



2023 Annual Report

California Quality Collaborative
Behavioral Health Integration Initiative

JUNE 2024



Executive Summary

The California Quality Collaborative (CQC)'s [Behavioral Health Integration \(BHI\) Initiative](#) is a multi-year effort to advance the integration of behavioral health services across California's primary care delivery system. The BHI Initiative is committed to addressing patients' behavioral health needs and recognizing the social factors impacting their health to provide comprehensive, patient-centered, high-quality care. In response, the initiative aims to support primary care practices in integrating behavioral health services effectively to advance widespread screening and improve access to care.

CQC offers technical assistance as part of the BHI Initiative supporting varying degrees of participant commitment and intensity, including:

- Learning and Improvement Collaboratives – Multi-year or multi-month collaborative programming that advances the implementation of integrated care through the support of CQC improvement advisors, peer-exchange learning events and data analytics.
- Collective Solutions – Alignment efforts that bring together stakeholders across California's delivery system, including purchasers, health plans and provider organizations, to address specific pain points such as data sharing and behavioral health financing.

- Public Learning and Training – CQC facilitates public learning events geared toward care teams, provider organizations and health plans focused on implementing behavioral health implementation and building quality improvement skills.

This report outlines the activities undertaken during 2023 and the impact on the care and outcomes of Californians through the achievements of participating organizations.

Funding Acknowledgement

CQC would like to thank Centene Corporation, which funds the BHI Initiative as part of their [undertakings agreement](#) with the California Department of Managed Health Care, for supporting the advancement of integrated models of behavioral health within the primary care setting.

2023 By The Numbers



150 individuals representing 35 organizations leveraged training and resources from the initiative via **12 engaging virtual and in-person learning events and trainings**



2 learning resources were developed to disseminate best practices:

CQC Webinar | [Behavioral Health Integration Fundamentals: Concepts & Models](#)

BHI Snapshot | [Selecting an Integration Model](#)



1 new collaborative, CalHIVE Behavioral Health Integration, was successfully launched:

8 participating organizations, serving **730,000 Californians** across the Inland Empire, Los Angeles, Orange, San Diego, San Francisco and San Mateo counties

100+ hours of improvement advising meetings with CalHIVE BHI improvement teams

Organizations reported data across **2 behavioral health measures** and **1 chronic disease measure (diabetes)**, including metrics on depression screening, remission and response.

2023 Activities

CalHIVE BHI Improvement Collaborative (2023-2026)

[CalHIVE BHI](#), a three-year improvement collaborative, launched in July 2023, supports California-based provider organizations in launching or expanding screening, treatment and management of patients' behavioral health needs, such as mild-to-moderate depression, within the primary care setting.

Recruitment

CQC conducted an intensive recruitment process for CalHIVE BHI from November 2022 to May 2023, outreach included:

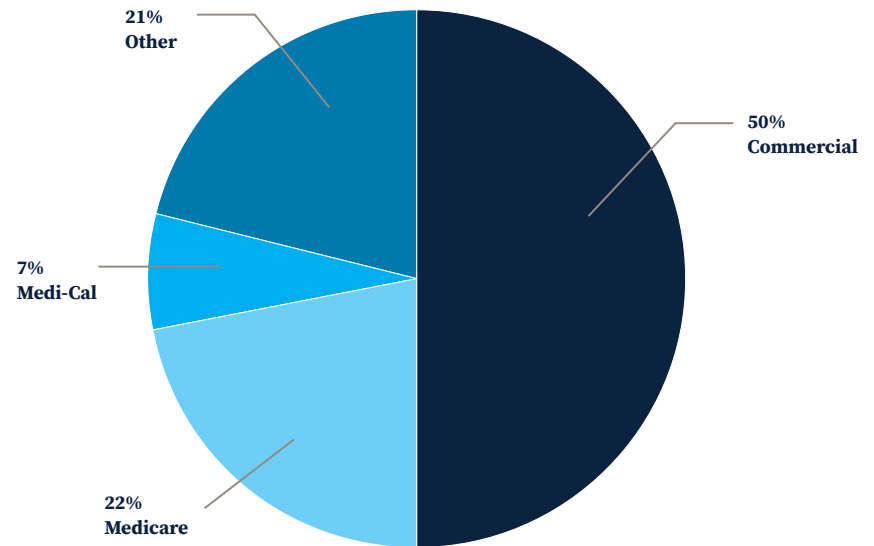
- 67 organizations through a direct outreach campaign, which included distribution of a [program prospectus](#) and hosting of a [recruitment webinar](#)
- 20 organizations were interviewed to understand their existing integration efforts and outline participation requirements
- 12 organizations submitted a program application
- Nine organizations were accepted into the program based on their readiness to begin behavioral health integration, identified staffing to support their participation and leadership commitment to engage within the program. One organization departed the program in January 2024 due to internal constraints to their continued participation.

