



Everyone is Welcome

Low barrier shelter/housing

Charlotte, NC

Deronda Metz, LCSW, LCAS

AGENDA

- Making the transition to a low barrier shelter.
- Rapid Exits from Shelter
- Lessons learned.

CENTER OF HOPE



- Access to emergency bed **24/7**
(Coordinated Assessment site)
- Screen families & individuals
in, not out
- **Divert** families from shelter
whenever possible
- Ready **access** to services
(SA treatment, childcare, job
training, healthcare)
- Move families into housing
as rapidly as possible using
HF model

OLD MODEL

EMPLOYMENT



SAVINGS



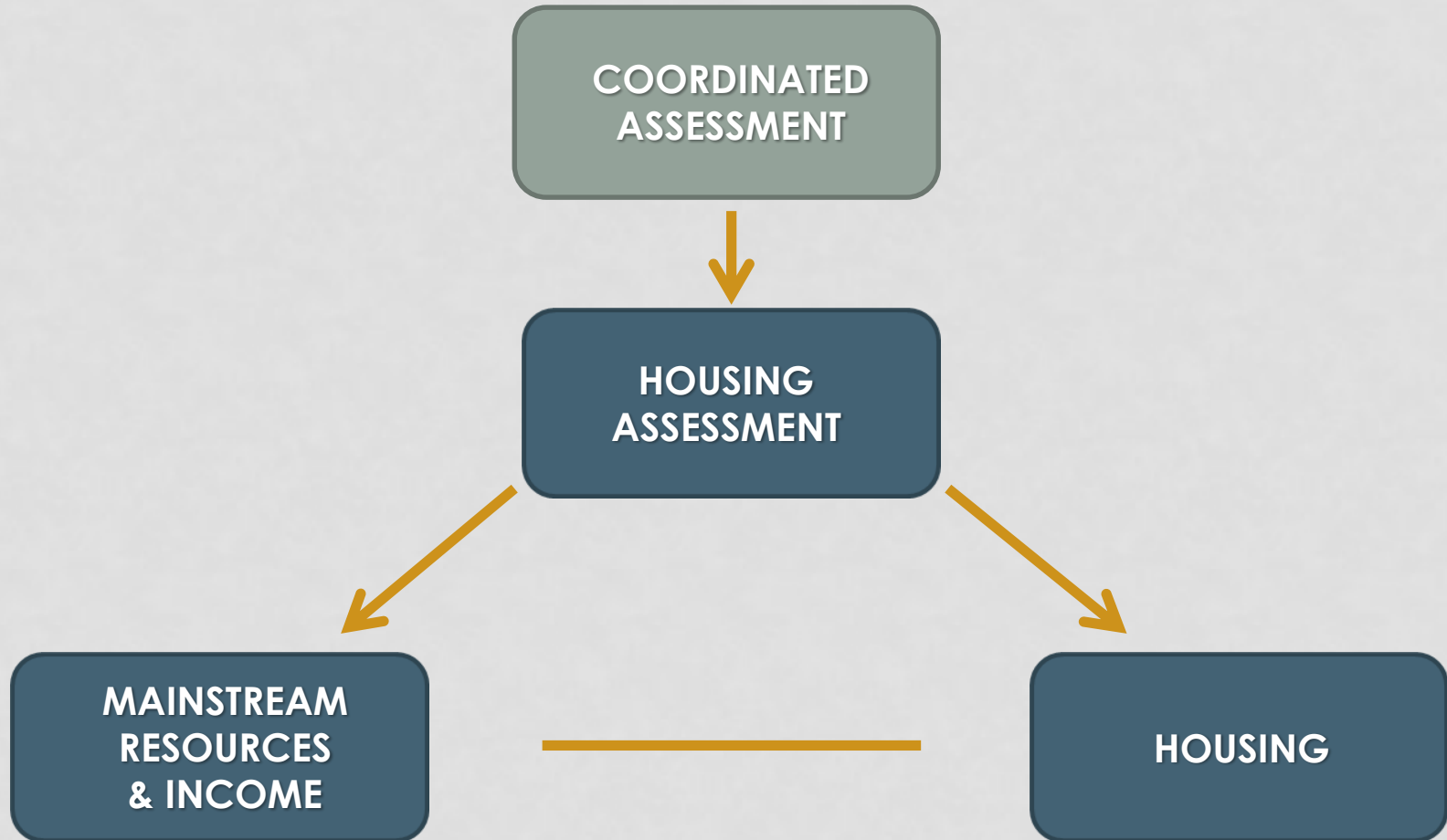
HOUSING

EMERGENCY SHELTER

TIER 1: TRANSITIONAL SHELTER

TIER 2: TRANSITIONAL HOUSING & PERMANENT HOUSING

NEW MODEL



HOUSING: THE NEW INTERVENTION



- Shifting from 6 months in shelter to **30 days or less.**
- Housing assessments provided during the **initial assessment.**
- Changing the mindset from housing readiness to **HOUSING FIRST.**
- **Conversation focused on housing at initial case management contact.**

COMMON RESPONSES

- Challenge staff beliefs and fears
- “Homeless families need structure.”
- “People need to be held accountable”
- “What about the children- Are they safe”

TRANSITIONING SHELTER MODEL

- Buy in from all staff in particular front line
- Expanding program goals to system goals(ending veteran and chronic homeless)
- Implement in phases
- Empathy, how would I want to be treated/Is this shelter trauma informed.
- As the leader exhibit courage to take the risk.
- Share evidence best practices.
- Ask the question, are the rules and program criteria helping to end homeless.

LESSONS LEARNED

1. **Decrease rules in shelter-** Helps decrease staff burn out.
2. More **transparency** & **data** result in trust & increased community support & opportunities for systems change.
3. Case management works when it is engaging.
4. Families are more **resilient** than we give them credit.

QUESTIONS???