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NCIL - CIL-NET Presents: Best Practices in Four Core Services

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>> Good afternoon, everybody. And thanks for joining us on today's call. Best practices in SILC Core Services: A Proven Volunteer Model. This is Tim Fuchs with the National Council on Independent Living. And I appreciate you all taking time out of your day today to join us. As always, today's presentation is being brought to you by the IL‑NET operated through a partnership through ILRU, NCIL and APRIL with support by ACL at the U.S. Department of Health and Human Services. As always, we are recording today's call so we can archive it on the ILRU's Web site. I want to point out in the obvious fact that this is audio only today. We're still working through am issues with our webinar platform/and until we know that that's going to be entirely trouble free, we're just going to offer these audio only teleconferences that we know will work, there won't be any delays, and so thanks for bearing with us. I hope that's not inconvenient.

You will be able to ask questions as we always do. We'll have two Q&A breaks during the presentation today. And then a final Q&A at the end.

And you'll be able to press star pound to indicate you have a question.

And I'll remind you of that during each of our Q&A breaks. The other thing I want to point out today is that unfortunately, we're having problems with the CART captioning. Our writer is running late. But I did not receive any specific requests. So we're going to go ahead and proceed. And we will have a captioned version created after the fact. Now, hopefully, our writer will be here soon, because it was reserved. But since it's not an access issue, we're going to go ahead and proceed today so that you all can still participate in today's call. I'm sorry. I just got an email from the CART writer so it distracted me.

But you can access that in the confirmation email and we will queue those slide changes for you so you can follow along with us.

And also want to remind you all to take a moment after today's call to fill out the evaluation form so we have a live link at the of the PowerPoint that you can click and if you're looking on your I hope you all will do that T. interested in your feedback. So the CART writer has explained the captioning is up. They mistakenly opened this event at NCIL's link instead of ILRU that we use for IL calls. So I have that link here. It's a bit lengthy. Let me give this once and we'll email it out to you all so you can receive it. Again, I don't know that you all need it but I just want to be safe. I know that some people like me just prefer to read along with the CART. It's Streamtext.net ‑‑ I'll read this twice and wool email it to you all. Streamtext.net/player? Event equal sign NCIL. So that's Streamtext.net/player?=NCIL. That's a bit cantankerous. Thanks for listening to that. Without any further ado, I want to introduce our presenters for today. Amina Kruck and April Reed. Amina and April both from Ability360, formerly ABLE or Arizona bridge to independent living in Phoenix, Arizona, center there. Quite an impressive center. And April and Amina have presented with us a number of times in webinars, online courses, onsite training to share the successful model they've had with their peer support system which of course is volunteer‑based in Phoenix. And it's always been an outstanding presentation. I know a lot of centers around the country have learned a lot from them and adopted and modified what they're doing to make it work for their centers and I'm glad you all are with us here today to learn from them as well. So I'm going to go ahead in our slideshow to slide 4 and before I turn it over to Amina to start us off today, I just want to go over objectives. So when you leave this call today, you will have learned an effective peer support program elements that can ensure successful service delivery including peer recruitment, training and supervision. The far reaching benefits of a successful program for the council, the mentors, and mentees as well as the community. How to build future mentors and approaches for educating mentors to increase their ability to support, coach and guide their mentees. So those are our objectives for today. All right, now I'm going to go to slide 5 if you all will come along with me. Overview of peer support role and CILs s and I'll turn it over to Amina to continue. Amina.

 >> AMINA KRUCK: Thank you, Tim and welcome, everybody. We're excited that you're interested in ways to expand your peer support at your centers.

So mentoring is really at the heart of the independent living movement. All of us are peer related organizations. And it's part of our mission, really, to be role models to have our staff be role models for especially for people newly disabled but for all people as a counter to the medical model view of us as a medical condition is that the enters for independent living that people get to affirm their personness again. Mentors work with everyone who is adapting to a disability or seeking to increase their independence in our program and mentors can utilize their own personal experience with living with a disability to empower others in reaching their independent living goals. Slide 6 our peer mentor program is a volunteer program. It began really a little bit prior to 1990. I joined the program in 1990. Our first peer mentor training had just happened. And we looked at how we were going to dedicate staff to run the program. And we had a very large service area. Over half the population of Arizona is in the Phoenix area.

And so ‑‑ and at the time we just had, like, you know, three staff that were doing direct service. There was no way we could serve everybody. And people had different needs based on their gender, based on their interest and their skills. And so we needed a way to better serve the service area that we had. We needed more bodies that were willing to do this peer support and we knew that consumers and community members have a lot of untapped knowledge and resources that they could share with others. And often we've found the best leaders sometimes are reluctant leaders, they're people who you know, aww shucks, my life isn't anything special. But they figured out how to live and have a satisfying life with their disability. And are the ones we wanted to bring in and use their skills and knowledge. Administrative staff had used peer mentors and found that valuable. So we actually had a director shortly after I came to ABLE that had received peer mentoring from the rehab center that she had gone to. But ironically the person who he created the program was somebody who did not get mentoring. And realized he had to reinvent the wheel and wanted to make the road easier for people when disabilities. He had been a policeman, retired and moved to Arizona and had a car accident. And became quadriplegic. So he really wanted to do that and then shortly thereafter we got a new executive director who was paraplegic and had had mentoring and rehab and she was very, very supportive of the program.

Peer mentoring program today, slide 7, we have 42 active mentors. So we usually have between 35 and 45.

And they ‑‑ this last year that we just completed in October of 2015, they volunteered over 2,000 hours. And some of the mentors along with other volunteers provided an additional 6500 hours of technical and clerical support to Ability360. We'll go into it a little bit later all of the things that the peer men do in detail. Volunteer peer mentoring goals. We provide peer support with qualified mentors to teach independent living skills. Help people reach their independent living goals, and they're really helping support the Ability360 direct service staff and programs it expands the number of people they can work with and by the way, all of our consumers that we serve work with the staff member as well as with a volunteer. So there's always a staff member that's working with that consumer on what their goals are.

Who coordinates Ability360 peer mentoring service? We have a full time staff person. We have a volunteer coordinator and you know, I went around and did research to find out other successful volunteer programs, what did it take. And what we found it really takes a dedicated coordinator to be able to have the time and energy to do the support and training and recruiting that the peer mentors need. Qualities needed in a coordinator are really important. We really need an extroverted person. You need somebody who has really good boundaries. So that that person is able to help the mentors have good boundaries, healthy boundaries with their mentees that they work with. Your coordinator can make all the difference whether your coordinator is successful or not. We've had a program now prior to 1990 and I've seen it be successful where people are having experiences and golds goals accomplished and relationships being developed and I've also gone through times where that wasn't happening. So you really need somebody that the mentors feel comfortable coming to when they have issues, it's watching out and taking care of those mentors. That's their job. It's kind of a human resource job.

