NYC Health

Testimony

of

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New York City Department of Health and Mental Hygiene

before

New York City Council Committees on Health and General Welfare

concerning

Intro. 751: Child Fatality Review Advisory Team

January 24, 2012

250 Broadway
New York, NY

Good afternoon, Chairperson Palma, Chairperson Arroyo and members of the General Welfare and Health Committees. My name is Nancy Clark, Assistant Commissioner of the Bureau of Environmental Disease Prevention at the New York City Department of Health and Mental Hygiene. With me today is Dr. Laura DiGrande, Chair of the New York City Child Fatality Review Advisory Team. On behalf of Commissioner Farley, I would like to thank you for the opportunity to testify about Intro 751.

Childhood injury deaths are tragic events that prematurely end the lives of young New Yorkers each year. While injury is the most common cause of death for children in New York City and the nation, the rate of injury deaths among children in New York City is less than half the national rate.

In 2005, Local Law 115 established a multi-discipline Child Fatality Review Advisory Team (CFRAT) to better understand unnatural deaths among children and to identify strategies for injury prevention. The CFRAT reviews aggregate data, not individual injury cases, and identifies trends and risk factors for injury-related deaths among NYC children. Over the past 5 years, the CFRAT has released annual reports describing the number and causes of child injury deaths, along with information on age, gender, race/ethnicity and borough where cases occurred. Examining these data over the past several years, we have reported that the number of injury deaths averages about 50 each year with some variation from year to year. Sixty-nine per cent of child injury deaths were caused by traffic accidents, falls, fires and other unintentional causes; about 25% were homicides and suicides; and 6% from other causes. We have also learned that the risk of injury deaths are higher in neighborhoods with high poverty rates, and higher among younger children (less than three years old), boys and black, non-Hispanic children.

Working with agency partners, pediatricians and community advocates to review and disseminate information on child injury deaths and ways to prevent them is important for advocating policies and programs on injury prevention and child protection. The Department and its partners also use the report for public education programs among parent and tenant groups, as well as for health and safety professionals.

The Department supports Intro 751 to extend the work of the Child Fatality Review Advisory Team and the issuance of annual reports on the nature and causes of child fatalities. We look forward to our continued work with the Council and the Child Fatality Review Advisory Team to prevent child injuries and to assure safe and healthy environments for children and families. I thank you again for this opportunity to testify and I am happy to answer any questions at this time.

Department of Homeless Services

Joint City Council Hearing - General Welfare & Health Committees
"Intro 753: Reauthorizing Local Law 63 of 2005 requiring DOHMH to track and report deaths of homeless persons in the city of New York"
Tuesday, January 24, 2012

INTRODUCTION

Good afternoon Chair Palma, Chair Arroyo and members of the General Welfare and Health Committees. I'm Seth Diamond, Commissioner of the Department of Homeless Services (DHS) and I'm pleased to be joined today by Dr. Dova Marder, DHS' Medical Director. Also seated with us and representing Commissioner Farley at the Department of Health & Mental Hygiene (DOHMH) is Regina Zimmerman, Director of the Office of Vital Statistics.

We appreciate this opportunity to discuss with you the importance of the annual reports that are generated as a result of Local Law 63 (LL63), and to share how the analysis has improved collaboration between DHS and DOHMH. More importantly, we will explain how the data has enhanced the health of the City's homeless population overall.

DHS has long cooperated with the Heath Department to improve the wellbeing of those in shelter. Following the initial enactment of this measure, in 2007, we formalized that cooperation with a Memorandum of Understanding (MOU) to establish a data sharing agreement to assist the agencies in providing accurate, reliable and timely information regarding the death of homeless individuals.

I'd like to outline four prominent ways that the agencies' collaborative analysis has benefited homeless services and how DHS has further refined our knowledge and targeted resources to create or enhance programs to prevent deaths among homeless persons.

- **Safe Sleeping:** The safety of infants who are staying in the City shelter system has been a longstanding priority for DHS and our providers. The agency's Safe Sleeping programs have historically focused on passive education through posters, literature and requiring families to view the Administration for Children's Services' (ACS) "A Life to Love" video. As we've analyzed fatality data, DHS has also strengthened its Safe Sleeping campaign – adding face-to-face counseling at different phases of the families' intake process and shelter stay. DHS now requires weekly room inspections, documentation of non-compliance with Safe Sleeping protocols and interventions geared to motivate parents to ensure infant safety. DHS also follows a new protocol after an infant death which includes site visits and reviewing Safe Sleeping principles with parents of babies who are less than six months old. In addition, last Spring DHS coordinated a joint training entitled, "Keeping Our Babies Safe," for more than 500 family shelter case managers with the Health Department, Office of the Chief Medical Examiner (OCME), ACS, the New York State Center for Sudden Infant Death and the Office of Deputy Mayor Gibbs.

- **Overdose (OD):** As the reports confirm, overdoses are a leading cause of death among sheltered clients. The data enables us to advance harm reduction protocols, including training single adult shelter staff and DHS Peace Officers in the use of intra-nasal Naloxone to treat opiate overdoses. The agency is currently training more than 200 staff from outreach teams, drop-in centers and Safe Havens, as well as more than 200 additional DHS Peace Officers to become New York State Certified Opiate Overdose Prevention Counselors.

- **Extreme Weather:** Our ability to review trends in extreme heat waves and in the cold winter months has provided us an opportunity to refine our weather procedures (Codes Red and Blue). For instance, DHS issues a Code Blue alert when the National Weather Service predicts a temperature below 32 degrees in New York City for at least four consecutive hours. During Code Blue events, we enhance our outreach resources and ask the outreach teams to contact high-risk, vulnerable individuals with greater frequency. Prior to LL63, our vulnerability criteria were quite broad and based on theoretical risk factors for death from hypothermia. Now, armed with cause of death data and real-time reporting of potential exposure deaths, DHS refined our criteria to prioritize factors including alcohol dependency, known heart disease, severe mental illness, previous cold weather injury and age to reflect emerging trends in street homeless mortality.

- **Hospital Partnerships**: The Chronic Public Inebriate program (CPI), a joint initiative of Bellevue Hospital Center, DHS, and the Manhattan Outreach Consortium, originated at Bellevue Hospital in Manhattan and has recently been replicated at Beth Israel and Elmhurst Hospital Center. With a few variations by site, each hospital identifies top emergency room users who are thought to be street homeless and alcohol dependent. The hospital offers clients/patients an opportunity to consent to be part of this program and then links them with the appropriate borough outreach team. The teams engage the individual, provide case management services and help to place them in stabilization beds or safe havens, and ultimately permanent housing. The participating hospital and outreach team work together to coordinate care plans for the high-risk individuals enrolled in the program.

  The work done through CPI is an amazing example of harm reduction successfully employed In fact, for the first time since this analysis began, DOHMH reported zero hypothermic deaths in Fiscal Year 2011.

CONCLUSION

As I've explained, there is value in this measure and both agencies are supportive of its extension. Tracking homeless deaths is an important tool in DHS' monitoring and managing our programmatic initiatives. As we continue to track and analyze the information, we will undoubtedly save lives.

We're now happy to take your questions.

Testimony of
Coalition for the Homeless
and
The Legal Aid Society

on

Reporting on Deaths of Homeless New Yorkers

Presented before

The New York City Council
Committee on Health
Committee on General Welfare

Patrick Markee, Senior Policy Analyst
Coalition for the Homeless

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The Legal Aid Society

January 24, 2012

Coalition for the Homeless and The Legal Aid Society welcome this opportunity to testify before the New York City Council in support of Intro. 753-2012, proposed legislation to make permanent the requirement that the New York City Department of Health and Mental Hygiene track and report the deaths of homeless New Yorkers.

About the Coalition and The Legal Aid Society

Coalition for the Homeless: Coalition for the Homeless, founded in 1981, is a not-for-profit advocacy and direct services organization that assists more than 3,500 homeless New Yorkers each day. The Coalition advocates for proven, cost-effective solutions to the crisis of modern homelessness, which now continues past its third decade. The Coalition also protects the rights of homeless people through litigation around the right to emergency shelter, the right to vote, and life-saving housing and services for homeless people living with mental illness and HIV/AIDS.

The Coalition operates 12 direct-services programs that offer vital services to homeless, at-risk, and low-income New Yorkers, and demonstrate effective, long-term solutions. These programs include supportive housing for families and individuals living with AIDS, job-training for homeless and formerly-homeless women, rental assistance which provides rent subsidies and support services to help working homeless individuals rent private-market apartments, and permanent housing for formerly-homeless families and individuals. Our summer sleep-away camp and after-school program help hundreds of homeless children each year. The Coalition's mobile soup kitchen distributes 900 nutritious meals each night to street homeless and hungry New Yorkers. Finally, our Crisis Intervention Department assists more than 1,000 homeless and at-risk households each month with eviction prevention assistance, client advocacy, referrals for shelter and emergency food programs, and assistance with public benefits.

The Coalition also represents homeless men and women as plaintiffs in Callahan v. Carey and Eldredge v. Koch. In 1981 the City and State entered into a consent decree in Callahan in which it was agreed that, "The City defendants shall provide shelter and board to each homeless man who applies for it provided that (a) the man meets the need standard to qualify for the home relief program established in New York State; or (b) the man by reason of physical, mental or social dysfunction is in need of temporary shelter." The Eldredge case extended this legal requirement to homeless single women. The Callahan consent decree and the Eldredge case also guarantee basic standards for shelters for homeless men and women. Pursuant to the decree, the Coalition serves as court-appointed monitor of municipal shelters for homeless adults.

The Legal Aid Society: The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society has performed this role in City, State and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of 900 of the brightest legal minds. These 900 Legal Aid Society lawyers work with 600 social workers, investigators, paralegals and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 25 locations in New York City, the Society provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

The Society's legal program operates three major practices — Civil, Criminal and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by the Society's Pro Bono program. With its annual caseload of more than 300,000 legal matters, the Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. In addition to the annual caseload of 300,000 individual cases and legal matters, the Society's law reform representation for clients benefits some 2 million low income families and individuals in New York City and the landmark rulings in many of these cases have a State-wide and national impact.

The Legal Aid Society is counsel to the Coalition for the Homeless and for homeless women and men in the Callahan and Eldredge cases. The Legal Aid Society is also counsel in the McCain/Boston litigation in which a final judgment requires the provision of lawful shelter to homeless families with children.

The Vital Public Interest in Tracking and Reporting the Deaths of Homeless New Yorkers

We strongly support Intro. 753-2012 – proposed legislation to make permanent the requirement that the New York City Department of Health and Mental Hygiene (DOHMH) track and report the deaths of homeless New Yorkers – just as we strongly supported Local Law 63 of 2005, which created the reporting requirement. Indeed, it is as commendable that the New York City Council passed this legislation nearly seven years ago, largely due to the extraordinary efforts of Speaker (then-Health Committee chair) Christine Quinn, as it is remarkable that it took the City of New York more than 25 years after the emergence of modern homelessness to begin systematically collecting and making available to the public information about the deaths of homeless New Yorkers.

Some historical background on the problem of deaths among unsheltered homeless people in New York City is in order. When modern homelessness first emerged in the late 1970s, thousands of homeless New Yorkers were forced to fend for themselves on the streets, and many died or suffered terrible injuries. Indeed, public health officials in those days often remarked privately that literally hundreds of homeless men and women were perishing each year on the streets of the city, often from hypothermia and other cold-related causes,

although no public record was ever made available.

In response to this crisis, in1979 founders of the Coalition for the Homeless brought a class action lawsuit in New York State Supreme Court against the City and State called Callahan v. Carey, arguing that a constitutional right to shelter existed in New York. In particular, the lawsuit was based on Article XVII of the New York State Constitution – an amendment which was enacted in the midst of the Great Depression – which declares that "the aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions...."

The lawsuit was brought on behalf of all homeless men in New York City. The lead plaintiff in the lawsuit, Robert Callahan, was a homeless man suffering from chronic alcoholism who lived on the streets in the Bowery section of Manhattan.

In December 1979, the New York State Supreme Court ordered the City and State to provide shelter for homeless men in a landmark decision that cited Article XVII of the New York State Constitution. And in August 1981, after nearly two years of intensive negotiations between the plaintiffs and the government defendants, Callahan v. Carey was settled as a consent decree. By entering into the decree, the City and State agreed to provide shelter and board to all men who met the need standard for public assistance or who were in need of shelter "by reason of physical, mental, or social dysfunction." (A companion lawsuit, Eldredge v. Koch, extended the right to shelter to single women, who are now protected by the consent decree.)

Thus the decree established a right to shelter for all men and women in need of shelter from the elements in New York City, and it has been responsible for saving the lives of countless homeless New Yorkers who might otherwise have died on the streets of the city.

Nevertheless, one tragic footnote to the history of the litigation is the fate of Robert Callahan himself. The autumn before the consent decree bearing his name was signed, Mr. Callahan died on Manhattan's Lower East Side while sleeping rough on the streets. Thus, Robert Callahan himself was one of the last homeless victims of an era with no legal right to shelter.

Even today, however, thirty years after the Callahan consent decree was signed, far too many homeless people continue to die on the streets and other public spaces of New York City. Indeed, in FY 2010, according to the annual DOHMH report created pursuant to Local Law 63 of 2005 (please see copy attached to this testimony), some 114 unsheltered homeless people died in New York City, more than a third of them in public spaces. And many more die in shelters or in other places – at least 124 sheltered homeless people in FY 2010, according to the DOHMH report. Homeless people continue to be a group at high risk of accidental or early death, and understanding the reasons for this is vitally important to public health officials and homeless service providers.

Local Law 63 of 2005 created the first systematic reporting about the deaths of homeless people, both sheltered and unsheltered, and has led to far deeper understanding of the

causes of death among homeless New Yorkers, the locations of such deaths, and the incidence of death among unsheltered homeless people, particularly in the winter months. It is, as noted above, remarkable that it took more than a quarter century before the City of New York began collecting and publishing this data. But now that such vital information is available, there can be no reason to rescind or let lapse the requirement that the City track and report this vital data.

In closing, we strongly support Intro. 753-2012. And we thank Speaker Quinn for her hard work and strong support of this legislation over many years, and we thank Health Committee Chair Maria del Carmen Arroyo, General Welfare Committee Chair Annabel Palma, and the other committee members for their help and support.

Thank you for the opportunity to share this testimony. And, as always, we look forward to working with the Committees and the City Council in the coming months and years on efforts to reduce New York City's homeless population and help homeless New Yorkers.

Submitted by,

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Fifth Annual Report on Homeless Deaths
New York City Department of Health and Mental Hygiene
Bureau of Vital Statistics
Local Law 63 of 2005
July 1, 2009 – June 30, 2010

Summary. For the fifth annual reporting period of July 1, 2009 through June 30, 2010, the NYC Department of Homeless Services (DHS), NYC Department of Housing Preservation and Development (HPD) and the Office of Chief Medical Examiner (OCME) reported a total of 190 homeless deaths. The highest number of deaths (51) occurred during the first quarter (July 1, 2009- September 30, 2009) of this reporting year (FY 2010). The NYC Human Resources Administration (HRA) reported 48 homeless deaths. Due to confidentiality reasons, HRA data could not be assessed for potential duplication with deaths reported by the other agencies, or matched to death certificates. As a result, findings from the 2 groups of deaths are reported separately.

Among homeless deaths reported by DHS, HPD, and OCME during the current reporting period, most deaths (91%) were investigated by OCME*, comparable to past annual reports (Table 2). Men constituted 79% of decedents. More than half (55%) of homeless decedents were between the ages of 45 and 64. Forty percent were sheltered. Overall, 45% of homeless decedents died in hospitals (54% of sheltered homeless decedents and 39% of unsheltered homeless decedents). Twenty-four percent of homeless decedents died *outdoors* (9% of sheltered homeless decedents and 34% of non-sheltered homeless decedents). Additionally, 18% of homeless deaths occurred in *other pla*ces (5% of sheltered homeless decedents and 27% of non-sheltered homeless decedents). Refer to Table 1 for definitions of *outdoor* and *other place* deaths.

The leading cause of homeless deaths was diseases of the heart (26%) followed by drug overdose (18%), similar to the third and fourth annual reports. The third leading cause of death was non-drug related accidents (15%), followed by assault (homicide) (6%). Three causes of death tied for fifth (4% each): intentional self-harm (suicide), alcohol abuse, and influenza and pneumonia. Of the 29 non-drug related accidents, six were due to exposure to excessive natural cold, while none were due to exposure to excessive natural heat.

Similar distributions of borough of death, gender, and age were found for the 48 HRA reported homeless decedents. Men comprised 77% of HRA decedents, and among men and women, most (83%) decedents were between the ages of 45 and 64. All 48 HRA-reported homeless decedents were sheltered within an HRA emergency residence. Of these, 58% died in shelters and 42% died in hospitals. Information on OCME investigations of HRA homeless deaths is not available. Cause of death information cannot be extracted from the death certificate or analyzed as HRA does not provide identifying information for cases, as per LL63, due to laws protecting data confidentiality.

Introduction. This report has been prepared and submitted pursuant to Local Law 63 of 2005 (LL63), amending the Administrative Code of the City of New York to track and report deaths of homeless persons in the City of New York. This report contains data provided by the NYC Office of Chief Medical Examiner (OCME), the NYC Department of Homeless Services (DHS), the NYC Department of Housing Preservation and Development (HPD), and the NYC Human Resources Administration (HRA) to the Department of Health and Mental Hygiene (DOHMH) throughout the annual period of July 1, 2009 – June 30, 2010.

*The definition of "investigated by OCME" has changed, starting with the data included in the 5th Annual Report (Quarters 17- 20) and the 21st Quarterly Report. This category includes only homeless deaths that were fully investigated by the OCME and resulted in an investigation report. This category does not include cases that the OCME reviewed and declined jurisdiction (claim-only cases) or cases that OCME reviewed for cremation clearance.

DHS, HPD, and HRA maintain records on the homeless individuals for whom they provide temporary housing in New York City. 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 Office of Vital Statistics.

Definitions. LL63 defines, a "homeless person" as "a person who at the time of death did not have a known street address of a residence at which he or she was known or reasonably believed to have resided." A "homeless shelter resident" is "a person who at the time of death lived in a homeless shelter." 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."

Outdoor and *other place* location of death categories are given in Table 1. *Outdoor* deaths occur on a sidewalk or street, on or near an expressway, near a building entrance, in a park area, encampment, vehicle, vacant lot, or on the bank or shore of or in a body of water. *Other place* deaths occur in a friend or family member's apartment, on a subway platform, subway tracks or other locations within a train station, in an abandoned building, or in a public space in a public building.

Methods. Based on the definitions above, DHS, HPD, and OCME provided incident reports. These reports were validated and duplicates (i.e. when DHS cases are also OCME cases) were removed. HRA did not disclose any identifiable information on HRA homeless residents, 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. As a result HRA homeless deaths cannot be distinguished from DHS, HPD and OCME deaths, and total NYC homeless deaths cannot be ascertained.

