Reviewer's report

Title: Using the Collaborative Intervention Planning Framework to Adapt a Health Care Manager Intervention to a New Population and Provider Group to Improve the Health of People with Serious Mental Illness

Version: 1

Date: 15 October 2014

Reviewer: Benjamin BH Henwood

Reviewer's report:

Major compulsory revisions:

This is a well described CBPR framework for adapting an existing evidence-based intervention (i.e. PCARE) to a cultural/ethnical specific population. Given this framework, there is one fundamental point that went unaddressed: Why PCARE? That is, the study seems to pick up after the decision to use PCARE had already been made. There may be good reason for this, but given the extensive needs assessment work that was described, it would seem the choice of the intervention would be part of this process that is described. This is an important question since there are other models of care navigation (e.g. peer navigators – see Brekke, Siantz, et al., 2013 “Bridge” intervention), and there are other approaches such as embedding primary care within the mental health clinic. Of course there are constraints on or facilitators for these different models, but these issues currently go unaddressed.

Discretionary revisions:

What does it mean that the CAB members “represented implementers of the intervention” (in the implementation adaption method section)?

In the paragraph preceding the “Step 3” section, the authors make a point to describe the values, experiences, and preferences on the patient population as Hispanic? Is this based on the 40 interviews that had been conducted with patients at the clinic? Is this also based on CAB member perspectives? Is there a suggestion that these perspectives are distinctly Hispanic?

Was the PCARE model devoid of directives on interpersonal dynamics (e.g. care managers should show clients respect) or was it that these directives were not culturally tailored (e.g. show respect by addressing someone as Senorita)?

A personal health record (PHR), it seems to me, is an intervention. Rather than being an adaptation to the PCARE intervention, it seems more accurate to describe it as an addition to the PCARE intervention. If the authors understand this differently, could they please explain/justify?

3 paragraphs before the discussion, the authors describe adaptations required to have a social worker, as opposed to a nurse, implement PCARE. Yet it is unclear
why this adaptation was made – that is, why a social worker as opposed to a nurse. Please explain (there seemed to be an argument for this in the discussion – social workers deliver most of the mental health care in the U.S. -, but no rationale as part of the study).

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests.