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.)

July 15, 2019

The Protection and Advocacy System for Massachusetts

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Introduction and Overview

This monitoring report covers the period from January 1, 2019 to June 30, 2019. The Department of Correction (DOC) and Wellpath have continued their collaborative partnership to serve individuals at Bridgewater State Hospital (BSH), which has produced accomplishments over the past six months that are noteworthy for their breadth and improvement of quality of life and treatment at BSH. This report highlights progress over the past six months and provides an overview of important issues that need continued attention going forward.

During this monitoring period, Disability Law Center (DLC) staff were on site 26 days. As in our last report, DLC acknowledges Wellpath affording us broad and unhindered access to a range of different meetings and events, including the Morning Meeting, monthly DLC-Wellpath meetings, quarterly BSH Governing Body meetings, and quarterly meetings with the Department of Mental Health (DMH). The extent of DLC's monitoring would not be possible without this continued broad access.

DLC focused on nine issues during this reporting period: (1) deteriorating physical plant; (2) administration of medication; (3) programming; (4) treatment of individuals with intellectual and/or developmental disabilities; (5) parity of treatment of individuals in Old Colony Correctional Center (OCCC) Units; (6) staffing; (7) nutrition; (8) emergency planning and response; and (9) stakeholder involvement in treatment. For each issue, we have made a specific recommendation based upon our expertise after over five years at BSH, and upon the progress that has been made over the past six month reporting period.

1) Deteriorating Physical Plant

As previously noted in DLC's two reports, both entitled *A Public Report on the Efficacy of Service Delivery Reforms at Bridgewater State Hospital,* dated May 18, 2018 and February 25, 2019, the physical plant and infrastructure at BSH are outdated by design and present-day mental health facility standards. This gives rise to a perpetual stream of health and safety concerns, as well as patchwork repair and overspending. Without building a new facility, DOC will always be left struggling with the concomitant problems and limitations of a deteriorating facility, including staffing and financial constraints, time-delays for bidding contracts, and unexpected discoveries, such as asbestos in the roofing and piping insulation found during DLC's previous reporting period. BSH staff and persons served (PS) must constantly deal with crumbling infrastructure in broken plumbing, cracked hardware on doors, rusted metal doors, leaking ceilings, disintegrating floor tiles, and a litany of other items due to both the age and use of the facility. Indeed, broken, stained and leaking ceilings are found throughout the facility in all areas, from the residential units to the on-site courtroom. During the reporting period, DLC actually observed water leaking on an attorney's head while presenting her client's case to the judge.

Having said that, DOC and Wellpath have demonstrated a commitment to addressing certain repairs, including temperature and humidity concerns that DLC raised in our February 2019 report. Since June, for the first time ever, air conditioning is now operating throughout the entire facility. Exhaust returns have been cleaned by BSH maintenance throughout the facility, and several exhaust fan motors have been replaced. By the end of this reporting period, temperature and humidity measurements on PS residential units were significantly lower than last summer, even with temperatures rising above 90 degrees outside. As we have noted in past reports, maintaining cooler environments is particularly important for persons served taking medications which affect the body's ability to self-regulate temperature. It also has secondary benefits in de-escalating individuals who are struggling with behavioral issues.

While these conditioning units are temporary, DOC has plans to make permanent changes. DOC is also focused on repairs around deteriorated and slippery shower floors, servicing faulty interior and exterior lighting, and replacing unsafe door handles with anti-ligature handles. Additional details of physical plant improvements including anticipated, yet delayed, roof replacements are noted in DOC's Letter to DLC dated June 14, 2019.

Of ongoing concern is the issue of mold and adequate mold testing. There are visible areas of ceiling mold throughout the facility which have not been tested — contrary to DLC recommendations in our February 25, 2019 report at 4-6. Additionally, DOC has continued its project of moving mold-exposed files adjacent to PS living space. Being that DLC was not granted access to test specific areas for mold that were noted in our last report and exposed files have now been moved, DLC is forced to rely on DOC reports that no further mold testing or remediation was or is needed. These assertions

fly in the face of the expert recommendations DLC received. As such, we maintain our concerns about the quality of air and likely exacerbation of the problem with continued leaking ceilings, roofs in disrepair, and inadequate mold testing/remediation.

DLC Recommendation:

Consistent with DLC's recommendations in our public investigation findings on July 11, 2014, constantly reiterated since then, and stated in our February 25, 2019 report, "[i]nstead of the resource drain of patchwork fixes, the Commonwealth needs to construct a modern facility that can effectively provide humane and appropriate treatment."

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2) Administration of Medication Issues

Over the past five years, DLC has consistently and repeatedly raised concerns around the use of involuntary administration of psychotropic medication to PS, and detailed these concerns in our public reports to the legislature dated May 18, 2018 at 3-5, and February 25, 2019 at 10. These concerns are only slightly mitigated by Wellpath's newest policy, still in draft form, entitled "Use of Involuntary Psychotropic Medication."

Wellpath's draft policy delineates three standards for administering psychotropic medication without a court order, namely: (1) prevention of imminent harm to self or others, or treatment of intolerable distress, also known as Emergency Treatment Order (ETO); (2) restriction of ability to engage in behaviors that are causing serious volitional harm to self or others, or present an imminent risk of doing so, also known as Medication Restraint (MR); and (3) prevention of immediate, substantial, and irreversible deterioration of mental illness, also known as Irreversible Deterioration Order (IDO). While the draft policy, unlike its predecessor, acknowledges that MR occurs at BSH and distinguishes an ETO from a MR or IDO it does not go far enough. The draft policy does not align with the exceptions outlined in *Rogers* and as detailed in our May 18, 2018 report at 3-5. In addition, Since this policy carves out a narrow definition of MR, when read in conjunction with Wellpath's draft Use of Seclusion and Restraint policy (PC 400-08), Wellpath is not required to track or report the use of ALL non-court-ordered forced medication to DOC. As such, DOC cannot have a firm grasp on how often PS at BSH are being forcibly medicated. Without full and accurate reporting, there can never be adequate oversight of the practices and treatment of PS at BSH.

Furthermore, there continues to be a lack of parity between the BSH and OCCC units around the physical administration of forced medication. Since the transition over two years ago, BSH no longer utilizes correctional officers (CO) within the facility and adheres to much less restrictive methods when administering forced medication. For example, BSH staff may simply hold the arm of a PS during forced medication administration. In contrast, the role of COs during an incident in the OCCC units that may give rise to forced medication remains inconsistent at best. Individuals at OCCC are still subjected to Uses of Force – both planned and spontaneous – by COs, which may include cell extractions by teams of COs, physical take downs, spraying of chemical agents, metal handcuffs, seclusion and/or four- and five-point restraints. These incidents may give rise to Wellpath issuing a forced medication order, which may then be carried out under DOC regulations and policies (103 CMR 505 – Use of Force and 103 DOC 507 – Security Equipment; Procedures for Four Point Restraints Including Emergency and Court Ordered Intramuscular Medication). Under DOC regulations and policies, COs are not required to respond with the least restrictive method. This disparity in treatment has a ripple effect of impacting how clinical staff at OCCC rely on COs and how PS at OCCC are, or are not, de-escalated in any given situation. Until this is resolved and medication administration is comparable at BSH and OCCC, there will be a fundamental disparity of treatment between all individuals needing "strict security" in Massachusetts.

DLC Recommendation:

DLC renews its concerns raised in our May 2018 report that medication should be administered with informed consent first, if that is not possible, then "…a court order should be sought. In the meantime, should there be a finding of imminent danger that can only be prevented with medication, the administration of medication involuntarily should be considered a chemical/medication restraint, labeled and documented as such in the records of the persons served." Further, in order to fully resolve medication administration issues and disparities at both BSH and OCCC, in addition to building a new modern facility (recommended above), all individuals in need of "strict security" psychiatric evaluation and/or treatment should be under the auspices of the Department of Mental Health.

3) Programming

Wellpath continues to push forward in developing and implementing robust on-unit and off-unit programming at BSH. More staff and PS are engaged in programming delivery than ever before and it is now common to have discussion of quality of life and programming ideas intertwine during meetings with management. Wellpath is still developing its data collection around trying to collect data regarding individual programming attendance. As reported in February 2019, Wellpath is "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."

Of specific note, during the reporting period, food growing group initiatives have flourished at both BSH and OCCC. At OCCC, the 'Seeds of Change' garden was expanded so more individuals may participate in growing and eating the fresh produce throughout the growing season. Also, it is quite noteworthy how health initiatives, such as the Walking Group, and social initiatives, like holiday barbecues, have become the norm at BSH. These programs are a testament to the culture shift that has happened in the fabric of wellness and treatment options at BSH over the past five years. A detailed overview with sample schedules of programming is available in Wellpath's Disability Law Center Report, dated June 2019.

DLC Recommendation:

Wellpath must continue its efforts to collect data around programming to make the most use of how that information relates to an individual's progress and treatment. The data can then inform person-centered treatment plans and programming recommendations.

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4) Treatment of Individuals with Intellectual and/or Developmental Disabilities

DLC noted concerns about the treatment of PS with intellectual and/or developmental disabilities in our May 2018 and February 2019 reports to the legislature. Last summer, DOC transferred programming from a Department of Developmental Services vendor to Wellpath. To date, while Wellpath does provide integrated programming to individuals with intellectual and/or developmental disabilities, the specialized programming, formerly known as the Developmental Service Program (DSP), is not being implemented. Wellpath anticipates a DSP Coordinator starting in mid-July and is still working towards having the DSP fully functioning by the end of this summer. With almost a year without this specialized program, DLC renews many of our concerns outlined in our previous reports.

DLC Recommendation:

Wellpath needs to continue to focus on development of the DSP and individualized treatment plans and programming for individuals with intellectual and/or developmental disabilities. These efforts should range from de-institutionalization of individuals who have resided at BSH for decades to active discharge planning for individuals who would be better served by the Department of Developmental Services.

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

As noted above in Section 2, the disparity between the treatment of individuals at BSH and OCCC units – known as the Recovery Unit (RU) and Intensive Stabilization and Observation Unit (ISOU) – with security responses and during the administration of medication continues to be cause for concern. Other disparities noted by DLC in past reports have been largely resolved with the improvement of access to the larger recreation yard, expansion of programming and space, etc.

Differences in the administration of medication are apparent when comparing DOC daily Incident Reports to Wellpath's reported numbers of restraints and seclusion at both facilities. For instance, Wellpath does not count a CO placing his hands on a PS during a Use of Force at OCCC as a restraint or manual hold. If Wellpath staff makes similar physical contact – or less forceful physical contact, as may often be the case – with a PS at BSH, it is counted as either a manual hold and/or restraint. A review of OCCC Uses of Force in the RU and ISOU, both planned and spontaneous, over the reporting period show a significant number of incidents that would be characterized as restraints and/or seclusion had they occurred at BSH. Likewise, a review of medication administration at OCCC over the reporting period compared to similar medication administrations at BSH shows that there are many more physical interventions used at OCCC than at BSH. In both instances though, it is difficult to truly grasp the number of medication administrations that do not involve physical interventions because they also are not being reported out.

DLC commends both Superintendent Suzanne Thibault and Director James Rioux in focusing on this issue and trying to work toward a resolution. Thus far, there have been great developments in training COs in Wellpath treatment modalities, and DOC facilitated the creation of a new Medical Treatment Room on one of the OCCC units to streamline medical treatment.

DLC Recommendation:

Given the differing staffing constructs of the BSH and OCCC units, differing regulations and protocols, and differing union constraints, the disparity between BSH and OCCC may only be fully addressed if all individuals needing "strict security" in the Commonwealth are housed together and served under the auspices of Department of Mental Health. We believe the current distinctions used to differentiate between these populations do not necessarily reflect different security risks. In the meantime, DLC strongly encourages DOC to continue its efforts collaborating with Wellpath on this issue.

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6) Staffing

In the past six months, DLC has seen a greater level of staffing stability with Wellpath and DOC, which has further improved the collaborative relationship and quality of care for PS at BSH and OCCC. Significantly, DOC not only stabilized its staffing but added three positions at BSH to help maintain HVAC and handle maintenance issues. At Wellpath, however, certain key leadership positions remain vacant, including Director of Performance Improvement, Assistant Director of Nursing, Business Manager, IT Manager, Payroll Coordinator, Eight (8) Registered Nurses, one (1) Licensed Practical Nurse, and one (1) Psychiatrist. Wellpath reports that it expects the BSH overall vacancy rates to be 3.31% effective July 15, 2019. While seemingly low, many progressive initiatives are severely impeded by the above-mentioned still vacant positions. Vacancies of key positions such as Director of Performance Improvement and IT Manager drastically slow down implementation of best practices around data collection and reporting.

DLC Recommendation:

DLC continues to raise concerns about data collection and reporting when there are vacancies in some of the positions tasked with such oversight and management. Wellpath should continue recruitment efforts for all vacant positions. Further, with only two leadership positions unchanged over the last two years, so much turnover has led to a bleeding of the lines of who is tasked with a responsibility versus who is carrying the burden of that responsibility. Wellpath should review job responsibilities with staff to ensure that each person is efficiently and effectively performing his/her job.

