

Envision Community would provide shared bathrooms and kitchens in a community center, as this model demonstrates. William Walsh, MD, (at right) has been working with a team of homeless and formerly homeless people from Street Voices of Change that includes Rome Darring, Dewayne Parker, Junail Anderson, Sherry Shannon and Freddy Toran.



# One tiny home at a time

Envision offers a community solution to homelessness

BY LINDA PICONE ALL PHOTOS BY RICH RYAN PHOTOGRAPHY

**W**illiam Walsh, MD, spends about 75 percent of his time as part of the facial trauma team at Hennepin County Medical Center (HCMC). He sees a lot of patients in pretty bad shape.

“People are being assaulted on the streets,” he says. “When they come in to see me, their face may be in pieces.”

The facial trauma team does its work, repairs broken bones and lacerated skin and then ...

“What’s the next step after the hospital?” he asks. “For patients experiencing homelessness, there isn’t one. The menu of options is pretty small.”

Often—too often—patients are being discharged back to where they came from, the streets. “There’s no one to take care of them at home, because they don’t have a home,” Walsh says. That means just getting regular meals may not happen, let alone special diets, wound care and a good night’s sleep.

Walsh’s frustration and the other part of his job—deputy chief innovation officer of *Upstream* Health Innovations, the innovation team for Hennepin Healthcare—made him want to find solutions to a problem he sees in front of him all the time.

*Upstream’s* approach uses human-centered design, meaning that the people and communities it serves are part of both framing problems and solving them. “We partner with the people most impacted by the work,” Walsh says.

As Walsh and his team began to look at homelessness, a pastor at First Covenant Church in Minneapolis told him he needed to talk to Street Voices of Change, an activist group of homeless and recently homeless people who meet in several downtown Minneapolis churches. Walsh and other members of *Upstream* Health started going to Street Voices meetings, a bit warily, wondering if they would be accepted. “We came with humility,” he says. In addition to attending Street Voices meetings, the *Upstream* Health team interviewed more than 100 people experiencing homelessness to learn about where they would want to live.

“For me, that’s when the project changed,” Walsh says. “It converted from research to action. Me, working as a physician, got us a little of the way solo, but I didn’t really know anything. The people in Street Voices are true experts about the situation of homelessness; their experiences are infused throughout this work.”

## Envision Community

“This work” is Envision Community, a proposal for a new collaborative community of tiny homes with both individual spaces and significant shared space, including cooking areas and bathrooms. “Envision is about two things,” Walsh says. “Tiny homes and intentional community.”

Although the impetus for the idea of Envision was providing living space for homeless people, the community would, ideally, be mixed, with 20 percent of the spaces for chronically homeless people who are the highest utilizers of health care; 20 percent for people who have never been homeless; and 60 percent for people who are currently homeless but relatively healthy.

The process of creating Envision was different in a number of ways, but perhaps the most unusual was that it started with the financial model, then created a community that would work with the finances that should be available through health care savings (it’s estimated that housing will reduce health care costs by 25 percent for chronically or acutely ill homeless people) and Minnesota Housing Support funds. Capital funding to build an Envision Community is estimated to be paid off in five years.

### The details

The proposal for Envision Community includes:

- Six-plex groupings that can house eight people—four single units and two units that can house couples.
- Common houses with shared bathrooms, kitchens and common space for up to 24 residents. “The community house is large, enough for the full community to gather” says Walsh. “People want to be together.”
- Energy-efficient building practices and materials.
- Low- to no-cost land. “We will design around local housing codes and compliance and we’ll do it incrementally, building as we go.”
- Donated labor. Envision hopes that potential residents, community groups and skilled labor professionals will donate their labor so the cost of the community can stay low.

A grant from the United Health Foundation funded the early human-centered design; now Envision is looking for partners to help create a two-year demonstration project with 18 units for 15

to 30 people on a location to be determined, at an estimated cost of about \$416,000. “We need partners who are willing to jump in without having all the answers,” Walsh says. “We can stand on our own financially if we just get the initial push.” Both qualitative and quantitative outcomes of the demonstration project

will be carefully assessed, measuring how connected residents feel to each other and to services they need to be healthy, housing stability, employment and volunteer opportunities, costs, etc.



Housing “pods” would cluster around a shared community building. The design for Envision Community was developed through a cooperative led by Hennepin Healthcare’s *Upstream* Health Innovations; William Walsh, MD, (right) is deputy chief innovation officer for *Upstream*, as well as a facial plastic and reconstructive surgeon. People in Street Voices of Change, who have lived—or are still living—without homes, were crucial to developing the right plans. Among those working on Envision Community are Dewayne Parker, Rome Darring, Shery Shannon, Junail Anderson and Freddy Toran.

### Walsh and Street Voices

Envision Community will not be for everyone; it is designed specifically for people who want to live smaller and live in community. “It might not be right for me, but it might be right for someone,” says Junail Anderson, of Street Voices of Change. She has spent time in homeless shelters and, because of shelter hours—she had to be out by 6 a.m. each day—found it hard to stay on schedule with her medications and to deal with her sleep problems.

Frederick Toran is now in transitional housing, but he has spent time on the streets. “Most of the time it’s really hard, carrying luggage around from place to place,” he says. “I started sleeping in the park, walking all night. I got jumped one night by three people.”

For Rome Darring, homes in Envision Community might be tiny, but they would be just what he needs. “I could get my kids and stay with them,” he says. “It’s a new start on life.”

Any meeting with Walsh to talk about Envision is going to include people from Street Voices. They are the experts as to what homeless people need, he emphasizes: “My voice has low authority. This is totally different than anything I’m trained to do.”

And yet, his experts on homelessness think he’s doing pretty well. “I’m glad Bill has us,” says Anderson. “What he’s doing, we like.” MM

Linda Picone is editor of *Minnesota Medicine*.



William Walsh, MD, deputy chief innovation officer for Hennepin Healthcare’s *Upstream* Health Innovations and a facial plastic and reconstructive surgeon, was frustrated at seeing patients leave the hospital with nowhere safe to go. Envision Community could change that, he believes.