WHAT

What is the project? And who does it address?

This project addresses the amount of homeless unaccompanied youth with substance abuse issues through the development of programs and housing dispersed throughout the city by static and mobile forms of architecture. This is done through the analysis of precedent studies and "walking distance" between locations and research of the occupants.

The number of unaccompanied homeless *youth/young adults* (age 12-24) struggling with *substance abuse disorders* will be remediated through the preservation of communities and integration of static and mobile architecture *dispersed* throughout the neighborhood.

Definitions:

Unaccompanied youth: People under the age of 25 and are not part of a family with children, or accompanied by their legal guardian.

"Family": On the streets, homeless youth develop into groups and communities, these communities are described as families and are a homeless persons' support system.

Qualitative: Data coming from documentaries and interviews with homeless people.

Quantitative: Data coming from statistics and scientific research.

Static: One built unit with only direct access.

Mobile: Pop-ups or vehicles that travel throughout the city and provide health services.

Dispersed: Access to facilities and services all throughout the city.

Walking Distance: 2-3 miles, as an homeless person walks an average of 10 miles a day. The CDC recommends 1-2 miles or 10000 steps (approx. 5 miles.) 2-3 miles is average, but in closer range to CDC.

Sources (not including precedent studies):

Van Wormer, Rupert Talmage, and Portland State University. Social Work and Social Research Ph. D. Program. "Risk Factors for Homelessness among Community Mental Health Patients with Severe Mental Illness." Portland State University. Social Work and Social Research, Portland State University, 2012.

"Homelessness in America: Focus on Youth." Homelessness in America Youth, United States Interagency Council on Homelessness, www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf.

"Infographic: Substance Use and Mental Illness AMONG California's Youth." California Health Care Foundation, 8 July 2019, www.chcf.org/publication/infographic-substance-use-mental-illness-among-californias-youth/.

"Homelessness in America: Focus on Youth." Homelessness in America Youth, United States Interagency Council on Homelessness, www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf.

Resident Perspectives on Life in a Transitional Living Program for Homeless Young Adults

Comparisons of Prevention Programs for Homeless Youth

Arnold EM, and Rotheram-Borus MJ. "Comparisons of Prevention Programs for Homeless Youth." Prevention Science : The Official Journal of the Society for Prevention Research, vol. 10, no. 1, 2009, pp. 76–86., doi:10.1007/s11121-008-0119-4.

Curry, Susanna R, and Robin Petering. "Resident Perspectives on Life in a Transitional Living Program for Homeless Young Adults." Child and Adolescent Social Work Journal, vol. 34, no. 6, 2017, pp. 507–515., doi:10.1007/s10560-017-0488-2.

The Making of a Resource Center for Homeless People in San Francisco's Mission District: A Community Collaboration
Wenger, Lynn D, et al. "The Making of a Resource Center for Homeless People in San Francisco's Mission District: A Community Collaboration." Health & Social Work, vol. 32, no. 4, 2007, pp. 309–14., doi:10.1093/hsw/32.4.309.

Slesnick, Natasha, et al. "Treatment Outcome for Street-Living, Homeless Youth." Addictive Behaviors, vol. 32, no. 6, 2007, pp. 1237–1237.

Clark, Colleen, editor. Homelessness : Prevalence, Impact of Social Factors and Mental Health Challenges / Colleen Clark, Editor. Nova, 2014.

"Southwest Detroit: Preserving and Making History." VisitDetroit.com, Detroit Metro Convention & Visitors Bureau, 13 July 2020, visitdetroit.com/southwest-detroit-neighborhood

Davis, Sam. Designing for the Homeless: Architecture That Works. University of California Press, 2005.

Storied streets. STORIED STREETS. (2014). Retrieved September 20, 2021, from http://www.storiedstreets.com/.[1]

The criminalization of homelessness: A documentary. Meet Me Under the Bridge. Retrieved September 20, 2021, from https://meetmeunderthebridge.org/the-criminalization-of-homelessness-a-documentary/.[2]

LOST in america. LOST IN AMERICA. (2018). Retrieved September 20, 2021, from https://www.lostinamericafilm.com/.[4]

Spargel Productions and Kartemquin Films . (2014). The homestretch. The Homestretch. Retrieved September 20, 2021, from http://www.homestretchdoc.com/.[4]

Documentary film. American Street Kid. (n.d.). Retrieved September 20, 2021, from https://www.americanstreetkid.com/.[5]

WHY

Why homeless youth?

In order to address overall homelessness, the best way is to start with early interntervention with youth and young adults.

"I was ashamed"[1]

"No where left to go, that was scary"[1]

"You could even consider wanting to die, rather than suffer the humiliation or even face the next day."[1]

"We use the term unaccompanied youth to describe people who are *under the age of 25* and are not part of a family with children or accompanied by their parent of guardian during their episode of homelessness" (pg.1)

"325,000 children are at risk of becoming victims of sex trafficking in the United States."[3]

"There are between 48,000 and 2.8 million youth on the streets"[3]

"hide the homeless" "no one wants to sit and look at the homeless"[2]

"40% of those children [who age out of the system] will end up homeless"[3]

"When they are faceless, nameless, anonymous, it is easier to ignore."[3]

"13 youth die on the streets EVERY DAY"[3]

Most kids return to the streets because on the street is the family they already created, their support system[5]

"1 in 3 homeless youth will be lured into sex trafficking within 48 hours of leaving home"[3]

"A child enters foster care every 2 minutes in the United States"[3]

About one in ten young adults ages 18 to 25, and about one in 30 adolescents ages 13 to 17, experience some form of unaccompanied homelessness over the course of a year.

Homelessness in America: Focus on youth

"Homelessness in America: Focus on Youth." Homelessness in America Youth, United States Interagency Council on Homelessness, www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf.

1) Storied Streets
2) In some cases, when kids stay on the street too long, their situation becomes more difficult to address.
3) The people you see on the sidewalks are the ones who no longer hide the fact that they're homeless, when in reality, almost anyone you see could be homeless, despite their appearance.
4) The perception of homeless people is the foundation of addressing homeless people

Storied streets. STORIED STREETS. (2014). Retrieved September 20, 2021, from http://www.storiedstreets.com/.[1]

Quality of life and Well-being

There is no where to put people[2]

"We're a community out here…"[2]

"I miss my family on the streets" - Bubblez on why she left the youth program[5]

"I wouldn't wish lonliness on my worst enemy." - Roque[4]

1) American Street Kid
2) In some cases, an individual can thrive within the system when give the opportunity, such as placement in transitional housing
3) Access to charging stations, water, computers, bathrooms, and recovery centers
4) assessible and dispersed architecture available to all homeless

Documentary film. American Street Kid. (n.d.). Retrieved September 20, 2021, from https://www.americanstreetkid.com/.[5]

"For the individuals who are homeless the costs are primarily the *psychological and physical harm* directly associated with the increased vulnerability of life on the streets and in public shelters." (pg.2)

Van Wormer, Rupert Talmage, and Portland State University. Social Work and Social Research Ph. D. Program. "Risk Factors for Homelessness among Community Mental Health Patients with Severe Mental Illness." Portland State University. Social Work and Social Research, Portland State University, 2012.

WHY

Why homeless youth with substance abuse issues?

"Being homeless is like being turned into an animal. You're reduced to surviving. You're reduced to every single day worrying about food, shelter, water, and safety. You're also in so much pain that you start using, if you weren't already using."[3]

"It is difficult for youth to maintain housing and employment with an active drug addiction and mental health problem, and it is difficult for youth to address substance use and related problems without social stability." (pg.1250)

1) Under the Bridge: The Criminalization of Homelessness
2) Food and housing is all some individuals need to improve their situation
3) The portrayal of homeless and societies view on homeless people can significantly effect the success of programs.
4) The program must consist of safe and clean areas that promote community along members. Areas for members to eat together as a family are significant.
Strict rules and programs are not as helpful or positively impactful.

The criminalization of homelessness: A documentary. Meet Me Under the Bridge. Retrieved September 20, 2021, from https://meetmeunderthebridge.org/the-criminalization-of-homelessness-a-documentary/.[2]

"Homeless people have poorer health than the general population and often experience a disproportionate burden of acute and chronic health issues, including *concurrent mental health and substance use disorders* (D. P. Folsom et al., 2005; Frankish, Hwang, & Quantz, 2005)." (pg.17)

Clark, Colleen, editor. Homelessness : Prevalence, Impact of Social Factors and Mental Health Challenges / Colleen Clark, Editor. Nova, 2014.

