Deaths Among People Experiencing Homelessness in Santa Barbara County
1/1/2018 to 12/31/2018

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

Homeless Death Review Team Members

Public Health Department

- Van Do-Reynoso, MPH, PhD
- Dana Gamble, LCSW
- Michelle Wehmer, MPH
- Ralph Barbosa

Department of Social Services

- Mark S. Contois, MSW

Department of Behavioral Wellness

- Sara Grasso, MFT

Santa Barbara County Sheriff Department - Coroner Bureau

- Sergeant Jarrett Morris

Santa Barbara County Public Administrator/Public Guardian/Veterans' Services

- Arlene Diaz

Community Collaborators

- Cottage Hospital – Josh Richo, LCSW
- Marian Regional Medical Center - Amelia Abernathy, LCSW
- Northern United Way of Santa Barbara County, Home for Good – Emily Allen
- Santa Barbara Street Medicine – DWW- Jason Prystowsky, MD
- Good Samaritan Shelter - Kristen Cahoon
- PATH - Chuck Flacks

Table of Contents

1. INTRODUCTION

This is the seventh 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 2018. 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.

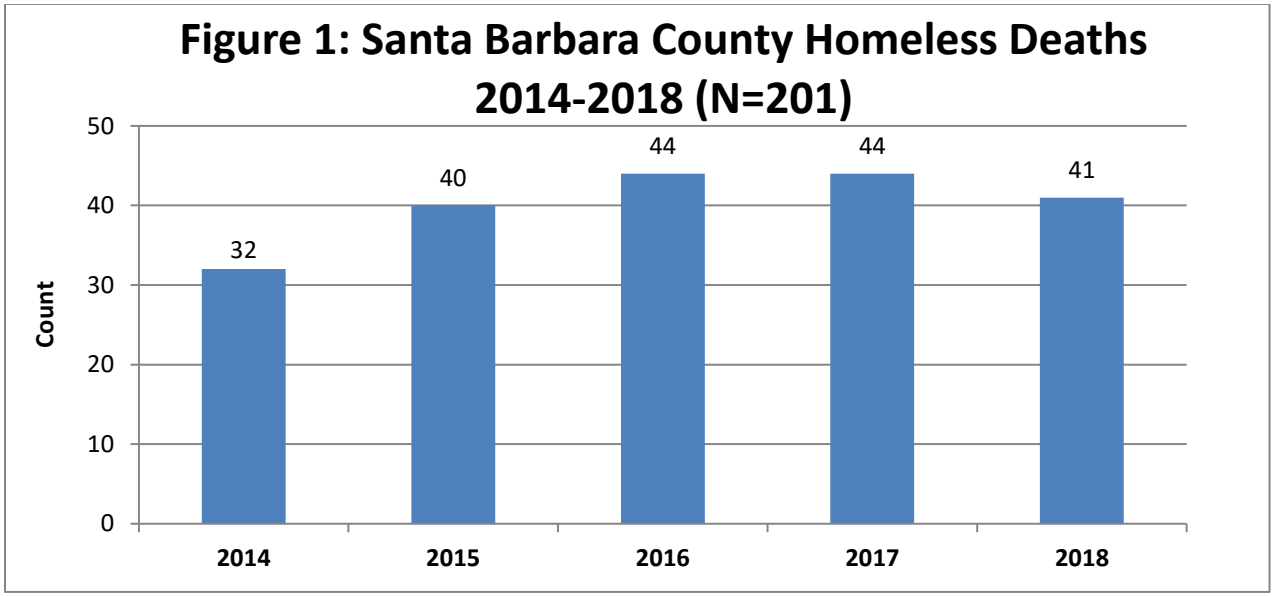
The data used to compile this report was obtained from multiple sources including death certificates, medical records, county social services and mental health records and community collaborators.

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*.)

