Sacramento County

Homeless Deaths Report: 2002 - 2013

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

December 20, 2013

SACRAMENTO
STEPS FORWARD

Ending Homelessness. Starting Fresh.

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Dedication

In memory of all the people experiencing homelessness who have died in our community

The names of the 501 Coroner reported homeless deaths, the date of their death and their age at their death are listed in alphabetical order by last name in Appendix I of this report.

We 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 Sacramentans who have fallen on hard times.

We release this report as part of our recognition of the 2013 National Homeless Memorial Day on the longest and darkest night of the year.

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

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Special Acknowledgements

We wish to provide special acknowledgement to Greg Wyatt, Sacramento County Coroner, for having the vision to understand the importance of this study and providing the database without which this project would not have happened.

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]

I. Executive Summary

To support the communities understanding of the tragedy that befalls Sacramentans facing homelessness.

Below is a summary of the significant findings of this study as well as recommendations:

RESULTS:

Number of Coroner reported homeless deaths: There were 501 Coroner reported deaths of homeless people from June 2002 – June 2013. For the ten years [2003 – 2012] that there was a full year of records, the average number of deaths annually was 46, *or roughly one death per week, every week for a ten year period.* This report is not a report of every homeless persons death over the decade, 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 make recommendations for the future on how to lower the number of preventable deaths of homeless people.

- **Demographics:**
  - ✓ *Age:* Adult ages ranged from 19 to 81 years of age. There were 5 babies that died. 70% of the deaths were between the ages of 40 – 59 years, and almost 30% were between the ages of 50 – 64 years old. The average age for women was 47 and for men 50 years old.
  - ✓ *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 by 34%.
  - ✓ *Gender:* The overwhelming majority of the homeless deaths were male (87%)
  - ✓ *Race/ethnicity:* The majority of homeless deaths were Caucasian (68%), followed by African Americans at 17% and Hispanics comprising 9% of the homeless deaths.
  - ✓ *Veteran status:* 47 or about 10% of the homeless deaths were Veterans, with 55% being post-Vietnam veterans.
  - ✓ *Marital status:* Nearly 74% of the homeless people were not married (37% never married; 33% divorced and 4% widowed.)
- **Seasonal distribution:** The seasonal distribution of the deaths is roughly even, with 26% of the deaths in Winter and Summer each and 24% of the deaths in Spring and Fall each.
- **Day of the Week distribution:** Nearly half of all deaths [47.1%] occurred on Friday, Saturday and Sunday, with Saturday being the day of the week with the highest percentage of deaths [16.5%].

- **Location and Geographical distribution:** The highest percentage (37.9%) of homeless people died outside, with the highest percentage (18.6%) found in the roadway or alley. Roughly one third (34.3%) of homeless people died in a hospital, evenly divided between inpatient and the emergency room. The homeless deaths are mostly located in the downtown area and tend to follow transportation corridors, including the interstates and light rail.
- **Manner and Cause[s] of death:**
  - ✓ *Manner of death:* About one third of the Coroner's homeless deaths were due to natural causes, 39% died by accident and for one fifth of the homeless people, the manner of death was undetermined. Approximately one in ten homeless people died by either murder [6%] or suicide [5%].
  - ✓ *Cause[s] of death:* The five leading underlying causes of death of homeless people were: [1] Alcohol/drug induced: 28%; [2] Injury: 18%**;** [3] Cardiovascular disease: 13%; [4] Infection: 6%; [5]Wound [gun shot or stabbing]: 5%

    Of note:
    - Of the 501 deaths of homeless people, 18% [90 people] died of injuries and blunt force injuries accounted for 84% of the injuries.
    - Additionally, 4.7% [24 people] of the total died of wounds and 67% of these were gun shot wounds.
    - Overall, almost 23% of the homeless deaths were due to injury or wounds, disproportionately blunt force injury, gunshot wounds, stabbings or hangings.
    - Over a quarter (28%) of deaths were alcohol/drug related.
    - There were a few significant differences in cause[s] of death by gender and race. For example, cardiovascular disease, internal disease and death by asphyxia was twice as high for homeless women. Death by cardiovascular disease was almost twice as high for people of color [24.3%].
- **Use of services**:
  - ✓ *Clinic attendance:* 62% of the 501 decedents were seen by the County clinical health sites at some point in their homelessness while almost 38% (37.9%) had never visited these County clinical health services.
  - ✓ *Homeless Services:* 33.5% [168 out of 501] decedents were found in the Homeless Management Information System [HMIS] database.
  - ✓ *Self-identified issues:* almost 40% [38.7%] self-identified a disability, half [51.2%] a substance abuse issue and roughly 16% a mental health issue. 10% identified a chronic health issue, with almost 84% failing to respond with an answer.

- ✓ *Type of program:* 90% of homeless people accessed a combination of winter shelter and emergency shelters for the time permitted;
- ✓ *Number of times in a program:* The range was from 1 time to a high of 20 times, with the average being 3 times. The majority [58%] was between 1-2 times, while three fourths [76%] were between 1-5 times. 94% accessed one or more programs between 1 – 10 times.
- ✓ *Time between last program and death:* Roughly 10% [9.5%] passed away less than a week after exiting a homeless program, with 3 homeless people dying a day after they left a program. Almost one in five passed away between 1 day and 4 weeks of exiting a program. Almost half [49.5%] died between 1 day and 6 months of exiting a program, while two thirds [67.4%] died between 1 day and 1 year of exiting a program. The average timeframe between exiting a homeless program and a homeless person's death is 371 days.

- **Law Enforcement:** 77% [387] of the decedents had been in custody [county jail] with 31% between 1 day and 2 months; 52% between 1 day – 6 months and 68% between 1 day and 1 year.
- **Comparison of Causes of Death of Homeless to General Population:**
  - ✓ *Mortality rates per 100,000:* The estimated death rates for the homeless population [2007 - 2009] were about 2-3 times higher than for the general population in Sacramento County;
  - ✓ *Racial/Ethnic Composition:* Differences were identified in racial/ethnic composition of the deceased in the general vs the homeless populations of Sacramento County in 2010 including slightly higher for Caucasian homeless people [73.9% compared to 70.9%]; and much higher for African American homeless deaths [19.6% compared to 11.5%];
  - ✓ *Suicide rates:* The suicide rate for the general population was constantly below 2% but fluctuated between 2% and 12% for the homeless population;
  - ✓ *Homicide rates:* The homicide rate for the general population was constantly below 2% for the general population but fluctuated between 2% and 12% for the homeless population;
  - ✓ *Alcohol and Drug related deaths:* The percentage of alcohol and drug related deaths was 5-7 times higher than in the general population.
  - ✓ *Age distribution:* The homeless population had a much higher percentage of deaths in age groups from 25-74 years compared to the general population, peaking at the 55-64 year old group.

RECOMMENDATIONS: In addition to the eleven policy recommendations below, the Working Group had two overarching recommendations: a 2014 Homeless Deaths Policy Forum and follow-up study and evaluation:

2014 Homeless Deaths Policy Forum: *Sponsored by the Sutter Health Sacramento Sierra Region:* We recommend a *Homeless Deaths Policy Forum* in the first quarter of 2014 where all major stakeholders are present, called together by the Sacramento County Board of Supervisors, to review the findings and recommendations of this report and create a proactive action plan with the goal of significantly lowering the number of homeless deaths in our community.

Funding a follow-up study and evaluation: We recommend that local foundations and financial institutions fund a follow-up study with a focus on evaluating the recommended interventions below to ensure that we applying best practices with the goal of significantly lowering the number of homeless deaths annually.

High priorities:

1. Housing: Expand the City/County Affordable Housing Trust Fund: increase the resources locally to significantly expand the Sacramento City/County Affordable Housing Trust Fund.

2. Outreach and Enrollment in the Affordable Care Act: Resources for an aggressive and coordinated public education and outreach and campaign to enroll homeless people, with focused outreach to homeless people in encampments along the transit corridors.

3. Increase funding for Year Round Emergency Shelters, including expanding the current Winter Shelter to be year round & Safety Options including Safe Ground and safe places for tents.

4. Increased funding for alcohol and drug treatment services and programs, including treatment providers, law enforcement, emergency medical services convene to explore the implementation in Sacramento County of the recently passed AB 635 by the California legislature, which provides for family members, direct service programs etc. to obtain a prescription for Naloxone.

5. Subsidize transportation options for homeless people

Medium priority:

6. Funding for a Weekend Drop In Center

7. Increase funding for case management and client advocacy

8. Increase funding for nurse street outreach with a priority of out-stationing nurses at the Winter Shelter sites as well as street outreach.

9. Fund a Respite Care facility

10. Ensure full enrollment of homeless people on CalFresh and implementation of the Restaurant Meals Program and all Certified Farmers Markets accept CalFresh EBT card.

Low priority:

11. We recommend full implementation in our community of the CA Public Utilities Commission *Lifeline Program* that allows for the distribution of free cell phones as well as recommend charging stations in key locations for people to charge their phones.

II. Methodology:

Coroner's Office:

This report is based on the report of deaths of people experiencing homelessness, June 2002 – June 2013, reported by the Sacramento County Coroner's office. The data in the Coroner's report included: Name; Death address; Location type [i.e., hospital, field, parking lot, car etc.]; Date of death; Birthdate; Ethnicity; Marital status; Causes[s] of death [A, B,C,D]; Manner of death; Indigent status; Body abandoned; Homeless status.

Death Investigation is pursuant to the California Government Code Section 27491 for all deaths meeting the jurisdictional requirements (of CaGov 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 <u>not</u> a report of every homeless persons death over the decade, 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 make recommendations for the future on how to lower the number of preventable deaths of homeless people.

Veterans Status:

Veteran's status was confirmed by the coroner contacting the county veteran's services officer who runs the decedent's name for veteran's status.

Health Clinic Status:
The Sacramento County Health Services compared the names of the decedents to their health care records to determine if the person ever had been a patient at the clinic. This report shows whether or not the person had been seen by the clinic, but did not report the reasons for the visit.

Homeless Management Information System:
To determine if the decedent had ever been a guest or client of any of the Sacramento County Continuum of Care funded homeless programs, the names of the decedents were searched in the Homeless Management Information System [HMIS]. The HMIS system goes back to 2003, so it does not include any information prior to that date. The elements that were searched included: [1] First date seen by a homeless program; [2] How many times seen by a homeless program; [3] Last date seen; [4] Self-assessments including: physical disabilities, chronic health conditions, substance abuse and mental health issues.

Law Enforcement:
The Sacramento County Sheriff's Department compared the names of the decedents to their database to see how many of the decedents had ever been in custody and length of time in custody at any point during the period covered by this study.

Methodology for data analysis:
Eduard Poltavskiy, PhD Student, Epidemiology and BioStatistics, University of California, Davis, with oversight of the staff of the Department of Health and Human Services, Public Health Division, Sacramento County, analyzed the July 2002 – June 2013 data of homeless deaths provided by the Coroner's Office, Sacramento County. The data included full name, sex, date of birth, marital status, race/ethnicity, date of death, place of death, manner of death, and cause of death. The study protocol used SAS® for data analysis. This study analyzed routinely collected administrative data, and so did not pose a significant risk to the privacy of the studied subjects.

We identified some published reports that provided estimates for the general and homeless populations, racial/ethnic distribution of general population, mortality rates or data from which mortality rates could be calculated among both the general public and homeless population in Sacramento County. [1, 2]

We performed a search for publications and government reports which compare death rates in general and homeless populations in the United States and identified a 2012 report by the United States Interagency Council on Homeless. [3]

We used the Vital Statistics Query System from the California Department of Public Health to obtain percentages of deaths by race/ethnicity and age for Sacramento County in 2010.[4]

We reviewed five different reports regarding homeless deaths in Los Angeles (2007), New York (2010), Philadelphia (2010), Denver (2012), and Portland (2012), and compared our findings where applicable.

Descriptive statistics were calculated separately for men and women, major racial/ethnic groups, and different age categories. A map was created to visualize places of homeless deaths in Sacramento County for the studied period.

This study may underestimate the number of homeless deaths because it misses homeless persons who die outside of the county limits and those whose deaths in hospitals or other health care facilities may not be reported to the Coroner's Office.

Report and recommendations:

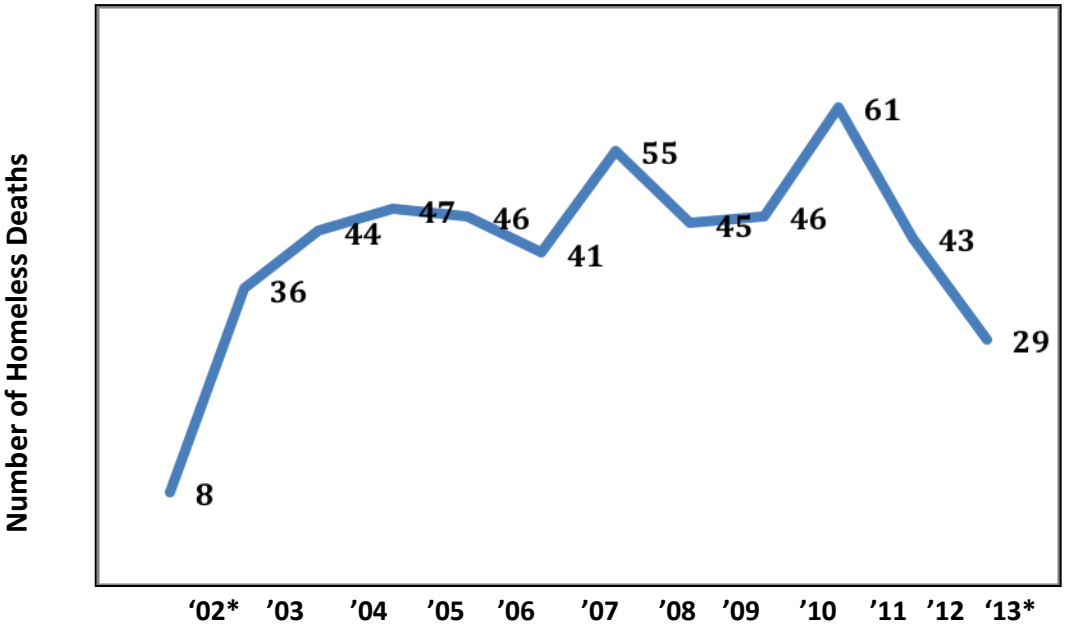
The draft of the report was written by Bob Erlenbusch, Executive Director, Sacramento Regional Coalition to End Homelessness based on the data analysis provided by Eduard Poltavskiy, PhD Student, Epidemiology and BioStatistics, University of California, Davis. This draft was then reviewed and revised by staff of the Department of Health and Human Services, Public Health Division, and Sacramento County. Recommendations were made by the Sacramento Homeless Deaths Working Group.

III. Results:

A. Number of Coroner's reported homeless deaths: *One death per week for 10 years:*

There were 501 Coroner reported deaths of homeless people from June 2002 – June 2013 (see Figure 1). For the ten years [2003 – 2012] that there was a full year of records, the average number of deaths annually was 46, *or roughly one death per week, every week for a ten year period.* 2011 had the highest number of deaths with 61 deaths, followed by 2008 with 55 deaths of people experiencing homelessness. *[See Appendix II for a Table of deaths by year].*

Figure 1:
Coroner's Homeless Deaths 2002 – 2013



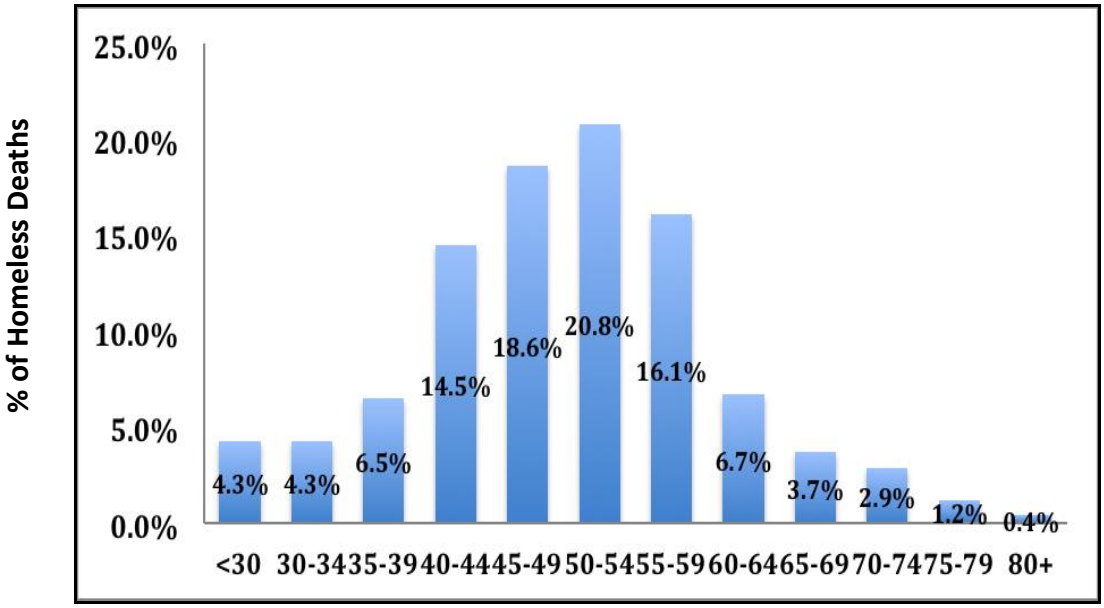
**2002 and 2013 not complete years. They both cover June to December of their respective year.*

B. Demographics

[1] Age:

Figure 2 below shows the adult age range of the homeless deaths by age category. Ages ranged from 19 to 81 years of age. 70% of the deaths were between the ages of 40 – 59 years, and almost 30% were between the ages of 50 – 64 years old. There were five babies that died.

