

END HOMELESSNESS NORMAN

Our Love Makes A Difference

P.O. Box 356 — Norman, OK 73070 | (405) 253-5399 | EndHomelessnessNorman.org

FACEBOOK REPLY — PUBLIC RESPONSE — MARCH 30, 2026

Low Barrier Shelters — Questions, Answers, and What the Evidence Shows

Melanie, these are exactly the right questions — and they deserve real answers, not talking points. Thank you for asking them so thoughtfully.

Let me take them one at a time.

On “low-barrier” — what it actually means.

“Low-barrier” does not mean “no rules.” It means the shelter does not turn someone away simply because they have been drinking or using — because if you turn someone away for that, you are essentially punishing them for the very illness they need help treating, and they end up back on the street or in an encampment. Every professionally operated low-barrier shelter operates under a clear Code of Conduct. Residents are expected to treat staff and each other with basic respect. Disruptive behavior — threatening, violent, or predatory conduct — is addressed immediately, and in serious cases, individuals are removed. The difference between a well-run shelter and a chaotic one is not whether it is low-barrier. It is whether it is adequately staffed and managed. That is precisely what the Prop 5 bond is designed to help fund — a facility built to professional standards, not a converted warehouse held together with good intentions.

On safety and security.

A properly designed facility has trained staff on site at all times — not volunteers alone, but professionals who are trained in de-escalation, mental health crisis response, and the specific challenges of this population. Many modern shelters partner directly with behavioral health providers who are embedded in the facility — so that when someone is in crisis, the response is clinical, not just custodial. The people who use a shelter are overwhelmingly not dangerous. They are exhausted, sick, and desperate for stability. The goal of good shelter design is to create an

environment where even the most vulnerable — the elderly, those with disabilities, women and children — feel and are genuinely safe.

On mental illness, addiction, and developmental disability.

The national data from HUD tells us that among people experiencing chronic homelessness, serious mental illness and substance use disorders are the two most prevalent co-occurring conditions — often together. I want to be honest: I do not have a Norman-specific breakdown at my fingertips, and I would be cautious about any number quoted locally without a reliable source behind it. What I can tell you is that the answer to “what percentage are mentally ill or addicted?” does not change the moral equation — it changes the clinical design of the response. A good facility is designed around the actual population it serves, which is exactly why professional needs assessments are part of how these programs are built.

On hours and access.

Most professionally operated shelters of this type are not strictly overnight-only — they provide 24-hour access, because someone in crisis at 2 in the afternoon needs somewhere to go just as much as at 2 in the morning. That does not mean the facility is unstructured during the day. Day programs, case management appointments, job readiness, and health services are what fill those daytime hours — so residents have somewhere purposeful to be, not just a place to congregate.

On encampments.

This is one of the most important questions people ask, and I want to answer it honestly. A well-run shelter with adequate capacity does significantly reduce encampments — cities like Houston and Medicine Hat have demonstrated this at scale. Houston reduced its chronic homeless population by 63% and housed more than 26,000 people over a decade. Medicine Hat, Canada reached what is called “functional zero” homelessness — meaning homelessness became rare, brief, and non-recurring. Neither of those outcomes happened overnight, and neither happened with a shelter alone. They happened because a shelter was part of a coordinated system: outreach workers, housing navigators, mental health services, and permanent housing placements working together. A shelter without that system is just a building. What End Homelessness NORMAN is working to build is the system — and the \$8M bond is the anchor that makes the rest of it possible.

On wandering in residential neighborhoods.

I hear this concern often, and I take it seriously. The honest answer is that people are already wandering in residential neighborhoods — because there is nowhere structured for them to be. A facility that provides a stable, safe, purposeful environment during the day actually reduces visible street presence, because people have somewhere to go. The encampments and the wandering are symptoms of the absence of a system — not evidence that a system would fail.

Melanie, so you know, I represent the End Homelessness NORMAN initiative. It is a Norman-based independent grassroots initiative working to help The City of Norman, Mayor Holman, the City Council, the City Manager, the Citizens of Norman, and every organization already involved in this cause — the faith community, the nonprofits, the businesses, and every entity that serves so valiantly to help our neighbors in need and in crisis — to unite under one coordinated effort and achieve what Houston and other cities have already proven is possible. We are not asking for anything goes. We are asking for something that actually works.

Regardless of the outcome on April 7th, this work does not stop. That coordinated effort — a functioning Continuum of Care and Homeless Management Information System — is what unlocks millions of dollars in federal and private grant funding that Norman currently does not qualify for, because it lacks the coordinated structure those grants require. Houston receives \$59 million a year from HUD alone. Norman receives essentially zero. That can change — and End Homelessness NORMAN is committed to helping make it happen.

Thank you again for your very sincere inquiry. I hope this has clarified a lot for you.

The vote is April 7th.

You can learn more about the full vision — the Reed Avenue campus plan, the national models we are following, and how it all fits together — at:

EndHomelessnessNorman.org

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