Deaths Among Homeless Persons in Santa Barbara County 1/1/2014 to 12/31/2014

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

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1. Introduction

This is the fourth Santa Barbara County homeless death review team (HDRT) report. It contains data on the number of homeless deaths in the County for the year 2014. 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. A homeless individual 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 homeless person 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.

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. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 1999-12, Health Care for the Homeless Principles of Practice)

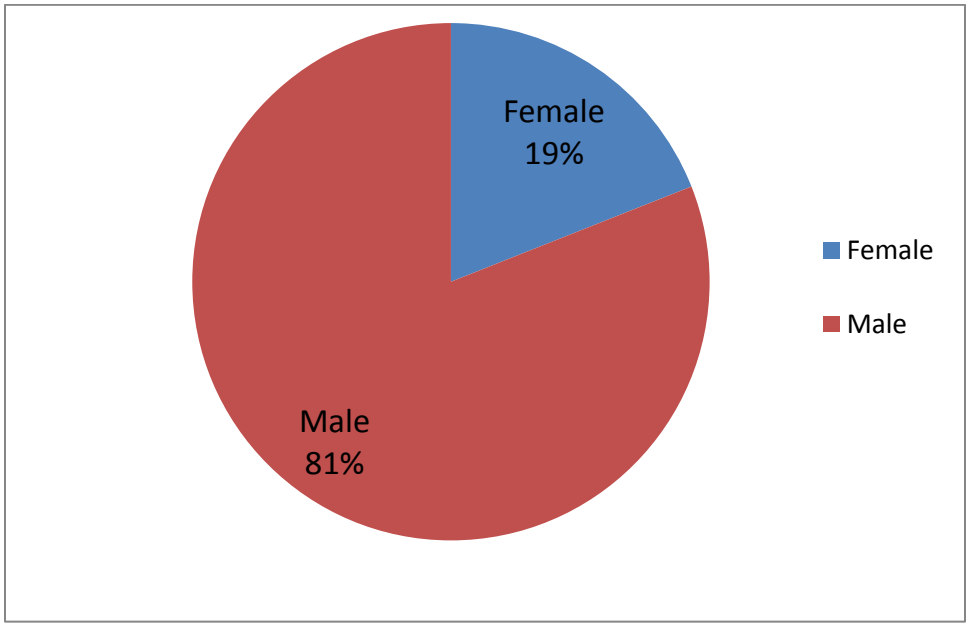
2. Results and Demographics

The HDRT identified thirty-two homeless persons who died in Santa Barbara County in 2014. This compares with thirty deaths in 2011, thirty-nine deaths in 2010, and forty deaths in 2009.

Gender

Of the thirty-two decedents, six were women and twenty-six were men or 19% and 81% respectively.

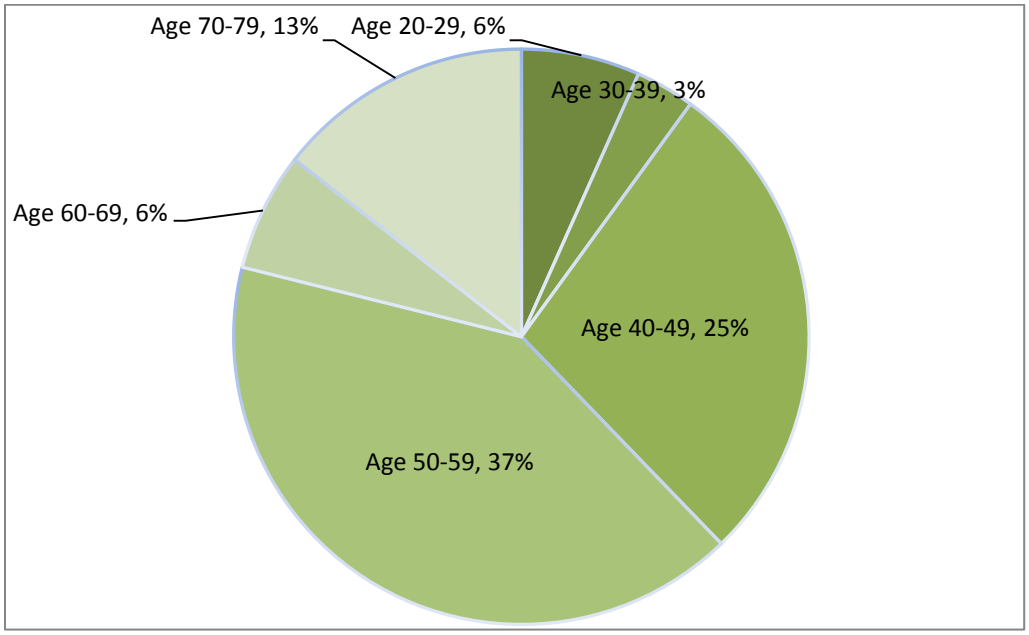
Figure 1



AGE

The age range was twenty-six through seventy-five 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.

Figure 2



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.

Of the thirty-two decedents 75% were Caucasian; 22% Hispanic/Latino; 3% African-American.

Veteran Status

16% were male veterans. There were no women veterans.

Table 1 summarizes the demographic data for 2014 and compares it to the previous years. In 2014 men represented 81% of the decedents compared to 73% in 2011. Also, as in previous years, white males between the ages of 50-59 years old represented the majority or the decedents.

Table 1

Demographic Data	Year of Death									
	2014		2011		2010		2009		Total	
	#	%	#	%	#	%	#	%	#	%
Total Deaths	32	100	30	100	39	100%	40	100%	141	100%
Gender										
Females	6	19	8	27%	5	13%	6	15%	25	18%
Males	26	81	22	73%	34	87%	34	85%	116	82%
Race										
Caucasian	24	75	27	90%	31	79%	32	80%	114	81%
Hispanic	7	22	2	3%	4	10%	4	9%	17	12%
African American	1	3	1	7%	2	5%	2	5%	6	4%
Asian/Pacific Is.	0	0	0	0%	0	0%	1	3%	1	.75%
Native American	0	0	0	0%	1	3%	1	3%	2	1.5%
Other/Unknown	0	0	0	0%	1	3%	0	0%	1	.75%
Ethnicity										
Hispanic	7	22	4	13%	10	26%	8	20%	22	23%
Non-Hispanic	25	78	26	87%	29	74%	32	80%	87	77%
Veterans	**5**	**16%**	**5**	**17%**	**5**	**13%**	**6**	**15%**	**21**	**15%**

3. LOCATION AND SEASON OF DEATH – ENVIRONMENTAL DATA

Fourteen out of the thirty-two or 44% of the deaths occurred outdoors. The remaining eighteen individuals or 56% died indoors. Of these indoor deaths four died in the hospital, however two were factored out as they were chronically homeless individuals who were transported to the hospital immediately prior to death. The percentage of outdoor deaths was higher in 2014 than in previous years as shown in Table 2 and was higher than in any previous report.

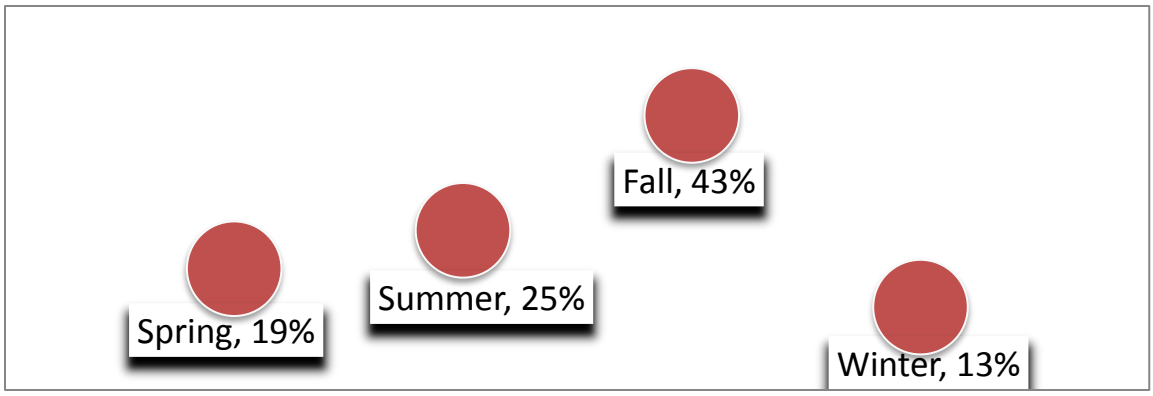
Table 2

	Year of Death									
	2014		2011		2010		2009		Total	
	#	%	#	%	#	%	#	%	#	%
Location of Death										
Outdoor Death	14	44%	9	35%	15	38%	9	23%	47	34%
Indoor Death (Hospital death)	18 (2)	56% 6%	17 (3)	65% (12%)	24 (6)	62% (15%)	31 (15)	78% (38%)	90 (26)	66% (29%)
Season										
Winter	4	13%	11	42%	7	18%	14	35%	36	26%
Spring	6	19%	7	27%	17	44%	6	15%	36	26%
Summer	8	25%	4	15.5%	9	23%	13	33%	34	25%
Fall	14	43%	4	15.5%	6	15%	7	18%	31	23%

Seasonally, 43% died in the fall; 25% in the summer; 19% in the spring and 13% in the winter. Although more deaths occurred in the fall of 2014 there is an overall even distribution of deaths seasonally when compared to the previous years.

There were no homeless deaths in 2014 that were attributed to the weather.

Figure 3 shows the seasonal distribution of deaths for 2014



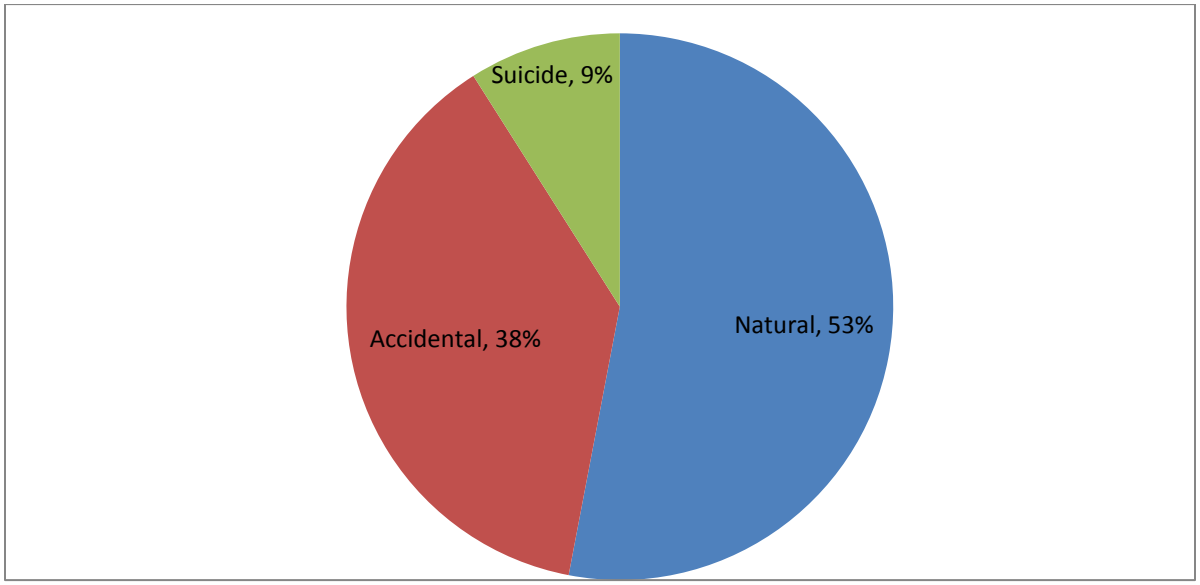
4. DEATH STATISTICS

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 it further subdivided into homicide, suicide, accidental, or undetermined.

In 2014, seventeen of the thirty-two or 53% deaths were natural, twelve or 38% were accidental, and three or 9% were suicides. There were no homicides in this group. Natural cause is listed as the most prevalent manner of death and is consistent with previous years. Of the twelve listed as accidental, nine of those were due to drug and/or alcohol overdose.

Figure 4



Cause of Death

"The cause of death" indicates the disease or injury that caused the death.
Review of the death certificates reveals the following numbers:

10/32, 32% died of cardiovascular disease
9/32, 28% died of drug or alcohol overdose
5/32. 16% died of liver failure and 4 of these were from chronic alcohol use.
3/32, 9% died of blunt force trauma and were deemed suicides.

The remaining deaths were COPD (1), Sepsis (1), Lung Cancer (1), Choking (1) and Cerebral hemorrhage from trauma (1).

As in previous years, cardiovascular disease was the leading cause of death.

Substance abuse was the most prevalent health condition occurring in 78% of the individuals and listed as a health condition on the death certificate.

5. Access to Services

The records were reviewed to determine the percentage of decedents who had accessed any of four county agencies within the past five years including the following:

1. Medical services through either Santa Barbara County Public Health Department(PHD) or Cottage Hospital (CH)
2. Sheriff's Department
3. Department of Behavioral Wellness (BW)
4. Department of Social Services (DSS)

88% had received medical services from the PHD or CH.

72% had contact with the sheriff's department

44% had been seen by Behavioral Wellness

69% had been seen by DSS

Of the fourteen individuals seen by Behavioral Wellness, nine 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, eleven out of fourteen or 79% of those seen by Behavioral Wellness had dual diagnosis, i.e., substance abuse and mental illness.

Table #3 demonstrates Santa Barbara County services accessed by the decedents.

Table 3

SBC Agency Access										
	Year of Death									
Service Provider	**2014 (n=32)**		**2011 (n=30)**		**2010 (n=39)**		**2009 (n=40)**		**All Data (n=141)**	
	# of Patients	**% of Patients**	**# of Patients**	**% of Patients**	**# of Patients**	**% of Patients**	**# of Patients**	**% of Patients**	**# of Patients**	**% of Patients**
BW	14	44%	10	33%	17	44%	14	35%	55	39%
PHD	28	88%	27	90%	33	85%	38	95%	126	89%
DSS	22	69%	19	63%	22	56%	21	53%	84	60%

Contact with the Santa Barbara Sheriff's Department was not previously tabulated and is not included in this table. As noted above 72% of the decedents had contact with the Sheriff's Department in 2014.

Summary

The 2014 homeless death report reveals much of the same problems as noted in prior reports. There were no significant new trends in number of deaths or in demographic data.

As in previous reports, the leading cause of death among the homeless in Santa Barbara County was due to complications of chronic drug and alcohol use. These individuals died prematurely with average age of death 52.5 years compared to 78 years in the housed population.

In addition there is a high prevalence of homeless individuals with mental health conditions and persons with dual diagnosis, i.e., mental illness and substance abuse combined.

The majority of the decedents had multiple encounters over the years with county agencies and local hospitals.

Based on this data several problems are evident:

- Lack of coordination and communication between agencies contributes to unmet needs of the homeless
- Lack of sufficient resources for acute and chronic treatment of drug and alcohol addiction leads to a cycle of emergency room visits, jail, and chronic homelessness
- Scarcity of housing limits the number of vulnerable individuals that can be assisted in a timely manner

Recommendations:

- Coordination of services between agencies and as much as possible in one location; ie, patient centered medical home model for medical and behavioral health and social service needs.

- Additional resources for drug and alcohol treatment programs including detox treatment and long term residential treatment.

- Improved outreach and programs for people suffering with mental illness and co-occurring substance use disorders including housing/beds across a continuum of care from emergency shelter to psychiatric inpatient care.

- Urgent need for medical respite services to care for homeless patients discharged from the hospital who have skilled nursing needs. The shelters are inappropriately used as skilled nursing facilities because of lack of alternatives and these patients have poor outcomes and high rates of re-hospitalization.

- Lack of stable housing is the biggest barrier to improving health for people with illness. People experiencing homelessness have no safe place to rest and recover, their medications are often lost or stolen, they can't get to medical appointments and they have no stable working phone for communication. This leads to ambulance rides to the emergency rooms where care is costly and can be excessive as well as frustrating for the hospital medical staff who witness this downward cycle. The burden is not only felt by medical providers, but by the departments of social services, behavioral wellness, the sheriff's department and the community as a whole. The 2014 homeless death report shows the outcomes are tragic.

We hope this year's report will help towards ending the cycle of poverty, illness, homelessness and death.