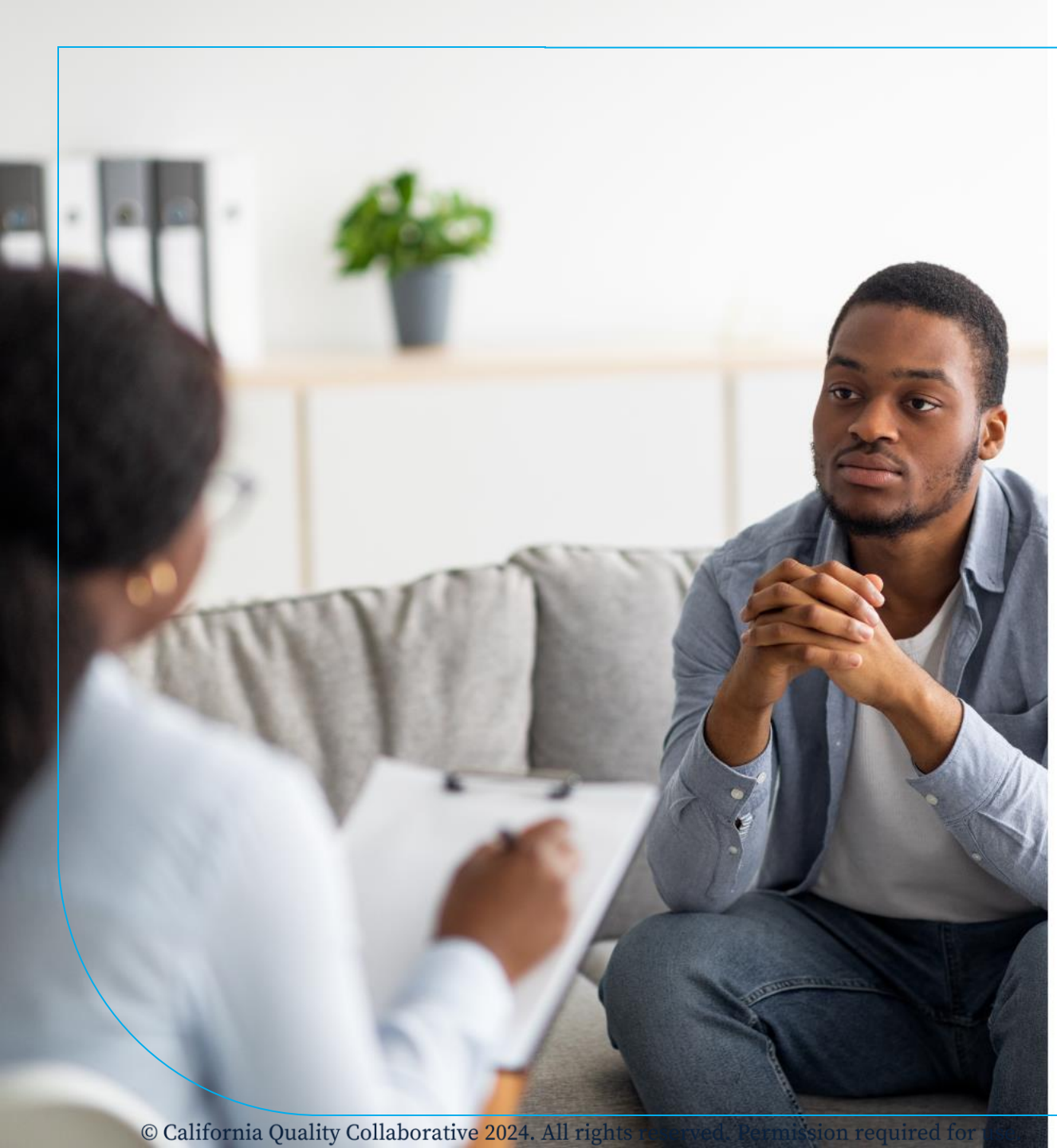

June 2025

CalHIVE Behavioral Health Integration Improvement Collaborative

Implementation Milestone Assessment Tool (IMAT) 3 Annual Report

California Quality Collaborative

California Quality Collaborative

Provider Organizations in CalHIVE BHI

Provider Organizations' CalHIVE BHI Team









PO Descriptive Characteristics

Provider	Total Patient Volume	Total Primary Care Providers	Total Behavioral Health Staff
Chinese Hospital	10,400	6 Physician (MDs & POs) and 5 NPs	1 LMFT and .5 BHCM
Community Memorial Health System (CMHS)	109,255	145 Physicians (MDs & DOs) and 20 APP (NPs & PAs)	3 MSWs, 2 LMFTs, 6 LCSWs, and 6 CHWs*
Perlman	200,000+	77 Physicians (MDs & DOs) and 194 APP (NPs & PAs)	22 LMFTs, 26 LCSWs, and 4 LPCCs
Pomona Valley Medical	41,155	63 across all clinics	1 LMFT/PhD
Riverside Family Physician	16,367	11 PCPs	2 LCSWs and 3 MSWs
San Francisco Health Network (SFHN)	57,300	160 PCPs	46 BHCs and 16 BAs*
Scripps Medical/Coastal	267,512	139 Physicians (MDs & DOs) and 86 APP (NPs & PAs)	2 BHCM (via LifeStance) and 2 NPs
Sharp Rees-Stealy	191,911 HMO 153,001 PPO/FFS/ACO	196 Physicians (MDs & DOs) and 21 APP (NPs & PAs)	4 LCSWs and 1 MSW

*BA and CHW are community health workers or behavioral assistants.

**Data was collected in Q2 2025

PO Descriptive Characteristics

Provider	Location	Org Type	EHR
Chinese Hospital	San Francisco	independent hospital system	Cerner
Community Memorial Health System (CMHS)	Ventura	independent hospital/health system	EPIC (as of May 2025) Transitioning out Allscripts
Perlman	San Diego	Medical Group	EPIC (hosted by UCSD)
Pomona Valley Medical	Los Angeles	community medical center, hospital and medical clinics	Cerner
Riverside Family Physicians	Riverside	Primary care practice	NextGen (as of Q4 2023)
San Francisco Health Network (SFHN)	San Francisco	FQHC, public health department	EPIC
Scripps Medical/Coastal	San Diego	Medical Group	EPIC
Sharp Rees-Stealy	San Diego	Medical Group	EPIC (as of 2024) Previously Allscripts

*Data was updated in Q2 2025.

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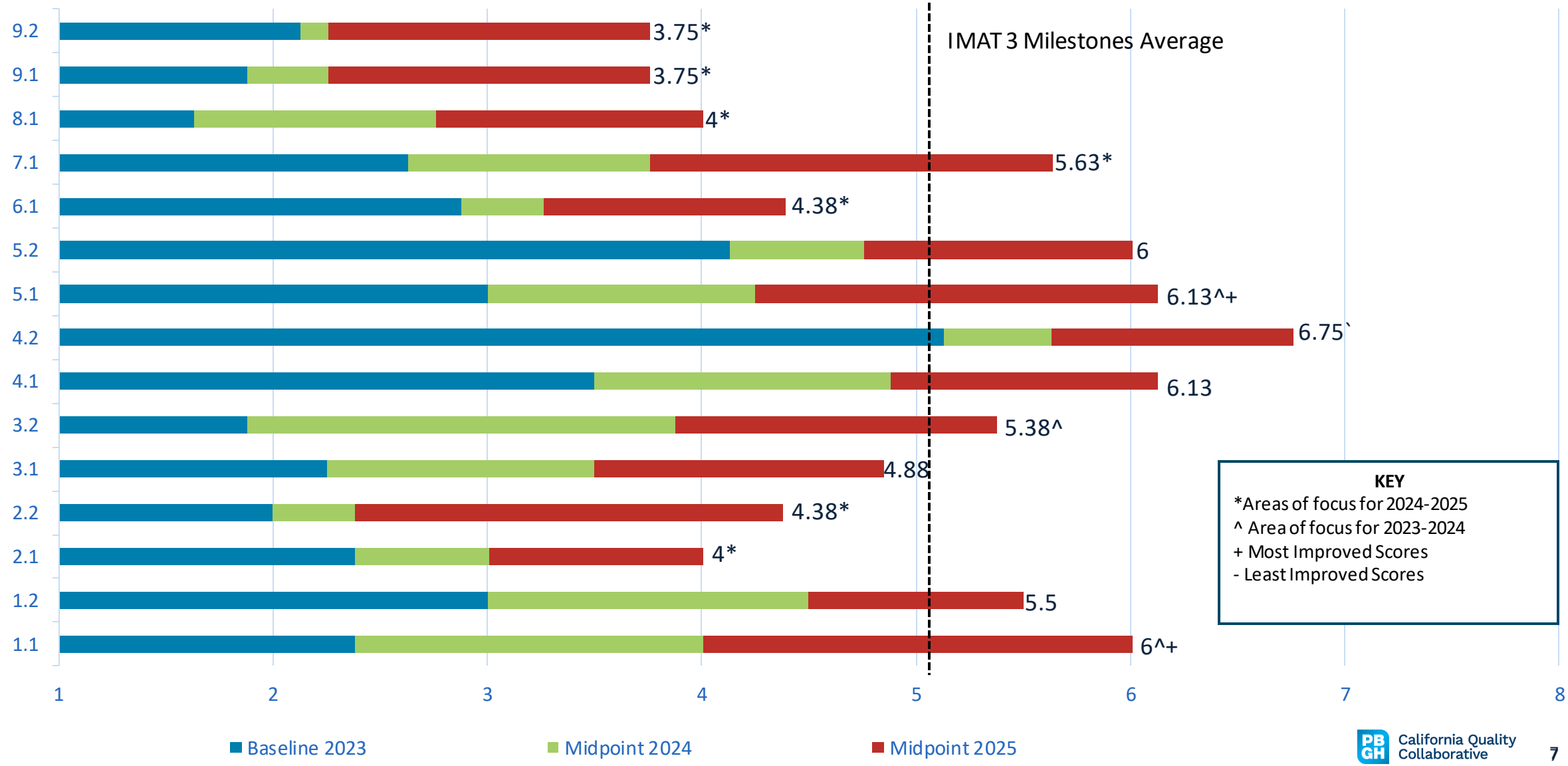
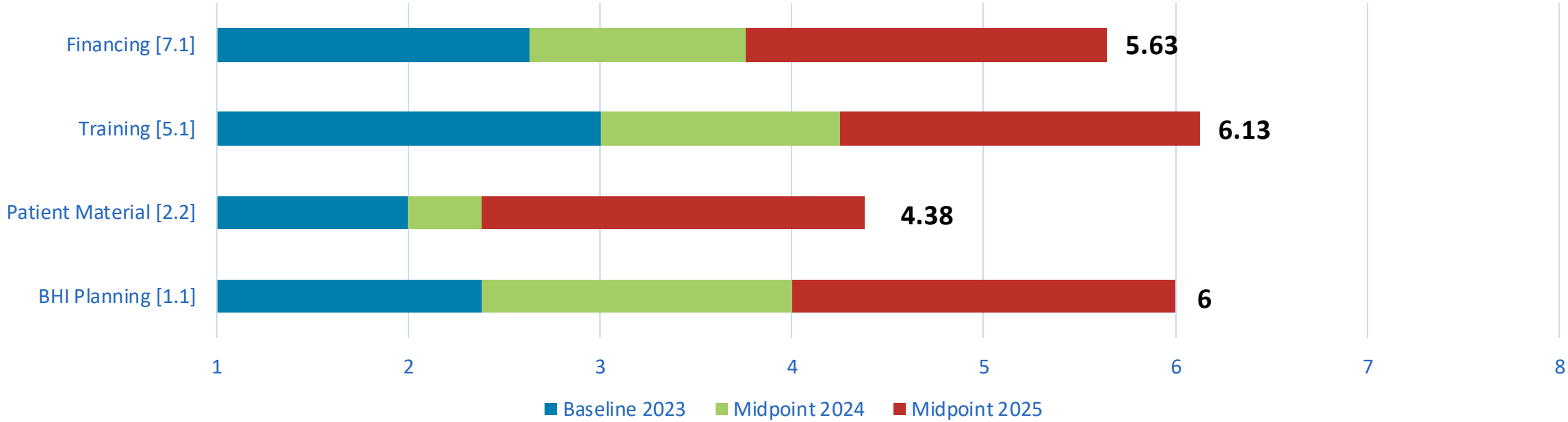
IMAT 3 Results

