

SAN FRANCISCO WHOLE PERSON CARE

Homeless Mortality in San Francisco

2019-2020

2021, January through June only

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Purpose of Review

- Inform quality improvement efforts to prevent homeless deaths
- Inform provider outreach efforts following deaths
- Monitor trends over time

Methodology

DATA SOURCES

OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME)

The OCME's responsibilities include autopsies in case of deaths from:

- Accident or injury
- Potential homicides or suicides
- Solitary deaths (body found)
- Physician unsure of cause of death
- Poisoning (including drugs)
- Deaths related to suspected criminal activity
- Deaths of unidentified individuals
- Indigent (unclaimed) cases

COORDINATED CARE MANAGEMENT SYSTEM (CCMS)

Integrated, interagency dataset from the San Francisco Department of Public Health

CCMS matches and merges citywide health and social service data into unique records for individuals observed or reported to be homeless by the DPH and the Department of Homelessness and Supportive Housing. CCMS also includes information from the California Death Registry.

Methodology

CASE REVIEW PROCESS

1.

**Initial report
from OCME**

Identifiers, date and location
of death

2019 n=147

2020 n=278

First half of 2021 n=156

2.

**Final report
from OCME**

Cause and manner of death,
autopsy and toxicology reports

2019 n=135

2020 n=215

First half of 2021 n=24

3.

