Please stand by for realtime captions >> Good afternoon. Welcome to the Peer run respites Effective Alternatives to Hospitals webinar sponsored by SAMHSA . My name is Kelle Masten .

 I would like to thank you all for joining us today. Before we get started with introduction of the presenters, I would like to go over a few housekeeping items. The slides for a presentation

 -- the presentation are available on the top part of the screen. Please note that the webinar is being recorded . The recording and slides will be available on the Peer run respites website within 10 days . For participants only, audio is being streamed through computer speakers. The number is on the screen. If you're having any technical difficulties, please type in the Q&A pod on the right side of the screen and someone will be able to assist you. Please take your questions this type your questions -- type your questions . Please take a few moments to complete [ Indiscernible ] For us. Thank you for joining us. I will turn it over to the moderator , Oryx 's -- Cohen .

 Thank you for hosting this important webinar . We had about 700 people were -- registered for the webinar . Welcome. I am so happy that so many people are interested in learning more about peer respites . I wanted to specifically recognize [ Indiscernible ] In Massachusetts . It has a lot of meaning for me , in a very difficult time in my life. I know that it has meant a lot to a lot of people . We have great list of speakers. Daniel Fisher , [ Names being read ] . I will be moderating . You can find a listing of all the peer respites we know about across the country, about 25 of them. You can find that

 information, training , resources I www.powertoyou.org which is the national empowerment Center website . One of our main focuses has been to support the development of peer respites nationwide. Our first speaker is the chief executive officer of the national empowerment Center . Dan Fisher. To get a way -- Take it away .

Hello, everybody . I just wanted to talk about advocacy . How to advocate for creating a respite in your state or -- peer respite in your state or locality. [ Indiscernible ] Getting set up here in Massachusetts. I took about two years . Hopefully it won't take as long for other people. I wanted to start with a few arguments in favor of Peer run respites . You wonder why there is that one in every town and there really should be. It is [ Indiscernible ] Of somewhat of the resistance of the established, traditional system. On the basis of argument, there really should be one for every 15,000 or 20,000 people. The first I would like to make is a financial one. The next slide will show you a comparison cost. These are a little bit outdated. This is from 2012. I did check with Whitney Bailey and they have gone [ Indiscernible - low volume ] . I used the statistic . I also got about how it costs one night per person in a state hospital. It is $1800 . For the Georgia

 peer run respite was $319 . That comes out to be 70% -- 17% of the cost of the state hospital . From a financial standpoint, it shows other costs. Some of these are even lower, except for Santa Cruz which was set up as a research project .

The next slide shows us some other arguments in favor of peer respite . We should not be suggest on expense -- base it just on expense . There are people with a similar experience. There's nothing more important than having somebody, right at the beginning, you can say, I have been through a similar experience and a belief you can't get through it to -- I believe you can get through it to -- too. It provides employment. People want to give back . It works in other states. There are 25 of them across the country. It is less dramatic -- any of you have been through it will know firsthand -- to be ripped out from your surroundings and be put into a hospital.

 You can be closer to your home, voluntary, and have continuity of care . The next slide talks about some other important points . In the process, we set up a advocacy group -- and advocacy group -- an advocacy group that started meeting at my house on a monthly basis . We focused on having a pure run respite -- peer run respite In Massachusetts . Learning ways of presenting -- the next light talks about some of the other policies you will want to think about. Building trust. In clear on your values, my your allies and immediate stakeholders -- among your allies and immediate stakeholders . The next light talks about how important -- slide talks about how important it is for coalitions . There is really not a big argument against them except by hospitals and some professionals that feel that somehow they will take the place of their employment . You can retrain hospitals . So workers can be retrained . Being solution oriented is very important. Knowing yourself -- sometimes you have to look at your audience and if it is a more traditional audience, try not to talk about how broken the system is -- just that it needs improvement .

