Understanding PROMISE



Another Great DSAMH Production



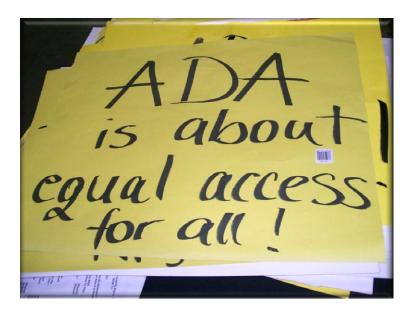


OVERVIEW OF THE AMERICANS WITH DISABILITIES ACT (ADA)

Signed in 1990, the ADA bans discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities.

Source US Department of Labor



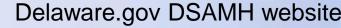


OVERVIEW: THE OLMSTEAD DECISION

In 1999, the Supreme Court held that under the Americans with Disabilities Act people with mental disabilities have the right to live in the community rather than in institutions if, "the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the individual, and the placement can be reasonably accommodated."

Why PROMISE?

On July 15, 2011, The United States Justice
Department and the State of Delaware agreed that
people living with Severe and Persistent Mental
Illnesses should not be kept in institutions and
should live in the least restrictive environment.





THE GOALS OF PROMISE VIA THE DOJ SETTLEMENT AGREEMENT

- ☑Creating a community crisis system- DONE!
- ☑Creating statewide access to assertive community treatment teams (ACT), intensive case management teams (ICM), and specially trained care management teams to serve the needs of the individual in the community as expected via the DOJ settlement: DONE!
- ☑Provision of housing vouchers and subsidies;- DONE! (however, DSAMH does not fund service, but DSAMH monitor's it) and
- ☑Development of supported employment, rehabilitation services, substance use disorder treatment, educational services, and family and peer support services: - DONE!



Eligibility Is determined by the DSAMH Eligibility and Enrollment Unit where qualifying individuals need to be:

- Over the age of 18 year;
- Have a qualifying Behavioral Health diagnosis;
- Meet needs-based criteria: either a moderate or severe functioning level on the Delaware-specific American Society for Addiction Medicine assessment tool that evaluates both mental health and Substance Use Disorder (SUD) conditions. It is the gatekeeper to determine who needs and qualifies for a PROMISE service(s).

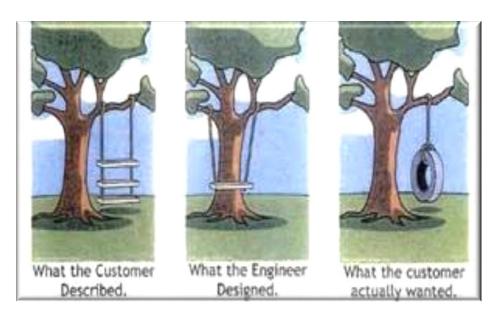
MEDICAID AND MCO'S

Also as part of the DOJ settlement Qualifying Medicaid MCO recipients in an ACT team can also participate in the PROMISE program.

The PROMISE program is based on the 1115 Demonstration Amendment waiver, which allows for the provision of the wide range of services (that we will discuss later) and functions as the mechanism that will allow those services for qualifying beneficiaries to bill Medicaid.



WHAT ABOUT PEOPLE ALREADY RECEIVING SERVICES?



The PROMISE program might be able to enhance and/or offer new and unique services specially tailored for the needs of the individual currently receiving services.

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WORKS PART

1. The **PROMISE** C.M. Authorizes the PROMISE programs and monitors it's Services for the person

The PROMISE (DSAMH)
Care Manager (C.M.)

The Person

2. The **PROMISE** C.M. works with the Provider's the Person and their chosen people and natural supports to create his/her preplanning inventory that will result in their -Person -**Directed Recovery** Plan.

3. The **PROMISE** care manager will also monitor the services chosen by the person so s/he can successfully live in the community

For most PROMISE recipients, the plan begins when the PROMISE Care Manager meets with the provider and the person to:

PROMISE CM talks to Person (and their team) about their needed services for their quest for recovery

The PROMISE C.M monitors the individual to gauge progress and service satisfaction

HOW
PROMISE
WORKS
PART II

The PROMISE CM communicates with the individual and reviews the Recovery Plan regularly, to update and refer the person to needed services to maintain success and recovery

PROMISE — SERVICES AND SUPPORTS

PROMISE will offer individually-tailored, community-based, and recoveryoriented services to help people live independently in the community. Participants will choose services based on their unique –medically necessary and approved needs.

PROMISE is not a one size fit all program:





Assists beneficiaries in accessing PROMISE services.

Provides for the ongoing monitoring of the services included in the beneficiary's Recovery Plan and the person's health and welfare.

For Medicaid beneficiaries the CM will inform the MCO about the Promise recipients care

plan





One-on-one supports to obtain and maintain an individual job in competitive minimum wage or customized employment, or self-employment in an integrated work setting as part of the general workforce.



Short-term services and training activities provided in regular business, industry, and community settings for groups of two to four workers with disabilities.

