

Land and Labor Acknowledgments

- <https://native-land.ca/>
- <https://www.solid-ground.org/our-impact/labor-acknowledgement/>

Medical Respite Care

- [Standards for Medical Respite Care](#)
- [Guiding Principles for Medical Respite Care](#)
- [Models of Medical Respite Care](#)
- [The Framework for Medical Respite Care](#)
- www.nimrc.org – all resources

Trauma Informed Design

- Shopworks collection of TID resources: <https://shopworksarc.com/tid/>
- Preservation of Affordable HOusing (POAH) Trauma-Informed Toolkit: <https://traumainformedhousing.poah.org/>

Behavioral Health and Design

- www.cfm.va.gov/til/dGuide/dgMH.pdf
- Stantec Mental+Behavioral Health Practice <https://www.stantec.com/en/markets/health/behavioral-health>
- Stephen Parker - <https://www.stantec.com/en/people/p/parker-stephen>
- Center for Health Design <https://www.healthdesign.org/experts/stephen-parker-aia-noma-ncarb-leed-ap>
- BH Trends <https://bhbusiness.com/2023/08/25/the-4-trends-driving-behavioral-health-facility-design/>
- Emergency Psychiatry - <https://2023nubeconference.sched.com/event/1VJUn/poster-session-crisis-care-design-prototyping-community-crisis>
- EmPATH units - <https://bhbusiness.com/2023/09/05/empath-units-seek-to-shatter-the-behavioral-health-emergency-department-bottleneck/>

Creating Healing Spaces: Trauma Informed Design in Medical Respite Care Symposium Links and Resources

- Design in Mental Health Network - <https://dimhn.org/board-and-associates/>
- DrawnOut! Mental Health Sketch - <https://www.designinmentalhealth.com/seminar/drawnout-mental-health-sketch-workshop/>
- Sketching the visitor experience - https://issuu.com/youngarchitectsforum/docs/connection_2023_q2_v2/s/28163288
- Community Mental Health - <https://www.di.net/di-media/articles/2023-quarterly/q2/elevating-community-mental-health/>
- Crisis Care Centers - <https://www.stantec.com/en/ideas/content/blog/2023/how-design-can-support-mental-health-through-crisis-stabilization-centers>
- Modular Crisis Care - <https://www.stantec.com/en/ideas/content/blog/2023/modular-construction-solution-to-mental-health-care-crisis>
- Care Culture - <https://www.youtube.com/watch?v=vyWrv0rKXPg>
- Youth Mental Health - <https://bhbusiness.com/2024/02/08/best-behavioral-health-design-of-2023-teens-take-an-active-role-in-shaping-their-care/>
- <https://urbanland.uli.org/planning-design/returning-home-advancements-in-mental-health-design-for-u-s-veteran-facilities>
- <https://www.stantec.com/en/ideas/careers/applying-our-practice-purpose-for-homeless-youth>

Disability Justice and Inclusive Language

- [Writing Respectfully: Person-first and Identify-first language:](#)
- [The NIH Style Guide](#)
- [Disability Language Style Guide](#)
- [Words Matter: Preferred Language for Talking About Addiction](#)
- [How Health Communicators and Journalists Can Help Replace Stigma with Science](#)
- [National Association of the Deaf – Community and Culture\(link is external\)](#)
- [Autistic Self Advocacy Network](#)
- [World Health Organization – Disability](#)
- [UN Convention on Human Rights for Persons with Disabilities](#)

Disability Rights and Racial Justice

- [A Shared Struggle for Equality: Disability Rights and Racial Justice](#)
- [17 Black Disability Advocates and Activists](#)

Accessibility Resources

- ADA Technical Assistance Center: <https://adata.org/>
- Tax Incentives for Small Business: <https://gpadacenter.org/audiences/small-business/tax-incentives-for-small-businesses/>
- NACCHO: [Disability and homelessness](#)
- Creating Accessible Printed Resources: <https://nhchc.org/resource/creating-accessible-printed-resources-tips-and-tools/>

NHCHC/NIMRC Resources related to Design and Environment

Falls Prevention and Screening:

- [Falls Screening in Medical Respite Care](#)
- [Falls Screening in Medical Respite Care – Fillable PDF Form](#)

Webinars:

- [Addressing Cognition + Dementia in Medical Respite](#)
- [Addressing ADL in Medical Respite](#)
- [Addressing Incontinence in Medical Respite](#)
- [Trauma-Informed Environment In Medical Respite](#)

Clinical Guidelines:

- [Clinical Guidelines for Medical Respite Care: Activities of Daily Living](#)
- [Clinical Guidelines in Medical Respite Care: Incontinence](#)
- [Clinical Guidelines for MRC: **Cognition**](#)
- [Clinical Guidelines for MRC: **Dementia**](#)

Creating Healing Spaces: Trauma Informed Design in Medical Respite Care Symposium Links and Resources

Case Examples & Links Shared During the Event

- Lark Inn Youth Shelter in SF has done a lot with a limited budget:
<https://www.linkedin.com/pulse/lark-inn-empowering-community-through-design-chow-ncidq-iida>
- Furniture selection can promote voice and choice. The layout of a counseling room or consult office can be set up to avoid imposing authority, barriers between provider and client. This renovated candy factory in Toronto treats youth mental health and was very cost conscious by reusing the space in a different way:
<https://bhbusiness.com/2024/02/08/best-behavioral-health-design-of-2023-teens-take-an-active-role-in-shaping-their-care/>
- There is a body of evidence based design research that informs healthcare planning and design. A more limited body of research exists for specific mental and behavioral environments. The work of Roger Ulrich and Mardelle Shepley come to mind. The Appendix of the VA's Inpatient Mental Health Design Guide has many research references: www.cfm.va.gov/til/dGuide/dgMH.pdf
- What are some TID recommendations for small meeting and office spaces that do not have windows?
 - Positive distraction is a concept often used in healthcare spaces. Sometimes that's as simple as art or mural. Full spectrum lighting can help replicate the natural daylight patterns. Providing a biophilic element (moss wall?) help as well too.
 - One of our most popular meeting rooms was done in supportive housing in conjunction with an org serving folks with brain injuries. They asked for a windowless, low-light room. It's got dark blue walls, soft furniture, and a dimmer switch. Is very calming and presented as a choice for staff or residents who want that at the moment.
 - Also if your meeting spaces are small and don't offer those security considerations like easy access to the door or 2 exits, I would think about an alternate, semi-private meeting space for when staff/residents don't feel safe going into a room with someone. Something like an intentional cluster of seating/tables in a community room or outdoor area.

NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE

SS
SHOP

WORKS
architecture

Creating Healing Spaces: Trauma Informed Design in Medical Respite Care

April 3rd, 2024

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

The National Institute for Medical Respite Care is a special program of the National Health Care for the Homeless Council.

CE Information



AIA – Sign in virtually or email Csynovec@nhchc.org with your Name and AIA # by **Wednesday April 10th, 2024**

AOTA – go to

<https://myaota.aota.org/InstitutionUserRegistration.aspx?id=1011809394>

- You will need to log-in to your account
- Complete the exam
- **Complete the exam by May 3rd, 2024**



ACCME, ANCC, ASWB and NY SW –

- Go to nhchc.cmecertificateonline.com
- Click on the **Creating Healing Spaces: Incorporating Trauma Informed Design into Medical Respite Care Programs** link.
- Evaluate the meeting.
- Print, download, or save your certificate for your records.
- If you lose your certificate, or need help, go to help.cmecertificateonline.com



Learner Notification

National Health Care for the Homeless Council Creating Healing Spaces: Incorporating Trauma Informed Design into Medical Respite Care Programs

April 3, 2024

Online

Acknowledgement of Financial Commercial Support

No financial commercial support was received for this educational activity.

Acknowledgement of In-Kind Commercial Support

No in-kind commercial support was received for this educational activity.

Satisfactory Completion

Learners must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Joint Accreditation Statement



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Health Care for the Homeless Council. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Amedco Joint Accreditation Provider Number: 4008163

Physicians

ACCME Credit Designation Statement

Amedco LLC designates this live activity for a maximum of 3.75 *AMA PRA Category 1 Credits™* for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses

ANCC Credit Designation Statement

Amedco LLC designates this activity for a maximum of 3.75 ANCC contact hours.

Social Workers



ASWB Credit Designation Statement

As a Jointly Accredited Organization, Amedco is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. ASWB Content Level: Intermediate. Social workers completing this course receive up to 3.75 continuing education credits.

The following state boards accept courses offering ASWB ACE credit for Social Workers: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NC, ND, NE, NH, NM, NV, OH, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV*, WY

***OK:** Accepts ASWB ACE for live, in-person activities but not for ethics and/or online courses.

***WV:** Accepts ASWB ACE unless activity is held live in West Virginia.

The following state boards accept courses offering ASWB ACE credit for Counselors: AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, ME, MO, ND, NE, NM, NH, NV, OK*, OR, PA, TN, TX, UT, VA, WI, WY

MI: No CE requirement

The following state boards accept courses offering ASWB ACE credit for MFTs: AK, AR, AZ, CA, CO, FL, IA, ID, IN, KS, MD, ME, MO, NC, NE, NH, NM, NV, OK*, OR, PA, RI, TN, TX, UT, VA, WI, WY

AL MFTs: Credits authorized by NBCC or any other state licensing agency will be accepted.

MA MFTs: Participants can self-submit courses not approved by the MAMFT board for review.

MI: No CE requirement.

The following state boards accept ASWB ACE credit for Addictions Professionals: AK, CA, CO, CT, GA, IA, IN, KS, LA, MO, MT, ND, NM, NV, OK, OR, SC, WA, WI, WV, WY

New York Social Workers

NY-SW Credit Designation Statement

Amedco SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0115. 3.75 credit hours.

Objectives - After Attending This Program You Should Be Able To

1. Identify three ways that the environment can influence healing or contribute to trauma experiences.
2. Describe at least four trauma-informed design strategies to integrate within their programs that increase accessibility for people with lived experience of homelessness and behavioral health conditions.
3. Identify at least two trauma-informed design practices that they can incorporate into their programs.

Disclosure of Conflict of Interest

The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1-6.2, 6.5)

All individuals in a position to control the content of CE are listed below.

Name	Commercial Interest:Relationship
Stephen Parker	NA
Laura Rossbert	NA
Shahad Sadeq	NA
Samuel Severns	NA
Caitlin Synovec	NA
Jennifer Wilson	NA
Brett Poe	NA
Ryan Dixon	NA

How to Get Your Certificate

1. Go to nhhc.cmecertificateonline.com
2. Click on the **Creating Healing Spaces: Incorporating Trauma Informed Design into Medical Respite Care Programs** link.
3. Evaluate the meeting.
4. Print, download, or save your certificate for your records.
5. If you lose your certificate, or need help, go to help.cmecertificateonline.com

Land and Labor Acknowledgment



Our symposium today includes many presenters across several geographic locations.

Most of our communities reside on unceded ancestral lands or acquired by unhonored treaties. We acknowledge the people of these lands, past and present and **honor with gratitude the land itself, and its people.**

We also honor the brilliance and humanity of all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples, **whose labor, remains hidden in the shadows but still contributes to the wellbeing of our collective community.**

What is the National Health for the Homeless Council?



The National Health Care for the Homeless Council is the premier national organization working at the nexus of homelessness and health care.

Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

What is the National Institute for Medical Respite Care?

NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE

NIMRC is a special program of the National Health Care for the Homeless Council whose primary focus is on expanding medical respite (or recuperative) care programs in the U.S.

NIMRC advances best practices, delivers expert consulting services, and disseminates state-of-field knowledge in medical respite care.

Launched on July 15, 2020 to respond to and address the growth and expansion of medical respite care.

NIMRC Resources

Resources to support development and implementation of medical respite programs:



Guiding Documents



Financing and Partnerships



Clinical Guidelines



Research



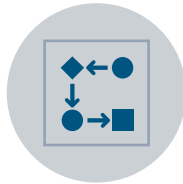
Policy & Advocacy



Quality Improvement



Technical Assistance



Consulting



Medical Respite Program Directory

Agenda for Today

1:00 - 1:10 - Welcome & Land & Labor Acknowledgement

1:10 - 1:30 - Introduction and evolution of medical respite care

1:30 - 2:00 - 1) Diversity and Cultural Considerations

2:00 - 2:30 - 2) Trauma Informed Design Principles

2:30 - 3:00 - 3) Behavioral Health

3:00 - 3:20 - Q&A Panel with speakers

3:20 – 3:35 - Break

3:35 – 4:00 - 4) Accessibility in Programs

4:00 – 4:30 - Program Example:
RecoveryWorks

4:30 - 4:50 - Looking to the Future

4:50 - Wrap-up, poll, and resources

Learning Objectives

At the conclusion of this symposium, participants will:

Be able to identify three ways that the environment can influence healing or contribute to trauma experiences.

Be able to describe at least 4 trauma-informed design strategies to integrate within their programs that increase accessibility for people with lived experience of homelessness and behavioral health conditions.

Be able to at least 2 trauma-informed design practices that they can incorporate into their programs.

