



**A SNAPSHOT OF ADULT SHELTER USE
IN WASHINGTON, DC: FEBRUARY, 2004**
T.J. Sutcliffe, So Others Might Eat (SOME)
March 3, 2004

Introduction

Each winter, local law requires the District government to open “appropriate space in District of Columbia buildings and facilities” to prevent illness and death from hypothermia among the city’s homeless population.¹ Hypothermia shelters open from November 1 through March 31, to supplement the District’s year-round shelter capacity and provide life-saving protection from cold weather to many individuals who typically sleep on the streets of Washington, DC.

A study by SOME of single adults’ shelter use over the 2002-2003 winter found that District-contracted shelters had little to no excess capacity during that period.² In the summer of 2003, outreach workers documented a 20 percent increase in numbers of individuals sleeping outside, suggesting the need for more shelter over the coming winter.³ For the 2003-2004 winter the District expanded its hypothermia shelter capacity with 300 additional beds at two new facilities.

This report provides a snapshot of the use of District-funded hypothermia and year-round emergency shelters for single adults during the month of February, 2004.⁴

Key Findings

With an average nightly temperature of 37 degrees Fahrenheit, shelter use in February does not show the peaks typical of the coldest nights in January. Nevertheless, District-funded shelters for single adults had little to no excess capacity in February, 2004. As in past years, shelters in Columbia Heights saw particularly high use, compared with shelters in other neighborhoods.

A targeted review of shelters due to close by April 1, 2004 – including two year-round facilities and eight hypothermia shelters – suggests that if current shelter use continues through March, over 839 individuals will be without shelter after April 1. The District will be challenged to accommodate residents of the two closing year-round shelters at the same time that residents of hypothermia shelters transition into the existing shelter system or back onto the streets. The situation for women is particularly challenging, as year-round women’s shelters are nearly full.

Shelter Provision and Use

During the month of February, 2004 the District government operated 10 hypothermia shelters and 8 overnight emergency shelters through contracts with nonprofit agencies, providing up to 1,773 beds for single men and women.

Hypothermia shelters were located in District-owned buildings (6 shelters), in churches (3 shelters), and at nonprofit agencies (1 shelter). Five (5) shelters opened every night while

five (5) opened only on nights when the DC Emergency Management Agency issued a Hypothermia Alert. From February 12th on, capacity at one hypothermia shelter (Sacred Heart Church) increased from 25 beds to 50 beds, and from February 13th on, capacity at another (John L. Young Center) increased from 50 beds to 100 beds.

