Sacramento County 2017 Homeless Deaths Report

January 1, 2016 – December 31, 2016

71 deaths in 2016

776 deaths from 2002 – 2016

of people experiencing homelessness in our community

or 1 person every 7 days for the past 15 years

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

November, 2017

Dedication

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

The names and ages of the 71 Coroner reported homeless deaths from January 1, 2016 to December 31, 2016, 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 November 6, 2017.
The 4th Annual Interfaith Homeless Memorial Service will be held December 21, 2017 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 hope that we can take action to end the senseless and untimely deaths of people experiencing homelessness.

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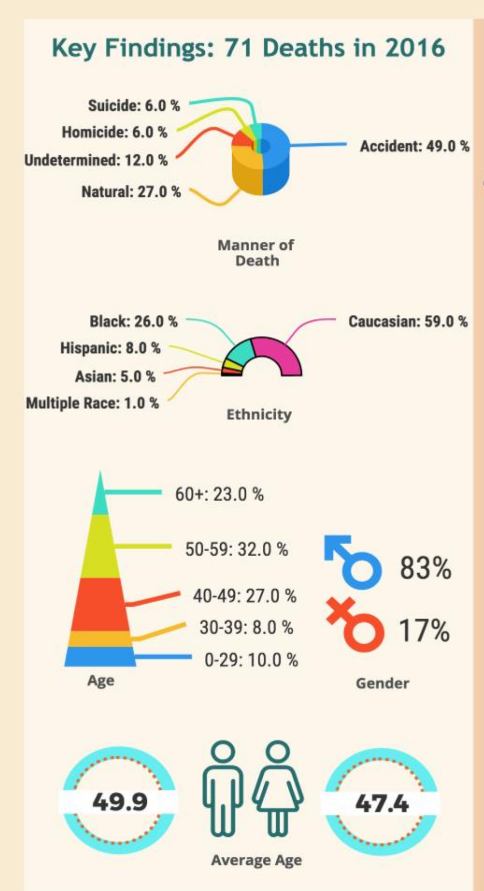
Photo Credit: *The cover photo of the "Day of the Dead" Altar, Loaves & Fishes, 2013 was taken by Paula Lomazzi, Executive Director, Sacramento Homeless Organizing Committee [SHOC]*

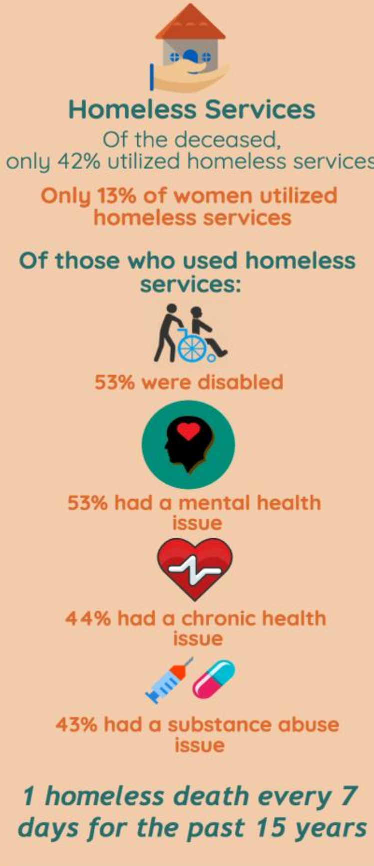
Sacramento Regional Coalition To End Homelessness

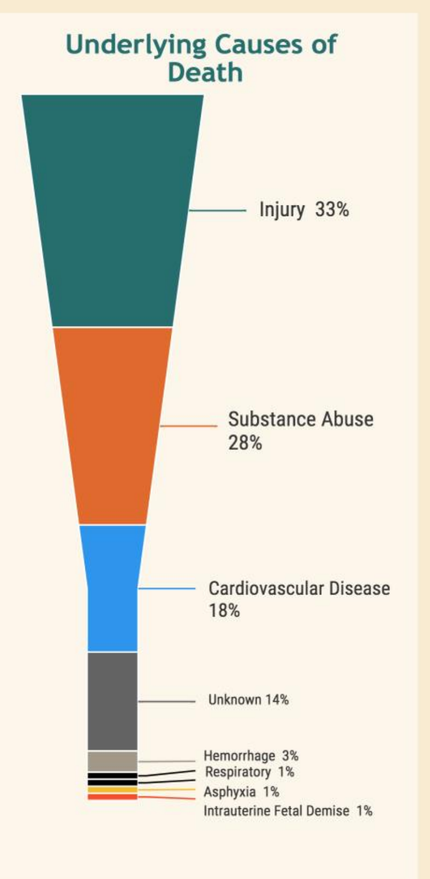
2017 County Homeless Deaths Report

January 1, 2002 – December 31, 2016

776 Deaths (2002-2016)







Mortality Rates

Homicide Rates

Suicide Rates

the General Population

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 county.

FINDINGS:

- **Number of Coroner reported homeless deaths:** There were **71** Coroner reported deaths of homeless people January 2016 to December 2016. The total from 2002 to 2016 is ***776 deaths***, *or roughly one death every 7 days, every week for a 15 year period.*
- **Demographics:**
  - ✓ *Gender:* 82% where male and 18% female
  - ✓ *Age:* 60% were between 40 to 59 years old. In 2015 the average age for women was 45 and 50.1 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% [25 years years];
  - ✓ *Race/ethnicity:* The majority of homeless deaths were Caucasian (69%), with homeless people of color [Black; Asian and Hispanics] comprising 31% of the homeless deaths – with Blacks comprising 16% of the total;
  - ✓ *Race/ethnicity & Age:* roughly the same percentages of Caucasian and Hispanic homeless people lived to be over 50 [51% and 50% respectively]. However, Black homeless people over 50 were significantly higher at 72%.
- **Manner and Cause[s] of death:**
  - ✓ *Manner of death:* 55% were accidents, while only 20% died of natural causes; 6% suicides and 6% homicides;
  - ✓ *Underlying Cause[s] of death:* alcohol and drug induced deaths was the leading cause of death [29%] followed by blunt force injury [28%], followed by cardiovascular disease [17%]
  - ✓ *Top 5 Causes of Death:* Alcohol/drug [29%]; Blunt force injury [28%] Cardiovascular disease [17%]; Homicide & Suicide [6% each];
  - ✓ *Violent deaths:* 87.5% of violent deaths were blunt force head injuries, followed by gunshot wounds; stabbings and hangings at 4.3% each;
  - ✓ *Natural deaths:* Cardiovascular disease accounted for 72% of the natural deaths;
  - ✓ *Manner of deaths by gender, age and ethnicity:* 35% of the blunt force injuries were between 40 and 49 years old; 40% of the mixed drug use were between 50 and 59 years; 76% pf the meth intoxication deaths were between 30 and 49 years old; 41% of white homeless men and 39% of white homeless women died violent deaths; twice as many homeless women died from substance abuse compared to homeless men [46.2% and 22.4% respectively] in 2016;
- **Comparison of Mortality rates of Homeless to General Population:**
  - ✓ *Mortality rate:* mortality rate per 100,000 for the homeless population is **3 times** higher than the general population and almost 1.4 times higher than the 2007 to 2009 mortality rate;
  - ✓ *Homicide rate:* homicide rate per 100,000 for the homeless population is **18.4 times** higher than the homicide rate for the general population;
  - ✓ *Suicide rate:* suicide rate per 100,000 for the homeless population is **10 times** higher than the suicide rate for the general population;
- **Engagement with Homeless Service System:**
  - ✓ Of the 71 homeless deaths, only 30 or 42% utilized homeless services at some point in their homelessness;
  - ✓ *Gender:* only 13% of homeless women used homeless services compared to 87% of the homeless men;
  - ✓ *Ethnicity:* 70% of Caucasians; 20% of Blacks and 20% of Hispanics used homeless services;
  - ✓ *Disabilities:* 53% of those who used services had a disability;
  - ✓ *Substance use:* 53% of those who used services had a substance use issue;
  - ✓ *Chronic health issues:* 44% of those who used services had a chronic health issue;
  - ✓ *Mental health issues:* 43% of those who used services had a mental health issue;
  - ✓ *Number of times using a homeless service:* 87% of the homeless people used a homeless service once [50%] and 2 to 4 times [37%];
  - ✓ *Year last seen by homeless service system:* 60% of the homeless were seen by the homeless service system either in 2015 or 2016.

