# Committee on Design Guidelines for Emergency Housing for Families Experiencing Homelessness
## Wednesday, September 30, 2015
## John A. Wilson Building – 1350 Pennsylvania Ave NW – Room 201
## 9:00am to 11:00am

## Committee Members Present

| Name | Organization |
|---|---|
| Kristy Greenwalt | Interagency Council on Homelessness |
| Laura Zeilinger | Department of Human Services |
| Stephen Campbell | Department of General Services |
| Cortney Fisher | Office of Victim Services |
| Sharon McDonald | National Alliance to End Homelessness |
| Kate Coventry | DC Fiscal Policy Institute |
| Amber Harding | Washington Legal Clinic for the Homeless |
| Peg Hacskaylo | District Alliance for Safe Housing |
| Tamasco Johnson | DC Coalition Against Domestic Violence |
| Judith Sandalow | Children's Law Center |
| Jamila Larson | Homeless Children's Playtime Project |
| Carol Dostert | Consumer Representative |

## Community Members Present

| Name | Organization |
|---|---|
| Jenna Cevasco | Deputy Mayor for Health and Human Services |
| Chris Dyer | Office of Victim Services and Justice Grants |
| Jesse Lovell | DC for Democracy |
| Kevin Trussell | Contemporary Family Services |
| Curtina Hoston | Contemporary Family Services |
| Yvette Mosley | THC |
| Eva Chavez | DC Doors |
| Pam Lieber | Youth Advocate |
| Nancy Mercer | CSH |
| Ebony Rankin | HUD |
| Brett Gagnon | HUD |
| Lisa Franklin-Kelly | DHS |

# Meeting Notes

KG:
- Framing the conversation – taking a step back to make sure we can all get on the same page and understand things the same way
- We worked hard to get a lot of different perspectives in the room.

Introductions

Scope/Charge of the Work Group
- Mayor's Order calls for a report due back to the Mayor that provides input and feedback on design guidelines for replacement units
- Formal members will be asked to help review the report to make sure it captures the feedback of this group

Homeward DC
- Homeward DC is about comprehensive systems change – moving from shelter bases system to Housing First system with emphasis on rapid stabilization and connection to permanent housing.
- Emergency shelter is just one component of the overall system. (Kristy reviewed the model as outlined in the plan – see Appendix 6.)
- Length of Stay is a key driver of the plan:
    - In the short term, we need to invest in both sides of the system (emergency housing and permanent housing). We have to be able to meet emergency needs, but we also need the permanent housing resources that allow us to help families exit shelter back into housing.
    - By improving our crisis response and reducing the amount of time families experience homelessness, each emergency housing unit can be used to serve more households. Increased turnover means fewer units are required to meet the same level of need, which allows us to contract our spending on shelter. These resources can then get redirected to meeting more of the housing needs in the out years of the plan.

Length of Stay
- There are, undoubtedly, a number of variables that impact length of stay. Unfortunately, there is no national research on this topic and we do not have a time to do a random assignment study to move forward. However, when we look at data from our system (as well as other communities), it suggests that facility type does have some impact on length of stay.

        o   Question:  What happens if we remove outliers?

Cost Drivers
- Additional capital costs for replacement units.
- Number of buildings required to close DC General (more square footage per unit equals fewer units per building, which means we need more buildings to close DC General).
- If we are unable to reduce length of stay to meet the targets in the plan, we will either have to continue investments in motels, or we will need to construct additional shelter facilities (which includes not just the capital investments, but also operating costs.  Per Homeward DC, one unit of shelter costs approximately $54K per year to operate.)
  - For example, the annual operating budget for 900 units (our current need) is approximately $49M, while the annual operating budget for 215 units (projected need in 2020 if we can reduce length of stay) is $11.6M.

