



To: Joint Ways and Means Subcommittee on Human Services

From: Hannah Maki Scott

Date: 3/19/2025

RE: Support for SB 5526 POP 109 Personnel Safety

Dear Co-Chair Campos and Valderrama and members of the committee,

My name is Hannah Maki Scott, and I am a resident of Clackamas County. I also work in Clackamas with the Oregon Department of Human Services in Child Welfare as a Social Services Specialist 1. My position is a permanency worker with adolescents and their families. I have been working for Child Welfare since 2021.

I am writing in support of *ODHS SB 5526 POP 109* and asking you to make additional investments that would improve office and worker safety. POP 109 would allocation funds for facilities improvements and security and outreach contracts. This is a modest investment in safety and the Legislature should work with the agency to find solutions that work for frontline workers.

Working with adolescent youth in crisis is normal for my job. The families we serve in Child Welfare have come to us in times of great crisis where the family is at the highest risk of imminent danger. Youth with complex support needs who enter our system and those who face frequent disruption are at risk of engaging in unsafe behaviors towards themselves and others. At the core of this crisis is a lack of resources accessible to clients where their intersectional identity, trauma-informed practices, and the needs of the client are prioritized as means to resolve challenging behavior responses to stress.

Without prevention or placement resources, we see these youth entering into circumstances where their daily care is being navigated with support from ODHS staff. The youth may enter temporary lodging with ODHS supervising in shifts or have staff in the home/placement to support safety with supervision.

ODHS staff are not all equally trained in responding to this particular set of crisis behaviors and this can create additional barriers to safety. Staff are filling a role which is meant to be navigated by support workers who train in de-escalation, hold certifications in specific crisis management systems, and whose job responsibilities are focused entirely on the individual client who they work with. Support workers get trained on behavior interventions specific to that youth which address ways to encourage emotional regulation at all levels of crisis.

While ODHS staff may have some training and some ability to understand all of the tools required to maintain safety, it is not guaranteed that a best fitting or higher skilled worker is available to supervise. Additionally, ODHS staff is providing direct support at a time where we do not have enough positions in our teams available to handle the case load, let alone sparing two staff for shifts during work hours or after hours. Staff who routinely participate in these shifts often become worn down from the constant overtime and interaction with intense environments while balancing their regular job duties. During the work hours, it is up to the caseworker and their team to supervise. At times, staff have had to rotate with a youth for half hour to hour chunks just to meet supervision. The youth will likely be in the office during these times as staff need to rotate frequently. It greatly increases risk with all of our cases of being unable to meet the needs of the families we serve.

While I have had a background which prepares me for situations like this, I have navigated crises like this on many other occasions without any resulting harm or impact to anyone. Even with my previous knowledge and ability to skillfully de-escalate situations, I found myself in the same position many of my peers have found themselves in when I became injured during a crisis. My story is difficult and painful, but it is not unique to my job.

On July 22nd 2024, a young client was at my office for supervision when they escalated and engaged in unsafe behaviors. As the youth began to escalate, they threw objects across my cubicle and then towards me directly. Heavy objects hit my head. That was just the start. Over a 2-hour period our office froze as many of us worked to ensure the safety of the youth while the rest watched, unable to do more. I was repeatedly hit, kicked, scratched and bitten. My hair was ripped from the scalp and I was headbutted relentlessly. All I could focus on was how to keep the youth safe as the risk of the situation becoming more volatile was significant. All of this would be for nothing if the youth were able to elope into traffic or harm many others. I stayed with the youth through the entire crisis, even as law enforcement rotated in with staff. I stayed to remind the officers that this was still a child. I gave them redirections when their actions created more stress for the youth. I worked on breathing exercises with the youth and attempted to regain baseline with them until the ambulance came and the EMTs took them away.

I remained calm to help settle the staff who had just witnessed the event. Our management team was stunned as they processed what had happened. Everyone struggled to understand how yet again, a crisis of this level occurred inside our office and this time right at our desks. Our work never used to feel so dangerous.

I look back on this incident with complicated feelings. While I feel the reality of the physical impact and changes to my life, I know how lucky I was to come out alive. I can remember the feeling on the way to the hospital and telling my husband that I thought I was dying. Bite marks and scratch marks were all over my arms and hands. I could feel the pain building across my body from the multiple blows I took. My neck and head felt like it was falling off of my body. I could barely keep my eyes open. My hair had become tangled with the chunks which were ripped from my scalp and the blood from my scalp was sticking to the hair. At the emergency room I couldn't remember things like my phone number and had difficulty speaking.

I wrote in my journal the next day that it felt like my body had been hit by multiple trains over and over again. My neck could barely move for the longest time and continues to be difficult for me today. I eventually chopped my hair off after realizing the chunks of bloody hair had become too intertwined to brush out. I had visible bald patches, bruises and scars for a long time after.

Over the past 241 days I have had my life turned inside out and had to adjust to the reality of a new me. I have seen more doctors since the injury than the rest of my lifetime combined and missed seeing those I love for the longest period of time in my life. I am now using a mobility aid to ensure I have enough energy to move around and stability as I frequently fall without it. I need glasses as my eyes shake and become blurry when they did not before. I have limited driving capacity and have lost the ability to go on fun road trips or go to appointments independently. I have a disabled parking placard for my car to help me access the world a little easier. I require more support from my husband and others to help me navigate life's basic challenges.

My recovery has been long and slow. There have been days where I couldn't imagine I would be able to enjoy life again. I am relearning how to live. My clients, family, friends and most importantly my husband have all experienced the impact of my recovery. Clients who have needed the consistency of their caseworker, especially the client from that day, have struggled with being bounced to others without any understanding of what happened.

My family and friends tried their best to support me but it has been hard on them as well. I couldn't be present enough for my family in times of joy or hardship. My husband has

become a devoted caregiver and has taken all of this with such strength. There are moments I cannot redo or recreate which I will forever mourn. I could not be there for my beloved grandfather as he passed, I can't recall much of my wedding this past November beyond the feeling of pain in my body as I tried to stay present in the moment. I have missed out on holidays and family meals more times than I can count.

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Tomorrow I am grateful to celebrate a milestone in my recovery which can bring some normalcy to my life again. I can return to work for 2 hours per day. Something I didn't think would happen.

12 weeks of Brain Rehab, countless sessions with physical therapists, optometry appointments, vision therapy, occupational therapy, speech therapy, chiropractors, and many others have helped me repair myself to a point where the idea of working 2 hours a day seems like a mountain to climb. One that is both exciting and daunting.

I came to this work willing to face challenges, ready to interact with high conflict situations and hopeful to be a resource and support to the clients I work with. I have dedicated my life from a young age to serving others and came within a hair of losing the ability to ever do so again. Others aren't as lucky and find themselves without the capacity to return to the jobs they loved the clients they cared for. These incidences impact the clients, workers and their families in ways which cannot be fully healed. This bill helps the Department of Human Services bring desperately needed change across the state as funding critical resources encourages safety for clients and workers.

Without the investment described in POP 109, office safety will persist as an issue and increase turnover and workplace complaints. Please write SB 5526 POP 109 into the budget to ensure that workers are safe on the job.

Thank you for your time,

Hannah Maki Scott