

Community Partners in Care (CPIC) Collaboration Agreement

This MEMORANDUM OF UNDERSTANDING is hereby made and entered into by and between the RAND Corporation (RAND), the University of California, Los Angeles (UCLA), the University of Southern California (USC), QueensCare Health & Faith Partnership (QCHFP), QueensCare Family Clinics (QCFC), Healthy African American Families (HAAF), Los Angeles Urban Health League (LAUL), and COPE Health Solutions (COPE), and all organizations and/or individuals who agree to become a participating academic and community partners in CPIC after January 1st, 2008. The name and signatures of these organizations and individuals are found on the Addendum.

This Collaboration Agreement establishes the principles of community participatory research that are generally applied in projects carried out between academic and community partners. Under this agreement, all the parties involved serve as a guardian for these research principles on behalf of community, and facilitate the equal participation in community research of collaborating communities and academic partners.

PART I: Partnership Principles and Procedures

Community Participatory Research Principles: This project will follow principles of community participatory research (Minkler and Wallerstein, 2002). The underlying principles are:

- 1) The project seeks to enhance the community's welfare through empowering the community to address its own health issues.
- 2) The project will be designed to increase community academic knowledge of the issue.
- 3) Community and academic participants will be involved in all project phases, including planning, implementation, research and evaluation, analysis, interpretation, and dissemination.
 - a. Community participants and academic researchers contribute to the shaping of the project issues and scope.
 - b. Interested members of the community and community agencies will be provided opportunities to participate in the research process.
 - c. Project membership is considered to be open and inclusive of those who wish to join and are willing to participate actively, rather than closed or exclusive in membership.
 - d. This project will have a Steering Council, consisting of both academic and community partners who agree to commit to regular meetings and have an oversight role. The Council will be co-lead by both an academic and community partner. The Council will be convened by the co-chairs or their designees from within the same organization. The Council will attend to barriers to participation, and uphold the principles of this agreement. The Council will also set a policy for authorship of products from the project, after the formal project phase is concluded. The usual expected policy will

be circulating the product/press release/presentation abstract to the co-signatories of the agreement for comments. A broader circulation list may be designated by majority vote of the Steering Council.

- e. The Steering Council will also have a Partnership Development Subcommittee, Products and Dissemination Subcommittee, and an Executive Committee co-lead by an academic and community partner. The Partnership Development Subcommittee will be responsible for brokering relationships with organizations that will aid in identifying community agencies that may serve as recruitment sites for the project. The Products and Dissemination Subcommittee will provide oversight for product and dissemination issues. The Executive committee will consist of one representative from each partner organization. The Executive Committee will be available for time sensitive decision making and approvals.
 - f. This project will have three workgroups; Operations, Methods, and Intervention. Each workgroup will be co-lead by an academic and community partner. The Methods workgroup will consist of three committees; Measures, Design, and the Implementation Evaluation Committee. Each committee will also be co-lead by an academic and community partner.
 - g. All participating members (academic and community participants) are acknowledged as having expertise and commitment that is relevant to the scope of the project.
 - h. Community participants will be partnered with academic participants in analytic issues, including interpretation, synthesis, and verification of conclusions, and supported as needed in the research and scientific methodology.
 - i. Community participants will be partnered with academic participants in identifying the relevant project outcomes.
 - j. The project will periodically assess the experience of participating for community and academic participants and attend to their concerns.
- 4) The project may consider the political, social, and economic determinants of the main health issue addressed by the project.
 - 5) Mechanisms to voice and resolve differences of opinion or concerns about fairness of the process will be implemented through the Steering Council, and each participating agency will have one vote.
 - 6) Dissemination of the research results will be the responsibility of all project participants, and academic and community partners will have opportunities for presentations and publications, under the governing conditions of the Council (see below).

Rights, Conflicts, and Responsibilities: Acknowledging that conflicts in partnership most commonly arise over financial matters, credit for work, and responsibility and opportunities for publication and dissemination, the following sections present principles and models for handling those issues within the project.

Financial Arrangements: Each partnership agency contributes to the project at least in part through in-kind contributions, particularly in development phases. Academic and community partners will work together to consider their specific needs for funding activities related to the project and their overall needs for financial stability. Resources have been allocated to each of the lead partner agencies in the parent study, CPIC. Additional resources will be sought through add-on studies. Partners will collaborate to determine the best agency fits for these additional studies. Plans for developing financial support for the project, including services and research, will be submitted to the Steering Council for review for fairness and equity in relation to partner need given the project, prior to submission.

