

Homelessness in Washington State

Behavioral Health, Income Instability,
and National Trends (2013–2024)

Executive Summary Version

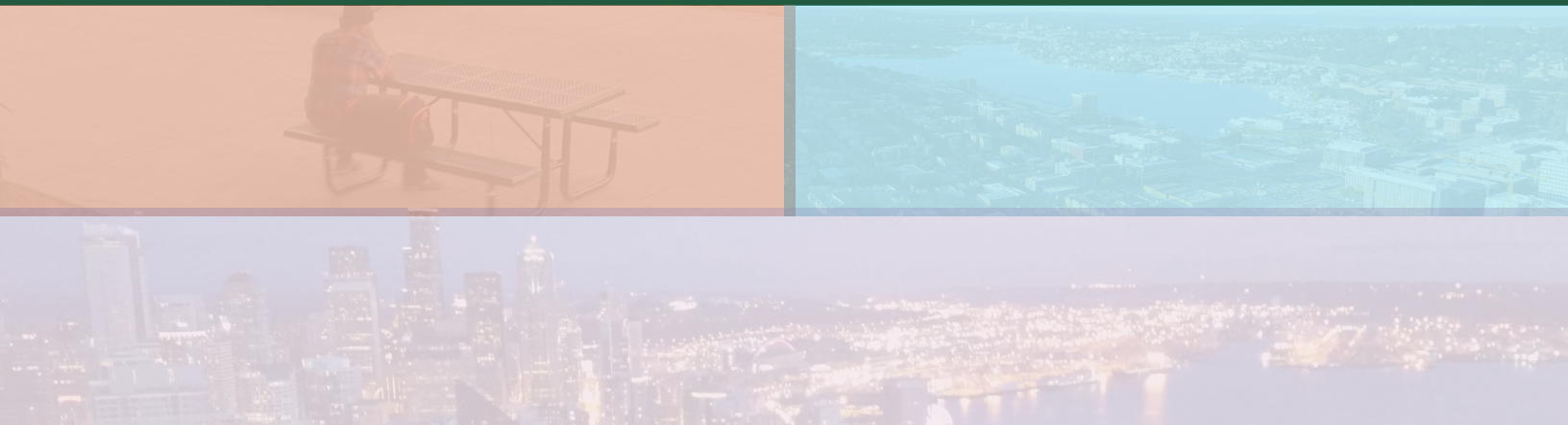
Report Context: Our report uses data products created primarily by researchers within federal departments like the Census Bureau, CDC, Federal Reserve, HUD, and the U.S. Department of Commerce. As an interdisciplinary, longitudinal and observational study, we report on population level trends documented through rigorous and longstanding survey instruments and methods.

Data Sources: Main sources are indicated at the top of relevant sections. A transparent and complete research replication guide is available within the full report publication, including description of data sources, methodology, margins of error, and data limitations. Use of annual rate changes in correlation models, as "differenced data", assigns some behavioral health data windows to 2014-2024 instead of 2013-2024, beginning with the 2014 rate change over 2013.

Attribution: This report was created pro bono for the cities of South King County, Washington. It is an independent nonpartisan effort, drawing on volunteered time from current governmental, nonprofit, research, and policy professionals. No public or private funds have supported the report's creation, and authors and contributors have not been compensated.

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This executive summary of a larger report describes outlier growth of homelessness in Washington being consistent with the growth of **two contributing drivers**: a crisis of **behavioral health and addiction**, and **steadily rising cost-of-living**, both of which are among the most elevated in the country. Individuals caught in a convergence of these forces, many of whom report extremely low household income, appear to be those likeliest to lose housing in Washington. Among the **31,554 people** counted as experiencing homelessness during the 2024 point-in-time (PIT) count, not everyone follows this pattern. However, the populations we identify show the size and vulnerability necessary to explain much of Washington's homelessness growth. We theorize Washington's crisis may be addressable by: A) Emergency scale-up of statewide behavioral health services and capacity; B) Restoring higher barriers for drug proliferation; and C) Pivoting to a state strategy with equal Behavioral Health and Affordability pillars, including integrated case management, holistic individual wellbeing indicators, and real-time data-driven insights giving early warning for changing trends.

The report is an observational and interdisciplinary review of homelessness during a 12-year period of the 2010s and 2020s. To assist follow-up study, we transparently document figures and methods across hundreds of data sets and dozens of high-quality administrative and survey sources managed by state and federal researchers.

Behavioral Health

Since 2014, Washington has transformed in national rankings for mental illness and addiction. In 2024, Washington had the country's **1st highest** ratio of chronic homelessness, the **1st highest** growth of per-capita overdose deaths (2014–2024), the **3rd highest** unhoused population, the **4th highest** rate of adult mental illness, and the **6th highest** rate of methamphetamine use by housed adults. With the **1st highest** per-capita rate of fentanyl and opioid overdoses seen in Emergency Rooms in both 2023 and 2024, Washington averages **35% above** the 2nd-ranked state, while total overdose cases reached **1 of every 100** ER visits. Increases of **200%–400%** are seen in key drug-use and homelessness measures. In 2024, CDC surveys show high-risk use of stimulants and opioids by **hundreds of thousands** of housed adults.

