



STATUS OF FACT-FINDING

YEAR 2

REVISED - DECEMBER 23, 2022

Pathways to Housing Security



WSU EXTENSION
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Status of Fact-Finding Overview

The study of U.S. homelessness has produced an expansive body of research spanning multiple disciplines over the course of decades. Findings from a systematic review of scholarly literature have produced important conclusions about the status of housing and homelessness in the U.S. In general, the Macro-Micro theoretical framework has been fruitful for understanding the multiple factors that undermine a housing trajectory and lead to homelessness. The research reviewed in this report has noted the significance of structural conditions, like available affordable housing and income inequality, on housing security and homelessness, and how the conditions of a community or geographic region can amplify individual vulnerabilities to interrupt housing stability. To be sure, individual risk does matter. But while serious mental health and substance use disorder treatment needs have increased vulnerability to homelessness among some individuals, the narrative that this is the penultimate root cause of homelessness is misleading and critics have noted this concern for decades. Indeed, permanent supportive housing solutions are appropriate for addressing chronic homelessness and access to mental health and substance use disorder treatment can assist individuals struggling with behavior health conditions, but treatment is not the panacea for all homelessness. Instead, a wide swath of the population experiencing homelessness has experienced unstable living conditions largely because they are not able to afford housing in the current economic climate. This is particularly the case in states like California and Washington, where per capita homelessness rates are the highest in the nation.

Additionally, this report uses data collected by the Washington State Department of Commerce in 2021 to provide an overview of 2,684 publicly funded housing assistance interventions in Washington State and how these projects are distributed geographically across counties, Continuums of Care, population density, and funding source.

The content and information collected during this multi-year process has been included in the many discussions and interviews with key stakeholders and their feedback has informed continued fact-finding efforts.

Plans for the final phase of fact-finding for project work are presented, including a continued collaboration with the Washington State Department of Social and Health Services (DSHS), Research and Data Administration (RDA) to collect quantitative data that, paired with publicly available data on county-level structural conditions, will be used to estimate multivariate statistical models to identify the most important predictors of homelessness in Washington. These findings can then be used to create options and recommendations for the development of a long-term plan to address housing security in Washington State.

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Introduction

For nearly a decade, Washington State has seen a steady increase in the number of persons and households experiencing homelessness. The upward trend in homelessness, as evidenced by official Point in Time (PIT) Count data, has paralleled a similar increase in many of the state-specific macro-level structural conditions thought to undermine housing stability, like educational attainment, employment, income, and family stability (see e.g., Shinn & Khadduri, 2020; Wasserman & Clair, 2010). More specifically, the Washington State Department of Commerce noted that, even with fewer pre-COVID-19 structural barriers, the population experiencing homelessness in Washington has continued to increase.¹ According to the most recent national PIT count data, there are more than half a million individuals experiencing homelessness in the United States.² In terms of absolute numbers, Washington ranks third, outpaced only by California and Texas. There has been a significant amount of attention directed toward this issue, particularly because per capita homelessness rates have suggested that the causes of homelessness may look different in Washington when compared to other states across the nation (see Colburn & Aldern, 2022).

Homelessness in Washington, 2020 to 2022

Since our last report³ submitted to the Washington State Legislature in December of 2021, patterns of increasing homelessness have continued, and current Washington PIT count data reflect this upward trend.⁴ Washington's annual PIT count is a cross-sectional accounting of sheltered and unsheltered homelessness on a single night in January. This is a bi-annual effort mandated by the U.S. Department of Housing and Urban Development, but states can voluntarily opt to participate each year—Washington conducts an annual PIT count. There are limitations to this data collection effort. Most notably, the PIT count overrepresents the prevalence of chronic homelessness (Shinn & Khadduri, 2020) because these individuals are often the most visible but represent only a portion of persons experiencing homelessness. Even so, the systematic and longitudinal nature of the PIT count data collection effort has facilitated a useful comparison of trends across states in the U.S., within the boundaries of a single state, and over time. Figure 1 presents the PIT count data trends over time in Washington.⁵

¹ <http://www.commerce.wa.gov/wp-content/uploads/2017/01/hau-why-homelessness-increase-2017.pdf>.

² https://files.hudexchange.info/reports/published/CoC_PopSub_NatITerrDC_2022.pdf.

³ <https://s3.wp.wsu.edu/uploads/sites/2180/2021/12/Pathways-to-Housing-Security-Report-FINAL.pdf>.

⁴ <https://deptofcommerce.box.com/s/ek9pu2w07oz8d77gq6c1rlpxuwcw0515>.

⁵ Unsheltered PIT count data were not collected in 2021 due to the COVID-19 pandemic. Figure 1 presents data on sheltered and unsheltered homelessness collected annually from 2013 to 2020, and again in 2022.

Figure 1: Washington PIT Count Data, 2013-2022

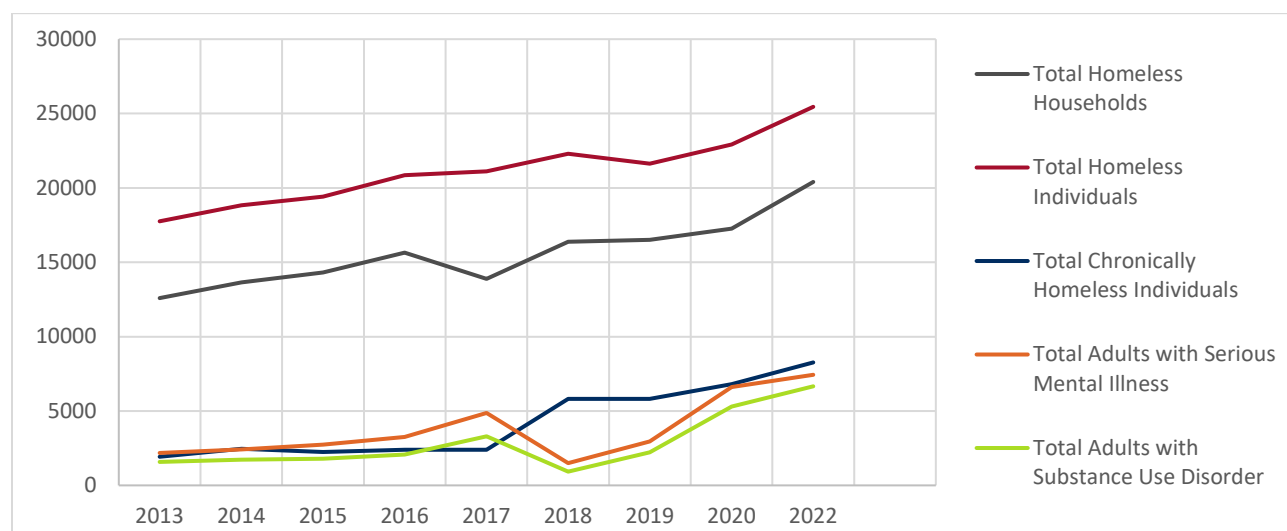
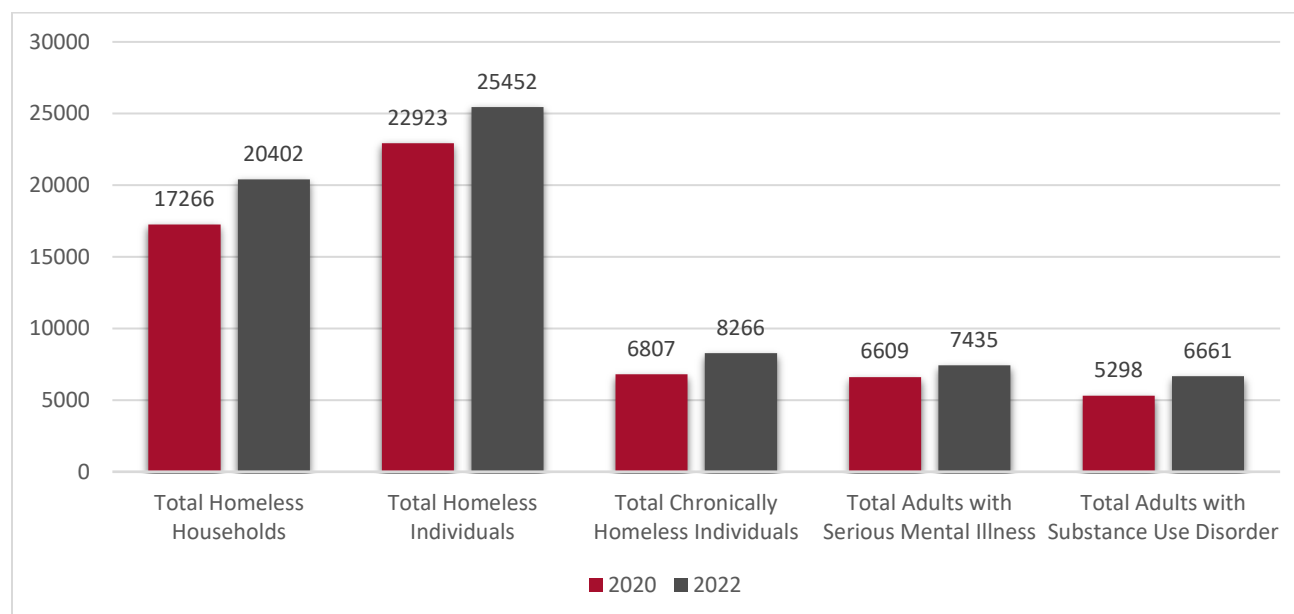


Figure 2 presents the Washington State trend over two years and indicates a 16% increase in sheltered and unsheltered homelessness from 2020 to 2022.⁶ This is in contrast to a 0.3% nationwide increase in overall homelessness as noted in the recent 2022 HUD Annual Homeless Assessment Report.⁷ PIT count results reveal that the statewide total population of individuals experiencing homelessness increased from 22,923 individuals in 2020 to 25,452 individuals in 2022.

Figure 2: Sheltered and Unsheltered Homelessness in Washington, PIT count 2020 and 2022



⁶ <https://deptofcommerce.app.box.com/s/ek9pu2w07oz8d77qq6c1rlpxuwcw0515/file/992821877661>.

⁷ <https://www.hud.gov/sites/dfiles/PA/documents/HUD-PIT-by-the-numbers.pdf>.

The COVID-19 Pandemic

In an already concerning state of affairs, the worldwide COVID-19 pandemic has further exacerbated the housing security crisis. In the U.S., public health mitigation strategies like stay-at-home orders and social distancing requirements initiated a cascade of business closings and employment layoffs, which produced widescale economic slowdown, despite federal efforts to alleviate these burdens during COVID-19. The collective aftermath of the pandemic has destabilized social, economic, and health conditions across the country (Abrams et al., 2021) and this has been exacerbated for persons experiencing homelessness. A growing body of empirical research has begun to illuminate these negative outcomes (Baggett et al., 2020; Rodriguez et al., 2021). The pandemic also affected housing assistance and related services across the entire housing continuum (Jang et al., 2021; Pixley et al., 2022; Rodriguez et al., 2021). Public health considerations surrounding COVID-19 transmission complicated the logistics of how emergency shelter and other housing services were provided. Social distancing requirements limited shelter capacity and some jurisdictions shifted away from the use of congregate shelter settings in favor of other housing options, such as hotels. Additional policy to address the impact of COVID-19 on housing security through mortgage and eviction moratoriums attempted to blunt the adverse consequences of COVID-19 on housing, but the very nature of the pandemic further stressed existing weaknesses in an already precarious U.S. housing system. The pandemic also affected geographic patterns in housing economics (Liu & Su, 2021), as remote workers migrated from metropolitan city centers to smaller, less populated locations (Althoff et al., 2022; Haslag & Weagley, 2022). These concentrated migration-pattern shifts upended local housing markets and inflated the price of housing—which has had a direct effect on housing demand and available affordable housing inventory (e.g., Kmetz et al., 2022).

Much of the recent post-pandemic political messaging has been positive in terms of economic recovery, though vulnerability to homelessness has persisted and official data has illustrated this dilemma (e.g., Versey, 2021). In fact, a look at the post-pandemic economic landscape presents a narrative of continued hardship for many individuals and families. Specifically, data for the previous year have revealed an 8.5% increase in the price of consumer goods, nationally. There has also been a significant increase in mortgage rates, fuel prices, and food costs—collectively increasing the financial burden for millions of U.S. households.⁸ Washington State has reported similar trends. According to the Washington State Employment Security Department, employment in Washington has returned to pre-pandemic levels⁹ and indicators report strong economic recovery,¹⁰ though there has been a 25% increase in median home prices¹¹ and only negligible increases in wages and household

⁸ <https://erfc.wa.gov/sites/default/files/public/documents/publications/nov22.pdf>

⁹ <https://esd.wa.gov/labormarketinfo/monthly-employment-report>

¹⁰ CNBC's annual report ranked Washington State as second in the nation for business (<https://www.cnbc.com/2022/07/13/top-states-for-business-washington.html>)

¹¹ <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/economic-trends/median-home-price/>.

income among Washingtonians during this same time.¹² Put differently, employment rates have increased in the last year but so has the cost of living and this has not been alleviated by commensurate increases in the wages and income necessary to sustain and support the housing needs of many families. Research has highlighted gaps in housing vulnerability by race, ethnicity, and socioeconomic status where Black, Indigenous, People of Color (BIPOC) have been disproportionately impacted (Shinn, 2007; 2010). These demographic characteristics have also been correlated with low-skilled wage labor and lower income—those employment sectors most significantly affected by the pandemic (Gemelas et al., 2022). In sum, a delicate housing situation has been made worse by the COVID-19 pandemic.

Status of Fact-Finding

In 2021, the Washington State Legislature passed House Bill 1277 (HB 1277) which created revenue that nearly doubled state spending to prioritize housing stability and prevention services for people at risk of, or experiencing, homelessness across the state. Part of this multi-year effort involved directing the William D. Ruckelshaus Center and the Division of Governmental Studies and Services at Washington State University to engage in fact-finding and stakeholder discussions to produce a series of options and recommendations used in the development of a statewide strategy to target homelessness in Washington. The 2021 Report provided fact-finding updates from the first phase of this multi-year project and included a review of the historical chronology surrounding U.S. homelessness, an overview of major structural shifts during the 19th and 20th centuries that affected housing trajectory trends, the social and political climate that influenced public discourse on homelessness, and the current landscape dominating housing intervention assistance policy. The 2021 Report introduced the Macro-Micro framework and its utility for understanding homeless antecedents with plans to provide a more systematic review of homeless antecedents in subsequent reports, in addition to a number of other project benchmarks.

