Homeless Death Reports: Advocating For Policy Change
San Francisco, Sacramento and Philadelphia

Bob Erlenbusch, Barry Zevin, Caroline Cawley, Roberta Cancellier

National Health Care for the Homeless Conference and Policy Symposium
Washington DC
May 23rd, 2019
A Brief History of Homeless Death Research and Policy in San Francisco

• Early 1980’s: Widespread homelessness noted as a new phenomenon
• 1985: HCH starts with RWJ grants to 19 cities
• 1985: First Tenderloin Times Coroner's Office Homeless Count

Editorial
Homeless Deaths on the Streets Are the Shame of the City

The Tenderloin Times
Volume 12, Number 10
December 1988/January 1989
A Brief History of Homeless Death Research and Policy in San Francisco

• 1985–1994: Tenderloin Times continues homeless death review
• 1992–1996: Frank Jordan (former police chief) as mayor, criminalization primary approach
• 1994: Advocates and SFDPH convene Homeless Death Prevention workgroup
A Brief History of Homeless Death Research and Policy in San Francisco

- 1995: Recommendations from Homeless Death Prevention workgroup
  - SFDPH to take on homeless death review
  - Outreach to focus on prevention of homeless deaths
  - Support overdose recognition and prevention efforts (naloxone)
- 1996: SFDPH Homeless Death Prevention Team
- 1996–1999: SFDPH Homeless Death reports (~150 per year)
A study released Tuesday by the department blamed The City's lack of homeless shelters and substance abuse programs for contributing to the 157 deaths recorded from Dec. 1, 1997, through Nov. 30.
A Brief History of Homeless Death Research and Policy in San Francisco

• 1998: Homeless Death Prevention Project name changed to Homeless Outreach Program Expansion “HOPE”
• 1999: Last SFDPH Homeless Death review. “Problems with how media uses information and embarrassing to city and county of SF”

SQUALOR IN THE STREETS / S.F. spends more than $200 million a year on homelessness, but why does the problem persist?

Patrick Hoge, Chronicle Staff Writer  Published 4:00 am PST, Sunday, November 4, 2001
A Brief History of Homeless Death Research and Policy in San Francisco

• 2000–2010: Housing First Focus
• 2001: Dot Com Bust, economic downturn
• 2002: HOPE cut “why outreach when we have no services to refer people to?”
• 2004: Gavin Newsom elected Mayor “Why aren’t we doing homeless outreach?”
• 2005: SFDPH Homeless Outreach Team (SFHOT) formed to focus on “…main homeless problem: homeless mentally ill”
A Brief History of Homeless Death Research and Policy in San Francisco

• 2015: Homeless Outreach Team reorganized with more comprehensive mission
• 2015: SFDPH Homeless Death Review revived as project of SFHOT
  • Intent to use information to guide services – Quality Improvement
  • Requires regular consultation with SFDPH communications director
  • Rebranded “Homeless Mortality Prevention”
• 2017: SF HOT part of reorganization of SF city government to form Department of Homelessness and Supportive Housing
• 2018: Homeless Mortality Prevention continues in SFDPH as part of “Whole Person Care” project evaluation
Homeless Outreach Team cuts back, regroups to do street medicine

SF mayor’s bold plan to treat heroin addicts on the street

Report: Nearly 400 people died homeless on SF streets since 2016
A Brief History of Homeless Death Research and Policy in San Francisco

• 2018: Data from Homeless Mortality Prevention used in part to support low barrier buprenorphine program

• 2019: Director of new Department of Homelessness and Supportive Housing expresses some skepticism of results
  • Also uses as justification to criticize SFDPH focus on high users of emergency services
  • Also includes reduction in homeless mortality as core departmental goal

• 2019: Data used to support “Methamphetamine Task Force”

• 2019: ??? Data used to support QA for alcohol use disorder treatment system
A Brief History of Homeless Death Research and Policy in San Francisco

• Conclusions
  • Homeless deaths have been seen as highly politically sensitive
  • Reports on Homeless Deaths have had important impacts on policy in San Francisco
  • Except when they haven’t!
Homeless Mortality in San Francisco
Opportunities for Prevention

Barry Zevin MD and Caroline Cawley MPH
Methodology
DATA SOURCES

OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME)

The OCME’s responsibilities include deaths from:

- Accident or injury
- Potential homicides or suicides
- Solitary deaths (body found)
- Physician unsure of cause of death
- Poisoning (including drugs)
- Deaths related to suspected criminal activity
- Deaths of unidentified individuals
- Indigent (unclaimed) cases

Cases forwarded to Street Medicine include:
No Fixed Address, SRO address, Indigent, or other suspected homeless

COORDINATED CARE MANAGEMENT SYSTEM (CCMS)

Integrated, interagency dataset from the San Francisco Department of Public Health

CCMS matches and merges citywide health and social service data into unique records for individuals observed or reported to be homeless by the DPH and the Department of Homelessness and Supportive Housing. CCMS also includes information from the California Death Registry.
Methodology

INCLUSION CRITERIA

Record received from OCME...