We work with local groups. One has and advocacy -- they have been established and working on emergency room rights campaign . The next slide shows some of the approaches . We had different committees . One worked with legislatures . We showed how peer run respites are in line with the mission of the Department of mental health . We do training and educating . The last slide shows a lot of the activities we went through. We had teach Indians -- teach ins in different parts of the state. We took a deputy commissioner up to Stepping Stones . That was started in 1995. We took

 a deputy commissioner up and did some role-play in front of the commissioner. Why was the person distressed . They needed a battery for their tape recorder. The person assisting them took them at face value. The deputy commissioner was really impressed by this. We went to the house legislature and we looked at budget. They said, what we don't know what it would look like -- the request for proposal . We helped them right up the request for information -- write up the request for information. We tried to minimize paperwork . It was important it be funded by general funds and not by Medicaid, if possible. Some have medicated funding and that is difficult -- Medicaid funding and that is difficult.[ Indiscernible ] Between the that come in and the people getting support . With that, I will pass it to our next presenter.

Thank you. We did have a question that came in . The plan is that we will have each presenter take a couple questions . If we run out of time, then we won't do that. The first question that came in , what exactly is a teach in ?

You call a public meeting and say you will talk about peer run respites and you explain the benefits and it is really

 gaining firsthand information for the public, so they can advocate with you .

Thank you. Why is there such a pushback from some of the states ?

Okay. There shouldn't be. One is around a 10 discrimination, prejudice -- how can the inmates run the asylum -- that is a short way of saying, you have been labeled and been through recovery . What do you know ? How can the blind lead the blind ? Our answer is that we know firsthand and are familiar . There is pushback economically. Hospitals make a lot of money. $1800 a day per person. Some feel threatened. There is the professional organization -- there has to be a professional percent but the peer run respites show you you do not need to have a professional present. Another question ?

One more and then we can move on. Questions we don't get to we will try to get to at the end. The next question is -- how long did it take from the time you began meeting at your house and the time it took to pass ?

It took two years . I hope and I have seen that in other areas it will not take so long. Georgia -- what they went through -- they went through [ Indiscernible ] For the whole state. Get ready for a lengthy underpass -- underprice -- enterprise .

We will get to our next presenter. We will try to take a little break after each presentation, as long as we each of time -- have time. The next speaker is Bevin Croft . Welcome.

Hello. I am here to talk about about my work . I work closely with [ Indiscernible ] And we work on the slides together and conduct a lot of the research and partnership.

 I will be talking about the survey . We have run it three times . I will briefly discuss that and provide a quick overview and results . I will talk a little about future directions. Everything I talk about today is available. You can check it out in more depth at our website www.peerrespite.net .

The survey was first run in 2012 . It was sent out with email lists and networks to respond . It asked questions about organizational structure, financing, thought -- policies -- things like that. And 2012 -- In 2012, ten responded . In 2016, we documented 22 across the country . In the most recent wave , it became clear most important for us to establish some definitional criteria . What are we talking about ? We pulled -- polled a panel of experts . They developed these three basic criteria. First is staffing . 100% of the people who work there have experience of extreme states and/or the behavioral itself -- health system. The leadership has lived experience and the job experience requires lived experience. Third -- The third is around governance . It is either run by an organization that is pure run or an advisory group with the majority with lived experience. Only two thirds of the 2016 survey met all three criteria. 11 did not meet all criteria .

A quick take away -- and again you're welcome to check out the full report. They are rapidly expanding. If you more have opened in recent months -- A few more have opened in recent months . [ Indiscernible ] Definitional criteria and it is interesting and worth future discussion. Another finding was that local governments tend to be the largest supporters, but [ Indiscernible ] Also looking for other types of funding. There is an array of professional trainings offered and required. Over the years, they are continuously refining their policies. Just a couple of effectiveness studies . These are the two that appear in the peer-reviewed academic literature . The most recent is results from the evaluation of the second story respite in Santa Cruz, California . In that study we created a comparison group of people who lived in Santa Cruz County who had similar characteristics to people who used for respite then people who did not use it. [ Indiscernible ] Were 70% less likely to use in patient our emergency services -- inpatient or emergency services . Respite is where associated with fewer emergency service hours . When they did use them, it was used in lower amounts . There is another randomized trial of your respites that found -- peer respites that found [ Indiscernible - low volume ] And work much lower for[ Indiscernible ] .

We also conducted a mixed method study. I wanted to give you a flavor of some of those findings. In our interviews, we identified a number of themes . They are listed on the left . They are related to being able to take a break and very much able to connecting to communities, also being treated as an equal, with dignity and respect -- and that is in contrast to experiences with the traditional inpatient [ Indiscernible ] . This person said -- I may have field -- felt somewhat defective.[ Indiscernible ] Very mentally ill . I am not a patient. I am a person. That part was representative of themes we heard again and again.