During the past year, this work on clarifying root causes of homelessness has continued. These efforts are extensive and ongoing. The status of fact-finding in the present report has been organized into two primary sections: 1) findings from a systematic review of empirical literature on the “root causes” or antecedents of homelessness in the U.S. more generally, and 2) descriptive statistics on the current scope of homelessness assistance interventions in Washington State. Directions for the final phase of the project are presented in subsequent sections that detail upcoming plans to assess data specific to housing and homelessness in Washington.

Defining Homelessness

It is worth restating and contextualizing established definitions related to homelessness. “Literal homelessness” (Rossi, 1989), adopted by the Department of Housing and Urban Development (§ 578.3) has been defined as a situation where an individual “lack[s] a fixed,

¹² <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/economic-trends/washington-and-us-average-wages>.

regular, and adequate nighttime residence” to include living in a publicly available shelter, on the streets, in a vehicle, in a public space, or in a place not intended for human habitation (also Tsemberis, 2010). Recall that this differs from “precariously housed” which represents a situation where an individual (or household) may have access to a conventional home, but is not able to stay there (Rossi, 1989). In federal and Washington State PIT count reports, the terms “unsheltered” and “sheltered” are used to identify individuals or families living outside or in a place not suitable for human habitation, and those individuals or families who are living in a publicly or privately operated shelter that has been designed to provide temporary accommodation, respectively.

Conceptual distinctions that define the *conditions* of experiencing homelessness (literal homelessness, precariously housed/sleeping rough, unsheltered/sheltered homelessness) differ from categories that describe the *pattern* or *type* of homelessness in the context of a housing trajectory. The latter refers to homelessness that is *chronic* or *episodic* and *transitory*, where each has distinct characteristics in terms of its frequency and duration. Research has consistently established the significance of a “chronically homeless” population (e.g., Kuhn & Culhane, 1998), defined as individuals who have experienced repeated periods of homelessness (and, as adopted by HUD to also include persons who have a documented, qualifying disability).¹³ These individuals have the most risk and are most in need of mental health and substance use disorder treatment, compared to others experiencing homelessness. Nationally, persons experiencing chronic homelessness have comprised approximately 25% of those experiencing homelessness. The population of individuals experiencing chronic homelessness are also the most visible, as they have tended to congregate in tent encampments and in vehicle residences. These persons are also most often responsive to interventions that provide fully supportive or permanent supportive housing (Aubry et al., 2020).

In contrast, approximately 75% of persons experiencing homelessness in the U.S. are in a more transitory state of being unhoused. This means that an individual or household reports an episode of homelessness in an otherwise relatively stable housing trajectory, rather than a pattern of unsheltered homelessness that has persisted in duration (Shinn & Khadduri, 2020). This distinction between chronic and episodic homelessness is important because the factors that predict homelessness have varied by the type of homelessness that a person or family is experiencing. This is also salient because transitory or episodic homelessness is much less visible and therefore less likely to garner significant public, political, and media attention. An individual or family who experiences an episode of homelessness may shift from being housed to unhoused multiple times across the span of a housing trajectory as the result of adversarial life circumstances or correlated adversity (Western et al., 2015) that may occur as a “shock” event. The negative consequences of this (e.g., entry into homelessness) have been amplified in the absence of strong social support or public safety nets. Put differently, most

¹³ <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/>

individuals and families are one or two adverse life events away from experiencing homelessness and this is important in terms of identifying the macro and micro factors that undermine housing stability as have been established in the general literature on U.S. homelessness.

What are the “Root Causes” of Homelessness?

The research on homelessness is expansive. As detailed in the previous report,¹⁴ this topic is multi-faceted, historically contextualized, and complex. In fact, scholarship on homelessness has been influenced by the U.S. social, economic, and political climate where socially constructed ideologies have shaped the way researchers have traditionally approached the study of homelessness. Considerable effort has been devoted toward understanding the root causes or *antecedents* of homelessness. From the late 1800s to the early 1960s, homelessness was largely perceived as an indicator of *individual* weakness, and so explanations of homelessness were dominated by a focus on individual circumstances and behavior—this began with an historical preoccupation with sin and, over time, easily translated to blaming an individual’s personal failures. The mid-20th century saw a significant shift in terms of explanations for a variety of human behaviors, and these changing ideologies influenced the scholarship on homeless antecedents. Beginning in the 1960s and 1970s, root causes of homelessness were understood in terms of *structural* inequalities, like poverty, economic volatility, social exclusion, and other systemic factors. The late 1980s to the mid-2000s saw yet another shift in ideology toward epidemiological explanations of homelessness that drew on concepts surrounding individual disease and disability (Gowen, 2010). The medicalization of homelessness presented a parsimonious roadmap—“fix” the person, fix the “problem.” Critics have argued that a focus on individual determinants of homelessness have been advantageous from a policy standpoint because these interventions are much easier to design and implement when compared to the types of strategies that are necessary for affecting structural change (see Shinn & Khadduri, 2020). But increased patterns of homelessness beginning in the 1980s have illustrated that prevailing wisdom has not been sufficient to explain this “new homelessness.”¹⁵

The Macro-Micro Framework

Researchers have adopted a more holistic view of U.S. homelessness that considers the bifurcated nature of homeless antecedents, with attention to how macro-level structural conditions amplify individual homelessness risk, nationwide. Recall that early debates on the causes of homelessness centered around whether the issue could be attributed to individual characteristics, such as a series of circumstances unique to a particular person or family. This was juxtaposed with structural explanations that underscored the many ways social factors

¹⁴ <https://s3.wp.wsu.edu/uploads/sites/2180/2021/12/Pathways-to-Housing-Security-Report-FINAL.pdf>.

¹⁵ Extensive scholarly research has noted the current state of homelessness is a relatively recent phenomenon with considerable increases and a significant change in the demographic profile of individuals and families experiencing homelessness, beginning in the 1980s.

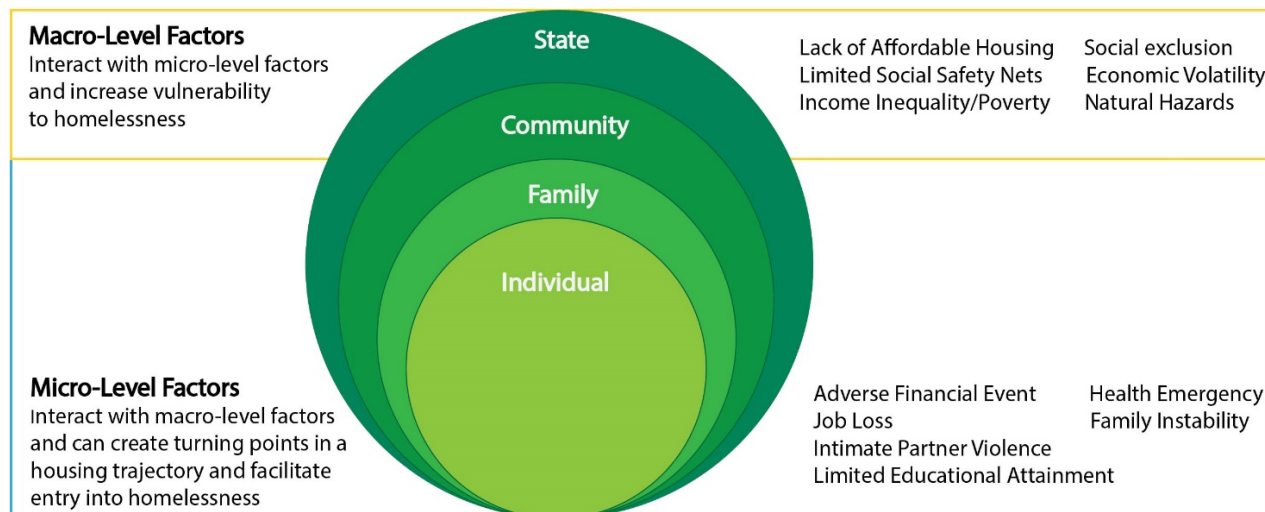
have undermined housing stability. After nearly a century of study, scholars have established that homelessness has been the consequence of macro *and* micro “enduring and evolving” factors (Giano et al., 2020, p. 694). In other words, homelessness has not been explained as the result of *either* individual *or* structural contributions; scholars have argued that generally, homelessness can be explained by carefully considering both factors.

An episode of homelessness has been the result of a collection of structural and individual factors that *interact* in a given time period (e.g., post COVID-19) and location (geography, region, community). Location matters, particularly for understanding the wide variation in homelessness rates across the country. Community characteristics like limited affordable housing supply, poverty and income inequality, patterns of social exclusion, and limited social welfare support have fostered disadvantage for everyone in a geographic location, but the heterogeneity of this effect can be explained in part, by variation in individual risk. This risk has been mitigated by more generous social policies or resources that can provide a social safety net in the face of a shock event. In other words, not everyone living in communities characterized by these structural conditions will experience an episode of homelessness—there is simply more to the equation. Moreover, the most recent research has suggested that the *keystone* for explaining the cascade of events that has produced rising patterns of homelessness involves a community’s affordable housing supply (e.g., Colburn & Aldern, 2022). Indeed, when talking about the “root causes” of homelessness, the research has established two salient conclusions: 1) generally, there are no simple explanations, and 2) context is important.

From a theoretical standpoint, the Macro-Micro framework is fruitful for understanding how individual risk is nested within structural disadvantage because this approach highlights the complexity in how macro-level factors affect homelessness risk and how these structural conditions amplify individual vulnerability (Lee et al., 2010; Lee et al., 2021). See Figure 3 below. Here, structural conditions have a direct effect on homelessness through limited affordable housing and other structural contributions (Colburn & Aldern, 2022), and they also have an indirect effect on homelessness through micro-level factors that vary by individual. For example, all families who face sudden job loss are at risk of experiencing homelessness, but families living in a community where there are no affordable housing options have been more likely to experience homelessness compared to similar families residing in a community where there are options for stable and affordable housing (Byrne et al., 2012; Hanratty, 2017). Moreover, when there is significant income inequality in a community, higher income families can outcompete families with less financial resources, leaving lower resourced families with no affordable housing options. Thus, community conditions (affordable housing supply *and* levels of income inequality) have exacerbated the effect of unemployment for these families and have increased their odds of experiencing homelessness. In contrast, communities with less income inequality and more affordable housing will better insulate at-risk households from homelessness. Further, social welfare policies can mitigate homelessness risk by providing resources and support to families in the face of adverse life events. For example, a

family who has just experienced sudden job loss and has been priced out of housing options in their community by higher wage earners would benefit from cash rental assistance or other support resources to keep them housed.

Figure 3: The Macro-Micro Framework



The following section of this report presents findings from a review of empirical research on homeless antecedents or “root causes.” It is important to note that root causes are often discussed in terms of unrelated, singular factors that explain how a person or family becomes homeless (e.g., substance use disorder *or* unemployment *or* limited available affordable housing units *or* social exclusion). This approach has informed prevention and response strategies, with *some* success. There is evidence to support the use of permanent supportive housing, for example, as an effective intervention for Veterans experiencing homelessness (Shinn & Khadduri, 2020); this intervention is not efficacious for all persons experiencing homelessness in all circumstances, however. The reality of homelessness is much more complex and requires a nuanced understanding of how these predictors directly affect homelessness and how they interact with one another. For clarity, homeless antecedents in this report have been presented independently, with the caveat that they are not completely independent. Displacement and housing instability are the result of a cascade of events across a lengthy housing trajectory. Each housing trajectory is influenced by proximal antecedents and broader structural conditions—both of which may vary by geographic location.

Macro-Level Predictors of Homelessness

Macro-level factors are the structural conditions in a community or geographic location that have affected homelessness (McChesney, 1990; Shinn & Gillespie, 1994) and can be broadly grouped into four general categories: 1) poverty, 2) available affordable housing, 3) social exclusion, and 4) the absence of social support resources (Elliott and Krivo, 1991). This accumulation of structural conditions is what has produced such a considerable increase in

homelessness patterns nationwide. It is crucial to underscore that the effect of these predictors vary from state to state and within state geographic boundaries (e.g., counties).

Community Poverty and Homelessness

Early research on the causes of homelessness emphasized the effect of community poverty on per capita homelessness. Indeed, official count data have demonstrated an increase in homelessness in more impoverished areas (Byrne et al., 2021), but this alone does *not* explain the geographic distribution of homelessness in more affluent cities like Seattle and San Francisco (e.g., Jackson et al., 2020). Impoverished communities have been characterized by a concentration of low-skilled job opportunities, lower pay, higher unemployment rates, less social capital, and fewer community monetary resources (Shinn & Khadduri, 2020) and this collection of circumstances has tended to translate into geographic regions with depressed economic opportunity and limited options for social and economic mobility. These areas have also been characterized by network poverty or “network impoverishment,” which occurs when entire communities lack wealth and assets so that collectively, their social capital is depleted. Network poverty has been associated with increased risk for homelessness (Olivet et al., 2018) because social networks in these communities cannot be called upon to provide support and prevent entry into homelessness.

Economic conditions, such as poverty, have been linked with community homelessness rates (Hanratty, 2017), though general conclusions about the relationship between macro-level poverty and homelessness have suggested that the poverty rate has a distal impact on homelessness (Lee et al., 2021). Not everyone who resides in an impoverished community also experiences homelessness. Structurally, there are additional considerations. Put simply, *high poverty rates alone do not directly cause homelessness*. Instead, impoverished communities may be more conducive to patterns of greater homelessness, depending on variation in regional circumstances that exacerbate or blunt these effects. Scholars have argued, for example, that income inequality has had a more substantial effect than community poverty on explaining the geographic distribution of homelessness (Byrne et al., 2021).

