Center of Excellence in Behavioral Health

Virtual Training Kick-Off

Understanding the importance of evidence-based practices and dive into 3 evidence-based practices in Iowa: Assertive Community Treatment, Individual Placement and Support, and Permanent Supportive Housing

Tuesday, January 24, 2023

10:00 am to 12:00 pm CST

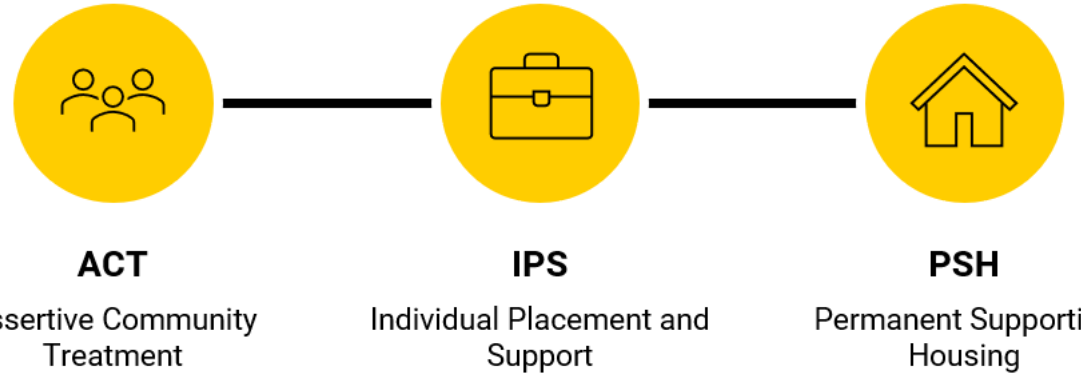
The Center of Excellence for Behavioral Health is sponsored by the Iowa Department of Health and Human Services

Acronyms for Today's Webinar

- CEBH = Center of Excellence for Behavioral Health
- UIHC, CDD/UCEDD = University of Iowa Hospitals and Clinics, Center for Disabilities and Development, University Center for Excellence in Developmental Disabilities
- HHS = Iowa Department of Health and Human Services
- EBP = Evidence-based Practice
- ACT = Assertive Community Treatment
- IPS = Individual Placement and Support
- PSH = Permanent Supportive Housing

Iowa's Center of Excellence for Behavioral Health

Provide training, technical assistance, and fidelity monitoring for entities responsible for developing and implementing evidence-based practices for individuals with serious mental illness, serious emotional disturbance, and co-occurring conditions in Iowa.



Evidence-Based Practices in Psychiatric Rehabilitation

Bob Drake

Columbia University, Westat

January 24, 2023

History of U.S. Mental Health

- Expert opinions dominate
- Little attention to research
- Ineffective and harmful interventions persist for years
- Effective interventions rarely used
- 95% problem

Evidence-based Practices

- Three pillars of evidence-based medicine:
  - science
  - client values/preferences
  - clinical expertise
- Mental health EBPs combine research and recovery

Evidence-Based Practices

- Standardized interventions
- Randomized controlled trials
- More than 1 research group
- Objective outcome measures
- Meaningful outcomes

Evidence-Based Practices
RWJF and SAMHSA 1998

- Assertive Community Treatment
- Supported Employment
- Family Psychoeducation
- Illness Management and Recovery
- Integrated Treatment for People with Co-occurring Disorders

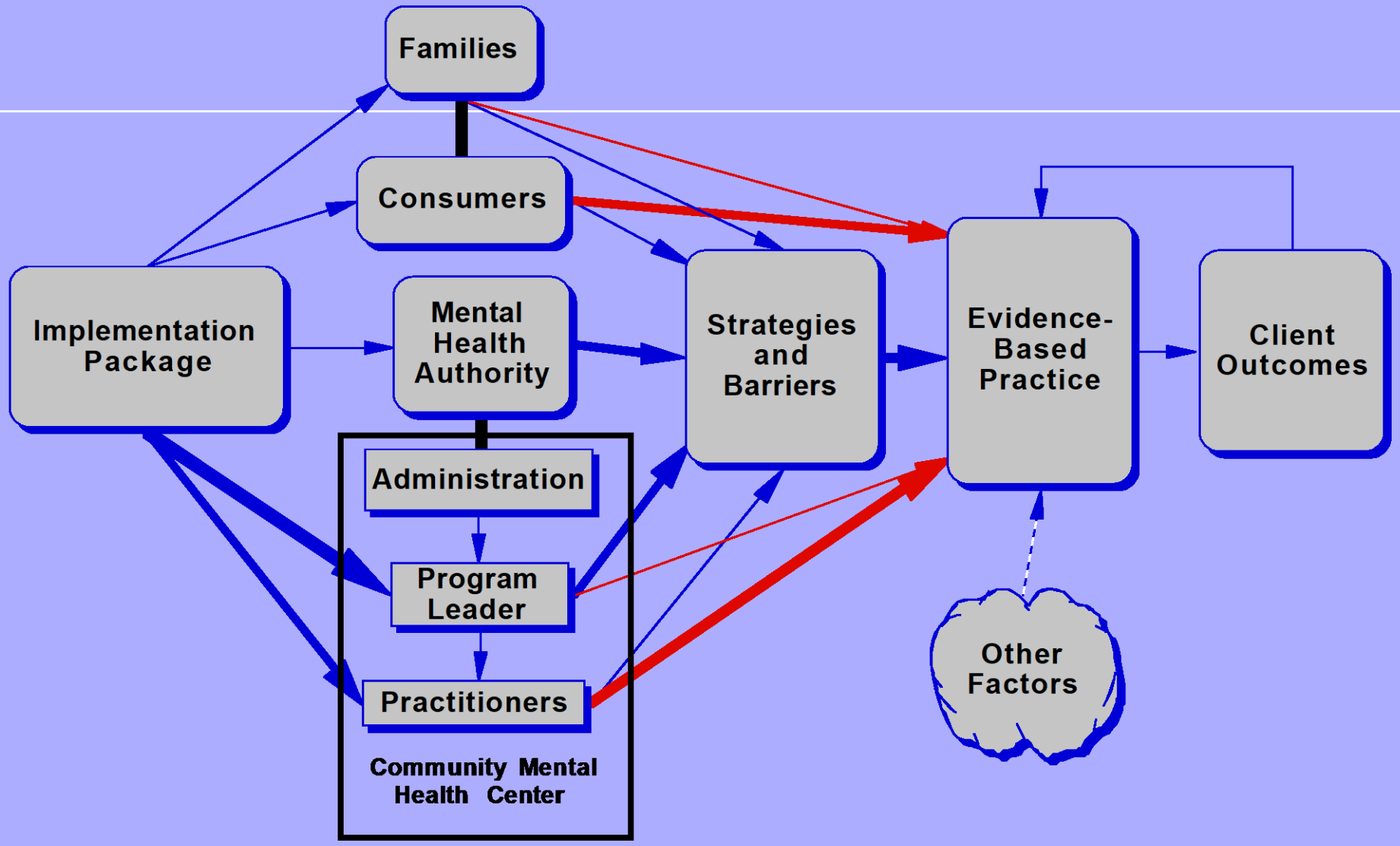
Common Features of EBPs

- Shared decision-making and choice
- Individualization
- Skills and supports
- In the community
- Meaningful roles
- Quality of life

