

Stabilization Center Building Concepts and Accessibility

SUMMARY:

- Include designated space separation to accommodate different types and levels of need
- Avoid overly clinical appearance, emphasizing warmth and comfort
- Consider basic needs, such as food, shower, storage, smoking, animal companions
- Promote client and staff safety

What elements would you like to see included in the building to ensure people of various backgrounds and abilities have equal access to services?

- Translation services
- Separate drop off/loading spot for police/CAHOOTS/EPD/EMS bringing people. Easier to deescalate and less triggering.
- Options for transportation services – how else can they get there? Taxi vouchers?
- Natural light, open courtyard.
- No jail/institution materials. Build resilient materials with a soft appearance.
- ADA compliant.
- Open spaces, no ambush or cornering spaces.
- Sensory friendly – no bright colors. No White lights. Lack of music. White noise.
- Make sure ADA space is not separate from other areas.
- Atrium/water feature inside.
- Frosted windows or two way blinds. Ability to change.
- Comfortable, relaxing chairs.
- Avoid anything clinical-looking.
- All gendered restrooms.
- Main entrance filtered into a hangout area. Separate waiting area after check in.
- How will Duck games interrupt the SC?
- Ability to control lighting in individual rooms.
- Variety of private and public spaces.
- Having storage space for sensitive items – solid process for getting items back to them. Make sure they know where their items are – not knowing can be a trigger.
- Animal friendly.
- Nursing/breastfeeding space. Separate entrance for families.
- mobility access, ADA compliant; language services; drop off / loading area that is covered

dedicated parking area for CAHOOTS/EPD/etc taxi voucher and other transport programs

- natural light, open courtyard; do not use materials that are institutional; open spaces, cubbies
- EPD presence is not visible, triggering
- neutral colors, no white lights, no music (white noise); ADA is not separate section; atrium with water feature, frosted windows with two-way blinds, nice exterior; comfortable chairs, not stigmatizing setting that feels medical
- inviting, homey not clinical; all gendered restrooms; main entrance filtering in to hang-out area post-check-in; EMS has separate access to entrance
- Control lighting in individual rooms; Sensory sensitive spaces; Careful intake of private belongings, locker under persons control
- Peer support; multicultural and LGBTQ+ friendly, housing connections; tied to University, internships; animal friendly; provision of medical
- Easy to navigate with small children and when pregnant; breastfeeding area; changing tables in restrooms, separate entrances for families; child friendly, safe private spaces; storage for belongings with check-in; careful for folks with sensory processing issues
- Inviting—colorful, welcoming and homey
- All gender restrooms
- Accessible to those with physical disabilities
- Hangout space with coffee area
- Separate entrance for EMS with easy transition to hospital when needed
- Offer mental health and peer support, and medical care
- Animal friendly
- Multicultural, inclusive, DEI, LGBTQ
- Connection to housing—part of the solution
- Tie to university students and social work program

Are there specific considerations for designing a space that supports someone who is actively experiencing a crisis?

- Physical activities for de-escalation. Trampolines, weighted blankets, etc.
- No structural bottlenecks to keep staff safe. Having spaces to separate people.
- Ample open space and private space for people who are experiencing psychosis.
- Detox space.
- Acoustic design – ability to have true quiet.
- Small single use rooms.
- Debriefing rooms for CAHOOTS, staff, families, case workers, etc.
- Basic needs – food/shower/clothing closet.
- Smoking area/lighters. Easily accessible and comfortable.

- Grounding area.
- Competitive pay and well qualified staff. Prioritize staff.
- Sound proof rooms.
- Nature area/plants/natural setting.
- Be mindful of furniture – both comfortable and inviting, but not able to be used negatively.
- de-escalation via physical comforts (trampoline or weighted blanket); separate exits to keep staff safe
- open, ample space, place to calm down, trained worker to spend 1:1 time, option for detoxing
- acoustics (quiet); diversity of spaces; debriefing rooms for incoming referrals; youth/families have confidential group space; basic needs met (food, clothing, water)
- smoking area; adjustable lighting and temperature; grounding area
- pay workers competitively and train them well; soundproof room where people can yell; smoking area heated and close by
- furniture not easily used to hurt someone; locked rooms can be opened by staff
- low stimulation; easy access/egress; open courtyard with nature, plants or murals
- ample space-open
- holding space for state of psychosis
- access to case worker
- access to trained worker to spend time 1:1 with individual as needed, to show personal care
- an option for those detoxing to have a safe space to do so for acute/mild detox
- sufficient space
- secure furniture
- separate functional areas
- avoiding structural bottleneck that put staff in danger
- larger doors, multiple exits
- ability to separate clients in crisis, visually and physically
- physical activity opportunities to serve as positive distraction (trampoline, hippity hop, weighted blanket)

What elements in a building can help all people to feel safe?

- Make sure BIPOC and LGBTQIA+ people feel seen and supported
- A homey living room feel is especially inviting and welcoming

Describe a building that helped you feel welcomed. What about it made you feel that way?

- I went to a psychiatrist's office that had couches surrounding a tv that played calming white noise videos while in the waiting room and I found it very comforting
- Local book stores have a comforting feel-books, art, plants
- Friendly staff is most important