

**Report of the**  
**114th ARIZONA TOWN HALL**  
**“Mental Health, Substance Use, and Homelessness”**  
**PERA Club, Tempe, AZ and Online via Zoom**  
**November 14-16, 2022**

**Introduction**

*“I never woke up one day and said, ‘Hey I want to lead a tragic life.’ My journey with mental health challenges and addiction have led me to lose everything in my life more than a couple of times — my jobs, my housing, my books and files, and my self-respect.”*

— Wayne Mellinger, Ph.D., "Triple Challenged Can't Grapple with Their Demons Alone"

Mental illness, substance use, and homelessness often occur together and impact people from all walks of life. They frequently exist in a vicious cycle, where one contributes to the other, making escape nearly impossible. Homelessness can lead to substance use and/or mental health issues; untreated mental illness can lead to illicit substance use; and sometimes it is substance use and/or mental illness that leads to homelessness. And once the cycle begins, it can quickly lead to a harsh and merciless downward spiral. The co-morbidities between these conditions create challenges for treatment and long-term, substantive policy development.<sup>1</sup>

There are significant disparities that exist in the experience of homelessness, mental health and substance use disorder among people from under-represented groups. For example, people from Black, Indigenous, and People of Color (BIPOC) communities are more likely to experience homelessness in Arizona. In particular, the greatest disparity in the experience of homelessness lies among the Black and African American community. We find significant disparity among the Native American population in the experience of homelessness also, with the largest disparities in the Northern part of the state. Any action relating to solutions to address the intersection between homelessness, mental health and substance use needs to account for disparity among marginalized groups within our diverse communities. This extends to how these cycles are prevalent among the justice involved, military veterans, youth LGBTQ2+ community and the disability community.

People from all different levels of society are impacted by the cycle of mental illness, substance use, and homelessness. Many of us are only one paycheck away from facing these challenges as illustrated by a 2017 Bankrate survey. The survey found fifty-seven percent of Americans reported they do not have enough cash to cover a \$500 unexpected expense. Poverty, inequality, and discrimination also factor into

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<sup>1</sup> As noted on page 7 of the Background Report for the 114<sup>th</sup> Arizona Town Hall on Mental Health, Substance Use, and Homelessness, (the Background Report); “Someone is considered homeless if they lack a fixed nighttime residence.” As further noted in Chapter 2, “Someone is considered to have a mental illness, mental disorder, or mental health issue...if they have been diagnosed by a licensed medical or mental health professional.” Substance Use Disorder “occurs when an individual continues to use drugs (e.g., alcohol, cocaine, opiates) despite the use causing significant harm to them.”

the reasons for homelessness and shed light on the behaviors of people experiencing homelessness, mental illness and/or substance use. We are called on to ask the question "*What happened to you?*" instead of "*What's wrong with you?*" to understand the underlying reasons for the "Revolving Door" described in Chapter 3 of the background report. It is time to break down barriers and build bridges of understanding with one another.

Those who are at the intersection of mental illness, substance use, and homelessness have to navigate a complex system of services where communication among agencies and providers is often siloed, and where a lack of a fixed residence and a reliable mode of transportation act as barriers to services. As a result, many of those who need treatment fall through cracks in the system, often cycling between the streets, emergency rooms, crisis care, jails, and prisons.

An individual's mental illness, especially a serious mental illness, can make it hard to earn a stable income and carry out daily activities, leading to difficulties maintaining housing. Self-medicating can lead to a substance use disorder putting an individual further at risk of homelessness and social isolation. Despite efforts to raise awareness and make treatment more accessible, a stigma around mental health issues persists. Many people, including healthcare and other service providers, view individuals with mental illnesses in a negative light, often attributing danger or blame to them. Sufferers can internalize these negative appraisals, leading them to eschew treatment and the support they need. This stigma is misplaced and counterproductive.

While the exact cost to end homelessness is unknown, research suggests that the costs associated with providing stabilization services, such as housing and mental health treatment, are much smaller than the public costs associated with the persistence of homelessness. These costs include police response, criminal prosecution, incarceration, emergency room visits, street clean-up, not to mention the lost opportunity costs of individuals unable to contribute to society and the like. In other words, providing support and treatment is not only a more humane approach; it is also a more cost-effective solution than having someone cycle through emergency care and legal systems.

The 114th Arizona Town Hall invited a robust, respectful policy discussion that built upon and considered the preceding community town halls that included discussions from nearly 2000 participants around the state. Participants hope their recommendations will inspire and motivate our state's leaders and stakeholders to respond to these challenges. The results of the discussions at the 114th Arizona Town Hall are included in this report. Though not all Town Hall participants agree with each of the conclusions and recommendations, this report reflects the overall consensus reached at the 114th Arizona Town Hall.

### **The Interrelationship of Mental Health, Substance Use, and Homelessness**

The conditions of mental health, substance use, and homelessness are intimately tied together impacting individuals in significantly different ways. The varied and unpredictable impacts are often what make it so challenging to address the conditions holistically.

