

**Fourteenth Annual Report on Deaths
among Persons Experiencing Homelessness
(July 1, 2018 – June 30, 2019)
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 homeless New Yorkers.

Executive Summary

The City of New York, through the New York City (NYC) Department of Homeless Services (DHS) works to prevent homelessness, provide temporary emergency shelter, and help individuals and families transition into permanent housing. DSS programs, including HRA prevention programs and DHS transitional housing, provide targeted assistance to help vulnerable New Yorkers experiencing homelessness navigate the myriad challenges they face, which include a greater likelihood of medical and behavioral health conditions. The transient and stressful nature of homelessness often compounds health issues, which may result in poor health outcomes.

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 City. This annual report provides detailed analyses of patterns and trends regarding deaths among homeless New Yorkers. Such information can provide critical insight into serious health problems and is essential for 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 plan services and interventions, including, for example, the creation, implementation, and subsequent expansion of a comprehensive Opioid Overdose Prevention Program and naloxone administration trainings over the past several years.

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 homeless 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 Department of Social Services (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 herein have been compiled from these agencies and vetted by DSS-DHS-HRA, OCME, and DOHMH, including being matched against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics. The 2019 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 death data reported to DOHMH.

**Please note that, historically, since its inception, this report has contained data provided by the OCME, DHS, HRA, DOHMH, as well as the Department of Housing Preservation and Development (HPD). The current report adds data for July 1, 2018 – June 30, 2019 to data reported since 2005. Until 2005, the Department of Housing Preservation and Development (HPD) housed a limited number of persons experiencing homelessness and provided data to this report. However, this HPD-administered program no longer exists, so related HPD data are no longer included in the report.*

Summary

For the period July 1, 2018 through June 30, 2019 (Fiscal Year 2019, FY19), there were 404 deaths among persons experiencing homelessness identified by DHS and OCME.¹ In FY19, the highest number (n=106; 26%) of deaths were reported in both the second (October 1-December 31, 2018) and fourth (April 1-June 30, 2019) quarters. HRA separately reported 74 deaths during FY19. 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 39% in FY19 (n=404), compared to the number of deaths reported in FY18 (n=290).

Of the 404 deaths, most were among males (77%; n=313), and persons aged 45 to 64 years (54%; n=219), as in prior years. Non-sheltered individuals accounted for more than a third of decedents (37%; n=148); the remaining 256 deaths were among sheltered residents (although only a portion (25%; n=63) of those residents died *in shelter* versus other locations, as detailed below).

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 (60%; n=243), which was 9% higher than in FY18 (51%) by proportion. There were 49 deaths that occurred outdoors (12%) and 49 deaths at other locations (12%). The percent of outdoor deaths remained the same (12%) as FY18.
- Among sheltered residents, while the number of individuals who died in shelter remained similar, the proportion who died in a shelter decreased in FY19 (25%; n=63) compared to FY18 (39%; n=62). Among sheltered residents, 163 (64%) died in a hospital, two times higher than FY18 (50%; 80), and

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

16 (6%) died outdoors. Among non-sheltered decedents, 80 (54%) died in a hospital, compared to 68 in FY18 (52%) and 33 (22%) died outdoors, compared to 30 in FY18 (23%). There were 14 (5%) deaths in other locations among sheltered residents compared to 35 (24%) 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, the proportion of deaths related to drug use decreased by 5% in FY19 (29%; n=116), compared to FY18 (34%; n= 99).
- For all deaths among persons experiencing homelessness, the top five leading causes of death were drug-related (29%; n=116, heart disease (16%; n=66), alcohol misuse/dependence (9%; n=35), accidents (excluding drug overdose) (7%; n=28) and cancer (4%; n=18).
- The majority of deaths reported in this document were investigated by OCME (81%; n=329).

Deaths among persons experiencing homelessness reported by HRA. There were 74 deaths reported by HRA in FY19; 21 more than in FY18, representing a 40% increase. The majority of decedents were male (73%; n=54) and between the ages of 45 to 64 years (69%; n=51). These individuals most commonly died in HIV/AIDS Services Administration (HASA) housing (62%; n=46) and hospitals (36%; n=27).

Methods

Definition 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.”

Not all 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 Homeless Services;
- (ii) an emergency residence operated by or on behalf of the Department of Social Services/Human Resources Administration which is available primarily for persons experiencing homelessness with HIV or AIDS related illness; or
- (iii) a residence operated by or on behalf of the Department of Housing Preservation and Development to the extent that such residence houses clients of the Department of Homeless Services; provided, however that such term shall not include any residence that is available primarily for battered women. Note that since 2005, HPD has not housed persons experiencing homelessness at HPD facilities.

Individuals defined by LL7 as experiencing homelessness can also include the following experiences of housing instability, through which individuals may not have fixed permanent addresses: "doubled up" (sharing the housing of others), in a hotel/motel, or in other temporary housing, a subset of which includes NYC Department of Social Services shelters.

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"> - A person who was a DHS shelter/Safe Haven 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. <p><u>Exclusion Criteria</u></p> <ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - A person who was not a DHS shelter/Safe Haven resident at the time of death, but who also lacked a fixed permanent address. - A deceased person experiencing homelessness who was known to outreach team/ drop-in-center/ respite centers. - OCME may categorize a person as experiencing street 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 are met.

Data Collection and Analysis

For FY19, 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. 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 the agencies and matched against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics.

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. unstably/temporarily housed and therefore 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 persons experiencing homelessness 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

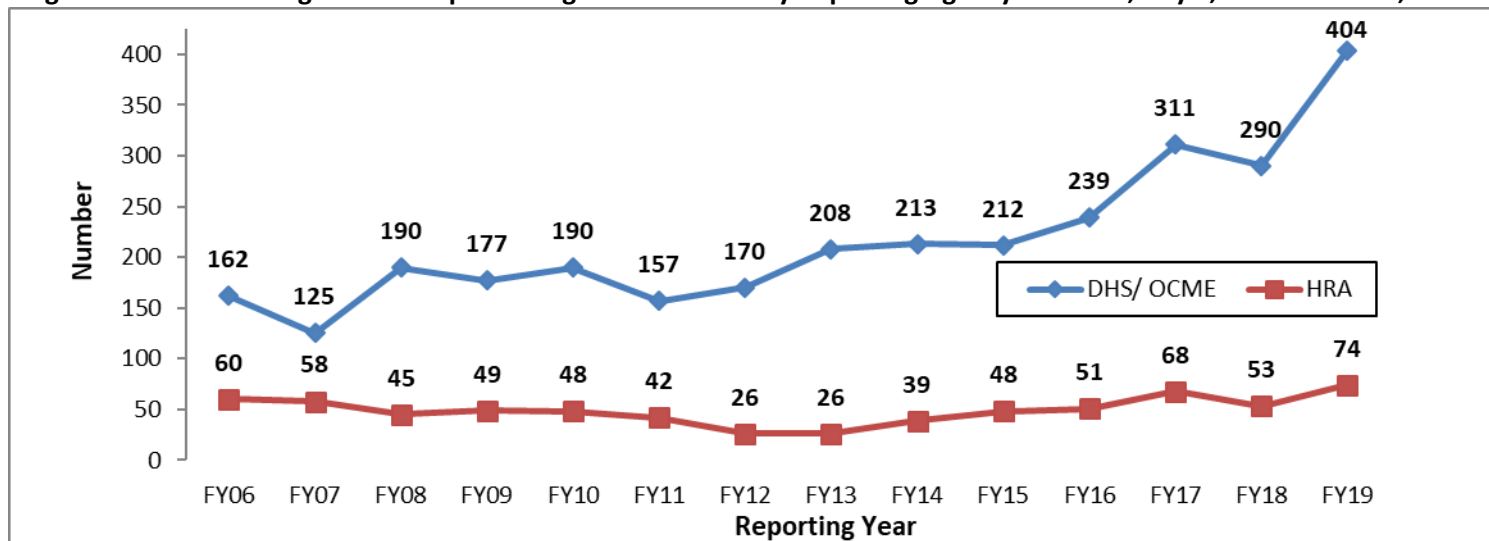
Terminology for Drug-related Deaths		
	Drug-related	
	<i>Umbrella term to describe underlying cause of deaths due to Chronic Drug Use and Accidental Drug Overdose</i>	
	Chronic Drug Use	Accidental Drug Overdose
Definition	Chronic drug use	Accidental drug overdose
ICD 10 terminology	Mental and behavioral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

Results

Overall, DHS and OCME reported 404 deaths among persons experiencing homelessness in NYC, representing an increase of 39% in the overall number of deaths compared to FY18. The largest year-over-year change on record was the 52% increase reported in FY08 (n=190) from FY07 (n=125).