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7) Nutrition

Wellpath's commitment to promoting healthy nutrition has truly shone through during this reporting period. Wellpath continues to improve on its food delivery of DOC meals, both on units and in the off-unit large cafeteria. BSH Food and Nutrition Department has managed a system of delivery that serves food at the appropriate temperature and in a timely fashion. Since no food is prepared or cooked at BSH, there are many moving parts to this system and Wellpath has consistently worked to improve it.

During this reporting period, Wellpath went a step further and implemented its own meal enrichment program to supplement the food provided by DOC. Their program promotes healthy eating and offers a variety of choices that were not available to PS in the past, including fresh salads, new condiments, and healthier snacks. As mentioned in Section 3 Programming above, food growing programs are preparing for harvests and Wellpath is evaluating how to integrate that food into the BSH community.

DLC Recommendation:

DOC and Wellpath should continue this partnership in food service and delivery, and continue to expand programming around food initiatives. These programs boost community involvement in nutrition and have many ripple effect benefits from improved health to employment opportunities.

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8) Emergency Planning and Response

On a handful of occasions over the past two years, Wellpath has been faced with issues of first impression. One such event was a complete power failure that happened in March 2019. Both the main power source and the backup generators failed due to extraordinary and unforeseeable circumstances. Fortunately, the outage was short-lived and there were no notable negative effects. A positive outcome was the mobilization of both Wellpath and DOC to identify areas that needed emergency planning procedures and training, and to work in tandem to address those issues. From losing access to electronic medical records to resetting cameras when back on line, there were many opportunities for lessons learned. Since March, Wellpath has been working to develop more complete protocols and DOC has shared its pertinent procedures for reference. Wellpath and DOC have also formed a working subcommittee to look at all emergency procedures to ensure that they meet the needs of the safety, security, and well-being of everyone on site.

One outstanding area of concern remains the front trap entry and screening process at BSH. There are currently three separate entities overseeing entrance to BSH. DOC Special Operations Division patrols the perimeter, DOC COs staff the front trap, and Wellpath screens and may search an individual once they are through the front trap. DLC is concerned that response time and communication may be hindered by having all three bodies involved, and that individuals may not be subject to searches until already inside BSH.

DLC Recommendation:

DLC strongly recommends that these concerns be reviewed and that the entrance procedures and design of the front entrance to BSH be re-examined.

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9) Stakeholder Involvement in Treatment

Individuals at BSH may choose to ask family, friends, or other support systems to participate in activities such as a monthly Family and Friends Support or Treatment Plan Meetings. Wellpath facilitates these requests and has vastly improved communication between the community and staff at BSH. Whether through updated website information or a fully functional general contact phone number and email, Wellpath is now much more user-friendly and welcoming to the community.

Wellpath also reaches out to stakeholders for trainings both on site and off site to further improve treatment and services at BSH. For example, over the reporting period, Wellpath sought out professional development and collaboration opportunities in several different arenas, as follows: (1) the Forensic Department hosted seminars, including one on Sex Offender Assessment; (2) Wellpath hosted tours for Department of Mental Health staff from several DMH Psychiatric Facilities; (3) Wellpath Leadership attended a seminar on Maximizing Patient Safety while Minimizing Provider Risk conducted by the Board of Registration in Medicine's Quality & Patient Safety Spring Program; (4) at least seven presentations by the Psychology and/or Psychiatry Departments across the nation and in Italy on a variety of topics, including Recovery Dialogs as a Format for Promoting Institutional Culture Change in a Forensic Psychiatric Hospital; and, (5) Wellpath partnered with the National Empowerment Center and DMH for a very well-received eCPR Training for Wellpath staff. This litany shows the breadth and scope of outreach and professional development that Wellpath has encouraged at BSH and helps to stimulate further progress in the treatment and well-being of individuals who live there.

DLC Recommendation:

Wellpath should maintain its level of accessibility to the community and continue to engage stakeholders in professional development opportunities both on and off site. This sharing of knowledge and expertise improves the treatment and care of individuals at BSH and raises awareness about the significant progress that DOC and Wellpath have made over the past two years.

Conclusion

The five-year anniversaries of both DLC's investigation into the use of restraint and seclusion at BSH and the issuance of our first, of many, public reports occurred during this reporting period. Great strides have been made in the treatment and care of individuals at BSH over the past five years. More importantly, the past six months seem to have solidified the culture shift that began during the course of our investigation and monitoring. No doubt that there is still significant work to be done in the delivery of services, reporting of data, and physical plant infrastructure, but the right path seems to have been paved and is finally being consistently followed. To ensure the continued improvement of safety and treatment of persons served at BSH and the OCCC Units, DLC calls on DOC, Wellpath, and the Commonwealth to follow the recommendations discussed above.

ATTACHMENT 1

DOC REPORT

The Commonwealth of Massachusetts
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Deputy Commissioners

Suzanne Thibault
Superintendent

June 14, 2019

To: Nancy J. Murphy, Esq.
Disability Law Center

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

From: Suzanne Thibault, Superintendent
James Rioux, Director BSH

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

Per your request, I am providing the following updates regarding the physical plant, administration of medication, emergency planning, programming, Patients Served at the Recovery Unit (RU) and Intensive Stabilization and Observation Unit (ISOU), and staff turnover at DOC.

Physical Plant

Over the past six months, the Department of Correction and its partners have made great progress in improving the physical plant of Bridgewater State Hospital (BSH). The following updates were made to the physical plant in 2019:

Lighthouse Building

On January 16, 2019, Arcadis U.S., an engineering, environmental design and consultancy company, retained by the Department of Correction to conduct indoor air quality testing in response to concerns related to suspected mold, indoor air quality, and cleaning performed in the

Lighthouse Building basement reported its findings. The Arcadis report was favorable noting that no further testing or remediation was needed. Subsequently, the BSH and Wellpath Records Divisions were able to separate and begin removing hundreds of legal and medical records previously stored in the Lighthouse basement.

· Sixty linear square feet of asbestos wrapped piping located in the mechanical room of the Lighthouse basement was abated by New England Surface Maintenance.

· **A** hot water mixer was installed in the Lighthouse basement. Water temperatures in the Lighthouse are fully compliant with Department of Public Health standard. It is important to note that a second hot water mixer will be installed in the Adams building in the next fiscal year. Although current water temperatures in the Adams building meet DPH regulations, plumbing upgrades are recommended and will help prevent water temperature regulation issues in the future.

