



Deaths Among Homeless Persons in Santa Barbara County

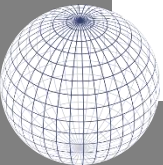
January 1, 2018 through December 31, 2018

A Report for the Santa Barbara County
Board of Supervisors

February 11, 2020

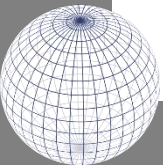
Background

- This is the seventh Santa Barbara County homeless death review team (HDRT) report
- The Homeless Death Review Team meets regularly
- This report reflects data from calendar year 2018
- Data is collected year-round regarding homeless deaths
- The review process takes 6 months from start to finish



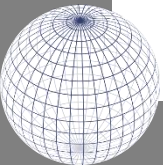
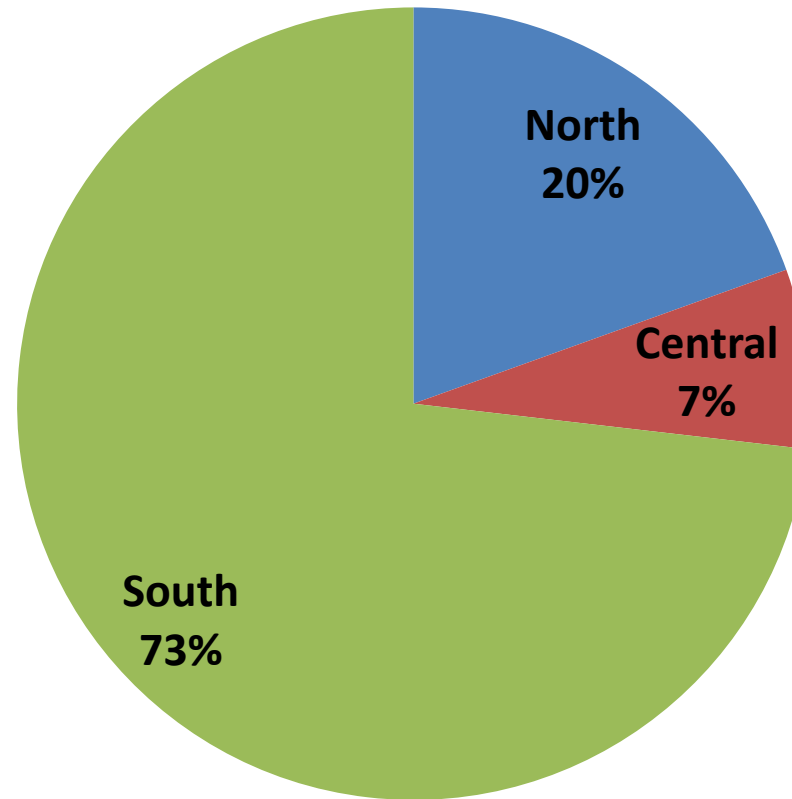
Demographics

- 41 individuals were identified in 2018
- 76% were male
- Average age of death is 58 (Women 61 years & Men 57 years)
- By race/ethnicity: 66% were White, 24% were Hispanic/Latino



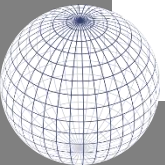
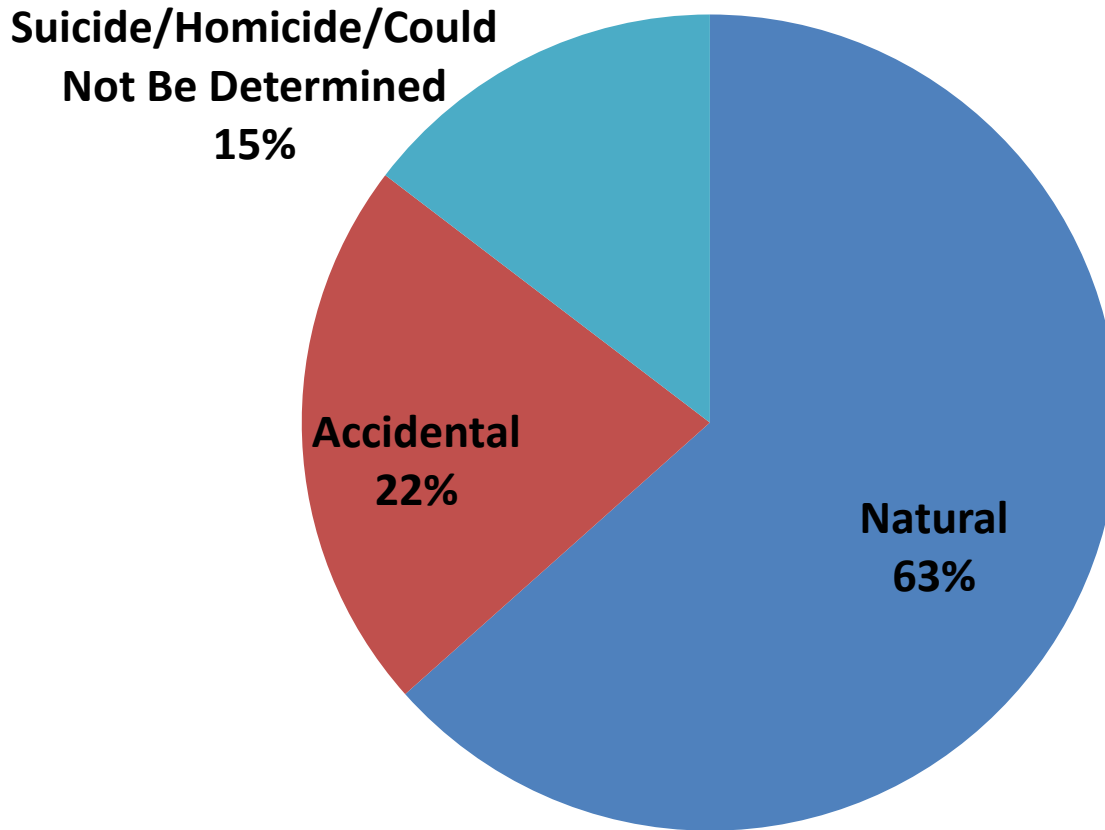
2018 Location of Death (Usual Residence)

2018 Santa Barbara County Homeless Deaths by Geographic Location, N=41



Manner of Death

2018 Manner of Death of Santa Barbara County Homeless Deaths, N=41



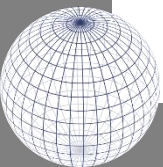
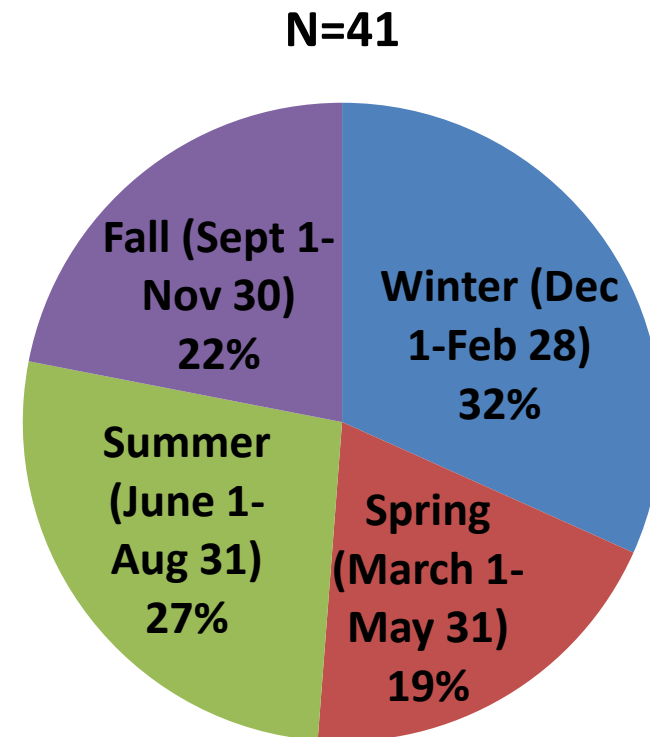
Cause of Death

Cause of Death

- 32% -Cardiovascular Related
- 20% -Drug/Alcohol Related
- 7% -COPD
- 7% -Blunt Force Trauma
- 34% -All Other Causes

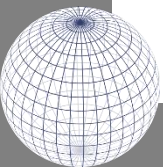
Location and Season of Death

- 63% -Indoors
- 37% -Outdoors



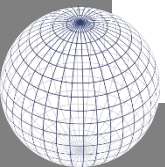
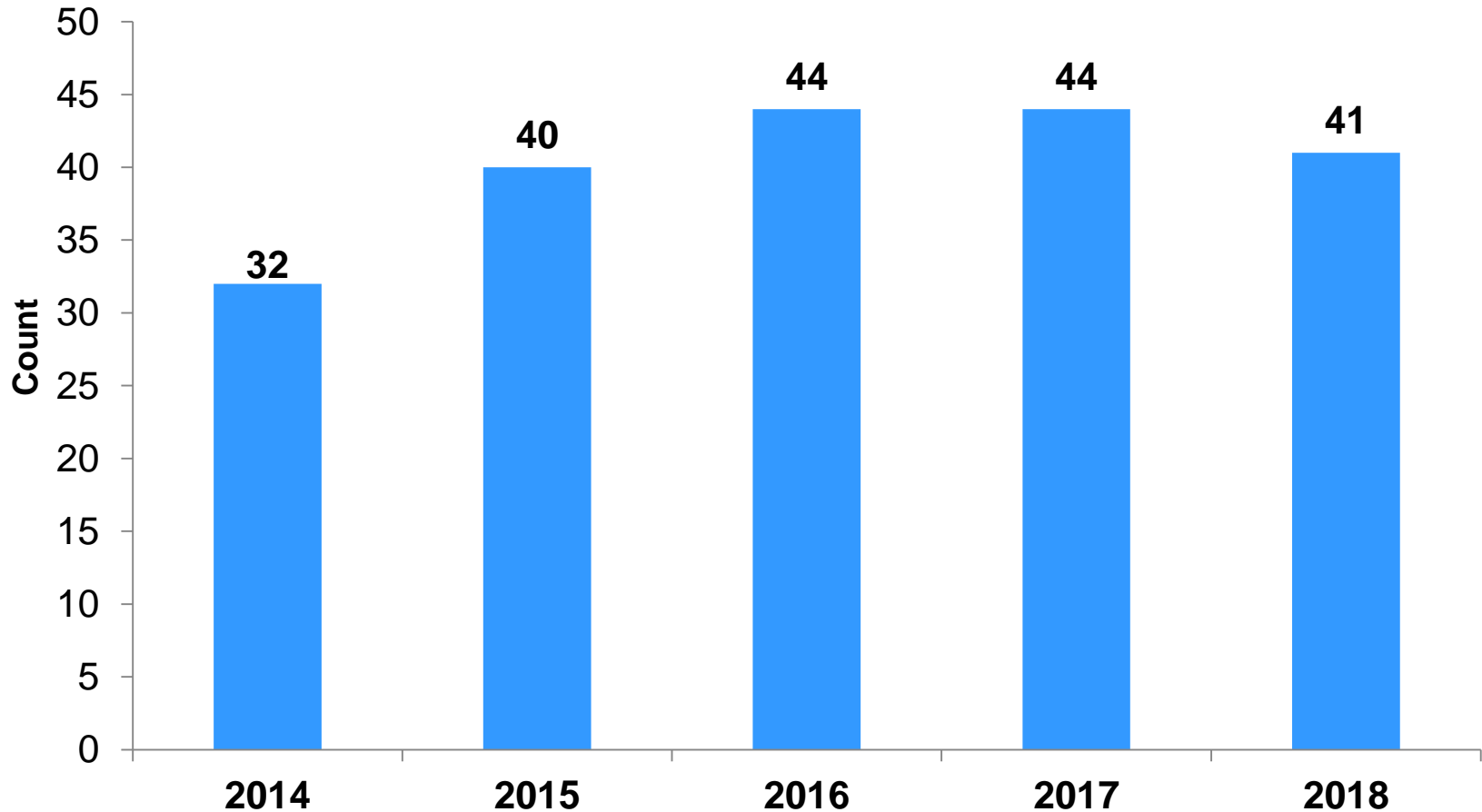
Access To Services

2018	Services used the year prior to death
24.3% (10) = These 10 decedents were seen an average of 5 times in the year before their death	PHD Healthcare Services
65.9% (27); 148 visits by 27 decedents = 5.5 visits per patient	Emergency Department Visits (CH or MH)
51.2% (21); 50 admits by 21 decedents = 2.4 admits per patient	Hospital Admits (CH or MH)
31.7% (13)	Contact with the Sheriff's department in the last year
7.3% (3)	Service from BW
56.1% (23)	Service from DSS
22.0% (9)	Veterans' Services



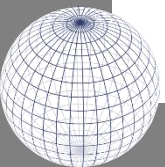
Homeless Deaths Trends

**Santa Barbara County Homeless Deaths, 2014-2018
(N=201)**



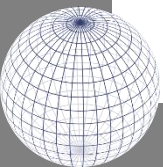
Summary Conclusions

- Increasing Identification of Homeless Deaths – reporting to HDRT and data capture at service point. Updated Release of Information in HMIS.
- Increasing documentation of essential rapport building encounters to demonstrate the importance of developing trust with clients.
- Positive response from the Organized Delivery System (ODS) of care and increased utilization of the Department of Behavioral Wellness' 24-Hour Behavioral Health Crisis Response and Service Access Line in 2019.



Summary Conclusions, continued

- Medication-Assisted Treatment (MAT): A few providers of the Public Health Department's Health Centers, as well as other safety net clinics in the county, were certified in MAT. Patient outcomes from MAT services should help improve care for people experiencing homelessness and opioid addiction.
- Recuperative care (also known as medical respite): The addition of Recuperative Care (RC) in both Santa Maria and Santa Barbara helps homeless who are far too ill to mend on the street and require the safe, clean, and nutritious aspect of how the housed population recuperates. RC programs decrease burden on hospitals.



Summary Conclusions, continued

- Increase to safe, permanent supportive housing is needed to help preserve the lives of people experiencing homelessness.

Santa Barbara County (SBC) was one of the first jurisdictions to coordinate a Homeless Death Review in 2008. The HDRT continues to improve the reporting process and collaboration within the system of care. Through identification of and eliminating barriers, it is the HDRTs sincere hope to avert premature death associated with homelessness.

- Carol Petrini, Public Health Nurse, HCH Program

