



Behavioral Health

# Pacesetter Award

in Support of Direct Care Workers

BETTER JOBS  
BETTER SERVICES  
BETTER BUSINESS

***Pacesetter Case Study:  
Borinquen Health Care Center  
Miami, Florida  
2011 Pacesetter Award Winner***

*To learn more about the Behavioral Health Pacesetter Award, please see a description of the process on the last page of this report.*





## Borinquen Health Care Center

It's the start of another steamy day in the Wynwood section of Miami, near the city's center. A small group of men begin filing into a local café for their morning *café con leche*. Around the corner, a shiny 43-foot van is parked with its side door open. A man wearing an outreach-worker ID badge and a dark blue jersey marked "Borinquen" stands near the van, speaking with an elderly woman. The van is prominently marked "Clinica Borinquen—Borinquen Health Care Center" (BHCC) and displays the phrase "La Salud del Pueblo es la Máxima Ley," which translates "People's Health is the Highest Law." In a moment, a second outreach worker emerges from the van. He moves to engage a few men leaving the café. The café regulars know him as Don. Speaking in Spanish, Don asks if any of the men would like free condoms to prevent spread of sexually transmitted diseases, and he encourages them to take a free HIV test, offered inside the van. After some joking among the café patrons, a young man agrees. His name is Felix, a 19-year-old heroin addict. In just a few moments, his life will change forever.

Don and the other outreach staff of Borinquen understand Miami's multifaceted culture and the ways of its streets. They know, for example, that many of the area's local intravenous drug users congregate at this café before their first "fix" of the day. Later, the van will move on to a local trailer park that has a sizable population of drug users and then, toward evening, to a massive highway overpass, which serves as shelter to a large number of homeless people who sleep each night amid the trash and broken glass on asphalt and dirt.

**A Vibrant City with a Big Problem**—Miami is the center of a huge metropolitan area noted for its commerce, finance, art, fashion and tourism. But like many other major U.S. cities with sizeable populations living in poverty, Miami has a problem —HIV among its poorest residents is epidemic. A study by the U.S. Centers for Disease Control and Prevention (CDC) found that the prevalence of HIV infection in 23 U.S. urban poverty areas,<sup>1</sup> including Miami, ranked between Burundi and Ethiopia (which had lower rates), and Haiti and Angola (which had higher rates). The study concluded that, while the HIV rate in U.S. urban poverty areas did not differ by race or ethnicity, at 2.1%, it exceeded the 1.0% level that defines a "generalized epidemic."<sup>2,3</sup>

<sup>1</sup> Atlanta, Baltimore, Boston, Chicago, Dallas, Denver, Detroit, Fort Lauderdale, Houston, Las Vegas, Los Angeles, Miami, Nassau/Suffolk Counties, Newark, New Haven, New Orleans, New York City, Philadelphia, San Diego, San Francisco, Seattle, St. Louis and Washington, DC.

<sup>2</sup> Denning, P. & DeNenno, E. (2010). Communities in crisis: is there a generalized HIV epidemic in impoverished urban areas of the United States? Atlanta, GA: U.S. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/hiv/topics/surveillance/resources/other/poverty.htm>

<sup>3</sup> This 2.1-percent HIV prevalence rate is more than 20 times the rate among all heterosexuals in the U.S. (0.1%).

Miami's BHCC is a federally qualified health center (FQHC) on the front lines of the HIV battleground. With its staff of 151 employees, 72% of whom hold a bachelor's degree or less, the agency provides care to 26,000 people annually. Established in 1972, Borinquen pre-dates the outbreak of AIDS in the United States and has had to adapt to this significant community health threat from the beginning.

BHCC provides a full spectrum of prevention and health services to some of the poorest people in Miami.

<b>Borinquen Health Care Center Services</b>			
Internal Medicine	Family Planning	Substance Abuse	Optometry/Opticals
HIV Specialists	Healthy Start	Treatment	Pharmacy
Pediatrics	Nutritionists	Community Outreach	Laboratory
Adolescent Services	Dental Health	Case Management	X-Ray
OB/GYN (including delivery)	Mental Health	Prevention Education	Medicaid Eligibility
		Podiatry	

Located in the city's Bohemian-like Design District, BHCC is flanked on the north by Little Haiti, an area infused with Haitian Creole culture, and on the south by Wynwood, an historically Puerto Rican quarter. The latter two neighborhoods are a checkerboard of small businesses and modest (sometimes run-down) single family homes, interspersed with high-rise apartment and office buildings. Immediately south of Wynwood lies Overtown, a predominately black section of town. Once a vibrant though racially segregated community, Overtown now struggles with the compound challenges of illicit drugs, violent crime, homelessness and chronic poverty. Yet, Miami has enormous vitality and spirit. Even in struggling areas, there is evidence of community resilience. The confluence of so many cultures brings obvious strength and life to the city.