Sacramento County 2017 Homeless Deaths Report:

Policy Recommendations supported by findings of report

	Policy	Findings
Housing is Healthcare	Expand the sources of funding for the Sacramento City & County Affordable Housing Trust fund to create more affordable & accessible housing	776 homeless deaths over 15 years: 1 death every 7 days
SHELTER NOW!	Support for housing first approach, but were housing is lacking – increase the capacity of crisis response system to serve more homeless people through a no barrier Triage Center; year round emergency shelter; 1st Steps Communities & rapid rehousing	75% of the homeless deaths were in Spring; Summer & Fall – evenly distributed across seasons
Whole Person Care	Fully implement the partnership between Sacramento City & Sacramento County to implement the Pathways to Health + Housing, the City's Whole Person Care Program –	Only 42% of the deceased homeless people were engaged in homeless service system at some point in their homelessness; 44% had chronic health issues
Recovery	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	28% died of alcohol/substance abuse induced deaths – the leading underlying cause of death
	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 etc
STREET MEDICINE	Increase funding for nurse street outreach program to assist homeless individuals into comprehensive ongoing care.	44% of the homeless decedents had chronic health issues as identified by HMIS
AFFORDABLE CARE ACT	Continue outreach, enrollment and navigation services for homeless people enrolled in Medi-Cal or other healthcare coverage	17% died of cardiovascular disease – many deaths preventable with access to preventative health care
	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 Regional Transit	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
CORONER SACRAMENTO COUNTY	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

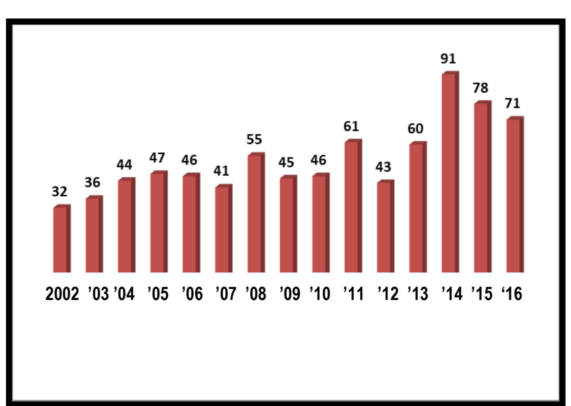
Number of Coroner reported deaths:
1 death every 7 days for 15 years

There were **71** Coroner reported deaths of homeless people from January 1, 2016 to December 31, 2016 for a total of ***776 deaths from 2002 to 2016.*** See Table 1 below for the number of deaths by year and Figure 1 for a year by year graph.

Table 1: Number of Homeless Deaths by Year: 2002 to '16

YEAR	FREQUENCY	PERCENT
2002	32	4.1%
2003	36	4.6%
2004	44	5.7%
2005	47	6%
2006	46	5.9%
2007	41	5.3%
2008	55	7.1%
2009	45	5.8%
2010	46	5.9%
2011	61	7.8%
2012	43	5.5%
2013	60	7.7%
2014	71	9.5%
2015	78	10.1%
2016	71	9.5%
Total	776	100%

Figure 1: Homeless Deaths by year: 2002-2017



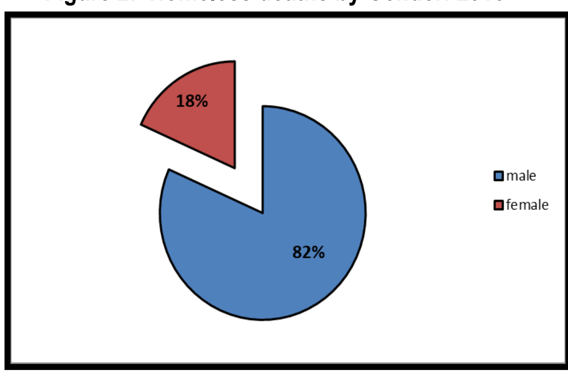
From 2002 to 2012 the average number of homeless deaths was 45. From 2013 to 2015 the average number of homeless deaths was 70 – *a 1.5increase in the last four years*

DEMOGRAPHICS

Gender

Overwhelmingly the percentage of homeless deaths were male, 58 homeless men or 81.7%, while there were 13 homeless female deaths, or 18.1% [Figure 2]

Figure 2: Homeless deaths by Gender: 2016



From 2002 to 2015 the average percentage of homeless male deaths was 83.5% and average percentage of females was 13.5% - so the 2015 findings are very consistent with the 13 year average.

Age

Figure 3 shows the age range of the homeless deaths by age category. Ages ranged from 0 to 77 with 60% of the decedents were between the ages of 40 to 59.

Figure 3: Homeless Deaths by Age Category: 2016

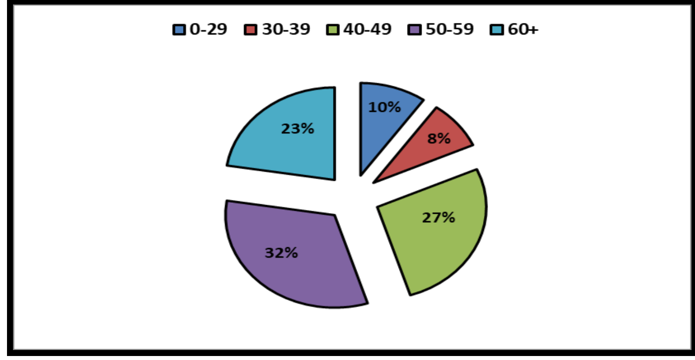


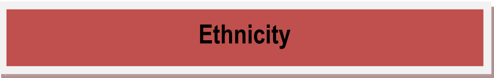
Table 2 indicates the average age of homeless deaths by gender. In 2016 the average age of homeless women was 45 years, while for homeless men it was 50.1 years old.

Table 2: Average age of deaths by gender: 2016

AGE					
Gender	Min	Max	Average	N	%
Female	0	64	45	13	18.3%
Male	21	77	50.1	58	81.7%

From 2002 to 2014 the average age at death for homeless women was 48 and for homeless men was 50. The 2016 average age for homeless women decreased 45, while for men it remained at 50.

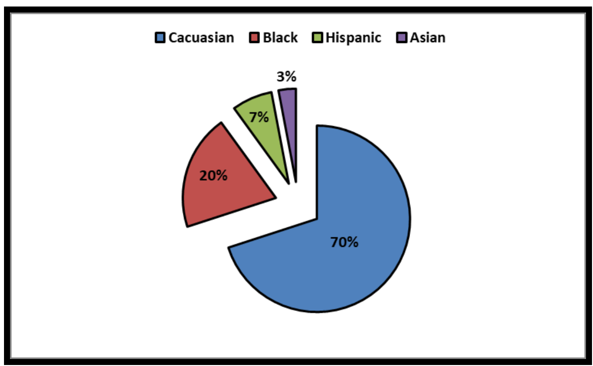
Using 75 years of age as the life expectancy national average, overall, the lives of the homeless people were cut short on average by 33% or about 30 years.



Ethnicity

Figure 4 shows the ethnic distribution of homeless deaths. While 70% were Caucasian, 30% were people of color, disproportionately Black.

Figure 4: Distribution of Homeless Deaths by Race/Ethnicity: 2016



From 2002 to 2014 Caucasians represented 69% of the homeless deaths – this declined significantly in 2015 to 59% with a corresponding increase in Black homeless deaths – increasing from 17% from 2002 to 2014 to 26% in 2015 – a 1.5 increase. 2016 shows a return to the 2002 to 2014 trend, with Caucasians representing 70% of the deaths and Black homeless deaths being 15.5%. Thus Black homeless deaths are over-represented compared to the Sacramento Black general population [14%]

Race/Ethnicity & Gender

Table 3 shows the homeless deaths by ethnicity and gender.

