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	Santa Clara Family Health Plan (SCFHP)
MCP County	Santa Clara County
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	190
2. ECM Provider Capacity Building	Minimum of 20%	200	110
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	0
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*
Santa Clara Family Health Plan (SCFHP) requests that the additional points are allocated as follows: • Priority Area 1, 190 points: After assessment, SCFHP and its ECM and ILOS providers determined that substantial resources are needed to build the infrastructure to support ECM and CS in the long term. • Priority Area 2, 110 points: Given that SCFHP expects that the conversion rate from members being identified as eligible to actual enrollment in ECM will increase over time, additional points are needed in this area.

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*	SCFHP intends to develop a stakeholder group that will include representatives of the Santa Clara County for the Valley Medical Center Clinics, Office of Supportive Housing, Custody Health, and the Reentry Center to determine the top 3-4 underserved populations in Santa Clara County. While contracted ECM Providers may already be serving these populations, SCFHP expects that it will need to expand its network to accommodate more providers that have experience and expertise in serving the underserved populations. SCFHP will ensure members who are identified as being in the unserved populations are appropriately assigned to ECM Providers who can serve them.
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*	1. Develop and launch a data exchange platform to share care plans and clinical information with ECM providers upon assignment or reassignment; 2. Develop and launch a data exchange platform that receives referrals for ILOS, determines eligibility, authorizes the services, assigns member to a Provider, collects status of services rendered, and serves as a closed-loop referral system; and 3. Support ECM Providers with upgrading their EHR systems to allow for automated data sharing; and 4. Support ECM Providers with transitioning from faxing/emailing care plans and clinical documents to automated data sharing.
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	1. Configure care management documentation system with the ability to store and manage member information and documentation on received referrals, eligibility determination, SDOH and other social data, clinical data, authorization/denial, provider assignment, and delivered services for ECM and ILOS; 2. Automate ILOS eligibility determination process so that outcome can be tied to member profile in care management or other documentation system for integration into the ECM patient care plan; and 3. Support ECM Providers with upgrading their EHR or care management systems to allow for automated care plan generation.

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*	1. Configure billing system to allow for ECM and ILOS Providers to submit invoices in lieu of 837 claims, convert data to encounters, and prepare for reporting to DHCS; 2. Configure fee schedules for payment to ECM and ILOS Providers based on Population of Focus-designated ECM rates and bundle of services rates for ILOS; and 3. Support ECM and ILOS Providers in either upgrading their current billing system or implementing a new billing system to enable them to submit 837 claims to SCFHP.
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	SCFHP intends on collaborating with the County of Santa Clara Behavioral Health, Social Services Agency, and Public Health Department to exchange data that provides SCFHP access to data on its members who are receiving Specialty Mental Health services, SUD treatment, other behavioral health services, non-medical state benefits, TCM services, etc. SCFHP will share relevant data with ECM and ILOS Providers to ensure they have the clinical data necessary to better serve the members. SCFHP will develop a process with Public Health to ensure that services are not duplicated when members are dually enrolled in ECM and TCM.

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*	SCFHP will work with ECM Providers to: 1. Expand their workflows used for WPC with PCPs and Behavioral Health Providers for better data integration; 2. Build templates, data integration, and tracking and reporting within the County's system to access patient data through a Health Information Exchange; and 3. Support the County (WPC Lead Entity) with upgrading their systems to share County Behavioral Health data with SCFHP and ECM and ILOS Providers.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	SCFHP and the vast majority of contracted ECM and Community Supports Providers do not have the infrastructure needed to share care plans with care team members in an automated manner. Typically, this occurs by fax or email on a one-by-one basis. The delivery system infrastructure funding will enable SCFHP and its providers the ability to automate this process and ensure care plans and clinical data are exchanged in a timely manner to ensure providers have the necessary information to deliver ECM and ILOS services promptly.

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,	SCFHP will work with its network of ECM Providers to determine and address any capacity limitations due to resource limitations or the need for more dedicated expertise to expand capacity to serve more members within the Program Year 1 Populations of Focus (POF), with an emphasis on the homeless and SMI/SED populations. In addition, SCFHP will work to engage additional community-based organizations who focus on the homeless and SMI/SED populations in contracting as ECM Providers as another means of expanding its network to serve more members throughout CY 2022 and beyond.

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*	With the transition from the HHP and WPC, transitioned providers experience limited staffing due to conservative estimates on how many newly eligible members will be assigned to them throughout the first six months of CY 2022. Given this, ECM providers are expecting to expand their workforce to ensure their ability to serve as many members as assigned to them. ECM Providers will need training and technical assistance in order support them with such topics as understanding the complex eligibility, cultural competency, diversity/inclusion, de-escalation techniques, and successful outreach strategies to assist in increasing their conversion of assigned to enrolled members.
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*	ECM Providers have expressed challenges with recruiting qualified candidates to their organizations. Their plan is to engage in the following activities to better recruit and hire staff to deliver ECM services: 1. Utilize the OFCC Resource Referral Guide for identifying local job referral services for veterans, individuals with disabilities, women, and minority groups; 2. Post and source resumes on professional and diversity-focused sites and job boards; 3. Outreach to educational institutions, on social media, within stakeholder groups, and to communities of color; and 4. Provide modest hiring incentives to qualified candidates.
4. Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	SCFHP will develop a robust training and technical assistance program, including developing content that is ECM specific, speaks to core competencies, and is universal to ECM Providers; supporting providers with community engagement; and ensuring providers are appropriately trained in cultural competency and diversity and inclusion. SCFHP intends to work directly with ECM Providers to ensure that it is meeting their needs in order to strengthen their ability to better deliver ECM services.
5. Describe strategy to ensure ECM Providers are	Through collaboration with ECM Providers, SCFHP will provide resources that support them in:

successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	1. Establishing partnerships with community entities to increase/enhance engagement within hard-to-reach communities; 2. Increasing access to health/wellness information and supportive services to meet members where they are already accessing resources; 3. Partnering with housing agencies to engage members who may be receiving services at their facilities; 4. Establishing and identifying member cohorts that are eligible for ECM; and 5. Consulting with the care team on developing a treatment plan, gathering information on member needs, sharing treatment planning and assessments, and collaborating on appointments/contact information to support engagement.
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*	SCFHP will establish data exchange agreements with County Behavioral Health and Public Health to ensure access to data on members receiving SMI and SUT, admitted to an inpatient facility for behavioral/mental health issues, and enrolled in Target Care Management (TCM). SCFHP will share the appropriate data with ECM Providers to assist them in providing ECM services, engaging members when there is lapsed communication, and eliminating duplication of services between ECM and TCM. SCFHP will establish ongoing meetings with County Behavioral Health and Public Health to ensure the collaboration continues and to discuss other ways to partner to increase engagement in ECM.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	SCFHP will support ECM Providers with developing and investing in their behavioral health workforce to support ECM by: 1. Providing resources to enable the hiring of much-needed behavioral health staff; 2. Providing incentives to retain behavioral health staff due to the competition with Santa Clara County and for-profit entities that pay higher salaries; and 3. Supporting ECM staff by offering trainings on such topics as the impact of mental health challenges on individuals with chronic conditions, Trauma Informed Practice, and Crisis Management 5150.

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 *100 word limit*	SCFHP's network of ECM Providers includes all of the WPC providers, all but one of the HHP providers, and five additional providers with experience in providing care coordination/case management and serving the ECM POFs. Of the 19 ECM Providers in its network, all but one are community-based organizations. While SCFHP does not have a faith-based group as part of its ECM Provider network, it will work to explore options for ECM in CY 2022. As for County behavioral health care providers, seven of our 19 ECM Providers are entities that provide both direct behavioral health services and care coordination/care management.

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*	Given SCFHP's ECM Provider network consists almost solely of community-based organizations, SCFHP intends on focusing on engaging faith-based groups and more County behavioral health care providers to serve as contracted ECM Providers. SCFHP will establish quarterly meetings with entities, engage in an MOU with them if appropriate, and support interested groups with understanding the requirements and expectations of being an ECM Provider, as well as connecting with them to establish a referral system to ECM for the clients they are serving in other capacities.
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*	SCFHP will collaborate with the County departments and community-based organizations to develop a stakeholder group to identify and address health disparities for the three live POF on 1/1/2022. Although the health disparities are not yet identified, SCFHP anticipates the strategies to be: 1. Homeless - Work with CBH and the County's Homeless Clinic to identify members with SMI/SUD; partner with shelters and other community-based entities to refer into ECM 2. High Utilizer - Collaborate with PCPs to refer their high utilizer patients to ECM 3. SMI/SUD - Collaborate with CBH to share behavioral health service data for SMI/SUD members

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*	After discussion with Indian Health Center of Santa Clara Valley (IHC), the largest urban Indian health service provider in Santa Clara County, it was determined that a landscape does not exist of the Tribes, Tribal providers, and members in Santa Clara County who use Tribal services. Given this, SCFHP will partner with IHC to develop a current landscape in Santa Clara County. As of February 2022, approximately 813 or 0.29% of SCFHP's total Medi-Cal population are AI/AN. Santa Clara County does not have any Indian Health Facilities that serve SCFHP AI/AN members.
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	SCFHP will partner with IHC to establish a strategic partnership with Tribal providers, advocacy groups, and direct service providers and formalize such partnership with an MOU.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	SCFHP will partner with IHC to develop a plan for building provider capacity and ECM services for eligible members.

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*	According to the Destination: Home January 2020 report titled, Race & Homelessness in Santa Clara County, Santa Clara County is similar to other communities across the U.S. with high rates of homelessness among people of color. The report indicated that: 1. Black/African Americans represent 16.9% of the homeless population and 2.5% of the general population; 2. American Indian/Alaskan Natives represent 7.2% of the homeless population and less than 1% of the general population; and 3. Hispanic/Latinx represent 47.3% of the homeless population and 27% of the general population.
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 homelessness *100 word limit*	SCFHP intends to provide resources and support to ECM Providers to engage in the following activities: 1. Connect with Promoters and Community Health Workers to inform communities of ECM and how to refer for enrollment; 2. Identify barriers to engagement such as transportation, need for telehealth resources, digital literacy, etc. 3. Collaborate with Tribal providers to identify barriers to engagement and develop strategies to address them; and 4. Partner with community-based organizations who are serving the ethnic groups identified above as disproportionately experiencing homelessness to improve outreach and engagement in ECM.

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*	According to Prison Policy Initiative, Appendix A (Counties -- Ratios of Overrepresentation), Santa Clara County has a total population of 1,781,642 with Black/African Americans representing 2.6% and Latinos representing 26.9% of the population. For the 4,015 individuals incarcerated in Santa Clara County, 12.5% are Black/African American and 52.3% are Latino. The ratios of overrepresentation of Black/African Americans and Latinos incarcerated compared to the same populations who are not incarcerated is 4.83 and 1.95 respectively. SCFHP intends to take the following steps to identify the top 3-4 groups: 1. Work with the County Sheriff's Office to obtain demographic information on incarcerated individuals in Santa Clara County; 2. Develop a profile on the incarcerated individuals; and 3. Establish a stakeholder group involving County departments, community-based organizations, the other MCP, and others serving this population to establish referral systems for ECM.
2. Describe approach to improve outreach and engagement by at least 20% to Black/African American and other racial and ethnic groups who are	SCFHP intends to provide resources and support to ECM Providers to engage in the following activities: 1. Visit Elmwood Correctional Facility and inform staff and clients of ECM and assist with referring prior to release; 2. Collaborate with Custody Health and the Reentry Center to identify members who are eligible and in need of ECM;

disproportionately experiencing transitions from incarceration settings in the county *100 word limit*	3. Identify barriers to engagement such as transportation, need for telehealth resources, digital literacy, etc.; and 4. Partner with community-based organizations who are serving the recently released members to improve outreach and engagement in ECM.

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*	1. Housing Navigation: There is limited housing available in our County for those in need. As such, members are placed in a queue for housing for months, even years. This gap greatly impacts SCFHP's ability to house members who need it. 2. Nursing Facility Diversion/Transition to RCFEs: There are limited RCFEs in our County. Given this, SCFHP placed a limit of 15 members who are able to be placed in an RCFE until the network can be expanded. 3. Medically-Tailored Meals/Groceries: There is a limited number of providers who have the capacity to provide medically-supportive groceries and enhanced educational 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*	SCFHP intends to work with Santa Clara County to enable them to modify the services offered to meet DHCS's requirements to offer Housing Tenancy and Sustaining Services, Recuperative Care (Medical Respite), and the Sobering Center in July 2022. SCFHP anticipates this requiring considerable time to ensure that the entities that will be providing the services under ILOS are able to meet all of the requirements and have the capacity to provide all required services as needed.

[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*	SCFHP identified the following ILOS Provider capacity gaps: 1. Nursing Facility Diversion/Transition to RCFEs: Expand the network of RCFEs in Santa Clara County to enable SCFHP to remove the limit of 15 members who are able to be placed in an RCFE. 2. Medically-Tailored Meals/Groceries: Expand the network of providers to ensure capacity to provide medically-supportive groceries and enhanced educational services to all members who quality for the ILOS services.
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*	With the transition from the Health Homes Program (HHP) and Whole Person Care (WPC), some of the transitioned providers to ECM did not have the capacity to also provide ILOS. Given this, SCFHP intends on providing resources to ECM providers who have the interest in contracting to deliver ILOS in CY 2022 with the majority of the need being staffing. ILOS Providers will need training and technical assistance in order support them with understanding the complex eligibility, cultural competency, and diversity and inclusion.
5. Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	SCFHP will develop a robust training and technical assistance program, including developing content that is ILOS specific, speaks to core competencies, and is universal to ILOS Providers; supporting providers with community engagement; and ensuring providers are appropriately trained in cultural competency and diversity and inclusion. SCFHP intends to work directly with ILOS Providers to ensure that it is meeting their needs in order to strengthen their ability to better deliver ILOS services.
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, and increase Community Supports (ILOS) workforce by at least 20% *100 word limit*	
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*	

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*	
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	

or other agreements *100 word limit*	
3. Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	

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*

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*

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*