

STRATEGIES TO SUPPORT HIGH ACUITY POPULATIONS

RAPID REHOUSING
SUPERVISOR
ONBOARDING SERIES

Dana Woolfolk, ABT Associates



WHAT WE WILL COVER TODAY

Strategies to support high acuity populations

- **Definitions and background related to acuity**
- **Training staff on evidence-based approaches to care and**
- **Utilizing evidence-based service delivery models**
- **Building partnerships**
- **Involving people with lived experience**
- **Understanding how ESG Programs support serving high acuity populations**

LAYING THE FOUNDATION

Key concepts and the interaction between increased vulnerability and high acuity

High Acuity

- Acuity, in housing-related service assessments, refers to **increased level of care needs** that require greater resource allocation and more intensive service support to access housing and remain successfully housed.
 - Indicators that impact a household's acuity determination may include
 - serious and chronic illness,
 - poor cognitive functioning,
 - trouble completing activities of daily living,
 - history of trauma,
 - lack of natural supports,
 - history of homelessness.

Vulnerability

- Vulnerability, in housing-related service assessments, often refers to the level of **increased exposure to harm** a household faces if remaining unhoused
 - Indicators that contribute to vulnerability in homelessness may include
 - age,
 - illnesses and disability, that could worsen if unhoused
 - exposure to violence, harsh elements, COVID 19, life threatening events or situations,
 - length of time experiencing homelessness
 - frequency of hospitalizations

MASLOW'S HIERARCHY OF NEEDS

Vulnerability refers to the lack of needs being met, the number of needs not being met, and **the harm a household faces if needs continue to be unmet.**

Acuity refers to the **level of supportive services** an individual requires in order **to meet their needs and keep these needs met.**

The two concepts are very much related but require unique assessment questions.



ASSESSING FOR ACUITY

The urgency of COVID-19 response highlights the need for communities and providers to assess service needs regularly and plan for serving higher acuity tenants in RRH.

Multiple communities have incorporated additional acuity assessments to determine the level of services to dedicate to community members being served in housing programs. These assessments can complement CES assessment and typically assess functional status, cognitive impairments, and physical, emotional, behavioral and social support needs.

Examples include:

- Connecticut DMHAS Supportive Housing Acuity Index
- Los Angeles Housing for Health 5 x 5 Functional Assessment
- Columbus/Franklin County Service Needs Assessment Tool & Interview Tool

Acuity assessment tools can help your staff determine supports needed for ADLs and IADLs.

- **Activities of daily living (ADL):** bathing; dressing; toileting; feeding; transferring; fecal and urinary incontinence.
- **Instrumental activities of daily living (IADL):** basic communication skills; transportation; meal preparation; shopping; housework; managing medications; managing personal finances.

EVIDENCE-BASED SERVICE DELIVERY MODELS

- Assertive Community Treatment (ACT) and integrated service delivery teams with specialties to serve high acuity populations

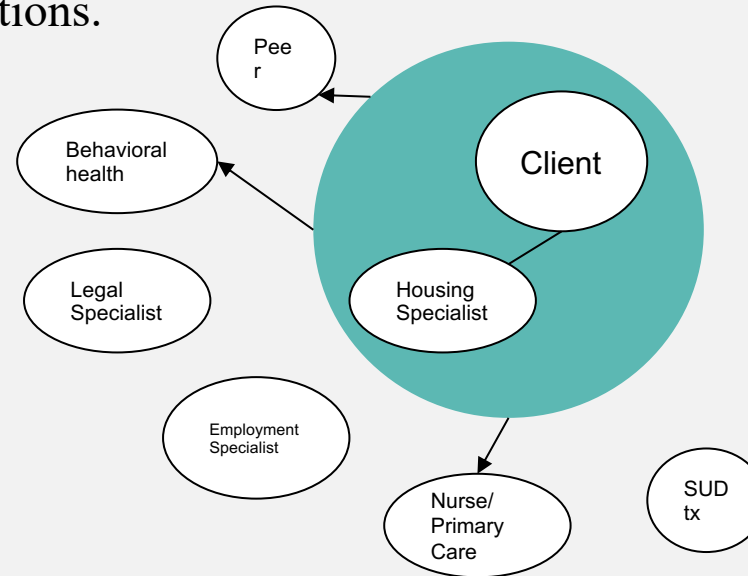
ACT provides comprehensive treatment whose goal is to reduce or eliminate symptoms of severe mental health disorders and improve the patient's quality of life



More on the ACT model:

<https://www.centerforebp.case.edu/practices/act>

- Critical Time Intervention (CTI) and service coordination delivery models that connect households to other community providers to help meet the needs of high acuity populations.



