Twelfth Annual Report on Homeless Deaths (July 1, 2016 – June 30, 2017) 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 Homeless Services (DHS) works to prevent homelessness, provide temporary emergency shelter, and help individuals and families transition rapidly to permanent housing. DHS prevention programs and support provide targeted assistance to help vulnerable and homeless New Yorkers navigate the myriad challenges they face, which include a greater likelihood of medical illness, mental health issues, and poor health outcomes. The transient and stressful nature of homelessness often compounds health issues.

This report has been 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 homeless persons in the City. This annual report provides a detailed analysis 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. DHS continues to gain a better understanding of the health status of homeless persons and plan services and interventions, including creation of an Opioid Overdose program and naloxone administration training efforts to increase access to care.

This report contains data provided by the Office of the Chief Medical Examiner (OCME), DHS, the Department of Housing Preservation and Development (HPD), and the Human Resources Administration (HRA) to the Department of Health and Mental Hygiene (DOHMH) throughout the annual period of July 1, 2016 – June 30, 2017. DHS, HPD, and HRA maintain records on the homeless individuals for whom they provide temporary housing in New York City. Through DOHMH, the City of New York registers all deaths. OCME, responsible for investigating NYC deaths that are suspicious, unusual, violent, or criminal in nature, investigates most homeless deaths. Data presented herein were compiled from the agencies and matched against NYC death certificates and analyzed by the DOHMH Bureau of Vital Statistics.

The report is the result of a collaborative effort informed by the programmatic activities of the HRA, HPD, and DHS; the investigations of the OCME and DHS; and the final death data reported to DOHMH.

Summary

For the period July 1, 2016 through June 30, 2017 (Fiscal Year 2017, FY17), there were 311 deaths among homeless individuals identified by DHS and OCME.¹ In FY 2017, largest number (n=83; 27%) of deaths by quarter were reported in second quarter (October 1-December 31, 2016). (n=83; 27HRA separately reported 68 homeless deaths during the same period. 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 2 groups of deaths are reported separately.

Death among Homeless Persons (non-HRA data). The number of deaths among homeless persons in FY17 (n=311) represents an increase of 30% over the number reported in FY16 (n=239).

Of the 311 deaths, the majority were male (79%; n=246) and more than half were aged 45 to 64 (60%; n=188). Non-sheltered decedents accounted for almost half of decedents (44%; n=136); the remaining 175 deaths were among sheltered residents (although only a portion (34%; n=59) of those residents died *in shelter* versus in other locations, as detailed below).

Location of death was categorized as those deaths occurring in a hospital, shelter, outdoors and all other places (including subway, abandoned buildings, friends' homes, etc.).

- Among all decedents, the majority of people died in hospital (169; 54%), which is a 43% increase in deaths in hospital when compared 2016 (118). There were 35 deaths that occurred outdoors (11%) and 48 deaths at other locations in FY17. The number of outdoor deaths increased in FY 17 (35) from FY 16 (27). For sheltered residents, the proportion who died in a shelter was lower in FY 17 (n=59, 34%) than in FY 16 (n=51, 39%).
- Of sheltered residents, 101 (58%) died in a hospital, a 4% increase from FY16 (71, and 7 (4%) died outdoors. Of non-sheltered residents, 68 (50%) died in a hospital, and 28 (21%) died outdoors. There were 8 (5%) deaths in other locations among sheltered residents compared to 40 (29%) among non-sheltered persons. Refer to Table 1 for definitions of outdoor and other place of deaths.
 - For all deaths among homeless persons, the top five leading causes of death were drug related (33%; n=103), heart disease (17%; n=53), accidents (excluding drug overdose) (9%; n=27), alcohol misuse/dependence (5%; n=15) and Influenza/pneumonia (3%; n=10). The number of deaths related to drug use increased 69% to 103 (33%) in FY17 from 61 (26%) in FY16. Out of 103 drug related deaths, 86 deaths were due to drug overdose.
- The majority of deaths reported in this document were investigated by OCME (87%; n=270), comparable to prior years.

Homeless deaths reported by HRA. There were 68 deaths reported by HRA in FY17; 17 more than in FY16, a 33% increase. Of deaths reported in FY17, most were male (72%; 49) and between the ages of 45 and 64 (68%; 46). Most decedents died in HIV/AIDS Services Administration (HASA) housing (53%; n=36) and hospitals (44%; n=30).

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

Methods

Definitions

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."

Sheltered decedent Non-Sheltered decedent A person who was a DHS shelter/ SAFE - A person who was homeless and was not a DHS HAVEN resident at the time of death shelter/ SAFE HAVEN resident at the time of death A person who was currently not a resident of shelter but intended to come back to the - A deceased homeless person who was known to shelter within 30 days. Excluding those outreach team/ drop-in-center/ respite centers decedents placed in (based on case record) permanent housing, skilled nursing facility, - OCME indicates a person is street homeless hospice care, HASA housing (transitional based on on-site investigation (location where housing), or family reunification, are not deceased was found, appearance, personal considered homeless hygiene etc.), hospital reports or family confirmation

Outdoors and other location of death categories are given in Table 1.

