In the United States, many state agencies, policy makers, payers, and foundations are exploring ways to advance health and healthcare through better integration of behavioral health—how it is delivered, how it is paid for, and policy support for it. However, within states many stakeholders interested or working in this space don’t know each other or know how to collaborate or how to connect to magnify the effects of their own work to bring about change. A process to organize and achieve this complex change effort is described here.

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<th>Why work at a state level?</th>
<th>Our philosophy</th>
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| To elevate the standard of care and achieve whole person health. | Listen first: “We start where you are—wherever that is with whomever you have”. No “one-size-fits all” or “canned” approaches | Bring people together in action through a natural progression:  
- Articulate key problem(s): this may include experiences that give rise to the need for integrated health services or barriers to integrating care  
- Identify and collect info and data that confirms, illustrates, illuminates, or clarifies the problem(s) and points to potential policy solutions  
- Develop a narrative that stakeholders readily understand and relate to using the problem statement and relevant information that provides direction and focus  
- Deliver action-oriented messages derived from the narrative, tailored to audiences and opportunities, using engaging products and modalities  
- Create a work plan with partners to move forward purposefully and confidently to advance policy for integrated care | Implementation requires granular expertise—methods and tools to:  
- Convene and facilitate multi-stakeholder groups  
  - Pose critical questions, capture results, feed back  
  - Synthesize conversations with fidelity to original language  
- Capture unique information and data to illustrate the key problem  
  - Networking tool to identify potential partners and the roles that they play  
  - Key informant interviews  
  - State data analytics  
- Use advisory committees to inform, connect, and offer a reality check  
- Develop policy and issue briefs relevant to state behavioral health needs  
- Deliver technical, adaptive, and leadership assistance to address the needs that matter most | Every state has a story to tell that demonstrates their progress to integrate behavioral health. State agencies, policy makers, payers, and philanthropic organizations each matter; their day jobs don’t leave much room to develop collaborations. Stakeholders are seeking tailored, responsive, and timely assistance to overcome systems barriers to integrate care, not a one size fits all approach. An effective partner meets them where they are. Stakeholders want help that is congruent with their current, local environmental context. Technical, adaptive, and leadership assistance are needed as a package and doing so requires tools that guide and teach. Taking integration of behavioral health to scale across a state is a complicated and complex problem that can be solved with tailored assistance & collaboration. |
| Fragmented systems and disconnected policies lead to barriers across domains: clinical, operational, and financial. | Start with the state policy agencies, payers in their health systems, and interested philanthropic organizations | Help people self-organize for action within the state and among the stakeholders to integrate care | | |
| Finding a state level approach to solutions facilitates integrated behavioral health for individuals, families, and communities. | Provide helpful help. “No one wants technical assistance, but everyone needs help.” That means a flexible combination of technical, adaptive, and leadership assistance that appeals to what already matters. | | | |
|  | Catalyze implementation to facilitate action, not purely make recommendations | | | |