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	Gold Coast Health Plan
MCP County	Ventura 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	200
2. ECM Provider Capacity Building	Minimum of 20%	200	50
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Minimum of 30%	300	50
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*
GCHP requests that 10 points from Measure 1.3.4 be reallocated to Priority Area 1: Delivery System Infrastructure. GCHP is unable to achieve the maximum points for Measure 1.3.4 due to our ability to launch no more than six CS in 2022. This approach takes into consideration our financial and staffing capacity to support a successful launch, as well as limited provider capacity due to the pandemic. Reallocation of these points to Delivery System Infrastructure will provide additional incentive funds for providers to make technology upgrades and improvements to enhance data sharing and IT capabilities that support integrated, whole person care countywide.

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.	

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*	GCHP will survey a cross-section of safety net providers to assess community needs from the provider perspective and will align ECM and population health priorities with existing health/mental health needs assessments. With input from our ECM/CS advisory committee, GCHP will identify Members at highest risk of poor health outcomes and most disconnected from preventive/routine care through analyzing utilization trends, health conditions, and SDOHs. Stratification by race, ethnicity, age, language, geography, and nature of chronic conditions will inform ECM Provider assignment. Inpatient/ED admissions will inform prioritization for outreach and engagement. GCHP will provide TA to PCPs to improve documenting health needs assessment information.
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*	GCHP will: 1. Require ECM providers to participate in regular integrated care team interaction and reporting on progress and outcomes with the Plan. This activity will complement HIE/CIE solutions currently under development in Ventura County 2. Offer TA and incentive funding to ECM providers to support IT data sharing capabilities. 3. Contractually require ECM Providers to participate in HIE and CIE to support community-wide care planning and offer an incentive pool of funding to support ECM data exchange, development of data sharing agreements, and use of consent tools. 4. Implement a learning community for ECM/CS Providers and for the larger Medi-Cal provider community to share best practices for 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	GCHP will: • Champion a feasibility study with Ventura County Health Care Agency (VCHCA), WPC Lead Entity and GCHP's primary ECM Provider, for universal adoption of a single care management platform for all current/future VCHCA ECM providers; • Contractually require future ECM Providers to use a certified EHR or a care management documentation system; • Create an incentive funding pool for current/future ECM Providers to acquire and implement a certified EHR or care plan documentation system or upgrade current systems to align with CalAIM requirements; and

system able to generate and manage a patient care plan *100 word limit*	• Provide technical assistance to future ECM Providers without a certified EHR or care plan documentation system to assess their care management technology needs.
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*	GCHP will: • Contractually require ECM Providers to use a certified EHR or care management documentation system that supports EDI transactions; • Offer incentives for current/future ECM Providers without EDI transaction capabilities or gaps in current systems to acquire the technology to support EDI transactions and/or upgrade current systems and infrastructure; • Provide TA to any current/future ECM Providers to assess their EDI transaction and encounter submission technology needs, which will also inform GCHP's allocation of incentive dollars; and • Provide ongoing training and TA to ECM Providers on encounter submissions to support compliant submissions to DHCS.
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	GCHP is collaborating closely with County of Ventura agencies to advance county-wide adoption of a common HIE and CIE strategy and platform through participation in the Ventura County Community Health Improvement Collaborative (VCCHIC). VCCHIC was initiated by seven health agencies and hospitals committed to addressing health disparities and implementing technology solutions to leverage resources and coordinate care. VCCHIC has played a key role in facilitating the implementation of HIE and CIE within Ventura County and securing funding for CIE implementation. In addition, GCHP and VCHCA are collaborating to develop a universal consent form and data sharing strategy for ECM.