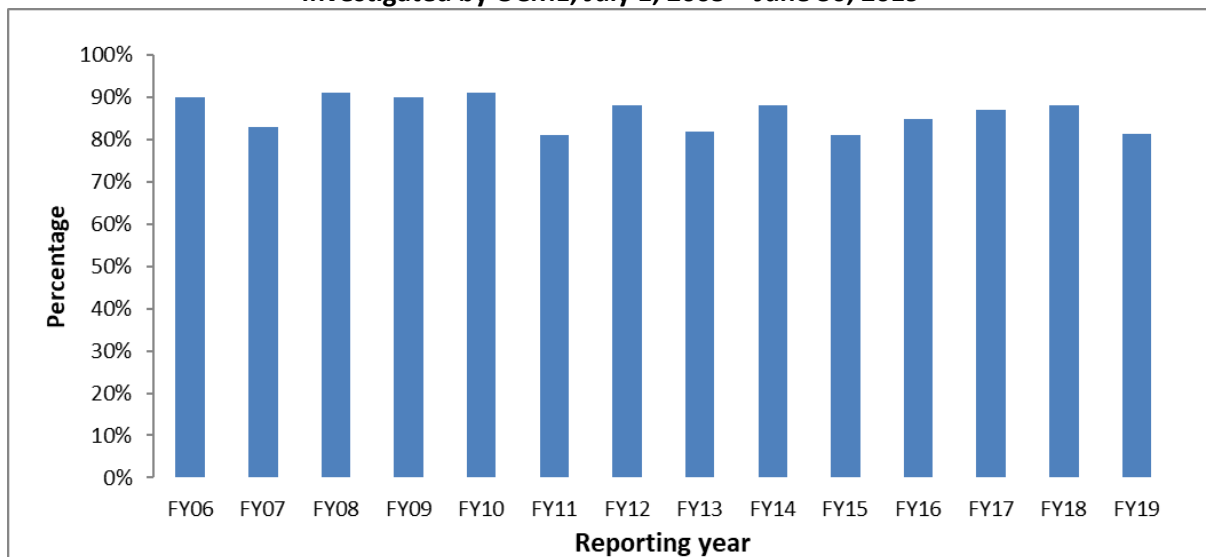
Trend in the Number of Deaths

Figure 1. Deaths among Persons Experiencing Homelessness by Reporting Agency and Year, July 1, 2005 - June 30, 2019



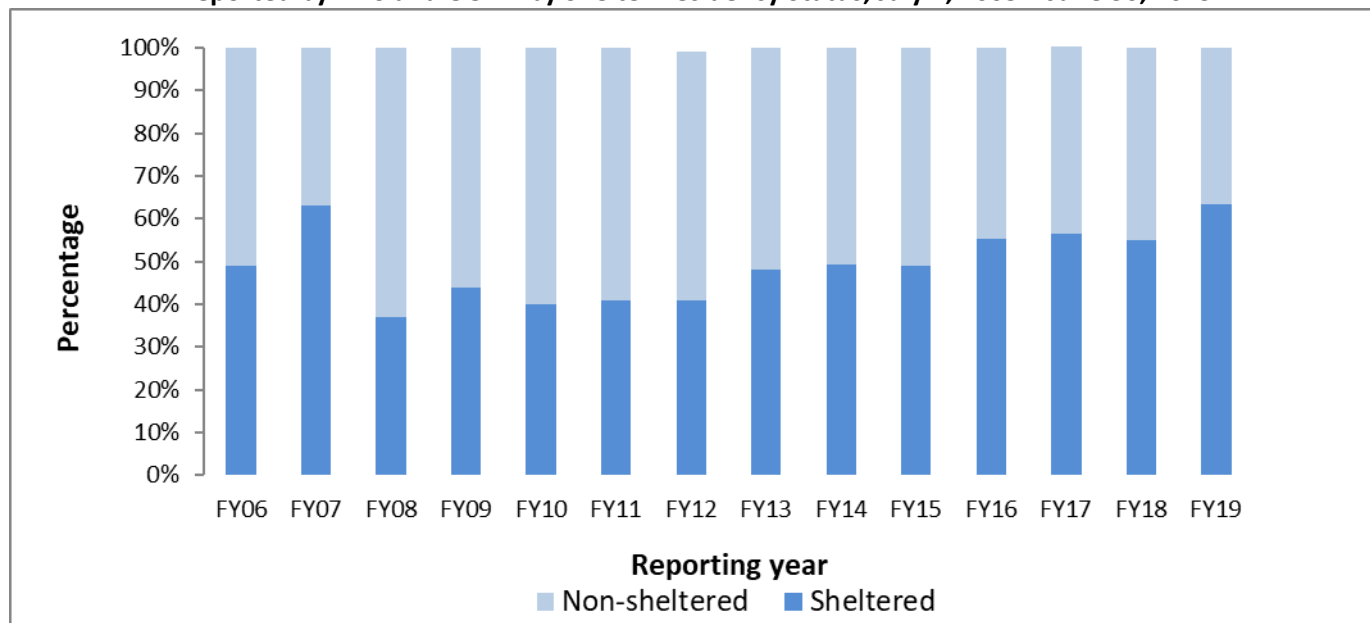
The number of deaths among non-HRA persons experiencing homelessness has ranged between 125 in FY07 and 404 in FY19 (Figure 1). The second (October 1-December 31, 2018) and fourth quarter (April 1-June 30, 2019) of FY 19 had the highest number of deaths (n=106); see Table 2 in the Appendix.

Figure 2. Percent of Deaths among Persons Experiencing Homelessness Investigated by OCME, July 1, 2005 – June 30, 2019



In FY19, OCME investigated most homeless deaths (81%; n=329), consistent with previous years (81% to 91%) (Figure 2). Among the 256 sheltered decedents, 74% (n=190) were investigated by OCME. Among the non-sheltered decedents, 94% (n=139) 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, 2019



DHS and OCME reported decedents

Of the 404 deaths in FY19, 63% (n=256) of decedents were sheltered and 37% (n=148) were non-sheltered (Figure 3, Table 2). Of the non-sheltered decedents experiencing homelessness, only 44 (30%) 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 increased 8% in FY19, compared to FY18 (55%, n=159).

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 4a. Categories of outdoor and other place deaths 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, 60% (n=243) of the persons experiencing homelessness died in a hospital in FY19, an increase of 12% by proportion, compared to FY18 (48%; n=148). The overall percent of outdoor deaths remained the same in FY19 (12%; n=49), compared to FY18 (12%; n=35).

Non-sheltered decedents

Among non-sheltered decedents, hospital deaths accounted for 54% (n=80) of deaths, followed by other places (24%; n=35), and outdoors (22%; n=33) (Figure 4, Table 4a). The proportion of outdoor deaths among non-sheltered individuals has decreased slightly in FY19 (22%; n=33) from FY18 (23%; n=30) (Figure 4). Of the 35 non-sheltered decedents who died in other places, the majority died in a subway car/subway platform/train station (n=14) followed by at a friend or family member’s apartment (n=10), abandoned building (n=4), public space in a building (n=3), motel/hotel room (n=1) and other, not elsewhere classified (n=3).

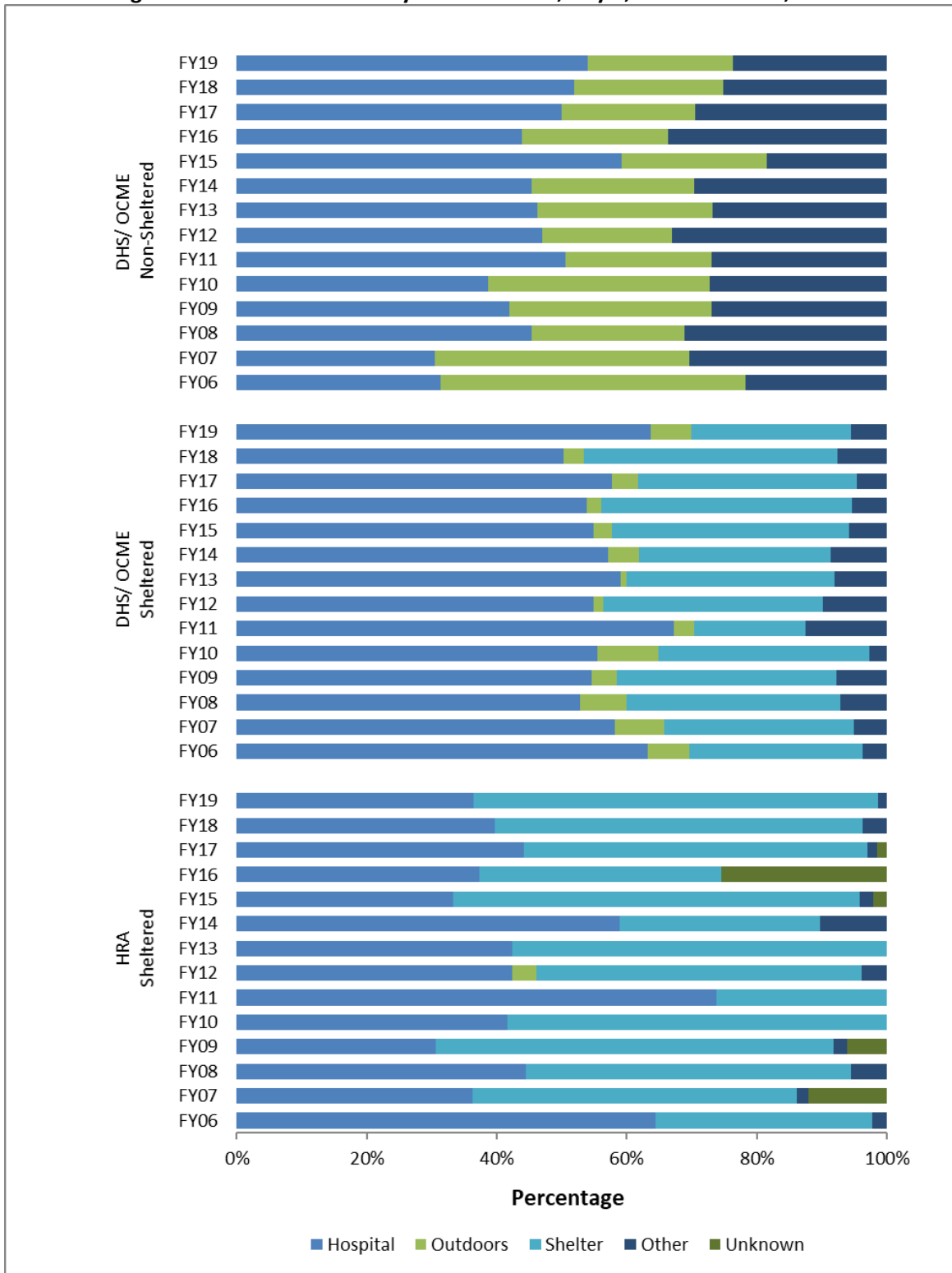
Sheltered decedents

Deaths in hospitals accounted for the majority - or nearly two thirds (64%; n=163) - of deaths among sheltered decedents (Figure 4, Table 4a), which is two times the number in FY18 (50%; n=80). The next most frequent location of death was a shelter (25%; n=63), a similar number as FY18 (n=62), followed by outdoors (6%; n=16) and other places (5%; n=14). The majority of shelter decedents resided in shelters located in Brooklyn (35%; n=90), followed by Manhattan (30%; n=76), Bronx (23%; n=58), Queens (12%; n=31), and one in Staten Island (Table 3).

HRA reported decedents

The 74 HRA reported deaths died in HASA housings (62%; n=46), hospitals (36%; n=27), and other places (1%; n=1) (Table 4b). The majority of deaths among HRA clients occurred in the Bronx (47%; n=35), followed by Manhattan (24%; n=18), Brooklyn (22%, n=16,) Queens (4%, n=3), and Staten Island (3%, n=2) (Table 4b).

Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2019



Demographic Characteristics

DHS and OCME reported deaths

The majority (54%; n=219) 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=50), which is a 72% increase in deaths among this age group compared to FY18 (10%; n=29). Decedents aged 1 to 24 years accounted for 3% (n=12) of deaths. There were 17 infant deaths (4%) in FY19, 10 more deaths than in FY18 (2%; n=7).

Male decedents accounted for the majority of deaths (77%; n=313). In particular, males aged 45 to 64 years accounted for 46% of decedents (n=186) (Table 5), an increase of 44% from FY18 (44%; n=129). The count of male decedents aged 25 to 44 years increased by 18% in FY19 (21%; n=83) from FY18 (24%; n=70). Female decedents aged 45 to 64 years increased by 82% in FY19 (13%; n=51) from FY18 (10%; n=28). Female decedents aged 25 to 44 years decreased by 4% in FY19 (5%; n=22) from FY18 (8%; n=23).

Figure 5a. Male Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Age Group (in years), July 1, 2005 - June 30, 2019

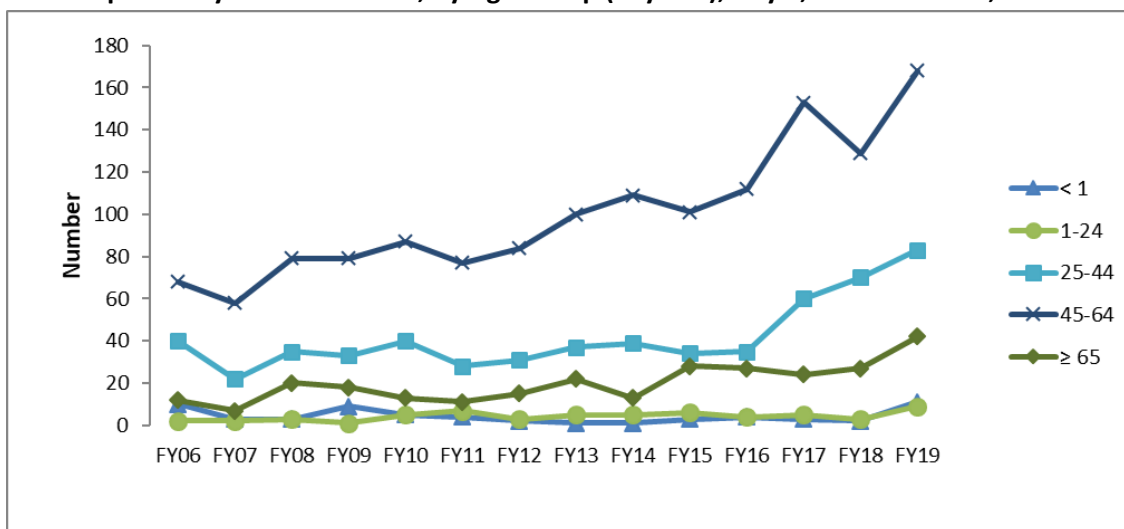
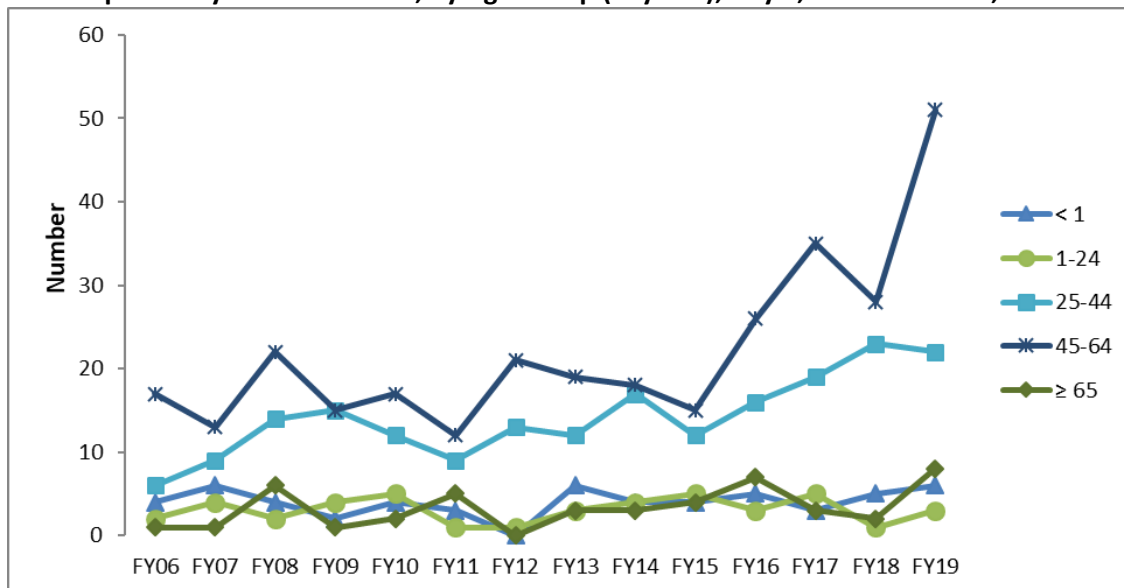


