Saving Lives of Homeless Neighbors

By Ramon Cruz

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Memorandum of Ignorance

By the end of January, we completed the annual Greater Los Angeles Homeless Count, which includes the Unsheltered Count, Youth Count, and Housing Inventory Count of people living in supportive housing. When the count results are fully tabulated, expected in late spring or early summer 2023, we will know the full dimensions of the current challenge. But we won't know how many of these people by then didn't survive our dangerous streets and hostile neighbors and other hazards and threats until sometime next year. The annual reports are great for analysis and statistical trends, but they won't tell you what happened to your missing family member or the number of deaths on your street.

We know from recent trends (2022) that close to 40 homeless folks die in our L A streets every week, on average. But we don't know how many died yesterday, last week or last month. How many unlucky people were swept up by our rivers with the unprecedented deluges, or died from exposure? We won't know exactly where the bodies were found. Were they in your neighborhood? How did they die? Why were they homeless? Were they alone or with a family? ***Wouldn't it be great to get a homeless mortality report for the month of January 2023 and every subsequent month? Which streets have the highest mortality rates per homeless person in a given season? How about a weekly list with actual names, location of death, cause of death and photos?***

We have also found that much of the data we see in annual homeless mortality reports are derived from death certificates. Problem is, death certificates do not include a category item that identifies housing status or homeless. The Medical Examiner Coroner for Los Angeles also fails to report homeless status in Annual Reports and Stats.

To deal with data blind spots, in this investigation we're going to dig a little deeper into our data sources and try to design a more complete array of data elements to better understand postmortem revelations on factors that may have contributed to possibly a preventable demise for each case, or a shorter lifespan than otherwise expected. Although we can't undo the death, we can only hope that more thorough and timely reporting may help to prevent more suffering and unhealthy conditions for indigent folks in our town. ***As a bonus, we also conjure up some creative ideas on how to use machine learning to identify new tent dwellings every week and mitigate increasing chronic homelessness. How about an algorithm to find prime locations for your vending cart? We also touch upon predictive analytics that focus on healthcare challenges, such as predicting suicide risk for patients, for example. If interested, please read on.***

The Sacramento Bee

For the Sacramento community, The Sacramento Bee recently published a digital list of 191 homeless decedents who died in 2022, including color photographs and brief notes about their lives. One decedent example is displayed below. These are the faces of the homeless who died in Sacramento County in 2022. Did you know them?

Yogeshwar "Yogi" Nandan-Lal
Male | 44 | Pacific Islander
1/4/22
Sacramento
Yogeshwar died outside a Del Paso Heights church. A sign on the front door says "love thy neighbor." He had two children and three grandchildren. "Yogi was a loving person with such a great soul, always thought he was a comedian," said Theresa Ramos, his ex-wife. "Yogi was the life of every party even when life got hard. Yogi continued to always think of others. His smile and laugh are truly missed. Yogi was a person that many looked up to also. He was there for everyone and never judged.

An interactive map is described by the Sacramento Bee:

DATABASE OF HOMELESS DEATHS
Use the map to see who died and where. In cases where the death location was unknown, the location where they lived was used. Click the dot to learn their name, age, race/ethnicity, and a little bit about their personalities. The same information, along with the photographs The Bee was able to gather, is available under the map as a list — which can be searched and sorted.

The listed date is the date of death. What's missing is the cause of death. A private residence address should be redacted for privacy protection. The Sacramento County Coroner does not provide a public annual report for all decedents, except for annual statistics by cause of death, with no cross-demographics. But they obviously are open to providing needed data upon request by the press, such as The Sacramento Bee. They should be able to easily update this list every week, if they so desire. The graphic map displays larger circles for locations with greater clusters of decedents. ***With a weekly update, this type of mapping would help to identify recent hot spots that need to be investigated in order to actually save lives.***

For Los Angeles, it would take a little more than a month or six weeks to reach the size of the Sacramento annual total. We think publishing a weekly list would be more practical, with 30-40 names, and a link or QR Code away from the summarized data for the month or year. People viewing such a recent list may have known a listed decedent and some may wish to help the family with a burial fund, or add kind words to an obituary. Some decedents may be unidentified and the Los Angeles Coroner has a special Unidentified Persons Search list for the public to help with the identification. They also

seek the public's help for Unclaimed Persons Search for families with missing members. The L A Times lists a lot of interesting people in the Obituaries page, but few, if any, homeless folks make the grade.

Los Angeles County Homelessness & Housing Map

The County of Los Angeles is actually very adept in compiling and publishing interactive maps of Homelessness and Supportive Housing, the latest dated January 10, 2023, A Data-Driven GIS Map of Interim and Supportive Housing. Credits: *This GIS web app is a collaborative project of the Los Angeles County Chief Executive Office and the departments of Internal Services and Regional Planning. Data was contributed by the Los Angeles Homeless Services Authority, Los Angeles County departments of Health Services, Public Health, Mental Health and the Los Angeles County Development Authority.*

Lots of overlays and selections for the Point in Time Homeless Count of February, 2022, and a variety of supportive housing types are displayed as you scan down the page. Zoom in for details. Now, if the Medical Examiner Coroner could chime in, we may be able to add one more layer for homeless mortalities. Perhaps the Los Angeles Homeless Services Authority can coordinate more closely with the Coroner and be actively involved routinely with assessing the cause of death for each case that may be homeless, while the body's still warm, so to speak? Was the death preventable? Could CoC services have done more to prevent each death? Was the deceased on a waiting list? This would enable the Homeless Services Authority to write an official case mortality report for each and every case.

Case Mortality Reports

In our proposed model, these case mortality reports will provide the basis for all official homeless mortality reports and databases for Los Angeles County in the future and should include every element needed for evaluating demographics and mission performance for all agencies involved with housing services, care and protection for homeless or indigent people in the county. More complex cases may warrant a team of CoC services providers to undertake a holistic autopsy. The name of the Coroner's pathologist who signed off on the cause of death should also be included. Suggestions for important data elements are posed below in Housing Status and Properties.

Not all homeless people who die in Los Angeles County are examined by the Medical Examiner-Coroner, however. To be thorough, we also need to include all other deceased homeless people with death certificates endorsed by physicians not associated with the Coroner's office. *In general, the MEC investigates (only) sudden, violent or unusual deaths and those deaths where the decedent has not been seen by a physician 20 days prior to death.* Our case mortality reporting agents should also make contact with the physician or pathologist on record for each case and investigate information of relevance to the housing needs of the deceased and services that were provided by the CoC, if any. More details and data sources will follow.

