

Borinquen Health Care Center

STOPP-Y

Miami, FL

TI080730-3

STOPP-Y

Biannual Report – Year 3

10/1/2019 - 9/29/2020

**Evaluator's Quantitative and Qualitative
programmatic summary of grant activities.**

1. Quantitative Summary
2. Qualitative Summary
3. Disparity Impact Statement

BORINQUEN HEALTH CARE CENTER, Inc.

STOPP-Y PROGRAM

Biannual Executive Summary

Year Three 2019-2020

These data are for the period October 1, 2019 through September 29, 2020 and reflect the impact of COVID-19 on the program to date. The first Florida case of COVID-19 was detected on March 1; the first case in Miami-Dade County on March 11. STOPP-Y counseling staff began working from home on March 23 and returned to the office on June 8. STOPP-Y continues to provide patient services remotely to approximately 50% of clients.

PROGRAM DESCRIPTION

STOPP-Y, *Substance Abuse Targeted Outreach & Pretreatment Program*, provides evidence-based outreach, counseling, and pre-treatment services with emphasis on racial/ethnic minority populations including those at high-risk for, or who require treatment for, HIV/AIDS. The STOPP-Y program seeks to reduce the spread of HIV by reducing high risk behaviors in this population using evidence-based models for outreach, substance use disorder (SUD), and co-occurring disorders (COD).

EVALUATOR APPRAISAL

During Y3, STOPP-Y provided ongoing, uninterrupted quality care during a period of social unrest occurring within a period of severe economic disruption occurring within a global pandemic in a climate of uncertain direction and unclear leadership at the federal, state, and local levels. While intakes declined during Q3 due to local restrictions in response to Covid-19, STOPP-Y met the annual goal for Y3, providing access, quality care, and treatment for substance use and co-occurring disorders among the highest risk sub-populations.

HIGHLIGHTS FROM THE PROJECT

- Since project inception, **443** clients received STOPP-Y services from 10/1/17 to 9/29/2020 (89% of target).
- During Y3, **145** clients received STOPP-Y services from 10/1/19 to 9/29/2020 (83% of target). This represents a modest 2% decline from the previous year.
- During Q3 & Q4, intakes were affected by Covid-19; **66** clients received services (representing a 30% decline in enrollment during this period year over year).
- STOPP-Y has achieved a **cumulative follow up rate of 82%**, and an **annual follow up rate of 80%**, above the reported average for all grantees (69%).
- Approximately **two-thirds of STOPP-Y clients successfully complete the program (64%)**.
- STOPP-Y **completers improved on all National Outcome Measures**, even during these difficult times.

The tables that follow summarize results of STOPP-Y's performance during the first three years of the project.



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President, IAM, Inc.

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Borinquen Medical Centers • Behavioral Health Resource Center

