Tony said a sentinel event is one that requires medical intervention. On the extreme side, it could be a suicide event that was successful or serious enough to go to a medical treatment facility (typically the loss of a limb or loss of function). Tony said the monitoring in prisons is different from hospitals so it is often difficult. Bonnie asked what other data is gathered from DOC. He said it is mostly Roger’s medications. Bonnie said she doesn’t need to request it in addition to what they are already requesting since they are included in the audits. Attorney White of Prisoner’s Legal Services asked if there is a comparison done between RHU and GP (general population). Tony said they do not do a comparison and they are charged with RHU so they do not delve into GP and do not have authority to pursue questions in GP. Bonnie said she would like to get the audit from the DOC. Chris spoke about Old Colony Correctional Center and said they have a higher mental health population there. There was a motion to adjourn by Bonnie and seconded by Chris at 2:01PM.