Table 1: CPIC Intervention and Training Features by Condition

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<tr>
<th>Initial Model</th>
<th>Resources for Services (RS)</th>
<th>Community Engagement and Planning (CEP)</th>
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|                                                                                | 1) Depression care collaborative care toolkit (manuals, slides, medication pocket cards, patient education brochures and videos) via print, flash drives, and website.  
2) Trainings via 12 webinars / conference calls to all programs and site visits to primary care  
3) Expert trainers: nurse care manager, licensed psychologist cognitive behavioral therapy trainer, three board-certified psychiatrists for medication management, experienced community service administrator supporting cultural competence and participation  
4) Community engagement specialist for up to 5 outreach calls to encourage participation and fit toolkits to programs  
5) Study paid for trainings and materials at $16,333 per community. | 1) Depression care collaborative care toolkit (manuals, slides, medication pocket cards, patient education brochures and videos) via print, flash drives, and website.  
3) Expert trainers: nurse care manager, licensed psychologist cognitive behavioral therapy trainer, three board-certified psychiatrists for medication management, experienced community service administrator supporting cultural competence and participation  
4) 5 months of 2-hour, bi-weekly planning meetings for a CEP councils to tailor materials and develop and implement a written training and depression service delivery plan for each community, guided by a manual and community engagement model. The goal of the plan was to support increased capacity for depression care through collaboration across a myriad of community programs.  
5) Co-leadership by study Council following community engagement and social justice principles to encourage collaboration and network building  
6) $15,000 per community for consultations and training modifications |

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<th>Implemented</th>
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<td>Overall</td>
<td>21 Webinars and 1 primary care site visit</td>
<td>Multiple one-day conferences with follow-up trainings at sites; webinar and telephone-based supervision</td>
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| Cognitive Behavioral Therapy (CBT) and clinical assessment                    | Manuals (Individual and group) and 4 webinars offered for licensed physicians, psychologists, social workers, nurses marriage and family therapists | 1) Manuals (Individual and group)  
2) Tiers of training: For licensed providers plus substance abuse counselors: a) intensive CBT support included feedback on audiotaped therapy session with one to two depression cases for 12-16 weeks, b) 10 week webinar group consultation, and for any staff trainee, c) Orientation workshops for concepts and approaches. |
| Case management                                                               | Manuals, 4 webinars and resources for depression screening, assessment of comorbid conditions, client education and referral, tracking visits to providers, medication adherence, and outcomes, and introduction to problem solving therapy and/ behavioral activation; for nurses, case workers, health educators, spiritual advisors, promotoras, lay counselors | 1) Manuals  
2) In-person conferences, individual agency site visits, and telephone supervision for the same range of providers.  
3) Modifications included a focus on self-care for providers, simplification of materials such as fact sheets and tracking with shorter outcome measures. Similar range of providers and staff as RS.  
3) Training in active listening in one community; training of volunteers to expand capacity in one community  
4) Development of an alternative “resiliency class” approach to support wellness for Village Clinic |

| CEP                                                                           |                                                                                             |                                                                                                       |
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| **Medication and clinical assessment** | 1) Manuals, medication pocket cards.  
2) For MD, Nurses, Nurse practitioners, physician’s assistants; training in medication management and diagnostic assessment; webinar and in-person site visit to primary care  
| 1) Manuals, medication pocket cards.  
2) Two-tiered approach with training for medication management and clinical assessment coupled with information on complementary / alternative therapies and prayer for depression, through training slides; and second tier of orientation to concepts for lay providers.  |
| **Administrators /Other** | Webinar on overview of intervention plan approaches to team building/management and team-building resources  
| 1) Conference break-outs for administrators on team management and building and team-building resources; support for grant-writing for programs  
2) Administrative problem-solving to support “Village Clinic” including option of delegation of outreach to clients from RAND survey group, identification of programs to support case management, resiliency classes, and CBT for depression  |
| **Training events** | 21 webinars and 1 site visit (22 hours) (combined communities)  
CBT (8 hours)  
Care management (8 hours)  
Medication (1 hours)  
Implementation support for Administrators (5 hours)  
| 144 training events (220.5 total hours) (combined communities)  
CBT (135 hours)  
Care Management (60 hours)  
Medication (6 hours)  
Other Skills (19.5 hours)  |
Lower percentage with MCS-12≤40 indicates improved mental health related quality of life. P=0.98 at baseline; p=0.009 at 6-months; p=0.028 at 12-months. RS= Resource for Services, CEP=Community Engagement and Planning.
Figure 2. Mean MCS-12 Score at baseline, 6- and 12-months by Intervention Condition

Higher MCS-12 score indicates improved mental health related quality of life. P= 0.80 at baseline; p=0.21 at 6-months; p=0.51 at 12-months. RS= Resource for Services, CEP=Community Engagement and Planning.
Figure 3. Scatterplot of MCS-12 Scores by number of days from baseline survey by Intervention Condition.

Data were limited to completed cases who participated baseline, 6-, and 12-month follow-up telephone surveys. Q1: 25th percentile, Q3: 75th percentile. RS=Resource for Services. CEP=Community Engagement and Planning.
Figure 4. Scatterplot of indicator (MCS-12≤40) by number of days from baseline survey by Intervention Condition.

Indicator (MCS12≤40) against time since baseline, with sequences of data on 20 randomly selected participants as connected line segments in each intervention arm.