Good morning,

My name is Jonathan Blanco and I've worked for the Oregon Department of Corrections for 22 years, most of that time has been working in the mental health Special Housing Program units at OSP. ODOC employees, particularly those working in Special Management Housing (behavioral mental health units) have experienced large numbers of assaults since 2010. These assaults have resulted in high numbers of employees seeking personal mental health concealing, job reassignments, early retirement, and insurance payouts. Often, when an employee experiences a traumatic assault, they are forced to remain working in proximity with their attackers resulting in continued mental and or physical trauma. Nothing is currently written in the ORS language that would make the safety of our employees, visitors, and volunteers the first concern that it should be. The department is lacking the essential records keeping, security assessments, training, assault prevention programs, and reviews necessary to create a safe working environment centered around incarcerated mental health clients. I've worked with the Association of Corrections to develop appropriate and proven measures designed to protect department employees working with severe mental ill clients.

Contrary to the DART Bureau of Labor Statistics metrics supplied on the request from Co-Chair Broadman, I personally know from working directly in the Special Management Housing units, the department data on staff assaults is extremely underrepresented. DART tracks assaults that result with (days away, restricted, or transfer). Corrections staff are tough people, and they commonly refuse to leave their Co-Workers under handed and jump right back in. Many employees that are assaulted refuse to report assaults because they're told it will severely disrupt the program needs for the Adult in Custody, or it will most likely be dismissed in the hearing process. I've personally witnessed this in high volumes. We need to keep track of empirical data that will harvest useful information to be applied to better the programs and make them safer. I have asked the Department of Corrections to provide the following records.

- 1. The number of assaults on employees over the last 5 years by clients assigned to a mental health special housing unit. (Analytics used to measure frequency of assaults on employees).
- 2. The names and SID numbers of the SMI AICs while assigned to a mental health special housing unit that have committed an assault, attempted to commit an assault, or threatened to commit an assault against employees in the past 5 years. (Analytics used to identify known and repeat high risk SMI AICs assigned to a mental health special housing units).
- The number of submitted Saif claims due to assaults committed by SMI AICs assigned to a mental health special housing unit in the past 5 years. (Analytics used to gauge the effectiveness of current preventive measures to lower the frequency of assaults on employees).
- 4. The number of employees that received medical compensation due to assaults committed by SMI AICs assigned to a mental health special housing unit in the past 5 years. (Analytics used to calculate loss of fiscal resources).
- 5. The number of employees that received medical payouts or job reassignments due to assaults or act of violence committed by SMI AICs assigned to a mental health special housing unit in the past 5 years. (Analytics used to measure the number and frequency of employees that no longer

work in a ODOC security position because of violence committed by SMI AICs assigned to a mental health special housing unit).

These records are examples of data that would commonly be tracked in workplace violence protection programs described in ORS 654.412-654.423.

If these records are accurately produced, I believe it will show that the Oregon Department of Corrections leads the state in violence committed against employees. I personally believe that the department lacks the means and resources to produce the records I've requested. I've been informed by office of the public information officer that the analytical records I requested are not available and I need to further proceed through the Department Legal Affairs office.

Recently I learned about the mandatory requirements for healthcare employers detailed under ORS 654.412-654.423. Our stand-alone mental health units (Special Management Housing) treat, accept, and transfer clients with the Oregon State Hospital. As of November of 2024, OSH updated their policy (8033) with the necessary ORS 654.412-654.423 requirements to protect their employees from assaults committed by their mental health clients. For the past few months, I have been working with representatives from OSHA, OSH, DAS, and the ODOC in the hope to convince the Department of Corrections to install the same protections in their policies by introducing a Workplace Violence Prevention Program. Unfortunately, I've been informed that the Department of Corrections doesn't not fall under the ORS definition of "Healthcare Facility" described under ORS 442.015 (13) (b) (C). The Department of Corrections facilities are not ambulatory or surgical hospital facilities as well. Therefore, the department is not obligated to create a workplace violence protection program or other effective measures to lower assaults on employees covered under ORS 654.412-654.423. On the other hand, the Oregon State Hospital is not an ambulatory or surgical hospital facility but is required to follow Oregon laws.

Even though, the Department of Corrections could choose to make a workplace violence protection program to better protect their employees without the mandate of the ORS, I believe that an amendment is needed to update the language to include the Oregon Department of Corrections (Special Management Housing programs) and stand-alone healthcare infirmaries. I will be submitting a request to the judiciary committee for review later today. ORS 654.412-654.423 was implemented in 2007 and the Oregon Department of Corrections Special Management Housing (DOC rule chapter 291 division 48) was implemented later in 2010. In my opinion the ODOC Special Management Housing programs fit under the same criteria listed under ORS 654.412-654.423 like the Oregon State Hospital. The Special Management Housing units are exclusive mental health programs set apart from the adults in custody that live in the general population. The ODOC mentions this in their own rule. The SMH programs are administered by "licensed mental health professionals" for the purpose of providing 24 hour a day mental health and medical treatment for clients in a temporary or permanent residence. This is the reason why ORS 442.015 (13) (B) (c) would apply in my opinion for the general adult in custody population but shouldn't for the Special Management Housing programs. If a simple amendment can be achieved, it forces the ODOC to keep and maintain accurate records and add the missing necessary protections for the employees, visitors, and volunteers that work with the Oregon Department of Corrections Special Management Housing programs. The criteria listed under ORS 654.412-654.423 would also help protect the adults in custody in these programs that are experiencing high volumes of assaults and prison rape. These programs are evidence based and provide proven measures to lower

acts of violence in the workplace. This is a subject that's dear to me and many others I work with. I have seen too many employees and adults in custody negatively affected by this over the years.

I oppose this bill on the grounds that the Oregon Department of Corrections needs to reallocate a portion of funds from (1) Operations and health services and dedicate it to a new lined item for (Mental Health and Healthcare employee safety). This would be for the purpose of researching, developing, and administering policies and procedures that protect employees in a dedicated 24hr mental health or medical care unit. Thank you for reviewing my testimony.

Sincerely,

Jonathan Blanco