"Participant barriers include transportation and accessibility to the treatment research site, engagement, development of trust, and tracking for follow-up. Social barriers in treating youth *include the provision of housing and psychiatric services* for minors who refuse to have parents contacted or social service system involvement." (pg.1248)

"We believe that the Community Reinforcement Approach (CRA) therapy has the potential to *impact homeless youth over the long term*. This method of intervention attempts to change the relationship between homeless youth and their micro-systems and meso-systems." (pg.1249)

"Older youth are often unable to acquire housing because of other barriers including financial, behavioral/emotional and social prejudice. *It is difficult for youth to maintain housing and employment with an active drug addiction and mental health problem*, and it is difficult for youth to address substance use and related problems without social stability." (pg.1250)

Treatment outcome for street-living, homeless youth

Slesnick, Natasha, et al. "Treatment Outcome for Street-Living, Homeless Youth." Addictive Behaviors, vol. 32, no. 6, 2007, pp. 1237–1237.

WHY

Why does this matter?

The situation of homelessness was not a problem until the 1980s when the government reduced HUD funding by almost 75%.

Homelessness in America: Focus on youth

"On average, youth had been experiencing homelessness for a total of nearly two years (23 months) and reported first becoming *homeless at age 15*. Fewer than one in three (30%) reported that they had the option of returning home." (pg.11)

"Nearly three-fourths (73%) of participants reported using *alcohol,* almost two-thirds (65%) reported using *marijuana*, and more than one-third (38%) reported they had used *hard drugs* (intravenous drugs, inhalants, cocaine, or methamphetamine) in the previous 12 months." (pg.6)

"Infographic: Substance Use and Mental Illness AMONG California's Youth." California Health Care Foundation, 8 July 2019, www.chcf.org/publication/infographic-substance-use-mental-illness-among-californias-youth/.[2]

This article discusses risk factors for homeless among mental health patients, including security, access to health services, comfort, social cost, substance use, hygiene, and stability of life. The purpose of this study was to conduct research regarding homeless risk factors and how to better assist at-risk individuals. The author identifies several social problems along with proposed solutions to address the social issues along at-risk and homeless individuals. Along with identifying issues and solutions, the author covers in-depth details of the history of policy in relation to homeless funding and government participation. Ultimately, this article specifically addresses mental health issues in relation to homelessness.

"Homelessness in America: Focus on Youth." Homelessness in America Youth, United States Interagency Council on Homelessness, www.usich.gov/resources/uploads/asset_library/Homelessness_in_America_Youth.pdf.

1) Lost in America
2) In some cases, when kids stay on the street too long, their situation becomes more difficult to address.
3) Everyone needs help. Everyone needs support. And most people who enter the streets, clean or not, will eventually use, and then it becomes harder to them to get clean after.
4) It's all about money, it comes down to finding a design that is affordable and efficient.

LOST in america. LOST IN AMERICA. (2018). Retrieved September 20, 2021, from https://www.lostinamericafilm.com/.

In 2016, the RHYA, which puts money towards homeless youth, had a budget of $116 Million. (The RHYA is depicted as the white sliver within the pie chart)[3]

WHERE

Detroit is home to approximately 1,200 homeless youth under the age of 24.

Neighborhood: Central Southwest

"For many decades now, Southwest Detroit has been one of the main destinations for immigrants seeking jobs and lifestyles that would help them provide for their families. Not only does it still have a reputation for having a diverse community, but it is also known for being an inclusive and welcoming one, so long as current residents' cultures are respected."

"[The] main goal of the community is to maintain this environment and keep products and services within walking or biking distance."

"This vibrant community is as colorful as the buildings and murals that dot the main thoroughfares of Bagley and Vernor streets. Restaurants are plentiful, with the aromas of fresh tortillas and baked goods wafting in the air and a wide array of cuisines are represented from Mexican to Dominican to Venezuelan." -theneighborhoods.org

Southwest Detroit is currently undergoing several intentional changes that should yield more growth for the neighborhood.

The Hubbard-Vernor Project is a $12 million mixed-use Detroit development that is expected to be completed and occupied by 2021.

"Another recent change to this neighborhood is the 17.2-mile Southwest Detroit Greenlink– the longest bike route in Detroit! It allows visitors access to the Latino and Middle Eastern communities in the area as well as important historical sites, such as Southwest Detroit's auto and labor heritage landmarks."

"Southwest Detroit: Preserving and Making History." VisitDetroit.com, Detroit Metro Convention & Visitors Bureau, 13 July 2020, visitdetroit.com/southwest-detroit-neighborhood

Why here?
The homeless is often hidden from society, this location provides access to necessary facilities while fostering a relationship with the communtiy.

Integration with an inclusive and growing neighborhood.

"The neighborhood, known for its rich culture and community, is undergoing constant change to preserve its history, while continuing its narrative."

Local Bus Route:
Restaurants - all
Parks - all

Urgent Care - Vernor and W Grand Bl, Michigan & Schaefer

Laundromats - Vernor & W Grand Bl

Supermarkets - Vernor & W Grand Bl, Miller & Eagle, Michigan & Schaefer

Auto - Vernor & Dragoon

Bank - Vernor & Springwells

Ford complexes - Miller & Eagle

Driving School - Michigan & Schaefer

WHAT

What is already available?

MLK1101 Supportive Housing
Lorcan O'Herlihy Architects
Los Angelus, California

- 26-unit of permanent, affordable housing
- LEED Gold design

Elements that work well:
- "Open the building towards the street and foster a sense of community within the neighborhood"
- "The goal of the two retail units at the street level, is to generate income... while providing training."

Elements that do not work well:
- LEED criteria played a more significant role in the design and ammenities (i.e. electric car port, etc)
- Only provides retail training
- No on-site access to health services
- Building does not fit with surrounding neighborhood

Wheeler Mission Ministries
Indianapolis, Indiana

- Open 24hours
- Has different locations and facilities

Elements that work well:
- Building does fit with the surrounding neighborhood
- Provide job assistance
- Provides addiction recovery services.

Elements that do not work well:
- Requires occupants to attend religious services in order to receive shelter
- Homeless are not integrated in the society
- Appointments are required for some facilities

Dignity Village
Portland, Oregon

- Open 8am - 10pm
- Membership based

Elements that work well:
- Based of the minimal needs of homeless
- Shared living spaces
- Welcomes couples and pets
- Supports individual choices and fosters dignity

Elements that do not work well:
- Buildings do not fit with the surrounding neighborhood
- Does not provide health services
- Waitlist

HUD Rapid Re-housing

- Has different locations and facilities
- YMCA is one sub-organization that provides housing and other services

Elements that work well:
- Houses people quickly and assigns a case manager
- Provide job assistance
- Provides addiction recovery services

Elements that do not work well:
- Locations vary on ammenities and services provided

Weingart Facilities
Los Angeles, California

- Access center open M-F 7:30am - 6pm
- Has five different buildings currently in plan or construction phases

Elements that work well:
- Provides housing and case management
- Provide job assistance
- Provides addiction recovery services
- Provides access to transportation

Elements that do not work well:
- Some facilities not available yet
- Some facilities not updated or clean

WHAT

What does the quantitative data and studies say homeless people need and how to address homelessness?

Early intervention
Stable housing
Transitional living
Clean spaces
Social support

Intensive and prolonged help
Social stability and therapy
Integration in the community

"Mental Health of Homeless Youth in Canada." Mental Health of Homeless Youth in Canada | The Homeless Hub, Canadian Observatory on Homelessness, www.homelesshub.ca/gallery/mental-health-homeless-youth-canada.