CCMS living situation listed as homeless?
- NO

No Fixed Address or other non-residential address on report?
- NO

Recent medical records mention homelessness?
- NO

HOMELESS
- YES

HOMELESS
- NO
Methodology

CASE REVIEW PROCESS

1. Initial report from OCME
   - Identifiers, date and location of death
   - Jan 1 2016 – Dec 31 2018
   - n=390

2. Final report from OCME
   - Cause and manner of death, autopsy and toxicology reports
   - Jan 1 2016 – ~Dec 1 2017
   - n=215 (final reports)
   - n=168 (toxicology reports)

3. Linked to CCMS
   - Demographics, diagnostic codes and service utilization
   - Jan 1 2016 – Dec 31 2018
   - n=390
Demographics
SAN FRANCISCO HOMELESS DEATHS 2016 – 2018

<table>
<thead>
<tr>
<th>ANNUAL TOTALS</th>
<th>CCMS DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016: 128</td>
<td>10% of cases had no CCMS records (had not used SF health or social services prior to death)</td>
</tr>
<tr>
<td>2017: 128</td>
<td></td>
</tr>
<tr>
<td>2018: 135</td>
<td></td>
</tr>
</tbody>
</table>
Demographics
GENDER, RACE/ETHNICITY, AND AGE

GENDER
85% of cases were male, 15% female, <1% transgender or other

RACE AND ETHNICITY

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>52%</td>
</tr>
<tr>
<td>African American / Black</td>
<td>26%</td>
</tr>
<tr>
<td>Latino/a</td>
<td>12%</td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>3%</td>
</tr>
<tr>
<td>Mixed / Other</td>
<td>3%</td>
</tr>
<tr>
<td>Native American</td>
<td>1%</td>
</tr>
<tr>
<td>Declined / Not Stated</td>
<td>3%</td>
</tr>
</tbody>
</table>

AGE
Average age of 51 (min=21, max=86)

AGE AT TIME OF DEATH

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 30</td>
<td>8%</td>
</tr>
<tr>
<td>&gt;30 to 40</td>
<td>15%</td>
</tr>
<tr>
<td>&gt;40 to 50</td>
<td>21%</td>
</tr>
<tr>
<td>&gt;50 to 60</td>
<td>29%</td>
</tr>
<tr>
<td>&gt;60 to 70</td>
<td>21%</td>
</tr>
<tr>
<td>&gt;70</td>
<td>6%</td>
</tr>
</tbody>
</table>
### Demographics

**LIVING SITUATION**

<table>
<thead>
<tr>
<th>HOUSING STATUS – YEARS HOMELESS IN SF*</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 10 years homeless</td>
<td>42%</td>
</tr>
<tr>
<td>5 to 10 years homeless</td>
<td>20%</td>
</tr>
<tr>
<td>1 to 5 years homeless</td>
<td>24%</td>
</tr>
<tr>
<td>Less than 1 year homeless</td>
<td>14%</td>
</tr>
</tbody>
</table>

### LAST SHELTER OR NAVIGATION CENTER STAY PRIOR TO DEATH

<table>
<thead>
<tr>
<th>Last Stay Duration</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>1 day–10 days before</td>
<td>7%</td>
</tr>
<tr>
<td>10–30 days before</td>
<td>6%</td>
</tr>
<tr>
<td>30–180 days before</td>
<td>11%</td>
</tr>
<tr>
<td>180 days–12 months before</td>
<td>5%</td>
</tr>
<tr>
<td>No stays in last 12 months</td>
<td>71%</td>
</tr>
</tbody>
</table>

*Excludes individuals with no CCMS living situation records
Span of time includes continuous or intermittent homeless experience
Utilization History
MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

63% used medical services (non-outpatient) in the year prior to death

20% used mental health services in the year prior to death

16% used substance use disorder services in the year prior to death

(includes emergency department, inpatient stays, EMS ambulance, jail health or medical respite)

(includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment)

(includes residential detox, residential treatment, methadone maintenance, outpatient counseling)
27% had a jail health day in the year prior to death

<table>
<thead>
<tr>
<th>LAST JAIL HEALTH DAY PRIOR TO DEATH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day–10 days before</td>
<td>3%</td>
</tr>
<tr>
<td>10–30 days before</td>
<td>4%</td>
</tr>
<tr>
<td>30–180 days before</td>
<td>13%</td>
</tr>
<tr>
<td>180 days–12 months before</td>
<td>7%</td>
</tr>
<tr>
<td>No stays in last 12 months</td>
<td>73%</td>
</tr>
</tbody>
</table>
Circumstances of death
LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH)

