



CalHIVE Behavioral Health Integration Improvement Collaborative

Program Prospectus

2023 – 2026

A three-year improvement collaborative focused on integration of behavioral health services into primary care hosted by the California Quality Collaborative (CQC)



Executive Summary

CQC invites you to join the next phase of [CalHIVE](#), the Behavioral Health Integration (BHI) improvement collaborative. CalHIVE BHI is a 36-month program that will begin in July 2023 and is open to provider organizations (POs) across California.

The collaborative will focus on the integration of behavioral health services into primary care. CalHIVE BHI will help organizations launch or expand screening, treatment and referrals for patients with mild to moderate depression, substance use disorders and other conditions.

Collaborative Aims

By June 2026, CalHIVE BHI aims to have improved integration of behavioral health services within primary care for 650,000 Californians served by 8 provider organizations reflected by:

- A defined and implemented integration pathway for each participant aligned with their organizational objectives
- Increased access to behavioral health services within the primary care setting to support depression and substance abuse management
- Improved behavioral health and chronic disease outcomes across key indicators (depression screening, response and remission, diabetes, etc.)

Eligibility

California based provider organizations who are looking to initiate or expand integration of behavioral health services into primary care. The collaborative aims to improve behavioral screening and management across participants network of providers. Additionally, organizations will be expected to identify at least one practice or clinic to serve as a pilot site for their defined integration model.

Eligible provider organizations representing a network of primary care providers include:

- Independent Physician Associations
- Management Services Organizations
- Accountable Care Organizations
- Federally Qualified Health Centers

Technical Assistance

CQC will offer program participants:

- Funding of up to \$100,000 over the 3-year collaborative
- Application of a [Behavioral Health Integration curriculum](#) designed for California based organizations
- Learning events and improvement advising to design and implement efficient, sustainable, and effective behavioral health services into a primary care setting
- The opportunity to engage and learn from peers in a collaborative improvement model

Why Behavioral Health?

Integrating behavioral health into primary care is recognized as a key attribute of high-quality, patient-centered whole person care — also known as [Advanced Primary Care](#). There is a growing focus from purchasers and health plans in integrated care reflected by expanded reimbursement for behavioral health screening and the incorporation of related measures in pay for performance programs.

Evidence shows integration improves patient outcomes and quality of life while increasing access to mental health and substance use disorder treatment services. Integration also may reduce health care costs, particularly for those living with co-occurring chronic conditions¹.

The need for improved access to behavioral health services has never been greater. Across the U.S., the COVID-19 pandemic quadrupled the number of adults experiencing symptoms of anxiety or depression². In California, only a third of patients surveyed as part of the PBGH Patient Assessment Survey³ (PAS) reported being asked about their mental health. Of those screened, half reported needing treatment for their mental health symptoms, and less than two thirds reported receiving timely treatment. Access to BH services remains a barrier for many Californians.

1. Substance Abuse and Mental Health Services Administration. [Behavioral Health Integration](#).
2. Kaiser Family Foundation. [The Implications of COVID-19 for Mental Health and Substance Use](#)
3. Purchaser Business Group on Health. [The Current State of Mental Health Screening and Access in California: Results from 35,000 Patients](#)

What Makes a Strong Participant?

Organizations that can commit to:

- Identifying an executive leader to sponsor participation
- Devoting resources and applying a team-based approach to project work
- Onboarding a behavioral health program lead (hiring or contracting)
- Engaging at least one practice/clinic pilot site for BHI implementation activities

Technical system capabilities:

- Resources to analyze claims, pharmacy and clinical data to support measurement reporting requirements
- Centralized support and access to Electronic Health Record (EHR) and/or Population health systems

Participation Goals

By June 2026, successful program participants will have:

- Developed a behavioral health integration plan and implemented within at least one practice (pilot site)
- Increased access to behavioral health screening and referral for your members
- Improved performance across a suite of key indicators of behavioral health and clinical health outcomes
- Defined a sustainability plan to maintain the services developed and scale across your organization

Benefits of Participation

As a CalHIVE BHI participant, provider organizations will receive funding and a range of technical assistance to support the integration of behavioral health services. Technical assistance includes:

Direct Funding:

- Up to \$100,000 in participation over 3 years. Funding includes a core component (85%) and incentive performance-based payments (15%)

Improvement Advising:

- Biweekly meetings between your project team, pilot site and CQC improvement advisor providing “shoulder to shoulder” support for your integration efforts
- Comprehensive needs assessments to identify strengths and opportunities within your behavioral health integration plan.
- Establish and monitor progress of individualized goals throughout the program.

