

# Cornerstone Community Outreach

## Medically Integrated Shelter

The majority of people who are experiencing homelessness have underlying medical vulnerabilities and or behavioral health issues. Our experiences show that there are not enough resources activated in the shelter system to meet these needs. And in many ways these issues can be barriers to accessing permanent housing and are part of the cause of their current situation. This isn't new information to those working with people experiencing homelessness, but this current pandemic has highlighted it. And as so many entities and individuals are joining together in this moment to care for this population, the clarity across the whole sector is so powerful, and the "what if's" being asked are great.

The "what if" that we've been asking for a long time, prior to COVID, is what if the shelter model in Chicago had fully integrated medical and behavioral health care alongside the normal shelter services? How much more fully could we serve and provide for the individuals and families in Chicago that come to us all for support and care? And applicable to this current pandemic, how would this new model reduce the isolation response needed, like what has to be done using the respite spaces at A Safe Haven, the Y's, and the boutique hotels downtown?

So as this idea is resonating with more people now, we have been putting real-world thought to what this would look like for the system, or at least at Cornerstone. Any of the ideas we have are in "draft" mode, perceived from our perspective, and we do want them looked at from others perspectives. We have been working with an architect for general drawings and costs too. For simplicity I've put them in bullet point format, and they are just an example of how we could address the idea of a Medically Integrated Shelter Model.

### Background:

- Three of our shelters are congregate and one is semi-private with shared bathrooms, and all had different positivity rates. Rates include residents and staff.
  - Sylvia Interim, shelter for families in semi-private rooms, had zero cases of COVID-19
  - Naomi, congregate shelter for women had 53% positivity rate
  - Epworth, congregate shelter for men, had a 11% positivity rate
  - Hannah Interim, congregate for families, had a 14% positivity rate
- Isolation onsite for people who tested positive was tried but not optimal and probably increased the spread of COVID-19, as in all programs there are shared bathrooms, shared eating spaces, and no clear way to keep individuals apart. It was also detrimental not having medical staff to keep an eye on them as their symptoms worsened.
- With the decompression of the shelters, our capacity dropped by half, though we are willing to provide for more.

### How to upgrade to a Medically Integrated Shelter Model

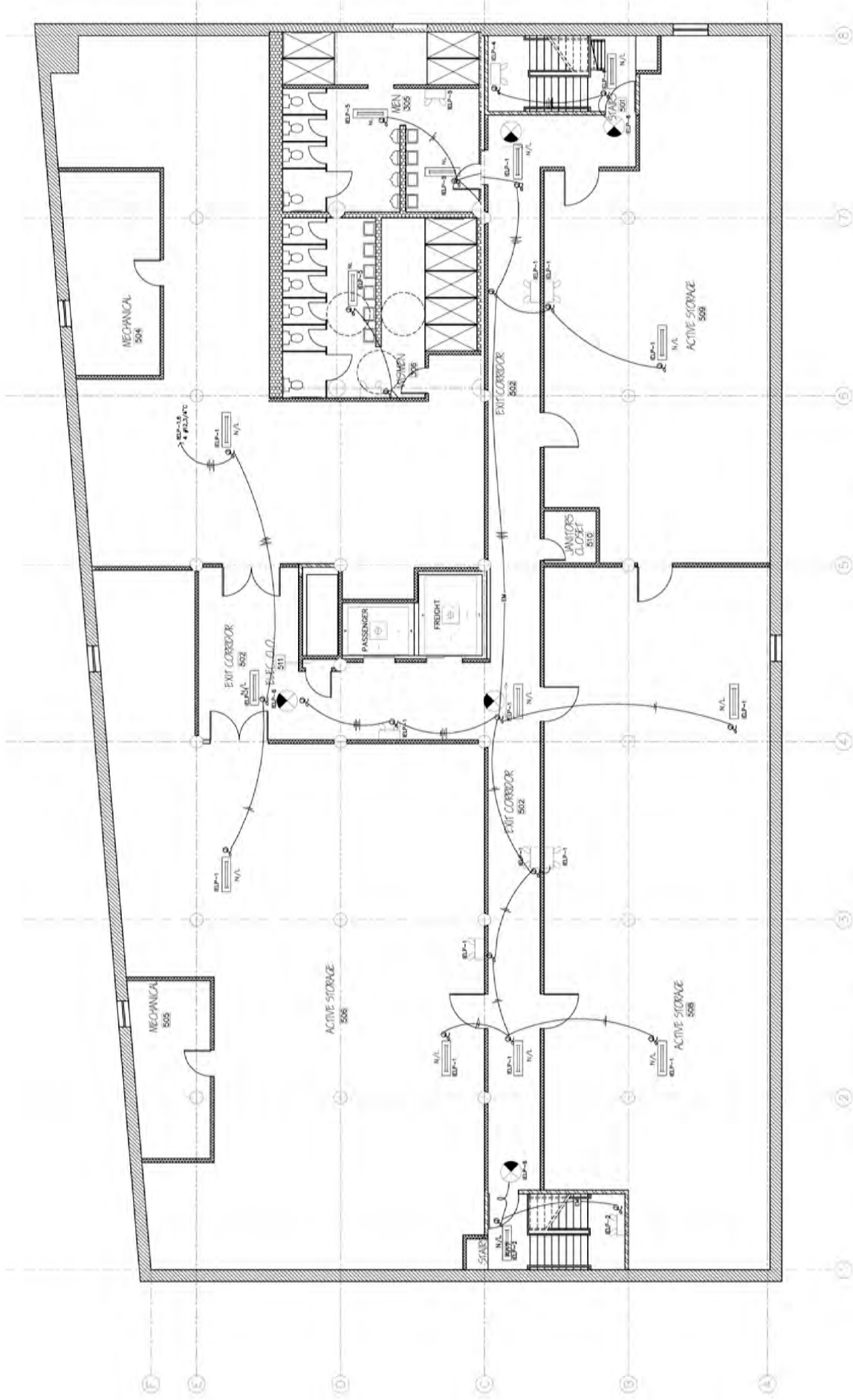
The overarching idea is to combine the resources and abilities of an existing shelter provider with medical and behavioural health providers, and have the shelter facilities built out to meet a continuum of needs. There is the model of respite coming out of hospital, but not a model providing the support for people coming "off the streets" into shelter, and that's where we see ourselves doing what we do best.

