

Mental Health, Substance Use, and Homelessness

Rural Arizona (Show Low) Community Town Hall

August 29, 2022 – Show Low, AZ and Online via Zoom

THE INTERSECTION OF MENTAL HEALTH, SUBSTANCE USE, AND HOMELESSNESS

It is important to address mental health, substance use, and homelessness together because these issues often occur together. There is a vicious cycle with everything connected and reappearing together. For example, mental health issues can lead to substance use and homelessness. Likewise, homelessness can lead to mental health challenges and substance use. Education and job opportunities are also tied to and interconnected with these issues. To best solve these challenges, especially for our most vulnerable, we need to address these issues together and in a more coordinated way.

The stigma of experiencing issues with mental health, substance use, or homelessness is often tied to biases and misunderstandings, which keep those who need help or assistance from getting it and prevent those who can provide help from providing the best resources and approach.

We should address this stigma, provide more wrap around services, better coordination among services providers, more education of first responders and law enforcement, and more housing opportunities for those who are unhoused. We also need to better address cultural differences, trauma and other aspects that may impede services.

Finally, we should incorporate the wisdom of those with lived experiences and continue efforts to educate the community and provide opportunities for better collaboration.

ADDRESSING MENTAL HEALTH, SUBSTANCE USE, AND HOMELESSNESS

There is no cohesive response for addressing these issues and there are many gaps that create major problems.

We need to create better experiences for those seeking help. This includes addressing stigma and creating a more supportive environment that includes providing love and support to those experiencing these issues and addressing mandatory reporting requirements that may act as barriers to those seeking help. It also includes education to combat NIMBYism (not in my backyard), providing information to those who need to access resources, and working more closely with police and first responders as part of these educational efforts.

Each local community should do systems mapping to identify what is being offered, what is needed, and what their qualifiers are. We need to take another look at disqualifiers – some require sobriety, and some do not. We need to expand on the types of housing that are offered. We also need to look at the entry points – emergency department, policy, etc., and ensure that they know what other services are available, so that people are not just treated in a silo and discharged.

Turnover is often high making awareness of resources even more challenging. It is very difficult to keep resource lists current. Communication is a big issue, making people aware of what resources are available. Often, resources are there, but not used because of siloed service providers.

Peer support by people with lived experiences is critical. Yet, we lack the job opportunities for those who can provide peer support.

We also need to help families better understand these conditions and we need to address stigma that can be an obstacle to getting the resources they need. The Federal government is providing a lot of funding for opioids, but very little for other substances such as alcohol. Government funding needs to expand to all substance use.

It is often very difficult for people convicted of drug offenses to get employment and this can lead to homelessness and recidivism. Many people are losing their homes because the market is leading people to see their rental properties and the HUD fair market rents are too low in Arizona. There is no place to put people who need rental properties. Some people coming out of incarceration are sent to Maricopa County instead of receiving services in northern Arizona because of a lack of DOC approved re-entry housing.

We need to address legislative changes, such as the barriers to success for those with criminal backgrounds. We need to look at how to provide a warm hand off for those coming out of jail or prison. To ensure success, we should use more of a trauma informed approach that takes cultural and historical factors into account. We should also look at approaches that do not criminalize or “lock up” those who are experiencing homelessness.

While we have some wrap around services, we do not have enough. We need to increase the quality and the quantity of wrap around services and communication efforts to those who need them. To accomplish these goals, we need more sustainable funding for much needed services and resources. One-time grants with strings attached are appreciated but are not the most beneficial for the best community response.

We need access equality to everyone, which includes transportation and access to broadband internet. We also need more prevention efforts such as diversion and education programs, as well as programs that address poverty and trauma while creating a safe space to meet people where they are.

Finally, it is important to have more gatherings like today to educate the community, break down barriers, and improve coordination.

SETTING PRIORITIES

The most important actions we need to take to address the conditions of mental health, substance use, and homelessness in an integrated way are as follows:

1. Education is critical, both in schools and with families. We need to reduce the stigma in education systems with programs that are interactive, trauma informed, preventative and proactive. We also need to reintroduce basic life skills into our schools.
2. Use integrated approaches including working together on health assessments, integrated family support and treatment, and decriminalization of those experiencing these issues. There should be “no wrong door” for accessing services.
3. Our system is crisis active and reactive instead of preventative and pro-active. We need to focus more on prevention and provide more funding and resources for prevention and treatment. We need to focus on root causes and address those issues.
4. We should incorporate more use of community centers for community gathering and art.
5. Funding: We need more funding for affordable housing, prevention, peer support, and mentorship programs. We need education that helps reduce stigma and combats the fallacy of NIMBYism (not in my backyard) because it already is in your backyard. We also need resources to improve communication and outreach about available resources. We need increase funding for mental health prevention and treatments as well as, affordable housing. We need to provide quality and equity in the provision of programs.
6. We need to have policy changes; allow recovery housing in different areas of our community.
7. We need to create facilities in this area for detoxification and for women. We also need more wrap around and transitional housing for those experience these issues.

8. There is a role for all of us to address these issues even if we are never able to completely solve them. This includes government, business, organizations, and others who can communicate resources available and provide resources.
9. There is a tremendous need to bring key stakeholders together (healthcare, businesses, first responders, police, tribal, schools, etc.) once a month at the beginning to do resource mapping and identify needs and gaps. This could be a great venue for addressing specific local ideas such as, having people cleared at the scene who need to go to a mental health facility versus a hospital or how to use more peer resources.
10. It would be good to include the Governor's office. To achieve this, we need to determine who should host and how do we get consistent participation. The Re Center suggested that after some new hires come on board, perhaps they can be the host and facilitator. This could start small and grow larger.

