



STABILIZATION AFTER SUPPORTIVE HOUSING

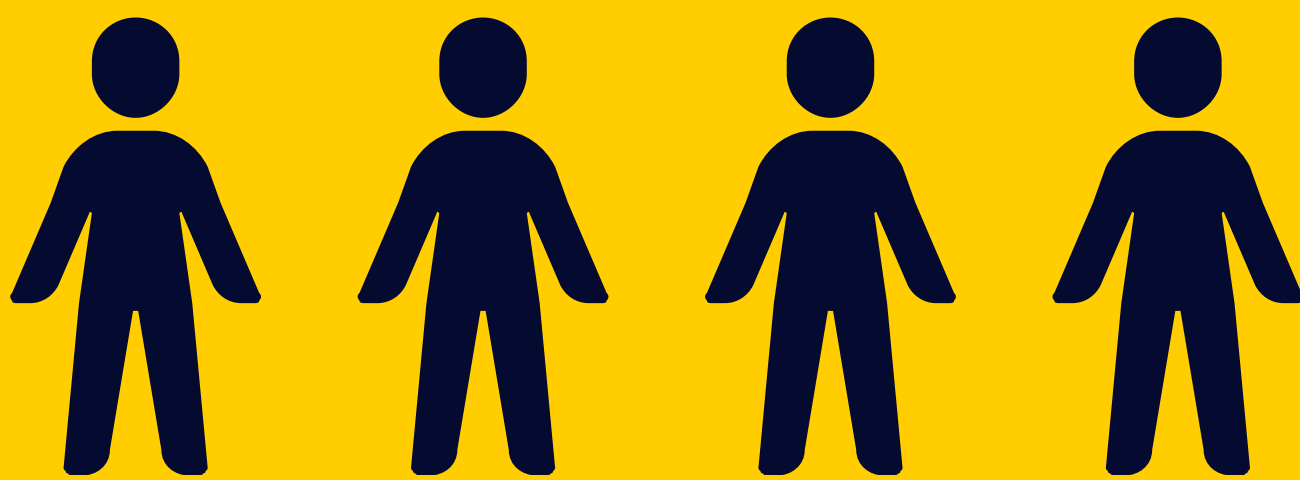
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Nellie Ball Trust Fund 2024

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 ≥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.

