Submitter: Karen James

On Behalf Of: Advocate for Social Justice

Committee: House Committee On Behavioral Health and Health Care

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Housing, and the stability it provides, is the first step towards wellness for people suffering with mental illness and/or addiction. The vulnerabilities in our system of care were brought to light and exacerbated by COVID and our streets remain full of people who have fallen through the cracks of our safety net.

Our system of care is not designed to help people who—due to their illnesses—are unable to follow the rules, to assimilate or to conform. These individuals need help but are instead the 'throwaways' and 'unwanteds' in our communities. There are many reasons people are resistant to receiving care: the severity of their illnesses may prevent them from seeking care, some have had traumatic experiences with the system that is supposed to help, sleeping outdoors in the cold may feel safer than a warm bed in a shelter. Many will remain houseless in our streets and will continue to self-medicate and sometimes commit crimes.

Alternative programs around the world are offering different approaches to care. They are providing communities of acceptance and belonging, using non-coercive techniques, engaging people in healthy behaviors, using open areas and nature, involving clients and their families in decisive roles, etc. These approaches are not only successfully helping people recover, they are also helping to lower dosages of medication, decreasing aggressive behaviors and supporting families, etc. If our system of care is truly person-centered and meets people where they are, as it claims, then we must reconsider our approach to short and long-term care for this population.

While there is a need for residential and secured residential treatment facilities, we must create therapeutic communities that foster healing, wellness and the ability to thrive or we will continue with the status quo.