Thirteenth Annual Report on Homeless Deaths (July 1, 2017 – June 30, 2018) New York City Department of Health and Mental Hygiene Bureau of Vital Statistics New York City Department of Homeless Services

Local Law 63 (2005)

Executive Summary

The City of New York, through the New York City (NYC) Department of Social Services (DSS) 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 and homeless New Yorkers 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. At this time, the NYC Department of Social Services (DSS), comprised of DHS and HRA, maintains all available records on the homeless individuals for whom they provide temporary housing in New York City, including families with children under 18 years old, adult families with no minor children, and single adults experiencing homelessness, but excluding 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). 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 investigates most cases where the decedent was experiencing indigence and/or homelessness.

Prepared and submitted pursuant to Local Law 63 (LL63), passed by the New York City Council in 2005 and extended on January 20, 2012, which requires 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 community. DSS continues to gain a better understanding of the health status of homeless persons 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. Data presented herein has 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 2018 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, 2017 – June 30, 2018 to data reported since 2005. Until 2005, the

Department of Housing Preservation and Development (HPD) housed a limited number of homeless persons and provided data to this report. However, this HPD-adminsitered program no longer exists, so related HPD data are no longer included in the report.

Summary

For the period July 1, 2017 through June 30, 2018 (Fiscal Year 2018, FY18), there were 290 deaths among homeless individuals identified by DHS and OCME.¹ In FY18, the largest number (n=77; 27%) of deaths by quarter were reported in the first quarter (July 1-September 30, 2017). HRA separately reported 53 homeless deaths during FY18. 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, the LL63 report does not link HRA data to death certificates and does not report any identifiable information. As a result, findings from the two groups of deaths are reported separately.

Death among Homeless Persons (excludes HRA data). The number of deaths among homeless persons decreased by 7% in FY18 (n=290), compared to the number of deaths reported in FY17 (n=311).

Of the 290 deaths, the majority of deaths were among males (80%; n=231), and persons aged 45 to 64 (54%; n=157), as in prior years. Non-sheltered decedents accounted for almost half of decedents (45%; n=131); the remaining 159 deaths were among sheltered residents (although only a portion (39%; n=62) 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, the majority of people died in hospital (51%; n=148). There were 35 deaths that occurred outdoors (12%) and 45 deaths at other locations (16%) in FY18. The number of outdoor deaths remained the same in FY18 (35) as FY17.
- Among sheltered residents, while the number of individuals who died in shelter remained essentially flat, the proportion who died in a shelter increased slightly in FY18 (39%; n=62) compared to FY17 (34%; n=59). Among sheltered residents, 80 (50%) died in a hospital, a 21% decrease from FY17 (58%; 101), and 5 (3%) died outdoors.
- Among non-sheltered decedents, 68 (52%) died in a hospital, similar to FY17 (50%; n=68) and 30 (23%) died outdoors, also similar to FY17 (21%; n=28). There were 12 (8%) deaths in other locations among sheltered residents compared to 33 (25%) among non-sheltered persons. Refer to Table 1 in appendix for definitions of outdoor and other place of deaths.
- While drug related deaths remained the leading cause of death among homeless persons, consistent with citywide and national trends, the number of deaths related to drug use decreased by 4% in FY18 (34%;99), compared to FY 17(33%; 103).
- For all deaths among homeless persons, the top five leading causes of death were drug-related (34%; n=99), heart disease (14%; n=42), accidents (excluding drug overdose) (12%; n=36), suicide (4%; n=11) and cancer (3%; n=9).
- The majority of deaths reported in this document were investigated by OCME (88%; n=254).

¹ For the thirteenth annual report, no HPD deaths were included in the report per LL63's definition that HPD clients must also be DHS clients.

Homeless deaths reported by HRA. There were 53 deaths reported by HRA in FY18; 15 less than in FY17, a 22% decrease. Among deaths reported in FY18, most were males (77%; 41) and between the ages of 45 and 64 (70%; 37). Most decedents died in HIV/AIDS Services Administration (HASA) housing (57%; n=30) and hospitals (40%; n=21).

Methods

Definition LL63 defines, a "homeless person" 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 "homeless shelter" is "(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 homeless persons 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, homeless persons were no longer housed at HPD facilities.

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** A person who was a DHS shelter/ Safe Haven -A person who was homeless and was not a DHS shelter/ Safe Haven resident at the time of death. 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 - A deceased homeless person who was known to outreach team/ drop-in-center/ respite centers. not yet exited shelter to housing - OCME indicates a person is street homeless based **Exclusion Criteria** on on-site investigation (location where deceased Decedents placed in (based on case record) was found, appearance, personal hygiene etc.), permanent housing, skilled nursing facility, hospital reports or family confirmation, including hospice care, HASA housing (transitional confirming none of the 'sheltered' criteria are met housing), or family reunification, are not considered homeless and are excluded from this group.

Data Collection and Analysis

For FY18 DHS and OCME provided data on deaths among homeless persons. 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; and autopsy reports from OCME. 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 homeless deaths are reported separately from other homeless deaths.

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 homeless persons 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 LL63 homeless case definition were removed from the annual report.

The LL63 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 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 code 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 De	aths									
	Drug-Rela	ted									
	Umbrella term to describe underlying ca	use of deaths due to Chronic Drug									
	Use and Accidental D	Orug Overdose									
	Chronic Drug Use Accidental Drug Overdose										
Definition	Chronic drug use	Accidental drug overdose									
ICD 10	Mental and behavioral disorders due to	Accidental (unintentional) drug-									
terminology	the use of psychoactive substance	poisoning									
	excluding alcohol and tobacco										
ICD 10 codes	F11-F16, F18-19	X40-X42, X44									
Manner of Death	Natural	Accidental									

Results

Overall, there were 290 deaths among homeless persons in NYC reported by DHS and OCME, representing a decrease of 7% in the overall number of deaths compared to FY17.

