



# WE WILL REMEMBER 2022

HOMELESS DEATH REVIEW | DENVER, CO

For the 33rd year, the Colorado Coalition for the Homeless (the Coalition) and the Denver community remember the lives of those who passed away while they were experiencing homelessness. The Coalition is committed to memorializing the lives of these individuals and reporting on their deaths in the greatest detail possible to bring attention to the troubling trends impacting people experiencing homelessness.

According to data collected by the Metro Denver Homeless Initiative (MDHI) and several other direct service organizations, at least 263 individuals passed away in the Denver Metro area in the yearlong period from November 1, 2021, through October 31, 2022, (referred to as “2022 data” for the purposes of this report). No demographic or medical information was available for these individuals. Because data is not available on all our unhoused neighbors who died over the past year, this report is based on available documentation from the Denver Medical Examiner’s Office (OME) of people experiencing homelessness who passed away between November 1, 2021, and October 31, 2022.

For the fourth year in a row, Denver's OME has not provided CCH with complete demographic data on these individuals, which makes it difficult to fully understand the impact and nature of these deaths. Based on the information available, OME recorded 173 deaths among people experiencing homelessness in 2022, the highest number recorded by the Coalition since this report was launched. However, after years of precipitous growth, there



Mourners at the 2021 Vigil. Photo by Giles Clasen, Denver VOICE

were only five more recorded deaths this year versus 2021. This increase of 3% from the same period a year ago is significantly less than the number from 2020 to 2021, which increased 12% in that time period.

As always, this report is a companion to the Homeless Persons’ Memorial Vigil which takes place at the Denver City and County Building yearly on December 21st, the longest night of the year. Neither this analysis nor the We Will Remember: Homeless Persons’ Memorial Vigil account for all our neighbors who died while experiencing homelessness this year.

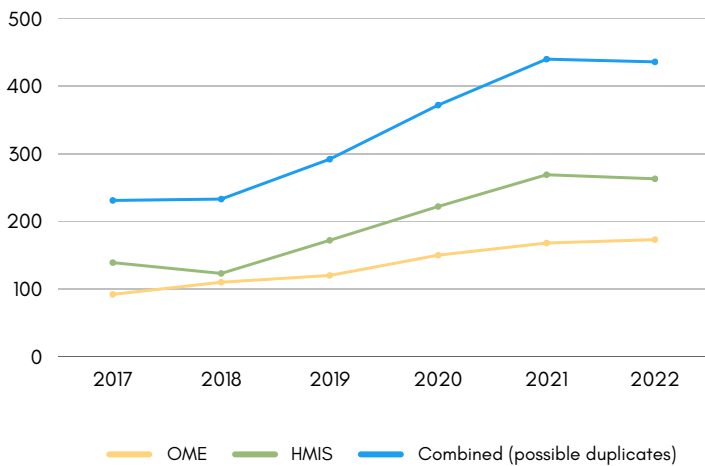
*Colorado Coalition for the Homeless hosts the We Will Remember: Homeless Persons’ Memorial Vigil on the longest night each year to honor and remember those who have died while experiencing homelessness. This marks the 33rd year of honoring those lives lost. We encourage the community to come together to solve homelessness to prevent the heartbreaking end of life of our loved ones, colleagues, friends, and neighbors.*

*To view the program listing the known names of those who passed in 2022, [click here](#).*

## DEATHS OVER TIME

While the rate of deaths among people experiencing homelessness in Denver appears to have slowed, the number of deaths reported by the OME among people experiencing homelessness in 2022 is at an all-time high. Over the past six years, the number of deaths reported by the OME has increased from 92 in 2017 to 173 today, an 88% increase. During the same time period, deaths reported by MDHI and other partners have jumped by 89%. These preventable losses of life will continue to rise each year unless the Federal government, State of Colorado, and local governments in the Metro area commit to passing truly transformational policies and investing in tools to end homelessness.

