



2024 Impact Report

California Quality Collaborative

JULY 2025



California Quality
Collaborative

Letter from the Executive Director

At the California Quality Collaborative (CQC), we believe that high-quality, equitable care is not just an aspiration—it's a responsibility. In 2024, we worked alongside care teams, health plans, purchasers and partners to turn shared goals into meaningful action. We launched new initiatives and deepened existing efforts, each grounded in our shared commitment to transform care and advance equity.

Together we:

- **Launched a [demonstration project](#)** to test a multi-payer value-based payment model for primary care, supporting small practices with more stable, equitable financing
- **Accelerated [integrated behavioral health programs](#)** and expanded efforts to reach young patients, strengthening whole-person care across diverse settings
- **Strengthened [postpartum care](#)** through new partnerships and aligned strategies that elevate primary care's role in supporting families
- **Delivered [strategic recommendations](#)** to improve care and equity for California's growing Medicare population through a statewide multi-stakeholder collaborative
- **Advanced [alignment across Medi-Cal managed care plans](#)** to reduce provider burden and improve data consistency through shared performance metrics
- **Elevated [equity in practice transformation](#)** by supporting providers who serve California's most historically marginalized communities

- **Equipped stakeholders across California** with the [tools, resources and training](#) needed to lead improvement and drive lasting change
- **Charted a collaborative path** to CQC's 2027 Aims by developing a shared roadmap of improvement opportunities in partnership with our [Steering Committee](#) and Advisory Groups

What connects this work is a shared vision: a health system rooted in trust, accountability and care that meets people where they are. One that supports providers in doing their best work and patients in living their healthiest lives.

This progress is only possible because of the vision, innovation and dedication of our partners across the state. Whether you're shaping policy, delivering care or leading improvement from within, your contributions are helping move our system forward.

Looking ahead, we remain focused on what works. We will scale proven solutions, build strong infrastructure and continue to align where it matters most. Thank you for being part of this journey.

