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Restrictive Housing Oversight Committee (RHOC) Meeting
Thursday, November 20, 2025
Via Microsoft Teams
DRAFT

I. CALL TO ORDER

Undersecretary Peck called the meeting to order at 11:05 AM.

Restrictive Housing Oversight Committee - Attendance		
Name	**Present**	**Absent**
Undersecretary Andrew Peck, Chair	**X**	
Kevin Flanagan		**X**
Robert Fleischner, J.D.	**X**	
Hon. Geraldine Hines (resigned)		**X**
Tatum A. Pritchard, Esq.	**X**	
Kyle Pelletier	**X**	
Dr. Joanne Tsakas Barros, PhD, LMHC, CCHP	**X**	
Bonita Tenneriello, Esq.	**X**	
Dr. Henry Henry, PhD, LICSW	**X**	
Sheriff Cocchi	**X**	
Hollie Matthews	**X**	

II. REVIEW AND APPROVAL OF MINUTES FROM PRIOR MEETING

The Committee reviewed the minutes from the September 18, 2025 meeting. Bob Fleischner noted corrections on pages 10 and 7, including speaker attribution errors and his organizational title. Bonnie Tenneriello identified language needing clarification on page 2 and a potential speaker misattribution that required verification. Adrian agreed to make the necessary edits. A motion to approve the minutes was put forward by Dr. Barros, seconded by Bob Fleischner. The motion passed with a unanimous vote.

III. RESPONSES TO THE RECORDS REQUESTS FROM THE SHERIFFS

Status of Responses

Ryan reported that records have been received from virtually all sheriff's offices except Suffolk County, which requested additional time. Nantucket reported having no House of Correction and therefore no Restrictive Housing records. All received records have been uploaded to a shared folder accessible to Committee members. Committee Counsel Ryan Mingo confirmed that Bristol and Essex Counties, which had initially requested more time, have now completed their submissions. Suffolk remains the only outstanding county.

Discussion of Committee Scope and Mandate

Sheriff Cocchi sought clarification on the Committee's scope. He noted that if facilities have reduced conditions below the statutory Restrictive Housing threshold (22 hours out-of-cell time), they effectively no longer have Restrictive Housing. He emphasized that Hampden County will maintain Restrictive Housing due to gang issues and classification needs, and offered the facility as a benchmark for the Committee's work.

Sheriff Cocchi expressed his commitment to transparency and providing any information the Committee requests. He asked for clarity on what specifically the Committee wants from sheriffs to avoid confusion and ensure efficient cooperation. He also emphasized that sheriffs are elected constitutional officers with legal teams who interpret guidelines and work to maintain compliance with regulations.

Attorney Tenneriello explained that the public records request was intentionally broader than just Restrictive Housing. The request sought information about conditions in disciplinary detention and administrative segregation units, as well as general population, because the Committee interprets its mandate as encompassing more than simply counting Restrictive Housing units—it seeks to minimize the need for such housing and improve outcomes across facilities.

Undersecretary Peck clarified that the Committee has never taken the position that anything more than two hours out of cell constitutes Restrictive Housing. The Committee has not voted on this issue and has not formally taken such a position. He noted there is no consensus on broadening the Committee's scope, but there has been ongoing discussion about it.

Extended Discussion on Committee Authority and Approach

This discussion prompted an extended and substantive exchange about the Committee's role and authority. Dr. Brandy Henry provided a thorough explanation of the Committee's statutory mandate, which requires creating a report with recommendations on Restrictive Housing use, including ways to minimize use and improve outcomes for inmates and facility safety. She noted that minimizing use inherently requires understanding the broader context of how facilities operate, not just examining Restrictive Housing units in isolation. The statute also requires

examining evaluation results and processes from Massachusetts and other states, suggesting a big-picture approach rather than narrow auditing.

Dr. Henry acknowledged that the statutory definition of Restrictive Housing contains ambiguities: it doesn't clearly define a cell, doesn't explicitly address double bunking, and the question of restraints during out-of-cell time creates interpretive challenges. Different facilities may interpret these requirements differently, and the Committee must grapple with those varying interpretations.

