



2022 Status Report from MN HIV Housing Coalition

Greetings! This is the 17th issue of the HIV Housing Coalition Status Report. In 2022, our co-chairs were Alan Wittmer and Bill Tiedemann. The coordinator is Aamina Mohamed. The Coalition is comprised of HIV housing and service providers, government agency representatives, advocates, and community members.

Access to stable housing is critical for people living with HIV in Minnesota, helping to improve health outcomes and overall well-being. As Minnesota's coalition on HIV Housing, we continually strive to improve our knowledge about good housing policies, practices, and resources. Our work in 2022 primarily focused on four areas:

- ▶ Minnesota HIV Housing Coalition updates
- ▶ Pandemic response
- ▶ Encampments
- ▶ HIV outbreaks

Minnesota HIV Housing Coalition Updates

In 2022, the Minnesota Department of Human Services provided funding for Rainbow Health to contract with a strategic planning consultant to assist the Coalition with its Minnesota HIV Housing Plan and governance structure. The process began with a workgroup discussion in late spring and forming an RFP subcommittee. A request for proposals was released in August with a deadline in September. After interviews and careful consideration by the evaluation subcommittee, Staiger Vitelli and Associates were selected, and a contract was signed in December.

Pandemic Response

In March 2020, the Minnesota HIV Housing Coalition moved from in-person to virtual meetings. The virtual format has resulted in increased participation in meetings. In 2022, the coalition remained remote and met over Zoom.

Encampments

Coalition members were involved in the Low-barrier Housing Technical Workgroup, created in September 2021 in response to the HIV outbreak in Hennepin and Ramsey Counties, significantly affecting people experiencing homelessness and housing insecurity. The group works to address housing-related challenges for people living with HIV and thus slow the transmission of HIV associated with the outbreak. Avivo Village was funded for 10 HOPWA units, and a shared housing, no-barrier pilot for chosen families was initiated. Coalition members also participated in Duluth meetings around the Duluth area HIV outbreak.

HIV Housing Inventory as of 12.31.2022

Facility	Address	Housing Type*	# Units
Avivo Village	Minneapolis	Shelter	10
Clare Housing Supportive Housing Apartment Buildings**	Minneapolis	PSH	149
Clare Housing Community Care Homes	Minneapolis	AFC	12
Clare Housing Scattered Site Housing Program	Various Locations Metro Area	PSH	73
Ford House	Minneapolis	PH	11
Hope House	Stillwater	AFC	4
Indigenous Peoples Task Force - Maynidoowahdak Odena	Minneapolis	PSH	14
The Salvation Army	Metro Area	PSH – Families (8); Singles (6)	14
Metropolitan Council HRA	Scattered Site: Metro Area	PRA	50
Rainbow Health (formerly JustUs Health and MN AIDS Project)	Scattered Site: Statewide	TH	155
The Aliveness Project	Minneapolis	RRH	50

TOTAL UNITS AVAILABLE: 542

* PSH (Permanent Supportive Housing); PH (Permanent Housing); PRA (Permanent Rental Assistance); TH (Transitional Housing); RRH (Rapid Re-Housing); AFC (Adult Foster Care).

** Clare Housing is partnering with PPL on "Bloom Lake Flats," a new building providing 15 units for families and 27 for individuals. (Total of 42 units, opening in 2023).

MN HIV Housing Coalition

Our Mission

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

We meet most months.

Join us

3rd Thursdays

9:00 a.m. – 10:30 a.m.

Meetings are held via Zoom.

To be added to the email list

or to get a meeting link, contact:

aamina.mohamed@rainbowhealth.org

First Call Resource

Minnesota AIDSLine

CALL (612)373-2437

EMAIL aidslines@rainbowhealth.org

TEXT AIDSLINE to 839863

Housing Info Newsletter

For providers

SUBSCRIBE

rainbowhealth.org/housing-advocacy-newsletter-sign-up

HIV Housing Information & Resources

Affordable housing is a significant unmet need for individuals living with HIV/AIDS in Minnesota. Research has shown that roughly half of all individuals living with HIV will require housing assistance at some point. Compared to those with stable housing, individuals living with HIV who are homeless are more likely to delay starting treatment, have lower adherence to medication, experience worse overall health outcomes, and are more likely to use emergency rooms and be hospitalized. In addition, studies have shown that individuals who are homeless or unstably housed have HIV infection rates that are up to 16 times higher than those with stable housing. On the other hand, when individuals have access to stable housing, they are more likely to seek treatment and adhere to it.