Figure 5b. Female Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Age Group (in years), July 1, 2005 – June 30, 2019



HRA Reported Deaths

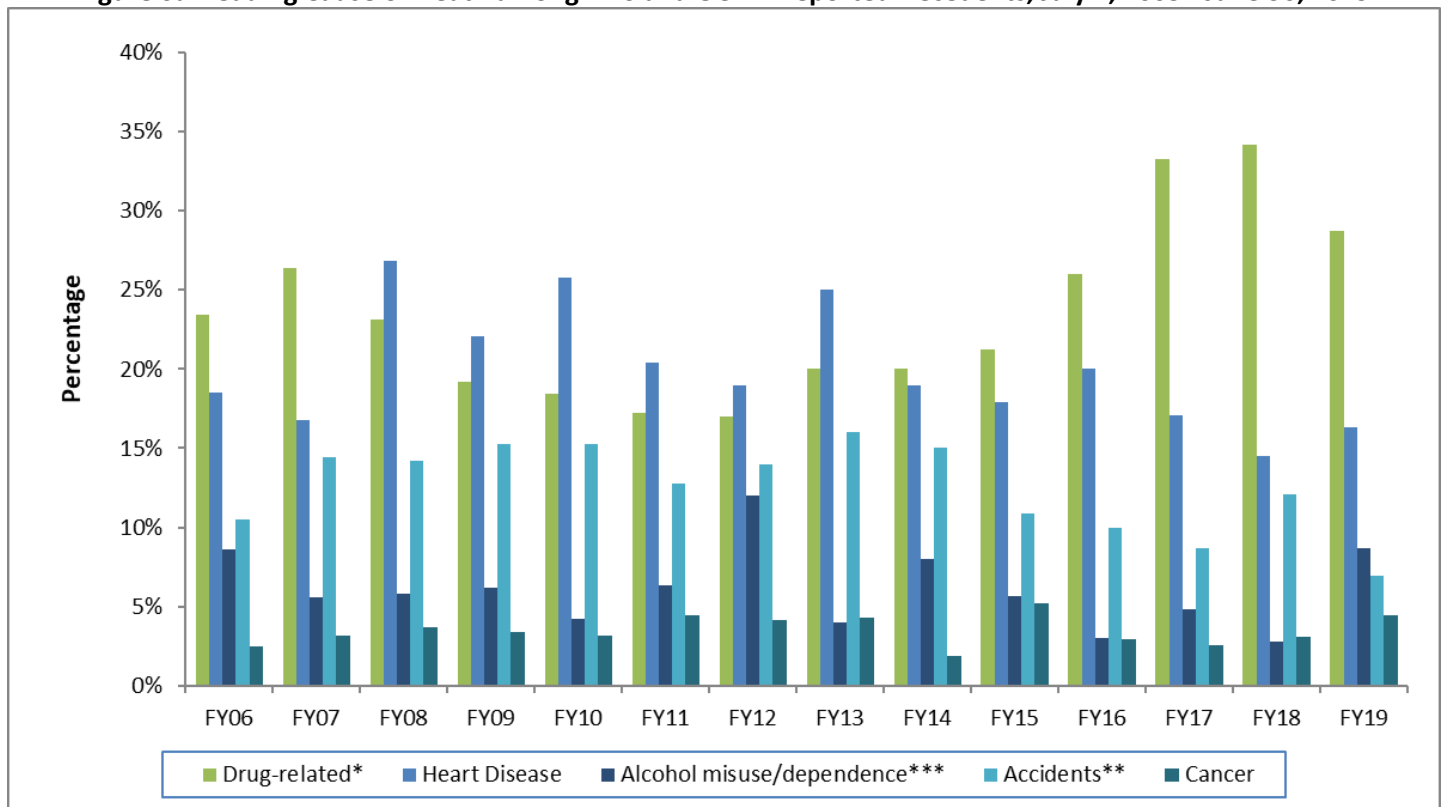
Among the 74 HRA reported deaths, 73% (n=54) were male and 27% (n=20) were female. The age group 45 to 64 years accounted for 69% (n=51) of decedents, those aged 25 to 44 years 22% (n=16), and 65 years and older 5% (n=4) (Table 5). There were no deaths reported among HRA decedents under the age of 25 years.

Leading Cause of Death (DHS and OCME reported)

In FY19, the proportion of drug-related deaths decreased from 34% (n=99) in FY18 to 29% (n=116) and remains the leading cause of death in FY19 (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 10, from 93 in FY18 to 103 in FY19 (Figure 6d); however, this increase is significantly less than the increase in accidental drug overdose in FY17 (n=86) from FY16 (n=51) (Table 7).

The number of deaths from heart disease increased by 57% in FY19 (16%; n=66), compared to FY18 (14%; n=42). Alcohol misuse/dependence (n=35; 9%) was the third leading cause of death, more than four times the number in FY18 (n=8; 3%). The number of deaths from accidents (excluding drug overdose) decreased 22% (7%; n=28) from FY18 (12%; n=36). The number of deaths due to cancer doubled to 18 (4%) in FY19, compared to FY18 (n=9; 3%). 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, 2019



*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)

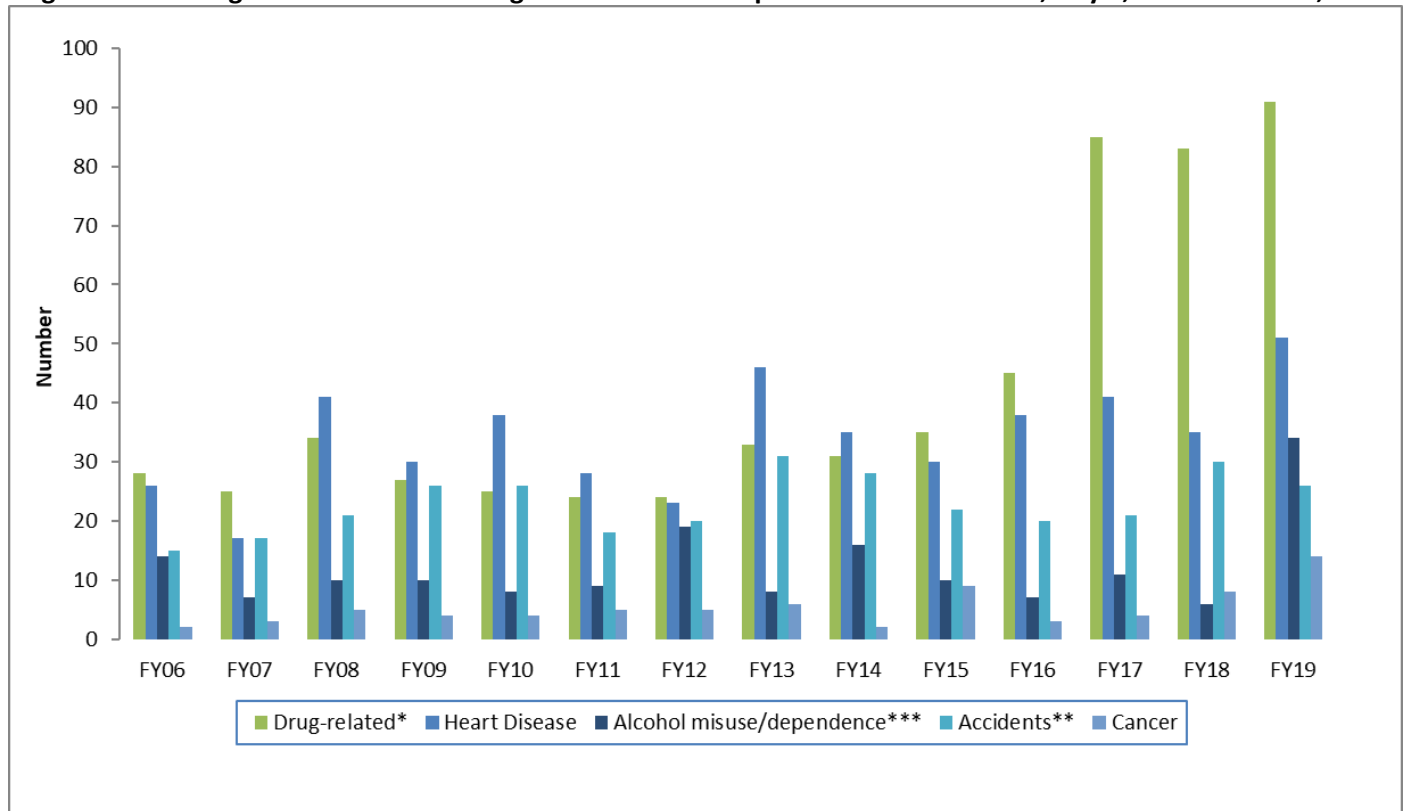
**Excluding Accidental Drug Overdose

†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=91; 23%) and females (n=25; 27%), drug-related deaths were the leading cause in FY19 (Figure 6b and 6c, Table 6a). See Table 6a for the complete list of leading causes of death by sex.