Sheriff Cocchi responded with a caution about the Committee's approach. He emphasized that few Committee members have direct experience working in correctional institutions. He stressed that the Sheriff's offices and the DOC all have different populations, different challenges, and different operational approaches. As elected sheriffs, they know their counties' specific needs and challenges. He encouraged members to visit facilities to understand operations rather than making assumptions.

Bob Fleischner responded with three key points:

First, he stated the Committee has never told any facility how to manage operations. Their work consists of recommendations as requested by the legislature. They have visited virtually every county facility and all DOC facilities (with COVID limiting some to virtual visits), but have never directed facilities to operate differently. The Committee understands that rural facilities differ significantly from urban centers, and they have worked to be respectful of those differences in their questions and approach.

Second, while Bob doesn't work in a prison, he has extensive experience visiting facilities and representing incarcerated individuals. Every Committee member was appointed because the legislature believed they brought relevant expertise, whether from working in corrections, working with corrections systems, or other relevant experience. Each member brings different expertise, and they work to be respectful of those differences. The Committee has been respectful and collegial even when members disagree on significant issues, which they do. The Committee spent considerable time on their report, didn't agree on every recommendation, and some votes were close or included abstentions.

Third, the Committee's statutory mandate requires examining ways to minimize Restrictive Housing use. It's difficult to make recommendations about minimizing Restrictive Housing without understanding what alternatives exist and how they function. This is why the Committee examines SAUs and BAUs at DOC, which aren't Restrictive Housing by the strict statutory definition but are relevant to understanding how facilities manage challenging populations.

Bob also emphasized the Committee needs a subcommittee to review the substantial data received from sheriffs. One of the Committee's recommendations was that they need dedicated staff support from EOPSS. Adrian and Ryan don't have capacity to be data collectors and

analysts given their other responsibilities. Most Committee members also lack the time and some lack the expertise for comprehensive data analysis, though members like Dr. Henry and Hollie bring particular skills in this area. For the counties the Committee will be visiting in coming months, they need to review submitted data first so they arrive informed.

Undersecretary Peck added important context that for seven years there have been discussions about gathering information, with responses that certain requests were outside the Committee's scope. The Committee sent a letter in August requesting information but received no response, which led to the formal public records request. He values Sheriff Cocchi's involvement and believes having this discussion is itself helpful.

Sheriff Cocchi concluded this portion of the discussion by emphasizing his personal approach. He loves dialogue and conversation. He will sometimes speak beyond just representing Hampden County to speak on behalf of the office of sheriff as an institution. His goal as the sheriff on this committee is to win members over and demonstrate that sheriffs are partners, not adversaries. He wants to eliminate the need for formal public records requests by encouraging his colleagues to provide information when requested. This was his first real meeting with a quorum and he wanted to establish understanding of where the Committee stands and what they expect.

Process for Reviewing Data

The discussion returned to the practical question of how to process the substantial data received. Dr. Henry noted she had reviewed the submissions and found the volume overwhelming. Different facilities interpreted questions somewhat differently, which makes synthesizing the information more challenging but also reflects the reality that counties are quite different from each other. She suggested a subcommittee approach with administrative assistance if possible, noting this is how they've handled similar tasks previously.

The Committee discussed the previous conditions subcommittee that included Undersecretary Peck, Bonnie, and Brandy. Tatum noted that Michaela from EOPSS had played a significant role in data analysis previously. The Committee confirmed they had used interns successfully for data analysis on their prior report.

Several ideas for obtaining assistance were discussed:

- Bob suggested this might make a good PhD thesis project for a criminal justice student at a state university
- Dr. Barros mentioned the Rappaport program at Boston College and Harvard, which pays summer fellows (typically PhD or Master's students interested in public policy) who often stay longer if offered a substantive long-term project

- Hollie noted that DOC has a co-op student starting in January who will be there for six months and might be able to assist

The Committee agreed they need some form of subcommittee or working group with staff or intern support to make the data meaningful and usable, particularly before conducting facility visits so they can ask informed questions.

IV. STATUS OF SITE VISITS TO COUNTY HOUSES OF CORRECTION

Adrian reported on scheduling progress for facility visits. One originally proposed date for Essex House of Correction was not available, but Essex offered alternative dates in December. For the Hampden and Worcester visits, Adrian plans to reshare the availability poll with updated dates.

