



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

## **Enhanced Perinatal Services Funds: The Solid Start Initiative at ZSFG/Team Lily**

### **Memorandum of Understanding**

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation hereinafter called "Foundation" and Zuckerberg San Francisco General Hospital 7/1/21:

#### **PURPOSE AND SCOPE**

The Purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the:

#### **Enhanced Perinatal Services Fund: The Solid Start Initiative at ZSFG/Team Lily**

The funds for which were received by the Foundation as part of the Solid Start Initiative launched in 2015 and Team Lily, launched in 2018.

#### **MOU TERMS**

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The expected timeframe of the MOU begins July 1, 2021 and ends June 30, 2022.



**PROGRAM RESPONSIBILITIES UNDER THIS MOU:**  
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**Team Lily**

Team Lily will expend grant funds to fulfill the mission and vision of Team Lily (please see <https://obgyn.ucsf.edu/san-francisco-general-hospital/team-lily> for mission statement in its entirety). Team Lily provides wrap-around services to approximately 50 pregnant and postpartum people annually in San Francisco experiencing homelessness, substance use disorders, significant mental illness, intimate partner violence, and/or incarceration. Funds will be used to support social work and navigation services, program management, transportation, and supplies.

Expenses allowed are up to the maximum spend not to exceed the amounts in \$40,000 and will be allocated as described:

**General Operating**

**\$40,000**

Team Lily will evaluate current services and extend services to 1-year postpartum, expanding wrap-around services to include navigation to pediatric and early childhood services, parenting support, as well as ongoing mental health and recovery services for families.

**Solid Start**

Solid Start will expend grant funds to fulfill the mission of vision of Solid Start toward projects that provide patient care, coordination of care, and systematic change to improve comprehensive approach for the pre-three population at ZSFG.

Expenses allowed are up to the maximum spend not to exceed the amounts in \$865,562 and will be allocated as described in detail below.

**I. Staff**

**A. Core Staff/Steering Committee** to provide overall infrastructure, non-clinical operations, cross departmental collaboration and strategy, includes

- 0.50 director
- Steering Committee Champion x 3 (OMG, Pediatrics, Family Medicine)
- 0.40 Community Engagement Coordinator
- 0.40 Project Coordinator

**Total \$350,000**



The primary function of the Steering Committee is to take responsibility for the planning, implementation, and achievement of outcomes of Solid Start. The Solid Start Steering Committee will monitor and review the program status, as well as provide oversight of program deliverables. The Steering Committee provides a steadying influence so programmatic concepts and directions are established and maintained (e.g. logic model, theory of change, strategic plan etc). The Steering Committee provides insight on enduring strategies in support of funder requirements. Members of the Steering Committee ensure programmatic objectives are sufficiently addressed and program deliverables and outcomes are met.

These responsibilities are fulfilled through the following functions:

- Formal acceptance of program deliverables and outcomes per the Solid Start Strategic Plan;
- Monitoring of the program at regular Steering Committee meetings;
- Oversight of Solid Start Strategic Plan as developing issues force modifications to be considered (e.g., COVID-19),
- Ensuring overall strategic direction aligns with the approved requirements of evidence-based practice, program funders, and key stakeholder groups;
- Providing staffing support to the program when necessitated;
- Resolving program conflicts and disputes, resolving differences of opinion and approach via consensus;
- Approve Budget, ensuring effort, expenses and alterations are appropriate;
- Prioritization of program objectives and outcomes as identified in the Strategic Plan;
- Support deliverables as identified in the Strategic Plan or other grant and/or funder related deliverables;
- Program management and quality assurance practices;
- Foster positive communication outside of the Team regarding the program's progress and outcomes;
- Report on program progress to those responsible at a high level, such as hospital leadership, DPH leadership etc.