Trend in the Number of Deaths

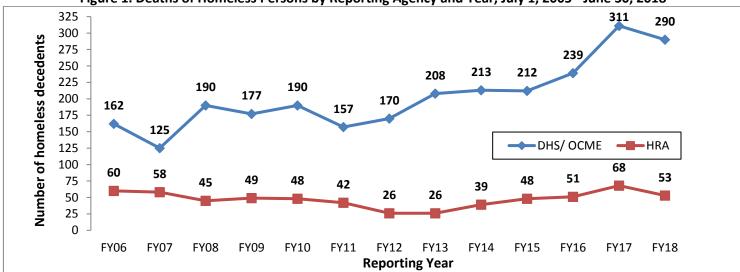


Figure 1. Deaths of Homeless Persons by Reporting Agency and Year, July 1, 2005 - June 30, 2018

The number of non-HRA homeless decedents has ranged between 125 in FY07 and 311 in FY17 (Figure 1). The highest number of deaths in one month of the fiscal year was 32 and in January 2018. The quarter with the highest number of deaths (n=77) was the first (July 1-September 30, 2017) (Table 2).

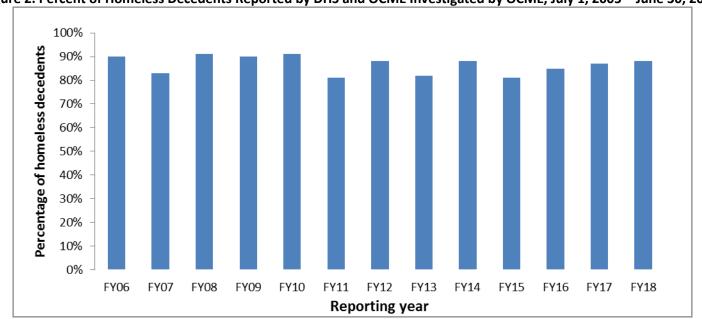


Figure 2. Percent of Homeless Decedents Reported by DHS and OCME Investigated by OCME, July 1, 2005 – June 30, 2018

OCME investigated the majority of homeless deaths (88%; n=254), consistent with previous years (81-91%) (Figure 2). Among the 159 sheltered decedents, 82% (n=131) were investigated by OCME, and among the non-sheltered decedents 94% (n=123) were investigated by OCME (Table 2).

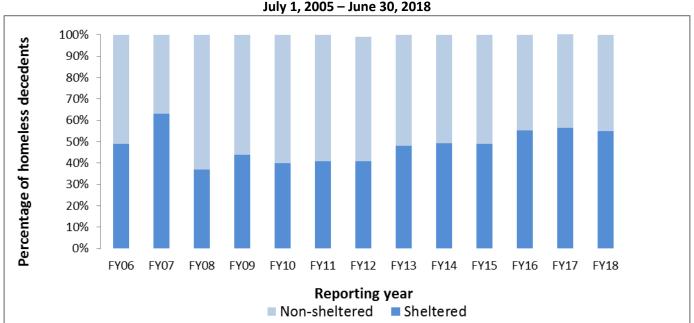


Figure 3. Percent of Homeless Decedents Reported by DHS and OCME by Shelter Residency Status,

DHS and OCME reported decedents

Of the 290 deaths, 55% (n=159) of decedents were sheltered and 45% (n=131) were non-sheltered (Figure 3, Table 2). The percentages of homeless deaths in FY18 remained similar for both sheltered and non-sheltered homeless persons when compared to FY17 (56% sheltered and 44% non-sheltered).

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 homeless deaths, stratified by location of death, are presented, separately, in Table 4b, by borough only, as community district is not available for these deaths. A total of 148 homeless persons died in a hospital in FY18, a decrease of 12% compared to FY17 (n=169). The overall number of outdoor deaths remained the same (n=35).

Non-sheltered decedents

Among non-sheltered persons, hospital deaths accounted for 52% (n=68) of deaths followed by other places (25%; n=33) and outdoors (23%, n=30) (Figure 4, Table 4a). The proportion of outdoor deaths among non-sheltered individuals has ranged from 47% in FY06 to 20% in FY12 and has increased slightly in FY18 (23%; n=30) from FY17 (21%; n=28) (Figure 4). The non-sheltered decedents who died in other places died in a friend or family member's apartment (n=4), subway car/subway platform/train station (n=18), abandoned building (n=6), public space in a building (n=4), motel/hotel room (n=1), drop-in center (n=1) and other, not elsewhere classified (n=11).

