

WE WILL REMEMBER 2025

HOMELESS DEATH REVIEW | DENVER, CO

For 36 years, the Colorado Coalition for the Homeless (the Coalition or CCH) and the Denver community have come together on December 21st, the longest night of the year, to honor and remember the lives of those who passed away while they were experiencing homelessness in the Denver Metro area. It is important to acknowledge these individuals and report on their deaths in the greatest detail possible because this may be the only remembrance some of them will receive. This report also serves to highlight trends impacting unhoused community members generally.

According to data collected by the Coalition, Metro Denver Homeless Initiative (MDHI), and other local direct service partners, at least 276 individuals passed away in the Denver Metro area in the yearlong period from November 1, 2024, through October 31, 2025, (referred to as "2025 data" for the purpose of this report). Each of these 276 people is honored individually by having their name read at the Homeless Persons' Memorial Vigil. This community-derived count is not directly correlated with the number of individuals referenced in the data in this report.

Instead, this report specifically draws on documentation from the Denver Medical Examiner's Office (OME) on individuals experiencing homelessness who passed away during the timeframe outlined above. OME is unable to provide CCH with complete demographic data on these individuals, which makes it difficult to fully understand the impact and nature of these deaths. According to available data, the OME recorded 227 deaths among people experiencing homelessness in 2025. Any number of preventable deaths in our community is too many. This number is statistically equivalent to the 225 deaths reported in 2024 and, though slight, marks a decrease from the 239 deaths reported in 2023. This trend is an exception to the steady increases between 2019 and 2022.









Colorado Coalition for the Homeless hosts the We Will Remember: Homeless Persons' Memorial Vigil on the longest night each year to honor and remember those who have died while experiencing homelessness. This year marks the 36th year of this service honoring those lives lost. It is an opportunity to come together to mourn and to work to prevent the heartbreaking loss of our loved ones, colleagues, friends, and neighbors. To view the program listing the known names of those who passed in 2025, visit coloradocoalition.org/vigil.

This report serves as a companion to the We Will Remember: Homeless Persons' Memorial Vigil event which takes place at the Denver City and County Building yearly on December 21st each year. Neither this analysis nor the Homeless Persons' Memorial Vigil can adequately honor or accurately account for the neighbors we list who were experiencing homelessness this year. To add context to the impact of housing status on deaths among people experiencing homelessness, CCH has, where relevant in this report, compared this population to individuals who were formerly homeless but are now housed in CCH properties.

DEATHS OVER TIME

One of the most striking findings continues to be a dramatically reduced life expectancy among people experiencing homelessness as compared to the housed population. In 2025, the average age of death for someone experiencing homelessness in Denver was 43.4, compared to 78.4 years for the general U.S. population.

FIGURE 1. COMPARISON OF HOUSED VS. UNHOUSED VS. GENERAL POPULATION

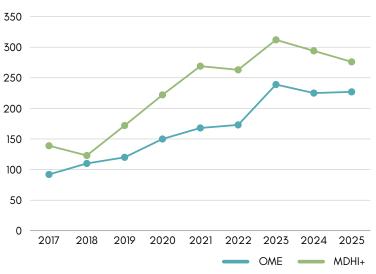


CAUSE AND MANNER OF DEATH

When OME investigates a death, it makes two decisions about the circumstances: cause, which are the biological factors that led to a person's death and are characterized as primary and contributing causes; and manner, or the way in which a person died, which is characterized as natural, accident, homicide, suicide, or undetermined (if the investigator lacks sufficient evidence to select a manner).

In 2025, among the 227 deaths among people experiencing homelessness in Denver, OME has determined the cause of death for 215 people. Overdose, as in years past, remains the leading cause of death among people who are homeless at 77.09% (n=175). This is a meaningful increase from 2024, especially considering the context of decreasing overdose deaths nationwide. In years past, housing has been shown to be a protective factor against premature death generally, and against death due to overdose. However, mortality data for CCH clients is limited for 2025, making it infeasible to draw meaningful conclusions about differences in mortality

FIGURE 2. DEATHS BY YEAR



trends for CCH clients as compared to the broader unhoused population in Denver. This year, Katie Joseph, MD, MPH from Denver Health conducted research on mortality trends for CCH clients over the past three years. Some insightful data can be derived from that report to enhance understanding of the data from this year.

