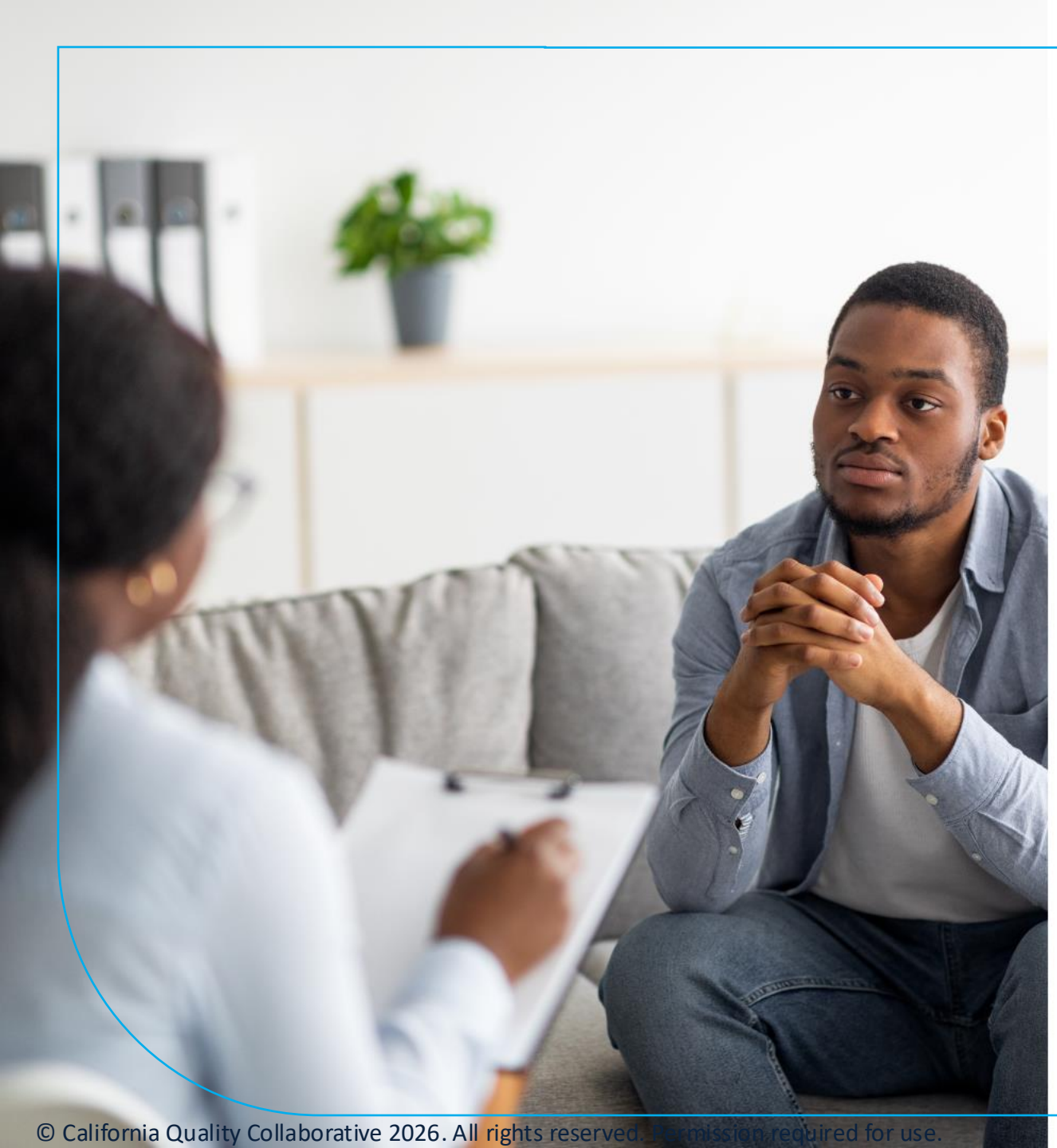

What is your goal before
the end of CalHIVE BHI?



Tuesday, January 13, 2026; 11 a.m. – 12 p.m. PT

Advancing Integration Rates in Primary Care

CalHIVE BHI Commons

California Quality Collaborative

Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

- Share questions in the chat or come off mute
- Join breakout rooms
- Share during round robin

Need help?

Direct message
Anna Baer
if you have any technical issues

Welcome!

