Homelessness in Washington State

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

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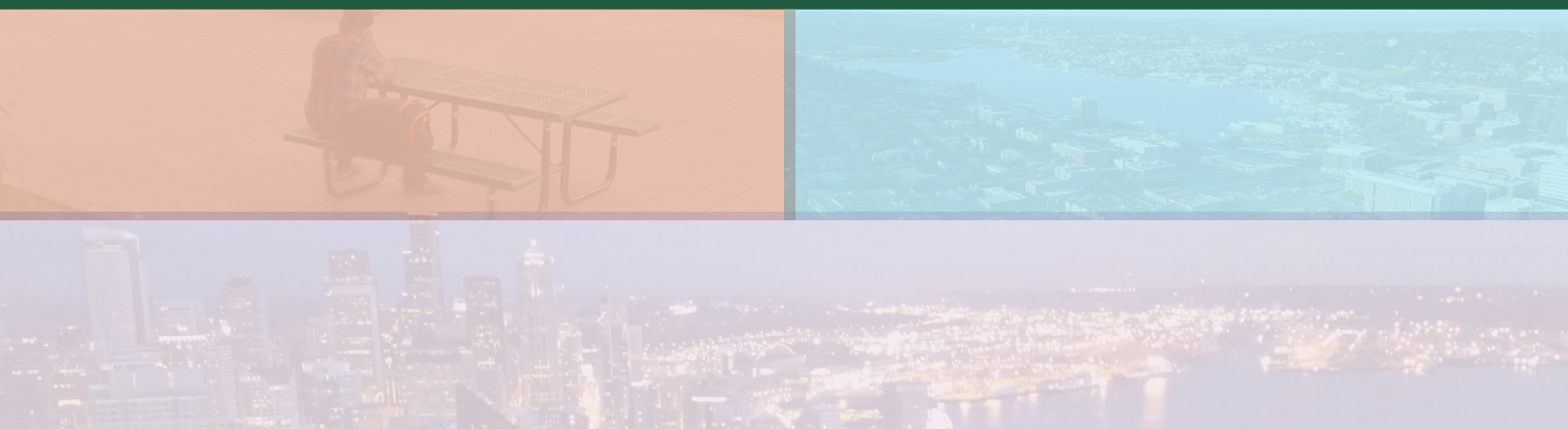

Foreword

This report describes observations from one of the largest reviews of homelessness data in Washington to date, using sources managed 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 work, we report on population level trends documented through rigorous and longstanding survey instruments and methods.

Washington state's government has often attributed rapidly rising homelessness to rising rents. This report explores this theory alongside others, studying the root causes or combinations of causes which contribute to large numbers of people developing one or more vulnerabilities associated with homelessness. Instead of studying people experiencing homelessness directly, we primarily focus on homelessness-adjacent and homelessness-overlapping populations to determine how these have changed or grown over a decade-long period. By understanding the size and dynamics of the populations from which homelessness is likeliest to emerge, we strengthen Washington's map of plausible root-causes beyond a rent-driven theory.

We observe a significant structural shift in Washington's homelessness crisis, with the relationship between behavioral health, economics, and housing-loss showing plausible and increasing influence from substance use with each passing year—especially after 2018. We identify large and growing populations experiencing significant and overlapping risks associated with loss of housing, with major trends of income loss and stagnation, and high-risk drug-use, growing more rapidly and applying greater risks to more adults when compared to rising rents.

We confirm a heightened background vulnerability associated with the still-important dynamics of housing costs and supply, but extremely low rates of income and work among a large population of working-age households is seen to be a plausible driver of worsening rent-income ratios among those most at-risk of homelessness. Unusually high rates of drug-use are seen to be one plausible driver of income drop-off or stagnation.

These observations are made with acknowledgment that reasons for homelessness vary, instability and literal homelessness are distinct, cost-of-living is an important variable, and renter households living at-and-below the margins of poverty continue to experience severe burdens under rising housing costs and unaffordability. In proportion, the group becoming housing insecure due to life shocks and non-behavioral economic pressures now appear to be the secondary population at risk of homelessness in Washington, with a larger population plausibly arising from substance-exposed adults in need of urgent and compassionate public support.

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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Key Study Findings

This report explores the 2013-2024 relationship between homelessness, economics, and substance use in Washington. While acknowledging analysis linking homelessness to cost-of-living, our study observes significant pre-COVID income loss and stagnation among a large segment of Washington's most vulnerable housed adults. This dynamic has become a dominant variable for severe rent burden.

Income instability synchronizes in time with unprecedented statewide surges in adult substance use, mental illness, and housing loss, with Washington's relative ranking in key behavioral health metrics rising to be among the most elevated in the nation. Sharply rising numbers of households earning 0-10% of area median income (AMI) occurs despite long-term reductions in statewide unemployment and poverty and despite rising minimum wages which have kept pace with inflation and rents.

The income instability we observe has more than doubled the estimated number of King County renter households at the bottom of AMI, with a similar but lesser shift seen statewide. The passing of a decade saw the number of working-age renter households in King County in this income band grow from 13,674 to 33,746 households by 2023, with a small 2024 retrace. The demographic is composed primarily of working-age and non-disabled adults. The average age of working-age members of these households is 38 years old, though only half work at some point during most years. In 2024, such households reported income below $12,000 a year including public assistance.

Plausible risk vectors for homelessness are also found in Washington's changing landscape of substance use and mental illness among housed adults. Income instability, substance use, and homelessness share tight and overlapping trends, with a notable statewide event spanning late 2018 into 2020 appearing to be a "behavioral-health system-shock", seen across numerous 2019-2020 categories of income, housing status, racial demographics, and mortality data. The shock appears so severe that a new post-2018 co-trending cluster is seen, including substance use, mortality, housing loss, and income instability through 2024. This pattern also appears to be worsening.

Statistical analysis suggests that changing substance use rates appear to interact with and often precede changing rates of homelessness and income-burdened population growth across the 2013-2024 period. Such leading-following trends are consistent with the possibility of a directional causal relationship among a significant number of people experiencing homelessness. Meanwhile, a high cost-of-living is observed to coincide with rapid homelessness growth primarily in states with high rates of drug-use. Rising rents alone do not appear to act as a regular and independent driver of statewide homelessness, instead factoring into overall cost-of-living to raise vulnerability at the margins.

This report is meant to be a resource for state, county, and municipal policy authors and lawmakers, providing refreshed analysis of causal vectors and identifying the data sets and change indicators which will be most useful for homelessness response strategy updates in 2026 and beyond.

Washington's Homelessness Patterns

1 The number of Washingtonians experiencing chronic homelessness increases 418% between 2014-2024, and overall Point-in-Time homelessness grows by 78%. A significant trend-break event which accelerates homelessness begins in 2018-2019.

2 Washington experiences a 2014-2024 rankings surge in key behavioral health measures compared among the 50 states, reaching crisis levels among both housed and unhoused adults statewide. This includes #1 rankings in key overdose and homelessness metrics.

3 The number of King County renter households earning just 0-10% of the area median income (AMI) doubles from 2013-2024.

4 Income instability, substance use, and homelessness demonstrate strong similarities in the direction and timing of trend changes, especially after 2018.

5 Severe and worsening rent burdens between 2013-2024 are seen to occur mostly among households experiencing income instability, with only modestly increased rent burden across households above $28,500 in annual income (2024).

6 Rising homelessness is observed to closely align with income instability during a period of increasing substance use and potency. Rent costs at all income levels remain on stable long-term trends; rather than rent spikes, rent burden crises are seen to occur when income growth falls far below rent growth. This pattern is most evident among households with median annual incomes below ~$21,000. These observations are consistent with disruption of income and employment influencing homelessness risk among vulnerable households, at a time when high-risk drug-use in Washington has reached crisis levels.

2

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

3

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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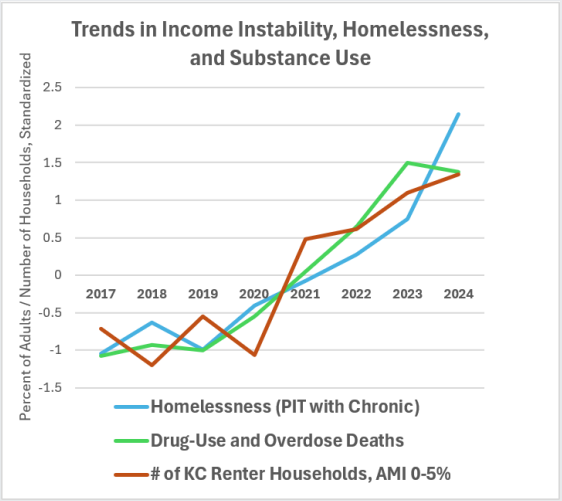

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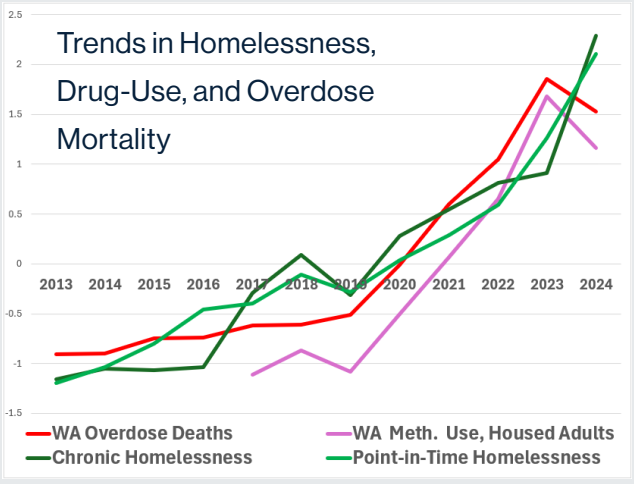

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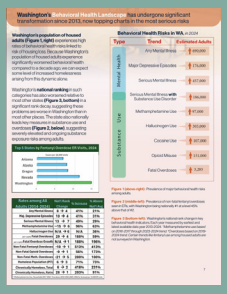
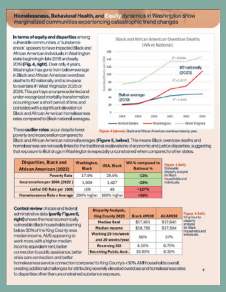
King County Rent Burden by Household Income Level		
Household AMI: % of Income Median	Rent as % of Income (2024)	2013-2024 Change %
120%+	16%	-6%
80-120%	23%	+1%
50-80%	30%	+5%
30-50% (Minimum Wage)	45%	+12%
25-30%	55%	-1%
20-25%	69%	+11%
15-20%	94%	+30%
10-15%	105%	+55%
5-10%	113%	-35%
0-5%	750%	+72%

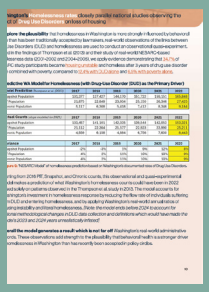
Findings Quick Reference Guide



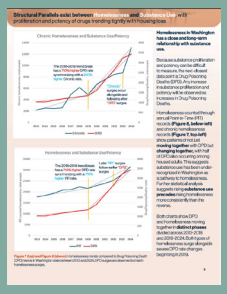
Page 7: Between 2014 and 2024, WA experienced a **sharp increase** in the prevalence of behavioral health risks among housed adults relative to the other 49 states.



Page 8: Marginalized communities in WA suffer from far higher rates of **homelessness and overdose death** compared to the same households nationally.



Page 9: High quality national studies of drug use and homelessness show strong parallels with the crisis in WA, suggesting **drug use plays a greater role** in housing loss than is usually acknowledged.

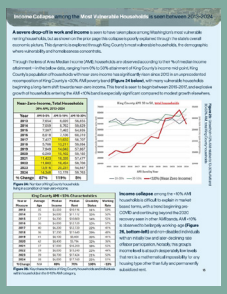


Page 11: Homelessness rates **share a clear trend** line with overdose deaths, and the 2018-2020 period marks an unprecedented shift in Washington's homelessness and substance use crisis.

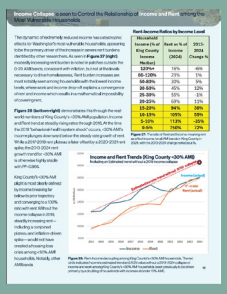
Page 12: Homelessness and behavioral health risks have strong long-term **trending similarities**, with statistical analysis suggesting behavioral health risks may have a predictive association with housing loss.

Page 13: The relationship between substance proliferation/potency and housing loss appears to show plausible, stable, and significant **predictive patterns** between 1-3 years prior to housing loss.

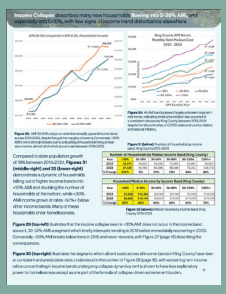
Page 15: The broader economic structural trends necessary to explain Washington's outlier homelessness rates is **largely absent**.



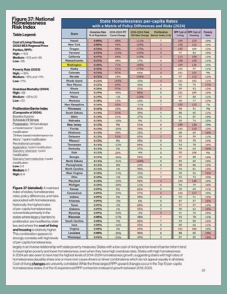
Page 16: Instead of breakaway rents, an **income instability** pattern is observed to be occurring among Washington's most vulnerable households.



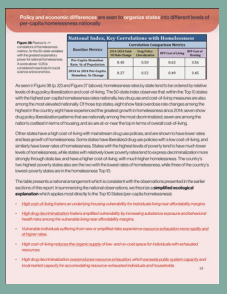
Page 18: Worsening rent burden among the most vulnerable households is seen to mostly be a **function of income** instead of rent.



Page 19: Income instability is seen to result in certain households **shifting downward** into and within <30% AMI, with severely reduced income growth trends concentrating among the lowest earners.



Page 22: States share patterns nationally which appear to differentiate the states with the highest rates of homelessness.



Page 23: High cost-of-living and high substance use trends, when combined, associate with the highest homelessness states.

II. Behavioral Health and Homelessness in Washington

Homelessness is one of several visible downstream conditions arising from complex personal and population-level crises in the upstream. In this report, behavioral health is not studied to explain the reasons homelessness occurs for any given individual, but instead to describe the prevalence of population-level risks associated with housing loss. This is done with acceptance that homelessness occurs for reasons including economics, behavioral health, and other life shocks.

The following pages document changes and patterns in Washington's behavioral health landscape which suggest stronger linkages between homelessness and behavioral health than has commonly been accepted by the state's lawmakers and policy authors. The objective of this analysis is to provide data and tools for policy authors to identify opportunities to strengthen the state and local systems Washington's most vulnerable residents will trust to support their long-term wellbeing.

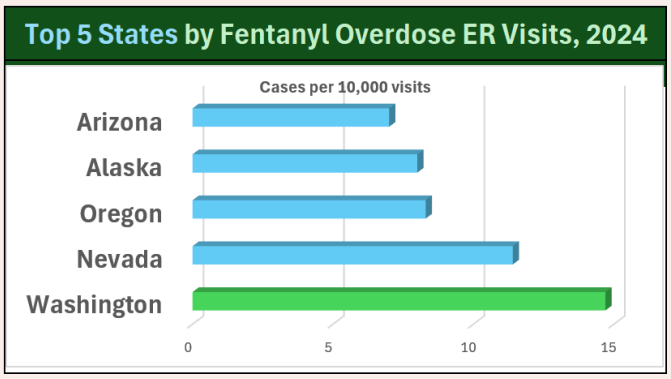
Analysis of behavioral health trends in Washington demonstrates:

- A behavioral health 'risks landscape' which has surged to national highs
- Overdose and homelessness disparities among marginalized communities which are not easily explained through traditional means
- A significant and long-term trending relationship between homelessness and substance use
- Notable parallels with long-standing national evidence documenting links between drug use and homelessness
- Statistical signals associating behavioral health with the risk of housing loss in Washington

Washington's Behavioral Health Landscape has undergone significant transformation since 2013, now topping charts in the most serious risks

Washington's population of housed adults (Figure 1, right) experiences high rates of behavioral health risks linked to risk of housing loss. Because Washington's population of housed adults experience significantly worsened behavioral health compared to a decade ago, we can expect some level of increased homelessness arising from this dynamic alone.

Washington's **national ranking** in such categories has also worsened relative to most other states **(Figure 3, bottom)** in a significant rank decay, suggesting these problems are worse in Washington than in most other places. The state also nationally leads key measures in substance use and overdoses **(Figure 2, below)**, suggesting severely elevated and ongoing substance exposure risks among adults.



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Behavioral Health Risks in WA, *in 2024*

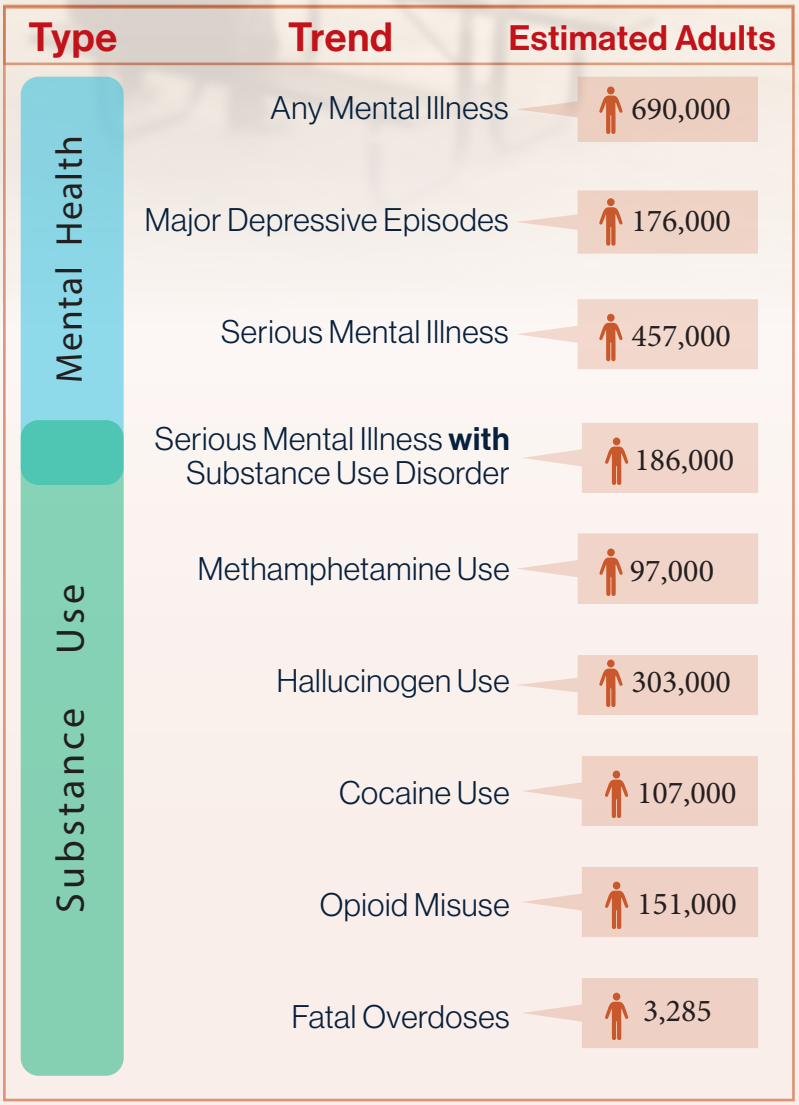


Figure 1 (above-right): Prevalence of major behavioral health risks among adults.

Figure 2 (middle-left): Prevalence of non-fatal fentanyl overdoses seen in ERs, with Washington being nationally #1 at a level 45% above that of #2.

Figure 3 (bottom-left): Washington's national rank change in key behavioral health indicators. Each year measured by earliest and latest available data year 2013-2024. **Methamphetamine use based on 2016-2017 through 2023-2024 trend. *Overdoses based on 2019-2024 trend. Certain trends like fentanyl use among housed adults are not surveyed in Washington.*

Homelessness, Behavioral Health, and Equity dynamics in Washington show marginalized communities experiencing severe trend changes

In terms of equity and disparities among vulnerable communities, a "substance shock" appears to have impacted a vulnerable subset of Black and African American individuals in Washington state beginning in late 2018 and early 2019 **(Fig. 4, right)**. Over 4 years Washington has moved from below-average in Black and African American overdose deaths to #2 nationally, possibly on-pace to overtake #1 West Virginia by 2025 or 2026. This portrays a serious mortality transformation occurring over a short period of time, and coincides with a significant elevation of Black and African American homelessness rates compared to Black national averages.

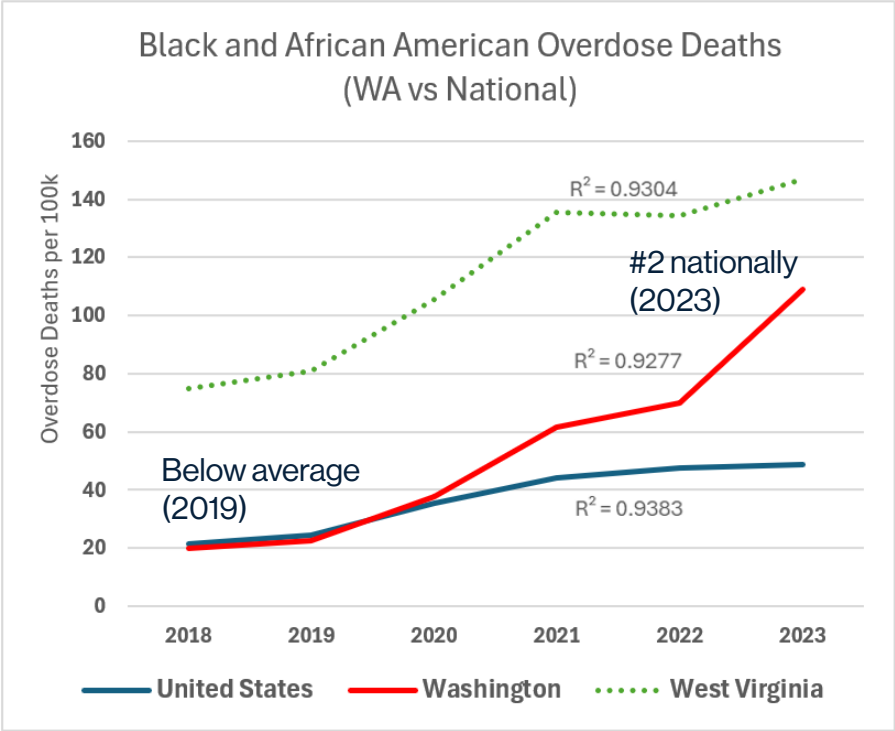


Figure 4 (above): Black and African American overdose rates by year.