Table 1: Average and Maximum Nightly Shelter Capacity, Census and Utilization

| | Nights Open 2/1 – 2/26 | Average Capacity (Beds) | Average Census | Average Utilization | Maximum Census | Maximum Overflow (+) / Vacancy (-) | Maximum Utilization |
|--|---------------------------------------|--|---------------------------|--------------------------------|---------------------------|---|--------------------------------|
| Hypothermia Shelters | | | | | | | |
| Sacred Heart Church | 25 | 39 | 52 | 149.9 % | 63 | + 37 | 248.0 % |
| Emery Overflow | 26 | 30 | 47 | 156.8 % | 56 | + 26 | 186.7 % |
| Meridian Hill Baptist Church | 25 | 25 | 28 | 112.2 % | 35 | + 10 | 140.0 % |
| John L. Young Center | 26 | 77 | 55 | 79.2 % | 65 | + 7 | 114.0 % |
| Father McKenna Center | 25 | 25 | 23 | 93.4 % | 27 | + 2 | 108.0 % |
| Franklin School | 26 | 160 | 161 | 100.9 % | 170 | + 10 | 106.3 % |
| New York Avenue Shelter | 26 | 200 | 197 | 98.6 % | 210 | + 10 | 105.0 % |
| Freedom Unity Church | 25 | 25 | 18 | 71.0 % | 26 | + 1 | 104.0 % |
| CCNV Drop-In Center | 26 | 225 | 186 | 82.8 % | 214 | - 11 | 95.1 % |
| Banneker | 25 | 42 | 8 | 19.7 % | 26 | - 16 | 61.9 % |
| Subtotal (average weighted by shelter nights open)*: | | 842 | 771 | 91.7 % | 834 | + 23 | 102.9 % |
| Overnight (12-Hour) Shelters | | | | | | | |
| La Casa Overflow | 26 | 30 | 34 | 113.9 % | 49 | + 19 | 163.3 % |
| House of Ruth 12-Hour | 26 | 39 | 36 | 93.4 % | 54 | + 15 | 138.5 % |
| Gales School – Men | 26 | 75 | 89 | 118.6 % | 97 | + 22 | 129.3 % |
| Gales School – Women | 26 | 75 | 72 | 95.9 % | 81 | + 6 | 108.0 % |
| Randall 12-Hour | 26 | 124 | 120 | 96.7 % | 130 | + 6 | 104.8 % |
| Emery 12-Hour | 26 | 110 | 110 | 100.0 % | 110 | 0 | 100.0 % |
| La Casa 12-Hour Trailers | 26 | 60 | 60 | 100.0 % | 60 | 0 | 100.0 % |
| MLK Trailers | 26 | 108 | 93 | 86.4 % | 108 | 0 | 100.0 % |
| Subtotal: | | 621 | 615 | 99.0 % | 646 | + 25 | 104.0 % |
| Shelters Reporting 12-hour and 24-hour Beds Combined** | | | | | | | |
| Open Door | 26 | 126 | 126 | 100.0 % | 126 | 0 | 100.0 % |
| Crummell | 26 | 144 | 114 | 79.5 % | 126 | - 18 | 87.5 % |
| Subtotal: | | 270 | 240 | 89.1 % | 252 | - 18 | 93.3 % |
| TOTAL, all shelters (average weighted by shelter nights open) | | 1733 | 1626 | 93.9 % | 1703 | - 2 | 99.9 % |

Average capacity is the average number of shelter beds contracted to be open each night.

Average census is the average of the maximum number of individuals sheltered each night. Shelters open at 7:00 p.m., but may take several hours to fill up. Maximum nightly census was used since the District must provide beds to accommodate the full nightly need.

Average utilization is the percent of shelter beds occupied, calculated as average census divided by average contracted capacity.

Maximum overflow (+) / vacancy (-) is the difference between peak census and contracted capacity on one or more nights over the course of the winter. *Maximum utilization* is the peak percent of shelter beds occupied on one or more nights.

* Since many hypothermia shelters opened only on nights with hypothermia alerts, the total average capacity and overflow for single adults is calculated using a weighted average which takes into account the number of nights each shelter was open.

** At these shelters, the nightly census listed both 12-hour emergency and 24-hour transitional beds together. Crummell has 126 emergency beds and 18 transitional beds. Open Door has 108 emergency beds and 18 transitional beds.

As shown in Table 1, hypothermia and emergency shelters operated near or above contracted capacity throughout February. Additionally, 17 shelters experienced peaks in which the numbers of people sheltered far exceeded contracted capacity. Summary use rates for hypothermia shelters skewed downward in particular due to vacancies at Banneker, which opened on January 23 and has not been publicized as part of the District's hypothermia watch campaign.

In past winters, shelters in Columbia Heights have seen some of the city's highest use. In February, 2004 shelters in this neighborhood continued to have high use as compared with all other 12-hour and hypothermia shelters. As shown in Table 2, Columbia Heights shelters operated on average well in excess of their contracted capacity, even after capacity at Sacred Heart was expanded from 25 beds to 50 beds beginning on February 12th.

Table 2: Shelter Utilization in Columbia Heights versus All Other Neighborhoods

| Shelters | Average Capacity (beds) | Average Census | Average Utilization | Maximum Census | Maximum Utilization |
|--|-------------------------|----------------|---------------------|----------------|---------------------|
| Columbia Heights (La Casa Trailers, La Casa Overflow, Sacred Heart, Meridian Hill) | 152 | 171 | 113.5 % | 191 | 134.3 % |
| All Other Shelters | 1582 | 1456 | 92.1 % | 1523 | 97.5 % |

Use of At-Risk Shelters

As shown in Table 3, by April 1, 2004 the District plans to close 861 shelter beds. This includes 582 beds (maximum capacity) at eight hypothermia shelters, which by definition typically close by April 1 of each year. This also includes 274 beds at two year-round shelters – Gales and Randall – which may close permanently by April 1, 2004. Nine year-round shelters with a total maximum capacity of 903 beds will be open after April 1, 2004.⁵

Table 3: Use of At-Risk and Year-Round Shelters

| Shelter Type | Planned Closure Date | Average Capacity (beds) | Average Census | Average Overflow (+) / Vacancy (-) | Maximum Census | Maximum Overflow (+) / Vacancy (-) | Maximum Utilization |
|------------------------|----------------------|-------------------------|----------------|------------------------------------|----------------|------------------------------------|---------------------|
| Hypothermia To Close * | 4/1/04 | 565 | 519 | - 46 | 577 | + 6 | 101.1 % |
| Year-Round At-Risk | 4/1/04 | 274 | 281 | + 7 | 296 | + 22 | 108.0 % |
| Year-Round | none | 894 | 826 | - 67 | 865 | - 2 | 99.8 % |

* Capacity at hypothermia shelters ranged from 415 to 582, depending on how many shelters were open each night.

By definition, *hypothermia shelters* typically close by April 1 each year. Eight hypothermia shelters are due to close on April 1, 2004: Banneker, CCNV Drop-in Center, Emery Overflow, Father McKenna Center, Franklin School, Meridian Hill Baptist, Sacred Heart Church, and Freedom Unity Fellowship Church.

The District plans to close two *year-round "at-risk" shelters* (Gales and Randall) on or near April 1. Notices posted at Gales state that the shelter will close on April 1. The *Washington City Paper* reports that Randall will close by April 1.⁶

Nine *year-round shelters* will remain open after April 1, 2004. These include two new shelters, the New York Avenue Shelter for men and the John L. Young Shelter for women. Both shelters are currently in use as hypothermia shelters; however, the District government plans to keep them open permanently after this winter,⁷ although capacity at John L. Young is being reduced from 100 to 86 beds as of March 3, 2004.

Combined, the ten hypothermia and at-risk shelters due to close on or near April 1 housed an average of 839 and a maximum of 856 residents per night during the month of February. In comparison, the nine year-round shelters that will stay open after April 1 had an average of only 67 vacancies per night in February. At peak use, the nine year-round shelters had no more than 2 vacancies.

If February's shelter use patterns continue through March, between 839 and 856 men and women will lose their shelter on April 1. While hypothermia shelters are generally believed to be particularly effective in reaching out to individuals who customarily stay on the streets, some portion of current hypothermia shelter residents may choose to seek shelter within the year-round continuum of care after April 1. The District will therefore be challenged to accommodate residents from the two former year-round shelters – Gales and Randall – at the same time that hypothermia shelters are closing.

Even if only the need to accommodate residents from Gales and Randall is considered, vacancy rates in the year-round emergency shelter system will not accommodate the 281 average nightly residents of Gales and Randall.

Finally, the lack of available space for women poses a particular challenge. As shown in Table 4, one hypothermia shelter for women and one year-round shelter with 75 dedicated beds for women are due to close on April 1. In February these two facilities combined assisted an average of 89 women per night. The three year-round women's shelters that will remain open after April 1 had an average of only 25 vacancies per night during the month of February and at peak use had with up to 16 residents past capacity. Furthermore, vacancies after April 1 will be even lower as capacity at the John L. Young Center has been reduced to 86 beds as of March 3, 2004.