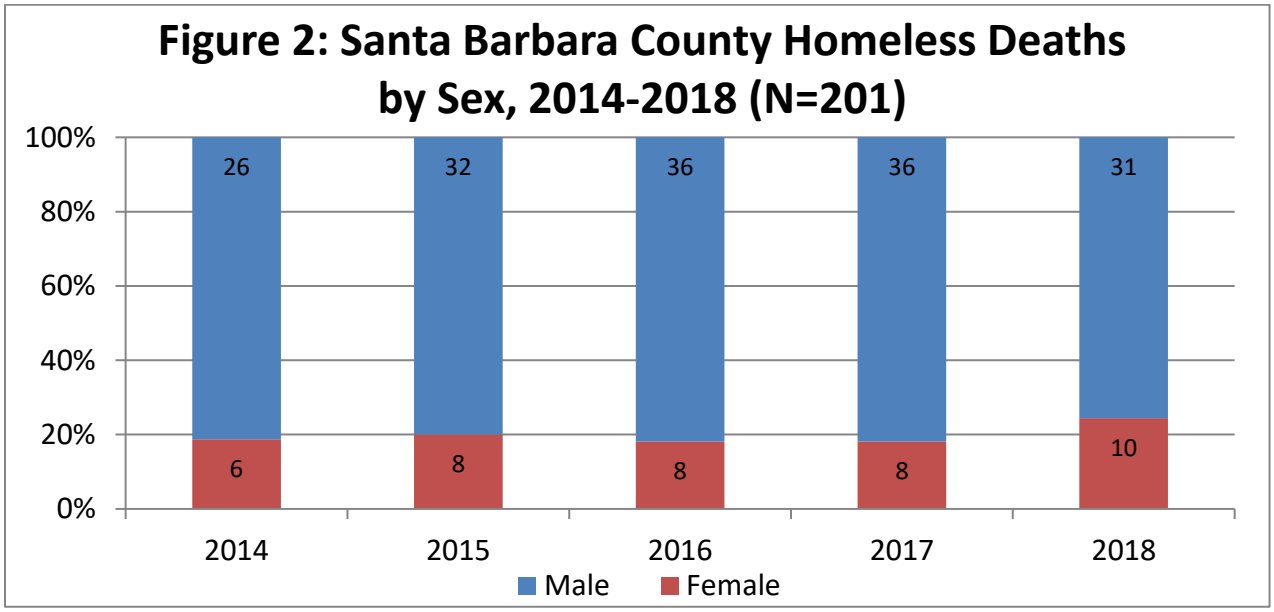
2. RESULTS AND DEMOGRAPHICS

The HDRT identified forty-one persons experiencing homelessness who died in Santa Barbara County in 2018. This compares with forty-four deaths in 2017[1], and forty-four deaths in 2016.



