HOME FOR GOOD · CONTINUUM OF CARE

The Homeless Services Ecosystem:

Strengthening Columbus's Path from Crisis to Stability

Recommendations & Action Items for a Coordinated, Housing-Centered System

Presented to the Columbus City Council

United Way of the Chattahoochee Valley · Home for Good Continuum of Care

Source: Housing Solutions Report, Home for Good & United Way of the Chattahoochee Valley (2026)

THE SYSTEM

A Coordinated Continuum of Care

Homelessness response in Columbus spans emergency shelter, transitional housing, permanent supportive housing, and a wide network of service and government partners — coordinated through Home for Good, the community's Continuum of Care.

Emergency & Transitional Shelter

SafeHouse Ministries, Valley Rescue Mission, House of TIME

Housing Placement

Southwest GA Housing Opportunities, United Housing Connections

Public Safety & Courts

Columbus Police Dept., Mayor's Commission on Reentry

Healthcare & EMS

Columbus Fire & EMS, Columbus Correct Care

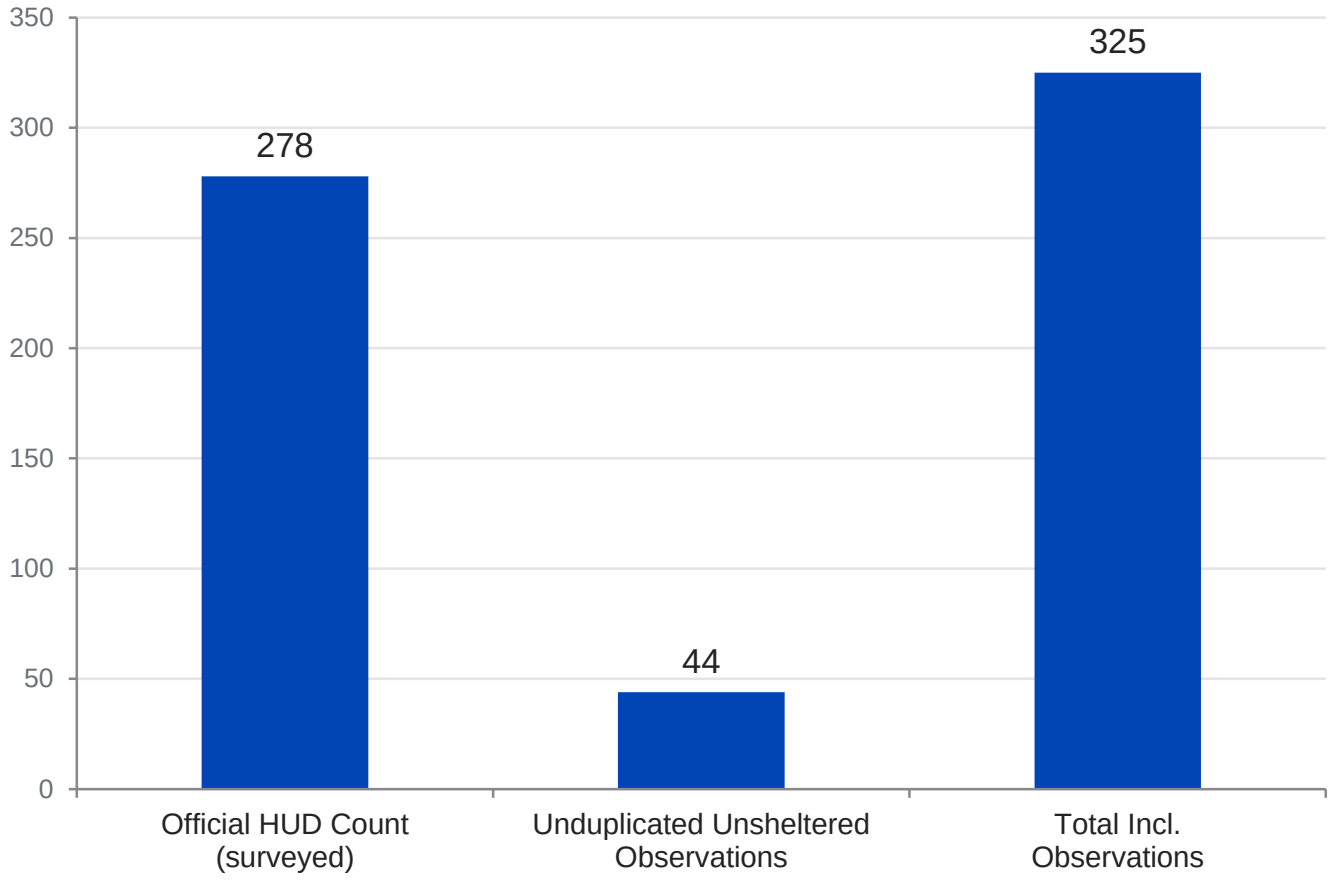
Workforce

Job Training Division, Goodwill Industries

Data & Navigation

GeorgiaUnify, 211, Community Health Platform

2026 Point-in-Time Count



33%

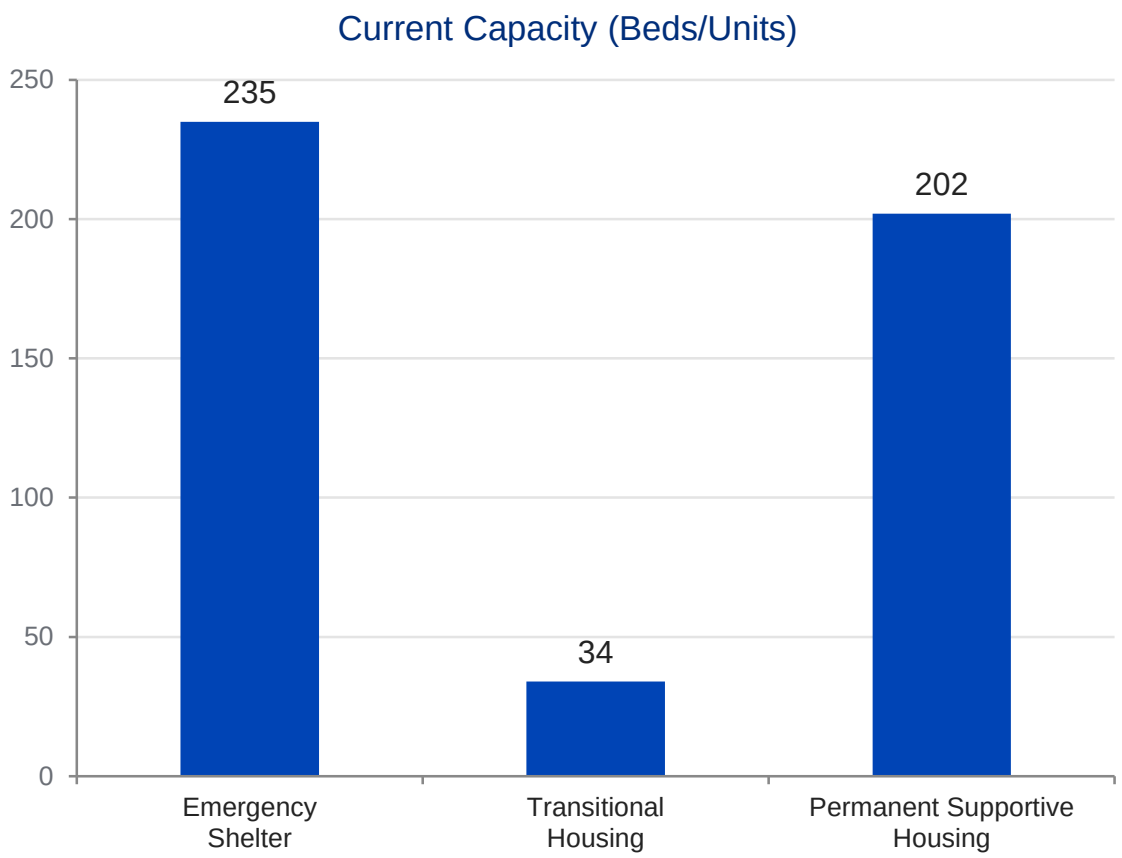
increase in unsheltered observations from 2025

Conducted January 26–30, 2026 with 50+ volunteers. Extreme cold during the count — and broader shifts in how comfortable individuals feel engaging with outreach teams — may both be contributing factors to this year's increase.