Table 3: Homeless Deaths by Race/Ethnicity & Gender: 2016

	Ethnicity	Caucasian		Black		Hispanic		Asian		Total	
		N	% total	N	% total	N	% total	N	% total	N	% total
Gender											
Women		13	100%	-	-	-	-	-	-	13	18%
Men		36	51%	11	16%	10	14%	1	1%	58	82%
Total		49	69%	11	16%	10	14%	1	1%	71	100%

From 2002 to 2014 Caucasian homeless women and men represented 66% and 70% of the homeless deaths respectively. This declined significantly in 2015 to 45.4% and 64.6% respectively – or a 1.6 increase in homeless female people of color and a 1.2 increase in homeless male people of color – in both cases Black deaths accounted for the increase.

However, in 2016 the overall percentage of Caucasian homeless women and men returned to 69%. Additionally, in 2016, 100% of the homeless women were Caucasian.

Race/Ethnicity & Age

In 2016 roughly the same percentages of Caucasian and Hispanic homeless people lived to be over 50 years old [51% and 50% respectively]. Black homeless people over 50 were significantly higher at 72%. Hispanic homeless people have a significantly higher percentage [40%] die between 40 and 49 years old compared to either Caucasian or Black homeless people [26% and 18% respectively].

Table 4: Race/Ethnicity and Age: 2016

Ethnicity	Caucasian		Black		Hispanic		Asian		Total	
Age	N	% White	N	% Black	N	% Hispanic	N	% Asian	N	% Total
18-29	7	14%	-	-	-	-	-	-	7	9.9%
30-39	4	8%	1	9%	1	10%	-	-	6	8.5%
40-49	13	26%	2	18%	4	40%	1	100%	20	28.1%
50-59	16	33%	4	36%	2	20%	-	-	22	31%
60+	9	18%	4	36%	3	30%	-	-	16	22.5%
Total	49	70%	11	15%	10	14%	1	1%	71	100%

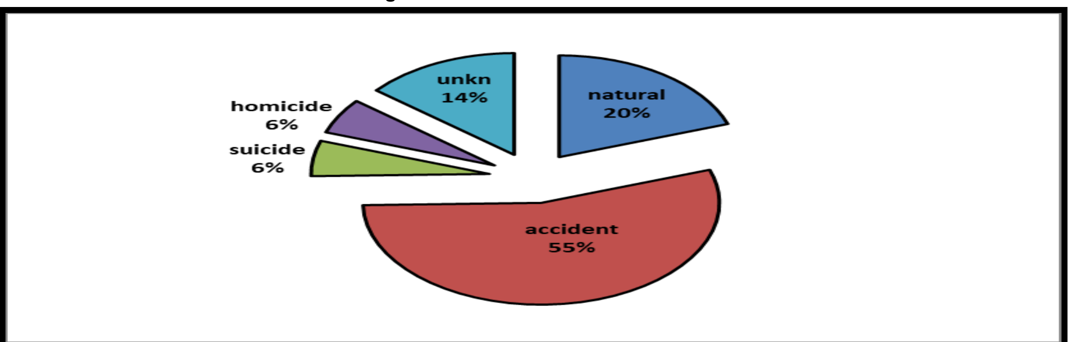
MANNER & CAUSE OF DEATH

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.*

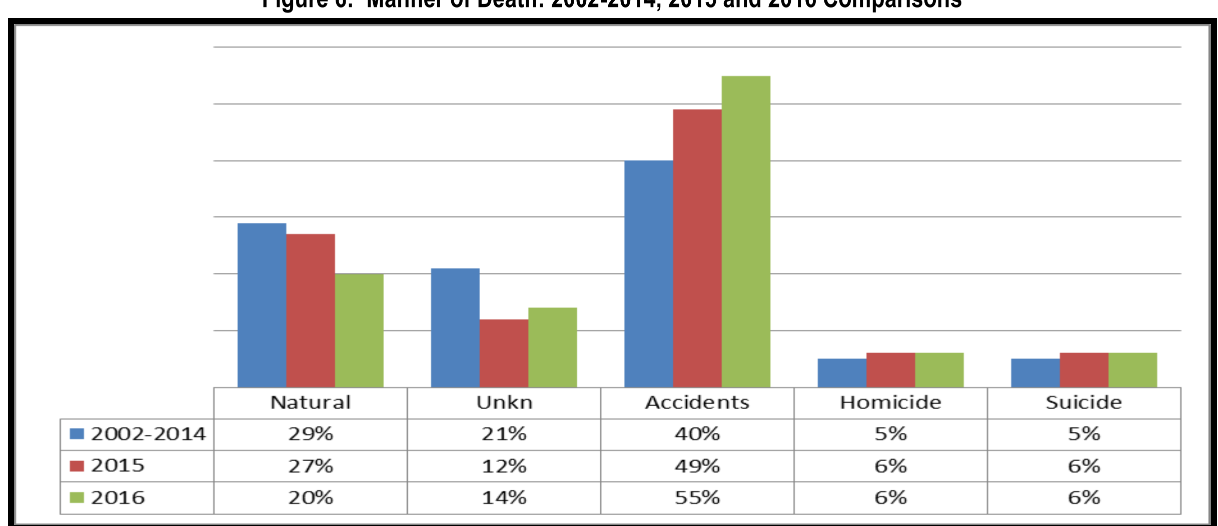
As Figure 5 shows, only 20% of the homeless deaths are natural, with 14% undetermined, leaving almost 70% of the deaths to Accidents [55%], Suicides [6%] and Homicides [6%].

Figure 5: Manner of Death: 2016



Comparing 2002 - 2015 to 2016 manner of deaths Figure 6 below– the most significant changes was the dramatic decrease in natural deaths [29% in 2002-2014 to 20% in 2016]; the sharp increase in accidental deaths – increasing from 40% to 49% to 55%.

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



Manner of Death: Age

Table 5 below shows the five manner of deaths by age.

Table 5: Manner of Death by Age Categories: 2016

Manner of Death:	Natural		Accident		Suicide		Homicide		Unknown	
Age	N	%	N	%	N	%	N	%	N	% Total
0-29	-	-	5	13%	1	15%	-	-	1	10%
30-39	-	-	5	13%	-	-	-	-	1	10%
40-49	4	29%	8	21%	2	50%	2	50%	3	30%
50-59	3	21%	13	33%	1	25%	2	50%	4	40%
60+	7	50%	8	21%	-	-	-	-	1	10%
Total	14	100%	39	100%	4	100%	4	100%	71	100%

As expected, 71% of the natural deaths were ages 50+; over half of the accidental deaths [54%] were ages 50+ with 33% of the total number of accidents being 50-59 years old; suicides were across three of the five age ranges while homicides were evenly distributed – two each for 40-49 and 50-59 year olds.

Manner of Death: Gender & Ethnicity

Table 6 shows the manner of death by gender and ethnicity.

Table 6: Manner of Death by gender and ethnicity: 2016

Gender	Men								Women		Total	
Ethnicity	White		Black		Hispanic		Asian		White			
	#	% White	#	% Black	#	% Hispanic	#	% Asian	#	% White	#	% Total
Manner of Death												
Natural	8	21.6%	2	18.1%	4	44.4%	-	-	-	-	14	20%
Accident	16	43.2%	7	63.6%	4	44.4%	1	100%	11	84.6%	39	55%
Suicide	3	8.1%	-	-	1	11.1%	-	-	-	-	4	6%
Homicide	3	8.1%	-	-	-	-	-	-	1	7.7%	4	6%
Unknown	7	18.9%	2	18.1%	-	-	-	-	1	15.5%	10	14%
Total	37	52.1%	11	15.5%	9	12.7%	1	1.5%	13	18.3%	71	100%

Key points:

- Black males were 1.5 times more likely to die from accidents than homeless white men
- White women were twice as likely to die of accidents than homeless White men and 1.3 times more likely to die of accidents than homeless Black males
- All four of the homicides were white homeless men [75%] and women [25%]
- All four of the suicides were homeless men – 75% White and 25% Hispanic

Natural Deaths

Table 7 below indicates the various causes of the natural deaths of homeless people. Cardiovascular disease account for 72% of the 14 natural deaths of homeless people, followed by hemorrhage [14%]. Some of these conditions are treatable through engagement in treatment with a primary care team.

