



September 27, 2019

The Honorable Sonia Chang-Diaz  
Chair, Joint Committee on Children, Families, and Persons with Disabilities  
Massachusetts State House, Room 111  
Boston, MA 02133

The Honorable Kay Khan  
Chair, Joint Committee on Children, Families, and Persons with Disabilities  
Massachusetts State House, Room 146  
Boston, MA 02133

**RE: In Strong Opposition to H.158, An Act relative to ensuring the safety of residents of facilities under the authority of the Department of Mental Health and the Department of Developmental Services**

Dear Chair Chang-Diaz, Chair Khan, and Honorable Members of the Committee:

Thank you for the opportunity to submit testimony opposing H.158, *An Act relative to ensuring the safety of residents of facilities under the authority of the Department of Mental Health and the Department of Developmental Services*, which proposes the installation of surveillance cameras in the common areas of group living environments and living communities licensed by the Departments of Mental Health and Developmental Services.

Formed over a century ago, the Massachusetts Association for Mental Health (MAMH) is dedicated to promoting mental health and preventing mental health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. MAMH has a strong track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methods.

MAMH strongly opposes this bill and has two significant concerns. The first is that DMH- and DDS-licensed facilities are designed to provide residential care in a homelike and therapeutic environment. The second is the underlying presumption that video surveillance will ensure the safety of residents. The proposed legislation for “continuously monitoring the entrances, exits, and common areas” is antithetical to the spirit and intent of homelike and therapeutic community living. The proposed practice is institutional in nature. We note the Department of Mental Health regulations 104 CMR 28.13, which outline the physical standards for residential facilities: “the site shall provide space for all the residential functions characteristic of a comfortable and homelike environment...” Installing surveillance equipment in communal living spaces is inconsistent with the spirit and intent of the regulations calling for a “comfortable and homelike”

environment. While it may be the practice to provide surveillance in external areas of residential properties in some areas, it is not common practice to surveil the common areas of people's domiciles. In fact, individuals under constant surveillance will be uncomfortable and constrained in their own homes.

Our second concern is the false sense of security suggested by surveillance in common areas. The problem is twofold. Many injuries and assaults in programs occur in more private areas, including bedrooms and bathrooms. Moreover, there is a risk that staff will passively defer to watching surveillance feeds or footage, decreasing their presence and interaction with residents. Staff presence and engagement is the key to a normalized and safe residential environment. Substituting electronic surveillance is antithetical to the engaged and therapeutic interactions between residents and staff envisioned by DMH and DDS program standards. Preventing violence and promoting safety will not be accomplished through the installation of surveillance equipment.

I do not offer these concerns lightly or without foundation. Over the course of the past fifty years, I developed, directed, regulated and financed home and community based services in the Commonwealth, Connecticut, Rhode Island, and the District of Columbia. In Connecticut, I first worked at and lived in quarterway and halfway houses serving persons with psychiatric conditions. Later, as Executive Director of Cambridge Somerville Community Residences, I provided staffed and supported housing to persons with intellectual and developmental disabilities. As Area Director for the Massachusetts Department of Mental Health, I developed service contracts and monitored provider organizations operating residential programs for children and adults with mental health conditions and developmental disabilities. As Assistant Commissioner, I worked on the Department's Standards to Promote Client Dignity that are the foundation of today's DMH and DDS regulations governing residential services. As Executive Director of the Rhode Island Department of Mental Health, Retardation and Hospitals, I planned, financed and regulated scores of community residence and supported housing programs. As Special Master in the Dixon case in the District of Columbia, I was similarly involved in the implementation of community based residential services.

Rather than creating an abnormal, institutional and distrustful atmosphere in the homes of persons served by DMH and DDS, security and safety will be better achieved with reasonable measures to increase the number of staff and improve the focus of staff training.

We urge you refrain from favorably reporting this bill out of Committee. MAMH stands ready to work with the Legislature and the Departments to identify normalizing and feasible solutions to the safety concerns within DMH and DDS residential facilities.

Sincerely,

A handwritten signature in cursive script that reads "Danna Mauch".

Danna Mauch, PhD  
President and CEO