Within-City Income Inequality

Income inequality is an important predictor of U.S. homelessness. Income inequality captures the uneven distribution of income in a specific population and highlights the income gap between the haves and the have-nots. In the U.S., this gap has steadily increased since the 1980s. In 2014, for example, people in the top 10% were earning more than 50% of the nation's income. This inequality has been important for understanding the spatial distribution of homelessness, but this is also nuanced. The unequal distribution of income *within a community* matters more for explaining local patterns of homelessness than income inequality *between different communities* (Byrne et al., 2021). This also explains variation across the U.S. in terms of substantial differences in per capita homelessness. High rates of *within-city* income inequality mean there are substantial differences between high and low wage earners in one single community. Seattle, for example, has a median income of \$110,781 and

the highest nationwide minimum wage.¹⁶ Even so, Seattleites in the top 20% earn about 18 times more than the least affluent households—those in the bottom 20% (\$345,093 compared to \$18,840). Within-city income inequality in Seattle is substantial (Long, 2021). While Seattle would not be considered resource-poor or “impoverished,” Seattle has the third largest homeless population across major cities in the country. According to Colburn and Aldern (2022), affordable housing supply is the cause of the burgeoning increase in homelessness in affluent communities like Seattle, where the median home price approaches a quarter-million dollars.¹⁷

Affordable Housing Supply Matters

If staying housed requires housing, then the available housing stock in a community is an important consideration for explaining homelessness. An accumulation of research in this area has established a direct relationship between the number of housing units available to accommodate individuals in a population and the number of those individuals that will be housed (McChesney, 1990; Shinn & Gillespie, 1994). The number of housing units, however, has not been sufficient to independently predict homelessness—the cost of that housing also matters (Elliot & Krivo, 1991; O’Flaherty, 2004; Smith, 2020). In their extensive review of homeless antecedents, Shinn and Khadduri (2020) argue that the availability of affordable housing is the *linchpin* for addressing homelessness. There has been substantial evidence to support this claim in the U.S. (Colburn & Aldern, 2022; Lee et al., 2010; Lutz & Buechler, 2021) and internationally (Bramley & Fitzpatrick, 2018; Johnson et al., 2019; Szeintuch, 2017). There are a finite number of options for housing in any given community and the availability of housing (e.g., vacancy rate) is contingent on the relationship between supply (e.g., the number of homes) and demand (e.g., the number of people seeking housing). When housing prices are inflated, fewer families can afford housing and this relationship has been confounded with regional variation in structural levels of income inequality (Byrne et al., 2021). According to Shinn and Khadduri (2020), “housing affordability is a joint function of housing prices and income” (p. 34).

The cost of housing has varied by broader market conditions (Meen & Whitehead, 2022); this has been complicated because homeownership in the U.S. has been commodified as an investment (Doling, 1999; Rolnik, 2013). In fact, the purchase and sale of real property has been fundamental to the accumulation and generational transmission of wealth (Turner & Luea, 2009). These divergent objectives (homeownership to increase wealth vs. homeownership to meet basic shelter needs) have had a direct impact on both: 1) supply and demand, and 2) inflated housing costs. When there are too few *affordable* dwellings in a community and more people than can be accommodated based on what is possible to afford, a shortage ensues, and individuals are left without physical space to reside. Homelessness then, has increased when there are not enough affordable housing options *and* significant *within-city* income inequality. Here, higher income households have outcompeted lower income households for the same housing inventory, which has excluded less resourced

¹⁶ <https://www.seattletimes.com/seattle-news/data/seattle-median-household-income-hits-110000-census-data-shows/>.

¹⁷ <https://www.census.gov/quickfacts/fact/table/seattlecitywashington>.

families from the housing market (Kang, 2019). The research on housing affordability and homelessness has substantiated these findings (see e.g., Colburn & Aldern, 2022).

Social Exclusion and the Racial Demography of Homelessness

Social exclusion, more broadly, has referred to the systematic ways that traditionally marginalized groups have been excluded from participation in broader social institutions. This has included multiple identities which have impacted an individual's social position—race, ethnicity, gender, sex, and sexual orientation (e.g., Crenshaw, 2017). The primary focus of this work related to homelessness has centered on the influence of structural racism and the systematic exclusion of Black, Indigenous, People of Color from these institutions and organizations (Fowle, 2022; Shinn, 2007; 2010). Evidence has demonstrated the durability of racial inequality in U.S. homelessness (Fowle, 2022; Jones, 2016; Shinn, 2007; 2010). For example, BIPOC have been overrepresented among persons experiencing homelessness relative to their representation in the population (Fusaro et al., 2018) and scholars have argued this is the result of structural racism¹⁸ (e.g., Olivet et al., 2018; Shinn, 2010). Furthermore, the disproportionality in racialized homelessness has persisted throughout U.S. history (Franklin & Moss, 1994) with roots in the 15th century enslavement of Africans (LaFave et al., 2022) and the European colonialization and displacement of indigenous natives (Fowle, 2022). This pattern of social exclusion among marginalized racial and ethnic social groups has been documented across nations (Shinn, 2007)—this is not unique to the U.S.

The racial concentration of homelessness in the U.S. has been linked with three primary arenas, each characterized by a “structure of prejudice” (Shinn, 2010, p. 30). The multidimensional nature of this structural discrimination has been mutually reinforcing (see LaFave et al., 2022) and has had a considerable impact on housing for people of Color: 1) economic inequality, 2) segregation and housing discrimination, and 3) the collateral consequences of incarceration.¹⁹ Exclusion in these social and economic domains has produced systemic disadvantages for people of Color (Solari et al., 2021; Fowle, 2022; Olivet et al., 2021) that have increased vulnerability to homelessness.

Racial Economic Inequality

Racial economic inequality captures the unequal distribution of income, wealth, and assets by race and ethnicity. Data from the U.S. Department of Labor has demonstrated substantial disparity in earnings across race groups nationally.²⁰ Fowle's (2022) review of research on racialized homelessness has drawn attention to the ways employment opportunities decreased for Americans of Color relative to White Americans, beginning in the 1980s and how this “economic deprivation” (p. 796) had an impact on median incomes, job growth potential, and generational wealth transmission among people of Color (see also Shinn,

¹⁸ Structural and institutional racism have routinely been conflated. Institutional racism refers to the racial inequity that has been created and perpetuated by single institutions or organizations, like banks, hospitals, schools, and government. Each institution can independently perpetuate racism through its practices and policies. These institutions are interconnected. Structural racism is focused on inter-institutional connections or the *system* of interconnected formal institutions, all operating with a set of embedded rules that systematically disadvantages BIPOC (see Gee and Hicken, 2021 for a review).

¹⁹ Fowle (2022) argues that a fourth category of social exclusion includes the homeless response system and the ways people of Color have been systematically discriminated against and excluded from receipt of housing interventions—which would prolong their homelessness.

²⁰ <https://www.dol.gov/agencies/wb/data/Facts-over-Time>

2007). Additionally, fewer opportunities for higher paying jobs and systemic discrimination in hiring practices have undermined the economic status of Americans of Color. In LaFave et al.'s (2022) qualitative study of structural racism, participants reported “being passed over for promotions;” the authors concluded that employment discrimination in wages and income were among the strongest indicators of structural racism.

Residential Segregation and Housing Discrimination

Scholars have also criticized U.S. housing policy for institutionalizing racial segregation by preventing people of Color from accumulating wealth through the purchase and sale of property and excluding them from desirable neighborhoods. This has been traced to 20th century public housing projects, first by the Public Works Administration and later the U.S. Housing Authority, where subsidized housing was designated and segregated as “White-only” or “Black-only” (Fowle, 2022). As time passed, new public housing projects were constructed in predominantly disadvantaged neighborhoods characterized by a greater concentration of residents of Color. Early home lending practices and mortgage insurance patterns similarly reinforced racial residential segregation through the practice of redlining (Aaronson et al., 2020). Economic revitalization following the Great Depression involved the practice of federally insuring loans for prospective homeowners, though these funds were only available for specific desirable locations—many of which excluded people of Color. This systematic denial of federally insured loans to creditworthy applicants for homes located in “hazardous” neighborhoods was based on racially motivated risk calculations. State-sanctioned redlining limited financial investment in communities of Color, reduced opportunities for people of Color in terms of wealth accumulation through the purchase and sale of property, and had long-lasting consequences for these neighborhoods in terms of lending practices, property values, and the subsequent tax revenue that was generated for schools and other necessary infrastructure.

The Collateral Consequences of Incarceration

People of Color have been disproportionately incarcerated for decades, and while the imprisonment rate for BIPOC has been on the decline over the last ten years, considerable gaps remain (Carson, 2021). In 2020, for example, compared to White Americans, the rate of incarceration was approximately 5.5 times higher for African Americans, 3 times higher for Latinx Americans, and 4.5 times higher for American Indian/Alaskan Natives.²¹ These disparities are especially troubling given that incarceration has produced collateral consequences that extend far beyond the prison sentence to include significant and long-lasting negative outcomes (Kirk & Wakefield, 2018). These include family disruption (e.g., separation of parents from children, removal of wage earners from the home, reduced parental supervision), long-term barriers to employment associated with felony convictions and an interrupted work history, and felony disenfranchisement (e.g., the inability to vote, exclusion from social services—including those related specifically to housing).

²¹ <https://bjs.ojp.gov/content/pub/pdf/p20st.pdf>.

Social Support Policies and the Safety Net

Research has established the importance of social policies that provide support for individuals who may rely on this type of safety net for housing stability (see Burrows et al., 2013 for a review). This would include subsidized assistance for housing as well as other basic needs to mitigate individual vulnerability (Shlay & Rossi, 1992). Comparative analyses have reported that countries with more generous social welfare policies tend to have lower rates of homelessness (Benjaminsen & Andrade, 2015; O’Sullivan, 2010). These patterns have also been observed in single jurisdictions with policy changes over time (Anderson, 2004). As a structural predictor of homelessness, jurisdictions with policies that direct resources to help relieve social problems have reduced homelessness (Shinn & Khadduri, 2020). These types of support policies extend beyond financial assistance, though monetary support during times of individual struggle is crucial for maintaining individual housing stability (Fischer & Collins, 2002). Homelessness may be prevented among families experiencing sudden job loss, for example, when eviction prevention assistance funds are available. Similarly, an individual with mental health treatment needs and a history of housing instability who has access to behavioral health care may be less likely to experience additional episodes of homelessness compared to someone similarly situated without behavioral health care.

Micro-level Predictors of Homelessness

While community characteristics have explained the reasons for increased per capita homelessness in specific geographic locations, not everyone residing in those communities will experience homelessness. Individual circumstances have increased the risk of homelessness for specific persons and these vulnerabilities have produced myriad pathways into homelessness (Anderson & Christian, 2003; Barile et al., 2018; Lee et al., 2010), while also producing differences in service use and needs (Barile et al., 2020). A thorough understanding of U.S. homeless antecedents has required attention to the individual characteristics that make some more vulnerable to experiencing homelessness when compared to others. The following sections review general research conclusions regarding the most prominent individual-level predictors of homelessness with brief attention to the demographic profile of “modern homelessness.”

Poverty and Unemployment

In the U.S., a family is considered “poor” when household income falls below a set threshold (e.g., the poverty line) necessary to meet basic survival needs (adjusted for family size and composition). This threshold has been quantified as the poverty line and the extent of poverty or the poverty rate is the proportion of the population that fall below the poverty line. These are the families who do not have the income to support a basic standard of living. Individual-level poverty and unemployment have been significant risk factors for homelessness (Burt et al., 1999; Caton et al., 2005; Lee et al., 2010). Certainly, families who do not have the income to support basic needs are faced with the choice of how to distribute their scarce resources among housing, food, clothing, and health care. Family-of-origin poverty has also been significantly linked with later housing instability where children living in poverty have been more likely to experience homelessness in adulthood (Koegel et al.,

1995). This is, in part, the result of how wealth and assets are transferred in families across generations.

Moreover, job loss is a common catalyst to homelessness entry (Caton et al., 2005; Doran et al., 2019; Shinn & Khadduri, 2020). In interviews with 31 emergency department patients who had become homeless in the previous six months, job loss was identified as among the most common factor contributing to homelessness. For many participants, sudden job loss was the immediate event that propelled their entry into homelessness. There were, however, a series of confounding factors reported by participants, including health conditions and an inability to pay rent, that culminated in an episode of homelessness (Doran et al., 2019). These participants' stories further illustrate the complex dynamics of homelessness, where a shock event may be the "tipping point" to destabilizing a housing trajectory, but multiple complex conditions are in play prior to the tipping point that ultimately produces homelessness (See Curtis et al., 2013; Shinn et al., 2021). Indeed, poverty has produced vulnerability to homelessness but in the absence of additional risk factors, people can avoid homelessness by relying on family and friends for support, more generally (Shinn & Khadduri, 2020). This may involve living with and/or borrowing money from these support networks. These supports may be unavailable, however, for individuals whose family histories have been plagued by instability and family-of-origin dysfunction.

Family Instability and Disintegration

In Giano et al.'s (2020) extensive review of homeless antecedents, indicators of family instability were the most frequently cited predictors of homelessness across four decades of research. Family instability was operationalized as family structures characterized by "divorce," "single parenthood," "nontraditional family forms," "family conflict," and "rejection" (p. 709). Family instability has been an important predictor of both youth homelessness (Castellanos, 2016; Embleton, 2016; Lee et al., 2010; Lipschutz, 1977) and Veteran homelessness (Hamilton et al., 2011; Tsai & Rosenheck, 2013). Among women experiencing homelessness, research has highlighted the salience of intimate partner violence in interrupting a housing trajectory (Koegel et al., 1995; Patterson et al., 2012). For LGBTQ youth, the catalyst for homelessness has been family rejection (Ecker et al., 2019; Rosario et al., 2012).

As a determinant of homelessness, family instability is complex and far-reaching. There are multiple indicators of family instability beyond an interruption to the family structure that include child maltreatment, family-of-origin trauma, exposure to interpersonal violence, and poor parenting that have been grouped under "family disintegration." Research has noted that these forms of disintegration often begin early in childhood, well before the first episode of homelessness (Paradise & Cauce, 2002). Further, family instability may precede other predictors of homelessness, like weakened social attachments and decreased school performance. Without protective factors such as the extended family or neighborhood support networks essential for preventing entry into, and lessening the duration of, homelessness (Caton et al., 2005; Shinn et al., 2007; Shinn & Khadduri, 2020; Susser et al., 1991) individuals with a history of family instability face significant threats to their housing

security. In addition, child maltreatment and exposure to interpersonal violence during childhood has produced self-esteem deficits, clinical depression and the development of other psychological symptoms, and substance use disorder (see Cicchetti & Handley, 2019; Stein et al., 2002), which have also been linked with housing instability. In fact, family-of-origin dysfunction has heightened homelessness risk by increasing the likelihood of exposure to additional or extrafamilial trauma in settings outside the home—a process referred to as “risk amplification” (Whitbeck et al., 1999), which has produced a negative impact on later behavioral health symptoms, particularly among youth of Color compared to White youth (Harber & Toro, 2009).

