

Sacramento County 2021 Homeless Deaths Report

January 1, 2020 – December 31, 2020

137 deaths in 2020

*1,307 homeless deaths from 2002 – 2020
or 1 person every 6 days for the past 19 years
& 1 person every 2.6 days in 2020*



Dia de Los Muertos - "Day of the Dead" - Altar, Loaves & Fishes, 2013

September 21, 2021



Dedication

*In memory of all our unhoused neighbors
who have died in our community*



The Coroner documented 137 deaths of people experiencing homelessness in 2020.

We continue to hope that this publication not only provides a proper and dignified memorial to their death, many in an untimely manner, but provides a catalyst for change fueling the political and community will to find solutions to end homelessness in our community and prevent the tragic deaths of our unhoused neighbors.

The Sacramento Regional Coalition to End Homelessness [SRCEH] released this report September 21, 2021, to help inform the Sacramento City Council's recent action on the City's Comprehensive Homeless Siting Plan, as well as the City and County proactively opening Respite Centers for Fall 2021, Winter and Summer 2022 and the County creating treatment on demand for those with behavioral health issues.

SRCEH currently plans to hold our 8th Annual Interfaith Homeless Memorial Candlelight Vigil at City Hall
December 21, 2021 from 7 pm to 8 pm

National Homeless Memorial Day – on or around December 21 annually - sponsored by the National Coalition for the Homeless, National Health Care for the Homeless Council and the National Consumer Advisory Board

December 21 is the longest and darkest night of the year. December 22 begins the march towards a new year, spring and the hope that we can take action to end the senseless and untimely deaths of our unhoused neighbors

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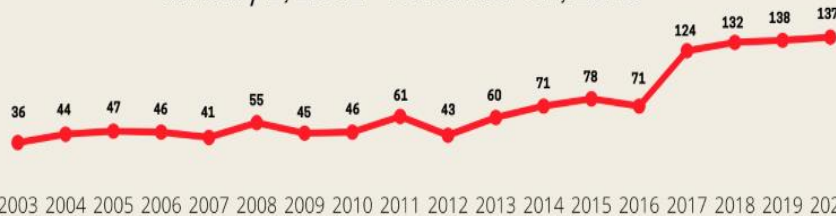
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SACRAMENTO REGIONAL COALITION TO END HOMELESSNESS

2021 Homeless Deaths Report

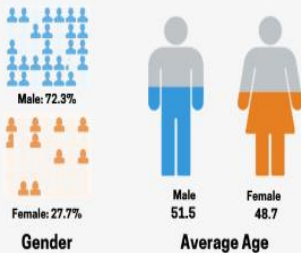
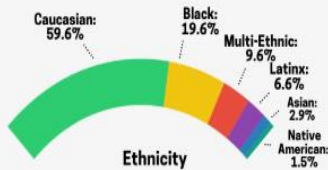
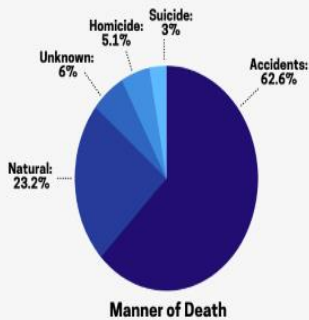
January 1, 2002 - December 31, 2020



2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

1,307 Homeless Deaths from 2002-2020

Key Findings: 137 deaths in 2020



Violence Against Homeless People

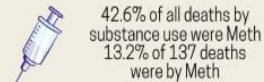
Of All Violent Deaths



Seasonal Distribution of Deaths



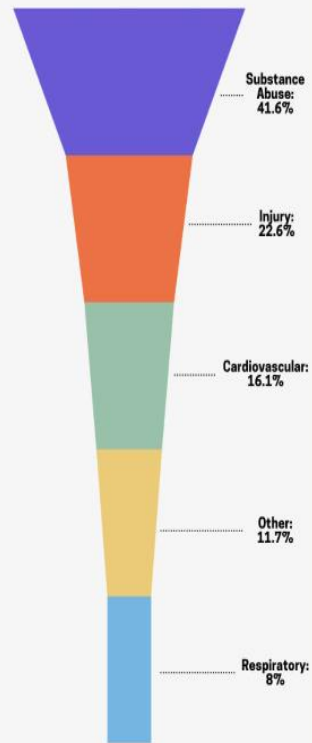
Methamphetamines



Systemic Racism



Leading Causes of Death



I. EXECUTIVE SUMMARY

Goal: To support the communities understanding of the tragic deaths of our unhoused neighbors in Sacramento County and implement recommendations to prevent the untimely deaths of our unhoused neighbors in our city and county.

FINDINGS:

Number of Coroner reported homeless deaths: There were **137** Coroner reported deaths of people experiencing homelessness from January 2020 - December 2020. The total from 2002 to 2020 is **1,307 homeless deaths, or roughly one death every 6 days over a 19 year period, and one death every 2.6 days in 2020.**

Demographics:

- **Gender:** 72.3% were male and 27.7% female: From 2002–2015 the average percentage of homeless women was 13.5%; this increased to 18% in 2016 and to roughly 21% in 2017 to 24% in 2018 to 26% in 2019 and finally to 27.7% in 2020– or doubling from the 2002 – 2015 average;
- **Age:** In 2020 the average age for women was 48.7 and 51.5 for men; 46.4% of men and 52.7% of women were between 40 to 59 years old, however 26.3% of women were 60+ compared to 30.3% of homeless men;
- **Number of lost years due to untimely deaths:** Using 75 years of age as the life expectancy national average, overall, the lives of the homeless people was cut short on average by 25% - 26 years for homeless women and 24 years for homeless men;
- **Ethnicity:** The majority of homeless deaths were Caucasian [59.6%], with homeless people of color [Black; Asian; Latinx, Native American and Multi-Ethnic] comprising 40.4% of the homeless deaths – with Blacks comprising 19.6% of the total and 48% of all people of color homeless deaths; Black homeless women died at a slightly younger age than black homeless men [49.4 and 52.7 respectively]; 39.4% of homeless men are people of color; 42.1% of homeless women are people of color;
- **Location of death:** 55.5% were outside; 29.2% in a hospital; 6.6% in a vehicle; and 4.4% each either in a friend's residence or a motel.
- **Seasonal distribution of deaths:** Winter was the deadliest month in 2020 with 35.8% of homeless deaths in the winter – 10% higher than in previous homeless deaths reports; **Gender:** the percentage of homeless women dying in the 2020 Winter was 2.2 times higher than the average of 19.3% of female deaths for the three other season. Overall, the seasonal distribution of homeless deaths was 35.8% [Winter]; 20.4% [Spring]; 24.1% [Summer] and 19.7% [Fall]. **Ethnicity:** the deadliest season for homeless people of color was summer [46.9% of total deaths in the summer] followed by winter [41.7%].

Manner and Cause[s] of death:

- **Manner of death:** 62.6% were accidents, while only 23.2% died of natural causes; 3% suicides; 5.1% homicides and 6% undetermined; **Gender:** the percentage of men that die of natural causes is almost 1.5 times that of homeless women; the percentage of homeless women dying accidental deaths is 1.2 times higher than men; **Ethnicity:** 36.4% of deaths by accident were white, disproportionately 27% were homeless people of color, 50% of whom were Black;
- **Major Underlying Cause[s] of death:** Substance use deaths were the leading cause of death in 2020 [41.6%] followed by injury [22.6%], and cardiovascular disease [16.1%]; Substance use deaths increased by 1.4 times over the 2002 - 2018 average of 30%;
- **Substance use Deaths and Gender and Ethnicity:** **Gender:** Overall 2.5 times as many homeless men died of substance use than homeless women; 1.6 times as many men died of injuries than homeless women; 3.4 times as many homeless men died of cardiovascular disease; **Ethnicity:** 61.1% of homeless people who died of substance use were white, while 39% were people of color, disproportionately Black and Multi-Ethnic;
- **Meth homeless deaths:** Meth as a percentage of all substance use deaths increased from 14.3% in the 2002 – 2014 period to almost 80% in 2019 – an increase of 5.6 times and declined by 10% as a percentage of total deaths in 2020;
- **Violent deaths:** 74.2% of violent deaths were blunt force injuries, followed by stabbings [9.7%]; gunshots [6.4%] and burns, automobile and hanging [3.2% each].

II. POLICY RECOMMENDATIONS

	POLICY RECOMMENDATION	FINDINGS
	<p>Implement Sacramento Steps Forward Racial Equity Committee's recommendations in <i>Action Plan: Findings and Recommendations from the CoC Racial Equity Committee, Summer 2021</i></p>	<p>Disproportionately 40% of the homeless people who died in 2020 were people of color</p> <p>48% of all people of color who died in 2020 were Black</p>
	<p>Implement the recommendations of <i>Community Advocates for a Responsible Homeless Implementation Plan</i> – including the creation of a Community Homeless Implementation Plan Oversight Committee comprised of diverse stakeholders in the community</p>	<p>1,307 homeless deaths over 19 years</p> <p>70%+ of people experiencing homelessness are outside due to lack of shelter and affordable housing</p>
	<p>Open Respite Centers – warming; cooling and clean air centers without weather activation criteria</p>	<p>36% of the homeless deaths in 2020 were during the Winter – a 10% increase over previous years</p>
	<p>Support the recommendations of the County's Meth Coalition – expand funding for alcohol and drug treatment as well as mental health programs</p> <p>Support Treatment on Demand</p> <p>Fund mental health/harm reduction outreach team to do street outreach & outreach to encampments</p>	<p>Meth deaths accounted for 53% of the alcohol and drug [AOD] related deaths in 2020</p>
	<p>Expand funding for respite care facilities</p>	<p>Given legislation- SB1152- it is illegal for hospitals to discharge people to the streets- hospitals need respite care facilities for them to discharge their homeless patients</p>
	<p>Free or subsidized transportation for people experiencing homelessness</p>	<p>Lack of transportation is a major barrier to access health care, substance abuse and mental health treatment</p>

III. FINDINGS

**Number of Coroner reported deaths:
1 death every 6 days for 19 years**

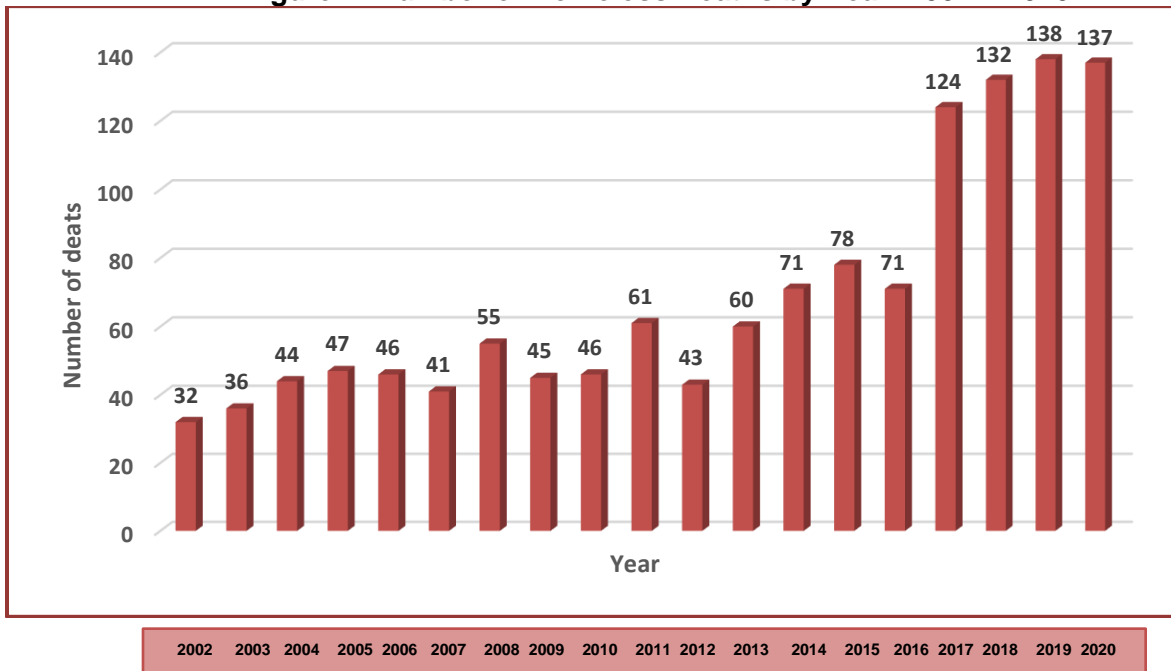
There were **137** Coroner reported deaths of homeless people from January 1, 2020 to December 31, 2020 for a total of **1,307 deaths from 2002 to 2020**. See Table 1 below for the number of deaths by year and Figure 1 for a year by year table.

10.5% of all homeless deaths were in 2020, with 40.7% of homeless deaths over the past 19 years have occurred in the past four years [2017 - 2020].

Table 1: Number of Homeless Deaths by Year: 2002 to 2020

Year	Number of Deaths	% Total
2002	32	2.4%
2003	36	2.8%
2004	44	3.3%
2005	47	3.6%
2006	46	3.5%
2007	41	3.1%
2008	55	4.2%
2009	45	3.4%
2010	46	3.5%
2011	61	4.7%
2012	43	3.2%
2013	60	4.6%
2014	71	5.4%
2015	78	6%
2016	71	5.4%
2017	124	9.5%
2018	132	10.1%
2019	138	10.6%
2020	137	10.5%
Total	1,307	100%

Figure 1: Number of Homeless Deaths by Year: 2002 – 2020



Key Points:

- From 2002 - 2016 the average number of homeless deaths was 52
- The average number of homeless deaths from 2017 – 2020 increased to 133

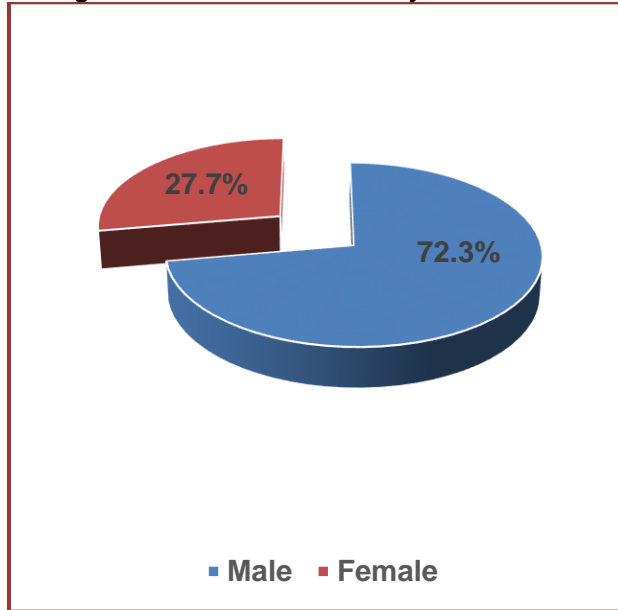
On average a 2.6 times increase in the average number of homeless deaths in the last four years compared to the previous 15 years

DEMOGRAPHICS

Gender

Overwhelmingly the percentage of homeless deaths were male, 99 homeless men, or 72.3%, while there were 38 homeless female deaths, or 27.7% [Figure 2].

Figure 2: Homeless deaths by Gender: 2020



Continued increase in homeless female deaths from 2016 to 2020

Key Points:

- From 2002 – 2015 the average percentage of homeless females was 13.5%
- This increased to 18% in 2016; 21% in 2017; 24% in 2018; 26% in 2019 and 27.7% in 2020
- Or 2020 doubled the 2002 – 2015 average

Age

Figure 3 shows the age range of the homeless deaths by age category by gender. Overall, homeless women died at an earlier age than homeless men, with only 26.3% of homeless women living to 60+ years, compared to 30.3% of homeless men. Almost double the number of homeless women died 0 – 29 compared to homeless men [7.9% and 4% respectively.]

Figure 3: Homeless Deaths by Age Category by Gender: 2020

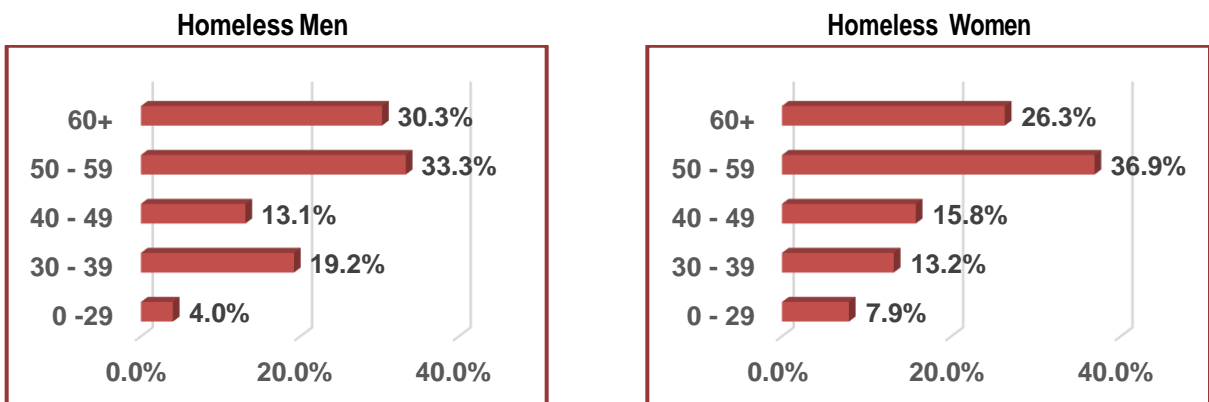


Table 2 indicates the average age of homeless deaths by gender. In 2020 the average age of homeless women was 48.7 years while for homeless men it was 51.5. This is consistent with previous homeless deaths reports.

Table 2: Average age of deaths by gender: 2020

AGE					
GENDER	Minimum	Maximum	Average	N	%
Female	3	74	48.7	38	27.7%
Male	26	72	51.5	99	72.3%

Homeless Life Expectancy: Life cut short by average of 25%
 Using the national life expectancy average of 75 years old, homeless lives in Sacramento are cut short by an average of about 25% or about 26 years for homeless women and 24 years for homeless men.