"The mission of the drop-in center is to **provide a safe, clean space; support; and services** for homeless communities in the Mission District." (pg.310)

"Support services include **case management, support groups, psychotherapy, and psychiatric care**." (pg.311)

Services Provided (Funding Source)

Confidential HIV counseling and testing (in-kind)

Technical assistance and support for the health clinic and a part-time nurse practitioner (in-kind)
Drop-in dental care (SFHSA and in-kind)
Acupuncture and other wellness services (SFHSA and in-kind)

One full-time case manager/substance use specialist (SFHSA)

Clinical supervision and training to the case manager/mental health specialist and technical assistance and training on mental health issues (in-kind)
Two full-time therapists, one half-time psychiatric nurse practitioner, and a psychiatrist four hours a week (began in-kind, now California endowment)
Clinical supervision for therapists (California endowment)

Hygiene supplies (in-kind)
Syringe exchange services (in-kind)
Chair massage (in-kind)
Hot meals (in-kind)

Technical assistance and training on leadership development and SRO-related issues and opportunities for community building and organizing (SFHSA)

Table 2: Overview of common components in six different interventions for reducing HIV risk among runaway and homeless youth

Component	LIBT	CRA	SBCM	STRIVE	Street smart	ALSOP
Frame on the issue and assessment of 'current status'	Current problems reflect failures of service system, family & youth. Assess each domain	Goal: ↑ happiness and decrease substance use. Assessment includes: enhancing motivation, gathering background & substance use information, & functional analysis of risk acts	Validate + normalize experiences & feelings. Evaluate strengths & current functioning in multiple life domains	Family has poor conflict resolution skills. Increased skills will reduce risk	Pursuing life goals requires a decrease in risk acts; evaluate risk knowledge, attitudes, & behaviors	Youth must access resources and utilize resources; meet peer, youth where they are
Theory/model		Behavioral theory-contingency		Social learning theory	Social learning theory	Subculture-specific outreach model
Information/education	Parent: limitsetting & monitoring, address dysfunctional interaction, ↑ strategies to decrease substance use	↑ Protection strategies & health-focused strategies aimed at increasing contingent reinforcement	Normalize behaviors, ↑ protection strategies, & encourage behaviors consistent with personal goals	↑ Strategies aimed at conflict resolution	↑ Protection strategies	↑ Education aimed at specific youth subcultures
Coping Skills	↑ Problem-solving, communication skills	Reward positive behaviors, punish or ignore negative behaviors	↑ Problem-solving, identify personal goals	↑ Problem-solving, including feelings, thoughts, & actions	↑ Problem-solving, including feelings, thoughts, & actions	↑ Assess and utilization to prevention services
Social support/relationships	Improve relationship with parents & other key individuals to support change	Involve "concerned others" in the intervention & encourage positive social activities	Build strong relationship with the case manager, non-deviant peers, & supportive adults	Improve relationships with peers/guardian & family members	Relationships with group members & the facilitator reduce risk	Relationship with outreach worker will increase service utilization
Environmental barriers	Mobilize resources of service system	Lack of reinforcement for positive changes	Replacing "entrapping niches" that do not support the child's strengths & goals with supportive settings	Develop a referral method for early access to runaways	Provide access to ongoing health care, STD treatment, & condoms	Access to acceptable forms of intervention that fit with the subculture on the street

RHY Runaway and Homeless Youth

"These programs consistently support the notion that **homeless youth are in need of intensive and prolonged help.**" (pg.82)

"The structural components of the intervention are all quite similar: **health and mental health services**. These services at best can only provide short-term support. The next generation of programs may benefit from... long-term supports provided: Pathways out of homelessness are needed." (pg.83)

This article compares six different programs, all of which focus on the prevention of HIV within homeless youth and adults. The authors summarize the factors and focuses of each program along with the intended audience of each program, such as the youth, parents, or both. The article identifies common elements between the six HIV prevention programs and outlines significant elements in addressing issues in the homeless communities, such as social support or relationship building and addressing environmental barriers. Ultimately, the article identifies similarities and differences between the six youth prevention programs and potential elements that can be adopted in other programs that focus on improving the lives of homeless individuals.

Comparisons of Prevention Programs for Homeless Youth

Arnold EM, and Rotheram-Borus MJ. "Comparisons of Prevention Programs for Homeless Youth." Prevention Science : The Official Journal of the Society for Prevention Research, vol. 10, no. 1, 2009, pp. 76–86., doi:10.1007/s11121-008-0119-4.

WHAT

What does the qualitative data says homeless people need and how to address homelessness?

Address negative perception
Help
Love
Access to services and facilities
Identification
Understanding

- A schedule where they eat together as a family[2]

- "Sometimes you just need to show them unconditional love"[1]

"Part of what prepares youth to feel competent is a feeling of control, autonomy, and empowerment."

- "A study among homeless young adults suggested that social networks, economic factors, and future expectancies are significant predictors of the level of substance use."

- Of those who sleep in the streets, many sleep in lighted areas for safety reasons

"Hide the homeless"

It's easier to talk about and address when they are faceless and nameless

- When on the streets, they form groups and communities

- They create their own families

- Being homeless is about surviving, and this pain often leads to using

- There is a community among homeless groups

Not eveyone you see looks homeless; Perception is significant to those who are homeless and in architecture

COT Force is one of the most effective programs in getting people off the streets

Money plays a significant role; The budget for homeless youth is very small

Most homeless kids have home situations that have caused them to become homeless

- Of those who receive spots in programs and living programs, some return to the streets due to limited support or the families they created who are still on the street.

- Homeless kids have limited access to facilities and identification

The Crib provided a place for homeless kids to stay while creating a support system for them and making a family[4]

1) The Homestretch
2) Food and housing is all some individuals need to improve their situation
3) An individual can thrive within the system when give the opportunity, such as placement in transitional housing, and given the means to succeed (support)
4) The program must consist of safe and clean areas that promote community along members. Areas for members to eat together as a family are significant.

Spargel Productions and Kartemquin Films . (2014). The homestretch. The Homestretch. Retrieved September 20, 2021, from http://www.homestretchdoc.com.[4]

To Belong

A Family

A Support System

A Community

WHAT IF

Speculations

If facilites and services are more accessible

Dignity, not "Hide the homeless"

Allow individuals to make their own choices

Being homeless is a situation no one wants to be in, it is not a choice. It is a consequence of unfortunate events that happen over time, usually starting with once losing their job.

The people we see on the streets are the ones who no longer hide the fact that they are homeless. But in most cases, the person who is homeless could be anyone.

If homeless people are integrated into the community

Updated and contextual architecture that fits within the existing neighborhood

A large majority of homeless centers and shelters do not fit within the surrounding neighborhood.

Most newer facilities are extremely modern and both do not match the existing context as well as the needs of the occupants. For example, the MLK1101 building is a large white modern building with extreme shape and slope designs, whereas the surrounding buildings share features of beige and tan colors with brick work and concrete. This facility is also LEED certified, which aloth is sustainably beneficial, it contains features required to meet certification but are not necessary for the occupants. Instead money and spaces could have been designated for other beneficial uses.

Creating a clean, 'nice-looking' place sends the idea that the homeless deserve support and respect. Not something 'dingy and dirty', dark, and unwelcoming.

If a building is dirty looking and stands out, many members of the surrounding community are not going to support it. They want a building that looks like it fits into their town. Something clean and contextual.

This is not only essential to the members of the surrounding neighborhood, but to the occupants as well. Just because they are homeless does not mean they do not deserve a clean, nice space to live in. They are humans too. They have the right to clean, safe, accessible housing. They have the right to decide who they want to live with. And they have the right to receive basic ammenities and support from the community.

When a person becomes homeless, they suddenly become undignified, not respected, viewed as incompetent, incapable, dirty, and that they are chosing to be homeless. The development and creation of clean, contextual architecture with the necessary programs and services to provide help can also help to change the perception of others and give homeless people their dignity back.

If there are places for basic hygiene and safety necessities such as access to showers, lockers and bathrooms

Community support

Integration into the surrounding community is essential to those living in the homeless facilities as well as those living around it.

Creating a clean, 'nice-looking' place sends the idea that the home-less deserve support and respect.

Not only does this go back to the concept of dignity, but it sets up a foundation for integrating members back into society.

Many homeless people struggle with being integrated into society due to lack of accessible ammenities, including showers, but also lack of skills and trades, which makes finding a job difficult as well.

WHAT IF

Speculations

If people help and support homeless people

The city of Portland Oregon provides support and help to homeless people that considers both the data and the people.

Dignity village provides spaces for people and promotes individual choices and decisions.

Designated spaces for encampments and health services

Although many centers and facilities do offer access to clinical and health services, substance abuse, education and job training, an case management. Most, if not all, of these services are either located in different facilities or housed by different orgranizations completely. Either way, physical access to the services are limited to those who struggle with access to transportation, identification, financial support, and/or insurance.

