

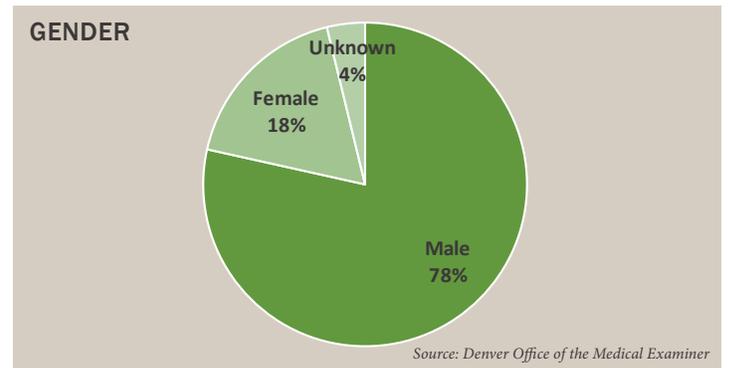
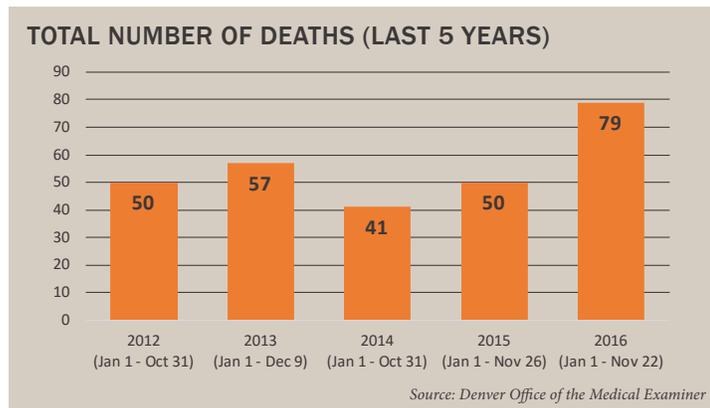
# We Will Remember 2016

## HOMELESS DEATH REVIEW

Every year, for 27 years, the Colorado Coalition for the Homeless has hosted a candlelight vigil and name-reading ceremony to pay tribute to our homeless neighbors who lived and died on the streets of Metro Denver. The Coalition conducts an unofficial count of homeless and formerly homeless decedents through a coordinated process involving the Denver Office of the Medical Examiner and over 25 homeless service organizations in the seven-county Denver metropolitan area. All the names collected over the course of the year are read aloud and acknowledged during the **Homeless Persons' Memorial Vigil**—the only memorial service for most of these individuals. This year, 171 individuals were remembered.

This report relies on demographic and mortality information provided by the Medical Examiner's office about 79 individuals who died on the streets of Denver in 2016. By reviewing this data, the Coalition hopes to identify trends in deaths within the homeless community, help the broader community understand the challenges faced by homeless individuals, and identify solutions to prevent such tragedies in the future.

The 2016 MDHI Point-in-Time Report counted 2,112 homeless women (39 percent of respondents) in the seven-county Denver metropolitan area. Men outnumbered women at 3,257 (60 percent of respondents), and transgender individuals made up less than one percent of respondents.<sup>6</sup> *Note: Point-in-Time data can be limiting because it is collected based on one night per calendar year and only includes HUD-defined homeless persons.*



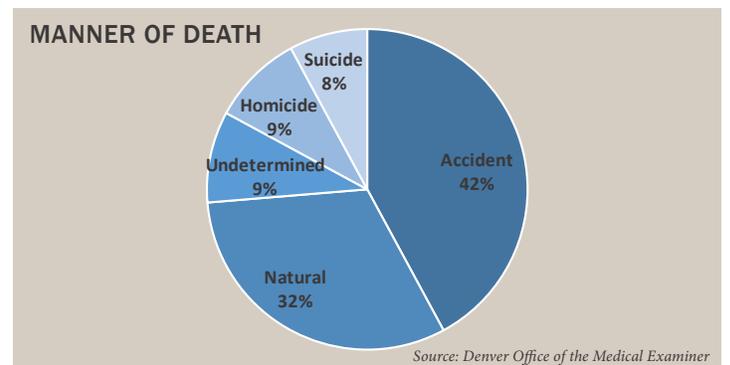
### MORTALITY DEMOGRAPHICS

The average life expectancy for the general population is 77 years of age,<sup>1</sup> while the average life expectancy drops 25 years lower for those with severe mental illness<sup>2</sup> and 30 years lower for those experiencing homelessness.<sup>3</sup> Studies estimate that up to 50 percent of the homeless population are living with mental illness, and figures rise as high as 90 percent when including substance use and personality disorders.<sup>4</sup> Most people with severe mental illness will continue to die prematurely unless counseling and treatment is more accessible and affordable.<sup>5</sup>



### MANNER AND CAUSE OF DEATH

Compared to the general population, homeless individuals are more likely to fall victim to accidental deaths. Traffic accidents are three times more likely and infections twice as likely among the homeless population than in the general population.<sup>7</sup> Older, chronically homeless individuals are at increased likelihood of being violently attacked by someone, with one in four attacks ending in death.<sup>8</sup> The suicide rate among the homeless population is nine times higher than the general population,<sup>9</sup> with those sleeping on the streets being 35 times more likely to commit suicide.<sup>10</sup>





