COMMUNITY PARTNERS IN CARE
Compañeros Comunitarios en la Salud

Community Partners in Care (CPIC)

Community Engagement and Planning Framework

Facilitator's/Co-Leader's Guide to Running Work Plan Development

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Community Engagement and Planning Meeting Format

Each meeting should not exceed 2 hours. We suggest that for most meetings, the entire group meet together for 15 minutes to review the agenda, then break-out into groups for approximately 1 hour to work on all agenda items, and reconvene for 30 minutes to review progress and priorities for the next meeting. We would hope that the process of developing a community plan for depression care can take place over 4 months with two meetings per month of 2 hours each.

The suggested products for the groups at the end of this process will be:

a. A training on a community plan for depression care;
b. A written training guide for depression care;
c. A plan to implement the collaborative care model for depression within a network of agencies and a committee to oversee implementation of the plan.

The CEP workgroups will function autonomously from the CPIC Steering Council. Although the CEP workgroups may look to the CPIC Steering Council for guidance and consultation, the CEP workgroups should and will function separately and make their own decisions.

One other point that should be emphasized at the beginning of each meeting is that the work for this project is entirely voluntary and participants are free to participate as they are able to do without any adverse consequences for not participating. We understand if people are not able to attend every meeting due to other commitments. We value your participation at every level.

One of the analogies that we have used to explain the value of people's participation in the project has been to state that the workgroup's are like a bus on a road to improved depression care for the community. The project—like a bus—is something that people can get on and off at any point on the journey and we will understand that people can only do as much as they can do.

Also, the value of people's participation can be seen through the lens of the *Stone Soup* Story where everyone's contributions are valued and can add to the flavor and richness of the soup (the community plan for depression).

Facilitator and Co-Chair's Guide To Workplan

Thank you for agreeing to participate as a co-leader in the CEP workgroups. Your leadership will be invaluable for creating a plan for depression care in our communities. The goals of the CEP Workgroups are to create a Community Plan for Depression Care that builds on the strengths of individuals and agencies at the table and to train other agencies and community participants in the Community Plan. Although we trust workgroup participants have the wisdom and understanding of the needs in our community to come up with a community plan, we have taken the liberty to offer some suggested Goals, Methodologies, and timelines to complete the activities for a Community Plan for Depression Care at the end of the workgroups.

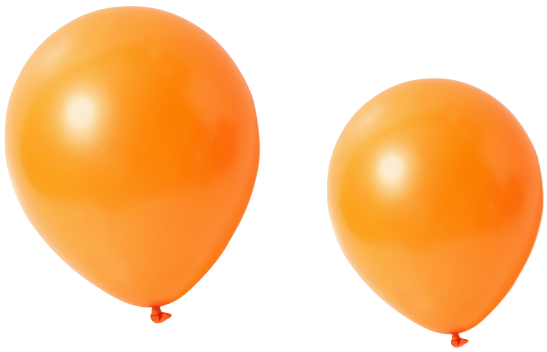
The suggested Action Plan Goals and suggested Session 3-6 community engagement activities are offered in an appendix. In addition, we have drafted potential agendas for Session 1 and 2 (Introduction Sessions) as well as for Sessions 7 and 8 (CEP Conference Preparation Sessions). Instead of offering agendas for Sessions 3-6, we are going to suggest tasks and goals for these sessions. Sessions 7 and 8 should be reserved for the development of the trainings. We also suggest that the date and place for the CEP trainings be finalized by Session 6.

The goal is that at the end of this process we hope to develop a plan to train agencies and the community in a better system to take care of those with depression.

This plan should be based on **Partners in Care (PIC)** – an evidence-based, collaborative care model to care for depression. Originally, the PIC intervention was developed for insured populations in primary care settings. However, the hope is that the CEP workgroup will review and adapt existing depression materials from the PIC toolkits, resulting in a community-wide plan for depression care that applies across different types of care settings. This plan will then be written as a guide for the CEP workgroup to refer to and to share with the community at large. The community will be able to receive training on this plan through a conference sponsored by the CEP workgroup at the end of the project.

Remember– these workgroups are part of a research project! In this research project, we are trying to determine whether the plan that these workgroups develop to implement depression care in SPA 4 and 6 works better than the trainings and support offered in the other arm of the study – Resources for Services (RS). As a research study, it will be important to let all participants know that they are taking part in a research study and to sign informed consents. The informed consents will outline the participant observation and the note-taking that will be going on during the Workgroups to assess how the workgroups are functioning.

At the end of this document, there are both informed consents and a script that explains the goal of notetaking and participant observation. These scripts should be read by the facilitators and the consents should be collected by the CPIC study staff. As it is certain that participants / workgroup members will come and go, it is important at the start of every meeting to ask who new members are and make certain that a study staff member reads them the informed consent and asks them if they would like to be a participants in this part of the evaluation.



For the co-chairs and facilitators – you are the guardians of our project's mission. The suggested tone of the meetings should be one of mutual respect. It is the responsibility of the co-chairs and facilitators to ensure that everyone is heard and that all voices and input are valued in the meeting. If someone is not speaking up and is quiet, one suggestion would be to gently solicit their input on a subject without pushing them too much. Also, please remember to laugh and have fun at these meetings. We are dealing with a serious topic – but it is so important to see this as a place where we can all create solutions and joy at the same time.

As co-chairs and facilitators, it may be helpful to have phone calls in between meetings to assess the progress to date and to plan for the next meeting.

Each meeting may benefit from an agenda and the use of Robert's Rules of Order.

You will have resources for leading the group. There will be a person assigned to your group to take notes, to call / email people to remind them of meetings, to bring food and refreshments to the meetings, and to assist you with developing meeting agendas.

In addition, each group will have a modest sum to hire expert consultants to answer any questions or to assist with any work. There will be also be funds set aside for food to have at least two "get togethers / social mixers" for workgroup participants.

All group co-chairs will also have an "academic" co-chair who will be affiliated with CPIC as well as another community facilitator from the project – generally affiliated with the two lead community partners on CPIC's Steering Committee – Healthy African American Families, Behavioral Health Services, and Queenscare Health and Faith Partnerships.

Draft Meeting Agendas

Below are examples of possible meeting agendas that can be adapted by the group as it proceeds.

Each session is 2 hours.

Session 1: "Organize the Workgroups and Develop a Vision" (Orientation)

Goals for today: Get to know each other and get organized

a. Community Engagement Activity (Get acquainted):
   Introduce yourself and tell us what is the "win" (your vision) for you and your agency participating the CEP workgroup. *30 min*

b. How can we make this work for me at work, my agency and our community? *45 Min*
   1. A co-presentation by the CPIC Steering Committee Representatives: What we hope to achieve from the CEP-CPIC network for depression care and how to customize & disseminate this toolkit for our community;
   2. Present the CEP Manual and rationale for the study to the group. Within this presentation, there should be a discussion of collaborative care in general and an introduction of the Partners in Care toolkit more specifically;
   3. Roles and Responsibilities – Please make certain to emphasize both the work leading up to the study (CPIC's 3 years of work) and the work that will take place after the workgroups in the implementation and dissemination phase (combination of CPIC Council and Academic Leaders). The roles and responsibilities that the study hopes you and your agencies will take on will be briefly reviewed in Session 3;
   4. Briefly review some of the suggested tasks. These tasks will be in the CPIC Action Plan *30 min*;
   5. Discussion *15min*

Proposed Workgroup Structure and Tasks: *45 min*

We propose dividing the group up into two groups: **Administrators** and **Therapists / Care Managers / Case Managers**.

The facilitators should ensure that there is a process to elect a community co-chair for each group. Before this takes place, the group should be alerted to the roles and responsibilities of the co-chairs. A suggested set of tasks for completion are outlined in Draft CPIC Action Plan: Goals 1 & 2.