Also, would it be asking too much from the Coroner to simply list their homeless mortalities by date ranges as a public service, like they list the Unclaimed Persons Search, for example? Media publishers can contact the Coroner's office at pio@coroner.lacounty.gov or 323.343.0783 to request whatever data is available.

Saving Lives

So how does this proposed type of weekly reporting help to save lives, you may ask? Here's how: It makes the people real, not just a number. It adds a face, not just another name, not just a group of

tents on the street with invisible occupants. It gives the readership an opportunity to think about some ways to possibly prevent more deaths, or volunteer to help where needed.

Timely info also helps our public health, homeless services and public safety officials to deal with critical issues that these data bring to light. New drugs in the street. New COVID-19 variants. Hot spots of violence that require special attention. Evidence of progress or the lack thereof in efforts to reduce the number of homeless mortalities. Not once a year, not quarterly or monthly, but every week. Not county-wide, not city-wide, but every street. Flexible trend view parameters.

Predictive Analytics in Healthcare

The information recorded in our data systems can help to predict self-harm risk among a population using a predictive algorithm. *In a 2018 study conducted by KP and the Mental Health Research Network, the combination of EHR data and a standard depression questionnaire accurately identified individuals who had elevated risk of a suicide attempt*, as summarized by Health IT Analytics. Patient utilization algorithms have also been used to predict an increase in demand for beds and services. We may also possibly develop an algorithm to predict an increase or decrease in the homeless population or those more specifically suffering from various chronic diseases or drug addictions.

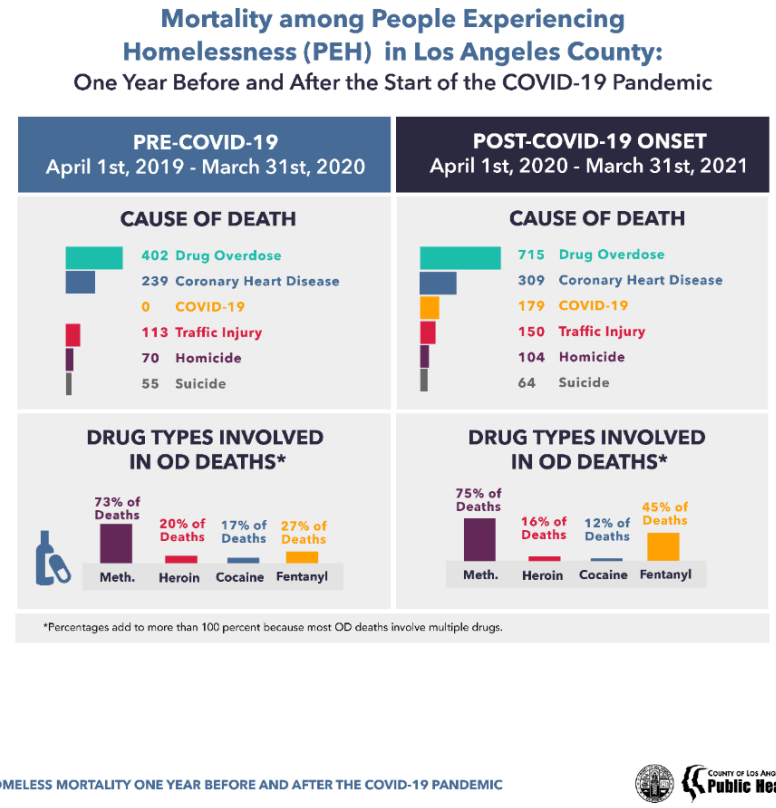
Knowledge delayed is knowledge obscured. The blind leading the dead. In addition to weekly mortalities lists, monthly or quarterly summary reports can provide important trend perspectives with demographics in a more timely manner. ***You're not going to win a volatile war in the streets using only annual trends from last year or three years past.*** We've learned about timely tactics with our battles against COVID variants, for example. Did you get the latest booster shot? For now, the most recent homeless mortality data available for Los Angeles County is for 2020. With a normalized database, any investigator will be able to query the Case Mortality Report Database to derive important correlations and trends for any combination of parameters, date ranges, locations, specific causes of death, you name it! The more granular the data, the better to test new hunches.

Homeless Mortality Report 2022

The annual homeless mortality reports we see almost every year are compiled by the county Public Health Department and the housing bureaucracy with the cooperation of the Coroner. The last year of reporting in the Homeless Mortality Report 2022 was for 2020 and 2021. A special focus of this report was the pre-COVID and post-COVID comparison. These and other reports regarding health are listed at the Center for Health Impact Evaluation.

The Los Angeles Medical Examiner Coroner Annual Reports include many demographics but fail to single out homeless decedents. Currently, no breakdown for homeless or indigents is included. The Covid-19 Pandemic interfered with the homeless count in the year 2021. This gap of reporting makes the need for current information even more critical. Hopefully we won't have to wait another year, till 2024, before we know how many homeless folks are now dying in our streets this 2023 winter.

The Homeless Mortality Report Recommendations we highlight below were selectively copied from the Homeless Mortality Report 2020 . The graph below shows Mortality among People Experiencing Homelessness (PEH) in Los Angeles County: One Year Before and After the Start of the COVID-19 Pandemic and illustrates major Cause of Death types and Drug Types Involved in OD Deaths:



Conclusions from the above report noted concern on increases in drug overdoses:

By far the greatest contributor to the increase in PEH deaths was drug overdoses, which increased by 78% from the pre- to post- pandemic year. These OD deaths increased the most among those aged 18-29 and 30-49 and among Latinx and Black PEH, although increases were also considerable among White PEH. The increase in OD deaths was slightly greater among men than among women. The drug type with the greatest increase in OD death involvement was fentanyl which rose from 27% to 45% from the pre-to post-pandemic onset year. This increase in fentanyl-involved deaths was relatively similar across all racial/ethnic groups, among both men and women, and across all age groups. Despite this large increase in fentanyl involved deaths, there was no decrease in deaths involving methamphetamine, which contributed to about three quarters of all deaths across both years.

Homicide and traffic injury deaths also increased considerably:

Also of concern were the 49% increase in homicide deaths and 33% increase in traffic injury deaths among PEH from the pre- to post-pandemic onset years. These findings warrant further investigation into the manner and circumstances of violent deaths and the geographic locations of traffic injury deaths. The Department is collaborating with researchers who have identified similar recent increases in violent deaths among PEH in cities across the country to raise awareness of the issue and identify potential preventive interventions. A geographic analysis of traffic injury deaths in also underway.