· The concrete handicap ramp leading to the Lighthouse entrance was patched and reinforced.

Adams Building

· Adams 1 was fully renovated by Wellpath, Best Pro, and DOC Maintenance in February and March of 2019. The Adams 1 shower floors and communal bathroom floor were resurfaced using a special epoxy/sand mixture. This multi-step renovation is considered a long-term solution that provides a non-skid surface that won't chip or peel. Additional funding has been received to resurface all three showers in the Lighthouse. Dedicated efforts to secure funding to resurface the remainder of the shower floors throughout the facility continue.

· Installed split AC Units in both nurse's stations located in the Adams Building.

· Power-washed bird feces off the exterior of Adams building.

Roof Replacement/Repairs

The roofs for the Administration Building and Gym have been bid out for replacement and will be replaced in 2019. Titan Roofing completed repairs to the Lighthouse Building roof on 6/4/19.

Once the roofs are replaced and repaired the associated ceiling repairs will be made by the BSH Maintenance Division.

Interior and Exterior Lighting

In May 2019, the BSH Maintenance Division began servicing the interior and exterior flood lights at BSH. It is anticipated that all forty-six interior and exterior flood lights will be serviced and operational by mid-July 2019.

Air Conditioning/Cooling Units

The Division of Resource Management (DRM) has contracted NV5 to review the feasibility of adding air conditioning at BSH. NV5 has been tasked with reviewing four air conditioning options to include: variable refrigerant flow (VRF) at each building, roof mounted DX units to each

building, standalone mechanical rooms outside of each building, evaluate new chilled water options (air cooled/water cooled).

In the interim, DRM has received funding to install (4) twelve ton cooling units and (3) thirty ton cooling units at BSH this June, which will help to improve temperatures throughout the entire facility from June to October 2019. Furthermore, several exhaust fan motors have been replaced in each housing unit of the facility. It is anticipated that air flow/ventilation will improve as a result. The exhaust returns throughout the facility have also been cleaned by BSH maintenance.

Anti-ligature Handles

In May 2019, the BSH locksmith installed stainless steel Joint Commission approved anti-ligature handles on the remaining thirteen patient room doors located in the Lighthouse. Currently all patient room doors at BSH are equipped with Joint Commission approved anti-ligature handles.

The DOC request to add Joint Commission approved anti-ligature handles on all patient accessible doors i.e. closet doors, office doors, activity rooms etc. throughout the facility remains on the urgent capital list.

Administration of Medication

DOC correctional staff plays a significant role in the preparing 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 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.

If a patient requires emergency medication or CAT at OCCC and refuses to voluntarily take the medication, procedures outlined in 103 CMR 505 Use of Force and 103 DOC 507 Security Equipment: Procedures for Four Point Restraints Including Emergency and Court Ordered Intramuscular Medication are utilized. After consulting with a multi-disciplinary team of professionals which include the Treating Psychiatrist, Medical Doctor, Director of the Recovery Unit, Nursing, Security Staff, BSH/OCCC Administrator, and the Superintendent, a plan is developed as to the best course of action to administer ordered medication.

At BSH Units, if a patient refuses to take court authorized treatment or emergency medication, a nurse or doctor will authorize the use of a manual hold in the patient's room or a designated seclusion room. Therapeutic Safety Technicians are involved in securing the patient while a nurse administers the medication. Once the medication is delivered all staff exit the room.

OCCC Administration moved 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 is free of unnecessary medical equipment and can be monitored by OCCC security staff via video.

All documentation concerning manual holds is submitted for review to the DOC Commissioner bi-weekly. Upon the conclusion of each seclusion and restraint review period, Wellpath provides the DOC documentation reflecting the names of those patients who received a manual hold(s), the

total number of manual holds for the review period, total manual hold minutes for the review period, and average number of minutes per manual hold.

Wellpath's 'Administration of Medication' policy is currently being reviewed internally by Wellpath Administration.

Seclusion and Restraint

Over the past several months, additional oversight by BSH/OCCC Administration has played a significant role at Bridgewater State Hospital (BSH) ensuring consistency in the delivery of resources between BSH and the two units at OCCC; RU and ISOU. Audits of all incidents of seclusion and restraint that occur at OCCC and BSH are completed for the associated documentation review by the DOC Commissioner. BSH/OCCC Administration works closely with the Performance Improvement Team of Wellpath to ensure that the seclusion and restraint data and associated clinical documentation is accurate prior to submission. Close monitoring of the delivery of emergency medication to patients residing in the RU and ISOU is conducted.

Emergency Planning

A subcommittee composed of Wellpath Administration and BSH/OCCC Administration was developed to establish emergency response plans. This subcommittee was formed following a major power failure on the BSH complex in March which brought to light the need to develop emergency plans specific to BSH, that reflect both the key components of a behavior health hospital emergency management plan and those for a correctional facility. These plans will include but not be limited to: Loss of Utilities, Hostage Situations, and Active Shooter. These bi-weekly meetings have been a great opportunity to strengthen the partnership between DOC and Wellpath and establish a formal system of accountability that extends into the future.

Security (Front Control and Perimeter Security)

Although there has been no change in the front trap/screening process, BSH, OCCC, and Wellpath are working collaboratively to assess vulnerabilities in the facility and develop a written plan to address any identified risks.

Perimeter patrol is currently provided by the DOC Special Operations Division.

Daily Incident Debriefing Report

Each business day, BSH/OCCC Administration reviews the Daily Incident Debriefing Report provided by Wellpath's Safety Office to ensure that all critical incidents occurring at Bridgewater State Hospital and the OCCC units to include felonious assaults are reported and referred to the Criminal Prosecution Unit (CPU).

Programming

Every month, BSH/OCCC Administration meets with Wellpath's RU Director and Wellpath activity therapists to plan and discuss patient programming within the RU and ISOU and to discuss the re-entry needs of the patients. Oversight is provided to the program staff and BSH Records Division by ensuring that earned good time is awarded to those patients who are serving county and state sentences and who have successfully participated in a qualifying program. In the absence of a Volunteer Coordinator, BSH/OCCC Administration has assisted Wellpath in recruiting religious volunteers for the RU and ISOU and works to ensure that the patient's religious needs are being met to include facilitating the approval of religious diets with the DOC Warehouse and coordinating the supervision of patients during religious observances/events throughout the year at OCCC.

Outside Recreation Yard at BSH and OCCC

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 frequently play baseball, throw the football, tend to their garden-Seeds of Change Program, and exercise under the supervision of RTAs.

In April of this 2019, 'The Seeds of Change' garden was expanded in size to accommodate more patient participants and to increase food yields for consumption by the patient population throughout the growing season.

The Director of Engineering at OCCC has also begun manufacturing a shade station for persons served who utilize the RU outside recreation yard. It is expected that the shade station will be completed and installed by mid-July 2019.

At BSH, the existing walking path located in the outside pavilion has been redefined using four yards of stone dust. Fencing that had pulled up due to the weather elements, which was viewed as a security and safety issue, has been reinforced by BSH Maintenance staff. The pavilion is currently open and available for patient use.

DOC Staff Turnover

The BSH Maintenance Division added two Industrial Instructor II positions with HVAC experience and one General Maintenance position on March 4, 2019. The DOC also hired a Director of Engineering effective May 13, 2019. According to BSH's FTE report there are currently no DOC vacancies at BSH at this time.

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

ST/gjt

cc. file

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Disability Law Center Report
June 2019

Question 1:
Physical plant, including mold remediation and testing updates, plans for roof improvements, hot water updates, plans for cooling and dealing with humidity, and BSH pavilion safety issues.

The Physical plant at Bridgewater State Hospital (BSH) continues to present challenges. During the past six months, many issues have been addressed by the DOC, Wellpath, or in partnership. There has been a strong emphasis on refreshing paint; repairing tiles; replacing compromised material; replacing locks/door motors; replacing door handles; repairing hot water systems; address the need for a cooling system in the buildings; and repairing toileting systems.

Wellpath and the Department of Corrections 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. The details of progress made will be detailed in the DOC response.

To this end, BSH received many positive comments from the DPH auditors regarding improvements and notable efforts.

Question 2:
Administration of medication, including draft status of any policy and whether any type of medication administration will be included in restraint packet to Commissioner (required per M.G.L. c.123, s. 21), and discussion of any differences in medication administration between BSH and OCCC (including any changes in OCCC protocol for administering medication and waiting for doctor order).


Use of Involuntary Psychotropic Medica


PC 400-08 Use of Seclusion and Restra

In the two links above, you will find the policies addressing these issues in pending status. Both have been approved locally. Corporate then HSD approval are the next steps.

Question 3:
Programming, including data on how many PS are being offered programming and how many are participating in programming at both BSH and OCCC.

Question 5:
PS at the RU and ISOU units, including updates to physical plant with shade stations, etc.

New Programming Overview:

On May 6th Bridgewater State Hospital implemented new programming schedules. The hospital units were divided into two groups, that were scheduled for blocks of time (mornings and afternoon) in each of our treatment malls (Recovery Place and Attucks), on a daily basis. This ensured that all persons served have access to the same programming opportunities. Bradford 1, which houses most persons served who are at BSH for their initial evaluation, are provided with on unit group programming as well as daily access to both the gym and the library.
In addition, all units are provided with on unit group programming to support the needs of persons served who are not able or ready to attend off unit programming. Unit based programming is provided by staff from the Clinical Services, Nursing, Psychology, the Patient Advocate, Psychiatrists, and Rehabilitation departments.

The new programming structure includes an increase in Attucks engagement programs to 4-6 groups daily, including groups from the Nursing, Psychology, and Rehab departments. Recreational programming in the gymnasium has increased to 6 groups daily, offering opportunities such as walking and biking groups, team challenges, and introduction to weight machines. The Library has also expanded their hours to stay open until 4pm.

Recovery Place continues to offer referral-based programming with an emphasis and increase in the utility of evidence based practices such as Illness Management Recovery, Dual Recovery, Anger Management, WRAP, Competency Restoration, Seeking Safety, etc. Additionally, new evidence-based programming, including groups that address sexually problematic behavior and bilingual group programming, have been added.

To support creative learning, our programming includes opportunities to engage in music therapy, art therapy, and writing groups. Groups in Recovery Place are facilitated by both, the Clinical Services and Rehabilitation departments. Persons Served are each provided with an individualized group program schedule that is informed by the goals set in their Master Care Plan. When a Person Served comes to recovery place, they are scheduled for 2-3 groups daily. Recovery Place (RP) now offers 4-6 groups in each 45-minute group block, in order to accommodate the higher number of Persons Served each day.

Program Structure:
9:00-9:45a, 9:50-10:35a, 10:40-11:25a
1:30-2:15p, 2:20-3:05p, 3:10-3:55p

Group 1: Adams, Lighthouse, Hadley, Bradford 2 (PM only) –
Morning Recovery Place Programming
Afternoon Attucks Programming

Group 2: Carter, Lennox-

Morning Attucks Programming
Afternoon Recovery Place Programming

Persons Served are asked to leave the unit and remain in one location (RP or Attucks) for entirety of the morning or afternoon time block. Persons Served are encouraged to stay in one activity for the entirety of a 45-minute block (as opposed to moving between activities or returning to their unit). Goals of these changes are to increase accountability of Persons Served while off the unit and increase structure and opportunities for treatment and therapeutic engagement.

Another key point in this transition is the use of the RTA staffing both on and off the units. RTA staffing are now either dispatched from the units and/or assigned directly to Recovery Place or Attucks and are utilized to support programming, facilitate engagement activities, and increase Person Served supervision. When on the unit, RTAs are also facilitating engagement group programming and are encouraged to focus on more therapeutic milieu management.

	Monday	Tuesday	Wednesday	Thursday	Friday	
9:00 - 9:45	Introduction to Weight Machines	Introduction to Weight Machines	Introduction to Weight Machines	Introduction to Weight Machines	Introduction to Weight Machines	
9:50 - 10:35	Morning Mile	Ride fit	Flexing & Stretching	Ride Fit	Morning Mile	
10:40 - 11:30	Team Challenge	Team Challenge/ Boot Camp	Team Challenge	Team Challenge	Team Challenge	
9:00 - 9:45	Get Fit Basic Ed	AA/NA	Recovery Goals	AA/NA	Brain Games and Trivia Challenge	
9:50 - 10:35		Nursing Education	Spanish Group	Nursing Education		
10:40 - 11:25	Health and Wellness	Hygiene Education	Medication education OR Recovery Dialogue	Healthy Living	Nutrition and Wellness	
9:00 - 9:45	LIBRARY	LIBRARY	LIBRARY	LIBRARY	LIBRARY	
9:50 - 10:35	LIBRARY	LIBRARY	LIBRARY	LIBRARY	LIBRARY	
10:40 - 11:30	LIBRARY	LIBRARY	LIBRARY	LIBRARY	LIBRARY	
Break						
1:30 - 2:15	Intro to Weight Machines	Intro to Weight Machines	Intro to Weight Machines	Intro to Weight Machines	Intro to Weight Machines	
2:20 - 3:05	Afternoon Laps	Ride Fit	Boot Camp OR Afternoon	Ride Fit	Afternoon Laps	
3:10 - 3:55	Team Challenge	Team Challenge	team Challenge	Team Challenge	Team Challenge	
1:30 - 2:15	Get Fit Basic Ed	AA/NA	Recovery Goals	AA/NA	Brain games and Trivia Challenge	
2:20 - 3:05	Health and Wellness	Hygiene Education	Medication education	Healthy Living	Nutrition and Wellness	
3:10 - 3:55		Nursing Education OR Recovery Dialogue	Spanish Group			
1:30 - 2:15	LIBRARY	LIBRARY	LIBRARY	LIBRARY	LIBRARY	
2:20 - 3:05	LIBRARY	LIBRARY	LIBRARY	LIBRARY	LIBRARY	
3:10 - 3:55	LIBRARY	LIBRARY	LIBRARY	LIBRARY	LIBRARY	

