



The Chicago Area AIDS Housing Plan 2008–2012

A Place to Call Home

Executive Summary

A Place to Call Home

“For persons battling HIV/AIDS, a stable place to live may decide the length and quality of life itself. It is nearly impossible for a person on the streets to engage in a needed continuous AIDS treatment regimen when the very basic question of where that person will rest his or her head when darkness comes in just a few hours is unresolved. When danger lurks on the streets, when cold numbs the limbs, when tiredness overwhelms the mind, when fear breaks the spirit, a place to call home would make all the difference.”

Henry Cisneros

*U.S. Secretary of the Department of Housing
and Urban Development*

1993 - 1997

Quote from: “AIDS and Behavior”

Special Edition on AIDS Housing Research – November 2007



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The Chicago Department of Public Health (CDPH), the AIDS Foundation of Chicago (AFC), and other stakeholders have collaborated to prepare the latest version of the *Chicago Area AIDS Housing Plan, 2008–2012: A Place to Call Home*. The Plan updates the 1995 and 2001 plans, and was prepared through an 18-month strategic consultation between housing providers, AIDS advocates, consumers, and other leaders involved in AIDS housing and homeless assistance services.

The Plan includes critical issues, recommendations, strategies, and benchmarks to address the various housing needs of persons living with HIV/AIDS in the context of the region's affordable housing crisis. The Plan aims to assist policy makers, government officials, housing and social service providers, and a diverse audience of stakeholders by:

- Providing pertinent information on the housing needs of people with HIV/AIDS to assist with budgeting and planning processes;
- Helping grantmakers and government officials identify areas of greatest need when allocating resources;
- Educating the public about the critical role of housing stability in achieving optimal health outcomes for people with HIV/AIDS; and
- Informing various decision-makers about the multitude of challenges facing providers of AIDS housing services.

A lack of affordable housing combined with limited housing assistance programs and increasing rates of poverty has contributed to the current housing crisis in Chicago and across America. Each year, as many as 3.5 million individuals will experience homelessness in the U.S. While most will be homeless for a brief period of time, others will experience long-term homelessness lasting months or years. The Chicago Coalition for the Homeless estimated that 73,656 people were homeless in Chicago during 2006, with only 22 percent served by shelters.

National research shows that 40–60 percent of persons with HIV/AIDS report homelessness or housing instability at some point in their lifetime, and 1 in 7 spend more than half their income on housing. Additionally, deaths due to HIV/AIDS are five times higher among the homeless than among those who are stably housed, and homeless persons with HIV/AIDS are three times less likely to be in medical care than their stably housed counterparts. Without affordable and appropriate housing, persons living with HIV/AIDS find it difficult to access comprehensive healthcare services and adhere to complex HIV/AIDS drug therapies. Furthermore, studies have shown that housed individuals with HIV/AIDS achieve better health outcomes when compared with those who are homeless.

As the HIV-positive population grows and persons with HIV/AIDS live longer due to improved drug therapies, helping low-income people with HIV/AIDS find and pay for safe and appropriate housing is becoming a greater challenge. Public safety net systems must prioritize and allocate sufficient resources, and coordinate the delivery of essential services, so that low-income people with HIV/AIDS gain access to affordable, decent, and safe housing solutions they need to improve their lives.

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Download the entire report, entitled the *Chicago Area AIDS Housing Plan, 2008-2012: A Place to Call Home*, at the AIDS Foundation of Chicago's website, aidschicago.org.

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Since 1995, the number of supportive housing units available to people living with HIV/AIDS in the Chicago area has more than tripled and the number of households receiving federal Housing Opportunities for People with AIDS (HOPWA) rental assistance has increased fivefold. More than 800 housing units dedicated for HIV/AIDS-affected households have been added in the Chicago area since publication of the first AIDS Housing Plan in 1995, for a total of more than 1,300 units as of October 2007. In response to trends in the epidemic, the geographic distribution of AIDS housing in the City of Chicago and its collar counties has shifted significantly as has the number of available units in each housing service category. Much of these changes were the result of strategic planning efforts over the last 10 years meant in response to emerging needs and trends in the epidemic.

Despite a decade of promising developments, the housing needs of people with HIV/AIDS in the Chicago area continue to outpace available services. Based on national data indicating that approximately 50 percent of persons with HIV/AIDS are unstably housed or homeless, AFC estimates that at least 15,000 individuals and their households are currently in need of AIDS housing services in the Chicago metropolitan area. Public health surveillance programs count more than 30,000 people living with HIV/AIDS in the region. An additional 8,000-10,000 individuals may be HIV-positive but not yet know it. Therefore, the 1,300 units of AIDS housing currently available are meeting less than 10 percent of existing needs. *A Place to Call Home* calls on stakeholders to aggressively pursue various and flexible funding sources in order to develop new housing options to meet the demand. In addition, the Plan calls on regional leaders to conduct a rigorous housing needs assessment among people with HIV/AIDS in order to better inform future planning and systems development.

The Plan presently calls for a minimum 10 percent increase in HIV/AIDS housing stock each year from 2008 to 2012. Based on the number of beds/units available in 2007, this would result in a net gain of at least 800 beds/units over the next five years. While priority will be given to housing types either not identified or minimally represented in the current AIDS Housing Inventory, the exact distribution of new beds/units among various service categories will be determined through a deliberative process defined in the Plan. Beginning in 2008, AFC and its partner agencies will facilitate an annual community needs assessment to determine where increases in beds/units within each housing type are most urgently required. The 10 percent annual goal may be determined to be insufficient due to the significant community needs identified, in which case stakeholders may decide to increase the goal for each subsequent year.