Table 7: Natural Causes of Homeless Deaths: 2016

Cause of Death	Total	
	N	%
Diseases of the Circulatory System		
Atherosclerotic Cardiovascular disease	10	72%
Diseases of the Respiratory System		
Occlusive pulmonary thrombosis	1	7%
All other natural causes	*3*	*21%*
Hemorrhage [gastrointestinal and cerebral]	2	14%
Consequences due to alcoholism	1	7%
TOTAL	14	100%

Underlying Cause of Death

Figure 7 details the underlying causes of death of homeless people in 2016. Injury [33%] Substance abuse [28%], Cardiovascular disease [18%] account for almost 80% of the underlying causes of death of homeless people in 2016.

Figure 7: Underlying Causes of Death of Homeless People: 2016

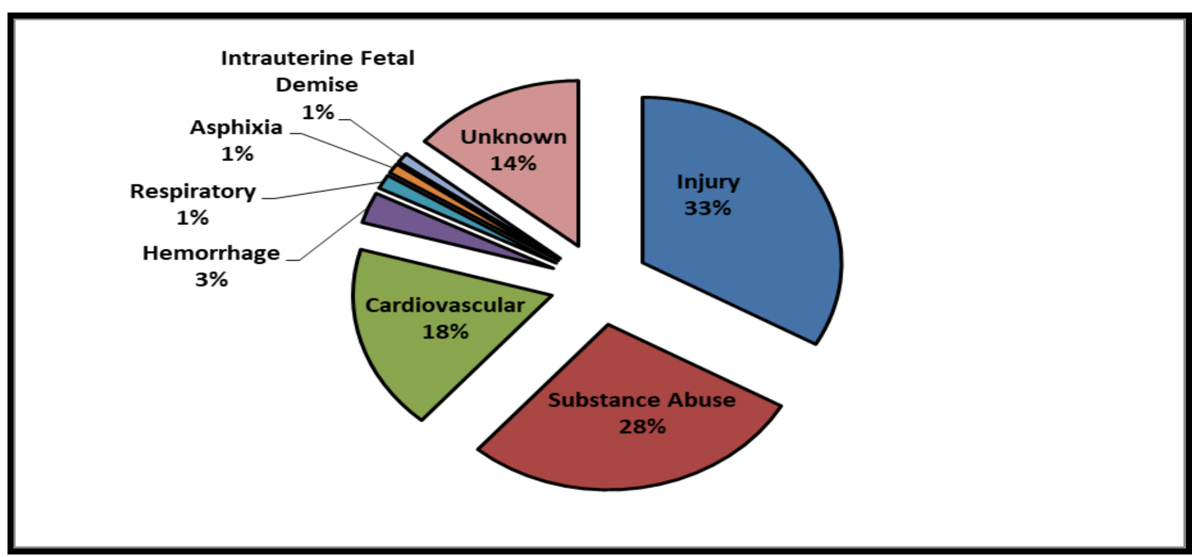
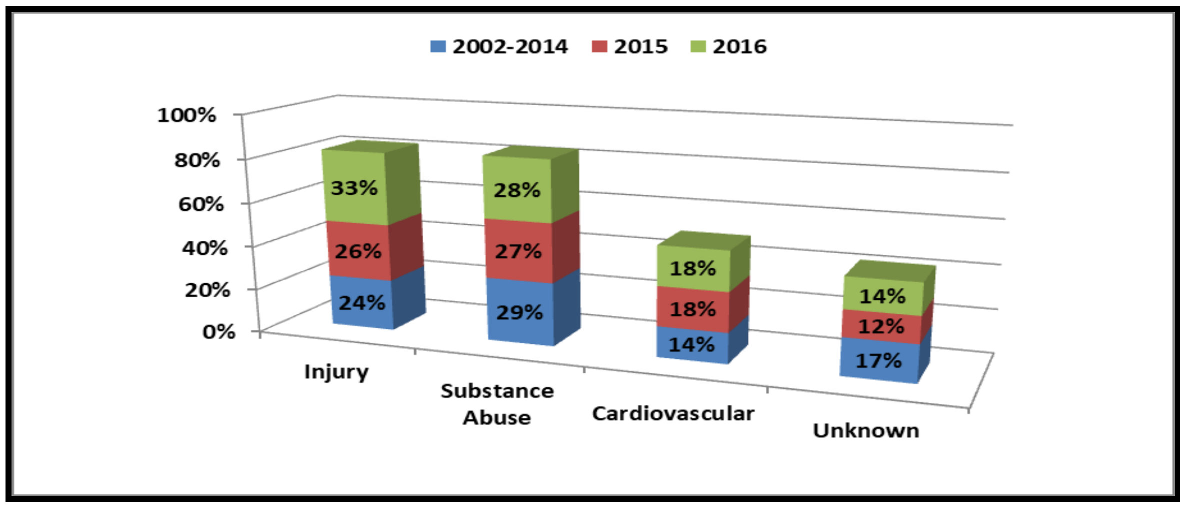


Figure 8: Comparison of major causes of death from 2002-14; 2015 and 2016



Key Points:

- Compared to 2002 to 2014 violent deaths increased from 23% to 26% in 2015 and to 34% in 2016. These include blunt force head injuries, gunshot wounds, stabbings or hangings;
- Homicide and suicide deaths increased from 5% each in 2002 to 2014 to 6% in 2015 and was 6% each again in 2016;
- Natural deaths decreased slightly from 29% in 2002 to 2014 to 27% in 2015 to only 21% in 2016;
- Alcohol and drug related deaths remained about the same from 2002 to 2014 [29%] to 2015 [27%] and increased in 2016 to 31% of the homeless deaths

Underlying Cause of Death: Age

Table 8 below shows the underlying causes of death by age categories.

Table 8: Underlying Causes of Death by Age: 2016

Age	0-29		30-39		40-49		50-59		60+		Total	
	#	%	#	%	#	%	#	%	#	%	#	% Total
Cause of Death												
Blunt force injury	4	40%	1	11%	7	37%	4	21%	4	29%	20	28%
Cardiovascular	-	-	-	-	3	16%	6	32%	3	22%	12	17%
Mixed drugs	1	10%	2	22%	1	5%	4	21%	2	14%	10	14%
Meth intoxication	-	-	3	33%	3	16%	-	-	2	14%	8	11%
Hemorrhage	-	-	-	-	1	5%	1	5%	-	-	2	2.8%
Cocaine	-	-	1	11%	-	-	-	-	-	-	1	2.8%
Hanging	1	10%	-	-	-	-	-	-	-	-	1	1.4%
Stabbing	1	10%	-	-	-	-	-	-	-	-	1	1.4%
Alcohol	-	-	-	-	1	5%	-	-	-	-	1	1.4%
Gunshot									1	7%	1	1.4%
Respiratory	-	-	-	-	-	-	-	-	1	7%	1	1.4%
Asphyxia	1	10%	-	-	-	-	-	-	-	-	1	1.4%
Intrauterine Fetal Demise	1	10%	-	-	-	-	-	-	-	-	1	1.4%
Pulmonary	-	-	1	11%	-	-	-	-	-	-	1	1.4%
Unknown	1	10%	1	11%	3	16%	4	21%	1	7%	10	14%
Total	10	14%	9	13%	19	28%	19	24%	14	20%	71	100%

Key points:

1. Violent deaths accounted for 32% of the deaths, with blunt force injury accounting for almost 88% of the deaths. 35% of the blunt force injury deaths were between 40 to 49 years old, with 20% of the blunt force injury deaths between 0 to 29, 50 to 59 and 60+ each;
2. 50% of the deaths from cardiovascular disease were between the ages of 50 to 59 years old;
3. 40% of the deaths from mixed drug use were between 50 to 59 years old;
4. 76% of the deaths from meth intoxication were between 30 to 49 years old [38% each for ages 30 to 39 and 40 to 49]; 24% of the meth intoxication deaths were ages 60+

Underlying Cause of Death: Gender & Ethnicity

Table 9 below indicates the underlying cause[s] of death by gender and ethnicity.