Often substance use is a coping mechanism used to self-medicate that may stem from undiagnosed and unmanaged mental health issues. Both may result in the loss of jobs and possessions, and ultimately lead to homelessness. Conversely, the difficulties, trauma and hopelessness resulting from homelessness may trigger the onset of a mental health challenge or substance use to cope with the daily challenges of

homelessness. All of these conditions left untreated can lead to physical and mental debilitation and death.

The three conditions are connected in a circle, where any one of these conditions may lead to the other two, and the conditions can all cascade into one another, which is why it is important to address them together. However, it is also important to recognize that while they are often connected, that is not always the case, and a one-size fits all remedy is not the solution. For example, one can be homeless without having a mental health or substance use challenge. And one can suffer from a substance use disorder or a serious mental illness (SMI) and never experience homelessness. But, the correlation between mental health, substance use disorder and homelessness is undeniable.

Housing is a fundamental building block for addressing all of these conditions. According to Maslow's hierarchy of needs, shelter is one of the fundamental needs for human survival. It must be addressed before we can progress to addressing the need for safety, security, belonging, esteem, and self-actualization. Housing is a form of preventative health care. The longer one is without a home, the greater the sense of hopelessness, and the likelier that someone will turn to substance use or suffer mental health challenges as a result. Many people throughout Arizona are very close to becoming homeless because of economic barriers, such as low paying jobs, lack of affordable housing, increased gas prices and cost of living. Any disruption in their lives or income could result in the loss of a home, without mental illness or substance use playing a role.

Today's high-cost housing environment makes it very difficult for communities to find solutions to the problem of affordable housing. Some communities try to address homelessness by providing seasonal shelters, shelter that is made available when there are inclement weather conditions, and while these efforts are admirable, they are not sufficient.

There is strong resistance in many communities to recognize that a segment of their community is facing these problems. State and local government too often prefer to push responsibility for addressing the problem on to nonprofits and faith-based organizations. Many neighborhoods, especially those with higher property values, do not want affordable housing projects, shelters, or treatment centers in their backyards. Some people hold the view that ultimately individuals are responsible for themselves and for their life choices/circumstances, and public intervention is not warranted. We need to take individual action to change these perspectives and provide a program of public education to create broader understanding about these issues.

Some do not want people experiencing mental health, homelessness, and substance use as well as providers to become their next-door neighbors. This is a result of misperceptions about those in need of care and a lack of access to social and medical services for those experiencing these conditions. Just providing temporary shelter is not enough. For many people who are experiencing homelessness, healing takes time, and some need to be empowered and have their confidence restored. Systems need to support this. Those suffering from post-traumatic stress disorder, depression, and anxiety need ongoing therapy. Because there is a shortage of affordable mental health care providers, particularly in rural areas, there can be a significant delay in obtaining the help that is needed.

There is a dimension of the homeless population that is hidden from view. These are people who are not readily identifiable as being homeless. They may be living in their cars, or with relatives or friends. Many are working full-time jobs but cannot afford housing. Many of these "working homeless" do not

know about the resources that are available to help them, in part, because they do not want anyone to know that they are homeless, for fear that it will impact their employment, child custody, or immigration status.

Treatment and prevention for substance use and mental health issues are underfunded. Navigating the red tape of public benefits can be complicated and prevent patients from seeking the treatment they need.

We are currently in a perfect storm involving the conjunction of these three conditions. The COVID-19 pandemic resulted in death or serious health conditions for some, isolation and mental health issues for others, and substance use for still others. The pandemic created financial problems that left some people just a paycheck away from becoming homeless. Also, we are facing a growing fentanyl crisis<sup>2</sup>, that is made worse because of concerted misinformation and disinformation concerning the causes of the crises.

In Arizona and nationally, there is a dire shortage of affordable housing. A partnership between the legislature, local governments, nonprofits, philanthropic organizations, and developers must look for innovative ways to assure that there is an adequate supply of housing for workers, the elderly, and low-income families. We should consider changes to zoning regulations, tax incentives, and other strategies to increase supply to meet demand.

Those who have a criminal record face yet another barrier to obtaining employment and housing. As a society, we should reconsider whether it is wise to continue punishing those who have served their time by denying them employment and housing, and ultimately consigning them to failure. Service providers such as Terros and Solari Crisis Response Network address mental health and substance use treatment needs. With the recent approval of a section 1115 waiver from the Centers for Medicare and Medicaid Services (CMS), the Arizona Health Care Cost Containment System (AHCCCS) will implement a Housing and Health Opportunities (H20) demonstration, a project that strives to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. Under this demonstration proposal, AHCCCS will seek to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction,
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization, and
- Reduce homelessness and improve skills to maintain housing stability.

It is hoped that such a program will reduce gaps in support and services, meeting individuals where they are, and provide whole-person, relationship-based care to individuals.

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<sup>2</sup> According to the National Institutes of Health, "fentanyl is a powerful synthetic opioid that is similar to morphine but is 50 to 100 times more potent. It is a prescription drug that is also made and used illegally."

<https://nida.nih.gov/publications/drugfacts/fentanyl>

## Addressing Stigma

Many people who experience mental health, substance use, and homelessness challenges face public and private stigma and shame. Singled out, they find themselves reduced from a whole person to little more than a stereotype. Treated differently, they may feel ashamed or worthless, as if they are somehow less than other people. Stigma can also lead to discrimination, and this in turn can lead to a downward spiral especially when the impact of stigma keeps individuals from seeking, accepting, or obtaining housing, support, and services. Mental health, substance use, and homelessness can be triggered by ordinary circumstances such as job loss, change in relationship, medical conditions and other causes that can happen to any of us as we simply struggle with life circumstances, but nonetheless, people judge, blame, and stigmatize. While efforts have been made by the media and influential athletes and celebrities to lessen the stigma associated with mental illness, it still exists.

Too often, there is a perception that individuals choose to experience homelessness and substance use disorders and can simply choose to change their circumstances. The criminalization of these conditions also contributes to stigma.

Stigma affects not only the person suffering with these conditions, it also affects their communities and families. When our own families face these challenges, it can cause shame and embarrassment and our instinct is to cover it up or deny the existence of the problem. Although virtually every family has some connection to a person who has one or more of these challenges, it is easier and more comfortable to believe that it is someone else's problem. This can lead to individuals experiencing a lack of belonging. And many living on the streets experience invisibility even when trying to be seen.

Stigma relating to stereotypes and biases can be affirmatively addressed through holistic community and provider education. Peer-run organizations can connect individuals with shared life experiences. We need to build trust, especially where there are prejudices stemming from race, ethnicity, sexual orientation, gender identity, criminal justice history, and age. Incorporating people with lived experience and listening to people's stories can help. We need to understand that rural and urban areas have their own unique circumstances including availability and access to resources. We also need to eliminate the competition between individuals and families for critical resources.

Stigma applies culturally to how individuals may or may not access care. For example, there may be cultural stigma associated with mental health that prevents an individual from accessing a diagnosis. Assessment processes are often not culturally appropriate to take these differences into consideration, and ultimately may exclude individuals from accessing services. This leads to disparity in the experience of things like homelessness, mental health, and substance use disorders and disparities in program outcomes. Our access processes need to be reviewed under an equity lens.

Working together, we can publicly reframe these issues as humanitarian issues affecting our friends, neighbors, and families instead of a law enforcement or community protection issue. We should have a trauma-informed, no-wrong-door approach to supporting Arizonans experiencing mental health, substance use disorder, or homelessness issues.

Many people are hesitant to discuss these issues in a professional setting and are concerned that their careers will be affected if they are honest about their circumstances. It is important that employers and professional licensure boards provide a welcoming environment. Not all health professionals or first

responders are comfortable with these issues, so education and training for them can be helpful. A compassionate approach is key. Media needs to change the narrative of how we discuss these issues and how we present the vulnerable people who experience these challenges. Showcasing strength and stories of successful treatment is important.

The importance of effective community education cannot be overstated. People struggling with these conditions need assistance, but the services they need often are not available because neighborhoods do not want treatment facilities, such as methadone centers, in their communities. We need to get past the Not In My Back Yard (“NIMBY”) mentality and understand that these facilities are needed to serve our friends, neighbors, and families.

Another way to address stigma is to treat people with kindness, dignity, and respect. We need to remember that people are not problems; people have problems and these problems are nearly always the result of what has happened to them. A simple offer of help and support can make all the difference for someone struggling with these conditions. Using “people first” language that refrains from characterizing people by the conditions that affect them has been shown to be impactful. For example, instead of “homeless people” we need to understand that these are people experiencing homelessness. Community education is needed but it is important that the message be concise and cohesive. Some examples include the Maricopa Association of Governments (“MAG”) which will be using this type of messaging in reports and the Home Matters to Arizona campaign which also offers such a message and is committed to raising \$100 million in grants and loans.

To get at the root of stigma we need to reach families. Families are the source of the most help and support for people experiencing these challenges. Although family support is important in helping individuals feel connected, supported, and loved, it is essential for them to understand that they must learn to love and stand up for themselves.

Building connections with friends, neighbors and others in the community also can be a vital component of rebuilding a successful life. We need people to step up and reach out a hand to their neighbors instead of walking past them on the street or driving into the garage and closing the door. We need to speak up and push back when someone uses stigmatizing speech or demonstrates stigmatizing behavior.

### **Developing Integrated Solutions**

Housing First is an important principle that focuses on harm reduction and means that shelter is not dependent on sobriety or mental health determinants. People need a safe place to be whether or not they are sober. Many sober living environments will not accept clients who are in medication-assisted treatment, such as methadone, even though it is one of the gold standards of treatment. We should encourage harm reduction policies for some sober living locations in order to reduce homelessness for those still struggling to get sober.

Many people experiencing mental health or substance use challenges have trouble navigating a complex decentralized system. Individuals need someone who will guide them through the process of determining available services, obtaining the necessary services, and ensuring continuity of care. Ideally, the service providers should be consolidated into single locations throughout the state, providing

coordinated services, which would reduce transportation and logistical challenges.<sup>3</sup>

It would also be helpful to develop a corps of navigators who could help people on an ongoing basis to maneuver through the systems and to personalize the services they receive. Collaboration and public-private partnerships are critical, but so are community education and outreach. There are many under-utilized governmental parcels throughout the state, owned by cities, school districts, and the Bureau of Land Management, that could be utilized for housing with wraparound services.

