Vermont Social Autopsy Report: Identifying Patterns in 2024 Overdose Deaths

Part Two: Use of Homelessness Services

August 2026

This brief is the second in the Social Autopsy series and explores the use of homelessness services among those who died of an overdose in 2024. See Vermont's Response to Overdose for more information about this year's Social Autopsy Report.

In 2024, **213** Vermonters died of an overdose in Vermont. While the Social Autopsy is data-driven, we must not lose sight of the fact that each data point represents a Vermonter who lost their life. The Vermont Department of Health, along with our partners, analyze these data in the context of this humanity.

In 2024, approximately 14% of Vermonters who died of an overdose were experiencing homelessness at the time of their death, and 6% had housing instability (via the State Unintentional Drug Overdose Reporting System). Homelessness is defined as having no fixed address and no place to live. Housing instability is defined as difficulty obtaining or retaining permanent housing. This brief explores data on the use of homelessness services rather than data on homelessness or housing instability at the time of death.

Vermont fatal overdose data were cross referenced with data from the Institute for Community Alliances' (ICA) Homelessness Management Information System for this brief. People who **received homelessness services** from Vermont's continua of care (CoC), regardless of whether they were experiencing homelessness or housing instability at the time of death, were included in the analyses.

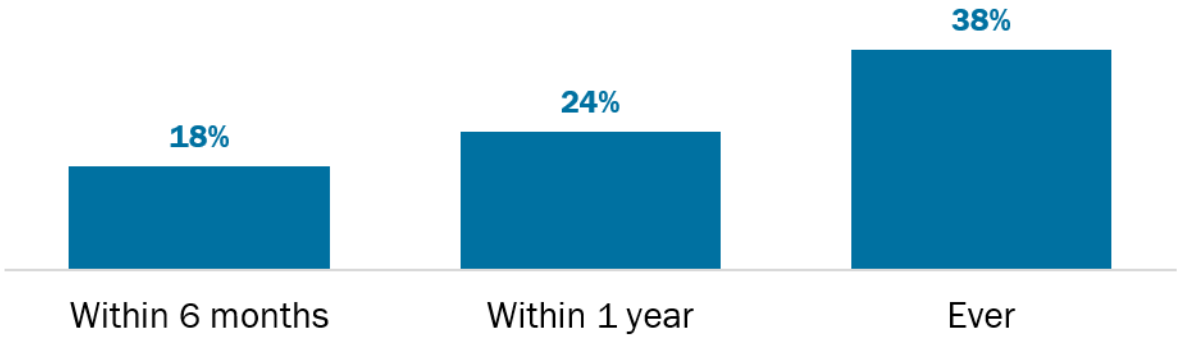
If you need help accessing or understanding this information, contact Vermont's Overdose Data to Action team at AHS.VDHod2a@vermont.gov.

Use of Homelessness Services

How often did those who died of an overdose access homelessness services?

Of the 213 Vermonters who died of a drug overdose in 2024, 38% (81) accessed homelessness services at any point in their life. In the year prior to death, 24% (51) accessed homelessness services, while 18% (39) accessed homelessness services within the six months prior to death.

Nearly one in five Vermonters who died of an overdose accessed homelessness services in the six months prior to death. Thirty-eight percent accessed homelessness services at any time in their lives.

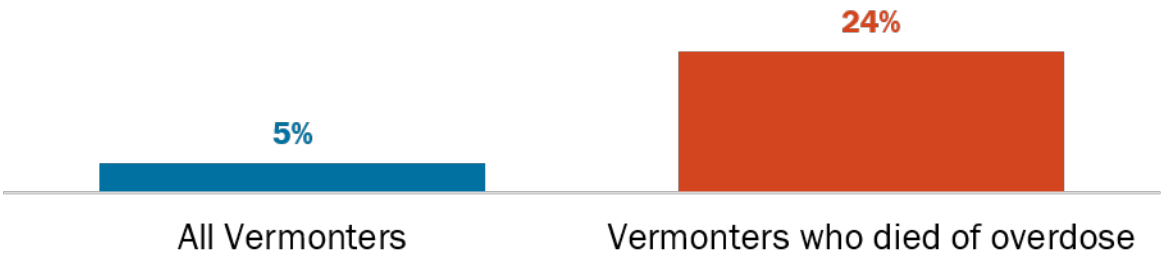


People who accessed homelessness services typically had multiple contacts with CoC before they died from overdose. In total, the 81 people who accessed homelessness services in the year prior to their date of death made 1,005 total contacts with CoC at any point in their lives, with a median of seven contacts per individual. Those who accessed homelessness services were without housing for a median of 1,633 days.

Accessing Services Compared to Vermonters Overall

In 2024, about 5% of Vermonters (18,536) accessed homelessness services. This was statistically lower than the 24% of people who died of overdose who accessed homelessness services in the year before they died.

Vermonters who died of an overdose were five times as likely to access homelessness services in the year before their death compared to Vermonters overall.



Additionally, people who died of an overdose had higher median numbers of contacts with CoC (7 vs. 2) and higher median days without housing (1,633 vs. 519) than Vermonters overall who accessed homelessness services in 2024.

Service Types Accessed

Vermonters who died of an overdose in 2024 accessed several different types of homelessness services in their lifetime. Definitions are from ICA and the Department of Housing and Urban Development (HUD):

Number of Vermonters Who Died of an Overdose by Service Accessed

Service Type	Definition	Number who Accessed
Coordinated Entry (ICA)	Coordinated Entry is a process that ensures people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred and connected to housing assistance based on their strengths and needs.	62
Emergency Shelter (HUD)	Emergency Shelter activities are designed to increase the quantity and quality of temporary shelters provided to homeless people, through the renovation of existing shelters or conversion of buildings to shelters, paying for the operating costs of shelters, and providing essential services.	38

Service Type	Definition	Number who Accessed
Homelessness Prevention (HUD)	Homelessness Prevention activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation. Component services and assistance generally consist of short-term and medium-term tenant-based or project-based rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair.	25
Rapid Rehousing (HUD)	Rapid Rehousing is permanent housing that provides short-term (up to three months) and medium-term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.	16
Street Outreach (HUD)	Street Outreach activities are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Component services generally consist of engagement, case management, emergency health and mental health services, and transportation.	11

Summary

Since 38% of people who died of an overdose in 2024 accessed homelessness services at some point in their life, these services are another important point of intervention for reducing overdose mortality.

Acknowledgements

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