Agenda

• Development and Financing
• Architecture, Planning, Building Design
• Property Management (including leasing), Programs in Workforce Housing
• Programs in Delores Shelter and Delores Apartment
• Lessons Learned
• Q&A
History of Arroyo Village

• Original concept formed by Rocky Mountain Communities and The Delores Project in 2014 as a redevelopment of 27 units on site and rehab of existing shelter building

• BlueLine Development, Inc. joined development team in September of 2014 and concept of comprehensive redevelopment through use of 4% Low Income Housing Tax Credits began to take shape.

• Development team re-zoned The Delores Project’s site to match Rocky Mountain Communities side and analysis turned to maximum impact of project within zoning.

• Multiple financial models and site plans ultimately led to award of CO State Credits and LIHTC in April of 2016.

History of Arroyo Village

• 2016 Election ultimately necessitated additional changes to financial model.
  • Utilized 10 sources of financing – JP Morgan Chase Construction Loan, DOLA CHIF Construction Loan, DOLA HDG Grant, City of Denver General Funds, FHLB AHP funds, CO State Credit Equity (Sugar Creek Capital), federal LIHTC equity (Boston Capital), Freddie Mac Tax Exempt Loan (Walker and Dunlop), Freddie Mac Taxable Tail, deferred developer fee.

• Multiple rounds of design and value engineering

• Phased permitting process with demolition and site clearance Feb. – July 2017

• Full closing in August 2017

• Two relocations of The Delores Project

• Phased Certificate of Occupancy with early opening of shelter and PSH units

• All made possible by extremely talented and cohesive team – it takes a village to build a Village!
Questions

Arroyo Village
The Before
View from Southside of property - along lightrail
Data Collection

3 Site Tours
11 Focus Groups
59 Surveys

Core Values

Hope, Dignity, and Self-Esteem
We celebrate each individual’s inherent worth, communicating positivity, emphasizing strengths, and maximizing potential.

Connection and Community
We create spaces that encourage camaraderie and collaboration—among residents as well as between residents and staff—and offer the opportunity to belong, helping residents to rebuild relationships built on trust.

Joy, Beauty, and Meaning
We honor culture and identity while creating spaces that spark and nurture imagination, hope, and aspiration.

Peace of Mind
We cultivate a comfortable, calm ambiance that supports relaxation, self-soothing, stress-management, and coping through design details such as lighting, sound mitigation, natural elements, and access to nature.

Safety, Security, and Privacy
We understand that residents’ perceived safety is just as important as actual safety. We prioritize clear wayfinding, sight lines, and boundaries, minimize negative triggers, offer sanctuaries of both prospect and refuge and paths of retreat, and recognize the role of program staff in creating a sense of safety and security.

Empowerment and Personal Control
We encourage individual agency, welcome self-expression, and offer choices for residents.

3 C’s / Key Concepts

With each design decision, the housing team should ask:

- Is this giving the residents and staff choice?
- Is this helping to create community among residents, and between residents and staff?
- Are we creating comfort for residents—does this bring calm or spark joy?

Context

Throughout the design process, the housing team should seek to understand the cultural and environmental context through direct conversations with those with lived experiences of homelessness and trauma.
Trauma is a leading health concern in the U.S., where 61% of adults have had at least one adverse childhood experience (ACE)—a potentially traumatic event that occurs during childhood (Centers for Disease Control and Prevention [CDC], 2019). ACEs include abuse and neglect, growing up in a family with substance use or mental health problems, economic hardship, or parental divorce or separation, among others (Felitti et al., 1998), and the more ACEs one has, the greater the potential effect on health and well-being.

Although experiences with and responses to trauma are highly variable and aren’t necessarily harmful (Center for Substance Abuse Treatment, 2014), traumatic stress can be toxic, altering brain development and affecting a variety of physiological systems. For example, trauma can make the brain less responsive to rewards, which in turn, can increase risk of addiction and obesity (Biological Psychiatry, 2015; USC Suzanne Dworak-Peck School of Social Work, 2017). Trauma can pattern lasting years or even decades and affecting memory, concentration, and other physical, emotional, and cognitive processes (Mayo Clinic, n.d.). Thus, trauma is linked to a host of adverse outcomes, including chronic health problems such as asthma and diabetes in adulthood (CDC, 2019). Additionally, 5 of the top 10 leading causes of death in the U.S. are linked to childhood trauma (CDC, 2019).

Trauma is a nearly universal experience of people with mental health and substance use disorders, those who have experienced violence (SAMHSA, 2014), those living in poverty (Collins et al., 2010), and those who have experienced homelessness (Hopper et al., 2010)—the very people likely to be served by shelters, supportive housing, and affordable housing.

It’s Time for a Trauma-Informed Approach to Design

Health outcomes, trauma is a critical consideration for design of all housing types, and for shelters and supportive housing in particular. But addressing trauma isn’t just the responsibility of individuals and the services that walk beside them. An effective response demands participation from the broader community and public (SAMHSA, 2014), including architects, designers, engineers, developers, and all others involved in building housing.

As damaging as trauma can be, healing and recovery are possible. But for healing to happen, the housing we build can’t simply prioritize physiological or safety needs (Maslow, 1943). With a holistic, user-centered, trauma-informed approach to design—one that attends to higher-order needs such as love and belonging, esteem, and self-actualization (Maslow, 1943)—we can not only prevent and mitigate further harm but actually promote healing.

Learn More:

Watch pediatrician Nadine Burke Harris’s TED Talk on "How Childhood Trauma Affects Health Across a Lifetime"  
Scan code or go to www.ted.com/speakers/nadine_burke_harris_1

Maslow’s Hierarchy of Needs

- **Self-Actualization**  
  Desire to become the most that one can be

- **Esteem**  
  Respect, Self-esteem, Status, Recognition, Strength, Freedom

- **Love and Belonging**  
  Friendship, Intimacy, Family, Sense of Connection

- **Safety Needs**  
  Personal Security, Employment, Resources, Health, Property

- **Physiological Needs**  
  Air, Water, Food, Shelter, Sleep, Clothing, Reproduction
Questions
Unit Mix
Leasing Up
Process
Services
Property
Management
Questions

• Emergency Shelter: Serving 60 people each night
  • Weekly shelter (Monday to Monday)
  • Extended-stay shelter: housing-focused shelter (6 month program with extensions up to 2 years with approval) with navigation and case management services toward goal of housing stability

• Supportive Housing
  • 35 one-bedroom units with optional case management and tenancy support services
Questions

Lessons Learned:

• Financing
• Building Design
• Building Community
• Working Together
• Security
Stay in touch!

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