

## Pre-Acquisition Analysis of Potential Site for a Centralized Service Center



For the City of Pomona



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## BACKGROUND AND PURPOSE OF REPORT

The City of Pomona, like other communities in Los Angeles County, is working intensively to address homelessness. Although Pomona saw almost a 25% reduction in total homeless persons during the 2016 Point in Time Count (PITC) compared to 2015, with a large decrease in unsheltered individuals accounting for the change, the fact remained that there were still 366 individuals sleeping on the streets or in other places not meant for human habitation on a single night in January. Following national best practices, Pomona is increasing its supply of permanent housing resources in the form of Rapid Re-Housing (RRH) rental assistance and services and scattered site Permanent Supportive Housing (PSH) vouchers. For FY 2016-2017 Pomona has a little over \$2.3 million in federal and local funds allocated to homeless programs with 42% for RRH, 45% for PSH, 7% for Transitional Housing, 3% for Street Outreach, and less than 1% for Emergency Shelter.<sup>1</sup>

At this time, Pomona does not have a year-round 24 hour emergency shelter. During the winter months the City operates a 125-bed cold weather shelter; however, for the rest of the year there is no place for those living on the streets to go to sleep safely as well as to start the process for accessing permanent housing. In fact, it was discovered that Pomona's street outreach teams actually are placing most persons into permanent housing than the other interventions. In most communities this would be an anomaly; however, in Pomona with the absence of any year-round shelter beds, it makes sense. Placing individuals into permanent housing directly from the streets is a positive intervention and is in line with the Housing First approach; however, it is quite difficult to accomplish. Although the impact that having a year-round emergency shelter could have on increasing housing placements is unknown, but the assumption would be that by having a safe interim place for individuals to stay while housing is located would increase current placement rates and decrease the burden on street outreach teams to facilitate the majority of housing placements.

To address the current lack of emergency shelter beds, the City of Pomona is in the process of purchasing a property to create a year-round shelter. In addition to the lack of emergency shelter, there is no current centralized location for those experiencing homelessness in Pomona to go to and access services in an efficient way focused on facilitating permanent housing placement and getting people home. The City has identified a property at 1400 East Mission Blvd. and is assessing the feasibility of using this site to develop a Centralized Service Center (CSC) that would include a year-round 24 hour emergency shelter program, housing-focused services including a site for the Coordinated Entry System (CES), and a communal kitchen. Although the site is rather far in walking distance to the main downtown corridor, which is a potential drawback to the site, the City is planning on providing transportation for individuals. Also, if the site has desirable services and is physically appealing, it is the hope that individuals will access the site despite distance.

The purpose of this report is to provide the City of Pomona with a pre-acquisition analysis for the 1400 East Mission Blvd site that includes the following:

1. Initial programmatic elements to be considered for the CSC based on best-practices
2. Comprehensive site analysis as well options to incorporate existing site structures
3. Initial physical site conceptual design

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<sup>1</sup> Percentages are only based on program costs. Street Outreach percentages do not include the street outreach funds as part of the CoC Street Outreach Rapid Re-Housing program

The analysis and recommendations within this report build on the Pomona System Analysis Final Report: Framework to Inform the City of Pomona Strategic Plan completed by the Corporation for Supportive Housing (CSH) in October 2016. The recommendations in this report also are in line with and support the goals and strategies within the newly created City of Pomona homeless strategic plan, A Way Home: Community Solutions for Pomona’s Homeless, and if implemented would accomplish the following goals and strategies that have been deemed urgent in the approved plan:

- Goal A – Strategy A1: Establish a Year-Round Shelter(s) Able to Provide for Multiple Subpopulations
- Goal B – Strategy B1: Establish a Service Center for Centralization and Coordination of Services
- Goal B – Strategy B2: Establish a Communal Kitchen for the Provision of Food Services

Lastly, this report provides some recommended next steps for the City of Pomona as far as the physical site is concerned. In addition the programmatic elements described in the report and the operational philosophy should be used in the development of a Request for Proposals (RFP) to onboard a contractor to operate the entire site or specific pieces such as the emergency shelter.

### Recommended Operational Philosophy

Although the programmatic elements for the site are important, it is equally important to embrace an operational philosophy that is aligned with best practices. This can be best described as the “culture” in which all stakeholders involved in the programming at the site operate by as well as having a shared vision for the purpose of the site. The CSC site should be operated under the overarching goal of facilitating placement of individuals into permanent housing as quickly as possible. The following outlines key operating philosophies and/or approaches in line with the above goal for the site:

### Housing First Orientation

As CSH recommends in their October 2016 report, the City of Pomona needs to embrace Housing First at the systems level. It is recommended as well that the site philosophy be in line with a Housing First orientation, characterized as a homeless assistance approach that prioritizes access by individuals or families to permanent housing as quickly as possible first without addressing any prerequisites, and once in housing providing them with the right amount of support to maintain housing.<sup>2</sup> Challenges or barriers that individuals face that may be contributing to their current homeless situation, such as substance use or mental illness, will be worked with in a way that encourages rapid placement in permanent housing first, and then once in permanent housing services can be provided to address those more long-term barriers with the goal of achieving housing stability and an improved quality of life. Although long-term interventions and/or treatment will not be a focus of the site, individuals seeking those services will be referred and connected appropriately. As part of a Housing First orientation the site should also operate using low-barrier entry criteria and programming as well as Housing Focused Services.