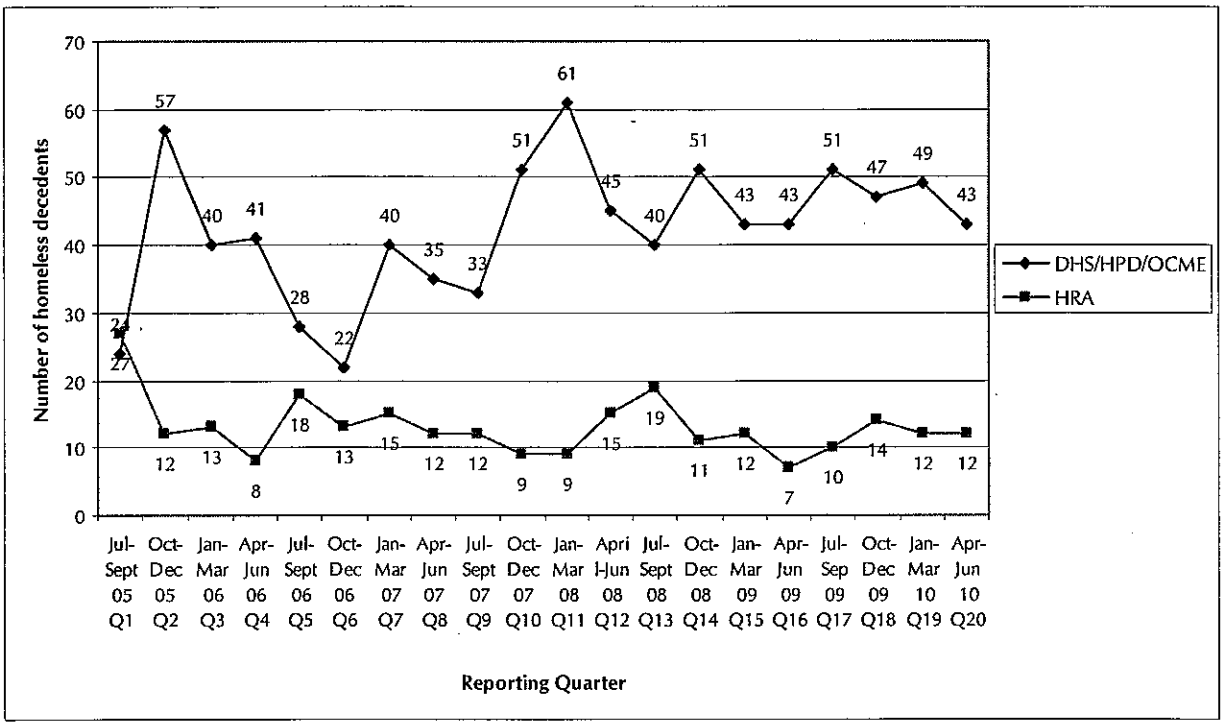
This report includes cases reported in the four quarterly reports during the period of July 1, 2009 - June 30, 2010. Case reports from DHS, HPD, OCME, and HRA were compiled. Because HRA cases remain anonymous, only DHS, HPD, and OCME case reports were matched against NYC DOHMH Vital Statistics death certificates. DOHMH followed up with agencies to obtain any missing data elements. Some cases may have been determined not to meet the LL63 homeless case definition. Such cases were removed from the annual report.

DEATHS OF HOMELESS SHELTERED AND NON-SHELTERED PERSONS

Reported Homeless Deaths

DHS, HPD, or OCME reported 190 homeless deaths between July 1, 2009 and June 30, 2010. HRA reported 48 homeless deaths (Table 2). Figure 1 displays deaths reported by quarter since the LL63 reporting period began (July 1, 2005 to June 30, 2010).

Figure 1. Deaths of Homeless Decedents by Reporting Agency, July 1, 2005 - June 30, 2010



OVERALL FINDINGS FOR THE FIFTH ANNUAL REPORTING PERIOD*

Among the 190 deaths reported by DHS, HPD, or OCME, 41% (77) occurred in Manhattan, 16% (30) in the Bronx, 27% (51) in Brooklyn, 15% (28) in Queens, and 2% (4) in Staten Island (Table 2, Figure 2).

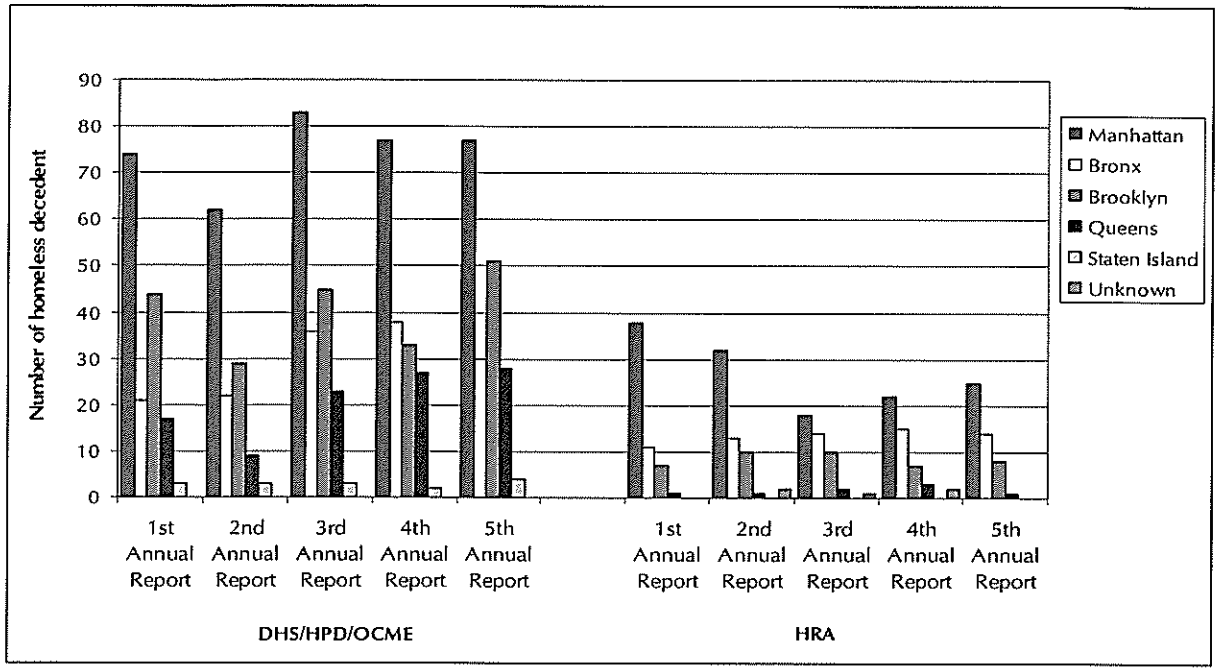
At the time of death, 40% (76) of the 190 decedents were sheltered and 60% (114) were non-sheltered (Table 2). Among the sheltered, 42% (32) were sheltered in Manhattan, 25% (19) were sheltered in the Bronx, 28% (21) were sheltered in Brooklyn, 5% (4) were sheltered in Queens, and none were sheltered in Staten Island (Table 3).

Among the sheltered decedents, the largest percentage (46%, 35 deaths) died in Manhattan followed by the Bronx (25%, 19 deaths), Brooklyn (24%, 18 deaths), Queens (5%, 4 deaths), and none died in Staten Island. Among non-sheltered decedents, the largest percentage (37%, 42 deaths) died in Manhattan, followed by Brooklyn (29%, 33 deaths), Queens (21%, 24 deaths), the Bronx (10%, 11 deaths), and Staten Island (4%, 4 deaths) (Table 2).

*All percentages were rounded to the nearest whole number and may not add to 100.

Among HRA sheltered homeless deaths 52% (25) occurred in Manhattan followed by the Bronx (29%, 14 deaths), Brooklyn (17%, 8 deaths), and Queens (2%, 1 death). None died in Staten Island. (Table 2, Figure 2).

Figure 2. Number of Homeless Decedents by Reporting Agency and Borough of Death, NYC, July 1, 2005 - June 30, 2010



Overall, the OCME investigates the majority of homeless deaths: 91% (173) in the current report compared to 83-91% in previous reports (Figure 3a). Among the 76 sheltered decedents, 83% (63) were investigated by OCME and among the 114 non-sheltered decedents, 96% (110) were investigated by OCME.

In the four years since reporting began, the percentage of homeless decedents who were sheltered has varied: 49% in the first report, 63% in the second, 37% in the third, 44% in the fourth, and 40% in the current report (Figure 3b). However, the number of sheltered decedents has remained virtually constant with 79, 79, 70, 77, and 76 deaths reported in the first, second, third, fourth, and current annual reports respectively.

The percentage and number of homeless decedents who were non-sheltered has varied over the past four reporting years: 51% (83) in the first report, 37% (46) in the second, 63% (120) in the third, 56% (100) in the fourth, and 60% (114) in the current report (Figure 3b). In this reporting year, the number (114) and percentage (60%) of non-sheltered decedents increased from the previous year, driving the increase in overall homeless deaths between reporting years.

