

**Seventeenth Annual Report on Deaths  
among Persons Experiencing Homelessness  
(July 1, 2021 – June 30, 2022)  
New York City Department of Health and Mental Hygiene  
New York City Department of Homeless Services**

*Prepared and submitted pursuant to Local Law 7 (LL7), which was originally named and passed as Local Law 63 (LL63) by the New York City Council in 2005 before being replaced in 2012 with LL7, requiring the City of New York to track and report deaths of persons experiencing homelessness in the City, this annual report provides detailed analyses of patterns and trends regarding deaths among New Yorkers experiencing homelessness.*

**Executive Summary**

The City of New York, through the New York City (NYC) Department of Social Services/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. Due to the transience and stressors of housing instability, New Yorkers experiencing homelessness are at a greater likelihood of having pre-existing health and mental health conditions when compared to the general public, which often results in poor health outcomes for this population.

This report has been prepared and submitted pursuant to Local Law 7 (LL7), which was originally named and passed as Local Law 63 (LL63) by the New York City Council in 2005 before being replaced in 2012 with LL7, requiring the City of New York to track and report deaths of persons experiencing homelessness in the New York City. 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 serious health problems and is essential for better understanding the health challenges faced by this population. DSS continues to gain a better understanding of the health status of persons experiencing homelessness in an effort to develop and implement services and interventions, including, for example, through the creation, implementation, and expansion of its comprehensive Opioid Overdose Prevention Program and naloxone administration trainings over the past several years. In addition, DHS is creating a Harm Reduction Strategic Plan aiming at reducing the harmful impacts of substance use.

Through the City's Department of Health and Mental Hygiene (DOHMH), the City of New York registers all deaths. At the same time, the Office of the 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.

At this time, the NYC DSS, comprised of DHS and HRA, 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) and other agencies.

Data presented within have been compiled and vetted 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 FY22 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.

*Note: Initially, data were provided by the OCME, DHS, HRA, DOHMH, as well as the Department of Housing Preservation and Development (HPD). Until 2005, the Department of Housing Preservation and Development (HPD) housed a limited number of DHS clients and thus provided data for this report. Since HPD stopped sheltering DHS clients, HPD data are no longer included in the report.*

## Summary

For the period July 1, 2021 through June 30, 2022 (Fiscal Year 2022, FY22), there were 684 deaths among persons experiencing homelessness, as identified by DHS and OCME.<sup>1</sup> In FY22, the highest number (n=204; 30%) of deaths were reported in the third quarter (January 1-March 31, 2022). HRA separately reported deaths during FY22. 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 7% in FY22 (n=684), compared to the number of deaths reported in FY21 (n=640).

Of the 684 deaths, the majority were among males (79%; n=542), and persons aged 45 to 64 years (54%; n=372, similar to prior years. Non-sheltered individuals accounted for a quarter of decedents (25%; n=172); the remaining 512 deaths were among sheltered residents, half of whom died in a hospital (50%, n=257).

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 people died in a hospital (50%; n=345), similar to FY21 (50%, n=323); There were 78 deaths that occurred outdoors (11%), similar to 71 (11%) in FY21, and 106 (15%) deaths at other locations, up 4% from 71 (11%) in FY21.
- Among sheltered residents, 30% (n=155) died in shelters, down 6 percentage points from FY21 (36%, n=174). 50% died in a hospital (n=257), similar to FY21 (51%; n=247).
- Among non-sheltered decedents, 51% (n=88) died in a hospital, similar to FY21 (50%; n=76) and 41 (24%) died outdoors, a 11% decline from FY21 (30%; n=46).
- There were 63 (12%) deaths in other locations among sheltered residents compared to 43 (25%) among non-sheltered persons. Refer to Table 1 in the Appendix for definitions of outdoor and other place of deaths.
- Drug-related deaths remained the leading cause of death among persons experiencing homelessness, consistent with citywide and national trends, increasing by 32%, from 249 (39%) in FY21 to 329 (48%) in FY22. (In FY21 report, 237 overdose deaths were reported. Subsequently, 12 deaths in FY12 which were pending at the time of the report were classified as overdose deaths, for a total of 249.)

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

- In FY22, there were 10 confirmed and three probable COVID-19 deaths (n=13; 1%) making COVID-19 the seventh leading cause of death in this population in FY22. In FY21, there were 31 confirmed or probable COVID deaths. In FY22, the majority (n=8; 62%) occurred in a hospital. Most COVID-19 deaths (85%; n=11) occurred among sheltered residents, and of shelter residents, 10 were laboratory confirmed.
- Deaths due to alcohol misuse/dependence dropped in FY22 (n=21; 3%), compared to FY21 (n=32; 5%), as did deaths due to heart disease, 63 (9%) in FY22 compared to 105 (16%) in FY21.
- In FY22, the top five leading causes of death were drug-related (77%; n=324), heart disease (9%; n=63), accidents (excluding drug overdose) (8%; n=58), alcohol misuse/dependence (3%; n=21), and cancer (3%; n=19).
- The majority of deaths reported in this document were investigated by OCME (84%; n=575), t similar to prior years.

**Deaths among persons experiencing homelessness reported by HRA.** There were 131 deaths reported by HRA in FY22: 7 (6%) more than in FY21. The majority of decedents were male (83%; n=109) and between the ages of 45 to 64 years (59%; n=77). These individuals most commonly died in HIV/AIDS Services Administration (HASA) housing (57%; n=75) and hospitals (29%; n=38).

## 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 unsheltered homelessness, which may also been known as “street homelessness,” as well as those persons without a fixed address.

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

- (if) 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.

**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 (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 unsheltered 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 FY22, 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 (i.e., 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 relevant City agencies and matched against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics.

The data consists 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 as DHS clients are no longer provided housing by HPD. 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 cause 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's National Center for Health Statistics' Supermicar software, which classifies conditions according to the International Classification of Disease (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

COVID-19 Related Deaths

COVID-19 related deaths are categorized as laboratory-confirmed or probable. Laboratory-confirmed COVID deaths had a positive molecular SARS-CoV-2 test and are identified or confirmed via a daily match between death certificates and laboratory confirmed SARS-CoV-2 tests. Probable COVID deaths are deaths that have not matched to a positive laboratory confirmed SARS-CoV-2 test but COVID-19 or an equivalent is included in the cause of death literals in Part I or Part II of the death certificate.<sup>2</sup>

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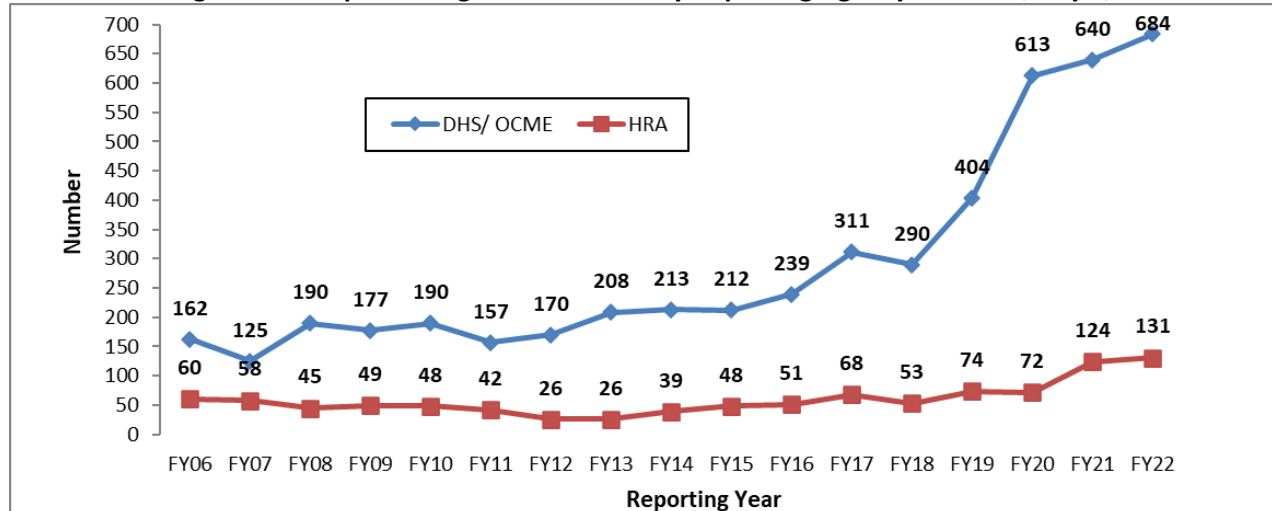
<sup>2</sup> Council for State and Territorial Epidemiologists (CSTE) Update to the standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19) ([Interim-20-ID-02\\_COVID-19.pdf](https://www.ymaws.com/Interim-20-ID-02_COVID-19.pdf)) ([ymaws.com](https://www.ymaws.com/)))

## Results

Overall, DHS and OCME reported 684 deaths among persons experiencing homelessness in NYC, representing an increase of 7% in the overall number of deaths compared to FY21 (640).

