SAN FRANCISCO HEALTH PLAN INITIAL COMMUNITY REINVESTMENT PLAN

Based on Net Income for Calendar Year 2024

Investment Period 2026 - 2029

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MANAGED CARE PLAN INFORMATION

Managed Care Plan (MCP):	*San Francisco Health Plan*
Calendar Year (CY) Net Income Period:	*2024*
Total Obligation Amount:	*$2,550,563.00*
Qualifying Subcontractor Name:	*N/A*
Submission Date:	*09/16/2026*
Plan Approval Date:	*11/03/2026*

I. SUMMARY

A. Total funds: *$2,550,563.00*
B. Total funds invested in each Mandatory Category -
    a. Cultivating Neighborhoods and Built Environment: *$0.00*
    b. Cultivating a Healthcare Workforce: *$460,084.45*
    c. Cultivating Well-Being for Priority Populations: *$1,120,281.50*
    d. Cultivating Local Communities: *$332,556.30*
    e. Cultivating Improved Health: *$637,640.75*
C. Attestation Confirmation: *All attestations were provided*.
D. Community Advisory Committee (CAC) Attestation: *MCP attests to engaging the CAC during community reinvestment planning*.
E. Top Three Funded Activities:
    a. *Get Out the Care: Community Workforce and Health Access Initiative: $1,550,000.00*
    b. *Black Centering: Reducing Maternal and Infant Health Disparities in SF: $1,000,563.00*
    c. *: $0.00*
F. Investment by County:

County	Total Investment Amount
San Francisco	$2,550,563.00

II. ATTESTATIONS

A. **Funds not allocated towards MCP contract activities**: Community reinvestment funds *are not* allocated towards activities included in the MCP Contract or services carved out of the MCP Contract but covered under Medi-Cal, as outlined in All Plan Letter (APL) 25-004, section "Ensure Funding Targets Non-Contract Activities."

B. **Local Health Jurisdiction (LHJ) Coordination:** The MCP *coordinated* with other MCPs operating in the same county to engage LHJs during the Community Reinvestment planning process.

C. **CAC Engagement:** CACs *were* engaged during the MCP's Community Reinvestment planning.

   a. **Description of CAC engagement:**
   SFHP's Member Advisory Committee (MAC), which serves as the plan's Community Advisory Committee (CAC), was engaged throughout the Community Reinvestment planning process through presentations and discussions on the CHA, CHIP, and Community Reinvestment opportunities. MAC members reviewed community health data, discussed priority health needs, and provided feedback on potential investment strategies. Members expressed strong support for upstream approaches that help Medi-Cal beneficiaries maintain coverage and access preventive care, recognizing that loss of coverage can contribute to unmet health needs and worsening health outcomes. The MAC also supported the county-identified CHIP priorities of Mental Health and Chronic Disease and emphasized addressing social determinants of health through community-based solutions. Feedback from the MAC/CAC informed Community Reinvestment planning and helped ensure investments align with community priorities and health equity goals.

   b. **Description of investments recommended by the CAC and identification of those recommendations that materially influenced or informed decisions reflected in the plan:**
   The MAC recommended prioritizing upstream investments that help Medi-Cal beneficiaries maintain coverage and remain connected to preventive care and other health services. MAC members expressed concern that coverage losses and administrative barriers could lead to delayed care, worsening health outcomes, and increased disparities for vulnerable populations. The MAC also supported alignment with the county's Community Health Improvement Plan (CHIP) priorities of Mental Health and Chronic Disease and emphasized the importance of addressing social determinants of health through community-based approaches. These recommendations materially influenced the Community Reinvestment Plan by informing investments that strengthen community-based outreach, improve access to resources and services, support community capacity building, and advance health equity for the community of San Francisco.

D. **Chief Health Equity Officer Engagement:** The MCP *engaged* the Chief Health Equity Officer in the Community Reinvestment planning process.

   a. **Description of engagement with MCP's Chief Health Equity Officer on the Community Reinvestment Plan including planning efforts to ensure alignment**

with overall health equity needs and priorities:
As SFHP's Health Outcomes Officer and serving as DHCS Chief Health Equity Officer, I participated in the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in partnership with the San Francisco Department of Public Health and community stakeholders. I also worked closely with SFHP's CEO and Chief of Staff in the development of the Community Reinvestment Plan and am identified as the primary contact person for the plan. Through the CHA and CHIP processes, SFHP identified Mental Health and Chronic Disease as priority focus areas and assessed opportunities to address social determinants of health through upstream investments. Community Reinvestment planning was informed by community input, county priorities, and health equity considerations, with a focus on reducing disparities, supporting Medi-Cal member retention and access to preventive services, and advancing community-based strategies that improve health outcomes and equity.