Ethnicity

Figure 4 shows the ethnic distribution of homeless deaths in 2020. 59.8% were Caucasian, 18.9% Black, 7.2%; 9.5% Multi-Ethnic; 6.6% Latinx; 2.9% Asian; 1.5% Native American.

Figure 4: Distribution of Homeless Deaths by Ethnicity: 2020

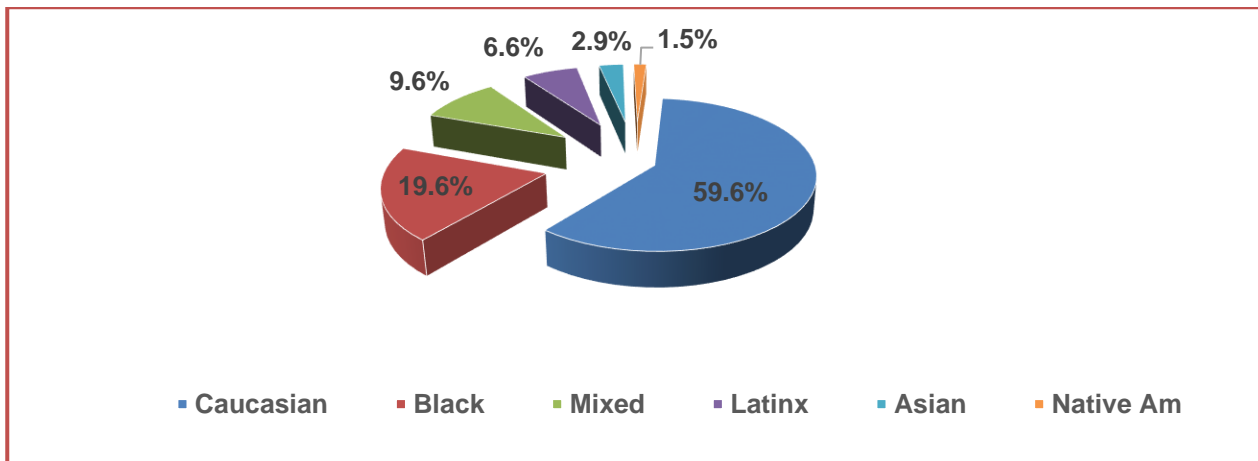


Table 3: Ethnic distribution of Homeless Deaths: Comparing 2017, 2018, 2019, 2020

Ethnicity	Year			
	2017	2018	2019	2020
Caucasian	59%	63%	66%	59.6%
Black	26%	16%	28%	19.6%
Multi-Ethnic	-	6%	-	9.6%
Latinx	8%	9%	9%	6.6%
Asian	5%	4%	1%	2.9%
Native American	-	-	1%	1.5%

Key finding: From 2017 – 2020: Black, Native American and Multi-Ethnic Homeless People of Color are over-represented in the deaths of people experiencing homelessness

Age & Ethnicity

As Table 4 highlights, that especially for Black and Multi-Ethnic homeless women die at a younger age than homeless men.

Table 4: Homeless Men & Women: Average Age by Ethnicity: 2020

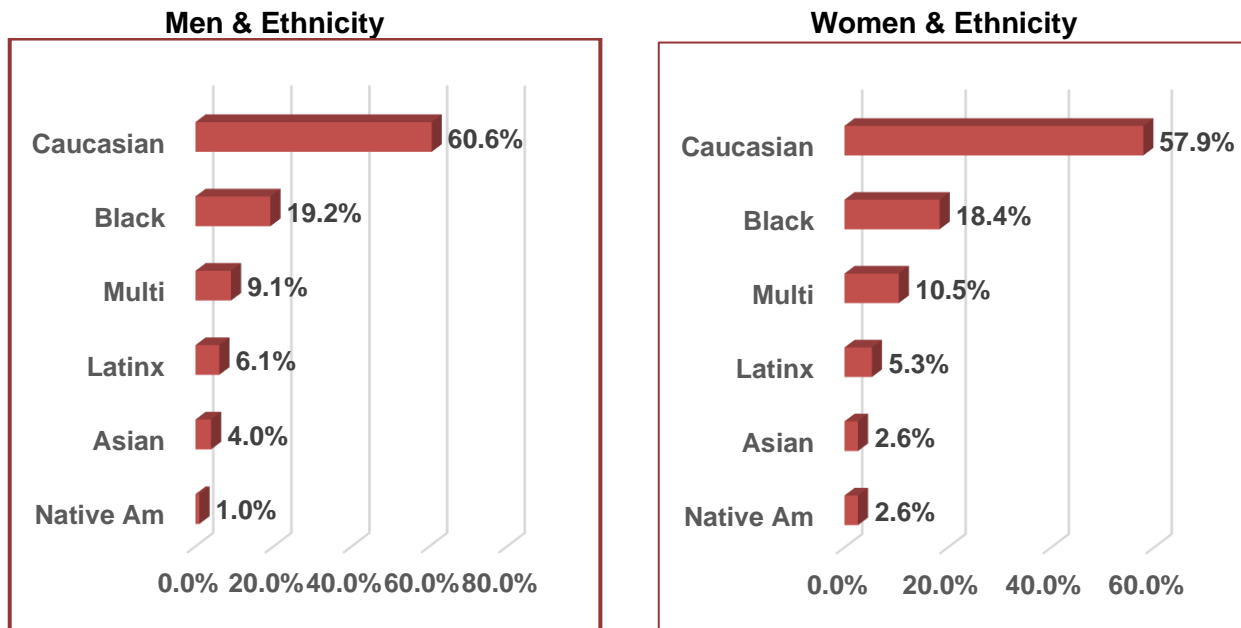
	Men	Women
Ethnicity	Average age	Average age
Caucasian	52	51.9
Black	52.7	49.4
Latinx	49.4	57
Multi-Ethnic	50.7	45.4
Asian	49	3*
Native American	29*	70*

* **Note:** the average age of Asian homeless women and Native American homeless men and women is skewed since the number of each was only one person each

Gender & Ethnicity

Figure 5 below compares the ethnicity of homeless men to homeless women. Generally speaking, the distribution of homeless deaths by gender for Caucasian, Black, Multi-Ethnic and Latinx are approximately the same. Overall the point made earlier that disproportionately people of color are over-represented in the homeless deaths population holds for both genders. [Note for homeless Asian and Native American men and women the numbers are too low to compare].

Figure 5: Homeless Men & Women Ethnicity: 2020



Location of Homeless Deaths

As Figure 6 below indicates, more than half of people experiencing homelessness died outdoors [55.5%] – on the street, in a field etc. Almost 30% [29.2%] passed away in a local hospital; while 6.6% died in a vehicle and 4.4% each passed away either at a friend’s residence or a motel. Figure 7 below is a map of the locations of the deaths of people experiencing homelessness in Sacramento County in 2020. Similar to previous homeless deaths reports, many of the deaths of our unhoused neighbors are along transportation corridors.

