BH-CONNECT ACCESS, REFORM AND OUTCOMES INCENTIVE PROGRAM

SCORING METHODOLOGY AND BENCHMARKS MANUAL

December 2025

Document Revision History

Status	Version	Author	Review/ Approval Date
Calendar Year 2025	1.0		12/22/2025

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Background

About BH-CONNECT

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a five-year Medicaid Section 1115 demonstration and State Plan Amendments to expand coverage of evidence-based practices (EBPs) available under Medi-Cal, as well as complementary policies to strengthen behavioral health services statewide. In December 2024, the Centers for Medicare & Medicaid Services (CMS) approved the BH-CONNECT Section 1115 demonstration, which includes the BH-CONNECT Access, Reform and Outcomes Incentive Program (BH-CONNECT Incentive Program).

BH-CONNECT Access, Reform and Outcomes Incentive Program

The BH-CONNECT Incentive Program provides performance-based incentive payments to participating behavioral health plans (BHPs) for demonstrating improvements in access to behavioral health services and outcomes among Medi-Cal members living with significant behavioral health needs.

Areas of Focus

The BH-CONNECT Incentive Program includes measures in three areas of focus:[1]

- **Improved Access to Behavioral Health Services:** Participating BHPs may earn incentive payments related to improved access to behavioral health services, including by improving penetration and retention in behavioral health services; demonstrating timely access to specialty mental health services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services; and increasing utilization of specified behavioral health services.
- **Improved Health Outcomes and Quality of Life:** Participating BHPs may earn incentive payments related to improved health outcomes among Medi-Cal members living with significant behavioral health needs, including improved performance on select Department of Health Care Services (DHCS) Behavioral

[1]See BH-CONNECT Incentive Program Protocol (p. 117).

Health Accountability Set (BHAS) measures, improved member-reported quality of life, and improved health and wellbeing among members receiving key EBPs.

- **Targeted Behavioral Health Delivery System Reforms:** Participating BHPs may earn incentive payments for reducing BHP-specific gaps in quality improvement capabilities and making other targeted behavioral health delivery system reforms including enhancing data sharing capabilities and improved outreach and engagement to members that meet access criteria for SMHS and DMC-ODS services.

More information about the BH-CONNECT Incentive Program is available in the approved BH-CONNECT Section 1115 demonstration Special Terms and Conditions and on the DHCS BH-CONNECT website.

Purpose of Manual

The BH-CONNECT Incentive Program Scoring Methodology and Benchmarks Manual details how DHCS will score performance on BH-CONNECT Incentive Program measures and allocate incentive payments. This manual includes scoring methodology and benchmarks for measures in the first two areas of focus described above. It does not include benchmarks for measures in the "Targeted Behavioral Health Delivery System Reforms" area of focus. Instructions for these measures will be shared in separate DHCS guidance.

See the BH-CONNECT Incentive Program Technical Specifications Manual for information on DHCS will calculate performance on BH-CONNECT Incentive Program measures.

Updates to Scoring Methodology and Benchmarks

DHCS may update this manual annually or more frequently as needed to establish and/or update benchmarks for BH-CONNECT Incentive Program measures.[2]

[2] The first version of this manual focuses on benchmarks for BH-CONNECT Incentive Program measures that are pay-for-performance in measurement year 2025. DHCS will establish benchmarks for BH-CONNECT Incentive Program measures that become pay-for-performance in 2026 through 2029 prior to or during the respective measurement years. Updates to this manual will be limited to measures that are newly pay-for-performance or when refinements are necessary after initial performance data is available.

Benchmarks will be determined prior to the start of or during the first pay-for-performance year for each measure. Benchmarks apply to the full applicable measurement year. Benchmarks will not be reissued annually for every measure.

If the benchmark for a specified measure changes between measurement years, DHCS will update this manual to reflect the most recent benchmark.[3]

DHCS will notify participating BHPs and other stakeholders of any updates to the BH-CONNECT Incentive Program Scoring Methodology and Benchmarks Manual.

[3]See BH-CONNECT Incentive Program Protocol (p. 134-135).

BH-CONNECT Incentive Program Measures

The BH-CONNECT Incentive Program includes 53 measures in 15 measure areas, which are categorized into the three areas of focus described above.[4] All BH-CONNECT Incentive Program measures were developed by DHCS, except for five measures from the Healthcare Effectiveness Data and Information Set (HEDIS) that are stewarded by the National Committee for Quality Assurance (NCQA).

Table 1 includes information about each measure in the BH-CONNECT Incentive Program, including:

- Area of Focus
- Measure Area
- Measure Name
- Measure Acronym
- Measurement Years
- Data Source

Measures will be calculated on the timelines described in the "Measurement and Payment Timelines" section below.

Table 1. BH-CONNECT Incentive Program Measures

Area of Focus: Improved Access to Specialty Behavioral Health (BH) Services

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
1. Improve Penetration and Engagement in Specialty	Penetration in Specialty Mental Health Services (SMHS) for Adults	PEN-SMHS-AD	2025-2029	Claims

[4] See BH-CONNECT Incentive Program Protocol (p. 121-131).

[5] "Measurement years" indicates years in which the measure is pay-for-performance. Where applicable, the baseline year of data for each measure will be the year of data prior to the first measurement year. Baseline years for each measure are specified in the BH-CONNECT Incentive Program Protocol Table 2 (p. 121-131).

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
Behavioral Health Services	Penetration in SMHS for Children/Youth	PEN-SMHS-CH	2025-2029	Claims
	Engagement in SMHS for Adults	ENG-SMHS-AD	2025-2029	Claims
	Engagement in SMHS for Children/Youth	ENG-SMHS-CH	2025-2029	Claims
	Initiation of Substance Use Disorder (SUD) Treatment (IET) *NCQA HEDIS measure*	IET-I	2025-2029	Claims
	Engagement in SUD Treatment (IET) *NCQA HEDIS measure*	IET-E	2025-2029	Claims
2. Improve Performance on Timely Access Standards for Specialty Behavioral Health Services[6]	Timely Access to SMHS for Adults	TMLY-SMHS-AD	2025-2029	Timely Access Data Tool (TADT)
	Timely Access to SMHS for Children/Youth	TMLY-SMHS-CH	2025-2029	TADT
	Timely Access to Drug Medi-Cal Organized Delivery System	TMLY-DMCODS-AD	2025-2029	TADT

[6] More information about DHCS' Timely Access Standards is in BHIN 25-013 or subsequent guidance.