Federal Resources

[HUD Homeless Assistance Programs](#)

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

[National AIDS Housing Coalition](#)

[National Low Income Housing Coalition](#)

Minnesota Resources

[Housing Benefits 101](#)

[HousingLink](#)

[MN Coalition for the Homeless](#)

[MN Housing Partnership](#)

[Minnesota Housing](#)

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

[MN HIV Strategy – END HIV MN](#)

[Practical Guide to HOPWA \(MN\)](#)

[Snapshot of Resources for HOPWA \(MN\)](#)

[2022 HIV Housing Funding Chart](#)

[Twin Cities Syringe Exchange Calendar](#)

[Hennepin County - Ryan White HIV Services](#)

[MDH - HIV Statistics](#)

HIV Outbreak Resources

[Minnesota Department of Health](#)

[Hennepin County](#)

HIV in Minnesota

There are an estimated 9,697 people living with HIV/AIDS in Minnesota (2021). In 2021, there was an 8% increase in new HIV cases, with 298 cases reported compared to 275 in 2019. A significant proportion of these recent cases, 65%, are among communities of color. Of the 298 total HIV diagnoses in 2021, 74% of the cases were in the 7-county Twin Cities metro region, with 31% in Minneapolis, 11% in Saint Paul, and 32% in the remaining suburban area (excluding Minneapolis and Saint Paul). In Greater Minnesota, there were 76 newly diagnosed HIV cases across 39 counties.

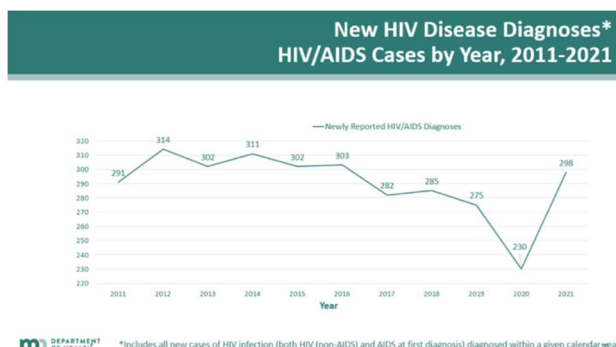


Fig. 1 Minnesota HIV Incidence Report, 2021.

HIV, Homelessness, and Mortality

Per the Minnesota Department of Health's Minnesota Homeless Mortality Report, 2017-2021, in Minnesota, people experiencing homelessness are 7.4 times more likely to die from complications from HIV/AIDS than the general Minnesota population.

Category	All deaths, unadjusted		Adjusted mortality rates per 100,000 person years		
	PEH (n, %)	Minnesota (n, %)	PEH	MN	Mortality rate ratio
All deaths	1,966	237,859	663.1	221.6	3
Infectious disease, overall	102 (5.1)	14,709 (6.2)	3.9	11.5	2.9
Pneumonia or influenza	12 (0.6)	2736 (1.2)	4	1.9	2.1
COVID-19	61 (3.1)	9,415 (4.0)	50.2	17.7	2.8
Viral Hepatitis	6 (0.3)	228 (0.1)	2	0.4	4.6
HIV/AIDS	10 (0.5)	143 (0.1)	3.3	0.5	7.4
Sepsis	13 (0.7)	2,187 (0.9)	4.3	1.7	2.6

Fig. 2 Minnesota Homeless Mortality Report, 2017-2021.

HIV Outbreak

An outbreak was declared in Hennepin and Ramsey counties in 2020, with cases dating back to December 2018. A separate outbreak in the Duluth area was declared in 2021, with cases dating back to September 2019. Minnesota's outbreak-associated cases have risk factors consistent with the national outbreaks. People at high risk in the current outbreaks include people who use injection drugs or share needles/works, people experiencing homelessness or unstable housing, and people who exchange sex for income and other items they need. It was found that two distinct outbreaks are occurring concurrently within the Hennepin and Ramsey outbreak, one linked to HIV transmission among people who inject drugs (PWID) who live or have spent time in known encampment corridors in Minneapolis or St. Paul and another among PWID, including men who have sex with men and inject drugs (MSM/IDU) who are not linked to these known encampment corridors. Outbreak cases do not account for all cases of HIV in Minnesota. For current outbreak information, please visit MDH HIV Outbreak Response and Case Counts.