IMAT Journey: Progress Across CalHIVE BHI Program



IMAT Areas with Most Improvement from 2024 to 2025



Project Planning [1.1]: BHI Plan

- POs are refining their BHI implementation plans by incorporating stakeholder feedback.
- A detailed workplan is in place, supported by a cross-disciplinary team that meets regularly to guide implementation.

Patient/Family Engagement [2.2]: Patient Material

- Expanding patient-facing resources across multiple languages and disease areas to enhance accessibility and relevance.

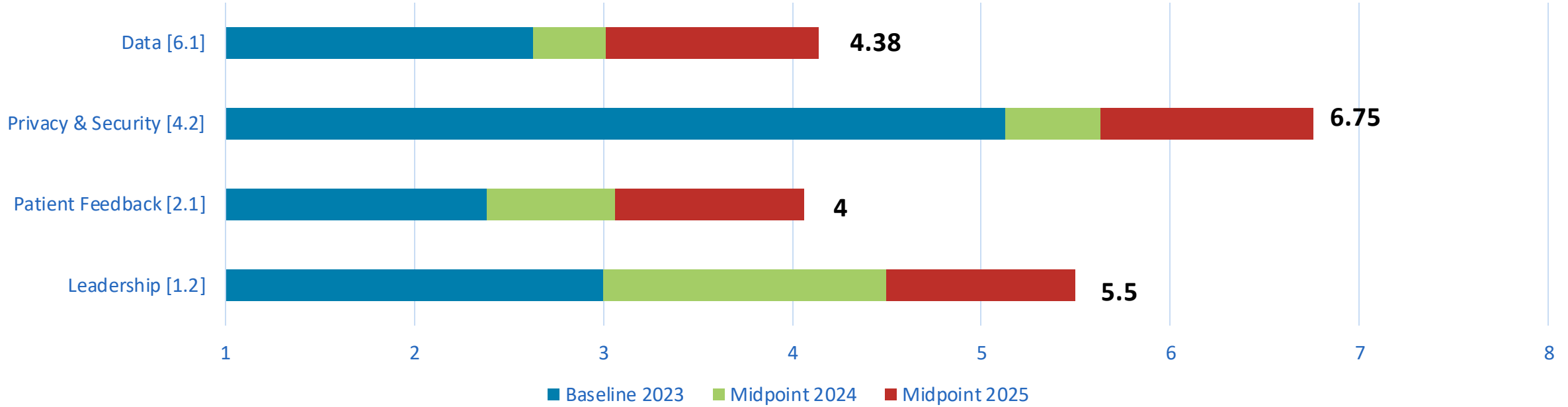
Clinical/Care Model [5.1]: Training

- Gaining familiarity with the core components and fidelity of the BHI model.
- Training interdisciplinary care teams on BHI workflows and model implementation.

Financing [7.1]: Financing

- Gaining familiarity with the core components and fidelity of the BHI model.
- Training interdisciplinary care teams on BHI workflows and model implementation.

IMAT Areas with Least Improvement from 2024 to 2025



Project Planning [1.2]: Leadership

- Leadership engagement in BHI remains strong. However, BHI is still commonly perceived as a specialty initiative rather than a fully integrated program.

Data/Reporting [6.1]: Data

- In the last two reporting cycles, organizations started submitting pilot-level data alongside global data. EHR data reporting capacity remains a challenge, though improvements are expected as 3 of 8 organizations have transitioned to EHRs. Additional support is planned in this area over the coming year.

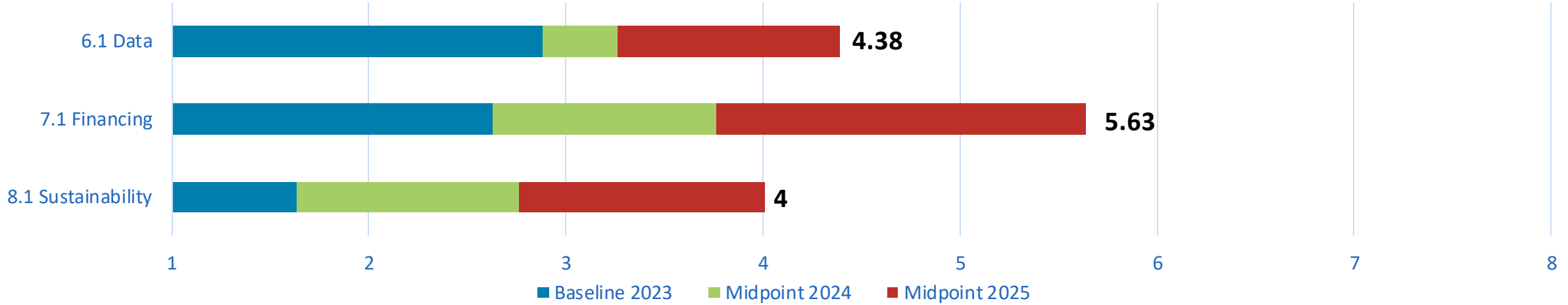
Family Engagement [2.1]: Patient Feedback

- Organizations have begun developing and implementing patient feedback surveys. While some data has been collected, teams are now exploring effective ways to integrate patient feedback into program improvement.

Health IT [4.2]: Privacy & Security

- Privacy and security were incorporated into EHRs from the outset, reflecting a strong baseline. A modest improvement was tied to additional policy development around behavioral health privacy.

Opportunities for the Coming 2025-2026 Year



Data Reporting [6.1]: Data

- **Learning Event(s):** Quarterly BeeHIVE webinars
- Leverage global and pilot site data to inform and accelerate targeted quality improvement initiatives.
- Increase reporting transparency to foster shared accountability, collective learning, and alignment across teams.

Financing [7.1]: Financing

- **Learning Event(s):** Quarterly BeeHIVE webinars and August CalHIVE Commons Sustainability Part 1: Billing
- Continue collaborative efforts to refine credentialing, billing, and coding processes across organizations.
- Enhance financial workflows and implement monitoring systems to strengthen fiscal accountability and long-term viability.

Sustainability [8.1]: Sustainability Plan

- **Learning Event(s):** *CalHIVE Commons Sustainability Series* (3-Part) - August: Billing, September: Culture, & October: BHI Playbook
- Advance the development of a sustainability plan to support the long-term integration of behavioral health into primary care.
- Develop strategies for scaling within organizations (e.g., across clinics and departments) and across organizations (e.g., through external partnerships or networks).

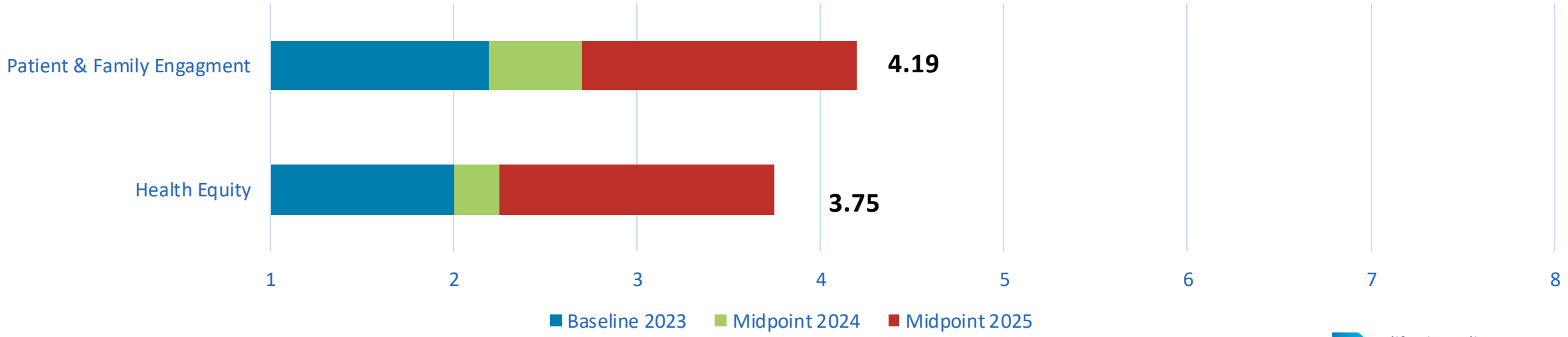
Opportunities for the Coming 2025-2026 Year

Health Equity [9.1 & 9.2]: BHEIP & HD Measure

- **Learning Event(s):** November CalHIVE Commons: BHEIP Implementation and *Quarterly BeeHIVE webinars*
- The organization will implement its PDSA cycle to reduce disparities in behavioral health access, experience, and outcomes th rough data-driven interventions.
- Ongoing efforts will focus on stratifying data to uncover and address additional areas for equity improvement.

