

## Introduction

As part of the BH-CONNECT Access, Reform and Outcomes Incentive Program, participating behavioral health plans (BHPs) have the opportunity to earn incentive funding based on annual submissions related to the Behavioral Health Delivery System Reforms area of focus. Measures reflected in this submission include:

- » Measure 13: Demonstrate Improved Data Sharing for the Behavioral Health Population
- » Measure 14: Improve Identification and Outreach to Member Population Eligible for Specialty Behavioral Health Services
- » Measure 15: Increase Capacity to Deliver Crisis Services

**For Submission 2, participating BHPs are eligible to earn incentive funding based on their responses to the questions below. Submission 2 is due to DHCS by June 30, 2026.**

Up to \$30 million in total computable incentive funding is available across participating BHPs for Submission 2. Submission 2 responses will be graded based on scoring criteria developed by DHCS; partial funding is available.

Submission 2 builds on [Submission 1](#), which was due June 30, 2025, as well as annual self-assessments on National Committee for Quality Assurance (NCQA) Behavioral Health Accreditation (BHA) standards. These questions are intended to support BHPs in strengthening activities to support improved performance on NCQA BHA re-assessments as well as other BH-CONNECT Incentive Program measures.

## Measure 13: Demonstrate Improved Data Sharing for the Behavioral Health Population

Note: Find more information about BHP data sharing requirements in [BHIN 26-013](#).

- 1) Has your BHP adopted the Authorization to Share Confidential Member Information (ASCMI) Form? [Yes, No]
- 2) Does your BHP plan to connect to DHCS' electronic consent management platform (CMP) (anticipated to go live July 1, 2026; guidance will be posted to the DHCS Data Exchange and Sharing [webpage](#))? [Yes, No]
  - a. If yes, which connection method(s) do you anticipate implementing to exchange data via the CMP? [Select all that apply]
    - i) Application Programming Interface (API)
    - ii) Web-Based Service
    - iii) Mobile Application
- 3) Does your BHP share substance use disorder (SUD) data protected by 42 CFR Part 2 in "real time" with entities outside of your agency, consistent with federal and state privacy and data sharing laws, regulations, and policies? [Yes, No]
  - a. If yes, please select all entities the BHP shares real time data with:
    - i) MCP(s)
    - ii) Mental health providers
    - iii) SUD providers
    - iv) Physical health providers
    - v) Housing providers
    - vi) Other providers (please specify)

Note: "Real time" is defined in the [CalHHS Data Exchange Framework Policy and Procedure](#) as the sharing of Health and Social Services Information [inclusive of behavioral health and housing data] to other Participants in a timely manner, meaning "as soon as the information becomes available and without intentional or programmatic delay," to support important care decisions benefiting all Californians.

- 4) Does your BHP share mental health data in real time with entities outside of your agency, consistent with federal and state privacy and data sharing laws, regulations, and policies? [Yes, No]
  - a. If yes, please select all entities the BHP shares real time data with:
    - i) MCP(s)
    - ii) Mental health providers
    - iii) SUD providers
    - iv) Physical health providers
    - v) Housing providers
    - vi) Other providers (please specify)
  
- 5) Has your BHP implemented the following APIs, as will be required by the CMS Interoperability and Patient Access Final Rule by January 1, 2027 ([CMS-9115-F](#); see [BHIN 26-008](#))? [Yes, No]
  - a. If yes, which APIs? [Select all that apply]
    - i) Provider Access API
    - ii) Payer to Payer API
    - iii) Prior Authorization API
  
- 6) Has your BHP engaged with MCP(s) to adopt the required policies and procedures outlined in [BHIN 26-013](#) by January 1, 2027 and to implement real time data sharing for mental health and SUD, consistent with federal and state privacy and data sharing laws, regulations, and policies? [Yes, No]
  - a. If yes, please submit the following documentation:
    - i) Joint workplan [File submission]
    - ii) Written attestation from MCP(s) that they have reviewed and agreed to the workplan [File submission]

## Measure 14: Improve Identification and Outreach to Member Population Eligible for Specialty Behavioral Health Services

- 7) ***No response needed. DHCS will score performance on this measure by reviewing the BHP's final Behavioral Health Services Act (BHSA) [Integrated Plan \(IP\)](#) (see the Community Planning Process section beginning on page 53).***

Demonstrate your BHP has completed the community planning process and the processes described in the IP. Performance will be scored on how substantively responses describe:

- a. How the county addressed community-identified strengths, needs, and priorities (see “Stakeholder Engagement” sub-section, question 5, page 55)
  - b. How the county addressed disparities identified in the Local Health Jurisdiction’s most recent CHA/CHIP or strategic plan (see “Most Recent CHA/CHIP or Strategic Plan” sub-section, question 1, page 58)
- 8) **No response needed. DHCS will score performance on this measure by reviewing the BHP’s final BHSA [IP](#) (see the *Statewide Behavioral Health Goals* section beginning on page 29).**

Demonstrate your BHP has assessed its status on population-level behavioral health measures and is using data to evaluate disparities related to the statewide behavioral health goal “Access to Care.” Performance will be scored on how substantively responses describe:

- a. What disparities were observed, and what data was used to identify disparities (see “Access to Care: Disparities Analysis”, page 33)
- b. What programs, services, partnerships, and/or initiatives the county is planning to strengthen or implement to improve access to care (see “Access to Care: Cross-Measure Questions” question 1, page 33)

- 9) **No response needed. DHCS will score performance on this measure by reviewing the BHP’s final BHSA [IP](#) (see the *Workforce Education and Training* section beginning on page 69).**

How is your BHP utilizing Workforce, Education and Training (WET) programs to address disparities in the behavioral health workforce? Performance will be scored on how substantively responses describe efforts to address disparities (e.g., bilingual staff/providers, culturally responsive staff/providers, hard-to-fill positions) (see “Behavioral Health Services and Supports” subsection “County Workforce, Education, and Training (WET) Program” question 3, page 70)

## Measure 15: Increase Capacity to Deliver Crisis Services

- 10) **No response needed. DHCS will score performance on this measure by reviewing the BHP’s final BHSA [IP](#) (see the *SMHS Crisis Service Utilization* questions under the *Statewide Behavioral Health Goals* section beginning on page 39).**

Demonstrate your BHP has assessed current utilization of Crisis Intervention, Crisis Residential Treatment, and Crisis Stabilization services and is using data to evaluate disparities related to the statewide behavioral health goal

“Institutionalization.” Performance will be scored on how substantively responses describe:

- a. What disparities were observed for crisis services, and what data was used to identify disparities (see “Institutionalization: Disparities Analysis”, page 40)
- b. What programs, services, partnerships, and/or initiatives the county is planning to improve delivery of crisis services and support reduced institutionalization (see “Institutionalization: Cross-Measure Questions” question 2, page 40)

11) What was the utilization of mobile crisis services in your county in Q1 (January 1 – March 31) of 2026? Counties should use mobile crisis data collected in alignment with the forthcoming Medi-Cal Mobile Crisis Data BHIN (use the data element ‘Encounter Count’).

- a. For adults/older adults (age 21 and over)
- b. For children/youth (under age 21)

12) In Q1 2026, using mobile crisis data collected in alignment with the forthcoming Medi-Cal Mobile Crisis Data BHIN:

- a. What percentage of encounters included law enforcement involvement? (Use the data element ‘Law Enforcement Involvement’)
- b. What percentage of encounters resulted in referrals to ongoing services? (Use the data element ‘Referrals to Ongoing Services’)

## Behavioral Health Director Certification Statement

The following are required for participation in the Incentive Program and will be reviewed by DHCS upon receipt of the BHP's Submission 2 response. If the BHP does not certify all of the following, DHCS will reach out directly to discuss any challenges the BHP is facing and determine next steps. Please reach out to [BH-CONNECT@dhcs.ca.gov](mailto:BH-CONNECT@dhcs.ca.gov) if you have any questions.

- 13) I certify on behalf of the BHP that: [check all]
  - a. The BHP shall use any earned incentive payments to support and/or expand Medi-Cal services and activities that benefit Medi-Cal members served by the behavioral health delivery system.
  - b. To the best of my knowledge, the BHP is in compliance with all BH-CONNECT Incentive Program requirements and applicable statutory and regulatory requirements, as outlined in the [BH-CONNECT Special Terms and Conditions](#).
  - c. The BHP shall have all supporting data and back-up documentation relevant to BH-CONNECT Incentive Program submissions available for review by DHCS or CMS upon request.
  
- 14) Please enter your full name and contact information below to confirm. This certification statement must be signed by the Behavioral Health Director or their designee.
  - a. Full Name [free text]
  - b. Position [free text]
  - c. Email [free text]
  - d. Phone [free text]