Sex

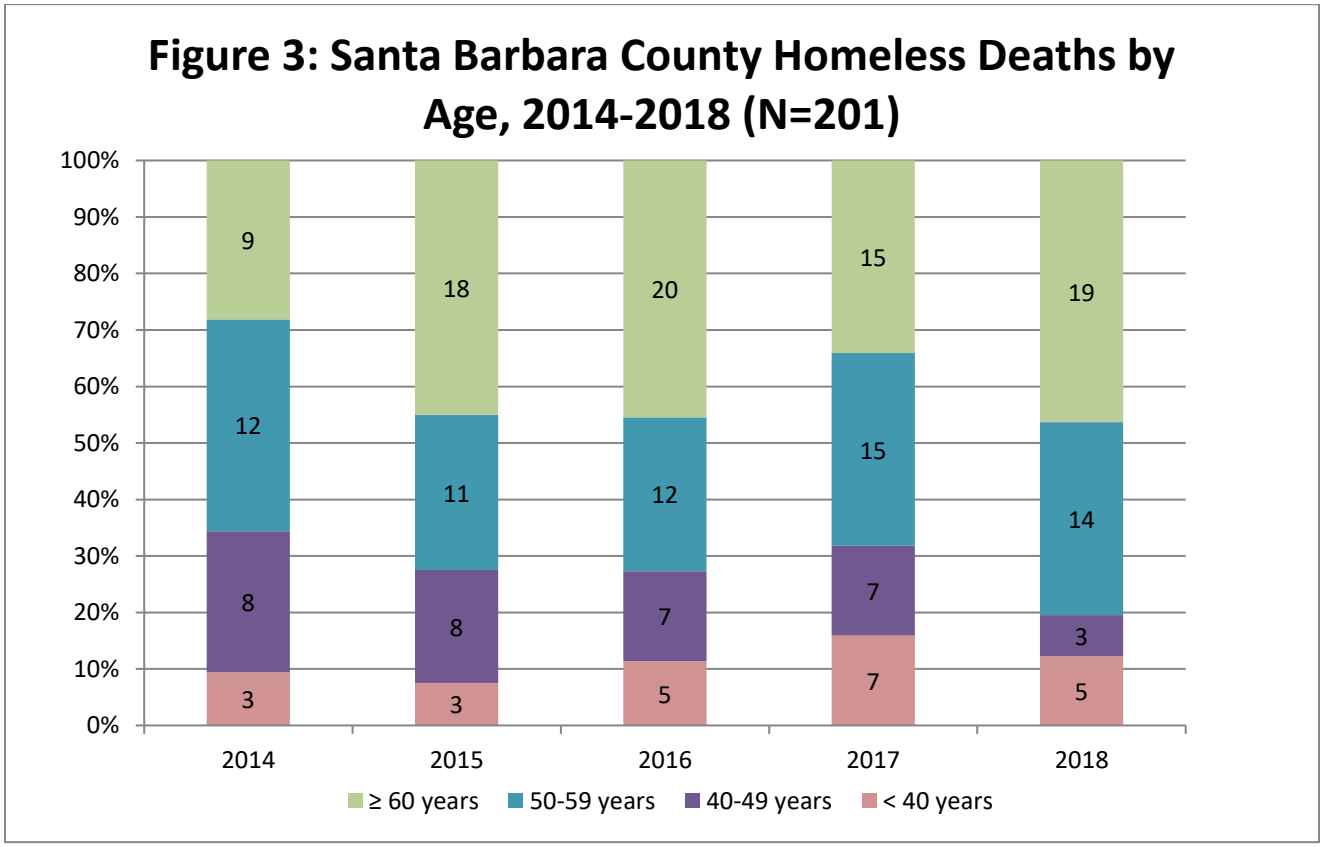
Of the decedents, in 2018 ten were women and thirty-one were men or 24% and 76% respectively.



[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.

