



Oregon HIV Housing Task Force Meeting Minutes: March 22, 2006

Participants:

Name	Agency
Jerae Bjelland, Co-Chair	<i>Marion County Health Dept.</i>
Renee Yandel, Co-Chair	<i>HIV Alliance, Lane County</i>
Annick Benson-Scott	<i>DHS, HIV Client Services</i>
Ryan Deibert – by telephone	<i>DHS, HIV Client Services, OHOP</i>
Vic Fox	<i>DHS, HIV Client Services</i>
Donna Yutzy	<i>DHS, HIV Client Services</i>
Karen Smith	<i>DHS, HIV Client Services</i>
Cheryl Owen	<i>Lincoln County Health Dept.</i>
Patty Thomas	<i>Jefferson County Health Dept.</i>
Denise Fry	<i>DHS, OHOP</i>
Elidia Seymour	<i>Polk County Health Dept</i>

Welcome & Intro – Renee Yandel

HIV Client Services Administrative Report – Annick

The report on the recent HUD (Housing and Urban Development) site visit was received. Overall, the report was good and thoughtful, with constructive criticism. There was nothing shocking, and many items were easily fixed, or already resolved, by the time the report came in. Annick read from the cover letter, which was very complimentary, regarding the transition of the program from OHCS (Oregon Housing and Community Services) to HIV Client Services. Ryan added that the program success was largely due to the work of the Housing Coordinators to re-certify clients and put the charts in order. HUD was very impressed with all staff accomplishments.

The third year Annual Progress Report for the first competitive grant has been submitted (DHS is grantee) – the grant ended 11/30/05. In the reporting period, OHOP (Oregon Housing Opportunities Program) served 71 PLWH/A, and 46 family members, totaling 117 persons served for the last year.

12 persons came to OHOP from a homeless situation, from streets or shelters; 2 from hospitals or medical facilities; 1 from jail or prison; 27 from living with relatives or friends; 64 previously housed; 5 from refugee resettlement; 5 other (not noted); 1 from AMD group home. The grant has been renewed through June 2008.

The HUD NOFA (notice of funds available) was just released. The program plans on applying for a SPNS grant (Special Projects of National Significance). The current PIP (post-incarcerated program) grant ends 7/30- the new grant application will expand the grant to include the Title I Portland EMA (eligible metropolitan area). Cascade AIDS Project (CAP) will be our project partner. The grant will focus on persons coming from an

incarceration situation or have a barrier to housing because of past criminal history. Ryan reports that he had promising initial discussions with DOC (Department of Corrections) health services staff on better ways to partner with OHOP, so that housing can be provided upon an individual's release. CAP has strong connections with Multnomah County DOC, and can build on that. Donna's expertise will be heavily tapped for writing. The application is due June 13, and awards will be announced in August.

Absence Announcements

Annick will be on maternity leave for three months, and Ryan's baby was due March 21. Annick will work until April 13, and be back on August 1. In Annick and Ryan's absence, direct questions to Donna or Vic. Ryan will be off for about three weeks after the birth of his daughter, or March 23 is his last day. He'll be back around April 17, and then will take two months off in July and August. Annick will sub for Ryan during the first 3 weeks of absence. Planning is still in process for Ryan's second "time out."

OHCC update – Donna

The next Oregon HIV Care Coalition (OHCC) meeting is June 14; the agenda will be out shortly. The Persons Living with HIV/AIDS (PLWH) Committee is convening on May 9 for organizing purposes. If Case Managers have any high-functioning clients, please send their names to Donna; there are not many folks on the Committee outside the greater Portland area. Jerae noted there is a support group forming soon, which could generate some candidates. Donna offered one idea the committee will work on: to create a group of trained PLWH to disburse info to other PLWH in outlying areas and gather info back for the program, and to break up some of the rural-area isolation.

Quality Management

Donna reported we are one year into the National Quality Management collaboration. She thanked everyone for all their work in CAREWare, and information gathering.

Oregon was selected this year to undergo a HRSA performance review (6-month process – all over the state - very comprehensive). HRSA staff will be on site at the beginning of April.

CAREAssist questions: Case Managers would like to know who does what? That information will be sent to all Case Managers. Case Managers asked if a policy manual for CAREAssist exists. Donna mentioned that there would be a new revision coming out soon, by July 1.

The search for housing funding sources continues. Elidia remarked that she recently enrolled three clients in the housing program (OHOP) and all went very well.

OHOP Update – Ryan

Program staff is trying to be more obvious when working with clients, i.e., informing them of funds available, such as LIEAP funding. The Housing Coordinators are hard at work with LIEAP requests & certifications. The OHOP waiting list is currently at 25 from an original of 50 – overall acuity is two or lower. Clients with high housing needs have been served very quickly.

OHOP Program evaluation (by PDES) – client satisfaction survey is just out; looking forward to responses.

Mission Statement – Donna

“The Oregon HIV Housing Task Force seeks to assure that Oregonians living with HIV/AIDS have access to safe, affordable and stable housing which will improve their quality of life and health outcomes without judgment, by providing education, advice and guidance about housing and HIV issues to local, state and federal agencies.”

The current statement can be changed (or not) by task force members. It’s been a few years since it was developed.

Housing Task Force Roles and Responsibilities

Question: what should this group do in the next year?

- Address funding issues.
- Be an information source for clear understanding of housing issues throughout the state by HIV Client Services. The Task Force provides advice from members who actually provide services to PLWH/A. The case managers on the Task Force know the clients; their barriers and challenges; this group provides perspective to HIV Client Services.
- Case management issues/funding/contact & action issues/Case Managers’ time is very split. OHOP helps case managers by increasing resources available in resource poor parts of the state.
- Community connections need improvement: communication, education (speakers at HTF meetings work well). Presentations help members learn where there are gaps.
- OHOP was never intended as a be-all and end-all for PLWH housing needs. OHOP is a great resource, but there is a lot that cannot be provided. Would like to see continued focus on understanding statewide and local extended resources beyond OHOP’s abilities, i.e., mortgage assistance. Case Managers can be seen as local ambassadors to communities.
- Continue to focus on understanding and/or learning about mainstream programs that are available. Bring together resources to help clients.
- Address Resources for clients who can’t work within OHOP.
- Educate community landlords, so as to encourage participation with the program.
- PDX has a huge education program.
- HTF and OHOP are good, but we also need communication/education for developers. Other organizations do more than we do, and it’s always been intended that OHOP would do more than the HIV Housing Task Force can effectively pull together for resources on how to present information.
- Identify creative ways to link with other groups/agencies (landlord/developer associations). They’re not going to come to us.
- OMHAS (Oregon Mental Health and Addiction Services) has a quarterly housing advisory committee (housing providers) – with panels of speakers. It would be good to have one of their meetings focus on HIV and housing needs.

Changes/ additions/ deletions to the mission statement at this point

- Once clients are housed, put them into other programs to encourage productive community membership. This may be a case management issue, and not appropriate to the Housing Task Force.

- Holistic view needs broader reflection in the mission statement. *Donna and Ryan will look at adding language for larger view; will send to task force for editing.*

Changes to “Responsibilities”

Delete the word “annually” for review of HIV housing needs assessment

Keep the OHCS Report.

- HOPWA implementation – yes

- Review OHOP Plan, State of Oregon HIV Client Services Comprehensive Plan, & HIV Services Implementation plan

- Provide forum, expertise, and advice

- (2) Work in partnership with HIV Client Services, etc. – change to “stay updated” rather than annually review; delete “develop” standards

- (3) Review State’s Housing, etc.; role of task force; ambassador to local planning process, opportunity to inform & assist

Consolidate Plan so it exists in a discrete document for reading

Local process is unknown – suggest OHCS to come and talk to the Task Force, presentation from OHOP on statewide process-find ways to be involved in local planning

-(4) Delete

-(5) Make intent more clear. State to be involved in local and statewide forums where HIV needs should be represented.

-6, 7 Leave as is. Add report to OHCC.

2006 GOALS

Focus Area: Hispanics

Goal 3 – Diverse language requirements re dialects, cultures, and established versus newly immigrated persons as an education piece for providers

Focus Area: Discrimination and fair housing

Goal 1 – Training to Case Managers this year – continue partnership with the Fair Housing Council

New goal - Add training on fair housing rights for clients

Focus Area: Ready to Rent Programs

Goal 1 – Find resource inventory of training programs; CAP has a good ready to rent program

Objective: work with CAP to find funding to address transportation issues for client readiness training; a ten-week class program will not work with rural HIV clients. Look at creating separate life skills training course.

Focus Area: Re-Employment Programs

New goal - provide HIV education to workers in vocational rehabilitation, senior and disability services, and to local government representatives.

Focus Area: Homelessness

No changes in goals. Discussion about how to get representatives from ARCHES and "Beyond Shelter" to sit on the Task Force.

Focus Area: Corrections

New goal - participate in transition fairs.

Focus Area: Mental Health and Substance Abuse

Goal #1 is completed – post to web site

Goal #2 – delete "high-incidence counties" language

Goal #3 – educate Case Managers

Goal #4 – delete and move to program implementation

Goal #6 is completed

Goal #7 – Ryan will represent OHOP to the Governor's Council on Alcohol and Drug Abuse and he would like the task force chairs there, as well.

Goal #8 – Send a representative to the OMHAS bi-weekly Community Briefing – get more info on the briefing

New Goal - look into funding opportunities for HIV substance abuse, MHA housing (bricks & mortar housing, HIV specific residential housing).

Meeting dates for 2006

The task force will return to meeting quarterly.

Presentations to be set up from DOC and OHCS

Next meetings:

- **Wed June 7 from 1:00 – 4:00 p.m.,**
Marion County Health Dept., Room 1C

- **Wed Sept 13 1:00 – 4:00**

Attachment: Vision/Mission/Goals 2006

OREGON HIV HOUSING TASK FORCE 2006

Vision:

The Oregon HIV Housing Task Force seeks to assure that all Oregonians living with HIV/AIDS have a safe, affordable and a stable home.

Mission:

The Oregon HIV Housing Task Force seeks to improve the quality of life and health outcomes for PLWH by providing education, advice and guidance about housing and HIV issues to local, state and federal agencies. Recognizing the importance of providing stable access to “three homes – physical, spiritual/emotional and community, the Task Force’s mission includes looking holistically at the full continuum of care for people living with HIV in the state and finding ways to help create opportunities for consumers and providers to engage in their local communities around the issues of HIV and housing.

Responsibilities:

1. Review HIV housing needs assessment.
2. Review HOPWA utilization information provided by HIV Client Services.
3. Review legislative and statewide housing information provided by Oregon Housing & Community Services (OHCS).
4. Review information about challenges/issues/problems with HOPWA implementation.
5. Annually, undertake a strategic planning process that includes review of needs, gaps analysis, goals and objectives and strategies.
6. Review the OHOP Plan, the Oregon HIV Client Services Comprehensive Plan, and the HIV Services Implementation Plan.
7. Stay informed about best practices and standards for providing housing to PLWH/A.
8. Be an “ambassador” to local housing plans in the members’ home community in order help educate local housing authorities about the issues of PLWH/A and housing, and to advocate for including HIV in the priorities for local funding.
9. Seek to be involved in local and statewide forums where HIV and housing issues should be articulated.
10. Provide a forum for promoting coordination, collaboration and linkage around issues of HIV and Housing.
11. Provide expertise, advise and recommendations to HIV Client Services.
12. Educate selves on HIV and housing issues.

13. Report to the Oregon HIV Care Coalition (OHCC) to keep the members of the coalition informed on the activities of Task Force. (The Task Force Co-Chairs are members of OHCC.)

2006 GOALS

FOCUS AREA: HISPANICS (including undocumented persons and farm workers)

Goal #1: Build stronger relationships between the OHOP program and Hispanic organizations providing services to the Hispanic community.

Goal #2: Identify specific activities to help overcome two identified housing barriers:

- Persons without Social Security numbers have difficulty moving from OHOP to long-term stable housing; and
- Persons without citizenship documentation have difficulty getting utilities turned on.

Goal #3: Recognize diversity and educate providers on language and cultural differences.

FOCUS AREA: EMPOWERING AND EDUCATING CLIENTS

Goal #1: Continue partnership with Fair Housing Council of Oregon in order to:

- Train Housing Coordinators and HIV Case Managers;
- Provide referral information for clients;
- Provide training opportunities for clients; and
- Provide updated information the Task Force on any changes in the Fair Housing Laws.

FOCUS AREA: READY TO RENT PROGRAMS

Goal #1: Find a resource inventory of rent readiness training programs and contacts throughout the state. Make the resource guide available to HIV Case Managers.

Goal #2: Develop life skills training opportunities for Title II clients statewide.

FOCUS AREA: RE-EMPLOYMENT PROGRAMS

Goal #1: Develop a resource inventory of re-employment programs and contacts throughout the state. Make the resource guide available to HIV Case Managers.

Goal #2: Provide HIV education to workers in vocational rehabilitation, senior and disability services, and to local government representatives.

FOCUS AREA: HOMELESSNESS

Goal #1: Provide information and education about the “Housing First” model to OHOP and HIV Client Services program staff/management to assist in developing program policy that helps move the case management/care coordination components of both programs to the “three homes” concept for helping PLWH/A who are homeless.

Goal #2: Recruit a representative from “Beyond Shelter” and “ARCHES” to sit on the HIV Housing Task Force.

FOCUS AREA: CORRECTIONS

Goal #1: Provide information about OHOP/PIP and the HIV Case Management programs to:

- The Department of Corrections Advisory Committee;
- Corrections/jail personnel; and
- Transition planners in both systems.

Goal #2: Recruit a representative from the Department of Corrections and from a local jail to join the HIV Housing Task Force.

Goal #3: Participate in transition fairs.

FOCUS AREA: MENTAL HEALTH AND SUBSTANCE ABUSE

Goal #1: Develop a strategy to talk to the local county Health Administrators and/or the Mental Health Directors about participating in the conversation to develop the local County Implementation Plans.

Goal #2: Distribute information about the Priorities required by the local SAMHSA Block Grants that fund substantial amounts of money to local communities. Priorities: IDU, Pregnant Women, Women with children, Women. These clients move to the top of the waiting list for Mental Health and Substance Abuse services.

Goal #3: Develop a strategy to send representation to Local Alcohol and Drug Planning Committees in target counties.

Goal #4: Present information on HIV & Housing to the Governor’s Council on Alcohol and Drug Abuse.

Goal #5: Send a representative to the OMHAS bi-weekly Community Briefing.

Goal #6: Pursue funding opportunities for HIV/SAMH and Housing.

FOCUS AREA: Participate in Statewide Planning Processes

Goal #1: Educate the Task Force members on local consolidated planning processes.

Goal #2: Present to the Task Force on Statewide Consolidated Plan.