### Low Barrier Entry Criteria

The CSC site that includes a year-round 24-hour emergency shelter should have minimal prerequisites and barriers to entry. Having low-barrier entry criteria is highlighted as a best practice approach for all homeless interventions and encouraged by the U.S. Department of Housing and Urban Development (HUD). In the 2016 Continuum of Care (CoC) Notice of Funding Availability (NOFA), HUD defined low barrier entry criteria as:

*Projects allow entry to program participants regardless of their income, current or past substance use, criminal records – with the exceptions of restrictions imposed by federal, state, or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries), and history of domestic violence.”<sup>3</sup>*

In addition to HUD’s recommendations, several years ago the 100,000 Homes Campaign created a document highlighting best practices regarding entry criteria for single adult shelters. Their recommended entry criteria included that the individual:

- Meet the HUD definition of homeless
- Be age 18 or older

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<sup>2</sup> National Alliance to End Homelessness (April 2016) Housing First Fact Sheet

<sup>3</sup> US Department of Housing and Urban Development: 2016 Continuum of Care Notice of Funding Availability

- Be ambulatory and not requiring hospital or nursing home care
- Agree to be nonviolent
- Agree to not use or sell drugs or illegal substances on the premises
- Agree to treat other clients, staff and the property with respect
- Agree to obey fire and other safety regulations<sup>4</sup>

They also highlighted criteria that should NOT be included for entry into emergency shelter:

- Sobriety and/or commitment to be drug free
- Requirements to take medication for mental illness
- Participation in religious services or activities, participation in drug treatment services (including AA/NA)
- Participation in programming
- Proof of citizenship
- Identification
- Referral from police, hospital or service provider
- Payment or ability to pay

Although these criteria were specific for a single adult emergency shelter, the site should consider adopting these criteria for all programming and services at the CSC including the shelter. Other low-barrier characteristics include ensuring that all services are voluntary in nature, with staff focused on assertive engagement and program rules should be limited to only address safety. One of the most important criteria for low-barrier programming is to not require sobriety to access the site. It is very important that current drug and alcohol use not exclude people from accessing shelter and services. However, the City of Pomona should have a rule that states drugs and alcohol will not be allowed on the site as well as that overly disruptive behavior will not be tolerated.

### **Housing Focused Approach**

All services and programming should be focused around access to permanent housing. Ian de Jong, a well-respected consultant with Orgcode, created the following questions to determine if an emergency shelter was housing-focused:

- What services are provided in the shelter, and what is the reason?
- Are all of the services focused on obtaining permanent housing?
- How often do staff talk to clients about housing?
- When does the conversation about moving to permanent housing begin?<sup>5</sup>

All of the services described in the Recommended CSC Programmatic Elements section below are aligned with the Housing Focused approach. It is recommended that, as the site continues to develop and change over time, the City of Pomona always consider the above questions as new services and partnerships become a part of the site.

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<sup>4</sup> Community Solutions and Center for Urban Community Services, 100,000 Homes Campaign: Common Eligibility Criteria for Emergency Shelter: Best Practices for Entry into Emergency Shelters

<sup>5</sup> De Jong, Ian and Nagendra, Cynthia (2016) Designing an Amazing Emergency Shelter; presentation at the 2016 National Alliance to End Homelessness Conference in Washington, DC

## Trauma Informed Care Approach

The site should use a Trauma Informed Care (TIC) approach to guide all aspects of program operations. A TIC approach encompasses both a systems-level approach and trauma-informed specific interventions. At a systems level, TIC is defined as, “A universal approach to addressing trauma that ensures the entire service delivery system is grounded in an awareness and understanding of trauma and its impact and designed to foster healing and resilience for everyone in the system.”<sup>6</sup> At a systems level an organization realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in tenants, families, staff, and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist *re-traumatization*.

TIC interventions involve understanding that the survivor needs to be respected, informed, connected, and hopeful regarding their own recovery, recognizing the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety. The individual should work collaboratively with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers. Motivational Interviewing should be used as a best practice in all programs and can ensure that programs provide services in a culturally competent and trauma-informed manner. In addition to the service delivery system, the physical design of the site should be trauma informed. The National Center on Family Homelessness, in partnership with the US Department of Health and Human Services, created the Trauma-Informed Organizational Toolkit for Homeless Services to help organizations become more trauma informed. The toolkit highlights creating a safe physical environment with characteristics that include:

- Program staff monitor who is coming in and out of the program
- Staff members ask consumers for their definitions of physical safety
- The environment outside the program is well lit
- The common areas within the program are well lit
- Bathrooms are well lit
- Consumers have access to private, located spaces for their belongings.<sup>7</sup>

The site should ensure that these physical characteristics are incorporated into the site and that staff work from a perspective that most individuals have experienced trauma and need to be thoughtful about not re-traumatizing.

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<sup>6</sup> Substance Abuse and Mental Health Services Administration (2014) SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>7</sup> Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009) Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at [www.homeless.samhsa.gov](http://www.homeless.samhsa.gov) and [www.familyhomelessness.org](http://www.familyhomelessness.org).

