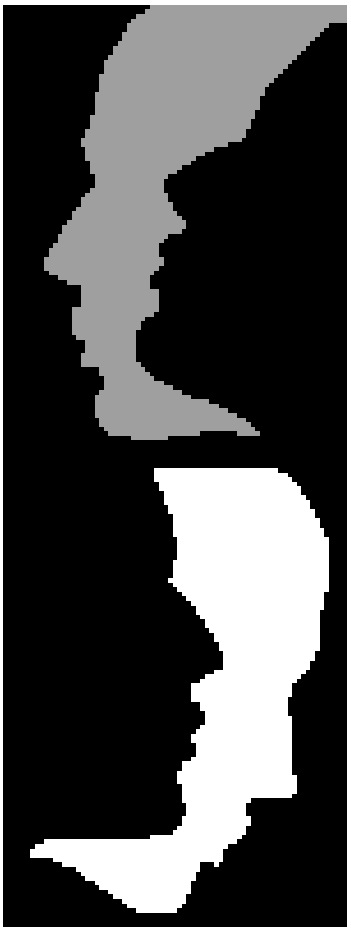
Virginia Health Care Foundation
Model That Made It

Pro Bono Mental Health Program
Program Development Handbook



A Community Collaborative to Provide Free Mental Health Care to Low-Income, Uninsured Persons

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Foreword: The Making of Stone Soup

Three soldiers came upon a village. They were hungry, and asked the peasants for food. But, none was to be had. Everyone, it seemed, was short of food…

These soldiers were weary, but had cunning and determination. They announced that they would make soup from stones. Everyone was curious. As it began to boil, the first soldier took a taste. Good, but a single carrot would improve the flavor. A peasant came running with a carrot. Upon another tasting, the second soldier quietly remarked that a cabbage would make it much better. Another peasant produced a cabbage. Then came a bit of beef, a few potatoes, barley and milk.

"Never had the peasants tasted such soup. And fancy, made from stones!"

This classic children's book by Marcia Brown delivers a powerful message. Our Pro Bono Mental Health Program is much like Stone Soup. Leaders of our Board of Directors are the soldiers, staff stir the pot, and local mental health professionals all give a little bit to create something truly magical.

Just like the soup, a program that is based on volunteer resources is not a permanent solution. We created the program as a temporary answer to a growing problem—that of poor access to mental health care for low-income, uninsured persons. Although progress is being made, we could not wait until all of our nation's citizens have access to affordable mental health care and all insurance plans provide full parity in levels of coverage for physical and mental illnesses. Certainly, we all need to keep up an intense level of advocacy for health policies that do not discriminate. In the meantime, implementing a Pro Bono Mental Health Program can be a very pro-active step toward making a real difference.

It is our goal that this Program Development Guide will enable Mental Health Associations and other non-profits across the country to easily implement this remarkable program. It contains four years of knowledge and experience-- a tried and true recipe for Stone Soup. Together, we can feed the whole village.

Best of Luck to you.

Amy Forsyth-Stephens, MSW
Executive Director
Mental Health Association of the
New River Valley, Inc.

Acknowledgements

I wish to acknowledge the many wonderful people who devoted their time, talents and energy to the development, implementation and ongoing operation of our Pro Bono Counseling Program, on which this Program Development Guide is based. Let me begin by thanking the Carilion Community Health Fund, which has provided three years of funding for the program. Janet Crawford, Vice President of Carilion Behavioral Health, was one of our first supporters, and her faith in this model has been integral to our ongoing success. Susan Gring and Linda Hodges of the Carilion Office of Community Partnerships have provided valuable guidance along the way, especially in the area of program evaluation.

Heidi Levine, Ph.D., LCP, was the president of our Board of Directors during the formative years. She had the vision, knowledge and interpersonal skill to set the idea in motion. Her successor, Robert Hendrickson, Ph.D., LCSW, was and continues to be a perfect community role model for his professional peers, donating over 100 hours of Pro Bono treatment each year.

Our two dedicated psychiatrists deserve recognition. Drs. Gary Rooker and Narcisa Cinco have reliably provided our psychiatric component for the past two years. They have contributed a great deal to the success of the program, and to the lives of their many Pro Bono patients.

Many others have sat on the Oversight Team during the past three years, providing the necessary policy direction and program visibility : Lee Cooper, Martha Farrar, Rhoda Janosik, Marie Moon Painter, and Laurie Shea. All are proven leaders with patience, humor and benevolent spirits. All have my utmost respect.

Lastly, our tireless Clinic Coordinator, Mara Servaites, is credited with much of our success at recruiting and retaining local mental health professionals. She does it all with a smile and a compassion that never waivers. She makes even the most hectic days bearable. Mara also created and compiled most of the materials for the Forms and Documents Binder. May you all be blessed with a Mara.
Amy Forsyth-Stephens
August 2000

About this Guide

This Program Development Guide is based on the Pro Bono Counseling Program implemented in the New River Valley region of southwestern Virginia in May 1998. It is meant to be a guide, not a cookie cutter. Your program may look very different in response to local needs, available resources, political realities, and local or state regulations. This guide is not meant to serve as a substitute for legal consultation. Please consult local attorneys and mental health professionals, especially in the areas of liability, medication, and medical records.

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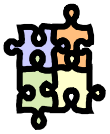
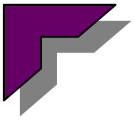
Key to Icons used in this Handbook

Lesson Learned (Don't repeat our mistakes!).

Provided in the Accompanying Forms and Documents Binder, in hard copy and on disk.



A Program Basic Idea or Concept.



Memorize this. You'll be saying it a lot

Chapter 1

What is a Pro Bono Mental Health Program, and Why is it Needed?

Pro Bono is Latin for "for the good." It is commonly used in the medical and legal fields to refer to professional work done for charity, or for a reduced fee. If a professional is working "Pro Bono," he or she is conducting their usual work, but is accepting little or no compensation. This can be done for tax purposes, image boosting, or, most likely, because of generosity of spirit and a desire to contribute to one's community.

Most professions have an expectation of some degree of "charity" work. This expectation can be in written form, perhaps in formal codes of ethics, or in non-written but commonly accepted standards shared in professional journals and at professional meetings. The professions making up the field of mental health are no exception.

Managed Care Enters the Picture

Throughout most of the twentieth century, mental health professionals were free to determine how much charity work they would perform, and what they would charge their clients. However, professional self-determination in all areas began to diminish when Managed Health Care took over in the 1990's.

Managed Care was suddenly everywhere. If a mental health professional in private practice wanted to be able to accept

Mental Health Professionals are Expected to do Charity Work

The National Association of Social Workers Code of Ethics: "Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return."

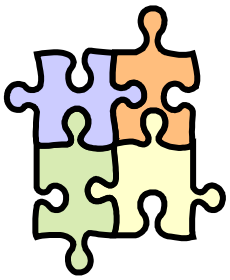
The American Counseling Association Code of Ethics and Standards of Practice: "Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return."

The American Psychological Association Ethical Principles of Psychologists: "Psychologists are encouraged to contribute a portion of their professional time for little or no personal advantage."

reimbursement by insurance companies (and most did if they wanted to have an income), then they had to apply to become a member of the insurance company's health provider network. This meant signing contracts and playing by the insurance company's rules. It also usually meant a reduction in fees received by the professional, and an increased need for large-volume, little-waste practices.

Managed Care also brought many changes to the consumer. Almost overnight, there were restrictions on eligibility, ceilings on numbers of outpatient visits and hospital days, and impersonal gatekeepers working for insurance companies making critical decisions on the other end of a long distance telephone call. Mental health professionals with decades of schooling and experience saw their clinical decisions overturned by insurance companies in far-away states with different agendas.

Managed Care Networks also tightened the reigns in another very important way. Most contracts presented to professionals stipulate a fee schedule that must be followed. *And contracts also stipulate that the reduction of these fees, or not charging these fees, is a violation of the contract*. Social Workers, psychologists, counselors, psychiatrists—many were legally stripped of their rights to perform any type of charity work in their practices.



Managed Care generally prohibits charity work by the mental health providers in their networks. In order to legally donate their services, providers need to volunteer for a non-profit clinic that is separate from their own practices.

Some mental health professionals refuse to accept Managed Care's moratorium on charity work. A few continue to see clients on a sliding scale according to their income, but do this "under the table." A few others whisper to needy clients to not fret when the bill arrives, but to just pay what they can afford. Others might serve a few clients but not leave a paper trail for insurance auditors to follow.

All of these options have been used, but all are flawed. Technically, these actions likely constitute insurance fraud if the clinician is a member of even one Managed Care network. A majority of mental health professionals simply have become accustomed to the heavy hand of Managed Care, and regrettably play by the rules.

Pro Bono Clinics Allow and Reward Charity Work by Mental Health Professionals

Understandably, mental health professionals are searching for a legal and convenient way to do what their professions expect of them— some degree of charity work. If Managed Care prohibits this in their contracted practices, an alternative is needed.

That alternative is the Pro Bono Clinic. When mental health professionals donate their services to a community clinic and receive no compensation, this is outside the realm of their practices, and thus outside of the jurisdiction of their Managed Care contracts. The Pro Bono Clinic provides the legal auspice which allows counselors, social workers, psychologists, and psychiatrists to donate services to the needy. Working as volunteers under the umbrella of a Pro Bono Clinic, mental health professionals can donate as much charity work as they desire, and every minute is perfectly legal. In fact, instead of being clandestine about this aspect of their professions, they can be openly celebratory and receive public recognition for their volunteerism.

Mental health professionals welcome a Pro Bono Clinic because it is a haven from Managed Care. Not only do they not need to worry about violating any fee schedule, they no longer have to get authorization for services from a third party. They can use their own clinical skill to drive decision-making. They decide how long to see a client, how often, and when to terminate. The sense of professional autonomy missing from today's practices is a key feature of a Pro Bono Clinic, and it makes volunteering even more attractive.

The Growing Ranks of the Uninsured and Underinsured

The statistics on the number of Americans without adequate mental health insurance are alarming. Latest statistics from the Bureau of the Census report that 16 percent of Americans are uninsured. Of these, 75 percent are members of employed families who cannot afford to purchase insurance coverage. The Preface of The U.S. Surgeon General's Report on Mental Health, released in December 1999, states the following:

"Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender. A key disparity often hinges on a person's financial status; formidable financial barriers block off needed mental health care from too many people regardless of whether one has health insurance with inadequate mental health benefits, or is one of the 44 million Americans who lack any insurance."

The <u>Uninsured</u> have no coverage for mental health treatment, including no Medicare, Medicaid, or other third-party reimbursement. All costs for treatment are out-of-pocket. The <u>Underinsured</u> are those who have health insurance, but cannot afford to use it because of high deductibles and co-payments.

The term "underinsured" refers to those persons who are covered by a health insurance policy, but cannot afford the co-payments and/or deductibles. (In reference to children, their parents cannot afford the copays and/or deductibles.) Low-income persons often find themselves in this situation. For example, a woman working in a factory for little more than minimum wage may pay $85 per month to be included in the company's group health insurance plan. She is technically "insured." However, in order to get treatment for depression, she would need to first pay out-of-pocket a $500 annual deductible, and then a 50% co-payment for each outpatient visit. This makes treatment financially out-of-reach for low to moderate-income persons who struggle to house and feed their families.

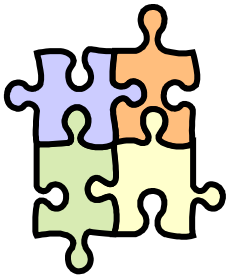
Congress has taken steps to make it unlawful for large companies to offer group insurance plans that have differing deductibles and co-pays for physical vs. mental health treatment. This step toward parity is just that—a first step. The law does not apply to small companies, with under 50 employees, and companies may opt-out if they claim that parity costs are excessive. Continuing to advocate for insurance parity will do much to improve access to mental health care for the underinsured, but it will not help the 44 million uninsured Americans.

Few Options for the Working Poor

In the 1960's, America had a network of Community Mental Health Centers (CMHCs), which were primarily outpatient clinics for the working poor. Then came deinstitutionalization, and the focus of the CMHCs changed from general outpatient services to community support for the seriously and chronically mentally ill. The seriously under funded public mental health system found that it could not be all things to all people. Finance-driven priorities were enacted in all states. "Priority Populations" were served first. Any money left over was used to provide general outpatient services to those not yet sick enough to be deemed "priority."

A low-income, uninsured person is not a priority for treatment with public dollars. He is not being discharged from a state psychiatric hospital. He is working, so he is not disabled. He does not receive Medicaid, so his illness has

not become chronic and severe. In fact, he has no insurance, so the public clinic would be lucky to recoup any portion of the cost of his treatment. He is last on the waiting list. He often goes without critical services—services that could prevent his illness from becoming disabling, his productivity dropping, and his family life crumbling.



Pro Bono Mental Health Programs match eager volunteer professionals with the under-treated working poor.

It's a Match!

Pro Bono Mental Health Programs match eager volunteer professionals with the under-treated working poor. The mental health professionals who are searching for a means to legally donate their services to the needy can do so. The working poor with few options for treatment can receive superb care, for little or no cost. Everyone benefits, including the community at large.

Even the sponsoring non-profit organization benefits, since rarely is a program so justifiable, so cost-efficient, and so proven to make a measurable impact. A Pro Bono Mental Health Program makes sense in today's health care environment.

Two Goals of a Pro Bono Mental Health Program

1. ***To increase access to mental health treatment for low-income persons who are uninsured or underinsured.***
2. ***To provide a legal and convenient means for mental health professionals to volunteer their services to the needy.***

Chapter 2

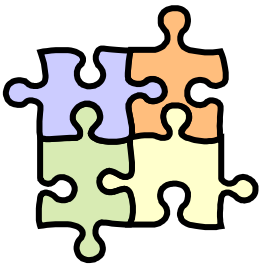
Garnering Local Support for a Pro Bono Mental Health Program

As anyone versed in real-world human service delivery knows, statistics and logic only go so far in creating support for a good idea. In most situations, the creation of a new program also needs the support of key community players. In the case of a Pro Bono Mental Health Program, the most critical players are the following:

- ***Local mental health professionals***
- ***Local public mental health entity***
- ***Local health and human service organizations***

Local Mental Health Professionals

The support of local mental health professionals, those practicing in the fields of social work, counseling, psychology and psychiatry, is perhaps the most critical element in the development of a Pro Bono Mental Health Program. These people make up your volunteer provider base. You will want your provider base to be as large and diverse, in terms of specializations, as possible. Thus, recruitment, orientation, activation, and maintenance of volunteer professionals are central tasks to the development of a successful Pro Bono Mental Health Program.



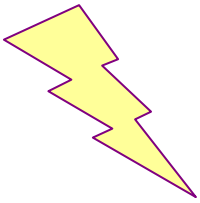
First and foremost, you need the support of local mental health professionals. You can't do it without them.

Your volunteer base will include people who hold the following professional licenses (exact names of the licenses will vary by state):

- ***Licensed Professional Counselors***
- ***Licensed Marriage and Family Therapists***
- ***Licensed Clinical Social Workers***
- ***Licensed Clinical Psychologists***
- ***Licensed Substance Abuse Treatment Professionals***
- ***Licensed or Board-Certified/Eligible Psychiatrists***

As discussed in Chapter One, these professionals, especially those in a private practice, will welcome the idea of the Pro Bono Mental Health Program once you have explained that the program allows them to legally donate their services to the needy. It is also important in initial conversations to stress that services will be provided only to those clients who meet your strict eligibility criteria. Likely, this will include persons who are at or below a certain income level, and are also un- or underinsured.