Figure 2:
Coroner's Homeless Deaths by Age Category
Sacramento County 2002 -2013



Age Categories

11 people have missing data

A: Number of lost years due to untimely death:

Using 75 years of age as the life expectancy national average, overall, the lives of the homeless people was cut short by 34% [Table 1 below]. By race, the lives of the homeless people was cut short by 33% for Caucasians and Asians, 35% for African Americans, and the highest percentage was for Hispanic homeless people at 39%. Females had a higher percentage at 37% compared to 34% for males.

Table 1:

Years of Potential Life Lost Using 75 years: All; by Race; by Gender

	Total Life Expectancy	Total Years of Life	Total Years of Lost Life	Lost Years %
All	**36,750**	**24,262**	**12,488**	**34%**
Race				
Asian	750	502	248	33%
African Am	6,375	4,131	2,244	35%
Caucasian	25,200	16,846	8,354	33%
Hispanic	3,525	2,148	1,377	39%
Other	900	635	265	29%
Gender				
Male	4,725	2,988	1,737	**34%**
Female	31,875	21,191	10,684	**37%**

[2] Gender:

The overwhelming majority of the homeless deaths were male (87%) [Table 2 below]. Homeless women died three years younger, on average, at the mean age of 47, compared to 50 for men. The age range – minimum to maximum - was roughly the same for females and males.

Table 2:

Homeless Deaths Mean Age by Gender

Sacramento County, 2002-2013

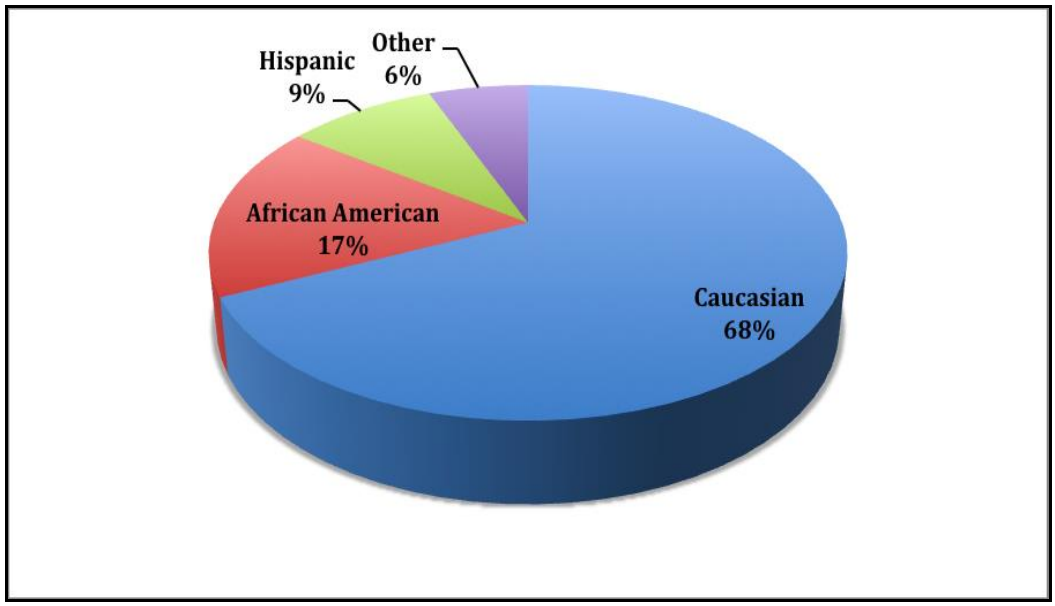
	AGE		All			%
Gender	**Min**	**Max**	**Mean**	**Median**	**N**	
Female	23	80	47	47	63	**12.9%**
Male	19	81	50	50	425	**87.1%**

13 people have missing data about age or/and gender

[3] Race/ethnicity:

Figure 3 shows that the majority of homeless deaths were Caucasian (68%). Whereas African Americans comprise 10% of the general population, they comprised 17% of the homeless deaths, and whereas Hispanics comprise 20% of the general population they comprise 9% of the homeless deaths. [See Appendix III for Table of distribution of homeless deaths by year, gender and race].

Figure 3:
Distribution of Homeless Deaths by Race
Sacramento County 2002 -2013



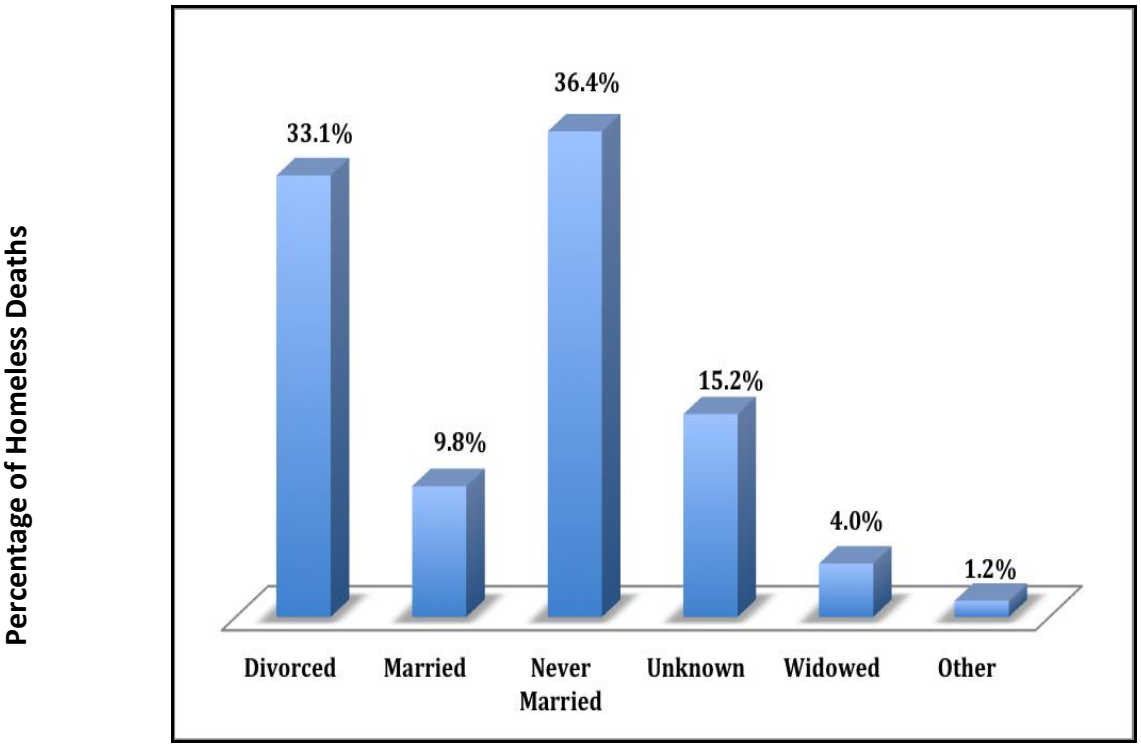
[4] Veteran status:

47 or roughly 10% [9.4%] of the decedents were veterans and all were male. 6% [three] were WWII era veterans, while 38% [18] were Vietnam era veterans. The majority, 55% [26] veterans were post-Vietnam era veterans, or in their 50's.

[5] Marital status:

Nearly 74% of the homeless people were not married (37% never married; 33% divorced and 4% widowed [Figure 4 below]). This percentage did not vary by race. Close to 10% were married at the time of their death.

Figure 4:
Distribution of Homeless Deaths by Marital Status
Sacramento County 2002 -2013

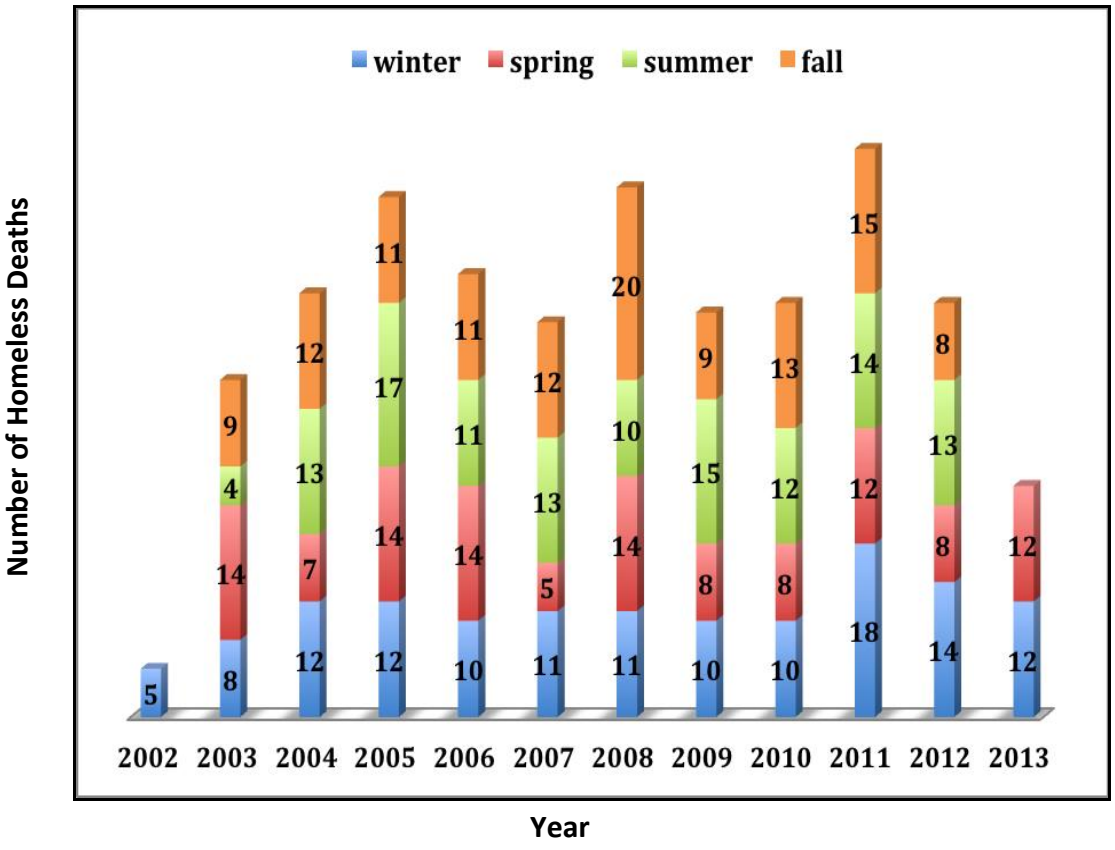


11 cases have missing data by age

C. Seasonal distribution:

Figure 5 below shows that the seasonal distribution is roughly even, with 26% of the deaths in Winter and Summer each and 24% of the deaths in Spring and Fall each. Generally speaking, the deaths of homeless people were evenly distributed across each of the four seasons without regard to gender or race.

Figure 5:
Distributon of Homeless Deaths by Year and Season
Sacramento County 2002 -2013

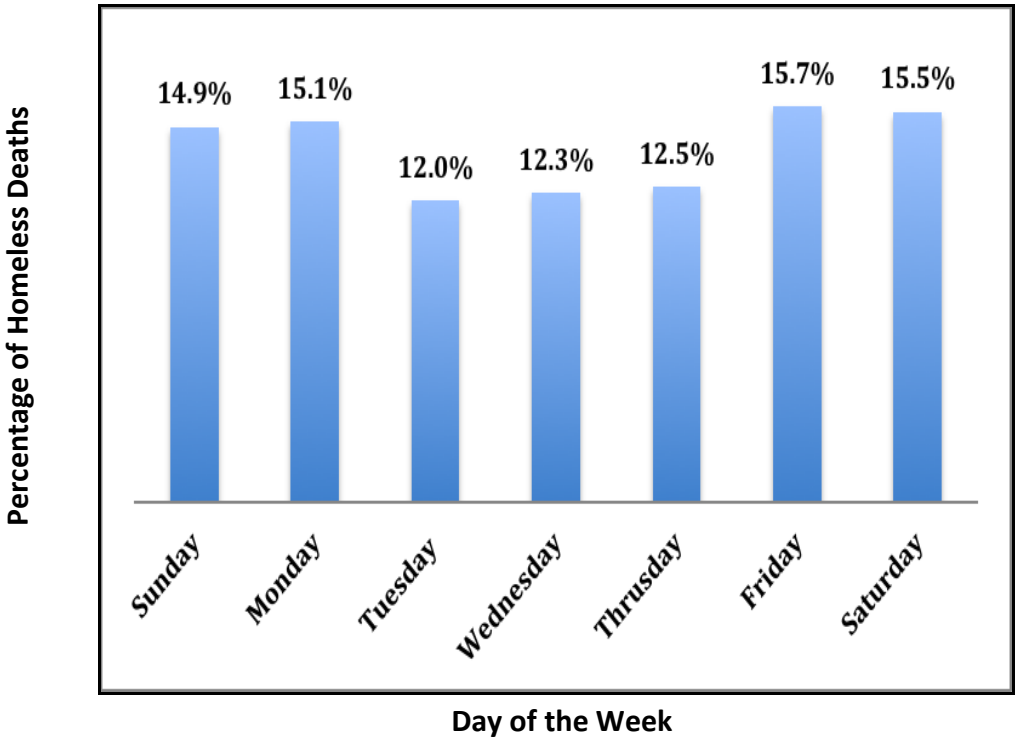


Year

D. Day of the Week distribution:

Nearly half of all deaths [47.1%] occurred on Friday, Saturday and Sunday, with Saturday being the day of the week with the highest percentage of deaths [16.5%]; followed by Friday [15.7%], Monday [15.1%] and Sunday [14.9%] [Figure 6 below].

Figure 6:
Distribution of Homeless Deaths by Day of Week
Sacramento County 2002 -2013



E. Location and geographical distribution

Location

As Table 3 highlights, the highest percentage (37.9%) of homeless people died outside, with the highest percentage (18.6%) found in the roadway or alley. Roughly one third (34.3%) of homeless people died in a hospital, evenly divided between inpatient and the emergency room.

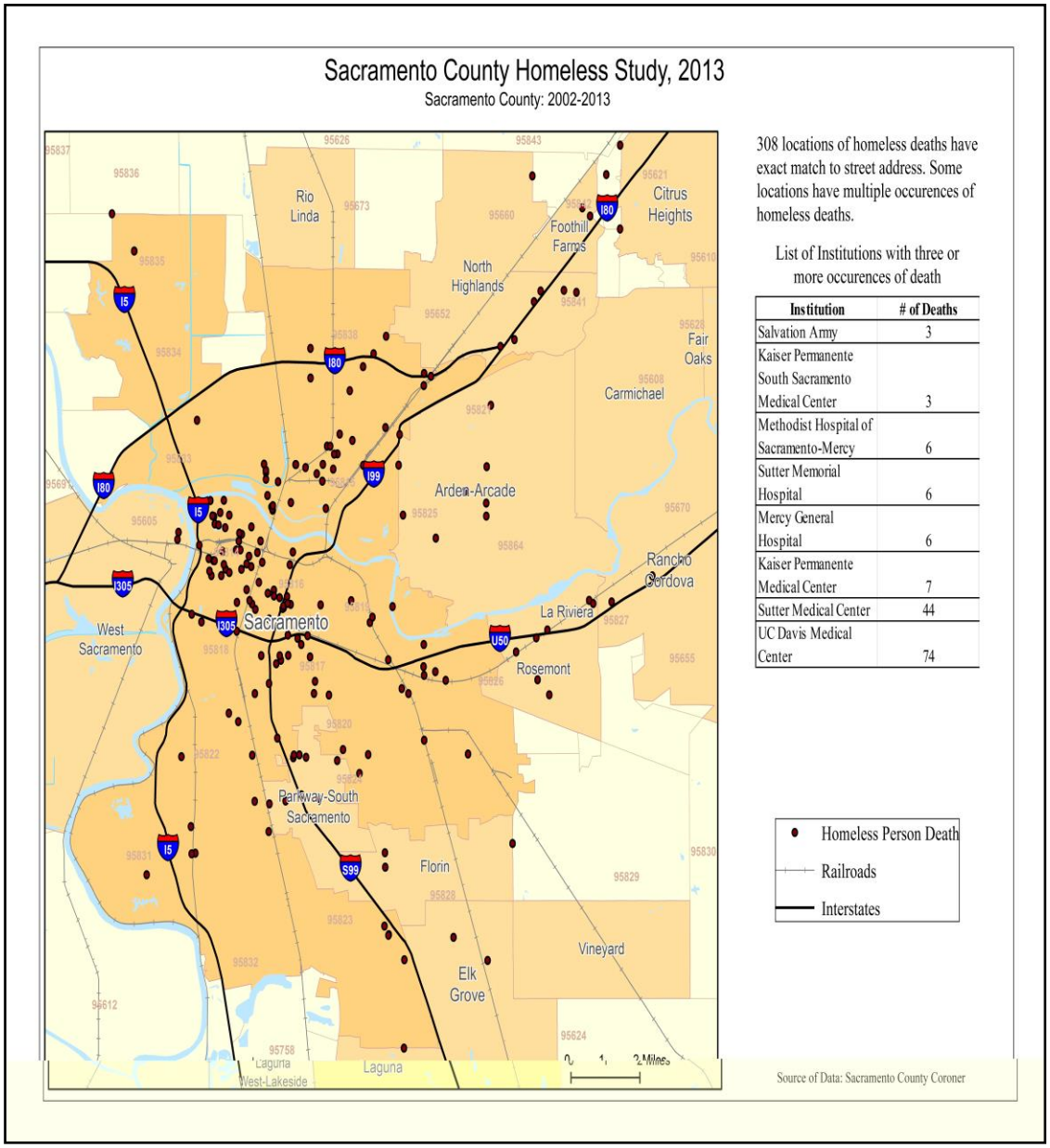
Table 3: Homeless Deaths by Location Category
Sacramento County 2002 - 2013

