

SAN FRANCISCO WHOLE PERSON CARE

Homeless Mortality in San Francisco

Opportunities for Prevention

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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

Methodology

DATA SOURCES

OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME)

The OCME's responsibilities include 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

Cases forwarded to Street Medicine include: No Fixed Address, SRO address, Indigent, or other suspected homeless

COORDINATED CARE MANAGEMENT SYSTEM (CCMS)

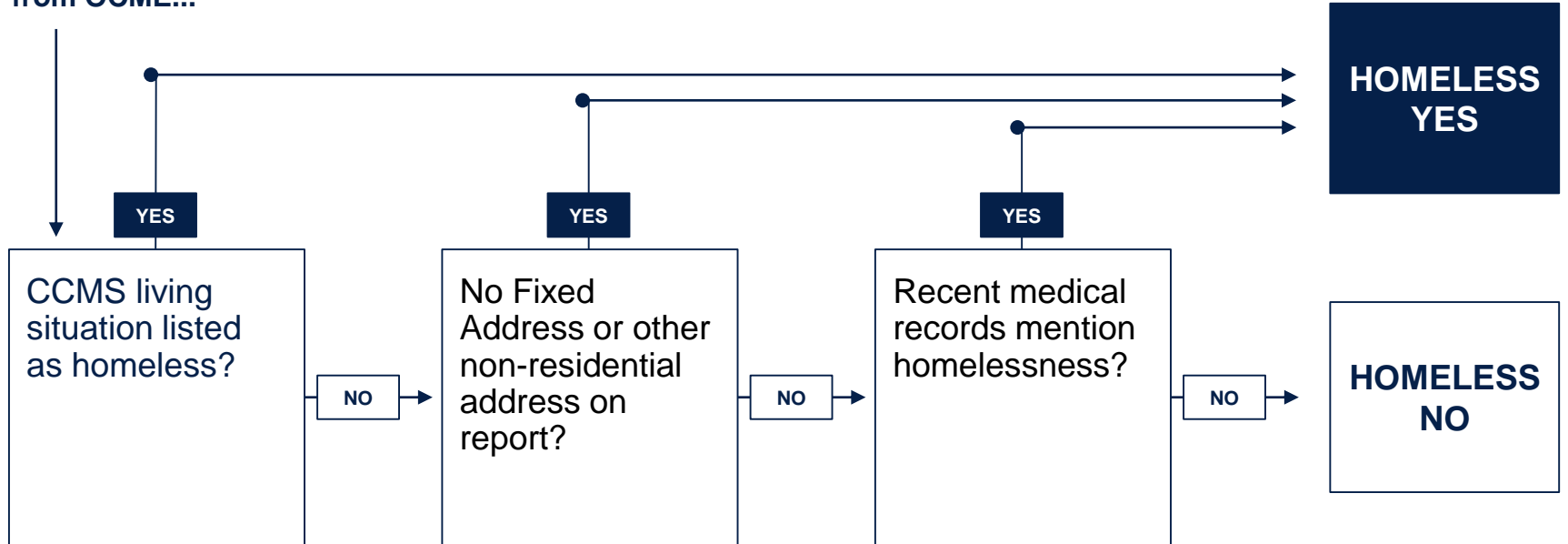
Integrated, interagency dataset from the San Francisco Department of Public Health

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

INCLUSION CRITERIA

Record received from OCME...



Methodology

CASE REVIEW PROCESS

1.

**Initial report
from OCME**

Identifiers, date and location
of death

Jan 1 2016 – Dec 31 2018
n=390

2.

**Final report
from OCME**

Cause and manner of death,
autopsy and toxicology reports

Jan 1 2016 – ~Dec 1 2017
n=215 (final reports)
n=168 (toxicology reports)

3.

**Linked to
CCMS**

Demographics, diagnostic
codes and service utilization

Jan 1 2016 – July 31 2018
n=340

Demographics

Demographics

SAN FRANCISCO HOMELESS DEATHS 2016 – 2018

ANNUAL TOTALS

2016: **128**

2017: **128**

2018: **134***

**Deaths in the final days of 2018 may not be reported until early 2019*

CCMS DATA

11% of cases had no CCMS records
(had not used SF health or social services
prior to death)

Demographics

GENDER, RACE/ETHNICITY, AND AGE

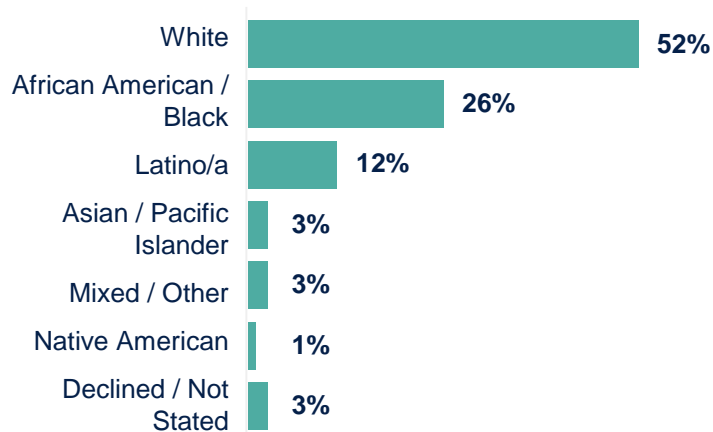
GENDER

82% of cases were **male**, **17%** female, **<1%** transgender

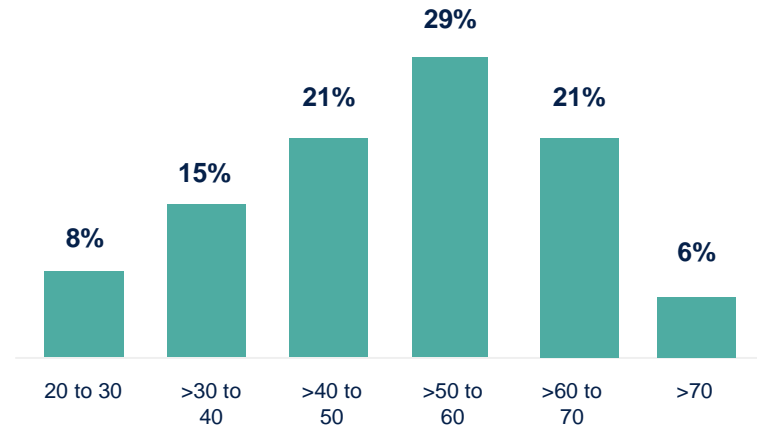
AGE

Average age of **51** (*min=21, max=86*)

RACE AND ETHNICITY



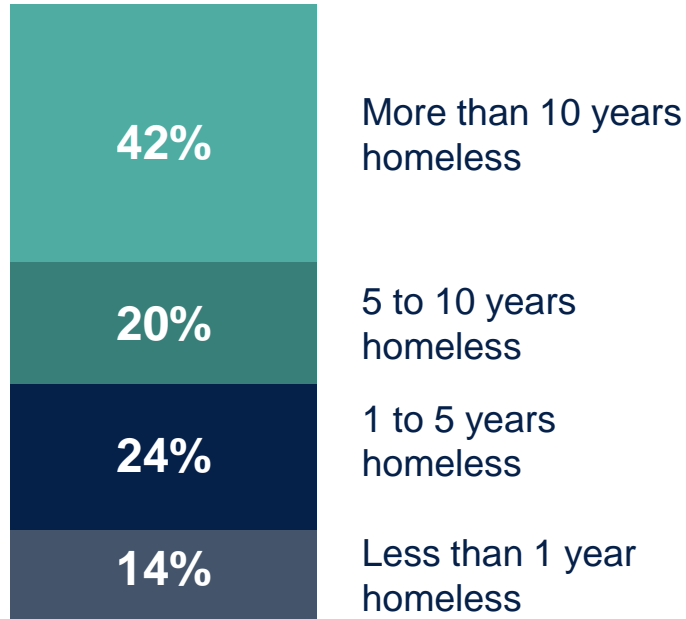
AGE AT TIME OF DEATH



Demographics

LIVING SITUATION

HOUSING STATUS—YEARS HOMELESS IN SF*



LIVING SITUATION AS OF LAST CONTACT WITH CCMS

Outdoors / Street / Vehicle / Makeshift / Encampment	32%
Shelter / Navigation Center	23%
Supportive housing / SRO / DAH housing	3%
Treatment facility	1%
Criminal Justice	0.2%
Temporary Housing	1%
Housed / Not Homeless	24%
Unknown	16%

