

Sacramento County 2020 Homeless Deaths Report

January 1, 2019 – December 31, 2019

138 deaths in 2019

*1,170 homeless deaths from 2002 – 2019
or 1 person every 6 days for the past 19 years
1 person every 2.6 days in 2019*



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

August 4, 2020



Dedication

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



There were 138 deaths of people experiencing homelessness in 2019.
The Coroner documented 125 of the deaths and could not release information on 13,
since their families have not been notified yet.
This report is focused on the 125 deaths of people experiencing homelessness
in Sacramento County in 2019

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

The Sacramento Regional Coalition to End Homelessness [SRCEH] released this report August 4, 2020, to help inform the Sacramento City Council's recent action to site at least 500 Tiny Homes as well homeless shelters and/or Safe Parking Program in each city council district.

Given the COVID-19 pandemic the 7th Annual Interfaith Homeless Memorial Service will be held virtually
December 21, 2019 from 7 pm to 8 pm

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

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

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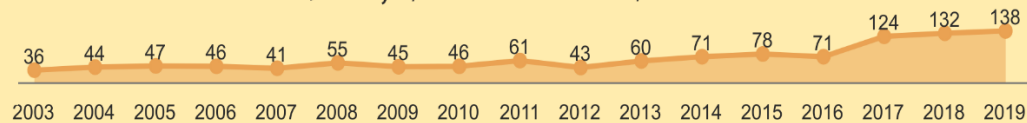
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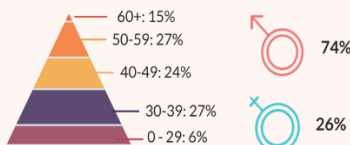
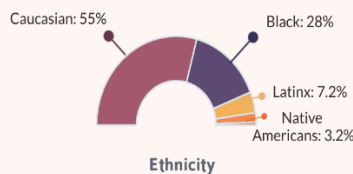
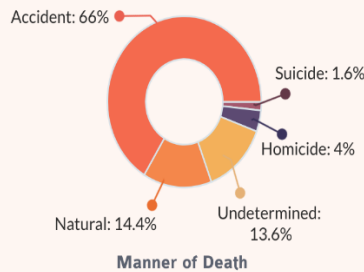
2020 Sacramento County Homeless Deaths Report

January 1, 2002 - December 31, 2019



1,170 Deaths (2002-2019)

Key Findings: 138 Deaths in 2019



Age Range of Homeless Women

From 2002 to 2015, the average percentage of homeless females was 13.5%. This increased 18% in 2016, 21% in 2017, 24% in 2018, and 26% in 2019 -- a 1.8x increase in 2019 over the 2002-2015 year period.



Methamphetamines

Leading Drug of Substance Abuse

8x increase over 18 years



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



In 2019, 31% of all deaths were Meth and 79% of all substance abuse deaths

Violence Against the Homeless Of All Violent Deaths:



Blunt Force Trauma Injuries: 73%

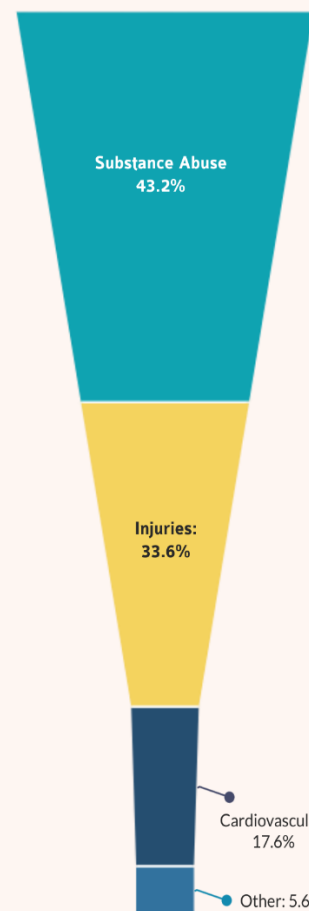


Drownings: 11%



Stabbings: 5.4%

Leading 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 **138** Coroner reported deaths of homeless people January 2019 - December 2019, an slight increase over the 132 homeless deaths in 2018. The total from 2002 to 2019 is **1,170 homeless deaths, or roughly one death every 6 days, every week for a 18 year period, and one death every 2.6 days in 2019.** [Note: This report details the deaths of 125 homeless men and women in 2019, since the Coroner's office could not release data on 13 of the deaths.]










Demographics:

- **Gender:** 74% were male and 26% female: From 2002 – 2015 the average percentage of homeless women was 13.5%; this increased to 18% in 2016 and to roughly 21% in 2017 to 24% in 2018 to 26% in 2019 – or almost doubling from the 2002 – 2015 average
- **Age:** In 2019 the average age for women was 47.7 and 51.1 for men; 51% of men and 51.5% of women were between 40 to 59 years old, however only 15% of women were 60+ compared to almost 33% of homeless men;
- **Number of lost years due to untimely deaths:** Using 75 years of age as the life expectancy national average, overall, the lives of the homeless people was cut short on average by 25%-27 years for homeless women and 24 years for homeless men
- **Ethnicity:** The majority of homeless deaths were Caucasian (55%), with homeless people of color [Black; Asian; Latinx and Native American] comprising 45% of the homeless deaths – with Blacks comprising 28% of the total and 62% of all people of color homeless deaths; Black deaths increased significantly from an average of 19% between 2017 - 2019; Black homeless women die at a younger age than black homeless men; While 43.5% of homeless men are people of color; 48.5% of homeless women are people of color.

