



CENTER OF EXCELLENCE for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration
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National Council: Mental Health Leadership Group Presentation

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Disclaimer

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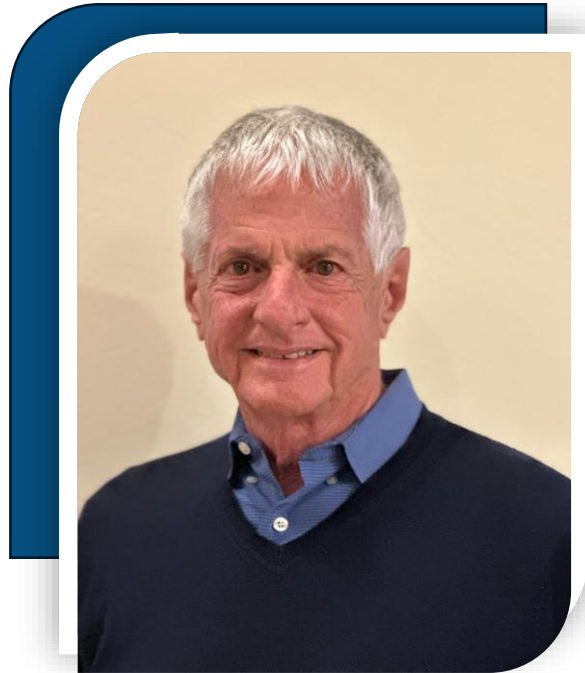
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Speaker Introduction



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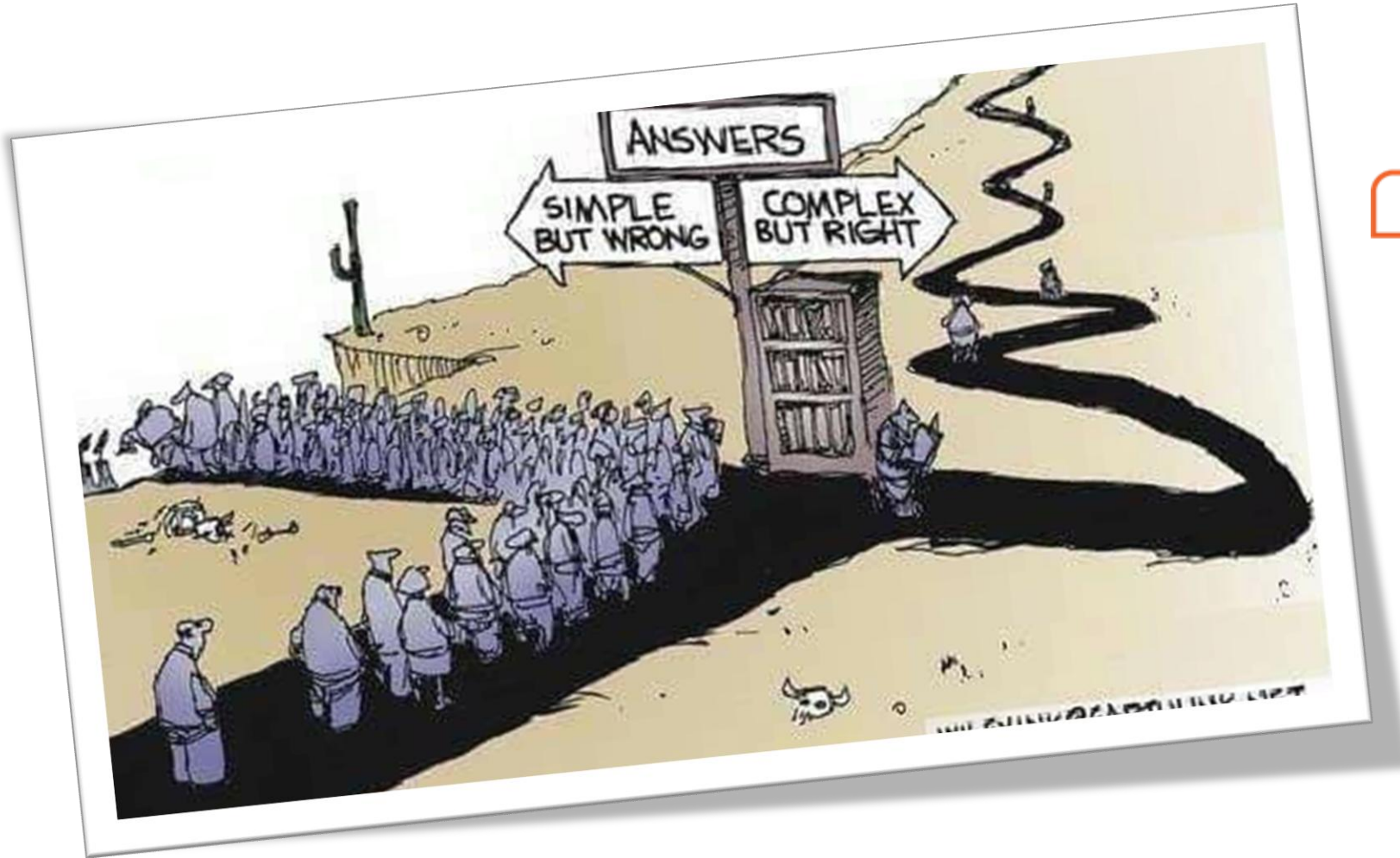


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Achieving Integratedness

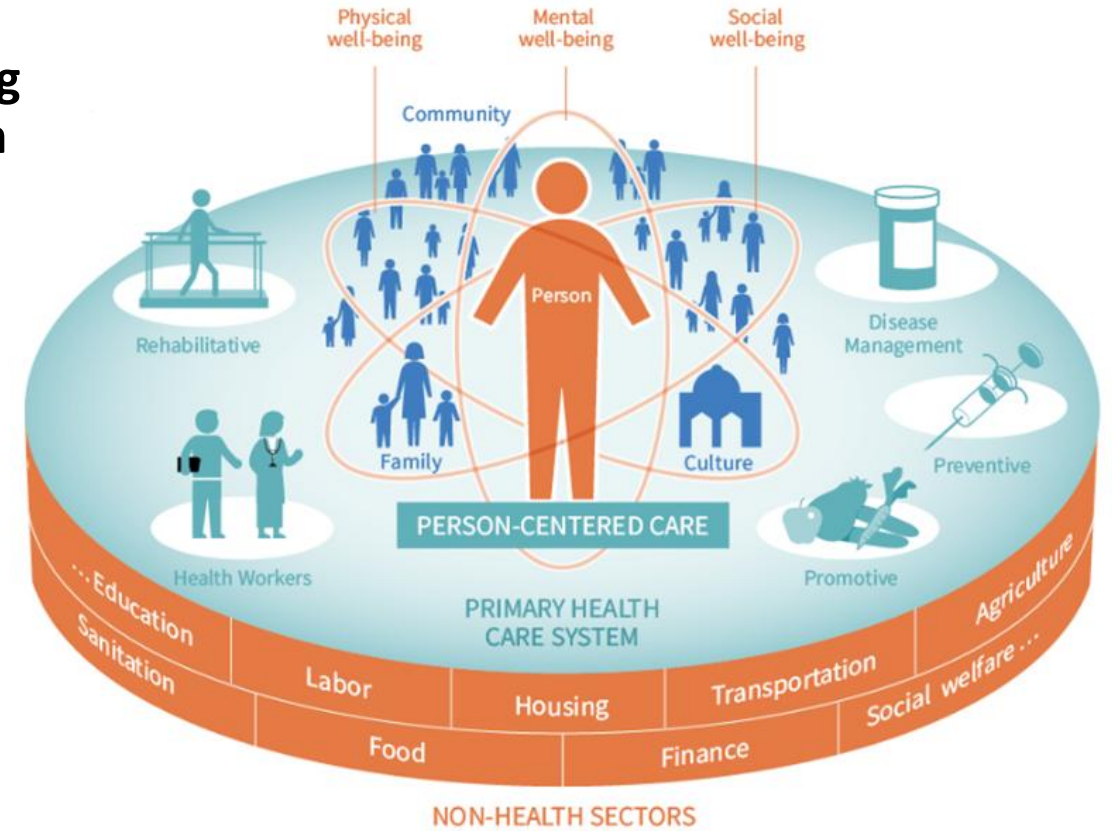


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What is the CHI Framework?