## RECOMMENDED CSC PROGRAMMATIC ELEMENTS

### Recommended Programmatic Elements

The proposed CSC site will serve as a central location that provides a place for those experiencing homelessness in Pomona to obtain the necessary services to find their way home. Programmatic elements of the CSC should include a year-round 24-hour emergency shelter, basic services and amenities, services oriented around housing placement, and basic health care services and referrals. The site will primarily be for single adults as the emergency shelter beds will be for single adults only, however, other daytime services on the site will be accessible to families experiencing homelessness.

### Year-Round 24-Hour Emergency Shelter

It is recommended that the site include an emergency shelter with the capacity of providing up to 175 beds, a 50 bed increase over the current winter shelter at 125. The emergency shelter should serve only single adults and not families. The sleeping arrangements inside the shelter can include comfortable sleeping mats that can be arranged by individuals to their own liking. The shelter space should be separated by gender and follow HUD's final rule on Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Projects and allow placement based on an individual's gender identity. The shelter should also consider making space available for homeless couples. The shelter should allow the access of service animals to remain with the owner while in the shelter and for those with pets that do not provide an identified service, on-site kennels will be provided next to the shelter. As far as staffing the shelter, there should be 3 fulltime equivalent (FTE) staff on site for the shelter around the clock and on weekends and at least one desk space for shelter staff to use for data entry into the Homeless Management Information System (HMIS).

The emergency shelter should operate as a bridge or an interim place to stay while permanent housing is being located. The initial structure can be a tent/trellised structure with the long-term plan to have a brick and mortar building to house the shelter beds. It is recommended that the shelter have no more than 175 beds. Although the current unsheltered PITC is 366 which could be an indicator of the need for more beds at the site, large shelters are increasingly becoming unpopular as they have proven difficult to manage and ineffective at moving people into permanent housing. For example, cities like Salt Lake City and Washington, D.C. are currently rethinking their large shelter programs and moving to smaller neighborhood based low-barrier shelter models. San Francisco has recently piloted its Navigation Center, a 75 bed low-barrier shelter model, with promising results. After evaluating the program after the first year, the Navigation Center demonstrated a 78% exit rate to permanent housing as well as an average length of stay of 88 days, limited returns to homelessness, and increases in public benefits.<sup>8</sup>

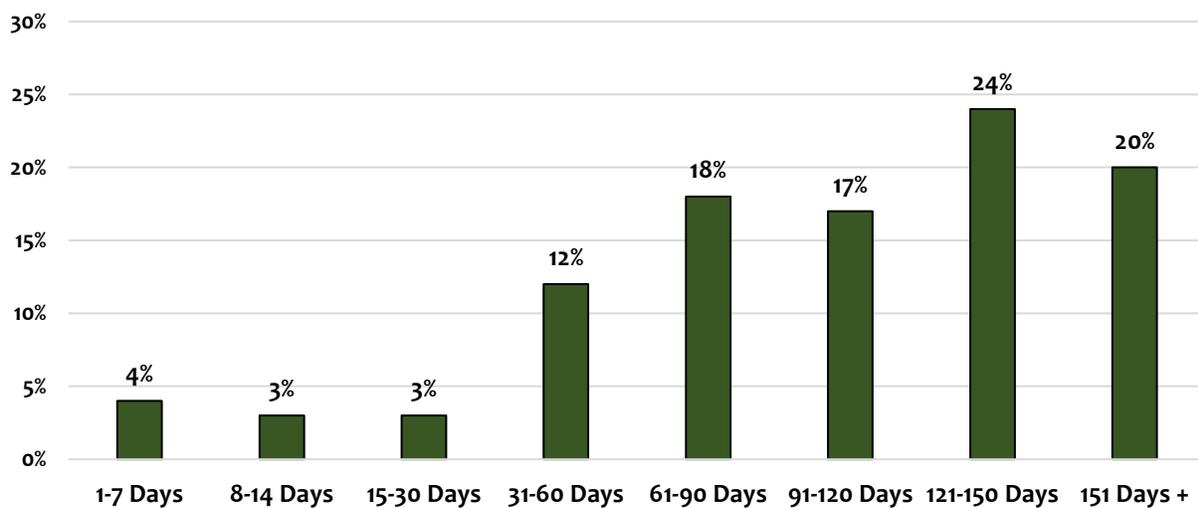
Despite having 366 unsheltered individuals on any given night in Pomona, there is local experience with managing a shelter of 125 beds, which is similar in size to the proposed 175 bed shelter. The new site would not be significantly increasing the supply of shelter beds compared to the Winter Shelter, but would significantly be increasing the number of year-round emergency shelter bed nights. The number of bed nights for the winter shelter in 2015-2016 was 21,125 compared to the number of bed nights for the proposed year-round site at 63,875. Also, data from the 2015-16 Pomona Winter

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<sup>8</sup> San Francisco Navigation Center: Year-End Evaluation (June 2016); Office of the Controller, City of San Francisco