Manner and Cause[s] of death:

- **Manner of death:** 66% were accidents, while only 14.4% died of natural causes; 1.6% suicides; 4% homicides and 13.6% undetermined; the percentage of men that die of natural causes is almost twice that of homeless women; the percentage of homeless women dying accidental deaths is 1.2 times higher than men
- **Major Underlying Cause[s] of death:** Substance abuse deaths were the leading cause of death in 2019 [43%] followed by injury [32.6%], followed by cardiovascular disease [17.6%]; Substance abuse deaths increased by 1.4 times over the 2002 2018 average of 30%
- **Substance Abuse Deaths and Gender and Ethnicity:** Overall twice as many homeless men died of substance abuse than homeless women; three times as many men died of injuries than homeless women; 10 times as many homeless men died of cardiovascular disease; over 70% of homeless people who died of substance abuse were white
- **Increase in Meth deaths in 2019:** Meth related deaths caused 80% of all alcohol and drug deaths and increased from 24% in 2018 to 34% in 2019; Deaths involving Meth as a percentage of overall homeless deaths increased 8 times – from 4% in 2002 -2014 period to 31% in 2019
- **Violent deaths:** 73% of violent deaths were blunt force injuries, followed by drownings [13.5%]; stabbings; burns, gunshot, hanging and automobile [2.7% each]

II. POLICY RECOMMENDATIONS

	POLICY RECOMMENDATION	FINDINGS
	Sacramento Steps Forward, working in partnership with City, County, broad spectrum of stakeholders including people of color with lived experience of homelessness, addresses systemic racism and promotes equity in the homeless service and policy system	Disproportionately 45% of the homeless people who died in 2019 were people of color 62% of all people of color who died in 2019 were Black
	Expand the sources of funding for the Sacramento city & county Affordable Housing Trust Fund to create more affordable and accessible housing	1,170 homeless deaths over 18 years 70%+ of people experiencing homelessness are outside due to lack of shelter and affordable housing
	Create low barrier shelters in each City Council district that are year-round shelters Site 500 tiny homes – modeled after Safe Ground	75% of the homeless deaths are in the Spring, summer and Fall – evenly distributed across each season
	Implement the Safe Parking Program that was approved by the City Council in mid 2019 - includes toilets, showers and case management	In 2018, violence was the leading cause of homeless deaths; and in 2019 was the second leading cause of death
	Support the recommendations of the County's Meth Coalition – expand funding for alcohol and drug treatment as well as mental health programs Fund mental health/harm reduction outreach team to do street outreach & outreach to encampments	Meth deaths have increased 8 times over and now account for 80% of the alcohol and drug related deaths
	Expand funding for respite care facilities	Given legislation- SB1152- it is illegal for hospitals to discharge people to the streets- hospitals need respite care facilities for them to discharge their homeless patients
	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 18 years

III. FINDINGS

**Number of Coroner reported deaths:
1 death every 6 days for 18 years**

There were **138** Coroner reported deaths of homeless people from January 1, 2019 to December 31, 2019 for a total of **1,170 deaths from 2002 to 2019**. See Table 1 below for the number of deaths by year and Figure 1 for a year by year graph.

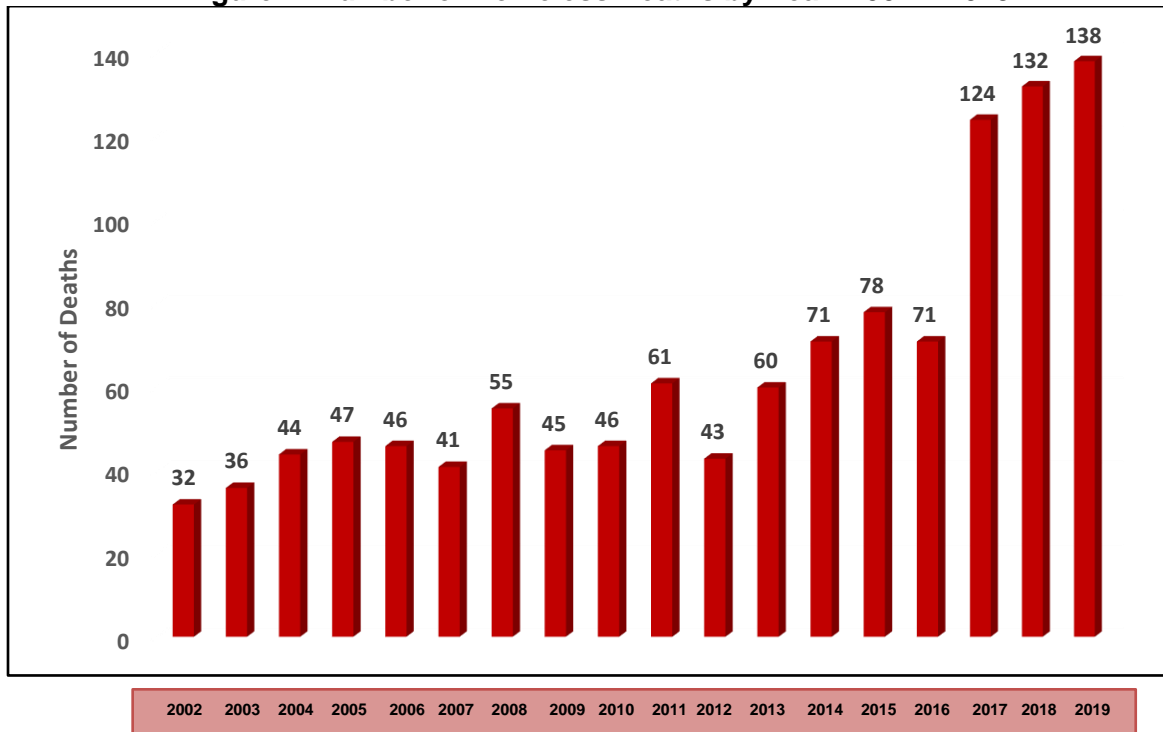
11.8% of all homeless deaths were in 2019, with 33.6% of homeless deaths over the past 18 years have occurred in the past three years [2017, 2018 & 2019]; and 46.4% of the deaths since 2002 have occurred in the past 5 years [2014 – 2019].