- How it could be envisioned for us is:
  - Cornerstone would continue to operate Interim Shelter based on the CDFSS model. As the need or methods from CDFSS changes so do we.
    - For reference, normally Cornerstone has around 330 people staying in it's shelters. 80 women, 65 men, and family shelter for up to 185 people. However with decompression there are only around 160 total residents, and when we scale up to maximum at a social distancing spacing, we would fit around 270.

- Cornerstone partners with an FQHC, such as Heartland Alliance Health, to provide shelter-based medical and behavioral healthcare.
  - Currently HAH is providing a day of onsite primary care, and we are working out best methods to grow this.
  - We picture a future where the staff structure has the right mix of social workers and medically/behaviorally trained staff to support the daily care and HAH also provides the ongoing/extensive care
- The facilities would have the design and amenities to meet the needs in a flexible method.
  - Whether it is a design like an Assisted Living Facility, or semi-private rooms, or cohort-model dorm rooms, that will take some discussion.
  - If it's an individual or family with medical issue or need respite care, the space is suited for that, and if they don't have needs, then it can be used for general shelter too.
- What would it take:
  - Funding for a FQHC to do the work in the shelter. The staff of the shelter and the medical provider would be integrating services for the resident from intake to successfully housed, and hopefully beyond if needed.
  - Funding for build out and equipping of the facilities. There are a spectrum of ideas for buildout, depending on what needs to address and how much funding is available, and there are escalating costs per idea
    - Option 1. If trying to provide more locations for congregate shelter.
      - Buildout of large dorm room cohort design congregate shelter, shared bathrooms, and new HVAC installation
      - Approximate cost per floor \$650,000, and we'd convert our 5th floor from storage to provide congregate shelter for approximately 50 to 65 people
    - Option 2. To segment existing congregate shelters into cohort size/families, semi-private or private rooms
      - Build out of approximately 20 dorm rooms per floor, with either shared bathrooms or multiple "full-baths", new HVAC installation
      - Approximate cost per floor \$925,000, we'd convert our 4th and 5th floors, which would provide shelter for 120 to 160 total people depending on if they are single or families.
    - Option 3. Convert all space into assisted-living style facility models.
      - This is them most expensive version, but also provides the most separation between people, so the least risk of viral/disease spread
      - There could be onsite isolation
      - Build out of 16 to 18 fully independent rooms per floor, each room includes private bath.
      - The cost is so high due to the building wide plumbing, electrical and HVAC to meet the current City building codes for this design.
      - Approximate cost per floor is \$1,800,000
    - Attached are floor plans drafts of the three models

A caveat to this is that though it would be amazing to convert Cornerstone's shelter into being able to provide the highest level of care and support, really this is a model for the whole city. And if it is more equitable to fund for this conversion at other shelters elsewhere in the city, or create new shelters where the need is, that is okay. Our hope is that however we meet the needs, that we can do the best for the people of Chicago we all serve.

# 1 Congregate Buildout Plan



**FIFTH FLOOR EMERGENCY LIGHTING PLAN**

1/8" = 1'-0"

This detailed floor plan illustrates the second floor of a building, featuring a central corridor system and various guest and service rooms. The layout includes:

- Guest Rooms:** Numerous rooms are labeled, including 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400.
- Corridors:** Labeled as EXIT CORRIDOR 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400.
- Service Areas:** Includes a COMMUNITY ROOM 308, a MECHANICAL room 309, a JANITORS CLO. 328, a MEN 305, a WOMEN 306, a KITCHEN 307, and a STAIRS 319.
- Other Features:** The plan shows various doors, windows, and furniture arrangements, including beds in the guest rooms and a large table in the community room.



### 3 Assisted Living Style Buildout