Mentimeter

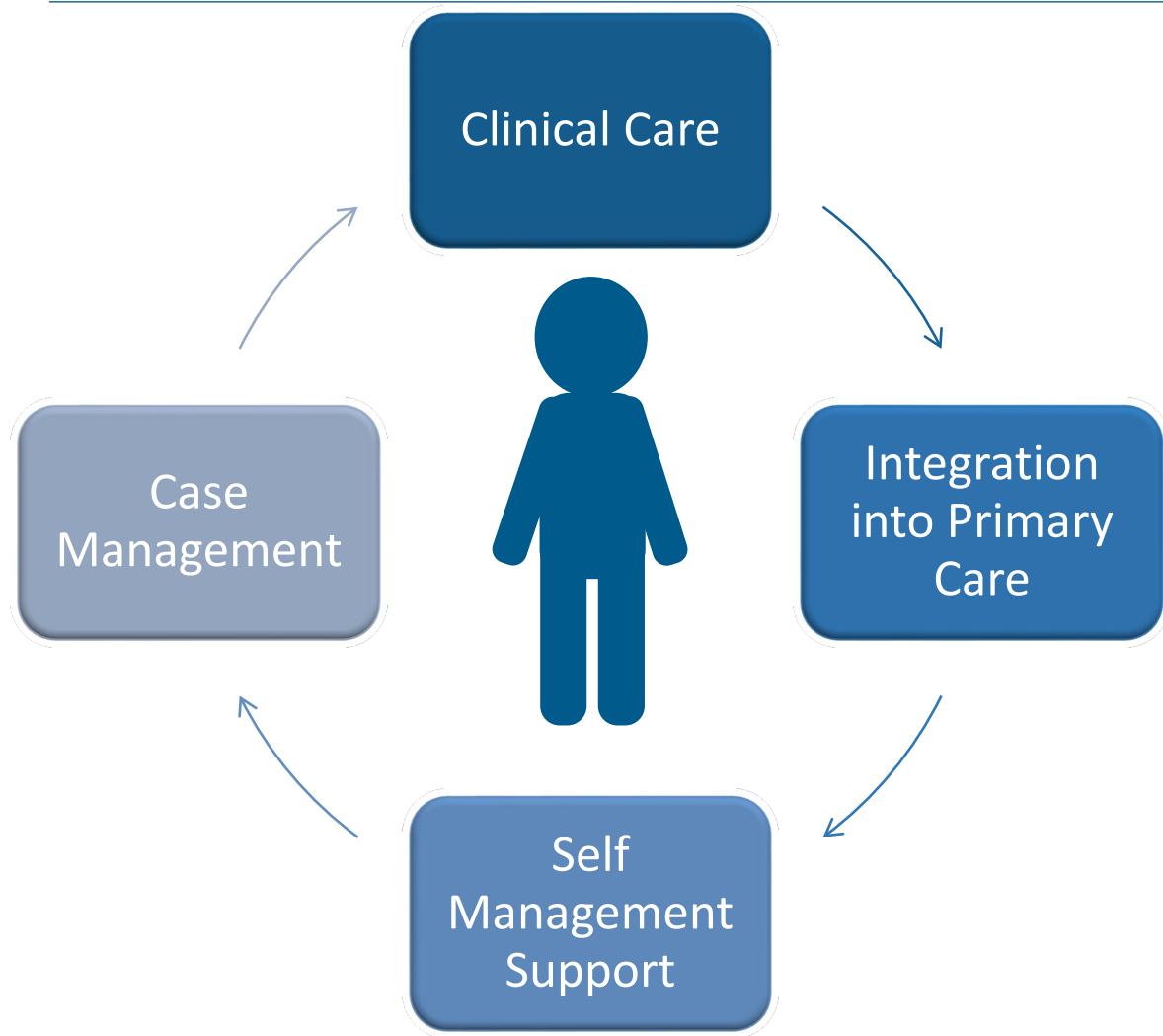
Medical Respite Care and Trauma-Informed Spaces

Medical Respite Care: Definition

Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care.

Short-term residential care that allows people an opportunity to **rest, recovery, and heal** in a safe environment while also accessing clinical care and support services.

Medical Respite Core Components



24-hour access to a bed



3 meals per day



Transportation to any/all medical appointments



Access to a phone for telehealth and/or communications related to medical needs



Safe space to store personal items



Wellness check at least 1x every 24 hours by medical respite staff (clinical or non-clinical)

Standards for Medical Respite Care Programs



Standard 1:

- Medical respite program provides safe and quality accommodations.



Standard 2:

- Medical respite program provides quality environmental services.



Standard 3:

- Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings.



Standard 4:

- Medical respite program administers high quality post-acute clinical care.



Standard 5:

- Medical respite program assists in health care coordination, provides wrap-around services, and facilitates access to comprehensive support services.



Standard 6:

- Medical respite program facilitates safe and appropriate care transitions out of medical respite care.



Standard 7:

- Medical respite care personnel are equipped to address the needs of people experiencing homelessness.

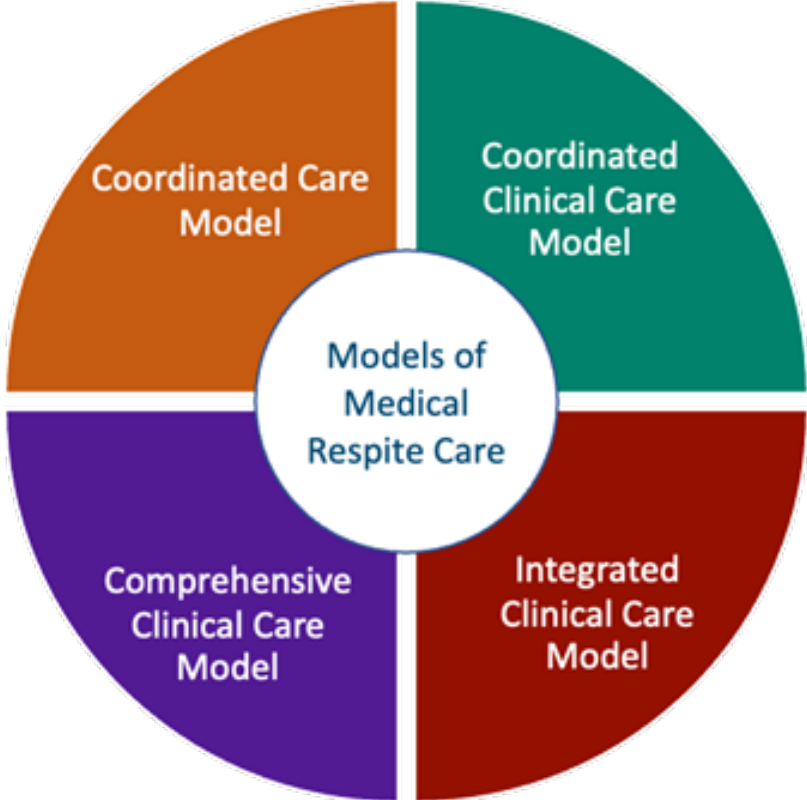
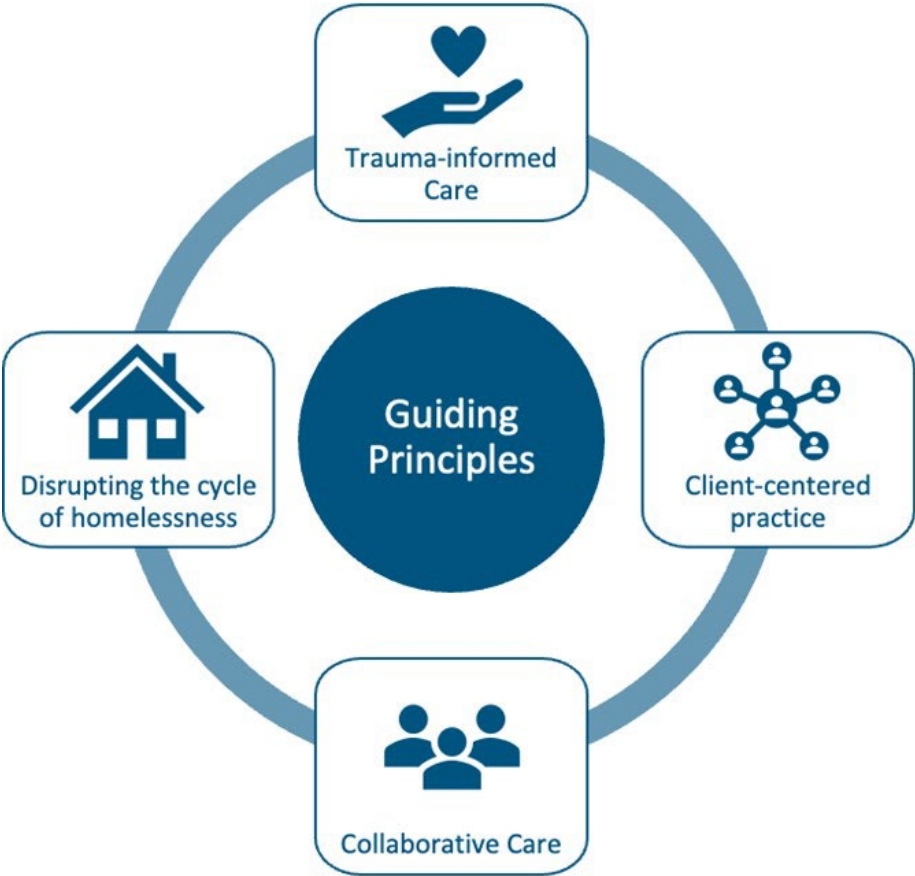


Standard 8:

- Medical respite care is driven by quality improvement.

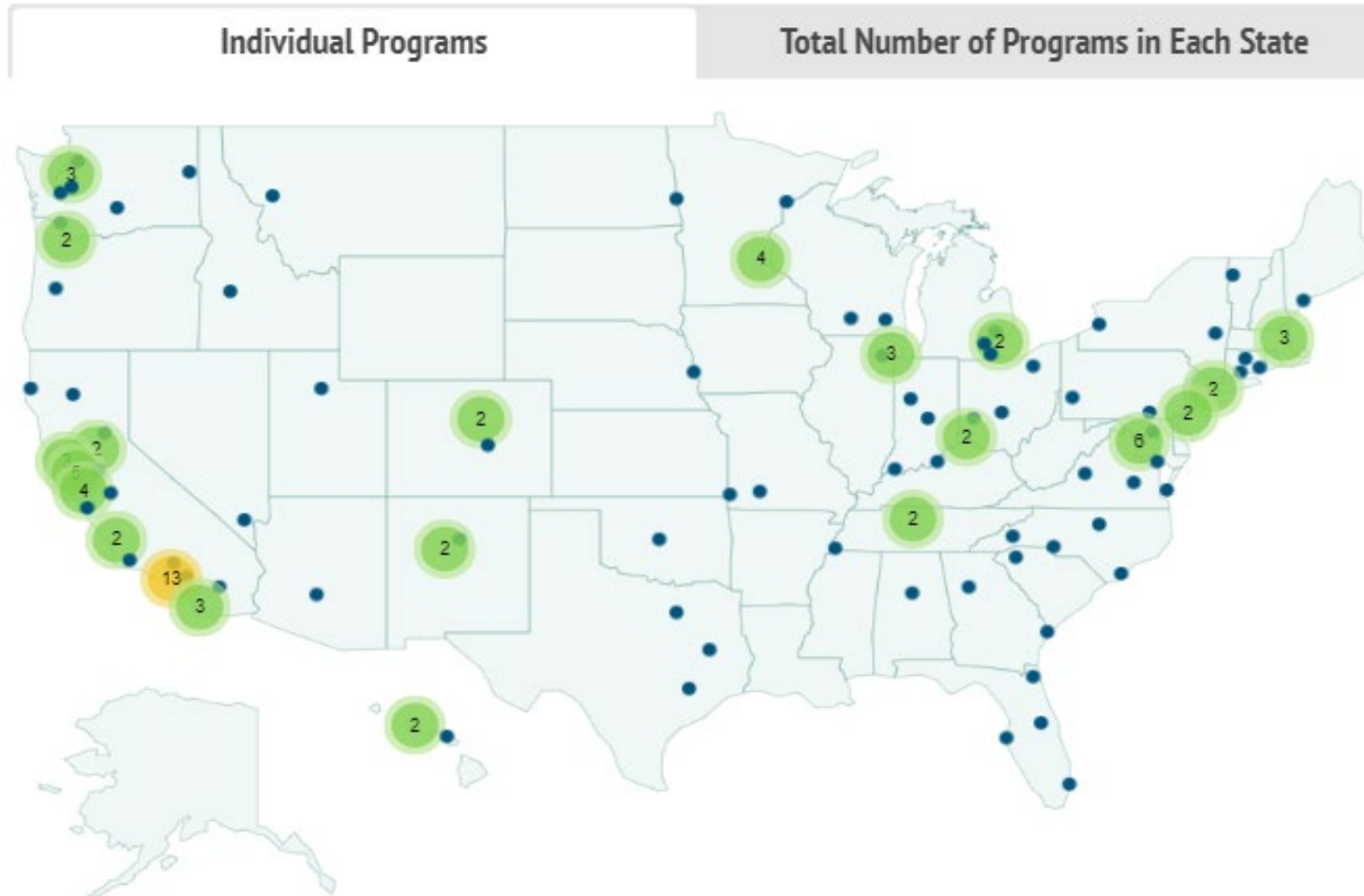
Framework to support medical respite programs' ability to operate safely, effectively, and seamlessly with local health systems, and to promote program development and growth.

Guiding Principles and Models of Care



Current Medical Respite Programs

Location of Medical Respite Programs



145 Total Medical Respite Programs
Across **40** States & Territories
42 programs are in California

... and growing!

Programs vary by . . .

Number of
beds

Type of facility

Staffing
models

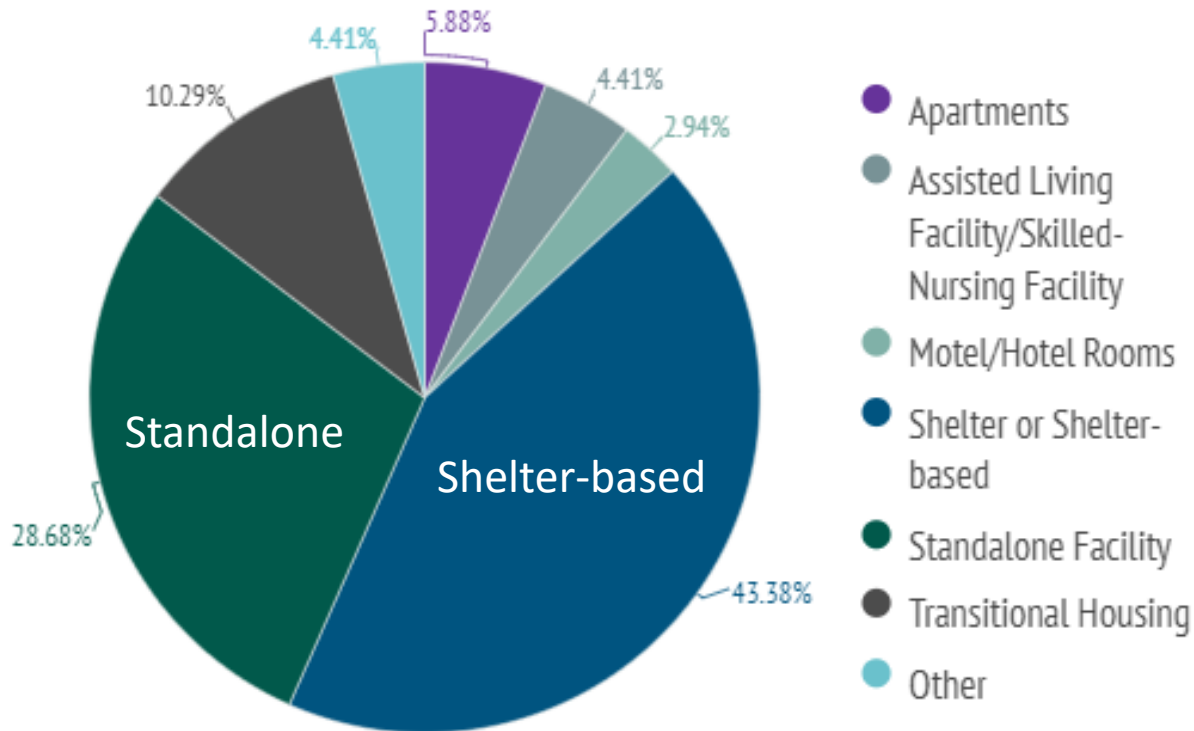
Length of stay

Organizational
structure

What do we know about medical respite physical spaces?

