Sacramento County 2018 Homeless Deaths Report

January 1, 2017 – December 31, 2017

124 deaths in 2017

A 75% increase from 2016

900 homeless deaths from 2002 – 2017

or 1 person every 6 days for the past 16 years

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

August 2018

SACRAMENTO REGIONAL COALITION TO END HOMELESSNESS

Dedication

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

There were 124 deaths of people experiencing homelessness in 2017. This report documents 111 of the deaths, since 13 deaths were confidential due to the next of kin not being notified at the time of the printing of this report. The names and ages of the 111 Coroner reported homeless deaths from January 1, 2017 to December 31, 2017, are listed in alphabetical order by last name in Appendix II 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 released this report August 29, 2018.
The 4th Annual Interfaith Homeless Memorial Service will be held December 21, 2018 at Trinity Episcopal Cathedral, 2620 Capitol Ave., Sacramento from 7 pm to 8 pm

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

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

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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]*

SACRAMENTO REGIONAL COALITION TO END HOMELESSNESS

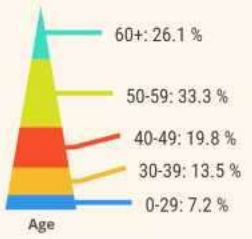
Sacramento Regional Coalition To End Homelessness

2018 County Homeless Deaths Report

January 1, 2002 – December 31, 2017

900 Deaths (2002-2017)

Key Findings: 124 Deaths in 2017



Mortality Rates

4.7x

Suicide Rates

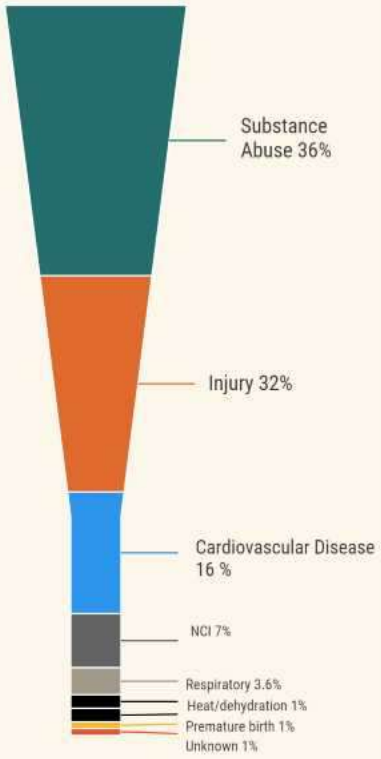
14.7x

Homicide Rates

23.4x

the General Population

Underlying Causes of Death



I. Executive Summary

Goal: To support the communities understanding of the tragedy that befalls Sacramentans facing homelessness and implement recommendations to prevent the untimely deaths of people experiencing homelessness in our city and county.

FINDINGS:

- **Number of Coroner reported homeless deaths:** There were **124** Coroner reported deaths of homeless people January 2017 - December 2017, an increase of 75% over the 71 homeless deaths in 2016. The total from 2002 to 2017 is ***900 homeless deaths***, ***or roughly one death every 6 days, every week for a 16 year period.***
- **Increase in average number of annual deaths:** From 2002 – 2013 the average number of homeless deaths was 46. From 2014 – 2017 the average number increased to 86 – **a 1.9 times increase in the past 4 years.**
- **Demographics:**
  - ✓ *Gender:* 79.3% were male and 20.7% female: From 2002 – 2015 the average percentage of homeless women was 13.5%; this increased to 18% in 2016 and to roughly 21% in 2017 – a 1.5 times increase over the 2002 – 15 period;
  - ✓ *Age:* 60% were between 40 to 59 years old. In 2017 the average age for women was 45 and 51.9 for men;
  - ✓ *Number of lost years due to untimely deaths:* Using 75 years of age as the life expectancy national average, overall, the lives of the homeless people was cut short on average by 33% - 30 years for homeless women and 23 years for homeless men
  - ✓ *Race/ethnicity:* The majority of homeless deaths were Caucasian (65%), with homeless people of color [Black; Asian and Latinx] comprising 26.1% of the homeless deaths – with Blacks comprising 16% of the total;
  - ✓ *Race/ethnicity & Gender:* 70% of homeless women and 64% of homeless men were white; with 30% of homeless women being women of color – 50% of whom were Black; and 26% of homeless men being men of color – 50% of whom were Black.
- **Manner and Cause[s] of death:**
  - ✓ *Manner of death:* 59% were accidents, while only 23% died of natural causes; 6% suicides and 5% homicides and 7% undetermined;
  - ✓ *Underlying Cause[s] of death:* alcohol and drug induced deaths was the leading cause of death [36%] followed by injury [32%], followed by cardiovascular disease [16%];
  - ✓ *Substance Abuse Deaths:* 60% of deaths of homeless men and women were by meth; 32% mixed drugs and only 8% by alcohol;
  - ✓ *Substance Abuse; Gender and Ethnicity:* White homeless women disproportionately died of mixed drug use [45.5%], while a higher percentage of black homeless women died of meth, compared to white and Latina homeless women [27% compared to 18.1% and 10% respectively]; White homeless men died of mixed drug use compared to other ethnicities, although at a much lower percentage compared to homeless women [13.7% compared to 45.5% compared to homeless women respectively. Conversely, white homeless men died of meth at a higher percentage than other ethnicities [34.5 compared to 20% black, 10.3% native American and 3.5% mixed race respectively];
  - ✓ *Violent deaths:* 64% of violent deaths were blunt force head injuries, followed by gunshot wounds and hangings [12% each]; drownings [6%]; stabbing and choke hold [3% each]; Homeless white women died of blunt force injuries at 4 times the percentage of Latina homeless women [80% compared to 20% respectively; White homeless men died of blunt force injuries at a significantly greater percentage than either Latino or mixed race homeless men [76.5% compared to 17.6% and 15.9% respectively.

- **Comparison of Mortality rates of Homeless to General Population:**
  - ✓ *Mortality rate:* mortality rate per 100,000 for the homeless population is **4.7 times** higher than the general population in 2017;
  - ✓ *Homicide rate:* homicide rate per 100,000 for the homeless population is **23.4 times** higher than the homicide rate for the general population in 2017;
  - ✓ *Suicide rate:* suicide rate per 100,000 for the homeless population is **14.7 times** higher than the suicide rate for the general population in 2017;

Policy Recommendations

	Policy	Findings
	Expand the sources of funding for the Sacramento City & County Affordable Housing Trust fund to create more affordable & accessible housing	700 homeless deaths over 16 years: 1 death every 6 days
	Support for housing first approach, but where housing is lacking – increase the capacity of crisis response system for year round shelter– especially for homeless youth and women to serve more homeless people through a no barrier Triage Center; year round emergency shelter; 1st Steps Communities	75% of the homeless deaths were in Spring; Summer & Fall – evenly distributed across seasons – 25% per season
	Increase funding for alcohol & other drugs and mental health treatment programs - Increase effective linkage to Medi-Cal existing services. Refund VOA's free treatment on demand program	36% died of alcohol/substance abuse induced deaths – the leading underlying cause of death – with a dramatic increase in deaths by meth overdose
	Sacramento City Council and Sacramento Board of Supervisor's adopt a "Zero Tolerance Policy" regarding Homeless "Patient Dumping"	In a 2018 survey of 20 shelters in Sacramento – 50% reported they routinely had hospitals deliver homeless people unannounced to their shelter – by ambulance; cab and ride share
	Expand funding for Respite Care facilities	Homeless people are routinely discharged to the streets by local hospitals & jail – many need a respite care facility to recover from surgeries
	Increase funding resources to support additional licensed nurse outreach services, with a priority of out-stationing nurses at winter shelter sites as well as adding nurses to street outreach teams	According to Sacramento Steps Forward's HMIS 2017, 91% of homeless people in Sacramento have health insurance but 55% still use the ER for primary care. Over 45% have chronic health issues including asthma, chronic heart disease and diabetes.
	Ensure full enrollment of homeless people on CalFresh & full implementation of Restaurant Meals Program	Almost 50% of homeless people died over 15 years have died of poor health conditions [high blood pressure etc.] & may be related to poor nutrition
	Free or subsidized transportation for homeless people	Lack of transportation is a major barrier to access health care as well as substance abuse & mental health treatment programs
	Sacramento County's Coroner Office convene a Homeless Deaths Review Committee, similar to death review panels for children and victims of domestic violence	1 homeless death every 7 days for the past 15 years

II. FINDINGS

Number of Coroner reported deaths:
1 death every 6 days for 16 years

There were **124** Coroner reported deaths of homeless people from January 1, 2017 to December 31, 2017 for a total of ***900 deaths from 2002 to 2017.*** See Table 1 below for the number of deaths by year and Figure 1 for a year by year graph.

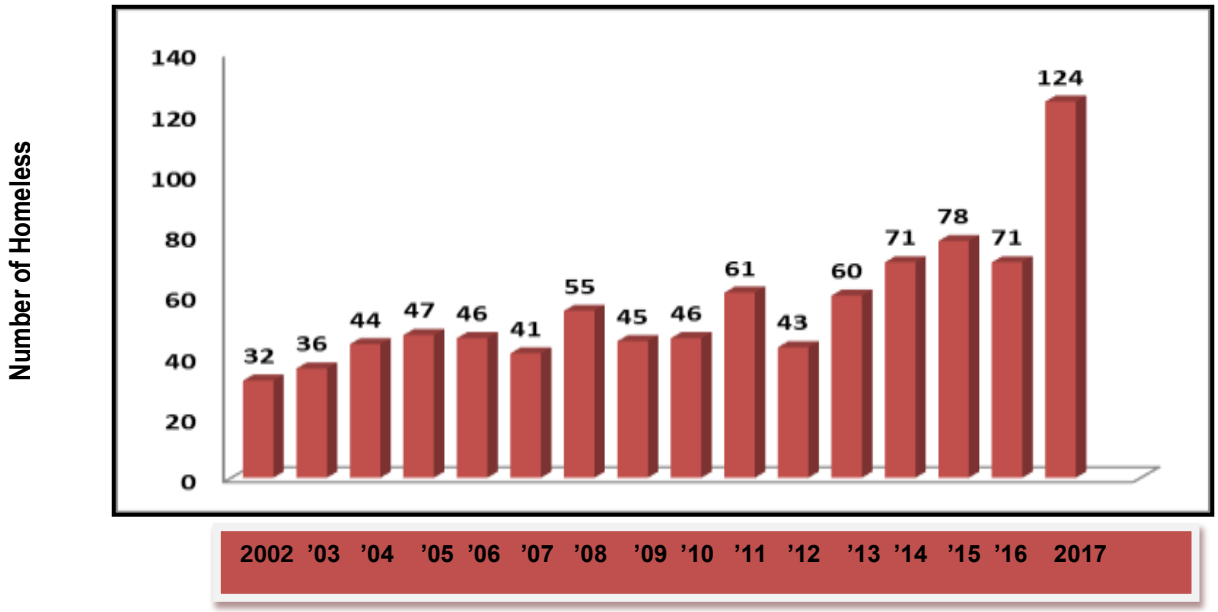
13.8% of all homeless deaths were in 2017, while almost 40% [38.7%] of homeless deaths over the past 16 years have occurred in the past four years [2014 – 2017.]

Note: This report details 111 deaths of homeless people in 2017, since 13 of the deaths were confidential since at the time of the release of this report, their next of kin had not been notified.

Table 1: Number of Homeless Deaths by Year: 2002 to 2017

2002	32	3.6%
2003	36	4.0%
2004	44	4.9%
2005	47	5.2%
2006	46	5.1%
2007	41	4.6%
2008	55	6.1%
2009	45	5.0%
2010	46	5.1%
2011	61	6.8%
2012	43	4.8%
2013	60	6.7%
2014	71	7.9%
2015	78	8.7%
2016	71	7.9%
2017	124	13.8%
Total	900	100%

Figure 1: Homeless Deaths by year: 2002 – 2017



From 2002 to 2013 the average number of homeless deaths was 46.

From 2014 to 2017 the average number of homeless deaths was 86 –

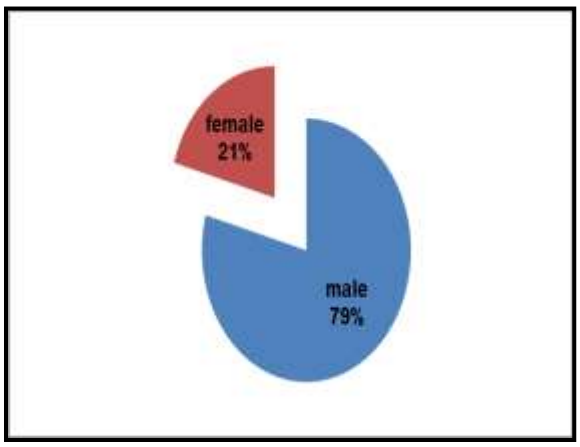
a 1.9 times increase in the last four years

DEMOGRAPHICS

Gender

Overwhelmingly the percentage of homeless deaths were male, 88 homeless men or 79.3%, while there were 23 homeless female deaths, or 20.7% [Figure 2].

Figure 2: Homeless deaths by Gender: 2017



Increase in homeless female deaths in 2017

From 2002 to 2015 the average percentage of homeless females was 13.5%.

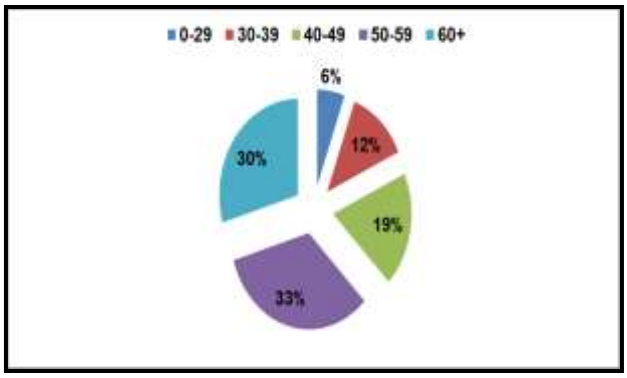
This increased to 18% in 2016 and to 21% in 2017 – a 1.5 times increase in 2017 over the 2002 – 2015 period

Age

Figure 3 shows the age range of the homeless deaths by age category by gender. Overall, homeless women died at an earlier age than homeless men with only 26% of homeless women living to 60+ years, compared to 30% of homeless men.

Figure 3: Homeless Deaths by Age Category by Gender: 2017

Homeless Men



Homeless Women

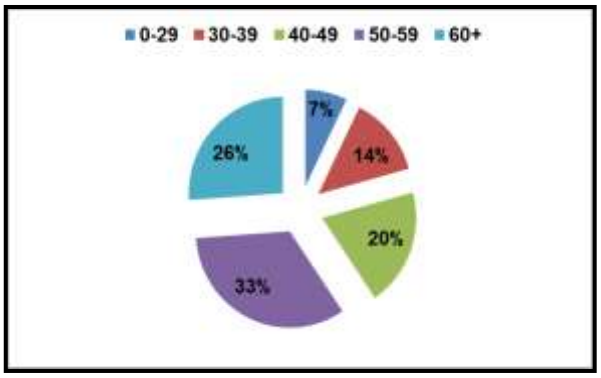


Table 2 indicates the average age of homeless deaths by gender. In 2017 the average age of homeless women was 45 years [Note: if you remove the two premature female babies, the average age of death for homeless women increase to 49.3], while for homeless men it was 51.9 years old.

Table 2: Average age of deaths by gender: 2017

AGE					
Gender	Min	Max	Average	N	%
Female	0	70	45	23	20.7%
Male	27	72	51.9	88	79.3%

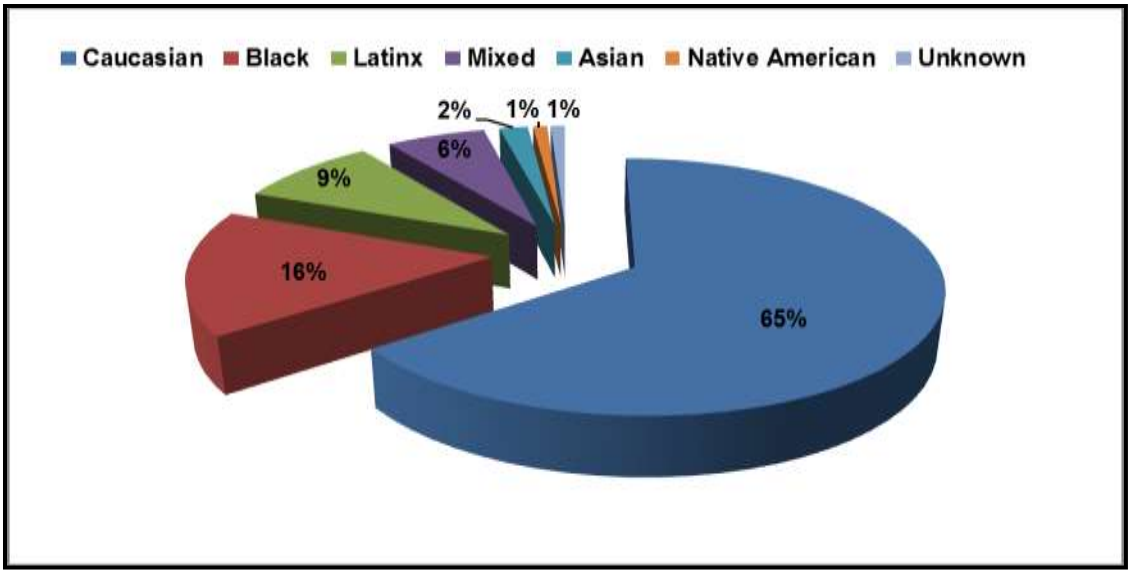
Homeless Life Expectancy: Life cut short by average of 33%

Using the national life expectancy average of 75 years old, homeless lives in Sacramento are cut short by an average of 33% or about 30 years for homeless women and 23 years for homeless men.

Ethnicity

Figure 4 shows the ethnic distribution of homeless deaths. While 64.9 % were Caucasian, 26.1% were people of color, disproportionately, Black: of the 38 homeless people of color, 47% were Black. Black and Native American homeless people are over-represented in the deaths of people experiencing homelessness.

Figure 4: Distribution of Homeless Deaths by Race/Ethnicity: 2017

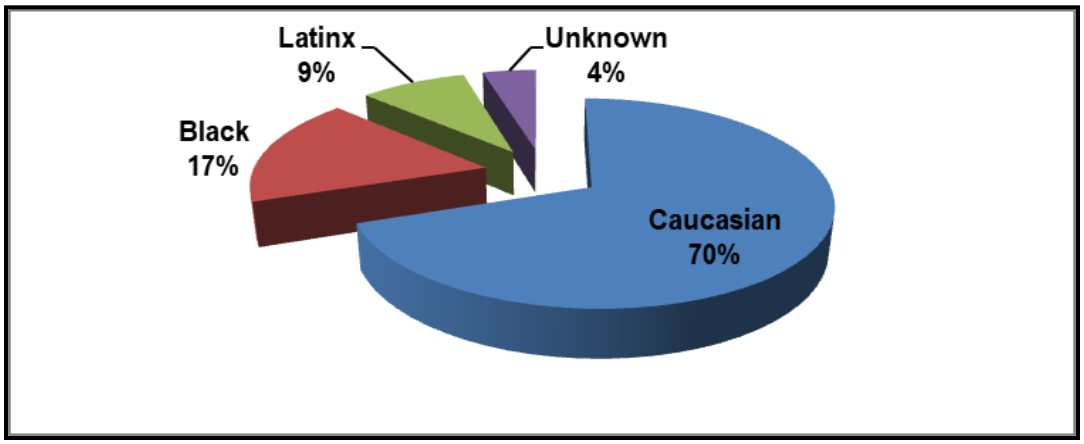


Ethnicity & Gender

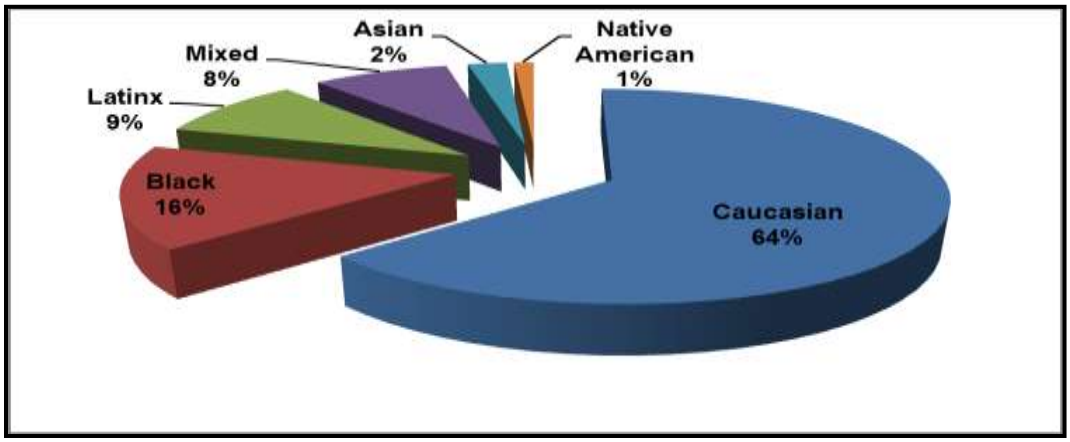
Figure 5 shows the homeless deaths by ethnicity and gender. Homeless women are slightly more likely to be Caucasian [70% for women compared to 64% for men], while the percentages of black and Latinx homeless women and men are the same.

Figure 5: Homeless Deaths by Race/Ethnicity & Gender: 2017

Homeless Women



Homeless Men



MANNER & CAUSE OF DEATH

Manner of Death

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

As Figure 6 and Figure 7 shows, only 22.5% of the homeless deaths are natural, with 7.2% undetermined, leaving 70.3% of the deaths to Accidents [58.6%], Suicides [7%] and Homicides [6%].

Figure 6: Manner of Death: 2017

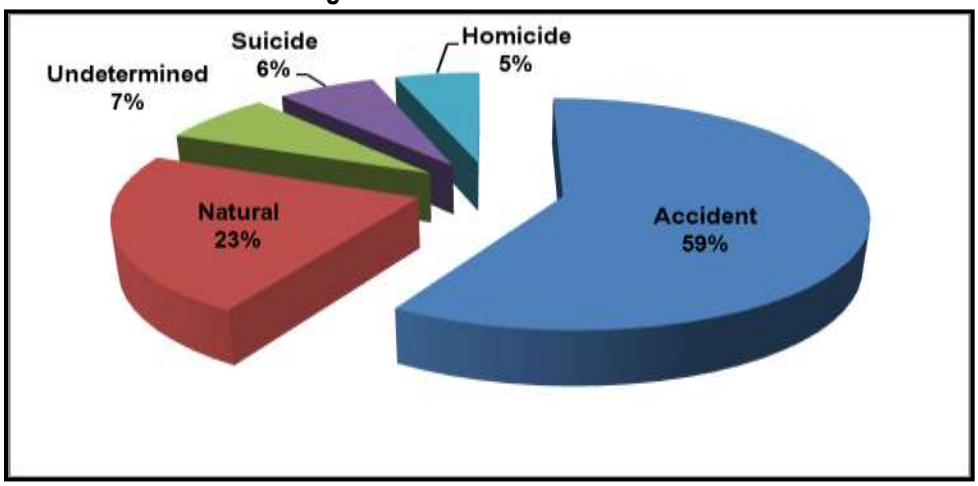
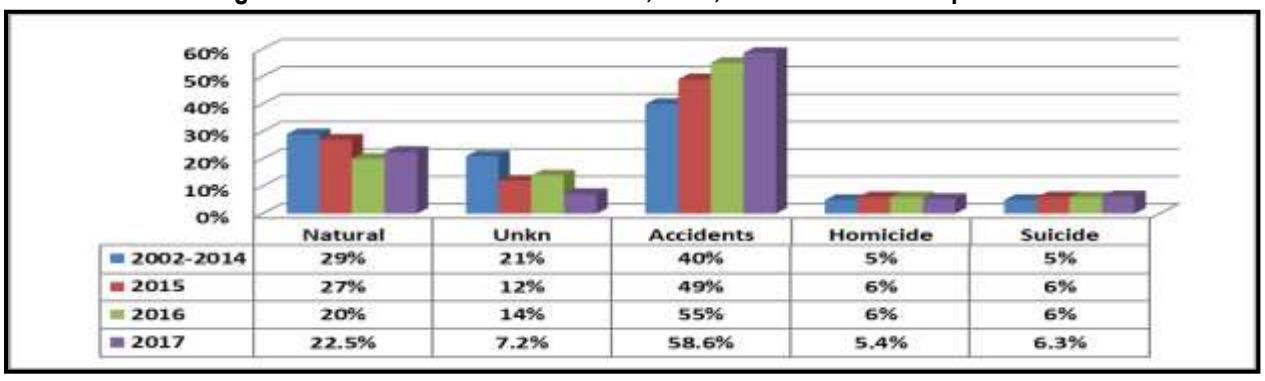