The procedure for acquiring cause of death for the 2020 Homeless Mortality report was described as follows: *Causes of death were determined using International Classification of Disease (ICD-10) cause of death codes found on state death records. These codes were captured for all homeless MEC cases that matched with state death records, and for all non-matching state death records with evidence of homelessness in one or more address fields.*

Homeless Key Words

Key words included: *homeless, transient, shelter, lives in van, lives in car, lives in vehicle, no fixed abode, no known residence, tent, encampment, indigent, skid row, and vagrant.*

Death Certificate Data

The U.S. STANDARD CERTIFICATE OF DEATH – REV. 11/2003 does not contain a specific field for housing type or 'homeless', but does include:

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) 2. SEX

3. SOCIAL SECURITY NUMBER 4a. AGE-Last Birthday

4b. UNDER 1 YEAR 4c. UNDER 1 DAY (Years) Months Days Hours Minutes

5. DATE OF BIRTH (Mo/Day/Yr) 6. BIRTHPLACE (City and State or Foreign Country)

7a. RESIDENCE-STATE, 7b. COUNTY, 7c. CITY OR TOWN, 7d. STREET AND NUMBER, 7e. APT. NO., 7f. ZIP CODE, 7g. INSIDE CITY LIMITS? □ Yes □ No.

It also includes a number of choices for Place of Death in item 14., mostly check off choices:

14. PLACE OF DEATH (Check only one: see instructions),

- IF DEATH OCCURRED IN A HOSPITAL: □ Inpatient □ Emergency Room/Outpatient □ Dead on Arrival
- IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: □ Hospice facility □ Nursing home/Long term care facility □ Decedent's home □ Other (Specify):

Cause of Death Items 24-28 must be completed by person who pronounces or certifies death:
24. DATE PRONOUNCED DEAD (Mo/Day/Yr), 25. TIME PRONOUNCED DEAD, 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable), 27. LICENSE NUMBER, 28. DATE SIGNED (Mo/Day/Yr).

The Medical Certifier must complete more detail for Cause of Death:
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month), 30. ACTUAL OR PRESUMED TIME OF DEATH, 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? □ Yes □ No

32. PART I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition ---------->
a._____ resulting in death)

Sequentially list conditions, if any, leading to the cause Due to (or as a consequence of): listed on line a. Enter the UNDERLYING CAUSE (disease or injury that Due to (or as a consequence of): initiated the events resulting in death) LAST
Due to (or as a consequence of):
b._____ Approximate Interval onset _____
Due to (or as a consequence of):
c._____ Approximate Interval onset _____
Due to (or as a consequence of):
d._____ Approximate Interval onset _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I (large open box). 33. WAS AN AUTOPSY PERFORMED? □ Yes □ No, 34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? □ Yes □ No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? □ Yes □ Probably □ No □ Unknown,
36. IF FEMALE: □ Not pregnant within past year □ Pregnant at time of death □ Not pregnant, but pregnant within 42 days of death □ Not pregnant, but pregnant 43 days to 1 year before death □ Unknown if pregnant within the past year,
37. MANNER OF DEATH □ Natural □ Homicide □ Accident □ Pending Investigation □ Suicide □ Could not be determined,
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month), 39. TIME OF INJURY,
40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area),
41. INJURY AT WORK? □ Yes □ No,
42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code: ,
43. DESCRIBE HOW INJURY OCCURRED: (large space), 44. IF TRANSPORTATION INJURY, SPECIFY: □ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify),

45. CERTIFIER (Check only one): □ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. □ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. □ Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier:_____
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)
47. TITLE OF CERTIFIER, 48. LICENSE NUMBER, 49. DATE CERTIFIED (Mo/Day/Yr), 50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

To Be Completed By: FUNERAL DIRECTOR:
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. □ 8th grade or less □ 9th - 12th grade; no diploma □ High school graduate or GED completed □ Some college credit, but no degree □ Associate degree (e.g., AA, AS) □ Bachelor's degree (e.g., BA, AB, BS) □ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) □ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. □ No, not Spanish/Hispanic/Latino □ Yes, Mexican, Mexican American, Chicano □ Yes, Puerto Rican □ Yes, Cuban □ Yes, other Spanish/Hispanic/Latino (Specify) _____

53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) □ White □ Black or African American □ American Indian or Alaska Native □ Asian Indian (Name of the enrolled or principal tribe) _____ □ Chinese □ Filipino □ Japanese □ Korean □ Vietnamese □ Other Asian (Specify)_____ □ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander (Specify)_____ □ Other Specify)_____

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED). (space)
55. KIND OF BUSINESS/INDUSTRY (space)

Please look at the entire Death Certificate form to see those items omitted here and the additional instructions on pages 2-4 of the form.

The Decedent's address field 7d. STREET AND NUMBER may be a logical place for 'homeless' and other key words for those without any real address. Another option may be 14. PLACE OF DEATH, where you can select Other (Specify): if not in a hospital. Another selection may be if the Decedent's address is entirely blank. Instructions for the Funeral Director in completing the Decedent's residence as indicated on page 4 are quoted:

ITEM 7A-G. RESIDENCE OF DECEDENT (information divided into seven categories) Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as "home state" or "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in item 7. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

Looks like this official Death Certificate form and instructions did not anticipate that at least a few unlucky chaps may be stranded on the short end of nowhere. Maybe someone just didn't want an official record of homelessness in this bountiful nation? In some cases, if the Decedent has an ID card with an address, that may be used as a 'Last Known Address' we see in the L A Coroners' listings for Unclaimed Persons Search. For a few years, The Orange County Coroner published annual lists of homeless deaths with names and cause of death including columns: *Name Last, Name First, Name Middle, Gender, Mode, Mode Type, Mode Sub Type, Death Place, Death Address, Death City.* Notice that they redacted the Death Address for a private residence. Oddly, even though the report is listed in

Order of Death, the death dates were not listed. We can only guess if this is ascending or descending dates?

Funeral Director

The **Funeral Director** plays a critical role in recording the Decedent's name, date of birth, surviving spouse name, mother's maiden name, place of death, and more. But, for indigent or homeless folks with insufficient funds for burial or services, who's to play that role? According to UCLA Health: *If the deceased or the legal next of kin do not have sufficient funds for the burial, the next of kin may apply for County disposition. In these circumstances, proof of indigence is required. Contact the Coroner's Notification Unit at (323) 343-0755 for more information. If County disposition is authorized, there may be substantial delays in receiving death certificates and, as a consequence, certain benefits.*

In this indigent case, looks like the critical information we need to assess the performance of CoC services for the decedent may be compromised. ***One option may be for the Homeless Authority or Health Department to pitch in to provide at least minimal funeral services for the family, since our public health system was unable to successfully keep the decedent alive?*** This would also improve communications with the family and acquire the data needed for a complete death certificate. In addition to a nice photo of the deceased, we could ask them for some of the accomplishments the decedent and family would be happy to share.

