

HOMELESSNESS & BEHAVIORAL HEALTH

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Discussing the intersection of homelessness and behavioral health



HOMELESSNESS IS ROOTED IN SOCIETY'S INJUSTICES

Black or African Americans are greatly over-represented among our unhoused population.

San Diego County population:

4.7%

Black or African American

vs.

Unhoused population:

25%

Black or African American



Racism, inequities, and injustices are deeply rooted in our country's existence, founding, and growth. Truly ending homelessness requires confronting those root causes.

WHAT WE DO

More than one service. A pathway to stability.

75+ programs and services connected through individualized case management and a continuum of care.

Basic Needs

- Food & hygiene
- Utility and vital-document support
- Direct financial assistance

Housing & Homelessness

- Outreach, shelter, navigation
- Rapid and permanent housing
- Family & veteran housing

Health & Recovery

- Behavioral health
- Substance use treatment
- Recuperative care; medical respite

Economic Stability

- Employment support
- Benefits and resource navigation
- Education and skill-building

Specialized Support

- Families, seniors, veterans
- People experiencing homelessness
- People facing crisis

Prevention & Case Management

- Rental assistance, Diversion
- Personalized plans
- Support self-sufficiency

CRISIS



STABILITY



INDEPENDENCE

OUR REACH

Interfaith today: scale, reach & impact

A North County footprint with measurable impact for individuals and families.

21,656

unique clients served

1,520

adults & children placed
into stable housing

188,357

meals distributed

11,111

Homeless Outreach
Touchpoints

ORGANIZATIONAL SCALE

75+

Programs & Services

281

Employees

Helping People Help Themselves

NORTH COUNTY FOOTPRINT



Oceanside

Navigation Center
Veterans



Escondido

Headquarters
Core Services
Receptive Care
Family Shelter
Permanent Housing



Carlsbad

Case Management
Basic Needs
Prevention and Diversion

Serving North Inland and North Coastal San Diego County

AUDIENCE QUESTION

**Where can we make
the biggest impact:
preventing homelessness
or helping people exit it?**



SAN DIEGO COUNTY: PREVENTION IS ESSENTIAL

We should be proud of the strong homeless response system developed across the region.

13,410

people **helped and housed**
after experiencing
homelessness

VS.

13,622

people **became homeless**
for the very **first time**

during the most recently completed 12-month period.



Nearly as many people entered homelessness as exited it.

We must both prevent homelessness and help people exit it.

HOW DO WE END HOMELESSNESS?



PREVENT

Provide emergency rental assistance and case management before a housing crisis becomes homelessness.



END

Help people currently experiencing homelessness move into stable housing and independence.



To end homelessness, we must both prevent it and end it.

Interfaith and other organizations work together on prevention.

PREVENTION WORKS

A study underway by the Institute for Public Health at SDSU is analyzing the impact of one-time financial support for households facing homelessness.



Among 190 households supported by four partner organizations with direct financial support to get caught up on rent, repair a vehicle, secure a work permit, or address another urgent one-time need to maintain housing, **not a single household** had fallen into homelessness and sought help through our region's homeless response system 2-5 months later.

190

households supported

0

entered homelessness
and sought help through the
regional response system



Early findings; study underway.

TRACY'S PATH OUT OF HOMELESSNESS



A Marine Veteran, Tracy was assaulted during his military service and struggled during the transition to civilian life.

After divorce, losing contact with his son, a suicide attempt, hospitalization in the VA's Behavioral Health lockdown unit, military sexual trauma, schizophrenia, and homelessness, the path forward seemed impossible.



Discharged from the VA into Interfaith Community Services' Recuperative Care Program.



At Interfaith's Recuperative Care Center, Tracy had a **safe and stable** place to recover, access to medical care, counseling and treatment for severe mental illness, and case managers to **help him find permanent housing.**

A NEW HOME, A NEW PATH FORWARD

With support from Interfaith's Recuperative Care Program, Tracy and his service dog Max moved into a HUD-VASH-supported apartment in Vista.



**From homelessness
to permanent housing.**

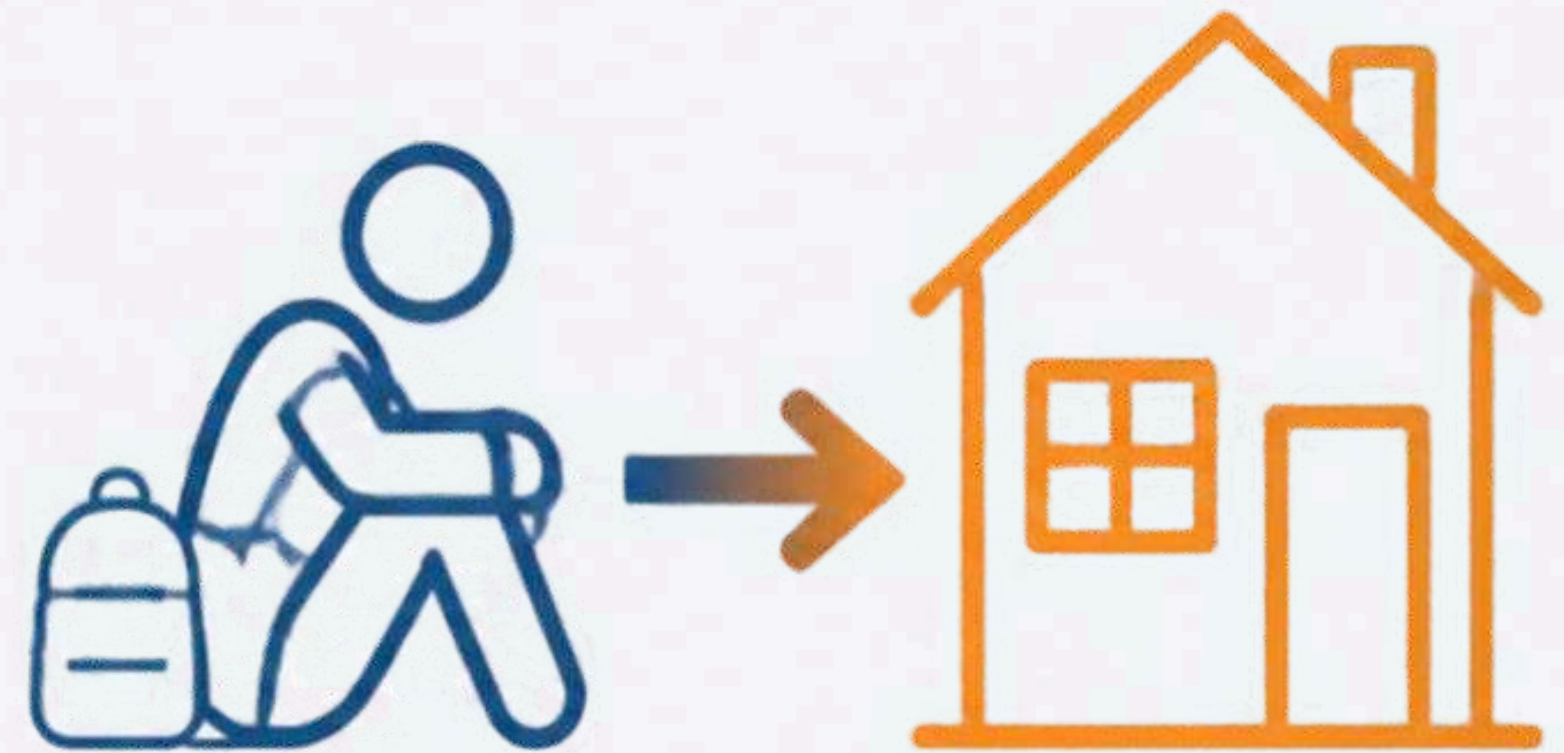


Stable housing, care, treatment,
and trusted support helped make
the next chapter possible.



AUDIENCE QUESTION |

What makes it hardest to get someone from homelessness into stable housing?



AUDIENCE QUESTION

What are the biggest gaps you see between what people need and what current programs can provide?



CLOSING THE GAP: MEETING PEOPLE WHERE THEY ARE



California's Encampment Resolution Fund is helping Interfaith move people quickly from encampments into permanent housing.



Homeless outreach professionals combine behavioral-health expertise, lived experience, persistence, and supportive and housing resources to build trust and act quickly.