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
	(DMC-ODS) Services for Adults			
	Timely Access to DMC-ODS Services for Children/Youth	TMLY-DMCODS-CH	2025-2029	TADT
3. Increase Utilization of Evidence-Based Practices (EBPs) for Adults	Utilization of Assertive Community Treatment (ACT)	ACT	2026-2027: Count[7] 2028-2029: Rate	Claims
	Utilization of Forensic Assertive Community Treatment (FACT)	FACT	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)	CSC	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of Individual Placement and Support (IPS) Supported Employment	IPS	2026-2027: Count 2028-2029: Rate	Claims

[7] Measures in the measure areas "Increase Utilization of EBPs for Adults" and "Increase Utilization of EBPs for Children, Youth and Adolescents" are measured as a count for the first two measurement years and measured as a rate for the remaining measurement years.

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
	Utilization of Enhanced Community Health Worker (CHW) Services	ECHW	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of Peer Support Services	PEER	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of Clubhouse Services	CLUB	2026-2027: Count 2028-2029: Rate	Claims
4. Increase Utilization of EBPs for Children, Youth, and Adolescents	Utilization of Multisystemic Therapy (MST)	MST	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of Functional Family Therapy (FFT)	FFT	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of Parent-Child Interaction Therapy (PCIT)	PCIT	2026-2027: Count 2028-2029: Rate	Claims
	Utilization of High-Fidelity Wraparound (HFW)	HFW	2028-2029: Rate	Claims

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
5. Increase Utilization of Enhanced Care Management (ECM)	Utilization of ECM for Adults	ECM-AD	2025-2029	QIMR[8] (2025); Claims (2026-2029)
	Utilization of ECM for Children/Youth	ECM-CH	2025-2029	QIMR (2025); Claims (2026-2029)
Area of Focus: Improved Health Outcomes and Quality of Life				
6. Pharmacotherapy for Opioid Use Disorder (POD)	POD *NCQA HEDIS measure*	POD	2025-2029	Claims
7. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	SAA *NCQA HEDIS measure*	SAA	2025-2029	Claims
8. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	APP *NCQA HEDIS measure*	APP	2025-2029	Claims
9. Improve Patient-Reported Quality of Life (QOL)	Patient-Reported QOL	QOL	2028-2029	Survey data
10a. Improve Health Outcomes and QOL Among Members Receiving ACT	Emergency Department (ED) Visits Among Members Receiving ACT	ACT-EDV	2027-2029	Claims

[8]More information about the ECM and Community Supports Quarterly Implementation Monitoring Report (QIMR).

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
	Hospital Admissions Among Members Receiving ACT	ACT-HOSP	2027-2029	Claims
	Homelessness Among Members Receiving ACT	ACT-PEH	2027-2029	Survey data[9]
	Justice Involvement Among Members Receiving ACT	ACT-JUST	2027-2029	Survey data
	QOL Among Members Receiving ACT	ACT-QOL	2027-2029	Survey data
10b. Improve Health Outcomes and QOL Among Members Receiving FACT	ED Visits Among Members Receiving FACT	FACT-EDV	2027-2029	Claims
	Hospital Admissions Among Members Receiving FACT	FACT-HOSP	2027-2029	Claims
	Homelessness Among Members Receiving FACT	FACT-PEH	2027-2029	Survey data
	Justice Involvement Among Members Receiving FACT	FACT-JUST	2027-2029	Survey data

[9] In future years of the BH-CONNECT Incentive Program, DHCS may also utilize CA Homelessness Integration System (HDIS) and/or correctional data for measures calculated using survey data.

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
	QOL Among Members Receiving FACT	FACT-QOL	2027-2029	Survey data
10c. Improve Health Outcomes and QOL Among Members Receiving CSC	ED Visits Among Members Receiving CSC	CSC-EDV	2027-2029	Claims
	Hospital Admissions Among Members Receiving CSC	CSC-HOSP	2027-2029	Claims
	Homelessness Among Members Receiving CSC	CSC-PEH	2027-2029	Survey data
	School/Work Involvement Among Members Receiving CSC	CSC-EMPL	2027-2029	Survey data
	QOL Among Members Receiving CSC	CSC-QOL	2027-2029	Survey data
10d. Improve Health Outcomes and QOL Among Members Receiving IPS	ED Visits Among Members Receiving IPS	IPS-EDV	2027-2029	Claims
	Hospital Admissions Among Members Receiving IPS	IPS-HOSP	2027-2029	Claims
	Homelessness Among Members Receiving IPS	IPS-PEH	2027-2029	Survey data
	School/Work Involvement	IPS-EMPL	2027-2029	Survey data

Measure Area	Measure Name	Measure Acronym	Measurement Years[5]	Data Source
	Among Members Receiving IPS			
	QOL Among Members Receiving IPS	IPS-QOL	2027-2029	Survey data
Area of Focus: Targeted Behavioral Health Delivery System Reforms				
11. Plan to Address County-Specific Behavioral Health Delivery System Gaps			2025	County submission
12. Reduce County-Specific Gaps Identified in NCQA Behavioral Healthcare Accreditation (BHA)[10] Assessment			2025-2029	NCQA BHA assessment data
13. Demonstrate Improved Data Sharing for the Behavioral Health Population			2025-2029	County submission
14. Improve Identification and Outreach to Member Population Eligible for Specialty Behavioral Health Services			2025-2029	County submission
15. Increase Capacity to Deliver Crisis Services			2025-2029	County submission

Measurement and Payment Timelines

Almost all BH-CONNECT Incentive Program measures are calculated using the calendar year as the applicable measurement period (e.g., the 2025 measurement year is for performance from January 1, 2025 to December 31, 2025).[11] For timely access measures (TMLY-SMHS-AD, TMLY-SMHS-CH, TMLY-DMCODS-AD, TMLY-DMCODS-CH), the measurement period is July 1 to March 31 (e.g., the 2025 measurement year is for performance from July 1, 2025 through March 31, 2026), consistent with BHIN 25-013 or subsequent guidance.

[10] Previously "Managed Behavioral Healthcare Organization" (MBHO)

[11] Assessment. See BH-CONNECT Incentive Program Protocol (p. 142-143).

Table 2. Measurement and Payment Timeline for Claims-Based Measures

Measurement Year	Measurement Period	Measure Calculated	Payment Issued
2025	January 1, 2025 - December 31, 2025	June 30, 2026	November 30, 2026
2026	January 1, 2026 - December 31, 2026	June 30, 2027	November 30, 2027
2027	January 1, 2027 - December 31, 2027	June 30, 2028	November 30, 2028
2028	January 1, 2028 - December 31, 2028	June 30, 2029	November 30, 2029
2029	January 1, 2029 - December 31, 2029	June 30, 2030	November 30, 2030

Table 3. Measurement and Payment Timeline for Measures Using Other Data Sources

Measure Area	Data Source	Submission	Measurement Years	Due Date(s)	Payment Issued
Improve Performance on Timely Access Standards for Specialty Behavioral Health Services	TADT	BHPs submit data as described in BHIN 25-013 or subsequent guidance	2025 – 2029[12]	• July 1, 2026 • July 1, 2027 • July 1, 2028 • July 1, 2029 • July 1, 2030	• November 30, 2026 • November 30, 2027 • November 30, 2028 • November 30, 2029 • November 30, 2030

[12] The measurement period for all Timely Access to Specialty Behavioral Health Services measures is July 1 – March 31 of each year. The measurement period for all other measures is the calendar year.