Figure 3a. Percent of DHS, HPD, and OCME-reported Homeless Decedents in NYC Investigated by OCME, July 1, 2005 – June 30, 2010

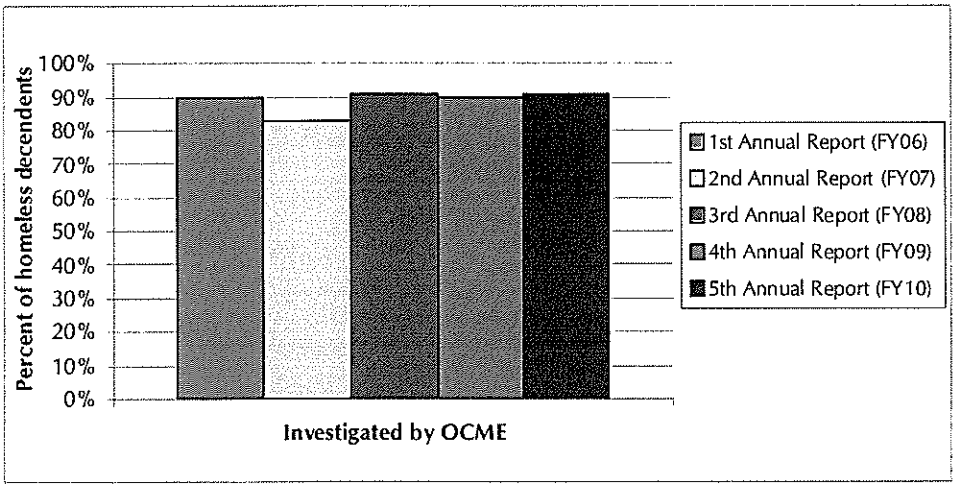
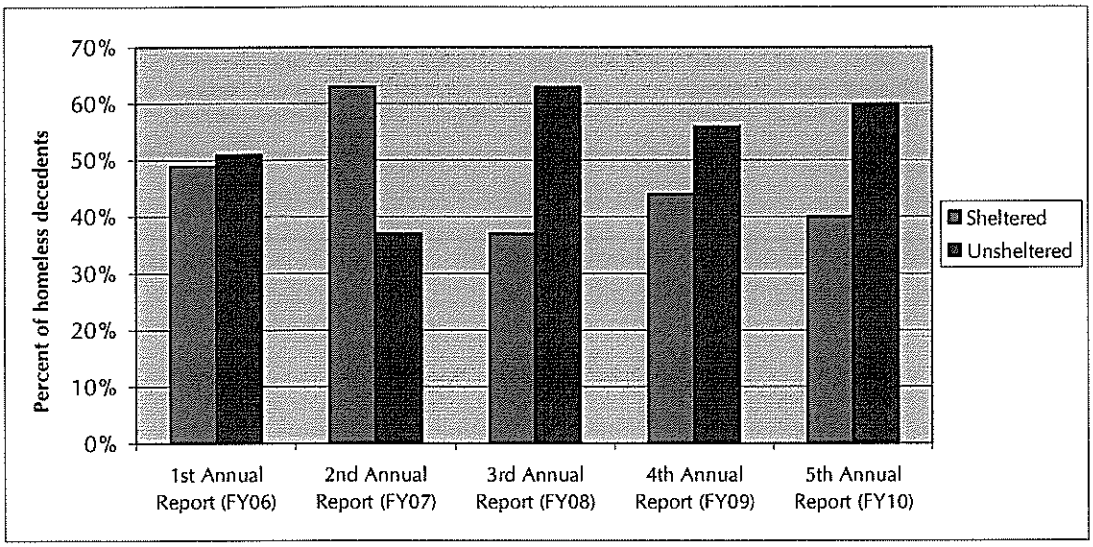


Figure 3b. Percent of DHS, HPD, and OCME-reported Homeless Decedents in NYC by Shelter Residency Status, July 1, 2005 – June 30, 2010



LOCATION OF DEATH FOR HOMELESS DECEDENTS

The locations (i.e., in a shelter, in a hospital, *outdoors*, or *other place*) of DHS, HPD, and OCME reported deaths, 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 required by LL63.

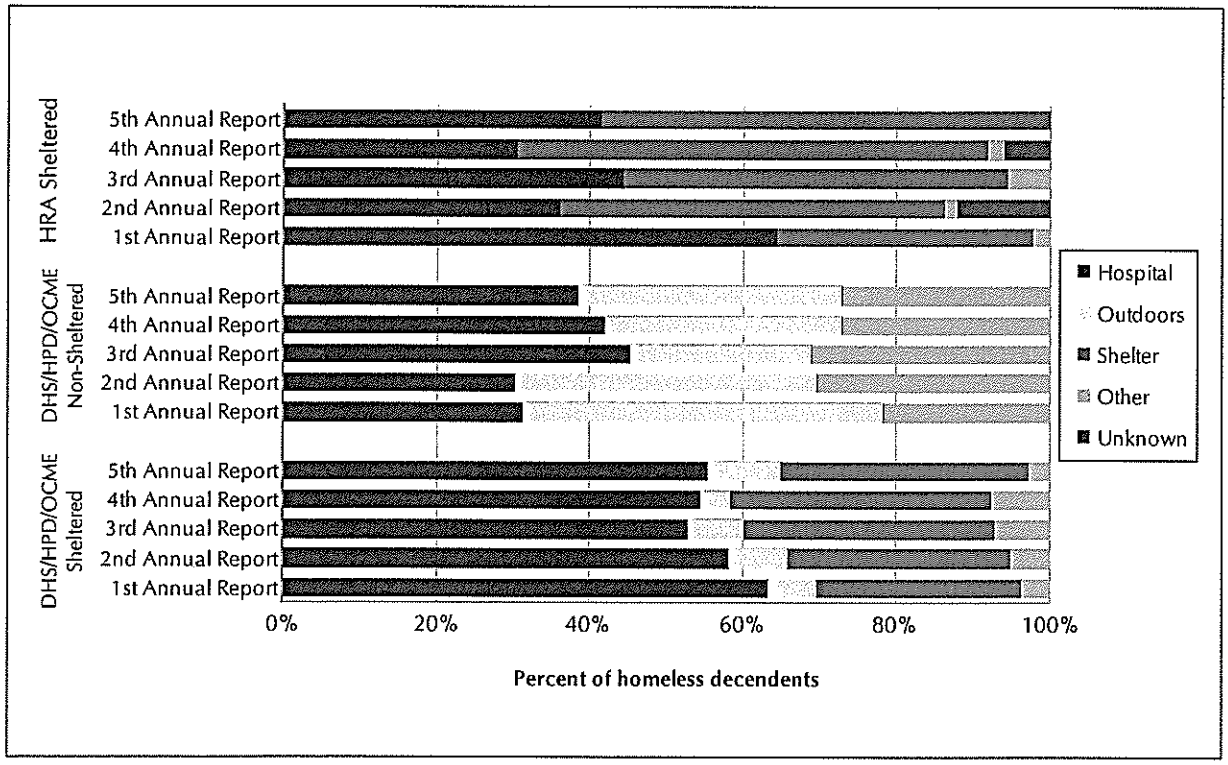
Location of Death among Homeless Non-Sheltered Individuals

In this report, 39% (44) of the 114 non-sheltered homeless died in hospitals, making hospitals the most common location of non-sheltered deaths (Table 4a, Figure 4). The proportion of non-sheltered homeless decedents dying in hospitals has increased since the first and second annual reports, in which 31% and 30% of non-sheltered homeless died in hospitals, respectively. Comparatively, during the third, fourth, and fifth annual reporting periods, 45%, 42%, and 39% of non-sheltered homeless

died in hospitals, respectively. The second most common (34%, 39 deaths) location for non-sheltered deaths was *outdoors*, followed by *other place* (27%, 31) deaths.

Non-sheltered homeless decedents who died *outdoors* were found in park areas, in or near bodies of water, in vehicles, on the sidewalk or street, on or near expressways, outside of building entrances, on a construction site, or under the boardwalk. Non-sheltered homeless decedents found in an *other place* were found in abandoned buildings, public spaces in buildings, apartments of friends or family, on subway tracks or in subway stations, in a motel or hotel room, or in a truck yard.

Figure 4. Location of Death by Shelter Status in NYC, July 1, 2005 – June 30, 2010



Location of Death among Homeless Sheltered Individuals

Among the sheltered decedents, the majority (54%, 41 deaths) died in hospitals (Table 4a, Figure 4). Thirty-two percent (24) died in a shelter, 9% (7) died *outdoors*, and 5% (4) died in *other places*. Of the seven sheltered decedents who died *outdoors*, three died on the sidewalk or street, two died in park areas, one was found on the rooftop of a building, and one was found on the bank of a body of water. Among the four sheltered decedents that died in *other places*, two died in public spaces in buildings and two died on the subway tracks or in a subway station.

Among the 48 HRA reported homeless decedents, the majority, 58% (28), died in shelters followed by 42% (20) in hospitals (Table 4b).

HOMELESS DECEDENTS' AGE AND GENDER BY BOROUGH AND COMMUNITY DISTRICT

In all 5 years of reporting, males ages 45-64, followed by males ages 25-44, rank as the first and second largest age-gender classes of homeless decedents. The third largest age-gender class has been females ages 45-64 in all annual reports including the current, with the exception of the fourth annual report in which males 65 years of age and older made up the third largest age-gender class. In the current report, males between the ages of 45 and 64 make up the majority of homeless decedents (46%, 87) followed by males ages 25-44 (21%, 40), females ages 45-64 (9%, 17), males 65 and older (7%, 13), and females ages 25-44 (6%, 12) (Figure 5a/5b). Children under the age of 1 and decedents between ages 1-24 each account for 5% (9, 10 deaths respectively) of homeless deaths. Females 65 years of age and older account for 1% (2) of homeless deaths. The age and gender distribution by borough and community district is found in Table 5a.