CHINESE HOSPITAL & CLINICS

Riverside Family Physicians

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

perlmanclinic

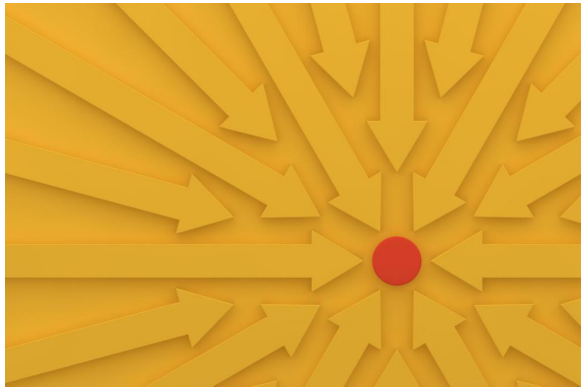
Scripps

SHARP

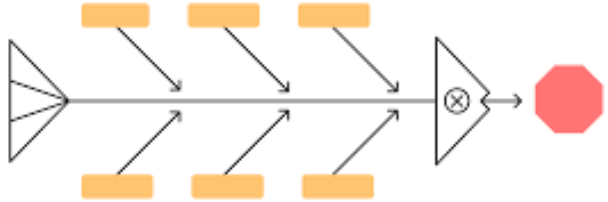
POMONA VALLEY HOSPITAL MEDICAL CENTER

Our Objective

Today, we'll:



Review BHI process measure rates at your organization and share improvement opportunities



Analyze key factors that influence behavioral health integration process measure rates

Develop one action step to apply data-driven approaches to improve integration process measure

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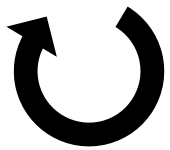
CalHIVE BHI Process Measures

Why Collect & Use Process Measure?

- Demonstrate **how integration is happening**
  - Understand what's working (and what's not)
  - Protect model fidelity
  - Prepare for org-wide adoption & sustainability



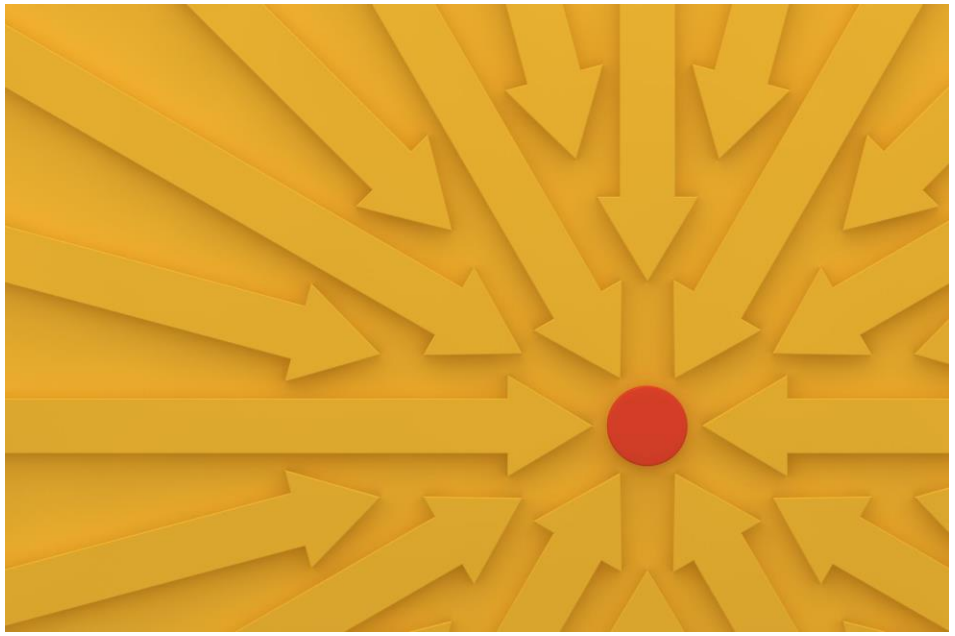
- Support **Continuous Quality Improvement**
  - Identify workflow breakdowns
  - Clarify team roles & expectations
  - Test small changes (PDSA cycles)
  - Improve reliability across providers and sites

- Demonstrate **success**
  - Internally - show positive impact of program implementation
  - Externally - capture shared value with health plans, other partners