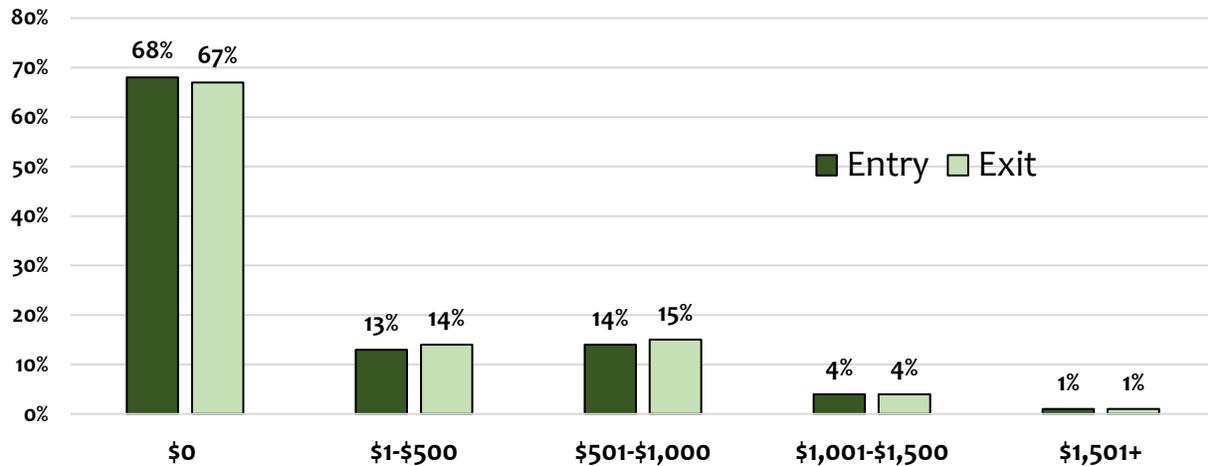
Shelter showed that a total of 617 unique individuals were served at the shelter during the months of operation. It is also unknown how effective the winter shelter has been at placing individuals into permanent housing as 94% of the exit data from the most recent winter shelter program was categorized as “No exit interview recorded” in HMIS. It is also unknown what the flow of people through the proposed shelter would be if it was a year-round shelter, connected to the Coordinated Entry System (CES), and had a focus on rapid housing placement. It is very possible with shortened lengths of stays of no more than 90 days (goal of 30 days) and with people exiting to housing that 175 beds will be plenty to satisfy the need over time. Data from the Winter Shelter demonstrated that individuals on averaged stayed in the shelter for 102 days but many stayed much less. In fact 10% stayed a month or less and 40% stayed three months or less. The chart below highlights the length of stay for individuals who accessed the 2015-2016 winter shelter operated by Volunteers of America Los Angeles (VOALA):

**Length of Stay of Individuals in 2015-16 Winter Shelter**



Based on the length of stay data from the winter shelter we know that many individuals flowed through the shelter rather quickly, however still a fair amount stayed rather long. The fact that it was a winter shelter could have encouraged people to stay there for the entirety of the program as many had length of stays that indicated they stayed there from the night it opened to the night it closed. It is very important that the focus of the shelter shifts to operate as a housing crisis response system operate with the focus of housing placement. Specifically ensuring that those in shelter are connected to RRH and PSH resources because increasing income levels to obtain rent without a form of subsidy while at the shelter most likely will not happen. In fact income levels from entry to exit at the winter shelter essentially remained the same. Below is a chart highlighting the trends in income at entry and exit for individuals from the 2015-15 winter shelter:

## Monthly Income at Entry and Exit



### Basic Services and Amenities

The following are recommended basic services and amenities for the potential site:

#### **Security Personnel**

The proposed site should have around the clock 24/7 security staff on duty. Security Staff will patrol the site regularly and will be stationed at the front entrance to greet individuals as they enter and provide a safety presence. Security Staff will manage the flow of individuals in and out of the site and will work collaboratively with the police department, fire department, and 911 personnel. Based on experience from the winter shelter that had 1.5 FTE security staff during the day and 1-2 FTE at night, the proposed site should have a minimum of 3 FTE security staff during the day time hours Monday-Friday when the services accessible to the public are open. This would allow at least 1 FTE to be present at the site entrance, 1 FTE around the shelter area, and then one roaming the site. At night there should be 2 FTE on site. On the weekends during the day when only individuals staying in the shelter are on site, there would be a minimum of 2 FTE.

#### **Restrooms and Showers**

Restrooms and showers will need to be provided on the site. There needs to be restrooms located towards the front of the site for individuals who may just be accessing specific services and may not be staying in the shelter. Restrooms and showers need to be connected to the emergency shelter for individuals staying in the program. In the short term, temporary or portable restrooms and showers should be considered with more permanent facilities in the future.

#### **Communal Kitchen**

Meals should be provided at the proposed site. It is recommended that those staying in the emergency shelter have access to breakfast, lunch, and dinner on-site through a Communal Kitchen. Further discussions should happen on the provision of meals to individuals not staying in the shelter. Initially, meals should be coordinated by an outside entity and brought in but over time the site should have a functioning kitchen with the ability to store food and provide meals. The site should also coordinate with volunteer efforts in the community that are providing meals

to people on the streets to instead provide those meals through a collaborative effort using the Communal Kitchen at the proposed site.

### ***Storage for Belongings***

Individuals staying in the shelter as well as those who are just accessing services will need a safe place to store personal belongings. There are four 20x8 foot shipping containers currently being used at the winter shelter that could be brought over to the new site.