Data Collection and Analysis

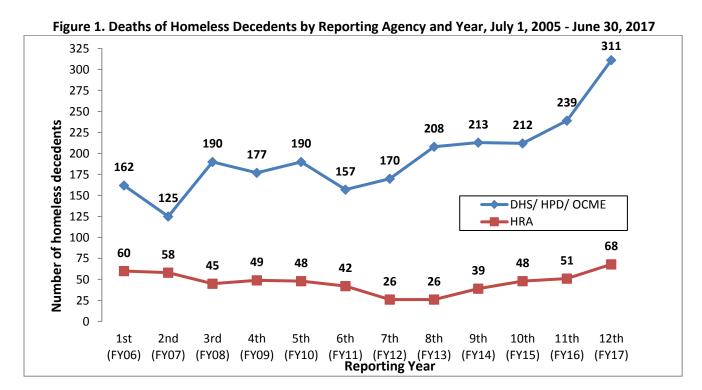
For FY 2017 DHS, HPD, and OCME provided data on death among homeless clients. The data consist of reported death among DHS clients and autopsy reports from OCME. These reports are validated and deduplicated. Article 27-F of the New York State Public Health Law prohibits disclosure of information that could reasonably identify someone as having an HIV-related illness or AIDS. As a result, HRA homeless deaths are reported separately from DHS, HPD and OCME deaths.

Case reports from DHS, HPD, 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 LL63 homeless case definition were removed from the annual report (for example, HPD clients who are not DHS clients are not included in the report per LL63).

Results

Overall, there were 311 deaths among non-HRA homeless persons in NYC, representing an increase of 30% in the overall number of deaths compared to FY16. The number of deaths has been increasing since FY11. Out of 311 deaths, 270 (87%) were investigated by OCME.

Trend in the Number of Deaths



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 34 and occurred in both December 2016 and May 2017. The quarter with the highest number of deaths (n=83) was from October 1 to December 31, 2016 (Table 2).

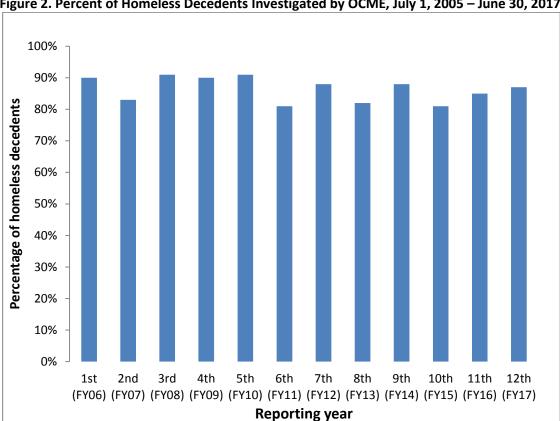


Figure 2. Percent of Homeless Decedents Investigated by OCME, July 1, 2005 - June 30, 2017

OCME investigated the majority of homeless deaths (87%; n=270), consistent with previous years (81-91%) (Figure 2). Among the 175 sheltered decedents, 83% (n=146) were investigated by OCME, and among the 136 non-sheltered decedents, 91% (n=124) were investigated by OCME (Table 2).

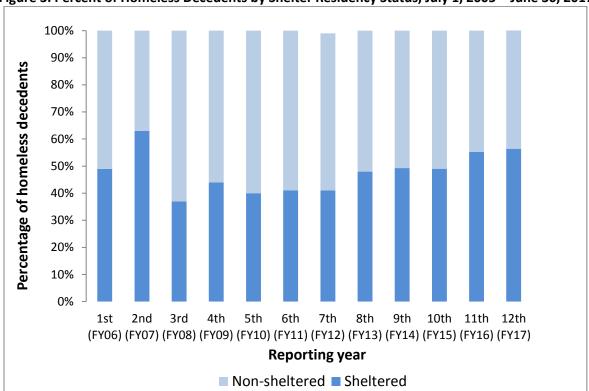


Figure 3. Percent of Homeless Decedents by Shelter Residency Status, July 1, 2005 – June 30, 2017

Of the 311 deaths, 56% (n=175) of decedents were sheltered and 44% (n=136) were non-sheltered (Figure 3, Table 2). The percentages of homeless deaths in FY17 remained similar for both sheltered and non-sheltered homeless persons when compared to FY16.

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. The number of homeless persons who died in a hospital was 169 in FY17, an increase from FY16 (n=118). Similarly, the overall number of outdoor deaths increased in FY17(n=35) from FY16 (n=27).

Non-sheltered decedents

Among non-sheltered persons, hospital deaths accounted for 50% (n=68) of deaths followed by outdoors (21%, n=28) and other places (29%; n=40) (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 decreased slightly in FY17 (21%; n=28) from FY16 (22%; n=24) (Figure 4). The non-sheltered decedents who died in other places died in a friend or family member's apartment (n=9), subway car/subway platform/train station (n=17), abandoned building (n=5), public space in a building (n=3), motel/hotel room (n=2) and other, not elsewhere classified (n=4).

Sheltered decedents

Deaths in hospitals accounted for more than half (58%; n=101) of deaths among sheltered residents, which is a 4% increase from FY 16 (Figure 4, Table 4a). The next most frequent location of death was a shelter (34%; n=59) followed by other places (5%; n=8) and outdoors (4%; n=7). Majority of shelter decedents resided in shelters located in Manhattan (34%; n=59) followed by Brooklyn (27%; n=48), the Bronx (22%; n=39), Queens (16%; n=28) and Staten Island (1%; n=1) (Table 3). The proportion of shelter residents who died outdoors has decreased by 2% since 2006.

HRA reported decedents

The 68 HRA reported homeless decedents died in HASA housings (53%; n=36), hospitals (44%; n=30), and other places (3%, n=2) (Table 4b). The majority of deaths among HRA decedents occurred in the Bronx (54%; n=37) and Manhattan (37%; n=25). Five deaths (7%) occurred in Brooklyn and one in Queens. No deaths occurred on Staten Island (Table 4b).

