



2024 Annual Report

California Quality Collaborative
Behavioral Health Integration Initiative

JUNE 2025



California Quality
Collaborative

Letter from the Director

The [California Quality Collaborative's](#) long-standing commitment to championing advanced primary care through technical assistance and multi-stakeholder alignment has shown that behavioral health integration is not optional—it's essential. Addressing behavioral health needs within primary care is critical to keeping patients healthier, making mental health care more preventative and easing the burden on primary care teams.

In 2024, CQC's Behavioral Health Integration Initiative helped pave the way for widespread adoption of integrated care across diverse primary care settings. From launching new [pediatric-focused programming](#) to engaging payers around [sustainable financing strategies](#), we're making progress toward a future where behavioral health is a routine, equitable part of care delivery.

This work is only possible because of the providers, care teams, health plans and partners who contribute their time, insights and leadership. Together, we're moving toward a shared vision of whole-person care rooted in connection, trust and real-world implementation.

As we look ahead, we remain focused on helping organizations across California scale what works. We're committed to supporting practices with the tools, strategies and community they need to embed behavioral health into the foundation of primary care for every patient in every setting.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristina Mody". The signature is fluid and cursive, with the first name "Kristina" written in a larger, more prominent script than the last name "Mody".

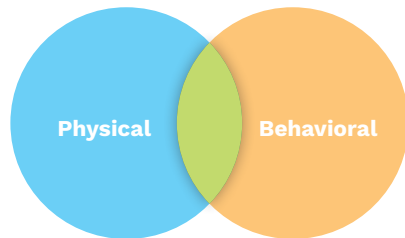
Kristina Mody

Director, Practice Transformation, California Quality Collaborative

“Together, we’re proving that integrating behavioral health into primary care isn’t just possible — it’s essential.”

Executive Summary

What is BHI?



Behavioral Health Integration (BHI) refers to the systematic coordination of physical and behavioral health care—ensuring patients receive whole-person care in primary care settings.

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. By engaging providers, health plans and purchasers, CQC aims to improve access to high-quality, cost-efficient, whole-person care that enhances patient outcomes, strengthens care team satisfaction and reduces total cost of care.

CQC enables primary care practices to provide integrated behavioral health services through increased screening, expanded access and enhanced care delivery. The BHI Initiative provides support through multiple levers:



[Learning and Improvement Collaboratives](#) – Multi-year or months-long collaborative programming that advances the implementation of integrated care through the support of CQC improvement advisors, peer-exchange learning events and data collection and analytics.



[Collective Solutions](#) – Alignment efforts that bring together stakeholders across California's delivery system, including purchasers, plans and provider organizations, to address specific statewide challenges such as BHI financing.



[Learning and Training](#) – Public learning events geared toward care teams, provider organizations and plans focused on implementing BHI and strengthening quality improvement skills.

This report outlines 2024 activities of the BHI Initiative and the impact on the care and outcomes of Californians through the achievements of participating organizations.

2024 By The Numbers

In 2024, CQC's BHI Initiative continued to grow in scale and impact. Key milestones included:

Reach and Engagement



554 attendees at learning events and public trainings from 60 provider organizations, health plans and partners

33 virtual and in-person learning events delivered through collaborative program learning events and public trainings

Key Resources Developed



6 [learning resources](#) to support BHI implementation

3-part BHI Implementation Webinar Series: [Readiness](#), [Lessons Learned](#), [Spread and Sustainability](#)

2 publications: [Sustainable Behavioral Health Integration Financing](#) and [Implementation Snapshot: Selecting an Integration Model](#)

1 guide: [BHI Billing and Payment Codes](#)

Tailoring Integrated Care for Youth



6 organizations engaged, serving 160,000 children and youth, in a new [learning collaborative](#) to improve pediatric integrated care

Implementation Progress



8 primary care organizations serving 730,000 Californians launched integration pilots through [CalHIVE BHI](#)

200+ hours of improvement coaching delivered via biweekly advising sessions

15 implementation milestones reached across domains such as workforce, clinical models, data and financing

Clinical Impact



9.8% increase in depression screening for [CalHIVE BHI](#) teams (from December 2023 until December 2024), resulting in:

32,500 additional patients screened

1,554 new depression diagnoses

1,143 patients connected to behavioral health services

Strategic Calls to Action



15 [recommended actions](#) identified for providers, payers and purchasers to advance sustainable BHI payment

Funding Acknowledgment

CQC extends its sincere gratitude to [Centene Corporation](#) for their vital funding of the BHI Initiative. This support, provided as part of their [undertakings agreement](#) with the California Department of Managed Health Care, is instrumental in driving the adoption of integrated behavioral health models in primary care settings.