Table 4: Use of Women's At-Risk and Year-Round Shelters

| Shelter Type | Closure Date | Average Contracted Capacity | Average Census | Average Utilization | Maximum Census | Maximum Overflow (+) / Vacancy (-) | Maximum Utilization |
|---|--------------|-----------------------------|----------------|---------------------|----------------|------------------------------------|---------------------|
| Hypothermia and Year-Round At-Risk | 4/1/04 | 99 | 89 | 89.8 % | 104 | + 4 | 104.0 % |
| Year-Round | none | 242 | 218 | 90.8 % | 231 | + 16 | 107.4 % |

* Average contracted capacity at hypothermia shelters is weighted by number of nights open.

One women-only *hypothermia shelter* and one *year-round at-risk shelter* with dedicated space for women will close on April 1: Freedom Unity Fellowship Church (25 beds) and the Gales Shelter (75 beds for women). Three women-only *year-round shelters* will stay open after April 1: House of Ruth, John L. Young Center, and Open Door Shelter.

¹ *Frigid Temperature Protection Amendment Act of 1998*, D.C. Law 7-204, § 2, 36 DCR 454.

² *Adult Shelter Use in Washington, DC Over the 2002-2003 Winter*. Sutcliffe, T.J., November 5, 2003. Washington, DC: So Others Might Eat (SOME).

³ *2003-2004 Winter Plan Comments*, Coalition of Homeless and Housing Organizations (COHHO), September 30, 2003.

⁴ At the time of analysis, data were only available from February 1, 2004 through February 26, 2004.

⁵ Total beds available after April 1 reflects capacity at John L. Young of 86 beds as of March 3, 2004.

⁶ *MAC Daddy*. Lalasz, R. *Washington City Paper*, January 30, 2004.

⁷ *Gales School Homeless Facility Will Stay Open for 90 Days*. DC Government News Release, December 11, 2003. Available at <http://dc.gov/mayor/news/release.asp?cp=1&id=552>.



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Methodology

This report analyzed data from nightly shelter census reports from the month of February, 2004. Census reports were made available to hypothermia prevention stakeholders by the nonprofit Community Partnership for the Prevention of Homelessness, which coordinates hypothermia services for the District government. At the time of analysis, data were only available from February 1 through February 26, 2004. Data were consolidated and analyzed using Excel 8.0.

Analysis was restricted to hypothermia and year-round 12-hour emergency shelters funded under subcontract with the DC Department of Human Services. This excluded four transitional shelters which are included in the District's nightly census reports. Although data were available on these four shelters, data on other District-funded transitional shelters were not available. Therefore, transitional shelters as a group were not examined. This analysis also did not examine the District's Sobering Center, a facility on the grounds of DC General designed to provide targeted shelter and services to individuals who preferred its services to a regular shelter.

Classification of facilities as "hypothermia shelters" or "year-round emergency shelters" was based on the classification used in the Community Partnership's nightly census reports.

Analysis included several key concepts:

1. **Average capacity** as contracted varied at hypothermia shelters during the month of February. In calculating total contracted capacity for each night, shelters were not included if they were not open (for example, shelters which were closed on non-hypothermic nights were not included in the contracted capacity totals for those nights).
2. **Nightly census** for each shelter was defined as the peak census over the course of the night. Although shelters opened at 7:00 p.m., it often took several hours for all beds to fill up. From a planning perspective, each shelter's nightly peak census is much more relevant than alternative measures (for example, the average or median nightly census), since the District government must be able to accommodate the full need each night.
3. Whereas **average census** and **average utilization** describe typical use over the course of the winter, **maximum census** and **maximum utilization** refer to peak use on one or more actual nights. At the level of analysis of individual shelters, the maximum is the peak census or utilization rate for a shelter, achieved on one or more actual nights. At the level of analysis of groups of shelters, the maximum is the peak census or utilization rate for that group on one or more actual nights (e.g, the group maximum is not the sum of individual shelters' maximums, but rather is the maximum for the group on an actual night).
4. Because contracted capacity at hypothermia shelters varied during the month, calculation of average rates of overflow (census minus capacity) and utilization (census divided by capacity) for hypothermia shelters as a group was weighted by contracted capacity.