Serious Mental Health and Substance Use Disorder

Behavioral health needs have been a pressing and visible concern among populations experiencing homelessness. Rates of serious mental illness and substance use disorder have been more prevalent among homeless populations when compared to their housed counterparts (Scott, 1993; Lowe & Gibson, 2011). The direction of this relationship has been debated. The majority of persons experiencing homelessness both nationally and within Washington State do not suffer from serious mental health symptomology, nor do they engage in chronic substance use (U.S. Department of Housing and Urban Development, 2022), but both have tended to be associated with the most visible forms of homelessness. As a result, the prevailing public narrative surrounding homelessness has argued this is predominantly a behavioral health issue. For the majority of people experiencing homelessness, however, this misrepresents the nature of their circumstances and scholars have drawn attention to this misinformation for decades (e.g., Snow et al., 1986). Efforts to understand this relationship have reiterated that behavioral health has increased housing instability in *some* studies, (Bassuk et al., 1984; Folsom et al., 2005; Rossi & Fowler, 1990); yet others have suggested that the stress and trauma of homelessness has produced mental health symptoms (Johnson & Chamberlain, 2011; Wasserman & Clair, 2010).

A similar pattern has emerged in the research on substance use disorder and homelessness. Some analyses have reported that substance use disorder precedes homelessness entry and/or predicts duration (Caton et al., 2005; O’Connell, 2008; Lee et. al., 2010; Patterson et. al., 2012), while others have suggested substance use disorder is a response to the experience of homelessness (Johnson & Chamberlain, 2008). Still other analyses have reported no relationship between homelessness and substance use disorder after other factors are considered (Fertig & Reingold, 2008; Shinn et al., 1998). This set of inconsistent findings has illustrated the complexity of behavioral health as it has been related to a housing trajectory.

Behavioral health needs and the extent to which those needs have been met with access to care have also been more salient for certain individuals. Serious mental illness and substance use disorder have been robust predictors of homelessness for Veterans, for example (Giano et al. 2020; O’Connell, 2008; Tsai & Rosenback, 2015). The research on homeless antecedents among Veterans has stressed the significance of behavioral health symptoms (particularly schizophrenia and bipolar disorder) and extreme poverty. Access to disability compensation

and Department of Veterans Affairs (VA) services were important protective factors for Veterans to maintain their housing stability (Byrne et al., 2016; Tsai & Rosenheck, 2015).

The Demographic Profile of “Modern Homelessness”

The demographic profile of homelessness has shifted profoundly over time. Scholars have noted that traditional and visible stereotypes about homelessness which centered around “older White men who were uneducated and ensnared in alcoholism” (Hodnicki, 1990, p. 59) have given way to a significantly more diverse population. Official data have illustrated there is considerable heterogeneity in the demographic characteristics of individuals and families experiencing homelessness. According to the most current federal PIT count data, there were 582,462 individuals experiencing sheltered and unsheltered homelessness nationwide in January 2022.²² Among these individuals, 50% identified as people of Color ($n = 291,089$), 24% identified as Latinx/Hispanic ethnicity ($n = 140,230$), and more than one-third identified as female ($n = 222,970$; 38.3%).²³

Race and Ethnicity

Beginning in the 1980s, African Americans have been significantly overrepresented among individuals experiencing homelessness (Fowle, 2022; Jones, 2016) and research has noted that BIPOC Americans are especially likely to become homeless (Shinn & Khadduri, 2020). The research on race and homelessness has emphasized the many ways social location and identity (e.g., race, ethnicity) can enhance vulnerability to homelessness. Much of this has been reviewed in the previous section on social exclusion and systematic racism. It is important to note the complex ways that minoritized race and ethnicity status intersect with other factors to create negative housing outcomes. Race and ethnicity have been significantly correlated with lower household income. This, coupled with residential segregation, underemployment, and network impoverishment positions a family of color with less resilience to a sudden shock event or tipping point that would upset housing security.

Sex and Gender

In a similar way, sex and gender have also been robust predictors of homelessness where men comprise the majority of the adult population experiencing homelessness, and this has been consistent over time. Women and girls have, however, increasingly constituted a growing percent of persons experiencing homelessness and these upward trends have been directly related to the vulnerability of women and girls in their interfamilial relationships. To be sure, women and girls face heightened risk of childhood maltreatment and sexual abuse at the hands of their families-of-origin as well as experiences of interpersonal victimization and partner abuse in adulthood (Smith et al., 2018). This interpersonal trauma has been directly linked with increased mental and behavioral health needs which can have adverse consequences for a number of important life outcomes, including school and work performance, sexual health, and relationship stability (Chesney-Lind & Pasko, 2012; Chesney-Lind & Sheldon, 2014; Mason & Lodrick, 2013). The confluence of these multiple risk factors

²² https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf.

²³ COVID-19 produced some challenges with collecting PIT Count data for unsheltered homelessness and as a result. HUD reports that demographic sub-totals may not sum to the reported population total for the 2022 PIT Count.

undermines the resilience of women and girls to withstand turning points in a housing trajectory that would propel someone into homelessness (Bullock et al., 2020).

LGBTQ Adult and Youth Homelessness

The research on homelessness among sexual minorities is relatively limited (see Ecker et al., 2019). Few widescale surveys in the U.S. and Canada have captured sexual orientation and gender identity indicators, and so prevalence estimates regarding homelessness among LGBTQ adults have been difficult to establish. This dearth of research has estimated that between 9% to 30% of adult homeless populations have identified as LGBTQ (City and County of San Francisco, 2013; Khandor et al., 2011). These projections are similar to studies that have reported between 15% and 30% of youth experiencing homelessness identify as LGBTQ (Frederick et al., 2011; Gaetz, 2004). Indeed, this evidence suggests that LGBTQ youth are overrepresented among both youth experiencing homelessness (Choi et al., 2015; Fournier et al., 2009; Morton et al., 2018) and among emerging adults experiencing homelessness (Morton et al., 2018; Wilson et al., 2020).

Limited research has also established the key role of family rejection in predicting LGBTQ homelessness (e.g., Choi et al., 2015). In a comparison of experiences between 156 sexual minority youth experiencing homelessness and those who were stably housed, homeless youth reported an earlier awareness and expression of sexual orientation and initiation of sexual behavior compared to sexual minority youth who were housed (Rosario et al., 2012). Openly identifying as LGBTQ has increased interfamilial conflict and fragmented family-of-origin relationships (Castellanos, 2016; Kia et al., 2021). Family rejection has produced adverse consequences for LGBTQ youth who have been more likely to attempt suicide, report increased mental health symptomology, and have been more likely to engage in illicit drug use and risky sex behaviors compared to LGBTQ youth whose families have been characterized as accepting (Ryan et al., 2009).

Research has not assessed pathways into homelessness for LGBTQ adults and it is unknown whether LGBTQ youth homelessness produces adult homelessness. What has been gleaned from the research on homelessness risk among sexual minorities, however, has relied on extrapolations from the general homelessness literature and the literature on the unique and multi-faceted needs of sexual minorities. Wilson et al. (2020), for example, have suggested that LGBTQ adults are vulnerable to homelessness through conditions that disproportionately impact these individuals compared to their cisgender counterparts, including increased poverty (Badgett et al., 2019), decreased rates of homeownership (Conron, 2019; Conron et al., 2018), and increased social isolation, particularly in older age (Choi & Meyer, 2016). Research has noted a higher incidence of childhood adversity, child maltreatment, and child protective services involvement (Forge et al., 2018; Gaetz et al., 2016) among individuals who identify as LGBTQ. Child victimization has been directly linked with a series of mental health and substance use disorder needs into emerging and later adulthood—both of which have undermined housing stability.

Homelessness among Older Adults

The population experiencing homelessness has been rapidly aging and this has outpaced the aging of the broader U.S. population. These stark increases in age among those experiencing homelessness have been attributed to an aging social cohort, born between 1954 and 1964 (Hendricks, 2012), which commentators have labeled “Generation Jones.” These are individuals born during the latter half of the Baby Boomer cohort whose emerging adulthood was characterized by the decline in manufacturing jobs, stagnate service sector wages, inflated mortgage rates and high housing costs, and the death of the pension. This generational cohort has experienced disproportionate rates of homelessness since the 1990s (Culhane et al., 2013; Culhane et al., 2019), largely attributed to the series of social, political, and economic events that transpired over the course of recent history.

Homelessness among older adults has received limited research attention when compared to other demographic groups (e.g., Kellogg & Horn, 2012). Estimates have indicated this pattern will continue over the next decade (Culhane et al., 2019). The projected increase in the number of older adults experiencing homelessness will be followed with a similarly substantial service use burden in terms of shelter resources, health and behavioral health care, assisted living facility vacancies, and related social and monetary expenditures. Adults aged 50 and older experiencing homelessness have been more likely to have chronic health diagnoses (Pleis et al., 2010), high blood pressure, functional disabilities, fewer social contacts (Gelberg et al., 1990), and more age-related health conditions including urinary incontinence and cognitive impairments (Brown et al., 2016a) compared with younger adults experiencing homelessness.

Homelessness among older adults has been the result of two primary trajectories: 1) the population of the chronically homeless adults have “age[d] into the category of elderly” (Kellogg & Horn, 2012, p. 238), and 2) older adults have experienced a shock event that destabilizes their housing security and propels them into homelessness. The latter face risk for homelessness as they age largely due to social isolation and limited economic stability. In fact, Shinn et al. (2007) have noted the role of poverty in undermining housing security because these individuals lack the financial resources necessary to absorb an unexpected shock event. Further, the isolation often characteristic of older adults has lessened social ties among support networks who would provide assistance and prevent an episode of homelessness. In a sample of older adults experiencing homelessness in San Francisco, California, participants who experienced an episode of homelessness prior to age 50 had significantly less education and significantly more behavioral health and substance use disorder needs compared to their counterparts. These participants also reported increased incarceration, underemployment, and traumatic brain injury compared to those who experienced homelessness after age 50 (Brown et al., 2016b). Common turning points in a trajectory that have destabilized housing security among adults aged 50 and older include the inability to pay rent, home loan foreclosure, the death of a partner, or serious illness (Crane et al., 2005).

Summary of Key Findings

The study of U.S. homelessness has produced an expansive body of research spanning multiple disciplines. Findings from the systematic review of scholarly literature have produced conclusions about the status of housing and homelessness in the U.S. In general, the Macro-Micro theoretical framework has been fruitful for understanding the multiple factors that undermine a housing trajectory and lead to homelessness. The research reviewed in this report has noted the significance of structural conditions, like available affordable housing and income inequality, on housing security and homelessness, and how the conditions of a community or geographic region can amplify individual vulnerabilities to interrupt housing stability. To be sure, individual risk does matter. But while serious mental health and substance use disorder treatment needs increase vulnerability to homelessness among some individuals, the narrative that this is the penultimate root cause of homelessness is misleading and critics have noted this for decades (e.g., Snow et al., 1986). Instead, a wide swath of the population experiencing homelessness has been faced with precarious living conditions largely because they are not able to afford housing in the current economic climate. This is particularly the case in states like California and Washington, where per capita homelessness rates are the highest in the nation (see Colburn & Aldern, 2022). The next section of this report presents an overview of publicly funded housing assistance interventions in Washington State and how these projects are distributed geographically across counties, Continuums of Care, and by population density.

Housing Assistance Interventions in Washington State

The U.S. housing assistance intervention system has been decentralized so that each state can identify and decide how to best address the housing needs of its population. In Washington, the public funds from local, state, and federal sources that provide housing support for persons and households experiencing homelessness are allocated by county. The Washington State Department of Commerce is legally required to collect annual data on funding, operating expenditures, and performance benchmarks for the Homeless Management Information System (HMIS-projects) they operate from any agency in receipt of public funds to support housing assistance interventions (RCW 43.185C.045).²⁴ This data is compiled into an annual report and used to prepare a statewide strategic plan for housing needs. Information from this data collection effort is presented in the annual Golden Report.²⁵ The most recent wave of data reflects the statewide snapshot of housing assistance interventions for 2021 and presents information on 2,684 housing assistance projects in

²⁴ Any agency who receives federal funding to support programming efforts is required by McKinney-Vento to provide aggregate data to the Department of Commerce, that is reported to the federal government.

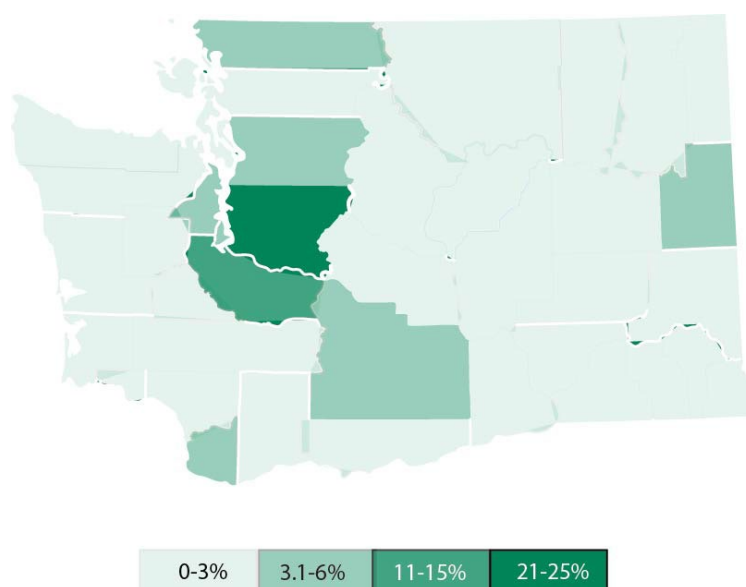
²⁵ Data were not collected for the Golden Report in 2020 due to COVID-19.

Washington.²⁶ The construct operationalization and measurement for all data reported from the 2021 Golden Report has been included in the footnotes.

Housing Assistance Interventions by County²⁷

The county location for HMIS-projects (regardless of funding source) operating in 2021 are presented in Table 1 and Figures 4-6, alongside the 2022 Washington State PIT count for sheltered and unsheltered persons and households experiencing homelessness. Across 39 counties, nearly one-quarter of HMIS-projects are located in King County ($n = 604$, 22.5%)—the largest proportion of programs for any county in Washington. King County also has the highest number and percentage of persons and households experiencing homelessness. Pierce County has the next highest proportion of HMIS-projects with 11.5% ($n = 309$) of the total projects. This is followed by Snohomish County at 5.6% ($n = 150$), Spokane County at 5.3% ($n = 142$), and Clark County at 4.7% ($n = 127$). The rest of the housing assistance projects are dispersed among the remaining 34 less-populated counties across the state.

