Mission

Community Housing Network provides supportive housing that creates opportunities for our residents to be successful. We expand these opportunities and impact our community by collaborating with supportive partners.
History

- Franklin County Board received Robert Wood Johnson Foundation grant (1987)
- Created CHN as a pilot program
- Test housing people with mental illness in the community while connecting them to appropriate supports to help them retain housing
CHN History

• Early CHN (ADAMH/ODMHAS):
  • **Housing Model**: Small, scattered-sites obtained through acquisition/rehab. No on-site services; “mobile” case management.
  • **Tenant Target Population**: SMI (not necessarily homeless); eventually dual diagnosis (AOD)

• Late 90s CHN (CofC):
  • **Housing Model**: Larger sites; new construction; on-site staff 24/7; on-site services.
  • **Tenant Target Population**: Homeless (eventually Chronic Homeless) and disabled (SMI/AOD)
  • Change: Housing First Model (Harm Reduction)

• Lately: ADAMH directly funding housing; focus is on acute care discharge to homelessness
Service Area & Portfolio

- **Area:**
  - Franklin County
  - Over 140 sites
  - Over 33 zip codes
  - Six suburban communities

- **Portfolio**
  - Own 1,330 units
  - 3PLL 500 units
  - 4-80 units/site

- **Service Models**
  - RCFs: 40 Units
  - 24/7: 351 Units
  - Service Enriched: 680 Units
  - Independent: 770 Units
# CHN Employees

<table>
<thead>
<tr>
<th>Function</th>
<th>Number E’ees</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Housing</td>
<td>74</td>
<td>78%</td>
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<tr>
<td>Property Mgt</td>
<td>44</td>
<td>46%</td>
</tr>
<tr>
<td>Maintenance</td>
<td>18</td>
<td>19%</td>
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<tr>
<td>Services</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Compliance</td>
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<td>5%</td>
</tr>
<tr>
<td>Grants</td>
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<td>1%</td>
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<tr>
<td>COO</td>
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<td>1%</td>
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<tr>
<td>Development (Including Chief)</td>
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<td>3%</td>
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<tr>
<td>Administration</td>
<td>18</td>
<td>19%</td>
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<tr>
<td>Finance/IT</td>
<td>11</td>
<td>12%</td>
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<tr>
<td>HR/Admin/Executive</td>
<td>7</td>
<td>7%</td>
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</table>
Services: Two Delivery Models

• Direct:
  • CHN receives funding to sign service agreement with service agency
  • CHN and the agency collaborate on service delivery and outcomes
  • Resident may still connect directly to case manager of his/her choice
  • CHN retains service “lens”

• Indirect:
  • CHN does not receive direct funding
  • Services are delivered through ADAMH coordination (Continuity of Care)
  • Residents enter CHN housing connected directly to case manager
  • CHN works directly with case manager and the agency to support resident service needs
  • All involved works with ADAMH to resolve issues
Direct v Indirect Across Portfolio

• Direct: 1,028 units

• Indirect: 813 units

• Direct is “fuzzy” because service funding has been reduced over the years. It’s mostly third-party landlord programs that are impacted. Breakdown if “fuzzy” is considered indirect:
  • Direct: 473 units
  • Indirect: 1,368 units (555 unit shift)
Service Models

• Direct Service Models
  • Serving Chronically Homeless (900 units)
    • 24/7 (400 units): On-site service 40 hrs/week; Front Desk Staff 24/7
    • 3P Landlord Programs (500 units): Service provider for some programs goes to the communities; RMs in many locations

  • Serving Acute Care Step Down (120 units)
    • Service Enriched: On-site services 20-40 hrs/week; RM

• Indirect Service Models (660 units)
  • Serving Acute Care Step Down and Other SMI
Service Provider’s Role in Services

- Case management
- Mental health and chemical dependency counseling
- Group activities
- Community-building
- Daily-living skills
- Benefits and Employment
- Clinical
- Primary Care
- Referral
CHN’s Role in Services

- Housing Facilitation/Property Managers/Program Team
  - Manage ADAMH waitlist
  - Acute care intakes and coordination
  - Navigate compliance requirements
  - Manage rental subsidy process
  - Reduce housing barriers (bridge subsidy; deposit/utility funds; furniture and household needs)
  - Evaluate their service and housing needs
  - Regularly visit them to monitor their well-being
  - Link them to the appropriate service providers for specific needs
  - Advocate for additional services
  - Advocate and mediate with 3P landlords
  - Locate housing
CHN’s Role in Services

• Service Coordinators:
  • Build and share resource “bank”
  • Help team troubleshoot
  • Coordinate care in urgent or more complicated situations
  • Temporarily bridge services gaps to avoid health setbacks and crises situations
  • Correct service gaps by connecting to system

• Employment: connect and train
Key Funders

• Major (Capital, Operations, Services)
  • Franklin County Alcohol, Drug and Mental Health Board
  • Continuum of Care (HUD, CSB and local sources)

• Capital
  • Affordable Housing Trust for Columbus and Franklin County
  • City of Columbus (HOME; CDBG)
  • Franklin County (HOME; CDBG)
  • Federal Home Loan Bank of Cincinnati
  • Ohio Capital Corporation for Housing
  • Ohio Department of Mental Health and Addiction Services
  • Robert Wood Johnson Foundation
  • Ohio Housing Finance Agency (tax credits; State Trust Fund)
Key Funders

• Operations
  • Columbus Metropolitan Housing Authority
  • HUD 811 and HUD Section 8

• Service and Other Grants
  • Big Lots Foundation
  • The Columbus Foundation
  • Harry C. Moores Foundation
  • Ohio Development Services Agency
  • Osteopathic Heritage Foundations
Key Partners

- ADAMH Providers and Human Service agencies (directly contracted and in general)
- Community (advisory groups, civic associations, special improvement districts, police)
- Advocates (Housing, Mental Health, Recovery)
- Peers
- Business Community (direct and others)