What if Crisis Care Didn't Start in an Emergency Room or a Jail?

Respondents: 17

	Average	5 - Strongly Agree	4 - Somewhat Agree	3 - Neither Agree Nor Disagree	2 - Somewhat Disagree	1 - Strongly Disagree
Indicate your level of agreement with the following statement: Overall, this session met my educational needs.	4.88	15	2	0	0	0
Indicate your level of agreement with the following statement: There was enough time spent on the subject matter.	4.94	16	1	0	0	0
Indicate your level of agreement with the following statement: The speakers were informative and kept my attention.	4.82	14	3	0	0	0

	Average	5 - Excellent	4 - Very Good	3 - Good	2 - Fair	1 - Poor
Rate the extent to which the course met the learning objective: Describe how the Living Room model diverts individuals from ERs and jails through integrated crisis response pathways and coordinated partnerships with first responders, courts, jails, and hospitals.	4.82	15	1	1	0	0
Rate the extent to which the course met the learning objective: Explain how Critical Time Intervention (CTI) and peer-led engagement	4.82	14	3	0	0	0

support stabilization, continuity of care, and successful reentry for individuals transitioning from jail, hospitals, or crisis settings.						
Rate the extent to which the course met the learning objective: Identify operational workflows, diversion strategies, and engagement tools that participants can apply within their own Centers to strengthen crisis response and reentry coordination.	4.76	14	2	1	0	0

	Average	**5 - Excellent**	**4 - Very Good**	**3 - Good**	**2 - Fair**	**1 - Poor**
Rate the presenter's competence and effectiveness: Jessica Martinez	4.88	15	2	0	0	0
Rate the presenter's competence and effectiveness: Chad Anderson	4.88	15	2	0	0	0
Rate the presenter's competence and effectiveness: Joe Powell	5.00	9	0	0	0	0

Please describe how your knowledge has changed regarding the learning objectives listed.
I had no knowledge of what a living room was before, I learned a great deal and appreciate the great work they do
Learned about the Living Room model and approaches to crisis care
Wrap around services and warm handoffs are important.
Mainly peer led and the CTI model
I did learn a lot about the living room approach
Wonderful presentation on your great program that bridges the gap between ER and jail release and continuity of MH service provision.
I have a better understanding of crisis care
first contact being a peer makes a difference
Learned about The Living Room.
Understanding of the model
different approach to pre or post diversion

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Learned more about living room model
There is a need for peer specialist to reach individuals that are closed off to clinicians.

As a result of attending this activity, what new skill or idea will you implement into your job or practice within the next six months?
Share this concept with others
Consider approach within our agency
There is always a way to try to help or refer someone to other services.
Implementation after jail release. Also learned about APAA
Integrating more of a living room approach
Details will help us consider how grant funding can be utilized to bridge the gap between ER and jail release and continuity of service to reduce quantity of ER and jail encounters.
look for funding opportunities to start a Living Room
Learned more about the Living Room Model.
Review community need for model
CTI model
Better support of living room programs
Remaining curios and open to someone's story.

What topics would you like to see presented at future activities?
None
more of the same
Advocacy
Coordination and difference between The Living Room Model and The Diversion Center
selling these ideas to local government for buy in
Diversion center model
Research of vicarious trauma experienced from therapist/first responders.

Other Comments (Optional)