Temperature Check: At this point, do people have a better understanding of some of the reasons why the Administration has been considering private room?
- 11 of the people in the room raised their hand

Questions/Comments:
- Do we know how much it would cost if they were strictly apartment style vs. private room?
  - KG:  We can calculate the capital costs.  But as discussed, there are multiple types of costs we have to take into consideration.
- I am most of the way there in terms of understanding the logic, but I don't believe that the reason people stay in shelter longer has anything to do with architecture, except in a negative sense. DC General prompts people to leave into an unsafe setting because it's more traumatic. We can figure out why the long-stayers are there. Working on rapid rehousing is a better fix for fixing the system than reconfiguring the shelter.
  - KG:  But there is no one silver bullet.  There are multiple things in the system that need to be fixed/addressed.  How much each impacts system performance or outcomes, it's difficult to know. But we do have to look at what our data says.
- What do we need to do to make sure that children and families are safe and it's a safe configuration for the 60 days that they need to be there? This would be the only issue if we all had deep confidence that everything else was going to work. This is a huge lift – and you have inherited of decades of families being

pushed back into inappropriate housing. If you succeed [on all the other things], I don't care what these shelters look like.

- LZ: What we have now is DC General and that is a result of not making the investments we need and the attention we need; we are working on every single part of the system. If this is all we were doing, it would not be the right thing to do. It's not the only thing we are doing.

- Perhaps this is an opportunity to talk about other things (in addition to design elements) that need to be considered/addressed.  "This only works if…"
- What will be the accountability mechanism or the enforcement to make sure that the buildings construction translates to?
  - SC: A few developers have come to the table, but those discussions are on hold until we have feedback from this group. Some of the things we'll discuss in this group will have cost implications, so we'll have to work with other members of the Administration to determine what's feasible. But once we have determined what's feasible, it will be DGS' responsibility to oversee the developers and ensure the construction of the projects meets the specifications outlined in the contracts.
  - LZ: We'll come together with the Mayor and the City Administrator to make determinations about what we can and cannot do. Recommendations of this group are not binding, but we have delayed our process to accommodate them and we care about them. It will help us if the recommendations that come from this group are prioritized.
- Who will run the shelters? The services are important too. So many of our folks have a history of trauma. We all want there to be investments on the housing piece, but there is distrust that this is going to happen the way it needs to.
  - LZ: Operations of the shelters will be contracted out through a competitive procurement.
- I don't understand what features lead to a longer length of stay. I don't know which parts of apartment style lead to a longer length of stay, so I don't know what features to take off the table.

KG:  In order to determine if there are ways to work within the constraints we have (capital costs, ability to locate enough buildings, operating dollars, etc.), we need to determine if there are ways to mitigate concerns people have about a private room setting.  Maybe there are, maybe there are not, but have to at least have the discussion.

What we've heard? Concerns about:
- Adequate privacy & safety
- Re-traumatization
- Conflict over shared space

- Appropriateness for Children
  - Quiet space where kids can do homework
- Health issues – communicable diseases, bed bugs, medication needs
  - Reasonable accommodation issues
- Logistics of people getting ready for school, jobs, appointments
- Dietary needs
- Cost effectiveness of providing food if most families buy their own
- Ability to transition buildings to affordable housing
- Programming rules (cannot be too general)
- Cleanliness – one bathtub that has to be cleaned every time you use it
- Security
- Community buy-in
- Religious freedoms
- Number of families per floor
- Number of units; size of families
  - Age/gender
- Capacity of the providers – service coordination
- Location/isolation – families shouldn't be isolated from the community
- Cost differentials
- Laundry
- Safety of belongings

Parking Lost Issue: Some families will need an apartment. What are the factors that will help us determine whether people need apartment style? What will be the process to make those assignments?

KG:  I am going to leave these concerns up on the wall as we move into a discussion about different facility components.  I know people have a lot of concerns about bathrooms, so I want to start there…

Bathrooms: Strawman
- Three types on each floor:
  - At least one unit with private bathroom
  - Multi-fixture bathrooms for men/women
  - Family-style bathroom with a door that locks, tub/shower, toilet, etc.