CalHIVE BHI | Process & Financial Measures

ORGANIZATION	MEASURE	TYPE
Chinese Hospital	Patients referred to CoCM program that agreed to services	Process
	Revenue of reimbursed CoCM CPT codes	Financial
Community Memorial	Population reached by BHC	Process
	PCBH generated revenue	Financial
Perlman	Patient care access through PCBH & co-located therapy	Process
	Revenue generated by PCBH	Financial
Pomona Valley Hospital Medical Center	Population reached by BHC	Process
	Revenue generated by PCBH	Financial
Riverside Family Physicians	Population referred to BHC	Process
	BHI revenue	Financial
San Francisco Health Network	Population reached by a BHC/BA	Process
	Revenue generated by PCBH	Financial
Scripps Health	Patients referred to CoCM program and completed the first scheduled appointment	Process
	Revenue of reimbursed CoCM CPT codes	Financial
Sharp Rees Stealy	Referrals to BHI program	Process
	BHI visit revenue	Financial

Sharing | Round Robin



What jumped out at you when you looked at your process measure?

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Integrated Models | Industry Standard

Model	Caseload	Visit Frequency	Focus
PCBH (BHC)	• 100-140+ (monthly appointments completed, dependent on FTE status & other duties)	• On-demand/ brief • 5-7 appointments / day (10 High)	Integrated consult & brief intervention
Collaborative Care (CoCM) BH Care Manager	• 75-100+ (monthly active caseload registry, dependent on FTE status & other duties)	• Systematic, planned • 4 –5 patients / day	Care management with registry
Traditional Outpatient Therapy	• 80-100 appointments completed each month	• Weekly over months • 4 –5 patients / day (6 High)	Longitudinal psychotherapy

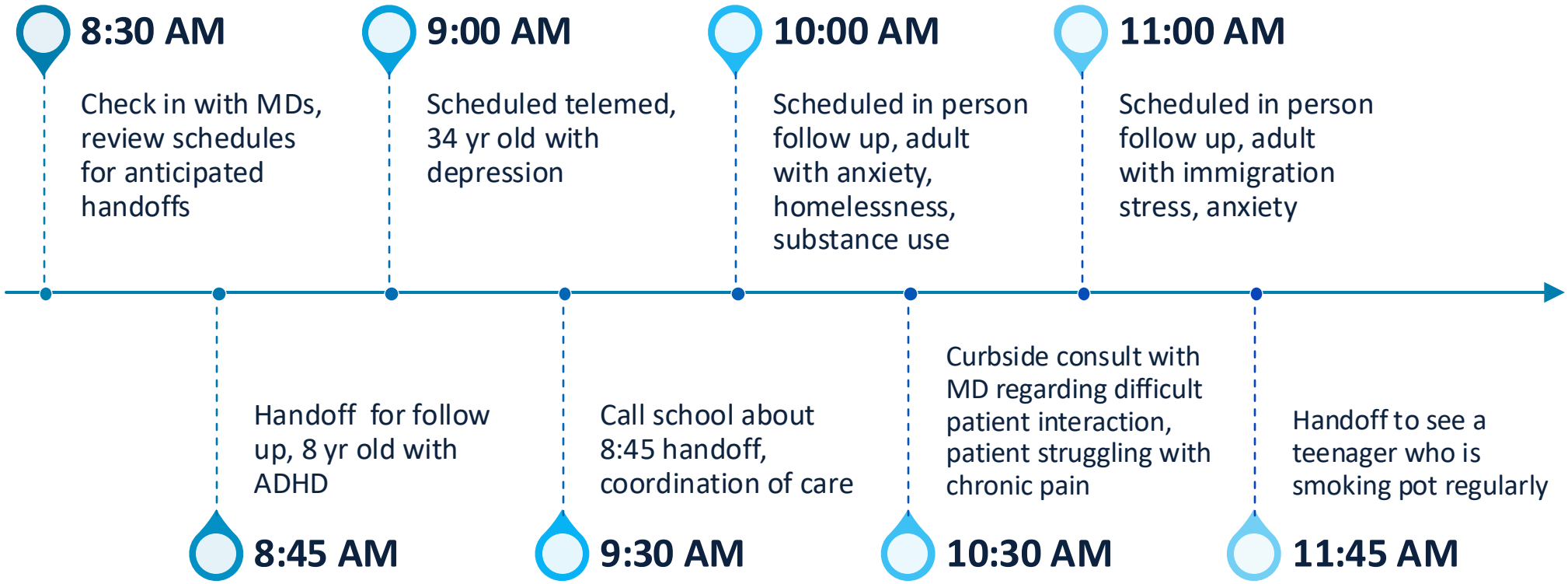
*Note: Outpatient caseloads vary by setting and practice norms; PCBH caseloads are generally broader but less intensive per individual.