Immediate success begins with the right people, the right resources, and a **client-centered** approach.



OCEANSIDE ERF: FROM OUTREACH TO HOUSING



31 received Interfaith supportive stabilization case management and Rapid Re-Housing funding; **48** were housed through the Community Resource Center partnership.



Three of four outreach zones have been completed, with teams building relationships and connecting people to housing and support.



The immediate gap can be closed when outreach, housing navigation, and flexible resources move together.

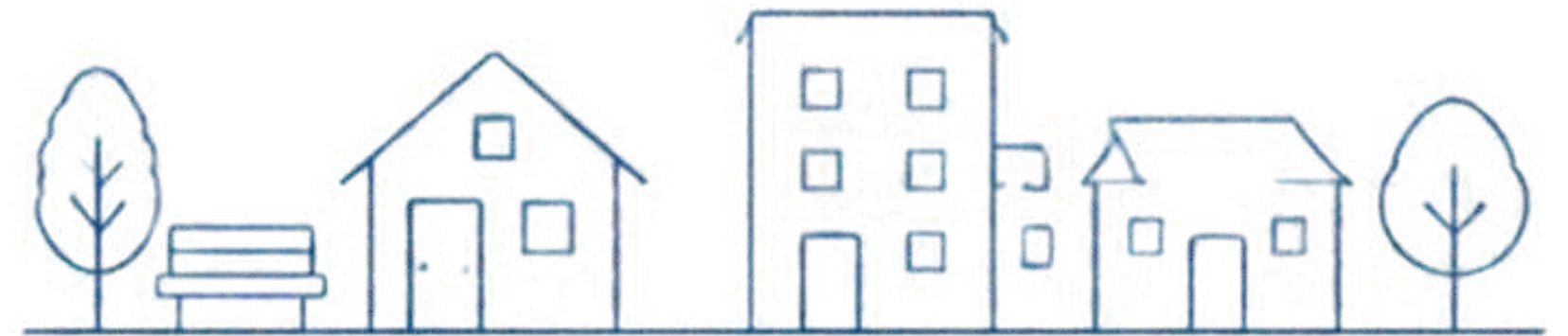
FY25-26 OUTCOMES

196

individuals served

79

individuals housed



CARLSBAD PROGRAMS: HOUSING PLUS BEHAVIORAL HEALTH

ENCAMPMENT RESOLUTION FUND PROJECTS

Combined figures from the former ERF R2 and VHOP program sections

333
served

294
unduplicated

102
temporary placements

86
permanent housing placements

BEHAVIORAL HEALTH IS THE BRIDGE TO HOUSING

Interfaith's behavioral-health clinicians were approved to provide therapy directly as part of outreach and engagement—creating a trusted bridge to care for people who may decline outside referrals.

Clinicians and outreach staff meet people where they are, respect autonomy, revisit care when clients are ready, and address mental-health and substance-use challenges that can block housing stability.



Behavioral-health treatment is not separate from housing work. It is part of the pathway to housing—and staying housed.



Engagement is modest but promising: client autonomy remains central.

AUDIENCE QUESTION

What support do people most often need after they move into housing to help them stay there?



HOUSING IS THE BEGINNING, NOT THE END



Interfaith's **Oceanside ERF** and **Rapid Re-Housing** teams support people after placement:

A psychiatrist is available through the Community Resource Center. Staff provide continuous housing stabilization and navigation, keep showing up after a client says no, and revisit services when the time is right.



A designated advocate and mediator can support both the resident and the property manager when behavioral health challenges affect housing stability.



Formal behavioral health outcome data is not yet available; current reporting focuses on housing placement and retention, while staff observations show improved re-engagement and a foundation for stability.

THE LONG-TERM GAPS: TIME, INCOME, AND SUPPORT



One year is often not enough: the first six months may go to addressing behaviors and landlord mitigation, leaving too little time to build income.



Employment remains a critical gap: many people have been out of the workforce for years, current employment centers have not met clients' needs, and employers are often reluctant to hire people exiting homelessness.



Sustained support matters: longer assistance periods, stronger income-focused services, and regular tracking of behavioral-health connection, housing retention, and income change could make gains last.