And the volunteer coordinator position at ABLE, we fund that with part C funds. So part of the deal that we had creating the position was could that ‑‑ could we get enough volunteer hours to kind of replicate that staff position's time? In other words, if I'm going to dedicate that much of my part C money dollars to a volunteer coordinator who is not doing direct service, are we going to at least get as many service hours or volunteer hours as that full time person would be? And so that became our goal.

To provide that many hours of peer support through the mentor program. Peer mentor coordinator generates the peer mentor program and the volunteer program. She's responsible for recruiting new mentors and general volunteers for our general volunteer orienting them, training them, making the matches, conducting program evaluations to make sure the program is going well and that the mentoring relationships are going well, as well as the center staff that are doing referrals, that it's working for them too. And a lot of support to the mentors who are not trained counselors and not doing peer counseling, but they are working with people in some very difficult circumstances. And then because they are also people with disabilities, they often are going through some kind of ‑‑ or might go through some kind of health crisis or personal crisis like a death in the family or something like that where they also need support.

And then also volunteer recognition is very important in our program. You want to keep volunteers happy. So you want to have them feel appreciated. We found that they're very sensitive actually to any kind of oh, staff discord or anything like that. We're so we also then, the volunteer coordinator has to help the staff work with peer mentors. They're not paid people. They're here because they want to pay back and so they need to be treated in a very respectful manner so we do volunteer recognition regularly.

Who are our mentors? They are individuals with disabilities who are already living independently, they're integrated into the community and they have a desire to help others do the same. They are not ‑‑ nor do they try to be medical professionals, counselors or therapists. We set that boundary very clear. They're there to share skills and interests that they have with other folks who are moving out of nursing homes or just adapting to their disability or wanting to move to a new level in their lives. And are looking for the support to do it and because we're in Arizona often it's because people have moved here and are also reorienting to the area.

The big question is are they going to be paid or not paid. The good reason to pay somebody is reward them or give credit for the skill that they're offering. And we really look at this. We have ‑‑ there are a lot of mental health peer mentoring programs that do pay their peer mentors. In the end we decided that they should be volunteers and we had several reasons for that. It often means more to the mentee that this is a that chooses to be with them and isn't getting paid to be with them and mentors are there to help and we found a lot of times people have a lot of people in their life that are paid professional staff. And so it means a lot.

Also, it means a lot to the mentors that the mentee ‑‑ to the mentees rather, that the mentors are available more than business hours evenings and weekends. Consumers have more likely to return as volunteers. So we found that often, because somebody gave to them, then they want to pay it forward and they want to give back to the community by being a mentor themselves. This doesn't have to be somebody supercalifragilisticexpialidocious. This is somebody with a passion to share with the mentee. April, I'm going to let you take it over from here and I'm getting emergency calls. I've got a health issue going on with a family member so I'm going to let you I don't know if I'm going to join at the end or not. Thank you, everybody.

 >> APRIL REED: This is April Reed. And I'm going to start on slide 12 which is who are the mentees. So they're individuals with disabilities they are already consumers with Ability360. A lot of them come through our independent living skills program. So they've already started working with a staff person one‑on‑one with an IL skills specialist on their goals. And this isn't a mandatory program. Not every consumer we work with is referred to the peer mentor program. A lot of them wouldn't even want mentoring, I always say if you come from a home mod, that's what you're focused on. It might be that mentoring isn't what you need at that moment and that's okay.

However, we also look at is the consumer ready and able to commit with the peer mentor to this teamwork. This requires full participation with the consumer, the mentor isn't there to do that for them. That's not our independent living philosophy. So we will look at is the consumer ready and able to commit?

On slide 13, what do the mentors do?

Well, as Amina said, they work with any consumer who is adapting to their disability or seeking to increase their independence. They might work with someone who's newly disabled. Going out into the hospital with our staff meeting with somebody who has just had a stroke or an amputation, talking to them about very specific things that are happening to them right as they're adjusting to this new disability.

The mentors also agree to have regular contact with the mentee. So we never wanted to dictate to people when they should meet or have set days or times. We wanted this to be flexible for both the mentor and the mentee. So the only thing we ask the mentors is that they agree to be in touch with that mentee a minimum of two times a month. That can be phone contact, in person, email, Facebook, and a lot of our mentor and mentee matches do some sort of combination. We do have cases where it's just not physically possible to get people together because of a geographical issues and so that might mean that that match relies more on phone or email communication versus in person.

Slide 14 we ask them to teach specific independent living skill. Budgeting, using public transportation, working with someone on self‑esteem issues. Whatever that mentee has identified this is what a mentor can help with. So there's specific goals that the mentor and mentee always must be working on. Sometimes the mentor is assisting in finding and connecting the person to community resources or providing support and encouragement. Role model, teaching those self‑advocacy skills and really advocating for service providers with service providers. We had a mentor last week that was really instrumental in supporting their mentee in their journey to get connected and learn assistive technologies, so that meant locating an agency that does that and actually going down with them to that appointment. Supporting them as they're on this journey of adjusting and learning how to use assistive technologies. Slide 15. There are other things that we wanted to offer the mentors beyond one‑on‑one matches because we know for some of them, that will be their personal interest but there may be other things that an individual wants to help out with and one is disability awareness presentations. I'm sure like you we get asked to do those trainings or schools or businesses so we will actually train and support our mentors in sharing their story, learning how to give presentations. And they actually will come out with us to a business, to a school. And sit on a panel and answer questions and talk about disability awareness language and etiquette. People first language, what is IL philosophy? So they're a great resource for us for that.

We also have what we call mentoring groups. So we know that mentoring can happen one‑on‑one. But it also can happen in groups. And a lot of times it's just getting people around somebody with another person with a disability that is that light bulb moment for somebody. So we have monthly mentoring groups and we talk about what is the ADA. We do disability history. We do support‑like group topics where it's about communication or strength‑based thinking. So these are really positive groups that somebody can come to as a meant mentee and really chair and sharing and listening to the group discussions. We also have mentors that volunteer at events here. Help us in the office with clerical things, with mailings. And of course they're a huge resource for us in our advocacy and community outreach so we have mentors that will get involved in legislative advocacy, be at the capital with us, giving testimony. Mentoring other individuals with disabilities who are new to that process but interested in learning about legislative advocacy community grassroots advocacy so that's another great way for the mentors to get involved.