In the beginning planning stage, it is imperative that you are clear about the program's goals and target population when discussing the idea with local professionals. Practicing mental health professionals will want to be assured that this new program will not compete with them for clients. They need to know that the people served by this program will NOT be ones that they would serve in their practices, because these people could not afford even the initial visit. It is helpful to point out that if the practicing professional now struggles with the dilemma of managed care and the prohibition of a sliding payment scale, that this program is a perfect solution. If they now are seeing or desire to see a needy client for a reduced rate or for free, suggest that this could be done easily and above-board under the auspices of this new program.

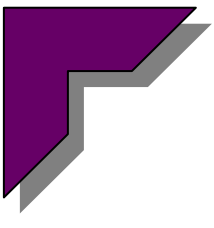


Don't set a minimum for number of units provided or clients served by your professional volunteers. Many will opt to participate only if it's on their own terms. That's OK. Every client served is a victory.

Professionals are attracted to the theme of flexibility. You should highlight that the level of each person's participation is decided entirely by him or her, and that initial participation is not a hard and fast commitment. Expect and announce that all of your volunteers will have a different level of interest and participation. Some professionals will try this program with one client, and then determine if they wish to continue. Others will be very enthusiastic and take on a small caseload. Still others will want to be "on-again, off-again," volunteering only when the kids aren't busy with soccer or their practice is less consuming.

Finally, point out that the program does all of the behind-the-scenes work for them. Screening for eligibility, chart preparation, intake, data management, and evaluation are all done by program staff, not by the volunteers. This allows the volunteers to do what they do best, and that for which they are specifically trained: Clinical service. They will not be expected to do any clerical work, file organization, or administrative number crunching.

To summarize, there are five core messages to potential professional volunteers:



1. ***"This program will provide a legal and convenient way for you to volunteer your services to the needy."***

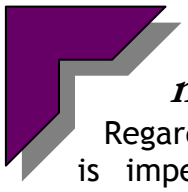
2. ***"The clients served by this program will be those who would not have any other means of receiving mental health care. You'll feel good about yourself and your profession."***
3. ***"This program will give you a vacation from the restraints of Managed Care. Clinically, you can call all the shots."***
4. ***"This program makes it easy to volunteer. We do all the behind the scenes work for you."***
5. ***"You decide how much or how little to volunteer, and your level of participation can always change."***

Local Public Mental Health Entity

Your local public mental health entity is that organization which receives government money (local, state and/or federal) to provide mental health services. For a community, this function may be centralized in one large agency, or it may be performed by numerous smaller agencies. If a number of agencies each provide various pieces of the service continuum for an area, there is typically a coordinating body, such as a county administrative office, an oversight board, or a contracted entity that coordinates services and administers funding.

Publicly funded mental health systems are driven by federal block grant policies, state government priorities, and politics at all levels. Because there is never enough money to meet the needs of all persons with mental illnesses, communities must usually prioritize various groups for service. Those most ill are served first, and programs are designed with their particular needs in mind. Persons being discharged from state-funded psychiatric hospitals are usually at the top of the priority list. Persons who have been in and out of these institutions are also high on the list. Next in line are those with persistent and disabling illnesses, who can learn to live full and productive lives with the assistance of a range of community support services, such as case management and psychosocial rehabilitation.

Unfortunately, persons who are just getting sick, or who are not quite sick enough to qualify as a "priority" are usually far down on the waiting list at a publicly-funded agency. We, as a nation, continue to put our efforts and dollars into ambulances at the bottom of the cliff, rather than into fence building at the top.



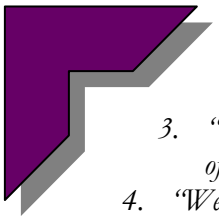
This program provides a fence, not an ambulance.

Regardless of the structure of your local public mental health entity, it is imperative that the leaders of the entity be involved in the development of the Pro Bono Mental Health Program from its inception. Because the public system usually does not have the resources to serve those deemed "non priority," their leaders will most likely welcome your initiative to expand services to this group. They will be especially interested if you promote

the Pro Bono Mental Health Program as a referral source for them to use, to help people that would be a financial drain on their clinic. Point out that the Pro Bono Mental Health Program is not competition for them, since it targets people who cannot pay and have no insurance. Almost without exception, this is a group that the public entity would rather refer to another source.

The Pro Bono program is not competition! Leaders of the public entity in your community may be concerned that you will approach local and state government for funding to support the Pro Bono Mental Health Program. They may feel that this would make them look as though they are not doing their jobs in the eyes of policymakers. Remind them that your funding needs are minimal, and that the program's goals are two-fold: To increase access for an underserved client group, ***and*** to provide local professionals with a legal means to do charity work. Stress that a good working relationship is imperative between the Pro Bono program and the public entity, as cross-referrals will be numerous. Ask for their help in establishing policy and garnering local support. Your success depends on it.

To summarize, there are five core messages to the leaders of the local public mental health system:

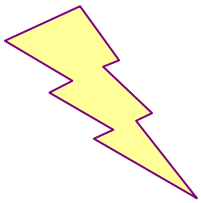


1. *"This program will provide you with a referral source for those clients who are not a priority to serve with public dollars."*
2. *"This program will not compete with you for clients."*
3. *"This program will not compete with you for money. Rather, we'll relieve you of (some of) the financial burden of serving the uninsured."*
4. *"We need to work together in order to insure that clients are being served by the appropriate clinic."*
5. *"We need your help in getting off the ground."*

Local Health and Human Services Organizations

Health and human service organizations in your community are very important partners in the early stages of development of the Pro Bono Mental Health Program, and later during its implementation and functioning. A high proportion of your clients will be referred from another agency or program. It is imperative to include as many of your possible referral sources as practical in early planning meetings and correspondence circles. Early involvement of these agencies will yield a greater investment of the community in the success of the program.

Not only will these agencies be sending you clients—you will be referring your clients *to them*. Low income/uninsured persons often present with a variety of needs, ranging from health, shelter, financial assistance, education, childcare, and transportation. Review the list on the following page, and take note of agencies or programs in your community that perform these functions.



Involve the leaders of area health and human service programs in your early planning activities. Don't wait to get them involved.

Create your own master list of Key Community Contacts using the list on the following page as a starting point. Your list should contain at least 30 names, and may go as high as 100 or more. Your list of Key Community Contacts will be used repeatedly in the development and maturation of the program. Keep the list up-to-date, and always add to it as a new partner becomes apparent. Ideally, enter your list of contacts in a database, for easy mail merging with letters, updates, notices and other correspondence.

Try the following to maximize the participation of your Key Community Contacts

at the very beginning of your program development phase:

- ***Invite them to a Community Roundtable to discuss mental health care for the low-come, uninsured.***
- ***Do a community presentation on the U.S. Surgeon General's Report on Mental Health.***
- ***Hold a series of Brown-Bag Lunches to discuss access to mental health care.***
- ***Send out a program prospectus, with a follow-up phone call.***
- ***Do a mini-needs assessment. Send them a one-page questionnaire asking for their opinions on the need for this service.***
- ***Send out regular updates on program design, status, funding needs, little successes, obstacles, and specific help needed.***

A high degree on community collaboration in the early stage of program development is critical for easy implementation in the following months, and smooth functioning once up and running. If your homework is done, and essential partnerships are created from the onset, putting the various pieces into place will be a snap. You will be working with the support and assistance of an entire community, which makes all the difference.

POSSIBLE KEY COMMUNITY CONTACTS

HEALTH SERVICES

public health departments (immunizations, flu shots)
health programs for migrant workers, refugees
"free clinics" for low income persons
low cost or free dental programs
prenatal programs for at-risk mothers
visiting nurse programs for low-income children

Chapter 3

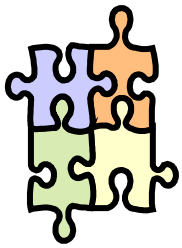
Program Basics

This chapter outlines the fundamentals, in terms of people, space and money, that an organization needs to implement and operate a Pro Bono Mental Health Program.

People

The work of developing, implementing and operating a Pro Bono Mental Health Program is best carried out by a combination of paid staff and volunteers. A staff is necessary because the job is

too time consuming for volunteers alone. Alternately, volunteers are often very appropriate for oversight and community organization functions.



A staff/volunteer partnership is the

best recipe for success.

Three primary functions must be performed: Oversight, Leadership and Clinic Coordination. These are discussed in turn below.

Oversight

A volunteer Program Management/Oversight Team (hereinafter referred to as the "Team") provides program oversight. The Team is comprised of 6-10 persons representing the sponsoring agency and the community at large. In selecting individuals to sit on the Team, review your list of Key Community Contacts (see Chapter 2), and invite those agencies/individuals likely to be most invested in the success of the Pro Bono Mental Health Program. This may be the Chief Professional Officer of the local public mental health entity, the director of the Health Department, the director of Social Services, the CEO of a hospital, or a well-respected member of the private practice community. As a great deal of responsibility falls on Team members, be sure to choose persons with a breadth of experience and influence. Team members should be willing to donate their time and talent over the course of at least one year.

The Team is responsible for the following:

- ***Securing the involvement of Key Community Contacts.***
- ***Setting program goals and objectives, and target completion dates. Monitoring completion of these goals and objectives.***
- ***Establishing program policy, e.g., eligibility criteria, volunteer recruitment strategies, clinic hours/settings.***
- ***Oversight of program operation (supervision of a Program Director or similar staff position).***
- ***Representing the program to the community and potential funding sources.***

The Team needs to meet at least monthly in the early development phase. Team members also are expected to devote time and energy to special collaborative meetings, recruitment events and publicity functions that will be held in addition to the Team meetings throughout the first year. As Team members are volunteers, their work is free-- an in-kind donation to the

sponsoring agency. Be sure to have a sufficient number of people on the Team so that responsibilities can be divided, reducing the likelihood of volunteer burn-out.

Leadership

Leadership must be provided by someone within the sponsoring organization who has the authority to make decisions. This may be a volunteer, such as an Officer of the Board of Directors, or a paid staff person, such as an Executive Director. Leadership is especially important during the development stage, as it is then that critical communications and policy decisions are being made. The Leader may also be referred to as the Program Director.

The Program Director is responsible for leadership functions as directed by the Team. This person convenes Team meetings, organizes special planning and recruitment events, publicizes the program, communicates with stake-holders and potential funding sources, secures funding (makes presentations and/or writes grant proposals) and supervises the staff person who runs the clinic on a daily basis.

The Program Director is likely to devote a minimum of 10 hours per workweek to the development of the Pro Bono Mental Health Program in the first six months (0.25 Full Time Equivalent- FTE). After the program is up and running, the Director's time commitment can decrease to approximately 5 hours per week (0.125 FTE). The Director's time commitment may be carved out of a current staff position already in existence at the sponsoring agency. This would require no new money for personnel at the front end. However, the agency may find that it will need to reassign or redelegate other tasks in order to accommodate the new workload associated with this program.

Of course, unforeseen events can necessitate an increase in the Director's time commitment: Staff turnover, financial woes, surges in caseload volume, important mental health systemic changes. This is true of any program. As with all human service work, agencies and staff must be flexible and accommodating to both internal and external forces that can impact their work.

It is best to leave the daily operation of the Pro Bono Mental Health Program to a staff person who is not the Program Director. The logic for this is two-fold. First, the person who coordinates daily operations will need a significant amount of supervision at first, and this is best provided by another single individual, someone who is often "on-site." Put another way, oversight, supervision, and daily operation work best if three tiers are involved. Second, a staff person hired to run the program would likely earn less than a "director." It is most cost-efficient to hire a mid-level manager to handle the everyday details of running a Pro Bono clinic.

Clinic Coordination

This mid-level manager could be a Program Coordinator or Supervisor. We prefer the job title "Clinic Coordinator" as this seems most straightforward. The Clinic Coordinator is supervised by the Program Director. The position is best "devoted" 100 percent to the Pro Bono Mental Health Program. A full-time (40 hours per week) position is preferred. As we will explain in the following sections that discuss finances, even a full-time position is extraordinarily cost-efficient

The Clinic Coordinator performs a wide variety of functions. This person is a manager, not a clinician. Qualifications as a mental health professional ***are not*** necessary. Organization and communication skills ***are*** necessary. Similarly, a master's degree is not required. A bachelor's degree in a human service-related field is preferable.

View the complete job description for the Clinic Coordinator in the accompanying Forms and Documents Binder. Use it "as is" or modify the file on the disk provided.

Tasks to be performed by the Clinic Coordinator include:

- ***Recruitment and orientation of volunteer professionals***
- ***Marketing of program to target population***
- ***Telephone screening of potential clients***
- ***Matching of eligible clients with appropriate volunteer professionals***
- ***Preparation of medical charts***
- ***In-person intakes of accepted clients***
- ***Scheduling of first appointments***
- ***Referrals of eligible and non-eligible clients to other resources***
- ***Monitoring of medical record***
- ***Data entry and evaluation***
- ***Report preparation***
- ***Public presentations***
- ***Volunteer maintenance, rewards, awards***
- ***Trouble-shooting and problem solving, with Program Director and Team***

Volunteers are the heart and soul of the program, but the Clinic Coordinator is the fuel. It is the Clinic Coordinator who does the work necessary to make the program happen. The Clinic Coordinator is the facilitator, the glue, the program's pacemaker.

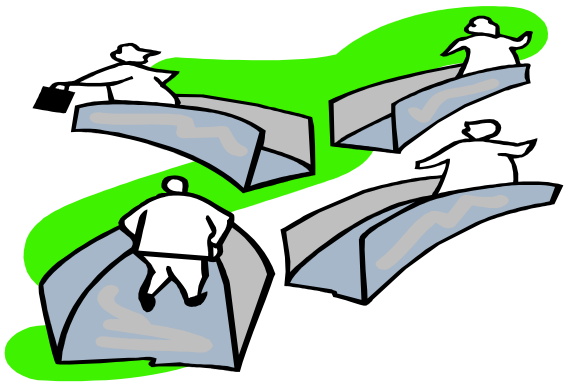
Hire or secure a Clinic Coordinator as early as possible in the program development stage. This person's involvement from the beginning is an asset.

Space

Because the Pro Bono Mental Health Program is essentially a "clinic without walls" it requires little space to operate. Most or all clinical service can be rendered to clients in spaces outside of the main administrative office. For example, a program may ask that volunteering professionals use their own offices for their volunteer work. This is perfectly acceptable, as the work falls under the auspice of the Pro Bono program, not their own practice. Managed care company site visits and chart reviews would specifically *exclude* Pro Bono program clientele. (See Chapter 7 for a discussion on ways to distinguish Pro Bono charts from a practice's charts.)

Programs may wish to give volunteering professionals a choice about where to render services. If an appropriate space is available at the administrative office, this may be offered as an option. Perhaps initial appointments could be held at the administrative office, so that the Clinic Coordinator is on hand to complete paperwork and intake forms with the client, with subsequent appointments taking place at the office of the volunteering professional.

If the community served by the Pro Bono Mental Health Program is largely rural, geographical access to service is an issue. A program may specifically choose to render services in a number of small communities or neighborhoods. Investigate the possibility of using rooms in community recreation centers, churches, libraries, schools, physician offices, hospitals, and senior centers. Ask volunteers if they are willing to travel, and how far. You may wish to reimburse travel at a set amount per mile as an incentive. You will also want to establish a safety policy pertaining to the use of adjunct facilities, which addresses the number of persons to be present at sessions, and specific emergency procedures for each rural community served.