**Linked to
CCMS**

Demographics, diagnostic
codes and service utilization

2019 n=142

2020 n=255

First half of 2021 n=145

Demographics

SAN FRANCISCO HOMELESS DEATHS 2016 – 2020

ANNUAL TOTALS

2016: **128**

2017: **128**

2018: **138**

2019: **147**

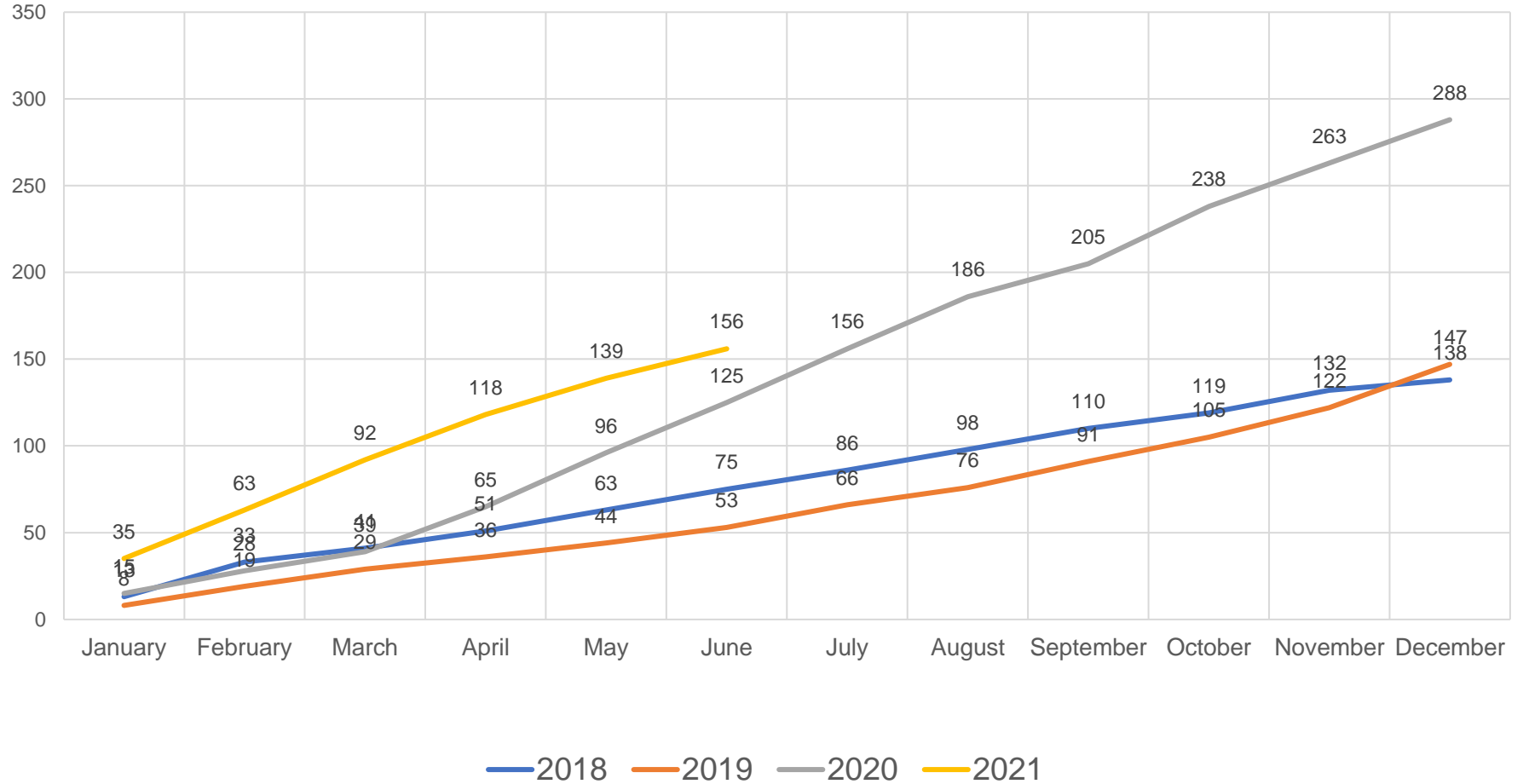
2020: **278**

2021 (Jan-Jun): **156**

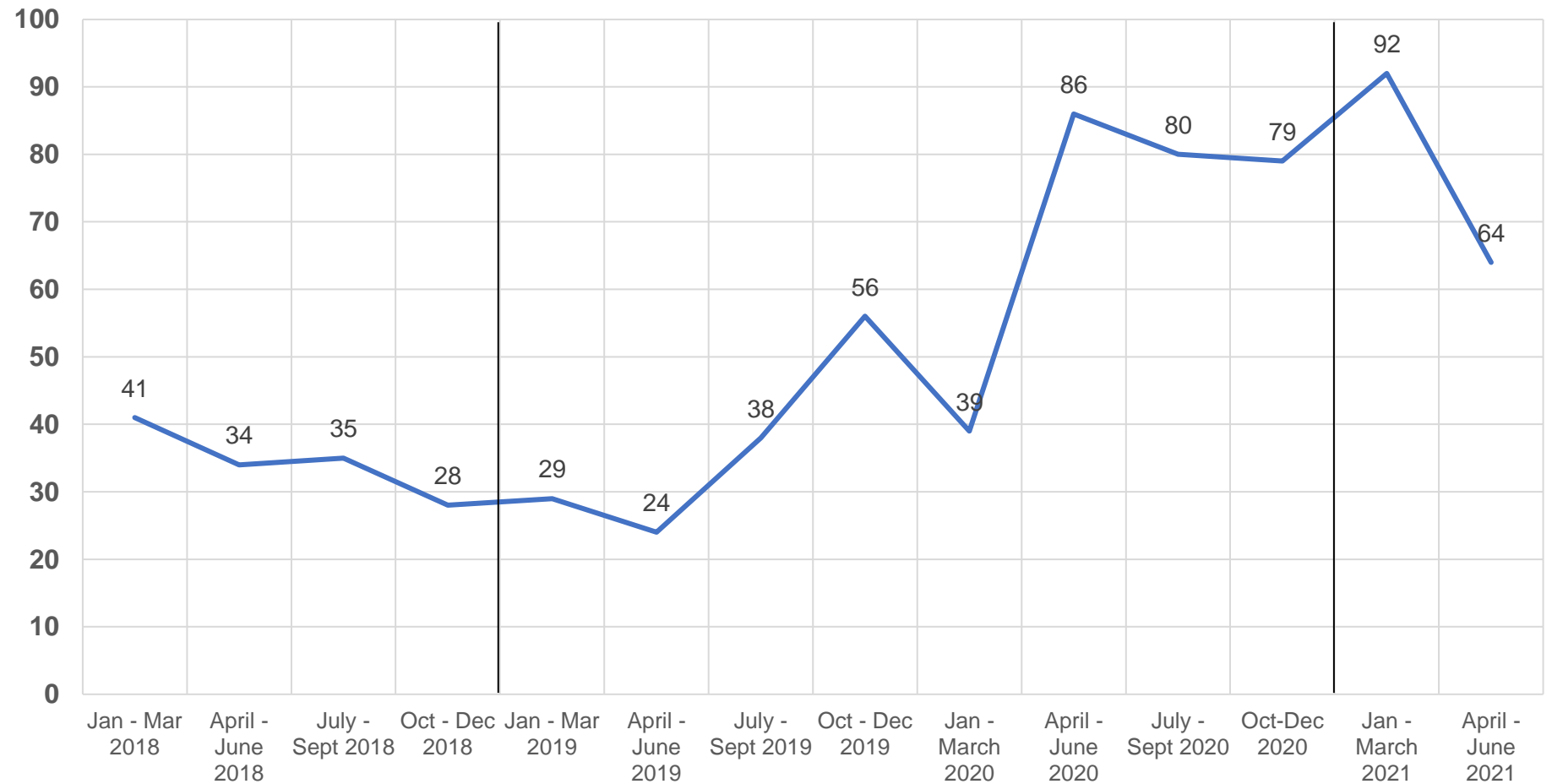
CCMS DATA

3% of cases of OCME cases of homeless deaths in 2019, 8% of cases in 2020, and 7% in the first half of 2021 had no CCMS records (had not used SF health or social services prior to death)

Cumulative homeless deaths 2018, 2019, 2020, 2021 (Jan-June)



Homeless Deaths per 3 months, Jan 2018 - June 2021



Demographics

GENDER, RACE/ETHNICITY, AND AGE

2019

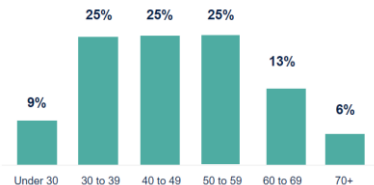
GENDER

84% of cases were **male**,
16% female

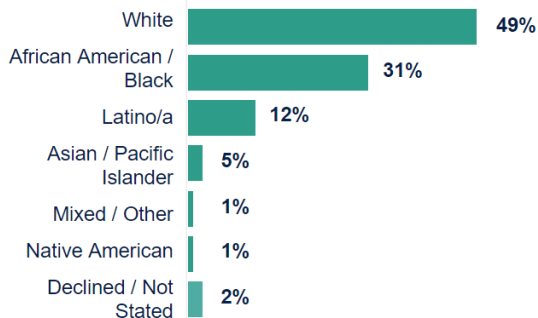
AGE

Average age of **46** (*min=18, max=86*)

AGE AT TIME OF DEATH



RACE AND ETHNICITY



2020

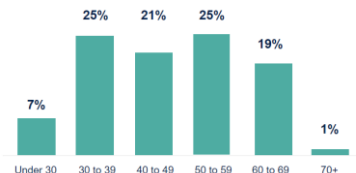
GENDER

79% of cases were **male**, **21%** female, **1%** transgender or other

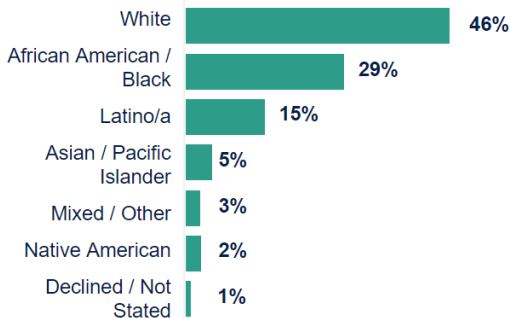
AGE

Average age of **47** (*min=19, max=77*)

AGE AT TIME OF DEATH



RACE AND ETHNICITY



2021

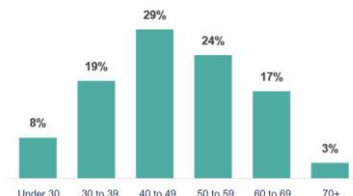
GENDER

85% of cases were **male**,
15% female

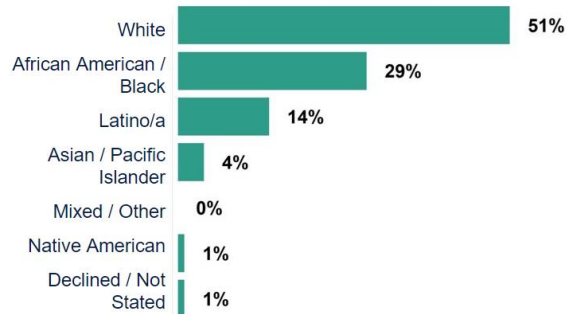
AGE

Average age of **48** (*min=0, max=79*)

AGE AT TIME OF DEATH



RACE AND ETHNICITY

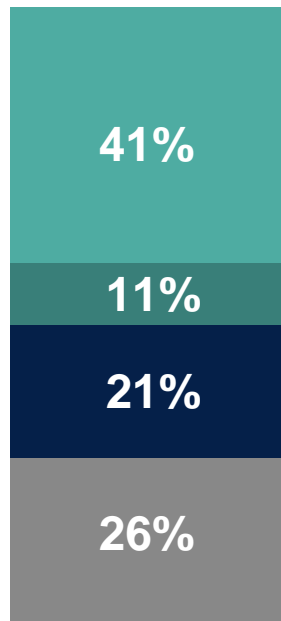


Demographics

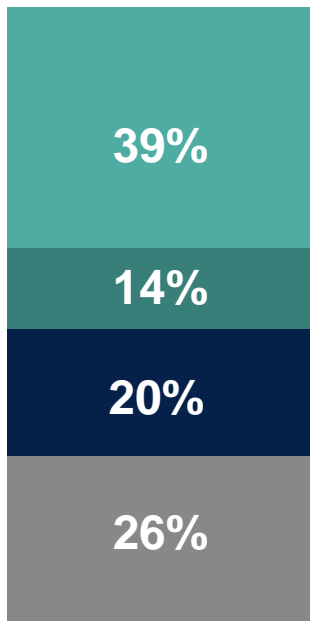
LIVING SITUATION

HOUSING STATUS—YEARS HOMELESS IN SF*

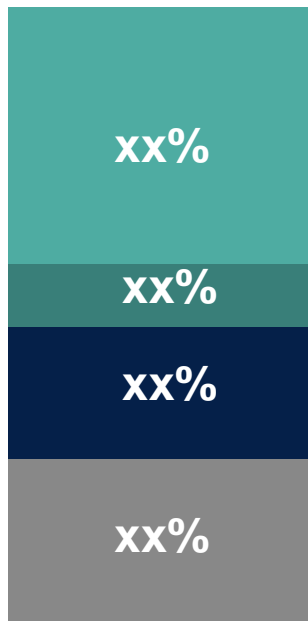
2019



2020



2021 (Jan- June)



