

Mental Health, Substance Use, and Homelessness

Homelessness to Housing Community Town Hall

October 4, 2022 – Online via Zoom

THE INTERSECTION OF MENTAL HEALTH, SUBSTANCE USE AND HOMELESS

Often those who are unhoused have substance use or mental health issues and this is one reason why it is so important to address them together. While these can be connected, many are now experiencing homelessness for the first time because of the dramatic rise in housing costs. We need to keep this factor in mind as we look at how best to address homelessness. Homelessness caused by rising housing costs can lead to substance use from the depression and anxiety that come from being homeless.

While some are now homeless because of rising housing costs, we know that those experiencing homelessness have often gone through several recent traumatic events and the very act of seeking shelter can be a traumatic or triggering event. This can prevent people from seeking out shelter. It may also be traumatic to bring children into a building with lots of people versus staying in a car or a park.

Many who are homeless struggle with mental health and substance use, but not everyone. Homelessness is often a symptom of other things happening in their lives. People with any serious mental illness (SMI) can find their SMI crippling to deal with. Housing is important, but housing alone will not solve the issue. They also need assistance with their mental health issues, so they do not wind up back on the streets. They need additional resources, including transportation to services and housing.

People who have any form of SMI, such as schizophrenia, bipolar disorder, anxiety, or depression, may have a limited ability to live independently. Housing first is important, but it is not a catch-all solution. Often, when people are put into shelters, they are not able to sustain an independent living situation. Homelessness can be the result of someone who is struggling with these things. We need to look at the root cause, not just the housing.

Wraparound services are key when providing a housing first approach. It can make a substantial difference to have a housing provider that is sympathetic and a clinical team that is fluent in treating mental health to avoid further homelessness experiences and to help people achieve independence.

Homelessness can be a revolving door, or a vicious cycle. It is also important for there to be another narrative. There are many people who are experiencing homelessness for the first time because of COVID. They can no longer afford their housing under current market conditions, especially when rents are being hiked and they lack adequate financial resources or social support (e.g., family nearby). It is important to acknowledge how mental health impacts homelessness, but we cannot ignore that there is a rapidly growing population who simply cannot afford housing.

One perpetuates the other with homelessness. Stress can turn into depression and substance use can become a coping mechanism to deal with the stress. Once you become substance use dependent, you are no longer thinking about how to get out, it becomes about how to cope with these feelings.

It is an affordable housing problem at its core, but we cannot afford to wait or subsidize the solutions. Homelessness is often the effect of trauma, mental health issues, or substance use. Housing first is important but wrap around services are critical to keep them housed.

ADDRESSING MENTAL HEALTH, SUBSTANCE USE AND HOMELESSNESS

Affordable housing is an important part of the issues to address, and poverty is one of the causes of homelessness. Colocation of services, such as affordable and attainable housing on city properties, is

one way to reduce NIMBYism and address housing challenges. Housing helps create stability to address other issues, but housing alone is not always the answer.

We also need to address how people can remain stable in housing. Services that address mental health and substance use are critical. There is a need for lots of support and wrap around services, including working with landlords and adding in support services for those who need it. Without these additional services, we house people and within a year they may be evicted.

We should also leverage AHCCCS changes that have happened at the federal level that allow supportive services to be combined with housing.

We need a paradigm shift in how we address these issues, and it is important that we address these topics collaborative and cooperatively, especially in a challenging political climate.

Chronically homeless individuals often have mental health issues that become a barrier to services. If there is substance use as well, it is challenging to help manage the situation. We should consider making assessments about “readiness” to change and prioritize providing services to those who have a higher readiness factor.

We may also want to consider moving to smaller regionalized shelters, creating specialized shelters for different populations.

Co-location services are key, like housing near schools, libraries etc. Cities should be looking at how we incorporate housing on their properties. What if there was workforce housing with mixed income housing near fire stations? We should leverage grant money from the federal government and use it for a combination of supportive services and housing.

COVID has exacerbated homelessness and now the increase is visible in the streets. It is impacting our communities and our businesses. We have to address affordable housing, but also how people can remain stable, so they avoid eviction, incarceration and relapses into homelessness. There are lots of people living in the community with Serious Mental Illnesses (SMIs). For example, if you take someone with schizophrenia, there are a lot of resources needed to get them set up to be housed in the first place (furniture, tools, etc.) and it is something we overlook and take for granted. It is unreasonable to expect them to have to do all of this on their own. We need to develop the capacity to house people who need support with wraparound services to avoid eviction. It is not just a behavioral health issue, but also physical health issues as well for people with health complications such as diabetes. It is going to take years to recover from the economic impacts that COVID has had on our communities. A lot of poor health outcomes are a direct result of poverty, so if we do not get our economy back on track, then we will not see rapid improvement in the homeless realm.

There is a need for a paradigm shift for the way we are managing our homeless population. With service resistant clients, there are multiple individuals that fit into that category, but that does not always mean they want to be homeless. There are chronically homeless individuals struggling with mental health who lack insight into their issues. Compounded with substance use, the question becomes, how do you manage them when you have a client who does not want to make progress and only stays the night. Some also have comorbid issues like diabetes with mental illness and it is very complex. We have had no choice but to work and collaborate with each other as COVID funding begins to fade out, and now we have more municipalities that want to remove the problem, rather than actively work with those individuals with lived experience to mitigate these issues in their community. When we assess them for readiness to change, we have individuals who are not getting services who are ready to make those changes. Instead, we are giving more attention to people who are not. There is no “one size fits all” solution and throwing money at the problem is not going to work. We need to incorporate compassion into our work at the ground level and treat everyone with respect and dignity, so they know that we are here to help.