Affordable housing that integrates mental health services into its model is a key factor to its success. Programs exploring this type of approach are too few and are not available throughout the state. Most rural areas do not have such programs in their communities and have very limited access to programs in communities outside their areas.<sup>4</sup>

We also need more caseworkers, social workers, peer support specialists, and crisis interventionists. It would be helpful to end requirements that caseworkers be tested for marijuana, now that it is legal under state law, and we should consider creating new jobs for people with relevant life experience who may not have traditional education.

Maricopa County increased the number of shelter beds since May 2022 by 600 and is due to add an additional 800 beds in the next eighteen months. However, homeless shelters only provide temporary relief. Adding beds is therefore a “band aid” solution. Cities should consider providing permitting preferences to those developers and investors willing to construct affordable housing. We also need to include more people with lived experience at the table in discussions about the affordable housing crisis and other issues. Much of the affordable housing problem is caused by NIMBYism. Mixed-income and affordable housing properties have not been a priority for local leaders and developers.

The lack of affordable housing contributes to the problem of homelessness. As many as 25% of the people who occupy a bed at the downtown-Phoenix Human Services Campus (HSC) are employed, but still cannot find a place they can afford to live. There is a highly visible population of people living in tents outside the HSC campus, many of whom are there because there are no available shelter beds. City of Phoenix officials say they recognize the problem, but also do not believe that they should be required to shoulder the expense and responsibility of tending to the homelessness problem, absent involvement from other cities such as Glendale, Scottsdale, Mesa, Tempe, and Chandler.

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<sup>3</sup> One example of an organization exploring this concept is First! Village, a 51-acre master planned community located in Austin, Texas that provides centralized affordable, permanent housing and a supportive community for men and women coming out of chronic homelessness.

<sup>4</sup> Some examples of organizations using this approach include Save the Family and New Freedom. Save the Family is the City of Mesa’s leading provider of housing and services for more than 650 homeless and impoverished families and children each year. The organization provides eviction prevention services, housing, case management and supportive services. Families are matched with the program best suited to their individual needs and abilities and are assigned case managers who assist families with setting and achieving goals geared toward ensuring the family’s long-term housing and financial stability. These services often include securing employment, moving up in the workplace, improving financial literacy, building life-skills, and addressing substance use and mental health issues. Save the Family has an 85% success rate in bringing people from homelessness to permanent housing. The organization offers help with education, parenting, career and job placement, counseling, self-help, budgeting, and life skills, and provides transportation and other assistance. New Freedom targets the population of formerly incarcerated persons. It is a for-profit, out-patient care behavioral health facility that receives federal funding. It has a nonprofit supporting foundation that supports the other work of New Freedom, including the mentoring programs. New Freedom is peer-led and offers navigation services that help clients transition from incarceration to life outside of prison. The organization helps with vocational education, health care, transportation, housing, and employment.

Too often agencies involved in providing social and medical services do not communicate with each other. In fact, they may be prohibited by law from exchanging information with each other due to privacy and confidentiality laws. Because the people being helped are particularly vulnerable and subject to abuse, information about them may require special protection. As a result, people fall through the cracks.

We need more detox centers. In many cases, individuals cannot get into residential mental health or substance use disorder treatment until they have been off substances for 24 hours. We also need to change the arbitrary 28-day limit on treatment programs. Twenty-eight days is not enough time for most people to accomplish all the work they need to do in order to be in a place where they are more likely to be successful in their next step.

Further, under AHCCCS, irrespective of legal requirements, mental health care and treatment is often not on par with treatment options available for physical medical conditions. Even those with good, private insurance express frustration and struggle in obtaining mental health services. The number of mental health professionals who accept insurance or participate as AHCCCS providers are dwindling. Mental health care is becoming a cash-pay system, so only those with money can afford services.

Most services are only available during regular business hours. The nature of these conditions is that help is needed at all hours of the day or night. It is important to consider and provide for the special needs of these populations and have help available 24/7.

Also, some individuals living with a serious mental illness (SMI) require court intervention to receive necessary services. We need to ensure that Title 36 of the Arizona Revised Statutes is amended to remove unnecessary barriers to treatment and support.

We also must elevate the sense of urgency on issues surrounding mental health, substance use, and homelessness. These issues have been “talked” about for years. Now is the time for action. Nothing can be accomplished absent funding, which requires us to make a financial case to elected officials and business and community leaders that addresses the issues from prevention to rehabilitation. This will include an accounting of direct and indirect costs and demonstrating the economic benefits of ensuring that an individual is a productive member of society and earning a living wage. Many people will not support the cause unless they see a financial benefit. We currently face a problem of economics. Many people who hold the “purse strings” need data before they can commit financial resources. Quality data can raise awareness and encourage action.

There are hundreds of thousands of people in Arizona who need help with housing, mental health, and substance use. While there are many not-for-profits and social service agencies providing services, it is imperative that government be at the forefront of these issues. The Executive Branch should re-instate the Governor’s Commission on Homelessness and Housing, and both the House and Senate should have standing committees dedicated to homelessness.