- If we went this path, our family shelter inventory would include:
  - 121 apartment style (32%)

- 25-30 rooms w/private bathrooms (8%)
- 230 private rooms

What do we know about household composition?
- 44% have 1 child
- 32% have 2 children
- 14% have 3 children
- 10% have 4+ children

- 43% have a child under 24 months
- 19% have an infant

- 46% of households have an adult male

Feedback from the group on bathrooms:
- It's very hard to find any research on safety on this topic. There is not much room for bathing small children. I don't know whether that has to be private though. It could be bathing facilities that are in a shared setting that are not sinks. There is a difference between 11 families sharing a group facility that is big and 5 families that are sharing a group facility that is much smaller.
- In one community I currently visited (Columbus, OH), they limit community "family style" bathrooms to specific families (who have a key).
- Need to make sure people know which bathrooms that they can and cannot use – program rules. It's all about accountability. There will be times when you have to tell people to leave.
- Think about child friendly spaces, you have to do it in the men's areas too.
- What happens when mom and dad have to go to the bathroom in the middle of the night – if you want to shower, etc.   Is the child safe when the parent leaves the room?
- Right now, you are not allowed to leave your child unattended in shelter . This goes back to program rules.
  - LZ:  Program rules should be part of this conversation.  We do not want to penalize anyone for something a reasonable person believes is safe and fine.
- My colleague did her dissertation on program design; in the settings she looked at, cluster bathrooms were helpful. However, she found that it should be even numbers, not odd, to prevent families from ganging up on one another. Transgender issues also need to be considered.

- I pulled together research on privacy; there is a lot of focus on safety, anxiety, and stress as it relates to communal space. The more you can do your daily activity in private space, the better kids can learn and sleep at night. We aren't talking about what environment college students can do best in, we are talking about families with small children. We have been surveying families, and they almost all have said private bathrooms were critical. Bathrooms, safety, and health issues have caused the biggest conflicts over the years. All the units need a private bathroom – and about half need a tub. Some ability to store food in your room, if not a full kitchen
- I think Jack and Jill style – not entirely private, but shared between two families, could work. It's not ideal, but it's a compromise.
- The jack and jill style sounds more palatable. But, providers would have to be very careful about who is placed in rooms that share a bathroom. Teen age kids moving through the bathroom to the other room. Or, what if a young child is in the bathroom and forgets to lock the other door?
- Who is responsible for cleaning the bathroom in a jack and jill setting?
- When you are in an active state of post-traumic stress, the current environment – lack of privacy, lack of control – is a trigger to making it even worse. One day in that state is too much. I feel private bathrooms are so important – and how you do that and also meet your goal on shorter stays may be difficult.
- Staff should be aware of what families are doing; have 24 hour staff (awake at night!) is important.
- Need to think about design so that when you are bathing your child you don't have to have your back to everyone in the room. That doesn't feel safe for someone that has been victimized.
- For me, having a private bathroom for every room is a no brainer. If we are saying we can't do that, or we won't do that, I want to explore why. Cost and motivation/length of stay. If its cost prohibitive can we have a better sense of what that is?
    - SC: Drivers of cost related to bathrooms – increased square footage, plumbed space is the most expensive cost per square foot. If we are using another 10-15% of the square footage, it reduces the number of units and triggers having to build additional facilities. Needing to get additional facilities will delay closure of DC General.
- For me, private bathrooms is my number one priority.
- Should have very few shared bathrooms, if you are going to do it at all. There is a big difference between teenagers who are accustomed to sharing bathroom facilities (eg, locker-room setting) versus younger children. In general, it makes sense to divide floors by families with small kids to keep older kids from younger kids to reduce safety concerns.

- On multi-fixture bathrooms, would the stalls have locks?   (Typically they do.)
- We don't have the best data on the dv side – how many are in active situations versus past trauma?  There is a continuum based on what people's needs are. It would be helpful to have more of a consumer voice through this process.