Figure 7: Manner of Death: 2002-2014, 2015; 2016 and 2017 Comparisons



	Natural	Unkn	Accidents	Homicide	Suicide
2002-2014	29%	21%	40%	5%	5%
2015	27%	12%	49%	6%	6%
2016	20%	14%	55%	6%	6%
2017	22.5%	7.2%	58.6%	5.4%	6.3%

Comparing 2002 – 2016 to 2017 manner of deaths– the most significant changes were the decline in percentage of natural deaths [29% to 22.5%] and the continued sharp increases in accidental deaths – increasing from 40% to 49% to 55% and to 58.6% in 2017.

Underlying Causes of Death

Figure 8 details the underlying causes of death of homeless people in 2017. Substance abuse [36%]; Injury [32%]; Cardiovascular disease [16.2%] accounts for 84% of the underlying causes of death of homeless people in 2017. Figure 9 compares the major causes of death from 2002-2014; 2015; 2016 and 2017.

Figure 8: Underlying Causes of Death of Homeless People: 2017

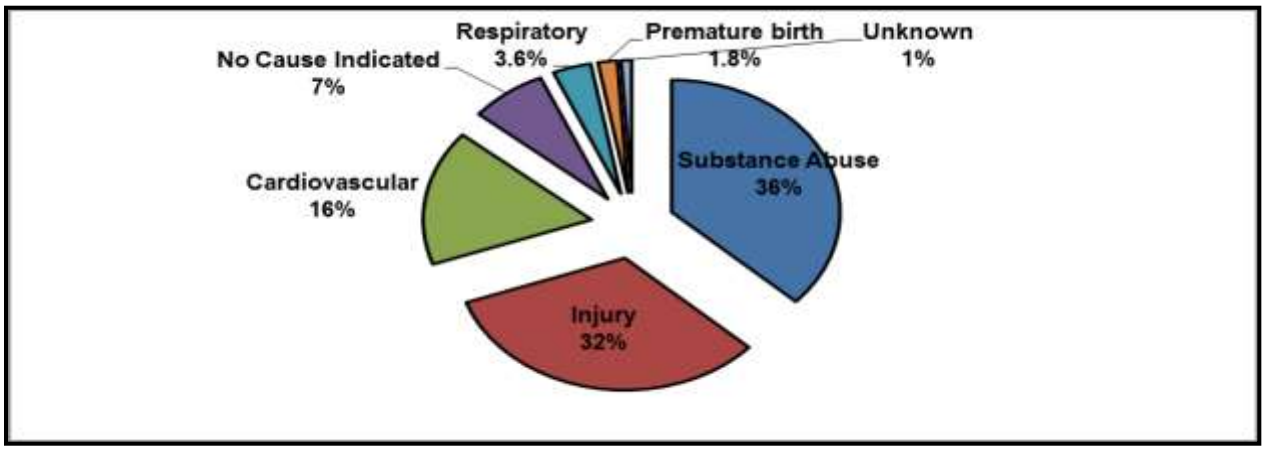
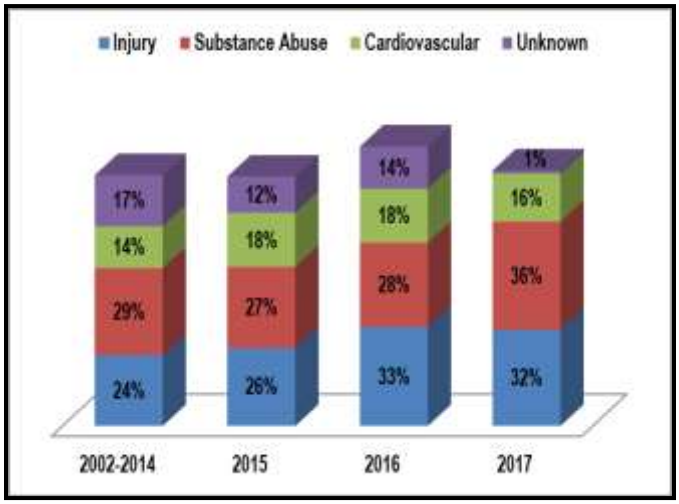


Figure 9: Comparison of major causes of death from 2002-14; 2015; 2016 & 2017



Key Points:

- **From 2002-2014 to 2015, violent deaths increased from 23% to 26%. It continued to increase to 33% in 2016 and remained at 32% in 2017. These include blunt force head injuries, gunshot wounds, stabbings or hangings;**
- **Alcohol and drug related deaths remained about the same from 2002 to 2014 [29%] to 2015 [27%] and 2016 [28%] and increased dramatically to 36% in 2017**

Substance Abuse Deaths

Figure 10 shows the types of substances that caused the deaths of homeless women and men with methamphetamines [meth] being the leading drug, causing 60% of the substance abuse related deaths in 2017.

Figure 10: Substance abuse deaths of homeless women and men

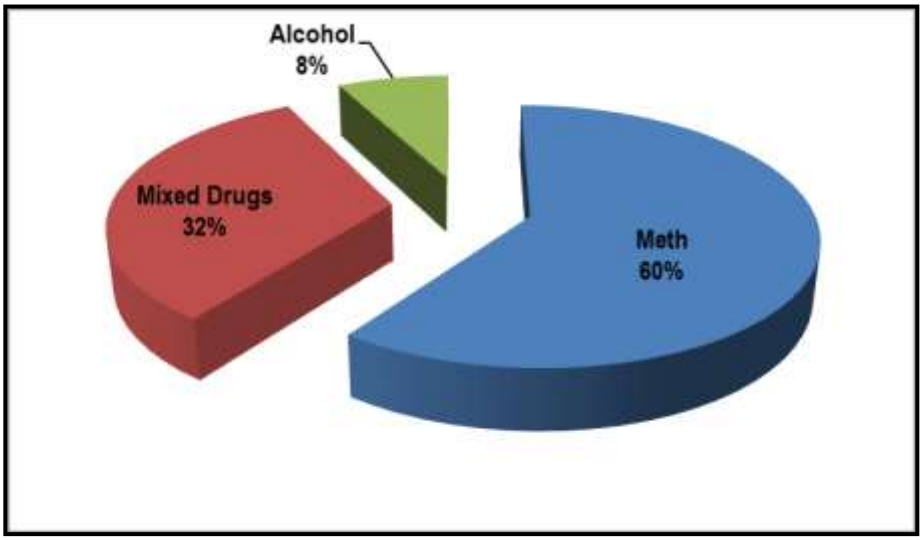


Figure 11 indicates that white homeless women disproportionately died of mixed drug use [45.5%] while a higher percentage of black homeless women died of meth compared to white and Latinx homeless women [27% compared to 18.1% and 10% respectively.]