Sincerely,



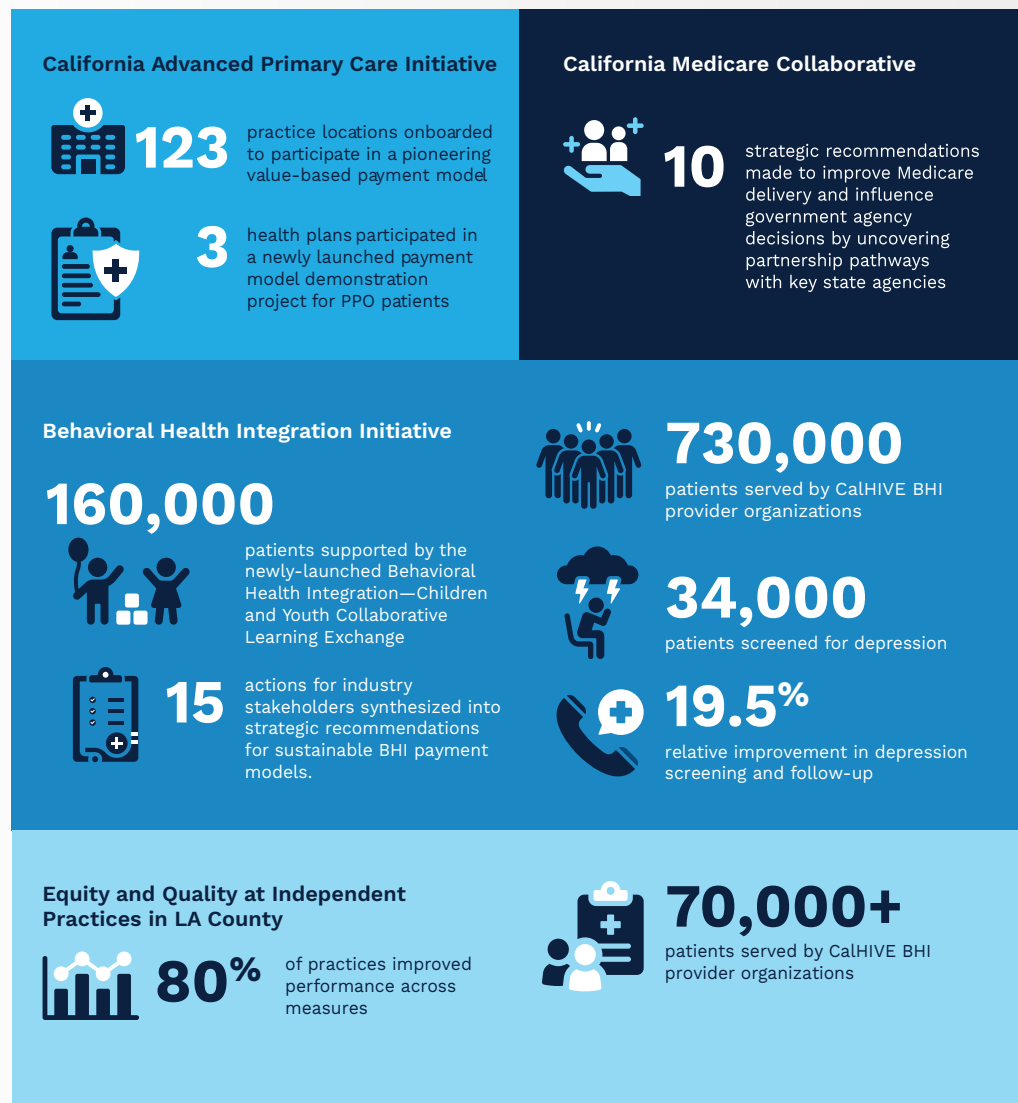
Crystal Eubanks

Executive Director, California Quality Collaborative

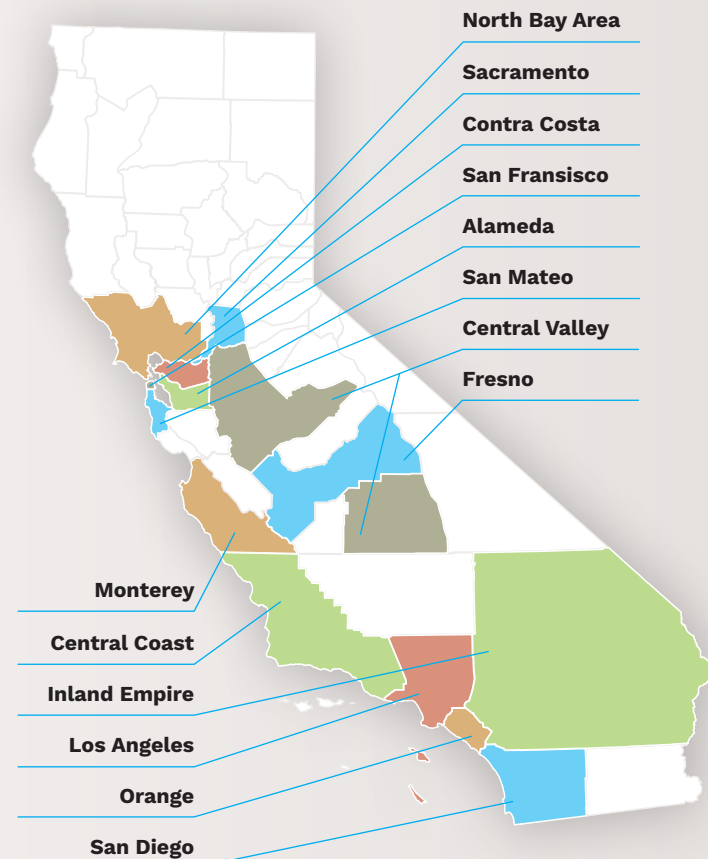
Current CQC Initiatives

<u>California Advanced Primary Care Initiative</u>	2021 – 2026	Strengthening the primary care delivery system in California by building a primary care model that emphasizes comprehensive, team-based and care, the integration of behavioral and physical health services and high-quality outcomes through multi-payer alignment.
	2023 – 2026	<u>Payment Model Demonstration Project</u>
<u>CQC Behavioral Health Integration Initiative</u>	2022 – 2027	Accelerating integration efforts by small and independent primary care practices throughout the state, through technical assistance, patient feedback, and standards development.
	2024 – 2025	<u>Collective BHI Solutions – Behavioral Health Integration Financing</u>
	2025	Collective BHI Solutions – Lay Counselor Training Collective BHI Solutions – Data Exchange Standards Collective BHI Solutions – Patient Feedback for Improving BHI
<u>Improvement Collaboratives</u>	2022 – 2026	<u>CalHIVE Behavioral Health Integration</u>
	2024 – 2025	<u>BHI – Children and Youth Collaborative Learning Exchange</u>
	2022 – 2025	<u>Equity & Quality at Independent Practices in LA County</u>
<u>Supporting Postpartum Populations in Primary Care</u>	2025	Launching activities to build momentum for a multi-year initiative: <ul style="list-style-type: none"> • Define clinical standards postpartum care in primary care through Clinical Working Group • Exchange best practices through Payer Roundtable series • Disseminate evidence and standards
<u>Multi-Payer Alignment</u>	2025 – 2026	Los Angeles County Medi-Cal Multi-Payer Alignment: Care Gap Reporting
	2025	Los Angeles County Multi-Payer Collaborative for Hospital Improvement
	2024 – 2025	<u>California Medicare Collaborative</u>
<u>Learning Events & Training</u>	Ongoing	QI Basics & Improvement Coaching Workshops Public Webinars Virtual Learning Courses

2024 Program Impact Highlights



Locations Touched by CQC Improvement Collaboratives



Strengthening Primary Care Delivery

California Advanced Primary Care Initiative

Through the [California Advanced Primary Care Initiative](#), CQC is partnering with the [Integrated Healthcare Association \(IHA\)](#), Aetna, Blue Shield of California and Health Net to strengthen California's primary care delivery system. Together, the organizations designed a common value-based payment model that includes regular population health management payments, performance-based incentives and no downside risk. The initiative also developed a [demonstration project](#) to test the model at practices with commercial PPO contracts common across the health plan networks.

Through the demonstration project, the initiative is advancing four core objectives from its 2022 [memorandum of understanding](#):

1. Scale value-based payment in pragmatic and operationally feasible ways
2. Invest in primary care where it is most needed
3. Build transparency
4. Support practice transformation

This aligned approach will help health plans meet the goals established by the [California Office of Health Care Affordability](#) while providing practices with payment stability.

