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Nellie Ball Trust Fund 2024**CONTEXT**

Adults with serious mental illness are disproportionately impacted by psychiatric hospitalization and criminal legal system involvement. This brief summarizes findings from a qualitative review ( $n = 4$ ) of de-identified case files from a supportive housing program that provides stable housing and ongoing, individualized support for adults with serious mental illness, focusing on patterns of crisis system use before and after housing entry.

**Common Sample Characteristics**

- Serious mental illness
- Prior criminal legal involvement
- Repeated psychiatric crises before housing
- Enrolled in supportive housing for  $\geq 1$  year

**KEY FINDINGS**

Documented psychiatric hospitalizations and justice involvement declined sharply after entry into supportive housing.

- Repeated emergency and inpatient psychiatric events prior to housing
- Few to no documented crisis admissions after housing entry
- Stabilization occurred despite ongoing mental health and cognitive needs

**KEY TAKEAWAYS**

In these de-identified cases, supportive housing functioned as a stabilizing platform that reduced reliance on psychiatric hospitals and the criminal legal system. Stability, not symptom elimination, was associated with fewer crisis escalations during the review period.

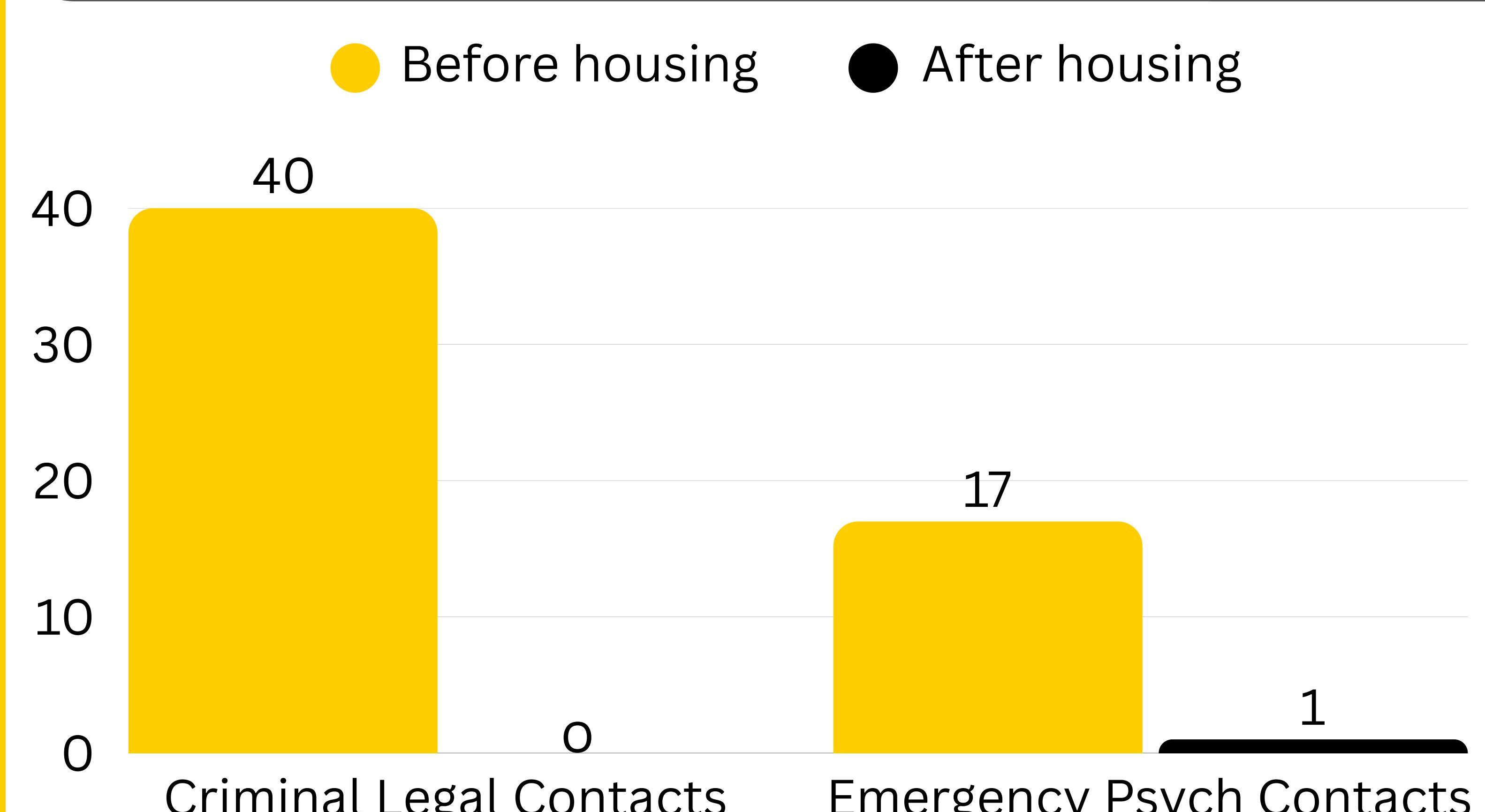
**PURPOSE**

To document changes in psychiatric crisis events and justice involvement following entry into supportive housing, based on documented service histories in four de-identified cases.

**DATA & APPROACH**

- Qualitative review of supportive housing case files
- Adults with serious mental illness and prior justice involvement
- Review periods averaged 2+ years (2022-2024)
- Descriptive counts drawn from documented events from case notes and official records

Figure 1: Documented Acute System Contacts Before vs. After Supportive Housing Enrollment

Before Supportive  
Housing

Frequent crisis-driven care

High rates of  
arrest/incarcerationMental health symptoms  
escalating to crisisFragmented service  
coordination and low  
utilization of servicesAfter Supportive  
HousingLittle to no psychiatric ER  
usageNo new instances of legal  
involvementSymptoms closely monitored  
and managed using community  
supportsOngoing care coordination  
across multiple agencies and  
services

# HOW SUPPORTIVE HOUSING CHANGED CRISIS TRAJECTORIES



Homelessness had previously been a mental health trigger for clients

Staff presence allowed for early ID of escalating symptoms



Support with coping skills & probation navigation = no further arrests



Support with benefits management, appointments, and transportation



Continued support despite episodes of isolation and medication refusal

## PERSISTENT NEEDS DOCUMENTED AFTER SUPPORTIVE HOUSING

- Fluctuating mental health symptoms
- Cognitive impairment and memory challenges
- Medication adherence difficulties
- Managing comorbidities with chronic medical conditions
- Financial instability and benefit reliance

## IMPLICATIONS FOR POLICY AND PRACTICE

- Reduced hospital and incarceration use occurred without symptom resolution
- Supportive housing reduced reliance on system contacts otherwise managed by emergency systems
- Stabilization may reduce demand on legal and health systems by preventing crisis escalation
- Findings support housing as a diversion strategy for individuals with SMI