Note: This report details 125 deaths of homeless people in 2019, 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 2019

Year	Number of Deaths	% Total
2002	32	2.7%
2003	36	3.1%
2004	44	3.8%
2005	47	4.0%
2006	46	3.9%
2007	41	3.5%
2008	55	4.7%
2009	45	3.8%
2010	46	3.9%
2011	61	5.2%
2012	43	3.7%
2013	60	5.1%
2014	71	6.1%
2015	78	6.7%
2016	71	6.1%
2017	124	10.6%
2018	131	11.2%
2019	138	11.8%
Total	1,170	100%

Figure 1: Number of Homeless Deaths by Year: 2002 – 2019



Key Points:

- From 2002 to 2016 the average number of homeless deaths was 52
- The average number of homeless deaths from 2017 – 2019 increased to 131

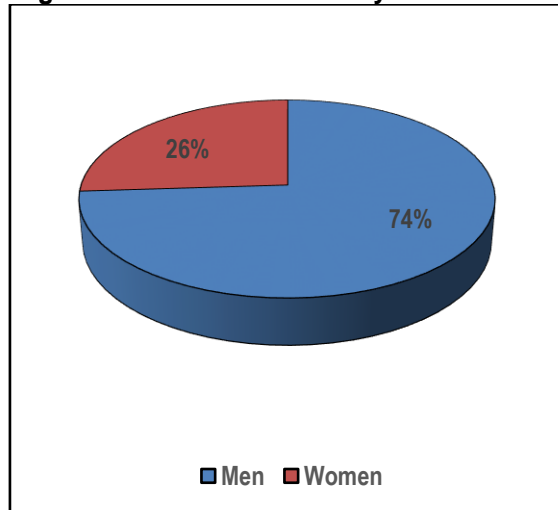
On average a 2.5 times increase in the average number of homeless deaths in the last three years

DEMOGRAPHICS

Gender

Overwhelmingly the percentage of homeless deaths were male, 92 homeless men or 74%, while there were 33 homeless female deaths, or 26% [Figure 2].

Figure 2: Homeless deaths by Gender: 2019



Increase in homeless female deaths in 2019

Key Points:

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

Age

Figure 3 shows the age range of the homeless deaths by age category by gender. Overall, homeless women died at an earlier age than homeless men with only 15.1 % of homeless women living to 60+ years, compared to 32.7% of homeless men and over 3 times as many women dying between 30 – 39 as men [27.3% and 8.7% respectively.]

Figure 3: Homeless Deaths by Age Category by Gender: 2019

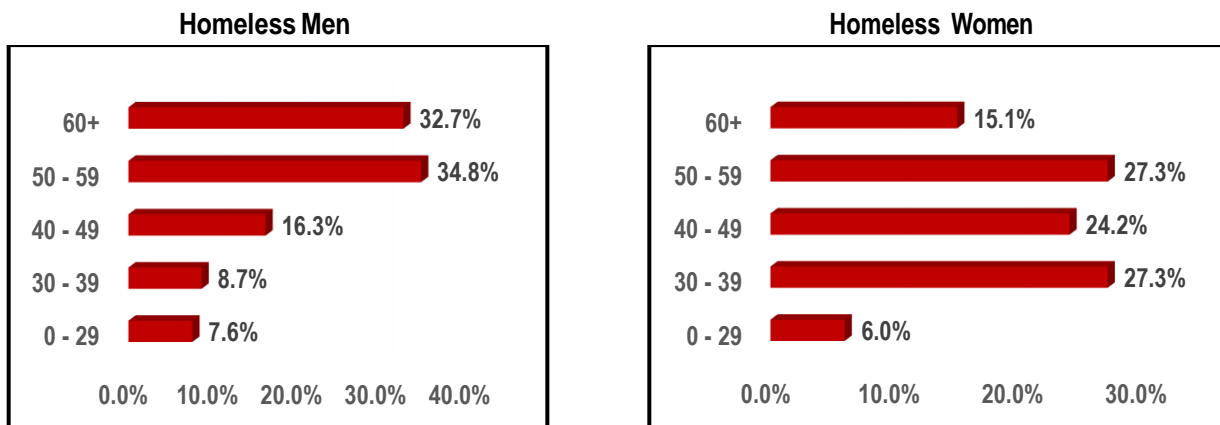


Table 2 indicates the average age of homeless deaths by gender. In 2019 the average age of homeless women was 47.7 years while for homeless men it was 51.1. This is consistent with previous homeless deaths reports.

Table 2: Average age of deaths by gender: 2019

GENDER	AGE				
	Minimum	Maximum	Average	N	%
Female	27	67	47.7	33	26%
Male	22	76	51.1	92	74%

Homeless Life Expectancy: Life cut short by average of 25%

Using the national life expectancy average of 75 years old, homeless lives in Sacramento are cut short by an average of about 25% or about 27 years for homeless women and 24 years for homeless men.

Ethnicity

Figure 4 shows the ethnic distribution of homeless deaths in 2019. 55% were Caucasian, 28% Black, 7.2% Latinx; 6.4% Asian and 3.2% Native American. Thus, 45% of the homeless deaths are people of color, with Black and Native Americans being over-represented in the deaths of people experiencing homelessness.