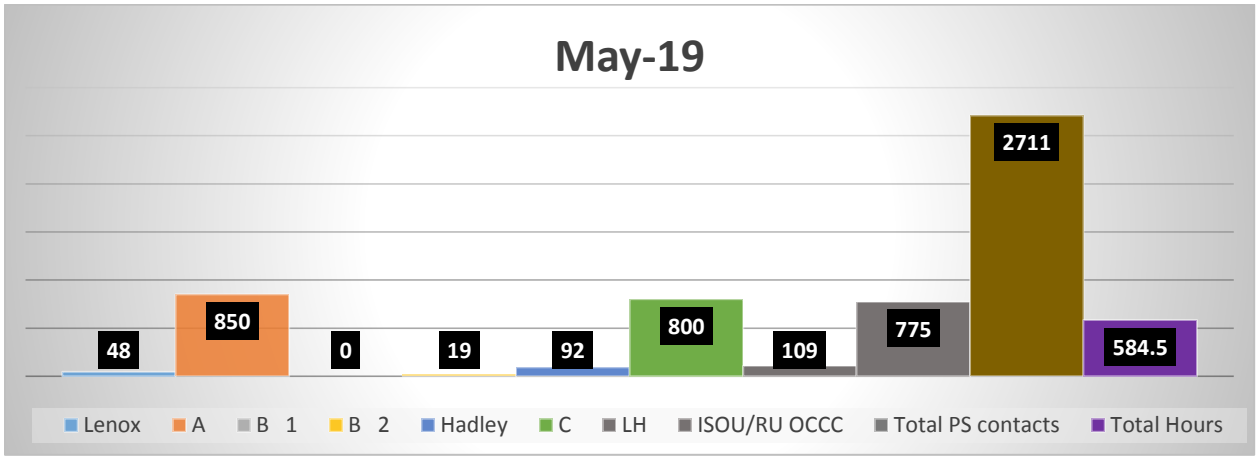
Monday		RECOVERY PLACE				
Time	9:00 - 9:45	9:50 - 10:35	10:40 - 11:25	1:30 - 2:15	2:20 - 3:05	3:10 - 3:55
Group	IMR	Dual	Braking Barriers	IMR	Dual	
Facilitator	Brenda	Brenda	T. Parker	Brenda	Brenda	
Group	Competency	Team Solutions	Brain Games	Competency	Team Solutions	Creative Writing
Facilitator	Derek	Derek	Colleen	Derek	Derek	Colleen
Group	Life Skills-A		Music Therapy	Life Skills-A		
Facilitator	Colleen		Missy	Colleen		
Group	Nutrition	IMR	Art Therapy		IMR	Art Therapy
Facilitator	June	Lacy	Lacy		Lacy	Lacy
Group		Communication Tools	CLCO		Recovery through Music Therapy	Developing Adaptive Coping Skills
Facilitator		Missy	Brunner/Raspberry		Missy	Emily
Group	WRAP	Developing Adaptive Coping Skills	Self Esteem	Wrap	self esteem	Brain Games
Facilitator	Amanda	Lauren	Amanda	Amanda	Amanda	Ozy
Group	Life Skills /DSP	Life Skills /DSP	Life Skills /DSP	Life Skills /DSP	Life Skills /DSP	Life Skills /DSP
Facilitator	Victoria	Victoria	Victoria	Victoria	Victoria	Victoria

Bradford 1	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 - 8:45	breakfast/med pass				
8:45 - 9:00	MORNING GOALS GROUP				
9:00 - 9:45	RTA	RTA	Brain Games w/ Elena	RTA	RTA
9:50 - 10:35	Patient Advocacy w/ Paul Baker				Intro to Substance Abuse w/ Nicole
10:40 - 11:25	Self-Compassion Group w/ Dr. Cooley Hall	Health & Wellness w/ Jenna	Get Fit Basic w/ Maureen	Recovery Dialogue w/ Dr. Cooley Hall	
11:45 - 12:15	count/lock-in				
12:15 - 1:30	lunch and Library Access				
1:30 - 2:15	Clinician	Clinician	Clinician	Clinician	Clinician
2:20 - 3:05	Recovery Goals w/ Emily	Stress Management w/ Emily	Skills for independent Living w/ Emily	Healthy Relationships w/ Emily	Leisure Exploration w/ Emily
3:10 - 3:55	Basic Life Skills w/ Maureen	Intro to Substance Abuse w/Nicole	Music Therapy w/ Missy	Intro to Substance Abuse w/Nicole	Medication Education
4:15 - 5:00	Nursing	Nursing	Nursing	Nursing	Nursing
5:00 - 5:45					
5:45 - 6:45	Diinner and Gym Access				
7:00 - 8:30	RTA	RTA	RTA	RTA	RTA
8:30 - 9:00	EVENING WRAP-UP GROUP				
9:30	count/lock-in				

Light House	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 - 8:45	breakfast/med pass				
8:45 - 9:00	MORNING GOALS GROUP				
9:00 - 9:45	Peer Support Group w/ Kim G.	Music Therapy w/ Missy	Peer Support Group w/ Kim G.	Peer Support Group w/ Kim G.	
9:50 - 10:35		Recovery Dialogue w/ Dr. Cooley Hall	Intro to Substance Abuse w/ Nicole	Person Served Rights & Issues w/ Paul Baker	Self-Compassion Group w/ Dr. Cooley Hall
10:40 - 11:25	RTA	RTA	RTA	RTA	RTA
11:45 - 12:15	count/lock-in				
12:15 - 1:30	lunch				
1:30 - 2:15	Clinician	Clinician	Clinician	Clinician	Clinician
2:20 - 3:05	Recovery Goals w/ Lauren	Stress Management w/ Lauren	Skills for Independent Living w/ Lauren	Healthy Relationships and communication w/Lauren	Leisure Exploration w/Lauren
3:10 - 3:55	Medication Education w/June	Relapse Prevention Tools w/ Chrissy		Health & Wellness w/ Ms. Hudson	Peer Support Group w/ Kim G.
4:15 - 5:00	Nursing	Nursing	Nursing	Nursing	Nursing
5:00 - 5:45					
5:45 - 6:45	dinner				
7:00 - 8:30	RTA	RTA	RTA	RTA	RTA
8:30 - 9:00	EVENING WRAP-UP GROUP				
9:30	count/lock-in				

