Information from the Minnesota Department of Health

Housing Needs of HIV Positive Parents with Children

January 1997
Minnesota Department of Health
Disease Prevention and Control
AIDS/STD Prevention Services
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As required by Minnesota Statute 3.197:
The report cost approximately $7,000 to prepare, including staff time, printing, and mailing expenses.

This report was made possible from funding by the
Housing Opportunities for Persons with AIDS - U.S. Department of Housing and Urban Development.

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Introduction

In 1996, the Minnesota State Legislature passed into law a statutory provision that directed the Commissioner of Health to conduct a study on the housing needs of HIV positive parents with children. The legislation is as follows:

The Commissioner of Health shall report to the legislature by January 15, 1997, on the planning activities for HIV housing, in cooperation with the Coalition for Housing for People with AIDS, including consideration of appropriate housing options so that parents with HIV or AIDS may live with their children when the disease debilitates the parent so that the parent is not able to care for their children. The report shall also make appropriate recommendations concerning the development of such housing.

The Coalition for Housing for People with HIV (hereinafter the Housing Coalition) is one of several planning bodies that consider issues of relevance to people living with HIV/AIDS. The Housing Coalition, the Commissioner's Task Force on HIV/STD Prevention, and the HIV Services Planning Council, made up of various people and professionals from all walks of life, collaborate with dual memberships and informal dialogue across all of the planning groups to avoid duplication of efforts.

The Housing Coalition and the Minnesota Department of Health answered the call of the Minnesota State Legislature to study and report on the housing needs of HIV positive parents with children. This study represents one part of a larger effort to update a major assessment of the housing needs of people with HIV conducted two years ago. The HIV Housing Assessment and Five Year Plan, endorsed by the Housing Coalition in January 1995, was a first attempt at guiding priority setting for HIV housing needs in the state. This plan, refined at the HIV Housing Summit in March 1995, has guided the allocation of local, state, and federal funds dedicated to meeting the housing needs of people with HIV.

The needs assessment update, conducted in the last quarter of 1996, is a modest attempt to gauge the extent housing needs for people with HIV have changed in the last two years. This special report on the needs of HIV positive parents with children is a first step at more closely examining the housing needs of this unique and growing group of people.

Steven Gray and Associates conducted this assessment with the Housing Coalition, under contract with the Minnesota Department of Health, using funding from the U.S. Department of Housing and Urban Development Housing Opportunities for People with AIDS program. Steven Gray worked extensively with a subcommittee from the Housing Coalition, which included the following members: staff from state agencies, the public housing authority, community based organizations, communities of color, and people living with HIV/AIDS. Steven Gray conducted the original 1995 housing needs assessment.

Methodology

This assessment relied primarily on input from people with HIV who have children. Ten individual interviews were conducted with people who have children living with them more than half of the time. These interviews focused specifically on issues identified by the Housing Coalition Needs Assessment Committee, and through prior research with people with HIV and providers of service to HIV positive people.

Families were selected for inclusion in this study by asking service providers who deal specifically with families to solicit potential interviewees. Each person interviewed was paid a small stipend. In one instance, both the mother and father of the family were interviewed, but their responses were combined to represent one family.

Three other studies also inform this assessment of need. They are:

- Interviews conducted as part of the larger HIV housing assessment update.
- Interviews and surveys conducted as part of a needs assessment for the Minnesota HIV Services Planning Council.
- A study of 1995 HIV case management data collected by the Minnesota Department of Health specifically focusing on the 89 families receiving case management services during that year.

These additional studies did not focus solely on parents and their issues, but some parents were surveyed and their opinions have been pulled out when they illuminate issues that were also addressed in those surveys.

This assessment is not meant to be the definitive statement of housing needs for HIV positive parents with children. It is a modest first step. Additional research is needed and should be part of ongoing assessments that will be undertaken by both the Housing Coalition and the HIV Services Planning Council.

Epidemiological Context

There are at least 3,050 people known to be living with HIV in the state of Minnesota. The total number of people known to be living in Minnesota with HIV and AIDS has remained fairly constant for the past four years. The total number of people infected continues to increase slightly each year, but the rate of that rise has slowed dramatically in the past three years.