### ***Day Use Space and Park Space***

The site should have inviting accessible space for individuals who are both staying at the shelter and for those who are living on the streets to use during the day. The space would be a place to rest and relax as well as conduct business such as an area for housing navigators to meet with clients on their caseload. By having sufficient day space and park space it will also provide an inviting atmosphere for people to congregate during the day.

### ***Dog Kennels***

The site should have onsite dog kennels for dogs who are not service animals to stay while their owner is staying in the shelter. Services animals should be able to remain with the individual in the shelter.

## **Housing Focused Services**

The following are recommended housing focused services for the potential site. Although an array of services can be provided to homeless individuals, the services for this site will only focus on housing apart from some basic amenities and basic health care services. Most of these services will be provided through partnerships with non-profit and government partners.

### ***Site for Coordinated Entry***

The current CES site in Pomona is at the Pomona Homeless Outreach offices at 2040 North Garey Ave. It is recommended that the proposed site be the new home of the CES Access Site in Pomona. Currently, there is one CES staff in the office; however, in the upcoming year, there will be two additional CES staff. The proposed site will need office space for 3 FTE CES Specialists on site Monday-Friday that includes desk space with computers as well as space to conduct the CES assessment. At minimum, this can be an additional chair for an individual to sit in next to the CES staff's desk. The CES Access Site will allow individuals and families to complete their CES assessment, check in to understand where they are with being matched to a permanent housing resource, as well as a location for Housing Navigators and Housing Location Specialists to meet with their clients.

### ***Offices for Street Outreach Teams***

Currently, Pomona's street outreach team's office is located on North Garey Ave. It is recommended that the street outreach team move their office location to the proposed site. Given the nature of their work, at any given time 2 FTE outreach workers are generally out in the field, while 2 FTE remain at the office for walk-ins. The proposed site will need four work stations equipped with computers and internet access for HMIS data entry.

### ***Services to Obtain Documents for Housing and Public Benefits***

The site should have space for staff from partner organizations to use to assist individuals living in the shelter and those on the streets to obtain documents such as ID cards and social security cards. Other services that should be housed on site include assistance with signing up individuals for public entitlements such as food stamps and general relief as well as assistance with enrolling in health insurance. Services to assist individuals apply for SSI/SSDI or to receive assistance with inquiring about current applications should be provided. If providing services to assist those with SSI/SSDI, the site should consider using the national best-practice SSI/SSDI Outreach Access and Recovery (SOAR) model.

### ***Diversion Services***

The proposed site should attempt to include diversion services to ensure that shelter beds are provided to those who truly need it. Increasingly, diversion is being recognized as a best practice and considered its own intervention. It can be described as a strategy and set of services that, when appropriate, helps individuals and families seeking shelter to identify immediate alternative housing arrangements in lieu of accessing shelter.<sup>9</sup> Diversion can be done for both families and single adults and services may be consistent with the provision of financial assistance, case management, conflict mediation, benefits support, or housing search. The proposed site should screen all individuals who are seeking shelter for diversion by asking a series of questions to understand where they stayed the night before, if they have any housing options instead of shelter, and what would it take to access those options. Then, based on responses, appropriate diversion services could be deployed from the site. It is recommended that there be initially 1 dedicated FTE Diversion Specialists at the site and then based on need this could be adjusted overtime.

### ***Basic Health Care Services and Referrals***

The following are recommended health care services for the potential site. These services are not intended to replace other health care services provided in the community, but by placing these services on the site, it increases the likelihood that those experiencing homelessness will access basic health care services and begin engaging in services for their health. Most of these services will be provided through agreements with nonprofit partners.

#### ***Basic Primary Care Services***

The site should provide a space to house a mobile health clinic to provide basic primary care services to individuals staying at the shelter as well as those living on the streets. The mobile health clinic could set up a schedule to be on the site on certain dates and times and provide basic services and referrals to more in-depth treatment.

#### ***Screening and Referrals for Behavioral Health Care***

The site should provide space for a behavioral health partner to be on site to conduct screenings and referrals for mental health and substance use disorder services. The services would be

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<sup>9</sup> National Alliance to End Homelessness (2011) Closing the Front Door: Creating a Successful Diversion Program for Homeless Families

accessible to both individuals staying at the shelter and those living on the streets. If possible, these services could be part of the mobile health clinic but do not have to be.

## SUMMARY OF PROGRAMMATIC SERVICES FOR INITIAL BUDGET PLANNING

The following provides a summary table of the recommended programmatic elements described above with estimated FTE/services for each. This table can help guide the City of Pomona with initial budget planning for the staffing/services on the site.

