

**Nineteenth Annual Report on Deaths  
Among Persons Experiencing Homelessness  
(July 1, 2023 – June 30, 2024)  
New York City Department of Health and Mental Hygiene  
New York City Department of Social Services/Department of Homeless Services**

*Prepared and submitted pursuant to Local Law 7 of 2012 (LL7), which re-implemented Local Law 63 of 2005 (LL63), requiring the City of New York to track and report deaths of persons experiencing homelessness, this annual report provides detailed analyses of patterns and trends regarding deaths among that population.*

**Executive Summary**

The City of New York, through the New York City (NYC) Department of Social Services (DSS)/Department of Homeless Services (DHS) works to prevent homelessness, provide temporary emergency shelter, and help individuals and families transition into permanent and supportive housing. In addition, the NYC Department of Social Services/Human Resources Administration (HRA) helps New Yorkers in need. Negative social factors such as poverty and racism -- compounded by the stressors of housing instability -- put persons experiencing homelessness at greater risk of suffering physical health and mental health conditions and of receiving inadequate care when compared to housed individuals.

This report has been prepared and submitted pursuant to Local Law 7 (LL7), originally passed as Local Law 63 (LL63), by the New York City Council in 2005 before being re-implemented in 2012 with LL7, requiring the City of New York to track and report deaths of persons experiencing homelessness. This annual report provides detailed analyses of patterns and trends regarding deaths among New Yorkers experiencing homelessness by fiscal year. This information provides critical insight into the health issues of this population and is essential for better understanding their health challenges. Through these analyses, DSS/DHS develops and implements innovative and critically needed services and interventions, such as the implementation and expansion of its comprehensive Opioid Overdose Prevention Program and naloxone administration trainings. In addition, DHS implemented a Harm Reduction Strategic Plan aiming at reducing the harmful impacts of substance use. Lastly, in the last year and half, DHS developed and implemented a Complex Care program that provides comprehensive services and care coordination to DHS clients with very complex issues, which is being expanded in fiscal year 2025 with grant funding.

New York City's Department of Health and Mental Hygiene (DOHMH) registers all deaths. At the same time, the Office of Chief Medical Examiner (OCME) is responsible for investigating deaths in NYC that may be suspicious, unusual, violent, or criminal in nature. The OCME also investigates cases where the decedent's homelessness status is in question and leverages information from the death scene, DHS administrative data, the decedent's family, and the police.

The NYC DSS, comprised of DHS and HRA, routinely maintains all available records on the persons experiencing homelessness for whom they provide temporary housing in NYC. These include families with children under 18 years old, adult families with no minor children, and single adults experiencing homelessness. These data exclude single individuals or families under the age of 18 who may be experiencing homelessness, as those populations are served by the City's Department of Youth and Community Development (DYCD). In FY24, the DHS Shelter System is still at its highest ever recorded

population due to the continued arrival of asylum seekers into New York City from various areas of the world. With the DHS shelter system at capacity, New York City pursued a whole of government approach, enlisting other agencies to contribute their unique expertise in responding to this emergency, including the New York City Health and Hospitals Corporation and the NYC Department of Housing Preservation and Development (HPD), who are continuing to provide shelter to asylum seekers. Since spring 2022, over 214,600 migrants have arrived in NYC and been provided shelter by DHS, H+H and HPD.

Of note, the data presented in this report have been compiled and vetted solely by DSS-DHS-HRA, OCME, and DOHMH, including being cross-checked against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics. The FY24 report is the result of a collaborative effort informed by the programmatic activities of HRA and DHS, the investigations of the OCME and DHS, and the data on deaths reported to DOHMH. Data regarding migrants who may have died in FY24 and were at H+H or HPD facilities have not been obtained from these agencies.

## Summary

During the period July 1, 2023, through June 30, 2024 (Fiscal Year 2024, FY24), there were 770 deaths among persons experiencing homelessness, as identified by DHS and OCME.<sup>1</sup> In FY24, the highest number (n=210; 27%) of deaths were reported in the second quarter (October 1-December 31, 2023). HRA separately reported 117 deaths during FY24. Per Article 27-F of the New York State Public Health Law, which prohibits disclosure of information that could reasonably identify someone as having an HIV-related illness or AIDS, HRA reported deaths are not linked to death certificates, and this report does not include any identifiable information. As a result, findings from the two groups of deaths are reported separately.

**Deaths among persons experiencing homelessness (excludes HRA data).** The number of deaths among persons experiencing homelessness increased by less than 5% in FY24 (n=770), compared to the number of deaths reported in FY23 (n=734), a slightly smaller increase than in the previous years.

Of the 770 deaths, the majority were among males (83%; n=641), and persons aged 45 to 64 years (51%; n=394), similar to prior years. Non-sheltered individuals accounted for 51% of decedents (n=389), an increase of nearly 20%, compared to the FY23 numbers (n=325); note that this category includes individuals who were unstably housed, but not persistently experiencing street homelessness at the time of death. The remaining 381 deaths were among sheltered residents, more than half of whom died in a hospital (58%, n=222). The 381 sheltered decedents represent a decrease of 7% from FY23 (n=409).

Location of death was categorized as those deaths occurring in a hospital, shelter, outdoors (see Table 1 in the Appendix), and all other places (including subway, abandoned buildings, friends' homes, etc.).

- Among all decedents, most died in a hospital (56%; n=434), up 3 percentage points from FY23 (53%, n=391); there were 100 deaths that occurred outdoors (13%), a small increase from 82 (11%) in FY23, and 134 (17%) deaths at other locations, a similar percentage to 127 (17%) in FY23.
- Among sheltered residents, 27% (n=102) died in shelters, down 6 percentage points from FY23 (33%, n=134); 58% died in a hospital (n=222), up 3 percentage points from FY23 (55%; n=226).

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<sup>1</sup> For the nineteenth annual report, no HPD deaths were included in the report per LL7's definition that HPD clients must also be DHS clients.

- Among non-sheltered decedents, 54% (n=212) died in a hospital, an increase from FY23 (51%; n=165), and 77 (20%) died outdoors, a drop of 2 percentage points from FY23 (22%; n=71).
- There were 34 (9%) deaths in other locations among sheltered residents compared to 100 (26%) among non-sheltered persons.
- While drug-related deaths remain the leading cause of death among persons experiencing homelessness, consistent with citywide and national trends, the proportion of drug-related deaths decreased by nearly 7 percentage points from 380 (52%) in FY23 to 348 (45%) in FY24.
- In FY24 there were 3 COVID-19 deaths, down from 5 in FY23. One COVID-19 death was among the non-sheltered group.
- Deaths due to alcohol misuse/dependence increased in FY24 (n=34; 4%), compared to FY23 (n=19; 3%).
- Deaths due to heart disease increased to 107 (14% of all deaths) in FY24, from 94 (13%) in FY23.
- Deaths due to stroke increased to 14 (2%) in FY24, up from 1 (<1%) in FY23.
- The top five leading causes of death in FY24 were drug-related (45%; n=348), heart disease (14%; n=107), accidents (excluding drug overdose) (6%; n=47), alcohol misuse/dependence (4%; n=34), and suicide (3%; n=25).
- The majority of deaths reported in this document were investigated by OCME (88%; n=676), similar to prior years.
- There were 17 infant deaths in FY24, 9 females and 8 males, which is the same total as FY23. Eight were due to sudden infant death syndrome; Most of the others were related to congenital anomalies or complications of prematurity.

**Deaths among persons experiencing homelessness reported by HRA.** There were 117 deaths reported by HRA in FY24, 11 (10%) more than in FY23. The majority of decedents were male (83%; n=97) and between the ages of 45 to 64 years (66%; n=77). These individuals most commonly died in hospitals (31%; n=36) and in HIV/AIDS Services Administration (HASA) housing (26%; n=30).

## Methods

**Definitions.** LL7 defines a “person experiencing homelessness” as “a person who at the time of death did not have a known street address of a private residence at which he or she was known or reasonably believed to have resided,” a subset of which includes persons residing in NYC DSS-DHS homeless shelters, as well as those deemed to be experiencing non-sheltered homelessness, which includes both people known to be experiencing “street homelessness,” as well as those persons without a fixed, permanent address.

The majority of persons defined by LL7 as experiencing homelessness were residing in “homeless shelters,” defined here as:

- (i) a residence operated by or on behalf of the Department of Social Services/Department of Homeless Services (DSS-DHS)
- (ii) an emergency residence operated by or on behalf of the Department of Social Services/Human Resources Administration (DSS-HRA), which is available primarily for persons experiencing homelessness with HIV or AIDS related illness

Table M1 describes the criteria used for sheltered and non-sheltered homeless decedents reported by DHS and OCME. Note that some of the tens of thousands of new migrants provided shelter by H+H, HPD and New York City Emergency Management (NYCEM) could have died and not be identified as homeless decedents since DOHMH did not receive data from these agencies for matching.

Note: The NYC DHS made an important update to the city’s reporting methodology with the FY23 annual mortality report to include all individuals believed to be experiencing unsheltered homelessness at the time of death based on the LL7 definition of unsheltered decedents, with a greater focus on deferring to the viability of OCME determinations about the decedent’s housing status. Prior reports excluded many individuals who were undomiciled at the time of death per OCME’s preliminary findings because DHS could not corroborate that they were experiencing unsheltered homelessness or the cases did not meet specific agency parameters. This included individuals who were unstably housed but their case did not reflect chronicity in terms of experiencing homelessness. In keeping with a more expansive interpretation of the LL7 definition for this category, the reports for FY23 and FY24 include many more cases with DHS affirming OCME’s preliminary findings that the individual was experiencing homelessness or housing instability at the time of death.

**Table M1: Criteria for Shelter Residency Status**

Sheltered decedent	Non-Sheltered decedent
<ul style="list-style-type: none"> <li>- A person who was a DHS shelter/Safe Haven/Stabilization Bed resident at the time of death or was a DHS shelter resident within 30 days prior to death but intended to come back to the shelter/had not yet exited shelter to housing.</li> </ul> <p><u>Exclusion Criteria</u></p> <ul style="list-style-type: none"> <li>- Decedents placed in (based on case record) permanent housing, skilled nursing facility, hospice care, HASA housing (emergency &amp; transitional housing), or family reunification, are not considered persons experiencing homelessness and are excluded from this group.</li> </ul>	<ul style="list-style-type: none"> <li>- A person who was not a DHS shelter/Safe Haven/Stabilization Bed resident at the time of death, but who also lacked a fixed permanent address.</li> <li>- A deceased person experiencing homelessness who was known to outreach team(s)/drop-in center(s).</li> <li>- OCME may categorize a person as experiencing non-sheltered homelessness based on on-site investigation (location where deceased was found, appearance, personal hygiene, etc.), hospital reports, or family confirmation, including confirming none of the ‘sheltered’ criteria were met.</li> </ul>

## Data Collection and Analysis

For FY24, DHS and OCME provided data on deaths among persons experiencing homelessness. OCME is responsible for investigating NYC deaths that may be due to external causes and/or unusual or suspicious circumstances (e.g., deaths that occurred outdoors). External causes of death are those which are not due to natural causes and include, but are not limited to, drug overdose, accidents, homicides, and suicides. Data presented herein were compiled from OCME and DHS, matched against NYC death certificates, and analyzed by the DOHMH Bureau of Vital Statistics. H+H and HPD did not provide data on migrants who may have died.