BHCC is an anchor in the community, not only as a health-care organization, but also as an employer and strong advocate for local residents. BHCC is truly integrated into community life. Many of its front-line workers live in the immediate vicinity and are committed to the area and its people, some of whom are family members. This inter-relationship of caring takes place at many levels and has a distinctly reciprocal quality. Thus, when BHCC's outreach workers are on the street, locals are often vigilant regarding their welfare and will inform them of potential danger.

**Dealing with an Epidemic**—As an initial step in combating HIV and other blood-borne and sexually transmitted diseases, and recognizing that some high-risk and infected individuals were not coming to the clinic on their own, Borinquen deployed staff to perform community outreach in 2001. This approach had some success, but it did not deal with a critical underlying problem: substance abuse, especially involving needle sharing among intravenous drug users, and individuals offering sex to support drug addiction. Since BHCC did not offer treatment for addictions at that time, everyone needing these services was referred elsewhere.

**A New Approach**—Robert (Bob) Linder became CEO at Borinquen in 2007, after five years as the agency’s CFO. He recalls, “During my first few months here, I saw this distinguished-looking gentleman coming and going, but I didn’t know who he was or what he did.” Linder soon realized the man was a part-time psychiatrist, the center’s only behavioral health professional. “At the time, psychiatry and behavioral health had virtually no visibility here and little impact on agency operations or on the people we served.” In discussion with the center’s Board of Directors and senior leadership, Linder and his colleagues concluded that because substance abuse was a significant contributor to HIV and other infectious diseases, the center would need to increase its commitment to behavioral health in order to address the problem.

### **FQHCs—Are They Paying Adequate Attention to Behavioral Health?**

A study of behavioral health services trends in FQHCs (published in 2010) reported that, in 2007, 77% of federally funded community health centers offered specialty mental health services, but only 51% provided substance abuse treatment.<sup>4</sup> Other estimates of substance abuse treatment at these centers are much lower.<sup>5</sup> The National Association of Community Health Centers (NACHC) reported that total patient visits to FQHCs increased 56% from 2001 to 2007, while mental health and substance abuse visits grew by only 44.8%. During this seven-year period, a total of 364.4 million patient visits occurred; however, only 1.6% (5.65 million) were for mental health or substance abuse treatment.<sup>6</sup>

<sup>4</sup> Wells R, Morrissey JP, Lee I and Radford A. (2010) Trends in behavioral health care service provision by community health centers, 1998–2007. *Psychiatric Services*. 61: 759-764.

<sup>5</sup> Lardiere MR, Jones E, and Perez M. (2010) National Association of Community Health Centers 2010 assessment of behavioral health services provided in federally qualified health centers. NACHC, January 2011. Retrieved from: [http://www.nachc.com/client/NACHC%202010%20Assessment%20of%20Behavioral%20Health%20Services%20in%20FQHCs\\_1\\_14\\_11\\_FINAL.pdf](http://www.nachc.com/client/NACHC%202010%20Assessment%20of%20Behavioral%20Health%20Services%20in%20FQHCs_1_14_11_FINAL.pdf)

<sup>6</sup> Calculations based on 2001–2007 information from the Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services. Retrieved from: <http://www.nachc.com/client/documents/Chartbook%20FINAL%202009.pdf>

With the assistance of a consultant, Linder sought and obtained a five-year (\$400,000 per year) competitive grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The grant enabled BHCC to create STOPP—the Substance Abuse Targeted Outreach and Pretreatment Program—which was consolidated with the agency’s mobile outreach efforts. First, an outreach model (endorsed by the National Institute on Drug Abuse and partially funded through the federal Ryan White HIV/AIDS Program) would be used to engage, recruit and enroll clients in STOPP. Second, STOPP would utilize an evidence-based practice known as Comprehensive Risk Counseling and Services (CRCS) to provide intensive risk-reduction interventions for people at high risk for HIV infection or transmission.