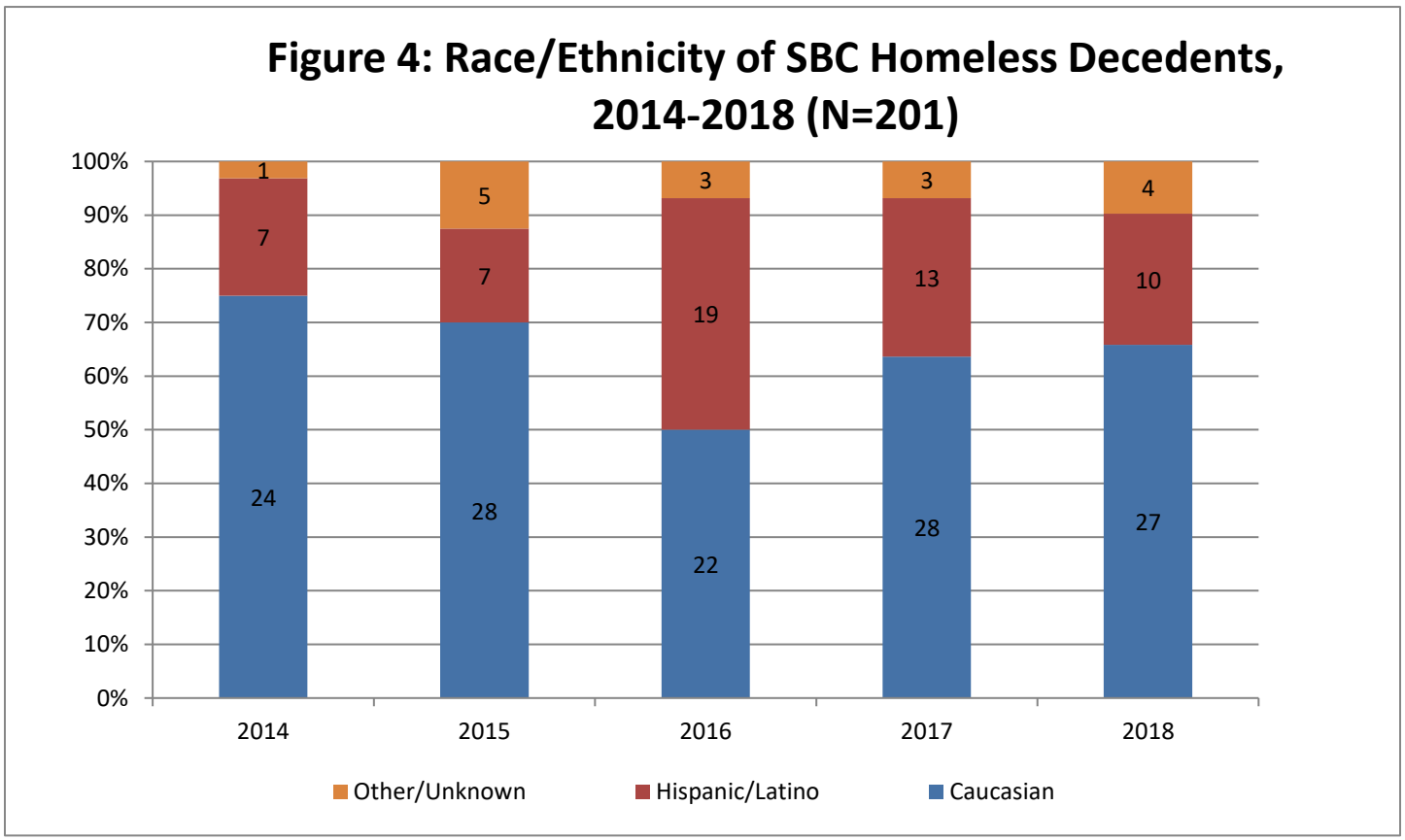
Age

The age range of decedents in 2018 was twenty-four through eighty-two with the average age of death for men fifty-seven years and for women sixty-one years. The age distribution is shown in Figure 3. Over the past five years, approximately 88% of the SBC Homeless deaths are to those forty and above; the sixty-year and older age group saw the majority of death with 46% of all deaths in that same time period.



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 2018, of the forty-one decedents 24% were Hispanic/Latino and 66% were White non-Hispanic/Latino.



Below, Table 1 summarizes the demographic data for 2018 and compares it to the previous years. In 2018, men represented 76% of the decedents. Not depicted in Table 1, when looking at race and ethnicity of the decedents by sex, White (Non-Hispanic/Latino) men represented 58.1% of the male decedents (18/31). White (Non-Hispanic/Latino) women represented 90.0% (9/10) of the female decedents.

Table 1: Demographics	**Year of Death**											
	2014		**2015**		**2016**		**2017**		**2018**		**Total**	
	#	**%**	**#**	**%**	**#**	%	**#**	%	**#**	%	**#**	
Total Deaths	32		40		44		44		41		201	
Homeless Population Estimate*	1,827		1,729		1,809		1,860		1,792			
Homeless Crude Death Rate per 100,000 population	1,752		2,313		2,432		2,366		2,288			
Gender												
Females	6	18.8%	8	20.0%	8	18.2%	8	18.2%	10	24.4%	40	19.9%
Males	26	81.3%	32	80.0%	36	81.8%	36	81.8%	31	75.6%	161	80.1%
Race												
White	31	96.9%	35	87.5%	41	93.2%	41	93.2%	37	90.3%	185	92.0%
Other/Unknown	*	0.0%	5	0.0%	*	0.0%	*	4.5%	*	2.4%	16	1.5%
Ethnicity												
Hispanic/Latino	7	21.9%	7	17.5%	19	43.2%	13	29.5%	10	24.4%	56	27.9%
Veterans												
Veterans	5	15.6%	*	2.5%	*	9.1%	5	11.4%	9	22.0%	24	11.9%