### **Recommendations for Public Sector Action**

Housing is healthcare. Housing is critical to addressing mental health, substance use, and homelessness. State and local governments should provide incentives and robust funding sources plus

implement zoning reforms to expand affordable housing supply. The Low-Income Housing Tax Credit (LIHTC) is a key program for incentivizing new development of low-income housing. More incentives are needed to encourage the construction of affordable housing units, especially for those who do not meet the criteria for other housing assistance. It would be good to consider providing landlord incentives for renting to people with a criminal justice history.

Public resources for people experiencing mental health, substance use, and homelessness should be further integrated and connected with the 2-1-1 Arizona and 988 Suicide & Crisis Lifeline. Interdepartmental action teams should be implemented at all levels of government to eliminate silos and put people at the center of processes to ensure they are accountable to the individual. The city of Tempe has co-located different departments of its municipal government, and this type of collaboration encourages all agencies to work together and expand their ability to help individuals.

In some communities, elected officials either do not accept that their communities have a problem involving mental health, substance use, and homelessness, or think that the problem should not be addressed by the government, either by action or funding. Some view these issues as the responsibility of faith-based and nonprofit organizations. Before they will consider acting or providing funding, elected officials and government leaders should engage in training on trauma-informed care and receive education about the full extent of mental health, substance use, and homelessness issues. They need to be aware of who the various stakeholders addressing these issues are so they can effectively combine efforts and help navigate individuals to available services. In some communities, elected officials would like to do something about these problems, but they do not know what they can effectively do. They need technical assistance to develop solutions to work for their communities.

Smaller pilot programs that allow grant recipients in both the public and private sector to try new approaches is a good idea. Seeing grant recipients as genuine partners is key to building strong relationships. Governments should coordinate and partner with businesses and non-profits. An example is the Government Property Lease Excise Tax (GPLET), a tax incentive agreement negotiated between a private party and a local government. It was established by the State of Arizona in 1996 to stimulate development in commercial districts by temporarily replacing a building's property tax with an excise tax. State and federal grant programs should eliminate spending constraints and barriers to allow for integrated care and services. Removing the constraints and barriers makes it easier for communities to use the funding where it is truly needed.

People barely making a living wage can be determined ineligible for AHCCCS and other income-based benefits programs just by receiving a small raise. Eligibility limits for government benefit programs should be reviewed more often and in light of current economic conditions. We should consider “step downs” rather than an all-or-nothing eligibility criterion.

Robust re-entry and peer support services are critical programs for sustained recovery and reduced recidivism, and it is important that the courts work with human services departments and first responders to examine how current law impacts the wellness of vulnerable individuals.

We should expand programs that divert individuals experiencing a mental health crisis from the criminal justice system to services that are more appropriate for their needs than jail or prison. Diversion programs lead to better outcomes and governments should provide more support for laws that allow

individuals' behavioral health needs to take priority over punishment and that may be better addressed outside of a jail or prison setting. We also need to ensure increased availability of specialty courts addressing mental health, substance use, and homelessness—especially in rural and underserved areas. The City of Tucson's Homeless Court is one example of how specialty courts can better serve both the public and the individuals affected.

Mental health, substance use, and homelessness are often criminalized. The relationship between law enforcement and vulnerable populations is fraught. Law enforcement personnel may perceive substance users and persons experiencing homelessness as criminals because that is the context in which they have interacted with them. They may lack compassion and make assumptions about people based on prior experiences. Many people experiencing homelessness are terrified of the police. They respond more positively to crisis outreach teams comprised of a social worker and a healthcare provider who can address mental health crises rather than having the police as the first line of intervention. Public safety personnel should also receive training on working with individuals with mental health and substance use issues. It would be useful to consider co-response models where certified peer support specialists are funded and dispatched with law enforcement.

Providing funding for peer support is also important. Clear communication from government officials and pushback on disinformation and misinformation about these programs is critical, and the media and public should support these efforts.

We need to work with children at an early age through the schools to teach basic mental wellness skills and substance use prevention. Children must know what substances are dangerous and just how dangerous they are. As an example, fentanyl is marketed to children in appealing forms, colors, and flavors. We also should fund additional counselors and social workers in our schools.

We also need to fund programs to train people for careers in the social services and mental health fields and keep them employed in Arizona. This will require more funding to attract and retain counselors and social workers. We should provide funding and offer student loan forgiveness and tuition assistance for apprenticeship programs to increase the number of individuals entering the social services and counseling workforce. We should encourage relationship building with colleges, universities, and hospital residency programs to attract students to these fields. Rural areas face an overall shortage of resources to deal with these issues. There are fewer doctors and other professionals, as well as fewer facilities. To fund these recommendations, we could use money from the opiate settlement fund and increase reimbursement rates for mental health care and substance use prevention providers.

While recognizing tribal sovereignty, AHCCCS, the Arizona Department of Health Services (AzDHS), the Governor's Office on Tribal Relations, and tribal liaisons should prioritize addressing off-reservation mental health, substance use, and homelessness for Arizona tribal members through cross-sector collaboration.

Everyone deserves access to housing. Laws and local codes should be reviewed to ensure that governments do not criminalize homelessness. Local zoning rules and regulations should be revised to allow for more inclusive zoning, including encouraging affordable housing - both single family homes and multi-unit residences. The Legislature should enact laws that eliminate barriers for shelters and property rental to individuals challenged by mental health, substance use, and homelessness, as well as

those who have judgments against them, evictions, and criminal convictions.