For the purposes of this study, **Administrators** may be people who are responsible for overseeing one program, many programs, or an agency. An administrator may also be an individual who is an administrator's designee or an agency liaison for the purposes of the project.

Therapists / Care Managers / Case Managers will be any person who is a direct services provider and whose main job is with clients/patients/customers. For social service agencies, this will be case managers and social workers. For primary care clinics, this can be MDs, nurses, social workers, nutritionists, health educators and even clerical staff. For organizations that do not traditionally offer health services, it may be best to ask the Co-chairs or the CPIC Steering Council representatives in which group people may fit best, as there will be a place for everyone at the table.

Suggested Materials for workgroup participants and facilitators to review before Session II:

- Review the CPIC Toolkit
- Read the document *"How Different Agencies Can Work Together to Care for Depression"*
- Explore the materials in the Care Manager, Clinician, and Therapist toolkits.

Session 2

Goals for today: Review the CPIC toolkit as a basis for planning training for providers.

a. Community Engagement Activity: *15 min*

"The Cost of a Dream": This engagement exercise is designed to view the character traits inherent in a person who perseveres with a dream against all odds.

The Methodology: A story about Booker T. Washington will be printed in 10 sections. Ten people will be asked to read their section. Once the story has been read, the group will be asked to identify:

1. The Vision;
2. The Valley; and
3. The Victory in the story.

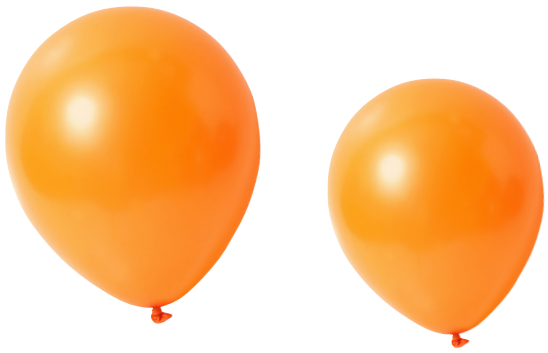
Materials:

1. The African American Book of Values
2. Copy machine & paper
3. Easel with paper and markers

b. Recap last session *5 min*

c. Developing the Workgroups and Workgroup Leadership Structure (continued). *30 min*
   1. Recap proposed tasks and goals of each workgroup;
   2. Nominate Group co-chairs and structure for meetings;
   3. Discuss group resources such as administrative assistants;
   4. Group consultation: individuals will self-select into which work-groups they will go.
   5. ** CEP Council will be developed at the end of the CEP planning process to oversee implementation and to participate in evaluation and re-tooling**
   6. Responsibilities of co-chairs:
      i. Facilitate workgroups;
      ii. In between meetings co-chairs will review agenda for next meeting and track progress of workgroup task completion;
      iii. Supervize administrative assistant (who will assist in completing tasks and communicating with the group for meetings)
      iv. Each workgroup will start reviewing, modifying, and prioritizing tasks for the next 6 sessions. The groups may start allocating and / or working on tasks.

d. Break-out *60 min*
    1. Break-out Group 1: Administrators: Collaboration across agencies for depression care.
        i. Facilitators will lead a review of the Collaborative Care model and the Partners in Care materials.
    2. Break-out Group 2: Therapists: Review CBT materials, adaptations and supervision plan.
    3. Break-out Group 3: Case Managers: Services delivery, staff coordination and trainings for depression care.
        i. Facilitators will lead a review of the Collaborative Care model and the Partners in Care materials. Review Resources for Services and goals for collaboration at the program or staff level.
        ii. Also offer the Care Manager supervision plan.



