



ENVISION

COMMUNITY

An Introduction to Envision Community

A dignified and diverse community from across the housing spectrum intentionally living and learning together in low-barrier, extremely affordable housing.



We come with humility.

We respect the successful work and deep expertise that already exists in our community around the issues of housing, homelessness, and health. We see Envision as a small and important addition to the great menu of housing that Minnesota offers.

No single solution will end homelessness.

We seek to build and test one type of housing that meets the needs of a clearly defined group of people.

We do not underestimate the difficulty of this work.

We move forward despite uncertainty, with a profound awareness of the suffering that each night of the status quo extends.

We seek partners who are willing to courageously explore the unknown.

We seek partners who are willing to try something new without having clear solutions for every hard problem. Many hard trade-offs will need to be made to address this deeply rooted systemic problem. We offer this proposal in the spirit of open collaboration.



We are a growing collective

Hennepin Healthcare’s Upstream Health Innovations, the University of Minnesota’s Minnesota Design Center, Alchemy Architects, and Minneapolis Public Housing Authority are collaborating on this project.



UPSTREAM HEALTH INNOVATIONS



MINNESOTA DESIGN CENTER
COLLEGE OF DESIGN UNIVERSITY OF MINNESOTA

A L C H E M Y

This is a collaborative vision.

This vision comes from people experiencing homelessness, people who have never experienced the issue, health plans, healthcare providers, housing experts, and government officials who we interviewed and co-designed with over the last year.

POTENTIAL RESIDENTS EXPERIENCING HOUSING INSTABILITY



POTENTIAL RESIDENTS WHO ARE STABLY HOUSED



HOUSING, SHELTER, & HEALTH EXPERTS





Special thanks to...

United Health Foundation, the McKnight Foundation’s Region and Communities Program, Julia Dayton, and the Dayton Hudson endowment at the MDC for their generous support of this project.

We also express our appreciation to the organizations whose members participated in interviews that provided the valuable insights and feedback that informed this vision:

Minneapolis Public Housing Authority

Hennepin County
Hennepin County Attorney’s Office
Center for Innovation and Excellence
Community Corrections and Rehabilitation
Community Offender Management
Continuum of Care
Healthcare for the Homeless
Office to End Homelessness
Resident and Real Estate Services
Workforce Development

State Government
Minnesota Department of Human Services
Minnesota Housing

Federal Government
Housing and Urban Development

Community Partners

Aeon
Catholic Charities
CommonBond Communities
Corporation for Supportive Housing
East Town Business Partnership
First Covenant Church
Hearth Connection
LISC Twin Cities
Project for Pride in Living
St. Stephen’s Human Services
Street Voices of Change
Urban Land Institute
YMCA

Health Plans

Blue Cross Blue Shield
HealthPartners
Hennepin Health
Minnesota Council of Health Plans
Optum
UCare
United Healthcare Group

Hennepin Healthcare

Community Health
Coordinated Care Center
Crisis Residence
Emergency Department
Health Policy
Population Health
Social Work

Public Health

Minnesota Department of Health
U of M School of Public Health
U of M Humphry School of Public Affairs

We thank the organizers of courses that informed this report:

CSH and Capital Link’s
Capital Expansion for Health and Housing Partnerships
CSH Supportive Housing Academy
DHS Housing Program Overview

Our housing collaborative thanks the University of Minnesota School of Public Health for sending students to work on this project as part of a public health field experience. Thank you to Dr. Jon Pryor, the CEO of Hennepin Healthcare, who catalyzed this work by introducing Upstream Health Innovations to Tom Fisher and encouraging us to explore how the healthcare system could utilize microhousing to care for patients experiencing housing instability. Our deep appreciation also goes to Susan Jepson and Dr. Chip Truwit for their support and guidance. Most importantly, we want to thank the patients of Hennepin Healthcare and members of Street Voices of Change who participated in the interviews and gave their guidance.

We welcome all who want to be part of this effort!

THE PROBLEM

Homelessness is a health condition.
It profoundly impacts a person's health and creates financial strain on the healthcare system (and many other social institutions).

“Being out on the street kills you. I mean, can you imagine sleeping in this tent when it's twenty below—keeping warm by burning hand sanitizer. This way of life is hard on a person.”

