

# **Deaths Among People Experiencing Homelessness in Santa Barbara County**

**1/1/2015 to 12/31/2016**

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

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## 1. Introduction

This is the fifth Santa Barbara County homeless death review team (HDRT) report. It contains data on the number of deaths among people experiencing homelessness in the County for calendar years 2015 and 2016. 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. An individual experiencing homelessness 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 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)

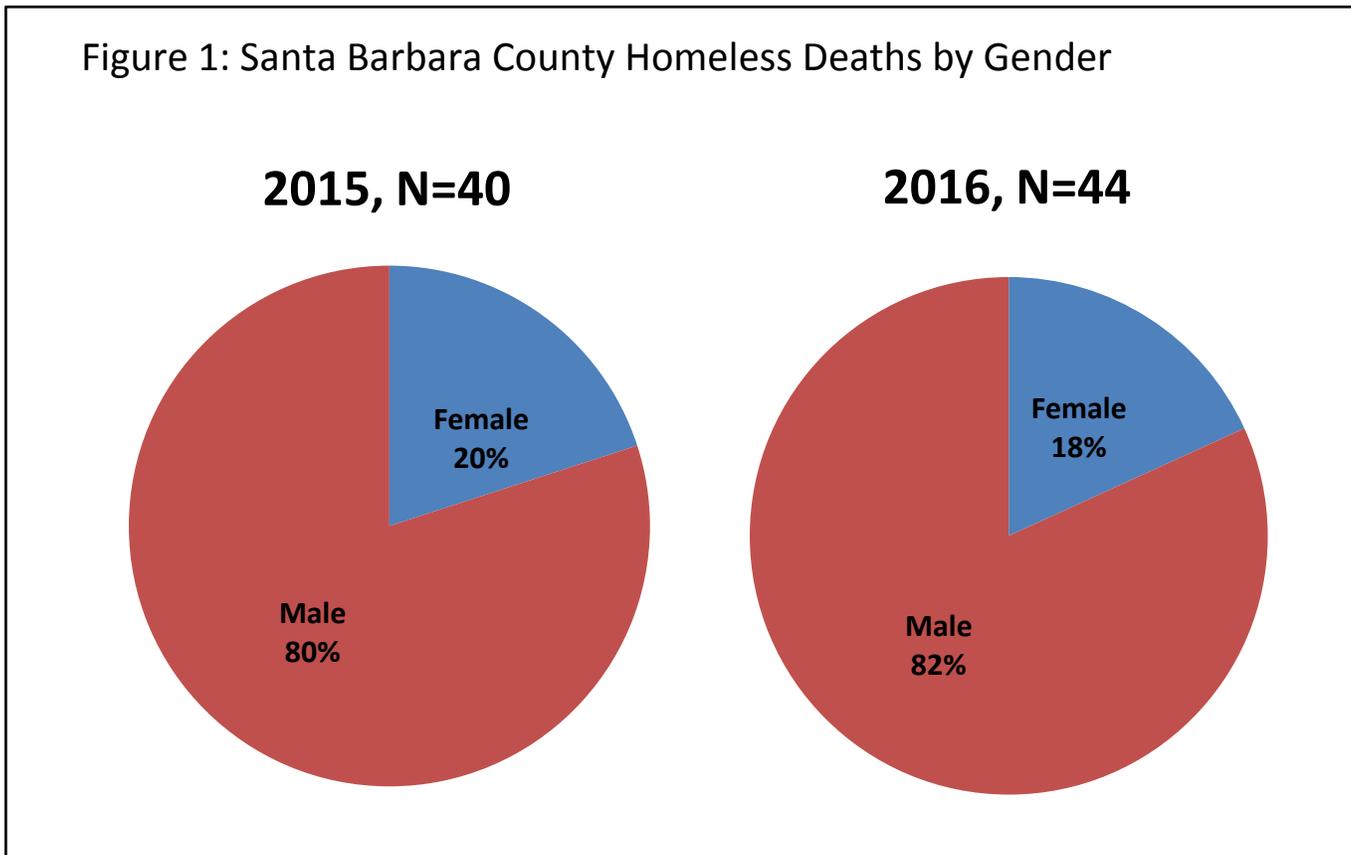
"An individual may be considered to be homeless if that person is "doubled up," a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals 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 persons experiencing homelessness who died in Santa Barbara County in 2015 and forty-four deaths among people experiencing homelessness in 2016. This compares with thirty-two deaths in 2014, and thirty deaths in 2011.

