



# **Deaths and Violence Against Homeless Persons in Santa Barbara County**

January 1, 2009 through March 31, 2010

A Report for the Santa Barbara County  
Board of Supervisors

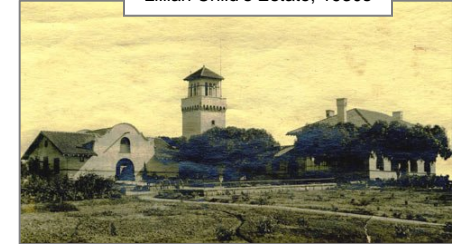
*August 10, 2010*

# Overview

## Introduction

- Early Resources: 1917; Lillian Child's estate
- Review of Current Literature

Lillian Child's Estate, 1930s

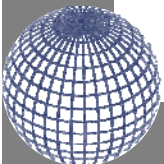


## Goals

1. Identify the number, causes and characteristics of deaths occurring in Santa Barbara County.
2. Develop recommendations to improve healthcare and thus reduce preventable, premature deaths within the homeless patient population.

## Methods

- Case Selection, [Data Collection Form](#)
- Data Analysis



# Results

- Cases Reviewed
  - [Method of Identification](#)
- [Housing Status](#)
  - Living situation
  - Location
- Demographics
  - Gender
  - Race
  - Hispanic Ethnicity
  - Veteran
  - Age

**Table 1: Potential Case Identification and Study Category**

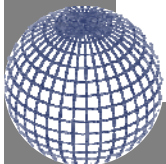
Method of Identification	Cases	% of Cases
Shelter residence address	16	24%
Transitional or Public housing residence address	17	26%
No permanent address identified during a address match review	12	18%
Living outdoors streets identified during a address match review	6	9%
Doubling up identified during a address match review	8	12%
PO Box residence address	0	0%
Unknown residence address matched in SBC practice mgmt software	3	5%
Community infomant, PHD HCH or Death Review Team confirmation	4	6%
<b>Total:</b>	<b>66</b>	<b>100%</b>

Included Cases Study Category and Exclusions	Cases
Homeless	44
Formerly homeless (current stable housing, but homeless within 2 years)	1
<b>Exclusions</b>	
Stable housing > 2 years with no evidence that decedent was homeless	17
Insufficient data to determine living status as homeless	3
Death certificate unavailable at time of investigation	1
<b>Total:</b>	<b>66</b>

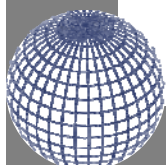
**Table 3: Living Situation and Residence Zip Code for Homeless Decedents**

Living Situation	#	Residence Zip Code	#
Doubled up (with other people)	8	93101*+ Santa Barbara	10
No permanent housing	12	93103*+ Santa Barbara	14
Outdoors	4	93105*+ Santa Barbara	4
Shelter	15	93107 Buellton	1
SRO (motel/hotel)	3	93108 Montecito	1
Transitional	1	93110*+ Santa Barbara	1
Vehicle	2	93111* Santa Barbara	2
<b>Total</b>	<b>45</b>	93434* Guadalupe	1
		93436*+ Lompoc	4
		93454*+ Santa Maria	4
		93458* Santa Maria	3
		<b>Total</b>	<b>45</b>



# Results

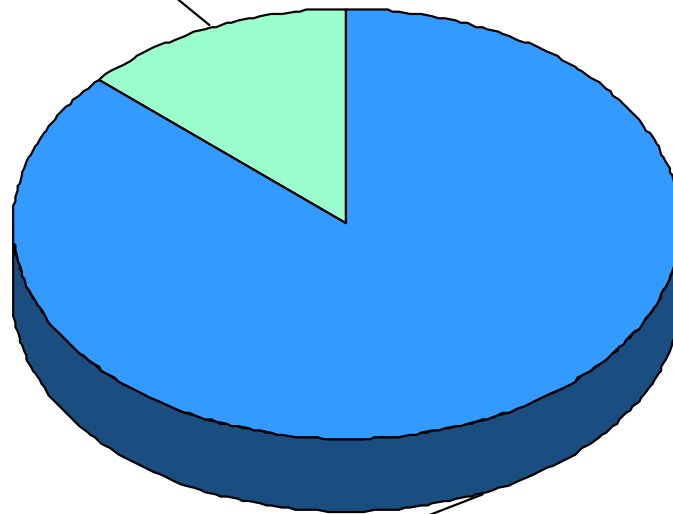
<b>Table 2: Demographic Data</b>			
<b>Total Deaths</b>		45	100%
<b>Gender</b>			
	Females	6	13%
	Males	39	87%
<b>Race</b>			
	African American	2	5%
	Caucasian	37	83%
	Hawaiian	1	2%
	Hispanic	1	2%
	Mexican	1	2%
	Mexican American	2	4%
	Native American	1	2%
<b>Hispanic as Ethnicity</b>		10	22%
<b>Veteran</b>		6	13%
<b>Age</b>			
	0-19	0	0%
	20-29	0	0%
	30-39	4	9%
	40-49	10	22%
	50-59	24	53%
	60-69	5	11%
	70-79	2	5%
	80-99	0	0%
<b>Average Age at Time of Death</b>			
	Females	48	(n=6)
	Males	53	(n=39)
	Total Population	52	(n=45)



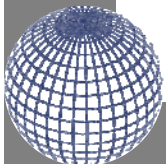
# Results

*Percentage of Deaths by Gender*

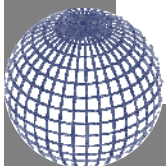
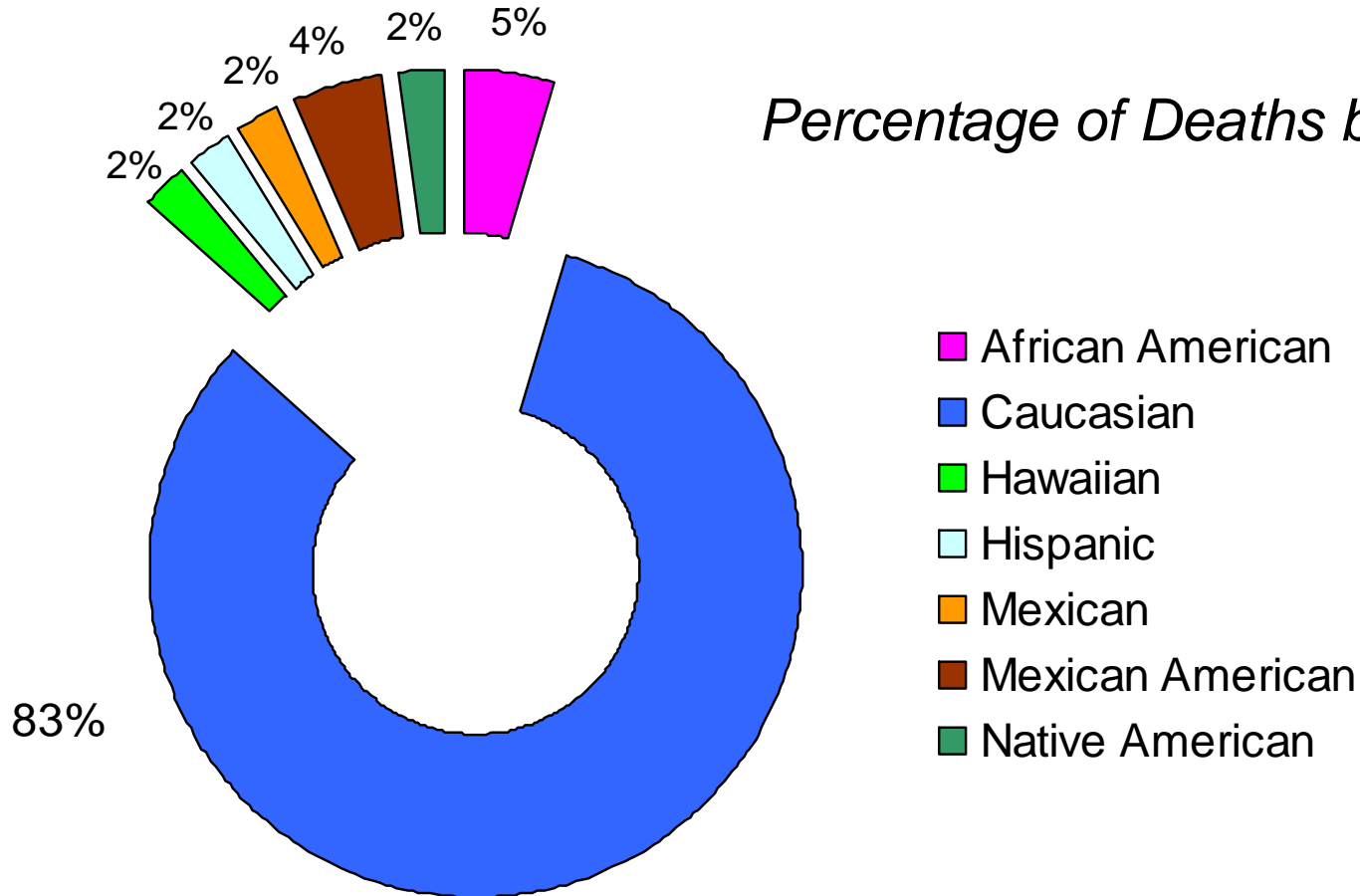
Females  
13%



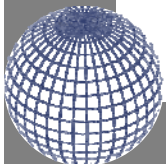
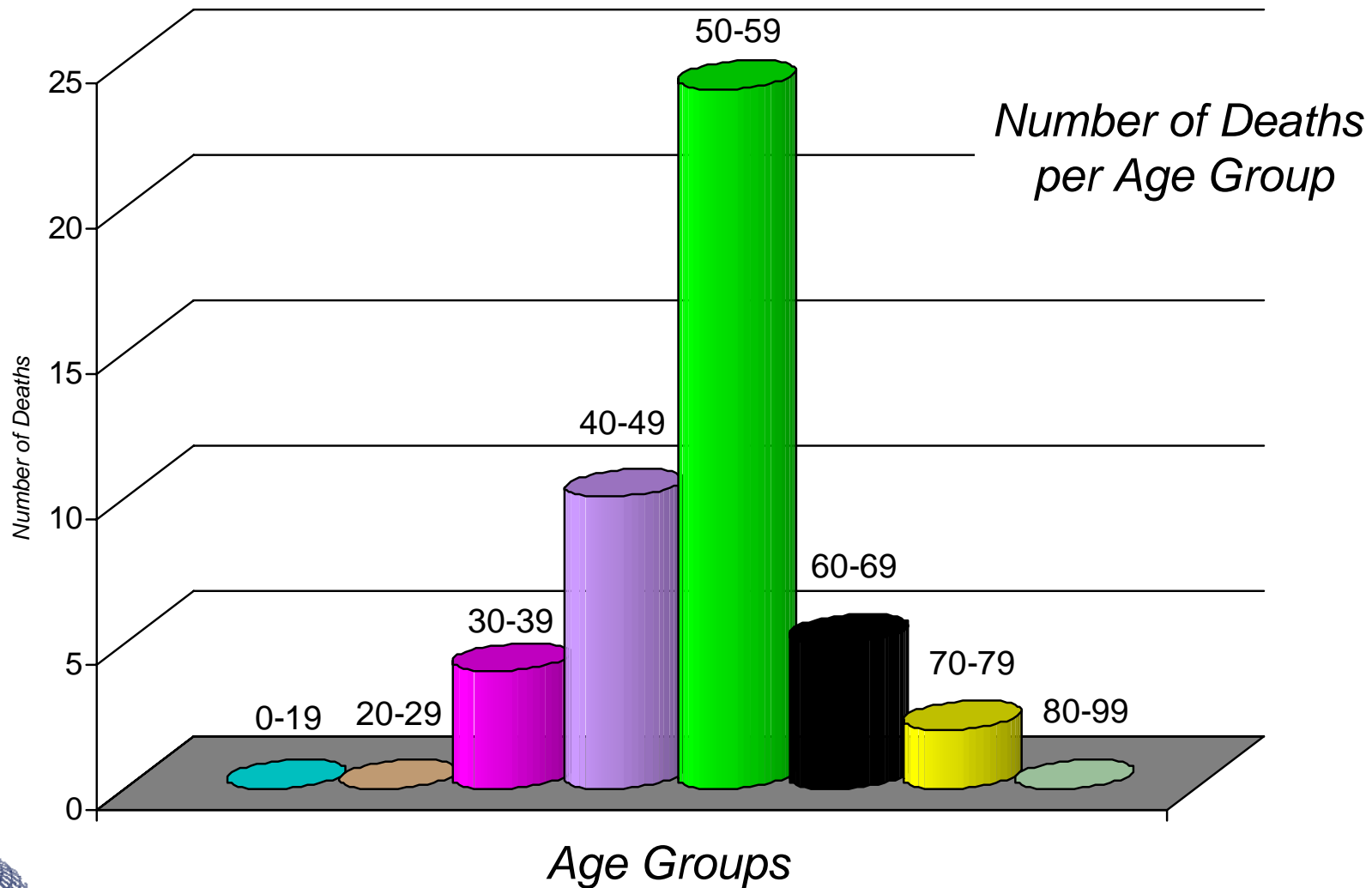
Males  
87%



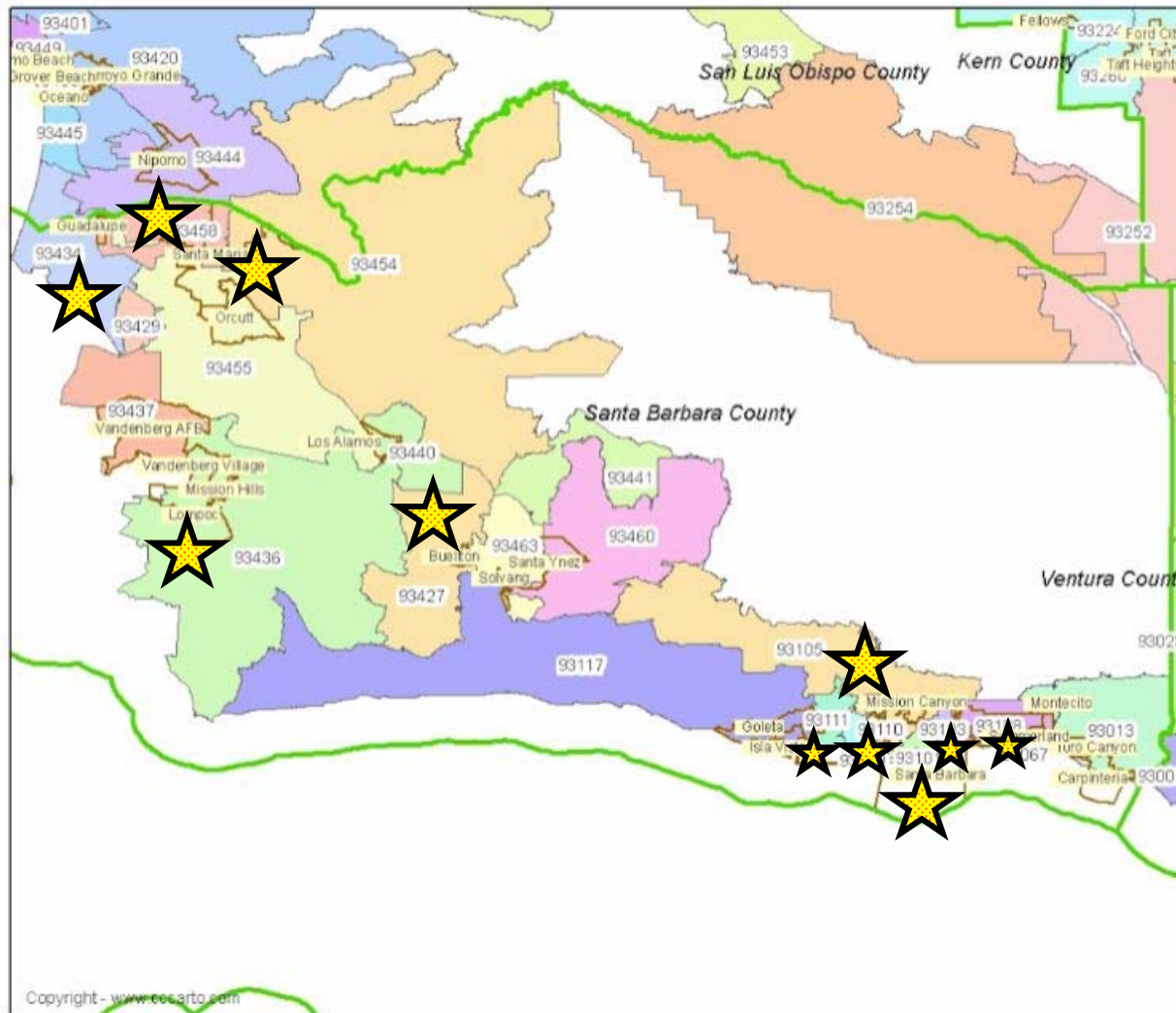
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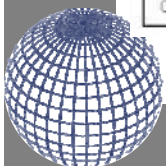
# Results



# Results



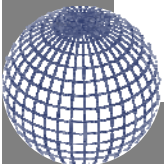
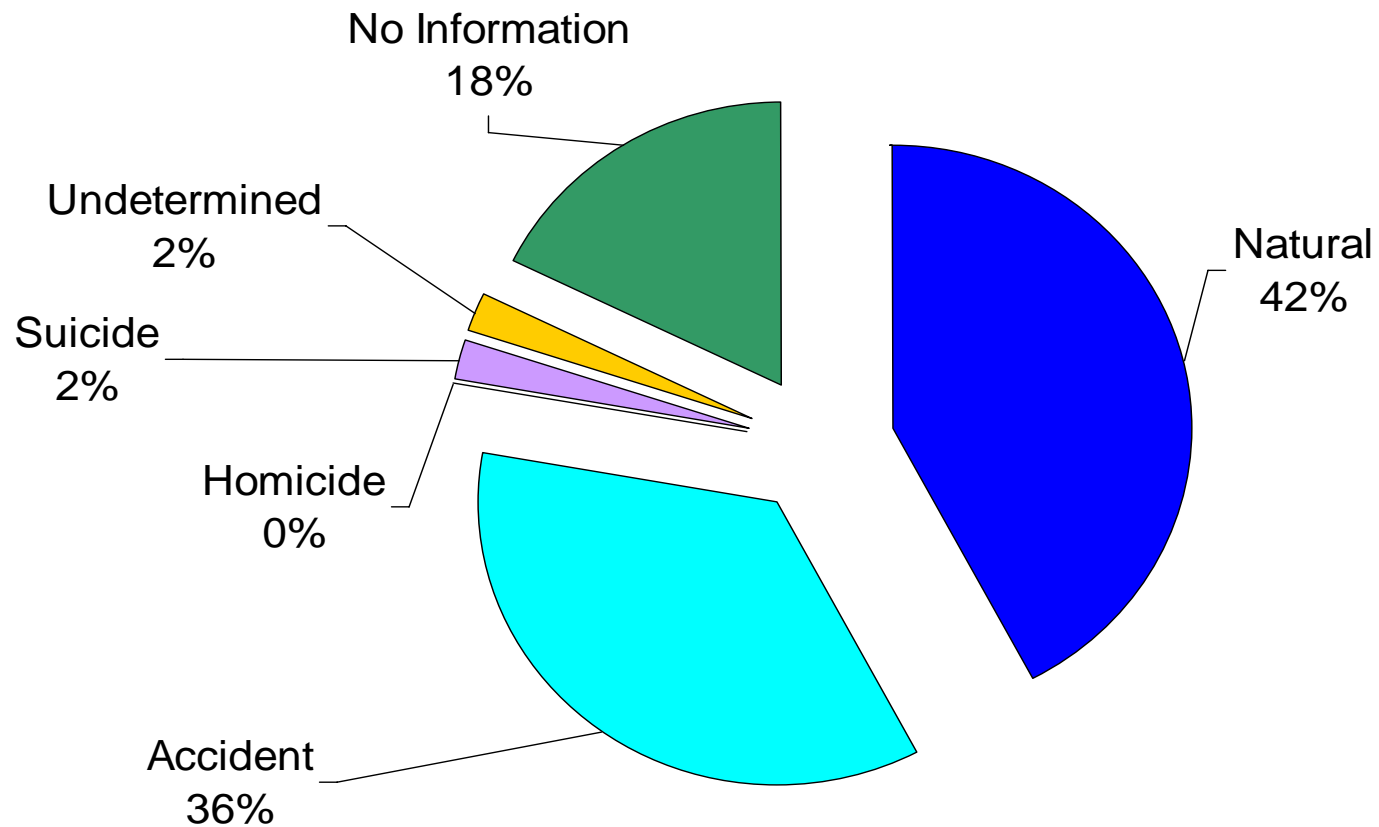
Santa Barbara County  
Zip Codes



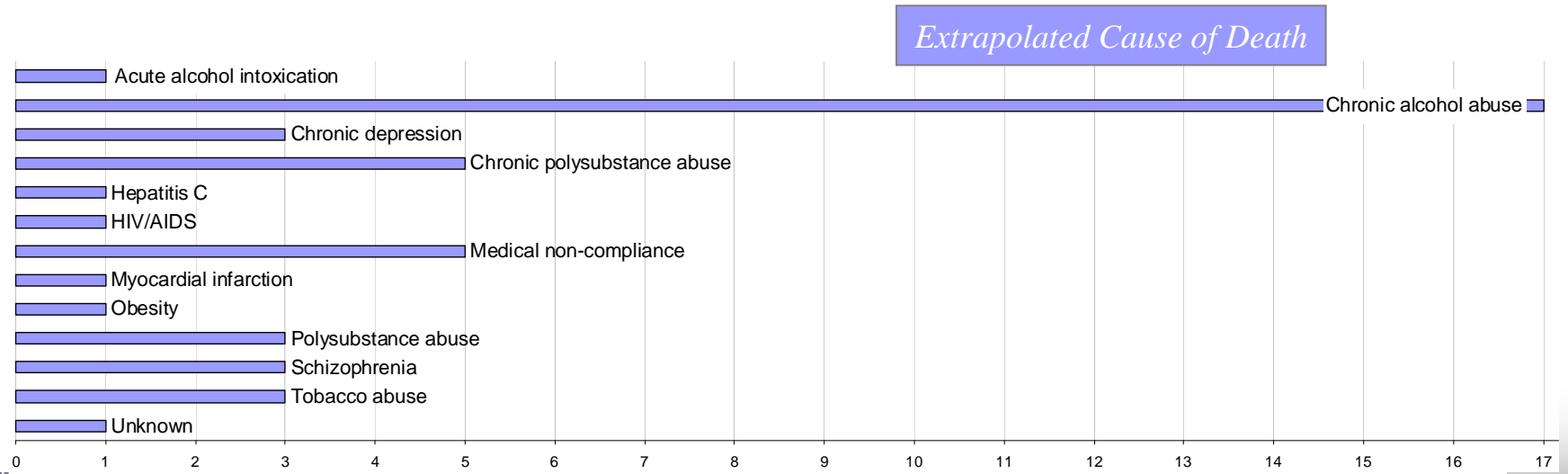
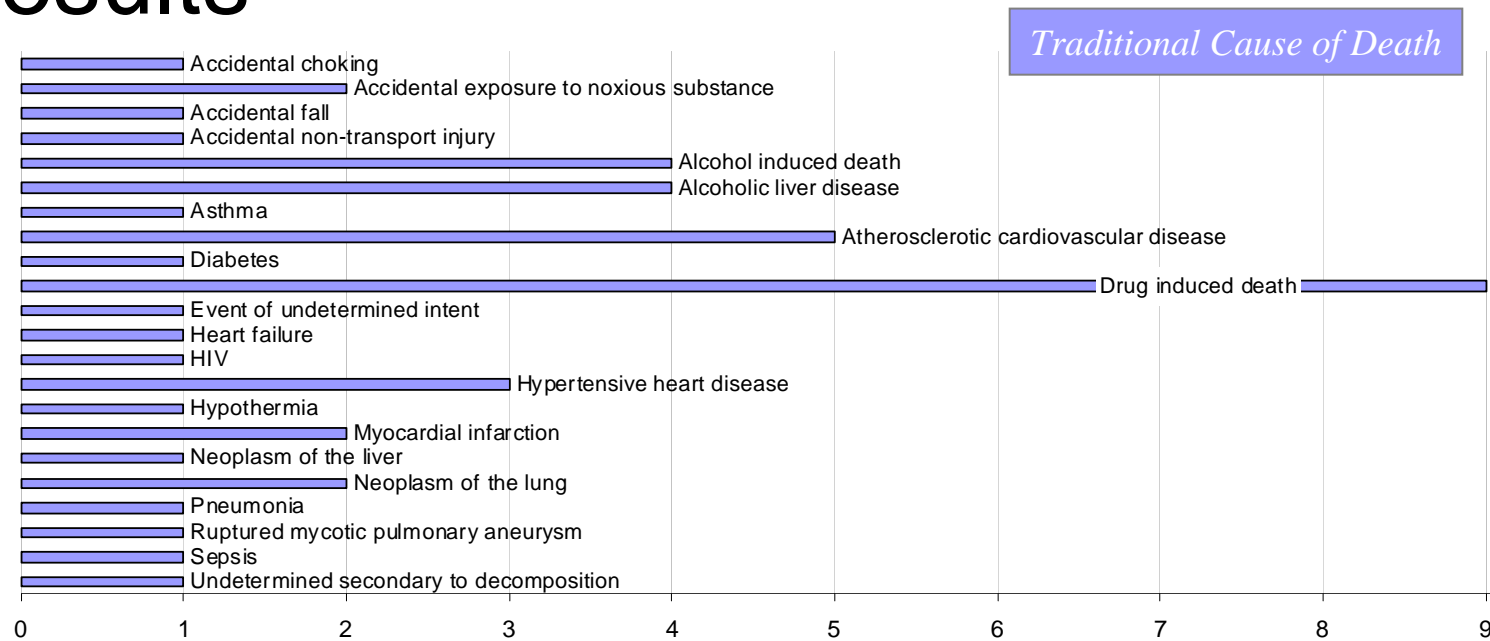


# Results

## *Manner of Death*



# Results



# Results

## County Services Accessed

- ADMHS – Mental Health and contracted Drug & Alcohol Programs
- PHD – Primary grantee in the County for HCH Program
- DSS – Employment and support services
- SART – Provides care to victims of sexual assault

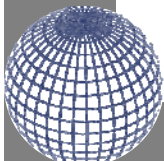
**Table 6. SBC Agency Access**

Service Provider	# of Patients (n=45)	% of Patients
ADMHS	16	36%
PHD	42	93%
DSS	25	56%
SART	0	0%

**Table 7: ADHMS & PHD Visits**

ADMHS	Type	Visits	% Total	
	Follow-up	14	78%	
	Other	4	22%	
	Total	28	100%	
Average days from last visit to DOD		278		
PHD	Type	Visits	% Total	% w/o PHN
	Follow-up	90	54.5%	61.2%
	Other	5	3.0%	3.4%
	Urgent	52	31.5%	35.4%
	PHN	18	11.0%	
<b>Total All Visits</b>		<b>165</b>	<b>100%</b>	<b>100%</b>
<b>Total Visits w/o PHN</b>		<b>147</b>		
Average days from last visit to DOD		293		

## Type of ADMHS and PHD Visits



# Results

## Health Conditions

### – Burden of Disease

- Total conditions by category
- [Average of 8 conditions per patient](#)
- [Co-morbidity](#)
  - Mental Health with any other condition most prevalent

### – Conditions by Category

- [No duplication of conditions within a category](#)

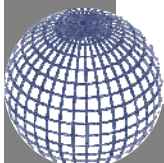
**Table 8: Frequency of Health Conditions**

Health Condition (category)	#	% *
Mental Health	39	89%
Cardiovascular	37	84%
Musculoskeletal	35	80%
Alcohol	32	73%
Illicit substance	31	70%
Gastrointestinal	30	68%
Other	27	61%
Tobacco	21	48%
Infectious Disease	16	36%
Pulmonary	14	32%
Hematologic	11	25%
Neurologic	10	23%
Endocrine	7	16%
Genitourinary	7	16%
Trauma	7	16%
Nutrition-related	6	14%
Dermatologic	5	11%
Renal	4	9%
Tuberculosis	4	9%
Cancer	3	7%
Cerebrovascular	2	5%
Unknown	2	--
HIV	1	2%

**Co-morbidity of Conditions**

Illicit drug use with Chronic pain syndrome	9	20%
Illicit drug use with Mental Health	12	27%
Alcoholism with Chronic pain syndrome	12	27%
Alcoholism with Mental Health	13	30%
Violence/trauma with Mental Health	7	16%
Violence/trauma with Illicit substance	9	20%
Violence/trauma with Alcohol	12	27%
Mental Health with any other condition	17	39%

*\*All percentages exclude cases with no known medical information "Unknown". Although there were two cases with condition categories of "Unknown", only 1 case had no other conditions listed. Therefore, only that case was excluded from the percentages. Homeless n=44 (of 45)*



# Discussion

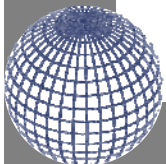
Are we identifying patients who are homeless consistently and correctly?

– Yes

- 84% of the patients included in the study were coded correctly as homeless, while 16% were coded incorrectly.
- 100% of the potential cases excluded as not homeless were correctly coded in our system.



Photo by Lara Cooper, Noozhawk Staff Writer | Published on 03.28.2010



# Discussion

Are we establishing patients to receive a continuity of care?

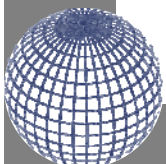
- Average time from last follow-up to death
  - ADMHS – 9 months
  - PHD – 10 months
- Accessibility to practice sites
  - ADMHS – 55%
  - PHD – 82%

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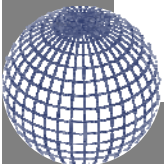
# Discussion

## What demographics suggest a high risk patient?

- Age  
50 – 59 years old
- Gender  
Male
- Race  
Caucasian
- Living situation  
No clear single distinction
- Location  
No conclusions viable



Photo by Lara Cooper, Noozhawk Staff Writer  
| Published on 03.28.2010





# Discussion

## What causes of death are most prevalent, and are any considered preventable?

- Drug and alcohol related deaths are the most prevalent causes of death

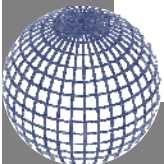


- Manner of death

- Natural causes
- Accidents
- No information listed
- Homicide appears underrepresented
- Trauma
- Hypothermia

- Preventable?

- Inconclusive and insufficient data

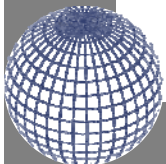




# Discussion

## What health conditions are most prevalent and predict a high risk patient?

- Abuse of any substance
- Role of Co-morbidity
  - Illicit drug use with Chronic Pain Syndrome
  - Illicit drug use with Mental Health
  - Alcoholism with Chronic Pain Syndrome
  - Alcoholism with Mental Health
  - Violence/trauma with Mental Health
  - Violence/trauma with Illicit Substance
  - Violence/trauma with Alcohol
  - Mental Health with any other condition



# Discussion

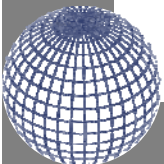
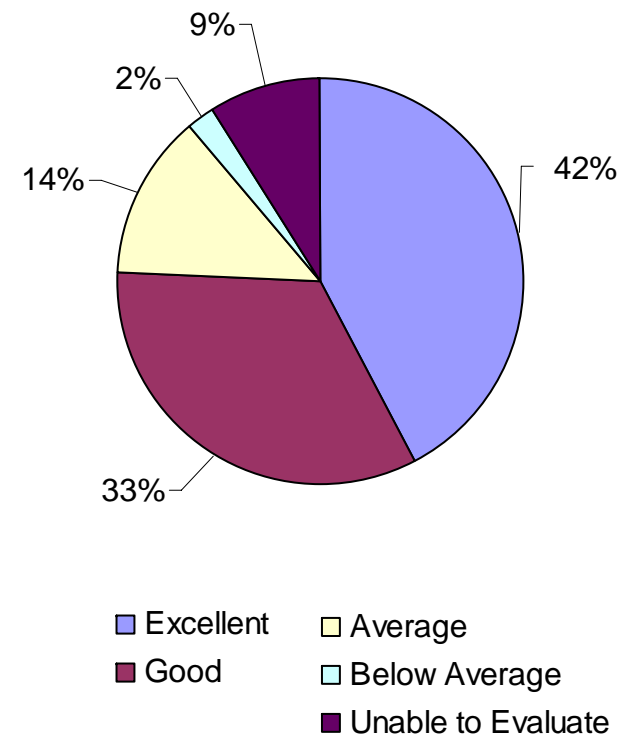
Are we addressing health conditions, especially those identified as conferring high risk, within current standards of care?

– Quality Indicators and Review

- Subjective internal review

– Health Resources and Services Administration Uniform Data System Measures

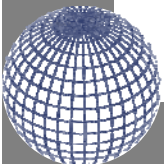
- Objective data review



# Discussion

## What is the prevalence of mental illness, substance and alcohol abuse, and do we have sufficient resources?

- Prevalence of Serious Mental Illness (SMI)
  - Strategies for improved care coordination needed
- An overwhelming number of the deaths involved individuals diagnosed with severe dependence and abuse of alcohol and/or drugs
  - Barriers to delivering services
- The challenge of limited resources

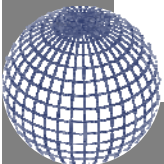


# Discussion

What do we know about violence against the homeless people in Santa Barbara County?

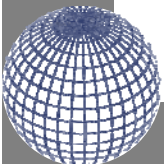
- Scope of the problem
- Barriers
  - Limited data and documentation
  - Inconsistent and non-reporting
- Sexual Assault Response Team data
- Incidents reported the DSS outreach
- Focus Group results

**How do we improve coordination between agencies to report, investigate and prevent violence and trauma within our homeless population?**



# Results At a Glance

- 60% No permanent address or were in a shelter
  - Most occurred in areas where PHD and ADMHS provide clinical services
- Male Caucasian 40 to 59 years old represented most frequently
  - Caucasian males overrepresented; Hispanics underrepresented
- 84% homeless patients identified correctly
- There are a large number of days between last follow-up encounter and date of death for both ADMHS and PHD
- 42% Natural cause
- 36% Accidental
- 38% Drug and alcohol induced deaths
- 5 deaths from direct trauma
- 1 death from hypothermia
- No homicides
- 66% Prevalent alcohol abuse
- 50% Prevalent mental health
- 48% Prevalent illicit substance abuse
- 48% Prevalent tobacco abuse
- Prevalent medical conditions:
  - 48% musculoskeletal
  - 43% cardiovascular
- Co-morbidity was evident with an average of 8 conditions per patient



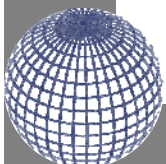
# Recommendations

## Identifying patients who are homeless

- Enhancing the Medical Examiner Database
- Updating PHD forms
- Improving coding accuracy



Identifying patients who are homeless





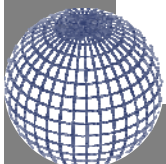
# Recommendations

## Establishing patients and improving continuity of care

- Improving continuity between agencies
  - Specifically, improve coordination of care between ADMHS and PHD
  - Sharing resources
- Increased clinical access
  - Shifting focus away from urgent care model
- Clinician peer group and record reviews
- Monthly health record reviews by the PHD HCH team
- Increased Public Health Nurse (PHN) outreach and enhancing PHN forms
- Resources outside Santa Barbara County
- Patient surveys

Establishing patients  
and improving  
continuity of care

Identifying  
patients who are  
homeless



# Recommendations

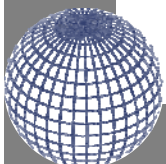
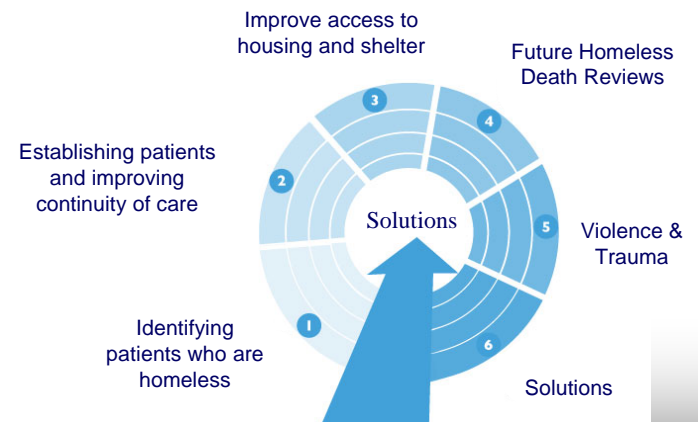
## Improve access to housing and shelter

- Stable, affordable long term housing
- Transitional housing
- Options in inclement weather

## Future Homeless Death Reviews

## Violence and Trauma

- Improve data collection methods
- Improve reporting methods





# Questions?