***Borinquen, CEO,  
Robert Linder***



### **Comprehensive Risk Counseling and Services (CRCS)**

For People at Risk of HIV Infection or Transmission

CRCS is a manual-driven approach to risk-reduction counseling for individuals with complex needs and for whom risk reduction is difficult to initiate and maintain. In this Centers for Disease Control and Prevention-supported model, risk-reduction counseling commences at the start of the screening and enrollment process, when the client learns that CRCS is meant to reduce risk of HIV infection or transmission. Risk-reduction counseling continues throughout the assessment and during subsequent sessions. Each session is seen as an opportunity to convey and strengthen risk-reduction messages. In order to ensure CRCS remains client-centered, most sessions involve individual, not group, counseling.

Soon after receiving the SAMHSA grant, BHCC recruited a talented young psychologist named Leila Saavedra, PsyD, to implement STOPP. As a skilled clinical and management professional, Dr. Saavedra understood the relationship between substance abuse and HIV. She also knew how evidenced-based practices could help engage people in addictions treatment, thus reducing their risk of disease infection and transmission. Moreover, she saw how STOPP and outreach could be used to ensure clients obtained other health-care services they needed through Borinquen.

Saavedra's focus during Year 1 of implementation was on hiring front-line staff members who had cultural connections with intended clients, firsthand experience with recovery from substance abuse, or both. During the second year of STOPP implementation, 34 unduplicated training courses were arranged for program staff (representing more than 100 different training opportunities).<sup>7</sup> The next year, staff training and professional development included 42 separate trainings. Each staff member participated in at least three events from an array of webinars, workshops, conferences and other training activities (some of which were conducted online and included course materials downloaded by the user). Also in Year 3, outreach educators and substance abuse counselors took part in 26 unduplicated trainings, while STOPP's leadership participated in 23 events.

To encourage educational advancement, all BHCC front-line workers are eligible to receive a tuition reimbursement bonus equal to 2% of their annual salary. Several employees in the STOPP and outreach programs have accessed this benefit. Older workers can also receive reimbursement for continuing education in Miami-Dade schools. Additionally, BHCC pays professional license and certification fees (if job related), as well as fees for continuing education required for license or certification renewal.

In 2010, BHCC provided \$14,037 in reimbursement for continuing education units, college tuition, certification, and specialized training and workshop fees to members of the behavioral health team (an average of \$1,170 per staff member). To accommodate staff for whom college expenses were a barrier to continued education, tuition reimbursement was converted to a tuition advance. The advance was paid each semester if the employee maintained passing grades. These tuition advances have made it possible for at least two lower-paid outreach staff to take advantage of promotional opportunities that were directly related to their increased educational attainment.

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<sup>7</sup> A single participant in one training event is counted as one training opportunity.

### Top Five Drugs Used by STOPP Clients

Rank	Drug	Clients Reporting Usage
1	Alcohol	65%
2	Cocaine/Crack	48%
3	Marijuana/Hashish	35%
4	Heroin	10%
5	Benzodiazepines	7%



*Each night, this highway bridge in Miami's Overtown neighborhood serves as "shelter" for the homeless.*



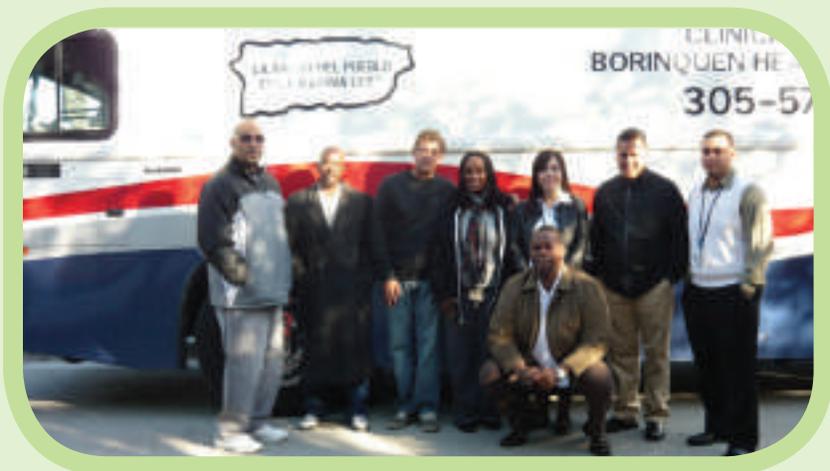
*A street mural of "Captain America" depicted here smoking crack, directly across from the police station in Miami's Wynwood neighborhood.*

## Better Jobs

Hiring for cultural competence and understanding of the client base meant that Dr. Saavedra would have to prepare staff to conduct CRCS in accordance with National Institute on Drug Abuse and CDC fidelity requirements and meet a variety of other training needs. She would spend her first three years guiding and sharpening the natural talents of the program's direct care workers. She did this through thoughtful and consistent supervision and attention to the preparation level of each individual employee. Along with culturally competent care, it became an implementation driver for the program.