Encampments should range in medium to large sizes to accompany all of the homeless people, especially during the colder months. This will also help with wait times as many shelters and camps can only accept a few people or have to put many on a waitlist.

The designated spaces should be in close proximity to local services which are open 24 hours, as well as lin close proximity to local transportation. Local transportation is essential to homeless people to get around as many do not have access to other long distance transportation besides walking or biking.

These encampments should on-site clinical and health services, such as therapy, substance abuse, recovery and addiction services, along with food, clothing, education, work, and case management services.

Occupant usage of essential services is increased if accessible on-site and near housing facilities are available. The idea is to limit the need for transportation to these services by providing on-site services.

If there are places for large groups to live together

Places for groups and families to stay together

Most shelters do not allow couples to stay together, or for people to keep pets

Many people who live on the streets together live within small groups, as couples, or with pets

Rather than large individual rooms or units with a kitchen and tv and 'everyday luxuries' homeless people need to have the ability to choose who they live with. These environments would foster dignity and promote independence rather than limit homeless communities.

A key element to the success of addressing homeless is through the remediation of architecture, which includes developing spaces that promote community and creating communal spaces that fit the needs of the existing groups of homeless, not just individuals.

Rhetorical

Key Claims:
Health services should be incorporated into housing

Current available centers do not have access to all necessary elements: housing, job support, health services, integration, and addiction recovery

Shelters and centers should support "family style living" with communal living spaces

Based on research conducted, it is in the best interest of homeless youth with substance abuse issues to provide qualitative care to large groups and "families"

Unaccompanied youth develop "families" on the street in which they depend on for support.

Architectural

Key Claims:
Architecture can be a solution to social issues.

Public perception determines the success of the program.

Integrated design within the community fosters neighborly and societal support.

Program is essential to creating qualitative design of homeless shelters

Public integration is necessary for homeless centers to succeed

Dissemination

Key Claims:
Logic and comparison of essential elements

Affordability is essential to the develpment of homeless centers.

Centers should be affordable to build and consist of all main program elements

Money should be allocated specifically to meet the needs of homeless youth

Audience: Architects and investors

The Bridge Homeless Assistance Center by Overland Partners

Evaluation:
Y — Access to health services
N — Access to transportation
Y — Access to personal facilities
Y — Integration into the neighborhood
Y — Does it foster support
Y — Affordability (in relation to location)
1 — Quantitative(0) vs qualitative(1)
Y — Accessible

Analysis:
$17.4 million LEED Silver certified has adequate in-house services and provides qualitative care but does not provide access to off-site transportation

Comparison of spaces:
dormitory areas	legal offices	physical
outdoor sleeping	counseling areas	and mental
pavilion	training facility	health
pet shelter	security offices	facilities
library	laundry facilities	
lockers	recreation center	
child care	postal services	

This project prioritizes current care and LEED certification, but should also prioritize future care.

Weingart by AXIS/GFA Architecture + Design

Evaluation:
Y — Access to health services
Y — Access to transportation
Y — Access to personal facilities
Y — Integration into the neighborhood
Y — Does it foster support
N — Affordability (in relation to location)
1 — Quantitative(0) vs qualitative(1)
Y — Accessible

Analysis:
$138 million homeless access center has adequate in-house services and provides qualitative care but has limited access to facilties.

Comparison of spaces:
dormitory areas	commercial	physical
multi-purpose	counseling areas	and mental
dining	training facility	health
office space	security offices	facilities
library	laundry facilities	
bike parking	recreation center	
retail	postal services	

This project prioritizes current care and future care., but has limited access to services.

Shelter From The Storm by Holland Harvey Architects

Evaluation:
Y — Access to health services
N — Access to transportation
Y — Access to personal facilities
Y — Integration into the neighborhood
Y — Does it foster support
Y — Affordability (in relation to location)
1 — Quantitative(0) vs qualitative(1)
Y — Accessible

Analysis:
The homeless shelter and cafe has adequate in-house services and provides qualitative care but does not provide access to off-site transportation and several other health services

Comparison of spaces:
dormitory areas
storage
community spaces
garden spaces
counseling areas
laundry facilities
cafe/dining/kitchen

This project prioritizes current care, but should also prioritize future care and access to services.

MLK1101 Supportive Housing Complex by LOHA
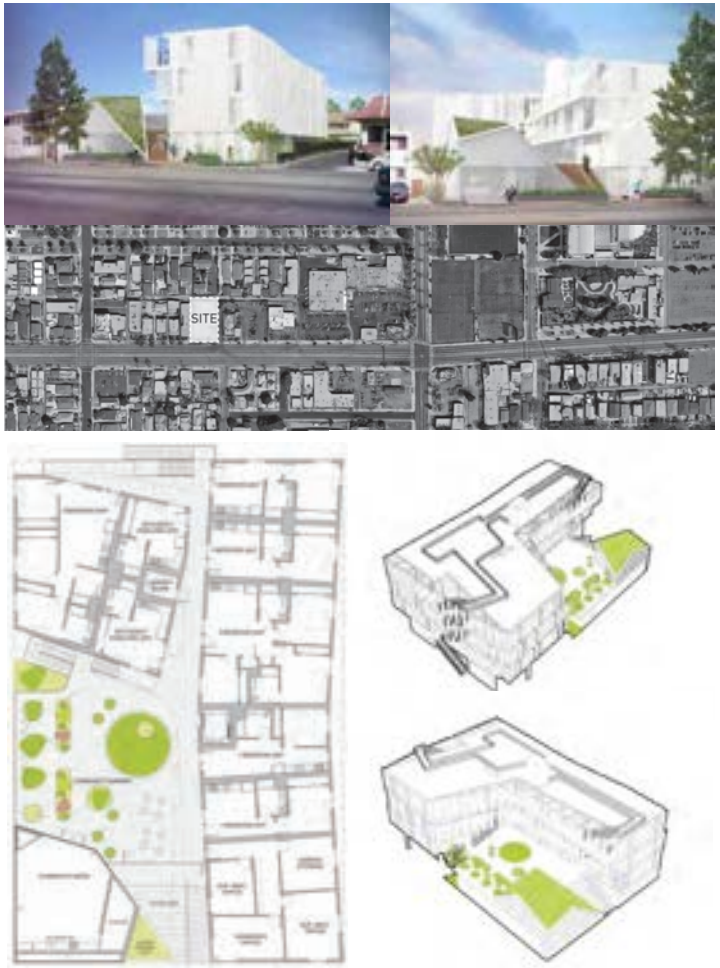
Evaluation:
Y — Access to health services
N — Access to transportation
Y — Access to personal facilities
Y — Integration into the neighborhood
Y — Does it foster support
Y — Affordability (in relation to location)
0 — Quantitative(0) vs qualitative(1)
Y — Accessible

Analysis:
$16.2 million LEED Platinum certified has adequate shelter, living facilities and provides quantitative care but does not provide access to all of the necessary on-site health sevices

Comparison of spaces:
dormitory areas	support services
laundry facilities	offices
community spaces	outdoor green
a rooftop patio	spaces
shared laundry	
kitchen facilities	

This project prioritizes providing shelter and LEED certification, but should prioritize future care.

Lavamae

Evaluation:
Y — Access to health services
N — Access to transportation
Y — Access to personal facilities
N — Integration into the neighborhood
N — Does it foster support
Y — Affordability (in relation to location)
0 — Quantitative(0) vs qualitative(1)
Y — Accessible

Analysis:
$300,000 mobile services has adequate accessibility to health services and provides quantitative care but does not provide access to on-site living facilities, it is simply a quick fix.

Comparison of spaces:
food trucks	hygiene kits
catering	supplies
bagged lunches	haircuts
snacks	"street store"
coffee	mending
showers	laundry
toilets	

This project prioritizes current care and is a quick fix, but should also prioritize future care.

La Clinica Mobile Health Center

Evaluation:
Y — Access to health services
N — Access to transportation
N — Access to personal facilities
N — Integration into the neighborhood
N — Does it foster support
Y — Affordability (in relation to location)
0 — Quantitative(0) vs qualitative(1)
Y — Accessible

Analysis:
Th mobile health center has adequate in-house services and provides quantitative care but does not provide access to living facilities or transportation

Comparison of spaces:
medical
dental
behavioral health
care

This project prioritizes quantitative care, but should also prioritize long-term quality care.

