

Mental Health, Substance Use, and Homelessness

UA Health Sciences Community Town Hall

October 5, 2022 – Phoenix, AZ

THE INTERSECTION OF MENTAL HEALTH, SUBSTANCE USE, AND HOMELESSNESS

The interconnected problems of mental health, substance use, and homelessness are circular, and best conceived as a Venn diagram. As we look at individuals struggling with these three conditions, we should look at the different parts of the Venn diagram to see who is in each part and treat different populations differently. Further, if each condition can be a trigger or cause for the others, they should be addressed together. Each of these conditions impacts motivation and critical thinking. They are almost always trauma related. If the conditions are not addressed simultaneously, solutions are ineffective. There should be customized care with experts in each field in the room together to bring solutions.

In addressing these issues there are several challenges. People struggling with the conditions often lack education or coping strategies for illness and treatment. Staff working in these areas are very siloed. We need to evaluate policies and funding to assure that they flow between the different silos. There is also a lack of social capital. We need more and better education about these issues, and we need to start early and repeat the message often to be sure the messaging is not lost.

Finally, housing should be integrated in diverse communities.

ADDRESSING MENTAL HEALTH, SUBSTANCE USE, AND HOMELESSNESS

Effective solutions require that we address the problem of stigma associated with these three conditions through education. We should deconstruct myths and misconceptions about people who are suffering from these conditions. We need to recognize that the media often presents a sensationalized version of the story for its own purposes, and that its depictions are sometimes exaggerated or inaccurate. We need to promote compassion and empathy by finding some common ground with people in these groups and reducing the tendency to divide into “us” and “them.”

Addressing these problems is stymied to some extent by NIMBYism. Educational efforts to dispel misconceptions would be helpful to reduce NIMBYism. It might also be reduced if we reduce the physical footprint of the programs that address these problems, breaking facilities into smaller parts so that they do not seem so intrusive to neighborhoods.

There are considerable resources available in our community to address these issues, but many people, including providers, do not know about them. We should do a better job of educating providers and others about the issues and the resources that address them. Having all the resources under one roof would be very helpful. There is also a lack of providers and problems securing appropriate referrals. Because of the need for individualized solutions, a lot of hard work is required to address these conditions. Perhaps a patient broker, someone who can match the patient with the provider, and provide all relevant information upon referral, would be helpful. We need more group therapy and licensed peer support programs, and greater awareness of such programs. We need better data to know who we are serving and how we are serving them. That should include data from the criminal justice system. Data lockers, integration of data systems, and HIE systems, are addressing the issues related to sharing of data, and such efforts should be supported and continued.

SETTING PRIORITIES

We need more inventory for people who qualify for subsidized housing. Perhaps we could establish an Air B&B or Match.com system to match tenants with landlords.

We should engage with people at a much smaller scale. For example, use HOAs to come up with solutions. In this way, we will expose more people to the issues and engage more people in developing solutions. We should also make smaller communities aware of volunteer opportunities that might be available in their neighborhood.

Medical systems should use telehealth better to address adverse childhood experiences and bring preventive health care to the schools. We should integrate the community better.

We need more and better data.

We should prioritize funding for providers. Funding should be unrestricted and from a diverse donor base, so that providers can use it where it is most needed.

We should find a convening agency to oversee all the preventative work that is ongoing in the myriad of agencies and organizations that are working in this space.

Education is key, and it should be employed effectively. Too often public education is viewed as delivery of information to consumers (students). In higher education settings, people are expected to question and challenge the status quo, to ask why and how, but in K-12 education and many other educational settings (e.g., at Department of Corrections) that kind of questioning is seen as combative or defiant behavior. To understand the root causes of these problems, we should embrace real education rather than the more passive model that prevails. For example, substance use is not just the use of illegal recreational drugs. Substances may be used for many other purposes. Smoking is a legal substance use that may have physical consequences (e.g., breathing impairment) that will interfere with the ability of people to perform certain jobs. Active education would encourage people to drill down and consider these kinds of issues.

WHAT ARIZONA'S ELECTED LEADERS NEED TO KNOW

- Zoning regulations should be revised to reduce barriers to the development of affordable housing and encourage better use of empty lots.
- There should be no wrong door to access care. This concept should be emphasized across the board, particularly with legislators. People working in the separate fields should be educated about how the systems work at a macro level so that when they interact with those systems they can do so more effectively. We should look at the different systems and map them to better understand how they work. We need to understand the steps individuals must take to get care and services, to eliminate duplicate steps and integrate the systems more effectively.
- We should increase the number of trauma informed schools, government agencies, and service providers.
- We should regulate, monitor housing providers, and prioritize and incentivize permanent supportive housing over for-profit group homes and require licensed mental health services and case management to be available at all public supportive housing projects.
- Looking at income eligibility, it would be good to increase the eligibility threshold for services from 80% of Area Median Income to 100% of Area Median Income.

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 UA Health Sciences Community Town Hall. Below are individual actions that were shared.

I WILL...

- Continue the conversation.

- Stay informed, listen when I can, and support where I can.
- Release an RFP or NOFO for mental health pilots in Goodyear this fiscal year (hopefully this calendar year).
- Take ideas from today's discussion and use them to better inform donors and/or spur thoughtful conversations.
- Continue to incorporate opportunities for medical trainees to gain experiences to help them understand resources and have more compassion for the people they serve.
- Engage city leadership on causes of homelessness, affordable housing, and permanent supportive housing.
- Advocate for bringing PSH and/or affordable housing to my neighborhood.
- Encourage the Phoenix Community Alliance to invite Arizona Town Hall to present on the Town Hall's findings at a PCA meeting that also include other major business groups like Greater Phoenix Leadership (GPL), Greater Phoenix Economic Council (GPEC), and the Chamber of Commerce!
- Be a vocal advocate with my family, neighbors, and co-workers for the dignity and needs of those dealing with homelessness, mental illness, and substance abuse.
- Encourage creative ideas and discussion about small and large solutions.
- Promote better understanding of the need for and level of commitment to community land trust rollout and rapid scaling.