Reviewer’s report

Title: A needs-based method for estimating the behavioral health staff needs of community health centers

Version: 2 Date: 1 January 2013

Reviewer: William Robiner

Reviewer’s report:

This is an interesting and excellent article about a topic in healthcare that deserves more exposure. It is especially timely as the Affordable Care Act is being implemented and introducing changes in healthcare delivery that enhance the roles and visibility of community mental health centers. The authors have done a masterful job describing the CHCs and are addressing the critical topic of being planful about behavioral health services within them as increased utilization is anticipated. The literature review is up to date. It was a delight to read such a well-written manuscript. That being said, a few matters merit attention.

Major Revisions: None

Minor Essential Revisions:

1. Table 1 would be enhanced by providing more fine grain description of providers (i.e., indicate All Providers as it currently does, and adding presentation data that are available in UDS, (perhaps via separate indented rows) for specific types of providers (i.e., social workers, psychologists, others)

Clarification is warranted regarding chemical dependency counselors. If “SA” refers to substance abuse staff, it should be spelled out somewhere in the manuscript. Do chemical dependency counselors get classified as the other (e.g. unlicensed mh providers) or are they the SA? What are the expectations of substance abuse clinicians’ roles in CHCs, to provide assessments, triage, or treatment?

How was the median # of visits derived? The source needs to be clarified. Can the mean/median/range # of sessions per type of provider be provided to give a fuller picture of utilization? Is it possible that the 3.7 median cited underestimates need in that many mental health patients need more than that number of services per year. Is it possible that current understaffing is artificially lowering the utilization?

2. There needs to be additional explanation about the SMI- how do the authors know that it is specialty care off site that is given?

3. Further description of utilization for patients who have more intensive care? Many patients have more than 3 sessions/year.

4. P.15 would benefit from specifying the number of FTEs specifically of other
disciplines (social worker, psychologist).

5. Table 2 would also benefit from specifying the numbers of MH providers per discipline (i.e., social work, psychology).

Discretionary Revisions

6. Further information should be provided in the discussion about alternative methodologies for deriving estimates (e.g., “requirements models”, demand model) and how such other methodological approaches might influence the prediction of how many providers are needed.

7. Given that the authors’ estimates were derived based on prevalence of patients age 12 and over, do the estimates derived by the authors adequately address needs for services of patients under 12? This should be clarified.

8. It may be worthwhile to give estimates based on an assumption if all patients, including SMI, were able to access behavioral health services in CHCs rather than be referred out to specialty care.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

No disclosures.