The Peak by Grimshaw

Evaluation:
N — Access to health services
N — Access to transportation
Y — Access to personal facilities
N — Integration into the neighborhood
N — Does it foster support
Y — Affordability (in relation to location)
0 — Quantitative(0) vs qualitative(1)
N — Accessible

Analysis:
$150,000 housing unit has adequate living services and provides quantitative care but does not provide access to on-site health services

Comparison of spaces:
dormitory areas
laundry facilities
dining and kitchen
spaces
outdoor space

This project only provides shelter and does not provide the necessary care to homeless people.

Arty Social Housing by LTA

Evaluation:
N — Access to health services
N — Access to transportation
Y — Access to personal facilities
Y — Integration into the neighborhood
N — Does it foster support
Y — Affordability (in relation to location)
0 — Quantitative(0) vs qualitative(1)
N — Accessible

Analysis:
The social housing has adequate shelter and provides quantitative care but does not provide access to on-site health services

Comparison of spaces:
dormitory areas
private gardens
storage

This project prioritizes shelter, but should also prioritize providing health services.

2018 Jim Vlock First Year Building Project by Yale School of Architecture

Evaluation:
N — Access to health services
N — Access to transportation
Y — Access to personal facilities
Y — Integration into the neighborhood
N — Does it foster support
Y — Affordability (in relation to location)
0 — Quantitative(0) vs qualitative(1)
N — Accessible

Analysis:
The housing unit has adequate in-house personal facilities and provides quantitative care but does not provide access to on-site health services

Comparison of spaces:
dormitory areas
laundry facilities
dining and kitchen
spaces
outdoor space

This project prioritizes shelter, but should also prioritize providing health services.

Based on all of the research conducted, both quantitative and qualitative data, it has been concluded that the most effective approach of addressing unaccompained homeless youth with substance abuse through the remediation of architecture can be addressed by implementing the following:

Long-term quality care of large groups. Despite the need to address large quantities of people, it is in the best interest of homeless youth with substance abuse issues to provide quality services that can be accessed over a long period of time. Facilities should be accessible 24/7 and have the ability to take in large groups and "families".

While on the streets, unaccompanied youth become integrated with other unaccompanied youth. These groups develop characteristics similar to families. The kids often refer to the others as their family and rely on them for external support and social integration. Ultimately, providing services to the entire family is essential to fostering a healthy environment for all of the unaccompanied youth within the group to receive treatment and access to services to alleviate situational homelessness.

The combination of facilities varying in size is essential to integrate homeless youth into the programs.

The use of small, mobile facilities increases accessibility while providing unaccompanied youth with access to information on larger programs where they can recieve long-term support and quality care.

The use of medium housing units can be successful when spread throughout the city and incorporated with the larger facility. Through providing access to transportation to the larger facility, accessability increases and occupants of the housing units can recieve transportation to health services. Through alleviating obstacles, unaccompanied youth have an increasing opportunity to use the facilities.

The use of a singular large facility can be successful if all health, transportation, and personal facilities are available 24/7. The facilities must be accessible to large groups and families as well as have overdose and emergency facilities for safety precautions.

Affordability is determined through allocation of materials, resources, and spaces.

WHY

Why remediation of architecture?

Architecture serves as the foundational element to addressing homelessness

Most places barely have room for one person but they need places that can take whole groups in, whole families that already have internal support created[5]

Accessibility and programs, but creating a home for large families or small groups[5]

There are already services but lack funding and support and aren't always open[5]

They need identification to work and access to showers and bathrooms[5]

They need a place to call home where it feels like home and they are surrounded by people who support them and hold them accountable[5]

People need housing for the entire group, not just one individual, preserve the already developed communities and 'families'[5]

Access to charging stations, water, computers, bathrooms, and recovery centers[5]

"Any facility that serves the homeless is located somewhere, and its immediate neighbors and the surrounding community deserve well-designed buildings that fit into the neighborhood, that help residents integrate themselves into the community, and alleviate the concerns of local residents that the facility and its clients will compromise their own quality of life" (pg.ix)

The placement of architecture within proximity to public transportation is essential to addressing the amount of homeless people.

Occupant usage of essential services is increased if on-site facilities are available.

Architectural elements needed to create a successful homeless center:
• Openings to the street way, integration with the street front
• Use of local materials and construction methods
• Use of local architectural techniques
• Openings and communal spaces

Program elements needed to create a successful homeless center:
• Communal spaces for meals together
• Health services, substance abuse, and recovery spaces

Davis, Sam. Designing for the Homeless:Architecture That Works. University of California Press, 2005.

"The shortage of affordable housing is not the only problem facing many of the homeless." (pg.ix)

"Any facility that serves the homeless is located somewhere, and its immediate neighbors and the surrounding community deserve well-designed buildings that fit into the neighborhood, that help residents integrate themselves into the community, and alleviate the concerns of local residents that the facility and its clients will compromise their own quality of life" (pg.ix)

"Everything they need, a restaurant, housing, recreation, and services — is there." (pg.7)

This book discusses the role of architecture within designing for homeless communities, especially in consideration that affordable housing is not the only need of homeless, but community services and centers as well. Davis describes many examples in which the design and architecture has small elements that may vary based on context, but ultimately serve both the homeless residents and the surrounding community members as well. The author focuses on all aspects included in designing for homeless individuals and communities. Ultimately, this book describes several techniques that can be implements to develop successful projects that focus on the needs of homeless individuals.

WHY

Why is this proposal different?

All existing services:

1 static building, or 1 mobile unit. Limited services available depending on mode of architecture.

Proposal

A combination of static and mobile units dispersed throughout the city. Proposal uses double the budget of an existing precedent but is also double the efficiency and coverage, reaching more than double the amount of homeless people.

Variables

Control variables:
-within the Detroit city boundaries
-within .25 miles from transportation
-within 150,000 sq ft
-within $30 million

Primary variables:
-studying impact and reach
-program in relation to the extent of qualitative and quantitative care provided
-explore how much can be made static, dispersed, mobile, etc?

Secondary variables:
-program type
    -the types of spaces needed
    -the relation between spaces

Program

1. Outdoor sleeping spaces
2. Residential Units
    Lockers
    Pet shelter
    Community Spaces
      -Kitchen
      -Living spaces
      -Technology spaces (access to computers and phones)
      -Laundry facilities
      -Postal services
    Child Care
    Health Services
      -Overdose center
      -Counseling offices
      -Urgent care/Doctors office
    Service Spaces
      -Legal Offices
      -Training facilities
    Security Offices
3. Mobile Services - approx. 300 sqft

The list of spaces was determined from statements in previous research. All of which came directly from the homeless citizens and people active in the homeless communities.