These **outlier rates** occur despite lower poverty and incarceration compared to Black and African American national averages **(Figure 5, below)**. This means Black overdose deaths and homelessness are not easily linked to the traditional explanations of economic and justice disparities, suggesting that exposure to illicit drugs in Washington may be especially unconstrained when compared to other states.

Disparities, Black and African American (2023)	Washington, Black	USA, Black	WA % compared to National %
Poverty Rate	17.9%	20.6%	-13%
Incarceration per 100k (*2021*)	1,009	1,427	-29%
Lethal OD Rate per 100k	109	48	+127%
Homelessness Rate v Average	290% higher	160% higher	+50%

Figure 5 (left): Statewide disparity analysis for Black households and individuals.

Control review of state and federal administrative data **(partly Figure 6, right)** shows the most economically vulnerable Black households (earning below 30% of the King County area median income, AMI) appearing to work more, with a higher median income, equivalent rent, better connection to public assistance, better crisis care connection, and better homelessness service connection compared to King County's <30% AMI households overall, creating additional challenges for attributing severely elevated overdose and homelessness rates to disparities other than unconstrained substance exposure or other unobserved confounders.

Disparity Analysis, King County 2023	Black AMI30	All AMI30
Median Rent	$17,661	$17,640
Median Income	$18,785	$17,504
Working 20 hrs/week and 20 weeks/year	50%	37%
Receiving SSI	8.10%	6.70%
Receiving Public Asst.	10.80%	8.30%

Figure 6 (left): King County disparity analysis for Black households and individuals.

Washington's Homelessness rates show parallels with national studies observing the impact of **Drug-Use Disorders** on loss of housing

To explore the plausibility that homelessness in Washington is more strongly influenced by behavioral health than has been traditionally accepted, real-world observations of the links between Drug-Use Disorders (DUD) and homelessness are used for an observational quasi-experiment. Rooted in the findings of Thompson et al. (2013) and a study of real-world NESARC-based homelessness data (2001-2002 and 2004-2005), through simulation we apply Thompson's evidence demonstrating that 34.7% of NESARC study participants became housing unstable and homeless after 3 years of drug-use disorder (DUD) combined with poverty, compared to 12.4% with DUD alone and 6.5% with poverty alone.

Predictive WA Model for Homelessness (with Drug-Use Disorder (DUD) as the primary driver)

Model Prediction *Thompson et al. (2013)*	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Snapshot Population	131,377	137,427	144,170	151,722	159,151	165,848
PIT Population	21,875	22,849	23,934	25,150	26,346	27,425
Chronic Population	5,117	6,308	5,418	7,412	8,346	9,184

Actual Counts *(slope modeled for 2021)*	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Snapshot Population	133,457	141,101	142,335	139,544	142,053	153,321
PIT Population	21,112	22,304	21,577	22,923	23,990	25,211
Chronic Population	4,939	6,158	4,884	6,756	7,600	8,443

Variance	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Snapshot Population	-2%	-3%	1%	9%	12%	8%
PIT Population	4%	2%	11%	10%	10%	9%
Chronic Population	4%	2%	11%	10%	10%	9%

Figure 7: "NESARC Model" of homelessness prediction based on Washington's documented rates of Drug Use Disorders.

Starting from 2016 PIT, Snapshot, and Chronic counts, our observational and quasi-experimental simulated model makes a prediction of what Washington's homelessness counts could have been in 2022 based solely on patterns observed in the Thompson et al. study in 2013. The model accounts for Washington's investment in homelessness response by reducing the flow rate of individuals suffering from DUD and entering homelessness, and by applying Washington's real-world annual ratios of housing instability and literal homelessness. *[Note: the model ends before 2024 to account for national methodological changes in DUD data collection and definitions which would have made the model's 2023 and 2024 years unrealistically inflated]*

Overall the model generates a result which is not far off Washington's real-world administrative records. These observations add strength to the possibility that behavioral health is a stronger driver of homelessness in Washington than policymakers have realized. As a simulation the model is not evidence itself, and further analysis is necessary to determine the plausibility of Washington making a shift to a greater proportion of substance-driven homelessness post-2018. Hereafter we apply different methods of cautious statistical analysis to substantiate or rule-out the simulation's usefulness.

"Drug Poisoning Deaths" as a Proxy Measure of Statewide Drug Use

Washington's homelessness crisis shows unusually strong correlations with the use of dangerous substances among both housed and unhoused adults. These correlations are important for estimating the extent to which drug-use may contribute to the risk of homelessness in Washington, or to understand if it does at all. **Our study uses "Drug Poisoning Deaths"** (DPD) in several key comparisons to homelessness. We find a tendency for earlier DPD rates to statistically associate with later homelessness rates.

DPD recently peaked in 2023 at 3.5 times the DPD level of 2013. State policymakers have often assumed this trend is a consequence of the increased lethality of fentanyl relative to older drugs like cocaine and heroin. Our exploration of broader state and federal data suggests this interpretation is incomplete, with DPD appearing to express **both proliferation and potency** of the most hazardous drugs.

While fentanyl proliferation can be difficult to measure, other better-studied drugs moving in the same proliferation channels can be used to estimate fentanyl proliferation trends. The Centers for Disease Control and Prevention (CDC) began reporting estimated **methamphetamine use** among Washington's **housed adults** in 2016. This data trends very similarly to DPD, moving and changing in similar ways and at similar times. The strong parallels between the two measures, and the tendency for both drugs to share markets and users, suggests DPD does contain significant statistical signal for fentanyl proliferation among housed and unhoused adults, and is useful to understand parts of the risk landscape affecting people experiencing homelessness in Washington.

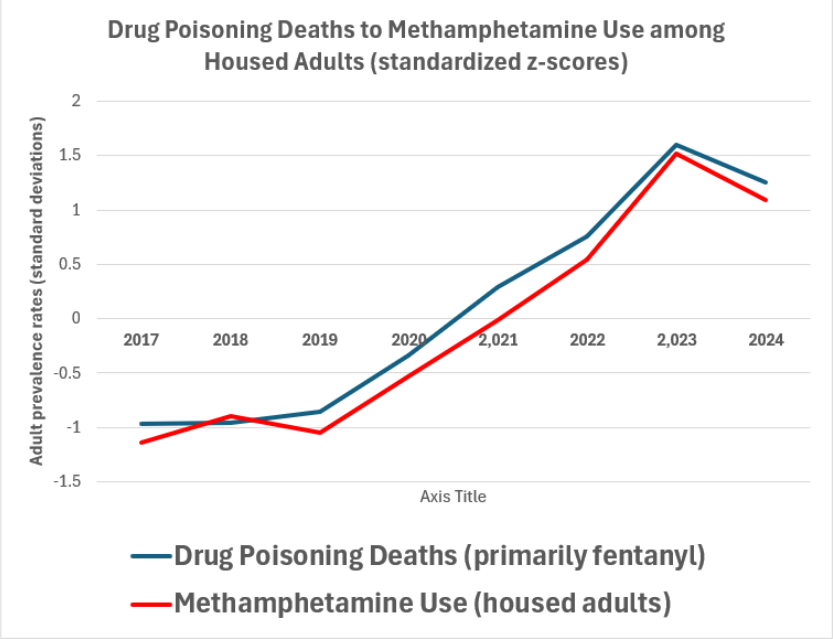


Figure 8 (above): Drug Poisoning Deaths (DPD) and "Methamphetamine Use among Housed Adults", standardized to z-scores, 2017-2024.

Because the CDC describes fentanyl as being 50 times more potent than heroin, and due to its **severe addictive and disabling** potential, proliferation and potency are both important variables in studying homelessness in Washington.

DPD also functions as a **reference point for competing hypotheses** of homelessness causality. For example, if COVID drove a significant portion of Washington's homelessness rates, DPD rates, or both, it is difficult to explain Washington's severely elevated levels of each when COVID disruptions occurred similarly nationwide without such rate and rank surges. Similarly, if fentanyl potency mostly drives DPD rates, because fentanyl is available nationally it is difficult to explain Washington's nationally outlier rates of fentanyl overdoses seen in ERs, Washington's surge in black overdose deaths relative to black national averages, and the parallels shown between DPD and rising methamphetamine use among housed adults.

Structural Parallels exist between Homelessness and Substance Use, with proliferation and potency of substances trending tightly with housing loss

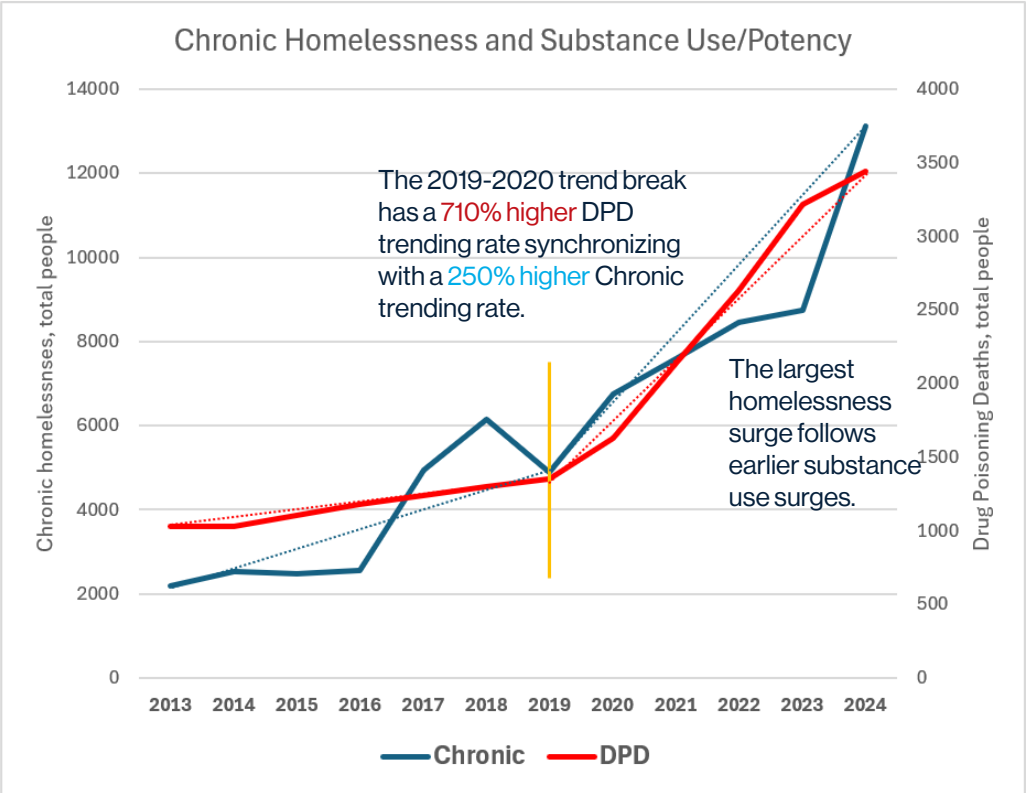
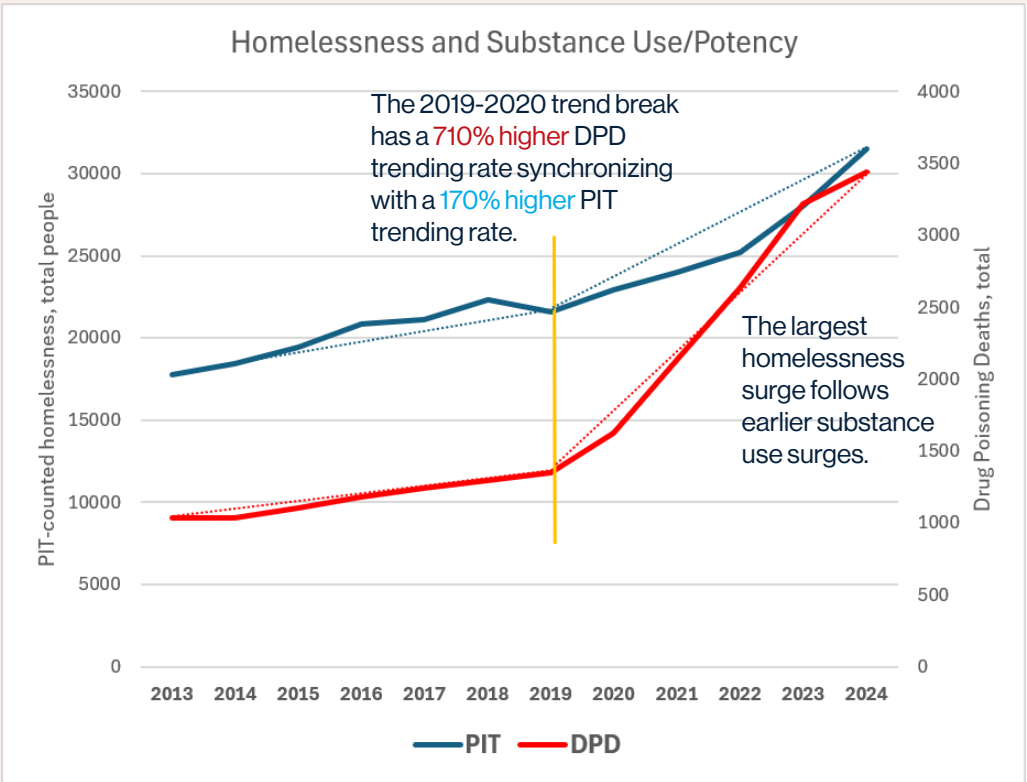


Figure 9 (above) and Figure 10 (below): Homelessness trends compared to Drug Poisoning Deaths (DPD) in Washington state between 2013 and 2024.



As described on page 10, increasing drug proliferation and potency among substance-exposed adults can be estimated by proxy through increases in Drug Poisoning Deaths (DPD) among the same population—a visible data "iceberg tip" which suggests significantly increasing volume and proliferation dynamics among the larger population of adults from whom DPD cases emerge.

Homelessness in Washington has a **close and long-term relationship with substance use**. Homelessness counted through annual Point-in-Time (PIT) records **(Figure 10, bottom-left)** and chronic homelessness records **(Figure 9, top-left)** show patterns of not just **moving together** with DPD but **changing together**. This suggests substance use has been under-recognized in Washington as a pathway to homelessness. Because about half of DPD occurs among housed adults, overlapping substance exposure exists across housed and unhoused populations. This suggests the possibility of additional overlapping risks which may span adult populations on either side of housing loss.

Further statistical analysis (p. 12-13) suggests rising **substance use precedes** rising homelessness more consistently than the reverse. Both charts above show DPD and homelessness moving together in distinct phases divided across 2013-2019 and 2019-2024. Both types of homelessness surge alongside severe DPD rate changes, all of which begin to break long-term trends in 2019.

In Washington, adult rates of homelessness and behavioral health risks rise in similar ways and at similar times. Because they move similarly, it is difficult to imagine housing loss in Washington without some level of connection to behavioral health risks. We visualize trending patterns across homelessness and behavioral health by converting all-adult prevalence rates into standardized scores which are then charted **(Figure 11, below)**. This is used to portray the direction and timing of rate changes, not as empirical proof, but the similarities across the trends are difficult to dismiss.

Homelessness and Behavioral Health as a complex system

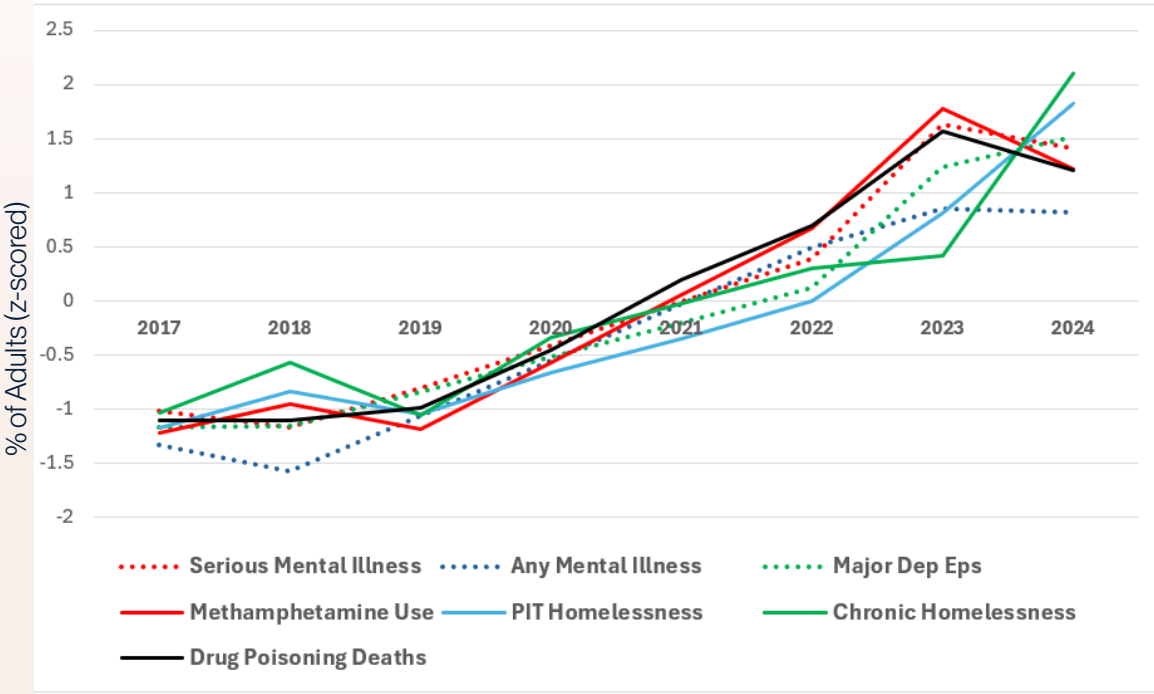
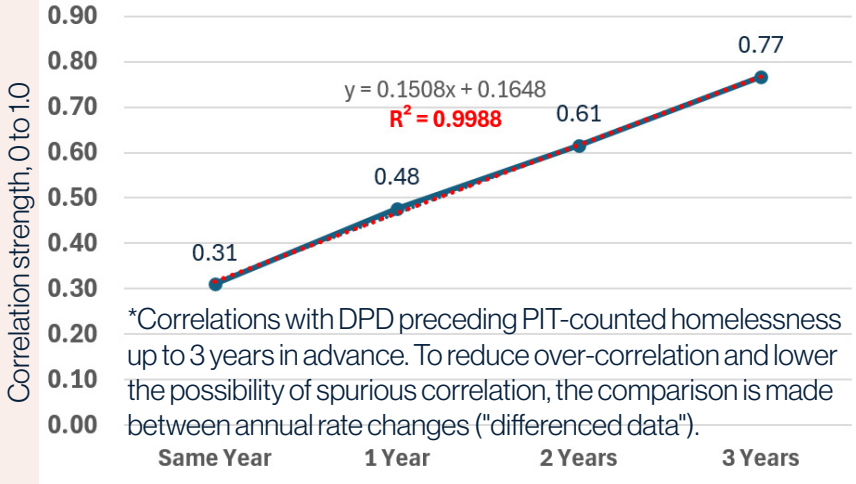


Figure 11 (left): Homelessness and "housed adult" behavioral health demonstrate a plausible and coherent relationship over an 8-year series.

Figure 12 (below): PIT-counted homelessness and substance use (proxy by DPD) show a clear statistical association in a leading-following arrangement. DPD rates are seen to regularly "predict" future homelessness rates. 2014-2024 "differenced" values are used to avoid finding false correlations.

In Washington's data, **sharp rises in substance use regularly precede sharp rises in homelessness**, with a large drug-shock event seen to occur over 2018-2020. The strength of this is so significant that the post-2018 years of increasing substance proliferation and potency (using DPD as a proxy) correlates unusually strongly with PIT-counted homelessness rates 0-3 years later **(Figure 12)**. This association begins same-year and rises in correlation strength at a surprisingly linear rate up to the third year. Because the correlation strength shows very evenly increasing increments of "predictive" power with each passing year, a rarity in social science, this measure may be showing biological and behavioral risks of drug-use, where overdose deaths broadcast a warning signal of rising behavioral health instability which, for many, later results in homelessness.

Plausible Homelessness Risk Accumulation via Substance Use*



*Correlations with DPD preceding PIT-counted homelessness up to 3 years in advance. To reduce over-correlation and lower the possibility of spurious correlation, the comparison is made between annual rate changes ("differenced data").

Correlations between behavioral health risks and homelessness regularly show a **leading-following pattern** in Washington, with behavioral health risk increases among housed adults tending to precede homelessness increases. **(Figure 13, top-right).**

Using cautious social-scientific methods and "differencing" raw totals into annual rate changes to reduce the likelihood of observing two variables which both steadily rise for unrelated reasons, we observe that rate changes across several categories of behavioral health risks consistently precede comparable homelessness rate changes—especially after 2018. Because this pattern occurs so consistently among variables known to increase the risk of reduced income and lost work, it is plausible that these correlations demonstrate behavioral health risks increasing subsequent risk of homelessness.

Fig 13: Statistical Correlations Matrix, Peak Values (**Differenced*)

Peak leading correlations of PIT homelessess rates, in years			
Measure	**3 years**	**2 years**	**1 year**
Serious Mental Illness			0.41
Any Mental Illness			0.32
Maj. Depressive Eps.			0.38
Illicit Drug Use	0.45		0.46
Drug Poisoning Deaths	0.77	0.61	0.48
Rent-Income Ratio (comparison)			0.11

Fig 14: Statistical Correlations Matrix, Peak Intervals and Methods

	PIT Homelessness		Chronic Homelessness	
Variable	**Peak *r* + Year**	**Peak R^2**	**Peak *r* + Year**	**Peak R^2**
Serious Mental Illness	Year 1: *r* =0.41	R^2=0.17	**Year 1: *r* =0.58**	**0.34**
Any Mental Illness	Year 1: *r* =0.32	R^2=0.10	Year 1: *r* =0.49	0.24
Major Depressive Episode	Year 1: *r* =0.38	R^2=0.14	Year 2: *r* =0.34	0.11
Meth Use	Year 1: *r* =0.23	R^2=0.11	**Year 2: *r* =0.53**	**0.28**
Illicit Drug Use	Year 1: *r* =0.46	R^2=0.20	Year 0: *r* =0.35	0.12
Drug Poisoning Deaths	**Year 3: *r* =0.77**	**R^2=0.59**	none	none

Fig 15: PIT to Drug Poisoning Deaths

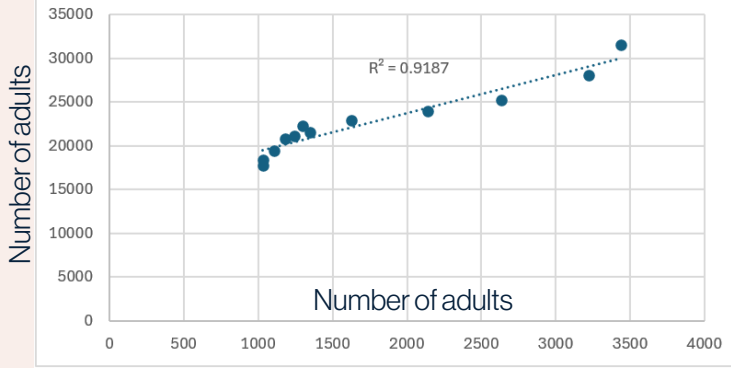


Fig 16: Chronic to Drug Poisoning Deaths

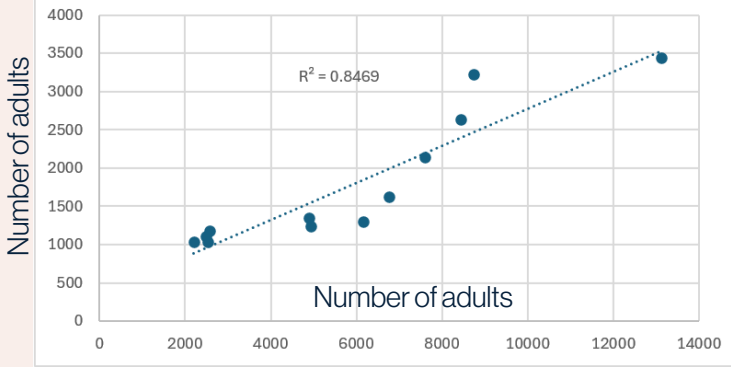


Figure 13 (top right):
Variables which show significant and leading correlation strength for homelessness using *differenced data (a more rigorous and transparent method) to reduce the likelihood of co-trending and spurious correlations.

