

## **Disability Exchange Season 3, Episode 3 Exploring the Iowa Center for Behavioral Health Community with Torie Keith**

**Mike Hoenig:** Hey everybody, it's Mike Hoenig from Iowa's University Center for Excellence in Developmental Disabilities, UCEDD, welcoming you to another episode of Disability Exchange.

Disability Exchange is a podcast dedicated to centering and elevating the voices of people with disabilities, their families, and those who support them. We do that by hosting casual conversations in which we really get a chance to understand what the person's connection is to the disability community.

We're really excited about today's guest. But before we introduce her, I'm going to introduce you to my esteemed co-host, Judy Warth.

**Judy Warth:** Hello. It's really exciting to talk about this project the Center for Excellence for Behavioral Health.

Our guest today is Tori Keith. She is the program manager for the Center for Excellence for Behavioral Health. Welcome, Tori. We're glad you're here. What is the Center for Excellence? Tell us about what you guys are doing.

**Torie Keith:** thanks, Judy, the Center of Excellence for Behavioral Health, or CEBH, we provide training, technical assistance, and what is called a fidelity review of specific evidence-based practices across Iowa for folks with, psychiatric disabilities. Evidence-based practices a practice that through research has shown time and time again to be beneficial that's important because when we're working with individuals with disabilities and honing here on those psychiatric disabilities. We want what works, right? And it's not a one size fits all model. But it's a, how can we use these core set of principles together within a team to benefit a client

**Judy Warth** Tori, that's really exciting because for many years, I've felt like, especially when you're looking at people who have intellectual disabilities combined with mental health issues is it's felt a wee bit like let's try this and see if it has an impact. Let's try this and see if it has an impact. What I think you're suggesting is that research is showing this strategy works, is that correct?

**Torie Keith:** You are absolutely correct. we know there are options out there for individuals for those family members of individuals with mental illness and intellectual disability And it's a really exciting time when we can couple some of these practices together to truly support the whole person.

**Mike Hoenig:** can you give us a couple of examples of some evidence-based practices and then to follow that up? How does the center support persons with mental illness.

**Torie Keith:** the first specific evidence-based practices that we focus on here at the Center of Excellence for Behavioral Health is Assertive Community Treatment.

And truly, this is a pretty old practice. It's been in use Probably longer than I've been alive, it is taking a team approach and working with individuals that have a serious and persistent mental illness and helping them meet, their own goals of living independently in the community of their choosing through the support of a treatment team. That treatment team consists of a psychiatrist or a nurse manager, at times a vocational specialist, at times a substance use counselor, social worker, case manager. Truly a myriad of experts come together and support that individual in meeting their goals. That's those basic day to day life skills, or if it is engaging in more activities within their community.

**Mike Hoenig:** And it sounds like it's very individualized then, right?

**Torie Keith:** Yes, Mike that team is working with that individual in their home to support their goals. Each individual would get a treatment plan so that we can all be on the same page and work as a team that includes the individual.

**Judy Warth:** I love that it's referred to as Assertive Community Treatment because it implies that there's a push that it's we're not just going to settle and have a plan for the sake of a plan that this is assertive and maybe perhaps aggressive at times.

**Torie Keith:** Yes, it certainly is an intensive service. It truly takes into account the needs and wants of the individual while maintaining safety.

**Mike Hoenig:** That's, sounds like a great balance. Tell us about another one of the practices.

**Torie Keith:** Another practice is Individual Placement and Support, or IPS. This practice helps individuals find choose, get, and keep competitive employment. What we mean by competitive employment is a job that you or I would be able to have. It is a job that pays a living wage.

**Judy Warth:** That employment specialist would probably be working in partnership with the Assertive Community Treatment team.

**Torie Keith:** Absolutely. And I think that's the beauty here. Is that if an individual stabilized in the community with an Assertive Community Treatment team, here's this individual placement and support team, ready to say, yes, let's work together, let's support, again, what the individual wants.

**Mike Hoenig:** I'm starting to sense a holistic approach and it just seems like it's a host of supports being built around the person. We obviously we want to be able to live in the community be our choice, we value employment. I was with some friends last night and one of the first question was what do you do for a living? So how cool it is that a person is able then to go and say I do this

**Judy Warth:** For our listeners who check in regularly my specialty is employment. And we know that people with mental health conditions, probably for more than just the economic component of it, do better when they're working. Work doesn't cure mental illness, but we know that people who live with chronic and persistent mental health issues do better overall when they're working.

