

**Eighteenth Annual Report on Deaths  
Among Persons Experiencing Homelessness  
(July 1, 2022 – June 30, 2023)  
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 (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 a greater likelihood of having physical health and mental health conditions that are poorly controlled, when compared to the general public, resulting 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 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 the health issues of this population and is essential for better understanding their health challenges. Through these analyses, DSS 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.

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 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 the beginning of fiscal year 2023 (FY23), the NYC DSS, comprised of DHS and HRA, maintained 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 FY23, as Emergency Executive Order 224 outlined, the DHS Shelter System neared its highest ever recorded population and was not designed to serve the influx of asylum seekers arriving to New York City from the Southern border. New York City pursued a whole of government approach, enlisting agencies that contribute their unique expertise in delivering in this emergency, including the New York City Health and Hospitals Corporation and the NYC Department of Housing Preservation and Development (HPD), who started providing shelter to asylum seekers. Since spring 2022, over 173,900 migrants have arrived in NYC and been provided shelter by DHS, H+H and HPD.

However, 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 FY23 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 FY23 and were at H+H or HPD facilities have not been obtained from these agencies.

## Summary

During the period July 1, 2022 through June 30, 2023 (Fiscal Year 2023, FY23), there were 734 deaths among persons experiencing homelessness, as identified by DHS and OCME.<sup>1</sup> In FY23, the highest number (n=237; 32%) of deaths were reported in the second quarter (October 1-December 31, 2022). HRA separately reported 106 deaths during FY23. 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 FY23 (n=734), compared to the number of deaths reported in FY22 (n=684).

Of the 734 deaths, the majority were among males (79%; n=583), and persons aged 45 to 64 years (48%; n=355), similar to prior years. Non-sheltered individuals accounted for 44% of decedents (n=325), an increase of 89% compared to FY22 (n=172); note that this category includes individuals who were unstably housed, but not persistently experiencing street homelessness at the time of death. The remaining 409 deaths were among sheltered residents, more than half of whom died in a hospital (55%, n=226). The 409 sheltered decedents represent a decrease of 20% from FY22 (n=512).

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 (53%; n=391), up 3 percentage points from FY22 (50%, n=345); there were 82 deaths that occurred outdoors (11%), similar to 78 (11%) in FY22, and 127 (17%) deaths at other locations, similar to 106 (15%) in FY22.
- Among sheltered residents, 33% (n=134) died in shelters, up 3 percentage points from FY22 (30%, n=155); 55% died in a hospital (n=226), up 5 percentage points from FY22 (50%; n=257).

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<sup>1</sup> For the eighteenth 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, 51% (n=165) died in a hospital, similar to FY22 (51%; n=88), and 71 (22%) died outdoors, a drop of 2 percentage points from FY22 (24%; n=41).
- There were 38 (9%) deaths in other locations among sheltered residents compared to 89 (27%) among non-sheltered persons.
- Drug-related deaths remained the leading cause of death among persons experiencing homelessness, consistent with citywide and national trends, up 4 percentage points from 329 (48%) in FY22 to 380 (52%) in FY23.
- In FY23 there were 5 COVID-19 deaths, down from 13 in FY22. The definition of a COVID-19 death was changed within DOHMH during FY23 to only include those with COVID-19 as the underlying cause of death and not include deaths matched to positive COVID-19 lab results. All 5 COVID-19 deaths were among the non-sheltered.
- Deaths due to alcohol misuse/dependence remained similar in FY23 (n=19; 3%), compared to FY22 (n=22; 3%).
- Deaths due to heart disease increased by almost 50% to 94 (13%) in FY23 compared to 63 (9%) in FY22 but was similar to prior years in proportion of all deaths.
- In FY23, the top five leading causes of death were drug-related (52%; n=380), heart disease (13%; n=94), accidents (excluding drug overdose) (6%; n=42), cancer (4%; n=28), and alcohol misuse/dependence (3%; n=19).
- The majority of deaths reported in this document were investigated by OCME (87%; n=638), similar to prior years.
- There were 17 infant deaths in FY23, 11 females and 6 males, up from 5 in FY22. Six 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 106 deaths reported by HRA in FY23, 25 (19%) less than in FY22. The majority of decedents were male (74%; n=78) and between the ages of 45 to 64 years (54%; n=57). These individuals most commonly died in HIV/AIDS Services Administration (HASA) housing (42%; n=44) and hospitals (22%; n=23).

## 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 be 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:

- (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.

**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 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 FY23, 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**

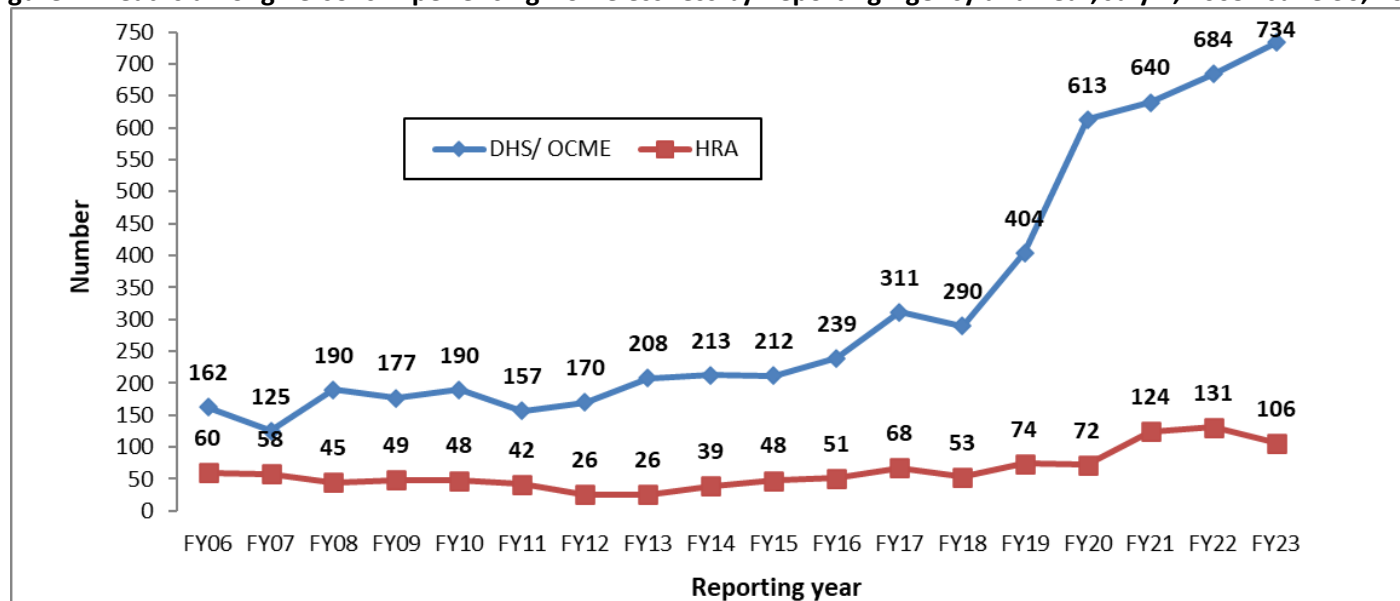
<b>Terminology for Drug-related Deaths</b>		
	<b>Drug-related</b> <i>Umbrella term to describe underlying cause of deaths due to Chronic Drug Use and Accidental Drug Overdose</i>	
	<b>Chronic Drug Use</b>	<b>Accidental Drug Overdose</b>
<b>Definition</b>	Chronic drug use, long-term impact	Accidental 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 734 deaths among persons experiencing homelessness in NYC, representing an increase of 7% in the overall number of deaths compared to FY22 (n=684).

