

Deaths Among People Experiencing Homelessness in Santa Barbara County

1/1/2017 to 12/31/2017

**By the Santa Barbara County
Homeless Death Review Team (HDRT)**

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1. INTRODUCTION

This is the sixth Santa Barbara County (SBC) homeless death review team (HDRT) report. It contains data on the number of deaths among people experiencing homelessness in the County for calendar year 2017. In addition the demographic data on the decedents is noted including gender, age, ethnicity, veteran status, cause of death and contact with social and homeless services.

The data used to compile this report was obtained from multiple sources including death certificates, medical records, county social services and mental health records and community collaborators.

The definition of homelessness is unchanged from previous reports and refers to unstable or no housing for the year prior to death. An individual experiencing homelessness is defined in section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C., 254b) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A person experiencing homelessness is "an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation." (HRSA/Bureau of Primary Health Care, Program Assistance Letter 1999-12, Health Care for the Homeless Principles of Practice.)

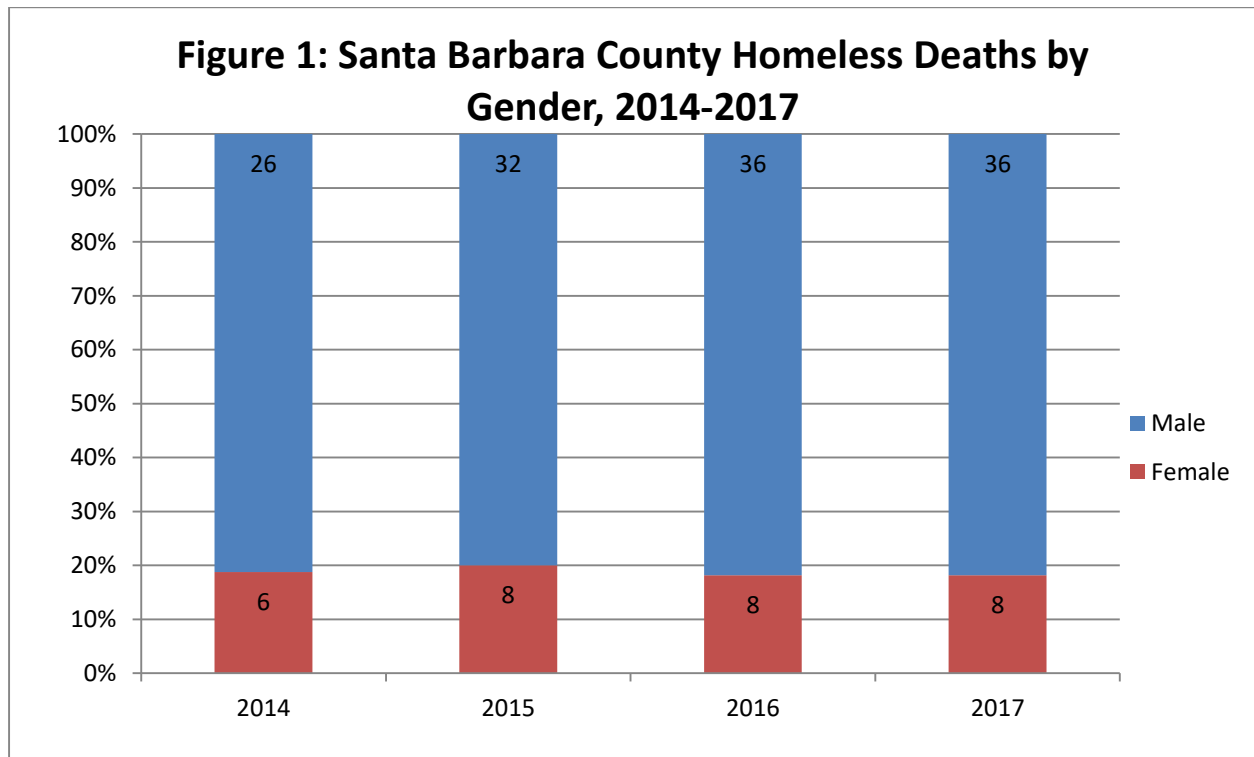
"An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangements is critical to the definition of homelessness." (*Id.*)

2. RESULTS AND DEMOGRAPHICS

The HDRT identified forty-four persons experiencing homelessness who died in Santa Barbara County in 2017.¹ This compares with forty-four deaths in 2016, forty deaths in 2015, and thirty-two deaths in 2014.

Gender

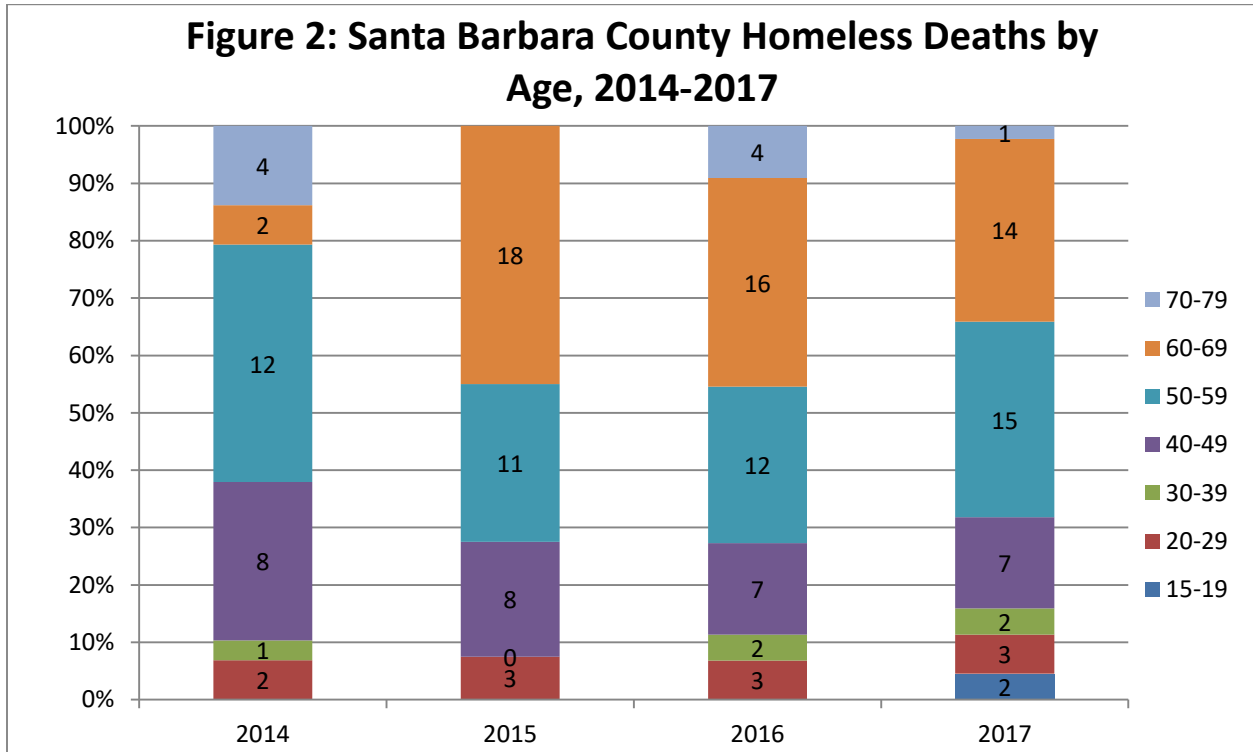
Of the decedents, in 2017 eight were women and thirty-six were men or 18% and 82% respectively.



¹ Two deaths occurred out of Santa Barbara County; the decedents received services six or more months in the County in the year preceding death.

Age

The age range of decedents in 2017 was seventeen through seventy-four with the average age of death for men fifty-two years and for women fifty-three years. The age distribution is shown in Figure 2. Over the past four years, approximately 90% of the SBC Homeless deaths are to those forty and above.



Ethnicity/Race

The statistics for ethnicity and race were based on review of the State of California death certificates for the decedents. Each certificate has two questions regarding race and ethnicity. One question is “Was decedent Hispanic/Latino/Spanish?” The second question asks Decedent’s race. The distinction between race and ethnicity is not always clear and is a debated topic by the US census bureau and other groups compiling statistics. Some of the death certificates gave conflicting information. Therefore, for this report all available records on each individual were reviewed to give as accurate data as possible.

For 2017, of the forty-four decedents 73% were White; 30% Hispanic/Latino.