Per HUD reporting standards, only completed surveys count toward the official federal total — observations are tracked separately.

Source: 2026 PIT Count, submitted to HUD April 15, 2026

System Capacity vs. Community Need



Against that capacity, community demand:

1,044 families on the Housing Choice Voucher waitlist

~27,000 individuals on housing waiting lists communitywide

2,286 affordable units managed by the Housing Authority — already at capacity

Without transitional and permanent housing to move into, shelter stays lengthen and bed turnover slows — straining the entire continuum.

THE CORE CHALLENGE

The Housing Mobility Gap

“The system is able to stabilize individuals, but it is unable to transition them forward.”

Emergency shelters are built for short-term stabilization — but without enough transitional and permanent housing to move into, individuals can't exit the system. The result:

Longer shelter stays and limited bed turnover

Hospitals, jails & EMS become default stabilization points

Individuals exiting homelessness have no viable next step

Workforce housing shortage blocks the whole continuum

What Crisis Response Costs the Community

Without earlier intervention, housing instability shows up as recurring cost in other public systems:

$885.64

average cost per EMS response call, regardless of transport

$25K–$50K

estimated annual public-safety cost for 1,000–2,000 homelessness-related calls

$144,359.32 in savings generated by Columbus Correct Care's Care 1 Mobile Integrated Healthcare unit — by reducing reliance on emergency services

Source: City of Columbus Fire & EMS; E911 Center; Columbus Correct Care Program, 2026

Emergency Department Utilization Citywide

Local hospital data adds further context on the cost of uncompensated emergency care in the community:

$6.58M

in self-pay emergency department charges at Midtown Emergency Department, Jan–May 2026

$15.8M

annualized estimate of self-pay emergency care based on that same five-month period

These visits can't be attributed solely to homelessness, but they demonstrate the significant financial burden uncompensated emergency care places on the healthcare system. Stable housing and earlier intervention help reduce avoidable emergency department utilization.

Source: Midtown Emergency Department self-pay charge data, Jan–May 2026 (annualized estimate)

RECOMMENDATION 1

Expand Columbus Correct Care

Strengthen early intervention by coordinating healthcare, public safety, and community organizations around high utilizers of emergency services.

HOW

Increase mobile response capacity, strengthen case management and follow-up, and improve data sharing across systems to ensure continuity of care for individuals cycling through crisis response.

LEADING ENTITIES

- Columbus Correct Care
- Local hospitals, behavioral health providers, law enforcement, EMS

FIRST ACTION STEP

Convene Correct Care, hospitals, behavioral health providers, law enforcement, and EMS to identify high utilizers and build shared case-management and referral protocols.

MEASURABLE OUTCOMES

Year 1: Shared case-management & referral processes established**Year 3:** Fewer repeat ER visits, jail bookings & shelter cycling**Year 5:** Lower overall public cost of crisis response systemwide

RECOMMENDATION 2

Second Chance Landlord Network

Partner with landlords willing to lease to individuals with eviction or justice-system history, backed by risk mitigation funds and tenant education.

HOW

Build a network of landlords supported by damage mitigation funds and case management, paired with a tenant education program on financial literacy, lease compliance, and conflict resolution.

