California Department of Health Care Services
Submission Template for CalAIM Incentive Payments Measures
Payment 1: Gap-Filling Plan Measures
September 2021

Gap-Filling Plan and Narrative Measures for Payment 1

MCPs that operate in multiple counties will need to submit a separate Gap-Filling Plan for each county.

MCP Name	Health Plan of San Joaquin
MCP County	San Joaquin
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022

Note: See Excel Document for Accompanying Needs Assessment Template for Payment 1

Priority Area	Percentage of Points Allocated to Each Priority Area	Points Needed to Earn Maximum Payment 1	MCP Discretionary Allocation of Remaining 300 points *(MCP to enter point values in cells below)*
1. Delivery System Infrastructure	Minimum 20%	200	100
2. ECM Provider Capacity Building	Minimum of 20%	200	0
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	200
4. Quality	Optional measures with values allocated to either ECM or Community Supports (ILOS)	N/A To be allocated to ECM or Community Supports (ILOS) based on measure	N/A To be allocated to ECM or Community Supports (ILOS) based on measure
Total Points		700	300

MCP can earn up to 1000 points across the full set of measures, including those listed here and in the accompanying excel Needs Assessment file. If an MCP achieves only a subset of measures, it will earn a partial payment.

Option for MCP to request more than 300 points to be allocated at their discretion. Please describe (in the box below) the preferred allocation and reason if MCP is requesting allocation different from that above. *100 word limit*

DHCS initially set gap-filling targets in the Reporting Template of at least 20%, based on the Gap-Filling plan. If gaps are lower than 30%, MCPs are expected to identify an appropriate gap-filling target in their narrative entry to be approved by DHCS. In instances where MCPs do not have a gap for the measure, they may propose an alternative target for achievement. DHCS will review all MCP-proposed gap filling targets and adjust those as needed to meet program requirements.

Narrative Measures for Priority Area 1: Delivery System Infrastructure

Gap-Filling Plan

1.1.6 Measure Description *Mandatory* *80 points*
Submission of a narrative Gap-Filling plan describing how MCPs will identify underserved populations and the ECM providers they are assigned to, and enhance those ECM Providers' capabilities to: (1) Electronically exchange care plan information and clinical documents with other care team members. (2) Have access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (3) Submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS. MCPs should also describe any plans to build physical plant (e.g., sobering centers) or other infrastructure to support the launch of ECM and Community Supports (ILOS). Gap-Filling Plan narrative should include approaches for collaborating with entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum and others within the county to achieve the above activities, and should describe how health plans will leverage existing WPC infrastructure, including how they will track the ongoing viability of WPC infrastructure and improve data integration across behavioral health and physical health providers.

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MCP Submission	
1. Describe approach to identify top 3-4 underserved populations in County and the ECM providers they are assigned to *100 word limit*	HPSJ will collaborate with the County and other MCPs to identify the top underserved populations based on reliable data sources. HPSJ will leverage internal systems and all available data sources to stratify patients within populations of focus. Member lists will be created via established algorithm and distributed to respective ECM providers on a monthly basis for outreach and enrollment activitiees. With access to San Joaquin Community Health Information Exchange, users will also leverage the HIE data and provider attributions to validate any questions associated with provider assignment and route members to the relevant ECM provider.
2. Describe 3-4 concrete steps MCP will take to increase, by at least 20%, ECM Provider capabilities to electronically exchange care plan information and clinical documents with other care team members *100 word limit*	HPSJ will integrate ECM providers and their care teams through a shared care management (CM) platform. In San Joaquin County, this will build on the County's CM platform for WPC. ECM providers will be given accounts and training on the platform to enable care coordination among other providers with the same patient. Providers will collaborate around a shared care plan. The care platform will be integrated with EHRs via single sign on (SSO) and bidirectionality to alleviate ECM provider double entry and enable updates across organizations. The care management platform will also enable closed-loop referrals to community supports providers.
3. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider access to certified EHR technology or a care management documentation system able to	ECM and Community Supports providers will be provided access to an integrated care management system for free to collaborate around a shared care plan. This system was initially implemented through SJ County's WPC Pilot, and some ECM and Community Supports providers already utilize this system today. This usage will be expanded through CalAIM. Care team members will have access to actionable data in this shared care management system, including data inputs from the regional HIE and EHRs. Some ECM Providers will use their certified EHRs as their care management system, which will be integrated with the shared care management system.