CalHIVE BHI's eight participating organizations provide care to over 730,000 Californians across all major payers, i.e., Medi-Cal, Medicare and commercial settings, participants include:

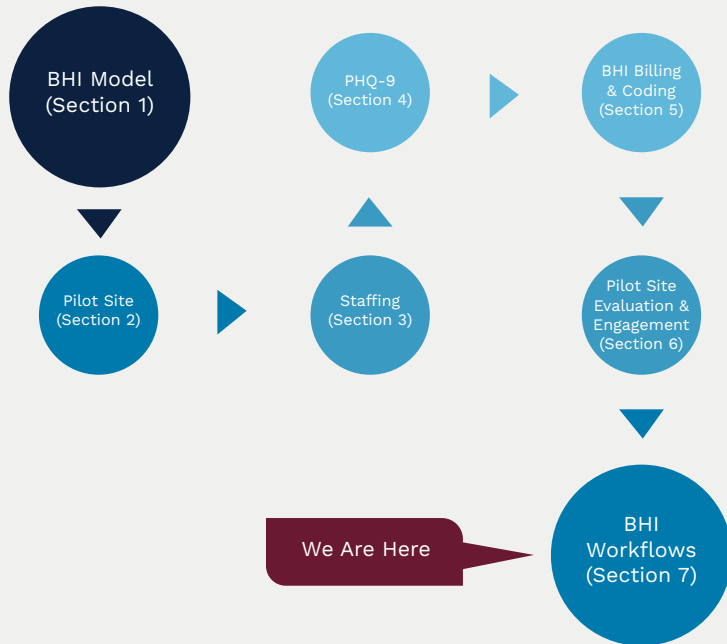
- Chinese Hospital, San Francisco
- Community Memorial Healthcare, Ventura
- Perlman Clinic, San Diego
- Pomona Valley Hospital Medical Center, Los Angeles
- Riverside Family Physicians, Riverside
- San Francisco Health Network, San Francisco
- Scripps Health, San Diego
- Sharp Rees-Stealy Medical Centers, San Diego

CQC is partnering with the [Collaborative Family Healthcare Association](#) to support the delivery of CalHIVE BHI's technical assistance.

Lives Served by Payer:



Implementation Plan



From July through December 2023, CQC led participants through content and steps to define their integration pathway, including the selection of an integration model, identifying an implementation pilot site and building the necessary care team (*see visual on left*). 2023 programming focused on building a deep understanding of each integration model with implementation work focused on:

- Integration models
- Implementation and staffing
- PHQ-9 workflows
- Billing and coding

Participants completed a needs assessment to support their integration planning. The assessment, known as the Implementation Milestone Assessment Tool (IMAT), documented current practices and workflows and will be used to monitor progress across 15 milestones in areas including workforce, health IT, integration model, data and financing.

In 2024, organizations will be assessed on implementation readiness, with participants working to launch integration implementation at their pilot sites. As of mid-2024, all eight organizations made progress demonstrated by the second deployment of the IMAT, which examines system-wide integration progress across 15 milestones, advancing from the *Prepare* to the *Implement* phase.