Among the 48 HRA homeless deaths, 77% (37) were male and 23% (11) were female. Fifteen percent (7) were between 25 and 44 years, 83% (40) were between 45 and 64 years, and 2% (1) were 65 and older. These distributions have remained comparable over the five years of reporting. The age and gender distribution by borough is found in Table 5b.

Figure 5a. Age among Male DHS, HPD, and OCME-reported Homeless Decedents in NYC, July 5, 2005 – June 30, 2010

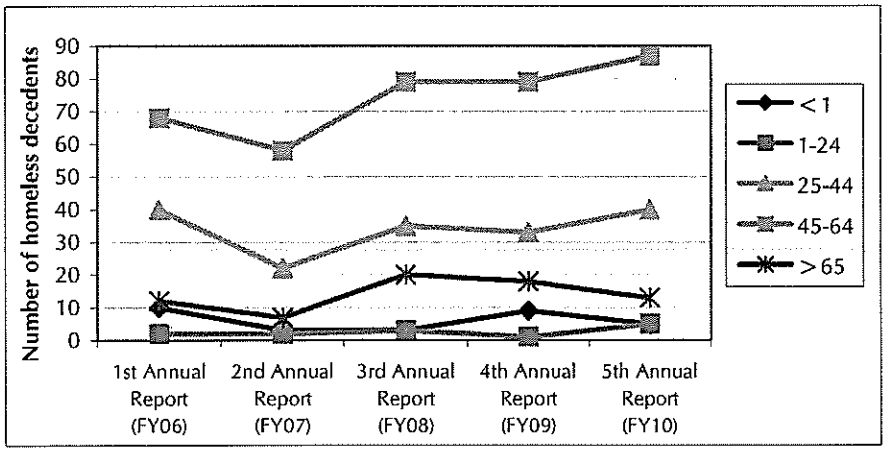
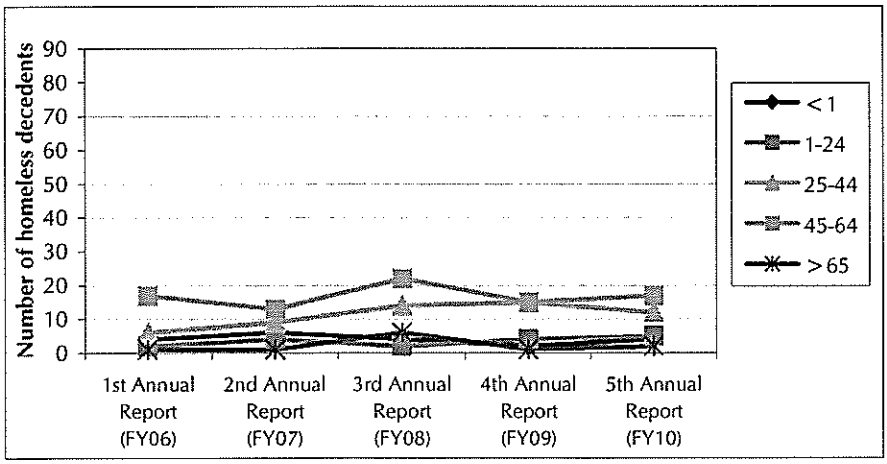


Figure 5b. Age among Female DHS, HPD, and OCME-reported Homeless Decedents in NYC, July 1, 2005 – June 30, 2010

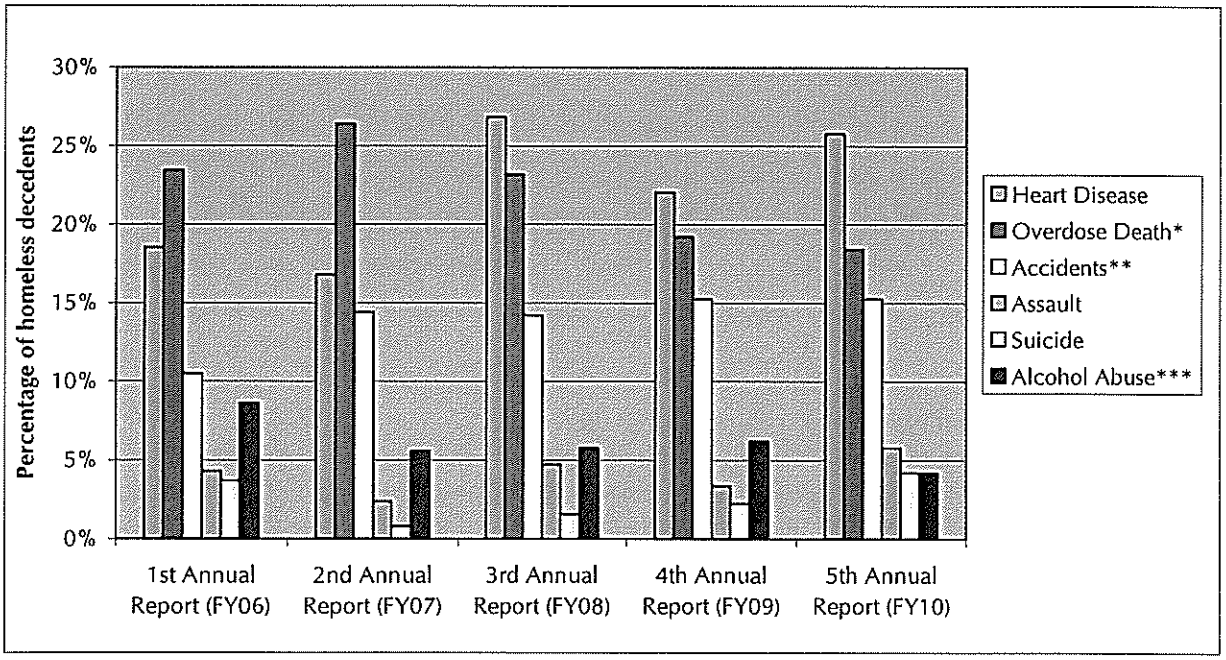


LEADING CAUSE OF DEATH FOR HOMELESS DECEDENTS

In the current annual report, the six leading causes of death accounted for 73% of all homeless deaths (Table 6a/b). Heart disease accounted for 26% (49 deaths: 38 male and 11 female) of deaths; drug overdose accounted for 18% (35 deaths: 25 male and 10 female) of deaths; non-drug related accidents accounted for 15% (29 deaths: 26 male and 3 female) of deaths; assault (homicide) accounted for 6% (11 deaths: 9 male and 2 female) and two causes of death each accounted for 4% of deaths: intentional self-harm (suicide) (8 deaths: 5 male, 3 female) and alcohol abuse (8 deaths: all male). The drug overdose category includes accidental and intentional overuse, or abuse of, illicit and/or therapeutic drugs. Additionally, the drug overdose category, as well the alcohol abuse death category, includes mental and behavioral disorders which encompass acute intoxication, harmful use, dependence syndrome, and withdrawal state (Table 6a).

The five leading causes of death among homeless continue to differ from the leading causes of death in NYC overall. From July 1, 2009 to June 30, 2010, heart disease (36%) was the overall leading cause in NYC followed by malignant neoplasms (26%), influenza and pneumonia (4%), diabetes mellitus (3%), and chronic lower respiratory diseases (3%).

Figure 6a. Five Leading Causes of Death among DHS, HPD, and OCME-reported Homeless Decedents in NYC, July 1, 2005 - June 30, 2010†

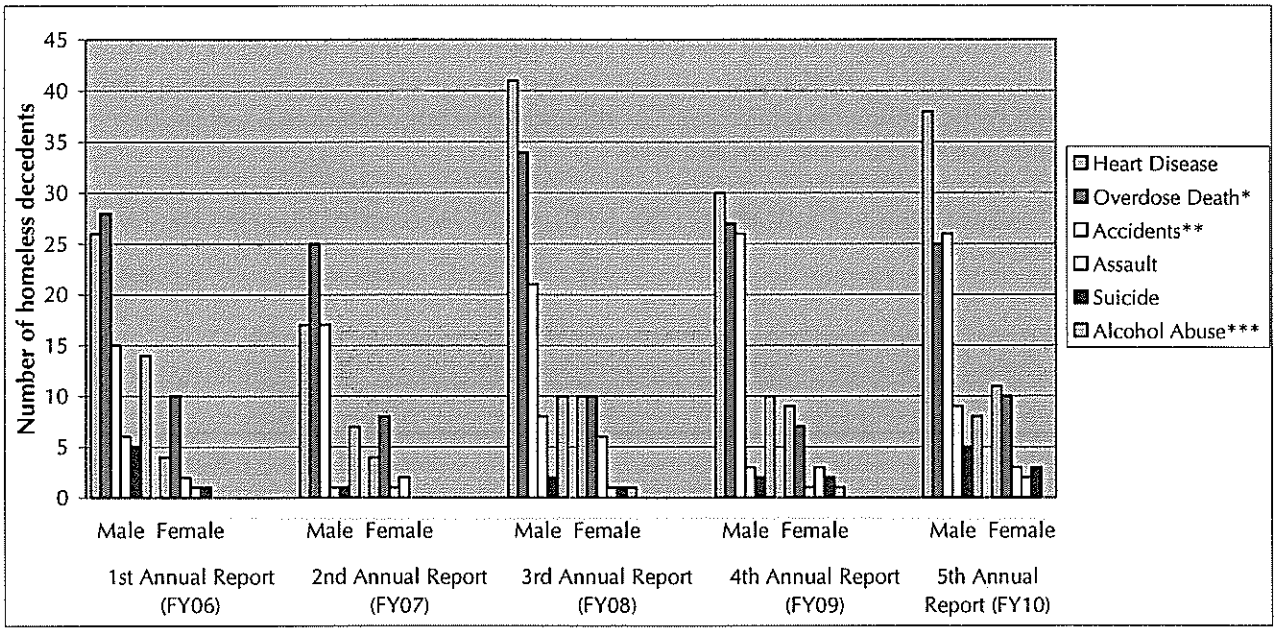


* Mental and Behavior Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco
** Excluding Accidental Drug Overdose
***Mental and Behavioral Disorders due to the Use of Alcohol
†Leading causes of death for each reporting year have been altered to reflect the current reporting year's five leading causes.