Authorship for Product and Publications Development and Presentations: This is a community-based participatory research project, in which academic centers and community agencies participate as full partners in all phases of the project. This means that the project design, data collection, analysis and interpretation of data, publications, presentations, and other products will be generated with community participation. Participation of individuals in particular products will be based on participation in the work supporting the product, with oversight of the relationships and resolution of any disputes through the Council. We will follow usual journal guidelines regarding authorship on papers. Authors will be expected to contribute to papers and be responsive to reviewer concerns in a timely manner (i.e., within two weeks or as designated by the Council). Some papers may have a group of participants acknowledged with a shorter list of authors, spanning the major categories of participants. Research Works developed jointly by academic centers and community partners shall be jointly owned by all contributing partners, and decisions regarding marketing and distribution shall be jointly made by all contributing partners. In general, research works shall be disseminated for public benefit, either freely or at nominal charge to cover distribution/processing fees.

Ordinary journal policy is for the paper's first (or senior, sometimes last) author to decide on authorship list and order, but the Steering Council will resolve disputes and has the right to review overall fairness of the process. At the Council level, the full Council will discuss and act as advisory, but the final resolution will be by majority vote among the main partners who have executed the Collaboration Agreement.

Data Ownership: At the end of the project or at reasonable interim stages, each academic and community site/partner will retain a copy of the full de-identified data file, based on Council review and recommendations. Issues of ownership of the data will be regulated by the Council. Any site owning data, or participating in collecting data for the project, must review its role through their internal IRB and/or sign a certificate of compliance with the lead academic IRB for the project. Even if a participating

site/partner is minimally involved in the project or not entitled to the full de-identified data file, they will receive a summary of the data.

Internal Review Board Responsibility: It is requested that each participating community partner have at least one participating member (i.e., the Council representative) complete a certification of training for human subjects research through the lead academic partner's Internal Review Board (IRB) website (e.g., UCLA). Each participating partner should determine the status of its own IRB board, and develop plans to coordinate any IRB review through its agency with the review(s) of other participating IRBs.

Review of Papers, Products, and Press Releases: During the life of the project, submitted research papers and abstracts for presentations will be circulated to the Council and to lead participants of partner sites at least one week and preferably two weeks prior to their submission for review and comment. There will be a 5-10 day turn around time for comments to the lead author. Each product will have one or two lead individuals to permit accountability.

While input and full exchange among participating partners is encouraged, consistent with usual scientific policy, partners will not have the right to block submission or enforce changes on scientific papers. Rather, it is expected that the first or senior author of each project will review comments from partners, discuss major differences of opinion with the partners involved, and circulate the final version to partners. If substantial disagreements over interpretation remain, then the lead author (first and/or senior) will include a statement in the discussion section, clarifying the nature of the disagreement in interpretation among Council members for the project. The dissenting Council member(s) also have the right to submit a letter to the journal's editor for publication concerning their disagreement in interpretation.

Similarly, products for community release and presentation will be circulated for comments to community and academic partners, providing a one-to-two week turn around time.

Disputes concerning fairness in authorship or concerning the fairness of internal review, including adherence to the principles of this agreement, will be resolved in discussion by the Council. The deciding vote is by majority vote among the co-signatories of the Collaboration Agreement. The Council also has the right to request a review of disputes over scientific issues by outside scientists and community members. An author/project participant who is not a member of the Council also has the right to request that the Council grant an independent review.

The intent of this agreement is that a balanced consideration will be given to community and academic perspectives in interpretation and presentation. If necessary, the Council has the right to request, in advance of project development, equal academic and community co-leaders.

The Council will develop a plan for handling press releases to ensure coordination with press offices of academic and community partner agencies. For example, press release responsibilities may be handled by the organization of the lead author of a given product; may rotate among participating agencies with press offices; or be delegated to one agency's press office, with coordinating support from other agency press offices. This issue will be overseen by the Products and Dissemination Steering subcommittee.

PART II Project Description: Community Partners in Care

The project "Community Partners in Care" is a community participatory research partnership project involving the RAND Corporation (RAND), the University of California, Los Angeles (UCLA), the University of Southern California (USC), QueensCare Health & Faith Partnership (QCHFP), QueensCare Family Clinics (QCFC), Healthy African American Families (HAAF), Los Angeles Urban Health League (LAUL), and COPE Health Solutions (COPE).

The purpose of this project is to build a network of partners in the community to collectively make quality depression care available to those who need it in the community. The premise is that a network of partner agencies will provide better care than disconnected agencies that address a single piece of the puzzle. The participating agencies and clinics will include social service agencies, mental health facilities, primary care facilities, substance abuse agencies, and faith-based ministries and churches.

