Deaths Among People Experiencing Homelessness in Santa Barbara County

1/1/2019 to 12/31/2019

1/1/2020 to 12/31/2020

By the Santa Barbara County

Homeless Death Review Team (HDRT)

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1. INTRODUCTION

This is the eighth 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 years 2019 and 2020. 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.

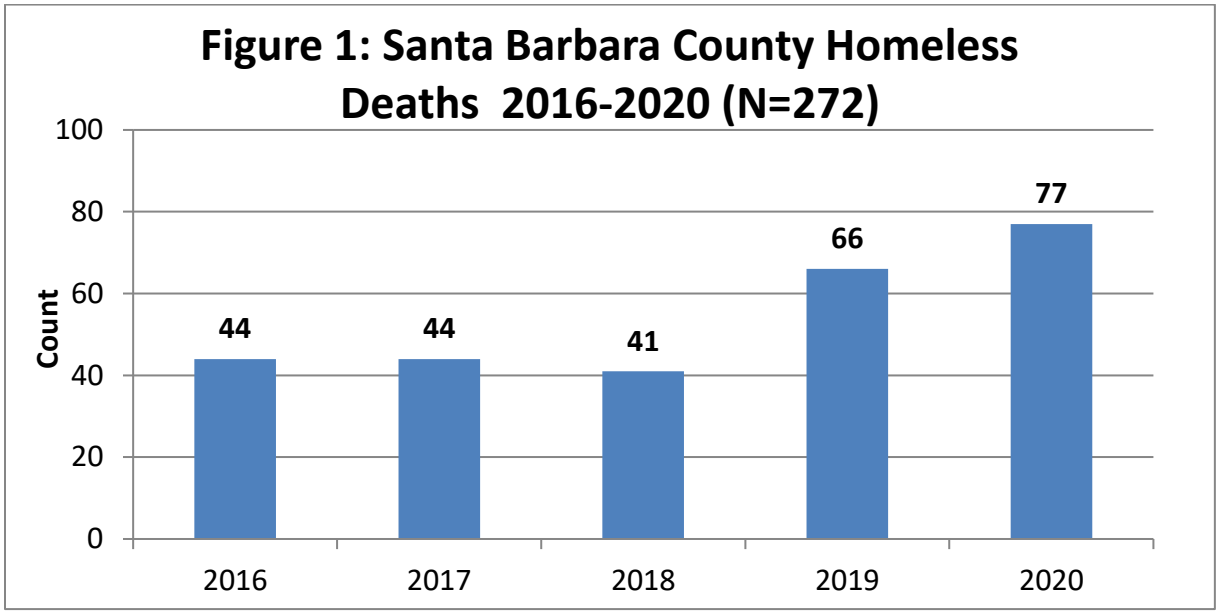
The data used to compile this report was obtained from multiple sources including death certificates, medical records, county social services and mental health records and community collaborators.

The definition of homelessness is unchanged from previous reports and refers to unstable or no housing during the year prior to death. “An individual experiencing homelessness is defined in section 330 of the Public Health Service Act (42 U.S.C., 254b(h)(5)(A)) 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*.)

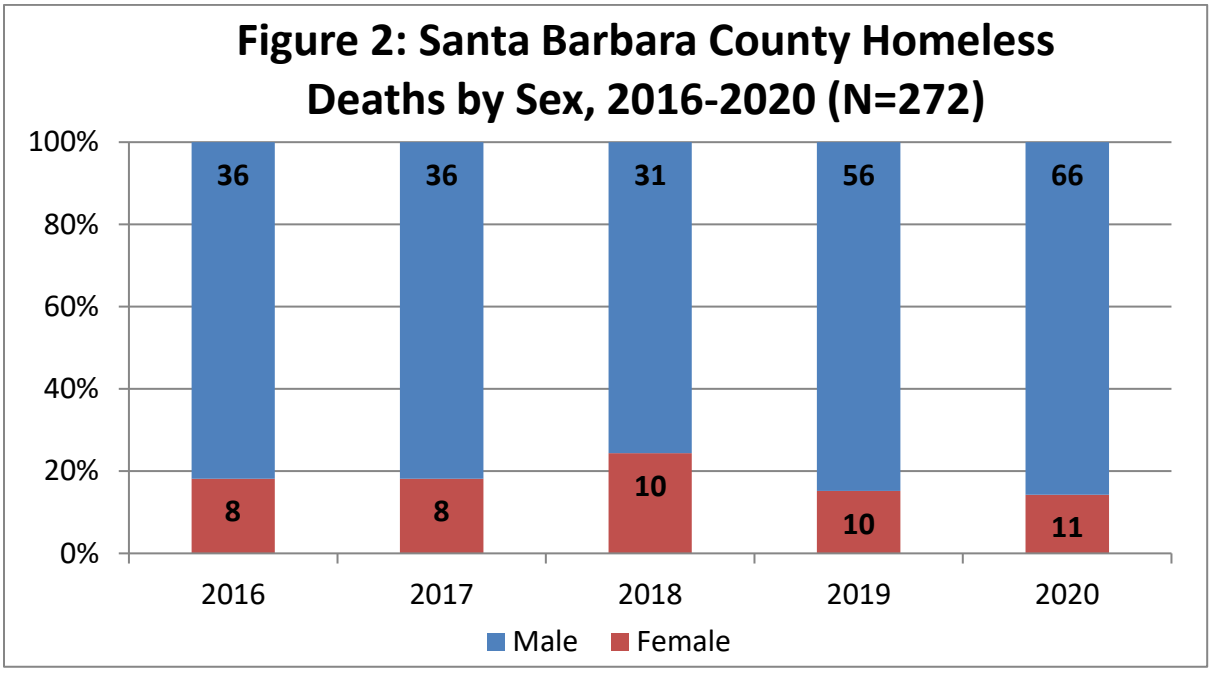
2. RESULTS AND DEMOGRAPHICS

The HDRT identified 66 persons experiencing homelessness who died in Santa Barbara County in 2019 and 77 persons in 2020. This is higher than the 41 deaths in 2018, and 44 deaths in 2017/2016 (Figure 1).



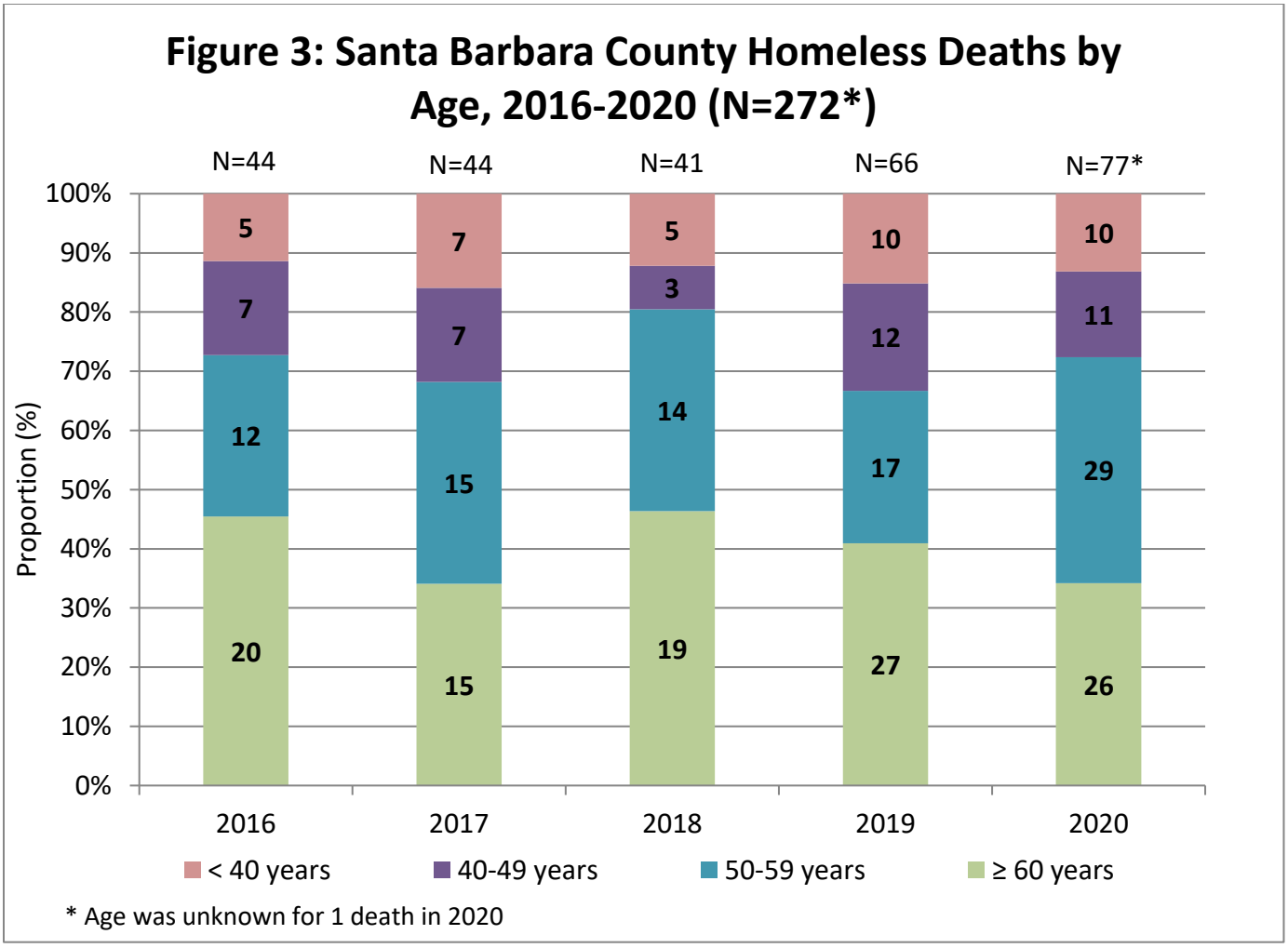
Sex

Of the decedents in 2019, 10 were women and 56 were men or 15% and 85% respectively. Of the decedents in 2020, 11 were women and 66 were men or 14% and 86% respectively (Figure 2).



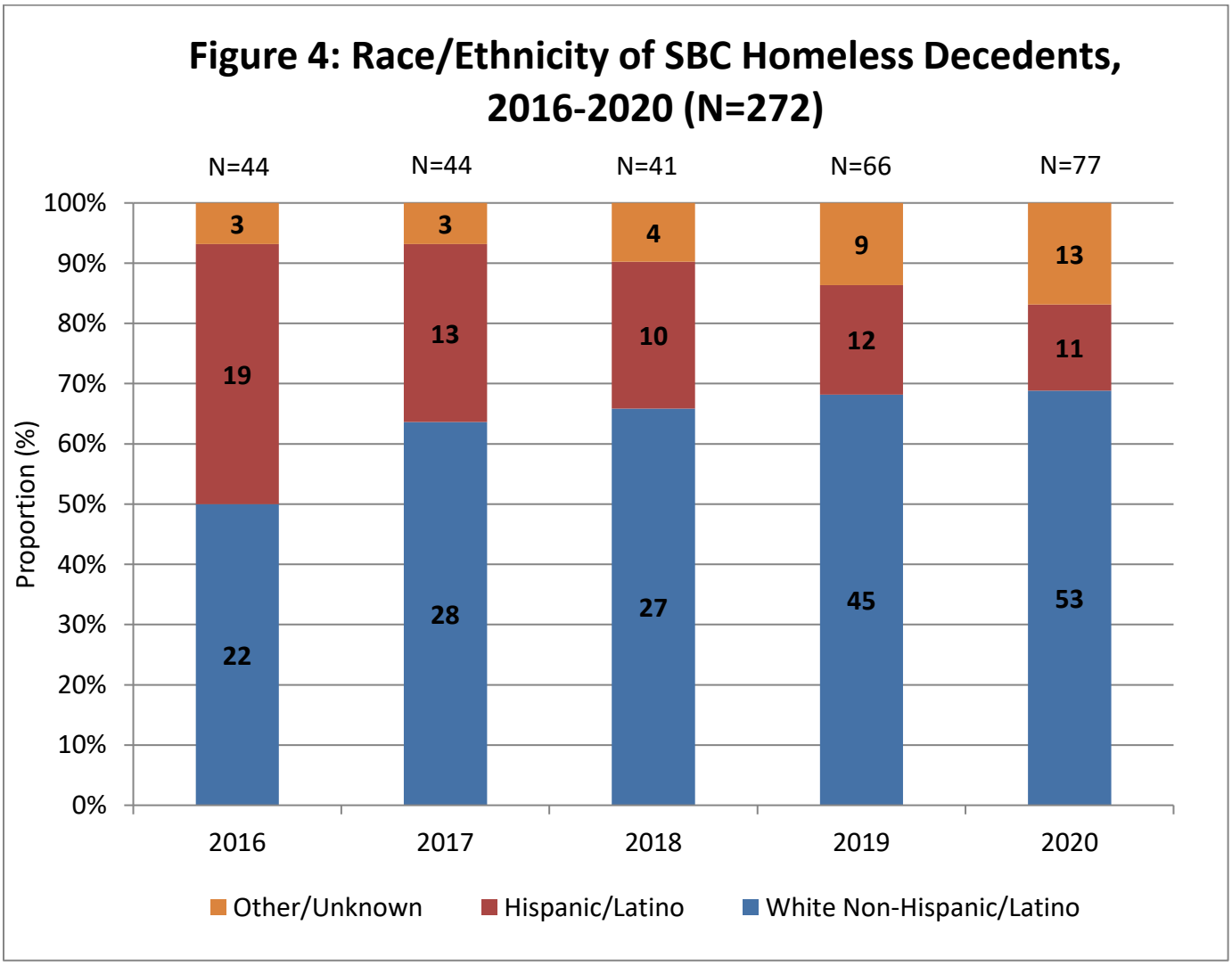
Age

The age range of decedents in 2019 was 23-89 years with the average age of death for men 54 years and for women 58 years. The age range of decedents in 2020 was 7-85 years with the average age of death for men 54 years and for women 58 years. The age distribution is shown in Figure 3. Over the past five years, approximately 86% of the SBC Homeless deaths are to those forty and above; the 'sixty-year and older' age group saw the majority of death with 39% of all deaths in that same time period. In 2020 there was about a 45% increase of deaths in the 50-59 year age group compared to the previous year.



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", and 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 2019, of the 66 decedents, 18% were Hispanic/Latino and 68% were White non-Hispanic/Latino. For 2020, of the 77 decedents, 14% were Hispanic/Latino and 69% were White non-Hispanic/Latino. Since 2018, an increase of decedents of 'Other or Unknown' race has been observed while the Hispanic counts have been on the decline (Figure 4).



Below, Table 1 summarizes the demographic data for 2019/2020 in relation to previous years. In 2019, men represented 85% of the decedents. Not depicted in Table 1, when looking at race and ethnicity of the 2019 decedents by sex, White (Non-Hispanic/Latino) men represented 66% of the male decedents (37/56). White (Non-Hispanic/Latino) women represented 80% (8/10) of the female decedents. In 2020, men represented 86% of the decedents. Not depicted in Table 1, when looking at race and ethnicity of the 2020 decedents by sex, White (Non-Hispanic/Latino) men represented 67% of the male decedents (44/66). White (Non-Hispanic/Latino) women represented 82% (9/11) of the female decedents.

Table 1: Demographics	**Year of Death**									
	2016		**2017**		**2018**		**2019**		**2020**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total Deaths	44	2.4%	44	2.4%	41	2.3%	66	3.7%	77	4.1%
Homeless Population Estimate*	1,809		1,860		1,792		1,803		1,897	
Homeless Crude Death Rate per 100,000 population	2,432		2,366		2,288		3,661		4,059	
Gender										
Females	8	18.2%	8	18.2%	10	24.4%	10	15.2%	11	14.3%
Males	36	81.8%	36	81.8%	31	75.6%	56	84.8%	66	85.7%
Race										
White non-Hispanic	22	50.0%	28	63.6%	27	65.9%	45	68.2%	53	68.8%
Other/Unknown non-Hispanic	*		*		*		9	13.6%	13	16.9%
Ethnicity										
Hispanic/Latino	19	43.2%	13	29.5%	10	24.4%	12	18.2%	11	14.3%
Veterans										
Veterans	*	9.1%	5	11.4%	9	22.0%	6	9.1%	7	9.1%

* To limit the information about individual decedents, categorical variables have been reported with an asterisk when cell counts are less than 5.

Veteran Status

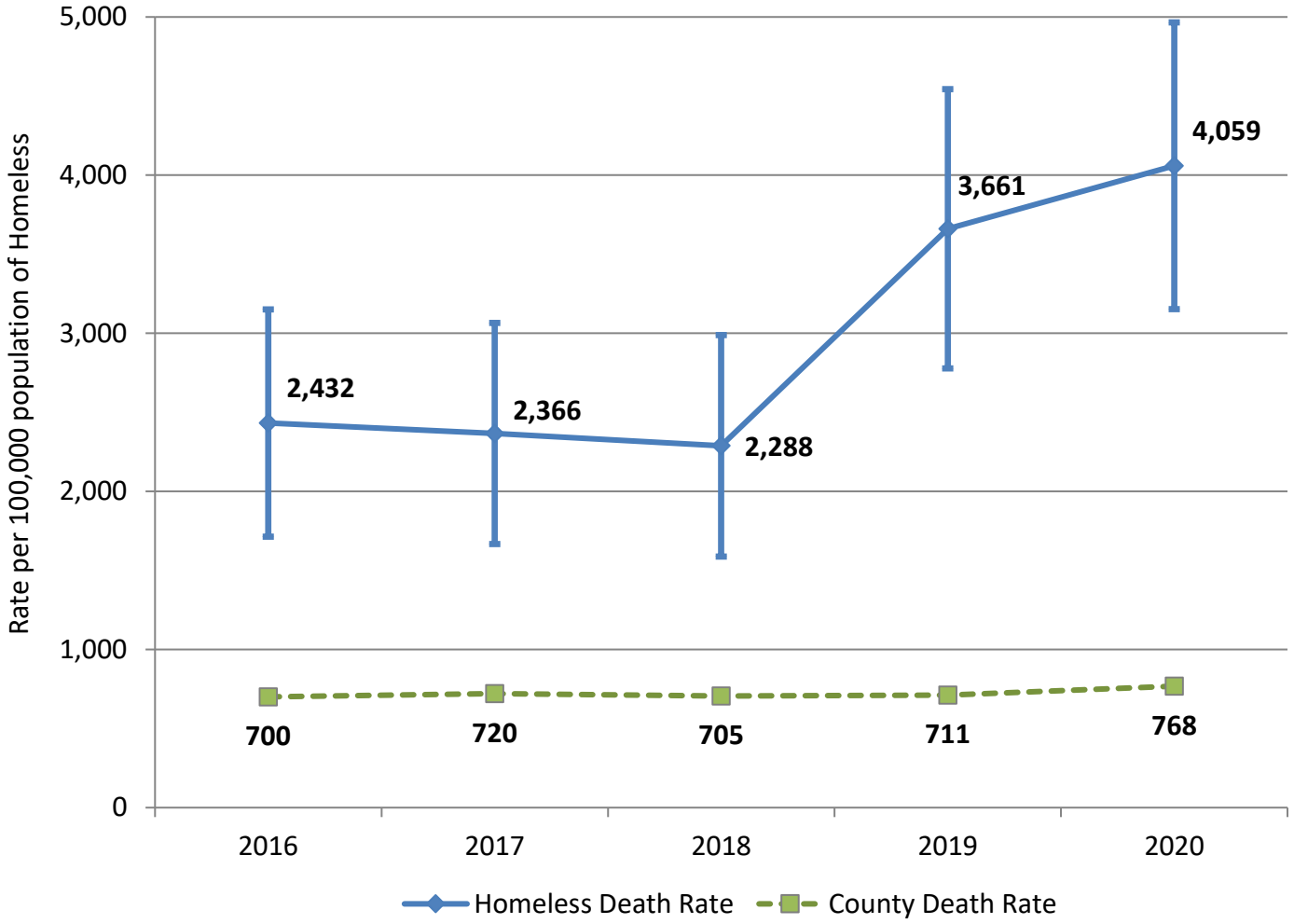
There were six decedents in 2019 and seven decedents in 2020 identified as a veteran. The Santa Barbara County Public Guardian/Public Administrator/Veterans' Services office determined Veteran status of each decedent (Table 1).

Homeless Death Rate

The homeless death rate is the rate of death for every 100,000 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 point in time count of homeless residents 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.

Although a substantial increase between 2018 and 2019 was seen in Figure 5, due to the small counts, the rates are not significantly different due to overlapping confidence intervals. However, a significant increase between 2018 and 2020 death rates were seen – an increase of over 75%. Compared to the County-wide crude death rate, the crude homeless death rate has been substantially higher each year and 5-times higher in 2020.

Figure 5: Santa Barbara County Homeless Death Rate*, 2016-2020



The standard crude death rate (CDR) formula is defined as the mortality of a defined population over a specific period of time:

$$CDR = \frac{\textit{Deaths occurring during a given time period}}{\textit{Size of the population among which the deaths occurred}} \times 100{,}000$$

In the report, the variables used in the CDR formula:

$$\textit{Crude Homeless Death Rate} = \frac{\textit{Number of Homeless Deaths in Santa Barbara}}{\textit{Santa Barbara County Point in Time Homeless Populatior}} \times 100{,}000$$

If in 2020 there were 100,000 homeless in Santa Barbara County, 4,059 deaths would have been observed. Death rates are used across other jurisdictions and in reports where the total population estimates are not readily available.

* Source of SBC Homeless population estimates is the US Department of Housing and Urban Development (HUD) point in time counts 2021.

3. LOCATION AND SEASON OF DEATH – ENVIRONMENTAL DATA

In 2019, 21 out of the 66 or 32% of the deaths occurred outdoors. The remaining 43 individuals or 65% died indoors; of these indoor deaths, 28 died in the hospital or care facility. In 2020, 21 out of the 77 or 27% of the deaths occurred outdoors. The remaining 54 individuals or 70% died indoors; of these indoor deaths, 25 died in the hospital or care facility. As shown in Table 2, the percentage of outdoor deaths was lower in 2019 and 2020 than in 2017 and 2018 (Table 2).

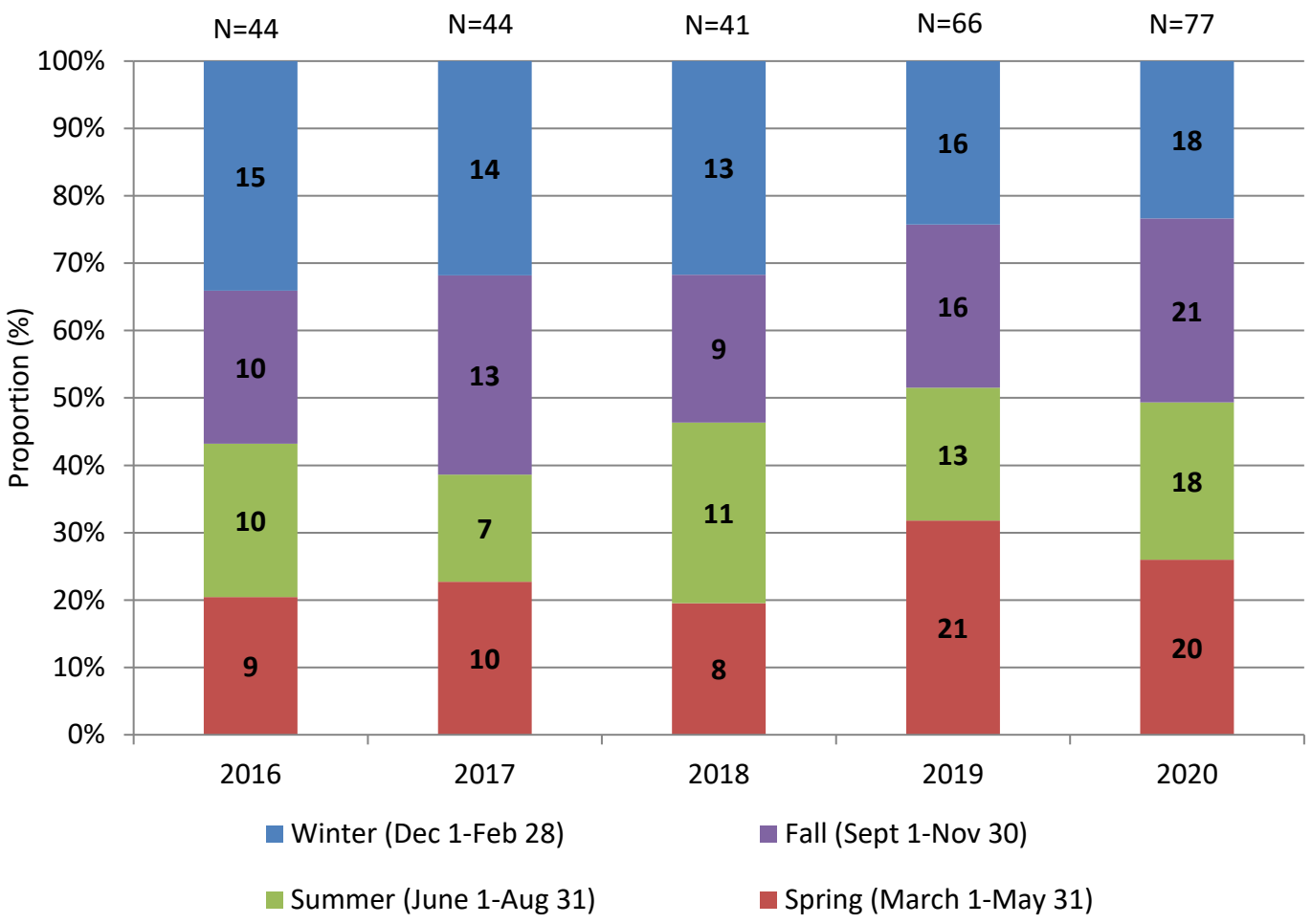
Table 2: Location	**Year of Death**									
	2016		**2017**		**2018**		**2019**		**2020**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Location of Death	**44**		**44**		**44**		**66**		**77**	
Outdoor Death	21	47.7%	16	36.4%	15	36.6%	21	31.8%	21	27.3%
Indoor Death (Hospital death)	23 (13)	52.3% (29.5%)	28 (14)	63.6% (31.8%)	26 (13)	63.4% (31.7%)	43 (28)	65.2% (42.4%)	54 (25)	70.1% (32.5%)
Season										
Winter	15	34%	14	31.8%	13	31.7%	16	24.2%	18	23.4%
Spring	9	20.5%	10	22.7%	8	19.5%	21	31.8%	20	26.0%
Summer	10	23%	7	15.9%	11	26.8%	13	19.7%	18	23.4%
Fall	10	23%	13	29.5%	9	22.0%	16	24.2%	21	27.3%
Region of Death										
North	6	13.6%	8	18.2%	8	19.5%	14	21.2%	19	24.7%
Central	*	*	5	11.4%	*	*	10	15.2%	7	9.1%
South	34	77.3%	30	68.2%	30	73.2%	39	59.1%	48	62.3%
Out of County			*	*	*	*	*	*	*	*
Unknown							*		*	

* To limit the information about individual decedents, categorical variables have been reported with an asterisk when cell counts are less than 5.

Season of Death

Seasonally, for 2020, 26% died in the spring, 23% in the summer, 27% in the fall, and 23% in the winter. Across the years, there are no trends of increased deaths in particular seasons. No deaths were attributed to the weather in 2019 or 2020. In other words, no hypothermia, hyperthermia, or dehydration-related causes were listed as a cause of death for any of the 2019-2020 decedents (Figure 6).

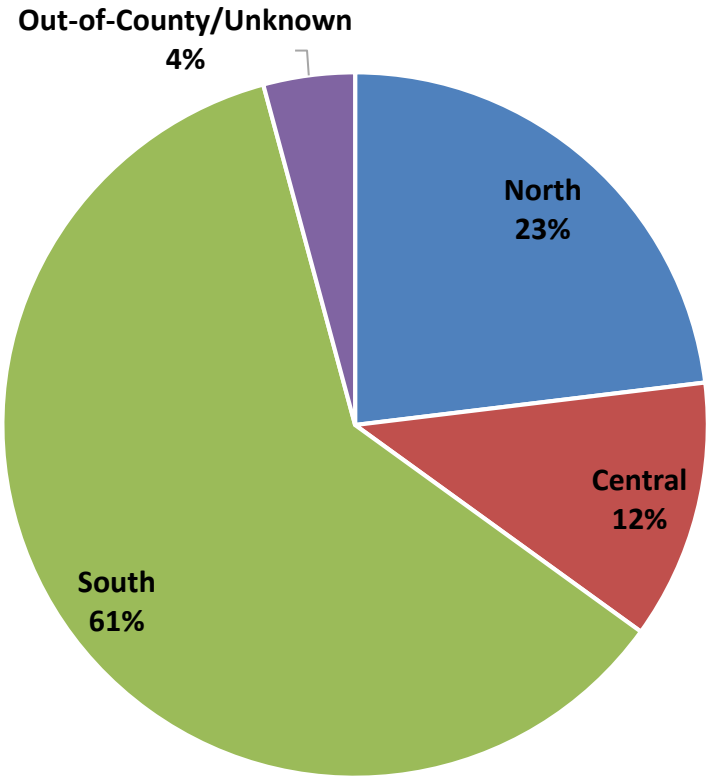
Figure 6: Santa Barbara County Homeless Deaths by Seasonal Distribution, 2016-2020 (N=272)



Region of Death

Over the years, the majority of deaths to people experiencing homelessness have occurred in South County, which encompasses cities south of Gaviota. Between 2019-2020, 61% of deaths occurred in South County, followed by 23% in North County, 12% in Central County, and 4% outside of the county or at an unknown location (Figure 7). North County includes the cities of Santa Maria, Guadalupe, Orcutt, Los Alamos, and Central County includes Lompoc, Buellton, and additional cities in the Santa Ynez Valley. Over the last 5 years, there has been a steady increase in the proportion of homeless deaths occurring in North County while there have been varying fluctuations in the other county regions (Table 2).

Figure 7: 2019-2020 Santa Barbara County Homeless Deaths by Geographic Location, N=143

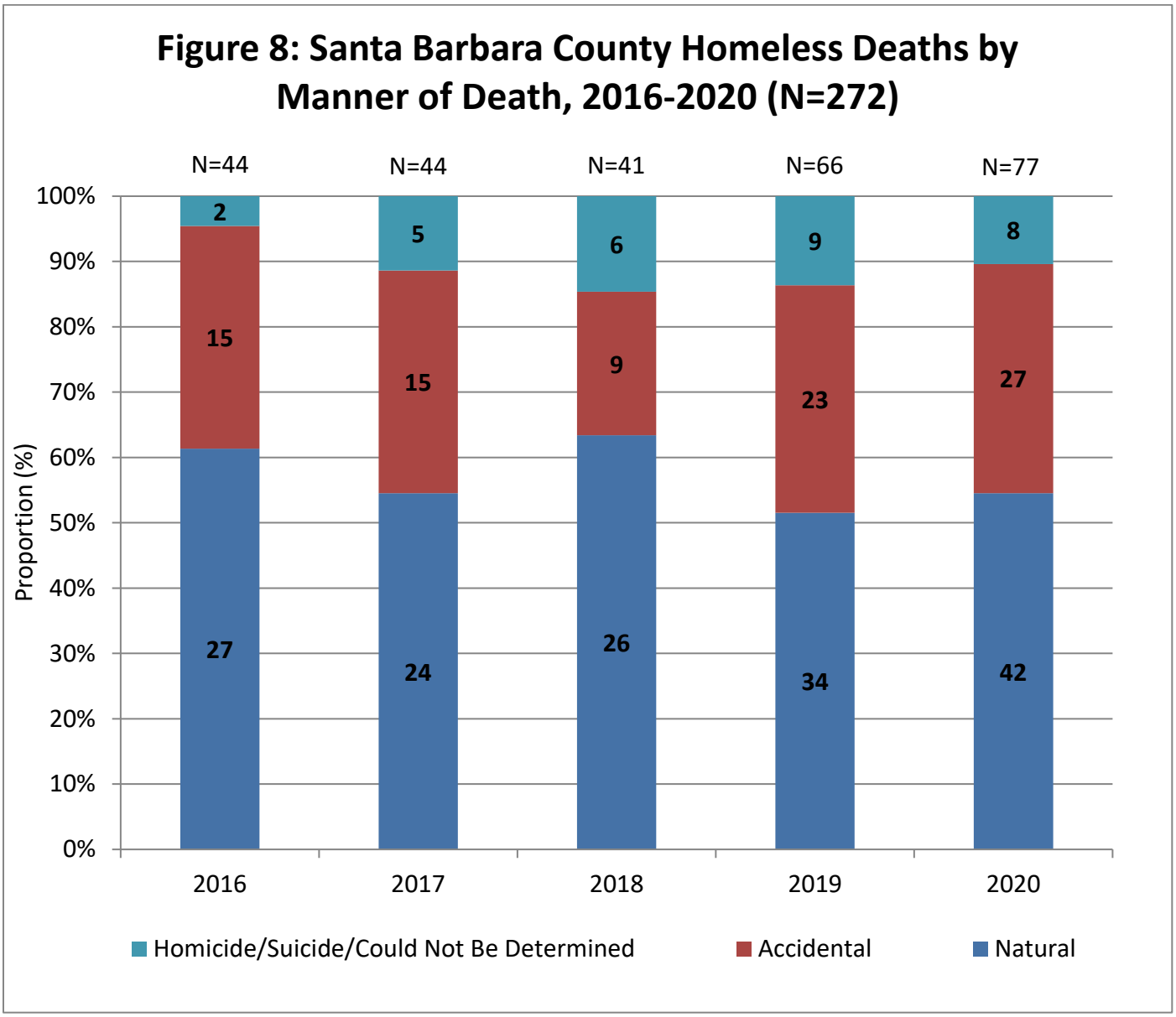


4. DEATH STATISTICS

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.

In 2019, 34 of the 66 deaths were natural (52%), 23 or 35%, were accidental, the remaining nine (14%) were deemed suicides, homicides, or could not be determined (Figure 8). In 2020, 42 of the 77 deaths were natural (55%), 27 or 35%, were accidental, the remaining eight (10%) were deemed suicides, homicides, or could not be determined. Natural cause was listed as the most prevalent manner of death for both 2019 and 2020, although at a slightly lower proportion than seen in previous years.



Upon further review of deaths where manner of death was determined to be accidental (23 in 2019 and 27 in 2020), the majority of the deaths were due to drug overdoses followed by motor vehicle accidents. As seen in Figure 9, over the last 5 years, the proportion of accidental deaths due to drug overdoses has almost doubled from 47% in 2016 to 81% in 2020, and has tripled in count (7 to 21 deaths respectively).

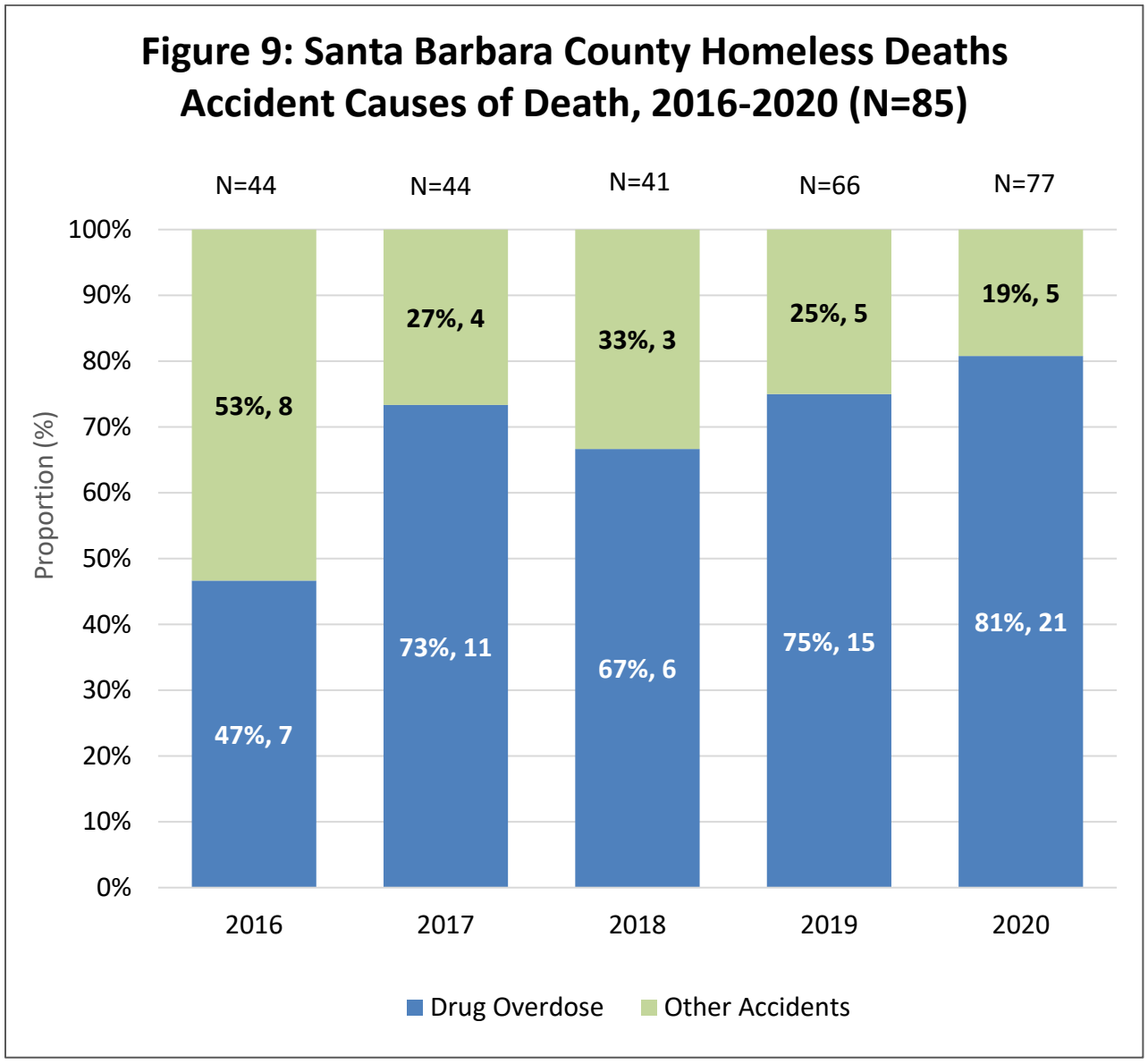


Figure 9: Santa Barbara County Homeless Deaths
Accident Causes of Death, 2016-2020 (N=85)
N=44
N=44
N=41
N=66
N=77
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Proportion (%)
53%, 8
47%, 7
27%, 4
73%, 11
33%, 3
67%, 6
25%, 5
75%, 15
19%, 5
81%, 21
2016
2017
2018
2019
2020
Drug Overdose
Other Accidents

Leading Causes of Death (Defined by ICD-10 codes)[1]

2019

20/66, 30.3% died of drug/alcohol abuse or overdose

11/66, 16.7% died of cardiovascular disease

6/66, 9.1% died by suicide

2020

29/77, 37.7% died of drug/alcohol abuse or overdose

12/77, 15.6% died of cardiovascular disease

6/77, 7.8% died by suicide

For 2019, Drug/Alcohol overdoses or abuse followed by cardiovascular disease and suicide were the leading causes of death. The cause of deaths for the remaining 29 decedents included accidents between the decedents and vehicles/trains, cancer, pneumonia, liver cirrhosis, and COPD to name a few. Due to the small counts, these further breakdowns are not reported.

Similarly, for 2020, Drug/Alcohol overdoses or abuse followed by cardiovascular disease and suicide were the leading causes of death. The cause of deaths for the remaining 30 decedents included accidents between the decedents and cancer, motor vehicle accidents, liver cirrhosis, diabetes, and COPD to name a few. Due to the small counts, these further breakdowns are not reported.

Underlying Causes or Contributing Factors

For 2019 decedents, drug abuse was the most prevalent health condition listed as an *underlying cause* or *contributing factor* on the death certificate, occurring in 20% (13) of the decedents. Diabetes was the second most prevalent health condition listed on 10 death certificates (15% of the decedents), followed by alcohol abuse occurring in 12% (8) of the decedents.

For 2020 decedents, alcohol abuse was the most prevalent health condition listed as an *underlying cause* or *contributing factor* on the death certificate, occurring in 21% (16) of the decedents. Hypertension and Depression/Mental illness were the second most prevalent health condition each listed on 11 death certificates (14% of the decedents). Drug abuse was the fourth highest underlying cause reported in 10 death certificates (13%).

[1] The ICD-10 codes (*International Classification of Diseases, Tenth Revision*) is a system used by physicians and other healthcare providers to classify and code all causes of mortality in the United States.

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 the 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)

Table 3: Santa Barbara County Services Accessed by the Decedents 12 months prior to death

Services used the year prior to death	2019	2020
PHD Healthcare Services	21.2% (14)	18.2% (14)
Emergency Department Visits (CH or MH)	34.8% (23); 87 visits by 23 decedents = 3.7 visits per patient	48.0% (37); 245 visits by 42 decedents = 6.6 visits per patient
Hospital Admits (CH or MH; including admits from ED visits or inpatient visits)	47.0% (31); 61 admits by 31 decedents = 2.0 admits per patient	54.5% (42); 84 admits by 42 decedents = 2.0 admits per patient
Incarcerated by Sheriff's department within the year of death	43.9% (29)	40.3% (31)
Service from BW	21.1% (14)	33.8% (26)
Service from DSS	69.7% (46)	74.0% (57)

Of the 14 (21%) decedents in 2019 that were clients of the PHD, which include Healthcare for the Homeless (Public Health Nurses (PHN)) and the PHD Healthcare Centers, 2 patients had

PHN contact, 13 patients had clinic visits from 1-14 times in the 12 months prior to death, with an average of 4 clinic visits.

Of the 14 (18%) decedents in 2020 that were clients of the PHD, 8 patients had PHN contact, 13 patients had clinic visits from 1-9 times in the 12 months prior to death, with an average of 3 clinic visits.

In 2019, of the 40 individuals that were ever clients of BW, 31 (76%) were diagnosed with substance abuse (SA) and 11 (27.5%) of these were diagnosed with a serious persistent mental illness (SPMI); this includes schizophrenia, delusional disorder, bipolar disorder, and severe depression or personality disorder that is disabling. Overall, 12 of 40 or 30% of those seen by BW had dual diagnosis, i.e., substance abuse and mental illness. Fourteen of the 40 clients (35%) were seen at least once by BW the year before their death.

In 2020, of the 55 individuals that were ever clients of BW, 42 (76%) were diagnosed with SA and 20 (36%) were diagnosed with SPMI. Overall, 16 of 55 or 29% of those seen by BW had dual diagnosis. Twenty-six of the 55 clients (47%) were seen at least once by BW the year before their death.

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 2019 and 2020.
2. The leading cause of death in 2019 and 2020 was due to Drug/Alcohol Abuse or Overdose followed by cardiovascular disease. These individuals died prematurely with average age of death being 54 years each respective year, compared to 76 years in the housed population for the same years.
3. The decedents had frequent contact with Santa Barbara County departments (Public Health, Behavioral Wellness, Sheriff, Social Services), local hospitals, and community homeless service providers.

4. Many agencies serving PEH participate in the HDRT process but not all. Data collection for people experiencing homelessness (PEH) is challenging; many departments/agencies within Santa Barbara County screen for homelessness but not every encounter with a service provider results in demographic data collection.
5. Some decedents are estranged from family prior to death and often times the next of kin is not known, or does not have a complete accounting of the decedent's information.

7. RECOMMENDATIONS / ACTION STEPS

The Homeless Death Report (HDR) continues to evolve and incorporate countywide participation both internally and with community partner agencies serving PEH. The initial focus of the report was on County Departments, their collaborative approach to service delivery, and barriers to care for constituents experiencing homelessness. As many County departments contract and collaborate with the non-profit sector to accomplish the multi-faceted needs of PEH the HDRT has incorporated the larger Homeless network providers in the development and outcome information and continues to do so. The following are recommendations / action steps:

1. Increase Identification of Homeless Deaths
    a. Create a centralized location for reporting homeless deaths (website, email, etc.)
    b. Departments and collaborative partners (CPs) will increase the communication of reporting homeless death to the HDRT, and encourage capturing data for homeless status and recording homeless death.
    c. Departments and CPs will continue to improve data collection for decedent identification. Improved information exchange will provide the most accurate picture for the HDRT and help improve ongoing services.
    d. Through the Continuum of Care (COC) the Homeless Management Information System (HMIS) will be consulted for additional HDRT reporting capabilities:
        i. Extracting HMIS client contact information from HMIS Administrator.
        ii. Partner with Community Services to encourage agency participation in HMIS.
        iii. Explore what information the encampment mapping software (FULCRUM) can provide to help inform the homeless death report.
    e. Explore additional data collection tools/methods to help streamline and improve the process and time it takes for publishing the homeless death report.

2. Often Outreach teams have repeated contacts with people experiencing homelessness prior to fully engaging them in services. These contacts are usually intended to develop trust for those who appear unwilling to engage because of negative past experiences with service providers. This type of contact does not result in a documented visit. While it is difficult to enumerate the exact number of contacts, the HDRT will work with existing outreach systems to advocate ways to document the attempted contacts. These attempts are an opportunity to engage with the hope to encourage the individual experiencing homelessness towards housing and supportive services, as needed.
3. Medication-Assisted Treatment (MAT): According to the 2016 National Health Care for the Homeless Council's policy brief on medication-assisted treatment, persons experiencing homelessness have higher rates of substance abuse disorders, poorer health, and higher mortality rates by opioid overdose than national averages. A few providers of the Public Health Department's Health Centers, as well as other safety net clinics in the county, are certified in MAT. Develop collaborative means to explore and increase access to MAT services.
4. Recuperative care (also known as medical respite) is a program that offers healthcare providers a safe place to discharge patients experiencing homelessness when they no longer require hospitalization but still need to heal from an illness or injury. Recuperative Care (RC) in both Santa Maria and Santa Barbara is a strong acknowledgment of the special needs for people experiencing homelessness. RC programs decrease burden on hospitals and provide a necessary resource; many homeless who are hospitalized do not require the level of a skilled nursing facility and should not be occupying an expensive hospital bed. The committee recommends continued funding and access to RC programs.
5. Sobering Centers (SC) are programs designed to provide an alternative destination for individuals who are publicly intoxicated. SC provide safe, supportive environments to recover from acute intoxication and are alternative destinations to emergency departments or jail. The committee recommends continued funding and access to SC programs.
6. Ultimately, an increase to safe, permanent supportive housing is needed to help preserve the lives of people experiencing homelessness. Assessment data through the Coordinated Entry System highlights over 800 individuals currently needing permanent supportive housing. While the HDRT data alone does not reflect this as the total solution, it is well documented that people experiencing homelessness die much more prematurely than the housed population.

Santa Barbara County (SBC) was one of the first jurisdictions to coordinate a Homeless Death Review in 2008. Since then, many jurisdictions have published reports. The increased number of reports allow for better idea sharing and improved standardization leading to the potential for benchmarking and comparing Santa Barbara County to similar districts. To further this aim, SBC, through the Public Health Department works with the National Health Care for the Homeless Council to assist in the design of report standardization and increased reporting across the country. The National Health Care for the Homeless Council has created a Homeless Mortality Toolkit and publishes information on their website: Homeless Mortality - National Health Care for the Homeless Council (nhchc.org). Through identification of and eliminating barriers, it is the HDRTs sincere hope to avert premature death associated with homelessness.