While the total number of HIV positive people has stabilized, several trends within the total are notable. The percentage of those who:

- Contracted the disease through male/male sex has decreased from 65% to 61% in the past four years. While the percentage of gay males with HIV has declined, they will continue to be the largest group of people with HIV for the foreseeable future, representing over half of all people with HIV living in the state.
- Are White has decreased from 74% to 69% in the past four years.
- Are Black has increased from 18% to 23% in the past four years.
- Are Female has increased from 11% to 14% in the past four years.
- Contracted the disease through male/female sex has increased from 6% to 8% in the past four years.

The number of people living outside the Twin Cities eligible metropolitan area (EMA) is fairly constant at 10.3% of the total. The EMA is a larger than usual configuration of counties surrounding the Twin Cities and includes Hennepin, Ramsey, Anoka, Dakota, Washington, Scott, Carver, Chisago, and Isanti counties in Minnesota. Pierce and St. Croix counties in Wisconsin are also included in the EMA, but are not part of this analysis.

Unfortunately, the state epidemiological data does not track the number of families with children. However, in 1995, state-funded HIV case management programs had a total of 132 families with children that received some case management services. In addition, it is known that 174 HIV positive women have children. Based on these numbers and other epidemiological data, it is estimated that there are between 300 and 400 families in Minnesota with an HIV positive parent.

The trend of increasing numbers of women contracting the disease and numbers contracting the disease through male/female sex implies that the number of infected adults with children will continue to rise. While there are parents with children who are bisexual or intravenous drug users, most of the parents known to the HIV service system continue to be heterosexual women. In 1995 for example, 75% of all people receiving case management services were male. In that same year, 71% of the parents living with children receiving case management services were female.

Description of the sample.

Of the ten parents interviewed, eight were women and two were men. They had from one to six children with an average of three. Six of the ten were African-American and four were White. The average age of those interviewed was 35 years old. Seven were single parents.

Of the six who were not born in Minnesota or South Dakota, the average length of time living in Minnesota was 6 years.

Seven of the ten had finished high school. One person was a veteran. Two had prison records.

Nine of the ten reported contracting HIV through heterosexual sex.

One said they contracted the disease through a blood transfusion. Four of the ten have an AIDS diagnosis. Consistent with the epidemiology for those contracting HIV through heterosexual sex, this group became aware of their infection more recently. Eight of the ten found out they were infected in the past four years. One of the families had an HIV positive child.

Most of the interviewees were very low income.

Only two were working full-time jobs. For those not working, income consisted of food stamps, AFDC, and, in five cases, social security disability funding. Four were also receiving a housing subsidy. The entire sample had an average monthly income of $1,065, including the value of the housing subsidies, and were supporting an average of three people on that income.

The two working parents had private insurance while the rest were getting medical care paid for by Medical Assistance or the Veterans Administration.

This sample was very representative of those parents living with children known to the case management system.

In 1995, 87% of all parents receiving case management were heterosexual and 94% had incomes less than $1,000 per month.

Major findings

There are not enough affordable housing units for families with children in the state.

Finding a decent place to live is one of the biggest issues these families face. Most are unhappy with their current situation and cannot find big enough homes in safe neighborhoods for a reasonable rent. The extremely tight housing market impacts low income families the most. These families pay a high percentage of their income in rent, they cannot find a place with the bedrooms they need, and some have unstable rental histories that make them less attractive to landlords. In 1995, 44 of the 89 families in case management were referred to housing services, but only 50% received any service. While the data is not complete, it appears the needs were not met due to the lack of available services and lack of follow-through on the part of clients.

Parents want safe neighborhoods.

Parents overwhelmingly would choose less nice housing in a nice neighborhood over nicer housing in a less nice neighborhood. These parents are like any other parents. They are concerned for the well-being of their children. Environmental and safety concerns are high for this group, both for their children and for themselves. This is especially true for those that have a past history of chemical dependency. They want to get out of the environment where they abused drugs so they are less likely to fall into old non-sober habits.

Transportation is a major issue.