These network agencies will be the experimental group (or intervention group), and will receive toolkits from previously successful projects that significantly improved depression and other social indicators such as employment. These improvements were found in minority and low-income populations, and the improvements lasted over time. In addition to the toolkits, the agencies in the experimental group will receive training including toolkits use and strategies for improving care. They will receive general support in network-building with other agencies. Network agencies will come together to determine how to work together as a team, share resources (e.g., information and staff time), learn from each other, and provide the best services possible.

Agencies will be recruited and randomly assigned to be in an experimental group or a comparison group. The comparison group will receive training in the same toolkits as the network agencies, but will not have the support of the network team.

The project will screen approximately 5,000 clients who go to both groups of social service agencies. The clients will be screened for depressive symptoms. Approximately 600 clients will be enrolled in the study. Their outcomes (such as depressive symptoms) will be compared with those who go to the comparison group agencies. In order to determine whether the project makes a difference over a longer period of time, the study will follow the clients and survey them periodically over three years.

The study will also look at the effectiveness of the network-building process itself. The agencies and providers will participate in focus groups and complete surveys to see if their participation changes the way they usually provide services. Another dimension the study will look at is whether an agency's past experience in implementing quality improvement programs makes a difference in client outcomes.


The model of partnership that the network-building is based comes from an ongoing project in Los Angeles, Witness for Wellness. This project has created a successful community and academic partnership for addressing depression in the community. This partnership model is described in the January, 2007 issue of the *Journal of the American Medical Association* (Jones and Wells).

PART III: Termination of Agreement


Any agency may terminate this MOU by giving the other agencies ninety (90) days written notice. Termination of this MOU by any agency shall not affect any phase of the study. Any agency wishing to terminate this MOU shall allow them sufficient time to complete any activities/tasks that if left incomplete can prevent the study from moving forward.

PART IV: Agreement Signatures

The following parties represent the main participating academic and community partners. The signatures indicate agreement with the terms of this agreement.

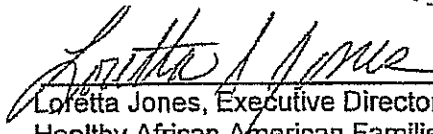


Joanne Shelby, Director
Contract & Grant Services, RAND DATE 12/19/2007

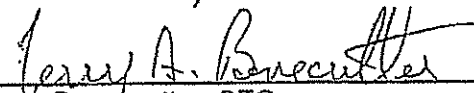


Jeanne Miranda, Professor
University of California, Los Angeles DATE 12/20/07

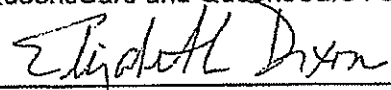
DATE 1 1
Leopoldo Cabassa, Assistant Professor
School of Social Work, University of Southern California




Lofetta Jones, Executive Director
Healthy African American Families DATE 12/29/07



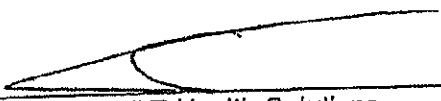
Terry Bonnetcutter, CEO
QueensCare and QueensCare Family Clinics DATE 12/31/07



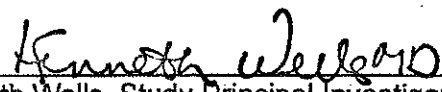
Elizabeth Dixon, Director
QueensCare Health and Faith Partnership DATE 12/18/07



Anthony Maddox, Interim Chief Neighborhood Officer
Los Angeles Urban League DATE 02/14/2008




Allen Miller, CEO, COPE Health Solutions DATE 1/5/08



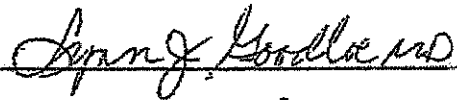
Kenneth Wells, Study Principal Investigator
RAND Corporation DATE 12/19/07

Addendum to Community Partners in Care (CPIC) Collaboration Agreement

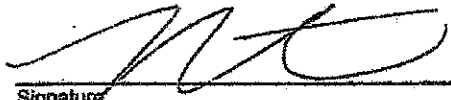
The purpose of this addendum is to obtain signatures of organizations and/or individuals who, after January 1st, 2008, agree to represent the main participating academic and community partners in CPIC. The signatures indicate agreement with the terms of this memorandum of understanding as it stands. Addendums may change roles and responsibilities.

 DATE 2/25/09
Signature

Henry van Oudenoster, CEO
Full Name, Title, Organization

 DATE 9/23/08
Signature

President National Alliance on Mental Illness (NAMI)
Full Name, Title, Organization Urban Los Angeles Chapter (NAMI UrbanLA)

 DATE 9/23/08
Signature

Executive Director
Full Name, Title, Organization

 DATE 4/27/10
Signature

Janet Kelly, Executive Director, PATH
Full Name, Title, Organization

Signature DATE / /

Full Name, Title, Organization