



NATIONAL CENTER FOR
HOUSING
+ HEALTH



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, post-COVID effects, and chronic underfunding of services.

The core challenge is not always the absence of interventions, but the limited capacity, accessibility, and suitability of existing options. Communities often face shortages in medical respite, aging-in-place supports, intermediate and higher levels of care, and sustainable cross-system financing. Even where services exist, barriers such as short time limits, high costs, and restrictions on serving people with activities of daily living (ADL) needs, behavioral health conditions, or active substance use leave many people without viable pathways to appropriate care. Additionally, the chronic underfunding of services has led to watered-down services models that cannot meet the needs of our most vulnerable tenants.



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

Challenge	Recommendation
 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.	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.
 Providers seem to struggle the most with high acuity behaviors that impact safety. Incidents of violence, hoarding, and fire-setting, take a heavy toll on staff, tenants, and resources. These behaviors can lead to eviction, contributing to the cycle of homelessness, and placing vulnerable people back on the street.	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 has shown promise. In the case of violence, individuals may need to be transferred to other settings, either temporarily or permanently.
 Providers also note significant challenges related to chaotic substance use and severe mental illness, particularly when individuals experience acute symptoms such as psychosis. These behaviors strain resources, contribute to moral injury for staff, and divert time and support away from other tenants.	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.
 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).	Cross-sector partnerships can strengthen supportive housing by expanding access to needed services and creating greater flexibility across housing, health care, and social service systems. These partnerships can connect tenants to services including home health aides, nursing care, medication management, and other rehabilitative supports, enabling tenants to move between levels of care as their needs change. Cross-training among partners can further improve service delivery by building shared understanding of trauma-informed care, co-occurring disorders, and other issues critical to supporting residents with complex needs.

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Challenge	Recommendation
 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. Additionally, the chronic underfunding of services has contributed to low wages and high caseloads simultaneously, creating an undue burden on both staff and tenants.	Some of these challenges can be addressed through shared caseloads, standardized training, and skill building . However, we must continue to advocate for increased funding to support adequate salaries and right-sizing of caseloads to reduce staff overwhelm.
 Severe and costly damage to units and common spaces strains landlord/property manager relationships, can increase insurance costs, and impacts organizational finances and sustainability. Time for repairs can be lengthy, impacting tenant flow into housing.	Finding and keeping flexible funds in reserve to pay for damages beyond ordinary wear and tear is vital. Additionally, knowing who to call for specialized services like fire or flood remediation and hazardous waste disposal can help to expedite major repairs. Addressing the other challenges covered in this brief can also help to prevent cases of extreme damage or catch them earlier to minimize impact.

Conclusion

Importantly, “high acuity” does not necessarily mean an individual cannot be successfully served in supportive housing. With flexible, accessible, and appropriately resourced services and supports, many individuals with high-acuity needs can remain stably housed. However, the specialized services, staffing, and system supports required to meet those needs are often unavailable, inaccessible, or insufficiently flexible, creating challenges for both residents and housing providers.

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

About Us



CSH (Corporation for Supportive Housing) advances affordable and accessible housing aligned with services by advocating for effective policies and funding, investing in communities, and strengthening the supportive housing field. Since our founding in 1991, CSH has been the only national nonprofit intermediary focused solely on increasing the availability of supportive housing. Over the course of our work, we have created more than 512,500 units of affordable and supportive housing and invested more than \$2.2 billion in communities. Our workforce is central to accomplishing this work. We employ approximately 170 people across 30 states and U.S. Territories. As an intermediary, we do not directly develop or operate housing but center our approach on collaboration with a wide range of people, partners, and sectors. Learn more at www.csh.org.



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