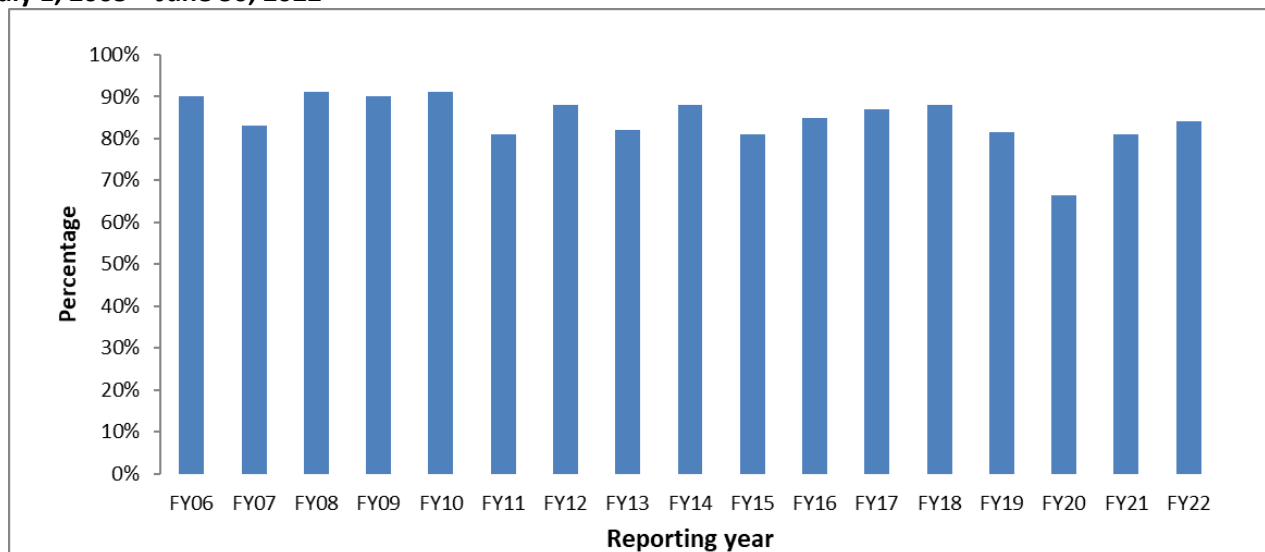
### Trend in the Number of Deaths

**Figure 1. Deaths among Persons Experiencing Homelessness by Reporting Agency and Year, July 1, 2005 - June 30, 2022**



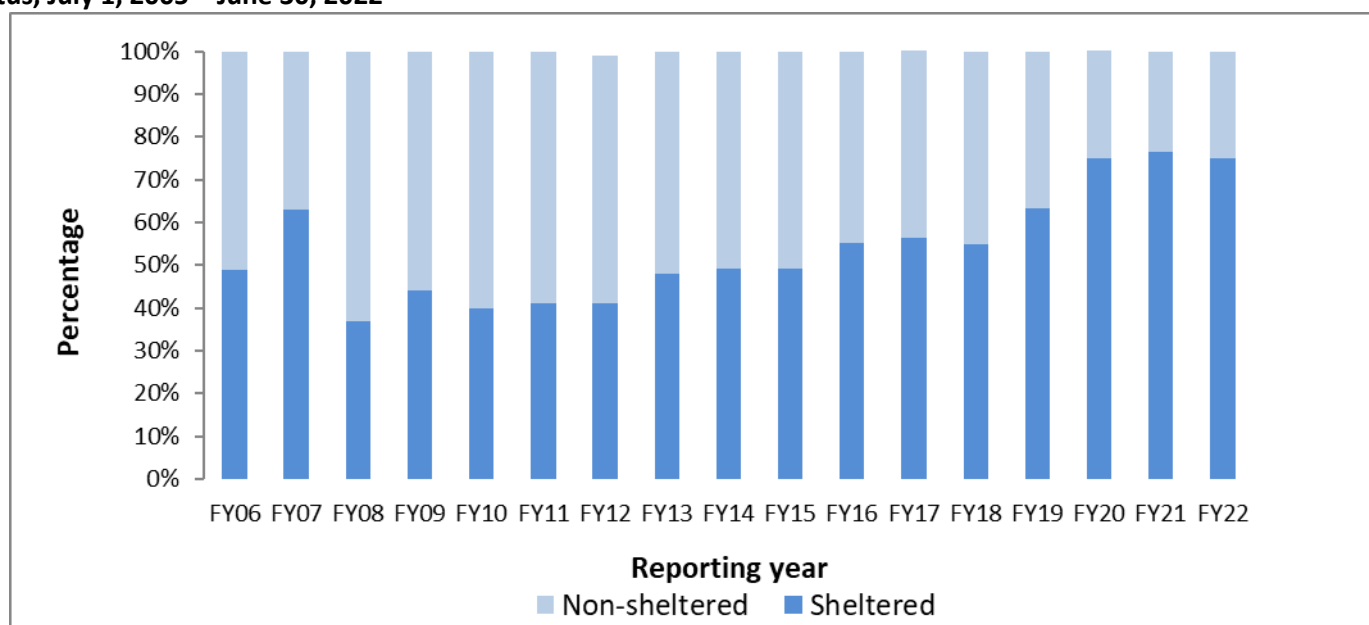
The number of deaths among DHS clients has ranged between 125 in FY07 and 684 in FY22 (Figure 1). Within FY22, the third quarter (January 1- March 31, 2022) had the highest number of deaths (n=204); see Table 2 in the Appendix.

**Figure 2. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME Investigated by OCME, July 1, 2005 – June 30, 2022**



In FY22, the OCME investigated the majority of deaths among persons experiencing homelessness (84%; n=575), in range with previous years (81% to 91%) (Figure 2). Among the 512 sheltered decedents, 80% (n=410) were investigated by OCME. Among the non-sheltered decedents, 96% (n=165) 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, 2022**



### DHS and OCME reported decedents

Of the 684 deaths in FY22, 75% (n=512) of decedents were sheltered and 25% (n=172) were non-sheltered (Figure 3, Table 2). Of the non-sheltered decedents experiencing homelessness, 82 (48%) were known to DHS and confirmed by outreach teams to be experiencing unsheltered homelessness and residing on the streets. The proportion of deaths among sheltered decedents decreased 1% in FY22, compared to FY21 (76%, n=489).

### 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, 50% (n=345) of the persons experiencing homelessness died in a hospital in FY22, similar to FY21 (50%; n=323). The overall percent of outdoor deaths remained flat in FY22 (11%; n=78), compared to FY21 (11%; n=71).

### Non-sheltered decedents

Among non-sheltered decedents, hospital deaths accounted for 51% (n=88) of deaths, followed by outdoors (24%; n=41), and other places (25%; n=43) (Figure 4, Table 4a). The proportion of outdoor deaths among non-sheltered individuals dropped in FY22 (24%; n=41) from FY21 (30%; n=46) (Figure 4). Of the 43 non-sheltered decedents who died in other places, the majority died in a subway car/subway platform/train station (n=16) followed by public space in a building (n=10), a friend or family member's apartment (n=7), abandoned building (n=6), and four in other, not elsewhere classified locations.

