Homelessness & Inadequate Housing

Homelessness is often caused by a complex combination of interwoven social and health factors. Poor physical and mental health can both cause and result in homelessness. Illness or injury can lead to lost income, the loss of a job and health insurance leading to a downward spiral in health. Homelessness can result in illness due to exposure to the elements outdoors, communicable disease exposures, violence, and poor nutrition. Homelessness has been defined as existing when people lack 'a fixed, regular, and adequate nighttime residence'.¹ They may be in sheltered (e.g., emergency shelter or transitional housing) or unsheltered (e.g., outside or in vehicles) situations, and may e single adults, families, and youth.

Washington conducts an annual point in time count of sheltered and unsheltered people experiencing homelessness in each county. This count does not include people in supported housing. In 2017, there were an estimated 21,112 homeless people living in Washington for a rate of 289 per 100,000 people. Overall, the rate decreased from 2005 to 2013, and has been increasing since, largely due to increased rents, low vacancy rates and slow wage growth.

To address this increase, the state is working with stakeholders to improve general housing affordability by improving zoning and planning, permitting, development and financing, and construction processes.²

The state continues to improve the efficiency of the existing homeless crisis response system investments through implementation of additional performance benchmark and planning requirements.³



Washington residents is homeless



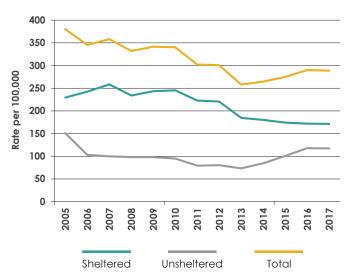
Over half of the people experiencing homelessness are in King County



Time Trends

- In 2017, there were 21,112 people in Washington experiencing homelessness.
 In 2005 there were more people experiencing homelessness (23,970), and in 2013 there were fewer people experiencing homelessness (17,760).
- There were 12,521 people sheltered and 8,591 unsheltered in 2017.
- The overall rate of homelessness in 2017 was 289 per 100,000 people. The rate of sheltered people was 171 per 100,000, down from 185 in 2013. The rate of unsheltered people was 118 per 100,000, up from 73 in 2013.

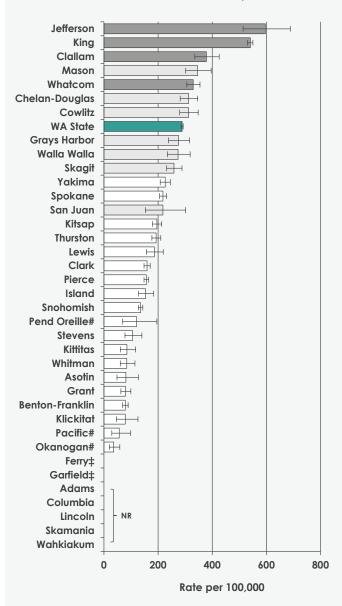
Homeless Population Washington State Point in Time Count, 2005-2017



Geographic Variation

- In the 2017 Point in Time Count (PIT), one-half of the people experiencing homelessness in Washington were in King County (11,643 people). King County comprises about 30% of the state population.
- Counties with between 500 and 2,000 people experiencing homelessness included Clark, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom and Yakima counties.
- Clallam, Jefferson, King, and Whatcom counties had rates of homelessness that were greater than the state rate. In two counties, Jefferson and King, the homelessness rate was more than 500 per 100,000.
- There were multiple counties where the rate of homelessness was less than the state rate including Asotin, Benton-Franklin, Clark, Grant, Island, Kitsap, Kittatas, Klickitat, Lewis, Okanogan, Pacific, Pend Oreille, Pierce, Snohomish, Spokane, Stevens, Thurston, Whitman, and Yakima counties.

Homelessness Washington Counties, Point in Time Count, 2017





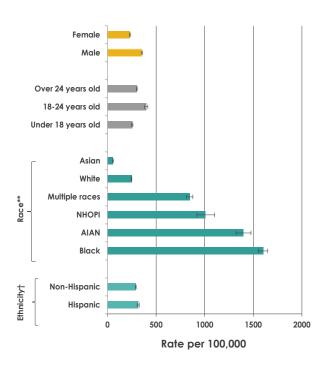
‡County had zero cases

NR: Not reported if RSE ≥ 30% or to protect privacy #Relative standard error (RSE) is between 25% and 29%

Disparities

- In the 2017 Point in Time count, young adults 18-24 years of age had the highest rate of homelessness.
- Males experienced homelessness at a higher rate than females.
- Black, American Indian or Alaskan Native (AIAN), Native Hawaiian or Other Pacific Islanders (NHOPI), and those individuals of multiple races experienced homelessness at higher rates than white individuals. Asian individuals had a lower rate of homelessness compared to white individuals.
- The rate of homelessness was higher among Hispanics.