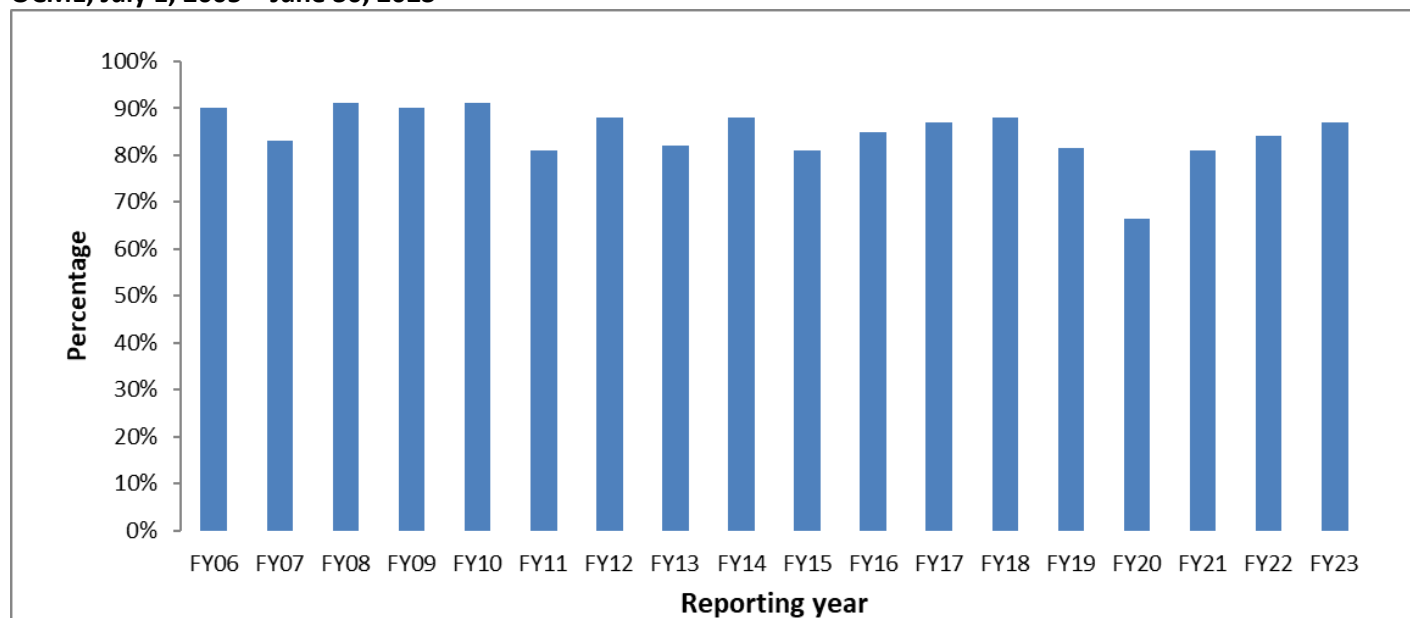
### Trend in the Number of Deaths

**Figure 1. Deaths among Persons Experiencing Homelessness by Reporting Agency and Year, July 1, 2005 - June 30, 2023**



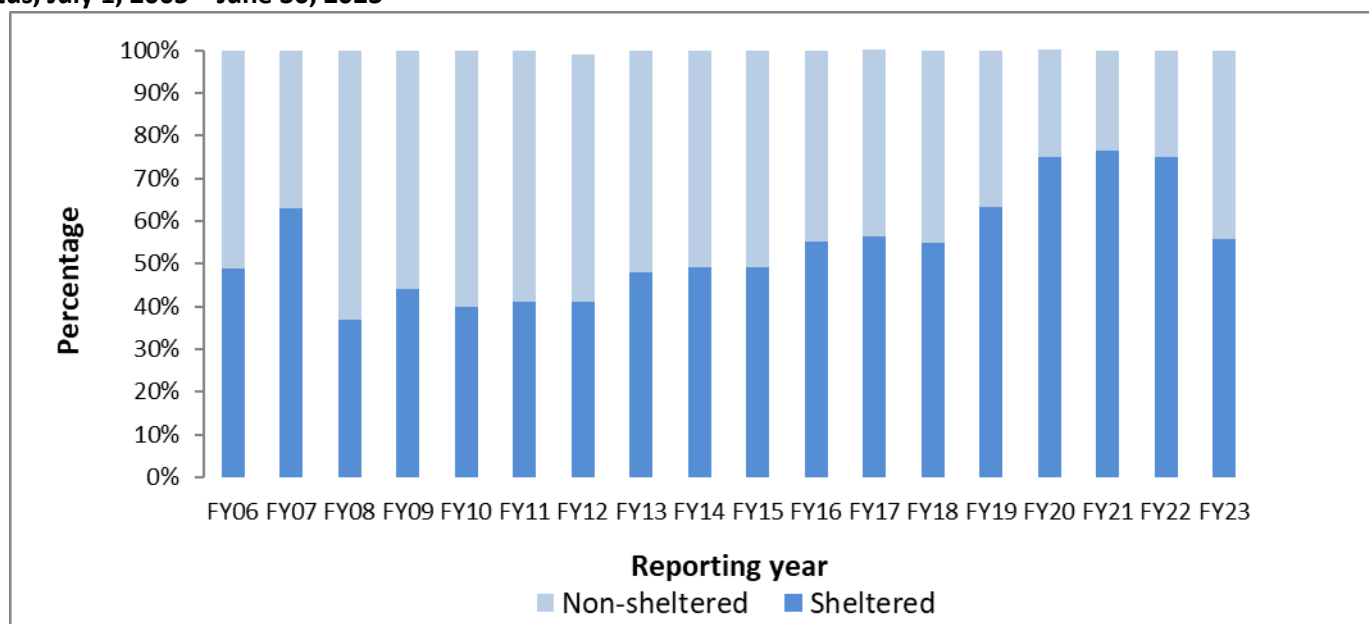
The number of deaths among DHS clients has ranged between 125 in FY07 and 734 in FY23 (Figure 1). Within FY23, the second quarter (October 1- December 31, 2022) had the highest number of deaths (n=237); see Table 2 in the Appendix.

**Figure 2. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME Investigated by OCME, July 1, 2005 – June 30, 2023**



In FY23, the OCME investigated the majority of deaths among persons experiencing homelessness (87%; n=638), in range with previous years (81% to 91%) (Figure 2). Among the 409 sheltered decedents, 79% (n=325) were investigated by OCME. Among the non-sheltered decedents, 96% (n=313) 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, 2023**



### DHS and OCME reported decedents

Of the 734 deaths in FY23, 56% (n=409) of decedents were sheltered and 44% (n=325) were non-sheltered (Figure 3, Table 2). Of the non-sheltered decedents experiencing homelessness, 159 (49%) 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 by 19 percentage points in FY23, compared to FY22 (75%, n=512). The number of deaths among unsheltered persons increased by 89% from 172 (25%) in FY22 to 325 (44%) in FY23.

### 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, 53% (n=391) of the persons experiencing homelessness died in a hospital in FY23, up three percentage points from FY22 (50%; n=345). The overall percent of outdoor deaths remained flat in FY23 (11%; n=82), compared to FY22 (11%; n=78).

### Non-sheltered decedents

Among non-sheltered decedents, hospital deaths accounted for 51% (n=165) of deaths, followed by other places (27%; n=89), and outdoors (22%; n=71) (Figure 4, Table 4a). The number of outdoor deaths among non-sheltered individuals increased in FY23 to 71 from 41 in FY22, a 73% increase (Figure 4). Of the 89 non-sheltered decedents who died in other places, the majority died in a friend or family member's apartment (n=29, compared to 7 in FY22), or a subway car/subway platform/train station (n=25, compared to 16 in FY22), followed by public space in a building (n=23, compared to 10 in FY22), hotel/motel room (n=6), abandoned building (n=5), and one in another, not elsewhere classified location.

### Sheltered decedents

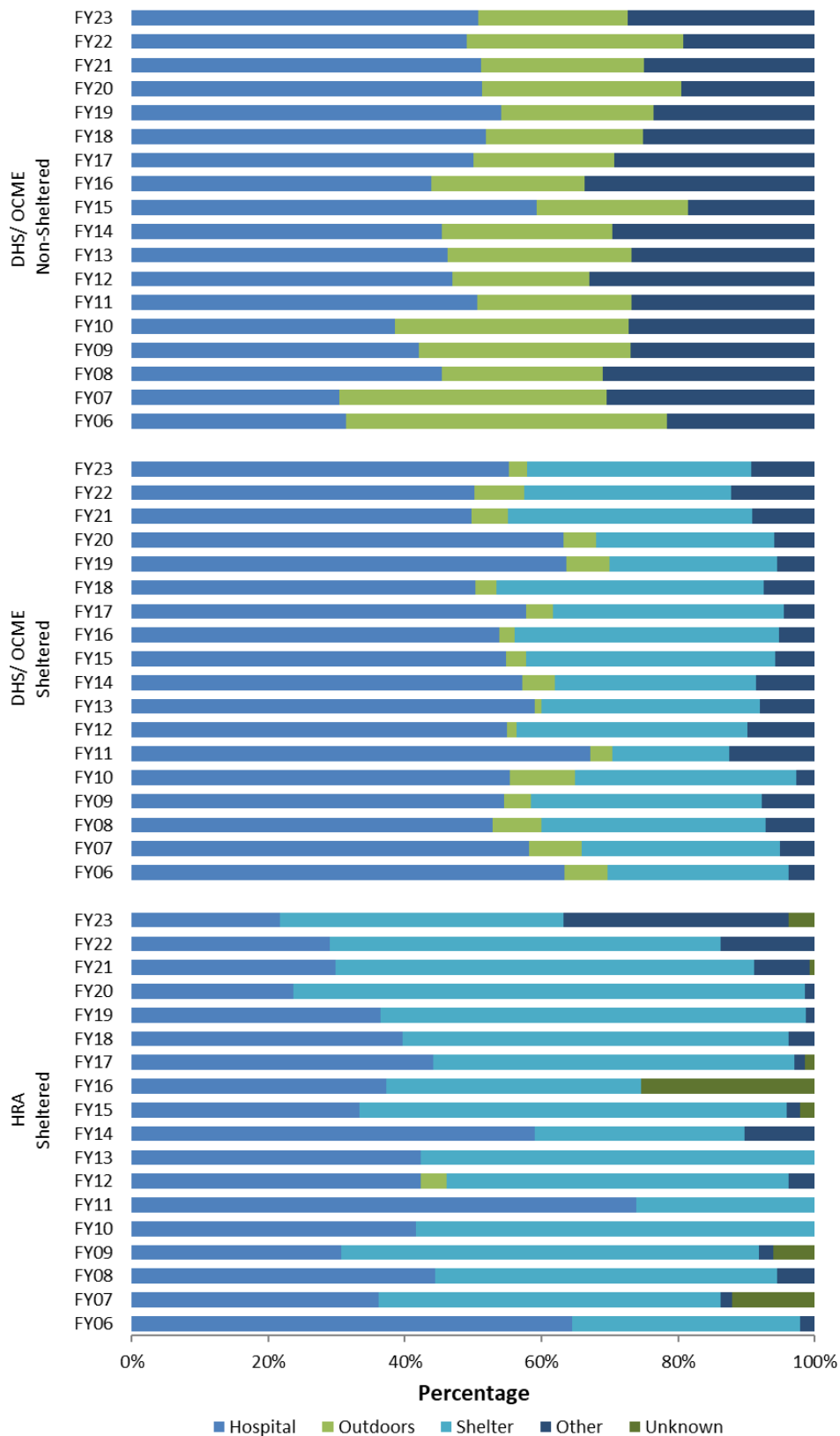
Deaths in hospitals accounted for over half (55%; n=226) of deaths among sheltered decedents, similar to FY22 (50%; n=257) (Figure 4, Table 4a). The next most frequent location of death was shelter (33%; n=134), a 3 percentage points increase from FY22 (30%; n=155), followed by other places (9%; n=38) and outdoors (3%; n=11). The majority of shelter decedents resided in shelters located in Brooklyn (32%; n=131), followed by the Bronx (27%; n=110), Manhattan (23%; n=93), Queens (18%; n=72), and 3 in Staten Island (Table 3).



### **HRA reported decedents**

The 106 HRA-reported deaths died in HASA housings (42%; n=44), hospitals (22%; n=23), and other places (37%; n=39) (Table 4b). The majority of deaths among HRA clients occurred in Brooklyn (42%; n=44), followed by the Bronx (34%, n=36), Manhattan (20%; n=21), Queens (4%, n=4), and Staten Island (1%, n=1) (Table 4b).

**Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2023**



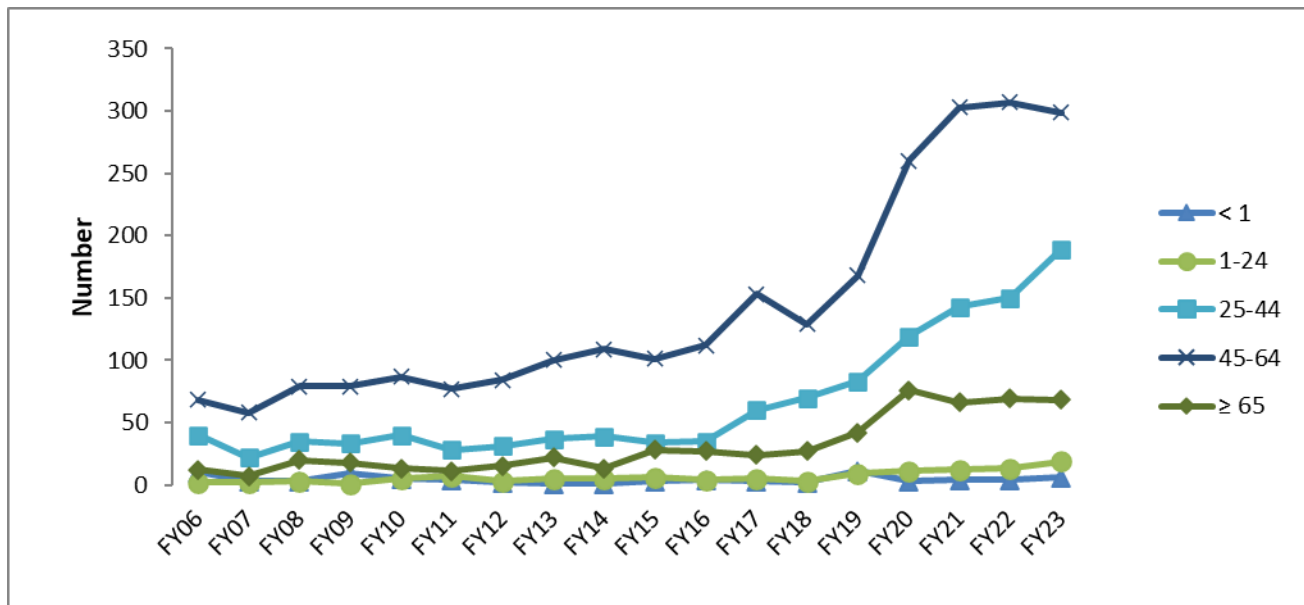
## Demographic Characteristics

### DHS and OCME reported deaths

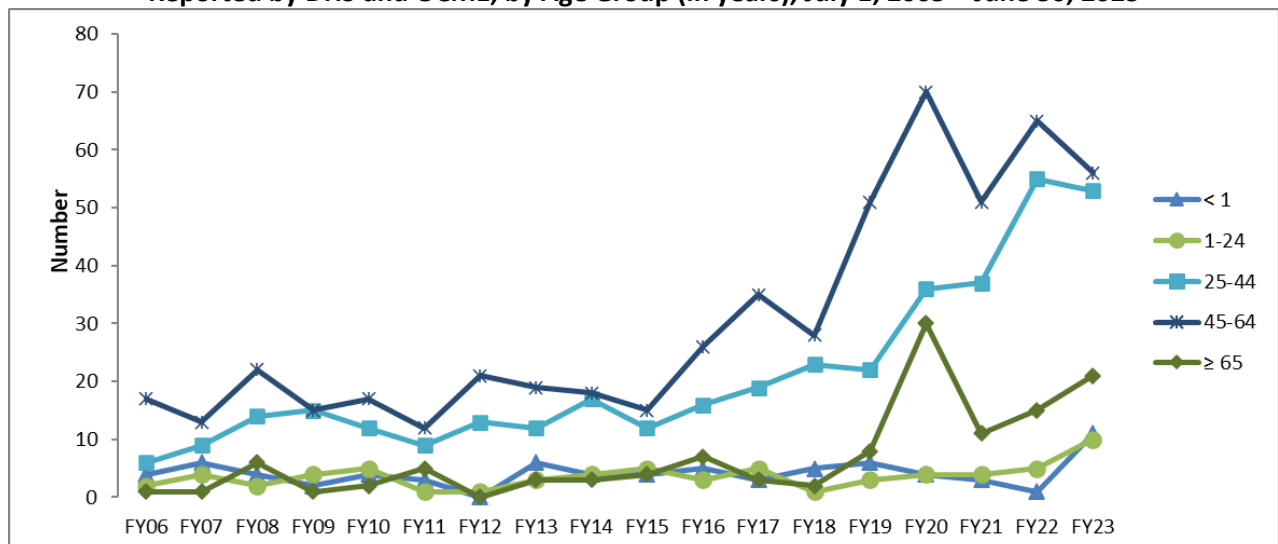
The majority (48%; n=355) of deaths occurred among persons aged 45 to 64 years (Figure 5a, 5b, Table 5). The proportion of decedents aged 65 years and older was 12% (n=89), similar to FY22 (12%; n=84). Decedents aged 1 to 24 years accounted for 4% (n=29) of deaths. There were 17 infant deaths (2%) in FY23, 12 more than in FY22.

