

Steering Committee Meeting Minutes

Appendix I contains minutes from Steering Committee Meetings held during the planning process.

Monday, March 19, 2001

Eugene

Present

<u>Name</u>	<u>Agency</u>
Jeanne Arana	<i>Oregon Housing and Community Services</i>
Annick Benson	<i>Oregon Health Department</i>
Karen Bony	<i>Josephine County Health Department</i>
Megan Boyle	<i>Deschutes County Health Department</i>
Jack Duncan	<i>Oregon Housing and Community Services</i>
Victor Fox	<i>Oregon Health Department</i>
Lauren Fanning	<i>Department of Corrections</i>
Dan Freedman	<i>DHS—OADAP</i>
Roger Gednalske	<i>Consumer Advocate—Lane County</i>
Patricia Jackson	<i>Lifeline AIDS Project</i>
Catherine Keane	<i>Women's Intercommunity AIDS Resource (WIAR)</i>
Diane Lang	<i>HIV Alliance</i>
Jack Little	<i>Marion County Lifeline and Unity & Support</i>
Sharon Miller	<i>Central Oregon Community Action Agency Network (COCAAN)</i>
Dan O'Neil	<i>Deschutes County Health Department</i>
Barbara Pacheco	<i>Central City Concern</i>
Rick Rodriguez	<i>Marion County Health Department</i>
Jeanette Sander	<i>Oregon Office of Mental Health</i>
Renee Watson-Taylor	<i>Central City Concern</i>

AIDS Housing of Washington: Liz Wall and Amy Davidson

Welcome and Introductions

Victor Fox and Liz Wall welcomed participants to the meeting. Participants introduced themselves.

Overview of AIDS Housing of Washington and Planning Process

AIDS Housing of Washington (AHW) staff members Liz Wall and Amy Davidson were present to facilitate the meeting. Liz Wall gave a brief overview of AHW and the planning process. She asked the committee to discuss their expectations for the process, and the following expectations were identified:

- Good information to deal with decreasing funds and increasing needs
- More resources
- Opportunity to give input
- Networking, connections, collaboration
- Connecting people to information
- Increase knowledge; more information about future issues
- Learn about model programs—what is working
- Consideration of the needs of youth/young adults, of families, and of people 50 years old and older
- How to impact issues
- Obtain concrete data about needs
- Identify barriers
- Identification of and planning for special needs populations
- Offer of assistance taken advantage of
- OHCS expects the survey to include information substantiating the needs and to help people demonstrate need in their community to compete successfully for funding.

Presentation on the State of AIDS Housing

Amy Davidson gave a presentation on the State of AIDS Housing. Please see attached handouts. With the national context of AIDS housing in mind, participants developed this initial list of critical issues related to AIDS housing in Oregon:

- Including the household—partner/family/children—is important
- Need more information about available housing inventory in a community, including age and condition of units
- Need more information about resources available through community supports
- Transportation
- Migration into Portland and people coming home from other states
- Demand for affordable housing funding exceeds supply by 4 to 5 times.
- Better understanding of how to deal with clients with co-occurring disorders
- Information regarding co-occurring medical issues (e.g., diabetes)
- Continuum of housing resources
- Aging population—trends toward older population
- Youth/young adults are an important growing population.
- Identifying differing populations among people living with HIV/AIDS with differing needs; i.e., people with multiple disabilities and people for whom HIV/AIDS is a primary disability
- How to serve undocumented populations
- Housing people with a criminal background
- Housing people with poor credit or rental histories

Consumer Survey

Liz Wall gave an overview of the consumer survey component of the AIDS housing needs assessment. The group discussed important considerations for the survey distribution. The group will need to set a goal for the number of surveys to be completed.

Participants agreed that consumers would be more likely to complete surveys if they come from contacts already known to the consumer. Possible methods for distribution discussed were mailing surveys to a consumer with a personal note from a service provider, asking consumers to complete surveys when they come in for services, and having agency volunteers distribute surveys and help with completion. In some cases, follow up phone calls may be appropriate. Respecting and protecting confidentiality will be important concerns when finalizing the survey distribution plan.