Figure 11: Substance Abuse Deaths: Homeless Women by Ethnicity

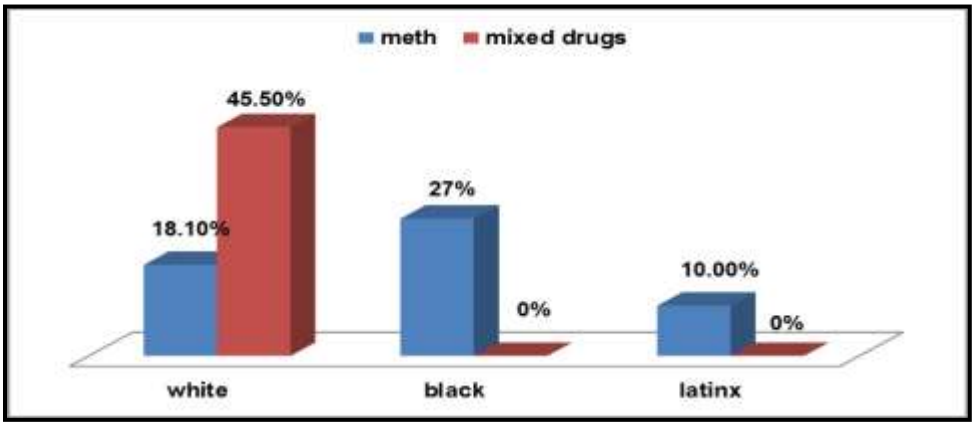
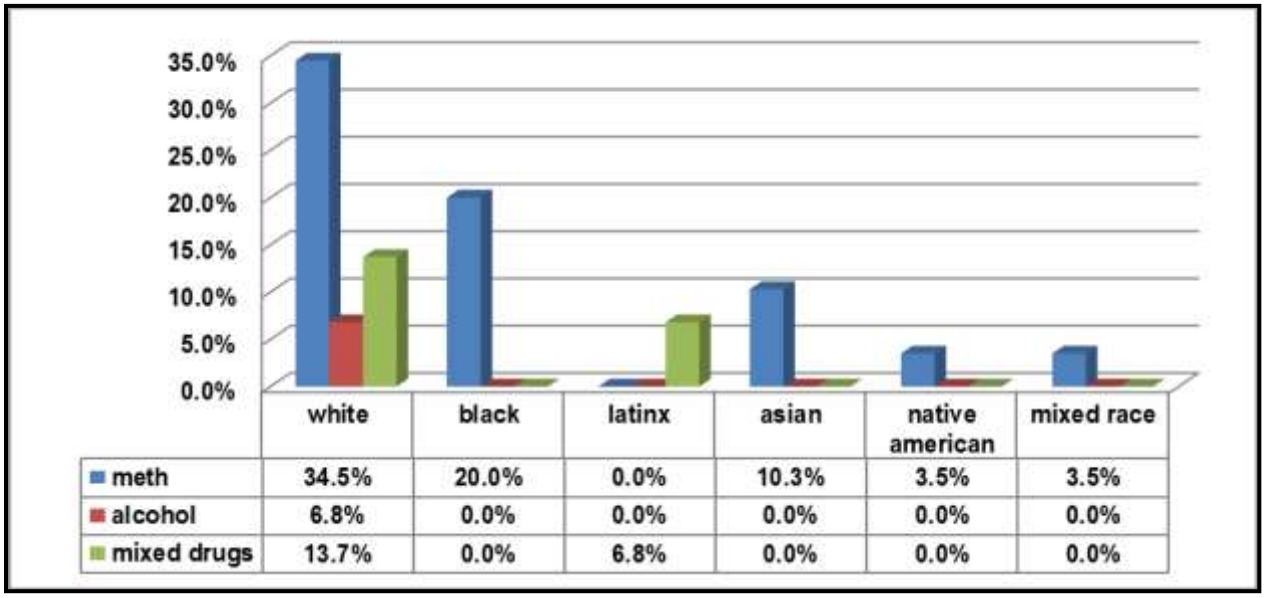


Figure 12 shows the same trend for white homeless men of dying by mixed drug use compared to other ethnicities, although at a much lower percentage compared to white homeless women [13.7% compared to 45.5% respectively.] Conversely, white homeless men also died of meth at a higher percentage than other ethnicities [34.5% compared to 20% black; 10.3% native American and 3.5% mixed race respectively].

Figure 12: Substance Abuse Deaths: Homeless Men by Ethnicity



	white	black	latinx	asian	native american	mixed race
meth	34.5%	20.0%	0.0%	10.3%	3.5%	3.5%
alcohol	6.8%	0.0%	0.0%	0.0%	0.0%	0.0%
mixed drugs	13.7%	0.0%	6.8%	0.0%	0.0%	0.0%

Violent Causes of Death

Figure 13 indicates that 32.4% of the deaths of homeless people are violent deaths, with blunt force head injuries accounting for 64% of the violent deaths, followed by hangings and gun shots [12% each]; drownings at 6%; stabbings and choke hold strangulation at 3% each.

Figure 13: Violent Causes of Death for homeless women and men: 2017

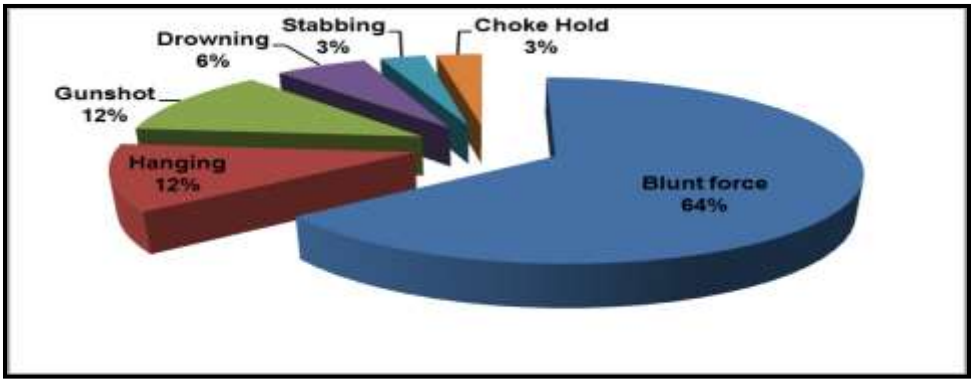


Figure 14 indicates the increase from 2002 – 2014 of violent homeless deaths from 23% to 32% in 2017.

Figure 14: Increase in violent deaths from 2002 to 2017

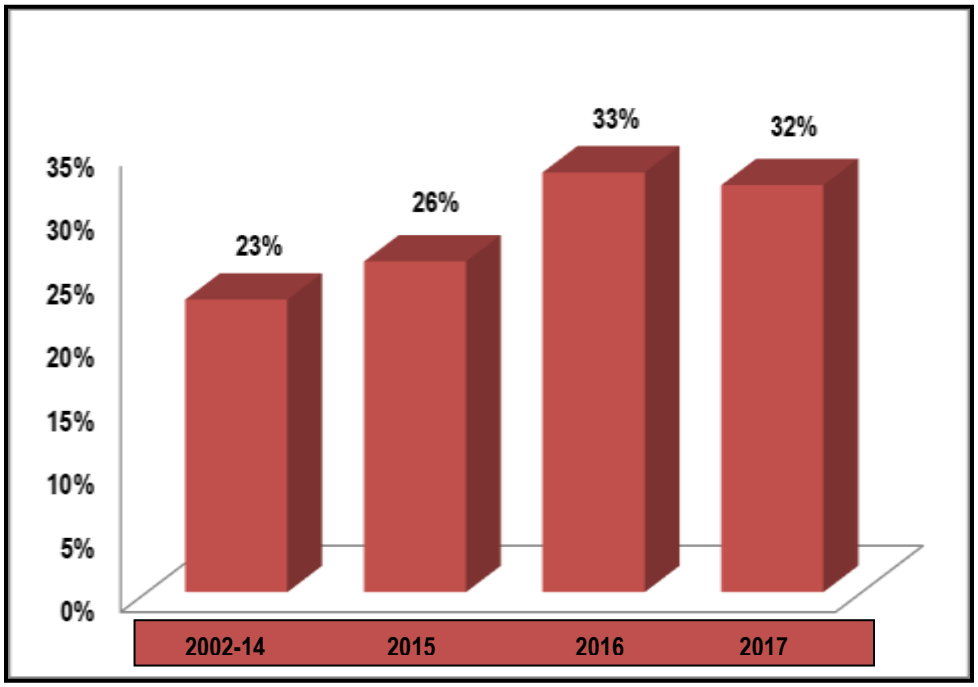


Figure 15 shows that white homeless women die of blunt force injures at 4 times the rate of latinx homeless women [80% compared to 20% respectively].