### Gender

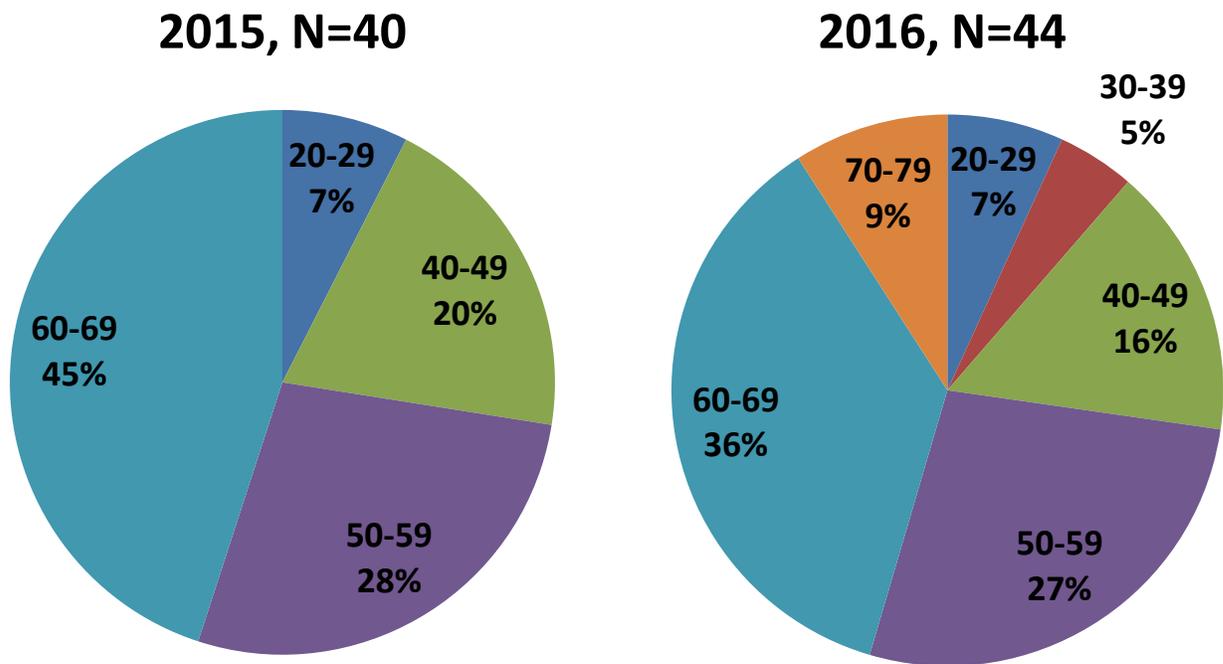
Of the decedents, in 2015 eight were women and thirty-two were men or 20% and 80% respectively. In 2016 eight were women and thirty-six were men or 18% and 82% respectively.



## AGE

The age range of decedents in 2015 was twenty-seven through sixty-nine with the average age of death for men fifty-four years and for women forty-nine years. The age range for 2016 was twenty through seventy-two with the average age of death for men fifty-five years and for women fifty-seven years. The age distribution is shown in Figure 2.

