

1904 Bartillon Shelter Trauma-Informed Design Assessment

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Submitted to and in partnership with:



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EXECUTIVE SUMMARY

In partnership with Dimension IV-Madison LLC, the City of Madison is designing a new, purpose-built shelter facility at 1904 Bartillon Drive in Madison, Wisconsin, to replace the recently relocated, temporary men's shelter on Zeier Road. In October 2022, Shopworks Architecture initiated a trauma-informed design assessment of this project, interviewing staff and guests at the current Zeier Road men's shelter location as well as other service providers and individuals served to understand the homeless service navigation and needs in the Madison area. In total, the research team interviewed 145 members of the local community, including 77 service providers and 68 individuals served across Madison.

It is evident that the City of Madison and its partners are deeply committed to designing a shelter facility that is responsive to the needs of the local unhoused community and centers the input of those with expertise navigating local systems, including prospective guests and service providers. To this end, various efforts are being carried out to engage community stakeholders via listening sessions and focus groups, anonymous surveys, and committee participation. On numerous occasions, it has been established that this feedback from the community will directly inform decisions made about the new shelter's service model and operational approach.

Members of the community reflected on previous iterations of the men's shelter, expressing clear excitement about the potential of a purpose-built facility to provide an elevated level of comfort, dignity, and utility to guests. Many questions were also raised about the exact offering of the new shelter: who it would serve, what its hours of operation would be, what services would be available onsite, and how it would integrate with the existing network of service provision. Ultimately, service providers and individuals served expressed a desire for the new shelter to take a lead role in addressing the needs of the local unhoused community head on, highlighting priorities such as safety, privacy, accessibility, inclusion, housing navigation, intensive case management, substance use and recovery support, behavioral health services, and storage, among others.

This report provides a detailed account of findings resulting from a dedicated trauma-informed design assessment. A high-level summary of findings can be found here:

- Service providers and individuals served expressed a strong desire for the shelter to be operated as a **24/7 facility**, open to guests throughout the day. This is especially important for guests with major health and mobility challenges.
- All participants emphasized the need for the new shelter to **prioritize housing** and provide the necessary staffing and other resources to support this goal.
- Service providers and individuals served expressed nearly unanimous support of the new facility serving unhoused **couples**, noting that this is an evident gap in the city's shelter network.

- **Older adults** and guests with **complex health and mobility needs** were identified as a significant, and growing, subset of the unhoused population and a major consideration for the future shelter's programming of spaces.
- The **pay-to-stay** program was largely well-received by service providers and individuals served, many of whom acknowledged the challenges experienced by working guests in shelter settings.
- Participants unanimously agreed that greater **privacy in sleeping areas** would be ideal as well as lockable storage units and outlets near each bed.
- Service providers and individuals served responded positively to the idea of **smaller sleeping areas** as well as the potential that the rooms could offer separate spaces to support different guests' needs. Similarly, people supported the idea of breaking up large communal areas into smaller, more intimate spaces.
- People were outspoken about the new shelter avoiding **bunk beds** if possible.
- Many participants appreciated and welcomed a high level of **security measures**, including indoor and outdoor cameras, security personnel, thorough check-in procedures, and staff offices looking directly into sleeping areas and communal spaces.
- **Entryways** were identified as critical areas for assessing safety and connecting with guests.
- Service providers and individuals served emphasized the need for adequate **bathroom facilities**, requesting enough toilets and showers to meet demand as well as safe, private, accessible, and durable spaces.
- **Outdoor spaces** were identified as deeply appreciated, well-utilized spaces that can be challenging for staff to manage. Smoking areas should be designed in a way that allows for guest access as needed.
- Discussions about **onsite healthcare** services revealed several complex nuances; however, service providers and individuals served seemed to agree that the new shelter must consider a basic level of services and supports.
- Service providers need **flexible, multiuse spaces** to accommodate the variable needs of day-to-day shelter work, including a dedicated breakroom where staff can care for themselves during the workday.
- Guests need a **diversity of spaces** throughout the building to simply "be" – smaller and larger, quiet and active, depending on a guest's current state of mind.
- **External service providers** expressed appreciation for space at the new shelter to connect with guests and a preference for a range of casual spaces.

Following the Executive Summary, this report is organized into the following sections:

- The **Introduction** outlines the basic tenets of trauma-informed care and trauma-informed design, which establish the basis of this research approach.
- The **Findings** section includes an overview of participant details, consolidated input from various members of the Madison community, and a summary of findings from other shelter projects carried out by Shopworks Architecture.
- **Design Recommendations** feature best practices in TID and shelter design as well as design responses based on input from service providers and individuals served who participated in this assessment.
- The **Conclusion** provides a final summary of the report and acknowledgements.

INTRODUCTION

TRAUMA-INFORMED DESIGN

TRAUMA-INFORMED CARE

Trauma-Informed Care (TIC) is a critical practice to walk alongside those navigating services, including shelters and supportive housing. This is an evidenced-based practice that acknowledges that the trauma people have experienced impacts the way they interact with others and deeply influences the paths individuals can and should take toward healing and resiliency. SAMHSA (the Substance Abuse and Mental Health Services Administration) defines the “Six Key Principles of a trauma-informed approach”¹ as follows:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues

WHAT DOES THIS MEAN FOR THE BUILDING DESIGN?

While there is deep evidenced-based research on TIC, there is not clear guidance on how TIC should inform the spaces within which trauma-informed programs are offered. For that reason, Shopworks Architecture, the Center for Housing and Homelessness Research at the University of Denver, and Group14 Engineering joined in 2019 to explore what aspects of the built environment help individuals build relationships, feel safe and empowered, heal, and thrive. Quantitative and qualitative data were collected from residents and staff of residential buildings designed with an intentional trauma-informed lens. Data were analyzed by this interdisciplinary research team, and the findings of that research were summarized in the Original Trauma-Informed Design Framework seen here.



Original Trauma-Informed Design Framework

¹ From: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Our team recently updated the trauma-informed design framework to account for evolving insights on the topic.



Updated Trauma-Informed Design Framework

At the heart of the framework, we find the same general TID principles – COMFORT, CONNECTION, and CHOICE (the 3 C's). However, at the very center of the figure now lies SAFETY, which describes both real and perceived interpretations as well as safety in physical and psychological terms. We have found that safety serves as the primary value and focus of trauma-informed design.

Safety and the 3 C's live within a larger container or context, depicted in blue. The extent to which the TID principles are experienced is not only dependent upon the BUILDING itself but also the nature and quality of onsite SERVICES, PROPERTY MANAGEMENT, and other EXTERNAL FACTORS (such as a global pandemic). The goal of TID is to imagine a trauma-informed building working alongside trauma-informed property management and a trauma-informed care approach in service delivery, all in an effort to create optimally dignified and restorative environments for unhoused individuals navigating shelters and transitioning into supportive housing.

The TID framework is then held and guided by an ongoing process we refer to as KNOW-LEARN-COMMIT, which acknowledges the influence held by key decision-makers in the design process and asks those individuals to reflect on their role, experiences, and beliefs that ultimately inform the design.

We believe that this framework embodies a more holistic approach to TID that acknowledges the various systems at work, while centering the voices and input of lived experience in the decision-making process.

FINDINGS

OVERVIEW

In 2022, the City of Madison selected Dimension IV-Madison LLC to provide architectural and engineering design services and construction administrative services associated with the development of a new, purpose-built shelter facility at 1904 Bartillon Drive in Madison, Wisconsin. A series of efforts are currently underway to determine the design and service model of the envisioned facility. Among those efforts, Shopworks Architecture was enlisted to carry out a trauma-informed design pre-occupancy assessment for the project. This report details findings and design recommendations resulting from the TID assessment.

A key part of the trauma-informed design assessment process involves collecting and integrating input from stakeholders embedded in the local context – that is, Madison’s unhoused community and network of service providers with attention to those providing overnight and day shelter, outreach services, medical and behavioral health services, and providers who work with immigrant, refugee, and non-English speaking individuals as well as those without documentation. In October and November 2022, Shopworks Architecture initiated TID-focused data collection in partnership with team members from the City of Madison and Dane County leading community engagement efforts. One-on-one interviews and focus groups were conducted both in person and virtually with a total of 145 community members, including 77 service providers and 68 individuals served across Madison. The following groups were engaged in the TID assessment (listed in alphabetical order and noting dedicated discussions with guests where applicable):

- Access Community Health Centers
- The Beacon (staff and guests)
- Briarpatch Youth Services
- Catalyst for Change
- The City of Madison
- The city-sanctioned campground on Dairy Drive (staff and guests)
- Community Action Coalition
- Dane County
- Dane County Behavioral Health Resource Center
- Dane County Department of Human Services
- Dane County Division of Housing Access and Affordability
- Dane County Housing Initiative (DCHI)
- Domestic Abuse Intervention Services (DAIS)
- Ease of Mind Mental Health Solutions
- Elected officials
- Family Therapy Center Madison
- Friends of the State Street Family
- Grace Episcopal Church
- Goodwill Industries

- Homeless Services Consortium (HSC) Lived Experience Committee
- Institute for Community Alliances
- Journey Mental Health Center
- Kabba Recovery Services
- Lutheran Social Services
- Madison College
- Madison Street Medicine (formerly Madison Area Care for the Homeless [MACH] OneHealth)
- Meriter Hospital
- Nurse Disrupted
- Porchlight, Inc.
- The Road Home Dane County
- Salvation Army (women's shelter guests)
- Tellurian
- Tenant Resource Center
- Urban Triage
- YWCA
- The temporary men's shelter on Zeier Road (Porchlight, Inc. staff and guests)

Please note, participants (both service providers and individuals served) were recruited using purposive and snowball sampling methods. Purposive sampling means that individuals were selected by the design team, in this case, to represent the local homeless service provision network. Snowball sampling means that participants were also asked to assist the research by identifying other potential participants (such as service providers identifying potential guests and guests identifying other guests). These are commonly used nonprobability sampling approaches, meaning that they are not intended to be representative of the general population. Thus, findings from this sample are not generalizable and cannot be used to make inferences about the general population.

PARTICIPANT SUMMARY

Individuals served who participated in this assessment were asked to complete a brief voluntary demographic survey providing background information about their age, time residing in Madison, racial/ethnic identity, gender identity, pet ownership, and disability status. A total of 60 surveys were completed; however, not all questions were answered by each participant. Percentages below are calculated based on the total number of responses to each question.

FIGURE 1 | AGE (n=58)

Figure 1 illustrates the ages reported by participants who completed the demographic survey. A total of 9 participants (16%) reported being between 20 and 30 years old, 22 participants (38%) reported being 31 to 50, 16 participants (28%) reported being 51 to 64, and 11 participants (19%) reported being 65+.