Location	Number	% Category	% total [N=501]
Category			
Hospital			
Inpatient	84	48.8%	16.8%
Emergency Room	83	48.3%	16.6%
Other	5	2.9%	1.0%
Subtotal	*172*		*34.3%*
Outside:			
Roadway/alley	*93*	48.9%	18.6%
Field	*34*	17.9%	6.8%
River	*15*	7.9%	3.0%
Car	*14*	7.4%	2.8%
Parking lot	*13*	6.8%	2.6%
Railroad	*11*	5.8%	2.2%
Park	*10*	5.3%	2.0%
Subtotal	*190*		*37.9%*
Indoors			
Residence			
Friend	11	34.4%	2.2%
Other	21	65.6%	4.2%
Subtotal	*32*	*61.5%*	*6.4%*
Motel	13	25.0%	2.6%
Nursing home	4	7.7%	0.8%
Business	2	3.8%	0.4%
Church	1	1.9%	0.2%
Subtotal	*52*		*10.4%*
Other	*87*	100.0%	*17.4%*
Total	**501**		**100.0%**

Geographical distribution:

Figure 7 shows the geographical distribution of the homeless deaths in Sacramento County. Of the 501 deaths, 308 death locations had an exact address match, with eight locations having three deaths or more at their institution. As Figure 7 illustrates, the homeless deaths are disproportionately located in the downtown area and tend to follow transportation corridors, including the interstates and light rail.

Figure 7: Geographical distribution of Homeless Deaths: Sacramento County: 2002 -2013

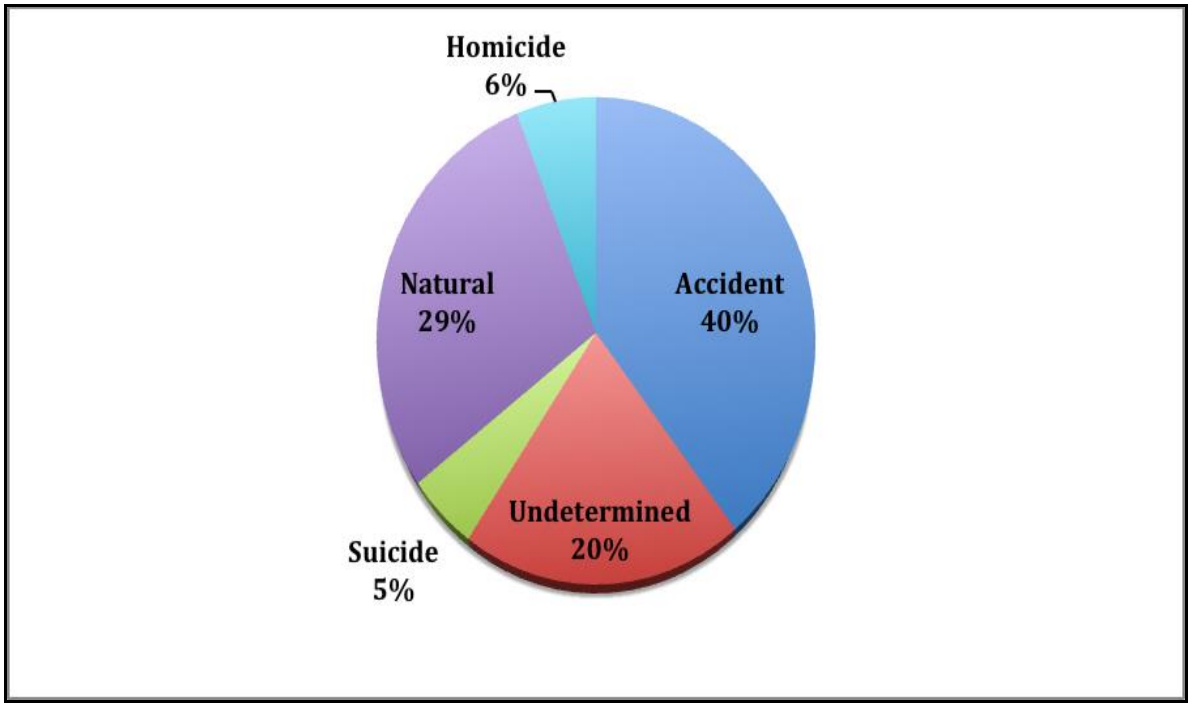


F. Manner and Cause of death:

[1] Manner of deaths: The manner of death is the cause of death indicated on the death certificate, which includes the following six categories: Natural, Accident, Suicide, Homicide, and unknown.

Figure 8 below shows that about one third of the Coroner's homeless deaths were due to natural causes, 39% died by accident and for one fifth of the homeless people, the manner of death was undetermined. Approximately one in ten homeless people died by either a murder [6%] or suicide [5%].

Figure 8:
Distribution of Homeless Deaths by Manner of Death:
Sacramento County 2002 - 2013



[2] Underlying causes of death:

Table 4 [below] identifies the five leading underlying causes of death of homeless people, while Figure 9 [below] identifies all the various underlying causes of death of homeless people.

Table 4: Top Five 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%

Of note:

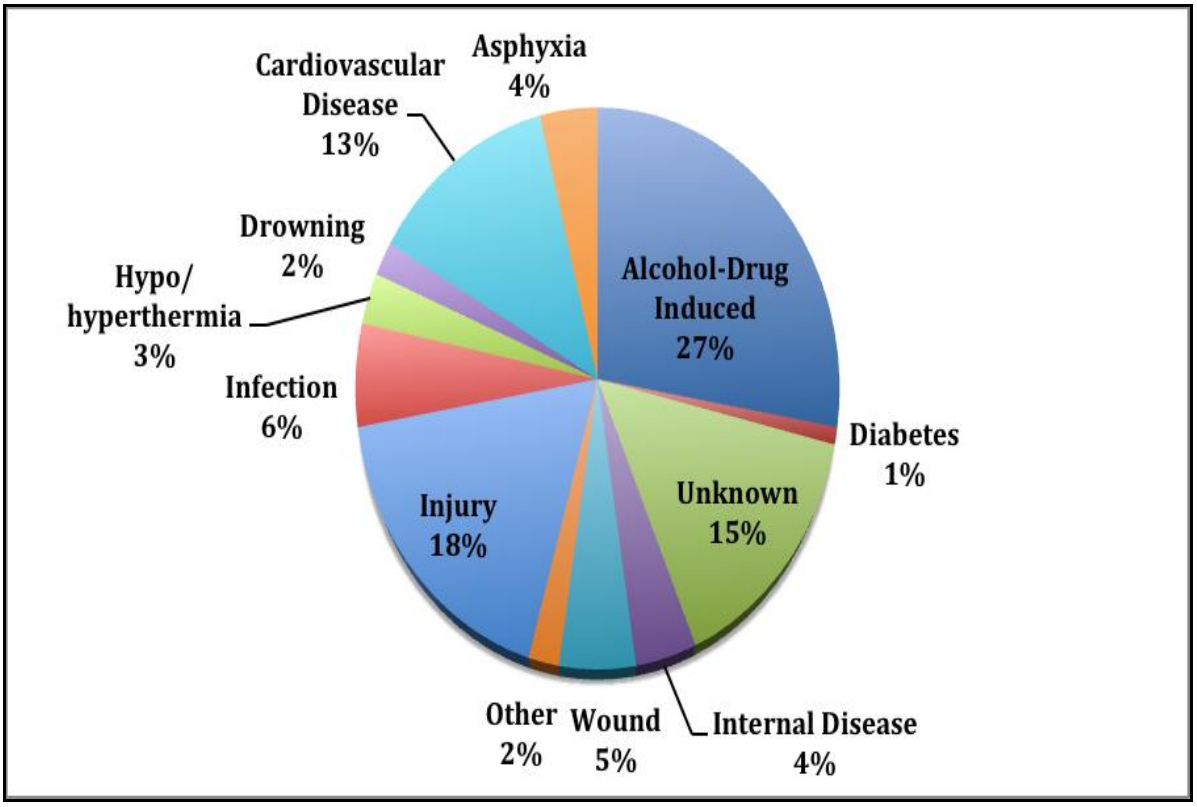
[1] Of the 501 deaths of homeless people, 18% [90 people] died of injuries and blunt force injuries accounted for 84% of the injuries. Additionally, 4.7% [24 people] of the total died of wounds and 67% of these were gun shot wounds. Overall, almost 23% of the homeless deaths were due to injury or wounds, disproportionately blunt force injury, gunshot wounds, stabbings or hangings.

[2] Over a quarter (28%) of deaths were alcohol/drug related.

[3] 3% of the underlying cause of deaths was hypothermia/hyperthermia [body temperature goes below 95 degrees Fahrenheit and heat exhaustion and heat stroke respectively];

[4] Despite the large number of homeless people living near the Sacramento River, only 2% drowned;

Figure 9:
Underlying Cause of Death of Homeless People:
Sacramento County 2002 – 2013



Eleven people have missing data

[3] Underlying causes of homeless deaths by gender:

For both women and men, Alcohol/Drug-related deaths was the number one underlying cause of death [26.6% and 28.3% respectively]. Cardiovascular disease was the second highest cause of death for homeless women (20.3%) compared to 11.8% for homeless men [the third highest cause of death for homeless men]. The second highest cause of death for homeless men was injury [18.8%] compared to 12.5% for homeless women. Internal disease was the fourth highest cause of death for homeless women [7.8%], compared to 3.5% for homeless men. Finally, the fifth highest cause of death for homeless women was a tie between infection and asphyxia [each with 6.3%], compared to lower rates for homeless men at 5.8% and 3.2% respectively. The fifth highest cause of death for homeless men was wounds at 5.1%, compared to only 3.1% for homeless women. [Table 5 below]. Table 6 identifies the top 5 underlying causes of death by gender.

Thus, comparing the underlying causes of death for homeless women and men:

- Both genders have similar percentage of alcohol/drug induced deaths;
- Cardiovascular disease is twice as high for homeless women;
- Internal disease is twice as high for homeless women;
- Death by asphyxia is twice as high for homeless women;
- Both have relatively high proportions of violent deaths [adding injury and wounds], with 23.9% for homeless men to 15.6% homeless women.

Table 5: Homeless Deaths by Underlying Cause by Gender
Sacramento County, 2002-2013

	Gender			
	Female		Male	
	Count	%	Count	%
Cause of Death				
Alcohol-/Drug-Induced	17	26.6	122	28.3
Asphyxia	4	6.3	14	3.2
Cardiovascular Disease	13	20.3	51	11.8
Diabetes	.	.	5	1.2
Drowning	.	.	12	2.8
Hypo/Hyperthermia	2	3.1	15	3.5
Infection	4	6.3	25	5.8
Injury	8	12.5	81	18.8
Internal Disease	5	7.8	15	3.5
Other	.	.	9	2.1
Unknown	9	14.1	60	13.9
Wound	2	3.1	22	5.1
Total	**64**	**100.0**	**431**	**100.0**

For six people gender is unknown
"Drug" includes both legal and illegal drugs

Table 6: Top 5 Underlying Causes of Homeless Deaths by Gender
Sacramento County, 2002-2013

Top Five Causes of Death	Females	Males	All
1.	Alcohol/drug induced: 26.6	Alcohol/drug induced: 28.3%	Alcohol/drug induced: 28%
2.	Cardiovascular: 20.3%	Injury: 18.8%	Injury: 18%
3.	Injury: 12.5%	Cardiovascular: 11.8%	Cardiovascular disease: 13%
4.	Internal disease: 7.8%	Infection: 6%	Infection: 6%
5.	Infection: 6.3% Asphyxia: 6.3%	Wounds: 5%	Wound [gun shot or stabbing]: 5%

For six people gender is unknown
"Drug" includes both legal and illegal drugs.

[4] Underlying Cause of Death by Race:

Table 7 identifies all the underlying causes of death by race while Table 8 highlights the top three causes of death by race [Asian not included since the number of too small for comparison]

Table 7: Homeless Deaths by Underlying Cause and Race
Sacramento County, 2002-2013

	Race									
	Asian		Af Am		Caucasian		Hispanic		Other	
	Count	%	Count	%	Count	%	Count	%	Count	%
Cause of Death										
Alcohol-/Drug-Induced	1	10.0	17	20.0	102	30.0	13	27.7	6	31.6
Asphyxia	1	10.0	1	1.2	14	4.1	2	4.3	.	.
Cardiovascular Disease	1	10.0	17	20.0	43	12.6	2	4.3	1	5.3
Diabetes	.	.	3	3.5	2	0.6	.	.	.	.
Drowning	.	.	1	1.2	9	2.6	2	4.3	.	.
Hypo/Hyperthermia	1	10.0	1	1.2	15	4.4	.	.	.	.
Infection	.	.	5	5.9	20	5.9	4	8.5	.	.
Injury	2	20.0	18	21.2	56	16.5	12	25.5	1	5.3
Internal Disease	1	10.0	4	4.7	15	4.4	.	.	.	.
Other	.	.	2	2.4	6	1.8	1	2.1	.	.
Unknown	2	20.0	10	11.8	48	14.1	4	8.5	11	57.9
Wound	1	10.0	6	7.1	10	2.9	7	14.9	.	.
Total	**10**	**100.0**	**85**	**100.0**	**340**	**100.0**	**47**	**100.0**	**19**	**100.0**

Table 8: Top 3 Underlying Causes of Death by Race

Top Three Causes of Death	African American	Caucasian	Hispanic
1.	Injury: 21.2%	Alcohol/drug induced: 30%	Alcohol/drug induced: 27.7%
2.	Cardiovascular: 20% Alcohol Drug: 20%	Injury: 16.5%	Injury: 25%
3.	Wound: 7.1%	Cardiovascular: 12.6%	Wound: 14.9%

A few important observations:

- Alcohol/drug induced deaths are high for each race [first for Caucasians and Hispanics and second for African Americans];
- Injuries are high for each race [first for African Americans; and second Caucasians and Hispanics. Although, taken together, the death by injury is 46.2% for people of color compared to 16.5% for Caucasians, or over 3.5 times higher for homeless people of color;
- Cardiovascular disease is highest among African Americans [20%] compared to only 12.6% for Caucasian and only 4.3% for Hispanics. However, again combining the percentages for homeless people of color [24.3%], death by cardiovascular disease is almost twice as high for people of color;
- Death by wounds is highest for Hispanics [14.9%], nearly double the percentage for African Americans [7.1%]. Combining the two, 22% of homeless people of color had wounds as an underlying cause of death, compared to only 2.9% for Caucasian, or a startling, 13 times higher for people of color.

See Appendix IV for table of homeless deaths by underlying manner and cause by race.

G. Use of homeless services:

This section identifies the decedents who used either the Sacramento County Health Services compared the names of the decedents to their health care records to determine if the person and/or homeless programs [as identified by the Homeless Management Information System, H.M.I.S.]. These programs include emergency shelters, including the Winter Shelter Program, as well as transitional housing programs and drug treatment or mental health programs.

[1] Clinic Attendance:

62% of the 501 decedents were seen by the County Clinic at some point, while almost 38% (37.9%) had never visited the County Clinic. [Table 9 below]

Table 9: Clinic Attendance by Homeless Status
Sacramento County, 2002-2013

	County Clinic Visit		All
	No	Yes	
Homeless			
Not registered	6	13	19
Registered	187	295	482
All	193	308	501
Percentage	**37.9%**	**62.1%**	**100%**

Missing data for County Clinic visit is treated as "No"

[2] Homeless Management System [HMIS]:

- *Number Identified in by HMIS:* Of the 501 decedents, HMIS identified 168, or 33.5%, as being served at some point in time by a homeless service provider between 2003 – 2013.
- *Self-identified Issues:* When entering into the homeless delivery system the Homeless Management Information System tracked the following issues as *self-identified* by the homeless person upon entering a program. These included disability; substance abuse; chronic health issue and mental health issue. Table 10 below indicates the number of homeless people that self-identified any, one or more of the above issues. There is a lot of missing data, i.e., "no answer," ranging from 39% to 84%. Nevertheless, almost 40% [38.7%] self-identified a disability, half [51.2%] a substance abuse issue and roughly 16% a mental health issue. 10% identified a chronic health issue, with almost 84% failing to respond with an answer.