The data consist of reported deaths among persons known to DHS at the time of death and autopsy reports from OCME for those individuals, as well as individuals not known to DHS at the time of death for reasons specified above (i.e., without a fixed address/residence, but not residing in NYC DHS shelter or known to NYC DHS outreach teams). These reported deaths are validated and deduplicated. Article 27-F of the New York State Public Health Law prohibits disclosure of information that could reasonably identify someone as having an HIV-related illness or AIDS. As a result, HRA decedents are reported separately.

Case reports from DHS, OCME, and HRA were compiled and analyzed to describe characteristics and trends. Only DHS and OCME case reports were matched against NYC DOHMH Vital Statistics death certificates. DOHMH followed up with agencies to obtain any missing data elements. Some cases determined not to meet the LL7 case definition of persons experiencing homelessness were removed.

The LL7 report provides trends in the number of deaths by shelter status, OCME investigation status, and location of death, as well as by demographic factors such as age group and sex. The report also provides data on the leading causes of death. The cause of death is reported on the death certificate as text fields, which are then coded by the Center for Disease Control and Prevention's National Center for Health Statistics' SuperMICAR software, which classifies conditions according to the International Classification of Diseases (ICD) published by the World Health Organization. Standardized codes allow for national and international comparisons. A single underlying cause is assigned based on the reported chain of events leading to death. See below for a table describing terminology used in this report to refer to drug-related deaths.

**Table M2: Terminology for Drug-related Deaths**

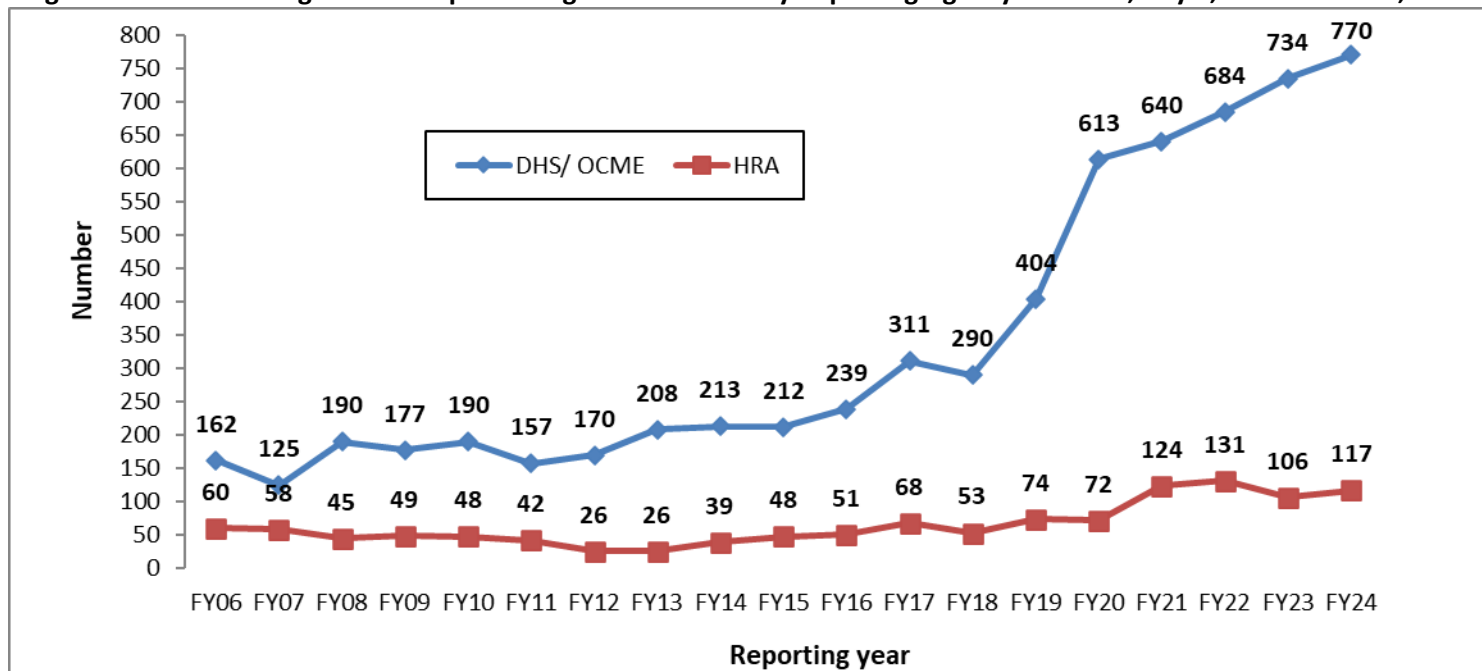
<b>Terminology for Drug-related Deaths</b>		
	<b>Drug-related</b> <i>Umbrella term to describe underlying cause of deaths due to Chronic Drug Use and Accidental Drug Overdose</i>	
	<b>Chronic Drug Use</b>	<b>Accidental Drug Overdose</b>
<b>Definition</b>	Chronic drug use, long-term impact	Accidental drug overdose, acute event, sudden, excess drug use
<b>ICD-10 terminology</b>	Mental and behavioral disorders due to the use of psychoactive substance excluding alcohol and tobacco	Accidental (unintentional) drug-poisoning
<b>ICD-10 codes</b>	F11-F16, F18-19	X40-X42, X44
<b>Manner of Death</b>	Natural	Accidental

## Results

Overall, DHS and OCME reported 770 deaths among persons experiencing homelessness in NYC, representing an increase of 5% in the overall number of deaths compared to FY23 (n=734). In the same period, FY24, approximately 195,000 individuals were served by DHS and spent at least one night in a shelter or Safe Haven.