Type of Medical Respite Facility

Where are beds and services located?



Available data based on 133 programs



Bed Capacity

Medical Respite Programs vary in bed capacity, ranging from **3 - 210 beds**

Median Program Capacity: **17 beds**

Available data based on 121 programs

Source: [State of Medical Respite Care](#)

Why does the
environment matter?



Image Sources: [Re-Thinking the Future](#);
[David Crane](#), Los Angeles Daily News/SCNG

What do we mean when we talk about environment?

Environmental Factors:

- Aspects of the physical, social, and attitudinal surroundings in which people live and conduct their lives.
- Influence functioning and disability and have positive aspects (facilitators) or negative aspects (barriers or hindrances).

Natural
Elements

Man-made
Structures

Material
Resources

Politics &
Policies

Elements of
Time

Why does the environment matter?

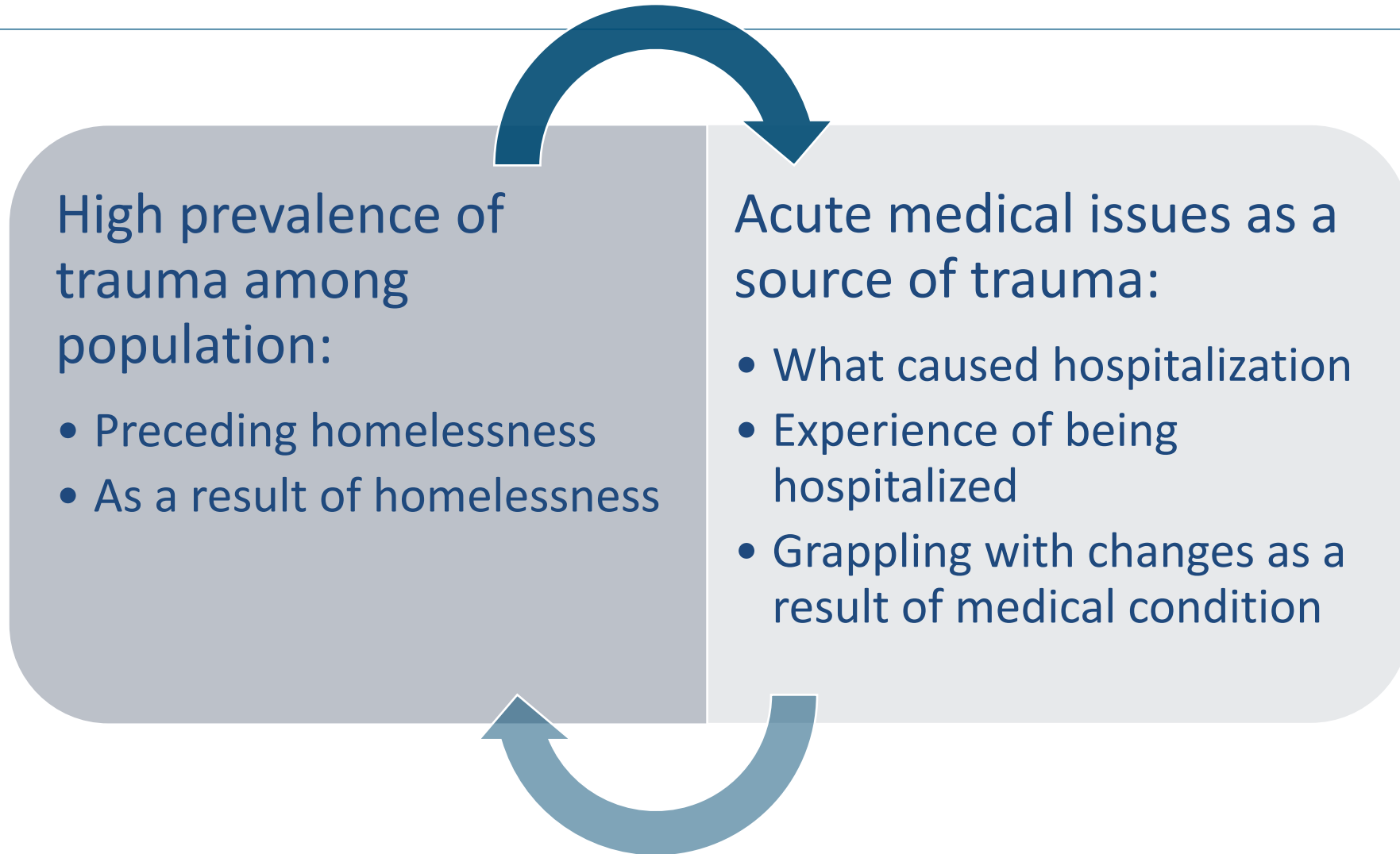
We want to create a safe and comfortable environment

How the space is set-up facilitates dignity

Goal of respite is healing – how do we make our environment a place where someone wants to be and to rest?

A trauma-informed environment is one that is welcoming, and tells those walking through the door “You Belong”

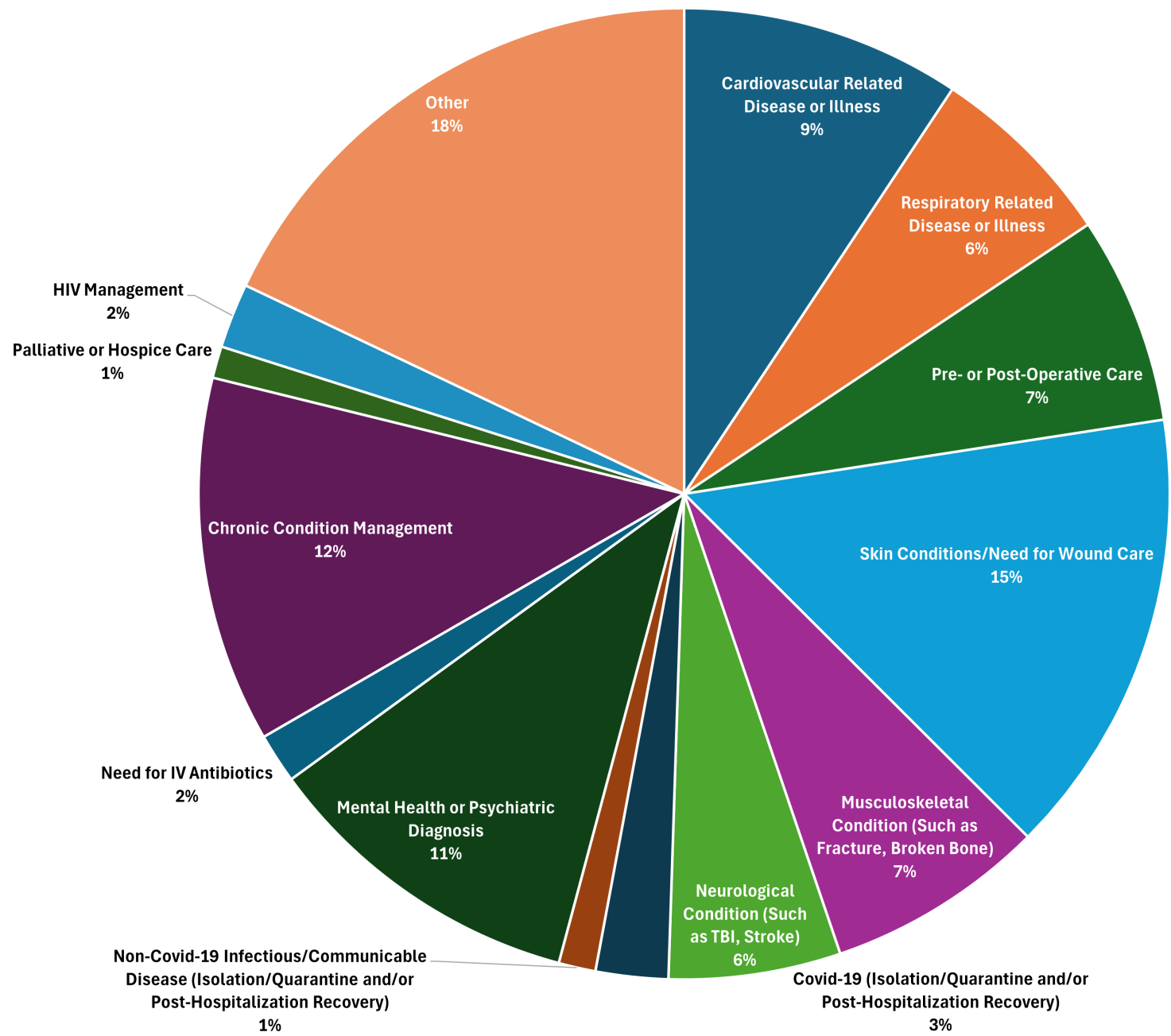
Trauma-Informed Care & Medical Respite



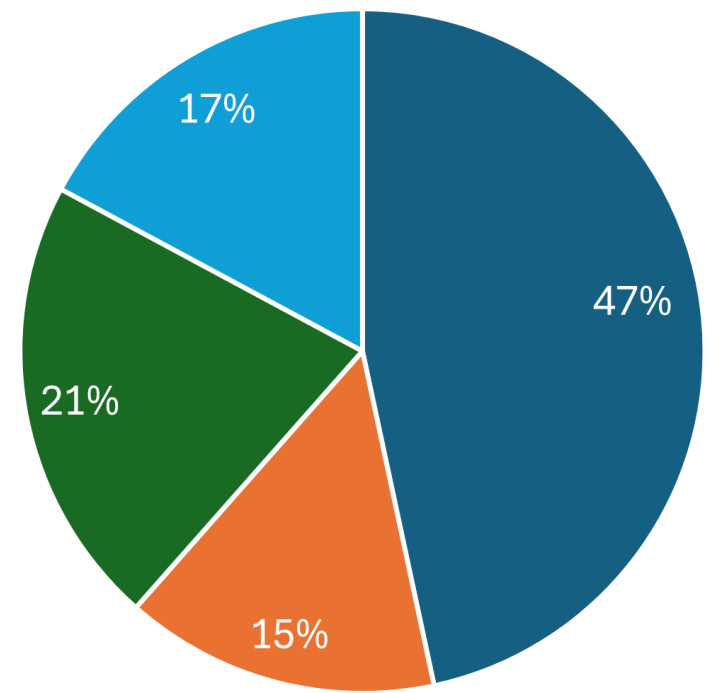
Who does medical respite serve?