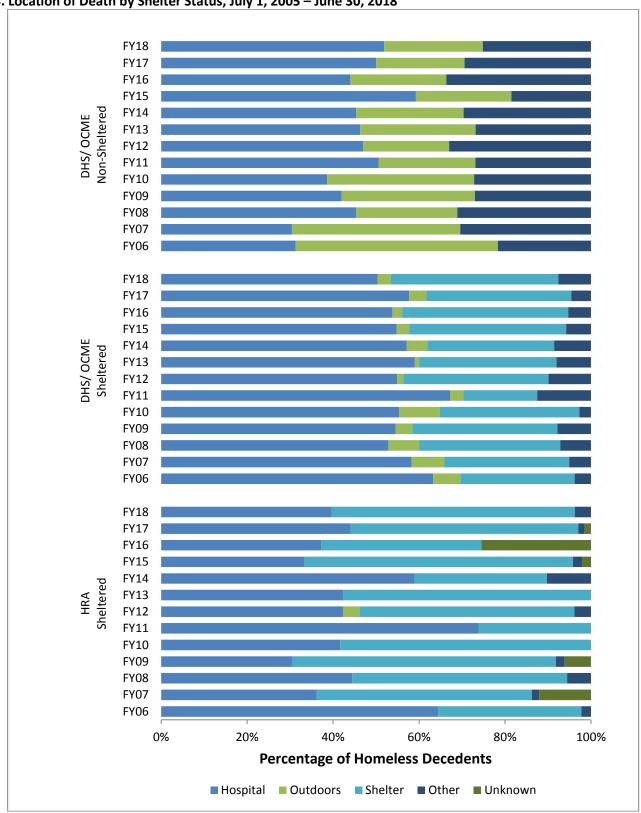
Sheltered decedents

Deaths in hospitals accounted for half (50%; n=80) of deaths among sheltered residents, which is a 21% decrease from FY17 (58%; n=101) (Figure 4, Table 4a). The next most frequent location of death was a shelter (39%; n=62) followed by other places (8%; n=12) and outdoors (3%; n=5). The majority of shelter decedents resided in shelters located in Manhattan (35%; n=56) followed by the Brooklyn (35%; n=55), Bronx (16%; n=26), Queens (14%; n=22) and none in Staten Island (Table 3).

HRA reported decedents

The 53 HRA reported homeless decedents died in HASA housings (57%; n=30), hospitals (40%; n=21), and other places (4%, n=2) (Table 4b). The majority of deaths among HRA clients occurred in the Bronx (40%; n=21) and Manhattan (28%; n=15). Thirteen deaths (25%) occurred in Brooklyn and four (8%) in Queens. No deaths occurred on Staten Island (Table 4b).





Demographic Characteristics

DHS and OCME reported deaths

The majority (54%, n=157) of deaths occurred among persons aged 45 to 64 years (Figure 5a, 5b, Table 5). The proportion of decedents aged ≥65 was 10% (n=29), which is a 7% decrease in deaths for this age group, compared to FY17 (9%; n=27). Decedents aged 1 to 24 years accounted for 1% (n=4) of deaths. There were seven infant deaths (2%) in FY18, one more than in FY17. The number of infant deaths has ranged from 1-14 per fiscal year since reporting began. The total number of deaths among infants and persons aged less than 25 years has remained less than in the first year of reporting.

Male decedents accounted for the majority of deaths (80%; n=231). In particular, males aged 45 to 64 accounted for 44% of decedents (n=129) (Table 5), a decline of 16% from FY17 (49%; n=153). Male decedents aged 25-44 increased 17% in FY18 (24%; n=70) from FY17 (19%; n=60) Female decedents aged 45-64 decreased 20% in FY18 (10%; n=28) from FY17 (11%; n=35). Female decedents aged 25-44 increased 21% in FY18 (8%; n=23) from FY17 (6%; n=19).

Figure 5a. Male Homeless Decedents Reported by DHS and OCME, by Age Group (in years),

July 5, 2005 - June 30, 2018 180 160

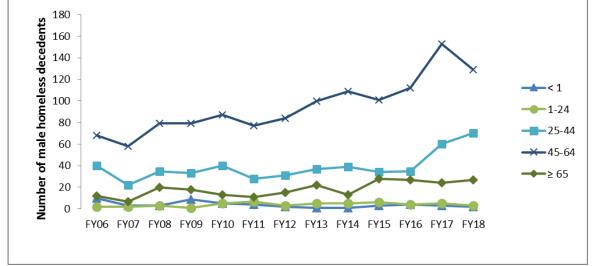
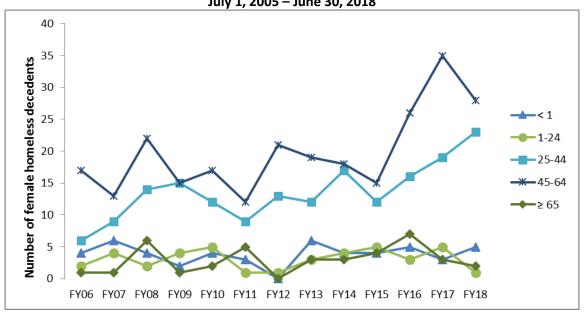


Figure 5b. Female Homeless Decedents Reported by DHS and OCME, by Age Group (in years), July 1, 2005 – June 30, 2018

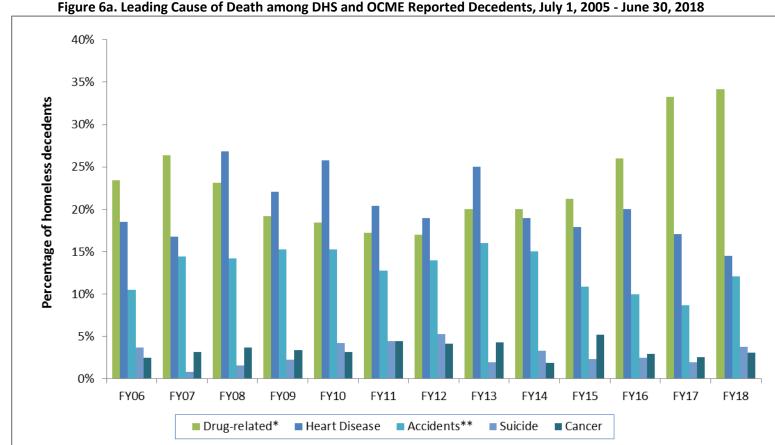


HRA Reported Deaths

Among the 53 HRA homeless deaths, 77% (n=41) were male and 23% (n=12) were female. The age group 45 to 64 accounted for 70% (n=37) of decedents, those aged 25 to 44 23% (n=12), and 65 and older 8% (n=4) (Table 5). There were no deaths reported among homeless HRA decedents under the age of 25 years.