A program may wish to hold all psychiatric appointments "on site" or at one central site. This facilitates access to a supply of sample medications, and use

of simple medical equipment such as a weight scale and stethoscope. Also, the Clinic Coordinator could be present to expedite the ordering of any needed medical tests (such as blood work) and to make follow-up appointments. Also, because psychiatric follow-up appointments are often very short, fifteen minutes on the average, a volunteering psychiatrist could see back-to-back appointments. This is an efficient use of the psychiatrists' time, with little time spent traveling and waiting.

Space options are endless. The absolute minimum amount of space needed to operate a Pro Bono Mental Health Program is a desk for the Clinic Coordinator and locking cabinets for program and medical records. Of course, the desk should probably include a telephone and computer. This minimum arrangement assumes that all therapeutic and psychiatric appointments take place "off site" (clients do not ever come to the Clinic Coordinator's desk). If a middle-of-the-road arrangement is preferred, you would need an office for the Clinic Coordinator *plus* one or two rooms that could be used for client appointments. A reception/waiting area would be nice, with comfortable chairs, magazines, and small toys for children.

An ideal but probably unrealistic space would encompass a reception/waiting area, offices for all staff and volunteers, multiple therapy rooms (some specifically designed for children with play therapy tools and games), a records storage area, and a stocked pharmacy. (More on the pharmacy and medications in Chapter 9.)

Money

The cost of operating a Pro Bono Mental Health Program can be minimal. Its cost efficiency is extremely high, as the value of the donated professional services is many times greater than the cash outlay of an organization. On the following page is a sample budget for one year of a Pro Bono Mental Health Program.

The Program Director's time, as discussed earlier in this Chapter, is likely to be 10 hours per week at the beginning. This time may be donated by, or carved out of, a staff position already in existence. If so, there may need to be no outlay of money for this person.

The Clinic Coordinator, as the only "devoted" staff position, is the single largest expenditure. The money for this position is the real meat of the program budget. Figure in salary for a mid-level manager, any benefits you offer, and related personnel taxes (Social Security and Medicare).

Space is likely to be donated, either by the sponsoring organization or various community entities such as churches, libraries, or recreation centers. If you wish to calculate the actual value of space, use the following formula:

Square footage of space used by this program	X	Number of hours the space is used per week	X	Rent
Total square footage of facility		40		

Take the following as an example. A Pro Bono Mental Health Program uses 1,250 square feet of a 5,000 square foot facility, for 20 hours of a 40-hour work week. The total rent for the facility is $2,500/month. Utilizing the above formula, the value of the space would be:

Value = .25 space X .50 time X $2,500 rent = $312.50 per month

Calculate utilities (electric, gas) in the same manner. Estimate costs for telephone, fax, and Internet usage based upon your organization's past experience, and projected usage by this particular program. Supplies, printing, photocopying, postage, and travel all add up to very little. These may be provided by the sponsoring organization, or can be estimated and added to any funding request.

The total projected one-year cost of a Pro Bono Mental Health Program is $46,250. Keep this figure in mind as you review Chapter 4, which discusses grant writing and fundraising strategies for a Pro Bono Mental Health Program.

Budget Item	**Amount**	**Notes**
Program Director (0.25 FTE), salary and payroll taxes	**$10,000**	**Salary highly variable depending on your community.**
Clinic Coordinator (1.00 FTE), salary and payroll taxes	**$30,000**	**Salary highly variable depending on your community.**
Space and Utilities, including telephone & internet	**Donated/In-Kind**	**Value of space depends on size, quality and location.**
Supplies: **Forms** **Charts** **Stationary** **Printer cartridges**	**$2,400**	**Amount based on 200 clients. Increase as your forecast indicates.**
Printing: 7,000 program brochures	**$1,050**	**$.15 per brochure.**

Photocopying: **Chart contents** **Letters** **Miscellaneous**	**$1,200**	**Value depends on your source for photocopies. Amount based on 200 clients. Increase as your forecast indicates.**
Postage	**$800**	**For mailing brochures, recruitment materials, miscellaneous correspondence.**
Travel (mileage for clinicians to travel to remote sites)	**$800**	**3200 miles @ $.25/mile.**
TOTAL	**$46,250**	

Chapter 4

Grant Writing and Fundraising to Finance the Pro Bono Mental Health Program

If you are reading the Chapters in this Program Development Handbook in order, you know that you need a minimum of staff, space and money to develop a Pro Bono Mental Health Program. The previous Chapter outlined the resources you will definitely need, and what would be nice to have beyond the basics.

At the onset of any program, money is a looming question mark. It is fine, even encouraged, to dream big. However, making dreams become reality usually necessitates cash. Like everything else, a Pro Bono Mental Health Program doesn't operate on love alone. This Chapter helps you in your efforts to raise money for the program from foundations, local government, United Ways, and local businesses/corporations.

Foundations

Securing money from a foundation usually means writing a grant proposal. Depending on the size and sophistication of the foundation, this proposal may be a few pages in length or a small book. Special forms may be provided by the foundation, or you may be free to use your own format.

You can research private charitable foundations on the World Wide Web, or the old fashioned way in a library. You may know of local foundations that are concerned with mental health, health in general, or human services to the poor. Local foundations may be your best bet, as they have the greatest stake in the quality of life in your geographic area. They are also easily contacted and courted in person-- a big advantage.

Whatever size grant you plan to write, use the grant boilerplate provided in the accompanying Forms and Documents Binder as a starting point. It is in hard copy and on disk, so that it can be personalized and modified as needed. It is provided exactly as originally written. Including local statistics on need and local specifics on people and places would strengthen it greatly. Letters of support from your Key

Community Contacts are also highly recommended as attachments. *The main narrative and budget narrative of the grant proposal are in Word 2000. The two budget forms are in Excel. As with all documents in the Binder, any type in red needs to be replaced with similar information specific to your agency or program.*

Ask local mental health professionals to add their signatures to a special letter of support for your grant proposal- one that demonstrates to the granting agency that you already have the commitment of many local professionals.

Sample "letters of support" from Oversight Team members, Key Community Contacts, and local mental health professionals are included in the accompanying Forms and Documents Binder.

The grant provided is the grant proposal written by the Mental Health Association of the New River Valley in 1998, which was funded in full by the Carilion Community Health Fund of Virginia. The grant was for a maximum of four years, with the funding decreasing each year. Local match was expected to be a minimum of 25 percent. As you can see from reviewing this grant, local match turned out to be more than the minimum required (58.4%), as the in-kind value of the donated professional services is very high. ***This is the big selling point: A small amount of grant money can leverage large amounts of donated mental health care, which makes the program extremely cost efficient. Local match is never a problem, as the donated professional services constitute a huge "in-kind" match.***

Sections of the grant proposal include:

- Executive Summary Sheet
- The Need
- The Proposed Project
- Community Commitment and Collaboration
- Innovation in Delivery
- Relevance to Changing Health Care Environment and Managed Care
- Program Management
- Cost-based and Outcome Oriented Evaluation Criteria
- Plan for Sustainability
- Budget for Year One
- Budget Narrative
- Sample Letters of Support

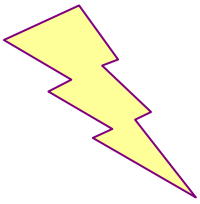
Local Government

Local governments vary greatly in their degree of investment in mental health. Some view mental health as outside their jurisdiction. They concentrate on schools, utilities, recreation, and emergency response teams (rescue squads,

fire departments, etc.). Stigma may have a role in their resistance. In rural communities, or those where time seems to stand still, policy makers may think that if a person is mentally ill, they're simply admitted to the nearest state hospital. The state pays the bill. If this type of thinking sounds familiar, some basic education to relieve misunderstanding, misconceptions and fear may be in order.

More progressive communities may witness a more active role of their local public officials. They may contribute necessary matching funds for a variety of programs and services. They may be hospitable to learning about a Pro Bono Mental Health Program, its goals, and its cost-effectiveness. If considering local government as a potential funding source, do your homework. Determine who is likely to be an ally, and who is likely to resist. Have informal meetings with elected officials outside the framework of their official Board or Council meetings. Use the time to educate and inform. Take along local statistics on need. Use the Community Presentation provided with this Program Development Guide. Ask for a specific dollar amount. Ask for their position. Ask for their assistance.

As a precaution, you will want to consider in advance the relationship between your local public mental health entity and the local government body you are courting. If the relationship is rosy, take a representative of the public mental health system with you to meetings. If the relationship is less than ideal, officials may interpret your information as verification (of their opinion) that the public system is not doing its job. They may want to take the money from the public entity and offer it to you. This may sound inviting, but beware the consequences in terms of burnt bridges with your important partner in mental health.



If you plan to compete with your local public mental health provider for local monies, be aware of the effect this will have on your working relationship. They will likely see you as a threat, rather than a partner.

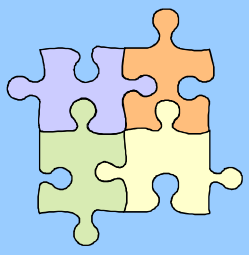
United Way

United Ways are an excellent source of potential funding for a Pro Bono Mental Health Program. United Ways often view their role in the community as a "service gap watchdog." They work to maximize coordination of services, and to minimize human suffering. If a gap in mental health services exists-- such as limited access for the working poor-- it is likely that your local United Way would be interested in

hearing about it.

United Ways also pride themselves on funding programs for which there are demonstrable positive outcomes. They require data, and lots of it. This is another way that a Pro Bono Mental Health Program will be appealing. You can offer proof, even before you develop your own program, that this model really works on a number of dimensions. (See Chapter 11 for statistics that you can use, and instructions on how to implement your own program evaluation.)

Arrange a meeting with your United Way staff and volunteers. Again, use the Community Presentation provided with this Program Development Guide. If your United Way offers special start-up grants, request one. If you must follow the established annual funding request schedule, make sure they know that you will be asking for money for this particular program. Stay in contact about the program throughout the year. Their Director, President and Fund Distribution Chair should be on your list of Key Community Contacts. Your efforts early on may pay off every year thereafter.



A small amount of money will leverage a large amount of donated mental health care, which makes the program extremely cost efficient.

Local Businesses

Receiving money from United Way usually comes with strings attached, such as restrictions on soliciting funds from local businesses and limitations on your own fundraising in general. If you are not a United Way Partner Agency, you are free to approach businesses or corporations with the idea, and ask them for funding directly. Area hospitals may be particularly interested, especially if they have a "guild" or community trust of some kind. Other large businesses, such as insurance companies, newspapers and manufacturers may be interested in providing funding, especially if they are acknowledged in the media and on program materials. Remember that to a large business, $45,000 is not a lot of money. Supporting an entire program that draws public praise and recognition is appealing to a businessperson.

For all potential funding sources:

- ***Offer to acknowledge the funding source in the media and on all printed program materials.***
- ***Stress the proven cost-efficiency of the program.***
- ***Stress the data on program outcomes—this program makes a tangible difference in the health of its clients and the health of the community.***
- ***Stress that the program is being developed by a Team of knowledgeable and trustworthy community leaders.***
- ***Stress that the program is an outgrowth of Managed Care. Mental health professionals need it in order to do charity work.***

Chapter 5

Establishing Eligibility for Services

One of the first policy decisions your oversight team will tackle is eligibility. Who will you serve? Who will you refer elsewhere? These are big decisions, not to be taken lightly. Your policy on eligibility will affect many people with mental illnesses. Your policy will have an impact on workload, length of your waiting list, and your marketing strategy.

There are six dimensions of eligibility that you must address. These are: 1) income, 2) insurance coverage, 3) age, 4) diagnoses, 5) availability of other resources, and 6) duration of service. These are discussed in turn below.

Income

It is a given that your program will target those in need, people of limited income. (Those who can afford to pay out-of-pocket for mental health care don't need your help.) But… where do you draw the line? Some percentage of the published Federal Poverty Level (FPL) is usually used as a benchmark. The Year 2000 FPL figures are presented below.

For a Family of…	The Federal Poverty Level is…
1	$8,350
2	$11,250
3	$14,150
4	$17,050
5	$19,950
6	$22,850
7	$25,750
8	$28,650
For each person over 8, add	$2,820

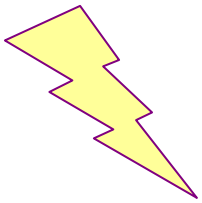
Consider the following three options, or create your own criteria:

- ***Serve those individuals or families at or below the FPL.***
- ***Serve those individuals or families at or below 150 % of the FPL.***
- ***Serve those individuals or families at or below 200 % of the FPL.***

Your decision will be based on many factors. What proportion of your community's population is under the FPL? Would a cutoff at 100 percent of the FPL give you more than enough clients to use up your anticipated resources? Alternately, if the working poor are targeted, they may earn slightly more than the FPL, but still be completely unable to afford mental health care. Since you

likely will not be accepting those persons disabled by their mental illness to the extent that they cannot work, your targeted population probably will be earning a wage, between jobs, or recently laid off.

Consider the income guidelines of complimentary human service programs in your area. What are the policies of utility assistance programs, nutrition programs, and subsidized daycares? In setting policy, remember that decisions can be revisited three or six months down the road. Remember, too, that your program does not have to be modeled after another program for the needy. The Pro Bono Mental Health Program is the first of its kind in your area. Establish income guidelines specific to the socio-economics of your community, your available resources, and your organization's mission.



Consider setting the income limit at 200 percent of the Federal Poverty Level to start. This encompasses the majority of the working poor, for whom mental health care is financially out-of-reach. Tighten your income guidelines only if you are overwhelmed.

Insurance Coverage

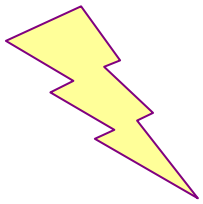
Critical decisions must be made in the program's development stage regarding eligibility and insurance status.

Often, people have insurance but can't afford to use it. Will these people be eligible for your program?

Clearly, persons with no health insurance, or whose health insurance does not cover mental health care, will be eligible. These are the uninsured. But what about those whose insurance coverage is inadequate—who are granted unreasonable annual limits on number of visits or payments? What about those who cannot afford their co-payments and deductibles? What about those who have access to a policy, but chose to go without coverage, because they simply cannot afford the deduction from their paycheck. Again, where do you draw that critical eligibility line? The various insurance scenarios are laid out below. Discuss each with your Oversight Team.

1) People who have no insurance that covers mental health treatment, and have no access to a group plan which would provide coverage.
2) People who have no insurance that covers mental health treatment, but do have access to a group plan which would provide coverage.

3) People who have exhausted their coverage's annual or lifetime limits, and would need to pay out-of-pocket for continued treatment.
4) People who do have insurance coverage for mental health treatment, but the deductibles and co-payments are unaffordable.

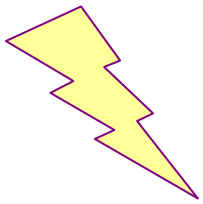


It may be wise to begin by serving people in categories 1 and 2 above (the uninsured). Expand to serve the underinsured (categories 3 and 4) only as your resources allow.

Age

Will your program serve adults only, or will you also serve children and families? Perhaps you feel that children are adequately covered by the Children's Medical Insurance Programs adopted by most states in various forms in 1999. (This is a federally funded expansion of Medicaid benefits to children of low-income families.) You are free to set age parameters for your program. You may also take a "wait and see" approach, initially establishing no limits in this area.

Be sure to link all of your families with any possible source of health insurance, including state Medicaid expansions for children. If insurance does eventually take effect, refer the family to an appropriate provider who accepts their type of insurance.



If you have sufficient numbers of volunteer professionals, begin by establishing no age parameters.