Session 3: Collaboration and Allocating Depression Care Tasks Across Agencies

a. Administrator Group Potential Tasks:

1. Discuss collaboration across agencies and programs. What are the existing collaborations within the group? Give examples of successful collaborations and their value and benefits to your agencies and community.
2. When the groups break up, administrators can start discussing task allocation by individual people in different agencies. Referral patterns should start emerging from this discussion. At this point the study team may point out resources that the team can offer, such as how an administrative assistant can help track items and how the networking tool can work to track referral patterns.
3. *Homework:* Review task allocation and example MOU's.

b. Therapist and Care Manager Potential Tasks:

1. The program staff can come together to discuss what they do and what tasks they can take on. First, there would be a group of case managers / outreach workers who can discuss screening, education, referral and follow-up, and a second group that would discuss therapy and supervision options.
2. *Homework:* Think about supervision / therapy structure and for case managers - review / think about what scope can be taken on for the study patients, i.e. are the study materials realistic as currently developed for care / case managers?

c. Share main points *25 min*

Goal: to see if task lists between administrators and providers match up.

Session 4

a. Suggested Tasks for Administrators: Discuss resources needed for services coordination, such as MOUs and a navigation system.
    1. One subcommittee of administrators should discuss MOUs and information sharing concerns like HIPAA issues. An MOU should be brought along as an example. Another subcommittee will work to divide up tasks. The goal is to review and revise MOUs. This will likely take a bit of time due to the administrators having to bring the MOUs back to their agencies for review. This should be a subcommittee item that would be addressed at every session with the understanding that this might not be settled for several months or more; especially for county agencies.
    2. Review task allocation by staff.
    3. Assign homework or collection of examples.
    4. *Homework:* Review Mou's and Information sharing issues with agencies

b. Suggested Tasks for Therapists / Care Managers: Begin developing the training
    1. Select leaders for training by component/profession.
    2. Review examples of how training is done and develop rapport with project leaders and materials. The goal is to review and refine homework items. For instance:
        i. Review and refine supervision / therapy structure;
        ii. For case managers: review and think about what scope is realistic for the study patients; i.e. are the study materials realistic as currently developed for care / case managers? What modifications need to be accomplished? One way to determine whether more outreach is needed is to do some role playing around what outreach might end up looking like.
    3. For therapists, the study itself might be able to provide some resources for CBT supervision. However, we should also explore what barriers agency supervision might encounter and to whether crossing these barriers will be feasible given agency rules and compensation issues.
        i. *Homework:* Review supervision structure notes that will be provided by administrative assistants from project and review with administrators.
    4. For outreach workers, determine a realistic scope for the training. Factors that will impact this is worker capacity, agency regulations and licensing issues.
        i. *Homework:* Review tasks with administrators at all agencies, especially for agencies that do not usually take on health, social service or mental health scopes like parks and recreation.

Session 5: Looking at Community Assets and Gaps

a. Potential Tasks for Administrators: Discuss communication strategies and review resources needed for the emerging plan.
    1. Agenda item: Review MOUs, information sharing
    2. An additional agenda item for this session will be:
        i. Client eligibility will be needed to be ascertained in this component. How do we assure that agencies can take certain clients? One example would be a client who is eligible for services at one agency, but not eligible at another agency in the area.
        ii. Communication plan: The communication plan should consist of utilizing the administrators to form a CEP Council during the implementation phase to determine what works and troubleshoot / refine what doesn't work.
        iii. Discuss what additional agency resources will be needed and how their agency will be affected by the project's goals.
    3. *Homework:* MOU, additional agency resources, information sharing, and now thinking about a conference to re-train their agencies in these approaches. Also review and revise broader study goals, including an implementation plan and the resulting council that will be needed. In addition in this session, we will emphasize that after the training and follow-up is complete, we will determine which solution is better (RS or CEP), and then re-train the community in what is best.

4. One potential resource for implementation will be to examine the Institute for Health Improvement's website for utilizing the PDSA (Plan, Do, Study, Act) Cycle: http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/setting+aims.htm
5. Can resources be brought in if needed? How will agencies' work be affected by project goals? How can it fit?

