

## Introduction and Context

In 1995, a community-based planning process led by the AIDS Foundation of Chicago resulted in the development of the first-ever *Chicago EMA Five-Year HIV/AIDS Housing Plan* for the nine-county eligible metropolitan area (EMA) of the federal Housing Opportunities for Persons with AIDS (HOPWA) program. In 2000, the AIDS Foundation of Chicago hired AIDS Housing of Washington, a Seattle-based nonprofit organization, to assist in conducting an updated community-based HIV/AIDS housing needs assessment and planning process.

### An Overview

This *Five Year Chicago Area HIV/AIDS Housing Plan* represents the culmination of a twelve-month effort by a broad cross-section of concerned citizens to determine the housing needs of people living with HIV/AIDS in the nine-county Chicago eligible metropolitan area (EMA). The plan identifies the most critical issues facing people living with HIV/AIDS, and develops recommendations to address these issues. Given the dynamic nature of HIV disease, the increasing number of people in need, 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 those needs. This plan will be reviewed, revised, and expanded as current objectives are met and new gaps and needs emerge.

### Background

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 the growing issues related to HIV/AIDS. AIDS housing providers in Chicago and across the country have adapted to changes in the epidemic and in the local and national housing context in which they work, and they are providing more and better AIDS-dedicated housing to more people than ever before. Today, however, as at the beginning of the epidemic, resources are still inadequate to meet the need.

Housing Opportunities for Persons with AIDS (HOPWA), a program of the U.S. Department of Housing and Urban Development (HUD), provides funding for housing and housing-related services for people living with HIV/AIDS and their families. The City of Chicago has received HOPWA funding for the Chicago eligible metropolitan area (EMA)<sup>1</sup> annually since 1992, the year HOPWA was authorized. The Chicago EMA<sup>2</sup> formula grant had increased 8 percent from FY 1998

<sup>1</sup> Metropolitan areas and states receive direct allocations of HOPWA funding when 1,500 cumulative cases of AIDS are diagnosed in a region. Funding is administered by the state, or in the case of an eligible metropolitan area (EMA), by the largest jurisdiction within the region.

<sup>2</sup> The nine-county Chicago eligible metropolitan statistical area (EMSA), as defined by the U.S. Department of Housing and Urban Development, and the Chicago eligible metropolitan area (EMA), established by the Health Resources Services Administration of the U.S. Department of Health and Human Services, represent the same geographic areas. "Chicago EMA" will be used when referring to the nine-county region throughout this document. The Chicago EMA includes the city of Chicago and Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will Counties.

to FY 1999; in FY 1999 to FY 2000, funding increased another 2 percent. And in the most recent period, funding increased by 12 percent from \$4,323,000 in FY 2000 to \$4,861,000 in FY 2001.

An important consideration in future HOPWA planning efforts is the fact that the amount of funding received by EMAs and states is not guaranteed. In addition, HUD is considering altering the method used to determine allocation amounts from a formula based on cumulative AIDS cases to a formula based on people living with AIDS. This would likely disproportionately affect cities, such as Chicago, that were impacted by HIV/AIDS earlier than other cities.

## Expanding Need

The HIV/AIDS epidemic has increasingly impacted women, people of color, and heterosexuals, as well as the homeless, the mentally ill, and substance users, creating new challenges in housing

AIDS advocacy must expand to address general issues of poverty and affordable housing in our society.

people living with HIV/AIDS. In addition, recent studies have shown alarmingly high rates of HIV infection in young gay males, especially young gay men of color.

HIV rates continue to be disproportionately high in communities of color—ethnic minorities represent 24 percent of the U.S. population but 67 percent of all new cases of HIV. In the city of Chicago, from 1994 to 1999 the proportion of newly reported cases among African Americans/Blacks and Hispanic/Latino/as increased—by 20 percent

and 14 percent respectively—while the proportion of new cases among White/Caucasians decreased by more than 40 percent.

