

Homeless Death Studies: An Advocacy & Policy Tool

**National Health Care for the Homeless Council
2015 Conference & Policy Symposium**

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Office of Supportive Housing





***Sacramento Homeless
Deaths Report: 2002 – 2013 & a
2014 Update***

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;*
- *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: December 21, 2014 – Homeless Memorial Day – 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 through SSF – included all stakeholders – created buy in from other departments [Sheriff; VA etc]
- Funding: General operating grants

Partnerships:



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*
- **Sacramento Sheriff's Department:** *provided analysis of jail data*
- **SRCEH:** *wrote final report; developed recommendations with SRCEH board, SRCEH Strategic Advisory Board and SSF's Health Committee*

RESULTS:

Homeless Deaths 2002 – '13 & 2014

Update: 604 over 12.5 years or

one person per week for a decade!

YEAR	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
2002	32	5.76	32	5.76
2003	36	6.47	68	12.23
2004	44	7.91	112	20.14
2005	47	8.45	159	28.60
2006	46	8.27	205	36.87
2007	41	7.37	246	44.24
2008	55	9.89	301	54.14
2009	45	8.09	346	62.23
2010	46	8.27	392	70.50
2011	61	10.97	453	81.47
2012	43	7.73	496	89.21
2013	60	10.79	556	100.00
Total	556	-	-	100.00
1/2014-6/2014	48			
Total	604	-	-	-

Average of 48 per year

Demographics

Age Range: 19 – 81

70% between 40 – 49

30% between 50 - 64

Average Age of deaths:

Men: 50

Women: 47



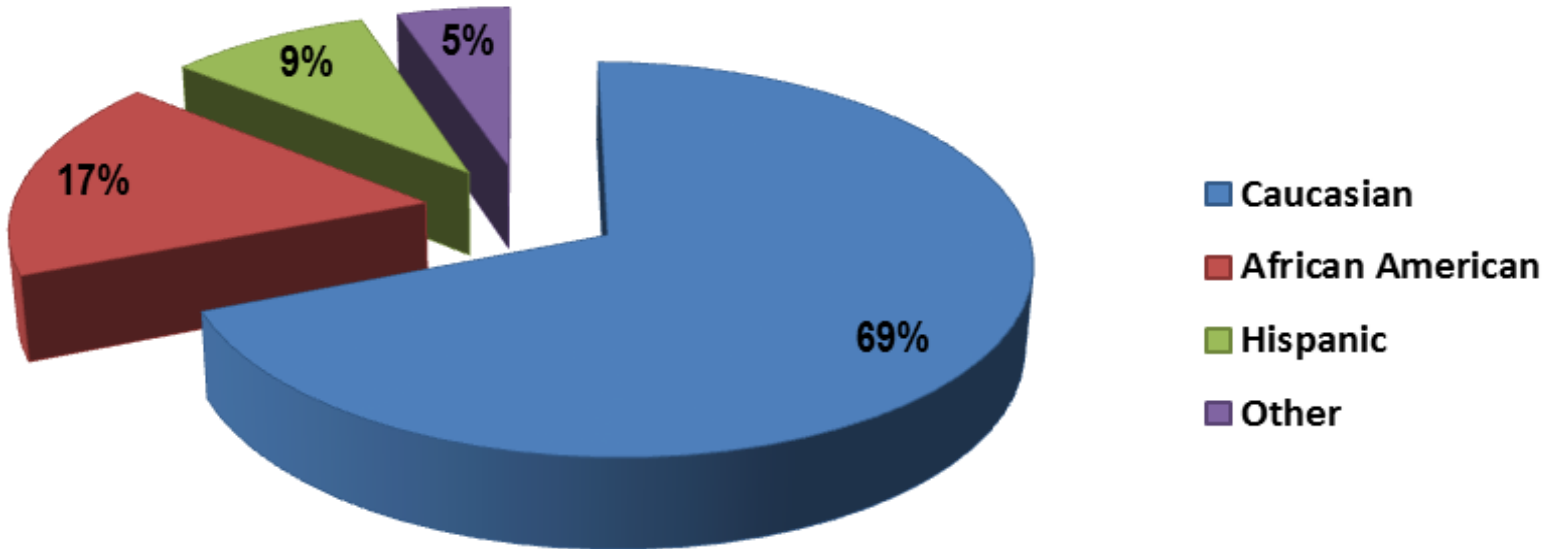
Gender: *overwhelmingly male*

87% men

13% female



Ethnicity



Veteran Status

10% [47] Veterans

6% [11] were WWII-era Veterans

38% [18] were Vietnam-era Veterans

56% [56] were post-Vietnam-era Veterans



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

Gender:

Women:	37%
Men:	34%

Ethnicity:

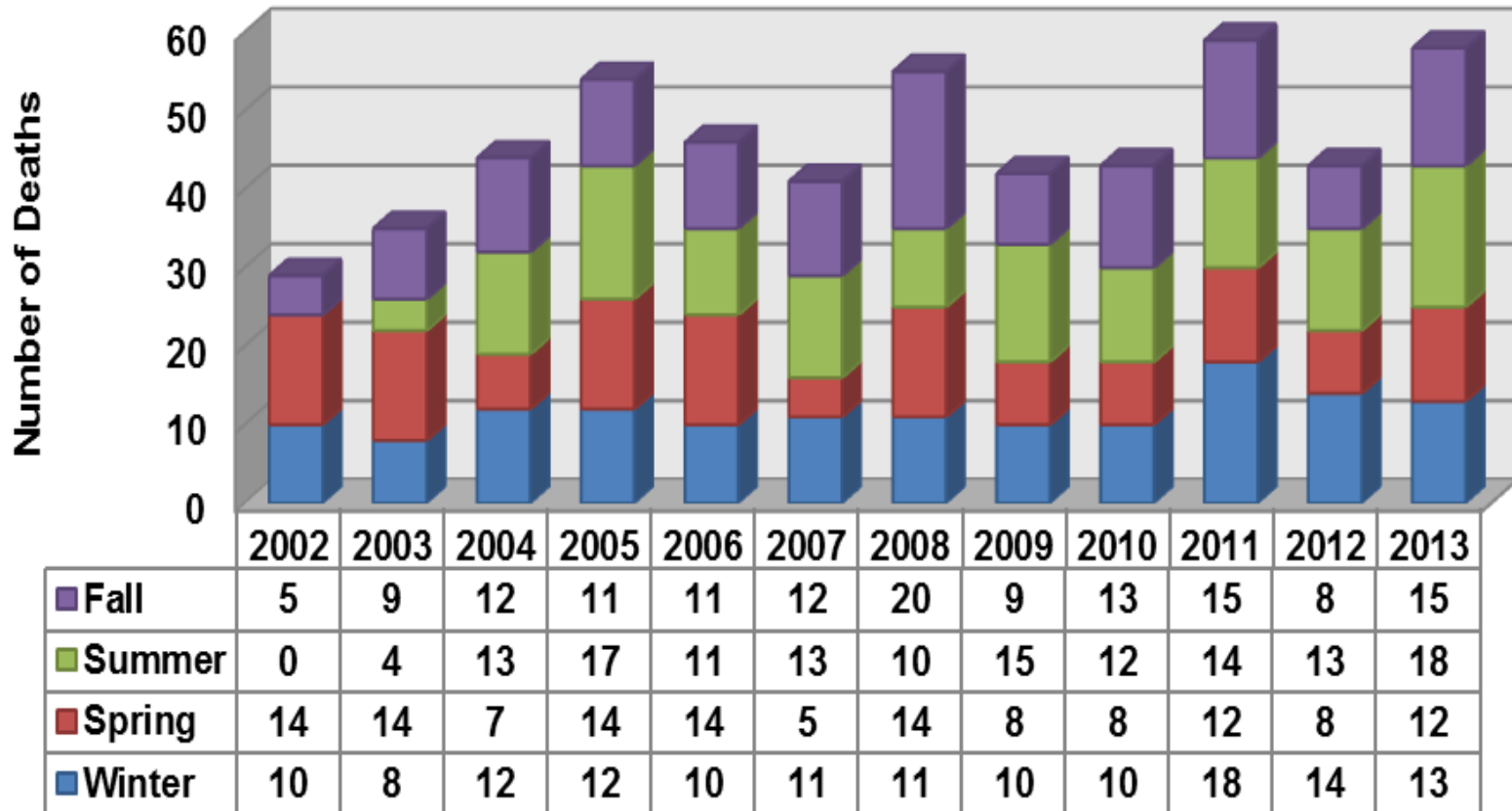
Latino:	39%
Black:	35%
White:	33%
Asian:	32%