Assessing Capacity

- Staffing
  - Staffing ratios
  - FTE Models
  - Development/training
- Workflows
  - Schedule
  - Observation - Administrative, note-writing, workflows
- Resources
  - New roles
- Patient/Family Engagement
  - Disparities across screening, access
- Technology
  - EHR changes

A Day in the Life: Template in Action (PCBH)

	Erdman
9am	open
930am	open
10am	
1030am	open
11am	
1130am	hold
1pm	
130pm	open
2pm	open
230pm	
3pm	hold
330pm	open



Source: CalHIVE BHI Commons webinar, August 2024

BHI Workflows | Common Improvement Opportunities

- Standardize screening
- Embed screening review into patient room

- Use a default warm-handoff “script"
- Protect BHC availability windows

- Use a focused, functional assessment
- Document for team communication & billing requirements, not process-type therapy notes

- Tie follow-ups to clear purpose
- Use stepped intensity

- Normalize return visits at discharge
- Use brief re-engagement pathways

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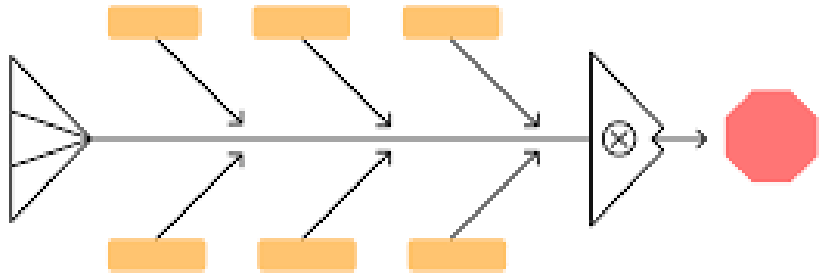
Brainstorming Process Improvements

Brainstorming Cause & Effect | Fishbone Diagram

1. Identify the problem
2. Capture **categories**
3. Brainstorm all possible causes of the problem
   - Ask “Why does this happen?”
   - As each idea is given, facilitator writes the causal factor as a branch from the appropriate category on the fishbone diagram
   - Causes can be written in several places if they relate to several categories
4. Identify what to work on first

