

## Purpose

The problems and solutions needed to advance policy to achieve integrated behavioral health are local. To understand these problems and viable solutions, qualitative approaches to collecting and understanding the local experiences and expertise are helpful.

## How to use this tool

Identify the gaps in your understanding of the local context of integrating behavioral health and apply one or more for the following qualitative approaches to collect information on barriers and solutions to advancing integrated behavioral health. The Integration Networking Tool is a useful companion tool to identify key stakeholders to interview or convene. Consider a wide variety of stakeholders including: state agencies staff and leadership; policy makers; payers; providers and provider groups; professional organizations; educators and training programs; academics or content experts; quality improvement or technical assistance provider organizations; and philanthropic organizations.

## Build trust

Prior to collecting information, consider the level of disclosure and trust in initial stakeholder and partner conversations. The goal of bringing the stakeholders together in a trusting coalition will need to be stated up front, and the level of disclosure tailored to the level that the interviewed group is willing to take at that time. Experience shows that players become more trusting and disclosing over time as they work together on causes of importance to all. This form of community-building can be started by a skilled convener/catalyzer, but cannot be rushed.

## Key Informant Interviews

### WHAT

Key informant interviews collect in-depth information from key stakeholders, those who have first-hand knowledge or expertise on a topic. These key stakeholders, or informants, can provide an in-depth understanding of barriers and offer potential solutions and prioritization. Key informant interviews may be conducted by phone or in-person.

### WHO

Be inclusive when identifying key informants and consider who can provide in-depth information on the problem and solutions based on their experiences and expertise. Ask your informants for suggestions on who else may be important to speak with to expand your informant list. If informants identify someone who is resistant to integration, ask him or her for an interview – often these informants can provide valuable information on barriers and why past attempts to integrate care have not been successful.

### WHEN TO USE

To gather in-depth information on a problem and potential solutions; collect diverse perspectives; gather information on a sensitive topic or to get more candid responses.

### RESOURCES

UCLA Center for Health Policy Research Guide for Key Informant Interviews ([http://healthpolicy.ucla.edu/programs/health-data/trainings/documents/tw\\_cba23.pdf](http://healthpolicy.ucla.edu/programs/health-data/trainings/documents/tw_cba23.pdf));  
Robert Wood Johnson Foundation Qualitative Research Guidelines Project ([qualres.org](http://qualres.org))

## Site Visits

### WHAT

Site visits provide an opportunity to meet in-person with stakeholders.

### WHO

If visiting from out of state or another city, use key contact within the state to arrange the site visit. Determine opportunities to maximize site visits, including scheduling the visit to coincide with relevant committee or workgroup meetings (Examples: all payer work groups, or legislative hearings).

### WHEN TO USE

Site visits provide an opportunity to collect in-person information in a concentrated period. Site visits allow information to be gathered from multiple individuals within an organization, agency, community, or state.

### RESOURCES

Site visit information may be collected via key informant interviews, focus groups, or documented with field notes (Robert Wood Johnson Foundation Qualitative Research Guidelines Project: [qualres.org](http://qualres.org))

## Online surveys

### WHAT

Surveys disseminated using a web-based platform to collect information from a variety of stakeholders.

### WHO

A key benefit of online surveys is that they can be disseminated widely and are not limited by time of personnel to speak with individuals. Often response rate is low so consider disseminating widely, with prompts for follow-up, and send through a known email address to potential respondents.

### WHEN TO USE

Online surveys can be used to collect information from a large group of stakeholders. Online surveys can gather original responses on a set of questions, or be used to collect wider input or reach consensus on information compiled from key informant (such as draft vision, values, and plan for advancing integration). Online surveys may also be used to collect information in place of key informant interviews or site visits when resources are limited.

### RESOURCES

A variety of platforms are available including Qualtrics and Survey Monkey. Designing online surveys (Guide to the Design and Application of Online Questionnaire Surveys: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5506389/>);

Process of using online surveys and convenings to reach consensus (*[From Cacophony to Consensus – A Case Study: Creating Primary Care Behavioral Health Competencies in Colorado](#)*)

## Convenings

### WHAT

In-person meetings ranging in size from a handful to a hundred participants depending on your ratio of facilitators. May use a combination of small group and full group discussions.

### WHO

Invite diverse, action-oriented stakeholders (providers, payers, administrators, philanthropic organizations, non-profit, policy makers, agency staff) invested in the problem and solution, and who have the ability to inform or make policy decisions. Utilize an experienced facilitator who can objectively reach the goals of the convening.

### WHEN TO USE

Convenings provide an opportunity to combine expertise and generate energy to action to advance integrated behavioral health. They can be used as educational opportunities and to reach consensus to inform action.

### RESOURCES

Process of using online surveys and convenings to reach consensus (*[From Cacophony to Consensus – A Case Study: Creating Primary Care Behavioral Health Competencies in Colorado](#)*)

