

# 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

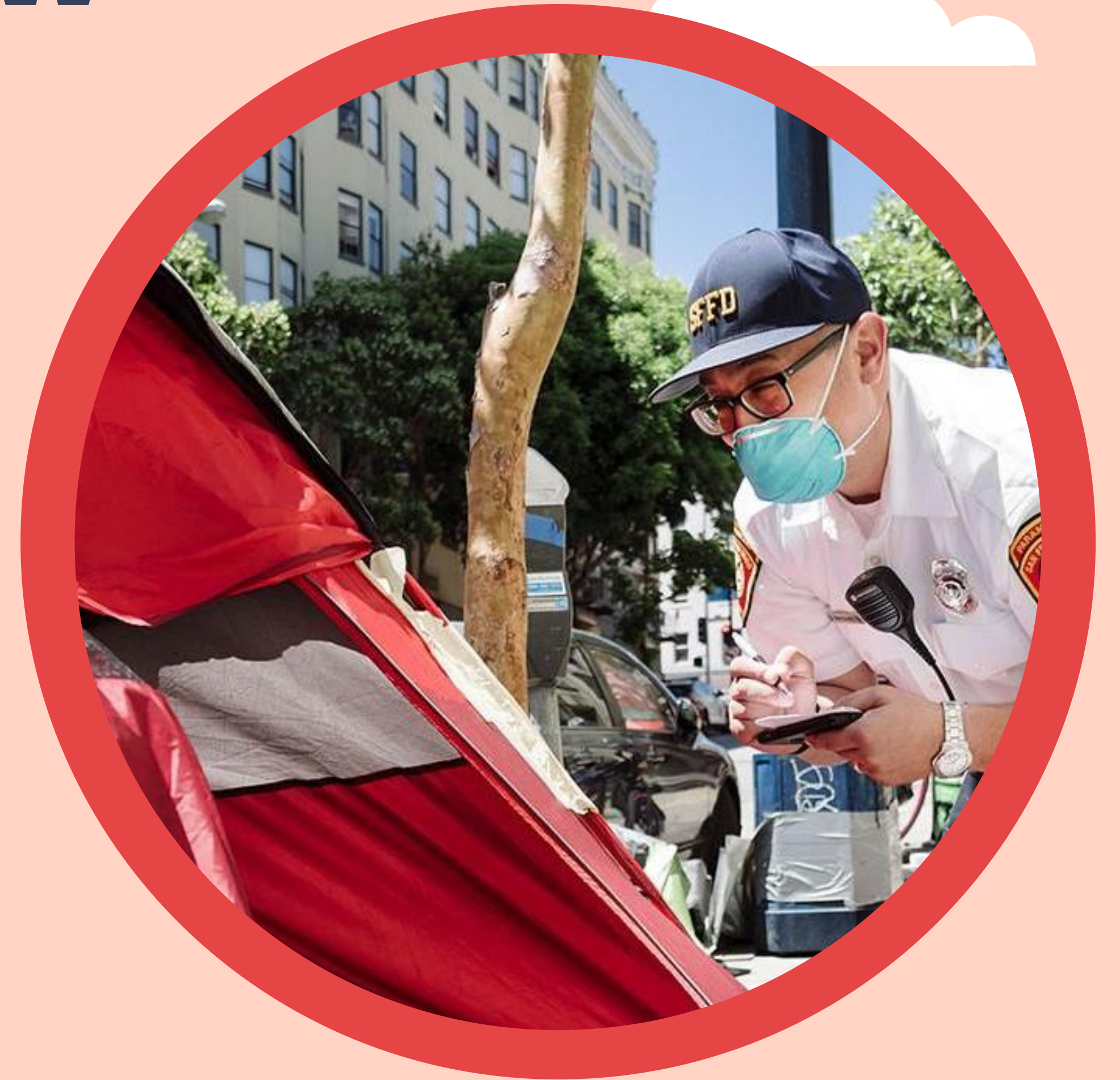
The wrap-around care that EMS-6 provides is long term and inherently personalized to the unique needs and circumstances of each client.

**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 Moorer, Elaina Gunn)
  - SFFD IT (Eugene Tse)

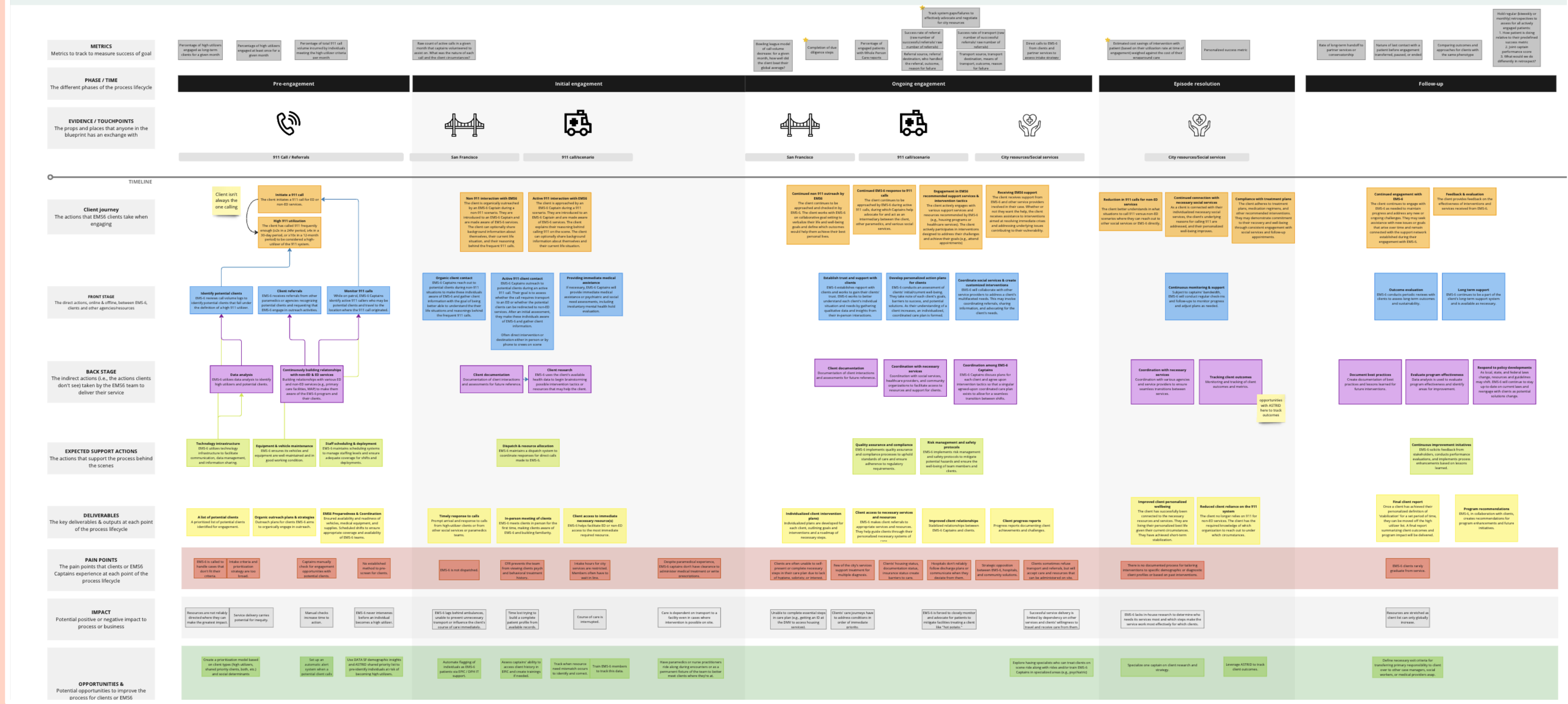


# DELIVERABLES



# 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 health issues	Screening and case intake	Not properly connected	Minimal trust established	10-19 calls per month
2	Couch-surfing	Sporadic treatment									8-9 calls per month
3	Transitional housing	Regular treatment, occasional relapse									5-7 calls per month
4	Permanent housing	No substance use or managed substance for >6 months									1-4 calls 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