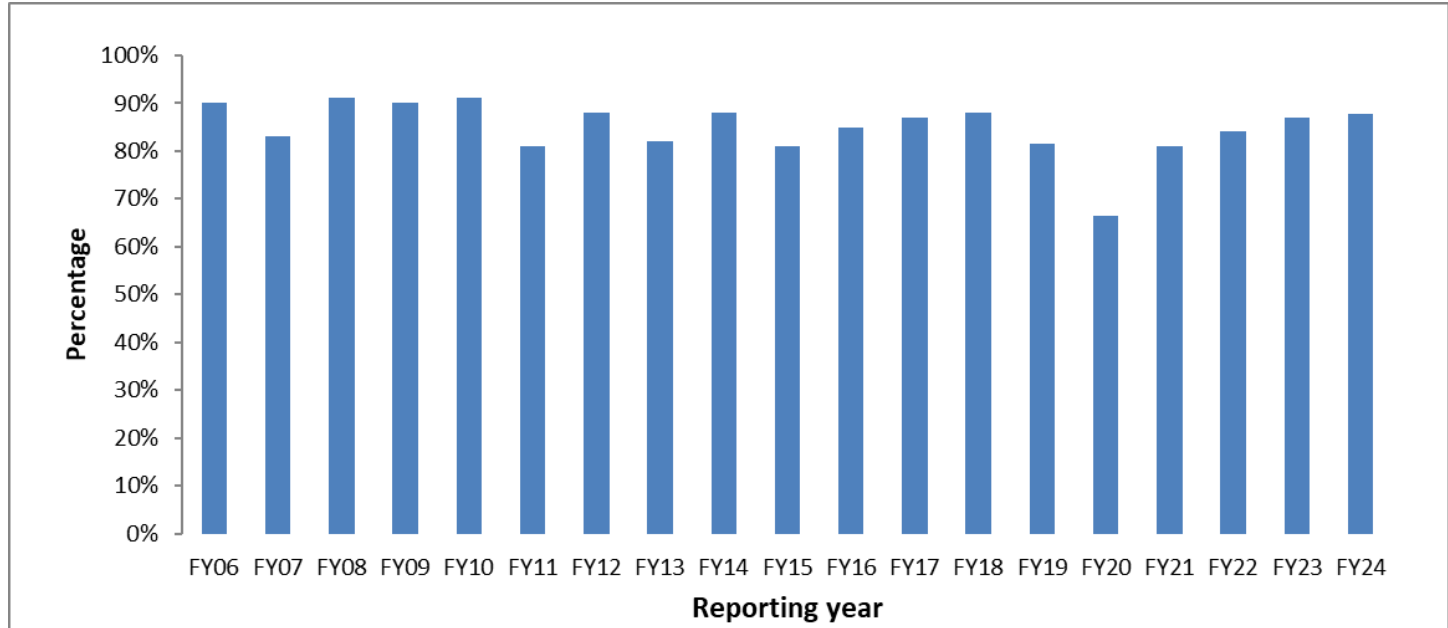
### Trend in the Number of Deaths

**Figure 1. Deaths among Persons Experiencing Homelessness by Reporting Agency and Year, July 1, 2005 - June 30, 2024**



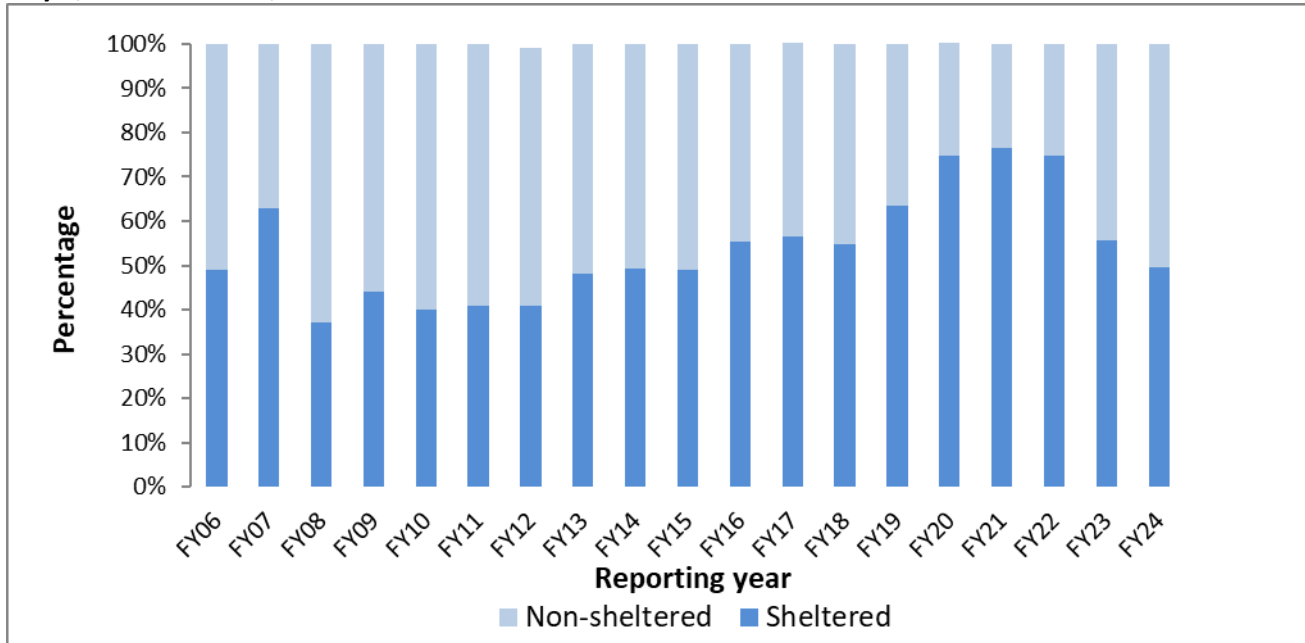
The number of deaths among DHS clients has ranged between 125 in FY07 and 770 in FY24 (Figure 1). Within FY24, the second quarter (October 1- December 31, 2023) had the highest number of deaths (n=210); see Table 2 in the Appendix.

**Figure 2. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME Investigated by OCME, July 1, 2005 – June 30, 2024**



In FY24, the OCME investigated the majority of deaths among persons experiencing homelessness (88%; n=676), in range with previous years (81% to 91%) (Figure 2). Among the 381 sheltered decedents, 80% (n=303) were investigated by OCME. Among the non-sheltered decedents, 96% (n=373) were investigated by OCME (Table 2).

**Figure 3. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME by Shelter Residency Status, July 1, 2005 – June 30, 2024**





## **DHS and OCME reported decedents**

Of the 770 deaths in FY24, 49% (n=381) of decedents were sheltered and 51% (n=389) were non-sheltered (Figure 3, Table 2). Of the 389 non-sheltered decedents experiencing homelessness, 174 (45%) were known to DHS. The number of deaths among sheltered decedents decreased by 7% in FY24 (49%, n=381), compared to FY23 (56%, n=409). The number of deaths among non-sheltered persons increased by 20%, from 325 (44% of total) in FY23 to 389 (51% of total) in FY24.

## **Location of death**

The location of death (shelter, hospital, outdoors, or other place) stratified by borough, Community District, and shelter residency status are shown in Table 3 and 4a. Categories of outdoor and other place of death are provided in Table 1. HRA-reported deaths, stratified by location of death, are presented separately in Table 4b by borough only, as Community District is not available for these deaths.

Overall, 56% (n=434) of the persons experiencing homelessness died in a hospital in FY24, up three percentage points from FY23 (53%; n=391). The overall percent of outdoor deaths increased in FY24 (13%; n=100), compared to FY23 (11%; n=82).

## **Non-sheltered decedents**

Among non-sheltered decedents, hospital deaths accounted for 54% (n=212) of deaths, followed by other places (26%; n=100), and outdoors (20%; n=77) (Figure 4, Table 4a). The number of outdoor deaths among non-sheltered individuals increased in FY24 to 77 from 71 in FY23, an 8% increase (Figure 4). Of the 100 non-sheltered decedents who died in other places, the majority died in a subway car/subway platform/train station (n=42, compared to 25 in FY23), followed by a friend or family member's apartment (n=23, compared to 29 in FY23), public space in a building (n=22, compared to 23 in FY23), abandoned building (n=9), and four in other, not elsewhere classified locations.

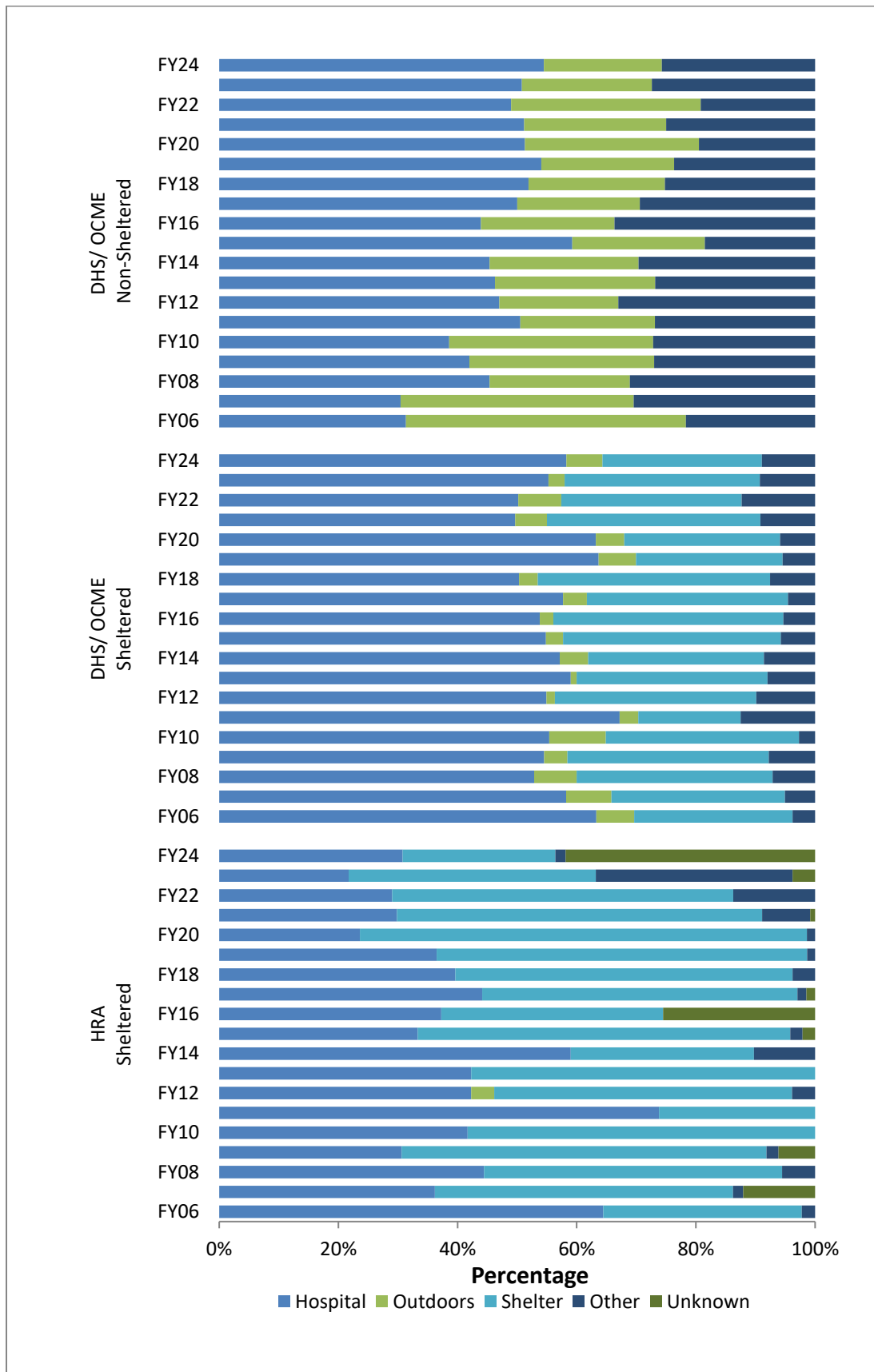
## **Sheltered decedents**

Deaths in hospitals accounted for over half (58%; n=222) of deaths among sheltered decedents, similar to FY23 (55%; n=226) (Figure 4, Table 4a). The next most frequent location of death was shelter (27%; n=102), a 6-percentage point decrease from FY23 (33%; n=134), followed by other places (9%; n=34) and outdoors (6%; n=23). The majority of shelter decedents resided in shelters located in Brooklyn (36%; n=138), followed by Manhattan (29%; n=109), the Bronx (18%; n=70), Queens (17%; n=63), and 1 in Staten Island (Table 3).

## **HRA reported decedents**

The 117 HRA-reported deaths died in hospitals (31%; n=36), HASA housings (26%; n=30), and other places (44%; n=51) (Table 4b). The majority of deaths among HRA clients occurred in Brooklyn (49%; n=57), followed by the Bronx (26%, n=30), Manhattan (19%; n=22), Queens (7%; n=8). (Table 4b).

**Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2024**



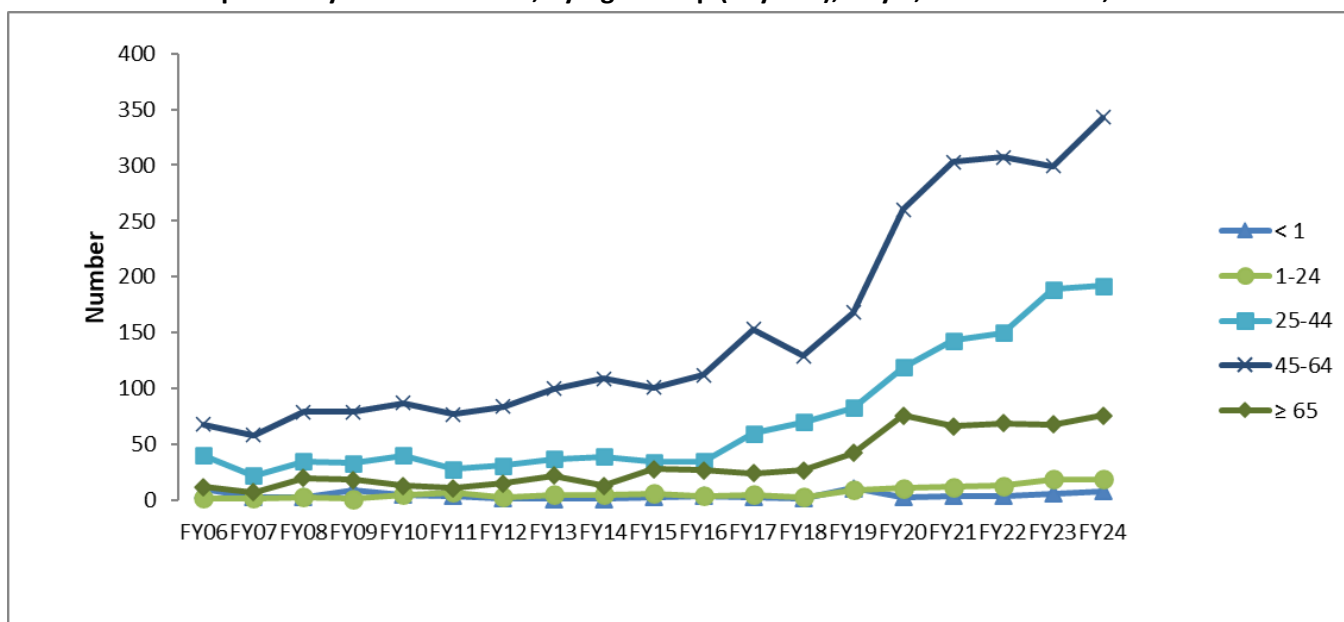
## Demographic Characteristics

### DHS and OCME reported deaths

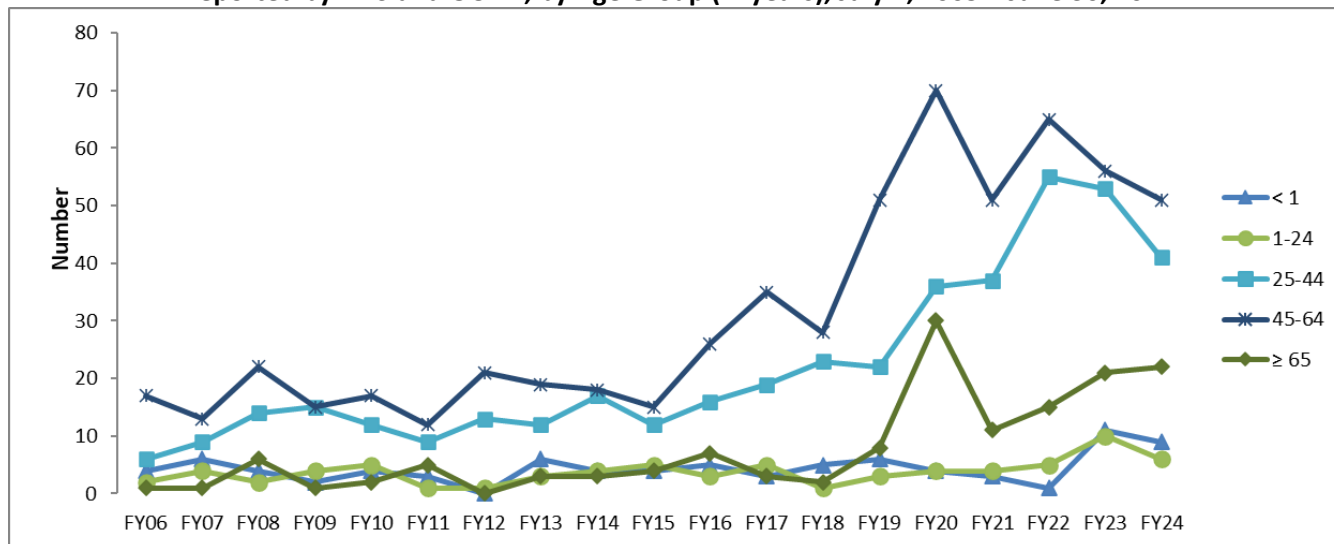
The majority (51%; n=394) of deaths occurred among persons aged 45 to 64 years (Figure 5a, 5b, Table 5). The proportion of decedents aged 65 years and older was 13% (n=98), similar to FY23 (12%; n=89). Decedents aged 1 to 24 years accounted for 3% (n=25) of deaths. There were 17 infant deaths (2%) in FY24, the same total as in FY23.

In FY24, males accounted for 83% of all deaths (n=641), where 54% (n=343) of these deaths were in males aged 45 to 64, followed by 30% (n=192) in males aged 25 to 44. Females accounted for 17% (n=129) of all deaths, where 40% (n=51) of these deaths were in females aged 45 to 64, 32% (n=41) were in females aged 25 to 44, and 17% were in females aged 65 or older.

**Figure 5a. Male Deaths among Persons Experiencing Homelessness  
Reported by DHS and OCME, by Age Group (in years), July 1, 2005 - June 30, 2024**



**Figure 5b. Female Deaths among Persons Experiencing Homelessness  
Reported by DHS and OCME, by Age Group (in years), July 1, 2005 – June 30, 2024**



## HRA Reported Deaths

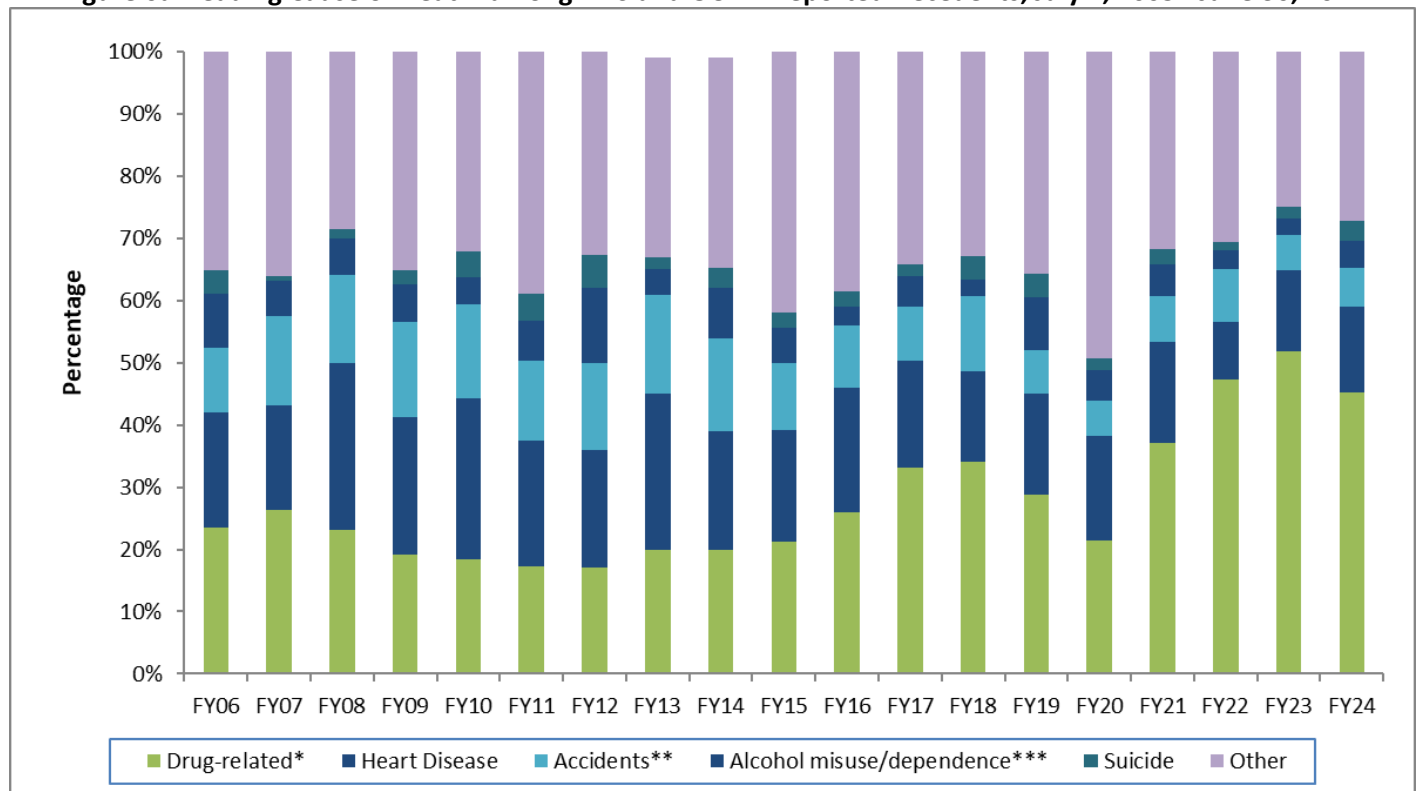
Among the 117 HRA reported deaths, 83% (n=97) were male and 17% (n=20) were female. The age group 45 to 64 years accounted for 66% (n=77) of decedents, followed by those aged 25 to 44 years, 26% (n=31), and 65 years and older, 7% (n=8) (Table 5).

## Leading Cause of Death (DHS and OCME reported)

In FY24, for the first time in years, the number of homeless deaths attributed to drug use decreased, to 348 (45%) from 380 (52%) in FY23, an 8% decrease, remaining the leading cause of death (Figure 6a, Table 6a). Drug-related deaths include underlying cause of death codes that capture deaths due to chronic and/or unspecified drug use and/or accidental drug intoxication (overdose) (see table M2 in Methods). The number of accidental drug overdose deaths decreased by 9% from 369 (54%) in FY23 to 336 (49%) in FY24 (Figure 6d, Table 7).

Heart disease remained the second leading cause of death in FY24 (14%; n=107), a slight increase compared to FY23 (13%; n=94). Accidents (excluding drug overdose) were third (6%; n=47), similar to FY23 (6%; n=42). Alcohol misuse/dependence was the fourth leading cause of death (4%, n=34), proportionally similar to FY23 (3%; n=19). Suicide (n=25; 3%) was the fifth leading cause of death, an increase from FY23 (n=14; 2%). The proportion of deaths due to homicide remained similar (2%; n=14) in FY24, compared to FY23 (2%; n=18). At the time of this report, cause of death had not yet been determined for 29 decedents in FY24. See Table 6a for the complete list of leading causes of death.