Figure 3: Race/Ethnicity of SBC Homeless Decedents, 2014-17

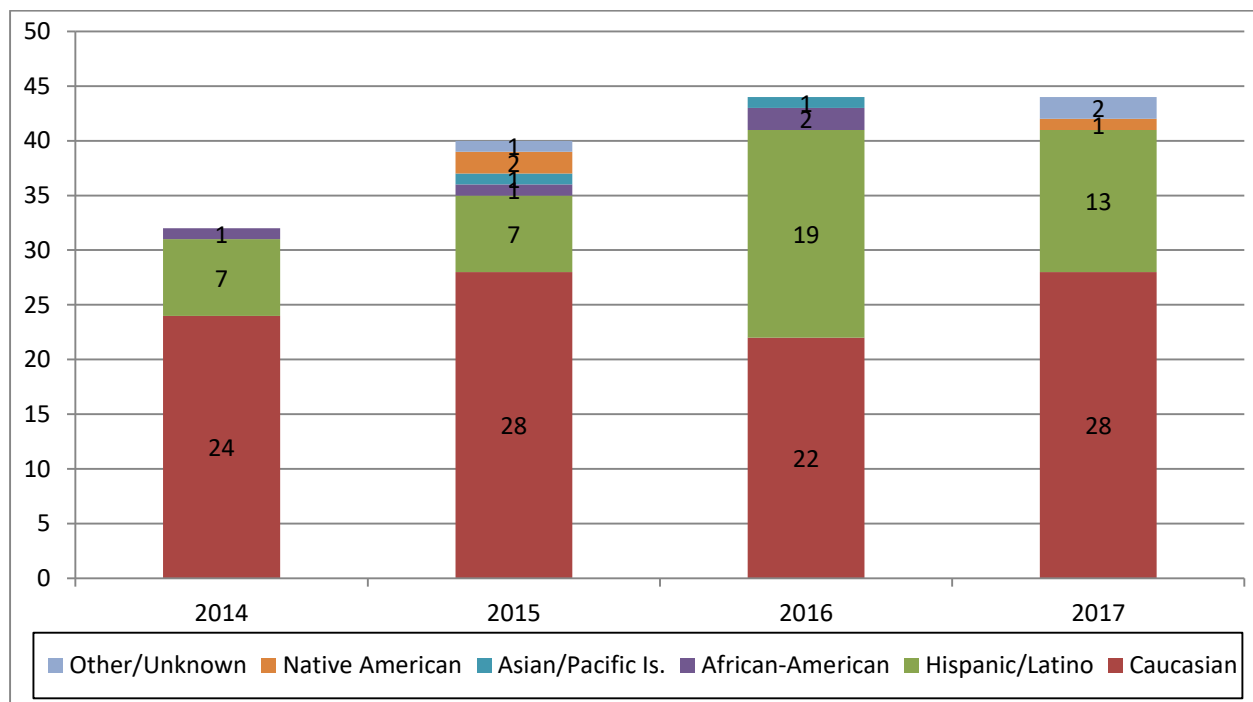


Table 1: Demographic Data

Demographic Data	Year of Death									
	2014		2015		2016		2017		Total	
	#	%	#	%	#	%	#	%	#	%
Total Deaths	32	100.0%	40	100.0%	44	100.0%	44	100.0%	160	100.0%
Homeless Population Estimate*	1512		1455		1443		1489			
Homeless Death Rate per 1000 population	21.16		27.49		30.49		29.55			
Average Age at Death of Homeless	54		53		55		52			
Average Age at Death of Homeless Females	53		49		57		53			
Average Age at Death of Homeless Males	52		54		55		52			
Gender										
Females	6	18.8%	8	20.0%	8	18.2%	8	18.2%	30	18.8%
Males	26	81.3%	32	80.0%	36	81.8%	36	81.8%	130	81.3%
Race										
White	24	75.0%	28	70.0%	22	50.0%	28	63.6%	102	63.8%
African American	1	3.1%	1	2.5%	2	4.5%	0	0.0%	4	2.5%
Asian/Pacific Is.	0	0.0%	1	2.5%	1	2.3%	0	0.0%	2	1.3%
Native American	0	0.0%	3	7.5%	0	0.0%	1	2.3%	4	2.5%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	2	4.6%	2	1.3%
Ethnicity										
Hispanic/Latino	7	21.9%	7	17.5%	19	43.2%	13	29.5%	46	28.8%
Veterans										
Veterans	5	15.6%	1	2.5%	4	9.1%	5	11.4%	15	9.4%