Table 9: Underling Cause of Death by Gender & Ethnicity

Gender	Men								Women		Total	
Ethnicity	White		Black		Hispanic		Asian		White			
	#	% White	#	% Black	#	% Hispanic	#	% Asian	#	% White	#	% Total
Cause of Death												
Blunt force injury	11	28%	2	18%	1	11%	-	-	5	38%	20	28%
Cardiovascular	8	22%	1	9%	3	33%	-	-	-	-	12	17%
Mixed drugs	4	11%	2	18%	-	-	-	-	4	31%	10	14%
Meth intoxication	2	6%	2	18%	3	33%	-	-	1		8	11%
Hemorrhage	-	-	-	-	1	11%	1	100%	-	-	2	2.8%
Cocaine	-	-	1	9%	-	-	-	-	-	-	1	1.4%
Hanging	1	2%	-	-	-	-	-	-	-	-	1	1.4%
Stabbing	1	2%	-	-	-	-	-	-	-	-	1	1.4%
Alcohol	-	-	-	-	1	11%	-	-	-	-	1	1.4%
Gunshot	1	2%									1	1.4%
Respiratory	1	2%	-	-	-	-	-	-	1	8%	1	1.4%
Asphyxia	1	2%	-	-	-	-	-	-	-	-	1	1.4%
Intrauterine Fetal Demise	-	-	-	-	-	-	-	-	1	8%	1	1.4%
Pulmonary	-	-	1	9%	-	-	-	-	-	-	1	1.4%
Unknown	7	18%	2	18%	-	-	-	-	1	8%	10	14%
Total	37	55%	11	15.5%	9	12.7%	1	1.4%	13	18.3%	71	100%

Key Points:

- 41% of White homeless men and 39% of White homeless women died violent deaths – blunt force injury, hanging, or stabbings in 2016;
- Twice as many homeless women die from substance abuse [46.2%] compared to homeless men [22.4%] in 2016;
- Cardiovascular disease accounted for 26% of homeless male deaths regardless of ethnicity, with the highest percentage being among Hispanic homeless men [33%]

Top 5 Causes of Death

Table 10 [below] identifies the five leading underlying causes of the deaths of homeless people in 2016.

Table 10: Top Five Causes of Death: 2016

Underlying Cause[s] of death	Percentage of homeless deaths
Injury	33%
Substance abuse	28%
Cardiovascular disease	17%
Homicide	6%
Suicide	6%

The top 3 causes of death were the same in 2016 compared to 2002 to 2014: Injuries increased from 24% to 26% in 2015 and increased significantly in 2016 to 33%; Alcohol and drugs decreased from 35% to 27% in 2015 and increased to 28% in 2016; and Cardiovascular disease remained about the same [17% in 2002 to 2013 and 17% in 2015] and 20% in 2016. In 2015 homicide and suicide [6% each] replaced hypothermia and wounds as the fourth and fifth causes of homeless deaths and remained 6% each for 2016.

Violent Causes of Death

Table 11 below identifies that 32.4% of the deaths of homeless people are violent, with blunt force head injuries accounting for 87.5% of the violent deaths, with gunshots, stabbings and hangings accounting for 4% each of the violent deaths

Table 11: Types of Violent Deaths: 2015

	Count	% violent causes	% total homeless deaths [N=71]
Blunt force	20	87.5%	28.2%
Gunshot	1	4.3%	1.4%
Stabbing	1	4.3%	1.4%
Hangings	1	4.3%	1.4%
Total	23	100%	32.4%

Figure 9 shows the violent cause of death by type.

Figure 9: Violent Cause of Death by Type: 2016

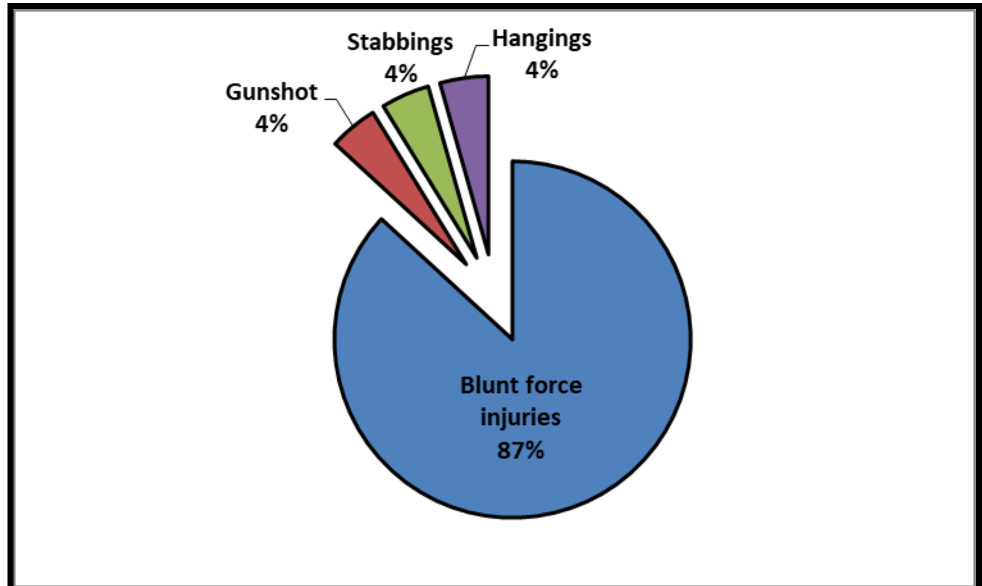
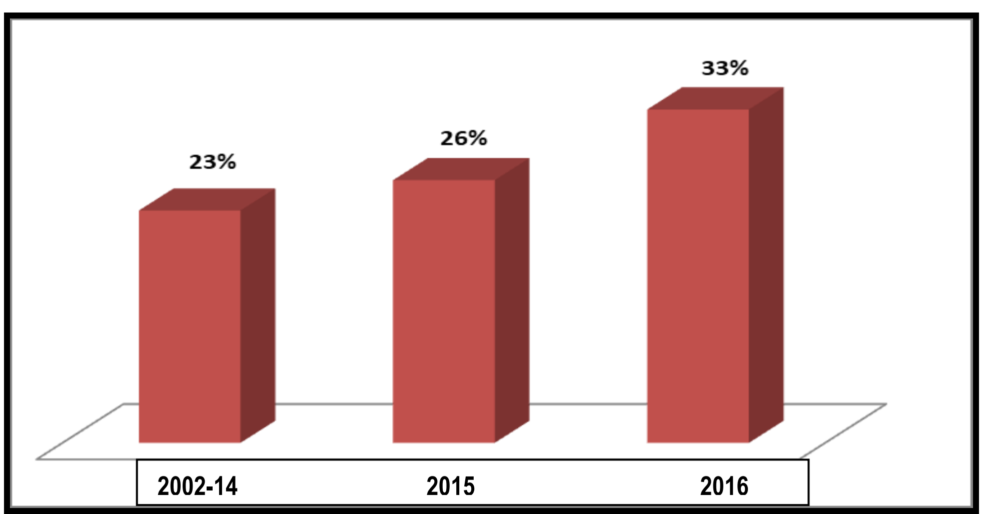


Figure 10 shows the increase in violent deaths from 2002 to 2014 to 2016.

Figure 10: Increase in violent deaths from 2002 to 2016



Blunt force injuries increased from 65% of violent deaths in 2002 to 2013 to 71.4% in 2015 to 87.5% of violent deaths in 2016

Additionally, overall violent deaths increased from 23% [2002 to 2014] to 26% in 2015 to 33% in 2016

III. Mortality Rates

Estimated mortality rates for the homeless population in 2016 [Table 12] are about **3 times higher** than for the general population in Sacramento County; 1.4 times higher than 2007 to 2009 average [1,777] [Table 13].

