

It has to feel like home...

Design workshops with people experiencing homelessness in Albuquerque to inform the architectural and programmatic layout of the Gateway Center at Gibson Health Hub

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City of Albuquerque Family & Community Services

With special thanks to:

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Executive Summary

Problem: More than 5,600 households experience homelessness in Albuquerque, with numbers rising every year. Despite a growing need, there are limited options for the provision of comprehensive, trauma-informed services.

Proposed Shelter: Trauma-informed care and design has proven to improve recovery outcomes for individuals that experience homelessness. As part of the solution, the City of Albuquerque plans to build a trauma-informed, low-barrier shelter for 100 single adults and 25 families called the Gateway Center.

A Community-Informed Solution: Recognizing the importance of unhoused individuals as stakeholders in the design of the shelter, the City of Albuquerque worked with key community partners to conduct design-input workshops with 28 individuals experiencing homelessness. A special effort was made to reach LGBTQ+ and Native American demographics since these populations are disproportionately represented among the unhoused. Using a participatory methodology with facilitated discussion, unhoused individuals themselves drew floor plans, room layouts, and decorative elements to give their input on the future Gateway Center

Results: Below are the key findings that will be used to inform the design of the Gateway Center:

Key Findings	Recommendations for Program Design	Example
<p>1. Choice and Comfort: The Center should feel like home with an emphasis on “choice” and “comfort”</p>	<ul style="list-style-type: none"> ● Allow individuals to “re-arrange” furniture within the walls of their sleeping space ● Provide a range of sleeping options such as those outdoors ● Provide a private bathroom option for transgender residents 	<p>Multiple ways to arrange furniture in a room</p> 

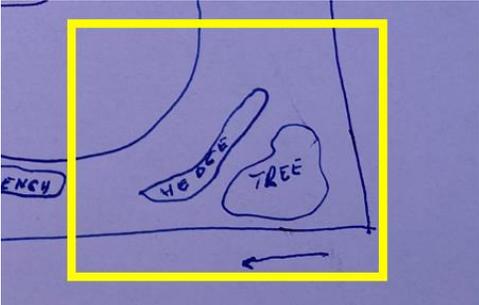
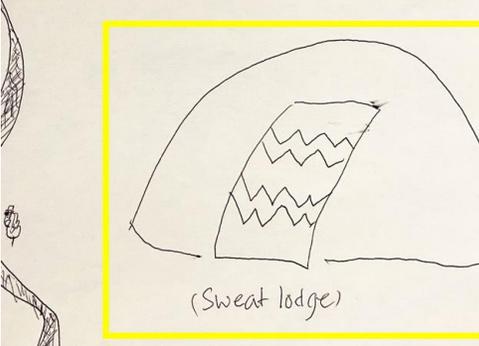
<p>2. Community: Activities that build community, muscle, and mind should be available at the shelter</p>	<ul style="list-style-type: none"> ● Provide exercise equipment such as weights ● Organize community activities around a grill/campfire, garden beds, or movie screenings ● Maintain a well-stocked library 	<p>Communal grill</p> 
<p>3. Safety: Improve sense of safety by implementing trauma-informed design principles, clear rules, and approachable staff/residents</p>	<ul style="list-style-type: none"> ● Build open spaces with clear lines of sight ● Ensure staff are easily accessible within the shelter and are friendly ● Provide cultural humility training to all staff and residents 	<p>A reclining tree with a small hedge in front to provide privacy</p> 
<p>4. Healing: As a stop on their journey towards healing, the shelter should include programs and make available places of connection/spirituality</p>	<ul style="list-style-type: none"> ● Use symbolic artwork on the walls ● Provide spaces for meditation/reflection ● Construct sweat lodge 	<p>Illustration of a sweat lodge outside</p> 

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I. Introduction

We met Jessica¹ at the Compassion Services Center, a non-profit in the International District that provides hot meals and a winter shelter. She had her small dog with her and the tent she had been using to sleep in at a nearby park. Jessica had been a student at UNM, studying art, but a death in her family drove her into a deep depression she had struggled with for years. She wasn't able to keep up with her bills and she was evicted from her home. Living on the streets only made it more difficult for her to get out of depression and she began to self-medicate with alcohol. Being on the streets caused even more trauma with multiple incidents of sexual assault and learning to survive with no income.