**Excludes individuals with no CCMS living situation records
Span of time includes continuous or intermittent homeless experience*

Utilization History

MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

2019	<u>76%</u> used medical services in the year prior to death	<u>30%</u> used mental health services in the year prior to death	<u>20%</u> used substance use disorder services in the year prior to death
2020	<u>63%</u> used medical services in the year prior to death	<u>26%</u> used mental health services in the year prior to death	<u>14%</u> used substance use disorder services in the year prior to death
2021	<u>71%</u> used medical services in the year prior to death	<u>25%</u> used mental health services in the year prior to death	<u>17%</u> used substance use disorder services in the year prior to death
	includes medical emergency department, inpatient stays, medical respite, SFDPH primary care visits, urgent care visits	includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment, case management, Hummingbird psychiatric respite	includes sobering center, residential detox, residential treatment, methadone maintenance, outpatient counseling

Utilization history

JAIL HEALTH

2019

35% had a jail health day
in the year prior to death

11% in the 30 days prior to death

2020

29% had a jail health day
in the year prior to death

7% in the 30 days prior to death

2021 (Jan-June)

17% had a jail health day
in the year prior to death

3% in the 30 days prior to death

Utilization History

SHELTER-IN-PLACE ALTERNATIVE HOUSING

Total guests
served in all
sites

9,093

Total guests
served in SIP
hotels/trailers

3,864

Total guests
served in SIP
congregate

1,833

Total guests
served in I/Q
sites

4,419

City and County of San Francisco
Data is from 3/19/2020 through 6/30/2021

- 68 deaths in SIP or I/Q hotel rooms (x% of total deaths)
- 18 deaths in other settings (Shelters, Navigation Centers and Safe Sleep Sites)

Utilization History

HOMELESSNESS AND SUPPORTIVE HOUSING SERVICES

ANY HSH PERMANENT SUPPORTIVE HOUSING HISTORY IN CCMS*

3% of cases in 2019, 5% of cases in 2020, and XX% of cases in 2021(Jan-June) had previously been housed in permanent supportive housing

ADULT COORDINATED ENTRY ASSESSMENT

2019

- 18% assessed
- 9% housing referral status (35% of those assessed were prioritized)

2020

- 36% assessed
- 8% housing referral status (21% of those assessed were prioritized)

2021(Jan-June)

- xx% assessed
- x% housing referral status (xx% of those assessed were prioritized)

**Includes WPC housing stabilization services since 2018 and lifetime of the Direct Access to Housing portfolio*

Medical History

HISTORICAL ELIXHAUSER COMORBIDITIES FOR INDIVIDUALS WITH CCMS HISTORY

2019, 2020, 2021 (Jan-Jun)

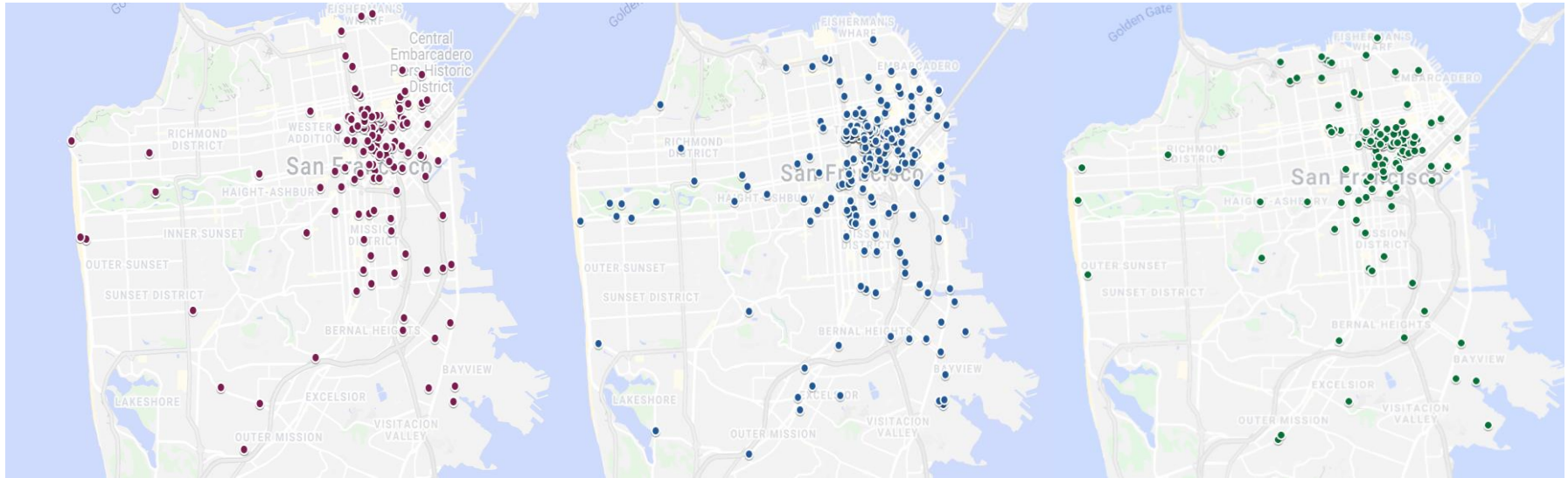
	HIV/AIDS	CHF	RENAL FAILURE	LIVER DISEASE	DIABETES
2019	5%	13%	6%	23%	11%
2020	5%	9%	4%	20%	11%
2021 (Jan-Jun)	9%	8%	4%	21%	6%

	COPD	PSYCHOSIS	DEPRESSION	ALCOHOL	SUD
2019	21%	34%	36%	52%	69%
2020	19%	40%	43%	47%	67%
2021 (Jan-Jun)	17%	41%	39%	39%	63%

