

# Default Report

*Post April IWG Meeting Survey*

May 17th 2021, 1:27 pm PDT

## **Q2 - Do you have any general meeting format (e.g., technology, raised hands, topics) concerns or recommendations for future meetings?**

Do you have any general meeting format (e.g., technology, raised hands, topics) concerns or recommendations for future meetings?

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No

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I don't get the link for our Monday meetings

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no

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no

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Much improved for overall issues.

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no

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no

**Q4 - Are there any public accessibility (e.g., meeting awareness, ability to call in, meeting agenda and information on website) or recommendations you would like to share?**

Are there any public accessibility (e.g., meeting awareness, ability to call in, meeting agenda and information on website) or recommendations you would like to share?

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No

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No that's been pretty good

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no

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no

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None

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no

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no

**Q5 - Marlo Simmons presented more details on the MHSF components. What other MHSF overview information do you need to make informed decisions and recommendations?**

Marlo Simmons presented more details on the MHSF components. What other MHSF overview information do you need to make informed decisions and recommendations?

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None at this time

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I think we need to examine the layout of resources in the city and see what needs to be implemented and expanded .

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Comparison data from other programs both within SF (Mobile Crisis, EMS-6, HOT team, etc) as well as other city efforts (Alameda, Portland).

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None

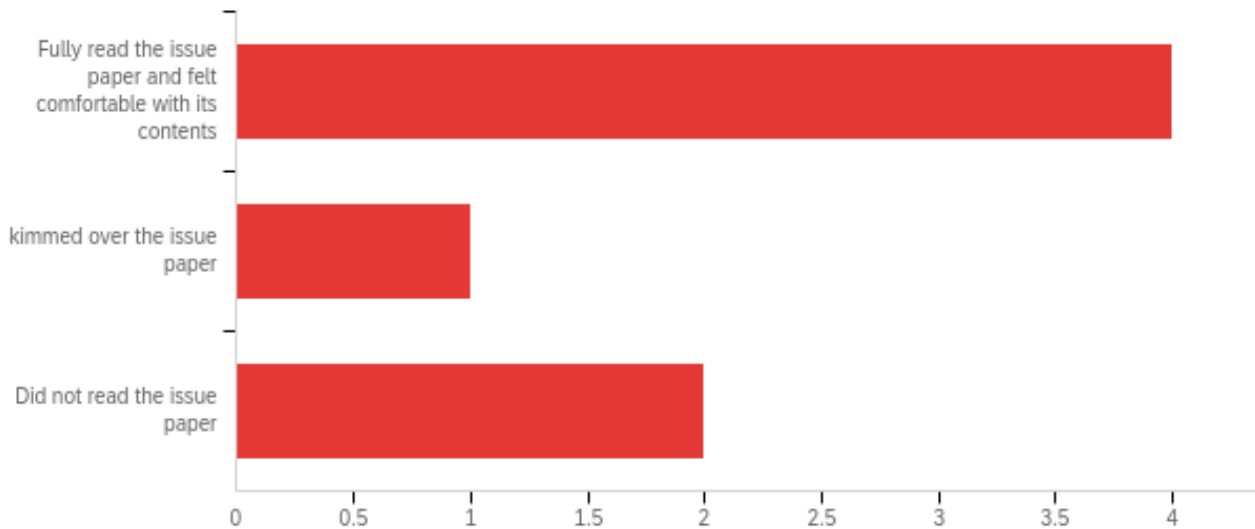
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There are plans for an expanded 24/7 access center and 24/7 SCRT. I'd like to see data on after-hours utilization of similar services (i.e., Dore Urgent Care, PES, after-hours 800 calls).

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I thought it was excellent - I think just an on-going reminder of the structure in a quick slide is always helpful

**Q7 - Were you able to read the Drug Sobering Center issue paper before the meeting? (Be honest! No shame in this game and responses are confidential.)**



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Were you able to read the Drug Sobering Center issue paper before the meeting? (Be honest! No shame in this game and responses are confidential.)	1.00	3.00	1.71	0.88	0.78	7

#	Answer	%	Count
1	Fully read the issue paper and felt comfortable with its contents	57.14%	4
2	Skimmed over the issue paper	14.29%	1
3	Did not read the issue paper	28.57%	2
	Total	100%	7

**Q8 - Any context you would like to share so we understand your response (e.g., time and availability to read the document, accessibility of the information presented)?**

Any context you would like to share so we understand your response (e.g., time and availability to read the document, accessibility of the information presented)?

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I like that you use psycho neurological treatment . I think this can also be a spring board to legalize and decriminalize drugs . I also like that they are partnering with Land lords and the real estate department . Land use is key . I also think acupuncture should be implemented

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more time to speak with DPH and ask questions.

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I general skim the issue paper initially to get a general idea. I would read the issue paper in detail and mark the areas I don't understand or have questions. I will do a quick review of the issues paper before the meeting to refresh my memory. It is my personal method to prepare for meetings.

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Didn't read the paper but I've been involved in the discussions/meetings around the overdose response and work closely with Judy Martin and David Pating so I've got some background knowledge of the Sobering Center.

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Just very busy

**Q9 - Did the Drug Sobering Center issue paper sufficiently cover the key areas of racial equity, including barriers, burdens, community input, and assets? What, if anything, was missing for you specific to racial equity?**

Did the Drug Sobering Center issue paper sufficiently cover the key areas of racial equity, including barriers, burdens, community input, and assets? What, if anything, was missing for you specific to racial equity?

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A discussion of staffing to reflect the needs of the community, including those with lived experience.

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Sort of but we need to deeper examine the experience and back ground of people for true equity. There are some techniques from peoples cultural background .

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racial equity was addressed adequately - perhaps more exploration on barriers to entry

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Yes. The training for the staff should include cultural competency. I notice the areas of focus are Tenderloin and SOMA. The 2020 overdose death stats show 16% for SOMA and 25% for Tenderloin at residence, and 22% for Tenderloin and 17% for SOMA for the location of death. 43% listed as others for overdose deaths at residence and 31% list as others for the location of death. How does the Sobering Center reach out to the high percentage for "Others." What neighborhoods consist of "others"?

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Yes.

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n/a

**Q10 - Do you have any additional feedback that would be helpful to us in improving how we provide background information to you in advance of IWG meetings?**

Do you have any additional feedback that would be helpful to us in improving how we provide background information to you in advance of IWG meetings?

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I just need the link for Monday meetings

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I really appreciate the information as attachments to emails. looking for this stuff on the website is a bit burdensome.

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I am very concerned about the high % of others and how these "others" access services. Is MHSF supposed to reach all San Franciscans?

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no

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n/a