With the expansion of the epidemic, AIDS housing providers are also seeing more clients with histories of homelessness, mental illness, and/or substance use. HIV is often second or third among the client's immediate concerns. Multiple diagnoses make the measurement of success for these individuals more complex. Measures of 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.

The growth of the epidemic into new communities highlights how AIDS is strongly linked with poverty. In addition to those living at the poverty level before they became HIV-infected, others living on a middle-level income quickly slide into poverty when the disease leaves them unable to work while facing mounting medical costs. These individuals increasingly need assistance with food and shelter. And with advances in medical therapies allowing individuals to lead longer lives, assistance is needed for longer periods of time.

Meeting the expanding needs of people living with HIV/AIDS to stabilize their housing situation requires intervention at various levels. Collaboration and coordination are needed at the provider and system levels to meet needs related to mental illness, substance use, poverty, and homelessness. HIV prevention and treatment efforts by different service systems are also needed to curb the effect of the HIV epidemic, especially in communities of color.

## Affordable Housing

Today, America is experiencing a full-scale housing crisis in most major metropolitan areas. Between 1996 and 1999, the price of houses increased at double the rate of inflation and rents outpaced inflation in all three years.<sup>3</sup> Nationally “worst case” housing needs—households paying more than 50 percent of their income or living in substandard housing conditions—are increasing at twice the rate of the population growth.<sup>4</sup> The number of rental units affordable to households with incomes below 50 percent of area median income dropped 7 percent nationally between 1997 and 1999.<sup>5</sup>

- In Chicago, it is estimated that more than one-third of all renters have a housing cost burden because they pay more than 30 percent of their income for housing.
- In DuPage, Kane, Lake, McHenry and Will Counties, an even larger proportion of renters have a housing cost burden.

Recent reports indicate that there are twice as many low-income renters as there are low-cost housing units, leaving low-income residents to compete for affordable units.<sup>6</sup> All low-income renters, regardless of health status, face challenges finding and maintaining safe, affordable housing throughout the Chicago EMA.

## The Importance of Planning

Over the course of the 1990s, the federal government placed increasing emphasis on community planning in the coordination and integration of housing and services, especially in the development of homeless and special-needs housing. In response to the growing number of homeless individuals and families during the 1990s, 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 through a series of housing and service steps designed to increase stabilization and self-sufficiency. This organizing concept became an application requirement for funds authorized by the McKinney Act to serve homeless people in 1996. With the introduction of this process, appropriations for homeless programs grew slightly reaching \$1 billion for the first time in 1999.

### HUD's Continuum of Care

According to HUD, a continuum of care is a jurisdiction's comprehensive response to the diverse needs of homeless individuals and families. Agencies apply for HUD funding to support housing and services for homeless persons through their local Continuum of Care.

<sup>3</sup> U.S. Department of Housing and Urban Development, “State of the Cities,” 1999. Available online: [www.huduser.org](http://www.huduser.org)

<sup>4</sup> Ibid.

<sup>5</sup> U.S. Department of Housing and Urban Development, “A Report on Worst Case Housing Needs in 1999: New Opportunities Amid Continuing Challenges,” January 2001. Available online: [www.huduser.org/publications/affhsg/wc99.html](http://www.huduser.org/publications/affhsg/wc99.html)

<sup>6</sup> Center on Budget and Policy Priorities, *In Search of Shelter: The Growing Shortage of Affordable Rental Housing*, June 1999.

In 1995, the federal government also required funding recipients to develop a Consolidated Plan, an overarching five-year planning document including homelessness and AIDS housing within its scope.

At the same time, many jurisdictions that became recipients of federal funding such as HOPWA recognized the importance in identifying their local AIDS housing needs and gaps, and to plan housing for an expanding population of people who were living longer with multiple service needs. Between 1993 and 1999, more than 40 communities, including Chicago, developed AIDS housing plans to address the expanding and changing needs, allocation of resources, and prioritization of services.

## Chicago EMA HIV/AIDS Housing Needs Assessments

In order to address the multiple and changing housing needs of people living with HIV and AIDS in the Chicago metropolitan area, the AIDS Foundation of Chicago has coordinated formal planning processes in 1995 and again in 2000. With the support of governmental and community-based partners and the involvement of consumers and providers of housing services, the plans have assessed needs and resources, and set out blueprints for coordination and planning of housing services for people with HIV.

### Chicago EMA Five-Year HIV/AIDS Housing Plan (1995)

In August of 1995, the Chicago EMA, with support from the Illinois Department of Public Health and the Chicago Department of Public Health, completed the *Chicago EMA Five-Year 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 comprehensive continuum of HIV/AIDS housing services in the Chicago EMA 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 EMA. The planning area included the city of Chicago and Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will Counties.

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

- **Create a centralized HIV/AIDS housing and referral service.** The first recommendation, the 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.** Recommendation two was achieved—more than 100 units have been created since 1995. While the epidemic has reduced the need for some services (i.e., skilled nursing facilities), an updated inventory indicates that in most areas—especially permanent housing and rental certificates—-independent housing units have increased. Also, to meet the

changing needs of the epidemic, an increasing number of housing units are now available on the south and west sides of Chicago.

- **Maintain and improve existing resources.** In response to the third recommendation, housing standards were developed 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 FY 1998-99, funding for housing advocacy services was decreased; through community advocacy, funding for four positions was restored. In 2000, the program was expanded and now consists of 8 advocates serving the Chicago EMA.

The 1995 plan served as a guide for the development of the continuum of housing and related services available to people living with HIV/AIDS in the region. It also called for an update in 2000 to identify emerging and expanding critical issues and to create new strategies in response to those identified needs.

### Five-Year Chicago Area HIV/AIDS Housing Plan

In accordance with the 1995 plan, in 2000, the Housing Committee of the AIDS Foundation of Chicago (AFC) Service Providers Council called for an updated HIV/AIDS housing plan. AIDS Housing of Washington, a national HOPWA technical assistance provider, again provided guidance and staff to support the plan. Every effort was made to involve key stakeholders, community leaders, and especially consumers, whose involvement is outlined below:

- A **Steering Committee** was formed in March 2000 to oversee and guide the needs assessment and planning process with co-chairs from the AIDS Foundation of Chicago, Chicago Department of Public Health, Community Supportive Living Systems, and Heartland Alliance. The committee represented 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 process, identified critical issues, and developed recommendations to address those issues.
- The **Housing Committee** was actively involved in the planning process, initiated consumer survey activities, and participated in the development of critical issues and recommendations.
- **Key informant interviews** were conducted with approximately 100 stakeholders, including case managers, housing advocates, agency directors, homeless providers, affordable housing developers, government agency staff, and other concerned community members.<sup>7</sup>
- **Site visits** were made to HIV/AIDS-specific housing programs throughout the Chicago EMA. The site visits, which included guided tours, provided an opportunity for housing program staff to discuss the critical issues facing their agencies and the people they serve.
- **Consumer focus groups** were held, targeting individuals from various subpopulations living with HIV/AIDS. Twenty-seven people living with HIV/AIDS participated in focus groups.<sup>8</sup>
- **Housing surveys** were completed by 505 people living with HIV/AIDS throughout the EMA.
- Relevant planning, housing, homelessness, and epidemiological **data were reviewed and summarized.**

<sup>7</sup> Please see the comprehensive list of key informants and agency affiliations at the front of this plan.

<sup>8</sup> Focus groups were conducted at Rafael Center, the CORE Center, Chicago Women's AIDS Project, and CALOR.

What follows is the presentation of the data collected in the planning process, an analysis of the existing resources and the resources needed, and the critical issues and recommendations identified by a community-wide housing planning committee. The analysis and recommendations reflect both the system level challenges and needs as well as best-practice recommendations for housing providers. In total, the goal of the *Five Year Chicago Area HIV/AIDS Housing Plan* is to provide guidance for housing policy and program coordination and decisions for the next three to five years, and ensure that these programs and policies reflect the importance of stable housing for people struggling to survive the challenges of HIV.