

Health, Human and Social Services Committee
Mental Health/Office of Community Services
AGENDA - AMENDED
6/18/18

Committee Members:

- Chairwoman Frasier
- Supervisor McDevitt
- Supervisor Braymer
- Supervisor Diamond
- Supervisor Hyde
- Supervisor Leggett
- Supervisor Loeb
- Supervisor Magowan
- Supervisor Sokol

I. Action Agenda/New Business

1. 2018 Budget Amendment request to allow for receipt of \$185,000 NYS Senate PFC Joseph P. Dwyer funding award to develop Veteran's Peer-to-Peer support program in Warren and Washington Counties. Specific budget codes/titles are still being determined. I will bring these to the June Finance Committee. See attached resolution request and handout for additional information.

II. Motion to adjourn

Attachments:
Informational handout

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 6/18/18

- (a) Purpose of Amendment: **To amend the 2018 Warren County budget to allow for receipt of NYS Senate PFC Joseph P. Dwyer funding to develop a veteran's peer-to-peer support program.**

- (b) Appropriation Code, Object Code, Full Title and Amount:
Budget Codes/Titles TBD; \$185,000

- (c) Revenue Code (with title), and Amount: **Budget Codes/Titles TBD; \$185,000**

Joseph P. Dwyer Veteran Peer Services Program

The Joseph P. Dwyer Veteran Peer Services Program is exclusively funded and overseen by the New York Senate. Created in 2012, the first year of funding was for a pilot program in Jefferson, Rensselaer, Saratoga, and Suffolk Counties. These innovative programs were named after Army Medic PFC Joseph P. Dwyer, who risked his life to carry an injured Iraqi boy to safety. Sadly, after discharge Veteran hero Dwyer, died from an overdose, after years of struggling with Post-Traumatic Stress Disorder (PTSD).

In the Dwyer Program, the Senate recognized that a major roadblock in seeking help for post-traumatic stress is the stigma associated with mental health problems. The Dwyer program was created to allow veterans a place where the stigma of seeking help is not a factor: veteran peer-to-peer support in either one-to-one or group settings. These programs were intended to compliment traditional behavioral health care. Peers are trained to recognize when mental treatment is needed and be a liaison to helping members connect with services.

Each county has flexibility in designing and implementing the Dwyer program. The program was initially intended to provide peer-counseling services to veterans suffering from PTSD; however, the mission of the program grew to include more veteran peer services. Programs now include focus on the reintegration of veterans into society; access to suicide prevention/intervention measures; encourage family, friend, and community connectiveness; outreach and education; linkages to housing and employment; and building peer resiliency. These programs have become the social network where veterans take care of each other in a trusting and safe atmosphere.

The Senate also commissioned the SUNY Albany School of Social work for overall and periodic evaluations of the program. The School has provided in depth evaluation findings for specific counties with recommendations as well identifying best practices for all counties. The School also oversees ongoing communication coordination between the counties so that lessons learned and overcoming obstacles can be shared.

The experience of the program can be summed up with the following observation from the SUNY School of Social Work:

"Although it may not be immediately clear to the casual observer, the work done by these veterans across the Dwyer-funded counties is staggering in scope, and life-saving in nature. Quantifying the impact of such work is difficult if not truly impossible. Yet the ability of any given program or staff member within a program to alter the life course of an individual veteran can mean the difference between life and death. And if the programs have saved even one life, the effectiveness of these programs can be easily characterized as a resounding success."

The Fiscal Year 2019 Budget included \$3.7 million for the Program. The Senate has provided approximately \$18 million since the creation of the program.

The program has expanded significantly since 2012, after the current year's planned expansion is implemented will span 23 counties: Broome, Cattaraugus, Chautauqua, Columbia, Dutchess, Erie, Genesee, Jefferson, Monroe, Nassau, Niagara, Onondaga, Orange, Orleans, Putnam, Rensselaer, Rockland, Saratoga, Suffolk, Warren, Washington, Westchester, and Wyoming. The program has served over ten thousand veterans and their families since its creation through peer-to-peer and other services.

OVERVIEW
NEW YORK STATE PFC JOSEPH P. DWYER
VETERAN PEER-TO-PEER SERVICES PROGRAM

PURPOSE: To design, implement and evaluate county-based veteran peer-to-peer best-practice service programs for veterans who are experiencing post-traumatic stress symptoms and other service or post service related issues. The goals are to:

- provide peer-to-peer mentoring
- encourage family, friends and community connectedness to foster reintegration
- provide access to suicide prevention/intervention measures
- provide outreach and education
- foster hope
- build resiliency among peers
- participate in a collaborative cross-county model approach

DESIGN: Each county will design and implement their Veteran Peer-to-Peer program by:

- identifying the best-practice-model to adopt
- establishing a written philosophy about the program, role of volunteers and peer support persons
- identifying criteria for selection of lead peer-support persons
- outlining training criteria for the peer-support person(s), which may include:
 - ✓ Confidentiality issues
 - ✓ Communication facilitation and listening skills,
 - ✓ Ethical issues
 - ✓ Problem assessment
 - ✓ Problem solving skills
 - ✓ Alcohol and substance abuse issues
 - ✓ Cross cultural issues
 - ✓ Medical conditions often confused with psychiatric disorders
 - ✓ Stress assessment

- ✓ Suicide assessment
- ✓ Depressions and burn-out
- ✓ Grief management
- ✓ Domestic violence
- ✓ Crisis management
- ✓ Nonverbal communication
- ✓ Mental health consultation and referral information
- ✓ Traumatic intervention
- ✓ Limits and liability

IMPLEMENTATION: Each county will follow:

- Administration procedures
- Program procedures
- Evaluation criteria
- Confidentiality limitations

EVALUATION: Each county will participate in the evaluation conducted by the School of Social Welfare at the University at Albany, State University of New York. This includes the systematic collection of information about the activities, characteristics, and outcomes of programs for program improvement, replication, and decision-making. Additionally, each county will develop a plan for program sustainability in the event that future funding is jeopardized.