

NATIONAL CENTER FOR
HOUSING
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Responding to High Acuity Challenges in Supportive Housing

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DEFINING HIGH ACUITY

“High Acuity” refers to the severity of an individual’s physical, mental, and/or behavioral health condition(s), relative to the amount and intensity of care needed to retain housing and ensure safety for themselves, fellow tenants, and staff.

Often, individuals who fit within the category of high acuity have conditions (or comorbidities) that are severe, potentially life-threatening, and/or disruptive to their daily functioning and/or the functioning of the building or community in which they live.








High acuity needs are rising and fluctuating, driven by a tougher drug supply, aging and medically complex tenants, and post-COVID effects.

The core problem is system capacity and fit, *not* a failure of supportive housing.

Supportive housing must be augmented, not abandoned, through integrating medical respite and aging-in-place capabilities, adding intermediate levels of care, investing in workforce development, and enabling flexible, sustainable financing across housing and health systems.

We talked to communities across the country, and in doing so, learned the following:

Challenge	Recommendation
 <p>Not all tenants in supportive housing have high acuity challenges. We estimate that roughly 5-10% of people in supportive housing meet the definition of high acuity at any given time. This population is not static, because tenant needs change, moving between levels of acuity.</p>	<p>We need flexibility within and between programs and systems to meet the needs of tenants as they change. We also need intermediate levels of care that can exist between supportive housing and institutionalization, such as harm reduction oriented medical respite and crisis stabilization.</p>
 <p>Providers seem to struggle the most with high acuity behaviors that impact safety, like violence, hoarding, and fire-setting. These behaviors take a heavy toll on both staff and resources.</p>	<p>Training and skill building for the workforce and adequate funding for evidence-based levels of service can help to address these needs. Communities have also highlighted how embedding mobile Crisis Intervention and Response teams into local systems can assist in addressing these concerns. In the case of violence, individuals may need to</p>

	be transferred to other settings, either temporarily or permanently.
 <p>Providers also note significant challenges related to chaotic substance use and severe mental illness, such as psychosis. These behaviors strain resources and contribute to moral injury for staff.</p>	Enhanced substance use treatment services focused on overdose prevention and Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) have been useful for some providers. Training and skill building around Mental Health First Aid, psychosis, and other related topics is also strongly recommended.
 <p>Programs are often not equipped to meet the needs of tenants who have significant medical concerns and/or challenges with activities of daily living (ADLs).</p>	Rather than moving tenants to “higher levels of care,” which are often ill-equipped to deal with co-occurring disorders, we must promote cross-sector partnerships . Intentional collaboration and cultivating a shared operating language will enable providers to better meet the needs of supportive housing tenants by alleviating system-strain . This could include funding and training for home health aids and/or occupational therapists, better equipping them to manage co-occurring disorders.
 <p>Workforce challenges, including high rates of turnover, inadequate staff training, and various impacts of COVID, have made it more difficult for programs to serve tenants with high acuity concerns.</p>	This can be addressed through standardized training and skill building . Additionally, we must continue to advocate for increased funding, shared caseloads, and right-sizing caseloads to reduce staff overwhelm.

For individuals with long-term high acuity needs, higher levels of care may occasionally be needed. These decisions must be made collaboratively by care teams to reduce bias and subjectivity. Additionally, systems of care must make room, and lower barriers, for tenants with high acuity challenges to move between supportive housing and other settings as needed.

CONCLUSION

Ultimately, in seeking to meet the needs of tenants with high acuity challenges, **supportive housing is still the answer**. Most “adaptations” reported by programs addressing these issues are not new or novel ideas to the supportive housing world, but services already being provided by more adequately funded programs (mostly ACT or ACT-like services). Continuing to raise awareness of these challenges and advocate for increased funding to support tenants with high acuity concerns is needed.