

Iowa's Center of Excellence for Behavioral Health

Building Blocks to Operating Permanent Supportive Housing Programs to Fidelity

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Disclaimer

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The views, opinions, and content of this training are those of the trainers and do not necessarily reflect the views, opinions, or policies of HHS.

Morning Recap

Implementing EBPs

Build consensus & develop
practice expertise



Practice delivery & ongoing
development

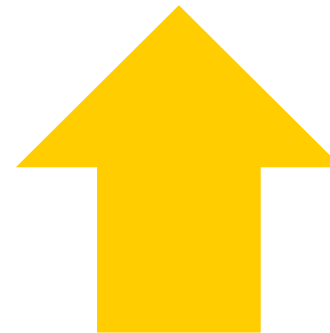


Monitor & evaluate regularly

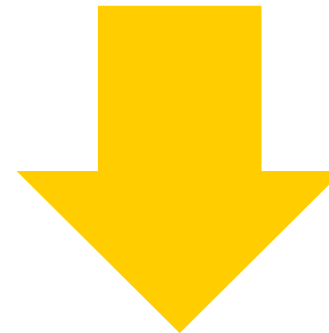


Compare against desired
outcomes & realign to practice
standards

Importance of Fidelity Monitoring



High Fidelity =
Better Outcomes



Low Fidelity =
Worse Outcomes

Standardization of PSH

- Protects the integrity of the model
- Ensures equity and consistency across programs
- Supports quality assurance and program improvement
- Guides training, supervision, and onboarding
- Protects tenants rights and reduces harm
- Strengthens policy
- Builds trust with communities and stakeholders

Definition of PSH

Permanent Supportive Housing (PSH) is an evidence-based, minimal barrier housing intervention prioritized for individuals with complex, multi-occurring conditions that meet fidelity to established standards. Individuals in PSH programs live with affordability, autonomy, and dignity through the combination of person-centered, flexible, voluntary support services and have a legal right to remain in their housing, as defined by the terms of standard, renewable lease agreement. Access to and maintenance of housing is available to individuals who meet PSH eligibility criteria and is not based on housing readiness requirements, such as sobriety, behavioral, and/or program compliance.

What does Permanent Supportive Housing mean to you?