Figure 6: Location of Homeless Deaths: 2020

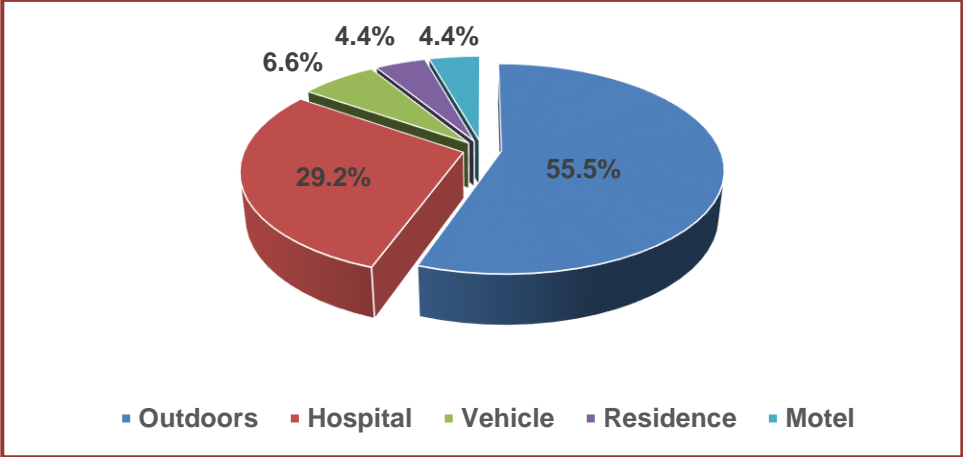
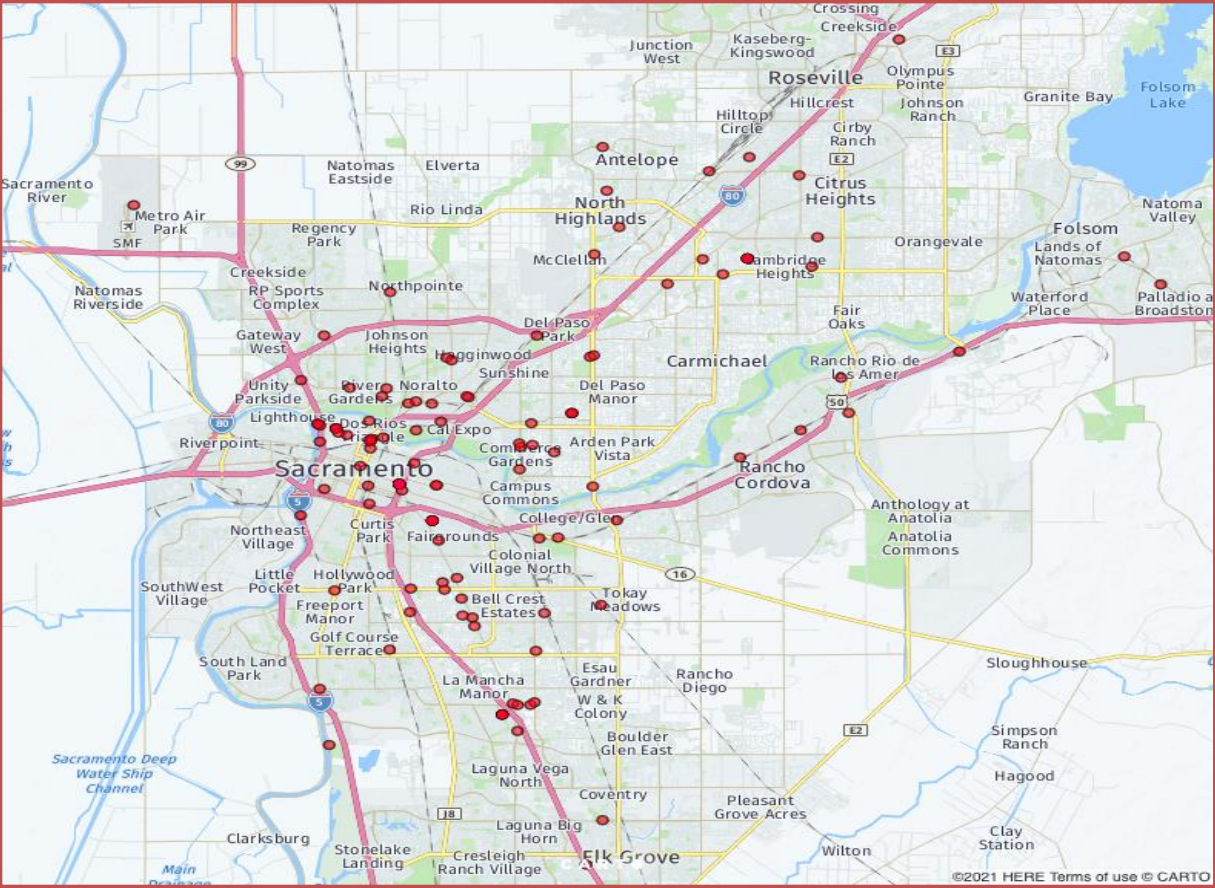


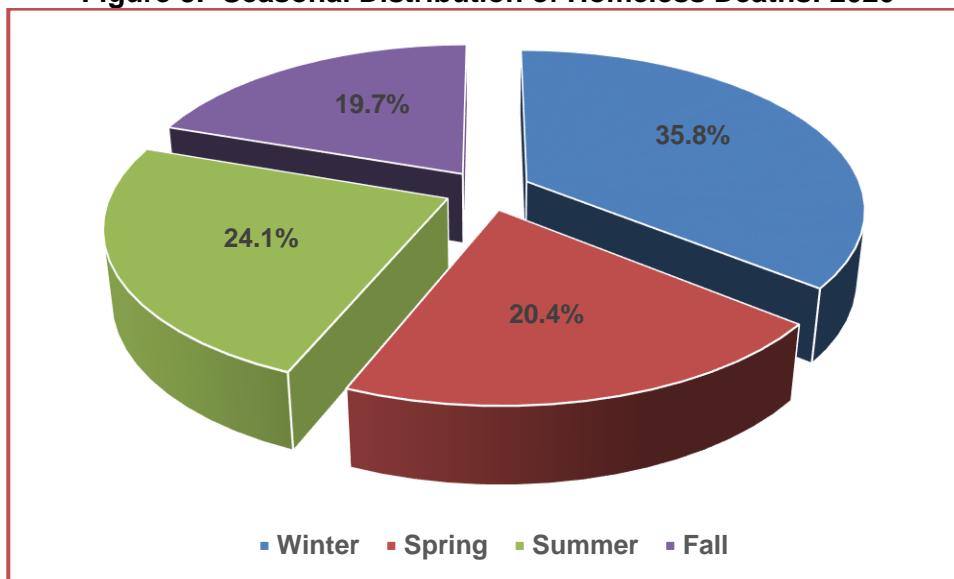
Figure 7: Map of Locations of Homeless Deaths: Sacramento County 2020



Seasonal Distribution of Homeless Deaths

As Figure 8 below indicates, almost 36% of people experiencing homelessness died in the Winter [35.8%]; followed by Summer, Spring and Fall [24.1%; 20.4% and 19.7% respectively].

Figure 8: Seasonal Distribution of Homeless Deaths: 2020



Seasonal Distribution of Homeless Deaths by Gender

Table 5 below compares the percentage of deaths by gender per season. As the table indicates, significantly more homeless women – 60.5% - died in the colder months [Winter and Fall] than homeless men [52.5%] – although both are significantly higher than in past homeless deaths reports, with the average per month being approximately 25%.

Table 5: Homeless Deaths by Gender per Season: 2020: *Winter is Deadliest Season in 2020*

	Overall	Men	Women
Season			
Winter	35.8%	33.3%	42.1%
Spring	20.4%	21.2%	18.4%
Summer	24.8%	26.3%	21.1%
Fall	18.9%	19.1%	18.4%

Key findings:

- The homeless deaths were significantly higher in the Winter of 2020 – regardless of gender - more than 10% higher than in previous homeless deaths reports. This is reflected in the causes of death cited below – with a significant increase in 2020 of homeless deaths caused by hypothermia and pneumonia.
- The percentages of deaths of homeless women in the Winter is 2.2 times higher than the average of 19.3% of female homeless deaths for the other three seasons
- 60.5% of the deaths of homeless women were in the two coldest seasons – Fall & Winter 2020

Seasonal Distribution of Homeless Deaths by Ethnicity

Figures 9 – 12 indicates the ethnic distribution of homeless deaths by season.

