



ADDRESSING COMMUNITY ENCAMPMENTS WITH A HOTEL TO HOUSING PILOT

Housing First Partners Conference
April, 2024

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR


communityshelterboard
Until everyone has a place to call home

 **Equitas Health**
Care for All

Crisis Response System

PREVENTION & RAPID RESOLUTION

HOMELESS HOTLINE
614-274-7000



PREVENTION & RAPID RESOLUTION



STREET OUTREACH



SHELTER



RAPID RE-HOUSING



HOUSING

TRANSITIONAL HOUSING temporary



PERMANENT SUPPORTIVE HOUSING



City of Columbus, Ohio

- Fastest Growing City in the Country ~1 million
- Millions investments into our crisis system annually
- Recently approved \$250 million bond for affordable housing
- \$100 million to 32 community organizations to pursue the equitable distribution of rental assistance
- Fully revamping the city's zoning code
- Active Member and significant funder of the Affordable Housing Trust encompassing all of the Central Ohio region.

Community Shelter Board's Mission

To lead a coordinated, community effort to make sure everyone has a place to call home in Columbus and Franklin County, Ohio.

Collective Impact, Funds 16 partners (funding from HUD, City, County, State, Private, etc.)

To ensure a systemic response to homelessness in central Ohio, CSB drives:

- Strategy
- Accountability
- Collaboration and coordination
- Resources

Mission

To be the gateway to good health for those at risk of or affected by HIV; for the LGBTQ+ community; and for those seeking a welcoming health care home.

We Offer:

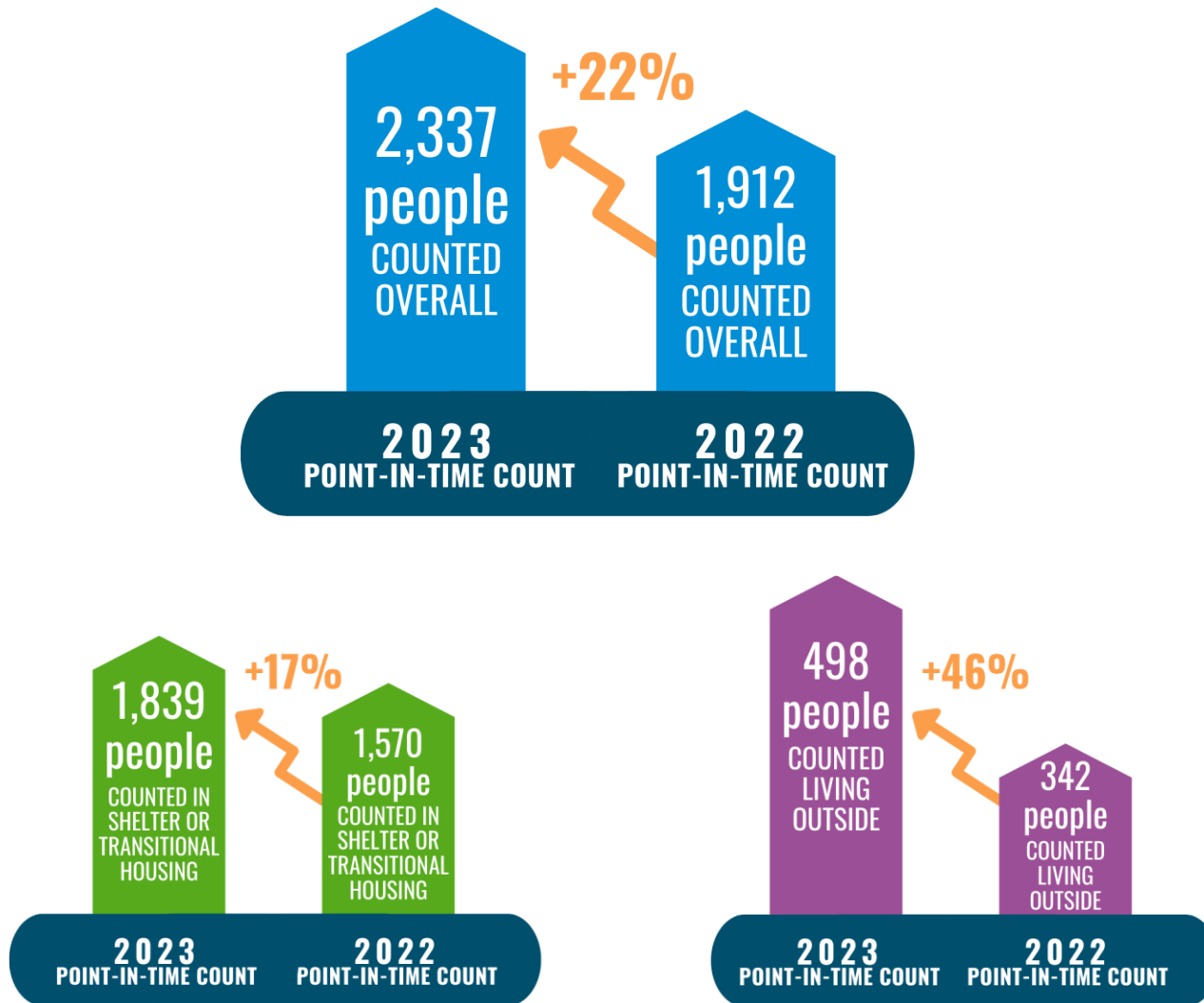
- Medical services (including primary, specialized gender affirming care, and dentistry)
- Pharmacy
- Mental Health & Recovery Services (MHRS)
- HIV/STI treatment and prevention (including PrEP/PEP)
- Ryan White/HIV case management
- Housing case management
- Care Navigation