Circumstances of death

Circumstances of death

LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH) 2019, 2020



Location of incident available for 144 cases

Location of incident available for 260 cases

Location of incident available for 146 cases

2019

2020

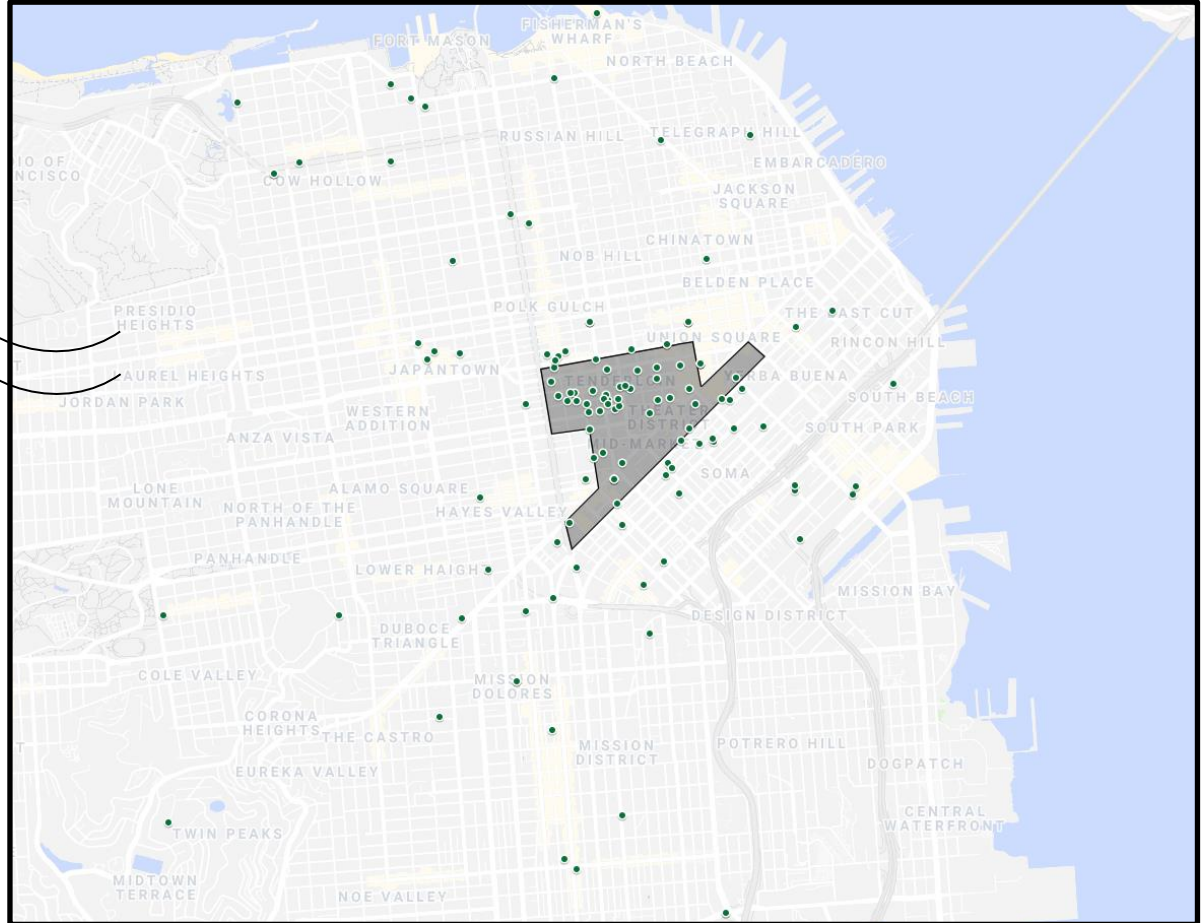
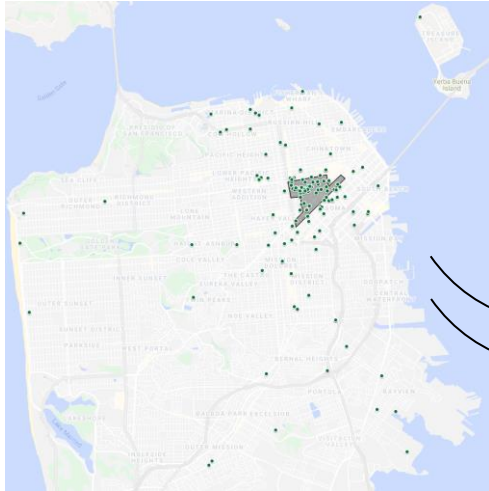
2021 (1/1/2021- 6/30/2021)

LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH) first half of 2021

Circumstances of death

LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH) first half of 2021

Tenderloin highlighted



2021 (1/1/2021- 6/30/2021)