We need more mentorship programs and more volunteers willing to help in a non-office, one-on-one basis.

We simply do not have enough mental health professionals in this region. We need to find ways to attract more people through virtual visits being held. Perhaps, the government could offer loan forgiveness to providers willing to commit to practice in this region.

Stop focusing on prevention efforts and awareness campaigns! Start focusing on treatment and recovery resources along with affordable and accessible housing inventory. We need increased access to affordable housing opportunities for felons and individuals in recovery, so they have fewer obstacles to improving their life, maintaining sobriety, and/or managing mental health. It is critical to creating an environment where families can obtain mental health support, substance use services, and housing to learn how to build a quality of life for themselves and their children. To stop the cycle and significantly reduce childhood trauma, we must create a path parents can work to obtain for themselves and their children.

Finally, we need to change the public consciousness so that everyone feels responsible for people suffering from these conditions.

WHAT ARIZONA'S ELECTED LEADERS NEED TO KNOW

- Fund education and awareness programs.
- Connect to your local community. Come to the community and consider our input and what resources we have as you make laws. Step up to be involved in the solutions to these problems and consider the needs of rural Arizona as you do so. Apache and Navajo Counties need more detox facilities and residential programs that will accommodate families.
- Provide more funding to our schools, including programs about mental health, and SUD. Open up government funding with fewer restrictions to address these integrated needs (e.g., do not limit to just capital or just operating services).
- Consider legislation that mandates landlords to consider individual applications on a case-by-case basis and reduce regulations for sober living communities.
- Expand funding for affordable and transitional housing.
- Persuade people of all parties that this is not a partisan issue and that they need to work together as if our country were attacked by a foreign power.

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 Rural Arizona (Show Low) Community Town Hall. Below are individual actions that were shared.

I WILL...

- Continue to work toward improving resources and building relationships with community members to help provide the treatment necessary to get individuals back to being productive citizens in our community.
- Help more who are suffering.
- Seek out more resources, so I can address this topic.
- Provide the public with data and success stories in our community. More prevention.
- Receive brochures to disseminate to people who use my courtroom or in courthouse (public).
- Continue to reach, treat, and provide resources for and advocate for community members who are struggling with substance use disorder, mental illness, and homelessness.
- Send Melinda Navajo County substance use disorder resource cards.
- Work toward providing additional community information through social media.
- Attend future Town Hall meetings.
- Look into gathering resources and see if we could possibly create an app to share local resources with those that need it.
- Find out what we need to do to get community centers in our communities.
- Work hard to reduce stigma in my community.
- Offer support to educators in the areas of teaching student self-regulation and reducing further harm through education on adverse childhood experiences.
- Work on education in my community, starting in the elementary schools. Reach out to local groups and work on starting a community center to focus on education and family support.
- Continue the discussion with co-workers, identifying with them helpful, valuable stakeholders to include in the discussion to more recommendations to action.
- Listen to community experts and continue to work to be educated on solutions options.
- Finance more affordable housing.
- Drug prevention efforts, community awareness through brochures, media outreach, and radio. Parent prevention, adversity workshops, Narcan Training – Narcan Distribution, book clubs, Nexus Coalition.
- Take the needs discussed in this meeting to the general population.
- I will ensure that I will help where I can and share the information I have.
- Commit to becoming involved in community projects to spread support and awareness.
- Do my best to educate myself further on the topics discussed today.
- Continue to carry the message to the addict who still suffers.
- Inform the public there is help available in many forms.

- Continue to research and advocate for funding and services to address mental health, substance use, and homelessness!
- Discuss what we talked about with my peers, to open a way to help student in our school.
- Approach key stakeholders and educate them on these conditions and make it know what available resources we have in place.
- Talk to my teacher about having a peer mental health group at our school.
- I would like to help with culturally informed, trauma informed off reservation housing. Native American experience with homelessness, *i.e.*, shelters can replicate boarding school trauma.
- Continue to go to school to work toward my degree in behavioral health and continue to help people suffering from substance abuse and mental health.
- I will communicate and share the ideas discussed today with a person of higher authority, such as city council members, school advisors, and peers.
- Help and talk about this topic, support, and educate people about this topic.
- Continue to share my experience, strength and hope while being loud about my recovery!
- Visit Re:Center.
- Build relationship with resources.
- Provide training for personnel and public.
- Review and update policies.
- Refer individuals in need to some of the services I have become aware of.
- Search out and learn about available services in the area.
- Gather data on root causes and areas of need in our communities.
- Approach county administrators and BOS to commit funding and resources as well as to advocate for policy and ordinance changes.
- Encourage others to create trauma informed workplaces.
- Take action to share resources in my community and use this information to better my role in public health.
- Do my best to reduce stigma and increase the space for voices of those with lived experience.
- Continue to reach out to people who use drugs in order to end isolation and bring them back into community by meeting them where they are at without judgment and with compassionate resources.
- Give all the information I learned today back to my community to help give ideas or any ways to improve the conditions of mental health, substance use, and homelessness in my community.
- Bring voices of this community back to our health plan leadership.
- Advocate for change.
- Through my work, show grace and empath with all those I connect with. Always listening before judging. Connecting those to resources.
- Give information about what I have learned and give ways I can help my community.
- Say why we should address mental health, substance use, and homelessness.