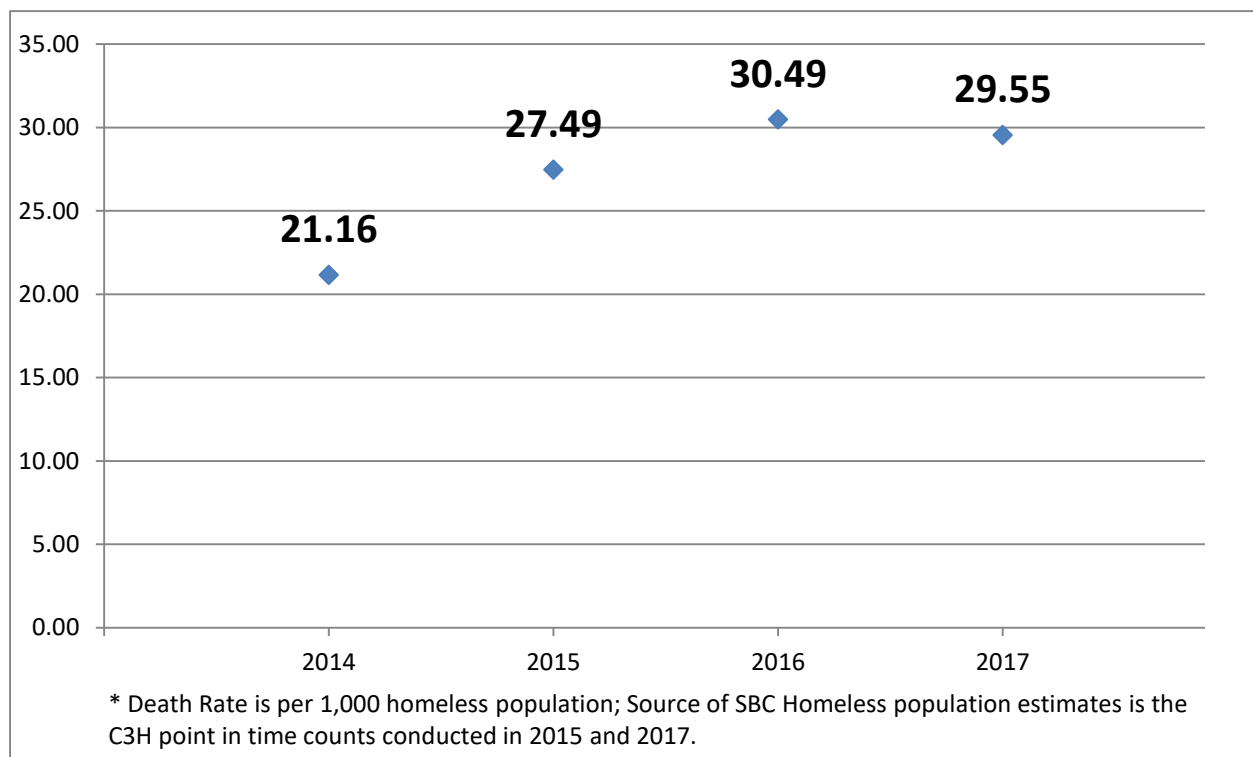
Veteran Status

There were five decedents in 2017 identified as a veteran. In the 2015-2016 report, the committee identified a challenge collecting this data and a need to improve reporting. This year the Santa Barbara County Public Guardian/Public Administrator/Veterans' Services office participated and determined Veteran status of each decedent.

Homeless Death Rate

The homeless death rate is the rate of death for every 1,000 homeless in Santa Barbara County. To determine this rate, so that it may be compared to other homeless death rates across the State and Nation, the HDRT uses a figure established by the Housing and Urban Development (HUD) as the denominator. Each year HUD conducts a count of homeless deaths using HUD's definition of homelessness. THE HDRT then gathers the numerator by meticulously combing through death certificate data and working with partners to determine the homeless status of the decedent in the previous twelve (12) months of life. The homelessness definition for HDRT's death review has a broader scope than the HUD definition and includes doubling up, a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. Using this broader definition inflates the homeless death rate for SBC when compared to other regions' homeless death rates that may only use HUD's homeless definition. SBC's rates may also appear inflated because some regions do not have a homeless death review team that fully investigates each death for homeless status.

Figure 4: Santa Barbara County Homeless Death Rate, 2014-2017



3. LOCATION AND SEASON OF DEATH – ENVIRONMENTAL DATA

In 2017, sixteen out of the forty-four or 36% of the deaths occurred outdoors. The remaining twenty-eight individuals or 64% died indoors; of these indoor deaths, fourteen died in the hospital or care facility. As shown in Table 2, the percentage of outdoor deaths was lower in 2017 than in the 2015 and 2016 previous reports.