The CHI Framework provides guidance on implementing the integration of physical health and behavioral health to help providers, payers and population managers:

- Measure progress and facilitate improvement in organizing delivery of integrated services (“integratedness”)
- Demonstrate the value produced by progress in integrated service delivery
- Provide initial and sustainable financing for integrated service delivery

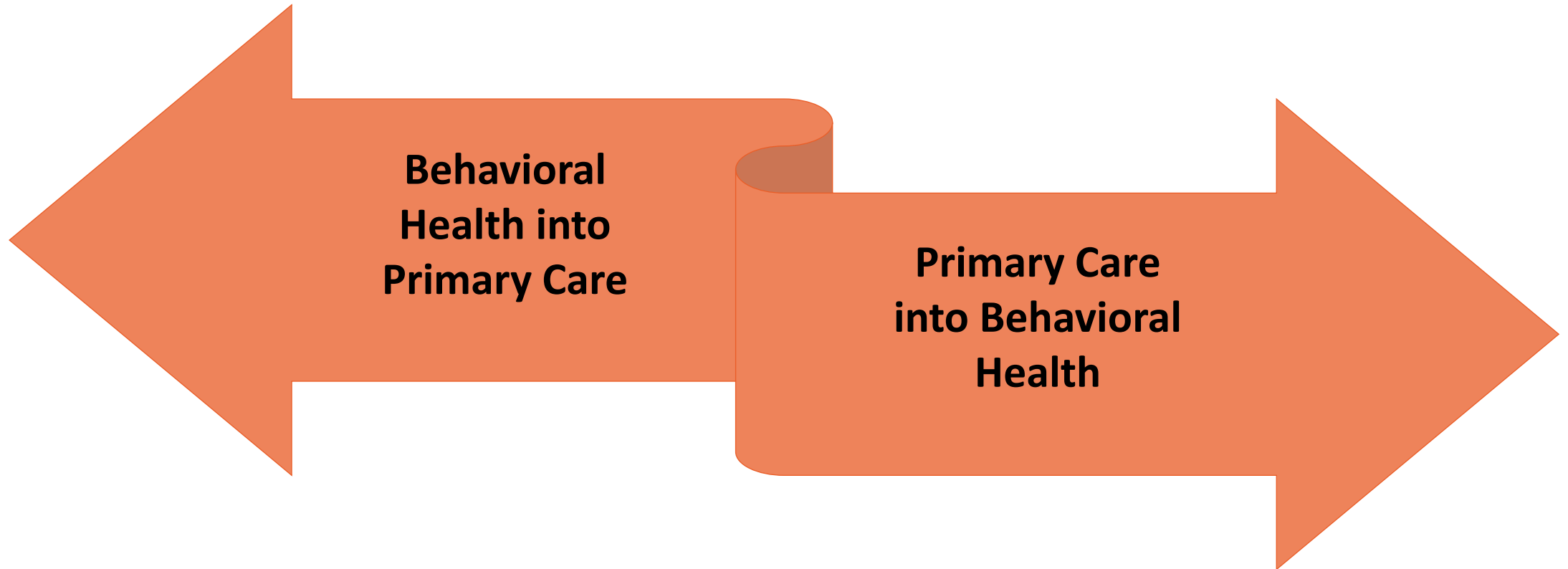


National Council for Mental Wellbeing. (2025, September). *Comprehensive Health Integration Framework White Paper*. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/25.02.10_CHI-White-Paper.pdf



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Bi-Directional Integration is Critical



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Integrated Services

- The provision and coordination by the treatment team of appropriately matched interventions for both PH and BH conditions, along with attention to social and environmental factors that affect health, in the setting in which the person is most naturally engaged.

Integratedness

- The degree to which programs or practices are organized to deliver integrated PH and BH prevention and treatment services to individuals or populations, as well as to address social and environmental factors that affect health.
- A measure of both structural components (e.g., staffing) and care processes (e.g., screening) that support the extent to which “integrated services” in PH or BH settings are directly experienced by people served and delivered by service providers.