By the Numbers

3

health plans aligning

123

locations participating

~17,000

patients impacted

2024 Highlights

Health plans, CQC and IHA completed critical development work in 2024 to support the 2025 Payment Model Demonstration Project launch:

- ✓ Finalized the common value-based payment model, including incentive design, risk adjustment methodology, measurement clarifications and patient attribution algorithm
- ✓ Published updated [Common Value-Based Payment Model Guide for Primary Care Physicians & Payers](#) reflecting project decisions and implementation timeline
- ✓ Created a comprehensive evaluation and reporting framework for project assessment
- ✓ Established aligned contract amendment language across participating health plans to streamline practice onboarding
- ✓ Initiated project work streams with Applied Research Works (Cozeva) for data exchange infrastructure, including coordination of health plan data submissions and contract completion
- ✓ Recruited 123 practice locations and approximately 17,000 patients for the demonstration project, with concentrations in Southern California and the Central Valley
- ✓ Led the design and delivery of technical assistance to demonstration sites, including practice recruitment, readiness assessments, onboarding support, tailored quality improvement plans and coaching
- ✓ Built additional tools to support practice success including a group webinar series focused on key competencies with small breakouts and supplemental support from individual coaching sessions, an online education platform and a monthly newsletter
- ✓ Facilitated onboarding milestones and guided the development of tailored quality improvement plans at each site
- ✓ Launched monthly webinars and bi-weekly coaching sessions on topics such as using data for improvement and delivering patient- and family-centered care
- ✓ Supported adoption of Cozeva, a shared platform that enables practices to view patient activity across all three health plans and reduce administrative burden
- ✓ Shared CQC's multi-stakeholder alignment and value-based payment expertise at the California Association of Health Plans Annual Conference and in Blue Shield's Industry Initiatives webinar

Looking Ahead

The demonstration project went live in January 2025. Quarterly reporting will commence with first quarter metrics distributed to health plans in summer 2025. Reports will focus on clinical outcomes, practice transformation progress and provider experience.

Additionally, the California Advanced Primary Care Initiative will convene a dedicated work group in 2025 to explore health plan support strategies for behavioral health integration in primary care settings.

Transparency

Measure and report:

1. Primary care investment
2. Growth of value-based payment models
3. Performance on advanced primary care measure set

Investment

Increase overall investment in primary care
Set quantitative investment goals without increasing total cost of care

Multi-Payer Partnership

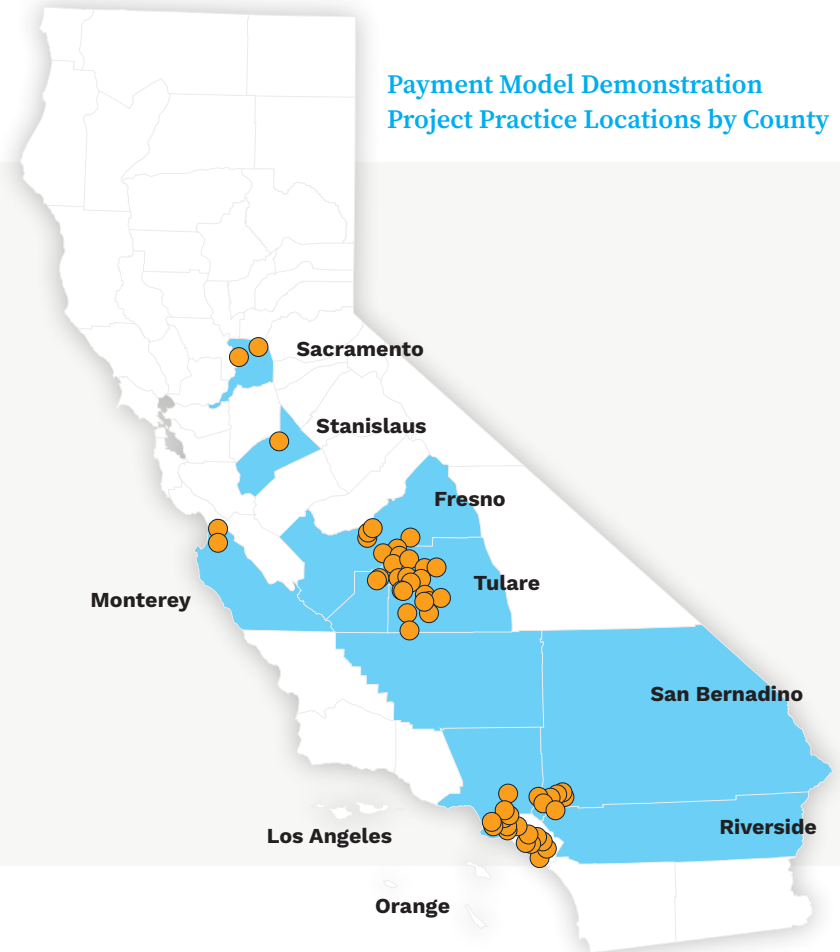
Value-Based Payment

Adopt value-based payment model that supports advanced primary care
Ensure patient access to continuous relationship with a primary care physician/team

Practice Transformation

Support behavioral health integration
Expand data collection, exchange, stratification based on race, ethnicity and language (REaL) data
Deliver targeted technical assistance