We also acknowledge the generous contribution of [Blue Shield of California Industry Initiatives](#), whose support empowers the BHI Collective Solutions efforts.

Learning and Improvement Collaboratives

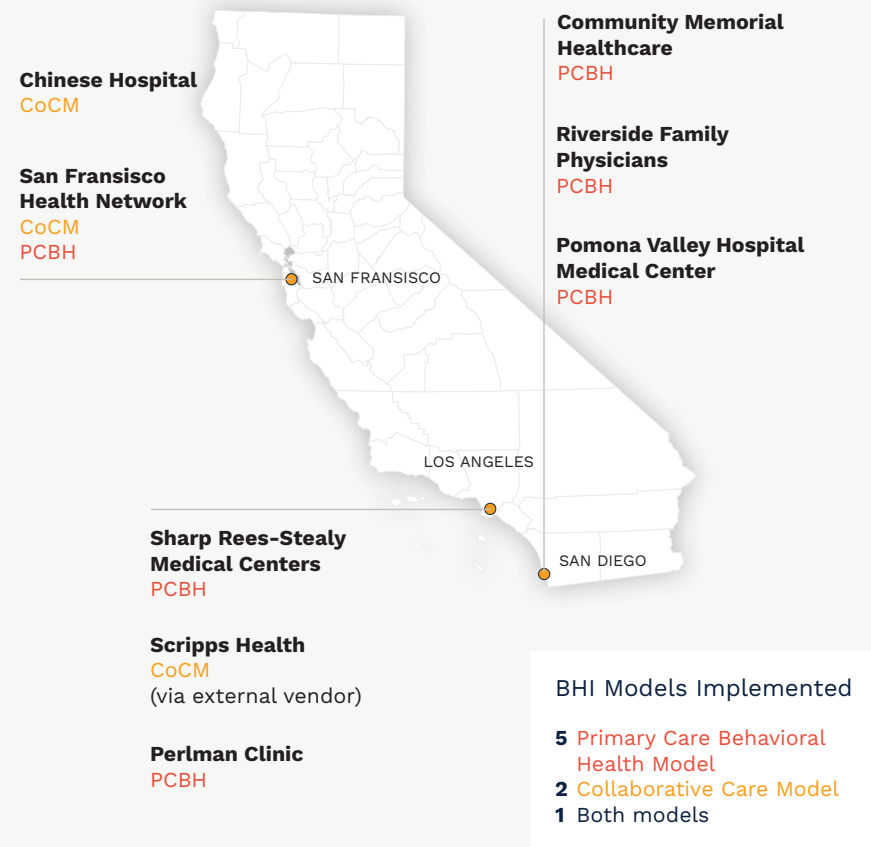
CalHIVE BHI Improvement Collaborative (2023-2026)

Launched in July 2023, the [CalHIVE BHI](#) improvement collaborative is a three-year program supporting eight California-based provider organizations that collectively serve more than 730,000 Californians across commercial, Medi-Cal and Medicare lines of business. The collaborative helps these organizations to integrate behavioral health services into their primary care clinics.

In 2024, participating organizations moved from the “Prepare” to “Implement” phase, rolling out either the [Collaborative Care Model](#) or [Primary Care Behavioral Health Model](#) of integrated care at primary care pilot sites.

All eight organizations demonstrated progress on all 15 implementation milestones, as measured by the second deployment of the Implementation Milestone Assessment Tool. The tool evaluates system-wide integration across nine domains, including project planning, workforce, health IT, equity, clinical models, data and financing.

8 participating organizations provide care to over **730,000** Californians across all major payers (commercial, Medicare, Medi-Cal)



Technical Assistance

CQC, in partnership with the [Collaborative Family Healthcare Association](#), led CalHIVE BHI's technical assistance through a combination of impactful learning events and ongoing improvement advising sessions. Each participating team finalized its integration implementation plan and, with support from a CQC improvement advisor, began rolling out behavioral health integration at its pilot site.

In May 2024, CalHIVE BHI participants convened in person to celebrate program milestones, learn and connect with peers and integrated care. Sessions focused on workflow mapping, payer perspectives on BHI and sharing wins such as expanding care teams, improving depression screening and implementing virtual integration platforms.