LEADING ENTITIES

- SW GA Housing Opportunities, Valley Rescue Mission, House of TIME, SafeHouse Ministries, United Housing Connections / CoC partners
- Columbus Consolidated Government (Mayor's Commission on Reentry)
- Job Training Division, Goodwill Industries

FIRST ACTION STEP

Convene housing providers, CCG, workforce partners, landlords, and CoC partners to define landlord incentives and launch tenant education curriculum.

MEASURABLE OUTCOMES

Year 1: Network framework & tenant curriculum established**Year 3:** More landlords participating; more successful placements**Year 5:** Reduced eviction & return-to-homelessness rates

RECOMMENDATION 3

One Front Door: GeorgiaUnify & 211

A centralized, coordinated entry system — paired with the Community Health Platform — turns fragmented intake into one accessible front door for services.

HOW

Grow adoption of GeorgiaUnify and 211 as the community's centralized coordinated-entry and navigation platform, and strengthen the Community Health Platform for shared data, predictive analytics, and system-level planning.

LEADING ENTITIES

- United Way of the Chattahoochee Valley (211)
- Georgia Health Information Network
- Local government, CoC partners, healthcare & workforce agencies

FIRST ACTION STEP

Onboard key partners into coordinated entry, establish participation agreements and referral workflows, and train organizations on shared reporting tools.

MEASURABLE OUTCOMES

Year 1: Key partners onboarded; shared referral workflows established**Year 3:** Less duplicated intake; more coordinated service access**Year 5:** Fully integrated regional navigation & referral system

RECOMMENDATION 4

Align Workforce Services with Housing Stability

Workforce programs succeed when paired with the housing and wraparound stability individuals need to show up and stay employed.

HOW

Align WIOA services with housing and social service providers, integrating transportation, childcare, and behavioral health support into workforce programming through co-enrollment strategies.

LEADING ENTITIES

- Local Workforce Development Board & WIOA administrative entity
- Job Training Division Columbus, GA; housing & behavioral health partners

FIRST ACTION STEP

Convene the Workforce Board, Job Training Division, housing providers, and community organizations to build a shared co-enrollment and case-management process.

MEASURABLE OUTCOMES

Year 1: Formal partnerships & co-enrollment process established**Year 3:** Higher job placement & retention among participants**Year 5:** Sustainable cross-sector workforce stability model

A SHIFT IN APPROACH

Housing as the Starting Line, Not the Finish Line

TODAY

Individuals must navigate multiple services before accessing stable housing — prolonging instability and increasing reliance on crisis-response systems.

HOUSING-CENTERED MODEL

Housing comes first — so workforce development, behavioral health, and case management can actually work. Without stable housing, other systems stay reactive instead of preventative.

Communities that adopt housing-centered approaches consistently show reduced system utilization and increased housing retention.

Comparable Communities

Chattanooga, TN

Achieved functional zero for veteran homelessness and built a real-time, by-name data system — integrating housing placement, coordinated entry, and cross-sector collaboration.

Closely aligns with Columbus's GeorgiaUnify, coordinated entry, and data-collaboration goals.

San Antonio, TX

Haven for Hope's “Transformational Campus” integrates shelter, behavioral healthcare, workforce development, and housing navigation in one coordinated system.

Demonstrates how large-scale public-private collaboration sustains long-term stabilization efforts.

What Success Looks Like

YEAR 1

Coordinate & Connect

- Shared case-management & referral protocols established
- Key partners onboarded into coordinated entry
- Workforce co-enrollment process launched

YEAR 3

Reduce & Redirect

- Fewer repeat ER visits, jail bookings & shelter cycling
- More landlords in the Second Chance Network
- Higher job placement & retention

YEAR 5

System-Level Stability

- Lower overall cost of crisis response systemwide
- Fully integrated regional navigation & referral system
- Sustainable, housing-centered continuum of care

Our Ask of the Council

Support the expansion of Columbus Correct Care

and coordinated crisis response infrastructure across systems

Champion the Second Chance Landlord Network

to expand attainable placement options for hard-to-house individuals

Back continued investment in coordinated data

through GeorgiaUnify, 211, and the Community Health Platform