Location of incident available for 308 cases
Circumstances of death
MANNER OF DEATH — CATEGORIES FROM THE OFFICE OF THE CHIEF MEDICAL EXAMINER

53% Accidents
Unintentional overdose, fall, drowning, pedestrian vs vehicle, inhalation, exposure, vehicle driver

11% Homicide
Firearm, sharp injury (i.e. stabbing), blunt injury, officer-involved shooting

30% Natural
Cancer, COPD, cardiovascular disease

4% Suicide
Hanging, asphyxia, jump from building

2% Undetermined
Circumstances of death
CONTRIBUTING FACTORS — LISTED AS CAUSE OF DEATH, CONTRIBUTING CONDITION OR IN TOXICOLOGY

52% Drugs
32% Alcohol
29% Natural history of chronic disease
27% Violence or traumatic injury

Percentages do not add up to 100, as there are often multiple contributing factors e.g., fall (violent or traumatic injury) while intoxicated (alcohol-related)
Circumstances of death
TOXICOLOGY RESULTS — SUBSTANCES PRESENT IN REPORTS
N = CASES WITH TOXICOLOGY REPORTS AVAILABLE

47% Methamphetamine
45% Opioids
Fentanyl present in 4% of reports; Buprenorphine present in 0 cases

36% Cocaine
30% Alcohol
27% Sedatives
Key Findings

• Homeless deaths steady during time period 2016-2018 and likely unchanged compared to 1990s.

• High prevalence of alcohol use and overlap with high service utilizer population.

• High prevalence of methamphetamine use and overlap with criminal justice-involved population, high users of medical and psychiatric emergency services.

• High prevalence of opioid overdose but less than would be expected considering national trends over same time period.

• High prevalence of violence and other trauma.

• Role of shelter: annual deaths relative to other cities
Response

- Continue and enhance SFDPH response to opioid overdose epidemic
- Methamphetamine task force and other clinical and population health responses to methamphetamine use
- Evaluation and improvement of system of care for individuals with severe alcohol use disorder
- Incorporate homelessness as risk that may need specific preventive strategies into SFDPH efforts in violence and injury prevention
- Support intensive efforts to reduce unsheltered homeless
Discussion Questions

- What can we do with these findings? Impact on policy and practice?
- Is it possible to prevent these types of deaths in the future? How?
Thank you!

San Francisco Whole Person Care
UCSF Evaluation of Whole Person Care
San Francisco Department of Public Health
Special thanks to Amber Reed for her design work

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Caroline Cawley (caroline.cawley@ucsf.edu)
Whole Person Care (www.sfdph.org/WPC)
Homeless Deaths Reports: Advocating for Policy Change – San Francisco, Sacramento, and Philadelphia
Philadelphia’s Homeless Death Review

1. Genesis of the Report
2. Partners
3. Process
4. What does the Data Tell Us?
5. Advocacy and Results
Philadelphia’s Homeless Death Review

Genesis of the Report
February 18, 2008

43-year old man fatally hit by motorist crossing the Vine Street expressway in his wheelchair after being turned away from an overnight café in a Center City church.
Philadelphia Homeless Death Review
Launched June 15, 2009

Founding Partners

• Deputy Mayor of Health and Opportunity
• Medical Examiner’s Office
• City’s Office of Homeless Services
  • Continuum of Care
  • Emergency, Transitional, Permanent Housing
• City’s Department of Behavioral Health and Intellectual disAbilities
  • Street Outreach
  • Treatment/Recovery & Mental Health Programs
  • Medicaid Managed Care (Behavioral Health)
Philadelphia Homeless Death Review Partners

• City departments - AIDS, child welfare, police, probation/parole, prison
• Non profits--street outreach, Health Care for Homeless, needle exchange, shelter
• 6 Hospitals, including the VA
• Health Plan, University, Foundation
Philadelphia Homeless Death Review – Purpose and Process

• Look at circumstances around deaths
• Identify gaps/shortfalls
• Translate issues into actions
• Publish reports that will drive policy
• Decrease number of deaths/increase health and welfare of those living
Philadelphia Homeless Death Review - Process

How do we find out about deaths?
Query protocol of MEO database
Hospitals, team members and individuals in homeless service programs

What cases are eligible for review?
• Person died in Philadelphia
• Was experiencing homelessness at time of death
• Was a Philadelphia resident at time of death
Philadelphia Homeless Death Review - Process

• Confirmation of homelessness
  • Next of kin
  • Hospitals (address of record or hospital staff)
  • HMIS/outreach database
  • Non-city homeless program records
  • MEO investigators
  • Individual members with personal knowledge
Key Findings (N=269)

