For the 34th year, the Colorado Coalition for the Homeless (the Coalition or CCH) and the Denver community remember the lives of those who passed away while they were experiencing homelessness. The Coalition is committed to honoring these individuals and reporting on their deaths in the greatest detail possible to bring attention to the lost lives of community members as well as the troubling trends impacting unhoused neighbors.

According to data collected by the Metro Denver Homeless Initiative (MDHI) and other direct service partners, at least 311 individuals passed away in the Denver Metro area in the yearlong period from November 1, 2022, through October 31, 2023, (referred to as “2023 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, 2022, and October 31, 2023. For the fifth 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 has recorded 239 deaths among people experiencing homelessness in 2023, a devastating number that is, once again, the highest number recorded by the Coalition since this report was launched.

This report is a companion to the We Will Remember: 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 Homeless Persons’ Memorial Vigil account for all our neighbors who died while experiencing homelessness this year.

DEATHS OVER TIME

Based on the information available, OME has recorded 239 deaths among people experiencing homelessness in 2023, an increase from the 173 reported in 2022. This reverts to a trend seen before 2022, when growth in deaths among unhoused people grew steadily from 2019-2021. Additionally, the average age of death for someone experiencing homeless in 2023 was 46, which is less than 2022’s average age of death of 50.5. This is particularly disheartening when considering the average U.S. life expectancy of 77.5. Continuing a trend seen in the past few years, overdose deaths continue to rise; in 2023, overdose deaths rose 18% among people experiencing homelessness compared to 2022. A disparities analysis found no statistically significant differences in cause or manner of death by sex, race, or ethnicity.
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).

In 2023, among the 239 deaths among people experiencing homelessness in Denver, OME determined the cause of death of 232 individuals. In those confirmed cases, overdose was the most common primary cause at 68.6%, an increase of 18% percent from 2022. The manner of death from overdose was generally categorized as accidental.

PREMATURE DEATH

One of the starkest findings is a dramatically reduced life expectancy among people experiencing homelessness. In line with CCH’s findings in last year’s report, 2022 preliminary data from the CDC showed that the general U.S. population’s life expectancy was 77.5, which is 31.5 years higher than the average age of a Denverite who died while experiencing homelessness at 46. For people recovering from homelessness in CCH housing, the average age at death in 2022 was eleven years longer than unhoused individuals at 57.

Year after year, data shows that housing is a protective factor for people’s life spans. It is important to note that while housing is a protective factor, the age of death for someone in the general U.S. population (who is very likely to be housed) is much greater than both a person actively experiencing homelessness, or a person recovering from homelessness who is currently housed. Data indicates that the experience of homelessness, even if temporary, has a devastating impact on lifespan. See comparative graph in figure 4.
Figure 4. Comparison of housed vs. unhoused vs. general population

Some trends in the manner and category of death changed from 2022-2023. Most startlingly, accidental deaths among people experiencing homelessness rose from 56.1% in 2022 to 76.2% in 2023. The increase in overdose deaths is likely one of the main contributing factors to this, as most overdose deaths are categorized as accidents. Suicide deaths decreased; in 2022, 7.5% of deaths were due to suicide, as compared to 2.1% in 2023.

Housing Saves Lives

While the best outcome for lifespan is simply to never experience housing instability or homelessness, housing is a lifesaving treatment for those who do find themselves unhoused in the midst of Colorado’s affordable housing crisis.

In this report, and throughout our yearly data analysis, the Colorado Coalition for the Homeless has the unique ability to compare outcomes for the unhoused individuals from the OME system with housed individuals in the CCH system, who were previously experiencing homelessness, but now have the advantage of supportive housing in one of our 23 properties, primarily located in the Denver Metro Area.

This data demonstrates the lifesaving impact of supportive housing, which includes onsite case management, counseling, substance use treatment, psychiatric care, medical care, etc. Over 53% of those who died in the Coalition’s supportive housing, offered through a Housing First approach, died of natural causes, compared with just 12% of those who were unhoused.

Housing is a particularly protective factor against unnatural deaths. In line with 2022’s analysis, CCH found housing to be a protective factor against accidental overdoses and violent deaths. People who died in Denver while unhoused were 2.6 times more likely to die of an overdose than those in permanent supportive housing. All-in-all, data demonstrates that people in housing are more likely to die of natural causes such as old age and health conditions while unhoused people are more likely to die of unnatural causes including violence, exposure, and overdose.

Figure 4. Comparison of housed vs. unhoused vs. general population

Year over year comparison

Some trends in the manner and category of death changed from 2022-2023. Most startlingly, accidental deaths among people experiencing homelessness rose from 56.1% in 2022 to 76.2% in 2023. The increase in overdose deaths is likely one of the main contributing factors to this, as most overdose deaths are categorized as accidents. Suicide deaths decreased; in 2022, 7.5% of deaths were due to suicide, as compared to 2.1% in 2023.

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SUBSTANCE USE DISORDERS AND DEATH

Death from substance use, including both drugs and alcohol, as noted above, was by far the most common primary cause of death in nearly seven out of ten instances (68.6%), an increase of 18% since 2022. This is likely at least partially due to the increase of fentanyl, a potent drug that has become abundant in the drug supply in past years, as the heroin supply has decreased.\(^3\) While xylazine is also impacting the drug supply nationwide, here in Colorado, fentanyl remains the main contaminant in drugs according to local experts like Lisa Raville from the Harm Reduction Action Center.

While both housed and unhoused individuals are impacted by substance use disorders, being unhoused is associated with risk factors that make substance use more deadly. Not having a safe, private space to use means that people often do so in isolation and in unsafe places like alleyways, restaurants, bathrooms, and other places where they are unable to receive assistance in the event of an overdose.