Bonnie raised practical concerns about scheduling, noting she never has a completely free day and asked whether there's a sense of expected start and end times so she can manage other obligations. Members confirmed visits typically start around 9:00 AM and can run all day, though length varies and in some member's experience do not take all day, especially at some of the smaller facilities.

Documentation and Note-Taking System

Bonnie emphasized the Committee needs to establish a note-taking system and documentation repository before conducting any visits.

Key questions that need resolution:

- Who will take notes during visits?
- How will notes be reviewed and shared?
- How do open meeting law and public records considerations affect documentation?

Dr. Henry noted that when preparing the Committee's report, they used a OneDrive shared system where everyone could access documents via a link. However, during facility visits members split up to talk with different groups, so multiple people will need to take notes that then must be synthesized. She suggested using the previous visit questions as a foundation for revision rather than starting from scratch, though she doesn't remember the specific questions since it's been years.

The Committee discussed open meeting law implications. Ryan clarified that if individuals work on notes independently, it's not an open meeting law problem, though the materials will eventually be subject to public records requests with appropriate redactions for personal identifying information. To avoid concerns, he suggested individual notes could come to him and Adrian for compilation into a single document that would then be circulated to the Committee and discussed at the next meeting.

Visit Structure and Agenda

Bob laid out a proposed structure for visits, noting this is his first suggestion and he's prepared for disagreement:

What to Include:

- Opening session with sheriff or designee (30 minutes) - valuable for facilities to present their perspective, though experiences vary from PowerPoint presentations to open "what do you want to know" approaches.
- Tours of Restrictive Housing units if they exist, with conversations with both housed individuals and staff.
- Tours of alternative units developed to avoid Restrictive Housing, again with conversations with both populations.
- Conversations with line correctional officers.
- Conversations with incarcerated individuals.

What to Eliminate:

- Separate meetings with mental health staff.
- Tours of dedicated health units.
- These could save 2-3 hours while still allowing questions about mental health services to everyone they talk to.

Focus Groups: Bob suggested eliminating formal focus groups in favor of individual conversations, which could save half a day or more while being more efficient.

Questions: Bob noted they had elaborate questions from the last round of visits but abandoned them by the third facility. He doesn't think they need them this time.

Note-Taking: Bob proposed designating one person per session to take official notes (though others can take personal notes if desired), with everyone having a chance to review. For individual conversations, those individuals take their own notes to be added to the collective record. This avoids the problem from last time where everyone had their own notes that were years old when they tried to write the report.

Bob emphasized they need flexibility since each facility is quite different and availability of staff to assist varies. They've been to most of these facilities before and don't need the comprehensive approach from last time. They're having trouble scheduling and taking time from facilities, so keeping visits thorough but efficient makes sense.

Dr. Henry raised the question of technology for note-taking. She noted last time everything was on paper and never uploaded to a digital repository. She suggested getting advance permission

for the official note taker to have a laptop. She mentioned AI note-taking tools are becoming common (recording and transcribing, or summarizing text), though she doesn't necessarily advocate for them. Having a plan so official notes aren't only on paper would be helpful.

Several members agreed with Bob's approach. Members suggested having a list of topics or broad questions to ensure coverage, particularly so people unable to attend a visit can ensure their priority questions are addressed, given that members have different areas of specialized expertise.

Ryan noted he had already streamlined the previous visit questions into a shorter version that he can circulate. He also reported that Essex has now provided all their responsive records and asked the Committee to check if anything is missing. Suffolk is the only county still outstanding.

V. RECENT DEATHS IN CORRECTIONAL FACILITIES

Bonnie and Tatum brought forward concerns about recent deaths in DOC facilities, specifically MCI-Norfolk and Souza-Baranowski Correctional Center (SBCC).

Committee Concerns

Bonnie noted that the Criminal Justice Reform Act requires diversion of people with serious mental illness from Restrictive Housing. Suicides occurring in BAUs and in mental health units designed to support people who might otherwise be in Restrictive Housing raise significant concerns for the Committee's work. Prison Legal Services also has concerns about people with K-2 addiction being placed in restrictive units. While they don't have complete information about these deaths, they've heard from people inside prisons that K-2 has been involved in several deaths. She is concerned about the lack of treatment, with facilities effectively punishing people for K-2 addiction in ways that may put them at greater risk.

