HENNEPIN COUNTY

MINNESOTA

Public Health

Accessing and utilizing social service data to better respond to the opioid crisis among people experiencing homelessness
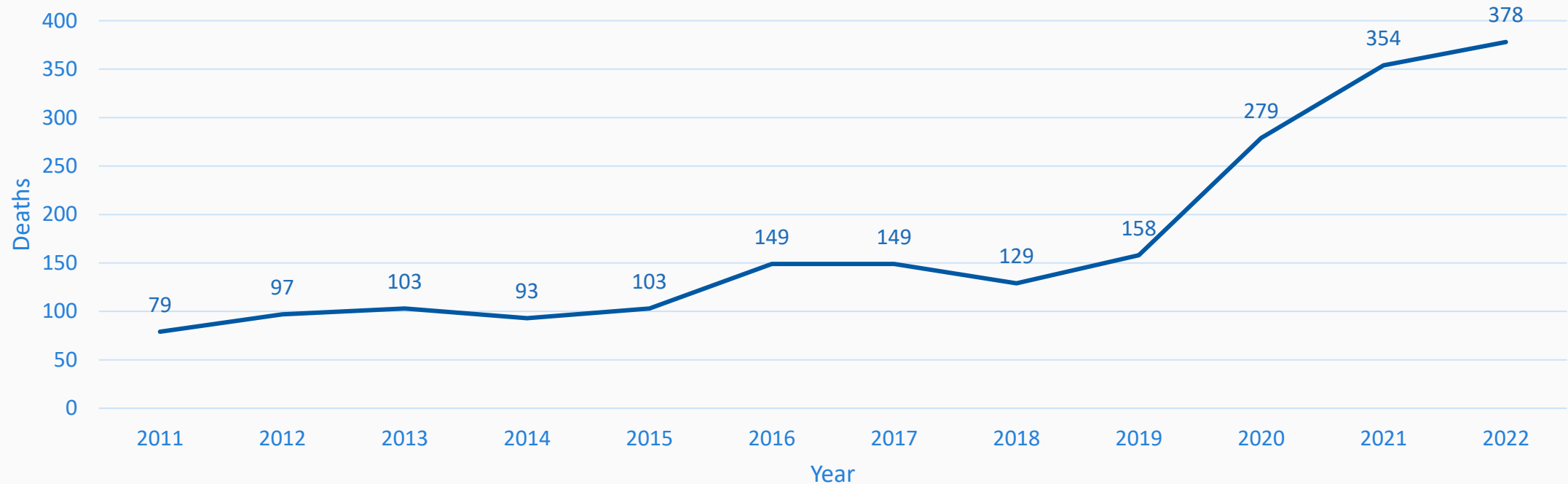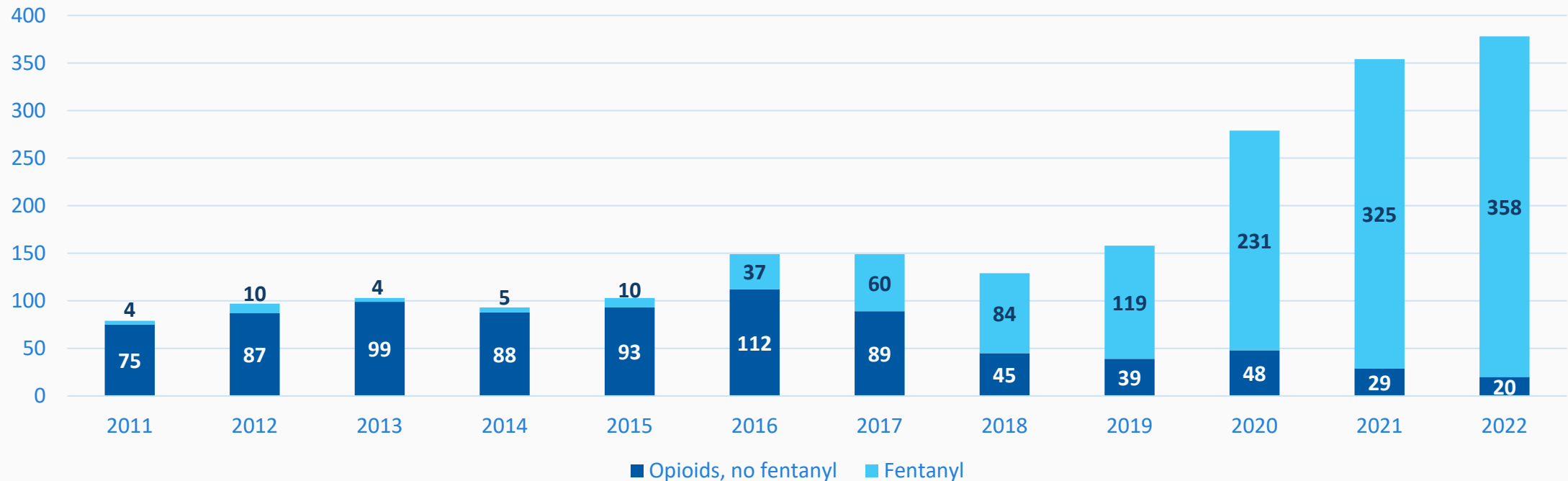
Hennepin County Public Health

Opioid-related deaths have risen over the past decade

Opioid-related deaths among Hennepin County residents

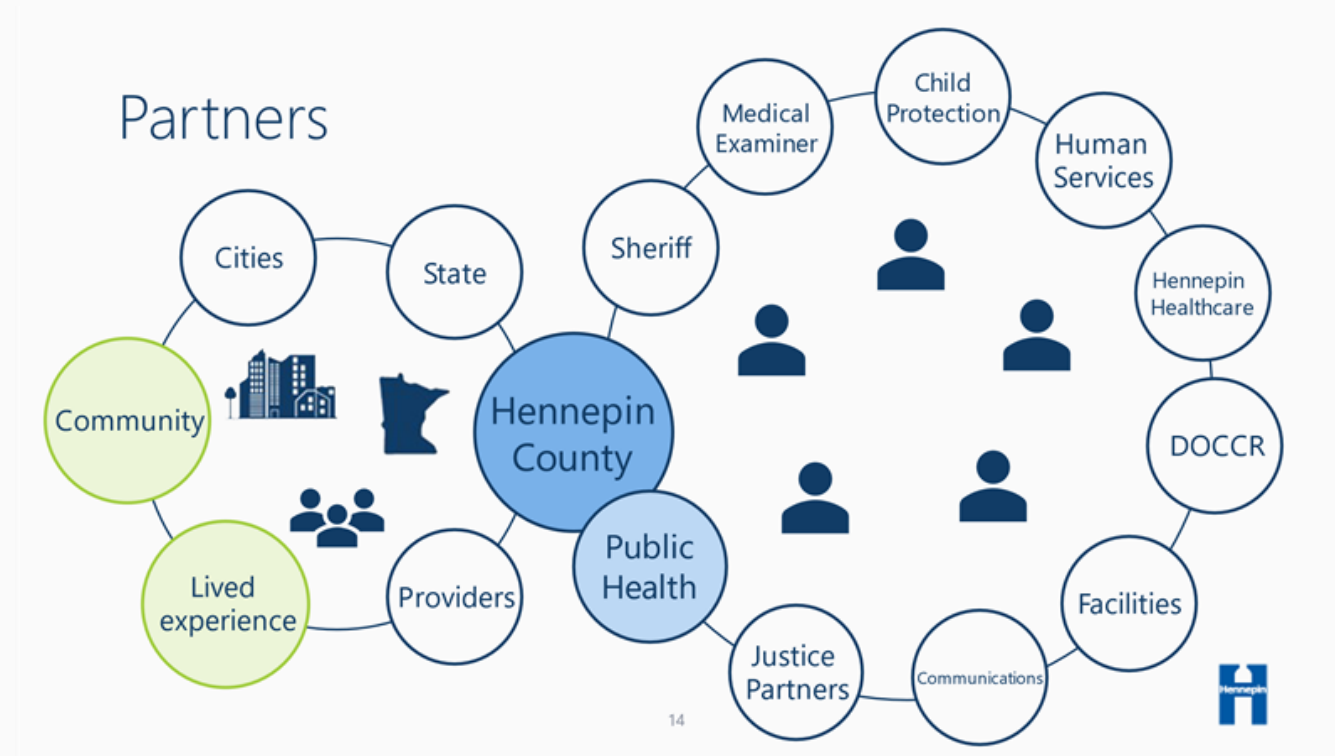Deaths (y-axis): 0, 50, 100, 150, 200, 250, 300, 350, 400

Year	Deaths
2011	79
2012	97
2013	103
2014	93
2015	103
2016	149
2017	149
2018	129
2019	158
2020	279
2021	354
2022	378

The rise in opioid-related deaths is driven by fentanyl

Opioid-related deaths among Hennepin County residents

Hennepin County
Opioid-related death cross-sector evaluation | 2023 NACCHO360 Conference

Team and framework

- [Julie Bauch](#) – Opioid Response Coordinator

Opioid framework pillars

Prevention
Prevent further spread of opioid crisis

Response
Avert overdose deaths

Treatment
Provide evidence-based treatment and recovery services

Prevention: Data infrastructure

- Opioid-related death dashboard

- Substance involved emergency and hospital visit dashboard

- Overdose map/spike alert (ODMAP)

- Cross-sector evaluations

Opioid framework: A housing first, cross-sector response is needed

Spring 2018: First major encampment in Minneapolis was erected at Franklin/Hiawatha

- The Metropolitan Urban Indian Directors (MUID) provide an American Indian-centered view of the housing crisis in Minneapolis

- Encampments appeared in several Minneapolis parks by early summer 2020

Public health crisis trifecta

- Opioid and substance use crisis

- Lack of affordable, accessible housing

- HIV outbreak

Siloed databases are matched against opioid-related deaths

- HMIS: Homeless Management Information System

- Electronic health records (Epic)