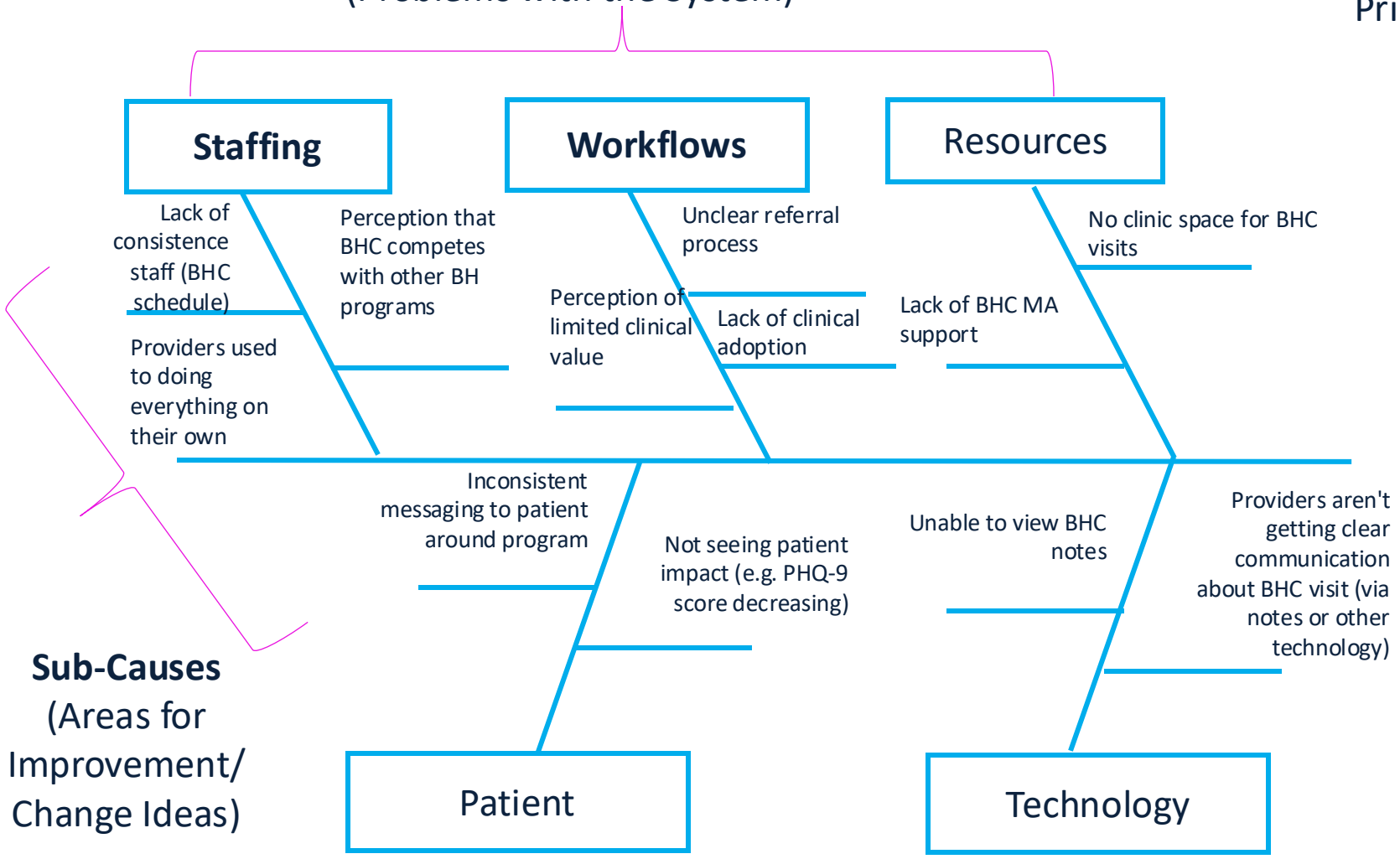
Categories

- Staffing
- Workflows
- Resources
- Patient/Family Engagement
- Technology



Fishbone Diagram | PCP Referrals

Major Causes
(Problems with the System)



Sub-Causes
(Areas for Improvement/ Change Ideas)

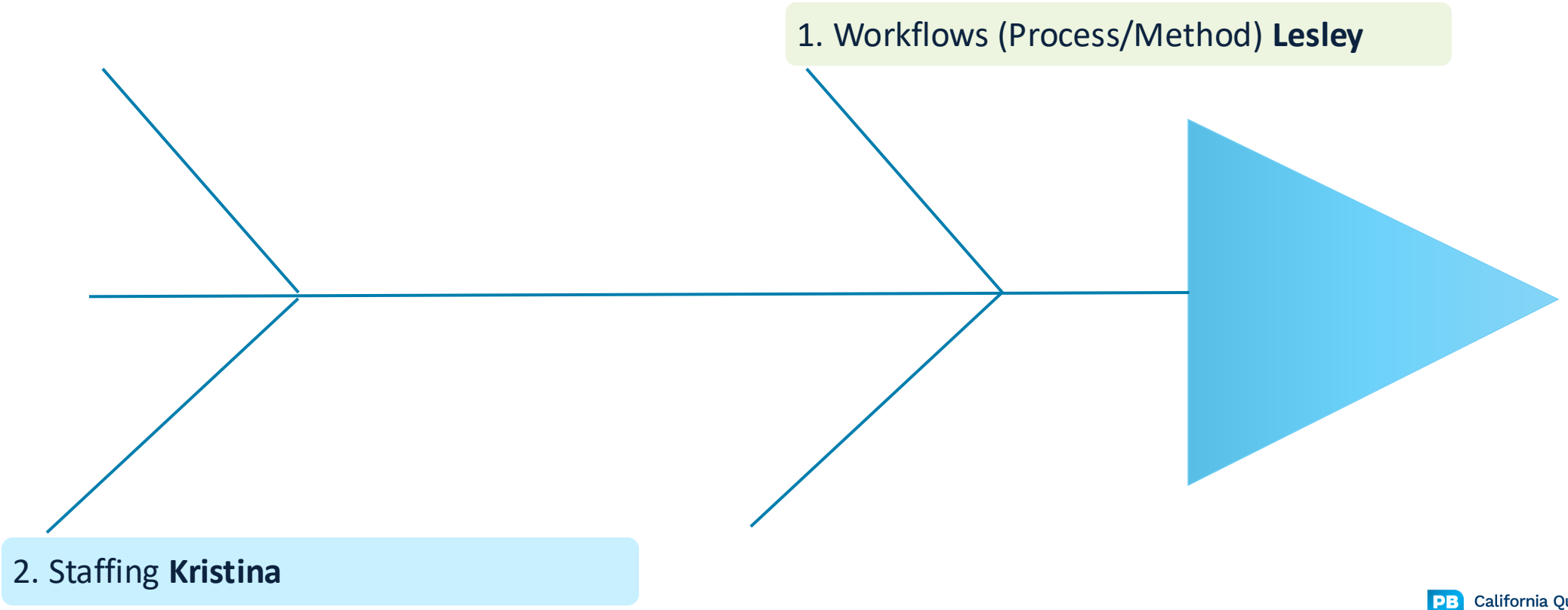
Improvement Area
Primary care physicians not providing referrals to PCBH BHC

