

The Statewide CDSMP Collaborative provides guidance to promote, implement, and coordinate the sustainability and expansion of the Chronic Disease Self-Management Program Series statewide.

Statewide Chronic Disease Self-Management Program Collaborative

Non-Financial Partnering Member Agreement

This agreement is entered into by the Statewide CDSMP Collaborative and

Name of Agency

The purpose of the Statewide CDSMP Collaborative is to acknowledge our common goals of implementing, scaling, embedding, and sustaining chronic disease self-management education.

The intention is to collaboratively adopt best practices and standards that create a shared road map, and shared opportunities, toward reaching our common goals.

The goal is to have the membership of the Statewide CDSMP Collaborative include *CDSMP License Holders, State agencies, community-based organizations, interested hosting agencies, adjunct professionals, and others* dedicated to the mission of the Collaborative.

By signing this agreement you indicate you agree with the stated mission of the CDSMP Collaborative:
The Statewide CDSMP Collaborative provides guidance to promote, implement, and coordinate the sustainability and expansion of the Chronic Disease Self-Management Program Series statewide.

Toward fulfilling this shared mission you agree to become a Partnering Member within the Statewide CDSMP Collaborative.

As a **Partnering Member** of the Statewide CDSMP Collaborative your responsibilities include:

- a) Understanding that while offering the CDSMP Program Series workshop(s) at your site, you will be jointly accountable to follow the rules and regulations regarding instruction and administration of the CDSMP in accordance with the Stanford licensing requirements.
- b) Conducting workshops in accordance with the CDSMP Leaders Manual without changes, and creating no derivatives of the program.
- c) Providing suitable space for workshops (complying with Americans with Disabilities Act standards), healthy snacks and water for attendees for your classes.
- d) Actively recruiting participants for classes and lay leaders.
- e) Responding within the next business day to referrals received through the CDSMP Collaborative Centralized Referral System when active.
- f) Maintaining ongoing communication with the Statewide CDSMP Collaborative.
- g) Submitting a calendar of classes on the attached forms including locations, projected group size, target population for participation (general chronic disease or diabetes) and delivery language (English or Spanish). This includes the identified lay leaders (2/class minimum). Submitting updates and changes to the CDSMP Collaborative as early as possible.
- h) Collecting data on the Statewide CDSMP Collaborative forms. To assist you we request you complete a data collection webinar which will be available live and on the Statewide CDSMP Collaborative website.
- i) Ensuring lay leaders submit required forms including, but not limited to the Workshop Information Cover Sheet, Attendance Log, Participant Information Survey, and Participant Evaluation forms for all workshops within thirty business days after each workshop.

Statewide CDSMP Collaborative Database, Attention: Sharyl Wakefield, COAW
Sharyl@coaw.org 2575 S. Wadsworth Blvd., Lakewood, CO 80227, 303-984-1845 FAX: 303-984-5962

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- j) As a Partnering member, you agree to participate in the fidelity program designed by the Statewide CDSMP Collaborative.
- k) Participating by choice in specially funded projects and in joint funding. The specific information will be made available on a per-project basis. Your organization agrees to actively participate in Statewide CDSMP Collaborative planning events including conference calls, webinars and/or in-person meetings for these joint opportunities.
- l) Participating in the annual rotating coordination of the Statewide CDSMP Collaborative including being willing to act as Chair. (Current Chair serves through December 31, 2014)
- m) Understanding that adherence to data collection, paperwork, and fidelity rules as approved by the Collaborative will determine the ability to receive funding and/or reimbursement for future projects.
- n) Working jointly with other organizations in planning for the sustainability and scalability of the CDSMP series throughout Colorado.

Your organization in performing the services as specified in this agreement, shall act as an independent voluntary participant. Any and all employees of your organization shall be considered to be, at all times, your employees under your sole authority.

Further, your organization and the Statewide CDSMP Collaborative shall mutually indemnify and mutually hold harmless from any and all claims, liabilities, losses and causes of action which may arise from acts, errors or omissions of yours or any of its employees or agents in conjunction with its obligations under this service agreement.

Responsibilities of the **Statewide CDSMP Collaborative** to the partnering members include:

- a) Maintaining communications with Partnering Members.
- b) Coordinating with appropriate governmental agencies, health systems, and funders for the benefit of the entire Collaborative.
- c) Maintaining the website www.SelfManagementColorado.org including the common calendar of each offered CDSMP series, including contact person and location.
- d) Publishing the Collaborative approved fidelity procedures.
- e) Recording and forwarding referrals received through the Statewide CDSMP Collaborative Centralized Referral System.
- f) Providing technical assistance to Partnering Members on topics including data collection, new paperwork procedures, new fidelity procedures, joint marketing efforts, embedding classes within patient centered medical homes, handling referrals from health providers, and program sustainability.
- g) Access to participant books and CDs at the Statewide CDSMP Collaborative rate. Once prices and procedures are established you will be provided with this information.
- h) Providing access to joint projects and funding opportunities.

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The terms of this agreement will be effective as of the date of signing and will remain in effective until revoked in writing by the **Statewide CDSMP Collaborative** or the partnering member.

Signatures affixed below indicate agreement to the terms and conditions stated:

Connie Young
Statewide CDSMP Collaborative Chair

Date

Authorizing Signature

Date

Print Name

Name of Agency/Partnering Member

(____) _____
Telephone

Email _____

Fax _____