a. Context

Jessica's story is one that is shared among many unhoused people who live in Albuquerque. Many more people in similar circumstances are at risk. A study by the Urban Institute on the affordable housing market in Albuquerque indicates that up to 82% of households are one paycheck away from homelessness². On any given night, 1,500 individuals experience homelessness in Albuquerque. It is estimated that 400 of those individuals do not sleep in shelters overnight and instead sleep on sidewalks, in abandoned

buildings, or in other locations not meant for human habitation. The actual numbers are not documented, but the Point-In-Time Count reports a self-disclosed incidence among the unhoused population as living with mental health issues at 45% and 43% report living with substance use issues.³

Albuquerque's numbers aren't much different than those in the rest of the United States. Figure 1 demonstrates how the number of unsheltered individuals experiencing homelessness rose 30% since 2015. Previously, the country saw a decline in homelessness for nine years. COVID-19, a shaky economy, and the scarcity of affordable housing may accelerate homelessness even further in the coming years. According to the National Alliance to End Homelessness, more than 6.3 million American households spend more than 50% of their income on housing putting them at high risk for eviction.

¹ All names in this document have been changed to preserve the integrity of the individuals in the workshops

² Urban Institute. "Albuquerque Affordable Housing and Homelessness Needs Assessment." May 2020.

<https://www.cabq.gov/family/documents/albuquerque-affordable-housing-and-homelessness-needs-assessment.pdf>

³ Point-In-Time Count, 2019: Albuquerque Continuum of Care, by the New Mexico Coalition to End Homelessness (NMCEH).

Figure 1: Homelessness is on the rise in the United States⁴



To recover successfully, Jessica will need supportive services and a place to sleep at night. Given that 1,500 individuals experience homelessness in Albuquerque on any given night, there are not enough emergency beds to meet demand.⁵ A City report indicates that Albuquerque is short more than 400 beds to meet the needs of the population. For beds that do exist, options are limited. Additionally, the number of people experiencing homelessness has risen 19% since 2017.⁶

In November 2019, the voters of Albuquerque approved General Obligation Bond funding for the design and construction of a new shelter for people experiencing homelessness to help fulfill these beds. In April 2021, the City of Albuquerque acquired the building formerly known as the Lovelace Hospital and currently named the Gibson Health Hub (GHH), located at 5400 Gibson Blvd SE, with a vision to provide an anchor facility to fill healthcare and social service

⁴ State of Homelessness: 2021 Edition. National Alliance to End Homelessness.

⁵ Metraux, Stephen, Alexa Timmreck, and Barbara Poppe. 2019.

gaps for both the housed and unhoused populations of Albuquerque. The updated GHH will build on the historical uses of the facility to provide essential services such as a Medical Sobering Center, Medical Respite beds, a Trauma Recovery Center, and the Gateway Center.

The Gateway Center will be part of the City’s solution to homelessness and will feature a shelter, an Engagement Center with service providers, and a First Responder Drop-Off. The Shelter will have 100 beds for single adults and 25 rooms for families and a limited number of beds for couples and non-binary individuals. The City seeks to employ best practices in the design of the Shelter and the Engagement Center by including trauma-informed/person-centered design and low-barrier access. To design to the individual who will be using the space and understand trauma triggers in such spaces, the City recognized the need to get input on the architectural layout and interior design from the homeless population of Albuquerque.

b. Background Research

We investigated the best possible way to approach gathering input from people experiencing homelessness on trauma-informed/people-centered design.

Trauma-informed Design (TiD) originates from trauma-informed care, which promotes environments of healing and recovery rather

⁶ Point-In-Time Count, 2019: Albuquerque Continuum of Care, by the New Mexico Coalition to End Homelessness (NMCEH).

than practices and services that may re-traumatize an individual who has experienced trauma. Instead of asking, “What is wrong with this person?” trauma-informed care asks, “What happened to this person?”⁷ According to SAMHSA,

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

The key principles to enacting trauma-informed care are six-fold: promote safety, build trustworthiness and transparency, create peer support, encourage collaboration and mutuality, champion empowerment (voice/choice), and factor in context (cultural, historical, gender issues, etc.).⁸

As a newer field, TiD intends to apply similar principles to architecture and interior design by combining principles of trauma-informed care with the design process. The goal of TiD is to construct physical spaces that promote safety, well-being, and healing.