ERF can help people get housed quickly. Closing the long-term gap requires enough time, income, and support to help them stay housed.

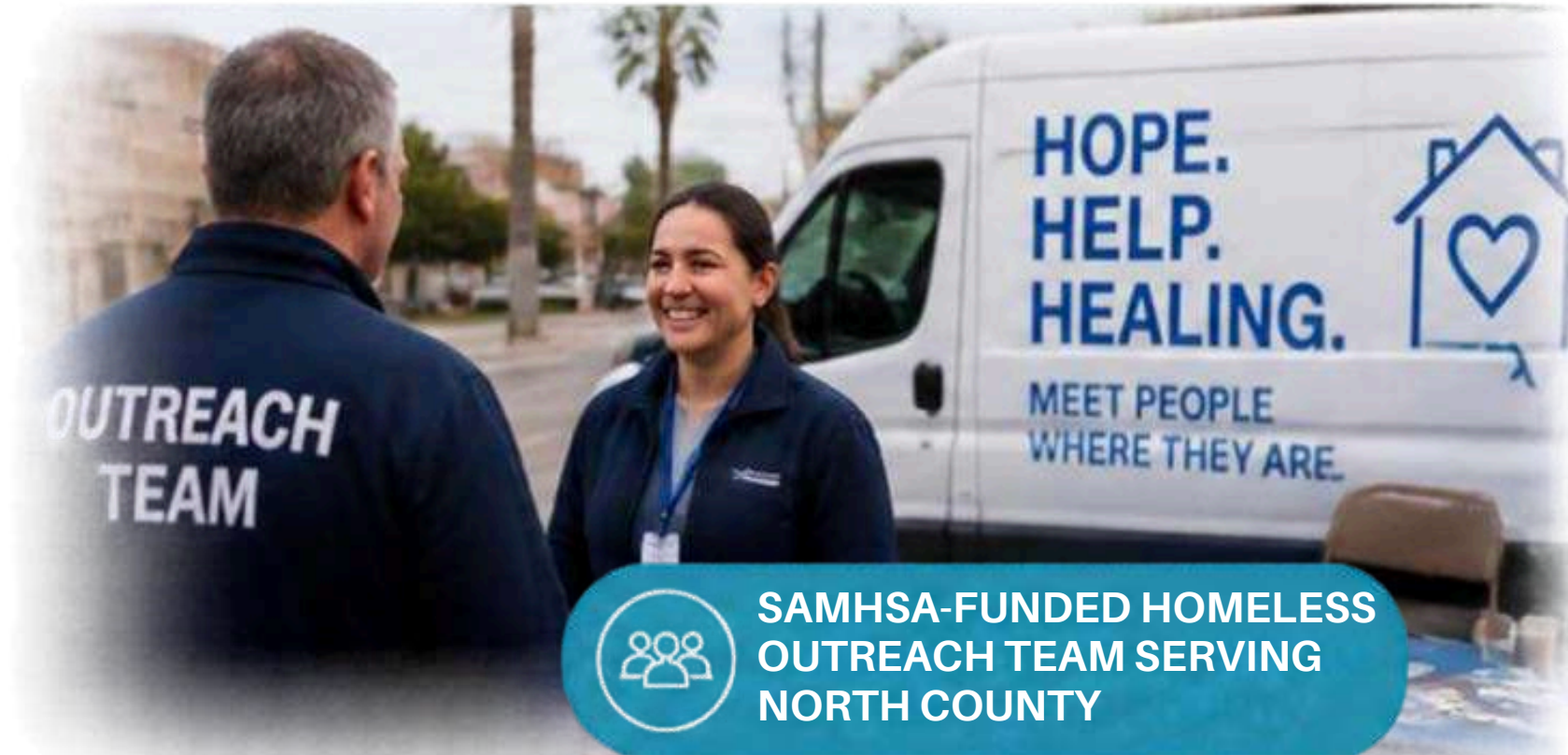
OUTREACH + TREATMENT CAPACITY: A GAME-CHANGING CONNECTION

11
beds



32
beds

14-day Withdrawal Management Services



Our chronically full **11-bed** Withdrawal Management program **expanded to 32 beds** at the same time our SAMHSA-funded outreach team launched—creating accessible treatment and **available beds nearly every day** to support homeless outreach encounters.