**Torie Keith:** Judy, you're completely right.

It's not that it's employment. It's that stability. Employment offers stability and stability is a very important factor in an individual's physical, mental, emotional recovery journey and say recovery journey is because it truly is that it's a journey to recovery. Recovery will look different for each individual, but that stability is very important.

**Judy Warth:** My experience with IPS is that it too is assertive I think that one of the trademarks of these evidence-based practices, it's, we're not waiting till you're ready we're getting it done now because we know we don't have time to wait

**Torie Keith:** Yes, IPS or Individual Placement Support really aligns with employment first. It's employment. First, it's not employment when you are stable. It is not employment when you have all your ducks in a row and all the stars are aligned. It is based off of individual preference. What are you interested in? How do we support individuals with disabilities get into a career that they would like to pursue?

**Judy Warth:** How can I have the life I want? What better way to feel more emotionally and physically healthy in the world?

I have a team that's supporting me. I have a job I like, but what is the third evidence-based practice?

**Torie Keith:** Yes, and so the last practice that we are working to support is Permanent Supportive Housing, which is honestly exactly as it sounds. It is housing that is permanent. It is not time limited, permanent supportive housing aligns with a concept called housing first, that it truly is housing first. You do not need to comply with services. You do not need to have a set level of income. You do not need to be visiting your psychiatrist, it is truly housing first.

Housing first, goes back to that simple psychology of Maslow's hierarchy of needs of what do we all need as individuals and on that, the bottom of that pyramid is shelter, right? Once individuals have shelter, have food, have water. Next is that safety and security. And that's employment, that's health.

**Judy Warth:** when I look at Maslow, that top is self-actualization we talk about meeting the basic needs, which many community agencies do. They make sure that you have food, you come and stay at the shelter and despite the best intentions of that, sometimes that's not helping my unique needs, passions [00:09:00] needs and hopes for the future.

**Torie Keith:** you are truly hitting the nail on the head there,

It is the treatment team that then works with the individual to continually bring the support services, to bring other treatment options. What are those potential next steps? What is the appropriate next activity on the list to do that can help that individual achieve goals?

**Mike Hoenig:** I know that the community that I live in has a pretty active service provider and 1 of the things that they have done is to create blocks of housing where they may have bought a 4 plex for persons with severe and persistent mental illness. And then within that, they get the supports that they need. Certainly, for many this would be a step up, but it certainly isn't completely integrated. How would a model like that fit into the concept of housing first?

**Torie Keith:** Honestly, the beauty of permanent supportive housing is It is truly customizable you can have permanent supportive housing that looks like what you just described Mike, you can also have permanent supportive housing that is a single apartment in a complex that you or I might live in. Could be a single room in a home.

**Judy Warth:** Tori, when you say that you talk about supportive housing, what kind of supports are we talking about that a person may or may not have?

**Torie Keith:** It truly again depends on the individual. Folks entering permanent supportive housing who are chronically homeless might not have a driver's license, or might not know their social security number. Okay, let's obtain the appropriate documentation for you to be able to get you enrolled in benefits.

It could be, let's learn how to take care of a home. Here's where your trash goes. Here's how you change your sheets. An individual who's been experiencing homelessness, might request or want that support.

**Judy Warth:** You remind me that people who are in a homeless situation, many of them don't have proper identification, don't have their social security card, don't have an address. The lack of those three things means you can't get a job? And so, the cycle of poverty and illness feeds itself. These things are really important for it all to come together.

How does the center support these things? Do you guys do not provide direct services? Right?

**Torie Keith:** we provide support for providers when we say provider, we're meaning All of those frontline clinicians at an agency that are providing the service. We went out and talked to providers to start. And so, we really use those conversations to learn. What are your biggest areas of needed support/ And we then turned that into webinar series. We turned that into one on one technical [assistance on, here is how we work with employers. Here are some of those best practices in working with property managers.

Breaking down these different evidence-based practices. All right, where do we start? And then at the same time, we know these practices are not available statewide, so we're working with providers on here's how you enroll with funders. Here are the key personnel to start it. Kind of step by step of here's how you can build this program in your community.

**Mike Hoenig:** I'm trying to think of this from a systemic level. When you are supporting groups around the state, are there situations where maybe they're only providing Permanent Supported Housing or Assertive Community Treatment, or if you're providing support do they have to quote unquote sign up for all three of these interventions?

Let's say you're you get a contact from Bremer County from a case manager there and they've heard about your program. Do counties and providers sign up for the whole thing or can you be working on piece by piece?

**Torie Keith:** More often than not, we see a program created one at a time. If there is interest then we, as Center of Excellence, say, okay let's pull some of these folks together and let's work together on how can we bring this practice to life in in Bremer County, or example.