A Denver-based firm called Shopworks Architecture published a framework that explains the core values of TiD, noting that these values are Comfort, Community, and Choice and that these values guide the surrounding values of Hope, Connection, Joy, Peace of Mind, Safety, and Empowerment.⁹

Trauma-Informed Design Framework



The values in the Shopworks Design Framework have appeared in other studies on singular topics as well; for instance, for the value of Choice, shelters can give residents control over certain things such as a reading light or a fan.¹⁰

⁷ Harris, M. & Fallot, R. D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services*. San Francisco: Jossey-Bass.

⁸ SAMHSA’s Trauma and Justice Strategic Initiative. “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.” July 2014. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

⁹ Trauma-informed Design Framework “*Designing for Healing, Dignity and Joy* (2020).” Shopworks Architecture Group, 14 Engineering, and University of Denver Center for Housing and Homelessness Research.

¹⁰ Berens, M. (2016). A Review of Research: Designing the Built Environment for Recovery from Homelessness. Retrieved from <http://designresourcesforhomelessness.org/people-1/education/>.

Impact

TiD environments can lower the levels of stress individuals feel in spaces and allow them to move forward with their lives, accessing needed services and stepping on a path to recovery. Some shelters have seen decreases in the incidences of coping behaviors such as emotional outbursts.¹¹ TiD has the potential of not just promoting recovery for those accessing the shelters, but also in helping the shelter run with fewer 911 calls, fewer calls for security, and fewer escalations.

c. Summary

While research exists on best practices for the design and operation of a shelter, we wanted to ask people experiencing homelessness in Albuquerque what they envisioned at the new Gateway Shelter. We combined the practices that hospitals and planners have been using (tactile methods for community design) and the methods of the Shopworks Architecture to conduct our research. The combination of these two methods allowed us to not just

listen to individuals describing their ideal shelter, but to visualize the shelter through art.

Through our interviews with 28 unhoused individuals, four themes emerged for trauma-informed design: Home, Safety, Community, and Journey. Home was felt where there was choice and comfort—a shelter that has rules but also allows the flexibility for individuals to make choices about living spaces and have design elements that bring comfort. Safety was found when people could be themselves, where they felt there was clarity and harmony between staff and guests. Further emphasizing the importance of Community, people expressed wanting spaces where they could have activities and engage with their fellow shelter guests. Finally, the individuals did not just want another shelter—they wanted a location where they could find healing and restoration.

Many of these design elements have already been applied to Phase I of the Gateway Shelter; however, many more elements will be applied to the completed Gateway Shelter.

¹¹<http://designresourcesforhomelessness.org/about-us-1/>

II. Methods

a. Participants

Our team conducted an in-depth study on the demographics of the homeless population in Albuquerque with data provided by New Mexico Coalition to End Homelessness. The 2019 Point-In-Time Count is a survey that is conducted every two years for people who are on the streets and residing in shelters or permanent supportive housing. We found that Native Americans, Black individuals, and LGBTQ+ individuals are disproportionately represented in the population. The Native American population in particular makes up the largest group represented in the unsheltered population. Despite making up 40% of the unsheltered population, they only make up 19% of the population accessing emergency shelter.¹² This trend is not observed in other demographic groups.

Understanding this demographic information will allow us to target these groups when designing the shelter. Perhaps their needs are not being met at shelters and that is why they are not accessing the emergency beds. For this reason, we decided we needed to understand their situation better and chose to target locations that had Native Americans (First Nations) and LGBTQ+ individuals (Casa Q and Transgender Resource Center). We also conducted the design workshops at the Compassion Services Center since they had a good demographic breakdown of

individuals experiencing homelessness in the International District.

Individuals at the sites were secured by the providers themselves to ensure they met demographic criteria (i.e. LGBTQ+ or Native American) and that the individual had current lived experience in homelessness. We thanked individuals who participated with \$25 Walmart or Target gift cards for the participant's consulting services. Names and dates were collected as proof of receipt of the gift cards but were not collected to identify individual identities. The table below illustrates the number of participants who participated in the workshops from each of the organizations.

Table 1: Participant Totals

Organization	Number of participants
Compassion Services Center	5
First Nations	10
Transgender Resource Center	10
Casa Q	3
Total	28

b. Question Prompts

The question prompts were modeled on best practices for facilitating discussion on design of spaces. In particular, we looked to the

¹² "2019 Point-In-Time Count." New Mexico Coalition to End Homelessness. July 2019.