The Equitas Health Institute and the Buckeye Region Anti-Violence Organization (BRAVO) are divisions of Equitas Health.

LEARNING OBJECTIVES

- How Columbus utilized USICH Guidance on 7 Principles for Addressing Community Encampments to move people into housing
- How and why a multi-partner, multi-disciplinary approach made this pilot successful
- What funding mechanisms and system resources supported this pilot
- Lessons learned from pilot to shape system improvements and encampment to housing model

THE LATEST HOMELESS COUNT



THE SITUATION AND OPPORTUNITY

- Homeless Advocacy Liaison role transferred to the Department of Development and incorporated the work with the city's health and human services team.
- City's new housing strategy includes focus on people experiencing homelessness in shelters and on the land.
- The encampment was located on a landbank property
- \$300,000 in General Funds via the Department of Development.
- Close working relationships with provider outreach teams.

WHO/WHY/HOW

- Encampment community comprised of individuals with varied age, race, and gender backgrounds.
- High peer support and accountability
- 10/13 positive exits- which utilized multiple housing programs and outcomes
- Assumed 6 months, Actual 11 months
- Director driven to improve homeless response and outcomes in our city/system
- Monitored the program for the purposes of launching programming from this pilot program.
- FLEXIBILITY with the future in mind

COMMUNITY ENGAGEMENT & PROCESS

- Held two key community stakeholder meetings prior to move to hotel
- Focus on USICH 7 Principles of Addressing Community Encampments
 1. Establish a Cross Sector Multi-Agency Response
 2. Engage Encampment Residents to Develop Solutions
 3. Conduct Comprehensive & Coordinated Outreach
 4. Address Basic Needs & Provide Storage
 5. Ensure Access to Shelter & Housing Options
 6. Develop Pathways to Permanent Housing & Supports
 7. Create a Plan for What Will Happen to Encampment Site after Closure

SYSTEM COORDINATION

- Ensured all Clients were engaged and linked with Street Outreach Partners
- Connected with Coordinated Entry process
 - Flipped process 'on its head' for maximum Client involvement and buy-in
- Focus on rehousing and minimum rules—safety focus
- Identifying key partner—housing & harm reduction
 - Introducing Equitas Health

COLLABORATION IS KEY

Essential to success- Local Grass Roots Organizations: First Collective and Heer to Serve

- Existing relationships and hard-earned trust
- Less restrictions (texting, hours, services)
- Flexible financial assistance
- Ongoing support after program exit

Other Important Community Relationships:

- Hotel management
- Housing network
 - Outreach programs
 - RRH programs (youth, DV, LGBTQ+)
 - PSH programs
- Harm reduction centers
- FQHCs
- Mental health providers
- City Attorney/Public Defender's Office
- Crisis Response Team
- Community Resources/Benefit Navigation

TIPS FOR SUCCESS

- Include existing trusted supports in all processes
- Harm Reduction and Low Barrier Approach
- Set expectations early
- Clear communication
- Help consider and reinforce boundaries
- Be flexible and creative

LESSONS LEARNED All

- Need to Shift from Congregate to Non-Congregate where possible in system
- Allow for grace as people transition into shelter and are engaging with services and operations
- Can always improve communication
- Need for long-term supports in housing
- Room for improvement in data collection & outcome monitoring

Dialogue and Questions

Please reach out!

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