We should realize that as individuals, our voices can make an impact on government. It is not always necessary to influence people at the very top. Sometimes conversing with someone can lead to life changes that make a difference. When someone makes a difference, we should let them know the significance of their impact.

### **Actionable Recommendations for Businesses and Non-Profits**

The most important action that community leaders of educational institutions, businesses, nonprofits, faith-based organizations, and other groups can take is collaborate and create sustainable partnerships throughout Arizona. The next most important actions to be taken are to support or establish scattered locations with more wraparound services and resources.

Social service providers need to catalogue and inventory: (1) best practices for the services provided; (2) current collaborations and partnerships; (3) technical assistance for providers; and (4) opportunities for future multi-sector collaboration. This information should be located in a place that is easily accessible to the public. Organizations should be able to coordinate benefits and services provided to their clients. For example, centralized databases, such as the Homeless Information Management System (HMIS), may offer a viable solution.

Additionally, integrated service models must include ongoing, comprehensive services, whether or not an individual is continuing to reside in a homeless shelter, has been incarcerated, has obtained employment, or is not receiving necessary health care. Too often service organizations provide a one-time service, and once that service is provided, deem their work done, but the individual receiving the service has other needs that go unaddressed.

Both non-profit and for-profit service providers should utilize intern and extern programs in conjunction with educational institutions to expand staffing levels and provide support and services to Arizonans facing mental health, substance use and homelessness issues. Further, intern and extern programs give students real-world experience while obtaining the educational skills necessary to excel in their professions and provide better community services.

Community leaders, including elected officials, should interact on a regular basis, to strategize and communicate their plans to address mental health, substance use and homelessness. Regular communication is necessary to ensure collaborative and integrated service models that avoid duplication of efforts and to maximize resources. A “start here roadmap” should be developed and disseminated throughout the state. Similar to a public information campaign, posters can be placed in public places and in businesses, to provide information about where people can call to receive assistance.

We should encourage individuals to use 2-1-1 Arizona, a community information and referral service. Social service providers should also be strongly encouraged to affiliate with 2-1-1 Arizona to provide individuals with as many resources as possible. 2-1-1 Arizona connects people with resources to help meeting basic needs, including housing, food, transportation, and health care. 2-1-1 Arizona should be staffed with real people, not chat bots or pre-recorded messages. Human connection is important.

Social service providers should implement continuing education programs for their employees and

include curriculum on trauma-informed care, Diversity, Equity and Inclusion initiatives, equity, cultural competencies, and crisis de-escalation. Burnout is a significant issue that needs to be addressed. To avoid burnout, providers should implement programs that enhance their employee's own well-being.

The Association of Recovery Community Organizations includes organizations that employ people in recovery as workers and supervisors. It would be helpful if more businesses and other organizations would hire people challenged by mental health conditions, substance use, and homelessness.

Alongside Ministries, Arouet Foundation, and New Freedom are agencies that go into the prisons to provide pre-release services. They have a buddy system that provides connections and resources for incarcerated persons who are preparing for their release from prison. These entities offer peer support and other resources that will walk the formerly incarcerated person through the processes involved in obtaining health care, court-related documents, program applications and benefits. Hustle Prison provides housing opportunities for persons being released from prison.

Individuals should be encouraged to volunteer within their communities, with a specific emphasis on staffing crisis hotlines, learning skills necessary to de-escalate crisis situations, crisis intervention, substance overdose prevention and peer mentorship. Arizona State University funds outreach workers to address non-emergency mental health needs. It also has programs that coordinate volunteers who want to do something to help. The National Alliance on Mental Illness provides opportunities for peers and community volunteers to support those impacted by mental health issues and to facilitate classes and support groups, including programs for youth. Arizona Health Education Centers (AHEC) focus on developing integrated, sustainable, statewide health professional workforce education programs with an emphasis on primary care. AHEC increases access in Arizona's rural and underserved communities by improving the supply, quality, diversity, and distribution of health professionals in the workforce.

Individuals should also combat misinformation and disinformation regarding the reasons for homelessness, mental health issues and substance use disorders. Educating your inner circle of friends and family is a good first step into community engagement and dialogue on these issues.

## **Priority Actions**

Participants prioritized the following specific actions to address mental health, substance use, and homelessness in an integrated way:

- Increase funding for low-income and affordable housing, including rental assistance, eviction protection, SMI housing, senior housing, and adolescent residential treatment facilities. While the exact cost to end homelessness is unknown, research suggests that the costs associated with providing stabilization services, such as housing and mental health treatment, are much less than the public costs associated with the persistence of homelessness. Providing housing, support and treatment is not only a more humane approach; it is also a more cost-effective solution than having someone cycle through emergency care and legal systems.
- Fund community resource navigators, peer support specialists, and social workers to guide people experiencing mental health or substance use challenges as they often have trouble navigating a complex decentralized system without help. They need a "warm handoff," someone who will guide

them through the process of obtaining continuity of care and wraparound services. These navigators should also provide in-hospital services to help patients navigate state and federal healthcare and benefits' systems.