Bi-weekly supervision sessions, regularly scheduled staff meetings and informal discussions were also used to enhance team cohesiveness and coordinate behavioral, medical and case management services. Additionally, staff were granted considerable flexibility and decision-making latitude in their client engagement and mobile outreach activities. Recognition of their street smarts (and for some, addiction recovery experiences) and use of their program improvement suggestions enhanced community relations, improved service quality and bolstered staff pride.

**Career Advancement Constraints and Solutions**—Although Borinquen has been very supportive of its line staff, the agency's relatively small size (151 employees) and even smaller behavioral health resource center (12 staff members) offer limited opportunities for career advancement within behavioral health. But BHCC compensates by paying attention to individual employee needs and supporting workers who wish to move across programs within the agency. For example, one outreach worker trained to become a phlebotomist, while another took a better paying position in Borinquen's specialty program for pregnant women with high HIV risk. Since its inception, two STOPP employees have transferred to other positions at BHCC, but none have left the agency.



***STOPP and outreach staff at one of Borinquen's two large mobile vans***

*(Left to right: Monte Brown, Donald Crews, Reynaldo Torres, Phonia Theoc, Leila Saavedra, Eudely Ruiz, Leonel Arellano and, in front, Elie Charlemagne)*

Another factor affecting employee loyalty has been management's attention to individual employee needs. For example:

- STOPP's program director offered to have BHCC's Dental Clinic make new dentures at a very low cost for an outreach worker who had no front teeth. She reported, "Now, he smiles a lot more. And I'm smiling too. This has made a tangible impact on his life." The Dental Clinic has provided low-cost services for other behavioral health employees as well.
- A STOPP substance abuse counselor known for his loyalty to BHCC and skillful client services lost his foot in a serious motor cycle accident. After the accident, he expressed his desire to continue working at Borinquen. Recognizing his predicament and commitment to the agency, senior management agreed to hold his position open and pay his full salary during a lengthy rehabilitation. Now he is back at work and deeply appreciative of the agency's support.
- STOPP has been flexible with scheduling to accommodate the needs of employees with children. Single parents in mobile outreach were especially appreciative because the outreach van was sometimes deployed past 11 p.m.
- Twice each year, BHCC hosts a huge barbeque to which all staff and their families are invited. The event helps reinforce camaraderie across all levels of the organization.

## Employee Benefits

- Health insurance—92% paid by employer
- Dental and vision insurance—optional, 100% paid by employee
- Life insurance—for regular employees, an amount equal to annual salary, paid by employer (*option for additional amounts*)
- 401K—employer contribution of \$300 in 2009 and 2010
- Paid vacation—two to five weeks, depending on position and hire date
- Paid holidays—10 per year
- Paid day off on birthday after one year of employment
- Merit increases
- Cost of living adjustments (subject to approval)<sup>8</sup>
- Fitness activities—Biggest Loser (currently developing Health Club Memberships and Wellness Program)
- Flexible work arrangements for continuing education
- 2% tuition reimbursement for higher education in a health-care field.
- Reimbursement for certification and license applications and renewal fees for required continuing education—\$2,000/yr maximum
- Employee assistance program—counselor available by telephone 24/7

<sup>8</sup> Budget constraints caused layoffs in many health-care centers during 2008 and 2009. Borinquen avoided layoffs by withholding its customary cost of living increase during that period. The cost of living increase was reinstated during 2010 at 2%.

## Better Services

**Building Relationships**—BHCC recognizes that its success as a health-care organization is closely linked to community perceptions and the level of trust the public feels can be vested in the agency. As stated by one BHCC senior leader, “In order to be effective in this community you have to have stellar relationships. Relationships are everything.” In Miami, building relationships means providing culturally competent care. In addition to employing staff who have an existing bond with the people of Miami—forged by race, ethnicity, language and kinship—BHCC has worked to strengthen the sensitivity of its staff to the diverse cultural values, norms and traditions of its service population. Community relationships have been enhanced by adopting a perspective of “cultural humility.” This involves viewing community stakeholders as experts in their culture, being willing to learn from them and practicing mutual respect.