Leading Cause of Death (DHS and OCME reported)

In FY18, the number of drug-related deaths decreased from FY17, but it remains the leading cause of death, accounting for 34% (n=99) of deaths, as compared to 33% (n=103) in FY17 (Figure 6a, Table 6a). Drug-related deaths included 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). Accidental drug overdose deaths increased from 86 in FY17 to 93 in FY18 (Figure 6d). The number of deaths from heart disease decreased by 21% in FY18 (14%; n=42), compared to FY17 (17%; n=53). The number of deaths from accidents increased 30% (12%; n=36) from FY17 (9%; n=27). Suicide was the fourth leading cause of death in FY18 at 11 deaths (4%), an increase from 6 deaths (2%) in FY17. The number of deaths due to cancer edged up to nine (3%) in FY18, from eight (3%) in FY17. Deaths due to alcohol misuse/ dependence decreased by 47% in FY18 (3%; n=8), compared to FY 17 (5%; n=15) in FY17. See Table 6a for the complete list of leading causes of death.



^{*}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)

During FY18 the leading cause of death was drug related for both males (36%; n=83) and females (27%; n=16) (Figure 6b and 6c, Table 6a). See Table 6a for the complete list of leading causes of death by sex.

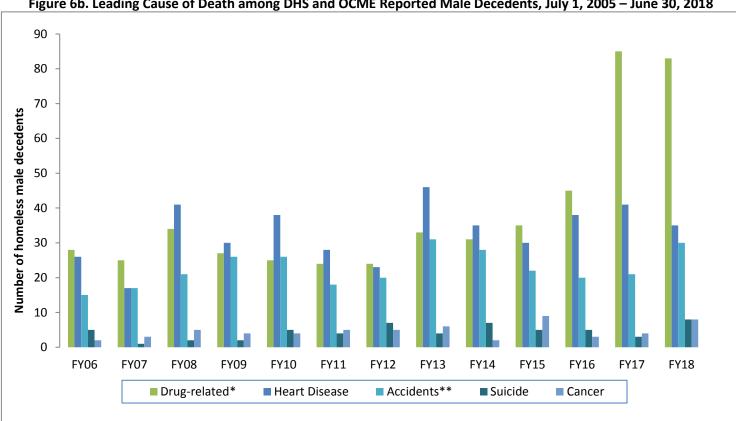
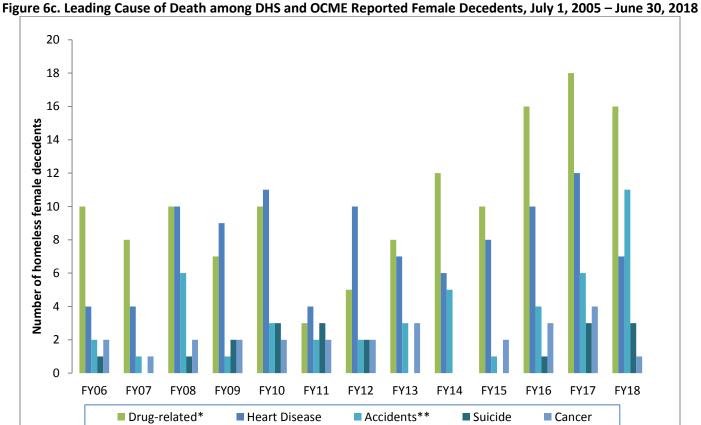


Figure 6b. Leading Cause of Death among DHS and OCME Reported Male Decedents, July 1, 2005 - June 30, 2018

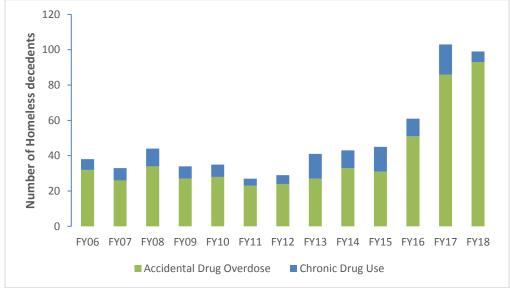
^{*} Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

^{**} Excluding Accidental Drug Overdose



^{**} Excluding Accidental Drug Overdose





^{*} 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)

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

In FY18, the leading cause of death among sheltered decedents was drug-related (40%; n=63), followed by heart disease (17%; n=27), accidents (9%; n=14), and suicide (5%; n=8) (Table 6b). In FY17, the leading causes of death were similar.

Among non-sheltered homeless decedents, the leading causes of death were drug-related (27%; n=36) followed by accidents (22%; n=17), heart disease (15%; n=11), and both cancer and alcohol misuse/dependence (5%; n=6) (Table 6b).

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

Among non-sheltered persons, 30 deaths occurred outdoors during FY18. These included drug-related (30%, n=9), accidents (23%; n=7), heart disease and alcohol misuse/dependence (7%; n=2, each), chronic liver disease, influenza (flu) and pneumonia, and homicide with one death each (3%), in addition to other causes not rankable as leading causes of death (23%, n=7). A total of 33 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 (39%; n=13), or due to accidents (12%; n=4), heart disease (9%; n=3), suicide (6%; n=2), diabetes, stroke, cancer and chronic lower respiratory disease at one death each (3%) and other causes not rankable as leading causes of death (21%, n=7).

Among the 159 decedents who were living in a shelter at the time of death:

- only a portion of deaths occurred in shelter, including 35 drug-related deaths (out of 62 such deaths among sheltered persons; and out of 99 drug-related deaths among all homeless persons);
- Half (50%; n=80) occurred in hospital;
- Five deaths occurred outdoors: three were suicides and two were drug-related;
- Twelve deaths occurred in other places (excluding outdoor or hospital).
 - Of those, the cause of death included drug-related (n=5), four accidents, one each of suicide and homicide, and one not rankable as leading causes of death.