Participants also thought that people would be more likely to complete the survey if they think if they can benefit or if they can see the potential for improvement in the system. Because people living with HIV/AIDS are frequently asked to complete surveys, it will also be important to identify possible conflicts, including other survey processes.

Issues to Cover in Survey

The group developed a list of issues of concern to be covered in the survey. Areas of interest included:

- Are respondents already in the AIDS services system?
 - Who is getting housing assistance?
 - Who is on the waiting list?
- Pets: who has them and how do they affect housing?
- Services questions may be less of a priority; Oregon did a statewide survey regarding consumer services completed in December 1999.
- Housing quality
- Household income: How do we find that out?
- Other possessions: Assets? Car?
- Personal, perceived barriers to accessing housing. For example, consumers may avoid accessing housing because they do not want outside involvement in their family/parenting.

Creation of the Survey Tool

The committee formed a work group to draft the survey tool. The subcommittee will include Patricia Jackson, Karen Bony, Catherine Keane, Annick Benson, and Dan O'Neil. Jack Little agreed to be an alternate. AHW will have a draft of the survey tool ready within the next 3 weeks for the work group. Liz Wall and Amy Davidson will meet with the workgroup, via phone, to get the proposed tool ready for distribution. The survey should be ready for use by mid-May.

Next Steps

The next meeting will be held Tuesday, May 1st in Salem. Steering Committee members were asked to hold from 11:30 a.m. to 3:00 p.m. for the meeting. The location and exact time of the meeting will be forthcoming. Participants were asked to bring completed key informant lists to the next meeting if they had not already forwarded them to AHW.

Tuesday, May 1, 2001

Salem

Present

<u>Name</u>	<u>Agency</u>
Jodie Ahlstedt	<i>Umpqua Community Action Network</i>
Annick Benson	<i>Oregon Health Division</i>
Karen Bony	<i>Josephine County Health Department</i>
Victor Fox	<i>Oregon Health Division</i>
Dan Freedman	<i>Oregon Office of Drug and Alcohol Abuse Programs</i>
Roger Gednalske	<i>Consumer Advocate—Lane County</i>
Patricia Jackson	<i>Lifeline AIDS Project</i>
Catherine Keane	<i>Women's Intercommunity AIDS Resource (WIAR)</i>
Dan O'Neil	<i>Deschutes County Health Department</i>
Ricardo Rodriguez	<i>Marion County Health Department</i>
Billy Russo	<i>HIV Resource Center</i>
Vi Swift Cloud	<i>Central City Concern</i>
Kirt Toombs	<i>Eastern Oregon Center for Independent Living</i>
Dan Van Otten	<i>University of Oregon</i>

AIDS Housing of Washington: Liz Wall and Amy Davidson

Welcome and Introductions

Liz Wall from AIDS Housing of Washington (AHW) provided an overview of the process to date and reviewed the agenda. Meeting participants introduced themselves.

Brief Presentation and Discussion of Draft Chapters

Amy Davidson from AHW provided a brief overview of each draft background section and requested comments from meeting participants.

Population Demographics and Housing Data

The intent of including information related to population demographics and housing conditions is to provide an overview of characteristics of the community as they relate to housing, income, and population. This information provides the reader with an understanding of general housing market conditions:

- Why is Clark County included? Clark County was included in the background sections because it is a part of Portland-Vancouver OR-WA EMA. While it is important to note this information in some fashion, feedback from the group indicated that it might be too prominent at this point. AHW will consider ways to incorporate the information through footnotes and table notes.
- Interesting to note that the Hispanic population has increased so much.
- Interesting to note the number of hours over full time someone would need to work to meet housing costs.

- Fair Market Rent (FMR) data was used as a way of estimating rents statewide. Participants commented that there are significant gaps between the FMR and actual rents. In Deschutes County, for example, actual rents may be \$200 more than the current FMR. The state tenant-based rental assistance program may be a good source of information, because it uses a figure derived from actual rents rather than FMR.

Homeless Information

- There might be some information through the Office of Drug and Alcohol Abuse Programs about the homelessness of people receiving alcohol and drug treatment services.
- There are many variations in terms of when people come in for homeless services and when they are getting their needs met through other means—sleeping outside. We will include what information we are able to access.
- A significant issue is the lack of housing opportunities for people with a previous felony conviction.

