Iowa's Center of Excellence for Behavioral Health

Evidence-Based Practices in Behavioral Health Summit



Aligning PSH in Iowa

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(PollEv.com/iowacebh984)

Learn. Support. Advance.

Iowa's MHDS Regions

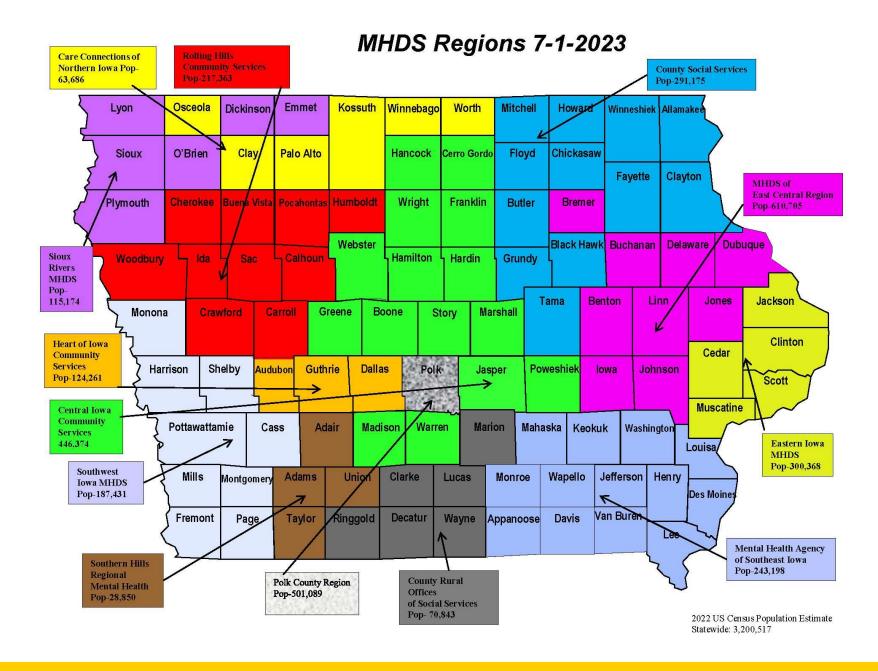
Who We Are

Operate as the regional administrative entity throughout Iowa as determined by select county distribution.

What We Do

Provide locally delivered services that are regionally managed within statewide standards that support individuals with disabilities in obtaining their maximum independence.

Where We Are



Required Core Services for Adults

- Access centers
- Assertive community treatment
- Assessment and evaluation
- Case management
- Crisis evaluation
- Crisis stabilization community-based services
- Crisis stabilization residential services
- Day habilitation
- Family support
- Health homes
- Home and vehicle modification
- Home health aide
- Intensive residential service homes
- Job development

- Medication prescribing and management
- Mental health inpatient treatment
- Mental health outpatient treatment
- Mobile response
- Peer support
- Personal emergency response system
- Prevocational services
- Respite
- Subacute mental health services
- Supported employment
- Supportive community living
- 24-hour crisis response
- 23-hour crisis observation and holding

Additional Regional Practices

- Regions must have evidence-based practices that has been independently verified as meeting established fidelity
 - Assertive community treatment
 - Integrated treatment of co-occurring substance use and mental health disorders
 - Supported employment
 - Family psychoeducation
 - Illness management and recovery
 - -Permanent supportive housing

PSH Statewide Advisory Committee

Who We Are

The Permanent Supportive
Housing Statewide Advisory
Committee consists of
representatives from
organizations providing,
supporting, and financing
permanent supportive
housing.

What We Do

The Permanent Supportive
Housing Statewide Advisory
Committee provides guidance
on the development and
progress of the Center of
Excellence for Behavioral
Health to advance evidencebased practices in Iowa.