Figure 14 (2nd from top):
Variables and peak correlation strength under two methods of quantitative analysis, *r* and R^2, using differenced data to reduce the likelihood of co-trending and spurious correlations.

Figures 15 (2nd from bottom) and 16 (bottom):
Scatter plots (limited and imperfect tools) of DPD and homelessness with raw values, showing high "coefficients of determination", R^2=0.91 and R^2=0.84, a strong association.

III. Economics and Homelessness in Washington

This report acknowledges earlier analysis which associates homelessness rates with housing costs. Our study finds signs of affordability stress throughout Washington and King County economic systems, but treats "housing affordability" as a **two-part equation of income and rent**. Throughout the 2013-2024 period, **income is observed to be the more dominant variable** for determining affordability among households experiencing severe rent burdens. With rents which rise stably across all income levels, risk of homelessness for economic reasons appears to occur most regularly for households with extremely low earnings and work. While income loss and substance use can regularly lead and follow each other, **substance use leading to income loss** appears to be a more plausible explanation for patterns of drug-use and income instability regularly rising before later sharp rises in homelessness.

We acknowledge many households and individuals experiencing economic stress live with difficulty at the margins of poverty in Washington, and these margins are being pushed upwards through inflation of costs across all categories of goods and services. Homeownership is particularly unaffordable for median income households, a dynamic which has worsened considerably between 2013-2024 and increases competition among rental inventory which has lagged far behind demand.

However, we theorize affordability in Washington being a driver of homelessness mostly as a function of income, with many tens of thousands of extremely low-income renter households reporting deprivation in Washington. This significant trend of economic bottoming-out shares a close time-series with **unprecedented surges in substance use**, mortality, and homelessness. The evolving trend has plausibly created circumstances for tens of thousands of Washingtonians to exist in a state of **mathematical rent impossibility**, with attribution of homelessness to rent obscuring the extent to which income stagnation and loss of work likely plays a greater role.

Analysis of economic trends in Washington demonstrate:

- Strongly positive macroeconomic trends in Washington and King County
- An enabling environment for increased economic resilience among minimum wage households
- Increasing and severe rent burdens concentrated among households with extremely low levels of income
- Unprecedented expansion of the number of households persisting with extremely low levels of income

Explaining Homelessness through Economics is difficult in Washington, with homelessness rates moving opposite to **Unemployment, Poverty** and **Wages**

Most economic trends offer little explanation for homelessness in Washington, and key measures do not show obvious vectors for most loss of housing. Such measures are summarized below, and generally trend in directions that favor the most economically vulnerable households.

Economic Cross-Section 2014-2024	Legend: Good Change	Bad Change	Neutral				
Wages & Costs	**Household Median Income**	**Household Median Rent**	**Rent to Income Ratio, Median 2014⟶2024**	**Bottom 10% Wages (hourly)**	**Minimum Wage**	**CPI Seattle-Tacoma-Bellevue**	**Ratio of Jobs:Population**
% Change	+65%	+77%	21%⟶22.4%	+71%	+75%	+44%	+4%
Programs & Poverty	**Unemployment**	**Poverty**	**Medicaid Enrollment**	**Public Assistance**	**SSI Enrollment**	**SSI Payment Under-growth**	**Regional Price Parity vs Nat'l**
% Change	-35%	-29%	+13%	-16%	+21%	-37%	+6%

Based on best-available and most-recent available year. Some categories lack 2024 updates, e.g. Poverty and SSI Enrollment.

Figure 17 (left): Key economic measures including rent burden, rents and incomes, bottom wages, minimum wage, and the Consumer Price Index

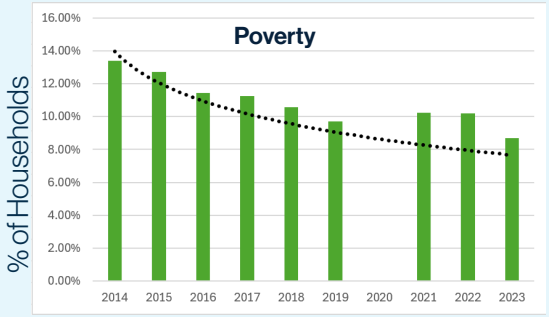


Figure 18: Poverty strongly trends downward in WA

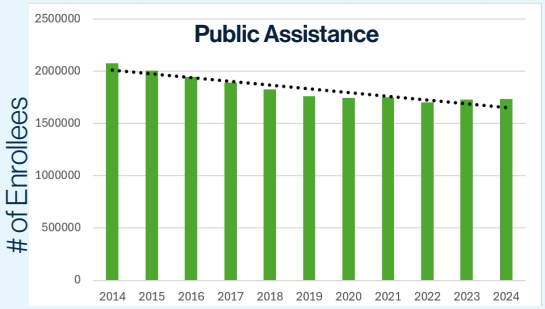


Figure 19: Public assistance enrollment has steadily declined

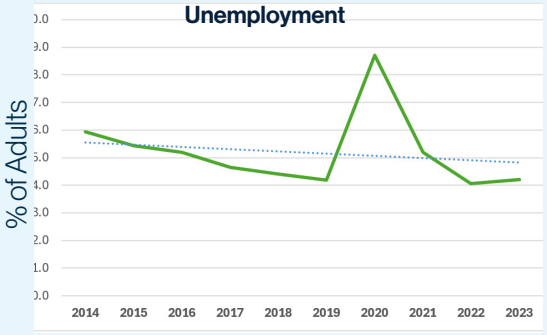


Figure 20: Unemployment has steadily declined beyond 2020

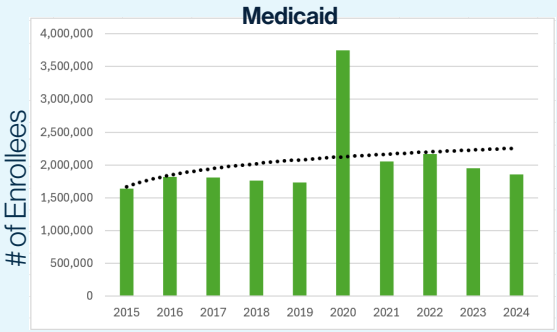


Figure 21: Medicaid enrollment steadily increases

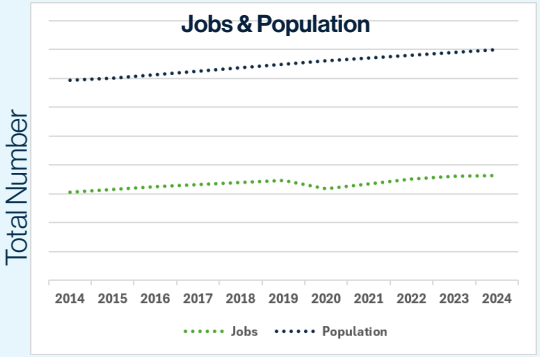


Figure 22: Job growth has outpaced population growth, 19.5% (jobs) and 15.4% (population)

Disability Income (SSI)

Year	Enrolled	Payments (in $1000s)
2014	151,262	$87,344
2024	134,711	$104,046
Change	**-10.94%**	**per capita +35.5%**

Year	Disability	Cognitive Disability
2016	22.20%	9.80%
2022	26.80%	13.50%
Change	**20.72%**	**37.76%**

Figure 23 (top) and Figure 24 (above): SSI enrollment decreases, but composition of enrollment shifts towards cognitive disabilities (data is the most-recent available at time of publication)

If homelessness is driven by unfavorable economic trends, causation should be more apparent in **employment, poverty, public assistance, jobs, and wages**. In Washington, these measures show trending which is favorable for housing sufficiency among participants in the job market, even in stressed markets like urban and suburban King County.

Washington does have an affordability crisis, particularly for homeownership, gasoline and utilities, property taxes, and transit taxes. However, the impact of these on homelessness appears secondary to the trends described on the following page.

Income Instability among the Most Vulnerable Households is seen between 2013-2024

Income stagnation and drop-off is seen among Washington's most vulnerable renting households, but this collapse is poorly explained through the state's overall economic picture. This dynamic is studied through King County renter households, the demographic where vulnerability and homelessness concentrate. However, these trends are also observed statewide.

Through Area Median Income (AMI), estimated households are observed according to their % of median income attainment—i.e., in **Figure 26** ranging from 0% to 50% attainment of King County's income mid-point. King County's population of households at the bottom end of AMI has significantly risen since 2013 in a stark recomposition of King County's ≤30% AMI income band **(Figure 25 below-left)**. The pattern appears to combine several trends: non-working adults of working-age, an increase in retirees, an increase in disabled adults, income stagnation/instability among working-age adults, and market inflation. Income stagnation/instability appears to be the dominant trend.

AMI Bands by Year, Total Households 0-30% AMI steps, 2013-2024			
Year	**AMI 0–5%**	**AMI 5–10%**	**AMI 10-30%**
2013	7,654	6,020	56,855
2014	7,059	8,762	59,629
2015	7,387	7,462	54,935
2016	8,018	7,136	60,310
2017	7,427	11,632	58,707
2018	5,786	13,211	59,094
2019	7,949	14,043	57,867
2020	6,200	15,162	59,182
2021	11,423	18,335	57,477
2022	11,882	18,424	59,700
2023	13,516	20,231	54,947
2024	14,348	13,178	59,763
% Change	**87%**	**119%**	**5%**

Figure 25: Estimated number of King County households subsisting within very low AMI bands.

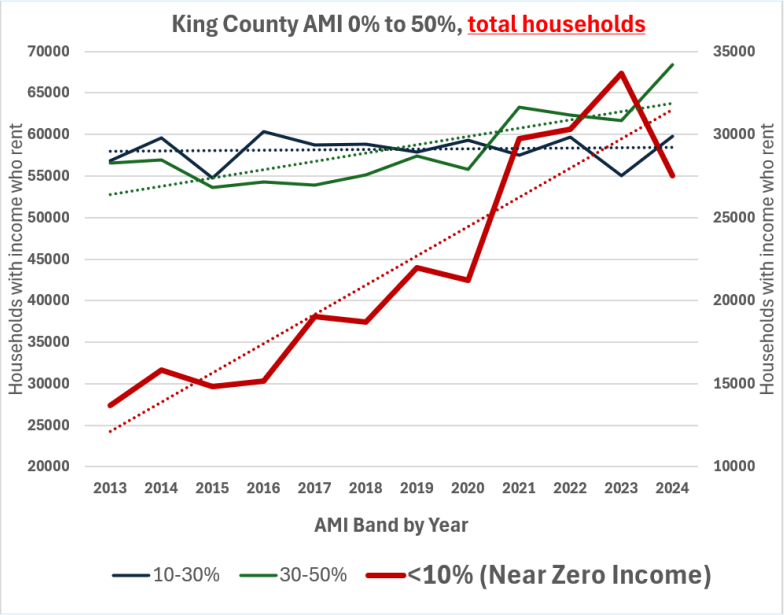


Figure 26: Growth of the number of <10% AMI households relative to 10-30% AMI and 30-50% AMI, in King County

King County AMI <10% Characteristics						
Year or Measure	**Average Age**	**Median Income**	**Median Rent**	**Disability Status**	**Working Rate**	**% with BA/BS Degree**
2013	35	$3,550	$10,116	11%	59%	N/A
2014	35	$4,000	$11,172	15%	50%	N/A
2015	37	$4,200	$10,800	14%	55%	N/A
2016	36	$4,000	$12,120	13%	57%	18% +/-2.8%, 4 year moving average
2017	40	$6,200	$12,720	22%	41%	
2018	36	$7,200	$11,640	29%	48%	
2019	41	$8,100	$8,400	30%	41%	
2020	42	$8,400	$5,796	32%	36%	
2021	37	$7,000	$16,200	18%	55%	21%*
2022	39	$8,000	$15,240	22%	44%	22%*
2023	39	$8,700	$17,424	21%	50%	19%*
2024	38	$6,000	$17,160	25%	51%	23%*
% Change	N/A	**69%**	**70%**	**136%**	**-13%**	N/A

Figure 27: Key characteristics of King County households and individuals within households in the 0-10% AMI category, estimates. *Mid-point of error margin.

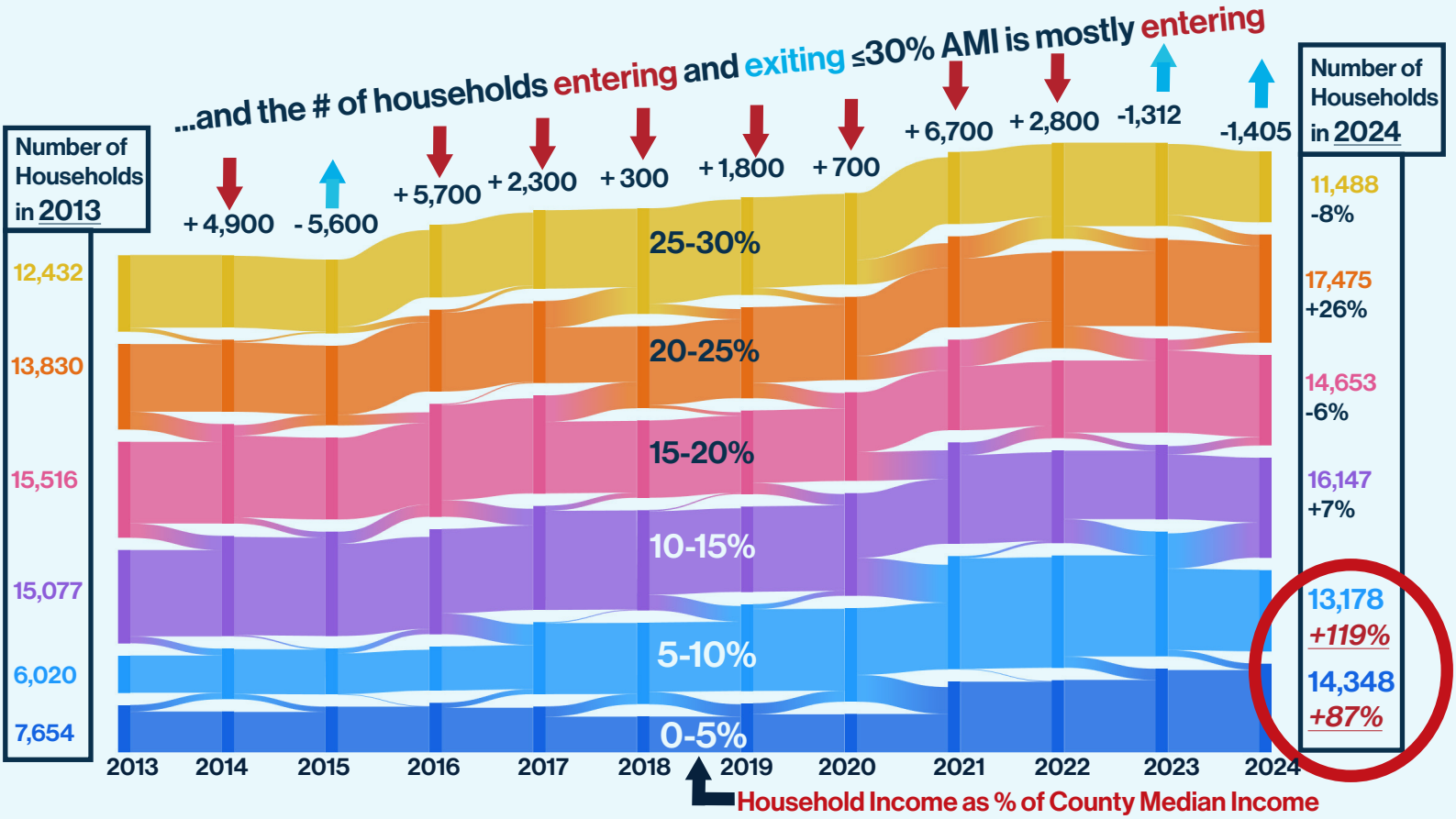
Expansion of the number of ≤10% AMI households is a complex and unconventional pattern, with a trend beginning pre-COVID and continuing beyond the 2020 recovery seen in other AMI bands. AMI ≤10% is observed to be largely working-age **(Figure 27, bottom-left)** and non-disabled individuals with an initially-low and later-declining rate of labor participation. Notably, this group's income level is at such extremely low levels that rent will regularly be a mathematical impossibility for any housing type other than fully and permanently subsidized rent. A surprising number appear to be college educated. A growing number are retirement-age or disabled household members, but a large majority appear eligible to be working.

Income Instability is observed through plausible household **downward mobility** within AMI ≤30% and by **arriving in AMI ≤30%** from other income bands

Major redistribution within King County's estimated ≤30% AMI population of renter households, with household earnings below that of one full-time minimum wage job, is observed between 2013 and 2024. Relative to all King County renter households, the ≤30% AMI group appears to shrink slightly as a share of renters (from 21% to 20%), even as it grows by 23% in absolute terms (from 70,529 to 87,289 renter households). The ≤30% AMI story is primarily one of **internal recomposition toward the very bottom** of the income distribution. From 2013 to 2024, the estimated number of households with extremely low incomes (0–10% of AMI) doubles in size (from 13,674 to 27,526) and transforms from 19% to 31.5% of ≤30% AMI renters.

A minimum-churn reconstruction of estimated annual movement between AMI bands below ≤30% AMI is shown below, to portray increasing vulnerability seen among King County renters. Estimated annual shifts can reflect income changes, hours/work changes, household composition changes, and/or changes in the county median income. The pattern seen appears most consistent with declining work, income instability, and economic stagnation which occurs despite wages at all levels strongly rising statewide over the same period.

The number of very-low-income ≤30% AMI households shifting downward strongly and continually rises 2013-2024....



Each year a portion of ≤30% AMI households shift positions downward (primarily) and upward (secondarily) within ≤30% AMI. During 2020-21 a plausible minimum of 28% of such renter households appear to have shifted positions (the peak year) with an elevated ~11% a year shifting between 2016-2020 and ~12% a year from 2021-2024.

Income Instability is seen to control the relationship of **Income and Rent** among the Most Vulnerable Households

Extremely low income has serious effects for Washington's most vulnerable households, appearing to be the primary driver of the increase in severe rent burdens identified by other researchers. As seen in **Figure 28 (right)**, modestly increasing rent burden is noted in patches outside the 0-20% AMI bands, consistent with inflation, but not at the levels necessary to drive most homelessness. Rent burden increases are seen mostly among households with the lowest income levels, where work and income drop-off or stagnation may explain a significant part of this pattern.

Figure 29 (bottom-right) demonstrates this through the real-world numbers of King County's ≤30% AMI population. Income and Rent rise at steady rates through 2018. At the time our theorized 2019-2020 behavioral-health shock occurs, ≤30% AMI's income shifts downward below the steady rate growth of rent. While a 2017-2020 rent plateau is later offset by a 2021 rent spike, the 2013-2024 rent growth trend for ≤30% AMI is still very linear, shown by its R^2=0.966 value.

King County's ≤30% AMI plight, relative to housing loss, appears most influenced by median income breaking below its prior trajectory and converging to a 100% ratio with rent. Without the trend shift of 2019-2020, steadily increasing rent—including a plateau and inflation-driven spike—would be unlikely to drive housing loss among ≤30% AMI households. Notably, no other AMI bands experience this pattern.

Rent-Income Ratios by Income Level

Household Income (% of King County Income Median)	Rent as % of Income (2024)	2013-2024 Change %
120%+	16%	-6%
80-120%	23%	1%
50-80%	30%	5%
30-50%	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 28: The ratio of Rent and Income, meaning rent as a % of income, for all AMI bands in King County in 2024; with the 2013-2024 change noted as a %.