• Average age of death = 49 years
• Less than 2% of people died from hypothermia
• 60% of decedents were “street homeless” at the time of death
• 25% were unknown to Philadelphia’s homeless or outreach service systems
• 87% had a known history of substance use disorder
• 51% had drugs or alcohol as primary or secondary cause of death
• 68% had a known history of mental illness, with 61% having co-occurring diagnoses
• 58% lacked health insurance coverage at the time of death
Decedents by Primary Cause of Death (N=269)

- Deaths due to unintentional drug overdose doubled in number from 2011 to 2015.
- Deaths due to drugs increased from 33% of all homeless deaths in 2011 to 57% of all homeless deaths in 2015 and in 2018.
- Cardiovascular disease was the next most common cause of death, accounting for the primary cause of death in 20% of all decedents.
Decedents by primary/contributing cause of death (N=269)

<table>
<thead>
<tr>
<th>Category</th>
<th>Primary Cause</th>
<th>Contributing Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Cardiovascular Disease*</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Trauma (blunt, gunshot, stab)</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Diseases of Infectious Etiology (incl. HIV)</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Fire, Drowning, or Suffocation</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Cancer</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hypothermia</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory System Disease*</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>52</td>
</tr>
</tbody>
</table>
Decedents by Age, Race/Ethnicity, and Gender, 2011-2015 (N=269)

**Average age of Death**

**Gender**: 85% male, greater than population experiencing homelessness. Three transgender – 2 trans-women, 1 trans-man). Both women died by homicide.

**Race and Ethnicity**

- White, Non-Hispanic: 43%
- Black, Non-Hispanic: 42%
- Hispanic: Any Race: 12%
- Asian, Non-Hispanic: 7%
Location of Homeless Deaths 2009-2010
Location of Homeless Deaths, 2011-2015
Mean Age of Death for Drug-Related (N=115) and Non Drug-Related Deaths (N=154)

Those who died from unintentional drug overdose (115 or 44% of the total) were younger (age of death = 42 vs. 54), were more likely to be white (54% vs. 36%), and were more likely to be Hispanic (17% vs. 8%) than the homeless decedents who died from other causes.
Decedents by Substance Use/Abuse (N=269)

- Two hundred thirty-five (87%) of the homeless decedents had a known history of a substance use disorder. Alcohol was the most commonly abused substance.
- Of 229 who had toxicology test, 2/3 had alcohol or substance in their body at time of death.
Decedents by Health Care Visit and Health Insurance Status

- Decedents by Time Since Last ED Visit (n=264)

- 85% of decedents lacked health insurance coverage at the time of death.
Decedents with Known Mental Illness

- 68% (n=183) had a known history of mental illness.
- Involuntary hospitalization (302)
  - 14% of decedents with a history of mental illness had at least one 302 within the year preceding death.
- 56% had a Crisis Response Center visit
  - 14% within three months preceding death
Decedents with known incarceration history (N=139), by time since release

• A narrow majority of the homeless decedents we reviewed (52%) had been incarcerated. Most of the crimes committed were drug-related or non-violent.
• A small but significant number of the decedents (10) had been discharged from a prison or jail less than six months before their death.
• For those with a substance use disorder, an additional potential threat is the loss of tolerance to their drugs of abuse during incarceration, so that a dose that previously got them high could now cause a fatal overdose.
• Ten of the decedents who died from an unintentional drug overdose had recently been released from jail and hadn’t yet secured permanent housing
Decedents History of Housing* and Outreach

* emergency, transitional, safe haven and/or permanent supportive housing

- Shelter AND Outreach: 48%
- Shelter: 22%
- Outreach: 8%
- Neither: 25%
Opioid Deaths and Street Count

- **Reduced opioid overdoses**
  - Overdose deaths dropped slightly in Philadelphia in 2018 — with 1,116 people dying of accidental overdoses compared with 1,217 people the previous year, according to figures released by the city’s Department of Public Health on Tuesday.

- **Reduced rate of growth in street count- 900 counted January 2019**

- Rate of growth in unsheltered numbers slowed for the second year in a row.
  - From 2016-17 unsheltered grew by 35%
  - From 2017-2018 grew by 13%
  - And from 2018-19 grew by 8%
Impact of Weather on Deaths, 2011-2015

• No hyperthermia deaths in Philadelphia, 2009-2015
• No pattern of more deaths in cold weather
  • With the exception of 2010, with 4 hypothermia deaths, 2009-2015 reported either 0 or 1
  • 2 in 2018
Decedents by Veteran Status

• Gradual decrease in the percentage of those who were veterans. Overall, there were 37 individuals (14% of all deaths) who were reported to have been veterans, but this number has dropped from over 15% in 2011-2012 to 12% in 2013-2015.

