

Meeting Notes
District 6 Neighborhood and Community Providers Meeting
Progress Update and Input Gathering on Gateway Center Admin Policies
August 19, 2021 | 4:00 pm – 6:00 pm

1. Meeting Purpose and Intended Results - Continued dialogue with D6 leaders to present and gather additional information to shape day-to-day functions including trauma-informed design, bed capacity, phasing up, and resource navigation
2. AGENDA

TIME	TOPIC	Presenter Facilitator
4:00	Intos, Agenda Ground Rules	Erin Engelbrecht & Maria Wolfe
4:15	Admin Policies Overview	Carol Pierce
4:25	Trauma-Informed Design	Doug Heller
4:40	Discussion on Trauma-Informed Design	Erin Engelbrecht
4:45	Scenarios, Bed Capacity & Phasing	Lisa Huval
5:00	Discussion on Bed Capacity & Phasing	Maria Wolfe
5:30	Resource Navigation	Cristy Hernandez
5:40	Discussion on Resource Navigation	Erin Engelbrecht
5:55	Next Steps and Wrap Up	Carol Pierce
6:00	Meeting Ends	

3. Meeting Attendees:

D6 Zoom Participants – Patricia Willson D6, Rachel Baca President Siesta Hills Neighborhood Association, Susan Wells CPO, New Day, Laura Nguyen, PHS MHRAC, Pete Belletto President D6, Khadijah Bottom VP D6 and President South San Pedro Neighborhood Association, Ravel Del Rio Chair Siesta Hills Homeless Solutions Committee, Brooke Tafoya, Enrique Cardiel Executive Director Health Equity Council, Sandra Perea President Elder Hostel Neighborhood Association, Tamaya Toulouse Chair Homeless Solutions Committee Siesta Hills Neighborhood Association, Melinda Frame Chair Homeless Solutions Committee Parkland Hells, Mario Cruz Parkland Hills Neighborhood Association, Ryan Kious D6 , Heather Hoffman Executive Director Barrett House

Presenters and Staff:

Erin Engelbrecht, Facilitator, Assistant Chief of Staff, Mayor’s Office; Maria Wolfe, Facilitator, Public Safety ECHO Coordinator; Doug Heller, Gateway Center Architect, Mullen-Heller Architects; Carol Pierce, FCS Director; Cristy Hernandez, Gateways Administrator; Lisa Huval: FCS Deputy Director; Doug Chaplin, FCS Operations Manager; Gilbert Ramirez: FCS Deputy Director; Myra Segal, FCS Senior Policy Advisor; Lieutenant Matt Dietzel APD; Alicia Manzano, Mayor’s Liaison for Strategic Partnerships; Bobby Sisneros, FCS Planning Manager; Deb Bazan FCS Project Coordinator; Aaron Nieto, Mayor’s Office Constituent Services Representative

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4. A slide presentation was provided by the City of Albuquerque. The presentation provided an overview of the draft Administrative Policies segments including (1) Trauma-Informed Design (2) Bed Capacity for Families & Individual Adults and (3) Resource Navigation. The slide presentation is attached.

The following notes capture both the verbal and chat discussion during this meeting. In some cases, similar questions are consolidated.

5. Trauma-Informed Design

- 5.1 Question and Answer segment of Trauma –Informed Design

Q: If space is not a limiting factor, why does the design include cubbies and not individual rooms?

A: There is a national debate about individual rooms versus cubbies. Individual rooms are primarily for families, which allow them to have personal space with their children. Typically though, this is not the case for adult individuals. The pony walls that offer semi private space but not fully segregated space are to allow for privacy while keeping people safe and giving staff the visibility to maintain a safe environment so staff can be kept aware if someone may need help.

Q: Where are the bathrooms (located)?

A: Bathrooms are with in proximity sleeping areas – common facility for those in the sleeping area.

Q: Will family units have personal bathroom?

A: Yes, or at most shared with another family

Q: Will there be common areas?

A: Yes, each population will have their own common areas.

Q: What is the anticipated size of the Gateway Center?

A: The Gibson Health Hub facility has 572,000 square feet of indoor space. The Gateway Center will be roughly 10-15% of the whole Health Hub facility - which is about 60,000 square feet.

Q: Where will pets be sheltered?

A: To be determined, though shelter guests' dogs and cats will be allowed.

Q: I was specifically looking for where I can find in writing that this is a best practice to not choose to give people their own true space. / Will communal set up provide privacy for people who stay for 90 days?

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A: We have been considering the best practices that we have gathered from the various shelters we have visited over the past two years. All of these facilities, namely Haven for Hope and The Bridge, have communal sleeping areas with some sort of separation, i.e. pony walls for individual adult men and women. This is to provide a comfortable yet non-permanent atmosphere for the guests. Almost all shelters, including The Gateway, will have programs to transition guests to more permanent housing. On the other hand, families and most likely couples, will have their own rooms.