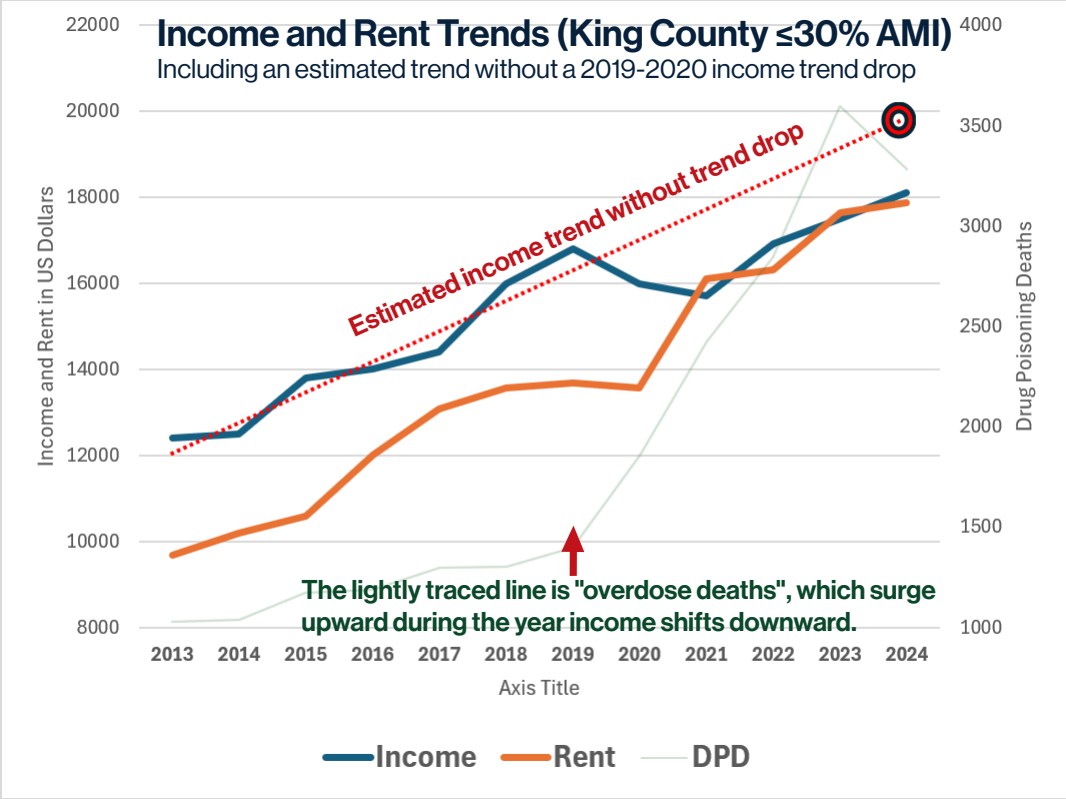


Figure 29: Rent-Income decoupling among King County's ≤30% AMI households. The red circle indicates Income's estimated trend and 2024 value without a 2019-2024 trend shift moving tens of thousands of households into ≤10% AMI. Overdose mortality (drug poisoning deaths, "DPD") surges at the time ≤30% AMI's long-term income trendline becomes disrupted by the recomposition of ≤30% AMI

Income Instability has many new households **flowing into ≤30% AMI,** and especially into ≤10% AMI, with few signs of income trend disturbance elsewhere

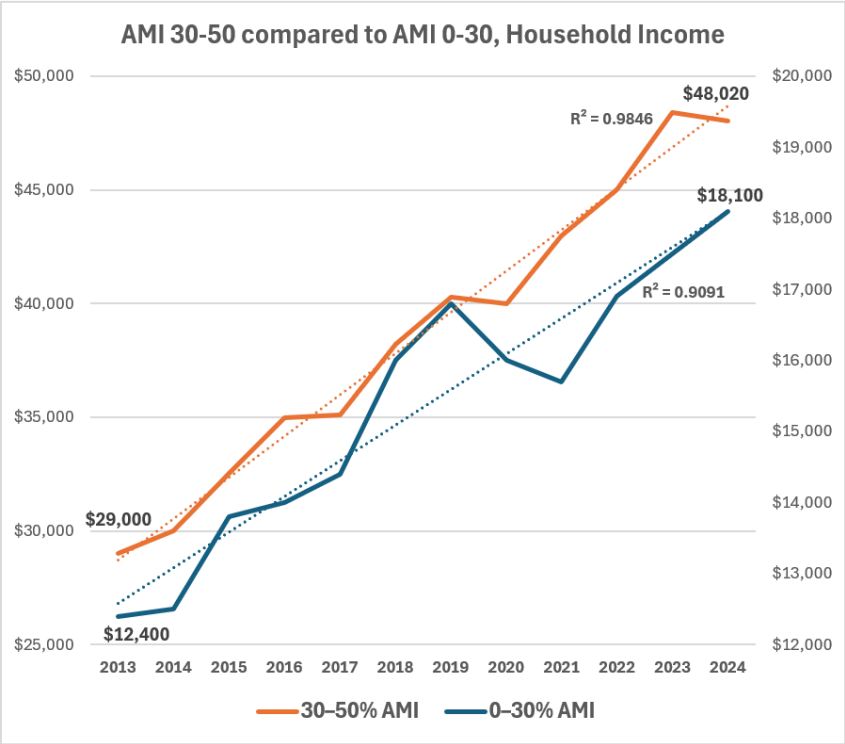


Figure 30: AMI 30-50% enjoys an unbroken steadily upward income trend across 2013-2024, despite living at the margins of poverty. Conversely, ≤30% AMI's trend strongly breaks through a rapid rise in ≤10% AMI households, most of which accumulate between 2019-2023.

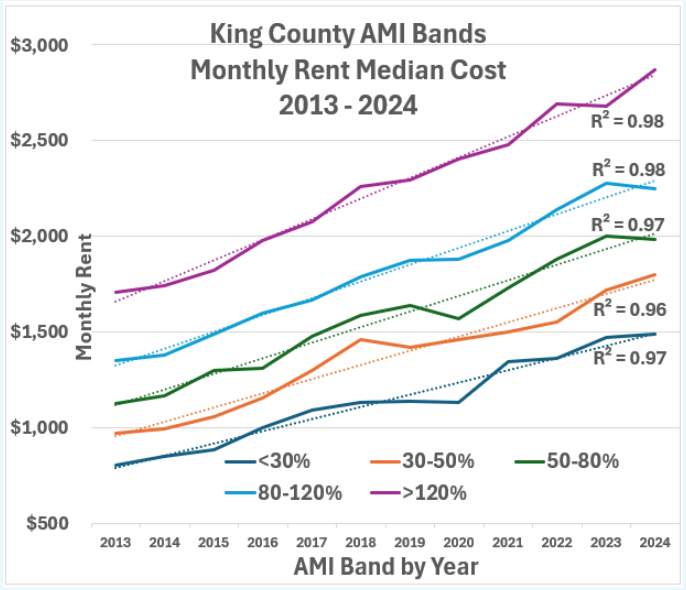


Figure 31: All AMI bands present largely unbroken long-term rent trends, indicating rental price inflation has occurred at a consistent rate across King County between 2013-2024 despite the discontinuities of COVID, state and county inflation, and national inflation.

Figure 32 (below): Number of Households by income band, King County 2013-2024

Number of Households by Median Income Band (King County)						
Year	<10%	10-30%	30-50%	50-80%	80-120%	120%+
2013	13,674	56,855	56,560	72,493	53,064	82,651
2024	27,526	59,763	68,396	86,048	76,252	118,710
% Change	101%	5%	21%	19%	44%	44%

Household Median Income by Income Band (King County)						
Year	<10%	0-30%	30-50%	50-80%	80-120%	120%+
2013	$3,550	$12,400	$29,000	$47,000	$72,000	$120,020
2024	$6,000	$18,100	$48,020	$79,000	$119,000	$214,100
% Change	69%	46%	66%	68%	65%	78%

Figure 33 (above): Median income by income band, King County 2013-2024

Figures 32 (middle-right) and 33 (lower-right) demonstrate a dynamic of households shifting out of higher income bands into ≤10% AMI and doubling the number of households at the bottom, while ≤30% AMI income grows at rates ~50%+ lower than other income bands. This group of households seems likely to act as a "waiting room" for homelessness. With median rent shifting at a predictable rate, low rates of work appear to become a significantly greater risk for renters.

Figure 30 (top-left) illustrates that income instability seen in ≤30% AMI does not occur in the income band above it, 30-50% AMI, a segment which briefly interrupts trending in 2019-20 before recovering in 2021. Conversely, ≤30% AMI breaks below trend during 2019-2020 and recovers poorly, with **Figure 29 (p. 18)** illustrating the consequences relative to the prior income potential.

Figure 31 (top-right) illustrates the degree to which all rent costs across all income bands in King County have risen at consistent and predictable rates. Understood in the context of **Figure 28 (p. 18)**, with worsening rent-income ratios concentrating in income bands undergoing instability dynamics, rent is shown to have less explanatory power for homelessness except as one part of the formula of income-driven extreme rent burden.

Washington's statewide patterns, excluding King County, show a **similar relationship** with PIT-counted homelessness and substance proliferation/potency

Fig 34: WA AMI <5% (w/o King County) to WA DPD

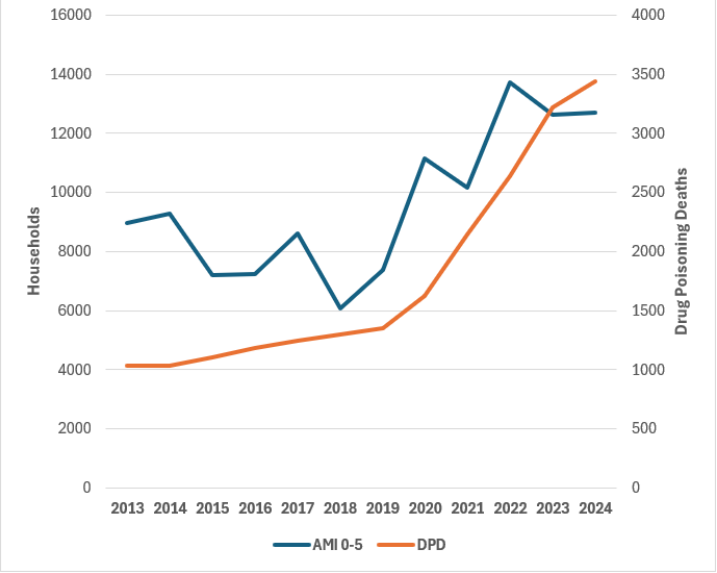


Fig 35: WA AMI <10% (w/o King County) to WA DPD

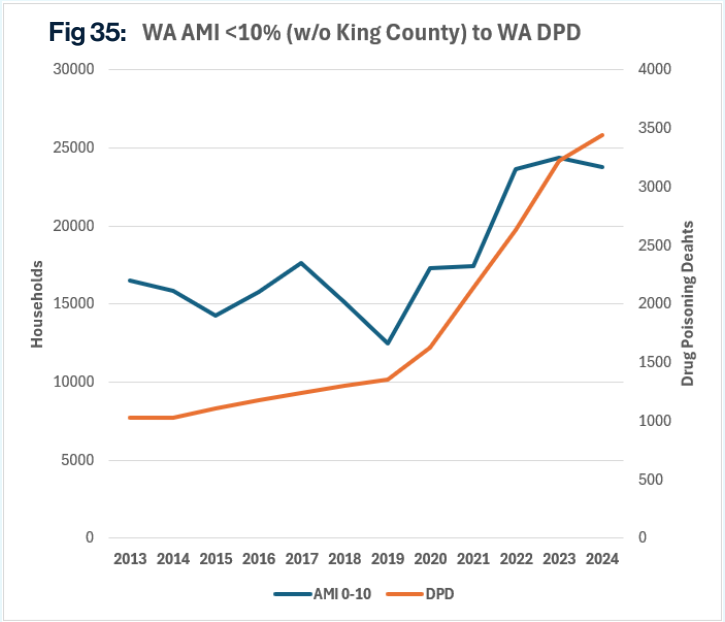
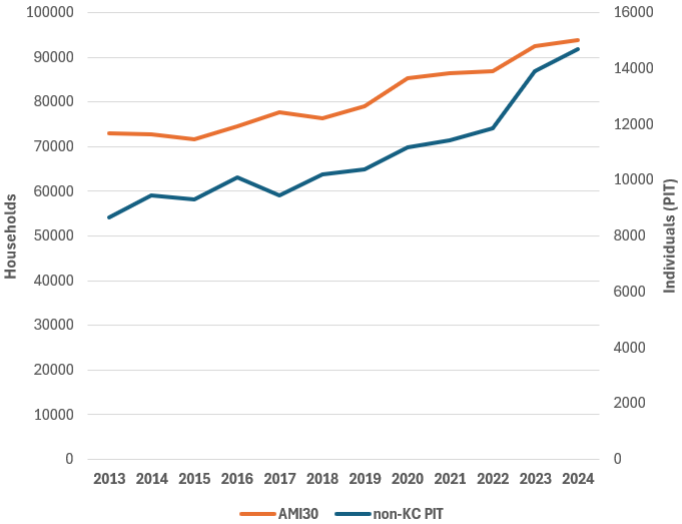


Figure 34 (above): # of households 0-5% of AMI statewide (without King County), in relationship to Drug Poisoning Deaths

Figure 35 (above-right): # of households 0-10% of AMI statewide (without King County), in relationship to Drug Poisoning Deaths

Figure 36 (right): # of households 0-30% of AMI statewide in relationship to PIT-counted homelessness, without King County

Fig 36: WA AMI <30% to WA PIT, without King County



The remainder of the state is studied by excluding King County. The resulting data shows **parallel trends**, with substance proliferation and potency, homelessness rates, and income instability trending similarly and undergoing transformations **during the same periods in time** as seen in King County. Sampling the resulting 0–5% and 5–10% populations of households is statistically noisy, with even fewer households at ≤10% AMI than in King County, but with detectable signal. Similar patterns seen across all WA sub-samples are consistent with risks common across statewide communities, though they may not be wholly explained by any single shared factor. Economic and behavioral health trends that persist across geographic, socioeconomic, and market contexts can reflect policy and administrative commonalities that shape incentives, thresholds, enforcement, and service environments. Washington has policies and case law regulating the nexus of homelessness, substance use, and deprivation-level poverty, including several features that appear distinctive or unusually consequential in Washington's implementation. Some portion of the all-Washington trends observed here may be consistent with downstream effects of this statewide regulatory framework, which could be one contributing mechanism for why Washington's patterns resemble an amplified version of trends observed in other states.

IV. National Trends and Homelessness in Washington

Washington exists within an ever-shifting confluence of significant economic, social, judicial, and policy transformations, many of which have occurred suddenly. In the national context, few states can demonstrate modern transformational trends across virtually all categories like what is seen in Washington. For this reason, examining Washington's homelessness crisis requires examination of the national trends and policies which potentially influence the upstream of vulnerability.

Washington has experienced successive waves of rapid industrial and economic development, most notably through the aerospace and technology sectors. Over the last several decades, Washington's economy has transformed so rapidly that lawmakers have often struggled to craft legislation and frame regulation in ways which maximize the benefits and minimize the harms of such rapid growth.

While attributing Washington's homelessness crisis to economic overheating is understandable, this will miss the extent to which Washington and the other 49 states tend to share policy profiles which cluster states into groups with severe, high, moderate, and low homelessness rates. While such policy trends are not independent explainers of relative levels of homelessness, the insights available through broad policy indexing have not yet been widely discussed n Olympia.

Analysis of trends in Washington and 49 other states demonstrate:

- Policy indexing strongly associates with homelessness rates nationally
- In a 50-state index, Washington's homelessness rates are seen to correlate strongly with its profile of economic, behavioral, and policy risks
- The nation's most elevated homelessness rates appear to occur when states combine a high cost-of-living with high rates of substance proliferation

Figure 37: National Homelessness Risk Index

Table Legend:

Cost of Living/Housing (2023 BEA Regional Price Parities, RPP):
High: >=103
Medium: <103 and >95
Low: <95

Poverty Rate (2023)
High: >=15%
Medium: <15% and >11%
Low: <11%

Overdose Mortality (2024)
High: >28
Medium: <28 to 20
Low: <20

Proliferation Barrier Index (Composite of 2024):
Baseline 9 points
Schedule I/II Simple Possession; *'Almost always a misdemeanor'*: 3 point modification
'Strikes-based misdemeanor-to-felony': 1 point modification
Recreational cannabis legalization: 1 point modification
Statutory diversion: 1 point modification
Statutory harm reduction: 1 point modification
Low: 3-5
Medium: 6-7
High: 8-9

State Homelessness per-capita Rates with a Matrix of Policy Differences and Risks (2024)

State	Homeless Rate % of Population	2014-2024 PIT Count Change	2014-2024 Fatal OD Rate Change	Proliferation Barrier Index (1-9)	RPP Cost of Living	RPP Cost of Housing	Poverty Rate
Hawaii	0.80%	68%	111%	7	109	129	10%
New York	0.80%	96%	105%	3	108	122	14%
Oregon	0.54%	88%	175%	3	105	109	12%
Vermont	0.53%	122%	139%	5	97	82	10%
California	0.47%	64%	115%	3	113	158	12%
Massachusetts	0.41%	38%	17%	6	108	130	11%
Washington	0.40%	71%	188%	3	109	126	10%
Alaska	0.36%	51%	173%	4	102	97	11%
Colorado	0.31%	87%	64%	4	101	131	9%
Nevada	0.31%	18%	144%	6	97	113	12%
Rhode Island	0.22%	105%	32%	4	101	102	11%
New Mexico	0.22%	69%	44%	6	90	75	17%
Illinois	0.20%	97%	52%	6	99	92	12%
Arizona	0.19%	40%	86%	8	101	109	13%
Maine	0.19%	-1%	110%	6	97	80	11%
Montana	0.18%	15%	23%	8	90	77	12%
New Hampshire	0.16%	63%	-21%	7	105	115	7%
Minnesota	0.16%	10%	81%	5	98	91	9%
South Dakota	0.14%	51%	30%	9	88	65	11%
Idaho	0.14%	31%	27%	9	91	87	10%
Nebraska	0.14%	-10%	9%	9	90	74	10%
New Jersey	0.13%	9%	51%	6	109	134	10%
Florida	0.13%	-25%	70%	8	103	123	12%
Oklahoma	0.13%	30%	25%	7	88	65	16%
Delaware	0.13%	51%	65%	3	99	99	11%
Missouri	0.12%	0%	35%	8	92	70	12%
Tennessee	0.11%	-12%	84%	8	93	78	14%
Kentucky	0.11%	3%	37%	8	90	63	16%
Utah	0.11%	26%	-4%	8	95	106	9%
Georgia	0.11%	-26%	54%	8	97	88	14%
North Dakota	0.11%	-31%	160%	8	89	69	10%
Pennsylvania	0.11%	-8%	22%	8	98	86	12%
North Carolina	0.11%	1%	98%	7	94	81	13%
West Virginia	0.10%	-12%	32%	7	90	56	16%
Ohio	0.10%	-1%	12%	7	92	72	13%
Maryland	0.10%	-23%	56%	4	104	120	10%
Michigan	0.10%	-20%	11%	6	94	79	14%
Kansas	0.09%	0%	66%	8	90	69	11%
Connecticut	0.09%	-23%	57%	5	104	117	10%
Indiana	0.09%	5%	38%	8	92	71	12%
Arkansas	0.09%	-5%	6%	8	87	57	15%
Texas	0.09%	-2%	68%	8	97	97	14%
Alabama	0.09%	1%	55%	9	90	62	16%
Wyoming	0.09%	-34%	-3%	5	91	76	10%
Wisconsin	0.08%	-17%	38%	7	93	78	11%
South Carolina	0.08%	-9%	86%	7	93	80	14%
Iowa	0.08%	-16%	55%	8	89	66	11%
Virginia	0.08%	2%	49%	6	101	106	10%
Louisiana	0.08%	-25%	96%	8	88	65	19%
Mississippi	0.04%	-53%	49%	9	87	55	18%

Figure 37 (detailed): A matrixed index of states, homelessness rates, policy differences, and risks associated with homelessness. Nationally, the highest rates of per-capita homelessness concentrate primarily in the states where legacy barriers to proliferation are modified by state law, and where the **cost of living and housing** is relatively higher. This combination appears to strongly correlate with high levels of per-capita homelessness, largely in an inverse relationship with state poverty measures. States with a low cost-of-living and low level of barrier reform tend to have higher poverty and lower homelessness, even when they have high overdose rates. States with high homelessness in 2024 are also seen to have had the highest levels of 2014-2024 homelessness growth, suggesting states with high rates of homelessness plausibly share one or more root-cause drivers or driver combinations which do not appear equally in all states. Cost-of-living **changes** are unevenly correlated. While the three largest RPP upward changes occur in the Top 10 per-capita homelessness states, 6 of the 10 experienced RPP contraction instead of growth between 2013-2023.

Policy and economic differences are seen to **organize states** into different levels of per-capita homelessness nationally

Figure 38: Pearson's *r*= correlations of homelessness metrics , for the 50-state variables with the greatest explanatory power for national homelessness. A score above ~0.25 is considered meaningful in social science and economics.

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	0.45	0.54	0.62	0.56
2014 to 2024 Per-Capita Homeless, % Change	0.27	0.55	0.49	0.45

As seen in Figure 37 (p. 22) and Figure 38 (above), homelessness rates by state tend to be ordered by relative levels of **and cost-of-living**. The 50-state index observes that, within the Top 10 states with the highest per-capita homelessness rates nationally, key drug use and cost-of-living measures are also among the most elevated nationally. Of those top states, eight show fatal overdose rate changes among the highest in the country; eight have experienced the greatest growth in homelessness since 2014; seven show drug use/proliferation landscapes that are nationally among the most intensively reformed; seven are among the nation's costliest in terms of housing; and six are at-or-near the top in terms of overall cost-of-living.

Other states have a high cost-of-living with nationally normative drug policies, and are shown to have lower rates and less growth of homelessness. Several clusters are seen: a) States with highly reformed drug policies and a low cost-of-living, with relatively lower homelessness rates; b) States with high poverty, low cost-of-living, high proliferation barriers, and low levels of homelessness; c) States with low poverty rates, high drug policy reform, a high cost-of-living, and high homelessness. Notably, the country's two highest-poverty states also are the two with the lowest rates of homelessness, while three of the country's lowest-poverty states are in the homelessness Top 10.

The table presents a national arrangement which is consistent with the observations presented in the earlier sections of this report. In summarizing the national observations, we theorize a **simplified ecological explanation** which applies most directly to the Top 10 States (per-capita homelessness):

- *High cost-of-living fosters an underlying housing vulnerability for individuals living near affordability margins.*
- *Intensive reform of legacy drug policies can inadvertently amplify vulnerability by increasing substance exposure and behavioral health risks among the vulnerable living near affordability margins.*
- *Vulnerable individuals suffering from new or amplified risks experience resource exhaustion more rapidly and at higher rates.*
- *High cost-of-living reduces the organic supply of low- and no-cost space for individuals with exhausted resources.*
- *Intensive barrier reform can overproduce resource exhaustion, which may exceed public system capacity and local market capacity for accommodating resource-exhausted individuals and households.*

States with reduced proliferation barriers consistently show **over-representation in the Top 10 and Top 20** states when measured by per-capita rates of homelessness (Figure 39). Such states also show the highest levels of homelessness growth between 2014 and 2024.

Proliferation Barrier Level Over/under-representation in Top 10 and Top 20 States by Per-Capita Homelessness Rates

Year	Top 10 Per-Capita States			Top 20 Per-Capita States		
	Low	Med	High	Low	Med	High
2014	2.3	0.7	0.5	1.9	0.8	0.6
2015	2.3	0.7	0.5	1.7	1	0.6
2016	1.9	0.7	0.7	1.3	0.8	0.9
2017	2.3	0.7	0.5	1.7	0.5	0.9
2018	2.7	0.7	0.2	1.9	0.7	0.7
2019	2.7	0.7	0.2	1.7	0.7	0.8
2020	2.3	1	0.2	1.9	0.8	0.6
2022	2.7	0.7	0.2	1.7	1	0.6
2023	2.3	0.7	0.5	1.7	0.8	0.7
2024	2.7	0.7	0.2	1.5	1	0.7

Figure 39: An "enrichment table" demonstrates how over- or under-represented states are in the Top 10 and Top 20 states by per-capita homelessness rates in a given year. In a random assignment, each state would have a 20% (Top 10) or 40% chance (Top 20) of appearing in a given spot. A score of "2.7" means "Lower Barrier" states are 2.7 times as represented in the Top 10 as they would be if 'all things were otherwise equal'.