### Sheltered decedents

Deaths in hospitals accounted for half (50%; n=257) of deaths among sheltered decedents, similar to FY21 (51%; n=247) (Figure 4, Table 4a). The next most frequent location of death was shelter (30%; n=155), a 6 percentage points decrease FY21 (36%; n=174), followed by other places (12%; n=63) and outdoors (7%; n=37). The majority of shelter decedents resided in shelters located in Brooklyn (36%; n=185), followed by Manhattan (30%; n=153), Bronx (19%; n=97), Queens (15%; n=76), and one in Staten Island (Table 3).



## HRA reported decedents

The 131 HRA reported deaths died in HASA housings (57%; n=75), hospitals (29%; n=38), and other places (14%; n=18) (Table 4b). The majority of deaths among HRA clients occurred in Brooklyn (40%; n=53), followed by the Bronx (27%, n=36), Manhattan (25%; n=33), Queens (4%, n=5), and Staten Island (3%, n=4) (Table 4b).

**Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2022**



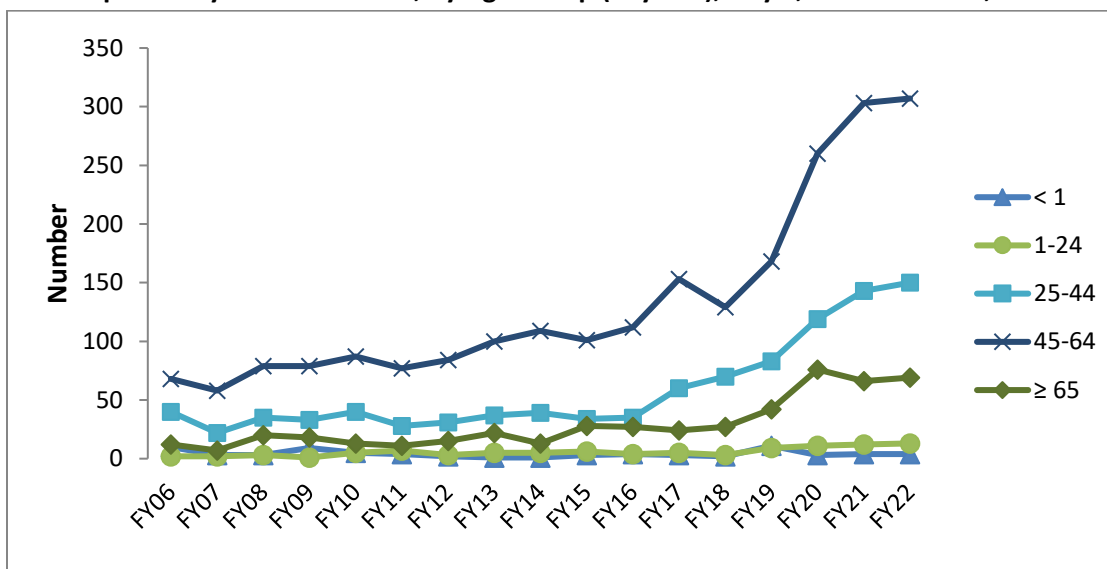
## Demographic Characteristics

### DHS and OCME reported deaths

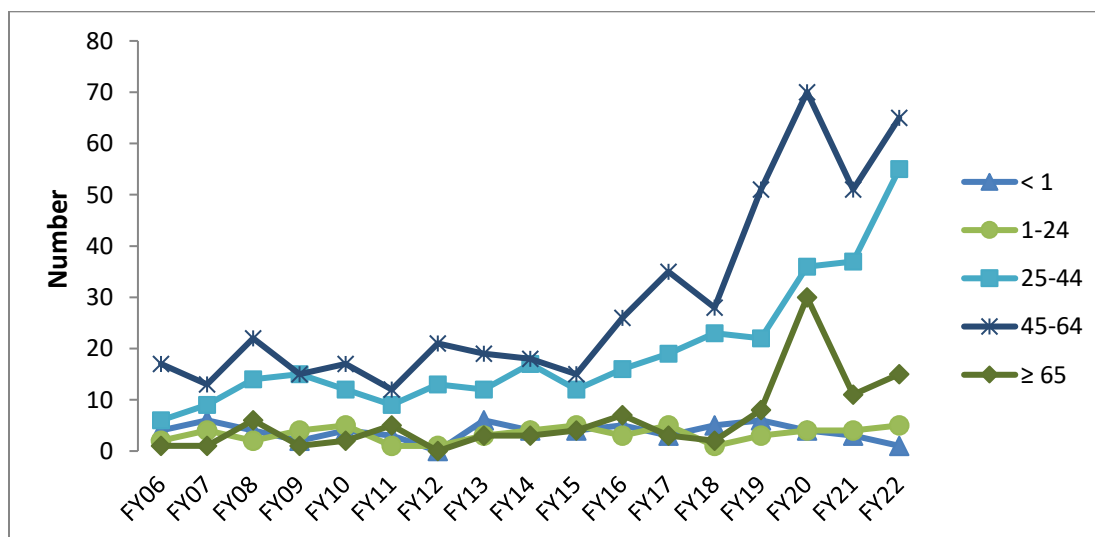
The majority (54%; n=371) of deaths occurred among persons aged 45 to 64 years (Figure 5a, 5b, Table 5). The proportion of decedents aged 65 years and older was 12% (n=84), similar to FY21 (12%; n=77). Decedents aged 1 to 24 years accounted for 3% (n=18) of deaths. There were 5 infant deaths (1%) in FY22, two less than in FY21.

In FY22 men were 79% of all deaths (N=543), 45% (n=307) of these deaths were in men aged 45-64, followed by 22% (n=150) in men aged 25-44. Women accounted for 21% (n=141) of all deaths, 46% (n=65) of these deaths were in women aged 45-64, 39% (n=55) were in women aged 25 to 44, and 11% were in women 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, 2022**



**Figure 5b. Female Deaths among Persons Experiencing Homelessness  
Reported by DHS and OCME, by Age Group (in years), July 1, 2005 – June 30, 2022**



## HRA Reported Deaths

Among the 131 HRA reported deaths, 83% (n=109) were male and 17% (n=22) were female. The age group 45 to 64 years accounted for 59% (n=77) of decedents, those aged 25 to 44 years, 31% (n=40), and 65 years and older, 11% (n=14) (Table 5).

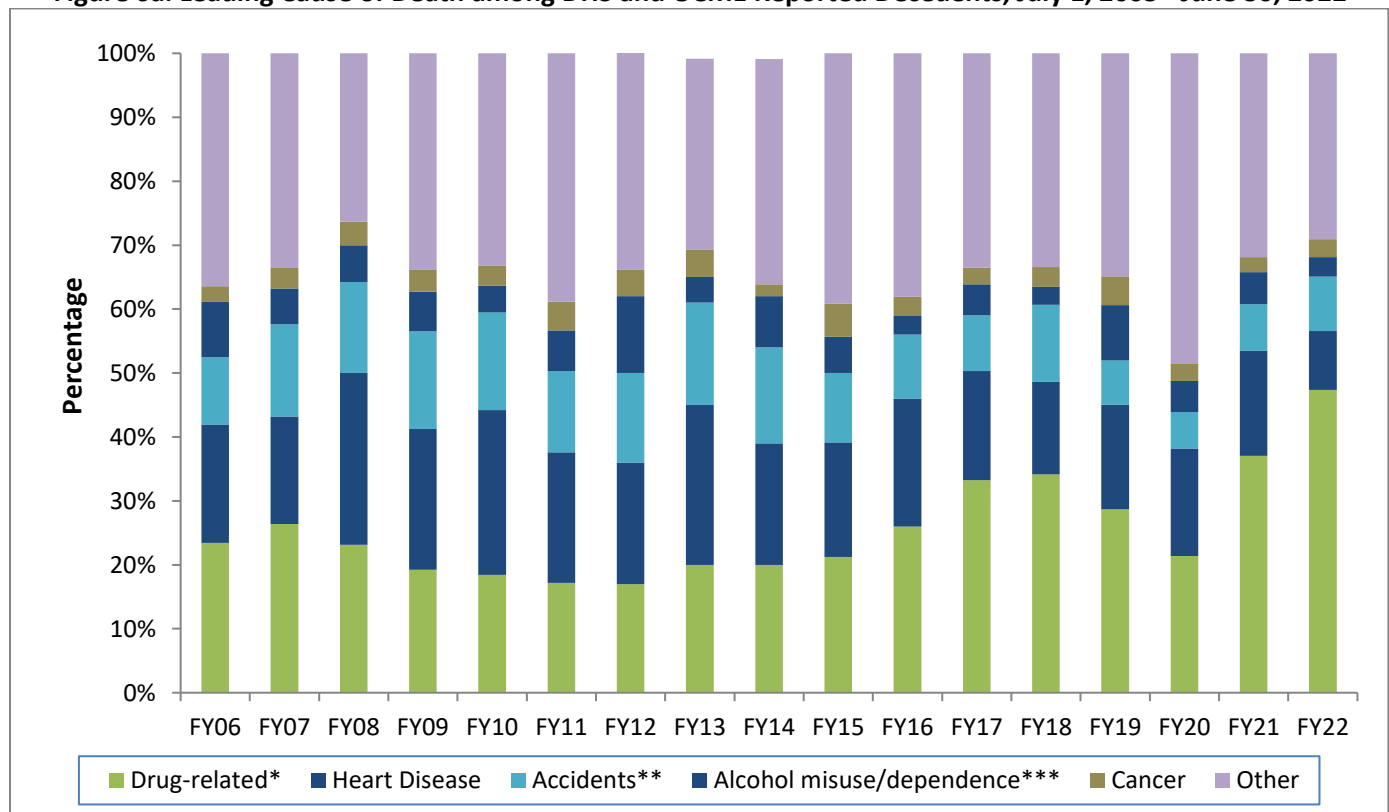
## Leading Cause of Death (DHS and OCME reported)