Dissemination and Implementation

- Science to service gap
- No simple solution for complex systems
- Implementation strategies
- All stakeholders
- Fidelity

Conceptual Framework for Implementing an Evidence-Based Practice



System Changes 1

- Evidence-based medicine
- Address 3 components: science, consumer involvement, practitioner skills
- Align financing and structures with goals
- Integrate treatment and rehabilitation: mental health, substance abuse, vocational rehabilitation, general health, housing, self-help, family supports

System Changes 2

- Improve data systems to focus on outcomes and fidelity
- Electronic records and decision supports: education, assessment, outcomes, decision making
- Engineer micro-systems of care
- Learning collaboratives
- Distance learning

National EBP Project in Early 2000s

- Phase I: conduct reviews, prepare implementation packages (toolkits), and establish state technical assistance centers
- Phase II: field tests to refine procedures and resource materials
- Phase III: national demonstration

Challenges

- Fidelity and outcomes
- Access and acceptability
- Multi-cultural services
- Scaling up
- Durability
- Financing
- Organization

2023 EBP Update

- Pillars of evidence-based medicine
- Science: more evidence, new EBPs
- Client values/choices: platinum rule
- Clinician expertise: workforce issues

Access and Acceptability

- Diversity, equity, inclusion
- Disadvantaged groups continue to live sicker and die younger
- War against drugs of 1970s has become war against the poor
- Incarceration, homelessness, suicide, overdoses

Fidelity and Outcomes

- Few fidelity scales validated
  - IPS supported employment is an exception
- Outcomes
  - Behavioral outcomes, not attitudes and correlates
- Self-ratings

Flexibility

- Treatment by computer algorithms
- Trusting relationships and shared decision-making declining
- Workforce shortages
- Non-evidence-based policies
  - “We know what works”
  - “No time for research”

Financing

- Primary care and community mental health in trouble
- Payments for tests, procedures, and “medical necessity”
- Managed care and bureaucracy
- For-profit healthcare

Organization

- International perspective
- “Every system gets the outcomes it’s perfectly designed to get”
- In for-profit health system, all the profit makers do well: insurance, pharmaceutical, other industries
- But not the patients and providers

Enduring Challenges

- Little change since 1998
- Expert opinion dominates
- Policy without research is the norm
- Unfunded mandates are common
- Healthcare profits increase, but longevity and outcomes decline

New Challenges

- Disinformation
- Mistrust of science
- Large healthcare systems
- Computerized medical records
- Covid pandemic
- Workforce

Solutions: Health Care Is a Right

- U.S. helped to define this policy after Second World War
- Constitution of World Health Organization
- Declaration of Human Rights (1948)

Universal Declaration of Human Rights

- “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care, and necessary social services.”
- Most nations enshrine this right in their constitutions

Solutions

- Empower recipients and caregivers rather than industry
- Caregivers with lived experience
- Address social determinants rather than more polypharmacy, imaging, hospitals
- Good research leads to good policy

Solutions

- We need a healthcare system
- National health insurance
- Social determinants are key
- Equality: everyone should have guaranteed access to EBPs

Solutions

- EBP centers are key
- Learning communities: state, national, and international IPS centers
- Fundamentals: training, collaboration, supervision, data collection, shared decision-making, financing

Solutions

- EBPs are effective
- So are evidence-based policies
- Good research leads to good policy

Further Information

- Sue Morris
- SusanMorris@westat.com
- 603-678-4531

UNIVERSITY OF IOWA HEALTH CARE

Center of Excellence for Behavioral Health

Assertive Community Treatment (ACT)

Overview of ACT Model and services in Iowa

January 24, 2023

CHANGING MEDICINE.
CHANGING LIVES.®

Today's Goals

- What ACT is and how it works
  - Overview
  - IMPACT - ACT at UIHC
- ACT in Iowa
  - Developments
  - Challenges

Introduction

Treatment of the seriously mentally ill is among the most difficult challenges in medicine.

- Disease strikes young adults
- No known cure
- Treatment relies on public funding in a system widely acknowledged to be broken
- Many who go untreated, or receive inadequate treatment become homeless, incarcerated, or worse
- A startling number of people do not have access to treatments known to be effective, such as **ACT**

ACT Overview
The Approach

Interdisciplinary team

- Medical- psychiatrist, nurses
- Social workers
- Substance Abuse specialist

Typical activities include

… advice for managing symptoms of their illness, help with activities of daily living, housing issues, employment; managing benefits and finances, accessing health care, and for many…

help with overcoming substance misuse

…In the Community.

ACT Overview

Favorable Outcomes

- **Fewer hospitalizations**
- **Improved housing stability**
- **Better**
- **High sa**
- **Cost ef**
- **Finding** **ndomized controlled trials**

"No psychosocial intervention has influenced current community mental health care more than assertive community treatment"

Drake and Burns in Psychiatric Services 1995

IMPACT

Assertive Community Treatment

In Iowa City

ACT at UIHC

The IMPACT Program

- Census: 68 people
- Diagnoses (primary)
  - 65% Schizophrenia
  - 15% Schizoaffective Disorder
  - 15% Bipolar Disorder
  - 5% Chronic Major Depression
- 70% have Substance Abuse diagnosis

ACT at UIHC

The IMPACT Team

ACT at UIHC
Daily Rounds

- Each client each day
- All team members
- Report on last 24 hours, plan for today
  - Coordination
  - Accountability

ACT at UIHC

First things First

- Initial Assessments
- Housing
- Medications

ACT at UIHC

When “Home Sweet Home” isn’t so Sweet…

A room with a view…..