Sheriff Cocchi's Perspective on K-2

Sheriff Cocchi confirmed K-2 is the number one contraband being smuggled into correctional institutions across the Commonwealth and country. K-2 is a mind-altering substance causing delusionary behavior, and people using it who go into psychosis and behavioral swings become very dangerous to themselves and others.

He explained Hampden has modeled their K-2 policy after DOC's approach. K-2 can be saturated into paperwork and has been found in legal mail, though not originating from attorneys. Family members in the community sometimes obtain notarized documents from attorney offices, then use those envelopes and addresses to send K-2-saturated materials as apparent legal correspondence.

Sheriff Cocchi emphasized the discussion should address not only how to handle people addicted to K-2, but also how to fracture the pipeline bringing K-2 into facilities. There are only three ways contraband enters: mail, on someone's body, or through staff. He acknowledged Hampden

has had to discharge and criminally charge staff members for bringing K-2 into the facility. Addressing interdiction will require funding from the Commonwealth for resources and technology, which is currently limited. He reiterated the stance that one death in custody is too many.

Tatum's Additional Concerns

Tatum emphasized that in addition to K-2 issues, conditions in restrictive and specialized units are critically important. These units must provide access to treatment and enhanced monitoring or supervision for people at risk due to mental health disabilities or substance use.

Bob's Historical Context

Bob noted these deaths, particularly the suicides, are deeply concerning because Massachusetts DOC previously had probably the worst record on suicides in the country. This was a major factor in the Disability Law Center case that led to creation of specialized mental health units designed to move people out of the DDU and other highly restrictive settings.

During that litigation, DOC brought in Lindsay Hayes, who was then probably the leading expert in the country on institutional suicides. Hayes conducted a comprehensive review and DOC implemented his recommendations, which led to a significant reduction in suicides over subsequent years. The current situation is troubling because it raises questions about whether there's some return to past problems.

Bob noted the Boston Globe reported DOC has hired an independent expert to examine the recent deaths, which he thinks is appropriate. He hopes the Committee can stay informed to the extent allowed by law and policy about how investigations proceed, what DOC is learning, and what steps they're taking to address the problems. Deaths in specialized units are particularly within the Committee's area of concern, and he expects they'll be examining this issue over coming months.

Dr. Henry's Clinical Perspective

Dr. Henry noted she worked as a clinician when the Hayes recommendations were being implemented. One concern she has is that the new statutory framework that moved away from officially designated Restrictive Housing may mean the old policies codifying Hayes' recommendations no longer technically apply. She's curious about how—or whether—those protocols have been translated into current practices under the new model.

This connects to the earlier discussion about facility visits. If the Committee doesn't plan to meet with mental health clinicians during visits, they may miss critical information. Hayes' recommendations included protocols for mental health rounds in segregated or Restrictive Housing units, mental status assessments, and risk evaluations. While they can ask people who have received these services about their experiences, they miss important details about what staff

are actually supposed to be doing and following. She doesn't necessarily advocate for formal focus groups, and recognizes they tried to request some of this information in the records request, but she'd hate to lose the opportunity to understand what's actually happening regarding suicide prevention protocols.

Sheriff Cocchi's Perspective on Facility Conditions and Safety

Sheriff Cocchi used Hampden as an example: 90% of their population has substance abuse issues and 68% have open mental health cases—that's 68% of over 1,200 people currently housed there with some level of mental health concerns. When Lindsay Hayes came in to review suicide prevention, it was phenomenal and they adhered to every recommendation. It cost money, but it yielded a valuable period of improved safety for both correctional officers and incarcerated individuals.

When examining different classifications of housing—general population, mental health units, substance abuse programming, specialized housing or Restrictive Housing—each cell has intentional alterations for specific purposes. A general population cell might have a desk and chair. But back in 1992 when Hampden was built, there was no consideration of specialized correctional furniture design. They've had to retrofit—for example, standard bunks and beds purchased from correctional suppliers come with circular openings that are absolute suicide risks, ligature points. Hampden invested hundreds of thousands of dollars to have everything plugged, screwed, and welded to eliminate those risks.