Figure 15: Blunt Force Deaths: Homeless women by ethnicity: 2017

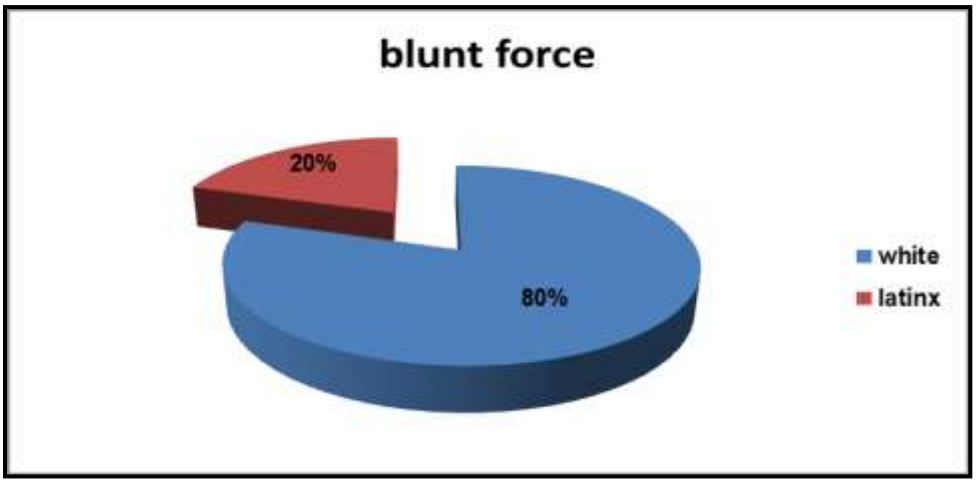


Figure 16 shows the same trend for homeless men as it did for homeless women. The leading cause of violent deaths for homeless men is 63% compared to 15% by gun shot and hanging each, 4% stabbing and 3% choke hold strangulation.

Figure 16: Types of violent deaths of homeless men: 2017

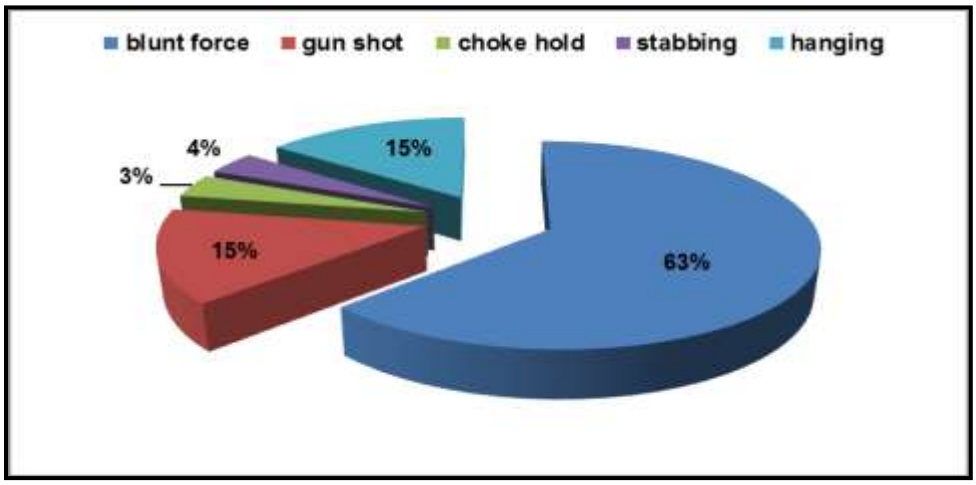
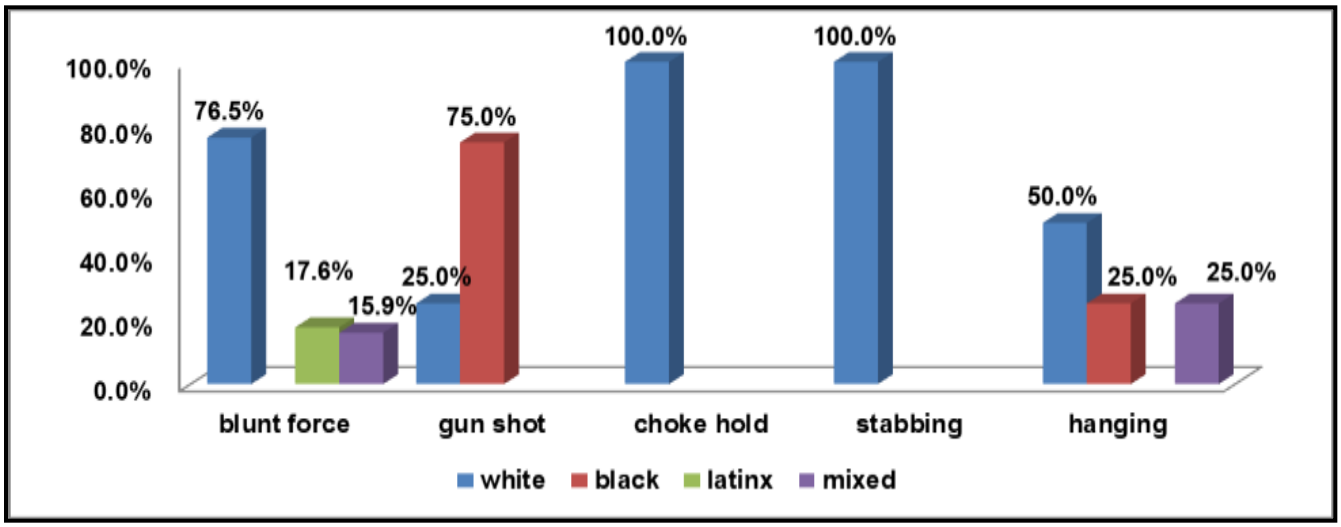


Figure 17 compares the types of violent deaths for homeless men by ethnicity and finds the same trend. Disproportionately, white homeless men die of blunt force injuries than either Latinx or mixed race homeless men [76.5% compared to 17.6% and 15.9% respectively].

Figure 17: Violent Deaths: Men by Ethnicity



Homicides:
5 homicides: 2 by gunshot to black homeless men; 1 by gunshot to white homeless man; 1 stabbing and 1 blunt force head injury to white homeless men

III. Mortality Rates

Estimated mortality rates for the homeless population in 2017 [Table 3] are about **4.7 times higher** than for the general population in Sacramento County; 1.4 times higher than 2007 to 2009 average [1,777] [Table 4].

Table 3: Mortality Rates per 100,000: General Population vs. Homeless Population in Sacramento County: 2017

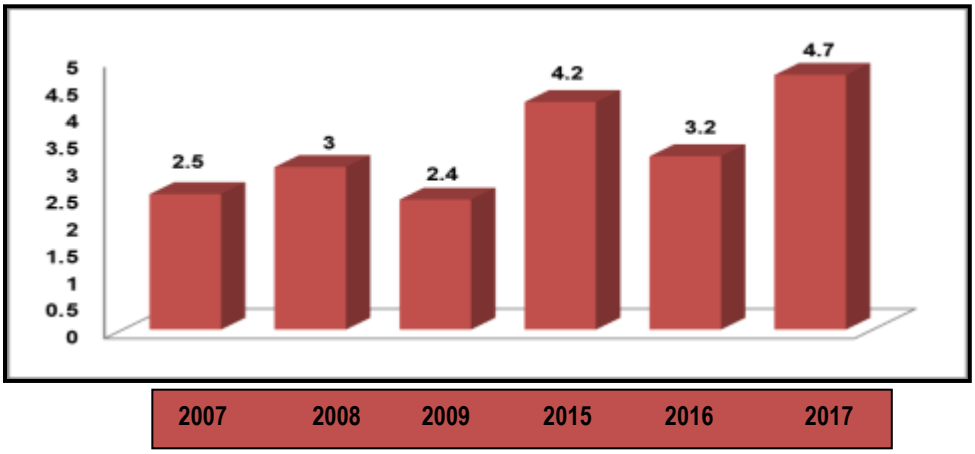
Population	Mortality rate per 100,000
General population	724
Homeless population	3,383

Table 4: Mortality Rates per 100,000: General Population vs. Homeless Population in Sacramento County: 2007, 2008, 2009 and 2016 Compared to 2017

Population	Mortality Rate per 100,000 population					
	2007	2008	2009	2015	2016	2017
General Population	678	688	680	706	743	724
Homeless Population	1,672	2,054	1,607	2,983	2,405	3,383
Ratio	2.5	3	2.4	4.2	3.2	4.7

Figure 18 below compares the mortality ratio of homeless people to the Sacramento general population from 2007, 2008, 2009, 2015 and 2016 which averages for the 6 years a mortality rate of 3.3 times higher than the general population in Sacramento County.

