
SHARE!

Peer Specialists

Leading Community Connections



**Three Peer Practices
Maximize Empowerment
And Community Connection**

www.shareselfhelp.org

Peer Services and Practices

What are they?

- Peer Listening and Disclosing
 - Helper-Therapy Principle
 - Self-Help Support Groups
 - Recovery Planning
-

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Why SHARE! the Self-Help And Recovery Exchange?

People in recovery were losing space to support each other and create community.

- Peer-run Organization since 1993
- Two Peer-run Recovery Communities
- Peer Respite
- SHARE! Collaborative Housing
- Self-Help Referral Service
- Advanced Peer Specialist Training
- Peer Supervision Training

SHARE! Recovery

- Who is in Recovery?
 - What is Recovery?
-

SAMHSA Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

*How do we
experience
systems?*



The Problem:

Why do people become homeless?

Trauma

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

Current housing approaches lead to:

People on government subsidies until death

Shelters

Transitional Housing

Permanent Supportive Housing

People without social support fall into homelessness and cycle through homeless services system

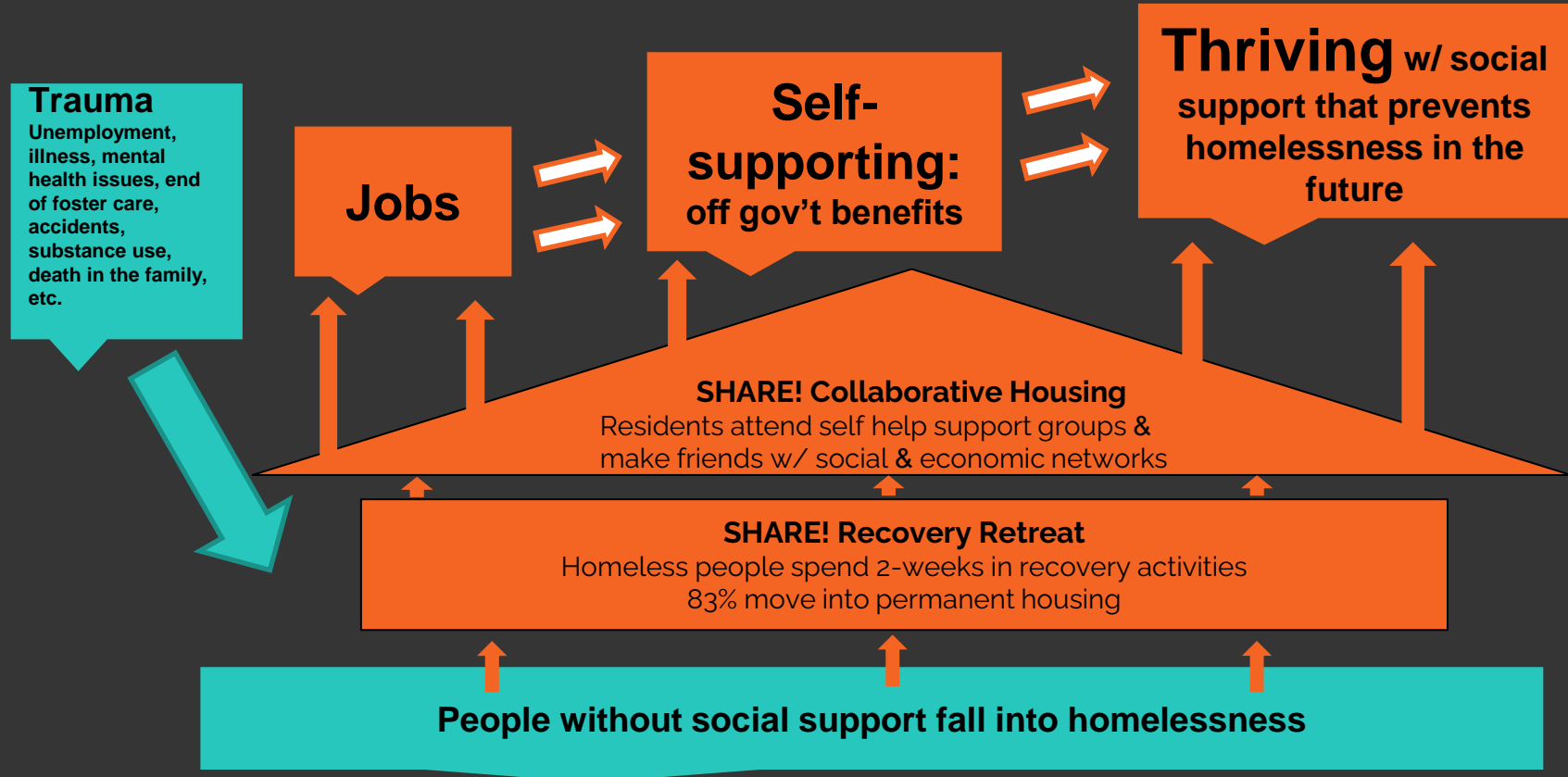
A man wearing a grey beanie with an orange band and a white sweater with colorful geometric patterns is sitting on a concrete ledge. He is looking out over a city at dusk, with a blurred view of buildings and streets in the background. The text "SHARE! believes..." is overlaid on the left side of the image.