—John, housing unstable

SUPPORTING EVIDENCE

In colder climates, homelessness can cut a person's life expectancy in half. Condon and McDermid (2014) reported the median age of death for a homeless person in British Columbia is between 40–49. This is almost half the life expectancy for the average British Columbian, which is 82.65 years.

19% of adults report being assaulted while homeless. 30% of homeless adults report evidence of traumatic brain injury (Wilder Research, 2016).

“Homeless individuals are five times more likely than non-homeless individuals to be admitted to inpatient hospital units. They also stay in the hospital for up to four days longer at a cost of \$2,000 to \$4,000 a day” (D'Amore, Hung, Chiang, & Goldfrank, 2001).

“Homelessness creates new health problems and exacerbates existing ones... Conditions among people who are homeless are frequently co-occurring, with a complex mix of severe physical, psychiatric, substance use, and social problems. High stress, unhealthy and dangerous environments, and an inability to control food intake often result in visits to emergency rooms and hospitalization which worsens overall health” (National Health Care for the Homeless Council, 2011).

Condon, S., McDermid, J. (2014). *Dying on the Streets: Homeless Deaths in British Columbia*. Vancouver, BC: Street Corner Media Foundation.

D'Amore, J., Hung, O., Chiang, W. & Goldfrank, L. (2001). The epidemiology of the homeless population and its impact on an urban emergency department. *Academic Emergency Medicine*, 8(11), 1051-1055.

National Health Care for the Homeless Council (2011). *Homelessness & health: what's the connection?* Nashville, TN.

Wilder Research (2016). *Homelessness in Minnesota, Findings from the 2015 Minnesota Homeless Study*. St. Paul, MN.

A person is sitting on a piece of cardboard on the ground in a narrow, dimly lit alleyway. The person is wearing a light-colored long-sleeved shirt and dark pants. The alleyway is flanked by concrete walls and has a corrugated metal ceiling. The overall mood is somber and bleak.

THE PROBLEM

A lack of truly low barrier affordable housing significantly contributes to homelessness.

“I work two jobs and still can’t find a place to rent that leaves me with enough money to live. It feels like a hopeless situation.”

- Gary, housing unstable

“It’s hard to get clean if you don’t have anywhere to live. This city needs more housing where they take you in to help you get better.”

- Johnathan, housing unstable

SUPPORTING EVIDENCE

There is a severe shortage of affordable housing for people with extremely low income. The Twin Cities has a deficit of 64,998 affordable and available units (Aurand et al., 2018).

“Minnesota’s homeless population has a median monthly income of \$550, according to Wilder Research’s analysis of the 2015 count. Income that low won’t pay the rent. In the Twin Cities, the average studio apartment rent in the first quarter of 2017 was \$823” (Star Tribune Editorial Board, 2017).



THE PROBLEM

The healthcare system has a moral and financial motivation to help end homelessness, but the high cost of affordable housing makes this investment unfavorable.

Innovation is needed to bring costs down without compromising quality of life.

“It can take many years just to get funding in order for an affordable housing development. Securing funding for such a big investment is an incredible task.”

–Justin Eilers, Senior Project Manager,
CommonBond Communities

SUPPORTING EVIDENCE

Permanent supportive housing is too expensive for the healthcare system to develop. In one study, average permanent supportive housing cost \$255,103 per studio unit to develop (Cho & Gallagher, 2012).

“While we pay more for health care than any other country in the world, when it comes to spending on social services—education, subsidized housing, food assistance and more— we rank in the bottom 10 among developed countries” (Freedman, 2018).

Our collaborative has conservatively estimated that the healthcare system can afford to invest \$673 per person per month to house the highest healthcare utilizers. No housing in the Twin Cities’ market meets this price point (Envision Community Collaborative, 2018).

“Minnesota sharply expanded Medicaid eligibility in the state in 2011 and again in 2014, bringing in about 10,000 new enrollees under Hennepin [Health’s] care, representing well over \$300 million in new health care costs. These enrollees, all of whom were poor and many of whom didn’t have permanent housing, were being admitted to the hospital at three times the rate of other nonelderly adults, and were visiting the emergency department an astonishing 13 times as often, according to Ross Owen, the health strategy director for Hennepin County. Each such admission or visit can easily rack up thousands of dollars in costs, making reducing them good targets for a program” (Freedman, 2018).