Provides support to gain skills to enable transition to integrated,- in-line with the preferences of the group to eventually gain competitive employment.

Emphasizes the importance of a rapid job search for a competitive job and provides work experiences to develop strengths and skills.



Builds upon the success of the \$tand By Me program in Delaware.

Provides a personal financial coach and a toolkit to navigate the challenges leading to personal financial security.

Goal is to increase clients' understanding and ability to manage their finances to increase their future financial stability and economic opportunities.

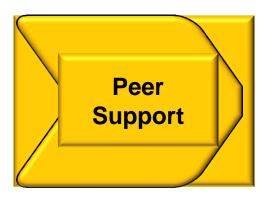




Benefits counseling provides work incentive counseling services to *PROMISE* participants seeking to improve their economic self-sufficiency and maintain access to necessary healthcare and other benefits.

Will assist individuals to understand the work incentives and support programs available and the impact of work activity on those benefits.





A peer/recovery coach uses lived experience with a mental illness or substance use disorder SUD to assist and support beneficiaries in their recovery journey.

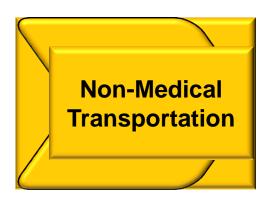
Beneficiary-centered service with a rehabilitation and recovery focus designed to promote skills for coping wi and managing psychiatric symptoms, while enabling the use of natural resources and the enhancement of recovery-oriented attitudes, such as hope, self-advocacy, and community living skills.





Enables qualifying participants to access employment services, activities, and resources and is offered in addition to medical transportation under the State Plan,

Available only when the beneficiary has no other transportation options available.





Provide supportive - health-related residential services in State licensed settings.

Residential services are needed, per the Recovery Plan, to enable the beneficiary to remain integrated, healthy, and safe in the community.

Include personal care and supportive services (homemaker, chore, attendant services, and meal preparation).

Include 24-hour onsite response capability to meet scheduled and unscheduled or unpredictable beneficiary supervision needs to ensure safety.



Services necessary, per the Recovery Plan, to enable the beneficiary to integrate more fully into the community and ensure the health, welfare, and safety of the person.

To be utilized in the beneficiary's home and community rather than in a provider-owned setting.







Goal-directed supports and solutionfocused interventions intended to achieve identified goals or objectives as set forth in the beneficiary's Recovery Plan.

Assists the person to identify strategies or treatment options associated with his/her mental health and/or SUD needs, with the goal of minimizing the negative effects of symptoms or emotional disturbances or associated environmental stressors; which interfere with the beneficiary's daily living, financial management, housing, academic, and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.



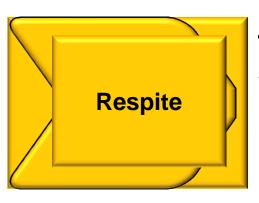
Restores the beneficiary to fullest possible integration as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention.

Face-to-face intervention with the beneficiary present.



Restoration, rehabilitation, and support with the development of daily living skills to improve self management of negative effects of psychiatric or emotional symptoms that interfere with a person's daily living.

Supports development and implementation of daily living skifts



Provided to beneficiaries unable to care for themselves furnished on a short-term basis because of the absence, or need for relief, those persons who normally provide supportive care.

May be provided in an emergency to prevent hospitalization.

Provides planned or emergency short-term relief to a beneficiary's unpaid caregiver or principle caregiver who is unavailable to

provide support.

Services are delivered to beneficiaries that reside in a private home and are necessary, per the POC, to enable the beneficiary to integrate more fully into the community and to ensure the health, welfare, and safety of the beneficiary.

Consists of general household tasks such as meal preparation, cleaning, laundry, and other routine household care or heavy household chore services such as washing floors, windows, and walls; tacking down loose rugs and tiles; moving heavy furniture in order to provide safe access and egress; removing ice, snow, and/or leaves; and yard maintenance.









Assistance with activities of daily living (bathing, dressing, personal hygiene, transferring, toileting, skin care, eating, and assisting with mobility).

Primarily provides hands-on care to beneficiaries that reside in a private home and that are necessary, per the Recovery Plan, to enable the beneficiary to integrate more fully into the community and ensure health, welfare, safety.

Non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement where the person has a lease or is in a private residence.

Necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- security deposits;
- essential household furnishings and moving expense;
- set-up fees or deposits for utility or service access;
- services necessary for the individual's health and safety such as pest eradication and one-time cleaning;
- moving expenses;
- necessary home accessibility adaptations; and,
- activities to assess need, arrange for and procure need resources.



Measuring Promise's Success

Is Accomplished by the individual



 The individual determines if he or she is achieving their goals. They inform their care manager if they are succeeding in increasing their social integration, and self-determination in all of their life domains such as: community living, employment, education, recreation, health care, and relationship building...PROMISE.

Thank-you!

Upon completion of this curriculum, please send your name and that of your supervisor to the e-mail box: dsamhpromise@state.de.us as proof of your task completion.

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