How CHI Supports Existing Integration Models

CHI is inclusive of ALL evidence-based approaches for PH-BH integration, such as the Collaborative Care Model (CoCM), Primary Care Behavioral Health Model (PCBH), and Behavioral Health Consultant Model (BHC)

CHI Supports Multiple Evidence-Based Models



- Incorporates CoCM, PCBH, and BHC as part of a broad integration framework.
- Provides flexibility to use different models based on organizational needs and resources.

CHI Enables Scalable and Flexible Integration



- Recognizes CoCM as a Stage 2 integration model but allows providers to implement Stage 1 integration in lower-resourced settings.
- Helps organizations scale efforts across programs and populations without requiring full CoCM implementation everywhere.

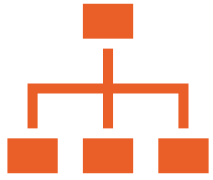
CHI Enables Sustainability and Value-Based Care



- Aligns integration progress with long-term financing and reimbursement strategies.
- Helps states, payers, and providers track measurable improvements in integrated care.
- Supports system-wide implementation across different healthcare settings.



Components of the CHI Framework



Eight Domains (15 Subdomains) of Integration

Care processes related specifically to addressing physical health and behavioral health issues in an integrated manner.



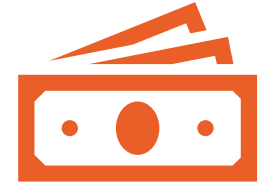
Three Integration Stages

Each integration stage describes an evidence-based approach to “integratedness” across the Eight Domains, allowing flexible implementation based on a provider’s capabilities and population needs.



Integration Metrics

Measuring the degree of “integratedness” in care delivery and the improvement in outcomes from implementing integration that ties each integration construct to value.



Integration Payment Methods

Demonstrating how to cover costs of implementing and sustaining integration for each integration construct, incentivizing creating value through financing integration.



Eight Domains of Integration



Screening, Referral,
and Follow-up



Prevention and
Treatment of Common
Conditions



Continuing Care
Management



Self-Management
Support



Inter-Disciplinary
Teamwork



Systematic
Measurement and
Quality Improvement



Linkage with
Community and
Social Services



Administrative and
Financial
Sustainability



Resources for Implementing the CHI Framework

Key Documents for Guiding Providers in Integrated Care Self-Assessment and Advancement

White Paper	CHI Framework + Trackers	CHI Self-assessment Guide	Definitions and Examples Handbook
The narrative description of the CHI Framework defining its components (domains, stages, metrics, value, financing) and its application for states, providers and payers.	The CHI Framework self-assessment tool and accompanying CHI Trackers allow users to document their baseline and plan and measure progress.	The Guide provides step-by-step instructions to support interdisciplinary teams in using the CHI Framework self-assessment, ensuring consistent scoring and goal alignment.	The Handbook provides definitions and context-tailored examples to ensure consistent language and understanding of CHI process.

National Council for Mental Wellbeing, (2025, September). Comprehensive Integration Framework.
<https://www.thenationalcouncil.org/resources/the-comprehensive-health-integration-framework/>



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The Comprehensive Health Integration Framework

SCORING NOTE FOR ALL DOMAINS:

- Routine/systematic/regular means at least 70% of the time, unless otherwise specified.
- All conditions and risk factors discussed involve co-occurring PH and BH challenges. BH includes mental health and/or substance use disorder (SUD).
- “Co-occurring conditions” as used here refers to presence of BH conditions or risk factors/behaviors in PH settings, and PH conditions or risk factors in BH settings.
- Mark all achieved boxes, then document scores and key takeaways from team discussions using the [CHI Scoring and Notes Worksheet](#). To summarize self-assessment results and establish an action plan to advance integration, use the [CHI Scoring Tracker](#) and [CHI Planning for Advancement Worksheet](#).
- Scoring instructions are in the Introduction and Scoring Tool in this document.
- See [CHI Framework Self-assessment Guide](#) for more detailed instructions on use and scoring and an optional — more detailed — scoring and notes template.
- See handbook for definitions, examples and resources for each domain/subdomain.