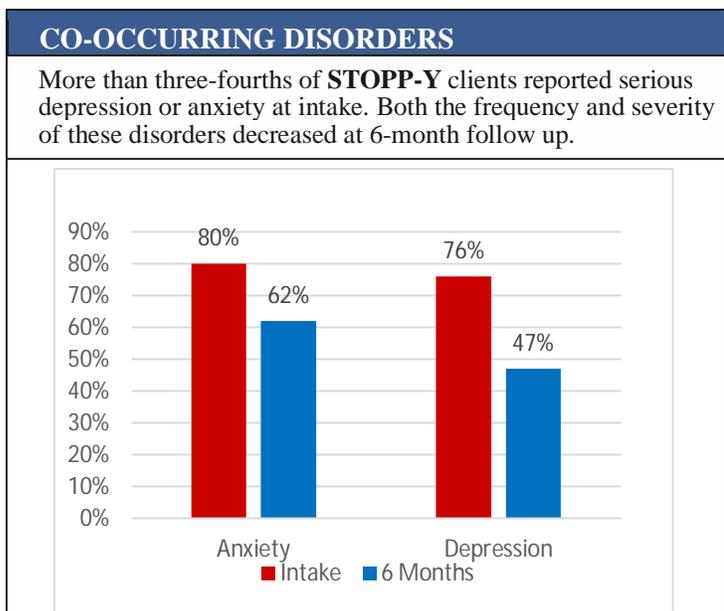
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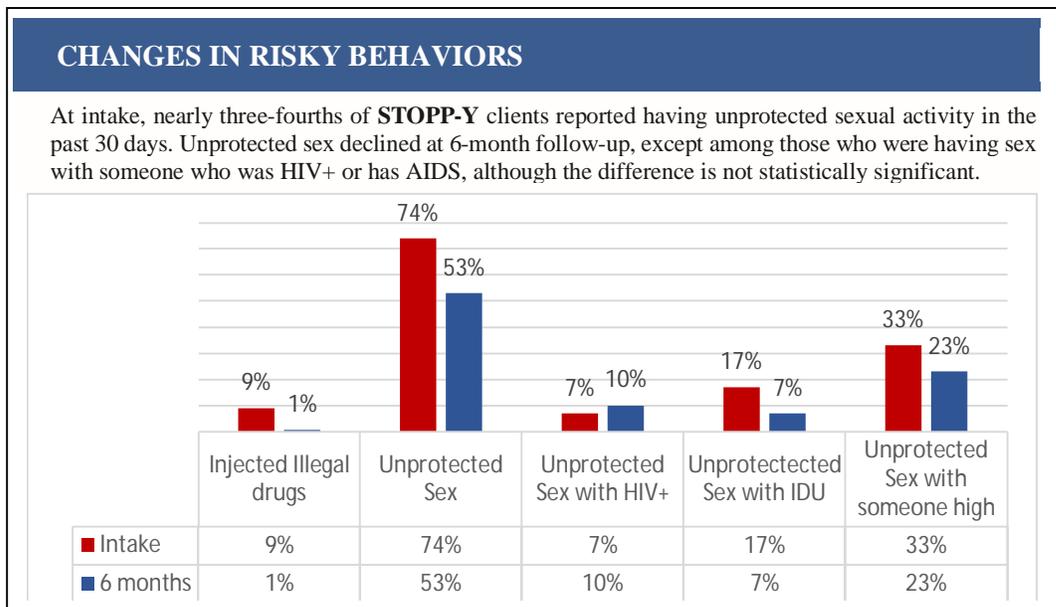
Carmen Pineiro, LMHC • Program Coordinator

CLIENT CHARACTERISTICS AT INTAKE
Cumulative N=443, 89% of target (10/25/2020) FY20 Q3-4, n=66, 72% of target
GENDER, ETHNICITY, RACE AND AGE
73% Male, 27% Female, <1% Transgender
45% Hispanic or Latino
40% Black, African American or Multi-Racial
Median Age = 44 years
3% Armed services active duty or Veteran

DRUGS REPORTED USED		
Top 5 drugs clients reported using. Clients reported using these substances an average 15-22 days per month.		
RANK	DRUGS USED	% REPORTED
1.	Any Alcohol	76%
2.	Cocaine/Crack	60%
3.	Marijuana/Hashish	51%
4.	Methamphetamine	11%
5.	Heroin	9%



NATIONAL OUTCOME MEASURES		
CHANGE IN NATIONAL OUTCOME MEASURES FROM INTAKE TO DISCHARGE		
Successful completers improved on all NOMs (n=98 matched cases).		
GPRA MEASURE	% AT INTAKE	% AT 6-DISCHARGE
No alcohol/drugs for past 30 days	0%	81%
No arrests in past 30 days	94%	100%
Currently employed or attending school	19%	37%
No alcohol/drug related health, behavioral or social consequences	13%	87%
Socially connected	82%	89%
Permanent place to stay	27%	39%



Qualitative Summary of STOPP–Y Program Activities

Year 3

A. Implementation of the Program

STOPP-Y is in the “full implementation” stage. Using the Fixen et al. framework for program implementation (2005, 2018), STOPP-Y can be considered in the “full implementation” stage. STOPP-Y is built on a strong and successful foundation created over the past several years. According to Fixen, full implementation means that the program has become part of regular operations (even if not fully institutionalized) and essential supports are in place to facilitate sustainability. Specifically, required staff perform their functions acceptably; training, ongoing professional development, and other provisions are in place enabling staff to be effective in their positions; there are plans for implementation and data collection that are utilized; and program decisions are data driven. The Year 2 evaluation report (Shea, 2019) discusses program implementation in more detail. For purposes of this report, the program continues to be fully implemented despite the significant challenges presented by COVID-19.