Figure 18: Mortality rate ratio of homeless people to Sacramento general population: 2007, 2008, 2009, 2015, 2016 And 2017



Homicide Rates

The estimated homicide rate per 100,000 for homeless people is **23.4 times higher** than the homicide rate for Sacramento's general population in 2017. [Table 5], up from 18.4 times higher in 2016.

Table 5: Homicide Rates per 100,000: General Population vs. Homeless Population in Sacramento County: Comparison of 2015 to 2016

Population	Homicide rate per 100,000		
	2015	2016	2017
General population	6	6.7	7
Homeless population	188	123	164
Ratio	31	18.4	23.4

Suicide Rates

The estimated suicide rate per 100,000 for the homeless population is almost **14.7 times higher** than the suicide rate for Sacramento's general population in 2017. [Table 6], up from 10 in 2016.

Table 6: Suicide Rates per 100,000: General Population vs. Homeless Population in Sacramento County: 2017

Population	Suicide rate per 100,000		
	2015	2016	2017
General population	11.8	12.3	13
Homeless population	188	123	191
Ratio	15.9	10	14.7

IV. Policy Recommendations

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

I. Affordable Housing & Emergency Shelter:

A. Affordable Housing: Expand the sources of funding for City/County Affordable Housing Trust Fund to create affordable housing: increase the sources of funding to significantly expand the Sacramento City/County Affordable Housing Trust Fund to significantly increase the supply of affordable housing, especially for those at or below 30%-50% Area Median Income [AMI] .

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

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

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

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

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

Currently, the Trust Fund is funded by only one source, a commercial linkage fee, a fee to builders of commercial buildings based on the square feet of the project. Given the recession, very little commercial building was taking place and the Trust Fund shrank to less than $1 million in 2013, and as of December, 2015, the City/County Affordable Housing Trust Fund was a combined $4.9 million - $2.7 for the City and $2.2 million for the County. As of May, 2017, the City's Affordable Housing Trust fund balance was $4.1 million, while the County's was $3.9 million. 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.

Significantly increase the resources to create affordable housing locally is to significantly expand the sources of funding for the Sacramento City/County Affordable Housing Trust Fund to the scale of the housing crisis – ideally to $100 million annually

B. Emergency Shelter: Need for Year Round Shelter:

We support the "housing first approach." However, with a lack of affordable housing units, we recommend increasing the capacity of the crisis response system to serve more homeless people – especially homeless youth and women - through a variety of means including year round shelter. Finally, again given the lack of affordable housing, we support First Steps Communities, as well as the City's "Triage Center" and Mayor Steinberg's proposal to site three large "spring" tents that can house up to 200 homeless people each.

While we advocate for increased funding for housing and the housing first approach, we have the immediate need to increase the year- round emergency shelter and safety options for people experiencing homelessness in our community. According to the SSF's "Point in time count", from 2015 to 2017, the unsheltered homeless population increased from 36%, or about 1,000 homeless people, to 56% unsheltered or over 2,000 people, with over a third dying violent deaths on the streets.

Significantly increasing the capacity of the crisis response system to serve more homeless people – especially for homeless youth and women - through a variety of means including year round shelter; a low barrier Triage Center, and support the creation of First Steps Communities

II. Health Care:

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

Given the findings of this report that 27% had deaths with alcohol/substance abuse as an underlying cause of their death, we need to significantly increase the availability access and linkage to alcohol and drug treatment services and programs as strategy to help reduce preventable deaths of homeless people.

The County should refund VOA's Substance Abuse Outreach & Treatment Program which provided free outpatient drug treatment services and treatment on demand.

We also recommend the County provide a list of all the clinics/providers who prescribe Naloxone since some clinics have implemented AB 635 which provides for family members, direct service programs etc. to obtain a prescription for Naloxone [emergency drug overdose treatment].

The County should also include clinics that provide prescriptions for other medication assisted treatments which includes Campral, Suboxone, and Vivitrol.

B. City & County adopt Zero Tolerance for Hospitals Discharging Homeless People to the Streets:

SRCEH released the results of our "Homeless Patient Dumping:" Discharge to the Streets" results of SRCEH questionnaire on February 12, 2018. In a survey of 20 homeless programs in Sacramento County, 7 agencies stated that their agencies recently experienced homeless people being dropped off to their emergency program by ambulance, cab or ride share after being discharged to the streets from a local hospital. Additionally we found:

- 15% said this happened 2-3 times a week; while 50% said it happened once a week;
- 71% said the homeless person was still wearing a gown;
- 67% said the homeless person was in a wheelchair;
- 57% said the homeless person had a walker;
- 57% said the homeless person had an open wound.

SRCEH presented the results to the Sacramento City Council and Board of Supervisors but there was no action on the recommendations below.

Sacramento City Council and Sacramento Board of Supervisors immediately adopt the following actions, including adopting a *Zero Tolerance Policy on Patient Dumping:*

- Comprehensive training to all health and behavioral health discharge planners based on "EMTALA: A Guide to Patients Dumping Laws," by the California Hospital Association. This should include creating seamless communication between discharge planners and discharge planners and homeless service providers;
- Full implementation of the Emergency Medical Treatment Action Labor Act [EMTALA] which states the Office of the Inspector General can impose civil penalties up to $50,000 for a hospital and physician [$25,000 for hospitals with 100 beds or less] and/or exclude a hospital or physician from Medicare and Medicaid programs;
- Full implementation of California Penal code 374.3 which imposes up to $10,000 fine for illegal patient dumping on public or private property;
- Full implementation of California Health & Safety Code 11775 which states a person who dumps illegally is punishable by up to six months in jail;
- Adopt a City and County Municipal Code patterned after Los Angeles Municipal Code 41.60 [passed in 2008] which imposed a fine not to exceed $1,000 and a term of probation not to exceed three years or both;
- Sacramento City & County establish civil fines of no less than $250,000 per occurrence;
- All penalties, fines and fees to be placed into a City/County Recuperation Care Facility Fund to expand the number & quality of the current recuperative beds in Sacramento.

Sacramento City and County adopt a "Zero Tolerance on Homeless "Patient Dumping"

C. Expand funding for 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 is not on site 24/7 and has limited days and hour throughout the week, the Interim Care Program is not a Respite facility and clients have limited health care service.

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.

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

D. Prioritize nursing services to ensure health screening and navigation at the Year Round Shelter and 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.

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Sacramento County DHHS Health Care for the Homeless Program utilizes 3 licensed nurses to go to shelters, parks, downtown hotels and other homeless service areas. RNs provide health screening, and triage, and then assist the person to obtain the needed healthcare service. The RNs advocate for patient's immediate health care needs with local health professionals for urgent and acute problems. The registered nurse's ability to expedite care helps to promotes positive health outcomes and prevents potential hospitalizations and costly emergency room [ER] visits.

Across the nation, we have homeless shelters and advocates helping the homeless improve their current circumstance. The federal grants that support health care for the homeless grantees requires that the funded health center provide is comprehensive primary care with enabling services to assist homeless individuals to participate in health improvement activities, such as transportation assistance and case management. These centers may also use their grant budgets for outreach and linkage activities.

In addition to County RNs, FQHCs such as Wellspace and Elica also have deployed RNs for outreach and linkage of homeless individuals to a primary care center.

Almost all adults who are homeless have Medi-Cal Managed Care. This service structure is not easy to navigate. The County developed a Medi-Cal Managed Care, "Care Coordination Work Group" in 2016 and began work on care coordination materials to assist with vulnerable populations such as the homeless who suffer from health disparities. Since adults who are homeless have multiple chronic conditions and often co-occurring behavioral health conditions, these individuals tend to use high cost services. Health Plans are committed to make greater efforts to coordinate care for this population.