Income Instability

With plausible links to homelessness, we observe annual statewide waves of survey-reported **income instability** among renter households, beginning in 2014 and rising continually from 2017–2023. By 2023, the estimated number of working-age King County renters earning 0–10% of the area median income had nearly tripled to **33,000 households**. This occurs despite Washington's unemployment and poverty rates trending strongly downward, the state's minimum wage rising 75% and the state's lowest 10% of hourly wages rising 77% from 2014. Median rent rises 77% in comparison, and the state's cost-of-living gradually rises. COVID-19 is not observed as a likely or primary driver of the state's income instability trends, with paradoxical patterns like Washington's seen to exist in relatively few states.

National Trends

Since 2014, ten states have consistently topped the country's per-capita homelessness chart, with low-poverty states showing much higher per-capita homelessness than high-poverty states. Nine of these top states, including Washington, fit a **common risk profile**: the highest rates and growth of per-capita homelessness, a high cost-of-living, an expanding drug-use crisis, and low barriers for substance proliferation. With few exceptions, states which have either high costs or low barriers for proliferation, but not both, also have much lower rates of homelessness. As is seen in Washington, combining a **high cost-of-living** and **low barriers for proliferation** appears consistent with compounding risks driving crisis-level growth of homelessness. Key statutory, judicial, and policy combinations are seen to differentiate Washington from most other states, while linking it to the fraction of states where homelessness rates are the most elevated. We observe synthetic opioids and P2P methamphetamine as plausible drivers of modern 'magnitude-shifted' homelessness. We theorize high potency and toxicity limits the adhesion of public interventions by decreasing individual responsiveness to system friction. ²

Homelessness in Washington State: Behavioral Health, Income Instability, and National Trends (2013–2024)

Behavioral Health

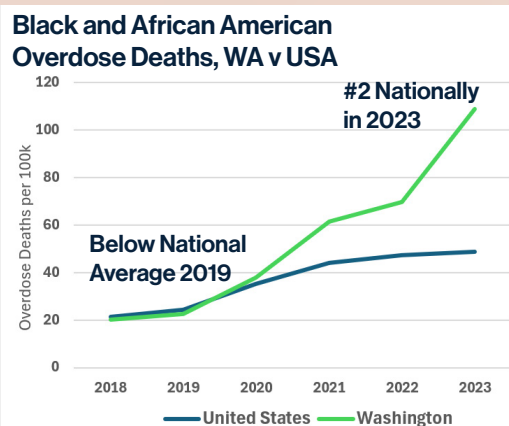
Sources: SAMHSA NSDUH 2013–2024, CDC DOSE-SYS 2019–2024, NCHS NVSS 2013–2024, CDC WONDER 2013–2024, HUD PIT 2007–2024.

In just over a decade, Washington has experienced a severe behavioral health transformation among both housed and unhoused adults. The state has surged past others to become a **national leader in homelessness, addiction, overdose deaths, and mental illness**. Use of drugs like methamphetamine and fentanyl among both housed and unhoused adults is seen to closely mirror the growth rate of homelessness, and earlier waves of surging drug proliferation and potency are seen to correlate with later waves of homelessness growth (see full report). Between 2018 and 2020, substance use and then homelessness sharply trend vertically in an unprecedented **post-2018 statewide surge**. While overdose mortality rose nationally during the COVID era, Washington's trend nearly triples the national one (Figure 1).

Other outliers highlight the extent to which the crisis appears to span housed/unhoused adults and drug proliferation/potency. Washington is **#1 in the nation** for growth of per-capita overdose deaths, **188% above** its 2014 level, with growth **196% above** the national average. In terms of stark equity disparities, around 2019 a severe overdose crisis rapidly developed among Black and African American people living in Washington. Compared to Black overdose deaths nationally, Washington transformed from being a below-average state to becoming the **#2 state in just four years**, with Washington's **+380% growth** by far the highest nationally.

Illegally manufactured fentanyl first expanded on the East Coast before moving west in 2018, and Washington's change amidst this national pattern is significant. Washington was the **#1 state** for both fentanyl and opioid overdoses seen in emergency rooms in 2023 and 2024, and across those measures and years Washington's average was **35% above** the 2nd-ranked state. Total overdose cases in Washington reached **1 of every 100** ER visits by 2024. This crisis concentrates in King County, where since 2023 the most common outcome for opioid overdose patients treated by EMS is to decline transport to the hospital, against medical advice.

Figure 4 (bottom-left): Per-capita overdose Deaths suffered by Black and African American Washingtonians, compared to Black and African Americans nationally. Other research shows Black households in Washington experiencing below-average poverty and incarceration rates compared to Black households nationally, making this national rank-shift appear more consistent with a behavioral health shock.