*The following data represents
46 programs and over 14,000
clients served.*

Reasons for Referral

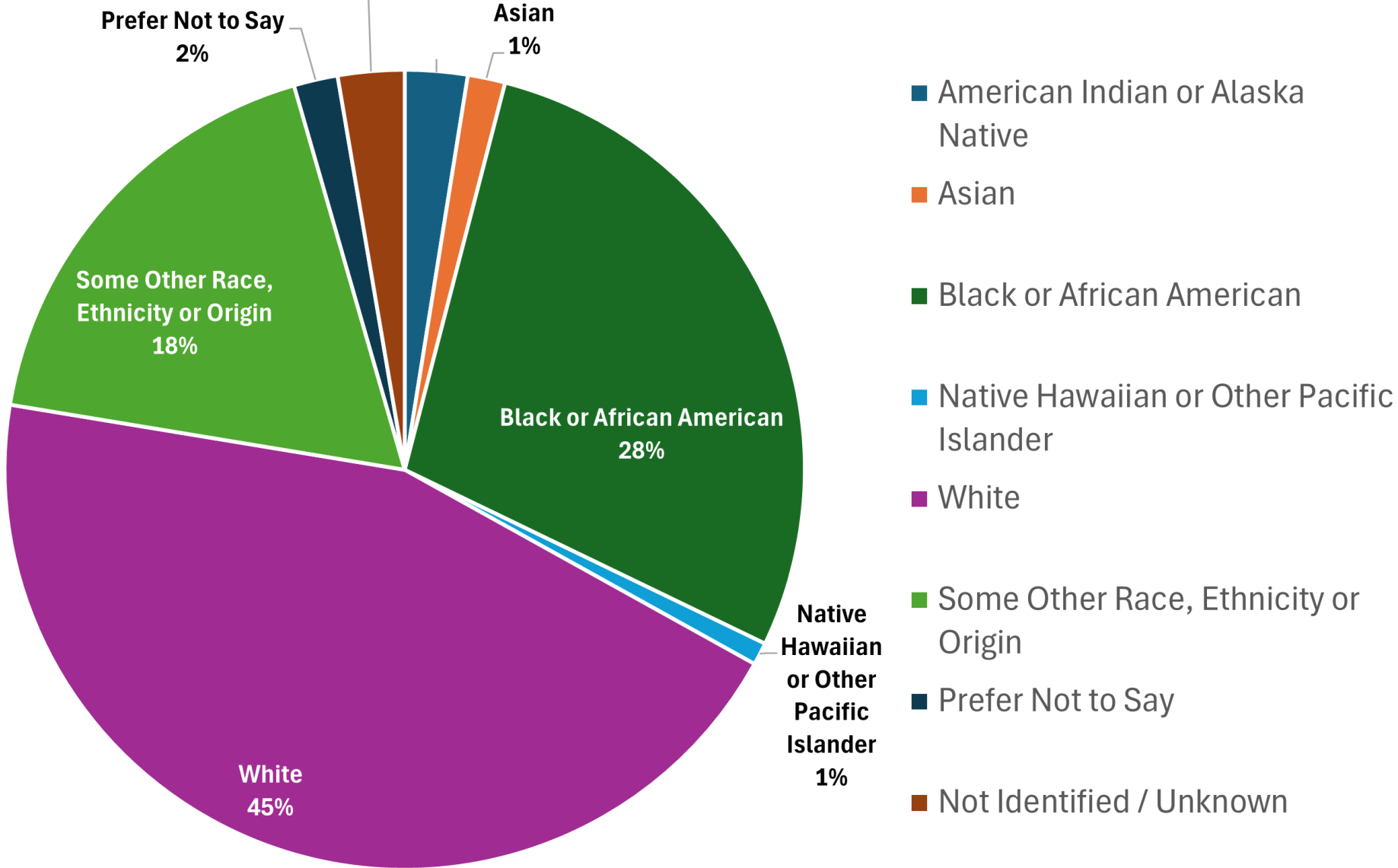


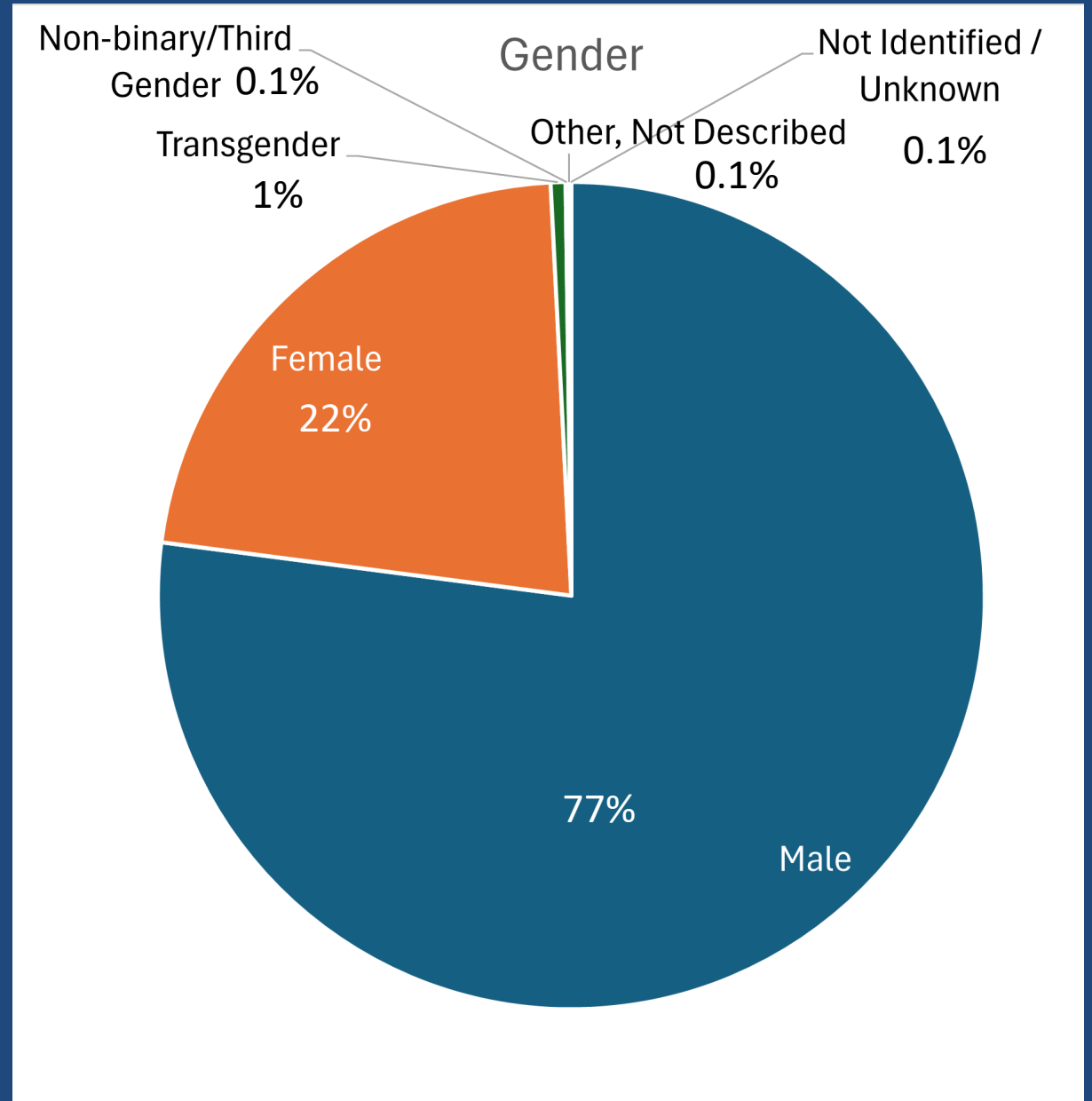
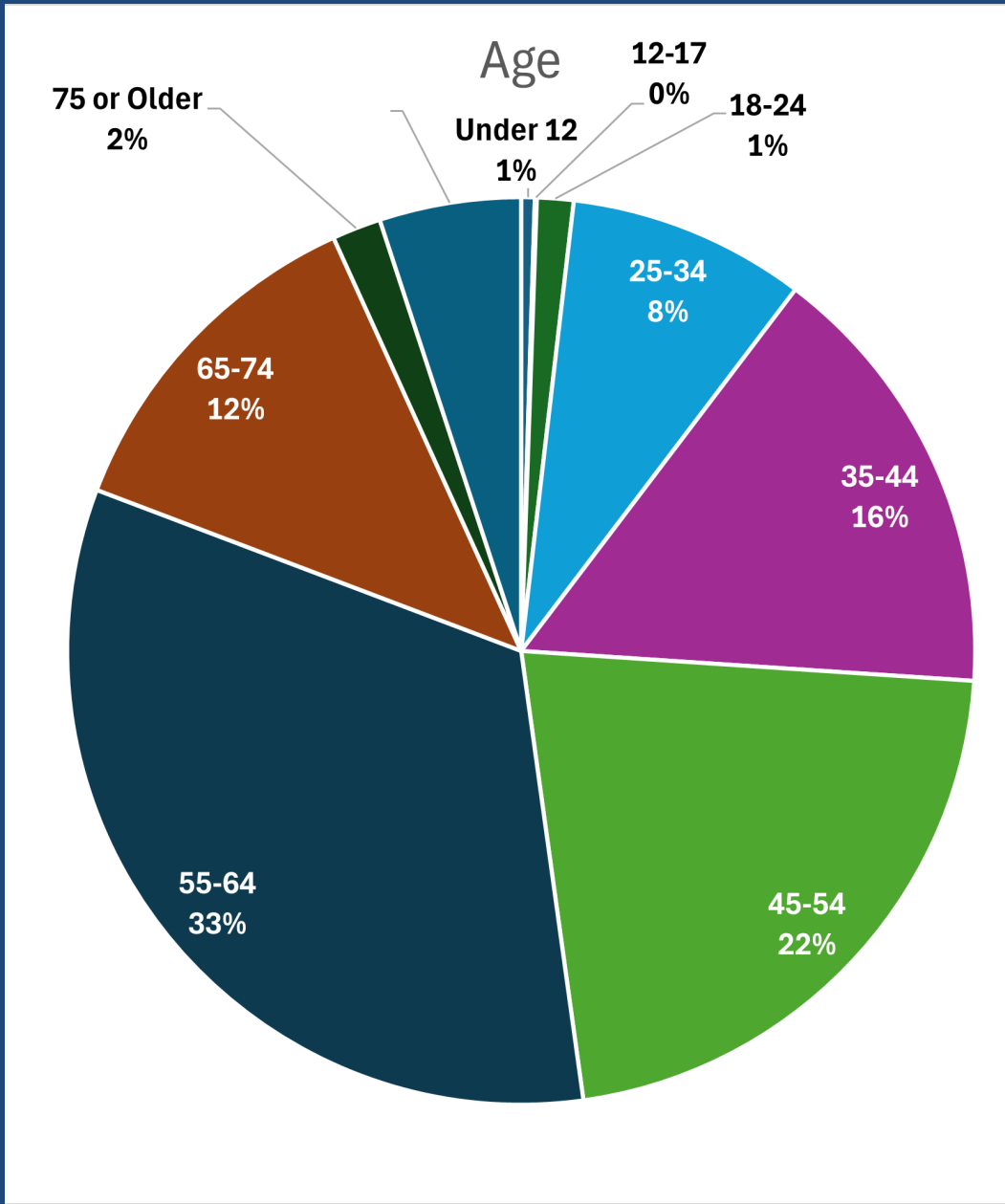
Mobility Device Users



- No Device
- Wheelchair User
- Other Mobility Aid
- Unknown

Race and Ethnicity





Literature Review: Impact on Consumers



MRC was found to:

- Improve health-related quality of life
- Positively impact health management

Those more likely to leave medical respite early were those who:

- Identify as women
- Were unsheltered prior to medical respite
- Actively use substances

**What does
the data tell
us?**

**Medical respite care
clients are diverse
individuals who may all
present with differing
needs and priorities –
however, one central
theme is the need for
rest and recuperation.**

Today's symposium will help us explore ways to change our environments to holistically address the needs of those in our communities and programs

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CARE

Follow us on social media!

National Health Care for the Homeless Council



National Institute for Medical Respite Care





Trading lenses

OUR PERCEPTIONS CARVE OUT OUR
SPACES

Agenda

- Introduction
- DEI Principles in Design
- Practice Wearing lenses

Introduction

- What is DEI?
- Why does it matter?
- How do you use it?

What is DEI?

Diversity, equity, and inclusion have become catch-all phrases, but ultimately, they represent an attempt to rectify what has been viewed as systematic issues in providing avenues for the flourishing of all individuals' potential, whether in the workplace, education, social engagement, or access to services, among others.

It has become a hot-button issue and unfortunately been used to justify "positive discrimination." Like any social justice movement, it has its limitations, but ultimately, the goal is to exercise compassion and invest our passions to bring opportunities to the marginalized.

Why does it matter?

Why should it matter to you? It does, because it gives us all an opportunity to reflect on which systems we have adopted without healthy skepticism. Like any software, bugs need to be fixed, updates need to be made, and frameworks need to be repaired.

With that said, the standard we hold for equity will influence much of how we approach the execution.

In my personal view, God sets the standard of equity, and ultimately equity, justice, and restoration will come from His good and perfect will. With that said, we are His vehicles to accomplish equity, justice, and restoration. It is paramount that we take up the cause of the marginalized and underserved. This is why it matters.

How do you use it?

- This is not a checklist; this is a measuring stick.
- It is an opportunity to reflect on how current systems in place affect the people experiencing them.
- In our efficient society it is much easier to create catch-all systems but that is inherently inequitable. Sacrifices will have to be made. Sacrifices of efficiency to make space for humanity to flourish.
- Do not get distracted by the verbiage; ultimately, your focus should be on how we are treating people. It is about their good, not our own. How can we serve them and help them reach their full potential, especially if it comes at a cost to our comfort?

DEI principles in Design

- Buildings are not islands. They are part of the fabric of the community they are in. They are part of the social fabric. Each site has a story to tell, and people hear its silent tale. What story is the architecture telling?
- Are the fingerprints of humanity reflected inside our buildings? Is our commitment to perfection tolerant enough for our messy personhood? Are people allowed to be “in process” in our spaces? *(this will depend on the type of space being occupied course)*
- What is the ultimate purpose of the work being done here? How is it reflected in the furniture we select to the space programming we map out? What are our spoken initiatives but more importantly what are our hidden motives?

Practice Wearing lenses

These concepts are typically abstract and grounding them in practical examples will illustrate the process of developing perspective.

Practice Wearing lenses

These concepts are typically abstract and grounding them in practical examples will illustrate the process of developing perspective.

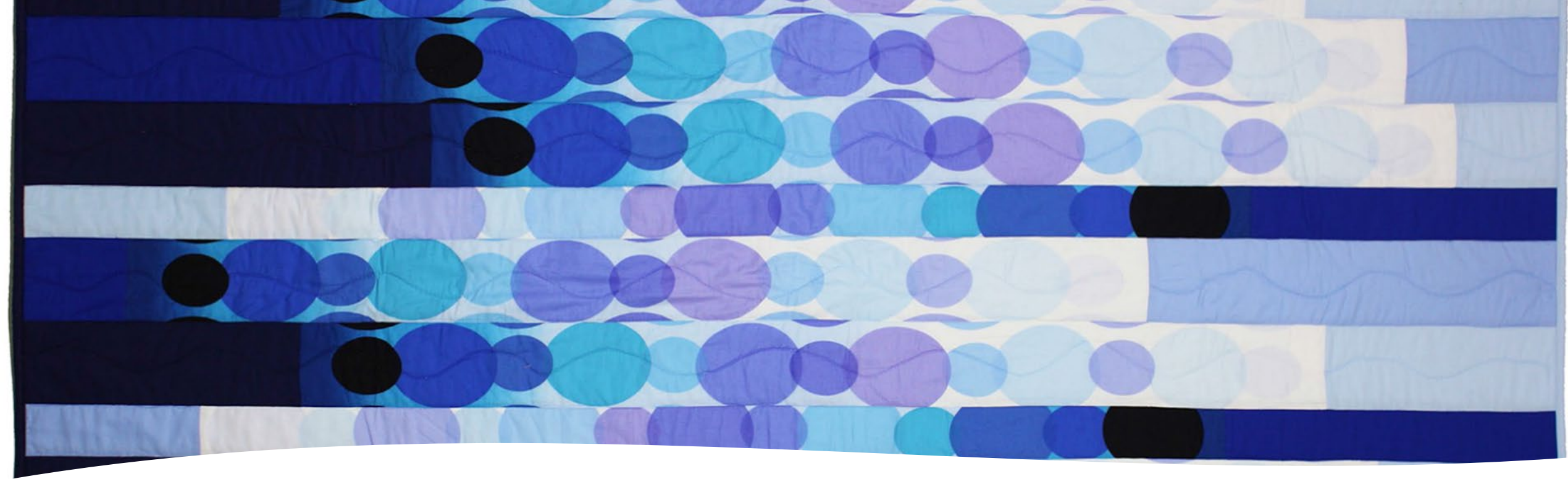
- What is your culture?
 - Recognizing one's own cultural background and biases.
 - Identifying the implicit expectations placed on the team.
 - Understanding the diverse perspectives of end-users.
 - Evaluating how cultural expectations may be influencing communication strategies and decision-making processes.