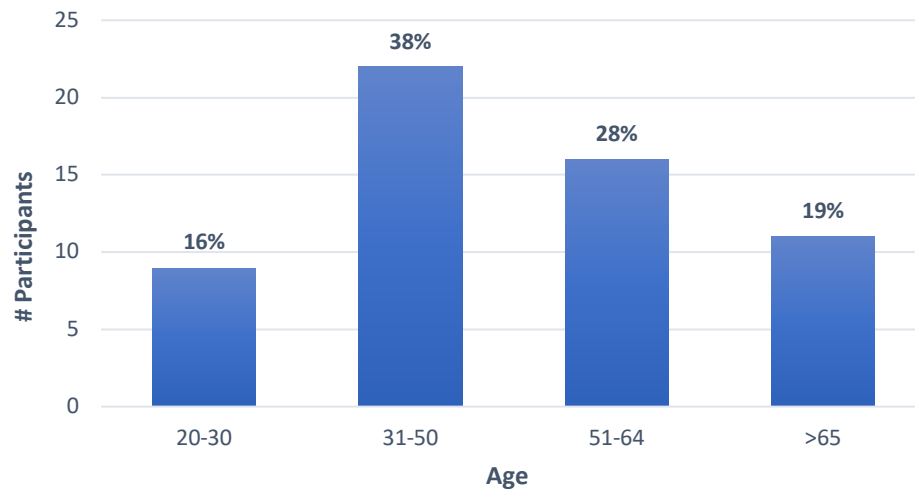


FIGURE 2 | TIME IN MADISON (n=59)

Figure 2 demonstrates the length of time participants reported residing in Madison. Participants varied in terms of how long they have been residing in Madison; however, the largest category of participants (19 total, 32%) reported being in Madison 1-5 years.

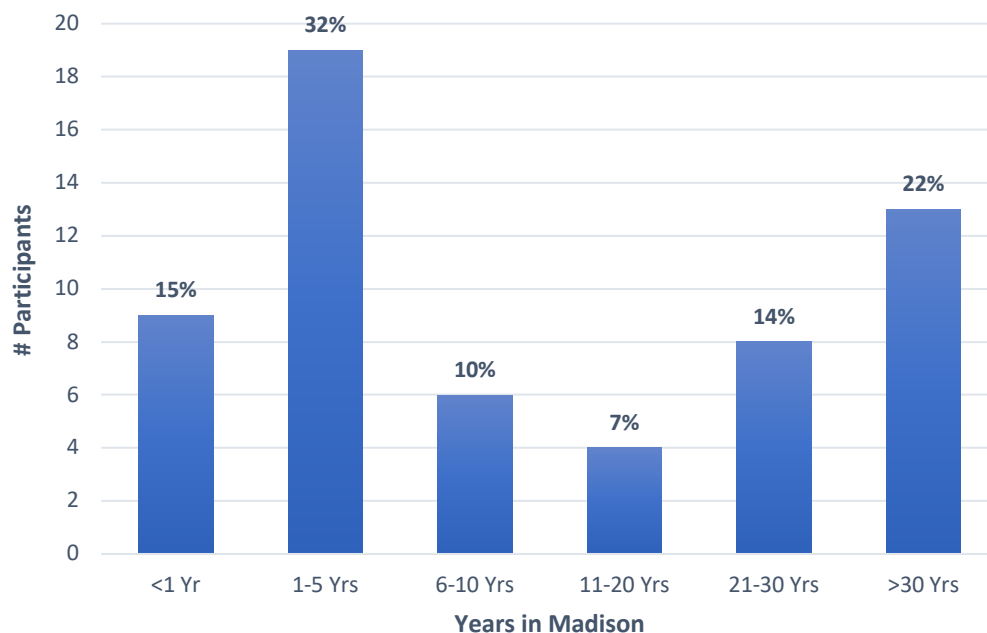


FIGURE 3 | RACIAL/ETHNIC IDENTITY (n=58)

Figure 3 displays the racial and ethnic identity participants reported on the demographic survey. Participants were asked to select all that apply or write in a response. As such, 1 participant (2%) identified as Asian; 32 participants (53%) identified as Black or African American, not Latino; 1 participant (2%) identified as Indigenous, Native American, or American Indian; and 21 participants (35%) identified as White, not Latino. A total of 2 participants (3%) wrote in responses for identities not otherwise listed: “Brown” and “Multirace.” Three participants (5%) reported that they preferred not to answer the question.

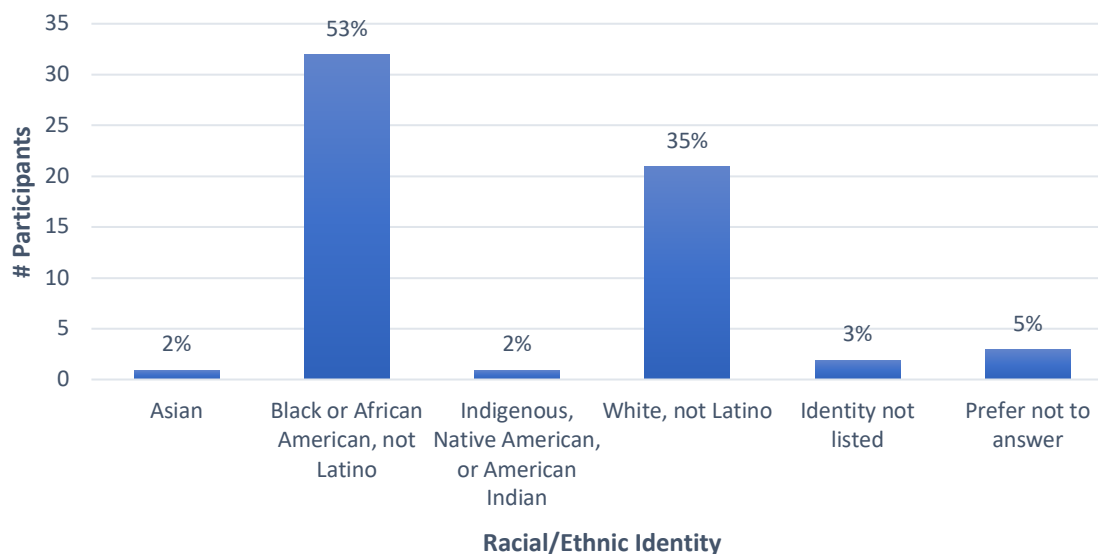


FIGURE 4 | GENDER IDENTITY (n=59)

Figure 4 illustrates the gender identities reported by participants. Participants were asked to select all that apply or write in a response. The largest category reported was male selected by a total of 42 participants (71%). Fourteen participants (24%) identified as female. One participant selected “an identity not listed,” while 2 additional participants (5%) wrote in responses for identities not otherwise listed: “nonbinary” and “nonbinary masculine.”

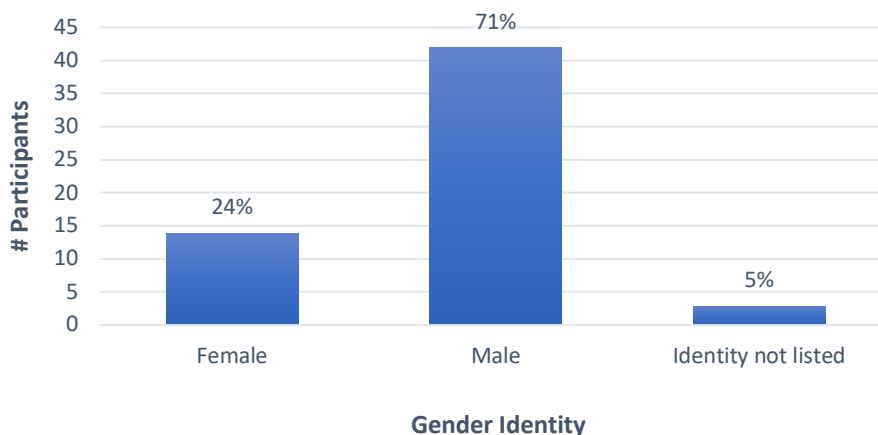


FIGURE 5 | PETS (n=59)

Figure 6 illustrates participants who reported having pets. A total of 52 participants (88%) reported that they did not currently have a pet, while 7 participants (12%) reported that they did have a pet (specifying both cats and dogs).

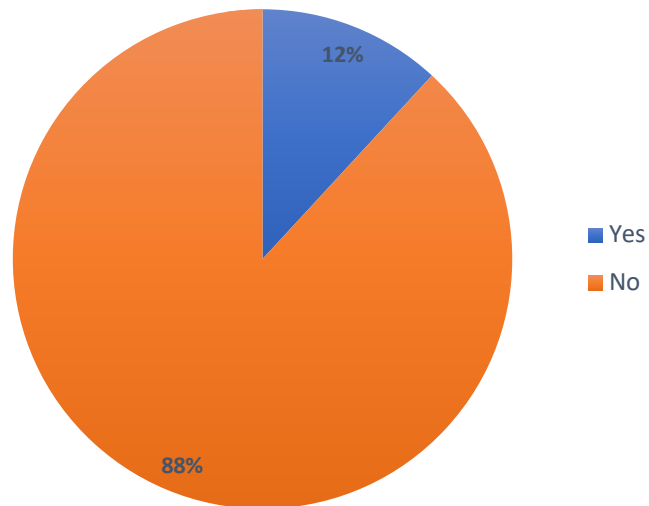
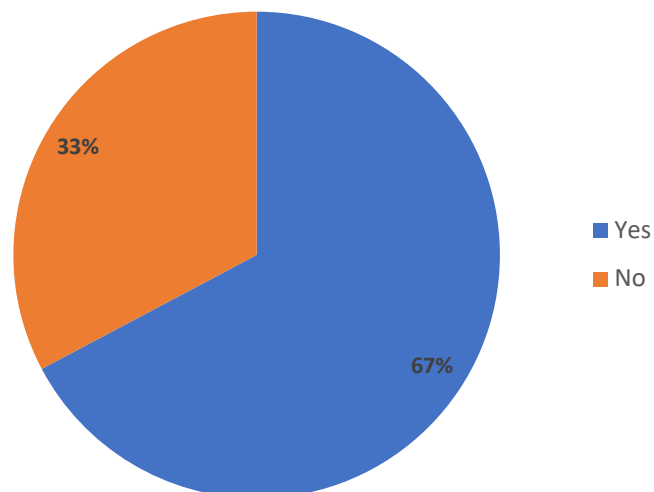


FIGURE 6 | DISABILITY STATUS (n=58)

Figure 7 illustrates participants who reported having a disability. A total of 39 participants (67%) reported that they did have a disability, and 19 participants (33%) reported that they did not have a disability.



THEMES

This assessment process is informed by our experience as a research team, conducting over 1,300 interviews with persons served and service providers on over 45 developments to further our understanding of the concept of trauma-informed design. The questions asked in these interviews have been designed to focus on how the environment can be a tool to promote health and healing, working alongside service providers and programs in Madison to support restoration and thriving for all who enter these spaces.

The data were analyzed and organized into the following overarching, and often overlapping, primary and subthemes:

- **Theme 1 | Big Picture**
- **Theme 2 | End Users**
- **Theme 3 | Guest Experience**
 - **Sleeping Areas**
 - **Communal Areas**
 - **General Experience**
- **Theme 4 | Staff Experience**

De-identified direct quotes from Madison area service providers and individuals are highlighted below *in orange*.

THEME 1 | BIG PICTURE

Theme 1 describes feedback related to the “big picture” of the project. What is the broad offering? How does it fit into the community’s greater network of service provision and resource allocation?