THE PROBLEM

**Housing alone is not the answer.
Supportive programming is not enough.**

An accepting, flexible community is essential to create stability and belonging for people who become housed. Without this, many people return to the streets seeking freedom and friendship.

“If you don’t have people helping you change your ways, you’ll just keep bringing the street home with you.”

- Alicia, housing unstable

“When I got housing I was still surrounded by the same people and same activities as before. The community around me led to my demise.”

- Marco, housing unstable

SUPPORTING EVIDENCE

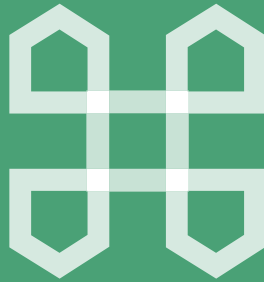
“Our interconnection is not only a natural and necessary part of our lives but also a force for good. Just as brains can do things that no single neuron can do, so can social networks do things that no single person can do” (Christakis & Fowler, 2009, p. xii).

“People copy the substance-use, drinking, and smoking behaviors of people they know directly and, more remarkably, of others who are farther away in the social network... [Understanding social networks can] help us understand the sharp decline in smoking, the relative persistence of drinking, and a wide variety of other activities that affect our health” (Christakis & Fowler, 2009, p. 115-116).

“Our health depends on more than our own biology or even our own choices and actions. Our health also depends quite literally on the biology, choices, and actions of those around us...A key factor in determining our health is the health of others” (Christakis & Fowler, 2009, p. 129-130).

“Unsheltered participants’ lack of social support may have led to difficulty finding a place to stay or reflect reluctance to stay in places that require frequent contact with others” (Dunn, 2000).

THE OPPORTUNITY



ENVISION

COMMUNITY

A dignified and diverse community from across the housing spectrum intentionally living and learning together in low-barrier, extremely affordable housing.

What makes Envision Community different:

1. Truly affordable for residents and the healthcare system
2. Extremely affordable strategies
3. Designed by people experiencing housing instability
4. Intentional community grounded in shared values

HOW TO REALIZE THE OPPORTUNITY

We house a diverse community to foster learning, dignity, and stability.

20%
chronically homeless
highest utilizers of
health care



60%
have experienced housing
instability (but are not the
highest health care utilizers)



20%
have never experienced
housing instability



In a community dedicated to learning, it is important to have a diverse group of people to learn from and grow with. That same diversity also signals a belief in equity and solidarity: that we see value in each other, regardless of our past.

Diversity is also essential for us to successfully house the highest utilizers of health care. We need people with different types of stability and capacity to ground our community.

SUPPORTING EVIDENCE

Economic integration brings a range of shared benefits to communities and families across the class spectrum (Volmert et. al., 2016).

“Neighborhoods of concentrated poverty isolate their residents from the resources and networks they need to reach their potential and deprive the larger community of the neighborhood’s human capital” (HUD, 2011).

HOW TO REALIZE THE OPPORTUNITY

People experiencing homelessness prioritized four qualities that housing must embody to be desirable.

Community

Many people who obtain housing feel isolated or unwelcome in their new home. Some end up leaving stable housing, returning to the streets to seek the friendships that they experienced when they were homeless.

“Once I got housing, I thought about getting homeless again so I could be with my people. You wanna be in the mix.” - **Maya, housing unstable**

“The idea of community is to learn and grow from everybody. She has a gift and she can share that gift with me. I say, ‘Oh I can use that.’ In return, I might have a gift for gardening. We trade off these gifts with each other, and that’s community.” - **Alicia, housing unstable**

Privacy

People who have lived on the streets have often been denied private, indoor space and long for the ability to close a door and lock it when they need to be alone.

“You can respect others all day, but at one point, you want your space. The only way to really do that is if a person has their own key, and they can lock their door.” - **June, housing unstable**

Low Barrier

Barriers to obtaining and remaining in housing can take many forms: high prices, criminal record, chemical health, and eviction or credit history. Many people remain homeless for years because the barriers to housing are too high.

“They need to make housing realistic for those of us who are ‘under-qualified.’ A lot of apartments won’t rent to you if you had a felony, if you don’t have rental history, or if you have bad credit. The income should be more realistic too. You’re paying half your check for rent. A lot of people I know just can’t get over these hurdles.” - **Diego, housing unstable**

Non-institutional

Living on the streets often means interacting with institutions like shelters, jails, and hospitals. Housing must not have institutional qualities if people are to feel at home and in control.

