2025 Annual Report

California Quality Collaborative
Behavioral Health Integration Initiative

JULY 2026

PBGH California Quality Collaborative

Letter from the Director

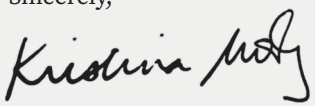
At the California Quality Collaborative (CQC) we drive advanced primary care as the state's standard of care. In 2025, our work continued to affirm that behavioral health integration is a defining attribute of advanced primary care. Without integrated behavioral health, primary care cannot fully deliver on its promise of prevention, equity, and quality.

Over the past year, CQC's Behavioral Health Integration (BHI) Initiative deepened its impact across California by helping practices across diverse settings strengthen team-based workflows and expand access to early identification and treatment for children and adolescents. We brought stakeholders together to define behavioral health integration and advanced critical conversations with health plans about financing and payment.

Just as important as what we achieved are our lessons learned for the industry: behavioral health integration succeeds when it is embedded in an organization's culture; financing must align with how care is actually delivered; and with the right coaching and support, primary care teams can build sustainable behavioral health integration that reduces provider burden and expands access for patients who might otherwise never receive care. To those paving this path in California, we recognize their leadership, engagement, and commitment.

As we look ahead, what's next is clear: scaling what we know works. CQC's Healthcare Leadership Summit 2026, focused on BHI, is a call to action for the industry to move beyond alignment toward acceleration, from pilot to practice, and take concrete steps that turn lessons learned into system-wide change. Together, we can embed behavioral health into the foundation of primary care and ensure every patient, in every setting, receives truly whole-person care.

Sincerely,

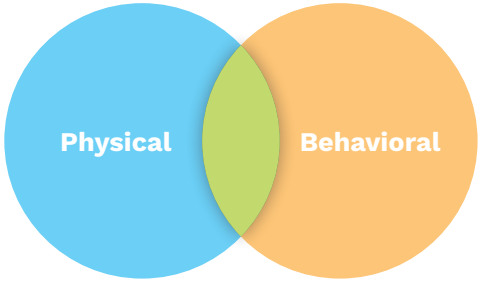


Kristina Mody

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



Industry Insight

The definition of behavioral health integration, according to California stakeholders:

Care provided to individuals and their families in a primary care setting by licensed primary care providers, behavioral health providers, and other care team members working together to address one or more of the following: mental health, substance use disorder, health behaviors that contribute to chronic illness, life stressors and crises, social risk factors, developmental risk/conditions, stress-related physical symptoms, preventive care, and ineffective patterns of healthcare utilization.

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, purchasers, and other partners, 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.

The BHI Initiative provides support through multiple levers:

- Learning and Improvement Collaboratives – Multi-year or shorter-term collaborative programs that advance the implementation of integrated care through CQC improvement advising, peer 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 behavioral health integration financing.
- Public Learning and Training – Public learning events geared toward care teams, provider organizations, and plans focused on implementing behavioral health integration and strengthening quality improvement skills.

This report highlights the 2025 activities, achievements, and impact of the BHI Initiative and the participating organizations implementing integrated care and strengthening advanced primary care across California.

2025 By The Numbers

In 2025, CQC's BHI Initiative continued to grow in scale and impact. Key milestones included:

Reach and Engagement

500 attendees from **100** provider organizations, health plans, and partners

31 virtual and in-person learning events delivered through collaborative programs and public training

Implementation Momentum

Engaged **8** provider organizations serving more than **730,000** patients to advance behavioral health integration within primary care settings

Implemented integrated pilot site programs, establishing **sustainability plans** and tailored implementation playbooks to support spread and long-term adoption

Clinical Impact

31.2% relative improvement in depression screening and follow-up, resulting in **70,000** additional patients screened and/or receiving appropriate follow-up care and **2,800** new depression diagnoses

Tailoring Integrated Care for Youth

Engaged **7** organizations serving approximately **167,000** pediatric patients, advancing behavioral health integration in primary care settings

Published a pediatric-focused behavioral health integration toolkit with **70** implementation recommendations

Strategic Calls to Action

Developed **3** payer-focused products co-designed by **6** members of the commercial payer workgroup

Convened **11** cross-sector organizations and engaged **4** states to refine **10** Advanced Primary care attributes to incorporate behavioral health integration

Key Resources Developed

7 learning resources to support BHI implementation

Health plans (3)

- BHI Health Plan Policy & FAQ
- Behavioral Health Integration into Primary Care: Provider Implementation Guide
- BHI Data Request

Children and youth (2)

- BHI Children and Youth Collaborative Learning Exchange Toolkit
- Meeting Youth Behavioral Health Needs – Successful Practices in Primary Care Webinar

Issue Brief (1)

- Aligning for Impact: A Shared Definition and Multi-Stakeholder Insights on Behavioral Health Integration in California

Guide (1)

- BHI Billing and Payment Codes

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 Behavioral Health Integration Collective Solutions efforts.