Figure 2: Santa Barbara County Homeless Deaths by Age

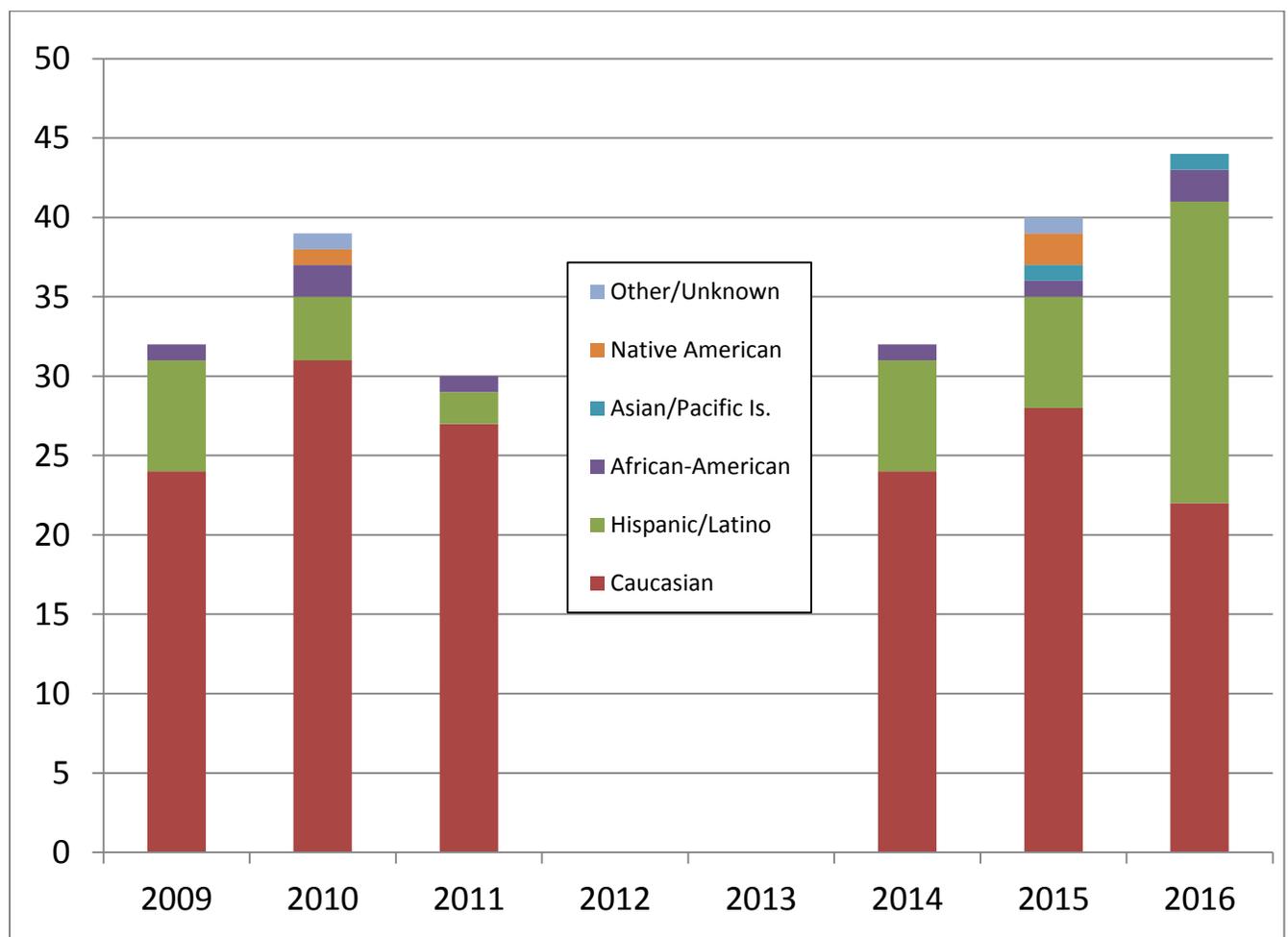


## Ethnicity/Race

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.

For 2015 of the forty decedents 70% were Caucasian; 18% Hispanic/Latino; 3% African-American. For 2016 of the forty-four decedents 50% were Caucasian; 43% Hispanic/Latino; 5% African-American. Ethnicity/race distribution is shown in Figure 3 below.

Figure 3: Race/Ethnicity of SBC Homeless Decedents, 2009-11; 2014-16\*



\*Statistics were not collected in 2012 and 2013

## Veteran Status

One decedent in 2015 was identified as a veteran and four were in 2016. Veteran status is challenging to collect. The current reporting comes from the Public Health Department and is self-reported and collected at the time of registration for health services.

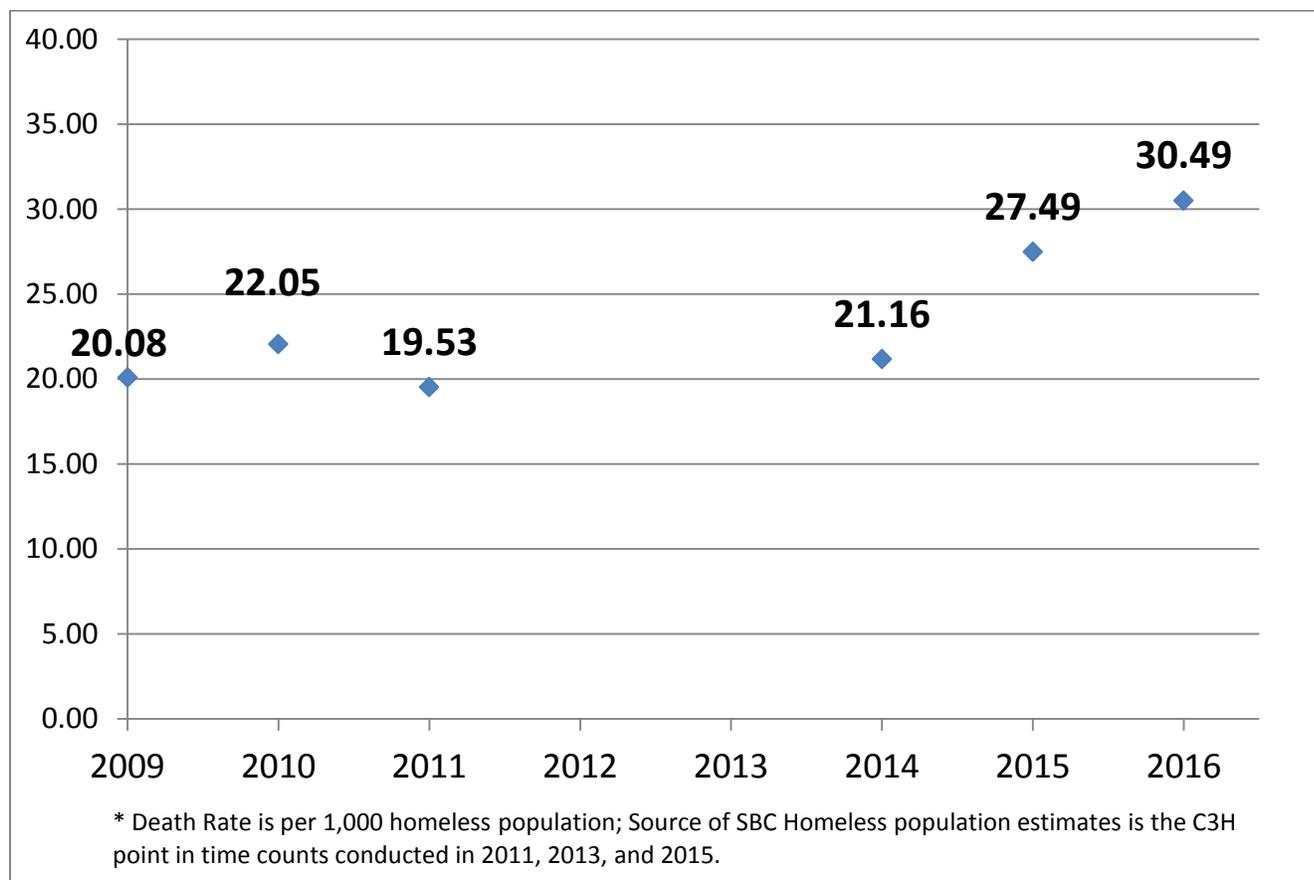
Table 1 summarizes the demographic data for 2015 and 2016 and compares it to the previous years. In 2016 men represented 82% of the decedents compared to 73% in 2011. Also, as in previous years, white males between the ages of 50-59 years old represented the majority of the decedents.