Partnerships are they key success for housing individuals with mental health or substance use. Let the experts do what they do best. It is just a matter of ensuring that we are working together because ultimately, we have the same goal.

Moving to small, regionalized shelters (200 beds or less) is key to meeting people where they are. Shelters may need to be specialized at some level to reach different populations. Shelter agencies and partners may have to offer constant community engagement with a 24/7 phone line that shelter neighbors can use to report concerns, which may help reduce NIMBYism as would consistent, transparent data (maybe dashboard-style) about results from the shelter. Emergency shelters are important, but we struggle with long-term engagement and follow-up.

SETTING PRIORITIES

The time is now. We need to act. Civic engagement is important from those who work in these fields and from those we serve. We need to help inform our elected leaders about the best solutions to address these issues and we need to include neighborhoods in the solution, not just providers. Single family neighborhoods have a lot of political power to help make needed changes.

Outreach and education are critical, whether it is attending neighborhood meetings or conversation like we are having today that help to dispel myths and share best practices.

Flexible funding to providers is important. We should let the experts do their jobs without having to create unnecessary and burdensome reports.

We also need to work towards engaging as many landlords as possible to support the use of vouchers and to not allow discrimination based on income source. There should be a broader choice of neighborhoods to live in with the use of vouchers as some neighborhoods can be triggering.

We should apply a racial equity lens when addressing the issues and the systems that provide services. How are we making sure to best serve populations that experience these challenges at a higher rate?

We need to care for the entire family, including cats and dogs.

Employment is low with opportunities high for employment. What is the root cause of this? We need to look at how best to work on the preventative aspect of these issues with education and other programs. We could consider approaching those who are unable to get employment with opportunities for jobs (such as in the correction institutions). We also need to create opportunities for livable wages, including in the social services sector, which has a high rate of burn-out.

Engage as many landlords as possible to increase inventory of rapid rehousing and affordable housing for voucher holders. With mental health and substance use, we want to give people a wider geographic net to choose where they want to live. We want them to live in a neighborhood that is not triggering and that supports their recovery. We need to look at this problem through a race equity lens. Black and Native populations experience homelessness, substance use, and mental health at an increased rate. How are we making sure that we are serving these underrepresented populations?

Civic engagement is very important for everyone. Make sure that they have a voice and can exercise their right to vote in their perceived interests. People in power have plenty of information to inform decisions and as people in that position, we need to spread that knowledge. Many jobs do not provide a living wage for workers. Organizations need to pay people what they are worth. Not all pay grades should be based on degrees, but professional experience is very important, and we need to reward that financially, especially in a field that experiences high burnout.

Sometimes providers will criticize neighborhoods and use the word NIMBY as an insult. It is important to recognize that much of the political power resides in single family households. We need to include neighborhoods in the solution, not just providers. Neighborhoods supported the Cicero Bill and providers opposed it – both entities need to work together to get on the same page to resolve this issue. We need to include them in decision making so we are not just talking to ourselves. From the lens of the Cicero Bill, it was lacking the provider viewpoint, which has its own respective value. More of these conversations need to happen together, not separately.

We need to bring realities to light. Busting myths from the communities will go a long way to creating a solution for communities. In a lot of cases, direct outreach is required. At a high level, there is a perception that there are a lot of jobs available, but many are still experiencing homelessness and evictions.

We need more flexible funding. Let the expert providers do their jobs without an absurd amount of red tape and requiring huge reports that sit on a shelf.

WHAT ARIZONA'S ELECTED LEADERS TO KNOW

- Housing first!
- Provide flexible spending to providers.
- Require new housing developments to provide affordable housing.
- Do not be afraid of using harm reduction practices when addressing substance use. Using drugs is not a moral failing.
- The governor should release at least \$500 million from his ARPA funds to provide wraparound housing services.
- Promote an interdepartmental task force with police, fire, libraries and social services to leverage services and responses to meet people where they are.
- Keep the Housing Trust Fund funded.
- Bring people to the table with the lived experience to provide feedback and capture answers that we are missing as providers.
- System changes are needed to truly end homelessness. Livable wages, more affordable workforce housing, access to trauma-informed care, eviction reforms.

INDIVIDUAL COMMITMENTS TO ACTION

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions during the Homelessness to Housing Community Town Hall. Below are individual actions that were shared.

I WILL...

- Strive to empower the voices of those with lived experiences by bringing them to the table where decisions are being made.
- Complete the broadband whitepaper and include PPP management opportunities.
- Continue to engage our local community on this topic and join the hard discussions.
- Prioritize the issues of housing, mental health, and substance use in public health strategies at the local level.
- Stay connected to my city council rep and other elected officials (as a constituent).
- Use my knowledge to inform AHCCCS policies and contracts to make it as easy as possible to deliver high quality services.
- Do my part to help steer funding to agencies who have or want to build more collaborative care models.
- Help build leadership for social change among our younger generations.

- Continue to attend and participate in meetings like this. Collaboration is vital to ensure clients receive ALL services the community can offer. 25+ years in the field and we have not moved the bar very far. Educate the public and take a deep look into systems.
- Get connected with my city council and keep the conversation going within my network and within my community.