> Another important / essential point is how to notify a client about the CEP network and the resources available within the CEP network so that the client will be aware of the options they have. The administrators will have to determine the best way to do this and which staff members at which agencies will be assigned to complete this task. This may be an outreach worker or program staff / clinician. But this will be essential to getting the client activated.

b. Potential Tasks for Therapists / Care Managers: Training Preparation
    1. Review how preparation for training is going. Logistics for the training (i.e. venue, agenda, speakers, etc.) should be finalized by Session 6.
    2. Develop a plan to provide ongoing support/supervision for trained staff after the training.
    3. Review *Stone Soup* or another community engagement event: Experience the benefits of collaboration.
    4. Review the new outreach training program with a member of the CPIC Steering Council.

Photo courtesy of QueensCare Health and Faith Partnership

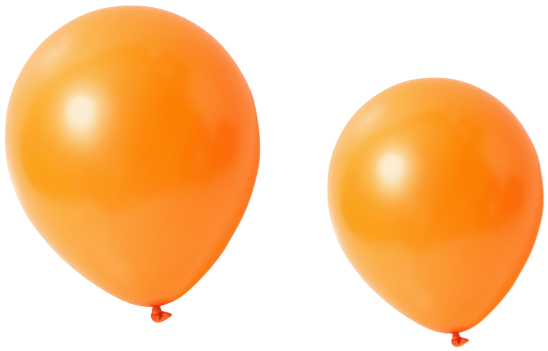
Session 6: Plan the Training Conference: Start the Plan III

a. Potential Tasks:

1. Date and Agenda: Review date, place, agenda, invitees, speakers and resources needed for training.
2. Develop CEU/CME requests.
3. Implementation Assessment: Who will assess the implementation of the community plan developed by CEP? How will we measure our success in terms of process and quality of care? What are we going to do after the implementation period is complete?
4. Finalize Supervision Structure for Therapists: Review and refine agency / administrator feedback on supervision structure.
5. Finalize outreach / education structure.
6. Think through how to adapt existing tracking and training materials to address new tasks; also begin to think about how to train others in the newly-developed approaches.
7. Also review and revise broader study goals, including the implementation plan and the council that will be needed. In addition, emphasize that after the training and follow-up is complete, we will determine which solution is better (RS or CEP) and then re-train the community in what is best.

b. Break-out Group: Administrators: “Walk” and talk through the agreements reached, the referral flow, and the communication channels needed.
    1. Discuss how progress during implementation will be monitored through meetings and feedback. *90 min*

c. Check-in: Share key information across groups about the near-final plan.



Session 7: Plan Review: Implementing Collaborative Care Tasks across the network

a. Review what organizational structure will be put into place to monitor the implementation: CEP Council.

b. Also how do we track quality? Do we utilize:
   1. Care manager tracking logs?
   2. Care manager tracking logs with outcomes at the client level?
   3. A team-based review of study clients (or others who used the forms/methods) for care managers?
   4. An option for chart reviews internally (not for research) like an organization might do with quality assurance (QA)?
   5. Therapist forms for tracking therapy supervision and outcomes?
   6. A larger team review of progress?
   7. Finally, is there a potential for team-based feedback/recommendations to primary care or other providers (from items 2 or 3)?

c. *Homework:* Think through how to adapt existing tracking and training materials to address new tasks; Also begin to think about how to train others in the approaches developed.

d. Also review and revise broader study goals, including the implementation plan and the council that will be needed. In addition, emphasize that after the training and follow-up is complete, we will determine which solution is better (RS or CEP) and then re-train the community in what is best.

Session 8: Dress Rehearsal

a. Community Engagement Activity *15 min*

This exercise will give participants an opportunity to express their creativity while exploring their collective work over these 4 months. This product gives them an opportunity to place the collaborative experience in an artistic format.

1. The Methodology: The facilitator will divide the group into teams of no more than 4. They will receive a brief information session of shields and how the internal designs were created and fashioned: meanings and visions, etc. Each team will be given a large shield to design. Each team will then discuss their shield in front of the group upon completion.

Materials:

1. Shields (Oriental Trading Company)
2. Markers
3. Paper for doodling drafts
4. Pencils

b. Conference Preparation *15 min*

By session 6, the issue of dates and places for the conference should be set.

