

hope, access, potential,

House Bill 3440 – Home Forward – Written Testimony – June 27, 2017

Good morning Co-Chairs and members of the committee. My name is Melissa Arnold, I am the Program Supervisor for the Apartments at Bud Clark Commons in Portland, Oregon and I work for Home Forward, the housing authority serving Multnomah County. I am providing testimony in favor of House Bill 3440.

The Apartments at Bud Clark Commons is a housing-first building that provides permanent housing to acutely ill people and individuals who are transitioning from chronic homelessness. Located in Portland's Old Town, our building is near the epicenter of Portland's homelessness crisis and our community's opioid epidemic. All of our 130 residents have experienced homelessness and many have relationships with people surviving on the streets near our building. My staff also interact with people experiencing homelessness near our building to build relationships and to encourage them to access housing resources and other services that can minimize the impact homelessness has on their wellbeing. Dealing with substance abuse is an everyday experience for my staff and I, and overdoses occur frequently in Old Town.

To illustrate, a few months ago, there was an overdose on the sidewalk across the street from our building. I was notified of the overdose by our maintenance staff - he said someone outside needed help. I ran outside of the building and saw the person on the ground, surrounded by scared friends who were yelling for help. My staff at the front desk were calling 911, and staff from a neighboring non-profit began CPR and rescue breathing. I heard people yelling frantically - "Narcan! Narcan! Who has Narcan!?" No one in the vicinity had any. I ran inside my building and up four flights of stairs to our community room, where I knew a group was meeting. I velled "Narcan! We have an OD outside we need Narcan NOW!" and one of our residents ran to her unit down the hallway. She rummaged through her belongings and was able to produce one vial of naloxone but she did not have a syringe. I took the naloxone and ran back down the stairs, out of the building and onto the street, and handed it to a director from the neighboring nonprofit, who then yelled for a syringe. At this point an ambulance arrived to administer CPR and to take this man to the hospital. We aren't sure if he is alive today - we never saw him again. This gentleman had been unconscious for close to twenty minutes and was not breathing. If I had had nasal Narcan on my person, and the ability to administer it as a service provider, we could have taken action right away. We, as service providers working with this population, need access to this life-saving tool. We are close to these individuals and we are often nearby when these circumstances unfold, and we are the people who they run to for help. Reducing barriers to get this tool in the hands of service providers is crucial to the work we do, and will save lives. Please vote in favor of HB 3440. I would be happy to answer any questions.

Melissa Arnold

Bud Clark Commons Program Supervisor

Home Forward