05.12.19 - 05.18.19	Lenox	A	B 1	B 2	Hadley	C	LH	ISOU/RU OCCC	Total PS contacts	Total Hours	PS w/e 05/11	Hours w/e 05/11
Recovery Place	12	238			29	210	51	223	763	127.5	759	167
Life Skills						13			13	5		
BSH Workers	3	3	3		1		1	2	13	64	13	64
Rehab-Co Treatment Team Meetings	1								1	0.5		
Rehab-Co 1-1 Treatment	1	6			2	3	2		14	2.5		
Rehab - Co Interview for Admission Referral									0	0		
Rehab - Co - On unit groups	5				3	7	6		21	3		
OT Evaluations		1							1	0.5		
Occupational 1-1 Treatment	1						1		2	1		
OT -Reassessment									0			
OT - On Unit Groups			19	20	13		15		67	21.5		
OT Groups - Recovery Place		32				8	5	18	63	6.5		
OT Interview for Admission Referrals			4	5					9	6	7	4
Registered Dietitian 1:1 Treatment	4	2	9		4	4	7	3	33	30		
Registered Dietitian On Unit Groups			5	9	7		10	11	42	5	25	25
Peer Support 1:1 Treatment						1			1	0.25		
Peer Support On Unit Groups	7			2	28		13	14	64	18.5		
Peer Support - Recovery Place Groups	3	27	11		24	94	11		170	26.5		
Peer Support - Attucks Groups				7					7	0.75	151	39.25
On Unit Engagement/Enrichment Group	31		44	42	18		7	7	149	20.25	248	36.5
ATTUCKS Engagement Groups	45	38	1	12	16	31	15		158	29.75	150	34.25
Daily Gym Groups	1	9		3	3	17	6		39	7.25	131	56.5
Daily Gym Attendance	28	102		29	33	137	19		348	25	344	22.5
Daily Library Attendance									0	50		
Education									0			
Total PS	142	458	96	129	181	525	169	278	1978	451.25	1828	449

May 2018 (entire month)	Adams 1	Adams 2	Bradford 1	Bradford 2	Hadley	Carter1	Carter 2	Lighthouse	RU	Total PS Contacts	Total Hours
Recovery Place Referral Groups	132	561	65	92	43	170	128	173	484	1848	N/A
Total PS	132	561	65	92	43	170	128	173	484	1848	N/A
May-19	Lenox	A	B 1	B 2	Hadley	C	LH	ISOU/RU OCCC	Total PS contacts	Total Hours	
Weekending 05.04.19	7	120		1	11	83	14	194	430	129.5	
Weekending 05.11.19	19	240		18	22	256	8	178	759	167	
Weekending 05.18.19	12	238			29	210	51	223	763	127.5	
Weekending 05.04.19	10	252			30	251	36	180	759	160.5	
Recovery Place Referral Groups	Lenox	A	B 1	B 2	Hadley	C	LH	ISOU/RU OCCC	Total PS contacts	Total Hours	
Total PS	48	850	0	19	92	800	109	775	2711	584.5	



Programming Highlights:

With the recent hiring of Teachers, an Occupational Therapist, and Peer Support (PSS), we will be able to offer an increase in programming at OCCC. Occupational Therapist availability will increase from 4 hours to 12 hours a week. Education services will be revamped and resume once DOC training has been completed. Peer Support has also increased to two evenings per week. The peer support specialist will be facilitating a peer dual recovery groups along with working to support person served individual needs and recovery goals. With the addition of new rehab staff at OCCC, the team is working to include additional classes to their current programming. This change is in the planning phase and will look at ways to include the increase in OT, PSS, Teachers, and staff skillset. In addition to the new schedule, groups that are approved for Persons Served to earn "good time", now include Anger Management, Life Skills for Independent Living, Seeds of Change, and Dual Diagnoses. The Gardening Program at both, BSH and OCCC, has resumed for the season, and each garden space has been expanded. Both sites are in the process of planting of vegetables and flowers.

On Wednesday, April 24, 2019, the Rehabilitation Department presented certificates of completion for Illness Management and Recovery, Dual Diagnosis, and Addiction Education to seven Persons Served. Each Person Served completed 224 hours for IMR, 224 Hours for Dual Diagnosis, and 112 hours in Addiction Education.

Life Skills Certificates of Completion were presented to 16 persons served, who completed the Boston University Life Skills curriculum.

On Friday, May 10th, 2019, Bridgewater State Hospital hosted our annual NAMI walk. At BSH, roughly 145 persons served (PS) participated in the walk, most PS walked a full mile or more.

At OCCC, 22 out of 26 persons served on the RU have participated. A smaller walk was conducted on the ISOU, and 5 out of 6 PS have participated in the walk that day. All PS were given a NAMI shirt and certificates of completion were handed out to those who participated by their treatment team.

Internships/Training:

The department of Rehabilitation has been working to increase the development of internship opportunities. Ms. Lebow recently participated in a panel for internship placement for undergraduate social work students at Bridgewater State University, where she outlined the goals and expectations of internship, the new culture at BSH, opportunities facilitating groups with clients, who present with significant symptoms of mental illness, and the role of recovery. Our Occupational Therapist has set up contracts with Salem State College for Level II Occupational Therapy internship placement. Additionally, our Addiction Specialist will be

supervising a bachelor's level psychology student. The department is expecting to host 3-4 students for the 2018-2019 academic year.

The Clinical Services department will have a new round of interns starting in the fall and we recently hired two of our former interns into Social Services positions!

Staffing:

Recently hired Librarian, DSP coordinator, DSP Coordinator Assistant, Teacher, Teachers Assistant, Rehab specialist.
Actively recruiting for a Chaplin by utilizing volunteer religious services.
Offer made for a Family Engagement Specialist, who will also serve as a 2nd shift Clinical Supervisor.

All Social Service positions have been filled. One Unit Psychology vacancy.

Question #4
DSP program, including staffing challenges, what specialized treatment is being offered, how many individuals are part of this group, and what developments in this program will be coming over next 6 months.

