



The Chicago Area AIDS Housing Plan 2008–2012

A Place to Call Home

Section I Introduction, Context, and History

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“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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In 1995 and 2001, AIDS Foundation of Chicago (AFC) led community-based planning efforts to develop the first two Chicago Area Five-Year HIV/AIDS Housing Plans for the eligible metropolitan area of the federal Housing Opportunities for Persons with AIDS (HOPWA) program. In 2006, in collaboration with the Chicago Department of Public Health (CDPH), AFC facilitated a third planning process, which has resulted in the *Chicago Area AIDS Housing Plan, 2008–2012: A Place to Call Home*.

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AN OVERVIEW

The *Chicago Area AIDS Housing Plan, 2008–2012: A Place to Call Home*, represents the culmination of an 18-month effort by a broad cross-section of stakeholders to determine the housing needs of people living with HIV/AIDS in the Chicago metropolitan area. The plan identifies the most critical issues facing this population, and develops recommendations and benchmarks to address these issues. Given the dynamic nature of HIV disease, the increasing number and diversity of people affected by the epidemic, and other factors impacting HIV/AIDS housing planning, it is essential to regularly reassess the needs of people living with HIV/AIDS and the most appropriate strategies to meet their housing requirements. This plan will be reviewed, revised, and expanded as current objectives are met and new gaps and needs emerge.

BACKGROUND AND NEED

The history of AIDS housing is intimately tied to the evolution of the AIDS epidemic and the rise of homelessness in America. What began as a short-term crisis response by a handful of advocates and caregivers has become an integral part of the fabric of affordable housing and of AIDS services. In Chicago, the first AIDS housing programs were developed in the mid-1980s as the result of grassroots community organizing in response to growing issues related to HIV/AIDS. AIDS housing providers in Chicago and across the country have adapted to changes in the epidemic—as well as in the local and national housing context in which they work—and are providing more and better AIDS-dedicated housing to more people than ever before. However, today, as at the beginning of the epidemic, resources are still inadequate to meet the need.

The HIV/AIDS epidemic increasingly impacts diverse populations. Recent studies have shown alarmingly high rates of HIV infection in young gay males, especially young gay men of color. AIDS housing providers are also seeing more clients with histories of long-term homelessness, mental illness, and/or substance use. HIV is often second or third among a client's immediate concerns. These multiple diagnoses make the measurement of success for these individuals more complex. Positive outcomes vary from person to person and may include increased housing stability, improved health status, sobriety or decreasing use of nonprescription drugs, and gaining life skills that may lead to employment.

**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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The expansion and increased complexity of the epidemic highlights the strong link between HIV/AIDS and poverty. In addition to those living at or below the federal poverty level before becoming HIV-infected, middle-income individuals quickly slide into poverty when the disease renders them unable to work while facing mounting medical costs. These individuals increasingly need assistance with food and shelter. With advances in medical therapies enabling people with HIV/AIDS to lead longer lives, such assistance is also needed for longer periods of time.

Meeting the growing needs of people living with HIV/AIDS requires intervention at various levels. Providers, as well as systems as a whole, must collaborate and coordinate their efforts to address issues related to mental illness, substance abuse, poverty, and homelessness. Various service systems must also undertake and/or increase HIV prevention and treatment efforts to curb the effect of the epidemic, especially in communities of color.

THE IMPORTANCE OF PLANNING

Over the course of the 1990s and the early years of the new millennium, the federal government placed increasing emphasis on community planning in the coordination and integration of housing and support services, particularly in the development of homeless and special-needs housing. In response to the growing number of homeless individuals and families during the 1990s, the U.S. Department of Housing and Urban Development (HUD) consolidated many of the homeless programs created in 1987 to make them more flexible and locally driven. In 1994, HUD articulated the concept of a Continuum of Care to move people from streets and shelters to permanent housing, via a series of housing and service steps designed to increase stabilization and self-sufficiency. Beginning in 1996, HUD made it a requirement of McKinney-Vento funding to pursue local Continuum of Care service systems for the homeless.

In 2001, key stakeholders in the Chicago Continuum of Care used the 10-Year Plan to End Homelessness established by the National Alliance to End Homelessness to guide their own planning process. In 2002, the Governing Board of the Chicago Continuum of Care and Mayor Richard M. Daley adopted the Chicago 10-Year Plan to End Homelessness, titled “Getting Housed, Staying Housed.” A number of the principles and goals outlined in this 10-Year Plan have significantly influenced the planning process for the *Chicago Area AIDS Housing Plan, 2008–2012: A Place to Call Home*.