Patient and Family Engagement [2.1 & 2.2]: Patient Feedback & Education

- **Learning Event(s):** November CalHIVE Commons: BHEIP Implementation
- Significant growth in patient education efforts has been observed, and continued alignment with whole-person care will be supported through targeted PDSA activities.
- A consistent emphasis on routine BHI patient feedback will help inform enhancements to education materials and ensure resources are accessible in multiple languages.



IMAT Domain 1: Project Planning Trend

Evaluates cross-disciplinary support, leadership engagement, resource commitment, and goal alignment to drive BHI implementation and monitor progress.

1.1 BHI Planning

- *Average score:* **6.00** (range: 5–7)
- 3.62-point increase since baseline
- The implementation plan was successfully piloted, supported by centralized infrastructure designed to sustain long-term behavioral health integration across sites.

1.2 Leadership

- *Average score:* **5.50** (range: 4–7)
- 2.5-point increase since baseline
- Senior leaders and most staff actively champion BHI as a clinical priority, contributing to a systemwide culture of whole person care. Some leaders carry the frame that BHI is a specialty program not full integrated program.

IMAT 3 Domain 2: Patient Family Engagement Trend

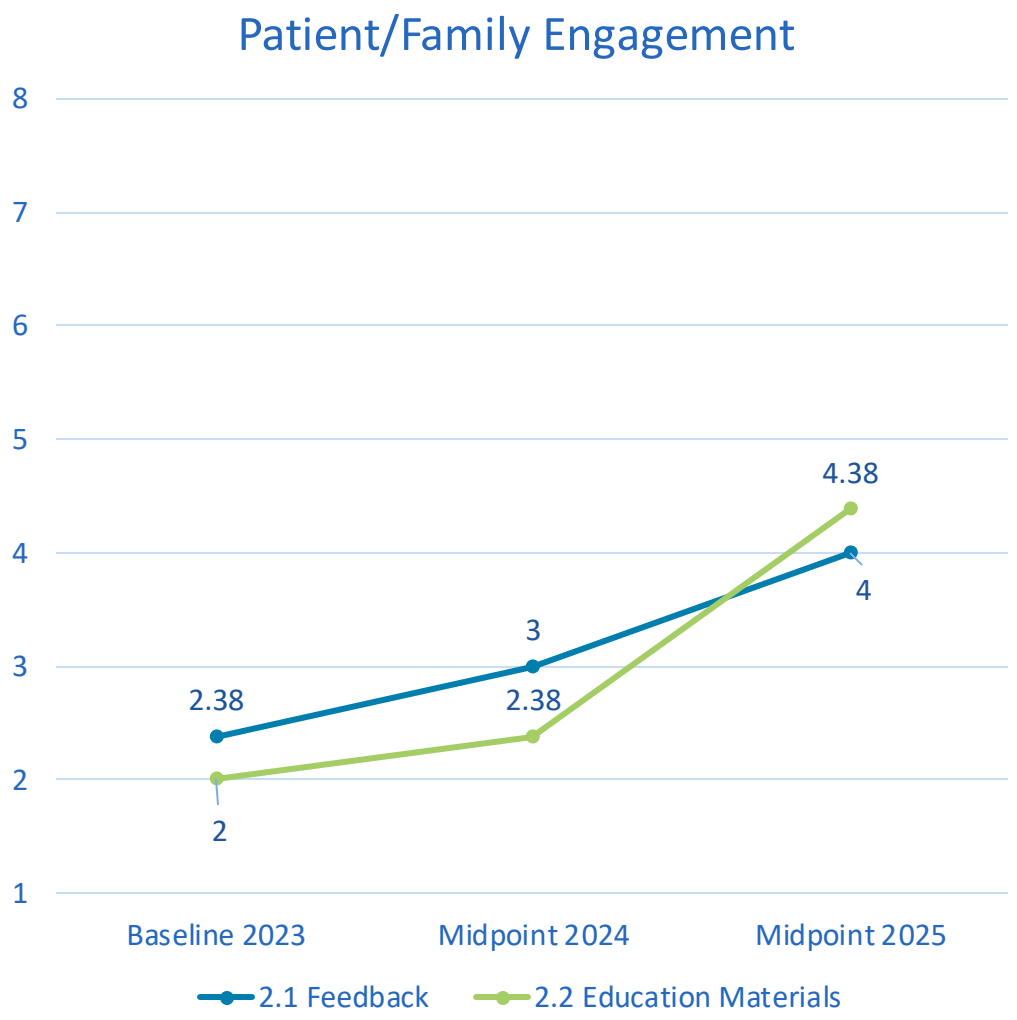
BHI and Whole Person Care are embraced as systemwide priorities and clearly communicated across clinical teams. These values guide efforts to engage patients as partners in care design and delivery.

2.1 Patient Feedback

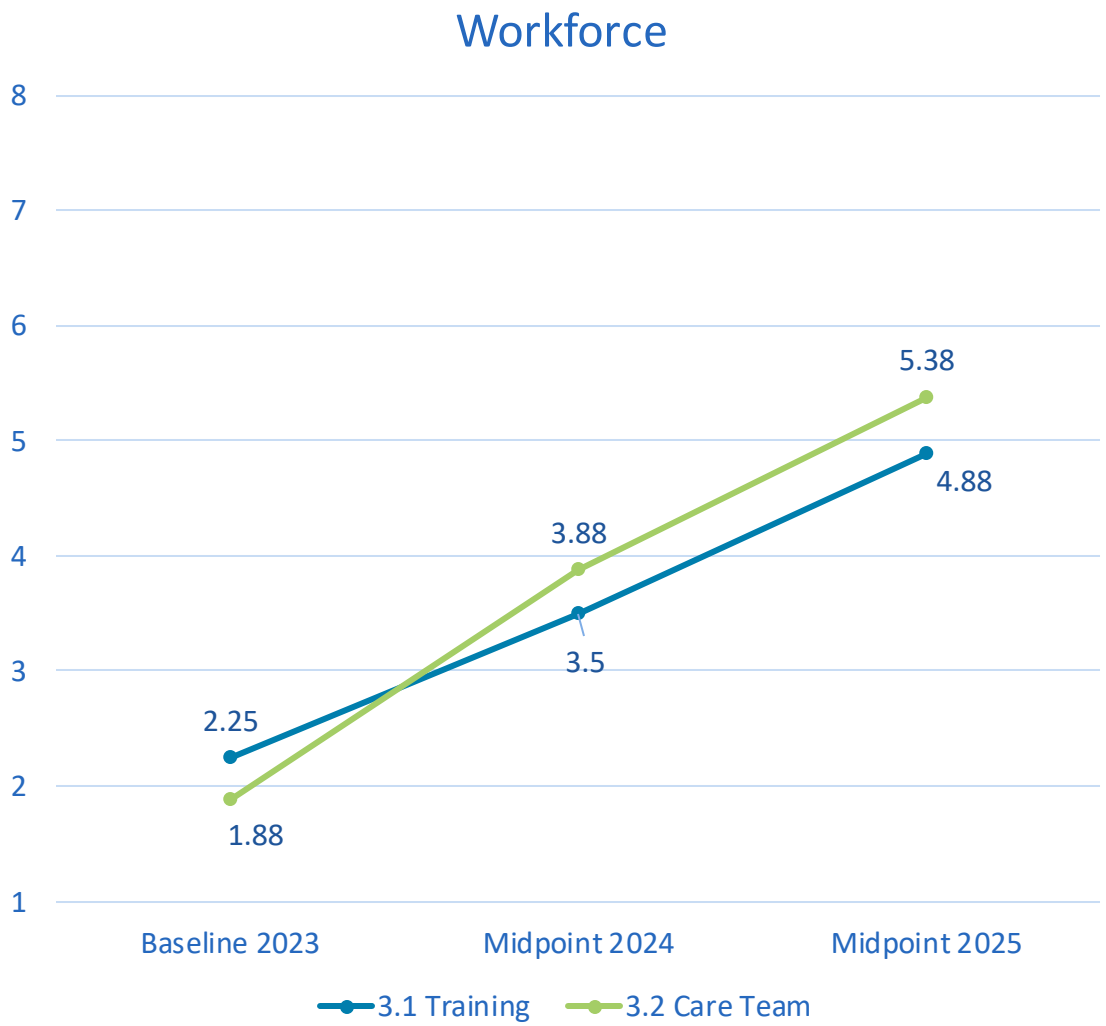
- *Average score:* **4.00** (range: 3–6)
- 1.62-point increase since baseline
- Provider organizations have begun gathering patient input, though feedback mechanisms remain informal and limited in scope. Staff occasionally engage patients and their support networks to uncover barriers to behavioral health care. Many organizations are putting processes in place to expand and improve patient engagement efforts.

2.2 Patient Education

- *Average score:* **4.38** (range: 3–6)
- 2.38-point increase since baseline
- Efforts are underway to improve patient education materials, some of which are tailored to cultural, linguistic, and literacy needs. However, availability across platforms and formats is still limited, indicating opportunities to enhance access and relevance.



IMAT 3 Domain 3: Workforce Trend



Focuses on building collaborative, well-trained care teams to support sustainable BHI. Workforce development remains a central priority, with care teams identified and training plans in place to promote role clarity, collaboration, and continuous learning.

