

CIVIC BRIDGE

Innovation Showcase



SAN FRANCISCO
OFFICE OF
CIVIC INNOVATION

Civic Bridge Projects 2024

SF Fire Department & Adobe

Developing a logic model for the EMS-6 program that responds to the City's highest users of the emergency care system

Health Street Operations Center + US Digital Response

Piloting an updated HSOC Client Engagement form to improve data collection & quality

Department of Public Health (DPH) & ZS Associates

Understanding the overdose responder journey for SORT, POET, and HOPE, and piloting a series of rapid iteration initiatives to reduce friction for these teams

SFFD EMS-6 & ADOBE

Civic Bridge 2024



CHALLENGE OVERVIEW

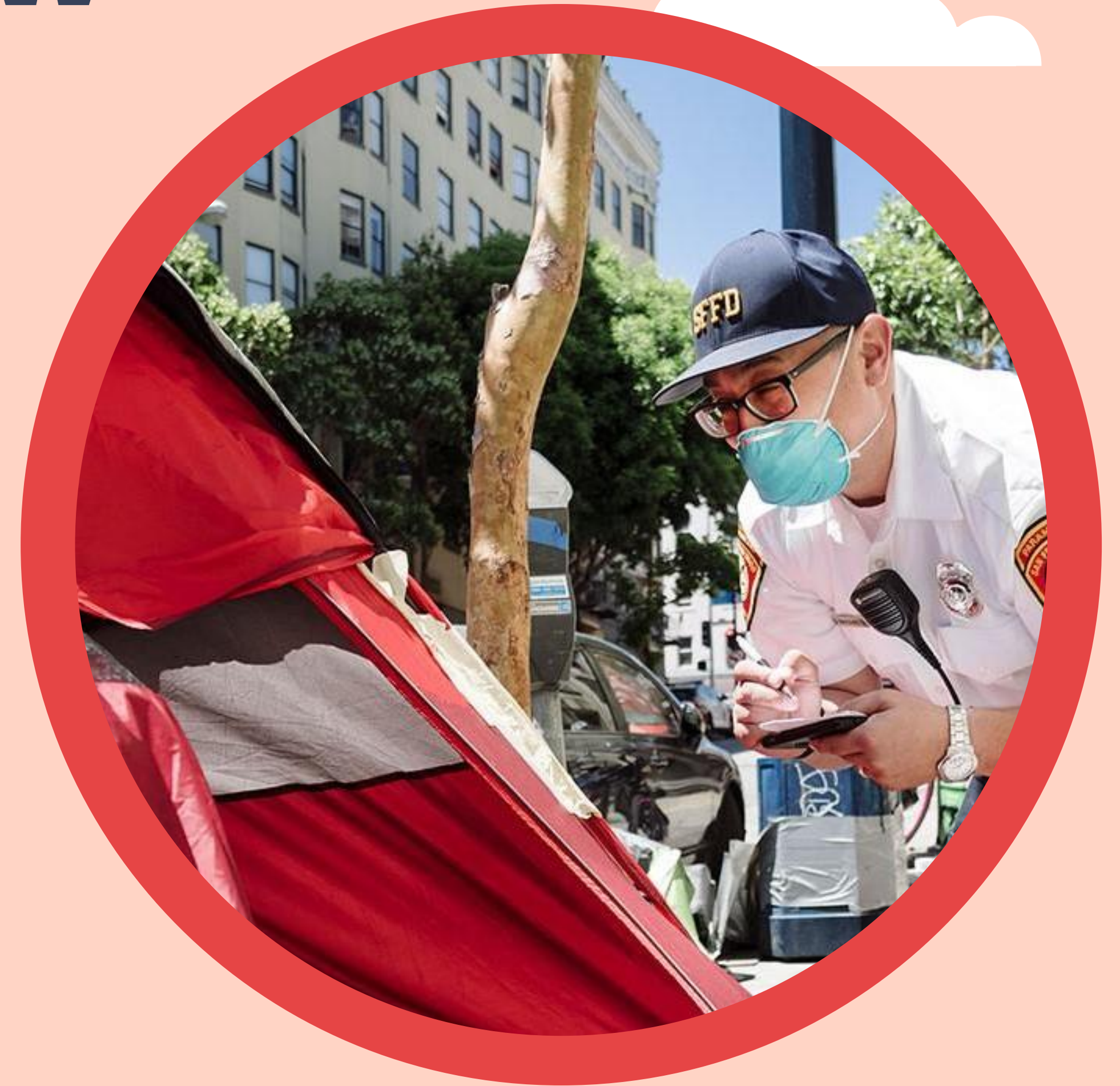
The wrap-around care that EMS-6 provides is long term and inherently personalized to the unique needs and circumstances of each client.

01

Develop KPIs that capture the balance between client stabilization and the reduction in clients' cost to the emergency system.

02

Formalize and optimize the team's processes for providing care to clients and partnering with the city's network of emergency and non-emergency services.