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*Chief Simon Pang*



*Chief April Sloan*



*Chief Michael Mason*

## Civic Bridge Partner

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*Mat Larson*

## Adobe Team

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*Shay O'Reilly*



*Madisen Hackley*



*Natasha Humphries*

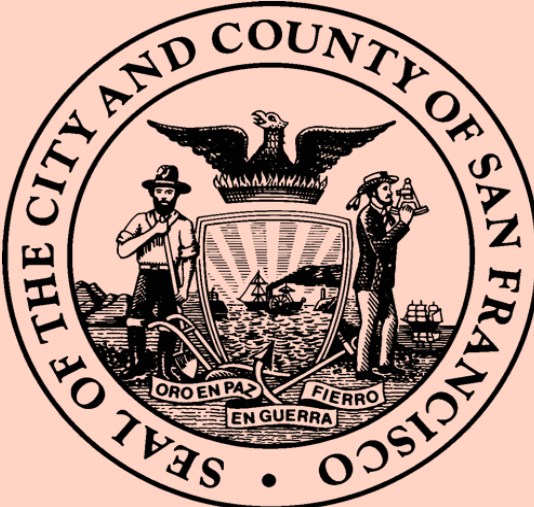


*Brooke Weller*



*Madeleine McGrath*

**Thank you**



# Improving HSOC intake form & data quality

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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