In a cold winter like this one, we can expect the threat of hypothermia to become augmented. On page 3 of the instructions, hypothermia, hyperthermia and over 100 more conditions warrant this admonishment: *When processes such as the following are reported, additional information about the etiology should be reported.*

Hypothermia

According to Outsource Strategies International: *Billing and coding for this life-threatening disorder could be complex as there are several rules related to reporting the condition correctly. Physicians need to correctly diagnose the symptoms of hyperthermia and report them using the right codes. The ICD-10 codes for hypothermia are –*

- **T68**: Hypothermia
  - **T68.XXXA**: Hypothermia, initial encounter
  - **T68.XXXD**: Hypothermia, subsequent encounter
  - **T68.XXXS**: Hypothermia, sequela
- **P80**: Hypothermia of newborn
  - **P80.0**: Cold injury syndrome
  - **P80.8**: Other hypothermia of newborn

  - **P80.9**: Hypothermia of newborn, unspecified
- **X31.XXXA**: Exposure to excessive natural cold, initial encounter

Senior Age

Since many of our homeless mortalities are of senior age, this advice on page 3 of the instructions under **Common problems in death certifications** is provided:

The elderly decedent should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance.

The Death Certificate does include Age and Birth Date very thoroughly:

4a. AGE-Last Birthday 4b. UNDER 1 YEAR 4c. UNDER 1 DAY (Years) Months Days Hours Minutes
5. DATE OF BIRTH (Mo/Day/Yr)

We single these cause of death challenges out in order to pose a question about our reports and evaluation of mission performance. So far, none of the mortality reports I have seen describe an etiology of any type or dimension. Just one cause is reported, assuming it's the immediate, final cause. ***Since our unsheltered would-be clients are generally exposed to the elements, would we not benefit by reporting that any part of the etiology with hypothermia should also be checked off, in addition to the immediate cause? Same for hyperthermia in another check off box?***

COVID-19

We also know that COVID-19 is usually not the immediate cause of death. ***We also need to trace the COVID variants that are spreading among our homeless. How many die or suffer from food poisoning? Assaults from people in the streets and also neighbors are common, many fatal, all damaging. How about a tally of the number of days on a waiting list? We may need to initiate a committee to explore more check off possibilities relevant to people exposed to our dangerous streets day in and day out.*** Even if some of these threats to life are not recorded in the etiology, when talking with family, friends and other CoC caseworkers, we may discover other injuries or illnesses related directly to living in the streets or sleeping in dormitory shelters or overcrowded housing. Let's be thorough so we can all learn and be accountable. ***We can also modify the death certificate by augmenting or correcting the etiology.***

A weekly listing of homeless individual mortalities is essential to properly taking on this task. ***This endeavor will need to start by acquiring the raw data from the county and the state every day.*** Time to get busy. Hire a few interns (paid) from UCLA? The data are sitting there like an unread book.

Homeless Management Information System (HMIS)

For decedents who have previously been an active client with some of the homeless support programs in the county, they may have already enrolled in the HMIS. A person can also self - certify his or her homeless status as qualified under HUD Category 1 or HUD Category 4 using the FORM 1448 - SELF-CERTIFICATION OF HOMELESS STATUS. This HMIS enrollment is intended primarily to coordinate services among the many funded or charitable programs in our district. For participating in more programs, the larger FORM 1125 – HMIS INTAKE AND ENROLLMENT is used. The types of data collected in this form include the following:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

Note that the race/ethnicity elements also include tribe:

□ Non-Hispanic/Non-Latin(a)/(o)/(x)
□ Hispanic/Latin(a)/(o)/(x)
□ White
□ Black, African-American, or African
□ Asian or Asian American
□ American Indian, Alaskan Native, or Indigenous
Tribal Affiliations (if Race is American Indian or Alaskan Native, please note your Tribal Affiliation if known) _____

Gender also includes more options:

□ Female
□ Male
□ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
□ Transgender
□ Questioning
Pronoun(s):Such as she/her/hers, he/him/his, they/them/theirs, etc _____

Primary Language also includes a generous amount of choices and Other:

□ English □ Spanish □ French □ Italian □ German □ Greek □ Polish □ Portuguese □ Russian
□ Swedish □ American Sign Language □ Other (specify) _____

For such a diverse urbanity like Los Angeles, the more choices, the better. But sometimes the collection of multiple elements in one data item can obscure valuable information. We speak of the important items of chronic health conditions:

23. Do you have a chronic health condition? A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease(including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions(including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments(including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.

If question #23 was answered as "Yes" (**), then the following questions are required:

23a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?
24.Have you been diagnosed with AIDS or have you tested positive for HIV?
25. Do you feel you currently have a mental health disorder?
26. Do you currently have a drug or alcohol problem?
26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?

For the sake of postmortem evaluation, the more specific etiology, the better. Fortunately, there is also a Disability Summary section that follows where more detailed comments may be added. These summaries will hopefully include some details for the items that follow. We will cover more data elements of concern in Housing Status and Properties and Overlooked Data below.

Homeless Mortality Report Recommendations

The last Homeless Mortality Report for 2020 included these highlighted recommendations, among others:

14. ***Conduct an annual update of the LA County Homeless Mortality Report*** that includes data on drug types involved in overdose deaths, ***geographic clustering of homeless deaths***, and trends in mortality rates by gender and racial/ ethnic groups.
15. ***Launch a homeless death review process to provide a more comprehensive understanding of the circumstances surrounding selected homeless deaths from each of the major causes*** and inform specific recommendations for reducing homeless deaths from each of these causes.

16. ***Conduct analyses of deceased homeless clients' interactions with County and other service systems during the periods leading up to their deaths*** to inform intervention strategies to reduce homeless mortality.
17. ***Work with academic partners and County Departments to explore the use of machine learning and other data science methodologies to drive targeted mortality prevention interventions for PEH, including those involved in the justice system***.

Recommendation #14

Recommendation #14 foresees our portrayed model of the interactive map by the Sacramento Bee displayed above, which provides "geographic clustering of homeless deaths". Even better, our suggested model would update these map data on a weekly basis. We also list common dangerous drug types in Death by Drug Overdose below and include numerous racial / ethnic identity groups and genders for comparison, as well as primary language data.

