

Three Models for Free Clinic Integration of Primary Care and Behavioral Health Services

Model #1: The Staff-Based Model (full integration). Staff of the free clinic provide integrated primary and behavioral health care services via a multidisciplinary treatment team.	
Staffing Requirements	<ul style="list-style-type: none"> Care Manager (full-time, paid staff position) One or more paid behavioral health staff (e.g., counselor, clinical social worker, psychologist) Consulting Psychiatrist or Psychiatric Nurse Practitioner
Space Requirements	Treatment occurs on site at the free clinic, often in exam rooms that have been outfitted with comfortable seating for patient and practitioner.
Other Considerations	<p><u>Best For:</u> Larger free clinics with paid clinical staff members, appointment-based patient scheduling, physical facilities that allow for co-location of services, and electronic medical records.</p> <p><u>Benefits:</u> Offers the highest degree of control, greatest accessibility for the patient, and the highest likelihood of true treatment integration. Patients can receive care at one familiar and accessible site.</p> <p><u>Challenges:</u> The most resource-intensive of all models, and therefore the most challenging to sustain.</p>
Model #2: The Volunteer-Based Model (partial integration). Behavioral health providers who volunteer for the free clinic deliver needed behavioral health services according to an integrated treatment plan.	
Staffing Requirements	<ul style="list-style-type: none"> Care Manager (part-time, paid staff position) Volunteer Coordinator
Space Requirements	Treatment usually occurs off-site at the offices of volunteering mental health professionals. Commonly referred to as a “Clinic without Walls.”
Other Considerations	<p><u>Best For:</u> Midsized free clinics that have few paid clinical staff members, limited hours, and insufficient resources to develop fully integrated practices.</p> <p><u>Benefits:</u> Mental health professionals are eager, low-cost volunteers. A group of part-time volunteers can provide greater breadth of expertise than a single employee. The work of many volunteers can be coordinated by a single Care Manager.</p> <p><u>Challenges:</u> Off-site services may be difficult to coordinate and track. Face-to-face team meetings are a challenge to arrange. Volunteers may be hesitant to use one integrated medical record. Patients must travel to different sites to receive care.</p>
Model #3: The Partner-Based Model (facilitated referrals). The free clinic conducts screenings and coordinates referrals to behavioral health providers.	
Staffing Requirements	<ul style="list-style-type: none"> Care Manager (volunteer dedicated to this role)
Space Requirements	Treatment may occur wherever community partners conduct their work (e.g., schools, student-run clinics, public agencies, social service organizations).
Considerations	<p><u>Best For:</u> Start-up free clinics with no paid clinicians, small administrative staffs, and part-time walk-in operations.</p> <p><u>Benefits:</u> Community collaboration usually represents a highly efficient use of resources.</p> <p><u>Challenges:</u> No integrated medical record, as each organization has unique paperwork requirements. Often, patients must go through multiple intakes. Transfer of health information between organizations can be irregular, slow, or even prohibited due to confidentiality protocols. Patients must travel to different sites to receive care.</p>