Payment Model Demonstration
Project Practice Locations by County



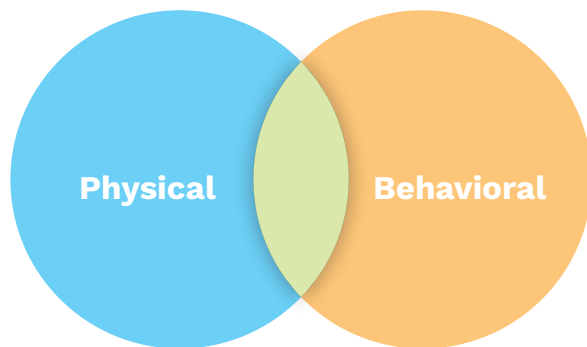
Integrating Behavioral Health into Primary Care

Behavioral Health Integration Initiative

Through the [Behavioral Health Integration \(BHI\) Initiative](#), CQC is accelerating behavioral health integration efforts across California's primary care system. This work aims to improve screening, diagnosis and treatment of patients' mild-to-moderate behavioral health needs, like depression, anxiety and substance use disorders through technical assistance and collective behavioral health integration solutions.

The integration of behavioral health services into primary care settings addresses a critical gap in California's health care system, where patients often struggle to access mental health support when and where they need it most.

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.

By the Numbers

8

provider organizations participating in CalHIVE BHI, serving 730,000 Californians

6

provider organizations participating in BHI-CYCLE, serving 160,000 youth

33

learning events delivered to 554 attendees from 60 organizations

6

publications released

2024 Highlights

In 2024, CQC's BHI Initiative continued to grow in scale and impact through multiple program pathways:

- ✓ Engaged eight primary care organizations serving 730,000 Californians and supported the launch of integrated behavioral health at primary care pilot sites in [CalHIVE BHI](#)
- ✓ Launched [BHI-CYCLE](#) learning collaborative with six organizations serving 160,000 children and youth
- ✓ Provided over 200 hours of improvement coaching through biweekly advising sessions
- ✓ Delivered 33 virtual and in-person learning events reaching 554 attendees from 60 provider organizations, health plans and partners
- ✓ Achieved 15 implementation milestones across workforce development, clinical models, data infrastructure and financing domains
- ✓ Developed [15 recommended](#) actions for providers, payers and purchasers to advance sustainable BHI payment
- ✓ Published [six learning resources](#), including a three-part webinar series on [readiness, lessons learned and sustainability](#), issue brief on [sustainable financing](#), implementation snapshot on [integration model selection](#) and guide on [payment and billing codes](#)
- ✓ 554 attendees of learning events and public trainings from 60 provider organizations, health plans and partners

Clinical Outcomes

CalHIVE BHI teams demonstrated measurable improvements from December 2023 to December 2024:

- **9.8%** increase in depression screening rates, resulting in 32,500 additional patients screened and 1,554 new depression diagnoses
- **1,143** patients connected to behavioral health services



View our [BHI Initiative 2024 Annual Report](#) for additional insights and program updates.

Technical Assistance in Action



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](#)

Collective Solutions and Industry Leadership

Statewide Landscape Assessment

CQC conducted a comprehensive state-wide landscape assessment of sustainable BHI payment practices in California's commercial primary care settings. 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), the assessment identified current practices, challenges and opportunities for advancing integrated care.

The assessment findings were synthesized into [15 recommended actions](#) for providers, plans, purchasers and regulators to facilitate BHI adoption across California's commercial delivery system.

Cal-IN Peer Group

Recognizing the value of peer learning and shared problem-solving, CQC partnered with the [Collaborative Family Healthcare Association](#) to launch [Cal-IN](#)—a quarterly peer group for integrated care professionals. [This effort](#) fosters community, facilitates insight exchange and strengthens California's statewide network of integration leaders.



Looking Ahead

Building on the 2024 issue brief [Sustainable Financing for Behavioral Health Integration](#) recommendations, CQC will convene a [payer workgroup](#) in 2025 to support BHI implementation among commercial health plans, creating a collaborative platform for addressing systemic barriers to integration.

CQC will also publish a BHI-CYCLE toolkit and host a [public webinar](#) in September 2025 to disseminate key learnings and resources for integrating behavioral health into primary care for children and youth.

View our 2024 [Behavioral Health Integration Initiative Annual Report](#) for additional insights and program updates.

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.



Supporting Maternal Health and Equity

CQC is strengthening the role of primary care in supporting maternal health outcomes during the extended postpartum period. This work addresses critical gaps in care coordination and identifies opportunities for primary care teams to reduce morbidity and mortality, particularly for communities of color who experience disproportionate health disparities.

As part of the Department of Health Care Services' (DHCS) Birthing Care Pathway initiative, CQC convened over 20 experts in 2023 as part of a sub-workgroup to explore how the delivery system can better support Med-Cal families during the postpartum year. This foundational work now informs CQC's broader maternal health efforts, which aim to transform postpartum support from isolated check-ups into comprehensive, ongoing population health management that improves outcomes for California families.