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

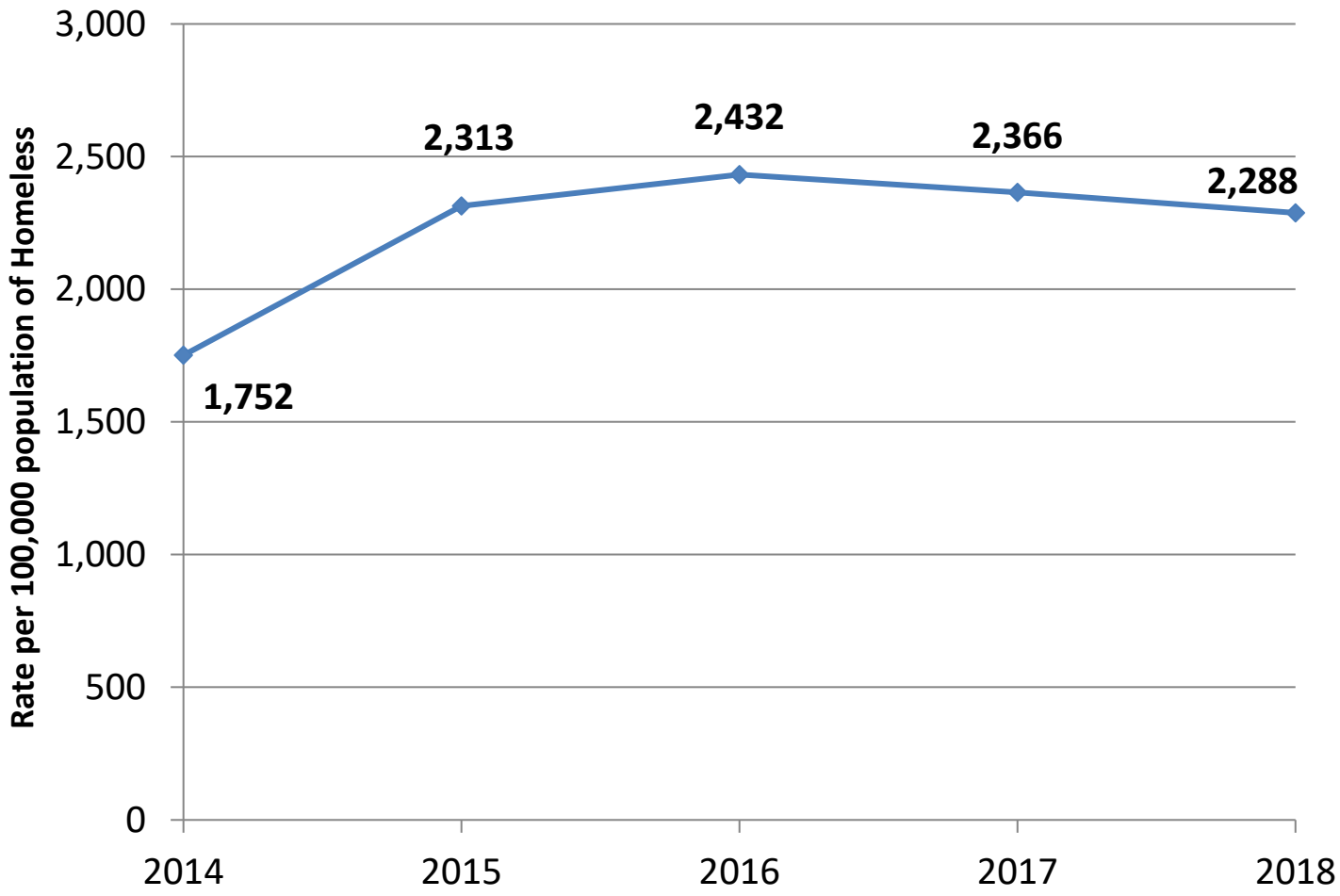
Veteran Status

There were nine decedents in 2018 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 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 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 5: Santa Barbara County Homeless Death Rate*, 2014-2018



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

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

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

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

If in 2018 there were 100,000 homeless in Santa Barbara County, 2,288 deaths would have been observed. Death rates are used across other jurisdictions and in reports where the total population estimates are not readily available.