Service Providers in Madison described the envisioned shelter setting a precedent in the community to demonstrate “*how things can be done.*” One provider noted, “*I really see this as an opportunity to drive how other providers do services, how other populations are served.*” With this purpose-built shelter, the city has an opportunity to design a welcoming space for guests that will allow guests to do deep work with providers in an accessible, friendly environment. One service provider described unhoused men being an afterthought in the community and receiving limited services, sharing that they “*would like to see that flip within the community.*” Furthermore, staff hope this space will promote community collaborations and partnerships: “*Every agency should be reaching out to each other to see what you are doing that I am not doing.*” Providing a hub where providers can work alongside one another and share resources, the shelter has the potential to promote greater and stronger connections across the network.

This assessment raised questions about the role that the envisioned shelter will play in relation to the city's broader network of service provision. The Beacon (a day shelter run by Catholic Charities) was raised as a central consideration, namely whether guests of the shelter would continue to use The Beacon's services during the day. Some people noted that mobility and health issues as well as weather conditions would be a major deterrent for some guests who would prefer to stay at the men's shelter during the day, if it operated 24/7. One guest shared that he worked and was unable to access services during the day. As such, he expressed the need for services to be available at the shelter during evening hours for other working guests. It was noted that other developments in the homeless service provision network (such as the potential of a new overnight shelter and day center for women and families) would introduce additional considerations and further shift the community's utilization of programs. However, people seemed to agree that it was necessary to identify the most essential services to be prioritized at the men's shelter, in recognition of the fact that not everything can, will, or should be offered onsite. Furthermore, the city and county's community engagement efforts, specifically the community surveys, were identified as a critical resource that will ideally drive discussions and decision-making around services and resources. This assessment was also met with service provider and participant inquiries as to whether the shelter would be open 24/7 and if the program would allow guests to reserve a bed for more than one night. These operational details were identified as critical for considering service delivery and the setup of the physical environment.

Service providers and individuals served expressed a strong desire for the shelter to be a 24-hour facility (i.e., open to guests during the day), with one person sharing, *"I think it would be a huge, wasted opportunity"* [to not be open 24/7]. For the most part, service providers and individuals served were unanimously supportive of this idea, with the primary concern being sufficient funding and staff to operate the shelter around the clock. Several points were raised in favor of a 24-hour facility. Chief among them was the need to support individuals with major health and mobility issues, possibly providing medical respite beds where guests with identified need can rest during the day. Medical providers raised the use of wheelchairs and walkers as conditions that they hoped would qualify a guest for daytime access. Along those lines, continuity of care was named as a significant consideration for a 24/7 shelter and the need for patients to have a reliable place where they can follow a course of treatment including resting, storing oxygen, storing and taking medications, storing important documents, etc. Providers also raised this as a public health issue – even if a guest is isolated at the shelter, they are being sent into the community when the shelter closes during the day. Service providers also identified that a 24/7 shelter would support young adults (ages 18-24) who need a stable place to go during the day. One service provider shared that a 24-hour space *"would do wonders for the younger population...give them that almost homey feel...give all of them that safety they need."* Finally, service providers noted that a 24-hour shelter would make it easier to locate guests for follow-up care. One provider stated, *"I may know where you slept yesterday, but it doesn't mean that's where you're going to be today."* Another shared that daytime hours would support them in knowing *"where people are. It's hard to get in contact with people. They don't always have email or resources to check email."* One participant expressed support for the shelter to be open during the day, explaining that *"people's days are regimented by getting*

access to these services, which doesn't give them a lot of time to do anything other than making sure they are at a certain place at a certain time."

On a few occasions, service providers and individuals served raised the possibility of providing a longer-term program in which shelter guests could reserve a bed for more than one night. This concept was widely embraced by participants and some service providers who acknowledged that this would offer guests greater certainty, security, and peace of mind overall. People described the importance of consistency, which would free guests from having to carry their belongings around every day, wait in line for a bed every night, and wonder if they will have shelter that night. One provider reasoned that this would be a more trauma-informed crisis response. However, some service providers strongly challenged this model, explaining that the city is serving a high number of unduplicated unhoused individuals each month. If people were able to reserve a bed long-term, the shelter would have to start turning people away on a regular basis.

Service providers and individuals served were adamant that the shelter prioritize housing and the necessary staffing and resources to support this goal. When discussing the ideal shelter, one service provider described *"a warm, welcoming place where people come to find housing."* Another person said, *"even though this is potentially the worst day of their lives, they will be warmly welcomed into a place of hope."* When describing the envisioned trajectory for shelter guests, a provider explained, *"We're going to walk alongside you, and you won't need to stay here long because we're going to get you into housing."* As noted above, targeted supportive services have not historically been prioritized for local unhoused men in the same way that services have been offered to unhoused women and families in the community. One service provider described the current approach as an *"attitudinal issue – the men's shelter is an end unto to itself."* However, service providers and individuals served described a desperate need for the new shelter to focus on dedicated, onsite housing navigation and case management staff and services. This was identified by The Beacon as a way that the new men's shelter could fill a clear gap in service provision: *"Porchlight has something that we don't have – case managers."* Participants shared a similar viewpoint, saying that shelters and day centers were *"more like holding place for people during the day – though I'm grateful at the same time."* Another shared that there *"should be a line from shelter into housing. I'm seeing the same people in here for a while. That tells me you're really not helping them."* Finally, one participant stated, *"If there isn't an opportunity for housing, then it's all for nothing."*

During the assessment, concern was shared about the city's role in the new shelter, largely as the chief funder of the project. Those interviewed reflected that, when looking at comparable facilities around the country, city and county entities were not responsible for carrying the funding of these facilities. These circumstances were described by some as presenting significant limitations for the scope of the project, particularly as it relates to best practices in service models. Some voices stressed the need for the project's financing and the city's role to be more formally established before decisions can confidently be made about the breadth and depth of services.

Individuals served expressed a desire for opportunities to engage more deeply in service provision. They suggested that programs prioritize hiring people with lived experience. Describing a specific program role, one participant said, *“They should have worked us into the job.”* One participant suggested volunteer opportunities for guests that come with incentives, such as offering free storage for their items during the day. Furthermore, participants shared that they would appreciate knowing that staff have lived experience: *“Staff has to have experience of what we’re going through.”* Another noted, *“They have to be able to relate to us.”* Along those lines, participants seemed to welcome the opportunity to engage in this assessment and provide feedback about the new shelter and were deeply appreciative of compensation for their contributions.

THEME 2 | END USERS

Theme 2 addresses input on the envisioned end user of the new shelter, including couples; women; individuals along the gender identity spectrum; older adults and guests with complex health and mobility needs; individuals with animals; young adults; unhoused immigrant, refugee, and non-English speaking individuals as well as those without documentation; and potential participants of a pay-to-stay program.

Service providers and individuals served expressed nearly unanimous support of the new facility serving unhoused couples. Several people noted that there are no local shelter options for partners, resulting in couples either remaining unsheltered together or splitting up to find separate shelter resources. Service providers also described *“seeing people identifying as different than they did yesterday just to get into a shelter.”* That is, individuals who may not otherwise identify as male will do so to access the men’s shelter with their partner. Another explained, *“People are having to do ridiculous things to stay with their partner.”* Thus, people agreed that the new facility presents a dynamic opportunity to address this apparent gap in shelter services for couples. When informed that this was an option being considered for the new shelter, providers shared that they were *“happily surprised - it opens up something that I think is needed.”* *“A lot of people we see outside is couples.”* When participants were asked about the possibility of shelter for couples, they expressed a range of preferences pertaining to privacy. Some expressed that they would not feel comfortable sharing a large space with other couples. Others shared that they would be fine sharing a space with others so long as they had some privacy, such as partitions with some type of door between them. One participant shared that she *“would be okay staying in a room with other couples. It could strengthen my own relationship.”* Others expressed the need for couples’ area to be distinct and removed from the single adults, possibly on a separate floor with a separate entrance. A provider noted, *“The idea of couples in a congregate space would be extraordinarily difficult.”* Concerns raised by both service providers and individuals served included the need for flexible space that can also be used for single adults when there are few couples, awkward intimacy situations that could arise in a shared space, and the need to create an adequately dignified, respectful setting where *“a couple could be able to keep intact in a shelter.”* Finally, providers highlighted the need for clear policies addressing domestic violence and sex trafficking (in the event that someone was *“offering sex to get into the shelter”*). One person noted, *“Homelessness causes a lot of arguments,”* and another shared, *“The stress builds up on them.”*

When asked about perceptions of safety for women in the men’s shelter, participant responses were mixed. Some women expressed that they would feel safe staying in the shelter with a partner. They described the need for shelter as a priority over other considerations. Other participants expressed hesitation around the idea of staying in the men’s facility as a woman. One person described the potential of conflict arising by having women in that space. She explained, *“You get looked at as a woman.”* As such, the need for heightened security was raised, including greater staff presence and visual access across the area. Interestingly, some men also raised concerns about having women in the shelter, correlating their presence as potentially heightening drama and reducing comfort. Service providers described discussions of a new Salvation Army shelter for women and families. For the reasons listed above, some women suggested that it would make more sense to situate the couple’s shelter at the envisioned Salvation Army facility.

Gender identity was raised as a major point of consideration for the men’s shelter, including how to consider shelter services for individuals who identify as gender nonconforming, nonbinary, transitioning, and other identities along the gender spectrum. Providers expressed the desire to create safe, inclusive, welcoming spaces for guests along the gender spectrum and raised the importance of peer support and staff representation. The topic raised a tension between providing smaller, more intimate spaces (which was supported by many people) while not segregating guests into separate dorms. Though one participant offered a counter point to this idea, sharing, *“In the minds of people around me, I’m already in a segregated space.”* Providers highlighted the need to continue having transparent discussions, offering education, and building skills in the community (both with service providers and individuals served) around inclusion and safe spaces. Some participants stressed the need for gender neutral spaces (see photo), describing that *“People will get there early to get a bed in the corner, against the wall, to stay in together.”* Another described the new shelter *“carving out those spaces where certain people feel that safety and connection, where they aren’t excluded.”* To this end, providers began to wrestle with how the “men’s” shelter should be named to promote inclusion and accuracy.



Photo: gender neutral bathroom,
temporary men’s shelter
(credit: Shopworks Architecture)

Older adults and guests with complex health and mobility needs were identified as a significant, and growing, subset of the unhoused population and a major consideration for the future shelter. Providers described more and more older adults losing their housing and finding themselves navigating the experience of homelessness for the first time. Additionally, people are being discharged from the hospital with treatment plans and without stable shelter, making it difficult to maintain their care and move towards recovery. Furthermore, the

homeless service network is seeing individuals with significant health and memory issues who do not meet criteria for a nursing home level of care. Thus, it is critical to consider the spatial and service needs of this large group accessing shelter at higher rates. Safe and comfortable spaces require facility-wide accessibility considerations (especially in sleeping areas and bathrooms), separate medical respite areas, access to secure storage and outlets for medical supplies, and deep partnerships with local service providers offering long-term health, aging, and memory care will all be crucial to this shelter meeting the needs of the population.