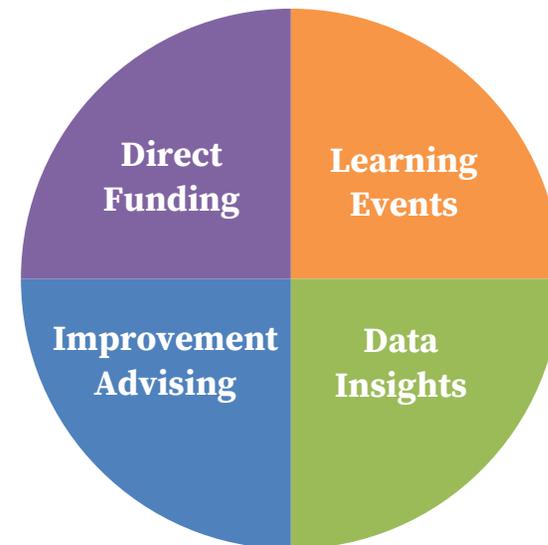
Data Insights:

- Identification of gaps and capabilities in data systems
- Performance analysis to identify improvement opportunities
- Direct support for collecting and reporting program performance measures

Learning Events:

- A mixture of virtual and in-person learning events centered around the collaboratives' curriculum addressing core concepts of primary care behavioral health integration
- Regular peer sharing and technical skill-building sessions
- Access to a panel of quality improvement and behavioral health subject matter experts

CalHIVE BHI Technical Assistance



CalHIVE BHI Curriculum

CalHIVE BHI’s curriculum will draw from tested integration models, such as the Collaborative Care Model⁴, while providing organizations flexibility to adapt an integration model that best suits their needs (for example, incorporating telehealth or contracted providers). The improvement collaborative is broken down into two distinct phases, outlined below.

Phase 1: Preparation (2023 –2024)

- Understand and build capabilities for collecting and reporting data through coding and clinical documentation
- Identify a care team; hiring and on-boarding new teammates as necessary
- Identify a pilot practice or clinic site for behavioral health implementation

Phase 2: Implementation & Scaling (2024 – 2026)

- Apply the program’s curriculum, defined in seven distinct steps, as illustrated in the graphic
- Implement their BHI model at the pilot practice
- Refine and begin scaling the integration model more broadly across their network of providers

CalHIVE BHI’s curriculum will be sequenced for a “stepwise” implementation, the reality of implementation for a new and complex project means some steps may need to occur at the same time or in a slightly different order than outlined. CQC improvement advisors will tailor technical assistance to each organization’s specific needs.

Curriculum Structure: Phases, Activities and Topic Areas



4. Collaborative Care. [Advancing Integrated Mental Health Solutions \(AIMS\) Center](#)

Data Reporting and Analysis

Participants are required to report data on a suite of measures to monitor organizational progress and the overall program impact. The CalHIVE BHI measure set consists of seven required measures that will monitor the expansion of behavioral health screening and management, and the associated impacts on clinical health and emergency department utilization. Two optional maternal depression screening measures will be available to interested participants. Reporting will be supplemented by:

- Technical assistance on the collection, reporting and interpretation of the collaborative's measures. Measurement data will be reported quarterly, as outlined in table below.
- A data driven approach to support improvement with analysis and insights shared throughout improvement advising sessions and during the collaborative's learning events.
- Access to a self-service data discovery dashboarding tool, to track individual measure performance and progress on aims.

CalHIVE BHI Measure Set

Required Measures

Depression:

- Depression Screening and Follow-Up for Adolescents and Adults
- Remission or Response for Adolescents and Adults (4-8 Months)

Alcohol Use:

- Unhealthy Alcohol Use: Screening & Brief Counseling

Diabetes:

- Diabetes HbA1c Poor Control (>9%)

Utilization:

- Emergency Department Visits

Data Cycle Submission Dates

2023			July	October
2024		April	July	October
2025	January	April	July	October
2026	January	April	July	October

Timeline & Program Requirements

Application:

Recruitment for CalHIVE BHI will begin November 2022 and conclude on May 31st, 2023. A selection announcement will follow the close of the recruiting period.

CQC held an informational webinar on November 30, 2022, to provide an overview of the program and answered clarifying questions. [View the recording and materials here.](#)

Applicants will be required to complete a contract with CQC by the recruitment deadline to be enrolled in the improvement collaborative.

CalHIVE Behavioral Health Integration Program Timeline

Activity	Date
Recruiting Launch	November 2022
Informational Webinar	November 30, 2022, 11:00 - 12:00PM (PT)
Recruiting Deadline	May 31, 2023
Program Start Phase 1: Bootcamp	July 2023 – June 2024
Phase 2: Implementation & Scaling	July 2024 – June 2026

Improvement Collaborative Participation:

During both Phase 1 and Phase 2 of the improvement collaborative, participants will be required to actively engage in the program, as demonstrated by:

- Participation in improvement advising sessions designed to support teams, complete projects and activities to advance in the program
- Join and share during monthly learning events and webinars
- Attendance of your program team at an annual in-person convening where participating organizations come together for peer-to-peer sharing and learning
- Quarterly reporting of required data on the CalHIVE BHI measure set

Learn More & Enroll

If you are interested in joining CalHIVE BHI, reach out to the team by contacting Michael Au at mau@pbgh.org. We will schedule a call with your organization to answer your questions and determine if this program is the right fit for your organization. There are no fees to participate in this collaborative. Funding is provided by Centene.

We anticipate finalizing the participant organizations by May 31st, 2023, to begin the collaborative in July 2023.

About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend \$350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

About the California Quality Collaborative (CQC)

California Quality Collaborative (CQC), a program of PBGH, is health care improvement program dedicated to helping care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment.