

**NOTE:** The following testimony was prepared for the hearing before the Senate Committee on Human Services held 1/23/23 at 3:00 pm. However, due to time constraints, I was not able to present this testimony. At the request of Chair Blouin, I'm making it available as written testimony for the record.

*Chair Blouin, Vice President Robinson, members of the committee, my name is Laurie Powell.*

*I'm a retired speech-language pathologist, researcher and advocate serving people living with brain injury.*

*I am here to testify in support of SB 420 and will focus my testimony on Oregonians who are homeless. Brain injury does not cause homelessness, but it is a significant risk factor.*

*As a volunteer for a program that offers emergency shelter to people who are unhoused, I recently provided early morning support at a church community hall where over 60 individuals were trying to sleep.*

*Women and men, young and older adults, veterans, people of all backgrounds were present.*

*I couldn't help but unite this personal experience with these two statistics – **12% and 50%:***

- *The prevalence of brain injury in the general population is approximately **12%**.*
- *Over **50%** of the individuals in that church hall had likely sustained at least one brain injury or more with the majority having experienced their **first** brain injury **prior** to becoming homeless.*
- *Brain injury is also common among survivors of domestic violence and justice-involved individuals, both groups at risk for homelessness.*
- *Further, brain injury is often associated with substance abuse and/or mental health challenges.*

*Brain injury effects may be temporary or permanent.*

*Specific to housing, long-term cognitive impacts can result in losing one's job leading to loss of income and therefore the ability to **afford** stable housing.*

*Cognitive challenges can also impact an individual's ability to maintain **safe** housing – remembering to turn off the burners, for example – as well as remembering to pay the rent or mortgage, all of which can be mistaken for non-compliance by landlords or lenders, leading to eviction.*

So, back to SB 420...imagine if an individual is having difficulty with pain, fatigue, headaches, sensory overload, difficulty processing new information, memory, follow-through, or poor judgement following a brain injury, then it is **impossible** to navigate our complex healthcare, vocational and housing support systems.

But if there is an individual that one can turn to provide structured guidance in accessing these systems of care and support– a brain injury resource navigator - then this becomes a crucial first step towards reducing the likelihood of that individual falling through the cracks and possibly becoming homeless.

I thank you for your support of this life saving bill.

### References/Resources

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Jacob L Stubbs, Allen E Thornton, Jessica M Sevick, Noah D Silverberg, Alasdair M Barr, William G Honer, William J Panenka, Traumatic brain injury in homeless and marginally housed individuals: a systematic review and meta-analysis, *The Lancet Public Health*, Volume 5, Issue 1, 2020, Pages e19-e32;  
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Topolovec-Vranic J, Ennis N, Howatt M, Ouchterlony D, Michalak A, Masanic C, Colantonio A, Hwang SW, Kontos P, Stergiopoulos V, Cusimano MD. Traumatic brain injury among men in an urban homeless shelter: observational study of rates and mechanisms of injury. *CMAJ Open*. 2014 Apr 25;2(2):E69-76. Doi:

John Corrigan, PhD, *Traumatic Brain Injury, Mental Health and Addiction*, 2019, 1-hour presentation, <https://www.youtube.com/watch?v=V3ymctg8q88>

Carolyn Lemsky, PhD, *TBI and Behavioral Health Challenges*, 2020, 1-hour presentation, <https://www.youtube.com/watch?v=4XbiUWh1d0>

Caitlin Synovec, PhD, *Accommodating Brain Injury in Vulnerable and At-Risk Populations*, 1 hour presentation, 2021,  
<https://www.youtube.com/watch?v=uouKXTpvCZQ>

The Center on Partner Inflicted Brain Injury, Ohio Domestic Violence Network,  
<https://www.odvn.org/brain-injury/>