For the most part, people were supportive of animals in the new shelter facility, recognizing that the lack of a local pet-friendly shelter is a major barrier for unhoused individuals. One provider expressed the need for the new facility to embrace low-barrier policies around animal possession instead of asking guests to jump through hoops to acquire the necessary designations and paperwork in order to access shelter with their pet. Many participants supported the idea of animals at a new shelter even though some expressed concerns about being around other people's animals. One person described a dog that *"goes after me every time it sees me because it doesn't like my crutches."* Even so, this person acknowledged that people cannot be separated from their animals. As such, some participants suggested having a separate place in the facility for animals who do not get along with others, such as a room or kennel, though concerns were raised about separated animals *"acting out and being loud."* Crates in the sleeping area next to the beds were also suggested. A few participants were explicit about not wanting to be near other people's animals. To that point, one person shared, *"People without pets don't want pets."*

Young adults (ranging from around 18 to 24) were identified as a subset of the unhoused population who are underutilizing overnight shelter services but still in need of services. One service provider shared, *"Youth are using Beacon but shying away from the shelter."* Describing local services for unhoused youth, another provider noted, *"We're not seeing a lot of support for the development of our young folks."* Providers expressed a need for the new shelter to be more welcoming to young adults. Exact recommendations were limited; however, providers suggested that separate, smaller sleeping and communal areas (versus large congregate spaces) would be extremely helpful for younger guests trying to keep to themselves.

Service providers raised concerns about the new shelter considering the specific needs of immigrant, refugee, and non-English speaking individuals as well as those without documentation. Providers acknowledged that these individuals are not utilizing shelters to the degree that they are experience homelessness in the community. As such, there is a real need to address the barriers to access that they are encountering. Language barriers were raised as a significant issue, including the need for more adequate, accessible, and culturally responsive translation across all website and voicemail platforms and documents, with attention to the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool). Culturally responsive service provision across the board was emphasized, including staff representing diverse identities, lived experience, and language capabilities; food offerings; artwork and décor; recreational activities; and relevant and accessible medical and behavioral health supports. Providers stressed the need for staff education and training to understand the

experience of these groups, including challenges associated with stigma, trauma, and loss. Immigration and legal services as well as technology training and support were identified as potentially helpful services at the new shelter.

The pay-to-stay program was largely well-received by service providers and individuals served, many of whom acknowledged the challenges experienced by working guests in shelter settings. For the purposes of this assessment, the pay-to-stay program was broadly described as a section of the shelter that working guests could reserve on a short-term basis for a modest fee in exchange for more flexible daytime access, namely for sleeping. Many people seemed to embrace this idea, agreeing that the maintenance of employment was critical for guests. One participant shared, *“For people who are working and making money, the pay-to-stay would be really helpful.”* Another described that working means someone has money, making them a target for theft: *“It’s a domino effect.”* Yet another participant expressed enthusiasm for this concept, sharing, *“You are earning the right to have your own bed; that’s huge.”* Some participants and service providers expressed concerns around this model creating an *“us and them”* dynamic and reinforcing unhelpful values that those with money deserve better and more. Others questioned how staff would assess whether someone was working or not, whether certain types of employment would meet criteria for participation in the pay-to-stay program, and whether the new shelter would consider allowing anyone to pay-to-stay regardless of if they were working or not (for example, those unable to work and receiving benefits).

THEME 3 | GUEST EXPERIENCE

Theme 3 describes feedback related to the overall guest experience, which is organized into three separate categories: General Experience, Sleeping Areas, and Communal Areas.

GENERAL EXPERIENCE

Many participants appreciated and welcomed a high level of security measures in shelter settings. Some people said they felt mostly safe in shelter settings; others reported not feeling safe at all. However, nearly everyone agreed that you must be on guard at all times when it comes to your personal safety and the security of your belongings: *“When you’re at places like here, you have to protect yourself!”* As such, bag checks, metal detectors, and pat downs were largely supported by participants, some of whom described these practices as less than desirable but tolerable if they made the shelter a safer place. Some people did describe these experiences in institutional terms, including feeling like a criminal and in prison, namely when these processes were not conducted in a respectful or dignified manner. Therefore, it is important to consider how the entryway sequence can move people through quickly while offering greater sense of privacy and personal space. How can this process communicate a sense of dignity as guests move through what many described as an uncomfortable experience? One participant acknowledged the need for staff to hold weapons and other paraphernalia as a safety measure (see photo). However, they stressed the importance of eventually returning

those items to the owners, sharing, *“They are my survival kit.”* Other shelter operators have placed lockers outside the shelter where people can anonymously store belongings, so they do not have to bring them inside. This could be another way to extend understanding and dignity to guests while promoting safety within the shelter. Service providers and individuals served emphasized the need for broad camera coverage in all communal spaces, with many suggesting cameras in sleeping areas and one service provider specifically identifying the need for cameras in case management spaces. Participants also largely identified security personnel as a source of comfort, with one person reasoning, *“The more security the better.”* A few people described safety in terms of emergency exits, evacuation plans, and call buttons, specifically in bathrooms, with one provider sharing, *“We don’t know if someone falls in the bathroom.”* Finally, several participants named staff as a critical safety measure and positively responded to the suggestion of staff offices scattered throughout the shelter and strategically located near all communal areas.



Photo: paraphernalia lockers, temporary men’s shelter (credit: Shopworks Architecture)

Discussions about onsite healthcare services revealed several complex nuances; however, service providers and individuals served agreed that the new shelter must offer a basic level of healthcare services and supports. Participants described the needs of guests around them, with one person noting, *“Issues are happening all the time. We’ve got a lot a people who come here and pass out.”* Some providers described co-location of healthcare and shelter services as a best practice and advised that basic healthcare services (including nurses, mental health, and crisis teams) being onsite *“at least daily.”* Providers expressed the need for dedicated spaces where medical outreach teams can meet with guests in a comfortable, private environment. Ideally, individual medical rooms would comfortably fit 3-4 people with a sink, adequate counter space, an exam table, and a few large lockable closets for equipment and supplies. This would include private space for intake activities as well as exams. Foot care was requested by several people (*“People are on their feet all day!”*), though providers noted that this service would require a slightly larger space. Providers offered extensive detail about spatial needs related to isolation and quarantine spaces, which will always be needed in shelters to address COVID as well as monkeypox, scabies, norovirus, and other infectious conditions that are sure to transpire. Quarantine rooms must consider respiratory as well as gastrointestinal transmission, both of which require separate bathroom areas. In some cases, individual rooms are strongly advised (for example, highly infectious conditions where symptoms are present, but individuals have not necessarily tested positive). In other cases, it may be appropriate to group guests (for example, for those recovering from surgery). In terms of medical respite, providers described a tension for the shelter to consider. If medical respite is going to be provided, then a 24/7 shelter makes sense as does a close partnership with home health services to oversee care. However, guests may need weeks or months in respite care. Furthermore, providers noted that *“elective surgeries”* are often postponed if patients do not have a place to recover. Providers warned that, if the shelter decides to offer this service, the

demand will be high. People expressed caution around the shelter leaning too far towards a nursing home level of care; however, the ability to accommodate some home health services was recommended by some: *“That’s their home when they’re there.”* Finally, in terms of operating as a 24/7 shelter, some healthcare providers suggested a hybrid approach in which a smaller section of the shelter remain open for guests who need that space. Providers emphasized the need to consider continuity of care in the delivery of services, ultimately identifying that it would be best for the shelter to partner with external service providers who can connect with guests at the shelter and continue working with them when they move on. Guests who transition into housing were named as a key group for follow-up services and support. A close partnership with CCS (Comprehensive Community Services) was suggested, given the clear eligibility of shelter guests. However, this raised questions around CCS’ capacity to respond to shelter referrals in a timely manner, which was identified as a critical element of such a partnership. Providers also stressed the importance of providing shelter staff with behavioral health training, to ensure staff possess a basic level of understanding about behavioral health needs, appropriate crisis response, local resources, and referral processes. Providers suggested that a behavioral health liaison be appointed to the shelter to providing ongoing training and resource navigation support. Telehealth was raised as an important shelter offering, not to be delivered as a standalone service but in conjunction with other behavioral health interventions. Spatially, this service would require the design of a quiet, comfortable space where guests could connect with providers virtually. This space should be accessible and visible to communicate to guests that the service is available onsite and ideally situated near case management offices to support continuity of services. Other healthcare considerations raised for the shelter included a greater number of unbunked beds, a comfortable space where guests can access physical and occupational therapy, the potential of a dental clinic, medication storage, thoughtful discussion around onsite prescribing capabilities as well as careful consideration of the staffing, policy, and building considerations needed to support a wet shelter and/or harm reduction approach. For example, if a wet shelter or harm reduction approach were to be taken, would a nurse be needed on staff to monitor detox, how would the design support broad visible access in all spaces (including and especially bathrooms), and how would the shelter support guests in recovery?

Participants described secure storage as a major barrier and desperate need both short-term and long-term. Highlighting this need, one participant shared, *“I was ripped off so many times and don’t want to lose the few belongings I have.”* Short-term storage needs (that is, while guests are in the shelter) are described in detail in the following section describing Sleeping Areas. However, participants also expressed the need for longer-term storage in the community, including places to keep personal items when they are working or accessing other services. One participant noted, *“There’s a lot of places that won’t let you in with a backpack.”* Another shared, *“It’s brutal to carry things all day. The hardest thing is to store bags during the day.”* Participants also suggested storage for people who go to the hospital or jail and the need for flexible policies that account for life’s unexpected circumstances: *“Please don’t throw everything away!”* Storage units would ideally hold a large bag or two for anywhere from a day to several weeks or months. Skinny lockers were identified as too small, requiring guests to unload and reload everything in their bag.

Access to laundry was described as a major need and deeply appreciated service among **unhoused individuals**. Some people expressed that they would prefer to do their own laundry at a shelter. However, many participants acknowledged that staff/volunteer support is overall more efficient and reduces potential issues among guests. A participant also shared, *“I think everyone wants to do their own [laundry], but the reality is the machines are going to get abused.”*

Participants and service providers highlighted the need of guests who have difficulties walking or standing in lines. Many individuals described having disabilities, health and mobility issues, and chronic pain. One participant with a walker shared, *“It’s a lot of walking. At the end of day, I’m physically exhausted. There’s no day off when you’re homeless.”* Another shared, *“There’s a line for everything.”* A provider noted, *“All of the population waits in lines all day long.”* Consider how these individuals are entering the shelter, waiting for meals, or waiting to get into the bathroom. What type of seating is offered throughout the space, both indoors and outdoors? Is there a way to map out the flow of services to mitigate the amount of standing required? How can more wheelchairs be brought into the shelter? How can we ensure that there is comfortable seating throughout the facility that makes it possible for all guests to access the services they need, no matter their mobility or stamina?