PROJECT JOURNEY

- 10+ ride-alongs with EMS-6 captains
- Interviews with all 6 captains and chiefs Pang, Mason and Sloan
- Weekly meetings with chiefs Pang, Mason, Sloan and Mat Larson
- Additional interviews with
 - DataSF, DPH, DEM (Dara Papo, Dr. Barry Zevin, Lauren Bell)
 - ASTRID (Amanda Ford)
 - EMSA (David Moorner, Elaina Gunn)
 - SFFD IT (Eugene Tse)

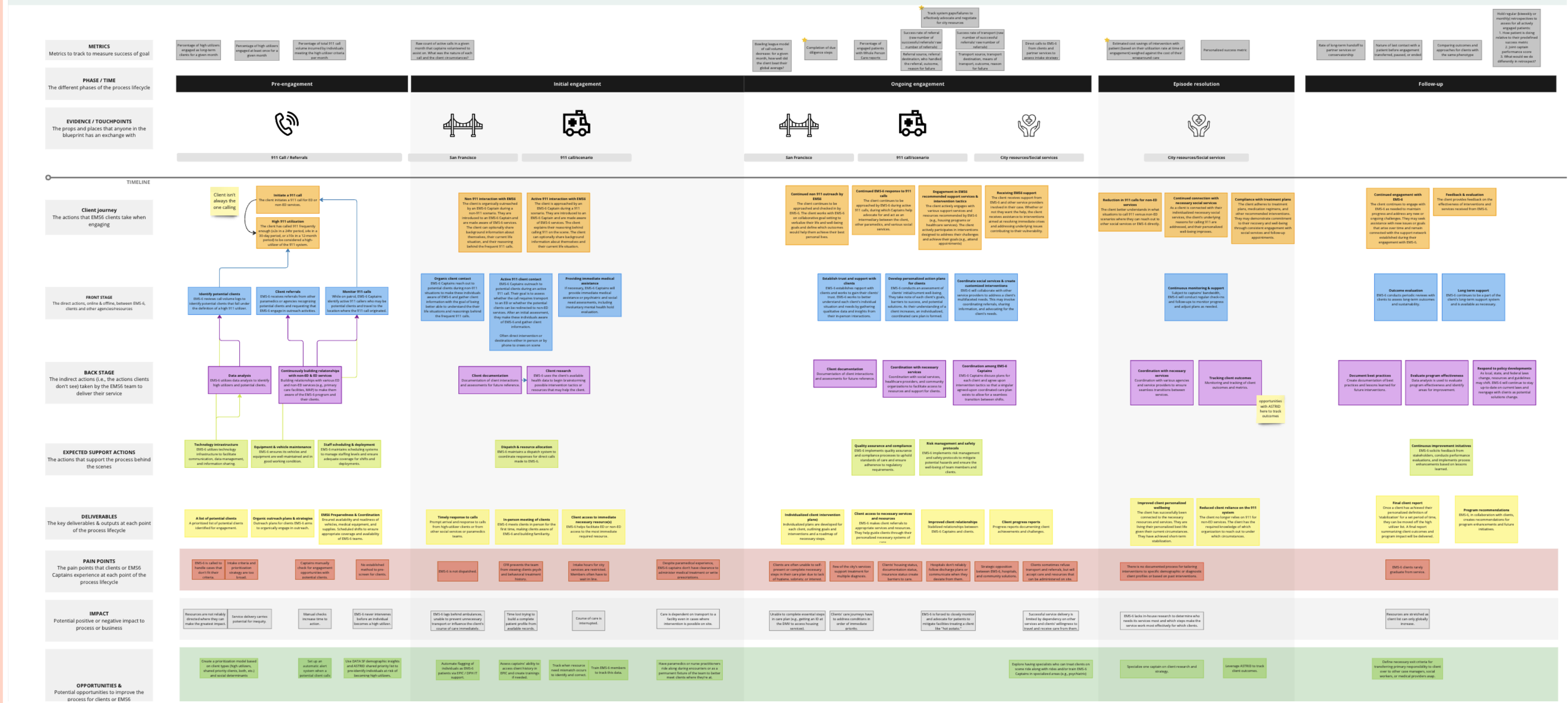


DELIVERABLES



EMS-6 Service Blueprint

Draft v.2



LEVERAGING A SERVICE BLUEPRINT

Draft v.2 of service blueprint co-created between Adobe team and SF Fire

DEFINING & MEASURING SUCCESS



Track clients' improvements in wellbeing



Track when mismatches occur between clients' needs and resource constraints

Client Themes

	Housing	Substance Use	Mental Health	Healthcare Access	Social Support	Employment/Income (city benefits/income stream)	Medical Health	Case Management	Food Security	Trust (between client & Captain)	911 Call Volume
0	Unhoused/living on the street	Severe addiction with no treatment and frequent overdoses	Severe untreated mental health issues	Complete reliance on the 911 system for access to healthcare	No social support and an inability to trust others or the healthcare system	No income and unemployed	Severe untreated physical health issues	No case manager	No food for a day or more, visibly malnourished	No trust established	20+ calls per month
1	Temporary shelter	Acknowledgement of problem but no treatment	Sporadic treatment	Irregular access	Some inconsistent	Irregular income (e.g., ...)	Mild untreated physical	Screening and case intake	Not properly connected	Minimal trust established	10-19 calls per month
2	Couch-surfing	Sporadic treatment									s per month
3	Transitional housing	Regular treatment, occasional relapse									s per month
4	Permanent housing	No substance use or managed substance for >6 months									per month

Wellbeing Scale

Resource availability *

☐ Available

☐ Not Available

Outcome *

☐ Successfully connected

☐ Redirected to another facility

☐ Client remains unserved

☐ Other: _____

PROGRAM OPERATIONS



Develop a heuristic model, distilling existing EMS-6 knowledge and practice, for choosing which clients to engage with and how.