Figure 4: Distribution of Homeless Deaths by Ethnicity: 2019

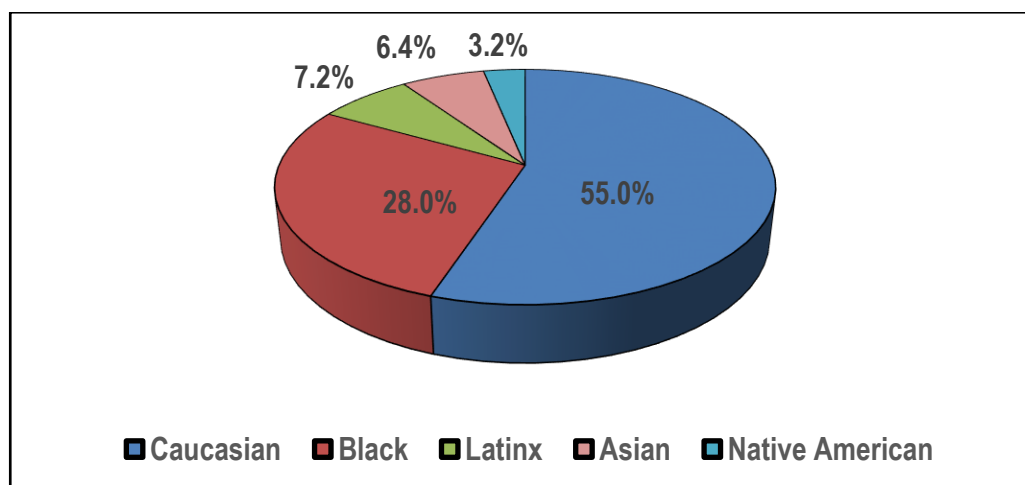


Table 3: Ethnic distribution, comparing 2017, 2018, 2019 and 2020

Ethnicity	Year			
	2017	2018	2019	2020
Caucasian	59%	63%	66%	55%
Black	26%	16%	16%	28%
Latinx	8%	9%	9%	7%
Asian	5%	4%	1%	6
Native American	-	-	1%	3%

Key finding: From 2017 – 2019 the average percentage of Black deaths was 19% and increased significantly to 28% in 2020

Age & Ethnicity

As Table 4 highlights, especially for Caucasian, Black and Latinx homeless women, die at a younger age than homeless men [Note, for Asian and Native American women the average is skewed since the number were very small].

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

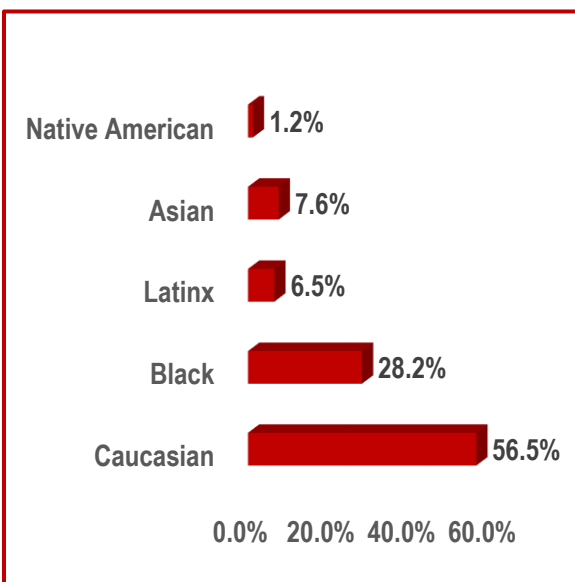
	Men	Women
Ethnicity		
Caucasian	52.9	44.9
Black	50.5	47.4
Latinx	47.2	44
Asian	44.3	53
Native American	37	57

Gender & Ethnicity

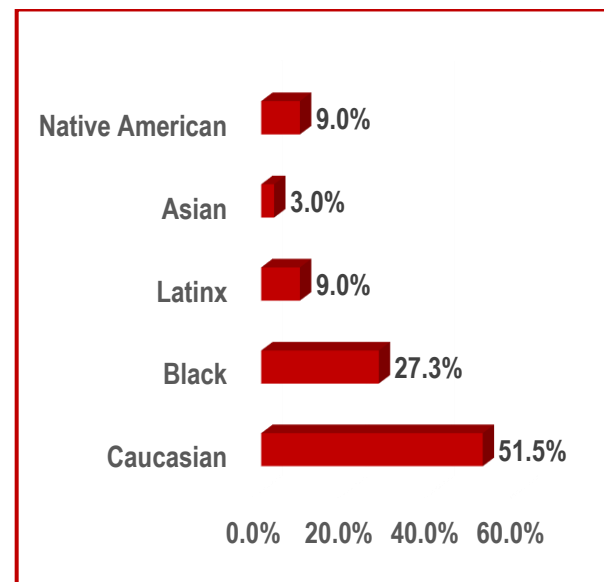
Figure 5 below compares the ethnicity of homeless men to homeless women. Generally speaking, the distribution, especially for Caucasian, Black and Latinx are approximately the same. [Note for homeless Asian and Native American men and women the numbers are too low to compare].

Figure 5: Homeless Men & Women Ethnicity: 2019

Men & Ethnicity



Women & Ethnicity



MANNER AND CAUSES OF DEATH

MANNER OF DEATH

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

As Figure 6 shows, only 14.4% of the homeless deaths are natural, with 13.6% undetermined, leaving 72% of the deaths to Accidents [66.4%], Suicides [1.6%] and Homicides [4%]. Figure 7 compares the manner of death from 2002 – 2019.