• 77% reduction in veterans between the 2010 and 2015 PIT counts.

  • In 2018, veteran deaths were an even smaller proportion of the total, at 6%.
  • In December 2015, Philadelphia celebrated an effective end to veteran homelessness through Philly Vets Home. More than 3000 housed since 2011.
Successes, 2011-2015

• Increased the number of treatment beds for people experiencing homelessness
• Continued expansion of Housing First inventory
• Opened Philadelphia’s first Medical Respite Program
• Helped provide evidence for continued funding of Philadelphia’s Winter Initiative beds
• Implemented Health Baby initiative in City-run family shelters
• Increased focus and outreach to newly identified homeless hot spots
Results, post-2015… Recommendations Fulfilled!

• Strengthen coordination between hospitals and behavioral health/homeless systems
  • Warm hand-offs for people leaving ED with SUD
  • Expansion of Medical Respite from 4 beds to 20
• Expand efforts to prevent and treat substance use
  • Expanded MAT including 24-7 walk in
  • Expanded Recovery Housing
  • Created Overdose Fatality Review Team
• Expand capacity of low-demand beds for people with behavioral health conditions, especially addiction
  • 220 beds focused on harm reduction
• Expand capacity for permanent supportive housing
  • Pathways to Housing PA - Teams 7 and 8 – first Housing First-fidelity program serving people with OUD -145 units
• Encourage more cities and counties to track deaths of people experiencing homelessness!
For more information:

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Medical Examiner's Office
Philadelphia Department of Public Health
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215-685-7592
Homeless Death Reports: Advocating for Policy Change

National Health Care for the Homeless Council
2019 Conference & Policy Symposium
May 23, 2019

Bob Erlenbusch, Executive Director, SRCEH
Sacramento Homeless
Dedicated to the memory of all the people who experienced homelessness who have died in our community
Presentation Outline

- Purpose of the report
- How did we do it?
- Partnerships & Roles
- Results
- Advocacy
Purpose of Report

• A dignified memorial to homeless people who have died in our community;
• Educate community on the reasons how and why people experiencing homeless die in our community- including addressing some of the myths around the issue;
• Identify gaps in homeless service delivery system and provide recommendations;
• Be a catalyst for change – galvanizing political and community will to identify action plan to ending and & preventing homelessness
How Did We Do It?

• Deadline: Homeless Memorial Day – Annually December 21 – and worked backwards;
• 1st meeting with Coroner’s office in March, 2013 – immediate buy-in to project;
• Then secured support from DHHS – Public Health – who loaned PHD student to project
• Formed Homeless Deaths Working Group – included all stakeholders – created buy in from other departments [Sheriff; VA etc]
• Funding: General operating grants
• Epidemiologist/Bio-Statistician to calculate homeless mortality; murder and suicide rate per 100,000 for equivalency to general population
Partnerships:

Sacramento Regional Coalition to End Homelessness

Sacramento Steps Forward

Ending Homelessness, Starting Fresh.

County of Sacramento, California
Key Roles in Partnerships

- **Sacramento County Coroner’s Office**: provided data and reviewed drafts
- **Sacramento County: Department of Public Health**: in collaboration with UC Davis Department of Epidemiology & Biostatistics – provided all data analysis and reviewed draft
- **Sacramento HealthCare for the Homeless Program**: provided analysis of homeless patient visits
- **Sacramento Steps Forward [SSF]**: provided all analysis of HMIS data
- **SRCEH**: wrote final report; developed recommendations with SRCEH board
RESULTS:
Homeless Deaths 2002 – 2017
900 over 16 years or
one death every 6 days!
Age Range: 19 – 81

- 70% between 40 – 49
- 30% between 50 - 64

Average Age of deaths:

- Men: 50
- Women: 47
Gender: overwhelmingly male

<table>
<thead>
<tr>
<th></th>
<th>2002-2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>551</td>
<td>65</td>
<td>58</td>
<td>88</td>
<td>762</td>
<td>85%</td>
</tr>
<tr>
<td>Female</td>
<td>81</td>
<td>13</td>
<td>13</td>
<td>23</td>
<td>138</td>
<td>15%</td>
</tr>
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### ETHNICITY: 32% people of color

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<tr>
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<th>2002-2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
<th>%</th>
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<tbody>
<tr>
<td>White</td>
<td>416</td>
<td>47</td>
<td>49</td>
<td>81</td>
<td>593</td>
<td>68%</td>
</tr>
<tr>
<td>Black</td>
<td>104</td>
<td>21</td>
<td>11</td>
<td>20</td>
<td>156</td>
<td>18%</td>
</tr>
<tr>
<td>Latinx</td>
<td>54</td>
<td>6</td>
<td>10</td>
<td>11</td>
<td>81</td>
<td>9%</td>
</tr>
<tr>
<td>Mixed</td>
<td>30</td>
<td>4</td>
<td>1</td>
<td>12</td>
<td>47</td>
<td>5%</td>
</tr>
</tbody>
</table>
Marital Status

74% - single at time of death:
- 36.7% never married
- 32.9% divorced
- 4.1% widowed

Loneliness and the feeling of being unwanted is the most terrible poverty.