Q: How many individuals expected are expected per family?

A: (Post-Meeting follow-up) We anticipate 3 -4 members on average for a family. There will be families that are larger to, and they will be accommodated.

Q: How will rooms accommodate folks across gender spectrum as well as survivors of abuse?

A: It is expected that there will be no gender mix among adult sleeping areas. This is a principle within trauma informed care as well as the design. The planning is still in the early design stages. We will determine where gender-non-specific will be staying. With that it is important to know that women and men will be separate. For example if someone is a victim of abuse, they will not want to be with a different population.

We are in the process of discussing how to separate populations, and this will happen though at this time we will not able to specify where in the facility yet. Some have advised mixing genders of adult populations. We believe this is not respectful of past trauma. So we will not mix. The meal area will also have specific time for men, women and families.

Q: What guidance followed when putting 26 people in same space? / Will people hesitant to enter congregate shelter be put off?/ How does a congregate room fulfill a trauma-informed design?

A: Visited several spaces in other states. The layout will not include a dorm atmosphere of 70 to 80 people as at WEHC. The Bridge (an image from the slide presentation) has 50 in a sleeping area but shelter 1000 people. Want size to be reasonable for people overseeing rooms Phoenix, Tucson and San Antonio have many more in the rooms. Gateway has space to work with. The plan in development has to include bathrooms, security, resource navigators, etc. Not only the architecture, also will talk with administrators about reasonable size to keep eyes on.

Q: What would be the largest family size?

A: This is a design question that is hard to answer; although we are aware of the need to be prepared to allow large families. For instance adjoining rooms?

Q: Will a family need to include minor children? What if someone is a caregiver for adult children or elders?

A: The Gateway family shelter will focus on people with children under age 18. Adults who are caring for elders, could perhaps be placed in the flexible space that accommodates couples or non-binary guests.

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Q: Will the family unit be on a floor to themselves?

A: Family shelter will be separated from shelters accommodating adult individuals, likely on a separate floor. This is still being designed.

Q: When considering at-risk folks in the shelter system, how will these folks be made to feel safe when utilizing areas such as outdoor areas, play areas, etc?

A: Outdoor spaces for Gateway guests are still being designed. The trauma-informed principles that guide the design inform how populations will be provided with a feeling of safety. Play areas and outdoor spaces for children will definitely be separated from outdoor spaces for adults.

6. Bed Capacity and Phasing

6.1 Question and Answer segment of Bed Capacity and Phasing

Q: Scenario 2 looks good to me taking into consideration the design issues. Also I didn't see a phase-in scenario and numbers per phase?

A: Is this a question on how you would like to see how phases would work? We do not want to get locked in, because want to learn from phase 1 and build from that.

Q: From COA to attendees - What are your thoughts for scenario 3? Meets principles discussed earlier and uses best practices.

A: Response: Scenario 2 seems reasonable and put thought into. Scenario 3 would be contingent on how Scenario 2 worked out.

Q: How much success in certain timeframe to get people housed.

A: From COA to attendees - Talking about families and single adults, families are hidden, not on the street like we see adults. Want to make an impact for those we see on street. That's why we will serve both (multiple populations including adults and families) so we can make a positive impact.

Regarding the number we can serve over the course of the year with an assumption of a 90-day stay for most folks, anticipate serving 400 individual adults and ~400 family members.

Q: Appreciate your sharing these numbers. I wonder about unhoused with Behavioral Health, Substance Use Disorders (SUC) rehab, and some unhoused. Are we accounting for different segments and their needs? Are we keeping people safe and separate? Will they be assessing people already in building for services? Will they not count in the Gateway beds if they are in another program?

A: We have had great conversations with current tenants (Haven, Turquoise Lodge) and people who enter the Gateway who desire rehab could have a great place to stay and work with them waiting for a bed to open up and also for discharge planning after treatment and recovery. We have thought about dedicating number of beds or area for adult men and women to support their journey to recovery. These conversations have started and there is interest. Also conversations with current

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tenant AMG for working with new customer that include homeless with Albuquerque Healthcare for the Homeless (AHCH).

Q: You have said that Albuquerque Opportunity Center (AOC) and Good Shepherd were a good number, and we now see potentially 175 people plus those staying at Haven and Turquoise Lodge. I would like more clarification on that.

A: Glad for input and comments/concerns. Partners already starting to think about how to work together. A warm handoff is important and can be supported.

Q: What is the timing for first phase and the amount of time for evaluation prior to next phase?

A: We imagine there will be separate RFPs for different populations. We see evaluation happening on an ongoing basis, and this may take a couple months. So 2022 as potential starting point. Our ability to have a shelter is also based on the Conditional Use application and permit approval. It is important to hear from you about sizing and services. We can dig into design and construction. Once this is up and running, program evaluation timing for scaling? Fall or winter of 2022 for sheltering aspect.

Q: Once you have the design to accommodate numbers, how long between Phase 1 before Phase 2? How long will you take to evaluate and collect data?

A: In working with providers, in Phase 1 we plan to start with a smaller number, not a fully phased in capacity of 100 adults. We will make sure that the flow is working.

Q: Where is greatest need? It seems like more beds will be available for adults.

A: True – though half those beds are at the WEHC, which is an old jail 20 miles from downtown, and has a large congregate setting. The balance needs to be to bring more beds for families and for single adults. WEHC doesn't feel like palatable option for all people who end up sleeping on streets. Some phasing will depend on adverse impact metrics on neighborhood to monitor adverse impact metrics. Can mitigate before scaling up?

Q: Will Westside Emergency Housing Center (WEHC) remain open until Gateway is fully phased in?

A: We will continue operating WEHC because of the need for shelter beds. There is not enough beds for everyone or we would not be in our current situation.

7. Resource Navigation

7.1 Question and Answer segment Resource Navigation

Q: Is the role of the Engagement Center described in the Ops plan to help folks get to their services and navigate resources?

A: Yes, the vision is to help people connect to services in the community or in the Gibson Health Hub

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as appropriate, and honor existing relationships people have already established with community providers.

Q: Is there enough housing for the anticipated flow through shelter – can we reach the number with housing?

A: Yes. The City is committed to funding the additional permanent supportive housing and rapid rehousing needed to ensure Gateway Center guests are able to exit to permanent housing. The City has grown and continues to grow its supply of supportive housing vouchers and affordable housing units

Q: If Gateway starts small, I am concerned about the self-admit vs. a referral. If someone walks up, what is the adverse impact on neighborhood? Can we hold on - until see success before expanding and then it overwhelms the project? Will people walking up negatively impact the Gateway as well as the neighborhood?

A: The Gateway will primarily rely on referrals from community partners. Guests will be offered transport to the Gateway (e.g., with shuttles). Partners will conduct initial screening to ensure that the Gateway is the right place for the person they know and work with. It's a reality that people will walk up to the facility. The Gateway resource navigation team will support people who walk up by assessing their needs and make referrals to services available in the community.

Q: Do you have transitional housing? Does the City have areas you are looking at? I keep hearing fair share, but do we have places outside the International District to spread new housing opportunities outside this area. Families may want to be outside central area of the city.

A: Where housing goes is not on today's agenda, nor is there enough time to cover this topic – a thought for the parking lot and future discussions.

Q: How many staff needed for Phase 2 to be feasible?

A: Estimates for the staff to client ratio are being developed for the Administrative Policies.

Q: Will this be by referral? Is it Low barrier? Is it Walk up? This is confusing.

A: The Gateway Center will be low barrier. The Tucson facility, as an example, has a very high barrier. Guests are required to leave by 8am through 4 pm, and if they cannot pass breathalyzer they could not come back in.

Low barrier is threshold or barrier for access. This designation is important to us. The referral process is a bit separate. How will they access through referral? We want community partners to be the referral source. We also want to acknowledge their reality and that folks will walk up to this large facility. We are working on the right balance. We cannot exclude them when they come to the facility for help.

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And low barrier also applies to entire system and access to services. We want to support agencies who will provide referrals who are within the Gibson Health Hub.

MVD and other systemic barriers can be challenging for clients inclusion of wraparound services can help overcome many of these barriers. We want referrals to partners so they are not leaving them within stressful situations and sent back out within the community with more frustration.

Q: How will encampments be handled on the property? Concerned about encampments around the Tiny Home Village.

A: Encampments will not be allowed on the property. We understand that some shelters in other cities and states allow encampments, but this will not be allowed at the GHH.

Q: Do you have a budget for service ops?

A: For the current Fiscal Year, the operations budget is \$4 million. This figure came about from looking at our expenses related to current WEHC shelter services. This is a starting point and benchmark as we look further into operations and programs.

Q: I read that weapons would not be allowed. Many people on streets have weapons for protection. Is there a way to set up a way for people to store weapons or other items that you would not want inside the shelter?

A: We are very aware of need to possibly accommodate items we do not want within the Gateway Center. It is important that we figure out practical solutions and we are open for ideas of what might work.

Q: In looking at the posted operations plan and information on the neighborhood agreement, it stated that a phone number will be provided to Neighborhood Association Presidents and others – will it be separate from 311, 911 and 242 that are already inundated?

A: It will not be the numbers for 911 or 311, though these numbers are definitely still available as needed. If there is a concern about Gateway Center or the Gibson Health Hub, we will provide a way to have direct contact. Currently, there is a direct email at GatewayInput@cabq.gov

Q: For the feedback button for the Ops Plan – what is the deadline for folks to give input?

A: The feedback form for the Ops plan is open for an extended period, at least through September.

END Q&A NOTES