<https://www.cabq.gov/family/documents/2019-albuquerque-pit-count-final.pdf>

work done by Shopworks in Denver, Colorado.¹³

Three categories of questions were asked at the four locations:

1. What makes you feel safe in an outdoor space? What would an ideal outdoor space look like? Is there anywhere in town that has a really nice outdoor space and can you describe it?
2. What makes you feel safe in an indoor area? What does an ideal common area look like? What does an ideal indoor area look like?
3. When something bad happens, what helps you process your feelings? Where would you like to go if you needed some space to be alone? What helps this space feel like a place you could go to reconnect and heal?

To ensure the questions stimulated productive discussion and prompted creation, the questions were validated/ tested with two individuals experiencing homelessness at a meal center. Additionally, the questions were sent beforehand to the key contacts at the service provider agencies for validation to

ensure questions were appropriate and phrased clearly enough for the target population at the organization

c. Activities

In addition to the questions asked above, we wanted to allow for a time for individuals to think independently and represent their responses through imagery. The methodology of using tactile elements such as building blocks, drawings, models, etc. is documented in “Developing Evidence-Based Design Guidelines for Medical/Surgical Hospital Patient Rooms That Meet the Needs of Staff, Patients, and Visitors”¹⁴ and with community planners.

In our study, individuals were given the choice to draw or build with Lego® blocks their responses to the question prompts rather than respond out loud. Individuals were given markers, paper, pens, pencils, and Legos as possible materials. Almost everyone chose to draw rather than use Legos. After the individuals completed the design activity for a question, the facilitator followed up with questions on their drawings to further stimulate conversation on the question asked. The sessions lasted between 1 and 1.5 hours total. The results of the conversation and analysis of the drawings follow.

¹³ Shop Works Architecture, *Trauma Informed Design Manual*. <https://Shopworksarc.com/wp-content/uploads/2021/10/TID-Four-Phase-Process-Manual.pdf>

¹⁴ Lavender, Steven et. al. “Developing Evidence-Based Design Guidelines for Medical/Surgical

Hospital Patient Rooms That Meet the Needs of Staff, Patients, and Visitors.” 2019. <https://journals.sagepub.com/doi/pdf/10.1177/1937586719856009>

III. Analysis

a. “It has to feel like home”

It has to feel like home...like when I was at my grandma’s house and someone cared.



Individuals brought up the importance of the new shelter not appearing institutional but really feeling like a home. Central to their descriptions of what “home” looked like and felt like were two core principles: choice and comfort.

First, choice meant that elements in the shelter were not fixed and that individuals had autonomy to make decisions that affected their daily life. Structure was important; for instance, individuals wanted to have chores and rules—but choice was elemental, such as the ability to choose how to arrange their sleeping area. Participants noted they wanted to know that everyone would get a side-table and a bed and a drawer (or some kind of configuration of furniture like that), but they also wanted to be able to re-arrange their beds against the wall and perhaps have the option

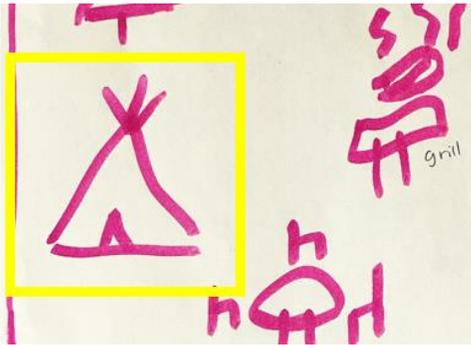
of moving the side-table on a different day (Image 1).

Image 1



Individuals wanted there to be quiet times, but they didn’t want to be forced to go to sleep or wake up at a certain time. They expressed a preference to have a limited curfew, but to be able to come and go from the shelter as needed during the day. Some even wanted to have the choice to sleep outside on a given night when the rooms felt “stuffy.” This was particularly important for Native American groups who wanted to be able to choose to sleep in a teepee in the outdoors area (Image 2 and Image 3).

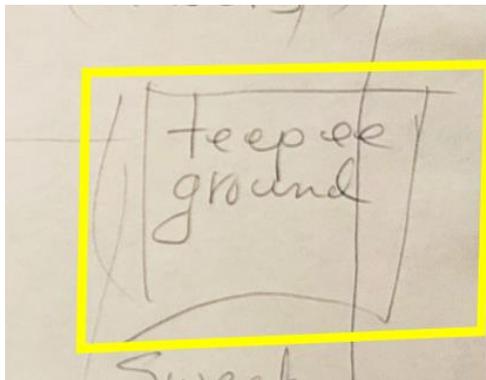
Image 2



restroom, but they wanted to have the choice of the more private bathroom available.

