

City and County of San Francisco
Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)
July 1, 2021 - December 31, 2022
Perinatal Set-Aside Program Narrative

a. Statement of Purpose: The goal of the San Francisco CRRSAA Perinatal Set-Aside Program is to improve the health, safety, and pregnancy outcomes of pregnant people in San Francisco who are facing significant barriers to accessing effective prenatal and perinatal care and essential medical, psychosocial and support services. CRRSAA Perinatal Set-Aside funding will support a subcontract to **Team Lily**, an innovative multidisciplinary care team created and operated by the Zuckerberg San Francisco General Hospital Divisions of Obstetrics and Gynecology, Psychiatry, and Solid Start. Team Lily provides holistic, trauma-informed, wraparound services to pregnant individuals who are homeless or unstably housed and/or who have an active substance use disorder, including persons with a history of mental illness. Team Lily will intensively work with and support these individuals to assess needs, develop personalized care plans, link clients to needed service and support programs, and provide flexible, accessible obstetric, psychiatric, social work, and navigation services. Team Lily is a **national model program** offering exciting new opportunities for increasing quality of care and outcomes for pregnant people who are homeless and/or who have an active substance use disorder at the time of pregnancy.

b. Measurable Outcome Objectives:

- **Funding Period # 1: July 1, 2021 - June 30, 2022:**
- Provide team-based multidisciplinary, wraparound support services to pregnant people in San Francisco facing significant barriers to effective prenatal care and support services, with an emphasis on homeless and unstably housed persons and persons with active substance use disorders
- Continually follow-up and support individuals enrolled in the program both during and up to one year following pregnancy.
- **Funding Period # 2: July 1, 2022 - December 31, 2022**
- Continue to provide team-based multidisciplinary, wraparound support services to pregnant people in San Francisco facing significant barriers to effective prenatal care and support services, with an emphasis on homeless and unstably housed persons and persons with active substance use disorders
- Continually follow-up and support individuals enrolled in the program both during and up to one year following pregnancy.

c. Program Description: Team Lily utilizes a multidisciplinary team to provide trauma-informed, wraparound services to pregnant people living on low incomes who are facing significant barriers to effective prenatal care and related services. Team Lily offers patients a consistent, supportive care team that offers flexible and accessible obstetric, psychiatric, social work and patient navigation services that incorporate support for transportation to medical care; substance use treatment integrated into pregnancy care; and holistic services such as assistance with housing, financial support, and mental health service access. Team Lily strives for a pregnancy, birth, and postpartum experience that is filled with dignity, grounded in patient autonomy, and that uplifts individual or parenting goals. Team Lily is committed to dismantling structural racism and challenging the stigma and discrimination that underlie the barriers to care facing Team Lily patients.

All Team Lily patients receive an initial comprehensive medical, health, and psychosocial screening, including screening for substance use disorders, by the team's Social Worker, Navigator, and/or Medical Director. Team Lily patients are offered intensive case management services through the Team Lily Navigator, Social Worker, and/or Community Partner. All patients with an identified opioid use disorder are offered medication assisted treatment (MAT), and of those offered treatment during pregnancy, an estimated **80%** will begin treatment before birth. Team Lily provides coordinated care that features ongoing, intensive communication and collaboration between the team and any substance use and/or mental health service programs in which a patient participates. Team Lily also closely communicates and collaborates with any inpatient (labor and delivery) and outpatient programs used by the client. The Team Lily Medical Director is an OBGYN who also works on labor and delivery and who facilitates inpatient and outpatient team communication, along with the Team Lily Social Worker. Following delivery, Team Lily continues to work with each client to support stabilization, ensure housing access, and remove barriers to access and utilization of behavioral health services, including providing any needed parenting skills or support programs.

d. Cultural Competency: The National Culturally and Linguistically Appropriate Services (CLAS) Standards improve health care quality and advance health equity by establishing a framework to advance and sustain culturally and linguistically appropriate services. The CLAS Standards Checklist also provides agencies and programs with a clear outline of steps that can and should be taken to ensure culturally competent services and eliminate health disparities in both service access and outcomes. All agencies funded through the SABG program will be required to meet the National CLAS Standards as a condition of grant award, and adherence to CLAS standards will be continually tracked as part of the contract monitoring process, including assessing the availability of services in multiple languages; ensuring the availability of interpretation services; and monitoring staff ethnicity and linguistic capacity through the SFDPH Cultural Competency Tracking System. At the same time, the SFDPH Office of Equity, Social Justice, and Multicultural Education will continue to

work with San Francisco Behavioral Health Services and its network of contractors to promote social justice and service access equity for clients by reducing institutional, systemic and programmatic barriers to healthcare through training, technical assistance, program monitoring, quality improvement, cultural and linguistic capacity tracking, enhanced reporting, and other strategies. Additional approaches to ensure cultural competency through the SABG program will include:

- Developing new community partnerships to directly engage focus population members in program design, implementation, monitoring, and quality improvement;
- Using effective, demonstrated programs and practices that have been developed and evaluated specifically for diverse and underserved populations;
- Conducting outcome evaluations to demonstrate whether programs are having the intended impact on focus populations, including reducing both access and outcome disparities; and
- Funding and engaging community partners that demographically reflect the focus populations served by each program.

e. Target Population / Service Area: Team Lily services are available throughout San Francisco, and focus on some of the most marginalized pregnant people in the city. Of pregnant people and families served by Team Lily to date, **95%** have been unstably housed or homeless at entry; **30%** have been unsheltered, living in a vehicle, tent, or on the street; **80%** have had an active substance use disorder at the time of pregnancy; and **40%** have reported a history of mental illness. With the support of Team Lily, fully **90%** of all patients served have been sheltered by the time of delivery while **80%** of persons with opioid use disorders have been enrolled in MAT during pregnancy.

f. Staffing: Team Lily consists of **four** highly trained staff members who together provide coordinated and highly accessible care to persons facing severe barriers to receipt of effective, trauma-informed pregnancy care and related services.

- The **Program Manager** is responsible for Team Lily administrative coordination, communications, community outreach, and evaluation.
- The **Medical Director** is an OBGYN who is responsible for prenatal care, substance use treatment in pregnancy, coordination with OTP providers, birth planning, and postpartum care.
- The **Social Worker** is responsible for patient counseling; intensive case management; patient education and linkage to resources; coordination with OTPs and outpatient or residential treatment programs; and navigator supervision.
- The **Patient Navigator** is responsible for ensuring patients' immediate needs are met, including assistance with navigating the shelter system, accessing services through WIC,

accessing food, clothing, and baby supplies, and accessing OTP and residential or outpatient treatment services. The Navigator also serves as a critical bridge between clinic-based work and all of the services clients access outside of the healthcare system.

g. Implementation Plan: Team Lily is operational, and has shown a high level of success and patient satisfaction. The team, however, is in need of continuation funding to support this vital new program model. San Francisco CRRSAA Perinatal Set-Aside funds will support the continued operation of Team Lily over the 18-month funding period from July 1, 2021 through December 31, 2022. BHS will closely monitor and report on the activities and client-level outcomes of Team Lily throughout the project period.

h. Program Evaluation Plan: SFDPH and SF Behavioral Health Services maintain a robust program monitoring, evaluation, and quality improvement system to track the process of program implementation, monitor the impact and outcomes of behavioral health programs and services, and identify and address disparities in regard to service access, utilization, and outcomes. The DPH Business Office of Contract Compliance conducts annual program reviews of each contracted provider that document status in meeting performance objectives and achieving service and process requirements in relation to each contract or agreement. Program reviews track provider performance and outcomes. Plans of Correction are developed and tracked by BHS program managers to address any performance problems identified in these reviews. The Office conducts almost 200 site visits and 100 desk audits of BHS programs each fiscal year. BHS also provides ongoing evaluation support and monitoring of contractors through strategies such as regular meetings and telehealth conferences to review progress toward goals and objectives and to address any specific deficiencies or documented concerns.

i. CRRSAA SABG Supplemental Tracking: SFDPH will establish separate line-item budget accounts with distinct ledger codes to dispense, track, and administer CRRSAA SABG funding separately from both ARPA SABG funding and the County's prime SABG award. SFDPH will adhere to all relevant State fiscal requirements in relation to SABG funding, and will utilize the CRRSAA Invoice Template to request State reimbursement no later than 20 days following the end of each quarter.

k. CRRSAA Complete Expenditure of Funds: SFDPH understands the CRRSAA SABG requirement that each State Fiscal Year (SFY) allocation must be expended in full within the established funding period. SFDPH understands that failure to spend the entirety of each respective SFY allocation will result in the forfeiture of the remaining funds allocated for the respective SFY, and that there will be no rollover of funds from one SFY to another. San Francisco County will report to DHCS by June 30, 2022 if they do not anticipate fully expending their SFY 2022-23 allocation by December 31, 2022.