

# Using Deflection as a Public Health and Public Safety Collaboration to Address Homelessness

Catching Up With COSSUP, December 2023

Homelessness\* continues to be a rapidly growing issue in the United States that presents significant public health and safety challenges. According to the January 2022 Point-in-Time Count, more than 580,000 people across America experience homelessness on any given night.<sup>1</sup>

The intersection of behavioral health and homelessness manifests as a complex, interactive relationship. Serious mental illnesses and substance use disorders (SUDs) disrupt the ability to carry out essential aspects of daily life that enable housing stability. At the same time, research indicates that homelessness is a traumatic event that can exacerbate an individual's existing mental illness and/or cause new symptoms to emerge. Having experienced homelessness is associated with higher levels of psychiatric distress and lower levels of perceived recovery in people with previous mental illness.<sup>2</sup>

- More than 20 percent of people experiencing homelessness have a serious mental illness.
- Between 20 and 50 percent of individuals experiencing homelessness are estimated to have co-occurring mental health disorders and SUDs.

People experiencing homelessness face significant barriers in accessing mental health or SUD care, encountering stigma and discrimination when seeking services.<sup>3</sup> They may lack identification, health insurance, transportation, and other resources while also contending with their urgent needs to secure daily food, shelter, and safety.<sup>4</sup>

Almost three-quarters of individuals who are unhoused have unmet needs for care; rates of unmet needs are 6 to 10 times higher for people experiencing homelessness than they are for the general population.<sup>5</sup>

Consequently, individuals experiencing homelessness tend to rely on emergency medical services. A recent study found that people experiencing homelessness utilize emergency medical services at a rate 19 times that of their housed counterparts.<sup>6</sup>

Homelessness and the criminal legal system are also closely intertwined. People experiencing homelessness are more likely to have interactions with the criminal legal system in the form of police contact, citations, or arrests for low-level offenses like loitering, sleeping in parks or other public places, or other violations of quality-of-life ordinances.<sup>7</sup>

Homelessness is also common among people who were formerly incarcerated because they face residency restrictions, housing discrimination by both public housing authorities and private property owners, and other barriers that hinder the ability to secure stable housing.<sup>8</sup> On average, people who have been incarcerated are almost 10 times more likely to experience homelessness than the general public.<sup>9</sup> Breaking this down further, people who have been to prison once experience homelessness at a rate almost 7 times higher than the general public, while the rate is 13 times higher than the general public for people who have been incarcerated more than once.<sup>10</sup> While they are unhoused, they are at increased risk of arrest, becoming swept up in the "revolving door" of incarceration.

\* A note about terminology: In this article, the term "homelessness" is used because it is the language used by government entities and many service providers, although there is an emerging movement toward the use of "houselessness."

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## The Role of Deflection

Deflection is uniquely positioned to address these challenges. Deflection is a collaborative intervention connecting public safety and public health systems to create community-based pathways to treatment for people who have SUDs, mental health disorders, and other service needs, without their entry into the justice system.

Because the intervention comes before an arrest is necessary, deflection helps individuals avoid the consequences associated with criminal legal system involvement.<sup>11</sup>

Close coordination across organizations and systems is essential to both deflection and successful outreach and intervention with people experiencing homelessness.<sup>12</sup> This similarity represents just one way that deflection is well suited to address homelessness.

Through deflection, a growing number of first responder agencies now formally encourage their personnel to connect community members with the appropriate treatment and services.<sup>13</sup> The frequency of contact between people experiencing homelessness and law enforcement or other first responders creates opportunities for deflection across multiple pathways.

The First Responder and Officer Referral Pathway<sup>14</sup> to deflection allows a first responder, during the course of routine activities, to provide a referral to treatment or to service providers or a case manager who can provide housing assistance. A law enforcement officer can make this referral without filing charges or making an arrest, interrupting the cycle of incarceration and homelessness that many unhoused people experience.

The active outreach approach to deflection is also readily applicable for addressing homelessness. First responders can collaborate closely with treatment professionals, licensed peers, and service providers to identify and reach out to people experiencing homelessness, especially those with mental health disorders or SUDs, before they have a crisis or an arrest.<sup>15</sup> These multidisciplinary outreach teams can vary depending on the unhoused community members they serve, meeting people where they are at with the resources they need.

Fostering coordination and collaboration across systems, deflection presents an innovative set of strategies for

holistic impact. By embracing deflection, communities can more effectively intervene at the intersection of homelessness, public health, and public safety.

## Endnotes

1. U.S. Department of Housing and Urban Development, 2022, *2022 AHAR: Part 1—PIT Estimates of Homelessness in the U.S.*, Office of Policy Development and Research, <https://www.huduser.gov/portal/datasets/ahar/2022-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.
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3. HCH Clinicians' Network, 2010, "Working to Eliminate Barriers to Care for Homeless People," *Healing Hands* 14(3), <https://nhchc.org/wp-content/uploads/2019/08/JuneHealinHandsweb.pdf>.
4. Substance Abuse and Mental Health Services Administration (SAMHSA), 2023, *Guide Overview: Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness*, <https://store.samhsa.gov/sites/default/files/pep22-06-02-007.pdf>.
5. Ibid.
6. Abramson, T. M., S. Sanko, and M. Eckstein, 2020, "Emergency Medical Services Utilization by Homeless Patients," *Prehospital Emergency Care* 25(3): 333–340, <https://doi.org/10.1080/10903127.2020.1777234>.
7. Robinson, T., 2017, "No Right to Rest: Police Enforcement Patterns and Quality of Life Consequences of the Criminalization of Homelessness," *Urban Affairs Review* 55(1): 41–73, <https://doi.org/10.1177/1078087417690833>.
8. Couloute, L., 2018, *Nowhere to Go: Homelessness Among Formerly Incarcerated People*, Prison Policy Initiative, <https://www.prisonpolicy.org/reports/housing.html>.

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9. Ibid.
10. Ibid.
11. Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), 2020, "Law Enforcement and First Responder Diversion Pathways to Diversion Case Studies Series: Officer Intervention," COSSUP Resource Center, <https://www.cossup.org/Content/Documents/Articles/Pathways to Diversion Case Studies Series Officer Intervention.pdf>.
12. See note 4, SAMHSA, *Guide Overview: Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness*.
13. Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Use Program, 2022, "Law Enforcement and First Responder Deflection Pathways to Deflection Case Studies Series: Active Outreach Pathway," COSSUP Resource Center, <https://www.cossup.org/Content/Documents/Articles/CHJ-TASC Pathways to Diversion Active Outreach.pdf>.
14. Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC), International Association of Chiefs of Police, and Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Use Program, 2023, "Law Enforcement and First Responder Deflection Pathways to Deflection Case Studies Series: First Responder and Officer Referral Pathway," COSSUP Resource Center, <https://cossup.org/Content/Documents/Articles/CHJ-TASC Pathways to Deflection First Responder and Officer Referral.pdf>.
15. See note 13, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC) and Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Use Program, "Law Enforcement and First Responder Deflection Pathways to Deflection Case Studies Series: Active Outreach Pathway."