**Figure 6a. Leading Cause of Death<sup>†</sup> among DHS and OCME Reported Decedents, July 1, 2005 - June 30, 2024**



\*Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

\*\*Excluding Accidental Drug Overdose

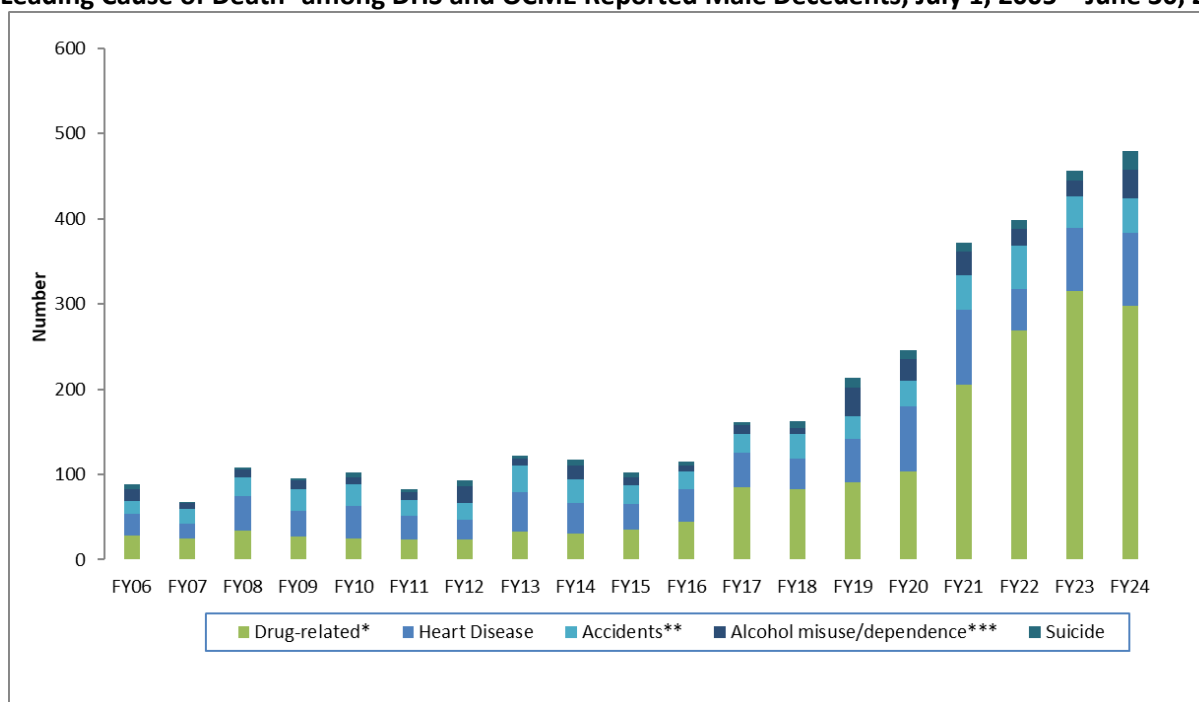
\*\*\*Mental and Behavioral Disorders due to the Use of Alcohol

<sup>†</sup>Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

## Leading Causes of Death by Sex (DHS and OCME reported)

Among both males (n=298; 46%) and females (n=50; 39%), drug-related deaths were the leading cause of death in FY24 (Figure 6b and 6c, Table 6a). See Table 6a for the complete list of leading causes of death by sex.

**Figure 6b. Leading Cause of Death<sup>†</sup> among DHS and OCME Reported Male Decedents, July 1, 2005 – June 30, 2024**



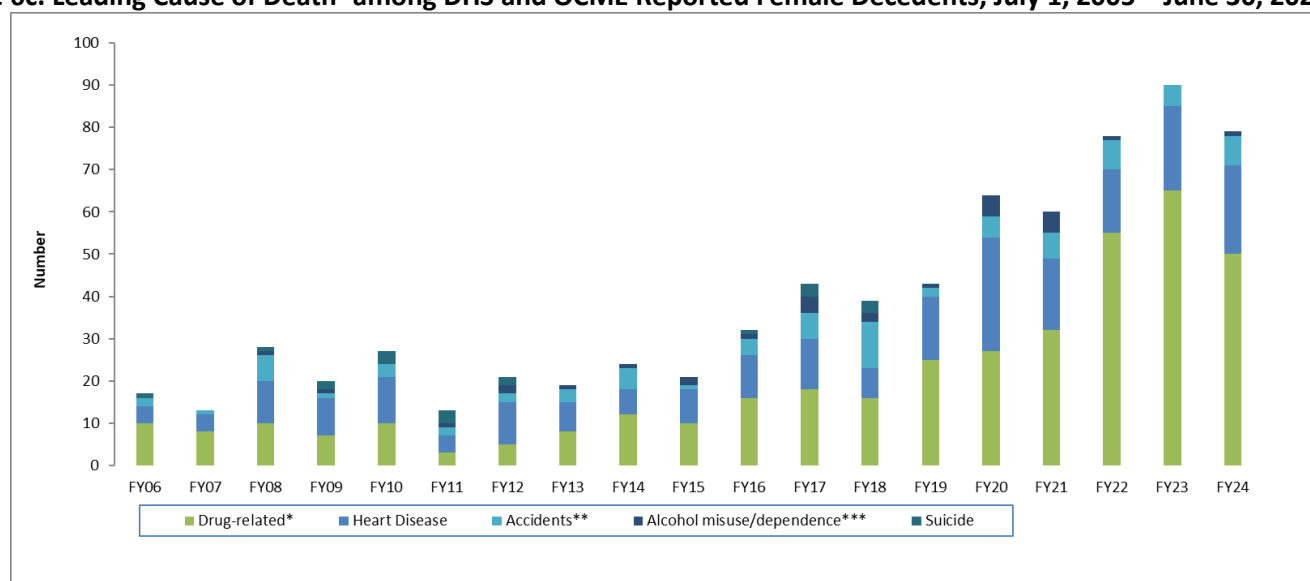
\*Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

\*\*Excluding Accidental Drug Overdose

\*\*\*Mental and Behavioral Disorders due to the Use of Alcohol

<sup>†</sup>Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

**Figure 6c. Leading Cause of Death<sup>†</sup> among DHS and OCME Reported Female Decedents, July 1, 2005 – June 30, 2024**



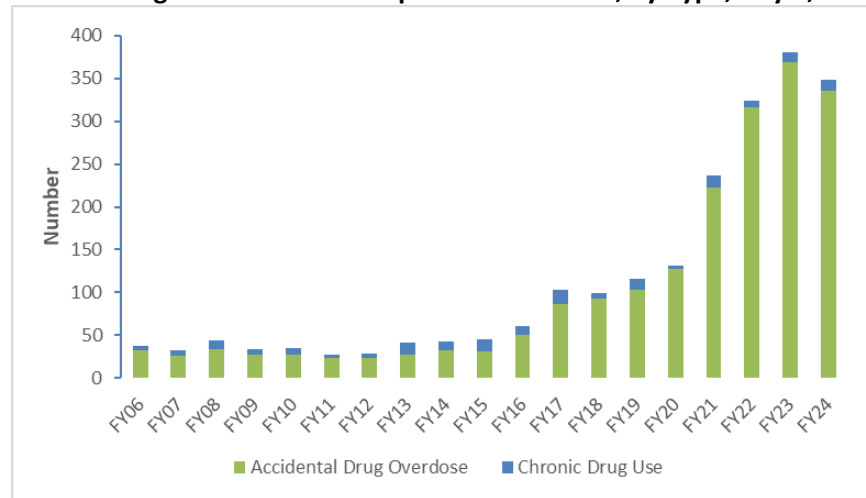
\*Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

\*\*Excluding Accidental Drug Overdose

\*\*\*Mental and Behavioral Disorders due to the Use of Alcohol

<sup>†</sup>Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

**Figure 6d. Drug-related deaths among DHS and OCME Reported Decedents, by Type, July 1, 2005 – June 30, 2024**



### Leading Causes of Death by Shelter Status (DHS and OCME reported)

In FY24, the leading cause of death among sheltered decedents was drug-related (43%; n=162), followed by heart disease (17%; n=66), cancer & accidents (excluding drug overdose) (3%, n=13 each), stroke and to alcohol misuse/dependence (3%, n=11 each), suicide (2%; n=9), diabetes (2%, n=8), homicide and flu/pneumonia (2%, n=7 each), and chronic liver disease (2%; n=6) (Table 6b). The number of acute overdose deaths decreased by 17% among shelter clients, from 191 in FY23 to 159 in FY24, representing a second consecutive annual decrease following annual increases from FY15-FY22. In contrast, the number of overdose deaths among non-sheltered person remained the same, as stated below.

Among non-sheltered decedents, the leading causes of death were drug-related (48%; n=186, of which acute overdoses numbered 177), followed by heart disease (11%; n=41), accidents (excluding drug overdose) (9%; n=34), alcohol misuse/dependence (6%; n=23), suicide (4%; n=16), flu/pneumonia (2%, n=8), and homicide (2%, n=7) (Table 6b).

### Leading Causes of Death by Shelter Status and Location of Death (DHS and OCME reported)

Among the 389 non-sheltered persons who died in FY24:

- One in five deaths (20%; n=77) occurred outdoors (Table 4a), including deaths from drug-related causes (44%; n=34), accidents (excluding drug overdose) (13%; n=10), heart disease (12%; n=9), alcohol misuse/dependence (6%; n=5), suicide (4%, n=3), homicide (3%, n=2), and one each of flu/pneumonia, cancer, hypertension, and diabetes. There were two deaths with pending cause of death and 10% (n=8) due to other causes not ranked as leading causes of death (Table 4a).
- A total of 100 deaths (26%) occurred in other locations (not outdoors or in a hospital) (Table 4a), including deaths from drug-related causes (53%; n=53), alcohol misuse/dependence (11%; n=11), heart disease (7%; n=7), suicide (7%; n=7), accidents (excluding drug overdose) (6%; n=6) and one each due to chronic liver disease, cancer, and septicemia. There were 3 deaths (3%) with pending cause of death and 10 (10%) with other causes not ranked as leading causes of death.
- The remaining deaths (54%; n=212) occurred in hospitals and included drug-related deaths (47%; n=99), heart disease (12%; n=25), accidents (excluding drug overdose) (8%; n=18), 3% (n=7) each due to alcohol misuse/dependence and flu/pneumonia, suicide (3%; n=6), homicide (2%; n=5), (2%; n=4) each for chronic liver disease and chronic lower respiratory disease, stroke (1%; n=3) and one each for cancer, hypertension, septicemia, aneurysms, COVID-19, congenital malformations, and in situ or benign/uncertain cancers. There were 13 deaths (6%) with pending cause of death and 14 (7%) with other causes not ranked as leading causes of death.