COVID-Related Implementation Challenges and Solutions.

Without a doubt, the most significant challenge during Y3 was COVID-19. The first official case of COVID-19 in Miami-Dade County was diagnosed on March 11, 2020. Borinquen Medical Centers directed behavioral health staff to work from home beginning on March 23, 2020. Throughout the summer, Borinquen Medical Centers maintained essential clinical and other operations on site. Behavioral health staff returned to on-site work beginning on June 8, 2020. Since the start of the pandemic, flexible work-from-home policies have been in place to accommodate staff while maintaining full operations. Cares Act funding supported policies that continued salaries during quarantine, provided adequate PPE and necessary modifications to offices, exam rooms, transport vans as well as the transition to telehealth visits for patients.

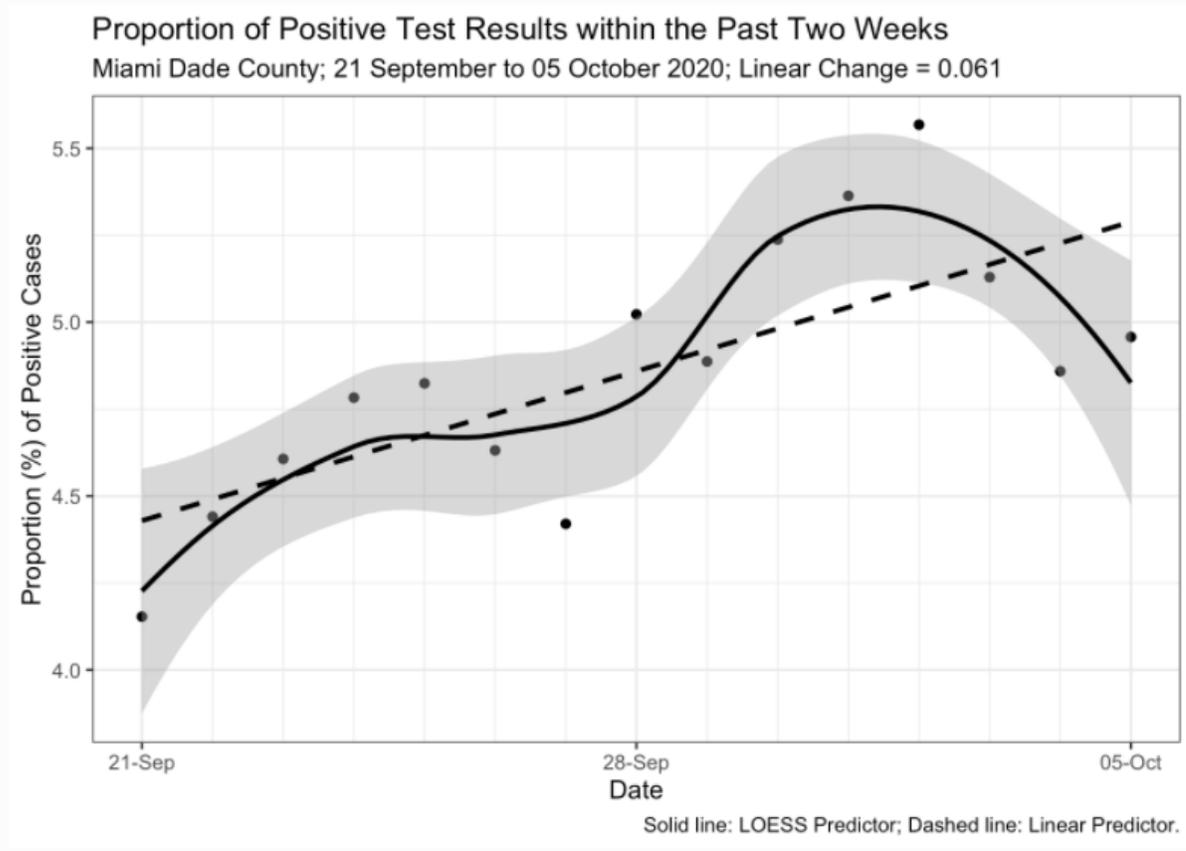
Florida’s COVID status is driven in large part by conditions in Miami-Dade County where the positivity rate continues to be unacceptably high: 13% as reported on 10/1/2020; 12.1% on 10/13/2020. In the urban core where Borinquen’s main center is located, the rate approaches 20%.¹ These rates indicate that Miami-Dade County is at risk for an outbreak and is not testing enough people. Moreover, there is no measurable attempt to do contact tracing in the County nor in the State.