Specialize one captain on research and care planning to be a strategic knowledge counterpart to captains in the field.



Determine by consensus in regular case reviews which clients are stabilized enough for captains to stop initiating follow-ups.



Encourage captains to take breaks from challenging engagements to assist other crews and impact non-high-utilizers for whom they can make an immediate difference.



Establish a team retrospective to encourage feedback between leadership & captains.

SUMMARIZED DELIVERABLES

Tangible Project Deliverables	Next steps
Service blueprint	Handoff blueprint/guidelines on how to facilitate further development with Fire Team.
Client wellbeing tracker	Finalize the wellbeing tracker and applicable themes & wellbeing markers based on feedback from Chiefs and Captains. Determine how to weight of each theme.
Client resource connection tracker	Finalize the client resource tracker based on feedback from Chiefs and what information will be most helpful & credible to the City of San Francisco. Trial run the tracker with Captains and iterate from there.
Intangible Project Deliverables/Recommendations	Next steps
Develop a heuristic model	EMS-6 to determine specific interventions tailored to client types.
Establish a team retrospective	Build a habit of delivering feedback openly from top-down and bottom up.
Specialize one of six Captains on research	Pilot the team's strongest researcher in a strategy role, informing whether to further specialize captains based on their strengths or expertise.
Encourage Captains to assist non-high utilizers when it can make an immediate difference.	Test whether assisting other crews with non-high-utilizers of 911 improves captains' morale and EMS-6's reputation and relationship across departments.
Establish a team retrospective	Build a habit of delivering feedback openly from top-down and bottom up.