In FY23, males accounted for 79% of all deaths (N=583), where 51% (n=299) of these deaths were in males aged 45 to 64, followed by 32% (n=189) in males aged 25 to 44. Females accounted for 21% (n=151) of all deaths, where 37% (n=56) of these deaths were in females aged 45 to 64, 35% (n=53) were in females aged 25 to 44, and 14% 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, 2023



**Figure 5b. Female Deaths among Persons Experiencing Homelessness**  
Reported by DHS and OCME, by Age Group (in years), July 1, 2005 – June 30, 2023



## HRA Reported Deaths

Among the 106 HRA reported deaths, 74% (n=78) were male and 26% (n=28) were female. The age group 45 to 64 years accounted for 54% (n=57) of decedents, followed by those aged 25 to 44 years, 31% (n=33), and 65 years and older, 14% (n=15) (Table 5).

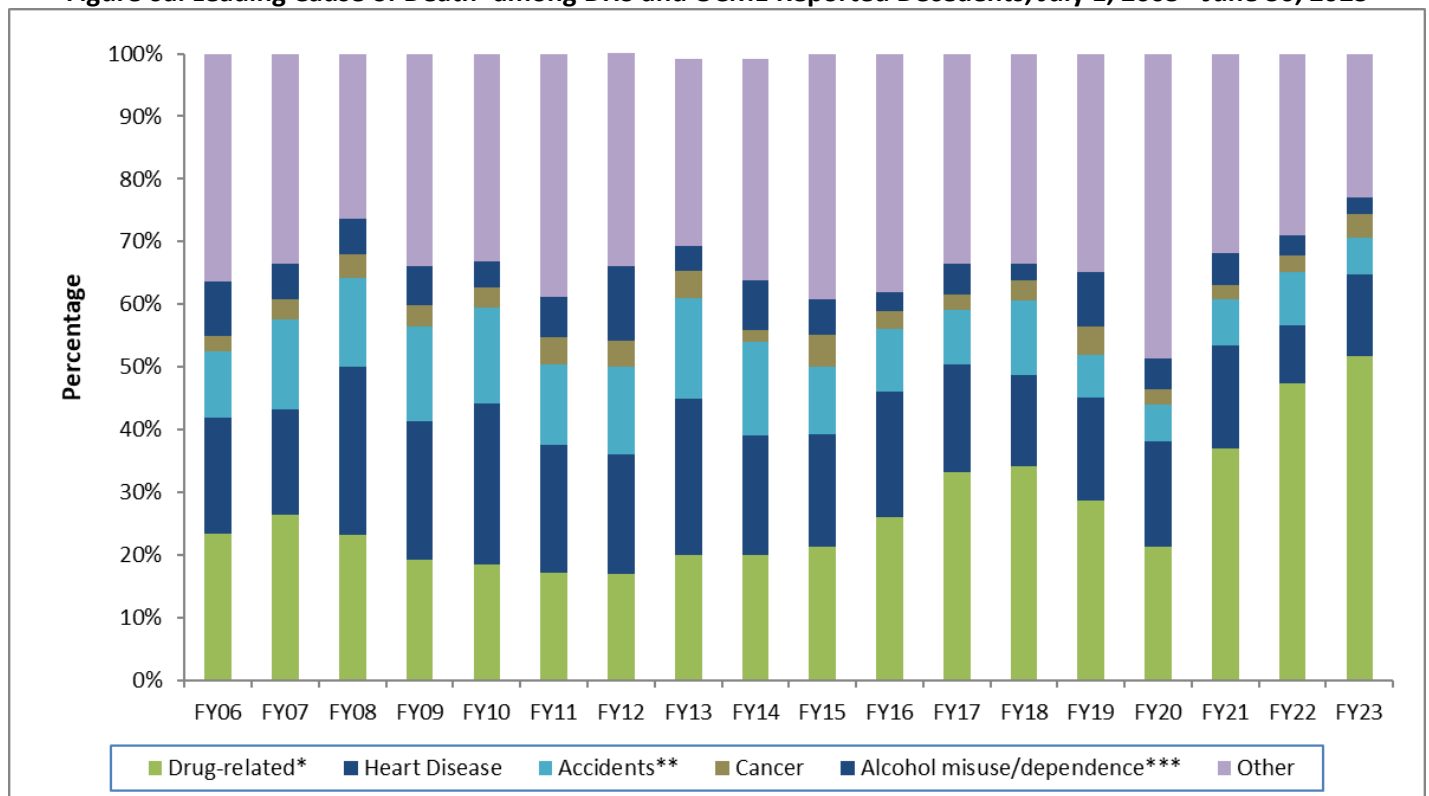
## Leading Cause of Death (DHS and OCME reported)

In FY23, the proportion of homeless deaths attributed to drug use increased to 52% (n=380) from 48% (n=329) in FY22, an increase of 4 percentage points, and it 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 48 deaths (15% increase), from 321 in FY22 to 369 in FY23 (Figure 6d, Table 7).

COVID-19 was the eleventh leading cause of death in FY23, accounting for less than 1% of deaths (n=5) (Table 6a).

Heart disease ranked as the second leading cause of death with an increase of 5 percentage points in FY23 (13%; n=94) compared to FY22 (9%; n=63). Accidents (excluding drug overdose) were third (6%; n=42), an increase compared to FY22 (9%; n=59). Cancer was the fourth leading cause of death (4%, n=28), similar in proportion to FY22 (3%, n=19). Alcohol misuse/dependence (n=19; 3%) was the fifth leading cause of death, a similar proportion to FY22 (n=22; 3%). The proportion of deaths due to homicide remained similar (3%; n=18) in FY23, compared to FY22 (2%; n=15). At the time of this report, cause of death had not yet been determined for 23 decedents in FY23. 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, 2023**



\*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

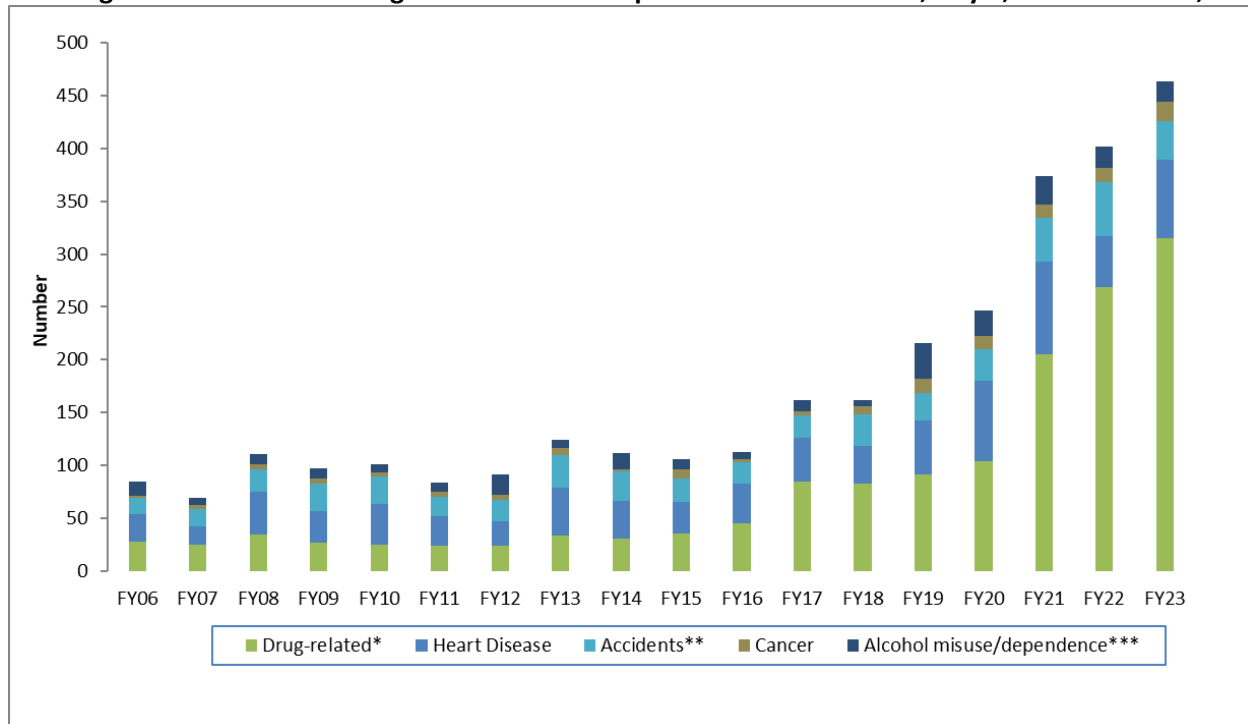
\*\*\*Mental and Behavioral Disorders due to the Use of Alcohol