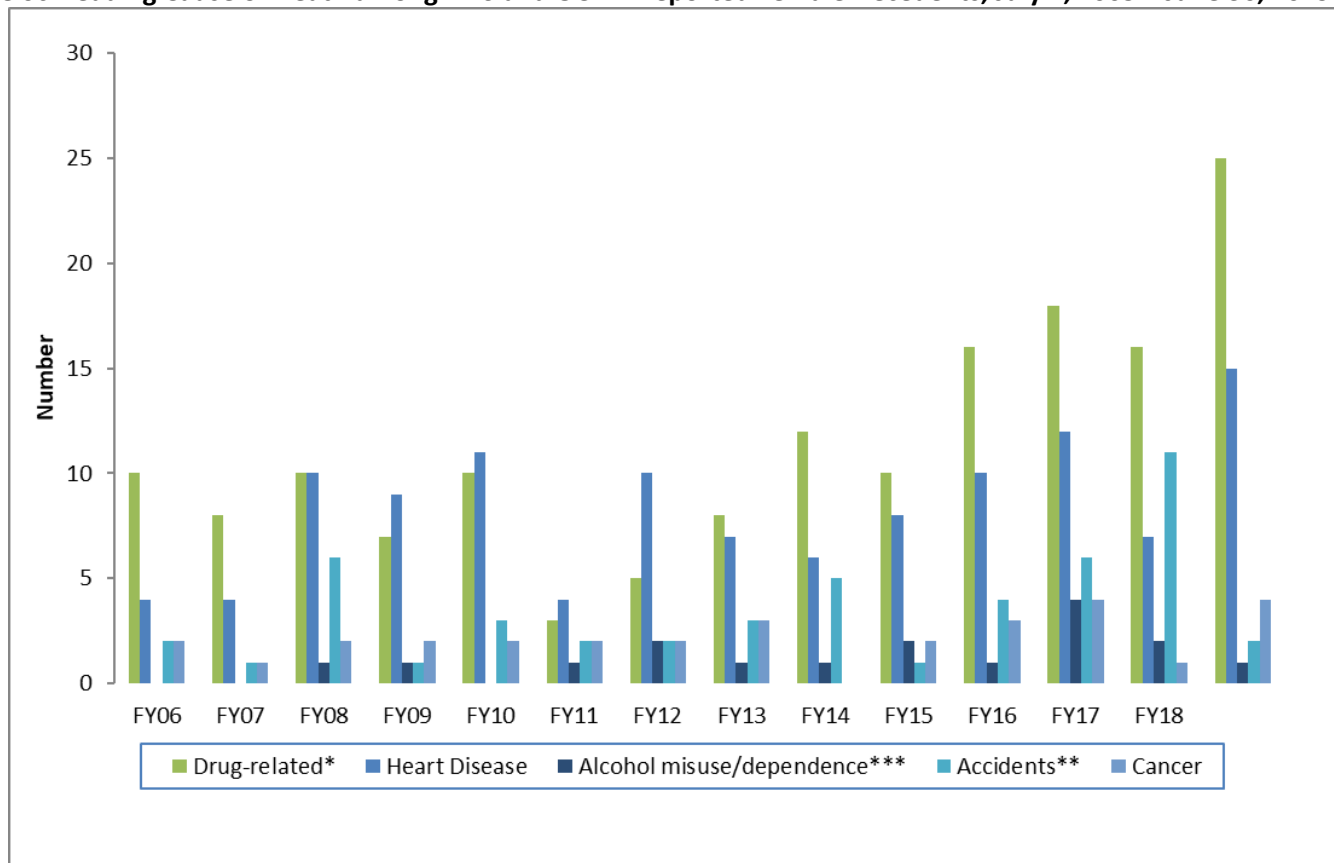
Figure 6b. Leading Cause of Death among DHS and OCME Reported Male Decedents, July 1, 2005 – June 30, 2019



*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)

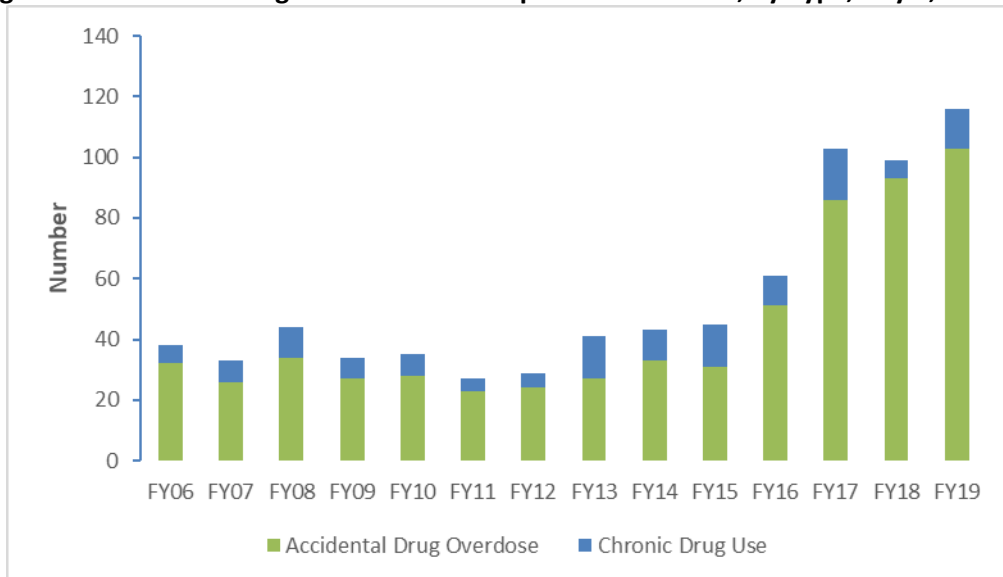
**Excluding Accidental Drug Overdose

Figure 6c. Leading Cause of Death among DHS and OCME Reported Female Decedents, July 1, 2005 – June 30, 2019



*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
 ***Excluding Accidental Drug Overdose

Figure 6d. Drug-related deaths among DHS and OCME Reported Decedents, by Type, July 1, 2005 – June 30, 2019



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

In FY19, drug-related deaths (29%; n=75), followed by heart disease (16%; n=42), cancer (6%; n=15), and both diabetes and suicide (5%; n=13) were among the leading causes of death among sheltered decedents (Table 6b).

Among non-sheltered decedents, the leading causes of death were drug-related (27%; n=40) followed by alcohol misuse/dependence (19%; n=28), heart disease (16%; n=24), accidents (excluding drug overdose) (14%; n=20), and both homicide and chronic liver disease (3%; n=5) (Table 6b).

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

Among non-sheltered persons, 33 deaths occurred outdoors during FY19. These included alcohol misuse/dependence (30%; n=10), drug-related (21%; n=7), heart disease (18%; n=6), accidents (excluding drug overdose) (12%; n=4), homicide, chronic liver disease, and HIV, with one death each (3%), in addition to other causes not rankable as leading causes of death (9%; n=3). A total of 35 deaths occurred in other locations (not outdoors or in a hospital) among non-sheltered persons. Deaths that occurred in other locations among non-sheltered persons were drug-related (37%; n=13), due to accidents (excluding drug overdose) (17%; n=6), alcohol misuse/dependence (11%; n=4), heart disease (9%; n=3), diabetes and suicide with two deaths each (6%), influenza and pneumonia and complications from medical and surgical care with one death each (3%), and other causes not rankable as leading causes of death (6%; n=2).

