

## **Housing Solutions Committee**

# **PSH Plus: Services & Amenities Needed Onsite**

#### Concern **Design Recommendations for Consideration** Vulnerability to violence 24/7 presence at the front desk • Camera system & wi-fi to run security cameras • from family, friends, & • Better coordination b/n front desk, all property management team • acquaintances member and PSH CMs re unusual incidences or suspected victimization including drug dealers **Crisis/security management** • Multiple exits from service areas/office & common areas Panic buttons/intercom for service providers and service areas/office during service provision (office Furnishing designed to reduce self-harm and/or harm to others • & common areas) Training on de-escalation and working w/ SMI & SUD related challenges • for front desk and all property management team members (including maintenance and cleaning crews) Accessing units when clients are Smart designs for locking/unlocking doors ٠ • immobile or unresponsive Panic buttons within units • Visual surveillance & safety features including: • Hallways and common areas • Lighting, hallway width & sight lines that facilitate security Cameras in hallways • Other design features and concerns Gender configuration by floor ٠ reviewed/discussed, but not Security presence on each floor • recommended Limiting visit-ability, meaning limiting access of residents and visitors by • floor Note: while these issues are important, our goal is to create permanent housing and avoid institutional/over-policed settings. As such these options are not recommended for PSH model (intensive or otherwise).

### **Security Concerns & Recommendations**

#### Mobility Concerns & Recommendations

Concern	Recommendations for Consideration	

Accessible	Accessibility ramps into and out of building
Building	Elevators, ideally 2 in case one is inoperable
• Units	Level of UFAS (universal accessibility) that
	<ul> <li>reflects level of need (depending on the specific population targeted) and</li> <li>facilitates aging in place</li> </ul>
Service offices	Co-located and accessible physical and behavioral health services
Open space	Open space is critical, and needs to account for high incidence of smokers
Common areas	Intimate communal spaces (for 5 – 10 ppl), on every floor (ideally)
	<ul> <li>to combat isolation &amp; foster community for people w/ severe mobility constraints and</li> <li>to create areas for Health Home Aides outside of unit but still close by</li> </ul>
Hallways	Impact on operating costs
	• Higher level of cleaning and maintenance services must be accounted for in operating budgets due to wheelchair and walker use
	Design features
	Plexi-glass guards for all hallways & units for individuals with wheelchairs
	<ul> <li>Relatively soothing color scheme and hides wear and tear</li> <li>Not overly designed to allow for residents to add design elements and art work</li> </ul>
Other accessible	Laundering facilities:
amenities needed	• Recognize that while machines in every unit may be ideal, it presents a high maintenance & upkeep risk
	Communal but accessible laundering facilities recommended
	Computer stations:
	Great for facilitating communal interactions & drawing clients out of units
	<ul> <li>But do not eliminate the need for client facing wi-fi and/or 5G (for sufficient bandwidth), particularly to facilitate tele-health</li> </ul>
	Recommended approach for communal amenities:
	Visible and high traffic or central location
	Offering on every floor would be great; likely most cost effective & practical to concentrate on one floor
	<ul> <li>As close to entrance staff/security or other community/office spaces as possible</li> <li>Ideally maintained by activity coordinator (e.g. by ADHP partner)</li> </ul>

### Health (Physical & Behavioral) Concerns & Recommendations

Concern	Recommendations for Consideration
Accessible comprehensive physical & mental health services	<ul> <li>Partnerships that allow for a registered nurse onsite and connections to primary and mental health services should be encouraged. Options to explore are included here. Viability should be evaluated on a case-by-case basis, as specific properties/opportunities present themselves.</li> <li>Partnerships that serve larger neighborhood and create heavy traffic to location may not be ideal as it might impact character of development: <ul> <li>Imbedded/co-located FQHC</li> <li>Imbedded/co-located FSMH</li> </ul> </li> <li>Partnerships tailored to and focused on serving the residents in the building may be ideal: <ul> <li>Dedicated ACT team</li> <li>Dedicated PACE program site (if built in Ward 7 or 8)</li> <li>Adult Day Health Programs (e.g. Wah Luck ADHP targeting building w/ aging residents in China Town (153 units, ~200 residents); program model includes Clinical director, registered nurse, and activity coordinators)</li> </ul> </li> <li>Overall design considerations, given that health partnerships may be location specific: <ul> <li>Dedicated sinks for health professionals</li> <li>Wiring that facilitates tele-health services</li> </ul> </li> </ul>
ADL/IADL related challenges & impact	<ul> <li>Overall design considerations:</li> <li>Common and parking spaces/needs that account for personal care aides working w/ clients</li> <li>Unit features that accommodate medical needs and appropriate safety features</li> <li>Higher level of cleaning services in common areas and hallways</li> <li>Furniture that can be wiped down and cleaned easily</li> </ul>