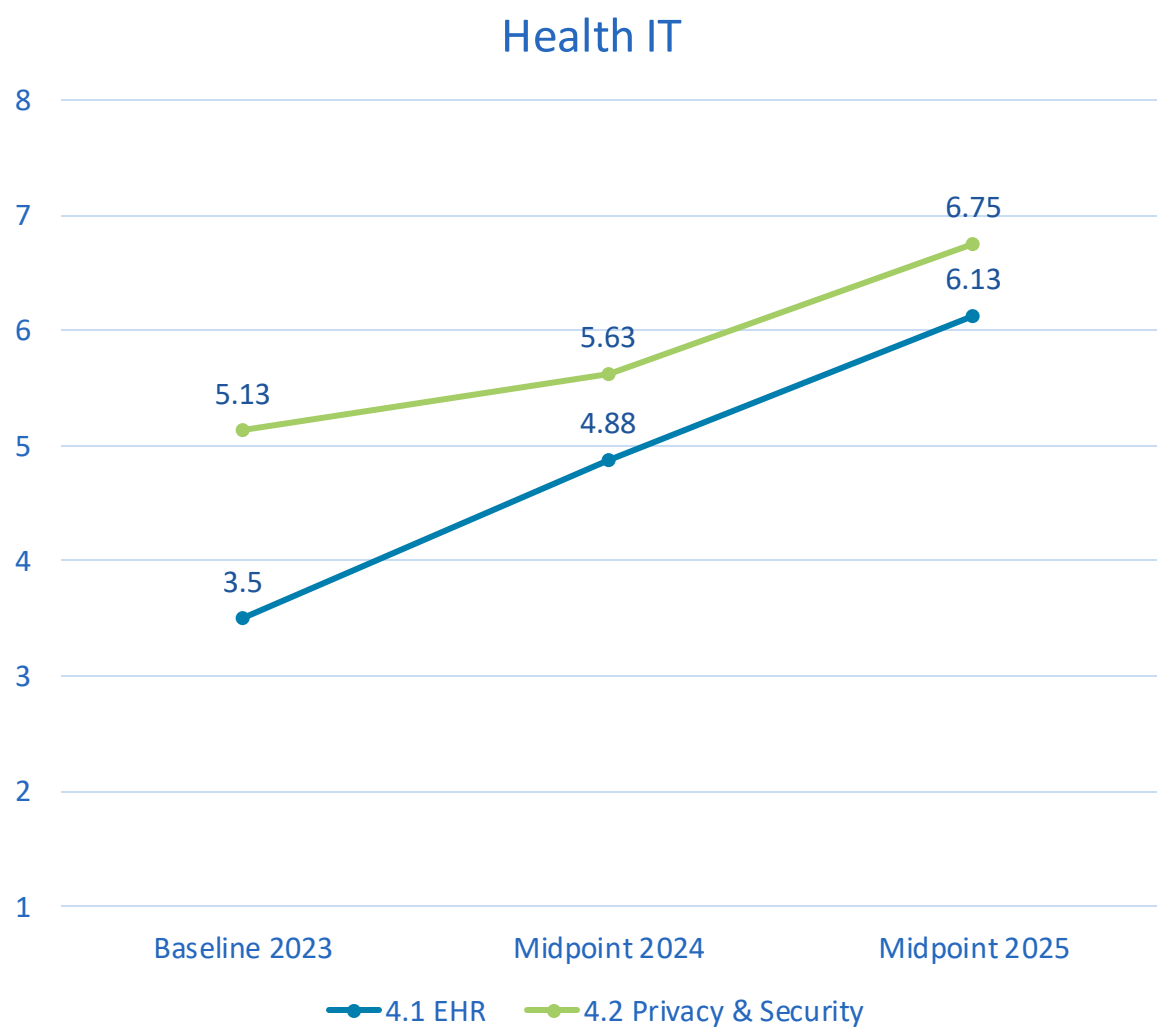
3.1 Training

- *Average score:* **4.88** (range: 3–6)
- 2.63-point increase since baseline
- Many staff have received training in integrated care and whole person approaches, with defined role accountabilities across organizations. Provider organizations are assessing training needs and leveraging cross-training to support more flexible and equitable care delivery.

3.2 Care Team

- *Average score:* **5.38** (range: 3–7)
- 3.5-point increase since baseline
- Care teams benefit from structured communication, and cross-disciplinary collaboration continues to strengthen. Roles are clearly defined and staffed to align with BHI goals, supporting more coordinated and responsive care.

IMAT 3: Domain 4 Health IT Trend



Health IT Infrastructure supports integrated behavioral health care through documentation, coordination, and compliance systems designed for whole person care.

4.1 Electronic Health Record (EHR)

- *Average score:* **6.13** (range: 3–6)
- 2.63-point increase since baseline
- Provider organizations' EHRs facilitate care coordination and supports BHI functionality. However, workflow adherence remains inconsistent across care team members, indicating opportunities to improve standardization and adoption.

4.2 Privacy & Security

- *Average score:* **6.75** (range: 5–7)
- 1.62-point increase since baseline
- Policies and procedures are in place to support privacy and security in BHI and EHR use, with a monitoring plan established. Despite this foundation, review processes are applied inconsistently, limiting accountability and systemwide alignment.

IMAT Domain 5 Clinical/Care Model Trend

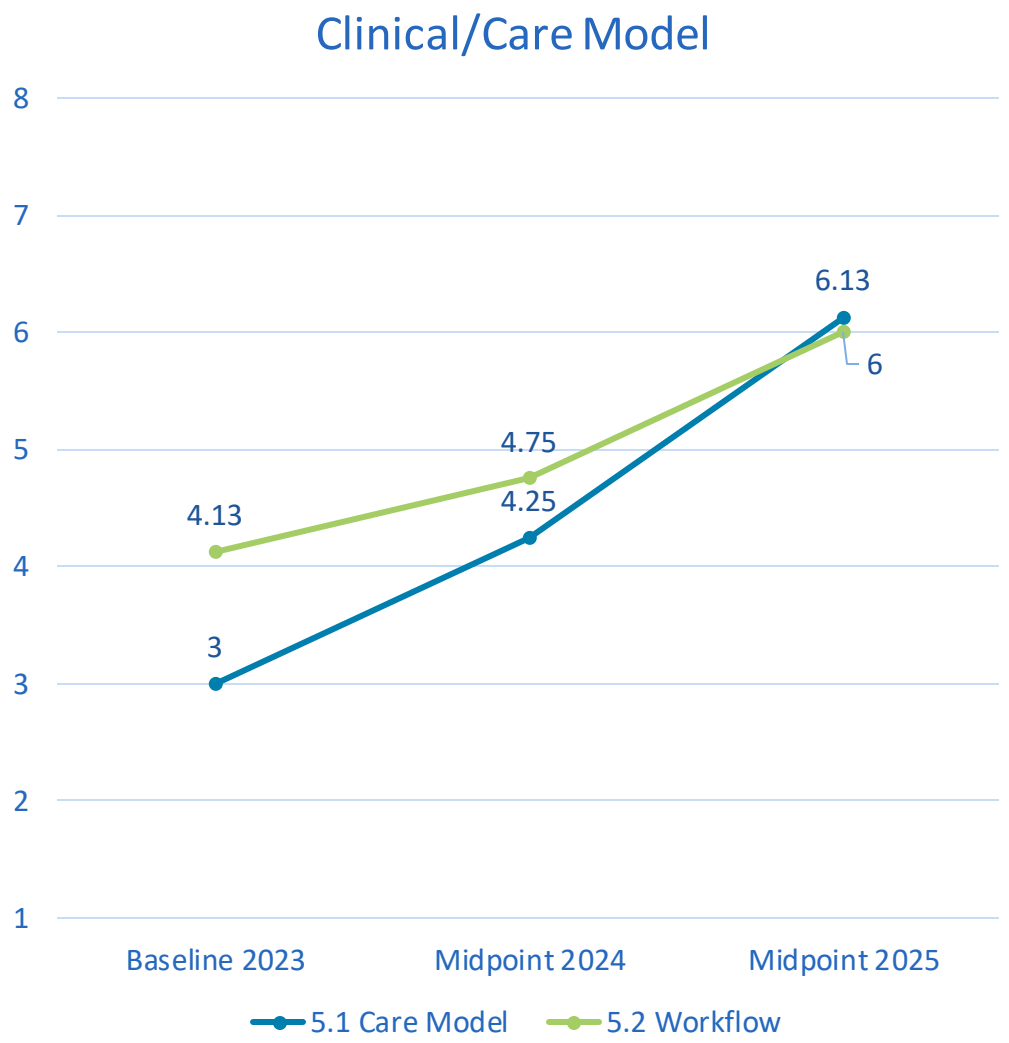
Highlights adoption of evidence-based integrated care models—CoCM and PCBH—and examines workflows for depression screening and follow-up.

5.1 Care Model

- *Average score:* **6.13** (range: 5–7)
- 3.13-point increase since baseline
- Provider organizations are implementing evidence-based integrated care practices, with BH services ranging from co-located to more fully integrated models. Communication across, coordination of appointments and services to support whole person care is improving.