## **B. Mental Health Coordination and Consultation**

Includes salary for 1.0 FTE and 0.50 FTE Social Worker

**Total: \$200,000**

As core to the Solid Start mission we continue to develop and expand our clinical protocols to interrupt the toxic stress response and the intergenerational transmission of trauma in the Solid Start population. We are approaching the development of these clinical protocols at three levels:





- 1) Enhancing behavioral health integration *within our 3 primary clinical settings*
- 2) Clear referral and linkage processes for specialty maternal and dyadic mental health services *across the SF perinatal population*
- 3) Community and clinic-based mental health consultation and capacity building

For each of these levels, a primary mental health service partner and collaborator is the UCSF Infant Parent Program (IPP), with whom Solid Start has a longstanding collaborative relationship. The IPP is one of the nation's pioneering programs specializing in infant, early childhood, and perinatal mental health and reproductive justice service delivery and training. The IPP has a particular commitment to underserved and vulnerable children and their caregivers, services provided to this population include perinatal mental health, infant-parent psychotherapy and mental health consultation. As a Medi-Cal mental health provider focused specifically on dyadic interventions, the IPP serves as an ideal partner for our clinical protocols.

The funding allocated here supports 0.50 FTE for a psychologist position to bridge the IPP and Solid Start Initiative efforts. The remaining funds go toward the "Solid Start Social Worker" to provide services, care coordination, consultation and capacity building as further described below.

- Support more flexible/integrated direct mental health services provided by IPP clinician(s) or IPP-trained clinician(s) that do not fit into traditional, dyadic IPP psychotherapy model or the standard DPH behavioral health model
- Develop system of tracking and evaluation for shared cases/referral
- Establish clear and documented communication protocols and processes for consistent and systematic communication between IPP therapists and ZSFG clinical providers while adhering to highest principles of patient privacy and respect
- Create clear, user-friendly and trackable referral pipeline and linkages from clinic/hospital-based services (5M, 6M, FHC, birth center) to the intensive mental health services for pregnant people and infant-parent dyads (traditional specialty mental health model of Infant Parent Psychotherapy)
- Consultation/capacity building/trainings for clinic/community partners (specifically, SisterWeb, Team Lily and the New Beginnings program at the Homeless Prenatal Program)

### **Consultants**

In the coming year, Solid Start will pilot and evaluate a model of healthcare provider-community CHW collaboration that creates the case for health systems to contract with community-based organizations using healthcare revenues to support. Components of the pilot include developing a working/clinical model and identifying infrastructure needed to sustain the model. The two organizations listed below will be supported as consultants to implement this pilot specifically in the ZSFG OMG/5M clinic, with plans to expand the pilot to other key Solid Start clinics and potentially across the SFHN.



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**A. Homeless Prenatal Program**, Solid Start has worked collaboratively with the Homeless Prenatal Program as a key community partner for the last few years. The Scope of our work together for the next year is described in detail below. **\$240,562**

**Perinatal Services Navigation and Workforce Development (“The Breadth”)**

- Partner with Solid Start and 5M leadership to establish workflows and documentation processes that enable HPP CHWs to provide billable CPSP services; includes on-site work at ZSFG 6 half days per week, anticipate start 9/1/21
- Develop and Pilot new CHW internship program at ZSFG
  - Anticipate launch of on-site interns Jan 2022
  - Onsite/virtual navigation (pending COVID) and linkage to services
- Track/facilitate Richmond Area Multi-Services (RAMS) Mental Health Peer Certification program completion by HPP staff when possible
- Professional Panel Presentations and Conference attendance by HPP staff facilitated by SS partnership
- Collaborate with HPP navigation coordinator to iterate and evaluate process for bi-directional care coordination and referrals
- Provide a direct link to HPP for warm referral into services through the HPP Navigation Coordinator.
- Explore opportunities with other HPP programs where additional (in-depth) coordination is needed
- **Co-develop capacity building** of HPP and ZSFG staff through shared trainings, for example:
  - Ongoing Mental Health, Substance use Training, IPV trainings
  - Anti-racist Health Education
  - Culturally centered care