electronic data 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*	GCHP will leverage the existing WPC infrastructure built by VCHCA, including Cerner's HealtheCare care management platform, registry tools and electronic forms for intake, consent, and assessments. GCHP leverages WPC infrastructure by contracting with the County for ECM services in an arrangement that allows for different agencies to provide services using VCHCA's infrastructure for care planning and data sharing. GCHP will build on VCHCA's participation in Manifest MedEx by continuing to drive community-wide participation in the HIE. GCHP will collaborate with entities not participating in Manifest MedEx to identify other data sharing capabilities or opportunities.
7. Any additional Information on Delivery System Infrastructure Gaps in County *100 word limit*	GCHP will continue to partner with ECM providers to support integrated care team interaction and high engagement to appropriately assess member needs. These activities will complement technology-based solutions currently under our Delivery System Infrastructure efforts. GCHP will conduct technical workshop meetings with VCHCA to define technology roadmaps in support of data sharing needs, including to support data exchange to identify and/or coordinate services with overlapping programs and purchase of needed equipment for expanding teams.

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	Target: Increase ECM authorizations for each PY 1 Population of Focus by 20% in PY 2 Approach to Addressing Gaps:

Program Year 1 Populations of Focus and proposed targets, of at least 20% improvement, to address gaps *100 word limit*	• Explore contracting with other FQHCs for ECM services, which could potentially expedite outreach and connection to ECM services for Members who are eligible for ECM and align Members' health home with their ECM Provider. • Work with VCHCA to map out high volume, high opportunity locations where outreach workers, CHWs, and peer specialists could be embedded in shelters, hospitals, clinics, and other locations where they can easily engage and assess eligible Members, including those who are justice-involved, for ECM services and initiate service delivery.
2. Identify ECM workforce, training, and TA needs in county, including specific cultural competency needs by county *100 word limit*	Current workforce needs include: • Increasing the availability of a qualified and diverse workforce and promoting CHW retention; • Supporting expansion of supervision, mentoring, and staff support using a reflective supervision model and strategies to address secondary trauma; • Supporting staff development in areas of motivational interviewing, mental health first aid, trauma informed approaches, understanding and caring; and • Development of a comprehensive ECM workforce development plan that identifies workforce competencies, barriers, and gaps, with a focus on cultural competency to serve race/ethnic/gender/LGBTQ/aging sub-populations and offers strategies. GCHP anticipates TA needs for operationalizing ECM services, including claims/encounter submissions, cultural competency requirements, data sharing and reporting, and care coordination (as contractually required).
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*	With input from our ECM/CS advisory committee and ECM Providers, GCHP will focus on strategies to increase the ECM workforce and reduce attrition, including: • Recruiting CHWs specialized in supporting the sizable and largely underserved Mixteco population; • Collaboration with stakeholders to implement educational programs, and peer training programs to build a CHW pipeline in Ventura County; • Supporting adequate ECM Provider staffing and develop training for reflective supervision and staff retention practices; • Exploration of caseload ratio and staffing requirements in ECM Provider contracts; and

		• Exploration of incentives to address staffing shortages and reduce staff attrition.
4.	Describe approach to develop and administer an MCP training and TA program for ECM Providers *100 word limit*	To ensure success, GCHP considers both the needs of the Provider and the population when developing training and technical assistance materials. Examples include trainings focused on the cultural and linguistic needs of sub-populations and peer-based training. GCHP will collaborate with ECM Providers to implement technical assistance that will support operationalizing ECM, including claim/encounter submission, cultural competency, compliance, and data sharing/reporting trainings. GCHP will present tailored training materials via webinar and share them with participants. GCHP's joint operational meetings with ECM Providers provide an avenue to discuss roadblocks or challenges that require additional support.
5.	Describe strategy to ensure ECM Providers are successfully engaging with hard to reach Populations of Focus, including homeless and justice involved populations, among others *100 word limit*	GCHP will leverage, expand, and support our existing ECM Providers connections and trust with the populations served and will require current and any future ECM Providers to deploy specific strategies for outreach such as meeting Members where they are comfortable including outreach to encampments and shelters, engaging natural supports, collaboration across providers also serving the member, "warm handoffs" with referring parties, and member incentives. GCHP will also monitor ECM utilization trends monthly to ensure equitable access to services. GCHP will align any incentive payment arrangements with ECM providers to GCHP's goals and objectives of connecting hard-to-reach populations that are disengaged from regular outpatient primary and behavioral healthcare to ongoing care, social services and supports, and medication adherence supports.
6.	Describe approaches for collaborating with, Social Services, County Behavioral Health, and County/Local	GCHP collaborates with Ventura County agencies to transition/implement ECM and CS and promote community-wide implementation of HIE and CIE. GCHP will continue ongoing leadership, operational meetings, and participation in VCCHIC; implement county-wide ECM/CS joint operational meetings; and establish an ECM/CS advisory committee for stakeholder input.

Public Health Agencies within the county to achieve the above activities *100 word limit*	Additionally, GCHP is working collaboratively with Ventura County agencies to develop a cohesive strategy to leverage all CalAIM incentive funding opportunities (e.g., PATH, BH-QIP) to maximize resources, avoid duplication, and support delivery system transformation in Ventura County to reduce costs and improve health equity and outcomes for the County's most vulnerable and disengaged populations.
7. Describe approach to build, develop, or invest in the necessary behavioral health workforce to support the launch of ECM *100 word limit*	With input from Ventura County Behavioral Health, GCHP will focus on strategies to increase the ECM behavioral health workforce and to reduce ECM staff attrition, including: • Collaboration and coordination with key stakeholders to support educational programs, internships, and peer training programs to build a pipeline of qualified behavioral health providers in Ventura County; • Continued ECM rate advocacy to ensure that rates are adequate to ensure the recruitment and retainment of qualified ECM behavioral health staff; and • Exploration of caseload ratios and staffing requirements for the SMI/SUD Population of Focus in ECM Provider contracts.

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*	
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*	
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*	

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*	Ventura County's tribal population represents about 1% of the total population and GCHP membership currently includes a small number of American Indians. Ventura County does not have an Indian Health Services provider and GCHP has historically relied on tribal providers in neighboring counties with more sizable American Indian populations to provide culturally appropriately health care services for GCHP tribal Members, including American Indian Health & Services in Santa Barbara County We anticipate that a very small number of tribal Members (< 100 annually) will be eligible for and use ECM.

2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU or other agreements *100 word limit*	To ensure the provision of timely and culturally appropriate health care services for this population, GCHP has developed partnerships with Tribal health care providers in neighboring Santa Barbara County, which has a more sizable American Indian community, including American Indian Health & Services, a community clinic that serves as a core resource for the Tribal community. To ensure sufficient and timely ECM and CS access for those tribal Members eligible for services, GCHP is exploring several options, including delegation of ECM and CS services to CenCal for this population or contracting with American Indian Health & Services directly.
3. Describe plan to develop provider capacity and ECM services for members *100 word limit*	To ensure sufficient ECM Provider Capacity and timely access of ECM for those tribal Members eligible for services, GCHP is exploring several options, including delegation of ECM and CS services to CenCal Health for this population or contracting with American Indian Health & Services directly. In addition, GCHP is contractually requiring ECM Providers to prioritize ECM outreach to GCHP's most vulnerable populations. GCHP will work closely with ECM Providers through the Joint Operating Committees to define specific criteria for vulnerable populations for outreach prioritization that includes tribal Members, communities of color, and other vulnerable population that experience health disparities.

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	Hispanic/Latinos, African Americans, and American Indians disproportionately experience homelessness in Ventura County. While Hispanic/Latinos comprise 45% of Ventura County's population, 65% of unsheltered individuals experiencing homeless in Ventura County, or two out of every three homeless individuals, are Hispanic/Latino, according to the most recent point-in-time count of sheltered and unsheltered individuals experiencing homelessness in