Figure 9: Winter 2020

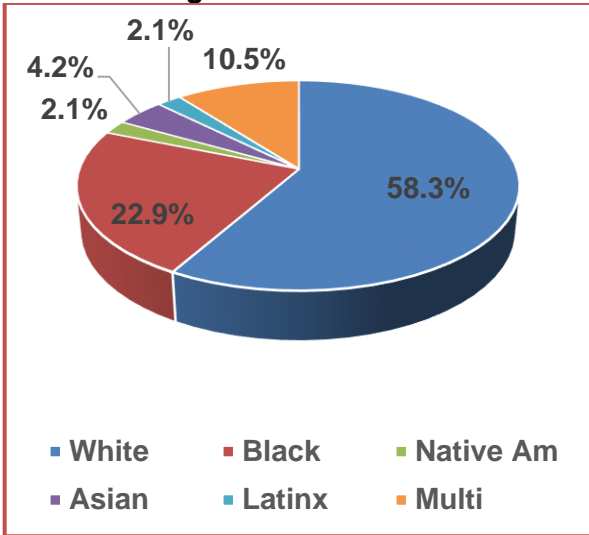


Figure 10: Spring 2020

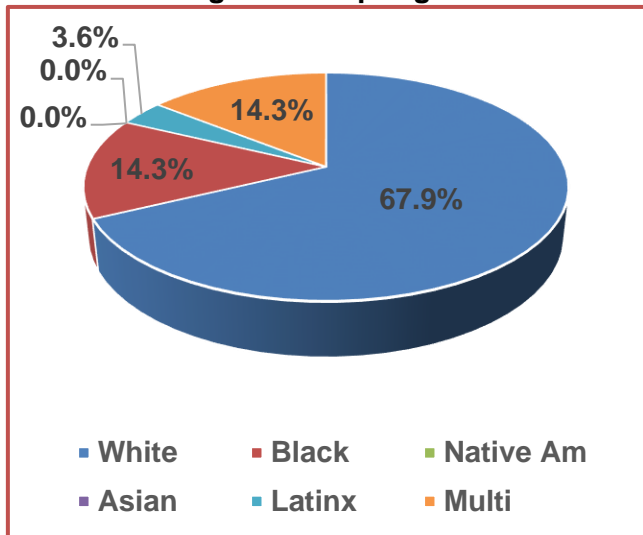


Figure 11: Summer 2020

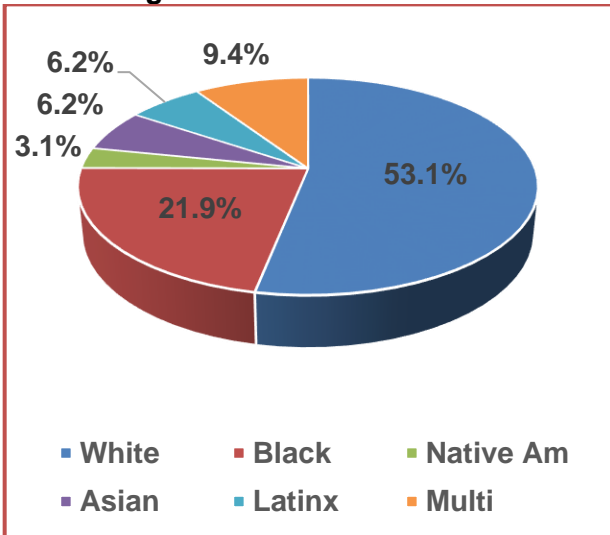
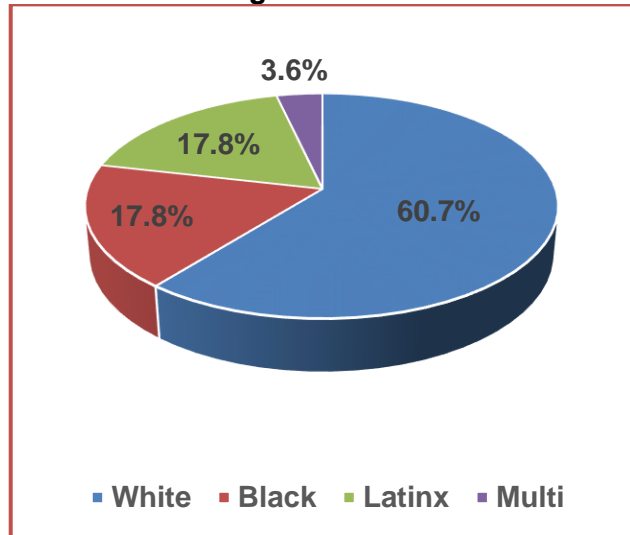


Figure 12: Fall 2020



Key findings:

- The deadliest season for homeless people of color was Summer - 46.9% of total; followed by Winter with 41.7% of the homeless deaths being people of color – with 46.7% and 54.9% of the deaths of people of color in the Winter being Black;
- Fall was the deadliest season for Latinx homeless people – accounting for 5.7 times the number of Latinx homeless deaths in Fall than Summer and 8.5 times the number of Latinx homeless deaths in Fall than Winter.

MANNER AND CAUSES OF DEATH

MANNER OF DEATH

The manner of death is the category of death indicated on the death certificate, which includes the following five categories: *Natural, Accident, Suicide, Homicide, and Unknown.*

As Figure 13 shows, only 23.2% of the homeless deaths are natural, with only 6.1% undetermined, leaving 70.7% of the deaths to Accidents [62.6%], Homicides [5.1%] and Suicides [3%] and Unknown [6.1%]. Figure 14 compares the manner of death from 2002 – 2020.

Figure 13: Manner of Death: 2020

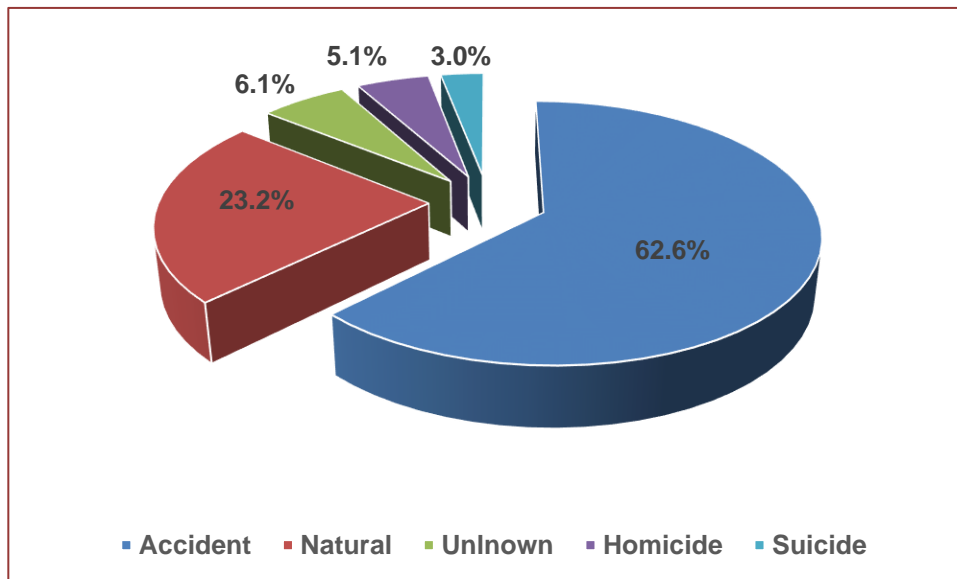
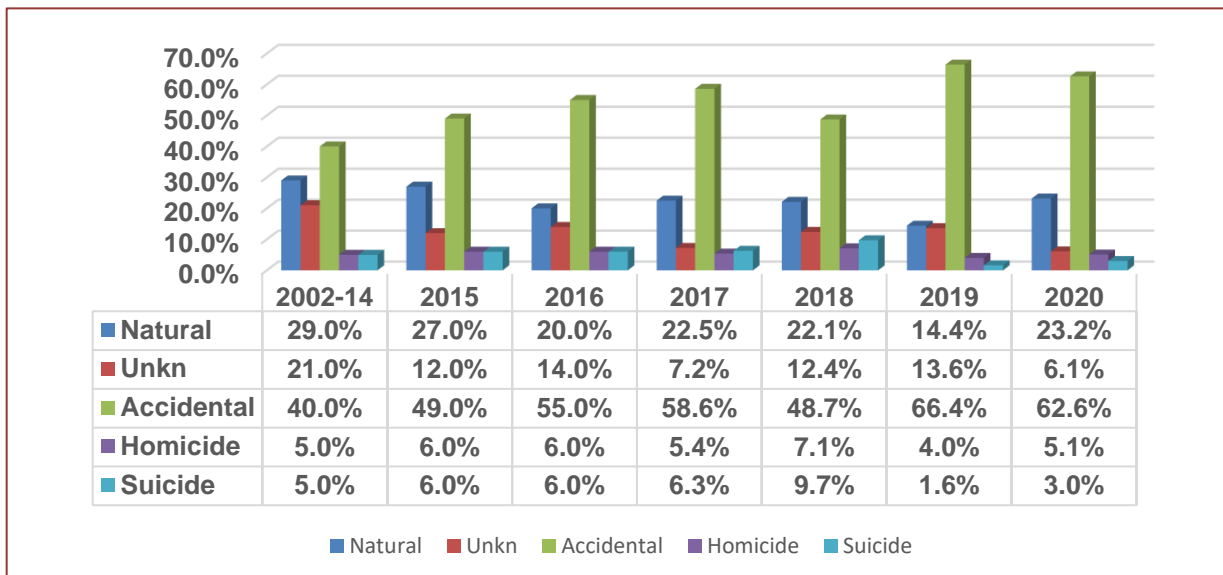


Figure 14: Manner of Death: 2002-2014, 2015; 2016, 2017, 2018, 2019 & 2020 Comparisons



Key points: Comparing 2020 to 2002 – 2019 manner of deaths – the most significant changes were:

- A steep decline in natural deaths in 2019 – and in 2020 returning to the previous average of approximately 23%
- A continued sharp increase in accidental deaths – from an average of 50.1 from 2002 – 2018 to an average of 64.5% for 2019 and 2020
- An increase in both homicides and suicides in 2020 compared to 2019 – but below their respective averages in the previous years [5.9% and 6.6% respectively]

Manner of Death by Gender

Table 6 compares the manner of death by gender.

Table 6: Manner of death by gender

Manner of Death	Gender	
	Male	Female
Undetermined	6.1%	5.3%
Natural	23.2%	15%
Accidental	62.6%	73.7%
Suicide	3%	0
Homicide	5.1%	5.3%

Key points: Comparing Manner of Death by gender:

- The percentage of homeless men that die of natural causes is almost 1.5 times that of homeless women;
- The percentage of homeless women dying accidental deaths is 1.2 times higher than homeless men;
- The percentage of homeless women dying by homicide is about the same as that of homeless men

Manner of death by Ethnicity

Table 7 compares the manner of death by ethnicity.

Table 7: Manner of death by ethnicity

Manner of death	Ethnicity					
	Caucasian	Black	Asian	Latinx	Native American	Multi-Ethnic
Accident	36.5%	13.1%	2.2%	4.4%	1.5%	5.8%
Unknown	4.4%	.07%	-	-	-	.07%
Natural	14.6%	4.4%	-	1.5%	-	1.5%
Homicide	3.7%	.07%	-	.07%	-	-
Suicide	.07%	-	-	-	-	1.5%

Key Points:

- While 36.4% of deaths by accident were white, disproportionately 27% are people of color, 50% of whom are Black
- Deaths by natural causes for white homeless people is 2 times higher than that of homeless people of color combined
- Suicides of multi-ethnic homeless people is 2 times higher than that of white homeless people

MAJOR UNDERLYING CAUSES OF DEATH

Figure 15 details the major underlying causes of death of homeless people in 2020: Substance use [41.6%]; Injury [22.6%]; Cardiovascular disease [16.1%]; and Respiratory [8.0%] account for 88.3% of all the underlying causes of deaths of homeless people in 2020. Figure 16 compares the major causes of death from 2002-2014; 2015; 2016, 2017, 2018, 2019 and 2020.