The relationship between proliferation barriers and homelessness is not perfectly straightforward. States tending towards higher rates of homelessness have appeared likelier to enact reform measures due to high rates of justice contact among people experiencing homelessness. However, homelessness growth rates tend to become consistently and considerably higher in states after intensive reform measures are implemented. It is plausible that high cost-of-living states will have **greater sensitivity to barrier removal**, with even moderate increases of substance exposure among populations with underlying economic vulnerability tending to translate into significantly elevated homelessness.

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 40: Measures of median per-capita homelessness increases by state drug policy framework, compared to the baseline year of 2014.

We observe (but do not illustrate here) the similar dynamic associating **per-capita homelessness rates and cost-of-living**. States with a high cost-of-living are overrepresented in the Top 10 and Top 20, and tend to show (with a few exceptions) increasing levels of per-capita homelessness to a far greater extent than states with lower cost-of-living. This has been well-studied in state and national research. Future research may be improved by further investigating the apparently multiplicative relationship between higher cost-of-living and lower drug proliferation barriers, characteristics which appear to consistently differentiate America's highest per-capita homelessness states as being outliers.

Between 2014 and 2024 (excluding 2021, with no valid 50-state PIT count), eight states are continually in the **Top 10 US states by per-capita homelessness**, with two others nearly always present. This list of 10 states includes: **Washington, Oregon, California, Alaska, Nevada, Hawaii, New York, Vermont** (the continual 8); and **Massachusetts** and **Colorado.** Commonalities beyond those seen in Figure 37 (p. 22) are also found among this group, and among states with a similar profile. This report does not claim or present a causal association. As before, we use medians instead of averages to ensure very large states do not distort the subsequent analysis.

Curiously, based on United States Court of Appeals assignment, a statistical correlation is found between homelessness rates and the Ninth Circuit. Costlier states with higher median rates of homelessness have long tended to concentrate within the Ninth Circuit, but absolute changes to homelessness rates within such states are also seen to undergo a **significant transformation after 2018** (Figure 41). This may be explainable as an artifact of the Ninth Circuit being populated by a certain grouping of states. It may also be influenced by unique public encampment requirements dating to 2018 with the Martin v. Boise opinion, followed by the City of Grant's Pass v. Johnson in 2022. These opinions plausibly contributed to a higher rates of public encampment throughout the nine states of the Ninth Circuit.

Additional State Differences, Median Per-Capita Homelessness Changes through 2024

Year	PIT-counted homelessness change				Chronic-counted homelessness change			
	Ninth Circuit (9)	Not-Ninth Circuit	Early Cannabis States (8)	Not-Legal States	Ninth Circuit (9)	Not-Ninth Circuit	Early Cannabis States (8)	Not-Legal States
2015	2%	-5%	2%	-7%	4%	-11%	1%	-11%
2016	7%	-12%	4%	-9%	2%	-27%	-5%	-25%
2017	3%	-16%	6%	-14%	26%	-20%	22%	-20%
2018	-4%	-15%	11%	-16%	33%	-12%	35%	-12%
2019	7%	-18%	1%	-18%	36%	-14%	32%	-14%
2020	9%	-17%	4%	-15%	67%	-1%	70%	-1%
2022	29%	-16%	33%	-14%	157%	19%	168%	19%
2023	36%	-9%	49%	-11%	150%	20%	163%	28%
2024	**51%**	**0%**	**57%**	**-2%**	**212%**	**46%**	**199%**	**41%**

Figure 41: Homelessness rates also are seen to vary by other administrative categories, like U.S. Circuit Court of Appeals assignment, and the legal status of recreational cannabis sale and use.

This report **does not claim a direct association** between cannabis use and homelessness. We do observe a significantly higher homelessness rate among the eight early adopters of recreational cannabis use, compared to the states where recreational cannabis purchase was not legal during the analysis period. We theorize recreational cannabis legalization may broadcast a statistical signal for **proliferation barrier reform**: the 26 states who had not yet legalized recreational sales by 2024 have an average "proliferation barrier" score 50% higher than the 24 states which had already passed such legalization measures (1-9 scale). The median per-capita homelessness rate in the 26 legalized states is also 87% higher than the 24 states who have not yet legalized, but plausibly more attributable to other cumulative variables than to cannabis itself.

This report's proliferation barrier composite weighs ~40% of the maximum possible score on how "simple possession of Schedule I/II drugs" is handled by each state. States where simple possession is always (or almost always) a misdemeanor are modified by 3 points. This weight is used due to the significance this difference has for the role of government as a **potential rate-limiter** for proliferation. In states which regularly charge or dismiss Schedule I/II possession as misdemeanor offenses, we observe larger and more rapid increases in homelessness.

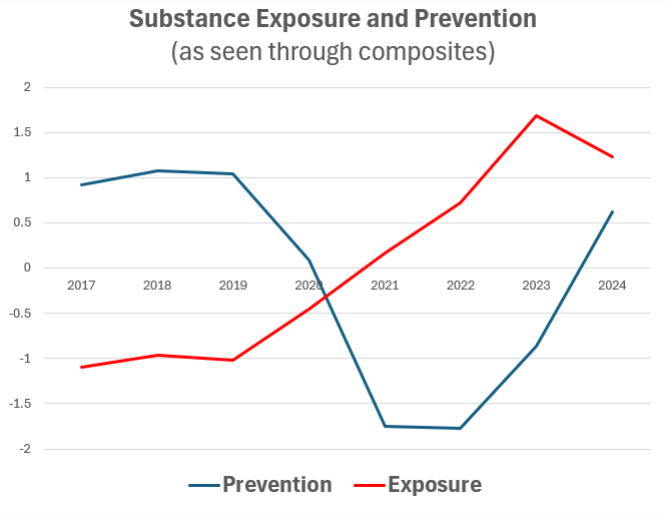


Figure 42: Aggregate measures of substance exposure ("DPD" and "Housed adult methamphetamine use") and proliferation prevention ("drug arrests" and "drug violations") in Washington between 2017 and 2024. A shortened timeframe is used, with methamphetamine data only becoming available in 2017.

Imprisonment and substance use have been well-studied nationally since the 1980s. National policy in the 1970s - 1990s commonly emphasized criminal penalties for manufacture, distribution, possession, and use of harmful drugs. With proliferation and mortality trends continuing upward alongside incarceration, the 2000s - 2020s has seen a patchwork of shifts towards reform and public health approaches to reduce jail and prison populations.

Based on the 2014-2024 data we observe, we theorize that many incarceration and decarceration strategies appear to **choose between harms**. States emphasizing drug-offense decarceration appear to be those most affected by homelessness and public safety challenges, and states emphasizing drug-offense incarceration appear to be those most affected by higher jail and prison populations. For individuals highly exposed to substances, incarceration and decarceration both present pathways which add considerable risks to their future wellbeing and mortality. Because mass incarceration in the United States regularly occurs without genuinely rehabilitative models, and because intensive drug policy reform is plausibly associated with significant increases in public health hazards and safety deficits, we do not suggest a binary choice between levels of harm.

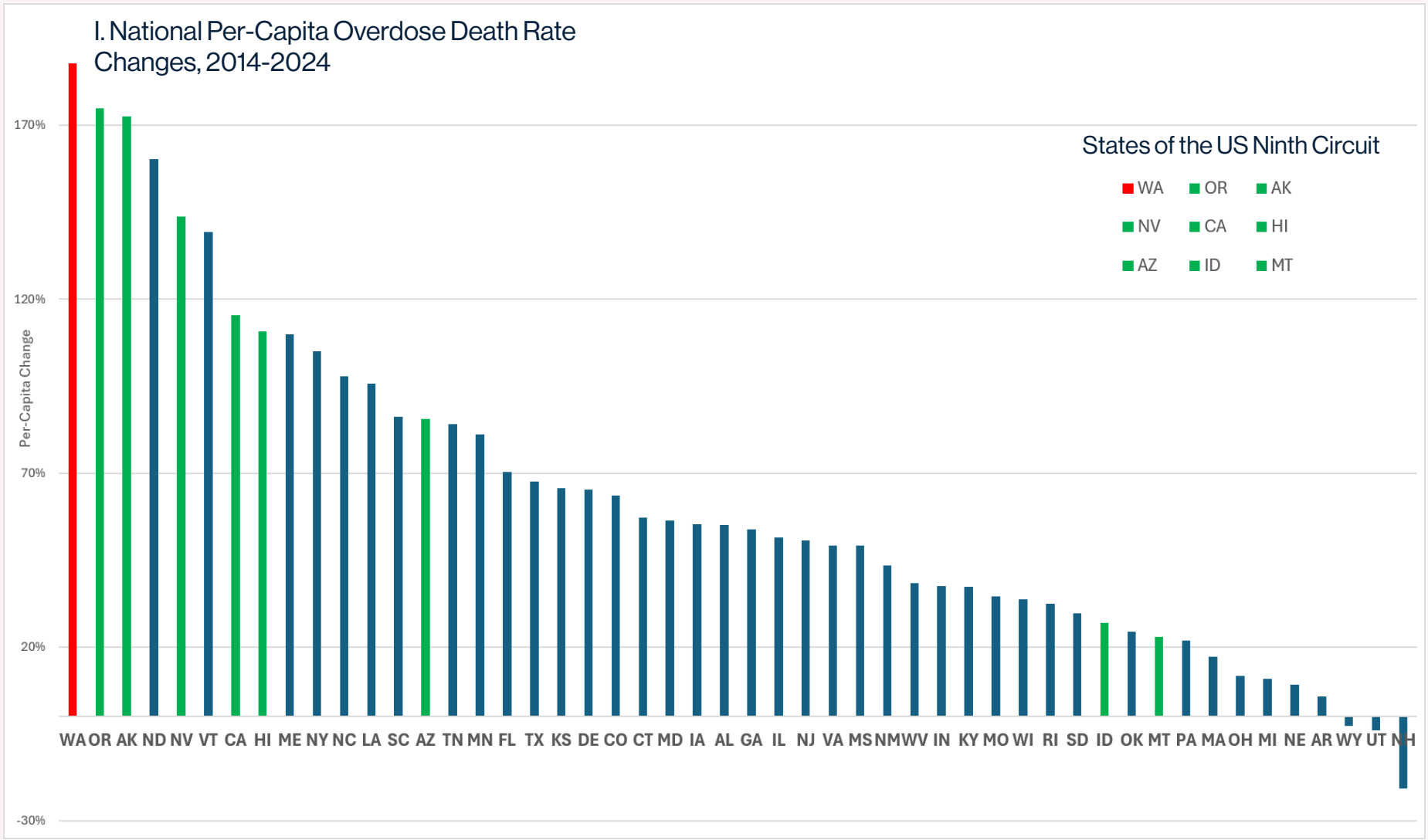
This report theorizes a net-lower-harm may be reachable through Washington's "Swift, Certain, and Fair" strategy, well-studied by the state's official Washington State Institute for Public Policy (WSIPP). As a West Coast innovation, Swift and Certain (SAC) policies gained popularity over the last several decades by achieving increased deterrence of crime and lower rates of recidivism through higher certainty and lower severity of consequences. During 2020, Washington's strategy underwent a rules change to pair lower certainty of consequences with lower severity. Regarding certainty, a return to the pre-2020 standard for threshold-based and cumulative violations will likely ensure greater effectiveness and lower harm versus the discretionary model used after 2020. Such a re-tracing will plausibly restore Washington's position as the national 'model state' for SAC, with **effective, humane, and compassionate proliferation barriers.**

Key Trends I: Per-Capita Overdose Deaths by State, arranged by 2014-2024 % Change

Method: Per-capita growth, from administrative data reporting 2014-2024 mortality events

Source: CDC NVSS 2024, WONDER 2014, *Drug Overdose Deaths, Crude*

What the chart shows: Between 2014-2024, Washington was #1 in the nation in growth of *per-capita drug overdose deaths*. Six states within the *Martin v Boise* and *Grants Pass v Johnson* footprint of the United States Court of Appeals for the Ninth Circuit ("Ninth Circuit") appear within the Top 10, over-represented both in ranking and in magnitude. "Top 2" Washington and Oregon feature other statutory or judicial interactions with drug possession laws during the observed period. While state-to-state differences will arise from multiple variables, encampments plausibly increase proliferation by acting as a large network of distributed marketplaces which co-locate buyers and sellers of drugs in low-barrier spaces. Notably, high *changes* also correspond with high *actual* per-capita death rates: Nevada (#2 with 46.8), Alaska (#3 with 45.8), Washington (#4 with 40), Oregon (#6 with 36), and Arizona (#10 with 33.4) appear within the Top-10 States for per-100k overdose deaths in 2024.

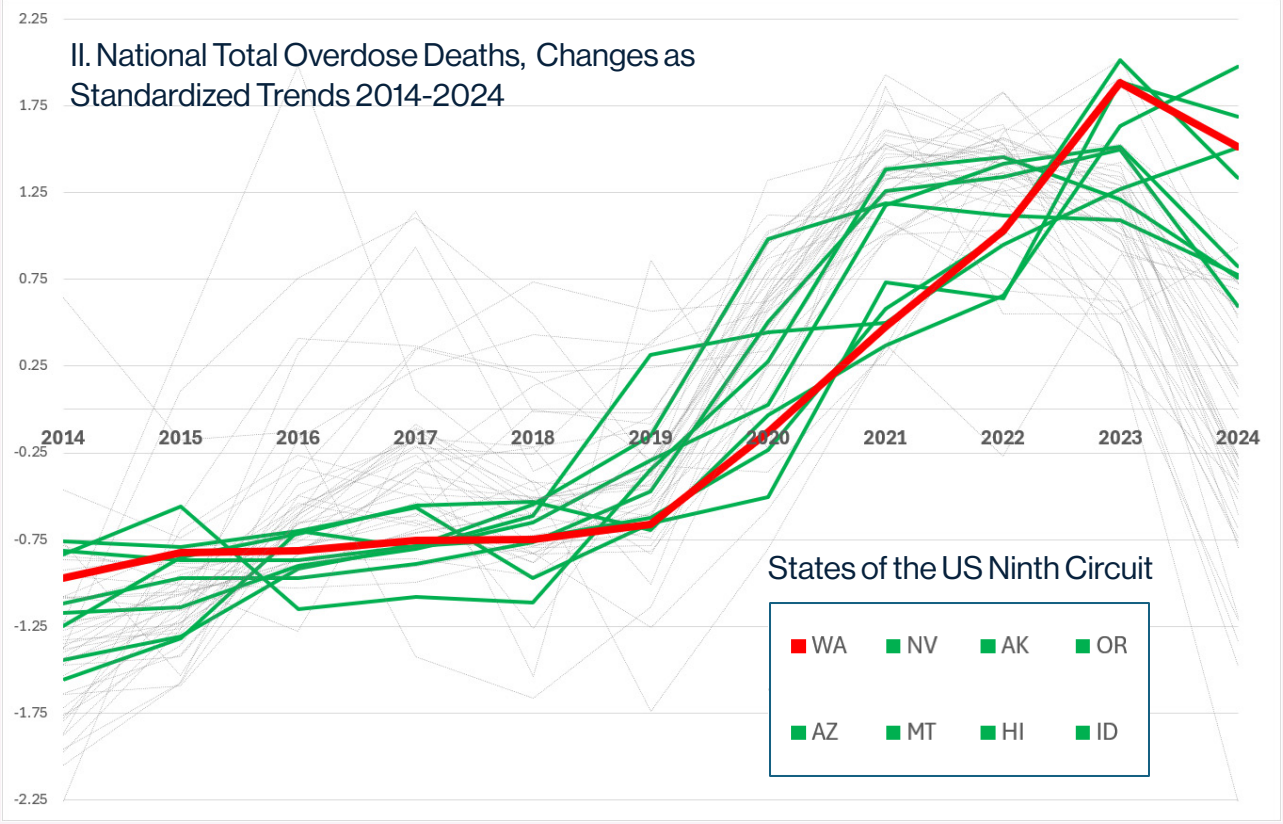


Key Trends II & III: Total ODs by State, 2014-2024 Standardized Trends

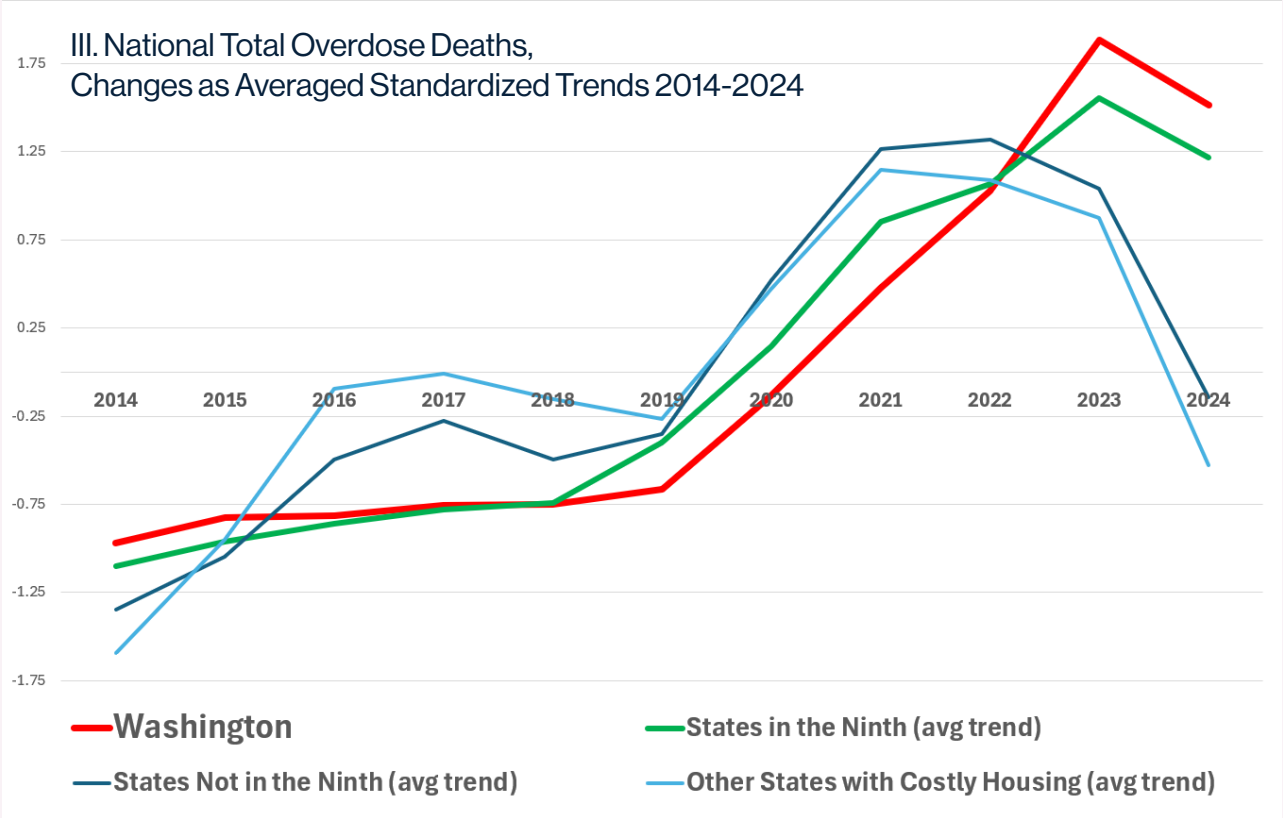
Method: Growth of administrative numbers from a 2014-2024 mortality series, state-level crude totals z-scored to portray standardized trends.

Source: BEA RPP 2023, CDC WONDER 2014 & NVSS 2024, *Drug Overdose Deaths, Crude*

What the charts show: Seen through standardized trends of *total overdose deaths* (not per-capita) between 2014-2024, Washington and other Ninth Circuit states display a pattern which is plausibly delayed and/or diminished containment of overdose trends. With widely varying high-to-low starting points in 2014, the majority of states show COVID-era increases in overdose deaths (Figure 2), and the majority of states display a post-COVID recovery, as shown by the light gray lines. Washington and the Ninth Circuit states remain above national recovery trends (Fig 13), even as non-Ninth states with costly housing show significant recovery.



Note: The 2014-2016 spike for blue trend lines is the initial East Coast appearance of illegally manufactured fentanyl, later gaining popularity on the West Coast around 2018. With the East-West progression of fentanyl accounted for by ~2020/21, ongoing elevated patterns in Ninth Circuit states are especially notable.