ACT at UIHC

Consistent Medication

- Deliver and organize medications
- Regular monitoring
- Manage side effects

ACT at UIHC

Help with Daily Living - a lot to Manage

- **Maintaining activities of daily living**
  - Bathing, grooming, housekeeping
  - Transportation, cooking, taking medications
  - Paying bills
- **Accessing and maintaining benefits**
  - Social Security, Medicaid eligibility
  - Food stamps
- **Trying to “have a good day”**
  - Work
  - Friends and Recreation

ACT at UIHC

Work – often the best treatment

- Iowa City Recreation Center
- Taco Johns
- Ace Hardware
- Hungry Hobo
- Every Bloomin' Thing

ACT at UIHC

Accessing Local Supports

Where to go and what to do when you get there

ACT at UIHC

Wellness Activities – Exercise, Recreation

A walk in the park

A cup of Joe

ACT at UIHC

Home Visits

- We average 3-4 visits per week per client
- Range is from once a week to twice daily
- Dollars well spent

ACT Overview

How is ACT different?

- Multidisciplinary team approach
- Integration of all services
- Low client-staff ratios
- Intensive yet flexible level of service
- Locus of contact in the community
- Assertive outreach
- Ready access in times of crisis
- No arbitrary time limits on services

ACT in Iowa

Outcome Measures – Pre and Post ACT*

	Pre	Post	Chg.
Hospitalization	4.8	1.0	-79%
PCE/MH	13.1	0.8	-94%
Incarcerated	2.4	0.5	-79%
Unemployed	83%	55%	-34%
Abusing substances	25%	21%	-16%

Outcomes ⇆ Fidelity to Model

* Technical Assistance Center 2003-2010

Paid for by the Iowa Department of Human Services through its contract with Magellan Health Services for Iowa Plan for Behavioral Health Community Reinvestment funding

Assertive Community Treatment In Iowa

ACT in Iowa

Iowa's Timeline

1996	First Team – University Of Iowa (Iowa City)
1998	(Des Moines, Cedar Rapids)
2003-10	**ACT Technical Assistance Center (Univ of Iowa/Magellan/DHS)**
2004	(Fort Dodge)
2006	(Council Bluffs)
2009	**ACT on the Medicaid Menu of Services**
2011	(Forensic team Des Moines)
2015	CCBHC planning grants
2017	(Waterloo, Spencer, Knoxville)
2018-2021	**House File 2456**. (Davenport, Ames, Dubuque, Ottumwa, Mason City, etc.)
2022	**Center of Excellence for Behavioral Health**

ACT in Iowa

Center of Excellence for Behavioral Health

- 2022
- State/academic partnership
- 18-month project with option to extend
- Support for evidence-based practices – provide training and fidelity audits
  - Individual Placement and Support (supported employment has been successfully implemented in rural settings)
  - Permanent Supportive Housing
  - Assertive Community Treatment

ACT in Iowa

Center of Excellence for Behavioral Health

- Initial and Ongoing training available
  - Monthly series (zoom in real time) for all ACT staff– ACT 101, case-based review and discussion
  - Participation in UI trainings e.g. Addiction Series lectures
  - Iowa Dept Public Health: Narcan access & training
  - Website - “Principles of” -motivational interviewing, integrated dual disorders treatment, psychopharmacology 101
- Fidelity reviews
  - SAMHSA endorsed; based on DACTS
  - Rural teams will not meet certain fidelity criteria

ACT in Iowa
Challenges

- **Workforce depletion**
  - An “acute on chronic” problem
- **Funding**
  - Payment has not kept pace with costs.
- **Outcomes monitoring**
- **Rural coverage**

ACT in Iowa

ACT Teams in Iowa

Iowa Total Population: 3,193,079

2021 County Population Data

December 2022

ACT in Iowa

Can ACT work in rural areas? (SMI advisor 2021)

- ACT, like many evidenced based practices, was developed and studied in urban areas
- Model requirements don't account for unique rural circumstances – geography, workforce, higher numbers of underinsured people, culture
- How to accommodate…
  - 1:10 staffing ratio in an area with sparse population?
  - Multidisciplinary team and 24/7 staffing requirements with limited workforce?

Administration and Policy in Mental Health
Vol. 25, No. 2, November 1997

IMPLEMENTING ASSERT
TREATMENT PROGRAMS

Elizabeth C. McDonel, Gary R.
Dawn Fekete, Annabel Chen,
and Larry Miller

Psychiatr Q (2013) 84:103–114
DOI 10.1007/s11126-012-9231-5

ORIGINAL PAPER

Adaptation of Intensive M
Management to Rural Cor
Health Administration

Somaia Mohamed

A Comparison of Assertive
Treatment and Intensive Ca
Management for Patients in

Piper S. Meyer, Ph.D.
Joseph P. Morrissey, Ph.D.

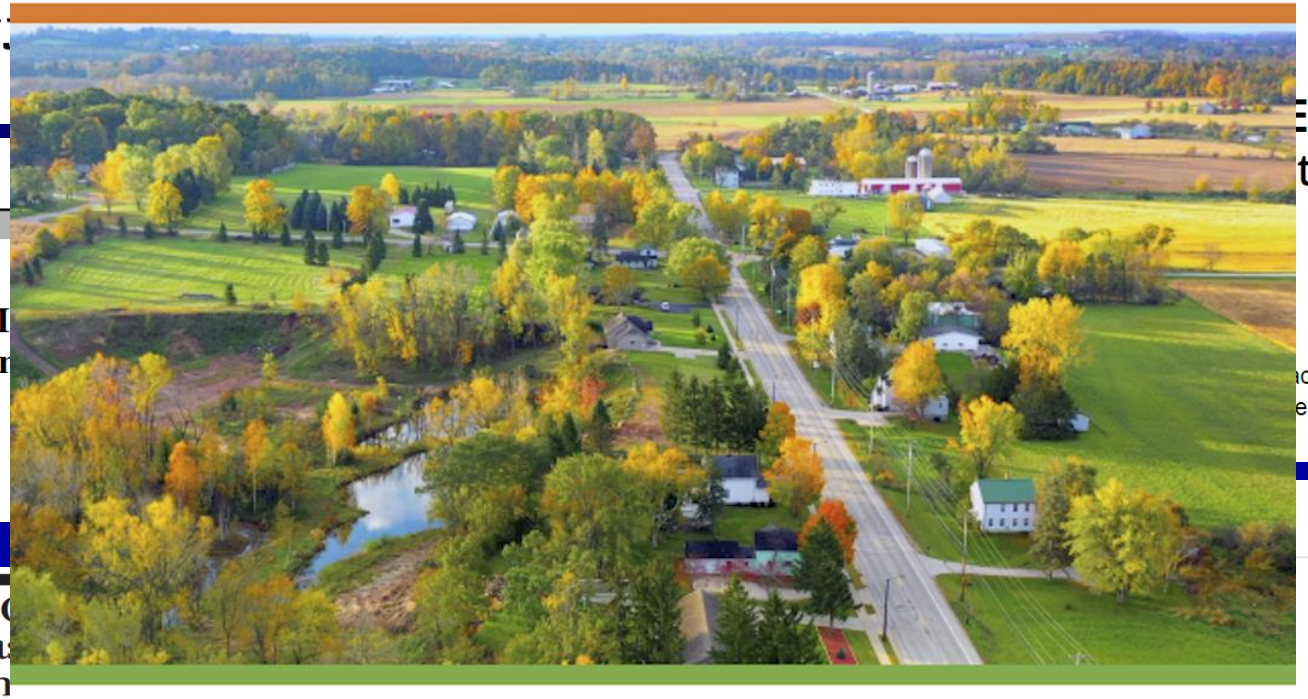
Psychotherapy

Rural Assertive Community
Telepsychiatry

SMIAdviser®
A Clinical Support System for Serious Mental Illness
www.SMIadviser.org