**DYING TOO
YOUNG.**



Seasons of the Year:

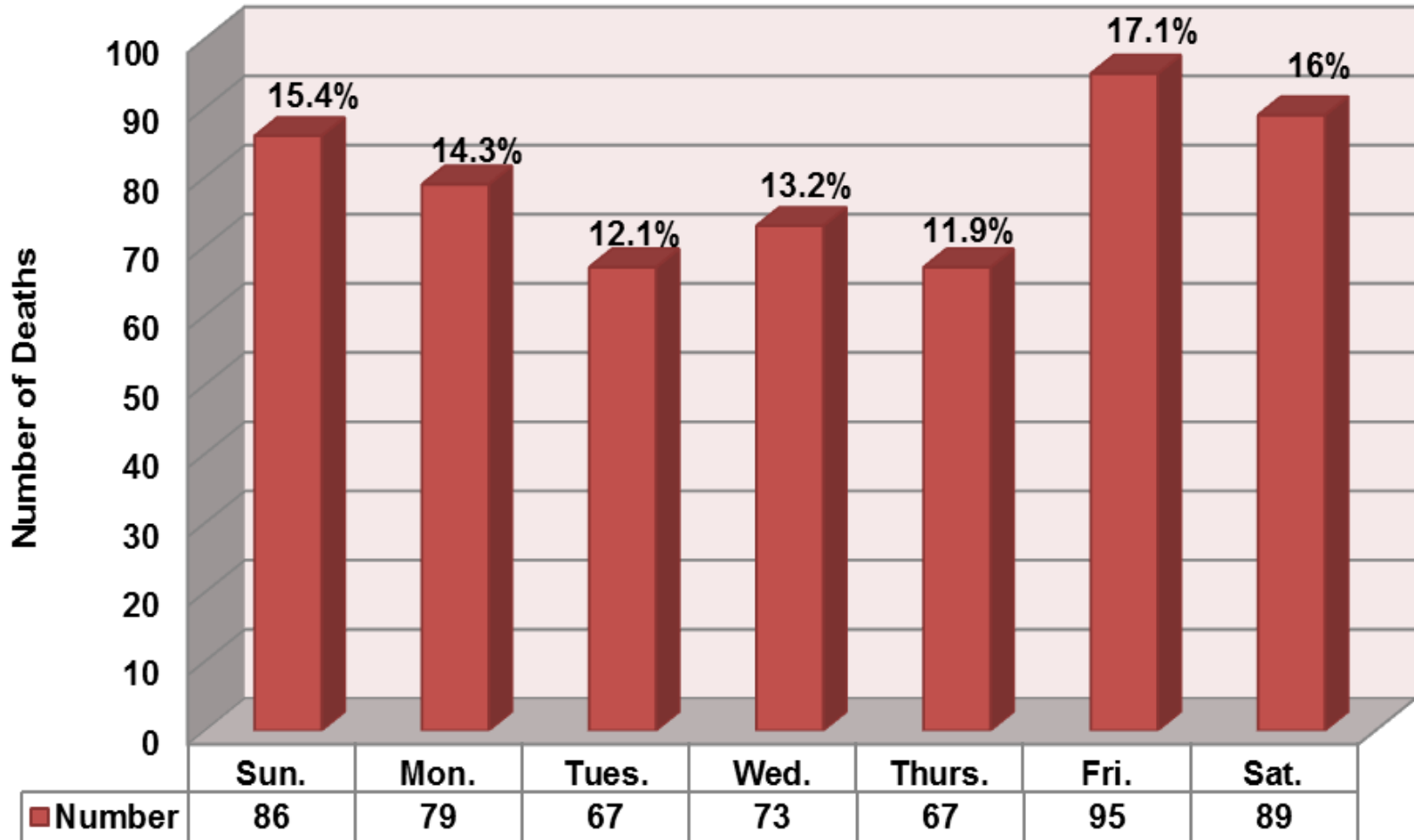
evenly distributed



**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

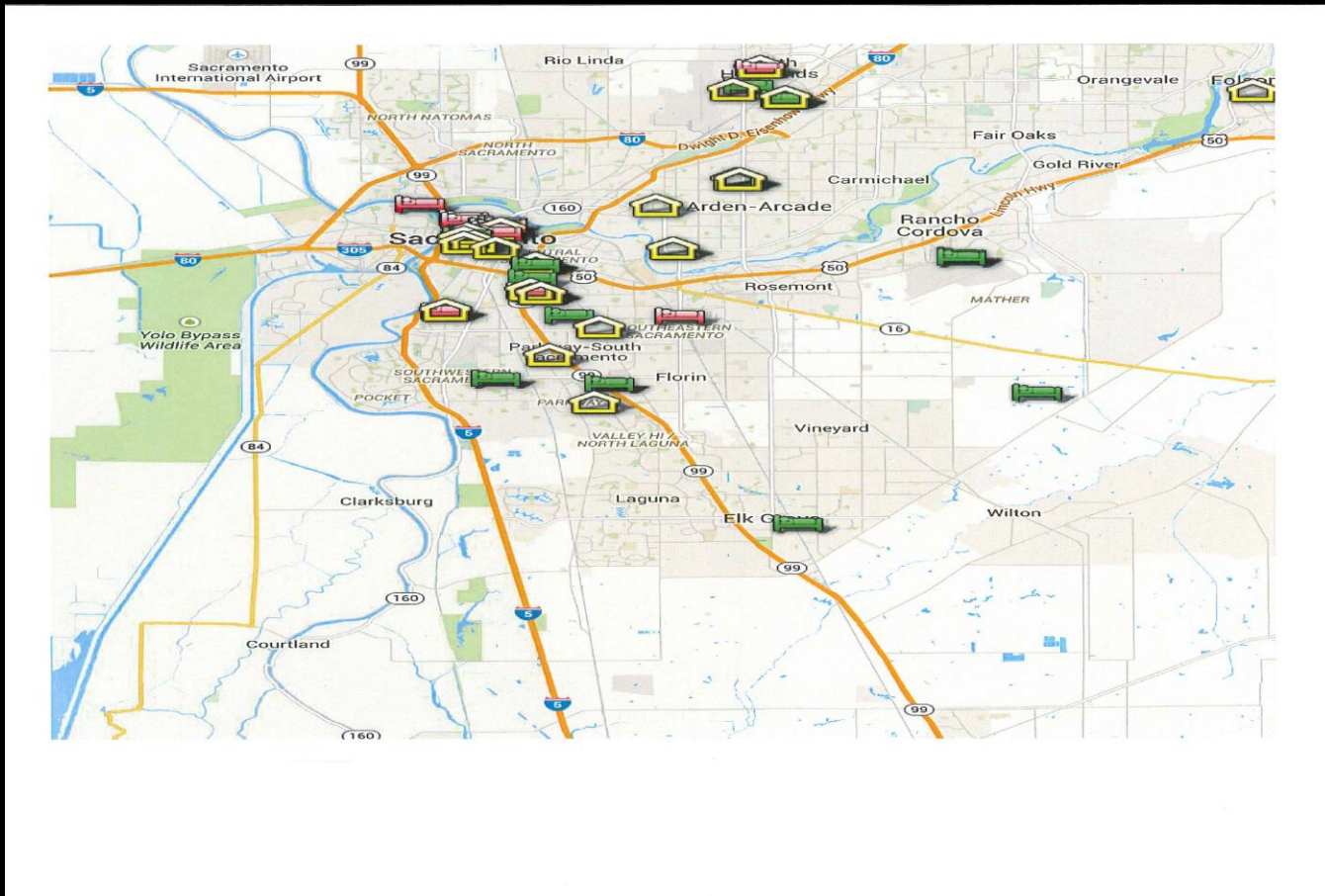
38% - Outside – alley, highway, field, park