Recommended Programmatic Elements	Number of Estimated FTE/Services
<b>Year-Round 24 Hour Emergency Shelter Staff</b>	9 FTE  (3 FTE onsite at any given time with 3 shifts. Does not include a supervisor/manager)
<b>Security Staff</b>	7 FTE  (Does not include specific staff for weekends since could arrange shifts to cover)
<b>Meals Served Through Communal Kitchen</b>	191, 625 meals  (Assumes 3 meals a day for the 175 shelter beds. Does not include estimates of meals for individuals not living in the shelter)
<b>CES Staff</b>	3 FTE
<b>Street Outreach Staff</b>	4 FTE
<b>Document Assistance Staff</b>	1 FTE  (Potentially from a partner organization)
<b>Diversion Staff</b>	1 FTE
<b>Primary Care</b>	Partner Organization
<b>Behavioral Health Care</b>	Partner Organization

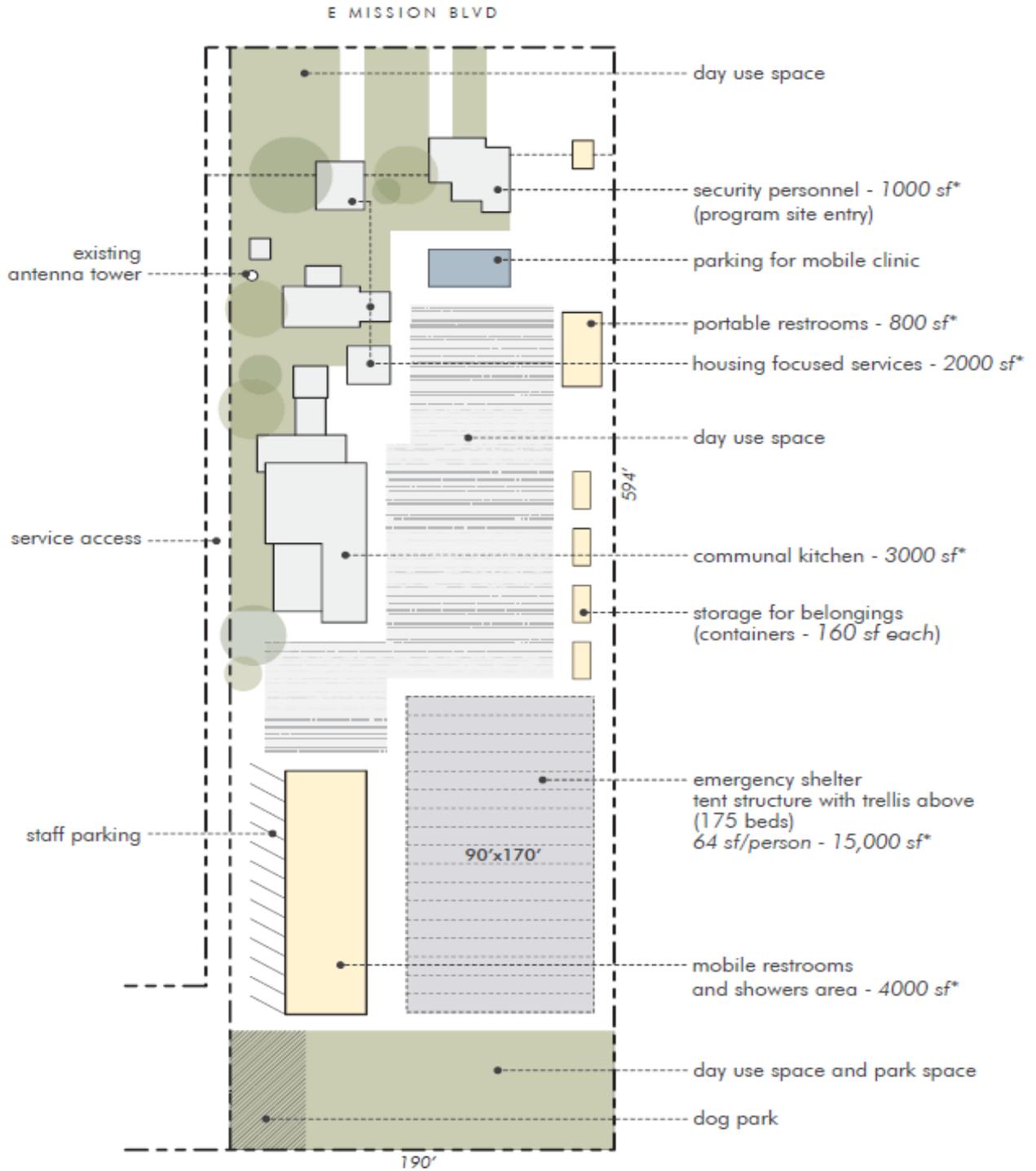
## PHASED IN APPROACH

The CSC site will phase in specific interventions as well as phase out interventions over time. Below is a preliminary outline of which components are part of phases 1-3. The long-term vision includes having a permanent emergency shelter facility as well as to develop PSH units on the site.

Programmatic Component	Phase 1: Year 1 (Starting March 15, 2017- March 2018)	Phase 2: Years 2-4 (March 2018-March 2021)	Phase 3: Years 4+ (March 2021 +)
<b>Emergency Shelter</b>	X (Tent structure with 175 beds)	X (Tent structure with 175 beds)	X (Depending on need, brick and mortar shelter-# of beds TBD)
<b>Security Personnel</b>	X	X	X
<b>Restrooms and Showers</b>	X (Mobile restrooms and showers)	X (Mobile restrooms and showers)	X (Restrooms and showers include in brick and mortar shelter)
<b>Communal Kitchen</b>	X (Coordinated meal service)	X (Meals prepared on site at kitchen)	X (Meals prepared on site at kitchen)
<b>Storage</b>	X	X	X
<b>Day Use Space and Park Space</b>	X (Does not include park space)	X (Day use space and park space)	X
<b>Dog Kennel</b>	X	X	X
<b>CES Site</b>	X	X	X (Housed in shelter)
<b>Street Outreach Team</b>	X	X	X
<b>Services to Obtain Documents for Housing</b>	X	X	X
<b>Diversion Services</b>		X	X (Housed in shelter)
<b>Primary Care Services</b>		X (Mobile Clinic)	X (Brick and Mortar FQHC co- located in PSH building)
<b>Behavioral Health Care</b>		X	X (Brick and Mortar FQHC co- located in PSH building)
<b>Permanent Supportive Housing</b>			X (Brick and Mortar PSH Building)

