

Homeless Death Review 2011-2016

Santa Clara County Medical Examiner-Coroner's Office

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This is a retrospective study of homeless deaths in Santa Clara County encompassing the years 2011 through 2016. It is the goal of this study to explain the definition of homelessness used by the Santa Clara County Medical Examiner-Coroner's office, as well as illuminate trends in homeless deaths over the past six years. Each year was analyzed separately for the following variables: decedent demographics; cause and manner of death; location of death; medical history; the presence and use of drugs; veteran status; and motor vehicle related deaths. The yearly data was compiled to demonstrate trends across the six-year period. It is hoped that these data and trends presented in this study of homeless deaths will inform policy discussion and help identify service gaps for this vulnerable and growing population.

DEFINITIONS AND CLASSIFICATIONS

There were a total of 476 homeless deaths in Santa Clara County encompassing the years 2011 through 2016. There were 50 homeless deaths in 2011, followed by 62 in 2012, 78 in 2013, 69 in 2014, 85 in 2015, and 132 in 2016. Between 2011 and 2016, the number of homeless deaths increased by 164%. These numbers reflect all homeless deaths in all cities in Santa Clara County.

Those individuals included in our definition of homeless consist of:

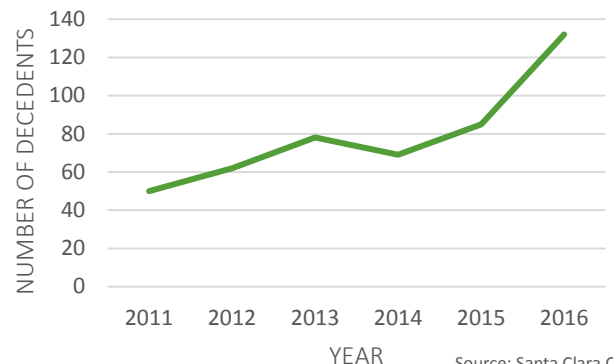
1) PEOPLE LIVING ON THE STREET

Those living in homeless encampments, indoor makeshift shelter (i.e. storage facilities, warehouses, garages), inside of a motor vehicle, trailer, or recreational vehicle (RV), homeless shelters (i.e. emergency housing consortiums, transitional housing), hotels and motels, or any type of funded housing where the decedent is not paying rent or currently on a lease. This excludes individuals living in converted garages, basements, and sheds, even if they are not paying rent as these housing situations are more stable and include amenities.

and/or

2) PUBLIC RECORD SEARCHES DO NOT IDENTIFY A VALID LIVING ADDRESS

HOMELESS DEATHS IN SANTA CLARA COUNTY 2011-2016



Source: Santa Clara County Medical Examiner-Coroner's Office

MENTAL ILLNESS:

We have included in this study data on mental illnesses among the homeless decedents. This includes both medical and observational diagnoses found during the investigative process. The most common illnesses were bipolar disorder, depression, and schizophrenia.

STRESSORS:

In this study, we tried to identify stressors that occurred hours to days prior to death such as emotional stressors, physical and verbal altercations, medical stressors, and interactions with law enforcement. These events were categorized based on notations in the investigative reports. Emotional stressors include recent breakups, loss of child custody, suicide attempts, and evictions. Included in the medical stressor category are recent falls, visits to the emergency room, complaints of pain or illness, and those decedents found to have hair

and/or body lice. Incidents involving law enforcement include recent arrests, releases from jail, active warrants, restraining orders, and being on parole.



LOCATION:

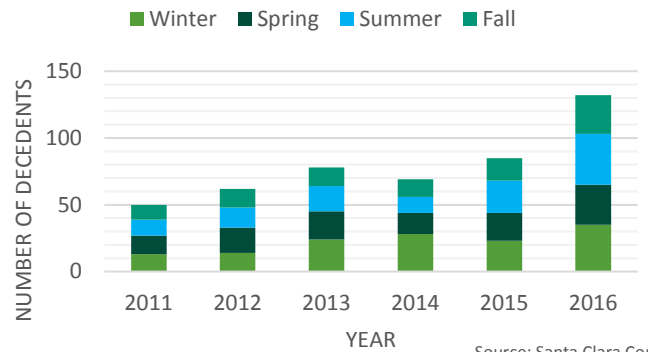
Between 2011 and 2016, 35% of the homeless deaths occurred in a hospital, emergency room, hospice, or nursing facility, while 22% of the deaths occurred in outdoor makeshift living areas.

Locations of death were separated into categories in order to illustrate the types of areas where homeless deaths are occurring. It is the goal of these classifications to demonstrate the number of individuals dying in places where they lived, such as homeless encampments and other makeshift living areas both indoors and out, versus those dying in hospitals or care facilities. A classification of death outdoors was split into two sub-categories to distinguish between outdoor areas where decedents were living, as evidenced by accompanying personal belongings, and areas where they did not appear to live. There are some areas of overlap between these two outdoor distinctions; therefore, determination of a makeshift living area versus simply being found somewhere outdoors without accompanying personal belongings was based on the descriptions in the investigative reports, as well as photographs.

SEASONS:

The season in which death occurred has been determined in order to illustrate when the greatest number of homeless deaths take place during the year. The seasons are separated based on the dates of the equinoxes. In Santa Clara County, deaths occurred in all seasons and may in part be explained by the stable temperate weather in the Bay Area.