Table 10: Self-Identified Issues upon Entering Program

Issues	Yes	%	No	%	No Answer	%
Disability	65	38.7%	57	22%	66	39.3%
Substance Abuse	86	51.2%	31	18.5%	51	30.3%
Chronic Health Condition	18	10.7%	9	5.4%	141	83.9%
Mental Health	26	15.8%	58	34.5%	84	50%

- *Program Type:* Table 11 below identifies the number of decedents seen by the type of program [winter shelter; emergency shelter; transitional housing; permanent supportive housing; affordable housing]. Appendix VII is a listing of all programs by type of program. We used the first time the person was seen and the last date the person was seen by a program, hence each of the 168 HMIS entries had two records below, which is why the total number is double. Overwhelmingly, 90% of homeless people accessed a combination of winter shelter *[only open during three winter months]* and emergency shelters. 5% entered a transitional housing program, permanent supportive housing program or affordable housing, in this case the Homeless Prevention & Rapid Rehousing Program [HPRP].

Table 11: Program Type

Program Type	Number	% of total [336]
Winter Shelter	109	32.5
Shelter	198	58.9
Transitional Housing	8	2.4
Permanent Supportive Housing [PSH]	5	1.5
Affordable Housing	1	.2
Missing information	15	4.5
Total	336	100%

- *Number of times accessing homeless programs*: Table 12 identifies the number of times homeless people accessed one or more homeless programs. The range was from 1 time to a high of 20 times, with the average being 3 times. The majority [58%] was between 1-2 times, while three fourths [76%] were between 1-5 times. 94% accessed one or more programs between 1 – 10 times.

Table 12: Number of times accessing a homeless program

Number of Times Accessing Program	Number	% of total [168]
1-2	97	58%
3-5	30	18%
6-10	34	20%
11-15	3	2%
16-25	3	2%
Missing Data	1	.06%
Total	168	100%

- *Date last seen before death:* Table 13 shows the date last seen by a homeless program and the timeframe after they were last seen and their death. Roughly 10% [9.5%] past away less than a week after being in a homeless program. Three homeless people died a day after they left a program. Almost one in five [17.3%] passed away between 1 day and 4 weeks of exiting a program. Almost half [49.5%] died between 1 day and 6 months of exiting a program, while two thirds [67.4%] died between 1 day and 1 year of exiting a program.

Averaging the 147 homeless between less than a week and 4 years, the average timeframe between exiting a homeless program and a homeless person's death is 371 days.

Table 13: Timeframe between last seen in a program and death

Timeframe Last Seen to Death	Number	% of total
< 1 week	18	9.5%
1 – 2 weeks	6	3.6%
2 – 4 weeks	7	4.2%
1 – 3 months	24	14.3%
3 – 6 months	30	17.9%
6 – 12 months	30	17.9%
1 year – 2 years	15	8.9%
2 years – 4 years	17	10.1%
> 4 years	13	7.7%
Missing data	8	4.7%
Total	**168**	**100%**

H. Law Enforcement:

As Table 14 and Table 15 indicate, 77% [387] of the decedents had been in custody [county jail] with 31% between 1 day and 2 months; 52% between 1 day – 6 months and 68% between 1 day and 1 year.

Table 14: Law enforcement: Number in Custody

Ever in Custody	Number	%
No previous custody	114	23%
Previous custody	387	77%
Total	**501**	**100%**

Table 15: Length of Time in Custody

Number of Days/Months/Years	Number	%
< 30 days	76	20%
30 – 60 days	41	11%
60 – 90 days	26	7%
3 months – 4 months	20	5%
4 months – 5 months	20	5
5 months – 6 months	15	4%
6 months – 1 year	64	16%
1 – 2 years	32	8%
2 – 3 years	19	5%
3 – 4 years	15	4%
4 – 5 years	9	2%
5 – 10 years	33	8%
10 – 15 years	15	4%
16 – 22 years	4	1%
Total	**389**	**100%**

IV. Comparison of causes of death of the homeless population with the general population deaths

A. Mortality Rates for General and Homeless Populations

Estimated mortality rates for the homeless population in 2007-2009 (Table 16) are about two to three times higher than for the general population in Sacramento County, but lower than reported (four to nine times) by the United States Interagency Council on Homelessness.

Table 16: Mortality Rates per 100,000: General Population vs. Homeless Population in Sacramento County, 2007-2009

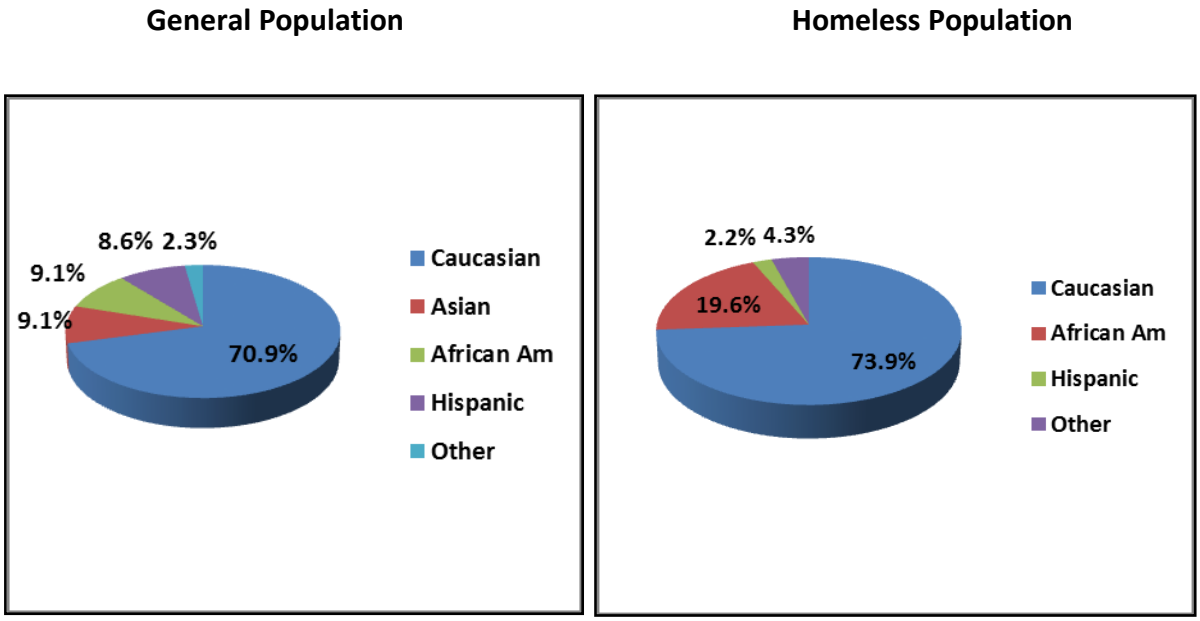
	Mortality Rate per 100,000 population		
Population	**2007**	**2008**	**2009**
General Population	**678**	**688**	**680**
Homeless Population	**1,672**	**2,054**	**1,607**

B. Racial/Ethnic Composition for General and Homeless Populations

Significant differences were identified in racial/ethnic composition of deceased in the general and homeless populations of Sacramento County in 2010 (Figure 10). There were no deaths recorded among Asian homeless in 2010 comparing to 9.1% in the general population.

About two third of all homeless deaths were Caucasians (73.9%) which was slightly higher than the proportion of Caucasian deaths (70.9%) in the general population. In contrast, the proportion of Hispanic homeless deaths (2.2%) was much lower than the proportion of Hispanic deaths (8.6%) in the general population. The proportion of African-American homeless deaths (19.6%) was also much higher than the proportion of African-American deaths in the general population (11.5%).

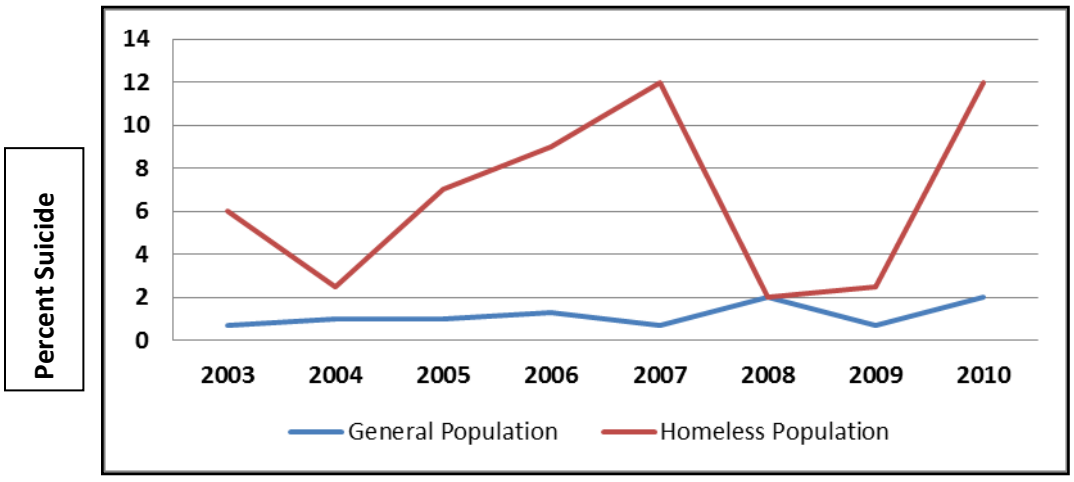
Figure 10: **General population vs. Homeless Population by Race/Ethnicity**



C. Suicide Rates for General and Homeless Populations

Figure 11 shows that the percent of deaths due to suicide was constantly below 2 % for the general population, but was not so stable for the homeless population and ranged from about 2% to 12% for the studied period.

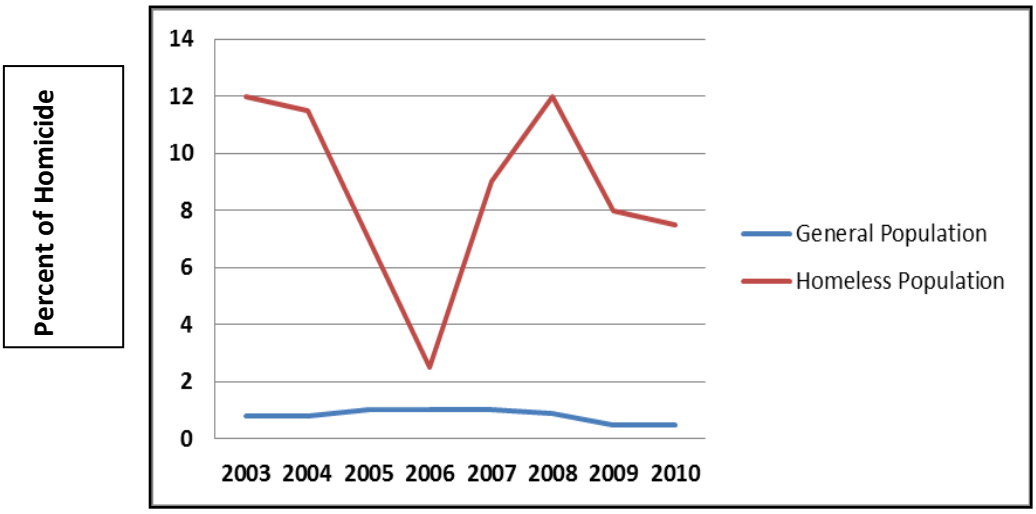
Figure 11: Suicide: General population vs. Homeless Population



D. Homicide Rates for General and Homeless Populations

Figure 12 shows the percent of deaths due to homicide was constantly below 2% for the general population, but was not so stable for the homeless population and ranged between 2% and 12% for the studied period.

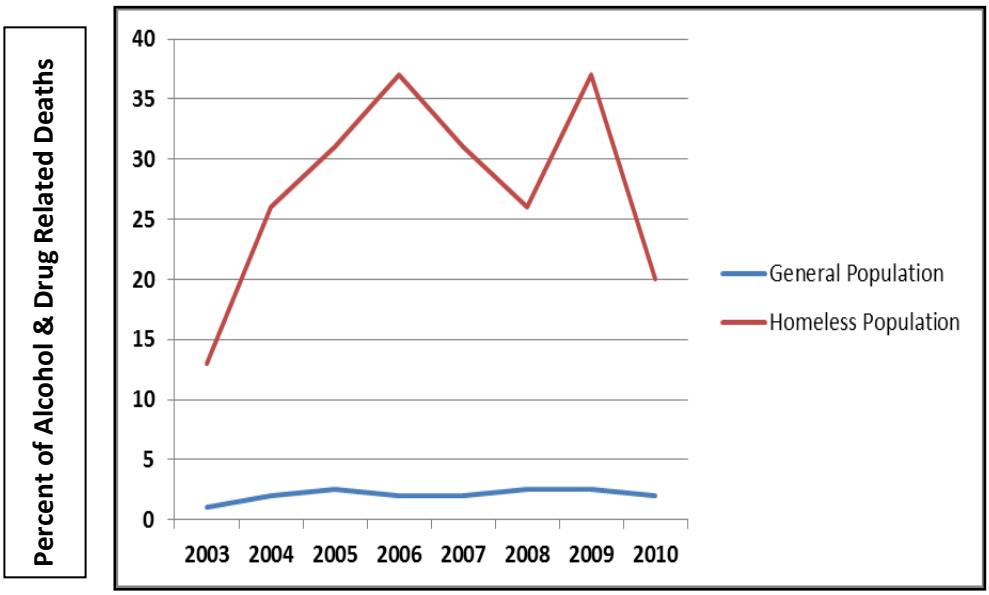
Figure 12: Homicide: General population vs. Homeless Population



E. Alcohol and Drug-Related Deaths for General and Homeless Populations

Figure 13 shows that the percentage of alcohol and drug-related deaths was about five to seven times higher than in the general population.

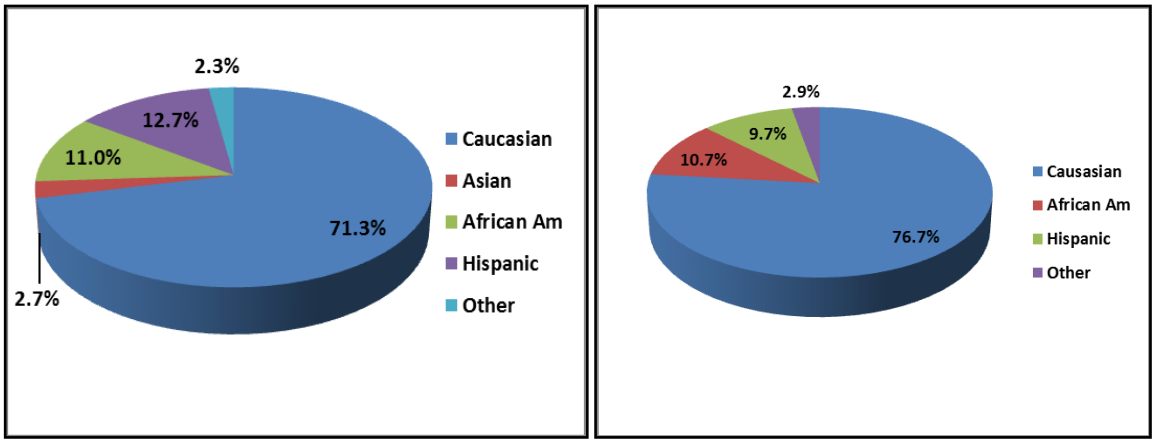
Figure 13: Alcohol and Drug-Related Deaths: General population vs. Homeless population Sacramento County 2003-2010



F. Alcohol and Drug-Related Deaths by Race for General and Homeless Populations

Figure 14 shows the racial/ethnic distribution of alcohol and drug related deaths over the eight-year period. The proportion of alcohol or drug-related deaths among the Asians was 2.7 % in the general population and there was no alcohol or drug-related deaths in the homeless population for this period. Alcohol and drug related deaths among the Homeless Caucasians (76.7%) were slightly higher than for Caucasians in the general population (71.3%). For the African-Americans, the proportions were about the same in the homeless (10.7%) and the general population (11.0%) For the Hispanic population, the proportion was much lower among the homeless population (9.7%) than in the general population (12.7%).