Recommendation #15

Recommendation #15 focuses on the need for a case review for a more comprehensive understanding of the circumstance surrounding selected homeless deaths. Here we believe it may be useful to separate financial stress from physiological and psychological dynamics. A large number of unhoused folks have felony records which hinder many avenues for career development. The chronically homeless person may often be such a case where gainful employment is nearly impossible without some type of special opportunities. Small business opportunities including street vending may help to feed these marginalized people. ***A sustainable income, especially for indigent or marginalized persons, can be a powerful therapeutic force in itself.*** Job training may be bundled with supportive housing. Thousands of college students and K-12 in Los Angeles are unhoused. Supportive housing for students may be a fruitful investment. A holistic autopsy may analyze the complex structure of related stresses over time. This type of analysis also needs to be conducted in a timely framework when people who know the decedent are more likely available. Our proposed Coordinated Final Exit Assessment fits into this pocket, as well.

Coincidentally, a new bill, AB 271, was introduced last month by Assembly Member Quirk-Silva to authorize counties to establish a homeless death review committee for the purposes of gathering information to identify the root causes of death of homeless individuals and to determine strategies to improve coordination of services for the homeless population. The bill would establish procedures for the sharing or disclosure of information by a homeless death review committee. District 67 Assembly Member Sharon Quirk-Silva has local offices in Fullerton and chairs the Orange County Homelessness and Mental Health Services Committee.

Recommendation #16

Recommendation #16 looks at the experiences the decedent has had with County and other service systems. A good tracking system between CoC members and other caseworkers is essential to keep everyone honest. We suggest better coordination between the Homeless Services Authority and the Coroner's office, as mentioned above in Case Mortality Reports, as well as the Coordinated Final Exit Assessment in Conclusions.

Recommendation #17

Recommendation #17 is a fun opportunity to look at the possible uses of machine learning to drive targeted mortality prevention interventions for PEH. How about using machine learning to discover people building new tent structures in public places in real time. We've already shown how Predictive Analytics, which uses machine learning, can help predict clients with higher risks of suicide. If we interact with novice tent occupants we may be able to offer positive alternatives at a time when the person may be initially rebounding from stress and trauma. Studies have shown that early intervention is an important strategy to Prevent Persistent Homelessness. Several configurations follow below.

Mapping of New Tent Dwellings

Our idea is to possibly engage the services of Google Street View photographers to take a second look at every tent or makeshift structure they encounter in public places and get a good shot with GPS location. Each will be recorded in a special database and the machine learning will identify each one as a new occupied structure once the system automatically checks the existing database for similar structures at the same location. Google automatically blurs out faces, and this is fine, since it's the new structure that is important initially.

The system will automatically provide CoC administrators within the Coordinated Entry System a list of new tent occupants with the location, date-time and photos. Administrators will assign caseworkers to visit each new site and introduce the services available to help the new tent occupant, possibly offering toiletries and vaccines, as well. This geographic database will also help to cross-validate the official Homeless Count and add timely tracking information if the tent occupant becomes an active client for CoC services.

Further developments may be to possibly assess if the body language of the person displays unhealthy stress or just the opposite, happy times. We don't want the nosy Google Street View photographer to intrude into the lives of street occupants. Just take a photo periodically.

Metro Buses

More frequent updates may be provided by installing street view cameras on Metro Buses in addition to Google vehicles. These outfitted buses will automatically photograph tent structures on their routes, with the same functionality as we described for Google Street View photographers. Google may help to build the machine learning system and GPS camera technology. Microsoft, IBM or UCLA may provide other options.

Passengers on Trains

A number of unhoused people also seek shelter by riding the trains round trip for hours a day until the cars are cleared for cleaning. Smart surveillance cameras in the interior can be trained with machine learning to automatically identify riders sleeping in the cars and notify administrators. Metro has established a Homeless Task Force to provide services for homeless folks on trains. Other passengers who may be smoking or acting out with violence may also be targeted for more immediate attention by automatic notification of emergency services.

Park Rangers

Park Rangers may also patrol undeveloped areas using the same street view camera technology. Police patrol cars may also use this technology to identify tented communities in areas where Google cars, buses and rangers may not have access.

Helicopters and Drones

Surveillance from the sky may be the only way to scout those adventurist occupants in wild areas and parks not accessible to wheeled vehicles. Eyes in the sky may also save lives: tent dwellers or trail lovers who lost their way.

Google Earth

Google Earth may also be programmed with geospatial data to provide your special views from above.

Vehicle Dwellers

Those homeless people sheltering in their own vehicles may also be targeted by the Street View camera system, assuming it can learn to distinguish occupied cars and RVs from other vehicles.

Street Solicitors

An algorithm to distinguish street solicitors from other people on street corners may also be a challenge. But that's what deep learning does. It's important to identify as many potential homeless people as we can and build a dynamic database that can inform our CoC managers of potential services needed. Although faces are generally obscured by the Google system, we can still provide reliable profile data to help with identification when needed.

Street Vendors

A small micro business on wheels can keep people thriving and bringing their vending cart back home at the end of the day. Street vending is critical for many people who may not be employable for one reason or another. Permits are required and assistance available. Using the same technology we pose for mapping locations of tents, we can also map the locations of street vendors, but for a different purpose.

As an economic asset for our communities, we can assess the quantities of different types of vendors with different products in different locations. We can also try to profile the appearance of possible customers at the same locations. With special deep learning, our technology can also suggest good market opportunities in places that have not already been saturated with competing vendors.

Housing Status and Properties

Within the HMIS database we find a good source of identification detail for each individual and a history of services and programs for housing. There is even a place to report that the client is 'deceased' when recording Project Exit, for example. But there is no place in the system to report cause of death or date of death, or any more details about the death. The Case Mortality Report we pose is therefore not a redundant exercise, even though much of the information may be derived from the Death Certificate and the HMIS. In fact, using SQL database routines for normalized data, it's relatively simple to join both databases for a combined view connected with the common unique identifier of the client's Social Security Number, found in both databases. For those people with no SSN, another type of identification number should be recorded, if available. As stated in the HMIS Data Standards Manual:

3.02 Social Security Number

Rationale: To support the unique identification of each person served.

Where data are shared across projects, the Social Security Number (SSN) greatly facilitates the process of identifying clients who have been served and allows projects to de-duplicate at project start.

Where data are not shared, CoCs rely on unique identifiers to produce an unduplicated count in the central server once the data are sent to the HMIS Lead. Name and date of birth are useful unique identifiers, but the SSN is significantly more accurate.

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.' The federal statute at 5 U.S.C. Section 522a prohibits a government agency from denying shelter or services to clients who refused to provide their SSN or do not know their SSN, unless the requirement was in effect before 1975 or SSN is a statutory requirement for receiving services from the project.