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

Utilization History

Utilization History

URGENT/EMERGENT SERVICES AND HIGH USERS OF MULTIPLE SYSTEMS

HUMS SCORE* (TOTAL URGENT/EMERGENT UTILIZATION) IN FISCAL YEAR BEFORE DEATH

Zero urgent/emergent utilization or not in CCMS	46%
1–5 visits/stays	30%
6–10 visits/stays	9%
11–30 visits/stays	9%
More than 30 visits/stays (max=109)	5%

**Sum of ED visits, inpatient stays, urgent care visits, PES visits, psych inpatient stays, Dore Urgent Care Psych visits, sobering center visits, medical detox stays, social detox stays*

U/E UTILIZATION IN FISCAL YEAR BEFORE DEATH

Top 1%	7%
2–5%	11%
6–100%	71%
No record in CCMS	11%

U/E UTILIZATION IN THREE FISCAL YEARS BEFORE DEATH (ANY YEAR)

Top 1%	8%
2–5%	18%
6–100%	63%
No record in CCMS	11%

Utilization History

DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING SERVICES

LAST SHELTER OR NAVIGATION CENTER STAY PRIOR TO DEATH

1 day–10 days before	10%
10–30 days before	5%
30–180 days before	11%
180 days–12 months before	6%
No stays in last 12 months	68%

ENGAGEMENT IN HSH SERVICES

<1% had current case management with SFHOT

<1% spent time in DAH housing in year prior to death

4% had any DAH history

<1% spent time in stabilization rooms in year prior to death

Utilization History

MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

**69% used
medical
services** (non-
outpatient) in
the year prior to
death

(includes emergency department, inpatient stays, sobering center, EMS ambulance, jail health or medical respite) *Emergency department represents majority of all medical utilization

**28% 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)

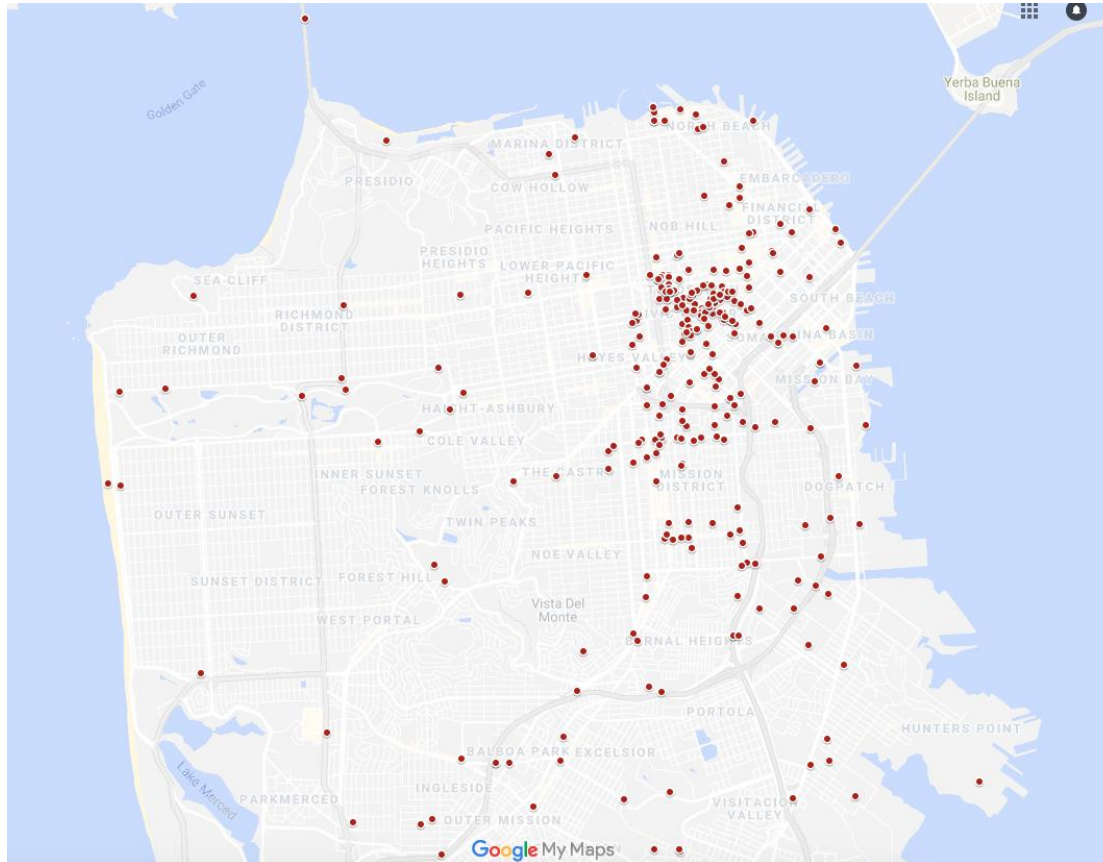
**19% used
substance use
disorder
services** in the
year prior to
death

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

Circumstances of death

Circumstances of death

LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH)

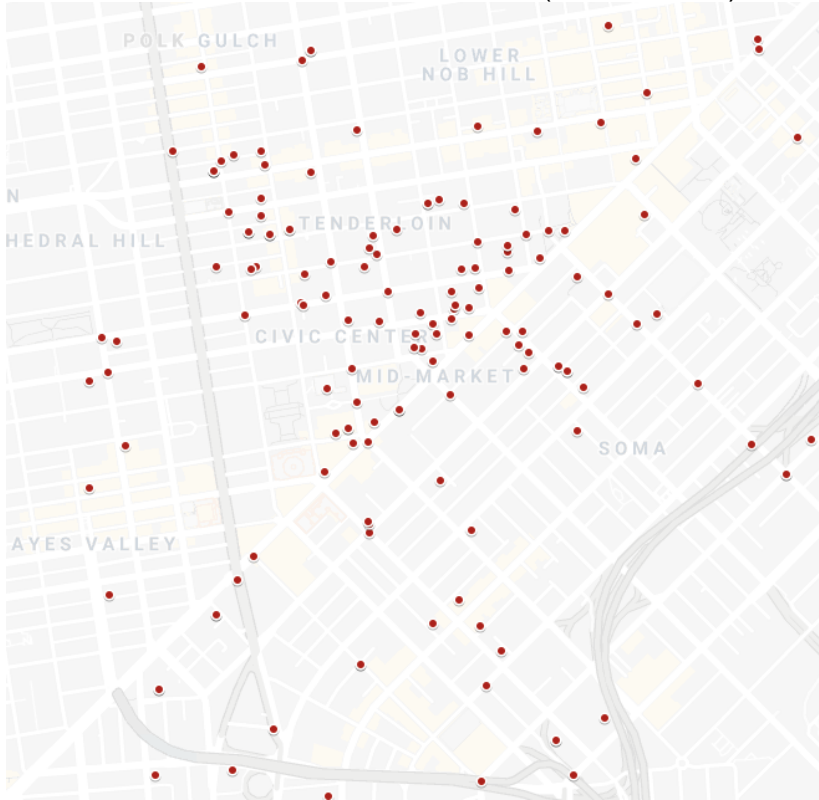


Location of incident available for 308 cases

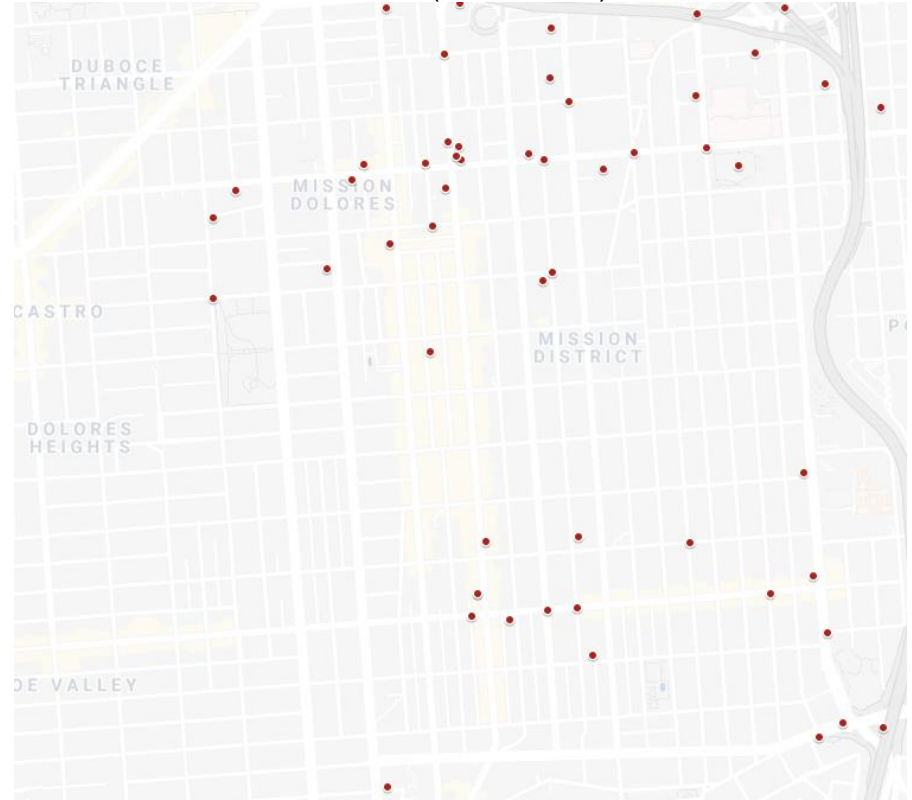
Circumstances of death

LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH)

Tenderloin / Civic Center / SOMA (~119 deaths)



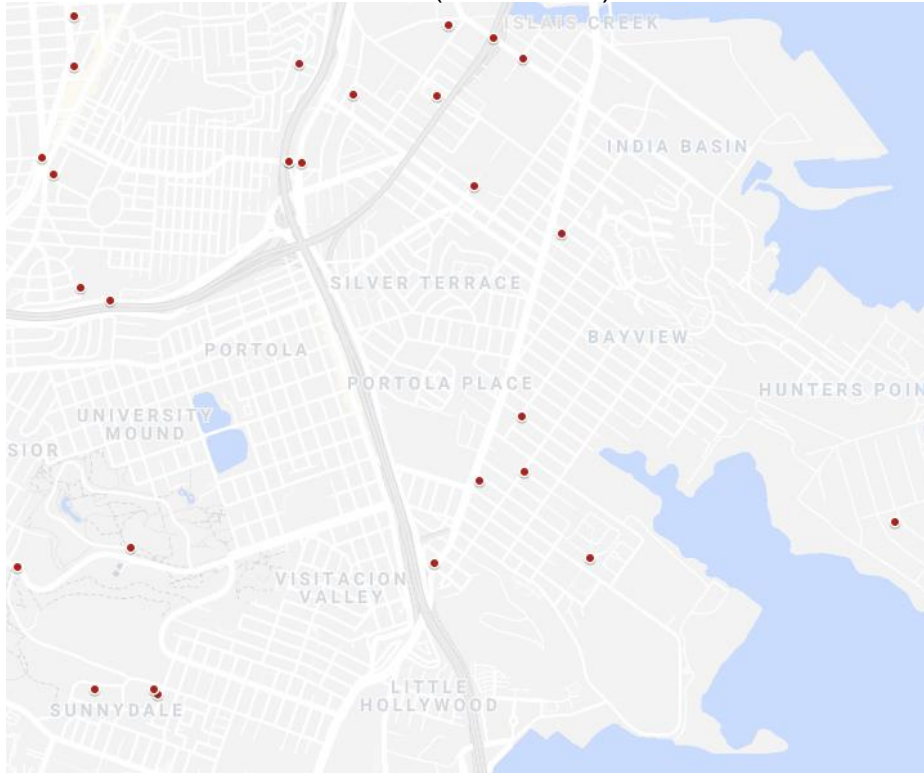
Mission (~51 deaths)