Seven of the ten interviewed said that transportation is a "problem" or "a big problem" for them. Only one person had a car. The rest rely on the bus or their feet. Parents complained that the public transit system has reduced service in many of their neighborhoods. In 1995, over half of the families in case management had transportation needs.

Parents want to keep their children with them.

Those interviewed expressed a desire to stay in their homes if they got sicker. All chose home health care options over nursing home or adult foster care options. Many said they would go live with or get a family member to live with them if they got sicker. Even though their homes were not castles, this group preferred them over skilled nursing facilities and adult foster homes which do not allow children to reside in them.

Supportive living arrangements would be ideal.

All of those interviewed were asked to design a housing program for families living with HIV. The recurring suggestion was for a set of independent apartments linked together with common areas for children and adults and direct links to supportive services. These families were, for the most part, interested in finding a community of people who could support one another.

Specific housing issues

People are not satisfied with their current housing.

Nine of the ten interviewed were not satisfied with their current housing situation. Seven had physical problems with their home, most notably that their place was too small for the number of people living in it. Seven had problems with the location of their home. Most of those saying they were unhappy with the location felt the neighborhood was not a good place to raise children because of crime in the neighborhood. Three of those interviewed reported having trouble with their landlord being unresponsive to their needs

A transitory group of people.

Eight of the ten were living in rental apartments and two were living temporarily with others while they try to locate a permanent place to live. More than half of those interviewed had been living in their place for less than four months. Only one of the ten had not moved at all within the past two years. However, only two had lived in Minnesota for less than four years.

Housing cost are high.

These ten families pay an average of 48% of their monthly income in rent and utilities. Even those with a housing subsidy end up paying more than the federal standard of 30% of their income for rent AND utilities. Five of the ten are receiving a housing subsidy and four more have applied for one in the past. The average housing subsidy for this group is $300 per month.

Housing histories are unstable.

Eight of the ten have had unstable housing histories as a result of poverty. Seven of the ten have experienced homelessness in their lives. Seven have lived with families or friends to reduce housing costs. Four have used a transitional housing program and three have used a shelter facility. Three of the ten have past histories of not paying the rent on time and having an unlawful detainer (UD) served on them. This makes it difficult for them to find a home.

Other significant issues

History of depression and chemical dependency.

As if their housing issues are not enough, eight of the ten interviewed report a current diagnosis of depression, anxiety or some other mental illness. Seven of the ten have had chemical dependency problems, including two who have current chemical dependency issues they are working on. All have been able to get some counseling, substance abuse or mental health therapy. However, of the families receiving case management services in 1995, over half were referred to mental health or chemical dependency services, yet only half of those referred received the treatment they needed.

Child care is inconsistent.

Child care was a problem for six of the ten interviewed. The biggest perceived need was for respite child care, to allow parents to have some time for themselves. This was also true for parents in the recent HIV Services Needs Assessment. In that study, service providers reported that 28% of those needing child care are not receiving it, and only five of the nine people interviewed for that study who needed child care were able to obtain it. Of those being case managed in 1995, 37% of the families were not able to get the child care they needed due to limited resources in the community and difficulty in arranging care.

When asked specifically about their willingness to use an adult day care center if they got sicker from HIV, six of the ten said they would use one only if child care was available and coordinated.

Daily living assistance is needed.

Parents were asked if they had ever needed assistance in the home. Specifically, home nursing care, personal care attendant care, and daily living assistance were asked about.

Those who needed home nursing care had been able to access that care and were satisfied with what they received. All of those needing assistance with daily chores such as cleaning, grocery shopping, doing laundry and paying bills were not able to access that assistance. Assistance with daily living activities was also identified as an unmet need in the HIV Services Needs Assessment especially for parents with children.

Recommendations

The following recommendations are provided to start addressing the needs identified.

A variety of housing options are needed to assist parents living with children to provide stable housing to their families. There are many tools that can be used to help parents provide decent housing. Funding for the following recommendations, which are in priority order, can come from various federal, state, and local funding sources and/or agencies.

A rental clearinghouse for persons living with HIV.

