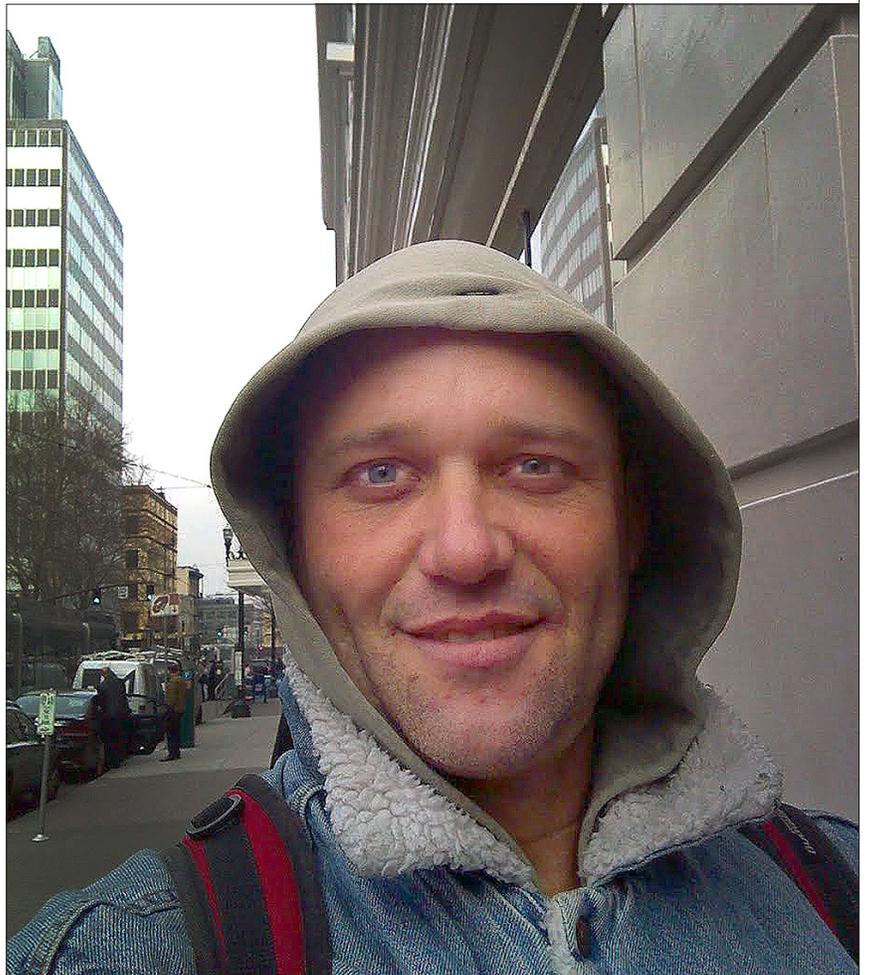


Domicile Unknown

Review of deaths among people
experiencing homelessness
in Multnomah County in 2014



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**This report is dedicated
to those who died and their families.**

James Michael Bostick
May 15, 1973 - June 6, 2015
Heroin overdose

•

His loving family didn't know how to reach him in time
But they were able to have his remains rest in peace.
Our morgues are filled with "John" and "Jane Doe."
Does your family know where you are?
Your life really does matter!

•

Krista Carol Campbell describing the plaque she would like to see wherever someone who has died unknown on the streets. Her son died at the Union Station restrooms in Portland in 2015. "James Michael Bostick was vibrant, kind, strong, helpful, encouraging, fun, funny, loving, comforting - he loved his Momma, his brother, his daughters, his family and he loved Jesus as his personal Savior even more, even to the end. He had bright twinkling blue eyes and NEVER was without a smile. He was SO loved by SO many."

On the cover:

This is the last self-portrait James Bostick sent his mother, Krista Carol Campbell, before his death

■ Introduction

The Multnomah County Health Department's annual review of homeless deaths finds that 191 people who were experiencing homelessness died on local streets over a four-year period.

This total emerges from the fourth annual "Domicile Unknown" report that chronicles deaths recorded in 2014. The lack of affordable local housing, the opiate epidemic and the persistent challenges of mental illness and addiction are contributing causes of deaths that could otherwise be prevented. This report is intended to identify areas where resources and policies can be directed to save lives.