Among the 381 decedents who were living in a shelter at the time of death:

- Roughly one-fourth (27%; n=102) of deaths occurred in a shelter, including 61 (60%) drug-related deaths (all of which were accidental overdoses), 23 (23%) from heart disease, four (4%) from diabetes, three deaths due to alcohol misuse/dependence, two deaths due to suicide and one death each due to cancer, chronic liver disease, stroke, COVID-19, and aneurysms. There were three deaths for which cause of death was pending, and one death from other causes not ranked as leading causes of death.
- Most deaths (58%; n=222) occurred in a hospital (more than any other setting), including 73 (33%) drug-related, 41 (18%) from heart disease, 12 (5%) from cancer, 10 (5%) from stroke, 7 (3%) from homicide, 6 (3%) from accidents (excluding drug overdose), 6 (3%) from flu/pneumonia, 5 (2%) each due to alcohol misuse/dependence and chronic liver disease, four (2%) each due to septicemia and chronic lower respiratory disease, three each due to suicide, diabetes, and conditions originating in the perinatal period, two due to pneumonitis due to solids and liquids, and one each due to COVID-19, aneurysms, and ‘pregnancy, childbirth and the puerperium.’ There were five deaths for which cause of death was pending, and 30 deaths (14%) due to other causes not ranked as leading causes of death.
- 23 (6%) deaths occurred outdoors, of which 12 (52%) were drug related, three were due to accidents (excluding drug overdose), two were due to suicide, one was due to flu/pneumonia, and two had a pending cause of death. Additionally, there were three deaths due to other causes not ranked as leading causes of death.
- 34 (9%) deaths occurred in other places (excluding shelter, outdoors, or hospital). Of those, 16 (47%) were drug-related, and four (12%) deaths each were due to suicide and accidents (excluding drug overdose). There were two deaths due to heart disease and one death each (3%) due to diabetes and to alcohol misuse/dependence. Five deaths (15%) did not have causes ranked as leading causes of death. Additionally, there was one death for which cause of death was pending.

#### **Leading Causes of Death among Infants Experiencing Homelessness (DHS and OCME reported)**

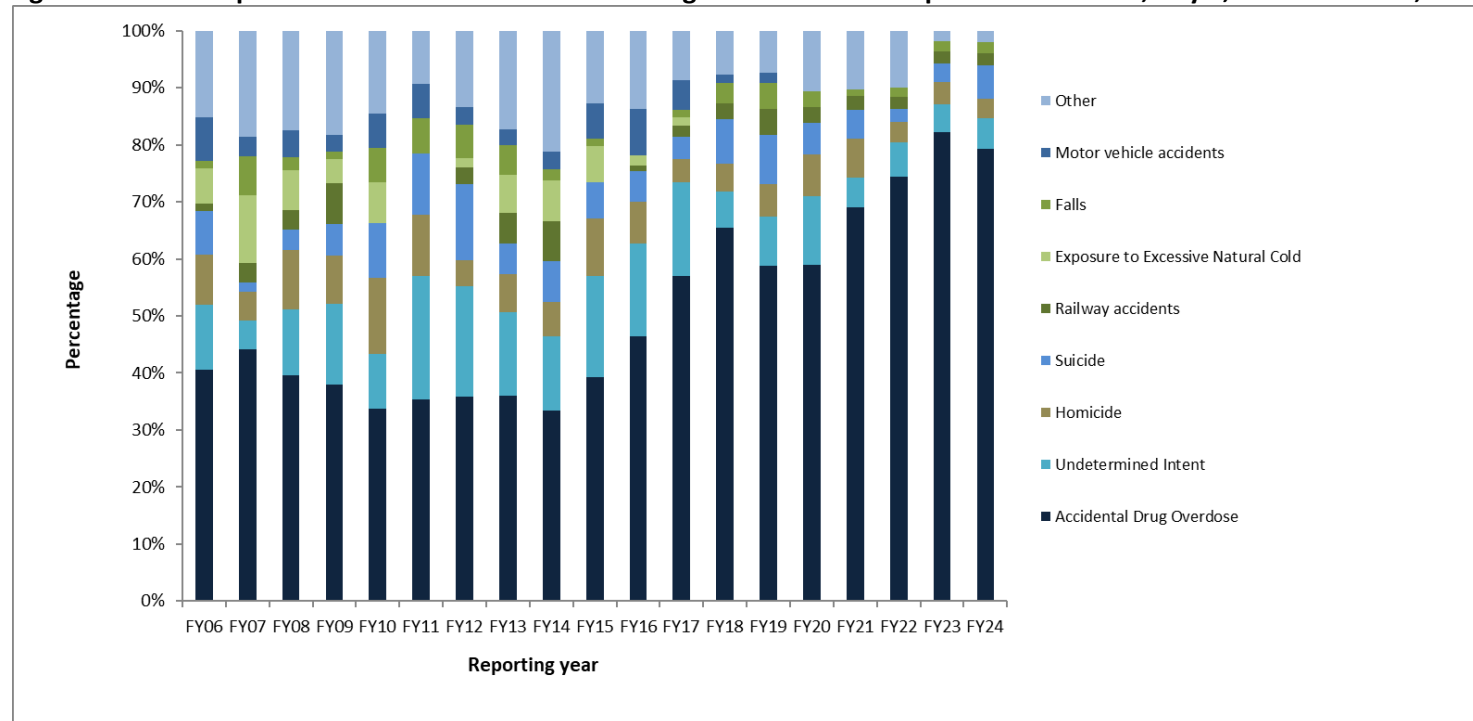
There were 17 infant deaths reported in FY24, the same number as in FY23. Eight were male and nine were female. 13 died within the first month after birth, and four died in the post-neonatal period. Causes of infant deaths included 8 due to sudden infant death syndrome, and one death each due to certain conditions originating in the prenatal period; homicide; cardiovascular disorders originating in the perinatal period; congenital malformations and deformations; diseases of the circulatory system and ‘short gestation and low birthweight,’ as well as three deaths for which cause of death was pending. Since reporting began in 2005, 170 deaths among infants experiencing homelessness have been reported.

#### **External Causes of Death (DHS and OCME reported)**

External causes of death are those which are not due to natural causes and include, but are not limited to, drug overdose, accidents, homicides, and suicides. The annual number of deaths due to external causes has ranged between 52 in FY07 to a high of 466 in FY23 (Figure 7), with a slight decrease in FY24. Of the 453 deaths due to external causes in FY24, 43% (n=196) occurred among residents of shelters and 57% (n=257) among non-sheltered persons (Figure 7, Table 6d). Among deaths due to external causes, most (74%; n=336) were due to accidental drug overdose, followed by suicide (6%; n=25), homicide (3%; n=14), exposure to excessive natural cold (2%; n=11), motor vehicle accidents (2%, n=10), railway accidents (2%; n=9), falls (2%; n=8), and drowning (1%; n=3). There were two deaths each due to poisoning by noxious substance, other non-transport accidents, and “smoke, fire, and flames” (Figure 7, Tables 6c, 6d). Additionally, for 7% (n=31) of the deaths, it could not be determined if the intent was homicide, suicide, or accidental.

Causes of external deaths have historically varied somewhat between sheltered and non-sheltered persons. Among sheltered persons, 81% (n=159) of external deaths were due to accidental drug overdose versus 69% (n=177) among non-sheltered persons. Among non-sheltered persons, 4% (n=9) of deaths were due to exposure to excessive natural cold versus 2% (n=2) among sheltered persons. There were 7 (4%) homicide deaths among sheltered persons and 7 (3%) among the non-sheltered. There were 16 (6%) suicide deaths among the non-sheltered population versus 9 (5%) among the sheltered (Table 6d).

**Figure 7. Most Frequent External Causes of Death among DHS and OCME Reported Decedents, July 1, 2005 – June 30, 2024**



\*Prior to 2007, the manner of some overdose deaths was coded as natural rather than external, underestimating those due to external causes. As a result, we have used cause of death codes provided by the National Center for Health Statistics (NCHS) to correct the first and second reporting year data for this change in coding. See Special Section: New York City Changes from Manual to Automated Cause-of-Death Coding (page 75): <https://www1.nyc.gov/assets/doh/downloads/pdf/vs/2007sum.pdf> for more information.



## TABLES

**Table 1: LL7 Categories for Classifying Location of Deaths**

<b>Outdoor Deaths</b>	<b>Other Deaths</b>
Sidewalk/Street	Friend or Family Member's Apartment
Expressway	Subway Car/ Subway Platform/Train Station
Outside of Building Entrance	Abandoned Building
Park Area	Public Space in a Building†
Street Homeless Condition	Motel/Hotel Room
Vehicle	Drop-in Center
Vacant Lot	Building Vestibule
Bank/Shore of in Body of Water	Place of Employment
Construction Site	Storage Facility
Roof of Building	Other, not otherwise specified

\* In the 1st annual report, subway and train deaths were categorized as outdoor; this was changed in the 2nd annual report based on discussions between agencies reporting these deaths.

†Public spaces in buildings include lobbies, stairwells, elevators, and roofs.

**Table 2: Deaths by Shelter Residency Status and Month of Death, July 1, 2023 – June 30, 2024**

Month of Death	Deaths Reported by DHS and OCME									Deaths Reported by HRA*
	Total			Shelter Residency Status						
				Sheltered			Non-Sheltered			Total
	All	OCME	Non-OCME	All	OCME	Non-OCME	All	OCME	Non-OCME	
Total	770	676	94	381	303	78	389	373	16	117
JUL23	78	67	11	45	37	8	33	30	3	10
AUG23	53	49	4	22	18	4	31	31	0	4
SEP23	60	52	8	34	26	8	26	26	0	10
OCT23	60	54	6	33	28	5	27	26	1	12
NOV23	64	57	7	28	22	6	36	35	1	6
DEC23	86	78	8	44	37	7	42	41	1	9
JAN24	67	56	11	34	25	9	33	31	2	16
FEB24	56	48	8	27	21	6	29	27	2	9
MAR24	63	54	9	37	28	9	26	26	0	13
APR24	72	65	7	30	24	6	42	41	1	10
MAY24	56	48	8	23	17	6	33	31	2	8
JUN24	55	48	7	24	20	4	31	28	3	10

\* All HRA deaths occurred to homeless individuals placed in Single Room Occupancy (SRO). SROs are not considered homeless shelters by HRA, but they are included in this report because they are homeless shelter residents according to Local Law No. 7 of 2012(codified at New York City Administrative Code Section 17-190) definitions #2 Homeless shelter resident and #3 Homeless shelter were classified as homeless sheltered residents.

See: <http://webdocs.nycouncil.info/attachments/66681.htm>

HRA homeless sheltered deaths are reported separately and should not be added to other homeless sheltered deaths as there may be duplication. To comply with Article 27-F of the New York state Public Health Law which prohibits disclosure of any information that could reasonably identify someone having an HIV related illness or AIDS, personal identifiers on HRA homeless deaths were not provided; hence corresponding death certificates could not be reviewed to determine whether deaths were also reported by OCME.