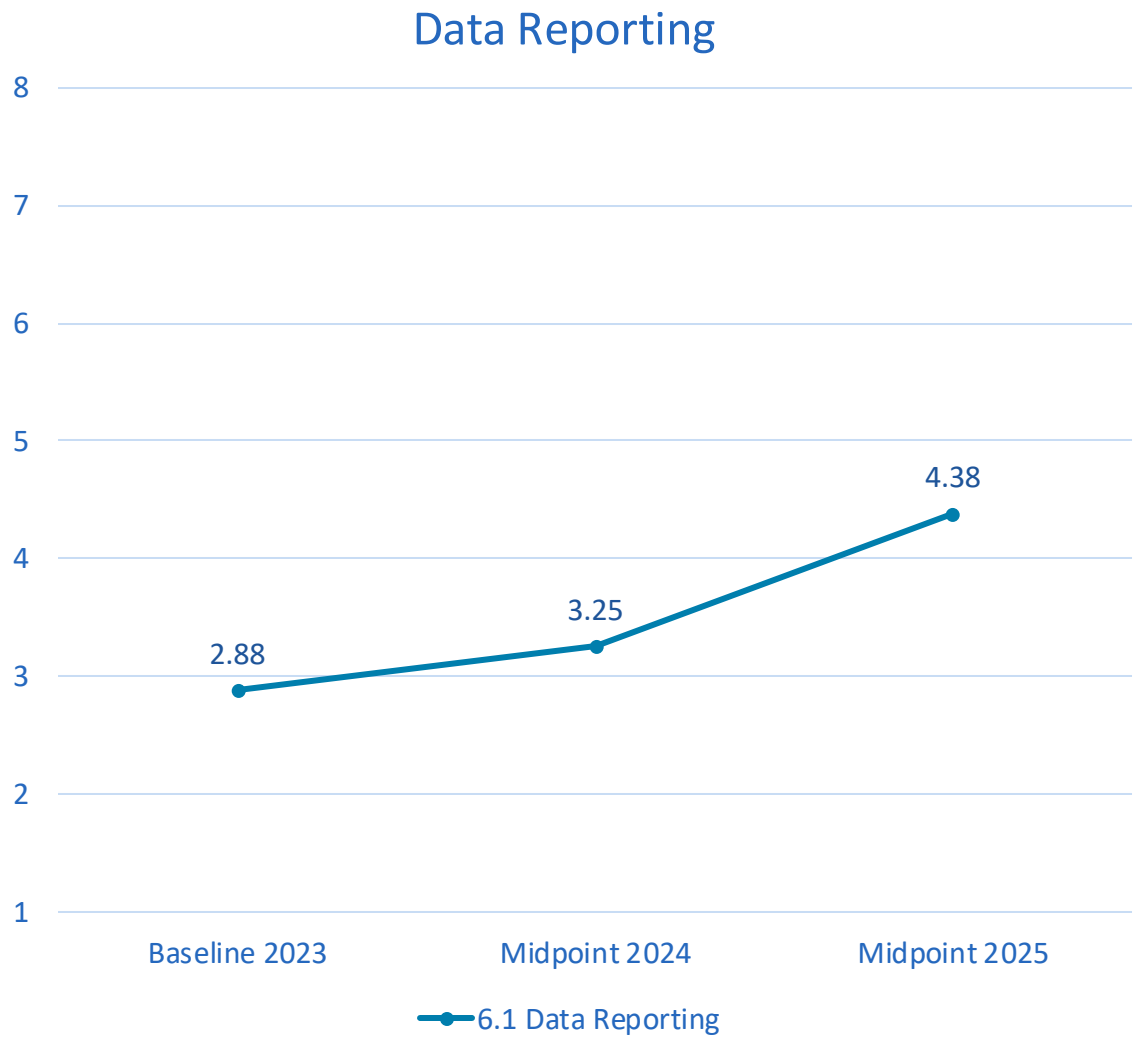
5.2 Workflow

- *Average score:* **6.00** (range: 3–7)
- 1.87-point increase since baseline
- PHQ-9 depression screenings and follow up are conducted consistently, demonstrating strong uptake. Provider organizations are strengthening referral pathways and enhancing EHR documentation to support continuity and accountability in care delivery.*



*PO depression screening and follow up data in appendix.

IMAT Domain 6: Data Reporting Trend



Assesses how effectively the organization captures, shares, and acts on BHI-related quality measures at both global and pilot site levels.

6.1 Data Reporting

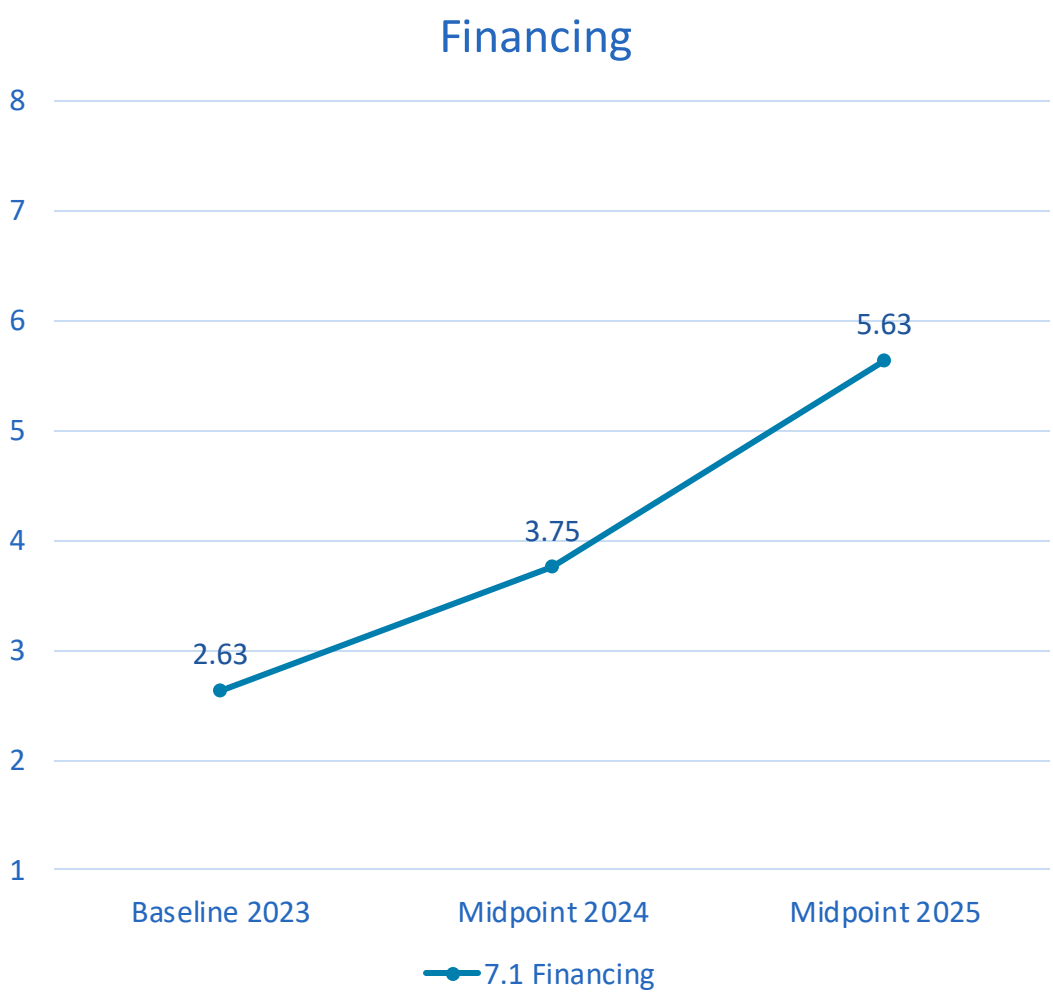
- *Average score:* **4.38** (range: 2–6)
- 1.5-point increase since baseline
- Provider organizations monitor select BHI metrics to evaluate patient access and outcomes. Reports and data visualizations are shared across organizational, practice, provider, and care team levels. However, reporting with some organizations occur infrequently (typically beyond three-month intervals), is not fully transparent—such as the lack of unblinded data across the network—and is not structured to drive timely action or follow-up.*

*PO depression screening and follow up data in appendix.

IMAT Domain 7: Financing Trend

Evaluates systems in place to support billing, coding, and financial sustainability for integrated care services.

- **7.1 Financing**
- *Average score:* **5.63** (range: 3–7)
- 3-point increase since baseline
- Organizations have developed a billing and reporting system to support reimbursement for integrated behavioral health services. Standards for documentation are in place; however, staff do not consistently document BHI activities, and broader process improvements are underway to enhance the long-term financial sustainability of integrated care.*



*PO Pilot Financial data in appendix.

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IMAT Domain 8: Sustainability Trend

Evaluates the provider organization's ability to build a scalable, financially sound model for integrated care.

8.1 Sustainability

- *Average score:* **4.00** (range: 1–6)
- 2.37-point increase since baseline
- Organizations are actively evaluating their pilot site to inform a broader business case for BHI expansion (inter or intra). This includes identifying needed resources, projecting return on investment, and developing a plan to implement integrated care across additional practices and clinics.

IMAT Domain 9 Health Equity Trend

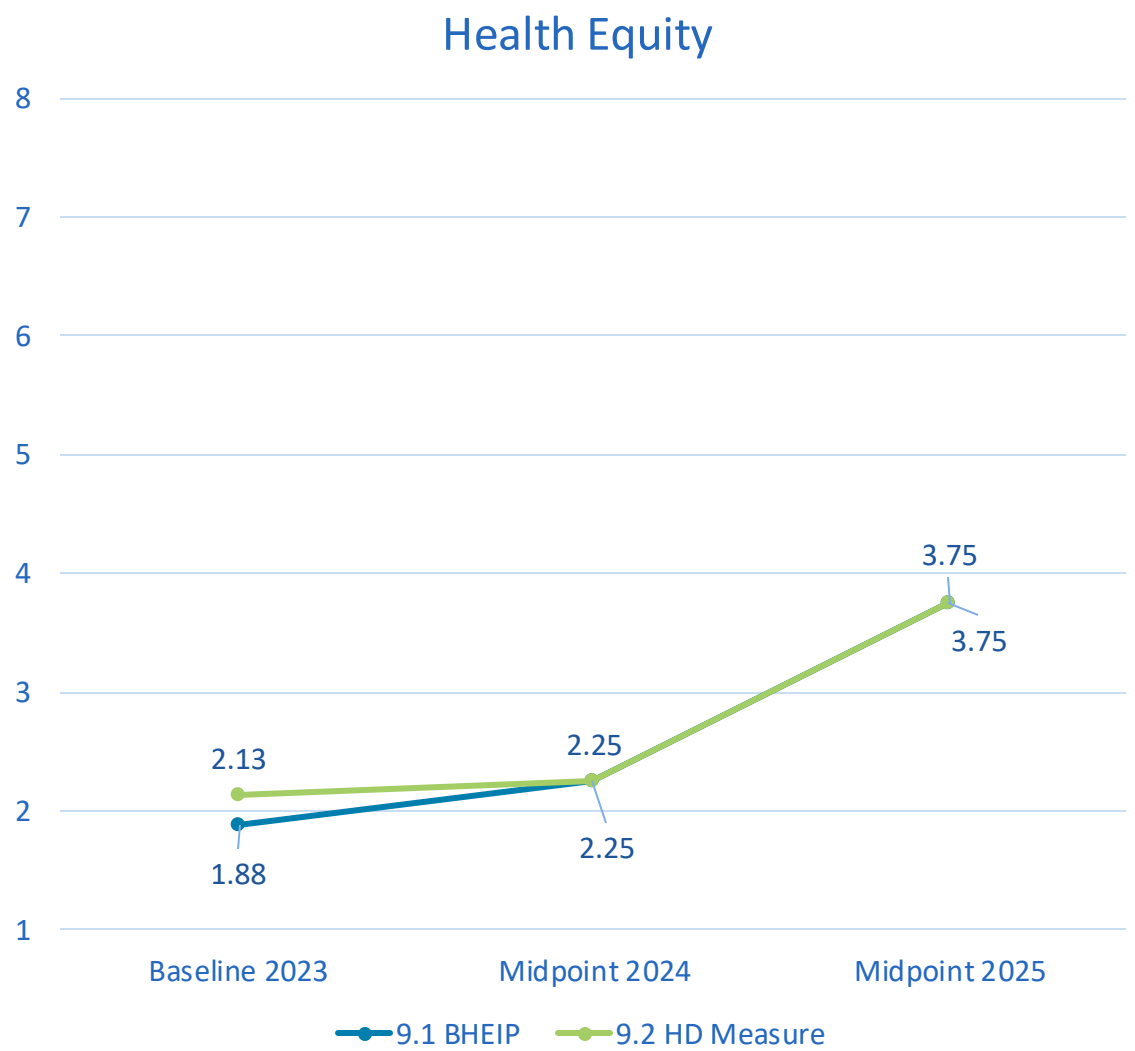
Assesses how provider organizations identify and address disparities in behavioral health care using demographic data.