Second, the individuals wanted to feel comfort in the space—this desire went into the general ambiance and also for certain rules. For instance, the groups mentioned the importance of allowing pets into the shelter and allowing them to sleep with their owners at night. Just as individuals would have a pet at home, so too they wanted the same kind of comfort in this space.

Image 3



Also mentioned was the importance of soothing music that would help individuals “calm down” and “not think bad thoughts” (Image 4). A friendly welcome could also aid in getting more individuals to access the shelter. For instance, upon first entering the shelter, individuals could be greeted with coffee and cookies in the reception area.

Image 4



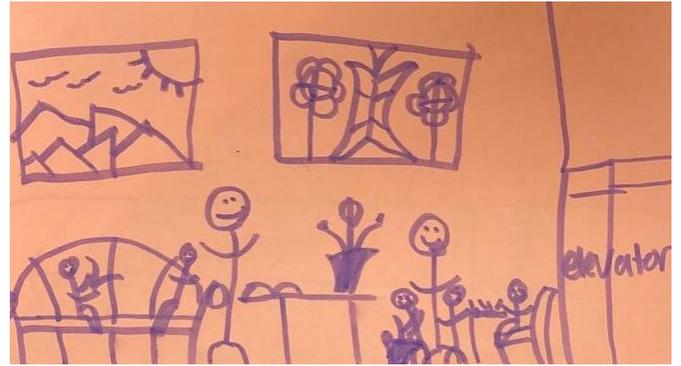
The pattern of choice even extended to the interior design of the space. The Native American group wanted the space to have options for “Southwestern Style” or for “Modern Style.” Some aspects of the shelter are designed in one style and others in the other style. One individual said, “Home style to get me into the shelter and modern style to get me out and working.”

For trans individuals, two requests were particularly important about choice: having the choice of at least one private bathroom that could be used to change or to shower in and having an area where individuals could get “ready” by applying makeup, curling hair, and so on. Trans female individuals remarked they would use the women’s

Other design elements that were emphasized were comfy chairs (Image 5), weighted fluffy blankets, clean carpets, walls painted with calming colors and depicting art that emphasizes nature, and general cleanliness of the location. Two groups mentioned the

special importance of the smell of the air, noting that often, other shelters don't smell fresh. They suggested the use of air purifiers.

Image 5

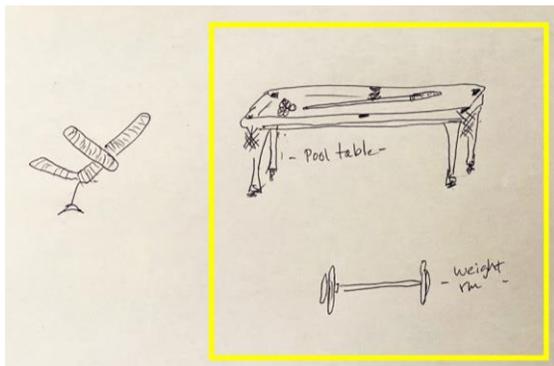


b. Community, Mind, and Muscle

When people have idle time, their unwanted thoughts come up and it gives them a reason to fight. It's dangerous because there is nowhere to put the brain power and that is why people do crazy things.

The unhoused want activities in spaces to facilitate physical or mental engagement and build community. The latter is corroborated by other cities where more than 60% of homeless service users identify themselves as “lonely.”¹⁵ One participant commented, “When everybody is together, it makes people more like people.” The preferred activities listed—such as pool tables (Image 7), ping pong, communal garden beds, and outdoor movie screens—all involved community.

Image 6

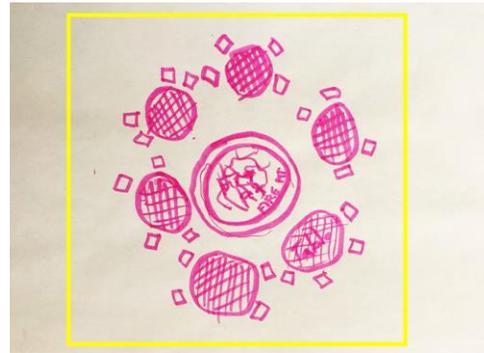


Two of the four groups listed a grill, fire pit (Image 8), or a campfire as a good addition to the outdoor space. Roasting marshmallows or cooking food with others would allow a sense of community to grow in the shelter, further

¹⁵ Sanders, Ben and Brianna Brown. “I was all on my own”. Crisis UK. Dec 2015.

strengthening confidence and feelings of safety. One individual mentioned that by already using fire in the streets, being able to do so at a facility would help ease the transition from the street to a shelter.