The survey portion of the study also turned up some interesting results. I have responses that were statistically

 -- guests surveyed after [ Indiscernible ] And they are related to belonging to the community, quality of life, and a sense of hope . In terms of what is next -- there is a lot more to be done . At the level of the prison, it will be important to cooperate -- person, it would be important to cooperate -- have [ Indiscernible ] Quality-of-life . At the program level , it is important to understand the critical and active ingredients . What types of support are delivered? What activities happen? What is the approach ? Finally, what is the impact ? What type of impact does it have on other services, providers, and community awareness? To leave you with a teaser -- in the next month or so, we will be publishing the second version of an evaluation toolkit. This guide is really going to be meant for a practical tool for current your respites -- peer respites , to share information with community , and to contribute to the evidence. There will be practical tools so that folks with limited experience can still participate . That will be available on our website and out on various listserv notifications . >> Thank you, Bevin . We appreciate what -- the wonderful work you have done. There are a couple questions. The first is -- over might an organization get support -- where might an organization get support? I can respond that if you contact the national empowerment Center . If you contact us, that is something that we do. We support the development of peer respites. I don't know if anyone else wanted to respond.

This is Bevin. We offer technical assistance , specifically related to evaluation and data. If [ Indiscernible ] Does include requirements for data recording, setting up your own evaluation , first the toolkit will be a useful guide and the also have limited amounts of [ Indiscernible ] We are able to offer that you can request .

Great . Why don't we do one more ? There are a lot of questions. This may be more towards -- towards the beginning . The cost you discussed in the beginning, what does that cover ? That might be a question for Dan. We will need to unmute Dan .

I took the total program cost per year which covered salary, house, everything. Jayme might mention what the cost encompasses . [ Indiscernible ] For three people and divided by three. I noticed on a slide that the cost is over 1000 per day -- 100 that -- $1000 per day. Generally the costs are much lower . It depends on staffing pattern

 and maybe as people talk about their specific respites , they can talk about cost .

Yes. We will move to the next presenter. When folks are asking questions, please let us know who your question is directed to. That will be helpful . Thank you. The next presenter Val Neff . She is a certified peer specialist and works with NAMI Fox Valley . Welcome.

Thank you. Hello. Oryx did a good job introducing me. I am here to talk about the Wisconsin peer run respite . That came about when the governor released [ Indiscernible ] For mental health initiative in the biennial budget . TRR -- PRR was included because there was a lot of recognition of the importance of recovery and people with lived experience helping and offering support to others in terms of community care and being able to work in different facilities . They included approximately

 $1.3 million . This grant was given to [ Indiscernible ] Services . There was a request for proposals. Three were selected .

 Each of us were allocated around $400,000 a year. The resulting once were Grassroots Wellness , [ Indiscernible ] , And SOAR Case Management in Madison. We are on your three of five. We will have to -- we are on year three of five. We will have to report -- apply .

They offer a home like environment . The purpose is to -- it serves to fill a hole that is in our current system. In many states, if someone is experiencing emotional distress or they are starting to head towards crisis, currently your only option is to go to the emergency room, and up in a hospital, and -- end up in a hospital and they sometimes don't get the support they need . This is to serve as a stop in crisis and offer people a place and connect . To be able to kind of [ Indiscernible ] Indenture their wellness in the future. They are soft the individuals -- staffed by individuals with lived experience . They are trained to provide support that promotes personal growth . Some of the trainings received were for support training -- were peer support training . They often received specialized training . The different respites had different training but those were three that were pretty widely received .

When guests are coming, they are often sharing the recovery goals . This could be engaging in wellness activities or finding a place for healing. Some guests have concrete goals . They might have specific resources. Some just need to get away from their home environment to have the opportunity to connect with others . We can really offer unique support to all this people -- those people . There can be a personalized connection that a lot of hospitals are not designed to be able to provide. The peer run respites are open to all Wisconsin residents. You don't have to attend in Madison if you were a different -- are interested in a different country . You can choose whichever respite , you just have to be a Wisconsin resident. Individuals need to suffer for -- self-refer . We don't allow an option for the police to drop them at the door or for providers to pave the way . It is important with how we work -- people want to be here and it is their desire . They are really wanting to utilize what they have to offer. We require individuals to reach out. While providers may encourage clients to get in contact, the do not initiate a stay . Services are voluntarily. Guests are able to come and go. They can decide it is not the right fit. Guests might work while they are here. It is all very voluntary . Our grant requires we provide all the services at no cost. In Wisconsin there is no insurance involvement and it is open to everybody regardless of income level or insurance . I wanted to share a couple impact statements . I think -- I can talk about the different elements, but that really doesn't encompass or give a good idea of what we need some people can stay here. One guest stated -- it is it

 compassionate alternative to hospitalization. The report -- support I received was what I needed. Another wrote , if you think the world around you is crashing in, you feel you're having a bad day, go into can -- and they can help in so many ways . Picture you like a real person -- They treat you like a real person . The last wrote, it means safety, loyalty, and companionship . The knowledge available to me -- my life will seem a little easier. I can become a little more action -- functional . The focus seems to be help .

 And it on that note, I think it is pretty clear that -- about the impact it can have. I will leave you with ways to get in contact with me. Feel free to send out an email. You can go to the website. They offer -- made videos about the respites. They got good video footage . Those are good to look at . With that, I will end my presentation. Thank you for listening.

Thank you. We have a ton of great questions.

 At this point, we are going to have to save those until the end. If we don't get to your question, we will follow up with you -- one of the presenters will follow up . Our next presenter is Camille Dennis, a program coordinator for SHARE! , which stands for the self-help and recovery exchange . Welcome.

Thank you. Can we move to the next slide ? The Bevin Croft recovery retreat opened in Monterey Park . It is staffed with peers with lived experience. I know how important it is to be living in a home with people pursuing recovery like me. I did not get along with people when I moved their. Lip -- I did not get along with people when I moved .[ Indiscernible ] Evidence-based practices . It cuts the rehospitalization of mental health consumers by 50%. Experiential learning theory -- people learn by doing. Budgeting, cleaning, time management . The person perceived as giving help is the one who benefits the most. They help one another with exchanging resources. The collaborative housing connects people to housing in the same day and removes barriers like deposits, credit checks, and application processes . Over the past three years, about 100 people have moved into having does housing -- into housing . We connect people immediately to their goal . They do vision boards and during the application process, they set goals. We do a welcome , rather than an intake . Staff are people with lived experience . The goal is to experience -- connect people to lasting relationships . And intentional peer support was a training -- the director of training was a certified trainer and [ Indiscernible ] Works with Los Angeles County to bring intentional peer support

 to all the Los Angeles counties. WRAP Is the wellness recovery action plan. Residents are able to identify different areas of recovery

 so they know what it is like when they are doing well, and plan ahead for a crisis that could come up.

Everyone is welcome. No one is asked to leave for any reason. The population is often people kicked out of other centers . It is a -- whatever it takes -- program. It is individualized change plans . The environment is safe to fail . The person that cannot conform is the one who needs more help. The squeaky wheel gets the oil . The recovery retreat program structure. We empower people to take responsibility for all aspects of their lives , helping each person figure out what would make life meaningful and fulfilling for them. Independent living skill development, which is cursory shopping, chores and meals . Self-help support groups . WRAP . Recovery activities. One-on-one meetings with your specialists -- for peer specialists . The number of people served in 2016 is 193

 people. The cost per person was $3886 , the lowest of any innovation program . The level of acuity [ Indiscernible - low volume ] As a result of the program, I feel empowered to make positive changes in my life. 91% agree . I participated in the decision-making about my recovery and wellness. 95% agree . [ Silence ] I don't think that belongs in my presentation . Okay . [ Silence ] Recovery retreat learning. Experiential learning is fast and effective . I learned how to get along with people by doing it . Taking people to self-help support groups in their neighborhood and charred continued attendance -- and charred -- ensured continued attendance . Now we will go into presentations a mental health clinics and hospitals. We will click -- get clinicians to send referrals and, but if the outreach stops, so does the referrals. Intentional peer support give staff a good foundation in peer interaction. With staff avoid solving problems, people are empowered to take responsibility for their own lives. When people see they have everything they need

 to pursue their plans for success, they moved quickly into recovery. That is the end .