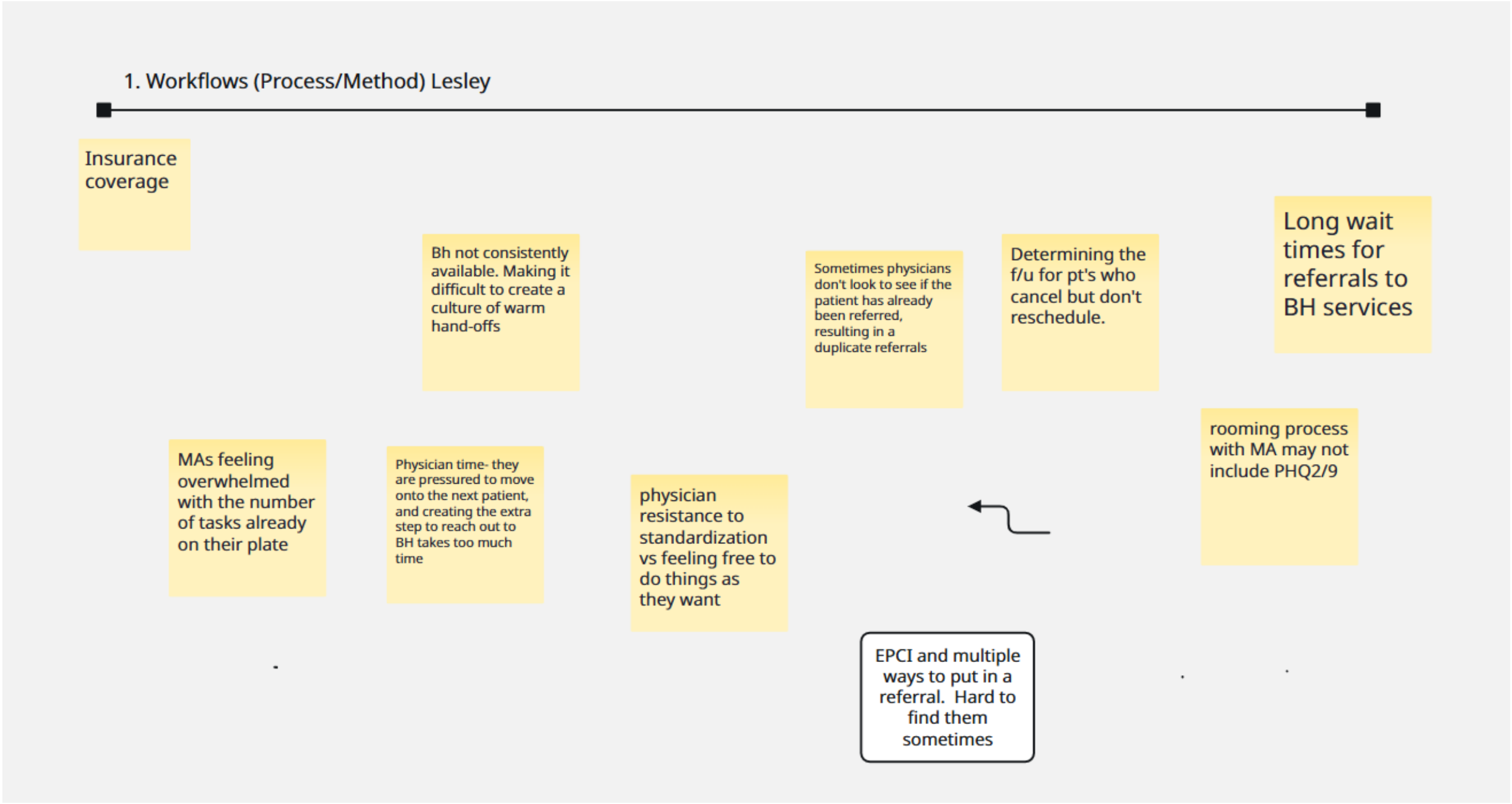
Problem Statement

Low PC referrals to BHI

Brainstorm Session Breakout Room

- Join the breakout room for **Staffing** or stay in the main room for **Workflows** (self select)
- Together, brainstorm all the possible causes of the problem: **improve our process measure rates**
- Ask “Why does this happen?”
- As each idea is given, facilitator writes the causal factor as a branch from the appropriate category





3. Staffing Kristina

Add ideas to sticky notes

Utilizing current staff to help overall access (CoCM)

Training

create a new sticky by copying me or clicking the Sticky Note icon!

figuring out how to program co-visits and more opportunities to inhabit the huddle as BH

Hiring - MSW interns from nearby university

Opportunity to expose trainees to integrated care

Hires looking for traditional BH / WFH

Idea: Partial visit at home/ bill appropriately

Announcing – CalHIVE BHI Process Power-Up Challenge

CalHIVE BHI Challenge = turn **process measures** into **power metrics**

- Team with the most **relative improvement** in their process measure will win **Most Improved** prize at CalHIVE BHI Convening
- Fine print
  - Based on April 10 Data Cycle 8 submission

Name your target!

Our team is going to work on for our process measure challenge!

Top Takeaways

- Use process data you are already collecting
- Identify an improvement to make
- Celebrate team existing strengths
- Identify additional training opportunities (your IA can help!)

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*
   - Review BHI process measure rates at your organization and identify improvement opportunities
   - Analyze key factors that influence behavioral health integration process measure rates
   - Develop one action step to apply data-driven approaches to improve integration process measure

CalHIVE BHI | (Final) May Convening