Measure Area	Data Source	Submission	Measurement Years	Due Date(s)	Payment Issued
Increase Utilization of ECM	QIMR	MCPs submit data as described in the ECM and Community Supports QIMR Requirements	2025[13]	• May 2025 • August 2025 • November 2025 • February 2026	• November 30, 2026
Homelessness, Justice Involvement, Work/School Involvement, and QOL Among Members Receiving ACT, FACT, CSC and IPS	Survey Data[14]	Centers of Excellence (COEs) transmit data directly to DHCS	2027-2029	n/a	• November 30, 2028 • November 30, 2029 • November 30, 2030
Plan to Address County-Specific Behavioral Health Delivery System Gaps	Report and data	BHPs submit report using template provided by DHCS	2025	• June 30, 2025	• November 30, 2025
Reduce County-Specific Gaps	NCQA BHA	NCQA transmits	2025-2029	n/a	• November 30, 2026

[13] QIMR data will be used for measurement year 2025 only. DHCS will use claims data to calculate performance for measurement years 2026-2029.

[14] In future years of the BH-CONNECT Incentive Program, DHCS may also utilize CA Homelessness Integration System (HDIS) and/or correctional data for this measure area.

Measure Area	Data Source	Submission	Measurement Years	Due Date(s)	Payment Issued
Identified in NCQA BHA Assessment	Assessment Data	data directly to DHCS			• November 30, 2027 • November 30, 2028 • November 30, 2029 • November 30, 2030
Demonstrate Improved Data Sharing for the Behavioral Health Population	Reports and data	BHPs submit report using template provided by DHCS and/or DHCS pulls reports on structured data (when available)	2025-2029	• June 30, 2026 • June 30, 2027 • June 30, 2028 • June 30, 2029 • June 30, 2030	• November 30, 2026 • November 30, 2027 • November 30, 2028 • November 30, 2029 • November 30, 2030
Improve Identification and Outreach to Member Population Eligible for Specialty Behavioral Health Services					
Increase Capacity to Deliver Crisis Services					

Scoring Methodology

Performance on all BH-CONNECT Incentive Program measures will be calculated and scored by DHCS on an annual basis. Participating BHPs are not responsible for scoring their own performance on any measures.

DHCS is leveraging claims and eligibility data available through Medi-Cal Connect to calculate and score BHP performance on measures that utilize claims data. Medi-Cal Connect is a DHCS-run population health management tool which aggregates data from multiple sources to measure performance on a variety of measures for BHPs and Medi-Cal Managed Care Plans (MCPs).

Other measures will be calculated and scored by DHCS using other data sources, including data from DHCS' ECM and Community Supports QIMR, TADT, NCQA assessment data, and data collected by COEs supporting implementation of EBPs.

Funding Allocations

Each BHP participating in the BH-CONNECT Incentive Program is eligible to earn up to a capped amount of funding each year based on a county-specific allocation.[15]

DHCS calculated county-specific funding allocations based on total Medi-Cal enrollment in each county, and adjusted allocations based on:

- County size[16]
- Participation in DMC-ODS[17]
- Ensuring a minimum allocation of $2.5 million per participating BHP

County-specific allocations for participating BHPs are posted on the DHCS BH-CONNECT website.

Each year, any unearned incentive funds will be moved to a High Performance Pool.[18] See additional details in the "High Performance Pool" section below.

[15] See BH-CONNECT Incentive Program Protocol (p. 142), available here.
[16] Total Medi-Cal enrollment was adjusted from a minimum of 0% to a maximum of 100% higher for the counties with the lowest Medi-Cal enrollment.
[17] Counties that are not participating in the DMC-ODS are not eligible for funding related to four DMC-ODS measures.
[18] Earned incentive funds that are not claimed by participating BHPs in a given year will also be moved to the High Performance Pool.

Measure Weights

DHCS also assigned each BH-CONNECT Incentive Program measure a weight for each year, as shown in Table 4.[19] Participating BHPs are eligible to earn up to the weighted amount for a given measure out of their total funding allocation each year.

For example, if a BHP's funding allocation for 2025 is $5,000,000, the BHP is eligible to earn up to $475,000 for measurement year 2025 on the measure POD (9.5% of their 2025 allocation).

Table 4. Measure Weights

Measure	Measure Weight				
	2025	2026	2027	2028	2029
Area of Focus: Improved Access to Specialty Behavioral Health Services					
PEN-SMHS-AD	1.4%	1.1%	0.8%	0.6%	0.6%
PEN-SMHS-CH	1.4%	1.1%	0.8%	0.6%	0.6%
ENG-SMHS-AD	1.4%	1.1%	0.8%	0.6%	0.6%
ENG-SMHS-CH	1.4%	1.1%	0.8%	0.6%	0.6%
IET-I	2.9%	2.1%	1.6%	1.2%	1.2%
IET-E	2.9%	2.1%	1.6%	1.2%	1.2%
TMLY-SMHS-AD	2.9%	2.1%	1.6%	1.2%	1.2%
TMLY-SMHS-CH	2.9%	2.1%	1.6%	1.2%	1.2%
TMLY-DMCODS-AD	2.9%	2.1%	1.6%	1.2%	1.2%
TMLY-SMHS-CH	2.9%	2.1%	1.6%	1.2%	1.2%
ACT	-	4.4%	3.2%	2.5%	2.5%
FACT	-	4.4%	3.2%	2.5%	2.5%
CSC	-	4.4%	3.2%	2.5%	2.5%
IPS	-	4.4%	3.2%	2.5%	2.5%

[19]See BH-CONNECT Incentive Program Protocol (p. 140-142).