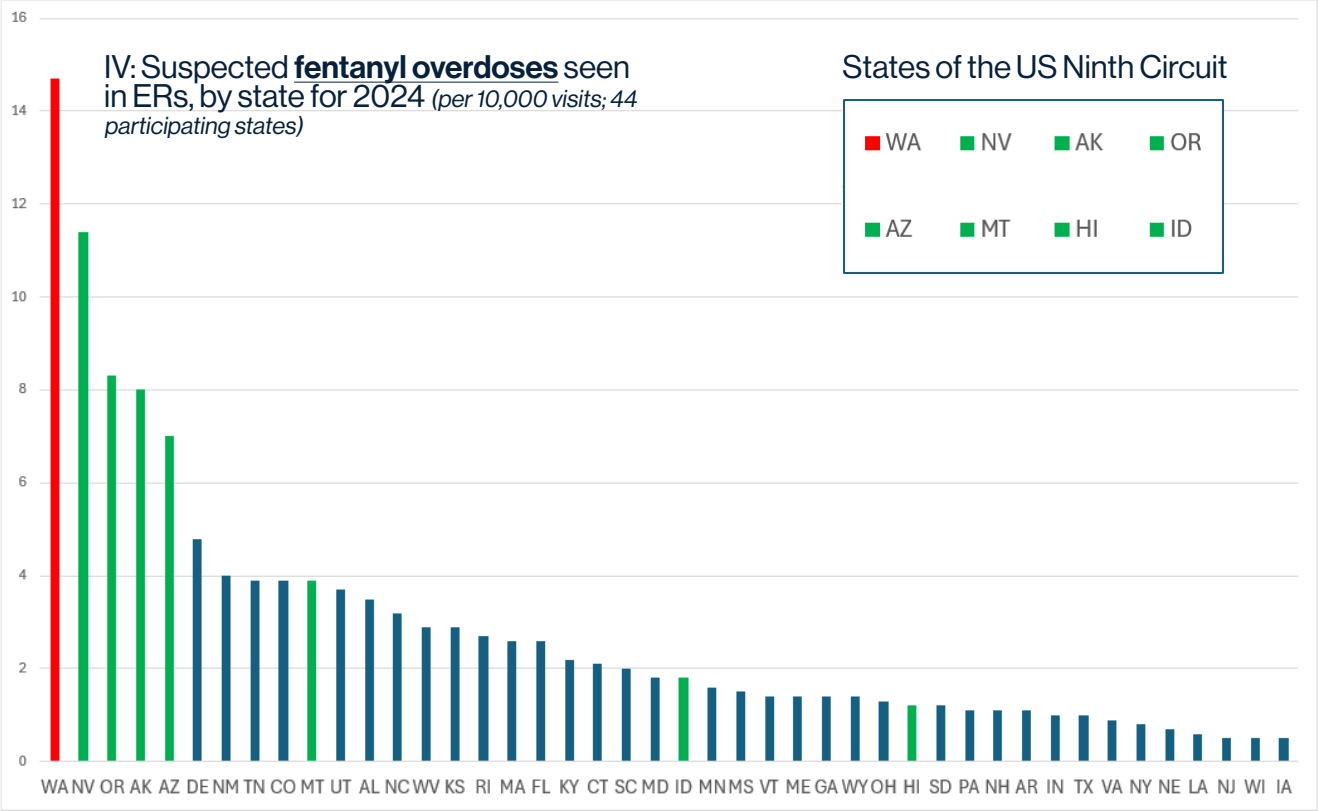


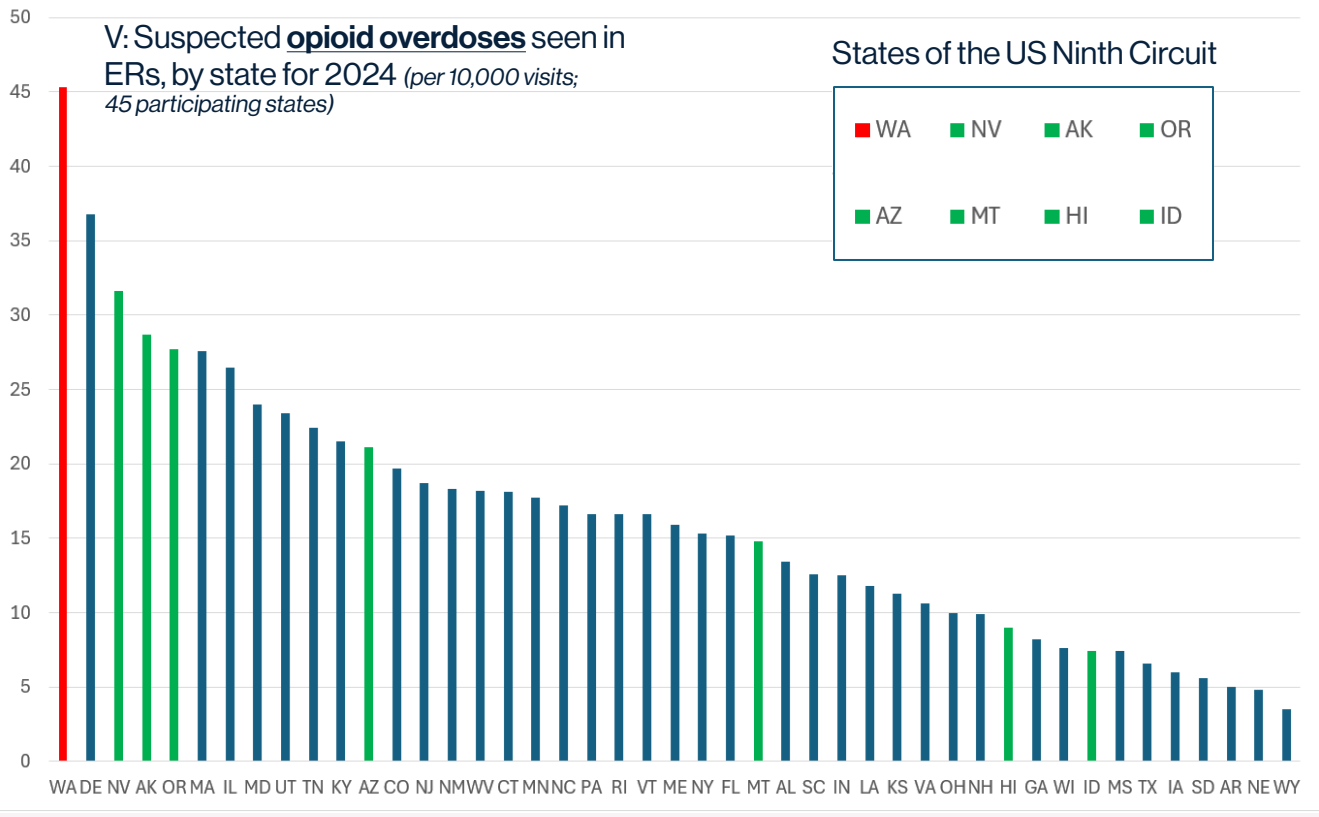
Key Trends IV & V: Non-Fatal Fentanyl and Opioid Overdoses, suspected cases seen in Emergency Departments, 2024

Method: Per-10,000 administrative numbers displayed for 2024 **On average, more than 90% of ED facilities covered in 45 participating states*

Source: CDC DOSE-SYS 2024, "Non-Fatal Overdoses"

What the charts show: In 2024, *fentanyl and opioid overdoses seen in ERs* were heavily concentrated in the footprint of the Ninth Circuit Court, with Washington showing an exceptionally high level compared to the other states.



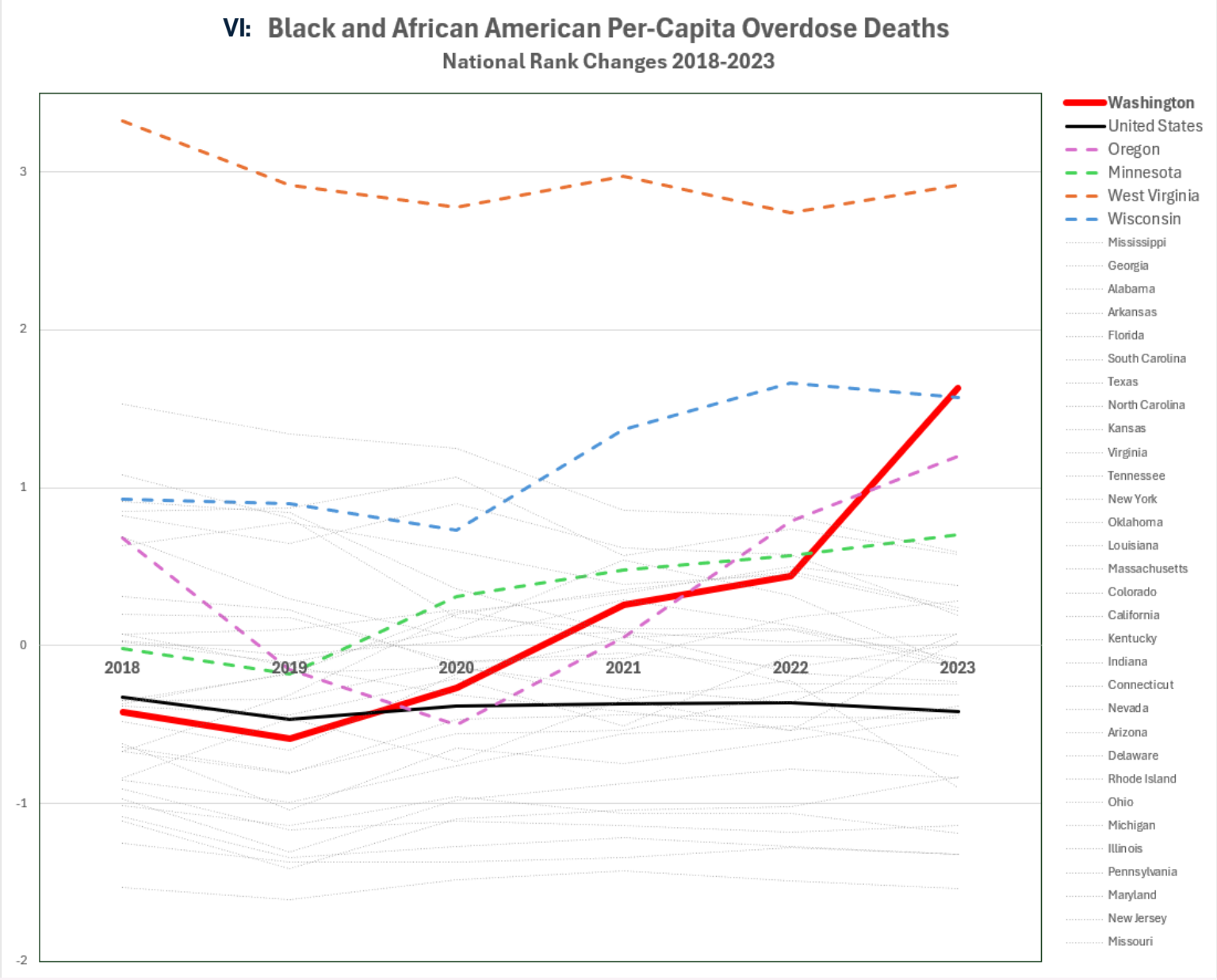


Key Trends VI: Equity Disparities in Overdose Deaths

Method: Per-capita administrative numbers z-scored to trends and displayed longitudinally.

Source: CDC WONDER 2018-2023, "Multiple Causes of Death"

What the chart shows: The chart's lightly etched gray lines indicate the national background of overdose death trends over time. Within this, Washington demonstrates a startling 4-year transformation. In 2019 Washington was below-average for *per-capita Black and African American overdose deaths*. By 2023, Washington had surged to be the **#2 state**, with a four-year change of 380% (and the five-year 2018-2023 change being 442%). Other highlighted states with upward trends enacted multiple drug-related criminal justice reforms during and after 2020, which plausibly lowered friction for drug proliferation (excluding West Virginia, an outlier with a unique context). Work by other researchers finds Black and African American Washingtonians experiencing a 13% lower poverty rate and 29% lower incarceration rate than the Black national average, yet with 50% higher homelessness than the Black national average.



Key Trends VII & VIII: Chronic Homelessness Trends

Method: "Chronically homeless" state totals z-scored to portray longitudinal trends 2014-2024.

Source: HUD 2014-2024; BEA RPP 2023 *All non-Ninth states with a >100 Housing RPP score*

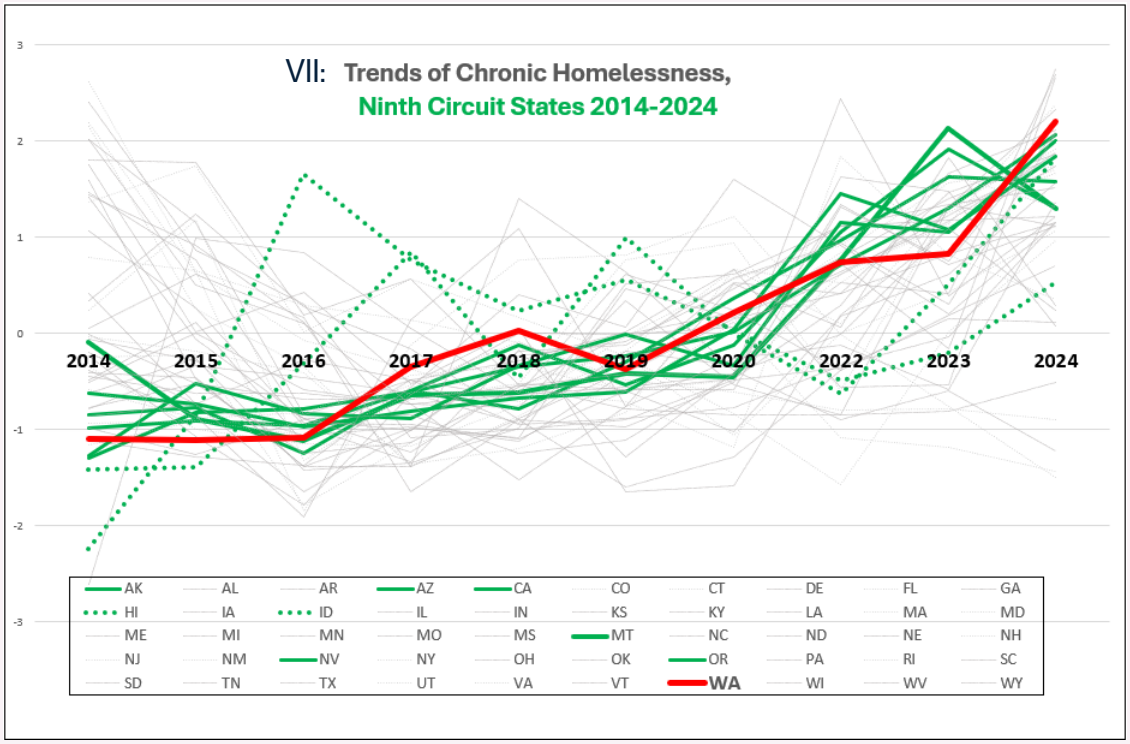
What the chart shows: Within the Ninth Circuit, *chronic homelessness growth* is seen as a distinct and nearly homogeneous pattern (Figure 7, top), rising at similar rates and at similar times. Shown as dotted green lines, Hawaii and Idaho display a separate pattern, similar to each other, with unique geographic and statutory differences compared to the others. All other "costly housing" states (Figure 8, bottom) with a housing cost median higher than that of the Ninth Circuit show a less homogeneous pattern and lower overall growth. *(Colorado and Utah being exceptions, as the two "higher-cost non-Ninth states with high growth of chronic homelessness")*

Ninth Circuit Court States, Related Median Values

2023 Housing Regional Price Parity (100 national average): **109**

Chronic Homelessness, Median Percent Change: **+212%**

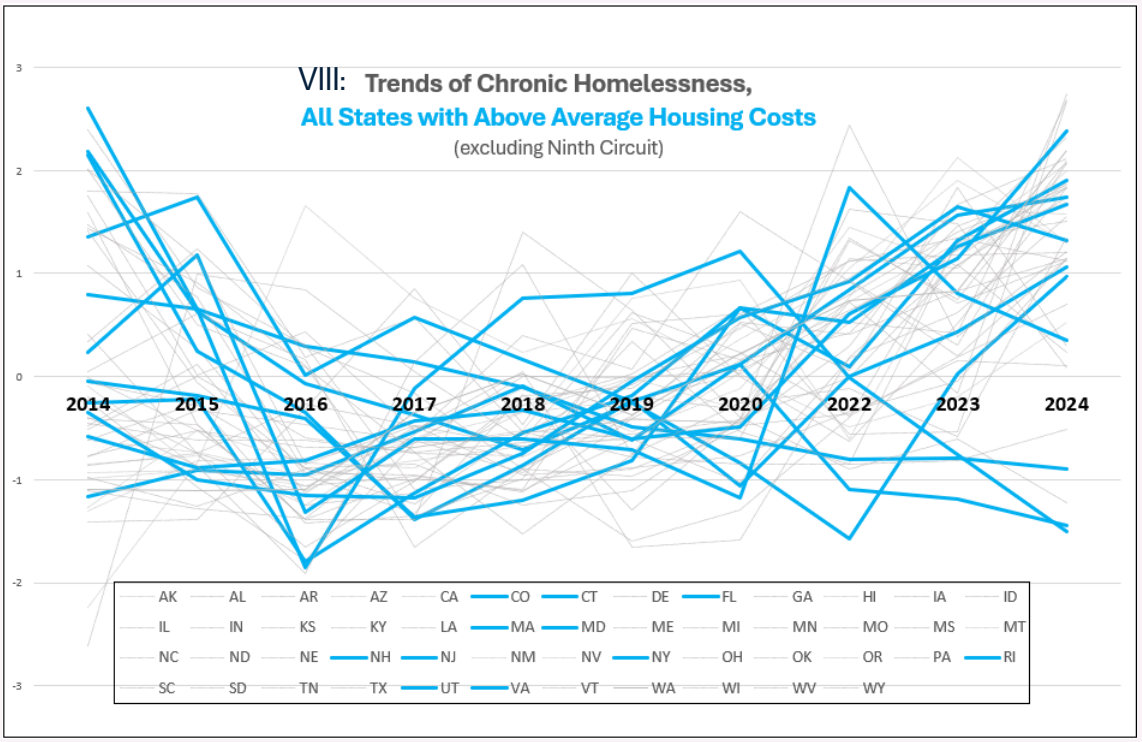
WA Chronic Homelessness, Percent Change: **+418%**



States with Above-Average Housing Costs (excl Ninth Circuit), Related Median Values

2023 Housing Regional Price Parity (100 national average): **120**

Chronic Homelessness, Median Percent Change: **+1%**



IV. Discussion

What Research Says in 2026

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.

"It's the Rents" is a prevalent theory, but alone this has **less explanatory power** for homelessness rates compared to incomes and behavioral health

Without high quality, carefully controlled and randomized experiments, any local explanation of homelessness will rely on some amount of observation, experience, analysis, and anecdote. Washington's past studies and official state documents have relied on simple two-part observations to associate increasing homelessness with increasing rent, with one prominent Department of Commerce presentation stating *"All things being equal, as rents grow, homelessness increases."* The **limitation** of this approach is **treating all things equally**, eliminating all other variables except rent and homelessness. This report's sections on behavioral health, income, and our 50-state index, highlight the implausibility of homelessness being well-explained by rising rents as a single variable.

Our report accepts that **rising rents contribute to underlying economic vulnerability**, made clear in the 50-state index, and that some Washingtonians become homeless when their rent sharply rises. In comparison, we observe that many more Washingtonians appear to become homeless because their income is so low in a high-cost environment that most levels of rent are a mathematical impossibility. Identifying primary drivers of homelessness does not minimize secondary or tertiary drivers, but understanding and responding to the primary drivers is necessary for public-led strategies intended to prevent and reverse homelessness.

Across 12 years of Washington's data we do not find a valid 'homelessness' statistical signal to follow when comparing 'just rent' to 'just homelessness'—**rent in any amount is arbitrary unless placed in context** with available resources, with affordability measured through resource inflow (income), outflow (expenses), and reserves (savings). A valid rent-related statistical signal can be found by combining rent and income into a rent-income ratio, which points towards the households appearing to be at the greatest risk of homelessness—households with low or absent work and wages, whose rent equals ~70% to ~750% of income. This dynamic is prevalent in Washington's rapidly expanding ≤20% AMI population and especially among AMI ≤10%.

Understanding how resource exhaustion occurs is more challenging than observing that it has occurred, which is why this report closely studies statewide and national behavioral health and economics trends. Because traditional resource inflow ('employment') requires eligibility ('employability') and productivity ('job performance'), anything harming eligibility and productivity at population levels will be concerning. The extent to which methamphetamine, fentanyl (and other opioids), cocaine, and hallucinogens are used by hundreds of thousands of housed adults in Washington state is very concerning. This is compounded by Washington's outlier rates of serious mental illness and the more than 180,000 housed adults who struggle with a combination of serious mental illnesses and substance use disorders. Among this 'risk pool' of housed adults, the required eligibility and productivity necessary for income will be severely harmed.

Some rent-based theories suggest that gradually worsening rent-income ratios steadily drive vulnerable households towards housing loss. This dynamic is not meaningfully observed in Washington state data, but the interpretation may arise from bands like ≤30% AMI being compositionally shifted towards ≤10% AMI by a **doubling of the <10% AMI segment** over 12 years—with large groups of households entering this level of severe economic burden every year since 2014. Washington's future homelessness policy will plausibly find better grounding through prevention and reversal of income deprivation among Washington's most vulnerable households, even as it continues to address the underlying vulnerability fostered through of a high cost-of-living.

"It's the Drugs" is a more plausible theory, but **explanatory power is incomplete** given the likelihood that at-risk individuals sort into populations with different risk dynamics

While this report presents consistent observations of a plausible association between substance use, income instability, and homelessness, explaining homelessness simply as "It's the Drugs" misses the extent to which **Washington's data describes distinct populations** with very different behavioral health profiles.

One population ("Population A") is **described through administrative records** of overdoses, justice contact, and service provider interactions. This data consistently relates an uncontained and outlier crisis involving the most hazardous substances and severe mental health challenges. Another population ("Population B") is **described through direct surveys** of households willing to self-report on their own behavioral health—individuals who struggle with mental illnesses and are substance-exposed, but possess greater stability. The overlap between these populations is not perfectly understood, but can be inferred to be minimal in any given year barring incremental movement from B to A. For this report, we classify these groups as:

- **Population A** ("Severely risk-exposed with instability"): Individuals here show structural and behavioral isolation from voluntary reporting (i.e., non-participants in household surveys). Housed or unhoused, they are regularly recorded administratively when third parties document system contact, EMS events, or mortality.
- **Population B** ("Moderately exposed with some stability"): Housed individuals here remain at a threshold of vulnerability where survey response is still plausible, and are substance-exposed but less likely to engage with the most destabilizing substances. Population B may additionally tend to possess stronger social and familial connections and resources than Population A.
- **Population C** ("Stable with low risk"): This group has little instability, contributes strongly to federal surveys, and will less commonly appear in homelessness-related system records.

We infer that **homelessness is likeliest to occur among Population A**—those invisible to surveys but highly visible through administrative records. We infer a secondary homelessness contribution from Population B (with high rates of mental illness, moderately-high rates of substance use, and lower-than-average labor participation), and minimal contribution from Population C (lower mental illness, with lower substance use and average labor participation). Consequently, federal administrative records (ACS, HUD, WONDER, DOSE) describe an outlier crisis in Population A of national significance. SAMHSA survey data (NSDUH) indicates a growing and moderately-high behavioral health crisis among Population B, one which is likely also diluted in data by the stability of Population C, but a crisis which should not be ignored due to the potential for housing loss and/or movement from B to A. Indeed, movement from C to B to A is not strongly addressed through public policy in Washington, with a notable **underinvestment in behavioral health** and crisis response systems contributing to the growth and durability of the crisis—a statewide need requiring urgent legislative focus and targeted resource allocation.

Overall, while "It's the Drugs" is a plausible but simplified theory for Population A's crisis, it applies inconsistently to Population B and has little application for Population C. This report's observations reach a sufficient level of evidence for lawmakers to assume, for policy purposes, that a **moderate majority** of the state's homelessness crisis can be explained as "It's the Drugs" enriched by "It's the Rents"—while also accepting that homelessness will not be prevented or reversed without significant attention being paid to the rehabilitation of resilient income.