Service providers and individuals served identified several program offerings that would be helpful at the new men’s shelter. Housing navigation, case management, behavioral health services, substance use support, and storage (both while staying at the shelter and long-term) were most commonly named. The full list of service suggestions are as follows:

Service suggestions:

- Housing navigation support
- Case management
- Healthcare services (ex. medical outreach, behavioral health, telehealth, foot clinics, medication prescription and storage, animal-assisted therapy – *“There should be a counseling here on deck 24/7.”*)
- Substance use, recovery, and harm reduction supports
- More diverse and substantial meal options (ex. vegetarian, diabetic, culturally responsive, healthy)
- Employment services (ex. resume support, job board, *“Anything you need to get a job and get your ass out of here.”*)
- Transportation assistance
- ID replacement
- Benefits assistance
- Disability resources
- Elder care
- Veteran services
- Legal and justice system services (ex. parole, probation, public defenders)

- Immigration services (ex. specific legal supports, interpretation, translation, partnerships with local groups like Immigration Affairs and Centro Hispano)
- Haircuts

Spatial suggestions:

- Gender neutral spaces
- Safe zones for women and guests along the gender identity spectrum
- Internet access, computers, and technology support
- Public phones
- Lockable storage for guests staying at the shelter, preferably near each bed
- Longer-term large-scale storage
- Art room or workshop for creative activities (ex. coloring, painting, knitting, woodworking, music, opportunities to display guest artwork throughout the shelter)
- Kitchenette for guest use (including microwave and coffee/tea bar)
- Vending machines
- Designated quiet, rest-focused areas for guests
- Classroom space for support groups (ex. AA, NA, domestic violence, anger management), life skills classes (ex. budgeting, GED, cooking, driving), and others
- Dedicated mindfulness, sensory space (ex. soft materials, soft sounds, bean bag chairs)
- Dedicated space to discharge energy (*"A room you can go scream."*)
- Gym/fitness room and basketball court
- Non-denominational spaces for religious or spiritual practices
- Open offices that can be used by external service providers
- Pet supports (ex. indoor/outdoor pet relief stations, kennels, vet services, food support)
- Clothing and other supplies
- Volunteer opportunities and ways to give back (*"People need something to do, to make themselves feel like they're wanted or needed."*)
- Highly-secure bike storage, preferably indoors or covered with maintenance/repair equipment
- Laundry
- Mail services
- Abundant outlets, ideally a set for each bed for securely charging devices while sleeping
- TV room and movie nights
- Library/reading room
- Community garden
- Intentional outdoor space with adequate shaded seating, designated smoking and nonsmoking areas, grills, gardens, and a water feature

Service providers and individuals served raised several other general design considerations for the new shelter. People suggested incorporating soft, natural light and avoiding white walls: *“White walls are institutional...color plays a huge role in your psyche.”* Comfortable, accessible, easy to clean furniture was also raised, including a range of sleep and seating options for those with different physical needs: *“Being mindful of people’s mobility issues. One couch isn’t going to work for everyone.”* Another participant shared, *“Not a military cot to sleep on would make a huge difference.”* People requested less institutional flooring, such as hardwood or tile: *“Something that feels homey.”* Soundproofing and noise control were raised as a critical consideration throughout the shelter. Operable windows in sleeping areas and bathrooms were requested: *“Some people like it cooler, some people like it warmer.”* Finally, participants asked for access to cleaning supplies to wipe things down as needed.

SLEEPING AREAS

People were outspoken about the new shelter avoiding bunk beds if possible. Bunk beds were identified as less than ideal for numerous reasons, including the fact that a room of bunk beds *“feels like jail”* and the inability of guests to access the top bed safely and comfortably. Describing their experience in shelters, one participant explained, *“The problem was that everyone was fighting for the bottom bunk. Nobody wants top bunk. Nobody can climb to the top bunk comfortably.”* Participants described a range of health and mobility issues that would make accessing a top bunk unimaginable, including the use of wheelchairs and walkers, back issues, knee issues, and cancer. Several participants also raised concerns about falling out of bed: *“Sometimes I have bad dreams. I don’t want to hit floor. Once I saw someone fall out of bed and bust their head.”* Finally, people explained that sharing a bed is simply rough on their sleep. One participant described being *“in a position where you want to sleep, and the person above you is on the phone, restless, loud.”* Another participant shared that people with PTSD don’t like *“the feeling of someone above you, especially if you were molested.”* Some service providers and individuals served acknowledged that bunk beds may be needed and may even work fine for some guests. However, a greater number of separate, unbunked beds are needed to accommodate the mental and physical health needs of guests to be served by the new shelter. Describing the need for more unbunked beds, one service provider explained, *“Sometimes you see [guests] sleeping on a floor.”* Along those lines, service providers also stressed the need for these beds to have direct access to a bathroom.

Participants unanimously agreed that greater privacy in sleeping areas would be ideal; however, feedback on safety considerations varied. During the assessment, semi-private

partitions between beds (as used in LA Family Housing properties, see photo) were referenced during interviews as an example shelter layout. Participants agreed that greater privacy would be appreciated. One shared, *"It feels more like you have a base."* Others were in favor of greater separation between guests, citing that different levels of personal hygiene could be unpleasant and even deeply upsetting. One person noted, *"You don't have to roll over and see someone's dirty socks."* Participants mostly appreciated the suggestion of some type of screen or door across the opening, though some expressed concerns about increased assaults and limited staff accessibility. When asked about bunk beds separated by partitions, many participants noted that a door closing them in with another guest would not feel comfortable or safe. In terms of the partition design, people were largely in favor of staff having unobstructed visible access into each cubicle. One person shared, *"It's not too private. You can still say, 'hey I need help over here.'"* Another participant broadly cautioned against too much privacy, sharing that it *"might give a person too many things to think about. I wouldn't feel great being in space where everyone has their own space too much privacy."*



Photo: dorms, The Willows shelter
(credit: LA Family Housing and GGA Architects)

Service providers and individuals served responded positively to the idea of smaller sleeping areas as well as the potential that the rooms could offer separate spaces to support different guests' needs. For example, separate dorm spaces were suggested for guests experiencing different levels of substance use and recovery. One participant shared, *"People need to feel safe from those who may be using and also need to keep those using safe."* One service provider described *"the 'quiet side' of the sleeping quarters and the 'fun side,'"* suggesting that a separate area could be helpful for guests wanting to go to sleep and wake up early, including those working non-traditional shifts. Smaller dorms were also advised for guests with specific medical needs and, more severely, those needing to be isolated to prevent the spread of infectious conditions. It was suggested that the medical dorms have access to their own bathrooms and that both dorms and bathrooms be outfitted with a call button or alarm to alert staff to an emergency. Other considerations included separate spaces for guests with animals, guests along the gender identity spectrum who do not feel comfortable in larger dorms, escalated individuals who need space from other people, and others who may feel especially

vulnerable in a shelter setting: *“A place where their back is to a real wall.”*

Some service providers and individuals served suggested a variety of dorm sizes, noting that some people may prefer a smaller dorm while others may prefer a larger one (see photo): *“Some people can’t be alone, and some people can’t be with other people.”*

One participant described being in the military and preferring larger dorms, suggesting that tensions are easier to control in larger spaces. Dorms ranging from 10 to 30 beds were suggested, though women (many of whom had experienced the smaller dorms at the Salvation Army) often asked for rooms with less than 10 beds. Major concerns about operating several smaller dorms included an association with the cellblock layout in jails and prisons, staffing challenges (*“too many different rooms = harder to monitor”*), the potential of decreased security given more concealed areas, and the potential that more intimate environments could increase tensions among certain guests.



Photo: sleeping area, temporary men’s shelter
(credit: Shopworks Architecture)

Participants unanimously agreed that lockable storage units near each bed would be ideal. In

terms of layout, one participant explained that partitions between beds would be nice, but secure storage is essential: *“I like privacy but most importantly somewhere to put your*

phone and your belongings.” Participants explained that theft is a constant concern, and people need to feel that their items are secure when they are bathing, eating, and sleeping. One participant described using their belongings as a pillow when they slept.

Another shared, *“You have to sleep with everything on.”* One person suggested that, if secure lockers are not offered near the beds, then lock boxes should be provided in the bathrooms to keep items safe and dry while guests are showering. Additionally, guests

emphasized the need for outlets next to each bed to provide secure charging opportunities for guests with electronic devices: *“They would like to be able to sit down by their bed and charge their devices.”* Another participant described losing sleep because they have to wait with their devices when an outlet becomes available (see photo): *“Nobody can go to sleep...He has to sit over by his phone for three hours.”* In addition to storage near beds, participants requested



Photo: charging station, temporary men’s shelter
(credit: Shopworks Architecture)

secure bike storage at the shelter, ideally indoors with built-in locks for guests who do not own one as well as resources for maintenance and repair.

A majority of participants were supportive of staff offices looking directly into sleeping areas and communal spaces. Several people described past experiences of being threatened while sleeping, both in shelters and other locations. When asked about staff offices having visual access into the dorms, one participant said, *“That’s ideal for safety.”* Another participant agreed, explaining, *“You don’t know how the people sleeping next to you’s day was like.”* One participant suggested that cameras in the dorms could also be helpful but noted *“that window is a better idea because [staff aren’t] looking at the cameras all day and night.”* Participants were also largely supportive of staff areas adjacent to communal spaces, which would enhance feelings of security and provide easy access to staff as a helpful resource. Staff at the current Zeier shelter also expressed general approval of this approach. A few participants reacted negatively to the suggestion of staff having direct visual access into guest spaces. One participant explained that this would make them feel like a child. Another person was initially against the idea but changed their mind when imagining someone being attacked or having a medical emergency, noting that medical emergencies were a common occurrence in shelters. A minority of individuals expressed misgivings about the idea of staff offices looking directly into the dorms, generally reflecting a distrust of staff and not connecting the idea of staff contact with feelings of safety.

Unhoused individuals are not getting adequate sleep, either at shelters or on the streets, and need places to rest during the day. Service providers and individuals served identified sleep as a major unmet need, explaining that shelters are disruptive, noisy, uncomfortable, and usually require early wake-up times. Furthermore, people described losing sleep because of sleep disorders or a lack of trust for fellow guests, staying awake to monitor their belongings and personal safety. The Beacon described guests vying for the comfortable chairs in the *“quiet space”* at the front of the building where they could spend the day just sitting and resting. The need for a comfortable, restful place in the new shelter was emphasized, particularly if the shelter is open during the day, given that overnight sleep is not the only time that people will need or want to sleep.

COMMUNAL AREAS

Entryways were identified as critical areas for assessing safety and connecting with guests. Several important functions are carried out at the front entrance: guests line up at the front door, guests who need a wheelchair receive one upon entry, staff conduct health assessments, staff conduct security checks, paraphernalia and other personal items are secured, and guests are checked into the computer system. Furthermore, this is an opportunity for staff to visually assess the overall health and well-being of guests and de-escalate individuals entering the facility in an elevated state. Each of these functions requires specific spatial considerations to optimally support operations. In terms of waiting in line, service providers and individuals served requested cover from the elements and a plan for keeping people warm and safe during severe weather events. One participant suggested a porte cochère: *“The bus should be able to*

come under cover...A lot of us are coming into homelessness without having the proper clothes for the elements." Can an adjacent communal space serve as

an indoor waiting area that feeds directly into the check-in process, providing bathroom access, seating, and other necessary accommodations during inclement weather? Furthermore, does the front of the building support discretion and dignity for guests waiting in line? (*"I feel like animal being corralled in."*) In terms of guests accessing wheelchairs, the shelter at Zeier can currently fit 4-5 chairs (see photo); however, staff expressed that the need was significantly higher, and it would be ideal to hold more at the entrance if possible. In terms of health assessments, providers would prefer a semi-private area adjacent to but distinct from the security check area. If a guest reports and/or displays symptoms, a discrete path is needed to transport the guest directly to the medical or isolation dorms without exposing them to the rest of the shelter. In terms of

security checks, staff need a few separate stations for bag checks as well as a station to conduct a semi-private body check (see photo). Secure storage must be immediately accessible for paraphernalia and should be informed by the latest policies carried out by shelter staff. Furthermore, the shelter at Zeier is currently developing and testing protocols related to guest locker use and access, which should directly inform the entryway sequence and layout of the

check-in area. For example, if guests are asked to store personal items following security check, then the locker area should be situated accordingly in the sequence (see photo). Finally, guests are checked into the system at the front desk before entering the shelter. The front desk must provide adequate space for staff coverage, a side area for staff to conduct longer check-ins with guests as needed, and any other amenities for staff stationed at the entrance. At the Zeier shelter, one provider noted, *"I like how we have a clear view of the security line and what is going on up front."* Providers at another shelter expressed the desire for a space at the entrance where staff could meet with guests, explaining that the nearest office was at the rear of the facility: *"It would be nice to have an office space that was right there as soon as you walk in...a space so that the person doesn't have whole building access."* Broadly, the current shelter check-in area can fit 50-70 people; however, providers requested a space that can fit 70-120.