SHARE!
believes...

- The opposite of “homelessness” is wholeness and connection. (Self-supporting social structures)
- “Homelessness” can be one period of time in a person's life
- Homelessness is caused by an unhealed trauma event and lack of quality social support
- Trauma can be healed by people-helping-people in a participant-centered model
- Every homeless person has a place back in community and society
- Being part of community means receiving and **ADDING** value

SHARE! Collaborative Housing Solution

Nationally recognized evidence-based



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What is SHARE! Collaborative Housing?

- Peer-run Recovery Residences for people experiencing homelessness and mental health issues
- Single family home in residential neighborhood
- Residents run the house
- Residents are placed immediately
- Residents share a bedroom with 1 other resident
- Each resident has a rental agreement with the homeowner
- Homeowner furnishes house down to forks, knives, spoons
- Home includes all utilities, high-speed internet, cable, etc.
- Peer Bridgers support residents

SHARE! Collaborative Housing Outcomes

- 57% have jobs
- 25% make SHARE! Collaborative Housing their permanent home
- 62% move out to non-subsidized housing including 24% who reunite with family
- 91% try self-help support groups
- 75% attend self-help support groups, which SHARE!'s data shows correlates with getting jobs at statistically significantly higher rates
- 20% in college
- 52% of residents are African American
- Only 4% return to homelessness compared with 22% in PSH*

*in Los Angeles

SHARE! Community

- 41% move in within 24 hours of the first call to SHARE!
- 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
- People get stabilized and moved on to greater autonomy quickly – each bed houses 1.6 people per year
- 30% of people referred move in – 2,000 referrals, over 500 move-ins
- Research and data analysis constantly applied to improve & implement best practices

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Peer Listening and Disclosing

Definition: Peer listening and disclosing is using active-listening techniques and sharing one's own lived experience of the situation a person is going through. Peers do not give suggestions or advice unless specifically asked for it.

Key Components: Peers help others with similar challenges by understanding and sharing their own experience. This builds hope and shows that recovery is possible. A trusting peer relationship encourages hope and self-determination. Peer workers create a safe environment. They help guide individuals in setting personal goals, identifying barriers, developing problem-solving strategies, and pursuing a path of recovery.

Critical Ingredient of Listening and Disclosing	Examples of high-recovery Listening and Disclosing	Examples of low-recovery Listening and Disclosing
Disclosing for the Person	Peer worker discloses their own experience with similar issues, including how they felt, what they thought at the time and what worked and did not work, without being asked. They use "I" statements in disclosing.	Peer worker discloses only when asked and does not include their feelings or thoughts at the time. They express their experience in the form of advice or say things such as "You should do what I did."
Disclosing reality	The Peer worker discloses both their successes and challenges, including current challenges that they are encountering in their recovery that relate to what the person is going thru.	The Peer worker only discloses their successes and appears to be perfectly recovered without any problems. They hide their own setbacks from the people they are serving.
Peer to Peer	Peer worker is open about their lived experience, treats the person being served as an equal and uses peer boundaries. The Peer worker concentrates on connecting the person to non-paid social supports in the community.	Peer worker provides support using a clinical approach and/or clinical boundaries. The person's social network is limited to professional relationships and other people at the clinic.
Targeted Disclosing	Peer worker targets their disclosure to the issues that the person they are working with is facing.	The Peer worker discloses in order to serve their own needs rather than considering the needs of the person they are serving.
Non-judgmental Listening	Peer worker listens to the person and validates the person's feelings even when what is being said seems off topic or unrealistic. Can listen and behave without imposing own values and assumptions on others—rather is curious to find out more about the other person.	Peer worker listens to the person without validating their feelings, or the person's reality. Peer worker imposes their values or assumptions on others.
Shared outcomes	Peer worker can communicate without being argumentative and competitive. Can reach shared outcomes and solutions.	Has difficulty understanding that there are multiple perspectives. Insists on being right.
Listen fully	Peer worker gives the person their whole attention and take time when the person stops talking to formulate a response to what they heard.	While the person is speaking, they think about how to respond to them rather than listening fully.

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Opportunities for Peer Listening and Disclosing

- Within 2 minutes of every conversation and interaction
- Housing placement calls
- Connecting people to self-help support groups and services
- Encampment outreach
- Peer Bridging

What opportunities do you have to practice Peer Listening and Disclosing

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Helper-Therapy Principle

Definition: The Helper Therapy Principle states that helping others has positive health and mental health benefits—and heals the helper more than the person being helped.

Key Components: When people help others, or even *perceive* they are helping others, they feel good about themselves in ways that improve their mental health, health and functioning. Whether by sharing in a self-help group, volunteering or contributing to an agency's projects, acts of service in themselves are healing.

Critical Ingredient of the Helper Therapy Principle	Examples of high-recovery Helper Therapy Principle services	Examples of low-recovery Helper Therapy Principle services
Creating leadership opportunities	Peer worker is adept at creating opportunities for people to be the person helping. For example, finding a skill that someone has and having them teach that skill to others; teaching the person to use Word today and having them train someone else in Word tomorrow; volunteering in the community; going to self-help support groups.	Peer worker lacks structure and approach to create leadership opportunities. Peer worker does projects and accomplishes things themselves, rather than giving others the satisfaction of being leaders and making a difference.
Empowering others	Peer worker listens for and implements participants' suggestions such as having a Kwanzaa celebration, writing their legislative representative about something they want changed, starting their own business, putting on a program, inviting people to a recovery panel, etc. The Peer worker lets the person help them.	The only opportunities to help are those created by staff and/or directed by staff. The Peer worker sees their role as helping the person and rarely lets the person help them.
Enhancing meaningful roles	Peer worker discovers people's strengths, skills and goals and creates projects where they can maximize their sense of meaning and purpose. People are supported in going back to school and getting their dream jobs.	Peer worker frequently asks the participant to help without connecting with the person's interests and goals. Peer worker assigns menial tasks. There is little or no support for competitive employment.
Noticing Contributions	Peer worker consistently notices and acknowledges participants for their contributions, big or small, such as input, actions, acts of kindness, volunteering, achieving recovery milestones, being part of the community, and being who they are.	Peer worker has difficulty seeing and acknowledging contributions that the people they serve are making or trivializes them.
Acknowledging Contributions	Peer worker creates or supports informal and formal acknowledgement systems, such as congratulating people, thank-you boards, thank-you notes, milestone celebrations, etc. Participants perceive that they are making meaningful contributions.	There is no formal system of thanking people, or the peer worker seldom uses it. Participants seldom feel valued for their efforts or contributions.
Status differential	The Peer worker recognizes that the person they are working with has strengths, gifts, knowledge and skills that are superior to those of the Peer worker.	The Peer worker sees themselves as better than the person they are serving.

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Opportunities for Helper-Therapy Principle

- Residents run the houses
- House meetings
- House management
- Resident supports
- Quarterly quality assurance

What opportunities do you have to practice Helper-Therapy?

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Self-Help Support Groups

Definition: The American Psychological Association defines a self-help support group as: “A voluntary, self-determining, and non-profit gathering of people who share a condition or status; members share mutual support and experiential knowledge to improve persons’ experiences of the common situation.”

Key Components: Everyone in the group is equal. No one has more authority or power than any other member of the group. There is sharing and/or interaction between the members. Decisions about the group are made by the group members, not by a leader or clinic management. Leadership is shared or rotated and every member of the group could become a leader with minimal training. Groups often use a written document called a format to explain the rules of the meeting at each session. Attending self-help support groups gives peer workers support for their jobs, teaches resiliency, listening and non-judgmental skills essential for providing peer services. Peer workers encourage the people they serve to attend self-help groups by disclosing their own experience of recovery in them.

