



Oregon HIV Housing Task Force Meeting Minutes: April 13, 2005

Participants:

Name	Agency
Elizabeth Anguiano	<i>OMHAS</i>
Annick Benson-Scott	<i>Department of Human Services</i>
Jerae Bjelland	<i>Marion County Health Dept.</i>
Jack Duncan	<i>Oregon Housing and Community Services</i>
Victor Fox	<i>Department of Human Services</i>
Linda Hammond	<i>Oregon Housing and Community Services</i>
Pegge Mcguire	<i>Fair Housing Council of Oregon</i>
Cheryl Owen	<i>Lincoln County Health Dept.</i>
Carmen Ramirez	<i>Farm Worker Housing Development Corp.</i>
Patty Thomas	<i>Jefferson County Health Dept.</i>
Carmen Urbina	<i>Centro Latino Americano</i>
Renee Yandel	<i>HIV Alliance</i>
Donna Yutzy	<i>HIV Client Services Program Consultant</i>

Welcome and Introductions

Introductions were made. Donna explained that the next 5 Housing Task Force meetings are a part of the HIV Housing Strategic Planning process for the "Balance of State" program: OHOP. The HIV Housing Plan is also part of the Oregon Statewide HIV Comprehensive Planning Process and the work the task force completes would be included in that Oregon HIV Care Coalition plan for the HIV Client Services program. Each meeting will focus on particular topic areas and expert speakers will be invited in to present. Today, there are two topics: first we will focus on the Hispanic population, included issues specific to undocumented persons and farm workers in Oregon. Then we will hear presentations about issues related to discrimination and fair housing laws.

FOCUS AREA #1: The Hispanic Community in Oregon

Speaker: Carmen Ramirez, Farm Worker Housing Development Corp, Woodburn

The Farm Worker Housing Development Corp. (FHDC) was incorporated in 1990. Farm worker housing was first developed in 1992. FHDC provides 50 units for farm workers and their families. In 1999 another 40 units were developed and another 12 are planned. FHDC also provides health and safety services, child-care, youth services, education development, computer access, driver's education and recreation programs through a community center opened in 2004 in Woodburn. Classes are open to the Hispanic public. They also run a medical clinic two blocks from the center. There are no other community centers providing this level of education services in the state for Hispanics (outside of Portland).

There is currently a housing waiting list: There are about 100-150 people on the list for Phase 1 units. The list for Phase 2 is shorter but the housing is specifically set-aside for persons who have a Social Security number. Phase 1 units do not require a SS number and specifically serve undocumented Hispanics.

- **Jack can get a list of other dedicated units for farm workers throughout the State.**

The FHDC identifies the following **barriers** when housing Hispanic individuals:

- low incomes,
 - housing opportunities and housing units specifically available for seasonal workers,
 - costs of electricity (persons without citizenship pay extremely high turn on fees),
 - illness (HIV),
 - lack of knowledge about HIV
 - lack of medical care,
 - lack of funding for medication,
 - education and language is a barrier and the dialects are difficult so translations are sometimes difficult. (Mistequo is a native dialect and even the Spanish speaking persons cannot effectively communicate with these persons.)
 - 80% of farm workers have never seen a doctor in Oregon. (There is a large population coming up from El Salvador who are afraid of western medical clinics and doctors.)
 - Some persons have sought out legal residency. However, the cost is not feasible for many persons. It costs \$2400 just to go through the initial process to obtain legal residency. The HIV waiver is really not feasible because you still need a sponsor and they must be an immediate family member. Additionally, the person's income needs to be at a specific level (\$30,000/year).
- **When working with the undocumented Hispanic community it is best to work through agencies that serve Hispanics.**
 - **OHOP will accept people without a SSN but other stable programs won't. The program needs to figure out how to serve this population and find a way to stabilize long-term housing opportunities.**

Refer to attached handout.

Speaker: Carmen Urbina, Centro Latino Americano, Eugene

Centro Latino has provided social services to the Latino population in Lane County for over 30 years. University of Oregon students founded the program after they identified the need for Latino services. Centro is the entry point for immigrant families in the community and the agency primarily provides health care services, volunteer programs and childcare.

Approximately 1800 persons per month access Centro's services. Centro also supports that only Latino specific homeless shelter for men in Oregon. Centro has a program called the Health Promoters Program, which is a coalition of communities of faith. Each church selected a key person (promotores=community health outreach workers) and trained them on HIV/AIDS education.

Refer to attached handout—

In Oregon, approximately 16% of the population is Hispanics. There has been a 144% increase in the growth of Hispanic communities. Oregon cities need to think about how to deliver services to this population, as well as, think about how their cities need to adjust to increasing populations. There is a large growth of person who are at childbearing age. Therefore, there is an increase in Hispanic children in the communities. Systems tend to create 1 system and expect it to work for all Hispanics. Opportunities are missed because systems are not engaging Hispanics in city planning and community projects. Young Hispanics do not always speak Spanish and youth are dropping out of school at alarming rates because they are having difficulty with literacy issues. By 8th grade many Hispanic children have a 4th grade reading level even if they have been in the school system their entire lives. It is important for the State to increase and improve services to the Hispanic population. Health care services need to be improved and provided statewide to decrease disparities in access.

Discrimination can occur even within the Latino community between new immigrants and Hispanics that have lived here for years.

- **Important for systems to recognize the difference requirements for newcomers vs. Latinos who have been in the US for 30+ years. Systems make a mistake in not engaging the families who have been in here for a long period of time.**

Third generation Latinos often do not speak Spanish. Latino children have a higher drop-out rate than other groups of children. A child from a monolingual Spanish speaking home starts school 20,000 words behind. The Spanish they speak is the social language but because they are not schooled in Spanish they do not learn the academic language. The same issue with English: social language vs. academic language.

Latino programs must have: Outreach-Education-Case Management. Need all three. Latino communities are not being educated on HIV/AIDS. Prevention and Education is not continuing at the same extent they used to be. Pilot projects have occurred but it is only a snapshot and nothing has continued. This is a crisis. CDC moved prevention monies to do secondary prevention with HIV positive individuals. There also needs to be improvements in the way Prevention programs identify "risk". The definition used does not apply to the immigrant community.

Barriers:

- Accessibility is also an issue.
- Having bi-lingual staff that understands bi-cultural issues and the problem is compounded in rural communities.
- Small communities have few Hispanics and don't recognize HIV/AIDS issues.

- Many Hispanics fear identifying themselves as MSM and they will not tell their families or anyone but their case manager.

Mexico has great HIV prevention materials. (**Mexican Consulate in Portland could help us get HIV materials from Mexico.**)

Homeless among Hispanics tends to be low. However you are seeing that families are losing their jobs or working many jobs. There is also an increase in the merging of households and seeing people living in a garages or other substandard housing.

HIV HOUSING PLAN FOCUS AREA:

HISPANICS (including undocumented persons and farmworkers)

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: Identify specific activities to improve system of service delivery in OHOP to address two cultural aspects identified:

- Diverse language requirements of Spanish speakers because there are so many dialects spoken; and
- Differences between new immigrants and Hispanic families that have been in the US for many years.

FOCUS AREA #2: Discrimination and Fair Housing

Speaker: Pegge McGuire, Fair Housing Council of Oregon, Portland

The Fair Housing Council of Oregon was founded 14 years ago. Services are free and are provided statewide. The program also provides training for a fee that can be presented to housing providers. You can use the 1-800 number for questions and client services.

- **Housing Coordinators and case managers should be provided with this information. Additionally, when HC's are moved into DHS they will be provided with this training.**

Points made about fair housing Protections:

1. Fair Housing Federal Laws protect "protected classes" of people. The definition of disability under Federal Fair Housing Law is more flexible than the definition used by Social Security. If a person has one or more mental, physical or emotional issue that substantially impacts one or more life activities they can be determined

- disabled. Additionally, this definition applies even if the person only has a perceived disability, which may result in people treating them differently.
2. The Fair Housing Council of Oregon can advocate for clients regarding Fair Housing protections. Housing Coordinator's need to connect with this agency and use them in Fair Housing situations.
 3. Fair Housing also deals with situations where landlords treat one tenant versus the other tenant, which can include a person with an HIV and AIDS diagnosis. Protections under the law are covered from the time you see the rental advertisement in the paper to the time you vacate the premises.
 4. If there is a special client need that requires a particular housing unit or requires a change in policy clients have the ability to ask for a "reasonable accommodation". Landlords are required to remove barriers. If clients are in recovery (MH, A&D), they can ask the landlord for a "reasonable accommodation" to overlook a negative rental history. Fair Housing protections are removed if a client uses drugs again. However, among MH and SA clients it is know that relapse occurs while in recovery. You can ask for another reasonable accommodation request.
 5. Housing Authorities must also follow the Fair Housing Laws. The Fair Housing Council of Oregon can write Reasonable Accommodation requests for clients!
 6. If the client is receiving services and assistance with housing services from a social service agency a landlord cannot deny that client for reason of "source of income". Additional protected classes can also be specific to each area of the state. Look at the council website for this information.
 7. Occupancy Standards: Familial status discrimination can occur if families are in units that are not large enough for families.
 8. Clients do not need a SSN to access housing.
 9. Fair Housing Laws have penalties up to \$100,000.

If there are clients that experience discrimination but are afraid to file the complaint. The Council can file the complaint on their own standing.

Speaker: Marilyn Johnston, Human Rights Commission, Salem

See attached handouts.

The Human Rights Commission in Salem provides mediation services, education and fact finding services. The Commission can go to the city attorney about fair housing issues but Salem often uses Fair Housing in Portland because they have the capacity to work with difficult fair housing issues.

In some Human Rights violation cases it can take up to a year to close.

There are two human rights commissions in Oregon in Eugene and Salem. There is a commission that is trying to start in La Grande and one in Eastern Oregon. Portland does not have an agency but they have an ombudsman.

HIV HOUSING PLAN FOCUS AREA:

DISCRIMINATION AND FAIR HOUSING

Goal #1: Housing Coordinators and HIV Case Managers will receive training from Fair Housing Council of Oregon.

Goal #2: An overview of the key elements in the Fair Housing Laws will be included in the OHOP Policies & Procedures.

Next Task Force Meetings

- June 15, 2005, 1-4 PM (Ready to Rent Programs & Re-employment)
- August 17, 2005, 1-4 PM (Corrections Issues related to Housing)
- October 19, 2005, 1-4 PM (Homelessness)
- December 7, 2005, 1-4 PM (Mental Health & Substance Abuse Issues)