Figure 15: Major Underlying Causes of Death of Homeless People: 2020

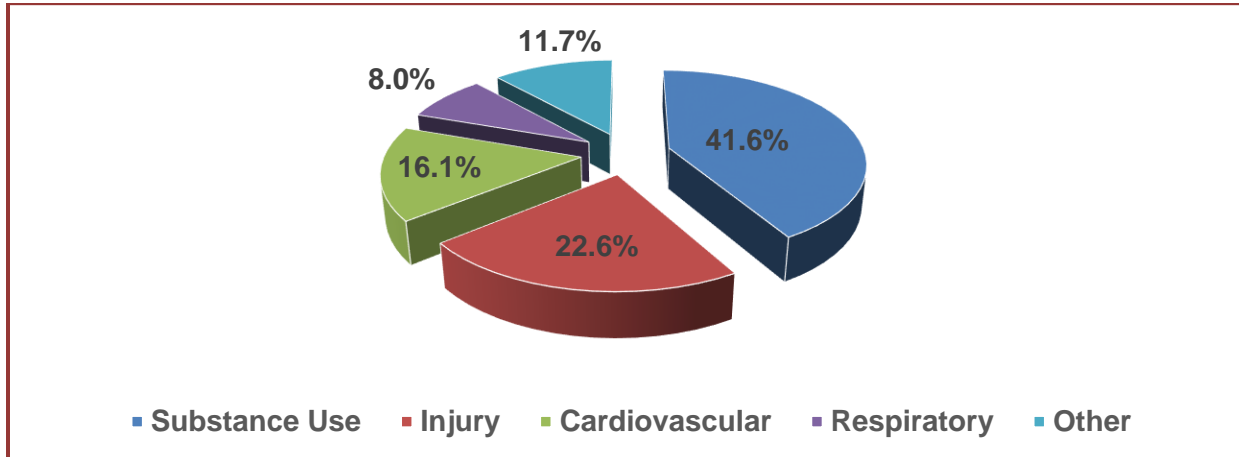
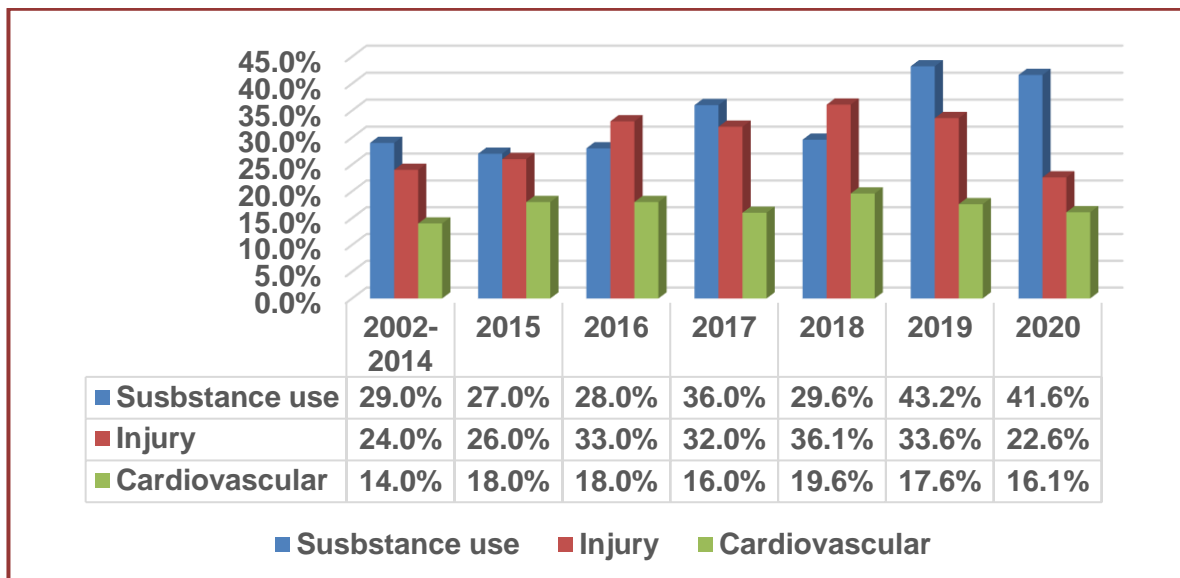


Figure 16: Comparison of major causes of death from 2002-14; 2015; 2016, 2017, 2018, 2019 & 2020



Key Points:

- In 2020, substance use deaths [41.6%] increased 1.4 times over the 2002 – 2018 average of 30%
- Injuries declined in 2020 but still make of almost a quarter of homeless deaths
- Cardiovascular deaths remained relative stable at an average over 18 years of 17%

Major Causes of Death by Gender

Table 8 compares the top three causes of death by gender.

Table 8: Major causes of death by gender

	Gender			
	Male		Female	
	% Male	% Total	% Female	% Total
Substance use	40.4%	29.2%	42.1%	11.7%
Injury	19.2%	13.9%	31.6%	8.8%
Cardiovascular	17.2%	12.4%	13.1%	3.6%

Key Points:

- A greater percentage of homeless women die by substance use [42.1% of women compared to 40.4% of men], but overall more than 2.5 times as many homeless men died of substance use than homeless women in 2020 [29.2% and 11.7% respectively]
- 1.6 times as many homeless women died of injuries [31.6%] compared to homeless men [19.2%]
- Overall, about 3.4 times as many homeless men died of cardiovascular disease than homeless women in 2020 [12.4% and 3.6% respectively]

Major Causes of Death by Ethnicity

Table 9 compares the top three causes of death by ethnicity.

Table 9: Major Causes of Death by Ethnicity

Causes of Death	Ethnicity					
	Caucasian	Black	Asian	Latinx	Native American	Multi-Ethnic
Substance use	61.1%	14.8%	1.8%	5.5%	3.7%	12.9%
Injuries	62.5%	9.4%	6.2%	9.4%	-	12.5%
Cardiovascular	57.1%	33.3%	-	4.7%	-	4.7%

Key Points:

- 61% of homeless people who die from substance use are white; while 39% are people of color, disproportionately Black and Multi-Ethnic
- While 62.5% of homeless people who die from injuries are white; 37.5% are disproportionately people of color
- While over half [57.1%] of homeless people who die of cardiovascular disease are white, 42.7 % are people of color – 78% of whom are Black

All Causes of Death

Table 10 below identifies all causes of homeless deaths in 2020, with the top three being Meth [21.9%]; [Blunt force head injuries [16.7%] and Cardiovascular disease [16.1%].

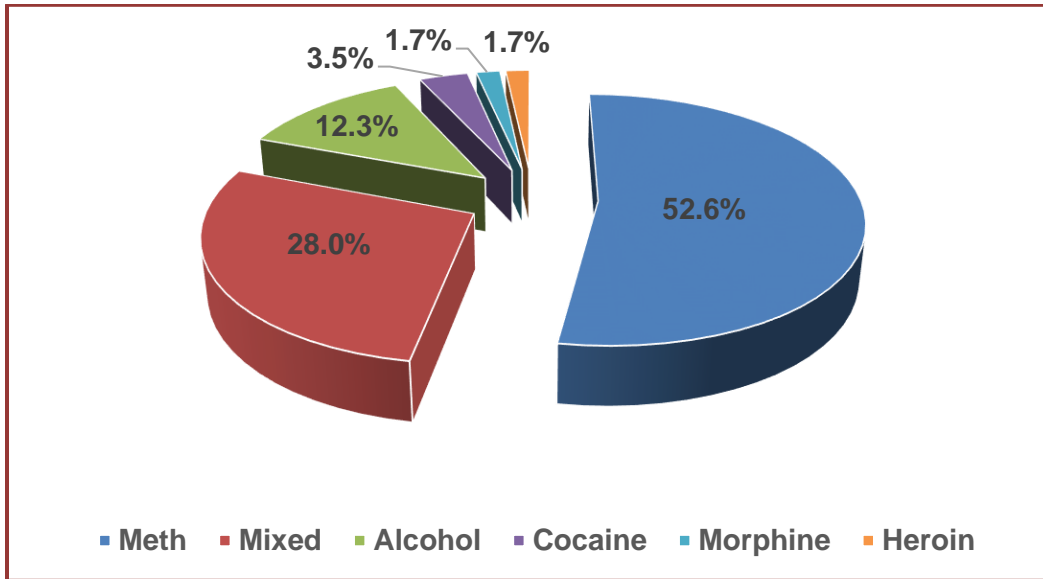
Table 10: All Causes of homeless deaths in 2020

Cause of Death	# of Homeless Deaths in 2020	% of Total Homeless Deaths in 2020
<i>Substance use: Total 57 [41.6%]</i>		
Meth	30	21.9%
Mixed drugs	16	11.7%
Alcohol	7	5.1%
Cocaine	2	1.5%
Morphine	1	.07%
Heroin	1	.07%
<i>Injuries: Total 31 [22.6%]</i>		
Blunt Force Head Injuries	23	16.7%
Stabbings	3	2.1%
Gunshot	2	1.5%
Burns	1	.07%
Hanging	1	.07%
Automobile	1	.07%
Cardiovascular	22	16.1%
Hypothermia [4 confirmed; 2 probable]	6	4.4%
Pneumonia	6	4.4%
Respiratory	5	3.6%
Cerebral	5	3.6%
Gastrointestinal	2	1.5%
Carbon Monoxide	1	.07%
Heat Stroke	1	.07%
Diabetes	1	.07%
Total	137	100%

Substance Use Deaths

Figure 17 shows the types of substances that caused the deaths of homeless women and men with methamphetamines [meth] being the leading drug, causing 52.6% of the substance use related deaths in 2020.