9.1 Behavioral Health Equity Improvement Plan

- *Average score:* **3.75** (range: 3–4)
- 1.62-point increase since baseline
- The organization stratifies quality measures by demographic data to uncover disparities and developed a Behavioral Health Equity Improvement Plan.

9.2 Health Disparity Measures

- *Average score:* **3.75** (range: 2–4)
- 1.87-point increase since baseline
- Health equity is an explicit strategic priority reflected in formal plans that include clear goal. Dedicated resources support this effort.



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Appendix

CalHIVE Behavioral Health Integration (BHI) Improvement Collaborative

PREPARE

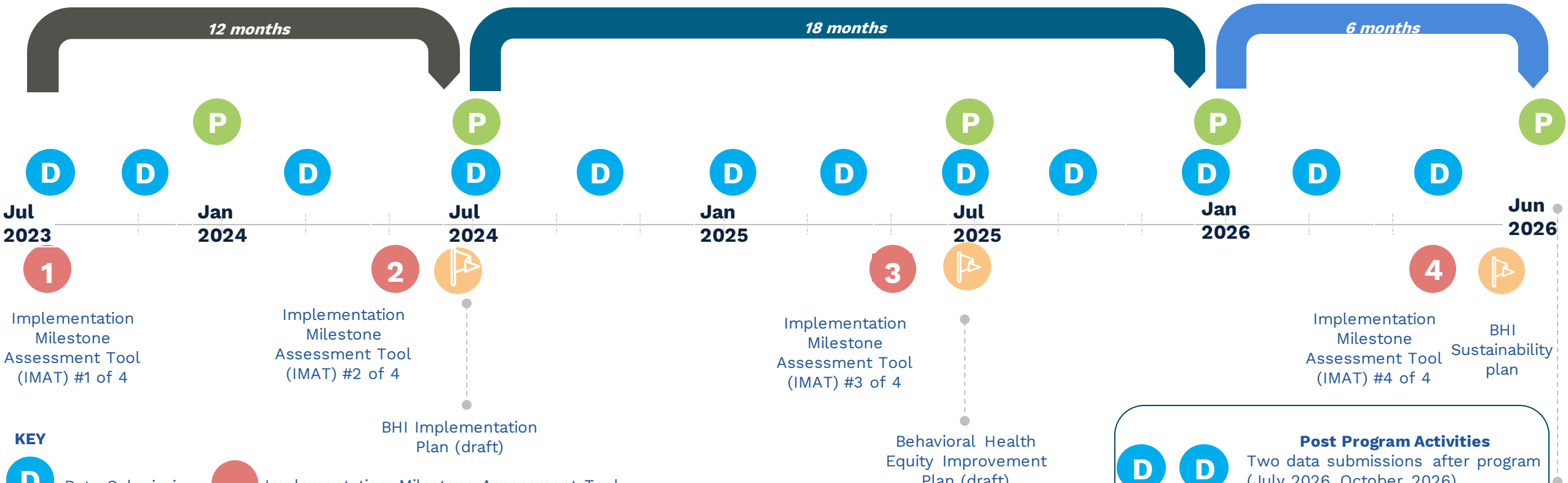
- Build team
- Readiness assessment & recommendations
- Select integration model and pilot site
- Report and analyze BH screening data

IMPLEMENT

- Implement care model at pilot site
- Adopt clinical, data, operational workflows, including training
- **Make improvements!**
- Analyze and improve patient engagement
- Create Behavioral Health Equity Improvement Plan

SCALE

- Analyze pilot progress, identify improvement and spread plan
- Craft sustainability plan
- Complete project documentation and communication plan



KEY

- D — Data Submission
- P — Payment
- Implementation Milestone Assessment Tool
- Program Deliverable

Post Program Activities

D D

Two data submissions after program (July 2026, October 2026)

P

Final Payment December 2026

CalHIVE BHI | Implementation Milestone Assessment Tool (IMAT)

CQC Assessment Tool: Designed to support provider organizations in advancing Behavioral Health Integration (BHI).

- Measures change and identifies opportunities for improvement in BHI implementation
- Synthesizes the impact of CalHIVE BHI efforts across sites
- Serves as an internal reference tool at the practice and clinic level
- Assigns milestone scores from **1 (low)** to **8 (high)** to reflect progress

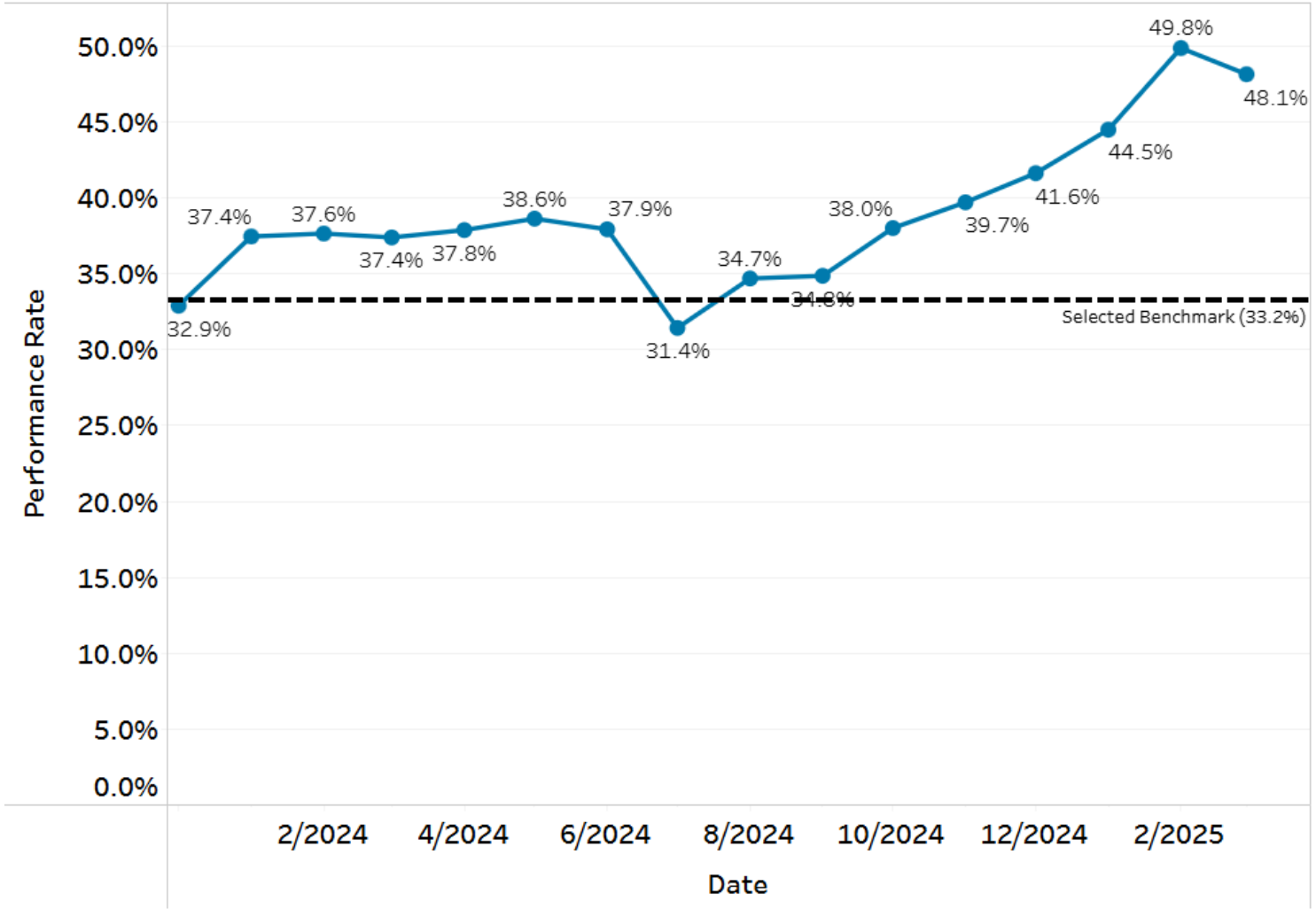
Covers 15 milestone questions over 7 domain areas, which will all be covered in the CalHIVE BHI Curriculum:

- **Project planning**: project management and quality improvement activities
- **Patient family engagement:** feedback from patient and families
- **Workforce**: recruitment, hiring, retention and training
- **Health IT:** electronic health records, registries, privacy and security
- **Clinical/care model:** operational workflows and clinical decisions
- **Financing**: funding and financial planning
- **Data/reporting**: performance measurement and quality reporting
- **Sustainability**: creating standard work; spreading pilot
- **Health equity:** addressing disparities in care and outcomes

CalHIVE BHI IMAT – Sample Question and Scoring Rubric

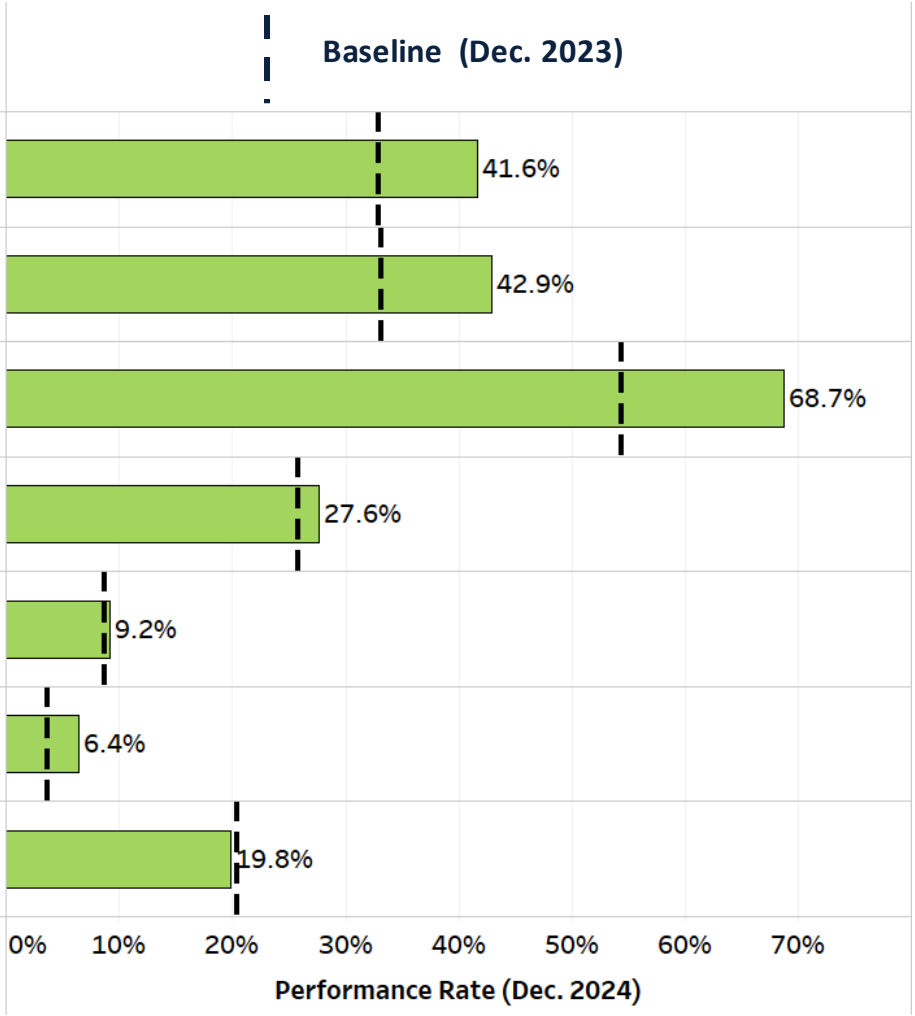
Q	DOMAIN Milestone Description	STAGE Planning		STAGE Early		STAGE Intermediate		STAGE Advanced	
	Scoring	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1	**PROJECT PLANNING**								
1.1	The provider organization has a *Behavioral Health Integration (BHI) implementation plan* which is supported by an effective project team, including cross-disciplinary representation (clinical, data, quality improvement, etc.), dedicated resources, with defined project goals and outcomes.	The provider organization has ideas for BHI implementation work, but has not put them on paper, however; the project team is in development; with goals and outcomes are being scoped.		The provider organization has finalized their *BHI implementation plan*, with feedback from key stakeholders, and created a workplan for executing work. The project team is formed, with cross-disciplinary representation and regular meetings.		The *BHI implementation plan* has been tested and rolled out in the *pilot site*, and has centralized support with resources to support and sustain the integration project at the pilot site.		The *BHI implementation plan* has been improved based on feedback from pilot site, and the BHI implementation work is now being spread to standard work across organization.	

CalHIVE BHI's Depression Screening & Follow up



CalHIVE BHI Measure Performance: Year-over-Year Progress

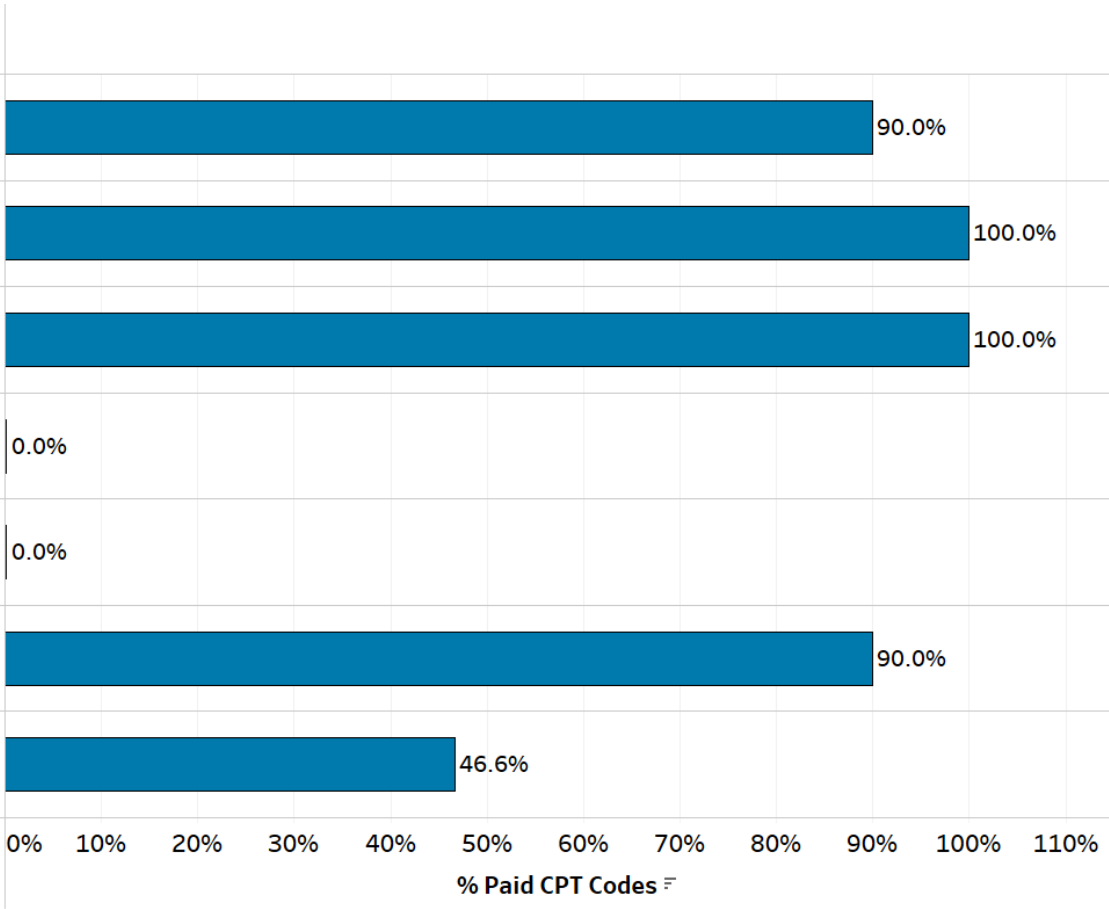
Measure	Sub-Measure	Org. (N)	Total Patients	Relative Change
Depression Screening & Follow Up (DSF-E)	Screening & Follow Up	8	359,186	13.0%
	Screening	7	332,691	14.6%
	Follow Up	7	7,941	31.5%
Depression Remission or Response (DRR-E)	PHQ-9 Follow Up (4-8 Months)	6	2,791	2.5%
	Response (4-8 Months)	6	2,791	0.5%
	Remission (4-8 Months)	6	2,791	2.9%
Comprehensive Diabetes Care (CDC)	HbA1c Poor Control (>9.0%)	8	35,326	3.0%



- From December 2023 to December 2024, depression screening rates improved by 9.8% across CalHIVE BHI teams, leading to:
  - 32,500 more patients screened
  - 1,554 new depression cases identified
  - 1,143 patients connected to behavioral health care (42% at Pilot Sites, 58% at other PO practices)
- Diabetes control remains a high-performing measure compared to state benchmarks.