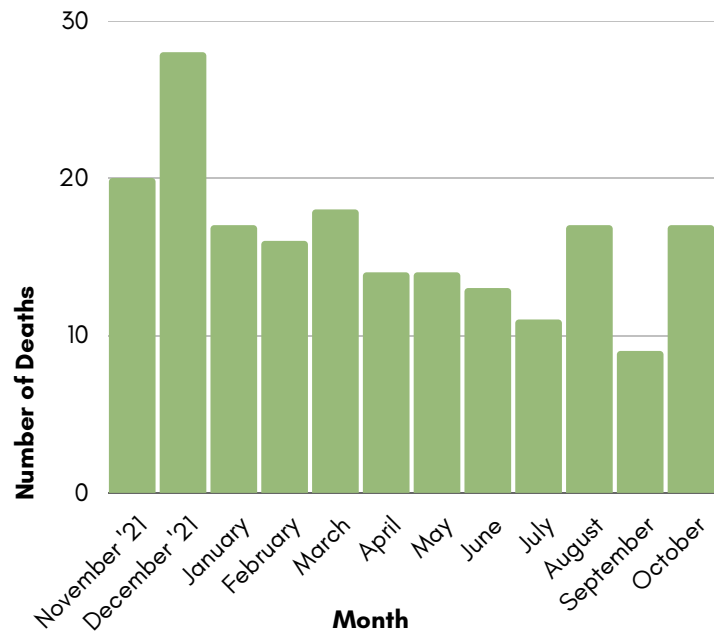
### FIGURE 1. DEATH BY YEAR



## MONTH OF DEATH

During this time period, the highest number of deaths were in November and December of 2021, with 20 and 28 deaths respectively. It is noteworthy that in the month of November 2021, 15% of deaths were due to environmental exposure. However, the high number of deaths in November and December of 2021 appears to be primarily related to the prevalence of COVID and other infectious diseases. Twenty-five percent of deaths in November and nearly 18% of deaths in December were due to infectious diseases. The timing of this increase in infectious disease deaths is parallel to the increase in infections and deaths around the Omicron variant of COVID in late 2021.

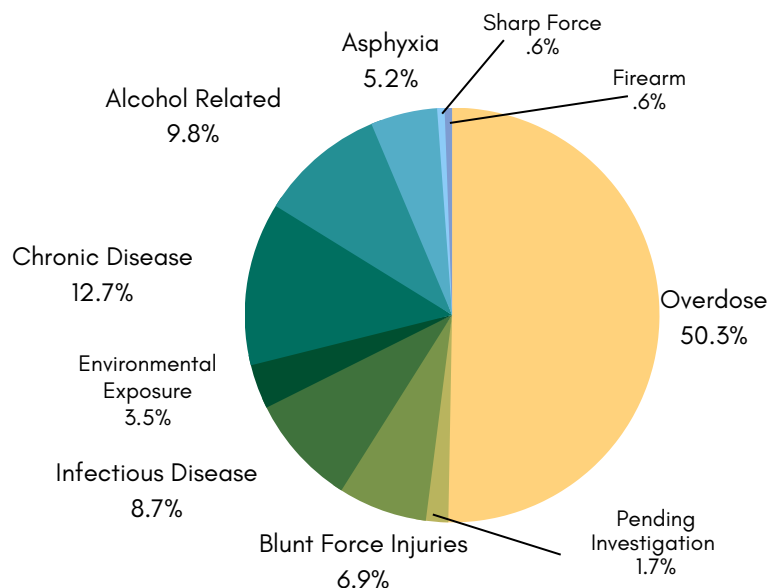
## FIGURE 2. MONTH OF DEATH



## CAUSE AND MANNER OF DEATH

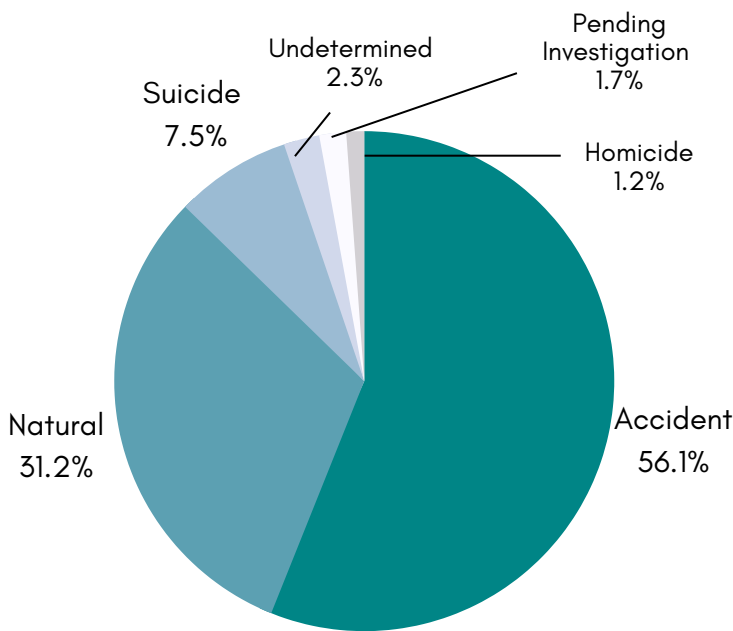
When OME investigates a death, it makes two decisions about the circumstances: **cause**, which are the biological factors that led to a person's death and are characterized as primary and contributing; and **manner**, or the way in which a person died, which is characterized as natural, accident, homicide, suicide, or undetermined (if the investigator lacks sufficient evidence to select a manner).