# CONCEPTUAL PHYSICAL SITE PLANS

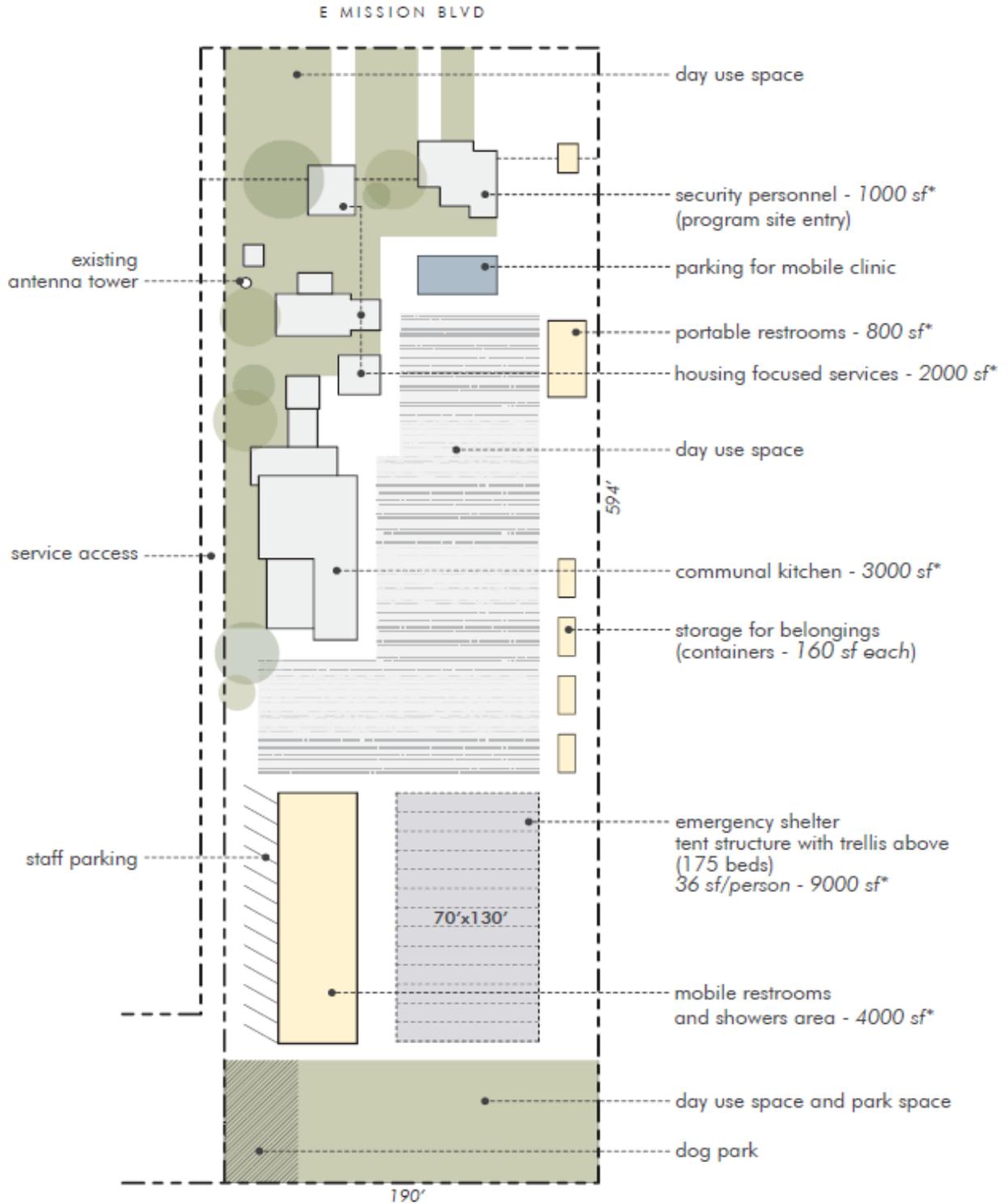
## Site Plan with Emergency Shelter at 8'x 8' Per Person Space



CONCEPTUAL PHYSICAL SITE ANALYSIS  
GONZALEZ GOODALE ARCHITECTS


  
 \*square foot (sf) areas are approximate

## Site Plan with Emergency Shelter at 6'x 6' Per Person Space



CONCEPTUAL PHYSICAL SITE ANALYSIS  
GONZALEZ GOODALE ARCHITECTS

0' 8' 16' 32' 64'   
\*square foot (sf) areas are approximate

## CONCEPTUAL PHYSICAL SITE ANALYSIS AND NEXT STEPS

The following conceptual physical site analysis provides some initial considerations for the physical site plan above, an analysis and recommendations for the existing structures, recommendations/rationale for the emergency shelter structure, other amenities on the site, and next steps.