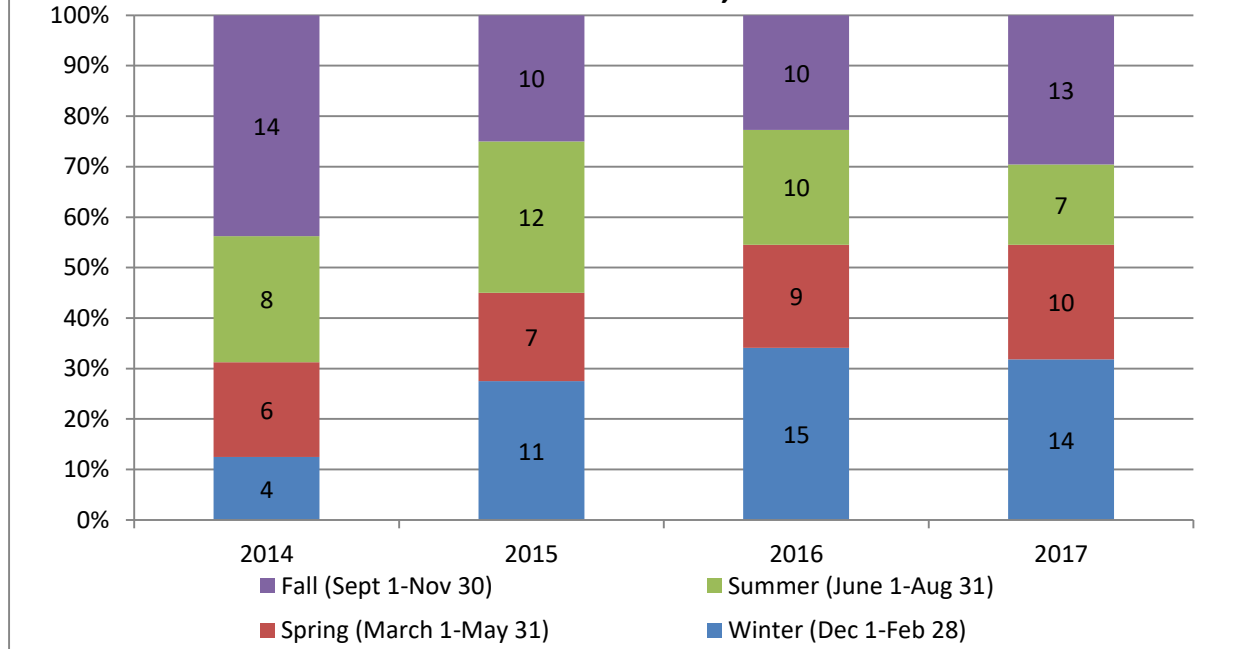
Table 2: Location

	Year of Death									
	2014		2015		2016		2017		Total	
	#	%	#	%	#	%	#	%	#	%
Location of Death	32		40		44		44		160	
Outdoor Death	14	44%	19	47.5%	21	47.7%	16	36.4%	70	43.8%
Indoor Death (Hospital death)	18 (2)	56% (6%)	21 (5)	52.5% (12.5%)	23 (13)	52.3% (29.5%)	28 (14)	63.6% (31.8%)	90 (34)	56.3% (21.3%)
Season										
Winter	4	13%	11	27.5%	15	34%	14	31.8%	44	27.5%
Spring	6	19%	7	17.5%	9	20.5%	10	22.7%	32	20.0%
Summer	8	25%	12	30%	10	23%	7	15.9%	37	23.1%
Fall	14	44%	10	25%	10	23%	13	29.5%	47	29.4%

Seasonally, for 2017, 29.5% died in the fall; 15.9% in the summer; 22.7% in the spring and 31.8% in the winter. Although more deaths occurred in the summer of 2015 and winter of 2016, since reviewing homeless deaths in 2009, there is an overall even distribution of deaths seasonally when compared over the years.

No deaths were attributed to the weather in 2017. In other words, no hypothermia, hyperthermia, or dehydration-related causes was listed as a cause of death for any of the 2017 decedents.

Figure 5: Santa Barbara County Homeless Deaths by Seasonal Distribution, 2014-2017



4. DEATH STATISTICS

Manner of Death

“Manner of death” is a term used by medical examiners to categorize if a death is natural, e.g., due to a disease process or aging, or if it is due to unnatural causes. If unnatural, it is further subdivided into homicide, suicide, accidental, or undetermined.