National Council for Mental Wellbeing. (2025, September). *Comprehensive Health Integration Framework Self-Assessment Guide*. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/25.02.10_CHI-Self-assessment-Guide_Revised.pdf

KEY ELEMENTS of Integrated Care		PROGRESSION to Greater Integration →			
DOMAINS	SUBDOMAINS	HISTORICAL PRACTICE (STAGE 0)	SCREENING AND ENHANCED REFERRAL (STAGE 1)	CARE MANAGEMENT AND CONSULTATION (STAGE 2)	COMPREHENSIVE TREATMENT AND POPULATION MANAGEMENT (STAGE 3)
1. Screening, referrals and follow-up (f/u)	1.1 Systematic screening for co-occurring conditions and risk factors. SEE HANDBOOK FOR MORE DETAILS ON SCREENING BEST PRACTICES AND TYPES OF CONDITIONS OR RISK FACTORS TO BE CONSIDERED.	<input type="checkbox"/> There is no or limited systematic screening for co-occurring conditions or risk factors that does not meet criteria for Screening and Enhanced Referral stage. <input type="checkbox"/> Referrals primarily are triggered by self-report of concerns by people receiving services.	<input type="checkbox"/> There is systematic screening for at least one or two high-prevalence co-occurring conditions or risk factors.	<input type="checkbox"/> There is systematic screening for at least two or three high-prevalence co-occurring conditions and risk factors. <input type="checkbox"/> A designated team member is responsible for tracking screening processes and results. <input type="checkbox"/> Data on screening outcomes and f/u is systematically collected .	STAGE 2, PLUS: <input type="checkbox"/> There is systematic screening for at least three or four high-prevalence co-occurring conditions or risk factors. <input type="checkbox"/> There is capacity for data registries on screening, f/u processes and results. <input type="checkbox"/> There is capacity for using data system to stratify population stages of need (e.g., based on screening results and PH/BH complexity).
	1.2 Systematic facilitation of referrals and f/u. SEE HANDBOOK FOR MORE DETAILS, INCLUDING DEFINITIONS OF “FORMAL ARRANGEMENT” AND “INTEGRATED TEAMWORK.”	<input type="checkbox"/> Referrals are made to external PH or BH provider without formal arrangement . <input type="checkbox"/> Does not meet threshold for systematic tracking of referrals or method for sharing information between PH and BH providers to track f/u.	<input type="checkbox"/> For people with no existing provider or preference, majority of referrals go to a partner PH or BH provider with a formal arrangement. <input type="checkbox"/> There is systematic tracking of referrals to ensure connection with both PH and BH services for all in need. <input type="checkbox"/> There is an expectation of and method for routine information sharing between PH and BH partners to track ongoing f/u.	STAGE 1, PLUS: <input type="checkbox"/> An integrated team member (e.g., BH consultant or community health worker [CHW] in PH, PH care coordinator in BH) routinely facilitates connection with and referrals for people with positive screens. <input type="checkbox"/> For people with no existing provider connection or preference, majority of referrals go to internal or partner PH or BH provider with a formal arrangement. <input type="checkbox"/> A designated team member is responsible for tracking referrals and coordinating information sharing to track f/u.	STAGE 2, PLUS: <input type="checkbox"/> BH and PH providers function as an integrated team in one or more locations and are jointly accountable for ensuring referred individuals are engaged and receive both services. <input type="checkbox"/> For people with no existing provider connection or preference, majority of referrals go to an internal team partner PH or BH provider. <input type="checkbox"/> BH and PH providers routinely and electronically (usually via shared electronic health record [EHR]) share/receive information about referral and f/u.