And now we'll stop for a second and we'll take some questions if there are any. .

 >> AMINA KRUCK: I'm back on the call.

 >> APRIL REED: Oh, good.

>> Let's take questions. Again as a remind you type star pound to indicate you have a question and we'll take them in the order they're received. Also I hope you all got the email with the corrected CART link that of course is up and running and you're welcome to type your question there and I'll voice it for you. Let's see, Luke, if you can help us out. Do we have any questions on the line.

>> We have one, one moment.

>> Can you hear me?

 >> TIM FUCHS: Yep.

>> This is Barb from St. George Utah and I have a couple questions. One is do you fingerprint all of your mentors and what do you do about liability insurance if they're allowed to just go and come under your name to other people's homes and just want to know how you handle that. We in our area have found that unpaid volunteers are kind of undependable. So we're just wondering how you deal with that.

 >> APRIL REED: Great question. Thank you, Barb. For the fingerprint and background check, we do that with all of our peer mentors and I'll kind of explain that process in more in depth in a little bit later. But we have made that a part of our screening and application processes that everyone must ‑‑ must submit to a fingerprint and background check.

It's something from this day and age that volunteers if they volunteered anywhere else, they've done that or come to expect that they would need to do that with the times we live in. We don't have anyone say anything, they expect that they would be fingerprinted and it's safety and reassurance to the mentees as well that we are doing due diligence and we've required that for their mentor.

The volunteer mentors are covered under Ability360 liability insurance just as staff are. So, if there was an incident or concern, we do have that insurance in place to cover the volunteers. Just as we would for staff.

We also have set an extra boundary as far as really requiring ‑‑ in the beginning of the program many, many years ago we didn't have this boundary. Again, changing times in the days we live in, we do ask the mentors and mentees to meet in the community. They don't meet in each other's homes. We ask them to meet in a public place. Even somebody that is not able to ‑‑ they're in the nursing home and they have their community room there. A lot of group homes have community rooms where they can meet but still have a confidential private conversation. A lot of apartment complexes have that rec room. People will meet at a library. So we do ask them to do that. Of course, there might be a situation arises where we can't mandate that because of the need of the mentee, perhaps they're doing something in the home like cooking or cleaning. But they need to physically be together. So that requires some extra monitoring and supervision by me to make sure that both parties feel comfortable and that appropriate boundaries are being followed.

 >> AMINA KRUCK: This is Amina. I also just wanted to say about volunteers being reliable, actually, our volunteers have been amazingly reliable. And I think part of that is the screening process and training process that April is going to describe to you. As people go through that ‑‑ and again the coordinator has to be somebody with really good ethical background and values. They're also kind of good judges of personality. It turns out April has an MSU why social work that does help that does have a disability that lived with disability her whole life. So she really can tell by the time they've been recruited, interviewed, gone through the training whether they really are ready to do it or not or over ready. She'll talk about some of those qualities of the mentors and so we really have not had much trouble with peer mentors because they're doing something so meaningful. We've really had more trouble on the other side where the mentees don't really try to follow up on what they need to do.

 >> APRIL REED: I would say over the years one of the things we've gotten better and better at is teaching our mentors from the beginning how much we value independent living philosophy and history. And what a special opportunity we have to be on the role models and to share our stories. So when you really are screening and training people for a lot of them it becomes such a passion. Amina talked about paying it forward. So I think that is a huge motivator for people to stay with us a little longer and do this. It's not something that's a typical volunteer opportunity. It really is something that a lot of them feel like is what they're supposed to be doing with what they've learned over the years. So I think that's been a key difference for us as well as finding people that really are committed and understand the importance and the privilege of what we can do as role models.

 >> TIM FUCHS: Thanks, are there any more questions on the line, Luke.

Operator: I do have one Moyer question.

>> Hi, my name is Alan. I'm calling from Eureka, California. And I have a question about the training of the mentors. I'm really interested in what support looks like and how you train that, what you cover, that type of thing. It doesn't always come naturally. Sometimes you have to cover certain topics and that type of thing. So can you talk about that?

 >> APRIL REED: Great question. We're going to cover that a little more in depth in just a minute. But the training is a huge piece to really ‑‑ we look at the training as our chance to get to know people and find out who are they, what do they care about? But it's also a to make sure we're instilling really good core skills for people to use. So the training as you'll see is very comprehensive. It's in depth. It's an intense two days. But we really have found that for us there's nothing we would take away. If anything, we could probably make it longer with the training. We also offer ongoing training and support which we'll talk a little bit about in a few minutes. It's not just that initial training. We offer other training opportunities and things for mentors to get involved in. So I'll share a little bit more. I think that will give you an idea how we really try to guide and support and offer opportunities for learning for the mentors.

>> Okay.

 >> TIM FUCHS: Great. Any other questions on the line?

Operator: We have one more question that came in.

>> Yes, I had a question. My name is Kevin. How does your prom accommodate and assimilate people with cognitive disabilities. Mental illness and psycho emotional disabilities on both a mentor and mentee level?

 >> AMINA KRUCK: Wow. Deep topic. April, you want to go first. I will say in our area there are lots of peer mentoring programs for people with mental health disabilities. So the persons that we work with may have both physical mental health disabilities but we're not focusing on peer mentoring from a counseling perspective. And we make that very clear. And we have another program actually that's a separate program that's teaching self‑advocacy skills of persons with cognitive disabilities. And we originally started out having peer mentors work with them and many of the people that we were working with were really going from program to program and did not know how to take advantage of having a volunteer in their life. They'd never had private phone calls. Things have changed a little bit with the younger generation coming up post IDEA. But they really didn't know how to make use of the volunteer and so we ended up really having staff providing that more and having people first members go along with them to help provide mentoring in that way. April, you might want to say some other things about that.

 >> APRIL REED: Our mentors are going to be anyone with a disability. We're really looking at are they individuals that can take on this responsibility and share and feel comfortable to do so? So the mentor can have any kind of disability. We're focused on that just as our mentees can be anyone with a disability. What wear really looking at is are they ready to work with each other? Are these ‑‑ do they have specific goals that they want to work on? And are they able to maintain the communication? One thing that has also been important for us for the peer mentors and also for the mentees as well, when we're working with someone with a mental health disability, is we want to be very careful that if counseling is appropriate that resource that we want to get the individuals immediately first. This is not a counseling program. So we're always making sure that if somebody is coming to the program requesting a mentor, do they have supports, counseling supports. Are they engaged in their treatment? Are they taking medications and really involved and engaged in that? Because we know that that needs to come first before a peer mentor will work with them. So we definitely screen that. Same thing with the mentors, we want to look at are these individuals who are role modeling independence and practicing that in their own lives? Are they taking responsibility for their health and their care? Because we want them to role model that to the mentee. So those are the thing we're kind of looking at with people as we're looking at the mentors joining or the mentees coming to the program.

