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MacDougall-Walker CI, DOC
Before the Appropriations Committee

Good Evening Senator Osten, Representative Walker and other esteemed members of the Committee. My name is Shirley Watson. I am a Licensed Clinical Social Worker at the maximum security correctional institution, MacDougall-Walker. I am speaking before you today to address the critical need for additional funding and additional staffing in our medical and mental health units.

Today's testimony means more to me than I could possibly explain. However, I will do my best. This testimony is not about me. I could easily recount my professional resume and other valuable credentials. This is not why I'm here. I am here on behalf of the inmates I have the pleasure of working with. Yes, it is a pleasure. Unfortunately, their voices are not typically heard regarding the subject of advocacy.

All too often, financial and cultural barriers prevent people from seeking adequate mental health care while out in the community. When they are admitted to correctional facilities, we try to identify adjustment issues, undiagnosed trauma, other mental health issues, as well as extremely poor regulation of behavior and emotions. Increased staffing would allow us to perform more comprehensive assessments. We will be able to address these issues on the "ground floor". One of our primary goals is to help inmates see that mental health treatment is not a penalty but a resource. Once this is realized, they are more willing to actively engage. This will hopefully improve their lots not just while incarcerated but once returned to the community.

I would like to conclude my testimony with an incident that happened around the Christmas holiday. I was performing my regular case management responsibilities when I was called to a unit that houses unsentenced high bond inmates. I had to suspend a scheduled case management session to attend to this reported crisis. The young inmate was visibly upset over spending the holiday season incarcerated versus with family/friends. His emotional state was manifested by behavior that could have resulted in an immediate restricted housing placement aka "Seg". When approached, he said he "doesn't do mental health" treatment. I was able to provide counsel, help him calm down, and even discuss appropriate coping methods. Once his situation was managed, I encouraged him to request mental health services as he needed. Two days later I received an inmate written request that simply said, "thank you". This one incident could have resulted in inmate injury, employee injury, a restricted housing placement, and quite possibly an acute mental health crisis. Our work can positively affect lives. Far too often, we do minimum care, it's all that time, resources, and staffing allow. No one wants these types of behavioral incidents to happen. No one wants acute mental health crises to happen. You are in the position to help us literally and figuratively save lives.

While we absolutely appreciate the increased funding from last session we also know there is more work to be done. Please protect and expand funding for inmate healthcare. Thank you.