Diagnoses

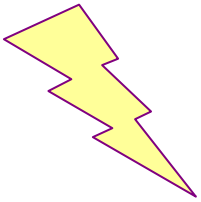
Because a Pro Bono Mental Health Program relies on volunteers to deliver services, you may wish to refer out those persons who have very serious illnesses, or those whose illnesses would require long-term treatment. Persons who could benefit from case management services or other rehabilitative programs likewise would probably best be served by programs designed to deliver intensive outpatient care over a series of many months or years.

It is recommended that you ask questions during the screening interview that allow you to gain insight into the intensity and duration of a person's illness or condition. Include questions such as, "Have you ever been in a hospital for an emotional problem?" or "Have you ever received services from (name of your public mental health provider)?" If the answer to either is "Yes," you can then ask questions that begin to give you an idea of the caller's treatment history.

You may not be aware of the intensity of a person's illness from your telephone screening interview alone. Severity may only become known only after a person has been accepted into the program, matched with a volunteer provider, and had one or two appointments. Your Oversight Team must establish a policy on how to handle this particular situation. Likely, a person with an illness or condition that would be better served by another system of care should be referred to that system as soon as this becomes apparent. You may wish to continue to serve the person until they are able to have their intake with the alternate system, "bridging" them over to the more appropriate provider.

Persons with a primary diagnosis of a substance abuse disorder will need special consideration by your Oversight Team. Will you treat them, or "bridge" them to a specialized program? What about persons with dual diagnoses?

Do not get into the business of providing Disability Determinations. If a person's goal is to get certified for some type of disability assistance, they should be connected to the local public mental health network, not this program. Advertise up front that you do not do Disability Determinations. (Of course, if medical records are subpoenaed, you must comply.)



Screen out or refer out those persons with very serious, disabling, and chronic conditions or illnesses. Volunteers should not be relied upon to provide treatment for clients who need long-term care, or to conduct disability determinations.

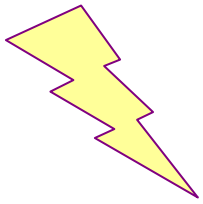
Duration of Services

Related to the question of diagnosis is the question of duration of services. Will you establish a limit on the number of therapy sessions a person may receive per year? What about a limit on free medications? (See Chapter Nine for a detailed discussion of medication access.)

You may wish to have a written policy that persons may receive up to five sessions of therapy per year. No-shows would count as one visit if 24 hours notice was not received. This gives your volunteers the authority to discharge a client who is not making progress, or for whom the service is not a good match.

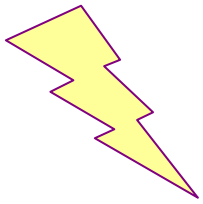
Exceptions to the policy could be up to the volunteer therapist. Exceptions will be frequent.

Psychiatric services are much harder to limit in a formal way, as medication monitoring by nature is an ongoing activity. You may wish to make a policy that the therapy visits of clients who are also receiving psychiatric services are not limited. In fact, you may wish to make it mandatory that all clients who are receiving psychiatric services through the program also be involved in therapy.



Advertise a 5-session per year limit, in order to minimize no-shows and maximize motivation. Make frequent exceptions based on the type of service provided (counseling only or counseling plus medication) and the opinion of the clinician.
Availability of Other Resources

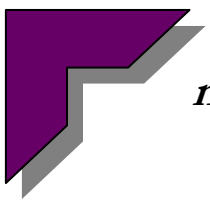
You should establish policy on acceptance of persons who meet all eligibility criteria, yet have access to an alternate means of treatment. The two most likely examples are students at colleges or universities that have counseling departments, and persons who are eligible for an Employee Assistance Program. As a Pro Bono Mental Health Program is characterized as the "ultimate safety net," your Team will want to screen for alternate means of treatment, reserving the Pro Bono program for those with no other options.



Screen out those persons who have alternate sources of treatment available. Because you are utilizing precious volunteer resources, make sure that you serve only those persons with no other option for mental health care.

Making Decisions and Moving Forward

Your Oversight Team can establish initial eligibility criteria along all of the dimensions discussed above, and then revisit them according to a pre-set schedule or simply as needed. Always have in place a procedure whereby exceptions can be made. Just when you think you have planned for all possible scenarios, a new one comes along. Often, decisions need to be made on the spot. It shows foresight to give your Program Director authority to make exceptions, with the understanding that all exceptions will be reviewed at Oversight Team meetings.



Stick to your criteria, except when you make exceptions.

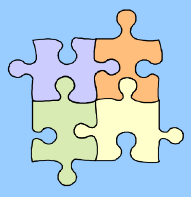
Chapter 6

Establishing Your Volunteer Base

A Pro Bono Mental Health Program cannot exist without Pro Bono volunteers—those mental health professionals willing to give their time and expertise to those deemed eligible for services. Based upon the number of people you estimate you will serve, you will need anywhere from a few to an army of Pro Bono volunteers. This Chapter guides you through the process of building your volunteer base, and discusses the related issues of liability insurance and personnel records.

If you are following the recommendations of this Handbook, you will have on staff a full-time Clinic Coordinator, who will be supervised by a Program Director. One of the primary tasks of the Clinic Coordinator is to build and maintain your volunteer base. This will be one of the first tasks undertaken. Having on hand a willing and waiting volunteer pool will expedite the entire development process. For example, you may ask volunteers who are already "on board" to write letters of support for a grant proposal, to present at professional meetings, or to go along when you meet with potential funding sources. Hearing about the benefits of the program from someone practicing in the mental health field goes a long way toward convincing your audience of the need for this service. It adds credibility and realism to the idea.

You will need Pro Bono therapists, Pro Bono psychiatrists, and volunteer greeters. A good strategy is to begin with those people you know, those who are already engaged in the work of your organization and who don't need convincing of the merit of this program. Perhaps you have practicing mental health professionals on your agency's Board of Directors. It makes sense to lead by example. Ask them to be the first Pro Bono Mental Health Program volunteers. Review your list of Key Community Contacts. Approach those professionals who have demonstrated the most interest, and propose that they become the first to initiate the program. Once you have 3-5 individuals in the "willing and waiting" category, others are sure to follow suit.



For liability purposes, and to establish unquestionably high standards of care, begin by recruiting only licensed mental health professionals.

Therapists

Begin by limiting your volunteer therapists to those who are licensed to practice in your state. These include licensed social workers, licensed clinical psychologists, licensed professional counselors, and licensed marriage and family therapists. (The exact titles of the licenses vary from state to state.) All of these professionals have a minimum of a master's degree and a specified number of hours of supervised experience to meet the state's licensing codes. Unless your community is extremely rural, you should have sufficient numbers of licensed professionals to draw from. Restricting your volunteer pool to licensed professionals insures the quality of services provided to your clientele, and minimizes the need for peer review or some other kind of clinical review. Proudly advertise that services are rendered by licensed providers, and that services are of the same high quality that persons with the best insurance are able to receive.

Make a list, or better yet, create a database on your computer, which includes all licensed therapists in your region. Office addresses are preferable to home addresses. Send a personalized introductory letter to each. A sample introductory letter is included in the accompanying Forms and Documents Binder and on the disk provided.

The Introductory Letter reviews the inviting characteristics of the program, including:

- ***No firm commitment of time, can always change mind***
- ***Can take as few as one client once in a while, or an entire caseload***
- ***Can use own office or another approved space***
- ***Freedom from oversight and restrictions of Managed Care***
- ***No need to hide Pro Bono work from insurance companies***
- ***Recognition of service to the community***

The letter invites those who are interested to become officially registered with the program as a Pro Bono Professional. Include with the letter a "Professional Registration Form" (also included in the accompanying Forms and Documents Binder). This form must be completed and on file for all of your Pro Bono volunteers. It includes information on credentials, areas of specialization, licensure, and preferred frequency and schedule for volunteer work. It asks that a copy of the professional's license be attached when submitted to you.

It is recommended that you also include in the letter an announcement of an Open House for local professionals, where you and other members of your Team can present more detail about the program and answer questions. Schedule the Open House for three weeks following the mailing of the letter. This gives you time to personally contact some or all of the professionals in

your database, and issue a personal invitation to sign up, or to come to the Open House to learn more.

Keep the Open House casual, yet stick to an agenda. Serve light snacks, depending on the time of day. Plan on one hour. A sample agenda would be as follows:

AGENDA

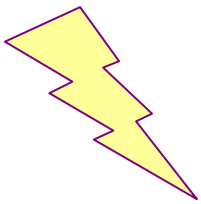
Pro Bono Mental Health Program

Volunteer Open House

- ***Introductions***
- ***Background of Pro Bono Mental Health Programs***
- ***Eligibility Criteria for Clients***
- ***Benefits for Local Professionals***
- ***Liability Concerns***
- ***Sample Medical Record***
- ***Logistics (where, how, reporting of units)***
- ***How to Register as a Pro Bono Volunteer (It's easy!)***
- ***Questions***

At the Open House, have Professional Registration Forms on hand for attendees to complete. Be sure to have on hand a few area professionals who are already registered, to lead by example. You may want to pair each newcomer with a Team Member, to assist them in completing the paperwork and to answer any remaining concerns or questions. If someone leaves the Open House without having registered, by sure to follow up with a telephone call in the next few days.

The Introductory Letter and Open House are nice springboards, but recruiting Pro Bono volunteers is an ongoing activity. Personal contacts are usually more successful than letters. Ask each of your Team Members to "adopt" five or six area professionals as recruiting targets. They can start with people they know well, and go from there. Face-to-face invitations work best, but telephone calls also are acceptable. Be sure that those you recruit have the necessary paperwork (the Professional Registration Form) handy.



A low-effort interest survey lets you know who to target, and who to remove from your list. Recruiting is more efficient. No one's time is wasted.

You and your Team will always be recruiting, but you want to be careful not to be perceived as badgering. You will need to give those who are not interested a formal means to convey this to you. After the initial three or four months of fast and furious recruiting, you may wish to make one more mass mailing, this time asking that the professional complete a mini-survey regarding their interest in participating. Ask them to check one box from the following:

Please Respond...

- ***Yes, I'm interested in becoming involved in the Pro Bono Mental Health Program. Send me more information.***
- ***I might be interested. Please call me so we can discuss the program.***
- ***No, I'm not interested at this time in becoming involved in the Pro Bono Mental Health Program. Contact me again in six months.***
- ***No, I'm not interested. Please do not contact me again.***

Psychiatrists

Your pool of potential psychiatrists will be more limited than your pool of potential therapists, since psychiatrists are fewer in number. If your area is rural, you may have only a few psychiatrists to court. Again, pay attention to credentials. Include only Board-Certified or Board-Eligible Psychiatrists. (These titles will vary from state-to-state.)

Follow the general suggestions above for therapist recruitment. Personal contacts, however, are even more important when recruiting psychiatrists. Generally speaking, the schedules of psychiatrists are less flexible than those of therapists. Arrange to visit the psychiatrists you wish to recruit, perhaps offering to meet with them over lunch so that they can fit you into their day. Take along a Team Member who knows or works with the psychiatrist. Stress the flexibility of the program. Be prepared to negotiate unique arrangements regarding schedule, location, logistics, charting, and reporting of services.

If psychiatric personnel are very few in number in your community, you may wish to recruit general practitioners who have a special interest in mental health. However, because the knowledge of general practitioners is sometimes limited in scope (for example, they may be comfortable prescribing anti-depressants, but not anti-psychotic medications), it is recommended that you first approach your potential psychiatric specialists before branching out.

Clinic Greeters

If you plan on having established "clinic hours" at a central location where a large number of clients will be present, you will want to have volunteer clinic greeters. These greeters will welcome clients, inform the therapist/doctor of clients' arrival, make sure clients' charts are in the right hands, make sure all initial paperwork is completed, update clients' documentation of income (if necessary), and assist the Clinic Coordinator with other related clinic tasks. Clearly, Greeters need a brief training, but the investment is worth it. Having Greeters on hand frees up the Clinic Coordinator for more intensive client-related tasks, such as medication access and referrals.

Recruit Greeters as you would volunteers for other programs. Use your agency's newsletter, booths at community events, word of mouth, even a small classified ad. Retirees are prime targets for this job, as they often enjoy working directly with people, and have flexible schedules. Seniors, too, have "seen it all" and are usually quite accepting and compassionate in the Greeter role.

It is better to have fewer well-trained Greeters than many who aren't sure what to do. Depending on the size of your Pro Bono program, hold formal trainings on a regular schedule. Initiate a new Greeter by having them work side-by-side an experienced Greeter for the first few clinics. Ask Greeters to work at least twice a month, in order to stay abreast of procedures and personalities. Greeters who work once a week are ideal. Once invested in the program, Greeters are golden resources. They're the extra hands you always seem to need. Reward and recognize Greeters as you do professional volunteers.

Liability Insurance

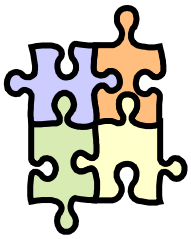
Liability is a primary concern, for your agency and for the volunteering professionals. If a Pro Bono client sues for malpractice, who is liable? **This handbook can offer suggestions in this area, but they are suggestions only. We are not familiar with liability laws of every state. We urge you and your Board of Directors to seek professional advice on liability issues and insurance coverage from an attorney or other informed source.**

First, your agency probably has a *Directors and Officers Liability* (D&O) insurance policy. Most non-profit organizations do. If you don't have this type of policy, get one. They are inexpensive (as low as $500 per year) and protect your board, staff, and volunteers. A D&O policy usually covers employment actions, accidents on site, personal vehicle use, theft, and employee/volunteer dishonesty.

Malpractice liability, or professional liability, is NOT usually covered under D&O policies. Of course, your board and staff are not providing the direct service--

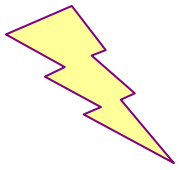
your Pro Bono professional volunteers are. They are the ones that need to be covered for professional liability. This can happen in one of two ways.

First, your state may be one of the states that has a Good Samaritan Law. Good Samaritan Laws protect professionals from liability when doing good deeds. Think of the doctor who is called upon in an airplane when the lady passenger goes into labor. Typically, these laws also protect (from liability) mental health professionals who donate their services to the needy for no financial reimbursement. Research your state's Good Samaritan Law. Get a copy of it. (Hint: Call your state legislator and ask their staff to research this for you. Most will be happy to.) If your Good Samaritan Law specifically covers Pro Bono mental health providers, make this information known, and use it in your recruitment efforts. It may attract some volunteers who otherwise would be hesitant.



Good Samaritan Laws in most states apply to health professionals donating services to the needy for no reimbursement. This liability insurance may provide mental health professionals with an added incentive to participate.

Secondly, most mental health professionals in private practice will have their own professional liability policies that will cover their work in this program. Some mental health professionals who work for corporations will be covered for liability by the employing corporation. They will need to check with their employer to see if the coverage extends to their Pro Bono work. It may, or it may not.



Accept only those volunteers who are covered for professional liability. This coverage can be from the State (in the form of a state's Good Samaritan Law) or through their own or their employer's professional liability insurance policy.

Personnel Records for Pro Bono Volunteers

Professional volunteers and Greeters will need personnel files, which you should keep on site (where the Program Director and Clinic Coordinator are stationed). In the files of professional volunteers you will need the following:

- ***Completed Professional Registration Form***
- ***Copy of License***
- ***Copy of Professional Liability Insurance Policy Face Sheet or other acceptable insurance documentation***
- ***Signed Confidentiality Agreement.***

Greeters will also need personnel (volunteer) files. Keep the following on hand:

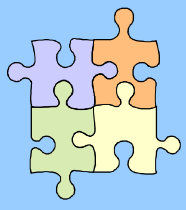
- ***Basic Volunteer Information, including emergency contact and preferred volunteer schedule***
- ***Completed monthly "time sheets," documenting number of hours donated to the program***
- ***Signed Confidentiality Agreement.***

The "Professional Registration Form" and the "Confidentiality Agreement" are included in the accompanying Forms and Documents Binder.