Photo: entrance, temporary men's shelter
(credit: Shopworks Architecture)



Photo: security check area, temporary men's shelter
(credit: Shopworks Architecture)

Participants also asked for a way to move guests through the line more quickly: *"I understand it, but at the same time we are carrying heavy loads... the line moves step by step, and you got all your bags on you."* Additionally, service providers emphasized that the facility's entrance sets the tone for the building and for those transitioning into the space. Providers explained that work starts as soon as they approach the building and begin connecting with guests waiting out front, suggesting the importance of a dignified, comfortable space to make that initial connection.



Photo: locker area, temporary men's shelter (credit: Shopworks Architecture)

Similar to sleeping areas, service providers and individuals served responded positively to the suggestion of breaking up large communal areas into smaller, more intimate spaces. Many people agreed that large open spaces can be uncomfortably noisy and busy, which can stir up anxiety and tension and create hotspots for conflict (see photo). Smaller communal spaces were described as potentially less chaotic and more centering. Describing their desire for a quiet space and moment of solitude at the current men's shelter, one participant explained, *"Being homeless, you're around people all day. At night, people just want to unwind, get their thoughts together, and figure out their next plan."* Another participant shared a similar sentiment: *"There is never a quiet space; it's a men shelter."* Thus, quiet communal spaces were identified as a desire for the new shelter, including a library or reading room, therapeutic environments like a meditation or sensory room, a tv or movie room, a computer lab and workspace, an art room and creation lab, and areas where guests can engage in contemplative recreational activities, like chess or puzzles. Quiet spaces were also recommended by providers



Photo: common area, temporary men's shelter (credit: Shopworks Architecture)

for guests experiencing active psychotic symptoms, which can be especially difficult to manage in large congregate spaces. Other participants expressed the desire for intentionally active spaces, like a fitness room with exercise equipment or game room with ping pong and foosball. These activities were viewed by many as important outlets for releasing tension and building connection in the community. Describing the impact of these outlets, one participant said, *"More people would have a calmer mind instead of arguing with each other."* About the role of games, like cards and dominoes, another person stated, *"It brings the mood together."* Other spectrums of experience to consider include social versus solo spaces and recreational versus productive spaces. Participants described the need to access spaces other than their bed in the evening to de-compress and remove themselves from their current situation for a moment.

When asked about connecting with others, many participants described keeping to themselves, not wanting to socialize with other participants, but generally feeling a strong connection to program staff. Many people explained that they did not trust other participants, did not want to get caught up in someone else's drama, and wanted to focus on taking care of their own business and needs. Some referenced experiences of incarceration and feeling uncomfortable being around large groups of people in general. As such, many people described a desire to have their own space, areas of quiet and solitude or places where they can put their head down and focus on themselves. However, participants did seem to appreciate opportunities to connect with staff, including easy access to staff work areas and intentional spaces for both casual interactions and more private conversations.

Service providers and individuals served emphasized the need for adequate bathroom facilities, requesting enough toilets and showers to meet demand as well as safe, private, accessible, and durable spaces. Participants described difficulties waiting for toilets and showers. One participant described challenges with one of their medications that caused frequent bathroom use: *"I can't take my pills because I can't access a bathroom when I need it."* People expressed appreciation for the privacy and security of standalone toilet and shower rooms (like those at The Beacon). However, many participants seemed open to larger communal bathrooms as well. The main request was for individual shower stalls with solid doors (versus curtains, which do not feel secure or private). Participants also requested that individual shower stalls include a private, dry changing area immediately outside of the shower with enough hooks to hang several items off the wet floor. Some people raised the need for lockable storage inside the bathroom to keep their belongings safe while they are showering; however, others noted that this would not be necessary if lockable and accessible storage was available inside the shelter. It is critical that the bathroom design consider the safety of guests, including the potential for individuals to overdose, fall, or experience other medical issues. The Beacon installed small windows at the top of the standalone toilet and shower rooms with motion sensor lights to help staff gauge whether occupants are unconscious or immobilized. Along those lines, people emphasized the need for enough handicap accessible bathrooms, including grab bars, lower sinks, and roll-in showers with folding benches and handheld shower heads. Service providers and individuals served stressed that the new shelter provide more than the bare minimum ADA requirements. The need to design for durability and maintenance were also raised, as these spaces experience high-impact use and people can be hard on these materials.

Outdoor spaces were identified as deeply appreciated, well-utilized spaces that could also be challenging for staff to manage. Participants described outdoor spaces at other shelter sites as welcomed places where they could *"sit down to think about life...think about what you've got to do for the rest of the day...talk to somebody, start the day off right."* Service providers described the importance of smoke breaks for participants in terms of de-compression and self-regulation: *"smoke breaks - it's something people look forward to."* However, service providers also described the challenges of monitoring these areas. At some shelters, smoke breaks take place at scheduled intervals, and a staff member must be available to open the door. Thus, it was suggested that the smoking area be intentionally designed as an enclosed, secure space

that guests can access anytime. Designated space for nonsmokers was also requested. People also described outdoor spaces being hotspots for conflict. One participant noted that they don't spend a lot of time outside, saying, *"That's where the drama's at."* Extra security measures were suggested for outdoor areas, including sufficient camera coverage and visual access to staff. One service provider highlighted that outdoor spaces factor directly into neighbor relations: *"That's something we learned quickly; the neighbors don't like us."* Thus, noise, fencing, and overall aesthetics are important considerations. A provider cautioned that the new shelter *"be intentional as far as the placement of bushes,"* alluding to the potential of inappropriate activities being carried out in this type of landscaping, for example. Finally, participants stressed the need for comfortable seating, plenty of shade, and cover from the elements. At one site, a provider noted that they had to remove the umbrellas from the tables because they were obstructing camera visibility. *"Now that there's no shade, they move the tables into a shady spot,"* which staff end up moving back. Other outdoor ideas included grills, gardens, a water feature, and pet areas.

Participants are largely appreciative of provided meals; however, they offered constructive feedback about the overall dining experience. Participants at different sites described concerns about both the quantity and quality of food and requested greater dietary options (for example, a diabetic menu, vegetarian choices, and more culturally diverse offerings). Service providers and individuals served suggested that a dedicated dining room could be nice in the new shelter, both offering guests a dignified place to eat and helping to contain food messes. It was suggested that this room could double as a communal space for watching television, conducting classes, or even providing an indoor area for guests to line up during severe weather. Other participants stated that they would be fine eating in a communal space (versus a dedicated dining room) so long as there were enough tables for everyone. Service providers at the Zeier shelter agreed that it was important for guests to have a place to eat that was separate from the sleeping area. Participants also suggested outdoor seating where people could eat when it was nice outside. The Beacon provided interesting insight about their kitchen, sharing that they did not initially plan to prepare meals onsite. However, *"people get tired of PB&J and cereal,"* so they *"gradually escalated to preparing meals"* and now *"wish they would have built a full commercial kitchen and storage behind that for all the food."* Their current kitchen can fit two volunteers, and one provider estimated that a commercial kitchen comfortably fitting 4-6 volunteers would be ideal. Thus, it is important to establish a clear dining vision and design spaces accordingly.

THEME 4 | STAFF EXPERIENCE

Theme 4 describes feedback related to the staff experience and spatial considerations for both carrying out work tasks and accessing self-care at work.

Service providers need flexible, multiuse spaces to accommodate the variable needs of day-to-day shelter work. Smaller rooms are needed for private staff-guest and staff-staff interactions. Larger spaces are needed for all-staff meetings, trainings, and special events or celebrations. All staff spaces must consider direct sightlines and clear visual access to other staff in the event that support is needed. Additionally, large spaces should be designed with partitions and sinks to accommodate flexible use, like public health events, art classes, etc.

External service providers expressed a desire to have space at the new shelter to connect with guests and a preference for a range of casual spaces. Providers explained that some guests may be more comfortable having initial conversations in a semi-private location (like a window bench in a loft space or a booth along the periphery of a larger communal space), while others may specify that a private room is preferred: *“I am a fan of the open concept only because I know some people who are homeless who have trouble being in closed quarters.”* As such, providers described a range of adjacent spaces where an interaction can be initiated in one location and easily transitioned to another location if needed. One provider suggested a casual loft layout *“where they can lounge, and we can lounge with them...Don’t make it seem like they are in a facility.”* Providers also shared that it would be helpful for the external service provider spaces to be situated near, with clear sightlines to, shelter staff areas in case urgent communication is needed. Close proximity would also support a warm handoff from one provider to another. Providers shared that they would be comfortable sharing offices as needed but lockable cabinet space would be especially important for securely storing materials onsite.

Staff in shelter settings need a dedicated breakroom where staff can pause and care for themselves during the workday. One provider affirmed that a breakroom would be helpful: *“With what the staff deals with on a daily basis, just having a quiet space where you can zone out of the chaos that happens here...I feel like any shelter staff could appreciate that.”* At one shelter site, a provider described an ideal breakroom being out of the way and off the beaten path, so staff can truly remove themselves for a moment: *“Have two doors, so you can really buffer out the chaos.”* When asked what they do when they need a break, one person shared, *“I think most staff including myself choose to leave because it’s hard to hide.”* Providers envisioned an ideal breakroom having lockers to securely store personal items, private outdoor access, vending machines, a coffee/tea bar, a shower for overnight staff, meditative/calming elements, and *“a 24/7 therapy punching bag.”*

Staff need sufficient, lockable storage strategically located throughout the building. This includes storage for internal operations items (like office supplies and paper products), hygiene items for guests, food (both for immediate use and overflow), supplies for various programs, and donations. Donation practices should be carefully considered so that spaces are designated to accommodate drop-off, processing, storage, and distribution, all of which will dominate existing spaces if not intentionally designed.

LEARNINGS FROM OTHER SHELTERS

In 2022, the research team conducted TID assessments for three shelter projects being carried out by Shopworks Architecture. While the context and needs of each community are distinct, there can be lessons learned from one project that help inform the design of another comparable project.

Featured shelter projects:

- Denver Rescue Mission Men's Shelter: In April 2022, 21 guests and 21 staff were interviewed at the Denver-based men's emergency shelter.
- Fort Collins Rescue Mission Men's Shelter: In July 2022, 96 members of the Fort Collins community, including 42 individuals served and 54 service providers, were interviewed to inform the design of a new purpose-built men's emergency shelter.
- Jefferson County Shelter & Housing Campus: In May, June, and July of 2022, 111 service providers and persons served were interviewed across Jefferson County, including 46 individuals served and 65 service providers, to inform the design of a large-scale campus with a navigation center, emergency shelter, and supportive housing.

