House People Faster, Longer and Increase Employment

Using Evidence-Based Practices in Shared Recovery Housing

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A Solution for our Times

www.shareselfhelp.org
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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A model of Shared Recovery Housing in LA County

- SHARE! uses privately-owned single family homes
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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: Why do people become homeless?

Current housing approaches lead to:

- 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

- Shelters
- Transitional Housing
- Permanent Supportive Housing

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
Evidence-based practices

- Peer Critical Time Intervention (Peer Bridging)
- Peer Listening and Disclosing
- Self-Help Support Groups
- Helper Therapy
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 1st phone call or housing appointment
- Referral to housing made on 1st phone call or appointment
- Referral to Self-help Support Group made on 1st 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
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”
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 1st 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
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
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!

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