**New Beginnings and CenteringPregnancy cross-sector work (“The Depth”)**

- Partner with Solid Start and 5M leadership to establish workflows and documentation processes that enable HPP Case Managers to provide billable CPSP services; includes on-site work at ZSFG 4 half days per week, anticipate start 9/1/21
- Partner with 5M Midwives to co facilitate Centering Prenatal Care and provide billable CPSP services, includes co facilitation and screening and service linkage for Centering patients
- **Manage and iterate clear and documented communication protocols and processes** for consistent and systematic communication between HPP New Beginnings and ZSFG clinical providers
- **Co-create** “role clarity” document outlining roles of the care team
- **Identify Shared Clients between New Beginnings and ZSFG**





- After identifying shared clients, NB Manager and Solid Start Social Worker to identify complex cases for case conferences
- **Establish monthly case conference sessions** with New Beginnings Case Managers and ZSFG staff to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
- **Create written treatment plans** for select shared complex cases using standardized template (e.g. Plan of Safe Care) that outlines client goals and roles of care team
- **Establish a streamlined referral process:**
  - Establish clear referral pathway for NB CMs to connect clients to prenatal care and vice versa
  - Establish clear referral pathway for NB CMs to refer to ZSFG psychiatric services and vice versa
- **Collaborate with Solid Start team for grant writing and fund development** opportunities as well as other synergistic opportunities for program development as needed
- **Capacity building** for NB Case Managers utilizing Solid Start resources/connections/expertise, for example:
  - Ongoing Mental Health, Substance use Training, IPV trainings
  - Antiracist Health Education
  - Culturally centered care

#### **Program Evaluation: Data Sharing and Integration**

- Document shared metrics and evaluation goals across HPP and Solid Start; work with Solid Start evaluation manager to create collective impact vision
- Further develop and formalize Solid Start and HPP Data Sharing Agreement describing and identifying the data including the parameters for use; i.e., what can and cannot be done with the data
  - Establish timeline/cadence of data sharing for categories below
  - New Beginnings client data (Include racial/ethnic data)
  - Pantry client data: data needs TBD, possible client cross check
  - Program outcomes (outlined below)
- The purpose of the data sharing plan is to enable the sharing of data across systems; linked, and synthesized to inform action while protecting data security and individual privacy.
- Develop processes for collecting data to meet shared evaluation goals

#### **Patient Pantry**

- Provide the needed infrastructure to manage Pantry operations as follows:
  - Provide the fiscal management needed to steward the project.
  - Provide support for future donations and grants



- Enable donors to make IRS tax deductible donations
- Provision of space for the Patient Pantry to store food and other basic supplies to be delivered to clients and clinical sites
- Hire, train, and supervise a new 1.0 FTE Pantry/Food Insecurity Coordinator
- Provide all coordination related activities including coordination with donors, vendors, clients, clinics, and volunteers.
- Manage and/or improve upon existing Pantry systems
- Regularly review progress with ZSFG Pantry leads to ensure continued success.
- Manage the transition of Patient Pantry to HPP

**San Francisco Respect Initiative-** salary support for Dr. Malini Nijjal, consultant expertise in maternity care systems for CHW sustainability pilot, **\$50,000**

- SF Respect Initiative is well-positioned to lead this work with Solid Start because of strong working relationships with two community organizations of CHWs/doulas (SisterWeb and Homeless Prenatal Program), active presence within both the UCSF and ZSFG healthcare delivery systems, and extensive on-the-ground work with partners around vision, goals and priorities for creating sustainable, integrated model of care, and significant maternity care financing expertise.
- **Key questions to be answered:**
  - What essential healthcare provider functions are CHWs/doulas well positioned to provide, and how might these functions be more high value if done by this workforce?
  - What infrastructure is required for community based peer workers and healthcare providers to provide well-coordinated, respectful and responsive care?
  - What infrastructure/support do community based CHW/doula programs need from health systems to provide necessary training and support to their peer workers?

#### **Miscellaneous**

**Non-personnel**, includes small equipment expenditures Staff computers, furniture, tech needs, summit, graphic design, etc, **\$25,000**

**Total: \$865,562**

ZSFG shall comply with the Foundation Disbursement Request Policies and Procedures (Exhibit A), namely, provide adequate payroll records documenting the personnel expenses and final purchased invoices/receipts. Any exceptions to the disbursement request procedures, including requests for advance payments, must be requested in advance and agreed upon in writing by the Foundation.