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.

E. 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.

- ✓ ***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.***
- ✓ ***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.

III. Transportation:

Subsidize transportation options for homeless people:

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

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

IV. Homeless Deaths Review Committee:

Best practices: Philadelphia and San Francisco:

Philadelphia: In January 2009, the City of Philadelphia established a Homeless Death Review process in response to the death of Jeffrey Williams, a wheelchair bound man experiencing homelessness who died in search of a place to sleep. Jeffrey was attempting to cross a highway median after being turned away from an overnight drop-in center that was full. A Good Samaritan pulled over and attempted to help Jeffrey. Both were struck by a car and killed.

After Jeffrey's death in 2008, staff at the City of Philadelphia's Office of Supportive Housing (OSH) and Department of Behavioral Health (DBH) proposed that the Medical Examiner's Office (MEO) establish a Homeless Death Review process in order to review and assess every homeless decedent.

The quarterly Homeless Death Review began in January 2009, becoming the first of its kind in the country. The Philadelphia Homeless Death Review Team (HDRT) includes representatives from universities, hospitals, and managed care organizations, as well as homeless service providers and representatives from other publicly funded services. The review process is designed to identify changes to policy, protocol, or programs that may prevent future deaths and guide our strategy to end homelessness in Philadelphia.

San Francisco: San Francisco as of May 2015 was considering establishing a Homeless Deaths Review panel similar to Philadelphia. One aim would be for medical examiner's staff to provide information to homeless outreach workers so they can "immediately" respond to the location where the person died and see if people who knew the subject need help. In cases where the person died of a drug overdose, for example, if the people around them were also using drugs, "maybe they're ready to reconsider their use," and/or …" creates an opening that could be well used by the outreach team to talk with people about their options and provide support."

County Coroner's Office convene a Homeless Deaths Review Committee, similar to death review panels for children and youth and victims of domestic violence, comprised of identified system partners with the goal to continuously assess, monitor and recommend improvements to community services and supports for people experiencing homelessness.

APPENDIX I:

METHODOLOGY

Coroner's Office:
This report is based on the report of deaths of people experiencing homelessness, January 1, 2017 – December 31, 2017 as reported by the Sacramento County Coroner's office.

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

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

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

This report is not a report of every homeless persons death in 2017, however we feel confident that the report captures most of the deaths of people experiencing homelessness and gives us a large enough database to be able to identify issues and comparisons to SRCEH findings in our previous two homeless deaths reports and make recommendations for the future on how to lower the number of preventable deaths of homeless people.

Methodology for data analysis:
The database was provided by Sacramento County Coroner's Office.

Data analysis was performed by Bob Erlenbusch, Executive Director, SRCEH and he draft report was reviewed by the Primary Health Services Division, Department of Health & Human Services and the Sacramento Coroner's Office.

Mortality, homicide and suicide rates per 100,000 for the homeless and general population for Sacramento County were provided by the Sacramento County Department of Public Health.

Report and recommendations:
The report was written by Bob Erlenbusch, Executive Director and Jeremy Racik, AmeriCorp/VISTA, Sacramento Regional Coalition to End Homelessness [SRCEH].

Infographic provided by Kai Erlenbusch.

Recommendations were made by the SRCEH Board of Directors.

APPENDIX II:

NAMES & AGES OF HOMELESS PEOPLE WHO PASSED AWAY:

JANUARY 1. 2017 – DECEMBER 31. 2017

Decedent Name	*Age*
ALFORD, CAROL	47 Years
BADDERS, JOHN C.	27 Years
BEAUBIENROMERO, ANTHONY	29 Years
BLEDSAW, STEVEN	53 Years
BRACKEBUSH, KIMBERLEE	51 Years
BRANTLEY, TIRON	40 Years
BROWN, DAVID	59 Years
BROWN, TWIN A	0 Years
BROWN, TWIN B	0 Years
CAPPARELLI, DESMOND	23 Years
CARPENTER, GLEN A.	55 Years
CHA, KO	53 Years
CLARK, THOMAS	52 Years
COLLINS, DAVID A.	68 Years
COY, WAYNE	57 Years
DANFORD, ANGELITA	57 Years
DAY CRAMER, GINGER A.	48 Years
DEBORD, RACHEL	39 Years
DODD, RANDY	58 Years
EGUINA, TONIA L.	55 Years
ELLINGSON, WAYNE	72 Years
ETHERIDGE, MICHAEL	41 Years
FARIS, JENNIFER	39 Years
FARLEY, FRANK	61 Years
FOSTER, CYNTHIA	59 Years
GARCIA, DANNY	59 Years
GARCIA, JERRY	56 Years
GENN, LAURIE	56 Years

Decedent Name	*Age*
GEORGE, GERALD	47 Years
GRANVILLE, NATASHA	38 Years
GRIFFIN, ABDUL	41 Years
GRIJALVA, DANIEL	49 Years
HAMMOCK, ERROL	61 Years
JACKSON, SAMMY E.	46 Years
JENKINS, JOHNNIE	64 Years
JOHNSON, LARRY	52 Years
JOHNSON, LASHAWN	36 Years
JORDEN, CARL P.	59 Years
KEETON, CODY J.	23 Years
KEITH, ROY A.	41 Years
KESSLER, THOMAS	33 Years
KJELSTRUP, ROBERT D.	61 Years
KNEPP, DAVID	66 Years
KOROUSH, RANDAL L.	56 Years
LADAS, DREW	32 Years
LEE, JOHN	62 Years
LESUEUR, PIERRE M.	65 Years
LEWIS, JOVANCE D.	38 Years
LUCERO, ROBERT	49 Years
MARSHALL, JASON	48 Years
MARTINEZ, GINA	53 Years
MARTINEZ, PAUL	44 Years
MATAAFA, TUUAIPEA	45 Years

Decedent Name	Age
MATTHEWS, STEVEN	27 Years
MCGEE, JOHNNY	70 Years
MCLEAN, ALYSHA	35 Years
MENCARINI, ERIK	37 Years
MITCHELL, DEWEY	63 Years
MOLINA, JULIE	25 Years
MORGAN, JOHNATHAN	66 Years
NASH, NICOLE	54 Years
NUNEZ, MIKE B.	50 Years
NUNN, ROBERT	65 Years
OVERSTREET, ROBERT	66 Years
OVERTON, JOSEPH	62 Years
PADGETT, SAMMY	44 Years
PADILLA , JOHN	63 Years
PADILLA, MELVIN J.	38 Years
PARSELL, KIMBERLY	40 Years
PARTRIDGE, CRAIG	62 Years
PERYSIAN, ERIC	56 Years
POE, CORDANA	40 Years
RAYBURN, ROBERT	68 Years
REID, COLIN	56 Years
REMY, PAUL	40 Years
REYES, JOHNNIE	31 Years
REYNOSO, RUDY F.	73 Years
RICHARDSON, DEAN	56 Years
RIVERA, BOBBY	52 Years
ROGERS, RANDY	35 Years
SANTOSCOY, KEITH	48 Years
SENK, DAVID	57 Years
SGAMBATI, SANDRA	70 Years
SHEPARD, MARVIN	53 Years
SIFFORD, DANIEL	31 Years
SILCHUK, IVAN	47 Years
SINGH, RUTH	42 Years
SMITH, PHILLIP	56 Years
SMITH, STEVEN N.	34 Years

Decedent Name	Age
SNEED, SARAH	68 Years
SOTIROS, SHIRLEY A.	53 Years
STACK, MICHAEL	60 Years
STOUT, MARK A.	58 Years
SULLIVAN, JOHN	67 Years
SYKES, JOHN R.	56 Years
SYVERSON, PAUL A.	55 Years
THOMAS, HENRY	59 Years
VALADEZ, DANNY	57 Years
VILLEGAS, TERESA L.	65 Years
VIVANCO, JOSE J.	59 Years
WALTON, DWIGHT	55 Years
WATERS, JOHN P.	49 Years
WILCOX, RICHARD	61 Years
WILLIAMS, MARK	49 Years
WILLIAMSON, RUSSELL E.	64 Years
WOYCHESHIN, MARK A.	62 Years
WYNNE, ROBERT	52 Years
XIONG, MENG P.	33 Years

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