<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=315; 54%) and females (n=65; 43%), drug-related deaths were the leading cause of death in FY23 (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, 2023**



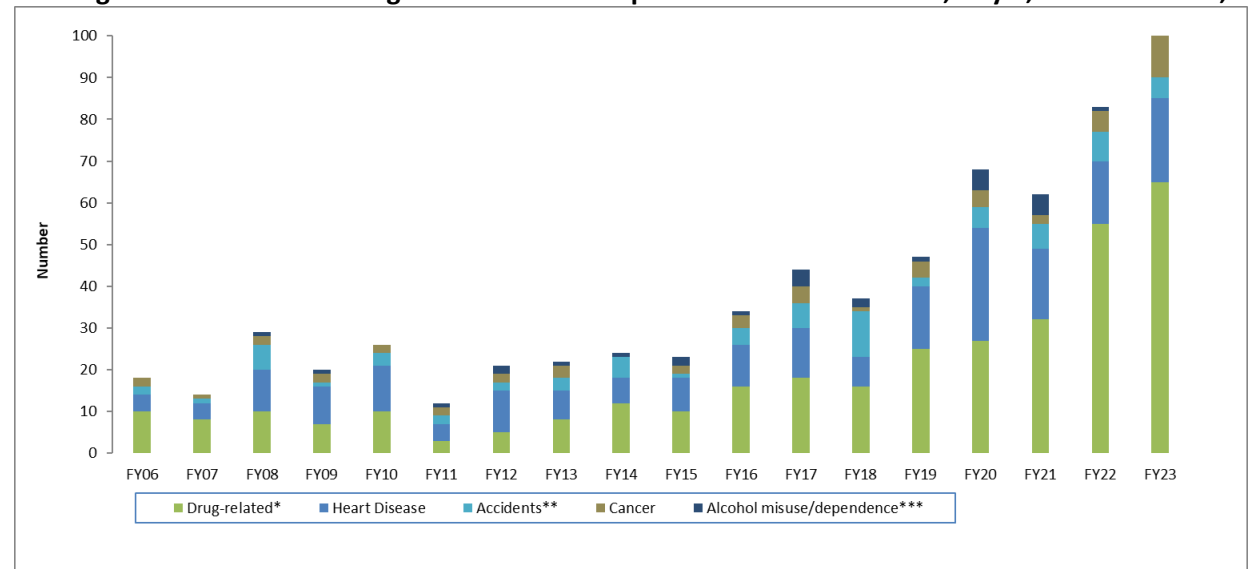
\*Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

\*\*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, 2023**



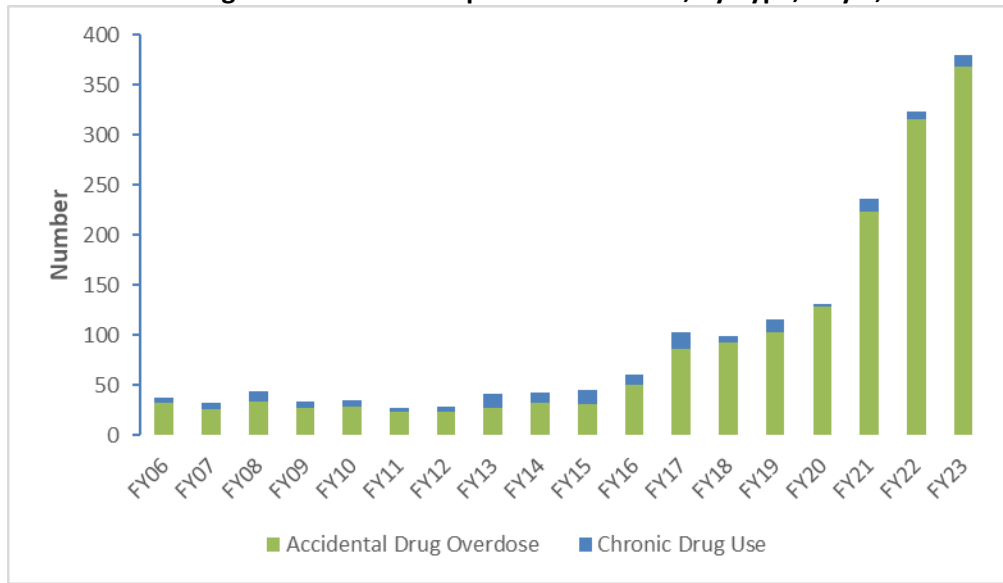
\*Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

\*\*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, 2023**



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

In FY23, the leading cause of death among sheltered decedents was drug-related (48%; n=198), followed by heart disease (15%; n=63), cancer (5%; n=22), homicide (4%; n=15), accidents (excluding drug overdose) (3%; n=11), chronic liver disease (2%; n=10), and suicide (2%; n=9) (Table 6b).

Among unsheltered decedents, the leading causes of death were drug-related (56%; n=182), followed by heart disease (10%; n=31), by accidents (excluding drug overdose) (10%; n=31), alcohol misuse/dependence (5%; n=16), cancer (2%; n=6), suicide (2%; n=5), and COVID-19 (2%; n=5) (Table 6b).

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

Among the 325 unsheltered persons who died in FY23:

- More than a fifth (22%; n=71) occurred outdoors (Table 4a), including deaths from drug-related causes (59%; n=42), alcohol misuse/dependence (10%; n=7), heart disease (7%; n=5), accidents (excluding drug overdose) (7%; n=5), cancer (3%; n=2), suicide (3%; n=2) and homicide (1%; n=1), in addition to other causes not ranked as leading causes of death (10%; n=7) (Table 4a).
- A total of 89 deaths (27%) occurred in other locations (not outdoors or in a hospital) (Table 4a), including deaths from drug-related causes (62%; n=55), accidents (excluding drug overdose) (8%; n=7), and heart disease (8%; n=7). There were two deaths each (2%) due to suicide, alcohol misuse/dependence, and aneurysms, and there was one death each (1%) due to cancer, COVID-19, and chronic lower respiratory disease, as well as other causes not ranked as leading causes of death (12%; n=11).
- The remaining deaths (51%; n=165), occurred in hospitals, including drug-related deaths (52%; n=85), accidents (excluding drug overdose) (12%; n=19), heart disease (12%; n=19), alcohol misuse/dependence (4%; n=7), COVID-19 (2%; n=4), three deaths each (2%) due to cancer and flu/pneumonia, two deaths each (1%) due to homicide and diabetes, and one death each (1%) due to suicide, HIV, chronic liver disease, septicemia, and chronic lower respiratory disease, as well as 16 (10%) from other causes not ranked as leading causes of death.

