Executive Summary

Deaths Among Homeless Persons in Santa Barbara County 1/1/2009 to 12/31/2010

by the Santa Barbara County
Homeless Death Review Team

Homeless Death Review Team Members

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Executive Summary

Background

The Homeless Death Review Team (HDRT) meets quarterly to review and develop recommendations to address deaths among the homeless population. The HDRT is led by the Public Health Department (PHD) Health Care for the Homeless program in collaboration with:

- Department of Social Services (DSS)
- Alcohol, Drug, and Mental Health Services (ADMHS)
- Sheriff's Department
- Cottage Hospital
- Casa Esperanza
- Parish Nursing

This report reviews deaths occurring between January 1, 2009 and December 31, 2010 and summarizes previous data realigned into a calendar year time frame. Unless otherwise stated, the statistics are for both calendar years combined. Charts labeled "All Data" reflect data from both calendar years as well.

As a result of direction from the Board of Supervisors in response to the first HDRT report, county departments that serve the homeless have made changes to:

- Facilitate referrals across county agencies
- Collaborate to secure benefits on behalf of homeless persons
- Enhance coordination through process improvements
- Identify those at highest risk through a "Vulnerability Index" assessment to prioritize the most needy for housing. To date, 25 persons previously homeless now have housing

These changes have resulted in improved continuity of care and better system coordination to serve individuals experiencing homeless.

As the HDRT continues to research and report deaths among homeless people in Santa Barbara County, the team will identify trends to better focus on solutions which will improve services, and hopefully decrease the number of deaths.

Methods[1]

Cases were identified by generating reports of known deaths for people experiencing homelessness using the PHD practice management software, then expanding this list with information from community informants, from the Health Care for the Homeless (HCH) program and from the HDRT. This revised list was confirmed and further expanded by searching the Electronic Death Registry System, which includes all death certificates, to extract death information from decedents from all known Santa Barbara County (SBC)

[1] Caution is advised in interpreting the data to certain inherent study limitations. Identifying, with 100% accuracy, persons experiencing homelessness who died within the study period is difficult due to the cross-sectional design which limits the ability to differentiate cause and effect or the sequence of events. Additionally, access to law enforcement records is limited as is the accuracy and completeness of information on death certificates.

shelters or transitional housing, and those with no known address. A final review identifies those decedents to be included in the Homeless Study Category.

Demographics

A total of 79 decedents were identified (40 in 2009, 39 in 2010). Decedents were predominantly male (86%). Average age at time of death for females and males is 51 and 52, respectively. For the total population, average age of death is 52 years old. By race, 80% (63) of decedents were Caucasian, 9% (7) were Latino/Hispanic, 5% (4) were African American, 3% (2) were Native American, 1% (1) was Asian/Pacific Islander, and 3% (2) were Unknown/Other. By ethnicity, 23% of the death certificates reported decedents as being of Hispanic/Latino. Overall, the vast majority of decedents (86%) were U.S. citizens and 14% were veterans.

Death Statistics

Manner of Death

For the *manner* of death, 38% (30) deaths were listed as from natural causes, 35% (28) were listed as due to accidents, 1% (1) was due to suicide, 1% (1) was undetermined, and 24% (19) did not list a manner of death. Four percent (3) of deaths involved trauma. Three percent (2) of deaths occurred from exposure and hypothermia with both listed as directly attributable to acute alcohol intoxication.

Cause of Death

Looking at the *cause* of death, alcohol and drug abuse accounted for 46% of deaths (36) with cardiovascular disease accounting for 27% of deaths (21), and the remaining 28% of deaths (22) caused by a variety of causes.

Table 5: Primary Cause of Death (Traditional ICD Categories)

	Year of Death					
	2010		2009		All Data	
Cause of Death	**#**	**%**	**#**	**%**	**#**	**%**
Drug and/or Alcohol Related						
Accidental Exposure to noxious substance	0	0%	2	5%	2	3%
Alcohol induced death	6	15%	4	10%	10	13%
Alcoholic liver disease	3	8%	4	10%	7	9%
Drug induced death	7	18%	9	23%	16	20%
End stage liver disease	1	3%	0	0%	1	1%
Drug/Alcohol Related Total	**17**	**44%**	**19**	**48%**	**36**	**46%**
Cardiovascular Related						
Atherosclerotic cardiovascular disease	10	26%	4	10%	14	18%
Heart Failure	0	0%	1	3%	1	1%
Hypertensive heart disease	3	8%	1	3%	4	5%
Myocardial infarction	0	0%	1	3%	1	1%
Ruptured mycotic pulmonary aneurysm	0	0%	1	3%	1	1%
Cardiovascular Related Total	**13**	**33%**	**8**	**20%**	**21**	**27%**