Thank you. Will -- That living room is beautiful . The next presenters are from the peer support and wellness center in Georgia . We have Jayme Lynch , the program director and

 Roslind Hayes who is that state right coordinator -- is the statewide coordinator .

Thank you. We have five or support and wellness centers in Georgia. I am Jayme Lynch in the director of the center in Dekalb County . Me and another

 did a study to her at New Hampshire -- study tour in new hampshire and Maine. We also went to New York to check out the rest of the centers developed . We modeled our centers around the centers revisited -- we visited . With me is Russell and -- Roslind .

I came on board in 2010 . I became the state wide coordinator . We expanded south of Atlanta into Henry County in 2014 .

These are our beautiful houses. >> Everything we do sits on a foundation of recovery -- respect . I think that is are reflected in the physical plan of our centers. The homes are beautiful and comfortable . If there is a complaint -- the greatest complete we get this complaint -- greatest complaint we get is that people are not allowed to stay longer .

All the centers in Georgia our projects of the Georgia mental health consumer network. All the funding comes through a contract with the Department of behavioral health and developmental disabilities .

People who receive our services -- there is no cost to them . We do not do Medicaid level services .

 The network does a great deal of things, including training [ Indiscernible ] In the state of Georgia. I think we are on the plus side of 1500. We have pure mentoring -- peer mentoring and [ Indiscernible - low volume ] Which is an opportunity for people to learn how to give voice to their story. Our speakers go across the street -- state sharing . >> The staff that works are certified peer specialists. They are required to do we a few -- quite a few trainings . We make the training ongoing . It was created by Shery Mead . We do, informed training -- do trauma informed training .

Something we have recently been able to do -- we were able to train several staff to become WRAP facilitators . That is something we are very excited about.

One thing , the foundation of who we are is a trauma informed environment . We recognize the impact that trauma has on all of our lives . Everybody who comes to us is treated with dignity and respect, no matter what .

We work hard to maintain an environment that is nonthreatening, non-triggering and a safe space . Our model is intentional peer support. There are [ Indiscernible ] . The first is the most important . Connection. To put it

 in the words of René Brown, that is connection that exists [ Indiscernible ] When they feel seen, heard, and valued. The next would be world feel -- worldview . How they interact in the world. Putting context to how we think and behave. Next is mutuality . When we talk about which reality, it is not about me taking care of you or you taking care of me, it is about us taking care of our relationship with each other . There is an energy that is created . We are moving towards the possibility of the life we can imagine for ourselves .

We also have a 24/7 warm line Republican call and get peer support -- where people can call and get peer support . There are centers. There are people who call every day to every center. That is there daily -- their daily connection. They tell us that is what keeps them grounded . It helps prevent them from going into a crisis.

We are partnered with the Georgia crisis and access line. When we receive calls that are more crisis in HR, we are able to do a transfer and stay on the line with the person . When they receive calls where a person is seeking peer support, they transfer the calls to us . We have a successful partnership.

We also offer daily wellness activities, seven days a week. There are things like job readiness, financial planning

 -- whole health is very important to us . People go bowling. We have discounted tickets to the YMCA . We go one or two times a week and take everybody .

Something else we do that is pretty awesome

 connecting with our local humane societies and take peers to do dog walking. In addition, they will use the art activities to make cards , gift tax gets -- baskets and things of that nature.

 For the holidays, they go and distribute it to senior citizens .

Of course we have respite , where a person can stay up to seven nights and set of going to a hospital , or to prevent a crisis from ever happening . A lot of people use it as a preventative measure. We allow people who are homeless to deal with distressed -- distress . They can come get a break . If I were homeless , I would want a break . We allow them to use our services .

For us, we look at it

 as a provision. We believe people are the experts on themselves . If you recognize that you are heading towards distress, you can come to a respite center and hopefully avoid that spiral . It relieves the stress on hospitals . We are able to provide transportation . People are able

 to come and eligible for 30 days . Looking at the idea of prevention and being proactive , our data shows that the majority of people do say that accessing respite did present -- prevent a psychiatric hospital -- hospitalization.