Chapter 7

Marketing Your Program: Spreading the Word to Your Target Population

Once your recruitment of volunteer professionals is underway, you should also begin to advertise the Pro Bono Mental Health Program to your target population. Certainly there is no shortage of eligible persons in your community who need your services. But they won't just magically appear at your door. You must develop a plan to get the word out about this new program, so that those who need your services know that the program exists, and are not hesitant to apply because of stigma, fear or misunderstanding.



Establish priorities for marketing your program, and develop a budget for implementing those priorities.

The Marketing Plan

A marketing plan for your program must be built around your target population. If you are serving low-income, uninsured persons, then focus your efforts on strategies that will reach these particular people in your community.

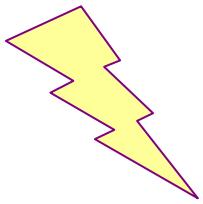
Before developing the plan, establish a budget. A marketing plan that would cost $15,000 would look very different from a plan that could be implemented for $900. Determine priorities in case funds run out. This way, your most important marketing activities are accomplished first.

Before undertaking any marketing, you must establish the program's public identity. You must decide on a program name, catch phrase, logo, and color scheme. Most non-profits are familiar with this type of program "tagging." Images, phrases, even colors, become associated with an agency or program, and the public begins to recognize and feel comfortable with a particular look or style.

In purchasing this Program Development Guide, you have purchased the right to use the provided name, logo, color scheme, and marketing materials. (See the accompanying Forms and Documents Binder for marketing materials.) You can use these, or develop your own.

In deciding on a program name and catch phrase, stay away from academic-sounding terms. The very words "Pro Bono" could be confusing and might sound haughty. A good program name should sound friendly, accepting,

and non-threatening, such as "The Open Gate" or "Pathways" or even "Free Mental Health Clinic."



Using the words "Pro Bono" in the name of our program was probably a mistake, as it confuses our target population. On the other hand, our volunteering professionals like it. It describes exactly what they're doing. In any case, it's too late to change it now.

The catch phrase is three to eight words that always follow the program name. This phrase becomes your mantra, repeated on all literature, correspondence, and program news. The words should be positive, inviting and easily remembered. "Turn to Us!" or "Good Mental Health for Life" are examples of well crafted catch phrases.

Your logo flows from your program name and catch phrase. It can be professionally designed, or can be obtained from any clip art or graphic source that is in the public domain. It should be symbolic of the program, and uncluttered with detail. Very simple images work best (for example, profiles, outlines of objects, sketches). Photographs are not appropriate as logos.

Your color scheme may not sound like an important decision, but it is. Color is a large part of recognition, and color pairs can themselves become an identifying feature. Talk to any professional printer, and the importance of color will become apparent. Your agency probably already has a color scheme that is repeated on letterhead, business cards, brochures, newsletters and flyers. This program may want to use the same colors, or go a completely different route. It may be best to establish a unique identity for this particular program, and thus give it its very own colors.

Three probable components of a marketing campaign for this type of program are: 1) A program brochure; 2) the media; and 3) basic community education. All are discussed in turn below. Your Team can discuss each of these components, and establish priorities and a budget.

A program brochure is almost always a good idea. A brochure has endless uses. It can be provided in bulk to your referral sources, for them to give to potential clients. It can be distributed to locations where your clientele might pick it up. It can be mailed to persons who call for information and referral. It can be inserted in other correspondence of your agency or another organization. It can be passed out at community events.

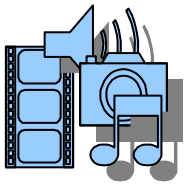
The brochure should include all of the information that a person would need to access your service. It should highlight the FREE and CONFIDENTIAL aspects of the program. It should be easy to read—a 4th grade reading level is recommended. Ideally, it would be tri-fold, since that format easily fits in

business envelopes, and can be stuffed and stacked neatly. Keep it simple, without too many details or words. Always credit your funding source(s) on your program brochure, and give them a supply.

Be sure to provide program brochures to all of the persons on your list of Key Community Contacts (see Chapter 2). Churches, schools, libraries, doctors' and attorneys' offices also are good places to leave brochures. Brochures can also be stocked at locations that are likely to be frequented by low-income persons, for example:

- *Laundromats*
- *Convenience stores*
- *Discount stores*
- *Thrift shops*
- *Food cooperatives*
- *Subsidized child care centers*
- *Other non-profits that serve persons of low income*

A sample tri-fold program brochure is included in the accompanying Forms and Documents Binder.



The Media is, of course, central to any marketing campaign. This type of program is suitable to be advertised in various forms of media—television, radio, newspapers, your website, even billboards. Non-profits are accustomed to searching out free or low cost media space. Most radio stations, newspapers, and even local access television channels will offer discounts or limited free usage to non-profits. Try posting a scrolling message (crawl) on your local television weather channel. Certainly weekly newspaper "Health Note" columns or "Community Calendars" will feature the program, and these are almost always free of charge. Local flea market circulars, or "Buy and Trade" rags, are a good source of low cost advertising, and are often scoured by low-income people.

If your non-profit maintains a website, be sure to highlight this program. You may even want to post an eligibility screening form, so folks can see for themselves whether or not they appear to be eligible for this service. Be sure to feature links to sites with information on mental illnesses. For a listing of popular and informative sites, start at the website of the National Mental Health Association, <www.nmha.org>.

Your budget may include funds to purchase media space. If this is possible, look into prominent newspaper ads, jazzy radio spots, or even billboards. All of these can be costly, so pick and choose carefully. Enlist the services of marketing experts when you expect to spend a lot of money.

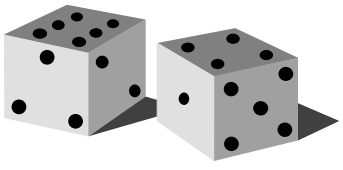
Targeted Community Education is a great way to spread the word, and fight the traditional barriers to accessing mental health care such as stigma and fear. Volumes have

been written on "best strategies" for breaking down stigma and fear, and for coalition building. By implementing basic community education activities, you are taking a big step toward acceptance and promotion of your Pro Bono Mental Health Program. In fact, you almost cannot do one without the other. Community Education is central to most human services, and is especially critical to the field of mental health. If you haven't yet done so, consider the following options. While out and about, be sure to carry a supply of Pro Bono Mental Health Program brochures.

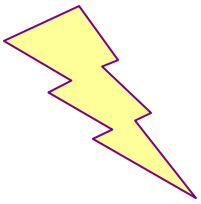
- ***Participate in "May is Mental Health Month" outreach activities (contact the National Mental Health Association for more information- 1-800-969-NMHA).***
- ***Participate in "Mental Illness Awareness Week" (1st week in October- contact the National Alliance for the Mentally Ill for more information- 1-800-950-NAMI).***
- ***Create a local coalition around the themes of the U.S. Surgeon General's Report on Mental Health (call 1-877-9-MHEALTH for a copy).***
- ***Create a Speakers Bureau on topics related to mental health and mental illnesses. Speak weekly to a different community group.***
- ***Sponsor mental illness screening events in conjunction with the national screening day events.***
- ***Put up display booths at local gatherings and festivals.***
- ***Hold special educational events for specific groups, such as school guidance counselors or the clergy.***
- ***Publish a newsletter, featuring your agency's activities and other noteworthy events and public policy issues. Send it to everyone who comes in contact with your agency.***

The Waiting List Game

It is quite likely that you will have a waiting list for services even without extensive media outreach or targeted community education. Unless you want hundreds of people waiting for a slot in your program, you may want to titrate your outreach activities. Your staff could otherwise quickly become overwhelmed and discouraged.



Unfortunately, most human service programs are judged by the length of their waiting list. If it's not long, then the service is not in demand, and funding could be curtailed. If the waiting list is long, surely the service is worthy of expansion. This is misguided logic! Take every opportunity to educate your funders and constituents about the folly of this type of thinking. Certainly the need for a Pro Bono Mental Health Program can be demonstrated with statistics and qualitative (interview) data. It should be unnecessary to substantiate the worth of the program by over-advertising and building up a waiting list of persons who may never get to the top. You're not helping anyone by keeping them on a waiting list for months.



As a general rule, your waiting list should be no longer than the number of active volunteers you have in the program. Increase your marketing efforts only as your capacity to serve increases.

Chapter 8

Operation of the Pro Bono Clinic

Everything is now in place to begin serving clients. You have gained the support of your community. You have a small staff and an enthusiastic Oversight Team. You have suitable space, even if it's simply a desk, computer, telephone, and file cabinet. Hopefully you've been able to secure in one way or another the needed start-up funds.

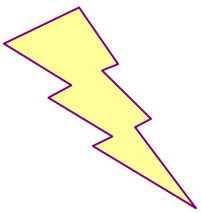
You and your Team know who will be eligible for services, and you've spread the word to this target population. You also have at least a handful of willing professional volunteers ready to initiate the program. What happens next?

This chapter leads you through the actual operation of a Pro Bono Mental Health Program clinic. As discussed in Chapter 3, the term "clinic" does not refer to a building, but rather a service. This program is essentially a ***"clinic without walls."*** When the term "clinic" is used in this handbook, it refers to the clinical services provided to clients, regardless of the actual location of the service.

Here, we take you through the screening process, the matching of eligible clients with volunteer professionals, the creation of the medical record, the client intake procedure, ongoing service provision, and client terminations.

Screening Clients for Eligibility

The marketing you have begun for this program lists a telephone number to call for more information. This is likely your agency's main number. When a person calls to inquire, direct the call to the staff person or volunteer assigned to do client screening. Whoever takes the call will need to be able to put the caller at ease, and calm any apprehension the caller may feel about finally taking a step toward getting treatment. The most logical candidate is probably the Clinic Coordinator, at least in the initial stages of the program.



Best to refer <u>all</u> inquiries, even those who clearly appear to be ineligible, to the Clinic Coordinator. She is not a clinical professional, but she is an expert "referrer." She knows all about local resources in mental health and related realms. Everyone found ineligible should be formally referred to another agency or program that can address their particular needs.

The Clinic Coordinator conducts the screening over the telephone. It takes approximately 15 minutes, but can take longer if the caller is talkative.

Telephone screening is preferable to face-to-face, because so many callers will turn out to be ineligible. Requiring people to travel to a location to be screened is a tremendous waste of time and resources on both ends.

The screening interview does not need to be performed by a mental health professional. It is simply an interview to gather information. Some callers may want to go into detail about their situation, but this should be politely discouraged. If a caller seems to want counseling on the spot, simply reply, "I'm not a counselor. My job is to talk with you to get the information needed to determine if you are eligible for our program." If necessary, the screener should repeat the message—"I'm not qualified to offer advice. But I can help to see if you're eligible to see a counselor through our program. I have a few more questions I need to ask…"

Use the provided "Client Eligibility Screening Form," modified as needed according to your particular eligibility criteria. (Provided in the accompanying Forms and Documents Binder.) The screening form serves as a guide for the conversation, leading from question to question in a comfortable manner and natural sequence. It suggests alternate ways to word certain questions, so that callers will understand what is being asked.

Using the screening form, you gain information on client demographics, income, insurance coverage (or lack of it), other treatment options, thoughts of harm to self or others, and presenting problem. The questions on thoughts of harming self or others are included to ensure that persons in acute and/or dangerous states are referred to emergency mental health services immediately. It is an important part of the screener's job to connect persons who need immediate care to the appropriate resource. Your Pro Bono Mental Health Program is not designed to handle emergency situations. Your screener is not a crisis hotline worker, and probably is not formally trained in empathetic listening. Best to let the emergency service professionals handle emergencies.

The Pro Bono Mental Health Program is not designed to handle emergency or acute situations. Immediately refer all callers with suicidal or homicidal thoughts to your local emergency mental health unit. Give the telephone number of the emergency unit to <u>all</u> callers, regardless of how they present during the screening interview.

Very scant information on the presenting problem is collected once eligibility is confirmed. This is done so that the Clinic Coordinator can match the client with the most appropriate provider, one who has relevant training or interest.

Again, the screener must reiterate the message that he or she is not a mental health professional—they simply need a basic idea of the type of situation or symptoms that prompted the caller to seek services. Let the caller know why they are being asked this information—so that they can be assigned to the most appropriate counselor, one who can best meet their needs. Callers almost always will be happy to convey more than enough information of this type.

The screener should discuss with eligible callers the best times and locations for counseling appointments to take place. If you have a number of locations available, discuss with the client which of these would be preferable, and which would not work at all. Discuss times, keeping in mind that most eligible clients will likely be working in jobs that offer little flexibility. Childcare, transportation, and other needs must be considered. Don't set up your clients for "no-showing" by scheduling them at a time or place that you know will be difficult.

It is now time for the screener to end the call. At this time, the screener should provide the caller with two important pieces of information: 1) When the client will receive a return call with news of their first appointment, and 2) conveyance of local emergency telephone numbers in case of a crisis.

> Tell all eligible clients what day you will call them back, and be sure follow through exactly as promised. Call even if you have no definite information, to reassure them that you haven't forgotten about them. Give them a realistic estimate of when their first appointment will be. Call them weekly, to give them an update of their status on the waiting list.

Matching Eligible Clients with Providers

A telephone-screening interview has been completed. Ineligible callers were referred to the appropriate resource. For eligible callers, information was gathered regarding the presenting problem(s). The screener also discussed with the client preferences for "when and where" counseling appointments should take place. (If your locations are limited and volunteer professionals do not use their own offices, the "where" question may be mute.)

Your Clinic Coordinator will have on hand a listing of all registered volunteer professionals (those who have completed their paperwork and are ready to accept a client or clients—see Chapter 6.) You can develop a system of keeping track of available volunteers, to aid in assessing which client would be best matched with which volunteer. Your system could be as simple as a pad of

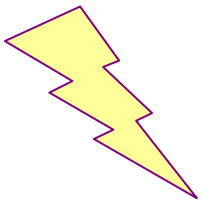
paper with notes to yourself, or as detailed as a computerized database of providers that tracks and tallies units provided and client load. A compromise would be a simple chart, as shown below. The information on the chart will be gathered from the Professional Registration Forms, completed by all professional volunteers before they are assigned clients.

SAMPLE CHART FOR USE IN MATCHING

CLIENTS WITH CLINICANS

NAME	STATUS	# CLIENTS WILLING TO SERVE AT ONE TIME	CLIENT PREFERENCE	WHERE SEE CLIENTS	CLIENTS NOW SEEING
John Smith, LPC	On hold until after the New Year	2	Adolescents	Own office in downtown Elliston	Jeremy G.
Renee Jones, MD	Active except in summer months	3	Adults, eating disorders a specialty	Our office on Thurs. afternoons after 1:30	Ann B. Barbara C. Caren D.
Elaine Powers, LCSW	Active	2	Geriatrics, Adults caring for elderly	Own office in Dublin	Mary L.
Amy Sever, LPC	Inactive as of 1/1/00- will let us know when she wants another client	0	Adults, abuse issues a specialty	Our clinic on Monday nights	
Jim Roane, LCSW	Active	1	Children, ADHD	Own office in Riner	Andy B.