An APA and SAMHS

SAMHSA



Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

Increasing the Availability of Evidence-Based Practices in Rural and Remote Communities for Individuals with SMI

August 2021

mmunity Treatment Programs
Rural North Carolina

Exploring Two
t Teams in Maine

ctice, Unique Place: Exploring Two
ental Health Nursing, 39:6, 499-505,

ORIGINAL RESEARCH
published: 22 July 2022
doi: 10.3389/fpubh.2022.913159

sertive Community
in Rural and Remote
ualitative Study of the
s and Adaptations of the

sbrenn[2], Martin Rønningen[2], Sigrun Odden[1], Annika Lexén[3]

ACT in Rural Areas

What's being tried? (SMI advisor 2021)

- A standardized rural model is not yet established, but multiple adaptations exist.
  - 9/14 states describe modifications to the model
    - Higher staff to client ratios
    - Modified fidelity tool
  - WICHE- Montana, S Dakota, Arizona, Colorado
  - Michigan - Request for exception for the 7 "core components"
  - Flexible ACT= a Dutch version of ACT
- Common goal is to maintain critical ingredients of the model = the relationship
- Need outcomes studies and the "recipe"

ACT in Iowa
Conclusions

- Iowa has demonstrated ability to do ACT and achieve the benefits.
- The Center of Excellence is a valuable addition to the process
- Recent developments encouraging for growth of ACT in Iowa
- We must make progress on the “biggest challenge”

Center of Excellence for Behavioral Health

Thank you

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→ **iowacebh.org**

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Individual Placement and Support (IPS)

Overview of IPS Model and services in Iowa

January 24, 2023

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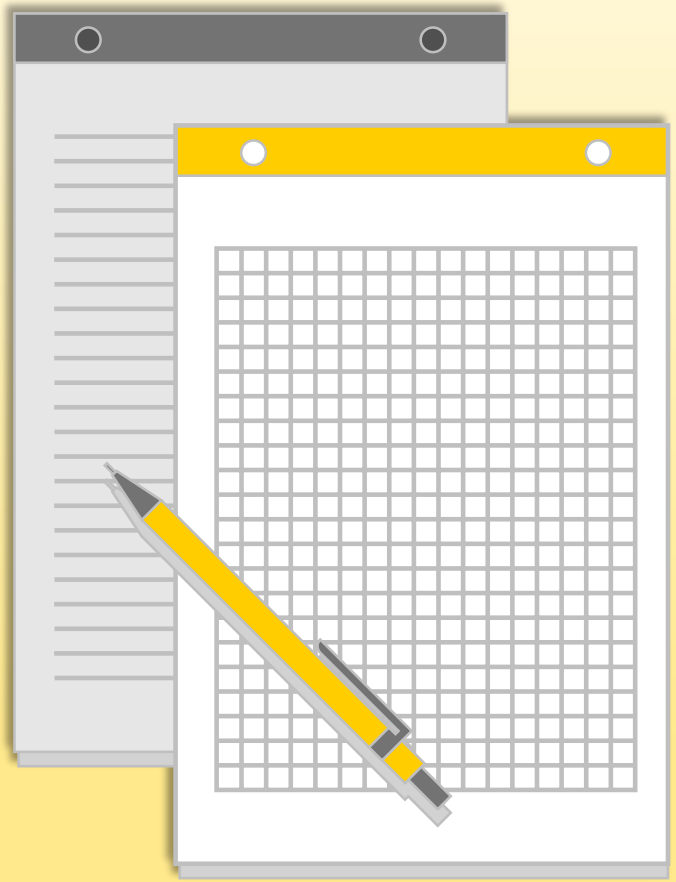
What you should know about IPS:

- **IPS is the only Evidence Based Practice(EBP) of supported employment for adults with Serious Mental Illness (SMI)**
- **Urban/Rural**
- **Variety of populations**
- **IPS is international; 352 programs in 26 US states; Australia, Bulgaria, Canada, China (Hong Kong), Denmark, Finland, Germany, Ireland, Italy, Japan, Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, United Kingdom continents**



Why Should We Consider Work For Recovery?

- Important part of recovery
- 60-70% of people with SMI want to work, but less than 15% employed
- Employment considered regular adult role
- Sense of purpose, increased self-esteem and self-confidence
- Enhances social & natural supports and decreases isolation
- Improved symptom management
- Cost-effective
- Increased independence and self-sufficiency
- Reduced criminal justice involvement
- Decreased substance abuse
- Decreased dependence on mental health system and social services

Iowa's Employment First Vision

"Employment in the general workforce is the first priority and the expected and preferred outcome in the provision of publicly funded services for all working age Iowans with disabilities."