In FY22, the proportion of homeless deaths attributed to drug use increased to 48% (n=329) from 39% (n=249) in FY21, an increase of 9 percentage points, and remains 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 increased by 86 (37% increase) from 235 in FY21 to 321 in FY22 (Figure 6d, Table 7).

COVID-19 (including laboratory-confirmed (n=10) and probable deaths (n=3) were the seventh leading cause of death in FY22, accounting for 3% of deaths (n=13) (Table 6a).

Heart disease ranked as the second leading cause of death with a decrease of 7 percentage points in FY22 (9%; n=63) compared to FY21 (16%; n=105) a 40% decrease by proportion. Accidents (excluding overdose) were third (9%; n=59), similar to FY21 (7%; n=47). Alcohol misuse/dependence (n=22; 3%) was the fourth leading cause of death, a 2% decrease from FY21 (n=33; 5%). The proportion of deaths due to homicide remained similar (2%; n=15) in FY22, compared to FY21 (3%; n=22). At the time of this report, cause of death had not yet been determined for 12 decedents in FY22. See Table 6a for the complete list of leading causes of death.

**Figure 6a. Leading Cause of Death among DHS and OCME Reported Decedents, July 1, 2005 - June 30, 2022**



\*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)

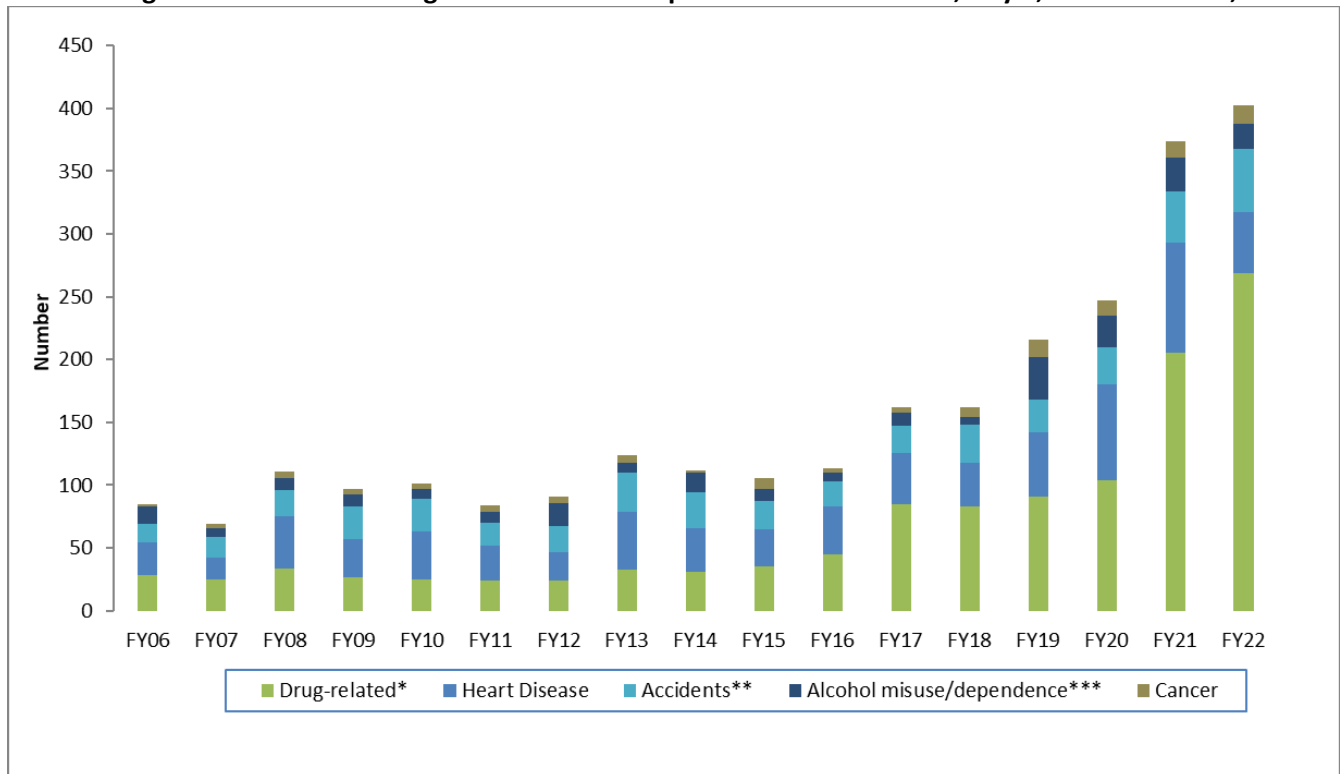
\*\*Excluding Accidental Drug Overdose

†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=272; 50%) and females (n=57; 40%), drug-related deaths were the leading cause of death in FY22 (Figure 6b and 6c, Table 6a). See Table 6a for the complete list of leading causes of death by sex.

