



A Commonsense Approach to Addressing Homelessness

Erinn Broadus

Homelessness a national concern

The increase in homelessness and responses to it have been of growing concern in cities nationwide. Nationally, the number of overall homeless individuals increased by about five percent, from 549,928 in 2016 to 580,466 in 2020. The number of chronically homeless, however, defined by being homeless for over a year or four times in

three years, increased by 15 percent. Of the chronically homeless, the majority (66 percent) are unsheltered.

Addressing this issue is costly. In Florida, \$94 million from the state and \$98 million from the federal government was allotted to address homelessness in 2021. Miami-Dade got the bulk of that funding—nearly \$45 million. Even more has

been spent in larger cities—\$360 million in San Francisco and \$600 million in Los Angeles—yet homelessness has increased in these California cities.

Despite marginal decreases in Florida’s overall homelessness, residents across the Sunshine State have expressed concern about the encampments in their neighborhoods and the mental stability of those within them. In [Polk County](#), where 35 percent of the homeless population exhibits symptoms of serious mental illness, 90 percent of the residents agreed more needs to be done to address their needs. According to 2020 data from the [US Department of Housing and Urban Development](#), about 40 percent of the nation’s and 30 percent of Florida’s homeless have a severe mental disorder or chronic substance abuse problems

and that percentage has been gradually increasing over the years.

Other means of measurement indicate that those percentages could be even higher. In a 2019 survey of more than 64,000 homeless individuals from 15 states, [California Policy Lab](#) found that 75 percent of unsheltered homeless persons had substance abuse issues. 78 percent had mental health conditions, and 50 percent had substance abuse, mental health, and physical health conditions.

The cohort of homeless persons living outdoors is usually the most erratic because they refuse or do not have access to the psychiatric help they need. Substance use and unmet mental health needs are significant contributing factors differentiating unsheltered homeless from their

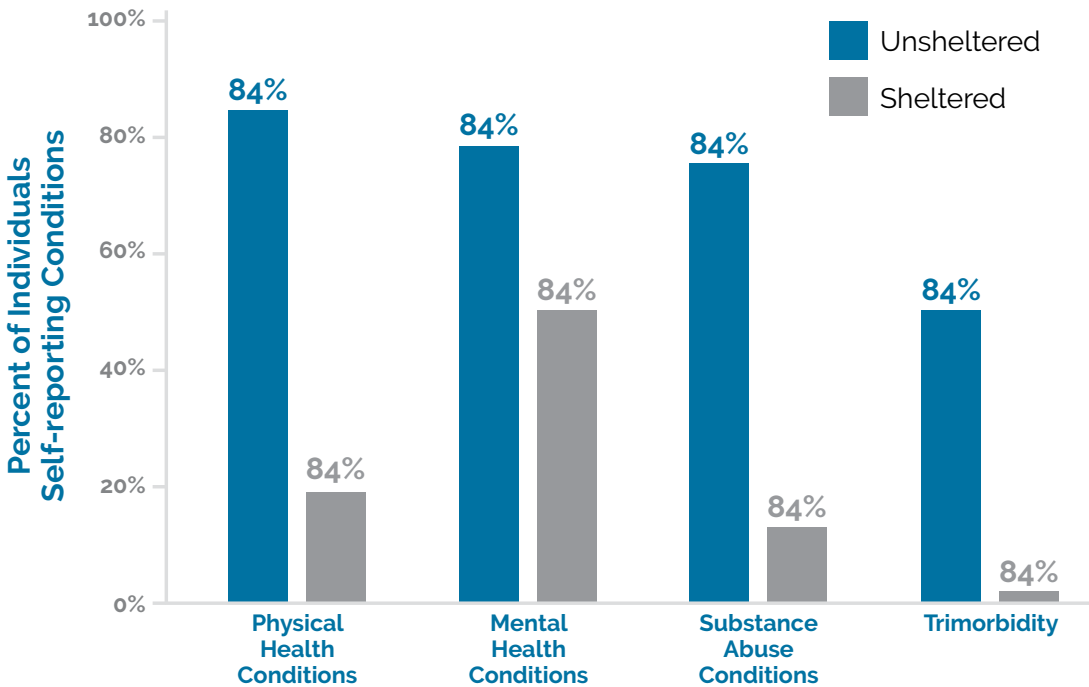


Figure 1: Physical health, mental health, substance abuse, and trimorbidity by shelter status

sheltered (emergency shelters, cars, or government-assisted housing) counterparts. When [asked](#) about the main factors that lead to homelessness, unsheltered individuals were three times as likely to report mental health conditions (50 percent compared to 17 percent) and eight times as likely to report drug use (51 percent compared to six percent) than those with some sort of shelter. The fact that those with the most pressing behavioral needs are the ones most public-facing has created a disconnect between societal expectations of decency and what has been allowed to thrive. Stories of the consequences of this abound. In January, a homeless man with a history of violence [pushed](#) a New York woman in front of a moving train to her death. He had previously been declared unfit to stand trial following a psychiatric evaluation. Last month in Florida, a homeless man named Semmie Williams Jr. stood trial to determine his competency after the [senseless stabbing](#) and murder of a 14-year-old boy on his bike. Mr. Williams had previously been jailed and hospitalized for his delusions and hallucinations and the psychologist tasked with evaluating him described him as a “seriously mentally ill man.” Other stories, such as the woman [attacked](#) with a bag of human feces while waiting for the bus, indicate that addressing this subset of homelessness requires more than just affordable housing.

It is not surprising that this group is often characterized by mental instability and needs substantially more services than those simply in poverty. The increase in homelessness as defined by living outdoors can be directly attributed, at least in part, to

the elimination of psych wards in the 1950s. Because of abuses within the institution and hopes of a better system, the [patient population](#) in psychiatric institutions decreased from over one million in 1970 to about 100,000 today. Many of those who would have benefited from long-term psychiatric care find themselves on the street, in jail, or both.

While those living outdoors with mental health issues do not constitute the majority of those experiencing homelessness, they are precisely the group wreaking havoc on our public spaces. If we want to reclaim our cities, we cannot do so by simply waiting for them to change their mind. When your choices are determined, or at least heavily influenced, by mental instability and drug addiction, it is not reasonable to expect rational decision-making.

Reducing Unsheltered Homelessness

Addressing this issue will require several agencies to collaborate, from mental health professionals to the police. Many times, those with extreme mental disabilities are not capable of entering treatment or accessing stabilizing treatments independently. Forced treatment, or civil commitment, is one step cities and states can take to provide the treatment necessary for those extreme cases of homelessness. The legality of this option differs from state to state, but the general criteria for admittance require an individual to be deemed a danger to themselves or others. To address the unmet needs of those requiring psychiatric stays, the Federal Department of Health issued a waiver on the limits previously placed on

Medicaid funds for long-term psychiatric care. Despite this, no states have accepted and implemented the expansion of funding for these purposes.

Several states have attempted to protect the public by passing laws allowing involuntary commitment in the most urgent cases. Unfortunately, these laws were actualized after the tragic loss of a loved one and are rarely used in their wake. In 1999, Andrew Goldstein, a man inflicted by his demons, pushed Kendra Webdale in front of a moving train. Prior to that day, he had attacked at least 13 other people and several individuals at the hospital to which he was admitted. Despite a pattern of aggression, Goldstein was continuously released from psychiatric care and put back into the public. Because of the inability of the state to subdue him or protect the public from his violent tendencies, Kendra's Law was enacted in New York to authorize courts to force mentally ill individuals with a problematic history—such as incarceration or violence—into treatment plans. From 1999 to 2019, homelessness of those committed under [Kendra's Law](#) decreased from 28 percent to 12 percent (before entering the program compared to while in the program). Additionally, incarceration of those in the program declined from 28 percent to eight percent. A similar law in California, [Laura's Law](#), was implemented after 19-year-old Laura Wilcox and two others were gunned down by a delusional Scott Harlan Thorpe, who was convinced the FBI was trying to murder him. A 2020 [evaluation](#) by the California Department of Healthcare Services of 228 individuals from 13 counties that participated in Assisted Outpatient Treatment

under Laura's Law found promising results: homelessness and hospitalization decreased by 30 percent and 33 percent. Victimization was reduced by 85 percent, and violent behavior decreased by 64 percent. Despite the effectiveness of programs like civil commitment and outpatient treatment, they are seldom used because of strong opposition from powerful civil liberty groups.

Involuntary treatment has worked even for those who don't want the services. Drug courts have proved influential for individuals who haven't hit "rock bottom" and have no intention of seeking help for themselves. Gaining clarity through sobriety in jail and access to resources have proved transformative for many people. As such, the police should be a tool utilized to ensure that those committing crimes are addressed and no longer pose a danger to themselves or the public. A review of drug court effectiveness by the [Office of National Drug Control Policy](#) found that drug courts reduce crime by eight to 35 percent, depending on how they are administered.

Limiting Lawlessness by Expanding Criminal Justice Resources

Whether selling or using drugs, urinating in public, or committing assault, breaking the law should be penalized and addressed. By looking the other way at illegal acts within the confines of a homeless camp, one effectively condones and encourages that behavior. In San Francisco, leadership has taken a "hands off" approach to low-level drug use and dealing, and the situation has become dire. Used needles, trash, drug use, and overdoses have taken

over in certain areas, effectively kicking the public out in favor of outright criminality. In some cities, drug users and dealers are seen openly using and dealing drugs without consequence. Homeless deaths in San Francisco doubled from March of 2020 to March of 2021—primarily because of drug [overdoses](#). While COVID certainly contributed to the increase in overdoses for both the homeless and the public alike, San Francisco’s unwillingness to address lawlessness has proved lethal. [Recently](#), the people of San Francisco recalled District Attorney Chesa Boudin because of his inability to address these problems effectively. Creating a safe, cohesive community for residents necessarily requires an expectation of law abidance. Research has indicated that two essential elements in deterring crime are the swiftness of the response and the certainty that it will happen. In short, when potential offenders are sure that they will be reprimanded, they are less likely to engage in criminal behavior. Breaking the law, regardless of mental capacity or housing, must be addressed by those tasked with enforcing the law—the police.

Substance use problems contribute to crime for a significant portion of offenders and investing in an effective and swift criminal justice system is a way to help both the offender and the victim. The [National Institute on Drug Abuse](#) provides guidance for effective drug treatment. First and foremost, the duration of time spent in

treatment is critical. Three months is the bare minimum, and the longer in treatment the better the likelihood of success. Second, drug treatment must be monitored continuously. One of the biggest reasons treatment approaches fail is that users exit the program too quickly or need additional care not being provided. Finally, treatment does not need to be voluntary for it to be effective.

An excellent way to adhere to the principles of effective treatment for both mental health and substance use issues is to lean into treatment options and availability within the confines of incapacitation—be it the local jail or mental institution.

Resolving the problem of unsheltered homeless individuals will take an expectation of accountability from those currently in that living situation and municipal leadership. The police are only as useful as the courts who decide what to do with the offender. And the courts are only as valuable as the services they can provide—whether long-term or not. By expanding treatment options and emergency shelters and returning to a rule of law that holds all members of society accountable for their transgressions, the public can begin to reclaim their outdoor spaces. Not only that, but the chronically homeless can begin to reclaim their lives.

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