More on the CTI model:

<https://www.criticaltime.org/>

RECOMMENDED STAFF TRAINING FOR SERVING HOUSEHOLDS WITH ACUTE NEEDS

Cultural Competency,
anti-bias and race
equity training



Trauma-informed
Care



Harm Reduction



Housing First



Eviction Prevention



Topics addressed in other
recordings and HUD materials



Topics we'll address today

RAPID REHOUSING
SUPERVISOR
ONBOARDING SERIES

CORE PRINCIPLES OF TRAUMA INFORMED CARE

Trauma Informed Care principles should influence housing-related services

Safety

Trustworthiness & transparency

Peer support

Collaboration & mutuality

Empowerment & choice

Cultural, historical & gender issues

Source: The U.S. Centers for Disease Control (CDC) together with the Substance Abuse and Mental Health Services Administration

CORE PRINCIPLES OF HARM REDUCTION

Individuals have a voice

The focus is on reducing harm, not changing a specific behavior

There are no predefined outcomes

The individual's decision to engage in risky behaviors is accepted

The individual is expected to take responsibility for their own behavior

Each person is the best authority on their readiness to make a change and desire to change behaviors

The individual is treated with dignity and respect

PARTNERSHIPS & COMMUNITY CONNECTIONS

Behavioral healthcare

Primary care and hospital discharge

Disability services and specialty care

Alternative health and wellness

Employment

Vocational/educational

Justice system

Communities of faith

Family / Natural supports

Social clubs, affinity groups

Legal aid and social services

VOUCHER TRANSFERS

Connect Participants to a long term subsidy

- Permanent Supportive Housing - Contact your local CoC
- Public Housing, Mod Rehab Section 8 and more - Contact your local housing authority
- Housing Choice Voucher - Encourage program participants to apply; usually has a long waitlist
- Low income Housing Tax Credit Program - LIHTC Properties often have units set aside that are lower rent or income based
- Section 811 Project Rental Assistance - The section 811 Program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services

RESOURCES & REFERENCES

High Acuity in Homeless and Housing Services:

- HUD High Acuity Primer
<https://drive.google.com/drive/folders/1j30INZNAYHLNmDSfTtEo9cpk3pOhx8wR>
- Homeless System Response- Evidence Based Service Delivery
https://drive.google.com/file/d/1yKuEP_Q3BL7q2qFLbWOgg7MpZvnrJn4/view
- Serving People with High Acuity Needs in Rapid Rehousing
<https://docs.google.com/document/d/1xKXN-wm2km4MDsZ5YUihbH2UQV1ZfEjY1gsKZ1pftH/edit#>
- Using the VI-SPDAT
http://ceslosangeles.weebly.com/uploads/1/2/2/1/1221685/vi-spdatt_presentation.pdf
- CT Supportive Housing Acuity Index
- Los Angeles 5 x 5 Assessment
- Columbus/Franklin County Assessment

Race Equity in housing and homeless services:

- Homeless System Response: Staff Orientation to Racial Equity
[https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Staff-](https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Staff-Orientation-to-Racial-Equity.pdf)

[Orientation-to-Racial-Equity.pdf](https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Staff-Orientation-to-Racial-Equity.pdf)

- https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Equity-Capacity-Building-Hiring-Supervision-Training.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=09bf4833c4-SNAPS-COVID-1

Thank you

Links to additional resources:

HUD Exchange: <https://www.hudexchange.info/>

Disaster Response Rehousing: <https://disaster-response-rehousing.info/>

This resource is prepared by technical assistance providers and intended only to provide guidance. The contents of this document, except when based on statutory or regulatory authority or law, do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.