generate and manage a patient care plan *100 word limit*	
4. Describe 3-4 concrete steps the MCP will take to increase, by at least 20%, ECM Provider abilities to submit a claim or invoice to an MCP or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS *100 word limit*	HPSJ is planning a phased approach over the duration of two years. In phase 1, ECM providers and community supports will be given access to the HPSJ clearinghouse portal to submit claims for services conducted and coded in the CM platform using stored profiles for their organization. In phase 2, the CM platform will build a claims export file that can be uploaded by the clearinghouse vendor without any data entry, but still requiring user login and file drop. In phase 3, the systems will be integrated for automated claims exports to the clearinghouse in real time.
5. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to improve data integration and electronic data	Through the CalAIM roundtables HPSJ will collaborate with our plan partners, county, providers within San Joaquin County to improve data integration and data sharing capabilities. Efforts include: 1) understanding current state of data exchange, including, HIEs, HMIS, justice involved systems, behavioral health, foster care and other datasets critical to supporting whole person care; 2) collaborating on a process to modernize data sharing agreements; 3) collaborating on a county-wide multi-year roadmap to achieve optimal levels of integration and expand a care management platform; and 4) as applicable identifying sources of funding to support the requisite levels of integration.

sharing, capabilities among physical health, behavioral health and social service providers *100 word limit*	
6. Describe approach for leveraging existing WPC infrastructure (if in WPC county), including tracking the ongoing viability of WPC infrastructure and improving data integration across behavioral health and physical health providers *100 word limit*	HPSJ has collaborated with our plan partners and the WPC Lead Entity to leverage existing WPC infrastructure to support successful transition of populations. Activities include but are not limited to establishing processes for data exchange and notifications through the transition. We will engage providers to improve data integration jointly with our plan partners, county, providers, and CBO partners through our round tables to identify gaps and opportunities. Our approach also includes upgrade and expansion to centralized care management system used for WPC, build out the community HIE for data sharing and integrations to significantly enhance the community data set.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	Need of shared care management (CM) platform to enhance data sharing and increase integration capabilities amongst entities.

Narrative Measures for Priority Area 2: ECM Provider Capacity Building

Gap-Filling Plan

1.2.5 Measure Description	*Mandatory* *70 points*
Submission of a narrative Gap-Filling plan demonstrating: (1) How the MCP will address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus. (2) Identified ECM workforce, training, TA needs in county, including specific cultural competency needs by county. (3) Plan for ECM Provider workforce recruiting and hiring of necessary staff to build capacity. (4) Approach for MCP to develop and administer an MCP training and TA program for ECM Providers. (5) Strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others. (6) Approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Tribes and Tribal providers (except for Plans in Counties without recognized Tribes), ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus and reduce underlying health disparities	
MCP Submission	
1. Describe approach to address identified gaps in ECM Provider capacity for Program Year 1 Populations of Focus and proposed targets,	HPSJ has been engaged with our plan partners, county partners, providers and CBOs to assess identified gaps in ECM provider capacity in San Joaquin County via recurring provider meetings and ongoing provider engagement. Based feedback we have developed a provider network with expertise and in proportion to our populations of focus. On an ongoing basis and for continued access HPSJ will continue a transparent stakeholder process and will continue to contract and grow our ECM provider network through contracting or extended capacity. Additionally, HPSJ will monitor network adequacy, access, and quality and employ strategies with providers and partners and employ remediation and contracting processes to address any gaps in capacity.