By the Numbers

5

providers convening

10

10 health plans engaging

3

virtual roundtables conducted

4

key barriers identified

3-year

strategy developed

2024 Highlights

Medi-Cal Postpartum Care Recommendations

CQC formulated key policy and care recommendations designed to enhance experiences and improve health outcomes for Medi-Cal families. Central to these recommendations are strategies for maximizing the new 12-month postpartum coverage, ensuring smooth care coordination across different providers (hospital, specialty, primary care) and building stronger support systems by integrating expanded care teams and community resources. CQC congratulates DHCS on the publication of the [Birthing Care Pathway Report](#) and remains committed to implementing these recommendations to improve outcomes for California families.

Supporting Postpartum Populations in Primary Care

CQC conducted three virtual roundtable discussions with five provider organizations and ten health plans to examine opportunities and challenges related to implementing recommendations from both the Birthing Care Pathway and a CQC national landscape assessment of postpartum care best practices. These discussions explored the vital role primary care plays in addressing maternal morbidity and mortality during the extended postpartum period.

This dialogue revealed significant barriers hindering primary care teams from fully embracing enhanced postpartum support, including:

- Minimal care coordination between providers
- Incomplete or missing patient health data
- High levels of provider overwhelm and burnout
- Limited strategies for patient engagement postpartum

Addressing Postpartum Barriers to Reduce Maternal Mortality and Inequities

Primary care: an underutilized resource in addressing maternal mortality and maternal health inequities

MINIMAL CARE COORDINATION

- Lack of clear roles and communication between maternity care providers and PCPs

MISSING DATA

- Challenges in data exchange and integration
- Delays and inaccuracies of plan data interfere with outreach

PROVIDER OVERWHELM

- Absence of standardized postpartum protocols
- Time, staffing, workflow constraints coupled with inadequate reimbursement
- Lack of awareness and integration of needs and risk-level

LIMITED PATIENT ENGAGEMENT

- No focused engagement or education
- Lack of provider awareness about their role in postpartum health

Looking Ahead

Based on these findings, CQC developed a three-year strategy that builds understanding and designs programming to overcome these challenges while reframing postpartum support beyond a single six-week check-up into an ongoing population health management priority focused on improving outcomes for families.

Key areas for solution development include:

- Creating streamlined care transitions
- Improving health data exchange infrastructure and workflows
- Integrating postpartum care into existing population health management and quality performance systems
- Securing financial and operational resources to enable implementation

While tackling these issues represents achievable gains, they have often been overlooked. Expanding the capabilities of primary care to support families during this critical postpartum year is a crucial frontier and an area where California is well-positioned to lead the nation.



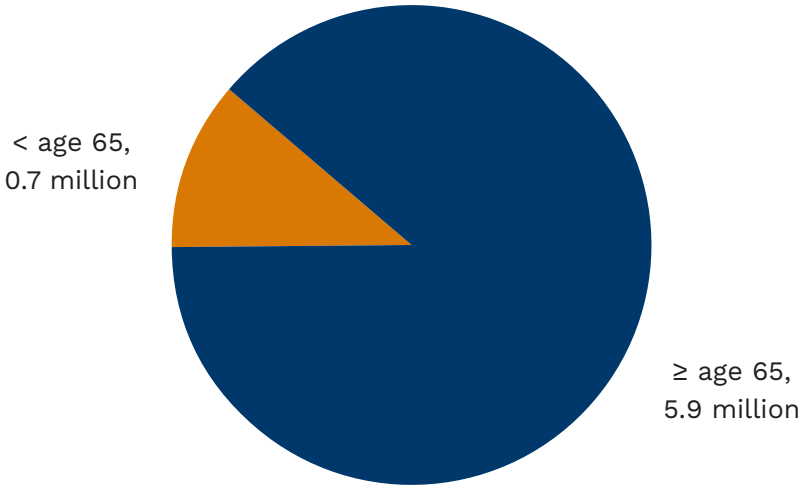
Improving Care for California's Aging Population

California Medicare Collaborative

To meet the needs of California's growing Medicare population, CQC, The SCAN Foundation, Archstone Foundation and Gary and Mary West Foundation, with partnership from the DHCS Office of Medicare Innovation and Integration, launched the [California Medicare Collaborative](#) in March 2024. This year-long, multi-stakeholder effort was dedicated to improving care for residents insured solely by Medicare, including duals, non-duals and those in both traditional Medicare and Medicare Advantage programs.

The collaborative brought together state leaders, health care providers, health plans, advocacy groups and other stakeholders to identify short- to medium- term strategies for improving outcomes, reducing disparities and strengthening patient experience within the current regulatory framework.

90% of Medicare beneficiaries in California are age 65 and older.



Source: Department of Health Care Services Office of Medicare Innovation and Integration website, accessed 11/11/2024.

By the Numbers

25+
stakeholders engaged
across sectors

4
strategic focus areas identified

12
recommendations developed

1
issue brief published

2024 Highlights



The collaborative focused on four strategic areas, each selected to address the comprehensive needs of California's aging population and to pioneer changes within the state's Medicare landscape.