The racial and ethnic composition of BHCC’s workforce reveals the agency’s commitment to maintaining strong community ties. Additionally, BHCC has found that team leaders and front-line workers hired from disenfranchised communities are often passionate about quality of care and giving back to the community.

<b>Comparison of Racial and Ethnic Composition</b>			
<b>Race/Ethnicity</b>	<b>Miami (city)</b>	<b>BHCC Staff</b>	<b>BHCC Clients</b>
<b>White</b>	73%	53%	54%
<b>Black or African American</b>	22%	47%	44%
<b>Hispanic/Latino (of any race)</b>	69%	65%	57%
<b>Asian/Pacific Islander</b>	1%	0%	1%
<b>Mixed or other race/ethnicity</b>	4%	3%	2%

Distrust of public authorities, particularly among Cuban and Haitian immigrants, can make it difficult to connect with people in some Miami neighborhoods. However, using its street-savvy STOPP and mobile outreach workers, Borinquen has methodically cultivated relationships with many hard-to-reach groups. In order to avoid misperceptions regarding their role, if police activity is taking place nearby, Borinquen staff discreetly move the outreach van to a different location.

“Cultural competence plays an important role in staff effectiveness,” says Dr. Saavedra. “Our staff know how to approach people under the bridges and in the alleys; they’re fearless.” As an initial step, outreach staff approach a group leader and seek approval to distribute condoms. “If refused, we accept that decision,” explains Saavedra. “We go where we’re wanted and strive to gain confidence and respect in other places. There are lots of places where people are expecting our staff and welcome their arrival. In the beginning we had to earn that respect.”

After obtaining access to a neighborhood, outreach staff use one of the center’s vans as an operating base. They speak to local residents in Spanish, Creole or English and offer free condoms and blood pressure or glucose tests as a way to open conversations and get people to relax. Then staff members provide information about sexually transmitted and blood-borne diseases, and offer brochures written in the appropriate language and in accordance with health literacy guidelines. After rapport is established, they ask if the individual is interested in a quick (20-minute) HIV test. Hepatitis panels and syphilis tests are also offered, along with gonorrhea, chlamydia<sup>9</sup> and pregnancy tests. All tests are provided without charge.

BHCC and STOPP have built strong community relationships by meeting with shopkeepers and faith, civic and municipal leaders, and by attending local health fairs. In addition, BHCC has significant ties with Miami-area substance detoxification and rehabilitation service providers. These connections were established by having Borinquen staff provide mobile health services at their residential care sites. STOPP also admits clients from the Miami-Dade County Drug Court and from the Florida Department of Corrections.



***Leila Saavedra, PsyD, STOPP Program Coordinator***

<sup>9</sup> Gonorrhea and chlamydia tests are offered to women 14 to 24 years of age.

**When HIV Is Found**—Three to four percent of HIV tests performed by outreach staff reveal an infection is present. Long-term intravenous drug users are often not surprised. However, the results for others (e.g., married women unaware of their husband’s infidelity and younger or recent heroin users) can be devastating.

When the HIV test is positive, outreach workers begin the counseling process immediately. If test results evoke a strong emotional reaction, staff members use psychological first aid to help the individual regain composure. They also provide reassurance about the availability of effective medical treatments and psychological supports offered through BHCC, and they quickly connect the person with other Borinquen staff. STOPP then offers follow-up counseling designed to reduce substance dependence (or, if possible, achieve sobriety) and decrease risk of disease transmission. Ryan White Comprehensive AIDS Resources Emergency Act funds at Borinquen afford access to medical, dental, OB/GYN, nutrition and case management services designed to help individuals achieve optimal health while living with HIV. This combination of medical, behavioral health and social services has a powerful stabilizing effect on a person with HIV.

**Changing Demographics**—During its early years, Borinquen served mostly Puerto Rican clients. Today, the clinic’s client composition is a diverse mix including people of Hispanic/Latino ethnicity from many nations,<sup>7</sup> [https://mail.google.com/mail/html/compose/static\\_files/blank\\_quirks.html#130a4b765f82d4d4\\_\\_ftn1](https://mail.google.com/mail/html/compose/static_files/blank_quirks.html#130a4b765f82d4d4__ftn1) Haitians, and people from other racial, cultural and national origins.

Nearly 40% of the health center’s clients are Haitian-born or first-generation offspring of Haitian-born parents. However, because of longstanding cultural traditions, Haitian families are reluctant to utilize mental health, emotional trauma support or substance abuse treatment services. Nonetheless, STOPP has begun making some inroads through community outreach involving staff members who speak Creole and the use of local native-language radio broadcasts.