of at least 20% improvement, to address gaps *100 word limit*	
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	HPSJ has collaborated with plan partners, ECM providers and CHCF to survey and identify workforce, training, and TA needs in San Joaquin County. Based on the feedback, needs include managed care knowledge, care management, technical assistance for billing/reporting, and member engagement. We are forming a transparent stakeholder engagement process to jointly identify and implement training opportunities. We will include diverse groups to further help us identify cultural competency needs and build curriculum accordingly. Further, our provider services team will have a dedicated representative for ECM and to share feedback for real time remediation and continued training.
3. Describe plan for ECM Provider workforce recruiting and hiring of necessary staff to build and increase capacity by at least 20% *100 word limit*	In our collaboration with multiple participating agencies, HPSJ has gauged the current state and staffing composition of ECM providers via recurring meetings and pre-contractual assessments. For any additional needs, HPSJ will work with our ECM providers to provide funding opportunities to assist with recruitment and hiring efforts. HPSJ will also continue to explore opportunities with our FQHCs providers to expand staffing support and provider capacity to additional member populations or expand their community supports scope for centralized care. HPSJ will work closely with our county partners to increase care team staffing in accordance with our member experience.
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	HPSJ has collaborated with our participating partners to survey ECM providers to understand areas of expertise and training and TA needs. Based on the results, we have developed a training and TA program that use webinars, recordings, working sessions, and frequently asked questions on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, operations, and others. We will continue to employ focused trainings on the ECM benefit as a best practice to our provider based. We will continue local level discussions with our plan partners to identify regional and/or statewide opportunities to collaborate on training and TA needs.
5. Describe strategy to ensure ECM	HPSJ will leverage internal systems and data sources to stratify patients within populations of focus inclusive of hard-to-reach populations.HPSJ will also leverage its transparent

Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	stakeholder process to collaborate with partners to develop strategies to engage with hard to reach populations. Based on this feedback HPSJ will also continue to enhance data sources with additional data inputs and integrations to improve member identification. HPSJ will assess provider experience, monitor outreach reporting, and deploy targeted outreach strategies accordingly. HPSJ will also work to improve community referrals processes as an intake points for homeless or justice involved members.
6. Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the above activities *100 word limit*	HPSJ has conducted and will continue collaborative meetings with county partners. We will further extend discussions, through our CalAIM roundtables which will meet at least quarterly, HPSJ and our plan partners will ensure involvement of our key stakeholders including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, Tribes and Tribal providers, ECM providers and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals within each Populations of Focus, and reduce underlying health disparities.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM	We recognize and are committed to partnering to address the statewide, systemic issue of behavioral health workforce shortages. HPSJ has surveyed our ECM behavioral health providers to understand workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will continue local level discussions to understand how we may best support behavioral health workforce development with our plan, county, provider, and CBO partners. We will also conduct environmental scans to identify efforts already in place to ensure non-duplication of efforts. These discussions will inform our behavioral health workforce investment approach.

100 word limit	

Community Partners

1.2.6 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Narrative summary that outlines landscape of Providers, faith-based groups, community-based organizations, and county behavioral health care providers and county behavioral health networks in the county and submission of a narrative plan to develop an MOU or other agreements with a subset of Providers, faith-based groups, county agencies and community-based organizations in the county to develop strategies for closing health disparities experienced by Populations of Focus, including agreement to meet at least quarterly to advance strategy.	
MCP Submission	
1. Describe the landscape in the county of: a. ECM b. Providers c. Faith-based groups d. Community-based organizations e. County behavioral health care providers and county behavioral health networks	In San Joaquin, participating entities include: 1. WPC lead entity currently providing ECM and ILOS equivalent like services. 2. Public agencies and community partners including but not limited to public health services, hospitals, federally qualified health centers, and correctional health services. 3. Community based organizations with expertise in various Community Supports Services. Many of the CBOs employ a faith based approach within their care models. 4. County behavioral health As a concerted effort, entities will meet via CalAIM roundtables which will meet at least quarterly to advance ECM strategies and find solutions to minimize health disparities collectively.

100 word limit	
2. Describe approach to foster relationships with a subset of the organizations described above in 1. Approach should include at least quarterly meetings, and can potentially include and MOU or letter of agreement *100 word limit*	HPSJ has longstanding relationships with many ECM providers, faith-based groups, CBOs, and BH providers and networks in San Joaquin County, and we continually seek opportunities for new relationships. Through our CalAIM roundtables which will meet at least quarterly, HPSJ, other plans, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to the entities listed above. For ECM, we will establish direct provider contracts with ECM providers, county, behavioral health entities, and CBOs for collaboration.
3. Describe the strategy for closing identified health disparities with at least one strategy for each population of focus that will go live in the County in 2022, for a total of at least five identified health disparities *100 word limit*	Identified disparities in San Joaquin County include but are not limited to: (1) Individuals/Families Experiencing Homelessness; (2) High Utilizer Adults; and (3) Adults with SMI/SUD(4) WPC transitioning members and (5) communities of color. HPSJ's approach to close identified disparities includes (1) evaluating and improving data (2) engaging trusted messengers to identify best practices; (3) jointly designing interventions with community partners; and (4) evaluation and continuous process improvement.