HIV/AIDS Overview

Information related to the number of people living with AIDS in Oregon was provided in the background sections. More detailed and updated data will be included in the final plan. Given that the data will need to be updated, only basic information was included at this time:

- Where did the info come from? The Oregon Health Division provided the data.
- What are you going to do with the data? Language about the advent of reporting HIV in Oregon should be approached carefully. It is a controversial and difficult issue. For instance, be careful of the term “unique identifier.”
- Is there a way to capture some information about the extent of HIV: Is there trend data that the epidemiologist has available or is willing to share?
- People who move in or out of the state are not tracked in the data about people living with AIDS. As a result, the numbers might seem low. This might make planning more difficult. This impacts funding that pays for services and treatment as well.
- Since there are limitations to the epidemiology data available, what framing or caveats do we need to include in the document?

HIV/AIDS Housing Resources

- This section provides information about the continuum of HIV/AIDS housing, overviews of the Ryan White and HOPWA Programs, and a summary of dedicated HIV/AIDS housing in Oregon outside the Portland metropolitan area.
- Add under “Transitional” that some of this housing is contingent upon receipt of services. Some permanent housing also requires service participation.
- Oregon Housing and Community Services committed \$125,000 to the HOPWA application. Regardless of whether it is funded, the committee might approach the state about keeping this money available for HIV-positive people living in the balance of state.

Survey Tool

The survey working group met by conference call in April to develop the draft survey from sample questions provided by AHW. The Steering Committee received the draft prior to the meeting for review. The goal is to develop a survey that covers the issues of interest, is accessible to people living with HIV/AIDS, and is manageable for providers and advocates administering the survey. To the extent possible, we will also discuss survey distribution strategies in this meeting. Additional work will need to happen at the local level.

The Steering Committee reviewed the survey page by page. A final draft of the survey, based on the following comments, is attached. The comments below reflect the majority of topics discussed:

Introduction: Initial question: people might get the survey twice. Just add a statement asking respondents not to complete this survey more than once.

Question 7: Do people know if they are disabled? Why do we ask that question? Yes, doctor tells people. Asking to better to describe population.

Question 8: Criminal background. Change time period to be consistent with housing screening criteria? “Have you ever been convicted of a felony?” – add additional question yes/no.

Question 10: Add to the “on the street” option the phrase “or under the bridge”. Use “friends and relatives” consistently in answers.

Question 11: Do you have? Is irrelevant when people don’t have access to – i.e. kitchen “that I can use”. If I say I have housing quality problems, will someone come to fix? Other quality issue is “unsafe or exposed wiring”—add as a choice. “Open cracks in walls” should go – too vague. Change “Heating” to “Adequate heating”. Add “adequate living/sleeping space for everyone in your household” to reflect family housing needs.

Question 15: Combine last 3 choices—“another,” “don’t know,” and “from my case manager.”

Question 16: Why ask what kind of housing waiting list a person is on? Change to just a yes/no answer.

Question 18: Should people who get stipends to participate in Ryan White activities be included with people who “get paid for doing any work”? It is probably OK to let people make a determination for themselves.

Question 21: Liz proposed re-framing this question, using the headings Income, Living Expenses, and Medical Expenses to separate the categories. Add “individual” to income to clarify. There was a suggestion to give ranges that people can choose from because it is hard for people to think through what they usually spend. However, if people choose ranges, the analysis will not provide ratios (percent of income spent on rent, for instance) or median income or expense amounts. What about adding a line for monthly expenses like credit cards, alimony, child support, or childcare? It looks like a thorough list but really is not. At the same time, expanding the list fully would take more space and time for respondents than seems practical. Collapse “health care, medications, and insurance premiums.”

Question 22b: If we keep this question, choice 2: no-low income.

Question 24b: What do we really need to know? Whether the move was related to HIV status? Maybe we could have just 2 choices (cut the laundry list): “I moved related to my HIV status” and “I moved for reasons not related to my HIV status.” Will the answers to that be helpful?

Question 25: Add “history of domestic violence” as one of the choices.