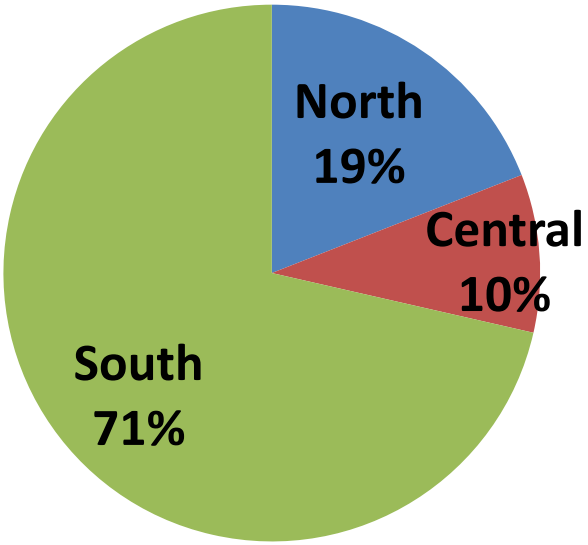
* Source of SBC Homeless population estimates is the US Department of Housing and Urban Development (HUD) point in time counts conducted in 2015 and 2017.

3. LOCATION AND SEASON OF DEATH – ENVIRONMENTAL DATA

In 2018, fifteen out of the forty-one or 37% of the deaths occurred outdoors. The remaining twenty-six individuals or 63% died indoors; of these indoor deaths, thirteen died in the hospital or care facility. As shown in Table 2, the percentage of outdoor deaths was lower in 2018 and 2017 than in 2015 and 2016.

Table 2: Location	Year of Death											
	2014		2015		2016		2017		2018		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Location of Death	32		40		44		44		41		201	
Outdoor Death	14	44%	19	47.5%	21	47.7%	16	36.4%	15	36.6%	85	42.3%
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%)	26 (13)	63.4% (31.7%)	116 (47)	57.7% (23.4%)
Season												
Winter	4	13%	11	27.5%	15	34%	14	31.8%	13	31.7%	57	28.4%
Spring	6	19%	7	17.5%	9	20.5%	10	22.7%	8	19.5%	40	19.9%
Summer	8	25%	12	30%	10	23%	7	15.9%	11	26.8%	48	23.9%
Fall	14	44%	10	25%	10	23%	13	29.5%	9	22.0%	56	27.9%

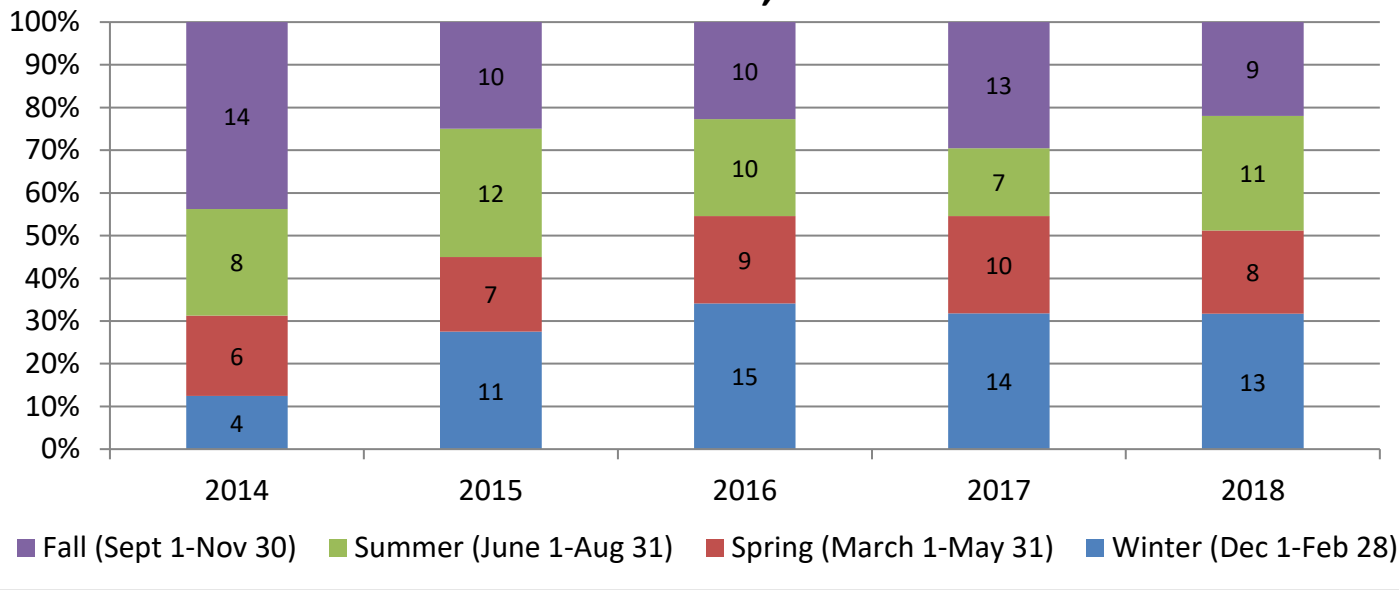
Figure 6: 2017-2018 Santa Barbara County Homeless Deaths by Geographic Location, N=85