Practice Wearing lenses

- How are our spaces affecting behaviors?
 - How do we exhibit autonomy / assert our uniqueness in the spaces we occupy?
 - Do we have spaces for different personality types? Example: Seclusion places for introverts and outdoors for extroverts.
 - Do certain spaces encourage informal interactions and idea sharing, while others promote focused work or privacy?
 - Are certain spaces perceived as more conducive to specific types of interactions or behaviors?
 - Are there discrepancies between the intended purpose of a space and how it is actually being used?
 - Explore how cultural norms and social dynamics within the organization shape behaviors in different spaces

At the end of the day

- What is the story you are telling?
 - Who are you?
 - Who are they to you?
 - And what are you trying to accomplish



TRAUMA-INFORMED DESIGN

DESIGNING FOR HEALING, DIGNITY, & JOY

Laura Rossbert, MDiv | Shopworks Architecture
Jennifer Wilson, PhD, MSW | Shopworks Architecture

swarc



ARROYO VILLAGE

2450 W
Knox St



What is Trauma-Informed Design?

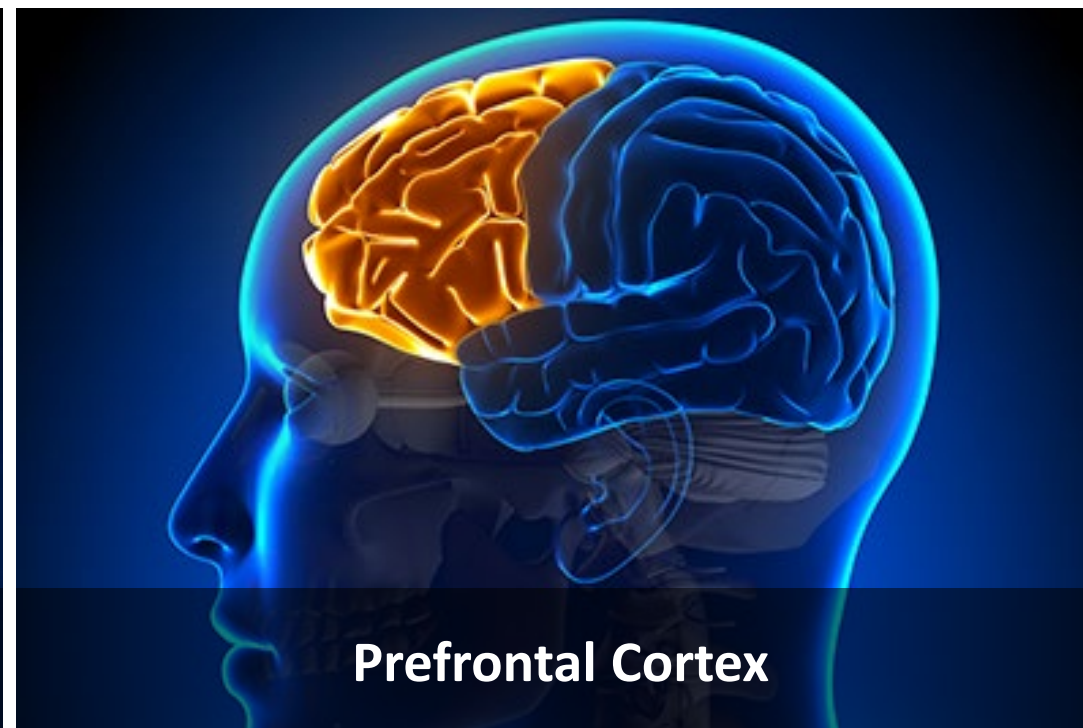
TID recognizes that how buildings are designed impacts health. TID prioritizes the human experience and draws on evidence-based multidisciplinary research (including brain science, biology, social work, and architecture) to identify and minimize potential trauma triggers and design buildings that promote dignity and healing.





Individual 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.

Trauma & the Brain



Trauma “Wears a Groove” in the Developing Brain

Because the brain is in a chronic state of fear-related activation, the brain can more easily be triggered into the “fear” track.

Fear-related activation includes:

- hypervigilance
- increased muscle tone
- focus on threat-related cues
- anxiety
- behavioral impulsivity



Adverse Childhood Experiences (ACEs)

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

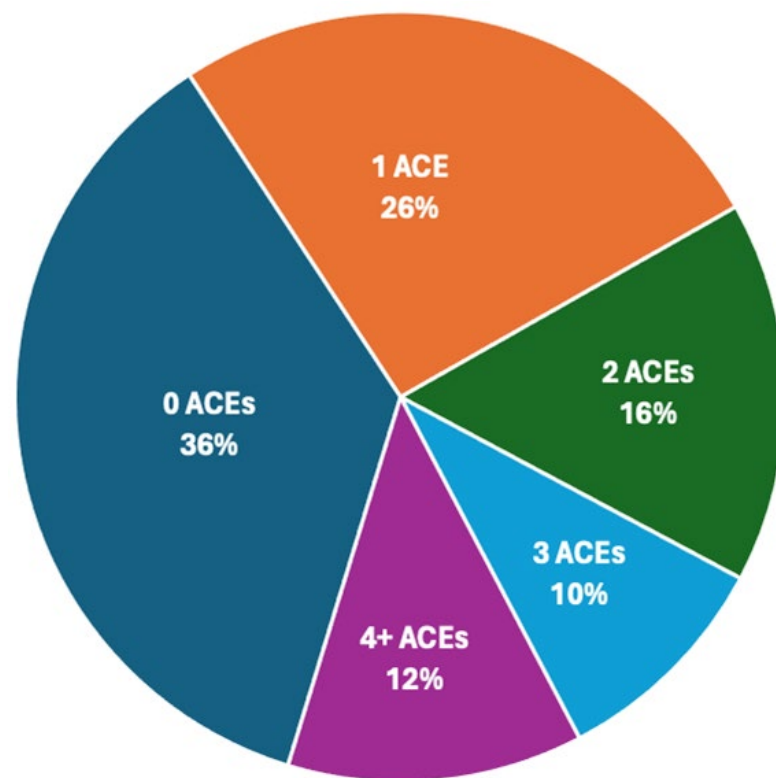


Substance Abuse



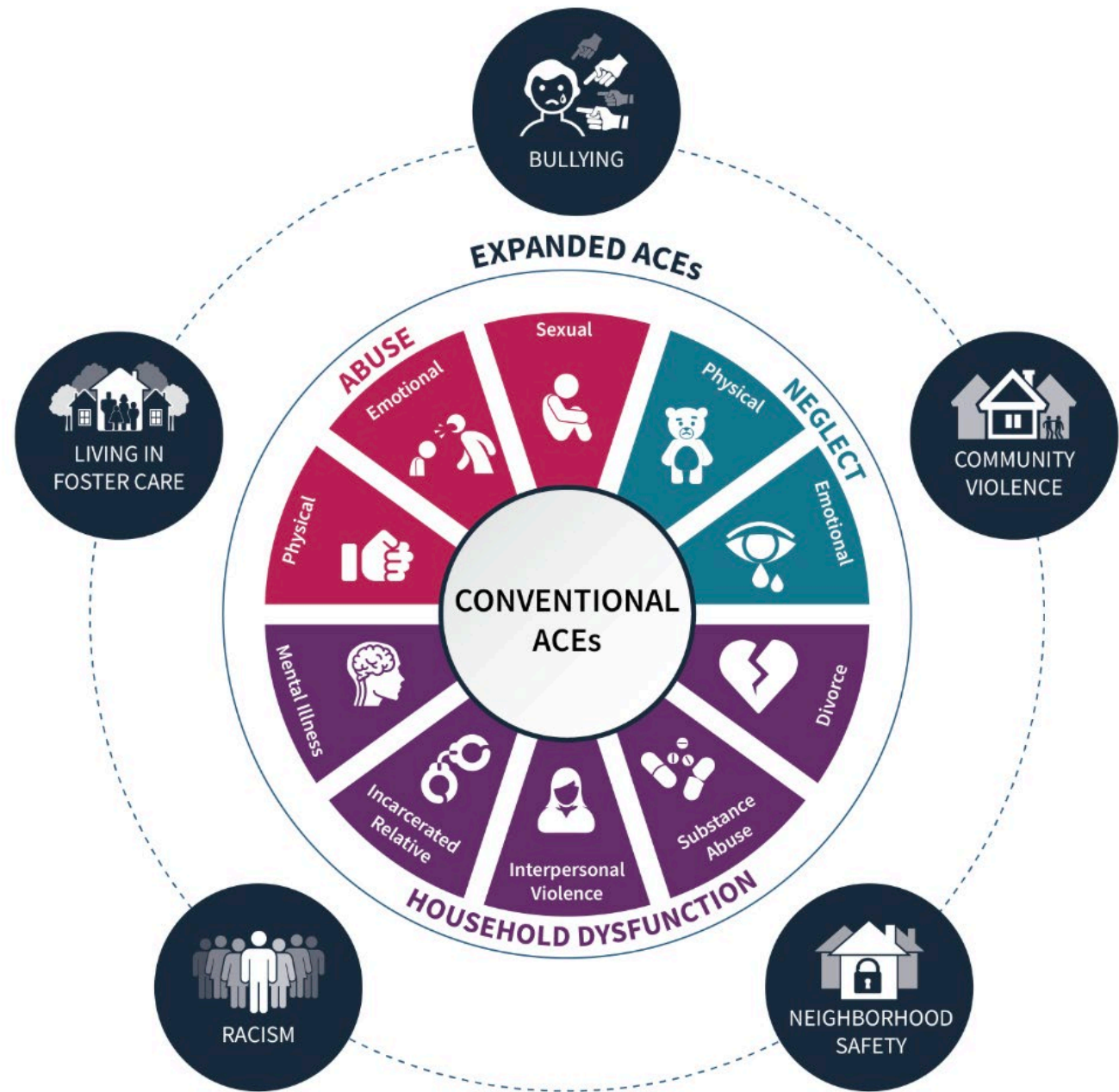
Divorce

Of 17,000 Study Participants:



64% have at least one ACE

Expanded ACEs



Harms of Urban Settings



- pulse rates higher
- systolic blood pressure increased
- higher cortisol levels
- parasympathetic activity increased
- immune functioning is lower

Benefits of Nature

Reduced
Stress

Better
Sleep

Greater
Happiness

Lower
Blood
Pressure

Better
General
Health

Improved
Mental
Health

Reduced
Aggression

Improved
Immune
Function

More
Social

Quicker
Recovery
Times



Residents with views of nature have:

- Decreased mental fatigue
- Reduction in domestic violence and aggression
- Better performance on measures of attentional functioning
- Lower drug and crime rates
- Improved management of life issues and increased ability to cope
- Increase trust of neighbors and feeling of community, and
- Children have better concentration and self-regulation

**Dr. Ming Kuo
Chicago Public
Housing
1990s**



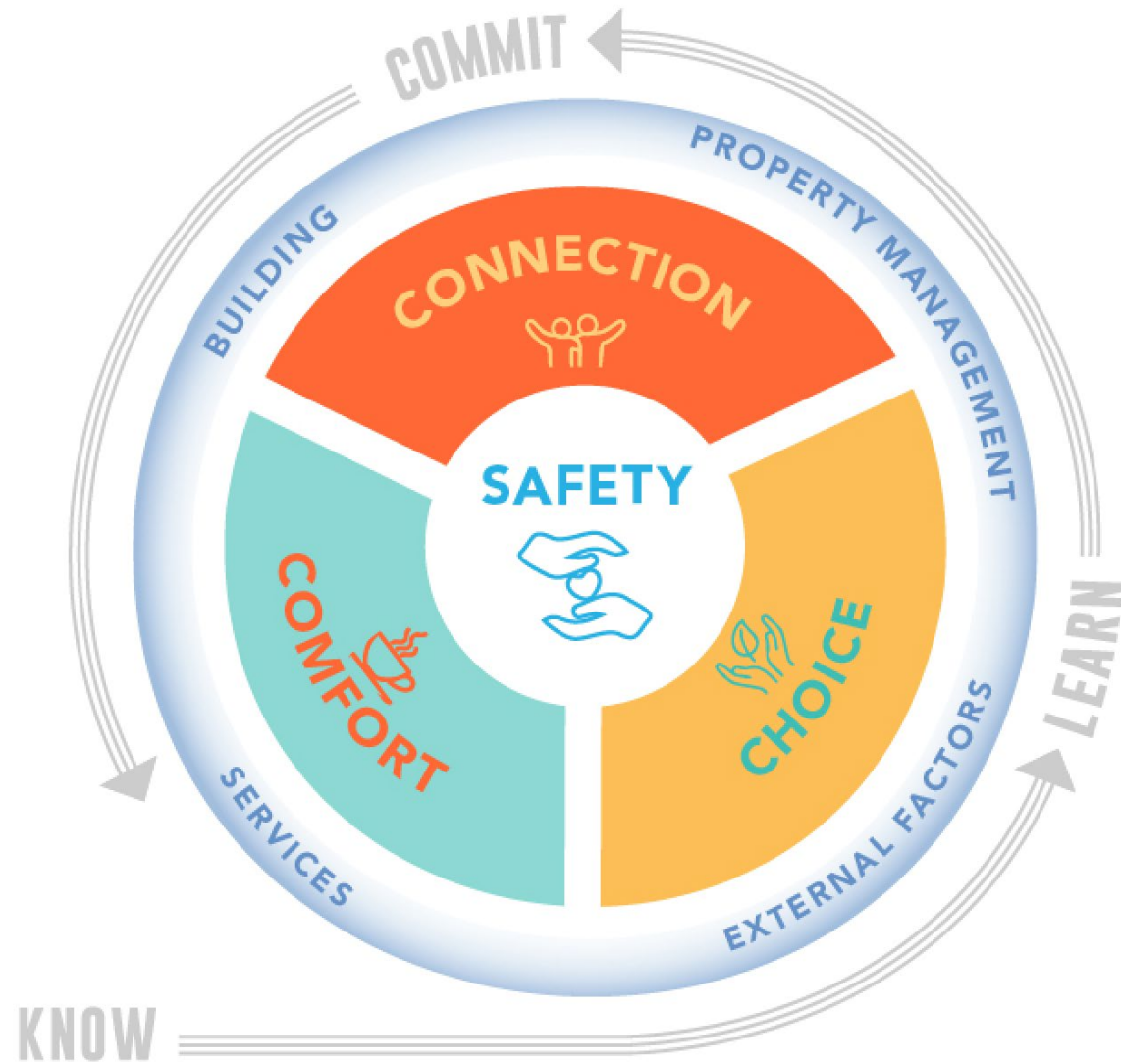
TID RESEARCH

2000+ end users interviewed

50+ sites impacted

4000+ people trained

TID FRAMEWORK



CORE TID
PRINCIPLES







Service Service DO LAUND WITH THE / CBCP CBCP

Different spatial experiences for different stress responses.