35% - Hospital – emergency room or inpatient



Regional Geography:

location of shelters; transitional housing & PSH



Emergency



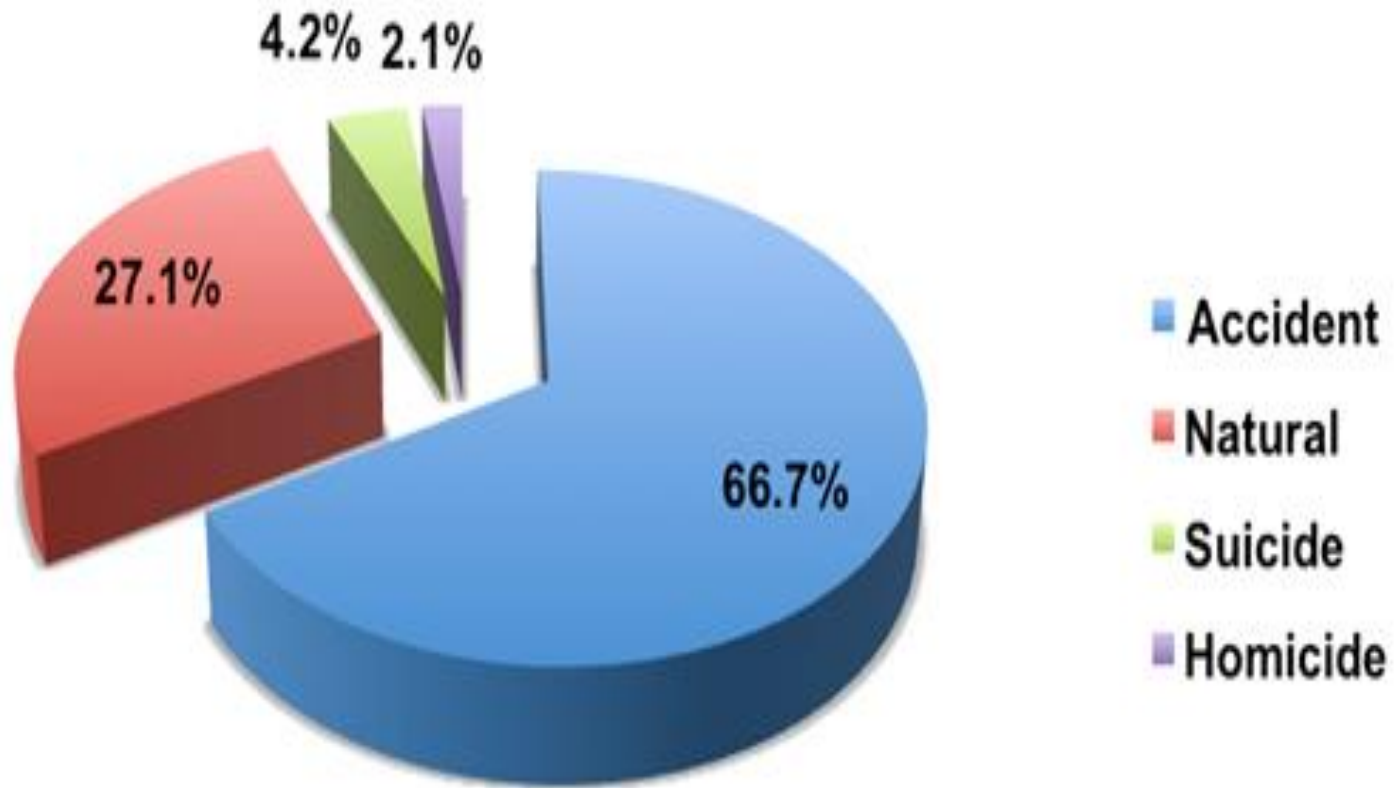
Transitional



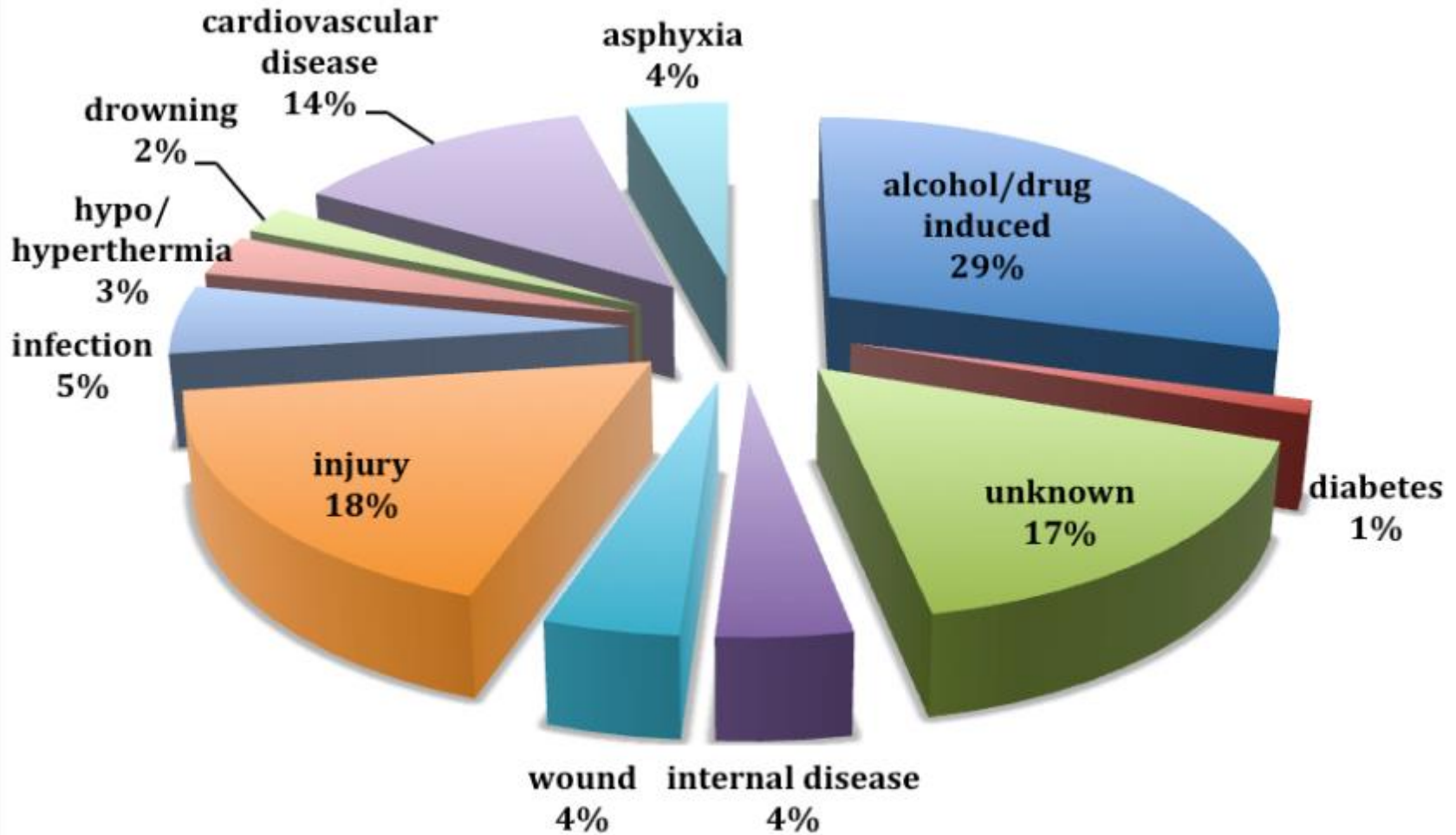
PSH

Manner of Death:

1 in 10 by murder or suicide



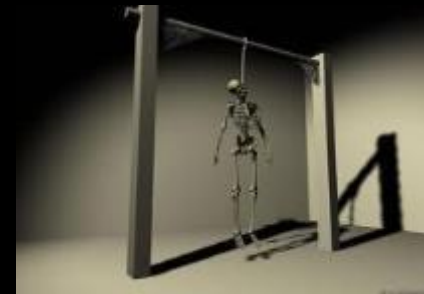
Causes of Death:



Top 5 Causes of Death:

Underlying Cause[s] of death	Percentage of homeless deaths
Alcohol/drug induced	28%
Injury	18%
Cardiovascular disease	13%
Infection	6%
Wound [gun shot or stabbing]	5%

23 % by blunt force trauma; gun shot; stabbing or hangings



Top 5 Causes of Death by Gender

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

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

- ✓ **Cardiovascular disease**
- ✓ **Internal disease**
- ✓ **Asphyxia**



Top 3 Causes of Death by Ethnicity

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

For people of color, death by: *Compared to Caucasians:*

- ✓ Injuries: 3.5 times higher
- ✓ Cardiovascular disease: 2 times higher
- ✓ Wounds: 13 times higher

Use of homeless services

Medical Clinic:

nearly 40% never seen by County Clinic

	County Clinic Visit		All
	No	Yes	
Homeless			
Not registered	230	374	604
Percentage	38.1%	61.9%	100%



