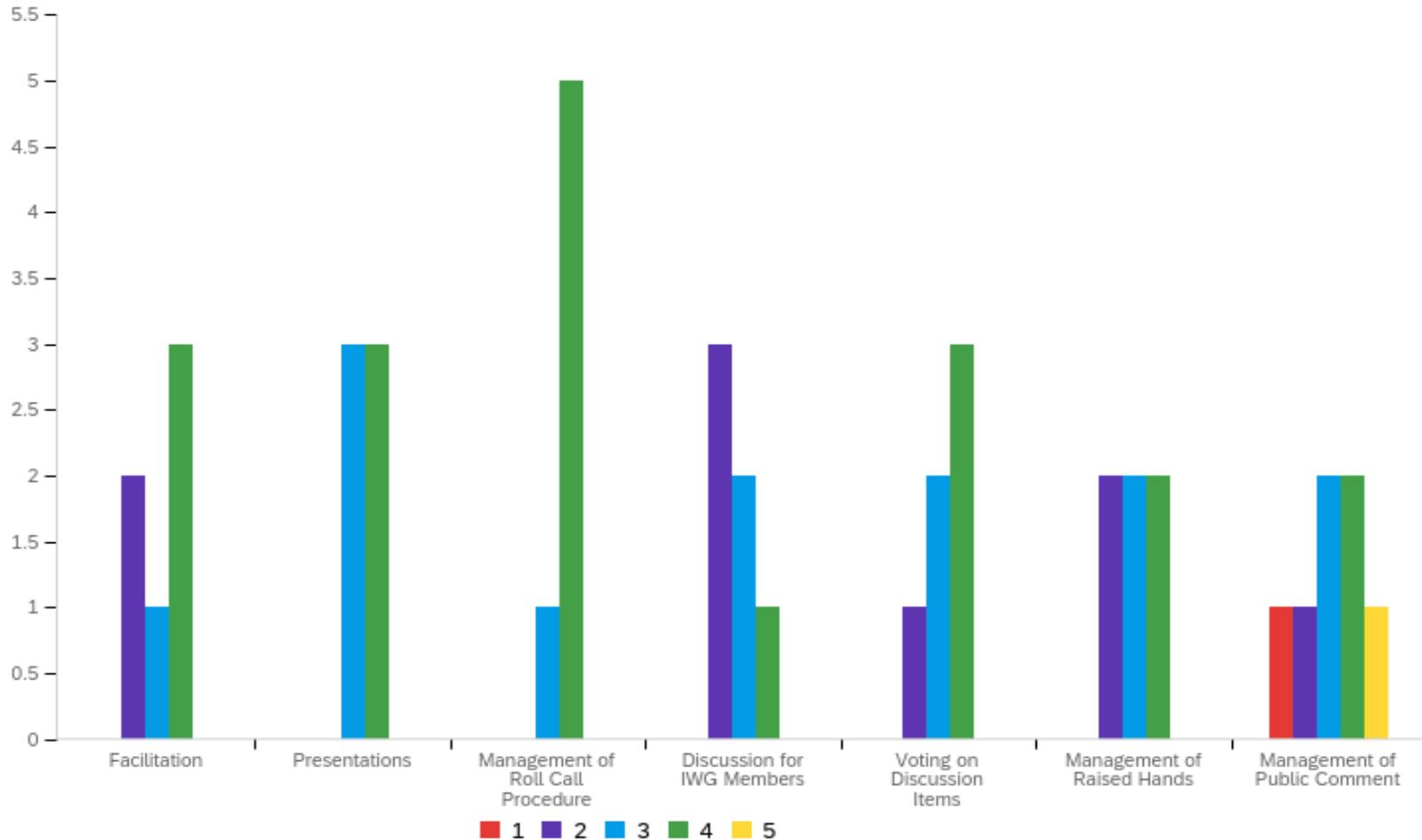


IWG Meeting Survey: February 2021

Member Responses and Reflections

1. How would you rate your experience at the February IWG meeting? For each of these components, please rate 1-5 on the slider bar below. 1. Very poor execution 2. I see issues we need to resolve 3. I see issues, but I can live with them 4. Smooth execution 5. Great execution, wouldn't make any adjustments



1a. For those areas that you marked lower than others, what can we do to improve?

It seems that staff at Harder & Co could benefit in some training for the technology that is being used now that meetings are conducted virtually. Training in all the features of Webex, and procedures for the phone system that is being used for public comment. There are a lot of features of Webex that hosts can use that they don't know how to use. For instance you can see the order of which hands were raised, and not merely call in alphabetical order (that is the order that participants see, but hosts should be able to see the order that hands were raised). Hands should and can be lowered by the host once they've called on the person.

I have not worked with the Webex platform much, but I see many problems with it. Maybe consider using a different platform.

Being inclusive of all members' input is important. The time management for the members' input could be improved.

Nothing- teleconference meetings are difficult to "interact" w/ other members.

2. Do you have any technology concerns or recommendations for future meetings?

I think that given that we are virtual there has to be a firm explanation of ground rules for our discussion. If you've spoken one needs to get back into the cue to speak again for instance. The phone system needs to be better managed such that after one is called for public comment your call is ended. Technology concerns have already been raised above.

I have not worked with the Webex platform much, but I see many problems with it. Maybe consider using a different platform.

The last meeting I was not able to get in and as a result I was late for the meeting

It could be a technological glitch. I raised my hand a few times, and they were overlooked.

Public access seemed to be an issue last meeting.

3. Do you have any general meeting format concerns or recommendations for future meetings?

1) Any item, even if it is a general question, that the WG members are expected to speak on, should be posited to us no less than one week ahead of time. 2) The agenda and slides from each meeting should be sent to the WG within one week of the last meeting. 3) The next meeting agenda and any additional materials to be considered should be sent to us at least one week prior to the next meeting. 4) Any homework should be sent to us by the week right after the previous meeting. 5) Any request for responses/input/recommendations should be collected and disseminated to the rest of the WG at least one week ahead of the next meeting if they need to be considered for the following meeting. 6) Any issue, problems, subjects that we are addressing in the committee that need in depth exploration should be scheduled out to a special meeting or subcommittee to be explored and a proposal be brought back to the whole committee. 7) Data need be provided to us, and BHS staff available for questions and discussion, and issues addressed prior to any item being voted on.

I understand that we are all new as a group and using a new form of serving during the pandemic. With all that in consideration, I think the facilitators are doing a great job being the meetings to the public.

Not so far

no

4. Are there any public accessibility concerns or recommendations you would like to share?

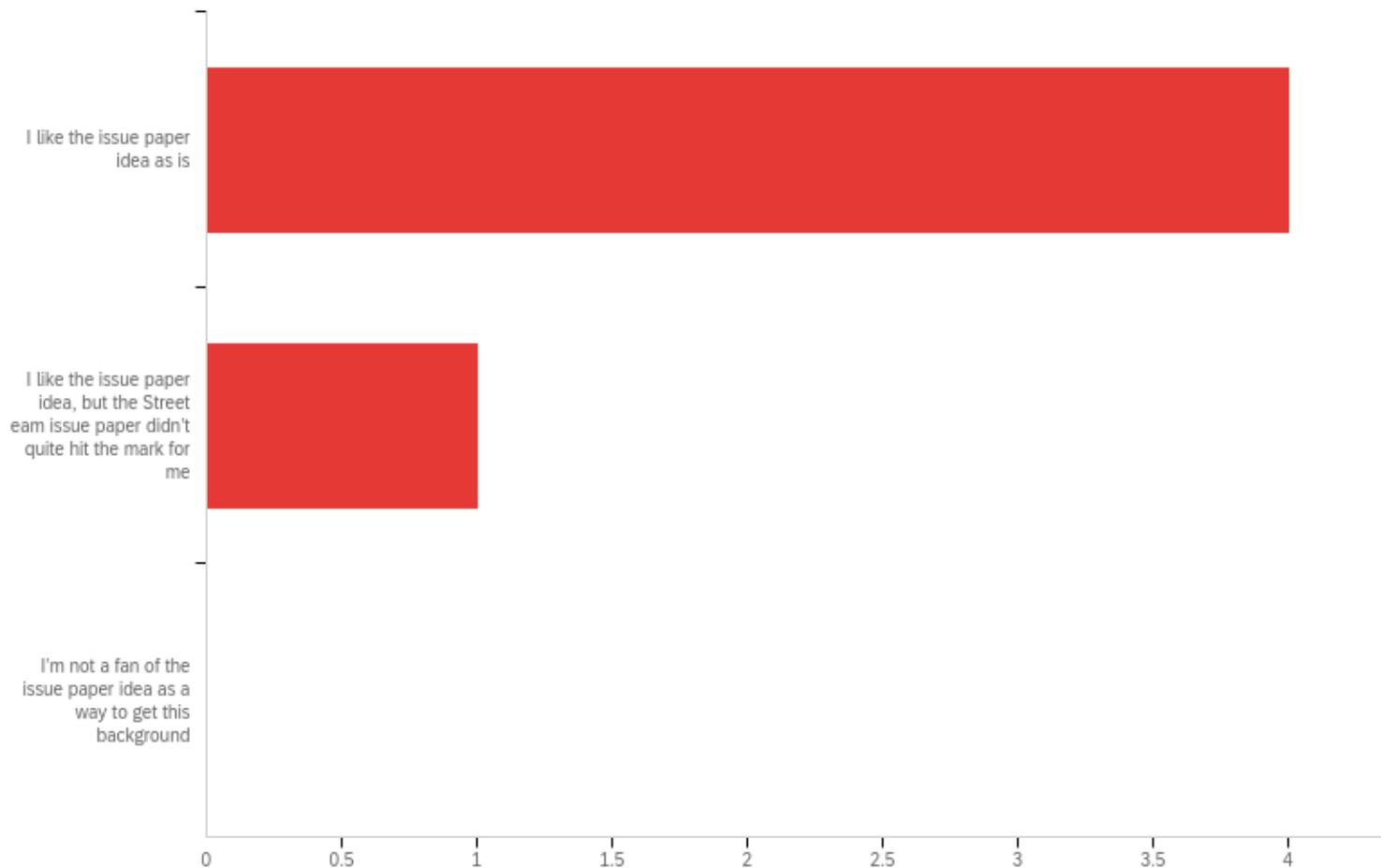
Just make sure the correct webex link is posted.

I have faith all our workgroup members concerns will be addressed as we move forward.

Not at the minute

no

5. Do you think the general idea of a written issue paper summarizing DPH MHSF programming and data and what is known is the best way to provide you with background and preparation?



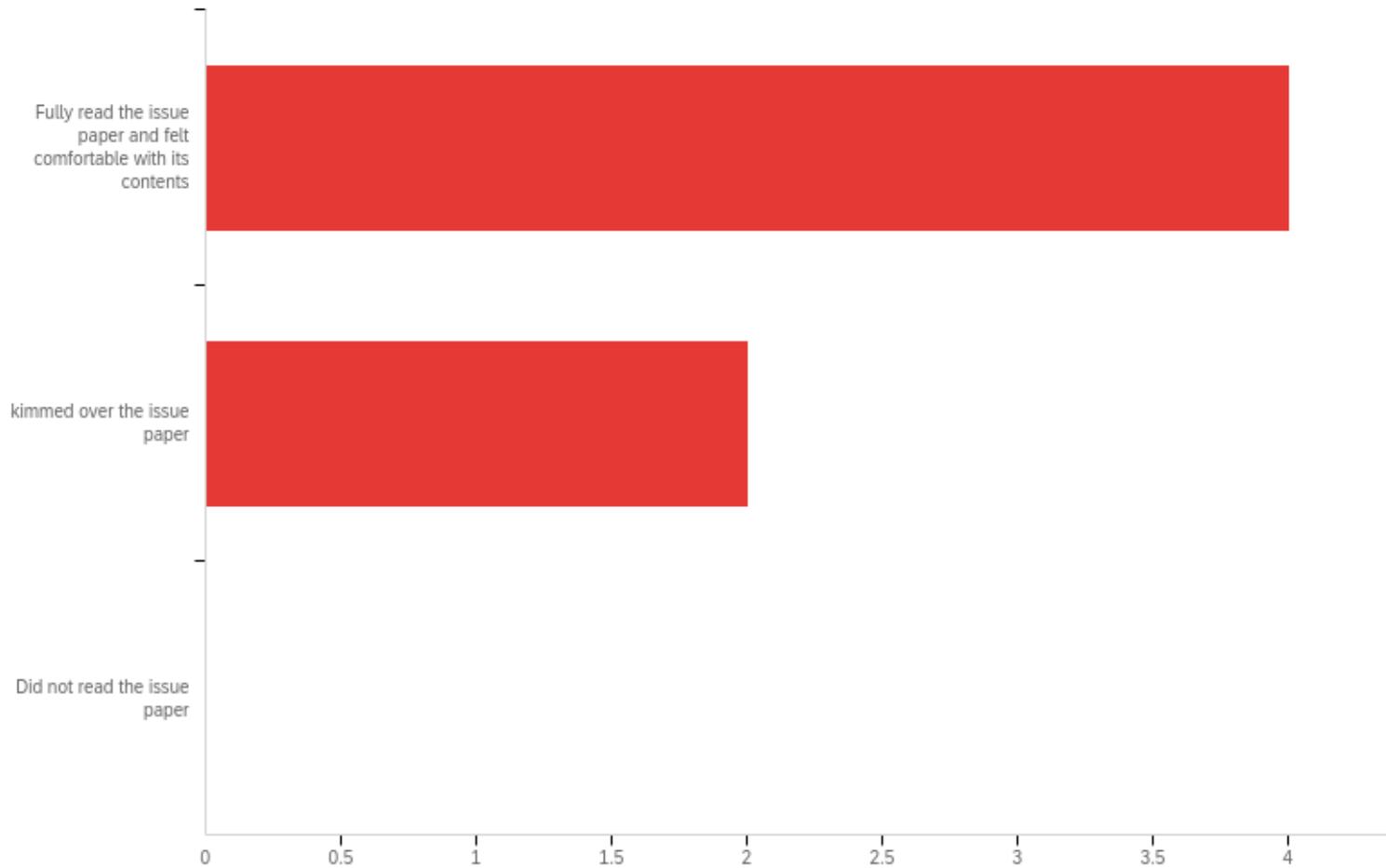
5. Do you think the general idea of a written issue paper summarizing DPH MHSF programming and data and what is known is the best way to provide you with background and preparation?

Answer	%	Number of Respondents
I like the issue paper idea as is	80%	4
I like the issue paper idea, but the Street Team issue paper didn't quite hit the mark for me	20%	1
I'm not a fan of the issue paper idea as a way to get this background	0%	0
Total	100%	5

5a. What ideas do you have on how we can present this background information?

I need more time to learn and evaluate our start.

6. Were you able to read the issue paper before the meeting (Be honest! No shame in this game and responses are confidential.)



6. Were you able to read the issue paper before the meeting (Be honest! No shame in this game and responses are confidential.)

Answer	%	Number of Respondents
Fully read the issue paper and felt comfortable with its contents	67%	4
Skimmed over the issue paper	33%	2
Did not read the issue paper	0.00%	0
Total	100%	6

6a. Any context you'd like to share so we understand your response (ex: time and availability to read the document, accessibility of the information presented)?

I read the issue paper, however I felt that we needed more information than that provided in the issue brief. I think that we should get the issue paper even earlier in the cycle between meetings and not less than one week before the next meeting. If we can get issue briefs earlier in the meeting cycle we can pose questions ahead of the meeting to the presenter. This will be particularly effective for items that will take time to get answered, such as questions that require aggregating data. We can send those along, we can get that information ahead of the meeting, or the presenter can have that information prepared, and then we can have a more meaningful and efficient discussion during the WG time. If we can't get data, or other needed information/details until after we are meant to discuss, and/or vote on an item, it is not an efficient, effective or honest community process. As the providers on the ground, we have the valuable perspective of how practically a program will run or impact the day to day. In order for new initiatives to be efficient, our perspectives and expertise needs to be incorporated. We have an opportunity to implement new programs thoughtfully and deliberately, use what already exists to it's full potential, and not implement new programs in a reactive fashion. The department is also not efficiently using resources if new programs are rolled out with limited foresight/inadequate planning.

This survey isn't as clear as I would like. It appears to address many items for technology, procedure and protocol, SCRT, and other... I'm not sure which handout is being considered the issue paper. I do have concerns with the Workgroup Principle framework. My question of please explain/define what "Respect the rights of people who engage in illegal, self-harming, harmful or stigmatized behaviors..." was never answered, rather was re-directed to a point that it was written into the ballot measure. This was then followed with a worksheet that stated that two principles that were written into the measure were overreaching, as we, the IWG are being asked to develop our working group principles. I believe we need to slow this process down.

I appreciate having adequate time to review the documents. Receiving the documents 1 -2 weeks in advance works well for me.

none

7. Did the 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?

1) There was insufficient collection of race/ethnicity data. 2) SCRT is not meant to respond to calls in which an individual is considered "violent". We know that perceptions of an individuals violence potential is very much determined in the context of race. How is this issue mitigated through the 911 call system? 3) For those individuals that SCRT encounters on the street and decides to call for police, what is the race/ethnicity data breakdown? 4) For those persons that they refer to the police, how many are taken to jail? How many are taken to PES? What is the race/ethnicity breakdown of those two subsets of individuals? 5) What is the ongoing system of tracking race/ethnicity data not just aggregate of total client's served, but it must also include outcomes for those SCRT encounters. Racial/ethnic equity of the service must be proven if you are actually going to get folks in the community to trust providers.

The principle sheet is attempting to do so!

I think its easier to put on paper than it is to put in action

Yes.

Thought process why SCRT was not activated in Bayview/HP first?

8. 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?

We need a mechanism to get the issue brief, request data, and receive the data ahead of being asked to make final evaluations of a program, and make recommendations or decisions.

I will make some suggestions after attending a few more meetings.

no

9. Please review those below and provide any suggested modifications to the recommendations. We will collect, synthesize and share these responses back to you prior to the March meeting.

Reflect evidence based best practices, data, research, and a comprehensive needs assessment? - Your suggested additions, changes or refinements

I can accept this language.

Reflect evidence and community based...

Prioritize mental health or substance use services for people in crisis or experiencing homelessness? - Your suggested additions, changes or refinements

Prioritize mental health and/or substance use services for people in crisis or experiencing houselessness.

I do believe we had an agreed upon change of language to this

It is equally important to assist individuals who are on the verge of losing their housing due to behavioral health issues.

Crisis is broad term- accessing emergency services PES?

Provide timely and easy access to mental health and substance abuse treatment (low barriers to services)? - Your suggested additions, changes or refinements

Substance use treatment

Accept

9. Please review those below and provide any suggested modifications to the recommendations. We will collect, synthesize and share these responses back to you prior to the March meeting.

Facilitate friendly, nonjudgmental services, and treat all patients with dignity and respect? - Your suggested additions, changes or refinements

Create welcoming, non-judgemental treatment programs/spaces where all patients are treated with dignity and respect.

I can accept as is

equity

Respect the rights of people who engage in illegal, self-harming, harmful or stigmatized behaviors, and work with patients to minimize the physical, social, emotional, and economic harms associated with these behaviors? - Your suggested additions, changes or refinements

Respect the rights of everyone to access treatment. No one should be turned away because they engage in illicit, self harming, harmful or stigmatized behaviors. Service providers should not engage in policing behaviors. A priority should be placed on harm reduction principles that reduce the physical, social, emotional and economic harms in every clients life.

to be consistent, either use patients or people.

I would be willing to accept this with an legal explanation of what this means, and with the inclusion of involuntary treatment and conservatorship.

Maintain an adequate level of free and low-cost medical substance use services and residential treatment slots, commensurate with the demand for such services? - Your suggested additions, changes or refinements

I need more clarification to what this means

9. Please review those below and provide any suggested modifications to the recommendations. We will collect, synthesize and share these responses back to you prior to the March meeting.

Facilitate the integration of mental health and substance use services to ensure that patients experience treatment as one seamless and completely coordinated system of care, organized around their individual needs? - Your suggested additions, changes or refinements

Can live with this

Facilitate communication between the network of programs offered by the City to ensure patient-centered coordination of care, maximum efficiency, and strong communication concerning an individual's care? - Your suggested additions, changes or refinements

Facilitate structures of communication between the network of programs offered by the city to ensure patient centered care coordination that achieves low barrier access and continuity of care for maximum efficiency.

Can live with this

Provide culturally competent services that are tailored to populations that are disproportionately affected by homelessness and that experience health disparities in comparison to City residents as a whole? - Your suggested additions, changes or refinements

Agreed

Would it possible to include justice-involved populations to have access to treatment.

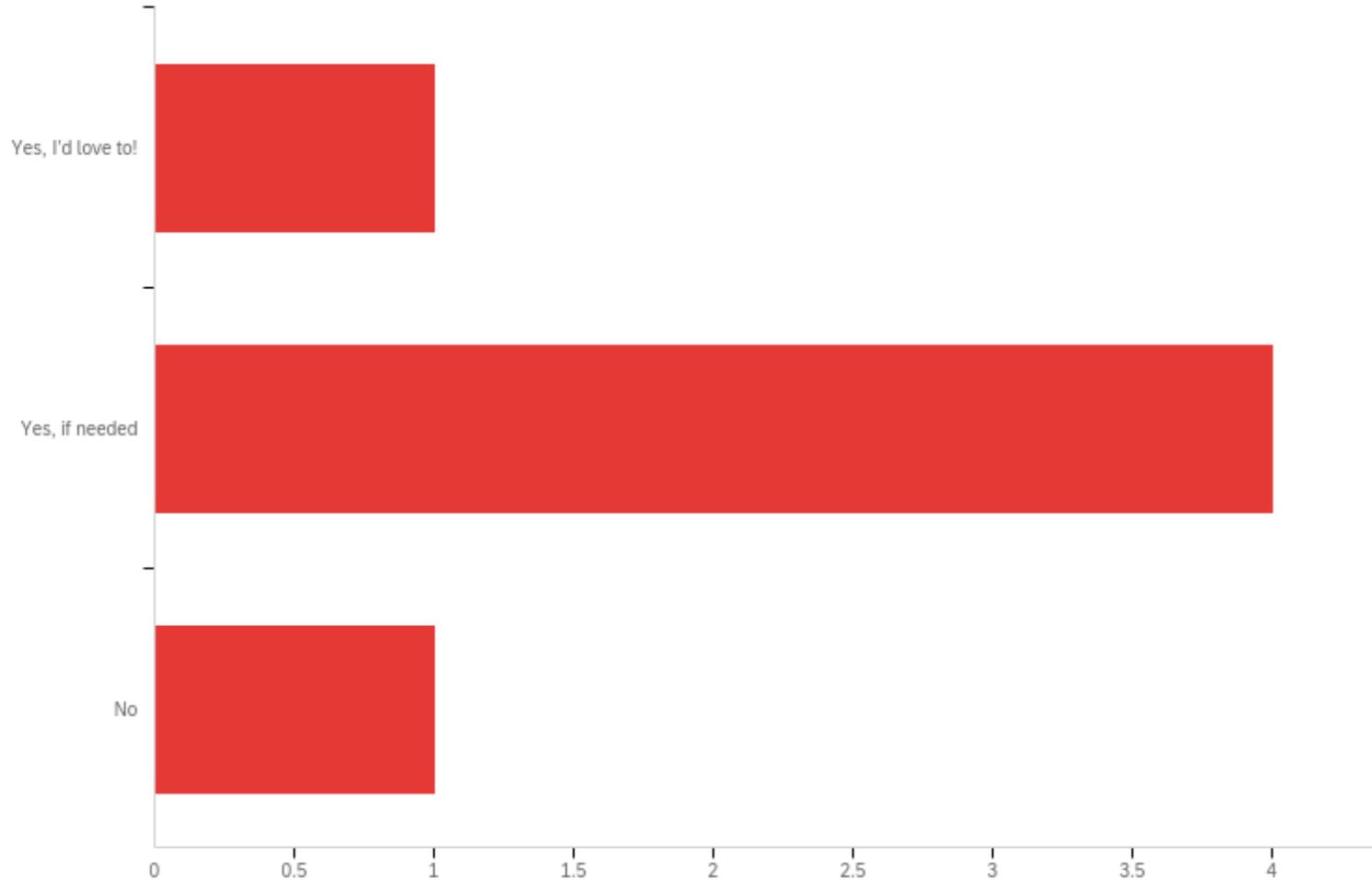
9. Please review those below and provide any suggested modifications to the recommendations. We will collect, synthesize and share these responses back to you prior to the March meeting.

[NEW from last meeting] Focused on equitable behavioral health and in the areas of focus for MHSF? - Your suggested additions, changes or refinements

I have no idea what this means?? maybe they mean, Create equity in behavioral health care across the BHS system of care.

I'm not sure what this means.

10. The IWG is mandated to meeting once a month. Some members have requested we meet more regularly while we get ramped up. Would you be interested in meeting a twice a month for a couple of months?



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Answer	%	Number of Respondents
Yes, I'd love to!	16.67%	1
Yes, if needed	66.67%	4
No	16.67%	1
Total	100%	6

10a. If yes, how would you suggest we use these extra meetings?

To complete discussion that there was not sufficient time to cover adequately. We should have a set time that can be used ongoing if the agenda item was not sufficiently addressed/resolved. Also, WG members can propose to table an item to the twice monthly meeting time to move the agenda along.

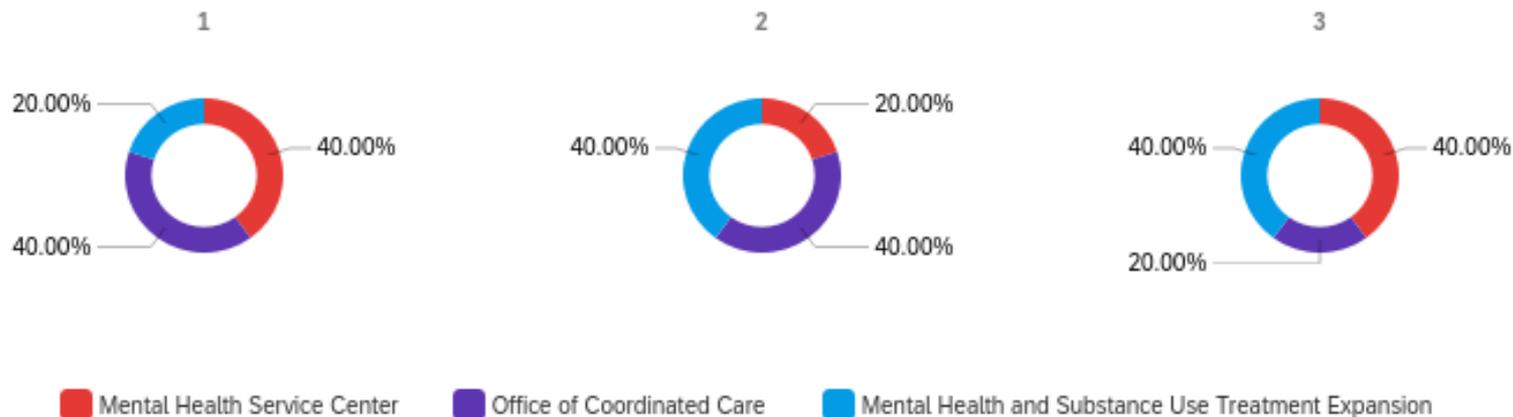
Well we can have a public forum or webinar.

We could use the extra meetings to receive more data and discuss certain topics, which trigger multiple views.

address questions that were not asked/addressed b/c of time

11. DPH requested the IWG prioritize two MHSF programs that were already underway and need the IWG's recommendations on implementation: the Street Crisis Response Team and Drug Sobering Center, New Beds & Facilities. After those two topics, we have more flexibility in the topic selection.

Please rank order the topics below for our later meetings. You can hover with your cursor to drag and move topics in the order you prefer.



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Please rank order the topics below for our later meetings. You can hover with your cursor to drag and move topics in the order you prefer.

Topics	Ranking #1		Ranking #2		Ranking #3	
Mental Health Service Center	40.00%	2	20.00%	1	40.00%	2
Office of Coordinated Care	40.00%	2	40.00%	2	20.00%	1
Mental Health and Substance Use Treatment Expansion	20.00%	1	40.00%	2	40.00%	2

12. Is there any other background or training that would be helpful to you or the IWG?

The issue I have is that a workshop/Team-building would be helpful for IWG members, but I don't believe that would be possible without opening it up to the public. There is a lot of prior work that has been done by DPH, that IWG members haven't really been given the opportunity to fully learn/understand/vet yet.

Defining mental health

I want to learn more about the bed model analysis and the treatment needs assessment. I feel strongly that our behavioral health system does not have the capacity to meet the tremendous needs.

not at the moment

13. Do you have any general questions or reflections about the IWG goals and implementation?

What if any additional budget does BHS have to implement proposed MHSF goals?

Plenty, legal understanding and definitions to some of these principle orders.

Currently, we are learning what is available within our system. I am not sure if I am comfortable making certain recommendations for some of the topics.

not at the moment

14. Is there anything else you would like to share with the facilitation team?

I appreciate the time and effort you have put into trying to keep this train on it's tracks during this pandemic! Thank you

Good time management and remind the members to contribute but not repeating themselves multiple times on certain points.

not at the moment