



Camden Supportive Housing

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Why am I here?

- 1993 – 2003 – Street Outreach and Shelter work
- 2003 – Interagency Council on Homelessness Pilot Project for Housing First
- Assist RHD in development of our Supportive Housing programs in 6 of our 14 States





2008

The Camden Supportive Housing program started as part of a needle exchange continuum compiled by the New Jersey Department of Human Services Division of Addiction Services.

- * Started with 25 housing vouchers for individuals (now 31 housing vouchers)
- * Very controversial at the time

- Took people directly off the street in Camden who were participants in the needle exchange program
- Created a partnership and referral process between needle exchange, MAT and Camden Supportive Housing program

MISSION

Housing First initiative utilizes the Intensive Supportive Housing team to provide comprehensive, recovery-oriented case management services to individuals who are homeless or at risk of homelessness

Strives to embody the Values of RHD while embracing the tenets of Harm Reduction and Housing First.

Lessons learned from the early years:

- Different than our other Supportive Housing programs
 - But not that different... there were more underlying BH issues than we thought
- Schedule was different

Lessons learned from the early years:

- Participants accepted assistance and treatment
 - They were “more ready” than we anticipated
- Everyone has a **FAMILY**

Today, ten years later...

- 85% Housing Retention
- 90% Recovery from illegal substances
- Success with Employment
- 31 Housing Vouchers with 71 people living in those apartments... How did that happen?

87% Housing Retention

- 55 persons entered with a voucher
- 24 left the program
 - 1 long term incarceration
 - 6 evictions with discharge from services
 - 3 deaths due to medical reasons
 - Zero deaths due to overdose
 - 14 successful discharges
 - Graduated to more independent living without voucher
 - Moved in with other family
 - Moved out of State
 - Moved to medical facility

90% Recovery

- ZERO DEATHS BY OVERDOSE
- 90% of current tenants are fully engaged in MAT
 - 3 current residents titrated off MAT and working full time
- 90% remain clean of illegal substances
 - Economic reality as a barrier to recovery

EMPLOYMENT

- High point – 2014 - 47% had market-rate employment (MRE)
 - Many people with market rate employment graduated from the program
 - Some did not maintain MRE → Supported Employment
 - 7 people have maintained long term MRE
 - 45% of current resident have worked in either Supported Employment or MRE

Everyone has a Family

31 vouchers → 71 people

- Adults → 39
- Children under 18 → 26
- Children over 18 → 6 (in school or paying rent)

89% Family Reunification

- 18 cases of CPS involvement
 - Reunification or Unification in 16 of the cases
 - 10 cases opened at child birth and tenants all kept custody of their children
 - 7 cases opened prior to coming into the programs and we reunited 5 families
 - 1 case opened during services and the family stayed unified

It doesn't always have to end this way...



Cost Benefit of the CSH program to the Fostercare system only

- Each child in fostercare costs between \$50k – \$100K per year (special needs kids can cost more)
- 3 kids in fostercare = \$200,000 - \$225,000
- CSH Services = \$550,000 per year (without housing costs)
- Housing Costs = \$180,000 - \$200,000

Foster Care stats

- 670K kids spent time in foster care in 2016
- 2016 – 438k ended the year in foster care
- 2013 – 397k ended the year in foster care
- 2016 – 34% due to drug use

Why aren't we doing this everywhere?

- Stigma – we have to fight it everywhere
- We have to share the successes of harm reduction (teen pregnancy, HIV, Housing)
- We have to show the cost effectiveness
- Silos within our government