Sacramento County 2019 Homeless Deaths Report

January 1, 2018 – December 31, 2018

132 deaths in 2018

1,032 homeless deaths from 2002 – 2018

or 1 person every 6 days for the past 17 years

& 1 person every 2.7 days in 2018

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

August 27, 2019

SACRAMENTO REGIONAL COALITION TO END HOMELESSNESS

Dedication

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

There were 132 deaths of people experiencing homelessness in 2018.
The Coroner documented 113 of the deaths and could not release information on 19.
This report is focused on the 113 deaths of people experiencing homelessness in Sacramento County in 2018.

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 on August 27, 2019, to help inform the Sacramento City Council's August 27, 2019 action to site a homeless shelter and/or Safe Parking Program in each city council district.
The 6th Annual Interfaith Homeless Memorial Service will be held December 20, 2019 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.

TABLE OF CONTENTS

INDEX OF FIGURES & TABLES

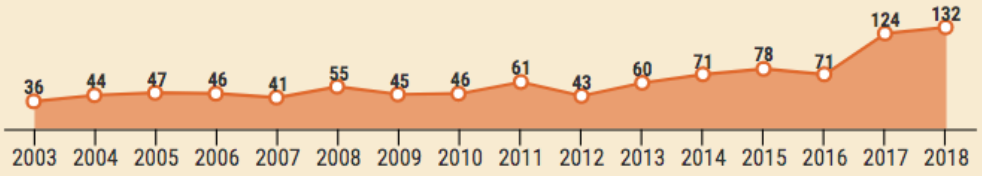
Photo Credit: *The cover photo of the "Day of the Dead" Altar, Loaves & Fishes, 2013 was taken by Paula Lomazzi, Executive Director, Sacramento Homeless Organizing Committee [SHOC]*

SACRAMENTO REGIONAL COALITION TO END HOMELESSNESS

Sacramento Regional Coalition To End Homelessness

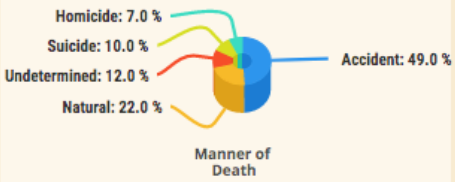
2019 County Homeless Deaths Report

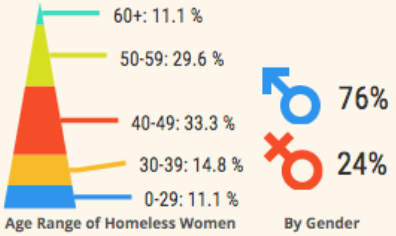
January 1, 2002 – December 31, 2018



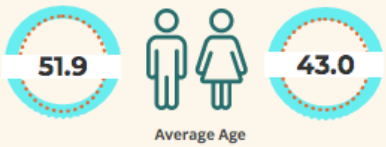
1,032 Deaths (2002-2018)

Key Findings: 132 Deaths in 2018





From 2002 to 2015, the average percentage of homeless females was 13.5%. This increased to 18% in 2016, 21% in 2017, and to 24% in 2018 -- a 1.8x increase in 2018 over the 2002-2015 year period.



Violence

Leading Cause of Death

54% Blunt Force Trauma Injuries

13% Hangings and Drownings *each*

8% Gun Violence

Methamphetamines

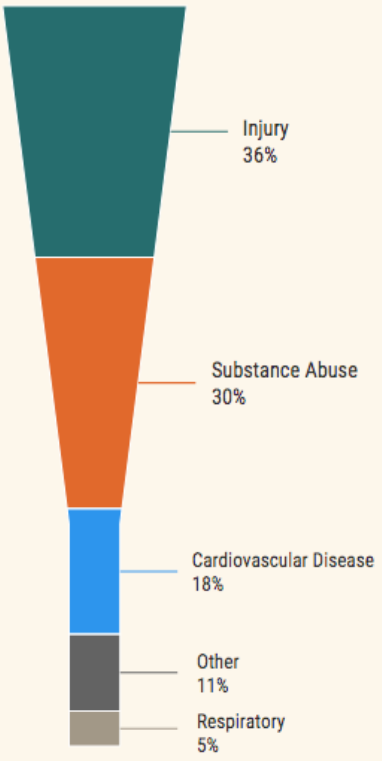
Leading Drug of Substance Abuse

6x Increase Over 16 Years

Methamphetamines between 2002-2014 accounted for 4% of all Substance Abuse Fatalities

In 2018, it is now 26%

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 **132** Coroner reported deaths of homeless people January 2018 - December 2018, an slight increase over the 124 homeless deaths in 2017. The total from 2002 to 2018 is ***1,032 homeless deaths***, ***or roughly one death every 6 days, every week for a 17 year period, and one death every 2.7 days in 2018.*** *[Note: This report details the deaths of 113 homeless men and women in 2018, since the Coroner's office could not release data on 19 of the deaths.]*
- **Demographics:**
  - ✓ *Gender:* 76% were male and 24% 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 and to 24% in 2018- – a 1.8 times increase over the 2002 – 2015 period;
  - ✓ *Age:* In 2018 the average age for women was 43 and 51.9 for men; 52% of men and 63% of women were between 40 to 59 years old, however only 11% of women were 60+ compared to almost 26% of homeless men;
  - ✓ *Number of lost years due to untimely deaths:* Using 75 years of age as the life expectancy national average, overall, the lives of the homeless people was cut short on average by 33% - 30 years for homeless women and 23 years for homeless men
  - ✓ *Ethnicity:* The majority of homeless deaths were Caucasian (65%), with homeless people of color [Black; Asian and Latinx] comprising 34% of the homeless deaths – with Blacks comprising 16% of the total and 47% of all people of color homeless deaths;
- **Manner and Cause[s] of death:**
  - ✓ *Manner of death:* 49% were accidents, while only 22% died of natural causes; 10% suicides and 7% homicides and 12% undetermined;
  - ✓ *Major Underlying Cause[s] of death:* Injuries [36%] followed by alcohol and drug induced deaths [30%] followed by injury [32%], followed by cardiovascular disease [18%]; respiratory [5%] and Other [11%]; Injuries increased dramatically from 24% in 2002-2014 to 36% in 2018.
  - ✓ *Substance Abuse Deaths:* 56.3% of deaths of homeless men and women were by meth; 31.3% mixed drugs and only 9.4% by alcohol;
  - ✓ *Increase in Meth deaths in 2018:* Meth related deaths caused 88% of all alcohol and drug deaths and increased from 21.8% of all homeless deaths in 2017 to 25.9% in 2018;
  - ✓ *Violent deaths:* 54% of violent deaths were blunt force injuries, followed by hangings and drownings at 13% each; gun shots [8%]; traumatic brain injury [TBI] [5%]; stabbings, neck laceration and self-inflicted burns at 3% each. Violent deaths increased from 23% [2002-2-14] to 36% in 2018 – now the leading cause of death in 2018.

Policy Recommendations

	POLICY RECOMMENDATION	FINDINGS
	Expand the sources of funding for the Sacramento city & county Affordable Housing Trust Fund to create more affordable and accessible housing	1,032 homeless deaths over 17 years
	Create low barrier shelters in each City Council district that are year round shelters	75% of the homeless deaths are in the Spring, summer and Fall – evenly distributed across each season
	Create a Safe Parking Program in each City Council district that includes toilets, showers and case management	Additionally in 2018, violence was the leading cause of homeless deaths. Shelter and
	Support the recommendations of the Meth Coalition – expand funding for alcohol and drug treatment as well as mental health programs	Meth deaths have increased 6 times over and now account for almost 90% of the drug and alcohol related deaths
	Expand funding for respite care facilities	Given new legislation- SB1152- it is illegal for hospitals to discharge people to the streets- hospitals need respite care facilities for them to discharge their homeless patients
	Ensure enrollment of homeless people on CalFresh and full implementation of the Restaurant Meals Program	18% of homeless deaths were related to cardiovascular disease which may be related to poor nutrition
	Free or subsidized transportation for people experiencing homelessness	Lack of transportation is a major barrier to access health care, substance abuse and mental health treatment
	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 6 days for the past 17 years

II. FINDINGS

Number of Coroner reported deaths:
1 death every 6 days for 17 years

There were **132** Coroner reported deaths of homeless people from January 1, 2018 to December 31, 2018 for a total of ***1,032 deaths from 2002 to 2018.*** See Table 1 below for the number of deaths by year and Figure 1 for a year by year graph.

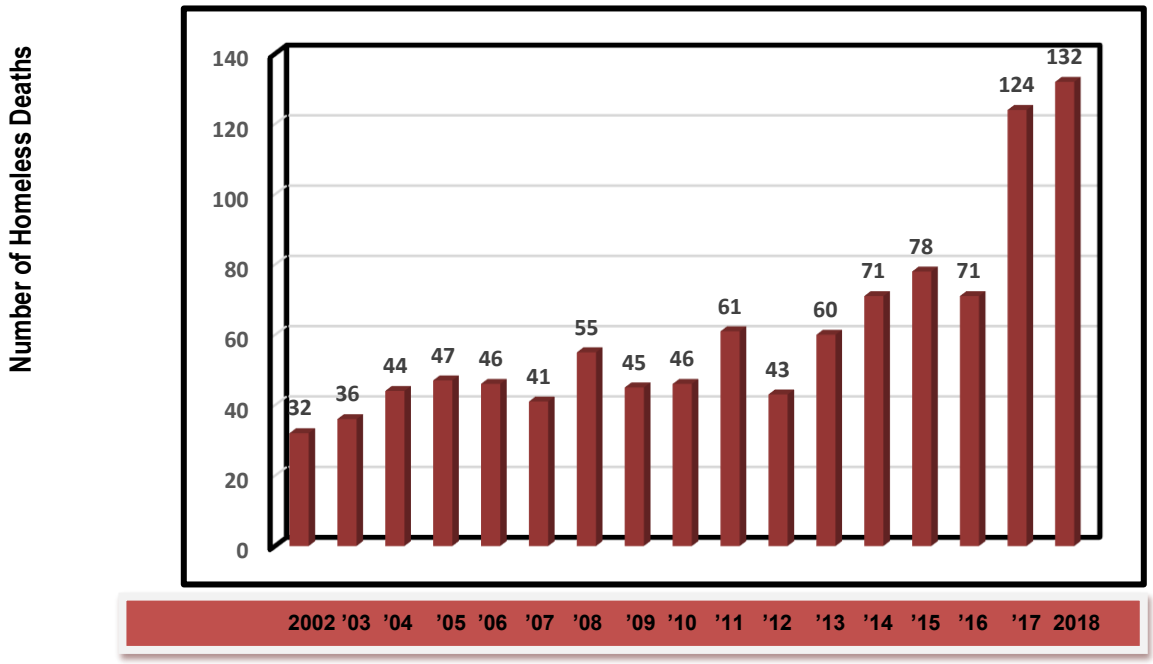
12.8% of all homeless deaths were in 2018, with almost 25% [24.8%] of homeless deaths over the past 17 years have occurred in the past two years [2017 & 2018]; and almost 40% of the deaths occurring in the past four years [2014 – 2018].

Note: This report details 113 deaths of homeless people in 2018, since 19 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 2018

2002	32	3.1%
2003	36	3.5%
2004	44	4.3%
2005	47	4.5%
2006	46	4.4%
2007	41	3.9%
2008	55	5.3%
2009	45	4.3%
2010	46	4.4%
2011	61	5.9%
2012	43	4.1%
2013	60	5.8%
2014	71	6.8%
2015	78	7.6%
2016	71	6.9%
2017	124	12%
2018	132	12.8%
Total	1,032	100%

Figure 1: Number of Homeless Deaths by Year: 2002 - 2018



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

From 2014 to 2018 the average number of homeless deaths was 95 – while the average the past two years is 128 homeless deaths

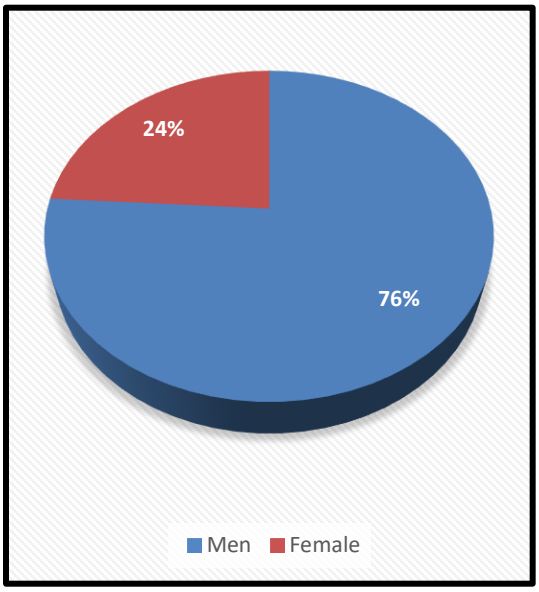
a 2.1 times increase in the last five years and almost 3 times in the past two years

DEMOGRAPHICS

Gender

Overwhelmingly the percentage of homeless deaths were male, 86 homeless men or 76%, while there were 27 homeless female deaths, or 24% [Figure 2].

Figure 2: Homeless deaths by Gender: 2018



Increase in homeless female deaths in 2018

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

This increased to 18% in 2016 and to 21% in 2017 to 24% in 2018 – a 1.8 times increase in 2018 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 11% of homeless women living to 60+ years, compared to 26% of homeless men.