Florida International University in partnership with Baptist Health System and the University of Miami has plotted the COVID trajectory for South Florida which includes Miami-Dade, Broward, and Palm Beach Counties. They gathered both the number of tests and the number of positive results. The following chart shows a concerning trend as the number of new positive cases creeps higher.²

¹ By contrast, the statewide FL positivity rate during as of October 13th was 4.96%

² Source: the Miami-Dade Covid Project, <https://rwilli5.github.io/MiamiCovidProject/>

Proportion of Positive Cases within Past Two Weeks



During the 14-day period from 21 September to 05 October, there was a **slight increase** in the proportion of positive COVID-19 cases reported in Miami-Dade County. During this time, there was an average increase of 0.06% per day for new positive cases. Given a flat or increasing number of tests performed, the proportion of positive tests obtained is the **key metric** for examining COVID-19 trajectory.

The challenges presented by COVID-19 are many and data suggest there is no foreseeable end in sight. Below we discuss several of the most significant challenges that must be addressed both for the moment and going forward. This will document the program's and the larger organization's responses to the ever-changing environment brought by SARS-CoV-2.

Special Note: SAMHSA's rapid and continued provision of COVID-19 resources, webinars, symposia, and technical assistance as well as specific guidance for grantees on critical matters was important and useful. Among the many helpful programs during the period March 2020 to October 2020 were the following:

- a) SAMHSA guidance: Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 (March 2020, rev. May 2020)
- b) SAMHSA guidance on HIV and Hepatitis C self-test kits
- c) SAMHSA publication (June 2020) “Treatment of Stimulant Use Disorders”
- d) SAMHSA resources on telehealth (more than 50 provided, July 2020)
- e) Cares Act information
- f) Virtual Recovery Resources
- g) ATTC fact sheets and webinars; implementing telehealth, mindfulness
- h) National Council for Behavioral Health webinars; treatment, communications strategies, and staff self-care
- i) Center of Excellence for Protected Health Information – focus on privacy and 42 CFR
- j) “Recovery Live”/BRSS TACS events
- k) Presidential Advisory Council on HIV/AIDS (PACHA) Full Council Meeting.

Challenge #1: Maintaining client engagement and retention during periods of

lockdown/shutdown was among the biggest challenges. Maintaining their recovery was difficult for all clients, but particularly so for those with an opioid use disorder³. Securing detox placement and conducting frequent follow-ups become almost impossible as treatment facilities and shelters stopped taking clients. STOPP-Y was forced to rethink and retool traditional outreach strategies. In-person street outreach stopped abruptly and was replaced with a variety of digital engagement efforts (videos, zoom events, social media posts). Several short videos were created featuring outreach and clinical staff and posted on social media. These enabled clients to see familiar faces and learn what Borinquen staff were doing to manage their own lives during this difficult time. A care and share strategy on social media provided supportive messages and tips for staying well. Like everyone, some patients are ‘night owls’ while others are ‘early birds’, so postings occurred at different times during the day /night. Key posts were pinned to the top of the STOPP-Y Facebook page. Most notable was the re-deployment of outreach workers to serve as ‘navigators’ for the organization’s telehealth platform. Outreach staff provided one-on-one guidance to download the app, get a password, sign on, and be prepared for the telehealth visit. They got “out there”, even if not physically able to conduct street outreach or transport clients. They undertook an ambitious plan immediately. They called clients, offered support, and encouraged clients to stay connected to the clinic and their counselors. One outreach worker turned digital tech expert personally made nearly 1,000 calls to

³ Opioid users account for approximately 11% of STOPP-Y clients and were as likely to be retained as clients with other substance use disorders.

clients. Those calls were logged and followed up. Borinquen staff created value in their relationships with clients and community partners...good “social capital” that will serve them well going forward.