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SELF-ASSESSMENT GUIDE



GENERAL SCORING INSTRUCTIONS FOR THE CHI SELF-ASSESSMENT TOOL

CATEGORY	INSTRUCTIONS/DESCRIPTION
Bulleted criteria	Stage subdomain criteria are in bulleted lists. The criteria are specific and concrete enough to be accurately assessed by the team using the self-assessment. When using the tool, the team should consider and score each bullet to determine the appropriate stage for that subdomain.
Data requirements for scoring	<p>Many subdomain criteria refer to specific data targets, such as "routine" (which means 70% unless otherwise specified — see definition below) or "50%." Data targets refer to performance on an indicator related to the denominator of all clients/patients who might be eligible for the intervention or program described.</p> <p>Important note: Teams using the self-assessment are <i>not</i> required to demonstrate that they meet the required targets by producing audit-quality data sets. Teams should use the data targets as guidance to evaluate their own performance in a way that is feasible and sufficiently accurate to satisfy the team that the data target is met. It is helpful to review a small sample of records to determine whether a particular target is met, but this is not possible in many domains, and a team consensus will generally suffice.</p>
Stages	The CHI Framework describes three integration stages, the names of which each reflect a recognized evidence-supported "package" of integration activities that can produce value for the population served. The stages reflect meaningful progress in advancing integration for each setting, and that understanding informs the importance of scoring each bullet within each subdomain in the right column. For convenience and ease of discussion, we have also labeled each of the columns with a number: Stage 0 (Historical Practice), Stage 1 (Screening and Enhanced Referral), Stage 2 (Care Management and Consultation), and Stage 3 (Comprehensive Treatment and Population

OPTIONAL DETAILED SCORING AND NOTES TEMPLATE - Subdomain Scoring and Notes - Domain 1

INSTRUCTIONS: This page is completed for each subdomain in Domain 1.

REMINDER: For a subdomain to meet criteria for a stage, all bullets in that stage must be met. If Stage 1 is not fully met, score Stage 0 for that subdomain. See instructions for scoring early or late progress on the next higher stage on any subdomain.

1. Screening, referrals and follow-up	Q. IDENTIFY HIGHEST STAGE ACHIEVED, AND — IF DESIRED — WHETHER EARLY OR LATE PROGRESS HAS BEEN ACHIEVED ON THE NEXT HIGHER STAGE.	1.1
		1.2
	Q. PLEASE BRIEFLY DESCRIBE WHY YOUR TEAM SELECTED THIS STAGE AND/OR WHAT YOU LEARNED ABOUT THIS SUBDOMAIN.	1.1
		1.2
	COMMENTS ABOUT THE SUBDOMAIN SCORE(S):	

National Council for Mental Wellbeing. (2025, September). *Comprehensive Health Integration Framework Self-Assessment Guide*. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/25.02.10_CHI-Self-assessment-Guide_ Revised.pdf



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COMPREHENSIVE HEALTHCARE INTEGRATION FRAMEWORK

DEFINITIONS AND EXAMPLES HANDBOOK



National Council for Mental Wellbeing. (2025, September). *Comprehensive Health Integration Framework Definitions and Examples Handbook*. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/25.02.10_Definitions-and-Examples-Handbook.pdf



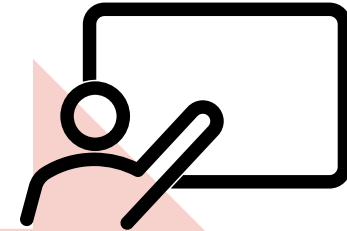
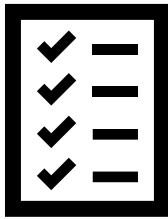
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DOMAIN 1 TERMINOLOGY: INTEGRATED SCREENING, REFERRAL TO CARE AND FOLLOW-UP.

TERM	DEFINITIONS/CRITERIA
<i>Subdomain 1.1: Systematic screening for co-occurring MH/SUD/PH conditions and risk factors.</i>	
Screening	As used here, screening is a procedure or process that can be implemented in one type of setting (PH or BH) to detect potential (“co-occurring”, as defined below) conditions, disorders, risk factors, or prevention needs. The goal of screening is always associated with triggering a workflow designed to follow up on positive results. The goal of screening for prevention needs is often to determine whether recommended preventive interventions (e.g., mammograms, developmental evaluations, and so on) are needed. The goal of screening for potential conditions or disorders (e.g., with screening tools, blood tests, blood pressure or BMI measurement) is early detection to facilitate early and effective intervention and to reduce the risk of disease onset or progression. “Screening” as used here does NOT include more advanced procedures (such as mammograms or colonoscopies), even though those are often called “screenings” in common parlance. For the purpose of CHI, those more advanced procedures are “preventive interventions” that need to be referred out of the BH setting in order to be performed. ¹