While housing is routinely proven to be a protective factor against numerous causes of premature death, substance use and overdose is one area where the data tell a particularly compelling story. Dr. Joseph's research revealed that among CCH clients with a Substance Use Disorder (SUD) diagnosis, those who were not able to engage in SUD treatment had three times greater odds of experiencing a preventable death as compared to those who did receive SUD treatment.¹

Beyond substance use, no clear trend in mortality emerged for either CCH clients who have passed away, or for the broader community experiencing homelessness in Denver. Small changes in categories such as suicide, homicide, and natural causes can be attributed to the expected year-over-year variability in causes of death and have no clear causal relationship in this year's data. There was also no noteworthy trend data regarding place of death.



FIGURE 3. CAUSE OF DEATH

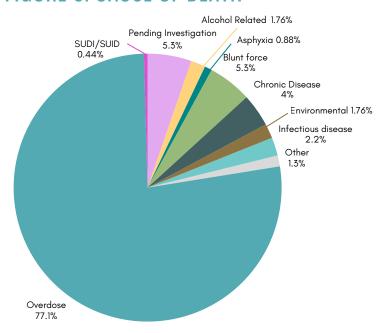
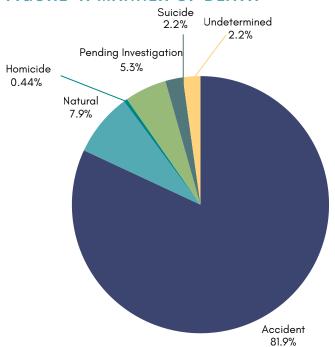


FIGURE 4. MANNER OF DEATH



SUBSTANCE USE DISORDERS AND DEATH

The most concerning trend is the increase in overdose deaths among those experiencing homelessness. While 2023 saw an 18% increase in deaths due to overdose among people experiencing homelessness in Denver. That figure had leveled off in 2024, consistent with national trends. This year, however, overdose deaths rose by 14.4% in Denver's unhoused population from 153 in 2024 to 175 in 2025. This increase in overdose deaths speaks to the magnitude of the crisis facing the unhoused community, as substance use is more fatal without housing as a protective factor.



Deaths due to drug overdose remain an enduring challenge for people experiencing homelessness in the Denver area, despite decreasing overdose deaths nationally. According to data from the National Center for Drug Abuse Statistics and the Centers for Disease Control and Prevention, deaths due to drug overdose in the United States peaked at 32.4 deaths per 100,000 people in 2021.² At the most recent data point gathered in 2023, that rate decreased to 31.3 deaths per 100,000 people nationally. Despite these decreases, deaths due to overdose in Denver accounted for 77.09% (n=175) of all deaths among people experiencing homelessness in 2025, an increase from 68% (n=153) in 2024. The average age of death for people experiencing homelessness in the Denver Metro area continues to decrease after a brief plateau last year. In 2025, the average age of death for people experiencing homelessness in Denver fell to 43.4, nearly half that of the general population of the United States which sits at 78.4 years and continues to increase gradually each year while the life expectancy for those who are homeless in Denver drops sharply.

This contrast highlights that, without housing as a protective factor, working to overcome a substance use disorder is not only significantly more difficult, but also much more likely to be fatal. Lasting solutions to homelessness include approaching substance use

disorders with compassion and evidence-based practices.

PROVEN SOLUTIONS

SUBSTANCE USE DISORDER RECOVERY SUPPORT & SAGE RIDGE

Overdoses related to substance use disorders continue to be the leading cause of death for individuals experiencing homelessness in the Denver Metro area. The Coalition provides various services to assist individuals who struggle with substance use disorders, including the Medication Assisted Treatment program at the Stout Street Health Center, as well as supportive residential communities dedicated to addressing substance use.