“It needs to have a homey feel. Little designs or a cut out in the wall where you can see from one room into another. Not just a box. Not just a cell. It needs colors.” - **Mateo, housing unstable**

HOW TO REALIZE THE OPPORTUNITY

But we know tiny living isn't for everyone. We house people interested in living small and who value learning from community.

"We all live here because we learn from one another and make each other better. Creating memories together and building relationships are what the people here value more than anything else, including paying affordable rent."
- Kora, co-op resident



There is great diversity among people who have experienced housing instability. And just like their stably housed counterparts, not everyone is interested in living small, and not everyone wants to live in community. We define our target resident population as individuals interested in living small (vs. those who see it as an imposition) and individuals who see value in learning from a diverse community (vs. those who do not see others as teachers from whom they want to learn). We are not trying to solve homelessness; rather, we have identified a gap in the system for a specific group of people that Envision can fill.

SUPPORTING EVIDENCE

"As one of the nation's largest tiny home builders, Escape Tiny Homes has seen business grow by roughly 200 percent" (Sisson, 2017).

"There is a growing movement of ecovillages, co-housing, and intentional community-making around the world. Many offer the best of both worlds: autonomy and communion" (Laloux, 2017).

HOW TO REALIZE THE OPPORTUNITY

We utilize money already being spent on medical care in a more upstream way.



How can healthcare pay for one more thing like housing when its budgets are already stretched to the limit by existing services? The truth is that the healthcare system is already paying to house the homeless in settings like the ED, hospital, and intensive care unit where the bill is far more expensive than a luxury hotel because of high-tech amenities like ventilators, surgeries, and CT scans, and the 24/7 personal service provided by one of the most educated and highest-paid workforces in our economy. Rather than intermittently housing the homeless in the financial equivalent of a luxury hotel for only a few days a year, it makes sense for the healthcare system to prevent the health crises of the highest utilizers by redirecting its resources towards year-round stable, affordable, and dignified communities.

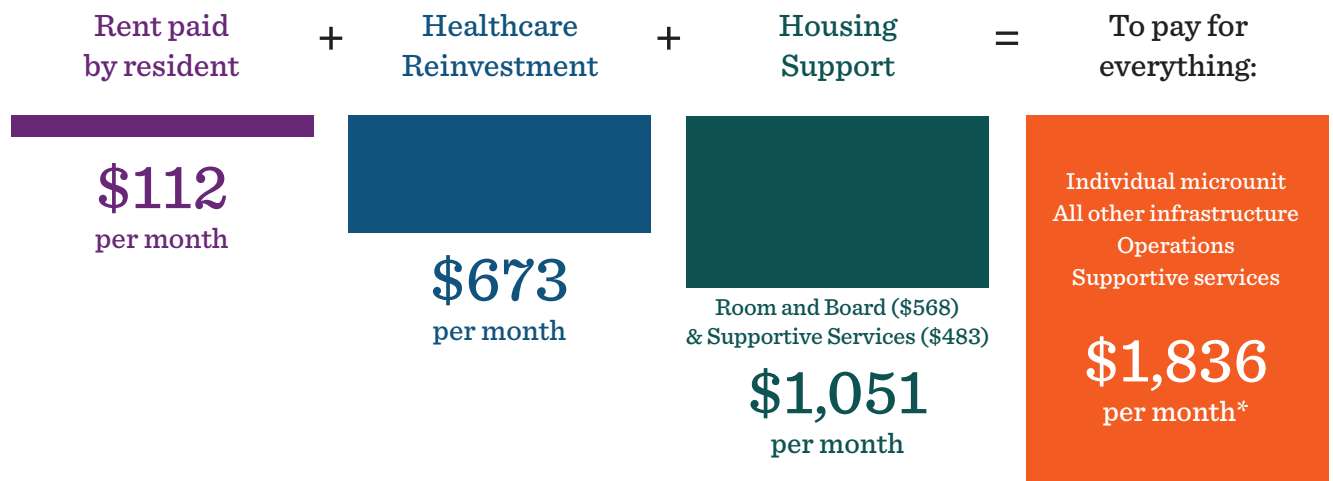
SUPPORTING EVIDENCE

“[P]ermanent supportive housing has been found to be cost efficient. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are homeless. One study found an average cost savings on emergency services of \$31,545 per person housed in a Housing First program over the course of two years. Another study showed that a Housing First program could cost up to \$23,000 less per consumer per year than a shelter program” (National Alliance to End Homelessness, 2016).