Among the 256 decedents who were living in a shelter at the time of death:

- Only one-fourth (25%; n=63) of deaths occurred in a shelter, including 32 drug-related deaths, of which 31 were accidental overdoses;
- Almost two thirds (64%; n=163) occurred in a hospital;
- Sixteen (6%) deaths occurred outdoors: six (2%) were suicides, two (<1%) were accidents (excluding drug overdose), two (<1%) were alcohol misuse/dependence, one (<1%) each due to heart disease, homicide, and drug-related, as well as three (1%) to other causes not rankable;
- Fourteen deaths occurred in other places (excluding outdoor or hospital).
 - Of those, the cause of death included drug-related (n=6), heart disease (n=3), suicide (n=2), one each of diabetes and accidents (excluding drug overdose), and one not rankable as leading causes of death.

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

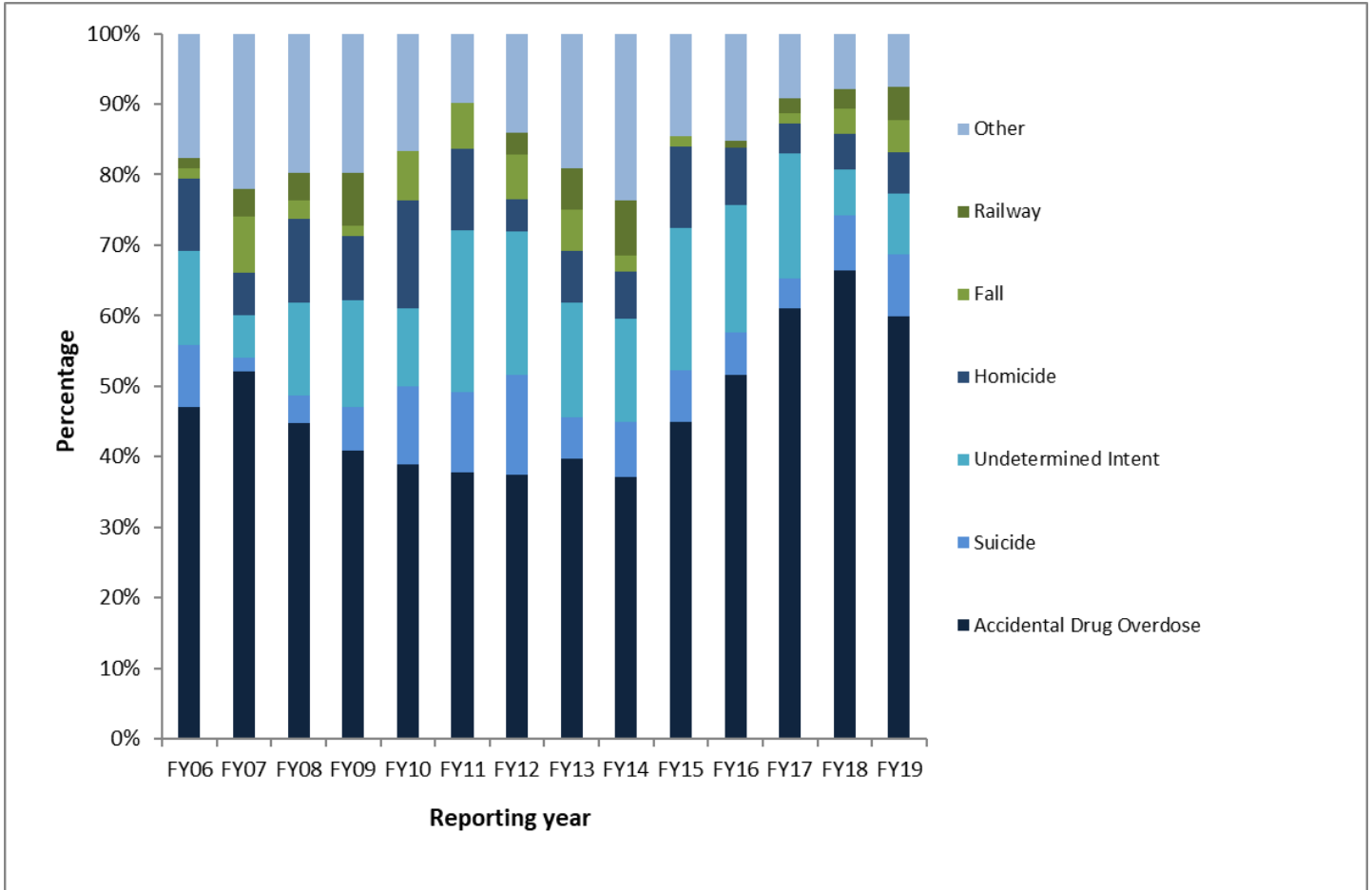
There were 17 infant deaths reported in FY19. Leading causes of infant deaths includes external causes (n=2), congenital malformations (n=2), sudden infant death syndrome (n=1), influenza and pneumonia (n=1), conditions originating in the perinatal period (n=1), non-leading causes (other viral infections of unspecified site (n=1), acute bronchiolitis due to other specified organisms (n=1), and unspecified acute lower respiratory infection (n=1)), and seven for which cause of death was still pending OCME determination. Since reporting began in 2005, 117 homeless infant deaths 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 172 in FY19. Of the 172 deaths due to external causes, 60% (n=103) occurred among residents of shelters and 40% (n=69) among non-sheltered persons. Among deaths due to external causes, most (60%; n=103) were due to accidental drug overdose (Figure 7, Table 6c, 6d) followed by suicide (9%; n=15), homicide (6%; n=10), falls (5%; n=8), railway accidents (5%; n=8), exposure to excessive natural cold (2%; n=4), motor vehicle accidents (2%; n=3), poisoning by noxious substance (2%; n=3), 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) (1%; n=2), and complications of medical and surgical care (1%; n=1). Additionally, for 9% (n=15) of the deaths, it could not be determined if the intent was homicide, suicide, or accidental.

Causes of external deaths varied somewhat between sheltered residents and non-sheltered persons. Among sheltered residents, 66% of external deaths were due to accidental drug overdose versus 51% among non-sheltered persons. Suicide accounted for 13 deaths among the sheltered compared to two deaths among non-sheltered persons.

Figure 7. Most Frequent External Causes of Death among DHS and OCME Reported Decedents, July 1, 2005 – June 30, 2019



*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

Outdoor Deaths	Other Deaths
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, 2018 – June 30, 2019

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	404	329	75	256	190	66	148	139	9	74
JUL18	28	23	5	21	16	5	7	7	0	7
AUG18	29	24	5	21	16	5	8	8	0	6
SEP18	34	29	5	23	18	5	11	11	0	6
OCT18	29	22	7	19	12	7	10	10	0	7
NOV18	35	28	7	23	16	7	12	12	0	5
DEC18	42	30	12	23	14	9	19	16	3	11
JAN19	38	32	6	27	21	6	11	11	0	6
FEB19	26	20	6	15	12	3	11	8	3	5
MAR19	37	35	2	20	18	2	17	17	0	7
APR19	28	22	6	19	13	6	9	9	0	8
MAY19	39	32	7	21	16	5	18	16	2	4
JUN19	39	32	7	24	18	6	15	14	1	2

* 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, 2018 – June 30, 2019

Borough	Community District of Shelter	Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME
Total		256
Manhattan	Total	76
	Battery Park, Tribeca (01)	0
	Greenwich Village, SOHO (02)	0
	Lower East Side (03)	17
	Chelsea, Clinton (04)	8
	Midtown Business District (05)	8
	Murray Hill (06)	12
	Upper West Side (07)	5
	Upper East Side (08)	0
	Manhattanville (09)	0
	Central Harlem (10)	9
	East Harlem (11)	16
	Washington Heights (12)	1
Bronx	Total	58
	Mott Haven (01)	13
	Hunts Point (02)	3
	Morrisania (03)	14
	Concourse, Highbridge (04)	7
	University/Morris Heights (05)	8
	East Tremont (06)	3
	Fordham (07)	5
	Riverdale (08)	0
	Unionport, Soundview (09)	3
	Throgs Neck (10)	1
	Pelham Parkway (11)	0
	Williamsbridge (12)	1
Brooklyn	Total	90
	Williamsburg, Greenpoint (01)	12
	Fort Greene, Brooklyn Heights (02)	13
	Bedford Stuyvesant (03)	8
	Bushwick (04)	2
	East New York (05)	5
	Park Slope (06)	4
	Sunset Park (07)	3
	Crown Heights North (08)	7
	Crown Heights South (09)	5
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	0
	Coney Island (13)	0
	Flatbush, Midwood (14)	0
	Sheepshead Bay (15)	0
	Brownsville (16)	11
	East Flatbush (17)	7
Canarsie (18)	13	