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

Among the seven infant deaths in FY18, one was due to accident, one was due to congenital malformations, and five were due to "other causes." Since reporting began in 2005, 94 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 156 in FY18. Of the 156 deaths due to external causes, 57% (n=89) occurred among residents of shelters and 43% (n=67) among non-sheltered homeless persons. Among deaths due to external causes, most (60%; n=93) were due to accidental drug overdose (Figure 7, Table 6c, 6d) followed by poisoning by noxious substance (9%; n=14), suicide (7%, n=11), homicide (5%; n=7), 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) (4%; n=6), falls (3%, n=5), exposure to excessive natural cold (3%; n=4), railway accidents (3%, n=4), motor vehicle accidents (1%; n=2) and exposure to excessive natural heat (1%; n=1). Additionally, for 6% (n=9) of the deaths it could not be determined if the intent was homicide, suicide, or accidental.

Causes of external deaths varied somewhat for shelter residents and non-sheltered persons. Among sheltered residents, 66% of external deaths were due to accidental drug overdose versus 51% among non-sheltered persons. Poisoning by noxious substances was more common among non-sheltered persons.

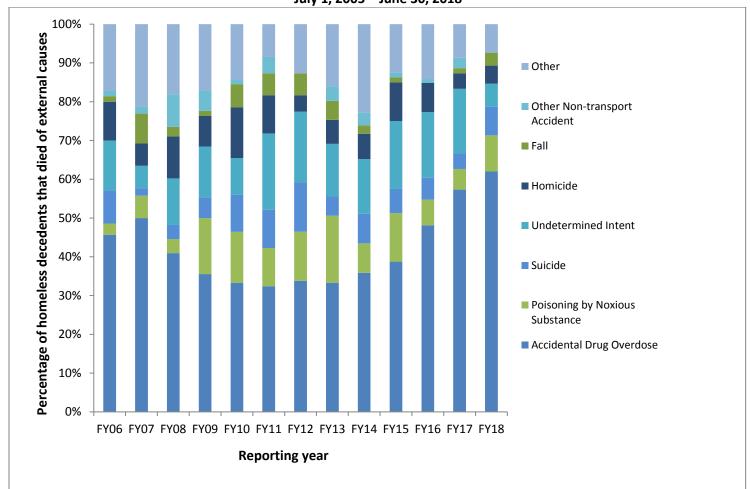


Figure 7. Most Frequent External Causes of Death among DHS and OCME Reported decedents, July 1, 2005 – June 30, 2018

^{*}Prior to 2007, the manner of some overdose deaths were 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: LL63 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†
Encampment	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

st 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

Table 2: Deaths by Shelter Residency Status and Month of Death, July 1, 2017 - June 30, 2018

			Deaths	Repor	ted by DH		ΛE			Deaths Reported by
					She		HRA*			
		Total			Sheltere	d	No	n-Shelte	red	
Month of		Non-				Non-	Non-		Non-	
Death	All	OCME	OCME	All	OCME	OCME	All	OCME	OCME	Total
Total	290	254	36	159	131	28	131	123	8	53
JUL17	23	19	4	12	9	3	11	10	1	5
AUG17	26	22	4	18	15	3	8	7	1	10
SEP17	28	23	5	16	14	2	12	9	3	4
OCT17	23	23	0	12	12	0	11	11	0	2
NOV17	22	20	2	13	12	1	9	8	1	2
DEC17	22	21	1	10	9	1	12	12	0	3
JAN18	32	28	4	11	8	3	21	20	1	6
FEB18	20	19	1	11	10	1	9	9	0	7
MAR18	20	16	4	12	8	4	8	8	0	3
APR18	24	18	6	17	12	5	7	6	1	4
MAY18	23	21	2	10	8	2	13	13	0	5
JUN18	27	24	3	17	14	3	10	10	0	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.nyccouncil.info/attachments/66681.htm

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

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

Table 3: Deaths among Sheltered Homeless Persons Reported by DHS and OCME, by Community District of Shelter, July 1, 2017 – June 30, 2018

	ict of Sherter, July 1, 2017 – Julie 30,	Deaths of Sheltered Homeless Persons
Borough	Community District	Reported by DHS and OCME
Total		159
Manhattan	Total	56
	Battery Park, Tribeca (01)	2
	Greenwich Village, SOHO (02)	0
	Lower East Side (03)	11
	Chelsea, Clinton (04)	8
	Midtown Business District (05)	3
	Murray Hill (06)	
	Upper West Side (07)	1
	Upper East Side (08)	0
	Manhattanville (09)	0
	Central Harlem (10)	7
	East Harlem (11)	10
	Washington Heights (12)	6
Bronx	Total	26
	Mott Haven (01)	2
	Hunts Point (02)	0
	Morrisania (03)	6
	Concourse, Highbridge (04)	7
	University/Morris Heights (05)	4
	East Tremont (06)	2
	Fordham (07)	1
	Riverdale (08)	1
	Unionport, Soundview (09)	1
	Throgs Neck (10)	0
	Pelham Parkway (11)	0
	Williamsbridge (12)	2
Brooklyn	Total	55
	Williamsburg, Greenpoint (01)	8
	Fort Greene, Brooklyn Heights (02)	4
	Bedford Stuyvesant (03)	3
	Bushwick (04)	
	East New York (05)	
	Park Slope (06)	1
	Sunset Park (07)	0
	Crown Heights North (08)	6
	Crown Heights South (09)	5
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	0
	Coney Island (13)	0
	Flatbush, Midwood (14)	1
	Sheepshead Bay (15)	2
	Brownsville (16)	10
	East Flatbush (17)	1
	Canarsie (18)	1

Table 3 (continued): Deaths among Sheltered Homeless Persons Reported by DHS and OCME, by Community District of Shelter, July 1, 2017 – June 30, 2018