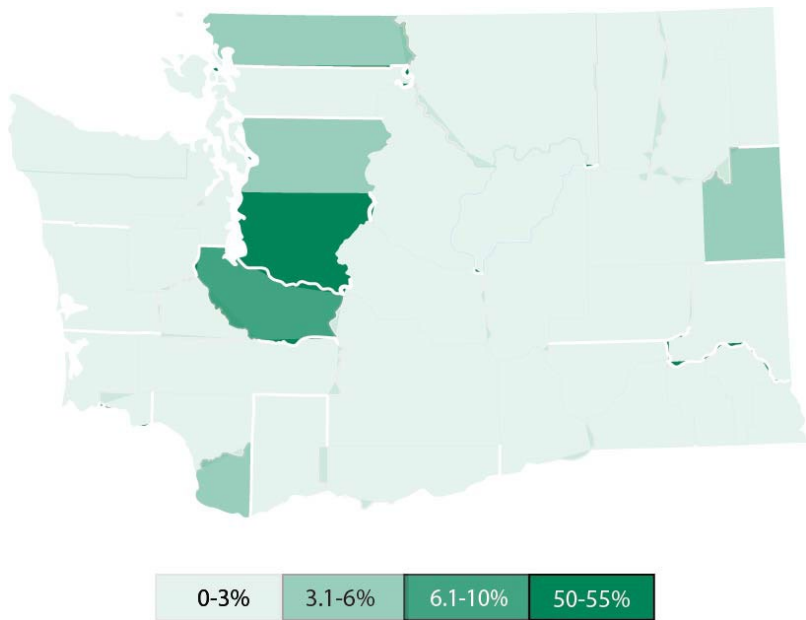
Figure 4: Distribution of HMIS Projects by County



²⁶ Washington State law requires data reporting compliance by agencies/programs in receipt of “federal, state, local, and private funds” for five “major [types of housing] assistance” and “any other activity in which more than five hundred thousand dollars of category funds were expended” [RCW 43.185C.045(c)]. There are limited ways for the state to ensure compliance among agencies who receive only private money. Data in the Golden Report for agencies/HMIS projects funded from federal, state, and local money is the most reliable.

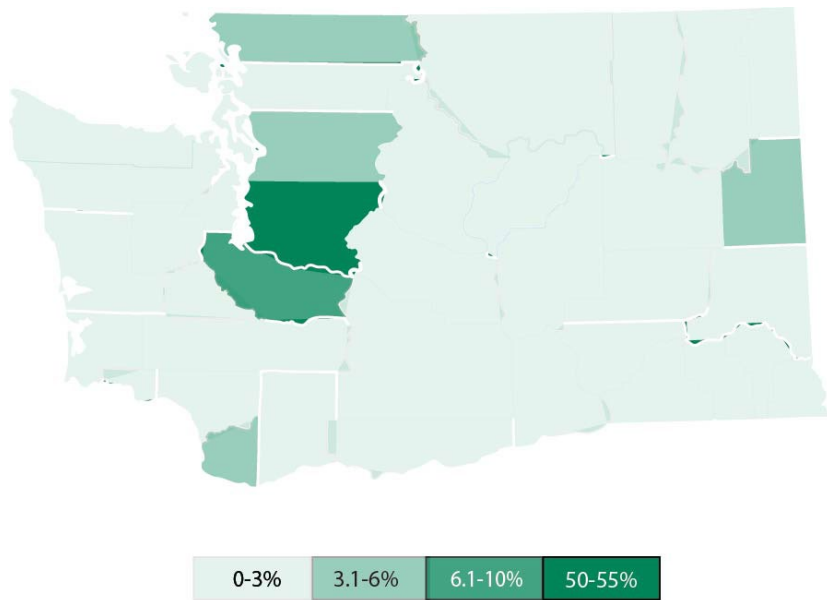
²⁷ Washington County was captured by The Washington State Department of Commerce to identify the county jurisdiction in which each agency was operating their HMIS-housing assistance programs.

Figure 5: Distribution of Homeless Persons by County



Based on Washington State Department of Commerce 2022 Annual Point in Time Count

Figure 6: Distribution of Homeless Households by County



Based on Washington State Department of Commerce 2022 Annual Point in Time Count

Table 1: HMIS-Projects, Homeless Persons, and Homeless Households, by County.

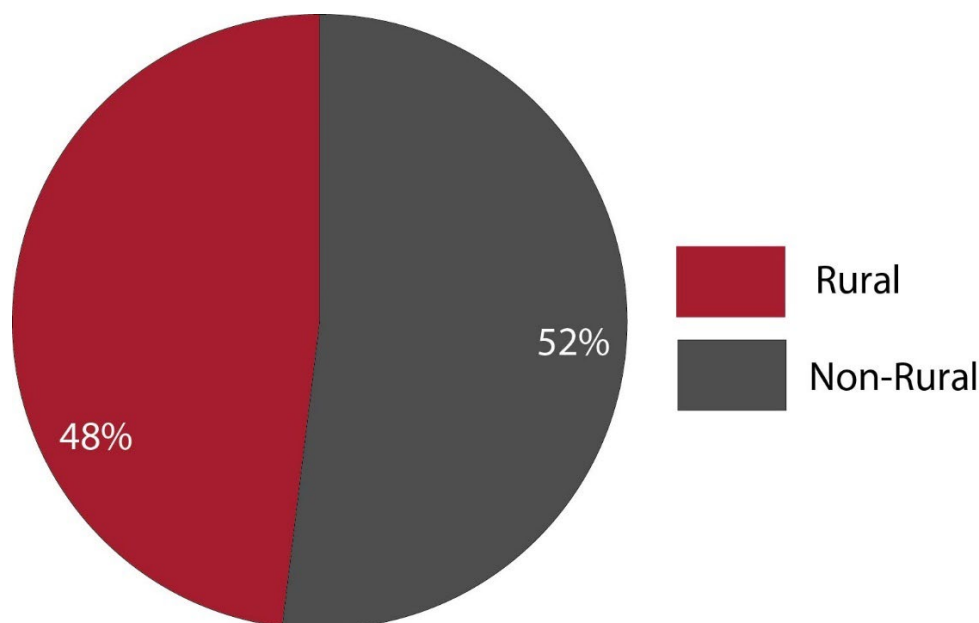
County Name	HMIS-Projects 2021		Persons Experiencing Homelessness 2022		Households Experiencing Homelessness 2022 ²⁸	
	n	%	n	%	n	%
Adams	24	0.9%	0	0.0%	0	0.0%
Asotin	15	0.6%	95	0.4%		0.0%
Benton	66	2.5%	202	0.8%	114	0.6%
Chelan	46	1.7%	389	1.5%	267	1.3%
Clallam	65	2.4%	178	0.7%	136	0.7%
Clark	127	4.7%	1438	5.7%	914	4.5%
Columbia	16	0.6%	17	0.1%	17	0.1%
Cowlitz	51	1.9%	271	1.1%	197	1.0%
Douglas	2	0.1%	20	0.1%	14	0.1%
Ferry	17	0.6%	10	0.04%	10	0.1%
Franklin	37	1.4%	13	0.1%	13	0.1%
Garfield	16	0.6%	0	0.00%		0.0%
Grant	53	2.0%	286	1.1%	238	1.2%
Greys Harbor	36	1.3%	134	0.5%	124	0.6%
Island	47	1.8%	146	0.6%	115	0.6%
Jefferson	25	0.9%	130	0.5%		0.0%
King	604	22.5%	13,368	52.5%	10,894	53.4%
Kitsap	105	3.9%		0.0%		0.0%
Kittitas	31	1.2%	56	0.2%		0.0%
Klickitat	27	1.0%	13	0.1%	10	0.05%
Lewis	49	1.8%	120	0.5%		0.0%
Lincoln	17	0.6%	0	0.0%	0	0.0%
Mason	42	1.6%	238	0.9%	167	0.8%
Okanogan	25	0.9%	57	0.2%		0.0%
Pacific	29	1.1%		0.0%		0.0%
Pend Oreille	22	0.8%	18	0.1%	11	0.1%
Pierce	309	11.5%		0.0%		0.0%
San Juan	36	1.3%		0.0%		0.0%
Skagit	57	2.1%	314	1.2%	234	1.2%
Skamania	27	1.0%	24	0.1%	24	0.1%
Snohomish	150	5.6%	1,184	4.7%	953	4.7%
Spokane	142	5.3%		0.0%		0.0%
Stevens	25	0.9%	50	0.2%	30	0.2%
Thurston	71	2.6%		0.0%		0.0%
Wahkiakum	9	0.3%	10	0.04%	10	0.1%
Walla Walla	44	1.6%	151	0.6%	140	0.7%
Whatcom	121	4.5%		0.0%		0.0%
Whitman	11	0.4%	11	0.04%	10	0.1%
Yakima	88	3.3%	692	2.7%	574	2.8%
Total	2,684	100%	25,452	100%	20,402	100%

²⁸ Data have been transferred from 2022 PIT count, by county. Rows not populated with data here represent information not included in the official PIT count report.

Housing Assistance Interventions by Population Density

Presently, 30 of 39 counties in Washington have been designated as rural based on population density and land area criteria as defined by the Washington State Office on Financial Management.²⁹ All 30 of the rural counties are part of the Balance of State Continuum of Care (COC) As shown in Figure 7, among 2,684 projects, 48.4% were located in a jurisdiction classified as rural ($n = 1,298$) and 51.6% ($n = 1,386$) were in a jurisdiction classified as non-rural.

Figure 7: HMIS Projects by Rurality in Washington



Housing Assistance Interventions by Continuum of Care³⁰

In the 1980s and 1990s, McKinney-Vento facilitated a transition in federal housing assistance approaches to a Continuum of Care (CoC) model that relied on public health language and case management strategies. While this has evolved over time in terms of how projects are

²⁹ Counties in Washington have been categorized based on population density and land area criteria and the Washington State Office of Financial Management (OFM) has employed parameters defined by RCW 82.14.370 and subsequent legislation to objectively designate a Washington State County as "rural." In particular, a county with: 1) "a population density less than 100 persons per square mile," or 2) geographic boundaries "smaller than 25 square miles" is identified as rural (<https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/population-density/population-density-and-land-area-criteria-used-rural-area-assistance-and-other-programs>). To contextualize housing assistance programs by geography in terms of the location and population served, each agency was classified as "rural" or "non-rural" (Non-rural = 0, Rural = 1).

³⁰ Continuum of Care was a categorical variable that has sorted programs into one of Washington's six CoCs based on the jurisdictional boundaries of the county in which the agency (and its programs/projects) operate.

prioritized and funded, the CoC framework remains currently in modified form. The U.S. Department of Housing and Urban Development (HUD, 2018, p. 4) defines CoC as:

“the group organized to carry out the responsibilities required under the CoC Program Interim Rule (24 CFR Part 578) including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, and law enforcement, and organizations that serve homeless and formerly homeless persons to the extent that these groups are represented within the geographic area and are available to participate.”

Washington State is geographically organized into jurisdictional boundaries defined by elective participation in the CoC. There are six CoCs that represent the Washington State’s 39 counties. Five of the six CoCs represent the five largest counties in Washington. The Washington Balance of State CoC includes the 34 remaining county jurisdictions, 30 of which are classified as rural by the Washington State OFM definition. Figure 8 presents distribution of the homeless population by Continuum of Care. Table 2 presents the distribution of housing assistance agencies by their location in the six CoCs (and corresponding counties) in Washington.

Figure 8: Distribution of Homelessness in Washington State by Continuum of Care

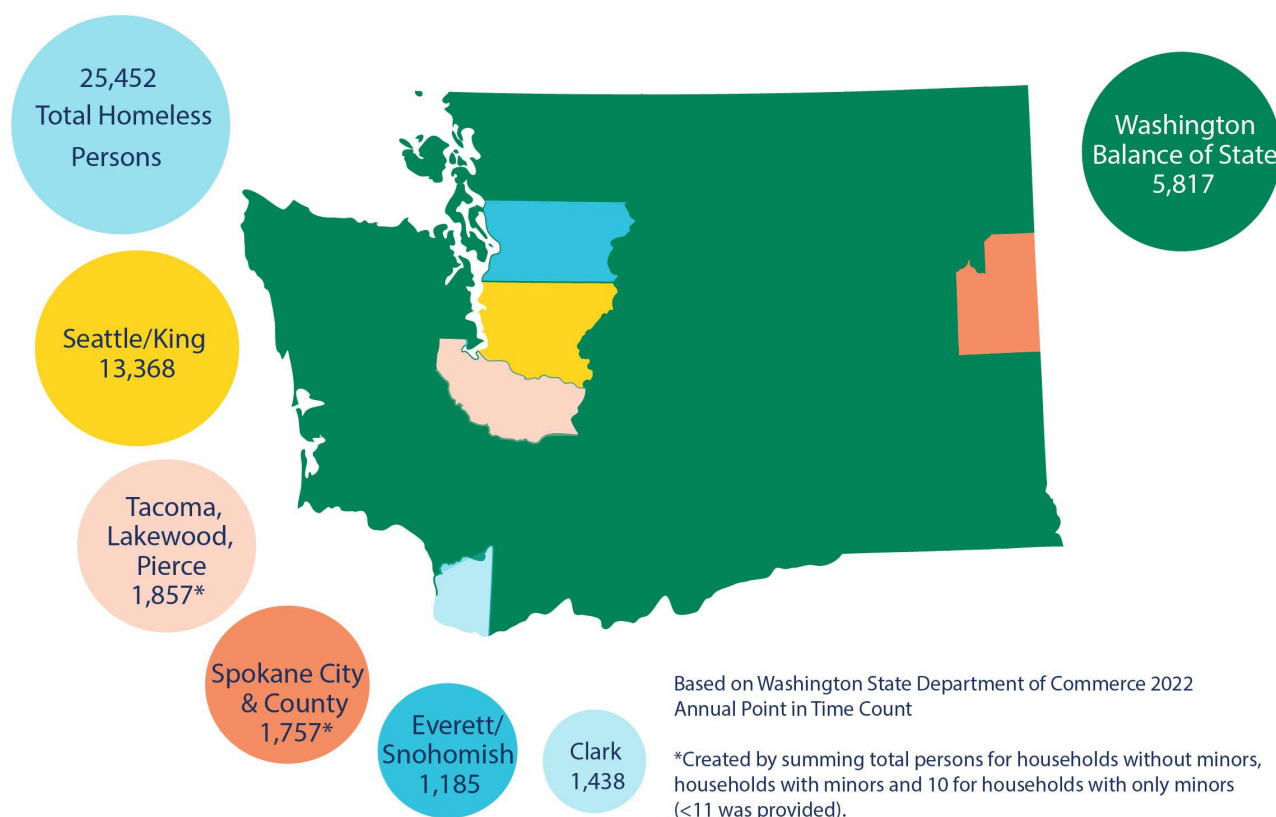


Table 2: HMIS-Projects, by Continuum of Care

Continuum of Care	County Jurisdiction	Project Counts	
		<i>n</i>	%
Spokane City and County	Spokane	142	5.3%
Seattle/King County	King	604	22.5%
Vancouver/Clark County	Clark	127	4.7%
Everett/Snohomish County	Snohomish	150	5.6%
Tacoma, Lakewood, Pierce	Pierce	309	11.5%
WA Balance of State	34 remaining counties ³¹	1,352	50.4%
Total		2,684	100%

Housing Assistance Interventions by HMIS-Project Type

Federal program classification guidelines as part of the Homeless Management Information Systems (HMIS) data tracking, mandated by the McKinney-Vento Homeless Assistance Act, has provided specific definitions for states to define and categorize housing assistance projects. These generally fall into prevention and response approaches. HMIS-project types are updated annually to account for changes in the way these constructs have been defined by HUD. Project categories from the most recent guidance³² include 1) coordinated entry/assessment, 2) emergency shelter, 3) day shelter, 4) transitional housing, 5) rapid rehousing, 6) permanent supportive housing, 7) other permanent housing, 8) homeless prevention, 9) services only, 10) street outreach, 11) Safe Haven, and 12) "other." Table 3 presents definitions of HMIS-project types.

