



Mental Health Association in Orange County, NC

302 West Weaver Street, Carrboro, NC 27510

www.mhaorangeco.org • 919-942-8083 •

OUR PROGRAMS

The Community Backyard
*Working together for our
children and their families*

Compeer
Making friends, changing lives

Family Advocacy Network
*Together, we can make
a difference*

Pro Bono Counseling
Network

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January 16, 2009

Dear mental health professional,

What can **one** clinician do **alone** to improve access to mental health care for families and individuals who have few resources? Very little. Lowering your fees or even taking a client at no fee into your private practice only lowers your income. But by joining a network of clinicians working together to make our system of mental/health care more equitable, your efforts can have a big impact.

As a mental health clinician in Orange, Person, Chatham, and Durham counties we are asking that you participate in a new and exciting program focused on providing lack access. The Mental Health Association, in collaboration with Healthy Carolinians of Orange County, and with funding from OPC LME, is starting a *Pro Bono* Counseling Network. The goal of this project is to recruit mental health professionals like you to join a network of clinicians who provide counseling to one individual client (or family) per year who is motivated to receive mental health counseling but cannot afford treatment. We are asking that you commit to providing a minimum of eight sessions per client.

As someone with my own private practice, I understand that your volunteer time is valuable. As the Program Manager for this project I will screen prospective clients for financial eligibility and presenting problems so that we can determine which cases to refer to participating clinicians. We make every effort to screen requests so that your *pro bono* cases are with clients who are ready to make a change in their lives, and who are not eligible for publicly-funded services.

If you are like me, you have been doing some *pro bono* work for years. Now we are asking you to join a team of like-minded clinicians who are committed to making a difference together. Your volunteer efforts with the Pro Bono Counseling Network will be documented, and data related to both need and outcomes will be captured. These data will be used to influence public policy. Toward that goal, we also encourage you to refer to us requests for *pro bono* care that you receive.

We will be offering an orientation luncheon in late Winter and will be sending more information to you about this soon. Also, we will be offering rewards and incentives to participating clinicians. While this is a work in progress, we are currently offering:

- free clinical trainings with the opportunity to receive continuing education
- free listing in the Healthy Carolinians of Orange County clinician directory, and
- opportunities to market your practice through print and electronic publications of the Mental Health Association

Opening minds, changing lives

To join the Pro Bono Counseling Network please fill out the completed forms and return by January 22nd. Please contact me with any questions as you go through this process. We hope you will share this information with a colleague and encourage them to participate, too. Together, we will improve access and, at the same time, gather the information we need to make legislative changes to improve the impacts of mental health reform.

Please return completed forms to michelle@mhaorangeco.org or mail to:

Michelle Johnson, LCSW
Program Manager Pro Bono Counseling Network
Mental Health Association in Orange County
302 West Weaver Street
Carrboro, NC 27510
(919) 942-8083

Sincerely,

Michelle Johnson, LCSW
Program Manager
Pro Bono Counseling Network



Pro Bono Counseling Network
 a program of the
Mental Health Association in Orange County
 302 W. Weaver St. Carrboro, NC 27510 phone 919-942-8083
 michelle@mhaorangeco.org

THERAPIST INFORMATION SHEET

CONTACT INFORMATION

NAME: _____ DATE: _____

TITLE: _____

WORK ADDRESS: _____

PHONE: _____

E-MAIL: _____

OFFICE HOURS: _____

Website (if applicable): _____

Are you on the bus line? If yes, please specify: _____

Is your office wheelchair accessible? _____

EDUCATION

Degree(s): _____ Institution: _____

CERTIFICATION/LICENSURE

Type of Certification /Licensure	License #	# of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please write a brief statement of your experience:

DURING THE NEXT 12 MONTH PERIOD I CAN COMMIT TO:

- 1 pro-bono case
- 2 pro bono cases

FEES/INSURANCE INFORMATION FOR ADDITIONAL REFERRALS

***We are asking this information because we make many referrals to the community and we want to know your fee structure to make appropriate referrals in addition to referrals for Pro Bono Work.**

Initial consultation fee: _____ Do you offer an initial consultation over the phone? Yes No Regular fee: _____

Are your services covered by insurance? Yes No

If yes, which insurance do you accept? _____

Do you accept Medicaid for children? Yes No Medicaid for adults? Yes No

Do you use a sliding scale? Yes No

If yes, what is the lowest fee you will accept including insurance? _____

If yes, what is the lowest fee you will accept not including insurance? _____

CLIENT POPULATIONS (check as many as apply)

Birth to 3 years Children Adults Couples

3 to 5 years Adolescents Geriatric Families

Other (please specify): _____

Do you facilitate support or therapy groups? Yes No

If yes, on which topic(s)? _____

THERAPY STYLE/ORIENTATION

Are you fluent in any foreign languages? Please specify: _____

SPECIALTIES (Please check up to **FIVE**)

- | | |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> General Psychological Issues | <input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender/Queer Issues |
| <input type="checkbox"/> Major Mental Illness (schizophrenia, depression, manic depression) | <input type="checkbox"/> Attention/Learning Problems |
| <input type="checkbox"/> Early Childhood Mental Health | <input type="checkbox"/> Career/Vocational |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> School Issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Grief and Loss |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Peer Relationships/ Dating/Marital Relations/Divorce |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Parent-Child Interaction |
| <input type="checkbox"/> Abuse/ Sexual Abuse/ Incest | <input type="checkbox"/> Health |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Drug, Alcohol, Tobacco and Other Addictions (e.g. gambling, shopping) | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Children of Alcoholics/Co-dependence | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Sexuality | |

Are you interested in providing supervision to clinicians who are providing pro bono work through the Pro Bono Counseling Network?

Yes _____ No _____

Through the network we will provide free clinical training for continuing education.

What types of training topics are you interested in?

The following questions are optional.

Your answers may help some clients make the best choice for their therapeutic needs.

Do you identify with a particular racial group? Yes No If yes, which one?

Do you identify with a particular religion? Yes No If yes, which one?

Do you identify with a particular sexual orientation? Yes No If yes, which one? _____

By returning this paperwork you are agreeing to participate in the Pro Bono Counseling Network which asks that you provide pro bono counseling to one client per year.

Date _____ Signature _____

*Please attach a copy of your malpractice insurance and license with this application.

You can email the application to michelle@mhaorangeo.org

or mail to:

Michelle Johnson, LCSW
Pro Bono Counseling Network
302 West Weaver Street
Carrboro, NC 27510