HOW TO REALIZE THE OPPORTUNITY

We are sustainable because we design & build based on the price point set by reliable funding.

FUNDING MODEL FOR THE 20% OF ENVISION RESIDENTS WHO ARE THE HIGHEST HEALTH CARE UTILIZERS



**Model shows sources of income during year 5*

A Grounded Approach to Design: We began by estimating the amount of money that is reliably available and designed our housing, operations, and services to meet that price point

Reasonable Rent Paid by Residents Our goal is to have residents pay no more than 30% of their income towards housing.

Reasonable Healthcare Reinvestment We designed this reinvestment to be cost-neutral for the healthcare system.

Housing Support Housing Support is an income supplement funded by the State of Minnesota and administered by counties and tribes across the state. It is the most reliable source of funding that is available to the greatest number of homeless patients who seek care from our healthcare system. For qualified individuals, Housing Support also pays for supportive services.

SUPPORTING EVIDENCE

“At the beginning of this project, we set out to find the most reliable source of funding that is available to the greatest number of homeless patients who seek care at Hennepin County Medical Center (HCMC). Housing Support meets both of those standards” (Envision Community Collaborative, 2018).

HOW TO REALIZE THE OPPORTUNITY

We build community at this price by utilizing new strategies that fit within the budgets of residents and the healthcare system.



SUPPORTING EVIDENCE

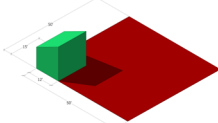
“It can take many years just to get funding in order for an affordable housing development. Securing funding for such a big investment is an incredible task.”

-Justin Eilers, Senior Project Manager, CommonBond Communities

“That feeling that nobody wants me anywhere. That’s what tiny houses will change.” - Tina, housing unstable

Strategies for Extreme Affordability

Smaller footprint



Average American house size compared to a unit at Envision

Shared resources



Six-plex housing around a common house with shared facilities

Energy efficiency



SIPS panel cross section

New building practices



Diamond piers

Innovative operations



Volunteer labor and design



Low or no cost land



HOW TO REALIZE THE OPPORTUNITY

We design desirable homes within a realistic budget.

Rural Exterior View



Interior View of Unit



Interior View of Common House



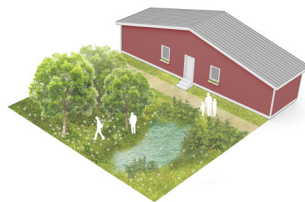
Assemblage



Unit A



Unit B



Unit A & Unit B



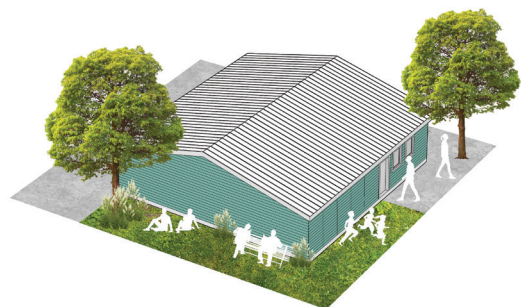
6-Plex
(2 Unit A's & 1 Unit B)



Site Layout for Three 6-Plex and Common House



Common House



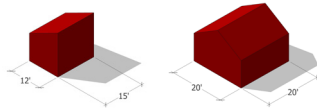
We design with local codes and the cost of compliance in mind.

Barriers

Small Building Footprint

CODES: Most locations in Minneapolis require new construction to exceed 20' in both directions.

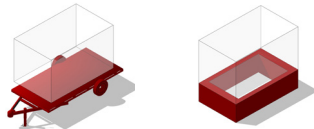
COST: Single 20' x 20' units would more than double the square footage and grow the budget proportionately.



Foundation

CODES: Tiny homes often require trailers which are considered RV's and are not permitted within the city.

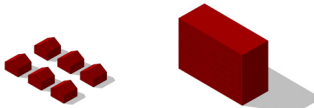
COST: A full foundation for each unit would cost roughly 2/3 the full project cost.