Figure 3: Homeless Deaths by Age Category by Gender: 2018

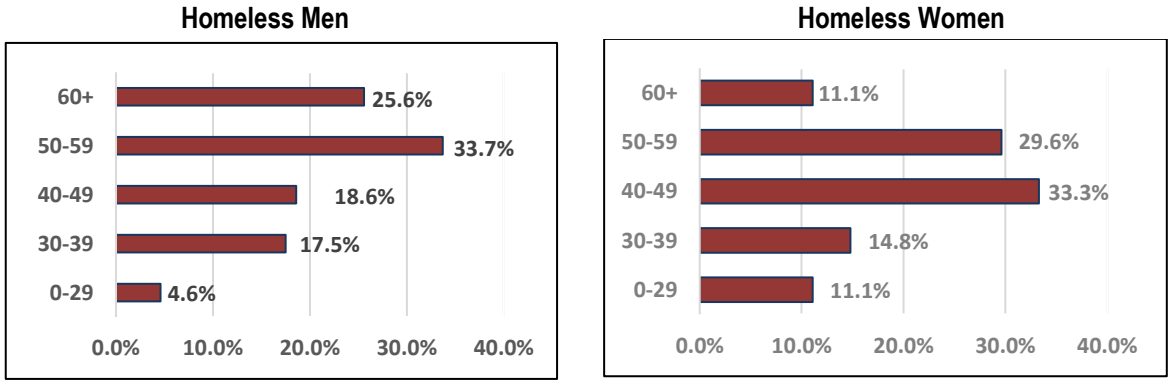


Table 2 indicates the average age of homeless deaths by gender. In 2018 the average age of homeless women was 43 years [Note: if you remove the two fetal female deaths, the average age of death for homeless women increase to 46.8], while for homeless men it was 50.9 years old.

Table 2: Average age of deaths by gender: 2017

AGE					
Gender	Min	Max	Average	N	%
Female	0	63	43	27	24%
Male	24	74	51.9	86	76%

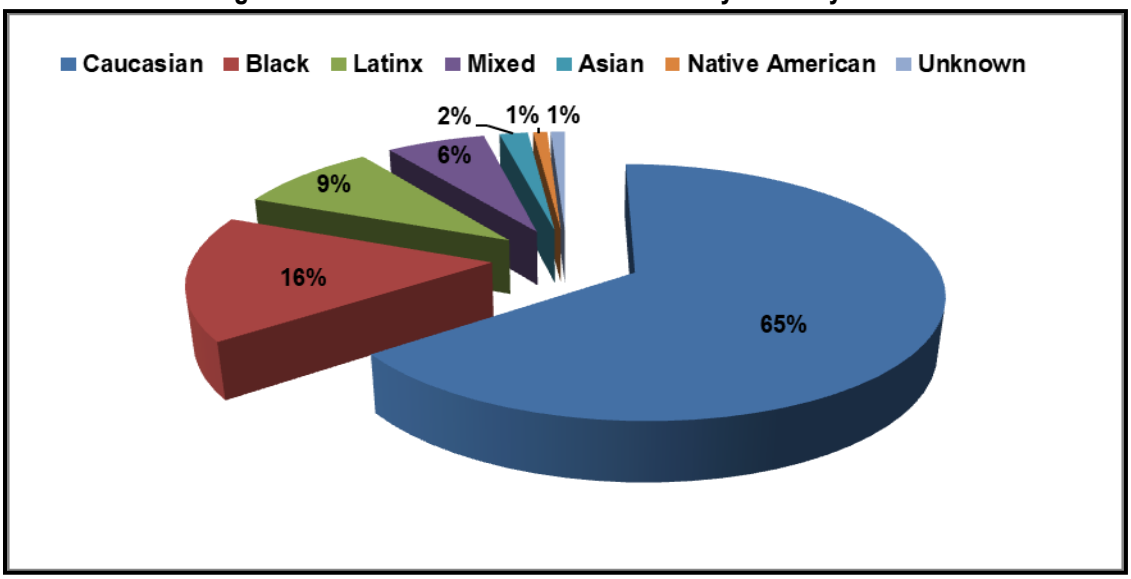
Homeless Life Expectancy: Life cut short by average of 33%

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 Ethnicity: 2018



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 5 shows, only 22% of the homeless deaths are natural, with 12% undetermined, leaving 66% of the deaths to Accidents [49%], Suicides [10%] and Homicides [7%]. Figure 6 compares the manner of death from 2002 – 2018.