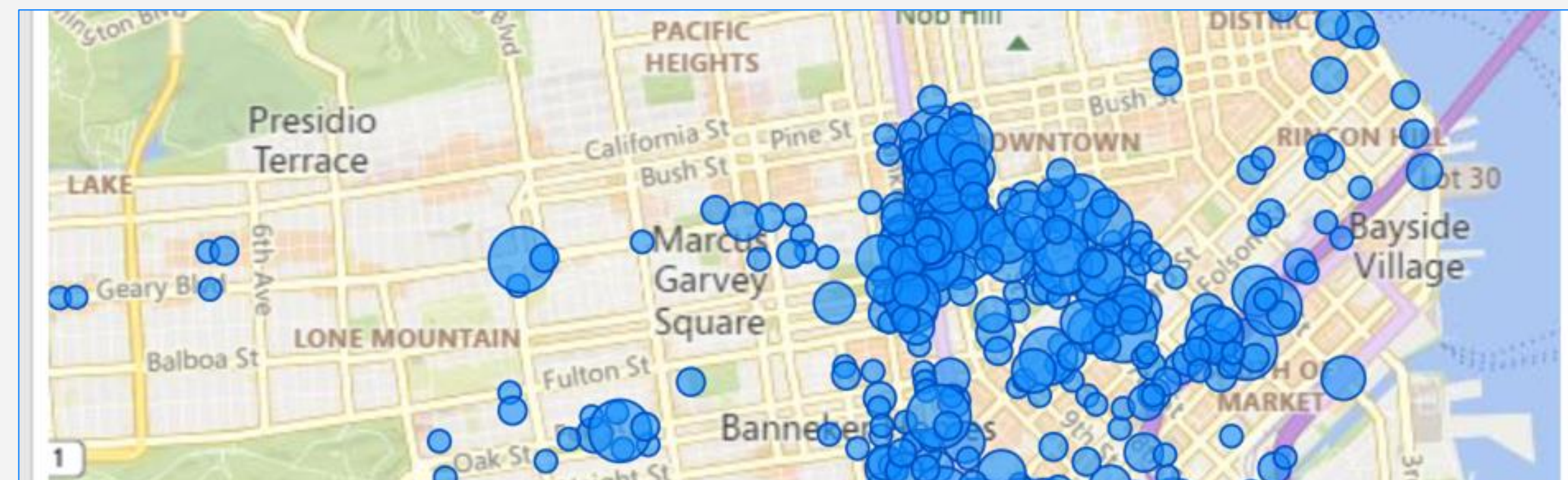
4. HSOC Staff Initial \*

AB  
 CD  
 DN  
 JL  
 JM  
 PR



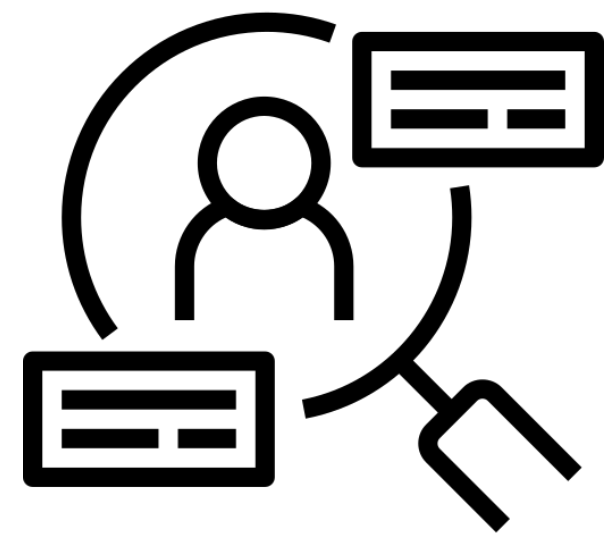
## HSOC Outcomes Table

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



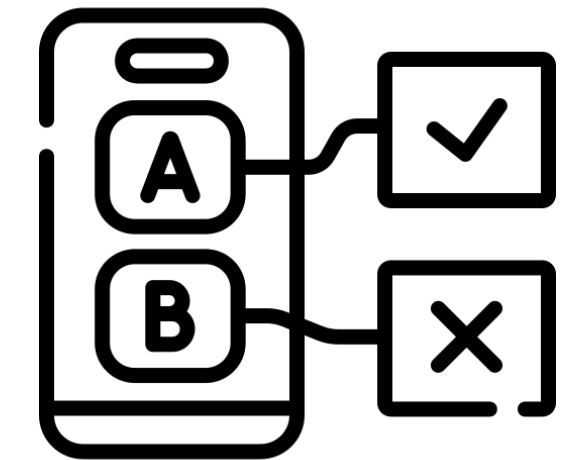
**Conducted User  
Research**



**Created a  
Stakeholder Map  
of the Form Data**



**Identified  
Opportunities for  
Form Usability  
Improvements**



**Created and  
Tested New  
Form Prototypes**



# IDENTIFY OPPORTUNITIES

## Current MS Form

### HSOC Client Log

\* Required

- Today's Date \***  
Please input date (MM/yyyy)
- Shift or Referral \***
  - Morning
  - Afternoon
  - Weekend
  - Community Referral
  - PD Encounter
- Location (address, park, intersection, etc.) \***  
Enter your answer
- HSOC Staff Initial \***
  - All
  - CD
  - DN
  - XL
  - JM
  - PR
  - ZS
  - CH
  - NH
  - Other
- Is client willing to give us their name? \***
  - Yes, client will give their name
  - No, client refuses

## Updated MS Form

**Client Choice** As we have had to make form searching I ask because we had a few clients with "Engagement Status" = "Refuse to provide info" and we will not have their date. So want to figure out if branching to creating some change data needs.

**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

Confirm if this can auto-update back to work

- 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, Eric will look at the form if there are additional entries.

- 3-10 per shift roughly
- Generic email option

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

Add submit for location formatting

**3. Location (address, park, intersection, etc.) \***  
Please input the address in the following format: 112

Enter your answer

**4. Location \***  
Forming a location via "Other" input the address in the following format: 112

Select your answer

- Street Name & Street Name
- Street Name & Street Name
- Other

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

Add submit for location formatting

Intersection (yes, also neighborhood and district)

- True location is not as helpful
- "What Block of 10000 507" - 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

**PPS** Form entry requires manually fill for each request

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

MS Form has the option to collect emails

- Not huge priority, but can look at the email flow
- Would need to educate outreach workers on only using the SF gov email

**Client Choice** Normalizing Intersection is very important. Please see the "HSOC ASTRE Analysis (April 2024)" Excel Sheet in SharePoint at the Locations tab. Its impossible to make any meaningful conclusions about how outcomes differ at various locations, to really try to try 100 of the top intersections in the app down from an Other option with instructions on how to input. Some instructions need to say "according to exactly what we want the resolution is, not broadly where you are standing" or something to that effect.

at 11:44 1/1/2024 #1 for ASTRE

MS Form has the option to collect emails

- Not huge priority, but can look at the email flow
- Would need to educate outreach workers on only using the SF gov email

Stay on 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

### HSOC Client Log

**Address Map Locator**

Address: 871-837 Franklin Ave, Brooklyn, NY 11225, USA

Latitude: 40.6634501

Longitude: -73.9584238

Province: New York

Country: USA

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

Add a widget with a map locator that can capture a respondent's location.

What type of location data is most helpful?

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

# 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

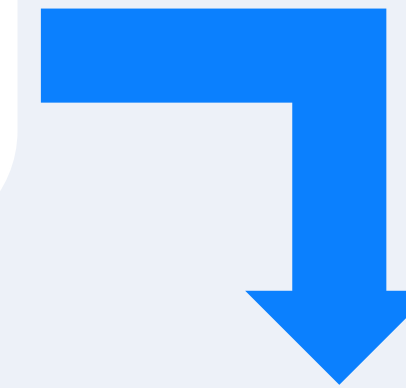
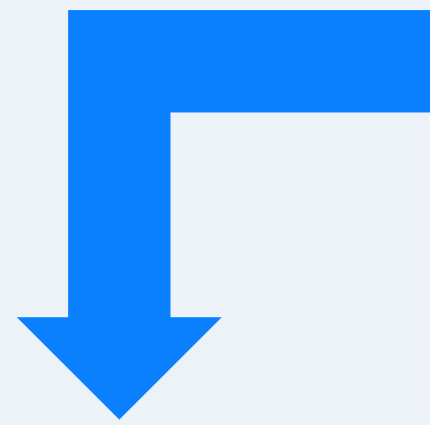
# TEST INSIGHTS AND LEARNINGS