Learning and Improvement Collaboratives

Program: 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 integrate behavioral health services into their primary care clinics.

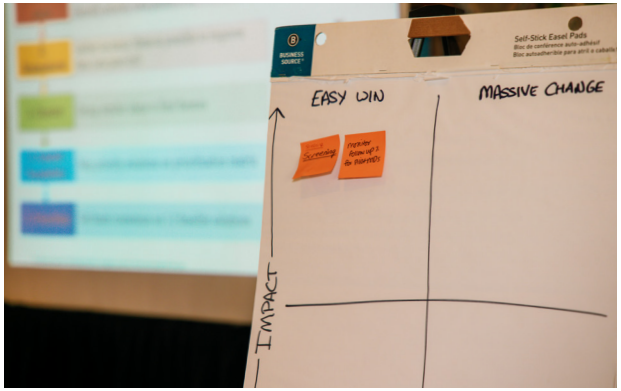
Organization & Description	Patient Volume	Key Accomplishments
Chinese Hospital — Hospital system (San Francisco and Daly City)	10,400	Launched Collaborative Care (CoCM) with internal Behavioral Health Case Manager; growing program internally
Community Memorial Healthcare — hospital system (Ventura)	109,255	Strengthened Primary Care Behavioral Health (PCBH) from co-located BH; launching CoCM for pediatrics
Perlman Clinic — multi-site primary and specialty care clinic (San Diego)	200,000	Developed virtual-first PCBH “coaching” program
Pomona Valley Hospital Medical Center – medical center (Pomona)	41,155	Identified business case for BHI clinical lead for PCBH program & developed intern program; built relationships with all payers
Riverside Family Physicians — primary care practice (Riverside)	16,367	Layered PCBH work with social needs referrals and support (ECM); expanding PCBH and Substance Use
San Francisco Health Network — multi-site FQHC, part of San Francisco’s public health system (San Francisco)	57,300	Reinvigorated PCBH, including training and monitoring, across 14 primary care sites; deepened strategic system-wide and leadership investment in BHI
Scripps Health — health system (San Diego)	267,512	Expanding CoCM program (with Lifestance partner); built strong organizational investment in integrated care
Sharp Rees-Stealy Medical Centers — multi-specialty medical group (San Diego)	344,912	Rolling out social worker virtually embedded across entire clinic network

Technical Assistance

CQC, in partnership with the Collaborative Family Healthcare Association, led CalHIVE BHI's technical assistance through a combination of learning events and ongoing improvement advising. In 2025, participating organizations, with support from a CQC improvement advisor, created playbooks and spread plans based on their Collaborative Care Model or Primary Care Behavioral Health Model primary care pilots.

All eight organizations demonstrated implementation progress across 15 milestones, as measured by the third deployment of the Implementation Milestone Assessment Tool, looking at integration across nine system-wide domains: project planning, workforce, health IT, equity, clinical models, data, and financing.

2025 CalHIVE Technical Assistance Highlights



CalHIVE BHI May 2025 Convening.

Key CalHIVE BHI 2025 Technical Assistance Highlights

Key milestones included:

Participated in **13** virtual learning events sharing best practices, facilitating collaboration, and addressing emerging needs across topics such as sustainability, billing and spread plans

Delivered **160** hours of improvement advising, alongside learning sessions, data webinars, and site visits to support implementation, staff training, and billing workflows

Conducted **8** onsite visits with improvement advisors to provide tailored recommendations supporting pilot site spread and sustainability

Designed **Behavioral Health Integration Equity Improvement Plans** using stratified data to identify disparities and target improvements in care

CalHIVE BHI Stories of Sustainability

In May 2026, CalHIVE BHI 2025 teams came together in person to celebrate key milestones and learn alongside peers as a visual storyteller documented moments of connection, reflection, and shared accomplishment.

