

Comprehensive Health Integration Framework and Collaborative Care Model



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for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
and operated by the National Council for Mental Wellbeing

The Comprehensive Health Integration Framework (CHI) and the Collaborative Care Model (CoCM) are resources for health systems, payers, provider organizations and programs. They offer complementary approaches to improving access to integrated physical and behavioral health care for people with overlapping needs. **This resource briefly describes CHI and CoCM and illustrates how they can mutually enhance each other.**

CoCM is a robust, evidence-based practice model for providing sustainable integrated behavioral health care in any primary or specialty medical care setting or organization (Unützer et al., 2020). CoCM demonstrably improves patient outcomes for cohorts of individuals with defined behavioral health conditions through team-based, measurement-informed care, supported by behavioral health providers working with the physical health team (Reist et al., 2022; Walker et al., 2021). Other key features of CoCM include patient-centered care, shared decision making, and population-based care through the systemic use of a health registry. As a specific practice model with dedicated billing codes, CoCM can be sustainably reimbursed by billing payers for the provision of CoCM services to the populations served.

CHI is an evidence-informed system (Smali et al., 2022; Smali et al., 2025) framework that incorporates elements of multiple interventions and practice models — including CoCM — that contribute to improved integrated services and outcomes for people of all ages with co-occurring physical and behavioral health conditions, in any type of behavioral or physical health setting. CHI enables any type of provider organization to measure its baseline stage of integration across eight evidence-based domains of integration practice. The organization can then use that baseline to plan and implement improvement in integrated services for its population. CHI is designed to guide system leaders and payers as they evaluate the stage of integration in their provider networks and determine how to invest in improving and sustaining integrated services across those networks.

CHI and CoCM are complementary. CoCM can be implemented without CHI, and CHI can be used by organizations that are not implementing CoCM. However, when used together in a physical health provider organization, they can be mutually enhancing:

- CHI provides a common language for working with behavioral health partners improving integration.
- CHI helps physical health organizations look at all possible interventions, including CoCM, that can be used to scale integration for varied populations.
- CoCM provides detailed guidance for sustainable implementation of an effective model for addressing and improving identified behavioral health challenges (e.g., depression, anxiety, SUD, ADHD) in a physical health setting (Reist et al., 2022; Walker et al., 2021).

CoCM fits well within the eight domains and three integration stages of CHI. Early implementation of CoCM in a physical health provider starts with a package of interventions that helps them go beyond **CHI Stage 1 (Screening and Enhanced Referral)** to meet criteria for **CHI Stage 2 (Consultation and Care Management)**. The package then can be **scaled up**, with other interventions, to help that provider achieve **CHI Stage 3 (Comprehensive Treatment and Population Management)**.

How CoCM Maps to the Eight CHI Domains			
CHI Domain	CoCM	CHI Domain	CoCM
Domain 1: Screening and Follow-up	There is systematic screening for behavioral health conditions and follow-up by CoCM team.	Domain 5: Integrated Teamwork	Behavioral health care manager, and psychiatric consultant are integrated in physical health team.
Domain 2: Prevention and Treatment of Co-occurring Conditions	Behavioral health care manager and PCP provide evidence-based pharmacologic and nonpharmacologic interventions.	Domain 6: Systematic Measurement and Quality Improvement	Measurement-informed care is provided for each condition, with continuous improvement of outcomes.
Domain 3: Care Coordination	Behavioral health care manager provides care coordination and registry tracking.	Domain 7: Linkages for social and environmental factors that affect health	There is care coordination for social and environmental factors that affect health.
Domain 4: Self-management Support	There are materials and guidance for patient activation for behavioral health conditions.	Domain 8: Administrative and Financial Sustainability	Care is financially sustainable using CoCM billing codes when cohort is taken to sufficient volume.

Resources

-  [CHI White Paper](#)
-  [CHI Definitions and Examples Handbook](#)
-  [CHI Self-assessment Guide](#)
-  [CoCM Implementation Checklist](#)
-  [CHI Framework Self-assessment Tool](#)
-  [CoCM Medicaid Coverage Guide](#)

Sources

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