The Coalition's Fort Lyon Supportive Residential Community has served thousands of Coloradans for over a decade, and this year we were able to expand this model to a new location. In partnership with Colorado's Department of Local Affairs (DOLA), the Coalition was thrilled to open the Sage Ridge Supportive Residential Community, a campus that welcomes individuals from across the state who are experiencing homelessness and seeking addiction recovery support. Individuals may stay for up to two years of transitional housing recovery on a voluntary basis. Sage Ridge is a place of restoration and offers a supportive environment where individuals are met with compassion, respect, and the resources they need to grow, stabilize, and reconnect with their chosen communities. At full capacity in 2026, the Sage Ridge Supportive Residential Community will support 192 individuals at a time. Sage Ridge was made possible by the passage of HB22-1377, and the campus also houses onsite withdrawal management.



The Coalition also continues to advance efforts to connect clients who are currently accessing other services from the organization to engage in SUD counseling and treatment. The Targeted Capacity Expansion (TCE) grant, operated by CCH's Housing Supportive Services department, supports clients in CCH housing who demonstrate routine substance use and is entering its second year of operation. TCE expands access to peer-led recovery services, supplies clients with overdose prevention materials, and fosters a sense of mutual support and community.

Other solutions, such as overdose prevention centers, are not currently permitted in Colorado but have been proven to reduce public drug use, lower demand for healthcare and emergency response services, and save lives. Tackling the overdose crisis will require both a commitment to building upon established solutions and a willingness to embrace other promising practices to save lives.

HOUSING WITH SUPPORTIVE SERVICES

CCH continues to advocate for Support-Centered Housing, an evidence-based approach which prioritizes helping people first attain stable housing and subsequently provides ongoing wraparound services. In addition to its effectiveness in promoting housing stability, it is also the best practice for reducing substance use and addressing mental health challenges, because it provides a foundation from which individuals can address health holistically, keeps participants connected to healthcare services, and allows people to address these issues on their own terms. Participants who achieved housing stability first had significantly lower rates of long-term substance use, higher utilization of substance use treatment, and were more likely to remain in the program for its duration. A robust systematic comparison against Treatment First programs found that Housing First reduced homelessness by 88%, improved housing stability by 41%, and provided greater health benefits.³ The Coalition released a report highlighting the successes of Support-Centered Housing to help guide policy and push back against misinformed narratives about homelessness resolution.







2025 STATE POLICY INITIATIVES

During the 2025 legislative session, CCH engaged on policies related to homelessness prevention and resolution, criminal legal reform, and substance use. In partnership with Enterprise Community Partners, the Coalition spearheaded the first proactive legislative effort to coordinate statewide strategy for homelessness resolution in recent memory. HB25-1032 sought to improve infrastructure for preventing and responding to homelessness by:

- Establishing an Interagency Council on Homelessness and Advisory Committee;
- Allowing like-minded local governments to create Regional Homelessness Response Authorities; and
- 3. Permitting local governments to use their statemandated collection of a documentary fee to both compensate for the administrative costs of real estate transactions as well as to offset the costs of affordable housing and housing for people experiencing homelessness in their communities.

Despite broad support, this bill died on the calendar due to time and funding constraints.



Criminal legal reform was another active area this year, with both helpful and harmful measures moving through the legislative process. Colorado Freedom Fund (CFF) led the charge on two measures (HB25-1147 and SB25-062) to improve municipal court practices, and the Coalition provided advocacy support and expertise on the expected impact on people experiencing homelessness. Individuals facing homelessness are disproportionately impacted by municipal ordinances that criminalize life-sustaining

behaviors associated with their circumstances, such as petty theft of food items, trespassing, or sleeping outside. These individuals often lack the resources to navigate the legal system effectively, leading to harsher penalties and prolonged incarceration. Both bills included common sense reforms promoting fairness and consistency without compromising public safety. Both passed, but HB25-1147 was vetoed by Governor Polis.