 >> TIM FUCHS: Great, thanks you all. We have time for one more question in this Q&A break. We will have more Q&A breaks later on in the call. Luke, anybody else waiting on the line?

Operator: Not right now.

 >> TIM FUCHS: All right. Perfect. Let's go to slide 17. And I'm going to turn it back over to April to continue. April.

 >> APRIL REED: Thank you, Tim. Amina, these next couple slides we're talking about barriers, please jump in if you have a thought. Certainly over the years there's barriers that we've encountered in coordinating this program and in organizing it. And making matches, making appropriate effective match is always a challenge. Getting people to stay in touch with each other and working on goals. Those are things that we see as a challenge. Also over the years we've really had to define and be very clear about what the role of the mentor is. We'll talk about that in a minute. We have a job description for mentors really defining for them what is my role.

And of course we're dealing with human beings here so occasionally we have had issues of inappropriate behaviors on the mentor or mentees. One of them that we encounter every once in a while is somebody saying great, I'm ready for the mentor to come clean out my garage. Or I'm ready for them to get over here and do my laundry. So we have to go back and educate and some of the our education materials for the mentees describing what the program is and what it isn't. We've gotten better at that conversation to do that informed consent. Let people know what is our program. What are the limits, what are the boundaries? What do we do and not do. And of course any volunteer program we're always thinking about recruitment. We're always being focused and looking at are we getting out there, are we marketing, do we have materials that market as well and explain as well. Are we doing those presentations, ongoing need for new mentors is always a challenge. But I would say for me as the coordinate tore, the biggest challenge I faced over the years is really making sure that the referrals that I get are a fit for the program. So while the social worker in me wants everybody to have services, I also know I want everyone to have the appropriate services. And so really letting our staff know what are the kind of referrals that are appropriate for a peer mentor volunteer? When do I need a staff person to step in and take on the work of the particular goal? So a good example is maybe I have a mentee who is working on Social Security and they're having to go to the Social Security office and have a really long meeting and it's very in‑depth. That's something I'm going to pull the staff into and this is a light hearted example of if you have to go sit in Social Security's office for four hours, that's not something we want to have the volunteer do. They're not getting paid for that. Us as staff should go do that. But also, you know, we want people on the complicated issues to have the right person there to staff and support and advise versus something maybe the mentor hasn't had an experience with or doesn't feel comfortable to provide that education. Really making sure that referrals are appropriate is always something that I'm monitoring and working on with our staff and with people that just call in about the program.

 >> AMINA KRUCK: I have a couple things to add to that. We have had mentees and particularly when we're working more with people who were entrenched in the DD systems of wanting to get money from the mentors. Because they are used to having those kinds of relationships with people as opposed to just this kind of friendship. They really need to know how to have this kind of friendship and so that's a learning experience for them and helping the mentors set boundaries on those issues. Another barrier can be your own staff not letting go of your consumers enough to work with a mentor, needing to be the one, the only one that works with them. The other side of that is dumping people on the mentor program that they don't know what to do with. And it really ‑‑ the mentor sometimes more than one mentor works with a consumer that has a lot of different goals that are totally different issues. And that's okay. But helping ‑‑ it's a continual process. Because CIL staff changes to educate them about what's an appropriate referral, when is the right time to refer people. Once you know them and they have clarified their goals. They need to have clear goals of what they're working on for the relationship to feel successful. April referenced that we have forms for these things, we have guidelines and policies and procedures, that's all part of the peer mentoring training and those are all in part of the manual that is up as a resource on the ILRU Web site which at the end of this teleconference Tim will reference for you and it's at the last page of your handout.

 >> APRIL REED: We feel free to encourage you to edit and use those materials as you need at your center and feel free to contact me if you have questions after this training about the forms or things you see in our manual. On slide 18, we have really identified some things that are really effective components for our peer mentor program. And I'm going to break these down. But those are recruitment really identifying mentor qualifications, the mentor training, supervision, recognition, and program evaluation. So some of the next few slides kind of break those down for you and give you a little more information about that. Slide 19 we're always doing outreach for new mentors. It's important for us that our mentor list is diverse and that it's active. We don't want to keep people on that list that have moved on to other things. So we really want an active list of people that I can pick up the phone and say hey, I've got this request. Are you available? So diversity is really important to us. And I don't mean just diversity in disability. I mean diversity in the full sense of the word. We're looking for people with diverse experiences, educational backgrounds, ethnic backgrounds. We really want our list to be reflective of our community.

And the demographic breakdowns of our community.

>> Also, GLBT and ‑‑ it helps to have people who moved here from different parts of the country too.

Go ahead, April

>> Thank you.

The way we recruit is people will call us. Will contact us and say you know, I've heard about the program. Maybe they've seep our newsletter or magazine, local publication. We do presentations if we have the opportunity to talk about the program and what we do.

I will go out and speak with hospital staff. I recently went out and was at one of our local hospitals with PT and OT and social workers and nurses talking about the program and the patient and how they connect a referral with us. We've got refers with the staff because we've got them working with consumers already started that work on goals and we want them to be able to say hey, we identify ‑‑ this might be a good candidate for a peer mentor. We also have consumers come to us and they are now at a place where they want to give back. So recruit. Is something that is ongoing and always on our minds. We do the training several times a year. We're always keeping a list getting people through the application process so they're ready for that training. One of the things we've gotten better at over the years is our marketing materials, being really clear in our marketing materials about what we do, having materials that are informative and catch people's attention and whether they want to be a program or have a mentor or be a mentor. The mentees are really consumers with us already. They've done that intake. They're already working with the staff person one‑on‑one. In addition to that when they request a peer mentor, we have them complete a peer mentor request form. So on that form they're telling me things like this is what I want a mentor to help with. Specific things. This is my goal. This is how they could help. This is when I could meet, this is what I'm looking for in a peer mentor. And they can put different characteristics things they feel are important. So really critical to have that request so I can hear from the mentee, the consumer themselves, this is why I'm asking for a mentor, this is why I want to be part of this program. We also have them sign a confidentiality release so it allows me to say specific demographic information to a peer mentor as I'm looking for a mentor for them. I'm going to get that request form and start thinking about who do we have available that would be a good fit. But of course the mentors want to know something about the person, how old are they, what's their disability. What are they looking for from me 1234 we have our mentees sign that release so I can give the mentors specific information about what they're requesting. This helps the mentor make an informed decision about whether they'd like to proceed with the match. We want to do informed consent with consumers, we let them know the limits of the program. This is what a mentor can do. This is what they can't could. We can't guarantee a peer mentor, we might not have one available. This is what we'll do. This is how quickly we will notify you if one is available. All those things we do that in a very informed consent document for the mentees. I'll talk a little bit more about also letting them know the limits of confidentiality we're very clear with our mentors and mentees about there might be a situation that arises where someone must report and those are situation whats of danger to self or danger to others so we're very clear up front to let the mentee know about the limits of that confidentiality, what we're asking the mentors to do in crisis situations.