While a combined view is very useful, it also has some limitations. For one, many of our deceased have no recorded participation with services in the HMIS. For another, we have already pointed out the need to report certain types of injuries, housing structures, and disabilities that may have been overlooked in both the death certificate and HMIS. More details regarding housing structures and overcrowding will follow.

Like Cause of Death, Housing Status tends to be complex and multidimensional. We like to categorize different housing situations in different groupings. HUD funding focuses on four categories. But those categories do not necessarily cover the full range of problems and opportunities we deal with in our big city and county and state. Overcrowded housing is also a health risk in itself. Let's look at the categories of homelessness described by Salvation Army OASIS in Australia, for example.

Definition by Salvation Army OASIS in Australia:

There are many definitions of what it means to be homeless, but the most widely accepted definition of homelessness comprises ***three categories***, which capture the diversity of homelessness experiences.

1. **Primary homelessness** – is when people don't have conventional accommodation. For example, sleeping rough or in improvised dwellings like sleeping in their car.
2. **Secondary homelessness** – is when people are forced to move from one temporary shelter to another. For example, moving between emergency accommodation and refuges. This includes 'couch surfing' which is when someone 'crashes' at the home of a friend or relative.
3. **Tertiary homelessness** – is when people live in accommodation that falls below minimum standards. ***This can be a boarding house or caravan park, or a household that is severely overcrowded.***

This cultural definition was developed by Mackenzie and Chamberlain in 1992 and adopted by the Commonwealth Advisory Committee on Homelessness in 2001 and is widely used in the homelessness sector. (*Homelessness Australia).

Overcrowding

The multidimensional components of housing status can be examined for overcrowding, to start with. Although severely overcrowding is mentioned above in 3. Tertiary homelessness, we point out that temporary shelter in 2. Secondary homelessness may also at times be in overcrowded facilities or spaces. In 1. Primary homelessness there may be severe overcrowding in cars, as well. So here we make the case for giving ***Crowding*** a separate dimensional status for the general housing status. In the

United States, **Overcrowding** is defined as having from 1.1 to1.5 people per room per residence, with severe overcrowding defined as having more than 1.5 people per room. For reporting Crowding, we may use the following index:

Crowding per Residence Code

0. No crowding <= 1.1 people per room
1. Overcrowded > 1.1 to 1.5 people per room
2. Severely overcrowded > 1.5 people per room

Crowding Calculation Factors

Number of rooms _____ (bedrooms + living rooms)

Number of adults _____

Number of children _____

Authorized Space

We know that a lot of indigent people also try to shelter in abandoned buildings. Many public parks, sidewalks and beaches post signs to forbid homeless occupants. Even though the authorization legality may be questionable, it's important to record such, especially when enforced. Regardless of the quality of the space, we may wish to report Authorized permission to occupy a shelter or structure with a binary True or False:

Authorized Space

- True
- False

Tenancy Limitation

A given supportive housing occupancy may have a tenancy limit in months or years. If we wish to report the Shelter Tenancy, we may enumerate the number of remaining months of tenancy from the date of death:

Shelter Type: _____

Shelter Tenancy Months Remaining from Date of Death: ___ Months (negative for over extended)

Housing Waiting List

How many homeless decedents ran out of time for supportive housing before they kicked the curb? Let's make a note for the record. Maybe somehow other family members can inherit the decedent's place on the waiting list?

Housing Waiting List Type _____

Waiting Start Date _____

Structure Type

If the decedent's cause of death is due to hypothermia or vehicular accident, it's important to report the type of structure the decedent occupied at the place of death or most recently, if any. In postmortem analysis we may benefit by knowing which types of structures tend to be more hazardous for different causes of death, for example. This can be designed as a checkbox array (Check only One), along with an 'Other' option at the end. We repeat the portion of the Death Certificate that lists types of injuries:

43. DESCRIBE HOW INJURY OCCURRED: (large space), 44. IF TRANSPORTATION INJURY, SPECIFY:
□ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify),

Remember that death by accident requires official Examiner-Coroner investigation. People who use overnight shelters with beds, are required to exit in the morning after breakfast (Night-by-Night). Where do these people find shelter in the day? Here we list likely options for Structure Type Night and Structure Type Day. In the Intake and Enrollment form Item 9. What was the situation you were living in immediately prior to project entry? (Type of residence), these may fall under Literally Homeless Situations.

 Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
 Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
 Safe Haven
 Interim Housing

The Death Certificate may provide more timely information:

Structure Type Night

- Standard single residence
- Standard duplex
- Standard apartment
- Standard motel
- Standard hotel
- Tiny House
- Sanctioned campground
- Overnight bed
- Church pew
- Friend's couch
- Family's couch
- Freeway underpass
- Storm drain tunnel
- Abandoned residence
- Abandoned commercial

- Abandoned industrial
- Improvised wood structure
- Improvised fabric or tent shelter
- No structure in park
- No structure on sidewalk
- No structure in wildlands
- Vehicle sedan
- Vehicle van
- Vehicle RV
- Vehicle truck
- Trailor
- None
- Other _____

Structure Type Day

- Same as night
- Improvised fabric or tent shelter
- Metro train car
- Metro train station
- Library
- Other public facility
- None
- Other _____

Overlooked Data

Daytime Activity

Thousands of students sleep in cars, including college students and K-12. Day laborers end their days in tents. Even some full-time jobs don't pay enough to cover rent in this town. Many end up in severely overcrowded apartments, if they're lucky, paying part of the rent, of course. This is important postmortem data, but even more valuable when initiating casework profiles. Here we give three values to choose from:

Daytime Activity:

Select for each below 1-Frequent 2-Occasional Blank or 3-Never

- Workforce labor
- Essential work
- Day labor
- Part-time work
- Volunteer work
- Street vendor
- Vending in trains
- School
- College

- Training
- Artist
- Musician
- Dancer
- Athletic
- Family care
- Collect recyclables
- Solicit handouts
- None
- Other _____

Nutrition Sources

Healthy food may be a challenge to access in the streets. It's important to know where each person usually gets his or her nutrition. Here we give three values to choose from:

Nutrition Sources:

Select for each below 1-Frequent 2-Occasional Blank or 3-Never

- Served by residence sponsor
- Home cooking store bought
- Home cooking food bank
- Overnight shelter
- Street handouts
- Dumpster scavenging
- Charity delivery
- Other _____

Physical Disabilities

Very critical to note the types of physical limitations the indigent are dealing with in our streets every day and what kinds of accommodations are required. Some of this information may be recorded in the HMIS to some extent, as well. We suggest that all disability information in the HMIS should also be incorporated into the Case Mortality Report, as well as recorded vaccinations and diseases.