Table 12: Mortality Rates per 100,000: General Population vs. Homeless Population in Sacramento County: 2016

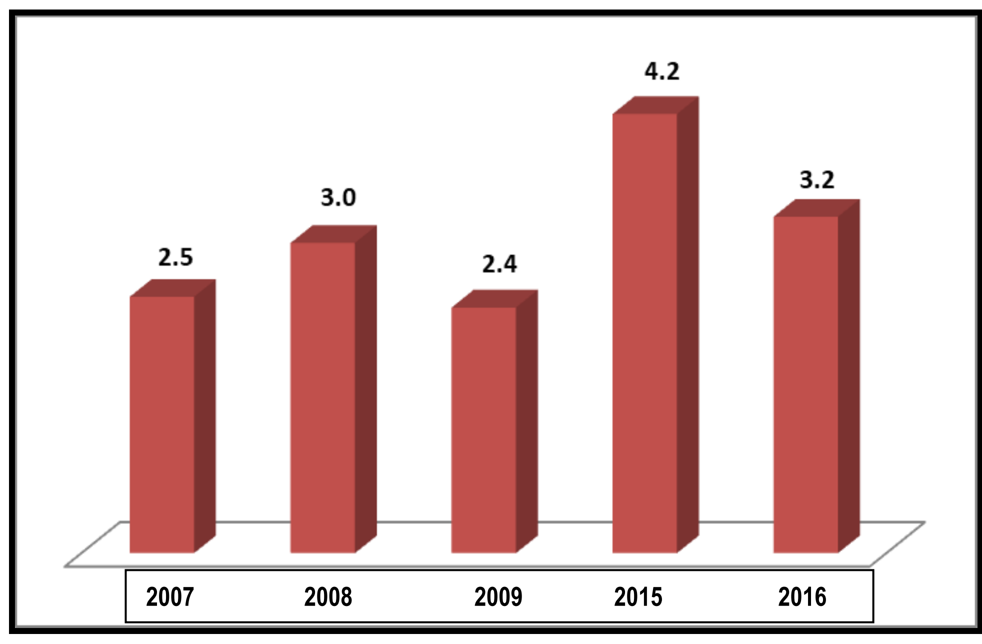
Population	Mortality rate per 100,000
General population	706
Homeless population	2,933

Table 13: Mortality Rates per 100,000: General Population vs. Homeless Population in Sacramento County: 2007, 2008, 2009 Compared to 2016

Population	Mortality Rate per 100,000 population				
	2007	2008	2009	2015	2016
General Population	678	688	680	706	743
Homeless Population	1,672	2,054	1,607	2,983	2,405

Figure 11 below compares the mortality ratio of homeless people to the Sacramento general population from 2007, 2008, 2009, 2015 and 2016 which averages for the 5 years a mortality rate of 3 times higher than the general population in Sacramento County.

Figure 11: Mortality rate ratio of homeless people to Sacramento general population: 2007, 2008, 2009, 2015 & 2016



Homicide Rates

The estimated homicide rate per 100,000 for homeless people is **18.4 times higher** than the homicide rate for Sacramento's general population in 2016. [Table 14], down from 31 times higher in 2015.

Table 14: 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
General population	6	6.7
Homeless population	188	123
Ratio	31	18.4

Suicide Rates

The estimated suicide rate per 100,000 for the homeless population is almost **10 times higher** than the suicide rate for Sacramento's general population in 2016. [Table 15], down from 15.9 in 2015.

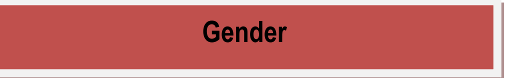
Table 15: Suicide Rates per 100,000: General Population vs. Homeless Population in Sacramento County: 2015

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

IV. Engagement with Homeless Service System

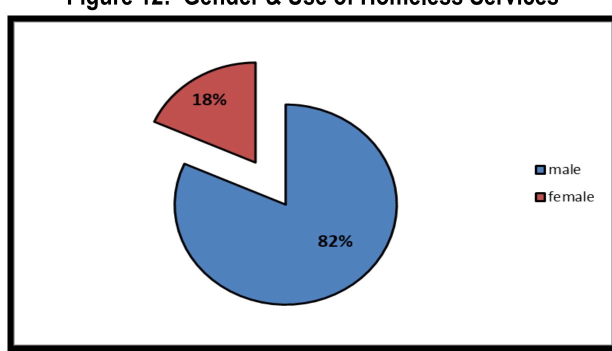
Homeless Management Information System [HMIS]

Disengaged from Sacramento Homeless Services System: Sacramento Steps Forward [SSF], the continuum of care for Sacramento County, ran the names of the 71 deceased homeless people through their Homeless Management Information System [HMIS] to see how many of the people experiencing homelessness engaged in the homeless service system at some point of their homeless prior to their death in 2016. Of the 71 names, 30 or 42% engaged the homeless service system at some point reflecting that almost 60% of the deceased homeless in 2016 never were engaged with the Sacramento homeless services system at any point of their homelessness.



Of the 13 homeless females, only 4 or 13% where in the HMIS system [Figure 11 below]. Overall, 81% of the total deceased were male, with 87% [26] being in the HMIS system.

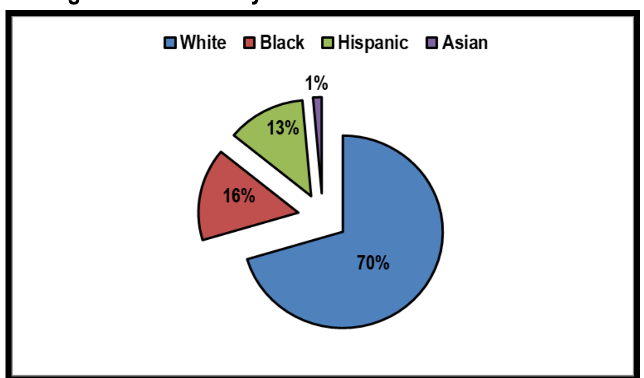
Figure 12: Gender & Use of Homeless Services



Caucasian's represented 69% of the total number of homeless deaths and 70% of those in the HMIS system, while African Americans represented 18% of the homeless deaths and 20% of those in the HMIS system. [See Figure 13].

However, Hispanics represented 14% of the homeless deaths and only 7% of those in the HMIS system. In other words, only 20% of homeless Hispanics engaged in the homeless service system.

Figure 13: Ethnicity & Use of Homeless Services



Age

As shown in Table 16 below, ages 0 to 29 has a very low homeless services engagement percentage, while those 40 to 59 represented almost three-quarters [73%] of homeless people who used homeless services found in the HMIS system, but overall represented 58% of all homeless deaths.

Table 16: Age & Use of Homeless Services

Age	HMIS		Total	
	N	%	N	%
0-29	2	7%	7	9%
30-39	2	7%	8	11%
40-49	6	20%	19	27%
50-59	16	53%	22	31%
60+	4	13%	15	21%
Total	30	42%	71	100%

Disabilities, Substance Use, Chronic Health Issues and Mental Health Issues

Disabilities: Over half [53%] of the 30 homeless people who used the homeless services system had a disability [Figure 14].

Figure 14: Disabilities identified by HMIS

Yes No N/A

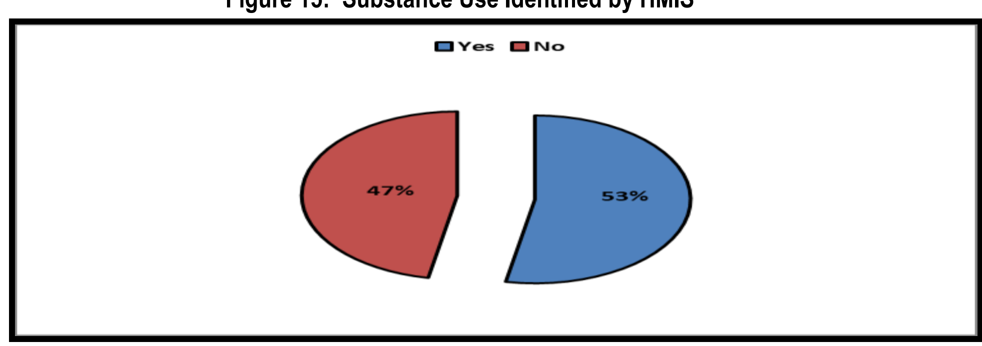
10%

53%

37%

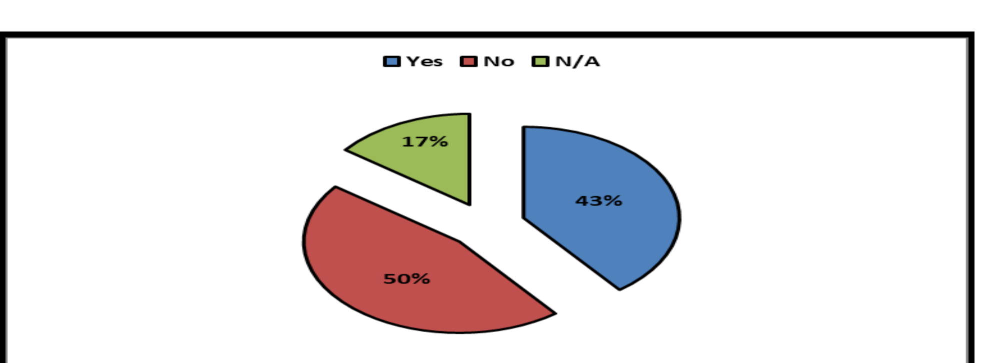
Substance Use: Over half [53%] of the homeless people were diagnosed with substance use issues [Figure 15].