It truly does take a village with these practices. It does require work, but we've seen the investment does have a very high return and not just on an individual, but it does have a financial return.

**Judy Warth:** Can you describe that financial benefit? Because I'm thinking, gosh, this sounds expensive. What are the benefits for providing this kind of intensive care?

**Torie Keith:** Yeah, we know that when we provide this kind of care to individuals with a serious mental illness, it supports them in not having to access more expensive levels of care: that inpatient acute psychiatric hospitalization, at times jail. For every dollar that's invested in permanent supportive housing we get six dollars back.

**Mike Hoenig:** Wow.

**Torie Keith:** That is taxpayer dollars. there's not just a financial benefit here, but we're truly changing people's lives We are supporting individuals with disabilities to obtain that higher quality of life in the community of their choosing. It's surrounded by natural supports that are beneficial and crucial to an individual's recovery.

**Judy Warth:** So, this is exciting. I'm thinking I should be putting some of my money in this for \$1, I get 6.

Not a bad investment. But also, we know that as you put people into work That we're increasing enhancing the social and economic development of our businesses in our communities as taxpayers and viable workers. So this is pretty exciting to me.

Who are those key players in our Iowa communities?

**Torie Keith:** Assertive Community Treatment, Individual Placement and Support and Permanent Supportive Housing are provided at what we consider a Community Mental Health Center or CMHC, they are provided at an employment services agency. They are provided at housing services agencies. When we say behavioral health, we're working with all behavior health service providers honestly.

**Mike Hoenig:** as Judy said I'm ready to pitch in here too, because I think it's a wonderful program my family's been impacted by mental illness. And I wish this had been around at a time when my loved 1 was really struggling.

I think this could have been a big benefit. How would a person with severe and persistent mental illness get connected to the program?

**Torie Keith:** Intake can truly look different across the state. It looks a little different for each program. Some housing providers offer something called street outreach an individual who goes to those areas of their community where individuals experiencing homelessness reside. Having those 1 on 1 conversations building those relationships.

**Judy Warth:** The Center of Excellence for Behavioral Health take some leadership in fidelity and evaluation. What does that mean?

**Torie Keith:** Yeah, so honestly fidelity review is really a fancy way of saying 'how close are you to implementing all of these principles?' And it's what it's taken with a grain of salt there's always a place to grow, with those areas that we can improve. the Center of Excellence for Behavioral Health, we connect them to those folks who have that expertise to truly support and improve their program

**Mike Hoenig:** I like that model because it's not threatening. It's technical assistance.

**Torie Keith:** We're all just people and we're all here to support a program that can truly help Iowans It's okay to have places we can work on so let's always have that opportunity to learn and grow with the information.

**Judy Warth:** Tori, what's on the horizon for the Center for Excellence?

**Torie Keith:** On the horizon we, as the Center of Excellence for Behavioral Health, are Coming up with different ways to support providers in different formats, truly meeting providers where they're at these services are 24/7

services and so how can we tailor the content, bring the expertise to providers, just in new and different formats. Anyone if you're interested at all in any of these practices, look at our website and sign up for one of our trainings. We'll have on demand trainings here soon. information is open to anyone.

**Mike Hoenig:** How would someone reach out to you?

**Torie Keith:** Yeah, absolutely. So we do have a website [iowacebh.org](http://iowacebh.org)

That is I O W A C E B H period O R G. Otherwise, our team is always reachable at our email. That is [iowa-cebh at uiowa.edu](mailto:iowa-cebh@uiowa.edu). Tori, thank you for sharing this exciting work and helping Iowans address these intensely needed and offered supports for those of us who are listening going that's cool. It I'm always reminded that disability is one heartbeat, one turn at the wrong time, or one blood clot away from all of us. It brings me great peace knowing that there are people out there working to provide the best services possible.

**Mike Hoenig:** The majority of us, have someone in our lives that, have a mental illness. and being able to know that this resource is out there in Iowa is very comforting. It's a wonderful resource and I want to thank you for your time and also thank our audience out there for tuning in to another episode of Disability Exchange.

**Judy Warth:** Disability Exchange Podcast episodes are available on Spotify  
Special thanks to Joanna Sabha for producing and editing this podcast. Thank you, Tori.

Narrator: Thank you for joining us today on Disability Exchange. Disability Exchange is produced by the University Center for Excellence in Developmental Disabilities, which is housed at the Center for Disabilities and Development at the University of Iowa. Special thanks to Kyle Delveau for the music contribution.