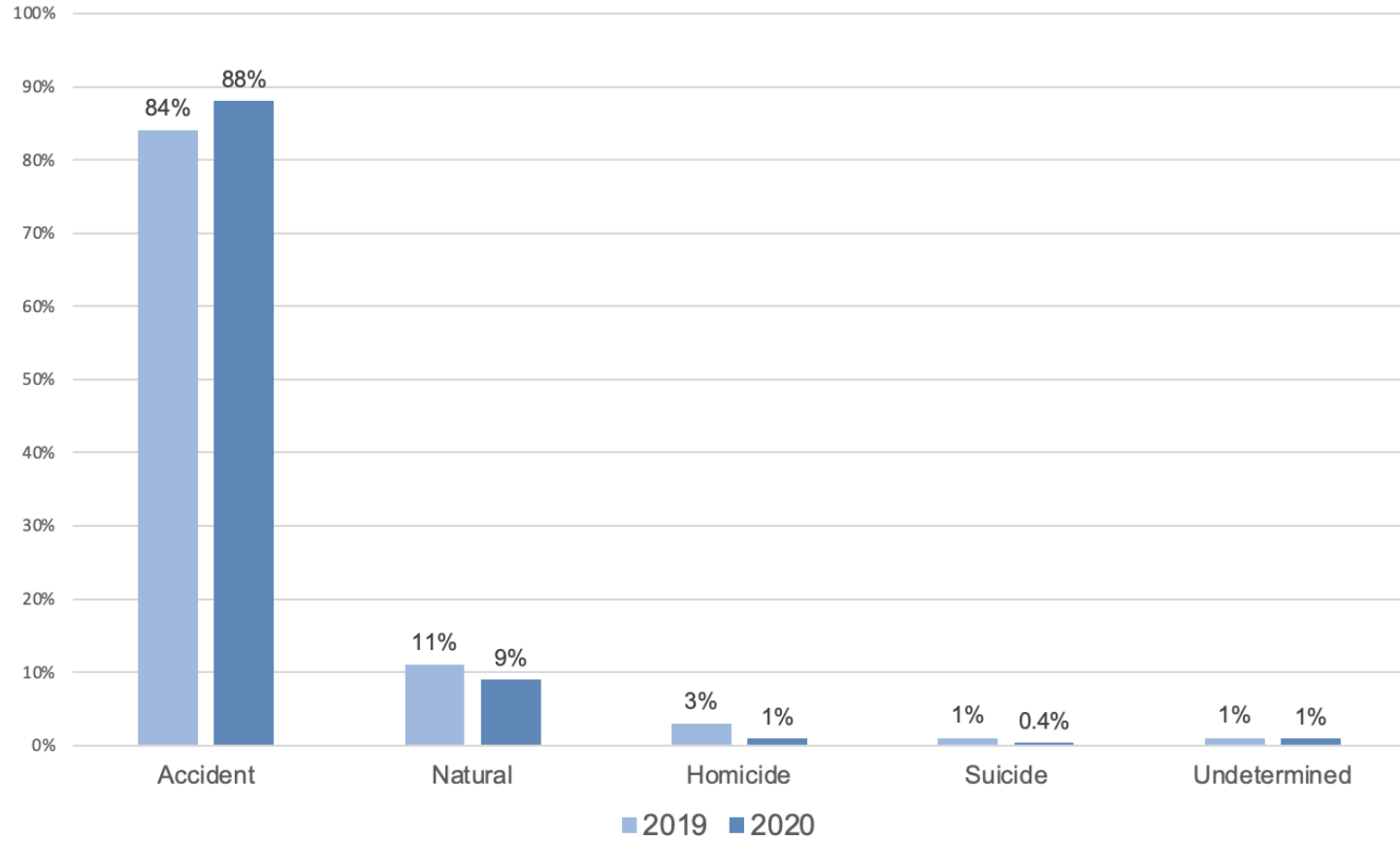
Circumstances of death

LOCATION OF DEATH

	2019	2020	2021 _(Jan-June)
Outdoors (Street, sidewalk, encampment, vehicle, park)	56%	55%	50%
Medical facility (Hospital ED, hospital inpatient, hospice)	25%	17%	15%
Residence (Private home or room where decedent was not a tenant)	10%	9%	4%
Public building (Church, library, shopping center)	3%	1%	0%
Hotel room (Market rate hotel/motel, non-SIP stabilization room)	3%	5%	9%
Shelter (Congregate shelter, navigation center)	2%	1%	1%
SiP Room (Shelter-in-place hotel sites)		11%	18%
Safe Sleep site (Safe Sleep parking lot)		2%	2%
Jail (SF County Jail custody)		<1%	0%

Circumstances of death

MANNER OF DEATH — CATEGORIES FROM THE OFFICE OF THE CHIEF MEDICAL EXAMINER (2019, 2020)



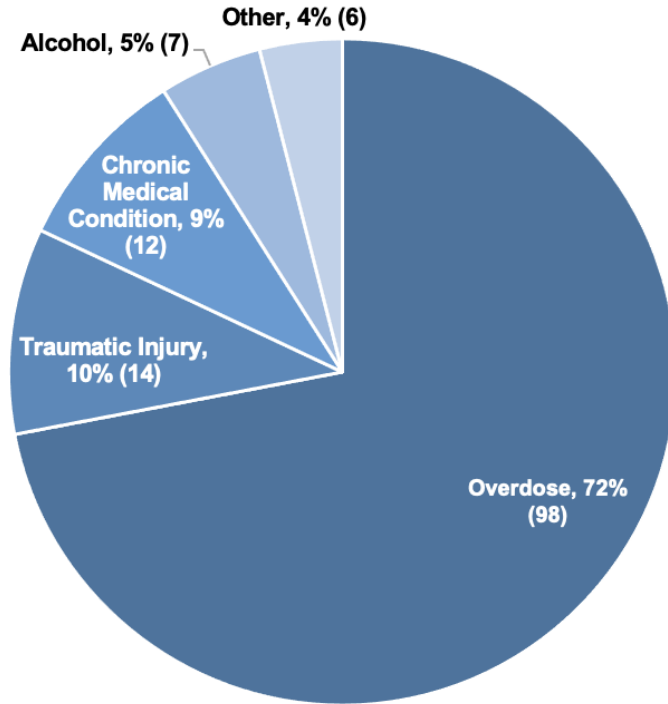
Circumstances of death

COVID-19

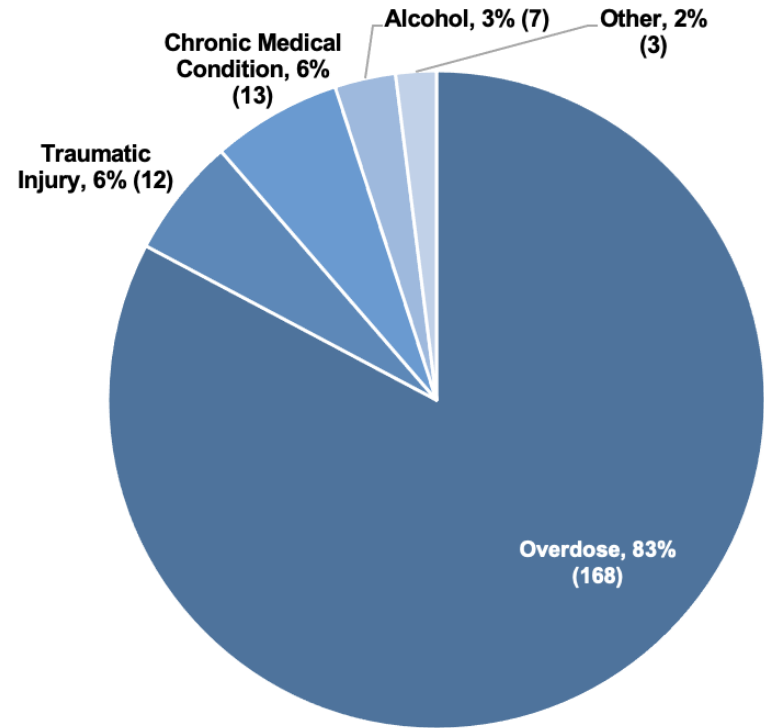
- All OCME cases are tested for COVID-19
- 3 cases in 2020 were positive post-mortem but COVID was not listed as primary cause of death
- Data SF reports 5 out of 550, or less than 1%, of COVID-19 deaths in SF (as of June 15 2021) were people experiencing homelessness