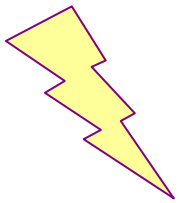
This chart may be pages long, depending on the number of registered volunteers you have. Your Clinic Coordinator will use this information almost continually, as it is central to the job of matching a client to a provider. It doesn't have to be neat, as no one will judge its beauty. It's likely to be ragged-looking, from frequent page turning and erasing. It could be mounted on the office wall, but is probably most useful being carried on a clipboard.



Pro Bono volunteers often enjoy treating clients with different conditions and situations from the clients they see day-in and day-out at their paying jobs. Don't be bound by the specialties they list on their registration form. They may be just as happy to treat

a client who gives them a change of pace and an opportunity to stay abreast of a variety of clinical situations.

A client may ask to be matched with a certain professional, or with a particular type of clinician. If they request a specific professional, be sure to relay that information to that professional, whether or not they are registered as a Pro Bono volunteer. If they are registered, they should have first chance to accept or decline. If they are not registered, being specifically requested may be the motivation they need to join up. If a client does voice preferences, in terms of particular training, specialty, or gender, do your best to accommodate, but state up front that because you rely on volunteers, specific requests for clinicians cannot always be accommodated.



Since you will have a limited number of volunteer professionals to draw from, you will not be able to accommodate clients' preferences for therapist gender. If a client has a strong preference, they will mention this. If so, you can do your best to comply.

The Clinic Coordinator, using the information she has on available professionals, will issue a request to the one who is both available to take on a new client, and also the best possible match in terms of presenting problem and other preferences voiced by the client. A telephone call works best. Call the professional at the location they have stated they prefer to be contacted at (on their registration form). This is probably their office, but it could be their home. If they are a regular Pro Bono volunteer, they will get to know the Clinic Coordinator well, and will have a comfortable relationship with him or her. They should feel just as comfortable declining the client as accepting. NEVER make a Pro Bono volunteer uneasy about declining a client! Use the opportunity to determine when they will be available to accept another. ALWAYS let them know that you appreciate every minute they give to the program. Your goal is to build professional friendships, not create hard feelings.

If your first choice for a match does accept the client, the Clinic Coordinator then establishes the best time and place for the intake and first appointment. This information is confirmed with both the volunteering professional and the client. At this initial contact, the Clinic Coordinator will first meet with the client, explain the program, complete necessary paperwork, and complete a Client Information Form (Intake). Immediately following this, the client will meet with the volunteering clinician for the first counseling appointment.

If your first choice of therapist declines (this will happen often-- don't be discouraged), then proceed down your list and determine a second-best match.

Remember that even in the world of the well insured, ideal matches of clients and therapists don't always happen, but people benefit from treatment just the same.

The Client Intake Procedure

It works best for a central person to complete all of the client intakes, or at a minimum, for intakes to be done by staff or volunteers who are not the therapists. This is because so much of the Intake is red tape in nature, and the paperwork and documentation would weigh heavy on Pro Bono volunteers. Recall that one of the program's selling points is that volunteering professionals are free from paperwork logjams, and they can concentrate on the therapy, not the bureaucracy.

It works well to have the Intake scheduled for 20 minutes prior to the client's first meeting with their therapist. If people are on time, and come with the required income and residency documentation, 20 minutes is sufficient.

If possible and practical, let your Clinic Coordinator do the Intake. She already knows the client from the telephone-screening interview, and this familiarity serves two purposes. First, the client is more at ease meeting someone with whom they already have a relationship. Clients may be quite apprehensive and uncomfortable at this first appointment. The Clinic Coordinator will be familiar and reassuring. Second, since much is already known from the screening interview, no time is wasted rehashing basic information.

The three goals of the Client Intake are: 1) To explain to the client the nature of the program, 2) to collect information on the client's history and why he/she is seeking services, and 3) to complete necessary paperwork and documentation prior to the first appointment.

A first goal of the Intake is to explain or reiterate to the client the nature of the Pro Bono Mental Health Program. The clinicians will be grateful if you let the client know that services are volunteered, and that the therapist will not receive any compensation for this work. This knowledge increases clients' motivation to keep appointments and be on time, and also usually starts the client/therapist relationship off on a good note. Clients are grateful, and therapists feel good about what they're doing.

The second goal of the Intake is to collect relevant historical and medical information, and to begin to collect information on current symptoms and purpose for seeking treatment. Use the Adult (or Child) Information Form (provided in the Forms and Documents Binder) for the Intake. The Clinic Coordinator can give the form to the

client, assisting as needed, or can do all of the writing himself, asking the client the questions in sequence.

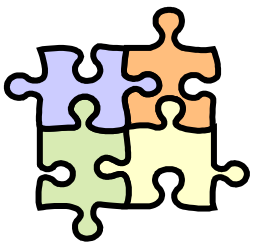
A third and final goal of the Intake is to complete the necessary up-front paperwork and to acquire documentation of income and residency. Do ask that the client bring proof of income to the intake. This can be in the form of a pay stub, a bank statement, a tax return, or a letter from an employer or family member attesting to income level. Proof of residency may be easily checked by looking at a driver's license, other identification card, or business correspondence containing their address. Make copies of each for the client's chart.

A "Consent for Services" form must be completed prior to receiving any services. This form is in triplicate, with two copies for the program and one for the client. It explains the program and confidentiality procedures, instructs the client to keep the program abreast of income or insurance changes, gives instructions for canceling or changing appointments, gives emergency telephone numbers, and states that the client agrees to receive mental health services.

The Client Chart

Just as with any medical clinic, the client medical record, or chart, plays a central role in the coordination and documentation of services. The charts for clients of the Pro Bono Mental Health Program will be developed and maintained by the program, not the individual clinicians. This is for two reasons. First, because of constraints by Managed Care companies (the general prohibition of discounting services), volunteer professionals must do their volunteer work under the auspices of a separate entity, one easily identified as outside the realm of their own practice. A different-looking chart is preferable for this reason. Second, you will want all information to be standardized across clients. One set of forms for all clients is necessary in order to easily tabulate data and locate information.

Client charts will likely "travel" between the central office of the Pro Bono Mental Health Program and volunteers' offices. This is perfectly permissible, and even expected. A large white label on the front of the chart identifies it as belonging to the Pro Bono Mental Health Program, and reminds clinicians to promptly return it upon client discharge. Sample chart labels are included in the Forms and Documents Binder.



Make Pro Bono client charts a unique color. We use purple. This stands out on a cluttered desk, and quickly identifies it as <u>not</u> belonging to a volunteer's practice. (Brightly colored charts are readily available in office

supply catalogues.)

Because the client chart may be physically out of the central office for weeks or months, it is desirable to have a second duplicate chart for each client that stays in the central office and never leaves. This duplicate chart contains originals of the forms that provide basic identification, eligibility, and consent information. The brightly colored main chart is referred to as the "traveling" chart, and the second duplicate chart (plain manila-colored) is referred to as the "home" chart.

Because the "traveling" chart will be carried about and handled by many people, it is best to use the style of chart that has a two-hole clip at the top of each side. This keeps all of the paperwork in order, and prevents contents from spilling out. (It is less expensive to purchase a two-hole paper punch and boxes of clips than to order charts pre-punched and pre-clipped.) Remember to put the chart into a large envelope whenever it travels, to keep everything in place and provide an extra measure of privacy.

The following table provides an overview of the forms that make up the client chart. All chart forms and labels are provided in the accompanying Forms and Documents Binder, in hard copy and on disk. As with all documents in the Binder, any type in red needs to be replaced with similar information specific to your agency or program.

THE CLIENT CHART

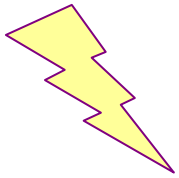
NAME OF FORM	WHO COMPLETES	MISCELLANEOUS
Client Eligibility Screening Form	**Screener (staff person- probably the Clinic Coordinator).**	**Original goes in "home" chart; copy in "traveling" chart. Documentation of income and residency also goes in chart, following this form (copies of driver's license, pay stub, etc.).**
CLIENT CHART, continued		
Client Notes page	**Clinic Coordinator.**	**Documents all**

		miscellaneous contacts with the client, such as telephone calls to remind of appointments, drop-ins to pick up medication, etc.
Consent for Services Form	**Intake worker reviews with client. Client signs with a witness.**	**A triplicate form. Top copy goes in "home" chart; second copy goes in "traveling" chart; bottom copy given to client.**
Client Information Form (Adult or Child)	**Client and Intake worker.**	**A medical history and symptom checklist. Can be completed by client, or with the help of the Intake worker if literacy is low.**
Client Visit Log	**Clinician or Psychiatrist.**	**A service unit log. Clinician/Psychiatrist adds to it each time client is seen. Allows easy tally of service volume and value of such.**
Initial Assessment Form	**Clinician.**	**Completed at or after initial counseling appointment. Includes diagnosis.**
Initial Psychiatric Intake Form	**Psychiatrist or other physician.**	**Completed at or after initial assessment by psychiatrist. Includes diagnosis.**
Clinical Notes page	**Clinician or Psychiatrist.**	**Completed after each visit. A brief record of the client's mental status and therapeutic progress at that session.**
Request for Specialty Referral Form	**Clinician or Clinic Coordinator completes form, client must sign.**	**Used to refer clients to Pro Bono psychiatrist, other medical services, other human service agencies, etc.**
Authorization for Release of Information Form	**Clinician or Clinic Coordinator completes form, client must sign.**	**In case prior medical records are needed, or if another agency request the Pro Bono record. Also necessary prior to any consultation with other service providers. Clinician should explain the need for this form to the client.**
Discharge Summary Form	**Clinician.**	**Documents reason for termination and follow-up/referral plans.**

Ongoing Service Provision and Client Termination

Once the initial visit has taken place, all of the up-front paperwork should be completed. A relationship with a clinician has been established. At this point, the Clinic Coordinator can step back from directly overseeing the client's treatment, and let the assigned clinician take the lead.

Future appointments are arranged between the clinician and client. These future appointments can be at the central location, the volunteering clinician's office, or at another established location more accessible to the client. The Clinic Coordinator does not need to be present at future appointments. However, for safety reasons, always be sure a third person is present when counseling takes place. For example, if a clinician and client agree to meet at a rural doctor's office next Thursday at 5:00 PM (assuming this is an established alternate location), it is up to the Clinic Coordinator to be sure someone will be at the doctor's office to let them in, stay on site in case of an emergency, and lock up afterwards. This "third person" job is a good role for volunteers and student interns.



Always make sure that a third person is on site at all counseling appointments. In case of an emergency, the presence of this additional person is critical.

Clinicians, of course, need to be familiar with the layout and contents of the Pro Bono client chart. Unless they perform all of their volunteer work at the central office, clinicians will likely keep the "traveling" charts with them. They should be reminded by the Clinic Coordinator to copy and mail or fax the Client Visit Log to the central office at the end of each month. This is to allow the Clinic Coordinator to stay abreast of each case, and to keep up with service unit data for reports.

When a case is terminated, the clinician should complete the Discharge Summary Form, and return the entire "traveling" chart to the Clinic Coordinator. Hopefully, the clinician will accept a new Pro Bono client at this time. You probably won't know unless you ask.

Missed Appointments and Cancellations

In the case of clients who "no-show" or repeatedly cancel appointments, it is best to give discretion to the clinician. If the clinician feels that his or her time is being wasted, enforce the message in the Consent for Services form. ("If I miss two or more appointments without notification, I may be denied services from the Pro Bono Mental Health Program.") Often, clinicians will give

clients the benefit of the doubt and be more patient than the Clinic Coordinator, who has eager people on a waiting list.

The Consent for Services Form states that the session limit is five sessions per calendar year. This is stated primarily as a fall-back for clinicians, who may chose to enforce this limit if they see their client as making no progress, unmotivated for change, or needing to be referred to an alternate provider. Rarely will a clinician enforce this limit, but it is a good idea to give them the authority to do so if appropriate. This advertised limit also increases clients' motivation to be prompt to appointments and to work hard toward the goals they have established with their clinician.

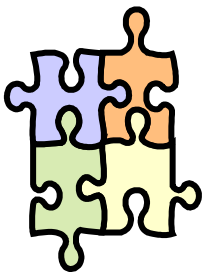
The accompanying Forms and Documents Binder includes a two-sided appointment card, which can be handed or mailed to clients in order to maximize attendance. Emergency telephone numbers are printed on the front as a safety precaution.

Chapter 9

Medication Access

Medication is a critical aspect of the treatment plan for many clients. Approximately one-third of a Pro Bono Mental Health Program's caseload would benefit from a psychiatric evaluation in addition to ongoing counseling services. Thus, the most successful and comprehensive Pro Bono clinics will have volunteering psychiatrists on board along with clinicians (social workers, counselors, psychologists and therapists).

Psychiatric Nurse Practitioners are also valuable volunteers, as they are skilled at psychiatric assessment and can often prescribe medication (this varies from state to state). If psychiatrists and psychiatric nurse practitioners are in limited supply in your community, your Oversight Team may decide to recruit general practice physicians to provide the medical component of your program. Those with special interest in psychiatry or the mission of your organization would be likely first choices.



In order to provide psychiatric coverage for your Pro Bono caseload, you will need approximately 1 hour of volunteer psychiatric time per week for each 20 active clients (e.g., if you have 160 active clients, you will need approximately 8 hours of psychiatric time per week for psychiatric evaluations and medication follow-ups).

Research in the field of mental health care has been very clear in one area: The best recipe for treatment success is a combination of therapy and medication (if medication is indicated). Also true is the sad fact that resources are always limited. Therefore, it may make sense to your Oversight Team to provide psychiatric services and medication only to persons who are established in the Pro Bono program and are engaged in the process of recovery. Psychiatric services would be available through your program only to active Pro

Bono clients who are referred for such services by their Pro Bono clinician. In other words, in order for a client to have an appointment with a psychiatrist, they must be actively engaged with a clinician also. This will protect your valuable psychiatric time, and increases the likelihood of positive clinical outcomes.

Pro Bono psychiatric services and medication are only provided to persons who are actively engaged with a therapist or counselor. Put another way, no "medication only" clients.

As always, exceptions happen. It is best to have a policy in place before opening the medication flood gates.

A "Request for Specialty Referral" form is included in the accompanying Forms and Documents Binder. This form would be completed by any Pro Bono clinician for a client they felt would benefit from a formal psychiatric assessment, and possibly a prescription for medication. The clinician forwards the form to the Clinic Coordinator who arranges the appointment with a volunteer psychiatrist. Also included in the Forms and Documents Binder is an "Initial Psychiatric Intake" form to be completed by the psychiatrist (or psychiatric nurse practitioner or other physician) during or following the assessment.

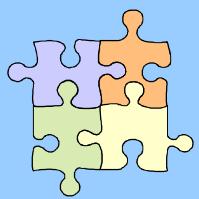
Your program will need to have its own prescription pads for use by your psychiatric volunteers. This is a low cost undertaking, and an easy printing job for any printing company. A sample of a prescription pad is provided.

Options for Providing Low-Cost Medications

Establishing a medication component to your Pro Bono Mental Health Program goes beyond simply recruiting a psychiatrist or two. Because your clients are low income and uninsured, paying for any prescribed medication is always going to be a problem.

A primary agenda item for the program's Oversight Team is to establish a means for securing free or low cost medications for Pro Bono clients. Four options are discussed below.