³¹ Thirty of the 34 counties in the Washington Balance of State CoC are classified as "rural."

³² HMIS-project guidelines are issued by the US Department of Housing and Urban Development (HUD). HUD releases updated HMIS Program guidelines on an annual basis and requires reporting to correspond with data standards in the most up-to-date program manual for a given year. The 2021 Golden Report provided by the Washington State Department of Commerce reflects HMIS project categories as outlined in the Emergency Solutions Grant Program HMIS Manual and its respective guidelines (<https://www.hudexchange.info/resource/4447/esg-program-hmis-manual/>).

Table 3: HMIS-Project Definitions

HMIS-Project Type	Definition ³³
Street Outreach	<i>Activities designed to meet the immediate needs of unsheltered homeless persons by connecting them with Emergency Shelter, housing and/or emergency health services (HUD, 2022, p. 5)³⁴. Examples include health and hygiene projects, food and drink, services information/brochures.</i>
Emergency Shelter	Temporary short-term, congregate shelter. "A project that offers temporary shelter (lodging) for the homeless in general or for specific populations who are homeless" (Commerce, 2022 PIT count fact sheet p. 1)
Transitional Housing	Time-limited housing subsidies for no longer than 24 months to facilitate successful homeless exits. ³⁵
Rapid Rehousing	Temporary rent subsidies/case management designed to facilitate long term housing stability. Household can take over rent when subsidy ends. Per HUD, RRH <i>funds short- and/or long-term rental assistance and housing relocation and stabilization services (financial assistance and service costs) ... to quickly move homeless individuals and families from emergency shelter or places not meant for human habitation into permanent housing.</i> ³⁶
Permanent Supportive Housing	Subsidized, non-time-limited support for housing when member of household has a qualifying disability ³⁷
Other Permanent Housing	<i>Permanent housing that is not otherwise considered permanent supportive housing or rapid rehousing</i> ³⁸
Homeless Prevention	<i>"Housing-focused case management" coupled with short term subsidies.³⁹ Funds short- and/or medium-term rental assistance and housing relocation and stabilization services...to prevent an at-risk individual or family from moving into an emergency shelter or living in a place not meant for human habitation.</i> ^{40 41}
Day Shelter	Projects that offer daytime facilities and services (no lodging) for persons who are homeless ⁴²
Services Only	Provides services to homeless individuals and families not residing in housing operated by the recipient. Funds may be used to conduct outreach to sheltered and unsheltered homeless persons and families, link clients with housing or other necessary services, and provide ongoing support. ⁴³
Coordinated Entry/Assessment	<i>Process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.</i> ⁴⁴

There is variation in the way housing intervention programs operate and have been administered, even within a specific project type. That said, the geographic distribution of HMIS-projects by category illustrates the relative extent to which different kinds of housing

³³ Verbatim definitions are italicized.

³⁴ <https://files.hudexchange.info/resources/documents/ESG-Program-HMIS-Manual-2018.pdf>.

³⁵ https://www.hud.gov/sites/documents/HAAA_HEARTH.PDF.

³⁶ ESG Program HMIS Manual, p. 5 (<https://www.hudexchange.info/resource/4447/esg-program-hmis-manual/>)

³⁷ <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/>.

³⁸ There are three types of permanent housing: 1) permanent supportive housing, 2) rapid rehousing, and 3) other permanent housing. (<https://www.hud.gov/sites/documents/16-13CPDN.PDF>).

³⁹ OHY Guidelines for Housing Programs, p. 35 (<https://www.commerce.wa.gov/wp-content/uploads/2021/09/hau-ohy-housing-programs-guidelines-07.01.2021.pdf>).

⁴⁰ ESG Program HMIS Manual, p. 5 (<https://files.hudexchange.info/resources/documents/ESG-Program-HMIS-Manual-2018.pdf>).

⁴¹ <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-program-components/homelessness-prevention/>.

⁴² ESG Program HMIS Manual, p. 5 (<https://files.hudexchange.info/resources/documents/ESG-Program-HMIS-Manual-2018.pdf>).

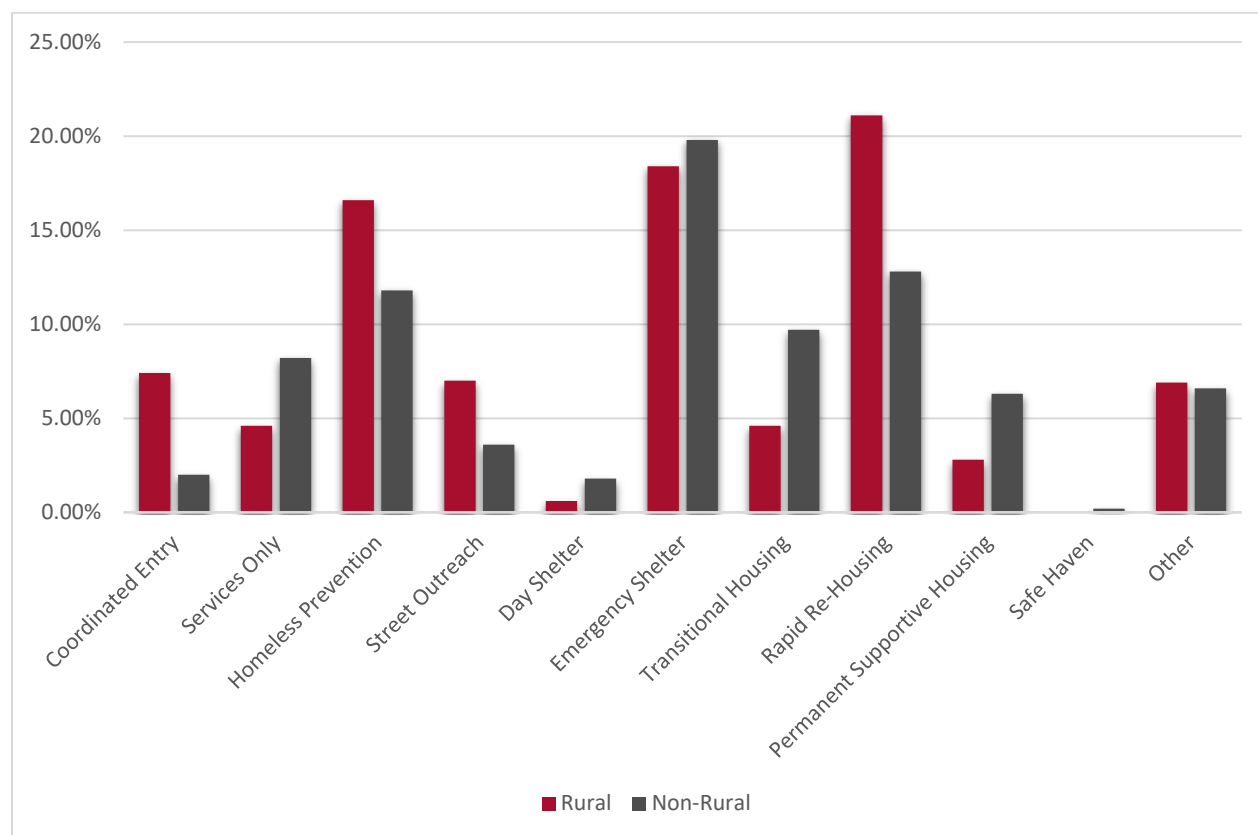
⁴³ p.5 (<https://files.hudexchange.info/resources/documents/CoC-Program-HMIS-Manual.pdf>).

⁴⁴ <https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf>.

intervention and assistance strategies have been delivered across the state. Table 4 presents the distribution of different HMIS-projects in Washington. Statewide, nearly one in five housing support projects is an emergency shelter ($n = 504$, 19.1%). Rapid rehousing accounts for 16.8% of programs ($n = 444$). Additional projects that appear with frequency include homeless prevention ($n = 376$, 14.2%) and permanent supportive housing ($n = 356$, 13.5%) Across Washington, day shelters are the least frequent project type⁴⁵ ($n = 32$, 1.2%).

Table 4 also presents the distribution of project types separately for rural and non-rural county jurisdictions. In rural jurisdictions, the pattern differs somewhat from the state overall; Rapid rehousing appears most frequently ($n = 268$, 21.1%), followed closely by emergency shelter ($n = 233$, 18.4%). Housing projects in non-rural county jurisdictions appear with similar frequency to the statewide pattern; emergency shelter appears most frequently, ($n = 271$, 19.8%), but permanent supportive housing is more frequent ($n = 235$, 17.2%) than rapid rehousing ($n = 176$, 12.8%) in these jurisdictions.

Figure 9: Distribution of HMIS-Projects by Type across Rural and Non-rural Jurisdictions



⁴⁵ Data from Commerce's 2021 Golden Report on HMIS project-type illustrates the frequency of "Safe Haven" housing assistance projects and reveals that, among 2,684 housing assistance programs in Washington, only 3 are classified as Safe Haven (0.1%). This is because amendments to McKinney-Vento Homeless Assistance Act by the 2009 Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH act) eliminated the funding of new Safe Haven program by HUD in the Continuum of Care Program. Post-2009 HEARTH Act, existing Safe Haven programs can apply and receive renewed funding if the project meets requirements outlined by guidance provided from HUD (see Safe Havens Fact Sheet, 2012).

Table 4: HMIS-Project Type Frequency: Statewide, Rural, and Non-Rural

HMIS Project Type	Project Type Frequency					
	Statewide		Rural		Non-Rural	
	<i>n</i> = 2,684		<i>n</i> = 1,298		<i>n</i> = 1,386	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Coordinated Entry	122	4.6	94	7.4	28	2.0
Services Only	172	6.5	59	4.6	113	8.2
Homeless Prevention	376	14.2	215	16.6	161	11.8
Street Outreach	138	5.2	89	7.0	49	3.6
Day Shelter	32	1.2	8	0.6	24	1.8
Emergency Shelter	504	19.1	233	18.4	271	19.8
Transitional Housing	192	7.3	59	4.6	133	9.7
Rapid Re-Housing	444	16.8	268	21.1	176	12.8
Permanent Supportive Housing	356	13.5	121	9.5	235	17.2
Other Permanent Housing	122	4.6	36	2.8	86	6.3
Other	178	6.7	87	6.9	91	6.6
Safe Haven⁴⁶	3				3	
No Classification (Missing)⁴⁷	45		29		16	

Housing Assistance Interventions by Funding Source

A single agency that implements housing assistance projects can receive multiple sources of funding to support their HMIS projects. The Golden Report tracks operating expenditures for housing assistance services and capital funds based on account balances across federal, state, local, and private funding sources. In the 2021 report, nearly one-quarter of agencies reported receiving any federal funding (*n* = 661, 24.6%), more than one-quarter reported no federal funding support (*n* = 715, 26.6%) and nearly half of agencies did not provide information to assess the status of federal funding support (*n* = 1,306, 48.7%).⁴⁸ Just over one-third of agencies reported state/local funding to support HMIS projects in 2021 (*n* = 974, 36.3%).⁴⁹ Only 7.7% of agencies reported private monetary support in the form of donations or from foundations (*n* = 208).⁵⁰

⁴⁶ Projects in the category of "Safe Haven" were not included in the percent calculations for statewide, rural, and non-rural project type frequency. This is because, amendments to the McKinney-Vento Homeless Assistance Act by the 2009 Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH act) eliminated the funding of new Safe Haven program by HUD in the Continuum of Care Program. Post-2009 HEARTH Act, existing Safe Haven programs can apply and receive renewed funding if the project meets requirements outlined by guidance provided from HUD (see Safe Havens Fact Sheet, 2012). Consistent with this, only 3 housing assistance programs in the 2021 Washington State data were classified as Safe Haven.

⁴⁷ Projects with missing data on HMIS classification were not included in the percent calculations for statewide, rural, and non-rural project type frequency.