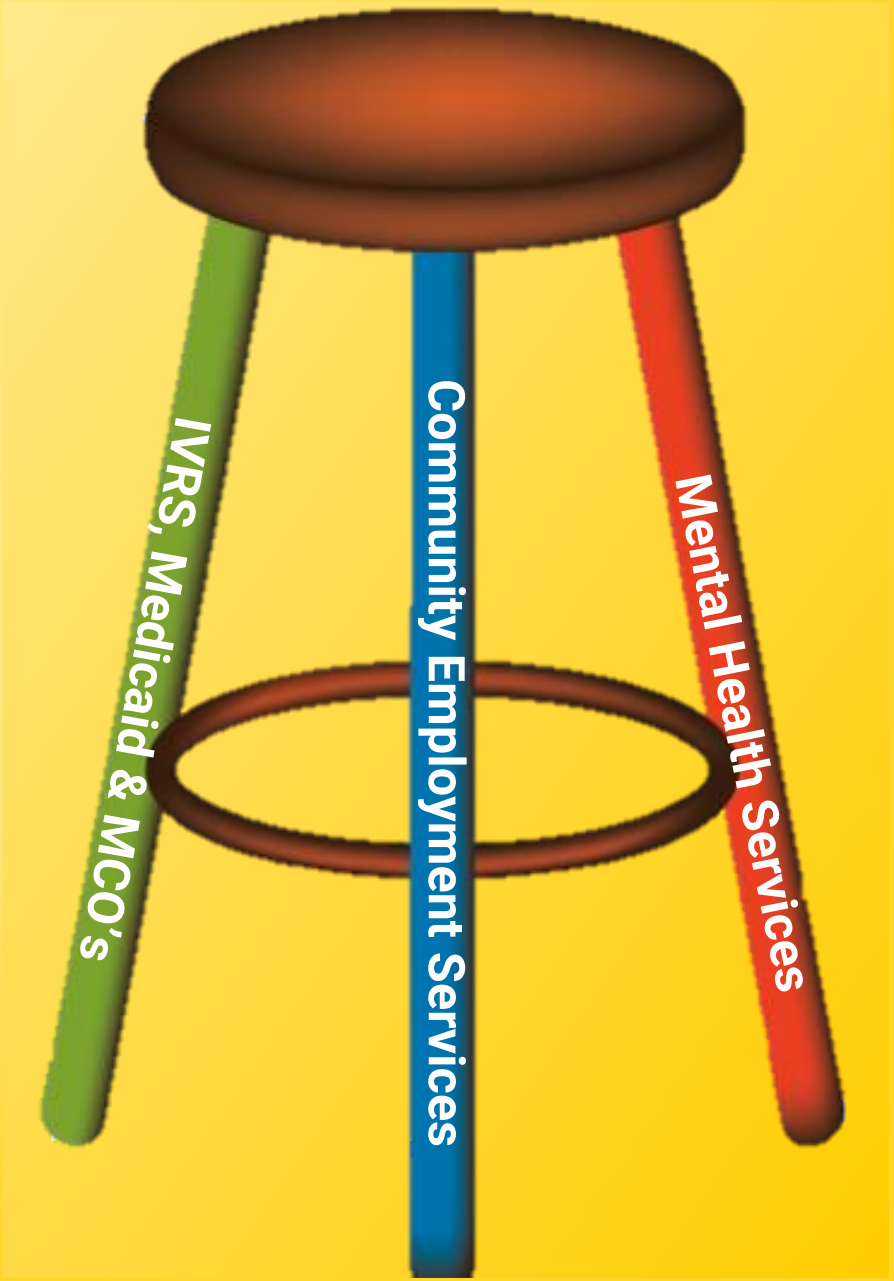
Integrated Services

IPS Employment Specialists collaborate with Vocational Rehabilitation Counselors, Therapists, Case Managers, Psychiatrists, Integrated Health Home (IHH) Care Coordinators and other community providers to help job seekers achieve common goals of recovery and successful employment.

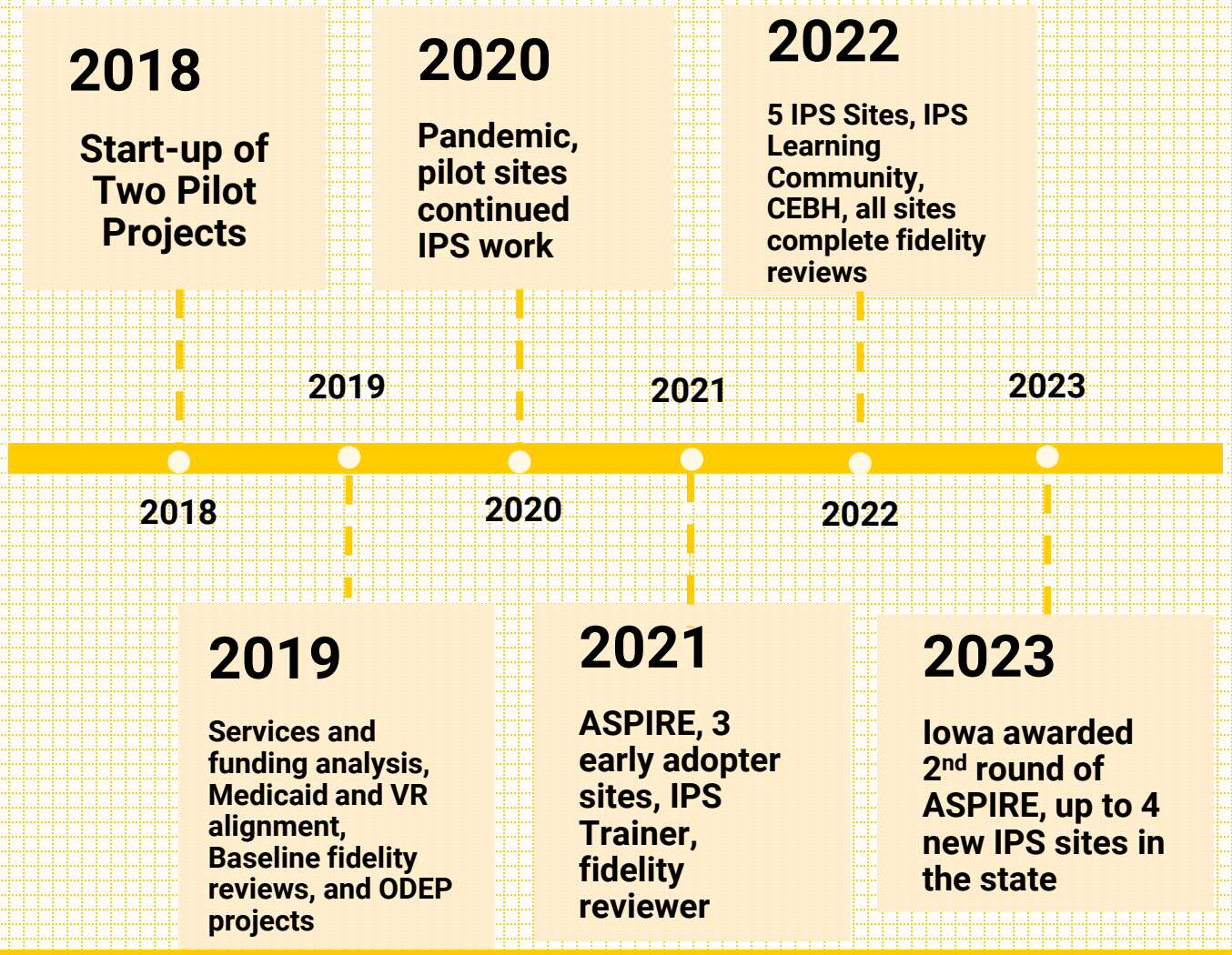
“3-Legged Stool”

IPS in Iowa is built on strong partnerships and integrated services.