Options for Free or Low Cost Medication to Indigent Clients

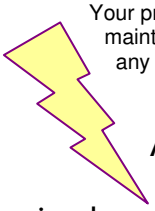


1. *Samples provided by pharmaceutical company representatives to*

Samples

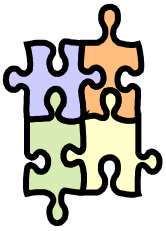
Representatives from the larger pharmaceutical companies routinely visit hospitals and medical offices and leave abundant samples of their medications for physicians to distribute to patients who may benefit. Psychiatrists receive weekly, if not daily, visits from these "drug reps" who leave behind thousands of dollars worth of free psychotropic medications in the form of samples.

Ask all of your volunteering psychiatrists and other involved physicians to help the program maintain a supply of samples for your clients. Ask that drug reps visit the psychiatrists at the Pro Bono program's central location, so samples are brought directly to where they are to be stored and distributed. Also, your volunteer psychiatrists may be comfortable simply bringing samples with them to wherever they see clients.



Your program must establish policies and procedures for storing and accessing any sample medications maintained on-site. Laws vary from state to state. Interpretations of these laws also vary. Before accepting any samples, consult an attorney, your volunteering psychiatrists and local hospital administrators.

Arrangements for storing sample medications could vary from a full-scale pharmacy (staffed by volunteering pharmacists, of course) to a simple "sample closet" (a locked cabinet in a locked closet in a locked office). With any arrangement, security procedures must be established by your Oversight Team. The following questions must be addressed:



Who has a key to the secure area where medications are kept?
Who can stock or remove medications?
How are medications logged in and out?
What will be the procedure for dealing with expired medications?

Any medication classified as a "controlled substance" can never be obtained as a sample, and thus other means of accessing these will need to be developed. (A "controlled substance" is generally any drug that is addictive.) Two of the most common "controlled substances" used in psychiatry are Valium and Ritalin.

A "Medication Sample Log" is included in the accompanying Forms and Documents Binder. This form allows the program to keep track of exactly what medications are in the sample inventory, what physician put them in or distributed them, how much was distributed and when, and the expiration dates.

Indigent Drug Programs

Most of the mid to large-sized pharmaceutical companies have programs designed to assist indigent, uninsured patients with the exorbitant cost of medication. These patient assistance programs are typically referred to as Indigent Drug Programs (IDP). Using IDPs usually involves obtaining the company's application form, completing the form and mailing or faxing it to the company, responding to any questions the company's screeners may have upon their receipt of the application, and then waiting for the medication to arrive by mail (usually 3-6 weeks following application). Most often, persons need to reapply upon each refill. The application procedure for some companies is relatively straightforward; for others, it can be taxing.

Some companies allow patient to file the application. Others require that application be filed by the medical office treating the patient. Either way, the process has great potential to be cumbersome and confusing. For this reason, it is imperative that the Pro Bono Mental Health Program provides a staff person (perhaps the Clinic Coordinator) or trained volunteer to assist clients.

Designate a staff person or volunteer to be in charge of assisting clients in applying for pharmaceutical companies' Patient Assistance Programs. The process is confusing, so centralizing the process makes things run smoother.

The first step is to learn what is available and how to obtain a company's Patient Assistance Program application form. On the next page is a listing of three Websites that can help.

Medication Assistance Programs Available on the Internet

Needy Meds (www.needymeds.com)

Provides information, but no direct access to application forms. This program allows you to search by either the medication needed or the pharmaceutical company. When searching by pharmaceutical company, all drugs offered for donation are listed. This program also offers a manual for $99.95 with updates as available. The manual contains copies of the forms necessary to apply to the various pharmaceutical companies' programs.

The Medicine Program (www.themedicineprogram.com)

A matchmaking program between consumers and forms. Consumers can print off a generic application form that they fill out and mail to The Medicine Program with a $5 fee. The Medicine Program then matches the request to the appropriate company and mails a blank patient assistance form to the consumer. They do not fill out or process the forms for the consumers. That responsibility is left to the patient or the provider. If the medication requested is not available from a pharmaceutical company, the consumer can request a refund in writing.

RX Assist (www.rxassist.org)

One of the most useful websites available. Rx Assist offers a compilation of the pharmaceutical companies criteria and forms that physicians can use to screen their patients for eligibility into the patient assistance program. The forms offered on this site can both be completed on screen and then printed and mailed to the various companies or blank forms can be printed and used. Rx Assist allows the provider to search the website on several variables. These include company name, brand drug name, generic name, or drug therapy. The website includes information on 50 patient

As with samples, controlled substances are generally not available through pharmaceutical companies' patient assistance programs. For example, Xanax and Ritalin are not available through this particular mechanism.

Following is a brief listing of some of the more frequently accessed Patient Assistance Programs, the popular medication that they manufacture, and a telephone number (or address) for use in obtaining more information and application materials.

Frequently Used Patient Assistance Programs

1. Abbott Laboratories Patient Assistance Program (Depakote)

800-222-6885 (phone), 847-937-9826 (fax)

2. Americares/SmithKline Beecham (Paxil)
   800-729-4544 (phone)
3. Bristol-Myers Squibb Patient Assistance Foundation, Inc. (Serzone, BuSpar)
   800-736-0003 (phone), 800-344-8792 (fax)
4. Forest Pharmaceuticals, Inc. Indigent Care Program (Celexa)
   800-678-1605 (phone)
5. Glaxco Wellcome Patient Assistance Program (Wellbutrin)
   800-722-9294 (phone)
6. Janssen Cares, Risperdal Patient Assistance Program (Risperdal)
   800-652-6227 (phone), 704-357-0036 (fax)
7. Lilly Cares Foundation (Prozac)
   800-545-6962 (phone)
8. Organon, Inc. Indigent Patient Assistance Program (Remeron)
   Must contact local drug representative for applications:

   P.O. Box 731, Somerville, NJ 08876
9. Pfizer, Inc. Prescription Assistance (Zoloft)
   800-646-4455 (phone)
10. Roche Laboratories Medical Needs (Klonopin)
    800-285-4484 (phone)
11. Solvay Pharmaceuticals Patient Assistance Program (Lithobid, Luvox)
    800-788-9277 (phone)
12. Wyeth-Ayerst Laboratories Indigent Patient Program (Effexor)
    800-395-9938
13. Zyprexa Patient Assistance Program (Zyprexa)
    800-488-2133 (phone)

Medication obtained through Indigent Drug Programs will likely be mailed to the clinic address- not to the patient's home. Therefore, as with samples, it is important to establish a procedure to log in/out and store the medication until it can be picked up by the client.

Interagency Agreements

If your Pro Bono Mental Health Program is located in a small city or larger area, it is likely that other primary health clinics for the poor are in existence. If so, you have hopefully engaged the leaders of these clinics in your planning, perhaps enlisting them to sit on your Oversight Team. At a minimum, they should be considered Key Community Contacts.

These other health clinics may operate pharmacies or have in place reliable systems for assisting patients with paying for medications. Many states have networks of "state pharmacies" in government-run public health departments or other health care settings. Medications from "state pharmacies" are generally cheaper, as the state can offer the medications at cost. Explore a tie-in with any other existing pharmacies for the poor. At a minimum, establish an expedited system whereby your Pro Bono clients can be screened

for eligibility at the clinic that has the pharmacy. Then put in place a well-oiled referral system.

It is always a waste of effort to reinvent the wheel. Check around to see if any other health provider has a good system for matching patients with pharmaceutical companies' patient assistance programs. Some clinics may actually have a staff position devoted to just that task. Attempt to negotiate some portion of that person's time to help your Pro Bono clients. At least try to obtain some face-to-face technical assistance in this area.

Cash Voucher System

As a last resort, your organization may want to consider putting aside a cash reserve to pay for medication for those clients who cannot obtain it any other way. A voucher system with local drug stores is easy to put into place. With a voucher system, the client takes a prescription to a participating drug store, and the drug store's pharmacy fills it on the spot, billing the organization.

It may be easier to put a Voucher System in place with a smaller, locally owned pharmacy than with a national drug store chain. The red tape with national chain retailers is often discouraging. Also, locally owned stores often prioritize services that help out needy neighbors. Start there.

The amount of money to put aside in a medication Cash Voucher System depends on the size of your caseload and your success at utilizing other options. Even $1,000 would be a start, and could make a tremendous difference in the lives of many clients. If $1,000 seems unrealistic, try to fund-raise specifically for this purpose. Many civic organizations like to see their donations go toward a very specific community need, such as filling prescriptions for the poor. Churches, also, can be very responsive to a definitive need that everyone can understand.

In the accompanying Forms and Documents Binder are a "Medication Voucher" form and a "Medication Voucher Log Sheet." The Voucher form is completed by staff, and given to the client to take to the drug store along with the prescription. The Log Sheet keeps a running tally of the organization's money spent in this fashion.

Keeping Track

Keep a photocopy of all prescriptions, sample disbursements, Indigent Drug Program applications, and Medication Voucher forms in clients' charts. Undoubtedly, you will need to refer to them again and again.

Finally, in the Forms and Documents Binder is a "Medication Tracking and Value Sheet." This form tallies all medication provided to clients, ***from all sources***, in order to keep track of what procedure was used to obtain the medication, prescription refill dates (useful to your Clinic Coordinator as a heads-up!), and the dollar value of the medication. Remember that medications obtained through samples and Indigent Drug Programs can be considered "in kind" contributions. Their value adds up quickly. Keep account of this important component of the Pro Bono program. It will prove useful in grant writing and other fund raising endeavors.

Chapter 10

Data Collection and Management

In order to monitor and evaluate the success of your Pro Bono Mental Health Program, various pieces of information must be collected, stored, and tabulated. Two types of evaluation are imperative: Process Evaluation (How is it going?) and Outcome Evaluation (Did it make a difference?). In this chapter, we discuss the contents of a basic client database for a Pro Bono Mental Health Program, and present a format for a useful Monthly Status Report. This Monthly Status Report serves as a succinct and extremely useful Process Evaluation tool. Outcome Evaluation is addressed in Chapter 11.

Client Database

If your organization or agency does not have a client-centered database in place, you will want to create one for use with the Pro Bono Mental Health Program. The database will be used for information retrieval, evaluations, report writing, grant applications, anytime you need statistics. It would also be valuable in the event that a client's medical chart was misplaced.

The information here is meant to serve as a springboard for the process of creating a new client database. There is no one right way to go about this. The options for software alone are abundant. It is highly recommended that the program Oversight Team secure the services of a database-savvy volunteer, student intern, or kind-hearted consultant to do the design and set-up work. The creation of a client database for this program can be completed fairly easily by anyone with database expertise.

The creation of a client database for the Pro Bono Mental Health Program makes a great project for a college student or talented computer-savvy volunteer. Don't spend a lot of money for professional assistance—it's not that complicated.

In deciding on which software to use, simplicity is an important feature. Make sure that the person who will use the database to extract information and create reports understands the software and can use it to its full potential. With a database in place, you should never need to tally information from a stack of paper client charts. The answer to almost any question about your clientele is just a few keystrokes away.

Following is a list of the basic information to include in a client database:

Client Database Fields

For all clients who receive services through the Pro Bono program

Name	Insurance Status
Client Number	Employment Status
Social Security Number	Monthly Income
Emergency Contact	Date of Screening
Address	Clinician
Telephone/Alternate phone	Psychiatrist
Birthdate	Date of Discharge
Gender	Status upon Discharge
Ethnicity	Referred from
Diagnosis (all axes)	Referred to
Service Dates and Type of Service received	

It is best to set aside a regular time each week for data entry into the database. Perhaps every Friday afternoon the week's activity could be entered. Or on a weekday evening a designated person could work for two hours solely on data entry. Data entry is not a difficult task. Once the routine is learned, it is simply repeated for each client or client service unit provided. Use a reliable volunteer, the Clinic Coordinator, or another clerical office staff person for data entry.

Monthly Status Report

Your Clinic Coordinator should produce a Monthly Status Report. This Report will provide staff, the Oversight Team, and the community with a snapshot of the program's productivity during the previous full month, and since its inception. You will use the Monthly Status Report continuously. Carry it with you to meetings and professional gathering, especially if potential funders will be within earshot.

Data for the Monthly Status Report are compiled from the computerized client database. A sample of the "Monthly Status Report" form is included in the accompanying Forms and Documents Binder, in hard copy (simply fill in the blanks by hand) and on disk (if desired, put it on your hard drive and produce a more professional-looking report).

The one-page Monthly Status Report includes statistics on what the program is producing (otherwise known as "program outputs"). These statistics are listed in two columns. The left column contains statistics for only the *previous full month*. The right column contains these same statistics *from the program's inception.* In this report format, the right column ("from program's

inception") is simply a running aggregate of all monthly statistics (the left columns on all completed reports).

Statistics on the Monthly Status Report are in four groupings: 1) Client Flow, 2) Units of Service Provided, 3) Volunteered Units (by the various types of volunteers) and 4) Cost effectiveness.

Client Flow statistics present a snapshot of the volume of service that the program is producing. The report includes the following six basic client flow statistics.

- Number of Clients Screened
- Number of Clients Found Eligible
- Number of New Clients Served *(previous full month column only)*
- Number of Total Clients Served
- Number of Total Clients Discharged
- Number of Successful Discharges *(defined as those clients who completed their course of treatment or were successfully referred to a more appropriate provider)*

Units of Service Provided statistics are the real outputs of the program. That is, these units of service are the actual products that stem from the operation of the program. The report includes the number of each type of unit provided. A "unit" equals one visit for one of the following:

- Individual therapy (usually 60 minutes)
- Family/Marital/Group therapy (usually 60 minutes)
- Psychiatric Evaluation (usually 90 minutes)
- Psychiatric Follow-up (Med check) (usually 20 minutes)

Volunteered Units statistics keep track of who is giving what, and how much. Each type of volunteer mental health care provider has a dollar value assigned to an hour of their volunteer time. This hourly dollar value is included below. (The values used here are average values for the state of Virginia. Feel free to use other values that might better reflect your local marketplace.) The Monthly Status Report includes the number of service units provided by the following:

- Clinical Social Workers $ 55
- Clinical Psychologists $ 65
- Licensed Professional Counselors $ 55
- Nurse Practitioners $ 26
- Psychiatrists $116
- General Practitioner $ 85

Cost-Effectiveness statistics provide the total values of in-kind services provided—both the professional mental health treatment services and the medications distributed to clients. Calculate the value of mental health treatment rendered by each type of volunteer provider by multiplying the total number of volunteer hours from each type of provider by the corresponding value/hour listed above. (Keep in mind that a *unit of service*, especially psychiatric evaluations and medication checks, may be more or less than an

hour. Multiply the hourly rate accordingly.) Use the "Medication Tracking and Value Sheet (see page 60) to tally the value of medications provided to clients. Record the following two statistics on the Monthly Status Report:

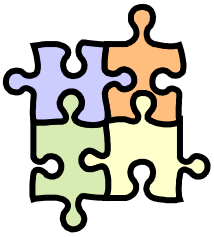
- Value of Volunteered Professional Services
- Value of Medications Provided to Clients

Keep your Monthly Status Reports in a central binder for easy reference whenever quick statistics are needed. Over and over again, you'll be grateful that this report is routinely prepared and always at your fingertips.

Chapter 11

Program Evaluation

Program evaluation is a critical component of any human service program. Without thoughtful and purposeful evaluation, a program cannot improve upon itself and demonstrate its worth, and thus is likely short-lived. In the case of a Pro Bono Mental Health Program, a plan must be put into place for an ongoing evaluation process before the first client is seen.



There are two primary purposes for an evaluation of your Pro Bono Mental Health Program: 1) To aid the program Oversight Team in monitoring and modifying the program as necessary to achieve the best possible outcomes, and 2) To provide facts on program impact and soundness of design to funders and the community-at-large, in order to improve chances of program longevity.