Mother Teresa
% of Years of Life Lost Due to Untimely Death: 34% or 25 years

<table>
<thead>
<tr>
<th>Gender:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Women:</td>
<td>37%</td>
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<tr>
<td>Men:</td>
<td>34%</td>
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<thead>
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<th>Ethnicity:</th>
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<tbody>
<tr>
<td>Latino:</td>
<td>39%</td>
</tr>
<tr>
<td>Black:</td>
<td>35%</td>
</tr>
<tr>
<td>White:</td>
<td>33%</td>
</tr>
<tr>
<td>Asian:</td>
<td>32%</td>
</tr>
</tbody>
</table>
Seasons of the Year: evenly distributed

Summer: 25.5%; Fall: 25.5%; Winter: 25.3% Spring; 23.7% Fall
Days of the Week:
48.5% on Friday, Saturday & Sunday
Location of Homeless Deaths

38% - Outside – alley, highway, field, park
35% - Hospital – emergency room or inpatient
Regional Geography: downtown and along transit corridors

Underscores need for regional approach for preventing & ending homelessness
Manner of Death:
1 in 10 by murder or suicide
Causes of Death:

- Injury: 38%
- Alcohol/drugs: 34%
- Cardio: 28%
Top 5 Causes of Death by Gender

<table>
<thead>
<tr>
<th>Top Five Causes of Death</th>
<th>Females</th>
<th>Males</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol/drug induced:</td>
<td>27.4%</td>
<td>28.3%</td>
<td>Alcohol/drug</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>induced: 28%</td>
</tr>
<tr>
<td>2. Cardiovascular:</td>
<td>17.8%</td>
<td>Injury: 18%</td>
<td>Injury: 18%</td>
</tr>
<tr>
<td>3. Injury: 15.1%</td>
<td></td>
<td>Cardiovascular: 10.7%</td>
<td>Cardiovascular disease: 12%</td>
</tr>
<tr>
<td>4. Internal disease:</td>
<td>6.8%</td>
<td>Infection: 5.5%</td>
<td>Infection: 5%</td>
</tr>
<tr>
<td>5. Asphyxia: 6.3%</td>
<td></td>
<td>Wounds: 4.5%</td>
<td>Wound [gun shot or stabbing]: 5%</td>
</tr>
</tbody>
</table>

For women: death by: Twice as high compared to men:

- Cardiovascular disease
- Internal disease
- Asphyxia
## Top 3 Causes of Death by Ethnicity

<table>
<thead>
<tr>
<th>Top Three Causes of Death</th>
<th>African American</th>
<th>Caucasian</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Injury</td>
<td>21.3%</td>
<td>Alcohol/drug induced: 30.2%</td>
<td>Alcohol/drug induced: 27.9%</td>
</tr>
<tr>
<td>2. Alcohol Drug</td>
<td>20.2%</td>
<td>Injury: 16.3%</td>
<td>Injury: 23.5%</td>
</tr>
<tr>
<td>3. Cardiovascular</td>
<td>18.1%</td>
<td>Cardiovascular: 11.3%</td>
<td>Wound: 13.7%</td>
</tr>
</tbody>
</table>

For people of color, death by: *Compared to Caucasians:
- Injuries: 3.5 times higher
- Cardiovascular disease: 2 times higher
- Wounds: 13 times higher
VIOLENT DEATHS

- Blunt Force: 76%
- Gunshots: 14%
- Stabbings: 6%
- Hangings: 4%
Use of homeless services

Medical Clinic:

nearly 40% never seen by County Clinic

<table>
<thead>
<tr>
<th></th>
<th>County Clinic Visit</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not registered</td>
<td>230</td>
<td>374</td>
</tr>
</tbody>
</table>
| Percentage       | 38.1%               | 61.9%| 100%
### Self-Identified Issues

<table>
<thead>
<tr>
<th>Issues</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No Answer</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>71</td>
<td>35.9%</td>
<td>58</td>
<td>29.2%</td>
<td>69</td>
<td>34.8%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>91</td>
<td>51.1%</td>
<td>35</td>
<td>19.7%</td>
<td>52</td>
<td>29.2%</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>20</td>
<td>11.2%</td>
<td>12</td>
<td>6.7%</td>
<td>146</td>
<td>82.1%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>29</td>
<td>16.3%</td>
<td>62</td>
<td>34.8%</td>
<td>87</td>
<td>48.9%</td>
</tr>
</tbody>
</table>