 With code reflection -- co-reflection , there is intentional peer support . Staff meets to see how they can move the center forward. They can also error out whatever differences -- air out whatever differences they can have. If they want more, they can have more . We want to keep people connected to each other . Coworker relationships are very important to our model running smoothly . These are some of our resources . The Georgia CBS project -- for smack -- CPS project . That is our PowerPoint. Thank you.

Thank you. I will comment on the photos because I think one of the great things about peer respites is that it is a home in a community . You have beautiful homes . Thank you for your great presentation. You talked about training , that is very important. I wanted to add -- a training called emotional CPR. Many have found it useful . It teaches skills and a way to be with someone , and help them through an emotional crisis. You can find more information at emotionalcpr.org .

That brings us to our last presenter . We have Steve Miccio . Welcome .

All right. Thank you . It is an honor and a pleasure to be here. I will scramble through the slides because I want to get to some of the more meat of the matter. And also fill in the gaps of how long people stay and how they work. We do operate four respites in New York . We are purchasing our homes which is helpful. We are funded mainly through the state and the counties , sometimes additional foundational funding. Any money we make -- we do consults across the country and other parts the world. That brings in additional money to run the respites.

 The budgets are different . One is as low as $270,000 a year. Our larger one is over $500,000 a year. It depends on the community you are proposing this to . I would say the most in the nation would run very well on the $350-400 range . We have services in the organization and we have been running -- these are all slides -- old slides . We have been doing this for 16 years. It is quite a big part will [ Indiscernible ] And they had [ Indiscernible ] On what to do. We developed our own training, budgets and way of working the houses. We have new houses that are more furnished and more luxurious . I think what is important is what makes it work . The first one is philosophy and the culture. These are voluntary respites . These are not places where people are mandated . People have to understand they are coming into something different. It is an alternative to an emergency room or jail -- this is a place to come to to try something differently. We have to have a culture that we believe everyone we serve will do

 that are than what they traditionally experience. Our philosophy stems around core values that are so important . We look at our core values in the put behaviors around so every guest does we believe in hope, recovery, wellness , validation, transparency, and trust . It is important to get those in the culture.

The next is engagement. I know the folks have spoken previously our warm in their engagement. They let people know they are important and what they are about to experience . Transparency is so important will -- important . There is another piece . We have a whole expectation qualification when people come and we say, this is what we expect from you as a guest . It is a respectful way of letting people know they are important and there is an expectation we will do things for themselves that is good for them.

What kind of environments are we setting up? You can see they are safe, comfortable environments for people . They feel like there's a place where they can leave -- brief -- breathe . There is a crisis -- all-conference different reasons that people come -- they are addressed through a comfortable environment. We are always asking folks, do you feel safe? If not, we make adjustments . The fourth component is mutuality . Our lived experience is so important. When someone comes to the houses -- we let people know that we have been there. I have over 80 staff . Everybody knows the respectful way for sharing a lived experience. It helps people understand that they are not alone . [ Indiscernible ] There are people who have been through this , persevered, and found a way . It opens them up for the conversation . That is such a powerful tool in helping someone . Intentional peer support talks about looking at things differently . We do use the support will and we have -- support and we have added other training components to help every guest achieve maximum results . What we have learned is that it is not easy . You have to develop structure . There has to be clarity of expectations . We are getting pretty good at it . [ Indiscernible ] All types of situations. It is also a judgment free zone . If you are not training your staff , no working with them, not observing, you might hear some judgment . You don't want that for someone in crisis . We work with the traditional system . We help the people with the services we provide and we don't want to throw everything out . If I go back to the advocate peace, we are trying to evolve the system so it case for everybody in the community --

 cares for everyone in the community . In partnership with the community -- it takes a village to heal . I think that is what we need to be remembering. We are constantly evolving and improving. I have to say , that really gets you noticed , especially a pair run organization

 -- peer run organization. Our organization [ Indiscernible ] Successful , we were a principal partner in creating a stabilization center with other agencies. We are working under one roof developing a 24 hour crisis services where we connect people to community services, addiction, psychiatric, emotional -- whatever the situation is , instead of going to the emergency room, we now have facilities . It will connect them rather than go through the trauma of emergency rooms. The Rose House does the same thing .

It is important that the work we do be recognized . I can't speak enough to the work that Bevin has done. There is more research to be done to measure the efficiency and effectiveness of what we are giving. We know we are making a difference. We do have that come -- outcome. I want

 to reiterate or make clear that [ Indiscernible ] Paid for or compensated for the work we do . I think we should push as advocates that there be good cost analysis done so that we can run our organizations well . That is what -- I don't want to continue -- I want to say that it has been a great experience for all of us , working with our partners across the nation and I think it is just going to grow and flourish. I am glad there are so many on the call today trying to get an understanding. Thank you.

All right. Thank you to all the presenters. We will get into the question and answers . We have about 20 minutes. We will see how many questions we can get through. We don't get to your questions, we will follow up with you. One note before we get to that Q&A -- to the Q& A, you can download the material from the webinar . There is the PowerPoint slides. We also uploaded

 -- many people asked about the research and the reports that Bevin about . That is the PREF reports . You can download that to your computer from the webinar. We will post lease -- these on the website . Let's get to more questions . [ Indiscernible - low volume ] I would like to see research done[ Indiscernible - low volume ] About the existence of the programs and an understanding of the services they provide. That is a comment. Would anybody like to respond?

 This is Bevin. I agree . I think it gets to the little triangle . It sounds like there is interest in the system level impact . I am really interested in that to .

The next question is directed to Bevin. , And mental health system [ Indiscernible - low volume ] Cherry picking individuals with less systems and needs [ Indiscernible - low volume ] Not effective for serious mental illness . Info about admission criteria[ Indiscernible ] .

That is definitely a concern in the mental health services research world. We have a concern called selection bias . Is there some difference between

 the people who are receiving services through the program your evaluating ? There might be a comparison group . We have a number of methods we use to adjust that -- address that . We do think about this -- those . We think of some strategies to adjust the question. I can't speak to the details but there is a little bit in the report . Programs differ in whether they accept people [ Indiscernible ] Hurting themselves [ Indiscernible - background noise ] . Another piece I would like to say is that I think it is important to remember -- it has come up and a lot of the presentations -- in many cases, they are preventative . People are maybe not in the same situation . They might be earlier on in a challenging experience. This is an opportunity to cut it off . They function differently than hospitals and it is important to recognize that .

[ Indiscernible- multiple speakers ]

I could respond. This is Steve . We have folks who would traditionally have used emergency room services . This is also a preventative -- this is for people

 who have an understanding they are in a crisis, but maybe not to the level where they want to go to an emergency room. They want to really had off that major crisis -- head off that major crisis. We have had people deplete suicidal , and psychosis -- deeply suicidal and in psychosis . These are the challenges we have . We do have a criteria , however it you don't always know everyone. I think a lot address it very well and

 there have been some challenging situations that have been successful .

Thank you. The next question is -- is there any information or research on who is the best candidate -- candidates for peer respect -- rest -- respite ?

I am not sure I understand the question [ Indiscernible- multiple speakers ] .

Is the research on people who -- is there a certain type of person who might benefit the most from a peer respite ?

You mean like profiling people?

 I think that is what they are getting at.

I don't think we are there yet

 and I don't think they are looking at the cutting research at this point.

 I think there may have been other questions asking about voluntariness . I felt a question related to whether respites take non-voluntary folks . I think I would say -- I hope I can speak for folks -- it is the universal an integral that respites are voluntary . I think the good candidate would be a person who wants to be there . Beyond that, there has not been a lot of research . We do look at characteristics .

Thank you. I think that is a great answer. The next question . Are they funded through grants in government -- and government ? [ Indiscernible - low volume ] . Not to my knowledge --

Not to my knowledge .

This is Bevin . The report has a chart that breaks down the average distribution . [ Indiscernible - low volume ] Of the funding comes from [ Indiscernible ] . The vast majority is from state and county dollars .

Awesome. Okay. Next question . Is there a limit on the types of individuals who are being housed? For example, not be a danger to yourself or others? Will --. --

We -- That is a great area -- gray area . This is voluntary . This is for people who want to try something different. They may have situations where there could be a potential for danger . My staff is always looking at it and deciding if it is the best place where the -- for the guest to be. In the respite, it is not something we face often.

This is Oryx .

 In my experience, 80 think that the voluntary nature of them is huge -- I do think that the voluntary nature of them is huge. It leads to people being less violent and dangerous . People that may have issues in other situations, because of the nature of the environment and the support, a wide variety of people are able to be there. This anybody else want to see -- Does anybody else want to say anything about this ? Okay. Next question. A question for any presenter . Have there been peer respites for a particular group of people. Wondering about one for young adults .

There is one in. And -- There is one in Brookland -- Brooklyn. [ Indiscernible- multiple speakers ]

This is Val . I believe one in Nebraska is re-entry and for people in the incarceration system.

That is right.

 Can you hear me?

 SHARE! alternates people every two weeks and planning a vet [ Indiscernible ] . We are planning to do housing pretty -- for the LGBTQ

 community.

[ Indiscernible - low volume ] Feedback ? In terms of the specific group for the respite ?

 Camille ?

I'm sorry.

 I noticed[ Indiscernible ] Is quoting me as saying we are doing a -- I can't to the notes anymore -- do the notes anymore. [ Indiscernible ] Is easier to talk about things when you are among your peers .

Okay. Thank you. This is a question for everyone. What do you think are show elements

 -- are crucial elements ?

[ Indiscernible - low volume ]

 Cultural competency.

I go back to the values around wellness and recovery .

I would agree . Having a solid model , training, having proper training and place -- in place will, treating people with respect [ Indiscernible - low volume ] .

Okay . The next question, do they take nonvoluntary patients ?

We don't take any involuntary patients or people.

We don't call them patients .

We don't take any patients .. We have patience . [ laughter ] >> The next question is -- what is self refer me -- mean ?

The means you are not being asked by a clinician are referred. You are deciding that you want to go .

Yes. Thank you.

 We are not going to get to all the questions. We will answer them if we do not get to it. Do you offer transportation for the guests if they choose [ Indiscernible ] ?

In New York we do.

In Georgia we do .

This is Val . The way we do it -- one of the houses is not ADA accessible . If someone calls and is a good fit, but they would require an ADA accessible environment, that respite will arrange transportation . Other than that, we currently do not have options in terms of transportation. I mentioned something difficult for us is that it is great that we are free . It can make it hard to use medical transport to go to our facilities because we are not regarded as a medical facility.

That is true for us in Georgia . In one county we have public transportation that people use. Our house is right by public transportation. We don't provide it for people in [ Indiscernible ] County but the other centers are in more rural areas and they will meet an indicator and someone will come up and drop them off .

The next question -- do you have eight waitlist -- a waitlist ?

Yes.

We do . [ Indiscernible ] Is our easiest -- busiest . Some areas are not as busy. That lends it to transferring people to the other locations.

We had the opportunity to use other houses if it is felt -- build filled -- . We have people [ Indiscernible - low volume ] And the warm line 24 hours to speak to until something opens.

We have those as well in Wisconsin. If somebody calls and is looking for a stay and we are full, we will tell them they are full and let them know -- you calling back daily if they are interested -- keep calling back daily . Then we have conversations with them. Because it is only a week stay, it is a pretty quick turnover . It is not like someone will call for a few months. Tens to happen pretty -- It tends to happen pretty quickly but we can offer support. We have not had any problems .

Okay. We have time for one more question. But the waitlist one is important -- personally I think this is a reason we need more. I had an experience where I was waiting . I ended up in a hospital in that was not a good experience . I am sure other have had the same . As Dan said in the beginning, it would be great to help one in every town -- have one in every town . What is the intake process like ?

We don't call it intake , more of a registration . There are some questions and explain who we are. We do check the six offender registry because we are located in -- for sex offender registries

 because we are located in a community will -- community .

We do an application over the phone and get to know people during that process . We don't check the registry . We let people make a choice if they want to come to the retreat or not.

Go ahead . I was going to talk about the process.

If you could do it briefly --

Sure. We do a model and reduction -- introduction . They visit the center and get an understanding. That gives them eligibility to use our center during the day . If a person is interested in respite , we do a proactive conversation . We do check the sex offender registry .

Thank you to the presenters and all of you who attended the webinar. At this point I will hand it back to Kelle .

Thank you. I would like to comment and thank the presenters. I would also like to thank Oryx and SAMHSA . I will ask the attendees to do a short evaluation. Let us know what webinars you would like to see in the future. Enjoy the rest of your afternoon . >> [ Event Concluded ]