

# HOUSING & HOMELESSNESS SERVICE UTILIZATION AMONG THOSE WHO DIED IN HOMELESSNESS IN HARRIS COUNTY (2021-2022)



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# BACKGROUND

**In Harris County**, individuals experiencing homelessness are disproportionately at risk for premature mortality, dying over 20 years earlier than the general population (Centers for Disease Control and Prevention, 2021). While unsheltered homelessness has decreased in the city and metro area, mortality among those experiencing homelessness continues to climb. This fact highlights the need for more targeted interventions that engage those most at risk for early mortality in this part of our community. Linking data from the county medical examiner: Harris County Institute of Forensic Sciences (HCIFS) and the Homeless Management Information System (HMIS) run by the Coalition for the Homeless of Houston/Harris County (CFTH), we have compiled this community report to assess the social service utilization of those who died in homelessness within Harris County, in both 2021 and 2022. This report was created to supplement our annual homeless mortality reports to cultivate a clearer picture of some of the crucial, system touch-points that may occur prior to deaths in homelessness.

Every 36 hours, an individual dies in homelessness in Harris County. Yet many of these deaths could be prevented. Interactions with the social and housing navigation services safety-net may offer opportunities for prevention or early intervention, but these interactions are not well understood. This report aims to fill this gap by providing a deeper, hyper-local understanding of the service interactions prior to death to help characterize those who are the most vulnerable in our community.

We found that only half of those who died in homelessness had ever interacted with an HMIS-participating agency, and a shocking 70% had no engagement with service agencies within a year of their death. This suggests that those experiencing homelessness are severely underutilizing services. Additionally, because each of these service interactions may present an opportunity for the prevention of early mortality, this report was designed to highlight which services were most frequently utilized by those who died in homelessness.

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## LIMITATIONS

It is important to recognize some of the limitations of this report. Despite our improvements in the methodology, the numbers in this report are still likely to be a conservative estimate of the number of actual deaths occurring in homelessness in Harris County. Due to our reliance on medical examiner data, we are only examining a subset of the total deaths in the general population. Yet, we expect that the majority of deaths occurring in homelessness are captured by our HCIFS sample.

Because our sample is made up of those who died during homelessness with no ability to compare with people still living in homelessness, the risks we describe may not be generalizable to the entire homeless population. The differences in the HCIFS and CFTH definitions of homelessness mean that some non-HMIS-service users likely do not meet the HUD definition and are therefore not qualified for services documented in HMIS.

When creating this report, we also identified the outlier cases (n=25) with program enrollments and service interactions that were dated after their death date. These interactions were not included in our analysis, assumed to be erroneous or delayed entries. Differentiation between permanent supportive housing (PSH) enrollments and PSH navigation entries also proved difficult. Therefore, added validation steps were created to determine which decedents were recently in PSH prior to death.

Finally, a word of thanks to the HCIFS for their ongoing support of this analysis, as well as to the UH HEALTH Center for Addictions Research and Cancer Prevention's Pilot Grant Program.

-Ben King, Ph.D. M.P.H. and Carlie Stratemann

# Homelessness in Harris County

**Table 1. Demographic Data from Point-In-Time Counts for Harris County in 2022 and 2023**

| Race/Ethnicity                            | 2022        | 2022        | 2023        | 2023        |
|---|-------------|-------------|-------------|-------------|
| American Indian or Alaska Native          | 26          | 0.8%        | 30          | 1%          |
| Asian                                     | 39          | 1%          | 30          | 1%          |
| Black or African American                 | 1603        | 54%         | 1644        | 55%         |
| Hispanic/Latino                           | 467         | 16%         | 448         | 15%         |
| Multi-Racial                              | 62          | 2%          | 60          | 2%          |
| Native Hawaiian or Other Pacific Islander | 6           | 0.2%        | 9           | 0.3%        |
| White, Non-Hispanic/Latino*               | 761         | 26%         | 768         | 26%         |
| <b>Total</b>                              | <b>2964</b> | <b>100%</b> | <b>2989</b> | <b>100%</b> |

\*From HUD HDX; Hispanics are subtracted from white race total

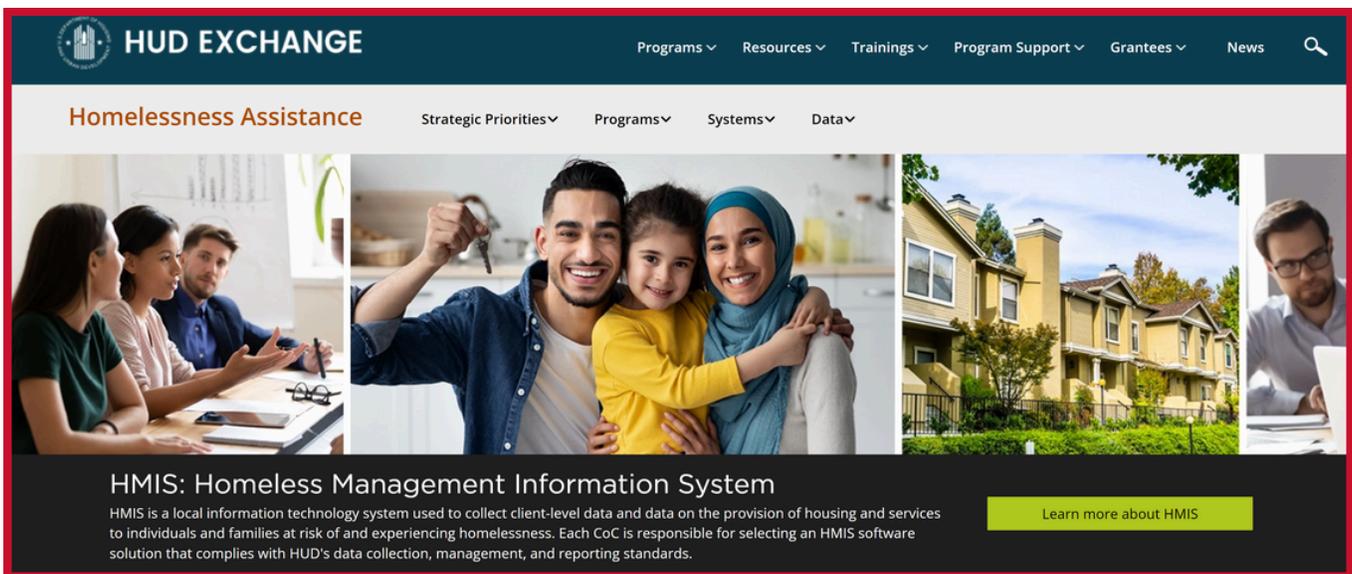
While our report focuses on deaths in homelessness from 2021 to 2022, the findings are contrasted here against the demographic characteristics of those experiencing homelessness in Harris County, as captured in the January 2022 and January 2023 Point-In-Time Counts. In January of both 2022 and 2023, over half of the homeless count was made up of Black individuals, which is a higher proportion compared to the rest of the United States. Meanwhile, only 20.6% of people living in Harris County are Black, suggesting that Black individuals are dramatically overrepresented in homelessness (US Census Bureau, 2022; HUD, 2022-1 & 2). The disproportionate representation of demographic groups experiencing homelessness highlights the systemic influences that contribute to homelessness.

In 2022, an estimated 27.1% of the Harris County population was white (US Census Bureau, 2022), roughly matching representation in the homeless population observed in 2022 and 2023 (HUD, 2022-1 & 2), which is fairly consistent with national trends.

Compared to the Harris County general population, both Asian and Hispanic individuals are underrepresented in homelessness. However, it is important to note that Hispanic individuals experiencing homelessness in Harris County are the most at risk for premature mortality, dying roughly 5 years earlier than Asian and Black individuals experiencing homelessness and 3 years sooner than white individuals experiencing homelessness (King et al., 2023).

# HMIS

The Homeless Management Information System (HMIS), which has been required by the HEARTH Act since 2009, is the local database that collects information on projects serving within Houston's Homeless response system. This data system helps local projects and organizations collaborate in serving individuals and families that need assistance. This system also allows the lead agency to analyze the services provided within the system to determine gaps, find opportunities for improvement, and plan for the future. Having an information system that collects this data, along with the demographic data of those receiving services and assistance, provides the opportunity to improve equity within the homeless response system.



The screenshot shows the HUD Exchange website interface. At the top, the HUD Exchange logo is on the left, and navigation links for Programs, Resources, Trainings, Program Support, Grantees, and News are on the right. Below this, the 'Homelessness Assistance' section is highlighted, with sub-links for Strategic Priorities, Programs, Systems, and Data. The main content area features a collage of four images: a group of people in a meeting, a family (man, woman, and child) holding keys, a row of yellow townhouses, and a man working at a computer. Below the images, the text reads: 'HMIS: Homeless Management Information System' followed by a brief description: 'HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.' A green button labeled 'Learn more about HMIS' is positioned to the right of the text.