And I'll discuss that a little bit more. On 21, slide 21, peer mentors must be at least 18 years old or over. They must complete an application, they must provide us with three character references and we have a character reference form that we give them, an application form that we give them. And they must complete an interview with me. If we can't get in person we do that by phone but they must do a screening interview with me as part of the application process.

We have a mentors rules and guidelines form. They get this at the training. They must sign this. It's mandatory for them to sign it in order to start mentoring. It outlines the confidentiality policy with them. It also outlines our crisis policy with them. What they must do and reporting consumers suicidal or homicidal thoughts or suspicion of abuse. Question also outline with them on this form how to maintain a proper relationship. So I agree I understand this is not a dating relationship.

And again we provided you with all those forms online in our peer mentor training manual. Slide 23, every mentor must agree to a fingerprint background check. If you volunteer at a nonprofit you're required to sign a criminal self‑disclosure form. So I encourage you to investigate what your state requires. Here we're required to get that additional form signed and notarized to form indicating that that individual has no felony convictions. We are able right now to provide the fingerprinted background check at no charge to the mentors. In our state it's particularly expensive. It's $65 to have a fingerprint or background check run for someone who is volunteering. In other states it's significantly less expensive. So again, I encourage you to explore what your state requires and what they charge for those kinds of things. But that is mandatory for us.

On slide 24 a little of our training. It's mandatory for all of our mentors. It's held two or three times a year and the staff come in and actually help present this with me, which is great. It gives people a fuller perspective of what is the center, who are the people? What do they care about? And they also get to meet some of the staff that are going to be working with their mentees so they get a perspective of who the staff are and how they work with someone. We also offer ongoing training. In July several of our mentors are interested in attending our legislative training. So that will be that they can attend and we'll get training on how to be a legislative advocate. We have these come up all the time and conversations if we can we're able to offer scholarships for the mentors to attend something. We have diversity conferences that are open to all of our mentors to attend, conferences about supporting and resources in the community as much as we can, we get the mentors to those and encourage that participation and ongoing training. Slide 25. What's great about the training is that people are in person together and they get to hear from each other why are you interested in mentoring, this is my story, this is why I was interested in doing it. The training is designed to be very collaborative. Lots of group discussion. Lots of group activities. We even do do mock meetings and what's an initial meeting with my mentee going to be like and we do role playing on those much it's very interactive. We'll bring some of our current mentors in usually at the lunch break so the newbies get to meet somebody who has been doing it for a while. So they're not just from me, they're getting to hear from someone who is an experienced peer mentor and they can pick their brain and chat with them. All of our participants receive a training manual. And the manual on page 26 will start to go through what it includes. We start at what is independent living philosophy, who is Ed Roberts. Who is ability 360. We walk them through our programs. Because we found that although most of our mentors do have a disability, many of them are new to Centers for Independent Living or are unfamiliar with IL philosophy or people first language so we start at the basics and I kind of jokingly call the morning our getting to know you morning. Because it really is about giving the mentors in this training a clear perspective of this is who we are and this is what we believe. And as a good mentor, we need you to buy in to this. And if you have questions or concerns, now is the time. So this is who you are. It helps you screen for people who maybe are more of that paternalistic background versus looking for people that have a core belief of I.

On slide 27 we also in the training will talk to them about our volunteer duty to report policy. And so mentors must sign this form at the training and we go over that in depth in one of our sections in the training so we outline training i requirements for them if the mentees aren't the homicidal or suicidal or report incidents of abuse and I'll talk more about that in a minute. We find of jokingly call this our pass the buck policy. And I have to tell you when I did my very first training class. Years ago this was the section I was nervous to teach. I thought what do people feel about this? Do they worry about this? Am I going to get a lot of questions, what we found is that really people if you give them a clear policy and you outlined what their responsibility is versus what it isn't, most people leave feel very comfortable with our crisis intervention policy. So we talk about this pass the buck policy. Basically, what we're telling them is legally, ethically, morally, their only job is to report to us that their mentee is in danger. That they have a need, that there's an intervention needed. So we require them to notify me immediately about suppressions of danger to self or other we have a process that if I can't be reached my message prompts people about how to reach a director so that they can report. If somebody is in immediate danger, we train them that immediate danger requires that you call 911 for a welfare check. We're very specific about letting them know what's the difference between immediate danger kind of things and what's something that I just want to contact staff immediately to report this so that someone can be checking on this person, they don't sound good. They sound down. So we're very clear and again you're going to see that form in just ‑‑ we'll talk about it in a little bit.

On page 29 mentors are invited to attend a lot of follow‑up training but in our training we talk about self‑advocacy, we talk about goal setting. We talk about how to help someone, what is helping versus what is creating dependence. We talk about how to work with somebody who might be in the stages of grief or is adjusting to a disability. We call that our adaptation to grief, to disability. So how do we help someone in that process. We have very specific sections to walk people through. How do I help set goals. How do I teach self‑advocacy, how do I role model that to someone? And I also do one‑on‑one trainings as things arise. So maybe I have a mentor who is working with somebody and this will be their first time to work with an individual with that particular disability. So I'm going to sit down with that person and give them an idea how it might impact that individual, what are resources. And we're always available to do that with mentors on an ongoing basis in addition to as I said, all of the workshops. One of the workshops that a lot of mentors have benefited from is our disability liberation attitudinal barriers workshop.

