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House People Faster, Longer and Increase  
Employment

Using Evidence-Based Practices in Shared  
Recovery Housing



Jason Robison  
Program Director  
SHARE! the Self-Help And Recovery Exchange

**A Solution for our Times**

[www.shareselfhelp.org](http://www.shareselfhelp.org)

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## SHARE! Collaborative Housing - a model of Shared Recovery Housing in LA County

- SHARE! uses privately-owned single family homes
  - Residents manage the house as a family
  - Peer Staff provide supportive services
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## SHARE! Collaborative Housing

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- The opposite of “homelessness” is wholeness and connection. (Self-supporting social structures)
- “Homelessness” is an incident in the life of a human being
- *Not the defining characteristic of a person’s identity*
- Every homeless person has a place back in society

# The Problem:

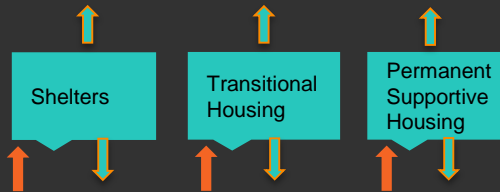
Current housing approaches lead to:

Why do people become homeless?

## Trauma

Unemployment, illness, mental health issues, end of foster care, accidents, substance use, death in the family, etc.

People cycle in and out of social services system



People without social support fall into homelessness  
40% of newly homeless individuals report that “weakened social network” is the main driver into homelessness – *LAHSA 2020 Homeless Count Presentation*



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# Evidence-based practices

- **Peer Critical Time Intervention (Peer Bridging)**
  - **Peer Listening and Disclosing**
  - **Self-Help Support Groups**
  - **Helper Therapy**
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# Peer Critical Time Intervention in Shared Recovery Housing

- Peer Bridging
- Specialized Support through Peer Services concentrated in the beginning of relationship
- Support network transferred to broader network over time
- Other residents
- Friends in Self-help Support Groups

## In Practice

- Peer connection made on 1<sup>st</sup> phone call or housing appointment
  - Referral to housing made on 1<sup>st</sup> phone call or appointment
  - Referral to Self-help Support Group made on 1<sup>st</sup> call or appointment
  - Peer Bridger visits and connects within 2 days of move-in
  - Social support strengthened 24/7 through relationships with residents and friends from Self-help Support Groups
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# Peer Listening and disclosing in Shared Recovery Housing

- Peer Support Workers use lived experience with homelessness and other issues to strengthen relationships and build trust
- Peer share relatedness and build empowerment
- Avoid making suggestions, “fixing” problems

## In Practice

- Peer discloses lived experience within 2 minutes of initial conversation
  - Peer elevates strengths of person seeking housing/help
  - Referral to Self-help Support Group based on disclosing
  - Visits to the house and interactions with residents based solely on lived experience rather than professional “expertise”
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# Self-help Support Groups in Shared Recovery Housing

- Housemates function as a family and live together sharing responsibility support
- 24/7 social support through residents
- Attend self-help support groups in the community

## In Practice

- People connected to members of Self-help support groups on 1<sup>st</sup> contact
  - Community based Self-help Support Groups provide support from wide demographic sample
  - People meet real friends in Self-help Support Groups
  - People meet people who are hiring immediately, regardless of criminal record
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# Helper Therapy in Shared Recovery Housing

- In mentor-mentee relationships mentor gets a greater benefit than mentee (Riessman)
- Every resident helps another resident
- Helper high – transforms sense of self from person who needs help from others to person who can help others

## In Practice

Every resident has leadership and responsibility within the house

- Residents in Self-help Support Groups take on leadership through “commitments”
  - Volunteer opportunities through SHARE!
  - Residents help residents in other houses
  - Residents welcome new residents and help adjust to house
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# Outcomes.

- 41% move in within two days; 23% move in the same day they call for housing –
- Housing for Acute population – SHARE! Collaborative Housing works for people with severe mental illness (SMI) resistant to traditional housing
- 26% of residents with SMI get jobs within 1 year and maintain their own dwellings in market-rate housing
- 25% of people referred move in – 2,000 referrals, over 500 move-ins
- Research constantly applied to improve & implement best practices



# Outcomes.

- 43% of people have jobs
- 25% make SHARE! Collaborative Housing their permanent home
- 62% move out to market-rate housing
- 24% reunite with family
- Only 8% need a higher level of care
- 91% try Self-help Support Groups
- 60% attend Self-help Support Groups
- 17% enroll in higher education



# Outcomes.

Correlation between participation in self-help support group and pro-social outcomes (volunteering, education, and employment):

Over two years (n=484), significant ( $p < .01$ ) positive correlations between self-help support group participation and each of the following pro-social behaviors:

Volunteering ( $r = 0.54$ )

Education (0.25)

Employment (0.21).

*As the number of months of participation in self-help support group increases, the rates of volunteering, obtaining education, and working in employment increase.*



# SHARE!

## Partners

- Los Angeles County Department of Mental Health
- Los Angeles County Department of Health Services
- Los Angeles Homeless Services Authority
- SAMHSA – Substance Abuse Mental Health Services Administration
- California Office of Statewide Health Planning and Development
- Coordinated Entry System of Los Angeles
- 191 agencies in Los Angeles who refer to SHARE! Collaborative Housing

# Thank You!



Jason Robison  
SHARE! the Self-Help And Recovery Exchange  
*A project of the Emotional Health Association*  
6666 Green Valley Circle  
Culver City, CA 90230  
310 846-5270  
[www.shareselfhelp.org](http://www.shareselfhelp.org)  
[info@shareselfhelp.org](mailto:info@shareselfhelp.org)