### FIGURE 3. CAUSE OF DEATH



In 2022, among the 173 deaths among people experiencing homelessness in Denver, OME has determined the cause of death of 170 individuals. Overdose was the most common primary cause, documented in 50% of cases. The Coalition believes this is largely due to the increased presence of fentanyl in Denver in recent years, especially when the user is not aware of fentanyl contamination in the drug they are consuming<sup>1</sup>. The manner of death in overdose cases was generally categorized as accidents.

**FIGURE 4. MANNER OF DEATH**



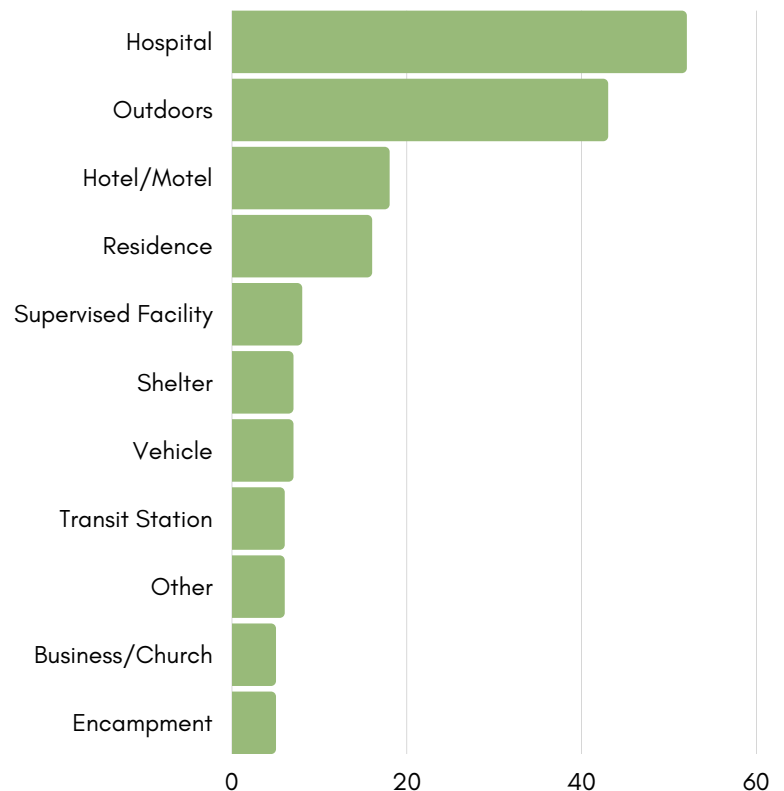
In this period, 31.2% of deaths were listed as “natural” in manner. It is well documented that people experiencing homelessness are at increased risk of chronic diseases such as cardiovascular disease, hypertension, and diabetes and have an average life expectancy of 15-30 years less than the housed population depending upon the study. In this context, “natural” does not suggest that these individuals’ deaths were unaffected by their experience of homelessness. On the contrary, many of these deaths could be avoided with adequate access to healthcare, housing, and other basic needs.

In this period, homicides (1.2%) decreased as compared to one year prior, while suicides (7.5%) increased. The contrast is stark when compared to the general population. People experiencing homelessness are statistically significantly more likely to die of suicide, alcohol related deaths, overdoses, and blunt force than housed individuals. For instance, the rate of suicide for people who are stably housed is just 1.16%, compared to the 7.5% for unhoused individuals.

## LOCATION OF DEATH

Location of death gives us insight into peoples' living circumstances when they passed. In 2022, deaths were most common in hospitals or medical facilities—accounting for 30% of deaths. Another 25% of deaths were outdoors, while hotels/motels and residences accounted for nearly 20% of deaths. The Colorado Coalition for the Homeless, in partnership with the City of Denver, continues to use hotels and motels for COVID response, and increasingly for transitional housing as well.