Industry Insight

Beyond a traditional improvement collaborative, CalHIVE BHI helped organizations operationalize BHI. CQC acted as an implementation activator, helping teams stand up an integrated behavioral health service line by strengthening workflows, workforce capacity, and reimbursement strategies needed to sustain care in real-world settings.

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 Advanced Primary Care Measure Set:

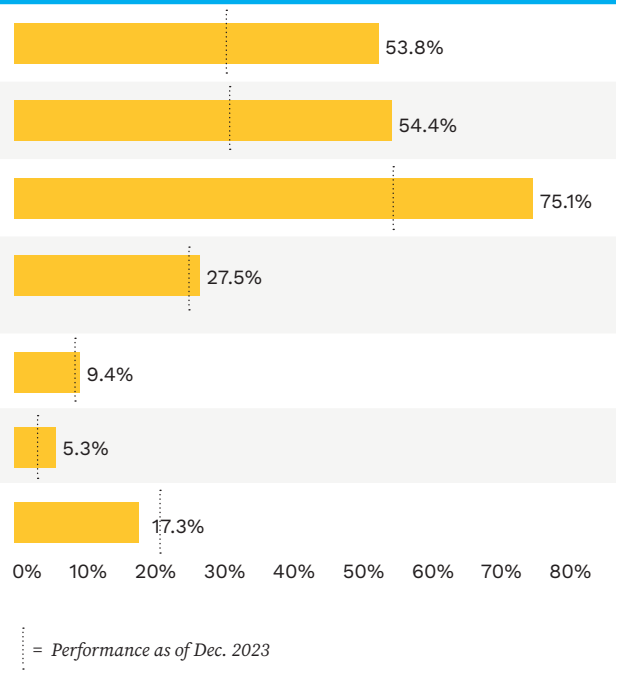
- Depression Screening and Follow-up for Adolescents and Adults (DSF)
- Depression Remission or Response for Adolescents and Adults (DRR)
- Glycemic Status Assessment for Patients with Diabetes >9% (GSD)

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

- 31.9% improvement in depression screening rates, resulting in 75,000 more patients screened
- 45.5% improvement in depression follow-up rates
- Improved data infrastructure and internal analytics for depression remission and response reporting

CalHIVE BHI Measure Performance (September 2025)

Measure	Sub-Measure	Total Patients	Relative Change
Depression Screening & Follow Up (DSF-E)	Screening & Follow Up	342,512	31.1%
	Depression Screening	342,512	31.9%
	Depression Follow Up	8,886	45.5%
Depression Remission or Response (DRR-E)	PHQ-9 Follow Up (4-8 Months	3,155	2.3%
	Response (4-8 Months)	3,155	0.7%
	Remission (4-8 Months)	3,155	1.6%
Comprehensive Diabetes Care (CDC)	HbA1c Poor Control (>9.0%)	31,542	15.3%



Industry Insight

Industry evidence shows that improving depression screening is more achievable in integrated primary care settings, where team-based workflows, embedded behavioral health expertise, and clear follow-up pathways support routine screening.

Looking Ahead – 2026

In the six months of the CalHIVE BHI Collaborative, participants will focus on:

- Leveraging financial and process measures to identify opportunities for continuous improvements at pilot sites
- Planning for organizational spread and sustainability before the program concludes in June 2026

Industry Insight

Integrating behavioral health into pediatric and youth serving primary care is critical to identifying needs early, supporting healthy development, and addressing emerging mental health concerns before they escalate.

Program: Behavioral Health Integration—Children and Youth Collaborative Learning Exchange

Integrating behavioral health into pediatric primary care ensures children and families receive comprehensive, equitable whole-child care. By embedding screening, multidisciplinary teams and care coordination into primary care and pediatrics, health systems can reduce access barriers, improve outcomes, and address disparities. 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 brought together organizations with experience integrating behavioral health services into primary care for children and youth to:

- Showcase successful practices and solutions through a vibrant network of peer organizations
- Sprout adoption of new solutions to real-world challenges that improve the delivery of pediatric and adolescent integrated behavioral healthcare
- Share best practices through a public toolkit that synthesizes the recommendations, experiences and contributions of participants

Site Visit

In early 2025, six BHI-CYCLE participating organizations convened at Rady Children's Hospital San Diego for a one-day site visit to observe integrated primary care in action and engage in learning discussions on BHI financing, patient intake and warm hand-offs.