Figure 6: Manner of Death: 2019

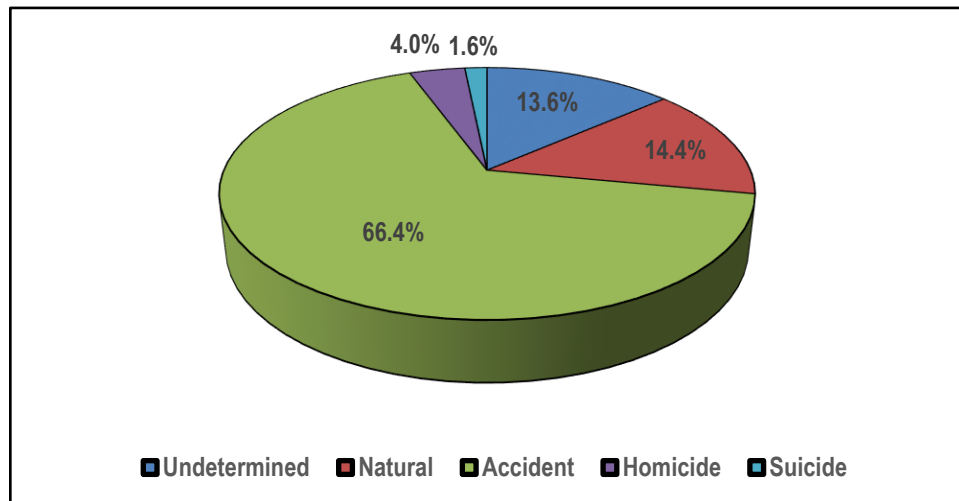
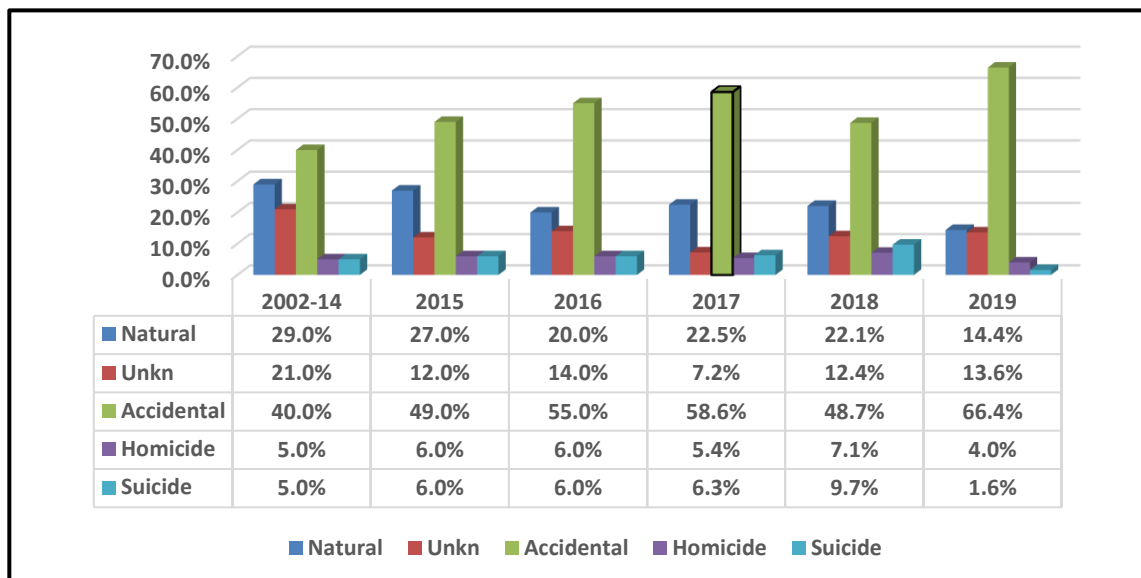


Figure 7: Manner of Death: 2002-2014, 2015; 2016, 2017, 2018 & 2019 Comparisons



Key points: Comparing 2019 to 2002 – 2018 manner of deaths – the most significant changes were:

- A steep decline in natural deaths – from an average of 24.1 from 2002 – 2018 to 14.4% in 2019
- A sharp increase in accidental deaths – from an average of 50.1 from 2002 – 2018 to 66.4% in 2019
- A sharp decline in both homicides and suicides in 2019

Manner of Death by Gender

Table 5 compares the manner of death by gender.

Table 5: Manner of death by gender

Manner of Death	Gender	
	Male	Female
Undetermined	15.2%	9.1%
Natural	16.3%	9.1%
Accidental	63%	75.6%
Suicide	2.2%	0
Homicide	3.3%	6.1%

Key points: Comparing Manner of Death by gender:

- The percentage of homeless men that die of natural causes is almost twice that of homeless women;
- The percentage of homeless women dying accidental deaths is 1.2 times higher than homeless men;
- The percentage of homeless women dying by homicide is almost twice that of homeless men

Manner of death by Ethnicity

Table 6 compares the manner of death by ethnicity.

Table 6: Manner of death by ethnicity

Manner of death	Ethnicity				
	Caucasian	Black	Asian	Latinx	Native American
Accident	52%	29%	5%	10%	4%
Unknown	47%	35%	12%	6%	-
Natural	72%	17%	5.5%	-	5.5%
Homicide	60%	20%	20%	-	-
Suicide	100%	-	-	-	-

Key Points:

- While 52% of accidents were white, disproportionately 48% are people of color, overwhelmingly Black
- Almost three-fourths [72%] of natural deaths were White – again reflecting that white homeless people live longer than homeless people of color
- 60% of the homicides were white homeless people; while 40% were people of color- 20% each for Black and Asian homeless people;
- 100% of the suicides were by white homeless people

MAJOR UNDERLYING CAUSES OF DEATH

Figure 8 details the underlying causes of death of homeless people in 2019: Substance Abuse [43.2%]; Injury [33.6%]; Cardiovascular disease [17.6%] accounts for 94.4% of the underlying causes of death of homeless people in 2019. Figure 9 compares the major causes of death from 2002-2014; 2015; 2016, 2017, 2018 & 2019.