As an indication of success in the preparation of its front-line workers, a detailed evaluation of STOPP<sup>10</sup> revealed that it has met or exceeded all outreach and substance abuse counseling goals (see chart below). Additionally, during Year-3 operations, STOPP administered 3,693 rapid HIV tests (125 HIV+), more than double its targeted level of 1,500. Since the program’s inception, more than 11,300 rapid HIV tests have been administered.

<b>STOPP Outreach and Counseling Implementation</b>									
	Year 1			Year 2			Year 3		
	Target	Actual	Percent of Target	Target	Actual	Percent of Target	Target	Actual	Percent of Target
<b>Outreach</b>	900	1,870	208%	1,800	2,516	140%	1,800	3,693	205%
<b>Counseling</b>	150	150	100%	225	226	100%	225	230	102%

As shown below, clients improved on five of six National Outcome Measures reported to SMHSA in accordance with Government Performance and Results Act (GPRA) requirements. Only “permanent place to stay” showed no improvement at the six-month follow up. It was noteworthy that the majority of STOPP clients claimed no alcohol/drug use for the past 30 days and no alcohol- or illicit drug-related health, behavioral or social consequences six months after intake. Additionally, STOPP was able to make follow-up contact with 90% of its clients, a remarkably high rate considering many remained homeless. This level of follow up exceeds the 80% minimum requirement set by federal authorities and is evidence of strong connections between STOPP and the community it serves. Community members also played a major role in helping outreach workers locate clients for follow up. Moreover, in some neighborhoods, sex workers, drug users and informal city-block leaders served as a secondary system for the distribution of condoms.

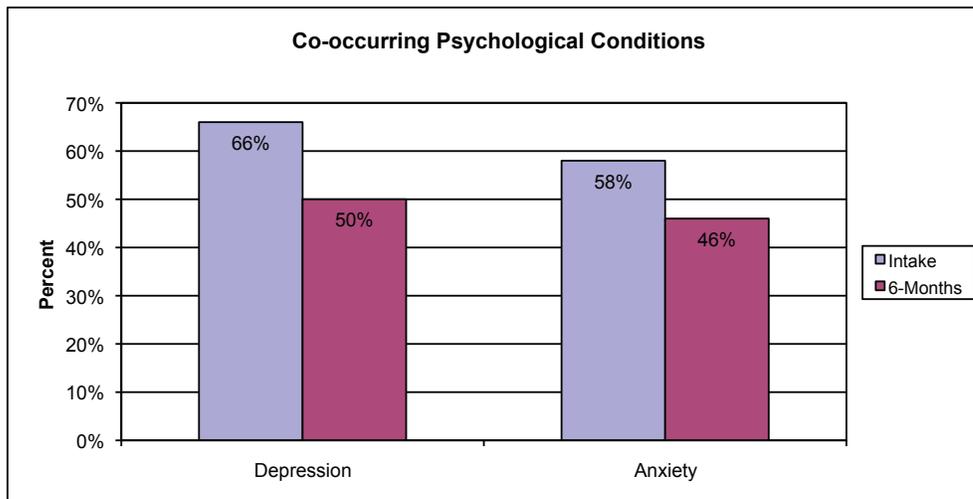
<b>Performance on National Outcome Measures at Intake and Six-Month Follow Up</b>		
GPRA Measure	Clients Reporting Measure	
	Intake	Six-Month Follow Up
No alcohol/drugs in past 30 days	11.6%	72.9%
No arrests in past 30 days	88.9%	96.8%
Currently employed or attending school	26.4%	39.9%
No alcohol- or illicit drug-related health, behavioral or social consequences	27.4%	67.7%
Socially connected	84.2%	94.1%
Permanent place to stay	48.8%	47.2%

It was also found that the number of clients reporting depression and anxiety, while still quite high, had declined six months after intake. This is clinically significant because depression increases mortality, and anxiety is a risk factor for coronary artery disease.<sup>11,12</sup>