FIGHT



FLIGHT



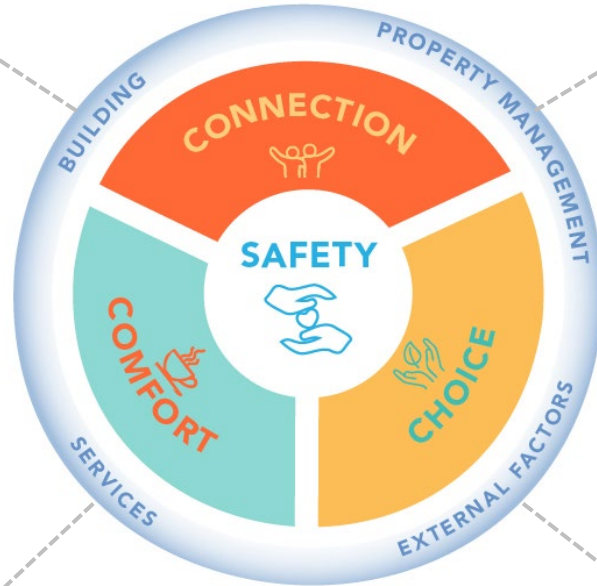
FREEZE



BUILDING



SERVICES



PROPERTY MANAGEMENT



EXTERNAL FACTORS

KNOW

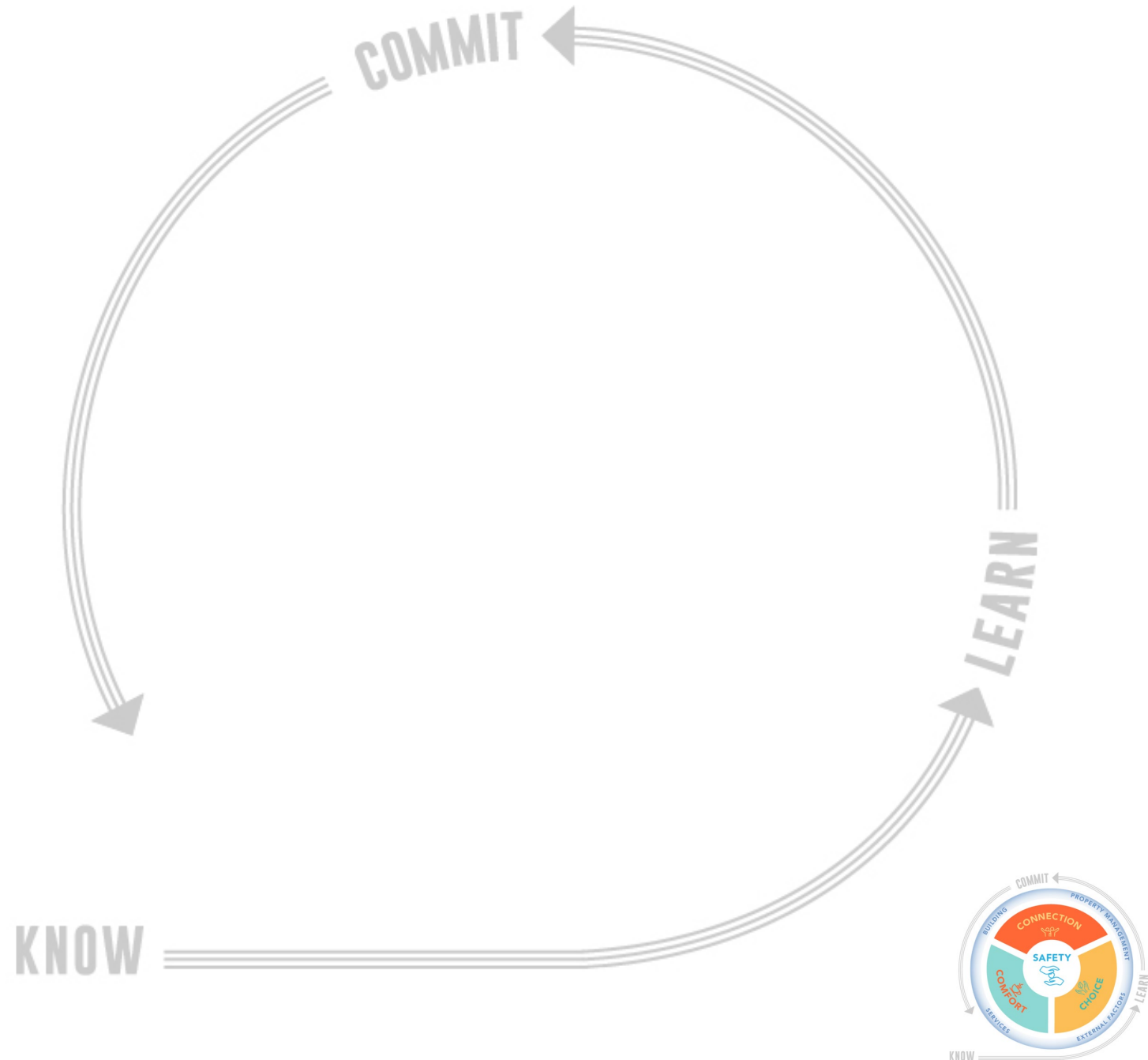
who you are designing for, local histories, how they are/are not represented by decision-makers.

LEARN

by listening to and believing those with lived experience.

COMMIT

to ongoing learning, advocating for equity, doing your own work.

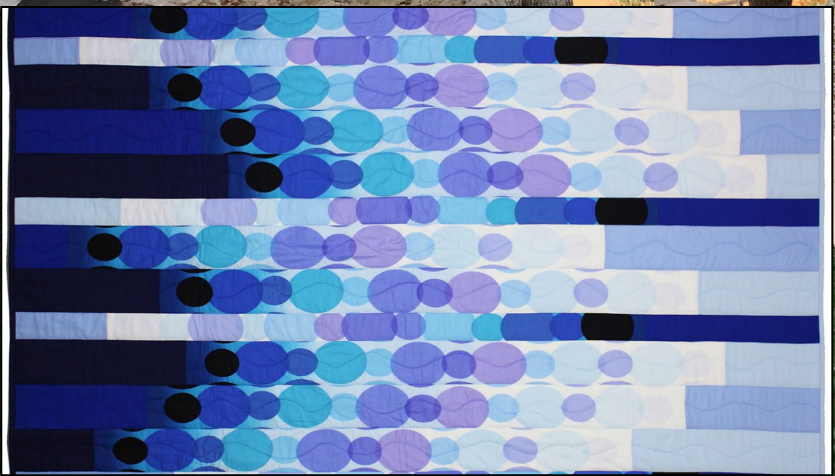




CASE EXAMPLES



The Delores Project
Shelter
Denver, CO



...reaches to me
...ful and self assured
...th traced by sun

- Rivena Dillon







Meet the Public Book Group







VOA Theodora Family
Motel
Denver, CO



XAVIER ST.

W. COLFAX AVE.

ALLEY



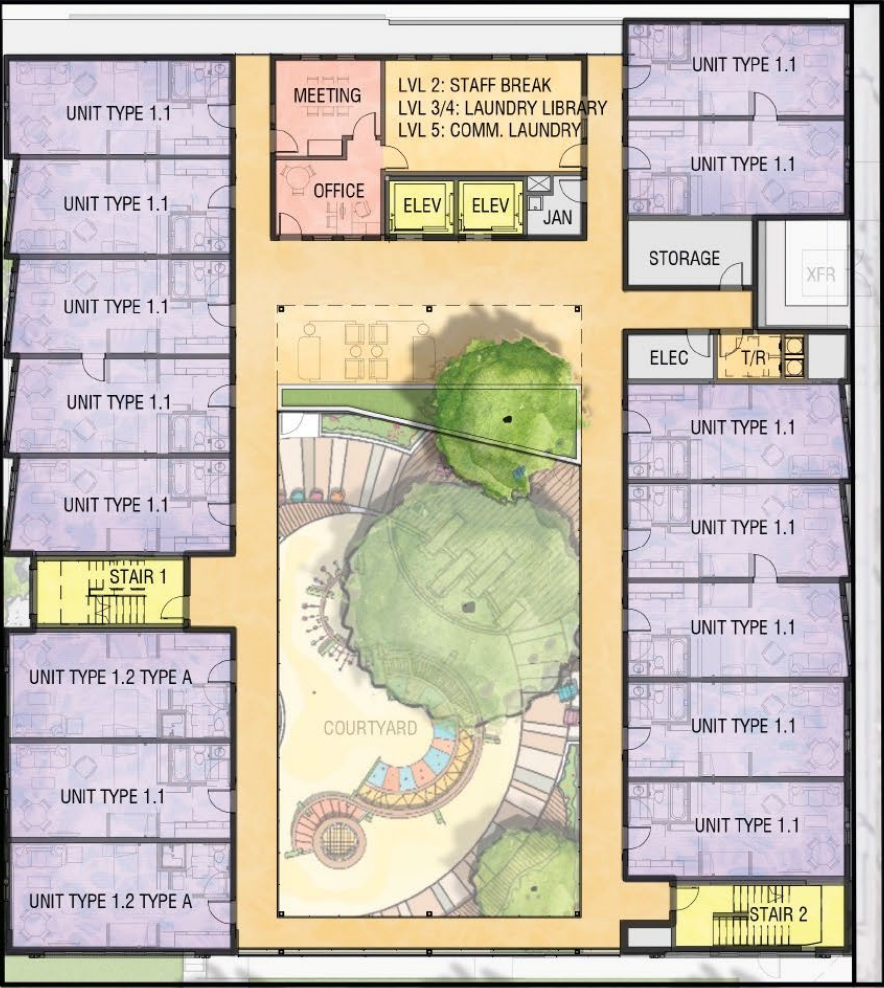
SHOPWORKS
ARCHITECTURE
301 W. 45TH AVE • DENVER, CO 80216 • 303.433.4094



XAVIER ST.

W. COLFAX AVE.

ALLEY





THEODORA FAMILY HOTEL

4855 W COLFAX AVE, DENVER, CO 80204

RENDERING: W. COLFAX AVE.





THEODORA FAMILY HOTEL

4855 W COLFAX AVE, DENVER, CO 80204

RENDERING: INTERIOR LOBBY



Volunteers
of America
COLORADO

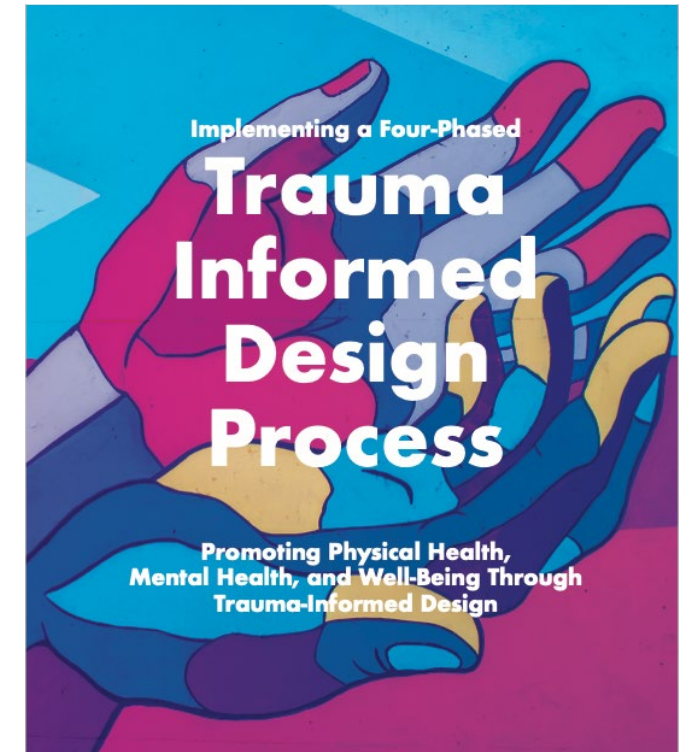












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Accessibility in Programs

April 3rd, 2024

Caitlin Synovec, OTD, OTR/L, BCMH

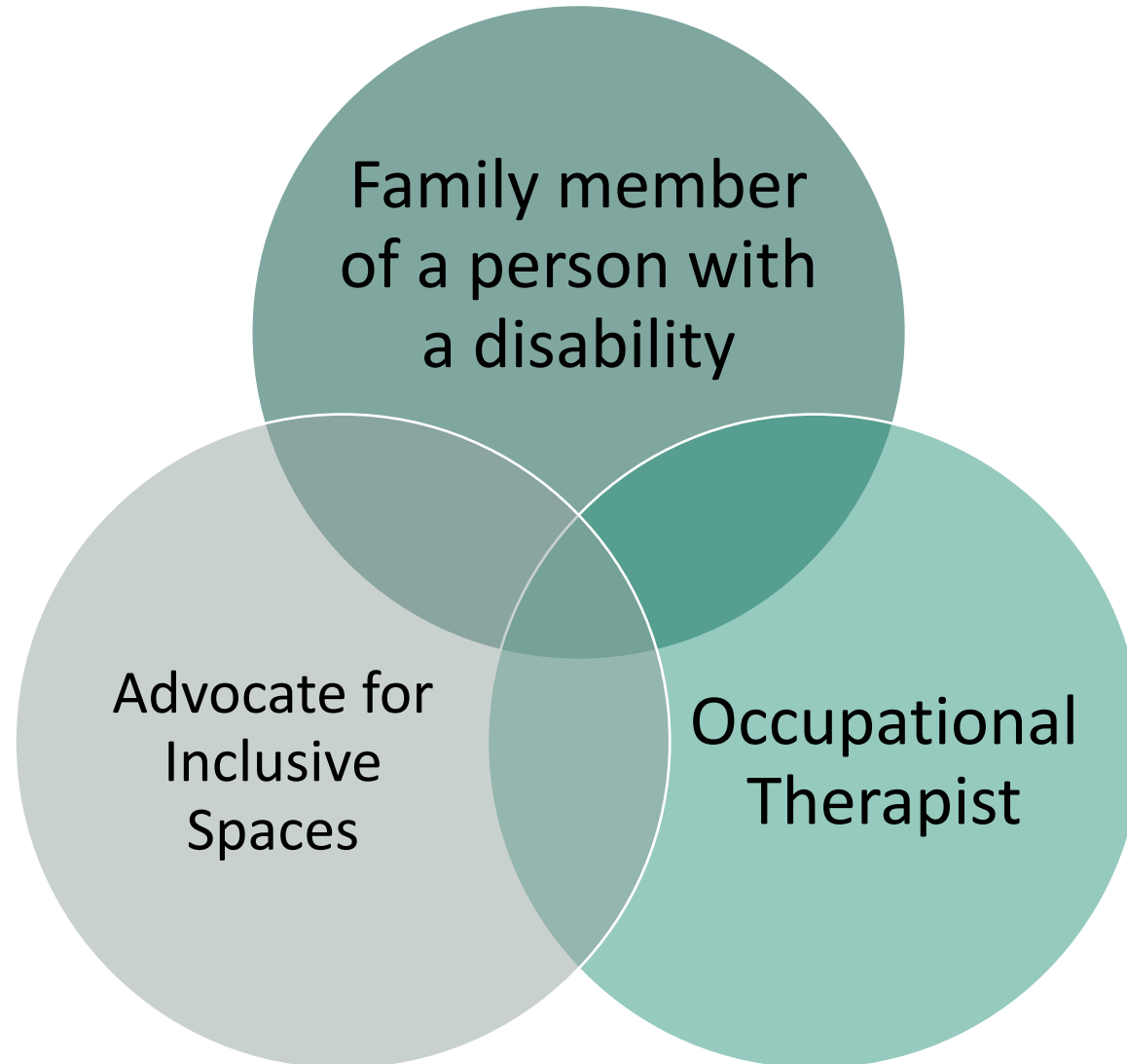
What this talk
includes:

Language for Talking
about Disability

Inclusivity, Accessibility,
and the Importance in
Medical Respite

General Approaches

Positionality to today's topic





Language for Talking about Disability

Overview of Language: Disability

- Defined by the [World Health Organization](#) (WHO):
 - **Disability results from the interaction between individuals with a health condition with personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support.**
- Defined by [Centers for Disease Control and Prevention](#) (CDC):
 - **A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).**



A person's environment has a huge effect on the experience and extent of disability.