- Uses wheelchair
- Uses walker
- Has prosthetics
- Has palsy
- Uses hearing aids
- Legally blind
- Uses sign language
- Deaf

- None
- Other _____

Pet Companions

Since the words *pet, pets, dog or cat* are not found in the official HMIS database, let's add them here! We know these pet companions add a lot of emotional support for our otherwise lonely folk. There are also a couple of charities that can help support pets for elders and indigents, such as PAWS Los Angeles, for example.

Pet Companion

- Dog
- Cat
- Bird
- Other _____
- None

Alternative Identification Number

For those without a Social Security Number, another type of identification number should be recorded, if available.

- Alternative ID Type _____
- Alternative ID Number _____
- Alternative ID Country _____
- Alternative ID State _____
- Alternative ID Name _____

Death Day Weather

Weather extremes are becoming more common with climate change dynamics. From heatstroke to hypothermia, the weather takes it's toll. Let's automatically record the 24-hour weather almanac for the local area:

- Weather Date _____
- Weather Place _____
- Temperature high _____
- Temperature low _____
- Humidity high _____
- Humidity low _____
- Precipitation total _____
- Wind low _____
- Wind high _____

Death by Homicide

When the Coroner certifies death by homicide, the amount of information on the death certificate may be scant. From the standpoint of homeless services providers, we may have an interest in knowing whether the assailant was also homeless and whether the assault was either due to a dispute of some kind or related to robbery, for example. This type of information may be in the news fairly quickly, or may take a while to be fully investigated. The assailant may also be a neighbor who doesn't want to see homeless people on his turf, for example. Perhaps the victim was a subject of trafficking, or a victim of domestic violence? Here we try to capture important information about the assailant, victim and motivation of assailant. The CDC also renders standards for reporting of homicides, suicides, accidents and other types of deaths in Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting. Remember that the Place of Death is recorded in the Death Certificate and should be evaluated in juxtaposition with these data. Date and time of injury is also a significant factor to consider with regards to risk assessment and opportunistic circumstances:

38. DATE OF INJURY (Mo/Day/Yr) (Spell Month), 39. TIME OF INJURY,

Homicide Assailant Type

- Homeless person
- Hostile resident
- Human trafficker
- Drugs trafficker
- Domestic partner
- Other _____

Homicide Assailant Gender

- Male
- Female
- Other _____

Homicide Motivation

- Robbery
- Personal dispute
- Territorial dispute
- Business dispute
- Unprovoked anger
- Hate crime
- Trafficking enforcement
- Domestic violence
- Other _____

Homicide Weapon

- Handgun

- Long gun
- Assault weapon
- Knife
- Sharp Object
- Machete
- Club
- Fire
- Vehicle
- Other _____

Homicide Mode

- Gunshot
- Blunt Force Trauma
- Cutting/Stabbing
- Asphyxia
- Vehicular
- Fire
- Other _____

Death by Drug Overdose

It's important to know what types of drugs are killing our kids and adults

Drug Type

- Alcohol
- Alprazolam
- Benzodiazepines
- Cocaine
- Codeine
- Crack Cocaine
- Diazepam
- Fentanyl
- Heroin
- Hydrocodone
- MDMA (ecstasy)
- Methadone
- Methamphetamine
- Morphine
- Opiate
- Oxycodone
- Oxymorphone
- Tramadol

- Other _____

Death by Skin Cancer

A number of street folks and elders suffer from skin cancer, the most dangerous being Melanoma.

Skin Cancer Type

- Melanoma
- Basal cell carcinoma
- Squamous cell carcinoma
- Merkel cell carcinoma
- Other _____

Death Place Governance

Weekly Case Mortality Reports should be shared every week with city and county elected representatives, as well as the Service Planning Area for the Homeless Services Authority. Special views as well as death lists in each district or area should be especially compiled, as well as summaries.

Death Place City _____

Death Place City Council District _____

Death Place County _____

Death Place County Supervisor District _____

Death Place Homeless Services Planning Area _____

Funded Homeless Categories

Certain Federal funding sources for support to prevent or end homelessness define qualifications to secure grants and funding with specific criteria. For CoC and ESG Homeless Eligibility there are four categories of the homeless definition which are listed below. There are also more resources from other Federal programs, California programs and non-governmental sources as listed by the Business, Consumer Services and Housing Agency (BCSH).

CoC and ESG funding are very important HUD resources for California. Let's look at the data elements that are used in the criteria specifications below. Although postmortem can't revive the deceased, we may record the data that illustrates whether or not this person may have been eligible, or may have actually benefited by some of these services. When a homeless person dies, we should not narrowly presume that services provided utterly failed. However, we are compelled and dedicated to be informed by as many relevant details that we can garner and report for the benefit of the community.

HUD Homeless Categories

Category 1: Literally Homeless?

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or**
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: Imminent Risk of Homelessness?

An individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;

2. No subsequent residence has been identified; *and*

3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Note: Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

Category 3: Homeless Under Other Federal Statutes?

Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

1. Are defined as homeless under the other listed federal statutes;
2. Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
4. Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4: Fleeing/Attempting to Flee Domestic Violence?

Any individual or family who:

1. Is fleeing, or is attempting to flee, domestic violence;
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing

Note: For the purposes of this binder, "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence

against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

Postmortem reporting for participation in these programs would require simply viewing the HMIS by SSN, which we propose below should be joined to the Case Mortality Report Database for each case. The housing structure types we list would also be relevant and possibly more meaningful, regardless of HMIS records.

Conclusions

Since everyone eventually dies, death is not related to failure. Early death, the exception. The greatest cause of death is birth: 100%. Yet the experience of life has its ups and downs, hills and dells and more so, if we are lucky enough to advance in age. Dyeing in incremental pieces, stem cell by stem cell!

Our institutions of health and housing, however, are dedicated to providing services to optimize our health and productivity for the benefit of all. This is also a costly endeavor and accountable to taxpayers and constituents, be they wealthy or the least among us materially. So to that end, accountability keeps us honest and in some ways helps the givers and the needy as well. As givers, we want to know that our efforts and hard work have meaningful results in our community. And, if we can improve, we are glad to follow new paths along the way.