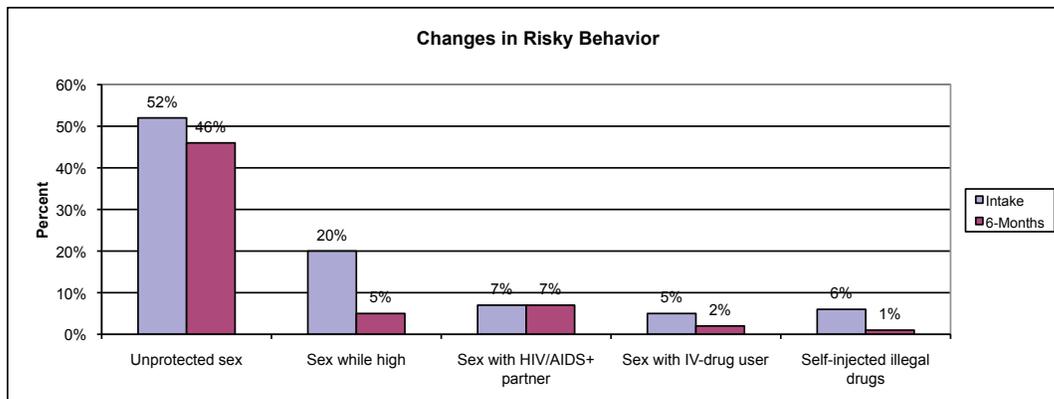
<sup>10</sup> The Annapolis Coalition gratefully acknowledges the work of Kathleen A. Shea, PhD, of IAM, Inc., who provided program evaluation information used in this report. Dr. Shea also offered many valuable insights regarding STOPP’s operation.

<sup>11</sup> Barth J, Schumacher M, and Herrmann-Lingen C. Depression as a risk factor for mortality in patients with coronary heart disease: a meta-analysis. *Psychosomatic Medicine* 2004;66:802-13.

<sup>12</sup> White K. Anxiety in health behaviors and physical illness: series in anxiety and related disorders, 2008, Part II, 279-315, DOI: 10.1007/978-0-387-74753-8\_11



Finally, and perhaps most importantly, several risky behaviors showed improvement at follow-up. The STOPP Year-3 program evaluation found that fewer clients were having unprotected sex, sex while high on drugs, sex with an intravenous drug user, and continued use of self-injected drugs. Only sex with a partner who was known to have HIV or AIDS remained unchanged.



As yet another indication of program success, in 2010, STOPP was recognized by SAMHSA as one of five recipients of the highly competitive Science to Service Award in Substance Abuse Prevention. These national awards are designed to highlight the work of community-based organizations and coalitions that have successfully implemented one or more recognized evidence-based interventions.

## Better Business

In August 2010, NACHC reported that community, migrant, and homeless health centers were “the largest network of safety net primary care services in the nation,” serving 20 million patients<sup>13</sup> in 7,900 locations.<sup>14</sup> NACHC also reported that 39% of patients at these centers were uninsured. However, by 2015, under the federal Affordable Care Act, many individuals are expected to become Medicaid eligible, thereby reducing uninsured patients at these centers to about 22%.

While uncertainty exists regarding specific implementation of the new law, it appears clear that Borinquen, which has been unwavering in its commitment to uninsured individuals, will benefit if Medicaid eligibility is expanded. Given that FQHCs receive cost-based reimbursement, the return for centers like Borinquen could be substantial.

**The Perfect Marriage**—Barbara Kubilus, Borinquen’s chief officer of special programs, describes the role of STOPP within BHCC: “It’s the perfect marriage between health and behavioral health.” Kubilus notes that, although STOPP is a relatively small program, it is having a significant impact by improving access to primary health services among people in some of Miami’s poorest neighborhoods. She also believes that, as patients are successfully treated for psychiatric and substance use conditions, they are more likely to address co-occurring medical conditions like heart disease, diabetes and other illnesses. Her observation is supported by a growing body of scientific research, which concludes that mental illnesses and substance use disorders are often linked and can influence the onset, progression and outcome of other illnesses.<sup>15</sup> Although information about causality is not known, BHCC data reveal that, in 2009, 49% of patients who received substance abuse services also obtained some form of primary care at Borinquen. This relationship grew to 60% in 2010.