Image 7

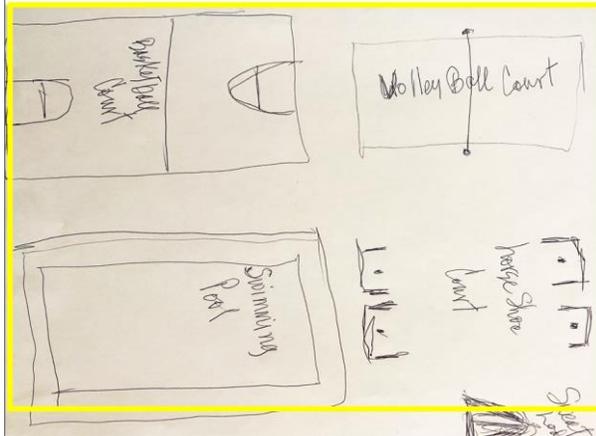


Similar to the emphasis on community activities, individuals wanted a place where they could exercise. One participant said, “When I exercise, I get my energy out so I can punch a bag instead of punching others.” Punching bags, a workout area, or a weight room as illustrated in Image 9 were listed as important items to have at a shelter. Other sport-focused facilities brought up included a basketball court, swimming pool, volleyball

https://www.crisis.org.uk/media/20504/crisis_i_was_all_on_my_own_2016.pdf

court, a climbing wall, and a mini-golf course.

Image 8



stimulation that focused on personal development, such as a seating area with a library. One individual said, “I learned everything from books, including how to fix a car.” Individuals see the library not just as a place for entertainment but as a mechanism of self-improvement. The same can be said for a computer room where individuals envision they can apply for a job or for benefits.

In addition to community development and physical exercise, individuals wanted mental

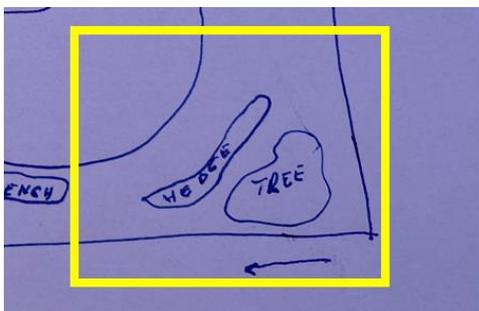
c. Safety is...

Safety is a place where you can be you. Your self and your things are all safe. You know, things that make a person a person.

Defined by the individual above, safety is somewhere individuals can be themselves—a place where they don't have to worry about who is behind a corner, who they are living next to, or whether their items are being taken away. Clear lines of sight, well-lit areas, clear rules, and having a good relationship with staff and other residents would allow people to really be a “person” in the shelter.

The ability to look out and see your surroundings and potential threats is a long-standing tenet of TiD. This individual drew an ideal outdoor area that included a small, one-foot hedge in front of a tree (Image 10).

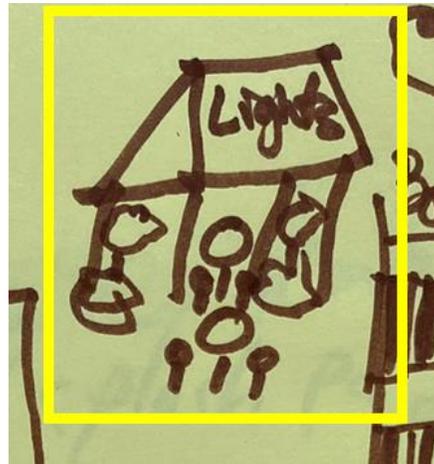
Image 9



The individual wanted to recline against the tree while having privacy from the hedge; the height of the hedge would still allow him to observe the rest of the field. In a similar vein, individuals called for outdoor lights and trees wrapped with lights (Image 10 as well as a fence or wall made of boulders that would

provide privacy but would still allow for a lines of vision.