Access interviews from leaders and a video summary of the day's lessons.

Participating Organizations and Progress Made

BHI-CYCLE supported six California-based organizations with the following qualifications:

- At least two years of experience in behavioral health integration in pediatric, primary care and/or family health settings (either the Collaborative Care or Primary Care Behavioral Health model)
- Identifies as Level 3 or above on the Six Levels of Collaboration/ Integration (SAMHSA-HRSA)

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

BHI-CYCLE participating organizations included public and private hospital health systems and federally qualified health centers (FQHCs):

Organization	BHI-CYCLE Project Focus Area	Perspective
Alliance Medical Center Clinica Alianza Multi-site Federally Qualified Health Center (FQHC) in northern Sonoma county; serves 5,000 pediatric patients	**Goal:** Support a team that is hybrid and delivering care in person and remotely **Progress made:** Defined roles while clarifying workflows and what type of support is available which is allowing staff to maximize support	Maria Juarez Sanchez, LCSW, Director of Behavioral Health "Having Rady Children's helped as I have taken their experiences and used them as a roadmap to success."
AltaMed Multi-site FQHC in Los Angeles and Orange counties; serves over 100,000 pediatric patients	**Goal:** Identify patients of high-risk or who screen positive for suicidal ideation and emphasize early intervention **Progress made:** Implemented suicide screening workflow on the clinical side with a continued focus on improving connection with behavioral health staff and increasing warm handoffs	Norma Perez, M.D., Director of ACEs Grants Lisette Robledo, M.D., Pediatrician, ACEs/BH Champion Watch video "Every clinic has a different culture that we serve and really making sure that we're meeting needs and so I think really identifying champions and figuring out the need and dealing with whatever specific challenges are present."
CHOC Long Live Childhood Now part of Rady Children's Health* — multi-site health system in Southern California serving over 150,000 patients	**Goal:** Create a more specific, larger workflow that utilizes the various mental health staff and resources within primary care **Progress made:** make workflows improvements supporting enhanced collaboration	Amy Hernandez, LCSW, Social Worker Sarah Ruiz, PhD, Psychologist Watch video "One of the biggest challenges with our integrated primary care program has been sustainability and billing, just being able to bill appropriately for the services that we're providing, being able to sustain our program, and being able to grow."

continued

Organization	BHI-CYCLE Project Focus Area	Perspective
LifeLong Medical Care Health Services For All Ages a california health center Multi-site FQHC in Alameda and Contra Costa counties; serves 14,000 pediatric patients	**Goal:** Increase support for pediatric behavioral health clinicians by establishing pediatric BH Lead Clinician role and completing a needs assessment **Progress made:** Recruited a lead pediatric behavioral health clinician; gained more clarity on dyadic care and how to bill for some of the work being done	Carrie Cangelosi, LCSW, Behavioral Health Operations Director Watch video "BHI-CYCLE has been really helpful, as we try to grow our pediatric behavioral health presence. Our pediatric therapists have told us that they just need more clinical support."
Providence Multi-site health system in Sonoma, Napa and Humboldt counties; serving 1,000 patients	**Goal:** Provide deidentified ACEs (Adverse Childhood Experiences) screening to patients age 12+ during Well Child Checks and train office staff on workflow for addressing elevated ACE scores **Progress made:** Launched a 3-month pilot with smartphrases in electronic health record (EHR) that identified additional patients	Cynthia Scott, PsyD, Behavioral Health Provider Watch video "I just believe integrated care is the best way to provide care for our children and families."
San Francisco Health Network SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH Multi-site public health system; serving 7,000 pediatric patients	**Goal:** Improve team-based care, increase presence/ visibility, and be able to operationalize behavioral health value in primary care setting as collaborators, educators and team members **Progress made:** Made plan for telehealth follow ups and dyadic billing codes to improve penetration rate	Rachel Clee, LMFT, Assistant Director for PCBH Erin Meloty-Kapella, PhD, LMFT, PCBH Supervisor at CHC (former) Watch video "BHI — CYCLE has been really valuable so far. Having other organizations who are doing this work to learn from because most of the integrated models of care at this time are really adult focused and have not been pediatric focused and so we've really wanted to engage with others doing the same work to see how they were doing it."