Across these domains, the collaborative developed targeted recommendations to drive systemic improvements, including:

Strengthen Chronic Illness Management and Care Coordination



Promote Advanced Primary Care by investing in supportive training, clinical care models and compensation models for Medicare patients



Increase support for and coordination with organizations that address patients' health related social needs (HRSNs) via capacity building and innovative payment models

Enhance Access and Equity



Increase access to care for special populations—including low-income Medicare beneficiaries, Medicare beneficiaries with limited English proficiency, those receiving Medicare because they are on social security disability and those that live in rural communities—via effective care delivery models



Strengthen the clinical workforce needed to serve Medicare beneficiaries in an equitable way through training for the current workforce, care team diversification and supports for trainees in shortage professions

Improve Beneficiary Decision-Making



Support patients and caregivers to make informed choices about their Medicare coverage by implementing appropriate messaging, promoting and improving plan comparison tools and expanding access to Medicare options counseling

Improve Screening and Supports for Cognitive and Behavioral Health



Amplify and improve screening to promote earlier and wider detection of cognitive and behavioral health needs via spread of existing training resources and care models



Increase supports for patients with cognitive and behavioral health needs and their caregivers by expanding access to navigation and wrap-around services

Looking Ahead

The collaborative's recommendations offer strategic, actionable guidance for California to adapt its health care system to better meet the needs of the aging population. This work aims to not only improve the quality of care, but also to ensure that all Medicare beneficiaries across the state have access to the services they need to lead healthier, more fulfilled lives.

Read the issue brief [Improving Care for Medicare Beneficiaries in California: Recommendations of the California Medicare Collaborative to learn more.](#)



Enhancing Medi-Cal Care in Los Angeles County

Equity and Quality at Independent Practices in LA County

CQC's Equity and Quality Improvement at Independent Practices in Los Angeles (EQuIP-LA) improvement collaborative supported four provider organizations (Allied Pacific IPA, Angeles IPA, L.A. Direct Network, Omnicare Medical Group) representing 31 small primary care practices serving more than 50,000 Medi-Cal patients (40,000 individuals of color) across Los Angeles County. The program strengthened advanced primary care capacity while addressing disparities in chronic disease management, specifically diabetes and hypertension, and preventative screening for colorectal cancer.



In 2024, participants leveraged an equity-centered approach to quality improvement, tailoring interventions to meet their community's needs. Examples include:

- Leveraging race, ethnicity and language data to understand care patterns and tailor patient outreach. CQC launched a self-service dashboard for participants to review stratified performance data and partner [HealthBegins](#) led a three-month learning sprint to enhance demographic data collection and analysis.
- Engaging patients via surveys and interviews to inform quality improvement. [PFCCpartners](#) team supported this work, helping elevate the patient voice throughout the collaborative.
- Using team-based care to improve workflows, including new processes to leverage care gap data for targeted patient outreach.

The impact of these efforts was reflected in the program's midpoint assessment results. Scores increased across all domains and generally transitioned from the Planning to Implementation phase. The largest increases were seen in the domains related to Engaged Leadership and Population Health Management, reflective of the curriculum and interventions described above.

By the Numbers

3

in-person events hosted

5

Medi-Cal health plans aligning

2024 Highlights

Los Angeles Medi-Cal Alignment: Gaps in Care Reporting

In 2024, CQC laid crucial groundwork to enhance the delivery of high-quality care for Medi-Cal beneficiaries in Los Angeles County. A key milestone was a multi-stakeholder roundtable, which convened representatives from managed care plans and IPAs, physician leaders and other valued partners to explore opportunities for alignment across the region's complex Medi-Cal landscape. The discussion focused on identifying strategies to better incentivize providers to meet key quality metrics and drive improved patient outcomes.



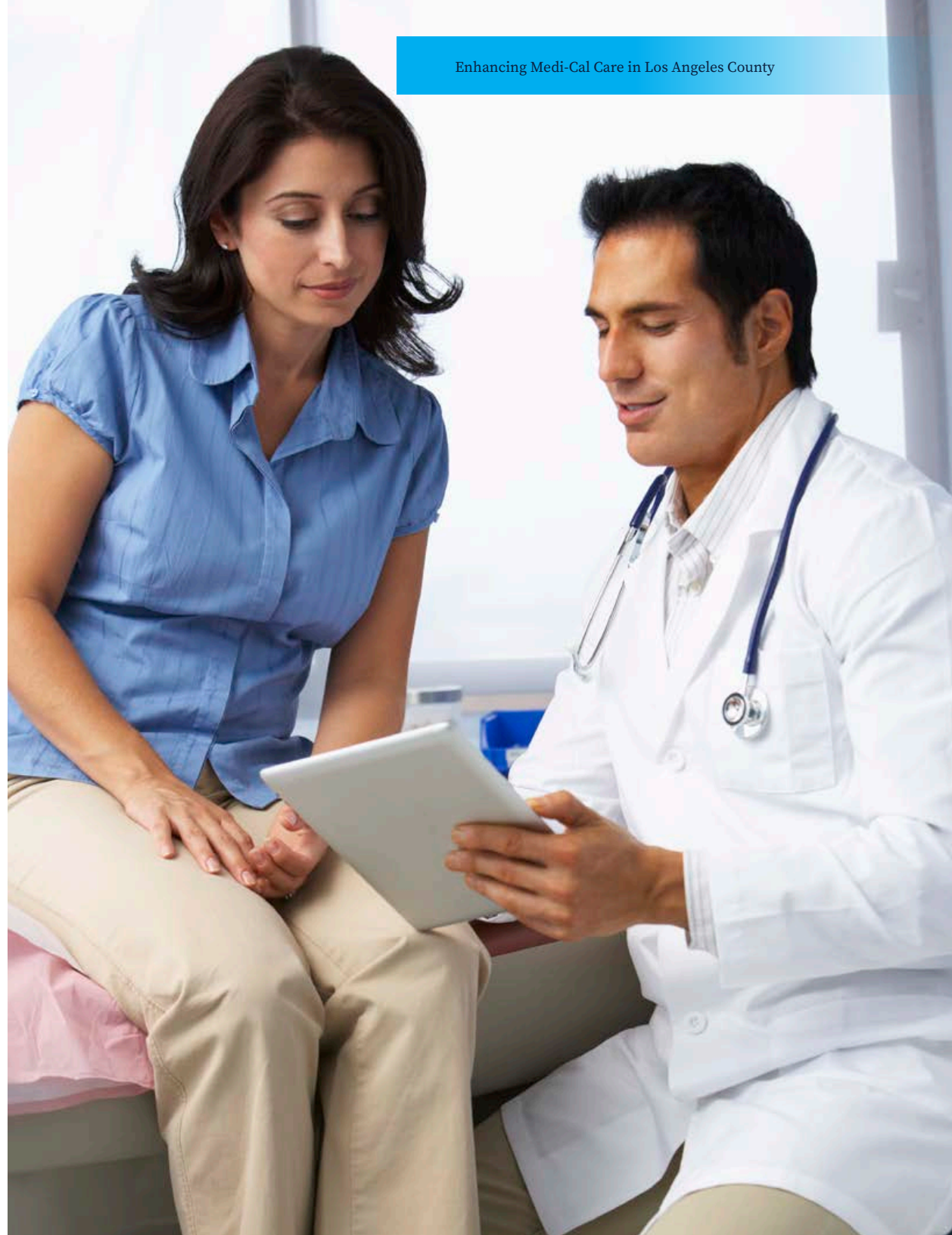
CQC Medi-Cal Incentive Measure Alignment Roundtable, May 2024

The conversation highlighted the complexities of navigating disparate data sources from various health plans and delegated groups. Providers often struggle with multiple formats, varying data specifications and the time-consuming process of aggregating data across multiple sources.

Recognizing this pressing need, CQC and stakeholder partners emphasized the importance of providing unified, actionable care gap data to facilitate quality improvement. As a result of these efforts, the California Health Care Foundation committed to funding this beginning in 2025. The initiative aims to develop a standardized approach to sharing care gap data across five participating Medi-Cal health plans in Los Angeles County (Anthem Medi-Cal, Blue Shield Promise, Health Net, L.A. Care Health Plan, Molina Healthcare).

Looking Ahead

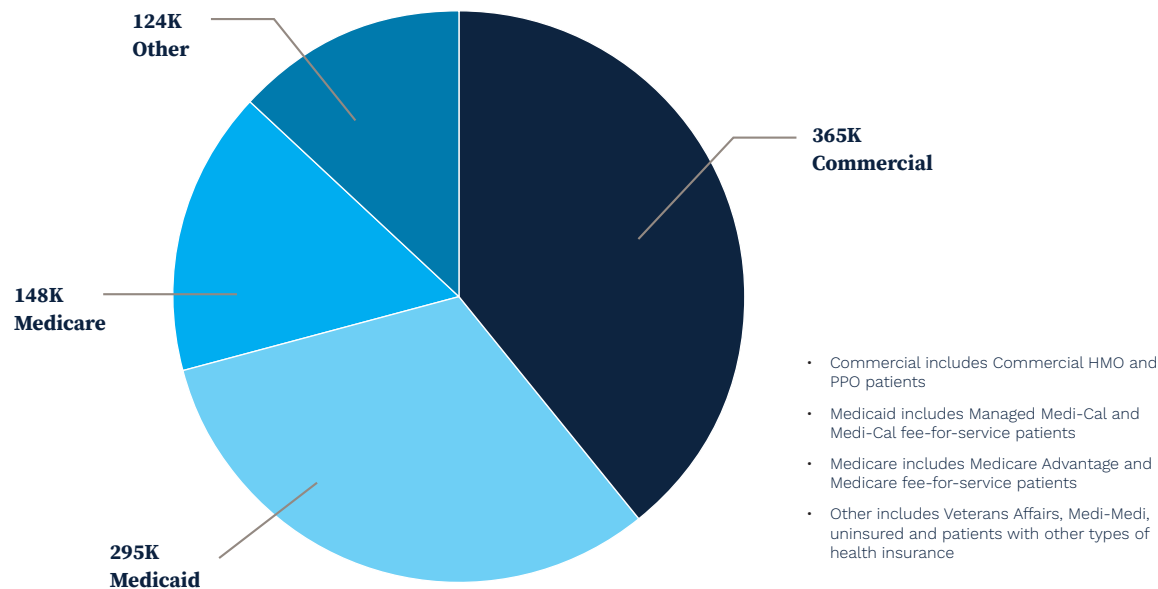
EQuIP-LA concluded in early 2025 with a [final convening](#) that celebrated two years of impactful work focused on reducing disparities in chronic disease management and preventive screening among Medi-Cal enrollees of color. CQC is now documenting lessons learned and capturing promising equity-centered practices to inform future programming and technical assistance. Meanwhile, Medi-Cal alignment efforts continue in 2025, centered on developing a unified approach to care gap reporting across five major Los Angeles health plans—aimed at simplifying provider workflows and improving the quality and consistency of data used to drive better outcomes.



Driving Improvement Through Collaboration

CQC's foundation is strongly anchored in the delivery of effective technical assistance to care teams, ensuring that every provider organization receives comprehensive support.

Californians Impacted Across CQC's Programs



By the Numbers

4

collaboratives advancing quality and equity

27

provider organizations participating

835





clinicians engaged

932,000+

Californians served

2024 Highlights

In 2024, CQC facilitated four technical assistance programs:

-  CalHIVE BHI: Improvement collaborative focused on behavioral health integration [Learn more](#)
-  Equity and Quality at Independent Practices in LA County: Improvement collaborative aimed at enhancing advanced primary care capabilities in Los Angeles practices to address health disparities [Learn more](#)
-  Payment Model Demonstration Project: Improvement collaborative testing the Advanced Primary Care Payment Model [Learn more](#)
-  BHI — Children and Youth Collaborative Learning Exchange: Learning collaborative bringing together organizations experienced in integrating behavioral health services into primary care for children and youth [Learn more](#)

Collectively, these strategic efforts impacted over 900,000 Californians, highlighting CQC's role in driving significant improvements in health care quality and equity across the state.

Learning and Training

Improvement and Learning Collaboratives

CQC is committed to equipping stakeholders with the knowledge, skills and tools to advance quality, equity and system transformation. In 2024, this included a robust lineup of public webinars, hands-on coaching workshops and the release of critical, evidence-based publications.

Public Webinars

CQC hosted several public webinars in 2024, including:

- [Advancing Equitable Colorectal Cancer Care:](#) Brought together patients, providers, health plans and purchasers to address disparities in screening and treatment.
- [Behavioral Health Integration Implementation Webinar Series:](#) A three-part series on implementing, scaling and sustaining BHI in primary care.

In-Person Training

CQC led three focused in-person training courses, including the [Improvement Coaching Workshop](#), which trained 11 organizations. This intensive workshop empowers care teams, practice transformation specialists and practice coaches with the skills to lead transformation efforts and address disparities using the Model for Improvement.

Attend a CQC Learning Event

CQC's learning opportunities equip health care professionals with tools to advance quality, equity and system transformation.

[View
Upcoming
Events](#)

By the Numbers

49

learning events delivered

190+

organizations engaged

6

publications released

2

PATH TA Marketplace
domains offered

PATH Technical Assistance Marketplace

In 2024, CQC proudly became an approved technical assistance vendor within the DHCS CalAIM Providing Access and Transforming Health (PATH) program. Recognizing the critical importance of both health equity and a skilled workforce in achieving CalAIM's ambitious goals, CQC offers specialized TA services within the Promoting Health Equity and Workforce domains.

Through the PATH TA Marketplace, eligible organizations can directly access CQC's expertise to support their efforts in addressing health disparities, implementing culturally responsive care models, and building a robust and well-equipped health care workforce to effectively serve Medi-Cal beneficiaries.

Explore CQC's TA [Marketplace profile](#).

Thought Leadership

CQC released timely, evidence-informed publications to guide improvement in health equity, behavioral health integration, payment reform and cancer screening:

- [Behavioral Health Integration: Billing and Payment Codes](#)
- [Building an Equitable Health Care System: A Health Equity Roadmap and Recommendations for Collective Impact in California](#)
- [Capitated Payment for Primary Care in Self-Funded Health Insurance Arrangements in California](#)
- [Designing an Effective Colorectal Cancer Outreach Campaign](#)
- [Sustainable BHI Financing in Commercial Settings](#)
- [BHI Snapshot: Selecting an Integration Model](#)

Explore CQC's complete [library of publications](#).

Acknowledgments

The impact and achievements highlighted in this report are a direct result of collaboration and partnership. CQC extends its deepest gratitude to the many individuals and organizations who champion our mission and generously support our initiatives to improve the quality of health care for all Californians.

Our Sincere Thanks To:

- **The CQC Steering Committee:** We are profoundly grateful for the strategic guidance and dedicated leadership of the [CQC Steering Committee](#). Representing leaders from across California's health care system, this diverse group works collaboratively to shape our direction and drive meaningful, lasting change. Their commitment remains essential to CQC's success.
- **The CQC Health Equity Advisory Group:** We extend our sincere appreciation to the dedicated members of the CQC Health Equity Advisory Group for their expertise and ongoing guidance, which were instrumental in shaping CQC's publication [Building an Equitable Health Care System: A Health Equity Roadmap and Recommendations for Collective Impact in California](#).
- **Annual Sponsors:** CQC is proud to partner with our annual sponsors. Their steadfast support provides the essential foundation for our ongoing work across California.



Program Sponsors

We recognize and thank our program sponsors, whose targeted investments fuel critical initiatives and allow CQC to deepen our impact:

Aetna CVS Health

California Health Care Foundation

The Scan Foundation

Archstone Foundation

Centene/Health Net

West Health

Blue Shield of California

Together, we are advancing a higher standard of care for all Californians.