Rates among All Adults (2014-2024)	Nat'l Rank Change	% Increase	% Above Nat'l Avg
Any Mental Illness	8 → 4	41%	21%
Maj. Depressive Episodes	10 → 4	41%	31%
Serious Mental Illness	13 → 7	49%	29%
Methamphetamine Use	**15 → 6	96%	63%
Hallucinogen Use	N/A → 6	N/A	36%
per-capita Fatal Overdoses	29 → 4	188%	59%
per-capita Fatal Overdose Growth	N/A → 1	188%	196%
Non-Fatal Fentanyl Overdoses	*10 → 1	513%	413%
Non-Fatal Opioid Overdoses	*9 → 1	56%	173%
Non-Fatal Meth. Overdoses	*21 → 5	200%	100%
Homeless Population (PIT)	6 → 3	71%	73%
Chronically Homeless, Total	6 → 2	418%	231%
Chronically Homeless, Ratio	28 → 1	203%	91%

** Methamphetamine Use, Households 2017–2024 *Overdoses 2019–2024 (2021–2024 for fentanyl) per 10,000 ER visits

Figure 1 (top): Washington's rank and change in key measures of mental illness, drug use, overdoses, and homelessness. "National Average" is calculated as the average of rates among qualifying states, or, in reference to the average of the national population.

Figure 2 (middle-right): Washington's #1 ranking for fentanyl overdoses seen in ERs is an outlier even among the Top 5 states.

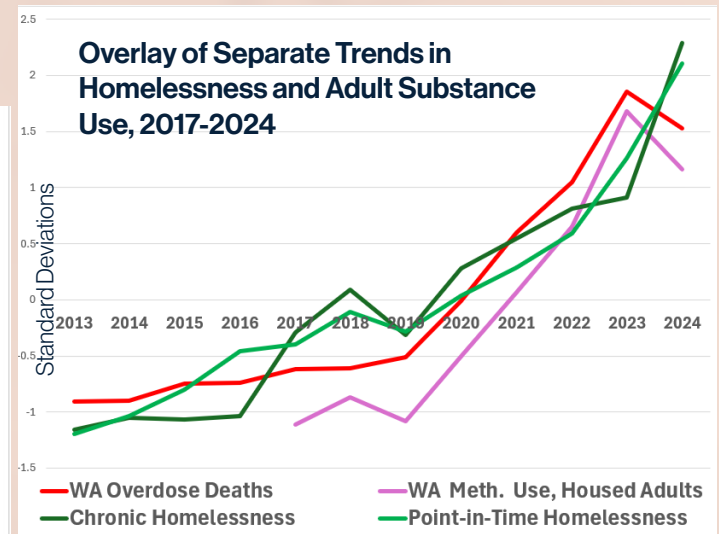
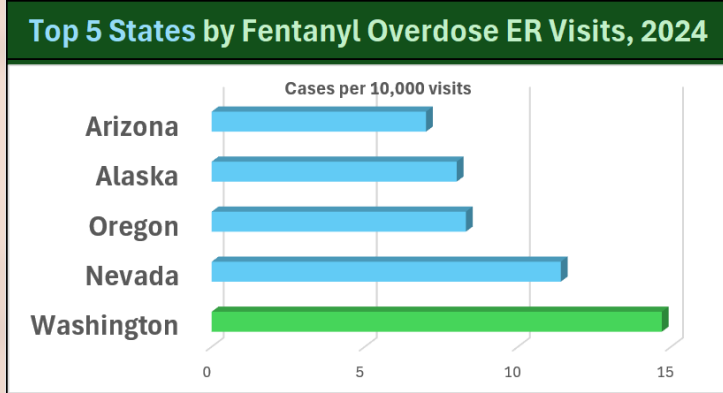


Figure 3 (bottom-right): Standardized trends (timing/direction) of substance use and homelessness measures. **Technical notes on correlations:** Self-reported use (2020 interpolated) vs overdose mortality: $R^2=0.99$; $\Delta(\text{YoY})$ fit: $R^2=0.60$. Homelessness (PIT and Chronic; 2021 interpolated): $R^2=0.94$. Cross-corr of Δ overdose mortality (YoY) vs Δ PIT (YoY) as 2014–2021 vs 2017–2024: $r=0.77$ (overdose mortality leads PIT by 3 years), $R^2=0.60$.