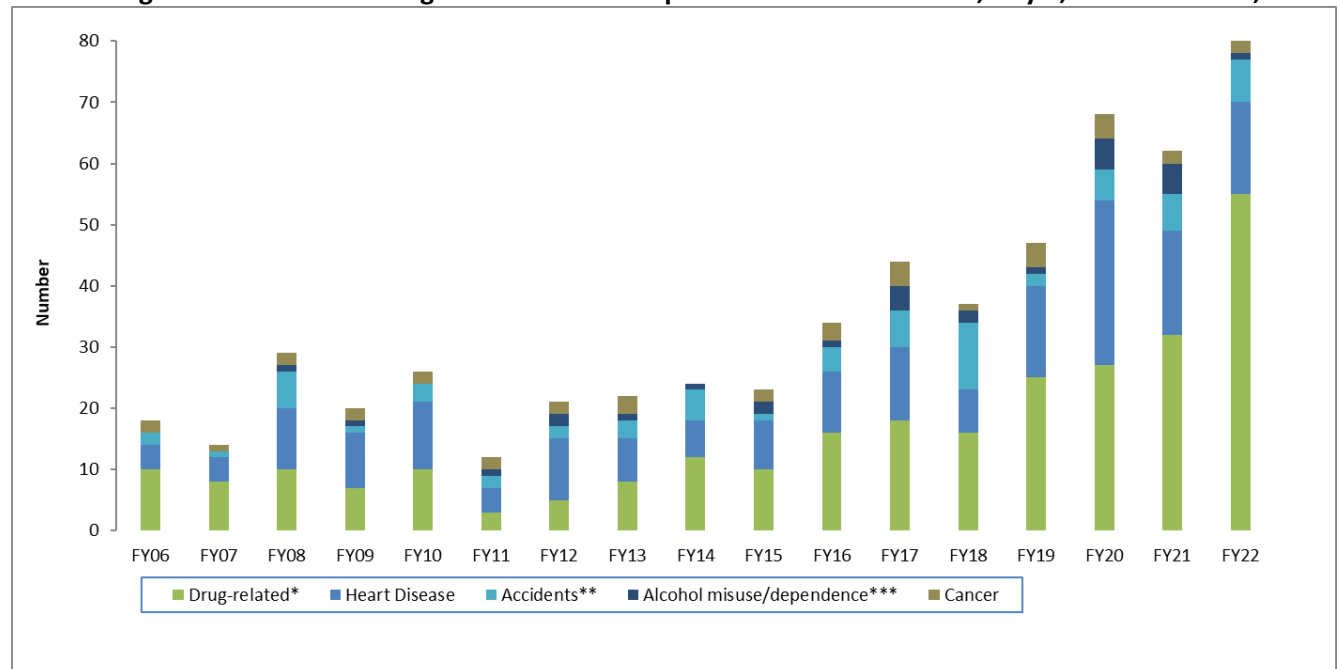
**Figure 6b. Leading Cause of Death among DHS and OCME Reported Male Decedents, July 1, 2005 – June 30, 2022**



\*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

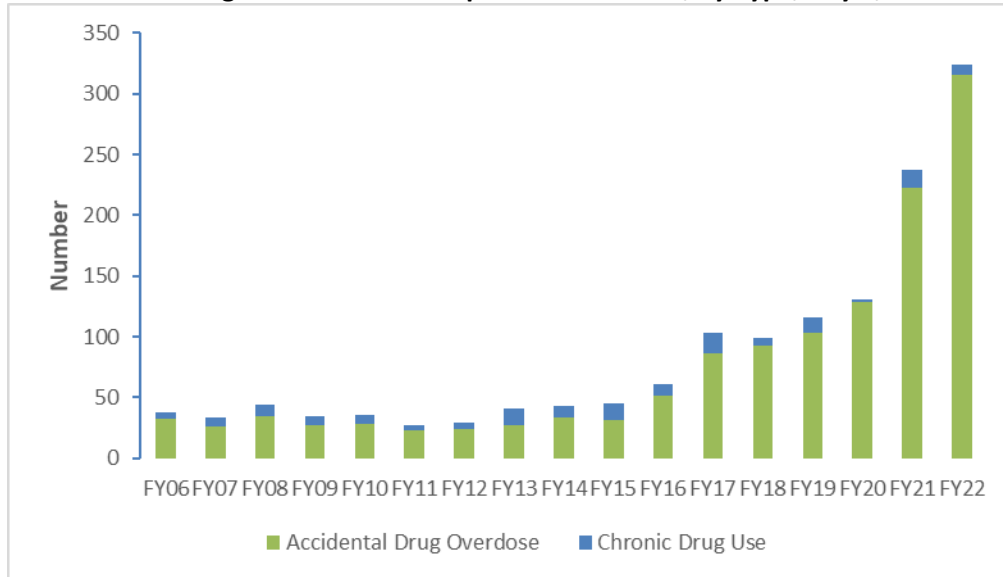
**Figure 6c. Leading Cause of Death among DHS and OCME Reported Female Decedents, July 1, 2005 – June 30, 2022**



\*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

**Figure 6d. Drug-related deaths among DHS and OCME Reported Decedents, by Type, July 1, 2005 – June 30, 2022**



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

In FY22, the leading causes of death among sheltered decedents were drug-related (50%; n=258), followed by heart disease (10%; n=50), accidents (excluding overdose) (7%; n=34), cancer (3%; n= 17), COVID-19 (2%; n=11; including 10 confirmed and 1 probable COVID-19 deaths), homicide (2%; n=10), and suicide (2%; n=8) (Table 6b).

Among unsheltered decedents, the leading causes of death were drug-related (41%; n=71), followed by accidents (excluding drug overdose) (15%; n=25), alcohol misuse/dependence (8%; n=14), and heart disease (8%; n=13). (Table 6b).

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

Among the 172 unsheltered persons who died in FY22:

- Almost a quarter, or 41 deaths, occurred outdoors (Table 4a), including deaths from drug-related causes (34%; n=14), alcohol misuse/dependence (22%; n=9), heart disease (12%; n=5), two each from accidents (excluding drug overdose) and homicide, and one each diabetes and suicide, in addition to other causes not ranked as leading causes of death (17%; n=7).
- A total of 43 deaths (25%) occurred in other locations (not outdoors or in a hospital) (Table 4a), including deaths from drug-related causes (53%; n=23), accidents (excluding drug overdose) (12%; n=5), two (5%) each of both heart disease and alcohol misuse/dependence, one (2%) each of chronic liver disease, suicide, COVID-19 related and chronic lower respiratory disease and other causes not ranked as leading causes of death (16%; n=7).
- The remaining deaths (51%; n=88), occurred in hospitals, including 34 drug-related deaths, accidents (excluding drug overdose) (20%;n=18), heart disease (7%; n=6) and, three (3%) each from alcohol misuse/dependence, homicide, and chronic liver disease, cancer (2%; n=2), one each from COVID-19 related, viral hepatitis, peptic ulcer, and tuberculosis, and 15 (17%) from other causes not ranked as leading causes of death.

Among the 512 decedents who were living in a shelter at the time of death:

- Approximately one-third (30%; n=155) of deaths occurred in a shelter, including 99 (64%) drug-related deaths (all of which were accidental overdoses), 29 (19%) from heart disease, four (3%) COVID-19-related, three (2%) from diabetes and chronic lower respiratory disease, one each from suicide and 'pregnancy, childbirth, and the puerperium' as well as 10 (6%) from other causes not ranked as leading causes of death.
- Most deaths (50%; n=257) occurred in a hospital (more than any other setting), including 97 (38%) drug-related, 20 (8%) from heart disease, 19 (7%) from accidents (excluding drug overdose), 16 (6%) from cancer, 7 (3%) each from COVID-19, homicide, stroke, and chronic liver disease, 4 (2%) each for nephritis, chronic lower respiratory disease, and influenza/pneumonia, three (1%) each from HIV, septicemia, and pneumonitis and 45 (17%) due to other causes not ranked as leading causes of death.
- 37 (7%) deaths occurred outdoors: 17 (46%) were drug related, seven (19%) due to accidents (excluding drug overdose), three (8%) due to alcohol misuse/dependence, two (5%) each to homicide and suicide, and 5 (14%) due to other causes not ranked as leading causes of death.
- 63 (12%) deaths occurred in other places (excluding outdoor or hospital:). Of those, 45 (71%) were drug-related, six (10%) were from accidents (excluding drug overdose), four (6%) were from suicide, one (2%) from homicide, and seven (11%) were not ranked as leading causes of death.
- Of the 11 deaths due to COVID-19 related among those living in a shelter, most died in hospital (64%; n=7) and shelter (36%; n=4).