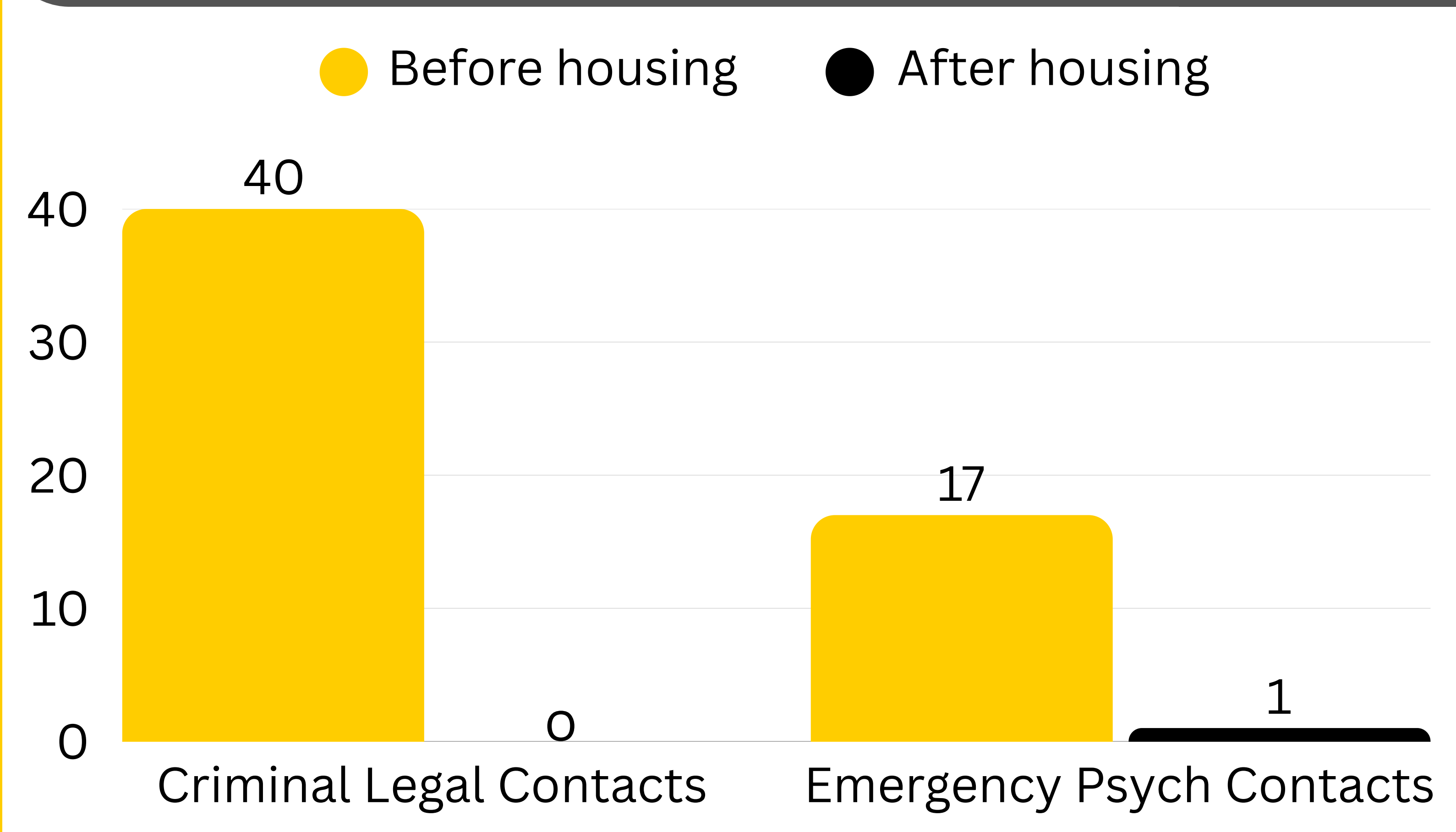
PURPOSE

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	After Supportive Housing
Frequent crisis-driven care	Little to no psychiatric ER usage
High rates of arrest/incarceration	No new instances of legal involvement
Mental health symptoms escalating to crisis	Symptoms closely monitored and managed using community supports
Fragmented service coordination and low utilization of services	Ongoing care coordination across multiple agencies and services

HOW SUPPORTIVE HOUSING CHANGED CRISIS TRAJECTORIES



Homelessness
had previously
been a mental
health trigger
for clients



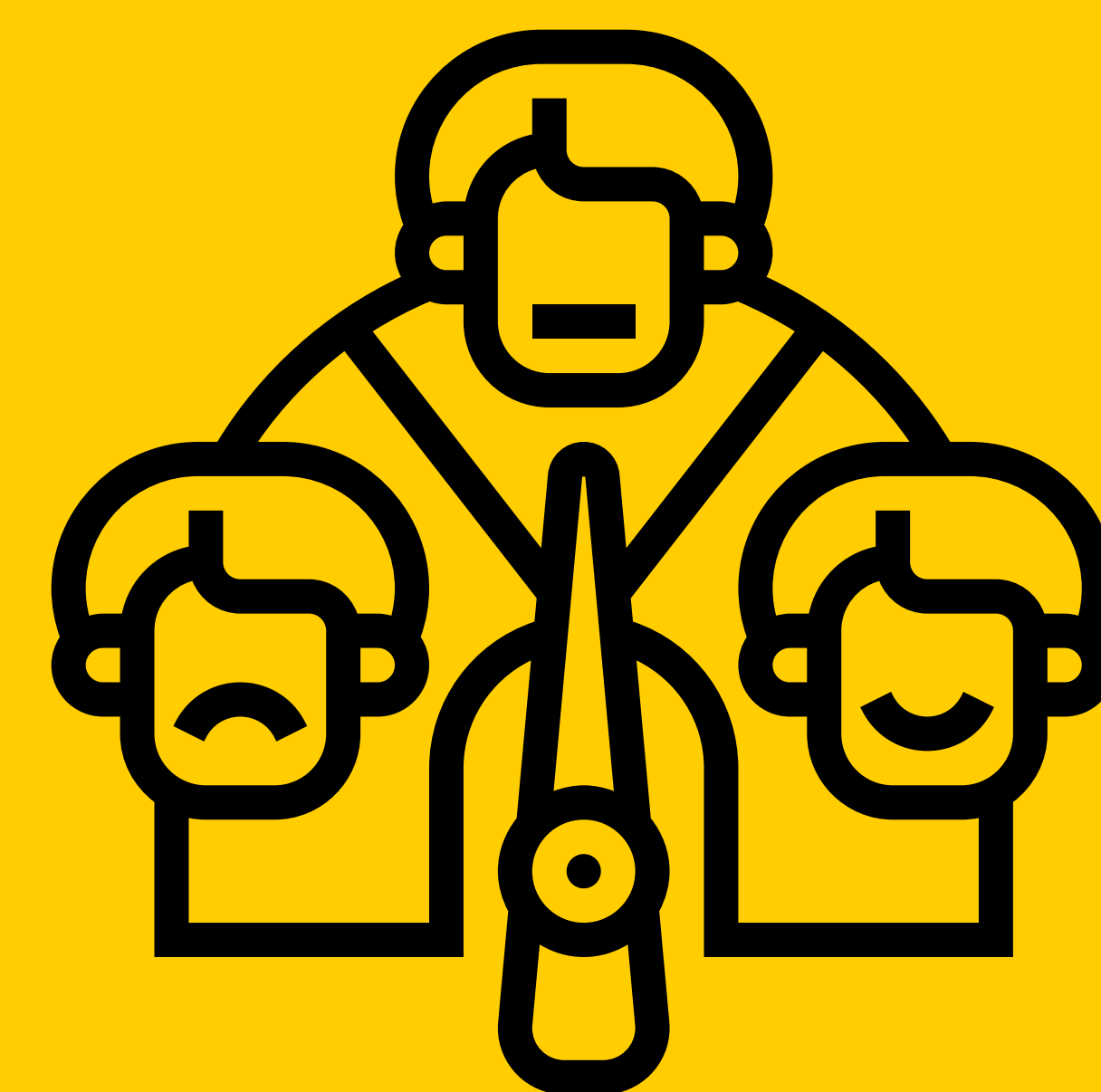
Staff presence
allowed for
early ID of
escalating
symptoms



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