Figure 5: Manner of Death: 2018

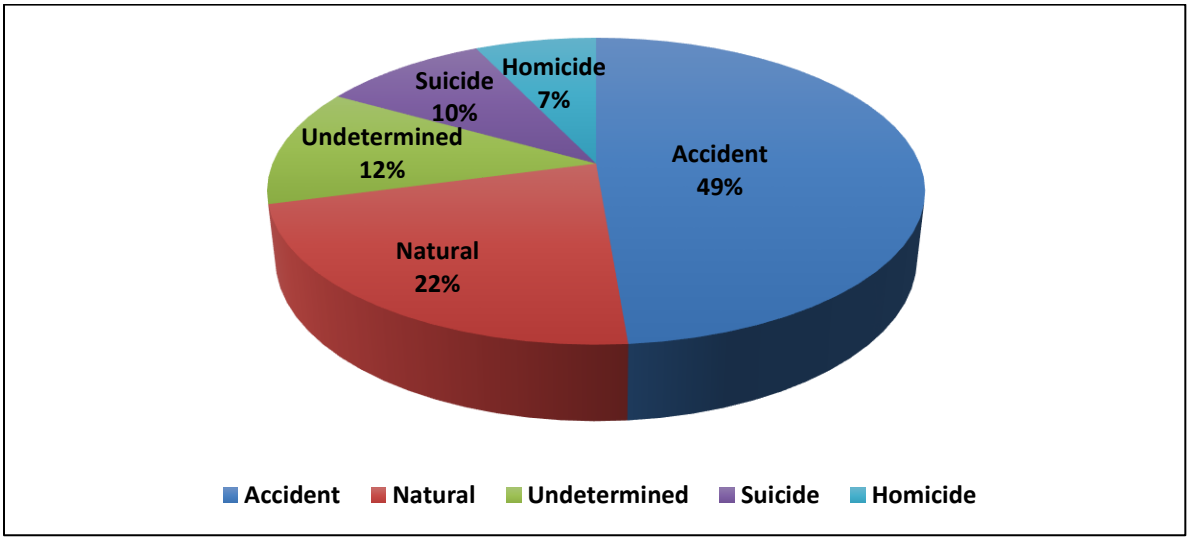
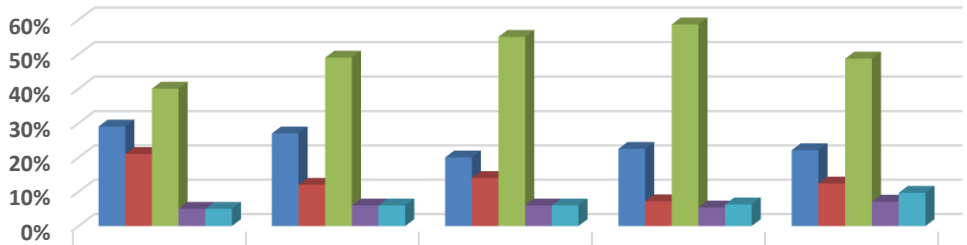


Figure 6: Manner of Death: 2002-2014, 2015; 2016, 2017 and 2018 Comparisons



	2002-2014	2015	2016	2017	2018
Natural	29%	27%	20%	22.5%	22.1%
Unkn	21%	12%	14%	7.2%	12.4%
Accidents	40%	49%	55%	58.6%	48.7%
Homicide	5%	6%	6%	5.4%	7.1%
Suicide	5%	6%	6%	6.3%	9.7%

Comparing 2002 – 2017 to 2018 manner of deaths– the most significant changes were the decline in percentage of natural deaths [29% to 22.1%] and the continued sharp increases in accidental deaths – And finally the sharp increases in 2018 in both homicides and suicides

Major Underlying Causes of Death

Figure 7 details the underlying causes of death of homeless people in 2018: Injury [36%]; Substance Abuse [30%]; Cardiovascular disease [18%] accounts for 84% of the underlying causes of death of homeless people in 2019. Figure 8 compares the major causes of death from 2002-2014; 2015; 2016, 2017 and 2018.