Challenge #2: Managing Telehealth and coping with the digital divide was an agency-wide challenge. Internally, the plan for telehealth was underway at the start of the pandemic and was accelerated during the pandemic. Implementation of the **Qure4U** platform created unintended consequences and made the existing digital divide more evident. Decisions about who needed to be seen in the clinic vs having a telehealth visit, obtaining signed consents and registering new clients, serving clients without a smartphone or high speed internet access, and developing COVID screening and testing protocols were among the matters addressed and decided upon on a daily basis. The range of clients using telehealth varied from nearly 100% at the start of the pandemic to about 50-60% as of October 2020. All agree however, that “telehealth is here to stay.”

Based on observations and interviews with clinical and administrative staff, STOPP-Y accurately followed guidance regarding HIPAA requirements and waivers since the pandemic started, and took all necessary steps to protect patient privacy, including: using password-protected devices, secure internet connections, privacy settings as secure as possible on each device, private physical settings for client sessions, and the use of secure storage for physical documents.

Challenge #3: Managing staff concerns. Staff retention has not been a problem for STOPP-Y. Borinquen has a better-than-average retention rate among both clinical and support staff. Nevertheless, everyone has been affected by the demands of the professions during this time. Living and working in a pandemic rendered everyone more vulnerable to feelings of anxiety, depression, self-doubt, frustration, boredom, irritability, confusion, and worry- feelings symptomatic of burnout. Yet, amidst all the uncertainty and concerns about clients, when queried staff repeatedly said they were “managing OK” and made necessary adjustments without complaints or resistance. Most found ways to prioritize self-care and keep a positive attitude. Beyond their own team, STOPP-Y staff provided organization-wide support with offerings such as Facebook Live education sessions and “Mindful Mondays” telephone meditations for Borinquen staff. Counselors were also available to talk with employees about their concerns.

Challenge #4: New Patient Recruitment via Outreach. Street outreach has been central to STOPP-Y’s success. In the past, recruitment was face-to-face, one-on-one with clients in the community. With COVID, recruitment now includes more referrals from community agencies, digital outreach, and a stronger practice to maximize external referrals as well as referrals from in-house physicians. STOPP-Y has emphasized digital outreach strategies targeting specific sub-populations, including transgender individuals. To the extent possible, STOPP-Y outreach staff continued to drop program literature at key community locations. Despite these efforts, new clients declined by 30% during Q3 of FY2020. However, the program achieved an overall 89% intake rate for FY2020.

Challenge # 5: HIV Testing. HIV testing was suspended beginning in April when Miami-Dade County was in a period of lockdown. This further exacerbated gaps in testing among disparately

affected communities. AmfAR, among other groups, recommended scaling up testing in communities at highest risk by making rapid tests available⁴. In June 2020, SAMHSA authorized grantees to use grant funds on a temporary basis to purchase home test kits. While HIV and Hepatitis testing has not yet returned to previous levels, rapid kits for home HIV testing are available, and a process for coordinating home administration with pre-post test counseling by a STOPP counselor is being developed. As of this date, program staff are focused on intensive follow up with clients not yet tested for HIV, whether by bringing them to the office for testing or coordinating with the client for an at-home test. Borinquen has a Test & Treat strategy for HIV patients which facilitates the rapid achievement of viral suppression as testing resumes more consistent levels. The federal response to testing and tracking six key indicators in the [AHEAD database](#), provides a framework for monitoring local progress toward ending the epidemic. In Miami-Dade County, work remains to be done. Viral suppression is approaching 65% vs the goal of 95%, new diagnoses are slightly reduced from 2017, and approximately 83% have been linked to care within one month of diagnosis. PrEP coverage locally is estimated to be below 20%, less than half of the 50% target by 2025.

B. Qualitative Evaluation:

Pandemic Leadership: Effective leadership is built on a foundation of a clear mission, a vision for the future, specific methods to get there, and an atmosphere that allows everyone to thrive. This is important at any stage in a project's or organization's lifecycle. STOPP-Y program leaders have demonstrated facilitative leadership throughout the implementation process. However, leading during a crisis is something vastly different than planning and visioning during a time when things are running smoothly. When crises occur, everyone looks to the leader. According to David Schwimmer, CEO of the London Stock Exchange Group, "People are looking to me for a different kind of leadership. In a normal environment, it's about business leadership and setting up strategy, as well as culture and people decisions. In this environment, it's about helping people maintain morale. It's about people being prepared for whatever may come in the face of uncertainty."

