

MENTAL HEALTH WORKGROUP

Thursday, September 18, 2003

9:30 a.m. – 11:30 a.m.

HHC, 230 West 41 Street, 5th Fl.

Draft Minutes

Present: Milton Wainberg, Eduardo Baez, Bruce Kellerhouse, Kenneth Ashley, Victor Rodack, Michelle Kraus, Rosalie Canosa, Dori McClenna, Sallie Perryman, Jun Matsuyoshi, Peter Avitabile (HASA), Frank Machlica,

Absent:

Staff: B. Allen, D. Klotz

I. Welcome/Announcements/Minutes

P. Avitabile introduced himself at the meeting, and will be attending the mental health workgroup meetings from now on. In terms of partnership, HASA is committed to understanding various agencies and their roles, and the importance of having an exchange to insure a coordination of services. There will be members of HASA in each of the workgroups. Supported by our new deputy commissioner, Elsie Del Campo, who is a CSW that came from the DOHMH to HASA. We service 32,000 people in New York City, 5900 families, and 25,000 single clients.

The June minutes were passed by consensus.

Workgroup Recommendations for Year 14 Priorities & Summary of MAI Re-Programming Proposals (In Ranked Order)

Review of the ranking of year 14 priorities by the Planning Council. The priorities were ranked first by the EC and then by the PC, and the PC decided at the last minute that housing should rank above mental health. M. Wainberg expressed some disappointment in the way in which the decisions were made at both the EC meeting and the Full PC meeting. There is a lack of understanding around the fact that the reason many consumers cannot keep their housing is because of mental problems and how we are not addressing these problems properly.

E Baez: felt that the EC was uncomfortable, because I had to remind people that last year we gave up two of our priorities in order to allow another group to commit for consideration. This year, for the 3rd year in a row (and I reminded people of this) they voted for mental health to be at the top. I also saw the same thing when it came to MAI proposals. there was a proposal on the table regarding the training of non-clinicians to do mental health assessments, so that they could do proper referrals. We didn't get support. But they did rank mental health needs high, so there is an irony there

P. Avitabile: In terms of HOPWA, it is pertinent. the Hudson Planning Group is looking at assessment as a key feature for people moving into specific housing. In terms of assessing we have a special role. It would be great if we could embrace what is happening there and bring that here, so that we can move that agenda. I have 4,000 people living in supportive housing in a \$100 million portfolio. I am looking at ensuring that the most important feature is assessment. And assessment is done by clinicians. I have 900 staff with BA's who are supposed to be able to assess and determine their housing needs. That is why we are moving this forward to see that the Hudson Planning Group comes up with some ideas about assessing clients appropriately for this level of supportive housing that makes this work appropriately. So we have a real role to play in that. That could be much more of a collaborative effort with this workgroup and funding. We see all populations: MICAs and SPMIs

II. Planning Council Update

The PC also recommended that there be a Cost of Living Adjustment (COLA) for all of the parent contractors who have had the same funding level for years, but increasing caseloads have made things more difficult. They also asked for restoration of the 13 million that was cut from last year's award. A small amount for P and E initiatives, specifically unit cost analysis, which was cited as a weakness in last year's application. And outcome evaluation and also to address HRSA's new requirements for measuring unmet need. The PC will have to start developing spending scenarios for a

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hypothetical increase or decrease in the award. We won't know the award until the beginning of the fiscal year; no earlier than January. Unfortunately title I will be flat funded nationally. An increase will depend on the strength of the supplemental portion of the application, and there is no guarantee that there will be adequate funding for any of these proposals.

The MAI funding is strictly a formula, and NY always does well on the formula awards because NY has the most cases. MAI is the one portion that is steadily increasing. So, hopefully if there is an increase in the MAI award this year, we may be able to fund one of the Mental Health priorities.

Summary Report: Working Session on Committee Structure

The EC and Rules & Membership committee met with Emily Gantz, a consultant who has been providing TA to the PC this year. This TA session elicited a whole range of issues related to planning. The consultant presented several PC models and their structures from around the country. The PC decided to create an Ad-Hoc group to carry this work forward (E. Baez is on this group). All workgroups are represented and about half of the committee is comprised of consumers. They had their first meeting last week, where both our HRSA project officer, Sheila McCarthy, and our consultant, Emily Gantz, joined that meeting by conference call. They are both encouraging about the attempt to address the structural problems in the Planning Council. This is the very beginning of the process. There will be plenty of opportunities to get the input from the workgroups and community. One key point about our PC structure is this: you have this one small group making all of the decisions. Part of that is structural because you have the P&E committee, who has overall responsibility for needs assessment and priority setting. And the EC does the dollar allocations. But it is all of the same people with minor differences. Most EMAs have a more streamlined process: they have one group that does needs assessment; one group for priority setting, and one to do allocations. The PC wants to spread the work out more evenly while also remaining inclusive. For example, the re-constituted Data Committee met for the first time last week. Maybe that is the place to do the needs assessment piece.

HRSA Unmet need Framework

Delayed Entry into HIV Care

Combined October Meeting

Discussion of possible templates, and creation of a small group to put together templates and then to bring back to the individual workgroups for approval.

E. Baez:

Resolution

Final Announcements