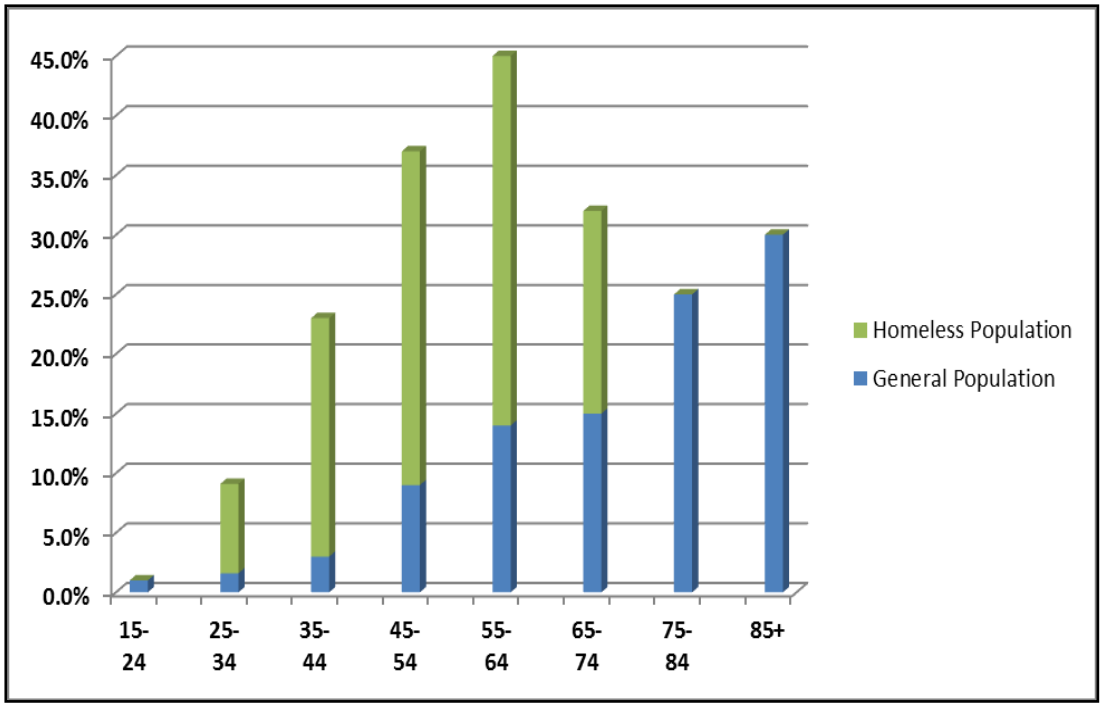
Figure 14: Alcohol and Drug-Related Deaths by Race: General population vs. Homeless Population Sacramento County 2003-2010



G. Distribution of Deceased for General and Homeless Populations in 2010

Figure 15 shows age distribution of deceased in the general and homeless populations in 2010. The homeless population had much higher percentage of deaths in age groups ranged from 25 to 74 years compared to the general population. The age distribution of deaths had a peak at 55-64 year group for the homeless population compared to 85+ year group in the general population.

Figure 15: Age Distribution: General population vs. Homeless population: Sacramento County, 2010



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V. Discussion:

A. Homelessness in Sacramento: Overview:

In order to get as accurate an overview of homelessness in Sacramento, it is important to understand that the answer depends on the definition of homelessness that we use to paint this picture for our community. To cloud the issue, there are seven different federal definitions of homelessness.

As we shall see below [Table 17], the five homeless counts, *Point-in-Time Counts,* in Sacramento [2007; 2008; 2009; 2011 and 2013] all have utilized the Housing and Urban Developments [HUD] more conservative definition of homelessness, which focuses on people living in shelters and transitional housing programs and a count of people living outside [unsheltered] and people living in places not meant for human habitation.

The Department of Education and Department of Health and Human Services both utilize a broader definition of homelessness that adds people, usually families with children, who are doubled or tripled up in housing intended for single family occupancy. Hence, as we shall see below, while the Point-In-Time Count gives us an understanding of adults, including the chronically homeless, it does undercount, not only in Sacramento but across the nation, homeless families and children.

Finally, we can add to this emerging picture of homelessness in our community by looking at the trends in an unduplicated count of homeless people visiting the Sacramento County Health Care for the Homeless Clinic.

Between the three, Point-In-Time Count, the Sacramento County Office of Education of homeless children and youth enrolled in school and health care clinic visits, we get closer to a full picture of homelessness in our community over the past six years.

Overview of homeless service delivery system: Sacramento's emergency shelter system is comprised of about 20 programs. The majority of emergency shelter beds for individuals are provided by three large shelters. Additionally, there are three large shelters for homeless families with children. In addition, there are four seasonal shelter programs operating during the winter months. There are also approximately 20 transitional housing programs, which is a combination of a small number of larger programs [100 transitional housing beds or more] and 10-15 smaller programs. Both the emergency shelters and transitional housing program serve broad populations [men, women and children] as well as targeted populations [veterans, mental health, HIV+ etc.].

[1] Point-in-Time Count:

As stated above, there have been five homeless "Point-In-Time Counts" over the last six years, 2007; 2008; 2009; 2011 and 2013. [See Table 16 below]

Table 17: Sacramento's Point-In-Time County 2007 – 2013

Year	Sheltered		Unsheltered		Total
	#	%	#	%	
2007	1,447	59%	1,005	41%	2,452
2008	1,412	53%	1,266	47%	2,678
2009	1,606	57%	1,194	43%	2,800
2011	1,403	59%	955	41%	2,358
2013	1,752	69%	786	31%	2,538

The broad trends in the Point-In-Time Counts over the last six years are:

- Overall homelessness peaked in 2009, declined in 2011 and rose saw an increase in 2013;
- The unsheltered population has steadily decreased to the current 31% of homeless people in Sacramento being unsheltered and 69% sheltered in an emergency shelter, including winter shelter, or transitional housing program.
- Additionally, although not shown in Table 1, there has been a steady decline in chronic homelessness, declining from a high of 718 in 2007 to 353 in 2011, with an increase to 432 in 2013. Despite the increase in 2013, the decline since 2007 is significant.

[2] Homeless children and youth:

Homelessness in Sacramento changes dramatically when looking at the homeless statistics from *Project TEACH,* Sacramento County Office of Education [SCOE], which utilizes the federal Department of Education definition of homelessness.

As Figures 16 and 17 indicate, there are over 10,000 homeless students, kindergarten – 12th grade, in the Sacramento Unfified School District, with Figure 16 indicating the distribution by grade level. Elementary School [K-6th grade] had the highest number of homeless children with 6,285 [53%], followed by Middle/High School [7th-12th grade] with 4,119 students [35%] and Infant/Toddlers and Preschool with 1,386 students [12%].

10,404 homeless students in 2011-12 is more than double the 2005- 2006 school year in which there were 4,774 [Figure 17].

See Appendix V for the distribution of homeless children ernolled in school by district, kindergarten trhough 12th grade, Sacrramento County 2011 -12 academic year

Figure 16: Homeless Children by Grade: 2011 – 12

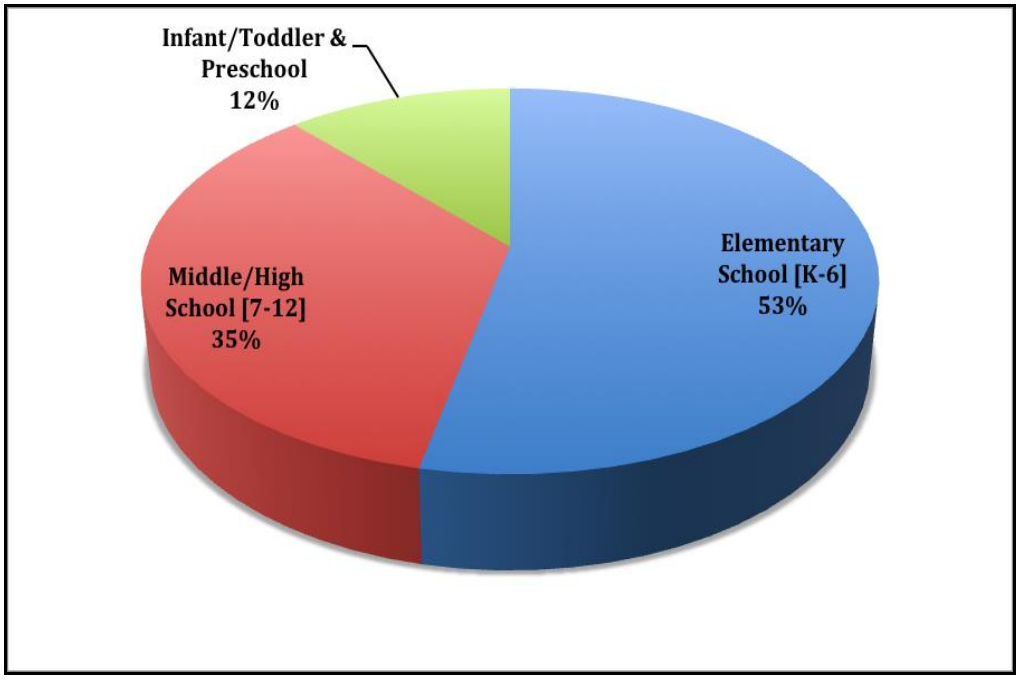
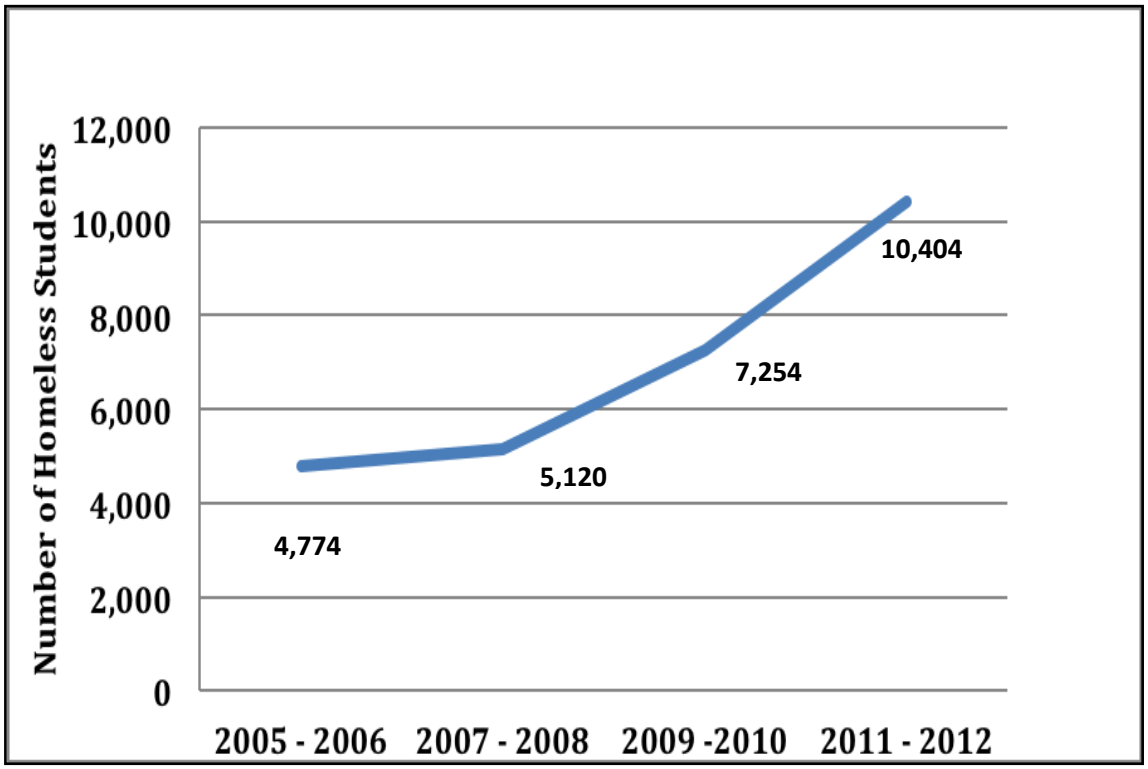


Figure 17: Increase in Homeless Children Enrolled in Schools: 2005 – 2012



[3] Homeless Health Care Clinic visits:

A final picture of homelessness in Sacramento is painted by looking at patient visits to the Sacramento County Health Services [Table 18 below].

Table 18: ***Unduplicated Visits to Clinic: 2003 – 2013***

Year	*Unduplicated Count*	*Comment*
2003	7,309	
2004	5,827	
2005	6,151	
2006	13,356	The numbers for 2006-2008 reflect more active Tuberculosis [TB] screening activity
2007	18,194	
2008	15,207	
2009	10,012	
2010	8,062	
2011	7,404	
2012	7,565	

Note: The Clinic uses the following categories to classify homeless patient visits, again, broader than the Point-In-Time Counts: [1] Shelter; [2] Transitional Housing or Board and Care; [3] Staying Temporarily with friends or family; [4] Street, river, car; [5] Motel.

[4] Preview of health status of homeless people

Table 19 indicates the health care issues as self-identified in the 2012 survey of the homeless people conducted by the Sacramento County Health Care for the Homeless Outreach Program. 417 homeless people participated in the 2012 survey. The top 5 medical conditions, combining a few conditions [for example, high blood pressure and heart disease; and substance abuse and alcoholic]: The results of this survey show close correlation with the top 5 causes of death for the 501 Coroner's deaths from 2002 – 2013.

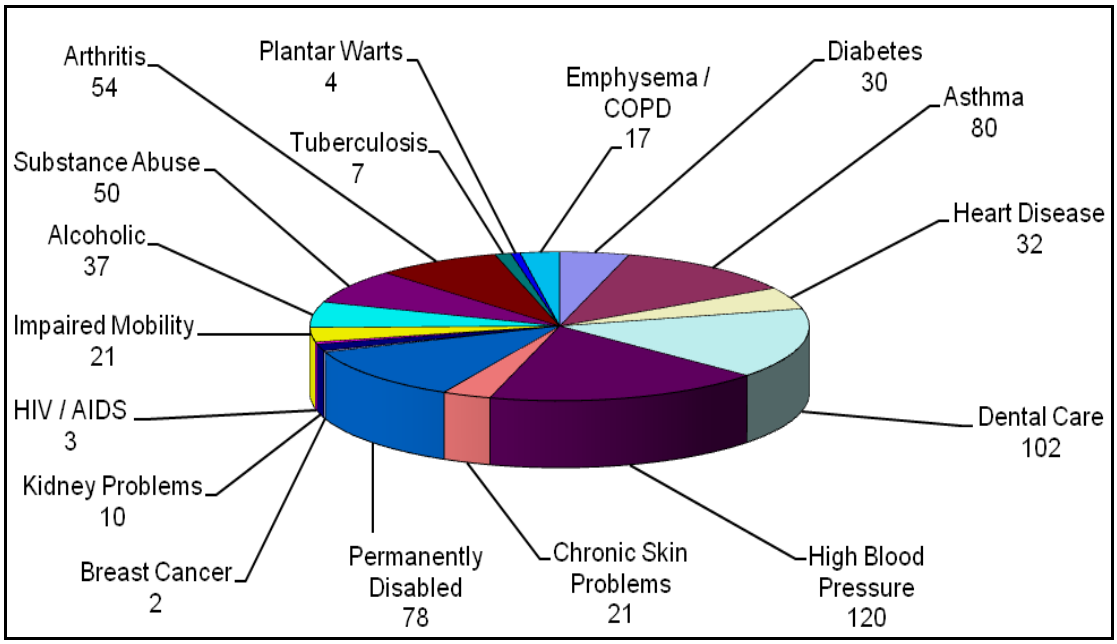
1. Cardiovascular: 36.4%
2. Dental care: 24.4%
3. Alcoholism/substance abuse 20.9%
4. Asthma 19.1%
5. Disabled 18.7%

Table 19: Self-identified Condition in 2012 homeless survey

Self Identified Condition	#	Percentage
High Blood Pressure	120	28.7%
Dental Care	102	24.4%
Asthma	80	19.1%
Permanently disabled	78	18.7%
Arthritis	54	12.9%
Substance abuse	50	11.9%
Alcoholic	37	8.9%
Heart disease	32	7.7%
Diabetes	30	7.2%
Impaired mobility	21	5%
Chronic skin problems	21	5%
Kidney problems	21	5%
Emphysema	17	4%
Tuberculosis	7	1.6%
Plantar warts	4	.09%
HIV/AIDS	3	.07%
Breast cancer	2	.05%

Figure 18 details the distribution of medical conditions as reported in the 2012 survey of homeless people.

Figure 18: Distribution of Medical Conditions: 2012 Survey of Homeless People



[5] Health Care Coverage:

Table 20 below is a summary of the 2012 survey of homeless patients by the Sacramento County Homeless Health Care Program [402 patients]. While we don't know the health care coverage of the 501 homeless people who died, it nevertheless does gives us a snap shot view of the health care coverage of homeless people in 2012, of course, prior to the implementation of the Affordable Care Act [ACA]. Roughly one-third of the homeless patients had no health care coverage at all.

Table 20: Health Care Coverage: 2012 Survey

Category	#	%
None	129	32.1%
Medi-Cal	105	26.1%
CSMISP	53	13.2%
GA/CSMISP	41	10.2%
Medi-Cal [GMC]	39	9.7%
Medi-Care	22	5.5%
HMO [Kaiser, Blue Shield]	9	2.2%
Veterans	4	1%%

VI. Policy recommendations

The Homeless Deaths Report Working Group is making the following policy recommendations, based on our analysis of the data in this report. The policy recommendations are ranked in priority order based on the following methodology: "high," "medium" and "low." In addition, we have two overarching recommendations: [1] 2014 Homeless Deaths Policy Forum, sponsored by the *Sutter Health Sacramento Sierra Region* and [2] funding a follow-up study and evaluation.

[1] 2014 Homeless Deaths Policy Forum – *sponsored by the Sutter Health Sacramento Region:* We recommend a Homeless Deaths Policy Forum in the first quarter of 2014 where all major stakeholders are present, called together by the Sacramento County Board of Supervisors, to review the findings and recommendations of this report and create a proactive action plan with the goal of significantly lowering the number of homeless deaths in our community.