		Deaths of Sheltered Homeless Persons
Borough	Community District	Reported by DHS and OCME
Queens	Total	22
	Astoria, Long Island City (01)	3
	Sunnyside, Woodside (02)	1
	Jackson Heights (03)	1
	Elmhurst, Corona (04)	1
	Ridgewood, Glendale (05)	0
	Rego Park, Forest Hills (06)	0
	Flushing (07)	0
	Fresh Meadows, Briarwood (08)	0
	Woodhaven (09)	0
	Howard Beach (10)	1
	Bayside (11)	0
	Jamaica, St. Albans (12)	9
	Queens Village (13)	5
	The Rockaways (14)	1
Staten Island	Total	0
	Port Richmond (01)	0
	Willowbrook, South Beach (02)	0
	Tottenville (03)	0

Table 4a: Homeless Decedents Reported by DHS and OCME, by Location of Death (Community District), July 1, 2017 – June 30, 2018

	2017 – June 30, 2018	Deaths Reported by DHS and OCME Shelter Residency Status														
									, , , , , , , , , , , , , , , , , , , ,			idency	Status			
				Total					Sheltere					Non-Shelt	ered	
									Location						of Death	
Borough	Community District	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter		Outdoors	Other	Total	Shelter		Outdoors	Other
Total	Community District	290	62	148	35			62	80			131	0	•		
Manhattan	Total	98	19	55	11	_		19			3	40	0		9	
Mannactan	Battery Park, Tribeca (01)	3	0	3	0			0								
	Greenwich Village, SOHO (02)	5	0	2	1			0				4	0			1
	Lower East Side (03)	4	3	0	1	_		3					0			
	Chelsea, Clinton (04)	_	4	6	0			4					0			
	Midtown Business District (05)	6	0	0	1	-		0			0	_	0			
	Murray Hill (06)	26	4	21	1			4					0			0
	Upper West Side (07)	1	0	0	1								0			
	Upper East Side (08)	3	0	2	0								0			
	Manhattanville (09)	6	0	4	2			0					0	1		0
	Central Harlem (10)	_	2	6	1			2	_			3	0	_		
	East Harlem (11)	13	4	6	3			4			0		0			
	Washington Heights (12)	7	2	5	0			2			0		0		0	
Bronx	Total	54	9	28	6		26	9			4	_	0			7
	Mott Haven (01)	14	0	14	0			0				_	0			Ć
	Hunts Point (02)	2	0	0	1								0			1
	Morrisania (03)		2	3	1								0		1	1
	Concourse, Highbridge (04)		2	2	1		3	2	1	0		_	0		1	1
	University/Morris Heights (05)	5	2	0	0		4	2	0				0			1
	East Tremont (06)	5	2	2	0			2				1	0		0	
	Fordham (07)	5	0	4	1	 		0					0			
	Riverdale (08)	2	0	0	1			0			0		0		0	1
	Unionport, Soundview (09)	2	0	0	1	. 1	1	0	0	0		1	0	0	1	(
	Throgs Neck (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(
	Pelham Parkway (11)	3	0	3	0								0		0	
	Williamsbridge (12)	3	1	0	0	2	1	1	0	0	0	2	0	0	0	2
Brooklyn	Total	82	18	44	9			18			4		0	17	8	7
	Williamsburg, Greenpoint (01)	4	3	0	1	. 0		3			0		0	0		(
	Fort Greene, Brooklyn Heights (02)	4	0	3	0			0			1	0	0	0	0	(
	Bedford Stuyvesant (03)	19	1	15	0			1	10			8	0	5	0	3
	Bushwick (04)	1	1	0	0	0	1	1	0	0	0	0	0	0	0	(
	East New York (05)	6	4	0	2	. 0	4	4	0	0	0	2	0	0	2	(
	Park Slope (06)	6	0	4	2	. 0	1	0	1	0	0	5	0	3	2	(
	Sunset Park (07)	1	0	1	0								0	1		(
	Crown Heights North (08)	3	3	0	0	0	3	3	0	0	0	0	0	0	0	(
	Crown Heights South (09)	4	0	3	1	. 0	2	0	1	1	0	2	0	2	0	(
	Bay Ridge (10)	1	0	0	1	. 0	0	0	0	0	0	1	0	0	1	(
	Bensonhurst (11)	2	0	0	0	2	1	0	0	0	1	1	0	0	0	1
	Borough Park (12)	5	0	5	0	0	2	0	2	0	0	3	0	3	0	(
	Coney Island (13)	6	0	2	1	. 3	2	0	1	0	1	4	0	1	1	2
	Flatbush, Midwood (14)	3	1	1	1	. 0	1	1	0	0	0	2	0	1	1	(
	Sheepshead Bay (15)	1	0	0	0	1	1	0	0	0	1	0	0	0	0	(
	Brownsville (16)	6	5	0	0	1	5	5	0	0	0	1	0	0	0	1
	East Flatbush (17)	10	0	10	0	0	9			0	0	1	0	1	0	(
	Canarsie (18)	0	0	0	0	+								1	0	_

Table 4a (continued): Homeless Decedents Reported by DHS and OCME, by Location of Death (Community District), July 1, 2017 – June 30, 2018