>> And that can really help them identify what are my stereotypes about disability. How have I viewed my own disability how do I identify allies. All those things attitudinal barriers, it can be a great resource for mentors. We have many who participate in those trainings as well at the center. So on slide 30 we give you a breakdown at the independent living philosophy of course is a big part of our training making sure that people really understand who we are as I assenter for independent living, how we work with individuals with disabilities. Who is Ability360 talking to them about adapting to disability and that grieving process. We talk about liberation and being aware. Disability awareness. We do language and etiquette. So really specific things about this is people first language and this is not. This is what we need you to use and this is what we don't want to use. This is old language. We really give them etiquette tips, breaking it down by different types of disabilities. This is the language I use, this is etiquette I use and of course self‑advocacy, goal planning all of that is part of our training manual and our 2‑day training. I'll stop here for a second and see if anyone has questions.

 >> TIM FUCHS: Let's go to the phones and Luke, can you tell us if anybody has a question. Oh, by the way, star pound if you want to ask a question. That's how we get in the queue.

Operator: We do have one question, one moment.

>> My name is Jonathan, I have a few questions. From basically, you were saying earlier, right after that first question or Okay. Basically the effect of having to choose which mentor or mentee you place each mentee with by their disability?

 >> APRIL REED: Yeah, so we look at several things. We're always looking at similar or same disability so we look at that and we look at goals and what mentor is a best fit to teach those specific goals.

And kind of an exception to that is if I've got somebody in the hospital that's newly injured, of course I'm going to really want to have as a mentor with a very similar diagnosis, in the hospital as we all know, new entry or diagnosis, you're going to have a lot of questions that revolve around what does this mean, what's this diagnosis mean, how do you live with this, what accommodations do you next slide. What adaptive technology. So in that instance 12 you're looking specifically at matching people with the staple or very similar type of disability. Otherwise for people coming to us to support working on them with goals and I'm looking at all of the above, I'm looking at disability, I'm looking at age, I'm looking at personality, I'm looking at similar interests, what do I know about the mentor and what do I know about the mentee that gives me a clue about will they click? Will they enjoy each other's company? Geographically, are these people that can easily meet or do we have I a plan about how can get them together or do we have access to the computer. All of these things we're looking at to try to make the best match we can. We've also become very, very deliberate off the years about making this mandatory, we as much as possible try to get our mentors and mentees in person with staff, with me and that staff person who is already working with the mentee. We get us all in the same room. To introduce them because we found doing that for the first interjection lets us know is everybody on same page, is everybody comfortable? We'll go over the rules and guidelines for the program. We'll remind the mentor and mentee about the boundaries, about our policies. It's a great way to get people together and make sure they're comfortable. Contract tact information for information exchange. I would say 90% of our matches we've been able to do that in person at our introduction. Getting people together in person. We find if we can do that when we're doing evaluations later on, we find people staying in touch better in that beginning first month if they've had that chance to be in touch, meet in person. But with the support of staff as well.

 >> TIM FUCHS: Thanks, April. Do we have any other questions on the line.

Operator: We do have a couple more

>> I have one. When you talked about contacting the police possibly, do you train your mentees, your mentors how to contact the police and communicate clearly with them so that they don't bust in and harm the person? I've seen

 >> AMINA KRUCK: This is Amina. I would say, you can back me up on this, April, maybe only a couple times have we ever or a mentor needed to call for a welfare check with somebody. So it hasn't come up very much for us. We have not done specific training with the police, no

>> I've seen communication difficulties. I've seen people taking stun guns to people having a stroke for instance

 >> APRIL REED: Well that's a wonderful point you bring up. I think what's important is that the mentors if they're in that situation, they do know what their mentee's disability is and how that affects them, any symptoms, and so they do ‑‑ because they've met this person and we've given them that information, they're working with them. So they do have an understanding of that person's disability. But in the training what we're talking to them about is identifying ‑‑ we all know there's red flags and things to look out for, change in jobs. A sudden loss. Perhaps a history of drug abuse or a history of suicidal attempts. We train them to ‑‑ about those things. We also let them know that most of the time as Amina said, for us our experiences most of the time when we have somebody calling us and saying you, know, it's conversations about I just heard them down today. And I want to have a staff person check on them. They just seemed like it's been a bad week. Just seem frustrated. It's not those crisis situations. That's very early learning rarely happened for us. But our responsibility is to train them for any situation. We're careful to walk them through what immediate signs of danger, access to pills, access to a weapon. This is what you do. You call for that welfare check and then you call April. If it's not immediate situation but you're still concerned about somebody, then you're calling April. And that's where the pass the buck comes in. It's just your job to report. Afterwards it's my job to make sure that that someone has the supports they need that we're checking on them, whatever the situation might be. So we're really very clearly letting them know what their role here. Usually it's will someone be upset with me if I'm reporting? So what's great is we can remind them, hey, when n mentee filled out a request form for a mentor, we let them know right up front. They already know that before they ever start working with you. We also train the mentors to talk with someone in a way that says I'm concerned for you. It's okay to tell somebody I'm scared or I really hear a difference in your voice. I feel concern for you.

And to ask a direct question. Are you saying you're going to kill yourself? Because we know people have ale really hard time getting upset with us when we say I'm scared, I care about you, I want you to have help. I want April to check on you. You don't are to feel alone or be in pain. So we've never had a mentee be upset with a mentor when they're doing it from that perspective of I care about you. You're somebody I want to see feel better. So that's how we teach them to talk about that if they're having a conversation where they're concerned. With somebody. And I've even had a mentor, you know, say hold on, let's get April on the phone and we a great conversation at a teleconference and we're able to support that person. And that was a situation where she had a fraud and somebody had cleaned out her bank account. So of course she calls the mentors and it's hysterical. How am I going to pay my rent and they talked and got me on the phone to offer support. Those are much more common situations where I'm calling in the staff that we need to do more because this individual has come into a situation of needing something. Urgently. Those are the things we're teaching the mentor to do. Being really comfortable having a conversation with somebody. Asking questions, supporting I am concerned for you, I want to give you help

 >> AMINA KRUCK: I want to check in a minute. I'm not sure we're addressing what your question is.

>> No, you're not.

>> Yeah.

 >> AMINA KRUCK: What if somebody ‑‑ let me ask if this is the question. If somebody is with a peer mentor and the mentee starts to have a stroke, are they trained how to handle those kind of situations? Is that what you're asking?

>> I'm asking if you train your mentees ‑‑ your mentors how to communicate with powerful people with weapons when they need a welfare check if they have‑communicate? Police have weapons and they will show up and kill people, I've seen it happen too many times.

 >> AMINA KRUCK: We don't provide that training

>> I think that's an important thing to provide

 >> AMINA KRUCK: It's an interesting thing for you to bring up and it's something we can think about. Had so little of welfare check but certainly in Arizona there has been problems with people who are having issues when the police were called. So thank you. We'll think about that and how to integrate that in

>> Okay. Come up with something good. I'd like to hear the answer.