Multiple Units

CODES: The number of people living in each building exceeds the maximum occupancy allowed by zoning code unless registered as an intentional community with the city.

COST: Though more efficient, apartments require massive initial capital. Healthcare funds are usually provided incrementally per individual.



Sanitation

CODES: Every dwelling is required to have sanitation.

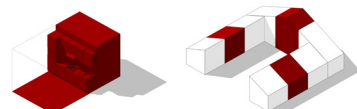
COST: Plumbing and septic lines to each unit costs roughly half the current budget and would also require extensive additional maintenance costs.



Common House

CODES: Every dwelling is required to have sanitation and cooking facilities.

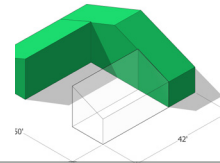
COST: Bathrooms and kitchens in each unit would triple unit costs and inflate the total project square footage by a third.



Design Solutions

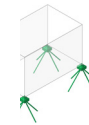
Fastened Units

Bolting each units' exterior walls together exceeds the minimum width while providing small, individual units.



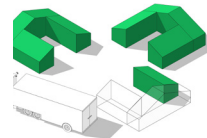
Piers

Diamond piers have recently been adopted into Minneapolis' residential building code and provide a cost effective alternative as they may be installed with a jackhammer and do not require excavation.



Incremental Housing

Modular design allows communities to start immediately with only a few units and grow incrementally as funding increases and success is demonstrated.



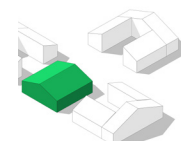
Composting Toilets

Composting toilets provide a cost-effective solution and have been successful in similar housing-first communities.



Centralized Resources

Potential residents decided to prioritize a common space large enough for the whole community to gather in over the convenience of closer plumbed bathrooms.



HOW TO REALIZE THE OPPORTUNITY

We deliver services on-site that create holistic healthy lifestyles.



Envision embraces a Housing First approach where participation in services is not a precondition for housing. Residents only receive services they want. When a resident wants support, Envision seeks to offer that service on-site whenever possible. Our supportive services include housing case management, meaningful vocational training, and integrated primary care, mental health treatment, and chemical dependency recovery. These supportive services allow residents with a variety of needs to become their healthiest selves.

Services are provided by people who understand the unique history and experience of residents at Envision. We encourage providers to build relationships with our residents through a variety of trauma informed techniques that promote dignity, consistency, and trust.

SUPPORTING EVIDENCE

“Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance. People in supportive housing live more stable and productive lives” (Corporation for Supportive Housing, 2018).

Substantial literature, including seven randomized controlled trials, demonstrated that components of the [housing with supportive services] model reduced homelessness, increased housing tenure, and decreased emergency room visits and hospitalization. Consumers consistently rated this [permanent supportive housing] model more positively than other housing models” (Rog, 2014).

HOW TO REALIZE THE OPPORTUNITY

We co-create Envision with future residents to collaboratively define and realize the community they want.



“People who have experienced housing instability have so much to teach other people about being resourceful. This community needs to encourage sharing knowledge and learning from one another.”

-Sam, stably housed



“This place needs to be beautiful and people need to show they care for it. They show they care by participating.”

-Winston, housing unstable



“People in our community have been working on issues of social change for many years. We want to have a say in what happens.”

-Estella, housing unstable



“So rarely do people ask for the opinions of those experiencing housing instability when they are trying to design something for them. The way you’re working is refreshing.”

-James, housing expert

We know that the most valuable tool we have for making Envision Community work is the lived experiences of the people who want to live there. They are experts about the barriers to housing, what doesn't work in housing, and the type of supportive community that will help people thrive. Future residents are the leading force pushing Envision forward and defining what it needs to be. We work closely with people who have experienced housing instability as well as those who are stably housed and interested in living at Envision to make strategic decisions about what it is, who it is for, and how it will work. The following shared values come from this co-creative method and combine the thoughts, insights, and expertise of over 100 potential residents.



HOW WE OPERATE

Our shared values

Our shared values are high level guidelines representing the character of Envision. They guide all decisions at Envision including: financial, operational, physical architecture, governance, and partnership decisions.

These shared values were co-created with the input of over 100 potential residents.

ENVISION COMMUNITY'S SHARED VALUES

We honor each other's autonomy through transparency, flexibility, and choice.