Being a leader during a pandemic requires an ability to manage the past, present, and future⁵. Doing things "as we've always done them" was no longer an option (street outreach). Navigating a clear path, managing the currents and waves of information and misinformation with deliberate responses kept the program operating without interruption, albeit at a reduced census. Almost immediately, Borinquen Medical Centers took steps to stabilize the organization and make the physical environment as safe as possible for both patients and staff. They invested in PPE, supplies, deep cleaning practices, and enacted policies that allowed maximum flexibility for staff with varying needs. At the same time, crisis leaders also need an ability to see into the future, noticing trends that may become part of future normal operations (telehealth), tuning into

⁴ Source: <https://www.liebertpub.com/doi/10.1089/apc.2020.0155>

⁵ The ability to manage across time has been linked to successful innovation.

potential opportunities (to reduce barriers), and “showing up” (in managing and supervising) with empathy, caring, and vulnerability (with clients and each other). These are hallmarks of crisis leadership without sacrificing program quality. Leadership of this sort will help determine whether the pandemic brings order or disorder to the program. The evaluation team believes STOPP-Y has demonstrated excellent leadership during this time as noted by staff and reflected in their obvious resilience. We believe STOPP-Y is becoming stronger, more responsive, nimble, and more deliberate in its service delivery. With foresight, program leaders are positioning STOPP-Y for potential adjustments to services, target groups, staffing needs, and/or delivery methods. At the same time, the pandemic has made clear current policies or practices, that may need to be tightened.

STOPP-Y Outreach and Testing: STOPP-Y outreach adjusts as client behaviors, targets, situational realities, and public health concerns change. Street outreach, an essential element of the program, abruptly ended in March 2020. As a result, the STOPP-Y immediately changed its strategy. The fundamental outreach approach continues to be making contact and recruiting clients in areas of social gathering, both physical and digital. Over the years, STOPP-Y and its predecessor programs, built an effective outreach team with connections to specific communities as well as credibility and integrity among the targeted groups. To make the pivot to digital outreach, staff were re-deployed to assist clients with limited digital and English language abilities, getting them online and ready for patient appointments, group participation, and personal contact with staff. During these past 6 months, the lack of a smartphone was noted as a significant barrier to client participation in the program. Several ideas are currently being explored to obtain phones and services through the federal LifeLine program to reduce obstacles to full participation.

With a growing transgender population, rising rates of HIV transmission via male-to-male sexual contact, and an active population of LGBTQIA+, it is important that Borinquen achieved national “Safe Zone” designation from the Human Rights Campaign. There also continues to be significant community collaborations with partners, universities, and providers across disciplines, serving on boards, and making investments in important community events like PRIDE. There is evidence of a new focus on the intersectionality of HIV, SUD, Trauma, Race, Ethnicity, Sexual Identity/Sexual Orientation and integrated treatment for STOPP-Y clients. Staff are actively engaged in training and professional development to building both personal and organizational capacity to respond to changing needs.

CLAS standards: STOPP-Y has been particularly successful in implementing CLAS standards for “Communication and Language Assistance”. Staff, services, and literacy-level-appropriate materials are available in the three primary languages of Borinquen clients (Spanish, Haitian Creole, and English). With the pandemic, staff also helped clients become more “digitally literate” to facilitate access to services. Culturally competent outreach has been a significant factor contributing to STOPP-Y’s success from the inception of the original STOPP program a decade ago. Borinquen has longstanding ties with the local communities most affected by high rates of SUD, HIV, homelessness, crime, poverty, and inadequate access to care. HIV testing and community education are offered by Borinquen at a variety of locations throughout Miami-Dade

County as well as in the office setting, and with the pandemic, online. The organization's governance and leadership structure support adherence to CLAS, and there is an ongoing Quality program that addresses standards for Accountability, Continuous Improvement, and Engagement.