Fuzzy (probabilistic) matching

- RecordLinkage R library

  - Name

  - Date of birth

- Social security number was not available

Housing services match

26% of opioid-related deaths were matched to a housing service

- Death records
  - Jan 1, 2019 – Dec 31, 2022
- Homeless Management Information System
  - Jan 1, 2017 – Dec 31, 2022
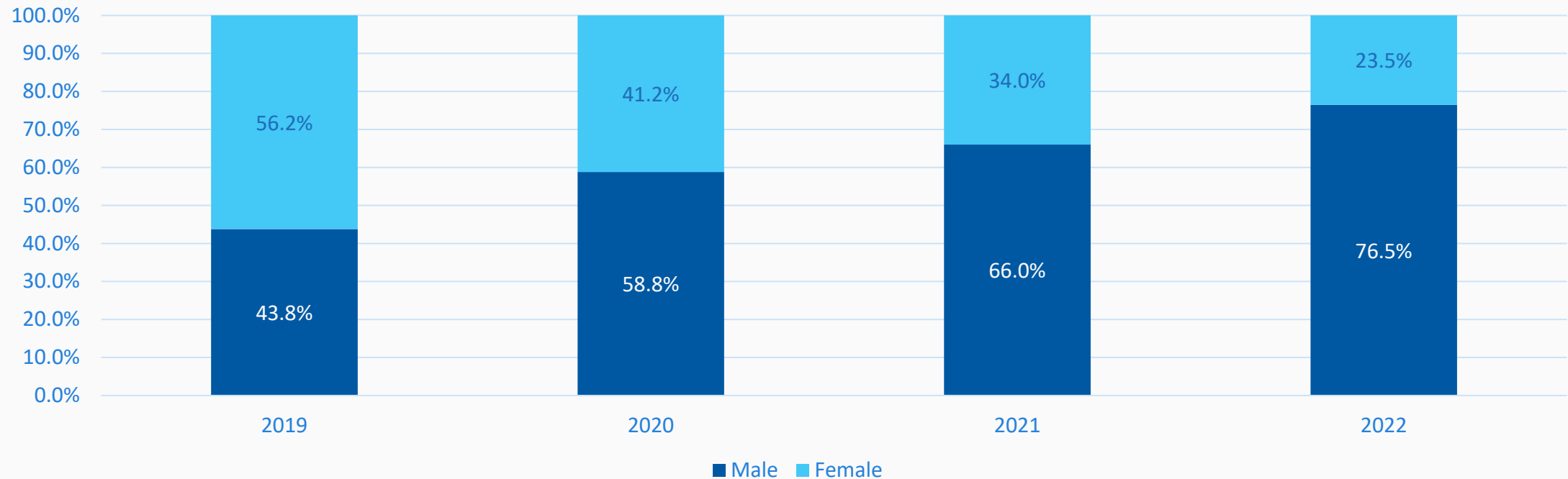 - Must have had at least one service in Hennepin County

Year of death	Matches
2019	20.3% (32/158)
2020	18.3% (51/279)
2021	29.9% (106/354)
2022	31.5% (119/378)
Total	26.3% (308/1,169)

Black and American Indian residents are overrepresented in this match

Race/ethnicity	Opioid-related Deaths	% Deaths	% HMIS population	% County population
Black/African American	144	46.8%	51.2%	13.2%
White	79	25.6%	19.6%	65.6%
American Indian	63	20.5%	9.8%	1.8%
Multi racial	9	2.9%	7.1%	3.6%
Hispanic	7	2.3%	7.8%	7.7%
Asian/Pacific Islander	2	0.6%	1.4%	7.6%
Unknown	4	1.3%	3.1%	-

Age distribution has been consistent the past four years

Year of death	Average age	25th percentile	50th percentile (median)	75th percentile
2019	43	33	46	52
2020	42	33	46	53
2021	44	36	44	56
2022	43	33	44	53

About 40% of opioid-related deaths had a housing service within 30 days of their death

- 0 days represents receiving service day of or being enrolled in an ongoing service

Days	Count	Percent
0 days	94	32.2%
1-30 days	27	9.2%
31-100 days	23	7.9%
101-365 days	57	19.5%
Greater than 1 year	93	31.2%

Emergency and day shelters were the most utilized services

Service	Count	% Match	% HMIS
Emergency shelter	220	62.7%	57.9%
Day shelter	145	41.3%	27.2%
Permanent housing	139	39.6%	39.0%
Street outreach	71	20.2%	12.1%
Transitional housing	24	6.8%	5.0%

Emergency shelters are a key point of intervention

- 1 in every 143 unique people that used emergency shelter services over the period studied died of an opioid-related death

- 45 percent of those deaths occurred within a year of using an emergency shelter service, and 11 percent occurred within 30 days.

Few deaths were matched to Public Health Clinical Services

- Public Health Clinic

- Health Care for the Homeless

- Mental Health Clinic

- Emergency mental health services

What's next?

Next steps

- Forthcoming report will be posted on the [Hennepin County Opioid Epidemic webpage](#)

- Meeting with stakeholders, including opioid response and clinical leadership who requested this evaluation

- Integrate criminal justice encounter data

- Leveraging the data for public health interventions

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