

***2018 Annual Report from Coalition Chair, Chuck Peterson,  
Executive Director, Clare Housing***

Greetings! This is the 14th annual issue of the HIV Housing Coalition Status Report. The Coalition is comprised of advocates, representatives of government agencies, and HIV housing and service providers. We continually strive to improve our knowledge about good housing policy and practice.

Our work in 2018 primarily focused in two areas:

- Strengthening the HIV housing data pulled from CAREWare, and,
- Starting work on the development of an HIV Centralized Waiting List.

**HIV Housing Data**

Thanks to the extraordinary work of Aaron Peterson (Hennepin County) and input provided by the HIV Housing Coalition, we now feel we have a solid tool to assess the number of people living with HIV who are in need of permanent housing solutions. While the data is limited to those who are eligible for and receiving Ryan White funded services, we do feel it reaches the majority of low-income/homeless individuals living with HIV in Minnesota.

**HIV Centralized Waiting List**

Thanks to funding from DHS, the HIV Housing Coalition embarked on a process to create a Centralized HIV Housing Waiting List in 2018. We envision a centralized waiting list to be a one-stop, technology based solution that will address and streamline the process for individuals and families to navigate the waiting list process for HIV housing. We ultimately hope the waiting list established will link to other affordable housing programs/waiting lists such as Coordinated Entry and the Veterans Registry. We hope to complete Phase I of this work in early 2019 and move towards development later in the year.

***Our Mission:*** To improve accessibility and expand housing options for HIV positive individuals through advocacy, education and use of best practices.

**MN HIV Housing Coalition meets most months -- join us!**

- 3<sup>rd</sup> Thursday
- 9:00 a.m. – 10:30 a.m.
- Clare Apartments  
(929 Central Ave NE, Mpls)

To be added to the email list, contact:  
[chuck.peterson@clarehousing.org](mailto:chuck.peterson@clarehousing.org)

**First Call Resource**

**Minnesota AIDSLine:**

- Metro: 612-373-2437
- Statewide: 1-800-248-2437
- [www.justushealth.mn](http://www.justushealth.mn)

***HIV Housing Inventory as of 12.31.18 – please contact the program for availability***

Facility	Address	Housing Type **	# Units
<a href="#">Clare Housing Supportive Housing Apartment Buildings</a>	Minneapolis	PSH	149
<a href="#">Clare Housing Community Care Homes</a>	Minneapolis	AFC	16
<a href="#">Clare Housing Scattered Site Housing Program</a>	Various Locations Metro Area	PSH	49
<a href="#">Ford House</a>	Minneapolis	PH	11
<a href="#">Hope House</a>	Stillwater	AFC	4
<a href="#">Indigenous Peoples Task Force - Maynidoowahdak Odena</a>	Minneapolis	PSH	14
<a href="#">Lydia Apartments</a>	Minneapolis	PSH	6
<a href="#">MLK Court (YWCA of St. Paul)</a>	St. Paul	PSH - Families	8
<a href="#">The Salvation Army</a>	Metro Area	PSH – Families (8); Singles (6)	14
<a href="#">Metropolitan Council HRA</a>	Scattered Site: Metro Area	PRA	52
<a href="#">JustUs Health (formerly MN AIDS Project)</a>		TH	90
<b>Total Units Available:</b>			<b>413</b>

\*\* **PSH** (Permanent Supportive Housing); **PH** (Permanent Housing); **AFC** (Adult Foster Care); **PRA** (Permanent Rental Assistance); **TH** Transitional Housing

## **HIV Housing Information & Resources**

Affordable housing is one of the greatest unmet needs for people living with HIV/AIDS. It is estimated half of all people living with HIV will need housing assistance at some point in their lives. Compared to people living with HIV who are stably housed, people living with HIV who are homeless are more likely to delay entry to care, be less adherent to medication, have worse overall health outcomes, and are more likely to use emergency rooms and be hospitalized. People who are homeless or unstably housed have HIV infection rates as much as 16 times higher than people who have a stable place to live. When housed, people are more likely to gain access to treatment and adhere to treatment.

We as HIV housing providers are changing this paradigm by putting housing at the core of one's health. Creating a culture of health across all our housing programs helps to build new communities where everyone has the opportunity to live a healthier life.

### **Federal Resources**

#### [HUD Homeless Assistance Programs](#)

[HOPWA: Housing Opportunities for Persons with AIDS](#)

### **Minnesota Resources**

#### [Minnesota Housing](#)

[Housing Support](#) (formerly GRH)

[HousingLink](#)

[MN Housing Partnership](#)

[Housing Benefits 101](#)

[Minneapolis Public Housing Authority](#)

[St. Paul Public Housing Authority](#)

[Metropolitan Housing & Redevelopment Authority](#)

### **Other Resources**

[MN Council for HIV/AIDS Care and Prevention](#)

[MN HIV Strategy](#)

[MN Coalition for the Homeless](#)

[National AIDS Housing Coalition](#)

[National Low Income Housing Coalition](#)

## **HIV in Minnesota**

In 2018, the Minnesota Department of Health (MDH) annual sexually transmitted disease (STD) surveillance report showed a continued rise in STDs in 2017 compared to 2016, prompting health officials to remind those at heightened risk of infection to get tested at least once a year.

MDH reported a 10 percent increase in new syphilis cases and a 28 percent increase in new gonorrhea cases. The number of new chlamydia, gonorrhea and syphilis cases combined in Minnesota increased by 8 percent in 2017 compared to 2016. Hepatitis C cases increased by 15 percent in 2017 compared to 2016, and half of the new cases reported injection drug use.

HIV cases remained stable with 284 cases reported in 2017, compared to 290 cases in 2016. The state averaged around 300 cases per year for the last five years.

- Males accounted for 74 percent of all new HIV cases during 2017.
- Male-to-male sex remained the main risk factor for males of all ages, making up 66 percent of new infections among male cases.
- Sixty-six percent of new HIV cases were among communities of color.

### **Minnesota HIV Strategy**

In 2018 MDH completed its work on the development of a comprehensive HIV Strategy to end new infections in Minnesota. The Strategy is a long-term plan that will guide our work as a state and will build on decades of work by community based organizations, government and advocates.

Our combined efforts in HIV prevention, education, syringe exchange programs, condom distribution, and quality HIV care have kept us at a consistently low rate of HIV transmission over the last decade. Advancements in medicine, treatment and care mean we now have the tools to eliminate new HIV transmissions in Minnesota.

The overarching goals of The Plan are:

- **Goal 1:** Prevent new HIV infections
- **Goal 2:** Reduce HIV related disparities and promote health equity
- **Goal 3:** Increase retention in care for people living with HIV
- **Goal 4:** Ensure stable housing for people living with HIV and those at a high risk of HIV infection
- **Goal 5:** Achieve a coordinated statewide response to HIV.

Updates on the plan can be found on the [MN HIV Strategy](#) webpage on the MDH website.