### Primary Considerations

In addition to important strategic programmatic and functional site design considerations, the following guiding principles were addressed:

- That the site design, day and night, communicate a welcoming environment and a feeling of safety.
- That individuals accessing the site feel a sense of neighborhood (park-like gathering spaces) yet provide private space opportunity for individuals who prefer solitude.
- That the site inspire individuals to seek assistance and services within a civilized, human, non-institutionalized environment.
- That the site is "zoned" and configured to allow distinct areas of use allowing individuals options for the degree at which they would feel comfortable engaging in the range of program offerings: social services, meals, and overnight shelter.

### Existing Buildings / Security / Landscaping

The existing buildings are comprised of a number of one-story wood frame, slab on grade buildings, previously used as office space for the cab company's use, and a high bay single-story warehouse space, previously used for storage and car service and repair.

All buildings are in poor but serviceable condition. There a number of "lean-to" additions to the buildings that are still more tenuous and with questionable serviceability. These should likely be considered for demolition. Most of the existing buildings however, may be rendered useful to the program through an adaptive reuse approach consisting of general building envelope repair, internal re-configuration and upgrade and repair of building systems (electrical, plumbing and mechanical).

The smaller one-story wood frame buildings are clustered together and lend well to a re-use for office use related to on-site social service program. This grouping of structures is closest to the street frontage, allowing the mobile health clinic to easily pull-in to complete and enhance the cluster of services. The existing mature trees with their large canopies, and additional new seating and shade structures will offer the possibilities for common gathering areas for day use of the social services program. Additionally, appropriately located, converted buildings can potentially provide living / sleeping areas for program staff.

The high-bay existing warehouse space is located south of the cluster and deeper in the center of the site. The adaptive re-use of this structure would make it suitable to house the meal program envisioned. Food and goods delivery to this building may be accommodated through a drive aisle, using the adjacent city owned Water District flag lot. The open space directly in front of this structure, enhanced with shade structure, landscaping, bench seating and picnic tables will create a second gathering node for day use and meal program.

### **Trellised Sheltered Tent Structure**

The remainder of the site further south is unimproved. This zone, deep into the site and visually screened from the street, would offer a quiet and safe environment for night use and sleeping. Learning from past models of emergency shelters, the challenges of institutional large shared sleeping accommodations are well understood. Often times, individuals experiencing homelessness reject the types of accommodations provided in historic shelter models and opt for an encampment where they would find a stronger sense of individual privacy and personal safety. Obviously, the sleeping accommodations in this facility could not be left for individual Ad hoc encampment. Nor is a large tent structure to fit up to 175 beds an acceptable answer.

It is therefore incumbent upon the design of this facility to create a dignified accommodation mindful of the individual's state of mind, need for privacy and a sense of community, balanced with the responsibility for maintaining a sanitary and safe environment. Our initial and preliminary studies have shown that the area designated for the night time and sleeping use is adequate to house up to 175 people. The task for defining the bed/unit accommodation and overall arrangement of the sleeping area remains for the next level of design explorations and subject to more detailed in-team conversations.

The two site plans provided above differ in the size of the tent structures. The first plan has a structure that is based on an 8' X 8' space per person. A circulation factor of 30% was used based on typical standards and sketch studies and then rounded to the nearest tenth. The square footage is based on the following formula:

$$64 \text{ square feet per person} \times 175 \text{ persons} \times 1.3 = 15,000 \text{ square feet}$$

The second plan has a structure that is based on a 6' X 6' space per person using a circulation factor of 35% due to higher density and then rounded to the nearest tenth. The square footage is based on the following formula:

$$64 \text{ square feet per person} \times 175 \text{ persons} \times 1.35 = 9,000 \text{ square feet}$$

### **Mobile Restrooms and Showers**

Two sets of restrooms are planned:

- Mobile restrooms located toward the front of the site south of the secured entry. These will be available for those who visit the site but do not sleep at the site.
- A second restrooms/ shower mobile unit(s) accessible to the sleeping areas and importantly located directly next to the Water District parcel drive aisle for ease of servicing and maintenance.

### **Water District Parcel**

Fortunately, directly adjacent to the site is a separate parcel that provides direct “Back of House” service access, staff parking, and emergency fire truck and vehicle access. This positive feature provides important site access without having to go into the living and program service areas of the site.

### **Next Steps on Physical Site**

Further explore and confirm the adaptive re-use strategy of certain existing structures and related site issues such as drainage, water and power, etc..., by working with an ad-hoc group appointed by the City consisting of representatives from City departments such as Public Works, City Planning, Building and Fire Department. The group shall have the authority to decide on important issues that might need exemptions or partial exemptions so that the proposed emergency shelter project can meet the overall project schedule and be upgraded within reasonable construction costs.

Furthermore, pursuant to the outcome of the proposed adaptive re-use of the existing buildings, further confirmation of the conceptual site analysis, a special design study of the important sleeping areas within the trellised shelter, and with recommendations from the City ad-hoc group an estimate of the probable construction cost shall be prepared.