Outcomes of PSH



Housing stability



Reduced use of emergency and institutional systems



Improved quality of life and recovery outcomes



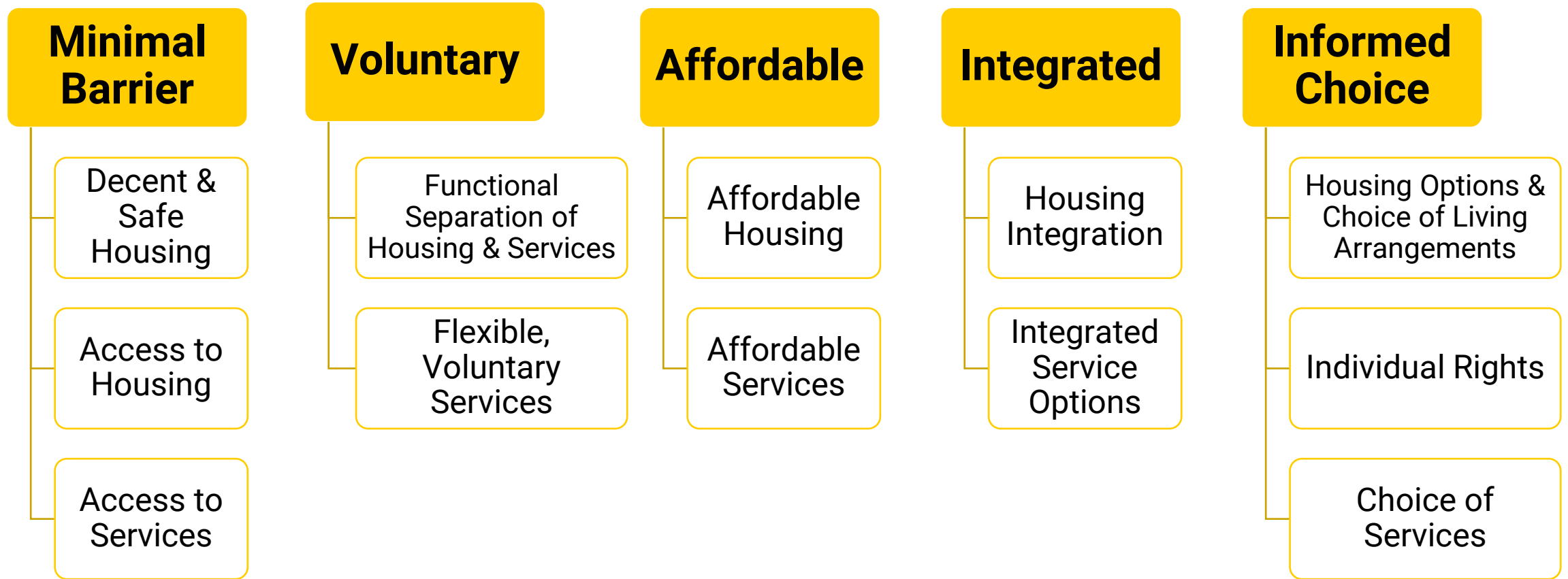
Increase in community engagement

Tracking Outcomes

What to Track?

- Employment Status
- Housing Status
- Utilization of substance use/ treatment
- Incarceration history
- Visits to Emergency Room
- Hospitalization
- Income

Core Pillars and Dimensions of PSH

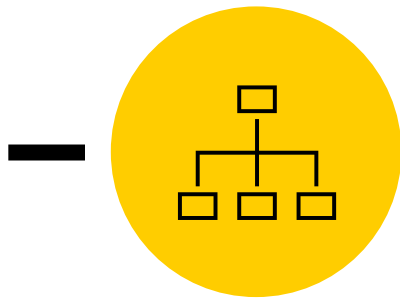


Fidelity Scale Components



Fidelity Item

Items align with
Core Pillars



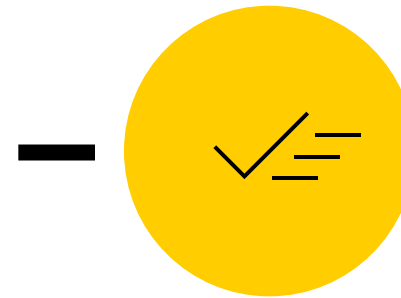
Dimension

Subcategories
of Core Pillars



Indicator

Level to which
standards are
measured



Score

Four Point
Likert-Scale for
each Indicator



Justification

Describes
justification of
each score

Fidelity reviews informed by interviews/self-assessments, agency documentation & public records

Core Pillar: Minimal Barrier, Dimension 1

Decent and Safe Housing

- All housing units meet habitability standards and accessibility needs of the individual.
- All housing units meet Fair Housing Laws.

Rationale

- Improves overall health (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7146083/>)

Core Pillar: Minimal Barrier, Dimension 2

Access to Housing

- Access to and maintenance of housing is available to individuals eligible for PSH.
- Housing readiness is not based on sobriety, behavioral, or program compliance.
- Individuals are protected under the provisions of a standard, renewable lease agreement.
- Individuals with housing stability obstacles are given priority.

Rationale

- Responsive to the needs of all people with disabilities

Core Pillar: Minimal Barrier, Dimension 3

Access to Services

- Services are provided by a team and available 24/7.
- Individuals have control over service staff entry to housing unit.

Rationale

- Autonomy = Empowerment
(<https://pubmed.ncbi.nlm.nih.gov/32852988/>)

Case Vignette – Minimal Barrier

- Safe Steps Housing
 - Program Description: Safe Steps is a PSH program that serves individuals exiting shelters. While labeled as “Housing First,” the program requires applicants to complete a **30-day “sobriety window”** before eligibility. Applicants also must attend a **life skills course** and demonstrate “treatment engagement” for at least two weeks.
 - Tenant Scenario: Darren, who has schizophrenia and a co-occurring substance use disorder, applied for housing but was denied because he missed two recovery group sessions and tested positive for THC. Staff noted, “He’s just not ready yet.”

Case Vignette – Minimal Barrier

- Roots to Home
 - Program Description: Roots to Home prioritizes people with high acuity and has a “low-barrier intake” policy. Staff complete a brief housing needs assessment and move clients in within 10 days, regardless of treatment history or current substance use. Service engagement is encouraged but not mandatory.
 - Alicia, who uses heroin and has been on the streets for five years, was offered housing without completing detox or engaging in services. Although her use continued after move-in, she reported feeling safe for the first time in years. After six months, she began exploring MAT (medication-assisted treatment) with her case manager.