Briefly, the whole group should come together so that the co-chairs from the different groups present the training plan.

One example of a workshop aimed towards administrators would be "Collaborating Between Agencies to Care for Depression." In this workshop, there would be administrators from the CEP group training other administrators on what is needed for interagency collaboration (e.g. MOUs, consents to manage HIPAA, staffing your agency for depression care, and supervision structure).

For the clinicians and program staff, there may be a workshop at the training called, "Therapy for Depression" that would train clinicians on psychotherapies for depression;

Another example of a type of workshop would be "Medication management for Depression" which would be for clinicians who prescribe medications for depression, and for non-medical staff to understand more about medications;

"Case managers: detecting depression and linking clients up for depression services" would go over basic patient education for depression, detection of depression, and how to track people with depression to make certain that they get what they need;

Other examples of a workshop may address peer approaches to depression care like reducing the stigma around depression using the arts.

c. Break-out Groups: Administrators and Therapists / Care Managers *90 min*
   1. Walk through the training and support agenda: Make sure everyone is comfortable with their roles. Discuss how to promote two-way knowledge exchange and cultural competence.
   2. An important task in addition to the conference to consider discussing in the administrator portion will be how implementation will be monitored through meetings / feedback.

d. Check-in: Share key information across groups about the near-final plan.

Session 9: Plan Review

a. Review Conference Preparation and CEP Training Manual *60 Min*

The Conference Preparation and Review session should be flexible to complete any last minute work that needs to be done. The workgroups may need to complete slides or practice their presentations for the training. In addition, they may want to review the workbook assembled with the staff for the entire Community Plan.

Questions to ask the group might be "Does the plan fit the needs of the community to reduce the burden of depression? Does it build on the strengths of the community and build community capacity? *60 min*

b. Celebrate and socialize. *60 min*

For this particular time, we should socialize and celebrate all of the work that we have done over the last several months. The meal here should be more nicely catered than the prior meals and there might be certificates of completion that can be offered for participation.

CPIC Community Engagement Planning Council Evaluation Overview Script

Note: to be presented at the first meeting of each Community Engagement (CE) Planning Council—one in the Hollywood/Metro (SPA 4) study area and one in the South LA (SPA 6) study area.

Introduction

Much of the uniqueness of the CPIC project and what it hopes to accomplish is expected to occur here in the CE Planning Council. For that reason, it's very important to CPIC as a research study to document and learn from the experiences of the Planning Council through an ongoing set of evaluation activities.

We appreciate your letting us take a few minutes at the beginning of this meeting to explain what types of evaluation activities we have planned and how we intend to use the data we collect and feed back to you.

CEP Council Evaluation Activities

The CE Planning Council Evaluation procedures consist of 3 data collection methods:

1. Observation Notes of the Council's group process. These notes will be taken by a designated member of the CPIC project's Implementation Evaluation team, who will sit in on Council meetings. Council members will also have the opportunity to supplement the observation notes by submitting their own "Meeting Reflection Sheet".
2. A Group Self-Assessment Survey will be taken by Council members twice during the Council's approximately 4-month planning period.
3. Feedback Sessions of the Observation Notes and Survey results will also be provided twice during the Council's planning period

In addition, we also intend to use the Council's Meeting Minutes that it records for itself, as part of the evaluation analysis in order to help us understand the implementation strategies, decisions, and action plans taken by the Council over time.

Purpose of the CEP Evaluation Activities

The main objectives of the CEP Evaluation Activities are to:

1. **Learn from your experiences** as members of the CE Planning Council. The Community Engagement process envisioned in CPIC is relatively unique and not well studied—we don't have, nor claim to have, any "right" answers on how it should be done. This is an "appreciative" evaluation to understand how the process unfolds and compile lessons learned, not to critically evaluate or judge the Council's actions;
2. **Track the participatory and group process** of the CE Planning Council over the course of its planning period;
3. **Provide feedback to the CE Planning Council** to (a) check that we have accurately documented your experiences and (b) give opportunities for the Council to reflect and improve how it works for all participants;
4. **Provide a level of transparency** commensurate with a community-partnered participatory research project like CPIC, which allows ways for you to see the data we are collecting and add or amend to the information. This includes opportunities for input during the feedback sessions, as well as to submit your own "meeting reflections".