Table 5: Primary Cause of Death (Traditional ICD Categories)						
	Year of Death					
	2010		2009		All Data	
Cause of Death	**#**	**%**	**#**	**%**	**#**	**%**
Other						
Accidental choking	0	0%	1	3%	1	1%
Accidental non-transport injury	2	5%	1	3%	3	4%
Asthma	0	0%	1	3%	1	1%
Chronic Obstructive Pulmonary Disease	1	3%	0	0%	1	1%
Diabetes	1	3%	1	3%	2	3%
Event of undetermined intent	0	0%	1	3%	1	1%
HIV	0	0%	1	3%	1	1%
Hypothermia	1	3%	1	3%	2	3%
Mental and behavioral disorder	1	3%	0	0%	1	1%
Neoplasm of the liver	0	0%	1	3%	1	1%
Neoplasm of the lung	1	3%	2	5%	3	4%
Perforated peptic ulcer	1	3%	0	0%	1	1%
Pneumonia	0	0%	1	3%	1	1%
Sepsis	1	3%	1	3%	2	3%
Undetermined secondary to decomposition	0	0%	1	3%	1	1%
Other Total	**9**	**23%**	**13**	**33%**	**22**	**28%**
Total - All Causes	**39**	**100%**	**40**	**100%**	**79**	**100%**

Location and Season

Approximately 70% (55) of deaths occurred indoors and 30% (24) occurred outdoors. Of those deaths occurring indoors, 38% (21) occurred in hospitals and 62% (34) occurred elsewhere indoors. Deaths were fairly evenly distributed throughout the seasons with 27% (21) of deaths occurring in winter, 29% (23) in spring, 28% (22) in summer, and 17% (13) in fall.

Related Health Conditions

Looking at health conditions that affected the decedents, alcoholic disease (whether or not it was a direct cause of death) was identified in 76% (60) of homeless individuals, followed by illicit substance abuse at 53% (42). Cardiovascular disease was also highly prevalent at 49% (39) along with mental health disease at 48% (38). Mental health diseases ranged from an unspecified psychiatric disorder to schizophrenia. Sixty-six percent of decedents with mental health conditions were also identified as using illicit drugs or alcohol. As expected, violence and trauma was also more prevalent with co-morbid mental health conditions, drug use, and alcohol use.

Summary Conclusions

This informational study highlights the complicated healthcare needs of the people experiencing homelessness in Santa Barbara County. Some of the key highlights are:

- *An overwhelming number of the deaths involved individuals diagnosed with severe dependence on, and abuse of, alcohol and/or drugs.*
- *Mental health conditions and dually diagnosed individuals represent a large proportion of the decedent population.*

- *Homeless individuals with alcohol/substance use disorders pose substantial challenges to the substance abuse treatment community, especially those who are dually diagnosed. Distrust of authorities, mobility, and multiplicity of needs make engagement, retention and relapse prevention especially difficult.*
- *Additional resources for the acute treatment of these illnesses, as well as supportive services and placement after acute treatment, are needed for those individuals who want and would take advantage of services.*
- *After alcohol/substance abuse, cardiovascular disease is the leading cause of death for the decedents studied and cardiovascular conditions represent a significant percentage of total conditions.*
- *While many decedents had accessed services for substance abuse, medical and physical health conditions, the data indicates decedents were lost to follow up and were not receiving services around the time of death.*
- *Individuals experiencing homelessness who are treated in local hospitals are discharged back to the street where conditions are not conducive to recovery. They often relapse and need additional medical care. Additional medical respite services are needed to provide care to those discharged from the hospital to improve outcomes and reduce relapse and re-hospitalization.*

Lastly, access to housing is paramount in promoting health and preventing deaths. "*Safe shelter is essential to healthcare and support to maintain stable, affordable housing is crucial for our homeless patients*" (HDRT, 2010). A multiagency work group is currently making great progress in housing our most vulnerable patients utilizing data collected during the Common Ground Santa Barbara Vulnerable Index Survey of Feb/Mar 2011. To date, 25 persons previously experiencing homelessness in Santa Barbara County now have housing. This is clear progress due to the efforts of a wide range of organizations, entities, advocates and individuals focusing on ending homelessness.