Below is a collection of subthemes highlighted from the TID assessments carried out on the above shelter projects. These points reflect input from service providers and individuals served about large-scale shelter facilities being proposed in three distinct communities in Colorado:

- Consider design that allows individuals to **self-soothe**. This includes rocking chairs in communal spaces, meditative spaces, and spaces where people can expel energy and aggression. This also requires outdoor space for guests to smoke, which must be covered to accommodate inclement weather.
- Service providers and participants described common areas emulating **café** environments where individuals can connect with others, people watch, and generally feel part of a larger group while maintaining personal space.
- Participants described the need for **dedicated daytime space** both for *doing* – that is, seeking resources and connecting with service providers - and *being* – that is, resting and recentering in a safe and comfortable setting.
- Some shared that it would be incredibly helpful if the shelter could expand the city's **severe weather services** (both daytime and overnight shelter).
- Guests appreciate **smaller "neighborhoods"** – that is, clusters of beds where they can develop community with one another. This must be balanced with open sightlines throughout the dorm for staff to manage safety concerns.
- The **number of guests per dorm** should be carefully considered to address the safety and comfort needs of both staff and guests. In 2020, the existing shelter unbunked their beds and reported a dramatic decrease in conflict and incidents among guests.
- **Accessibility** must be at the forefront of every space throughout the building. Dorms, bathrooms, outdoor spaces, entrances, hallways, and elevators need to accommodate the mobility and general access needs of guests and staff. Adequate outlet access as well as accessible surfaces and storage space are needed across the shelter for individuals using oxygen, which is common among this population.

- The **surrounding neighborhood** deeply impacts how safe guests feel walking up to the space. Currently, guests camp out around the shelter, which was described by other guests as impeding their desire to access the shelter overnight.
- When designing outdoor space, **scattered pockets of seating** can provide additional outdoor meeting space for semi-private staff-staff and guest-staff interactions.
- **Staff offices** must prioritize visibility, safety, and privacy. Most offices lack adequate sightlines to the rest of the building and/or offer little to no privacy. Since specific areas in the building, such as the front entrance and guest services, require a constant staff presence, staff need to be able to settle into those spaces with sightlines to high traffic areas as well as conduct private conversations with guests and other staff as needed.
- The warehouse appearance of both buildings, with concrete floors and walls, can set an **institutional tone**. The warehouse layout can intensify noise throughout the space, often triggering guests and making it difficult for staff to concentrate on specific tasks or tune into important conversations.
- Staff specified that a **kitchen** serving the volume of guests envisioned for the new shelter (approximately 200 individuals per night) should contain at least 2 stoves with a 30 foot hood space; a large walk-in freezer and pantry with several shelves; a mop sink, prep sink, 3-compartment sink, and 2 handwashing sinks (so 5-7 drains total); FRP panels on all the walls; a dedicated bathroom for kitchen staff; a dedicated office with 1-2 desks and a window directly into the kitchen space; a finished concrete floor (instead of grout which collects dirt); and air conditioning.
- Staff requested that the **dining room** seat no more than 100 guests at a time as a matter of staff coverage and crowd control. Also, the design of the dining room should consider the potential of being converted into severe weather shelter if needed.
- Guests need a sufficient number of **outlets** near beds (not only for personal electronic devices but also potentially medical equipment). Having access to secure charging areas was a chief concern raised by participants, as many people described have 3-4 chargeable devices on them at any given time (including phones, tablets, laptops, battery packs, flashlights, and speakers). Consider seating and proximity to other activities, as participants will sit with their devices until they are charged.

DESIGN RECOMMENDATIONS

GENERAL CONSIDERATIONS

Below are a series of recommendations that the Shopworks TID team has compiled based on feedback from our research in Madison. This section also includes best practices from other shelter projects our research team has examined.

- Operate the shelter **24/7** if at all possible. This would address an urgent need in Madison to shelter individual of all ages and abilities during all types of weather. It would also promote a higher-level of service continuity needed to transition guests from the experience of homelessness into housing.
- Carefully consider the potential of allowing guests to secure a bed for **more than one night** at a time. This would allow guests to focus on longer-term goals without having to experience the trauma of seeking immediate shelter day after day.
- Provide dedicated shelter for **couples**, if possible, as that is clearly a significant unmet need in the Madison area. This will, of course, require specific considerations about how those individuals interact with the men's space, including the potential of separate communal areas and corridors.
- Consider how the shelter can be safe, welcoming, and **inclusive** to individuals who are gender nonconforming, nonbinary, transitioning, or represent other gender identities. Providers expressed the desire to serve guests along the gender spectrum and noted that there is a need for shelter for this group of unhoused individuals. Additionally, service providers raised the importance of peer support and diverse staff representation.
- **Clear sightlines** should be the aim for all indoor and outdoor spaces, including basements, stairwells, entryways, and parking lots. Cameras should be strategically positioned to eliminate gaps in coverage across the property. If possible, ensure outdoor areas can be monitored from a front desk or staff area.
- All spaces, including sleeping areas, communal areas, and staff areas, should offer **two points of entry/exit** and **multiple pathways** through the space for managing traffic and diffusing areas of concentration and conflict.
- **Entryways** are critical spaces that set the tone for new guests, staff, and visitors. They also provide essential security functions. Seek opportunities for the front entrance to be low barrier with a design that makes it clear to someone approaching for the first time what they are walking into. A vestibule is recommended for high-traffic areas, providing guests an opportunity to get out of the elements while staff check in with them before admitting them into the building. This is particularly useful during off-hours when there are few staff onsite and limited traffic at the front door. Access control, including remote door access, is often useful for staff. Visual access, via windows and cameras, are critical for safely monitoring entryways and the periphery of the building. Carefully consider bag check, bag storage, paraphernalia storage, and other security procedures as well as health screening processes and the necessary spatial layout to support these envisioned procedures. Consider ways to make the check-in process more efficient,

including more distinct security checkpoints where a greater number of staff could carry out these procedures. Security checkpoints should offer some privacy for guests and their belongings.

- Consider a **direct pathway** for guests to move from the health screening area to the medical and isolation rooms without passing by other guests. The health screening area should also provide a semi-private space.
- Guests **waiting in line** should have protection from the elements, ideally indoor areas (at very least during inclement weather), and seating for guests who have difficulty standing for long periods.
- All spaces should support **wayfinding** through clear, accessible signage (ex. large print, spoken languages, strategic placement, color contrasting, pictograms). Allowing guests to know where they are going without having to ask people supports feelings of empowerment and calm. Distinctive colors can be used on particular floors, in dedicated wings, or on doors to help ground guests in disoriented or dissociative states.
- **Soundproofing** must be prioritized to ensure privacy and confidentiality in office and meeting spaces as well as noise regulation in sleeping areas, bathrooms, and communal areas.
- **Natural, biophilic elements** should be incorporated in all spaces, including organic building materials and furniture, windows with intentional views of nature, plants, and imagery. Consider planting trees that will eventually serve to provide shade in outdoor common spaces. Avoid institutional materials, particularly in amenity spaces (ex. fluorescent lights, ceiling tiles, cinder blocks, and stainless steel).
- **Adjustable lighting** is recommended for every room, including staff offices and guest amenity spaces, to support various visibility and light sensitivity needs. Natural lighting supports circadian rhythm regulation and connection to nature; however, blackout shades are then critically important (particularly in sleeping areas) to ensure darkness can be achieved when desired. In sleeping spaces, consider soft guidelights that can help with wayfinding without having to turn on harsh overhead lighting.
- **Accessibility and universal design** in every space must be considered. This includes elevator access, front door access, extra wide hallways, unobstructed and nonslip flooring (i.e., no rugs). In bathrooms, provide grab bars, lower sinks, raised toilet seats as well as roll-in showers with benches, handheld shower heads, and enough room for a wheelchair and possibly a second person to assist. Throughout the building, provide adequate clearance around corners and through entryways for individuals using mobility devices. Design gentle transitions across spaces and modulation of sensory inputs (attending to neurodiversity).
- **Furniture** must be able to accommodate assistive devices and body size diversity, including tables that can be raised for wheelchairs and chairs without arms. Ensure that varied, size inclusive, comfortable, and approachable seating is available in all areas of the building, including apartments and office spaces. Furniture throughout the building must be commercial grade and able to withstand extreme use without looking overly institutional or clinical.

- Offer **operatable windows** in guest sleeping areas, communal areas, and bathrooms to promote fresh air and modulate overwhelming olfactory inputs throughout the space.
- **Bathrooms** are often hotspots in shelters. Ensure that occupants have enough space to utilize them without feeling as though they are on top of one other. Bathrooms must be gender inclusive and varied to consider diverse safety and comfort needs. Staff at other shelter projects have recommended avoiding the installation of blue lights (a spatial intervention used to deter substance use) as *“there is shame and judgement attached to that.”* It is essential that bathroom design still prioritize high-impact materials and maintenance, both in terms of cleaning and repairs, as the closure of a single restroom can impose stressful ripple effects on shelter flow and operations.
- **Ample storage** space and organizational supports are always needed among staff and guests in all spaces. Consider creative multifunctional furniture, such as beds with built-in drawers and shelving, to maximize storage space.
- Secure and ideally covered **parking** should be considered to meet the year-round accessibility and security needs of staff and guests, giving careful consideration to those with physical and mobility impairments as well as local weather conditions.
- A dedicated **heat treatment** room should be considered to address large-scale bedbug management. These rooms are often best equipped with large interior and exterior doors. Additionally, this room should not be encumbered by unnecessary stairs and corners, as large items will be frequently moved into and out of this space. Consider adding a permanent grid on the floor, which will assist staff in separating the personal items of guests. This space should be designed to support envisioned shelter procedures around pest management.
- Consider the location of a rear **loading zone** for kitchen and general building supplies as well as discrete passageway for emergency medical service to move through the building. The presence of these teams, their vehicles and equipment, and individuals on stretchers can be highly triggering. Be mindful of any change in height, opting for ramps over steps whenever possible.
- **Water fountains** with water bottle filling stations should be readily available for guests, staff, volunteers, and visitors.
- A sufficient number of **outlets** will be critical throughout the building, particularly in any spaces serving guests (including the dorms, common areas, indoor and outdoor amenity spaces, and staff offices). Outlets should observe clear sightlines, so guests can keep an eye on their belongings without having to be immediately next to them.
- Consider **decorative elements** that resonate with the occupants of the space, such as artwork created by guests and staff or photographs of local landmarks or influential figures. Artwork can be multifunctional, providing seating, interactive opportunities that engage guests’ various senses, and identity anchors that link to local cultural, historical, traditional, and geographic touchpoints.
- **Mop closets** are needed on every floor and in separate sections of the building to support ongoing maintenance of the space, given high occupant volumes and extreme use. Consider closets that can be accessible to guests who may want to disinfect their sleeping or shower area.

- Consider accessible **facilities and maintenance storage** with sufficient space for tools, large equipment, and supplies (such as sidewalk salt in the winter months). Facilities and maintenance teams often request adjacent office space for managing work orders and conducting other administrative tasks.