Underscores need for aggressive outreach & enrollment of homeless people in Affordable Care Act [ACA] & Access to Care

Homeless Services: *continued*

Self-Identified Issues

Issues	Yes	%	No	%	No Answer	%
Disability	71	35.9%	58	29.2%	69	34.8%
Substance Abuse	91	51.1%	35	19.7%	52	29.2%
Chronic Health Condition	20	11.2%	12	6.7%	146	82.1%
Mental Health	29	16.3%	62	34.8%	87	48.9%

***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

Program Type	Number	% of total [336]
Winter Shelter	112	32.4%
Shelter	198	57.2%
Transitional Housing	15	4.3%
Permanent Supportive Housing [PSH]	5	1.5%
Affordable Housing	1	.3%
Missing information	15	4.3%
Total	346	100%

Homeless Services: *continued*

Timeframe: last seen in program to death:

10% within 1-7 days; 50% [48.9%] within 6 months

Timeframe Last Seen to Death	Number	% of total
< 1 week	19	10.7%
1 – 2 weeks	6	3.4%
2 – 4 weeks	7	3.9%
1 – 3 months	24	13.5%
3 – 6 months	31	17.4%
6 – 12 months	34	19.1%
1 year – 2 years	15	8.4%
2 years – 4 years	20	12.2%
> 4 years	14	7.9%
Missing data	8	4.5%
Total	178	100%

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 2 -3 times higher

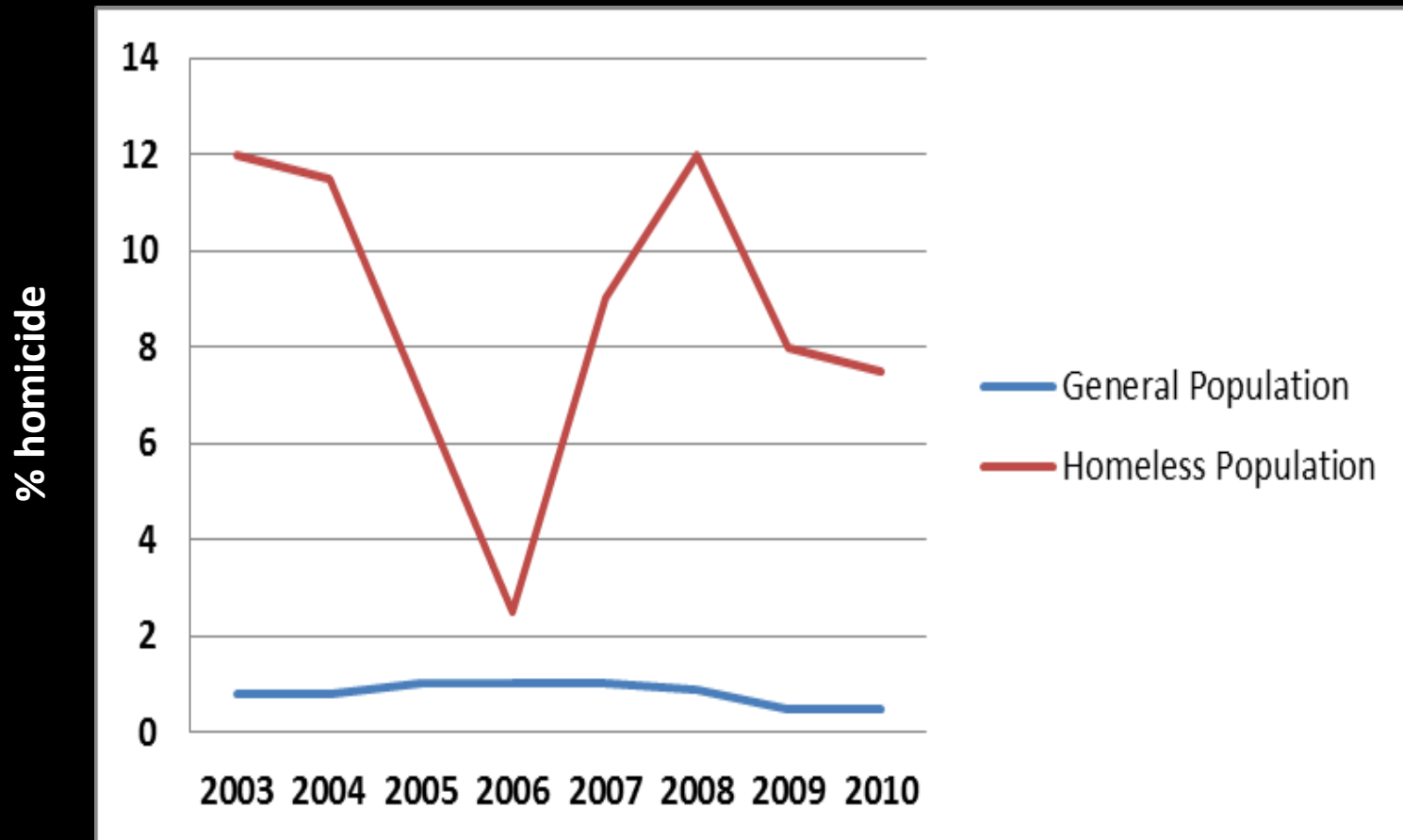
	Mortality Rate per 100,000 population		
Population	2007	2008	2009
General Population	678	688	680
Homeless Population	1,672	2,054	1,607

Homelessness Kills



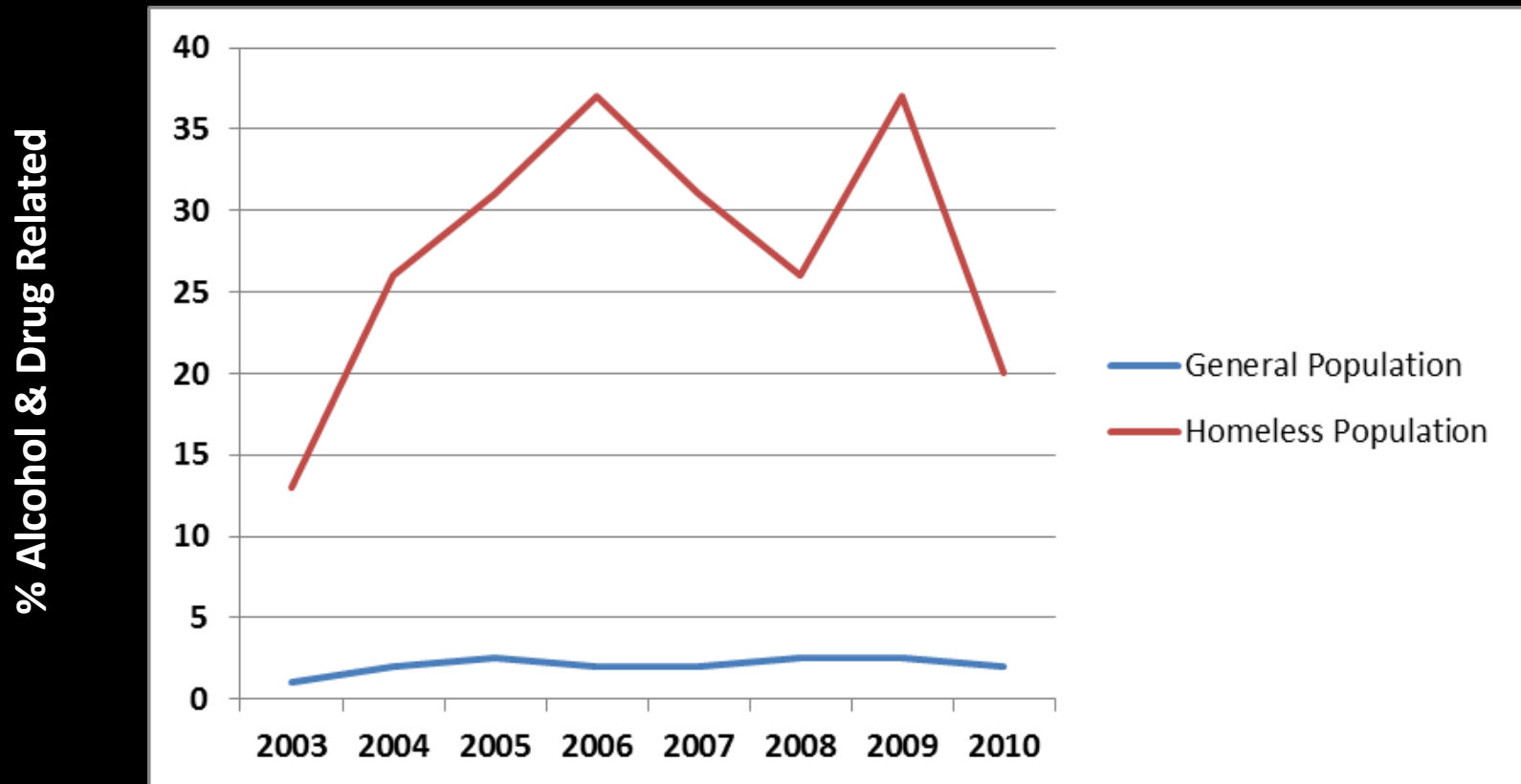
Comparison of Homicide rate

2 – 12 times higher for homeless population








Comparison of Alcohol & Drug-Related deaths






5 – 7 times higher for homeless population



Recommendations

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

Recommendations: *continued*

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

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, 19, 2014 – Homeless Interfaith Memorial Service

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 St expressway in
his wheelchair after
being turned away from
an overnight café in a
Center City church



Philadelphia Homeless Death Review

Partners

- Deputy Mayor of Health and Opportunity
- Medical Examiner's Office
- City's Office of Supportive Housing
 - Continuum of Care
 - Emergency, Transitional, Permanent Housing
- City's Department of Behavioral Health
 - 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's Homeless Death Review

- Process

- Process – Upon notification of death
 - Ad hoc conference call - Fridays at 3 ☹️
 - MEO, City, street outreach, relevant partners (e.g. VA if veteran)
 - Confirm homeless status, assist MEO with next of kin, conduct preliminary review of history, identify any immediate action needed
- Process – Quarterly Review
 - Face to face at MEO
 - Cases presented by Medical Director of the Fatality Review Program
 - Information requested in advance for MEO database
 - 24 agency partners

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?

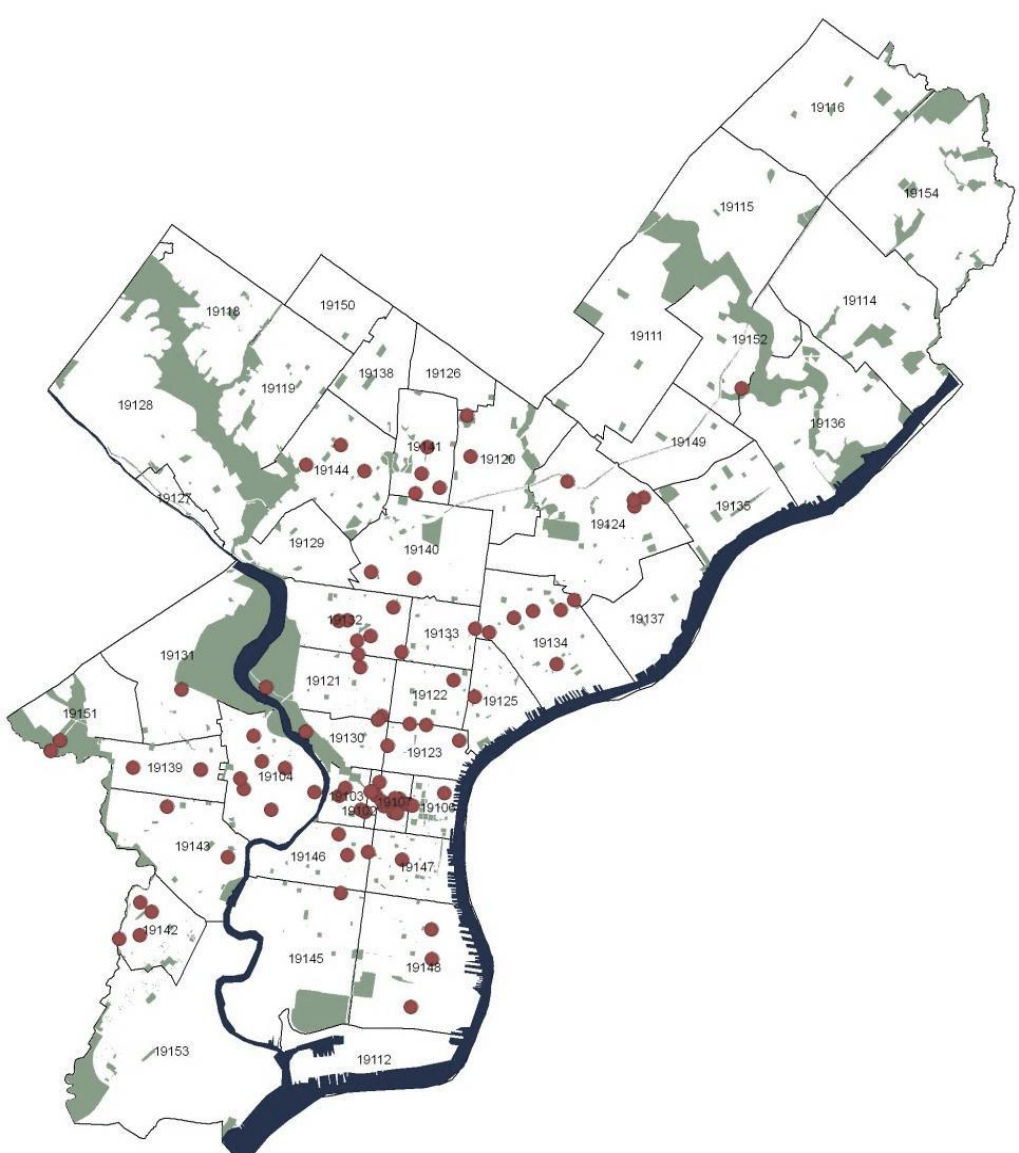
- Person died in Philadelphia
- Was experiencing homelessness at time of death
- Was a Philadelphia resident at time of death

Philadelphia Homeless Death Review – Process

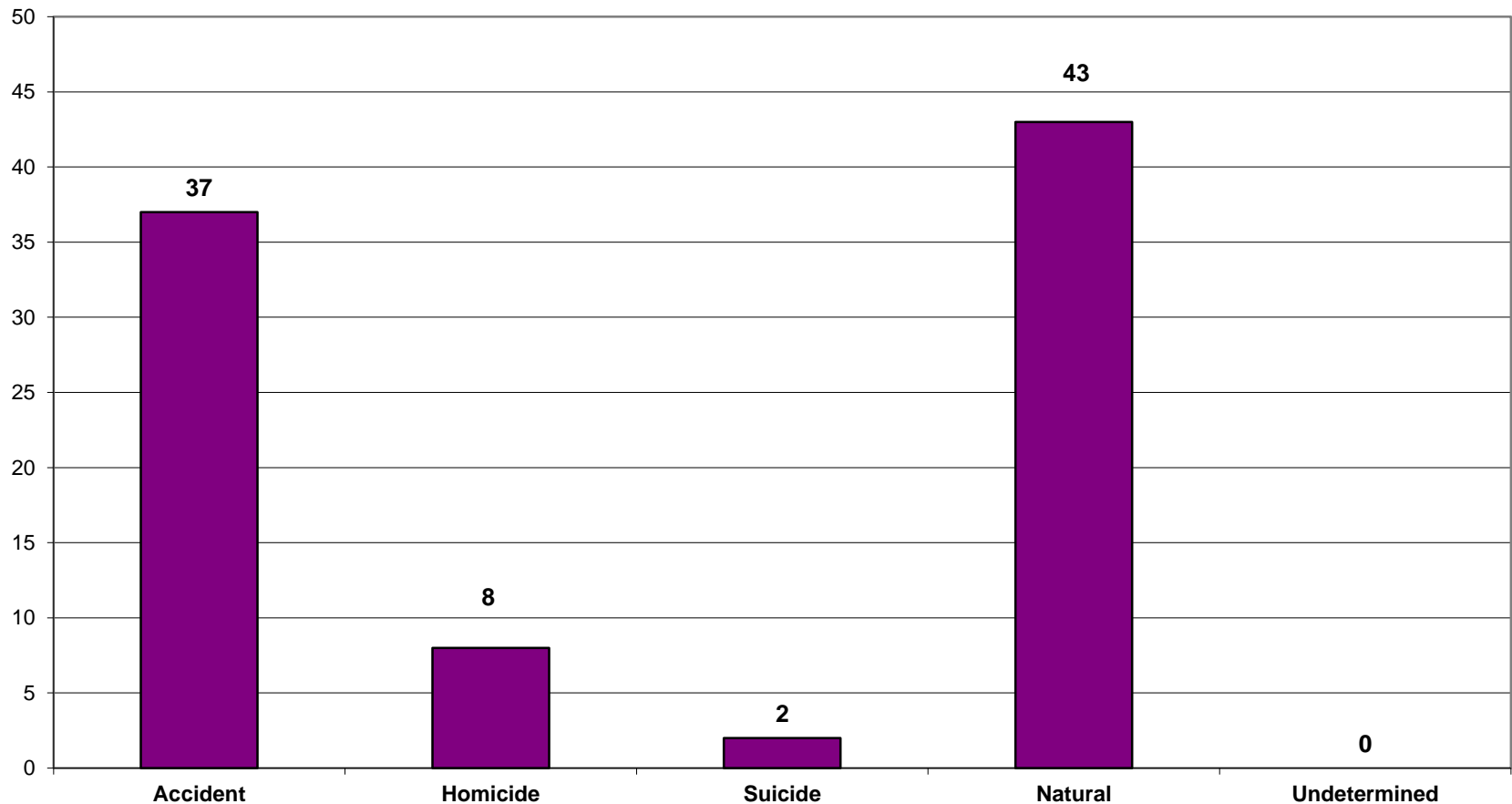


- Confirmation of homelessness
 - Next of kin
 - Hospitals (address of record or hospital staff)
 - HMIS/outreach database
 - Non city homeless program records
 - MEO investigators
 - Individual members with personal knowledge

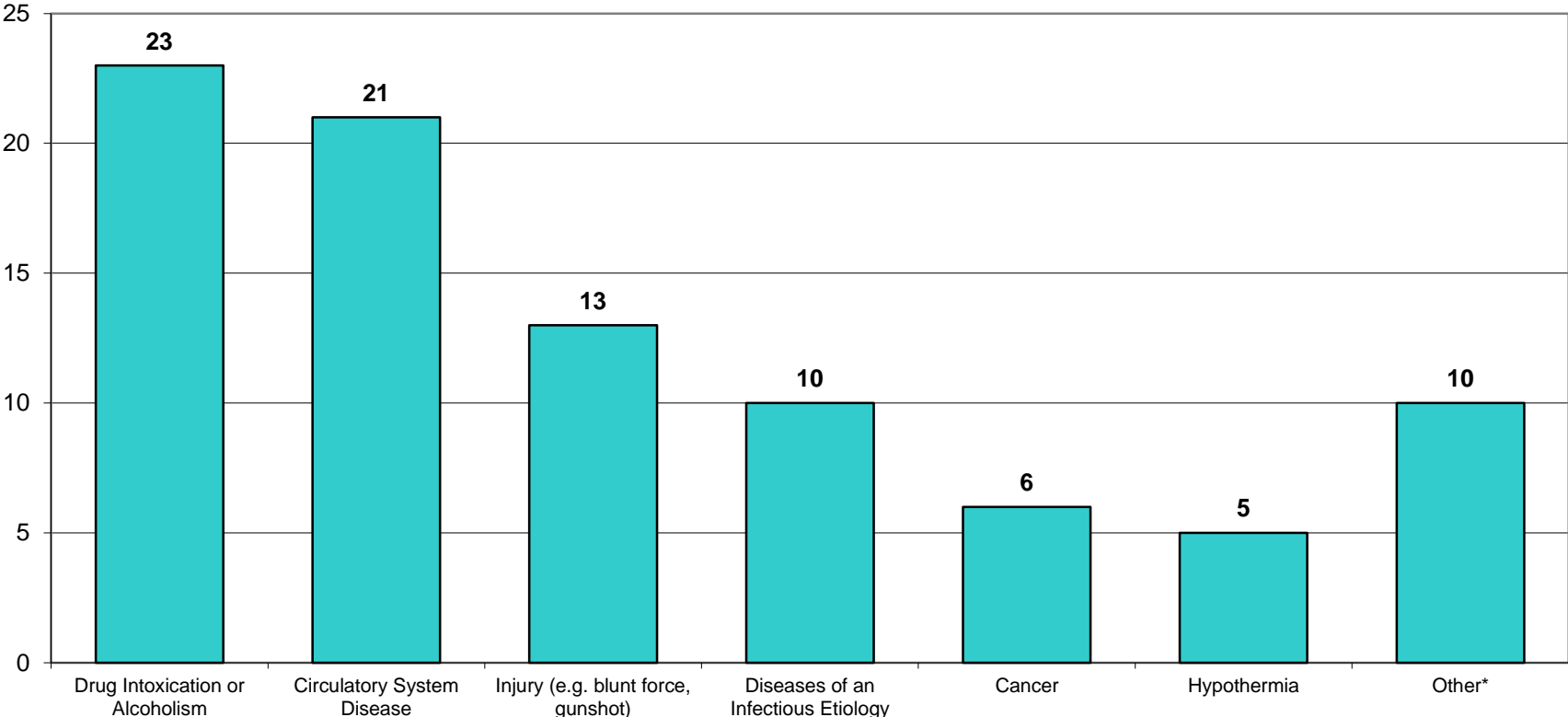
Location of Homeless Deaths 2009-2010



Number of Homeless Decedents by Manner of Death (n=90)



Number of Homeless Decedents by Primary Cause of Death (n=90)



*"Other" includes HIV (2), Fire (3), and Respiratory System Disease (3)

Homeless Decedents Age and Gender 2009-2010 (n=90)

Age

Average age of death = 53

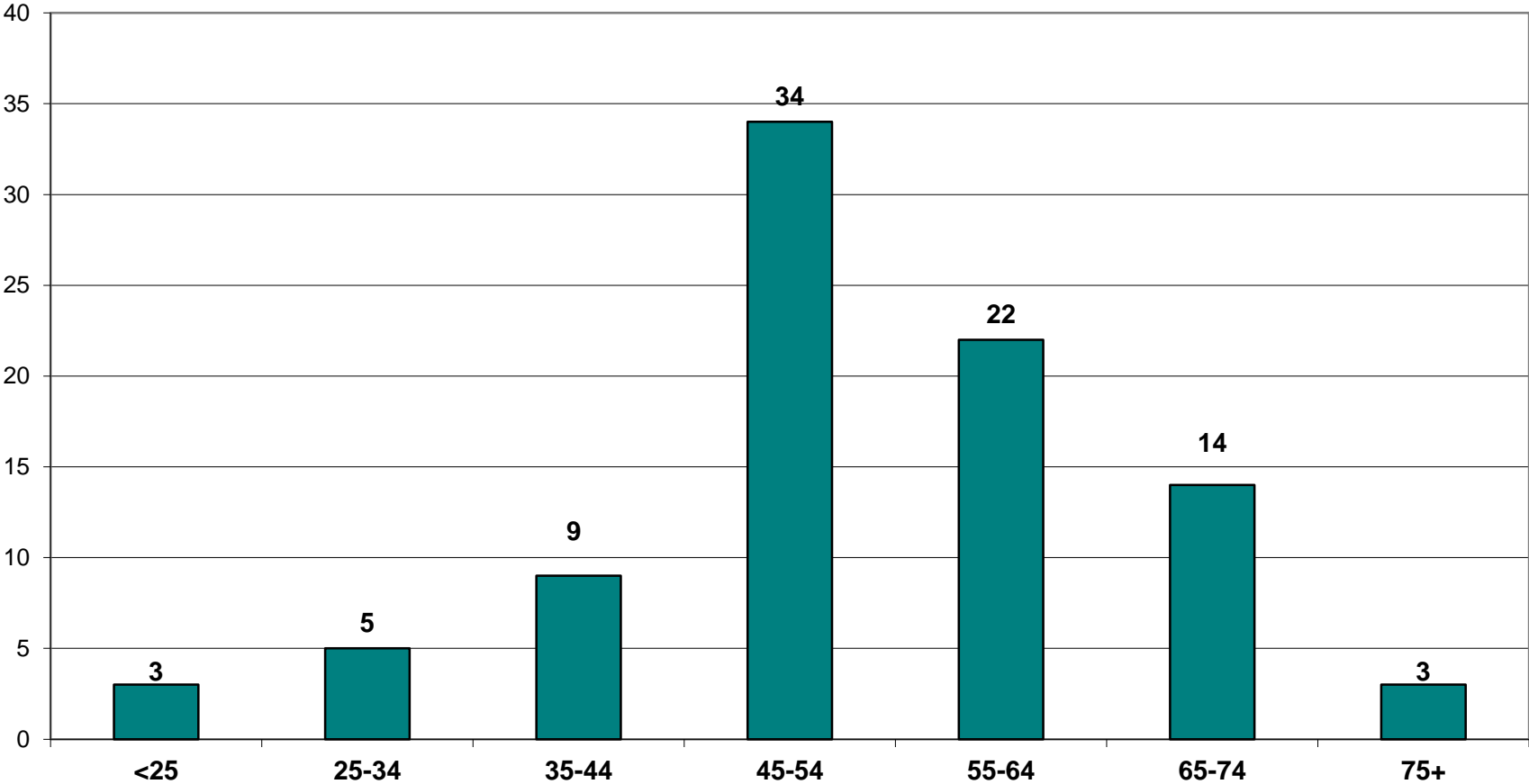
Life expectancy for the
general population =
78.5 years

Gender

83% male, comparable to
street outreach data

Higher than shelter
population, which was
69% (2011).