[Implementation Snapshot](#)

Training and Best Practice Dissemination

To disseminate best practices more broadly and highlight real-world experiences from peers participating in CalHIVE BHI, CQC provides public training opportunities to organizations who are early in their integration journey or not otherwise able to participate in the more intensive collaborative.

- In June 2023, CQC's public webinar '[Behavioral Health Integration Fundamentals: Concepts & Models](#)' detailed various integration models and considerations for selecting one. The webinar was attended by over 50 participants representing more than 20 provider organizations, health plans and other stakeholders. Additionally, CQC published a complementary [implementation snapshot](#) to share considerations in selecting a behavioral health integration model.
- In April 2023, CQC hosted a two-day, in-person workshop to train care teams and health plan staff in quality improvement fundamentals and practice coaching skills. The workshop was attended by over 30 participants representing nine organizations, including health plans and provider organizations.

Strategic Insights for Accelerating Integration

Financing

Addressing financial challenges, such as ensuring adequate reimbursement for integrated care services and promoting payment models that incentivize collaboration and coordination across health care providers, payers and systems, is essential for the long-term viability and success of integrated behavioral health initiatives. In addition, organizations continue to be impacted by the historical ‘[carve out](#)’ of behavioral health services. Post implementation, provider organizations often need to operate integrated programs for one or two years before they can “break even” financially.

CalHIVE BHI’s first annual convening, hosted in September 2023 in San Diego, brought together participating organizations, subject matter experts and partners to explore the current financing landscape, identify common financial challenges and prioritize areas of multi-payer alignment to enable delivery systems to integrate care more quickly.

The BHI Initiative is addressing financing challenges across its improvement collaborative and collective solutions programming, efforts include:

- Providing clarity around existing BHI billing and coding requirements for CalHIVE BHI participants
- Defining a common framework, within each CalHIVE BHI organization’s implementation plan, to ensure payment mechanisms are in place to support integration
- Launching a program to support the sustainable financing of behavioral health services within the commercial setting. Refer to the [Looking Ahead](#) section on page 11 to learn more.



CalHIVE BHI Annual Convening, September 2023

Integration Model

Providing flexibility for organizations to select a behavioral health integration model that aligns with the needs of their patient community is paramount to ensuring the success and sustainability of integrated care initiatives. Every organization has unique patient demographics, health care needs and resources, making it essential to tailor integration models to local contexts.

CalHIVE BHI organizations have been supported by a dedicated CQC improvement advisor to:

- [Identify a suitable integration model](#), primarily the Collaborative Care Model (six organizations) and the Primary Care Behavioral Health Model (two organizations)
- Both models lead to fully-integrated systems, as defined by SAMSHA-HRSA Center for Integrated Health Solution's [Six Levels of Collaboration/Integration](#)

SAMSHA-HRSA Center for Integrated Health Solution's Six Levels of Collaboration/Integration

Coordinated	Level 1	Minimal Collaboration
	Level 2	Basic Collaboration at a Distance
Co-Located	Level 3	Basic Collaboration Onsite
	Level 4	Close Collaboration Onsite with Some System Integration
Integrated	Level 5	Close Collaboration Approaching an Integrated Practice
	Level 6	Full Collaboration in a Transformed/Merged Integration Practice



Primary Care Behavioral Health Model

- Available for primary care population for any behaviorally influenced concern
- Adds licensed behavioral health professional as behavioral health consultant
- Often billed under behavioral health benefits



Collaborative Care Model

- Targets specific population (mild-to-moderate depression) using registry and PHQ-9 and psychotropic medication
- Adds psychiatrist consultant and behavioral health care manager
- Often billed under medical benefits, "incident to" PCP

**Integration in Action:
How Riverside Family Physicians is Leveraging Community Health Workers to support Behavioral Health integration**

Riverside Family Physicians (RFP) is a multi-site primary care practice serving 15,000 patients in Riverside, California. RFP is leveraging community health worker services to support their behavioral health integration efforts. Community health workers play a vital role in identifying care gaps for RFP's Medi-Cal population through screenings and function as patient navigators, integrating behavioral health services seamlessly. They also serve as a key resource in linking patients to diverse services, including medical, preventative and behavioral health, leading to an improved overall quality of life. To further strengthen their approach, RFP collaborated with Inland Empire Health Plan, enabling staff to undergo comprehensive training through their Community Health Program and equipping their community health workers with skills in health education, navigation, social determinants of health screenings and health assessments.

