

Supportive Counseling and Family Stabilization (SCF)

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**ANNA THOMAS, MPH
CARE, TREATMENT & HOUSING PROGRAM
NYC DOHMH**

SCF & Mental Health Services (MSV)

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Mental Health Services

Services provided by MSV service category

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- ✦ **Mental health intake and assessment**
- ✦ **Mental health counseling: individual, group and family**
- ✦ **Psychiatric evaluation and visits**
- ✦ **Alcohol and other drug counseling (AOD): individual, group & family**
- ✦ **Buprenorphine treatment**
- ✦ **Care Coordination- primary care provider & other providers**
- ✦ **Home visit for clinical purposes (for home-bound clients)**

Supportive Counseling and Family Stabilization (SCF) & Mental Health Services (MSV)

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SCF

- SCF program services focus on needs of the entire family.
- Utilized by both PLWHA and their families.
- Targets individuals without a DSM V diagnosis, or attends to non-clinical needs
- Services provided are not Medicaid billable
- All programs are required to be directed by an LCSW or higher

MSV

- MSV services are to reach PLWHA not Medicaid-eligible
- Provide services not reimbursed by Medicaid such as interventions to improve
 - ✦ Treatment adherence
 - ✦ Patient retention
 - ✦ Coordination of care
- Services provided by licensed mental health professionals

NYC EMA SCF & MSV

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FY 2011	SCF	MSV
Priority Ranking	9 out of 12	3 out of 12
% of total RW Allocation	2.3%	6.3%
Total \$ allocation	\$2,155,987	\$5,865,813
Total # of clients receiving services	976	3,418
# of contracts	6	21

SCF, ACA & NYS Medication Expansion

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- **SCF services are not Medicaid billable**
 - This makes SCF a flexible service category to meet the needs of PLWHA
- **SCF will not be directly impacted by the ACA and NYS Medicaid Expansion**

Literature Review

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Literature Review

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- Literature refers to related mental health and peer counseling. It is not specific to this service category.
- Peer vs. Structured Counseling*
 - Peer participants experience greater variation, positive and negative, in quality of life, mood and feelings of uncertainty around HIV status than structured
 - ✦ Peer participants may be more influenced by dynamic and events within the group
 - Long-term psychosocial interventions (both peer and structured) have a positive relationship with immune system (CD4 count)

Literature Review (continued)

- **Programs should include:**
 - Traditional and non-traditional mental health services*
 - Flexible delivery model in both alternative and clinical settings*
 - Linguistically and culturally competent sessions**
 - Clients need wide range of services not reimbursable by insurance coverage*
 - Increase self-efficacy through***:
 - ✦ Comprehensive medication counseling
 - ✦ Monthly consultations
 - ✦ Skills development exercises

Literature Review (continued)

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- **Mental health services constitute largest growing unmet need among PLWHA and their families.***
- **PLWHA unaware of mental health status and those with substance abuse issues are unlikely and unable to receive traditional services.***
- **Understanding information around medication combined with supportive clinical support increase patient self-efficacy and drug adherence.*****

Current SCF Providers

Site Visit Lessons Learned

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- In preparation for the service category presentation, the grantee staff visited 3 agencies that provide SCF services and discussed their programs.
- The following slides contain highlights and common themes from the discussions.

Important SCF Service Features

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- **Flexibility of service model**
 - Low-threshold client criteria
 - Loose definition of family
 - Not based on EBI's
- **Not Medicaid billable**
- **Family-focused**

Popular SCF Services

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- **Family Counseling and Support**
- **Group/Peer Counseling**
- **Individual Counseling**
- **Language Services**
- **Accompaniment to Appointments**

Common Client Needs/ Challenges

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- **Need for assistance with retention in and adherence to medical care**
- **Hesitance around traditional mental health services or receiving a mental health diagnosis**
- **Relationship concerns (spouse, partner, children)**
- **Challenges related to immigration**

SCF Program Successes

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- **SCF allows agencies to provide a continuum of care**
- **Helps link clients to primary care and other non-SCF services**
- **Addresses the concerns of the entire family that inhibit medication adherence and engagement in care**
- **Covers services not paid for by Medicaid**
- **Serves as a gateway for traditional mental health services**

Affordable Care Act and Medicaid Reform

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- No direct effect expected since SCF services are not Medicaid billable
- One agency noted that ACA will make the needs of clients more stark because most of their clients are undocumented or recent immigrants, so they will not benefit from the increased access under ACA

SCF Provider Panel

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Questions for Providers

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- 1.** Are there specific components of this service category that should be enhanced or reduced?
- 2.** What is your vision of an ideal model for Ryan White-funded services in this service category?
- 3.** Would you add any services that are not currently funded or remove any services that are funded?
- 4.** What are the challenges associated with delivering these services?