Sites

Site 1: 2640 W Vernor Hwy, Detroit, MI

0.2 miles walking distance from two bus stops

0.2 miles walking distance from Algo Especial Super Market

0.2 miles walking distance from Ford Resource and Engagement Center

0.3 miles walking distance from a Secretary of State office

0.3 miles walking distance from Honey Bee Market

0.4 miles walking distance from Stanton Park

Site 2: 3000 Standish / 3050 Fisher Fwy Detroit, MI

0.2 miles walking distance from two bus stops

0.2 miles walking distance from Algo Especial Super Market

0.2 miles walking distance from Ford Resource and Engagement Center

0.3 miles walking distance from a Secretary of State office

0.3 miles walking distance from Honey Bee Market

0.4 miles walking distance from Stanton Park

Site 3: 3564 W. Vernor Hwy, Detroit, MI

0.2 miles walking distance from two bus stops

0.2 miles walking distance from Algo Especial Super Market

0.2 miles walking distance from Ford Resource and Engagement Center

0.3 miles walking distance from a Secretary of State office

0.3 miles walking distance from Honey Bee Market

0.4 miles walking distance from Stanton Park

Site 4: 1201 Bagley Street, Detroit, MI

0.2 miles walking distance from two bus stops

0.2 miles walking distance from Algo Especial Super Market

0.2 miles walking distance from Ford Resource and Engagement Center

0.3 miles walking distance from a Secretary of State office

0.3 miles walking distance from Honey Bee Market

0.4 miles walking distance from Stanton Park

MOBILE

Building Type

Community Integration
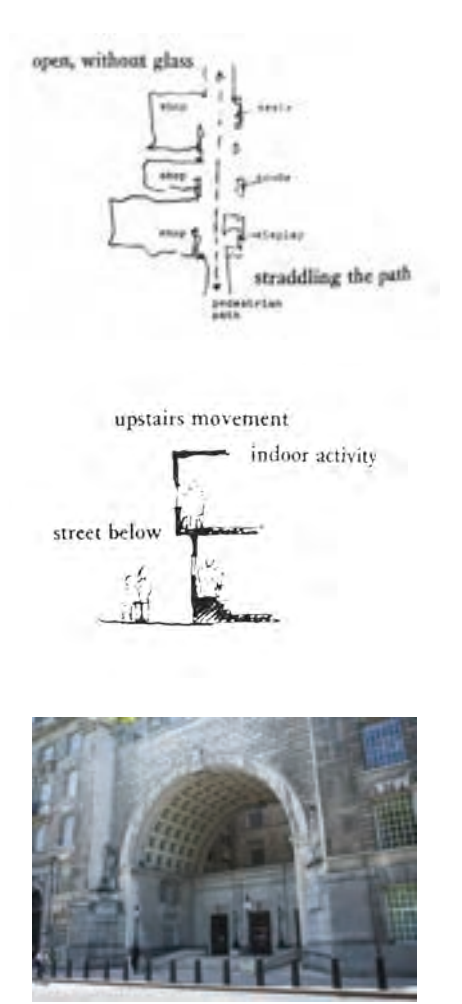
Program

TEMPORARY
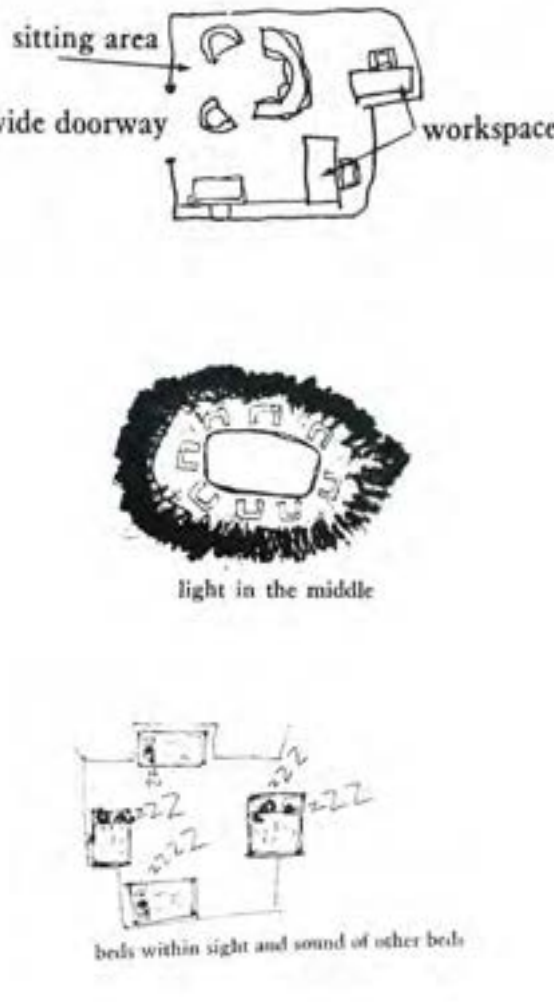
Building Type

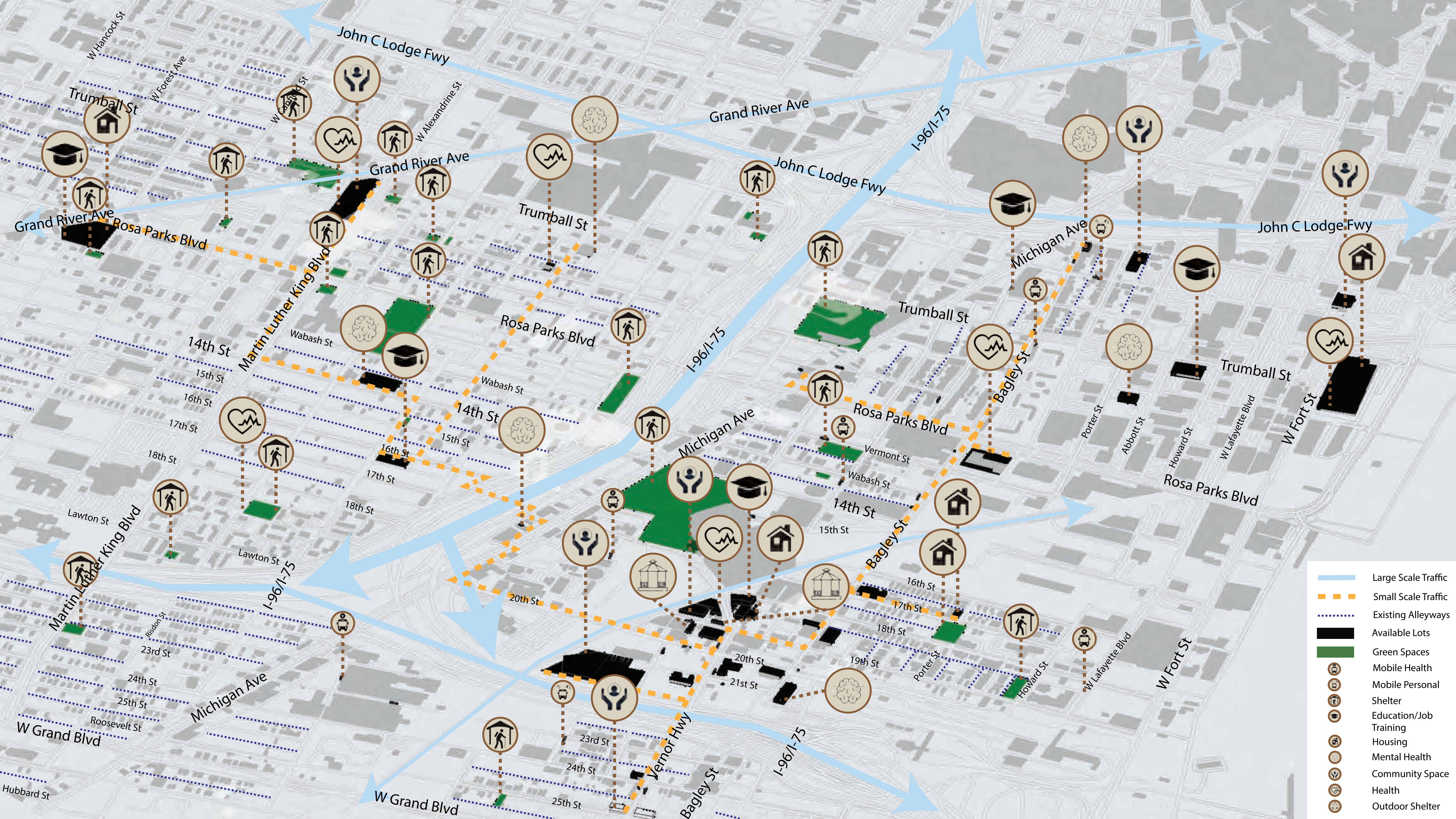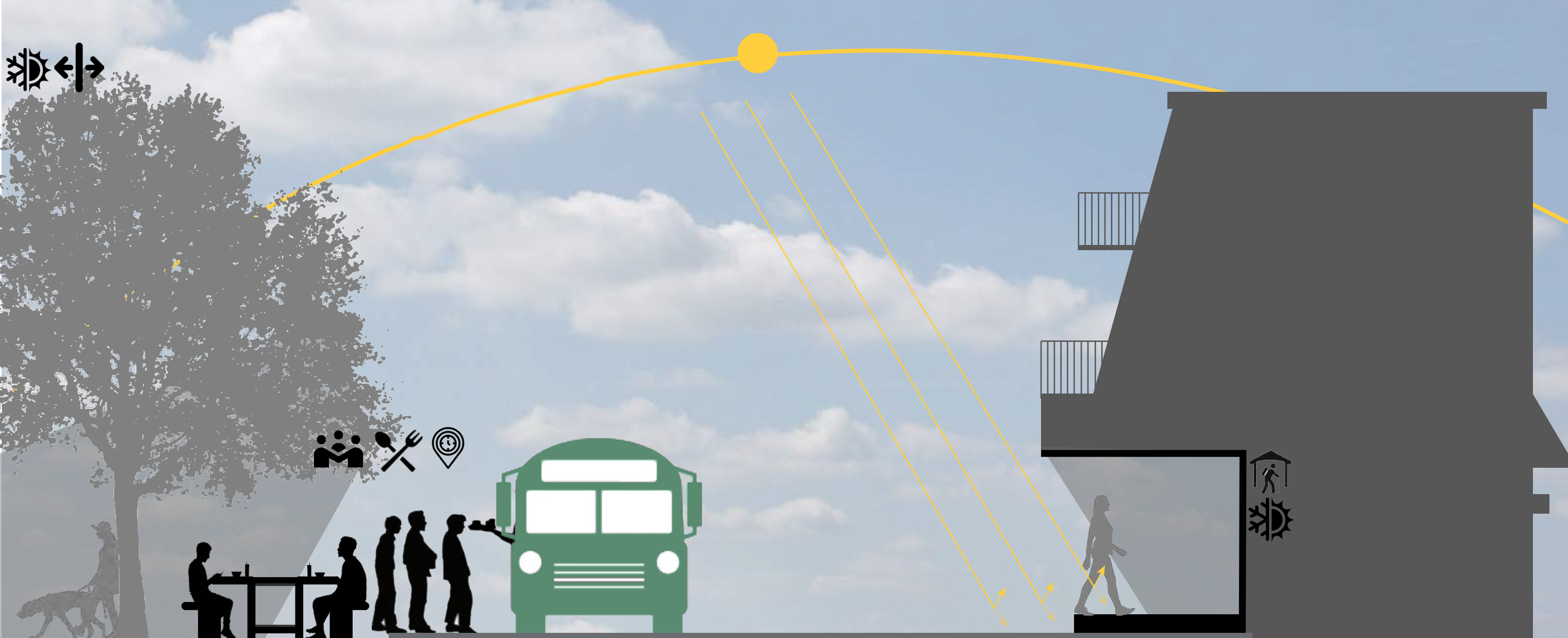Construction