The Coalition also successfully defended against two bills which attempted to increase the criminalization of homelessness. The first, HB25–1104, would have created a new criminal charge for squatting, which the Coalition argued was unnecessary and would circumvent due process. The second bill, HB25–1142, would have increased the criminal penalty for failing to leave a premises or property upon request of a peace officer from a misdemeanor to a felony. The Coalition and its partners expressed concern about subjective enforcement disproportionately targeting individuals experiencing mental health crises or homelessness. Both bills died in committee.

CCH also worked with partners on drug policy this year, successfully killing SB25-044, which would have made it a Level 1 drug felony to manufacture, dispense, sell, distribute or possess any material with any amount of fentanyl, and make possession a Level 4 drug felony, regardless of whether or not the person was aware the material contained fentanyl. Advance Colorado, an organization advocating for harsher criminalization of people who use drugs, is behind a similar measure that is likely to appear on Colorado's 2026 ballot. The Coalition and its partners are committed to pushing back against this effort.



DEFENDING AGAINST 2025 FEDERAL ACTIONS

HR1

HR1 refers to a major federal budget reconciliation bill signed in July 2025. The bill cuts taxes for wealthy households and corporations, slashes funding and imposes harsh eligibility requirements for public benefits, and severely disrupts state budgets. CCH is working with partners to defend against these harmful provisions and mitigate damage as they take effect. The Coalition also advocated for policies that helped fill Colorado's massive budget shortfall due to HR1 while protecting the state's most vulnerable populations during the special legislative session in August of 2025.

EXECUTIVE ORDERS

On July 24, the Trump Administration issued an Executive Order (EO) "Ending Crime and Disorder on America's Streets." Rather than offering solutions, the EO employs a punitive response that seriously threatens the health, safety, and civil rights of people living without shelter. In response to the EO and other harmful actions taken at the federal level, the Coalition has created a blueprint to propose responsive and protective short and long-term policy strategies to safeguard our communities.

THREATS TO CoC PROGRAMS

On November 14, the U.S. Department of Housing and Urban Development's (HUD) abruptly rescinded the two-year Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) and initiated a new competition for FY 2025. The CoC program is Congress's primary vehicle for addressing homelessness, with Colorado receiving roughly \$46M annually. This decision jeopardizes the stability of 2,200 Coloradans who rely on CoC-funded permanent housing and services, and it puts roughly 800 of the households the Coalition serves, including older adults, people with disabilities, veterans, and families, at immediate risk of returning to homelessness. The status of the NOFO is rapidly evolving and CCH is working to respond to new developments, including advocating for Congress to include no-cost corrective language in the Transportation, Housing, and Urban Development (THUD) appropriations bill and/or the next Continuing Resolution (CR) to honor the two-year funding cycle intended and approved by Congress.

FUTURE POLICIES

Looking forward, the Coalition will continue to push for stronger infrastructure around homelessness planning and resolution. CCH will also prioritize reauthorization of the Homeless Contribution Tax Credit (originally passed in 2022 with a 2026 sunset), strengthening the healthcare safety net, and insulating Colorado from federal-level harms. Affordable housing, homelessness, health, and economic justice will remain the Coalition's primary focus areas for policy advocacy.

MOVING FORWARD

The number of deaths among people experiencing homelessness in 2025 - although largely steady compared to 2024 - is unacceptable. The Coalition and its partners are alarmed by the nearly 10 percent increase in deaths due to overdose and the reduced life expectancy of unhoused individuals. These trends call for increased investment in evidence-based programs that support the stability, health, and wellbeing of vulnerable Coloradans. CCH is committed to building and preserving an effective and compassionate homelessness response system and will advocate for policies, programs, and practices that support that goal.



CITATIONS

- Denver Health, Dr. Kathleen Joseph, MD, MPH on behalf of the Colorado Coalition for the Homeless
- ² <u>Drug Overdose Death Statistics [2025]: Opioids, Fentanyl & More</u>
- 5 https://nida.nih.gov/research-topics/trends-statistics/overdosedeath-rates#Fig1