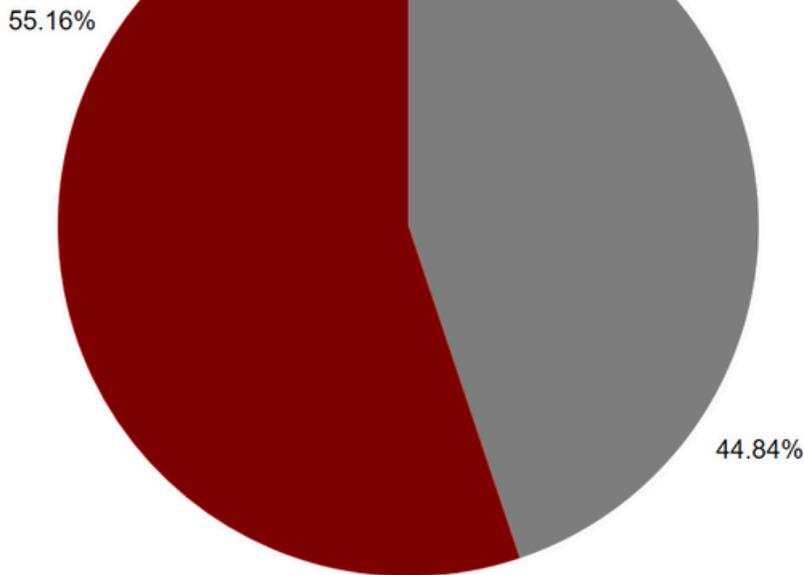
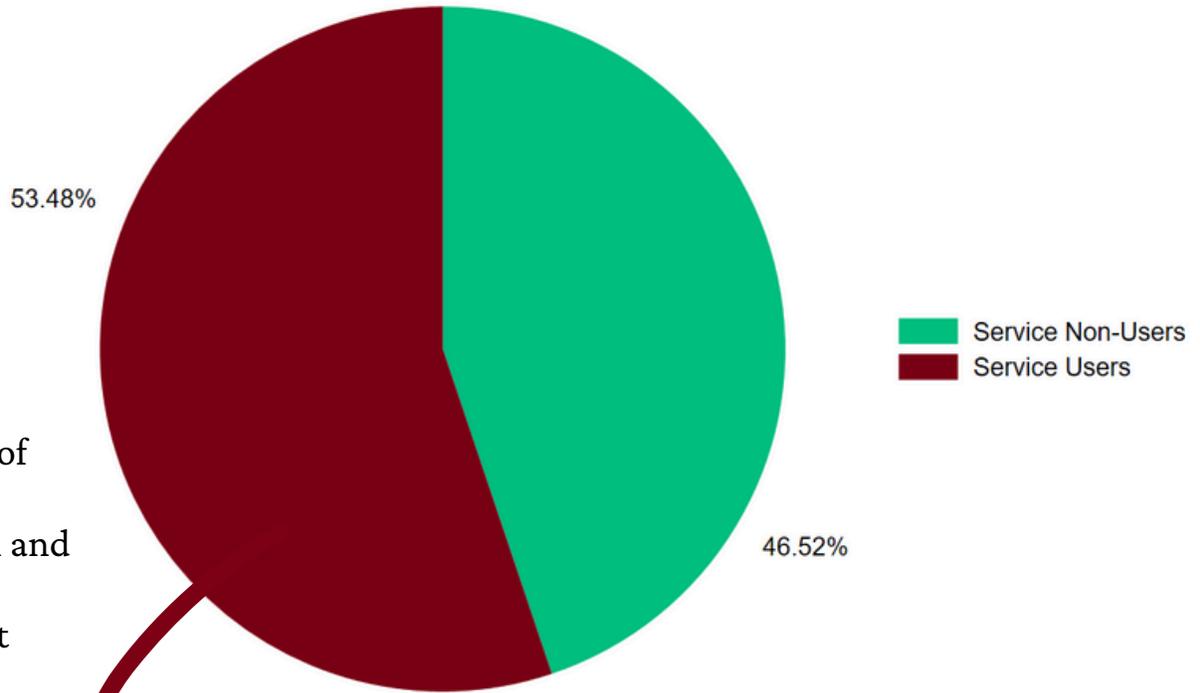
photo from: <https://www.hudexchange.info/programs/hmis/>

# SERVICE UTILIZATION

Figure 1. Percent with Service Use

## ALL TIME SERVICE USE

Nearly half (46.52%) of those who died in homelessness in 2021 and 2022 (n=417) had no record of engagement with housing or homelessness services.

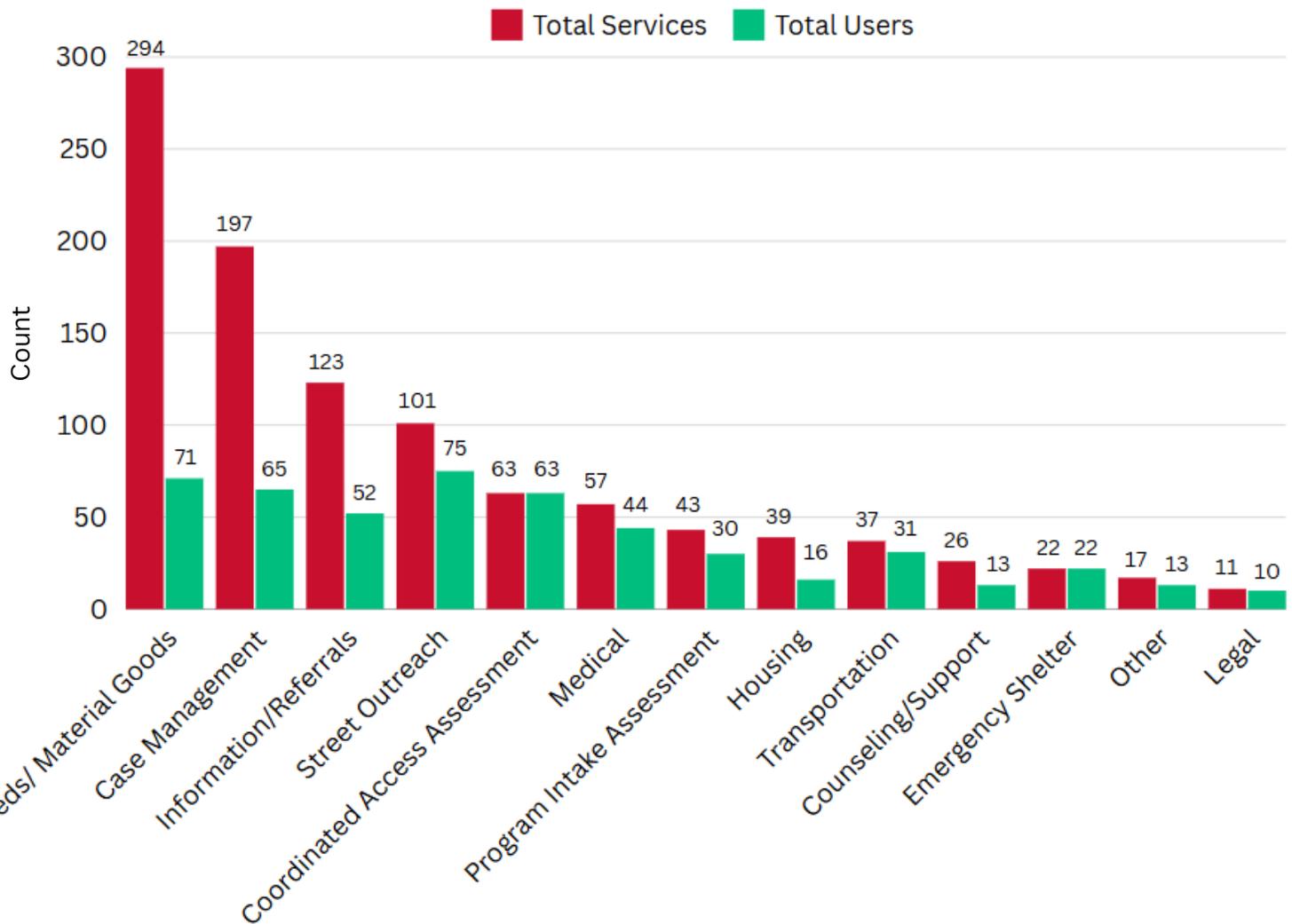


## RECENT SERVICE USE

Of those who engaged with services (n=223), only 55.16% had engaged with services within 12 months prior to death. Overall, less than a third (29.50%) of those who died in homelessness utilized services within 12 months prior to death.

Figure 2. Percent of Service Users with Recent Service Use

Figure 3. Services Utilized

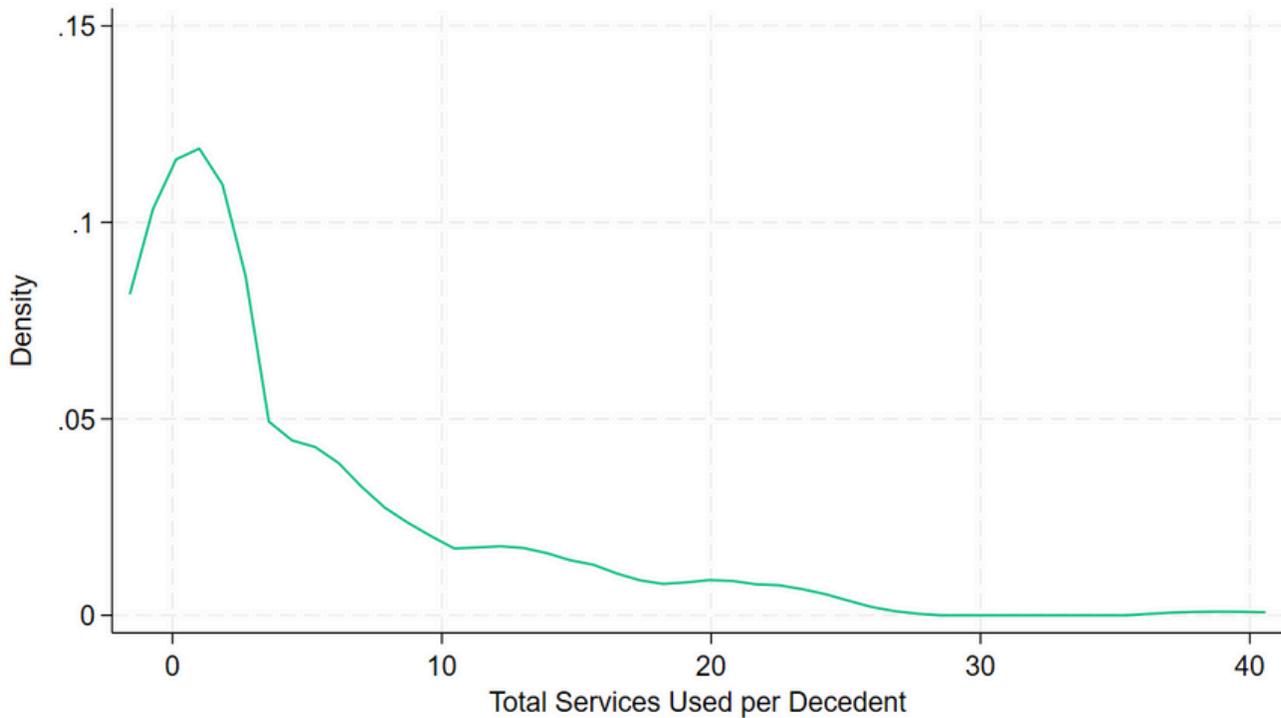


## SERVICE TYPES

The most frequently used service among those who died in homelessness in Harris County who were captured in the HMIS data (n=223) consisted of a broad category involving meeting basic needs, including seeking material goods and other basic services. These include services such as the provision of meals, clothing, and showers. The second most frequently used service among decedents was case management services, followed by information/referral services.