Homelessness (Sheltered & Unsheltered) Washington State Point in Time Count, 2017



†Ethnicity includes all races combined

Inadequate Housing

Getting homeless people and families into any permanent housing will have long-lasting benefits to their health. However, there are health risks and hazards associated with inadequate housing that should be considered when addressing this problem. Common issues in inadequate housing are:

- Lead hazards from chipping and peeling paint in pre-1979 housing and lead risks in drinking water from onsite plumbing.
- Lack of functioning fire and carbon monoxide alarms.
- Trip and fall hazards like unsafe stairs, missing handrails, and uneven flooring.
- Indoor air quality problems from mold, moisture, radon, or particulate matter from wood burning stoves.

These issues can cause lead or carbon monoxide poisonings, cause or exacerbate chronic respiratory problems, and contribute to lung cancer or cardiovascular disease risk, and injuries from falls.

People living in inadequate housing often don't have the control and/or the financial means to improve their living conditions by addressing the quality of their home or shelter. The CDC has identified home improvement loans and grants as one of their HI-5 strategies to improve Health Impacts in five years by addressing social determinants of health. Home improvements that address dampness, temperature and energy efficiency have been shown to improve respiratory and mental health, and reduce doctors' visits. Home health interventions can also reduce the risk of exposure to lead, radon, asbestos, carbon monoxide and mold, and reduce risks for trips and falls. The Washington State Department of Commerce completed a \$2.3 million Weatherization Plus Health pilot program in the summer of 2017 to address some of these needs.

^{*}AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

^{**}Race includes all ethnicities combined

How is Washington addressing homelessness & inadequate housing?

- The recently updated Homeless Housing Strategic Plan describes how the homeless crisis response system plans to continue improving the 1) identification, assessment, and prioritization of people facing homelessness; 2) effectiveness and efficiency of housing interventions; 3) and identification of the policy changes and resources necessary to house all people living unsheltered.
- The Washington State Department of Commerce issues grants to county governments and other designees through the Consolidate Homeless Grant (CHG). As part of the Strategic Plan, the department has added to and refined contract performance benchmarks and technical assistance to better guide the use of available housing resources toward those most in need using the most efficient interventions.
- The Washington State Department of Commerce has a special focus on homeless youth. The Office of Homeless Youth Prevention and Protection Programs (OHY) works statewide to reduce and prevent youth and young adults from experiencing homelessness. The five areas of focus include: stable housing, family reconciliation, permanent connections, education and employment, and social and emotional well-being.

- The Washington State Department of Commerce Weatherization Plus Health pilot program focused on reducing asthma triggers by controlling moisture, mold and dust. They also provided carbon monoxide detectors and downspout repair. These are the 'plus health' components of a weatherization program that already increases energy efficiency and warmth in the homes of low-income homeowners.
- As part of <u>Results Washington Goal 4</u> (healthy and safe communities/supported people), Goal 3.1.c aims to decrease the number of homeless people from the anticipated increase to 25,221 in 2018 to 24,222 by 2020.
- As part of Washington State's Medicaid transformation, the Foundational Community Supports
 program recently launched. This program creates two new targeted benefits that include services that help the most vulnerable beneficiaries get and keep stable housing and employment, in support of their broader health needs.
- As part of the <u>End AIDS in Washington State</u> <u>initiative</u>, Goal 8 is to increase access to safe, stable, and affordable housing for people living with and at risk for HIV.

See also HIV

Technical Notes

Con dence Intervals: Definition and examples are described in Appendix C

Counts of Homelessness: A description of different methods for counting homelessness and what they mean is described here.

Homelessness Point in Time Count: Methods for the annual Point in Time Count are described here.

Race and Ethnicity: Classification described in Appendix C

Relative Standard Error: Definition and how it was used is described in Appendix C

Endnotes

¹Homeless Emergency Assistance and Rapid Transition to Housing: Defining 'Homeless'. 24 CFR Parts 91, 582, and 583 (page 76013). www.hudex-change.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf. Published December 5, 2011. Accessed September 11, 2017.

²Washington Department of Commerce. 2017 Housing Affordability Response Team (HART) Recommendations. www.commerce.wa.gov/wp-content/uploads/2016/10/ahab-hart-affordablehousing-report-2017.pdf. Published June 2017. Accessed September 11, 2017.

³Washington Department of Commerce. Homeless Housing Strategic Plan. www.commerce.wa.gov/wp-content/up-

Washington Department of Commerce. Homeless Housing Strategic Plan. www.commerce.wa.gov/wp-content/up-loads/2017/01/V3-hau-hlp-final-homeless-strategic-plan-2017.pdf. Published January 2017. Accessed September 11, 2017.