

Deaths Among Persons Experiencing Homelessness

Annual Report

2026

New York City Department of Health

New York City Department of Social Services/Homeless Services

**Twentieth Annual Report on Deaths
Among Persons Experiencing Homelessness
(July 1, 2024 – June 30, 2025)
New York City Department of Health and Mental Hygiene
New York City Department of Social Services/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 access public benefits, housing, and other services. 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 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, a Harm Reduction Strategic Plan aiming at reducing the harmful impacts of substance use, safe sleep and child health initiatives, and 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 possible but 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 2025 (FY25), 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).

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 FY25 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.

Summary

During the period July 1, 2024, through June 30, 2025 (Fiscal Year 2025, FY25), there were 634 deaths among persons experiencing homelessness, as identified by DHS and OCME.¹ In FY25, the highest number (n=191; 30%) of deaths were reported in the third quarter (January 1- March 31, 2025). HRA separately reported 87 deaths during FY25. 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 decreased by nearly 18% in FY25 (n=634), compared to the number of deaths reported in FY24 (n=770).

Of the 634 deaths, the majority were among males (84%; n=533), and persons aged 45 to 64 years (49%; n=308), similar to prior years. Non-sheltered individuals accounted for 52% of decedents (n=329), a similar proportion compared to FY24 (51%; n=389), but a drop of 15% in total counts; note that this category includes individuals who were unstably housed but not chronically experiencing street homelessness at or before the time of death. The remaining 305 deaths were among sheltered residents, of whom 63% died in a hospital (n=192). The 305 sheltered decedents represent 48% of decedents, nearly the same proportion as in FY24 (49%; n=381).

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 (58%; n=368), up 2 percentage points from FY24 (56%, n=434); there were 86 deaths that occurred outdoors (14%), a decrease from 100 (13%) in FY24, and 107 (17%) deaths at other locations, identical in proportion to FY24 (17%; n=134).
- Among sheltered residents, 24% (n=73) died in shelters, down 3 percentage points from FY24 (27%, n=102); 63% died in a hospital (n=192), up 5 percentage points from FY24 (58%; n=222).

¹ No HPD deaths were included in the report per LL7's definition that HPD clients must also be DHS clients.

- Among non-sheltered decedents, 53% (n=176) died in a hospital, a similar proportion to FY24 (54%; n=212), and 71 (22%) died outdoors, an increase of 2 percentage points from FY24 (20%; n=77).
- There were 25 (8%) deaths in other locations among sheltered residents compared to 82 (25%) among non-sheltered persons.
- The top five leading causes of death in FY25 were drug-related (40%; n=251), heart disease (12%; n=78), accidents (excluding drug overdose) (9%; n=60), alcohol misuse/dependence (5%; n=34), and cancer (4%; n=23).
- Drug-related deaths remained the leading cause of death among persons experiencing homelessness, consistent with citywide and national trends, a 28% decrease in counts compared to FY24, from 348 (45%) in FY24 to 251 (40%) in FY25.
- In FY25 there were 2 COVID-19 deaths, down from 3 in FY24.
- The proportion and number of deaths due to alcohol misuse/dependence was similar in FY25 (n=34; 5%), compared to FY24 (n=34; 4%).
- The number of deaths due to heart disease decreased by 27%: to 78 (12%) in FY25 from 107 in FY24 (14%).
- Deaths due to stroke decreased by half to 7 (1%) in FY25 from 14 (<2%) in FY24.
- The majority of deaths reported in this document were investigated by OCME (87%; n=550), similar to prior years.
- There were 8 infant deaths in FY25, 2 females and 6 males, less than half as many as in FY24 (n=17). Three were due to sudden infant death syndrome.

Deaths among persons experiencing homelessness reported by HRA. There were 87 deaths reported by HRA in FY25, 30 (27%) less than in FY24. The majority of decedents were male (84%; n=73) and between the ages of 45 to 64 years (53%; n=46). These individuals most commonly died in hospitals (29%; n=25) and in HIV/AIDS Services Administration (HASA) housing (24%; n=21).

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.

The NYC DHS made an important update to the city’s reporting methodology with the FY23 annual mortality report to include all individuals believed to be experiencing unsheltered homelessness at the time of death based on the LL7 definition of unsheltered decedents, with a greater focus on deferring to the viability of OCME determinations about the decedent’s housing status. Prior reports excluded many individuals who were undomiciled at the time of death per OCME’s preliminary findings because DHS could not independently corroborate that or did not agree with the assessment, including individuals who were unstably housed but their case did not reflect chronicity in terms of experiencing homelessness. In keeping with a more expansive interpretation of the LL7 definition for this category, the reports for FY23, FY24, and FY25 include many more cases in which DHS’s assessment affirms OCME’s preliminary findings that the individual was experiencing unsheltered homelessness or housing instability at the time of death.

Table M1: Criteria for Shelter Residency Status

Sheltered decedent	Non-Sheltered decedent
<ul style="list-style-type: none"> - 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. <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 (emergency & 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/Stabilization Bed 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(s)/drop-in center(s). - OCME may note a decedent as possibly experiencing unsheltered homelessness based on factors such as on-site investigation (location of death, appearance personal hygiene, etc.), hospital reports, or family confirmation. DHS Health Services Office reviews these cases and makes the final determination as to whether the person is reasonably believed to be experiencing homelessness based on the totality of the circumstances and strength of the available information.

Data Collection and Analysis

For FY25, 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

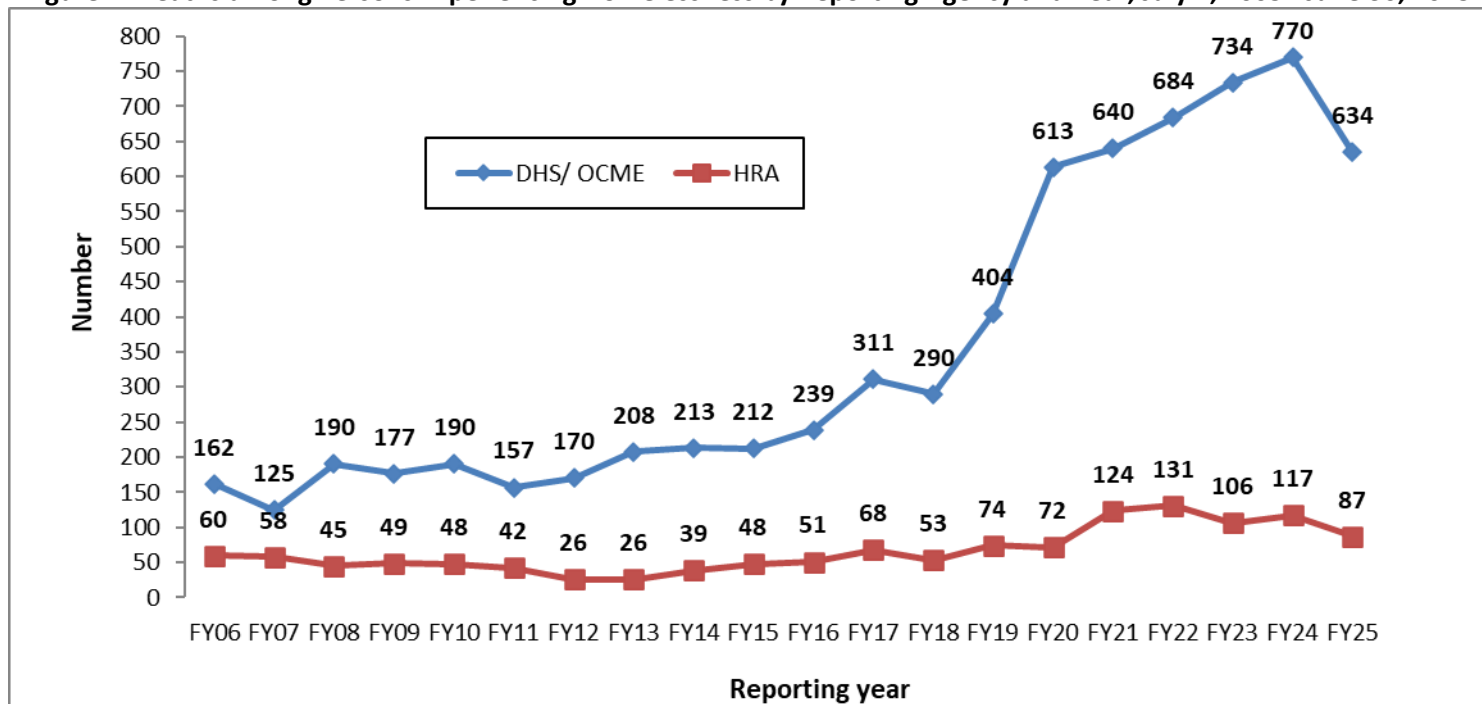
Terminology for Drug-related Deaths		
	Drug-related <i>Umbrella term to describe underlying cause of deaths due to Chronic Drug Use and Accidental Drug Overdose</i>	
	Chronic Drug Use	Accidental Drug Overdose
Definition	Chronic drug use, long-term impact	Accidental drug overdose, acute event, sudden, excess drug use
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 634 deaths among persons experiencing homelessness in NYC, representing a decrease of 18% in the overall number of deaths compared to FY24 (n=770).

Trend in the Number of Deaths

Figure 1. Deaths among Persons Experiencing Homelessness by Reporting Agency and Year, July 1, 2005 - June 30, 2025



The number of deaths among DHS clients has ranged between 125 in FY07 and 770 in FY24 (Figure 1). Within FY25, the third quarter (January 1- March 31, 2025) had the highest number of deaths (n=191); 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, 2025

In FY25, the OCME investigated the majority of deaths among persons experiencing homelessness (87%; n=550), in range with previous years (81% to 91%) (Figure 2). Among the 305 sheltered decedents, 73% (n=224) were investigated by OCME. Among the non-sheltered decedents, 99% (n=326) were investigated by OCME (Table 2).

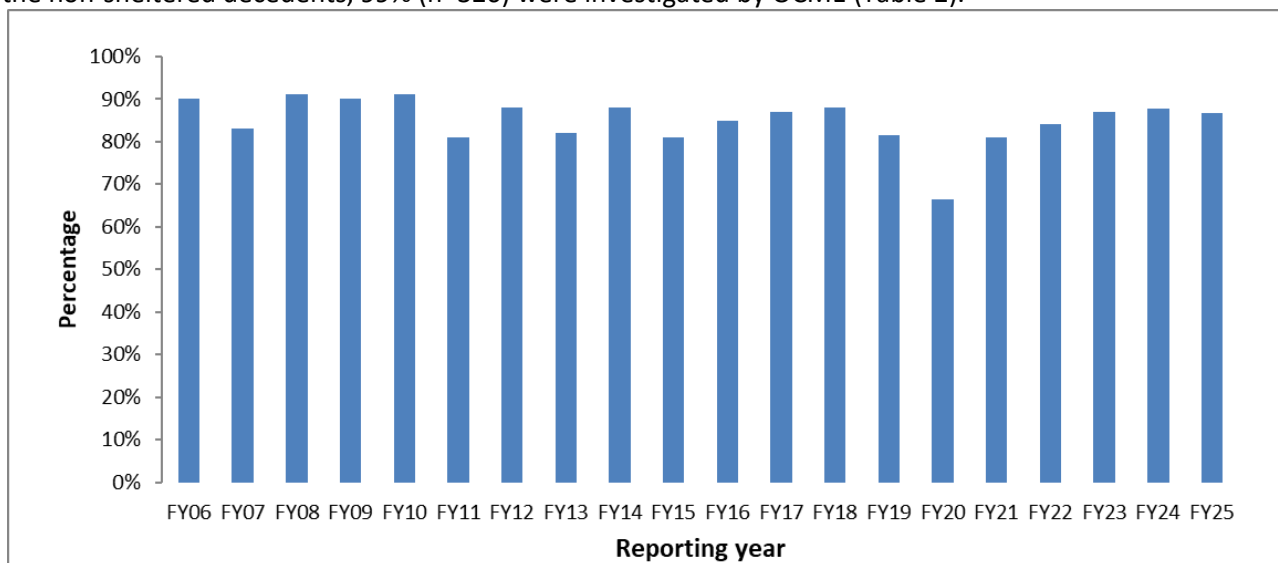
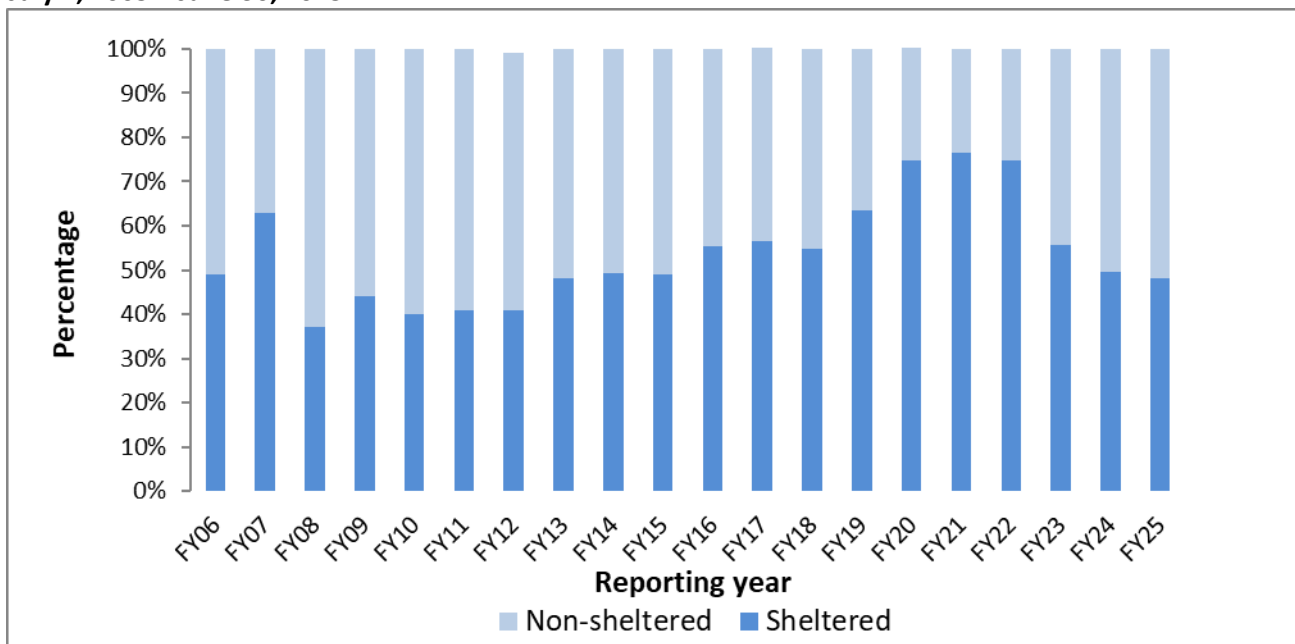


Figure 3. Percent of Deaths among Persons Experiencing Homelessness Reported by DHS and OCME by Shelter Residency Status, July 1, 2005 – June 30, 2025



DHS and OCME-reported decedents

Of the 634 deaths in FY25, 48% (n=305) of decedents were sheltered and 52% (n=329) were non-sheltered (Figure 3, Table 2). The number of deaths among sheltered decedents decreased by 20% in FY25, compared to FY24 (n=381). The number of deaths among unsheltered persons decreased from 389 (51%) in FY24 to 329 (52%) in FY25, a 15% decrease.

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 Tables 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, 58% (n=368) of the persons experiencing homelessness died in a hospital in FY25, up two percentage points from FY24 (56%; n=434). The number of outdoor deaths decreased in FY25 (14%; n=86), compared to FY24 (13%; n=100).

Non-sheltered decedents

Among non-sheltered decedents, hospital deaths accounted for 53% (n=176) of deaths, followed by other places (25%; n=82), and outdoors (22%; n=71) (Figure 4, Table 4a). The number of outdoor deaths among non-sheltered individuals decreased in FY25 to 71 from 77 in FY24, an 8% decrease (Figure 4). Of the 82 non-sheltered decedents who died in other places, the majority died in a friend or family member's apartment (n=28, compared to 23 in FY24), followed by a subway car/subway platform/train station (n=25, compared to 42 in FY24) a public space in a building (n=20, compared to 22 in FY24), abandoned building (n=3), hotel/motel (n=1), and five in other, not elsewhere classified locations.

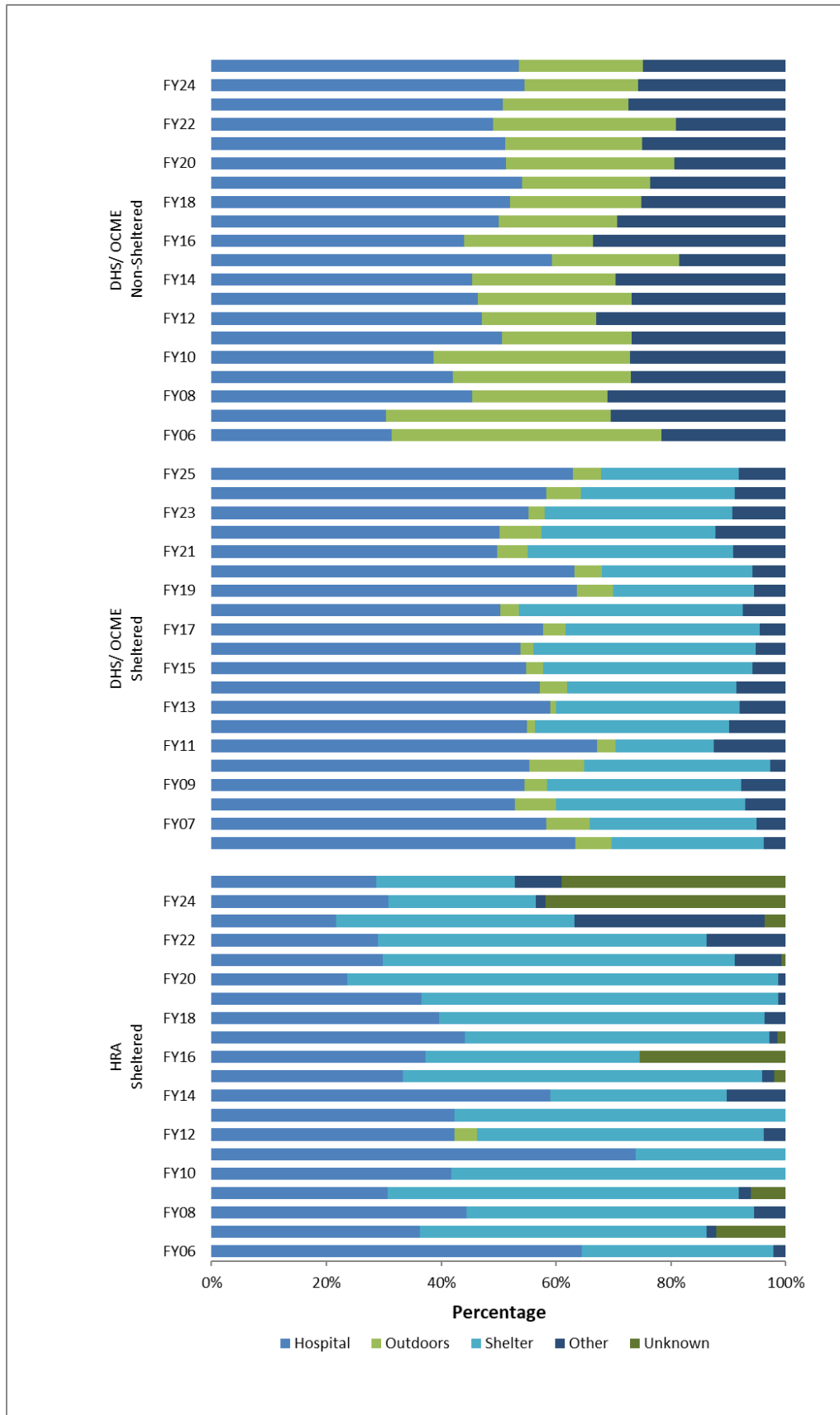
Sheltered decedents

Deaths in hospitals accounted for over half (63%; n=192) of deaths among sheltered decedents, with counts decreasing 14 percent from FY24 (58%; n=222) (Figure 4, Table 4a). The next most frequent location of death was shelter (24%; n=73), a 28% decrease from FY24 (27%; n=102), followed by other places (8%; n=25) and outdoors (5%; n=15). The majority of shelter decedents resided in shelters located in Manhattan (32%; n=99), followed by Brooklyn (29%; n=87), the Bronx (23%; n=69), Queens (15%; n=46), and Staten Island (1%; n=4) (Table 3).

HRA-reported decedents

The 87 HRA-reported deaths died in hospitals (29%; n=25), HASA housings (24%; n=21), and other places (47%; n=41) (Table 4b). The majority of deaths among HRA clients occurred in Brooklyn (44%; n=38), followed by the Bronx (36%, n=31), Manhattan (18%; n=16), and Queens (2%; n=2). (Table 4b).

Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2025



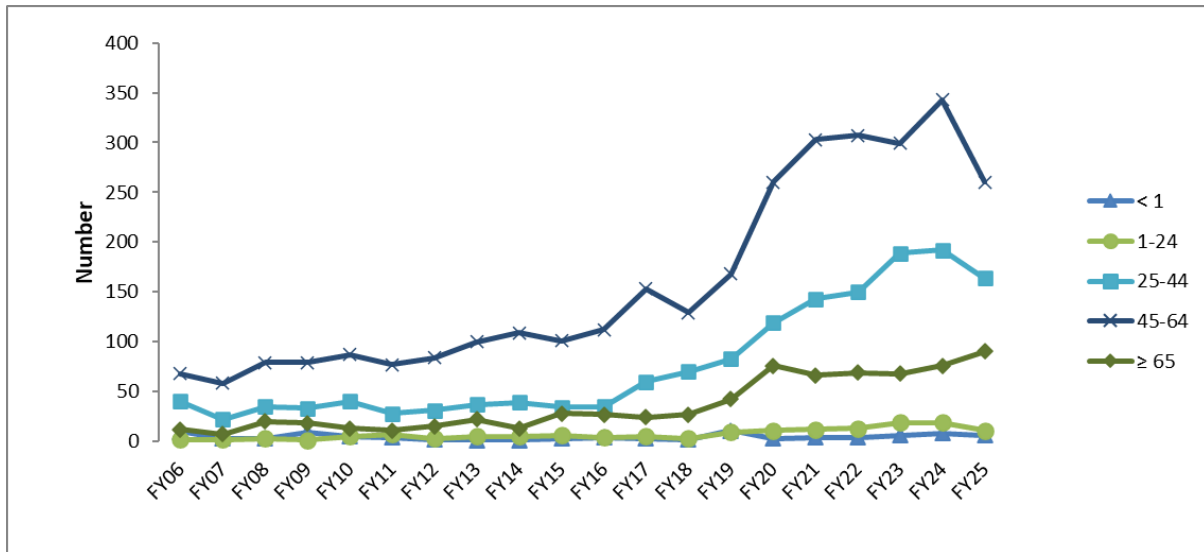
Demographic Characteristics

DHS and OCME reported deaths

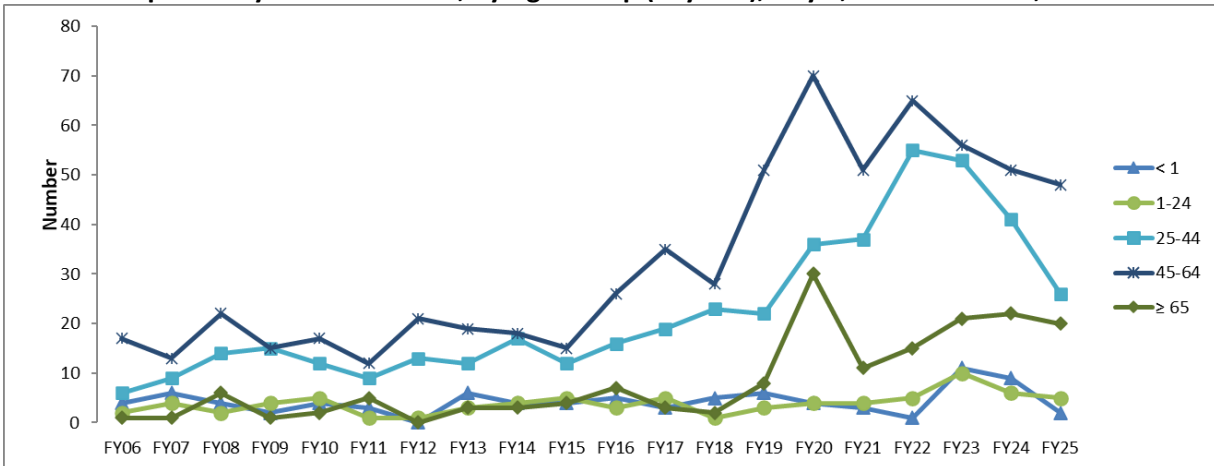
The majority (49%; n=308) of deaths occurred among persons aged 45 to 64 years (Figures 5a and 5b, Table 5a). The proportion of decedents aged 65 years and older was 17% (n=110), an increase of 4 percent compared to FY24 (13%; n=98). Decedents aged 1 to 24 years accounted for 3% (n=16) of deaths. There were 8 infant deaths (1%) in FY25, down from 17 in FY24.

In FY25, males accounted for 84% of all deaths (n=533), where 49% (n=260) of these deaths were in males aged 45 to 64, followed by 31% (n=164) in males aged 25 to 44. Females accounted for 16% (n=101) of all deaths, where 48% (n=48) of these deaths were in females aged 45 to 64, 25% (n=25) were in females aged 25 to 44, and 20% 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, 2025**



**Figure 5b. Female Deaths among Persons Experiencing Homelessness
Reported by DHS and OCME, by Age Group (in years), July 1, 2005 - June 30, 2025**



HRA-Reported Deaths

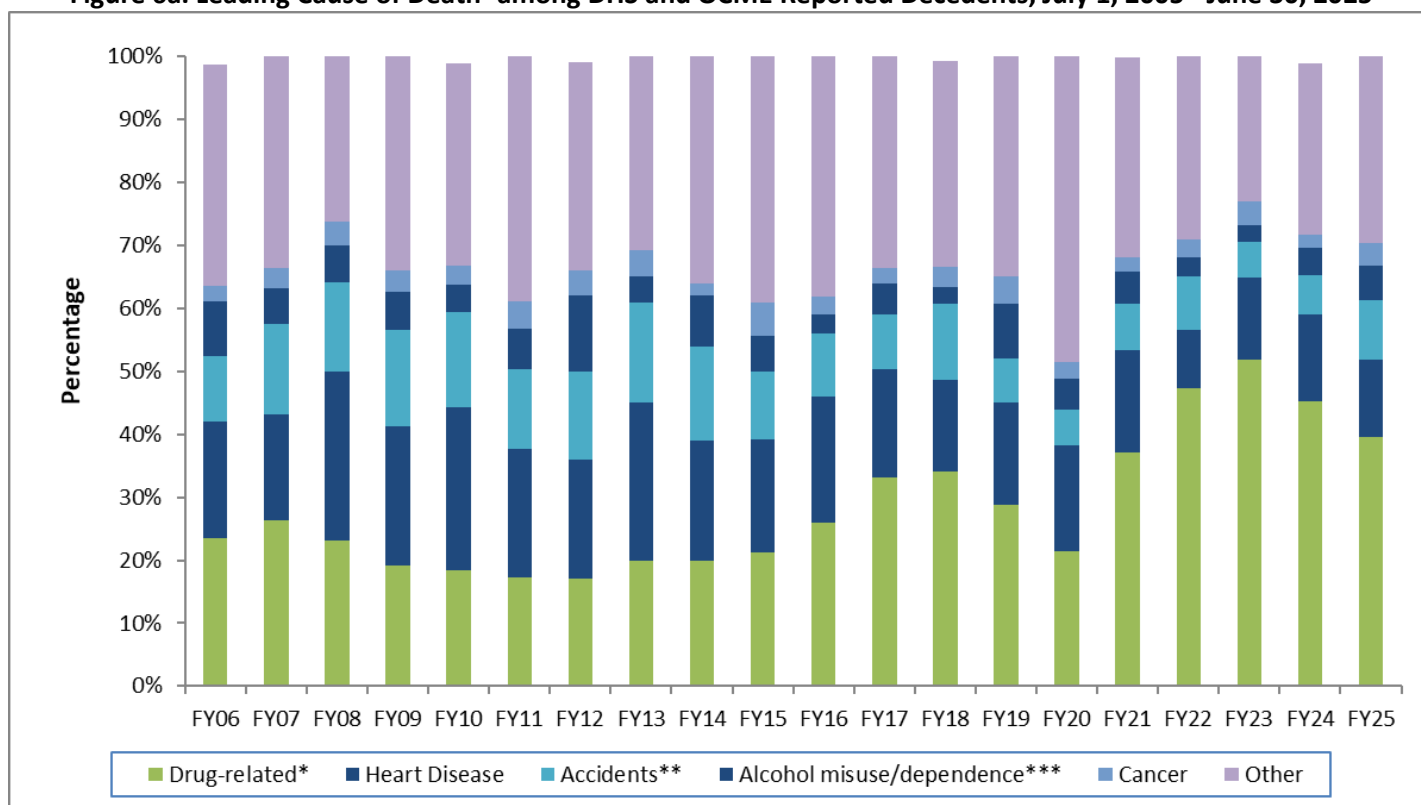
Among the 87 HRA-reported deaths, 84% (n=73) were male and 16% (n=14) were female. The age group 45 to 64 years accounted for 53% (n=46) of decedents, followed by those aged 25 to 44 years (31%; n=27), and 65 years and older (14%; n=12) (Table 5a).

Leading Cause of Death (DHS and OCME reported)

In FY25, the number of homeless deaths attributed to drug use decreased by 28% (n=251, 40% of deaths) compared to 348 (45% of deaths) in FY24, though it remained the leading cause of death (Figure 6a, Table 6a). Drug-related deaths include underlying cause of death codes that capture deaths due to chronic and/or unspecified drug use and/or accidental drug intoxication (overdose) (see table M2 in Methods). The number of accidental drug overdose deaths decreased 30% from 336 (44% of all deaths) in FY24 to 235 (37%) in FY25 (Figure 6d, Table 7).

Heart disease remained the second leading cause of death in FY25 (12%; n=78) compared to FY24 (14%; n=107), a 27% decrease in counts. Accidents (excluding drug overdose) were third (9%; n=60), a 28% increase from FY24 (6%; n=47). Alcohol misuse/dependence was the fourth leading cause of death (5%, n=34), similar to FY24 (4%; n=34). Cancer (4%; n=23) was the fifth leading cause of death, an increase from FY24 (2%; n=16). The proportion of deaths due to homicide remained similar (2%; n=11) in FY25, compared to FY24 (2%; n=14). At the time of this report, cause of death had not yet been determined for 46 decedents in FY25. 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, 2025



*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

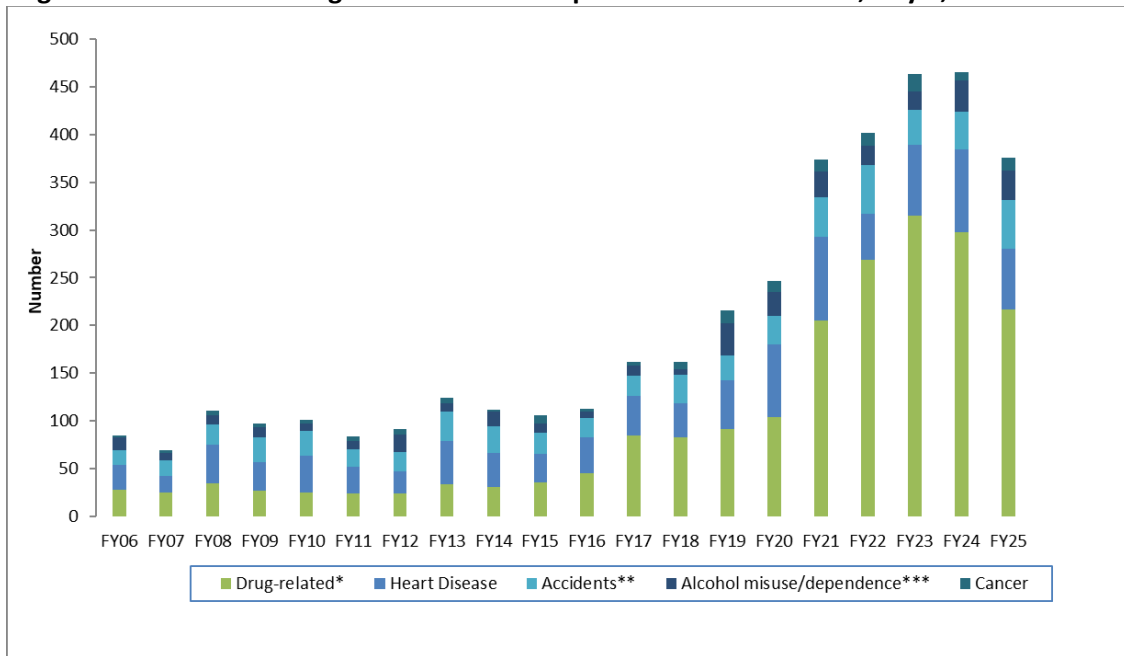
***Mental and Behavioral Disorders due to the Use of Alcohol

[†]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)

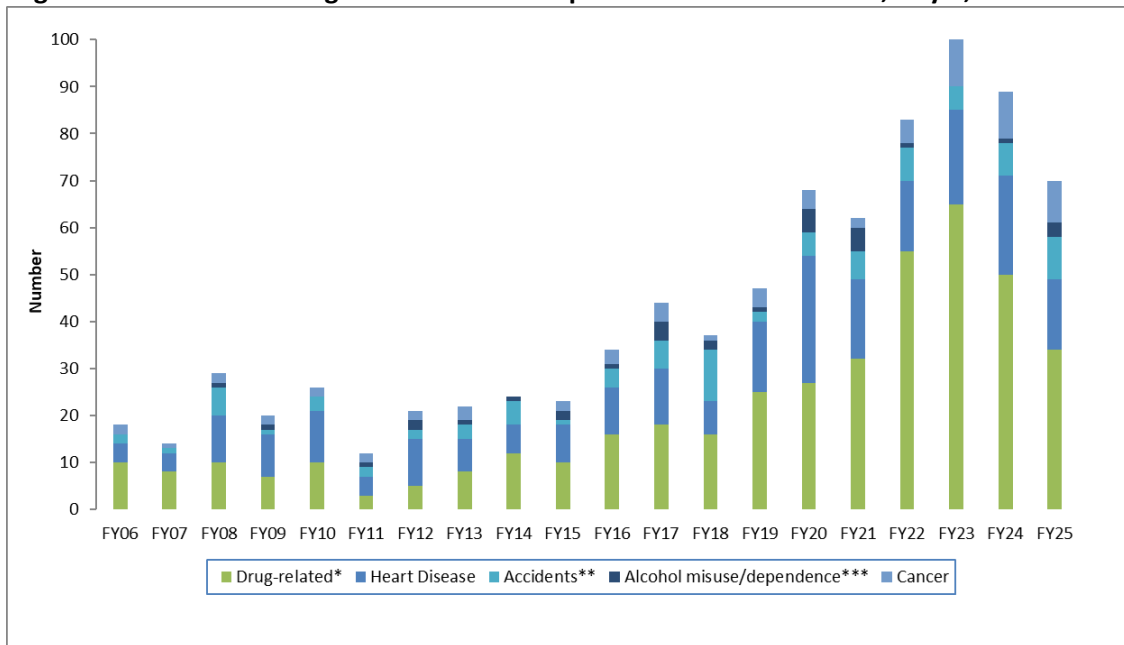
Among both males (41%; n=217) and females (34%; n=34), drug-related deaths were the leading cause of death in FY25 (Figure 6b and 6c, Table 6a). See Table 6a for the complete list of leading causes of death by sex.

Figure 6b. Leading Cause of Death[†] among DHS and OCME Reported Male Decedents, July 1, 2005 – June 30, 2025



*Use of or poisoning by psychoactive substance (Mental and Behavioral 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
[†]Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

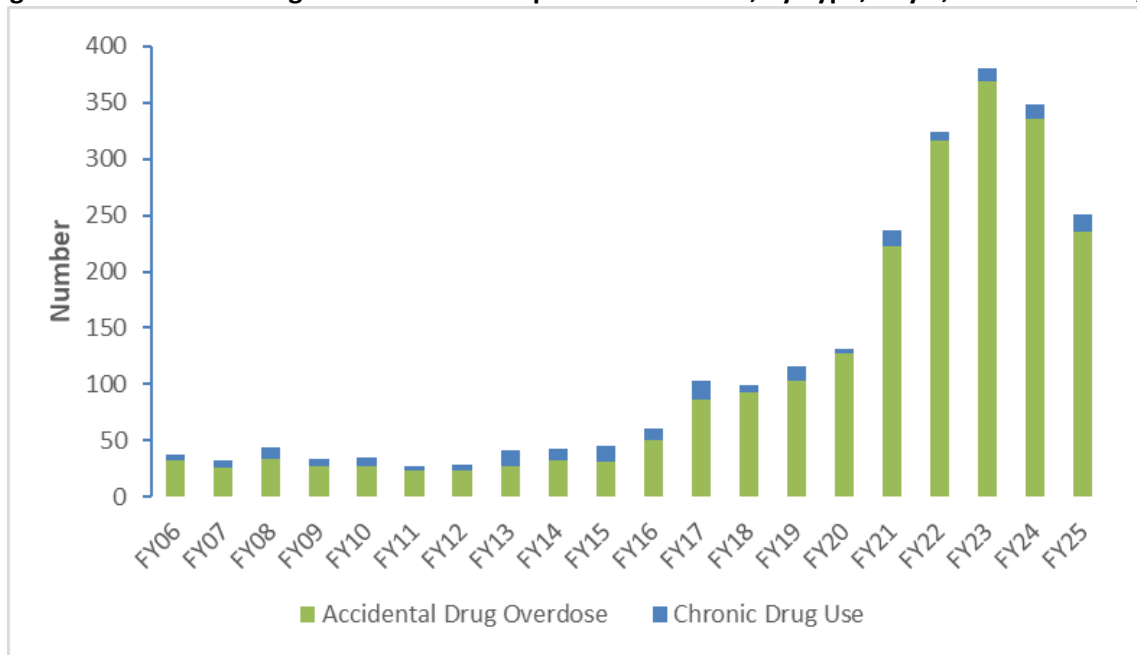
Figure 6c. Leading Cause of Death[†] among DHS and OCME Reported Female Decedents, July 1, 2005 – June 30, 2025



*Use of or poisoning by psychoactive substance (Mental and Behavioral 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

†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, 2025



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

In FY25, the leading cause of death among sheltered decedents was drug-related (33%; n=102), followed by heart disease (15%; n=46), cancer (7%; n=22), accidents (excluding drug overdose) (6%; n=19), suicide (3%; n=9), flu/pneumonia (3%; n=9), and homicide (2%; n=6) (Table 6b).

Among unsheltered decedents, the leading cause of death was drug-related (45%; n=149), followed by accidents (excluding drug overdose) (12%; n=41), heart disease (10%; n=32), alcohol misuse/dependence (8%; n=27), suicide (3%; n=9), flu/pneumonia (3%; n=7), and homicide and chronic liver disease (each at 2%; n=5) (Table 6b).

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

Among the 329 unsheltered persons who died in FY25:

- Over a fifth (22%; n=71) occurred outdoors (Table 4a), including deaths from drug-related causes (35%; n=25), heart disease (15%; n=11), accidents (excluding drug overdose) (14%; n=10), and alcohol misuse/dependence (11%; n=8)
- A total of 82 deaths (25%) occurred in other locations (not outdoors or in a hospital) (Table 4a), including deaths from drug-related causes (51%; n=42), accidents (excluding drug overdose) (12%; n=10), alcohol misuse/dependence (6%; n=5), heart disease (5%; n=4), suicide (4%; n=3), homicide (2%; n=2), and diabetes (1%; n=1). There were 10 deaths (12%) with pending cause of death and 3 (4%) with other causes not ranked as leading causes of death.
- The remaining deaths (53%; n=176), occurred in hospitals, including drug-related deaths (47%; n=82), accidents (excluding drug overdose) (12%; n=21), heart disease (10%; n=17), alcohol misuse/dependence (8%; n=14), flu/pneumonia (3%; n=5), and 3 each for suicide and chronic liver disease.

Among the 305 decedents who were living in a shelter at the time of death:

- Almost one-fourth (24%; n=73) of deaths occurred in a shelter, including 42 (58%) drug-related deaths (all of which were accidental overdoses), 13 (18%) from heart disease, and 3 (4%) from diabetes. There were 5 deaths for which cause of death was pending.
- Most deaths (63%; n=192) occurred in a hospital (more than any other setting), including 44 (23%) drug-related, 32 (17%) from heart disease, 21 (11%) from cancer, 11 (6%) from accidents (excluding drug overdose), 8 (4%) from flu/pneumonia, 6 (3%) from homicide, 5 (3%) each from stroke and septicemia, and 3 each from suicide, diabetes, alcohol misuse/dependence, chronic respiratory disease, and chronic liver disease. There were 10 deaths for which cause of death was pending, and 22 deaths (11%) due to other causes not ranked as leading causes of death.
- Of the 15 (5%) deaths that occurred outdoors, 6 (40%) were drug related and 4 were due to suicide.
- 25 (8%) deaths occurred in other places (excluding shelter, outdoors, or hospital). Of those, 10 (40%) were drug-related, and 6 were due to accidents (excluding drug overdose).

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

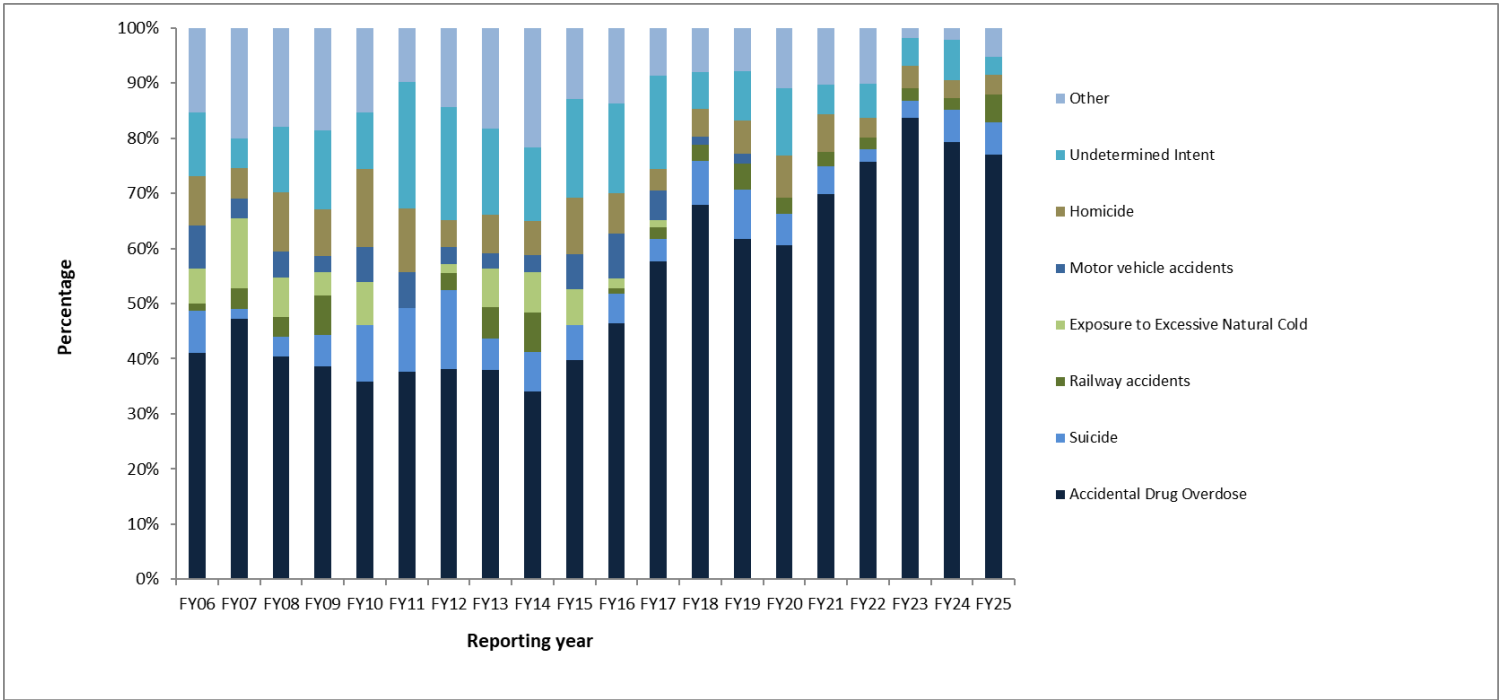
There were 8 infant deaths reported in FY25, less than half as many as in FY24 (n=17). Six were male, and two were female. Four died within the first month after birth, and four died in the post-neonatal period. Causes of infant deaths include 3 with sudden infant death syndrome. There was also one death for which the cause of death was pending. Since reporting began in 2005, 178 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 FY23 (Figure 7). Of the 334 deaths due to external causes in FY25, 41% (n=137) occurred among residents of shelters and 59% (n=197) among non-sheltered persons (Figure 7, Table 6d). Among deaths due to external causes, most (70%; n=235) were due to accidental drug overdose, followed by suicide (5%; n=18), railway accidents (4%; n=15), exposure to excessive natural cold (4%; n=15), motor vehicle accidents (4%; n=14), homicide (3%; n=11), poisoning by noxious substance (1%; n=5), exposure to excessive natural heat (1%; n=4), and falls (1%; n=3) (Figure 7, Tables 6c and 6d). Additionally, for 3% (n=10) 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, 72% (n=99) of external deaths were due to accidental drug overdose versus 69% (n=136) among non-sheltered persons. Among non-sheltered persons, 7% (n=13) of deaths were due to exposure to excessive natural cold versus 1% (n=2) among sheltered persons (Table 6d).

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



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

TABLES

Table 1: LL7 Categories for Classifying Location of Deaths

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, 2024 – June 30, 2025

Month of Death	Deaths Reported by DHS and OCME									Deaths Reported by HRA*
	Total			Shelter Residency Status						
				Sheltered			Non-Sheltered			
	All	OCME	Non-OCME	All	OCME	Non-OCME	All	OCME	Non-OCME	Total
Total	634	550	84	305	224	81	329	326	3	87
JUL24	44	35	9	30	21	9	14	14	0	10
AUG24	41	37	4	16	12	4	25	25	0	10
SEP24	42	37	5	19	14	5	23	23	0	7
OCT24	46	38	8	23	15	8	23	23	0	4
NOV24	60	53	7	27	20	7	33	33	0	7
DEC24	69	63	6	24	18	6	45	45	0	3
JAN25	78	69	9	36	27	9	42	42	0	9
FEB25	61	53	8	33	27	6	28	26	2	6
MAR25	52	47	5	23	18	5	29	29	0	13
APR25	56	51	5	24	19	5	32	32	0	5
MAY25	36	29	7	24	17	7	12	12	0	4
JUN25	49	38	11	26	16	10	23	22	1	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, 2024 – June 30, 2025

Borough	Community District of Shelter	Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME
Total		305
Manhattan	Total	69
	Battery Park, Tribeca (01)	0
	Greenwich Village, SOHO (02)	1
	Lower East Side (03)	14
	Chelsea, Clinton (04)	17
	Midtown Business District (05)	4
	Murray Hill (06)	16
	Upper West Side (07)	4
	Upper East Side (08)	0
	Manhattanville (09)	5
	Central Harlem (10)	1
	East Harlem (11)	7
	Washington Heights (12)	0
Bronx	Total	73
	Mott Haven (01)	9
	Hunts Point (02)	7
	Morrisania (03)	19
	Concourse, Highbridge (04)	7
	University/Morris Heights (05)	10
	East Tremont (06)	4
	Fordham (07)	7
	Riverdale (08)	1
	Unionport, Soundview (09)	1
	Throgs Neck (10)	1
	Pelham Parkway (11)	0
	Williamsbridge (12)	7
Brooklyn	Total	114
	Williamsburg, Greenpoint (01)	13
	Fort Greene, Brooklyn Heights (02)	7
	Bedford Stuyvesant (03)	4
	Bushwick (04)	11
	East New York (05)	17
	Park Slope (06)	8
	Sunset Park (07)	10
	Crown Heights North (08)	7
	Crown Heights South (09)	7
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	1
	Coney Island (13)	0
	Flatbush, Midwood (14)	0
	Sheepshead Bay (15)	0
	Brownsville (16)	22
	East Flatbush (17)	3
Canarsie (18)	4	

Table 3 (continued): Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME, by Community District of Shelter, July 1, 2024 – June 30, 2025

Borough	Community District of Shelter	Deaths among Sheltered Persons Experiencing Homelessness Reported by DHS and OCME
Queens	Total	46
	Astoria, Long Island City (01)	5
	Sunnyside, Woodside (02)	3
	Jackson Heights (03)	1
	Elmhurst, Corona (04)	0
	Ridgewood, Glendale (05)	1
	Rego Park, Forest Hills (06)	1
	Flushing (07)	1
	Fresh Meadows, Briarwood (08)	5
	Woodhaven (09)	1
	Howard Beach (10)	3
	Bayside (11)	0
	Jamaica, St. Albans (12)	6
	Queens Village (13)	13
The Rockaways (14)	6	
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, 2024 – June 30, 2025

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
		Total	Location of Death				Total	Location of Death				Total	Location of Death			
Shelter	Hospital		Outdoors	Other	Shelter	Hospital		Outdoors	Other	Shelter	Hospital		Outdoors	Other		
Total		634	73	368	86	107	305	73	192	15	25	329	0	176	71	82
Manhattan	Total	218	20	140	24	34	99	20	66	5	8	119	0	74	19	26
	Battery Park, Tribeca (01)	19	0	16	1	2	5	0	4	0	1	14	0	12	1	1
	Greenwich Village, SOHO	11	1	8	1	1	5	1	3	0	1	6	0	5	1	0
	Lower East Side (03)	11	3	0	3	5	3	3	0	0	0	8	0	0	3	5
	Chelsea, Clinton (04)	20	5	10	3	2	13	5	7	1	0	7	0	3	2	2
	Midtown Business District	7	1	0	1	5	3	1	0	1	1	4	0	0	0	4
	Murray Hill (06)	55	2	50	1	2	33	2	29	1	1	22	0	21	0	1
	Upper West Side (07)	2	1	0	1	0	1	1	0	0	0	1	0	0	1	0
	Upper East Side (08)	12	0	9	1	2	6	0	6	0	0	6	0	3	1	2
	Manhattanville (09)	17	5	9	1	2	9	5	2	1	1	8	0	7	0	1
	Central Harlem (10)	23	0	15	2	6	6	0	4	0	2	17	0	11	2	4
	East Harlem (11)	26	2	16	2	6	13	2	9	1	1	13	0	7	1	5
	Washington Heights (12)	14	0	7	6	1	2	0	2	0	0	12	0	5	6	1
Central Park (64)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	
Bronx	Total	130	17	72	12	29	69	17	42	1	9	61	0	30	11	20
	Mott Haven (01)	32	3	21	3	5	15	3	11	0	1	17	0	10	3	4
	Hunts Point (02)	3	0	0	1	2	2	0	0	0	2	1	0	0	1	0
	Morrisania (03)	9	6	0	0	3	7	6	0	0	1	2	0	0	0	2
	Concourse, Highbridge (04)	13	4	7	0	2	9	4	4	0	1	4	0	3	0	1
	University/Morris Heights	6	1	0	1	4	2	1	0	0	1	4	0	0	1	3
	East Tremont (06)	31	1	22	3	5	15	1	12	1	1	16	0	10	2	4
	Fordham (07)	14	2	7	2	3	6	2	3	0	1	8	0	4	2	2
	Riverdale (08)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1
	Unionport, Soundview (09)	4	0	0	1	3	1	0	0	0	1	3	0	0	1	2
	Throgs Neck (10)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
	Pelham Parkway (11)	14	0	13	0	1	10	0	10	0	0	4	0	3	0	1
	Williamsbridge (12)	2	0	2	0	0	2	0	2	0	0	0	0	0	0	0
Brooklyn	Total	172	24	95	25	28	87	24	55	3	5	85	0	40	22	23
	Williamsburg, Greenpoint	4	2	0	2	0	4	2	0	2	0	0	0	0	0	0
	Fort Greene, Brooklyn	8	1	7	0	0	6	1	5	0	0	2	0	2	0	0
	Bedford Stuyvesant (03)	24	0	19	0	5	13	0	13	0	0	11	0	6	0	5
	Bushwick (04)	13	1	9	0	3	6	1	5	0	0	7	0	4	0	3
	East New York (05)	7	3	0	2	2	4	3	0	0	1	3	0	0	2	1
	Park Slope (06)	15	2	8	1	4	6	2	3	0	1	9	0	5	1	3
	Sunset Park (07)	10	2	7	1	0	5	2	3	0	0	5	0	4	1	0
	Crown Heights North (08)	4	2	0	0	2	3	2	0	0	1	1	0	0	0	1
	Crown Heights South (09)	14	5	6	2	1	12	5	6	0	1	2	0	0	2	0
	Bay Ridge (10)	4	0	0	3	1	0	0	0	0	0	4	0	0	3	1
	Bensonhurst (11)	2	0	0	1	1	0	0	0	0	0	2	0	0	1	1
	Borough Park (12)	5	0	4	1	0	1	0	1	0	0	4	0	3	1	0
	Coney Island (13)	15	0	7	5	3	0	0	0	0	0	15	0	7	5	3
	Flatbush, Midwood (14)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sheepshead Bay (15)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Brownsville (16)	13	6	0	3	4	7	6	0	0	1	6	0	0	3	3
	East Flatbush (17)	28	0	27	0	1	19	0	19	0	0	9	0	8	0	1
Canarsie (18)	6	0	1	4	1	1	0	0	1	0	5	0	1	3	1	

Table 4a (continued): Deaths among Persons Experiencing Homelessness Reported by DHS and OCME, by Location of Death (Community District), July 1, 2024 – June 30, 2025

Borough	Community District of Death	Deaths Reported by DHS and OCME														
		Total					Shelter Residency Status									
							Sheltered					Non-Sheltered				
		Total	Location of Death				Total	Location of Death				Total	Location of Death			
	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other		
Total	Total	634	73	368	86	107	305	73	192	15	25	329	0	176	71	82
Queens	Total	99	11	51	22	15	46	11	27	6	2	53	0	24	16	13
	Astoria, Long Island City (01)	12	2	6	1	3	7	2	4	1	0	5	0	2	0	3
	Sunnyside, Woodside (02)	5	1	0	2	2	1	1	0	0	0	4	0	0	2	2
	Jackson Heights (03)	3	1	0	1	1	1	1	0	0	0	2	0	0	1	1
	Elmhurst, Corona (04)	13	0	8	4	1	2	0	2	0	0	11	0	6	4	1
	Ridgewood, Glendale (05)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rego Park, Forest Hills (06)	3	1	1	0	1	2	1	0	0	1	1	0	1	0	0
	Flushing (07)	11	1	3	6	1	2	1	0	1	0	9	0	3	5	1
	Fresh Meadows, Briarwood	8	0	6	1	1	3	0	2	1	0	5	0	4	0	1
	Woodhaven (09)	19	0	18	0	1	11	0	10	0	1	8	0	8	0	0
	Howard Beach (10)	2	0	0	1	1	0	0	0	0	0	2	0	0	1	1
	Bayside (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	8	2	0	4	2	5	2	0	3	0	3	0	0	1	2
	Queens Village (13)	7	2	4	1	0	6	2	4	0	0	1	0	0	1	0
	The Rockaways (14)	8	1	5	1	1	6	1	5	0	0	2	0	0	1	1
Staten Island	Total	15	1	10	3	1	4	1	2	0	1	11	0	8	3	0
	Port Richmond (01)	13	1	8	3	1	4	1	2	0	1	9	0	6	3	0
	Willowbrook, South Beach	2	0	2	0	0	0	0	0	0	0	2	0	2	0	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, 2024 – June 30, 2025*

Borough	Deaths Reported by HRA*			
	Sheltered			
	Total	Location of Death		
Shelter		Hospital	Other	
Total	87	21	25	41
Manhattan	16	7	5	4
Bronx	31	6	7	18
Brooklyn	38	8	12	18
Queens	2	0	1	1
Staten Island	0	0	0	0

Table 5a: Deaths among Persons Experiencing Homelessness by Reporting Agency, Age, and Sex, July 1, 2024 – June 30, 2025*

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	634	100	533	100	101	100	87	100	73	100	14	100
<1	8	1	6	1	2	2	0	0	0	0	0	0
1-24	16	3	11	2	5	5	2	2	2	3	0	0
25-44	190	30	164	31	26	26	27	31	24	33	3	21
45-64	308	49	260	49	48	48	46	53	37	51	9	64
≥65	110	17	90	17	20	20	12	14	10	14	2	14
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.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 5b: Deaths among Persons Experiencing Homelessness Reported by DHS and OCME by Race and Ethnicity, July 1, 2024 – June 30, 2025