PROJECT TEAM



SFFD EMS-6 Chiefs Team



Chief Simon Pang



Chief April Sloan



Chief Michael Mason

Civic Bridge Partner



Mat Larson

Adobe Team



Shay O'Reilly



Madisen Hackley



Natasha Humphries

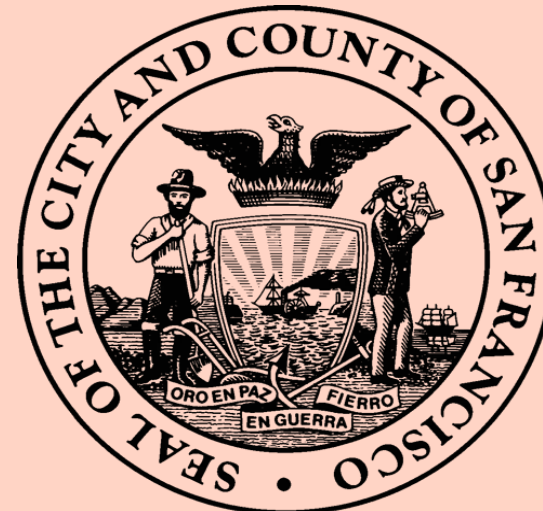


Brooke Weller



Madeleine McGrath

Thank you

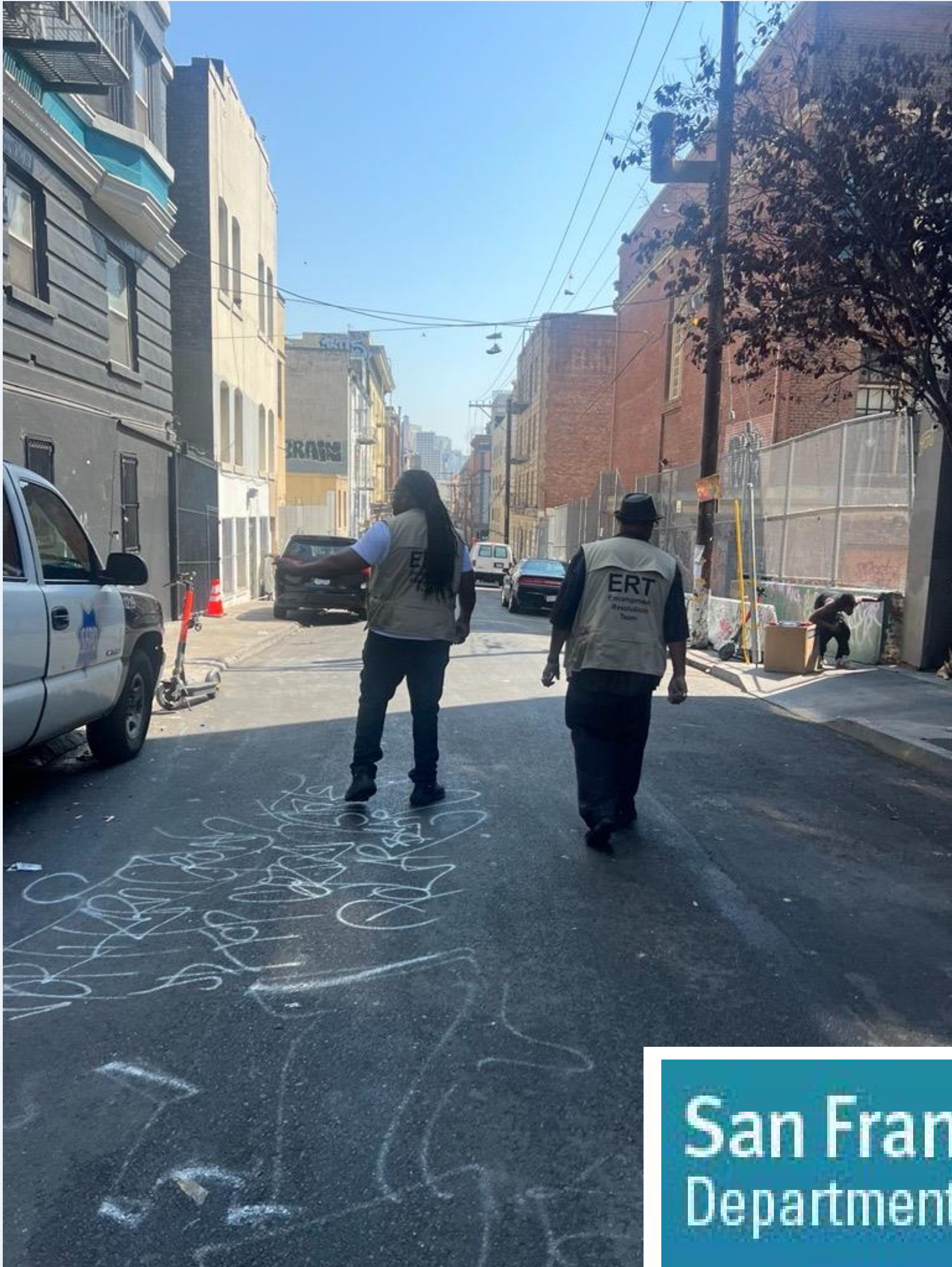


Improving HSOC intake form & data quality

Department of Emergency Management, Housing & Homeless
Services + U.S. Digital Response



HSOC TEAM



San Francisco
Department of Public Health

USDR: PROJECT TEAM



Judy Wang

PROJECT LEAD



Sana Yusuf

UX DESIGNER



Daman Chatha

UX DESIGNER



Nina Turner

UX RESEARCHER
(USDR)

CHALLENGE OVERVIEW

20 + Question Form

Under bridges, in the street, every single client, rain or shine!



Manual Cleaning

Look up name spelling, DOB accurate, shelter decision changes, calls upon calls.



Up to Leadership

Aggregating the data, which feeds power BI reports, comms requests, neighborhood meetings, questions from BOS, etc.

HSOC Client Log

* Required

1. Today's Date *

Please input date (M/d/yyyy)

2. Shift or Referral *

☐ Morning

☐ Afternoon

☐ Weekend

☐ Community Referral

☐ PD Encounter

3. Location (address, park, intersection, etc.) *

Enter your answer

4. HSOC Staff Initial *

☐ AB

☐ CD

☐ DN

☐ JL

☐ JM

☐ PR

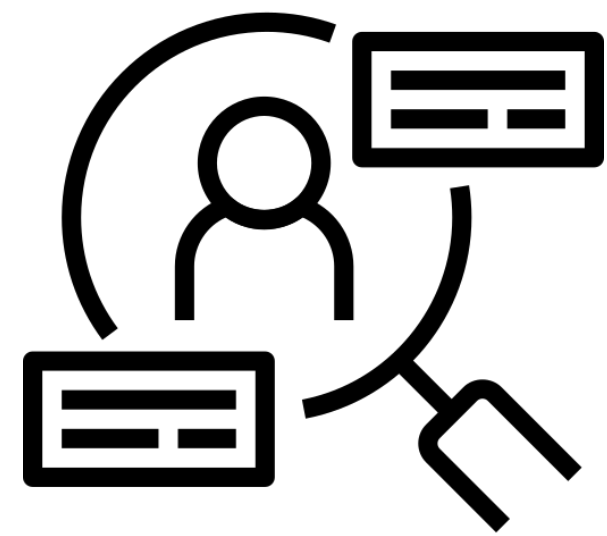


HSOC Outcomes Table

Date	Intersection	Shift	On Site at Start	Referred to Shelter	Refusing Services	Already Housed or Sheltered
7/2/2024	05TH ST and WELSH ST	Afternoon	11	5	6	0
7/2/2024	FERN ST and POLK ST	Afternoon	0	0	0	0
7/2/2024	PERRY ST and 04TH ST	Morning	9	3	6	0