Among the 409 decedents who were living in a shelter at the time of death:

- One-third (33%; n=134) of deaths occurred in a shelter, including 82 (61%) drug-related deaths (all of which were accidental overdoses), 31 (23%) from heart disease, three (2%) from diabetes, two deaths each (1%) due to cancer, suicide, and chronic liver disease, and one death each due to alcohol misuse/dependence, 'pregnancy, childbirth, and the puerperium' causes, aneurysms, and congenital malformations and deformations. There were 8 deaths (6%) from other causes not ranked as leading causes of death.
- Most deaths (55%; n=226) occurred in a hospital (more than any other setting), including 81 (36%) drug-related, 30 (13%) from heart disease, 20 (9%) from cancer, 15 (7%) from homicide, 9 (4%) from accidents (excluding drug overdose), 8 (4%) from chronic liver disease, 6 (3%) from flu/pneumonia, 5 (2%) from certain conditions originating in the perinatal period, 4 deaths each (2%) due to suicide and septicemia, 3 deaths each (1%) due to nephritis and congenital malformations and deformations, two deaths each due to alcohol misuse/dependence and diabetes, and one death each due to stroke, viral hepatitis, hypertension, chronic lower respiratory disease, and complications of medical and surgical care. There were 29 deaths (13%) due to other causes not ranked as leading causes of death.
- 11 (3%) deaths occurred outdoors: 9 (82%) were drug related, one was suicide, and one was pending cause of death.
- 38 (9%) deaths occurred in other places (excluding shelter, outdoors, or hospital). Of those, 26 (68%) were drug-related, and two deaths each (5%) were due to heart disease, suicide, and accidents (excluding drug overdose). There was one death each (3%) due to flu/pneumonia, hypertension, and chronic lower respiratory disease, and three deaths (8%) did not have causes ranked as leading causes of death.

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

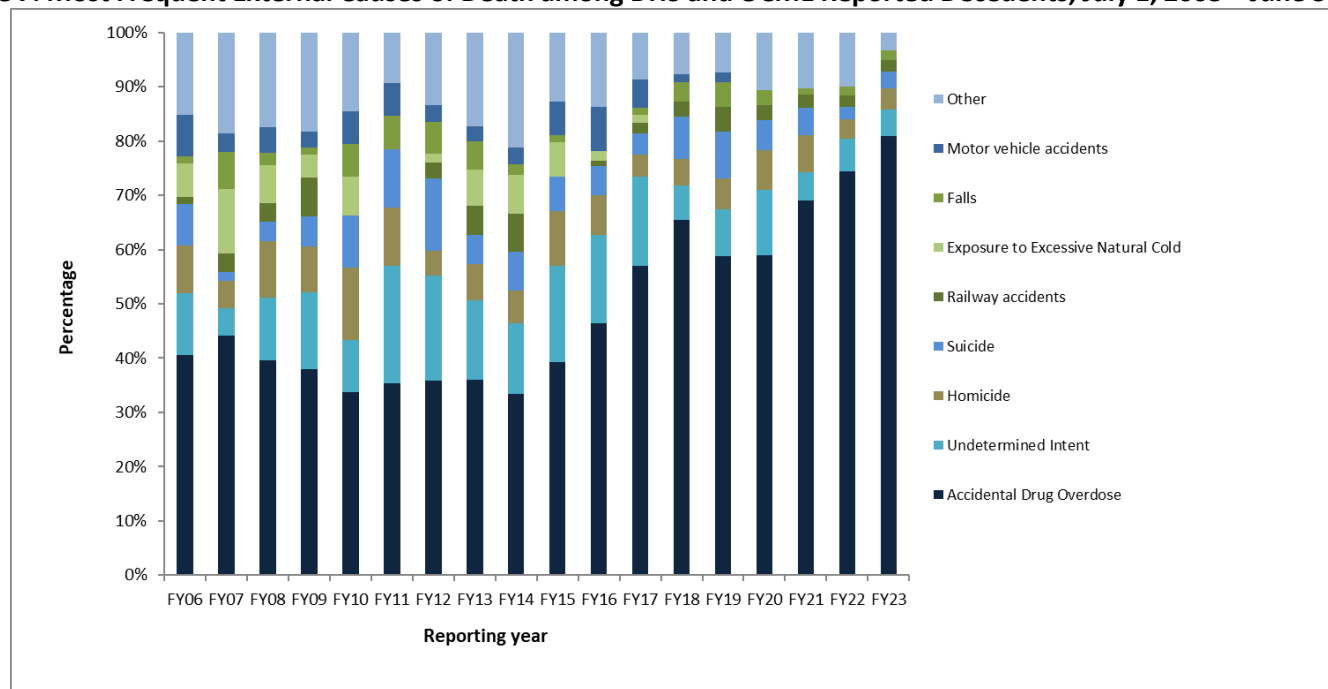
There were 17 infant deaths reported in FY23, 12 more than in FY22. Six were male and 11 were female. Four died within the first month after birth, and 13 died in the post-neonatal period. Causes of infant deaths include 6 with sudden infant death syndrome, two with adenovirus infection, and one death each due to certain conditions originating in the prenatal period; homicide; complications of medical and surgical care; hypoxic ischemic encephalopathy; undetermined intent; newborn complications of placenta, cord, and membranes; cardiovascular disorders originating in the perinatal period; congenital malformations and deformations; and 'short gestation and low birthweight', as well as one pending cause of death. Since reporting began in 2005, 153 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 466 in this report (Figure 7). Of the 466 deaths due to external causes, 50% (n=232) occurred among residents of shelters and 50% (n=234) among non-sheltered persons (Figure 7, Table 6d). Among deaths due to external causes, most (79%; n=369) were due to accidental drug overdose, followed by homicide (4%; n=18), suicide (3%; n=14), exposure to excessive natural cold and railway accidents (each 2%; n=10), falls (2%; n=8), motor vehicle accidents (2%; n=7). There were three deaths each due to poisoning by noxious substance and other non-transport accidents, and one death each due to complications of medical and surgical care and smoke, fire, and flames. (Figure 7, Tables 6c, 6d). Additionally, for 5% (n=22) 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, 82% (n=191) of external deaths were due to accidental drug overdose versus 76% (n=178) among non-sheltered persons. Among non-sheltered persons, 4% (n=9) of deaths were due to exposure to excessive natural cold versus less than 1% (n=1) among sheltered persons. There were 15 (6%) homicide deaths among sheltered persons versus 3 (1%) among the non-sheltered. There were 9 (4%) suicide deaths among the sheltered population versus 5 (2%) among the non-sheltered (Table 6d).

**Figure 7. Most Frequent External Causes of Death among DHS and OCME Reported Decedents, July 1, 2005 – June 30, 2023**



\*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**

<i>Outdoor Deaths</i>	<i>Other Deaths</i>
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, 2022 – June 30, 2023**

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	734	638	96	409	325	84	325	313	12	106
JUL22	41	34	7	30	24	6	11	10	1	9
AUG22	50	43	7	32	25	7	18	18	0	6
SEP22	61	56	5	31	28	3	30	28	2	17
OCT22	69	63	6	39	33	6	30	30	0	11
NOV22	70	59	11	39	31	8	31	28	3	7
DEC22	98	88	10	42	34	8	56	54	2	13
JAN23	71	59	12	32	23	9	39	36	3	7
FEB23	55	49	6	31	25	6	24	24	0	9
MAR23	53	47	6	30	25	5	23	22	1	1
APR23	57	46	11	35	24	11	22	22	0	6
MAY23	55	47	8	34	26	8	21	21	0	11
JUN23	54	47	7	34	27	7	20	20	0	9

\* 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. 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, 2022 – June 30, 2023**

<b>Borough</b>	<b>Community District of Shelter</b>	<b>Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME</b>
Total		409
Manhattan	Total	93
	Battery Park, Tribeca (01)	0
	Greenwich Village, SOHO (02)	1
	Lower East Side (03)	14
	Chelsea, Clinton (04)	16
	Midtown Business District (05)	7
	Murray Hill (06)	23
	Upper West Side (07)	3
	Upper East Side (08)	1
	Manhattanville (09)	2
	Central Harlem (10)	3
	East Harlem (11)	17
	Washington Heights (12)	6
Bronx	Total	110
	Mott Haven (01)	16
	Hunts Point (02)	9
	Morrisania (03)	23
	Concourse, Highbridge (04)	17
	University/Morris Heights (05)	17
	East Tremont (06)	6
	Fordham (07)	6
	Riverdale (08)	0
	Unionport, Soundview (09)	4
	Throgs Neck (10)	3
	Pelham Parkway (11)	0
	Williamsbridge (12)	9
Brooklyn	Total	131
	Williamsburg, Greenpoint (01)	18
	Fort Greene, Brooklyn Heights (02)	5
	Bedford Stuyvesant (03)	8
	Bushwick (04)	3
	East New York (05)	14
	Park Slope (06)	9
	Sunset Park (07)	13
	Crown Heights North (08)	3
	Crown Heights South (09)	10
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	5
	Coney Island (13)	1
	Flatbush, Midwood (14)	2
	Sheepshead Bay (15)	0
	Brownsville (16)	30
	East Flatbush (17)	3
	Canarsie (18)	7