THE FIVE-YEAR CHICAGO AREA HIV/AIDS HOUSING PLAN (1995 - 2001)

In August 1995, the Chicago eligible metropolitan area, with support from the Illinois Department of Public Health and the Chicago Department of Public Health, completed the first *Five-Year Chicago Area HIV/AIDS Housing Plan* (the “1995 plan”). AIDS Housing of Washington, a Seattle-based nonprofit organization, was retained as the principal consultant to facilitate a community-based planning process and develop the plan. The goal of the plan was “to establish a strategy to expand the availability of a

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comprehensive continuum of HIV/AIDS housing services in the Chicago eligible metropolitan area over the next five years.” The eight-month planning process included a quantitative and qualitative housing needs assessment; the identification and discussion of strategic issues facing HIV/AIDS housing consumers and service providers; and the attainment of consensus on priorities for the further development of HIV/AIDS housing resources in the Chicago Eligible Metropolitan Area. The planning area included the City of Chicago and Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will Counties.¹

The 1995 plan highlighted four major recommendations aimed at increasing the quality and quantity of housing resources for people living with HIV/AIDS. These recommendations and their outcomes are outlined below:

- **CREATE A CENTRALIZED HIV/AIDS HOUSING AND REFERRAL SERVICE.**

The first recommendation, a centralized referral system, was discussed but not implemented. However, a single system for administering rent subsidies was implemented in 1996.

- **INCREASE THE SUPPLY OF INDEPENDENT HOUSING UNITS FOR PERSONS LIVING WITH HIV/AIDS BY 100 UNITS BY THE YEAR 2000.**

This recommendation was achieved: more than 100 additional housing units were established between 1995 and 2000. While advances in HIV medication and treatment reduced the need for some services (e.g., skilled nursing facilities), the number of independent housing units increased, particularly permanent housing and rental assistance. Also, to address the changing demographic and geographic characteristics of the epidemic, the number of housing units on Chicago’s South and West sides was increased.

- **MAINTAIN AND IMPROVE EXISTING RESOURCES.** In response to this recommendation, housing standards were established for housing services funded through Title I of the Ryan White Care Act, and innovative housing programs were developed.

- **INCREASE HOUSING-RELATED SYSTEMS ADVOCACY.** In fiscal year 1998–1999, funding for housing advocacy services (also known as housing locator services) was decreased; through policy advocacy, funding for four positions was restored. The program was expanded in 2007, and now consists of 14 advocates serving the Chicago eligible metropolitan area.

¹ In 2004, HUD established new standards and definitions for Eligible Metropolitan Statistical Areas (EMSA). As a result, the HOPWA formula component was modified, and new cities received formula funding for the first time. Additionally, grant service areas were adjusted in 106 jurisdictions, including Chicago. Under the new definitions, Lake County was removed from the Chicago EMSA and transferred to the State of Illinois grant service area. Thus, the first two Chicago Area HIV/AIDS Housing Plans include Lake County, while the current Plan does not.

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THE FIVE-YEAR CHICAGO AREA HIV/AIDS HOUSING PLAN (2001 - 2006)

The 1995 plan called for an update in 2000 to identify emerging and expanding critical issues related to AIDS housing, and to create new strategies in response to these needs. The 2001 Five-Year Chicago Area HIV/AIDS Housing Plan represented the culmination of a community-wide HIV/AIDS housing needs assessment and planning process, and presented viable strategies for addressing issues impacting the ability of people living with HIV/AIDS to secure stable housing. The plan was designed to:

- Provide housing providers, including HIV/AIDS-focused housing providers, with information to assist their budgeting and planning processes;
- Help inform funders and government officials working to allocate resources where they are most needed; and
- Educate the public at large about the critical role of housing in HIV health care, and to inform a wider audience about many of the challenges facing housing providers in this region of the country.

Between 1995 and 2000, housing assistance for people living with HIV/AIDS in the Chicago metropolitan area increased 106 percent. Despite this growth, the demand for HIV/AIDS-specific housing assistance continued to exceed capacity. A 2000 needs assessment found that, on any given day, approximately 6,516 people in the Chicago Eligible Metropolitan Statistical Area (EMSA or Chicago region) were in need of some form of HIV/AIDS-related housing assistance—from short-term rental assistance during a period of high healthcare costs, to transitional housing following a recent release from incarceration. However, only 1,112 housing units and rental subsidies were available, leaving an estimated 5,404 people per day unable to access the housing assistance needed to lead healthy, stable lives. For many people, the ability to secure affordable HIV/AIDS housing was further complicated by co-occurring disabilities such as mental illness or chemical dependency. The 2001 plan identified the four most pressing challenges and critical issues associated with this crisis:

- **AFFORDABLE HOUSING:** There is an HIV/AIDS affordable housing crisis distinct from, as well as connected to, a general affordable housing crisis.
- **HIV/AIDS HOUSING RESOURCES:** The continuum of HIV/AIDS housing resources is limited in depth and breadth, and cannot adequately serve the emerging needs of people living with HIV/AIDS.
- **SUPPORTING PEOPLE WITH MULTIPLE AND/OR SPECIALIZED SERVICE NEEDS:** Support services vary in availability, both by region and by program, and are ill-prepared to support the increasing number of people living with HIV/AIDS who have multiple and specialized needs.
- **PLANNING AND COLLABORATION:** There is a lack of collaborative planning between and among housing and other social service providers.