E. **Voluntary Investments Claimed:** The MCP *did not claim* Voluntary Investments towards the initial community reinvestment obligation based on CY 2024 net income.
F. **Voluntary Investments Committed:** The MCP *did not claim* Voluntary Investments have been committed to, via a Memorandum of Understanding, grant agreement, or other binding written agreement, prior to March 7, 2025.

III. COMMUNITY REINVESTMENT PLAN

Total MCP investment allocations:

Investment Period	Year 1 of 3-Year	Year 2 of 3-Year	Year 3 of 3-Year
Base Allocation	*$1,883,521.00*	*$333,521.00*	*$333,521.00*
Quality Allocation	*$0.00*	*$0.00*	*$0.00*
Total:			***$2,550,563.00***

San Francisco County Investment Activities

Total Activity Reinvestment by County:	**Total Obligation for County:**
$2,550,563.00	*$2,550,563.00*

All applicable Public Health Directors *have* **confirmed support.**

All applicable County Behavioral Health Directors *have* **confirmed support.**

<u>Investment Activity Title:</u> Get Out the Care: Community Workforce and Health Access Initiative

Allocation Information: Base Community Reinvestment
***San Francisco Health Plan is not* submitting this allocation on behalf of a qualifying subcontractor.**
The obligation *is not* **transferred from the subcontractor to *San Francisco Health Plan*.**
Qualifying Subcontractor Name (if applicable).
N/A
Title of entity(ies) receiving funds.
To be determined
San Francisco Health Plan *is not* **claiming voluntary investments for this allocation.**

Investments

Investment Period	Year 1 of 3-Year	Year 2 of 3-Year	Year 3 of 3-Year
Base Voluntary	*$0.00*	*$0.00*	*$0.00*
Quality Voluntary	*$0.00*	*$0.00*	*$0.00*
Base Obligation	*$1,550,000.00*	*$0.00*	*$0.00*
Quality Obligation	*$0.00*	*$0.00*	*$0.00*

Current activity reinvestment compared to total obligation for county:

Current Activity Reinvestment Total	Total Obligation for County
$1,550,000.00	*$2,550,563.00*

Description of the anticipated Community Reinvestment activity:
Get Out the Care is a San Francisco-based community outreach and workforce development initiative designed to improve access to care, strengthen community capacity, and advance health equity. Through partnerships with community-based organizations, the initiative will recruit, train, and support Community Care Partners (CCPs) who serve as trusted community messengers, providing outreach, health education, benefits awareness, resource navigation, and connections to health and social services. CCPs will help residents overcome language, technology, transportation, and administrative barriers that contribute to gaps in care and unmet health needs. A central component of the initiative is workforce development, creating paid employment opportunities and career
pathways into community health, public health, and healthcare professions. The initiative will initially focus on five San Francisco neighborhoods to test and refine this model before broader expansion across the city.

Mandatory Use Categories and Allocation Percentages:

Cultivating Neighborhoods and Built Environment	*0%*
Cultivating Well-Being for Priority Populations	*40%*
Cultivating Local Communities	*15%*

Cultivating a Health Care Workforce	*20%*
Cultivating Improved Health	*25%*
Total:	***100%***

Description of alignment and rationale with selected Mandatory Use Category(ies):
Get Out the Care aligns with Cultivating Well-Being for Priority Populations by supporting community-based outreach, health education, and resource navigation for residents experiencing barriers to care and economic opportunity. The initiative advances Cultivating Improved Health by strengthening connections to preventive, primary care, behavioral health, and community-based resources that support health and well-being. It supports Cultivating Local Communities through investments in trusted community-based organizations that provide culturally and linguistically responsive outreach and engagement. The initiative also advances Cultivating a Health Care Workforce by creating paid Community Care Partner positions and supporting training, certification, and career pathways into community health, public health, and healthcare professions.

The activity *is* **informed by the LHJ's Community Health Assessment (CHA).**

Description of how the activity is informed by the LHJ's CHA:
Get Out the Care is directly informed by priorities identified in San Francisco's CHA, which identify access to care, behavioral health, and economic security as significant community health needs and recognize the impact of poverty, food insecurity, housing instability, barriers to care, and the need for culturally and linguistically responsive services. Through partnerships with trusted community-based organizations, the initiative will recruit and train Community Care Partners who help residents connect to health, behavioral health, and community resources. The initiative also advances economic security through paid employment opportunities and career pathways, including training and support for Community Health Worker, peer support specialist, and care navigator certifications. By investing in local residents and community-based solutions, Get Out the Care seeks to improve access to care, strengthen community capacity, and address priority needs identified in the CHA and CHNA.

This activity *is* **targeted toward reducing health disparities or improving outcomes for Medi-Cal populations through upstream interventions.**
Get Out the Care addresses health disparities by reducing barriers that prevent residents from accessing health care and community resources. The initiative responds to needs identified in San Francisco's CHA and CHNA, including barriers related to economic security, language access, housing instability, food insecurity, transportation, and navigation of health and social service systems. Through partnerships with trusted community-based organizations, Community Care Partners will provide outreach, education, and resource navigation to help residents connect with health, behavioral health, and community services. The initiative also advances economic opportunity through paid employment, workforce training, and career pathways in community health and healthcare professions. By addressing both access barriers and social determinants of health, Get Out the Care seeks to improve

health outcomes, strengthen community capacity, and advance health equity.

Description of how the Community Reinvestment activity will be measured and evaluated:
SFHP will evaluate Get Out the Care using measures related to community engagement, access to services, workforce development, and community capacity building. Key measures will include the number of residents
reached through outreach and education activities, participation in resource navigation and community events, connections to health and social service resources, and member satisfaction. Workforce development measures will include the number of Community Care Partners recruited, trained, retained, and supported in pursuing certifications and career advancement opportunities. SFHP will also assess the number and effectiveness of community-based organization partnerships and evaluate lessons learned from implementation in the initial neighborhoods. Findings will be used to assess program impact, identify opportunities for improvement, and inform future expansion of the model within San Francisco.

San Francisco County Investment Activities

Total Activity Reinvestment by County:	**Total Obligation for County:**
$2,550,563.00	*$2,550,563.00*

All applicable Public Health Directors *have* **confirmed support.**
All applicable County Behavioral Health Directors *have* **confirmed support.**

<u>Investment Activity Title:</u> Black Centering: Reducing Maternal and Infant Health Disparities in SF

Allocation Information: Base Community Reinvestment
***San Francisco Health Plan is not* submitting this allocation on behalf of a qualifying subcontractor.**
The obligation *is not* **transferred from the subcontractor to *San Francisco Health Plan*.**
Qualifying Subcontractor Name (if applicable).
N/A
Title of entity(ies) receiving funds.
Funding will go to the University of California, San Francisco Departments of Obstetrics, Gynecology and Reproductive Sciences and of Family and Community Medicine for Black Centering at San Francisco General Hospital. Black Centering has a number of community supports in its model, much of which has been funded through one time philanthropy. The following community-based organizations and Black-owned community businesses deliver

the wraparound and workforce components: Mothers-For-Mothers Postpartum Justice, Pulse Check 101, the Lambda Chi Chi Chapter of Chi Eta Phi, the Children's Book Project, One Love Black Community, the San Francisco Black Firefighters, and independent Black community providers in culinary instruction, prenatal yoga and hair care.
San Francisco Health Plan *is not* **claiming voluntary investments for this allocation.**

Investments

Investment Period	Year 1 of 3-Year	Year 2 of 3-Year	Year 3 of 3-Year
Base Voluntary	*$0.00*	*$0.00*	*$0.00*
Quality Voluntary	*$0.00*	*$0.00*	*$0.00*
Base Obligation	*$333,521.00*	*$333,521.00*	*$333,521.00*
Quality Obligation	*$0.00*	*$0.00*	*$0.00*

Current activity reinvestment compared to total obligation for county:

Current Activity Reinvestment Total	Total Obligation for County
$1,000,563.00	*$2,550,563.00*

Description of the anticipated Community Reinvestment activity:
Black Centering is a midwifery-founded adaptation of Centering Pregnancy at San Francisco General Hospital that provides group care for Black families from pregnancy through two years postpartum, with pediatric continuity at Honeycomb Clinic. In addition to clinical services provided by midwives, family medicine and pediatric providers, participants receive support from perinatal mental health, HIV, and services for marginally housed and unhoused individuals, as appropriate. Medi-Cal covers the clinical visits; this investment funds non-billable services and community supports not covered by Medi-Cal. Funding supports non-clinical staffing and wraparound services delivered by Black-owned and Black-led businesses, including cooking classes, prenatal yoga, CPR certification, produce, postpartum meals, childcare, transportation, safety equipment, and cultural care. The initiative also supports workforce pathways through the Black Midwifery Fellowship, paid internships, and community health worker training.