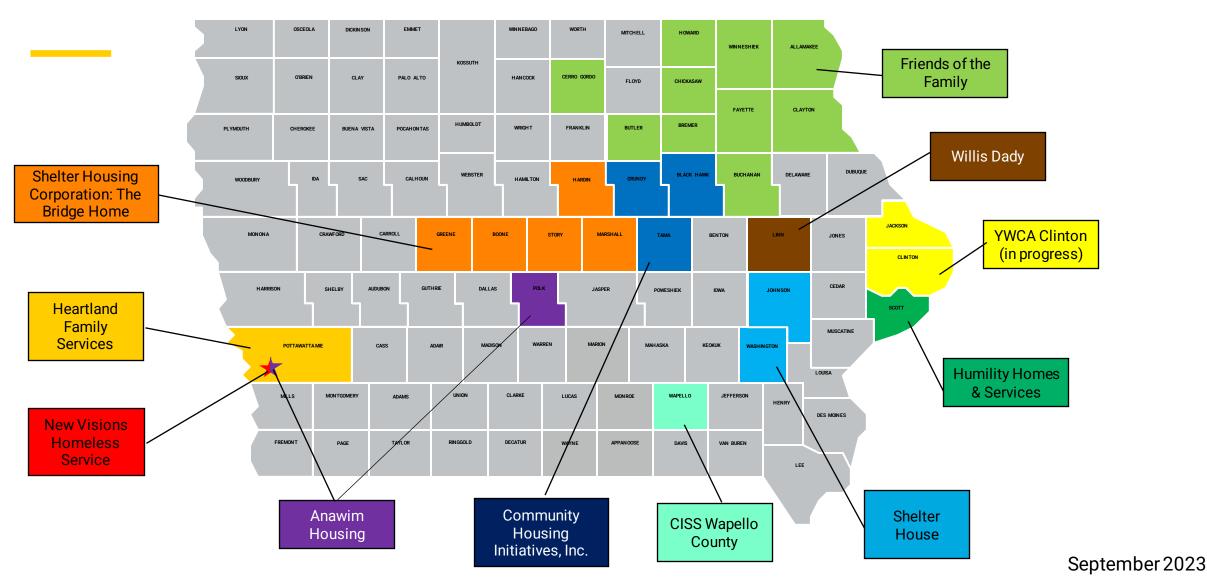
Current PSH Definition in Iowa

- Iowa Administrative Code 441–25.1
 - "voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration (SAMHSA)"

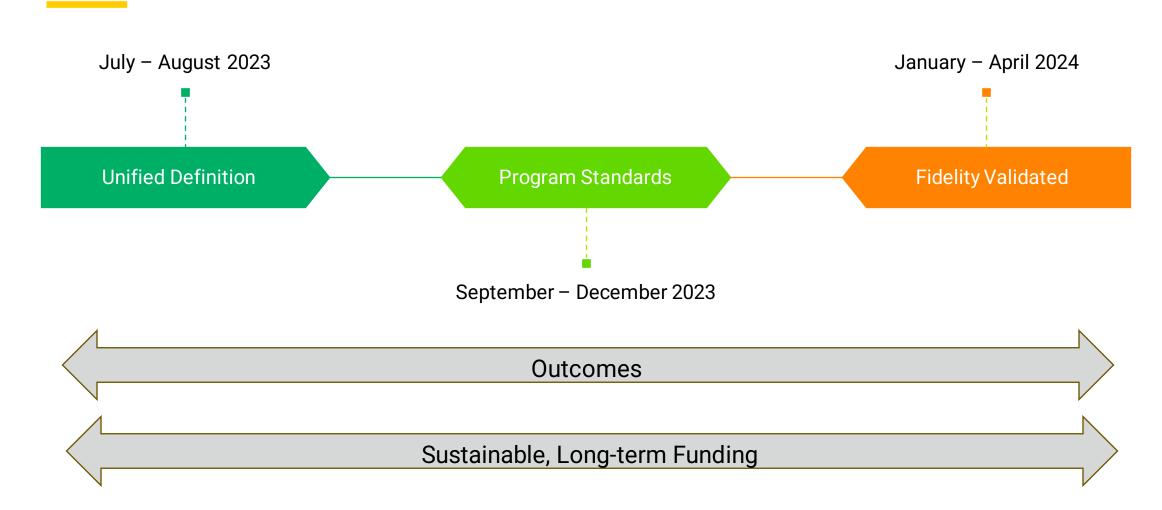
New Proposed Definition of PSH

"Permanent Supportive Housing (PSH) is an evidence-based, minimal barrier housing intervention prioritized for individuals with complex, multioccurring conditions that meets fidelity to established standards [insert code reference if/when applicable]. Individuals in PSH programs live with affordability, autonomy, and dignity through the combination of personcentered, flexible, voluntary support services and a legal right to remain in their housing for as long as they wish, as defined by the terms of a renewable lease agreement. Access to and maintenance of housing is available to individuals who meet permanent supportive housing eligibility criteria and is not based on sobriety, behavioral, or program compliance."

PSH Programs in Iowa



Creating Standardized PSH Statewide



Housing Ready Approach

The prevailing approach to homeless and housing services until the implementation of the HEARTH Act.

Requires preconditions to housing.

Subordinates housing to sobriety, employment, and medication compliance.

Requires that people experiencing homelessness prove themselves and "earn" their way back into housing.

Housing First

- Predicated on the understanding that for individuals experiencing homelessness the first and primary need is to obtain housing.
- Housing is a necessity. It is essential to health and foundational to the ability to improve quality of life.
- 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 supportive services.
- Predicated on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Housing First in PSH

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- The approach is Trauma Informed with a focus on Harm Reduction
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models

Group Question

What is that one piece of the puzzle missing from lowa's "permanent supportive housing" system?

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