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

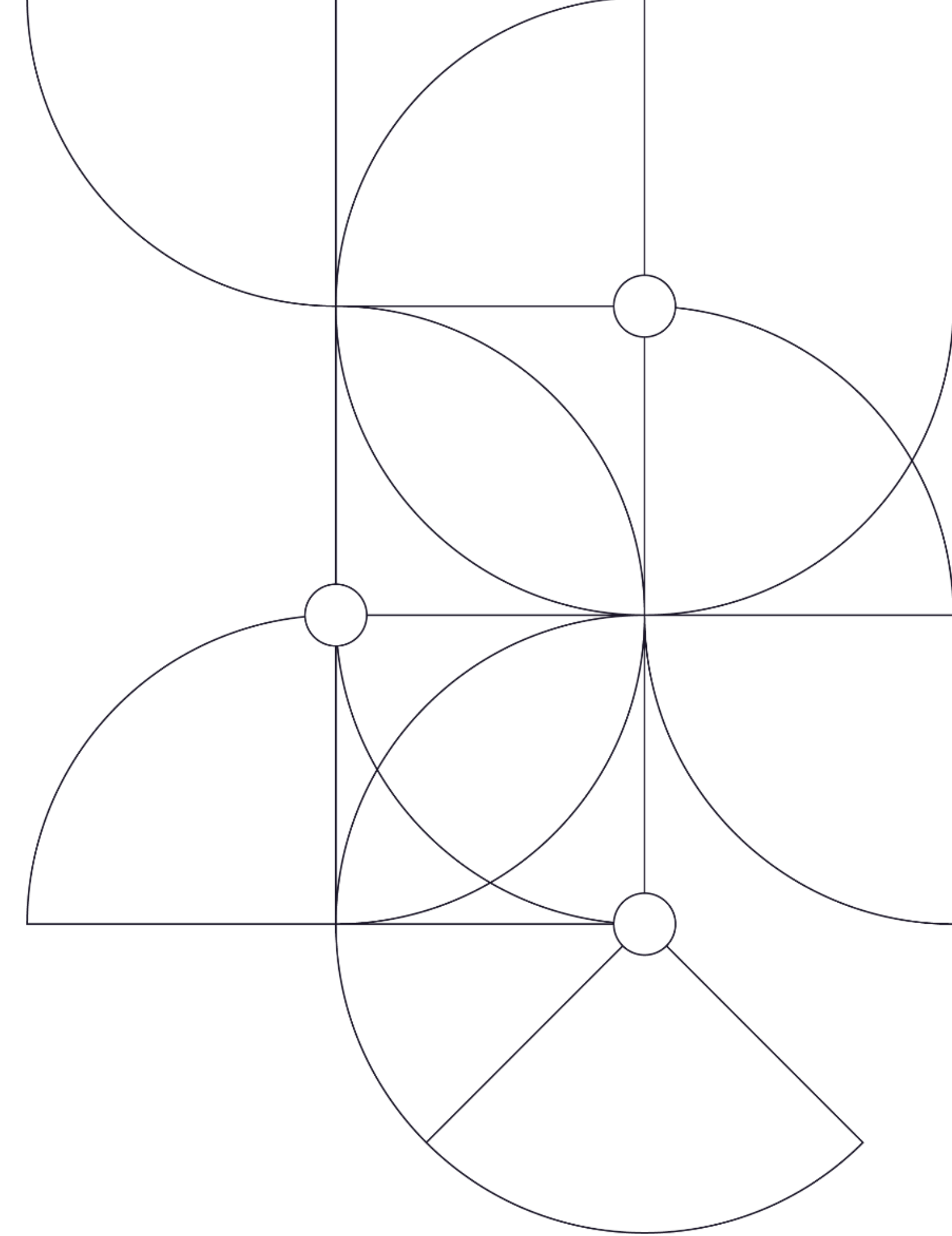


San Francisco  
Department of Public Health

**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*

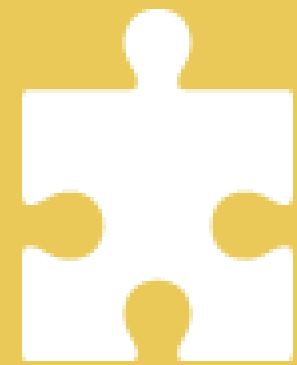


# The Dept. of Public Health (DPH) wants to coordinate a data driven system of care for survivors of non-fatal overdoses that reduces barriers to substance use services