Join us for the final CalHIVE BHI Convening: Reflection, Recognition, Reconnection on Tues. May 19 in Irvine, CA.

Register Now!

Q1 2026 Sprint

JANUARY

Improvement Advising
- Plan In-Person Improvement Advising Site Visit (Q1 2026)

By Fri. 1/9 Cycle 7 Data Due

Tues. 1/13 (11-12)
CalHIVE BHI Commons – Advancing Integration Rates In Primary Care
- Analyze key factors that influence behavioral health integration process measure rates at your organization
- Develop one action step to apply data-driven approaches, including improving access disparities, to improve integration process measures

By Fri. 1/30 – Sustainability Plan Section 3 Part 2 Due

FEBRUARY

Improvement Advising
- Host In-Person Improvement Advising Site Visit (Q1- Early Q2 2026)

Tues. 2/10 (11-12)
CalHIVE BHI Commons – Building a Connected System of Care
- Map core components of an effective system of care and how partnerships with local systems and community resources enhance step-up and step-down pathways
- Identify one practical strategy to strengthen coordination across primary care, behavioral health, and community-based organizations to improve continuity of care for all patients

MARCH

Improvement Advising
- Host In-Person Improvement Advising Site Visit (Q1- Early Q2 2026)

Thurs. 3/13 (11-12)
CalHIVE BHI Commons – Storytelling for Improvement and Impact
- Review elements of impactful storytelling
- Begin to brainstorm CalHIVE BHI Convening Storytelling assignment

Thurs. 3/12 (12-12:30) – Data Webinar – Cycle 8
- Review process and requirements for upcoming data cycle submission

Wed. 3/25 (12-1)
[OPT] Cal – IN Peer Group Meeting
- Connect and learn from integrated peers

Improvement Advising
Webinars
In Person Events
Data / Reporting
Assignments

California Quality Collaborative

Revised 12/2/25

Thank you!

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