

City of Alexandria, Virginia

MEMORANDUM

DATE: MARCH 17, 2009

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: JAMES K. HARTMANN, CITY MANAGER

SUBJECT: ACCEPTANCE OF \$75,000 IN ONGOING STATE (DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE -DMHMRSAS) FUNDING FOR THE EXPANSION OF MENTAL HEALTH PEER SUPPORT SPECIALIST SERVICES

ISSUE: Consideration of Acceptance of \$75,000 in ongoing State (DMHMRSAS) funding for expansion of Mental Health Peer Support Specialist services.

RECOMMENDATION: That City Council

- (1) Accept the State funds in the amount of \$75,000;
- (2) Authorize the use of \$38,435 in State funds to convert two 0.5 FTEs from local funding to State funding;
- (3) Authorize the use of \$27,283 in State funds to convert a current 0.5 FTE Peer Support Specialist (Grade 5 Program Aide I) to a 1.0 FTE benefited Peer Support Specialist (Grade 5 Program Aide 1); and
- (4) Authorize the use of \$9,282 for the purchase of contract Peer Support Specialist services.

BACKGROUND: Effective July 1, 2008, the Alexandria Community Services Board (ACSB) was awarded an additional \$75,000 in ongoing State funding for provision of Recoverybased mental health services through expansion of peer-delivered services. A Peer Support Specialist is an individual with a mental illness who is trained, and may be certified, to provide information, support, individual and systems advocacy, mediation, and role modeling to others having a serious mental illness.

The role of the Peer Support Specialist differs from that of professional mental health providers in that Peer Support specialists work from the perspective of personal experience and lend unique insight into mental illness and what makes recovery possible. Increased peer-delivered service is one aspect of the State's Department of Mental Health, Mental Retardation and Substance Abuse Services' larger systems transformation effort, which has as its vision a clientdriven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of client participation in all aspects of community life.

DISCUSSION: Approximately two years ago, the CSB implemented Peer Support Specialist services with the creation of a 0.5 FTE Program Aide I position targeted for a mental health client who had received specific training and certification in peer-to-peer service delivery. This position has been based at the CSB's psychosocial rehabilitation program, the West End Clubhouse, where the incumbent: provides clients travel and vocational training; assists clients in development of Wellness Action and Recovery Plans to manage their psychiatric illness; runs Recovery groups and training; and attends public speaking events related to Recovery principles. In addition, the individual in this position frequently play a valuable role in Department hiring selection panels for direct service positions and participates in Department committees related to implementation of best practice service models.

The Department has a second 0.5 Program Aide I FTE that helps organize the Residential Program Advisory Committee Meeting, including motivating the residents to participate, preparing and mailing letters, and taking part in the meeting. The incumbent also provides peer support to clients on specific issues and transports clients to doctor appointments.

These two positions will be transferred from local funding to State funding. The 0.5 FTE in the Clubhouse will increase to a full-time benefited Program Aide I and the position will begin providing peer support services at the point-of-entry for new clients. The remaining balance will be used to contract for approximately eight hours of Peer Support Specialist time per week to make additional peer-delivered services available in the Department's intake unit.

These changes allow the Department to implement a more focused peer support system. The implementation of peer-delivered services at the intake unit will assist in creating a welcoming, de-stigmatizing environment and can help in establishing trust and strengthening engagement. The part-time Program Aide I FTE will continue functions related to peer support.

The move of the two 0.5 FTEs from City funding to State funding were included in the Department's FY 2010 reduction plan. This item was reviewed and approved by the Alexandria Community Services Board on March 4, 2010.

FISCAL IMPACT: A portion of the \$75,000 will be used to cover the cost of moving two 0.5 FTE Program Aides to grant funding; increasing the current 0.5 FTE Program Aide I in the West End Clubhouse to a benefited 1.0 FTE Program Aide I (\$27,283); and the balance will be used to purchase contracted Peer Support Specialist services. The transition of the two 0.5 FTEs to State funding were included in the FY 2010 Proposed Budget as a reduction option. The State funds are restricted for providing additional peer support services and cannot be used for other purposes.

<u>STAFF</u>:

L. Michael Gilmore, PhD, Department Director, MHMRSA Carol Layer, Extended Care Services Division Director, MHMRSA Jim Fleming, Fiscal Officer III, MHMRSA

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