Number of Homeless Decedents by Age, 2009-2010 (n=90)



Race/Ethnicity of Homeless Decedents, 2009-2010 (n=90)

	2010 Census – All Philadelphians	Shelter Stayers	2010 Homeless Outreach Contacts	2009-2010 Decedents (n=90)
Black, non Hispanic	43%	79%	78%	63%
White, non Hispanic	37%	14%	20%	28%
Asian, Non Hispanic	6%	1%	2%	4%
Hispanic (any race)	12%	N/A	<1%	3%
Refused/no data	N/A	6%	N/A	N/A

Physical Illness & Health Care Coverage among Decedents, 2009-2010 (n=90)

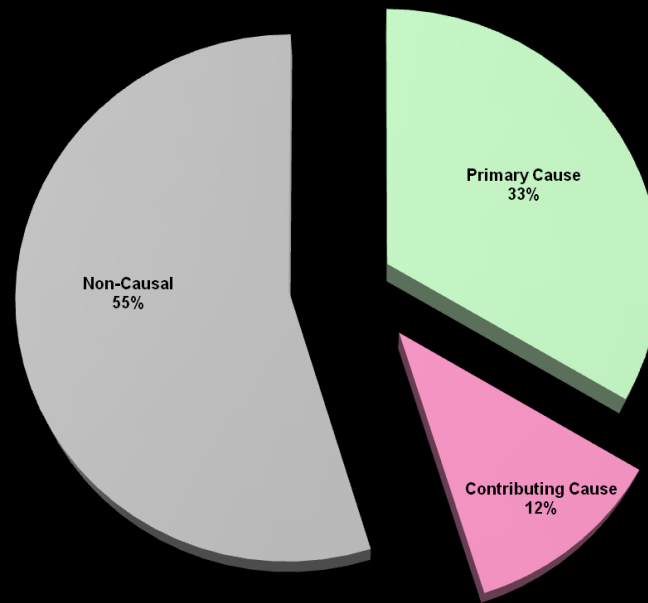
Physical illness

74% had at least 1 known
chronic (physical)
medical condition

61% had no known
medical coverage at
time of death



The Role of Alcoholism and Drugs in Homeless Deaths



Behavioral Health Services and Diagnoses, 2009-2010 (n=90)

Substance Use/Abuse

- Played a role in 44% of deaths
- 63% of decedents had a known history of use
 - Alcohol most common, at 57%
- 38% had history of addiction treatment
- 42% were dually diagnosed

Mental Health

75% of all decedents had a history of mental illness or addiction

Use of public psychiatric services

- 50% psychiatric hospital
- 38% intensive case management
- 31% crisis response center

Prior Systems Involvement of Homeless Decedents, 2009-2010 (n=90)

94% of decedents had a known history of involvement with one or more systems; more than 50% known to 3 or more
70% were known to the homeless system

36% had an interaction with a system within 30 days prior to death; of those 54% were with homeless system



Impact of Weather on Deaths, 2009-2010 (n=90)

- No hyperthermia deaths in Philadelphia, 2009-2014
- No pattern of more deaths in cold weather
 - With the exception of 2010, with 4 hypothermia deaths, 2009-2014 reported either 0 or 1; 1 in 2014
 - Of all hypothermia deaths in Philadelphia in 2009 and 2010, a minority (28%) were experiencing homelessness



Actions

- Expanded notification process for missing persons
- Funded “winter initiative” - 400 seasonal beds with City funding
- Systematic prioritization of individuals for engagement, treatment, and housing
- Increase in long term residential drug treatment slots
- Expanded Housing First inventory
- Established medical respite

City of Philadelphia Fatality Review Program

[http://www.phila.gov/health/pdfs/2009-2010 Homeless Death Review Report/pdf](http://www.phila.gov/health/pdfs/2009-2010%20Homeless%20Death%20Review%20Report.pdf)

CITY OF PHILADELPHIA HOMELESS DEATH REVIEW



April 2012

2009-2010 Report

A report on the homeless individuals who died in 2009-2010 and were reviewed by the Philadelphia Homeless Death Review Team

Comparison of Findings in 6 Cities

CITY	2014 POINT IN TIME COUNT
Denver	6,621
Los Angeles	34,393
NYC	67,810
Portland	3,927
Philadelphia	5,738
Sacramento	2,489
Total # of people experiencing homelessness	85,240

The homeless population of these 6 cities is the same size as Santa Fe, NM

Number of Deaths: *average is 1 death every 2 days*

	Denver	Los Angeles	NYC	Philadelphia	Portland	Sacramento
Years study covered	2012	2000 -2007	2010	2009-2014	2012	1/2002-6/2014
Number of Deaths	140	2,815	190	296	56	604
Annual average	140	402	190	49	56	48
Per day	1 death every 2.6 days	1 death every .9 days	1 death every 1.9 days	1 death every 7.5 days	1 death every 6.5 days	1 death every 7.5 days

Demographics:

Male & people of color

	Denver	Los Angeles	NYC	Philadelphia	Portland	Sacramento
Gender						
Male	77%	85%	77%	84%	86%	87%
Female	23%	15%	23%	16%	14%	13%
Ethnicity	N/A		N/A			
Caucasian		41%		38%	82%	69%
African-American		25%		52%	10%	17%
Hispanic		31%		8%	6%	9%
Asian				2%	-	2%
Native American					2%	3%
Other						2%
Unknown		1%				

Deaths by Season:

Need for year round shelter

	Denver	Los Angeles	NYC	Philadelphia	Portland	Sacramento
Season			N/A		Spring to Fall: 52% Fall to Winter: 48%	
Winter	18%	27%		28%		25%
Spring	23%	24%		21%		24%
Summer	25%	25%		28%		26%
Fall	26%	25%		23%		26%
Unknown	8%					

Primary Causes of Death

	Denver	Los Angeles	NYC	Philadelphia	Portland	Sacramento
Causes of Death	*					
Heart disease**		24%	26%	21%	12%	14%
Substance Abuse		22%	18%	35%	36%	29%
Trauma/ Injury		18%	1%	17%	9%	18%
Infectious disease		14%	5%	6%	n/a	5%
Cancer			3%	5%	n/a	n/a
Unknown		22%	n/a	n/a	n/a	15%

* **Denver:** did not have %'s- listed them in order – high to low: substance abuse; heart disease; suicide and cancer **Phila: includes all circulatory system diseases except those of infectious etiology

Manner of Death

	Denver	Los Angeles	NYC	Philadelphia	Portland	Sacramento
Manner of Death						
Natural	18%	n/a	n/a	44%	25%	29%
Accidental	32%	18%	15%	43%	54%	40%
Homicide	3%	.3%	6%	6%	-	5%
Suicide	4%	n/a	4%	6%	18%	5%
Unknown	43%	22%	n/a	1%	4%	21%

NO MORE
HOMELESS
DEATHS

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