Leading Causes of Death and Gender

Since reporting began in July 2005, the rank order of causes of male homeless deaths has reflected the leading causes of death among all homeless decedents (Figure 6b). However, the rank order for female homeless decedents – making up a smaller percentage of all homeless deaths - differs. Female homeless decedents died most often from heart disease (11), followed by drug overdose (10), non-drug related accidents and intentional self-harm (suicide) (3 deaths each). Three causes tied for the fifth leading cause of death among females, with two deaths from each of the following causes: assault (homicide), influenza and pneumonia, and malignant neoplasms (Table 6a).

Figure 6b. Five Leading Causes of Death by Gender among DHS, HPD, and OCME-reported Homeless Decedents in NYC, July 1, 2005 – June 30, 2010†



Leading Causes of Death and Shelter Residency Status

The five leading causes of death differ by decedent shelter residency status. Among sheltered homeless decedents, the leading cause of death was heart disease (23), drug overdose (13), assault (homicide) (8), non-drug related accidents (5), and two causes of death tied for the fifth leading cause of death with three deaths from each: intentional self-harm (suicide) and malignant neoplasms. Among non-sheltered homeless, the leading cause of death was heart disease (26) followed by non-drug related accidents (24), drug overdose (22), and alcohol abuse (8). Intentional self-harm (suicide) tied with influenza and pneumonia deaths for the fifth leading cause with 5 deaths each (Table 6b).

Non-sheltered *outdoor* deaths were mainly due to non-drug related accidents (9), drug overdose (8), diseases of the heart (7), intentional self-harm (suicide) (3), assault (homicide) (2), influenza and pneumonia (2), alcohol abuse (2), and chronic lower respiratory diseases (1). Three non-sheltered *outdoor* deaths were due to ill-defined and unspecified causes. Two non-sheltered *outdoor* deaths were certified as deaths of undetermined intent. Non-sheltered *other place* deaths were mainly due to overdose (10), heart disease (8), non-drug related accidents (4), alcohol abuse (3), intentional self-harm (2), chronic liver disease (1), HIV (1), and malignant neoplasms (1). One non-sheltered *other place* death was certified as a death of undetermined intent.

* 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.

Sheltered *outdoor* deaths were due to assault (homicide) (3), drug overdose (2), diseases of the heart (1), and intentional self-harm (suicide) (1). Sheltered *other place* deaths were due to non-drug related accidents, assault (homicide), and intentional self-harm (suicide) (1 death each). One sheltered *other place* death was certified as a death of undetermined intent.

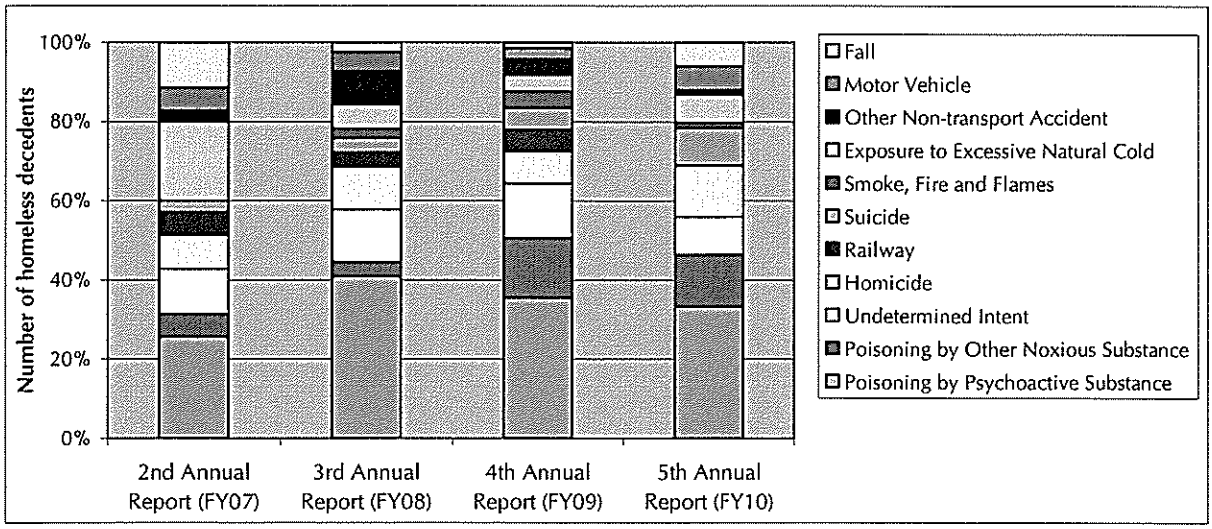
Leading Causes of Death among Homeless Infants

In the five years since reporting began, 50 homeless infant deaths were reported. All but one infant were sheltered; one infant was born to a mother whose shelter residency status was unclear*. All but four, deemed natural deaths, were investigated by OCME. Among the 9 infant deaths reported in this current reporting period, 2 were due to malignant neoplasms, 1 was due to congenital malformations/deformations, 1 was due to influenza and pneumonia, 1 was due to unspecified acute bronchitis, and 1 was due to unspecified enterovirus infection. One infant death was due to natural, but ill-defined and unspecified causes. One death was due to accidental suffocation and strangulation. One death was certified as a death of undetermined intent; both cause and intent (or manner) of death is unknown.

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

Forty-six (46), 35, 83, 73, and 84 deaths due to external causes are reported in the first, second, third, fourth, and current annual reports. Among the 84 reported in this annual report, 33% (28) were due to poisoning by psychoactive substance (Figure 7, Table 6c/d). The relatively large number of deaths due to external causes in the third, fourth, and fifth annual reports compared to the first and second annuals reports is attributable, in part, to an artifactual increase poisoning by psychoactive substances deaths resulting from a 2007 correction in cause of death coding. Prior to 2007, the manner of some overdose deaths were coded as "natural" rather than "accidental", resulting in an artificially low overall count of deaths due to external causes. For more information, see the Summary of Vital Statistics 2007 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. The numbers in the third, fourth, and fifth annual reports more accurately reflect the number of deaths due to external causes.

Figure 7. External Causes of Death among DHS, HPD, and OCME-reported Homeless Decedents in NYC, July 1, 2006 – June 30, 2010



Note: The large increase in the number of deaths due to poisoning by other noxious substance and poisoning by psychoactive substance that began with the second annual report is a result of a change in the cause of death coding that occurred in 2007. 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, the first year of data has been removed from this figure. 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.

*Prior to the Memorandum of Understanding between reporting agencies developed in response to Local Law 63, there was no mechanism for checking a decedent's shelter residency status against the data of another agency, and therefore the shelter status of the mother of this infant is unknown.

Following poisoning by psychoactive substance, poisoning by other noxious substance and homicide tied as the second leading external cause of death each accounting for 13% (11) of external deaths. Poisoning by other noxious substance deaths includes accidental poisoning by and exposure to alcohol, as well as other substances. Eight external deaths (10%) were due to suicide, six (7%) were due to exposure to cold, and 5 deaths each (6%) were caused by motor vehicles and falls. Smoke, fire, and flames and other non-transport accidents contributed one death (1%) each. All deaths due to exposure to cold occurred between December 1, 2009 and February 27, 2010. Among the 8 (10%) cases where the intent or manner of death was undetermined, one cause of death was due to drowning and submersion.

Table 1: LL63 Categories for Classifying Deaths

Outdoor Deaths	*Other Place* Deaths
Sidewalk/Street	Friend's Apartment
Expressway	Subway Platform/Train Station
Building Entrance	Abandoned Building
Park Area	Public Space in a Building
Encampment	
Vehicle	
Vacant Lot	
Bank/Shore of or in Body of Water	

* 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 of Homeless Persons by Shelter Residency Status and Borough of Death, July 1, 2009 – June 30, 2010

	Deaths Reported by OCME, DHS, and HPD									Deaths Reported by HRA*		
	Total			Shelter Residency Status							Shelter Residency Status	
				Sheltered			Non-Sheltered					
Borough	All	OCME	Non-OCME	All	OCME	Non-OCME	All	OCME	Non-OCME	Total	Sheltered	Non-Sheltered
All Boroughs	190	173	17	76	63	13	114	110	4	48	48	0
Manhattan	77	65	12	35	27	8	42	38	4	25	25	0
Bronx	30	28	2	19	17	2	11	11	0	14	14	0
Brooklyn	51	48	3	18	15	3	33	33	0	8	8	0
Queens	28	28	0	4	4	0	24	24	0	1	1	0
Staten Island	4	4	0	0	0	0	4	4	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 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.