Alcohol and drug use can be both a cause and consequence of homelessness. Health issues, job loss, eviction, or relationship problems can make addiction worse.<sup>11</sup> Substance use is often used as a coping mechanism for or an escape from homelessness. “Four out of five people start using at least one new drug since becoming homeless.”<sup>12</sup> Without treatment, behavioral health disorders, such as depression and addiction, can make it difficult to break the cycle of homelessness.<sup>13</sup>

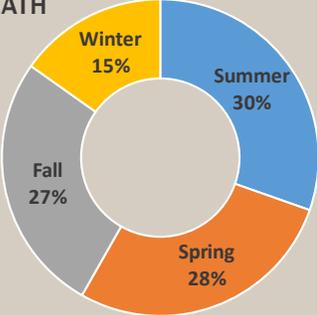
**CAUSE OF DEATH**

- 1. Drug and alcohol related
- 2. Blunt or sharp force injuries
- 3. Cardiovascular disease
- 4. Gunshot wounds
- 5. Hanging or asphyxia

*Source: Denver Office of the Medical Examiner*

Without shelter, homeless individuals are in constant threat of exposure-related health complications. Even with make-shift structures providing a degree of protection, the struggle for homeless individuals living outside day and night is finding a dry, temperate refuge. Prolonged exposure to the elements leaves them vulnerable to hypothermia and frostbite or heat stroke and severe sunburn. Pre-existing disorders, malnutrition, dehydration, exhaustion, and age can further exacerbate these conditions, leading to an increased risk of serious health issues and even death.<sup>14</sup>

**SEASON OF DEATH**



*Source: Denver Office of the Medical Examiner*

**LESSONS LEARNED, MOVING FORWARD**

According to the National Low Income Housing Coalition, there is a shortage of affordable housing across the country. In Colorado, a minimum wage worker would need to work 102 hours per week or be making \$21.20 per hour in order to afford a two-bedroom unit at Fair Market Rent without paying more than 30 percent of their income. The required hourly wage jumps to \$23.60 per hour in the Denver metropolitan area.<sup>15</sup> Rising rents combined with inadequate wages and scarce supply of affordable housing increase the likelihood of homelessness and make it challenging to move off the street and into stable housing.

Not only has it become increasingly difficult to find affordable housing in Metro Denver, but it is also difficult to find adequate and appropriate shelter space. The Metro Denver Homeless Initiative counted 3,631 homeless individuals in Denver County alone. The Point-in-Time report noted that the count only reflects those who participated in the survey on a single night January 25, 2016, not including individuals or families who were “doubled up”, who paid for a motel for the night, or those who were hidden or refused to participate—meaning the total homeless count is even higher than what was reported. Denver’s available shelter space would only be able to serve about 40 percent (1,454) of those counted as homeless.<sup>16</sup> In addition to a shortage of shelter space, most shelters limit personal belongings and require sobriety for entry. There are a multitude of barriers to seeking shelter, including limited space available for families, women, those with mental illness, and those with pets.

Adding to the challenges faced by homeless families and individuals, criminalization of homelessness is on the rise.<sup>17</sup> Across the country, numerous cities have adopted laws prohibiting “camping”, sleeping, sitting, or lying down in public. A report from the National Law Center on Homelessness and Poverty revealed that of the cities surveyed 34 percent have city-wide “camping” bans, 18 percent impose city-wide bans on sleeping in public, and 53 percent prohibit sitting or lying down in public areas.<sup>18</sup> Not only is criminalization personally traumatizing to those experiencing homelessness, but it also makes it much more difficult for outreach workers to find and help those individuals connect with necessary services and shelter. Further, there is a direct correlation between an increase in hate crimes against the homeless and an increase in laws criminalizing homelessness, which might provide perpetrators with perceived justification for violent attacks.<sup>19</sup>

It has been proven that housing, combined with health care and support services, is the most cost-effective, long-term solution to homelessness. The Colorado Coalition for the Homeless has found that providing permanent supportive housing through Housing First has reduced the cost of emergency services by \$31,500 per person over a two-year period and led to a housing retention rate over 90 percent. In addition, providing health care for the homeless through the Coalition’s Stout Street Health Center not only saves the health care system \$1,263 per patient annually,<sup>20</sup> but also improves health outcomes through comprehensive and preventative care. Local and state governments should invest greater resources in these proven solutions to homelessness.

In addition to addressing affordable housing shortages, local and state governments should also utilize constructive alternatives to the criminalization of homelessness. It is essential to increase available shelter spaces and ensure 24-hour access to services. Increased resources and staffing would allow the Denver Street Outreach Collaborative to reach more chronically homeless individuals and safely move them off the street. Employing better police training, including meaningful crisis intervention training and expanding a co-responding police-mental health program, has been proven to help with crisis intervention and injury, improve officer's perception of those living with mental illness, reduce pressure on the justice system, and reduce hospital admissions.<sup>21</sup>

## CONCLUSION

As the affordable housing gap grows wider, homelessness will continue to persist unless local and state governments provide a continuum of services to address homelessness in the short-term while focusing on long-term, cost-saving solutions. To build stronger communities, it is important to work proactively and invest in proven strategies to address the underlying causes of homelessness and end the cycle of generational poverty. The path forward is clear, and the solutions evident. We must come together as a community with compassion and respect to provide our homeless neighbors with the support that they need and deserve.

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## A report by the Colorado Coalition for the Homeless

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