DEATHS PER SEASON 2011-2016

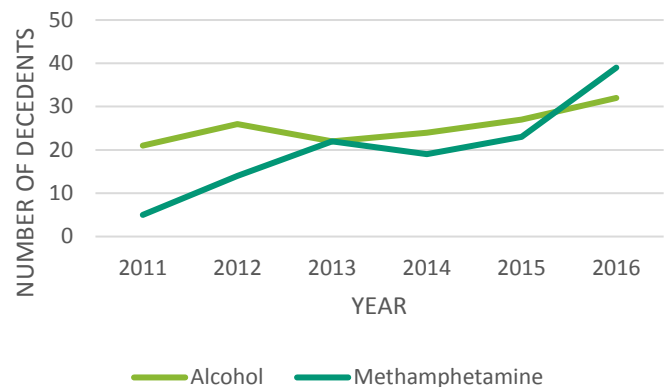


Source: Santa Clara County Medical Examiner-Coroner's Office

DRUG USE:

The most common drugs found at the time of death were alcohol and methamphetamine. The use of both of these drugs was consistently high throughout the six year period.

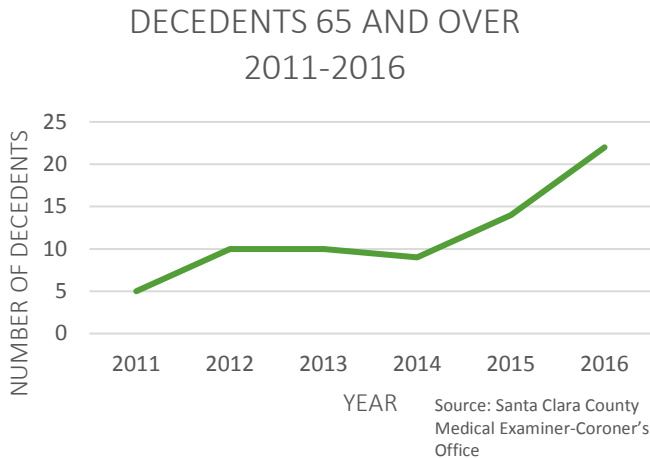
ALCOHOL AND METHAMPHETAMINE USE 2011-2016



Source: Santa Clara County Medical Examiner-Coroner's Office

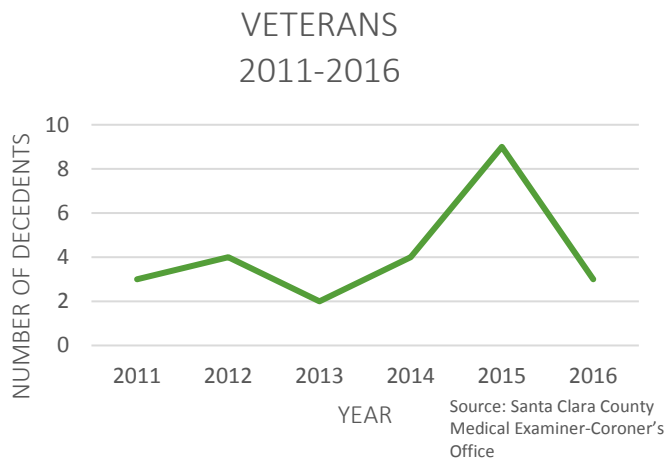
THE AGING HOMELESS POPULATION:

The number of elderly deaths over the age of 65 years has risen and is expected to rise given the aging baby boomer population.



VETERANS:

The year 2015 saw the greatest number of decedents who were listed as veterans. Forty-four percent of these decedents had some type of mental illness listed as a significant medical condition.



CONCLUSION:

The number of homeless deaths in Santa Clara County increased 164% from 2011 to 2016. The majority of these individuals are dying in hospitals and on the streets. The use of drugs and alcohol has remained consistently high. Mental illnesses and stressful medical events are recurring issues within this population. It is the goal of this study to bring awareness to the increasing number of homeless deaths in our county.

RECOMMENDATIONS:

1. Homelessness is a complex and multifactorial social issue as exemplified in this study. Housing is just one of many necessities. Access to consistent medical and mental health care as well as drug and alcohol services and employment resources are underscored. Mobile healthcare services may serve this population well.

2. The combination of drug and alcohol intoxication was shown to be the most prevalent lethal factor over the entire study period, with alcohol being the most popular drug found at toxicology, followed by methamphetamine. Methamphetamine continues to be a most commonly abused illicit drug. Ensuring that the homeless population has consistent access to drug and alcohol intervention services is warranted.

3. The current opioid epidemic can affect the homeless population including access to synthetic opioids. The distribution and use of Narcan (naloxone) should be considered in this population to prevent overdoses.

4. This study identified an increase in homeless deaths among those 65 years and older. With an increase of baby boomers becoming older, preventive healthcare in the form of vaccines (pneumonia/shingles) as well as treating chronic medical conditions such as hypertension and diabetes is underscored for this population and may help alleviate increased healthcare costs through emergency services over time as well as pain control/crisis.

5. The homeless population, like anyone, may be involved in relationships with others or pets that cannot be easily separated or accommodated in shelters or other facilities. We must remember and be sensitive to these, as well as transgender and LGBTQ issues that may affect this population.