82% don’t self-identify a chronic health condition: need for outreach & consumer education
Homeless Services: *continued*

Shelter and Housing Services: as reported by HMIS

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Number</th>
<th>% of total [336]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter Shelter</td>
<td>112</td>
<td>32.4%</td>
</tr>
<tr>
<td>Shelter</td>
<td>198</td>
<td>57.2%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>15</td>
<td>4.3%</td>
</tr>
<tr>
<td>Permanent Supportive Housing [PSH]</td>
<td>5</td>
<td>1.5%</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>1</td>
<td>.3%</td>
</tr>
<tr>
<td>Missing information</td>
<td>15</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>346</td>
<td>100%</td>
</tr>
</tbody>
</table>
Homeless Services: continued

Timeframe: last seen in program to death:
10% within 1-7 days; 50% [48.9%] within 6 months

<table>
<thead>
<tr>
<th>Timeframe Last Seen to Death</th>
<th>Number</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 week</td>
<td>19</td>
<td>10.7%</td>
</tr>
<tr>
<td>1 – 2 weeks</td>
<td>6</td>
<td>3.4%</td>
</tr>
<tr>
<td>2 – 4 weeks</td>
<td>7</td>
<td>3.9%</td>
</tr>
<tr>
<td>1 – 3 months</td>
<td>24</td>
<td>13.5%</td>
</tr>
<tr>
<td>3 – 6 months</td>
<td>31</td>
<td>17.4%</td>
</tr>
<tr>
<td>6 – 12 months</td>
<td>34</td>
<td>19.1%</td>
</tr>
<tr>
<td>1 year – 2 years</td>
<td>15</td>
<td>8.4%</td>
</tr>
<tr>
<td>2 years – 4 years</td>
<td>20</td>
<td>12.2%</td>
</tr>
<tr>
<td>&gt; 4 years</td>
<td>14</td>
<td>7.9%</td>
</tr>
<tr>
<td>Missing data</td>
<td>8</td>
<td>4.5%</td>
</tr>
<tr>
<td>Total</td>
<td>178</td>
<td>100%</td>
</tr>
</tbody>
</table>
Law Enforcement

77% had been in custody at some point of their homelessness
Comparison of Mortality Rates of Homeless Population to Sacramento General Population

*Homeless mortality rates 15 times higher*

<table>
<thead>
<tr>
<th></th>
<th>2002-2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>680</td>
<td>706</td>
<td>743</td>
<td>724</td>
<td>184</td>
</tr>
<tr>
<td>Homeless</td>
<td>1777</td>
<td>2933</td>
<td>2893</td>
<td>3383</td>
<td>2746</td>
</tr>
</tbody>
</table>
Comparison of Homicide rate

*24 times higher for homeless population*

<table>
<thead>
<tr>
<th></th>
<th>2002-2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>n/a</td>
<td>6</td>
<td>6.7</td>
<td>7</td>
<td>6.57</td>
</tr>
<tr>
<td>Homeless</td>
<td>n/a</td>
<td>188</td>
<td>123</td>
<td>164</td>
<td>158</td>
</tr>
</tbody>
</table>
## Recommendations

<table>
<thead>
<tr>
<th>Policy Recommendations</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Expand the Sacramento City & County Affordable Housing Trust fund to create more affordable housing | 604 homeless deaths over 12.5 years: 1 death every 7 days  
The mortality rate for homeless people is 3 times higher than Sacramento’s housed population |
| Support for housing first approach, but were housing is lacking – increase the capacity of crisis response system to serve more homeless people through a variety of means including rapid rehousing and year round emergency shelter | 75% of the homeless deaths were in Spring; Summer & Fall – evenly distributed across seasons  
48.9% died within 1 day – 6 months of leaving a homeless program |
| Fund a Weekend Drop in Center to provide a safe location for homeless people              | Almost 50% [48.5%] of the deaths were on either Friday, Saturday or Sunday  
22% died of blunt force injury; gun shots; stabbings or hangings |
| Increase funding for alcohol & other drugs and mental health treatment programs - Refund VOA's free treatment on demand program | 28% died of alcohol/substance abuse induced deaths – the leading underlying cause of death |
| Expand funding for Respite Care facilities                                              | Homeless people are routinely discharged to the streets by local hospitals – many need a respite care facility to recover from surgeries etc |
## Recommendations: continued