The HDRT used the following distinctions between manners of death as defined in the Centers for Disease Control and Prevention Medical Examiners’ and Coroners’ Handbook on Death Registration and Fetal Death Reporting, 2003 Revision, page 21.:

Natural—“due solely or nearly totally to disease and/or the aging process.”

Accident—“there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.”

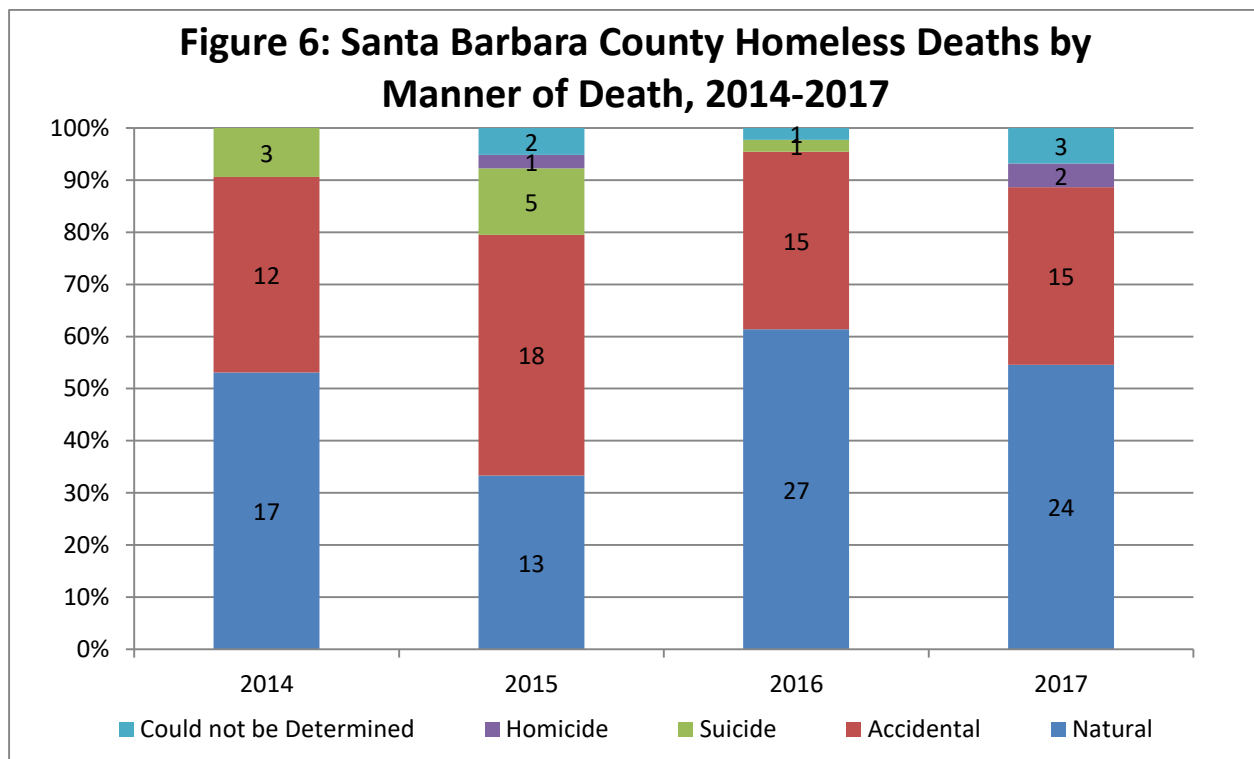
Suicide—“results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one’s self.”

Homicide—“occurs when death results from...” an injury or poisoning or from “...a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide.”

Could not be determined—“used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered.”