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

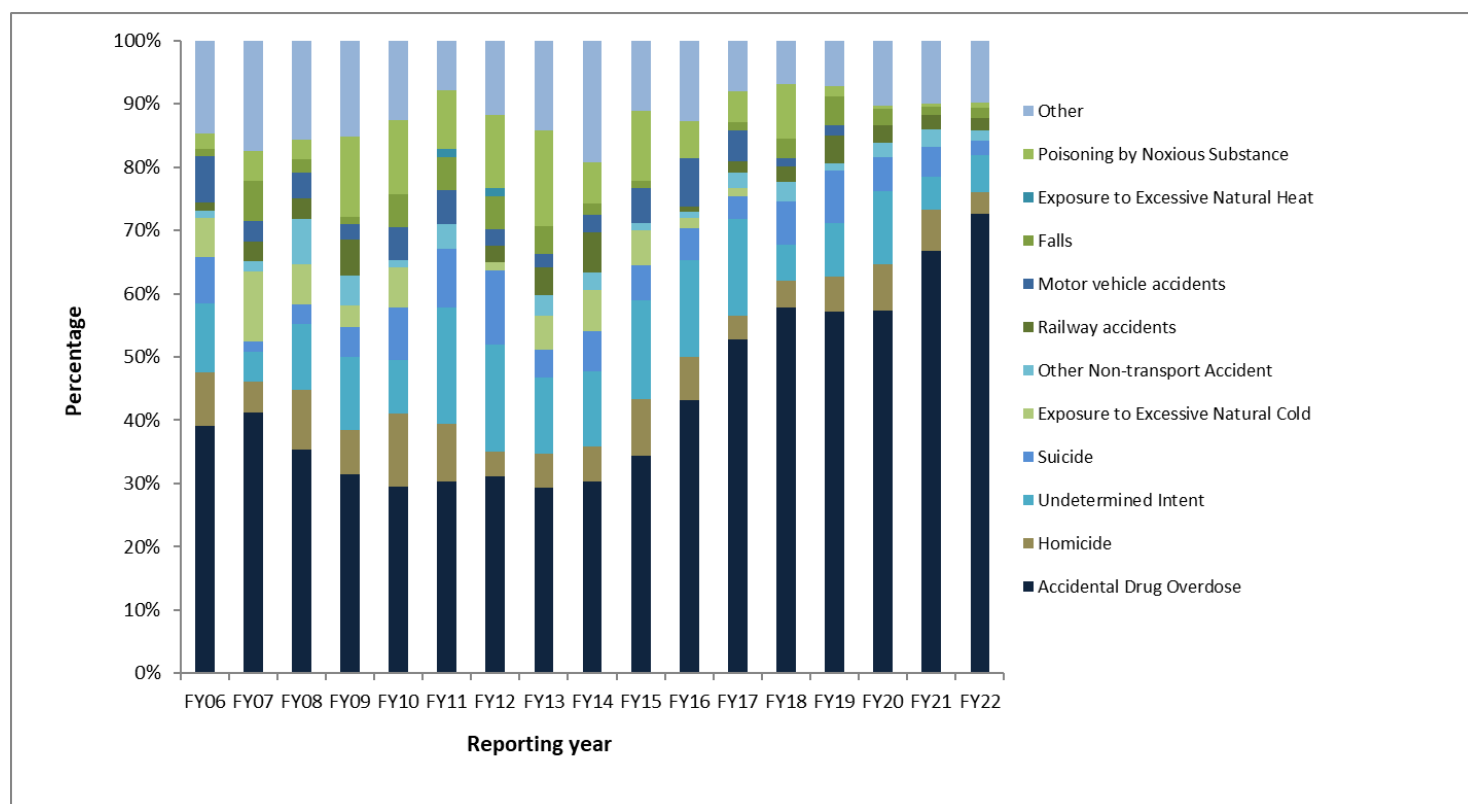
There were 5 infant deaths reported in FY22, the two less than in FY21. Leading causes of infant deaths include one with certain conditions originating in the prenatal period, two from other causes not ranked as leading causes. The cause of death is pending for the final two. Since reporting began in 2005, 136 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 and 431 in this report (Figure 7). Of the 431 deaths due to external causes, 74% (n=318) occurred among residents of shelters and 26% (n=113) among non-sheltered persons (Figure 7, Table 6d). Among deaths due to external causes, most (80%; n=253) were due to accidental drug overdose, followed by exposure to excessive natural cold (4%; n=19), homicide (4%; n=15), suicide (2%; n=10), motor vehicle accidents (2%; n=9), railway accidents (2%; n=9), other non-transportation accidents (i.e. any other accident-related deaths that does not relate to transportation and are not already included in the table) (2%; n=7), falls (2%; n=7), four (1%) due to poisoning by noxious substance, and two each due to drowning/submersion and smoke/fire/flames. (Figure 7, Table 6c, 6d). Additionally, for 6% (n=26) of the deaths, it could not be determined if the intent was homicide, suicide, or accidental. Deaths from homicides and suicides decreased between FY21 and FY22 by 32% (22 to 15) and 38% (16 to 10), respectively.

Causes of external deaths have historically varied somewhat between sheltered and non-sheltered persons. Among sheltered persons, 80% (n=253) of external deaths were due to accidental drug overdose versus 60% (n=68) among non-sheltered persons. Among non-sheltered persons, 11% (n=12) of deaths were due to exposure to excessive natural cold versus 2% (n=7) among sheltered persons. The proportions of deaths due to suicide and homicide were similar between sheltered and non-sheltered persons in FY22 (Table 6d).

**Figure 7. Most Frequent External Causes of Death among DHS and OCME Reported Decedents, July 1, 2005 – June 30, 2022**



\*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, 2021 – June 30, 2022**

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	684	575	109	512	410	102	172	165	7	
JUL21	53	44	9	45	37	8	8	7	1	10
AUG21	56	47	9	41	32	9	15	15	0	20
SEP21	63	50	13	47	36	11	16	14	2	11
OCT21	58	51	7	46	39	7	12	12	0	11
NOV21	55	49	6	36	30	6	19	19	0	10
DEC21	63	52	11	45	36	9	18	16	2	9
JAN22	93	73	20	68	48	20	25	25	0	16
FEB22	54	44	10	39	30	9	15	14	1	11
MAR22	57	45	12	41	30	11	16	15	1	8
APR22	41	36	5	35	30	5	6	6	0	3
MAY22	48	46	2	35	33	2	13	13	0	11
JUN22	43	38	5	34	29	5	9	9	0	11

\* 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. 63 of 2005 (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, 2021 – June 30, 2022**

<b>Borough</b>	<b>Community District of Shelter</b>	<b>Deaths among Sheltered Persons Experiencing Homlessness Reported by DHS and OCME</b>
Total		512
Manhattan	Total	153
	Battery Park, Tribeca (01)	6
	Greenwich Village, SOHO (02)	0
	Lower East Side (03)	19
	Chelsea, Clinton (04)	13
	Midtown Business District (05)	9
	Murray Hill (06)	28
	Upper West Side (07)	8
	Upper East Side (08)	2
	Manhattanville (09)	5
	Central Harlem (10)	30
	East Harlem (11)	25
	Washington Heights (12)	8
Bronx	Total	97
	Mott Haven (01)	21
	Hunts Point (02)	8
	Morrisania (03)	20
	Concourse, Highbridge (04)	21
	University/Morris Heights (05)	10
	East Tremont (06)	2
	Fordham (07)	9
	Riverdale (08)	0
	Unionport, Soundview (09)	4
	Throgs Neck (10)	0
	Pelham Parkway (11)	0
	Williamsbridge (12)	2
Brooklyn	Total	185
	Williamsburg, Greenpoint (01)	24
	Fort Greene, Brooklyn Heights (02)	7
	Bedford Stuyvesant (03)	13
	Bushwick (04)	7
	East New York (05)	28
	Park Slope (06)	19
	Sunset Park (07)	13
	Crown Heights North (08)	15
	Crown Heights South (09)	14
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	2
	Coney Island (13)	2
	Flatbush, Midwood (14)	1
	Sheepshead Bay (15)	0
	Brownsville (16)	25
	East Flatbush (17)	0
	Canarsie (18)	15

**Table 3 (continued): Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2021 – June 30, 2022**

<b>Borough</b>	<b>Community District of Shelter</b>	<b>Deaths among Sheltered Persons Experiencing Homlessness Reported by DHS and OCME</b>
Queens	Total	76
	Astoria, Long Island City (01)	14
	Sunnyside, Woodside (02)	4
	Jackson Heights (03)	6
	Elmhurst, Corona (04)	7
	Ridgewood, Glendale (05)	2
	Rego Park, Forest Hills (06)	0
	Flushing (07)	5
	Fresh Meadows, Briarwood (08)	0
	Woodhaven (09)	1
	Howard Beach (10)	4
	Bayside (11)	0
	Jamaica, St. Albans (12)	10
	Queens Village (13)	12
	The Rockaways (14)	11
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, 2021 – June 30, 2022**