The service that engaged the most unduplicated individuals experiencing homelessness before their death was street outreach services, which was followed by basic needs/material goods.

Figure 4. Kernel Density Plot of Total Services Used per Decedent



## TOTAL SERVICES USED

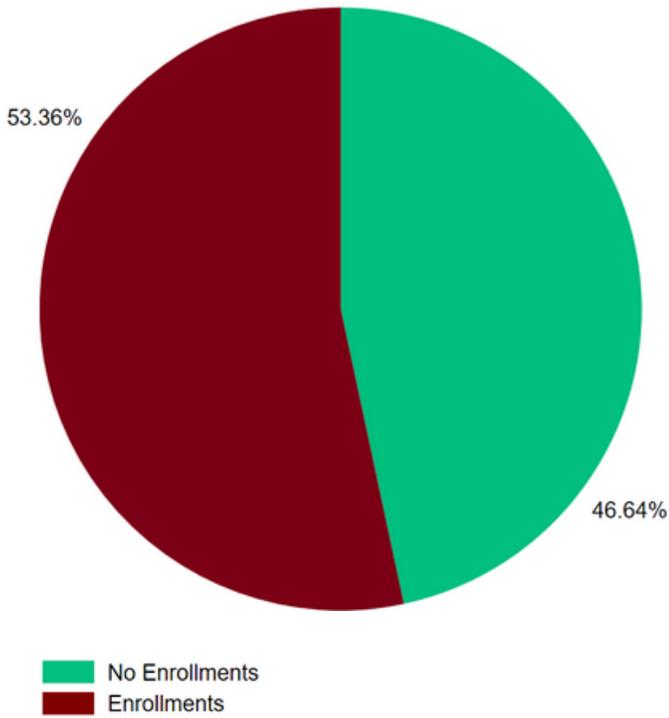
The median number of services used by those who died in homelessness that were captured in the HMIS data (n=223) was 1, with the average service utilization per individual being 4.62. It is important to note that the kernel density plots used in this report are utilized to show the relative distribution of decedents within each group so that each curve appears to have the same total volume under the curve, meaning that the curve does not represent the actual frequency within each group. The kernel density plot above shows that the service utilization data is positively skewed, with 41.96% of those with accounts logged in HMIS (n=223) having no service utilization captured in our data. This illustrates that these individuals had utilized housing or homelessness services at some point in time but were not captured within the more recent time range of the HMIS data used for this report. Only 47.53% of those who died in homelessness used more than one service documented in HMIS.

Table 1. Count of Services Utilized per Decedent, up to 3 years prior to Death

| Total Services Used | 0  | 1  | 2-5 | 6-10 | 11-20 | 21+ |
|---------------------|----|----|-----|------|-------|-----|
| Total Users         | 94 | 23 | 40  | 28   | 29    | 9   |

# PROGRAM ENROLLMENTS

Figure 5. Percent with Enrollments

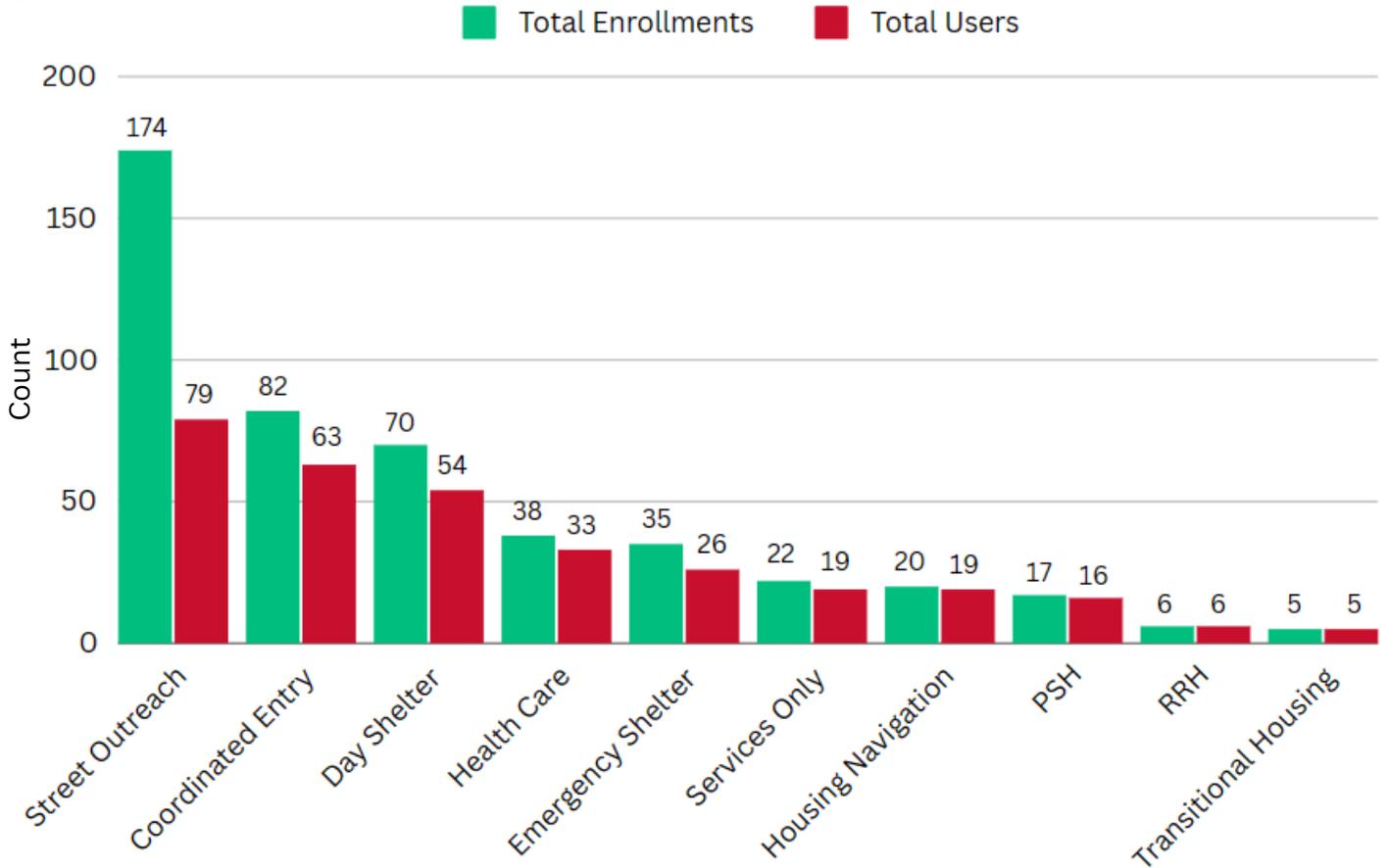


Of those who died in homelessness in Harris County (n=417), 53.4% were enrolled in at least one homelessness or housing service program prior to death.

## ENROLLMENT TYPES

The most frequent type of enrollment program used by decedents captured in the HMIS data (n=223) was street outreach programs, followed by coordinated entry programs. These were also the enrollments that engaged the most unduplicated users.

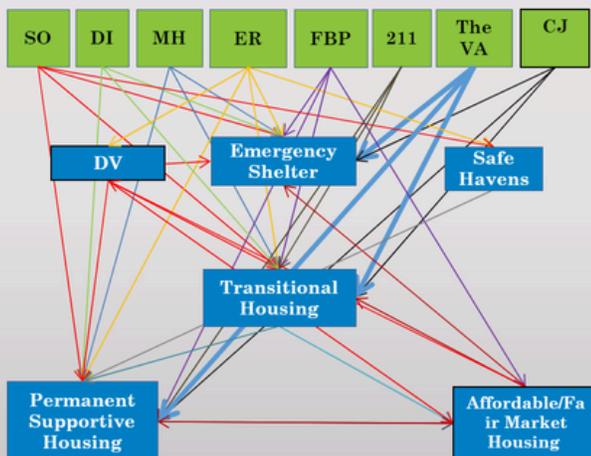
Figure 6. Enrollment Types



# COORDINATED ACCESS

Coordinated Access (CA) is the Greater Houston region's "Coordinated Entry system," which is required by the U.S. Department of Housing and Urban Development (HUD). The objectives of the system are to be easily accessible, assess clients' needs, and make resource prioritization decisions and referrals when appropriate. This system and its associated prioritization assessment is the first step needed to receive housing assistance if someone is experiencing homelessness in the 3-county area covered by the Continuum of Care (CoC). The CA Assessment aims to determine both eligibility and prioritization for assistance based on the vulnerability and severity of service needs.

## BEFORE Coordinated Entry



## AFTER Coordinated Entry

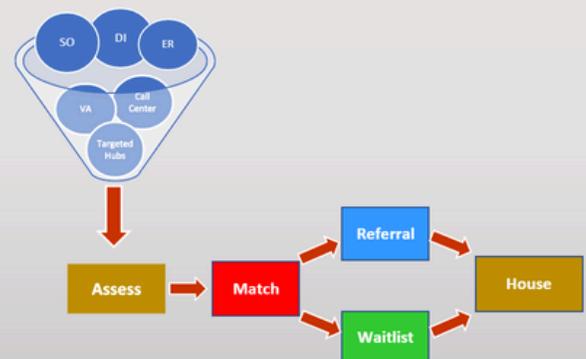
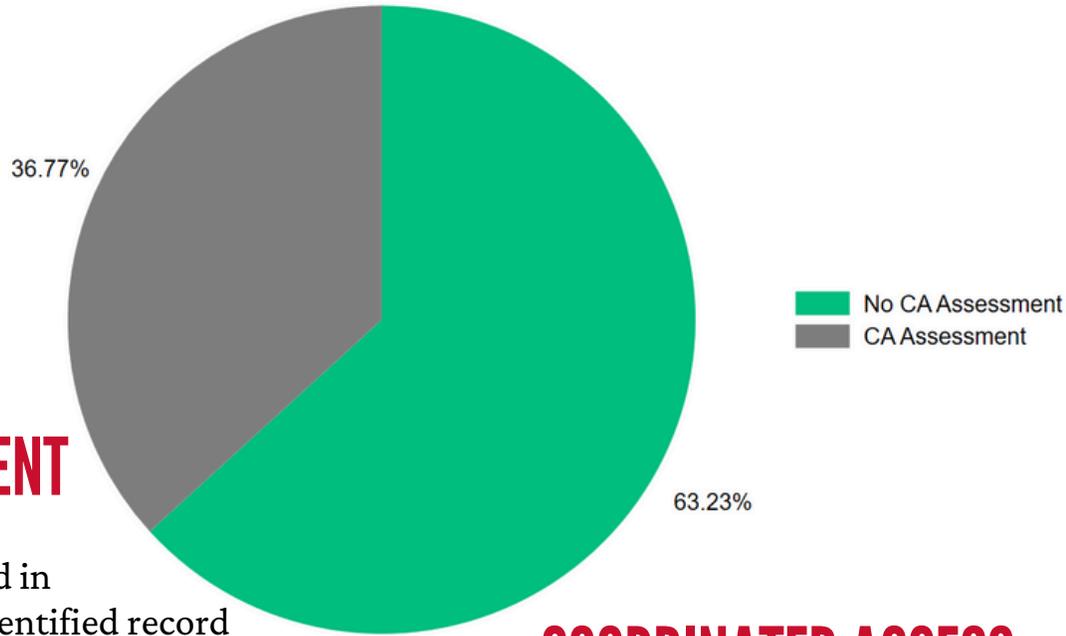