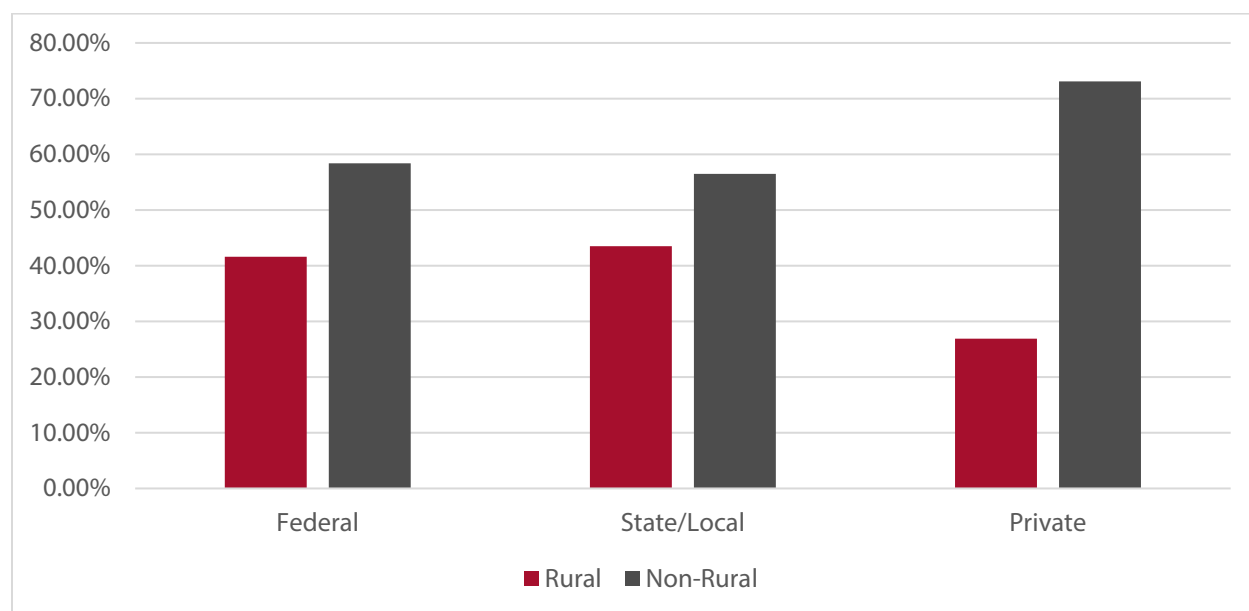
⁴⁸ *Federal Funding* was a categorical variable collected by Commerce to identify if a 2021 housing assistance agency reported receiving any federal funds to support their operating expenditures or capital funds (No = 0, Yes = 1, Unknown = 2).

⁴⁹ *State/Local Funding* was a binary variable to capture if a 2021 housing assistance agency received any state or local funds to support their operating expenditures or capital funds as reported in the 2021 Golden Report (No = 0, Yes = 1).

⁵⁰ *Private Funding* was a binary variable to capture if a 2021 housing assistance agency received any monetary support for operating expenditures or capital funds from private and/or foundation donations (No = 0, Yes = 1).

A comparison of funding support across rural and non-rural jurisdictions revealed statistically significant differences by federal, state/local, and private funding sources. Among all programs reporting federal funding, a significantly larger percent were located in non-rural jurisdictions compared to rural locations. Similar patterns for projects reporting both state/local and private funding support emerged where there were a significantly larger percent of projects reporting state/local funding and private funding support in non-rural locations compared to rural locations. Figure 10 presents projects by funding across rural and non-rural locations.

Figure 10: A Comparison of HMIS-Project Funding across Rurality



Conclusion

During the first two years of project work for Section 6 of House Bill 1277, fact-finding efforts have produced an historical chronology of homelessness in the U.S., including a review of economic, political, social, and ideological shifts that have affected the study of homelessness and the various policy and regulatory responses that have been implemented in response. These efforts have included a review of extant documents on the scope of homelessness across the state and have produced an inventory of housing assistance interventions in Washington. Current fact-finding progress has included a systematic review of empirical literature on the structural and individual antecedents of homelessness, with attention to the ways these factors have differed based on local context. The most inclusive quantitative data currently available on publicly funded housing interventions in Washington has been analyzed and presented here, with attention to the geographic distribution of housing projects by county, Continuum of Care, population density, and funding source. The content and information collected during this multi-year process has been included in the many

discussions and interviews with key stakeholders and their feedback has informed continued fact-finding efforts.

The final phase of fact-finding for project work involves a partnership with the Washington State Department of Social and Health Services (DSHS), Research and Data Administration (RDA) to collect limited data that, paired with publicly available data on county-level structural conditions, will be used to estimate multivariate statistical models to identify the most important predictors of homelessness in Washington. These findings can then be used to create options and recommendations for the development of a long-term plan to address housing security in Washington State.

References

- Aaronson, D., Faber, J., Hartley, D., Mazumder, B., & Sharkey, P. (2020). The long-run effects of the 1930s HOLC “redlining” maps on place-based measures of economic opportunities and socioeconomic success. *Regional Science and Urban Economics*, 86, doi: <https://doi.org/10.1016/j.regsciurbeco.2020.103622>
- Abrams, E. M., Greenhawt, M., Shaker, M., Pinto, A. D., Sinha, I., & Singer, A. (2022). The COVID-19 pandemic: Adverse effects on the social determinants of health in children and families. *Ann Allergy Asthma Immunol*, 128, 19–25.
- Althoff, L., Eckert, F., Ganapati, S., & Walsh, C. (2022). The geography of remote work. *Regional Science and Urban Economics*, 93, 1-21.
- Althoff, I. (2004). Housing, homelessness and the welfare state in the UK. *European Journal of Housing Policy*, 4, 369-389.
- Anderson, I. (2004). Housing, homelessness and the welfare state in the UK. *European Journal of Housing Policy*, 4, 369-389.
- Anderson, I. & Christian, J. (2003). Causes of homelessness in the UK: a dynamic analysis. *Journal of Community & Applied Social Psychology*, 13, 105-118.
- Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., ... & Pottie, K. (2020). Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review. *The Lancet Public Health*, 5, e342-e360.
- Badgett, M. L., Choi, S. K., & Wilson, B. D. (2019). LGBT poverty in the United States. *Los Angeles, CA: The Williams Institute and American Foundation for Suicide*.
- Baggett, T. P., Racine, M. W., Lewis, E., De Las Nueces, D., O’Connell, J. J., Bock, B., & Gaeta, J. M. (2020). Addressing COVID-19 among people experiencing homelessness: description, adaptation, and early findings of a multiagency response in Boston. *Public Health Reports*, 135, 435-441.
- Barile, J. P., Pruitt, A. S., & Parker, J. L. (2018). A latent class analysis of self-identified reasons for experiencing homelessness: Opportunities for prevention. *Journal of Community & Applied Social Psychology*, 28, 94–107.
- Barile, J. P., Pruitt, A. S., & Parker, J. L. (2020). Identifying and understanding gaps in services for adults experiencing homelessness. *Journal of Community & Applied Social Psychology*, 30, 262–277.
- Benjaminsen, L., & Andrade, S. B. (2015). Testing a typology of homelessness across welfare regimes: Shelter use in Denmark and the USA. *Housing Studies*, 30, 858-876.
- Bramley, G., & Fitzpatrick, S. (2018). Homelessness in the UK: Who is most at risk? *Housing Studies*, 33, 96–116. <https://doi.org/10.1080/02673037.2017.1344957>
- Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016b). Pathways to homelessness among older homeless adults: Results from the HOPE HOME Study. *PLOS ONE*, 11, 1-17. <https://doi.org/10.1371/journal.pone.0155065>
- Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., Kushel, M. B. (2016a). Geriatric conditions in a population-based sample of older homeless adults. *The Gerontologist*, 57, 757-766. <https://doi.org/10.1093/geront/gnw>

- Bullock, H. E., Reppond, H. A., Tryong, S. V., & Singh, M. R. (2020). An intersectional analysis of the feminization of homelessness and mothers' housing precarity. *Journal of Social Issues*, 76, 835-858.
- Burrows, R., Pleace, N., & Quilgars, D. (2013). *Homelessness and social policy*. Routledge.
- Burt, M. R. (1999). *Homelessness: programs and the people they serve: findings of the National survey of homeless assistance providers and clients: technical report*. US Department of Housing and Urban Development, Office of Policy Development and Research.
- Byrne, T., Montgomery, A. E., & Fargo, J. D. (2016). Unsheltered homelessness among veterans: correlates and profiles. *Community Mental Health Journal*, 52, 148-157.
- Byrne T., Munley, E.A., Fargo, J. D., Montgomery, A.E., & Culhane, D.P. (2012). New perspectives on community-level determinants of homelessness. *Journal of Urban Affairs*, 35, 607-625.
- Byrne, T. H., Henwood, B. F., & Orlando, A. W. (2021). A rising tide drowns unstable boats: How inequality creates homelessness. *The ANNALS of the American Academy of Political Science*, 693, 28-45.
- Carson, E.A. (2021). Prisoners in 2020—Statistical Tables. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics NCJ 302776
- Castellanos, D. (2016) The role of institutional placement, family conflict, and homosexuality in homelessness pathways among Latino LGBT youth in New York City. *Journal of Homosexuality*, 63, 601-632.
- Caton, C. L. M., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., McQuiston, H., Opler, L. A., & Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*, 95, 1753–1759.
<https://doi.org/10.2105/AJPH.2005.063321>
- Choi, S. K., Wilson, B. D. M., Shelton, J., & Gates, G. (2015). SERVING OUR YOUTH 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness. The Pallete Fund.
- Choi, S. K., & Meyer, I. H. (2016). *LGBT aging: A review of research findings, needs, and policy implications*. The Williams Institute at UCLA School of Law.
<http://www.jstor.org/stable/resrep34905>
- Cicchetti, D., & Handley, E. D. (2019). Child maltreatment and the development of substance use and disorder. *Neurobiology of Stress*, 10, 1-9.
- City and County of San Francisco, Office of the Controller. (2013). *2013 city survey report*. Calculated by San Francisco Human Services Agency. San Francisco, CA.
Retrieved from: <http://co.sfgov.org/webreports/details.aspx?id=1572>
- Chesney-Lind, M., & Pasko, L. (2012). *The female offender: Girls, women, and crime*. Sage Publications, CA.
- Chesney-Lind, M., & Sheldon, R. G. (2014). *Girls, delinquency, and juvenile justice*. Oxford, UK: John Wiley & Sons.
- Colburn, G., & Aldern, C. (2022). *Homelessness is a housing problem: How structural factors explain U.S. patterns*. Oakland, CA: University of California Press.

- Conron, K. J. (2019). Financial Services and the LGBTQ+ Community: A review of discrimination in lending and housing. Testimony before the Subcommittee on Oversight and Investigations.
- Conron, K. J., & Wilson, B. D. (2019). LGBTQ youth of color impacted by the child welfare and juvenile justice systems: A research agenda. *UCLA School of Law, Williams Institute*. Retrieved from: <https://escholarship.org/content/qt6jf587wr/qt6jf587wr.pdf>
- Conron, K. J., Goldberg, S. K., & Halpern, C. T. (2018). Sexual orientation and sex differences in socioeconomic status: A population-based investigation in the National Longitudinal Study of Adolescent to Adult Health. *Journal of Epidemiology and Community Health*, 72, 1016-1026.
- Crane, M., Byrne, K., Fu, R., Lipmann, B., Mirabelli, F., Rota-Bartelink, A., Ryan, M., Shea, R., Watt, H., & Warnes, A. M. (2005). The causes of homelessness in later life: Findings from a 3-nation study. *The Journals of Gerontology: Series B*, 60, S152-S159.
- Crenshaw, K. W. (2017). *On intersectionality: Essential writings*. The New Press.
- Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy*, 13, 228-244. <https://doi.org/10.1111/asap.12004>
- Curtis, M. A., Corman, H., Noonan, K., & Reichman, N. E. (2013). Life shocks and homelessness. *Demography*, 50, 2227-2253.
- Doling, J. (1999). De-commodification and welfare: Evaluating housing systems. *Housing, Theory and Society*, 16, 156-164.
- Doran, K. M., Ran, Z., Castelblanco, D., Shelley, D., & Padgett, D. K. (2019). "It wasn't just one thing": A qualitative study of newly homeless emergency Department Patients. *Academic Emergency Medicine*, 26, 982-993.
- Ecker, Aubry, T., & Sylvestre, J. (2019). A review of the literature on LGBTQ adults who experience homelessness. *Journal of Homosexuality*, 66, 297-323.
- Elliott, M., & Krivo, L. J. (1991). Structural determinants of homelessness in the United States. *Social Problems*, 38, 113-131.
- Embleton, L., Lee, H., Gunn, J., Ayuku, D., & Braitstein, P. (2016). Causes of child and youth homelessness in developed and developing countries. *JAMA Pediatrics*, 170, 435. <https://doi.org/10.1001/jamapediatrics.2016.0156>
- Fertig, A. R., & Reingold, D. A. (2008). Homelessness among at-risk families with children in twenty American cities. *Social Service Review*, 82, 485-510.
- Fischer, K., & Collins, J. (Eds.). (2002). *Homelessness, health care and welfare provision*. Routledge.
- Folsom, D. P., Hawthorne, W., Lindamer, L., Gilmer, T., Bailey, A., Golshan, S., Garcia, P., Unützer, J., Hough, R., & Jeste, D. V. (2005). Prevalence and risk factors for homelessness and utilization of mental health services among 10,340 patients with serious mental illness in a large public mental health system. *American Journal of Psychiatry*, 162, 370-376. <https://doi.org/10.1176/appi.ajp.162.2.370>
- Forge, N., Hartinger-Saunders, R., Wright, E., & Ruel, E. (2018). LGBTQ youth face greater risk of homelessness as they age out of foster care. Retrieved from

howhousingmatters.org/articles/lgbtq-youth-face-greater-risk-homelessnessage-foster-care.