Parents need a central place to go that would help them find a place to live. The families in this study envision a place with listings of landlords sympathetic to families with HIV. They envision sensitive staff that would also provide transportation to view prospective homes. They envision a place that provides access to vouchers and other forms of housing financial assistance. The recent Hollman decree demanding that metropolitan area housing authorities disperse public housing has led to the creation of the Twin Cities Affordable Housing Network which will create a housing clearinghouse. Providing support for and collaborating with this clearinghouse to work specifically with HIV positive individuals and families could be one cost effective method for providing this needed service to persons living with HIV. Total potential cost of the program for two years: $100,000.

An increase in emergency housing funds.

Currently, federal Housing Opportunities for Persons with AIDS (HOPWA) monies support a Greater Minnesota emergency housing fund administered by the MAP and a metropolitan focused fund administered by the Metropolitan Council. These funds are used to assist individuals to pay for past due utility bills, rental deposits, overdue mortgage payments, and moving costs. These funds have been highly utilized and demand has outstripped the supply. HOPWA funds have continually been endangered as federal budget cutters look for programs with limited constituencies. In addition, after May 31, 1997 HOPWA funding will not be available to persons residing outside of the metropolitan area. The State should augment current funding for emergency housing needs to ensure this kind of support is available for families living with HIV. Total potential cost of the program for two years: $550,000.

Housing vouchers specifically for parents living with HIV.

A housing voucher would be a certificate enabling a person to get a subsidy for their rent or mortgage. HIV housing vouchers could operate on the same principal as a Section 8 voucher in that the person holding the certificate would pay no more than one-third of their income for their rent or mortgage. The purpose of the vouchers would be to ensure a stable housing situation for children. Allowing the housing vouchers to be used for mortgage payments would ensure that no family would be displaced when a loss of income due to disability from HIV takes place. Some HIV rental vouchers are already in place, but the demand outpaces supply. A housing voucher initiative would cost an average of $400 per family per month and would serve both the urban and rural parents in need. Total potential cost of the program for two years: $200,000.

A congregate housing project for families living with HIV should be developed.

A model, developed by the Minnesota American Indian AIDS Task Force and the Powderhorn Residents Group using both public and private funds, demonstrates the viability of a housing option that allows families living with HIV to live in a supportive community setting. Families will live in independent apartments that have common space for both children and parents. The cooperative housing entity will be developed that allows families to care for their own units and pool their human resources to keep up the common space. Although this project is culturally specific, the model can be replicated for families living with HIV in general. Total potential cost of the program: $2,000,000.

A child care fund for families living with HIV.

One of the most critical unmet needs is child care. A special fund should be established to allow parents, especially single parents, to get their child care needs met so they can gain needed respite from their children. This will assist them in both following through on critical appointments for medical care and other supportive services and also allow for much needed respite. The child care fund should be flexible enough to reimburse for a wide variety of child care options in both rural and urban settings, from day care centers to home day care providers to extended family members providing assistance to families living with HIV. Total potential cost of the program for one year: $150,000.

The State should create a centralized system to oversee the development of housing and housing related resources for persons with the disabilities of HIV/AIDS, substance abuse, and mental illness.

The need for supportive housing throughout the state is apparent. Many families are dealing with multiple issues and need a more intensive level of assistance. A person tracking the needs of persons with multiple disabilities would be able to:

- Coordinate planning with other state, local, and federal government agencies and community groups.
- Identify opportunities to support development of needed and viable projects.

The imminent specter of welfare reform adds another element of need for this kind of position. Welfare reform puts low income persons with disabilities at greater risk of homelessness. This, in combination with the tight housing market, cuts to Medicaid reimbursements, and the reduction of the subsidized housing stock, further jeopardizes those in the lowest income strata of the community.

A long-term, thoughtful process ought to ensue to determine where this centralized system ought to be housed. Total potential cost of the program for two years: $100,000

The State Legislature should hold a hearing on the housing needs of people living with HIV and their families.

The emerging trends indicate a growing need for housing assistance. A hearing would allow the issues to be fully aired from both a personal and community point of view as well as a state and local agency perspective.