Race & Ethnicity	N	%
Total	634	100
Non-Hispanic Black	212	33
Non-Hispanic White	104	16
Hispanic	234	37
Asian & Pacific Islander	9	1
Other/Two or More Races	33	5
Unknown	42	7

Table 6a: Leading Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Sex, July 1, 2024 – June 30, 2025

Cause of Death		Sex					
		Total		Male		Female	
		All	%	All	%	All	%
Rank*	Total	634	100	533	100	101	100
1	Drug related	251	40	217	41	34	34
2	Heart disease	78	12	63	12	15	15
3	Accidents (excluding drug overdose)	60	9	51	10	9	9
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	34	5	31	6	3	3
5	Cancer	23	4	14	3	9	9
6	Suicide	18	3	16	3	2	2
7	Influenza/pneumonia	16	3	13	2	3	3
8	Homicide	11	2	9	2	2	2
8	Diabetes	11	2	10	2	1	1
10	Chronic liver disease	8	1	8	2	0	0
11	Stroke	7	1	5	1	2	2
12	Septicemia	6	1	6	1	0	0
13	Congenital Malformations	4	1	4	1	0	0
13	Chronic lower respiratory disease	4	1	4	1	0	0
15	HIV	3	0	3	1	0	0
16	Certain conditions originated in the perinatal period	2	0	1	0	1	1
16	COVID-19	2	0	2	0	0	0
16	Peptic Ulcer	2	0	2	0	0	0
16	Aortic aneurysm	2	0	2	0	0	0
16	Hypertension	2	0	1	0	1	1
21	Pneumonitis Due to Solids and Liquids	1	0	0	0	1	1
21	Pregnancy, Childbirth, and the Puerperium	1	0	1	0	0	0
21	Nephritis	1	0	0	0	1	1
	Pending final determination**	46	7	35	7	11	11
	All other causes	41	6	35	7	6	6

*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, 2024 – June 30, 2025

Cause of Death		Shelter Residency Status					
		Total		Sheltered		Non-Sheltered	
		All	%	All	%	All	%
Rank*	Total	634	100	305	100	329	100
1	Drug related	251	40	102	33	149	45
2	Heart disease	78	12	46	15	32	10
3	Accidents (excluding drug overdose)	60	9	19	6	41	12
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	34	5	7	2	27	8
5	Cancer	23	4	22	7	1	0
6	Suicide	18	3	9	3	9	3
7	Influenza/pneumonia	16	3	9	3	7	2
8	Homicide	11	2	6	2	5	2
8	Diabetes	11	2	8	3	3	1
10	Chronic liver disease	8	1	3	1	5	2
11	Stroke	7	1	5	2	2	1
12	Septicemia	6	1	5	2	1	0
13	Congenital Malformations	4	1	2	1	2	1
13	Chronic lower respiratory disease	4	1	4	1	0	0
15	HIV	3	0	1	0	2	1
16	Certain conditions originated in the perinatal period	2	0	2	1	0	0
16	COVID-19	2	0	1	0	1	0
16	Peptic Ulcer	2	0	1	0	1	0
16	Aortic aneurysm	2	0	2	1	0	0
16	Hypertension	2	0	2	1	0	0
21	Pneumonitis Due to Solids and Liquids	1	0	1	0	0	0
21	Pregnancy, Childbirth, and the Puerperium	1	0	1	0	0	0
21	Nephritis	1	0	1	0	0	0
	Pending final determination**	46	7	18	6	28	9
	All other causes	41	6	28	9	13	4

*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, 2024 – June 30, 2025**

Rank*	External Cause of Death	Total		Sex			
				Male		Female	
		All	%	All	%	All	%
	Total	334	100	287	100	47	100
1	Accidental drug overdose	235	70	202	70	33	70
2	Suicide	18	5	16	6	2	4
3	Railway accidents	15	4	14	5	1	2
3	Exposure to excessive natural cold	15	4	12	4	3	6
5	Motor vehicle accidents	14	4	11	4	3	6
6	Homicide	11	3	9	3	2	4
7	Undetermined intent	10	3	9	3	1	2
8	Poisoning by noxious substance	5	1	4	1	1	2
9	Exposure to excessive natural heat	4	1	3	1	1	2
10	Falls	3	1	3	1	0	0
11	Other transport accidents	2	1	2	1	0	0
11	Other non-transport accidents	2	1	2	1	0	0

*Because of ties some ranks do not appear.

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

Table 6d: External Causes of Death among Persons Experiencing Homelessness Reported by DHS and OCME, by Shelter Residency Status, July 1, 2024 – June 30, 2025**

Rank*	External Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	%	All	%	All	%
	Total	334	100	137	100	197	100
1	Accidental drug overdose	235	70	99	72	136	69
2	Suicide	18	5	9	7	9	5
3	Railway accidents	15	4	7	5	8	4
3	Exposure to excessive natural cold	15	4	2	1	13	7
5	Motor vehicle accidents	14	4	6	4	8	4
6	Homicide	11	3	6	4	5	3
7	Undetermined intent	10	3	4	3	6	3
8	Poisoning by noxious substance	5	1	2	1	3	2
9	Exposure to excessive natural heat	4	1	0	0	4	2
10	Falls	3	1	1	1	2	1
11	Other transport accidents	2	1	1	1	1	1
11	Other non-transport accidents	2	1	0	0	2	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, 2024 – June 30, 2025

Cause / Location of Death	FY22			FY23			FY24			FY25		
	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>	329	258	71	380	198	182	348	162	186	251	102	149
In shelter	99	99	0	82	82	0	61	61	0	42	42	0
In hospital	131	97	34	166	81	85	172	73	99	126	44	82
Outdoor	31	17	14	51	9	42	46	12	34	31	6	25
Other location	68	45	23	81	26	55	69	16	53	52	10	42
<i>Accidental Drug Overdose</i>	321	253	68	369	191	178	336	159	177	235	99	136
In shelter	99	99	0	82	82	0	60	60	0	42	42	0
In hospital	123	92	31	155	74	81	165	71	94	110	41	69
Outdoor	31	17	14	51	9	42	42	12	30	31	6	25
Other location	68	45	23	81	26	55	69	16	53	52	10	42
<i>Chronic Drug Use</i>	8	5	3	11	7	4	12	3	9	16	3	13
In shelter	0	0	0	0	0	0	1	1	0	0	0	0
In hospital	8	5	3	11	7	4	7	2	5	16	3	13
Outdoor	0	0	0	0	0	0	4	0	4	0	0	0
Other location	0	0	0	0	0	0	0	0	0	0	0	0
<i>Homicide Total</i>	15	10	5	18	15	3	14	7	7	11	6	5
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	10	7	3	17	15	2	12	7	5	8	6	2
Outdoor	4	2	2	1	0	1	2	0	2	1	0	1
Other location	1	1	0	0	0	0	0	0	0	2	0	2
<i>Cold-related Total</i>	19	7	12	10	1	9	11	2	9	15	2	13
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	13	4	9	9	1	8	7	2	5	8	2	6
Outdoor	3	3	0	1	0	1	4	0	4	6	0	6
Other location	3	0	3	0	0	0	0	0	0	1	0	1
<i>Heart disease Total</i>	63	50	13	94	63	31	107	66	41	78	46	32
In shelter	29	29	0	31	31	0	23	23	0	13	13	0
In hospital	26	20	6	49	30	19	66	41	25	49	32	17
Outdoor	6	1	5	5	0	5	9	0	9	11	0	11
Other location	2	0	2	9	2	7	9	2	7	5	1	4
<i>Accidents Total</i>	59	34	25	42	11	31	47	13	34	60	19	41
In shelter	2	2	0	0	0	0	0	0	0	0	0	0
In hospital	37	19	18	28	9	19	24	6	18	32	11	21
Outdoor	9	7	2	5	0	5	13	3	10	12	2	10
Other location	11	6	5	9	2	7	10	4	6	16	6	10
<i>Suicides Total</i>	10	8	2	14	9	5	25	9	16	18	9	9
In shelter	1	1	0	2	2	0	2	2	0	1	1	0
In hospital	1	1	0	5	4	1	9	3	6	6	3	3
Outdoor	3	2	1	3	1	2	3	0	3	7	4	3
Other location	5	4	1	4	2	2	11	4	7	4	1	3