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Income Instability

Sources: ACS PUMS 2013-2024, FRED 2013-2024, SAMHSA NSDUH 2017-2024, WA DSHS 2014-2024, WA HCA 2015-2024, SSA 2014-2024

We search economic trends for changes of similar size and timing, those which might correspond to a sudden vertical shift in homelessness. The trends with potential links are few due to Washington's overall positive outlook: **unemployment and poverty trend strongly down**, job growth outpaces population growth, Medicaid enrollment is up, and public assistance enrollment is down. The state's CPI has outgrown federal SSI per-capita funding by 24% since 2014, plausibly influencing ~3% to ~5% of statewide homelessness. However, Washington's **2024 minimum wage** and bottom 10% of hourly wages are **up 75% and 77%** respectively since 2014, which paces well with household **median rent rising 77%**. At the median, the amount of household income spent on rent rose from 21% to 22.4% (more in Figure 9 below). The greatest rent increases, up 85%, are seen in King County's ≤30% AMI band, but a population-weighted county minimum wage composite is also up 85% (±5% error margin).

A more significant change is seen through a pattern of survey-reported **income instability**, with the estimated number of King County households earning 0-10% of the area median income (AMI) **more than doubling from 2013-2024** (Figure 8). While this is most prominently seen among King County renters beginning in 2014, it is also seen statewide. This pattern largely occurs among non-retired individuals who appear qualified to work, with an average age of 38 in 2024. These households also self-report a ~25% disability rate, up from 11% in 2013.

This pattern has reconstituted Washington state's AMI distribution of renter households. The often-cited AMI ≤30% population, the renter households with incomes at or below 30% of the median income for their area, has expanded statewide largely as a function of tens of thousands of households shifting into to 0-10% AMI, a group for whom **rent is often a mathematical impossibility**.

The King County income pattern is seen to **resemble and precede patterns of homelessness** in Washington: gradually building up, then sharply trending upward (Figure 5, top-right). Because similar patterns are seen in only a few states, we do not find sufficient evidence to attribute this to the economic impacts of COVID-19.

Washington has often focused on rental costs as an assumed driver of statewide homelessness. We observe **rents** (Figure 6) and **earnings** (Figure 7) at all income levels **rising at stable and consistent rates** between 2013-2024, except ≤30% AMI where household shifts to 0-10% AMI appears to cause the income band to break below trend and offset 2017-2024 minimum wage boosts. With all rents seen to rise stably and consistently (Figure 6), we more readily associate the **large increases seen in homelessness** with **drop-off or stagnation of work and income**.

King County Rent Burden by Household Income Level		
Household AMI: % of Income Median	Rent as % of Income (2024)	2013-2024 Change %
120%+	16%	-6%
80-120%	23%	+1%
50-80%	30%	+5%
30-50% (Minimum Wage)	45%	+12%
25-30%	55%	-1%
20-25%	69%	+11%
15-20%	94%	+30%
10-15%	105%	+55%
5-10%	113%	-35%
0-5%	750%	+72%

Figure 9 (bottom-left): King County rent burden changes 2013-2024. While some 30-50% AMI earners face modestly increased burden over a decade, extreme burdens concentrate among the tens of thousands of households below minimum wage.

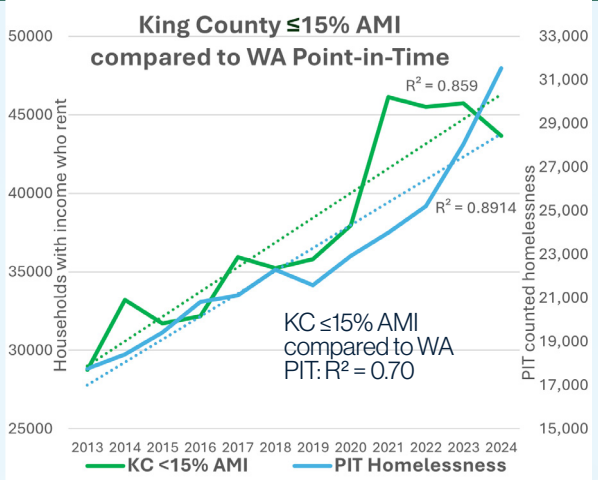


Figure 5 (above): Comparing mixed denominators of WA PIT and KC ≤15% AMI, with magnitude and timing similarities.

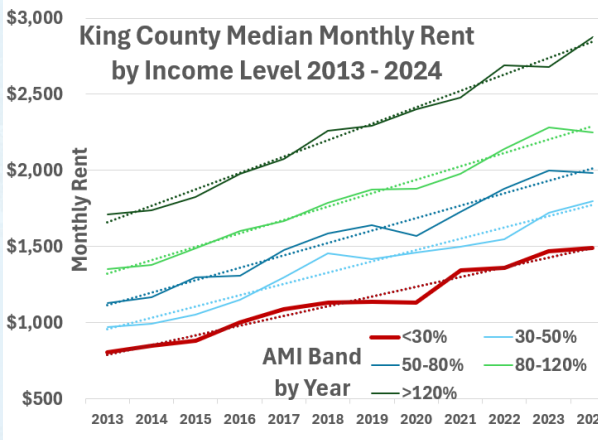


Figure 6 (above): King County rental costs by income band.