- Support and establish co-located government agencies and non-profit organizations, i.e., “one-stop shops” or shopping centers, where multiple services from different providers are offered in a single location. Save the Family is a program that offers a “one-stop shop” approach. It has an 85% success rate in bringing people from homelessness to permanent housing. They offer help with education, parenting, career and job placement, counseling, self-help, budgeting, and life skills, and provide transportation and other assistance. New Freedom is another example of a one-stop agency that targets the population of formerly incarcerated persons. It is a for-profit, out-patient care behavioral health facility with supported housing that receives federal funding. It has a nonprofit foundation that supports the other work of New Freedom, including its mentoring programs, vocational education, job placement, transportation, housing, and related benefits and eligibility documentation. New Freedom is peer-led and offers navigation services that help clients transition from incarceration to life outside of prison.
- Review laws and local codes to ensure that governments do not criminalize homelessness. Local zoning rules and regulations should be revised to allow for more inclusive zoning, including encouraging affordable housing—both single family homes and multi-unit residences. The Legislature should enact laws that eliminate barriers for shelters and property rental to individuals with mental health, substance use, and homelessness challenges, as well as those who have judgments against them, evictions, and criminal convictions.
- Implement interdepartmental action teams at all levels of government to eliminate silos and put people at the center of processes and programs. The Arizona Department of Housing, AHCCCS, and the Arizona Department of Employment Security are working toward this goal.
- Increase and expand the availability of specialty courts addressing mental health, substance use, and homelessness—especially in rural and underserved areas.
- Expand effective diversion programs and flexibility for judges to effectively support and sentence individuals facing mental health, substance use, and homelessness issues.
- Leverage lessons from the COVID-19 pandemic to continue the review and relaxation of laws and regulations related to health care and other benefits that were revised or suspended due to COVID-19. Reimbursement for telemedicine and retention of Medicaid membership are examples.
- Encourage, incentivize, and create collaborative opportunities for multiple stakeholders to seek grant funding. Increase training for staff at all levels on how to seek and utilize funding effectively. Eliminate red tape attached to funding that gets in the way of caring for the whole person.
- Bring together federal, state, tribal, county, and municipal governments, nonprofits and community organization service providers and leaders, including elected officials, in dialogue and collaboration on the issues of mental health, substance use, and homelessness for the purpose of education, sharing best practices, developing clear goals and metrics as well as coordinating planning processes. Develop initiatives for multi-sector collaboration.

- Eliminate restrictive professional licensure requirements related to mental health, substance use, and homelessness issues. Disclosure of mental illness should not be a prerequisite for licensure.
- Eliminate restrictive practices in employment applications that restrain individuals with criminal backgrounds from obtaining a job. Specific charges should be disclosed if and only if the charges relate to the individual's potential employment.
- Involve Arizonans who have shared and lived experiences with mental health, substance use, and homelessness issues at all stakeholder levels including funding, data, strategic, operational, direct service, committee, work groups, policy, etc. Ensure that involvement is done in a mindful, intentional, equitable, and informed way.
- Invest in workforce training and development to increase the supply of available staff to support Arizonans facing mental health, substance use, and homelessness issues. To avoid burnout, providers should implement programs that enhance their employees' own well-being.
- Seek new sources of revenue at the county and local levels to sustain American Rescue Plan Act (ARPA) funding beyond 2026.
- Increase and make more transparent funding, fully allocate existing funding, create additional incentives, and co-locate staff and services to better attract and compensate qualified staff, including caseworkers and healthcare providers.
- Ensure that the criteria for Title 36 court-ordered evaluation, treatment, and commitment is thoughtfully reevaluated and expanded to avoid unnecessary barriers to treatment and ensure that court-ordered services are provided in a human-centric, coordinated, and supportive way.
- Educate communities about resources including 2-1-1 Arizona and 988 to help individuals who are facing mental health, substance use, and homelessness issues. Educate 911 staff about proper diversion to these resources and screening systems to direct individuals to resources related to mental health, substance use, and homelessness.
- Create budget line-item funding for 2-1-1 Arizona and 988 in the state budget.
- Implement a statewide outreach campaign to inform citizens about alternatives to calling law enforcement. Imbed mental health professionals and/or social workers with first responder units to deal with issues that may require crisis intervention, but do not require law enforcement.
- Expand the number of detox centers throughout the state. People cannot get into many residential treatment facilities until they have been off substances for 24 hours or more. Eliminate the arbitrary 28-day limit on treatment programs.
- Revise legal constraints and expand existing efforts for access to reliable data sharing between organizations serving individuals with mental health, substance use, and homelessness in order to build systems change.
- Utilize unused ARPA funding for addressing issues of mental health, substance use, and homelessness by expanding programming, shelters, affordable housing, and other related services.