- Fournier, M. E., Austin, S. B., Samples, C. L., Goodenow, C. S., Wylie, S. A., & Corliss, H. L. (2009). A comparison of weight-related behaviors among high school students who are homeless and non-homeless. *Journal of School Health, 79*, 466-473.
- Fowle, M. Z. (2022). Racialized homelessness: A review of historical and contemporary causes of racial disparities in homelessness. *Housing Policy Debate*, <https://doi.org/10.1080/10511482.2022.2026995>
- Fusaro, V. A., Levy H. G., Shaefer, H. L. (2018). Racial and ethnic disparities in the lifetime prevalence of homelessness in the United States. *Demography, 55*, 2119-2128.
- Franklin, J. H., & Moss, A. (1994). *From slavery to freedom: A history of African Americans*. McGraw-Hill.
- Frederick, T. J., Ross, L. E., Bruno, T. L., & Erickson, P. G. (2011). Exploring gender and sexual minority status among street-involved youth. *Vulnerable Children and Youth Studies, 6*, 166-183.
- Gaetz, S. (2004). Safe streets for whom? Homeless youth, social exclusion, and criminal victimization. *Canadian Journal of Criminology and Criminal Justice, 46*, 423-456.
- Gee, G. G., & Hicken, M. T. (2021). Structural racism: The rules and relations of inequality. *Ethnicity and Disease, 31*, 293-300.
- Gelberg, L., Linn, L. S., & Mayer-Oakes, S. A. (1990). Differences in health status between older and younger homeless adults. *Journal of the American Geriatrics Society, 38*, 1220-1229. <https://doi.org/10.1111/j.1532-5415.1990.tb01503.x>
- Gemelas, J., & Davison, J. (2022). Inequities in employment by race, ethnicity, and sector during COVID-19. *Journal of Racial and Ethnic Health Disparities, 9*, 350-355.
- Giano, Z., Williams, A., Hankey C., Merrill, R., Lisnic, R., & Herring, A. (2020). Forty years of research on predictors of homelessness. *Community Mental Health Journal, 56*, 692-709.
- Hamilton, A. B., Poza, I., & Washington, D. L. (2011). "Homelessness and trauma go hand-in-hand:" Pathways to homelessness among women Veterans. *Women's Health Issues, 21*(4, Supplement), S203-S209. <https://doi.org/10.1016/j.whi.2011.04.005>
- Hanratty, M. (2017). Do local economic conditions affect homelessness? Impact of area housing market factors, unemployment and poverty on community homeless rates. *Housing Policy Debate, 27*, 640-55.
- Harber, M. G., & Toro, P. A. (2009). Parent-adolescent violence and later behavioral health problems among homeless and housed youth. *American Journal of Orthopsychiatry, 79*, 305-318.
- Haslag, P. H., & Weagley, D. (2022). From LA to Boise: How migration has changed during the COVID-19 pandemic. Available at SSRN 3808326.
- Hendricks, J. (2012). Considering life course concepts. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 67*, 226-231.
- Hodnicki, D. R. (1990). Homelessness: Health-care implications. *Journal of Community Health Nursing, 7*, 59-67.

- Jackson, K., Rufo, C. F., Tartakovsky, J., & Winegarden, W. (2021). *No way out: The crisis of homelessness and how to fix it with intelligence and humanity*. New York: Encounter Books.
- Jang, H. S., Shi, Y., Keyes, L., Dicke, L. A., & Kim, J. (2021). Responding to the needs of the homeless in the COVID-19 pandemic: A review of initiatives in 20 major US cities. *International Journal of Public Administration*, 44, 1006-1017.
- Johnson, G., & Chamberlain, C. (2008). Homelessness and substance abuse: Which comes first? *Australian Social Work*, 61, 342-356.
- Johnson, G., & Chamberlain, C. (2011). Are the homeless mentally ill? *Australian Journal of Social Issues*, 46, 29-48. <https://doi.org/10.1002/j.1839-4655.2011.tb00204.x>
- Johnson, G., Scutella, R., Tseng, Y.-P., & Wood, G. (2019). How do housing and labour markets affect individual homelessness? *Housing Studies*, 34, 1089-1116.
- Jones, M. M. (2016). Does race matter in addressing homelessness? A review of the literature. *World Medical & Health Policy*, 8, 139-156.
- Kang, S. (2019). Why low-income households become unstably housed: Evidence from the panel study of income dynamics. *Housing Policy Debate*, 29, 559-587.
- Kellogg, F. R., & Horn, A. (2012). The elderly homeless: A study comparing older and younger homeless persons, with three case histories. *Care Management Journals*, 13, 238-245. <https://doi.org/10.1891/1521-0987.13.4.238>
- Khandor, E., Mason, K., Chambers, C., Rossiter, K., Cowan, L., & Hwang, S.W. (2011). Access to primary health care among homeless adults in Toronto, Canada: Results from the Street Health Survey. *Open Medicine*, 5, E94-E103.
- Kia, H., Robinson, M., MacKay, J., & Ross, L. E. (2021). Poverty in lesbian, gay, bisexual, transgender, queer, two-spirit, and other sexual and gender minority (LGBTQ2S+) communities in Canada: Implications for social work practice. *Research on Social Work Practice*, 31, 584-598. <https://doi.org/10.1177/1049731521996814>
- Kirk, D. S., & Wakefield, S. (2018). The collateral consequences of punishment: A critical review and path forward. *Annual Review of Criminology*, 1, 171-194.
- Kmetz, A., Mondragon, J., & Wieland, J. F. (2022). Remote work and housing demand. *FRBSF Economic Letter*, 26, 1-5.
- Koegel, P., Melamid, E., & Burnam, A. (1995). Childhood risk factors for homelessness among homeless adults. *American Journal of Public Health*, 85, 1642-1649.
- Kuhn, R. & Culhane, D. P. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26, 207-231.
- LaFave, S. E., Bandeen-Roche, K., Gee, G., Thorpe, R. J., Li, Q., Crews, D., Samuel, L., Cooke, A., Hladek, M., & Szanton, S. L. (2022). Quantifying older Black Americans' exposure to structural racial discrimination: How can we measure the water in which we swim? *Journal of Urban Health*, 99, 794-802.
- Lee, B. A., Tyler, K. A., & Wright, J. D. (2010). The new homelessness revisited. *Annual Review of Sociology*, 36, 501-521. <https://doi.org/10.1146/annurev-soc-070308-115940>

- Lee, B. A., Shinn, M., & Culhane, D. P. (2021). Homelessness as a moving target. *The ANNALS of the American Academy of Political and Social Science*, 693, 82-100.
- Lipschutz, M. R. (1977). Runaways in history. *Crime & Delinquency*, 23, 321-332.
<https://doi.org/10.1177/001112877702300308>.
- Liu, S., & Su, Y. (2021). The impact of the COVID-19 pandemic on the demand for density: Evidence from the US housing market. *Economics letters*, 207, 1-4.
<https://doi.org/10.1016/j.econlet.2021.110010>
- Long, M. C. (2021). Seattle's local minimum wage and earnings inequality. *Economic Inquiry*, 60, 528-542.
- Lowe, J., & Gibson, S. (2011). Reflections of a homeless population's lived experience with substance abuse. *Journal of Community Health Nursing*, 28, 92-104.
- Lutz, E. C., & Buechler, S. (2021). The local effects of relaxing land use regulation on housing supply and rents. *SSRN Electronic Journal*.
<https://doi.org/10.2139/ssrn.3960822>
- McChesney, K. Y. (1990). Family homelessness: A systemic problem. *Journal of Social Issues*, 46, 191-205.
- Mason, F., & Lodrick, Z. (2013). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27, 27-37.
- Meen, G., & Whiteherad, C. (2022). *Understanding affordability: The economics of housing markets*. Bristol, UK: Bristol University Press.
- Morton, M. H., Dworsky, A., Matjasko, J. L., Curry, S. R., Schlueter, D., Chávez, R., & Farrell, A. F. (2018). Prevalence and correlates of youth homelessness in the United States. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 62, 14-21.
- O'Connell, M. J., Kaspro, W., & Rosenheck, R. A. (2008). Rates and risk factors for homelessness after successful housing in a sample of formerly homeless veterans. *Psychiatric Services*, 59, 268-275.
- O'Flaherty, B. (2004). Wrong person and wrong place: For homelessness, the conjunction is what matters. *Journal of Housing Economics*, 13, 1-15.
- O'Sullivan, E. (2010). Welfare states and homelessness. *Homeless Research in Europe. Brussels: Feantsa*, 65-84.
- Olivet, J., Dones, M., & Richard, M. (2018). The intersection of homelessness, racism, and mental illness. In Medlock, M., Shtasel, D., Trinh, N.H., Williams, D. (Eds). *Racism and psychiatry, Current Clinical Psychiatry*, pp. 55-69. Humana Press, Cham Switzerland.
- Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. (2021). Racial inequity and homelessness: Findings from the SPARC Study. *The ANNALS of the American Academy of Political and Social Science*, 693, 82-100.
- Paradise, M., & Cauce, A.M. (2002). Home street home: The interpersonal dimension of homelessness. *Analysis of Social Issues and Public Policy*, 2, 223-238.
- Patterson, M. L., Somers, J. M., & Moniruzzaman, A. (2012). Prolonged and persistent homelessness: Multivariable analyses in a cohort experiencing current

- homelessness and mental illness in Vancouver, British Columbia. *Mental Health and Substance Use*, 5, 85–101. <https://doi.org/10.1080/17523281.2011.618143>
- Pixley, C. L., et al. (2022). The role of homelessness community based organizations during COVID-19. *Journal of Community Psychology*, 50, 1816-1830.
- Pleis, J. R., Ward, B. W., & Lucas, J. W. (2010). Summary health statistics for U.S. adults: National Health Interview Survey, 2009. *Vital Health Statistics*, 10, 1–207.
- Rodriguez, N. M., Lahey, A. M., MacNeill, J. J., et al. (2021). Homelessness during COVID-19: Challenges, responses, and lessons learned from homeless service providers in Tippecanoe County, Indiana. *BMC Public Health* 21, 1657. <https://doi.org/10.1186/s12889-021-11687-8>
- Rolnik, R. (2013). Late neoliberalism: The financialization of homeownership and housing rights. *International Journal of Urban and Regional Research*, 37, 1058-1066.
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2012). Risk factors for homelessness among lesbian, gay, and bisexual youths: A developmental milestone approach. *Children and Youth Services Review*, 34, 186–193.
- Rossi, P. H. (1989). *Down and out in America: The origins of homelessness*. Chicago, IL: University of Chicago Press.
- Rossi, P. H., & Fowler, R. D. (1990). The old homeless and the new homelessness in historical perspective. *American Psychologist*, 45, 954-959. <https://doi.org/10.1037/0003-066X.45.8.954>.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123, 346-352.
- Scott, J. (1993). Homelessness and mental illness. *The British Journal of Psychiatry*, 162, 314–324.
- Shelton, K. H., Taylor, P. J., Bonner, A., & van den Bree, M. (2009). Risk factors for homelessness: Evidence from a population-based study. *Psychiatric Services*, 60, 465–472.
- Shinn, M., & Khadduri, J. (2020). *In the midst of plenty: Homelessness and what to do about it*. John Wiley & Sons.
- Shinn, M. (2007). International homelessness: Policy, socio-cultural, and individual perspectives. *Journal of Social Issues*, 63, 657-677.
- Shinn, M. (2010). Homelessness, poverty and social exclusion in the United States and Europe. *European Journal on Homelessness*, 4, 19-44.
- Shinn, M., Gottlieb, J., Wett, J. L., Bahl, A., Cohen, A., & Baron Ellis, D. (2007). Predictors of homelessness among older adults in New York City: Disability, economic, human and social capital and stressful events. *Journal of Health Psychology*, 12, 696–708.
- Shinn, M., & Gillespie, C. (1994). The roles of housing and poverty in the origins of homelessness. *American Behavioral Scientist*, 37, 505-521.
- Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jimenez, L., Duchon, L., ... & Krantz, D. H. (1998). Predictors of homelessness among families in New York City: from shelter request to housing stability. *American Journal of Public Health*, 88, 1651-1657.

- Shinn, M., Knickman, J. R., & Weitzman, B. C. (1991). Social relationships and vulnerability to becoming homeless among poor families. *American psychologist*, 46, 1180-1187.
- Shinn, M., & Weitzman, B. C. (1994). You can't eliminate homelessness without housing. *American Behavioral Scientist*, 37, 435-442.
- Shlay, A. B., & Rossi, P. H. (1992). Social science research and contemporary studies of homelessness. *Annual Review of Sociology*, 129-160.
- Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief—Updated release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Snow, D. A., Baker, S. G., Anderson, L., & Martin, M. (1986). The myth of pervasive mental illness among the homeless. *Social Problems*, 33, 407-423.
- Solari, C. D., Walton, D., & Khadduri, J. (2021). How well do housing vouchers work for black families experiencing homelessness? Evidence from the Family Options Study. *The ANNALS of the American Academy of Political Science*, 693, 193-208.
- Stein, J. A., Leslie, M. B., & Nyamathi, A. (2002). Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse & Neglect*, 26, 1011-1027.
- Susser, Lin, S., Conover, S., & Struening, E. (1991). Childhood antecedents of homelessness in psychiatric patients. *The American Journal of Psychiatry*, 148, 1026-1030.
- Szeintuch, S. (2017). Homelessness Prevention Policy: A Case Study. *Social Policy & Administration*, 51, 1135-1155. <https://doi.org/10.1111/spol.12228>
- Tsai, J., & Rosenheck, R. A. (2013). Conduct disorder behaviors, childhood family instability, and childhood abuse as predictors of severity of adult homelessness among American veterans. *Social Psychiatry and Psychiatric Epidemiology*, 48, 477-486.
- Tsai, J., & Rosenheck, R. A. (2015). Risk Factors for Homelessness Among US Veterans. *Epidemiologic Reviews*, 37, 177-195.
- Turner, T. M., & Luea, H. (2009). Homeownership, wealth accumulation and income status. *Journal of Housing Economics*, 18, 104-114.
- U.S. Department of Housing and Urban Development. (2022). Homeless Populations and Subpopulations Report—All States, Territories, Puerto Rico, and DC. Retrieved from https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?&filter_year=&filter_scope=&filter_state=&filter_coc=¤t_page=1.
- Versey, H. S. (2021). The impending eviction cliff: Housing insecurity during COVID-19. *American Journal of Public Health*, 111, 1423-1427.
- Wasserman, J. A. & Clair, J. M. (2010). *At home on the street: People, poverty & a hidden culture of homelessness*. London: Lynne Reiner Publishers.

- Western, B., Braga, A. A., Davis, J., & Sirois, C. (2015). Stress and hardship after prison. *American Journal of Sociology*, 120, 1512-1547.
- Whitbeck, L. B., Crawford, D. M., & Sittner Hartshorn, K. J. (2012). Correlates of homeless episodes among Indigenous people. *American Journal of Community Psychology*, 49, 156-167.
- Whitbeck, L. B., Hoyt, D. R., Y Yoder, K. A. (1999). A risk-amplification model of victimization and depressive systems among runaway and homeless adolescents. *American Journal of Community Psychology*, 27, 273-296.
- Wilson, B. D., Choi, S. K., Harper, G. W., Lightfoot, M., Russell, S., & Meyer, I. H. (2020). *Homelessness Among LGBT Adults in the US*.
<https://escholarship.org/uc/item/9kp233rh>