**Table 3 (continued): Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2022 – June 30, 2023**

<b>Borough</b>	<b>Community District of Shelter</b>	<b>Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME</b>
Queens	Total	72
	Astoria, Long Island City (01)	11
	Sunnyside, Woodside (02)	10
	Jackson Heights (03)	3
	Elmhurst, Corona (04)	4
	Ridgewood, Glendale (05)	4
	Rego Park, Forest Hills (06)	0
	Flushing (07)	1
	Fresh Meadows, Briarwood (08)	3
	Woodhaven (09)	1
	Howard Beach (10)	4
	Bayside (11)	0
	Jamaica, St. Albans (12)	13
	Queens Village (13)	13
	The Rockaways (14)	5
Staten Island	Total	3
	Port Richmond (01)	3
	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, 2022 – June 30, 2023**

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	Total	734	134	391	82	127	409	134	226	11	38	325	0	165	71	89
Manhattan	Total	264	32	161	25	46	134	32	88	1	13	130	0	73	24	33
	Battery Park, Tribeca (01)	15	0	11	1	3	3	0	3	0	0	12	0	8	1	3
	Greenwich Village, SOHO	23	0	18	1	4	4	0	3	0	1	19	0	15	1	3
	Lower East Side (03)	9	2	0	2	5	3	2	0	0	1	6	0	0	2	4
	Chelsea, Clinton (04)	25	7	11	4	3	13	7	6	0	0	12	0	5	4	3
	Midtown Business District	11	3	0	0	8	7	3	0	0	4	4	0	0	0	4
	Murray Hill (06)	66	10	54	2	0	38	10	28	0	0	28	0	26	2	0
	Upper West Side (07)	4	1	0	1	2	2	1	0	0	1	2	0	0	1	1
	Upper East Side (08)	8	0	8	0	0	6	0	6	0	0	2	0	2	0	0
	Manhattanville (09)	18	0	15	0	3	9	0	8	0	1	9	0	7	0	2
	Central Harlem (10)	26	3	13	3	7	16	3	9	0	4	10	0	4	3	3
	East Harlem (11)	35	5	17	6	7	20	5	14	1	0	15	0	3	5	7
	Washington Heights (12)	23	1	14	4	4	13	1	11	0	1	10	0	3	4	3
	Unknown Community District	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
Bronx	Total	159	27	79	15	38	96	27	57	3	9	63	0	22	12	29
	Mott Haven (01)	43	4	25	2	12	27	4	19	0	4	16	0	6	2	8
	Hunts Point (02)	7	5	0	2	0	5	5	0	0	0	2	0	0	2	0
	Morrisania (03)	8	7	0	1	0	8	7	0	1	0	0	0	0	0	0
	Concourse, Highbridge (04)	19	4	11	2	2	14	4	9	0	1	5	0	2	2	1
	University/Morris Heights	8	2	0	2	4	4	2	0	1	1	4	0	0	1	3
	East Tremont (06)	24	2	14	2	6	12	2	9	0	1	12	0	5	2	5
	Fordham (07)	13	2	7	1	3	10	2	6	0	2	3	0	1	1	1
	Riverdale (08)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Unionport, Soundview (09)	5	0	0	2	3	0	0	0	0	0	5	0	0	2	3
	Throgs Neck (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pelham Parkway (11)	15	0	13	0	2	9	0	9	0	0	6	0	4	0	2
	Williamsbridge (12)	16	1	9	1	5	7	1	5	1	0	9	0	4	0	5
	Total	192	45	98	22	27	115	45	55	5	10	77	0	43	17	17
Brooklyn	Williamsburg, Greenpoint	10	6	0	1	3	6	6	0	0	0	4	0	0	1	3
	Fort Greene, Brooklyn	10	2	6	1	1	4	2	2	0	0	6	0	4	1	1
	Bedford Stuyvesant (03)	26	4	20	0	2	17	4	12	0	1	9	0	8	0	1
	Bushwick (04)	8	0	7	0	1	1	0	1	0	0	7	0	6	0	1
	East New York (05)	12	5	0	5	2	7	5	0	2	0	5	0	0	3	2
	Park Slope (06)	13	2	10	0	1	9	2	6	0	1	4	0	4	0	0
	Sunset Park (07)	22	5	12	5	0	14	5	7	2	0	8	0	5	3	0
	Crown Heights North (08)	4	1	0	1	2	3	1	0	0	2	1	0	0	1	0
	Crown Heights South (09)	11	4	7	0	0	9	4	5	0	0	2	0	2	0	0
	Bay Ridge (10)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Bensonhurst (11)	2	0	0	1	1	1	0	0	0	1	1	0	0	1	0
	Borough Park (12)	3	1	0	1	1	3	1	0	1	1	0	0	0	0	0
	Coney Island (13)	11	0	4	5	2	2	0	1	0	1	9	0	3	5	1
	Flatbush, Midwood (14)	7	1	3	1	2	1	1	0	0	0	6	0	3	1	2
	Sheepshead Bay (15)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Brownsville (16)	18	12	0	1	5	14	12	0	0	2	4	0	0	1	3
	East Flatbush (17)	30	1	27	0	2	21	1	19	0	1	9	0	8	0	1
	Canarsie (18)	4	1	2	0	1	3	1	2	0	0	1	0	0	0	1

**Table 4a (continued): Deaths among Persons Experiencing Homelessness Reported by DHS and OCME,  
by Location of Death (Community District), July 1, 2022 – June 30, 2023**

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	107	30	47	17	13	61	30	25	2	4	46	0	22	15	9
	Astoria, Long Island City (01)	8	3	3	1	1	6	3	2	0	1	2	0	1	1	0
	Sunnyside, Woodside (02)	7	6	0	1	0	6	6	0	0	0	1	0	0	1	0
	Jackson Heights (03)	3	1	0	1	1	2	1	0	1	0	1	0	0	0	1
	Elmhurst, Corona (04)	16	1	10	4	1	8	1	7	0	0	8	0	3	4	1
	Ridgewood, Glendale (05)	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0
	Rego Park, Forest Hills (06)	4	0	2	1	1	2	0	2	0	0	2	0	0	1	1
	Flushing (07)	6	0	3	2	1	1	0	1	0	0	5	0	2	2	1
	Fresh Meadows, Briarwood	10	1	7	0	2	5	1	4	0	0	5	0	3	0	2
	Woodhaven (09)	15	0	13	2	0	5	0	5	0	0	10	0	8	2	0
	Howard Beach (10)	3	2	0	0	1	2	2	0	0	0	1	0	0	0	1
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	12	6	3	1	2	9	6	1	1	1	3	0	2	0	1
	Queens Village (13)	12	9	0	1	2	11	9	0	0	2	1	0	0	1	0
	The Rockaways (14)	9	0	6	2	1	3	0	3	0	0	6	0	3	2	1
	Corona Park (81)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
Staten Island	Total	12	0	6	3	3	3	0	1	0	2	9	0	5	3	1
	Port Richmond (01)	8	0	4	2	2	3	0	1	0	2	5	0	3	2	0
	Willowbrook, South Beach	2	0	2	0	0	0	0	0	0	0	2	0	2	0	0
	Tottenville (03)	2	0	0	1	1	0	0	0	0	0	2	0	0	1	1

**Table 4b. Deaths among HRA Persons Experiencing Homelessness by Location of Death, July 1, 2022 – June 30, 2023\***

Borough	Deaths Reported by HRA*			
	Sheltered			
	Total	Location of Death		
		Shelter	Hospital	Other
Total	106	44	23	39
Manhattan	21	8	8	5
Bronx	36	19	7	10
Brooklyn	44	14	7	23
Queens	4	3	0	1
Staten Island	1	0	1	0

**Table 5: Deaths among Persons Experiencing Homelessness by Reporting Agency, Age, and Sex, July 1, 2022 – June 30, 2023\***

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>	734	100	583	100	151	100	106	100	78	100	28	100
<1	17	2	6	1	11	7	0	0	0	0	0	0
1-24	29	4	19	3	10	7	1	1	0	0	1	4
25-44	242	33	189	32	53	35	33	31	27	35	6	21
45-64	355	48	299	51	56	37	57	54	43	55	14	50
≥65	89	12	68	12	21	14	15	14	8	10	7	25
Unknown	2	0	2	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. 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, 2022 – June 30, 2023**