Measure	Measure Weight				
	2025	2026	2027	2028	2029
ECHW	-	4.4%	3.2%	2.5%	2.5%
PEER	-	4.4%	3.2%	2.5%	2.5%
CLUB	-	4.4%	3.2%	2.5%	2.5%
MST	-	4.4%	3.2%	2.5%	2.5%
FFT	-	4.4%	3.2%	2.5%	2.5%
PCIT	-	4.4%	3.2%	2.5%	2.5%
HFW	-	-	-	4.9%	4.9%
ECM-AD	2.9%	2.1%	1.6%	1.2%	1.2%
ECM-CH	2.9%	2.1%	1.6%	1.2%	1.2%
Area of Focus: Improved Health Outcomes and Quality of Life					
POD	9.5%	7%	5.2%	3.9%	3.9%
SAA	9.5%	7%	5.2%	3.9%	3.9%
APP	9.5%	7%	5.2%	3.9%	3.9%
QOL	-	-	-	4.9%	4.9%
ACT-EDV	-	-	1.3%	1.7%	1.7%
ACT-HOSP	-	-	1.3%	1.7%	1.7%
ACT-PEH	-	-	1.3%	1.7%	1.7%
ACT-JUST	-	-	1.3%	1.7%	1.7%
ACT-QOL	-	-	1.3%	1.7%	1.7%
FACT-EDV	-	-	1.3%	1.7%	1.7%
FACT-HOSP	-	-	1.3%	1.7%	1.7%
FACT-PEH	-	-	1.3%	1.7%	1.7%
FACT-JUST	-	-	1.3%	1.7%	1.7%
FACT-QOL	-	-	1.3%	1.7%	1.7%
CSC-EDV	-	-	1.3%	1.7%	1.7%
CSC-HOSP	-	-	1.3%	1.7%	1.7%

Measure	Measure Weight				
	2025	2026	2027	2028	2029
CSC-PEH	-	-	1.3%	1.7%	1.7%
CSC-EMPL	-	-	1.3%	1.7%	1.7%
CSC-QOL	-	-	1.3%	1.7%	1.7%
IPS-EDV	-	-	1.3%	1.7%	1.7%
IPS-HOSP	-	-	1.3%	1.7%	1.7%
IPS-PEH	-	-	1.3%	1.7%	1.7%
IPS-EMPL	-	-	1.3%	1.7%	1.7%
IPS-QOL	-	-	1.3%	1.7%	1.7%
Area of Focus: Targeted Behavioral Health Delivery System Reforms					
Gap-Filling Plan	23.8%	-	-	-	-
NCQA	4.8%	3.5%	3.4%	2.9%	2.9%
Data Sharing	4.8%	3.5%	3.4%	2.9%	2.9%
Outreach	4.8%	3.5%	3.4%	2.9%	2.9%
Crisis Services	4.8%	3.5%	3.4%	2.9%	2.9%
Total:*	**100%**	**100%**	**100%**	**100%**	**100%**

*Values within a column may not sum to exactly 100% due to rounding

Measure Scoring

Participating BHPs are eligible to earn incentive payments for each BH-CONNECT Incentive Program measure based on their relative performance in a specified year. Performance on each measure in each year will be compared to:

- The BHP's performance on that measure in the prior year;[20]
- DHCS' required "minimum performance level" (MPL) for that measure, as applicable; and
- DHCS' established benchmark or "high performance level" (HPL) for that measure, as applicable.

[20] For the first measurement year for each measure, performance will be compared to a baseline period which is the full calendar year prior to the first measurement year.

Prior Year Performance

Participating BHPs are only eligible to earn incentive payments for a given measure if their performance on that measure improves compared to their performance in the prior year.[21] Year-over-year improvement must be statistically significant (in other words, there is evidence that a real change occurred, and improvement was not due to chance).[22]

DHCS will use Medi-Cal Connect to calculate statistically significant improvement for all BH-CONNECT Incentive Program measures.[23] If DHCS determines there is not statistically significant improvement in performance on a given measure compared to the prior year, the BHP is not eligible for an incentive payment for that measure in that year. The BHP may be eligible for incentive payments for that measure in future years if performance improves.

Minimum Performance Level (MPL)

For a subset of BH-CONNECT Incentive Program measures, DHCS already has established performance requirements. These measures have an MPL, or "floor," for expected minimum performance. For measures with a MPL, participating BHPs must show year-over-year improvement and meet or exceed the MPL for a given measure before any BH-CONNECT Incentive Program funding is available for that measure.[24]

For example, IET-I, IET-E, POD, SAA and APP are in the BH-CONNECT Incentive Program and in DHCS' Behavioral Health Accountability Set (BHAS). For those five measures, all BHPs are required to meet or exceed a MPL that is the NCQA national Medicaid 50th percentile or, if below the national Medicaid 50th percentile, a five percentage point increase over the prior year's performance.[25] BHPs that do not meet or exceed the MPL may be subject to corrective action and monetary sanctions.

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[21] Year-over-year improvement is not required if a BHP meets or exceeds a specified high performance level (HPL).
[22] See BH-CONNECT Incentive Program Protocol (p. 135-136).
[23] Statistical significance will be tested using a chi-square test. Where measure denominators are small enough that a statistically significant improvement would be an unreasonable threshold to achieve, DHCS will develop an alternative threshold to define improvement.
[24] See BH-CONNECT Incentive Program Protocol (p. 135).
[25] For 2026 onward, DHCS expects that the MPL will be based only on performance at or above the national Medicaid 50th percentile.

To be eligible to earn incentive payments for a given measure, a BHP must demonstrate statistically significant improvement compared to the prior year's performance and meet or exceed the specified MPL.

High Performance Level (HPL)

For most BH-CONNECT Incentive Program measures, incentive payments will be available based on measurable improvement towards an HPL. The HPL for a given measure indicates DHCS' performance goal for participating BHPs.

Participating BHPs are not expected to achieve the HPL for a given measure during the five-year program. Instead, participating BHPs earn incentive payments for making progress towards the HPL using a "gap closure" approach as described in Box 2.

Box 2. What is Gap Closure?

A "gap closure" approach means incentive payments are tied to reducing a "gap" between past performance and the HPL for a specified measure.

For example, if a BHP's SMHS penetration rate for adults in 2024 was 5% and the HPL for that measure is 6%, there would be a gap of 1 percentage point between the BHP's past performance and the HPL. If the measure is scored using a 10% gap closure, the BHP must close 10% of the gap between current performance and the HPL in measurement year 2025 to earn maximum incentive funding for that measure (a 0.1 percentage point increase in the rate).

For a county of 200,000 Medi-Cal members, that means:

- **2024 performance:** 10,000 members utilized SMHS (5%)
- **HPL:** 12,000 members to utilize SMHS (6%)
- **Gap between past performance and HPL:** 2,000 members
- **10% gap closure:** 200 members
- **2025 performance for maximum incentive funding:** 10,200 members utilized SMHS (5.1%)

For measures with no HPL, DHCS will use other approaches to score BHP performance and determine incentive payment amounts, including but not limited to scoring performance based on:

- Any statistically significant year-over-year improvement; or

- A publicly posted scoring rubric (for narrative submissions).