- Iowa Vocational Rehabilitation, Iowa Medicaid & MCO’s fund IPS activities through milestones achieved
- Community Employment Services trained in IPS model provide services to job seekers
- Mental Health Service providers provide symptom management and collaborate with IPS teams



Brief historical timeline of IPS in Iowa



IPS Services and Funding Structure

- IPS Milestone 1
  - Career Development: Completed Employment Plan
- IPS Milestone 2
  - Job Development (1): 1st Day Successful Placement
- IPS Milestone 3
  - Job Development (2): 45 Days Successful Job Retention
- IPS Milestone 4
  - Job Coaching: 90 Days Successful Job Stabilization

Iowa's Original IPS Pilot Sites

- **43 North Iowa**
  - Located in Mason City
  - Serving Cerro Gordo, Franklin and Hardin Counties
  - Employment Manager – Kelly Kratz
  - IPS Supervisor – Alysha Bartoszek
  - 2 Employment Specialists

- **Hope Haven, Inc.**
  - Located in Rock Valley
  - Serving Lyon, Osceola, Dickenson, Emmet, Sioux, O'Brien, Clay, Palo Alto and Plymouth counties
  - Also provides IPS services in MN
  - My Choice Employment Manager – Toni Faber
  - IPS Supervisor – Rachel Phipps
  - 2 Employment Specialists

Iowa has FIVE teams serving 23 of 99 counties

43 North Iowa, Mason City (Cerro Gordo, Franklin, Hardin)

Robert Young Center, Muscatine (Jackson, Clinton, Cedar, Muscatine)

Hope Haven, Inc., Rock Valley (Lyon, Osceola, Dickenson, Emmet, Sioux, O'Brien, Clay, Palo Alto, Plymouth)

Vera French, Davenport (Scott)

Hope Haven Area Development Center, Burlington (Washington, Louisa, Jefferson, Henry, Des Moines, Lee)

Early Adopter Sites, 2021

Hope Haven Area Development Center

- Located in Burlington
- Serving Washington, Louisa, Jefferson, Henry, Des Moines, Lee Counties
- Employment Director: Eva Castillo
- IPS Supervisor: Amanda Hatten
- 2 Employment Specialists

Robert Young Center

- Located in Muscatine
- Serving Muscatine, Cedar, Clinton Jackson Counties
- IPS Supervisor: Paul Phares
- 2 Employment Specialists

Vera French/ Transitions Partnership

- Located in Davenport
- Serving Scott County
- Vera French Carol Center Director Angi Tracy; IPS Supervisor Mindi Yost;
- Transitions IPS Supervisor Sarah Sirna
- 1.5 Employment Specialists

Zero Exclusions

- Eligibility is based on consumer choice
- People are not excluded because of diagnosis, recent hospitalizations, criminal justice history, or work readiness criteria

Integration of Teams

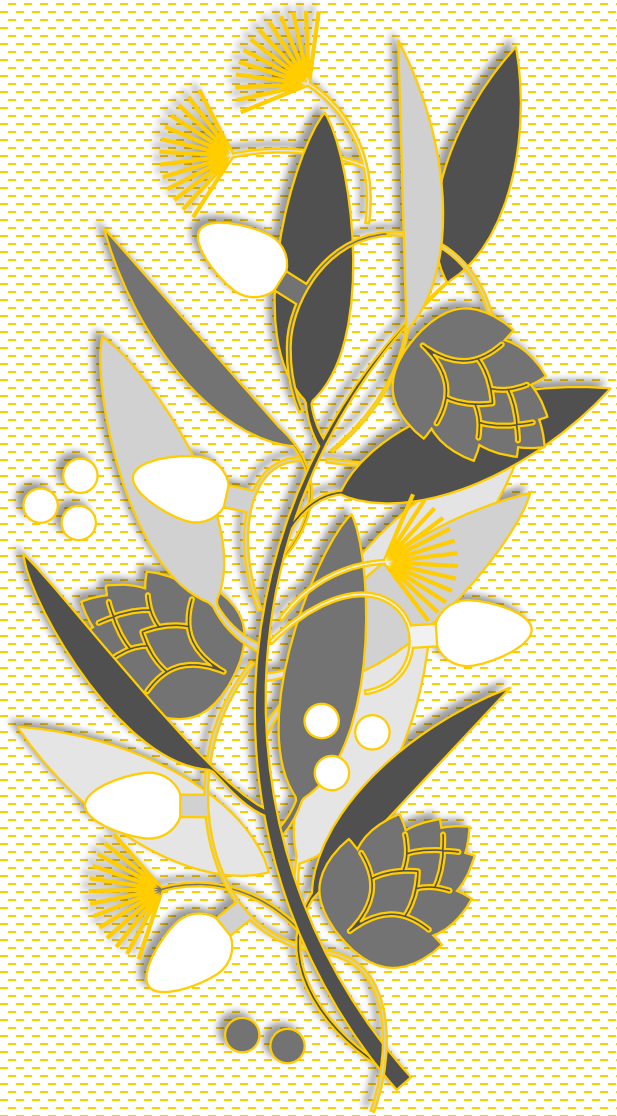
- Employment Specialists (ES's) are equal members of mental health teams
- All practitioners work together to help job seekers achieve their recovery goals through successfully supporting employment
- ES helps practitioners think of work as a recovery tool for clients not yet in IPS program

Rapid Engagement/Job Search

- Waiting lists are discouraged, and services start as soon as possible
- ES and job seeker begin looking for work within a month of entering services

Individual Preferences Honored

- Comprehensive assessment is conducted to establish preferences of job type, wage, distance, hours worked/schedule, work environment and job supports
- Job search based on these individualized preferences, strengths and experience; not pool of readily available jobs.