HOW WE WORKED TOGETHER



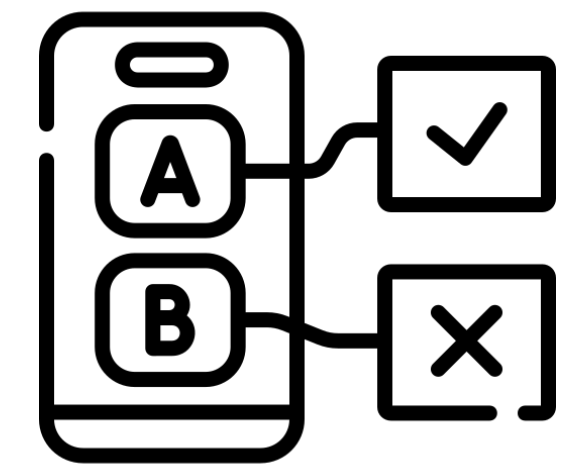
Conducted User
Research



Created a
Stakeholder Map
of the Form Data



Identified
Opportunities for
Form Usability
Improvements



Created and
Tested New
Form Prototypes

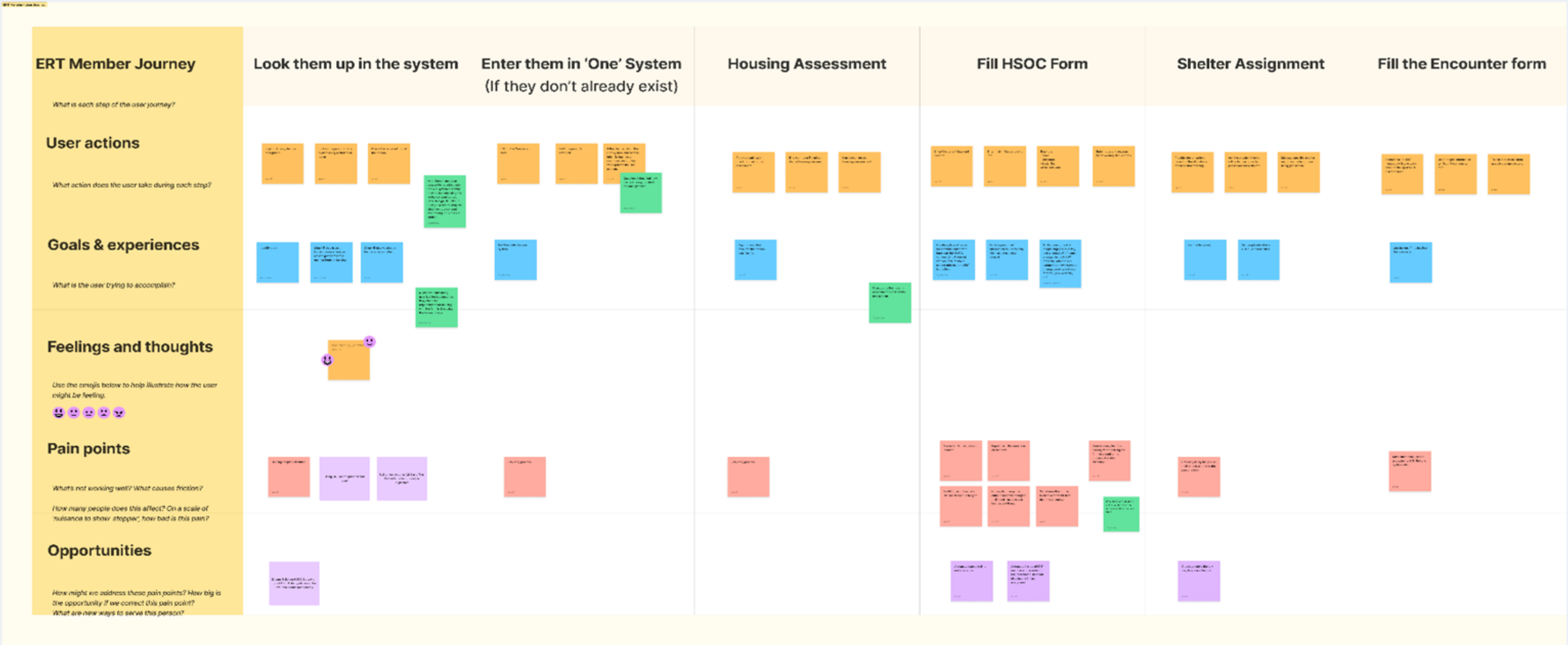
USER RESEARCH AND STAKEHOLDER MAPPING

The Journey Map helped define goals:

Automate data cleaning processes to reduce manual work.

Optimize data formatting and reporting to facilitate easier analysis and answering of common policy questions.

Improve data entry process by addressing issues with redundant questions and free-form answers.



IDENTIFY OPPORTUNITIES

Current MS Form

HSOC Client Log

* Required

1. Today's Date *

Please input date (MM/DD/YYYY)

2. Shift or Referral *

☐ Morning

☐ Afternoon

☐ Weekend

☐ Community Referral

☐ PD Encounter

3. Location (address, park, intersection, etc.) *

Enter your answer

4. HSOC Staff Initial *

☐ All

☐ CD

☐ DN

☐ JL

☐ JM

☐ PR

☐ ZS

☐ CH

☐ HH

☐ Other

5. Is client willing to give us their name? *

☒ Yes, client will give their name

☐ No, client refuses

Updated MS Form

Comments/Change As we have had to receive form searching? I ask because we had a few clients with "engagement status" = "Refuse to provide info" and we all had their birth date. So want to figure out if searching is causing some strange data results.

PPS: Form entry requires manually filling in date for each request

- Make the date an optional field (won't do)
- Allow for respondents to be able to change the date at a later time

Comments/Change

- Confirm if this can auto-update back to excel
- What email sends the MS form? Ideally this receives the email
- The email can likely be linked to a specific table
- From time to time, it will fail at the time if there are additional entries
- 5-10 per shift roughly
- Generic email option

PPS: Form entry requires manually filling in location for each request

Add submit for location formatting

Comments/Change

- Step 1: experiment with suggested format & add any improvements to date quality
- Outreach workers should be educated about this

3. Location (address, park, intersection, etc.) *

Please input the address in the following format: XYZ

Enter your answer

PPS: Form entry requires manually filling in location for each request

Add submit for location formatting

Comments/Change

- Intersection (yes, also neighborhood and district)
- True location is not as helpful
- "Other Block of address" - Future
- 300 Intersections in the past few months
- Maybe we only display X amount
- Maybe an experiment
- Neighborhood
- Searching? Would this get complicated?
- Outreach workers should be educated about this

4. Location *

(entering a location via "Other" input the address in the following format: XYZ)