Control over one's life and lifestyle is an essential aspect of feeling at home. Although Envision has shared values, each resident can choose how and when to participate in community. We recognize that some people need more time, flexibility, and support than others and we honor these differences.

"If I meet people where they are at, I can't treat everybody the same. It's about connecting with each individual and trying to find their needs, not what I want them to do." – **Marco, housing unstable**

We must earn trust from each other rather than expecting it to be readily given. We know this takes time.

Establishing trust is the foundation on which people build loyalty to one another, develop faith in worthy systemic structures, and build the capacity to plan for the future. We build trust as individuals and as a community by holding ourselves to consistent, well-known standards and rules. We make our motives clear and strive to prioritize a relational approach in all interactions.

"Often people who are homeless have experienced a lot of trauma and injustice. They have come to learn everyone has a motive – and honestly we all do. Some motives are deeper and darker than others, but they are real. When you lay that motive out for people, they are so much more willing to work with you and trust you." – **Jim, pastor**

We seek to release what is no longer needed to make room for health, purpose, and community in our lives.

It can be difficult to envision a different future while sitting amongst the "clutter" of the past. We accumulate and carry habits, beliefs, relationships and things that don't support us as we strive to grow towards our highest potential. We seek to offer a safe and compassionate presence where together we can learn to let go.

"Everything has a purpose when you live tiny. It's an internal challenge to oneself about shedding things the world has put on you and embracing harmony and oneness. It's more of a spiritual awakening. ." – **Greg, housing stable**

ENVISION COMMUNITY'S SHARED VALUES

We respect each person as a teacher from whom we want to learn.

Learning from one another's lived experience is essential to forming the bonds that hold a strong community together. The act of sharing what we know makes meaning out of struggle and transforms hardship into purposeful growth. We intentionally create spaces and interactions that encourage vulnerability and listening so we may learn from each other's rich and varied lives.

"[Residents coming from stable housing] can't have the idea that they are the expert and we are the clients. There can't be an economic hierarchy like that. Nobody can show up like they are better than anybody else or invulnerable."

– **Shea, housing unstable**

We share responsibility for cultivating this community.

We seek to foster a mindset of dignity by caring for ourselves, each other, and our space. While we have the freedom to come and go as we please, we understand that we will "get out of Envision, what we put into Envision." We see the social connection between everyone at Envision as an essential component of health that needs regular maintenance in order for everyone to thrive. We look for opportunities to share our community with others and signal to the surrounding neighborhoods that Envision Community is a well-loved asset.

"Tiny doesn't mean shitty, it doesn't mean dirty. It's hard to articulate the difference between a trailer park and what tiny house dwellers envision when they say a tiny house village. In a trailer park, there is not a sense of pride, of homeownership. There's no "we need to take care of this property because we fought so hard to get it." – **Sarah, tiny house owner**

We see ourselves as part of a broader movement towards health and housing equity.

Making the choice to live in community at Envision represents our belief that positive social change for ourselves and our community is possible. We know that the way we live affects more people than just us. Trying this new model of housing sets an example for others, challenges the status quo, and creates a more equitable community.

"I want to feel that burning in my chest that says I can be big and be a part of the bigness." – **Brian, housing stable**

ENVISION COMMUNITY'S SHARED VALUES

We intentionally cultivate a healthy and resilient community through our shared values.

We believe healthy communities emerge when residents are supported in caring for themselves, caring for their neighbors, and caring for Envision as a whole. Below are examples of how we bring our shared values to life within each of these levels.

Care for Yourself

Health Care & Support Services



Services are provided by professionals who understand the unique history and experience of residents. Providers build relationships with our residents through trauma informed techniques that promote dignity, consistency, and trust. Supportive services include case management, housing transition services, housing sustaining services, resident support specialists and vocational training. Healthcare services include primary and specialty care, mental healthcare, chemical dependency treatment, and healthcare navigation.

Resident Care Specialist



Resident support includes part-time services related to planning community building activities, facilitating resident council meetings, posting community resources, communicating safety information, monitoring campus for concerns such as excessive traffic, loud music, potential lease violations, and maintenance issues.

Storytelling Workshops



The narratives we tell about ourselves and our past inform our identity and affect our future. By hosting storytelling workshops and providing opportunities to share these stories at community meals, residents can learn how to make meaning out of difficult experiences that can empower them to feel in control of their narratives and their lives. Sharing these stories with others magnifies the opportunity for healing and connection.