Lessons Learned

California Quality Collaborative (CQC) has released the Behavioral Health Integration – Children and Youth Collaborative Learning Exchange (BHI-CYCLE) Toolkit, highlighting tactics and actions primary care and pediatric providers can take to integrate behavioral health into their practices. Developed from the experiences of health systems including leading integrated system Rady Children's Health as well as those who participated in the BHI-CYCLE collaborative, the toolkit provides practical guidance, adaptive solutions and case studies that can be applied in pediatric and primary care settings of all sizes.

Looking Ahead – 2026 and Beyond

In California, as in the United States overall, approximately one in five birthing people suffers from maternal mental health (MMH) issues (also known as "perinatal mood and anxiety disorders"), impacting health outcomes and quality of life after delivery. Despite these high rates, the overwhelming majority of birthing people experiencing MMH symptoms (75%) do not receive treatment. With support, primary care and OB-GYN providers can do more MMH screening with enhanced referrals and follow-up. In fall 2026, CQC will lead the Postpartum Response & Integration in Systems for Maternal Mental Health (PRISM), a 9-month learning and action community to improve depression screening and follow up for postpartum patients. Participating provider organizations, including both primary care and OB-GYN teams, will share, spread, and showcase successful practices to identify and support birthing people with Perinatal Mood and Anxiety Disorders.

Program: Collective Solutions

CQC's Collective BHI Solutions drives alignment efforts that bring together stakeholders across California's delivery system, including purchasers, health plans and provider organizations, to solve challenges such as behavioral health integration financing, data sharing and shared definitions.

"Routine primary care is defined as including behavioral health."
— Key Informant

"Having public and commercial payers talking makes it easier. Transformation is two things, changing the delivery system and the payment model. If there isn't a change in the payment model, neither one along can be successful."
— Key Informant

"How do people get the right level of care that they need, when they need it — where it's most convenient?"
— Key Informant

Behavioral Health Integration Payer Workgroup

Building on the recommendations from CQC's 2024 issue brief Sustainable Financing for Behavioral Health Integration, CQC convened a payer workgroup to support BHI implementation among commercial health plans. That work was informed by a state-wide landscape assessment conducted in 2024 to identify, synthesize, and share successful practices that facilitate sustainable payment for BHI in commercial primary care settings.

The workgroup members:

- Collaborated with peers and subject matter experts to facilitate BHI implementation for plans and providers
- Co-designed 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
- Created a network of health plan leaders ready to support BHI

Participating organizations included Aetna, Blue Shield of California, Health Net, United with Optum, Western Health Advantage with Optum.

In 2025, CQC released the BHI Payer Workgroup resources, available for other plans and partners to adapt and adopt, including:

- BHI Health Plan Policy & FAQ — provides health plans, and their managed behavioral health organization partners or internal behavioral health departments, with operational responsibilities to facilitate behavioral health integration in primary care, covering credentialing, billing and claims, medical/behavioral health collaboration, data analytics, enterprise strategy
- Behavioral Health Integration into Primary Care: Provider Implementation Guide – a resource plans can share with providers to support implementation of BHI (either Collaborative Care or Primary Care Behavioral Health)
- BHI Data Request — template to analyze claims data to understand Collaborative Care codes in network

Multistakeholder Alignment for BHI

To support broader alignment across California, in 2025, CQC conducted a series of interviews focused on identifying sustainable financing practices to support BHI. Many interviewees observed that the lack of statewide consensus on how BHI is defined and interpreted made it challenging to incentivize and sustain the clinical work. Additionally, because California has numerous payers and complex payment arrangements that do not incentivize, and sometimes hinder, integrated care, CQC examined successful multi-stakeholder initiatives from other states to identify approaches that could inform California efforts.

CQC's 2025 paper presents findings from both efforts, offering definitions of BHI and behavioral health providers for California. It also proposes a framework and set of operational attributes tailored to the state's diverse and complex healthcare landscape. These definitions and attributes are intended to advance a flexible, inclusive and contextually relevant model of BHI that reflects lessons learned about achieving multi-stakeholder alignment. Together, these efforts offer practical steps for California and other states seeking to advance integrated care.

