| Phase | Challenge | Our Solution | Recommendations and Lessons Learned |
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| *Building an Infrastructure* | Selecting and recruiting PBRN members | • Respected community leader initiates the PBRN idea<br>• Members recruited based on prior common experiences.<br>• Formal memorandums of understanding.<br>• Commitment for 4-5 staff members and peers in meetings.<br>• Agencies presented information about themselves and their clients.<br>• Academic partner with history of community based research.<br>• A motivated partner from the CTSI worked as a liaison. | • Begin with members that you have collaborated with before.<br>• Similar philosophical attitudes<br>• Involve a wide base<br>• Give all partners a chance to become acquainted.<br>• Find academic partner with a history of building and sustaining relationships with community organizations.<br>• Need a motivated champion to generate interest and knowledge |
| | Establish leadership structure | • Steering committee of agency heads from community partners, the academic PI, and the research navigator from the CTSI.<br>• Head of steering committee directs meetings. | • Determine leadership of a single leader, co-leaders, a steering committee, or a combination.<br>• Determine roles to alleviate leadership burden |
| | Connect to PBRN mentors | • Contacted an experienced member of a primary care based PBRN<br>• Gained insight on the development and operations of other PBRNs. | • Find local and national mentors (individual researchers, clinicians, and national groups such as AHRQ). |
| | Initial financial support | • SC CTSI provided a small pilot grant for development of the PBRN and the first research project. | • Obtain pilot funding to develop the initial study and/or to support initial formation of the PBRN. |
| *Development of the Research Question and Method* | Identifying topics of interest to study | • Used **Reflective Practitioner** process to generate, refine, select, and implement a research topic with community partners (see Figure below).<br>• Literature reviews used to narrow down potential topics and to inform | • Expect some dissatisfaction with selection of topic as one domain is unlikely to please all participants.<br>• Foreshadow future projects so frustrations do not inhibit participation. |

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| | | community partners about existing research. | |
| | Identifying a study method | • Card study format chosen for ease and speed of administration<br>• Required minimal time from community partners. | • Select a streamlined process for your first study.<br>• Process should be highly inclusive of all members of the PBRN to improve engagement and investment. |
| *Execution of a Study* | Execution of the study | • All agencies attempted to sample up to 100 participants.<br>• Clinical members collected data, using their personal relationships with participants to encourage participation.<br>• No compensation was provided for completing surveys. | • Challenge members to meet high targets, which helps the agencies to build capacity for future projects.<br>• Clinical members of the PBRN can leverage their connections to consumers to encourage participation. |
| | Administrative burdens of responsible conduct of research | • All agency members of the data collection teams completed CITI training.<br>• Academic PI explained the process of approvals, importance of pilot testing, and revision of data instruments. | • Prepare your community partners for time and energy involved in obtaining IRB approvals, getting CITI certified, and pilot testing.<br>• Prepare academic partners for delays related to building consensus with outside partners. |
| *Interpreting Findings, Dissemination, Internal Reflection, and Sustainability* | Dissemination of findings internally, locally, nationally | • Findings were presented to the steering committee and then to the whole membership of the PBRN.<br>• Discussion of the findings and future steps for the PBRN occurred.<br>• Identified national venues to present the PBRN's findings. | • Internally present findings to all members of the PBRN.<br>• Encourage clinical members to identify local (local DMH) and national (conferences and trade publications) places to disseminate.<br>• Academic partners can assist with publishing in academic settings.<br>• Attend national PBRN conferences to network with other PBRNs. |
| | Internal reflection and adjusting expectations | • All the members were invited to reflect on the process and outcomes of the initial study. | • Getting feedback on the process from your members can provide important insights on how to adjust your process |

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| | | • Concerns were raised and addressed for improving the inclusiveness of the research topic selection for future projects.<br>• Concerns about communication and preparing for shifts in leadership were important issues for sustaining the PBRN.<br>• A leader that was relatively new to their organization, but had relationships with all the agencies and the academic partner, was chosen. New agency members frequently have more flexibility in their workload and have enthusiasm for novel projects. | for future projects and to build enthusiasm for the PBRN.<br>• Build consistent communications, in person or by email, so PBRN members remember the importance of the group.<br>• Anticipate turnover in leadership, as this a common issue in a caregiving industry and can be disruptive to the cohesion and reliability of the group. |
| | Expansion of network | • Steering committee members identified the important characteristics of potential additional members.<br>• A meeting to share results with potential partners was organized. | • Presentations of the results from the initial study can be marketing for recruiting other members<br>• Expansion of the network will improve the likelihood of its sustainability. |
| | Ongoing financial Support | • Small amounts from the academic partner's university were used to fund exploratory work for next study.<br>• Grants from local foundations and national foundations were researched and academic and clinical partners promised to work on the application. | • Financial support for PBRNs need to be not only for an individual study but to sustain the infrastructure of the group.<br>• Asking PBRN mentors and academic partners for guidance on identifying potential funding streams can facilitate this challenging process.<br>• Build into grant proposal funding for community partners' steering committee and other participants' time investment. |

# Reflective Practitioner Steps

| STEP 1: GENERATION | STEP 2: SELECTION | STEP 3: EVALUATION | STEP 4: VOTE | STEP 5: STUDY | STEP 6: FOLLOW-UP |
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| ROCC members polled mental health providers from 4 participating agencies at an all day forum. We identified 99 potential research questions that were then categorized into 23 domains by post doctoral fellows. The 10 domains with the most perceived interest were selected for presentation to the full ROCC membership. | At a second all day forum, 10 domains were discussed and refined into researchable questions. Identified questions were evaluated based on criteria developed by Knox and Lomonaco. A score was given for each criterion. These scores were tallied for a composite score for each question. The four highest scoring questions advanced to the next step. | Following the forum, the fellows added literature reviews for the 4 highest scoring topics and created sample card studies for each research question. | Members voted electronically for their preferred research question. | The selected card study was pilot tested and refined by the research team. After obtaining IRB approval data collection occurred at member sites. | The researchers analyzed data and presented findings to ROCC, locally, and nationally. |

*Criteria**

1) Will it change my practice?
2) Will it change my colleagues' practices?
3) Is it feasible?
4) Is it publishable?
5) Is it fundable?
6) Is there a provider champion?