2024 CalHIVE Convening Highlights



Peer learning with integrated care experts



Workflow mapping exercises



Payer panel on BHI financing



Reflection exercise on addressing social needs



Site celebrations of key milestones

Key 2024 CalHIVE Technical Assistance Highlights

Key milestones included:



Hosted **18** virtual learning events to share best practices, facilitate collaboration and address emerging needs covering topics such as BHI workflows, revenue cycle management and a virtual site visit with an exemplar integrated clinic



Provided **200+** hours of improvement advising through biweekly meetings supporting implementation and operational problem solving

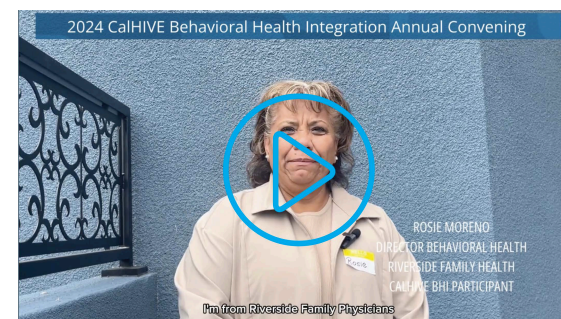


Co-developed **8** SMARTIE Aim statements with teams to set improvement targets, using the equity-focused Model for Improvement



Conducted **8** onsite visits to assess readiness and provide tailored recommendations for pilot site success

Voices of Behavioral Health Integration Champions



At the 2024 CalHIVE BHI Convening, CQC filmed nine videos featuring participants sharing how behavioral health integration is transforming care for the communities they serve. These stories highlight real-world experiences and elevate the voice of the on-the-ground providers implementing change.

[Watch all videos.](#)





**CHINESE
HOSPITAL
& CLINICS**

“At Chinese Hospital, we’re working to tailor our integrated behavioral health services to meet the unique needs of San Francisco and Daly City’s Asian American communities. By combining primary and behavioral health care, we aim to address the cultural and linguistic barriers that often prevent Asian Americans from seeking necessary treatment.”

Jiami Wu
Director of Clinics, Chinese Hospital
CQC CalHIVE BHI participant

Advancing Behavioral Health Equity in Asian American Communities

Chinese Hospital, a longstanding community-centered provider in San Francisco and Daly City, is addressing critical behavioral health care gaps through its participation in the CalHIVE BHI Improvement Collaborative. In response to high demand and culturally specific needs, the health system is expanding access to integrated mental and behavioral health services using a culturally competent approach.

Asian American patients face unique barriers to behavioral health care, including:

- Language differences that limit access
- Cultural stigma around mental health treatment
- Lower perceived need for behavioral health services
- Lack of culturally and linguistically competent providers

Through support from CalHIVE BHI, Chinese Hospital implemented the Collaborative Care Model at its pilot site, leveraging existing care team members who deeply understand the local community. Key strategies included:

Assembling a culturally attuned care team and creating a welcoming, judgment-free environment

- Deploying multilingual patient surveys to understand needs and preferences
- Offering care and resources in the patients’ native languages
- Integrating PHQ-9 depression screening into routine primary care visits
- Establishing a billing and tracking system to support long-term sustainability

As a result, depression screening rates improved from 26.6% (December 2023) to 30.7% (September 2024)—translating to 511 additional patients receiving annual screenings. These patients will now have access to a depression care manager in close collaboration with their primary care physician and psychiatric consultant.

For these accomplishments and investments in improving behavioral health access, Chinese Hospital received the 2024 Community Impact Award from Civitas Networks for Health, recognizing its commitment to expanding mental and behavioral health services through culturally competent care.

Data and Measurement

CalHIVE BHI participants are supported in developing holistic measurement plans to monitor the implementation and impact of their integration efforts. Standardized quality measures are [aligned](#) with the California Department of Health Care Services' Medi-Cal Accountability Set (MCAS) and other state reporting programs.

CQC collects data on a rolling 12-month basis, with participants submitting quarterly reports for the following measures:

- 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)

As a result of these efforts, participating organizations have collectively demonstrated:

- 9.8% improvement in depression screening, resulting in 32,500 more patients screened
- 22.6% improvement in depression follow-up rates
- Improved data infrastructure and internal analytics for depression remission and response reporting

Why It Matters

Tracking depression screening and follow-up is a core part of advancing behavioral health integration, in particular within the Collaborative Care Model. These measures not only reflect care quality but also indicate how well primary care teams are identifying and responding to mental health needs.

Process Measures



Patient connections to behavioral health through primary care



Completion of first integrated behavioral health appointments



Ongoing engagement with behavioral health consultants



Internal tracking of BHI utilization

Financial measures



Billing for BHI-related CPT codes



Payments rates received for BHI services



Revenue trends from integrated care



Analysis of reimbursement for services provided

While CalHIVE BHI participants strengthened their ability to report standardized measures required by state and federal quality programs, current behavioral health metrics remain limited — primarily focusing on depression screening and management and do not fully reflect the breadth of behavioral health integration implementation.

To address this, in September 2024 provider organizations began reporting on a suite of self-identified process and financial measures, developed with input from CQC improvement advisors.

These measures offer critical insight into operational workflows, revenue from BHI services and opportunities to scale and sustain integrated care programs.

Looking Ahead – 2025 and Beyond

In the final year of the CalHIVE BHI Collaborative, participants will focus on:



Leveraging financial and process measures to identify opportunities for continuous improvements at pilot sites



Developing a Behavioral Health Equity Improvement Plan (BHEIP) that identifies disparities in behavioral health screening or access and an improvement plan



Planning for organizational spread and sustainability before the program concludes in June 2026

Children and Youth Collaborative Learning Exchange

The need for improved access to behavioral health services for children, adolescents and their caregivers has never been greater. Between 2016 and 2020, rates of diagnosed anxiety and depression among children rose significantly, while physical activity and caregiver mental and emotional well-being declined across the United States.

Integration can bridge connections for patients, their families and caregivers — ultimately enhancing quality of life and outcomes and ensuring early intervention. To address this need, CQC launched the [Behavioral Health Integration – Children and Youth Collaborative Learning Exchange](#) (BHI-CYCLE) in October 2024. This nine-month learning collaborative brings together organizations with experience integrating behavioral health services into primary care for children and youth.

Collaborative Objectives

By July 2025, the collaborative aims to improve behavioral health integration for children and youth served by leading provider organizations by:

- Showcasing successful practices and highlighting solutions through a vibrant network of peer organizations
- Sprouting adoption of new solutions to real-world challenges that improve the delivery of pediatric and adolescent integrated behavioral health care
- Sharing best practices through a public toolkit that synthesizes the recommendations, experiences and contributions of participants



Alliance Medical Center

multi-site Federally Qualifying Health Center (FQHC) in northern Sonoma county; serves 5000 pediatric patients

LifeLong Medical Care

multi-site FQHC in Alameda and Contra Costa counties; serves 14,000 pediatric patients

Chinese Hospital

(learning participant) health system in San Francisco and Daly City

AltaMed Health Services

multi-site FQHC in Los Angeles and Orange counties; serves over 100,000 pediatric patients

Providence Medical Group (Northern California)

multi-site health system in Sonoma, Napa and Humboldt counties; serving 1000 patients

Children's Hospital of Orange County

multi-site health system in Southern California serving over 150,000 patients

San Francisco Health Network

multi-site public health system; serving 7000 pediatric patients



Rady Children's Hospital of San Diego

CQC is partnering with [Rady Children's Hospital](#) in San Diego as the technical assistance clinical and operational leader and subject matter expert for BHI-CYCLE. Rady Children's is the largest provider of comprehensive pediatric medical services in the San Diego region and a leader in integrated behavioral health. In 2020, Rady Children's launched a [primary care behavioral/mental health integration](#) program that provides evidence-based mental health care through embedding mental health clinicians in pediatric primary care practices for easy, same-day access. The Rady Children's Transforming Mental Health Initiative works toward effective prevention, early identification, mental health integration and treatment services, policy advocacy, and research to improve the mental health status of children and youth.

Looking Ahead — 2025 and Beyond

In early 2025, six BHI-CYCLE participating organizations convened at Rady Children's Hospital in San Diego for a [one-day site visit](#) to observe integrated primary care in action and engage in peer discussions on BHI financing, patient intake and warm handoffs. Videos from the day will be shared on the [program webpage](#).

CQC will publish a toolkit and host a [public webinar](#) to disseminate key learnings and resources from the collaborative in September 2025.