General Benefits and Burdens

The general benefits of participating in the CE Planning Council evaluation activities include:

- Improving how the CE Planning Council works and how Council members work together
- Some satisfaction in discussing areas identified by the evaluation that the Council as a group perceives itself to be doing well
- Improving general understanding based on your unique experiences and lessons learned for conducting this kind of community-partnered project

The risks and burden associated with the CE Planning Council evaluation activities include:

- Time required to participate in the two Self-Assessment Surveys and two Feedback Sessions
- Some uncomfortableness in discussing any difficult or challenging group process issues identified through the evaluation

We have also attempted to lower the burden of the evaluation on Council members in a variety of ways:

- Relying on separate, designated CPIC research staff to take observation notes and organize the feedback sessions;
- Limiting each Self-Assessment survey to approximately 10 minutes;
- Using the Council's Meeting Minutes that it will already be documenting for its own purposes;
- Making other activities optional and at the convenience of Council members (e.g., submitting Meeting Reflection Sheets)

Confidentiality

In addition, we treat all the information we collect on the CE Planning Council with confidentiality.

To help ensure confidentiality, the main survey data will identify participants using codes rather than names. Given the nature of the observation and feedback discussion notes, this data will contain personally identifiable information of Council members. However, we will not report any of the CE Planning Council evaluation data in any way—either for formative purposes or external to the project—that will identify individuals or their agency affiliations, except with the individual's permission or as required by law. Only CPIC project research staff and Steering Council members responsible for collecting and analyzing the observation notes will have access to this data in identifiable form.

Participation in each of the CEP Council evaluation activities is entirely voluntary. "Opt-out" procedures are also included for the observation and feedback discussion activities for individuals who decide not to have their remarks from those activities included in the data collected for the evaluation. An individual's decision to not participate in any or all of the CEP Council evaluation activities will not affect their participation in the CPIC project in general, nor their relationships with other participating agencies.

We will explain specific confidentiality and consent procedures for each evaluation activity separately before we begin each one.

Questions?

Does anyone have any questions about the evaluation process for the CE Planning Council?

[Once any questions are answered:]

If you have any questions about the evaluation process for the CE Planning Council at any time, please feel free to talk to the Observer for your Planning Council, or contact the academic or community co-leads for the CPIC Implementation Evaluation team. You may also contact RAND's Human Subjects Protection Committee if you have any questions about your rights as a research subject.

The contact information for the co-leads of the CPIC Implementation Evaluation team and the RAND Human Subjects Protection Committee are included on the Observation Consent Form I'm about to give you.

Observation Consent

Lastly, since we plan to begin taking observation notes for this meeting, we'd like to just take 2-3 minutes more to review the Observation Consent Form.

[Review and collect signed Observation Consent Forms from all subjects in attendance.]

Thank You

Thank you again for taking the time out of your meeting to go over the evaluation activities for the CE Planning Council. We appreciate your participation as we try to understand, document, and learn from how you go about the Council's important work.

Observation Activity Consent Form

Purpose of the Council Observation

The specific objectives of the Observation activity for the CE Planning Council are to:

- Understand the group process of the CE Planning Council as it unfolds and develops lessons learned from the Council's experiences;
- Provide an outside fresh "pair of eyes" that can report information on the group's process to the CE Planning Council;
- Help to accurately interpret the results of the CE Planning Council Self-Assessment Survey;
- Minimize the burden on the CE Planning Council for documenting its group process by providing a designated project research staff member to document the process.