Inaccessible environments create barriers that often hinder the full and effective participation of persons with disabilities in society on an equal basis with others.

Overview of Language: Accessibility

According to the Offices for Civil Rights (OCR) for both the DOJ and the DOE:

- **"Accessible" means a person with a disability is afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective and equally integrated manner, with substantially equivalent ease of use. The person with a disability must be able to obtain the information as fully, equally and independently as a person without a disability.**
- **Accessibility can also be understood as is the degree to which a product, device, service, environment, or facility is usable by as many people as possible, including by persons with disabilities.**

Overview of Language: Inclusivity

- **Inclusivity:** the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized.
- **Inclusion** means creating an environment where everyone feels valued, respected and has the opportunity to reach their full potential.
- An **inclusive environment** means that anyone can participate and contribute without having to change, conform or simply miss out and feel discriminated against.



Non-Accessible

Inclusive Accessibility



Accessible, but
not inclusive



Accessible
and
Inclusive

Overview of Language: Person-first and Identity-first

Person-first

- Puts the “person” before the disability or term to describe the disability
- Reduces stigma and reinforces that the person is more than their disability

Identity First

- Centers the disability
- Celebrates disability pride and to reclaim identity
- More commonly used by specific communities

People with disabilities are a diverse community with different identities, intersectionalities, beliefs, and cultures – you will encounter people who have varying experiences and feel very differently about their disability.


Language Inclusivity

Avoid terms such as “differently-abled” or “handi-capable”

- These terms show that the word disability should be avoided
- Use terms such as “person with a disability,” “non-disabled,” or “person without a visible disability”

Include or describe the person or their disability only if relevant to the information

- “The client uses a wheelchair for mobility” or “The client identifies their anxiety worsens in medical environments and they may need more support”
- NOT “The client is schizophrenic and staff will need to be careful when the client is in the room”



**Why Accessibility &
Inclusivity are a
Critical Part of
Medical Respite and
Homeless Services**

Disability as a Social Justice Issue

Disability rights were a result of the Civil Rights movement

The Disability Community is a community that continues and needs to continue to advocate for equal opportunities and access to resources and services

Disability intersects with many other identities

Disability and lack of accessibility is a reason that people have decreased access to health care and housing

What is the ADA? [1 of 2]

The Americans with Disabilities Act (ADA) signed in 1990

Prohibits against discrimination against people with disabilities

Gives civil rights protections to people with disabilities

What is the ADA? [2 of 2]

Promotes equal opportunity for individuals with disabilities in:

Public accommodations – privately own facilities such as hotels, restaurants, doctor’s offices, schools and day care centers, movie theaters, etc.

Employment - Employers must provide reasonable accommodations to qualified applicants or employees. Employers with 15 or more employees must comply with this law

Local and state government services - applies to all state and local governments, their departments and agencies, and any other instrumentalities or special purpose districts of state or local governments. This includes transportation.

Telecommunications – requires phone and internet companies to provide a system of communications that people with speech and hearing disabilities can use to communicate

What's happened since the ADA?

There have been major shifts in increasing accessibility of public spaces however...

Applicable entities were supposed to start transition plans to become accessible but there was not significant funding to do so

There is not an entity that seeks out enforcing the ADA – if an entity has not done it then often it doesn't change until someone brings specific legal action

Often, the burden remains on the person with disability

Disability and Homelessness

25-40% of people experiencing homelessness have a disability

When denied access to shelter (because shelters are inaccessible or because the shelter feels they are inappropriate/unsafe to stay there) – 70% of people with disabilities stay in outside locations

High levels of health conditions, chronic illness, and geriatric conditions are risk factors for functional impairment and developing challenges with function at earlier ages

Disability, Housing, and Income



The annual income for a Supplemental Security Income (SSI) recipient is around \$9,528, below the US poverty level



People with disabilities live in poverty at more than twice the rate of people without disabilities



Less than 1% of affordable housing stock is wheelchair accessible and less than 5% can accommodate moderate mobility disabilities

Aligns with Our Work to Promote Best Practices

Accessibility and inclusivity is an aspect of:

Being Trauma
Informed

Harm
Reduction

Gender-
affirming and
inclusive

Evidence-
based
approaches



General Approaches & Strategies

Overview of Creating Accessibility & Inclusivity

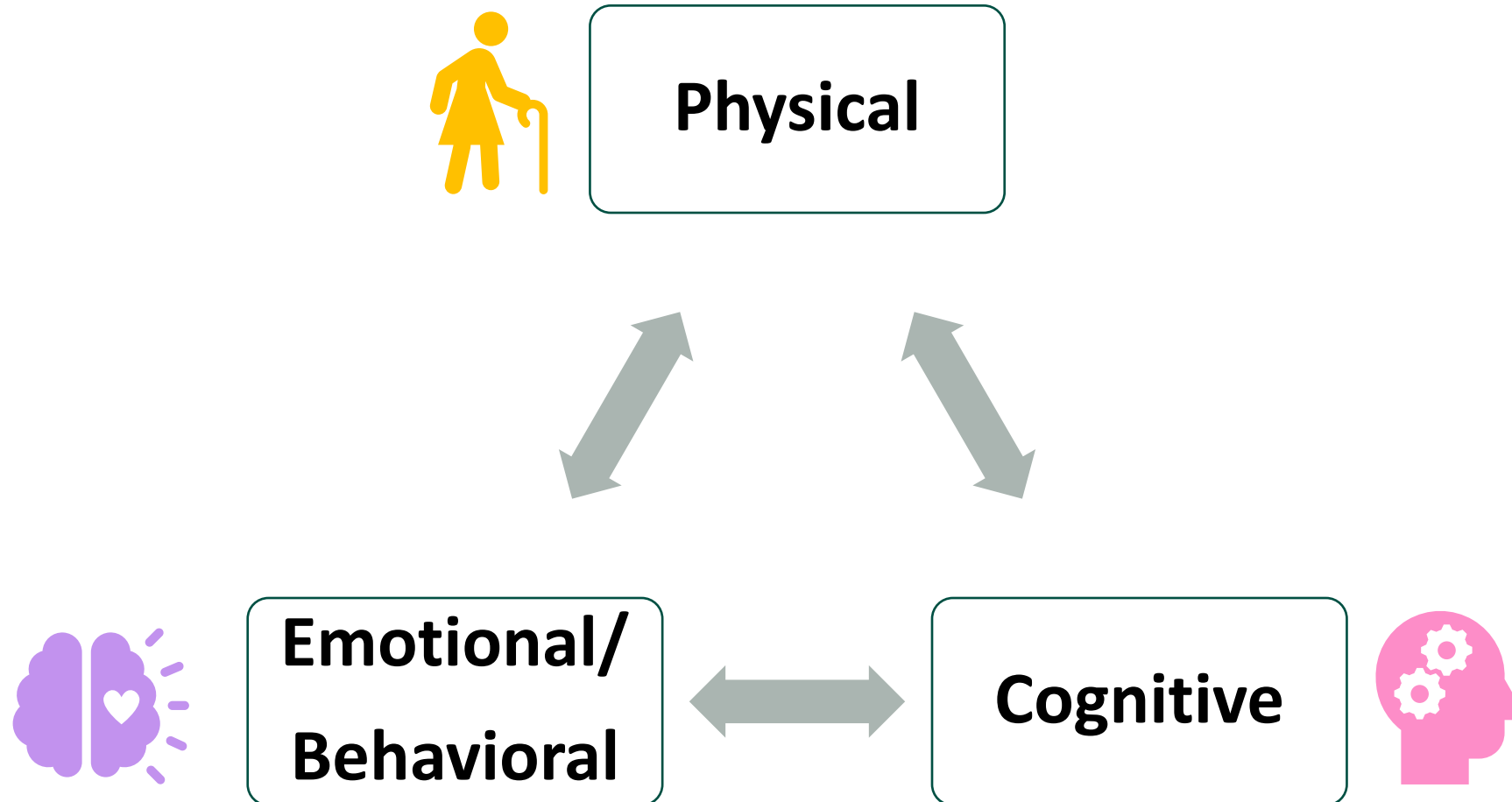
A goal of inclusivity is to minimize the effort people need to make in order to be included or have access

- People with disabilities are often burdened with having to make requests for accommodations, plan ahead of time for events, or make concessions around their participation
- By being inclusive we reduce this burden

Inclusion also means how we approach and talk about disability

- Use inclusive and person-centered language in all forms of communication – including documentation!

Categories of Accessibility





Physical Accessibility

Creates access to structures for different physical abilities & disabilities

Install ramps as able to provide an alternative to stairs

Secure handrails at all stairs in and outside

Non-slip tread on stairs

Contrast at edge of stairs and transitions in floors

Non-slip mats or tread in bathrooms and showers

Remove or secure loose rugs

Clear pathways and hallways

Remove cords and other tripping hazards

Add grab bars within the bathroom/shower

Ensure adequate lighting in all rooms

Have sensor detected night-lights in hallways or bathrooms

Change lightbulbs or provide additional light through lamps



Cognitive Accessibility

Creates access for different learning and thinking abilities in spaces and activities

Using auditory & visual instructions

Demonstrating & having the person practice new skills

Clear signage

Pauses & breaks

Ensuring information is easy to find

Use health literacy guidelines for written materials

Have a person available to answer questions

Have a process to address when systems are ineffective



Emotional & Behavioral Accessibility

Creates access for different self and emotional regulation in spaces and activities

Quiet spaces or rooms

Opportunity for movement and breaks

Opportunity for activity and engagement

Natural or non-fluorescent lighting

Use of sensory strategies

Accepting of different routines and for clients to have a “bad” day

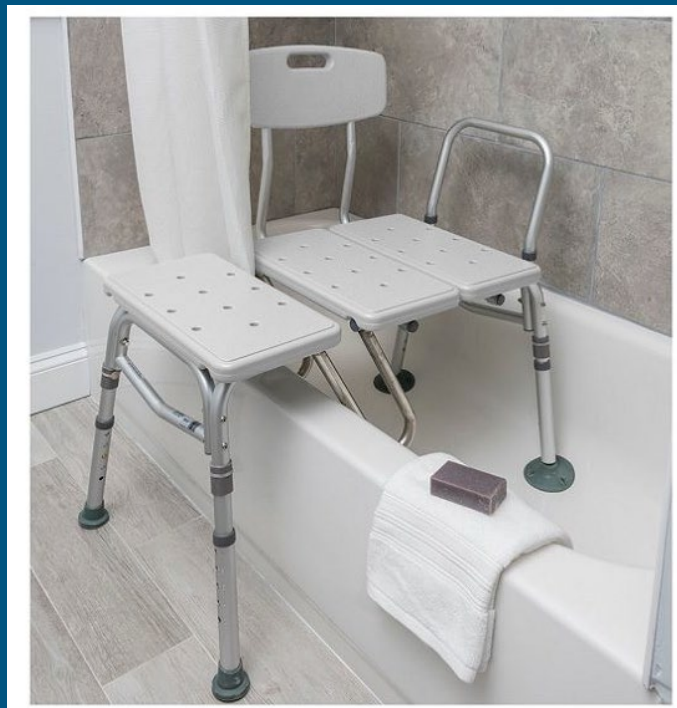
Communicate consistent expectations for clients and staff