Figure 8: Major Underlying Causes of Death of Homeless People: 2019

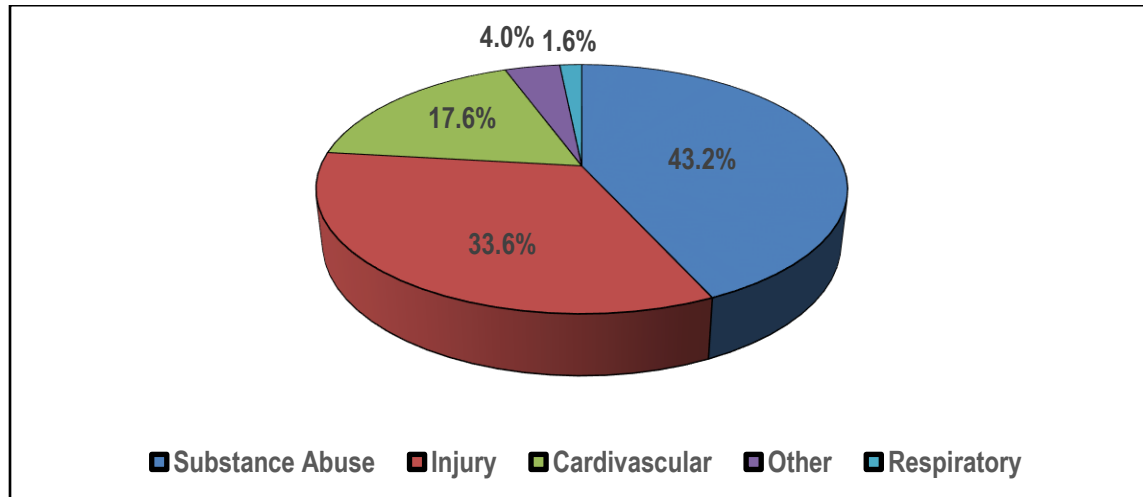
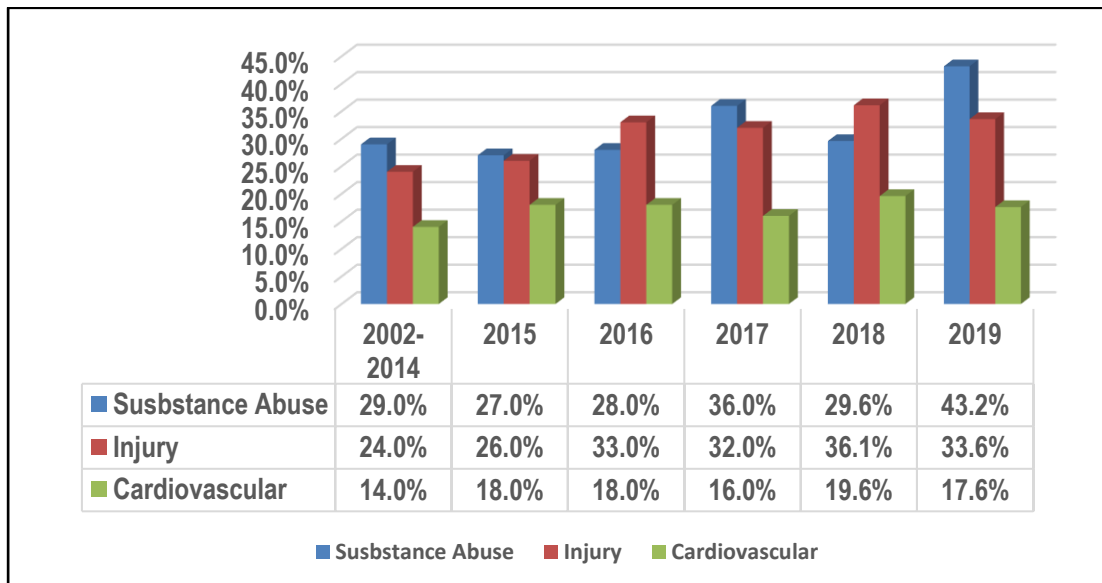


Figure 9: Comparison of major causes of death from 2002-14; 2015; 2016, 2017, 2018& 2019



Key Points:

- In 2019, substance abuse deaths [43%] increased 1.4 times over the 2002 – 2018 average of 30%
- Injuries slightly declined in 2019 but still make of one-third of homeless deaths
- Cardiovascular deaths remained relative stable at about 18%

Major Causes of Death by Gender

Table 7 compares the top three causes of death by gender.

Table 7: Major causes of death by gender

	Gender			
	Male		Female	
	% Male	% Total	% Female	% Total
Substance Abuse	45%	69.5%	54.5%	30.5%
Injury	34.4%	73.8%	33.3%	26.2%
Cardiovascular	20%	81.8%	12%	8.1%

Key Points:

- A greater percentage of homeless women die by substance abuse, but overall more than twice as many homeless men died of substance abuse in 2019
- About the same percentages of homeless men and women died of injuries, but overall almost three times as many homeless men died of injuries in 2019
- Overall, about 10 times homeless men died of cardiovascular disease than homeless women in 2019

Major Causes of Death by Ethnicity

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

Table 8: Major Causes of Death by Ethnicity

Causes of Death	Ethnicity				
	Caucasian	Black	Asian	Latinx	Native American
Substance Abuse	70.5%	31.9%	2.3%	9.1%	2.3%
Injuries	54.5%	40.1%	-	-	4.5%
Cardiovascular	48.6%	32.4%	10.8%	2.7%	5.4%

Key Points:

- Over 70% of homeless people who die from substance abuse are white
- While 54.5% of homeless people who die from injuries are white; 45% are disproportionately people of color – overwhelmingly Black
- While about half of homeless people who die of cardiovascular disease are white, 51% are people of color – overwhelmingly Black

All Causes of Death

Table 9 below identifies all causes of homeless deaths in 2019, with the top three being Meth [34.4%]; Blunt force head injuries [21.6%] and Cardiovascular disease [17.6%].