Tribal Engagement

1.2.7 Measure Description *Mandatory 30 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers used by members in the county, and members in the county who use Tribal services, and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of ECM services for members of Tribes	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and will need ECM supports *100 word limit*	Tribes in San Joaquin County include California Valley Miwok and Yokut tribes. HPSJ is proud to engage with Tribal providers in the county, including Sacramento Native American Health Center for Behavioral Health services to provide access to native members for BH. This population is small in comparison to our larger population. Our total American Indian members in San Joaquin are 626. Of that total membership and in San Joaquin, we estimate there are 7 ECM eligible members who could receive tribal services. HPSJ will continue to work with Tribes and Tribal providers across the state to enhance options for these members and will include them in CalAIM roundtables for stakeholder awareness.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	HPSJ strongly supports our Tribes and Tribal providers across the state, including those identified above that serve San Joaquin County. We are partnering with our plan partners to ensure we have a unified approach to establish strategic partnerships with these Tribes and Tribal providers, including partnering on joint educational webinars and ensuring these entities are included in our regular stakeholder engagement meetings and activities.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	HPSJ has been engaged with our plan partners, county partners, providers, and CBOs to address identified gaps in ECM provider capacity in San Joaquin County, which have been informed through our ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities;

	collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and ECM services that will support members accessing services.

Engagement for Key Population of Focus: People Experiencing Homelessness or Chronic Homelessness

1.2.9 Measure Description *Mandatory* *30 points*	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are disproportionately experiencing homelessness in the county *100 word limit*	Based on data including unhoused population, emergency department data and other sources, HPSJ has identified the following racial and ethnic groups: (1)Multi-Race, (2) American Indian or Alaska Native, and (3) African American. We have also requested data from our county partners.
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are	HPSJ will improve outreach and engagement to homeless populations by leveraging relationships homeless providers in San Joaquin County, such as low income housing organizations, housing authority, local shelters, and directly contracted providers. HPSJ will also engage with trusted messengers in the community such as federally qualified health centers provide culturally sensitive outreach and medical services to meet member needs and connect them to culturally appropriate resources. To ensure alignment, we will discuss outreach and engagement to these populations in our CalAIM roundtables.

disproportionately experiencing homelessness *100 word limit*	

Engagement for Key Population of Focus: Individuals Transitioning from Incarceration

1.2.10 Measure Description *Optional* *Report on One Optional Measure in ECM Provider Capacity Building Priority Area to Earn 30 Points*	
Submission of narrative plan describing how the managed care plan will improve outreach to and engagement with the following Population of Focus: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community," with a focus on Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings in the county.	
MCP Submission	
1. Identify and describe top 3 – 4 racial and ethnic groups that are incarcerated in the county *100 word limit*	Per our review and feedback, top 3-4 racial and ethnic groups incarcerated in San Joaquin and Stanislaus counties are Latinx, White , and African American/Black groups.
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are disproportionately experiencing transitions	HPSJ will improve outreach and engagement to homeless populations by leveraging relationships homeless providers in San Joaquin County, such as low income housing organizations, housing authority, local shelters, and directly contracted providers. HPSJ will also engage with trusted messengers in the community such as federally qualified health centers provide and the county to provide culturally sensitive outreach and medical services to meet member needs and connect them to culturally appropriate resources. To ensure alignment, we will discuss outreach and engagement to these populations in our CalAIM roundtables.

from incarceration settings in the county *100 word limit*	

Narrative Measures for Priority Area 3: Community Supports (ILOS) Provider Capacity Building & Take-Up

Gap-Filling Plan

1.3.5 Measure Description *Mandatory* *80 points*
Submission of a narrative Gap-Filling plan describing: (1) Identified gaps or limitations in Community Supports (ILOS) coverage within county (2) Plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 (3) Identified Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gaps (4) Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county (5) Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers (6) Plan to establish programs to support Community Supports (ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff Gap-Filling Plan narrative should include approach for collaborating with other entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, community based organizations (CBOs), correctional partners, housing continuum, Community Supports (ILOS) providers, and others to achieve the above activities, improve outreach to and engagement with hard to reach individuals and reduce underlying health disparities.