Figure 17: Substance use deaths of homeless women and men in 2020



The Rise of Methamphetamines in Homeless Deaths

Table 11 documents the dramatic rise in homeless deaths due to methamphetamine [Meth] intoxication.

Table 11: Increase in Meth in Homeless Deaths: 2002 - 2020

	# of homeless deaths	# and % of AOD Homeless deaths # %	# of Meth involved deaths	% of Meth Deaths of all AOD deaths	% Meth deaths of total deaths
2002 -2014	627	175 28%	25	14.3%	4%
2015	78	21 27%	11	52%	14%
2016	71	20 28%	8	40%	11%
2017	124	45 36%	27	60%	21.8%
2018	132	32 24%	28	87.5%	21.2%
2019	138	54 34%	43	79.6%	31.2%
2020	137	57 41.6%	30	52.6%	21.9%
Total	1,307	404 31%	172	42.6%	13.2%

- Key Points:**
- Meth as a percentage of all alcohol and drug [AOD] deaths increased from 14.3% in the 2002 – 2014 period to almost 80% [79.6%] in 2019 – an increase of 5.6 times and declined in 2020 by 10% as a percentage of total deaths;
 - Deaths involving meth as a percentage of overall homeless deaths increased 8 times – from 4% in 2002 – 2014 period to 31% in 2019 and 5.5 times from 2002 – 2014 period to 21.9% in 2020

Violent Causes of Death

Figure 18 indicates that almost 23% [22.6%] % of the total number of deaths of homeless people were violent deaths, with blunt force head injuries accounting for 74.2% of all violent deaths, followed by stabbings [9.7%], gunshot [6.4%] and burns, automobile and hanging at 3.2% each.

Figure 18: Violent Causes of Death for homeless women and men: 2020

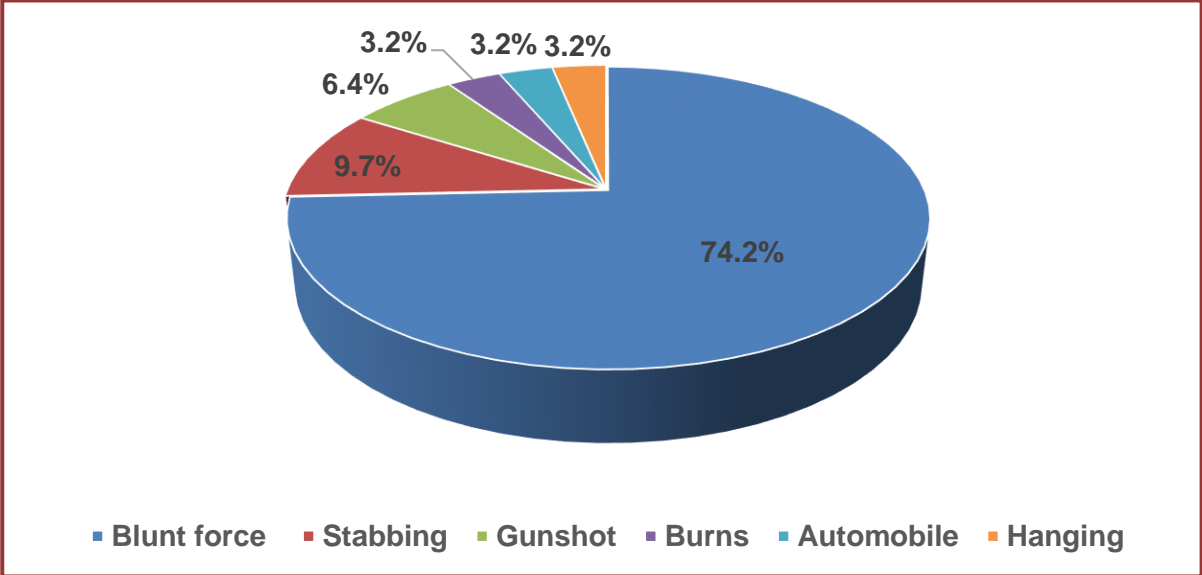
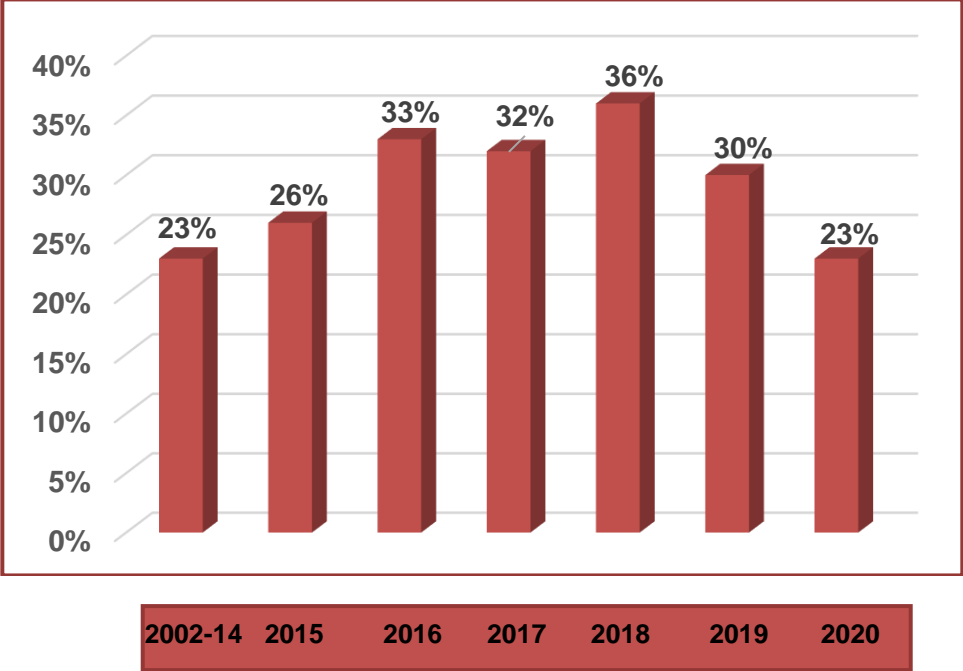


Figure 19 indicates the increase from 2002 – 2014 of violent homeless deaths from 23% to a four year average [2016 – 2019] of 33% and declining to 23% in 2020.

Figure 19: Violent homeless deaths from 2002 to 2020



IV. Policy Recommendations

The Sacramento Regional Coalition to End Homelessness [SRCEH] Board of Directors is making the following policy recommendations, based on our analysis of the data in this report. **The policy recommendations are in priority order:**

I. Address systemic racism – advance racial equity:

Implement the recommendations of the Sacramento Steps Forward's Racial Equity released in the Summer of 2021, Action Plan: Findings and Recommendations from the CoC Racial Equity Committee.

II. Affordable Housing & Emergency Shelter including Year Round Weather Respite Centers:

A. Affordable Housing: Implement the City/County \$100 M Affordable Housing Trust Fund to significantly increase the supply of affordable housing, especially for those at or below 30% - 50% Area Median Income [AMI].

Eight years ago Sacramento Steps Forward [SSF] pointed out in their 2013 *Sacramento Countywide Homeless County Report*, "housing programs are competing for scarcer funding at the federal, state, regional and local levels. Current cuts to the Housing Choice Voucher Program and administrative resources for public housing authorities due to Sequestration will mean significantly reduced resources in this region, and may lead to even greater increases in homelessness. Add to the "...negative impacts on affordable housing with the abolishment of redevelopment agencies throughout California on February 1, 2012, and a 'slow- down' in the pipeline to develop permanent supportive housing, a critical strategy for reducing chronic homelessness."

Since the SSF report, the continued gentrification of downtown and midtown has seen a dramatic escalation in rents making Sacramento one of the hottest rental markets in the nation combined with a less than 2% rental vacancy rate.

The housing crisis was underscored in the August 14, 2018 report from the City Managers Office, "Funding and Development Streamlining Opportunities to Address Sacramento's Housing Crisis, to the City Council for their Housing Workshop:

"Sacramento is experiencing a housing crisis. There is insufficient supply of affordable housing and rents have been rising at dramatic rates, making it increasingly difficult for residents to find housing they can afford. Furthermore, median income is stagnant at the same time rents are increasing, and homelessness has increased 30% from 2015 to 2017."