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Between 2000 and 2006, a number of new AIDS housing initiatives were launched in the Chicago region, designed to foster greater coordination among HIV/AIDS and non-HIV/AIDS-specific housing and service providers, and to better address the complex needs of seropositive individuals and families facing additional challenges such as poverty, long-term homelessness, mental illness, and substance abuse. During this seven-year period, the Chicago region was awarded five new HOPWA Special Projects of National Significance (SPNS) grants, representing an additional \$5,069,828 in funding for AIDS housing programs. Cumulatively, the Chicago region received more than \$12 million in HOPWA competitive funds from 2000 through 2006. HIV/AIDS housing programs launched during this period included:

- **THE RENAISSANCE CARE NETWORK (RCN).** Launched in 2001, RCN is a collaboration of three health service and two housing agencies within a community-based coalition of HIV and non-HIV-specific service providers, community members, and persons living with HIV on Chicago’s South Side. The project aims to build capacity among African American community-based organizations in Greater Roseland to help area residents with HIV/AIDS and their families alleviate homelessness, achieve housing stability, access supportive services, maintain health, and achieve independent living. RCN currently provides 24 units of permanent supportive housing in the Roseland area of Chicago.
- **THE CHICAGO HOUSING AND HEALTH PARTNERSHIP (CHHP).** Launched in 2003, CHHP is a collaboration of 14 citywide health care and housing providers designed to improve continuity of care and outcomes for homeless individuals suffering from chronic medical illnesses, including HIV/AIDS. CHHP is the first effort of its kind in the nation to model a “Housing First/harm-reduction” approach in serving the complex needs of this population. To date, CHHP has created 130 new service-enriched permanent housing beds for homeless individuals with chronic illness, including 57 beds/units for people living with HIV/AIDS.
- **THE NATIONAL HOUSING AND HEALTH STUDY PROJECT (H&H).** In 2003, Chicago, Baltimore, and Los Angeles were selected as sites for the National Housing and Health Study Project. A collaboration between HUD and the Centers for Disease Control and Prevention (CDC), H&H aims to measure the risk-reduction and health outcomes of providing supportive housing services to homeless or unstably housed people with HIV. As part of this study, H&H provided 105 new rental subsidy vouchers in Chicago for scattered-site housing units for homeless people with HIV/AIDS.

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CHICAGO AREA AIDS HOUSING PLAN (2008–2012)

In 2006, in accordance with the 1995 and 2001 plans, the Housing Committee of AFC's Service Providers Council (SPC) called for an updated HIV/AIDS housing plan. Key stakeholders, community leaders, and consumers were engaged throughout the planning process, as outlined below:

- A **STEERING COMMITTEE** was formed in March 2006 to oversee and guide the needs assessment and planning process along with leaders from AFC, the Chicago Department of Public Health (CDPH), and representative members of the SPC Housing Committee and AIDS Housing Advisory Council (AHAC). The committee comprised a cross-section of key stakeholders including AIDS service and housing providers, affordable housing developers, homeless services providers, government representatives, and advocates. The Steering Committee provided oversight throughout the planning process, identified critical issues, and developed recommendations to address those issues.
- The **SPC HOUSING COMMITTEE** was actively involved in the planning process, initiating consumer survey activities and participating in the development of critical issues and recommendations.
- Additional **WORKING GROUPS** consisted of the Supportive Housing Programs (SHP) Workgroup, the AIDS Housing Continuum Workgroup, and the Emergency Services Workgroup. The SHP Workgroup comprised representatives from AFC, CDPH, service providers, and legal experts. The SHP Workgroup met five times over a six-month period, with a focus on describing and identifying needs for "supportive housing," "housing first," and "harm-reduction housing." The AIDS Housing Continuum Workgroup served as the primary agent in defining and determining recommendations for the plan, and ensuring appropriate representation from all AIDS housing stakeholders. The Emergency Services Workgroup—including representatives from the AIDS Housing Advisory Council, AFC and CDPH staff, and SPC members—developed recommendations on critical issues related to financial assistance and alternative housing options.
- **KEY INFORMANT INTERVIEWS** were conducted with approximately 40 stakeholders, including case managers, housing advocates, agency directors, homeless services providers, affordable housing developers, government staff, and other concerned community members.
- Independently facilitated **CONSUMER FOCUS GROUPS** brought together individuals from various subpopulations living with HIV/AIDS. Thirty-nine people participated in these focus groups.
- **RELEVANT PLANNING, HOUSING, HOMELESSNESS, AND EPIDEMIOLOGICAL DATA** were reviewed and summarized.

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The following report presents data collected in the planning process, an analysis of existing and needed resources, and critical issues and recommendations. The analysis and recommendations reflect systemic challenges and needs, as well as best-practice recommendations for housing providers. *A Place to Call Home* aims to provide guidance for housing policy and program coordination during the next three-to-five years, and ensure that these policies and programs reflect the importance of stable housing for people living with the challenges of HIV/AIDS.

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