Table 1: Demographic Data\*

Demographic Data	Year of Death									
	2011		2014		2015		2016		Total	
	#	%	#	%	#	%	#	%	#	%
<b>Total Deaths</b>	30	100.0%	32	100.0%	40	100.0%	44	100.0%	146	100.0%
<b>Homeless Population Estimate*</b>	1536		<b>1512</b>		1455		<b>1443</b>			
<b>Homeless Death Rate per 1000 population</b>	19.53		21.16		27.49		30.49			
<b>Gender</b>										
Females	8	26.7%	6	18.8%	8	20.0%	8	18.2%	30	20.5%
Males	22	73.3%	26	81.3%	32	80.0%	36	81.8%	116	79.5%
<b>Race</b>										
Caucasian	27	90.0%	24	75.0%	28	70.0%	22	50.0%	101	69.2%
African American	1	3.3%	1	3.1%	1	2.5%	2	4.5%	5	3.4%
Asian/Pacific Is.	0	0.0%	0	0.0%	1	2.5%	1	2.3%	2	1.4%
Native American	0	0.0%	0	0.0%	3	7.5%	0	0.0%	3	2.1%
<b>Ethnicity</b>										
Hispanic/Latino	2	6.7%	7	21.9%	7	17.5%	19	43.2%	35	24%
<b>Veterans</b>										
Veterans	5	16.7%	5	15.6%	1	2.5%	4	9.1%	15	10.3%

\*Statistics were not collected in 2012 and 2013

Figure 4: Santa Barbara County Homeless Death Rate, 2009-11; 2004-16\*\*



\*\*Statistics were not collected in 2012 and 2013

### 3. LOCATION AND SEASON OF DEATH – ENVIRONMENTAL DATA

In 2015, nineteen out of the forty or 47.5% of the deaths occurred outdoors. The remaining twenty individuals or 50% died indoors; of these indoor deaths five died in the hospital. In 2016 twenty-one out of the forty-four or 47.7% of the deaths occurred outdoors. The remaining twenty-three individuals or 52.3% died indoors; of these indoor deaths thirteen died in the hospital. As shown in Table 2, the percentage of outdoor deaths was higher in 2015 and 2016 than in previous years and was higher than in any previous report.

Table 2: Location

	Year of Death									
	2011		2014		2015		2016		Total	
	#	%	#	%					#	%
<b>Location of Death</b>	30*		32		40		44		146	
Outdoor Death	9	35%	14	44%	19	47.5%	21	47.7%	63	43%
Indoor Death (Hospital death)	20 (3)	67% (10%)	18 (2)	56% (6%)	21 (5)	52.5% (12.5%)	23 (13)	52.3% (29.5%)	82 (23)	56% (16%)
<b>Season</b>										
Winter	11	42%	4	13%	11	27.5%	15	34%	41	28%
Spring	7	27%	6	19%	7	17.5%	9	20.5%	29	20%
Summer	4	15.5%	8	25%	12	30%	10	23%	34	23%
Fall	4	15.5%	14	44%	10	25%	10	23%	38	26%

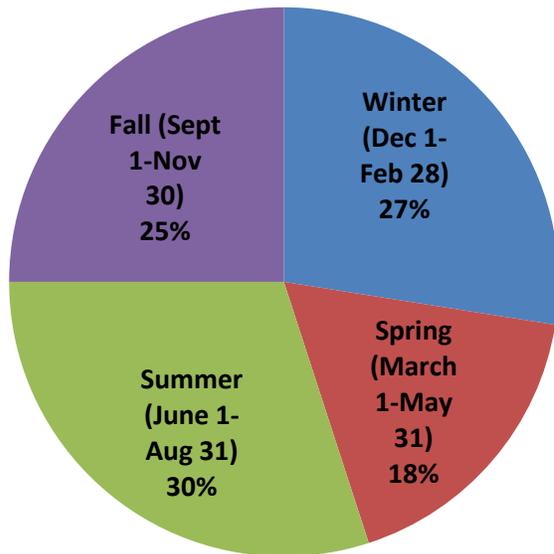
\* The 2011 report did not gather death location of 1 decedent and season of death of 4 deaths.

Seasonally, for 2015, 25% died in the fall; 30% in the summer; 18% in the spring and 28% in the winter. In 2016, 23% died in the fall; 23% in the summer; 21% in the spring and 34% in the winter. Although more deaths occurred in the summer of 2015 and winter of 2016 there is an overall even distribution of deaths seasonally when compared to the previous years.

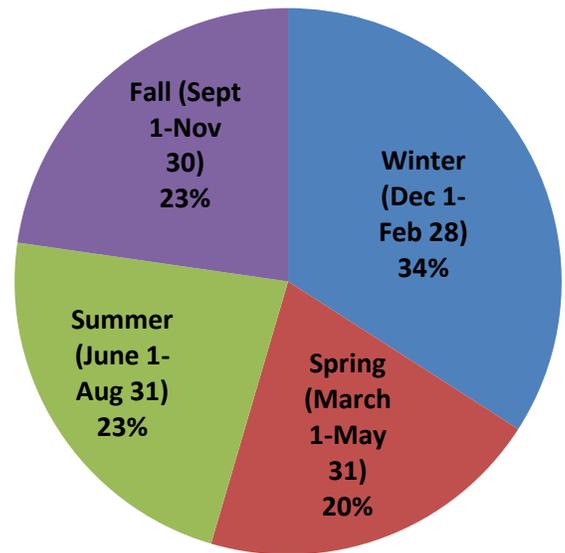
No deaths were attributed to the weather in 2015 or 2016.