MCP Submission	
1. Describe 3-4 identified gaps or limitations in Community Supports (ILOS) coverage within the county. If the Community Supports (ILOS) Provider network/capacity will not reasonably allow for county-wide provision of Community Supports (ILOS) to all eligible Members in the county at the time of implementation, please provide a brief explanation.[1] *100 word limit*	HPSJ does not anticipate restrictions or limitations in community support services but will offer an enhanced array of seven community supports to augment services. HPSJ will offer community supports countywide within its respective covered counties. HPSJ is planning to grow and extend community support providers for its other counties which will be implementing later in 2022. Members delegated to Kaiser will have access to two community supports however they may access additional services by choosing reassignment to the plan via HPSJ's standard PCP assignment process and through the addition of services.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	HPSJ is planning to grow and extend community supports provided in 2022 and beyond for both of its counties. HPSJ will take a phased approach to expand scope of Community Supports launched in January 2022 and service offering in July 2022 to ensure capacity and service quality by (1) building on established relationships (2) engaging locally with partners through our CalAIM roundtables (3) supporting providers through incentive funding and (4) leveraging our existing processes to address network deficiencies. Additionally, HPSJ has also initiated early planning to increase community support services in the next two years.

[1] This submission should align with information submitted in the ECM and Community Supports (ILOS) Model of Care Template.

3. Identify Community Supports (ILOS) Provider capacity and MCP oversight capability gaps and plan to address gap with a gap closure of 20% *100 word limit*	HPSJ has engaged with community supports providers via our recurring meetings. As a result of these meetings we have identified needs including staffing and needed investments to improve automation as well as data capabilities which support oversight functions. Through these results we will continue to develop our incentive plans to improve the identified gaps. HPSJ has also identified additional oversight needs related to consent, cross sector data sharing, billing and claims, and staffing. HPSJ will continue to evaluate our oversight mechanisms to ensure they are adequate and appropriate as we further enhance our Community Supports network over time.
4. Identified Community Supports (ILOS) workforce, training, TA needs in region / county, including specific cultural competency needs by region/county, and a training gap closure of at least 20% *100 word limit*	HPSJ has engaged with Community Supports providers to identify workforce, training, and TA needs. These results have enabled us to identify and focus training on increasing CS provider knowledge of managed care requirements, HPSJ specific operations, billing, customer service and access to language assistance. Additionally, we have also held targeted trainings and will continue trainings with our providers to increase their knowledge and compliance with cultural competency and service delivery. Leveraging our transparent collaborative stakeholder engagement process, we will also continue to work with all of our partners to jointly identify and implement opportunities to address stated needs.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	Based on the needs identified in 1.3.5 Question 4 above, HPSJ has developed a robust training and TA program for our Community Supports providers. Our approach includes meetings and webinars on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations, and others. In San Joaquin we have also partnered with Health Begins to support training and TA efforts in San Joaquin County. We will continue local level discussions with our plan partners to identify opportunities to collaborate on training and TA needs to minimize burden on our providers.
6. Plan to establish programs to support Community Supports	HPSJ has collaborated with Community Supports providers to understand their workforce needs, including specific questions about current and planned FTEs, caseload, and staffing needs or gaps. Based on the results, we will support our community support

(ILOS) workforce recruiting and hiring, including incentives for Community Supports (ILOS) Providers to hire necessary staff, and increase Community Supports (ILOS) workforce by at least 20% *100 word limit*	providers via incentive funding support to increase staff and coverage where necessary. We will assess and track providers project plans, milestones, timing, and progress inclusive of staffing and growth and distribute funding accordingly.
7. Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public Health Agencies within the county to achieve the proposed activities *100 word limit*	Through our CalAIM roundtables which will meet at least quarterly, HPSJ and our plan, county, provider, and CBO partners will ensure involvement of key stakeholders, including but not limited to county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, Community Supports providers, and others to achieve the above activities, support workforce development, address capacity gaps in San Joaquin County, and reduce underlying health disparities.