Looking at death is poignant. Looking for lessons requires views of data and cases that do not always fit the jargon of our programs and services. We have suggested some terms and criteria that won't be necessarily defined or acknowledged by some funding or regulatory sources. It took us hours to discover that the word 'death' is never mentioned in the 261 page HMIS Data Standards Manual, nor is 'mortality', until we found the word 'deceased'. Couldn't find the words 'pet', 'pets', 'dog' or 'cat', either, nor did we find the word 'tent'.

Hopefully the database experts who write these manuals, will design the nuts and bolts of the proposed Case Mortality Report and bring it to life, the Case Mortality Report Database. Of course, these wordsmiths will tell you that a tent more logically is included in a "*Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)*." We try to break this down in Structure Type, and add the parameter of time for daytime and nighttime structures, assuming that some night-by-night sleepers also need more shelter in the day.

Case Mortality Report Database

Mixing our data from various sources for our database, let's start with all the data from the U.S. STANDARD CERTIFICATE OF DEATH. Next, add the additional postmortem data suggested in various parts of this discussion, as well as the *Housing Status and Properties* and *Overlooked Data* elements. Don't forget to include those highlighted items in other sections that may be related to the etiology including hypothermia, hyperthermia, COVID-19 variants, food poisoning and injuries from assaults. We also need to enumerate the specific types of drugs that are killing our drug dependent street occupants. There may be another dozen types of infectious diseases, drugs and types of injuries that a special committee may add to the list of check-off items for each postmortem case.

The more granular, the better. The medical health history in check-off items, may be distinct from the etiology. Both are important especially in relation to hardships imposed by the homeless experience and

the resulting quality of life. These data are also critical for our weekly reports in order to quench an epidemic eruption at the start. Every infectious disease should be itemized, as well as related vaccination records, some of which we find in the HMIS records. Let's record these data recklessly and worry about how to use these precious bits of information in the luxury of hindsight.

If HMIS data exists for the deceased, all the HMIS Intake and Enrollment form items need to be included or appended for each case. Acknowledging that the database may be bulky and somewhat redundant in some sections, the views designed for various reports and publications need to be more selective and refined. If we have no HMIS data, we need to investigate other information resources to describe related data, such as medical records, Veterans Affairs, criminal records, and the like.

Coordinated Final Exit Assessment

The generous scope of programs to help the homeless represents ambitious goals and the Coordinated Entry System (CES) for Los Angeles makes sure that the services are well coordinated and fairly meted out where needed. We also need the CES to fill in the blanks for data in our new Case Mortality Report Database not previously included in the HMIS and traditional forms. When the final project exit is due to 'deceased', however, we observe a back door departure with no goodbye. Perhaps it would behoove the panoply of contributors to also coordinate a final exit assessment by actively recognizing the loss of their investment, and participating in providing valuable accounting and reporting information to that end? It would be good to know for each project, for example:

- Were any of the goals and objectives for this case directly or indirectly related to mitigating risks associated with the cause of death?
- If so, describe how related and tabulate the time and resources committed thereto.
- Tabulate the time and resources committed to other non-death-related goals and objectives.
- How many direct contacts with conversations were conducted with this client?
- Were your staff aware of any ailments, substance abuse or unusual behaviors of concern?
- If so, please enumerate.
- Did your project staff engage in direct conversations with the client's family members?
- If so, do you think they may be willing and able to engage in funeral services without financial assistance? With financial assistance?
- What were the principal goals and objectives committed to this case?
- Evaluate the progress made for each.
- Was case management active at date of death?
- If Project Exit was previously determined, what was the date and type of Exit recorded?
- Name of Case Manager for this client and project?
- If death by homicide, was the assailant at some time also a homeless HMIS client?
- If so, what project services did the assailant receive and what Project Exit date, if any?
- In the case of suicide, was the risk of suicidal tendencies in the record?
- If so, what efforts, if any, were directed to reduce the risk of suicide?

Funeral Director

Additionally, providing special services as the Funeral Director would not only help the family, but may also help to intervene if other family members are at the curb of poverty, as well. The Funeral Director role in completing the Death Certificate will be fortified by the information shared across the family

kitchen table and the institutional network of the CES. For family members with strong religious beliefs, the project staff could alternatively coordinate contact with appropriate institutions and assist with financial assistance, if needed. Making sure that *No homeless client dies alone!*

Canaries in a Cannery

The street jungle is a juxtaposition of drafty tents, which may provide good ventilation, and tightly packed lines for night-by-night food and shelter, cutting into safe distancing. We pose the scenario that our indigent unhoused and underhoused can be seen as unwitting canaries in a cannery. A tragedy if they die a preventable death. A crime if we don't recognize the questions begging to be answered.

Do we have enough appropriate tools and resources to help more indigent people live a healthier and safer life? Is adequate affordable housing all we really need? More importantly, how can we make their lives a little easier, healthier and better paid so they can rent a little more space, or maybe even buy a house someday? As a community, beyond just our homeless specialists, how can we work together to more intelligently mitigate those hazards known to contribute significantly to large numbers of preventable deaths among our homeless and indigent neighbors?

Overnight Shelter Parks

For example, to keep people off the dangerous streets, can we put a large overnight shelter, with partitions for safety and privacy, directly in the center or edge of a large park, like the Los Angeles State Historic Park? Add additional benches and day centers with recreational facilities and game rooms. Bring in more tiny house facilities and cabins too, and a library with accessible computers. No tents allowed, or needed!

Safety first. Recovery second. Housing third, when the folks are ready. ***Should all overnight shelters, magnets for the unhoused, be situated in special large parks away from busy traffic?*** By the end of March 2021, in the last mortality report, there were 150 traffic mortalities for the year and 113 the year before. A trend going in the wrong direction. Noted in the report conclusion is that *A geographic analysis of traffic injury deaths is also underway*. The 150 traffic mortalities comes to about 3 per week, so maybe we can save 1 or 2 lives a week simply by moving our furniture around in town. Not cheap, we know. Nor are tents on sidewalks. Let's be real! So if we want tents to move away from the streets, let's provide ample, safer shelter with healthy nutrition away from the busy streets! A win-win improvement for the entire community.

Weekly Updates

Let's keep our eyes on the ball by publishing weekly updates of those who kicked the curb either working, disabled or simply struggling in our streets. Let's talk about accountability as if our job were in the ER. Do we need to triage our most vulnerable unhoused clients? Do some clients already struggle to triage themselves in some way? Are they lining up in strategic places to access emergency shelter, or just a healthy dinner? Do more people need Emergency NCS shelter than currently available in our town? Each person, each tent is an ask. We need to respond to each ask before the canaries can chirp no more. Hopefully, some of our creative machine learning algorithms and predictive analytics may help us find new ways to brighten our days, as well. Let's do it!