

RBHA Housing Report – April 2026 - Part 1 of 4

Housing *Is* the Crisis: What We Are Seeing in Our Community

Executive Summary

Housing instability has emerged as the most urgent and consistently reported need among individuals served by RBHA and within the broader community. Across multiple entry points - including 988 crisis calls, mobile crisis response, and community-based interventions - housing is not simply a contributing factor; it is often **the primary driver of crisis**.

Recent data shows that:

- **78.6% of 988 resource requests are for housing-related needs**
- **At least 39% of callers are experiencing homelessness**, with the true rate likely higher
- **44% of Community Response Team (CRT) interventions involve individuals who are unhoused**

These findings are reinforced by frontline staff, who consistently report that housing instability intensifies behavioral health crises, limits effective intervention, and contributes to repeated system utilization.

Key takeaway:

Housing instability is not adjacent to behavioral health - it is central to it.

Housing Is the Most Common Need

Across the continuum of care, housing emerges as the single most prevalent need.

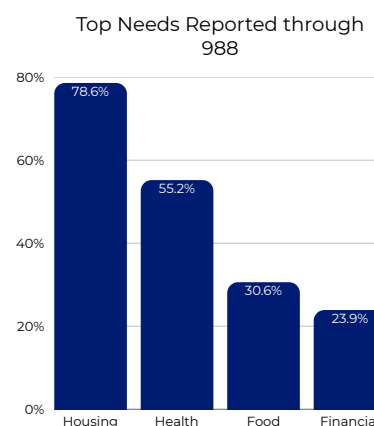
Among individuals contacting 988 for support:

- Nearly **4 out of 5 resource requests involve housing**
- When homelessness is assessed, **the vast majority of individuals are unsheltered or without stable housing**

In addition to housing, individuals frequently report overlapping challenges:

- **55.2%** health-related needs
- **30.6%** food insecurity
- **23.9%** financial instability

These overlapping needs demonstrate that housing instability is rarely isolated - it exists within a broader pattern of economic and health vulnerability.



Housing Instability Extends Beyond Crisis Calls

Screening data further illustrates the scale of housing-related need across the community.

From WellRX screening data at Intake at RBHA (July 2025–March 2026):

- **52.3%** of individuals reported being homeless or worried about becoming homeless
- **57%** reported difficulty paying utilities
- **57.1%** reported being unemployed or without regular income

These indicators **reflect widespread instability in the social determinants of health** - conditions that significantly increase the likelihood of behavioral health crises.

Housing Is Driving Crisis Response

Housing instability is not only prevalent - it is actively shaping crisis response patterns.

- 44% of CRT responses involve individuals experiencing homelessness
- Mobile crisis teams report daily encounters with individuals seeking shelter or safety, often outside the scope of traditional behavioral health crises

Frontline staff consistently report that many crisis situations are rooted in unmet basic needs rather than acute psychiatric conditions alone.

Key Insight:

Behavioral health crises are frequently precipitated - or intensified - by the absence of safe, stable housing.

“Housing instability is a force multiplier for behavioral health crises.”

What Staff Are Seeing in the Field

Qualitative insights from staff across multiple programs reinforce the data and provide critical context.

➡ Housing Instability Intensifies Crisis

Staff describe **housing instability as a “force multiplier,”** increasing the severity and frequency of crises due to:

- Sleep deprivation and environmental stress
- Disrupted medication adherence
- Lack of safe spaces for de-escalation

➡ Individuals Seek Higher Levels of Care for Shelter

Community Response Team staff report:

- Individuals expressing willingness to be hospitalized or incarcerated **as a means of securing shelter**

➡ Stabilization Is Not Possible Without Housing

Across programs, staff consistently emphasize:

- Behavioral health interventions are significantly less effective when basic needs are unmet
- **Individuals cannot fully engage in treatment without stable housing**

A Story from the Field

One 988 call brings the data into sharp focus.

A **full-time substitute teacher** reached out for help while living in a hotel with her children. Every morning, she got up and went to work - showing up for her students, providing stability and care in the classroom - while her own family's stability was anything but certain.

Because she was only paid for the days she worked, she faced an impossible tradeoff. If she took time off to attend appointments or access support services, she lost income. And without that income, she risked losing the hotel room that was keeping her children sheltered.

She described **the constant weight she carried**: wondering throughout the school day whether she would be able to make the next payment... whether her children might be sitting outside their room with their belongings... whether, by nightfall, they would have anywhere to go.

She was doing everything right - working, caring for her children, contributing to her community - yet she remained on the edge of homelessness.

In this case, housing instability was not just part of the crisis.

It was the crisis.

Conclusion

The data and frontline perspectives presented in this report point to a clear and urgent conclusion:

Housing instability is the most significant and consistent need among those served by RBHA, and it is deeply intertwined with behavioral health outcomes.

As demand continues to grow, the behavioral health system is increasingly being called upon to respond to housing-related crises - often without the resources or infrastructure necessary to fully address them.

Looking Ahead

While housing is not the sole focus of RBHA's services, it is central to the needs of the individuals and families we serve.

In the next report, we will examine how RBHA is responding to this growing need, including the programs, services, and supports that are helping individuals achieve stability.



CReST Mobile Crisis Response Team