Figure 5: Seasonal Distribution of Santa Barbara County Homeless Deaths

**2015, N=40**



**2016, N=44**

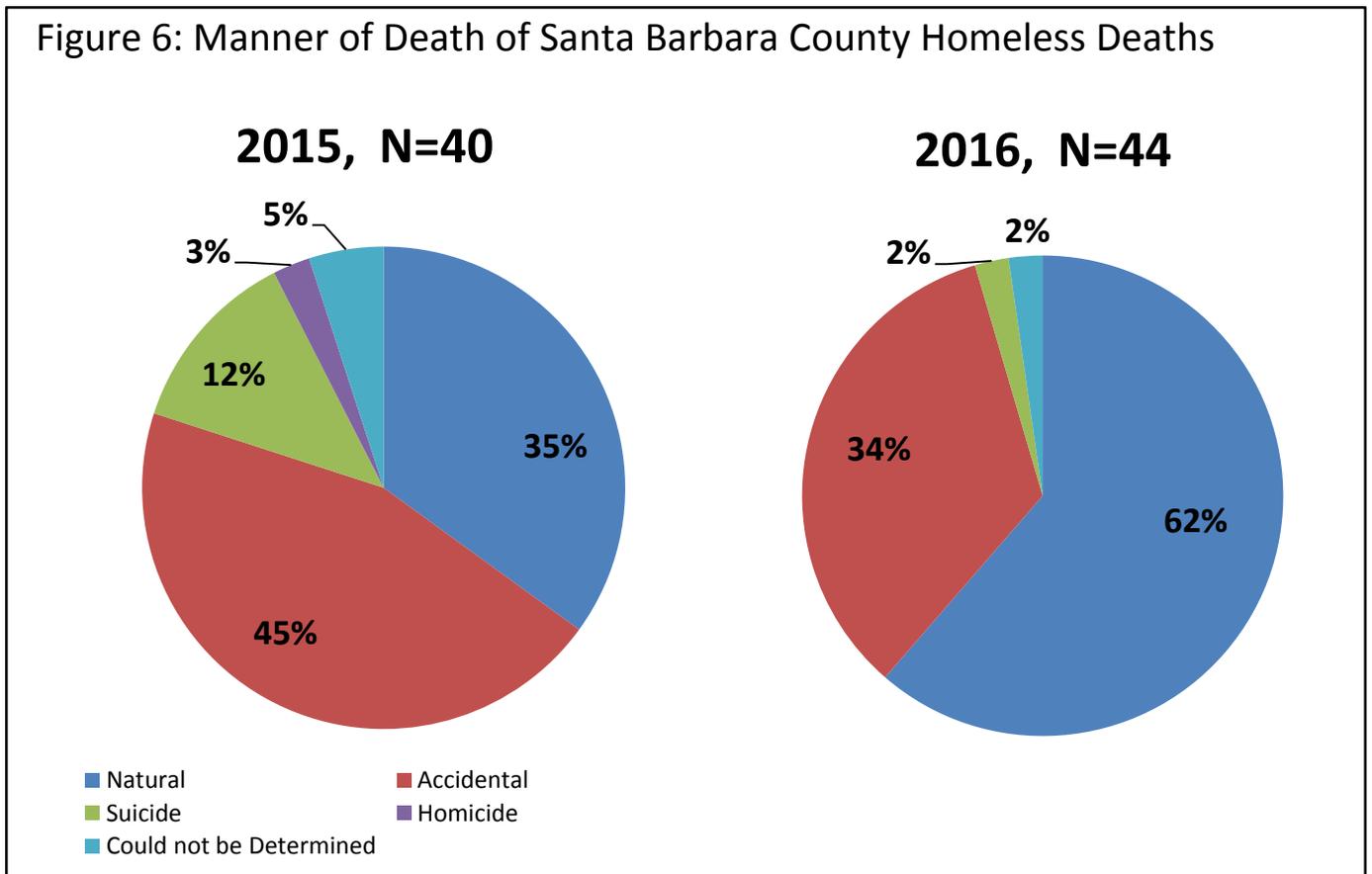


## 4. DEATH STATISTICS

### 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 2015, thirteen of the forty or 32.5% deaths were natural, eighteen or 45% were accidental, five or 12.5% were suicides and 1 or .025% was homicide (see figure 6.) Accidental cause is listed as the most prevalent manner of death for 2015 and is higher than previous years. Natural cause is listed as the most prevalent manner of death for 2016 and is higher than previous years.



## 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:

### 2015

6/40, 15% died of cardiovascular disease

13/40, 32.5% died of drug or alcohol overdose

4/40, 10% died of liver failure (4 of these were from alcohol abuse)

14/40, 35% died of blunt force trauma

The remaining deaths were Diabetes (1) HIV/AIDS (1), Pneumonia (1).

For 2015, blunt force trauma was the leading cause of death.

For 2015 substance abuse was the most prevalent health condition occurring in 43% of the individuals and listed as a health condition on the death certificate.

### 2016

7/44, 15.9% died of cardiovascular disease

9/44, 20.5% died of drug or alcohol overdose

6/44, 14% died of liver failure (all 6 were from alcoholic liver disease)

7/44, 15.9% died of blunt force trauma

For 2016, Drug/Alcohol overdose was the leading cause of death.

For 2016 substance abuse was the most prevalent health condition occurring in 66% of the individuals and listed as a health condition on the death certificate.

The remaining deaths for 2016 were Diabetes (2) COPD (5), Cancer (3), Drowning (2), Chronic Hepatitis C (1), Pending (2)

## 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 either Santa Barbara County Public Health Department (PHD), Cottage Hospital (CH), or Marian Hospital (MH)
2. Sheriff's Department (SD)
3. Behavioral Wellness (BW) formerly Alcohol, Drug, Mental Health Services (ADMHS)
4. Department of Social Services (DSS)

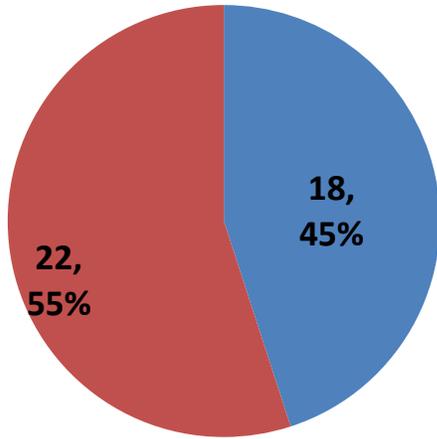
### 2015/2016 Results

2015	2016	Result
68%	71%	Services from PHD, CH or MH
100%	98%	Contact with the Sheriff's department
45%	64%	Service from BW
88%	68%	Service from DSS