- Explore the use of participatory funding models to engage citizens in the process of deciding how public money is spent to address mental health, substance use, and homelessness.
- Expand access to health care and other services to address mental health, substance use, and homelessness through a mobile delivery method especially to rural and tribal communities. Circle the City is a great example of this type of program.
- Revise restricted criteria regarding housing opportunities for individuals struggling with serious mental illness and substance abuse and those involved in the criminal justice system. Take an individualized approach when assessing housing needs for applicants.
- Implement cultural humility as a best practice in cross-sector providers.
- Braid qualitative and quantitative data utilizing the skillsets of people with mental health, substance use, and homelessness lived experience in developing executive, policy management, strategic, and direct services to decrease stigma, enhance equity, and increase trauma informed care.<sup>5</sup>
- Review accountability and consider an audit or review board for programs that use tax funding but fail to keep individuals from becoming frequent users of emergency systems.
- Provide universal free lunch programs for kids experiencing homelessness.
- Provide additional funding for homeless school liaisons to assist families challenged by mental health, substance use, and homelessness.
- Ensure that alternative shelters, resources, and programs are available that allow families to stay together when they find housing including those who are involved in the criminal justice system and unaccompanied teenagers.
- Provide specialized resources to address mental health, substance use, and homelessness issues that may lead people to fall into sex trafficking.
- Provide vocational assistance to help people experiencing mental health, substance use, and homelessness.
- Make employers aware that many people experiencing homelessness can be effective workers.
- Prioritize our elderly population in addressing mental health, substance use, and homelessness, particularly given our aging population.
- Eligibility limits for government benefit programs should be reviewed more often and in light of current economic conditions. We should consider “step downs” rather than an all-or-nothing eligibility criterion. People barely making a living wage can be determined ineligible for AHCCCS and other income-based benefits programs just by receiving a small raise.

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<sup>5</sup> As noted on page 76 of the Background Report, “Trauma-Informed Care (TIC) is an approach to human services that takes into consideration the significant impact trauma has on the individual and places emphasis on the need to acknowledge and understand how an individual’s life experiences directly impact their ability to receive assistance.”

## **What One Action Will You Take Because Of Your Participation in This Town Hall?**

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 114th statewide Arizona Town Hall. Below are individual actions that were shared and have been categorized based on impact.

### ***Take Personal Actions That Make a Difference***

- Continue to volunteer and share my experience(s) to maybe help one other person change for the “better.”
- Embody compassion, tenacity, and a servant heart.
- Be uncompromising in my pursuit of positive outcomes with the issues of homelessness, substance abuse, and mental health issues!
- Say hello to homeless persons.

### ***Collaborate and Partner for a Greater Impact***

- Collaborate and partner with agencies and providers on best practices to end homelessness and address mental health and substance use.
- Help provide collaborative forum to sustain this conversation.
- Take the report, read it, and look at my action plan to see if modifications can be made.
- Look more at my role in government versus other organizations that are non-profit to establish a more collaborated way to work with them.
- Help NAMI collaborate with local coalition to end homelessness.
- Introduce Mohave Public Health with NAMI.
- Tell children’s liaison about NAMI school.
- Connect further with the experts met at the town hall to build on the knowledge gained and to use this to advocate for greater cross-sector collaboration between mental health, substance use, and homeless services.
- Work to expand collaboration efforts among partner agencies.
- Get involved with the local homeless coalition team within Pinal County and see how we can try and get state involvement.
- Actively utilize the connections and contacts I have made at this town hall to implement ideas and resources in my community to address the issues of drug use, homelessness, and mental health.
- Develop partnerships.
- Work with providers to shape AHCCCS’s implementation of the 1115 waiver.
- Work with stakeholders in my community to champion change.
- Continue to seek out new opportunities for partnerships to help fund communities needs for mental health, substance use, and homelessness.

### ***Help to Raise Awareness of Mental Health, Substance Use, and Homelessness***

- Convene various groups to continue educating and advocating for substantive change.
- Use my knowledge to spread awareness with my peers and colleagues regarding homelessness, substance abuse, and mental health issues.
- Share the resources I have learned about with the community organizations I am involved with.
- Work to educate community partners and private and government agencies on the issues to promote future change.
- Share more about how funding can be used.
- Educate the community.
- Share links and information to help educate the community.
- Use my voice to share what is happening and how my agency is moving forward to support the vulnerable populations, as well as learn even more to strengthen that voice.

### ***Participate in Advocacy, Policy, and Legislative Processes***

- Help with our homeless community issues that deal with mental illness and substance abuse.
- Continue to work with homeless persons, the court, and planning the homeless conference.
- Advocate for more support for mental health, substance abuse, and homelessness issues.
- Learn more about government.
- Continue to advocate for my peers.
- Perhaps write an op-ed for AZ Central.
- Work with local leaders and politicians to effect change as needed.
- Keep leaders informed of town hall results and materials.

### ***Learn More About Mental Health, Substance Use, and Homelessness***

- Educate myself on recent court and legislative changes to policy related to the topics.
- Strive to further understand the funding sources and seek out grant opportunities that foster collaboration between organizations.
- Explore how funding can be used creatively to solve problems and deliver more services to people in need.
- Learn more about community partners.
- Follow-up and review report and see how I can add value with research and evaluation to measure community change statewide.

***Participate and Help Expand the Arizona Town Hall Experience and Processes***

- Continue to work with Arizona Town Hall and Southwest Arizona Town Hall to promote civil discourse and collaboration.
- Initiate a town hall at South Mountain Community College on affordable housing.
- Work to intentionally and equitably involve vulnerable communities in dialogue and research.
- Join more Arizona Town Hall events.