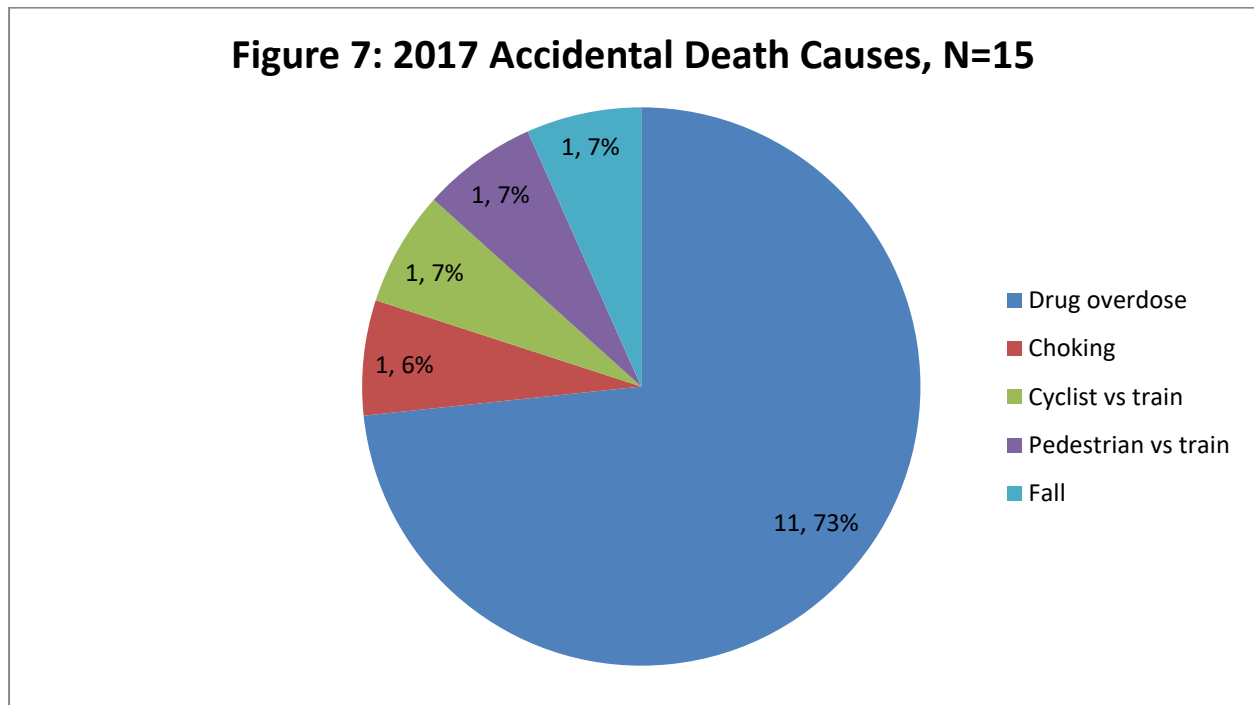
Pending investigation—used when determination of manner depends on further information.

In 2017, twenty-four of the forty-four or 54.5% deaths were natural, fifteen or 34.1% were accidental, two or 4.5% were homicides, three or 6.8% could not be determined, and zero were deemed suicides (see figure 6.) Natural cause was listed as the most prevalent manner of death for 2017, but not as high as seen in 2016.



Accidental Death Causes

In 2017, 11 deaths were attributed to drug overdose, other accidental deaths included: choking, cyclist hit by train, pedestrian hit by train and a fall.



Cause of Death (Defined by ICD-10 codes)

2017

11/44, 25.0% died of cardiovascular disease

11/44, 25.0% died of drug or alcohol overdose

4/44, 9.1% died of blunt force trauma

3/44, 6.8% died of COPD

3/44, 6.8% died of Mental/Behavioral Health disorders

1: ICD-10 code of mental disorder due to multi-drug use:

1. Causes of death on the DC listed: anoxic brain damage, bacterial endocarditis, and IV drug user

2: ICD-10 code of mental disorder due to alcohol use:

1. Causes on the DC: septic complications & chronic alcoholism

2. Complications of alcoholism

For 2017, cardiovascular disease and Drug/Alcohol overdoses were the leading causes of death.

For 2017 substance abuse was the most prevalent health condition occurring in 47.7% of the individuals and listed as a health condition on the death certificate.

The remaining deaths for 2017 were Diabetes (2), Gunshot wound (2), Cancer (2), Intestinal obstructions (2), HIV (1), Pneumonia (1), Choking (1), and Stroke (1).

5. ACCESS TO SERVICES

Records were reviewed to determine the percentage of decedents who had accessed any of the following agencies:

1. Medical services through either Santa Barbara County Public Health Department (PHD)
2. Medical services through emergency departments or admissions at Cottage Hospital (CH), or Marian Hospital (MH)
3. Sheriff's Department (SD)
4. Behavioral Wellness (BW) formerly Alcohol, Drug, Mental Health Services (ADMHS)
5. Department of Social Services (DSS)
6. Veterans' Services Offices