Program

STATIC

Circulation

Exterior Elements

Interior Elements

sitting area
wide doorway
workspaces

open, without glass
straddling the path
upstairs movement
indoor activity
street below
light in the middle
beds within sight and sound of other beds

Map Labels

Streets
W Hancock St, W Forest St, W Alexandrine St, Trumball St, John C Lodge Fwy, Grand River Ave, Rosa Parks Blvd, Martin Luther King Blvd, 14th St, 15th St, 16th St, 17th St, 18th St, Lawton St, Wabash St, Michigan Ave, I-96/I-75, Bagley St, Vermont St, Porter St, Abbott St, Howard St, W Lafayette Blvd, W Fort St, Risdon St, 23rd St, 24th St, 25th St, Roosevelt St, W Grand Blvd, Hubbard St, Vernor Hwy, 19th St, 20th St, 21st St, Michigan Ave

Legend
- Large Scale Traffic
- Small Scale Traffic
- Existing Alleyways
- Available Lots
- Green Spaces
- Mobile Health
- Mobile Personal
- Shelter
- Education/Job Training
- Housing
- Mental Health
- Community Space
- Health
- Outdoor Shelter

Summer - Day

Mobile and temporary structures allow for intervention of the homeless cycle for a larger amount of homeless youth. More people can be reached and can be guided in the direction which fits them best. Allows for community engagement and provides food and health services to everyone who needs it.

Winter - Day

Vegetation, outdoor furniture and structures, building indentation, and raised platforms to provide coverage from elements such as sun and snow. Raised platforms are utilized to limit exposure to water, such as puddles. Usage of materials, such as brick, that absorb heat during the day and release it at night.

Summer - Night

Building indentation, raised platforms, and furniture. Acceptance of transformable furniture; Interchangeable with other transformable street furniture. Building indentation minimum of 6'-8". Allows for coverage from the elements to provide a warm space for people to stay during the night.

Winter - Night

Coverage, heat, and lighting to provide a safer environment for those who may utilize the space at night. Usage of materials, such as brick, that absorb heat during the day and release it at night. This provides heat and coverage to individuals who may need to use the space at night.

Summer - Day

Elements in which create a soft barrier between spaces to outline campus spaces designated for homeless people. Vegetation and furniture are used to emphasize the boundaries of the campus and help guide individuals to designated campus spaces.

Winter - Day

Revitalization of existing pathways. Connects spaces and allows for access across the campus. Improves accessabiity to services and facilities.

Summer - Night

Acceptance of transformable furniture; Interchangeable with other transformable street furniture. Majority of transformable furniture options transform into covered, outdoor sleeping spaces. Furniture is usable by the community and homeless. Emphasizes the spacial differences at various times of day/night (i.e. community space during the day, safe, outdoore shelter at night for the homeless community)

Winter - Night

Coverage, heat, and lighting to provide a safer environment for those who may utilize the space at night. Based on previous research, several documentaries highlight the necessity of lit spaces to limit dangerous incidents and coverage to provide shelter from elements. A majority of homeless individuals also struggle in finding warm spaces to stay during extreme cold weather.
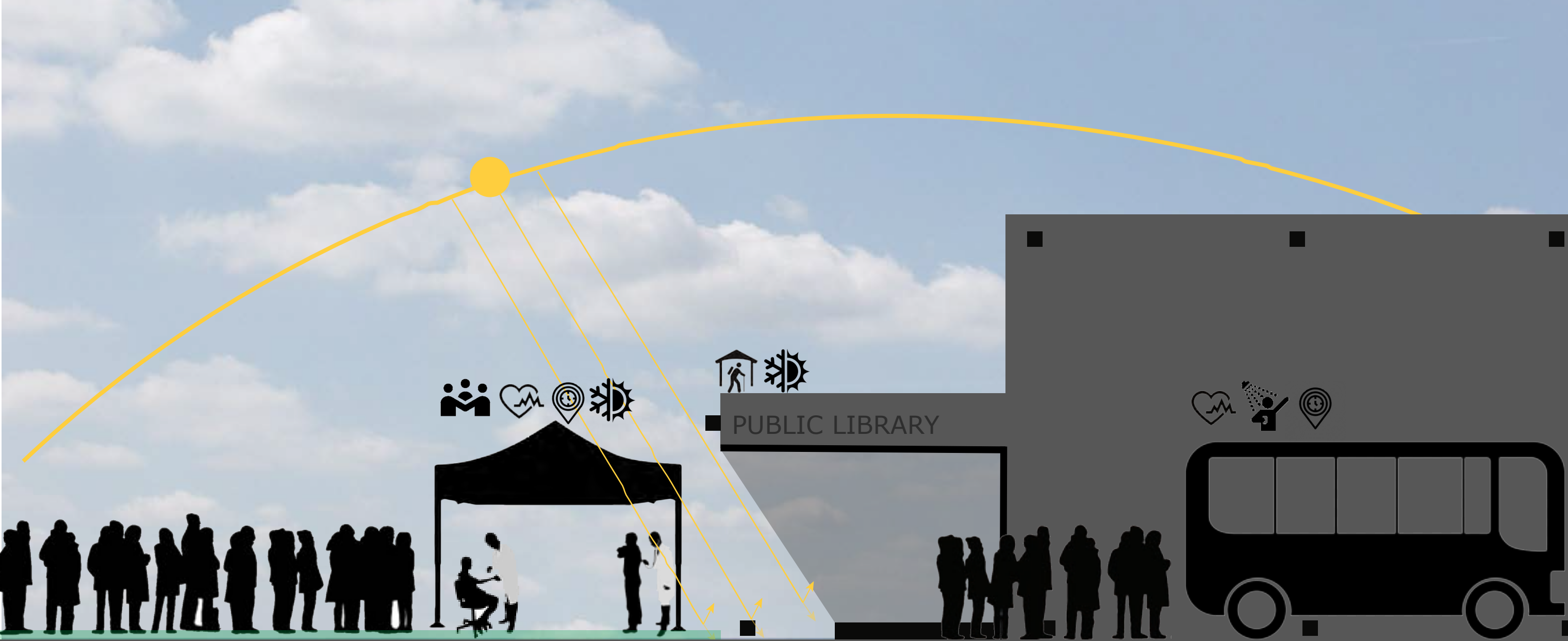
Summer - Day

Pop-up events and temporary facilities provide medical care and personal services, such as showers, to members of the community, especially homeless youth. Research shows that these events and facilities allow for large amounts of homeless people to be helped.