**FIGURE 5. LOCATION OF DEATH**



## PREMATURE DEATH

One of the starkest findings is a dramatically reduced life expectancy among people experiencing homelessness. The Centers for Disease Control and Prevention (CDC) categorize all deaths before 75 as “premature.”<sup>2</sup> The average age of a Denverite experiencing homelessness at the time of their death in 2022 was 50.5—nearly 25 years younger than the premature death threshold. However, between 2021 and 2022, the average age at death for a Denverite experiencing homelessness made a remarkable jump from 47.5 to 50.5 years old.

While there is not a definitive explanation for this increase, Coalition staff suggest three theories: First, the change may be due to improved COVID-19 prevention and treatments. Notably, there were five deaths related to COVID-19, down from 12 in the year prior. Second, 24-hour shelters were available in the past year, a result of COVID impacting policy changes in Denver. This may have led to both the increased age of those who passed, as well as fewer outdoor deaths, a slight increase in shelter deaths, and an increase in hospital deaths. Finally, homelessness is on the rise among older Americans. Seniors are entering the cycle of homelessness at higher rates than ever before,<sup>3</sup> which may also account for the rise in age of the average death of a person experiencing homelessness.

## HOUSING SAVES LIVES

Year after year, mortality data continue to identify housing as one of the most prominent protective factors against unnatural deaths among people experiencing homelessness. In 2022, housing reduced death by suicide, accidental overdoses, and violent death. When stably housed, people experience fewer barriers to physical and mental health care and medication-assisted treatment for substance use and are also less likely to experience violent assault.<sup>4</sup>

For people recovering from homelessness in CCH housing, the average age at death in this period was nearly seven years older than unhoused individuals. While these formerly unhoused individuals now in housing still had significantly reduced life expectancy compared to the average Coloradan, housing does indeed save and prolong lives.

## SUBSTANCE USE DISORDERS AND DEATH

This year, 95 of the 173 deaths of people experiencing homelessness were the result of overdose. This represents approximately 50% of all deaths. Among the overdose deaths, fentanyl, a potent form of synthetic opioid that has become ubiquitous in recent years, was a factor in the overdose in 47 of the 95 deaths. Methamphetamine was a factor in 51 of the 95 overdose deaths, though many of these deaths involved both substances. The percentage of people dying from overdose increased from 45.8% to 50.3% between 2021–2022. The overall percentage of deaths from overdose has grown from roughly one-third to one-half of deaths since 2019. In contrast, only 20% of all deaths from people recovering from homelessness in Coalition housing were due to overdose in 2022.



**Naloxone** is a life-saving medication that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when given in time. Over 200 Pharmacies in Colorado carry Naloxone.

Learn more at:

<https://www.stoptheclockcolorado.org/>

## PROMISING PRACTICES

### RECUPERATIVE CARE

People experiencing homelessness spend a disproportionate amount of time in hospitals and in emergency care facilities compared to their housed neighbors. They are also more likely to be re-admitted to hospitals following medical procedures and discharges from care for illnesses. Studies show that access to recuperative care or medical respite reduces hospital readmissions within 30 days of a procedure by 30–50% and ER visits within 90 days by 38%.<sup>5</sup> To fill this gap for those who are healthy enough to be discharged from a hospital to “go home” but have no home to return to, Colorado Coalition for the Homeless is opening a 75-bed recuperative care facility in Denver in January of 2023. This facility will provide temporary housing and medical care for approximately 500 individuals per year.

While at the new recuperative care facility, clients will receive medical assistance for acute conditions, the opportunity to receive additional care onsite, and ongoing integrated health care at the adjacent Stout Street Health Center. This includes behavioral health support, pharmacy access, substance use treatment, peer support, and job training. Clients will also work with integrated case managers to identify long-term housing options and work towards making a successful transition from homelessness.