			Deaths Reported by DHS and OCME																
			Total										sidency Status						
				Total				Sheltered					N	Ion-Shelt	ered				
									Location	of Death				Location	of Death				
Borough	Community District	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other			
Queens	Total	52	16	19	8	9	25	16	7	1	1	27	0	12	7	8			
	Astoria, Long Island City (01)	5	3	0	0	2	3	3	0	0	0	2	0	0	0	2			
	Sunnyside, Woodside (02)	5	1	0	4	0	1	1	0	0	0	4	0	0	4	0			
	Jackson Heights (03)	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0			
	Elmhurst, Corona (04)	7	1	4	1	1	3	1	1	0	1	4	0	3	1	0			
	Ridgewood, Glendale (05)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0			
	Rego Park, Forest Hills (06)	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0			
	Flushing (07)	6	0	3	1	2	0	0	0	0	0	6	0	3	1	2			
	Fresh Meadows, Briarwood (08)	3	0	3	0	0	1	0	1	0	0	2	0	2	0	0			
	Woodhaven (09)	8	0	6	0	2	3	0	3	0	0	5	0	3	0	2			
	Howard Beach (10)	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0			
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Jamaica, St. Albans (12)	8	7	0	0	1	7	7	0	0	0	1	0	0	0	1			
	Queens Village (13)	5	3	1	0	1	4	3	1	0	0	1	0	0	0	1			
	The Rockaways (14)	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0			
Staten	Total	4	0	2	1	1	0	0	0	0	0	4	0	2	1	1			
Island	Port Richmond (01)	3	0	2	0	1	0	0	0	0	0	3	0	2	0	1			
	Willowbrook, South Beach (02)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0			
	Tottenville (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

Table 4b. HRA Homeless Decedents by Location of Death, July 1, 2017 - June 30, 2018 *

		Deaths Repo	rted by HRA*										
		Sheltered											
		Location of Death											
Borough	Total	otal Shelter Hospital Other											
Total	53	30	21	2									
Manhattan	15	6	9	0									
Bronx	21	14	5	2									
Brooklyn	13	8	5	0									
Queens	4	2	2	0									
Staten Island	0	0	0	0									

Table 5: Homeless Decedents by Age, Reporting Agency and Sex, July 1, 2017 - June 30, 2018 *

Table 5. Homeless	and 3. Homeless becounts by Age, Reporting Agency and 30x, July 1, 2017														
Age Category	De	aths Re	ported	by DHS	and OCI	Deaths Reported by HRA*									
	To	tal	Male		Female		Total		Ma	ale	Female				
	All	%	All	%	All	%	All	%	All	%	All	%			
All Ages	290	100	231	80	59	20	53	100	41	77	12	23			
<1	7	2	2	1	5	2	0	0	0	0	0	0			
1-24	4	1	3	1	1	0	0	0	0	0	0	0			
25-44	4 93 32		70	24	23	8	12	23	8	15	4	8			
45-64	-64 157 54		129	44	28	10	37	70	30	57	7	13			
≥65			27	9	2	1	4	8	3	6	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". See: http://webdocs.nyccouncil.info/attachments/66681.htm

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

^{**}Female includes transgender females

Table 6a: Leading Cause of Death among Homeless Decedents Reported by DHS and OCME, by Sex, July 1, 2017 – June 30, 2018

		Sex							
		Tota	al	M	ale	Fen	nale		
	Cause of Death	All	%	All	%	All	%		
Rank*	Total	290	100	231	100	59	100		
1	Drug related	99	34	83	36	16	27		
2	Heart disease	42	14	35	15	7	12		
3	Accidents (excluding drug overdose)	36	12	27	12	9	15		
4	Suicide	11	4	8	3	3	5		
5	Cancer	9	3	8	3	1	2		
6	Mental disorders due to alcohol use (alcohol misuse/dependence)	8	3	6	3	2	3		
7	Influenza/pneumonia	7	2	5	2	2	3		
7	Homicide	7	2	6	3	1	2		
9	Chronic lower respiratory diseases	6	2	4	2	2	3		
10	Diabetes	5	2	4	2	1	2		
10	Stroke	5	2	5	2	0	0		
10	Chronic liver diseases	5	2	4	2	1	2		
13	Sepsis	2	1	2	1	0	0		
14	Aortic aneurysms	1	0	1	0	0	0		
14	Congenital Malformations	1	0	0	0	1	2		
14	Hepatitis	1	0	1	0	0	0		
14	Nephritis	1	0	1	0	0	0		
14	HIV	1	0	0	0	1	2		
14	Alzheimer's Disease	1	0	0	0	1	2		
14	Hypertension	1	0	1	0	0	0		
14	Pregnancy related	1	0	0	0	1	2		
	Other causes not rankable as leading causes	40	14	30	13	10	17		

^{*} Because of ties some ranks do not appear.

Table 6b: Leading Cause of Death among Homeless Decedents Reported by DHS and OCME, by Shelter Residency Status, July 1, 2017 – June 30, 2018

				Shel	ter Res	idency	Status
		Tota	al	Shelt	ered	Non-Si	neltered
	Cause of Death	All	%	All	%	All	%
Rank*	Total	290	100	159	100	131	100
1	Drug related	99	34	63	40	36	27
2	Heart disease	42	14	27	17	15	11
3	Accidents (excluding drug overdose)	36	12	14	9	22	17
4	Suicide	11	4	8	5	3	2
5	Cancer	9	3	3	2	6	5
6	Mental disorders due to alcohol use (alcohol misuse/dependence)	8	3	2	1	6	5
7	Influenza/pneumonia	7	2	5	3	2	2
7	Homicide	7	2	5	3	2	2
9	Chronic lower respiratory diseases	6	2	2	1	4	3
10	Diabetes	5	2	3	2	2	2
10	Stroke	5	2	3	2	2	2
10	Chronic liver diseases	5	2	1	1	4	3
13	Sepsis	2	1	2	1	0	0
14	Aortic aneurysms	1	0	0	0	1	1
14	Congenital Malformations	1	0	1	1	0	0
14	Hepatitis	1	0	1	1	0	0
14	Nephritis	1	0	1	1	0	0
14	HIV	1	0	1	1	0	0
14	Alzheimer's Disease	1	0	1	1	0	0
14	Hypertension	1	0	1	1	0	0
14	Pregnancy related	1	0	1	1	0	0
	Other causes not rankable as leading causes	40	14	14	9	26	20

^{*} Because of ties some ranks do not appear.