Season of Death (Cont.)

Seasonally, for 2018, 22.0% died in the fall; 26.8% in the summer; 19.5% in the spring and 31.7% in the winter. No deaths were attributed to the weather in 2018. In other words, no hypothermia, hyperthermia, or dehydration-related causes were listed as a cause of death for any of the 2018 decedents.

Figure 7: Santa Barbara County Homeless Deaths by Seasonal Distribution, 2014-2018



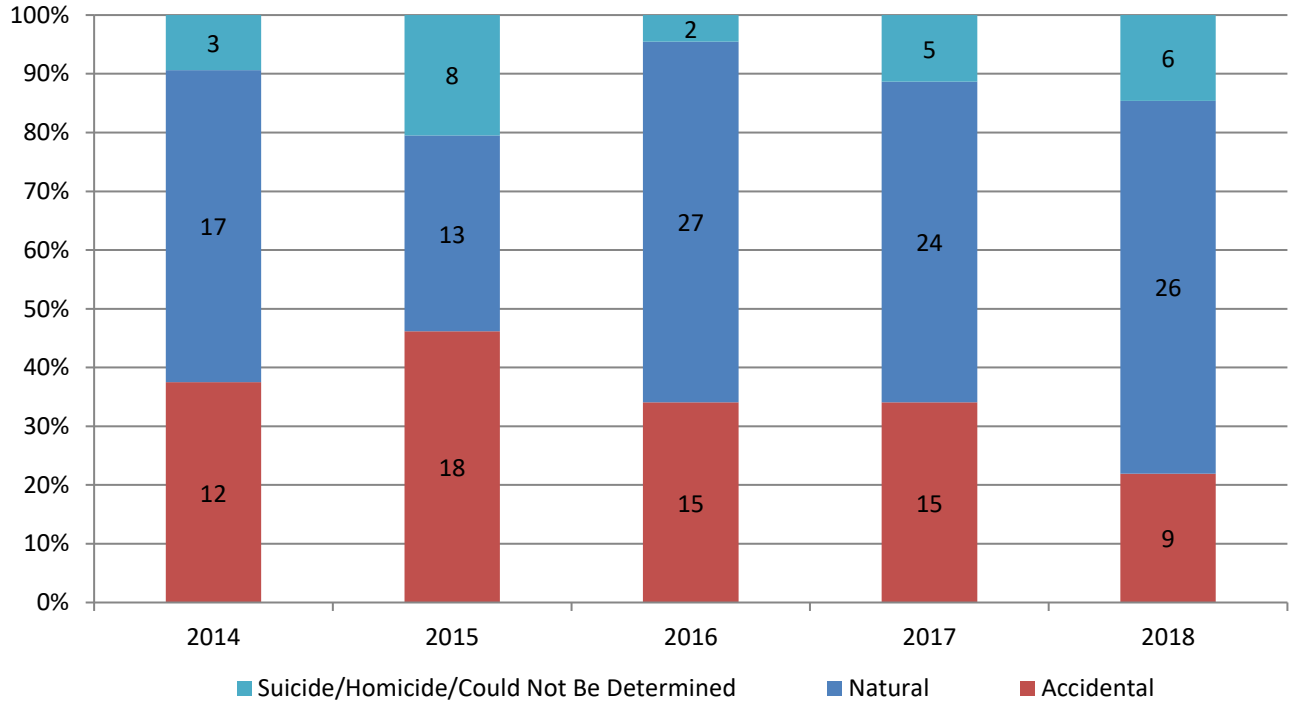
4. DEATH STATISTICS

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 2018, twenty-six of the forty-one deaths were natural (63.4%), nine, or 22.0%, were accidental, the remaining 6 (14.6%) were deemed suicides, homicides or could not be determined (see figure 6.) Natural cause was listed as the most prevalent manner of death for 2018, and proportionately similar to 2016.

Figure 8: Santa Barbara County Homeless Deaths by Manner of Death, 2014-2018



Upon further review of deaths where manner of death was determined to be accidental (9 cases in 2018), the majority of those cases were due to drug overdoses.

Leading Causes of Death (Defined by ICD-10 codes)[2]

2018

13/41, 31.7% died of cardiovascular disease

8/41, 19.5% died of drug or alcohol overdose

For 2018, cardiovascular disease followed by Drug/Alcohol overdoses were the leading causes of death. The cause of deaths for the remaining 20 decedents included blunt force trauma, COPD, pneumonia, liver cirrhosis to name a few. Due to the small counts, these further breakdowns are not reported.

Underlying Causes or Contributing Factors

For 2018 decedents, alcohol abuse was the most prevalent health condition listed as an *underlying cause* or *contributing factor* on the death certificate, occurring in 36.6% (15) of the decedents. Drug abuse was the second most prevalent health condition listed on 9 death certificates (22.0% of the decedents).

[2] 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)
6. Veterans' Services Offices

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

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

Of the 27 (65.9%) decedents that were clients of the PHD, which include Healthcare for the Homeless (Public Health Nurses) and the PHD Healthcare Centers, 10 were seen within twelve months of their death (24.3%). Of the twenty-eight individuals that were clients of BW, four of these were diagnosed with a serious persistent mental illness (SPMI); this includes schizophrenia, delusional disorder, bipolar disorder, and severe depression or personality