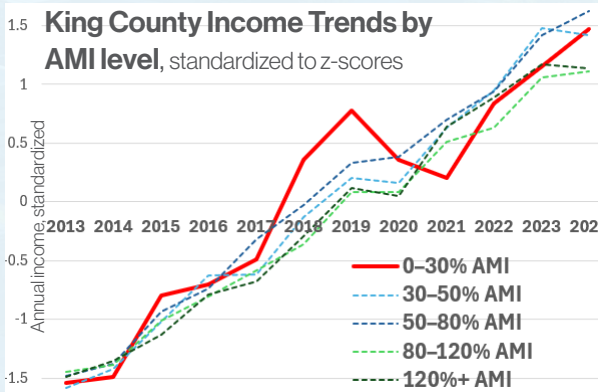


Figure 7 (above): King County median income growth among renters is stable outside 0-30% AMI, which is highly disturbed by the compositional change seen in Figure 8 (bottom-right).

King County Household Growth Area Median Income 0-10% and 10-30%		
Year	# of AMI 0-10% Households	# of AMI 10-30% Households
2013	13,674	56,855
2024	27,526	59,763
% Change	101%	5%

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National Trends

Sources: HUD PIT 2007-2024, BEA RPP 2013-2023, FRED 2023, Network for Public Health Law 50-state survey, National Conference of State Legislatures 50-state survey, Justia Inc. 50-state survey, and the 2024 state codes of the 50 states.

In a 50-state index of homelessness during the year 2024, Washington is one of 10 states seen to have an especially severe homelessness crisis. We observe commonalities within this group which appears to differentiate the 10 states from the rest of the country. In any given state, the relative **level of homelessness** is seen to correlate with the combination of statewide barriers for **proliferation of drugs** and the statewide **cost-of-living**. For most states, combining a high cost-of-living with low drug proliferation barriers associates with a severe homelessness crisis (Figure 10).

Figure 11 (right) portrays a changing pattern of national homelessness beginning around 2020, with changes ranging small-to-large. Various researchers have linked portions of the shift to the impacts of migration, COVID-19, inflation/affordability, and drug use disorders. We further observe that the national pattern is strongly divided by state drug proliferation policy differences, with most **low-barrier states seen to have a larger pattern shift** compared to most higher-barrier states, where changes are smaller.

Washington's homelessness researchers have traditionally favored two-variable correlations, comparing one thing to another to observe basic statistical relationships over time or place. We apply correlation measures (Figure 12, 2nd from bottom) to the 50-state index and observe the **highest correlations** existing via **substance use** and **cost-of-living** differences.

In Figure 13 (bottom) we use a 6-point risk composite to further explore these patterns, assigning 1 point per category where a state appears in the top 25% (or bottom, for proliferation barriers): Per-capita rate; PIT count change; fatal overdose rate change; proliferation barriers; cost of living; and cost of housing. Using this heuristic we are able to test how consistently homelessness, substance use, and cost-of-living elevate together across the 50 states, correlating each category with the list of state risk composite 0-6 scores. The highest correlation is for overall per-capita homelessness: states with a homelessness crisis demonstrate a clear statistical association with higher substance-related and cost measures. By comparison, high growth in overdose death associates positively but moderately, with drug crises tending to appear in places with higher homelessness and costs, but not exclusively so. This differential highlights a key observation: drug crises don't require high costs and homelessness, but a drug crisis in a high-costs market associates strongly with homelessness.

Index of 50 States (abridged to 10-State brackets for Executive Summary)						
States by Rank Per-Capita Homelessness, in Brackets of 10	Homelessness (medians)		Substance Use (medians)		Economics (medians)	
	Homeless Rate, % of Population	2014-2024 PIT Count Change	2014-2024 Fatal OD Rate Change	Proliferation Barrier Index (Binary scores of five statute types)	Cost of Living (Avg 100)	Poverty Rate
#1 to 10	0.44%	70%	127%	4	106	11%
#11 to 20	0.18%	46%	38%	6.5	98	11%
#21 to 30	0.12%	2%	44%	8	94	12%
#31 to 40	0.10%	-10%	47%	7	93	12%
#41 to 50	0.08%	-12%	52%	8	90	14%

Figure 10 (top): A condensed version of our report's 50-state homelessness index. The Barrier Index scores bins of statutory modifications to proliferation barriers correlating with substance use: misdemeanor possession, diversion, harm reduction, and recreational cannabis legalization.

Median Per-Capita Homelessness Change from 2014, based on Proliferation Barrier Level			
Year	Low	Med	High
2015	1.2%	-4.6%	-6.4%
2016	0.3%	-13.8%	-11.0%
2017	0.7%	-17.1%	-16.7%
2018	0.6%	-16.8%	-20.1%
2019	-4.2%	-17.4%	-21.6%
2020	-2.2%	-16.3%	-20.4%
2022	21.0%	-15.3%	-14.2%
2023	25.3%	-1.9%	-14.0%
2024	42.9%	12.4%	-6.3%

Figure 11 (center): Per-capita homelessness growth is seen to concentrate in states based on the relative level of drug proliferation barriers. Low barrier states are seen to have much higher homelessness growth (median), while high barrier states are seen to reduce homelessness compared to 2014 (median). *2021 is excluded due to incomplete national PIT counts.