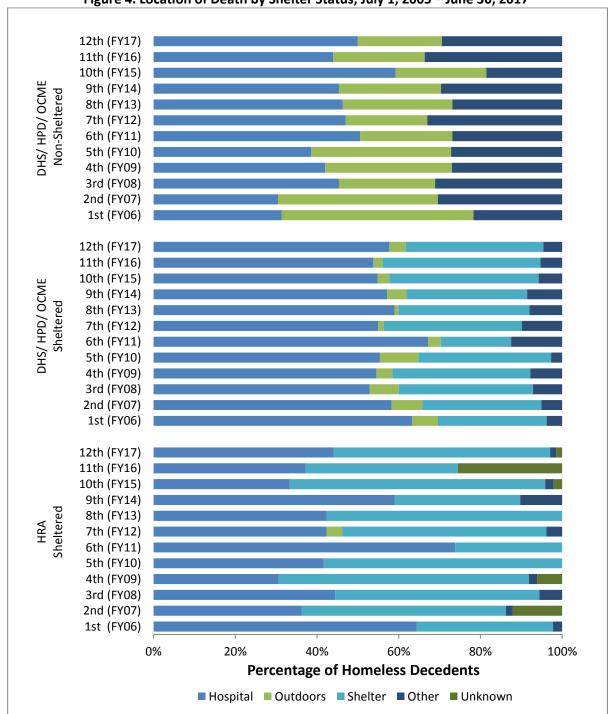


Figure 4. Location of Death by Shelter Status, July 1, 2005 – June 30, 2017

Demographic Characteristics

DHS, HPD, and OCME reported deaths

The majority (60%, n=188) of deaths occurred among persons aged 45 to 64 years (Figure 5a, 5b, Table 5). The number of deaths in the 45-64 years age group has increased steadily since from 77 in FY11 to 153 in FY17. The proportion of decedents aged > 65 was 9% (n=27), which is a 5% decrease in deaths for this age group when compared to FY16. Decedents aged 1 to 24 years accounted for 3% (n=10) of deaths. There were 6 infant deaths (2%) in FY17, fewer than in FY16. The number of infant deaths has ranged from 1-14 since reporting began. The total number of deaths among infants and persons aged <25 years has remained less than in the first year of reporting.

Male decedents accounted for the majority of deaths (79%; n=246). In particular, males aged 45 to 64 accounted for just under half of decedents (49%; n=153) (Table 5). Males aged 45 to 64 and 25 to 44 years have ranked as the first and second largest age-gender classes of homeless decedents since reporting began.

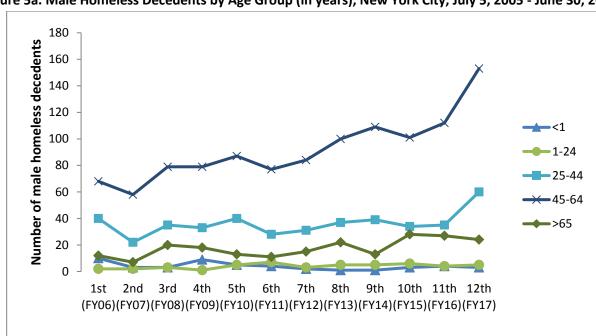
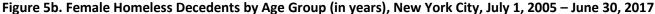
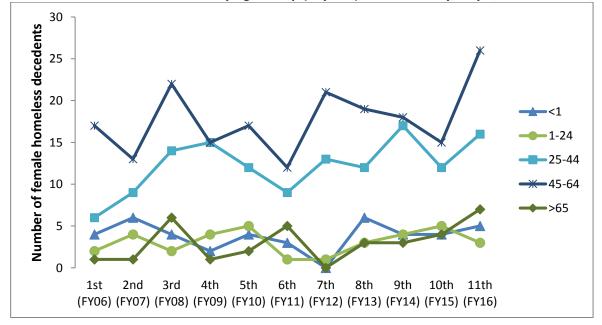


Figure 5a. Male Homeless Decedents by Age Group (in years), New York City, July 5, 2005 - June 30, 2017



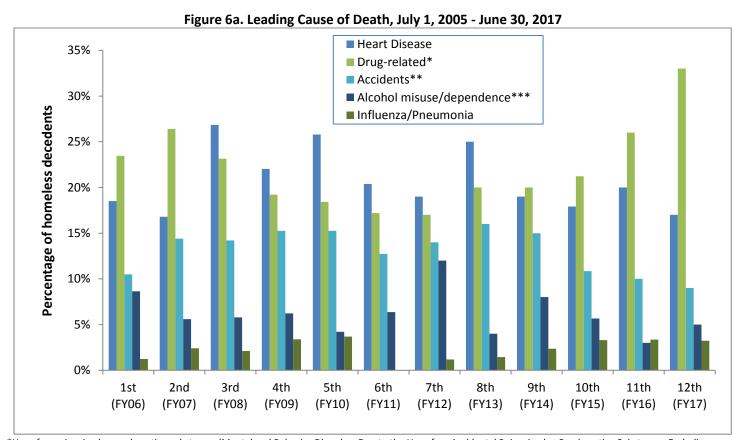


HRA reported deaths

Among the 68 HRA homeless deaths, 72% (n=49) were male and 28% (n=19) were female. The age group 45 to 64 accounted for 68% (n=46) of decedents, those aged 25 to 44 22% (n=15), and seven decedents (10%) were 65 and older (Table 5). None were under 25 years.