Billing & Reimbursement Trends | Dec. 2024

Model	Reporting Type	Org.	Total CPT Codes Billed	% Paid CPT Codes
CoCM	Monthly	Chinese Hospital	20	90.0%
PCBH	Monthly	Riverside Family Physicians	21	100.0%
		PVHMC	3	100.0%
		Sharp Rees Stealy	7	0.0%
		Community Memorial	234	0.0%
	Rolling 12 Months	SF Health Network	2,542	90.0%
		Perlman Clinic	3,008	46.6%



PCBH

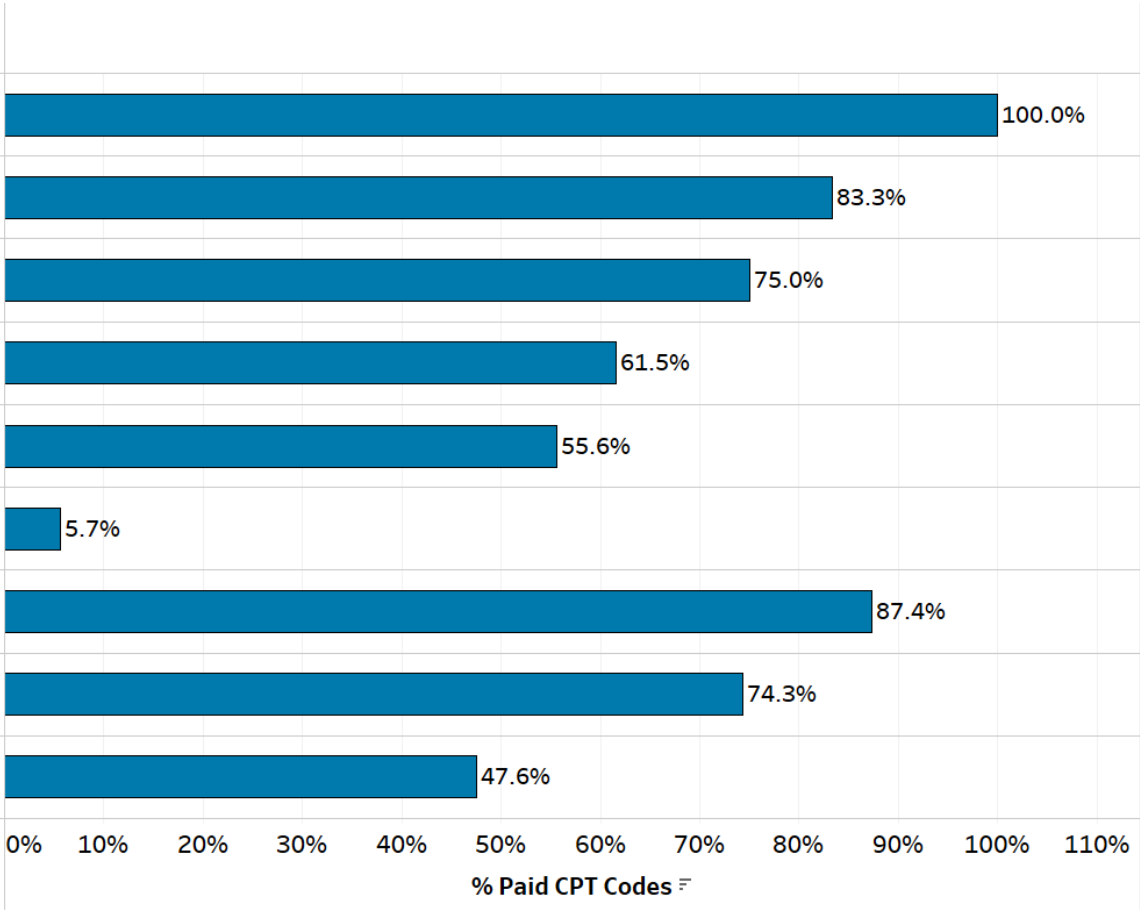
- In PCBH, SFHN leads with an average of 211 psychotherapy claims per month and a 90% reimbursement rate.
- RFP and PVHMC achieved a 100% reimbursement rate, though with lower psychotherapy billing volume.

CoCM

- In CoCM, Chinese Hospital reports a 90% reimbursement rate for services billed.

CPT Code Usage and Reimbursement Across Models | Dec. 2024

Model	Reporting Type	CPT Codes	Total CPT Codes Billed
CoCM	Monthly	99493	10
		99492	6
		99494	4
PCBH	Monthly	90834	13
		90832	9
		90837	194
	Rolling 12 Months	90832	2,162
		90834	709
		90837	2,679



PCBH

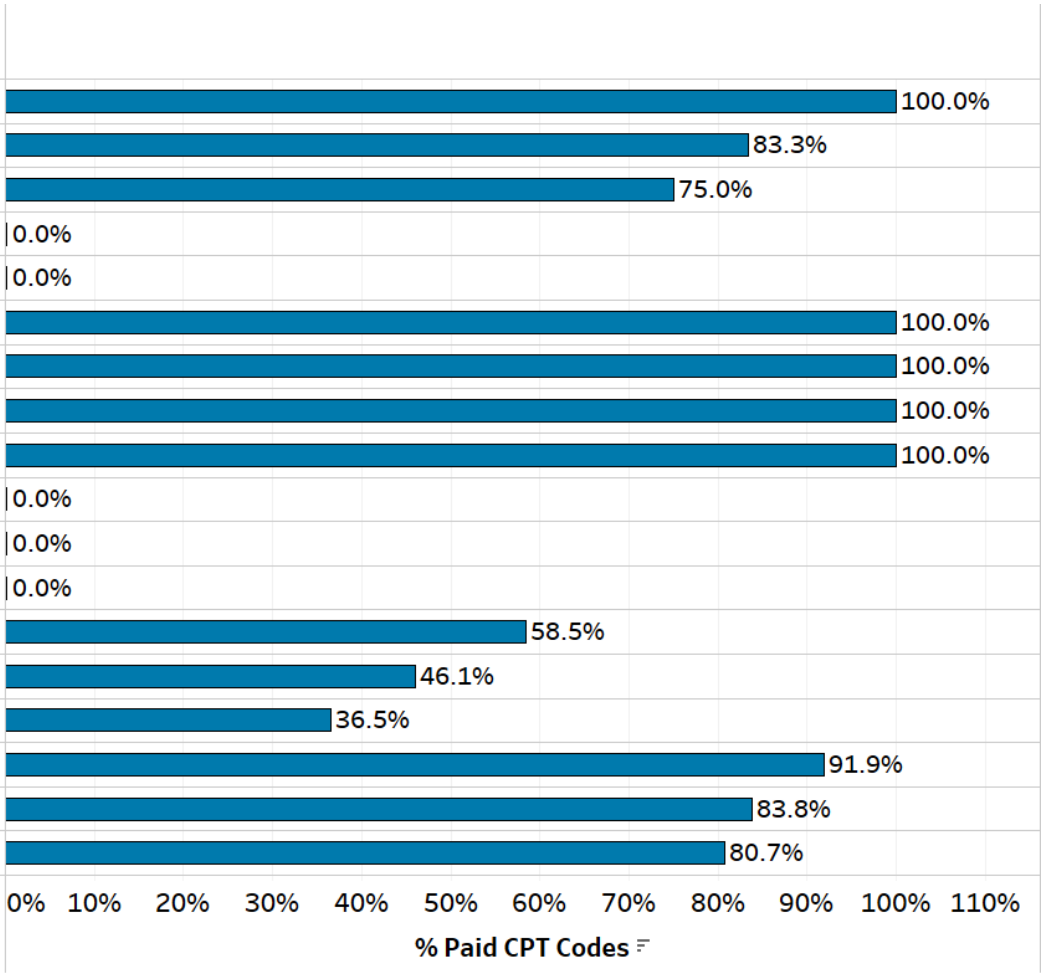
- PCBH organizations reporting monthly bill fewer 90832 psychotherapy codes (30-minute sessions).
- PCBH organizations reporting on a rolling 12-month basis bill more 90832 codes and achieve ~80% reimbursement.
- Psychotherapy code 90837 has the highest billing but a lower reimbursement rate.

CoCM

- Chinese Hospital, the sole reporter of CoCM billing, maintains over 75% reimbursement across all CoCM CPT codes.

Billing and Reimbursement Trends by Org. and CPT Code | Dec. 2024

Model	Reporting Type	Org.	CPT Codes	Total CPT Codes Billed	% Paid CPT Codes
CoCM	Monthly	Chinese Hospital	99493	10	100.0%
			99492	6	83.3%
			99494	4	75.0%
PCBH	Monthly	Community Memorial	90837	182	0.0%
			90834	4	0.0%
		PVHMC	90834	3	100.0%
		Riverside Family Physicians	90837	11	100.0%
			90834	5	100.0%
			90832	5	100.0%
		Sharp Rees Stealy	90837	1	0.0%
			90834	1	0.0%
			90832	4	0.0%
	Rolling 12 Months	Perlman Clinic	90834	265	58.5%
			90837	2,565	46.1%
			90832	178	36.5%
		SF Health Network	90832	1,984	91.9%
			90834	444	83.8%
			90837	114	80.7%



- Green boxes highlight each organization's highest billed CPT code.
- While some organizations implementing PCBH achieved some or full reimbursement, many show lower billing for 30-minute psychotherapy sessions (CPT code 90832) compared to the longer-duration codes, 90834 (45 minutes) and 90837 (60 minutes).

Provider Organizations' SMARTIE Aims

CHINESE HOSPITAL & CLINICS

Will improve the linkage to behavioral health care services by increasing the number of patients (ages 12+ with a PHQ-9 score of 10+ or a common chronic illness such as depression and anxiety) referred to CoCM program that agree to services .

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Will improve access to Behavioral Health Integrated services for B/AA patients diagnosed with hypertension by increasing the percentage of 10% per self-identified race/ethnicity over the next 12 months.

Scripps

Will improve screening and treatment, at Rancho Bernardo clinic, for patients presenting with mild to moderate anxiety and depression by incorporating behavioral health treatment in primary care setting for patients 12+ with scores 10 or above on the PHQ9/GAD7 or with presenting symptoms

perlmanclinic

Will improve Patient Experience related to mental health care by increasing the percentage of penetration of patients seen by and serviced by our mental health coaching services/team or all patients 18 years or older, especially focusing on age groups that are least likely to seek mental health care virtually ages 65+ years

PBGH California Quality Collaborative

Provider Organizations' SMARTIE Aims

Pomona Valley Hospital Medical Center

Will improve PHQ-9 Follow-Up Screening (4-8 months) by creating process to identify and outreach to those who previously screened positive for Latino and Hispanic patient ages 18 and older.

Community Memorial Healthcare

Will increase depression screening and follow- up rates at the Ashwood Clinic by developing and disseminating patient depression screening and support education materials in English and Spanish, optimizing PHQ-9 and clinic workflows, conducting regular monitoring for continuous improvement among Latinx between ages 18-64.

Riverside Family Physicians

Will improve depression screening rates for Hispanic/Latino diabetic patients by monitoring the completion rate for each provider and implementing warm hand-offs for patients with an A1c of 8.0 or higher.

SHARP

Will improve depression screening using the standard PHQ-2 tool by implementing a Best Practice Alert in Epic along with site education for HMO patients at SRS Genesee.

PBGH California Quality Collaborative