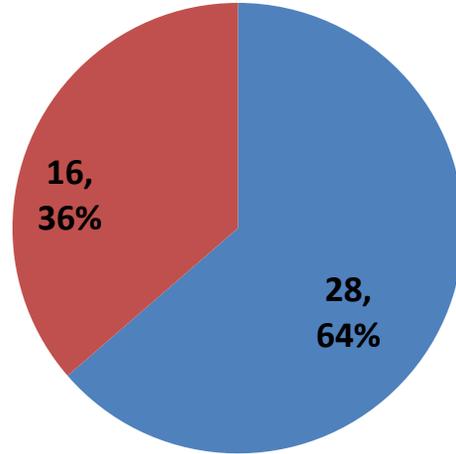
Of the eighteen individuals seen by BW (See Figure 7 below), nine of these were diagnosed with a serious persistent mental illness (SPMI); this includes schizophrenia, schizoaffective disorder, delusional disorder, bipolar disorder, and severe depression or personality disorder that is disabling. Overall, ten out of fourteen or 71% of those seen by BW had dual diagnosis, i.e., substance abuse and mental illness.

Figure 7: Behavioral Wellness Utilization

2015, N = 40



2016, N = 44



■ BW clients

■ Not BW clients

Figure 8: Acuity, Diagnosis and Gender of Homeless Decedents seen by Behavioral Wellness

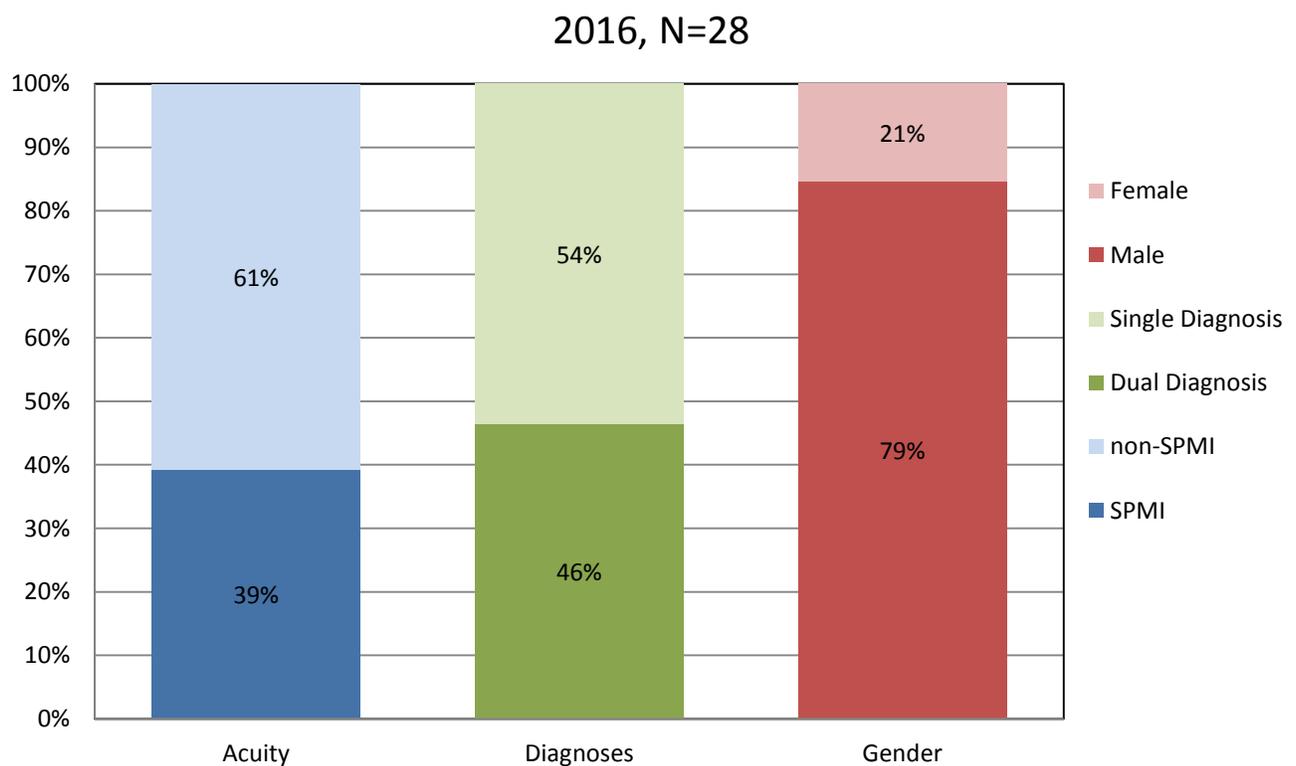
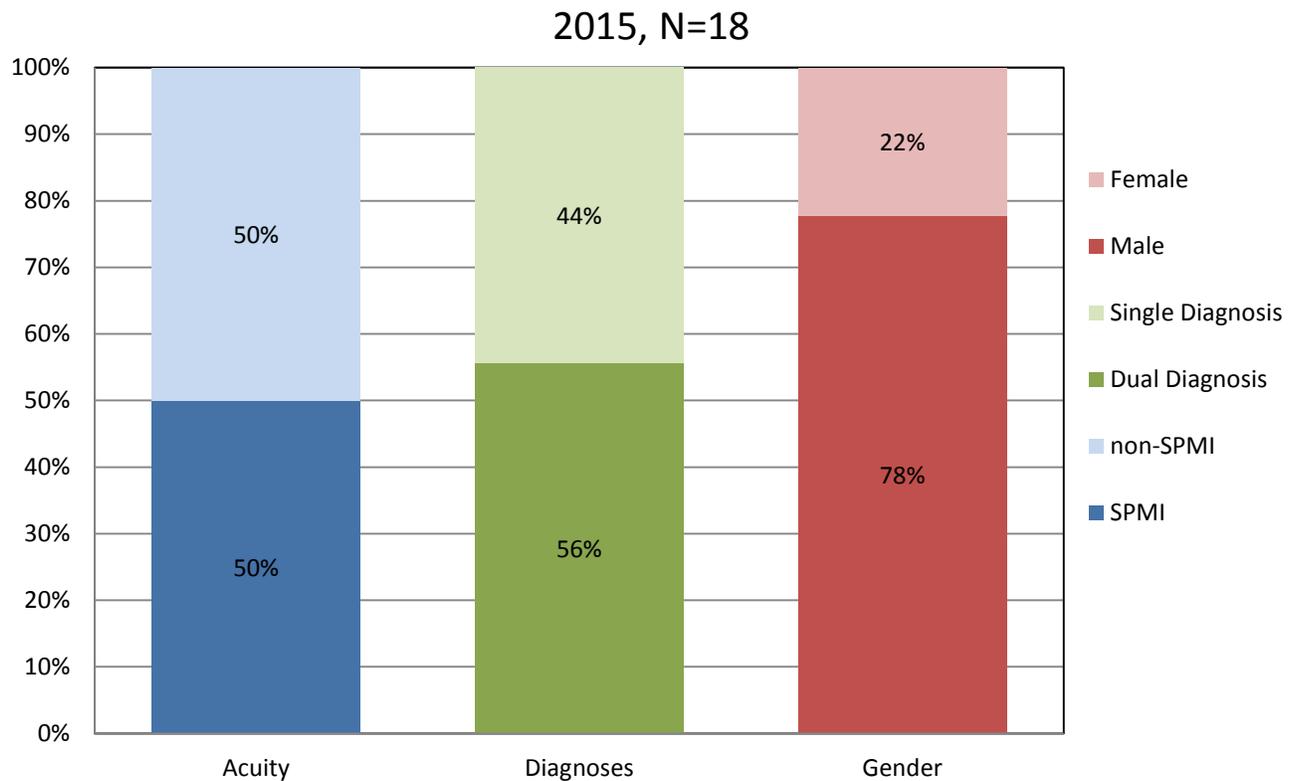