Most non-profit organizations do not have the luxury of an evaluator on staff. There usually is not extra money in the budget for research. Therefore, the evaluation of the Pro Bono Mental Health Program should cover the basics, without expensive or time-consuming extras that can bog down the process. It should be easy to implement, and the data easy to compile using common statistical procedures. Keep in mind that the primary users of the data will not be research scientists. Users will be your Oversight Team, United Way personnel, foundation staff, community and business leaders, other human service administrators, politicians, etc. Simple and easy to understand statistics and conclusions are usually appreciated.

In addition, the evaluation process should not be cumbersome or time-consuming for your clients. Low-income consumers are inundated with forms to complete wherever they go. Again, simple is best.
When considering a plan for evaluation, the following four questions could be considered as cornerstones. Each question is addressed in detail below.

Designing an Evaluation Plan for your Pro Bono Mental Health Program: Four Questions to Consider

1. *What community "health indicators" is this program impacting? (A "health indicator" is a statistic that reflects the health or mental health of a community, such as suicide rate, ER admissions, teen pregnancy rate, number of arrests for drunken driving, literacy rates, etc.)*

2. *How is our program impacting the lives of our individual clients? (Fewer and less intense symptoms; better functioning on the job, at home, in school; fewer psychiatric hospital admissions; less need for intervention or assistance from other social arenas, such as welfare, corrections, housing programs, etc.)*

3. *How satisfied are our clients with the services they receive? (Do they perceive that they are receiving "cut-rate" services because they are poor and cannot pay; are the services geographically accessible; is the application process cumbersome; are they treated with dignity and respect?)*

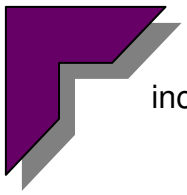
4. *Is the program cost-effective? (Does it make financial sense to*

Health Indicators

Increasingly, human service funding agencies (e.g., foundations, United Ways, government agencies) want proof that a program is making a difference in the overall health of a community, in the problem area targeted for impact. A program must indicate what "Health Indicator" it presumes to impact, and to what extent. Funders can then proclaim, for example, that their charitable dollars reduce A, B, or C by a certain percentage, or that their investment results in doubled X, Y, or Z for a particular population.

It is unrealistic to propose to measure a Pro Bono Mental Health Program's impact on a community's suicide rate, emergency room admissions or psychiatric hospital admissions. (How would you know with any certainty what would happen to a particular client if they had not been served by your program?) What *is* possible to measure is the degree that the program has increased access to mental health care for low-income, uninsured persons in your community. We already know that access to needed mental health care, and participation in treatment, has significant positive results across the board. Therefore, a focus on ACCESS makes sense.

Therefore, the first Health Indicator impacted by a Pro Bono Mental Health Program is as follows:



The Pro Bono Mental Health Program results in improved access to mental health care for those persons who, because of low incomes and no health insurance, would otherwise go without.

Your success at impacting this "Access" Health Indicator is easily measured with a statistic derived from the Monthly Status Report (outlined in Chapter 10). Measure the degree to which your program engages eligible persons into treatment. To do so, compute an access ratio of the number of persons served to the number of persons screened and found eligible.

# of persons served
(divided by)
# of persons screened & found eligible

This "front door access" ratio demonstrates the degree to which the program enlists and engages those who need and are eligible for its services. A good target percentage for a new program is 80-85 percent. For example, if a program in its first six months actually served 55 persons of the 68 who were screened and found eligible, its access ratio would be 81% (55/68).

The second Health Indicator that can be measured is related to recovery as a result of receiving mental health care. "Recovery" is measured by the percentage of clients who complete the course of treatment outlined by their clinician or who were successfully linked (referred) to the services they needed for recovery. Your success at impacting the "Recovery" Health Indicator is again calculated by using your Monthly Status Report. Compute a recovery ratio of the number of successfully discharged clients to the number of total discharged clients.

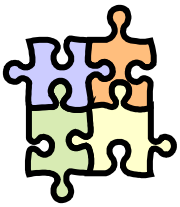
# of successfully discharged clients
(divided by)
# of total discharged clients

A reasonable "recovery" target percentage for a new program is 60-65 percent. For example, if a program in its first six months discharged 20 clients, and 13 of those discharged were classified as "successful" discharges, the recovery ratio would be 65% (13/20).

Both the access and recovery percentages are program outcomes. Both relate directly to community Health Indicators. Both statistics should be repeated frequently in order to boost community understanding and support of the program.

Impact on Clients' Lives

An important outcome of the Pro Bono Mental Health Program is the nature and extent of the program's impact on clients' lives. This is best measured through client self-report. This self-report can be either verbal (an interview) or in writing (a written questionnaire). With a low-income clientele, an interview is often preferable to a written instrument, as literacy levels among the respondents will vary a great deal. The accompanying Forms and Documents Binder includes a "Client Outcome and Satisfaction Survey Instrument." This survey interview can be administered as is, or altered to fit your program and your specific information needs.



Interview a cross section of your clients at least annually in order to evaluate the impact of the program on their lives.

A suggested methodology again focuses on simplicity. Designate one month of the year as "Interview Month." During this month, attempt to interview all active clients (those who have had at least two visits) and clients discharged during the month. If this number is too small (less than 50), go back the number of months necessary to interview a minimum of 30 clients. If one month's number is too high (over 70), alphabetize your listing of potential interviewees, and pick every second client (or third or fourth, etc.).

Interviews can be conducted by the Clinic Coordinator, a student intern, an Oversight Team member, a trained volunteer, or a combination of the above. If more than one person interviews, be sure to conduct group training on how to interview, in order to maximize inter-rater reliability. Be sure that each interviewer asks the questions in the same way, and explains things using the same wording.

Interviews using the provided "Client Outcome and Satisfaction Survey Instrument" should take 20-25 minutes. It works well to ask a client who is on the interview list to come early to an appointment in order to be interviewed face-to-face. Alternately, the interview can be conducted over the telephone.

The interview addresses the client's level of knowledge about their illness, alleviation of symptoms, and daily functioning in personal, social and work arenas. Statistics resulting from the interview document the extent to which the program influences clients' productivity on the job, parenting success, relationships and domestic tranquility, and ability to carry out the activities of daily living in spite of their mental illness. Decreased symptoms mean less consumption of more expensive emergency treatments, including ER visits and hospitalizations, in addition to a higher quality of life for the client.

Data analysis is straightforward. Enter the data into an Excel file, and calculate frequencies and means. Again, if a student intern or computer-savvy volunteer is available for this job, enlist them early. The accompanying PowerPoint Community Presentation includes bar graph formats for presenting your data.

Client Satisfaction

Data on client satisfaction is extremely useful in fine-tuning a program to better serve a clientele. The "Client Outcome and Satisfaction Survey Instrument" contains seven questions that relate to client satisfaction. Two of the questions are open-ended, asking the client to relay the best thing about the services and what they would like to see changed. A space for recording additional comments is also included. These antidotal reports from clients often provide insight into what's working and what's not. They also can be used (anonymously) in reports and presentations about the program and its impact on clients' lives.

Cost-effectiveness of the Program

Using the statistics on cost-effectiveness at the bottom of the Monthly Status Report, calculate a total value of in-kind services and medication provided to clients. Compare this in-kind figure to the total cash outlay for the program. You will find that every dollar put into the operation of the Pro Bono Mental Health Program leverages many more dollars of donated professional service and medication.

Other useful calculations are cost-per-client and cost-per-unit of service. Be sure to include only cash expenditures, not in-kind, in the equations. (Because of the high value of in-kind, their inclusion would artificially raise the per client and per unit costs.) Compare your results with other local treatment options. The Pro Bono figures should be more attractive.

Every dollar put into the operation of the program will leverage many more dollars worth of donated mental health care from community professionals and medications for clients.

Chapter 12

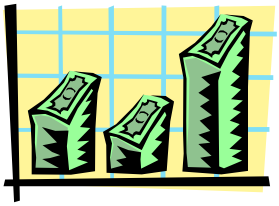
Program Longevity and Expansion

Human service planners are by necessity forward-thinkers. In this profession even the best-laid plans and most needed programs are never a sure thing. Finances change ever so rapidly, and grants must be renewed time and time

again. Political tides change, and a program that was in vogue yesterday may be out of luck tomorrow.

Diversification of Revenue

There is no way around the fact that a Pro Bono Mental Health Program needs some degree of financial support to stay alive. Given the foundation of uncertainty that non-profits live with day in and day out, diversification of revenue is the safest path. This means that revenue for the program is best obtained from a variety of sources. Then, if one source dries up, others are still available to keep the program afloat.



As discussed in Chapter 4, there are many options for securing the needed revenue to operate this program-grants to foundations, United Way, local government, the business community, etc. If one of these options does fund the program, don't sit back and relax! The Program Director and Oversight Team must make it a priority to consistently work on increasing the breadth of community support for the program. In other words, don't put all of your program eggs in one funding basket.

The easiest way to broaden community support is to tie everything you do to the media. Newspaper coverage of success stories, special features on stellar volunteers, high-profile volunteer recognition events, testimonies to governing bodies, newsletters, special mailings to community leaders—all are good vehicles for strengthening and broadening community understanding and support of the program. Make sure the community knows of and values the program before a financial crisis necessitates an emergency appeal for funds.

Including License-Eligible Trainees in Your Volunteer Base

If your program serves a rural or mid-sized area, you may have fewer than 100 licensed mental health professional to draw from. Of these 100, enlisting even half to do any amount of Pro Bono work through your program would be a huge success. Just as a houseplant is constrained by the size of its pot, your program can grow only as large as the professional volunteer force can handle.

If this scenario is in your future, you may wish to consider including "license-eligible" mental health trainees in your volunteer pool. In most states, after persons finish graduate degrees in social work, counseling or psychology, they must compile hundreds of hours of clinical supervision before applying for licensure. Often, these "trainees" have a difficult time finding clients to serve (as they are as yet unlicensed), securing a willing supervisor, and paying out-of-pocket an hourly supervision rate of $50-80 per hour.

One option is to invite these persons to serve your eligible clientele, as a means for them to access a diverse and challenging caseload. Trainees' inclusion raises the issue of quality control, and the Oversight Team would need to address this. A trainee application and interviewing procedure should be developed. Also, a means to monitor the supervision received by the trainee might be put into place. In any event, clients served by trainees need to sign a special consent to be treated by an unlicensed professional.

A Win-Win Idea

The Mental Health Association of the New River Valley obtained a grant to expand their Pro Bono Mental Health Program with a unique idea. The grant pays for the professional supervision of license-eligible mental health trainees. The trainees, in turn, agree to carry a caseload of 4 clients. After nine months, 15 trainees were enlisted. Their participation dramatically cut down the size of the program's waiting list.

Moreover, it's a Win-Win idea. Trainees save a lot of money and have access to a diverse caseload, and the program can serve many more people in need.

There is no problem finding eager trainees or supervisors (who are paid $50/hour). If you would like to learn more, call us

Most states' Good Samaritan Laws do not apply to unlicensed health care providers. Therefore, it is recommended that an agency obtain professional advice regarding liability issues prior to inclusion of trainees as volunteers. At a minimum, trainees should carry their own Professional Liability policies, many of which offer part-time rates that are more affordable.

Ongoing Staffing Needs

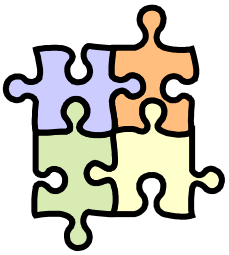
As your program grows, so does the work. It will be quite obvious when your Clinic Coordinator becomes overwhelmed due to the size of the caseload and volunteer force. If funding allows, hiring a Program Assistant is always an option. Luckily, there are ways to assist the Clinic Coordinator that do not involve additional cash outlays for staff.

First, utilize social work, counseling, or human service student interns, both undergraduate and graduate level. Many must work 20-40 hours per week in an agency over one or two semesters. Undergraduates are great at routine chores, such as chart making, chart delivery, telephone screenings, client greeting, conducting evaluation interviews, and data entry. Graduate interns are even more skilled, and can act as the Clinic Coordinators' right hand. Call the nearest university or community college and become a formal placement site for all relevant departments. Although interns come and go, their contributions can be tremendous.

Second, advertise for reliable clinic volunteers to conduct much of the busy work. As the program matures, many of the functions once performed by the Clinic Coordinator become routinized and can be easily performed by a competent volunteer.

Retention of Professional Volunteers

Your program needs professional volunteers to exist. However, just like everyone else, volunteers burn out. Those professionals who reliably give time each week, can't turn down a request, and seem the most devoted are especially vulnerable. Fortunately, steps can be taken to avoid volunteer burnout.



Never take for granted the donated time and talent of your professional volunteers. Be sincere and relentless in your thanking of them, in spoken and written words and with gifts.

Following is a list of suggestions for rewarding volunteers, listed from the least expensive to the most extravagant:

- Referrals to them of insured or private pay clients (if this is something they would appreciate).
- Thank you e-mails, sent from various members of the Oversight Team and staff.
- Their favorite snacks and soft drinks waiting for them when they arrive for volunteer duty.
- Thank you cards with little gifts tucked inside, such as a stick of gum or a bookmark.
- Acknowledgement of their participation in the organization's newsletter or the local newspaper (they may chose not to be named).

- Annual Volunteer Certificates of Appreciation (sample provided in the accompanying Forms and Documents Binder).

- Framed or mounted volunteer certificates. (Office supply stores carry "do-it-yourself" wooden certificate mounts
- with Plexiglas covers. They are impressive yet inexpensive.)
- Recognition of volunteers by number of hours donated per year (e.g., over 100 hours is a "Platinum" volunteer; 60-99 is "Gold"; 25-59 is "Silver"; 1-24 is "Bronze"). Give certificates and gifts that denote the level of volunteerism. Be sure to give special recognition to Platinum volunteers.
- Annual volunteer recognition reception or dinner, with all Bronze, Silver, Gold, and Platinum volunteers introduced and thanked, given certificates and/or other gifts. (Don't charge them to attend the event, and be sure the media covers it.)

Build the cost of volunteer recognition into your annual budget. It is not money wasted but a necessary expense for a volunteer-driven program such as this. When considering gifts, they need not break the bank. Clever but inexpensive gift ideas include personalized mouse pads, stress balls (fun to crunch in your hand), 3-D acrylic star certificates, "100 Grand" candy bars tied with a ribbon (because that's what volunteers are worth), "Power Bars" for the Oversight Team (no explanation needed), volunteer lapel pins in Platinum, Gold, Silver, and Bronze, and "Magic 8 Balls" for members of the Board of Directors to use at meetings.

The inspirational story of the starfish marooned on the beach (next page) is a great theme for an awards event or other volunteer recognition effort. It reminds us all of the tremendous difference we can make in people's lives with just a small effort. Pro Bono Mental Health Program volunteers are indeed "Starfish Savers," helping people one by one. Yes, the big picture is overwhelming at times. Don't let them get discouraged. They are your community's soft-spoken heroes.

Reaching for the Starfish

From Threading the Needle
By Lowell "Bud" Paxson

A man, who was walking down a deserted beach, noticed a local native in the distance who was picking up something, and tossing it into the water.

What's he doing? The man thought to himself.

When they were close enough, the man could see that the native was throwing starfish back into the water. "If I don't throw these starfish back in to the sea, they'll die on the beach," the native explained.

"But there must be thousands of starfish on this beach. You can't possibly get to all of them. There are simply too many. Can't you see that you cannot possibly make a difference?"

The local man smiled, bent down, and picked up another starfish, and as he threw it back in to the ocean, he replied, "Made a difference to that one."