Figure 7. Percent with CA Assessment

## COORDINATED ACCESS ASSESSMENT

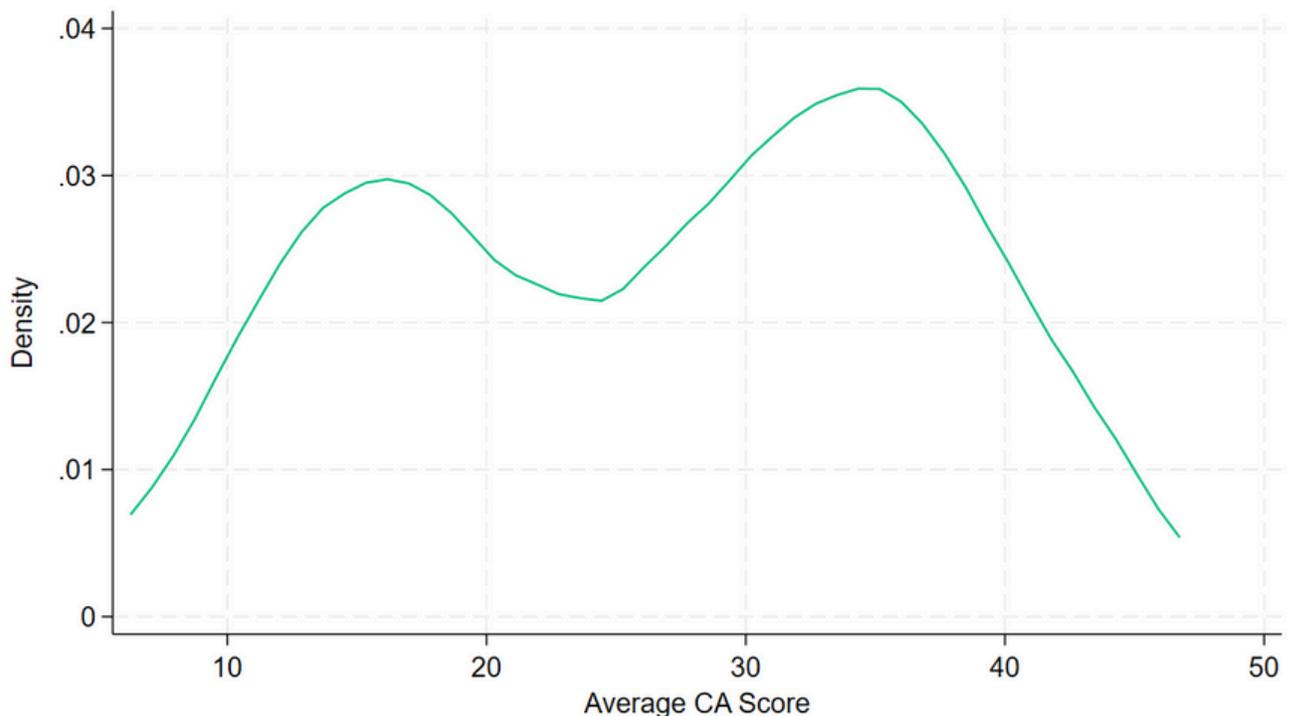
36.77% of those who died in homelessness with an identified record in HMIS (n=223) had a CA assessment that was captured in our data.



## COORDINATED ACCESS ASSESSMENT SCORE

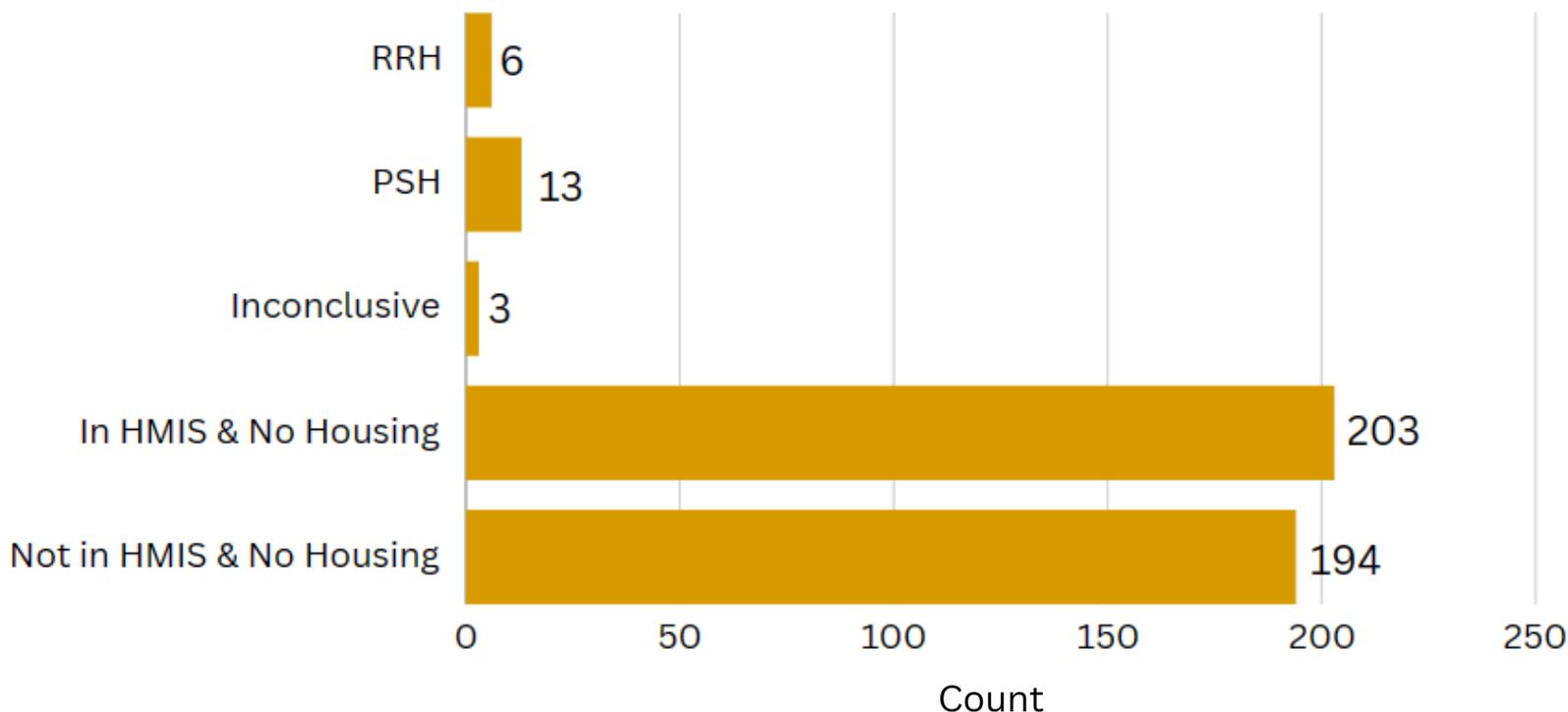
The average CA score of those who had an assessment was 26.67. However, it can be observed from the kernel-density plot below that there are two peaks between 10 and 20 and 25 and 40. This results from the 25 points awarded to those who are “chronically homeless” (HUD-defined classification). These two peaks can be interpreted as the discrete peak scores for those who were and were not classified as chronically homeless.

Figure 8. Kernel Density Plot of Average CA score



# RECENT HOUSING STATUS

Figure 9. Recent Housing Status

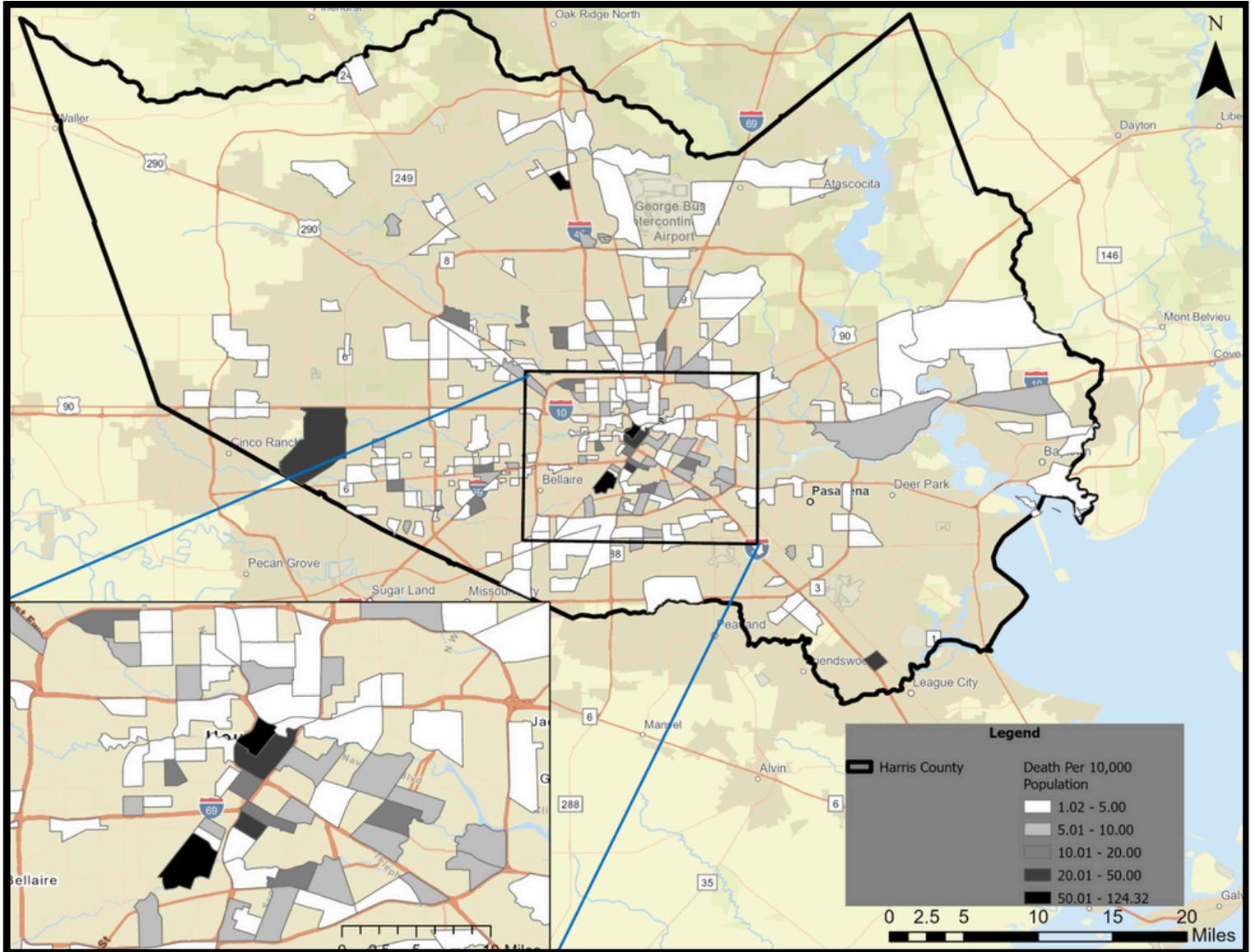


## RECENT HOUSING STATUS

Through assessing Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) open enrollments and service interactions during those enrollments, we determined that only 6 (2.69%) of those with HMIS records identified (n=223) were recently in RRH prior to death. Additionally, 13 (5.83%) of those with HMIS records were recently in PSH prior to death. 2 of these decedents were in both RRH and PSH prior to death; therefore, 17 (7.62%) of those with records in HMIS were in either RRH, PSH, or both recently prior to death. The remaining 203 individuals (91.03%), excluding 3 decedents whose recent housing status was deemed inconclusive, were not recently in RRH or PSH prior to death. Furthermore, the 194 decedents with no records in HMIS were not in RRH or PSH prior to death, meaning that only 4.08% of those who died in homelessness (n=417) were in either PSH or RRH recently prior to death.

# MAPS

Figure 10. Geographic Distribution of the Proportion of Deaths among PEH compared to Census Population



The map above shows the proportion of deaths in homelessness per 10,000 people in each census tract in Harris County. This map highlights that many census tracts throughout Harris County have a significant proportion of homeless mortality. Some of these counties with high proportions of homeless mortality include downtown Houston, The Medical Center, a tract just west of the intersection of FM1960 and I-45, and George Bush Park area. However, it is important to keep in mind that it may be difficult to draw conclusions from this map due to the low number of deaths in many of the census tracts in Harris County.

The map below shows the distribution of deaths among PEH by their HMIS status. This map shows that those who engaged with HMIS services prior to death are nearly evenly distributed throughout the county compared to those who did not engage with services. This highlights a consistent gap in service engagement throughout Harris County, which may be alleviated by more decentralized service locations.

Figure 11. Geographic Distribution of Deaths among PEH by HMIS Status

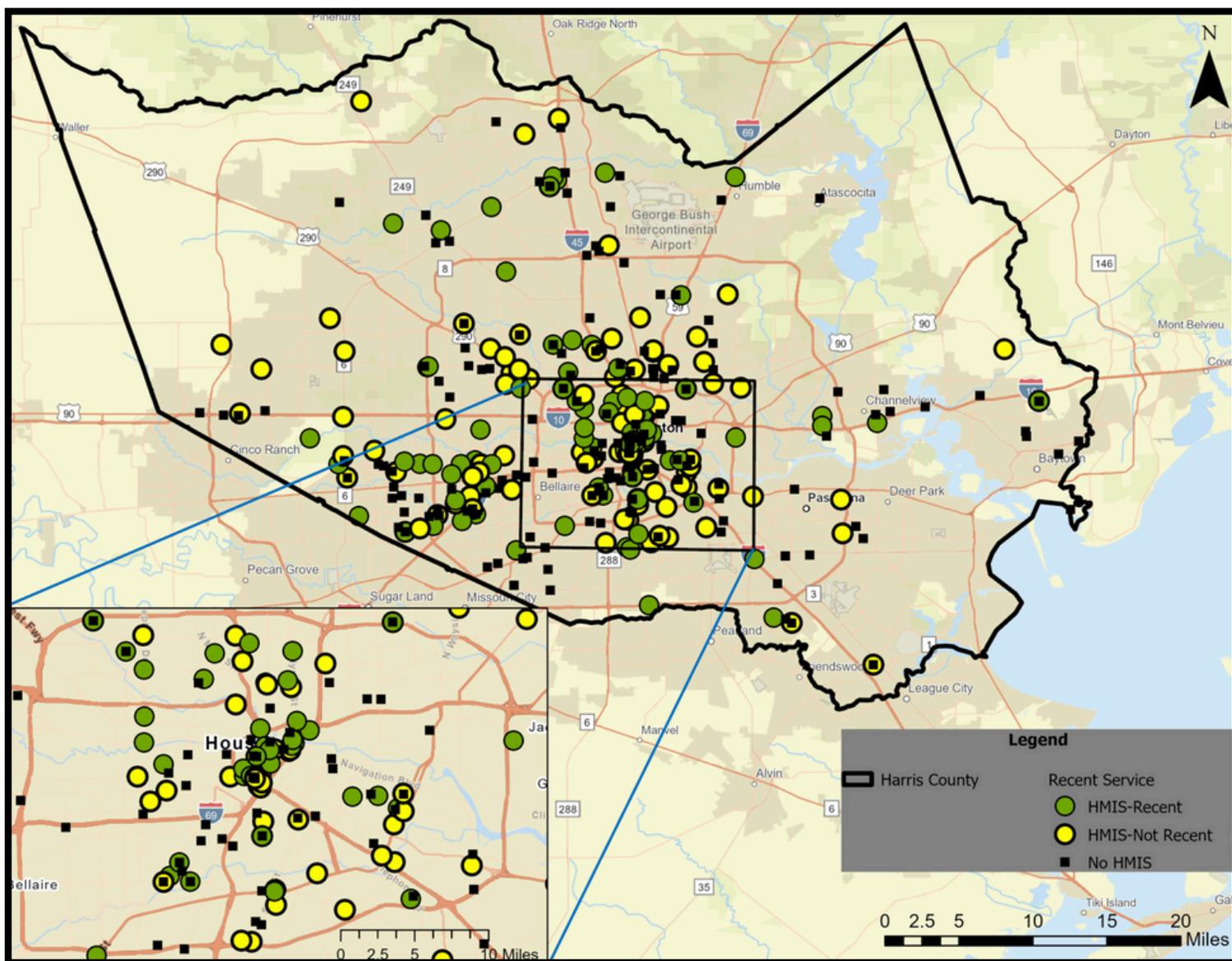
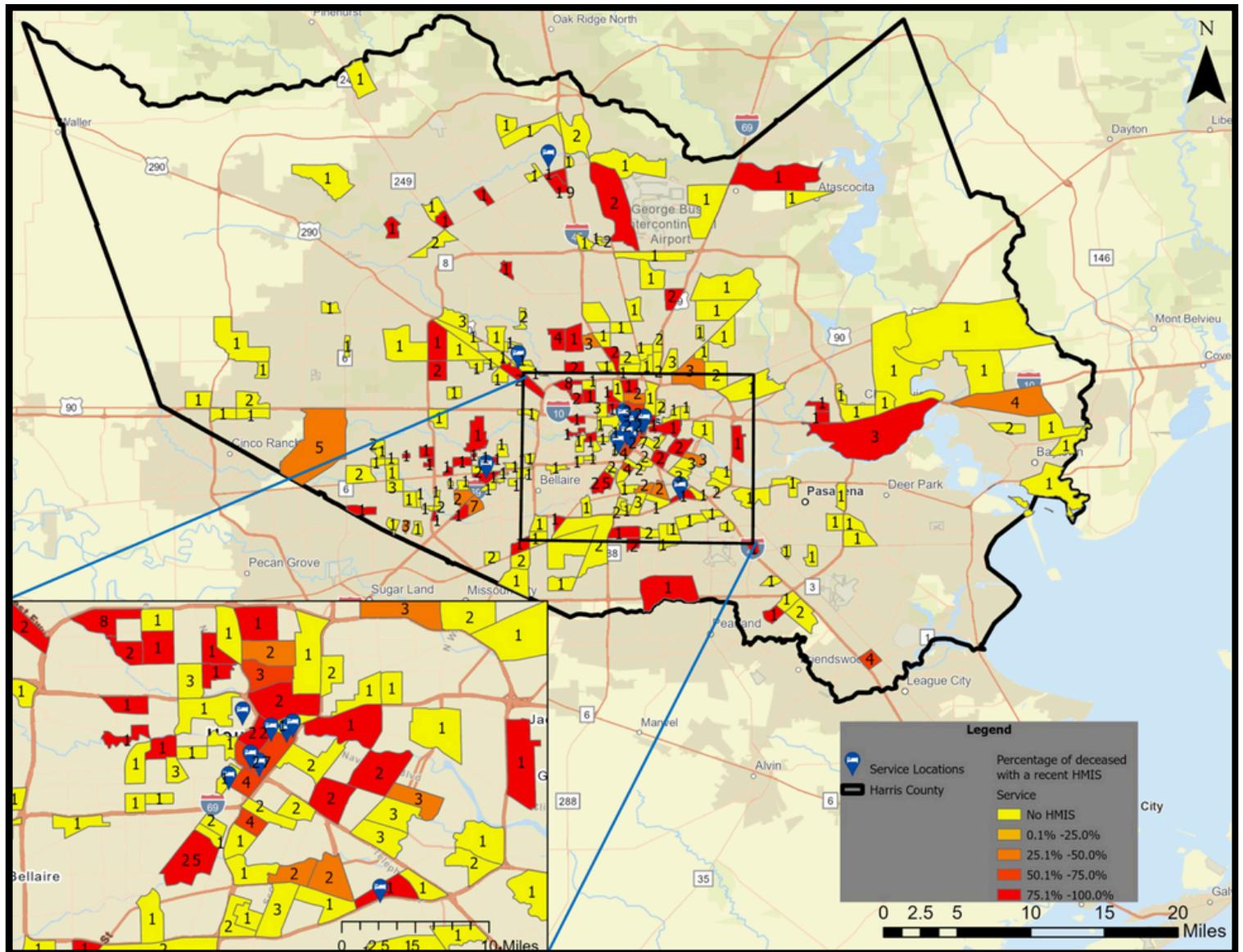


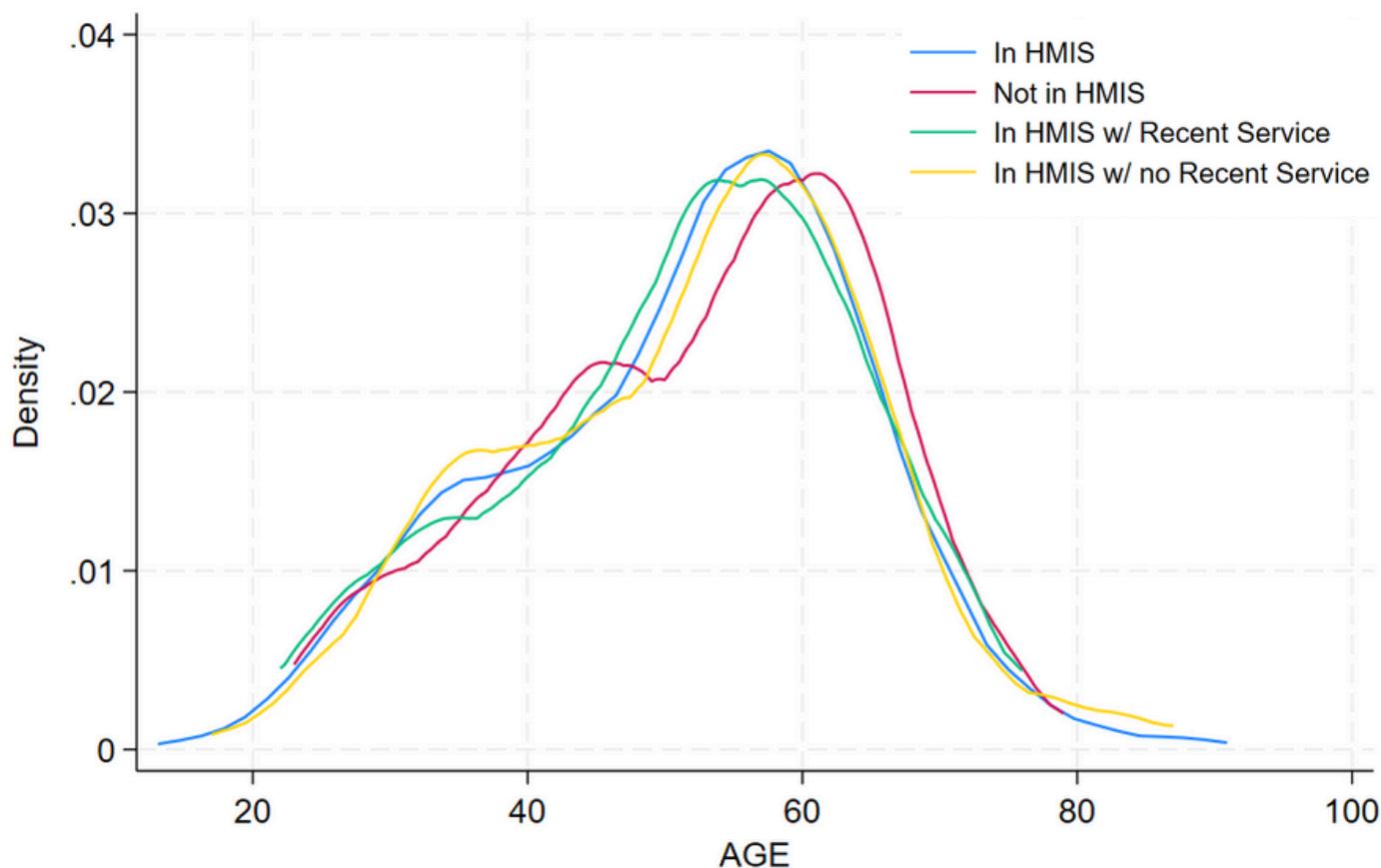
Figure 12. Geographic Distribution of Deaths among PEH by Proportion of Deaths with Recent Service Use



The map above shows the proportion of those who engaged with HMIS services within a year before death out of all those who died in homelessness in Harris County. The numbers in each track represent the total number of deaths in homelessness per track. This map highlights that the greatest percentages of PEH who recently engaged with services prior to death were primarily near downtown. However, it can be observed that not all of those who recently engaged with services were located downtown as high percentages of recent service use are seen spread throughout different census tracts in Harris County.

## AGE AT DEATH BY HMIS STATUS

Figure 13. Age distributions by HMIS Status



The age distributions of homeless decedents varied slightly based on HMIS status, as seen in the kernel-density plot above. Median age at death was highest for those not in the HMIS system (54.5 years, n=194), followed by those in HMIS but without a recent service (54 years, n=100), and those in HMIS and with a recent service (53 years, n=123). Combined, all those in the HMIS system (n=223) had a median age at death of 53 years .

The map below shows the geographic distribution of the average age of death among those who died in homelessness. Each number in the census tract represents the total number of deaths among PEH per tract. As seen below, the tracts with the older average age at the time of death are relatively centralized, while the tracts with average age of death falling below 41 are spread throughout Harris County. Three tracts had an average age of death between 17 and 25 years; however, it is important to note that each of these tracts only had one individual who died in homeless in them.

Figure 14. Geographic Distribution Average Age of Death per Census Tract among PEH

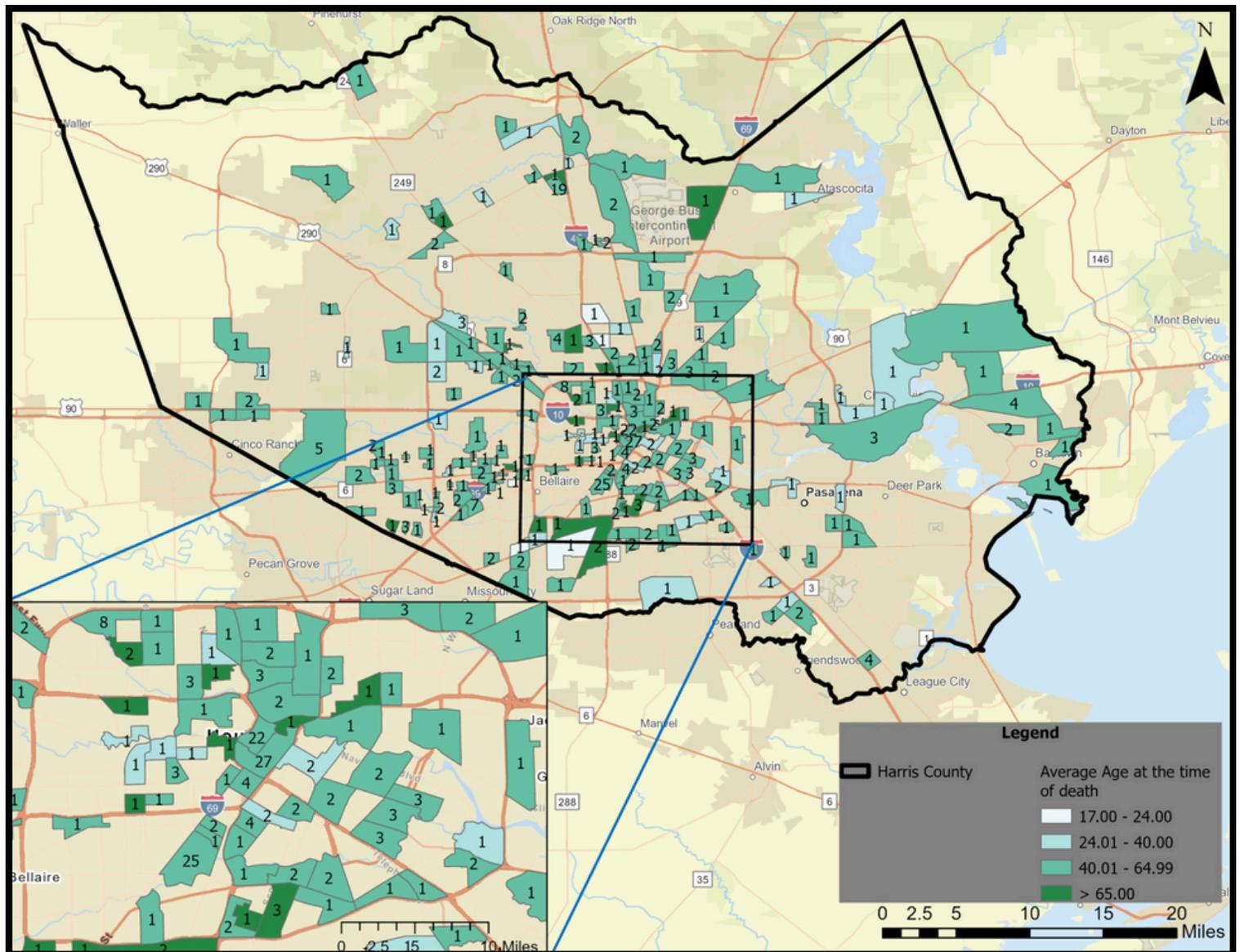
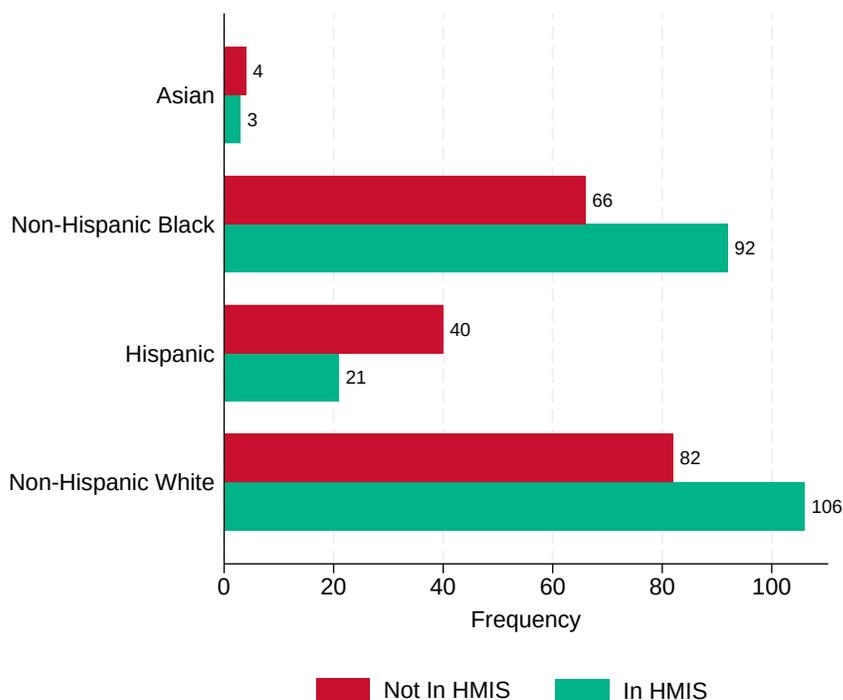