These challenges extend to all furniture and fixtures—the style of chairs, light switches, sink activation buttons, toilet structure and design. There are now "suicide-preventative" furniture options, and every sheriff's office should retrofit all cells with these safer alternatives. But it can't be done because of money. He's always maintained they should never let money be the limiting factor when human life is at stake. Given the Commonwealth's current budget restrictions and reductions, it's very difficult to get funding for these safety improvements. He suggested that the Committee could make a meaningful recommendation that the Commonwealth invest in these upgrades.

A member wanted to note that Lindsay Hayes' recommendations focused on much more than just cell safety and furniture. Hayes was very concerned about the conditions and discomfort of mental health watch itself, which sometimes discouraged people from being appropriately placed on watch status. The Hayes report was strong in the recommendations about both privileges and treatment during mental health watch, not just the physical environment.

Bonnie emphasized the lack of treatment in specialized units is a real concern, which Bob had raised. The Department of Justice reached an agreement with DOC over mental health practices. She also stated that the DOJ's designated qualified expert (DQE) reports have continued to find glaring deficiencies at SBCC and at Norfolk.

Undersecretary Peck clarified the important distinction that this was indeed a voluntary agreement, not a settlement with litigation. The DQE reports are all publicly available and he encouraged everyone to read them and form their own conclusions about what they show.

VI. PUBLIC COMMENT

Mary Valerio

Mary noted the timing was perfect because she wanted to discuss the DQE reports, which are available on the Disability Law Center website. She read the September 20, 2025 report after hearing about the suicides and found very concerning information on page 41.

The report states that a large majority of incarcerated people across all men's prisons visited, including all programs, said that officers inconsistently notified mental health staff about prisoners' crisis requests. In three cases, patients reported they then cut themselves or observed others attempting to hang themselves after crisis calls were not passed along.

There is a Professional Conduct Log that tracks complaints about lack of care in these facilities. That log shows 64% of complaints were about officers not passing along crisis calls to mental health staff at all. Most of these incidents were occurring at Norfolk.

Mary emphasized that SAUs, BAUs, DDUs or any restricted areas should function like the ICU of the prison system, similar to how hospitals operate—these individuals should receive the most attention and care. Regardless of whether issues involve K-2 or other factors, if people are being monitored constantly, suicide attempts should be preventable. She urged the Committee to examine why 64% of complaints indicate people are not getting attention when they call for crisis intervention.

Alex Bou-Rhodes - Mental Health Legal Advisors Committee

Alex Bou-Rhodes identified himself as a staff attorney with the Mental Health Legal Advisors Committee, an independent state agency that advocates for people with mental health issues. Attorneys Claire Masinton and Ivy Moody from MHLAC were also present but Alex spoke for the organization.

He emphasized agreement with Mary's concerns and Bonnie's interpretation of the DQE reports. His key point focused on both restrictive units (whether called special units or segregation units) and general population units when facilities are on lockdown status. In all these situations, people must continue to have access to confidential, out-of-cell mental health contacts that are substantive and meaningful. These contacts must go well beyond simply asking "Are you thinking of hurting yourself today? Do you feel suicidal? Okay, moving on to the next person." For all the reasons discussed during the meeting, mental health care needs to be more robust than that superficial level of interaction.

Undersecretary Peck's Closing Comments

Undersecretary Peck thanked Mary and Alex for their feedback, which he noted was very helpful to the Committee's work. He provided an update that DOC has already brought in an independent expert, Dr. Sharon Barbosa, who many Committee members likely know. She has begun her review work and her report and recommendations will be made public when complete. That will likely be a more appropriate time for him to weigh in and provide detailed comment on the situation, and he expects the report to be completed in a couple of months. He emphasized that, as Sheriff Cocchi said, one death is too many and it absolutely must be addressed. He knows DOC intends to take this seriously and address the problems identified.

VII. ADJOURNMENT

A motion to adjourn was made by Attorney Tenneriello, seconded by Dr. Henry. The motion passed unanimously and the meeting adjourned at approximately 1:05 PM.