Tribal Engagement

1.3.6 Measure Description *Mandatory 20 points*	
Narrative summary that outlines landscape of Tribes, Tribal providers in the county, and members in the county who use Tribal services and submission of a narrative plan to develop an MOU to establish a strategic partnership with Tribes and Tribal providers in county to develop Provider capacity and provision of Community Supports (ILOS) services for members of Tribes	
MCP Submission	
1. Outline the landscape of Tribes, Tribal providers, and members in the county who use Tribal services and you anticipate will use Community Supports (ILOS) *100 word limit*	Tribes in San Joaquin County include California Valley Miwok Tribe. HPSJ is proud to engage with Tribal providers in the county, including including Sacramento Native American Health Center for Behavioral Health services to provide access to native members for BH. This population is small in comparison to our larger population. Our total American Indian members in San Joaquin are 626. Of that total membership in San Joaquin, we estimate there are 7 community support eligible members who could receive tribal services. HPSJ will continue to work with Tribes and Tribal providers across the state to enhance options for these members and will include them in our CalAIM roundtables.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	HPSJ strongly supports our Tribes and Tribal providers across the state, including those identified above that serve San Joaquin County. We are partnering with our plan partners to ensure we have a unified approach to establish strategic partnerships with these Tribes and Tribal providers, including partnering on joint educational webinars and ensuring these entities are included in our regular stakeholder engagement meetings and activities.

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	HPSJ has been engaged with our plan partners, county partners, providers, and CBOs to address identified gaps in Community Supports provider capacity in San Joaquin County, which have been informed through our ongoing provider engagement. Through our formalized, transparent process, we will continue active local-level discussions to minimize duplication of efforts. Strategies include continually evaluating network and contracting opportunities; collaborating with plan and county partners to enhance workforce development and pipeline; providing technical assistance and training; and supporting providers in expanding their footprint. These approaches will help develop capacity and Community Supports that will support members accessing Tribal services.

Collaboration with Other MCPs

1.1.7 Delivery System Infrastructure Building Measure Description *Mandatory 20 points*
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to enhance and develop needed ECM/ Community Supports (ILOS) infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities and submission of documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM and Community Supports (ILOS) capacity building approaches
MCP Submission *100 word limit*
Since 2020, HPSJ has been heavily engaged with our plan partners, county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are in the process of planning and coordinating to to formalize this robust, transparent stakeholder engagement process in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/Community Supports infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached documentation demonstrating these good faith efforts to collaborate inclusing letter of collaboration.

1.2.8 ECM Provider Capacity Building Measure Description *Mandatory 10 points*
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to support expansion of ECM Provider capacity, including leveraging and expanding existing WPC capacity and building/expanding ECM Provider networks and compliance and oversight capabilities. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing ECM capacity building approaches
MCP Submission *100 word limit*
HPSJ and our plan partners are jointly engaging to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. We will work with other MCPs through the CalAIM roundtables to identify opportunities to expand ECM Provider capacity in San Joaquin County and support through the incentive payment program and to leverage and expand existing WPC capacity. Capacity expansion activities to date have included joint discussions and presentations with the county, providers, and CBOs; trainings and others. Please see attached documentation demonstrating these good faith efforts to collaborate including letter of collaboration.

1.3.7 Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up Measure Description *Mandatory* *50 points*
Submission of a narrative describing how the MCP will collaborate with all MCPs in the county to leverage and expand existing WPC capacity and support ongoing Community Supports (ILOS) capacity building approaches. MCP should also submit documentation demonstrating good faith efforts to begin this collaboration in the form of letters with MCPs in county, emails demonstrating progress, meeting meetings, or other documentation. If only one MCP is operating in the county, the MCP must submit a narrative describing how they will leverage and expand existing WPC capacity and support ongoing Community Supports (ILOS) capacity building approaches
MCP Submission *100 word limit*
HPSJ has been heavily engaged with our plan partners, county partners, providers, and CBOs to prepare for and support ECM and Community Supports implementation. We are in the process of jointly engaging an to formalize this robust, transparent stakeholder engagement process in 2022 and beyond. We will continually assess opportunities to enhance and develop needed ECM/Community Supports infrastructure, including certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities. Please see attached documentation demonstrating these good faith efforts including letter of collaboration.