National Index, Key Correlations with Homelessness				
Baseline Metrics	Correlation Comparison Metrics			
	2014-2024 Fatal OD Rate Change	Proliferation Barrier Level	RPP Cost of Living	RPP Cost of Housing
Per-Capita Homeless Rate, % of Population	0.53	0.54	0.62	0.56
2014 to 2024 PIT Count % Change	0.29	0.55	0.49	0.45

"How consistently does each category elevate alongside the others?"						
Correlation Type	Homelessness		Substance Use		Cost of Living	
	Homeless Rate, % of Population	2014-2024 PIT Count Change	2014-2024 Fatal OD Rate Change	Proliferation Barrier Index (Binary scores of five statute types)	Cost of Living (Avg 100)	Cost of Housing (Avg 100)
	<i>r</i> =	0.81	0.69	0.57	0.75	0.79
<i>R</i> ² =	0.67	0.48	0.33	0.56	0.62	0.58

Figure 12 (2nd from bottom) and Figure 13 (bottom): Pearson's r = correlations and R^2 coefficients of determination are calculated on a scale up to 1.0 to observe the tendency for homelessness levels and changes to associate with substance use and cost-of-living dynamics.

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National Trends

Sources: CDC WONDER and NVSS 2014-2024; HUD 2014-2024

Using standardized trends to allow comparison of state-by-state changes, we observe patterns which appear to differentiate states based on assignment to the U.S. Court of Appeals for the Ninth Circuit, where the *Martin v. Boise* and *Grants Pass v. Johnson* opinions created specific restrictions for enforcement of public camping laws until being overturned in 2024.

Figure 13 displays averaged and standardized trends in drug overdose deaths drawn from 50-state data. Washington and other Ninth states show what resembles delayed or diminished recovery from COVID-era increases in rising rates of drug overdose death. Compared to even the costliest states outside the Ninth, Washington and six other Western states have experienced growth in overdose deaths (Figure 13 and Figure 14) and an elevated overdose death pattern which breaks against overall national trends. Not just an issue of growth, Washington joins four other Ninth states in the 2024 Top-10 for per-capita drug overdose deaths.

Figures 15 and 16 portray an unusually homogeneous Ninth circuit pattern for growth of chronic homelessness between 2014-2024. Compared to blue lines (high-cost states) and faint gray lines (all other states), 7 of 9 states in the Ninth show unusually similar chronic homelessness trends, a pattern which appears unique nationally in consistency and stability.

Average chronic homelessness growth in the non-Ninth "costly" states (2023 RPP of 100+) is +56%, but in the Ninth states is +205%, an unusual difference in magnitudes.

Figure 13: Standardized Trends in Total Drug Overdose Deaths, 50 States 2014-2024