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## **MODIFICATION AND TERMINATION**

### **IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:**

This agreement may be terminated with or without cause by either party upon 30 days prior written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement immediately on written notice if the other party has committed a material breach of this MOU and has not cured the breach within thirty (30) days after receiving written notice of the breach by the non-breaching party, or the parties cannot reach an agreement to amend this MOU.

If the **Enhanced Perinatal Services Funds: The Solid Start Initiative at ZSFG/Team Lily** covered under this agreement does not have sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to ZSFG and ZSFG shall not be obligated to perform any provisions for which they are not reimbursed.





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## CONTACT INFORMATION

All notices hereunder shall be in writing, personally delivered, sent by certified mail, return receipt requested, addressed to the other party as follows:

Gerry Chow  
Chief Financial Officer  
San Francisco General Hospital Foundation  
2789 25th Street, Suite 2028  
San Francisco, CA 94110

## SIGNATURE

*Kim Meredith*

Date: 09.01.2021

Kim Meredith  
Chief Executive Officer  
San Francisco General Hospital Foundation  
2789 25<sup>th</sup> Street, Suite 2028  
San Francisco, CA 94110

*[Handwritten signature]*

Date: 9/2/21

ZSFG Authorized Signer

Susan Ehrlich

Chief Executive Officer  
Zuckerberg San Francisco General Hospital



**EXHIBIT A**

**Disbursement Request Policy and Procedure**

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts, \* payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

Salaries & benefits**Acc#	7500	Equipment/Remodeling	7530
Consultants	7510	Permits/Fees/Inspection	7532
Graphic Design	7511	Meals/Refreshment	7540
Translation Services	7512	Transportation & Lodging	7560
Supplies	7520	Conference & Training Fee	7570
Incentives	7521	Patient Assistance	7580
Stipend	7522	Other (please specify):	7590
Printing	7523		
Software	7524		

\*Reimbursements: the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

\*\*Salaries and benefits: the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.

*The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15<sup>th</sup> in order to close the June 30 fiscal year. **Expenses that do not fall within the open fiscal year will not be reimbursed.***

The disbursement form can be submitted several ways:

1. Email to [accounting@sfgfhf.org](mailto:accounting@sfgfhf.org)
2. Interoffice mail
3. Dropped off at Foundation office location
4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.



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Donors to the Solid Start Initiative for disclosure :

Year	2019	
Source	Date	Amount
Lisa S. Pritzker	2/5/2019	\$10,000.00
Thomas Rohlen	3/1/2019	\$398,391.00
Susie Sarlo	6/24/2019	\$25,000.00
Genentech USA, Inc.	11/13/2019	\$50,000.00
Milton Chen	12/12/2019	\$10,000.00
Thomas Rohlen	12/18/2019	\$125,843.00
Thomas Rohlen	12/18/2019	\$294,225.30
Thomas Rohlen	12/24/2019	\$150,000.00
Rebecca Jackson	12/31/2019	\$1,500.00
	<b>Total 2019</b>	<b>\$1,064,959.30</b>





Year	2020	
Source	Date	Amount
Thomas Rohlen	1/9/2020	\$287,856.00
Connie Shanahan	1/15/2020	\$25,000.00
Hellman Foundation	6/10/2020	\$10,000.00
<b>Total 2020</b>		<b>\$322,856.00</b>
Genentech	11/19/2020	\$75,000
Stanley S. Langendorf Foundation	12/14/2020	\$50,000
Rebecca Jackson	1/6/2021	\$2,000
Brenda B. Bottum	3/2/2021	\$20,000
LS Pritzker Family Fund	3/2/2021	\$25,000
<b>Total 2021</b>		<b>\$172,000</b>

**Total 2019-2021: \$1,559,815.30**

**Balance as of 8/2021: \$992,899**