Targeted Job Development

- Relationships are built with community employers based on job seeker's preferences
- Minimum of 6 face to face employer contacts are conducted per week

Focus is on Competitive Employment

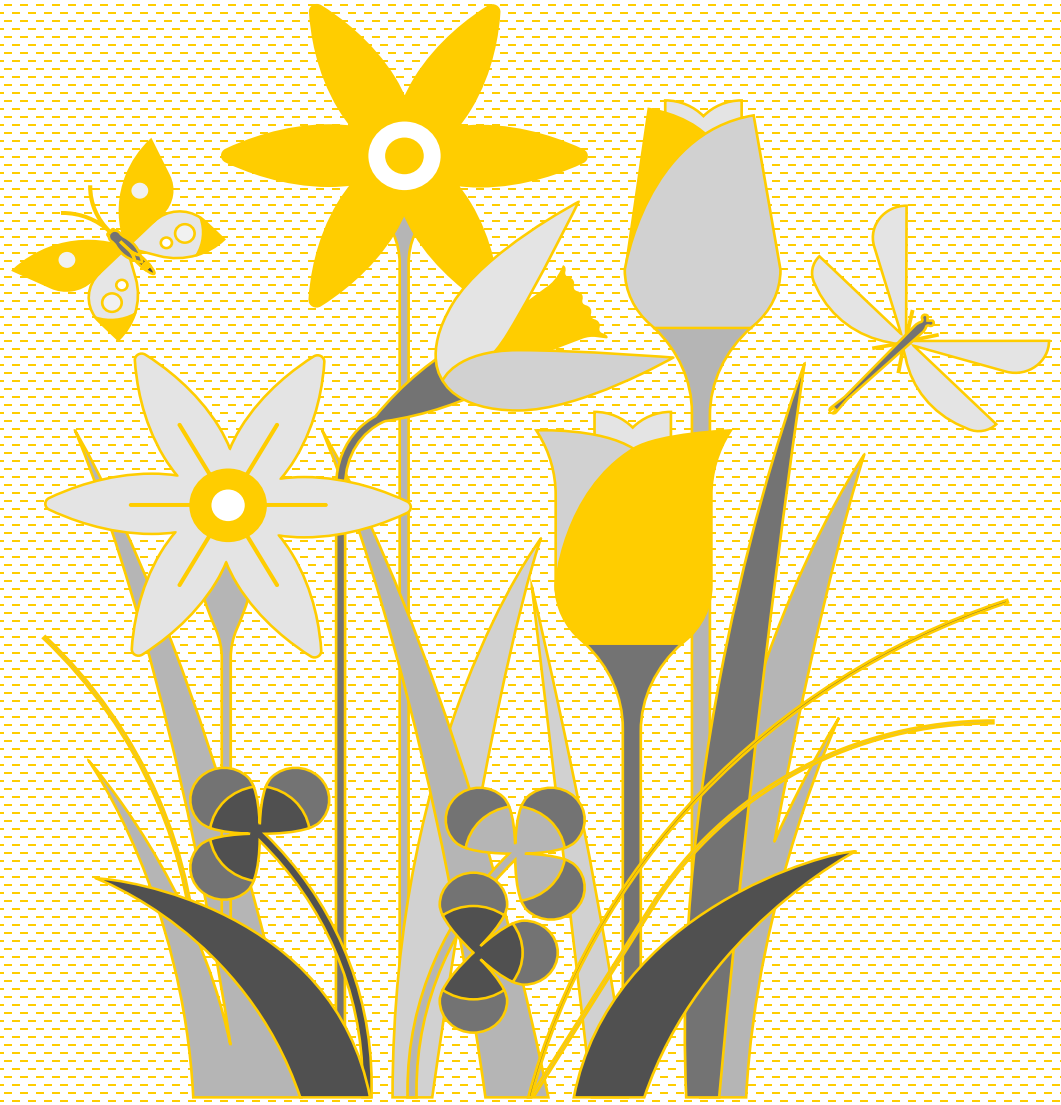
- At least minimum wage paying jobs in community's labor market, in either part-time or full-time positions
- Job in sheltered workshops, jobs set aside only for people with disabilities, time-limited "transitional jobs" DO NOT count as competitive

Benefits Counseling

- Referrals made to certified work incentive planners for clients interested in knowing how their benefits are affected by working
- Incentives for workers with disabilities are also shared

Time-Unlimited Follow Along Supports

- Supports provided by IPS staff for as long as job seeker wants or needs up to a year after becoming employed
- Natural supports are built up in this time as well for support upon successful completion of IPS



Family Engagement

- Family involvement is encouraged in the IPS approach
- Often families have great work suggestions for a job seeker
- Sometimes, families can be scared that working will cause more stress or strain on a job seeker, or fear they will lose benefits; working with an ES can help
- Having support is an important factor in achieving goals
- “Family” is whoever the job seeker says it is; can include relatives, friends, significant others, mentors, teachers, coaches, clergy, etc.

Natural Supports

- ES's help to build a network of natural supports around the job seeker
- Guidance is provided for natural supports to assist and support job seeker
- Job seeker gradually requires less support from ES
- Natural support system takes the place of IPS specialist
- Independence in the workplace is the goal

Fidelity

- Fidelity leads to the employment outcomes
- The 25-item fidelity scale is based on IPS principles and the research
- Quality improvement tool that leads to improved outcomes
- Each program participates in fidelity reviews at least once per year
- Goal is continuous quality improvement, not a punitive “audit”
- Consists of 2-day on-site review of program, interviews with staff, collaborative team partners, agency leadership, program participants, document review, field observation of job development activities and team meetings

Center of Excellence for Behavioral Health

Thank you

→ iowacebh.org

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Produced by Center of Excellence for Behavioral Health at University of Iowa Hospitals and Clinics Center for Disabilities and Development.
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Permanent Supportive Housing (PSH)

Overview of PSH

January 24, 2023

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Shelter House

More than a roof and a bed

Mark Sertterh
Associate Executive Director
Shelter House

Shelter House
More than a roof and a bed

WHO WE ARE

Shelter House offers a robust continuum of programs and supports focusing on emergency, stabilization, and long-term interventions in the areas of housing, employment, and mental health recovery. In so doing, we help hundreds of men, women and children each year to get back on their feet.

Our mission is to provide safe shelter and help people improve the quality of their lives as they move beyond homelessness

PERMANENT SUPPORTIVE HOUSING

Permanent, affordable housing combined with flexible, voluntary support services designed to help tenants stay housed and address health issues while building the necessary skills to live as independently as possible.

Evidence-based practice that is a housing intervention prioritized for individuals with complex health and behavioral health issues to choose and keep housing in the community—along with having the appropriate supportive services to help the person thrive and maintain housing.

Shelter House
More than a roof and a bed

HOUSING FIRST

Predicated on the understanding that for individuals who have complex behavioral health needs who have housing instability--the first and primary need is to obtain stable housing
(a basic necessity and right)

Shelter House
More than a roof and a bed

Other issues such as getting a job, attending to substance use or other health issues can and should be addressed voluntarily and only after housing is obtained

Requires cross-system collaboration and wrap-around services

PSH—DIFFERENT EBP

Shelter House
More than a roof and a bed

IPS and ACT have been established for years and have specific eligibility criteria and fidelity standards

PSH serves different populations; several different best practices; several governing bodies

HUD; SAHMSA; Mental Health Funders; Medicaid

Blending tools to come up with fidelity standards for the Center of Excellence

The Fairweather Lodge program is a permanent supportive housing intervention intended to support the mental health and employment needs of individuals with severe mental illness who are at increased risk of homelessness.