DOMAIN 1 EXAMPLE/DESCRIPTION: INTEGRATED SCREENING, REFERRAL TO CARE AND FOLLOW-UP.	
SETTING	DEFINITIONS/EXAMPLES
SCREENINGS AND ASSOCIATED CONDITIONS may include, but are not limited to:	
BH Setting: Screening for Adult General Health Needs	<ul style="list-style-type: none"> ■ Diabetes (HbA1c or point of care blood sugar); hypertension (BP) ■ Metabolic syndrome (labs); obesity (BMI). 10-year ASCVD Risk Score ■ Nicotine use (Fagerstrom or other screens) ■ Infectious disease (Hepatitis, HIV labs) ■ Presence of a PCP with a visit in the last 12 months ■ Interpersonal violence
PH Setting: Screening for Adult BH Needs	<ul style="list-style-type: none"> ■ Depression (PHQ 2 or 9) ■ Anxiety disorder (GAD 7) ■ SUD (TAPS 2 or 4, AUDIT, NM-ASSIST, TWEAK (for pregnancy)) ■ Nicotine use (included in TAPS and ASSIST) ■ Trauma history (ACES). Implementation resource found here. ■ Interpersonal violence ■ Cognitive screening (Mini MSE) ■ Presence of a BH provider if known SMI diagnosis
Child/Adolescent BH Setting: Screening for Child and Adolescent General Health Needs	<ul style="list-style-type: none"> ■ Diabetes (HbA1c) ■ Asthma ■ Nicotine use (Fagerstrom or other screens) ■ Obesity (BMI) ■ Interpersonal violence in the home ■ Presence of a pediatrician
PH setting: Screening for Child and Adolescent BH Needs	<ul style="list-style-type: none"> ■ Depression (PHQ 2 or 9) ■ Anxiety disorder (GAD 7) ■ ADHD ■ SUD (TAPS 2 or 4; NM-ASSIST, CRAFFT) ■ Nicotine use (included in TAPS and ASSIST) ■ Trauma history (ACES) ■ Interpersonal violence in the home ■ Developmental screening ■ Presence of a BH provider if known SED diagnosis

New Resource Under Development: CHI Framework Measurement & Value Guide



Participant expertise and real-world examples from Learning Collaborative will shape guidance and contribute to national dialogue



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- National Council for Mental Wellbeing. (2025, September). *Comprehensive Health Integration Framework Planning for Advancement Worksheet*. https://www.thenationalcouncil.org/wp-content/uploads/2025/02/25.02.11_CHI-Planning-for-Advancement-Tracker.pdf



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Tools and Resources

National Council for Mental Wellbeing

- [The Comprehensive Health Integration Framework and Companion Tools](#)
- [Center of Excellence for Integrated Health Solutions](#) – Resource Home Page
- [CIHS Standard Framework for Stages of Integrated Care](#)
- [CIHS Essential Elements of Effective Integrated Primary Care & Behavioral Health Teams](#)
- [General Health Integration Framework](#) – Advancing Integration of General Health in BH Settings
- [Behavioral Health Integration Framework](#) – Advancing Integration of Behavioral Health in PH Settings

- [Utilizing an Evidence-based Framework to Advance Integration of General Health in Mental Health and Substance Use Treatment Settings](#) – Blog post
- [Medical Director Institute](#) – Home Page
- [High-Functioning Team-Based Care Toolkit](#)

Other

- Agency for Healthcare Research & Quality – [Implementing a Team-Based Model in Primary Care Learning Guide](#)
- [Organizational Assessment Toolkit for Primary & Behavioral Health Care Integration](#)



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Questions & Discussion



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Questions?

Email Integration@TheNationalCouncil.org



The logo features a central orange square with white text. The text is arranged in four lines: 'NATIONAL', 'COUNCIL', 'for Mental', and 'Wellbeing'. The words 'for Mental' and 'Wellbeing' are in a lowercase, italicized serif font, while 'NATIONAL' and 'COUNCIL' are in a clean, uppercase sans-serif font. The square is set against a background of several overlapping, semi-transparent, light beige rounded rectangular shapes of various sizes and orientations.

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