ENVISION COMMUNITY'S SHARED VALUES

We intentionally cultivate a healthy and resilient community through our shared values.

Caring for Neighbors

Communication & Group Processing Skills Training

Living closely with others requires strong communication skills. Communication training for all residents includes how to de-escalate tension, cope with stress and disagreement, and how to grow from conflict. Practicing these skills early-on will set residents up to navigate the challenges of living in community.



Family-Style Shared Meals

Five nights a week, Envision residents participate in preparing food and enjoying a family-style meal together. Residents take turns deciding on the menu, serving each other food, and leading a pre-dinner moment of silence, gratitude, prayer, or reflection. This dependable point of interaction creates the community glue that allows residents to work through concerns and build towards collective goals.



Housewarming Celebration

Moving-in is a big step for new members of Envision Community, and each new resident is honored with a community-wide housewarming celebration. This celebration marks the beginning of a new chapter in their life and demonstrates the strong social support available to each resident.



ENVISION COMMUNITY'S SHARED VALUES

We intentionally cultivate a healthy and resilient community through our shared values.

Caring for Envision

Human Centered Application Process

The Envision application process identifies people who are interested in living small and living in community. Questions explore how each resident relates to Envision's values and allows for personalization of programs and services.



Engaging with the Neighborhood & Broader Community

To become a valued asset of the broader neighborhood and surrounding community, residents of Envision will look for opportunities to expand participation in and familiarity with Envision. This may include inviting neighbors to Envision events and community meals, participating in a neighborhood watch association, and establishing relationships with the local police. The neighborhood and surrounding community will be safer and more beautiful because of Envision Community.



Community Zine

For those who are interested in sharing their story with a broader audience, Envision Community creates a yearly zine - a low-cost independent publication- documenting resident writing, interviews, and stories that emerge from the storytelling workshops and community meals. Having an artifact to share with others creates a platform to voice experiences, provides a way to track growth, cultivates a feeling of accomplishment, and communicates insights gained at Envision with a broader audience.





OUR ASK

This is an opportunity to explore a new model of affordable housing with transformative potential.

Envision Community will provide much needed housing for people experiencing homelessness. Learning from this model will teach us valuable information about the role of health care in housing.

Making an 18 unit demonstration prototype is the first step.

Demonstration Goal

Compare the experience of intentional micro-communities with traditional permanent supportive housing.

Demonstration Outline

- 2 year live demonstration
- Housing between 15-30 people
- Location TBD

Demonstration Measures

Qualitative analysis will explore the experience of the residents:

- How connected do you feel to others in this place?
- Where would you turn if you needed help?
- Tell us about a day in your life.
- Do you feel connected to the services and people you need to be healthy?

Quantitative measurement categories will include:

- Physical, mental, and social health
- Housing stability
- Employment and volunteer opportunities
- Development and construction time
- Cost analysis
- Cross-sector service utilization including healthcare utilization



OUR ASK

What we need to get started

JOIN our collaborative!

Help us find LAND for the demonstration

- Let us use your land for the pilot
- Donate or purchase land
- Help us search for Title V land
- Arrange a meeting with owners of potential sites
- Help us obtain a zoning variance or conditional use permit

Get the right PEOPLE in our corner

- Live at Envision with us
- Be the managing organization of the demonstration
- Be one of our service providers
- Participate in planning the demonstration
- Help us measure and analyze our results
- Gather neighborhood support
- Politically support our effort
- Publicize our project

Help us find FUNDING

BEFORE the demonstration

- Promotional Pod = \$39,110
- Application process and community rules co-creation with potential residents = \$38,070
- Support Street Voices as they advocate for Envision and evaluate sites = \$9,240
- Arrange a meeting with a potential donor
- Write a letter of support for grant applications

DURING the demonstration

- Capital for entire demonstration = \$415,990
 - Common house = \$118,690
 - One 6-plex = \$99,100
 - One Pod A = \$26,950
 - One Pod B = \$45,200
- Run plumbing to a 6-plex = \$11,900
- Qualitative analysis of the demonstration and co-creation of innovative operations within Envision Community = \$108,603
- Quantitative analysis = \$25,100



Join the movement!

Contact Bill Walsh at William.Walsh@hcmed.org