Collective Solutions

In 2024, CQC conducted a state-wide landscape assessment to identify, synthesize and share successful practices that facilitate sustainable payment for BHI in commercial primary care settings. The assessment was based on interviews with 11 organizations, including primary care providers that have integrated behavioral health services and commercial health payers such as health plans, managed behavioral health care organizations and independent physician associations (IPAs), to understand current practices, challenges and opportunities.

Findings from the assessment were synthesized into an [issue brief](#), which outlines 15 recommended actions that providers, plans, purchasers and regulators can take to facilitate the adoption of BHI across California's commercial delivery system.

“Our organization is ready to go deep into behavioral health integration. We think it’s a massive, critical way to meet the needs of our community.”

— provider

“We are currently asking ourselves: what are our options as a plan to increase BH integration?”

— health plan

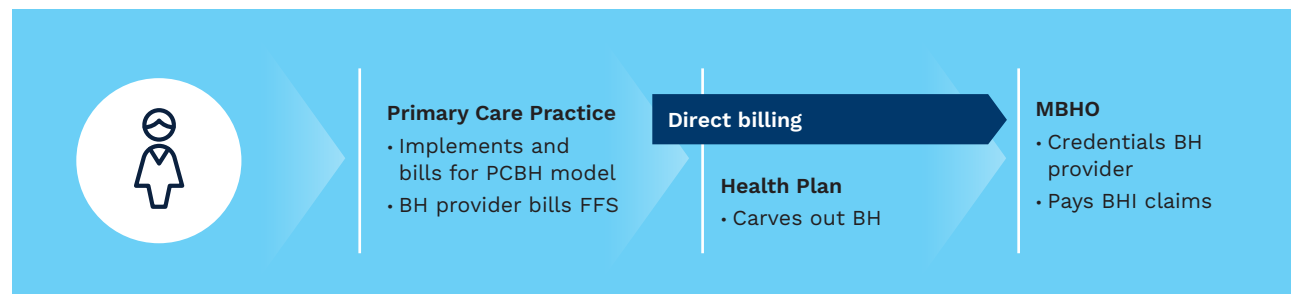


The assessment uncovered two critical areas for progress:

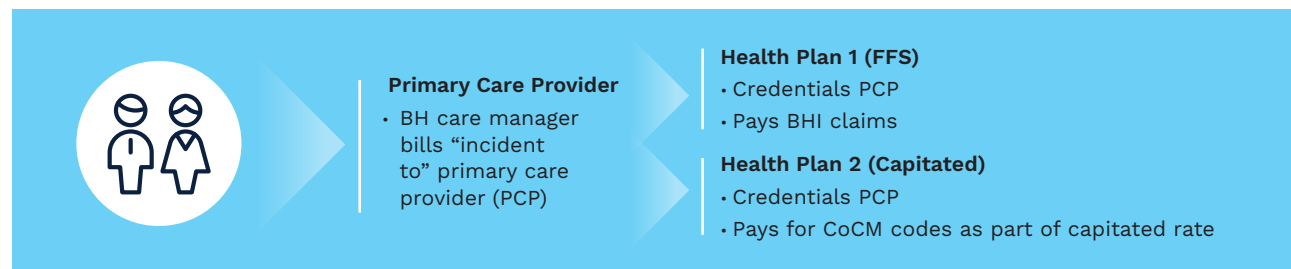
- Delays in Payment Hamper Program Implementation and Expansion:** Delays in payment for integrated behavioral health programs hinder providers' ability to implement, sustain and expand these programs, exacerbating the already unmet behavioral health care needs of patients across California, slowing the spread of much needed services to vulnerable populations.
- Health Plans Must Take a Leadership Role:** Health plans can play a pivotal role in promoting BHI as part of their strategy to improve access and quality of behavioral health care. By actively championing BHI, they can enhance coordination between physical and mental health services, increase access to care, improve patient outcomes and optimize resources. Streamlining processes, such as reimbursement and credentialing, will make care delivery more efficient and support providers in delivering comprehensive care.

The visuals below demonstrate two common payment pathways for BHI based on models implemented

Primary Care Behavioral Health Model



Collaborative Care Model






Looking Ahead — 2025 and Beyond

Behavioral Health Integration Payer Workgroup

Building on the recommendations presented in the 2025 issue brief [Sustainable Financing for Behavioral Health Integration](#), CQC will convene a [payer workgroup](#) to support BHI implementation among commercial health plans.