Table 3 (continued): Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2018 – June 30, 2019

Borough	Community District of Shelter	Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME
Queens	Total	31
	Astoria, Long Island City (01)	3
	Sunnyside, Woodside (02)	1
	Jackson Heights (03)	1
	Elmhurst, Corona (04)	3
	Ridgewood, Glendale (05)	1
	Rego Park, Forest Hills (06)	0
	Flushing (07)	1
	Fresh Meadows, Briarwood (08)	0
	Woodhaven (09)	0
	Howard Beach (10)	5
	Bayside (11)	0
	Jamaica, St. Albans (12)	12
	Queens Village (13)	3
The Rockaways (14)	1	
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, 2018 – June 30, 2019

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
		Total	Sheltered				Total	Location of Death				Total	Non-Sheltered			
			Shelter	Hospital	Outdoors	Other		Shelter	Hospital	Outdoors	Other		Shelter	Hospital	Outdoors	Other
Total	404	63	243	49	49	256	63	163	16	14	148	0	80	33	35	
Manhattan	Total	141	20	93	11	17	87	20	60	2	5	54	0	33	9	12
	Battery Park, Tribeca (01)	7	0	5	1	1	4	0	3	1	0	3	0	2	0	1
	Greenwich Village, SOHO (02)	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0
	Lower East Side (03)	8	5	0	0	3	5	5	0	0	0	3	0	0	0	3
	Chelsea, Clinton (04)	8	0	6	2	0	6	0	6	0	0	2	0	0	2	0
	Midtown Business District (05)	10	3	0	2	5	5	3	0	0	2	5	0	0	2	3
	Murray Hill (06)	41	3	36	2	0	25	3	21	1	0	16	0	15	1	0
	Upper West Side (07)	5	2	0	1	2	2	2	0	0	0	3	0	0	1	2
	Upper East Side (08)	6	0	6	0	0	4	0	4	0	0	2	0	2	0	0
	Manhattanville (09)	16	0	11	3	2	8	0	6	0	2	8	0	5	3	0
	Central Harlem (10)	13	1	10	0	2	10	1	8	0	1	3	0	2	0	1
	East Harlem (11)	14	4	9	0	1	11	4	7	0	0	3	0	2	0	1
Washington Heights (12)	12	2	9	0	1	7	2	5	0	0	5	0	4	0	1	
Bronx	Total	82	15	47	8	12	57	15	36	4	2	25	0	11	4	10
	Mott Haven (01)	25	3	19	2	1	16	3	12	1	0	9	0	7	1	1
	Hunts Point (02)	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0
	Morrisania (03)	10	6	1	2	1	8	6	1	1	0	2	0	0	1	1
	Concourse, Highbridge (04)	10	1	8	0	1	8	1	7	0	0	2	0	1	0	1
	University/Morris Heights (05)	2	2	0	0	0	2	2	0	0	0	0	0	0	0	0
	East Tremont (06)	13	0	11	0	2	10	0	10	0	0	3	0	1	0	2
	Fordham (07)	5	1	2	1	1	4	1	2	1	0	1	0	0	0	1
	Riverdale (08)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unionport, Soundview (09)	3	0	0	1	2	1	0	0	0	1	2	0	0	1	1
	Throgs Neck (10)	2	1	0	1	0	1	1	0	0	0	1	0	0	1	0
	Pelham Parkway (11)	7	0	6	0	1	5	0	4	0	1	2	0	2	0	0
Williamsbridge (12)	4	1	0	0	3	1	1	0	0	0	3	0	0	0	3	
Brooklyn	Total	118	14	80	11	13	82	14	56	6	6	36	0	24	5	7
	Williamsburg, Greenpoint (01)	3	0	0	3	0	1	0	0	1	0	2	0	0	2	0
	Fort Greene, Brooklyn Heights (02)	13	3	9	0	1	11	3	7	0	1	2	0	2	0	0
	Bedford Stuyvesant (03)	25	2	20	1	2	17	2	13	1	1	8	0	7	0	1
	Bushwick (04)	4	0	2	0	2	4	0	2	0	2	0	0	0	0	0
	East New York (05)	6	1	0	2	3	4	1	0	2	1	2	0	0	0	2
	Park Slope (06)	7	1	4	1	1	5	1	3	1	0	2	0	1	0	1
	Sunset Park (07)	4	1	3	0	0	2	1	1	0	0	2	0	2	0	0
	Crown Heights North (08)	2	2	0	0	0	2	2	0	0	0	0	0	0	0	0
	Crown Heights South (09)	13	1	12	0	0	11	1	10	0	0	2	0	2	0	0
	Bay Ridge (10)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
	Bensonhurst (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Borough Park (12)	2	0	2	0	0	1	0	1	0	0	1	0	1	0	0
	Coney Island (13)	9	0	6	2	1	1	0	1	0	0	8	0	5	2	1
	Flatbush, Midwood (14)	2	0	2	0	0	2	0	2	0	0	0	0	0	0	0
	Sheepshead Bay (15)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Brownsville (16)	2	1	0	1	0	2	1	0	1	0	0	0	0	0	0
	East Flatbush (17)	21	1	18	0	2	16	1	14	0	1	5	0	4	0	1
Canarsie (18)	3	1	2	0	0	3	1	2	0	0	0	0	0	0	0	

Table 4a (continued): Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Location of Death (Community District), July 1, 2018 – June 30, 2019

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
		Total	Shelter	Hospital	Outdoors	Other	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	56	14	20	17	5	28	14	9	4	1	28	0	11	13	4
	Astoria, Long Island City (01)	5	2	2	0	1	3	2	1	0	0	2	0	1	0	1
	Sunnyside, Woodside (02)	5	1	0	3	1	2	1	0	1	0	3	0	0	2	1
	Jackson Heights (03)	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0
	Elmhurst, Corona (04)	8	1	5	2	0	2	1	1	0	0	6	0	4	2	0
	Ridgewood, Glendale (05)	2	1	0	1	0	1	1	0	0	0	1	0	0	1	0
	Rego Park, Forest Hills (06)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Flushing (07)	5	1	1	3	0	1	1	0	0	0	4	0	1	3	0
	Fresh Meadows, Briarwood (08)	4	0	4	0	0	2	0	2	0	0	2	0	2	0	0
	Woodhaven (09)	8	0	7	1	0	5	0	5	0	0	3	0	2	1	0
	Howard Beach (10)	3	2	0	1	0	2	2	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)	7	4	0	1	2	4	4	0	0	0	3	0	0	1	2
	Queens Village (13)	3	1	1	1	0	2	1	0	1	0	1	0	1	0	0
The Rockaways (14)	5	1	0	3	1	3	1	0	1	1	2	0	0	2	0	
Staten Island	Total	7	0	3	2	2	2	0	2	0	0	5	0	1	2	2
	Port Richmond (01)	5	0	2	1	2	2	0	2	0	0	3	0	0	1	2
	Willowbrook, South Beach (02)	2	0	1	1	0	0	0	0	0	0	2	0	1	1	0
	Tottenville (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4b. Deaths among HRA Persons Experiencing Homelessness by Location of Death, July 1, 2018 – June 30, 2019*

Borough	Deaths Reported by HRA*			
	Sheltered			
	Total	Location of Death		
Shelter		Hospital	Other	
Total	74	46	27	1
Manhattan	18	8	10	0
Bronx	35	23	11	1
Brooklyn	16	11	5	0
Queens	3	2	1	0
Staten Island	2	2	0	0

Table 5: Deaths among Persons Experiencing Homelessness by Reporting Agency, Age, and Sex, July 1, 2018 – June 30, 2019*

Age Category	Deaths Reported by DHS and OCME						Deaths Reported by HRA*					
	Total		Male		Female		Total		Male		Female	
	All	%	All	%	All	%	All	%	All	%	All	%
All Ages	404	100	313	77	91	23	74	100	54	73	20	27
<1	17	4	11	3	6	1	0	0	0	0	0	0
1-24	12	3	9	2	3	1	0	0	0	0	0	0
25-44	105	26	83	21	22	5	16	22	14	19	2	3
45-64	219	54	168	42	51	13	51	69	33	45	18	24
≥65	50	12	42	10	8	2	7	9	7	9	0	0
Unknown	1	0	0	0	1	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, 2018 – June 30, 2019

Cause of Death		Sex					
		Total		Male		Female	
		All	%	All	%	All	%
Rank*	Total	404	100	313	100	91	100
1	Drug related	116	29	91	29	25	27
2	Heart disease	66	16	51	16	15	16
3	Mental disorders due to alcohol use (alcohol misuse/dependence)	35	9	34	11	1	1
4	Accidents (excluding drug overdose)	28	7	26	8	2	2
5	Cancer	18	4	14	4	4	4
6	Diabetes	15	4	8	3	7	8
6	Suicide	15	4	11	4	4	4
8	Homicide	10	2	9	3	1	1
9	Chronic liver diseases	9	2	8	3	1	1
10	Stroke	8	2	5	2	3	3
10	Influenza/pneumonia	8	2	6	2	2	2
12	Hypertension	7	2	2	1	5	5
12	Chronic lower respiratory diseases	7	2	5	2	2	2
14	Aortic aneurysms	3	1	1	0	2	2
15	Congenital Malformations	2	0	1	0	1	1
15	Insitu or Benign / Uncertain Neoplasms	2	0	0	0	2	2
16	Meningitis	1	0	1	0	0	0
16	Sepsis	1	0	0	0	1	1
16	Pregnancy related	1	0	0	0	1	1
16	Pneumonitis Due to Solids and Liquids	1	0	1	0	0	0
16	Peptic Ulcer	1	0	1	0	0	0
16	Hepatitis	1	0	1	0	0	0
16	Complications of Medical and Surgical Care	1	0	1	0	0	0
16	HIV	1	0	0	0	1	1
16	Certain Conditions originating in the Perinatal Period	1	0	1	0	0	0
	Other causes not rankable as leading causes	46	11	35	11	11	12

*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=11).

Table 6b: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2018 – June 30, 2019

Cause of Death		Shelter Residency Status					
		Total		Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	404	100	256	100	148	100
1	Drug related	116	29	75	29	41	28
2	Heart disease	66	16	42	16	24	16
3	Mental disorders due to alcohol use (alcohol misuse/dependence)	35	9	7	3	28	19
4	Accidents (excluding drug overdose)	28	7	8	3	20	14
5	Cancer	18	4	15	6	3	2
6	Diabetes	15	4	13	5	2	1
6	Suicide	15	4	13	5	2	1
8	Homicide	10	2	5	2	5	3
9	Chronic liver diseases	9	2	4	2	5	3
10	Stroke	8	2	7	3	1	1
10	Influenza/pneumonia	8	2	7	3	1	1
12	Hypertension	7	2	7	3	0	0
12	Chronic lower respiratory diseases	7	2	6	2	1	1
14	Aortic aneurysms	3	1	3	1	0	0
15	Congenital Malformations	2	0	2	1	0	0
15	Insitu or Benign / Uncertain Neoplasms	2	0	2	1	0	0
16	Meningitis	1	0	1	0	0	0
16	Sepsis	1	0	1	0	0	0
16	Pregnancy related	1	0	1	0	0	0
16	Pneumonitis Due to Solids and Liquids	1	0	0	0	1	1
16	Peptic Ulcer	1	0	0	0	1	1
16	Hepatitis	1	0	1	0	0	0
16	Complications of Medical and Surgical Care	1	0	0	0	1	1
16	HIV	1	0	0	0	1	1
16	Certain Conditions originating in the Perinatal Period	1	0	1	0	0	0
	Other causes not rankable as leading causes	46	11	35	14	11	7

*Because of ties some ranks do not appear.

Table 6c: External Causes of Death Among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2018 – June 30, 2019**

Rank*	Cause of Death	Total		Sex			
				Male		Female	
		All	%	All	%	All	%
	Total	172	100	143	100	29	100
1	Accidental drug overdose	103	60	81	57	22	76
2	Undetermined intent	15	9	15	10	0	0
3	Suicide	15	9	11	8	4	14
4	Homicide	10	6	9	6	1	3
5	Falls	8	5	8	6	0	0
6	Railway	8	5	8	6	0	0
7	Exposure to excessive natural cold	4	2	2	1	2	7
8	Motor vehicle accidents	3	2	3	2	0	0
9	Poisoning by noxious substance	3	2	3	2	0	0
10	Other non-transport accidents	2	1	2	1	0	0
11	Complications of Medical and Surgical Care	1	1	1	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, 2018 – June 30, 2019

Rank*	Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	%	All	%	All	%
	Total	172	100	103	100	69	100
1	Accidental drug overdose	103	60	68	66	35	51
2	Undetermined intent	15	9	9	9	6	9
3	Suicide	15	9	13	13	2	3
4	Homicide	10	6	5	5	5	7
5	Falls	8	5	3	3	5	7
6	Railway	8	5	2	2	6	9
7	Exposure to excessive natural cold	4	2	1	1	3	4
8	Motor vehicle accidents	3	2	1	1	2	3
9	Poisoning by noxious substance	3	2	1	1	2	3
10	Other non-transport accidents	2	1	0	0	2	3
11	Complications of Medical and Surgical Care	1	1	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 7: Select Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status and Location of Death, July 1, 2015 – June 30, 2019

Cause / Location of Death	FY16			FY17			FY18			FY19		
	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
Drug Related Total	61	39	22	103	64	39	99	63	36	116	75	41
In shelter	25	25	0	29	29	0	35	35	0	32	32	0
In hospital	15	12	3	45	28	17	35	21	14	57	36	21
Outdoor	5	0	5	10	2	8	11	2	9	8	1	7
Other location	16	2	14	19	5	14	18	5	13	19	6	13
Accidental Drug Overdose	51	33	18	86	55	31	93	59	34	103	68	35
In shelter	20	20	0	26	26	0	34	34	0	31	31	0
In hospital	13	11	2	36	22	14	32	18	14	48	31	17
Outdoor	5	0	5	8	2	6	10	2	8	7	0	7
Other location	13	2	11	16	5	11	17	5	12	17	6	11
Chronic Drug Use	10	6	4	17	9	8	6	4	2	13	7	6
In shelter	5	5	0	3	3	0	1	1	0	1	1	0
In hospital	2	1	1	9	6	3	3	3	0	9	5	4
Outdoor	3	0	3	2	0	2	1	0	1	1	1	0
Other location	0	0	0	3	0	3	1	0	1	2	0	2
Homicide Total	8	7	1	6	5	1	7	5	2	10	5	5
In shelter	2	2	0	0	0	0	0	0	0	0	0	0
In hospital	5	4	1	5	5	0	5	4	1	8	4	4
Outdoor	1	1	0	1	0	1	1	0	1	2	1	1
Other location	0	0	0	0	0	0	1	1	0	0	0	0
Cold-related Total	2	0	2	2	0	2	4	0	4	4	1	3
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	1	0	1	2	0	2	2	0	2	2	1	1
Outdoor	1	0	1	0	0	0	2	0	2	1	0	1
Other location	0	0	0	0	0	0	0	0	0	1	0	1
Heart disease Total	48	29	19	53	34	19	42	27	15	66	42	24
In shelter	15	15	0	16	16	0	13	13	0	18	18	0
In hospital	23	14	9	27	18	9	24	14	10	35	20	15
Outdoor	4	0	4	3	0	3	2	0	2	7	1	6
Other location	6	0	6	7	0	7	3	0	3	6	3	3
Accidents Total	24	7	17	27	10	17	36	14	22	28	8	20
In shelter	0	0	0	0	0	0	2	2	0	1	1	0
In hospital	10	4	6	14	6	8	19	8	11	14	4	10
Outdoor	8	2	6	9	3	6	7	0	7	6	2	4
Other location	6	1	5	4	1	3	8	4	4	7	1	6
Suicides Total	6	2	4	6	5	1	11	8	3	15	13	2
In shelter	1	1	0	3	3	0	2	2	0	3	3	0
In hospital	0	0	0	0	0	0	3	2	1	2	2	0
Outdoor	3	0	3	0	0	0	3	3	0	6	6	0
Other location	2	1	1	3	2	1	3	1	2	4	2	2