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
							Location of Death					Location of Death				
		Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other
Total		684	155	345	78	106	512	155	257	37	63	172	0	88	41	43
Manhattan	Total	231	45	130	23	33	167	45	93	10	19	64	0	37	13	14
	Battery Park, Tribeca (01)	16	3	10	2	1	10	3	6	1	0	6	0	4	1	1
	Greenwich Village, SOHO	10	0	6	2	2	7	0	4	1	2	3	0	2	1	0
	Lower East Side (03)	8	4	1	1	2	7	4	0	1	2	1	0	1	0	0
	Chelsea, Clinton (04)	19	4	8	2	5	13	4	5	1	3	6	0	3	1	2
	Midtown Business District	16	4	0	4	8	10	4	0	3	3	6	0	0	1	5
	Murray Hill (06)	51	5	45	0	1	38	5	33	0	0	13	0	12	0	1
	Upper West Side (07)	6	4	0	0	2	5	4	0	0	1	1	0	0	0	1
	Upper East Side (08)	13	0	9	2	2	5	0	3	1	1	8	0	6	1	1
	Manhattanville (09)	7	1	6	0	0	7	1	6	0	0	0	0	0	0	0
	Central Harlem (10)	31	9	15	2	5	23	9	10	1	3	8	0	5	1	2
	East Harlem (11)	34	8	19	5	2	27	8	17	1	1	7	0	2	4	1
	Washington Heights (12)	19	3	11	2	3	15	3	9	0	3	4	0	2	2	0
	Central Park (64)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
Bronx	Total	130	25	68	6	31	103	25	54	2	22	27	0	14	4	9
	Mott Haven (01)	39	9	24	0	6	35	9	21	0	5	4	0	3	0	1
	Hunts Point (02)	8	2	2	0	4	7	2	2	0	3	1	0	0	0	1
	Morrisania (03)	9	4	0	1	4	5	4	0	0	1	4	0	0	1	3
	Concourse, Highbridge (04)	24	5	12	3	4	17	5	8	1	3	7	0	4	2	1
	University/Morris Heights	6	1	0	1	4	5	1	0	0	4	1	0	0	1	0
	East Tremont (06)	21	0	18	0	3	17	0	15	0	2	4	0	3	0	1
	Fordham (07)	10	2	5	0	3	9	2	5	0	2	1	0	0	0	1
	Riverdale (08)	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0
	Unionport, Soundview (09)	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0
	Throgs Neck (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pelham Parkway (11)	7	0	6	0	1	2	0	2	0	0	5	0	4	0	1
	Williamsbridge (12)	3	1	1	0	1	3	1	1	0	1	0	0	0	0	0
	Bronx Park (27)	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0
Brooklyn	Total	201	54	102	24	21	160	54	80	13	13	41	0	22	11	8
	Williamsburg, Greenpoint	11	7	0	2	2	11	7	0	2	2	0	0	0	0	0
	Fort Greene, Brooklyn	12	3	5	2	2	9	3	5	1	0	3	0	0	1	2
	Bedford Stuyvesant (03)	40	5	30	1	4	30	5	23	0	2	10	0	7	1	2
	Bushwick (04)	10	3	5	1	1	10	3	5	1	1	0	0	0	0	0
	East New York (05)	21	12	0	6	3	17	12	0	4	1	4	0	0	2	2
	Park Slope (06)	18	2	13	2	1	15	2	11	1	1	3	0	2	1	0
	Sunset Park (07)	10	4	4	2	0	9	4	3	2	0	1	0	1	0	0
	Crown Heights North (08)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Crown Heights South (09)	13	2	8	1	2	9	2	5	1	1	4	0	3	0	1
	Bay Ridge (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bensonhurst (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Borough Park (12)	8	3	4	0	1	7	3	3	0	1	1	0	1	0	0
	Coney Island (13)	5	1	1	3	0	2	1	0	1	0	3	0	1	2	0
	Flatbush, Midwood (14)	5	0	4	1	0	2	0	2	0	0	3	0	2	1	0
	Sheepshead Bay (15)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Brownsville (16)	7	5	0	0	2	7	5	0	0	2	0	0	0	0	0
	East Flatbush (17)	29	0	27	1	1	23	0	22	0	1	6	0	5	1	0
	Canarsie (18)	11	7	1	2	1	9	7	1	0	1	2	0	0	2	0

**Table 4a (continued): Deaths among Persons Experiencing Homelessness Reported by DHS and OCME,  
by Location of Death (Community District), July 1, 2021 – June 30, 2022**

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
							Location of Death					Location of Death				
		Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other
Queens	Total	113	31	44	24	14	78	31	30	11	6	35	0	14	13	8
	Astoria, Long Island City (01)	12	6	2	3	1	9	6	0	2	1	3	0	2	1	0
	Sunnyside, Woodside (02)	4	1	0	2	1	3	1	0	2	0	1	0	0	0	1
	Jackson Heights (03)	7	3	0	3	1	5	3	0	1	1	2	0	0	2	0
	Elmhurst, Corona (04)	15	3	10	1	1	7	3	4	0	0	8	0	6	1	1
	Ridgewood, Glendale (05)	2	0	0	2	0	1	0	0	1	0	1	0	0	1	0
	Rego Park, Forest Hills (06)	3	0	3	0	0	2	0	2	0	0	1	0	1	0	0
	Flushing (07)	13	2	5	4	2	7	2	4	0	1	6	0	1	4	1
	Fresh Meadows, Briarwood	4	0	3	1	0	2	0	2	0	0	2	0	1	1	0
	Woodhaven (09)	18	1	15	1	1	14	1	12	1	0	4	0	3	0	1
	Howard Beach (10)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	11	5	0	0	6	8	5	0	0	3	3	0	0	0	3
	Queens Village (13)	9	6	0	3	0	8	6	0	2	0	1	0	0	1	0
	The Rockaways (14)	13	4	6	2	1	11	4	6	1	0	2	0	0	1	1
	Corona Park (81)	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0
Staten Island	Total	9	0	1	1	7	4	0	0	1	3	5	0	1	0	4
	Port Richmond (01)	8	0	1	1	6	4	0	0	1	3	4	0	1	0	3
	Willowbrook, South Beach	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tottenville (03)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1

**Table 4b. Deaths among HRA Persons Experiencing Homelessness by Location of Death, July 1, 2021 – June 30, 2022\***

Borough	Deaths Reported by HRA*			
	Sheltered			
	Total	Location of Death		
		Shelter	Hospital	Other
Total	131	75	38	18
Manhattan	33	19	12	2
Bronx	36	21	11	4
Brooklyn	53	32	13	8
Queens	5	2	0	3
Staten Island	4	1	2	1

**Table 5: Deaths among Persons Experiencing Homelessness by Reporting Agency, Age, and Sex, July 1, 2021 – June 30, 2022\***

Age Category	Deaths Reported by DHS and OCME						Deaths Reported by HRA*					
	Total		Male		Female		Total		Male		Female	
	All	%	All	%	All	%	All	%	All	%	All	%
<b>All Ages</b>	684	100	543	100	141	100	131	100	109	100	22	100
<1	5	1	4	1	1	1	0	0	0	0	0	0
1-24	18	3	13	2	5	4	0	0	0	0	0	0
25-44	205	30	150	28	55	39	40	31	31	28	9	41
45-64	372	54	307	57	65	46	77	59	65	60	12	55
≥65	84	12	69	13	15	11	14	11	13	12	1	5

\*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. 63 of 2005 (codified at New York City Administrative Code Section 17-190) definitions #2

“Homeless shelter resident” and #3 “Homeless shelter”. 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, 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, 2021 – June 30, 2022**