- Permanent Supportive Housing
- Communal
- Peer support and accountability
- Supported employment
- Mental Health Treatment including medication management

Cross Park Place

A HOUSING FIRST PROJECT

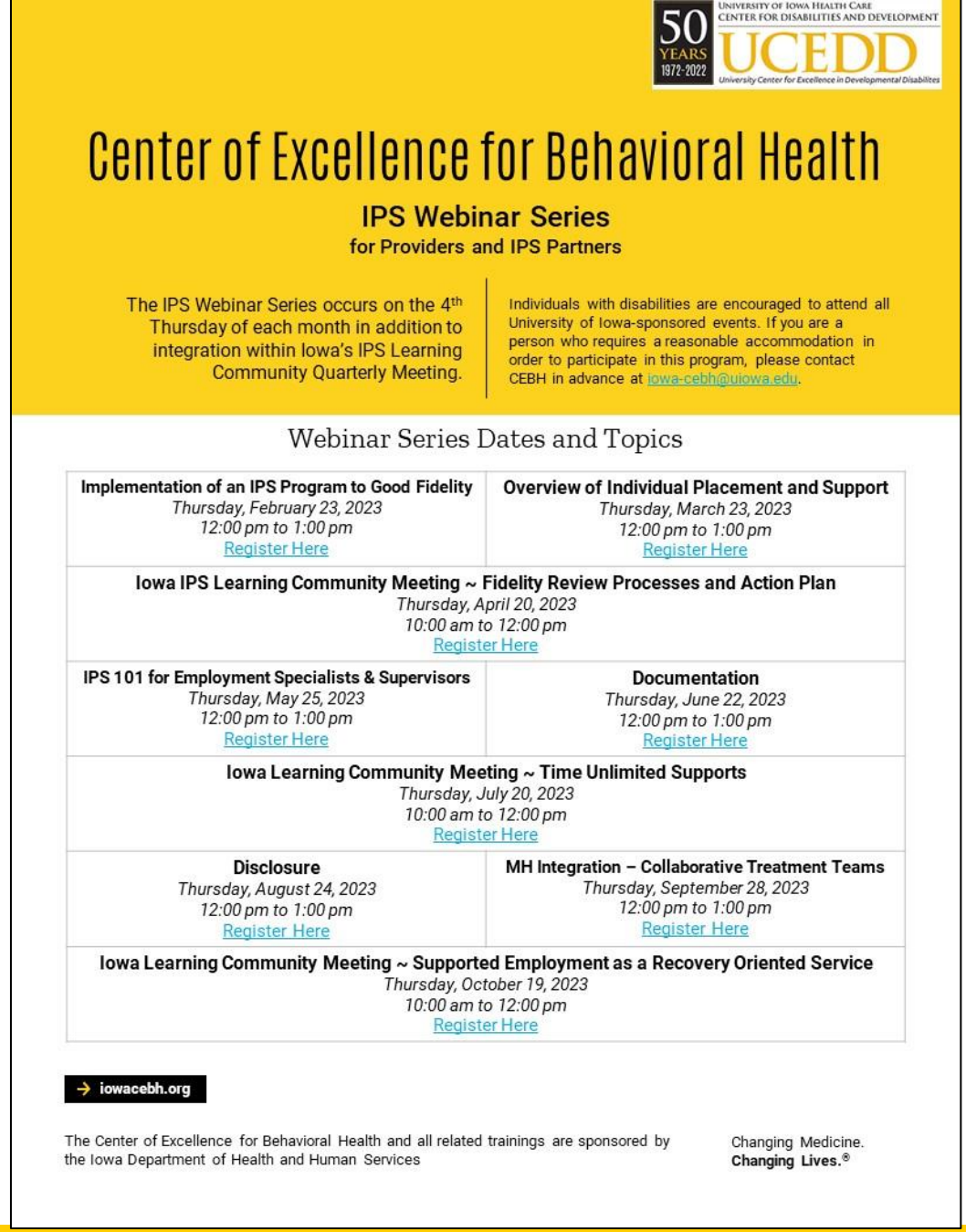
Shelter House

More than a roof and a bed

Mark Sertterh
Associate Executive Director
Shelter House

CEBH Training Series

- ACT, IPS & PSH webinar series beginning February & March 2023
- ACT
  - Overview of ACT
  - February 16th 10 am to 11 am
- IPS
  - Implementation of an IPS Program to Good Fidelity
  - February 23rd 12 pm to 1 pm
- PSH
  - Overview of PSH – Panel Presentation
  - March 10th 12 pm to 1 pm
- All webinars will be recorded and available for playback on the CEBH website



50 YEARS 1972-2022 | University of Iowa Health Care Center for Disabilities and Development | UCEDD | University Center for Excellence in Developmental Disabilities

Center of Excellence for Behavioral Health

IPS Webinar Series
for Providers and IPS Partners

The IPS Webinar Series occurs on the 4th Thursday of each month in addition to integration within Iowa's IPS Learning Community Quarterly Meeting.

Individuals with disabilities are encouraged to attend all University of Iowa-sponsored events. If you are a person who requires a reasonable accommodation in order to participate in this program, please contact CEBH in advance at iowa-cebh@uiowa.edu.

Webinar Series Dates and Topics

Implementation of an IPS Program to Good Fidelity *Thursday, February 23, 2023* *12:00 pm to 1:00 pm* Register Here	**Overview of Individual Placement and Support** *Thursday, March 23, 2023* *12:00 pm to 1:00 pm* Register Here
Iowa IPS Learning Community Meeting ~ Fidelity Review Processes and Action Plan *Thursday, April 20, 2023* *10:00 am to 12:00 pm* Register Here	
IPS 101 for Employment Specialists & Supervisors *Thursday, May 25, 2023* *12:00 pm to 1:00 pm* Register Here	**Documentation** *Thursday, June 22, 2023* *12:00 pm to 1:00 pm* Register Here
Iowa Learning Community Meeting ~ Time Unlimited Supports *Thursday, July 20, 2023* *10:00 am to 12:00 pm* Register Here	
Disclosure *Thursday, August 24, 2023* *12:00 pm to 1:00 pm* Register Here	**MH Integration – Collaborative Treatment Teams** *Thursday, September 28, 2023* *12:00 pm to 1:00 pm* Register Here
Iowa Learning Community Meeting ~ Supported Employment as a Recovery Oriented Service *Thursday, October 19, 2023* *10:00 am to 12:00 pm* Register Here	

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Thank You!

Questions?
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Scan me for our survey!

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