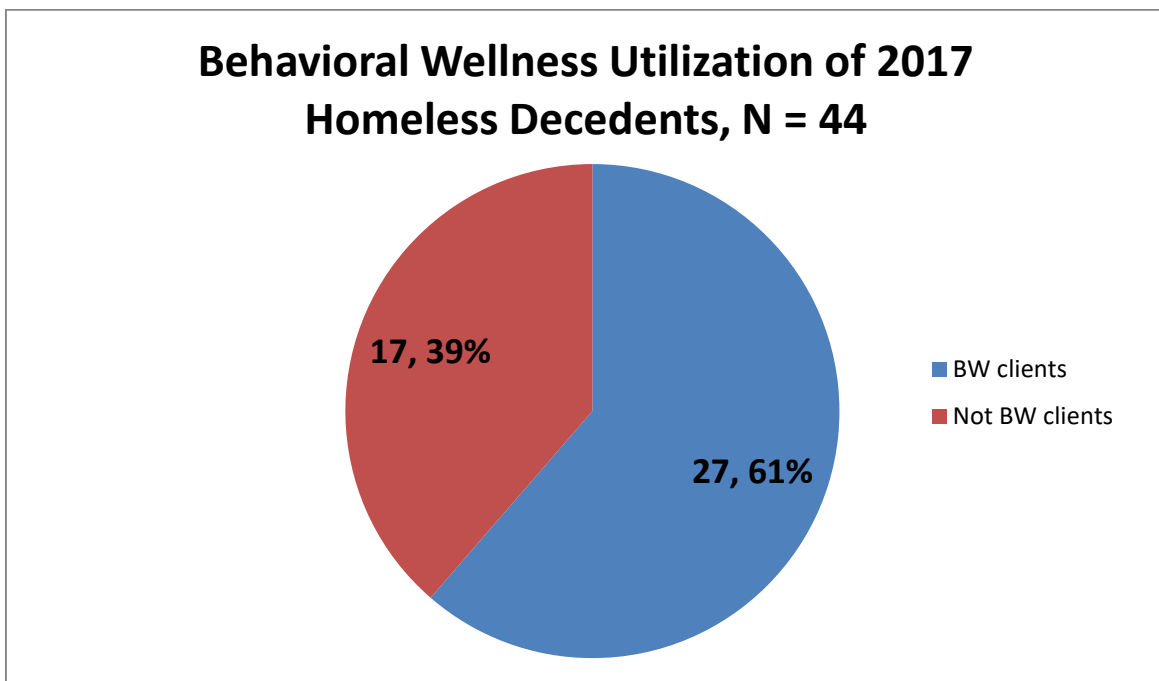
Table 3: Santa Barbara County Services Accessed by the Decedents

2017	Services used the year prior to death
43.2% (19)	Services from PHD
75.0% (33); 124 visits by 33 decedents = 3.8 visits per patient	Emergency Department Visits (CH or MH)
47.7% (21); 65 admits by 19 decedents = 3.1 admits per patient	Hospital Admits (CH or MH)
25% (11)	Contact with the Sheriff's department in the last year
61% (27)	Service from BW
68% (30)	Service from DSS
11.3% (5)	Veterans' Services

Of the twenty-seven individuals that were clients of by BW (See Figure 8 below), fifteen of these were diagnosed with a serious persistent mental illness (SPMI); this includes schizophrenia, schizoaffective disorder, delusional disorder, bipolar disorder, and severe

depression or personality disorder that is disabling. Overall, thirteen out of twenty-seven or 48% of those seen by BW had dual diagnosis, i.e., substance abuse and mental illness. Eleven of the twenty-seven (40.7%) clients were seen at least once by BW the year before their death.

Figure 8: Behavioral Wellness Utilization



6. FINDINGS

Based on the data herein and with an understanding of the service area, several themes are apparent:

1. As identified in previous reports, substance abuse (drugs and alcohol) remains the most prevalent health condition identified in individuals experiencing homelessness who died in 2017.
2. The leading cause of death in 2017 was due to cardiovascular disease and Drug/Alcohol overdose. These individuals died prematurely with average age of death being 52 years in 2017, compared to 77 years in the housed population for the same year.
3. These individuals had frequent contact with Santa Barbara County departments (Public Health, Behavioral Wellness, Sheriff, Social Services) and local hospitals.

With this report we remember the lives reflected in these statistics and the many concerned citizens and agencies, both private and public working towards a goal of eliminating the need for reports like this. Multiple agencies in Santa Barbara County collaborate, combining resources and expertise to address the innumerable challenges related to homelessness and provides lifesaving/life prolonging services, i.e., housing, drug treatment, medical care, employment resources, etc. The dedication and cooperation amongst the partners in this effort lead to outcomes preventing added deaths. We acknowledge their commitment to supporting people towards stable housing and health care.