The workgroup will:

-  Collaborate with peers and subject matter experts to facilitate BHI implementation for plans and providers
-  Co-design documents to help prepare plans and providers for BHI implementation, including a BHI Policy/FAQ for plans, BHI implementation guide for providers and a BHI data request process and analysis
-  Create a network of health plan leaders ready to support BHI

Participating organizations: Aetna, Blue Shield of California, HealthNet, Sharp Health Plan, United with Optum, Western Health Advantage with Optum.

BHI Payer workgroup documents will be shared publicly in fall 2025.

Multistakeholder Alignment for BHI

To support broader alignment across California, CQC will also conduct interviews with four states that have successfully advanced BHI through multistakeholder collaboration.

Additionally, CQC will apply lessons learned from other states to design and facilitate a consensus-driven process with California stakeholders to develop a shared definition of behavioral health integration in primary care settings—grounding future work in a common understanding.

Both the state interview findings and the integration definition will be synthesized and shared in a CQC publication in fall 2025.

Learning and Training

To disseminate best practices more broadly and highlight real-world experiences from technical assistance programming such as CalHIVE BHI, CQC provides [public training](#) opportunities designed to help organizations start, strengthen or sustain integrated programs.

BHI Webinars

In 2024 and 2025, CQC hosted a [three-part webinar series](#) attended by 114 individuals from provider organizations covering key aspects of BHI. Each session included recorded materials, tools and takeaways to support real-world application.

- Readiness for Behavioral Health Integration — featuring speakers from the University of Colorado and Arizona State University
- Behavioral Health Integration Lessons Learned — featuring speakers from CQC and the Collaborative Family Healthcare Association
- Behavioral Health Integration Spread and Sustain — featuring speakers from the Collaborative Family Healthcare Association and UC San Diego Health

BHI Implementation Quarterly Update

Launched in 2024, CQC's quarterly newsletter shares progress updates on the BHI Initiative and highlights key topics, resources and industry efforts related to behavioral health integration. [Access the newsletter archive and subscribe here.](#)

Cal-IN Peer Group

Given the challenges of BHI implementation in California, connecting and learning from experienced integration leaders supports shared problem-solving and collaborative innovation. In response, CQC and the Collaborative Family Healthcare Association launched [Cal-IN](#)—a quarterly peer group designed to foster community, exchange insights and strengthen the statewide network of integrated care professionals.

Over the course of four virtual convenings in 2024, Cal-IN engaged 82 attendees in peer discussions on timely topics, including:

- Integration Successes and Challenges (speaker from Providence Medical Group – Santa Rosa)
- Behavioral Health Policy (speaker from California Institute of Behavioral Health Solutions)
- Behavioral Health Integration Financing (speaker from California Quality Collaborative)
- PCBH Implementation (speaker from Santa Rosa Community Health)

Looking Ahead — 2025 and Beyond

In 2025, CQC will expand its support for the field through new and continuing learning opportunities:

Lay Counselor Academy



In response to workforce shortages in licensed mental health professionals, CQC is sponsoring eight individuals from collaborative participants to complete the [Lay Counselor Academy](#) in 2025. This 14-week training equips care team members such as community health workers and medical assistants with the skills and knowledge to deliver empathic, evidence-based behavioral health support — expanding access to culturally responsive services.

Cal-IN Peer Group



CQC and CFHA will continue to host quarterly [Cal-IN meetings](#) in 2025 with a focus on uniting professionals to transform California's integrated behavioral health services. Future topics include behavioral health integration training and development and aligning integration with social needs support.

Improvement Coaching Workshop



CQC will offer [trainings](#) on the fundamentals of equity-focused quality improvement, with continuing medical education for attendees.

PATH Technical Assistance Vendor



As an approved vendor in California Department of Health Care Services' Providing Access and Transforming Health (PATH) [Technical Assistance](#), CQC will be available to support Medi-Cal delivery systems in launching and strengthening BHI programs.

Acknowledgments

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



About the California Quality Collaborative (CQC)

The California Quality Collaborative (CQC) is 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, state and purchasers to align goals and take action to improve the value of health care for Californians. CQC is a health care quality improvement program of the [Purchaser Business Group on Health](#).

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Looking to Strengthen Your Integration Strategy?

CQC brings deep coaching and consulting expertise in health care quality improvement — helping practices and organizations elevate care, streamline operations and align with evolving standards.

Ready to get started?

Let's talk about how we can support your transformation. Email us at cqcinfo@pbgh.org