Circumstances of death

MOST COMMON CAUSES OF DEATH



2019

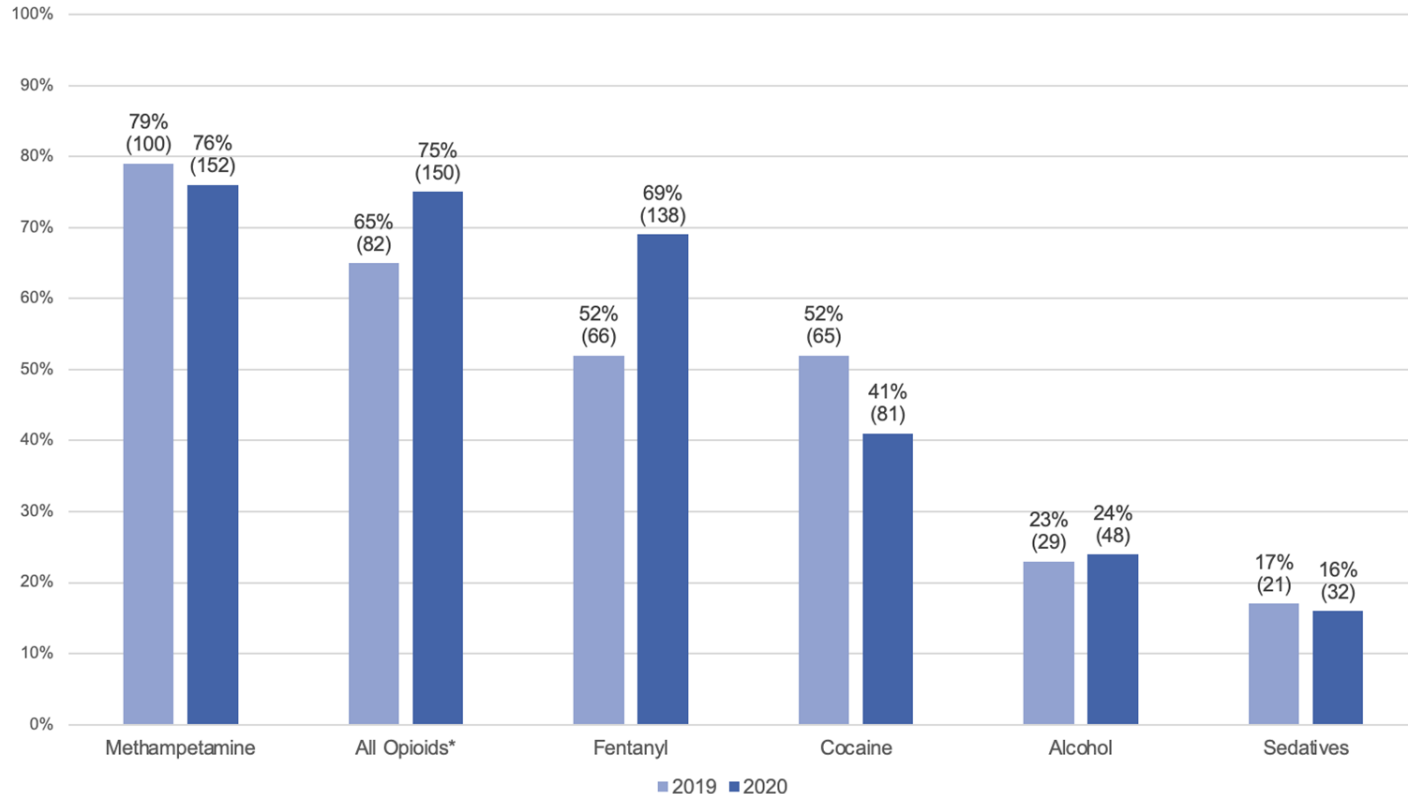


2020

Circumstances of death

TOXICOLOGY RESULTS — SUBSTANCES PRESENT IN REPORTS

N = 126 FOR 2019; N = 199 FOR 2020



*Buprenorphine present in 0 cases in 2019 and 2 cases in 2020

Benefits of this methodology

- Potential for real time intervention in area deaths occur and to emerging trends
- Allows analysis based on both forensic pathology lab and comprehensive health history
- Processes usually the same year to year and therefore comparing trends has validity
- Homelessness strictly defined as not housed at time of death

Challenges of this methodology

- Dependent on cooperation of Medical Examiners Office which has competing demands
 - Not funded by public health
 - Not having mandates to work with public health
- Medical examiner methodology may change
- Health record connectivity may change
- Very time consuming to do manual reviews to determine homelessness and at times match identifiers
- Misses natural deaths that are not ME cases
- Very difficult to compare to other counties or cities using different methodology

Conclusions

- Increase in deaths among people experiencing homelessness starting 3/2020 due to increase in overdose deaths
 - Coincident with COVID shelter in place suggests disruptions contributed to this but very few COVID deaths
 - Timing co-incident with fentanyl becoming predominant drug used among opioid users
 - Contribution of “unintentional” fentanyl use much less than intentional use but significant
- Unsheltered deaths predominate
- Congregate shelter or encampment settings associated with fewer deaths
- Deaths in SIP hotels in between rates of outdoors and shelter

Conclusions

- Proportion Black African-American much higher than SF general population but equivalent or lower than proportion of PEH who are BAA (2019 PIT 37%)
- Deaths concentrated in central city but not exclusively
- Homeless population accounts for about 25% of SF overdose deaths
- Continue focus on overdose prevention and on central city area but not to the exclusion of other neighborhoods
- Further work needed to understand and intervene on very high-risk group with very low utilization of SUD treatment services
- Need similar review of formerly homeless individuals now in permanent housing

Thank you!

Special thanks to the SF Office of the Chief Medical Examiner

San Francisco Whole Person Care
UCSF Evaluation of Whole Person Care
San Francisco Department of Public Health

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Kenny Perez (kenneth.perez@ucsf.edu)
Jenna Birkmeyer (jennafer.birkmeyer@ucsf.edu)
Whole Person Care (www.sfdph.org/WPC)

THIS IS PLACEHOLDER

Appendix

Utilization History TEMPORARY SHELTER

2020

CONTACT WITH SHELTER IN PLACE HOTELS

Any SIP Hotel History 24%

- Death/incident in SIP Room 14%
- Living in SIP Room, died elsewhere 4%
- SIP exit prior to death date 7%

2021 (Jan- June)

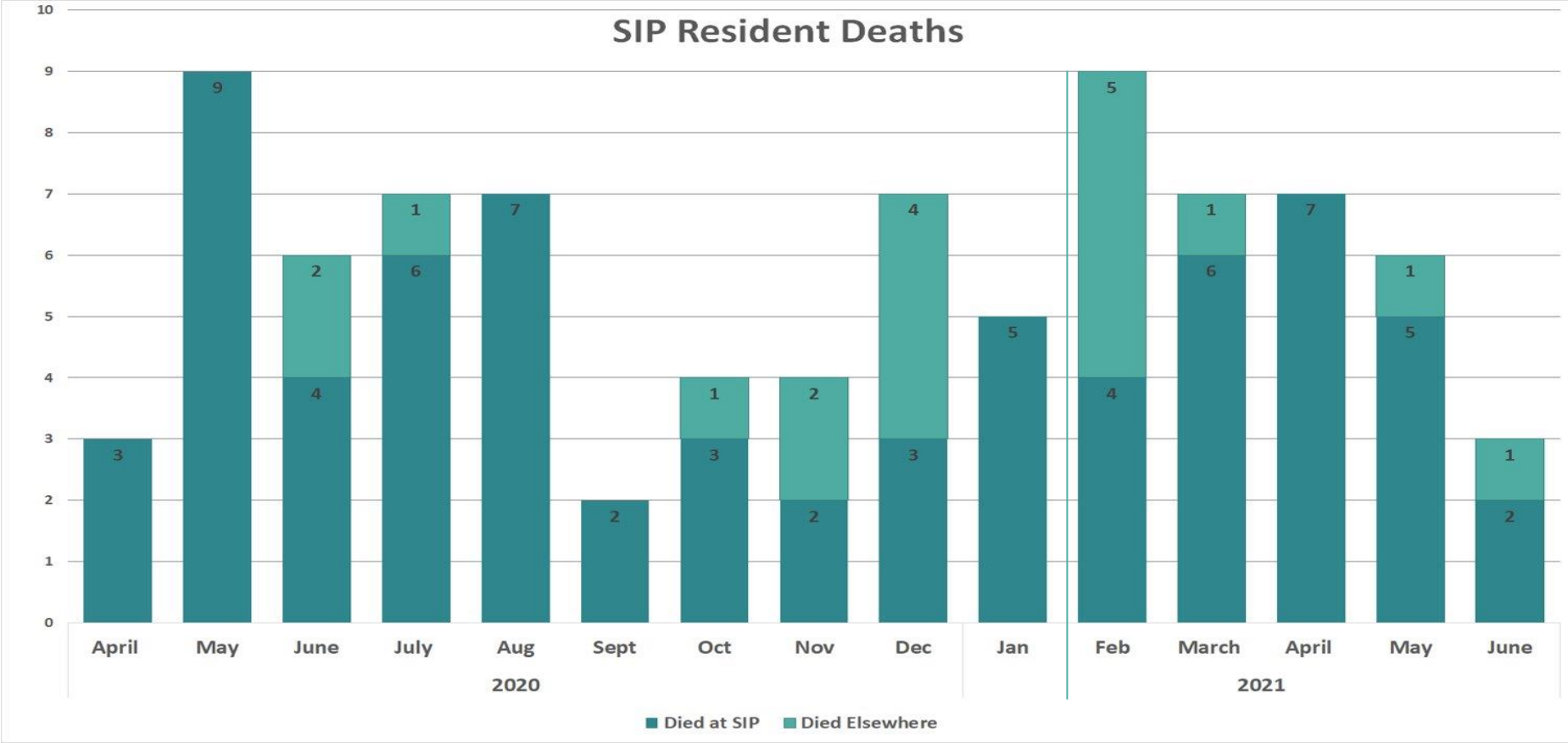
CONTACT WITH SHELTER IN PLACE HOTELS

Any SIP Hotel History 29%

- Death/incident in SIP Room 19%
- Living in SIP Room, died elsewhere 5%
- SIP exit prior to death date 6%

SIP deaths

86 SIP Alternative Housing guests passed away during their stay



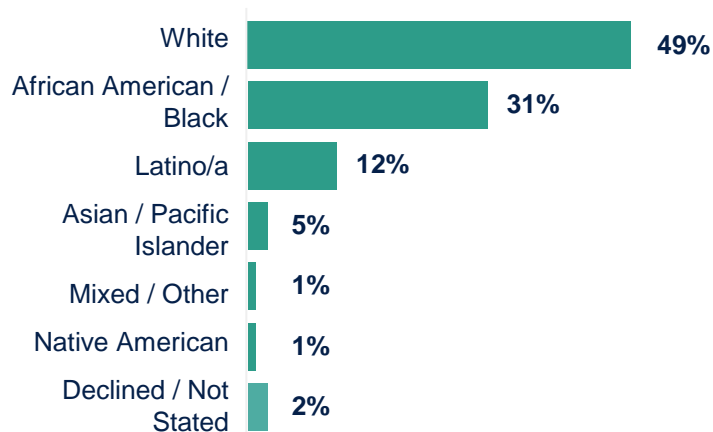
2019 Demographics

GENDER, RACE/ETHNICITY, AND AGE

GENDER

84% of cases were **male**, **16%** female

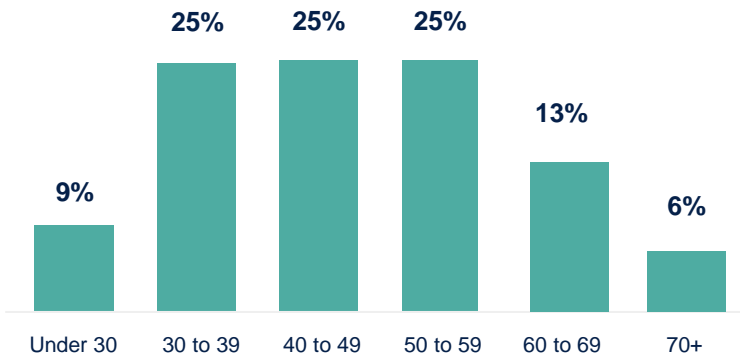
RACE AND ETHNICITY



AGE

Average age of **46** (*min=18, max=86*)

AGE AT TIME OF DEATH



2020 Demographics

GENDER, RACE/ETHNICITY, AND AGE

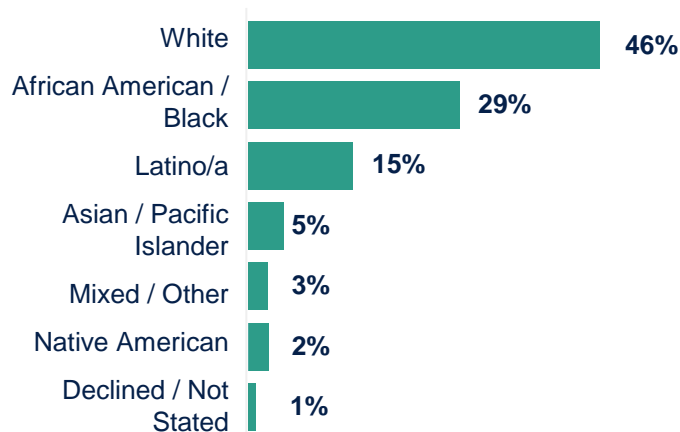
GENDER

79% of cases were **male**, **21%** female,
1% transgender or other

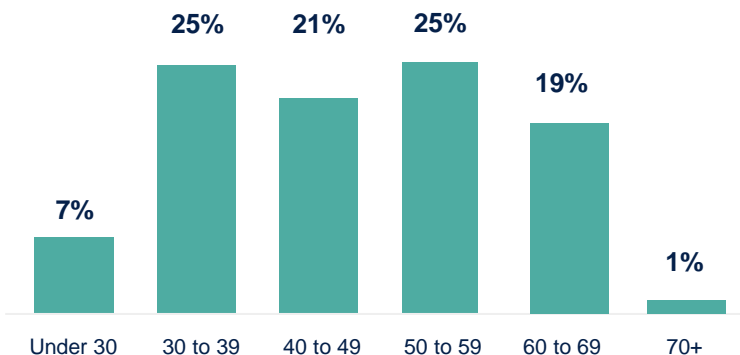
AGE

Average age of **47** (*min=19, max=77*)

RACE AND ETHNICITY



AGE AT TIME OF DEATH



First-half 2021 Demographics

GENDER, RACE/ETHNICITY, AND AGE

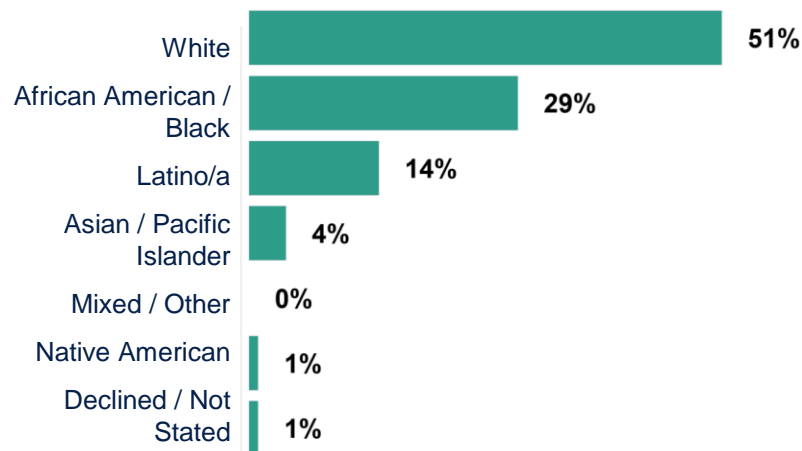
GENDER

85% of cases were **male**, **15%** female

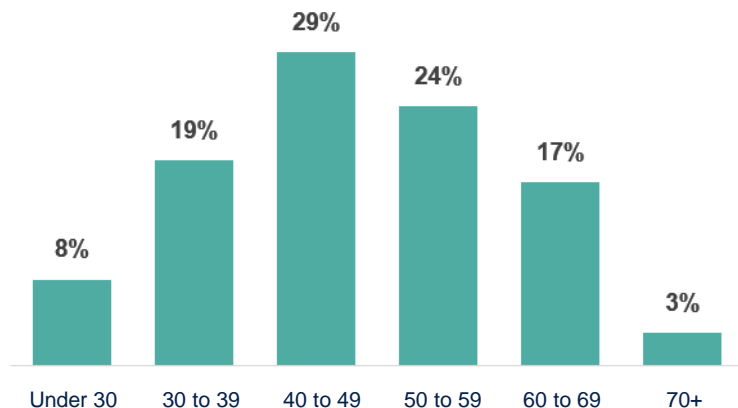
AGE

Average age of **48** (*min=0, max=79*)

RACE AND ETHNICITY



AGE AT TIME OF DEATH



Utilization History - 2019

MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

**76% used
medical
services** in the
year prior to
death

(includes medical emergency department, inpatient stays, medical respite, SFDPH primary care visits, urgent care visits)

**30% used
mental health
services** in the
year prior to
death

(includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment, case management, Hummingbird psychiatric respite)

**20% used
substance use
disorder
services** in the
year prior to
death

(includes sobering center, residential detox, residential treatment, methadone maintenance, outpatient counseling)

Utilization History - 2020

MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

**63% used
medical
services** in the
year prior to
death

(includes medical emergency department, inpatient stays, medical respite, SFDPH primary care visits, urgent care visits)

**26% used
mental health
services** in the
year prior to
death

(includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment, case management, Hummingbird psychiatric respite)

**14% used
substance use
disorder
services** in the
year prior to
death

(includes sobering center, residential detox, residential treatment, methadone maintenance, outpatient counseling)

Utilization History – 2021 (Jan-Jun)

MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

**71% used
medical
services** in the
year prior to
death

(includes medical emergency department, inpatient stays, medical respite, SFDPH primary care visits, urgent care visits)

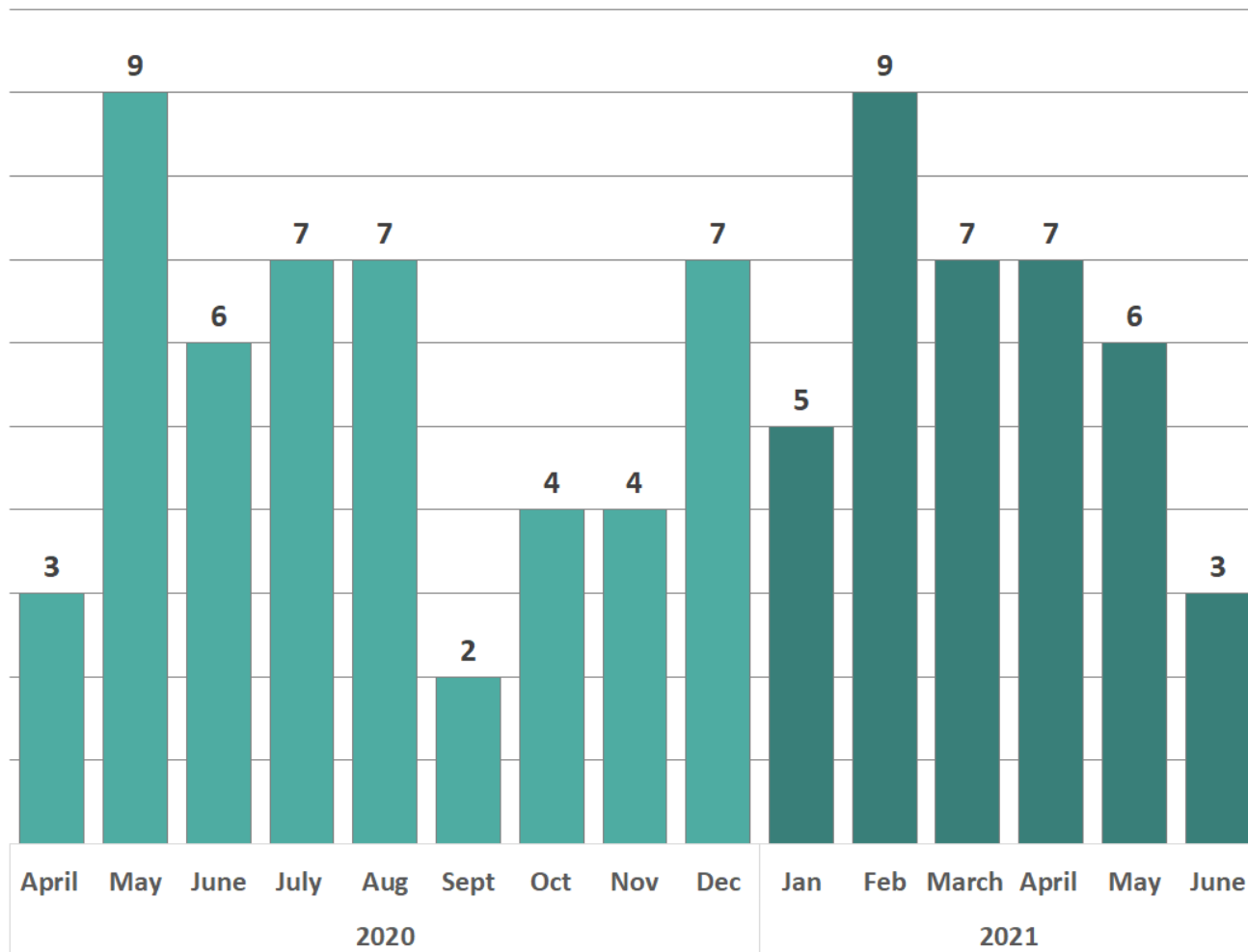
**25% used
mental health
services** in the
year prior to
death

(includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment, case management, Hummingbird psychiatric respite)

**17% used
substance use
disorder
services** in the
year prior to
death

(includes sobering center, residential detox, residential treatment, methadone maintenance, outpatient counseling)

Deaths Among SIP Guests



Placeholder- Stratify by cause of
death [overdose] = 1

Contacts with mental health system - 2019

- 30% used mental health services (includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment, case management, Hummingbird psychiatric respite) in the year prior to death.

Last instance of mental health service use in year prior to death	%
1 day – 10 days	7%
10 – 30 days	6%
30 – 180 days	12%
180 days – 12 months	7%
No mental health services in last 12 months	70%

Contacts with mental health system - 2020

- 26% used mental health services (includes SFGH Psychiatric Emergency Services, inpatient psychiatric stays, outpatient appointments, urgent care/day crisis, residential treatment, case management, Hummingbird psychiatric respite) in the year prior to death.

Last instance of mental health service use in year prior to death	%
1 day – 10 days	5%
10 – 30 days	4%
30 – 180 days	12%
180 days – 12 months	6%
No mental health services in last 12 months	74%

Placeholder- Stratify by cause
of death [overdose] = 1—XX%
of those who