[2] Funding a follow-up study and evaluation: We recommend that local foundations and financial institutions fund a follow-up study with a focus on evaluating the recommended interventions below to ensure that we applying best practices with the goal of significantly lowering the number of homeless deaths annually.

HIGH:

1. **Housing: *Expand the City/County Affordable Housing Trust Fund:* increase the resources locally to significantly expand the Sacramento City/County Affordable Housing Trust Fund.**

As Sacramento Steps Forward points 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."*

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.

Our recommendation to increase the resources locally is to significantly expand the Sacramento City/County Affordable Housing Trust Fund. Currently, the Trust Fund is funded by a commercial linkage fee, a fee to builders of commercial buildings based on the square feet of the project. Given the recession, very little commercial building was taking place and the Trust Fund shrank to less than $1 million in 2013.

The City Council and County Board of Supervisors needs to consider a range of additional sources of funding for the Trust Fund to replace the tens of millions of redevelopment funds that were lost annually.

2. Outreach and Enrollment in the Affordable Care Act: ***An aggressive and coordinated public education and outreach campaign to enroll homeless people, with focused outreach to homeless people in encampments along the transit corridors.***

Access to health care is a critical strategy in addressing some of the underlying causes of death of homeless people, as well as addressing the myriad of health care issues that are exacerbated by being homeless.

The Affordable Care Act [A.C.A.] for the first time means that homeless people, who typically utilize emergency rooms for their primary care, will have access to health, dental and mental health care insurance.

Sacramento needs to ensure that people experiencing homelessness are enrolled in the ACA. This means, among other things, an aggressive and coordinated public education and outreach campaign to enroll homeless people. In looking at the GIS map on page 23 of this report, given that homeless deaths either are located generally in downtown or along the transit corridors, we recommend focused outreach to homeless people in encampments along the transit corridors.

3. Increase funding for Year Round Emergency Shelters, including expanding the current Winter Shelter to be year round & Safety Options including Safe Ground and safe places for tents:

While we advocate for increased funding for housing, we have the immediate need to increase emergency shelter and safety options for the roughly 30% of the Sacramento homeless population that is outside, often alone, and as our report underscores, exposed to a high level of violence.

Given this, we recommend to continue to expand the year round emergency shelter bed capacity as well provide additional safety options for people experiencing homelessness.

We recommend expanding the current Winter Shelter Program to be a year round program.

Safety Options: We recommend the following to provide homeless people safe places to be:

- Safe Ground: We support Sacramento Steps Forward's recommendation [2013 report above] *"Safe Ground as part of the solution to ending homelessness by providing a pathway to self-sufficiency. Safe Ground has been endorsed by both the Mayor of Sacramento and the Sacramento Steps Forward and Continuum of Care Boards as a part of the solution to end homelessness in Sacramento.*
- Safe places for Tents: In addition to Safe Ground, we also recommend the City and County locating safe places for people to have their tent and their belongings as a way to provide a safe community for homeless people.

4. Increased funding for alcohol and drug treatment services and programs: Specifically we recommend the County fully implement the recently passed AB 635 by the California legislature, which provides for family members, direct service programs etc. to obtain a prescription for Naloxone.

Given the findings of this report, that 28% had deaths with alcohol/substance abuse induced deaths as an underlying cause of their death, we need to significantly increase the funding for alcohol and drug treatment services and programs as strategy to help reduce preventable deaths of homeless people.

Additionally, we recommend the treatment providers, law enforcement, emergency medical services and other stakeholders convene to explore the implementation in Sacramento County of the recently passed AB 635 by the California legislature, which provides for family members, direct service programs etc. to obtain a prescription for Naloxone, a drug currently used by paramedics and emergency rooms, as an overdose rescue strategy. The Portland Homeless Deaths Review Panel made a similar recommendation.

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

MEDIUM:

6. Weekend Drop In Center:

One interesting finding is that homeless people tend to pass away at a higher frequency on the weekends, specifically Friday, Saturday and Sunday.

We recommend a weekend Drop-In Center where homeless people can be safe, have access to a bathroom, shower, food, storage facility for food and medicine, barbeque pit for cooking.

7. Increase funding for case management and client advocacy within local shelters and other homeless service arenas:

Sacramento County Homeless Advocates routinely speak of patient navigators and success of assisting individuals with short term and immediate needs. Navigators are staff that work on the streets, in hospital Emergency Department, and other areas of Sacramento County and assist homeless individuals with immediate needs.

Most homeless individuals in emergency and temporary homeless settings need a variety of service coordination. This synchronization of resource guidance is done in one setting by an assigned case manager. Case managers are a necessity for proper guidance, follow-up and success of many client needs. Case managers are known to build relationships with the multiple public and private agencies to ensure their clients reach the goal of self- sufficiency. Skilled case managers are a great asset to an organization as well as the clients they support.

We recommend increased funding resources for case management staff within local shelters and other homeless service arenas.

8. Increase funding for nurse street outreach with a priority of out-stationing nurses at the Winter Shelter sites as well as street outreach.

Outreach services can be defined many ways when discussing outreach for our County's homeless population. They are defined as navigators, paraprofessionals and mental health worker, medical teams etc. All of these are important and productive in their own way. Outreach has taken different forms within our community. We have patient navigators, mental health outreach; faith based outreach, veteran outreach and licensed nurse outreach.

Across the nation, we have homeless shelters and advocates helping the homeless improve their current circumstance. The federal grant which supports health care for the homeless grantees identifies outreach as its primary premise to the grant. Many of these grantees conduct mobile medical outreach. This allows medical teams of doctors; nurses and / or psychiatrist go to the homeless in areas they congregate and provide health care services in non-traditional health care settings.

Currently, the Sacramento County DHHS Health Care for the homeless program utilizes three licensed nurses to go to shelters, parks, downtown hotels and other homeless service areas to provide hands-on nursing assessment, treatment within their scope of practice.
They advocate for patient's immediate health care needs with local health professionals for urgent and acute problems. In addition, since they are part of the County safety net clinic, they have ability to retrieve clients medical records communicate with his/her doctor and retrieve verbal orders as well as standing orders to treat client. The licensed nurse's ability to expedite care helps to promotes positive health outcomes and prevents potential hospitalizations and costly emergency room [ER] visits.

We recommend increased funding resources to support additional licensed nurse outreach services, with a priority of out-stationing nurses at the Winter Shelter sites as well as street outreach.

9. Fund a Respite Care facility:

Currently, Sacramento County, three of the largest hospital organizations and Salvation Army support the Interim Care Program (ICP) operated by Well Space Community Clinic Inc. This community collaborative was developed after the media exposed the need when many homeless patients were being discharged from hospitals with extended health care needs but nowhere to properly rehabilitate.

Since 2004, hospital case managers coordinate the discharge of potentially homeless individuals to ICP. Individuals being discharged from the hospital must be able to conduct Activities of Daily Living with little assistance. Salvation Army secures at least 18 beds for ICP clients and Well Space's medical and social worker staff monitors these individuals and assist them with medical and psychosocial needs during their recuperation at the Salvation Army Shelter.

Since this is not a medical facility and the Well Space staff are not on site 24 / 7 and limited days and hour throughout the week; therefore, the Interim Care Program is not a Respite facility and clients have limited health care service.

We recommend additional funding resources for a Medical Respite model, which is shelter or supportive housing with medical supports for those being discharged from hospitals. A medical respite 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.

10. Nutrition: Ensure full enrollment on CalFresh and implementation of the Restaurant Meals Program and all Certified Farmers Markets accept the EBT card so that homeless people as well as other low income people have access to fresh fruit and vegetables.

While not directly related to the manner and cause of death, many of the poor health conditions of homeless people, such a poor dental care, high blood pressure, cardiovascular issues, and diabetes are directly attributable to poor nutrition.

The recommendations below are supported by the 2010 report by the Sacramento Hunger Coalition, *Hunger and Homelessness in Sacramento: 2010 Hunger & Food Insecurity Report.* The report is a survey of 112 homeless people at the 2010 Homeless Connect event. Several key findings include:

- 53.2% currently do not receive Food Stamps [now called *Cal Fresh*] and 65.0% of respondents receiving food stamps report they only lasted between 2-3 weeks per month;
- Nearly 60.0% have no access to food storage facilities; while between 56.0% - 84.0% have no access to any kind of cooking facilities;
- Access to free food is limited, with even the most common source, "sidewalk giveaways," only being utilized by 49.9% of respondents;
- Over one third identify lack of storage and cooking facilities and transportation as barriers to accessing nutritious food while over 25.0% state healthy food is not accessible to them. Additionally, over 20.0% stated they cannot use their EBT cards at local Farmers Markets;
- Greater availability of Farmer's Markets, Community Gardens and BBQ areas in parks topped the list of programs respondents would like to see expanded in the Sacramento region, with 75.0% - 85.0% indicating interest in these.

We recommend that Sacramento County continue to be aggressive in their enrollment of eligible homeless people [note: if a person receives SSI they are not eligible for CalFresh] on to CalFresh, still often referred to as Food Stamps.

Additionally we recommend the County fully implement the Restaurant Meals Program [RMP]. The RMP is a program for homeless people, seniors and people with disabilities to be able to use their EBT [electronic benefits transfer card] at participating restaurants. Currently, there are only 42 participating restaurants in Sacramento County, compared to over 1,200 in Los Angeles County, the latter due to aggressive outreach by LA County. Sacramento County should automatically enroll homeless people into the RMP instead of the current practice of applying. This is an unnecessary barrier that could easily be removed by enrolling homeless people onto the program automatically.

Finally, we recommend that all Certified Farmers Markets accept the EBT card so that homeless people as well as other low income people have access to fresh fruit and vegetables.

LOW:

11. Free phones and charging station[s]: We recommend full implementation in our community of the CA Public Utilities Commission *Lifeline Program* that allows for the distribution of free cell phones as well as recommend charging stations in key, central locations for people to charge their phones.

We recommend full implementation in our community of the CA Public Utilities Commission *Lifeline Program* that allows for the distribution of free cell phones [250 talk minutes and 250 text minutes per month] to qualifying homeless people [to qualify your income has to be 135% or below of the federal poverty level]. Additionally, many homeless people have cell phones but have no way to charge them, so we also recommend charging stations in key, central locations for people to charge their phones. We make this recommendation in the hopes of increasing the safety of homeless people to be able to call for help in case of an accident as well seek counseling if the person is considering suicide.

VII. Sacramento findings and other cities homeless deaths reports: Los Angeles; NYC; Philadelphia; Denver; Portland

Los Angeles:

Dying Without Dignity: Homeless Deaths in Los Angeles County 2000 – 2007 by the Los Angeles Coalition to End Hunger & Homelessness [LACEH&H] is an investigation into 2,815 homeless deaths in Los Angeles County between January, 2000 and May, 2007, based on statistics provided by the Los Angeles County Coroner's office. The 2,815 deaths over this 7.5 period equates to an average of more than one per day. 2,406 (85%) of them were male, and 409 (15%) were female; 41% Caucasian; 31% Hispanic; 25% African American; 1% Asian and 1% were American Indian. The average age of death was 48.1 years, falling far short of the 77.2 year life expectancy of the average American. The age range of these homeless deaths was 0-89. The 2,815 homeless people in this study were expected to live 211,878 years based on the average life expectancy of their gender and ethnicity. They only survived 135,528 of those expected years. In other words, their lives were cut short by 76,350 years. On average a homeless person's life is 36**%** shorter than a housed person's life. For homeless Latina females, their lives were 49% shorter than expected.

The leading known causes of death were cardiovascular [24.4%]; [followed by "unknown"]; followed by substance use [22%] with trauma [17.8%] being the third leading cause of death among homeless people.

The largest concentration of Los Angeles County's homeless deaths occurred within the City of Los Angeles (1,277 or 45 %). Other communities with homeless deaths included Long Beach (154), Santa Monica (111), Pasadena (55) and Hollywood (48).

Winter claimed the most homeless deaths with 27% of the total deaths, followed by summer [25%]; spring [24%] and fall [23%].

LACEH&H's recommendations included: [1] Annual report on homeless deaths from LA County; [2] Improved access to primary and preventive care; [3] Support overdose prevention programs [4] Promote recovery; [5] Improved discharge planning; [6] Regional priority to end and prevent homelessness through creating permanent housing; and [7]Increase economic stability through employment and income supports, including raising the General Relief grant level.

New York:

The *Fifth Annual Report on Homeless Deaths: July 1, 2009 – June 30, 2010 was* conducted by New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics. For the fifth annual reporting period the NYC Department of Homeless Services (DHS), NYC Department of Housing Preservation and Development (HPD) and the Office of Chief Medical Examiner (OCME) reported a total of 190 homeless deaths.

Men constituted 79% of decedents. Fifteen percent were between 25 and 44 years, 83% (40) were between 45 and 64 years, and 2% (1) were 65 and older. 40% were sheltered. Overall, 45% of homeless decedents died in hospitals (54% of sheltered homeless decedents and 39% of unsheltered homeless decedents). Twenty-four percent of homeless decedents died outdoors (9% of sheltered homeless decedents and 34% of non-sheltered homeless decedents). Additionally, 18% of homeless deaths occurred in other places (5% of sheltered homeless decedents and 27% of non-sheltered homeless decedents

The leading cause of homeless deaths was diseases of the heart (26%) followed by drug overdose (18%); the third leading cause of death was non-drug related accidents (15%), followed by assault (homicide) (6%). Three causes of death tied for fifth (4% each): intentional self-harm (suicide), alcohol abuse, and influenza and pneumonia. Of the 29 nondrug related accidents, six were due to exposure to excessive natural cold, while none were due to exposure to excessive natural heat.

Philadelphia:

City of Philadelphia Homeless Death Review: 2009 – 2010, conducted by Philadelphia's Homeless Death Review Team (HDRT) identified 90 persons who met homeless criteria at the time of death from the beginning of 2009 to the end of 2010. The average age of death was 53 years. Of the 90 persons reviewed, 83 percent were male; 63 percent were African American; and 39 percent were considered chronically homeless.

Twenty-three percent of the decedents were unknown to city homeless service systems, including emergency shelter and street outreach services, while nine percent had some street outreach contact but no history with shelter.

Despite winters with severe temperatures and record snowfalls in both 2009 and 2010, surprisingly few homeless deaths were weather-related: only five cases of hypothermia as a primary cause of death during the two-year span are covered in this report.

As a result of data collected and analyzed during the review of 2009-2010 deaths, the HDRT found that:

- 74% of decedents had at least one known chronic (physical) medical condition at time of death;
- 52 % of decedents had documentation of psychiatric illnesses;
- 63 % of decedents had a history of substance use/abuse, with 44 %of decedents having drug or alcohol intoxication as a primary or contributing cause of death.
- Yet 61 %of decedents had no health care coverage at the time of death.

In Philadelphia, there is a comprehensive system of care for physical, mental, and behavioral health available for people experiencing homelessness. Ninety-four percent of the homeless decedents encountered one or more homelessness-related service systems during their lifetime, with more than one-half interacting with three or more. Just over one-third came into contact with at least one system in the last 30 days of their lives.

Based on our data, we conclude that:

- Gaps in health care and/or coverage may contribute to inadequate access to appropriate care;
- For individuals with multiple physical and behavioral health conditions, lack of coordination among systems may contribute to unmet needs and housing instability;
- The scarcity of housing subsidies and restrictions on and reductions in service funding limit the number of people who can be assisted.

In part as a result of HDRT findings, the City of Philadelphia has already taken the following actions in support of its goal to end homelessness:

- developed a process to prioritize chronic, vulnerable individuals for engagement, treatment, and housing;
- increased the number of long-term residential drug treatment slots for chronically homeless men and women to overcome addiction;
- Expanded the City's Housing First inventory for seriously mentally ill homeless individuals and individuals dually diagnosed with mental illness and addiction; and developed options for those addicted to alcohol with no immediately observable mental illness.

The HDRT recommends the following actions be taken as part of Philadelphia's goal to end homelessness:

- Continue to seek resources to increase permanent supportive housing and appropriate services;
- Continue to identify and explore best practices to address addiction and those with dual diagnoses;
- Formalize partnerships and data sharing between the homeless service system, managed care organizations, and hospitals to improve coordination and discharge planning processes;
- Consider a medical respite program for Philadelphia that is connected to long-term housing.

Denver:

We Will Remember 2012: Homeless Death Review, published by the Colorado Coalition for the Homeless found 140 homeless deaths in Denver in 2012. 77% were men. The average life expectancy in the homeless population is estimated between 42 and 52 years, compared to 78 years in the housed population. Of the 140 deaths, 39 occurred while the person was living on the street or in an abandoned house or other structure not meant for human habitation.

Twenty-three occurred while the person was living in permanent supportive housing, nine were living in transitional housing, eight were living in a motel, four people were staying in an emergency shelter, two people were living in a nursing home, two people were doubled-up and 53 were unknown. The most deaths occurred in fall (September 22–December 20) with 37, followed by summer (June 21–September 21) with 36. Spring (March 20–June 20) had 32 deaths while winter (December 21–March 19) had the least with 25. The manner of death included four homicides, six suicides, 45 deaths categorized as accidental, 25 natural, 18 undetermined and 42 unknown. The leading cause of death was attributed to complications from chronic drug and alcohol abuse followed by heart disease. The third and fourth leading causes of death were suicide and cancer. Sixty-one of the deaths reported are classified as unknown or pending.

As this report underscores, "housing is health care." 98% had no health insurance so many turn to emergency rooms although they are costly and inappropriate for ongoing care. Untreated addictions, as well as physical and mental illnesses present serious barriers to employment and permanent housing, perpetuating an ever-worsening cycle of poor physical health, hospitalization, incarceration, poverty, and homelessness. These are tragic outcomes for those Experiencing homelessness; burdensome on health care, social service and corrections systems; and, costly to taxpayers. However, providing permanent supportive housing, together with access to integrated medical and behavioral health care, has been shown to increase adherence to treatment, decrease incarceration, and reduce expensive visits to emergency rooms.

Access to primary health care, mental health care and substance treatment services are essential elements in reducing morbidity and premature mortality. Full implementation of Colorado's Medicaid expansion programs, especially for adults without dependent children, is a vital first step in creating sustainable pathways out of homelessness.

Portland:

Domicile Unknown: Second Annual Medical Examiners Review of deaths among people experiencing homelessness in Multnomah County in 2012. The Medical Examiner identified 56 deaths in Multnomah County among people determined to be homeless. Deaths among the group whose domicile was unknown ranged from age 21 to 72 years with an average age of 45.6 years; 73% of deaths were among people aged 30 to 59 years. Forty-eight (86%) of the 56 people who died were males. Overwhelmingly the race of the homeless deaths were white [82%], followed by African American [10%], Hispanic [6%] and Native American [2%].

52% of deaths occurred between April and September while 48% were between October and March. Of the 56 deaths there was only 1 reported case of death by hypothermia. The leading cause of death were accidental [54%], followed by natural causes [25%] and suicide [18%]. Suicide deaths among homeless women were slightly higher with 25%.

The Portland report also underscores the importance of the "housing first" approach. The number of overdose deaths among those who are homeless also suggests that Multnomah County should consider further strategies designed to specifically address substance abuse among people experiencing homelessness. Therefore, we must prioritize expanding housing resources specifically for this population. Effective models already exist in our community, from alcohol and drug free supportive housing to "Housing First" approaches rooted in harm reduction. The stark reality, though, is that wait lists for these resources are currently too long and funding too scarce to meet the breadth of the need. The cost of *not* providing these critical housing resources is extreme – both to our health and public safety systems, but more significantly in the lives lost for lack of access to basic housing and support.

Sacramento & Five Other Cities: Los Angeles, New York, Philadelphia, Denver & Portland:

* **Tables 21 – 24 below "compares" * the Sacramento report to the five other studies. As the tables underscore there are several recurring themes and similarities among the 6 reports:**

- Average age is about 50;
- Overwhelming male;
- Disproportionately people of color [African American; Hispanic, Native American and Asian];
- Fairly evenly distributed among all four seasons;
- Lack of access to primary health care with high rates of heart disease and infectious diseases;
- On average [averaging the four cities with data of manner of death] about one third [29% average] of the deaths are natural deaths.
- On average [averaging all six cities with data on accidental manner of death] one third [32%] of the deaths were accidental- ranging from a low of 15% in New York to 54% in Portland.

****Important note: These tables below report the findings of each of the homeless deaths studies. They are not meant to be truly comparative since each study had a different methodology; each city has a different size homeless population and general population etc. Tables 21 – 24 are meant to illustrative of broad similar trends and themes.***

Table 21: Number of Deaths: Sacramento & 5 other Cities

	Sacramento	Los Angeles	NYC	Philadelphia	Denver	Portland
Years study covered	2002 - 2013	2000-2007	2010	2010	2012	2012
Number of deaths	501	2,815	190	90	140	56

Table 22: Demographics: Sacramento & 5 other Cities

	Sacramento	Los Angeles	NYC	Philadelphia	Denver	Portland
Gender						
Male	87%	85%	77%	83%	77%	86%
Female	13%	15%	23%	17%	23%	14%
Ethnicity			N/A		N/A	
Caucasian	68%	41%		28%		82%
African-	17%	25%		63%		10%
Am	9%	31%		3%		6%
Hispanic	2%	1%		4%		-
Asian	-	-		-		2%
Native	-	-		-		-
Am	4%	1%		-		-
Other						
Unknown						

Table 23: Deaths by Season: Sacramento & Five other Cities

	Sacramento	Los Angeles	NYC	Philadelphia	Denver	Portland
Season			N/A			Spring to
Winter	26%	27%		32%	18%	Fall: 52%
Spring	23%	24%		34%	23%	Fall to
Summer	27%	25%		21%	25%	Winter:
Fall	25%	25%		12%	26%	48%
Unknown					8%	

Table 24: Causes and Manner of Deaths: Sacramento to Five other Cities

	Sacramento	Los Angeles	NYC	Philadelphia	Denver	Portland
Causes of Death					*	
Heart Disease	13%	24.4%	26%	23%		12%
Substance	27%	22%	18%	26%		36%
Abuse	18%	18%	1%	15%		9%
Trauma/Injury	6%		5%	11%		n/a
Infectious	n/a		3%	7%		n/a
Disease	15%	22%	n/a	n/a		n/a
Cancer						
Unknown						
Manner of						
Death	29%	n/a	n/a	44%	18%	25%
Natural	39%	18%	15%	36%	32%	54%
Accidental	6%	.3%	6%	8%	3%	-
Homicide	5%	n/a	4%	2%	4%	18%
Suicide	20%	22%	n/a	10%	43%	4%
Unknown						

** Denver: Did not have percentages but listed them in order of highest to lowest: Substance Abuse; Heart Disease; Suicide and Cancer*

Appendix I: Names of homeless people who passed away: January 2002 – June 2013

Last Name	First Name	Date Of Death	Age
Abel	Robert	07/31/07	51
Adams	James	07/09/10	58
Alires	Albert	06/30/04	50
Allen	Gerald	02/16/07	53
Allen	Keith	09/05/11	45
Almanza	Roberto	03/02/05	49
Ambord	John	10/07/07	53
Anderson	Robert	10/12/03	46
Anderson	Keith	01/08/13	59
Angeles	Daniel	12/07/11	61
Angelica	Christopher	12/18/08	37
Apodaca	David	10/31/09	43
Arcadian	John	01/15/10	68
Armstrong	Robert	11/22/08	50
Armstrong	Joe	07/13/12	60
Arnold	David	06/13/11	49
Arriba	Ojari	12/30/05	67
Arvisais	Margaret	03/31/06	48
Ash	Edwin	11/03/04	67
Aus	Thomas	02/29/04	48
Austell	Michael	06/01/05	52
Averill	Daniel	10/22/08	60
Avila	Fredrick	04/14/09	47
Ayala	Anthony	09/28/09	52
Babino	Rubin	07/18/12	39
Baca	Fred	08/25/07	45
Bailey	Roy	06/30/07	44
Baker	Walter	08/31/06	58
Ball	Ginger	07/31/10	57
Ballard	James	08/10/12	56
Baram	Bidya	05/11/09	68
Barner	Patricia	02/23/13	47
Barnes	Dehaven	08/19/04	38
Barnes	Alfred	12/20/10	42
Bates	Howard	06/29/13	52
Battle	Lasonya	10/03/10	45
Beall	Baby Boy	01/02/09	0

Bear	James	08/31/06	30
Beckes	Daniel	06/17/09	35
Bell	Donald	07/23/11	43
Bell	Christopher	05/22/13	52
Ben-Ra	Aja	09/04/05	59
Besser	Jack	06/10/06	59
Betances	Edward	03/06/06	55
Bjorge	David	10/19/09	41
Blain	Danny	04/04/12	43
Blensly	Thomas	05/27/05	44
Blubaugh	Brian	09/17/07	42
Bohall	Louis	05/25/04	45
Bone	Terry	01/06/06	53
Boone	Jeff	01/22/04	32
Boren	William	03/09/05	52
Brannum	Leslie	03/22/07	61
Braski	Paul	10/10/03	60
Bray	Allen	02/13/11	46
Brewer	Robert	07/31/02	52
Brittenum	Bobby	09/02/11	30
Brock	Adan	05/18/10	50
Brown	Robert	05/05/05	61
Brown	Reana	09/18/10	49
Brown	Chekesha	06/05/11	37
Brown	Gary	01/01/13	67
Bruce	Timothy	01/20/12	51
Bryant	Gene	05/28/04	44
Butler	David	09/25/08	40
Cameron	George	03/31/03	65
Campbell	Roosevelt	04/23/06	40
Campbell	David	01/01/11	56
Caranza	Antonio	08/06/07	72
Carland	Robert	08/11/08	58
Carpenter	John	08/14/04	40
Carr	Christopher	05/10/06	53
Carr	Douglas	10/22/08	52
Carraway	Bryan	05/08/03	21
Castaneda	Jose	02/20/04	29
Cather	Frank	02/25/11	54
Chacon	Steven	03/21/03	49
Chaffins	Lloyd	10/02/10	56
Chandler	Barry	03/03/11	50

Churchill	Gregory	09/27/08	52
Clothier	Thomas	07/30/05	53
Cloyd	Lawrence	07/31/12	70
Cole	James	07/24/07	38
Collins-Harmer	Lena	05/15/12	59
Collis	Roy	12/23/04	64
Comer	Glenn	10/03/08	56
Constant	Ronald	08/05/09	50
Cook	William	05/17/08	55
Cooper	Julie	07/12/05	44
Corbet	Richard	04/24/12	57
Cornett	Joseph	09/25/05	37
Cottrell	Chris	05/11/05	55
Cowart	Paul	12/31/03	39
Cox	Kenneth	12/12/10	46
Crawley	Homer	06/28/03	41
Crom	Barry	06/06/09	40
Cucuk	Herbert	12/17/02	44
Cullen	Valerie	01/05/03	43
Cunningham	Amelia	09/20/05	45
Curtis	Andre	02/02/09	24
Cushing	Paul	03/06/11	61
Cyr	Robert	09/11/09	53
Dalton	Baby	06/10/13	0
Daniel	Willie	01/13/10	68
Danker	Leon	04/08/03	53
Dansereau	John	07/13/11	28
Davis	Richard	02/05/13	65
Dayes	Paulette	05/23/11	47
Dehart	David	05/30/09	40
Detore	William	03/06/10	47
Dewitt	Jon	02/19/13	61
Dietrich	Henry	10/08/04	38
Dimas	Steven	11/11/11	48
Dobbs	Lawrence	04/08/12	57
Dodson	Stephen	09/22/08	49
Domingo	Jennifer	06/13/13	32
Donahue	George	03/27/06	61
Dorsey	Peter	02/19/11	56
Douglas	Stephen	02/25/09	54
Doyle	Jennifer	01/26/09	36
Driggers	Baby Boy	07/01/03	0

Drippon	Thomas	06/20/11	54
Dukes	Dagan	02/02/12	43
Easlon	Nathanuel	03/20/13	34
Edgar	Darren	12/01/10	40
Edwards	Judith	09/10/05	41
Eheler	Vincent	06/06/06	46
Elliott	David	09/13/05	55
Elliott	Booker	06/16/10	72
Emerick	Steve	06/22/12	53
Engelbert	Victoria	03/09/10	57
Ernst	Julie	10/22/10	48
Evans	Dale	07/09/06	48
Evans	Jessie	05/20/08	52
Fanchar	Donald	08/21/05	49
Farrell	Todd	03/05/11	44
Farris	Jerry	02/11/07	49
Ferguson	Timothy	08/04/10	40
Ferris	Anthony	08/30/09	41
Finley	Thomas	03/14/03	49
Fisher	Marion	08/12/04	43
Fleming	Kris	01/23/03	45
Flores	Mildred	03/26/06	50
Flores	Kathleen	07/09/09	54
Ford	Gene	08/06/08	49
Forney	Lance	01/15/06	34
France	Alice	03/18/07	47
Franco	Leo	07/03/10	43
Frank	John	02/27/05	47
Frank	Crystal	05/18/11	49
Fresquez	Benny	06/22/08	37
Fryer	Dane	03/26/05	37
Fuentes	Ricardo	11/02/04	35
Fujii	Tadato	04/21/03	68
Gagliano	William	07/24/05	60
Gaines	Dale	11/20/11	73
Gallagher	Jon	01/05/08	31
Gallegos	Guadalupe	12/10/07	54
Galley	Anthony	10/16/12	49
Geiger	Wayne	03/12/11	45
Gent	Dalton	03/30/06	74
Gibbs	Lawrence	03/03/07	39
Gibbs	Richard	08/10/11	44

Givan	Ronald	10/01/09	47
Glaneman	William	07/22/04	50
Glick	Richard	06/24/08	31
Gomes	Roy	03/05/04	38
Gonzales	David	12/19/06	53
Gonzalez	David	12/05/11	58
Goodwin	Kevin	06/29/13	51
Gosch	Byron	06/07/08	52
Graham	James	06/12/12	55
Gray	Thomas	08/26/09	53
Green	Marvin	07/08/05	44
Greer	Ricky	06/04/11	50
Greer	Ainslie	12/10/12	50
Griffin	David	01/05/08	59
Griffin Trammell	Natalie	11/12/11	44
Griggs	Michael	08/30/09	61
Grohman	Henry	08/13/05	49
Grosshans	Joshua	04/23/07	20
Grover	John	03/06/13	44
Guess	Charles	10/03/11	59
Gutierrez	Tommy	07/02/05	38
Guzman	Roberto	05/28/13	62
Gwin	William	07/22/02	60
Hagerty	Paul	02/02/12	41
Halford	Richard	01/14/12	51
Halle	Paula	02/25/05	41
Halliburton	Steven	12/10/06	50
Hamrick	Samantha	05/03/07	39
Hancock	Lloyd	12/05/10	45
Hannigan	Richard	05/13/13	77
Hanscom	Don	06/20/08	42
Harriell	Maxie	08/24/06	48
Harris	David	01/28/09	51
Harvey	Barry	09/05/12	50
Haugen	Bryan	07/29/10	44
Hayes	Neil	07/12/09	67
Helyer	Lynnette	04/29/06	52
Henderson	Abraham	08/17/06	56
Hendricks	Rochelle	07/11/03	35
Hernandez	Martin	11/14/03	33
Hernandez	Daniel	08/04/08	49

Hernandez	Vicente	09/24/08	39
Hernandez	Macario	07/23/09	55
Herren	Glenn	05/12/03	54
Herrera	Severo	09/30/04	62
Herring	Michael	12/18/11	54
Hickey	James	12/15/11	60
Hilbourne	Michael	01/28/11	42
Hoglen	David	03/03/05	48
Hollingsworth	Clever	03/31/13	0
Holloway	Keith	08/31/08	56
Holloway	Crawford	09/16/12	60
Holly	James	05/16/11	51
Holmes	Don	10/23/11	71
Hood	Zackary	10/21/10	51
Hopkins	Kent	11/27/10	57
Horn	Irwin	12/05/10	52
Huffstutler	Kevin	07/11/10	41
Hull	Charles	09/09/07	59
Huntington	Theresa	11/10/04	44
Hurd	Broderick	09/19/05	42
Ingram	Carl	10/22/07	55
Jack	Allen	03/28/13	74
Jackson	Carl	07/17/05	57
Jackson	Joe	09/25/06	54
Jackson	Ronald	06/11/11	52
Jackson	Dallas	08/25/11	27
Jackson	Wanda	10/05/12	53
Jakobcic	Dale	10/14/11	50
Jardine	Robin	12/27/07	50
Jiwan	Jag	02/12/11	48
Johnson	Theresa	04/05/08	40
Johnson	Terry	12/04/04	56
Johnson	Fredrick	02/20/05	40
Johnson	Kevin	06/24/05	40
Johnson	Harry	08/17/09	57
Johnson	Anthony	03/01/13	54
Jolly	Ronald	07/09/04	58
Jones	David	06/19/05	44
Jones	Tiffany	10/12/06	23
Jones	Malachi	12/15/08	32
Jones	James	09/11/11	48
Jones	Joseph	09/27/11	34

Kearney	James	03/31/06	49
Keel	Billy	03/16/08	76
Kelley	Robert	12/15/10	52
Kelly	William	10/03/08	60
Kelly	Joseph	09/15/12	58
Kent	James	08/26/06	58
Kerwin	Deborah	08/14/04	49
Killsback	Vernon	09/11/11	43
Kindice	Timothy	01/26/12	55
King	Kevin	11/16/07	30
Kolessar	Rudolph	11/23/03	58
Konkler	Bradley	07/05/12	43
Kovacs	Csaba	04/07/04	36
Kozachek	Igor	06/24/04	39
Kramer	Joseph	06/03/10	50
Kraus	Dennis	12/05/09	56
Lake	William	07/03/12	53
Lamoy	Dennis	06/12/06	47
Langeberg	William	12/31/12	50
Latham	Rick	02/13/04	45
Le	Dat	04/14/13	45
Leblanc	Delores	06/26/04	51
Ledford	Randall	04/20/12	58
Lee	Roy	02/17/04	46
Lewis	Rex	03/07/05	44
Linaburg	Nicholas	10/11/12	59
Lindley	Jack	03/03/07	53
Loftus	Martin	11/04/07	46
Lopez	Jesse	09/11/04	50
Lucas	Tommy	08/16/09	53
Luginbyhl	Levi	06/04/04	47
Luning	Zachary	01/24/09	33
Lunney	Franklin	02/11/11	59
Luther	Ronald	07/10/12	47
Lyon	Tami	09/12/10	50
Lyons	Toliver	05/15/11	57
Mahoney	Brian	04/14/12	62
Mana	Martin	09/21/07	42
Mangram	Latrenda	05/08/03	34
Marino	George	09/08/07	81
Marquez	Sofia	11/26/07	26
Martin	Willie	02/28/11	60