Figure 7: Underlying Causes of Death of Homeless People: 2018

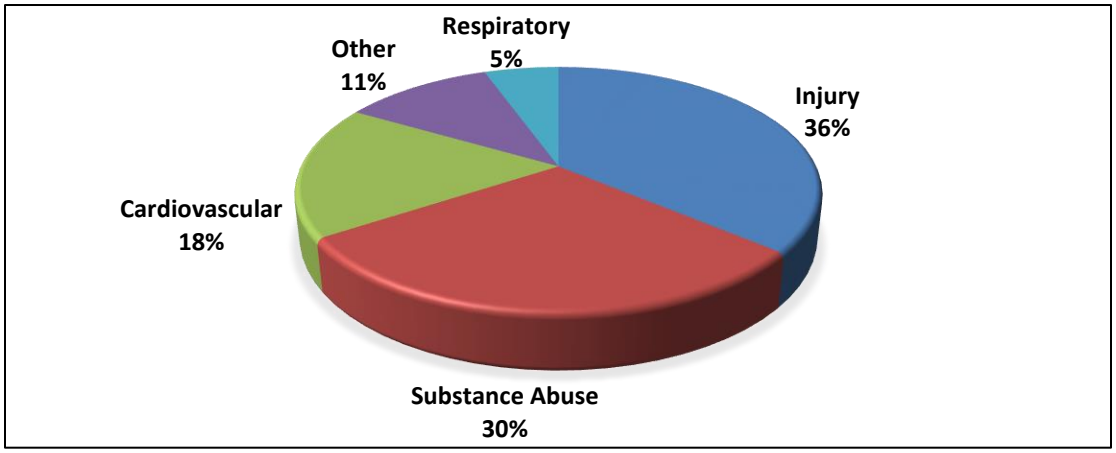
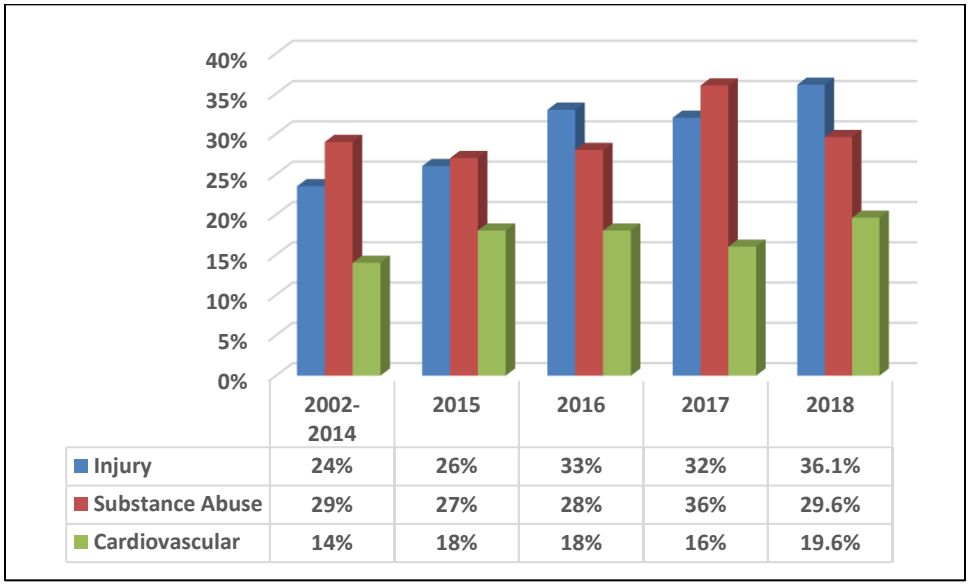


Figure 8: Comparison of major causes of death from 2002-14; 2015; 2016, 2017 & 2018



	2002-2014	2015	2016	2017	2018
Injury	24%	26%	33%	32%	36.1%
Substance Abuse	29%	27%	28%	36%	29.6%
Cardiovascular	14%	18%	18%	16%	19.6%

Key Points:

- From 2002-2018, injury deaths increased dramatically from 24% to 36.1% in 2018. These include blunt force head injuries, gunshot wounds, stabbings, hangings, drownings and traumatic brain injury;
- 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 and decreased in 2018 to 29.6% of deaths

All Causes of Homeless Deaths in 2018

Table 3 below identifies all the causes of homeless deaths in 2018, again with the top three being blunt force injuries [18.5%]; cardiovascular [16.8%] and Meth [15.9%]

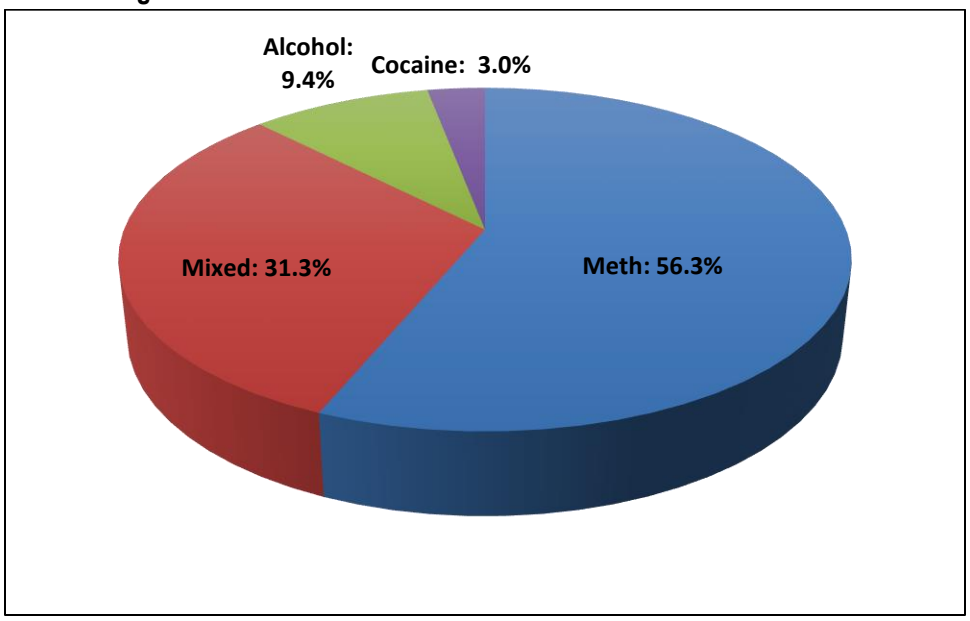
Table 3: All Causes of homeless deaths in 2018