DSP Program:
The DSP program will be officially up and running by the end of the summer. The DSP Coordinator was hired, and will be joining BSH in July. The candidate comes to BSH with over 18 years of experience working with this population and working with clients to build community recourses and supports, along with various skill-building tools. The DSP Coordinator Assistant position has been accepted by a current employee, who has been an integral part of our current Life Skills program. The Life Skills program currently has eight persons served participating, two of whom meet the criteria for DSP.

We continue to support the relocation of the Life Skills/DSP program to the Recovery Place, where the environment has proved to be better suited to provide a therapeutic milieu. This move ensures the safety, continuity and integrity of the program.

Over the next few months, the DSP team will be working on developing a program, in coordination with the other rehabilitation programming, currently being offered, such as, Vocation, Education, as well as other therapeutic modalities.

The Rehab Coordinators will work in conjunction with the treatment teams and DSP team to ensure that all persons served, who meet the DSP program criteria are referred, and are offered assistance, as needed.

Currently, we are in the process of networking with other DDS programs in the area, to finalize a site visit. The goal of this collaboration is support the DSP program development and to best

meet the needs of these individuals. We will be reviewing current best practices and integrating them into the BSH DSP program.

Question #6:
Staff turnover at DOC and WP, including vacancy rate.

Continued Leadership Stabilization:

Amanda Dowd: Director of Nursing Interim

Continue Staffing Stabilization:

As of June 6, 2019, we have 27.3 total positions we are actively recruiting. On the BSH side of the campus, we are authorized 413 FTE. We have 387.7 positions filled with a vacancy rate of 6.13%. At OCCC, we are authorized 48.9 positions and we currently have 46.9 positions filled, with a vacancy rate of 4.09%.

When we begin our July 15, 2019 New Employee Orientation, Twelve (12) FTE positions will be filled, or 96.69% of the total FTEs. Recruitment efforts are ongoing, and there is a high likelihood the orientation class will increase. These positions filled include: One (1) Social Service position; One (1) Occupational Therapist; Four (4) Recovery Therapy Assistants; One (1) Unit Psychologist; One (1) Food Services Assistant; One (1) Librarian; One (1) Family Engagement Specialist; One (1) Registered Nurse and One (1) DSP Coordinator. This will drop the vacant positions to 15.3 FTEs.

Effective July 15, 2019 BSH overall vacancy rate will be 3.31%.

Active interviews were scheduled for the Business Manager; IT Manager; Director of Performance Improvement; Payroll Coordinator; Assistant Director of Nursing; Eight (8) Registered Nurses and One (1) Licensed Practical Nurse. Additional recruiting efforts have been applied to the following positions: One (1) Psychometrician, One (1) Psychiatrist, One (1) Dental Hygienist, and One (1) Medication Assistant.

BSH recruiting efforts include a multi-layer process for the ‘difficult-to-fill’ positions. To assist in navigating recruiting challenges, weekly meetings between department leaders, the hospital administrator and the Talent Acquisition Team are held to assess and evaluate each vacant position, and actions taken to fill those vacancies. Various methodologies are used to recruit and process candidates through the hiring process. Recruiting pathways include increased advertisement initiative, partnerships with corporate subject matter experts, building relationships within the community, coordination of hiring events, as well as the addition of a contract recruiter to increase productivity. The intent of this effort is to apply an elevated level of on-going vigor to ensure optimal staffing levels with minimal vacant positions.

Question #7:

Nutrition, including any challenges to serving higher quality food, an explanation of where individuals have which meals, any plans to establish growing food programs, and what opportunities there are for individuals to order out.

BSH Food and Nutrition department serves three meals per day provided by the DOC. As a non-functioning kitchen, Wellpath staff hold and serve the hot meals provided. No food is prepared or cooked on the BSH site. Four of the housing units observe "on-unit" dining, and meals are served via the satellite-heated carts, with insulated trays. Persons Served eat in their dayrooms, equipped with dining tables. The remaining housing units engage in "cafeteria-style" dining in the common cafeteria, located in the Attucks building. In order to provide more appealing and nutritious foods, Wellpath supplements the meals with menu add-ons and two healthy snacks per day, as a part of the food enrichment program, to improve overall quality of meals provided.

April 2019. The meal enrichment program was implemented, and provides enhancement to the food provided by the Massachusetts Department of Correction. The program was designed to promote healthy eating and add more variety to a standard three-week cycle menu. Wellpath Foodservices Department had provided items, such as fresh tossed salads, new condiments and healthy snacks. Since its implementation, the program has peaked Persons' Served interest in the meals provided and fosters a new relationship with healthier foods. The program will continue to evolve as the Food Services Department receives feedback, and is meeting the dietary and nutrition needs of all Persons Served at Bridgewater State Hospital.

There is a robust horticulture program and a food growing/gardening program provided through the Vocational Services, beginning with the indoor care of prepared seedlings. As the plants grow, the workers prepare for harvest. The produce is enjoyed by persons served and staff. The kitchen is in the process of evaluating the use of the foods for salads and meal complements.

Persons Served are able to enjoy "take-out meals", during visitation with families. These meals can be ordered at any time during the Visitation Time. The meals must be pre-ordered and paid through pre-approved restaurants, prior to the visit.

Question #8:

Emergency planning and response, including recent power outage, change in perimeter patrol, and control over front trap/screening process. If any areas of response should be kept out of public view for security reasons, please note that.

Over the last several months, Emergency Planning has been an area of great focus. The DOC, Wellpath Corporate support and Wellpath staff at BSH, along with the community partners, are updating emergency management planning policies. The Emergency Operations and

Management Plan and the Loss of Utilities Plan have been completed and are in the approval process.

The front greeting and screening process continues to be a joint Wellpath and DOC effort. Guests and employees must first, be processed by the DOC for entrance approval. Once authorized, individuals are screened by the Wellpath staff. To reduce congestion and to support a thorough screening process, only five people are allowed to move through the DOC and Wellpath process at one time.

Question #9

Family, friend, peer involvement as stakeholders in PS treatment.

We continue to make efforts to incorporate family (and any others identified by PS being a part of treatment) into the treatment planning and care at BSH. This includes inviting families to participate in the Treatment Plan Meetings, as well as other family-oriented interventions. We continue to have high attendance to our monthly Family and Friends Support Group, with more participants added each week. In order to improve communication and contact, we have made updates to our website information and have created a general contact number and email, so families can easily access information and get their concerns addressed. We have also hired a new Family Engagement Specialist, who will champion additional initiatives to incorporate families and enhance our support services and family interventions.