Detailed scoring methodologies, including MPLs and HPLs (as applicable) for all BH-CONNECT Incentive Program measures are in the subsequent section of this manual.

BH-CONNECT Incentive Program Measure Benchmarks

Participating BHPs are eligible to earn incentive payments based on performance on BH-CONNECT Incentive Program measures in measurement year 2025 as summarized in Table 5 and Table 6.[26]

Measurement year 2025 includes 15 measures calculated and scored using claims, TADT and/or QIMR data (Table 2), and five measures in the "Targeted Behavioral Health Delivery System Reforms" area of focus (Table 3) that are scored using a rubric developed by DHCS. Additional detail about submissions and scoring for measures in the "Targeted Behavioral Health Delivery System Reforms" area of focus will be in separate guidance.

Remaining BH-CONNECT Incentive Program measures become pay-for-performance in future years, as outlined in Table 1.

Table 5. Benchmarks for 2025 Measurement Year

Measure Area	Measure	MPL	HPL	Maximum Payment
Improve Penetration and Engagement in Specialty Behavioral Health Services	PEN-SMHS-AD	n/a	5.1%	20% gap closure from baseline performance to HPL
	PEN-SMHS-CH	n/a	5.7%	20% gap closure from baseline performance to HPL
	ENG-SMHS-AD	n/a	4.1%	20% gap closure from baseline performance to HPL
	ENG-SMHS-CH	n/a	4.8%	20% gap closure from baseline performance to HPL
	IET-I*	National Medicaid 50th percentile or 5%-point increase	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL

[26]See BH-CONNECT Incentive Program Protocol (p. 121-131).

Measure Area	Measure	MPL	HPL	Maximum Payment
		from prior year		
	IET-E*	National Medicaid 50th percentile or 5%-point increase from prior year	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL
Improve Performance on Timely Access Standards for Specialty Behavioral Health Services	TMLY-SMHS-AD	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL
	TMLY-SMHS-CH	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL
	TMLY-DMCODS-AD	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL
	TMLY-DMCODS-CH	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL
Utilization of Enhanced Care Management (ECM)	ECM-AD	n/a	18%	20% gap closure from baseline performance to HPL
	ECM-CH	n/a	18%	10% gap closure from baseline performance to HPL
Pharmacotherapy for Opioid Use Disorder (POD)	POD*	National Medicaid 50th	National Medicaid	10% gap closure from MPL or baseline performance

Measure Area	Measure	MPL	HPL	Maximum Payment
		percentile or 5%-point increase from prior year	90th percentile	(whichever is higher) to HPL
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	SAA*	National Medicaid 50th percentile or 5%-point increase from prior year	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	APP*	National Medicaid 50th percentile or 5%-point increase from prior year	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL

*NCQA HEDIS measures also included in BHAS

Table 6. Delivery System Reform Measures for Measurement Year 2025

Measure Area	Scoring Methodology	Maximum Payment
Reduce County-Specific Gaps Identified in NCQA Behavioral Healthcare Accreditation (BHA)[27] Assessment	Scoring rubric developed by DHCS in consultation with NCQA	Maximum points based on rubric developed by DHCS in consultation with NCQA
Plan to Address County-Specific Behavioral Health Delivery System Gaps ("Submission 1")	Timely and complete submission	Timely and complete submission

[27] Previously "Managed Behavioral Healthcare Organization" (MBHO) Assessment.

Measure Area	Scoring Methodology	Maximum Payment
Demonstrate Improved Data Sharing for the Behavioral Health Population	Scoring rubric developed by DHCS	Maximum points based on rubric developed by DHCS
Improve Identification and Outreach to Member Population Eligible for Specialty Behavioral Health Services	Scoring rubric developed by DHCS	Maximum points based on rubric developed by DHCS
Increase Capacity to Deliver Crisis Services	Scoring rubric developed by DHCS	Maximum points based on rubric developed by DHCS

NCQA HEDIS Measures

Five measures in the BH-CONNECT Incentive Program are NCQA HEDIS measures that are also included in BHAS: IET-I, IET-E, POD, SAA and APP. Performance benchmarks for these measures are consistent with national standards for these measures.

MPL

Consistent with BHAS, the MPL for IET-I, IET-E, POD, SAA and APP is the NCQA national Medicaid 50th percentile or, if below the national Medicaid 50th percentile, a five percentage point increase over the prior year's performance. No BH-CONNECT Incentive Program funding is available for performance below the MPL.

HPL

Consistent with BHIN 24-004, the HPL for IET-I, IET-E, POD, SAA and APP is the NCQA national 90th percentile.

Scoring

Performance on IET-I, IET-E, POD, SAA and APP will be calculated by DHCS using Medi-Cal Connect consistent with NCQA HEDIS specifications.[28]

[28] Medi-Cal Connect is a NCQA HEDIS-certified engine.

The maximum incentive payment is available for participating BHPs that achieve a 10% gap closure from the MPL or their baseline performance (whichever is higher) to the HPL.

Incentive payments will be reduced proportionally for performance that is above the MPL but at a lower gap closure amount, as described in Box 3.

Box 3. HEDIS Measures Scoring Example

If a BHP achieves a gap closure of 2% rather than 10% on a given HEDIS measure, the BHP is eligible for 20% of its county-specific allocation on that measure in measurement year 2025 (assuming the increase from the prior year is statistically significant).

Penetration and Engagement in SMHS

Through the BH-CONNECT Incentive Program, participating BHPs are eligible to earn incentive payments for improving penetration and engagement in SMHS among adult and child/youth Medi-Cal members. Penetration and engagement rates have historically been calculated by DHCS and posted on the DHCS SMHS Performance Dashboards; however, there are no existing performance requirements for BHPs.

MPL

There is no MPL for PEN-SMHS-AD, PEN-SMHS-CH, ENG-SMSH-AD or ENG-SMHS-CH.

HPL

DHCS established HPLs for PEN-SMHS-AD, PEN-SMHS-CH, ENG-SMHS-AD and ENG-SMHS-CH to support continued county improvement in identifying and engaging Medi-Cal members that meet access criteria for SMHS.

The HPLs for measurement year 2025 are:

- PEN-SMHS-AD: 5.1%
- PEN-SMHS-CH: 5.7%
- ENG-SMHS-AD: 4.1%
- ENG-SMHS-CH: 4.8%

Scoring

Performance on PEN-SMHS-AD, PEN-SMHS-CH, ENG-SMHS-AD, and ENG-SMHS-CH will be calculated by DHCS using Medi-Cal Connect.