Winter - Day

Mobile and temporary structures allow for intervention of the homeless cycle for a larger amount of homeless youth. More people can be reached and can be guided in the direction which fits them best. Allows for community engagement and provides food and health services to everyone who needs it.
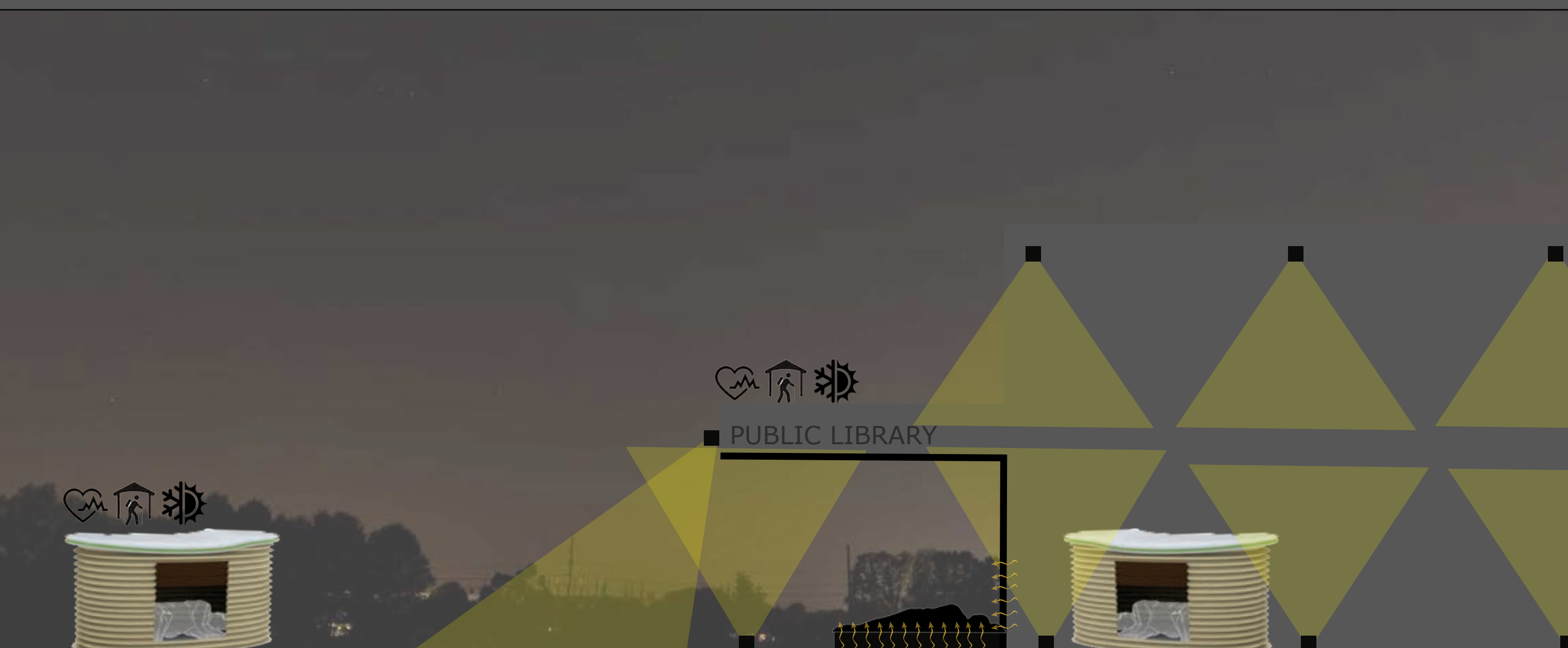
Summer - Night

Coverage and lighting to provide a safer environment for those who may utilize the space at night. Based on previous research, several documentaries highlight the necessity of lit spaces, to limit dangerous incidents, and coverage, to provide shelter from elements.
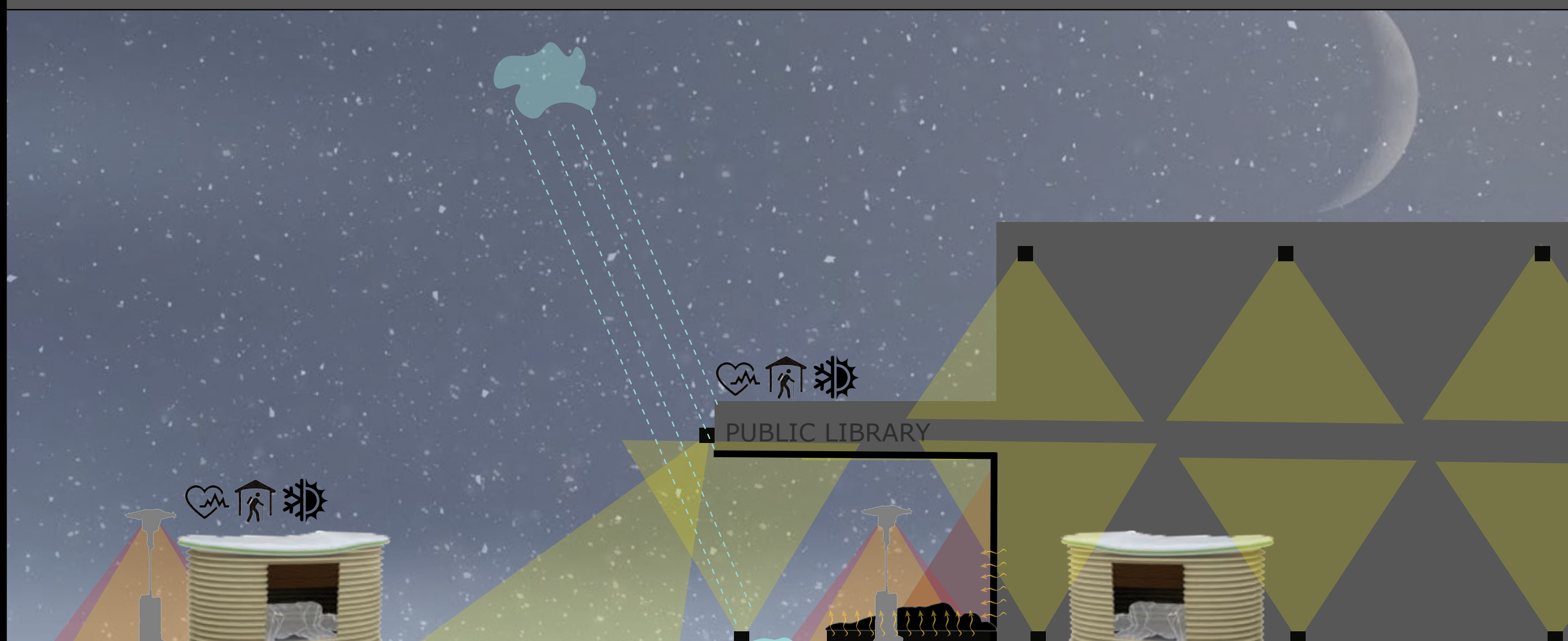
Winter - Night

Convertable furniture, indentation of building entryways, and raised platforms are transformed from community based spaces during the day to spaces designated for homeless people at night. Popup shelters can be used as seating during the day and individual sleeping spaces at night.

Representation of length to time to develop architectural solutions and programs

Homeless*

Health Clinic

Mobile

Personal Facilities

Unstable Financial Situation

Not eligible for some programs

Representation of human experience of each phase

Living on the streets

Community Outreach

Unemployment

Outdoor Pavilions

Child Care

Health Services

Static

Limited access to programs

Interim

Outdoor Sleeping Spaces

Community spaces

Face situational obstacles on the street (i.e. no proof of identity)

Residential Units

Bus Shelter

Training Facilities

Legal Offices

Begin abusing substances

Become depressed, anxious, etc.

Rogue

Ryan

Anthony

Nicki

Kasey

Vanessa

Bubblez

Maurice

Ish

Nick

Greenz

PUBLIC LIBRARY