<table>
<thead>
<tr>
<th>Policy Recommendations</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase funding for nurse street outreach program</td>
<td>38% of the homeless decedents never visited a County health care clinic</td>
</tr>
<tr>
<td>Continue outreach, enrollment and navigation services for homeless people on MediCal or other plans</td>
<td>14% died of cardiovascular disease; 5% of infection; 4% internal disease and 1% of diabetes – many deaths preventable with access to preventative health care</td>
</tr>
<tr>
<td>Ensure full enrollment of homeless people on CalFresh &amp; full implementation of Restaurant Meals Program</td>
<td>Almost 50% [48.6%] of homeless people died of poor health conditions [high blood pressure etc.] which are related to poor nutrition</td>
</tr>
<tr>
<td>Free or subsidized transportation for homeless people</td>
<td>Lack of transportation is a major barrier to access health care as well as substance abuse &amp; mental health treatment programs</td>
</tr>
<tr>
<td>Full implementation of CA Public Utilities Commission “LifeLine Program” – free cell phones for homeless &amp; low-income people</td>
<td>Cell phone access would give homeless people greater access to follow-up health care appointments as well as employment and other appointments</td>
</tr>
</tbody>
</table>
ADVOCACY SUCCESS!

- 2014 Sacramento County Board of Supervisors: allocated $260,000 in FY 2014-15 budget to increase RN street outreach to homeless people;
- Sacramento Steps Forward: Street outreach/system navigators focused on geographic areas of high mortality rates;
- Public Education: Community presentations & media coverage
- December 21, 2018 – 5th Annual Homeless Interfaith Memorial Service
- 2018- Mayor Steinberg keeps winter shelter open year round citing our reports
- Sacramento City Homeless Services Coordinator refers to report in recommendations to City Council for expanding emergency shelter in each of eight city council districts [April 2019]
NO MORE HOMELESS DEATHS
For more information:

Bob Erlenbusch  
Executive Director  
1331 Garden Highway, Suite 100  
Sacramento, CA 95933  
O:  916-993-7708  
M:  916-889-4367  
bob@srceh.org  
www.srceh.org
# Homeless Death Reports: Comparison of San Francisco, Philadelphia, and Sacramento Findings

## Number of Homeless Deaths

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>SF</th>
<th>Philadelphia</th>
<th>Sacramento</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>128</td>
<td></td>
<td>124</td>
</tr>
<tr>
<td>2018</td>
<td>135</td>
<td>129</td>
<td></td>
</tr>
</tbody>
</table>

Approximate county populations: 875,000 (SF), 1.5 million (PHILA), 1.5 million (SAC)
### GENDER & AVERAGE AGE

<table>
<thead>
<tr>
<th>GENDER</th>
<th>SF</th>
<th>PHILADELPHIA</th>
<th>SACRAMENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>85%</td>
<td>81.4%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Female</td>
<td>15%</td>
<td>18.6%</td>
<td>20.7%</td>
</tr>
<tr>
<td>AVERAGE AGE</td>
<td>51</td>
<td>48</td>
<td>48</td>
</tr>
</tbody>
</table>
## ETHNICITY

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>SF</th>
<th>PHILADELPHIA</th>
<th>SACRAMENTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>52%</td>
<td>48.8%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Black</td>
<td>26%</td>
<td>38%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Latinx</td>
<td>12%</td>
<td>13.2%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>-</td>
<td>4.4%</td>
</tr>
<tr>
<td>Mixed</td>
<td>3%</td>
<td>-</td>
<td>6.1%</td>
</tr>
<tr>
<td>Native American</td>
<td>1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unknown</td>
<td>3%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>People of Color: Total</td>
<td>48%</td>
<td>51.2%</td>
<td>37.8%</td>
</tr>
<tr>
<td>MANNER OF DEATH</td>
<td>SF</td>
<td>PHILADELPHIA</td>
<td>SACRAMENTO</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>Accidents</td>
<td>53%</td>
<td>62.8%</td>
<td>59%</td>
</tr>
<tr>
<td>Natural</td>
<td>30%</td>
<td>27.1%</td>
<td>23%</td>
</tr>
<tr>
<td>Homicide</td>
<td>11%</td>
<td>3.1%</td>
<td>5%</td>
</tr>
<tr>
<td>Suicide</td>
<td>4%</td>
<td>3.9%</td>
<td>6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2%</td>
<td>3.1%</td>
<td>7%</td>
</tr>
<tr>
<td>CAUSES OF DEATH</td>
<td>SF</td>
<td>PHILADELPHIA</td>
<td>SACRAMENTO</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>Drugs</td>
<td>52%</td>
<td>56.6%</td>
<td>36%</td>
</tr>
<tr>
<td>Chronic disease [including cardio]</td>
<td>29%</td>
<td>27.2%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Violence - Trauma</td>
<td>27%</td>
<td>7.8%</td>
<td>32.4%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>32%</td>
<td>3.1%</td>
<td>8%</td>
</tr>
</tbody>
</table>