The maximum incentive payment is available for participating BHPs that achieve a 20% gap closure from baseline performance to the HPL.

Incentive payments will be reduced proportionally for performance improvements at a lower gap closure amount, as described in Box 4.

Box 4. Penetration and Engagement in SMHS Scoring Example

If a BHP achieves a gap closure of 12% rather than 20% on PEN-SMHS-AD, the BHP is eligible for 60% of its county-specific allocation for PEN-SMHS-AD in measurement year 2025 (assuming the increase from the prior year is statistically significant).

Timely Access to Specialty Behavioral Health Services

Participating BHPs are eligible to earn incentive payments for improving performance on DHCS' timely access standards for SMHS and DMC-ODS services, consistent with BHIN 25-013 or subsequent guidance. For a BHP to be compliant with DHCS' timely access standards, 80% of members must have been offered an appointment that qualifies as a billable service within the applicable time frame for each service type identified in BHIN 25-013 (e.g., offered an appointment within 10 business days of request for outpatient non-urgent non-psychiatric SMHS).

MPL

Consistent with BHIN 25-013, the MPL for TMLY-SMHS-AD, TMLY-SMHS-CH, TMLY-DMCODS-AD and TMLY-DMCODS-CH is 80% of members are offered an appointment that qualifies as a billable service within the applicable time frame for each specified service type.[29]

[29] Consistent with the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality Final Rule, this threshold will increase to 90% in 2027. As a result,

No BH-CONNECT Incentive Program funding is available for service types where performance is below the MPL. However, each of the four timely access measures is comprised of multiple service types, as shown in Table 7. BHPs are eligible to earn incentive payments if they meet or exceed the MPL on a subset of service types; they do not need to meet or exceed the MPL on *all* service types for each timely access measure, as described in Box 5.

Box 5. Timely Access to Specialty Behavioral Health Services MPL Example

If a BHP's performance on TMLY-SMHS-AD is 75% for outpatient non-urgent non-psychiatric SMHS (below the MPL) but is 85% for psychiatric services (above the MPL), the BHP would be eligible to earn incentive funding for its performance on psychiatric services, but no funding would be available for outpatient non-urgent non-psychiatric SMHS.

HPL

The HPL for TMLY-SMHS-AD, TMLY-SMHS-CH, TMLY-DMCODS-AD and TMLY-DMCODS-CH is 95% of members are offered an appointment within the applicable time frame for the specified service type.

Scoring

Performance on TMLY-SMHS-AD, TMLY-SMHS-CH, TMLY-DMCODS-AD and TMLY-DMCODS-CH will be calculated by DHCS using data collected and submitted by BHPs using DHCS' TADT.

DHCS will calculate performance on each service type in Table 7. Performance on each service type equal to or greater than 80% will be assigned a point score between 0 and 15 points based on relative performance compared to the HPL. For example, if a BHP's performance on TMLY-SMHS-AD is 85% for psychiatric services, the BHP will receive 5 points for that service type. If the BHP's performance is 95% for psychiatric services, the BHP will receive the maximum of 15 points for that service type.

DHCS anticipates increasing the MPL to 90% in future years of the BH-CONNECT Incentive Program.

Points are only available for a specified service type if the BHP improves its performance on that service type from the prior year. For example, if a BHP's performance on TMLY-SMHS-AD was 95% for psychiatric services in 2024 and their performance was 90% in 2025, they would not receive any points for the psychiatric services service type in 2025.

DHCS will sum the total points earned by participating BHPs for each timely access measure. There are 75 total available points each for TMLY-SMHS-AD and TMLY-SMHS-CH, and 90 total available points each for TMLY-DMCODS-AD and TMLY-DMCODS-CH.

Finally, DHCS will calculate earned incentive funding relative to the performance of the highest-performing BHP on each measure, as described in Box 6.

Box 6. Timely Access to Specialty Behavioral Health Services Scoring Example

DHCS will calculate earned incentive funding relative to the performance of the highest-performing BHP on each measure. For example, if the highest-performing BHP earned 50 points on TMLY-SMHS-AD, a BHP that earned 40 points on TMLY-SMHS-AD would be eligible for 80% of its county-specific allocation for TMLY-SMHS-AD in measurement year 2025 (40 divided by 50 maximum points).

Table 7. Scoring for Timely Access Measures

Measure	Appointment Service Type	Points Available
TMLY-SMHS-AD and TMLY-SMHS-CH	Outpatient non-urgent non-psychiatric SMHS	15
	Psychiatric services	15
	Urgent SMHS appointments without prior authorization	15
	Urgent SMHS appointments with prior authorization	15
	Non-urgent follow-up appointments	15
	Total	75
TMLY-DMCODS-AD and TMLY-	Outpatient SUD services	15
	Residential	15
	Opioid treatment program	15

Measure	Appointment Service Type	Points Available
DMCODS-CH	Urgent SUD appointments without prior authorization	15
	Urgent SUD appointments with prior authorization	15
	Non-urgent follow-up appointments with a non-physician	15
	Total	90

Utilization of ECM

Participating BHPs are eligible to earn incentive payments for demonstrating increased utilization of ECM among eligible members who receive specialty behavioral health services.

As described in the ECM Policy Guide, BHPs are critical partners to MCPs in connecting eligible members living with behavioral health needs to ECM providers. In addition, BHPs and behavioral health providers are encouraged to contract with MCPs as ECM providers. However, while there is no existing standard for how many members should be utilizing ECM, initial implementation data shows limited uptake of ECM among both adults and children/youth living with behavioral health needs who also meet eligibility criteria for ECM. Notably, all children and youth who are members of Medi-Cal MCPs and receive specialty behavioral health services are eligible to receive ECM.

MPL

There is no MPL for ECM-AD or ECM-CH.

HPL

The HPL for ECM-AD and ECM-CH for measurement year 2025 is 18%. DHCS established HPLs for ECM-AD and ECM-CH based on 2024 90th percentile performance by BHPs for

adults[30] and to support continued improvement in BHPs partnering with MCPs and engaging eligible members in ECM services.

Scoring

Performance for measurement year 2025 on ECM-AD and ECM-CH will be calculated by DHCS using data collected and submitted by MCPs consistent with ECM and Community Supports QIMR Requirements. Future years' performance will be calculated and scored by DHCS using claims data available through Medi-Cal Connect.

In measurement year 2025, the maximum incentive payment for ECM-AD is available for participating BHPs that achieve a 20% gap closure from baseline performance to the HPL. The maximum incentive payment for ECM-CH is available for participating BHPs that achieve a 10% gap closure from baseline performance to the HPL.