Table #3 demonstrates Santa Barbara County services accessed by the decedents.

Table 3: Agency Access\*

SBC Agency Access										
Service Provider	Year of Death									
	2011 (n=30)		2014 (n=32)		2015 (n=40)		2016 (n=44)		All Data (n=146)	
	# of Patients	% of Patients	# of Patients	% of Patients						
BW	10	33%	14	43.8%	18	45.0%	28	63.6%	70	47.9%
PHD	27	90%	28	87.5%	24	60.0%	19	43.2%	98	67.1%
DSS	19	63%	22	68.8%	34	85.0%	30	68.2%	105	71.9%
SD			23	71.8%	38	95.0%	43	97.7%	81	96.4%

\*Statistics for 2012 and 2013 are not available. SD statistics begin in 2014.

## 6. Conclusion

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 2015 and 2016.
2. The leading cause of death in 2015 was due to blunt force trauma and in 2016 was due to drug or alcohol overdose. These individuals died prematurely with average age of death being 40 years in 2015, compared to 77 years in the housed population for the same year. For 2016 the average age of death was 44 years, compared to 78 years in the housed population for the same year.
3. These individuals had frequent contact with four Santa Barbara County departments (Public Health, Behavioral Wellness, Sheriff, Social Services) and local hospitals.

While the data in this report tells a difficult side of the story of homelessness, we acknowledge the dedication of those on the front-lines making a difference in the lives of many; one person at a time. Multiple agencies in Santa Barbara County work together to address the myriad of challenges related to homelessness and provide lifesaving/life prolonging services, i.e., housing, drug treatment, medical care, employment resources, etc. These interventions require intense coordination across organizations and team members deal everyday with complex situations. We appreciate their compassion and commitment to ending homelessness for those individuals who are experiencing it.