Select your answer

Street Name & Street Name

Street Name & Street Name

Other

PPS: Form entry requires manually fill for each request

OR, populate a dropdown list of available locations, with the ability to add "Other" with a certain formatting

Comments/Change

- MS Form has the option to collect emails
- Not huge priority, but can look at the user flow
- Would need to educate outreach workers on only using the SF gov email

Comments/Change Normalizing Intersection is very important. Please use the "HSOC ASTRO Analysis (April 2024)" Excel Sheet in SharePoint at the Locations tab. Be open to make any meaningful conclusions about how outreach offer at various locations. To really try to try 100 of the top intersections in the drop down then go Other option with instructions on how to input. Basic instructions need to say "according to exactly what on where the resolution is, not literally where you are standing" or something to that effect.

as of 4/14/24 1:00pm #1 for ASTRO

Keep as two questions

Combine the name fields?

Google Forms

HSOC Client Log

Form description

This form is automatically collecting emails from all respondents. [Change settings](#)

Automatically collect the email of who is filling out the form

JotForm

Address Map Locator

Map Satellite

PPS: Form entry requires manually filling in location for each request

Add a widget with a map locator that can capture a respondents location.

Comments/Change

What type of location data is most helpful?

- Intersection (yes, also neighborhood and district)
- Address
- Exact location?

Address	871-837 Franklin Ave, Brooklyn, NY 11225, USA
Latitude	40.6884509
Longitude	-73.9584238
Province	New York
Country	USA

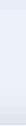
TWO PHASED PROTOTYPE TESTS

Improve the overall quality of the data received so that Data Analysts could spend less time manually cleaning dirty data.

Improve the overall user experience of the form to be less tedious for ERT members to fill out while in the field.

3. Location (address, park, intersection, etc.) *

Enter your answer



3. Location (address, park, intersection, etc.) *

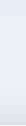
Please input intersections by numbered streets first then alphabetical order. For example:

- Mission and 6th -> 6th and Mission
- Fell and Baker -> Baker and Fell"

Enter your answer

9. Date of Birth (MM/DD/YY) *

Enter your answer



8. Date of Birth *

Please input clients DOB in the following format: MM/DD/YY
Example: 06/09/78

Enter your answer

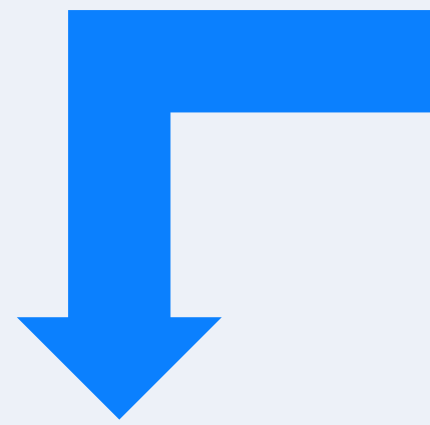
TEST INSIGHTS AND LEARNINGS

Overall, the changes made during both Phase 1 and Phase 2 tests reduced the need for manual database cleanup.

	Original Form	Phase 1 Changes (addition of subtext)	Phase 2 Changes (P1 + Location Dropdown)
Total submissions (#)	800	121	241
Total submissions with dirty data (#)	123	10	6
% total submissions with dirty data	15.38%	8.26%	2.49%
% improvement from the original form	n/a	46.25% Improvement	83.81% Improvement

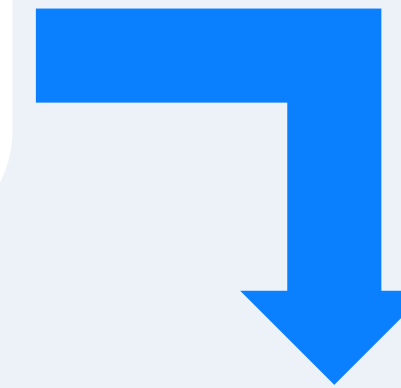
NEXT STEPS

What software can meet all our needs?



Backend:

ASTRID, Power BI Dashboards, ONE System alignment



Frontend:

Outreach workers in chaotic field scenarios, dual reporting processes

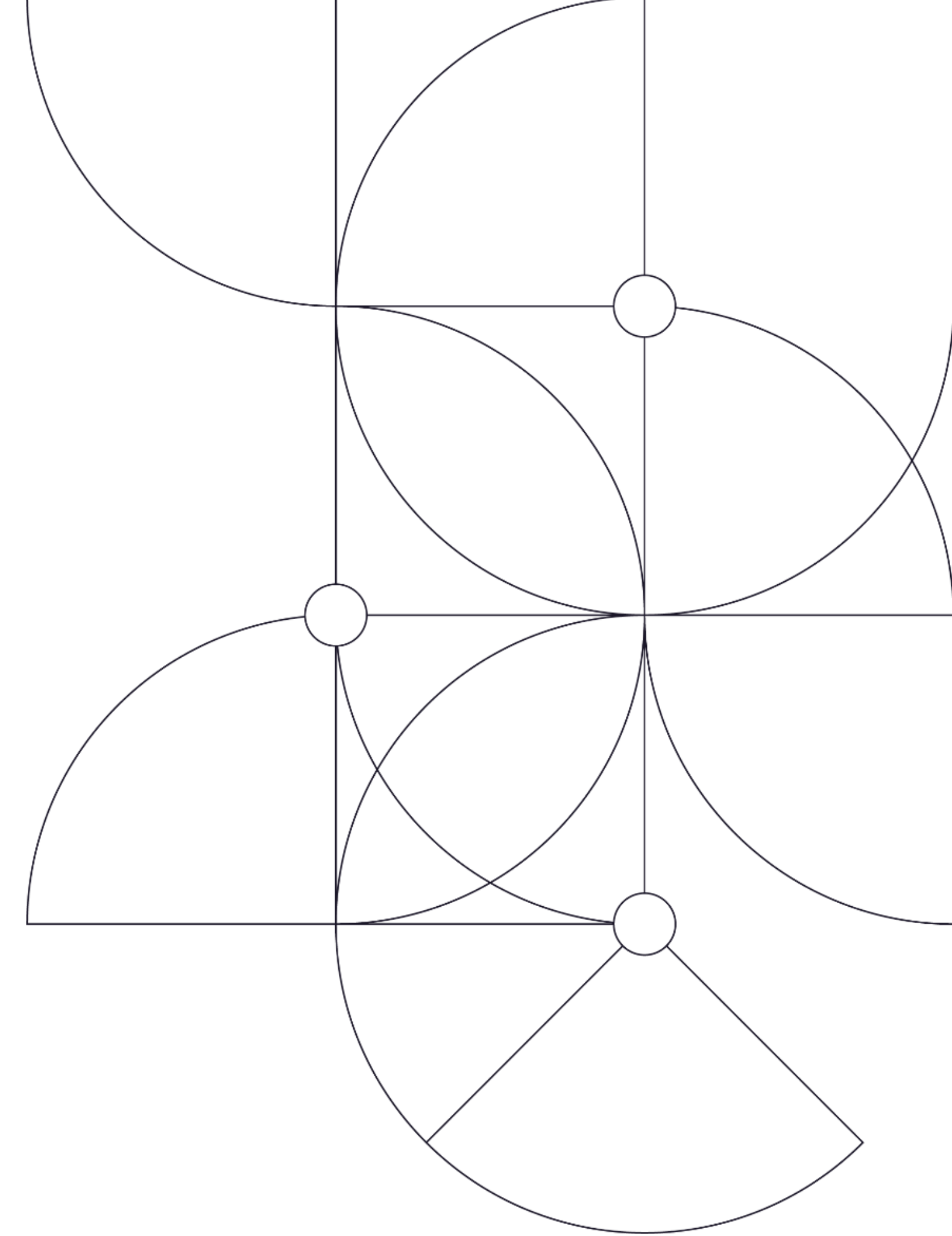


San Francisco
Department of Public Health

Civic Bridge: Dept of Public Health
Final Showcase

July 2024

Impact where it matters.



Project Team

ZS / Civic Bridge Team



Nan Gu

ZS Associates



Evelyn Choy

ZS Associates



Jacqueline Jennette

ZS Associates



Savinnie Ho

ZS Associates



Mat Larson

Mayor's Office of Innovation

City Core Team



Dara Papo

POET / DPH



Lauren Bell

DEM



Barry Zevin

POET / DPH



Joanna Eveland

POET / DPH



April Sloan

SORT / Fire



Michael Mason

SORT / Fire



Dominique McDowell

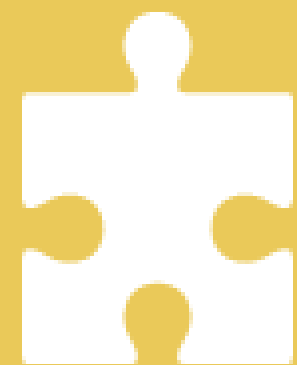
HOPE / UCSF

The Dept. of Public Health (DPH) wants to coordinate a data driven system of care for survivors of non-fatal overdoses that reduces barriers to substance use services



Situation

- San Francisco is facing a significant **challenge with opioid use** that has continued despite championing a harm reduction strategy, increasing availability of safer use resources, and expanding access to treatment services on demand.
- San Francisco has multiple overdose response teams to ensure that those treatment services are available for all who are ready to use them, DPH has worked to identify **structural and systematic barriers**



