

LOI for the Washington Square Health Foundation

Organization Information -

Cornerstone Community Outreach

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Chicago, IL

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Addressing Homelessness, Providing Shelter, Accepting People, Finding Home

Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.

We serve the homeless population of Chicago through providing beds and three meals seven days a week for up to 257 individuals at any given time. Since spring of 2020, we have also implemented health services for our clients through our partnership with an FQHC. This is part of an effort to address the frequent comorbidity of homelessness and health issues. In a vicious cycle, medical debt puts a person at higher risk of homelessness, and people experiencing homelessness often are more at risk of developing or worsening health problems of many varieties - infectious disease, depression, anxiety, injuries, and others. Numerous studies have shown that being homeless comes with a lot of barriers to accessing healthcare at all, much less the steady and consistent care that many more severe cases require. Transportation accessibility can be a major barrier for keeping appointments, and many of those experiencing homelessness do not trust healthcare workers because of past experiences of condescension, shaming, or merely being overwhelmed by the process.

We began implementing on-site medical care for our clients in 2020 and have expanded our care to include laceration treatment, STD testing, COVID testing, pregnancy testing, and we provide referrals for needs that require off-site care. These clinic services operate on-site one and a half days per week, a number we are hoping to grow. The clinic staff operate within the shelter, helping clients and staff familiarize themselves with one another and get used to a consistent space. As part of our healthcare for clients, we also partner with a mental health care provider who offers our clients therapy sessions with a \$30 co-pay, which we cover on our clients' behalf.

Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged populations and their leaders as a basis for program or service development.

When clients first go through intake at our shelter, we ask them about their current health situation, and this is something that case managers track closely with clients throughout their time here. Case managers meet with clients bi-weekly to discuss client's goals for themselves and check in about health needs, and work with our medical coordinator to create appointments for the clients with the medical staff and help them to coordinate transportation to off-site appointments. Our program coordinators and case managers work closely with clients in order to understand their experiences with medical care and gain insight as to what may help improve access. Many of our case managers and program managers have lived experience being homeless, and they can bring lived insight to our understanding of health access barriers as well as solutions for how to deal with those barriers. This is a very intentional part of our leadership systems in order to increase, streamlining communication and strengthening understanding between clients and program implementers.

Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.

At the center of our shelter-based healthcare initiative is our partnership with the Department of Family & Support Services (DFSS), who connects us with Federally Qualified Health Centers to set up on-site clinics with which to serve our clients. The DFSS initiated this program in Spring of 2020, and through the following years we have partnered with Rush Hospital, Heartland Alliance Health, and UI Health to provide on-site medical care to our clients.

We began by having the clinic in operation one day a week, and are currently operating the clinic twice weekly, and working toward expanding our services to a full-time operation. Our goal is to have a versatile on-site clinic space such that any FQHC we work with is able to efficiently work in our location. We also will occasionally partner with Loyola University School of Nursing. They will send med students over to observe and assist with our clinic as a form of experience training.

Finally, we also partner with Resilience Psychological Services, a Chicago-based organization that provides \$30 therapy sessions to our clients, which we cover through our co-pay system. We also provide transportation to these services, as they are off-site. Amanda Learmond, our Medical Coordinator, initiated this partnership in late 2022.

Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged populations specified in the guidelines. Include in each description components of the current program and the following quantitative information for the most recent year available. Utilizes a community-oriented approach to program development.

In January of 2024, the Department of Housing collaborated with Cornerstone Community Outreach and the DFSS in order to conduct a survey with our clients about the need for non-congregate shelters. They noted that approximately 3,000 individuals stay in homeless shelters each night, and many more experience homelessness on the streets. Many Cornerstone clients were interviewed for their experiences living in shelter spaces and for their opinions about what to improve these spaces.

We have used the results of this collaborative survey to advocate for space and funding for more non-congregate shelter spaces for our clients. Currently one of our three shelter programs uses a non-congregate format for housing, and we are hoping to be able to move all of our programs from congregate to non-congregate. The following information pertains to the current finding going into the non-congregate program in our shelter.

Number of clients served - 264

Total amount budgeted by your organization for the program - \$1,233,700

Percent that program budget is of total agency budget - 28%

Percent of program budget that is directly reimbursed by third party payers - 0%

Percent of program budget that is covered by public/private grants - 100%

CCO's back-to-school program serves children at the shelter by providing them with supplies and clothing at the beginning of each school year, as well as for any children that enter the program after the school year begins. We provide each child at the shelter with a backpack, school supplies, shoes, socks, and underwear. Local organizations such as Tiny Giants, Hearthstone and Terrace, Everybody's Coffee, and Lakefront Roofing, and many others collaborate with us to provide the funding for this initiative.

Number of clients served - 167 children

Total amount budgeted by your organization for the program - \$11,000

Percent that program budget is of total agency budget - 0.002%

Percent of program budget that is directly reimbursed by third party payers - 0%

Percent of program budget that is covered by public/private grants - 100%