Housing preference questions: Why do we ask these? What can we do with this information? Housing preference questions provide planners and housing providers with information about the types of housing that might be best received. Of course, what is possible in a larger urban area will be very different from what is possible in small and/or rural communities.

Question 32: Delete question. “Services” is too vague.

Question 34: Delete question. Doesn't tell us anything useful.

Question 35: "Situation" is vague. Change to "a person to help you if you are having a housing problem" or "a person to take you around. . . ."

Question 36: Collapse all van services together into one choice (HIV/AIDS agency van, Social service agency van, and Dial-A-Ride).

Question 37: Change to "HIV/AIDS Medical Care."

Question 37, 38: Add more distance ranges: 1-10 miles, 11-50 miles, More than 200.

Questions 39, 40, 41: Connect these better to help people track through them, make the skip clearer.

Questions 42 and 43: Extend time frame to "past 3 months."

Question 43: Add Drug Court to list of treatment programs. Choice #2, add "outpatient". For "residential" use "inpatient" instead.

At the end of the discussion, the group came back to the following questions: 12, 14, 22b, 24a, and ultimately decided to keep 12, 14, 22b and delete 24 and 24a.

Survey Distribution

Distribution was discussed only briefly, due to time constraints. The meeting included representatives from Ontario, Bend, Salem, Grants Pass, Roseburg, Eugene, and a number of statewide organizations. AHW will follow up with local agencies to develop plans for distribution in their areas. Some support is available for mailing the survey.

AHW will follow up with the Oregon Health Division about how to get word out to people living with HIV/AIDS and providers throughout the state. There may be some options to mail out the survey to everyone receiving Care Assist through the Oregon Health Division.

Plan for Future Meetings

Given that there are members of the Steering Committee from throughout the state, and many travel long distances to attend the meetings, a schedule of three future meetings was proposed:

- August/September meeting: meet after the survey has been on the ground for approximately two months, and determine if additional outreach is needed to get a good response.
- October/November, depending on when the surveying and data analysis are complete: This meeting would include sessions on two consecutive days, an afternoon or evening session, and half of the next day. Final survey data, key informant, and consumer focus group results would be presented; critical issues identified and recommendations drafted. While it would require some people to spend a night away from home, it would allow for fewer meetings overall and for the group to get a significant amount of work completed in a relatively short period of time.
- November/December, approximately 4 to 6 weeks after the previous meeting: Affirm recommendations, finalize the plan, and begin discussing implementation.

The Steering Committee agreed conceptually with this schedule. Dates to be determined.

Wednesday, August 8, 2001

Eugene

Present

<u>Name</u>	<u>Agency</u>
Annick Benson	<i>Oregon Health Division</i>
Billy Russo	<i>Douglas County AIDS Council</i>
Dan O'Neil	<i>Deschutes County Health Department</i>
Dan Van Otten	<i>University of Oregon/Oregon Housing and Community Services</i>
Diane Lang	<i>HIV Alliance (Eugene)</i>
Jack Duncan	<i>Oregon Housing and Community Services</i>
Jeanne Arana	<i>Oregon Housing and Community Services</i>
Kirt Toombs	<i>Eastern Oregon Center for Independent Living</i>
Megan Boyle	<i>Deschutes County Health Department</i>
Renee Watson-Taylor	<i>Central City Concern</i>
Roger Gednalske	<i>Community Advocate, Eugene</i>
Vic Fox	<i>Oregon Health Division</i>

Amy Davidson, *AIDS Housing of Washington*

Welcome and Introductions

Vic Fox welcomed the group. Participants introduced themselves and briefly described their agencies to others.

Announcements

Amy Davidson invited participants to make announcements.

Billy Russo announced that the HIV Resource Center recently accessed 7 Tenant Based Assistance vouchers, and now, for the first time ever, has *no* homeless clients. He recognized the efforts of Umpqua Community Action Network in making this possible.

Dan van Otten announced that similarly, there is a new HOME TBA set-aside in Lane County for housing people with special needs.

Roger Gednalske announced that he is working with the HIV Alliance on a fundraiser. Roger is selling AIDS ribbon pins for \$5 to raise money for telephone activation for people living with HIV/AIDS. Roger emphasized the importance of having a telephone for emergencies.