Complications

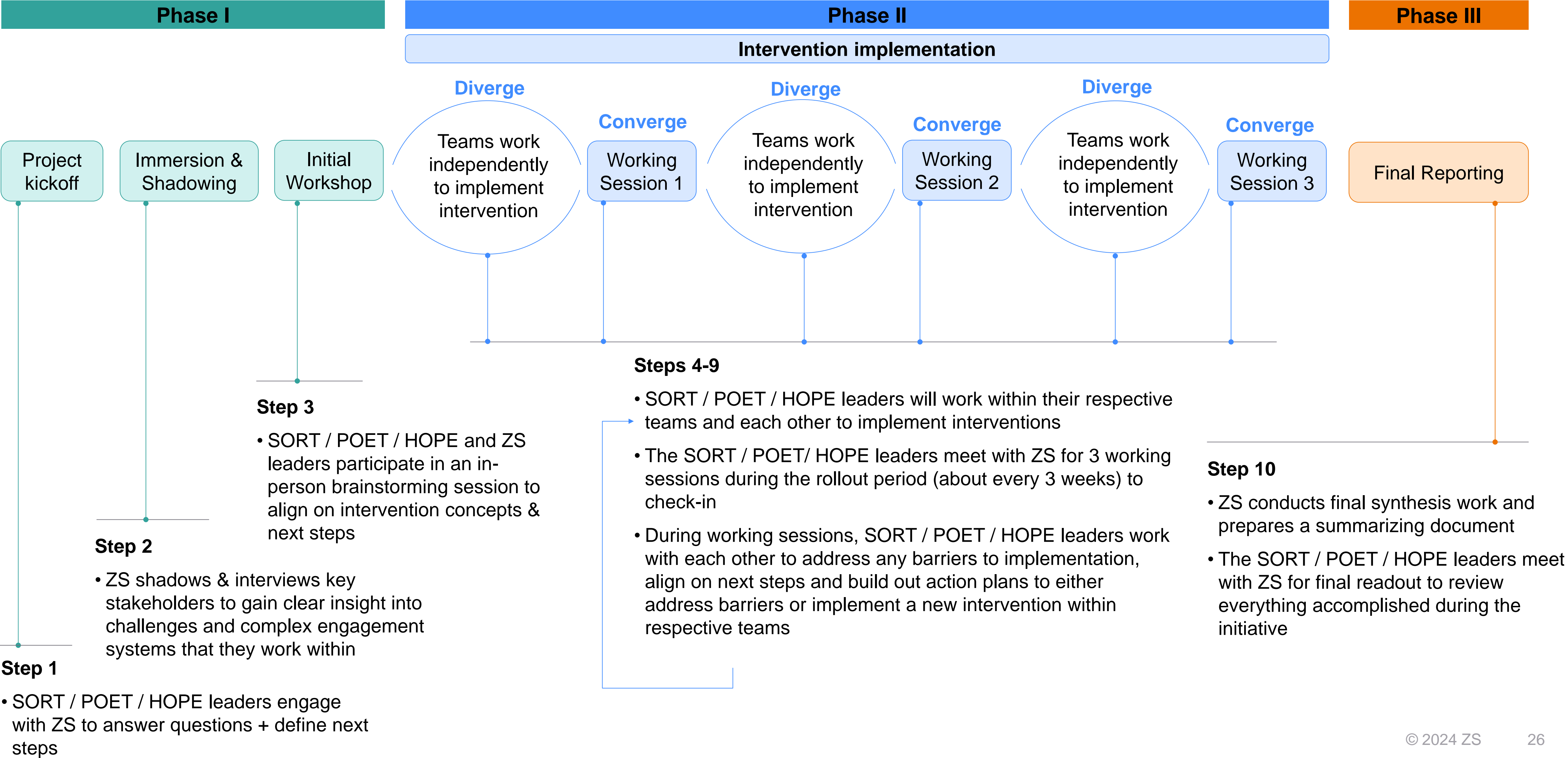
- DPH is interested in strengthening collaboration with partner City departments to identify appropriate service interventions and improve coordination among overdose prevention teams.
- For those who want to receive treatment for opioid or substance use disorder, DPH seeks to better understand:
 - What **friction** exists in coordination overdose prevention efforts and care across departmental systems?
 - What **coordination** (digital, analog, data-based) currently exists between teams and departments?
 - Where are the **care gaps** within the span of control for each overdose team?



Key Project Objectives

- DPH would like the Civic Bridge project to collaborate with system stakeholders (e.g., SORT, POET, HOPE leadership) including program managers, service providers, and the system of care, **to propose and implement a series of feasible changes** for the response teams to test during the 9-weeks implementation phase
- The Civic Bridge team would synthesize workshop and implementation findings and provide longer-term **recommendations**; synthesis should include a **response journey map** to coordinate a system of care that reduces friction in the response team's services and expand access to substance use services

The working team of ZS, DPH, SORT and HOPE worked to meet those objectives through carefully orchestrated patterns of activity



Implemented interventions are expected to have outcomes that will improve effectiveness of responders across SORT, POET and HOPE



40% of individuals who receive a bupe start from SORT paramedics during normal business hours will receive a warm hand off to POET follow up services



Paramedics are now attending **standardized training** to discuss medications for addiction treatment and other overdose prevention



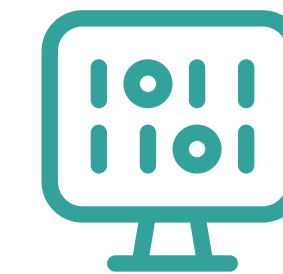
100% of all paramedics able to recognize signs and symptoms of opiate withdrawal and **90%** of clients will be offered community resources for substance use services



Improved efficiency of POET and HOPE's supporting **30 clients/year** with unclear housing status and minimizing duplication of efforts to identifying / locating clients



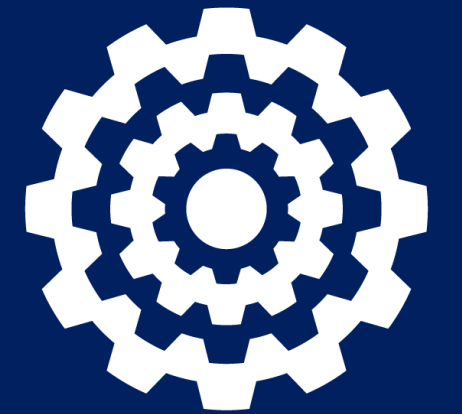
90% of individuals flagged to POET will have a care coordination note entered in Epic leading to follow up substance use care for 100 clients/year



Expanding EPIC access to capture **80%** more client documentation in a more visible common platform and standardizing the documentation workflow in Epic to allow centralized monitoring and evaluation, saving **100 hours** of administrative time that can be redeployed to direct service.



THANK YOU!



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