As in 2001, a significant majority of Chicago-area AIDS housing and support service consumers continue to express preference for living in scattered-site units or apartments integrated into their local communities. However, a number of clients also recognize the need for campus-style or project-based housing, particularly for seropositive individuals with co-occurring challenges such as mental illness and chronic substance use, where onsite access to health care and support services may be required.

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A Place to Call Home identifies the same four critical issues as the 2001 Plan, yet also promotes 29 new recommendations that are specific to the period 2008–2012. Each recommendation is further addressed by a number of strategies and benchmarks, which will be closely monitored on an annual basis. A brief summary of the critical issues and recommendations follows.

CRITICAL ISSUE #1: *There is an HIV/AIDS affordable housing crisis distinct from, as well as connected to, a general affordable housing crisis.*

The affordable housing crisis for low-income individuals in the Chicago metropolitan area persists, despite multiple local efforts to mitigate it. From 2000 to 2007, Fair Market Rents rose by at least 4.4 percent across the majority of the Chicago metropolitan area, and in most counties, the 2007 Fair Market Rent for a studio apartment exceeded the maximum monthly payment received by individuals eligible for Supplemental Security Income (SSI). Rising housing costs have resulted in increased housing burdens for many; as of 2006, an average of 50 percent of renter households in the Chicago metropolitan area paid more than 30 percent of their income toward rent. Condominium conversions have also drastically reduced Chicago's rental stock—between 1989 and 2004, at least 44,637 and perhaps as many as 97,894 rental units were lost. With reductions in federally subsidized housing programs, and the impending expiration of more than 40,000 U.S. Department of Housing and Urban Development (HUD) Section 8 units, low-income individuals and families face mounting challenges in securing and maintaining affordable housing. These challenges are particularly acute for individuals who become disabled by HIV/AIDS. The Plan therefore calls on local leaders in the region to make available no less than 800 new beds/units of AIDS-dedicated housing stock over the next five years. To accomplish this goal, the Plan urges all stakeholders to aggressively pursue new funding opportunities, both public and private.

CRITICAL ISSUE #2: *The continuum of HIV/AIDS housing resources is limited in depth and breadth, and cannot adequately serve the emerging needs of persons living with HIV/AIDS.*

In an effort to best serve the Chicago area's most vulnerable residents—those living with HIV/AIDS as well as homelessness, mental illness, and/or substance-use histories—many service providers have adopted Housing First and harm-reduction service models. These models encourage providers to move clients into permanent housing as soon as possible, and keep them housed to facilitate access to needed support services. Interim housing programs provide transitional support to persons on their way to permanent housing, while emergency housing assistance programs help forestall homelessness when critical situations arise. These models, and others like them in the Chicago metropolitan area, reflect the shift in housing needs among the HIV/AIDS population, as individuals no longer require a large network of skilled nursing or assisted-living facilities. However, the needs of homeless persons with HIV/AIDS are not sufficiently addressed by the emergency shelter system in the Chicago area. The Plan calls for efforts to improve this situation, and invites HIV/AIDS service providers and stakeholders to engage the shelter system in extending the AIDS housing continuum. By promoting additional housing strategies such as home sharing and tenant-based rental assistance, *A Place to Call Home* also advocates for the broadest possible range of AIDS housing resources to meet the increasingly diverse needs of persons living with HIV/AIDS.

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CRITICAL ISSUE #3: *Support services vary in availability both by region and by program. Available support services are inadequate to support people living with HIV/AIDS with multiple and specialized needs.*

HIV/AIDS service providers must increasingly adapt to the changing needs of their clients, including those whose backgrounds present barriers to becoming housed, such as those with a criminal record, poor credit history, mental illness, untreated addiction problems, or a combination thereof. Effective strategies are required to focus on creating housing policies that best serve the needs of these consumers, while acknowledging challenging personal histories and the need for access to an extensive range of social services.

The Plan calls for AIDS housing stakeholders to work closely with public institutions, such as the corrections and healthcare systems, to ensure that persons with HIV/AIDS are properly discharged into housing and not onto the streets or to shelters. The Plan also calls on AIDS housing leaders to work together to secure support services funding as a means to complement the planned increase in AIDS housing units.

CRITICAL ISSUE #4: *There is a lack of collaborative planning among housing and service providers, both at the agency level and across housing and service systems.*

Working together with other stakeholders, AIDS organizations have created innovative service models over the past 10 years. The Plan advocates for continued and enhanced joint planning and coordination of service delivery between multiple systems of care and among HIV/AIDS agencies in the Chicago area. These collaborative efforts are particularly vital, as funding for AIDS housing and supportive services remains insufficient to meet the needs of persons living with HIV/AIDS.

A Place to Call Home examines the two-fold crisis of HIV/AIDS and homelessness and the need for concerted coordination and partnerships between providers and stakeholders to prevent and address these intersecting community challenges. In order to meet the diverse and increasing housing needs of persons with HIV/AIDS, agencies will need to leverage other, non-HIV-specific service systems and funding. Advocacy efforts that tap into local, state, and federal partnerships to create more affordable housing must become part of the AIDS housing agenda. While much has been accomplished since the publication of the 1995 and 2001 Chicago Area AIDS Housing Plans, the challenges faced by persons with HIV/AIDS, coupled with the scope of their housing needs, continue to demand creative and effective responses.

The Plan represents the culmination of an 18-month effort by a broad cross-section of stakeholders. By working together to systematically assess existing needs and continuously striving to expand appropriate services, progress can be made in the Chicago area so that every household affected by HIV/AIDS has a safe and affordable place to call home.