Staff training in de-escalation and trauma-informed care

Accessibility for ADLs



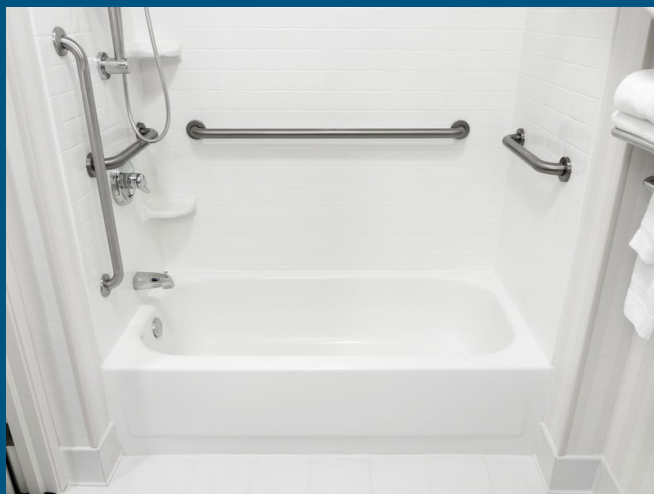
Non-slip tread



**Removeable
Shower Bench**



**ADA Accessible
Bathroom with Shower**



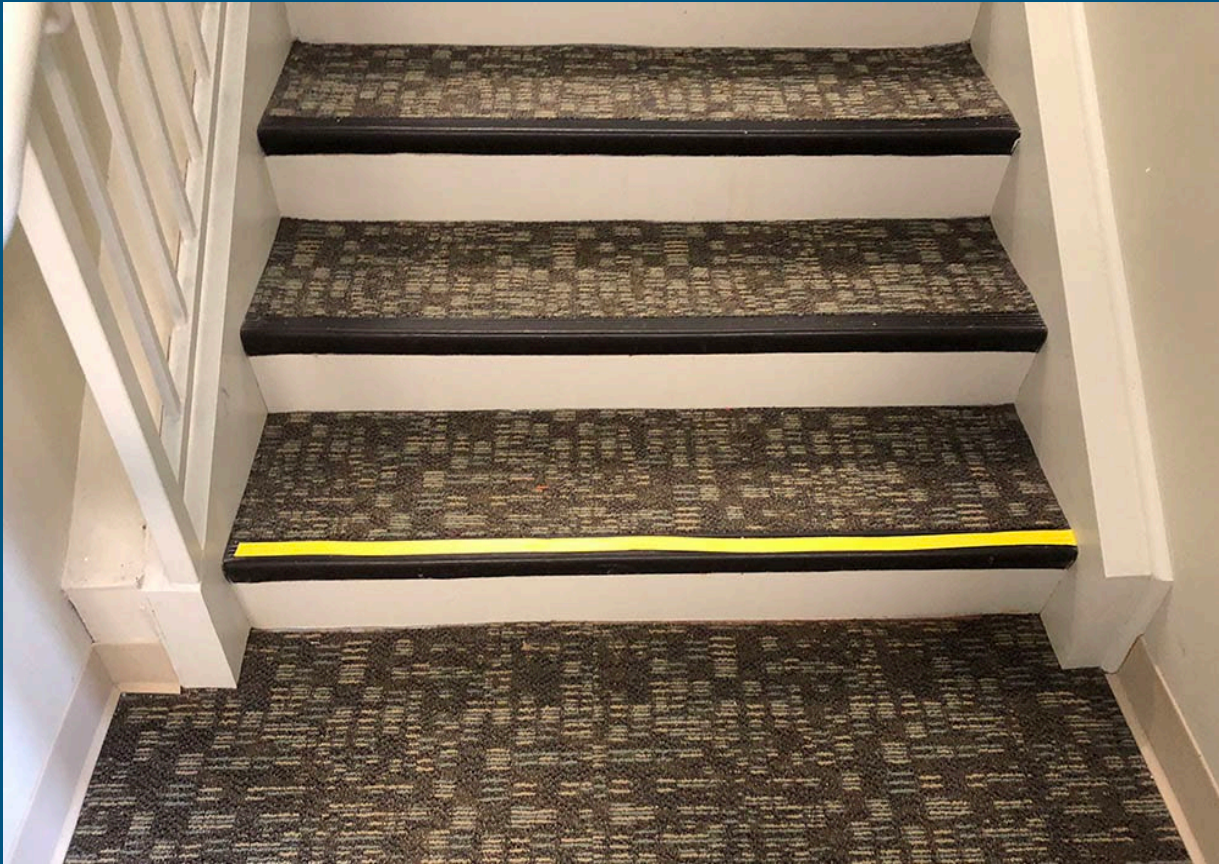
Grab Bars

Accessible Toilets

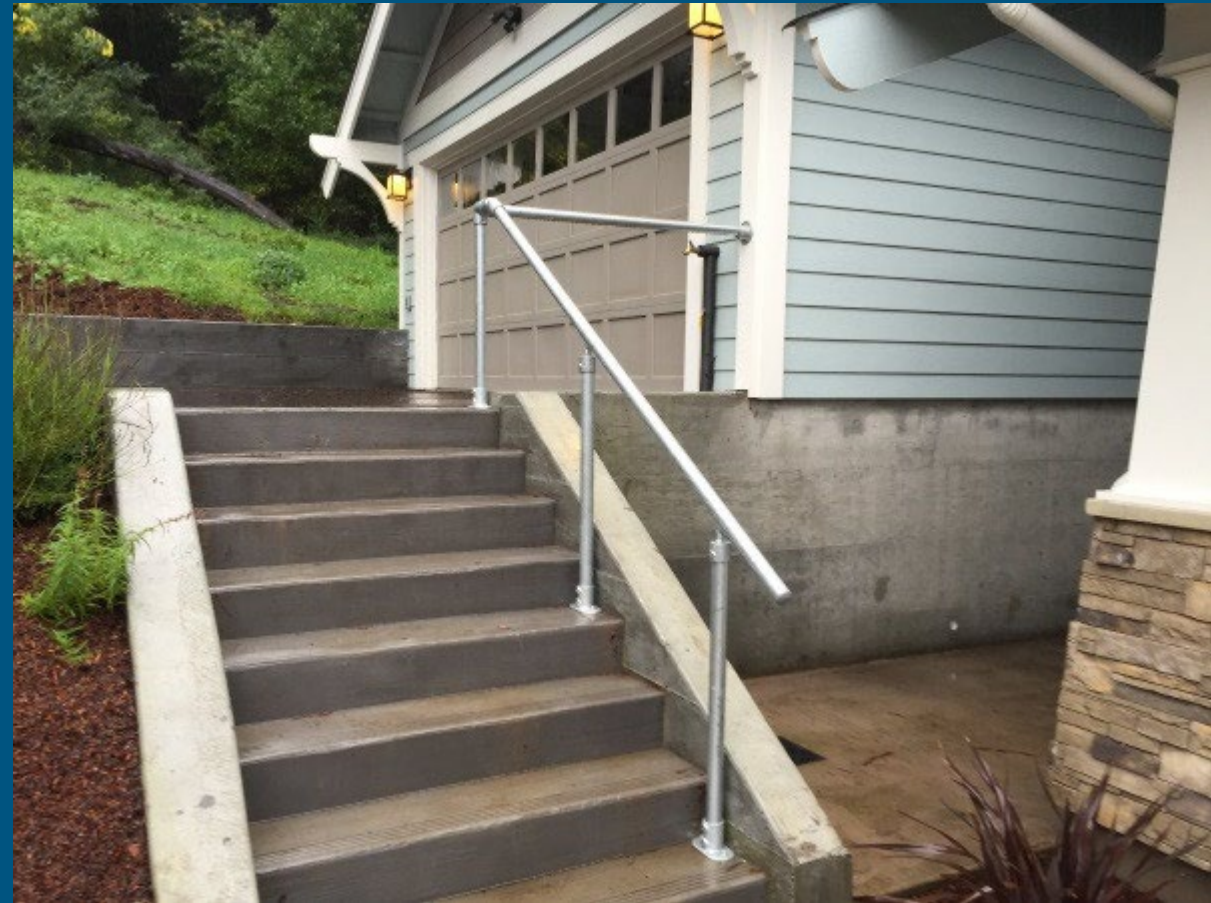


- Measure what will fit current facilities
- Install safely and properly

Stairs



Contrast at stair edges



Outdoor handrails

Falls Prevention



Non-slip backing to secure floor rug



Sensor night light

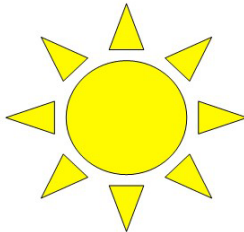
Visual Reminders for Daily Routines

- Should be placed in natural and easy to view locations
- Don't overuse – focus on important reminders or tasks
- Should be readable and make sense to the person



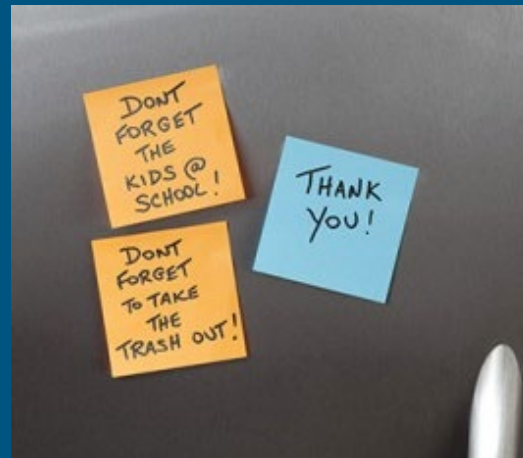

Morning To-Do

- Say prayers
- Shower/Wash-Up
- Brush teeth
- Put clothes on
- Breakfast
- Take medicine



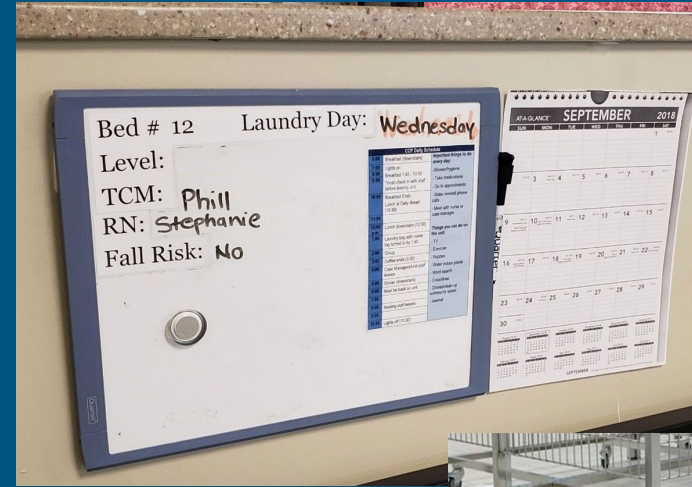
Night To-Do

- Wash face
- Mouthwash
- Comb hair
- Take medicine



Signage and Way Finding

- Use clear, large signage to point out key instructions or features
- Label different areas of the space
- Arrows to show flow of movement in building
- Keep information in organized and central locations
- Bulletin board of group information
 - Lists of providers
 - Update information routinely
 - Minimize clutter

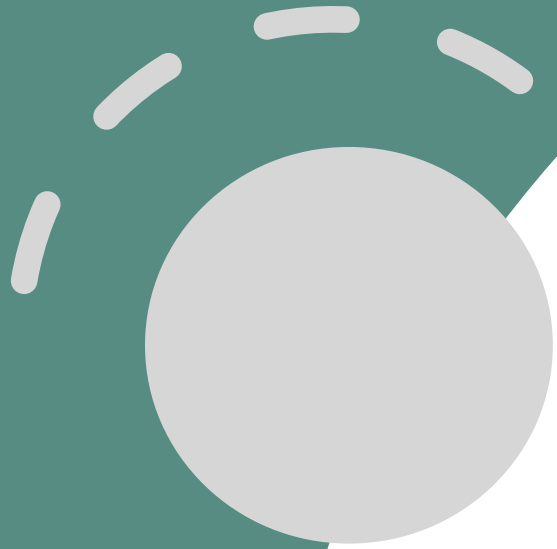


Space to Organize Personal Items

- Keep priority items safe but easy to access
- Use folders or labels to help quickly identify the right folder/drawer
- Store items that are used together in the same location
- Minimize clutter as much as possible



Beds with Locked Storage



Questions?

Resources on Disability Justice + Inclusive Language

- Writing Respectfully: Person-first and Identify-first language:
 - The NIH Style Guide
 - Disability Language Style Guide
 - Words Matter: Preferred Language for Talking About Addiction
 - How Health Communicators and Journalists Can Help Replace Stigma with Science
 - National Association of the Deaf – Community and Culture(link is external)
 - Autistic Self Advocacy Network
- World Health Organization – Disability
 - https://www.who.int/health-topics/disability#tab=tab_1
- UN Convention on Human Rights for Persons with Disabilities:
<https://www.un.org/development/desa/disabilities/resources/general-assembly/convention-on-the-rights-of-persons-with-disabilities-ares61106.html>
- Disability Rights and Racial Justice: <https://www.naacpldf.org/disability-rights-and-racial-justice/>
 - https://disabilityrightsflorida.org/blog/entry/impactful_black_disability_advocates_and_advocates#:~:text=Donald%20Galloway%20was%20an%20impactful,disability%20advocate%20his%20entire%20life.

NHCHC/NIMRC Resources

- Falls Prevention and Screening:
 - [Falls Screening in Medical Respite Care](#)
 - [Falls Screening in Medical Respite Care – Fillable PDF Form](#)
- Webinars:
 - [Addressing Cognition + Dementia in Medical Respite](#)
 - [Addressing ADL in Medical Respite](#)
 - [Addressing Incontinence in Medical Respite](#)
 - [Trauma-Informed Environment In Medical Respite](#)
- Clinical Guidelines:
 - [Clinical Guidelines for Medical Respite Care: Activities of Daily Living](#)
 - [Clinical Guidelines in Medical Respite Care: Incontinence](#)
 - [Clinical Guidelines for MRC: **Cognition**](#)
 - [Clinical Guidelines for MRC: **Dementia**](#)

Accessibility Resources

- ADA Technical Assistance Center: <https://adata.org/>
 - Tax Incentives for Small Business: <https://gpadacenter.org/audiences/small-business/tax-incentives-for-small-businesses/>
- [Disability and homelessness:](https://www.naccho.org/blog/articles/homelessness-among-individuals-with-disabilities-influential-factors-and-scalable-solutions)
<https://www.naccho.org/blog/articles/homelessness-among-individuals-with-disabilities-influential-factors-and-scalable-solutions>

**NATIONAL
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for the
**HOMELESS
COUNCIL**

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National Health Care for the Homeless Council



National Institute for Medical Respite Care



NATIONAL
INSTITUTE
for
MEDICAL
RESPITE
CARE

SS
S H O P

W W
W O R K S
a r c h i t e c t u r e

Looking to the Future

April 3rd, 2024

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

The National Institute for Medical Respite Care is a special program of the National Health Care for the Homeless Council.

Trauma informed care and design is a journey . . .



Key Take Aways



Environment plays a critical role in healing

Requires a commitment to trauma-informed care

Requires flexibility

Should respond to the needs of your community, clients, and staff

How do we move forward?

Good

Initial steps that
are achievable
now

Better

Integrates some
promising
practices

Best

Implements full
recommendations

Good

Gather and use feedback from clients/ consumers of the program and those with lived experience

Meet basic ADA and accessibility guidelines and create greater access for those with physical, cognitive, and behavioral health needs

Create access to nature/ natural spaces

Train staff on the importance of the environment and physical spaces

Better

Involve clients/ consumers in design decision-making

Modify spaces within the program – maybe select or communal spaces

Go beyond required number of accessible bathrooms/ amenities

Train staff on the importance of the environment and physical spaces

Best

Involve clients/ consumers in design decision-making

Create new spaces or use trauma-informed design from the beginning of facility design/ building

Incorporate outside spaces and make the space as least restrictive as possible

Make all spaces fully accessible to all potential clients/ needs

Mentimeter – what are you taking away from today's presentations?

Thank You!

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