Table 6c: External Causes of Death** Among Homeless Decedents Reported by DHS and OCME, by Sex, July 1, 2017 – June 30, 2018

				Se	x		
		To	tal	Ma	ale	Fem	ale
	Cause of Death	All	%	All	%	All	%
Rank*	Total	156	100	127	100	29	100
1	Accidental drug overdose	93	60	7 9	62	14	50
2	Poisoning by noxious substance	14	9	12	9	2	7
3	Suicide	11	7	8	6	3	11
4	Undetermined intent	9	6	7	6	2	7
5	Homicide	7	5	6	5	1	4
6	Other non-transport accidents	6	4	2	2	4	14
7	Falls	5	3	5	4	0	0
8	Exposure to excessive natural cold	4	3	2	2	2	7
8	Railway	4	3	3	2	1	4
10	Motor vehicle accidents	2	1	2	2	0	0
11	Exposure to excessive natural heat	1	1	1	1	0	0

^{*} Because of ties some ranks do not appear.

Table 6d: External Causes of Death among Homeless Decedents Reported by DHS and OCME, by Shelter Residency Status, July 1, 2017 – June 30, 2018

				Shelter Residency Status					
		Tot	tal	Shelt	ered	Non-Sheltered			
	Cause of Death	All	%	All	%	All	%		
Rank*	Total	156	100	89	100	67	100		
1	Accidental drug overdose	93	60	59	66	34	51		
2	Poisoning by noxious substance	14	9	5	6	9	13		
3	Suicide	11	7	8	9	3	4		
4	Undetermined intent	9	6	3	3	6	9		
5	Homicide	7	4	5	6	2	3		
6	Other non-transport accidents	6	4	5	6	1	1		
7	Falls	5	3	1	1	4	6		
8	Exposure to excessive natural cold	4	3	2	2	2	3		
8	Railway	4	3	0	0	4	6		
10	Motor vehicle accidents	2	1	1	1	1	1		
11	Exposure to excessive natural heat	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.

^{**}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 Homeless Decedents Reported by DHS and OCME, by Shelter Residency Status and Location of Death, July 1, 2014 – June 30, 2018

	FY15			FY16				FY17			FY18		
		Shelter Residency Status			Shelter Residency Status			Shelter Residency Status			Shelter Residency Status		
Cause / Location of Death	Total	Sheltered	Non- Sheltered										
Drug Related Total	45	31	14	61	39	22	103	64	39	99	63	36	
In shelter	17	17	0	25	25	0	29	29	0	35	35	0	
In hospital	20	13	7	15	12	3	45	28	17	35	21	14	
Outdoor	2	0	2	5	0	5	10	2	8	11	2	9	
Other location	6	1	5	16	2	14	19	5	14	18	5	13	
Accidental Drug Overdose	31	22	9	51	33	18	86	55	31	93	59	34	
In shelter	16	16	0	20	20	0	26	26	0	34	34	0	
In hospital	8	6	2	13	11	2	36	22	14	32	18	14	
Outdoor	2	0	2	5	0	5	8	2	6	10	2	8	
Other location	5	0	5	13	2	11	16	5	11	17	5	12	
Chronic Drug Use	14	9	5	10	6	4	17	9	8	6	4	2	
In shelter	1	1	0	5	5	0	3	3	0	1	1	0	
In hospital	12	7	5	2	1	1	9	6	3	3	3	0	
Outdoor	0	0	0	3	0	3	2	0	2	1	0	1	
Other location	1	1	0	0	0	0	3	0	3	1	0	1	
5 110 10 10 10 10 10 10 10 10 10 10 10 10													
Homicide Total	8	5	3	8	7	1	6	5	1	7	5	2	
In shelter	1	1	0	2	2	0	0	0	0	0	0	0	
In hospital	6	3	3	5	4	1	5	5	0	5	4	1	
Outdoor	1	1	0	1	1	0	1	0	1	1	0	1	
Other location	0	0	0	0	0	0	0	0	0	1	1	0	
Other location	0	U	0	U	U		0	U			1		
Cold-related Total	5	1	4	2	0	2	2	0	2	4	0	4	
In shelter	0	0	0	0	0	0	0	0	0	0	0	0	
In hospital	3	1	2	1	0	1	2	0	2	2	0	2	
Outdoor	0	0	0	1	0	1	0	0	0	2	0	2	
Other location	2	0	2	0	0	0	0	0	0	0	0	0	
Other location		U		U	U	0	0	U	0	0	0		
Heart disease Total	20	22	15	10	20	10	53	2.4	10	42	27	15	
	38	23	15	48	29	19		34	19	42	27	15	
In shelter	9	9	0	15	15	0	16	16	0	13	13	10	
In hospital	19	11	8	23	14	9	27	18	9	24	14	10	
Outdoor	4	1	3	4	0	4	3	0	3	2	0	2	
Other location	6	2	4	6	0	6	7	0	7	3	0	3	
Acadelanta Tatul	22	2	20	24		17	27	10	17	20	1.4	22	
Accidents Total	23	3	20	24	7	17	27	10	17	36	14	22	
In shelter	0	0	0	0	0	0	0	0	0	2	2	0	
In hospital	12	3	9	10	4	6	14	6	8	19	8	11	
Outdoor	10	0	10	8	2	6	9	3	6	7	0	7	
Other location	1	0	1	6	1	5	4	1	3	8	4	4	
Suicides Total	5	2	3	6	2	4	6	5	1	11	8	3	
In shelter	1	1	0	1	1	0	3	3	0	2	2	0	
In hospital	1	1	0	0	0	0	0	0	0	3	2	1	
Outdoor	2	0	2	3	0	3	0	0	0	3	3	0	
Other location	1	0	1	2	1	1	3	2	1	3	1	2	