Critical Ingredient of Self-Help Support Groups	Examples of high-recovery Self-Help Support Groups	Examples of low-recovery Self-Help Support Groups
Equal Relationships	Peers with the same level of power—none of whom are paid—attend a support group addressing a common concern. Leadership and decision-making are provided by the members.	Paid peer specialist leads the support group and discussions, addresses disruptive behavior and makes decisions for the group.
Rotating Leadership	The support group leadership rotates, and positions could be held by anyone in the group with minimal training.	One person leads the group. The group doesn't happen unless that person is there.
Community-based	Referrals and information about community-based self-help support groups are available to all participants.	The groups are held only at a mental health facility and/or are canceled when the room is needed for other uses.
Structure	The group uses a written format for explaining the rules and the agenda of the self-help support group that various members read at the beginning of the meeting and as each activity changes.	There is a single leader who verbally explains the rules, determines who can speak, and what is appropriate in the group.
Shared Norms	The written format includes a statement about why the group is meeting and what their goals are regarding the issues they share.	The group does not have specific written recovery goals that are shared in each group meeting. The peer worker provides a topic or activity at each meeting without connection to the group goals.
Non-judgmental	People share their own experience using “I” statements. They do not give unsolicited advice or judge what other group members have shared.	Shares often include “you” statements. People give advice and problem solve without checking whether the person who shared wants advice or just wants to be heard.
Safety	Crosstalk, where others interrupt or comment on someone's sharing, is not allowed and is enforced by any member of the group with gentle reminders. Anonymity is expected and protected.	The leader has the right to ask anyone to leave without hearing their side of the issue or giving them opportunities to improve. People who are not peer members of the group enter the group without the group's permission. Staff create clinical notes about what happens in the group identifying individuals. Members sign in.
Due process	Each person has a right to due process in the group and is given opportunities to change disruptive behavior before taking action to exclude the member. If someone is asked to leave, it is for only one or two meetings, not forever.	Disruptive people are banned from attending the group without being given a chance to change their behavior.
Cultural competence	People are given the choice to attend the self-help support group that best fits their issues, religion, sexual orientation, ethnicity or other needs.	People are not given a choice of various self-help support groups to attend.

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Opportunities for Connections to Self-Help Support Groups

- Peer Listening and Disclosing
- Residents support – positive peer pressure
- Recovery Planning and the Plan for Success

What opportunities do you have
to connect people to self-help
support groups?

SHARE! Housed 531

people in one year 7/1/22-6/30/23

**Efficiently, Effectively &
Immediately**

How SHARE! Recovery Retreats Work

Large single-family house-set up for 8 to 16 homeless people at a time

FREE Room & Board-allows homeless people an easy inside to a high tolerance/low demand recovery environment

Guest-run program-guests make the decisions in the house, including what to eat, where to go, which recovery activities to participate in

Peer Staffing – trained people in recovery from homelessness, MH, SUD, trauma, and/or DV to whom guests can relate and build trusting relationships

Self-Help Support Groups – allow guests to see that it is possible to recover and find role models and mentors to help them

Goals and Plans- developed by each guest using evidence-based Backwards Design

How SHARE! Collaborative Housing Works

Available Housing Stock – SHARE! finds single-family houses in abundant rental market – 10,000 homes for rent in Los Angeles

Peer Staff – build trust and demonstrate path to success through shared experiences

Self-Help Support Groups – provide breadth of unconditional love and support in community that provides social network and social mobility

Residents Experience Meaning and Purpose as they manage houses and help others

No-Fail Community – residents experience and develop skills that strengthen relationships through disagreement and conflict

Recovery Residences and SHARE! Collaborative Housing

NARR Levels 1 & 2	SHARE! Collaborative Housing
Addicts/Alcoholics	People (including homeless people) with any behavioral health issue (MH, AOD, Trauma)
Must be or commit to be sober to move in	No sobriety or mental health stability requirements to move in
No drug or alcohol use	No criminal behavior, each house determines its own alcohol policy
Rent collection may be part of house operations	Rent collection is independent of house operations
Management or Association has a set of rules	Residents make their own rules together—SHARE! only has 3 rules: 1) Pay the rent; 2) No criminal activity; 3) No smoking inside
May have Manager to enforce rules	Residents are all equal and make and enforce house rules themselves
Required recovery program	Encouraged to attend self-help meetings
Failure => expelled from house	Failure => move to another house immediately

A **Peer Bridger** is a person with lived experience with mental health issues, substance use and/or homelessness who has used self-help support groups to recover. Peer Bridgers are paid for by local government.

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Partners

- Los Angeles County Dept. of Mental Health, Dept. of Health Services, Dept. of Public Social Services
- Los Angeles Homeless Services Authority
- Gateway Cities Council of Governments
- South Bay Cities Council of Governments
- City of Los Angeles (CD 1, CD 3, CD 11)
- County of Los Angeles (SD 1, SD 2)
- Wells Fargo Bank
- Kaiser Foundation
- Matern Law Group
- Land of the Free Foundation
- Hoag Family Foundation
- Johnny Carson Foundation
- Union Bank
- More than 200 agencies in Los Angeles who refer people to SHARE! Collaborative Housing

Thank You!



SHARE! the Self-Help And Recovery Exchange

A project of the Emotional Health Association

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