 >> AMINA KRUCK: Yeah.

Well done this program is continually growing and evolving. You can ask Tim because he's had to update our manual, you know, every year. We update things all the time based on experiences your mentors have, the experiences that are going on in the community and feedback from people who do the training. So thank you.

 >> TIM FUCHS: I've got a question from someone on the captioning link.PACE asks if you have a chance, do you have more information on what you mean by adaptation to grief and do you have online references for us to download as well?

 >> AMINA KRUCK: That is a component in our manual for one thing and you will have reference to where to find the manual so that you can access online.

 >> APRIL REED: One thing I'll say it's our adaptation to disability and we talk about how if somebody has been injured or diagnosed that the grieving process might be part of their experience. Ha is not true for everyone. We all go through our own adjustment process. But we're really giving them a background of what are the possible stages of grief. What might someone experience? I will say really clearly though that we teach that section from a section of resiliency because we all know grief and loss might be part of our process, for most of us adjustment and adaptation and resiliency are where we thrive. So that's the way we're talking about that. We have our whole section and the staff person who teaches that works in hospitals and rehab so he has wonderful stories and insights to share. But that is available for you in our training manual.

 >> TIM FUCHS: Let's go back to the phones, we have time for one more question. Luke, is anyone waiting?

Operator: Just one moment.

>> Hi, sorry, but this is Barb again from St. George, Utah

>> Don't be sorry

>> Can you hear me.

>> Yeah.

>> Okay. So this is Barb again. I have two questions. One is we are all responsible for doing a 704 report. I'm wondering what communication looks like between mentors, mentees and staff so ensure that what's happening is being documented.

The other question is I know that we have access to the training manual. But rather than reinventing the wheel which I'm not a fan of, do you also share job descriptions and applications and rules and guidelines and things likes that? Those are my questions.

 >> AMINA KRUCK: The things you're asking all of that is part online for you to get ahold of, yes. So it's all there for you and Tim will explain that at the end how you can find those things. Keep in mind that we do update things as we go along

>> Right, thank you.

 >> APRIL REED: Yeah, so in the appendix of our training manual are all the forms that we use. So our application forms, all of those forms are available for you to use. And again, feel free to contact me if you have questions or as you're editing or using things. But yeah, that's all available for you.

 >> AMINA KRUCK: You can adapt ‑‑ you can steal anything from us you want. But remind me what the first question was, Barbara.

 >> APRIL REED: The other question was how do we document the time for our 704 report

>> Not necessarily just the time but, if somebody's working towards a goal and how does the staff stay aware of everything that's going on with that with their consumer.

>> So April can have access to the database as well as staff that are working with the mentees. And so April is getting information from the mentors and documenting the in the time in the database under their name and any feedback about what's going on in the consumers part of the database so the staff person can see that. She would send an email if there was something they immediately needed to be aware of an vice versa, she can go in and see what's going on as far as the goal completion. So the staff person should be getting meeting with goal completion and they're able to set goals and mark whether they've been achieved or not or if we have a system in there then those goals can be tracked with all those goals but they can be run out separately to see the goals that were self‑related in fact April just did an annual report for me of the goals that were achieved or not during the last year of people who work with peer mentors. So our database lets us do all of that.

>> We also have the mentors report their hours and work at the end of every month so we have that documentation. We do evacuation with the mentor and mentee and doing a 1 month, 3 month, 6 month evaluation on the match and staff are updating those goals and documenting that. So it helps us get a complete picture and documentation of what work is being done and yeah, we're checking in pretty continuously to make sure we understand what the status of relationship and the goals and documenting that.

 >> AMINA KRUCK: Barb, you're right in line this is slide 33 talking about this very thing.

 >> TIM FUCHS: Thanks so much for the good questions and for the answers, let's go first to slide 32. Ability360 mentor supervision and I'm going to turn it over to Amina.

 >> AMINA KRUCK: Oh, right. Well, actually April is going to carry on and I jump in at 37. April since you're doing this, why don't you do this.

 >> TIM FUCHS: I'm sorry.

 >> APRIL REED: For me supervising the mentors is treating them as individuals. Some of them are very independent and need very little support or supervision from me. Others are really just a step of head of our mentees and they need more support that this is a mentoring ‑‑ taking this step is a big deal for them and offering opportunities for them to engage and learn and develop their skills. Recognizing some people are going to be good at the one‑on‑ones and some aren't. They're going to do groups and presentations and figuring out what are their goals. What do they want from our program.

What's the ideal situation for them as they volunteer. On slide 33, as we mentioned just in the question time, we do document the mentor/mentee contact. We document the progress of the match and the goals progress. We track this for purposes of program funding matches. We also just really work hard at communication between the staff that are working with the mentee and myself. I'm kind of the facilitator of that conversation. So I'm making sure that I'm checking in, making sure I'm getting updates.

Supporting the staff, mentee and mentors. We continue forward.

 >> AMINA KRUCK: I'd like to step in a second here to say something if I could. You know, there's the supervision of the mentors and they need to really know there's an open door policy that they can call and talk to April about anything. And she'll listen, she'll help if need be. Really good at role modeling for them by empowering them to say what do you want to do, what do you think? That kind of thing. But also, you know, as a program as a whole because there she is and she should be being kept busy with the mentoring. We just went through a 2‑year period where due to staff changes and various things, staff being out ill, whatever. She was getting very few referrals and during that two year period, she beefed up the experience for the mentoring group and she has a rule full of 30, thee 5, 40 people now come into those groups asking for speakers, different things they want to learn. They've become really our grassroots advocacy. Phoenix has never been a good grassroots advocacy town. This mentor group has become very close to each other. And people have been inspired to be a mentor by coming in to the group as a nonmentor and then wanting to do it. She's been very creative to figure out other ways mentors could be kept busy and using skills when they don't have a match when we're trying to sort through what is the problem with not getting referrals, including even mentors mentoring each other in an unofficial way. Up until this year April never had a quote, unquote consumer she was following in the database with goes. Because we didn't have the staff to do the referral we made an exception so they could have official mentoring relationships to get through their situations that they were going through the mentor relationship in a way is a natural thing. It's like being a match maker, sometimes it works, sometimes it doesn't work, that's why we do the evaluations right away in the first month to make sure people get hooked up together and that the relationship is working. Some people become lifelong friends. Others get the goal achievement and they're off and running and that's the end of that relationship. They got what they needed. So it's very individual. Somebody with good judgment can think on their feet, you need a good peer mentor coordinator. April feels I suppose protective is one of the words of the mentors but also really wants to make sure they're using their skills in the best way they can. Mentors go on to back to school, to go get jobs. To go volunteer hopefully in other places out in the community. So that they're not just hovering and staying with us where they feel safe.