Access to Services (Cont.)

disorder that is disabling. Overall, eleven out of twenty-eight or 39% of those seen by BW had dual diagnosis, i.e., substance abuse and mental illness. Three of the twenty-eight (10.7%) clients 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 2018.
2. The leading cause of death in 2018 was due to cardiovascular disease and Drug/Alcohol overdose. These individuals died prematurely with average age of death being 58 years in 2018, compared to 76 years in the housed population for the same year.
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.

7. NEXT STEPS

The Homeless Death Report (HDR) has evolved over several years. 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 people experiencing homelessness the HDRT has incorporated the larger Homeless network providers in the development and outcome information and the following are the recommended next steps:

1. Increasing Identification of Homeless Deaths
    a. 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.
    b. 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.
    c. Through the Continuum of Care (COC) the Homeless Management Information System (HMIS) Release of Information (ROI) will be updated to allow information exchange specific to the HDRT.
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. 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 is expected to bring more people into treatment than 2018. This is seen as a positive step in addressing a key cause of death among people experiencing homelessness.

Next Steps (Cont.)

4. 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. Recently, 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.
5. 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. The addition of Recuperative Care (RC) in both Santa Maria and Santa Barbara is a strong acknowledgment of the special needs for people experiencing homelessness. Many of the constituents who benefit from these programs 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 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.
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. Recently, additional areas 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. Additionally, State Senator Anthony Portantino is drafting state legislation to add consistency to the way jurisdictions collect data for death reports related

to homelessness. Through identification of and eliminating barriers, it is the HDRTs sincere hope to avert premature death associated with homelessness.