**Borinquen Medical Centers of Miami-Dade
STOPP-Y Disparities Impact Statement (DIS)
Disparate Populations Table rev. 09/29/2020**

STOPP-Y CLIENTS BY TARGET GROUP							
PROPOSED	Total # Unduplicated	Black ¹	Hispanic ²	Male	Female	Transgender	MSM ³
GPRA Clients receiving evidence-based substance abuse / counseling services; integrated healthcare or other support services	850	51% (n=433)	35% (n=296)	70% (n=593)	29% (n=247)	1% (n=9)	5% (n=29)
	Total x Year	# clients % of total	# clients % of total	# clients % of total			
FY2018_YEAR ONE ENROLLMENT TARGET	150 (100%)	77 (51%)	52 (35%)	105 (70%)	43 (29%)	1 (1%)	5 (5%)
ACTUAL	152 (101%)	71 (47%)	60 (40%)	115 (76%)	36 (24%)	1 (<1%)	38 (33%)
FY2019_YEAR TWO ENROLLMENT TARGET	175 (100%)	89 (51%)	61 (35%)	122 (70%)	51 (29%)	2 (1%)	6 (5%)
ACTUAL	148 (85%)	61 (41%)	60 (41%)	109 (74%)	39 (26%)	1 (<1%)	19 (17%)
FY2020_YEAR THREE ENROLLMENT TARGET	175 (100%)	89 (51%)	61 (35%)	122 (70%)	51 (29%)	2 (1%)	6 (5%)
ACTUAL ⁴	145 (83%)	43 (30%)	95 (66%)	101 (70%)	43 (30%)	1 (<1%)	18 (18%)
FY2021_YEAR FOUR ENROLLMENT TARGET	175	89	61	122	51	2	6
FY2022_YEAR FIVE ENROLLMENT TARGET	175	89	61	122	51	2	6
TOTAL ENROLLMENT (60 months)	850 (100%)	433 (51%)	296 (35%)	593 (70%)	247(29%)	9 (1%)	29 (5%)
(36 months)	444 (52%)	175 (39%)	215 (48%)	325 (73%)	118 (27%)	3 (<1%)	75 (23%)

¹ African American/Multiracial, Haitian, and Puerto Rican, Dominican and Cuban clients who self-identify as Black.

² Hispanics of any race.

³ MSM percentage shown is % of Male clients only.

⁴ "Actual" numbers and percentages represent the # and % of clients (total x sub-group x year). This is compared to what was proposed ("Target") in the original grant application. For example, STOPP-Y expected the program to have about 70% males or 122 men in Y3; 101 were actually enrolled, maintaining the expected overall gender balance of 70% in STOPP-Y.

1. **DISPARATE POPULATION DESCRIPTION**

The target population for STOPP-Y includes high-risk adult Hispanic and Black (African American, Multi-racial, and Haitian) men and women, including transgendered individuals. Approximately 90% of all clients are from underrepresented racial and ethnic groups. Black and Hispanic MSM comprise approximately 23% of the population served. We note that during Y1, the program was using the MAI-RHHT tool as part of program assessments. We believe this tool was more revealing as to male-to-male sexual activity and was largely responsible for the ability to better capture these data. The Program Director is considering adding specific questions from the RHHT to their current assessments in order better understand the prevalence of MSM behavior within the STOPP-Y client group.

During Y3, the number of clients who identified themselves as Hispanic increased sharply, while the target number of Black or African American declined by one-third over the previous year. Hispanic clients were anticipated to account for approximately 35% of STOPP-Y clients but accounted for 66% in Y3. Similarly, Black or African American clients were expected to account for 51% of STOPP-Y clients but accounted for only 30% in Y3. The marked increase in Hispanic clients is due to increased collaboration with Borinquen's Ryan White program that enrolls a largely Hispanic Male population. The accompanying decline in Black and African American clients also reflects the changing composition of the outreach team. However, the number of Black or African American STOPP-Y clients nearly doubles their representation in the community.