experiencing homelessness in the county *100 word limit*	Ventura County conducted in 2020. African Americans represent 2% of the general population and 6% of the unsheltered homeless population, while American Indians comprise 1% of the general population and 3% of the unsheltered homeless 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*	1. Contractual requirements to ensure that ECM Providers provide culturally competent services, prioritize underserved populations in outreach efforts, and utilize outreach strategies that build trust with underserved Members, including assistance with immediate needs. 2. Outreach lists that clearly identify underserved populations for outreach prioritization and, when integrated with care management tools, help to identify these individuals for engagement at the point of care. 3. Regular review of utilization data to identify disparities in ECM authorizations, service utilization, discontinuance, and graduations. 4. Collaboration with community stakeholders to develop and implement workforce strategies to build a diverse and qualified workforce to support 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*	
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 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*	While all GCHP's elected Community Supports will be offered county-wide, service capacity for some services may be limited due to provider staffing limitations, physical infrastructure constraints, and differences in the services offered by our delegated partner as follows: 1. Slots for Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy Sustaining Services are limited to 45 at launch. 2. Medical respite beds are limited to 14 at launch. There is currently only one medical respite provider serving all communities and hospital systems county-wide. 3. Short-term post-hospitalization housing is not being offered by our delegated partner.
2. Describe the plan to increase number and/or reach of Community Supports (ILOS) offered in January 2022 or July 2022 *100 word limit*	GCHP will conduct an annual assessment of the need to expand our CS provider network and capacity that evaluates: • Current provider capacity to serve all eligible Members; • Number of Members on waitlists and waitlist growth over time; • Resource availability in the community; • The effectiveness of ECM providers in linking ECM-eligible individuals to CS; • Outcomes for Members and cost-effectiveness of CS; and • Provider interest and availability in providing CS.

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

	This assessment will be guided by our ECM/CS advisory committee comprised of healthcare and community stakeholders. The committee will make recommendations on provider network development to ensure access to quality services.
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*	Capacity: There are limited slots for housing services and medical respite at launch. GCHP will assess capacity needs and provider interest in expansion on an annual basis. Oversight: GCHP needs additional staff to manage and maintain provider relationships, annually assess provider capacity, and provide oversight and monitoring to ensure compliance. GCHP will utilize incentive funding to maintain the workforce necessary to ensure adequate oversight of Community Supports providers and maintenance of the provider network. GCHP will evaluate the effectiveness of ECM providers in linking ECM-eligible individuals to Community Supports to ensure optimal use of existing capacity.
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*	CS workforce needs include: • Recruitment of a qualified, diverse workforce, including social workers and housing coordinators; • Reducing staff attrition; • Increasing bilingual Spanish-speaking staff representative of the population, including peer staff with lived experience, to build trust with the populations served; and • Development of a comprehensive CS workforce development plan that identifies workforce competencies, barriers, and gaps, with a focus on cultural sensitivities of race/ethnic/gender/LGBTQ/aging sub-populations and offers strategies to overcome identified barriers and gaps. GCHP anticipates that CS Providers will have training/TA needs around claims/encounter submissions; MCP cultural competency and other Plan requirements; and CS data sharing and reporting.

5.	Plan to develop and administer a training and TA program for Community Supports (ILOS) Providers *100 word limit*	To ensure success, GCHP considers both the needs of the Provider and the population when developing training and technical assistance materials. Examples include trainings focused on the cultural and linguistic needs of sub-populations and peer-based training. GCHP will collaborate with CS Providers to implement technical assistance that will support operationalizing CS, including claim/encounter submission, cultural competency, compliance, and data sharing/reporting trainings. GCHP will present tailored training materials via webinar and share them with participants. GCHP's joint operational meetings with CS Providers provide an avenue to discuss roadblocks or challenges that require additional support.
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*	With input from our ECM/CS advisory committee and providers, GCHP will focus on strategies to increase the workforce required for Community Supports and reduce Community Supports staff attrition. Strategies include collaboration and coordination with key stakeholders to foster and support educational programs, internships, and peer training programs to build a workforce pipeline in Ventura County and exploration of the development of an incentive program to support providers in increasing their workforce. The pool of incentive dollars would be derived from any cost savings associated with the Community Supports, allowing for those dollars to be reinvested in the workforce and services.
7.	Describe approach for collaborating with, Social Services, County Behavioral Health, and County/Local Public	GCHP is collaborating closely with the County of Ventura and its agencies in the implementation of ECM and CS and transition of WPC. We will continue to work together with our County partners to achieve the above activities through ongoing meetings at the leadership level, ECM/CS joint operational meetings, participation in the Ventura County Community Health Improvement Collaborative (VCCHIC), and the Community Insight