Table 3: Sheltered Homeless Decedents by Shelter Location, July 1, 2009 – June 30, 2010

Borough	Community District	Deaths of Sheltered Homeless Persons Reported by OCME, DHS, and HPD
All Boroughs		76
Manhattan	Total	32
	Battery Park, Tribeca (01)	0
	Greenwich Village, SOHO (02)	1
	Lower East Side (03)	8
	Chelsea, Clinton (04)	1
	Midtown Business District (05)	1
	Murray Hill (06)	7
	Upper West Side (07)	1
	Upper East Side (08)	1
	Manhattanville (09)	0
	Central Harlem (10)	1
	East Harlem (11)	10
	Washington Heights (12)	1
Bronx	Total	19
	Mott Haven (01)	3
	Hunts Point (02)	1
	Morrisania (03)	2
	Concourse, Highbridge (04)	3
	University/Morris Heights (05)	8
	East Tremont (06)	1
	Fordham (07)	0
	Riverdale (08)	0
	Unionport, Soundview (09)	1
	Throgs Neck (10)	0
	Pelham Parkway (11)	0
	Williamsbridge (12)	0
Brooklyn	Total	21
	Williamsburg, Greenpoint (01)	2
	Fort Greene, Brooklyn Heights (02)	1
	Bedford Stuyvesant (03)	2
	Bushwick (04)	2
	East New York (05)	2
	Park Slope (06)	0
	Sunset Park (07)	0
	Crown Heights North (08)	3
	Crown Heights South (09)	2
	Bay Ridge (10)	0
	Bensonhurst (11)	0
	Borough Park (12)	0
	Coney Island (13)	0
	Flatbush, Midwood (14)	0
	Sheepshead Bay (15)	0
	Brownsville (16)	4
	East Flatbush (17)	1
	Canarsie (18)	2

Table 3: Sheltered Homeless Decedents by Shelter Location, July 1, 2009 – June 30, 2010

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

Tables 4a and 4b: Homeless Decedents by Location of Death: Shelter, Hospital, Outdoors, or Other place, July 1, 2009 – June 30, 2010

Table 4a

Borough	Community District	Deaths Reported by OCME, DHS, and HPD														
							Shelter Residency Status									
		Total					Sheltered					Non-Sheltered				
			Location of Death					Location of Death					Location of Death			
		Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other
All Boroughs		190	24	85	46	35	76	24	41	7	4	114	0	44	39	31
Manhattan	Total	77	8	45	17	7	35	8	23	2	2	42	0	22	15	5
	Battery Park, Tribeca (01)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Greenwich Village, SOHO (02)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Lower East Side (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Chelsea, Clinton (04)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Midtown Business District (05)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Murray Hill (06)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Upper West Side (07)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Upper East Side (08)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Manhattanville (09)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central Harlem (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	East Harlem (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Washington Heights (12)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bronx	Total	30	5	12	7	6	19	5	9	4	1	11	0	3	3	5
	Mott Haven (01)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hunts Point (02)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Morrisania (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Concourse, Highbridge (04)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	University/Morris Heights (05)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	East Tremont (06)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Fordham (07)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Riverdale (08)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unionport, Soundview (09)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Throgs Neck (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pelham Parkway (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Williamsbridge (12)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NYC Local Law 63: Reporting Deaths of Homeless Persons, Annual 5 (July 1, 2009 – June 30, 2010)

Table 4a

Borough	Community District	Deaths Reported by OCME, DHS, and HPD														
		Shelter Residency Status														
		Total					Sheltered					Non-Sheltered				
			Location of Death					Location of Death					Location of Death			
		Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other
Brooklyn	Total	51	9	19	8	15	18	9	8	0	1	33	0	11	8	14
	Williamsburg, Greenpoint (01)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Fort Greene, Brooklyn Heights (02)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bedford Stuyvesant (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bushwick (04)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	East New York (05)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Park Slope (06)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sunset Park (07)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Crown Heights North (08)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Crown Heights South (09)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bay Ridge (10)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bensonhurst (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Borough Park (12)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coney Island (13)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	East Flatbush (17)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Canarsie (18)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NYC Local Law 63: Reporting Deaths of Homeless Persons, Annual 5 (July 1, 2009 – June 30, 2010)

Table 4a

Borough	Community District	Deaths Reported by OCME, DHS, and HPD														
							Shelter Residency Status									
		Total					Sheltered					Non-Sheltered				
			Location of Death					Location of Death					Location of Death			
		Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other	Total	Shelter	Hospital	Outdoors	Other
Queens	Total	28	2	8	12	6	4	2	1	1	0	24	0	7	11	6
	Astoria, Long Island City (01)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sunnyside, Woodside (02)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Jackson Heights (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Elmhurst, Corona (04)	0	0	0	0	0	0	0	0	0	0	0	0	0	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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Flushing (07)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Fresh Meadows, Briarwood (08)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Woodhaven (09)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Howard Beach (10)	0	0	0	0	0	0	0	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)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Queens Village (13)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	The Rockaways (14)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staten Island	Total	4	0	1	2	1	0	0	0	0	0	4	0	1	2	1
	Port Richmond (01)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Willowbrook, South Beach (02)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tottenville (03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4b

Borough	Deaths Reported by HRA*				
		Sheltered			
		Location of Death			
	Total	Shelter	Hospital	Outdoors	Other
All Boroughs	48	28	20	0	0
Manhattan	25	15	10	0	0
Bronx	14	10	4	0	0
Brooklyn	8	2	6	0	0
Queens	1	1	0	0	0
Staten Island	0	0	0	0	0

*All HRA deaths occurred to homeless placed in Single Room Occupancy (SRO). While SROs are not homeless shelters, these decedents had been provided with temporary emergency housing and as such and 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

NYC Local Law 63: Reporting Deaths of Homeless Persons, Annual 5 (July 1, 2009 – June 30, 2010)

Tables 5a and 5b: Homeless Decedents by Age and Sex, July 1, 2009 – June 30, 2010

Table 5a

Borough	Community District	Deaths Reported by OCME, DHS, and HPD																	
		Total						Male						Female					
			Age						Age						Age				
		Total	<1	1-24	25-44	45-64	>= 65	Total	<1	1-24	25-44	45-64	>= 65	Total	<1	1-24	25-44	45-64	>= 65
All Boroughs		190	9	10	52	104	15	150	5	5	40	87	13	40	4	5	12	17	2
Manhattan	Total	77	3	3	17	48	6	64	1	2	15	41	5	13	2	1	2	7	1
	Battery Park, Tribeca (01)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
	Greenwich Village, SOHO (02)	6	0	1	2	3	0	5	0	1	2	2	0	1	0	0	0	1	0
	Lower East Side (03)	3	0	0	0	2	1	2	0	0	0	1	1	1	0	0	0	1	0
	Chelsea, Clinton (04)	10	0	1	4	4	1	7	0	0	3	4	0	3	0	1	1	0	1
	Midtown Business District (05)	4	1	0	1	2	0	4	1	0	1	2	0	0	0	0	0	0	0
	Murray Hill (06)	26	0	1	7	16	2	23	0	1	6	14	2	3	0	0	1	2	0
	Upper West Side (07)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Upper East Side (08)	7	0	0	1	5	1	5	0	0	1	3	1	2	0	0	0	2	0
	Manhattanville (09)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
	Central Harlem (10)	2	0	0	1	1	0	2	0	0	1	1	0	0	0	0	0	0	0
	East Harlem (11)	14	0	0	1	12	1	13	0	0	1	11	1	1	0	0	0	1	0
	Washington Heights (12)	3	2	0	0	1	0	1	0	0	0	1	0	2	2	0	0	0	0
Bronx	Total	30	2	4	11	12	1	18	2	3	4	8	1	12	0	1	7	4	0
	Mott Haven (01)	5	0	2	1	2	0	4	0	1	1	2	0	1	0	1	0	0	0
	Hunts Point (02)	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0
	Morrisania (03)	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
	Concourse, Highbridge (04)	4	0	1	1	2	0	2	0	1	0	1	0	2	0	0	1	1	0
	University/Morris Heights (05)	3	0	0	2	1	0	0	0	0	0	0	0	3	0	0	2	1	0
	East Tremont (06)	4	1	0	2	1	0	2	1	0	0	1	0	2	0	0	2	0	0
	Fordham (07)	4	0	0	0	3	1	3	0	0	0	2	1	1	0	0	0	1	0
	Riverdale (08)	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0
	Unionport, Soundview (09)	1	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
	Throgs Neck (10)	2	0	0	1	1	0	2	0	0	1	1	0	0	0	0	0	0	0
	Pelham Parkway (11)	3	0	0	3	0	0	2	0	0	2	0	0	1	0	0	1	0	0
	Williamsbridge (12)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0