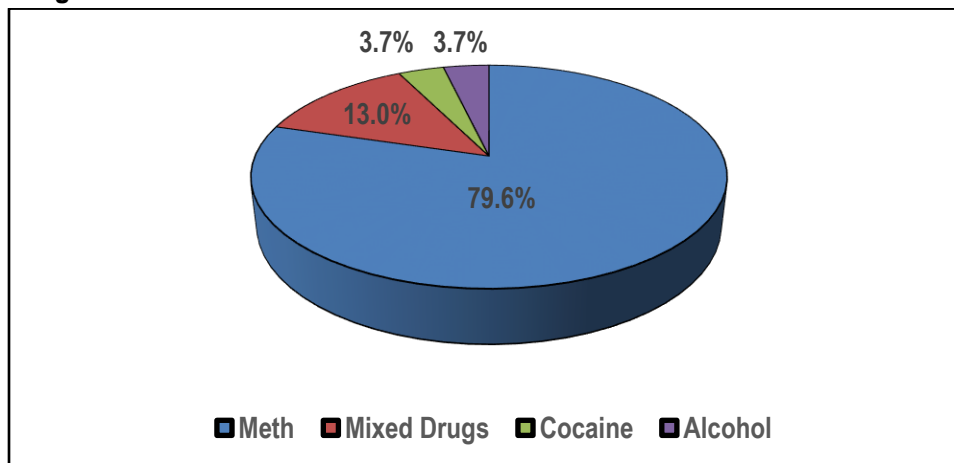
Table 9: All Causes of homeless deaths in 2019

Cause of Death	# of Homeless Deaths in 2019	% of Total Homeless Deaths in 2019
<i>Substance Abuse: Total 54 [43.2%]</i>		
Meth	43	34.4%
Mixed drugs	7	5.6%
Cocaine	2	1.6%
Alcohol	2	1.6%
<i>Injuries: Total 37 [30%]</i>		
Blunt Force Head Injuries	27	21.6%
Drowning	4	3.2%
Stabbings	2	1.6%
Burns	1	.08%
Gunshots	1	.08%
Hangings	1	.08%
Automobile	1	.08%
Cardiovascular	22	17.6%
Gastrointestinal	4	3.2%
Hypothermia	4	3.2%
Respiratory	2	1.6%
Pancreatitis	1	.08%
Stroke	1	.08%
Total	125	100%

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 79.6%% of the substance abuse related deaths in 2019.

Figure 10: Substance abuse deaths of homeless women and men in 2019



The Rise of Methamphetamines in Homeless Deaths

Table 10 documents the dramatic rise in homeless deaths due to methamphetamine [Meth] intoxication.

Table 10: Increase in Meth in Homeless Deaths

	# of homeless deaths	# and % of AOD Homeless deaths # %	# of Meth involved deaths	% of Meth Deaths of all AOD deaths	% Meth deaths of total deaths
2002 -2014	627	175 28%	25	14.3%	4%
2015	78	21 27%	11	52%	14%
2016	71	20 28%	8	40%	11%
2017	124	45 36%	27	60%	21.8%
2018	132	32 24%	28	87.5%	21.2%
2019	138	54 34%	43	79.6%	31.2%
Total	1,170	347 30%	142	41%	12%

Key Points:

- Meth as a percentage of all alcohol and drug [AOD] deaths increased from 14.3% in the 2002 – 2014 period to almost 80% [79.6%] in 2019 – an increase of 5.6 times;
- Deaths involving meth as a percentage of overall homeless deaths increased 8 times – from 4% in 2002 – 2014 period to 31% in 2019

Violent Causes of Death

Figure 11 indicates that 30% of the total number of deaths of homeless people were violent deaths, with blunt force head injuries accounting for 73% of all violent deaths, followed by drownings [11%]; stabbings [5.4%]; burns, gunshot; hanging and automobile [2.7% each].

Figure 11: Violent Causes of Death for homeless women and men: 2019

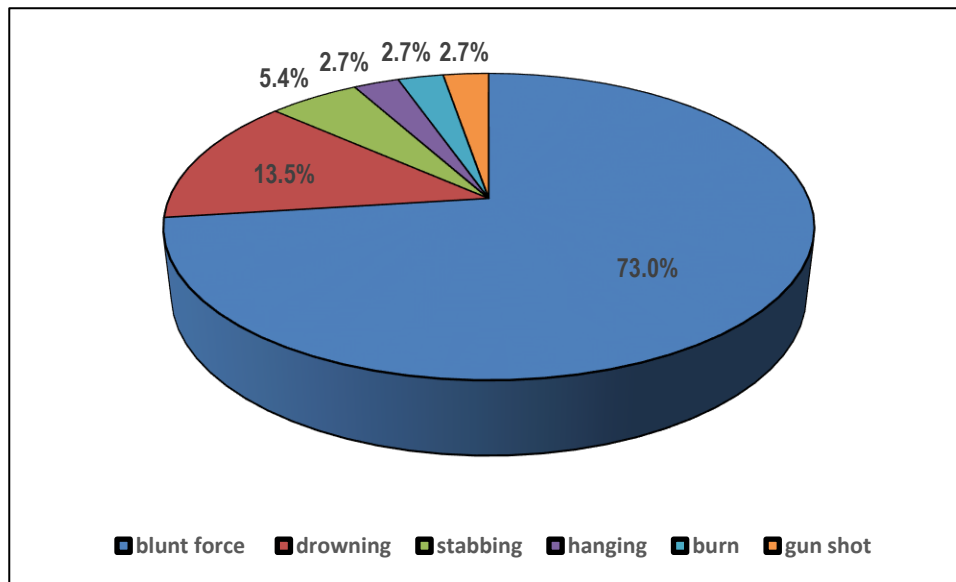
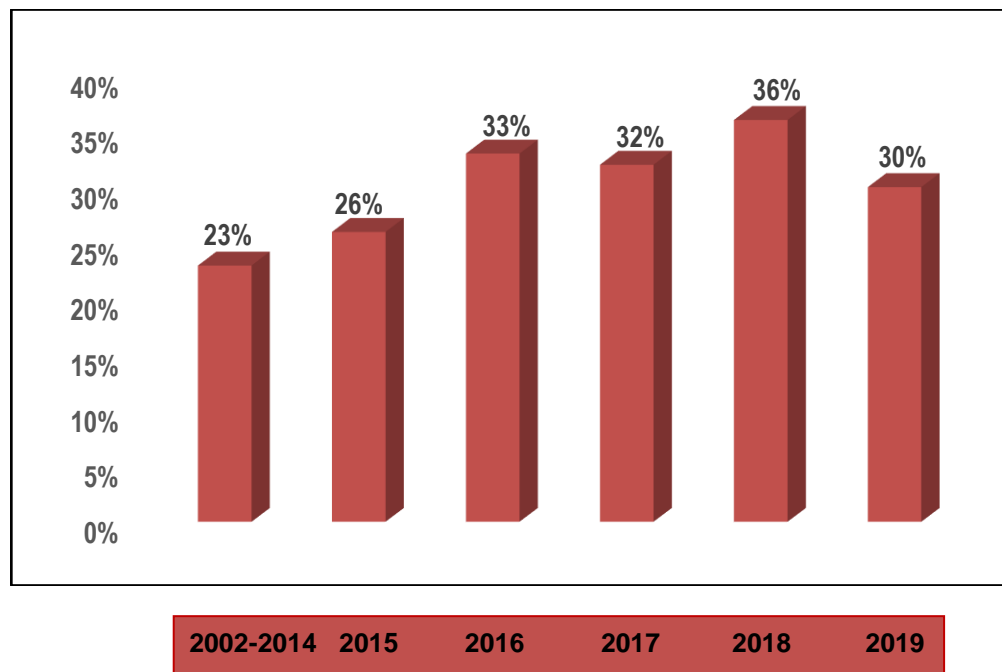