**Table 3: Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2023 – June 30, 2024**

<b>Borough</b>	<b>Community District of Shelter</b>	<b>Deaths among Sheltered Persons Experiencing Homlessness Reported by DHS and OCME</b>
Total		381
Manhattan	Total	109
	Battery Park, Tribeca (01)	0
	Greenwich Village, SOHO (02)	1
	Lower East Side (03)	17
	Chelsea, Clinton (04)	18
	Midtown Business District (05)	4
	Murray Hill (06)	24
	Upper West Side (07)	6
	Upper East Side (08)	1
	Manhattanville (09)	3
	Central Harlem (10)	3
	East Harlem (11)	29
	Washington Heights (12)	3
Bronx	Total	70
	Mott Haven (01)	16
	Hunts Point (02)	4
	Morrisania (03)	17
	Concourse, Highbridge (04)	5
	University/Morris Heights (05)	9
	East Tremont (06)	5
	Fordham (07)	6
	Riverdale (08)	0
	Unionport, Soundview (09)	2
	Throgs Neck (10)	1
	Pelham Parkway (11)	0
	Williamsbridge (12)	5
Brooklyn	Total	138
	Williamsburg, Greenpoint (01)	22
	Fort Greene, Brooklyn Heights (02)	6
	Bedford Stuyvesant (03)	7
	Bushwick (04)	12
	East New York (05)	16
	Park Slope (06)	7
	Sunset Park (07)	14
	Crown Heights North (08)	6
	Crown Heights South (09)	4
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	1
	Coney Island (13)	1
	Flatbush, Midwood (14)	2
	Sheepshead Bay (15)	0
	Brownsville (16)	25
	East Flatbush (17)	4
	Canarsie (18)	11

**Table 3 (continued): Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2023 – June 30, 2024**

<b>Borough</b>	<b>Community District of Shelter</b>	<b>Deaths among Sheltered Persons Experiencing Homlessness Reported by DHS and OCME</b>
Queens	Total	63
	Astoria, Long Island City (01)	9
	Sunnyside, Woodside (02)	6
	Jackson Heights (03)	2
	Elmhurst, Corona (04)	2
	Ridgewood, Glendale (05)	3
	Rego Park, Forest Hills (06)	0
	Flushing (07)	3
	Fresh Meadows, Briarwood (08)	4
	Woodhaven (09)	1
	Howard Beach (10)	0
	Bayside (11)	0
	Jamaica, St. Albans (12)	12
	Queens Village (13)	16
	The Rockaways (14)	5
Staten Island	Total	1
	Port Richmond (01)	1
	Willowbrook, South Beach (02)	0
	Tottenville (03)	0

**Table 4a: Deaths among Persons Experiencing Homelessness Reported by DHS and OCME,  
by Location of Death (Community District), July 1, 2023 – June 30, 2024**

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
		Total	Location of Death				Total	Location of Death				Total	Location of Death			
Shelter	Hospital		Outdoors	Other	Shelter	Hospital		Outdoors	Other	Shelter	Hospital		Outdoors	Other		
Total		770	102	434	100	134	381	102	222	23	34	389	0	212	77	100
Manhattan	Total	276	33	163	37	43	133	33	76	11	13	143	0	87	26	30
	Battery Park, Tribeca (01)	16	0	8	3	5	4	0	1	1	2	12	0	7	2	3
	Greenwich Village, SOHO	21	0	15	2	4	7	0	6	0	1	14	0	9	2	3
	Lower East Side (03)	25	6	4	11	4	11	6	2	3	0	14	0	2	8	4
	Chelsea, Clinton (04)	25	6	13	3	3	15	6	6	1	2	10	0	7	2	1
	Midtown Business District	10	0	0	3	7	3	0	0	0	3	7	0	0	3	4
	Murray Hill (06)	52	5	45	2	0	33	5	28	0	0	19	0	17	2	0
	Upper West Side (07)	6	3	0	1	2	5	3	0	1	1	1	0	0	0	1
	Upper East Side (08)	19	0	16	0	3	10	0	10	0	0	9	0	6	0	3
	Manhattanville (09)	14	1	10	2	1	5	1	4	0	0	9	0	6	2	1
	Central Harlem (10)	32	0	27	2	3	6	0	6	0	0	26	0	21	2	3
	East Harlem (11)	37	11	11	7	8	27	11	9	4	3	10	0	2	3	5
Washington Heights (12)	19	1	14	1	3	7	1	4	1	1	12	0	10	0	2	
Bronx	Total	129	12	77	13	27	60	12	36	4	8	69	0	41	9	19
	Mott Haven (01)	43	1	32	1	9	24	1	18	1	4	19	0	14	0	5
	Hunts Point (02)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Morrisania (03)	9	4	0	3	2	6	4	0	1	1	3	0	0	2	1
	Concourse, Highbridge (04)	18	2	10	3	3	11	2	7	1	1	7	0	3	2	2
	University/Morris Heights	8	3	0	2	3	4	3	0	0	1	4	0	0	2	2
	East Tremont (06)	21	1	19	1	0	9	1	7	1	0	12	0	12	0	0
	Fordham (07)	7	1	4	0	2	2	1	1	0	0	5	0	3	0	2
	Riverdale (08)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Unionport, Soundview (09)	7	0	1	3	3	0	0	0	0	0	7	0	1	3	3
	Throgs Neck (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pelham Parkway (11)	11	0	10	0	1	3	0	2	0	1	8	0	8	0	0
	Williamsbridge (12)	3	0	1	0	2	1	0	1	0	0	2	0	0	0	2
Brooklyn	Total	217	36	113	26	42	118	36	69	6	7	99	0	44	20	35
	Williamsburg, Greenpoint	11	5	0	3	3	7	5	0	1	1	4	0	0	2	2
	Fort Greene, Brooklyn	19	2	12	2	3	10	2	6	0	2	9	0	6	2	1
	Bedford Stuyvesant (03)	33	3	24	3	3	18	3	15	0	0	15	0	9	3	3
	Bushwick (04)	14	4	8	0	2	8	4	4	0	0	6	0	4	0	2
	East New York (05)	11	4	0	2	5	6	4	0	1	1	5	0	0	1	4
	Park Slope (06)	11	0	5	1	5	4	0	4	0	0	7	0	1	1	5
	Sunset Park (07)	17	4	11	2	0	13	4	9	0	0	4	0	2	2	0
	Crown Heights North (08)	2	1	0	1	0	1	1	0	0	0	1	0	0	1	0
	Crown Heights South (09)	13	1	9	1	2	6	1	5	0	0	7	0	4	1	2
	Bay Ridge (10)	3	0	0	2	1	1	0	0	0	1	2	0	0	2	0
	Bensonhurst (11)	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0
	Borough Park (12)	8	0	8	0	0	4	0	4	0	0	4	0	4	0	0
	Coney Island (13)	12	0	5	4	3	5	0	3	2	0	7	0	2	2	3
	Flatbush, Midwood (14)	8	0	1	3	4	1	0	0	1	0	7	0	1	2	4
	Sheepshead Bay (15)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Brownsville (16)	17	8	0	1	8	10	8	0	0	2	7	0	0	1	6
	East Flatbush (17)	29	1	26	1	1	18	1	16	1	0	11	0	10	0	1
	Canarsie (18)	8	3	3	0	2	5	3	2	0	0	3	0	1	0	2
Queens	Total	134	21	74	19	20	68	21	40	1	6	66	0	34	18	14
	Astoria, Long Island City (01)	21	2	11	4	4	10	2	6	0	2	11	0	5	4	2
	Sunnyside, Woodside (02)	8	1	0	4	3	2	1	0	0	1	6	0	0	4	2
	Jackson Heights (03)	4	0	1	2	1	1	0	1	0	0	3	0	0	2	1
	Elmhurst, Corona (04)	18	1	15	1	1	10	1	8	0	1	8	0	7	1	0
	Ridgewood, Glendale (05)	3	1	0	1	1	1	1	0	0	0	2	0	0	1	1
	Rego Park, Forest Hills (06)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
	Flushing (07)	13	2	9	2	0	5	2	2	1	0	8	0	7	1	0
	Fresh Meadows, Briarwood	11	1	7	0	3	5	1	4	0	0	6	0	3	0	3
	Woodhaven (09)	19	0	17	2	0	6	0	6	0	0	13	0	11	2	0
	Howard Beach (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	13	3	3	2	5	7	3	3	0	1	6	0	0	2	4
	Queens Village (13)	13	9	2	0	2	11	9	1	0	1	2	0	1	0	1
	The Rockaways (14)	10	1	9	0	0	10	1	9	0	0	0	0	0	0	0

**Table 4a (continued): Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Location of Death (Community District), July 1, 2023 – June 30, 2024**

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other		
Queens	Total	134	21	74	19	20	68	21	40	1	6	66	0	34	18	14
	Astoria, Long Island City (01)	21	2	11	4	4	10	2	6	0	2	11	0	5	4	2
	Sunnyside, Woodside (02)	8	1	0	4	3	2	1	0	0	1	6	0	0	4	2
	Jackson Heights (03)	4	0	1	2	1	1	0	1	0	0	3	0	0	2	1
	Elmhurst, Corona (04)	18	1	15	1	1	10	1	8	0	1	8	0	7	1	0
	Ridgewood, Glendale (05)	3	1	0	1	1	1	1	0	0	0	2	0	0	1	1
	Rego Park, Forest Hills (06)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
	Flushing (07)	13	2	9	2	0	5	2	2	1	0	8	0	7	1	0
	Fresh Meadows, Briarwood	11	1	7	0	3	5	1	4	0	0	6	0	3	0	3
	Woodhaven (09)	19	0	17	2	0	6	0	6	0	0	13	0	11	2	0
	Howard Beach (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	13	3	3	2	5	7	3	3	0	1	6	0	0	2	4
	Queens Village (13)	13	9	2	0	2	11	9	1	0	1	2	0	1	0	1
The Rockaways (14)	10	1	9	0	0	10	1	9	0	0	0	0	0	0	0	
Staten Island	Total	14	0	7	5	2	2	0	1	1	0	12	0	6	4	2
	Port Richmond (01)	10	0	5	3	2	2	0	1	1	0	8	0	4	2	2
	Willowbrook, South Beach	3	0	2	1	0	0	0	0	0	0	3	0	2	1	0
	Tottenville (03)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0