Update on Activities

Amy gave an update on needs assessment activities to date.

Focus Groups

Areas with a greater concentration of people living with HIV/AIDS were targeted for focus groups. Focus groups have been conducted in Eugene, Roseburg, Bend, Ontario, and Coos Bay, with a total of 28 people living with HIV/AIDS participating. A focus group was scheduled in Salem but no participants attended. Amy reviewed some of the issues and concerns that were identified by participants in focus groups. These comments were in the areas of housing, barriers to obtaining housing, housing and housing assistance preferences, services, and moving in and out of rural areas. Focus group findings will be summarized with the survey data in the plan document.

Key Informants

A list of key informants already interviewed and those yet to be interviewed was distributed to Steering Committee members prior to the meeting. Amy asked participants to review list of key informants to identify any gaps. Participants could identify either specific individuals, regions, or fields that need more attention in key informant interviews.

Additional interviewees identified were:

- Vince Chiotti, Oregon Housing and Community Services, Regional Field Representative
- Betty Dominguez, Oregon Housing and Community Services, Regional Field Representative
- Charlie Gillies, Union County Health Department
- Community Services Consortium, Corvallis
- Bart Boyer, Lincoln County CDC
- Lou Ellen Kelly, SOCO, Klamath Falls

Participants also thought that there should be representation from tribal housing authorities and health departments. Amy will follow up with Dan van Otten and Diane Lang on their ideas for specific individuals.

Survey Outreach Strategies

A handout with preliminary data from the HIV/AIDS housing survey was distributed at the meeting and is attached. As of July 31, 2001, 83 completed surveys had been received by AHW for inclusion in this preliminary data. Fourteen counties are represented in the survey responses. It should also be noted that the survey distributor in Polk County and the Department of Corrections were inadvertently left off the handout. Both are distributing surveys. Thanks to everyone for their hard work on the survey! Many survey responses are still needed to reach the original goal of 200.

Participants reviewed the demographic information about survey respondents. Amy presented some information comparing survey respondents to OHD statistics on people living with AIDS in the balance of state. Compared to epidemiology data, people ages 20 to 39 are somewhat underrepresented among survey responses. Women are slightly overrepresented.

As of the end of July, no one living in a shelter or in the streets/parks/car/under bridges had completed the survey, despite the fact that nearly half of respondents indicated that they had been homeless at some point in their lives. Participants also thought that the median income of respondents to date (\$803) was too high to be reflective of their experiences with people living with HIV/AIDS.

In order to make sure that the diversity of people living with HIV/AIDS is adequately reflected in survey results, future survey activities should particularly reach out to:

- People ages 20 to 39
- People who are currently homeless
- People who have very low incomes.

Participants discussed methods for reaching the goal number of surveys and making sure that all groups are represented. The group agreed that speaking with each survey distributor about the number of surveys received to date and priorities for future surveying would be helpful. People distributing surveys had not seen these results prior to the meeting.

Participants also agreed that hiring someone to do outreach locally would be helpful in certain areas, in order to reach people who are not receiving services, or who need extra assistance in completing the survey. Specifically, Marion and Jackson Counties were mentioned because the number of responses is low based on the number of reported cases. Although Lane County has the largest number of responses, these responses may be from a skewed sample of higher functioning, higher income people. There was also an interest in seeing more outreach in the areas off the I-5 corridor, although more research will be required to determine the best way to do this.

Preferably, a peer outreach surveyor (someone living with HIV/AIDS) would be hired and paid per survey turned in. Alternatively, an intern or volunteer could fill this role, although this would depend on the area. AHW and OHD will look into the budget available to implement this strategy.

Another strategy discussed was adding an incentive for respondents, conceivably a food or movie voucher or a raffle for a larger item. Participants agreed that these are effective in bringing in respondents, especially people who are more challenging to reach. However, 83 people have already completed the survey and did not receive an incentive. Adding an incentive at this point might be unfair to them, and might lead some to complete another survey. For these reasons, and because the strategies above are promising, the group decided to avoid this strategy.

Discussion of Issues Raised by Key Informants

Participants broke into small groups to discuss the summary of issues identified by key informants that was distributed prior to the meeting. AHW will use this information to develop and frame the issues presented in the plan. The groups discussed the categories entitled *Other Housing Needs*, *Other Services*, and *Eastern Oregon and other Rural Communities*. Groups were asked to report on issues that should be emphasized, need more development, or were missed in this summary. The points raised by the groups were as follows:

Rural

- Privacy and confidentiality. Are there differences in the emphasis that providers and consumers place on privacy? Do providers perceive privacy/confidentiality as a greater issue than consumers, inadvertently creating barriers to resources?
- Would rural housing and service providers be willing to participate in a process to address HIV/AIDS issues?
- There is a need to acknowledge the overall lack of available housing and housing resources in rural areas.
- How can HIV/AIDS service providers reach out to people who are not already in care? If connections/information between HIV/AIDS service providers and other housing and service providers worked both ways, people would be able to access assistance at multiple points.

Housing

- Many of the housing issues identified apply to people regardless of HIV-status. For example, affordability, wanting to live independently, and criminal history as a barrier to housing are not HIV-specific.
- It is really true that there are limited housing resources for all kinds of people in many areas. Camping or living in a car really is the only housing option for some.
- In addition to language barriers and ineligibility for housing assistance, undocumented immigrants may experience fear of government or INS and a sense of powerlessness which prevent them from seeking assistance.
- There are limited funding sources to develop new shelters. Emergency Shelter Grant funds are a primary source but need to be combined with a lot of other funds which are more difficult to obtain.
- Operating funds are always a concern in developing housing for very low income people.

Services

- Service delivery is often geared toward crisis intervention. There are practical reasons for this—availability of staff and funds. In reality, providers may not be able to meet the needs that people have before there is a crisis, due to these practical constraints. Outreach and education are positive steps, but capacity to deliver services should also be considered.
- There is no truly inclusive cross-systems planning process. Many planning processes go on independently of one another, linking some systems but not all.
- There needs to be more engagement with mental health services. HIV/AIDS service providers have a hard time serving people who are affected by serious untreated mental health problems.
- It would be helpful if OHD could identify best practice models. In the competition for funding between health departments and CBOs, it would be useful to have more information available about what works that localities and other funders could turn to.
- Outreach to the Latino community by service providers is needed; consumers shouldn't be expected to fit into provider expectations.
- Many Latino organizations are working on basic legal and economic survival issues. HIV/AIDS and other services organizations should try to work with them to complement them on other issues which are not necessarily their focus.
- The mental health and substance use treatment systems should be more engaged in this process. The Governor's office should also be involved.
- OHD should join the Community Action Agency Network in order to link with other providers.
- Housing and services providers would be more able to provide information on the issues to their elected officials if they had assistance from the state agencies. Specifically, if OHD could develop talking points on important issues, agencies would be able to deliver a more consistent message when meeting with elected officials. Agencies often talk to their elected officials, but typically on program-specific issues, and don't have the time to develop other messages.
- Substance use really needs to be addressed in order to allow people to adhere to their HIV/AIDS treatment.

Next Steps

The next meeting of the Steering Committee will take place after the completion of the survey process. This meeting will be an important working meeting, in which we finalize the critical issues discussed in the plan and develop a preliminary set of recommendations. In order to allow enough time for this work to be completed, the meeting will take place on an afternoon and the following morning. The tentative date set by the group was the afternoon of Monday, October 29th followed by the morning of Tuesday, October 30th. AHW will check with the larger group to make sure this date will work.

Amy asked Steering Committee members to set aside time to review the draft plan document in the fall.

Monday, October 29, 2001

Present:

<u>Name</u>	<u>Agency</u>
Jeanne Arana	<i>Oregon Housing and Community Services</i>
Annick Benson	<i>Oregon Health Services</i>
Megan Boyle	<i>Deschutes County Health Department</i>
Jack Duncan	<i>Oregon Housing and Community Services</i>
Vic Fox	<i>Oregon Health Services</i>
Roger Gednalske	<i>Lane County Advocate</i>
Diane Lang	<i>HIV Alliance (Eugene)</i>
Dan O'Neil	<i>Deschutes County Health Department</i>
Shyle Ruder	<i>Marion County Health Department</i>
Billy Russo	<i>Douglas County AIDS Council</i>
Kirt Toombs	<i>Eastern Oregon Center for Independent Living</i>
Dan Van Otten	<i>University of Oregon/Oregon Housing and Community Services</i>

Amy Davidson and Liz Wall, *AIDS Housing of Washington*

Welcome and Introductions

Amy Davidson welcomed the group and reviewed the agenda and goals for the day. Participants introduced themselves. Annick mentioned the Oregon Health Division is now the Department of Human Services, Health Services as a result of departmental reorganization. The Health Services name will be used throughout the plan document.

Consumer Input Chapter

Presentation of Survey Data

Amy provided an overview of the information contained in the consumer input chapter. She presented key findings from the housing survey (see attached handouts). Participants discussed the findings, raised questions and concerns, and requested additional information.

Specific types of additional information desired included:

- Does the median rent paid differ based on the condition of the housing, size of household, and/or where the respondents live in the state?
- Do housing preferences differ by where the respondents live in the state?
- How can people have “no income”? Are these people living in a household with other people with income?

AHW will attempt to answer these questions to the extent possible given the survey data.

Discussion of Consumer Input Chapter

- Most meeting participants noted that the median rent paid seemed quite low.
- One participant wondered how someone could have no income at all. Others responded that some do not qualify even for General Relief, and do not have access to other sources of income from work or benefits.
- Utility costs seem low to some meeting participants. Utility costs may have risen since the time the survey was completed. Amy noted that many focus group participants also expressed concern about rising utility costs.
- It was noted that residents of more rural areas of the state might have higher transportation costs than the median.
- Some anticipated that a higher proportion of people would have experienced difficulty when trying to access housing based on their criminal backgrounds. In the Bend area, rental property is so scarce that anyone with any kind of problematic background is screened out.
- The number of people in drug treatment seemed low to some. One participant noted that local providers use a national statistic as a rule of thumb—according to the statistic cited, 85% of injection drug users are not accessing any form of drug treatment. This would be consistent with the survey findings.
- Participants wondered why 38% of respondents are not receiving primary medical care.
- One participant asked about how to interpret the results of the large table focusing on services. Consumer responses are best interpreted in the context of other information.

Critical Issues Chapter

The critical issues summarized in this chapter were drawn from the various components of the needs assessment including background research, key informant meetings, consumer focus groups, the housing survey, and Steering Committee meetings. The chapter includes three types of information:

- Specific needs or gaps that can be addressed
- Strengths that can be built on and expanded
- Factors that must be considered: they may be neutral but must be kept in mind.

Review of Draft Chapter and Affirmation of Critical Issues

The draft chapter was reviewed section by section. Comments from meeting participants are summarized below.

Housing

- Add as a footnote some of the markers of affordability.
- Only “some” areas of the state have a shortage of rental housing, not “many.”
- The total amount of Emergency Shelter Grant funding received in the state is quite low. It would be better to use a different funding source as an example.
- There is absolutely no funding available to build a homeless shelter. Some shelters require payment (one in Ontario and one in Roseburg) and eligibility criteria can screen out some of those in need.
- There are both nonprofit and for-profit housing developers who are producing affordable housing.
- Add in some consumer comments about confidentiality.
- Disclosure of HIV status at all is a concern for some people, not just the idea of living in HIV-dedicated housing. Some are concerned about the type and amount of information that subsidized housing providers request—it seems invasive.
- Those who are screened out of subsidized housing can sometimes win on appeal, but people must be tenacious.
- In some cases, landlords worry about their liability. In Salem, landlords are responsible for their tenants’ behavior within 200 feet of the property.

HIV/AIDS Services

- Add more focus about access to services for Latino residents of the state, particularly in rural areas.
- Regarding eligibility for the Oregon Health Plan, what kind of disconnect of information is there for those who might not qualify for the Oregon Health Plan, but are eligible for other health services?
- Providers at the Steering Committee noted that they haven’t found Oxford Houses (or similar) to be as prevalent as some key informants had indicated.
- Participants thought that the survey figures cited understated the prevalence of substance use issues, mental illness, and dual diagnoses, when compared to outside studies. Figures commonly cited in Oregon are 40% of people living with HIV/AIDS have a mental illness, 60% have substance use issues, and 30% have both. Possible explanations are consumers’ reluctance to self-report these issues and the difficulty of reaching dually diagnosed consumers with the survey outreach. For these reasons, survey data alone may be misleading as to the true extent of the issue.
- It would be useful to juxtapose what this survey found with other statistics related to co-morbidity, satisfaction with housing, etc.
- Why is the term “substance use issues” used in this section rather than “substance abuse”? The former term is used to more inclusive of the wide range of individuals with various levels of drug use.
- There is a partnership in Umatilla County that places modular homes on land adjacent to the probation office that gives some people housing as they transition.
- There is a difference between jails and prisons. Jails cycle people in and out (a revolving door) while there is an opportunity to do discharge planning with those coming out of state prison. However, systems are really punitive. Clarify how hard it is for people to meet the various requirements imposed on them.
- Access to transportation clearly impacts where people can find housing.

- Clarify in the last paragraph that “reimbursement is available for transportation to medical appointments...” rather than “medical providers are able to provide reimbursement,” since reimbursement comes through different entities.

Coordination of Multiple Systems

- Under third paragraph replace “for instance” with “as an example” and expand this section. Use the Community Action Council Network.
- The autonomy of the health departments was highlighted. One participant felt that a lack of tolerance and discrimination could be the resulting obstacles. The state must go through the local health department to provide services in many systems—HIV/AIDS, mental health, substance use, etc.

Moving to and Traveling to Metropolitan Areas

No comments were made.

Eastern Oregon and other Rural Communities

- One participant indicated that in Douglas County, the general public assumes that everyone with HIV/AIDS is gay, and is likely to mix HIV/AIDS-related stigma with homophobia.
- If you are not in a family, where so many public services are focused, it can be hard to access resources.
- Was there more of a focus on Latinos? In the writing up of critical issues, comments about Latinos and access to services were condensed and highlighted in the HIV/AIDS service section. To the reader, it appears that concerns about Latinos were not raised in eastern Oregon, although this was not the case. The presentation of this topic will be clarified. (Latinos make up 6% of those living with HIV/AIDS, but 17% of those receiving ADAP.)
- Participants wondered if the CDC had guidelines about how many people were living with HIV in rural areas, including even those people who have not been tested for HIV.

Tuesday, October 30, 2001

Participants at this meeting were the same as those on Monday, October 29, 2001.

Liz Wall welcomed participants to the second day of the meeting and reviewed the purpose of the meeting—the development of recommendations and strategies based on the needs assessment. She acknowledged that the housing and service systems in Oregon are generally strong, which provides both a challenge in identifying activities that could make the greatest difference and also opportunities to build on.

Development of Recommendations and Strategies

The meeting time was focused largely on discussing and drafting specific recommendations that will be presented in the plan. Discussion focused in three areas: building relationships, specific program initiatives, and leadership.

Participants recognized that the HIV/AIDS system alone cannot and should not meet all the needs of people living with HIV/AIDS, and that many potential partners exist. Relationship-building strategies focused on identifying partners and encouraging a two-way exchange of information. Specific program initiatives were discussed in relation to housing coordination, transitional housing, and a shallow rent subsidy program. Finally, participants discussed leadership for carrying the plan recommendations forward. Participants

recognized that the current housing task force is a logical group to focus on implementing plan strategies, but that this group will need to be expanded.

These issues were discussed in detail to develop draft recommendations.

Next Steps

The recommendations will be drafted and distributed to meeting attendees for review by mid-November. AHW staff travel schedules don't allow for earlier circulation.

The draft plan will be distributed to all HIV/AIDS Housing Task Force Members, hopefully by early December. AHW welcomes all comments and feedback. People will be allowed approximately two weeks for review. In addition, the plan will be distributed to the Oregon HIV Care Coalition members for review prior to their January meeting. The final plan will be issued by AHW to Oregon Health Services after that date.

AHW will continue to be available to the Oregon Health Services and the HIV/AIDS Housing Task Force in the coming months as plan implementation is considered.