Mandatory Use Categories and Allocation Percentages:

Cultivating Neighborhoods and Built Environment	*0%*
Cultivating Well-Being for Priority Populations	*50%*
Cultivating Local Communities	*10%*
Cultivating a Health Care Workforce	*15%*
Cultivating Improved Health	*25%*
Total:	***100%***

Description of alignment and rationale with selected Mandatory Use Category(ies):
Cultivating a Health Care Workforce: the award funds the Black Midwifery Fellowship, the only one in California, plus paid culinary internships, community health worker certificate scholarships, doula training aligned with Medi-Cal enrollment requirements, and instructor training that moves participants from receiving a service to delivering one. Cultivating Well-

Being for Priority Populations: childcare, prenatal yoga, cooking instruction, farmers market produce, monthly nature walks, postpartum food and cultural postpartum care for Black birthing people, the population with the worst maternal and infant outcomes in the city. Cultivating Local Communities: non-medical transportation to community programming, community gatherings, a monthly book club, paid participant advisory roles that predate this award, and contracts with Black-owned micro-businesses that keep these dollars inside the community. Cultivating Improved Health: program operations, model accreditation, and evaluation.

The activity *is* **informed by the LHJ's Community Health Assessment (CHA).**

Description of how the activity is informed by the LHJ's CHA:
The 2024 Community Health Assessment identifies Black families and children as a population experiencing persistent, structurally driven health inequity in San Francisco, and names housing instability, food insecurity, transportation and access to culturally concordant care as upstream drivers. San Francisco already funds a substantial maternal and child health network: WIC, Black Infant Health, public health nursing and community doula programs. The gap is not program absence but fragmented implementation. Families navigate separate entry points, intakes and referral pathways on their own, and coordination falls to them. This activity responds by placing food, transportation, childcare, community programming and workforce pathways inside a clinical relationship families already trust. Co-locating group care with WIC, Medi-Cal enrollment, public health nursing, behavioral health and Black Infant Health would reduce what families must do to receive what they are already entitled to.

This activity *is* **targeted toward reducing health disparities or improving outcomes for Medi-Cal populations through upstream interventions.**
Black infants in San Francisco are born too small and too early at rates far above every other group, and the drivers are upstream: food insecurity, transportation, housing instability, unpaid caregiving, and care that is not culturally concordant. Every funded activity target one of those drivers before it reaches a clinical outcome. Food and produce address nutrition in a neighborhood that lost its WIC vendor store. Transportation and childcare remove the two most common reasons a family misses a group. Cooking, yoga and CPR build household capability that outlasts the pregnancy. Workforce pathways move participants into paid health and food-sector work, addressing income as a determinant. Preliminary program data at San Francisco General is encouraging: among 301 Black births from 2023 to 2025, low birthweight was 7.4 percent among participants versus 19.5 percent in standard care. This is observational, small-sample, unpublished analysis and is an early signal, not a proven effect.

Description of how the Community Reinvestment activity will be measured and evaluated:
Evaluation has three layers. First, model fidelity: the program will pursue and maintain Centering Healthcare Institute site accreditation, which carries an external fidelity standard rather than a self-report. Second, reach and participation: enrollment, session attendance,

childcare and transportation utilization, and participation by activity and by ZIP code, reported annually against the Black birth population at San Francisco General. Third, outcomes: an annual data pull covering birth weight, gestational age at delivery, mode of delivery, breastfeeding initiation and
postpartum visit completion, comparing participants with Black patients receiving standard care at the same site. Workforce outcomes will be tracked separately: credentials earned, internships completed, and participants entering paid work. Analysis is supported by the program's existing academic evaluation infrastructure at UCSF, and a dedicated evaluation line is included in the budget.