Figure 12 indicates the increase from 2002 – 2014 of violent homeless deaths from 23% to 30% in 2019.

Figure 12: Increase in violent deaths from 2002 to 2019



IV. Policy Recommendations

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

I. Address systemic racism – advance racial equity:

Sacramento Steps Forward needs to follow the lead of the Los Angeles Homeless Services Authority [LAHSA], who in early 2019 released their report, *Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness*.

A theme that cut across the committee's work was that racism, discrimination, and unconscious bias in our public systems and institutions has contributed to, and remains intertwined with, homelessness. Ending homelessness will require a collective commitment to dismantling racism and addressing racial disparities, and sustained support from funders, policymakers, mainstream systems of care, service providers, and community partners. The report highlights persistent cases of systemic bias in policies affecting housing, employment, criminal justice, and child welfare—and identifies ways to advance racial equity in our homeless services system.

Sacramento Steps Forward, working in partnership with the city and county and a broad, representative set of stakeholders, needs to convene a committee charged with drafting recommendations that address racism, discrimination and unconscious bias in our public systems. Importantly, this includes the inclusion of people of color with lived experience of homelessness in all aspects of program and policy design, implementation, evaluation and service delivery to ensure that programs and services effectively meet the needs of those they are intended to serve.

II. Affordable Housing & Emergency Shelter, including Safe Parking Programs:

A. Affordable Housing: Implement the City/County \$100M Affordable Housing Trust Fund to 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 in the August 14, 2018 report from the City Managers Office, “Funding and Development Streamlining Opportunities to Address Sacramento’s Housing Crisis, to the City Council for their Housing Workshop:

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

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

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

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

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

B. Create a \$10 M Renter Protection Fund as a homeless prevention strategy:

SRCEH is urging the Sacramento City Council to set aside \$10 M in federal CARES Act funding to create a “Renter Protection Fund” as a homeless prevention strategy. At some point soon, the state moratorium on evictions will end, which will create a human tsunami of homelessness.

As Gary Blasi states in the UCLA report, *UD Day: Impending Evictions and Homelessness in Los Angeles*:

There is no question that Los Angeles faces impending waves of evictions and that such evictions will result in many more people becoming homeless

Immediately create a Renter Protection Fund using \$10 M in federal CARES Act funding as a homeless prevention strategy

C. 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, since 75% of the homeless deaths are in the spring, summer and fall.

Finally, again given the lack of affordable housing, we support the Mayor’s recent proposal of funding 500 tiny homes, modeled after Safe Ground. Additionally, we support First Steps Communities, Mayor Steinberg’s initiative to site 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, as a way to save lives of our unhoused neighbors.

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. Given the COVI-19 pandemic has reduced emergency shelter capacity by about 40% given the necessity of "social distancing," the percentage of people experiencing homelessness who are unsheltered could be as high as 80%.

D. 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.

The City Council agreed and about a year ago voted to fund two safe parking programs, one in Councilmember Jennings district and one in Councilmember Guerra's district. However, to date, neither one has been implemented.

Immediately implement the Safe Parking pilot projects approved by City Council in mid-2019

III. Health Care:

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

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

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

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

B. Expand funding for a Respite Care facility:

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

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

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

C. Prioritize nursing services to ensure health screening and navigation at the Year-Round Shelter and Winter shelter sites as well as street outreach and outreach to homeless encampments; Fund mental health/harm reduction team to do street outreach and outreach to homeless encampments

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 promote 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, Elica also have deployed RNs for outreach and linkage of homeless individuals to a primary care center. Additionally, Sacramento Street Medicine, a nonprofit mobilizing UC Davis medical students and other to do outreach to homeless encampments.

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; as well funding to support the Sacramento Street Medicine program
Fund mental health/harm reduction outreach team to do outreach to people experiencing homelessness on the streets and in encampments

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

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

IV. Transportation:

Subsidize transportation options for homeless people:

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

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

V. 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 committees for children, youth and victims of domestic violence, comprised of identified system partners with the goal to continuously assess, monitor and recommend improvements in community services and supports for people experiencing homelessness

APPENDIX:

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 2019, 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.

Report and recommendations:

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

Recommendations were made by the SRCEH Board of Directors.

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

Infographic Credit: Infographic provided by Kai Erlenbusch.

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