Image 10



When rules are clear, individuals know they can truly be themselves. For instance, for women and trans women, safety meant knowing the common room was not an “uncommon” room. In other words, when visitors came to the shelter, having a rule that they had to sign in at the front would give the women the ability to choose to enter the common room or not. For Native Americans and Latinx individuals, the rule to allow visitors at the shelter, reconnect with family, and to keep in touch with children was essential to their use of a shelter. Community is important but the ability to choose to not be with individuals is just as important.

Image 11



One individual summarized what all groups conveyed: *It's not the space, it's about the people.* Staff and residents must have good attitudes. Groups mentioned that they wanted hugs and support, demonstrating the need for a place that feels warm and inviting and shaped by the people in the shelter. When staff are approachable, people are able to relax and trust others. The sense of security was further underscored by the desire to have staff around at all times so that guests could feel that if they were attacked, someone

would be able to respond/intervene. Groups also mentioned the use of cameras for security. Ideally, they wanted someone watching the sleeping areas who they could access if they needed help.

The other residents at the center—not just the staff—will play an important role in safety. Native Americans and LGBTQ+ individuals especially emphasized the need for resident education programs within the facility. For instance, Native Americans wanted a cultural understanding program or workshop that would facilitate better relationships between residents. Another suggestion was to be able to get to know your neighbor before you are assigned to sleep next to them. Finally, staff should be able to speak native languages or Spanish so that individuals could feel safe approaching them for any issues.

d. Part of the Journey

We don't want a place where you just throw everyone in—it should be somewhere that gives you positive thinking, and that is the process of a shelter. It's somewhere where I can get spiritually healthy.

Individuals don't just want a shelter, they want a place that is a stop on their journey to healing. To provide that space, programs are important. For instance, individuals mentioned having a GED program or something similar where people could have a job or participate in job training. Programs should be complemented by places of connection/spirituality and artistry in the physical design of the space.

Design elements that would uplift the spirits of individuals and allow them to connect spiritually were mentioned by every group. Native Americans wanted pictures on the wall of symbolic art work that would inspire change such as a deer, horse, or mountains (Image 12). Another group mentioned the desire for positive affirmations on the walls. As part of spiritual connection, two groups mentioned paths that facilitate reflection: a walking maze of life with native plans, and a brick road guiding the individual toward case managers or other resources (Image 13 and Image 14). The Native American group specifically requested for the outdoor space to have an auditorium or performance area for ceremonies (Image 16 and Image 17) and a sweat lodge to fulfill sacred spiritual needs (Image 15). Other groups mentioned having a place of worship or some kind of spiritual guide at the shelter.

Image 12



Image 13

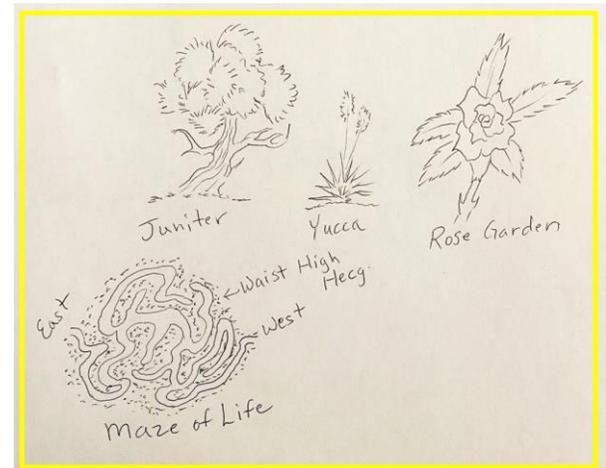


Image 14

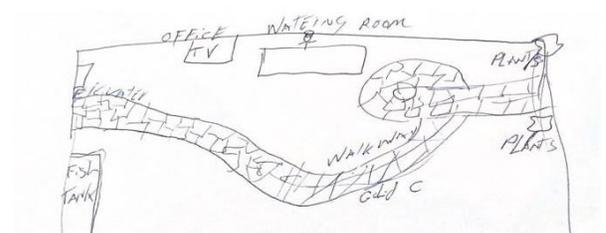
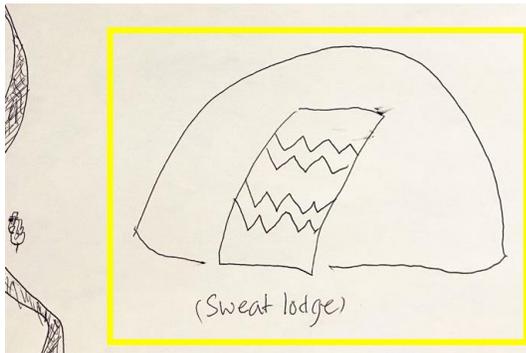


Image 15



Similar to the call for design elements that allow for spiritual and community connection, individuals also wanted places to process/heal or “their own little place where they can sit and think.” Such space included landscaping with rocks and plants and an area for meditation such as a garden with shrubs and rose bushes. Also mentioned was a dark, quiet space or prayer room (Image 19), someplace with musical instruments or arts and crafts, indoor plants, comfortable chairs, and mirrors so guests could “have conversations” with themselves (Image 18).

Image 16

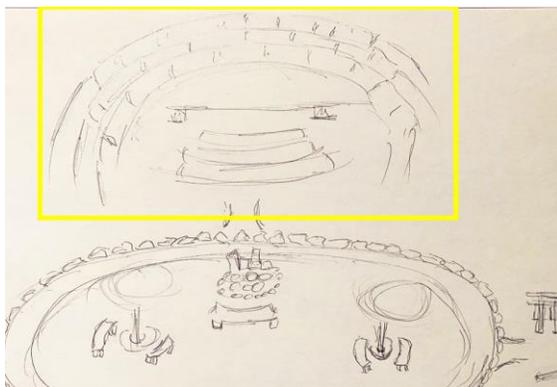


Image 18

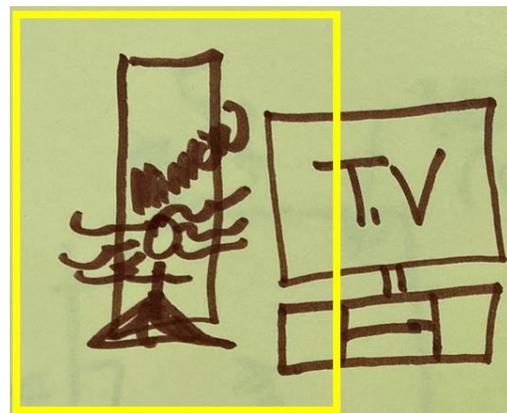


Image 17

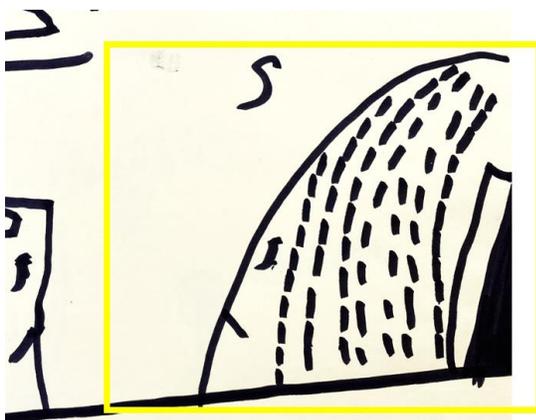
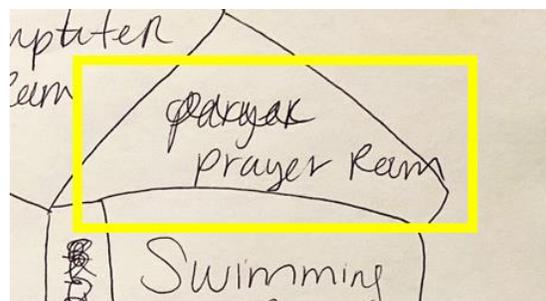


Image 19



IV. Conclusion

a. Summary

The design workshops conducted by the City of Albuquerque were developed to better understand how to build a trauma-informed shelter by listening to the voices of unhoused people themselves. Shelters are often designed without the input of the people who will be living in the space, which can lead to further marginalization of an already vulnerable population. The data from the lived experience workshops are being used to inform the Gateway Center's architectural layout and design. Co-designing the shelter with unhoused individuals will build much needed trust within the unhoused community, make the shelter more welcoming, and be more effective in providing services.

b. Future Studies

Future studies should examine two remaining populations: families and Native American women. This study did not get the chance to examine the design requirements and preferences of families. Ideally, a future study would investigate how design can minimize the safety concerns of families and facilitate family connection with other families and within families. Additionally, the future study should examine more carefully the specifications and needs of Native American women in shelters as this study was only able to interview two Native American women.