Industry Insight

CQC uniquely engages health plans and purchasers alongside providers to align payment, policy, and implementation realities—advancing sustainable financing and shared accountability for integrated behavioral healthcare.

Looking Ahead — 2026 and Beyond

BHI Payer Workgroup :

- CQC continues to convene a workgroup supporting commercial health plans to strengthen plan ability to collect and use data to reinforce strategic support for BHI, survey areas of network where payment disincentivizes BHI and take action, strategize with a network of health plan leaders on lessons learned and opportunities to increase integrated care across California; participating organizations include Blue Shield of California, Health Net, Sharp Health Plan, Sutter Health Plan, Western Health Advantage with Optum

Behavioral Health Integration Data Sharing:

- In partnership with Connecting for Better Health, CQC will engage plans and providers to create a blueprint for system and people-centered improvements focused on current capabilities organizations can implement to improve data sharing between providers and health plans facilitating the Collaborative Care model; materials will be shared publicly.

Program: Public 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.

Lay Counselor Academy

In response to workforce shortages in licensed mental health professionals, CQC sponsored 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. The Lay Counselor Academy (LCA) is designed to build frontline behavioral health capacity in nonlicensed professionals including community health workers, case managers, and other frontline staff. Participants were part of a learning course that supported practical, evidence-based mental health counseling skills, driving measurable gains in confidence, role clarity, and patient engagement. After the LCA, CQC conducted interviews with LCA participants and their supervisors, as well as reviewing course survey responses. Interviews with participants and supervisors confirm that LCA catalyzed not just skill acquisition, but durable shifts in mindset, scope, and care delivery. Participants moved beyond task-based support into more intentional, relational behavioral health work, while supervisors reported clearer role definition and stronger team integration.

Cal-IN Peer Group

In 2025, CQC and the Collaborative Family Healthcare Association continued Cal-IN, a quarterly peer group designed to foster community, exchange insights and strengthen the statewide network of integrated care professionals. Cal-IN connects experienced integration leaders with each other to foster shared problem-solving and collaborative innovation.

Over the course of three virtual convenings in 2025, Cal-IN engaged 61 attendees in peer discussions on timely topics, including:

- Behavioral Health Integration and Community Support (speakers from Share Ourselves)
- Behavioral Health Integration Successes and Roadblocks from Cal-IN Members
- New Pilot Population Health Depression “Control” Measures (speakers from Bronx RHIO and Montefiore Care Management Organization)

Industry Thought Leadership

CQC’s leadership in behavioral health integration was recognized in 2025 through invitations to present at five national and regional industry conferences, including the AIMS Center’s Integrated Care Conference, Civitas Annual Conference, California Primary Care Association Annual Conference, Collaborative Family Healthcare Association Annual Conference, and National Committee for Quality Assurance.

BHI Implementation Update Newsletter

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.

Looking Ahead — 2026 and Beyond

In 2026, CQC will expand its support for the field through new and continuing learning opportunities:

Cal-IN Peer Group

CQC and CFHA will continue to host quarterly Cal–IN meetings in 2026 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.

2026 Healthcare Leadership Summit: The State of Behavioral Health Integration

Sept. 16–17, 2026 | San Diego

Activating the Field

CQC's convenings are purpose-built to create alignment, surface implementation challenges, and catalyze action. In September 2026, CQC will host its inaugural Healthcare Leadership Summit, focused on the state of behavioral health integration. The Summit will bring together providers, payers, purchasers and behavioral health leaders advancing integration across the state. This high-impact convening will provide a forum to explore field-tested strategies, share lessons learned, and identify opportunities to accelerate progress.

Learn more and register

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)

For nearly two decades, health plans, providers and purchasers have entrusted the California Quality Collaborative to bring stakeholders together to align and co-design common solutions to shared challenges. This drives scalable, sustainable improvement across the healthcare delivery system.

CQC works with health plans and delivery system partners serving more than 20 million Californians, translating collective action into measurable improvements in quality, equity and outcomes across the state.

calquality.org

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Ready to Turn Integration Into Action?

CQC partners with practices and organizations through expert coaching and consulting—helping teams operationalize behavioral health integration, strengthen advanced primary care, and deliver measurable improvement. Learn more about CQC's consulting and coaching expertise.

Contact us at cqcinfo@pbgh.org

California Quality Collaborative