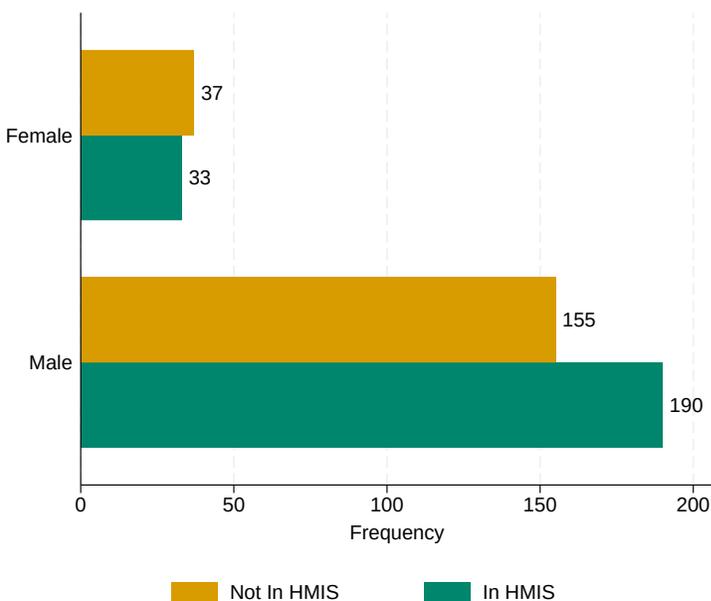
Figure 15. HMIS Status by Race



## HMIS STATUS BY RACE

While more than half of Black and White decedents were in HMIS, almost two-thirds of Hispanic decedents were not in HMIS. Future research is needed to determine why Hispanic decedents are underrepresented in that system. It may be due, in part, to mismatched definitions of homelessness and the aforementioned underrepresentation of Hispanic individuals in HMIS (HUD-defined) homelessness.

Figure 16. HMIS Status by Sex



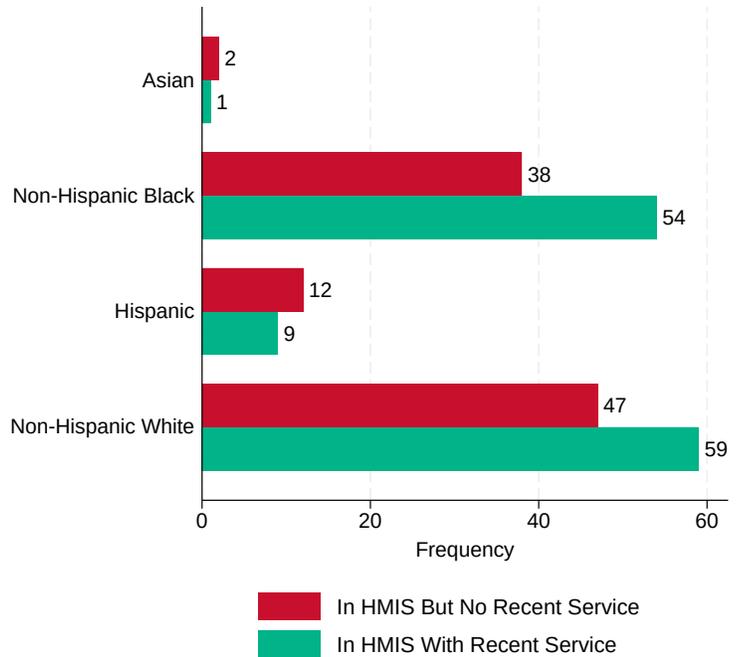
## HMIS STATUS BY SEX

More than half of males were in HMIS, but less than half of females were in HMIS. This disparity may be partly due to the fact there are fewer female decedents overall. It may also be due to the fact that dedicated domestic violence services are siloed from HMIS and so those agencies are not available to this report. Either way, females may not be as engaged with traditional (i.e. non-DV) community services as often as their male counterparts.

## RECENT STATUS BY RACE

Similar to the pattern in Figure 11, a lower proportion of Hispanic individuals in HMIS had a documented service in the year before their deaths compared to Black and White individuals. However, this may be due to chance given the underrepresentation and the smaller number of Hispanic individuals in these cases to begin with.

Figure 17. Recent Service by Race



## RECENT STATUS BY SEX

Of those in HMIS (n=223), the majority of both males and females used a service in the year prior to their deaths. Two-thirds of females in HMIS had a recent service.

Figure 18. Recent Service by Sex

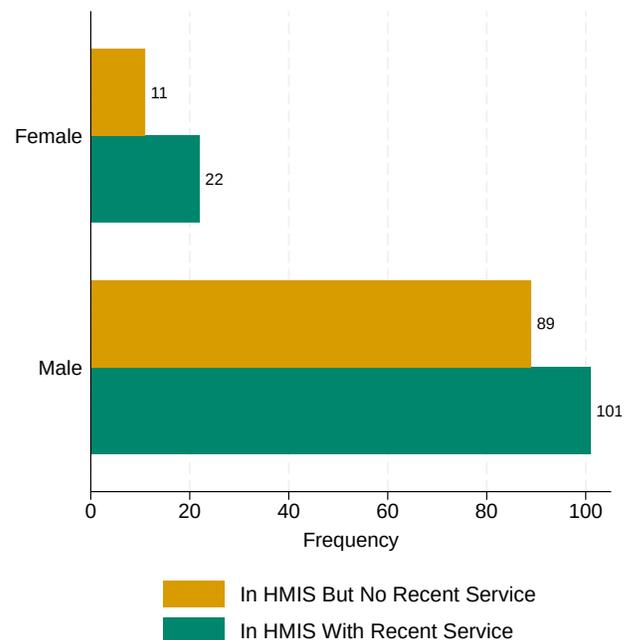
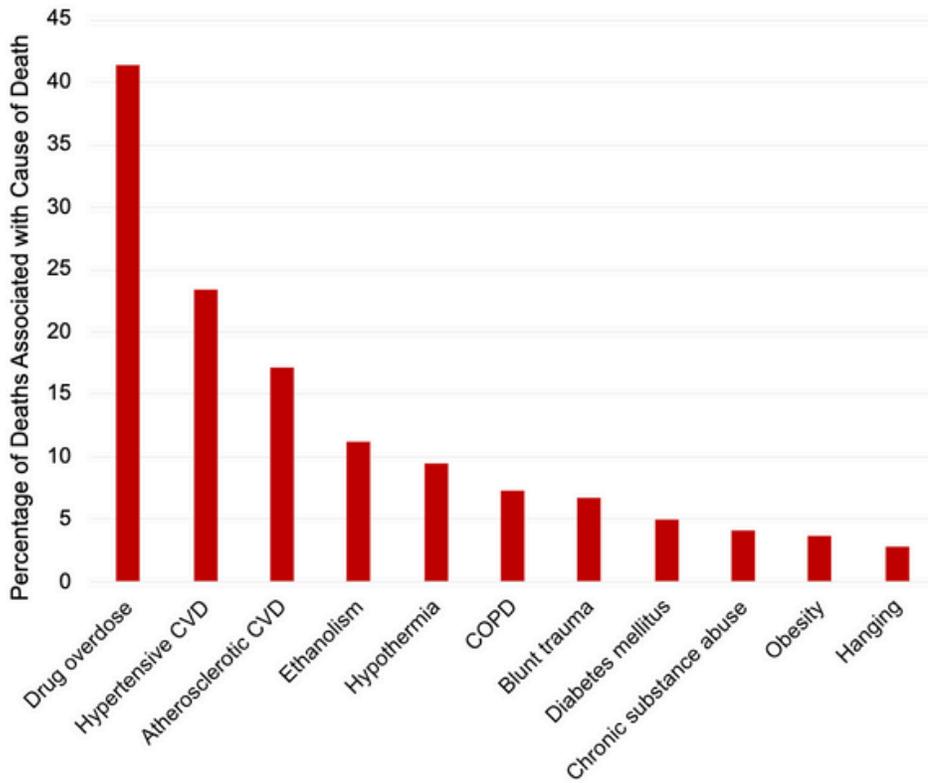