■ What the report captures

We want to sincerely thank the Oregon State Medical Examiner and the Multnomah County Medical Examiners' Office. They are responsible for investigating all sudden, unexpected, violent, suspicious or unattended deaths. Since 2011, the Health Department has worked with the Multnomah County Medical Examiners' Office to capture those cases in which people were likely homeless. The County deputy medical examiners have contributed invaluable assistance by including housing in their investigations.

We also want to commend the leadership of Dr. Paul Lewis and the Multnomah County Health Department authors who volunteer to analyze this information and produce this report.

The Medical Examiner investigated 1,838 cases of death in Multnomah County between Jan. 2, 2014 and Dec. 31, 2014. Of those, 56 people were identified as homeless adults.

This figure is almost certainly an undercount as the study does not capture homeless persons who died in hospitals or health care centers. A more comprehensive community count is needed to fully understand the extent of circumstances that lead to deaths among people who lack housing.

What is certain is the disturbing link between homelessness and preventable early deaths. Since Multnomah County began reviewing cases in 2011, 32 people died in 2013 while homeless, 56 people in 2012 and the 47 people in 2011. The youngest to die on the streets in 2014 was 23 years old. The oldest was 73 years old.

■ Causes of death

The 2015 Point in Time Count of Homelessness in Portland/Gresham/Multnomah County found the number of people experiencing homelessness did not increase between 2013 and 2015. But, on a single night, more than 3,800 people were sleeping on area streets, shelters or temporary housing, and another 12,000 were doubled up, often in overcrowded, sometimes unsafe conditions.

In 2014, most of those who died while experiencing homelessness were adult men and most of the deaths were accidental, murder or suicide. Of the deaths in the Accidental category, 19 were related to opiates including 14 in which heroin was a primary or contributing cause of death.

■ Recommendations

With four years of data now available, this report underscores the urgent need to expand mental health and addictions outreach and treatment services for people who are homeless and to build additional structures to house the most vulnerable people with co-occurring issues.

This includes increasing and coordinating outreach to people who are experiencing homelessness. This must be supported with additional funding for downtown clinics to develop a caseload for uninsured people who are homeless so that they can successfully receive medication management, case management, addiction peer support and engagement.

Community members could also be greatly served by a short term, three-to 30-day shelter to provide an immediate safe haven while people can be engaged with services until permanent housing can be located. People could then engage in outpatient detox services.

The data also underscores the need for additional single residency occupant units to house people with severe mental health symptoms that impact their daily life but do not require emergency care.

These deaths also demand a community-wide effort by health professionals to reverse the opiate epidemic through safe prescribing guidelines and a shared commitment to effective pain management.

Finally, as a community, we must create more affordable housing. Homelessness exists because people's incomes are not sufficient to cover their housing.

We sincerely hope this analysis will help local government, community partners and policy makers better plan, coordinate and target our community's prevention efforts.

We also see this report as the painful reminder that each of the 56 people documented in these findings were members of our community and our families: a son, daughter, aunt, brother, mother and friend. This report is dedicated to their memories.



— Deborah Kafoury, Chair of Multnomah County



— Israel Bayer, executive director, Street Roots

Methods...

> *Data Source*

The Oregon State Medical Examiner maintains a database of all deaths investigated under its jurisdiction. In December 2010, the data field domicile unknown was added to the database for Multnomah County so that deaths of individuals who may have been homeless at the time of their death could be easily extracted. Death investigators make multiple attempts to identify a place of residence for decedents through scene investigation and interviews with relatives and social contacts.

According to ORS 146.090 the Medical Examiner investigates and certifies the cause and manner of all human deaths that are:

- (a) Apparently homicidal, suicidal or occurring under suspicious or unknown circumstances;
- (b) Resulting from the unlawful use of controlled substances or the use or abuse of chemicals or toxic agents;
- (c) Occurring while incarcerated in any jail, correction facility or in police custody;
- (d) Apparently accidental or following an injury;
- (e) By disease, injury or toxic agent during or arising from employment;
- (f) While not under the care of a physician during the period immediately previous to death;
- (g) Related to disease which might constitute a threat to the public health; or
- (h) In which a human body apparently has been disposed of in an offensive manner.