The service area for this project is Miami-Dade County, Florida, a geographic area of more than 2,000 square miles with 35 municipalities, suburbs, and rural areas. More than 70% of the residents speak a language other than English; about 19% are Black/non-Hispanic (with a large percentage of Haitian or other Caribbean descent). About 40% of Borinquen's general service population is Haitian, and BHCC is the largest provider of medical services to this group. Over 50% of residents in this service area were born outside of the United States and an estimated 200,000 county residents are undocumented, with 55,000+ living in the City of Miami⁵. The undocumented population increases with waves of immigration from Central America and other areas of instability. South Florida is among the top 10 locations in the USA for inbound migration.⁶

The targets/subpopulation estimates for this project generally reflect the local community. Model-based estimates, data on previous service use, and population assessments suggest that about 90% of all STOPP-Y clients would be from disadvantaged language, cultural, racial, and gender identity groups. Clients for whom Spanish is their language of preference comprise a significant segment of the population. The chief countries of origin are Cuba, Puerto Rico, and various Central American and South American countries. White, non-Hispanic clients account for <10% of STOPP-Y clients at month 36 of the project.

Poverty, homelessness, lack of insurance and immigration status are among the chief social determinants of the health and well-being of the target population. Miami is one of the poorest cities in the nation, with approximately 30% of residents living below the poverty line. Median income for Black and Hispanic residents is only two-thirds of the median income for Whites. The City of Miami has the single largest homeless population in the State of Florida. According to the 2019 enumeration of homeless individuals

⁵ Pew Research Center (2019) <https://www.pewresearch.org/fact-tank/2019/03/11/us-metro-areas-unauthorized-immigrants/>

⁶ Source: Migration Policy Institute (2017) <https://www.migrationpolicy.org/programs/data-hub/charts/unauthorized-immigrant-populations-country-and-region-top-state-and-county>

conducted by Miami-Dade County's Homeless Trust, approximately 3,500 individuals sheltered and unsheltered homeless in Borinquen's service area.

2: QUALITY IMPROVEMENT PLAN

GPRA data support performance monitoring on an ongoing basis. GPRA is a useful tool for improving specificity, uniformity, and quality of data collection. GPRA and SPARS reports help program leaders set targets and manage intake and follow-up. Having the GPRA instrument available in both Spanish and Haitian Creole, as well as in English, assures culturally appropriate and consistent interviews. GPRA provides valid and reliable data collection. Staff participate in all SAMHSA trainings related to the GPRA and have become competent in conducting the required interviews. GPRA interviews are conducted in the client's preferred language.

Data and reports from the GPRA interview are used to monitor clients' engagement with the program as well as clients' progress on specific outcomes of interest. Continuous monitoring of intake, follow-up rates, reductions in high-risk behaviors, and self-reported improvements in outcomes is done by the Coordinator and evaluation team. Cross-tabulations and other analyses are used to ascertain any between or within-groups differences in access, utilization, and outcomes.

The National Outcomes Measures (NOMS) reflect the achievements of the STOPP-Y program. Routine outcome measurement influences quality improvement efforts. Currently, completers self-report improvement on all NOMS. GPRA is used to set the targets for intake, follow-up and discharge and for overall program management and to refine implementation strategies. As staff become aware of targets and performance, motivation increases.

With periodic analyses of GPRA data, emerging trends become evident. Necessary refinements in either outreach and/or clinical interventions are identified.

CSAT's TA Package "Developing and Implementation Continuous Quality Improvement for Treatment Programs" is helpful in utilizing the PDSA cycle (Plan, Do, Study, Act) for CQI. GPRA data are used and shared to tell the story of the program, enlist support, and foster sustainability.

3: CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

Borinquen subscribes to the CLAS standards. At the highest organizational level, the requirement for FQHCs is to have a Board of Directors comprised of at least 51% consumers. Borinquen's board exceeds that standard, and many of the consumers are also representative of the target population. This ensures they have a voice and that their needs are considered when developing policies or decisions made about patient care.

Borinquen has a culturally and linguistically diverse staff. Over 90% of Borinquen's full time staff are from the target population and most are bi – or tri – lingual. BHCC regularly assesses changes in demographics, types of services or other needs that may require reevaluation of policy or procedures. Feedback is solicited and reviewed from clients, patients, and community organizations. Behavioral Health staff have been trained to deliver evidence based services in ways that are sensitive to clients' differing cultural health beliefs and practices, and in the client's preferred language. Currently STOPP-Y provides all materials in Spanish, English, and Creole.