**Table 4b. Deaths among HRA Persons Experiencing Homelessness by Location of Death, July 1, 2023 – June 30, 2024\***

Borough	Deaths Reported by HRA*			
	Sheltered			
	Total	Location of Death		
		Shelter	Hospital	Other
Total	117	30	36	51
Manhattan	22	5	6	11
Bronx	30	6	13	11
Brooklyn	57	19	15	23
Queens	8	0	2	6
Staten Island	0	0	0	0

**Table 5: Deaths among Persons Experiencing Homelessness by Reporting Agency, Age, and Sex, July 1, 2023 – June 30, 2024\***

Age Category	Deaths Reported by DHS and OCME						Deaths Reported by HRA*					
	Total		Male		Female		Total		Male		Female	
	All	%	All	%	All	%	All	%	All	%	All	%
All Ages	770	100	639	100	131	100	117	100	97	100	20	100
<1	17	2	8	1	9	7	0	0	0	0	0	0
1-24	25	3	19	3	6	5	1	1	1	1	0	0
25-44	233	30	192	30	41	31	31	26	23	24	8	40
45-64	394	51	341	53	53	40	77	66	65	67	12	60
≥65	98	13	76	12	22	17	8	7	8	8	0	0
Unknown	3	0	3	0	0	0	0	0	0	0	0	0

\*All HRA deaths occurred to homeless placed in Single Room Occupancy (SRO). SROs are not considered homeless shelters by HRA, but they are included in this report because they are homeless shelter residents according to Local Law No. 7 of 2012 (codified at New York City Administrative Code Section 17-190) definitions #2

“Homeless shelter resident” and #3 “Homeless shelter”. See: <http://webdocs.nyccouncil.info/attachments/66681.htm>

HRA homeless sheltered deaths are reported separately and should not be added to other homeless sheltered deaths as there may be duplication. To comply with Article 27-F of the New York state Public Health Law which prohibits disclosure of any information that could reasonably identify someone having an HIV related illness or AIDS, personal identifiers on HRA homeless deaths were not provided, including community district of death.

\*\*Female includes transgender females

**Table 6a: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2023 – June 30, 2024**

Cause of Death				Sex			
		Total		Male		Female	
		All	%	All	%	All	%
Rank*	Total	770	100	641	100	129	100
1	Drug related	348	45	298	46	50	39
2	Heart disease	107	14	86	13	21	16
3	Accidents (excluding drug overdose)	47	6	40	6	7	5
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	34	4	33	5	1	1
5	Suicide	25	3	22	3	3	2
6	Cancer	16	2	10	2	6	5
7	Influenza/pneumonia	15	2	11	2	4	3
8	Stroke	14	2	11	2	3	2
8	Homicide	14	2	12	2	2	2
10	Chronic liver disease	11	1	9	1	2	2
11	Diabetes	9	1	7	1	2	2
12	Chronic lower respiratory diseases	8	1	7	1	1	1
13	Septicemia	6	1	3	0	3	2
14	Certain conditions originated in the perinatal period	3	0	0	0	3	2
14	Aortic aneurysms	3	0	3	0	0	0
14	COVID-19	3	0	3	0	0	0
17	Hypertension	2	0	2	0	0	0
17	Pneumonitis Due to Solids and Liquids	2	0	2	0	0	0
19	Congenital Malformations	1	0	0	0	1	1
19	Insitu or Benign / Uncertain Neoplasms	1	0	1	0	0	0
19	Pregnancy, Childbirth, and the Puerperium	1	0	0	0	1	1
	Pending final determination**	29	4	24	4	5	4
	All other causes	71	9	57	9	14	11

\*Because of ties some ranks do not appear.

\*\*Includes cases where the cause or manner of death are still under investigation by the OCME.

**Table 6b: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2023 – June 30, 2024**

Cause of Death				Shelter Residency Status			
		Total		Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	770	100	381	100	389	100
1	Drug related	348	45	162	43	186	48
2	Heart disease	107	14	66	17	41	11
3	Accidents (excluding drug overdose)	47	6	13	3	34	9
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	34	4	11	3	23	6
5	Suicide	25	3	9	2	16	4
6	Cancer	16	2	13	3	3	1
7	Influenza/pneumonia	15	2	7	2	8	2
8	Stroke	14	2	11	3	3	1
8	Homicide	14	2	7	2	7	2
10	Chronic liver disease	11	1	6	2	5	1
11	Diabetes	9	1	8	2	1	0
12	Chronic lower respiratory diseases	8	1	4	1	4	1
13	Septicemia	6	1	4	1	2	1
14	Certain conditions originated in the perinatal period	3	0	3	1	0	0
14	Aortic aneurysms	3	0	2	1	1	0
14	COVID-19	3	0	2	1	1	0
17	Hypertension	2	0	0	0	2	1
17	Pneumonitis Due to Solids and Liquids	2	0	2	1	0	0
19	Congenital Malformations	1	0	0	0	1	0
19	In situ or Benign / Uncertain Neoplasms	1	0	0	0	1	0
19	Pregnancy, Childbirth, and the Puerperium	1	0	1	0	0	0
	Pending final determination**	29	4	11	3	18	5
	All other causes	71	9	39	10	32	8

\*Because of ties some ranks do not appear.

\*\*Includes cases where the cause or manner of death are still under investigation by the OCME.



**Table 6c: External Causes of Death\*\* Among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2023 – June 30, 2024**

Rank*	External Cause of Death	Total		Sex			
				Male		Female	
		All	%	All	%	All	%
<b>Rank*</b>	<b>Total</b>	453	100	391	100	62	100
1	Accidental drug overdose	336	74	286	73	50	81
2	Suicide	31	7	31	8	0	0
3	Undetermined intent	25	6	22	6	3	5
4	Homicide	14	3	12	3	2	3
5	Exposure to excessive natural cold	11	2	6	2	5	8
6	Motor vehicle accidents	10	2	10	3	0	0
7	Railway accidents	9	2	8	2	1	2
8	Falls	8	2	7	2	1	2
9	Drowning	3	1	3	1	0	0
10	Other non-transport accidents	2	0	2	1	0	0
10	Smoke, Fire, and Flames	2	0	2	1	0	0
12	Poisoning by noxious substance	2	0	2	1	0	0

\*Because of ties some ranks do not appear.

\*\*External causes of death include accidents, suicide, assault, legal intervention, events of undetermined intent, operations of war and their sequelae, and complications of medical and surgical care.

**Table 6d: External Causes of Death\*\* among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2023 – June 30, 2024**

Rank*	External Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	%	All	%	All	%
<b>Rank*</b>	<b>Total</b>	453	100	196	100	257	100
1	Accidental drug overdose	336	74	159	81	177	69
2	Suicide	31	7	8	4	23	9
3	Undetermined intent	25	6	9	5	16	6
4	Homicide	14	3	7	4	7	3
5	Exposure to excessive natural cold	11	2	2	1	9	4
6	Motor vehicle accidents	10	2	3	2	7	3
7	Railway accidents	9	2	3	2	6	2
8	Falls	8	2	1	1	7	3
9	Drowning	3	1	2	1	1	0
10	Other non-transport accidents	2	0	1	1	1	0
10	Smoke, Fire, and Flames	2	0	0	0	2	1
12	Poisoning by noxious substance	2	0	1	1	1	0

\*Because of ties some ranks do not appear.

\*\*External causes of death include accidents, suicide, assault, legal intervention, events of undetermined intent, operations of war and their sequelae, and complications of medical and surgical care.

**Table 7: Select Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status and Location of Death, July 1, 2023 – June 30, 2024**

Cause / Location of Death	FY21			FY22			FY23			FY24		
	Total	Shelter Residency Status		Total	Shelter Residency Status		Total	Shelter Residency Status		Total	Shelter Residency Status	
		Sheltered	Non-Sheltered		Sheltered	Non-Sheltered		Sheltered	Non-Sheltered		Sheltered	Non-Sheltered
<i>Drug Related Total</i>	237	194	43	329	258	71	380	198	182	348	162	186
In shelter	100	100	0	99	99	0	82	82	0	61	61	0
In hospital	84	63	21	131	97	34	166	81	85	172	73	99
Outdoor	24	10	14	31	17	14	51	9	42	46	12	34
Other location	29	21	8	68	45	23	81	26	55	69	16	53
<i>Accidental Drug</i>	223	187	36	321	253	68	369	191	178	336	159	177
In shelter	99	99	0	99	99	0	82	82	0	60	60	0
In hospital	71	57	14	123	92	31	155	74	81	165	71	94
Outdoor	24	10	14	31	17	14	51	9	42	42	12	30
Other location	29	21	8	68	45	23	81	26	55	69	16	53
<i>Chronic Drug Use</i>	14	7	7	8	5	3	11	7	4	12	3	9
In shelter	1	1	0	0	0	0	0	0	0	1	1	0
In hospital	13	6	7	8	5	3	11	7	4	7	2	5
Outdoor	0	0	0	0	0	0	0	0	0	4	0	4
Other location	0	0	0	0	0	0	0	0	0	0	0	0
<i>Homicide Total</i>	22	18	4	15	10	5	18	15	3	14	7	7
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	18	16	2	10	7	3	17	15	2	12	7	5
Outdoor	2	1	1	4	2	2	1	0	1	2	0	2
Other location	2	1	1	1	1	0	0	0	0	0	0	0
<i>Cold-related Total</i>	16	7	9	19	7	12	10	1	9	11	2	9
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	12	5	7	13	4	9	9	1	8	7	2	5
Outdoor	4	2	2	3	3	0	1	0	1	4	0	4
Other location	0	0	0	3	0	3	0	0	0	0	0	0
<i>Heart disease Total</i>	105	77	28	63	50	13	94	63	31	107	66	41
In shelter	38	37	1	29	29	0	31	31	0	23	23	0
In hospital	46	32	14	26	20	6	49	30	19	66	41	25
Outdoor	11	3	8	6	1	5	5	0	5	9	0	9
Other location	10	5	5	2	0	2	9	2	7	9	2	7
<i>Accidents Total</i>	47	24	23	59	34	25	42	11	31	47	13	34
In shelter	3	3	0	2	2	0	0	0	0	0	0	0
In hospital	27	13	14	37	19	18	28	9	19	24	6	18
Outdoor	8	3	5	9	7	2	5	0	5	13	3	10
Other location	9	5	4	11	6	5	9	2	7	10	4	6
<i>Suicides Total</i>	16	12	4	10	8	2	14	9	5	25	9	16
In shelter	1	1	0	1	1	0	2	2	0	2	2	0
In hospital	6	4	2	1	1	0	5	4	1	9	3	6
Outdoor	6	4	2	3	2	1	3	1	2	3	0	3
Other location	3	3	0	5	4	1	4	2	2	11	4	7