GUEST SLEEPING AREAS

- Design sleeping areas that offer **clear sightlines** for staff. Participants were open to staff offices looking directly into the dorms, with the majority of individuals noting that this would increase their sense of safety while sleeping.
- In **dorms**, there is always a push and pull between safety and privacy for guests. Consider ways to create smaller rooms throughout the dorms with cubicle walls that allow staff walking around to see all guests in the shelter but allow guests to feel like they aren't looking out onto 100 other people. Consider cubicles or **partitions around beds** that provide each guest with a semi-private area. The walls can be 4-feet tall, so staff can see into each area for health and safety checks. Additionally, the doorway can remain open; however, lightweight privacy screens are recommended and still offer staff the ability to see into the space in the event of an incident. Semi-private partitions are being explored as a best practice in semi-congregate shelter.
- In the dorms, built-in **storage** and shelves should be considered for management of clutter and personal items. Organization is critical for managing cognitive load and mental fatigue. This is especially important when several individuals are sharing a living space. For security, each guest should ideally have access to a locker with a programmable code. It must provide suitable storage space for an individual's belongings, including wallets, IDs, important paperwork, electronic devices, toiletries (as has been raised in previous research, and clothing).
- Avoid **bunkbeds** if at all possible. Providers in other shelters have reflected that when they shifted from bunk beds to standalone beds, the shelter experienced significant reductions in escalations among guests. Ideally, each bed would have personal lockable storage, two outlets for electronic devices and essential medical equipment, and a reading light. Furthermore, individuals accessing shelter in Madison were described as an increasingly aging group with higher instances of medical conditions and mobility challenges, making it difficult to access a top bunk.
- A few **individual dorm rooms** will be important for serving multiple functions, including providing specific space for guests with presenting health issues or in quarantine, transgender or gender nonconforming guests who do not feel safe in congregate dorm settings, escalated individuals and those needing space from other guests. Rooms with easy access to the front entrance may be useful for guests transported in the middle of the night by police or guests with emergency medical issues awaiting emergency medical services. Given the potential use of these rooms to address illness warranting quarantine, some should be equipped with separate bathrooms and appropriate ventilation systems.

GUEST COMMUNAL AREAS

- It is important to design several small **common areas** versus one large milieu area, which is likely to be chaotic, noisy, and triggering for guests. Ensure that these areas offer a variety of seating for all body types and mobility levels, such as elevated chairs for individuals who have difficulties sitting down due to back, hip, or knee issues.
- Consider **smaller living rooms**, potentially adjacent to the dorms, with computers and workstations, bookshelves, comfortable seating, card tables, and televisions that can be used not only for leisure purposes but also during groups, workshops, and trainings.
- Designate an **area for sleeping** at all times of the day for those not in the shelter. This could be quiet, low-light section of the day center or a dedicated napping room.
- **Outdoor spaces** must consider a diverse range of guest needs, including designated smoking areas; ample shade and coverage from the elements; comfortable, inclusive seating options (including swings, rockers, and other opportunities for self-soothing); writing surfaces where guests and staff can meet or work; several outlets; space for intimate, contemplative activities like chess and dominoes; more active outlets like basketball and horseshoes; semi-private seating where 1-on-1 meetings between staff and guests can occur; space for pets; and ample greenery, including trees, sections of grass, and a community garden. Clusters of seating, both large and small, will allow programs, such as meditation or support groups, to be conducted outside when weather permits. Explore solutions to make outdoor spaces accessible year-round and throughout the night. It is important that guests have 24/7 access to outdoor spaces, particularly for those attempting to self-regulate and manage sleep disorders with fresh air, movement, and smoking.
- Special consideration is needed for **pet-friendly** spaces. If a pet-friendly space is created, a separate allergy-friendly pet-free space is also needed to ensure all guests are comfortable. Kennel areas could be located adjacent to designated sleeping areas. Dedicated pet relief areas will also need to be separate from the main outdoor communal space with waste disposal amenities. Given the range of weather conditions in Madison, indoor pet relief stations may also be needed. Consider the challenges of turf (smell, maintenance, heat production, mess) and live grass (maintenance, water usage, fertilizer). Avoid using rocks in the pet-relief area. Carefully consider noise and safety as well as kennels where animals can be kept when guests are utilizing services or working (including cat-friendly kennels with litterboxes).
- Consider dedicated indoor/outdoor **active space** for exercise, stretching, and general movement for both guests and staff. It is often suggested that such a space feature equipment versus free weights, which can be used as weapons. At other shelters, guests have expressed interest in an **adult playground**. In addition to exercise equipment, this could include a stretching station, climbing wall, meditation labyrinth, or even an interactive art/creativity space. An onsite track would allow for movement and could be designed with interesting features to foster delight, surprise, and exploration, such as alternate paths, movement patterns, textures underfoot, sensory features, movement instructions. This space could also be used, as other shelters have, for group meditation or morning quiet time.

- Create **outdoor spaces** with clear sightlines to staff spaces and ample lighting to support a sense of safety and security across the property. Furthermore, outdoor areas, particularly those that guests and staff will be accessing through the night for smoking and fresh air, should be mindful of security and privacy. Chain-link fences can exude a cold, institution feel. Consider fencing made of natural materials, which employ warm and decorative design elements.
- Design **bike storage** in a secure outdoor space with ample camera coverage, lighting, security signage, and direct visual access from staff areas. Ideally, bike storage would be within a fenced in courtyard. A covered bike maintenance and repair area would also be helpful.
- Consider **longer-term storage** for guests. This space should be situated near the front entrance for easy access, particularly for individuals no longer staying at the shelter. Visual access will be especially important for supporting individuals and staff accessing this area.
- Design **bathrooms** that create a sense of safety and dignity. Offer smaller standalone toilet/shower rooms if possible, and ensure that larger communal bathrooms offer privacy for individuals while showering and changing. Ideally shower stalls should offer solid doors as well as a dry closed-door changing area directly outside of the shower staff. Offer natural light into the space with high windows that still communicate a sense of privacy as well as soft and substantial lighting options.
- Provide a small 24/7 **kitchenette** where guests can access a microwave, beverage bar, and potentially other kitchen supplies. Given that the microwave was identified as a hot spot for conflict, consider multiple microwave stations in the building with adequate space between them. Offer guests space to store food if at all possible to support specific dietary needs and health conditions.
- Design a nondenominational **sacred space** with spaces that attend broadly to a range of faiths and spiritual beliefs (for example, for Muslim guests, consider a main wall that is oriented toward Mecca). Overall, the sacred space should promote feelings of peace and calm. Consider storage for musical instruments, a water feature, space for memorials, and potentially a small office.
- **Libraries** are commonly identified as widely used, favorite spaces. A library or reading nook could be a useful addition in the navigation center for guests looking to relax, de-escalate, pass the time between appointments, or get work done.
- Provide **games**, such as chess, or other activities that provide mental stimulation, foster connections, and diffuse conflict.
- Consider the **transportation** needs of guests, as this was a major concern raised in the research. Consider a shuttle service, bus routes, bike shares, and onsite bike maintenance space and services.

STAFF AREAS

- All office and meeting spaces should attend to **soundproofing, visibility, and natural lighting** whenever possible. Ensure that staff offices and meeting spaces have windowed doors with blinds to provide visual access when needed while ensuring auditory privacy. These spaces must be built with suitable soundproofing to protect confidential discussions. It is critical that staff areas have broad visual access to other staff areas to promote safety and support at all times – this cannot be overstated.
- **Flexibility** is a priority for office spaces. A range of private office space, shared office space, and open coworking/meeting space must be available and tailored to the specific needs, not of the current staff but the full team envisioned for the future building and expanded programming.
- Situate service provider **offices** (both shelter staff and external service providers) adjacent to guest common areas to provide visual and physical access. This establishes a low barrier, accessible environment and fosters organic interactions between service providers and guests as they are moving through the space. Additionally, by sprinkling service providers throughout the space, it creates an environment where staff with different skills and competencies can be responsive should a situation arise anywhere in the center.
- Consider spaces where **external service providers** can meet with guests. These spaces should be casual and range from semi-private to private. These spaces should include a range of comfortable seating, adequate outlets, and surfaces for writing and electronic devices.
- **Lockable cabinets and drawers** are needed throughout the space. External service providers will want to keep supplies and materials onsite, provided that they can securely store those items.
- Dedicated **medical and behavioral health** offices should be programmed for service providers working onsite. Ideally, the rooms would be designed to offer privacy, sink access, counterspace, and lockable storage. Other shelters have also requested a nearby de-escalation space and discrete access to an exit should emergency medical services be needed.
- It is important to consider **noise levels and traffic** immediately outside of service provider offices, depending on the layout and capacity of the adjacent common space. Mental health service providers at one shelter described deliberately scheduling appointments in the afternoon when the space is quieter and less stressful. Service providers at another shelter offer behavioral health and wellness services in a designated section of the building intentionally programmed as a calm, quiet space to support guest safety and comfort.
- In addition to individual offices or workstations, ensure there is a **large conference room** or classroom that can fit the entire staff for meetings, trainings, and other gatherings. This room should be equipped with projectors and screens, comfortable and inclusive seating, and tables that can be easily moved around to accommodate different meeting formats.

- It is critical that staff have their own **breakroom** to ensure their vicarious trauma is tended to. This needs to be a space where staff can decompress, take breaks, store food and heat meals. This can also be a place for staff and volunteers to securely store their belongings. Consider incorporating a private outdoor element, if possible, for staff to have their own designated smoking area, as requested. Dedicated office and storage space for facilities/maintenance and kitchen staff must also be attended to and programmed based on their specific needs (including adjacency to their work areas).
- Consider easy **access from staff offices to outdoor spaces** for guests who may request to smoke during stressful meetings or need to take their animals out.
- Consider dedicated areas for **donations**, including donation drop-offs processing, storage, and distribution. This space should support the new shelter's envisioned donation procedures and be situated in close proximity to a loading zone to make donation drop-off as easy as possible on donors, staff, and volunteers.
- The **kitchen** must be designed to support the envisioned food service offering at the new shelter. The specifications of this space, specifically whether meals will be prepared or simply warmed onsite, should be determined alongside staff trained in large-scale shelter food service.

CONCLUSION

The research team heard strong anticipation for this space from stakeholders across the community. Service providers recognize this purpose-built shelter as an opportunity to provide more adequate, dignified services to two key subsets of the local unhoused community: men and couples. There are certainly many questions to be answered about how these, and other groups, will be served by the new shelter. However, the community engagement efforts that have been prioritized by the City of Madison, Dane County, and their partners on this project suggest that these questions will be addressed in a thoughtful way and with direct input from a wide range of community members representing different interests in and connections to the shelter.

One participant of this assessment, who described extensive experience navigating the local shelter and service system, raised a few points for the project to consider. This individual described being leery about accessing shelter following numerous negative experiences. When asked what it would take for them to consider trying the new shelter, they shared, *“If I felt comfortable, acknowledged, seen – more important than any bed – I would go.”* They then emphasized the necessity for the shelter to offer a range of supportive services onsite, noting, *“A person is not going to get their life together if their mind is not together.”*

The need and desire to offer a depth of services, specifically in terms of high-quality case management, housing navigation, and behavioral health, to guests of the new shelter was emphasized by both service providers and individuals served who participated in this assessment. This was often met with recognition from key stakeholders about challenges associated with funding, staffing, and maintaining the facility. Our hope is that this report, alongside other substantial efforts currently underway, will assist in defining a plan for actualizing this deeply anticipated and promising new facility.

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