*John Parvensky Stout Street Recuperative Care Center  
Photo by Dennis Schroeder*

### SUPPORTIVE HOUSING - SIB AND H2H/SIPPRA

The Coalition continues to champion proven solutions to homelessness, especially solutions that start with serving those most in need. One of the most impactful strategies for addressing housing instability is supportive housing. Supportive housing combines affordable housing assistance with voluntary support services to address the needs of people experiencing chronic homelessness. Denver’s Social Impact Bond (SIB) project provides a prime example of the success of this model of housing and services. Nearly 400 of the most frequent visitors to emergency rooms, jails, and detox were housed using Housing First and supportive housing models over the last six years. The results were stunning and included substantial cost savings to local governments and taxpayers. In total, it costs half as much to provide housing and supportive services than to provide emergency services to people experiencing homelessness. Evaluators found that 86% of residents remained housed after one year, residents had a 40% decrease in emergency department visits, and a 155% increase in office-based health care visits.<sup>6</sup>

Based on the effectiveness of this program, an expanded Housing to Health (H2H)/ Social Impact Partnerships to Pay for Results Act (SIPPRA) launched in 2022. This multi-year program is serving a new cohort of 125 individuals aged 18+ experiencing homelessness who have a record of at least eight arrests over the past three years in Denver County and are at high risk for avoidable high-cost health services paid through Medicaid.

In another promising practice, the Coalition and its partners continue to convert motels and hotels into transitional, short-term, and even long-term housing—a process that can make stable and safe housing available in less than half the time of new construction.

## 2022 POLICY IMPROVEMENTS

The 2022 legislative session saw significant statewide investment in key programs to increase the financing available to improve the lives of people experiencing homelessness and living in poverty. The infusion of \$3.2B for COVID-19 pandemic relief allowed legislators to introduce bold proposals to address emergent and longstanding challenges affecting the most marginalized groups across the state. This included the allocation of \$650M for housing development, vouchers, supportive services like behavioral healthcare, and homelessness resolution.

There were also two notable election wins related to housing and homelessness. First, voters approved a measure to let the City and County of Denver keep additional revenue for the Homelessness Resolution Fund above estimates in 2020 when the Fund was created. The Fund will continue to support housing, shelter, and services for people experiencing homelessness. Second, a statewide proposition (Proposition 123) to fund housing and homelessness at \$300M per year without increasing passed. While no legislative session or election is without its disappointments, by and large, it was a successful year for investments in programs, services, and infrastructure that will help Colorado's most marginalized residents.

## IMPROVED SHELTER ACCESS AND SHELTER ALTERNATIVES

Shelters staying open 24-hours per day rather than only in evenings began as a response to COVID-19 in 2020, but this promising practice has continued in the major shelters in the Denver metro area. With access to shelters 24 hours a day, people experiencing homelessness can keep their belongings securely in one place, travel more easily to and from an evening job,



Denver Safe Outdoor Space. Photo by Colorado Village Collaborative

and generally have the security of knowing where they can rest their head each evening. In addition, the launch of Safe Outdoor Spaces (SOS) as a shelter alternative in July of 2020 created healthy, secure, staffed, resource and service-rich environments. SOS sites provide an outdoor, individualized sheltering option for people experiencing unsheltered homelessness.

## MOVING FORWARD

In response to the seemingly intractable challenges facing our community, state and local policymakers have begun to make investments to address barriers to housing stability. But, like the ones before it, this report makes it clear that we have much more to do to protect the unhoused community from preventable deaths. The Coalition will continue to prioritize government investment and oversight in resources to resolve homelessness, expand housing for the lowest-income individuals and families, increase healthcare access, create better access to substance use treatment and harm-reduction programs, address criminal legal reform, and improve the economic security for people experiencing homelessness. The Coalition will continue to work with its partners to develop lasting solutions to homelessness through an intersectional lens that centers equity and access.

## RESOURCES

1. DDPHE issues guidance regarding fentanyl in Denver: Be cautious. City and County of Denver (Dec 8, 2022) <https://bit.ly/3HSm6ky>
2. Centers for Disease Control, National Health Report Highlights, (Dec 19, 2022). <https://bit.ly/3v0rE4K>
3. The Emerging Crisis of Aged Homelessness (Dec 19, 2022). <https://bit.ly/3Wu3H1D>
4. Risk of assault/violent death: David S Morrison, Homelessness as an independent risk factor for mortality: results from a retrospective cohort study, International Journal of Epidemiology, Volume 38, Issue 3, June 2009, Pages 877-883, <https://doi.org/10.1093/ije/dyp160>
5. National Health Care for the Homeless Council, Medical Respite Care Financing Approaches, June 2017, <https://bit.ly/3W3wryp>
6. Denver Supportive Housing Social Impact Bond Initiative, Urban Institute (Dec 19, 2022), <https://urbn.is/3G7eoC1>

For more information, please contact Alexis Whitham, Director of Communications, [awhitham@coloradocoalition.org](mailto:awhitham@coloradocoalition.org), 303-312-9642

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