Martin	Karl	04/28/12	55
Mason	Kenny	12/19/08	53
Maxie	Barbara	10/02/05	57
Mazaheri	Jeffrey	04/16/11	51
Mcgarr	Frank	12/02/03	70
Mcgee	Don	04/09/08	48
Mckowen	Steven	11/19/07	54
Mcmanus	William	11/09/09	56
Mcnamara	George	05/27/03	23
Mcwhinney	Mason	08/05/05	76
Mcwilliams	Michael	05/12/08	53
Mercer	Charles	12/26/08	61
Meredith	Dewey	01/03/09	50
Merritt	Joanne	03/16/03	46
Mickle	Kurt	09/15/08	52
Milke	Samuel	03/20/12	59
Miller	Gordon	10/30/03	45
Miller	Albert	01/16/04	46
Montgomery	Randall	12/08/08	55
Montoya	Gilbert	03/26/05	34
Moore	Charles	06/17/06	44
Moore	David	11/16/07	54
Moore	David	12/29/10	58
Moore	Kevin	01/14/12	39
Morales	Antonio	11/19/02	41
Moreno	Sandy	03/06/06	45
Moreno	Francisco	11/22/07	50
Morris	Caleb	08/03/09	25
Morris	Lisa	03/29/13	31
Moser	Chris	04/22/10	50
Mullinax	Judy	03/04/13	66
Munoz	John	07/12/11	53
Murphy	Barbara	11/21/02	71
Murphy	Jessica	07/19/06	24
Murphy	Edmund	12/03/11	65
Murray	Lionel	10/04/04	57
Murray	Gene	03/09/06	59
Muses	Ricardo	12/27/12	54
Myers	Jerry	06/05/08	44
Myers	Wayne	10/17/12	75
Neal	Kenneth	06/22/09	51
Nemeth	John	11/19/02	41

Ness	Robert	02/22/12	49
Ngo	Tin	06/11/05	45
Nickson	Bernice	04/10/10	69
Noel	Robert	09/21/06	28
Novak	Andrew	06/09/09	53
Noyes	Gregory	06/17/13	55
Nunez	Rodolfo	10/09/08	27
Nystrom	Robert	03/05/04	57
Ochoa	Javier	01/12/06	48
Oliver	Anthony	06/16/10	37
Omeara	Daniel	12/13/08	56
Orduno	Manuel	08/20/04	50
Orozco	Tino	12/12/08	56
Owings	Daniel	08/09/10	57
Paddy	Phillip	10/22/08	64
Parks	Larry	01/15/08	48
Perrin	Ronald	02/05/10	57
Perry	Lawrence	07/06/12	47
Peters	Ward	01/13/13	46
Petersen	Robert	05/04/04	48
Peterson	Georgia	12/16/06	44
Pimentel	Terry	01/14/08	52
Pino	Melvin	02/28/09	40
Plunger	Dane	02/16/09	52
Posh	Wayne	07/03/09	53
Powanich	San	02/10/07	31
Powell	Nathan	07/14/08	47
Pratt	Michael	04/27/10	56
Preston	Daveda	05/09/11	38
Prestridge	Baby Boy	12/05/10	0
Pryor	George	10/26/07	75
Pugh	Douglas	09/19/06	42
Purcell	Sharon	07/22/09	58
Ragan	Zachary	10/28/10	42
Rakow	Elmer	11/26/06	56
Rambadt	Christopher	10/28/04	22
Raney	Cicero	01/17/07	55
Rasmussen	David	05/30/09	41
Redmond	Johnnie	12/31/04	55
Reed	Steven	05/06/06	52
Reed	Alisha	10/27/09	31
Reyes	Edward	05/20/05	40

Reyes	Jesus	01/05/09	73
Richards	Michael	12/26/12	53
Rickel	Theresa	12/18/11	50
Ritchey	Brian	12/26/10	32
Rivard	Arthur	03/01/09	60
Rizo	Jorge	01/19/05	24
Roberson	Dale	12/12/04	45
Robles	Randall	10/06/04	45
Rodriguez	Procopio	01/15/10	68
Rodriquez	Benjamin	05/30/04	62
Roller	Martin	02/09/11	47
Romo	Jose	01/16/08	62
Roper	Evelyn	01/04/08	66
Rosauer	Robert	11/21/08	48
Rose	James	05/02/03	45
Rose	Willis	11/23/03	77
Rowland	Eric	12/14/06	43
Rozenski	Jeffrey	11/26/12	55
Rubal	Mark	06/13/10	57
Rubio	Christopher	01/26/05	48
Ruona	Dale	08/16/10	67
Russell	David	12/29/07	51
Ruttan	Carl	04/16/05	52
Salas	Daniel	07/26/11	66
Sands	Orville	12/25/03	50
Sane	William	07/20/03	42
Sayakhom	Shelly	05/13/13	61
Scalibrini	Mark	12/29/03	34
Scherer	Laurence	12/11/07	67
Schlender	Thomas	02/27/06	36
Schwartz	Randy	01/28/13	62
Sears	Michael	02/18/11	49
Seaver	Charles	08/16/07	49
Seeger	Richard	04/09/09	58
Selvig	Henry	10/19/04	51
Shaver	Steven	07/24/12	56
Shelton	Cary	06/09/08	46
Shoffner	Joseph	06/19/02	53
Short	Peter	12/27/07	55
Skinner	Bryan	04/07/03	42
Skinner	Scott	03/28/13	56
Sletto	Chester	01/14/12	45

Smith	Richard	05/08/05	65
Smith	Ottis	03/18/06	48
Smith	Willis	05/31/08	71
Smith	Golden	03/05/11	49
Smith	Leonard	01/30/12	56
Smuin	Thomas	07/13/11	69
Sorensen	Chris	11/30/12	63
Souza	Michael	09/20/06	50
Spackman	Mark	10/20/06	47
Sparks	Gloria	12/17/07	50
Spoonemore	Robert	12/02/09	44
Stabnau	Timothy	07/11/11	53
Stallings	Richard	06/17/05	63
Steuber	Gerry	05/11/08	47
Stevens	Paul	06/11/13	55
Stone	James	06/17/08	44
Strange	Suzette	08/16/11	53
Sullivan	Kenneth	06/23/13	44
Sutton	Alfred	06/11/03	72
Sutton	Alan	07/15/03	53
Sutton	Margaret	07/04/07	80
Swader	Daniel	03/15/11	52
Sweeney	Jeanette	08/17/06	46
Sweet	Vaughn	03/16/06	58
Ta	Hien	02/13/07	50
Tam	Chun	10/28/11	59
Thompson	Brian	08/11/10	34
Thompson	Charles	05/01/11	56
Throop	Keith	10/27/06	51
Todd	Donald	02/12/11	58
Tollestrup	Terry	09/08/10	64
Torretti	John	05/24/13	43
Townsend	Kurt	05/02/04	45
Trainer	Clark	11/04/08	20
Troyer	Ryan	04/06/08	20
Trujillo	Arturo	10/02/05	67
Trull	Roy	04/28/03	59
Twombly	Melody	01/11/10	59
Urias	Mark	04/02/07	59
Vandenburgh	David	11/04/05	46
Vanhalteren	Donald	11/24/03	46
Veal	Robert	12/08/02	53

Vega	Miguel	03/25/03	55
Velasquez	Eric	05/17/05	42
Villalva	Carlos	09/29/04	41
Villanueva	Diane	01/09/05	48
Voyles	James	04/19/06	48
Waite	Jason	02/05/10	27
Wake	Donna	05/25/07	37
Walker	Jesus	03/17/12	30
Wallace	Robert	05/20/03	58
Walsh	Sheila	12/18/06	43
Walton	Arthur	02/26/08	57
Warwick	Mark	01/25/05	43
Washburn	Marcella	08/06/11	58
Watson	Leroy	09/13/04	63
Watters	Michael	09/28/09	36
Welch	William	01/02/04	53
Wentworth	Michael	04/30/08	48
Westerbeck	Gary	02/08/03	53
White	Leroy	11/17/03	63
White	Bruce	12/19/08	53
Whitehead	Jay	01/06/08	46
Wichman	Timothy	02/18/06	46
Wiggins	Robert	08/17/07	67
Wilhelm	Kim	01/01/13	72
Williams	Bobby	04/20/05	61
Williams	Robert	02/27/08	45
Williams	James	08/10/08	76
Williams	Frederick	11/08/12	61
Wilson	Richard	10/29/06	54
Wilson	Edward	09/08/07	53
Wilson	Stanley	10/19/08	50
Winters	Donald	02/19/04	41
Winters	Connie	10/13/10	59
Wood	John	07/10/05	44
Wood	Johnnie	08/31/05	56
Woods	Kenneth	08/28/04	52
Yoest	Daniel	02/11/11	20
Young	Robert	07/25/09	43
Young	Rodney	12/02/11	46

Appendix II: Homeless Deaths by Year
Sacramento County, June 2002 – June 2013

YEAR	Frequency	Percent	Cumulative Frequency
2002	8	1.6	8
2003	36	7.2	44
2004	44	8.8	88
2005	47	9.4	135
2006	46	9.2	181
2007	41	8.2	222
2008	55	10.9	277
2009	45	8.9	322
2010	46	9.2	368
2011	61	12.2	429
2012	43	8.6	472
2013	29	5.8	501

Appendix III:
Distribution of Homeless Deaths by Year, Gender, and Race
Sacramento County, 2002-2013

	Gender										
	Female					Male					All
	RACE					RACE					
	Asian	Af Am	Caucasian	Hispanic	Other	Asian	Af Am	Caucasian	Hispanic	Other	
	N	N	N	N	N	N	N	N	N	N	N
YEAR											
2002	.	.	1	.	.	.	1	5	1	.	8
2003	.	2	2	.	.	1	1	25	3	2	36
2004	.	.	4	.	1	.	5	25	9	.	44
2005	.	3	2	1	.	1	11	22	6	1	47
2006	.	1	8	.	.	.	6	27	4	.	46
2007	.	.	6	1	.	2	4	24	3	.	40
2008	.	1	1	.	.	.	9	34	9	1	55
2009	.	.	4	.	1	1	6	25	4	2	43
2010	.	3	6	.	.	.	6	28	1	1	45
2011	.	3	4	.	1	2	9	34	3	3	59
2012	.	2	.	.	.	1	8	31	1	.	43
2013	1	1	4	.	.	1	2	18	1	1	29
All	1	16	42	2	3	9	68	298	45	11	495
%	.02%	3%	8%	.04%	.06%	1.8%	13.7 %	60%	9%	2%	100%

Appendix IV:
Homeless Deaths by Underlying Manner and Cause and Race
Sacramento County, 2002-2013

		Race									
		Asian		Af Am		Caucasian		Hispanic		Other	
		Count	%	Count	%	Count	%	Count	%	Count	%
MANNER	Cause of Death										
	Alcohol-/Drug-Induced	1	10.0	11	12.9	77	22.6	8	17.0	2	10.5
	Asphyxia	.	.	.	.	1	0.3	.	.	.	.
	Cardiovascular Disease	.	.	1	1.2	.	.	.	.	.	.
	Drowning	.	.	.	.	4	1.2	1	2.1	.	.
ACCIDENT	Hypo/Hyperthermia	1	10.0	.	.	14	4.1	.	.	.	.
	Injury	.	.	13	15.3	42	12.4	11	23.4	.	.
	Internal Disease	.	.	.	.	4	1.2	.	.	.	.
	Other	.	.	.	.	4	1.2	1	2.1	.	.
	Unknown	.	.	.	.	1	0.3	.	.	.	.
	Asphyxia	.	.	.	.	.	.	1	2.1	.	.
	Cardiovascular Disease	.	.	.	.	1*	0.3	.	.	.	.
HOMICIDE	Drowning	.	.	.	.	1	0.3	.	.	.	.
	Injury	.	.	1	1.2	6	1.8	.	.	.	.
	Wound	1	10.0	5	5.9	7	2.1	6	12.8	.	.
	Alcohol-/Drug-Induced	.	.	4	4.7	18	5.3	4	8.5	4	21.1
	Cardiovascular Disease	1	10.0	16	18.8	42	12.4	2	4.3	1	5.3
	Diabetes	.	.	3	3.5	2	0.6	.	.	.	.
NATURAL	Hypo/Hyperthermia	.	.	1	1.2	1	0.3	.	.	.	.
	Infection	.	.	5	5.9	20	5.9	4	8.5	.	.
	Internal Disease	1	10.0	4	4.7	11	3.2	.	.	.	.
	Other	.	.	1	1.2	1	0.3	.	.	.	.
	Unknown	.	.	.	.	1	0.3	.	.	.	.
	Alcohol-/Drug-Induced	.	.	.	.	3	0.9	.	.	.	.
SUICIDE	Asphyxia	1	10.0	1	1.2	13	3.8	1	2.1	.	.
	Injury	.	.	1	1.2	1	0.3	.	.	.	.
	Wound	.	.	1	1.2	3	0.9	1	2.1	.	.
	Alcohol-/Drug-Induced	.	.	2	2.4	4	1.2	1	2.1	.	.
	Drowning	.	.	1	1.2	4	1.2	1	2.1	.	.
UNDETERMINED	Injury	2	20.0	3	3.5	7	2.1	1	2.1	1	5.3
	Other	.	.	1	1.2	1	0.3	.	.	.	.
	Unknown	2	20.0	10	11.8	46	13.5	4	8.5	11	57.9
All		10	100	85	100	340	100	47	100	19	100.0

Appendix V:

Children in Homeless Situations Enrolled in School by District Kindergarten through 12th Grade Sacramento County 2011 – 12 Academic Year			
School Districts	**Homeless Children: 2011 – 12**	**District Enrollment: 2011 - 12**	**Homeless Students as a Percent of 2011 – 12 Enrollment**
Total	**10,404**	**236,458**	**4%**
Aroche Union	27	414	7%
Center Unified	264	4,849	5%
Elk Grove Unified	459	62,126	1%
Elverta Joint	30	267	11%
Folsom Cordova Unified	1,153	19,154	6%
Galt Joint Union	56	3,855	15%
Galt Joint Union High	181	2,287	8%
Natomas Unified	656	12,344	5%
River Delta Unified	76	2,286	3%
Robla	406	2,055	20%
Sacramento City Unified	2,059	47,939	4%
San Juan Unified	2,058	47,245	4%
Twin Rivers Unified	2,033	31,637	6%
Other	441	NA	NA

Source: Sacramento County Office of Education [SCOE], Project TEACH [Homeless] California Department of Education [Enrollment] Note: The table does not reflect the 1,368 infants/toddlers identified as experiencing homelessness during the 2011 – 12 academic year. Note: "Other" includes students enrolled in private or charter schools and programs operated by SCOE

Appendix VI: Program Type- Shelter [HMIS data for 168 decedents]

Program Type	Number	% by Program Type	% of Total [336]
Shelter			
Winter Shelter	109	36.1%	32.5%
Volunteers of America [VOA]- Alcohol Treatment	87	28.8%	25.9%
Salvation Army	67	22.2%	19.9%
VOA– North A street	20	6.6%	5.9%
Transitional Living & Community Support [TLCS]	7	1.3%	1.1%
Next Move [formerly Sacramento Area Emergency Housing Center]- Motel	5	1.6%	1.4%
St. John's Family Shelter	4	1.3%	1.1%
Salvation Army - Overflow	3	1%	.9%
Next Move- Women's shelter	2	.6%	.5%
VOA – Open Arms [HIV/AIDS]	2		
Salvation Army- Senior	1	.3%	.2%
Subtotal Shelter	***307***	***100%***	***89.9%***

Appendix VII: Program Type: Transitional; PSH and Affordable Housing

Program Type	Number	% by Program Type	% of Total [336]
Transitional Housing [TH]			
VOA- Independent Living Readiness Program [foster youth]	3	37.5%	.9%
VOA – MCC	2	25%	.6%
Sac Veterans Resource Center	2	25%	.6%
Next Move- Wilma's Pl	1	12.5%	.3%
Subtotal TH	*8*	*100%*	*2.4%*
Permanent Supportive Housing [PSH]			
SHRA Shelter Plus Care	3	60%	.9%
SSHH Keys to Hope	1	20%	.3%
LSS Mutual at the Highlands	1	20%	.3%
Subtotal PSH	*5*	*100%*	*1.5%*
Housing			
Homeless Prevention & Rapid Rehousing [HPRP	1	100%	.3%
Subtotal housing	*1*	*100%*	*.3%*
Missing data	*15*	*100%*	*5%*
Total: Shelter + TH+ PSH + Housing	***336***		***100%***

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