Cause of Death				Sex			
		Total		Male		Female	
		All	%	All	%	All	%
Rank*	Total	734	100	583	100	151	100
1	Drug related	380	52	315	54	65	43
2	Heart disease	94	13	74	13	20	13
3	Accidents (excluding drug overdose)	42	6	37	6	5	3
4	Cancer	28	4	18	3	10	7
5	Mental disorders due to alcohol use (alcohol misuse/dependence)	19	3	19	3	0	0
6	Homicide	18	2	16	3	2	1
7	Suicide	14	2	10	2	4	3
8	Chronic liver disease	11	1	7	1	4	3
9	Influenza/pneumonia	10	1	7	1	3	2
10	Diabetes	7	1	3	1	4	3
11	Certain conditions originated in the perinatal period	5	1	1	0	4	3
11	Septicemia	5	1	2	0	3	2
11	COVID-19	5	1	5	1	0	0
13	Congenital Malformations	4	1	2	0	2	1
13	Chronic lower respiratory diseases	4	1	3	1	1	1
15	Nephritis, Nephrotic Syndrome and Nephrosis	3	0	3	1	0	0
15	Aortic aneurysms	3	0	2	0	1	1
17	Hypertension	2	0	1	0	1	1
18	Pregnancy, Childbirth, and the Puerperium	1	0	0	0	1	1
18	Complications of Medical and Surgical Care	1	0	0	0	1	1
18	Stroke	1	0	1	0	0	0
18	Viral Hepatitis	1	0	0	0	1	1
18	HIV	1	0	1	0	0	0
	Pending final determination**	23	3	17	3	6	4
	All other causes	52	7	39	7	13	9

\*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, 2022 – June 30, 2023**

Cause of Death				Shelter Residency Status			
		Total		Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	734	100	409	100	325	100
1	Drug related	380	52	198	48	182	56
2	Heart disease	94	13	63	15	31	10
3	Accidents (excluding drug overdose)	42	6	11	3	31	10
4	Cancer	28	4	22	5	6	2
5	Mental disorders due to alcohol use (alcohol misuse/dependence)	19	3	3	1	16	5
6	Homicide	18	2	15	4	3	1
7	Suicide	14	2	9	2	5	2
8	Chronic liver disease	11	1	10	2	1	0
9	Influenza/pneumonia	10	1	7	2	3	1
10	Diabetes	7	1	5	1	2	1
11	Certain conditions originated in the perinatal period	5	1	5	1	0	0
11	Septicemia	5	1	4	1	1	0
11	COVID-19	5	1	0	0	5	2
13	Congenital Malformations	4	1	4	1	0	0
13	Chronic lower respiratory diseases	4	1	2	0	2	1
15	Nephritis, Nephrotic Syndrome and Nephrosis	3	0	3	1	0	0
15	Aortic aneurysms	3	0	1	0	2	1
17	Hypertension	2	0	2	0	0	0
18	Pregnancy, Childbirth, and the Puerperium	1	0	1	0	0	0
18	Complications of Medical and Surgical Care	1	0	1	0	0	0
18	Stroke	1	0	1	0	0	0
18	Viral Hepatitis	1	0	1	0	0	0
18	HIV	1	0	0	0	1	0
	Pending final determination**	23	3	13	3	10	3
	All other causes	52	7	28	7	24	7

\*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, 2022 – June 30, 2023**

Rank*	External Cause of Death	Total		Sex			
				Male		Female	
		All	%	All	%	All	%
<b>Rank*</b>	<b>Total</b>	466	100	387	100	79	100
1	Accidental drug overdose	369	79	306	79	63	80
2	Undetermined intent	22	5	18	5	4	5
3	Homicide	18	4	16	4	2	3
4	Suicide	14	3	10	3	4	5
5	Railway accidents	10	2	10	3	0	0
5	Exposure to excessive natural cold	10	2	8	2	2	3
7	Falls	8	2	8	2	0	0
8	Motor vehicle accidents	7	2	6	2	1	1
9	Other non-transport accidents	3	1	2	1	1	1
9	Poisoning by noxious substance	3	1	3	1	0	0
11	Complications of Medical and Surgical Care	1	0	0	0	1	1
11	Smoke, Fire, and Flames	1	0	0	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 6d: External Causes of Death\*\* among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2022 – June 30, 2023**

Rank*	External Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	%	All	%	All	%
<b>Rank*</b>	<b>Total</b>	466	100	232	100	234	100
1	Accidental drug overdose	369	79	191	82	178	76
2	Undetermined intent	22	5	5	2	17	7
3	Homicide	18	4	15	6	3	1
4	Suicide	14	3	9	4	5	2
5	Railway accidents	10	2	2	1	8	3
5	Exposure to excessive natural cold	10	2	1	0	9	4
7	Falls	8	2	4	2	4	2
8	Motor vehicle accidents	7	2	1	0	6	3
9	Other non-transport accidents	3	1	1	0	2	1
9	Poisoning by noxious substance	3	1	1	0	2	1
11	Complications of Medical and Surgical	1	0	1	0	0	0
11	Smoke, Fire, and Flames	1	0	1	0	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 7: Select Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status and Location of Death, July 1, 2019 – June 30, 2023**

Cause / Location of Death	FY20			FY21			FY22			FY23		
	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>	131	100	31	237	194	43	329	258	71	380	198	182
In shelter	47	47	0	100	100	0	99	99	0	82	82	0
In hospital	42	33	9	84	63	21	131	97	34	166	81	85
Outdoor	22	8	14	24	10	14	31	17	14	51	9	42
Other location	20	12	8	29	21	8	68	45	23	81	26	55
<i>Accidental Drug</i>	128	98	30	223	187	36	321	253	68	369	191	178
In shelter	47	47	0	99	99	0	99	99	0	82	82	0
In hospital	40	32	8	71	57	14	123	92	31	155	74	81
Outdoor	22	8	14	24	10	14	31	17	14	51	9	42
Other location	19	11	8	29	21	8	68	45	23	81	26	55
<i>Chronic Drug Use</i>	3	2	1	14	7	7	8	5	3	11	7	4
In shelter	0	0	0	1	1	0	0	0	0	0	0	0
In hospital	2	1	1	13	6	7	8	5	3	11	7	4
Outdoor	0	0	0	0	0	0	0	0	0	0	0	0
Other location	1	1	0	0	0	0	0	0	0	0	0	0
<i>Homicide Total</i>	16	11	5	22	18	4	15	10	5	18	15	3
In shelter	1	1	0	0	0	0	0	0	0	0	0	0
In hospital	10	9	1	18	16	2	10	7	3	17	15	2
Outdoor	4	1	3	2	1	1	4	2	2	1	0	1
Other location	1	0	1	2	1	1	1	1	0	0	0	0
<i>Cold-related Total</i>	4	0	4	16	7	9	19	7	12	10	1	9
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	3	0	3	12	5	7	13	4	9	9	1	8
Outdoor	1	0	1	4	2	2	3	3	0	1	0	1
Other location	0	0	0	0	0	0	3	0	3	0	0	0
<i>Heart disease Total</i>	103	83	20	105	77	28	63	50	13	94	63	31
In shelter	37	37	0	38	37	1	29	29	0	31	31	0
In hospital	56	44	12	46	32	14	26	20	6	49	30	19
Outdoor	7	1	6	11	3	8	6	1	5	5	0	5
Other location	3	1	2	10	5	5	2	0	2	9	2	7
<i>Accidents Total</i>	35	19	16	47	24	23	59	34	25	42	11	31
In shelter	0	0	0	3	3	0	2	2	0	0	0	0
In hospital	22	14	8	27	13	14	37	19	18	28	9	19
Outdoor	6	2	4	8	3	5	9	7	2	5	0	5
Other location	7	3	4	9	5	4	11	6	5	9	2	7
<i>Suicides Total</i>	12	8	4	16	12	4	10	8	2	14	9	5
In shelter	1	1	0	1	1	0	1	1	0	2	2	0
In hospital	3	1	2	6	4	2	1	1	0	5	4	1
Outdoor	2	2	0	6	4	2	3	2	1	3	1	2
Other location	6	4	2	3	3	0	5	4	1	4	2	2