Thus, our community faces tremendous challenges in ending and preventing homelessness, including lowering the number of deaths of people experiencing homelessness, with few resources to create affordable and accessible housing.

Currently, the Trust Fund is funded by only one source, a commercial linkage fee, a fee to builders of commercial buildings based on the square feet of the project. As of February, 2020, the City/County Affordable Housing Trust Fund was a combined \$4.5 million - \$2.4 for the City and \$2.1 million for the County.

COVID-19 pandemic: In January 2020 the Sacramento City Council approved a \$100 M Affordable Housing Trust Fund, funded by a combination of Measure U funds and future state housing funds. However, the pandemic struck in March, 2020 and the Housing Trust Fund has not been implemented.

Immediately implement the \$100 M Affordable Housing Trust Fund, approved by the Sacramento City Council in January, 2020

B. City's Comprehensive Homeless Siting Plan:

Background: On August 10, 2021 the City Council approved the Comprehensive Homeless Siting Plan which will allocate \$100 million over two years to house people experiencing homelessness and identified an initial 20 sites for facilities that include Safe Ground, Safe Parking and tiny homes.

However, the community was surprised on August 17, 2021 by the City Manager's un-agendized presentation to City Council on Phase I of the Homeless Implementation siting plan. It was obvious that there was a disconnect between what was presented to the community and voted on at the August 10, 2021 City Council meeting and what was presented on August 17. This was exemplified by:

- The opposition by CM Loloee, who was clearly upset that what was being presented on 8/17 was not what he signed up for on 8/10;
- Despite being a stated principle on the implementation of the City's Comprehensive Plan, there was no equity in the siting of program in Phase I, since it only focused on D2 & D3;
- The presentations at the August 10, 2021 City Council meeting by Steve Watters, First Steps Communities and ULI architects that displayed dignified shelter options for our unhoused neighbors were relegated to an * [Phase I does not incorporate the design concepts of ULI]. Thus, it left us and the larger community wondering what exactly was being proposed by the City Manager in Phase I, both in terms of design as well as services;
- The concepts of the Community Comprehensive Plan, presented to the City Council on May 18, 2021 were totally ignored in the Phase I presentation.

Given that the "roll out" of the City Manager's Implementation Plan was not "smooth" by any means, and lacked buy-in from the community that many of us had either given "guarded support" for or had opposed it altogether, *Community Advocates for a Responsible Homeless Implementation Plan* made the following recommendations to the Mayor and City Council that includes:

- The City Managers Office partners with the community to draw on the expertise of community-based organizations to design and implement the variety of programs [safe ground; safe parking; tiny homes etc] in the City's Comprehensive Plan. While we feel it is important to engage the Department of Public Works in obtaining permits and site preparation, they do not have the expertise that the community does in designing well thought out homeless programs;
- This partnership can be realized through the immediate creation of a Community Implementation Oversight Committee comprised of diverse stakeholders which would advise the City on key questions including, but not limited to, the nature of the services to be provided; who is providing those services; the timeline to develop various sites and turn them into successful facilities and how to successfully engage the encampments spread out across our community? How will these programs be staffed, including staff with specialized expertise in trauma informed care; AOD and behavioral health issues to name a few;
- The Implementation Plan needs to include capacity-building funds for smaller homeless programs and resident run/operated programs that are providing desperately needed services to the unhoused neighbors in their community, such as Community Lead Advocacy Program [CLAP], South Sacramento HART and Sacramento Street Medicine, but can not compete with the larger nonprofits like Volunteers of America and First Steps Communities, once the request for proposals are released;

- DCR needs to fund an independent Homeless Ombudsperson[s] program that can work with people experiencing homelessness in these various programs, take their complaints and work to resolve them in a timely fashion, thus holding the direct service providers and the City accountable;
- The City must ensure that participation in these programs is voluntary and implementation does not include police sweeps. Implementation must be based on trauma-informed principles;
- We encourage DCR to reject the 50% turnover assumption presented by the City Manager and embrace a more realistic and attainable goal of a 25% turnover rate, which is based on the success rate of Sacramento Steps Forward in 2019 in placing people experiencing homelessness into housing;
- We call on the City to immediately begin planning for the implementation of Warming Centers to be open regardless of temperature forecasts from December 1, 2021 to March 31, 2022;
- In order to implement Number 17 of the 8/10/21 Resolution, the City needs to create a Homeless Employment Program to help local businesses take advantage of both the CA Homeless Hiring Tax Credit as well as the anticipated federal infrastructure funds;
- Finally, the City immediately must implement a parallel planning process to create the income-based [affordable] housing to place our unhoused neighbors in the next 3 – 5 years so that the safeguard and safe parking programs do not become semi-permanent.

Immediately implement the above recommendations of Community Advocates for a Responsible Homeless Implementation Plan.

This includes providing for year round respite centers [cooling center, warming centers and clean air centers] regardless of temperature “triggers”

The community was promised by the Mayor to abandon the County’s weather activation after 4 people experiencing homelessness died during a storm in January 2021, but failed to be implemented in 2021. This is especially important given the findings of this report that 6 people experiencing homelessness died of hypothermia.

III. Health Care:

A. Increased funding for alcohol, other drugs and mental health treatment services and programs:

Given the findings of this report that 30% had deaths with alcohol/substance abuse as an underlying cause of their death, we need to significantly increase the availability access and linkage to alcohol and drug treatment services and programs as strategy to help reduce preventable deaths of homeless people. Additionally alarming is the dramatic increase in the number of methamphetamine or “meth” deaths.

SRCEH supports the recommendations of the Sacramento Methamphetamine Coalition – specifically to increase funding for substance abuse treatment with a focus on Meth addiction

SRCEH urges the Board of Supervisors to refund VOA’s Substance Abuse Outreach & Treatment Program which provided free outpatient drug treatment services and treatment on demand

B. Expand funding for a Respite Care facility:

Given the passage of SB1152 in 2018, the Hospital Patient Discharge Process: Homeless Patients, it is now illegal in California for hospitals and other facilities to discharge homeless patients “to the streets.”

Significantly expand funding for a Medical Respite model, which is shelter or supportive housing with medical supports for people experiencing homelessness being discharged from hospitals

Expanding the limited number of medical respite beds in Sacramento would provide hospitals a discharge plan for people experiencing homelessness who no longer need inpatient treatment but for whom homelessness compromises their wellness. Medical respite may be an important additional service, but without long-term housing options, a person leaving medical respite is still homeless and still vulnerable.

Sacramento County continues to be aggressive in their enrollment of eligible homeless people on to the CalFresh program, still often referred to as Food Stamps

Additionally, full implement the County’s Restaurant Meals Program [RMP]

IV. Transportation:

Subsidize transportation options for homeless people:

Lack of transportation is a significant barrier for many homeless people seeking health care, shelter, housing, employment and other benefits.

Sacramento County provides free or subsidized transportation options for homeless people including bus and light rail passes.

APPENDIX: METHODOLOGY

Coroner's Office:

This report is based on the report of deaths of people experiencing homelessness, January 1, 2020 – December 31, 2020 as reported by the Sacramento County Coroner's office.

The data in the Coroner's report included: Name; Date of death; Age; Ethnicity; Causes[s] of death [A,B,C,D]; and Manner of death.

Death Investigation is pursuant to the California Government Code Section 27491 for all deaths meeting the jurisdictional requirements (of Ca Gov. Code Sec 27491) occurring within Sacramento County. Death investigation included the following: Death Scene Investigation (when possible); Forensic Examination of remains (autopsy, external examination and or medical record review); Forensic Toxicology analysis when warranted/possible; Decedent Identification Confirmation; Follow-up investigation/Interviews with all relevant investigative parties/stakeholders (law enforcement, EMS, hospitals, reporting party, service providers, families, friends, coworkers, etc.); Decedent Record review (medical records, criminal records, work history records, military records, local/state/federal personal information database records all inclusive)

As part of the overall investigation the Coroner's office determines the decedent's address. The components included in this determination include the reporting party's information, death scene investigation, interviews of friends and family and witnesses, evidence found at autopsy that may confirm a homeless lifestyle and record checks.

This report is not a report of every homeless persons death in 20120, however we feel confident that the report captures most of the deaths of people experiencing homelessness and gives us a large enough database to be able to identify issues and comparisons to SRCEH findings in our previous two homeless deaths reports and make recommendations for the future on how to lower the number of preventable deaths of homeless people.

Methodology for data analysis:

The database was provided by Sacramento County Coroner's Office.

Data analysis was performed by Bob Erlenbusch, Executive Director, SRCEH.

Report and recommendations:

The report was written by Bob Erlenbusch, Executive Director, Sacramento Regional Coalition to End Homelessness [SRCEH].

Recommendations were made by the SRCEH Board of Directors.

Photo Credit: The cover photo of the "Day of the Dead" Altar, Loaves & Fishes, 2013 was taken by Paula Lomazzi, Executive Director, Sacramento Homeless Organizing Committee [SHOC]

Infographic Credit: Infographic provided by Kai Erlenbusch.

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