Moving forward, RFP envisions leveraging community health workers to ensure the completion of PHQ-9 assessments, a multipurpose instrument to screen, diagnose, monitor and measure the severity of depression. Community health workers will also support patient follow-up with the guidance of behavioral health clinicians

Workforce

Addressing workforce needs is essential to support the successful integration of behavioral health services. Each integration model requires specific roles to effectively support integration:

- COCM requires a psychiatric consultant to support medication management and complex cases; organizations often struggle to find psychiatrists to work with, even when leveraging telehealth
- In PCBH models, having a licensed behavioral health clinician embedded within the primary care team is crucial for conducting “warm hand-offs” with the primary care provider, brief interventions and care coordination

Additionally, there may be a need to expand roles within the existing care team, such as training primary care physicians and medical assistants in behavioral health screening techniques and providing “warm hand-offs” to behavioral health providers. One example of innovative workforce expansion is the utilization of [community health workers](#) to extend the reach of the care team, particularly in underserved communities where access to behavioral health services may be limited.

Integration in Action: How Pomona Valley Hospital Medical Center Selected a Behavioral Health Integration Model

Pomona Valley Hospital Medical Center (PVHMC), a CalHIVE BHI program participant and non-profit hospital/health system with locations in San Bernadino and Los Angeles counties serving 25,000 patients, made the decision to implement the PCBH model of integrated care. This strategic move is driven by several key factors:

- Ability to reach all patients – the goal for integrated care at the center is to target all patients with behaviorally-influenced conditions of care; the PCBH model targets the entire practice population.
- Behavioral health integration experience – the PCBH model requires behavioral health providers to provide brief, evidence-based interventions to patients who present for a primary care visit. Additionally, PCBH behavioral health providers frequently provide consultation to primary care providers. Behavioral health providers typically take some time to adapt to this new way of delivering care. Fortunately, the center has a behavioral health provider experienced in integration who can help lead implementation as well as training and onboarding for additional providers.
- Cross-organizational project support – the center regularly brings together leaders from clinic administration, behavioral health, operations and analytics. It is with this cross-disciplinary perspective that the decision to select the PCBH model was made and will be rolled out at the pilot clinic site.

Moving forward, PVHMC recognizes that demand for behavioral health services may quickly overtake their capacity and is working with local graduate programs to identify and train behavioral health interns.

Measurement

The measurement of behavioral health outcomes presents several challenges within the ambulatory space, primarily due to the limited number of measures available, with a predominant focus on depression screening and management. While these measures are valuable indicators of patient well-being, they provide only a partial picture of the effectiveness of integration efforts. There is a pressing need for the development of additional measures that capture a broader range of behavioral health conditions and outcomes, reflecting the diverse needs of patient populations and the multifaceted nature of integrated care.

Challenges in Measurement:

- Limited Nationally Endorsed BH Measures: Currently, metrics in the ambulatory space primarily focus on depression screening and management, failing to capture a broader range of behavioral health conditions. There is a pressing need for the development of measures that reflect the diverse needs of patient populations and the multifaceted nature of integrated care.
- Lack of Alignment: Discrepancies exist between the measures endorsed by the Centers for Medicare and Medicaid Services and those supported by the National Committee for Quality Assurance, resulting in inconsistencies in measurement across State and Federal programs

Strategic Efforts to Advance Behavioral Health Measurement:

- Collaboration Among Stakeholders: It is essential to develop standardized measures that align with integration goals, promote comprehensive assessments of behavioral health outcomes, and facilitate meaningful comparisons across health care settings
- [California Advanced Primary Care Initiative](#): Spearheaded by CQC, this initiative aims to facilitate statewide alignment in support of behavioral health integration readiness:
 - Unified Approach — Bringing together purchasers, health plans and providers to define a shared vision for the future of primary care in California
 - Focus on Integrated Care — Development of shared [attributes](#) and [measures](#) that recognize the importance of integrated behavioral health
 - Common Payment Model — Definition of a common payment model that rewards improvement and high performance in depression screening

As a result of these efforts, California's public purchasers — Covered California, CalPERS and the Department of Health Care Services — have aligned around common standards for depression screening and management.

Within the CalHIVE BHI collaborative, participants are being supported in developing holistic measurement plans to monitor the implementation and impact of their integration efforts, this includes:

- Defining metrics across several domains, including patient outcomes, processes of care, patient experience, workforce and financial impact
- Reporting on a standardized set of performance measures, aligned across statewide accountability programs, to enable external reporting to health plans and other entities. Measures included in the CalHIVE BHI program are aligned with the California Department of Health Care Services Medi-Cal Accountability Set (MCAS) for [Measurement Year 2024](#). The CalHIVE BHI measure set includes:
 - Depression Screening and Follow-up for Adolescents and Adults (DSF)
 - Depression Remission or Response for Adolescents and Adults (DRR)
 - Glycemic Status Assessment for Patients with Diabetes >9% (GSD)

Looking Ahead – 2024 and Beyond

Behavioral health integration has demonstrated improved clinical outcomes and costs – and should be considered a core attribute of advanced primary care. Yet, there are key industry barriers that have hindered statewide progress for integration in California:

- Lack of clarity for payers around payment for behavioral health integration and support for providers to understand how to bill successfully
- Opportunities for connecting how integrated primary care can improve key quality measures, such as depression screening and diabetes care, in addition to improving other important internal indicators such as staff retention and provider satisfaction
- Need for improved and ongoing support for delivery organizations to define and implement integrated care, including provider and care team training and patient-facing resources

In 2024, CQC will expand its programming:

Improvement and Learning Collaboratives

- In October 2024, CQC will launch [Behavioral Health Integration – Children and Youth Collaborative Learning Exchange](#), a learning collaborative focused on integration efforts for children and youth. The collaborative will support a vibrant network of up to eight provider organizations to exchange and elevate best practices of integrated care for children and youth. Upon conclusion of the collaborative in July 2025, CQC will publish a toolkit synthesizing collaborative participants' recommendations, experiences and contributions to the field.

- The CalHIVE BHI improvement collaborative will enter its second programmatic year with participants focused on the implementation of their integration plan at pilot sites across California, including workflow development, training, monitoring and establishing billing processes. Additionally, teams will be supported to select the success measures for behavioral health integration collective solutions.

Collective Solutions

- CQC will launch [BHI Financing](#), a project focused on sustainable financial solutions within the commercial setting. Through this project, CQC will conduct interviews with health plans and provider organizations to identify, synthesize and disseminate successful best practices in a publication to ensure sustainable payment for integrated behavioral health services into primary care. This project is funded by [Blue Shield of California Industry Initiatives](#).

Public Learning and Trainings

- CQC has several public offerings planned in the year ahead, including both virtual and in-person programming focused on skill development related to quality improvement fundamentals and public webinars planned on integration readiness, experience and sustainability and spread
- In partnership with the Collaborative Family Healthcare Association, CQC will support a California-based peer group of integrated professionals to support connection and group problem-solving for shared challenges and learnings.

Acknowledgments

Thank you to the individuals and organizations that support CQC and its initiatives.

CQC would like to thank the members of the [BHI Advisory Group](#) for their support and strategic direction in advancing the integration of behavioral health services into primary care. This group includes representatives of the following organizations:



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About the California Quality Collaborative (CQC)

California Quality Collaborative (CQC), a program of PBGH, is a 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. The program is dedicated to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, the state and purchasers to align goals and take action to improve the value of health care for Californians.

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.