Incentive payments will be reduced proportionally for performance improvements at a lower gap closure amount, as described in Box 7.

Box 7. Utilization of ECM Scoring Example

If a BHP achieves a gap closure of 15% rather than 20% on ECM-AD, the BHP is eligible for 75% of its county-specific allocation for ECM-AD in measurement year 2025 (assuming the increase from the prior year is statistically significant).

[30]The 90th percentile was calculated using data from the DHCS ECM and Community Supports Quarterly Implementation Monitoring Report (QIMR) among members receiving specialty behavioral health services.

High Performance Pool

Each measurement year, all unearned BH-CONNECT Incentive Program funding will be moved to a High Performance Pool. The High Performance Pool rewards BHPs that demonstrate performance "above and beyond" the benchmarks described above. A subset of BH-CONNECT Incentive Program measures (26 measures in eight measure areas) are included in the High Performance Pool. High Performance Pool funding is only available for the measures in Table 8.[31]

Table 8. Measures in High Performance Pool

Measure Area	Measure Name	Measure Acronym	Measurement Years
Area of Focus: Improved Access to Specialty Behavioral Health (BH) Services			
1. Improve Penetration and Engagement in Specialty BH Services	Penetration in Specialty Mental Health Services (SMHS) for Adults	PEN-SMHS-AD	2025-2029
	Penetration in SMHS for Children/Youth	PEN-SMHS-CH	2025-2029
	Engagement in SMHS for Adults	ENG-SMHS-AD	2025-2029
	Engagement in SMHS for Children/Youth	ENG-SMHS-CH	2025-2029
	Initiation of Substance Use Disorder (SUD) Treatment (IET)	IET-I	2025-2029
	Engagement in SUD Treatment (IET)	IET-E	2025-2029
2. Improve Performance on Timely Access Standards for	Timely Access to SMHS for Adults	TMLY-SMHS-AD	2025-2029
	Timely Access to SMHS for Children/Youth	TMLY-SMHS-CH	2025-2029

[31] See BH-CONNECT Incentive Program Protocol (p. 143-144).

Measure Area	Measure Name	Measure Acronym	Measurement Years
Specialty BH Services	Timely Access to Drug Medi-Cal Organized Delivery System (DMC-ODS) Services for Adults	TMLY-DMCODS-AD	2025-2029
	Timely Access to DMC-ODS Services for Children/Youth	TMLY-DMCODS-CH	2025-2029
3. Increase Utilization of Evidence-Based Practices (EBPs) for Adults	Utilization of Assertive Community Treatment (ACT)	ACT	2026-2029
	Utilization of Forensic Assertive Community Treatment (FACT)	FACT	2026-2029
	Utilization of Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)	CSC	2026-2029
	Utilization of Individual Placement and Support (IPS) Supported Employment	IPS	2026-2029
	Utilization of Enhanced Community Health Worker (CHW) Services	ECHW	2026-2029
	Utilization of Peer Support Services	PEER	2026-2029
	Utilization of Clubhouse Services	CLUB	2026-2029
4. Increase Utilization of EBPs for Children, Youth, and Adolescents	Utilization of Multisystemic Therapy (MST)	MST	2026-2029
	Utilization of Functional Family Therapy (FFT)	FFT	2026-2029
	Utilization of Parent-Child Interaction Therapy (PCIT)	PCIT	2026-2029

Measure Area	Measure Name	Measure Acronym	Measurement Years
	Utilization of High-Fidelity Wraparound (HFW)	HFW	2028-2029
5. Increase Utilization of Enhanced Care Management (ECM)	Utilization of ECM for Adults	ECM-AD	2025-2029
	Utilization of ECM for Children/Youth	ECM-CH	2025-2029
Area of Focus: Improved Health Outcomes and Quality of Life			
6. Pharmacotherapy for Opioid Use Disorder (POD)	POD	POD	2025-2029
7. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	SAA	SAA	2025-2029
8. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	APP	APP	2025-2029

Eligibility for High Performance Pool Funding

Participating BHPs are eligible to earn funding from the High Performance Pool each year if they demonstrate statistically significant improvement on at least one measure in at least half of the measure areas in the High Performance Pool.[32] To be eligible for the High Performance Pool in 2025, participating BHPs must show statistically significant increase on at least one measure in at least three measure areas. For 2026-2029, participating BHPs must show statistically significant increase on at least one measure in at least four measure areas.

[32]See BH-CONNECT Incentive Program Protocol (p. 144).

Being eligible for the High Performance Pool does not guarantee participating BHPs will earn High Performance Pool funding. In addition, participating BHPs may be eligible for High Performance Pool funding in one year, but not in subsequent years, or vice versa.

For example, if a BHP demonstrates statistically significant improvement in measurement year 2025 compared to baseline performance for PEN-SMHS-AD, SAA and APP, the BHP this would be at least one measure in at least half of the measure areas, and thus would be eligible to earn High Performance Pool funding in measurement year 2025.

In addition, to be eligible to earn any High Performance Pool funding related to measures in the Increase Utilization of Evidence-Based Practices (EBPs) for Adults measure area, participating BHPs must opt to cover all of the relevant EBPs under Medi-Cal.[33]

High Performance Pool Funding Allocations

Each measurement year, the High Performance Pool is funded with otherwise unearned incentive payments.[34] For example, if participating BHPs earn $160,000,000 of $210,000,000 available in measurement year 2025, the remaining $50,000,000 will be available to be earned in the High Performance Pool. If all BH-CONNECT Incentive Program funding is earned in a given year, no High Performance Pool funding is available that year.

Every BHP determined eligible for the High Performance Pool each year may earn up to 60% of its original BH-CONNECT Incentive Program allocation for that year in high-performance payments. For example, if a county's BH-CONNECT Incentive Program allocation is $5,000,000 in measurement year 2025, the county would also be eligible to earn up to $3,000,000 (60% of $5,000,000) in High Performance Pool funding in measurement year 2025, or up to $8,000,000 in total.

If there is not sufficient funding in the High Performance Pool for all eligible counties to access up to 60% of their annual funding allocation, High Performance Pool allocations

[33] Participating BHPs must opt to cover ACT, FACT, CSC, IPS, Enhanced CHW Services, Peer Support Services, and Clubhouse Services under Medi-Cal to be eligible to earn High Performance Pool funding associated with any of those measures. Instructions to opt in are on the DHCS BH-CONNECT website.

[34] Incentive payments that are earned but not claimed by participating BHPs in a given year will also be included in the High Performance Pool. See BH-CONNECT Incentive Program Protocol (p. 143).

for eligible BHPs will be adjusted down to the maximum amount that the High Performance Pool can support in that measurement year.

High Performance Pool Measure Weights

Every year, each eligible BHP may earn funding on High Performance Pool measures in which at least one BHP performed at a level "above and beyond" the baseline BH-CONNECT Incentive Program benchmark described above. There will be no funding allocated to High Performance Pool measures in which no BHPs achieved a level above the baseline benchmark.

Each eligible BHP's High Performance Pool funding allocation will be distributed equally across measures in the High Performance Pool that year.[35]

[35]See BH-CONNECT Incentive Program Protocol (p. 144-145).

For example, if at least one participating BHP performed "above and beyond" on all 26 High Performance Pool measures, each eligible BHP's High Performance Pool funding allocation would be split equally across all 26 High Performance Pool measures. If participating BHPs only performed "above and beyond" the baseline benchmark on ten measures in the High Performance Pool, each BHP's High Performance Pool funding allocation would be split equally across those ten measures, as illustrated in Box 8.

Box 8. How Much Money Can an Eligible BHP Earn in the High Performance Pool?

The amount of funding available to be earned by eligible BHPs in the High Performance Pool may vary each year, depending on how well participating BHPs perform on BH-CONNECT Incentive Program measures.

For example, if in a given measurement year (for illustrative purposes only):

- **Total High Performance Pool Funding:** $50,000,000
- **Total High Performance Pool Measures Eligible for High Performance Pool Funding:** Ten measures

Then, for a BHP with a BH-CONNECT Incentive Program funding allocation of $5,000,000 in a given year:

- **Sample BHP's High Performance Pool funding allocation:** $3,000,000
- **Maximum High Performance Pool payment per High Performance Pool measure:** $300,000

If the sample BHP only performed "above and beyond" the Incentive Program benchmark on three of the ten measures eligible for High Performance Pool funding, the BHP could earn up to $900,000 maximum in High Performance Pool funding in this measurement year.

High Performance Pool Measure Benchmarks

High Performance Pool funding is available for performance "above and beyond" baseline benchmarks.[36] This means eligible BHPs either:

- Achieved a higher gap closure towards the HPL indicated in the "BH-CONNECT Incentive Program Measure Benchmarks" section above; or
- Performed at a level above the HPL indicated in the "BH-CONNECT Incentive Program Measure Benchmarks" section above.

High Performance Pool benchmarks for measurement year 2025 are in Table 9.

Performance for High Performance Pool measures will be calculated using the same methodology as all other BH-CONNECT Incentive Program measures as described above and in the BH-CONNECT Incentive Program Technical Specifications Manual.

Table 9. High Performance Pool Benchmarks for Measurement Year 2025

Measure Area	Measure	MPL	HPL	Maximum Payment	Maximum HPP Payment
Improve Penetration and Engagement in Specialty Behavioral Health Services	PEN-SMHS-AD	n/a	5.1%	20% gap closure from baseline performance to HPL	30% gap closure from baseline performance to HPL
	PEN-SMHS-CH	n/a	5.7%	20% gap closure from baseline performance to HPL	30% gap closure from baseline performance to HPL
	ENG-SMHS-AD	n/a	4.1%	20% gap closure from baseline performance to HPL	30% gap closure from baseline performance to HPL

[36]See BH-CONNECT Incentive Program Protocol (p. 144-145).

Measure Area	Measure	MPL	HPL	Maximum Payment	Maximum HPP Payment
	ENG-SMHS-CH	n/a	4.8%	20% gap closure from baseline performance to HPL	30% gap closure from baseline performance to HPL
	IET-I*	National Medicaid 50th percentile or 5%-point increase from prior year	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL	15% gap closure from MPL or baseline performance (whichever is higher) to HPL
	IET-E*	National Medicaid 50th percentile or 5%-point increase from prior year	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL	15% gap closure from MPL or baseline performance (whichever is higher) to HPL
Improve Performance on Timely Access Standards for Specialty Behavioral Health Services	TMLY-SMHS-AD	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL	Relative BHP performance between MPL and 100%
	TMLY-SMHS-CH	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL	Relative BHP performance between MPL and 100%
	TMLY-DMCODS-AD	80% of services	95% of services	Relative BHP performance between	Relative BHP performance

Measure Area	Measure	MPL	HPL	Maximum Payment	Maximum HPP Payment
		meet standards	meet standards	MPL and HPL	between MPL and 100%
	TMLY-DMCODS-CH	80% of services meet standards	95% of services meet standards	Relative BHP performance between MPL and HPL	Relative BHP performance between MPL and 100%
Utilization of Enhanced Care Management (ECM)	ECM-AD	n/a	18%	20% gap closure from baseline performance to HPL	30% gap closure from baseline performance to HPL
	ECM-CH	n/a	18%	10% gap closure from baseline performance to HPL	15% gap closure from baseline performance to HPL
Pharmacotherapy for Opioid Use Disorder (POD)	POD*	National Medicaid 50th percentile	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL	15% gap closure from MPL or baseline performance (whichever is higher) to HPL
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	SAA*	National Medicaid 50th percentile	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL	15% gap closure from MPL or baseline performance (whichever is higher) to HPL

Measure Area	Measure	MPL	HPL	Maximum Payment	Maximum HPP Payment
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	APP*	National Medicaid 50th percentile	National Medicaid 90th percentile	10% gap closure from MPL or baseline performance (whichever is higher) to HPL	15% gap closure from MPL or baseline performance (whichever is higher) to HPL

*NCQA HEDIS measures also included in BHAS

Appendix 1. Acronyms

ACT	Assertive Community Treatment
BHA	Behavioral Health Accreditation
BHAS	Behavioral Health Accountability Set
BH-CONNECT	Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
BHP	Behavioral health plan
CA MMIS	California Medicaid Management Information System
CHW	Community health worker
CMS	Centers for Medicare & Medicaid Services
CSC	Coordinated Specialty Care
DHCS	Department of Health Care Services
DMC-ODS	Drug Medi-Cal Organized Delivery System
EBP	Evidence-based practice
ECM	Enhanced Care Management
ED	Emergency department
FACT	Forensic Assertive Community Treatment
FEP	First episode psychosis
FFS	Fee for service
FFT	Functional Family Therapy
HEDIS	Healthcare Effectiveness Data and Information Set
HFW	High-Fidelity Wraparound
IPS	Individual Placement and Support
MST	Multisystemic Therapy
NCQA	National Committee for Quality Assurance
PCIT	Parent-Child Interaction Therapy
QIMR	ECM and Community Supports Quarterly Implementation Monitoring Report

QOL	Quality of life
SD/MC	Short Doyle/Medi-Cal
SMHS	Specialty mental health services
SUD	Substance use disorder
TADT	Timely Access Data Tool