Cause of Death	# of Homeless Deaths in 2018	% of Total Homeless Deaths in 2018
Blunt force injuries	21	18.5%
Cardiovacular	19	16.8%
Meth [as primary cause]	18	15.9%
Mixed drugs	10	8.8%
Upper respiratory	6	5.3%
Hanging	5	4.4%
Drowning	5	4.4%
Unknown	5	4.4%
Alcoholism	3	2.7%
Gunshot	3	2.7%
Cerebral hemorrhage	2	1.7%
Traumatic brain injury [TBI]	2	1.7%
Fetal demise	2	1.7%
Kidney failure	2	1.7%
Cocaine	1	.09%
Cryptocossosis	1	.09%
Urosepsis	1	.09%
Cancer	1	.09%
Self-inflicted burns	1	.09%
Upper GI hemorrhage	1	.09%
Seizure	1	.09%
Hypothermia	1	.09%
Stabbing	1	.09%
Neck laceration	1	.09%
Total	**113**	**100%**

Substance Abuse Deaths

Figure 9 shows the types of substances that caused the deaths of homeless women and men with methamphetamines [meth] being the leading drug, causing 56.3%% of the substance abuse related deaths in 2018.

Figure 9: Substance abuse deaths of homeless women and men



Rise of Methamphetamines in Homeless Deaths: As Table 4 shows, meth being involved either as a major or contributing cause of homeless deaths as a percentage of all alcohol and drug [AOD] deaths increased from 14.3% in the 2002-2014 period to 88% in 2018, an increase of 6 times. Additionally, deaths involving meth as a percentage of overall deaths increased 6 times as well [from 4% in 2002-14 period to 26% in 2018].

Table 4: Increase in Meth in Homeless Deaths

	# of homeless deaths	# & % of AOD deaths		# of Meth involved deaths	% of Meth Deaths of AOD deaths	% Meth Deaths of Total Deaths
2002 – 2014	604	175	29%	25	14.3%	4%
2015	78	21	27%	11	52%	14%
2016	71	20	28%	8	40%	11.3%
2017	124	45	36%	27	60%	21.8%
2018	108	32	30%	28	88%	25.9%
Total	985	293	30%	99	34%	10%

Violent Causes of Death

Figure 10 indicates that 36.1% of the deaths of homeless people were violent deaths, with blunt force head injuries accounting for 54% of the violent deaths, followed by hangings and drownings [13% each]; gun shots at 8%; traumatic brain injury At 5% stabbing and self-inflicted burns at 3% each.