For the period January 1, 2014 through December 31, 2014, we extracted from the database the date of death, sex, race, age, cause, and manner for death for records in which the individual's address was noted to be 'domicile unknown' or 'transient.'

> *Data Analysis*

Case information for all deaths in Multnomah County during 2014 was abstracted from the Medical Examiner database. Sixty-four cases were coded 'domicile unknown,' and after review of narrative reports, supplemental information, and address records for these cases, 56 met the Housing and Urban Development definition of homeless. In the remaining eight cases there was either inadequate information available to make a retrospective determination of homeless status or there was information indicating that the decedent had a permanent residence. This analysis is limited to the 56 cases in which the investigation indicated the individual was experiencing homelessness in Multnomah County at the time of death.

To protect the privacy of decedents, demographic data were suppressed if cell counts were below three. Low counts for manner of death were not suppressed because this information is publically available from the Oregon Health Authority.

Because of the limitations of using Medical Examiner data for this report, we compiled only the frequencies of each variable and did not attempt to analyze differences in this group of homeless decedents to any other group, or to estimate specific rates. Frequencies were compiled using SAS 9.3. For the season of death, the year was divided into October-March and April-September.

Results...

> Age, Sex, Race

Of the 56 decedents, 52 were male; the mean age at death for males was 39 years. The four females who died had an average age of 46 years. Although race and ethnicity was not established in all cases, the majority of decedents were white, and other racial or ethnic categories, with the exception of African-Americans accounted for fewer than three deaths each. Racial information was missing for two of the deaths. Seven of the deaths were among African-Americans.

**Table 1. Demographics, Homeless
Multnomah County Medical Examiner Cases, 2014**

Sex	
Male	52
Female	4
Mean Age (range)	
Male	39 (23-73)
Female	46 (27-50)
Total	45 (23-73)
Race*	
White	43
Black	7
Asian	<3
Native American	<3
Hispanic	<3

* **Note:** Values may not add up to total due to missing data and low counts.

> Season

Because people experiencing homelessness are often exposed to the environment without shelter, we looked at the frequency of deaths during cooler (October-March) and warmer (April-September) periods of the year. In 2014, around half the deaths (48%) occurred between April and September, while 52% occurred during the colder months of October-March.

Table 2. Season of Death among Homeless Multnomah County Medical Examiner Cases, 2014 Season	
Season	Number (%)
April - September	27 Deaths (48%)
October - March	29 Deaths (52%)

> Cause and Manner of Death¹

The Medical Examiner database includes information on the cause and manner of death. The manner of death is classified as Natural, Accident, Suicide, Homicide, or Undetermined. Natural deaths are usually medical conditions, while the most common causes of Accidental deaths are trauma and intoxication.

Table 3. Manner of Death among Homeless Medical Examiner Cases, Multnomah County, 2014	
Manner of Death	
Natural	14
Accident	27
Suicide	6
Homicide*	1
Undetermined	4

* Low counts are provided because Manner of Death data are publicly available from Oregon Health Authority.
(The manner of death was only able to be classified in 52 of the 56 cases.)

Of the 56 individuals who died in 2014, 27 were accidental deaths, 14 were natural deaths, and 6 were suicides. Among the Accidental deaths 81% were related to drug or alcohol consumption, while the remaining individuals died of a variety of causes including drowning and trauma. For the 14 Natural deaths, causes included alcohol-related liver and pancreatic disease, atherosclerotic heart disease, cancer, and unspecified natural disease. Eleven deaths in total were attributed to Suicide, Homicide, or to Undetermined Causes.

¹ The manner of death classification can be inconsistent, and often times the medical examiner does not have enough information to differentiate between a suicide and accidental overdose.

> Toxicology for all causes and manners of death

In 31 (55%) of the 56 cases, drug or alcohol toxicity either caused or contributed to death. Some deaths were associated with more than one substance, and opioids (heroin and prescription) were noted in 19/31 (61%) individuals for whom drug or alcohol toxicity caused or contributed to death.

Table 4. Deaths involving substances as contributing or primary causes of death, 2014

No Substance	25
Any Substance	31
Any opiate (heroin, prescription, or unspecified opiates)	19
Any heroin	14
Any prescription	3
Any methamphetamine	7
Alcohol	13
Cocaine	0

Note: Deaths involving more than one substance fall under more than one category.