## 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

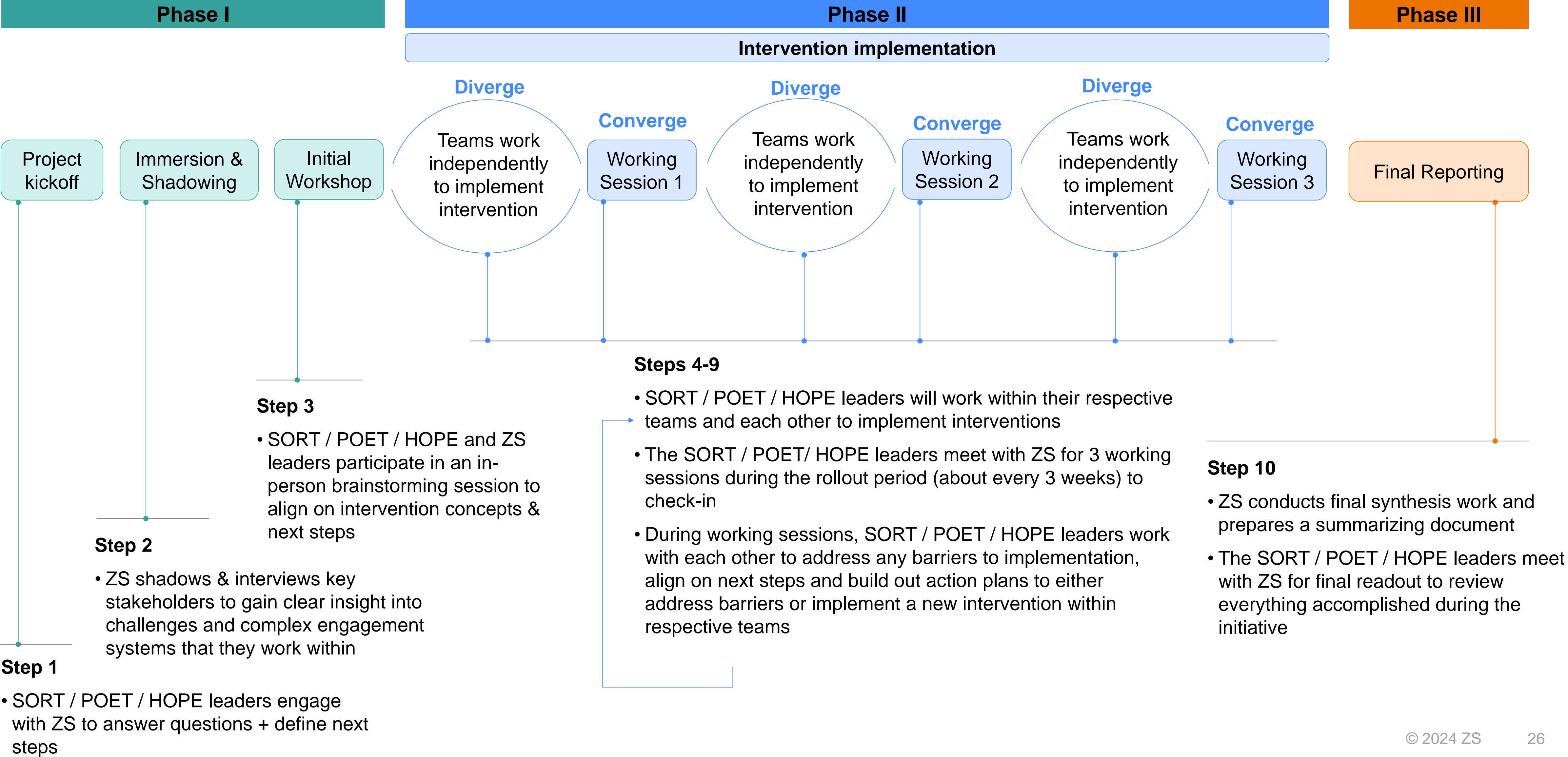
- DPH is interested in strengthening collaboration with partner City departments to identify appropriate service interventions and improve coordination among overdose prevention teams.
- For those who want to receive treatment for opioid or substance use disorder, DPH seeks to better understand:
  - 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



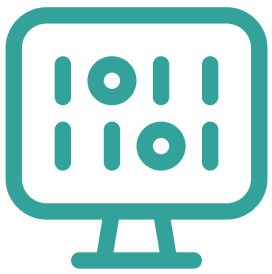
**100%** of all paramedics able to recognize signs and symptoms of opiate withdrawal and **90%** of clients will be offered community resources for substance use services



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



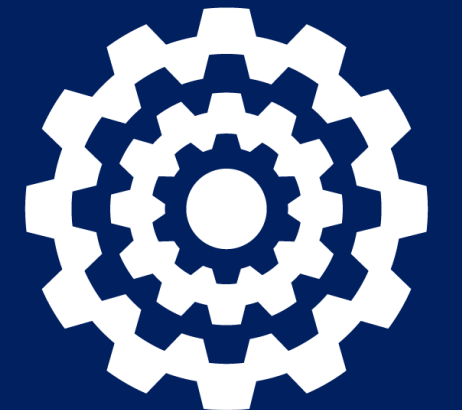
**90%** of individuals flagged to POET will have a care coordination note entered in Epic leading to follow up substance use care for 100 clients/year



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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