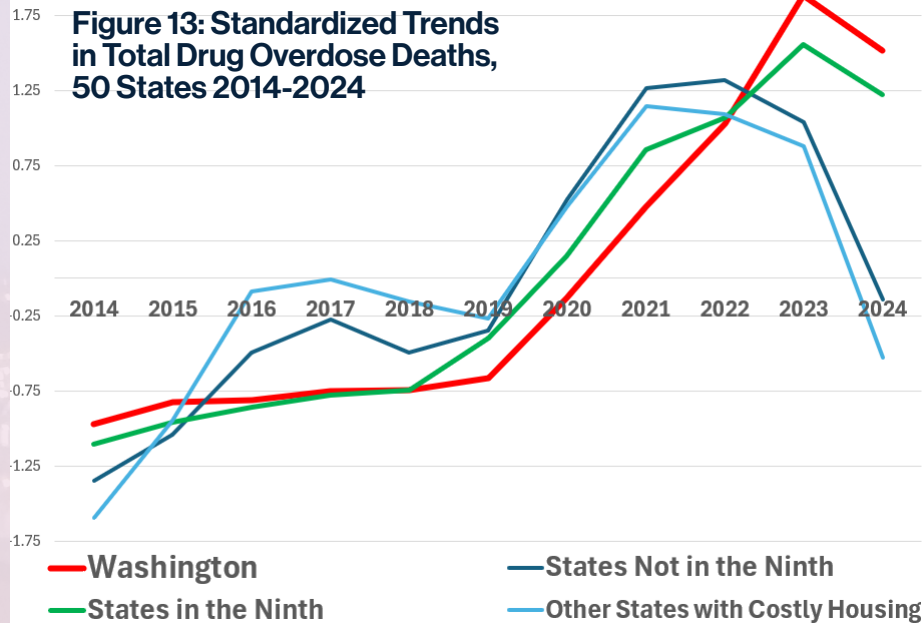


Figure 14: Growth in per-capita Drug Overdose Deaths, 50 States 2014-2024

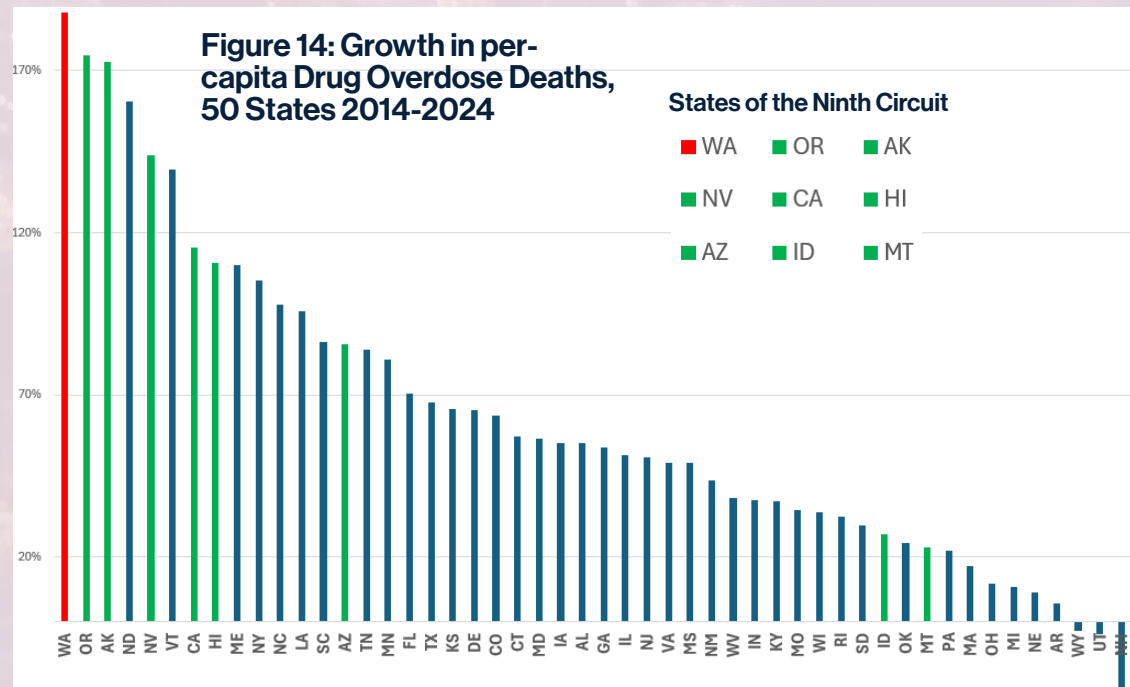


Figure 15: Trends of Chronic Homelessness, All States with Above Average Housing Costs (excluding Ninth Circuit)

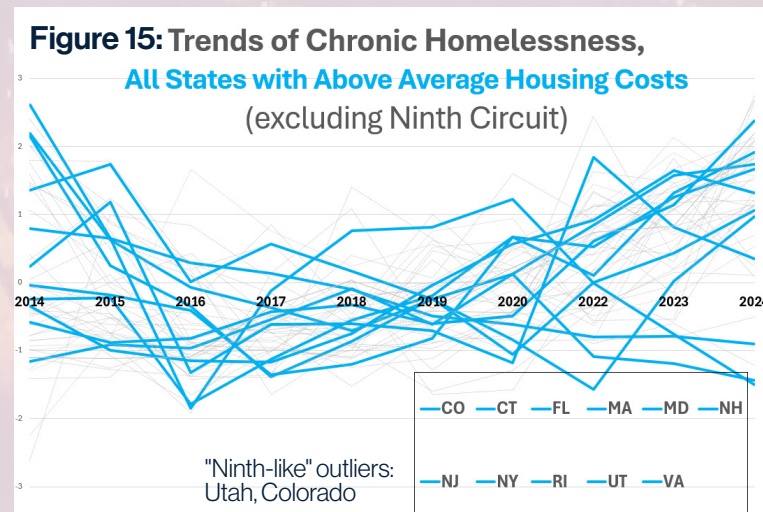
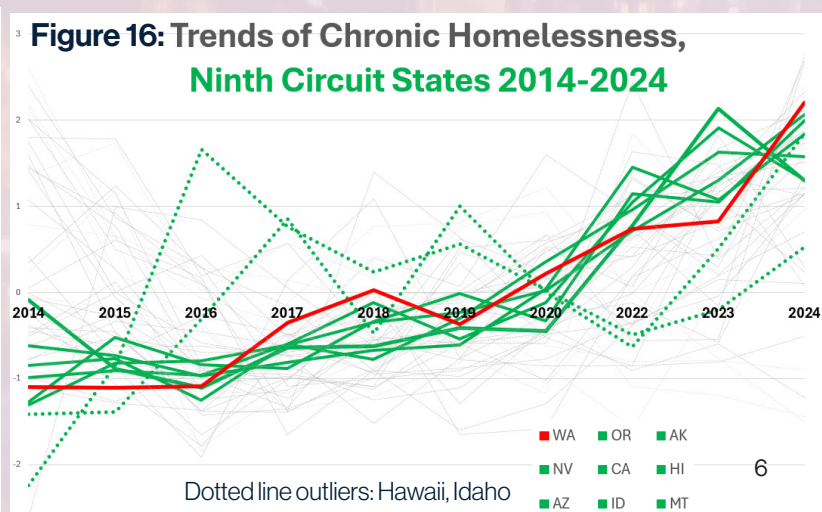