Leading Cause of Death (DHS, HPD, and OCME reported deaths only)

In FY17, the number of drug related deaths has increased from FY16 and is the leading cause of death, accounting for 33% (n=103) of deaths, as compared to 26% (n=61) in FY16 (Figure 6a, Table 6a). Similarly, accidental drug overdose deaths increased from 51 in FY 16 to 85 in FY 17. 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 below for definitions). The number of deaths from heart disease also increased, to 53 (17%) in FY17 from 48 (20%) in FY16. The number of deaths from accidents remained similar (9%; n=27)to FY16 (10%; n=24). In contrast, the number of deaths resulting from mental disorders due to alcohol use (alcohol misuse or dependence) was 15 (5%), an increase from 8 (3%) in FY16. The remainder of deaths were due to influenza/pneumonia (3%; n=10) cancer (3%; n=9) and hepatitis (3%;n=9).



^{*}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 disorders due to Alcohol Use

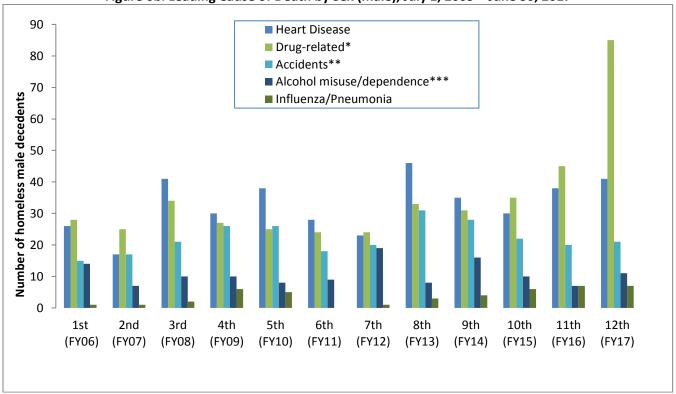
[†]Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

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

Leading Causes of Death by Sex

During FY17 the leading cause of death was drug related for both males (33%; n=82) and females (28%; n=18) (Figure 6b, Table 6a).

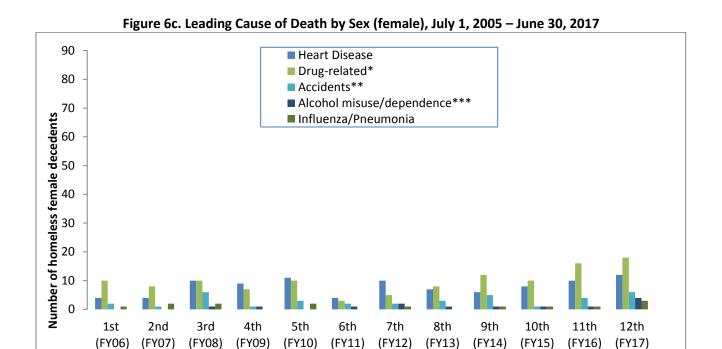




^{*} Use of or poisoning by psychoactive substance (Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco)

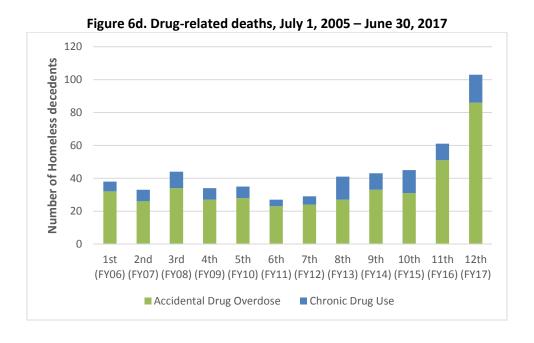
^{**} Excluding Accidental Drug Overdose

^{***} Mental disorders due to Alcohol Use



^{*} 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)

^{***} Mental disorders due to Alcohol Use



Leading Causes of Death by Shelter Status

In FY17, the leading cause of death among sheltered decedents was drug related (37%; n=64), followed by heart disease (19%; n=34), accidents (6%; n=10), cancer (4%; n=7) and both influenza/pneumonia & hepatitis (3%; n=6) (Table 6b).

Among non-sheltered homeless decedents, the leading causes of death were drug related (29%; n=39) and heart disease (14%; n=19), followed by accidents (13%; n=17) and alcohol misuse/dependence(9%; n=12) (Table 6b).

Leading Causes of Death by Shelter Status and location of death

Among non-sheltered persons, 28 deaths occurred outdoors during FY17. These included drug related (29%, n=8), accidents (21%; n=6), alcohol misuse/dependence (14%; n=4), heart disease (11%; n=3) and other causes not rankable as leading

^{**} Excluding Accidental Drug Overdose

causes of death (25%, n=7). In addition, 40 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 due to drug related (35%; n=14), heart disease (18%; n=7), accidents (8%; n=3), and influenza/pneumonia(5%; n=2) and other causes not rankable as leading causes of death (35%, n=14).

Among decedents who were living in a shelter at time of death, 7 deaths occurred outdoors: three were accidents, two were drug related, and three were not rankable as leading causes. Eight deaths occurred in other places (excluding outdoor or hospital); of those, the cause of death included drug related (n=5), two suicides and one accident. The five leading causes of death among the sheltered who died in a hospital were drug related (n=28), heart disease (n=16), cancer (n=7), accidents (n=6), hepatitis (n=6), homicide (n=5), and influenza/pneumonia (n=5). The three leading causes of death among sheltered persons that occurred in shelters were drug related (n=29), heart disease (n=16) and suicide (n=3).

Leading Causes of Death among Homeless Infants

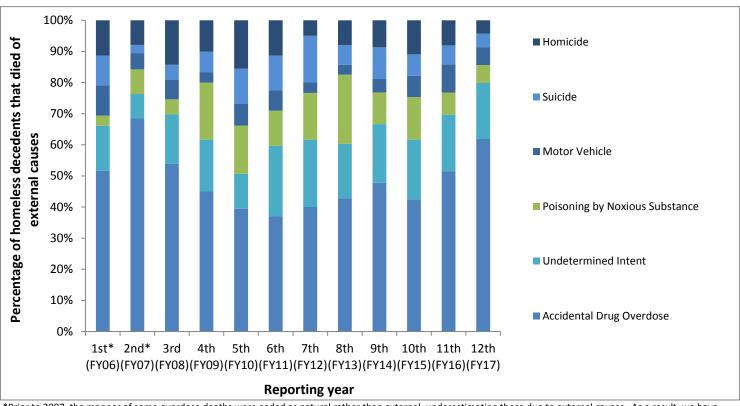
Among the 6 infant deaths in FY17, one was due to influenza/pneumonia, one was due to conditions originating in the perinatal period (22 weeks gestation to seven days post-birth), and four were due to "other causes." Since reporting began in 2005, 87 homeless infant deaths have been reported.

External Causes of Death among DHS, HPD and OCME Homeless Persons

External causes of death are those which are not due to natural causes and include drug overdose, accidents, homicides, and suicides. The annual number of deaths due to external causes has ranged between 52 in FY07 and 150 in FY17. In FY17, there were 150 deaths due to external causes: 55% (n=83) of these occurred among residents of shelters and 45% (n=67) among non-sheltered homeless persons. Among deaths due to external causes, most (57%; n=86) were due to accidental drug overdose (Figure 7, Table 6c, 6d) followed by motor vehicle accidents (5%; n=8), poisoning by noxious substance (5%; n=8), homicide (5%; n=6), suicide (5%, n=6), other non-transport accidents (i.e. any other accident-related death that does not relate to transportation and is not already included in the table) (3%; n=4), railway accidents (2%, n=3), exposure to excessive natural cold (1%; n=2) and falls (1%, n=2). Additionally, for 17% (n=25) of the deaths it could not be determined if the intent was homicide, suicide, or accidental. There were no deaths due to excessive heat exposure in FY17.

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 45% among non-sheltered persons. Poisoning by noxious substances was more common among non-sheltered persons.

Figure 7. Most Frequent External Causes of Death, July 1, 2005 – June 30, 2017



^{*}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: http://www.nyc.gov/html/doh/downloads/pdf/vs/2007sum.pdf for more information.

Table 1: LL63 Categories for Classifying 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

^{*} 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, 2016 - June 30, 2017

			·		Deaths								
					She	lter Resid	ency Sta	Deaths Reported by HRA*					
		Total		Sheltered			Non-Sheltered				Shelter Residency Status		
Month of Death	All OCME OCME			All	OCME	Non- OCME	All	OCME	Non- OCME	Total	Sheltered	Non- Sheltered	
Total	311	270	41	175	146	29	136	124	12	68	68	0	
JUL16	30	29	1	15	15	0	15	14	1	5	5	0	
AUG16	30	25	5	14	13	1	16	12	4	8	8	0	
SEP16	16	14	2	7	5	2	9	9	0	5	5	0	
OCT16	24	19	5	15	12	3	9	7	2	3	3	0	
NOV16	25	20	5	18	13	5	7	7	0	3	3	0	
DEC16	34	26	8	23	16	7	11	10	1	5	5	0	
JAN17	27	25	2	17	16	1	10	9	1	5	5	0	
FEB17	23	22	1	13	12	1	10	10	0	8	8	0	
MAR17	28	25	3	16	14	2	12	11	1	5	5	0	
APR17	16	13	3	7	6	1	9	7	2	5	5	0	
MAY17	34	30	4	17	13	4	17	17	0	9	9	0	
JUN17	24	22	2	13	11	2	11	11	0	7	7	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 were classified as homeless sheltered residents.

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.

See: http://webdocs.nyccouncil.info/attachments/66681.htm

Table 3: Sheltered Homeless Decedents by Shelter Location, July 1, 2016 – June 30, 2017

Borough	Community District	Deaths of Sheltered Homeless Persons
All Boroughs		175
Manhattan	Total	59
	Battery Park, Tribeca (01)	0
	Greenwich Village, SOHO (02)	0
	Lower East Side (03)	11
	Chelsea, Clinton (04)	8
	Midtown Business District (05)	1
	Murray Hill (06)	8
	Upper West Side (07)	1
	Upper East Side (08)	1
	Manhattanville (09)	2
	Central Harlem (10)	4
	East Harlem (11)	18
	Washington Heights (12)	5
Bronx	Total	39
	Mott Haven (01)	6
	Hunts Point (02)	4
	Morrisania (03)	2
	Concourse, Highbridge (04)	12
	University/Morris Heights (05)	7
	East Tremont (06)	5
	Fordham (07)	0
	Riverdale (08)	1
	Unionport, Soundview (09)	1
	Throgs Neck (10)	0
	Pelham Parkway (11)	0
	Williamsbridge (12)	1
Brooklyn	Total	48
	Williamsburg, Greenpoint (01)	4
	Fort Greene, Brooklyn Heights (02)	6
	Bedford Stuyvesant (03)	8
	Bushwick (04)	2
	East New York (05)	8
	Park Slope (06)	0
	Sunset Park (07)	3
	Crown Heights North (08)	2
	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)	0
	Brownsville (16)	6
	East Flatbush (17)	1
	Canarsie (18)	2

Table 3 (continued): Sheltered Homeless Decedents by Community District of Shelter, July 1, 2016 – June 30, 2017

Borough	Community District	Deaths of Sheltered Homeless Persons
Queens	Total	28
	Astoria, Long Island City (01)	2
	Sunnyside, Woodside (02)	1
	Jackson Heights (03)	4
	Elmhurst, Corona (04)	3
	Ridgewood, Glendale (05)	0
	Rego Park, Forest Hills (06)	0
	Flushing (07)	1
	Fresh Meadows, Briarwood (08)	0
	Woodhaven (09)	0
	Howard Beach (10)	1
	Bayside (11)	0
	Jamaica, St. Albans (12)	12
	Queens Village (13)	3
	The Rockaways (14)	1
Staten Island	Total	1
	Port Richmond (01)	1
	Willowbrook, South Beach (02)	0
	Tottenville (03)	0

Table 4a: Homeless Decedents by Location of Death, July 1, 2016 – June 30, 2017

			<u>, </u>		,,,	,			ne 30, 2 Death								
											lter Res	idency	Status				
				Total					Sheltere			Non-Sheltered					
									Location						of Death		
Borough	Community District	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter		Outdoors	Other	Total	Shelter		Outdoors	Other	
All Boroughs		311	59	169	35			59		7	8	136	0			40	
Manhattan	Total	114	17	75	9	+		17		· ·	4		0			9	
	Battery Park, Tribeca (01)	8		5	1	_	4	0			0		0			2	
	Greenwich Village, SOHO (02)	1	0	0	0		1	0				0	0			0	
	Lower East Side (03)	9		1	2			4					0			2	
	Chelsea, Clinton (04)	6		3	1			2			0		0		0	0	
	Midtown Business District (05)	4		0	2			1	0				0			1	
	Murray Hill (06)	29	3	26	0			3					0			0	
	Upper West Side (07)	2	0	0	1			0				1	0			0	
	Upper East Side (08)	5		5	0			0					0		0	0	
	Manhattanville (09)	8		6	0			2					0		0		
	Central Harlem (10)	17	0	15	0			0		1		5	0				
	East Harlem (11)	12	4	6	0	_	_	4				4	0			1	
	Washington Heights (12)	12	1	8	1	2	_	1	5		0		0			7	
	Unknown Community District	1	0	0	1	. 2		0		1			0			n	
Bronx	Total	58	12	28	6			12				25	0		3	11	
J. C.I.A	Mott Haven (01)	15	1	11	1		_	1	8		0		0				
	Hunts Point (02)	3	-	0	0			1	0				0			2	
	Morrisania (03)	2	0	1	1	+	_	0		0			0			0	
	Concourse, Highbridge (04)	10	4	4	1		_	4			0		0		-	1	
	University/Morris Heights (05)	4		0	-			3					0			0	
	East Tremont (06)	7	2	4	1			2			0		0		1		
	Fordham (07)	7	0	<u></u>	0			0					0			2	
	Riverdale (08)	1	0	0	0			0					0			1	
	Unionport, Soundview (09)	2	1	0	0		1	1	0				0			1	
	Throgs Neck (10)	1	0	0	1	_		0					0			0	
	Pelham Parkway (11)	4		3	0		2	0					0		0	·	
	Williamsbridge (12)	2		0	0		1	0				1	0				
	Unknown Community District	0		0	0		_	0		1		_				0	
Brooklyn	Total	84	17	40	15			17			2		0			10	
J. 00y	Williamsburg, Greenpoint (01)	3	2	0	1		_	2		1			0		1	0	
	Fort Greene, Brooklyn Heights (02)	10	2	5	0			2				4	0				
	Bedford Stuyvesant (03)	18		14	2			2					0			0	
	Bushwick (04)	7	0	4	2	_	_	0		1	1	4	0			0	
	East New York (05)	5	3	0	0	_	3	3			0		0			7	
	Park Slope (06)	2	0	1	0	_	1	0		0			0			1	
	Sunset Park (07)	4		2	1	+		1	2				0			0	
	Crown Heights North (08)	2	_	0				1	0				0		-		
	Crown Heights South (09)	8		6	0			1	4	1			0	1		1	
	Bay Ridge (10)	0		0	0			0								0	
	Bensonhurst (11)	1		0												0	
	Borough Park (12)	3	-	3	0	_		_								·	
	Coney Island (13)	9		4	5			0									
	Flatbush, Midwood (14)	2		0	1			0		1			0			1	
	Sheepshead Bay (15)	0		0	0												
	Brownsville (16)	5		0	0			4					0				
	East Flatbush (17)	3		1	0			1	1				0				
	Canarsie (18)	0		0	0												
	Unknown Community District	2		0						1			0			1	

Table 4a (continued): Homeless Decedents by Location of Death, July 1, 2016 – June 30, 2017

	a (00:11:11:10:11:0							, ,	_,		, -							
				Takal						She	lter Res	idency	Status					
		Total					Sheltered						Non-Sheltered					
								Location of					Location of Death					
Borough	Community District	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other		
Queens	Total	49	13	22	5	9	28	13	14	0	1	21	0	8	5	8		
	Astoria, Long Island City (01)	4	1	2	0	1	4	1	2	0	1	0	0	0	0	0		
	Sunnyside, Woodside (02)	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1		
	Jackson Heights (03)	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0		
	Elmhurst, Corona (04)	11	2	9	0	0	6	2	4	0	0	5	0	5	0	0		
	Ridgewood, Glendale (05)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Rego Park, Forest Hills (06)	3	0	1	0	2	0	0	0	0	0	3	0	1	0	2		
	Flushing (07)	2	1	1	0	0	1	1	0	0	0	1	0	1	0	0		
	Fresh Meadows, Briarwood (08)	1	0	1	0	0	1	0	1	0	0	0	0	0	0	0		
	Woodhaven (09)	11	0	7	3	1	6	0	6	0	0	5	0	1	3	1		
	Howard Beach (10)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0		
	Bayside (11)	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0		
	Jamaica, St. Albans (12)	7	5	0	0	2	5	5	0	0	0	2	0	0	0	2		
	Queens Village (13)	3	2	1	0	0	3	2	1	0	0	0	0	0	0	0		
	The Rockaways (14)	3	1	0	0	2	1	1	0	0	0	2	0	0	0	2		
	Unknown Community District	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Staten	Total	6	0	4	0	2	2	0	2	0	0	4	0	2	0	2		
Island	Port Richmond (01)	4	0	3	0	1	2	0	2	0	0	2	0	1	0	1		
	Willowbrook, South Beach (02)	2	0	1	0	1	0	0	0	0	0	2	0	1	0	1		
	Tottenville (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Unknown Community District	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, 2016 - June 30, 2017 *

		Deaths Reported by HRA*												
		Sheltered												
		Lo	cation of Deat	:h										
Borough	Total	Total Shelter Hospital Other												
All Boroughs	68	36	30	2										
Manhattan	25	12	13	0										
Bronx	37	21	14	2										
Brooklyn	5	2	3	0										
Queens	1	1 1 0 0												
Staten Island	0	0	0	0										

Table 5: Homeless Decedents by Age, Reporting Agency and Sex, July 1, 2016 - June 30, 2017 *

			U-7 - 1-	0	0 7 -		,								
Age Category			Dea	iths		Deaths Reported by HRA*									
	To	tal	Ma	ale	Fen	Female		Total		ale	Female				
	All	All %		%	All	%	All	%	All	%	All	%			
All Ages	311	100	246	79	65	21	68	100	49	72	19	28			
<1	6	2	3	1	3	1	0	0	0	0	0	0			
1-24	10	3	5	2	5	2	0	0	0	0	0	0			
25-44	79	25	60	19	19	6	15	22	10	15	5	7			
45-64	188	60	153	49	35	11	46	68	33	49	13	19			
>=65	27	27 9		8	3	1	7	10	6	9	1	1			
Unknown	1	0	1	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 6a: Leading Cause of Death among homeless decedents by Sex, July 1, 2016 – June 30, 2017

					9	Sex	
		Tota	al	Ma	ale	Fer	nale
	Cause of Death	All	%	All	%	All	%
Rank	Total	311	100	246	100	65	100
1	Drug related	103	33	85	35	18	28
2	Heart disease	53	17	41	17	12	18
3	Accidents (excluding drug overdose)	27	9	21	9	6	9
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	15	5	11	4	4	6
5	Influenza/pneumonia	10	3	7	3	3	5
6	Cancer	8	3	4	2	4	6
6	Hepatitis	8	3	8	3	0	0
8	Homicide	6	2	4	2	2	3
8	Suicide	6	2	3	1	3	5
10	Diabetes	5	2	2	1	3	5
10	Chronic lower respiratory diseases	5	2	4	2	1	2
12	Chronic liver diseases	3	1	3	1	0	0
12	Hypertension	3	1	3	1	0	0
12	HIV	3	1	3	1	0	0
15	Pregnancy related	2	1	0	0	2	3
15	Aortic aneurysms	2	1	2	1	0	0
17	Meningitis	1	0	1	0	0	0
17	Conditions originating in the perinatal period	1	0	0	0	1	2
17	Sepsis	1	0	1	0	0	0
17	Nephritis	1	0	0	0	1	2
17	Atherosclerosis	1	0	1	0	0	0
17	Peptic ulcer	1	0	1	0	0	0
	Other causes not rankable as leading causes	46	15	41	17	5	8

Table 6b: Leading Cause of Death among homeless decedents by Shelter Residency Status, July 1, 2016 – June 30, 2017

	o. Leading Cause of Death among nomeless decedents by Sherter Reside					sidency	
		Tota	al	Shelt	tered	Non-Sh	neltered
	Cause of Death	All	%	All	%	All	%
Rank	Total	311	100	175	100	136	100
1	Drug related	103	33	64	37	39	29
2	Heart disease	53	17	34	19	19	14
3	Accidents (excluding drug overdose)	27	9	10	6	17	13
4	Mental disorders due to alcohol use (alcohol misuse/dependence)	15	5	3	2	12	9
5	Influenza/pneumonia	10	3	6	3	4	3
6	Cancer	8	3	7	4	1	1
6	Hepatitis	8	3	6	3	2	1
8	Homicide	6	2	5	3	1	1
8	Suicide	6	2	5	3	1	1
10	Diabetes	5	2	4	2	1	1
10	Chronic lower respiratory diseases	5	2	3	2	2	1
12	Chronic liver diseases	3	1	2	1	1	1
12	Hypertension	3	1	2	1	1	1
12	HIV	3	1	1	1	2	1
15	Pregnancy related	2	1	2	1	0	0
15	Aortic aneurysms	2	1	0	0	2	1
17	Meningitis	1	0	1	1	0	0
17	Conditions originating in the perinatal period	1	0	1	1	0	0
17	Sepsis	1	0	1	1	0	0
17	Nephritis	1	0	1	1	0	0
17	Atherosclerosis	1	0	0	0	1	1
17	Peptic ulcer	1	0	0	0	1	1
	Other causes not rankable as leading causes	46	15	17	10	29	21

Table 6c: External Causes of Death among homeless decedents by Sex, July 1, 2016 – June 30, 2017

					Se	×	
		To	tal	Ma	ale	Fem	ale
	Cause of Death	All	%	All	%	All	%
Rank	Total	150	100	119	100	31	100
1	Accidental drug overdose	86	57	68	57	18	58
2	Undetermined intent	25	17	23	19	2	6
3	Poisoning by noxious substance	8	5	6	5	2	6
3	Motor vehicle accidents	8	5	6	5	2	6
5	Homicide	6	4	4	3	2	6
5	Suicide	6	4	3	3	3	10
7	Other non-transport accidents	4	3	2	2	2	6
8	Railway	3	2	3	3	0	0
9	Exposure to excessive natural cold	2	1	2	2	0	0
9	Falls	2	1	2	2	0	0

^{*}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 homeless decedents by Shelter Residency Status, July 1, 2016 – June 30, 2017

				Shelter Residency Status				
		To	tal	Shelt	ered	Non-Sheltered		
	Cause of Death	All	%	All	%	All	%	
Rank	Total	150	100	83	100	67	100	
1	Accidental drug overdose	86	57	55	66	31	46	
2	Undetermined intent	25	17	8	10	17	25	
3	Poisoning by noxious substance	8	5	1	1	7	10	
3	Motor vehicle accidents	8	5	4	5	4	6	
5	Homicide	6	4	5	6	1	1	
5	Suicide	6	4	5	6	1	1	
7	Other non-transport accidents	4	3	3	4	1	1	
8	Railway	3	2	1	1	2	3	
9	Exposure to excessive natural cold	2	1	0	0	2	3	
9	Falls	2	1	1	1	1	1	

Table 7: Select Causes of Death among homeless decedents by Shelter Residency Status and Location of Death, July 1, 2013 – June 30, 2017

	9th (FY14)		10th (FY15)		11th (FY16)			12th (FY17)				
		Shelter Residency Status			Shelter Residency Status			Shelter Residency Status			Shelter Residency Status	
Cause / Location of Death	Total	Sheltered	Non- Sheltered	Total	Sheltered	Non- Sheltered	Total	Sheltered	Non- Sheltered	Total	Sheltered	Non- Sheltered
Drug Related Total	43	25	18	45	31	14	61	39	22	103	64	39
In shelter	15	15	0	17	17	0	25	25	0	29	29	0
In hospital	13	7	6	20	13	7	15	12	3	45	28	17
Outdoor	8	0	8	2	0	2	5	0	5	10	2	8
Other location	7	3	4	6	1	5	16	2	14	19	5	14
Accidental Drug Overdose	33	17	16	31	22	9	51	33	18	86	55	31
In shelter	11	11	0	16	16	0	20	20	0	26	26	0
In hospital	8	3	5	8	6	2	13	11	2	36	22	14
Outdoor	7	0	7	2	0	2	5	0	5	8	2	6
Other location	7	3	4	5	0	5	13	2	11	16	5	11
Chronic Drug Use	10	8	2	14	9	5	10	6	4	17	9	8
In shelter	4	4	0	1	1	0	5	5	0	3	3	0
In hospital	5	4	1	12	7	5	2	1	1	9	6	3
Outdoor	1	0	1	0	0	0	3	0	3	2	0	2
Other location	0	0	0	1	1	0	0	0	0	3	0	3
Homicide Total	6	4	2	8	5	3	8	7	1	6	5	1
In shelter	0	0	0	1	1	0	2	2	0	0	0	0
In hospital	5	3	2	6	3	3	5	4	1	5	5	0
Outdoor	1	1	0	1	1	0	1	1	0	1	0	1
Other location	0	0	0	0	0	0	0	0	0	0	0	0
Cold-related Total	7	1	6	5	1	4	2	0	2	2	0	2
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	5	1	4	3	1	2	1	0	1	2	0	2
Outdoor	2	0	2	0	0	0	1	0	1	0	0	0
Other location	0	0	0	2	0	2	0	0	0	0	0	0
Heart disease Total	41	23	18	38	23	15	48	29	19	53	34	19
In shelter	11	11	0	9	9	0	15	15	0	16	16	0
In hospital	22	11	11	19	11	8	23	14	9	27	18	9
Outdoor	3	0	3	4	1	3	4	0	4	3	0	3
Other location	5	1	4	6	2	4	6	0	6	7	0	7
									Ū	1		
Accidents Total	33	9	24	23	3	20	24	7	17	27	10	17
In shelter	0	0	0	0	0	0	0	0	0	0	0	0
In hospital	15	5	10	12	3	9	10	4	6	14	6	8
Outdoor	4	1	3	10	0	10	8	2	6	9	3	6
Other location	14	3	11	1	0	1	6	1	5	4	1	3