So the supervision piece is itself a mentoring role. And a coaching role. Thank you.

On slide 34 this is really critical for us to be checking in and knowing what's happening with our matches, what's going on with our program. So we really have made a strong effort to have evaluation and make that part of our core program principle. Keeping contact is really important to maintaining relationship and keeping the volunteers staying active is that relationship slide 36 we also make some specific efforts to really help the mentors and the mentees value and celebrate what they're doing, what's being accomplished and we do that from anything from our holiday party to an annual awards ceremony called the spirit of Ability360 where we honor mentors and mentees for their work. We honor people who have been making a lot of progress and supporting each other in the groups. We do feature stories and matches. We have one we're featuring in our newsletter in January. So anything that we can do to really help people recognize and celebrate what they are accomplishing as they work on their goals with the mentor that's really important to us and we found that's really important to the volunteers even something as simple as a card can really help people feel valued and encouraged

>> April sends lots of cards out. And then we have a holiday party for volunteers and soc rec consumers so we're just getting ready to have that next week. And something new that we're learning to do is as post stories periodically up on Facebook and we have a new staff member using Instagram. So she started a hashtag #thisisIL and encouraging others to take pictures and make comments in their own lives, not just our mentors but our mentors are some of the people who can do that too to kind of just put something out there more of what are the things that comprise independent living when you have a disability. That's kind of neat. That's something new to us.

Benefits to mentoring mentors, like I said, they really ‑‑ they always consistently say they like giving back, they like working with people. So again, your mentors that are successful and enjoy themselves are usually people who are somewhat extroverted, they like people. They increase their own advocacy skills. They are aware of the community resources. They didn't know existed before because of their experience of being involved with us in a more intimate level and with each other, they develop leadership skills and have a real sense of community and I would say I'm at a new stage with this after 25 years in the independent living movement. Is we've got to get out of our box and not have people huddle at our center. We need to really be encouraging them to get out in the community and get involved where their passions are. So it's a stepping stone for their own empowerment.

And certainly, they learn about their civil rights and improve their self‑esteem or feelings of self‑worth. And you know, unfortunately, most people with disabilities know nothing about the civil rights or disability history. So they've learned that during their time with us as a mentor. And they're training, ongoing trainings they've had.

Benefits to the mentees is that they don't have to reinvent the wheel. And look so hard and probably you have same experience you get to the Center for Independent Living and go gosh I've been looking all over, where have you been. That's the idea people who have been through experience and progress like you that you can talk about and be your real self with, that's very beneficial for the mentees. It helps them feel like a person. And that works for mentees or mentor they're working with a volunteer and they get to meet other people through that person and kind of really see themselves in a totally different light. Of course, the knowledge they learn developing the skills and the resources is really, really important learning about resources in the community. They achieve their independent living goals and sometimes go on to set new goals with us and sometimes without us.

And like we said before, often they become mentors themselves which is really great.

For the community, they often are going out and volunteering in the community. They do go back and get higher education. Some of them have actually done work for us. Some have been hired as employees. They find employment here in other places and they increase their connection to being part of the disability advocacy movement.

So there's a lot of benefits for everybody involved.

And it takes some pressure off the staff working one‑on‑one with people because they can't be everything to everybody. So they can know that the consumers that they're working on has more support than they need and their goal, their charge is to really help people define their goals. And then they can move forward with mentoring. One minute to go. Tim you going to talk about the peer support resources

 >> TIM FUCHS: Yeah, I sure am. Thank you, Amina. So here on slide 40. This may at first look like just a series of bulleted links. But let me explain. This is a collection of materials from Amina and April from years of doing these trainings, everything you can imagine. The training manual, the handouts, the job descriptions, the PowerPoint presentations that they've done on the expanded version of this training. So 2 1/2 days and videos as well are all up there. So there's a tremendous amount of detail to expand on the shorter version that you've heard today. And I hope you all will check that out. So all those links are there. As well as some one‑on‑one technical assistance that's listed out through the project available through Paula McEl we or Mary Olson. I'm going to go to slide 41 and we just have a minute so probably just time for two questions. But we'll take some final questions and then also that evaluation link is there when you're ready for it. Luke, anyone on the phone?

Operator: So far no phone questions, no.

 >> TIM FUCHS: Okay. So again that's star pound if you have a question before we break today.

I'll give just a few seconds to see if anybody has a question for Amina or April.

>>

Operator: We do have one, one moment.

>> I have a quick question, guys have or use youth mentor for mental health per se certified by the U.S.?

 >> AMINA KRUCK: We have a staff person that's a trained trainer in that. And we haven't offered it now for probably a year and a half. At the time I believe there were some volunteers that went through it. But we haven't offered it recently. Excellent training

>> Is there any thought on extending that? Because I want to say that personally, I worked with North Carolina mental health or I'm sorry, North Carolina youth move which is youth motivating others with voice of experience and that's one of the key things we use to make sure that our mentor and mentees are getting connected together by their mental health. Because if we're not connected, then we're not really menteeing each other.

 >> AMINA KRUCK: It's a good resource.

 >> TIM FUCHS: Yep. Great.

 >> AMINA KRUCK: Thank you.

 >> TIM FUCHS: All right. Luke, anyone else waiting on the phone?

Operator: We have no one else waiting on the phone, no.

 >> TIM FUCHS: Great. We're a couple minutes after. That's probably all the best. I hope we answered all your questions. Amina and April, excellent job as always. Thank you so much for putting together this presentation today and joining us. To all of you, thanks so much. I hope this was helpful. I want to apologize for the rocky start. I was a little distracted thinking that our CART wasn't set up. I'm glad it all worked out thanks also for getting on the phone today. I hope we'll have our webinar platform up and running soon. And don't hesitate to reach out to us. If you have any follow‑up questions, as you think this through, share it with others at your center or begin to implement some of the stuff, we are here to help. April and Amina were generous enough to share their contact information in the Power Point. But that's also part of our role here at the IL‑NET. So please do reach out, let me know if you have questions about the resources or about any of these specifics and we'll get you some help.

So everyone have a wonderful afternoon. Thanks for joining us. Bye‑bye.

 >> AMINA KRUCK: Thank you.