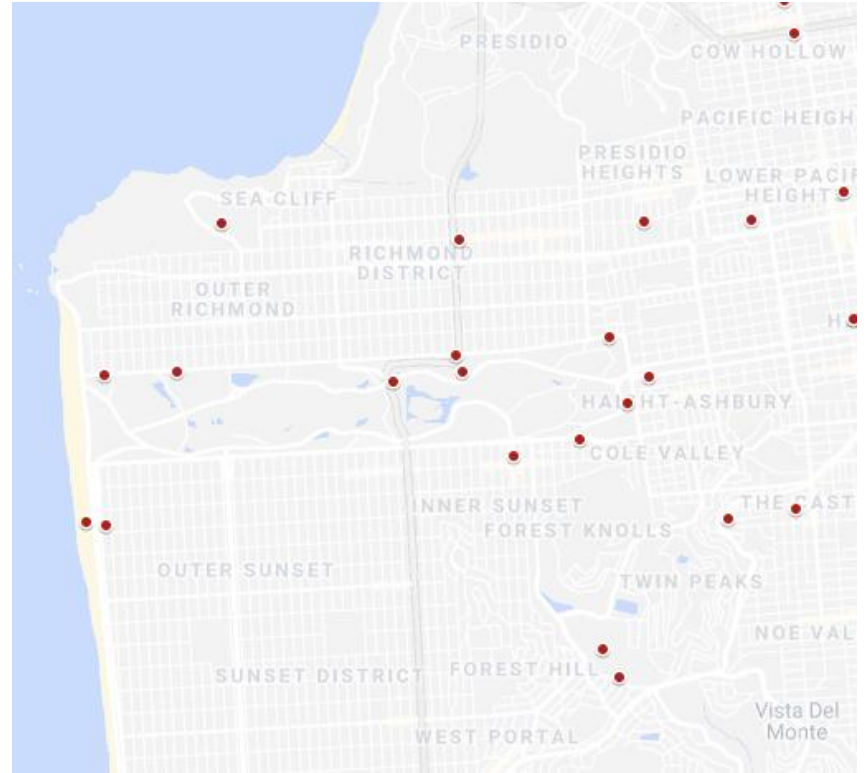
Circumstances of death

LOCATION OF INCIDENT (MAY DIFFER FROM LOCATION OF DEATH)

South East (~27 deaths)



North West (~22 deaths)



Circumstances of death

MANNER OF DEATH — CATEGORIES FROM THE OFFICE OF THE CHIEF MEDICAL EXAMINER

53% Accidents

Unintentional overdose, fall, drowning, pedestrian vs vehicle, inhalation, exposure, vehicle driver

11% Homicide

Firearm, sharp injury (i.e. stabbing), blunt injury, officer-involved shooting

30% Natural

Cancer, COPD, cardiovascular disease

4% Suicide

Hanging, asphyxia, jump from building

2% Undetermined

Circumstances of death

MOST COMMON CAUSES OF DEATH BASED ON AUTOPSY REPORTS

1. Acute Drug Toxicity (unintended overdose)	35.4%
2. Cardiovascular Disease	15.7%
3. Chronic alcohol use and associated conditions (e.g., liver failure)	5.6%
4. Gunshot wound (includes officer-involved shootings)	5.2%
5. Acute alcohol toxicity	4.9%
6. Sharp force injury (i.e., stabbing)	4.1%
7. Blunt force injury (e.g., pedestrian vs. vehicle)	3.7%
8. TIE – Cancer, Falls	3.4%
10. TIE – Drowning, Infectious disease Pulmonary conditions (e.g., COPD)	3.0%

Circumstances of death

CONTRIBUTING FACTORS — LISTED AS CAUSE OF DEATH, CONTRIBUTING CONDITION OR IN TOXICOLOGY

52% Drugs

32% Alcohol

29% Natural history of chronic disease

27% Violence or traumatic injury

Percentages do not add up to 100, as there are often multiple contributing factors e.g., fall (violent or traumatic injury) while intoxicated (alcohol-related)

Circumstances of death

TOXICOLOGY RESULTS — SUBSTANCES PRESENT IN REPORTS

N = CASES WITH TOXICOLOGY REPORTS AVAILABLE

47% Methamphetamine

45% Opioids

Fentanyl present in 4% of reports; Buprenorphine present in 0 cases

36% Cocaine

30% Alcohol

27% Sedatives

Key Findings

- Alcohol: overlap with HUMS population
- High prevalence of methamphetamine
- Role of shelter: annual deaths relative to other cities
- Future directions
 - Deaths from CCMS that are not Medical Examiner cases
 - Deaths among SRO residents

Discussion Questions

- What can we do with these findings?
Impact on policy and practice?
- Is it possible to prevent these types of deaths in the future? How?

Thank you!

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