Figure 13: Violent Causes of Death for homeless women and men: 2018

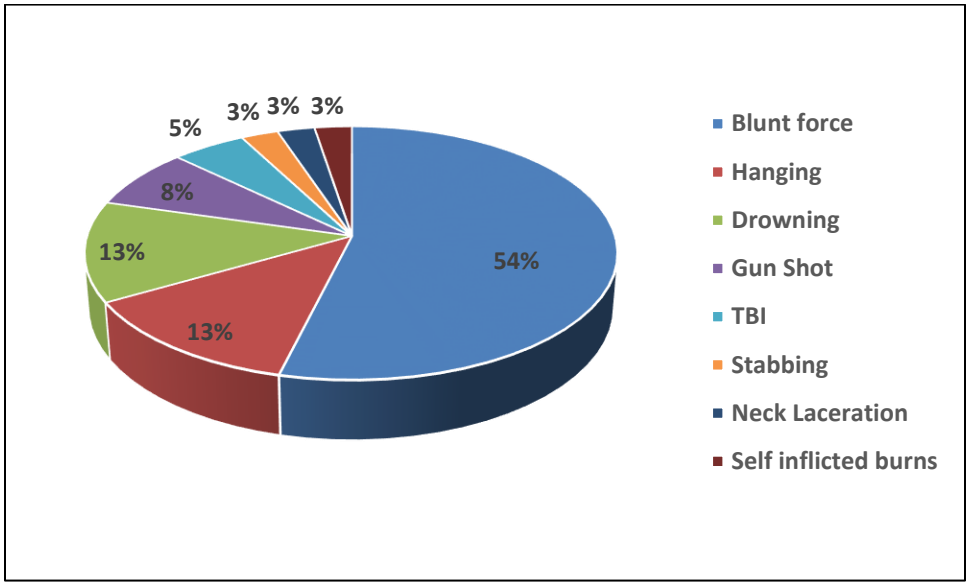
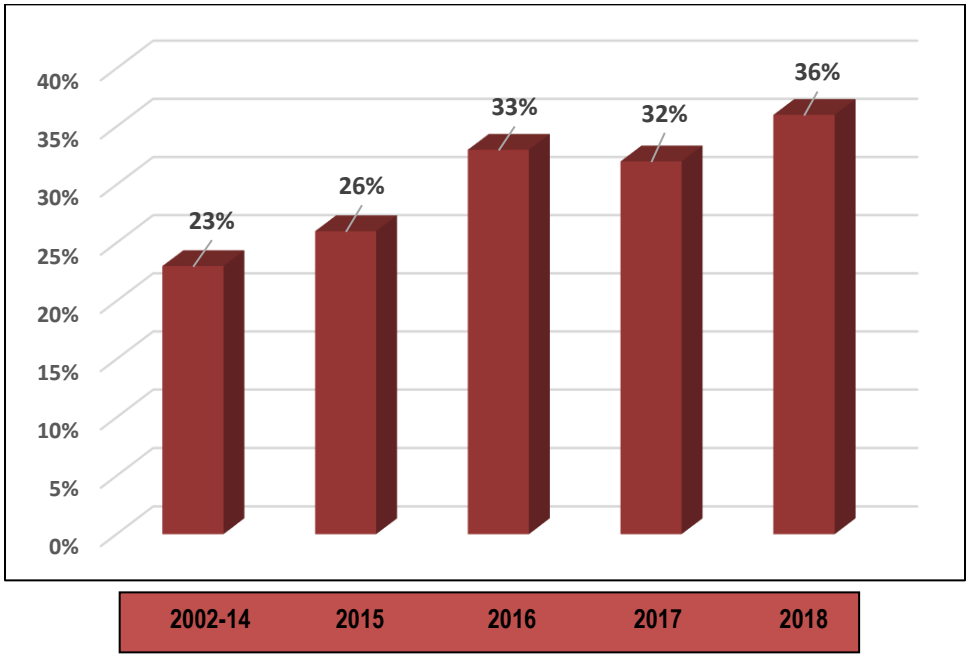


Figure 11 indicates the increase from 2002 – 2014 of violent homeless deaths from 23% to 36% in 2018.

Figure 11: Increase in violent deaths from 2002 to 2018



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, including Safe Parking Programs:

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: A Shelter in Each City Council District

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 2019 SSF's "Point in time count", from 2015 to 2019, the unsheltered homeless population increased from 36%, or about 1,000 homeless people, to 56% unsheltered or over 2,000 people 70% of the 5,700 being unsheltered in 2019 .

Safe Parking Programs: The 2019 Point In Time Count documented a dramatic increase in homeless youth, single adults and over one-third of families, usually single women with children, sleeping in their cars. SRCEH has documented a number of communities in California, including San Diego, Oakland and San Francisco have safe parking programs that include meals, toilets, showers and case management to help people move into permanent housing.

In 2018 the Mayor challenged each City Council member to site at least a 100 bed emergency shelter in their district. To date, only three of eight City Council members have tried to locate a shelter and/or Safe Parking Program in their district.

On August 27, 2019, each City Councilmember will present their proposals for an emergency shelter in their district.

SRCEH hope that these reports that document the continued increase in homeless deaths, especially over the last two years, as well as the increase in number of violent homeless deaths, will motivate all City Councilmembers to site a program to help keep homeless people alive and safe

II. Health Care:

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

Given the findings of this report that 30% had deaths with alcohol/substance abuse as an underlying cause of their death, we need to significantly increase the availability access and linkage to alcohol and drug treatment services and programs as strategy to help reduce preventable deaths of homeless people.

Additionally alarming is the dramatic increase in the number of methamphetamine or "meth" deaths.

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

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

B. 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.

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

C. 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.

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.

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.

D. Nutrition: Ensure full enrollment on CalFresh and implementation of the Restaurant Meals Program [RMP] 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.

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.

- ✓ ***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].***

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, 2018 – December 31, 2018 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.

CONTACT INFORMATION

Bob Erlenbusch
Executive Director
1331 Garden Highway, Suite 100
Sacramento, CA 95833

O: 916-993-7708
M: 916-889-4367

bob@srceh.org

SACRAMENTO REGIONAL COALITION TO END HOMELESSNESS