What we are asking you to do

- **Allow a designated "Observer" from the CPIC project research staff to document your participation and remarks in CE Planning Council meetings.** Although the Observer's role is to document, rather than participate in the meetings, you or other Council members may ask questions and interact with the Observer as any other member at any time.
- **Meeting Reflection Sheets (optional).** At any time during the Council's planning period, you may submit a one-page "Meeting Reflection Sheet" form to anonymously include any comments you may have about a meeting into the Observation Notes. Meeting Reflection Sheets will be available at the meetings, and you may submit them in a specified comments box at the back of the meeting room, by fax or by mail.

We also intend to supplement the Observation Notes we take and any Meeting Reflection Sheets you submit (which focus on group process) with the Council's **Meeting Minutes** that it records (in order to also understand the implementation strategies, decisions, and action plans taken by the Council over time).

The information collected through these activities, as well as through a Self-Assessment Survey, will be summarized and fed back to the CE Planning Council twice during the course of the Council's Planning period. The purpose of the **feedback sessions** will be to (a) check that we have accurately documented your experiences and (b) give opportunities for the Council to reflect and improve how it works for all participants.

Confidentiality

The data we collect through the Observation and related evaluation activities will remain confidential. We will not report any information that is gathered in connection with the Observation Notes, Meeting Reflection Sheets, Meeting Minutes, or Feedback Discussion Sessions in any way—either for formative purposes or external to the project—that will identify individuals or their agency affiliations, except with the individual's permission or as required by law. Only CPIC project research staff and Steering Council members responsible for collecting and analyzing the observation notes will have access to these data in identifiable form.

Participation in the Observation activity is entirely voluntary.

- You may exclude any specific comments from the Observation Notes by prefacing your remarks during meetings as "off the record" or "not to be recorded".
- You may choose not to participate in the Observation activity, which will exclude your comments from automatically being recorded to use in feedback to the Council and developing lessons learned from the CPIC initiative and will require that you preface any remarks as "on the record" or "please record" in order for them to be included.
- Your decision on whether to participate in the Observation or related evaluation activities will not affect your participation in the CPIC project in general nor your relationships with other participating agencies

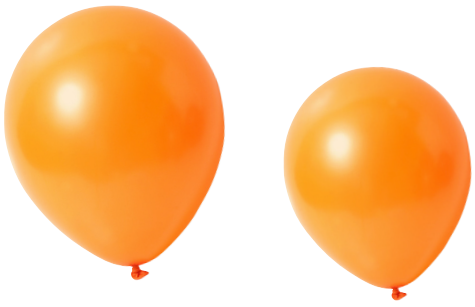
For Questions and Additional Information

For questions or additional information about the Observation activity, please ask the designated Observer for your CE Planning Council or one of the co-leads of the CPIC Implementation Evaluation team:

Peter Mendel, PhD
Academic Co-Lead
Social Scientist
RAND Corporation
Email: mendel@rand.org
Tel: (310) 393-0411, ext. 7194

Elizabeth Dixon
Community Co-Lead
Director
QueensCare Health & Faith Partnership
Email: edixon@queenscare.org
Tel: (323) 644-6180

For questions regarding your rights as a research subject, contact the RAND Human Subjects Protection Committee at:
Tel: (310) 393-0411, ext. 6369.



Consent to Participate

☐ I agree to allow the CPIC project staff Observer to take Observation Notes of my participation in the CE Planning Council.
I understand that I can supplement these Observation Notes by submitting a Meeting Reflection Sheet at any time during the Council's planning period and that I may still have specific discussion comments excluded from the Observation Notes by prefacing my remarks as "off the record" or "not to be recorded".

☐ I do not agree to allow the CPIC project staff Observer to take Observation Notes of my participation in the CE Planning Council.
I understand that this will exclude my remarks during the CE Planning Council meetings from being automatically recorded for use in feedback to the Council and developing lessons learned from the CPIC initiative, and that I will need to preface any remarks as "on the record" or "please record" in order for them to be included.

Signature _____

Name (printed) _____ Date ___ / ___ / _____

NOTES