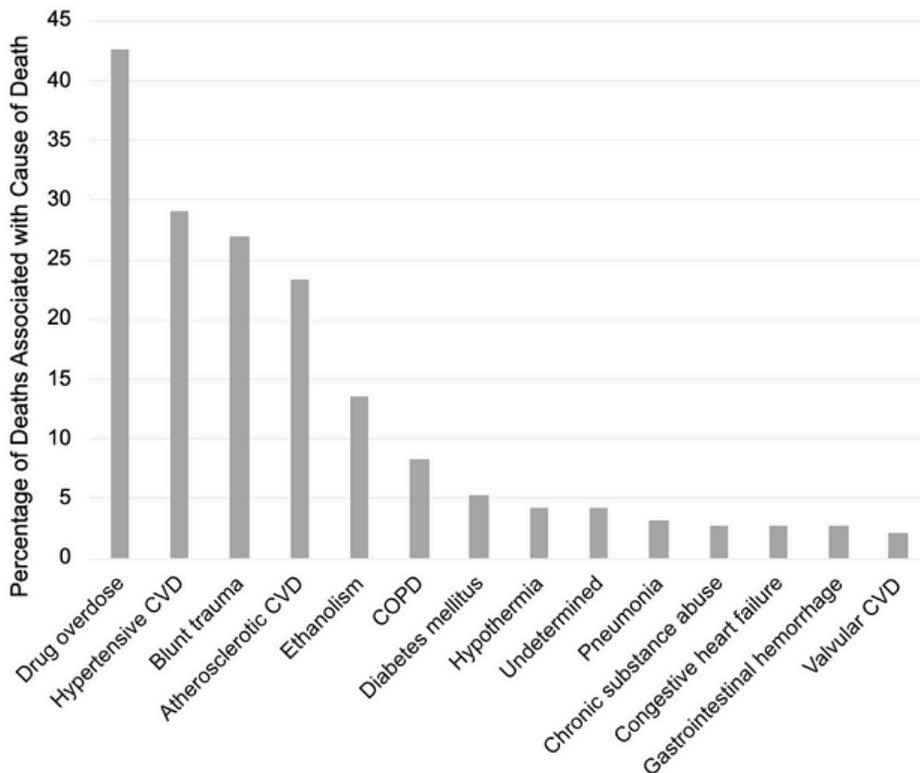
Figure 19. HMIS Leading Causes of Death



## HMIS CAUSES OF DEATH

The leading cause of death among individuals in HMIS (n=223) was drug overdose, followed by hypertensive and atherosclerotic cardiovascular disease. Many overdose associated deaths included other contributory causes of death.

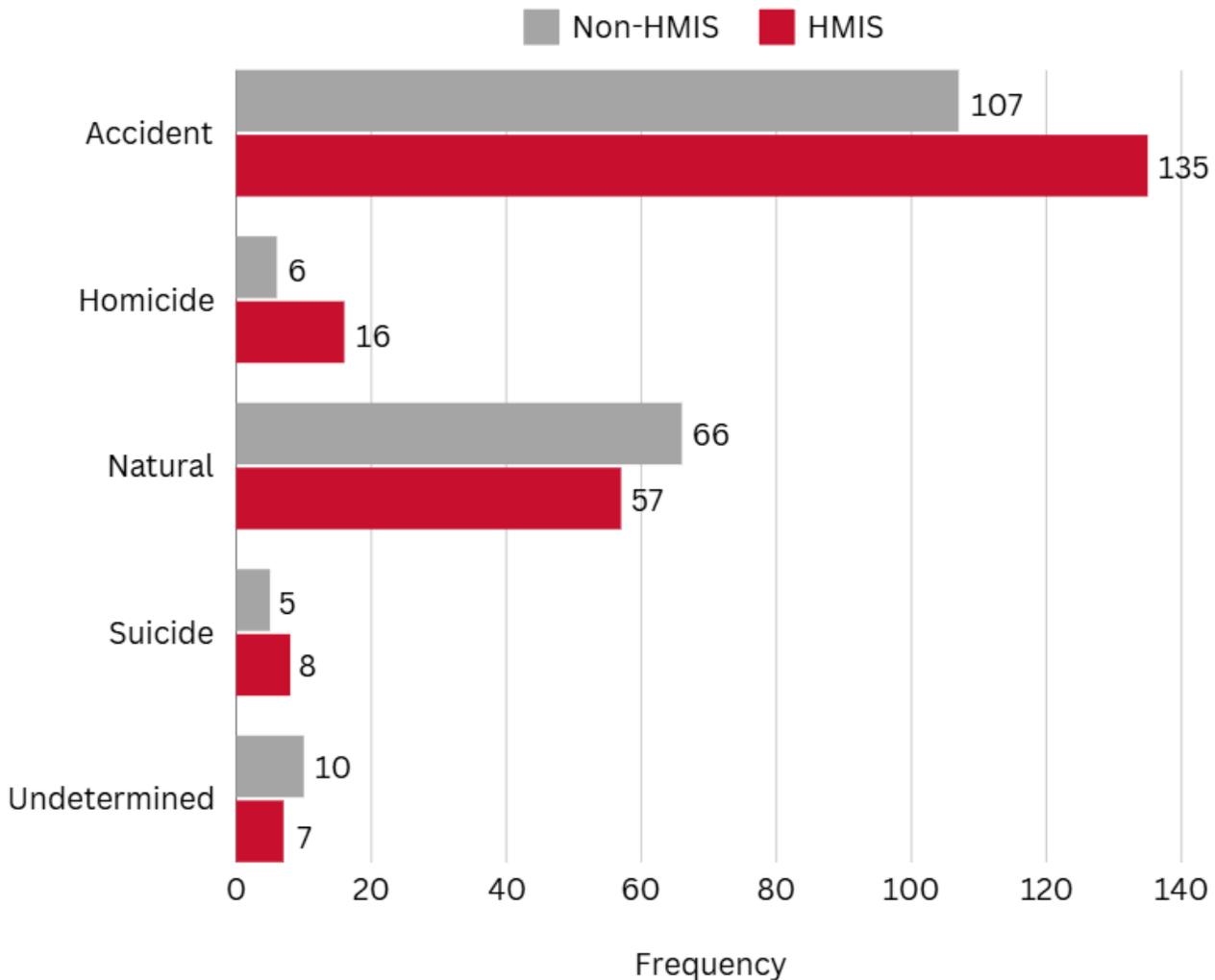
Figure 20. Non-HMIS Leading Causes of Death



## NON-HMIS CAUSES OF DEATH

The leading cause of death among individuals not in HMIS (n=194) was also drug overdose, followed by hypertensive cardiovascular disease. Blunt trauma was the third leading cause of death among those not in HMIS, whereas it was ranked the seventh leading cause of death among those in HMIS.

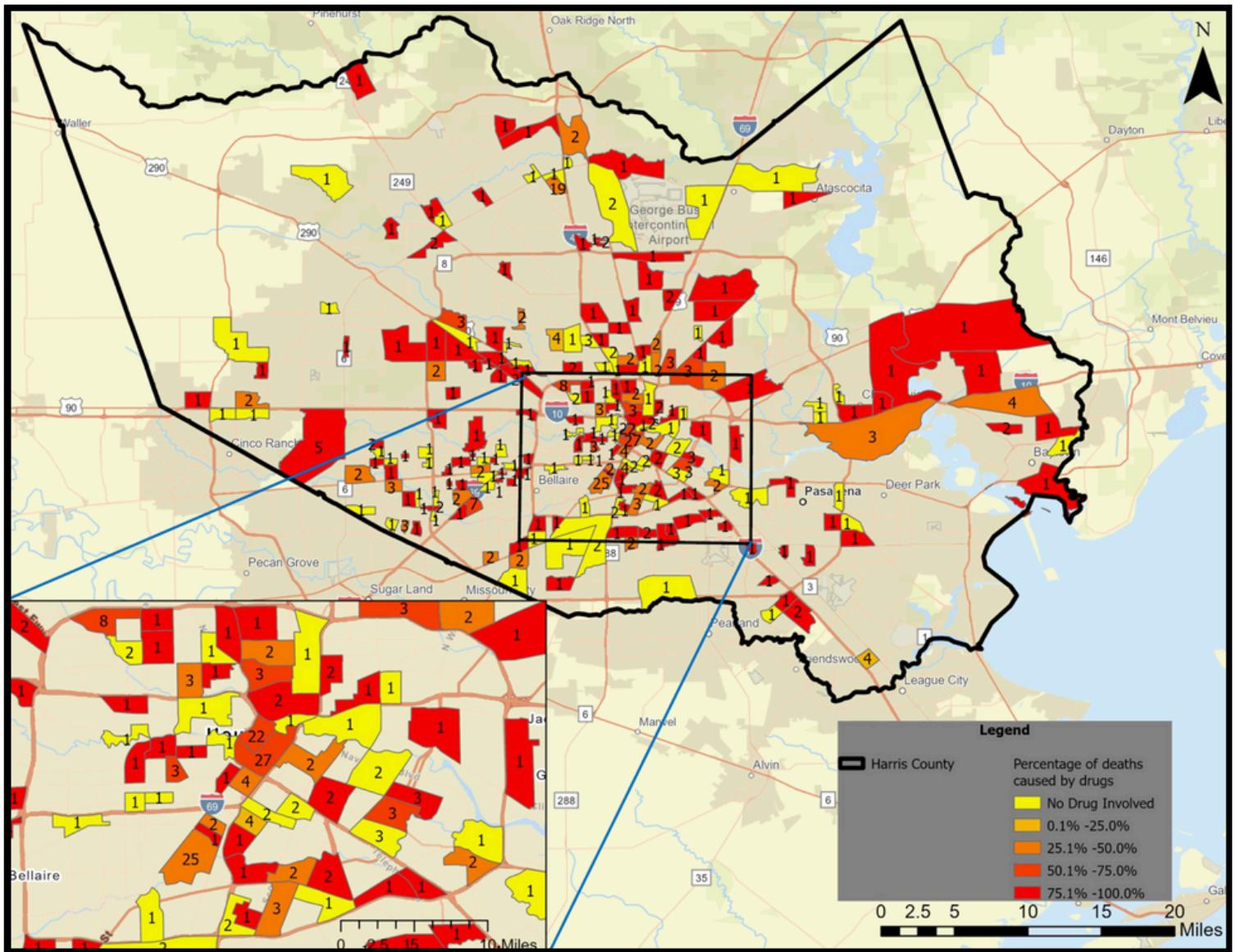
Figure 21. HMIS and Non-HMIS Manners of Death



## **MANNER OF DEATH BY HMIS STATUS**

The percentage of HMIS and Non-HMIS for each manner of death is shown in the figure above, with homicide, suicide, and accidental manners of death having higher HMIS percentages than Non-HMIS. This shows the importance of information systems that collect data for movement towards greater equity in the homelessness response system.

Figure 22. Geographic Distribution of Proportion of Drug Related Deaths



The map above shows the geographic distribution of the proportion of drug related deaths among individuals who died in homelessness. Each number in the census track represents the total number of deaths among PEH per track. It can be observed that drug-related mortalities among those experiencing homelessness are prevalent throughout Harris County, highlighting a need for widespread prevention efforts.

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