Table 5a

Borough	Community District	Deaths Reported by OCME, DHS, and HPD																	
		Total						Male						Female					
			Age						Age						Age				
		Total	<1	1-24	25-44	45-64	>=65	Total	<1	1-24	25-44	45-64	>=65	Total	<1	1-24	25-44	45-64	>=65
Brooklyn	Total	51	3	2	15	23	8	41	2	0	12	20	7	10	1	2	3	3	1
	Williamsburg, Greenpoint (01)	3	0	0	1	2	0	2	0	0	0	2	0	1	0	0	1	0	0
	Fort Greene, Brooklyn Heights (02)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Bedford Stuyvesant (03)	10	1	0	1	6	2	7	0	0	1	4	2	3	1	0	0	2	0
	Bushwick (04)	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1
	East New York (05)	2	0	0	0	2	0	2	0	0	0	2	0	0	0	0	0	0	0
	Park Slope (06)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sunset Park (07)	6	0	0	5	1	0	6	0	0	5	1	0	0	0	0	0	0	0
	Crown Heights North (08)	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
	Crown Heights South (09)	4	1	1	0	0	2	3	1	0	0	0	2	1	0	1	0	0	0
	Bay Ridge (10)	2	0	0	0	1	1	2	0	0	0	1	1	0	0	0	0	0	0
	Bensonhurst (11)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Borough Park (12)	4	0	0	2	2	0	4	0	0	2	2	0	0	0	0	0	0	0
	Coney Island (13)	4	0	1	0	3	0	3	0	0	0	3	0	1	0	1	0	0	0
	Flatbush, Midwood (14)	1	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0
	Sheepshead Bay (15)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Brownsville (16)	5	0	0	0	4	1	5	0	0	0	4	1	0	0	0	0	0	0
	East Flatbush (17)	5	1	0	4	0	0	3	1	0	2	0	0	2	0	0	2	0	0
	Canarsie (18)	3	0	0	1	2	0	2	0	0	1	1	0	1	0	0	0	1	0
Queens	Total	28	1	1	7	19	0	23	0	0	7	16	0	5	1	1	0	3	0
	Astoria, Long Island City (01)	3	0	0	0	3	0	2	0	0	0	2	0	1	0	0	0	1	0
	Sunnyside, Woodside (02)	2	0	0	0	2	0	2	0	0	0	2	0	0	0	0	0	0	0
	Jackson Heights (03)	3	0	0	0	3	0	2	0	0	0	2	0	1	0	0	0	1	0
	Elmhurst, Corona (04)	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
	Ridgewood, Glendale (05)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
	Rego Park, Forest Hills (06)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
	Flushing (07)	3	0	0	2	1	0	3	0	0	2	1	0	0	0	0	0	0	0
	Fresh Meadows, Briarwood (08)	5	1	0	1	3	0	4	0	0	1	3	0	1	1	0	0	0	0
	Woodhaven (09)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Howard Beach (10)	3	0	0	0	3	0	2	0	0	0	2	0	1	0	0	0	1	0
	Bayside (11)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
	Jamaica, St. Albans (12)	3	0	1	1	1	0	2	0	0	1	1	0	1	0	1	0	0	0
	Queens Village (13)	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
	The Rockaways (14)	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Staten Island	Total	4	0	0	2	2	0	4	0	0	2	2	0	0	0	0	0	0	0
	Port Richmond (01)	2	0	0	1	1	0	2	0	0	1	1	0	0	0	0	0	0	0
	Willowbrook, South Beach (02)	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
	Tottenville (03)	1	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0

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Table 5b

Borough	Deaths Reported by HRA																	
	Total						Male						Female					
		Age						Age						Age				
	Total	<1	1-24	25-44	45-64	>=65	Total	<1	1-24	25-44	45-64	>=65	Total	<1	1-24	25-44	45-64	>=65
All Boroughs	48	0	0	7	40	1	37	0	0	5	31	1	11	0	0	2	9	0
Manhattan	25	0	0	5	20	0	24	0	0	5	19	0	1	0	0	0	1	0
Bronx	14	0	0	2	11	1	9	0	0	0	8	1	5	0	0	2	3	0
Brooklyn	8	0	0	0	8	0	3	0	0	0	3	0	5	0	0	0	5	0
Queens	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0
Staten Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Tables 6a and 6b: Leading Causes of Death by Gender and Shelter Residency Status, July 1, 2009 – June 30, 2010

Table 6a

Rank	Cause of Death	Total		Gender			
				Male		Female	
		All	Percent†	All	Percent†	All	Percent†
Rank	Total	190	100	150	79	40	21
1	DISEASES OF HEART	49	26	38	78	11	22
2	PYSCH. SUBSTANCE ABUSE & ACCIDENTAL DRUG POISONING (DRUG OVERDOSE)*	35	18	25	71	10	29
3	ACCIDENTS EXCEPT DRUG POISONING	29	15	26	90	3	10
4	ASSAULT (HOMICIDE)	11	6	9	82	2	18
5	INTENTIONAL SELF-HARM (SUICIDE)	8	4	5	63	3	38
	ALCOHOL ABUSE**	8	4	8	100	0	0
7	INFLUENZA AND PNEUMONIA	7	4	5	71	2	29
8	MALIGNANT NEOPLASMS	6	3	4	67	2	33
9	CHRONIC LOWER RESPIRATORY DISEASES	3	2	3	100	0	0
10	CEREBROVASCULAR DISEASE (I60-I69)	2	1	1	50	1	50
	ESSENTIAL HYPERTENSION AND RENAL DISEASES (I10,I12)	2	1	2	100	0	0
	CHRONIC LIVER DISEASE AND CIRRHOSIS	2	1	2	100	0	0
	HUMAN IMMUNODEFICIENCY VIRUS DISEASE	2	1	1	50	1	50
14	DIABETES MELLITUS	1	1	1	100	0	0
	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	1	1	1	100	0	0
	CONGENITAL MALFORMATIONS,DEFORMATIONS	1	1	0	0	1	100
–	UNDETERMINED INTENT	8	4	7	88	1	13
–	All Other Causes	15	8	12	80	3	20

*Mental and Behavioral Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco

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

†All percentages were rounded to the nearest whole number. Causes of death are ranked based on count.

Table 6b

Rank	Cause of Death	Total		Shelter Residency Status			
				Sheltered		Non-Sheltered	
		All	Percent†	All	Percent†	All	Percent†
	Total	190	100	75	39	115	61
1	DISEASES OF HEART	49	26	23	47	26	53
2	PSYCH. SUBSTANCE USE & ACCIDENTAL DRUG POISONING (OVERDOSE)	35	18	13	37	22	63
3	ACCIDENTS EXCEPT DRUG POISONING	29	15	5	17	24	83
4	ASSAULT (HOMICIDE)	11	6	8	73	3	27
5	INTENTIONAL SELF-HARM (SUICIDE)	8	4	3	38	5	63
	MENTAL DISORDERS DUE TO USE OF ALCOHOL (ALCOHOL ABUSE)	8	4	0	0	8	100
7	INFLUENZA AND PNEUMONIA	7	4	2	29	5	71
8	MALIGNANT NEOPLASMS	6	3	3	50	3	50
9	CHRONIC LOWER RESPIRATORY DISEASES	3	2	1	33	2	67
10	CEREBROVASCULAR DISEASE (I60-I69)	2	1	1	50	1	50
	ESSENTIAL HYPERTENSION AND RENAL DISEASES (I10,I12)	2	1	2	100	0	0
	CHRONIC LIVER DISEASE AND CIRRHOSIS	2	1	0	0	2	100
	HUMAN IMMUNODEFICIENCY VIRUS DISEASE	2	1	1	50	1	50
14	DIABETES MELLITUS	1	1	1	100	0	0
	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS	1	1	1	100	0	0
	CONGENITAL MALFORMATIONS,DEFORMATIONS	1	1	1	100	0	0
–	UNDETERMINED INTENT	8	4	2	25	6	75
–	All Other Causes	15	8	8	53	7	47

Tables 6c and 6d: External Causes of Death by Gender and Shelter Residency Status, July 1, 2009 – June 30, 2010

Table 6c

Rank	Cause of Death	All	Gender	
			Male	Female
	Total	84	67	17
1	POISONING BY PSYCHOACTIVE SUBSTANCE	28	20	8
2	POISONING BY OTHER NOXIOUS SUBSTANCE	11	11	0
	HOMICIDE	11	9	2
4	SUICIDE	8	5	3
5	EXPOSURE TO EXCESSIVE NATURAL COLD	6	5	1
6	MOTOR VEHICLE	5	4	1
	FALL	5	4	1
8	SMOKE, FIRE AND FLAMES	1	1	0
	OTHER NON-TRANSPORT ACCIDENT	1	1	0
–	UNDETERMINED INTENT	8	7	1

*Mental and Behavioral Disorders Due to the Use of, or Accidental Poisoning by, Psychoactive Substances Excluding Alcohol and Tobacco

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

†All percentages were rounded to the nearest whole number. Causes of death are ranked based on count.

NYC Local Law 63: Reporting Deaths of Homeless Persons, Annual 5 (July 1, 2009 – June 30, 2010)

Table 6d

Rank	Cause of Death	All	Shelter Residency Status	
			Sheltered	Non-Sheltered
	Total	84	27	57
1	POISONING BY PSYCHOACTIVE SUBSTANCE	28	9	19
2	POISONING BY OTHER NOXIOUS SUBSTANCE	11	3	8
	HOMICIDE	11	8	3
4	SUICIDE	8	3	5
5	EXPOSURE TO EXCESSIVE NATURAL COLD	6	0	6
6	MOTOR VEHICLE	5	0	5
	FALL	5	1	4
8	SMOKE, FIRE AND FLAMES	1	0	1
	OTHER NON-TRANSPORT ACCIDENT	1	1	0
–	UNDETERMINED INTENT	8	2	6

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 753-2012 Res. No. _____

☒ in favor ☐ in opposition

Date: 1/24/12

(PLEASE PRINT)

Name: Patrick Markee

Address: _____

I represent: Coalition for the Homeless

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 751 Res. No. _____

☐ in favor ☐ in opposition

Date: 1/24/12

(PLEASE PRINT)

Name: NANCY CLARK

Address: DOHMH

I represent: ASSISTANT COMMISSIONER

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/24/12

(PLEASE PRINT)

Name: REGINA ZIMMERMAN

Address: DIRECTOR, VITAL STATISTICS

I represent: DOHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 1/24/12

(PLEASE PRINT)

Name: Seth Diamond

Address: 33 Beaver St.

I represent: DHS

Address: _____

Please complete this card and return to the Sergeant-at-Arms