"It's the Pandemic" is an appealing theory given the timing of the worst phases of the crisis, but **few states show similar dynamics** to those in Washington

The COVID-19 pandemic was an event of **rare social and economic upheaval** on a global scale, one of the largest in a century. The effects of the pandemic can be seen in almost every population-level data series which is tracked nationally, and no study which crosses the 2019-2021 period can be done without accounting for the significant data distortion created by pandemic-era control measures, economic ripples, rising chronic illnesses, and increased mortality population-wide.

Washington's homelessness crisis was doubtless worsened by the pandemic, but is seen to have begun well before January 2020. Waves of income instability are seen **as early as 2016**, and surging use of fentanyl and methamphetamine appear **as early as 2018.** Because of the potential for COVID to be a primary driver of adverse social and economic changes seen during and after 2020, this report's authors spent several weeks studying COVID-era impacts nationally to determine where patterns like those seen in Washington might also have occurred outside the state. Little evidence is found to attribute Washington's homelessness crisis to the impacts of COVID.

During and after the pandemic era, elevated measures for mental illness, substance use, property crime, and crimes against persons are seen in virtually every state, as are time-limited patterns of economic loss and employment interruption among the most vulnerable Americans. Washington's behavioral health and public safety patterns **break from these general trends** by existing in a forms which are **amplified multiple times** above national COVID-era baselines, particularly for substance use and public safety.

While not directly caused by the pandemic, a significant rise in migration-related system contact is also seen to occur during and after 2021, frequently appearing in administrative data as 'new homelessness'. Meyer, Wyse, and Williams (2025) studied the association between homelessness and migration, and determined that about 60% of the two-year rise of sheltered homelessness in Denver, New York City, Chicago, and the state of Massachusetts was attributable to migration. A similar level of sheltered homelessness resource assignment plausibly occurred in Washington state between 2021-2024, further tightening already-tight affordable housing inventory, but such cases are found to be most regularly counted via the state's "Snapshot" report and not through the PIT-counted and chronic-counted homelessness measures we use for correlation-driven analysis.

As demonstrated through the 50-state index (p. 22), homelessness variation by state has ample explanation through non-COVID variables. Because homelessness rates are up from 2014 in only about half the states, while COVID impacted all 50 states, the ability to find a meaningful and explanatory statistical signal through COVID will be very limited in an observational study. We therefore assign greater importance to behavioral health, economic, and policy explanations than to the possibility of COVID-related drivers of homelessness in Washington.

"It's the Policies" is an oversimplified theory and challenging to falsify, but demonstrates **more strength than expected** across the 50 states

The 50-state index on page 22 presents data suggesting homelessness rate variances may be at least partially **explainable by categorical differences between states**, perhaps to an extent of ~65% explanation of rate variances. Washington's traditional public view of homelessness arising through the impacts of a high cost-of-living lacks convincing explanatory power by itself, but when augmented by behavioral health and policy variables the explanation becomes stronger and appears to differentiate most of the country's Top 10 states by per-capita homelessness.

Washington lawmakers have pursued legislative and judicial changes which have consistently arisen from compassionate motives and a desire to act on behalf of the state's most vulnerable residents, often to specifically reduce justice contact. However, chronic and uninterrupted **use of illicit drugs is unambiguously harmful**. Legislative and judicial changes which plausibly associate with increased substance proliferation are not observed to create a net-positive result for Washington's most economically vulnerable households.

This report's authors theorize Washington's homelessness crisis was likely worsened following cumulative policy choices made by different bodies of government with different roles and mandates. We suspect Washington crossed an unseen **critical threshold** relative to lifting the guardrails which served as structural rate-limiters of statewide substance proliferation. We suggest a low likelihood that the crisis will reverse without legislation and case law which significantly lowers statewide levels of illicit drug proliferation.

Washington's continuing investments in affordability remain important. Lawmakers have served the public well by emphasizing these program areas, but have energetically promoted incomplete solutions which were not built with sensitivity to the linkages between behavioral health, affordability, and homelessness, shown in this report and through the 50-state index. Because our goal is to present observations with neutrality, we conclude this section by stating that "It's the Policy" is a plausible and partial explanation. A superior explanation exists by combining economic, behavioral health, and policy risks into a synthesized explanation for Washington state's outlier homelessness crisis.

"So, what happened?"

Observational studies carry significant limitations for proving a theory. However, Washington has generated very large quantities of observational evidence which more than hint at potential causality. Synthesizing our observations into the most ecologically valid explanation we can, we present a simplified narrative of what may have occurred—an incomplete explanation which misses important individual stories, but a plausible one overall.

Beginning around 2013, one or more events occur which appear in state and county data as a sharp increase in estimated households with extremely low incomes relative to the shifting median—a shock which initially dissipates in 2015. Over the same period, Washington's index of behavioral health risks shows signs of slipping down the national rankings. CDC data indicates large and increasing numbers of housed adults are exposed to illicit substances and experiencing increasing rates of mental illness. Across the 2013-2024 period, rents rise at steady and predictable rates across all income levels and minimum wage is substantially raised. Instability and vulnerability increases as Washington simultaneously becomes less-well and more-costly.

In 2016 we see evidence of a larger or intensified and ongoing system shock, with a sharp rise in households with extremely low income, relative to the median, becoming a **significant inflow into 0-10% AMI** which persists at increasing levels through 2024. With costs already rising, the surge appears to create an underlying condition of extreme economic vulnerability among a population of households so large that it begins to exceed the capacity of public response systems. Between 2013 and 2017, chronic homelessness rates have already doubled.

Against the backdrop of increasing vulnerability, a **massive system shock appears to occur in 2018-2020** which appears most clearly in epidemiological data as fentanyl with both increased proliferation and increased potency, but includes methamphetamine, poly-substances, and other synthetic opioids. Beginning around 2019, substance use, income collapse, rising costs, and homelessness strongly surge and trend together at rates which remain closely connected in magnitude and temporal ordering through 2024. By 2022-2023, CDC data demonstrates widespread population-wide substance exposure, evidenced through examples like **nearly 100,000 statewide housed adults reporting use of methamphetamine** during the prior year, and nearly 1-in-100 ER visits in 2024 involving a suspected drug overdose.

Policy shocks occur during this period in the form of Martin v. Boise (2018), Johnson v. Grant's Pass (2022), and State v. Blake (2021). The rulings introduced significant disruption to public systems which are unprepared for a sudden shift and are placed under high stress. System resources appear to be rapidly exhausted, and system breakdown is evident across housing, behavioral health, and economic support systems. **COVID occurs** as a global shock, but this is a common variable across all states and does not explain Washington's differences relative to other places. Washington's recovery from 'jobs' and 'wages' COVID disruption is seen by 2022.

Because rent rises at stable and predictable rates across all income groups, minimum wages strongly rise, and homelessness, substance mortality, and the ≤30% AMI population significantly transforms, **it is difficult to explain Washington's crisis through rent** and minimum wage. Because Washington's poverty and unemployment rates both fall while job growth outpaces population growth, **it is difficult to explain as poverty and wages**. Because behavioral health risks, income instability, homelessness, and substance use all appear to show strong similarities in change magnitude, timing, and sequencing, we theorize the majority of growth of Washington's homelessness crisis is driven by behavioral health risks combined with a high cost-of-living.

Framework: *"What policy alternatives are most strongly supported by the report's evidence?"*

A) Emergency scale-up of statewide behavioral health services and capacity:

- Washington's behavioral health system is under-resourced and capacity-limited. Evidence strongly supports undertaking legislative, budgetary, regulatory, and administrative reforms which increase system resources and capacity, significantly increase the flow rate of new providers, broaden the presence and operations of new behavioral health facilities, and ensure the presence and use of tools which increase participation and retention in behavioral health programs which save lives and foster individual wellbeing.

B) Restore higher barriers for drug proliferation;

- Washington's vision to broadly reform criminal justice appears diminished by failures among many of its reforms to-date, evidenced by its unfavorable national ranking in drug mortality and property crime measures. Washington's missteps appear rooted in overly rapid, frequent, and fundamental changes undertaken without piloting or locally contextualized evidence. As a result, Washington's criminal justice system and law enforcement entities appear to now lack the ability to deter, detect, and defeat the proliferation of the most dangerous substances. While continuing to study potential future reforms, Washington will likely benefit from temporarily restoring earlier frameworks for arrests, prosecution, and sentencing for crimes associated with the proliferation of harmful drugs. Such restoration will almost certainly be broadly lifesaving, and will re-open Washington's pathway to developing sustainable, credible, and restorative criminal justice reforms in its future.

C) Pivot 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:

- Key state and local stakeholders exist within data silos which prevent regular observation of the kind of "big picture" changes described in this report. For this reason, the upstream of the homelessness crisis has been incompletely understood which has caused public-led solutions to focus on partial and downstream interventions. This report's evidence strongly supports a new holistic and multi-sector approach for understanding, designing, implementing, monitoring, and evaluating the future public-led programs through which homelessness will be addressed.

- Washington's key homelessness metrics have limited overlap with data which measures the plausibility, quality, and durability of homelessness exits. This includes economic outcomes, housing independence, mortality, and overall behavioral health. Shifting measurement towards holistic individual wellbeing is strongly supported by this report's evidence.

-Washington's strategy has traditionally focused on market forces believed to drive homelessness risk. Adopting a strengthened strategy which focuses on holistic population-level needs, inclusive of behavioral health and housing, is strongly supported by this report's evidence. An effective realignment process will include robust legislative, budgetary, regulatory, and administrative elements.

Bayesian Inference
Process Tracing
"*Which Changes might be Explainers?*"

Rent and Vacancies: (Test Result: Negative)

Test: Have rents and vacancies changed by similar magnitudes and at similar times as homelessness?
Result: No, rents rise at relatively stable long-term rates across all AMI bands alongside modestly fluctuating vacancy levels.

Test: If rents and vacancies were a driver of homelessness, what data signature would we see?
Result: Rising rent burdens across most AMI bands and increasing vacancy shortages.

Test: Is this signature seen in Washington?
Result: Vacancies, no; Rent burden, not strongly and mostly among extremely low income households observed to experience income collapse.

Economics: (Test Result: Positive)

Test: Have statewide economic measures changed by similar magnitudes and at similar times as homelessness?
Result: Yes and No, almost all measures have trended positively. However, Washington has become costlier overall, with a 6% higher Regional Price Parity (RPP), the highest 2013-2023 RPP growth nationally.

Test: If economics were a driver of homelessness, what data signature would we see?
Result: Rising poverty and unemployment as one paradigm; but rising cost-of-living in another.

Test: Is this signature seen in Washington?
Result: Yes and No, poverty and unemployment have trended downward while minimum and bottom 10% wages have matched rising rents. However, a rising RPP is consistent with national patterns for higher rates of homelessness when combined with higher behavioral health risks.

Behavioral Health: (Test Result: Positive)

Test: Have statewide behavioral health measures changed by similar magnitudes and at similar times as homelessness?
Result: Yes, in patterns showing close magnitude and timing parallels with homelessness.

Test: If behavioral health was a driver of homelessness, what data signature would we see?
Result: Income and work loss, and/or exhaustion of social networks, leading to housing loss.

Test: Is this signature seen in Washington?
Result: For income/work drop-off it appears so, with close magnitude, timing, and trending linkages between homelessness, substance use proxy measures, and income instability.

Study Framework

Research Questions

RQ1. How complete are explanations that homelessness in Washington is primarily driven by housing-market conditions?

RQ2. Given Washington's unusually severe substance-exposure trends, is it plausible that behavioral-health and substance-use dynamics have become significant drivers of homelessness?

RQ3. What statewide and King County datasets and measures allow a rigorous evaluation of these explanations?

Study Thesis

An unprecedented statewide increase in substance potency and exposure beginning around 2018 has plausibly contributed to a behavioral-health system-shock in Washington, after which behavioral-health risks, in combination with economics, show greater explanatory power for the state's outlier homelessness trends than housing-market dynamics alone.

Thesis Branch A

A1. Washington's statewide risk pool of vulnerable housed adults will show significant growth and transformation between 2013 and 2024.

A2. These transformations—particularly in behavioral health risks, substance exposure indicators, and mortality—will correlate with homelessness in a temporally ordered pattern, with increases in behavioral health risks showing plausible "predictive" patterns relative to subsequent increases in homelessness.

Thesis Branch B

B1. Washington's statewide risk pool of vulnerable adults will not exhibit levels of rent-induced burden necessary to explain homelessness rate increases between 2013 and 2024.

B2. Economic and housing-market indicators affecting <30% and <50% AMI households—such as rent-to-income ratios, cost burden, and poverty and unemployment rates—will lack the predictive strength needed to account for the magnitude or trajectory of statewide homelessness trends during this period.

Thesis Results and Discussion

Thesis. *"An unprecedented statewide increase in substance potency and exposure beginning around 2018 has plausibly contributed to a behavioral-health system-shock in Washington, after which behavioral-health risks, in combination with economics, show greater explanatory power for the state's outlier homelessness trends than housing-market dynamics alone."*

Result: Supported. Observations and analysis **support the report's thesis,** demonstrating the presence of a plausible behavioral-health system shock which appears to have greater explanatory power for outlier homelessness rates when compared to only housing-focused explanations beyond 2018. However, through a national index, outlier cost-of-living and outlier behavioral health risks in combination appear to be the necessary prerequisite for severely elevated homelessness rates, with neither dynamic on its own appearing to drive the highest rates of homelessness.

Thesis A1. *"Washington's statewide risk pool of vulnerable housed adults will show **significant growth** and transformation between 2013 and 2024."*

Result: Supported. The presence of a **significantly increased** and transformed risk pool of statewide adults is very clear through data.

Thesis A2. *"These transformations—particularly in behavioral health risks, substance exposure indicators, and mortality—will **correlate with homelessness** in a temporally ordered pattern, with increases in behavioral health risks showing plausible "predictive" patterns for subsequent increases in homelessness."*

Result: Supported. Strong correlation is observed between behavioral health and homelessness through multiple standard social scientific and economic methods of statistical analysis, in a temporal arrangement which suggests increased **behavioral health risks** preceded **income instability and housing loss** in Washington during 2014-2024.

Thesis B1. *"Washington's statewide risk pool of vulnerable adults will **not exhibit levels** of rent-induced burden necessary to explain homelessness rate increases between 2013 and 2024."*

Result: Only partly Supported. Rent burdens became extremely severe through **income instability**, but Washington became costlier. Nationally, outlier cost-of-living is seen to combine with outlier behavioral health risks to suggest the highest homelessness rates. With high costs already established and growing, increasing and severe growth in behavioral health risks appears to create the necessary conditions for a severe homelessness crisis in which rent-induced burden remains important.

Thesis B2. *"Economic and housing-market indicators affecting ≤30% and ≤50% AMI households—such as rent-to-income ratios, cost burden, and poverty and unemployment rates—will **lack the predictive strength** needed to account for the magnitude or trajectory of statewide homelessness trends during this period."*

Result: Only partly Supported. While Washington's overall economic picture is strong, a major **recomposition of ≤30% AMI** towards ≤10% AMI has unfolded statewide—with King County serving as the clearest and most concentrated example. Rent-to-Income ratios are a clear predictor in future homelessness, though this dynamic is seen to be a function of income instability more than of a high cost-of-living, and cost-of-living remains an important element of vulnerability.

Data Purposes, Methods, and Sources

This report presents a wide range of data drawn from **public sources**—data that describe not only economic trends but the **lived experiences** of real people, including those who have suffered and, in too many cases, lost their lives. In sharing these numbers, we do so with compassion, respect, and without judgment.

Data sources were selected for their relevance and reliability, drawn primarily from state and federal agencies. Wherever possible, we used the **most complete and representative** data available. Quantitative analysis follows standard social-scientific methods and, in some cases, quasi-experimental observational approaches. All data are presented in their raw, unaltered form unless otherwise noted on the relevant page or identified as modified by the issuing agency.

Every dataset carries limitations. The report's goal is to portray critical trends that have not been sufficiently recognized in Washington policy circles. In an environment of conflicting claims and uneven research quality, this report relies on large administrative and survey datasets with decades-long records of use—the most reliable "**evidence we know, as best we know it.**" While such data cannot capture any one individual's story, they remain the best available tool for describing broad population trends.

The report's research builds on high quality studies post-2020 which build evidence for a "deprivation theory" of contemporary homelessness, like the landmark *Homelessness and the Persistence of Deprivation* (Meyer et al., 2024). Additional planning was done through the *California Statewide Study of People Experiencing Homelessness* (2023), through the portfolio of national research supported by the *Building Evidence of Employment Strategies* (BEES) initiative of the Administration for Children and Families in the U.S. Department of Health and Human Services, and through comprehensive national studies like *Local Rental Market Dynamics and Homelessness Rates* (Rai, 2024).

Large longitudinal data sets were provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the United States Census Bureau's American Communities Survey microdata (ACS), the United States Department of Housing and Urban Development (HUD), and the Centers for Disease Control and Prevention's (CDC) DOSE-SYS and WONDER data libraries. Numerous data sets were drawn from Washington State departments including Commerce (DOC), Social and Health Services (DSHS), and Financial Management (OFM). Economic data is provided by or cross-checked through the Federal Reserve Economic Data library (FRED), and through the Bureau of Economic Analysis (BEA).

A digital research environment was programmed in Python (Anaconda) to handle and analyze large ACS data sets for all years 2013-2024. ACS sets were utilized as individual years, including the 2020 set with experimental weights. ACS data and analysis were cross-checked manually in Excel through the 2013-2018 and 2019-2023 5-year weighted files, and through single-year files 2014, 2019, and 2023. All ACS data was analyzed on a weighted basis, and all ACS figures cited use household and individual weights. Margins of error are used to filter smaller ACS sub-samples, and low reliability samples are not used in the report.

Data Limitations

This report is observational rather than experimental. It is not randomized, controlled, or designed to establish causal relationships. All conclusions are therefore descriptive observations and statistical associations, not causal evidence. We rely almost exclusively on high-quality administrative datasets produced by federal and state government entities that use established survey methods, sampling designs, and published confidence intervals. However, each dataset has important nuances and limitations that shape how findings can be interpreted.

SAMHSA NSDUH: NSDUH is widely regarded as the nation's primary dataset for monitoring behavioral-health trends. Nonetheless, it has several well-documented limitations. Series breaks and methodological shifts reduce comparability over time. A major redesign in 2020–2021 altered sampling, weighting, and questionnaire methodology, making many pre- and post-redesign indicators non-comparable. Averaged year-pair reporting (e.g., 2014–2015, 2015–2016) reduces annual specificity and smooths year-over-year volatility, making it harder to detect short-term trend changes. Self-reported behavioral-health data is subject to both recall bias and social-desirability bias, especially for stigmatized topics such as illicit drug use or substance-use disorders. Data gaps created by the withdrawal of the 2019–2020 and 2020–2021 microdata files necessitate statistical control, interpolation, and slope-modeling to maintain continuity in long-term trend analysis. Diagnostic definition changes (DSM-5 to DSM-5-TR) affect comparability of some mental-health indicators, requiring time-specific use of the affected measures. These constraints limit the precision of year-specific estimates and require careful interpretation when assessing behavioral-health trends across the 2019–2021 transitional period.

Census ACS: The ACS is one of the country's most robust and widely used sources of socioeconomic information. Its strengths include extremely large sample sizes, consistent methodology, and detailed coverage of income, housing, and demographic characteristics. ACS uses a complex survey weighting system to represent populations, meaning it measures characteristics of types of households and individuals, not specific households longitudinally. Sampling error and margin-of-error constraints are especially relevant for small subgroup analyses (e.g., 0-30% AMI households within specific counties). Annual ACS estimates reflect a pooled 12-month sample, which can slightly smooth or dilute rapid economic changes. For this study, ACS is appropriate for identifying representative patterns among vulnerable groups, but cannot reveal individual-level trajectories or causal pathways.

CDC WONDER and DOSE-SYS: Washington State participates strongly in national overdose monitoring systems, making overdose data comparatively reliable. Nevertheless, DOSE-SYS only includes 45 states, limiting national comparability and slightly affecting relative-risk comparisons. The DOSE fact sheet describes an average of 90% facility participation among 45 states, consistent with Washington. CDC WONDER mortality data is annual, not point-in-time, and must be statistically centered when compared with January PIT homelessness counts. For example, 2015–2016 mortality data is centered over January 2016 to align with the PIT reference date. However, this limitation applies consistently across the full 10–11-year time series, which stabilizes the signal for long-range trend analysis. This alignment choice introduces measurement noise but is not large enough to undermine reliable observation of long-term patterns.

Data Limitations

HUD PIT: The PIT count is a long-criticized measure, given annually in January and subject to significant methodological and capacity variations across regions and years. Well-documented under-counting is known to occur, especially for unsheltered and hard-to-reach populations. Large regional inconsistencies in volunteer availability, weather conditions, local methodology, and training quality affect results. Year-to-year reliability varies, reducing the sensitivity of PIT and chronic homelessness series to detect small or short-term changes. Because of these limitations, only large and persistent signals are likely to emerge when PIT data is compared with behavioral-health indicators. Observed correlations therefore reflect broad structural patterns rather than precise year-over-year fluctuations.

Ecological Inference Limitations: Because this study uses population-level datasets, all findings are ecological. Individual-level causation cannot be inferred; population-level correlations do not imply that any individual's homelessness was caused by a specific risk factor.

Unobserved Confounders: Important variables—such as labor market variances across geographic areas, substance potency, illicit drug supply chain shifts, local enforcement policies, treatment capacity, and regional demographic migration—may influence homelessness trends but are not directly measurable in the datasets used. These or other unobserved factors may partially account for some correlations.

A Note on Sensitivity Testing: Due to the known limitations of the report's data sources and the limitations of observational data over just a 10-12 year time series, sensitivity testing was performed on key measures to determine whether single years, year pairs, or specific variables are necessary to explain our report's findings. The relationship between income collapse, behavioral health, and homelessness was seen to be durable under sensitivity testing. No single year, comparison variable, or year pair was identified which compromised the report's analysis. Indeed, removing data such as the interpolated 2021 PIT year only strengthens the related correlations and cross-correlational coefficients. De-centering modified measures like averaged DPD year pairs placed in proximity to PIT January count dates only strengthens the degree to which DPD shows 'predictive' association with future homelessness via cross-correlational coefficients. DPD was also composited with "methamphetamine use in prior 12 months, prevalence rate among housed adults" to test the sensitivity of DPD. Because DPD and methamphetamine use among housed adults share a very consistent pattern, the composite proved to withstand sensitivity testing with similar correlations and temporal arrangements across all charts and tables cited in this report. Our methodological bias has been consistently and uncompromisingly towards caution and rigor, aversion to co-trending and spurious correlations, and avoidance of over-claiming the significance of data. We further apply careful methods which reduce raw correlation strength while documenting meaningful statistical signals and associations.

Data Limitations—Special Notes

Drug Poisoning Death (DPD) as a proxy for "Substance Proliferation and Potency": Substance use is traditionally a difficult variable to measure, with survey-based self-report known to involve relatively higher error rates. With regard to homeless populations, researchers like Meyer et al. ("Unhoused and Mismeasured", 2025) have evidenced challenges with self-report accuracy and misreported economic outcomes. Surveys like NSDUH have also long noted the difficulty of maintaining respondent accuracy on topics involving stigma and legality. Because DPD is the most visible data element immediately downstream from increased "proliferation and potency", our report selects DPD as a proxy to stand in for proliferation/potency due to Washington's relatively strong performance in capturing administrative data related to substance use mortality. Accepting that both proliferation and potency will contribute a share to each recorded mortality event, and that weighting these shares is difficult, we treat DPD as an imprecise composite that nevertheless contains **significant statistical signal about use patterns among housed and unhoused adults**. While use of illegally manufactured fentanyl is proven to be associated with extremely high mortality among users due to its potency, other cross-checks are used to confirm the likelihood that proliferation also contributes necessary weight to the composite.

Converting adult prevalence rates of DPD (annual figure) and methamphetamine use (prior 12 months use among housed adults, reported via NDSUH), DPD and Methamphetamine among non-homeless adults is shown to have closely aligned structures from 2014-2024. As with other NSDUH data, the missing years were interpolated and year pairs were disaggregated. DPD is an otherwise reliable administrative record and is presented here as raw annual totals. The close relationship between the trends suggests: a) DPD is a valid proxy, and b) the method of disaggregating (all years) and interpolating (missing years) for methamphetamine use is appropriate in this context and imparts little distortion to the plausible real-world trend. However, the DPD side observes individual events and the methamphetamine side observes estimated averages, a limitation we acknowledge and accept in the absence of superior sources and methods.

Data Limitations—Special Notes

ACS PUMS Margins of Error (MOE): As a survey, ACS produces weighted estimates and provides replicate weights that allow researchers to quantify sampling uncertainty (margin of error, MOE) for derived statistics. We present ACS midpoints of MOE intervals after testing and evaluating the reliability of the midpoints. Single-year ACS estimates can be noisy with year-to-year or level-to-level differences sometimes falling within MOE; accordingly, we confirm trends with multi-year block comparisons (e.g., 2013–2015 vs. 2022–2024) and replicate-weighted trend tests, which describe broad changes with better precision. Washington State (larger sample) and King County (smaller sample) **exhibit the same directional population shifts** across AMI bands. The defensibility of our King County–focused analysis and the broader observation of county income instability is reinforced by its parallels with statewide data with tighter MOE. The "hockey-stick" increase in the share of renter households below 10% AMI is visible above the margins of error in both statewide and King County series, though King County is statistically noisier while the statewide series is smoother. Statewide data without King County has more ACS statistical noise but still contains important observational signals. A key hinge period in this report is the 2019–2020 transition into a new pattern through 2024. Our use of replicate-weighted uncertainty demonstrates that the critical 2019–2024 trajectory is statistically supported using transparent standard survey-variance methods. Using ACS replicate weights (90% MOE) over 2019–2024, the stable estimated rate of increase in renter households below 10% AMI is observed to be:

a) Statewide: ~+4,455 households/year (90% CI ~ +3,580 to +5,330)

b) King County: ~+1,875 households/year (90% CI ~ +1,019 to +2,731)

Washington State Households by AMI band 2013-2024, with MOE					
	0–10% AMI	0–30% AMI	30–50% AMI	50–80% AMI	80–120% AMI
2013	26366 ± 3184	111575 ± 6485	116174 ± 6992	160482 ± 8703	164132 ± 9412
2014	23745 ± 3603	112811 ± 6580	113517 ± 7621	154676 ± 8186	180872 ± 10045
2015	24067 ± 2737	119228 ± 6552	112925 ± 6904	158660 ± 8926	180145 ± 9421
2016	25434 ± 3810	124337 ± 7582	114067 ± 6322	150752 ± 7712	193916 ± 7186
2017	25755 ± 3177	129306 ± 7786	107667 ± 6433	164293 ± 8062	182792 ± 7830
2018	24320 ± 3529	130491 ± 8625	111186 ± 7097	163497 ± 9051	193649 ± 9871
2019	21485 ± 3338	135931 ± 7818	113440 ± 8507	169933 ± 8317	183420 ± 8872
2020	26874 ± 1143	143830 ± 4909	109292 ± 2806	161966 ± 3886	186735 ± 3782
2021	31202 ± 4431	145516 ± 7901	97027 ± 6395	165008 ± 8580	189180 ± 9082
2022	37187 ± 4048	143599 ± 8216	102501 ± 5757	157421 ± 8267	204619 ± 8780
2023	41037 ± 4153	155182 ± 8291	109191 ± 7091	163048 ± 7407	197657 ± 10367
2024	42976 ± 4823	160980 ± 8917	105463 ± 7043	189099 ± 9593	209669 ± 10231

King County Households by AMI band 2013-2024, with MOE					
	0–10% AMI	0–30% AMI	30–50% AMI	50–80% AMI	80–120% AMI
2013	13674 ± 2438	70529 ± 5532	56560 ± 5338	72493 ± 5770	53064 ± 4612
2014	15821 ± 2826	75450 ± 5949	56914 ± 4263	66719 ± 6155	59428 ± 4819
2015	14849 ± 2855	69621 ± 5594	53595 ± 5214	72029 ± 6750	58311 ± 5465
2016	15154 ± 2760	75464 ± 5151	54250 ± 5003	73298 ± 5718	72569 ± 6218
2017	19059 ± 2719	77766 ± 5324	53865 ± 4708	73511 ± 4867	65586 ± 6312
2018	18721 ± 2830	77600 ± 4771	55152 ± 5361	81943 ± 6170	71059 ± 5449
2019	21992 ± 3721	79859 ± 6377	57435 ± 5006	76318 ± 5538	70295 ± 5595
2020	21200 ± 1275	80544 ± 3648	55795 ± 2804	83637 ± 3335	67517 ± 2136
2021	29758 ± 4063	87235 ± 6481	63306 ± 5397	73035 ± 5341	61774 ± 5698
2022	30306 ± 3406	90006 ± 6124	62361 ± 5599	78412 ± 5375	67314 ± 5362
2023	33668 ± 4307	88694 ± 5909	61673 ± 5257	79110 ± 5173	66353 ± 4977
2024	27526 ± 3635	87289 ± 6780	68396 ± 7629	86048 ± 7484	76252 ± 5659

Figures 43 (above-left) & 44 (above-right): MOE tables for the number of households by AMI bands, derived from single year ACS PUMS using replicate weights by year. Samples are filtered as renter households with income, excluding group quarters.

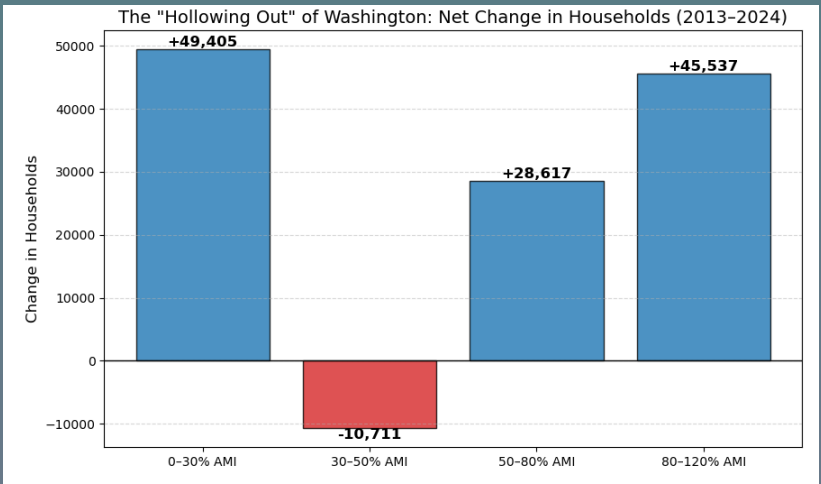


Figure 45 (left): Generated from the report's Python data environment is a table which visualizes the compositional shift occurring in the table above (Figure 43). The 30-50% AMI population, traditionally the "brake point" of households experiencing economic stress, actually shrinks as a statewide population between 2013-2024. The increase seen in 80-120% AMI generalizes to overall economic prosperity, and the significant increase of 0-30% AMI is a signal of a serious population-wide crisis which is difficult to attribute to rent and is more plausibly associated with income and behavioral health.

Data Sources by Figure

Figure 1: Derived primarily from SAMHSA's NSDUH survey for the 2023-2024 year pair (most recently available which provides Washington-level data publicly), calculated as the estimated number of statewide adults based on Washington state's % of adults aged 18 and above. Fatal overdoses are calculated through CDC 2024 data, projected raw total.
Figure 2: DOSE-SYS 2024 data with 44 participating states. Washington's outlier rank is not likely explainable through methodological differences across states, with the DOSE factsheet describing an average of 90% facility participation across member states. Washington actually has a unique flow-limiter into 2024 DOSE-SYS data: during 2024, the most common outcome for EMS contact of overdose cases in King County was "Patient declines transport against medical advice." (King County EMS Dashboard, 2024)
Figure 3: SAMHSA's NSDUH survey for years 2013-2014 to 2023-2024 year pairs (with 2023-2024 being the most recently available which provides Washington-level data publicly). NSDUH includes adult rates, while the index of national rankings is based on a rank-order of adult prevalence rates. Fatal and non-fatal overdoses are calculated through CDC WONDER and DOSE-SYS and reflect 2019-2024 data. Homelessness data provided through HUD's PIT reporting, 2014 to 2024.
Figure 4: CDC WONDER, "Underlying Cause of Death" 1999-2023, 50 states, Washington, and West Virginia.
Figure 5: CDC WONDER, "Underlying Cause of Death" 1999-2023, 50 states and Washington. ACS 2023 poverty rates by race, 50 states and Washington. Bureau of Justice Statistics, 2021. HUD PIT 2023.
Figure 6: ACS PUMS household and person files. ACS PUMS 2023 was filtered to households positive for income and rent <30% AMI, cross-walked to ACS PUMS person using serial codes, filtered to African American & analyzed, and cross-walked back through serial codes to derive ACS PUMS households positive for African American household members & analyzed.
Figure 7: SAMHSA NSDUH year pairs 2014-2015 to 2018-2019 centered over PIT counts, 2014-2015 NSDUH matching 2015 PIT date. Thompson et al. rates reduced to 30%, 10%, 5%, and WA actual instability to literal rates used to rate-limit flows. Each flow year reduced by 66% to represent a single year increment of a 3-year flow.
Figure 8 :2016-2017 to 2023-2024 NSDUH for "rate of adult methamphetamine use, prior year", converted to z-scores. Overlaid with DPD rates from ADAI, https://adai.washington.edu/wadata/major_drug_deaths.htm, converted to z-scores.
Figure 9 & 10: ADAI, https://adai.washington.edu/wadata/major_drug_deaths.htm, which describes " Death data from the Washington State Department of Health Center for Health Statistics are combined with population data from the Office of Financial Management to create rates of death." And HUD PIT 2013-2024, slope-modeled for undercounted 2021. DPD years are centered over PIT dates by averaging the calendar years on either side of PIT.
Figure 11: SAMHSA NSDUH year pairs 2013-2014 to 2023-2024, with single years disaggregated and interpolated based on coherent slopes. Missing NSDUH years slope-modeled. HUD PIT years 2014-2024, slope-modeled for 2021. DPD years as above in Fig 8 & 9. All variables denominated as % of statewide adults and z-scored.
Figure 12: Cross-correlational co-efficients as lead-lag, DPD predicting PIT. Both derived as Figs 9 & 10 above, and differenced into year-over-year rate changes to account for possible co-trending or spurious correlation.
Figures 13 & 14: Cross-correlational co-efficients as lead-lag, DPD predicting PIT. Both derived as Fig 8 & 9 above, and differenced into year-over-year rate changes to reduce the mathematical effect of co-trending and control for the possibility of spurious correlation. SAMHSA NSDUH all year pairs 2013-2024, denominated as % of statewide adults and differenced into year-over-year rate changes to reduce the mathematical effect of co-trending and control for the possibility of spurious correlation. NSDUH year pairs centered over PIT counts, missing years slope-modeled.
Figures 15 & 16: ADAI, https://adai.washington.edu/wadata/major_drug_deaths.htm, which describes " Death data from the Washington State Department of Health Center for Health Statistics are combined with population data from the Office of Financial Management to create rates of death." And HUD PIT 2013-2024 with 2021 slope model. DPD years are centered over PIT dates by averaging the calendar years on either side of a PIT count. Scatter plot and R^2, with scatter plot reluctantly used to align methods with prevailing state governmental and academic scatter plot raw and undifferenced population-to-population preferences.

Figure 17: Federal Reserve Economic Data 2014-2024, Bureau of Economic Analysis 2014-2024 , SSA 2014-2024, BLS 2014-2024, WA State DSHS 2014-2024, WA State HCA 2015-2024
Figure 18: Federal Reserve Economic Data 2014-2023
Figure 19: WA State DSHS 2014-2024
Figure 20: Federal Reserve Economic Data 2014-2023
Figure 21: WA State HCA 2015-2024
Figure 22: Federal Reserve Economic Data 2014-2024
Figures 23 & 24: Social Security Administration, 2014-2024
Figures 25 & 26: ACS PUMS 2013-2024, households positive for income and rent filtered by AMI and PUMA
[**Page 17 Alluvial Diagram of Figure 25 & 26 data:** To estimate the minimum required between-band movement ("churn") that can transform one year's AMI<30 distribution into the next, assuming movement occurs primarily between adjacent AMI bands. This produces a defensible lower-bound estimate of reclassification/mobility pressure when only annual cross-sectional counts are available, and decomposes year-to-year change into (a) an overall stock change (net growth/shrink) and (b) a minimum-churn reallocation between AMI bands, using an optimal-transport solution on a one-dimensional ordered set of bins. It does not identify the true household-level transitions, prove causality, or rule out measurement/denominator effects (e.g., AMI median changes). It estimates the smallest possible movement consistent with the observed marginals. **To replicate:** Prepare a table with YEAR rows and one column per ordered AMI band (counts). For each year pair (t, t+1): compute totals T(t), T(t+1) and overlap = min(T(t), T(t+1)). Compute scaled continuing vectors s_cont(t), s_cont(t+1) using scaling rules. Record entrants/exits by band. Compute the minimum-cost 1D transport flow F between s_cont(t) and s_cont(t+1) with cost |i-j| (greedy cumulative matching). Compute summary metrics: stay, movers, movers_pct. Optionally compute crossings at each adjacent boundary. Save outputs: (a) a transition matrix sheet per year-pair, (b) a summary table of movers_pct by year, and (c) a plot of movers_pct. For a greedy 1D transport (Monge) implementation, because bands are ordered and cost is |i-j|, the optimal transport can be computed without linear programming. Maintain two pointers i (source band) and j (target band). Repeatedly send x = min(supply[i], demand[j]) from i to j, then advance the pointer that is exhausted. This produces the optimal flow for 1D earth-mover distance (EMD). As an outline for Python, Read a YEAR x K table of band counts. For each consecutive year pair, compute overlap and scale the larger year to overlap. Run a greedy 1D transport to build K x K flow matrix F. Summarize movers_pct = (overlap - trace(F)) / overlap. Export summary + matrices to complete.
Figure 27: ACS PUMS 2013-2024, household and person files cross-tabulated for households positive for income and rent ≤10% AMI. Replicate-weight margins of error for academic achievement sample in person estimates due to small sample size.
Figures 28, 29, 30, 31, 32, 33, 34, 35, 36: ACS PUMS 2013-2024, households positive for income and rent filtered by AMI and PUMA
Figure 37 National Index: HUD PIT 2014-2024, per-capita homelessness calculated as PIT count as a % of adult population; CDC WONDER raw overdose data 2014-2024, with 2024 using projected; Bureau of Economic Analysis (BEA) Regional Price Parities 2023; Federal Reserve Economic Data 2023; a composite bin of state law, based on binary Yes/No answers to law tests, using a scoring system which weights one test (simple possession of Schedule I/II) more heavily due to real-world observations of the significance such laws have in the states which have passed them and Pearson's *r*. See Page 50 for scoring system (Figure 46). The prototype 50-state proliferation composite includes data from: the Network for Public Health Law's 50-state survey on Harm Reduction and Overdose Prevention; the National Conference of State Legislature's 50-state survey on Deflection and Diversion; Justia Inc.'s 50-state survey on Drug Possession laws; and independent verification of online sources in state leg. databases.
Figure 38: Pearson's r of 2014-2024 HUD PIT data, BEA RPP 2023 data; CDC WONDER 2014-2024 data; and our composite of drug policy differences.
Figures 39 and 40: An enrichment table of the prototype proliferation composite and HUD PIT 2014-2024 data.
Figure 41: HUD PIT 2014-2024 data, Ninth Circuit assignment observation, and cannabis legalization observation.
Figure 42: DPD (CDC WONDER) and NSDUH methamph. use, with WA justice records (WASPC) 2017-2024.
"Key Trends" Charts: documented in-place.
Figures 43, 44, 45, 46: documented in-place.

Figure 46:

Proliferation Barrier Index (Composite 2024)

Baseline: 9 points
Schedule I/II Simple Possession; *'Almost always a misdemeanor'*, **3 point modification;**
'Strikes-based misdemeanor-to-felony', **1 point modification;**
Note: To assess the level of statutory and structural intermediation between substances and use rates.
Statutory diversion; *'States whose legislatures have written drug conviction diversion alternatives into state law'*, **1 point modification;** Note: To further assess the relative structural intermediation between substances and use rates.
Recreational cannabis legalization: **1 point modification**
Note: To assess societal norms on substance use and normalization.
Statutory harm reduction: **1 point modification**
Note: To assess governmental norms on substance use and normalization.
Possible Scores:
High: 8-9 — Generally states which have not yet reformed legacy barriers to drug proliferation.
Medium: 6-7 — States with two or three reform initiatives.
Low: 3-5 — States with intensive or combined reforms.

Score	States (2024)	Cannabis Legalization	Strikes-based Simple Possession	Misdemeanor Simple Possession	Statutory Harm Reduction	Statutory Diversion	Baseline
3	California	1	0	3	1	1	9
3	Delaware	1	0	3	1	1	9
3	New York	1	0	3	1	1	9
3	Oregon	1	0	3	1	1	9
3	Washington	1	0	3	1	1	9
4	Alaska	1	0	3	1	0	9
4	Colorado	1	0	3	1	0	9
4	Maryland	1	0	3	1	0	9
4	Rhode Island	1	0	3	1	0	9
5	*Vermont	1	1	0	1	1	9
5	Connecticut	1	1	0	1	1	9
5	Minnesota	1	1	0	1	1	9
5	Wyoming	0	0	3	0	1	9
6	Illinois	1	0	0	1	1	9
6	Maine	1	1	0	1	0	9
6	Massachusetts	1	1	0	1	0	9
6	Michigan	1	0	0	1	1	9
6	Nevada	1	0	0	1	1	9
6	New Jersey	1	0	0	1	1	9
6	New Mexico	1	1	0	1	0	9
6	Virginia	1	0	0	1	1	9
7	*Hawaii	0	1	0	1	0	9
7	*West Virginia	0	1	0	1	0	9
7	New Hampshire	0	0	0	1	1	9
7	North Carolina	0	1	0	0	1	9
7	Ohio	1	0	0	1	0	9
7	Oklahoma	0	1	0	0	1	9
7	South Carolina	0	1	0	1	0	9
7	Wisconsin	0	1	0	1	0	9
8	Arizona	1	0	0	0	0	9
8	Arkansas	0	0	0	0	1	9
8	Florida	0	0	0	0	1	9
8	Georgia	0	0	0	0	1	9
8	Indiana	0	0	0	0	1	9
8	Iowa	0	1	0	0	0	9
8	Kansas	0	0	0	0	1	9
8	Kentucky	0	0	0	0	1	9
8	Louisiana	0	0	0	0	1	9
8	Missouri	1	0	0	0	0	9
8	Montana	1	0	0	0	0	9
8	North Dakota	0	1	0	0	0	9
8	Pennsylvania	0	1	0	0	0	9
8	Tennessee	0	1	0	0	0	9
8	Texas	0	0	0	0	1	9
8	Utah	0	1	0	0	0	9
9	Alabama	0	0	0	0	0	9
9	Idaho	0	0	0	0	0	9
9	Mississippi	0	0	0	0	0	9
9	Nebraska	0	0	0	0	0	9
9	South Dakota	0	0	0	0	0	9
Pearson's *r* correlation		0.39	0.03	0.42	0.47	0.08	N/A

Three adjustments are done beyond the binary definitions of the related measures. *Vermont's diversion program is uniquely managed via State AG but functions like statute. *West Virginia's misdemeanor statute functions like a blended misdemeanor-felony strike-based system. *Hawaii's unique felony dismissal practice functions like a blended misdemeanor-felony strike-based system.

For the purpose of measuring the degree to which government policy and systems might plausibly act as a rate-limiter of substance proliferation and substance exposure, and the degree to which drug use is normalized, we employ a composite of binary policy bins with Yes/No tests.

Standard practice may use administrative records of per-capita incarceration and drug arrests. Such measures can observe the presence and posture of justice systems. High-scoring and low-scoring incarceration states will likely correlate with our composite. However we do not use the standard practice and disfavor methods which reveal social trends through the lens of justice interaction, as this perpetuates understanding of substance use through the lens of legal consequences. Our report focuses on substance use through the lens of public health and epidemiology, and a focus on the holistic wellbeing of individuals. For this reason we seek to understand the behavioral health risks associated with proliferation barriers as a landscape perspective. The ability to understand state risk profiles as additive and multiplicative systems, instead of rate-based monoliths, is beneficial. Other benefits arise from detecting differences in the broad middle which exists between frequently-studied extremes. Both have been favorable for our observations, hypothesis formation, and hypothesis testing.

Robustness Check: Correlations established; Bins re-scaled and re-weighted; Bins analyzed without a baseline; Bins analyzed without cannabis; Bins analyzed without diversion; Bins analyzed without harm reduction; Bins analyzed as a refined index of the 3 highest *r*=. After robustness and sensitivity testing, all five bins together appear to show the most valid statistical signal, but the correlation remains significant across multiple robustness checks. Pearson's *r* calculated as scores compared to 2024 rates of per-capita homelessness.

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