Core Pillar: Voluntary, Dimension 1

Functional Separation of Housing and Services

- Housing management staff have no role in providing clinical support services and service staff have no role in housing management.
- Caseload is on average 15 individuals or less per housing staff member.

Rationale

- Housing providers can focus on housing concerns
- Service providers can focus on service concerns
- Prevents confusion about roles

Core Pillar: Voluntary, Dimension 2

Flexible, Voluntary Services

- Individuals choose the type of services they want.
- Individuals are offered routine opportunities to modify their service selections.

Rationale

- Choice is a key predictor of success: community integration, residential stability, client satisfaction

Core Pillar: Affordable

Affordable Housing

- Individuals pay a reasonable amount of their income for housing (30% or less of their income for housing costs).

Affordable Services

- All available funding streams for services are exhausted for the most effective service delivery and utilization.

Rationale

- Cost burden met when pay 30% or more of income
- Severe cost burden exists when 50% or more of income
- Financial instability leads to housing instability
- Increases in community integration
- Improves financial condition

Core Pillar: Integrated, Dimension 1

Housing Integration

- Housing units are in the most integrated setting appropriate to the needs of individuals eligible for PSH.
- Housing type(s) available are scattered site and/or single site.

Rationale

- Client preference to traditional housing and supports
- 1999 Olmstead Supreme Court Decision

Core Pillar: Integrated, Dimension 2

Integrated Service Options

- Options for services are integrated within the community.
- Social and clinical service providers are readily accessible and mobile.
- Housing management staff, service provider staff, and natural supports collaborate for the most effective service delivery and utilization.
- Service mix is highly flexible and can adapt type, location, intensity, and frequency based on individual's changing needs and preferences.

Rationale

- Emphasize choice, flexibility, community integration
- Improves housing stability

Core Pillar: Informed Choice, Dimension 1

Housing Options and Choice of Living Arrangement

- Individuals have a choice of housing type and living arrangement.
- Individuals can wait for their unit of choice without risking discharge from the program or losing priority for services or units.

Rationale

- Americans with Disabilities Act (ADA)
- Higher satisfaction rates
- Choice = Better Outcomes
(https://www.nahro.org/journal_article/equity-and-well-being-in-affordable-housing-starting-with-voice-and-choice/)

Core Pillar: Informed Choice, Dimension 2

Individual Rights

- Individuals have the right to remain in their housing, as defined by the terms of a standard, renewable lease agreement that aligns with Iowa's Landlord/Tenant Law.

Rationale

- Federal Community Integration Policy
- Avoid an improper coercive relationship

Core Pillar: Informed Choice, Dimension 3

Choice of Services

- Individuals may choose from an array of services, including the option of no services, based on level of acuity.
- Individuals are informed of service changes and aware of newly available services.

Rationale

- Level of Engagement = Better Outcomes
(<https://pmc.ncbi.nlm.nih.gov/articles/PMC6060529/>)

Case Vignette – Informed Choice

- Harbor Path Housing
 - Harbor Path offers PSH through a single-site apartment complex and scattered-site units. All tenants are assigned to a unit, regardless of personal preference. Tenants who live in scattered-site are required to participate in weekly group therapy and cooking classes. All tenants in single-site must participate in daily group activities and on-site clinical case management. Staff state that “structured routines” help clients succeed.
 - Tasha, a 27-year-old woman with PTSD, was uncomfortable with group settings and requested a unit off-site where she could live independently. She was told that “community living is part of the program,” and that refusing on-site services could result in her losing her unit.

Case Vignette – Informed Choice

- KeyPlace
 - KeyPlace operates a scattered-site PSH model. Tenants choose from a range of available housing options and decide whether they want to live alone or with a roommate. Support services are offered but never required. Housing interviews are conducted for all clients.
 - Samantha, a 33-year-old mother with bipolar disorder, selected a two-bedroom unit in a family-friendly neighborhood to stay near her child's school. She declined case management initially but later reached out for help with benefits. Her preferences are documented and reviewed regularly.

Using Fidelity and Outcomes to Improve Programs



Program reflection



Tenant feedback and lived experience integration



Training refreshers and ongoing learning



Supervision anchored in fidelity

Iowa's Center of Excellence for Behavioral Health

Thank you

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