Figure 16: Trends of Chronic Homelessness, Ninth Circuit States 2014-2024



Homelessness research in the United States has existed in an **incomplete and inconsistent state** for decades, but is improving in the 2020s. Major studies like *Homelessness and the Persistence of Deprivation* (Meyer et al., 2024) and the *California Statewide Study of People Experiencing Homelessness* (Kushel and Moore, 2023) are filling evidence gaps where earlier research fell short. An excellent synthesis of evidence exists in *Policies to Reduce and Prevent Homelessness* (Evans, Phillips, and Ruffini, 2021), which states "[Few] studies rigorously measure the effect of homelessness programs on outcomes beyond housing stability", and "Housing First approaches...argue that stable housing provides a platform for success...yet **very little rigorous evidence** tests whether this claim is true." Indeed, several of the country's top states by per-capita homelessness have unsuccessfully attempted to reverse growing homelessness through housing programs alone. Recent research adds explanation for why housing-focused programs have struggled to reduce statewide numbers of people experiencing homelessness:

- **Homelessness and the Persistence of Deprivation, "HPD" (Meyer et al., 2024):** Meyer and Wyse provide "the most detailed and accurate portrait to date of the level and persistence of material disadvantage faced by the U.S. homeless population." Across a sample of 140,000 adults experiencing homelessness, individuals are linked to tax and program records to document employment, income, and benefit receipt. Meyer and colleagues find a **median annual income** which never rises above **\$10,000 for sheltered** and **\$8,000 for unsheltered** people experiencing homelessness, over the decade surrounding an observed period of homelessness. HPD establishes evidence pointing towards a pattern of income collapse occurring among people experiencing homelessness, a pattern we also observe in Washington.
- **California Statewide Study of People Experiencing Homelessness, "CASPEH" (Kushel and Moore, 2023):** Abbreviated as CASPEH, Kushel and Moore's study surveys 3,200 individuals experiencing homelessness and presents representative data for 170,000 Californians with housing instability. CASPEH observes median income of just **\$960 a month** prior to the loss of housing, with pre-loss median monthly housing costs of just \$350.
- **King County Point-in-Time Count 2024:** Led by Almquist et al., a respondent-driven sampling (RDS) was included in KCRHA's 2024 Point-in-Time count. While RDS data quality issues have recently been studied by researchers, such as *Unhoused and Mismeasured* (Meyer et al., 2025), Almquist and colleagues generate a rich set of useful insights from King County's homelessness crisis. A data point which aligns with HPD and CASPEH arose through survey responses, for which respondents were offered gift cards for participation. When posed the question, "What events or conditions contributed to your experience of homelessness?", **50.4% of men responded "Lost job"**, compared to 6.5% stating "Eviction" and 4.9% stating "Rent increase". With "Eviction" being the 2nd most frequently reported cause, "Lost job" is far above all other responses. This is consistent with Census Bureau estimates of 0-10% AMI growth in King County.
- **Substance Use Disorders and Poverty as Prospective Predictors (Thompson et al., 2013):** Using the federal NESARC surveys as a data source, Thompson and colleagues observed a **34.7% chance** of first-time homelessness among individuals experiencing a drug-use disorder with poverty, 12.4% for drug-use disorder alone, and 6.5% for poverty alone. Our larger report describes a quasi-experiment based on Thompson et al., using Washington data.
- **"Housing First":** Dating to the original article, *Pathways to Housing* (Tsemberis, 2000), incremental Housing First studies ("Chez Soi" 2009, 2013, 2017; "1108 Eastlake, 2009"; various studies of HUD VASH) have suggested benefits through activities like Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH). Later research (Lachaud et al., 2025; Tinland et al., 2021; Raven et al., 2020) do not observe consistent benefits beyond stability through subsidized housing, compared to "treatment as usual", and note a higher likelihood of mortality for HF participants in the short-term.
- **"Rental Costs":** Several studies have reported associations between rental costs and homelessness, with the most recent and high-quality study being *Local Rental Market Dynamics and Homelessness* (Rai, 2024), but the category also includes Washington's Colburn and Aldern (2022). Such studies observe the cost-of-living commonalities among metros and states with high homelessness rates. Our own Washington study demonstrates the plausible role of substance use in activating the correlation between cost-of-living and homelessness between 2013-2024, helping explain why some high-cost states have much lower homelessness.