Figure 15: Substance Use Identified by HMIS



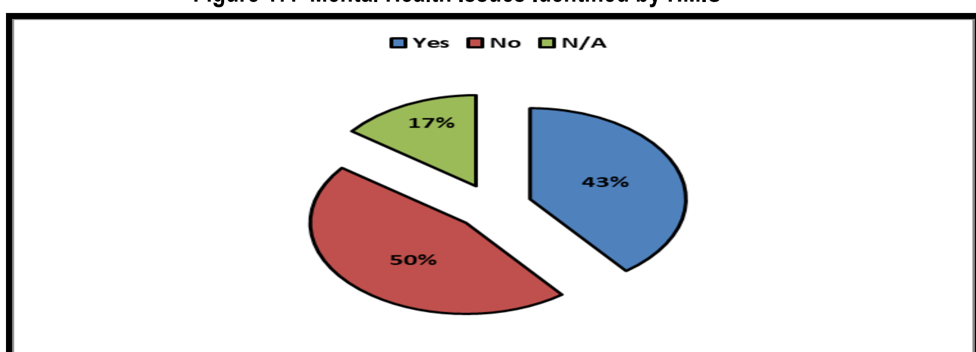
Chronic Health Issues: 44% of the homeless people were diagnosed with chronic physical health issues figure 16].

Figure 16: Chronic Health Issues Identified by HMIS



Mental Health Issues: 43% of the homeless were diagnosed with mental health issues [Figure 17].

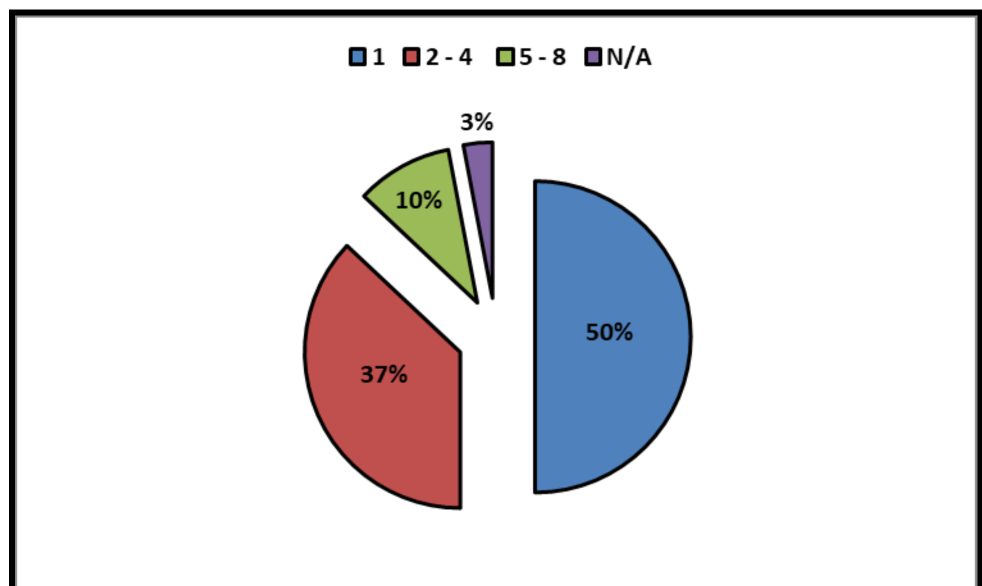
Figure 17: Mental Health Issues Identified by HMIS



Number of times used a homeless service

Number of times used a homeless service: Almost 90% [87%] of the homeless people used homeless services 1 time [50%] and 2 to 4 times [37%]. Only 3 people of the 30 or 10% used homeless services between 5 to 8 times, reinforcing how disengaged the deceased homeless people were from the homeless service system in Sacramento [Figure 18].

Figure 18: Number of Times Using Homeless Services Identified by HMIS



Year last seen by Homeless Services System

Year last seen by homeless services system: As seen in Table 17 below, 60% of the homeless people were seen by the homeless services system either in 2015 or 2016 prior to their death. However, 30% were last seen between 2009 to 2014, or three to seven years prior to their death in 2016. Additionally, 10% had not received services for between 9 and 15 years.

Table 17: Last Year Seen by Homeless Service System Identified by HMIS

Year	#	%
2016	13	43%
2015	5	17%
2014	3	10%
2011	3	10%
2009	3	10%
2008	1	3%
2004	1	3%
2003	1	3%
Total	30	100%

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

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 3% rental vacancy rate.

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

Our recommendation is to 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

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. 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.

B. Emergency Shelter:

1. 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 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 SSF's "Triage Center" and other safety options including supporting the Safe Ground concept for safe places for tents.

While we advocate for increased funding for housing and the housing first approach, we have the immediate need to increase emergency shelter and safety options for the roughly 36%, or about 1,000 homeless people is outside, often alone, and as our report underscores, exposed to a high level of violence.

Given this, we recommend increasing the capacity of the crisis response system to serve more homeless people through a variety of means including year round shelter; a no barrier Triage Center and support the creation of First Steps Communities

II. Full implementation of the Whole Person Care Act in Sacramento City & County: Pathways to Health & Home

Sacramento City: Pathways to Health + Home – the City of Sacramento's Whole Person Care Program – is a four year pilot program for vulnerable, homeless Medi-Cal patients to improve health and housing outcomes and reduce unnecessary use of emergency rooms and avoidable hospital stays. The program is a cornerstone of the City of Sacramento's commitment to housing 2,000 homeless individuals by 2020.

This program is a holistic and coordinated "no wrong door" approach. Key components include outreach, engagement, case management, priority access, data sharing and care coordination infrastructure.

Sacramento City is unique in the state since it is the only city in California that received the Whole Person Care Act funding [$64 million over two years], since Sacramento County was the only county with a population of over a million that did not apply for these funds.

Sacramento County: However, the City does not have the health, mental health and substance use infrastructure to be effective. These services are County services. Thus, on October 17, 2017, Mayor Steinberg requested $54 million of the County's Mental Health Services Act [MHSA] funding be dedicated to the Pathways to Health + Home program.

This is critically important since only 42% of the deceased homeless people in 2016 were engaged by the homeless service system at any point of their homelessness: 53% were disabled; 53% had substance use issues; 44% chronic health issues and 43% had mental health issues. Aggressive outreach and engagement would dramatically increase the number of homeless people receiving potentially life saving services.

We recommend a full partnership between Sacramento City & County to implement the Pathways to Health + Home, the City of Sacramento's Whole Person Care Program

III. 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 induced deaths 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

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

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

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.

We recommend expanding 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.

D. Outreach, enrollment, navigation and follow-up to access health care:

Generally the enrollment of homeless people onto the Affordable Care Act, usually Medi-Cal, has been successful.

Enrollment does not mean Access: However, despite the number of homeless people enrolled, this has not translated into increased access to health care for multiple reasons:

- ✓ Pressing priorities for food and shelter and safety override needs for healthcare;
- ✓ Disorganization due to untreated mental health conditions or substance use disorders;
- ✓ Distrust of "helpers" that may include navigators and doctors;
- ✓ Difficulty in figuring out who their provider is;
- ✓ Lack of transportation creates significant access barriers;
- ✓ Primary care appointment availability in some clinics;
- ✓ Confusion regarding service navigation

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

Access does not mean health improvement. Even when an individual experiencing homelessness participates in health care with a primary care team, the challenges persist. Many have little control over their diet, their stress level, their ability to rest, sleep soundly or properly store their medications. Ongoing support and advocacy for safe housing is needed even after primary care linkage is made.

