

Mental Health, Substance Use, and Homelessness

Alliance of Arizona Nonprofits Community Town Hall

October 24, 2022 – Online via Zoom

THE INTERSECTION OF MENTAL HEALTH, SUBSTANCE USE, AND HOMELESSNESS

Housing is one of the social determinants of health, and the social determinants of health are all interrelated. The pandemic and the conditions it created has resulted in the creation of a new profile of families and family characteristics. The pandemic helped us to realize how interconnected these issues are. In this context, housing is medicine.

It is important to address mental health, substance use, and homelessness together because one may be the gateway to another. In addition, the systems relate to each other, and the systems do not work well. Instead of having people run around to find the services they need in different systems and places, there should be streaming services that work together. Instead of having people graduate to housing, they should be housed first. We need to aggressively assist them.

Although these three conditions can be related, often they are not. Not everyone who is homeless is mentally ill. Sometimes they are just without a home. Sometimes age is a factor that contributes to the status of being unhoused. In Phoenix, we have an affordable housing crisis and people may be unhoused simply because they do not make enough income to afford a place to live. When addressing these issues, we need to factor in the actual cause of the condition that is being addressed and treat the individual situation based on the specific factors at work.

ADDRESSING MENTAL HEALTH, SUBSTANCE USE, AND HOMELESSNESS

To some degree we expect law enforcement to address all social issues, even though they are not necessarily trained for this task. It would be helpful to bring in the experts and support systems that are equipped to address these issues. Phoenix Rescue Mission's workforce program launched last year in Glendale shows a lot of promise and should be scaled up to serve more people.

To be effective in addressing these conditions we should focus more on prevention services. Families need stability, a living wage, affordable childcare, and other support to prevent or address emergencies and crises. Programs should be trauma responsive. We should provide housing first and other services once the person has shelter. A great example of a supportive program is First Things First's Skycare Services for airport employees. The Skycare Services program provides childcare services so that employees can come to work. Several Arizona communities have adopted the Texas based model developed by Ernie and Joe, called Crisis Cops.

Unfortunately, our government seems to be more inclined to provide funding for criminal enforcement activities than prevention services. One reason is that results may not be immediately visible, and funders want to see results within an 18-month window. Law enforcement needs to be at the table discussing community health issues, rather than keeping law enforcement issues and funding separate from those issues. Everyone in the system should be at the table, including the persons who need services, and they all should have access to the data. We need to meet people where they are.

SETTING PRIORITIES

There is no single action or entity that will solve this problem. Collaboration does not occur naturally. Those working in these areas often end up working in silos, not by intention, but because they are working so hard to accomplish the tasks they are assigned. Opportunities for collaboration do not happen on their own; they require intentional action and hard work. Millennials seem to be very much

inclined toward collaboration and as they move into the workforce may do more to promote collaborative efforts.

Community based projects such as the Blue Zone projects that are happening across the United States are an intriguing model that bear watching and may be suitable for expansion to more locations. The concept that AHCCCS money should be made available for housing is also promising, but we should avoid the temptation for health care systems to get into the business of providing housing.

There is a lot of analysis paralysis in this arena. We should pick a priority population so that we have a model that can be developed, applied, and expanded if it works.

WHAT ARIZONA'S ELECTED LEADERS NEED TO KNOW

Whatever they do, do it with urgency. In the 1-1/2 years since the Town Hall research report was written, conditions have gotten worse. The people doing the work and the people on the street know it is urgent, but the people in power do not seem to realize it. We are mired in the world of RFPs and the quest for a more perfect solution, instead of getting the money out to help save the people who need help now. We could have fixed this problem a long time ago if we had made it a priority.

In Sunnyslope, a neighborhood revitalization effort is underway that is like the one that Habitat for Humanity launched in the community adjacent to Grand Canyon University. Such efforts should be encouraged. The GCU initiative brought together state tax credit dollars, homeowners and businesses in the community, and student volunteers to revitalize the community. This public-private partnership is an example of the sort of collaborative effort that is needed to address conditions. Policymakers should look at such efforts and pay attention to the positive impact such programs can have. They should realize that no one is immune from the effects of these issues, and it will take the combined efforts of the entire community to address them successfully.

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 Alliance of Arizona Nonprofits Community Town Hall. Below are individual actions that were shared.

I WILL...

- Continue to draw upon the amazing experience of our Alliance members like those who participated in today's conversation.
- Continue to work to connect capacity to need, striving to fill gaps in resources and outcomes via collaboration between people, place, and policy.
- Continue to encourage those we encounter to "hold on" until systems become more compassionate and functional.