PROMISING PRACTICES

RECUPERATIVE CARE
People experiencing homelessness spend a disproportionate amount of time in hospitals and in emergency care facilities as compared to their housed neighbors. In response to the need to serve those who are healthy enough to “go home” from a hospital but have no home to return to, in February of 2023, the Coalition opened a 71-bed recuperative care facility in Denver. The John Parvensky Stout Street Recuperative Care Center has provided temporary housing and medical care to over 500 individuals in less than one year. While at the facility, clients 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. More information is available at coloradocoalition.org/respite.

SUPPORTIVE HOUSING WITH WRAPAROUND SERVICES
One of the most impactful proven 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 such as onsite case management, counseling, substance use treatment, psychiatric care, medical care, etc.

Denver’s Social Impact Bond (SIB) project, highlighted in last year’s report, provided a prime example of the success of this model of housing and services. The SIB results showed that it costs half as much to provide housing and supportive services than to provide emergency services to people experiencing homelessness. Based on the success of SIB, the expanded Housing to Health (H2H)/ Social Impact Partnerships to Pay for Results Act (SIPPRA) launched in 2022 and now serves a cohort of 125 individuals with a greater emphasis on health outcomes.

In addition, a pilot program is providing promising practices in 2023. The new Statewide Supportive Housing Expansion (SWSHE) is a promising pilot wherein Medicaid is able to provide supportive housing services for Medicaid members including housing vouchers. The funding can also go towards tenancy Support Services—services such as assisting with finding and leasing housing, securing ID and documents, arranging and supporting a move, tenant rights education, and more. Coalition clinicians, who treat nearly 15,000 individuals each and every year, often remark that if they had the ability prescribe housing to a patient, they would. With the SWSHE program, they can do just that. The SWSHE pilot is set to end in September of 2024, and the Coalition will advocate to continue SWSHE and similar programs.
2023 POLICY IMPROVEMENTS

As always, the Coalition seeks upstream solutions to homelessness through public policy advocacy. During the 2023 legislative session, CCH and its partners advocated for a regional approach to land use, pushing for investment in housing that is responsive to the deepest demonstrated need, including strategically increasing development and density while ensuring affordability and preventing displacement and homelessness. While debate on land use did not result in a new law this year, the Coalition achieved other notable housing wins, including SB23-184 which strengthens anti-discrimination protections for renters seeking housing and HB23-1099 which requires landlords to accept portable tenant screening reports from prospective renters, saving them money and getting them housed faster.

This year, the community of homelessness services providers and harm reduction advocates fought for HB23-1202 which was a long-awaited, thoroughly researched, bipartisan effort to allow Colorado’s municipalities to authorize the operation of an overdose prevention center (OPC) within the city’s jurisdiction for the purpose of saving the lives of persons at risk of preventable overdoses. Unfortunately, the bill was voted down. Overdose prevention centers (OPC) are a proven solution associated with reduced public drug use and a lower demand for healthcare and emergency response services. They also literally save lives. According to the Denver Post, “At least 72 people overdosed and died in public during the first six months of 2023. They accounted for more than a quarter of all 265 drug deaths in Denver in that time period.” Dr. Sarah Axelrath, Primary Care and Addiction Medicine Physician at the Colorado Coalition for the Homeless adds, “No one has ever

died using drugs inside an OPC, which means that all 72 public overdose deaths could have been prevented if those individuals would have had access to an OPC. If a quarter of overdose deaths are occurring in public, then opening one or more OPCs could immediately reduce the city’s overdose fatality rate by up to 25%.’’

CCH also supported policies aimed at improving Coloradans’ economic security and housing stability including HB23-1126 which prohibits consumer reporting agencies from including medical debt information in a credit report. There is a deep intersection between medical debt and housing insecurity, with studies indicating that any amount of medical debt increases the amount of time a person experiences homelessness by an average of two years. Recognizing the connection between housing and healthcare, the Coalition backed HB23-1300 to expand continuous Medicaid and CHP+ coverage for certain populations, including those with zero income, many of whom are likely experiencing homelessness.

Looking forward, CCH will engage in the implementation of the many bills that did pass and continue conversations on those that failed. Most notably, the Coalition will work with partners on land use reforms and proven policy responses to substance use disorders, including improving access to and quality of treatment resources and giving local governments the authority to establish overdose prevention centers.

ZERO SUICIDE EFFORTS

In last year’s report, suicide as the manner of death was 7.5% in the unhoused population, and this year that number is fell to 2.1%. While there is no way to know the precise reason for the decline, the Coalition is proud to participate in a national initiative, led by the Substance Abuse and Mental Health Services Administration (SAMHSA), called Zero Suicide. As of 2023, all behavioral health staff are required to take the training that helps clinicians assess and treat clients at risk of suicide more effectively. Coalition staff reported being more comfortable providing direct care to clients/patients at risk of suicide than in 2022.

IMPROVED WINTER HOMELESSNESS PRACTICES

The number of deaths due to exposure was
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, as with all prior reports, 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 local, state, and federal investments and 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.

As we look ahead to further promising practices regarding weather, the Coalition has endorsed two proposed Denver ordinances to stop sweeps of people experiencing homelessness and open city warming centers and emergency shelters when temperatures drop below 32°F. The current threshold for opening warming centers and emergency shelters is 20°F, and there is currently no policy in place to halt sweeps during cold weather. These changes would alleviate medical conditions caused by prolonged exposure to cold weather and prevent unnecessary deaths of our unhoused neighbors.

MOVING FORWARD

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RESOURCES


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