Health Agencies within the county to achieve the proposed activities *100 word limit*	Coalition, where stakeholders to provide input to GCHP on health initiatives, and community needs, and outreach efforts to ensure our Members receive high-quality care.

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*	Ventura County's tribal population represents about 1% of the total population and GCHP membership currently includes a small number of American Indians. Ventura County does not have an Indian Health Services provider and GCHP has historically relied on tribal providers in neighboring counties with more sizable American Indian populations to provide culturally appropriately health care services for GCHP tribal Members, including American Indian Health & Services in Santa Barbara County. We anticipate that a very small number of tribal Members (< 100 annually) will be eligible for and use Community Supports (CS).
2. Outline a plan to establish a strategic partnership including any plans for formalization such as a MOU	To ensure the provision of timely and culturally appropriate health care services for this population, GCHP has developed partnerships with Tribal health care providers in neighboring Santa Barbara County, which has a more sizable American Indian community, including American Indian Health & Services, a community clinic that serves as a core resource for the Tribal community. To ensure sufficient and timely ECM and CS access for those tribal Members eligible for services, GCHP is exploring several options, including delegation of ECM and CS services to CenCal for this population or contracting with American Indian Health & Services directly.

	or other agreements *100 word limit*	
3.	Describe plan to develop provider capacity and Community Supports (ILOS) services for members *100 word limit*	Following the implementation of CS, GCHP will assess CS provider capacity, as well as the cost-effectiveness of our implemented CS and feasibility of expansion. As part of these assessments, GCHP will consider several factors to determine the unmet needs of GCHP's most vulnerable Members, including Tribal Members. Key assessment factors will include: • Current CS provider capacity to serve all eligible Members and expansion capacity; • Number of Members on CS waitlists and waitlist growth over time; • Availability of resources and benefits in the community; • Outcomes for Members receiving the CS and the cost-effectiveness of CS; and • Additional provider interest and availability in providing CS.

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*	
In collaboration with the County of Ventura, GCHP will leverage much of the existing WPC infrastructure to support CalAIM ECM and Community Supports functions. This infrastructure includes continued use of WPC care planning and data sharing technologies (i.e. Cerner HealthecCare, Cerner HealtheRegistries, Tonic electronic forms, data warehouse, and Manifest MedEx). In addition, for future providers that do not have access to the County WPC technology that will be leveraged for ECM and CS, GCHP will explore the use of technical assistance and incentives to support provider implementation of care management documentation systems or EHR and participation in community-wide HIE and/or CIE.	

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*
GCHP's approach to ECM provider network development entails a commitment to the County of Ventura and its WPC program to leverage and expand its current capacity over time to meet the needs of all Populations of Focus. We are currently contracting with VCHCA (the WPC Lead Entity) for the homeless and high-utilizer populations and VCHCA will partner closely with VCBH to serve the SMI/SUD population. GCHP will continue to work closely with the County on establishing partnerships and/or contracts with County agencies currently serving vulnerable populations that will be eligible for ECM in 2023 and 2024.

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*
GCHP is leveraging the housing services infrastructure and processes developed by the County of Ventura WPC program by contracting with the County for these CS (i.e. housing suite services). The County of Ventura has committed to using their WPC program infrastructure across agencies that are newly engaged to provide CS. In addition, GCHP will support ongoing CS capacity building approaches by: • Providing an annual assessment of CS provider capacity; • Working with existing CS providers on identifying opportunities for expansion; • Leading an ECM/CS advisory committee that will make recommendations on CS provider network development; and • Development of a CS workforce development plan.