Navigators to Case Managers: At this point there are almost 100 navigators in the homeless delivery system. With the severe lack of housing, the issue has become "navigation to where?" Currently SSF's navigator team, "Common Cents" has performed more than 4,000 unduplicated vulnerability assessments, but only able to place about 5% of their case load into housing.

SRCEH supports Mayor Steinberg's Pathways to Health + Housing's re-tooling the current navigator teams and turning them into case management navigators, so that the system does not lose homeless people after the first encounter, but rather stays with their homeless caseload until they find housing. SRCEH supports the Los Angeles County homeless provider motto: *"Whatever it takes as long as it takes."*

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

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.

- ✓ ***We recommend that Sacramento County continue to be aggressive in their enrollment of eligible homeless people [note: if a person receives SSI they are not eligible for CalFresh] on to CalFresh, still often referred to as Food Stamps.***
- ✓ ***Additionally we recommend the County fully implement the Restaurant Meals Program [RMP].***

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

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.

We recommend that 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)1 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."

We recommend the 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, 2016 – December 31, 2016 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 CaGov Code Sec 27491) occurring within Sacramento County. Death investigation included the following: Death Scene Investigation (when possible); Forensic Examination of remains (autopsy, external examination and or medical record review); Forensic Toxicology analysis when warranted/possible; Decedent Identification Confirmation; Follow-up investigation/Interviews with all relevant investigative parties/stakeholders (law enforcement, EMS, hospitals, reporting party, service providers, families, friends, coworkers, etc.); Decedent Record review (medical records, criminal records, work history records, military records, local/state/federal personal information database records all inclusive)

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

This report is <u>not</u> a report of every homeless persons death in 2016, 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 Ranjit Dhawliwal, MPH, Epidemiologist, Sacramento County.

Homeless Management Information System [HMIS] data provided by Manjit Kaur, HMIS Program Manager, Sacramento Steps Forward.

Report and recommendations:
The report was written by Bob Erlenbusch, Executive Director, and Cara Dwyer, Director of Homeless Speakers Bureau, Sacramento Regional Coalition to End Homelessness [SRCEH].

Infographic provided by Kai Erlenbusch.

Recommendations were made by the SRCEH Board of Directors.

APPENDIX II:

NAMES OF HOMELESS PEOPLE WHO PASSED AWAY: JANUARY 1, 2016 – DECEMBER 31, 2016

Decedent Name	Age
Alexander, Jim	57 Years
Allen, Rodney	46 Years
Allen, Shelly	49 Years
Anderson, Paul	56 Years
Antonelli, Joshua	31 Years
Arnold, Roger	60 Years
Auringer, Steven	62 Years
Ball, Tommie	47 Years
Baptiste, Jerome	58 Years
Becher, Artyom	29 Years
Bennett, Brian	45 Years
Benoit, Teddie	50 Years
Bernaix, Anna	54 Years
Bishop, Russina	44 Years
Black, Robert	50 Years
Bosick, Steve	59 Years
Boyle, William	62 Years
Boylston, Samuel	64 Years
Brazovan, Joseph	26 Years
Briles, Mark	49 Years
Browne, Robert	32 Years
Buckley, Anthony	54 Years
Burden, Angela	58 Years
Burrows, Carol	61 Years
Campos, Jamie	57 Years
Cantrell, Roger	58 Years
Carpenter, Janice	64 Years
Chouinard, Michael	21 Years
Colwell, William	47 Years
Coons, Daniel	53 Years
Corey, Earl	55 Years
Cortez, Luis	34 Years
Cropp, Louis	51 Years
Curry, Perry	38 Years
Danley, Joseph	32 Years
Eaton, Debra	63 Years
Elo, Arne	53 Years
Egelman, Peter	63 Years
Favors, Gyakunta	38 Years
Fechner, Sandy	61 Years
Feld, Daniel	69 Years
Folosom, Robert	61 Years
Frith, Aaron	47 Years
Gagliano, Neal	30 Years
Galvan Guerrero, Martin	49 Years
Garduno, Gerald	63 Years
Garofolo, Barry	48 Years
Gibbons, Steven	49 Years
Godfrey, Margaret	59 Years
Gonzales, Victor	47 Years
Grant, John	64 Years
Hargain, Murray	54 Years
Hargrove, Lillian	57 Years
Harrod, Raymond	54 Years
Hershenow, Thomas	57 Years
Hinkson, Kenneth	55 Years
Hodgson, Gary	30 Years
Hope, Jason	40 Years
Houghton, Arthur	24 Years
Humphrey, York	59 Years
Icaza, Eric	49 Years
Irizarry, Debbie	55 Years
Johnson, Jerome	65 Years
Johnson Nathaniel	57 Years
Jones, Hosea	55 Years
Jordan, Christopher	48 Years
Kelly, Thomas	58 Years
Kessenich, John	56 Years
Key, Steven	50 Years
Kim, Herbert	48 Years
Knifton, Danielle	35 Years
Kozlowski, Waclaw	59 Years
Lacey, Quincy	36 Years
Lang, Savanna	28 Years
Lang Largo, Savvy	0 Years
Lehmkuhl, Michael	58 Years
Lenzicarrasco, Anthony	34 Years
Lester, Randall	65 Years
Lewis, Mildred	56 Years
Li, Vay	42 Years
Lucchesi, Geneive	77 Years
Manning, Maura	49 Years
Marton, Michael	62 Years
Martinez, Michael	57 Years
Mcentee, Robert	52 Years
Mckinney, Mark	54 Years

Miner, Bobby	52 Years
Mitchell, Sonny	41 Years
Momk, Jerry	42 Years
Montoya, Gilbert	64 Years
Munson, Daniel	57 Years
Nelson, Micki	53 Years
Nieves, Armando	49 Years
Oakden, Steven	64 Years
Oakley, Derek	44 Years
Otanil, John	51 Years
Pagebrowning, Patricia	62 Years
Patel, Smruti	44 Years
Patti, Thomas	55 Years
Peterson, Charles	60 Years
Plater, Ronald	24 Years
Pohl, John	42 Years
Pope, Nathaniel	58 Years
Pratt, Elliott	54 Years
Preradov, Eddy	30 Years
Prieto Martinez, Merced	62 Years
Pruitt, Melvin	64 Years
Ramirez, Jay	32 Years
Ramirez, Thomas	49 Years
Reid, Linda	65 Years
Reyes, Jaime	60 Years
Richmond, Bobby	58 Years
Riley, Devon	23 Years
Rodriguez, Mike	40 Years
Roberts, Beverly	58 Years
Roberts, Fredrick	56 Years
Roberts, Rodney	26 Years
Robertson, Herbert	70 Years
Roby, Tawni	52 Years
Rogers, Sandra	73 Years
Rothenberger, Cassandra	33 Years
Russell, Edward	50 Years
Russell, Troy	47 Years
Saechao, Chio	42 Years
Sandoval, Lawrence	59 Years
Schneider, David	33 Years
See, Douglas	21 Years
Shepard, Gordan	61 Years

Smedley, Earnest	77 Years
Smith, Stephen	54 Years
Sporer, James	58 Years
Sprague, Curtis	46 Years
Sullivan, Richard	44 Years
Sutton, Kevin	57 Years
Thrower, Washington	68 Years
Valero, Nichole	37 Years
Vaughn, Arthur	66 Years
Vaughn, Kelly	47 Years
Velasco, Salvador	46 Years
Villegas, Victor	46 Years
Waggoner, Dennis	52 Years
Walden, Jeffrey	55 Years
Walker, Gary	56 Years
Wendell, Michael	63 Years
Westfall, William	59 Years
Wheeler, Samantha	26 Years
Williams, Ronald	50 Years
Wooten, Mario	48 Years
Wright, Thomas	60 Years

CONTACT INFORMATION

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