Outreach professionals can meet people where they are, identify substance use and co-occurring behavioral health needs, and connect them to treatment without the old gap between engagement and an available bed.



When outreach and treatment capacity grow together, more people can move from the street toward **recovery, stability, and housing.**



BEHAVIORAL HEALTH CAPACITY IS A HOUSING INTERVENTION



731

SUD screenings of
unsheltered
individuals



785

unique clients
admitted to
Withdrawal
Management
Services



70

withdrawal-
management and
residential-
treatment beds



83.5%

average bed
utilization
in Year Two



21

new withdrawal-
management beds
added



**TIME FROM FIRST CONTACT TO ENROLLMENT FELL
45%: FROM 46.41 HOURS TO 25.53 HOURS.**



**THE RESULTS SHOW WHAT BECOMES POSSIBLE WHEN OUTREACH CAPACITY,
TREATMENT BEDS, AND RAPID INTAKE MOVE TOGETHER.
THE NEED REMAINS GREATER THAN THE AVAILABLE CAPACITY.**

TREATMENT ACCESS MUST CONNECT DIRECTLY TO HOUSING



Housing planning starts in **the first 7 days** of residential treatment, not at discharge.



119 individuals
enrolled in CES in Year Two



32% exited to
permanent housing

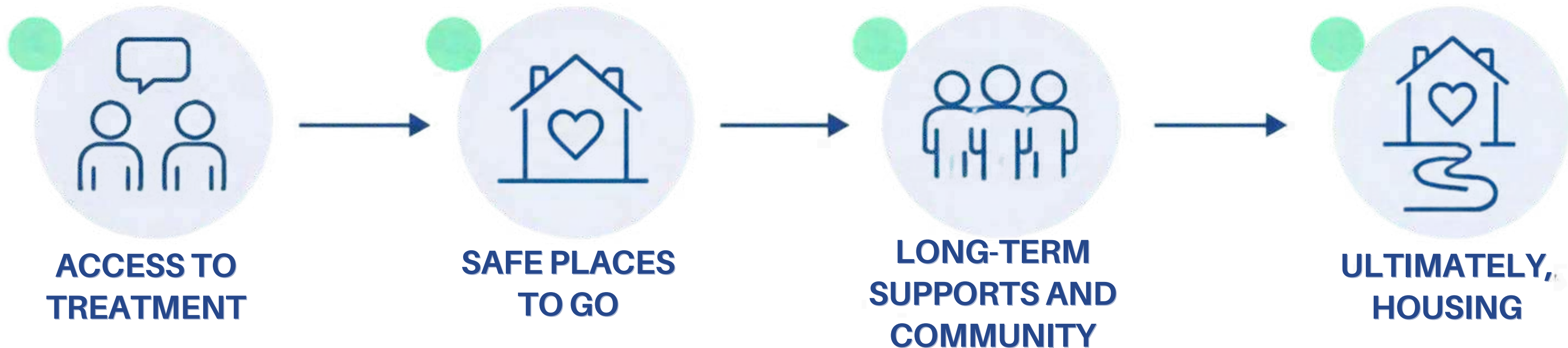


88% of known outcomes
exited to permanent housing or
housing-linked settings awaiting placement



To overcome homelessness, we need enough behavioral health treatment beds, enough outreach to reach people where they are, and enough housing support to carry the connection through to permanence.

WHAT DO WE NEED TO OVERCOME BEHAVIORAL HEALTH CRISES AND HOMELESSNESS?



People need more than a crisis response.
They need a connected pathway from behavioral-health care
to safety, belonging, and a home.



Tracy's story shows **what becomes possible**
when that pathway is there.

A HOME OF THEIR OWN

Last year, Tracy and his son Caleb bought a home of their own.

-  1 Access to behavioral-health services when Tracy was in crisis.
-  2 Step-down care and housing that supported Tracy and his service dog, Max.
-  3 A HUD-VASH housing subsidy that made housing affordable and provided supportive services.
-  4 Reconnection with family and a life with meaning.



A home where Tracy has the **stability and safety** to be his best self.

Housing is the foundation for healing, connection, and a future.