Cause of Death				Sex			
		Total		Male		Female	
		All	%	All	%	All	%
Rank*	Total	684	100	543	100	141	100
1	Drug related	329	48	272	50	57	40
2	Heart disease	63	9	48	9	15	11
3	Accidents (excluding drug overdose)	59	9	52	10	7	5
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	22	3	21	4	1	1
5	Cancer	19	3	14	3	5	4
6	Homicide	15	2	13	2	2	1
7	COVID-19	13	1	8	1	5	4
	Lab-Confirmed	10	1	6	1	4	3
	Probable	3	0	2	0	1	1
8	Chronic liver disease	11	2	7	1	4	3
9	Suicide	10	1	8	1	2	1
10	Chronic lower respiratory diseases	8	1	4	1	4	3
11	Stroke	7	1	2	0	5	4
12	Diabetes	6	1	2	0	4	3
13	Influenza/pneumonia	4	1	4	1	0	0
13	Nephritis, Nephrotic Syndrome and Nephrosis	4	1	4	1	0	0
15	HIV	3	0	3	1	0	0
15	Septicemia	3	0	3	1	0	0
15	Pneumonitis due to solids and liquids	3	0	1	0	2	1
18	Certain conditions originated in the perinatal period	2	0	1	0	1	1
18	Pregnancy, Childbirth, and the Puerperium	2	0	0	0	2	1
20	Aortic aneurysms	1	0	0	0	1	1
20	Viral Hepatitis	1	0	1	0	0	0
20	Anemias	1	0	1	0	0	0
20	Peptic Ulcer	1	0	1	0	0	0
20	Tuberculosis	1	0	1	0	0	0
	Pending final determination**	12	2	10	2	2	1
	All other causes	84	12	62	11	22	16

\*Because of ties some ranks do not appear.

\*\*Other causes not rankable as leading causes includes cases where the cause or manner of death are still under investigation by the OCME (n=).

**Table 6b: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2021 – June 30, 2022**

Cause of Death		Total		Shelter Residency Status			
		Total		Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	684	100	512	100	172	100
1	Drug related	329	48	258	50	71	41
2	Heart disease	63	9	50	10	13	8
3	Accidents (excluding drug overdose)	59	9	34	7	25	15
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	22	3	8	2	14	8
5	Cancer	19	3	17	3	2	1
6	Homicide	15	2	10	2	5	3
7	COVID-19	13	1	11	2	2	1
	Lab-Confirmed	10	1	10	2	0	0
	Probable	3	0	1	0	2	1
8	Chronic liver disease	11	2	7	1	4	2
9	Suicide	10	1	8	2	2	1
10	Chronic lower respiratory diseases	8	1	7	1	1	1
11	Stroke	7	1	7	1	0	0
12	Diabetes	6	1	5	1	1	1
13	Influenza/pneumonia	4	1	4	1	0	0
13	Nephritis, Nephrotic Syndrome and Nephrosis	4	1	4	1	0	0
15	HIV	3	0	3	1	0	0
15	Septicemia	3	0	3	1	0	0
15	Pneumonitis due to solids and liquids	3	0	3	1	0	0
18	Certain conditions originated in the perinatal period	2	0	2	0	0	0
18	Pregnancy, Childbirth, and the Puerperium	2	0	2	0	0	0
20	Aortic aneurysms	1	0	1	0	0	0
20	Viral Hepatitis	1	0	0	0	1	1
20	Anemias	1	0	1	0	0	0
20	Peptic Ulcer	1	0	0	0	1	1
20	Tuberculosis	1	0	0	0	1	1
	Pending final determination**	12	2	8	2	4	2
	All other causes	84	12	59	12	25	15

\*Because of ties some ranks do not appear.

\*\*Other causes not rankable as leading causes includes cases where the cause or manner of death are still under investigation by the OCME (n=).

**Table 6c: External Causes of Death\*\* Among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2021 – June 30, 2022**

Rank*	External Cause of Death	Total		Sex			
				Male		Female	
		All	%	All	%	All	%
<b>Rank*</b>	<b>Total</b>	431	100	360	100	71	100
1	Accidental drug overdose	321	74	265	74	56	79
2	Undetermined intent	26	6	22	6	4	6
3	Exposure to excessive natural cold	19	4	16	4	3	4
4	Homicide	15	3	13	4	2	3
5	Suicide	10	2	8	2	2	3
6	Motor vehicle accidents	9	2	9	3	0	0
6	Railway accidents	9	2	8	2	1	1
8	Falls	7	2	7	2	0	0
8	Other non-transport accidents	7	2	5	1	2	3
10	Poisoning by noxious substance	4	1	3	1	1	1
11	Drowning and Submersion	2	0	2	1	0	0
11	Smoke, Fire, and Flames	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, 2021 – June 30, 2022**

Rank*	External Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	%	All	%	All	%
<b>Rank*</b>	<b>Total</b>	431	100	318	100	113	100
1	Accidental drug overdose	321	74	253	80	68	60
2	Undetermined intent	26	6	13	4	13	12
3	Exposure to excessive natural cold	19	4	7	2	12	11
4	Homicide	15	3	10	3	5	4
5	Suicide	10	2	8	3	2	2
6	Motor vehicle accidents	9	2	5	2	4	4
6	Railway accidents	9	2	7	2	2	2
8	Falls	7	2	5	2	2	2
8	Other non-transport accidents	7	2	5	2	2	2
10	Poisoning by noxious substance	4	1	2	1	2	2
11	Drowning and Submersion	2	0	2	1	0	0
11	Smoke, Fire, and Flames	2	0	1	0	1	1

\*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, 2018 – June 30, 2022**

Cause / Location of Death	FY19			FY20			FY21			FY22		
	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>	116	75	41	131	100	31	237	194	43	329	258	71
In shelter	32	32	0	47	47	0	100	100	0	99	99	0
In hospital	57	36	21	42	33	9	84	63	21	131	97	34
Outdoor	8	1	7	22	8	14	24	10	14	31	17	14
Other location	19	6	13	20	12	8	29	21	8	68	45	23
<i>Accidental Drug</i>	103	68	35	128	98	30	223	187	36	321	253	68
In shelter	31	31	0	47	47	0	99	99	0	99	99	0
In hospital	48	31	17	40	32	8	71	57	14	123	92	31
Outdoor	7	0	7	22	8	14	24	10	14	31	17	14
Other location	17	6	11	19	11	8	29	21	8	68	45	23
<i>Chronic Drug Use</i>	13	7	6	3	2	1	14	7	7	8	5	3
In shelter	1	1	0	0	0	0	1	1	0	0	0	0
In hospital	9	5	4	2	1	1	13	6	7	8	5	3
Outdoor	1	1	0	0	0	0	0	0	0	0	0	0
Other location	2	0	2	1	1	0	0	0	0	0	0	0
<i>Homicide Total</i>	10	5	5	16	11	5	22	18	4	15	10	5
In shelter	0	0	0	1	1	0	0	0	0	0	0	0
In hospital	8	4	4	10	9	1	18	16	2	10	7	3
Outdoor	2	1	1	4	1	3	2	1	1	4	2	2
Other location	0	0	0	1	0	1	2	1	1	1	1	0
<i>Cold-related Total</i>	4	1	3	4	0	4	16	7	9	19	7	12
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	2	1	1	3	0	3	12	5	7	13	4	9
Outdoor	1	0	1	1	0	1	4	2	2	3	3	0
Other location	1	0	1	0	0	0	0	0	0	3	0	3
<i>Heart disease Total</i>	66	42	24	103	83	20	105	77	28	63	50	13
In shelter	18	18	0	37	37	0	38	37	1	29	29	0
In hospital	35	20	15	56	44	12	46	32	14	26	20	6
Outdoor	7	1	6	7	1	6	11	3	8	6	1	5
Other location	6	3	3	3	1	2	10	5	5	2	0	2
<i>Accidents Total</i>	28	8	20	35	19	16	47	24	23	59	34	25
In shelter	1	1	0	0	0	0	3	3	0	2	2	0
In hospital	14	4	10	22	14	8	27	13	14	37	19	18
Outdoor	6	2	4	6	2	4	8	3	5	9	7	2
Other location	7	1	6	7	3	4	9	5	4	11	6	5
<i>Suicides Total</i>	15	13	2	12	8	4	16	12	4	10	8	2
In shelter	3	3	0	1	1	0	1	1	0	1	1	0
In hospital	2	2	0	3	1	2	6	4	2	1	1	0
Outdoor	6	6	0	2	2	0	6	4	2	3	2	1
Other location	4	2	2	6	4	2	3	3	0	5	4	1