<b>Co-Occurrence of Patients Receiving Substance Abuse and Primary Care Services at BHCC</b> <i>(Primary care includes: medical care, nutritional care, oral health care and OB/GYN)</i>			
Year	Substance Abuse Services	Substance Abuse and Primary Care Services	Percentage Receiving Both Substance Abuse and Primary Care Services
2009	393	187	49%
2010	528	319	60%

<sup>13</sup> [http://www.nachc.com/client/documents/Primary\\_Care\\_Revolution\\_Final\\_8\\_16.pdf](http://www.nachc.com/client/documents/Primary_Care_Revolution_Final_8_16.pdf)

<sup>14</sup> <http://www.nachc.com/client/documents/CHCs%20ROI%20final%2011%2015%20v.pdf>

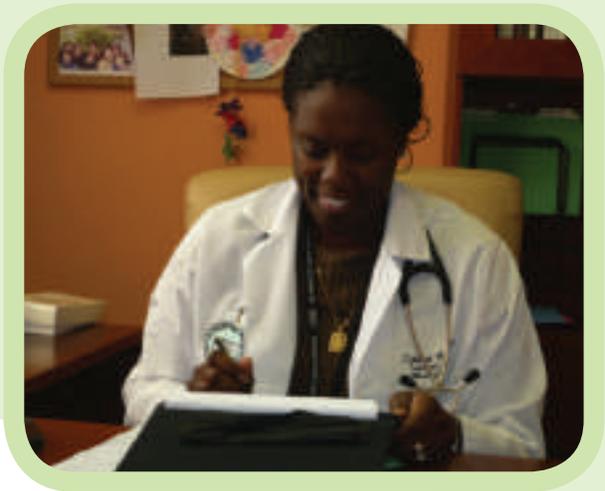
<sup>15</sup> U.S. Centers for Disease Control and Prevention. The role of public health in mental health promotion. September 2, 2005:54(34); 841-2. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm>

Additionally, based on anecdotal data, community members with health and behavioral health problems who see improvement among family members and neighbors being treated at Borinquen are themselves more likely to seek treatment when needed. This word-of-mouth advertising has special significance within Miami’s multicultural communications network.

Kubulis’ view is echoed by Deborah Gracia, MD, the agency’s chief medical officer. Dr. Gracia also describes how the cultural competence of staff can have multiple health and business consequences. She points out that when front-line workers fail to pursue client engagement based on the client’s cultural perspective, they often set expectations that are unattainable. When this happens, the client is likely to become identified as non-compliant, and services are withdrawn at the time when they are most needed. “When the client doesn’t stick to treatment recommendations, they end up in the emergency room,” says Dr. Gracia. “Then, it costs us more to treat them because their health is in much worse shape, which depletes our resources, is bad for business and restricts access by others who need care. We have an obligation to do better than that.”

However, Borinquen has made strong connections with the people in Miami’s neighborhoods and is continuing to grow its business. During the past three years, the agency has added 24 staff and increased its budget by 28%. Depending on the outcome of discussions regarding expanded Medicaid eligibility, this growth may become even more significant during the next few years.

<b>Staffing and Budget Levels: 2008–2010</b>			
Year	Staff (full-time equivalent)	Operating Budget	Budget Increase from Prior Year
2008	123.1	\$9,678,997	—
2009	137.3	\$11,352,004	17.3%
2010	147.1	\$12,391,821	9.2%



**Deborah Gracia, MD,  
Chief Medical Officer**

# Conclusion

BHCC offers an excellent example of how front-line behavioral health workers (most of whom started as unlicensed employees with a bachelor's degree or less) can be trained and guided to provide effective substance abuse and outreach services to high-risk individuals living in an urban poverty area. Implementation drivers for STOPP included consistent, high-quality supervision and support for the educational and personal needs of the workers, combined with an emphasis on building strong community relationships, providing culturally competent care and integrating behavioral and medical services. These elements have made it possible for STOPP and mobile outreach staff to successfully engage people in treatment and, by doing so, improve outcomes in critically important domains.

Many of these contributors to success are not new to the behavioral health field. What sets them apart here is the manner in which they were applied—through thoughtful and consistent supervision and careful attention to the individual employee's needs. In an era when constant changes in health-care service delivery requirements and funding uncertainties create a turbulent operational environment, it is attention to these basic things that can make an important difference. The lessons learned at Borinquen are worthy of consideration as health-care planners and providers strive to prepare direct care behavioral health workers, some of whom are on the front lines of the HIV epidemic.

Finally, FQHCs, with their focus on uninsured, underinsured, disenfranchised and homeless individuals, are serving some of the neediest people in the county. The role of FQHCs in the nation's health-care system will become even more important as the number of people they serve is expected to double by 2015.<sup>16</sup> While it has been shown here that substance abuse treatment can impact behaviors that reduce the risk of HIV infection and transmission, only about half of the nation's FQHCs are providing substance abuse care. This suggests that addiction treatment should be made more broadly available in federally funded health centers to combat the spread of HIV.

### About The Annapolis Coalition:

The Annapolis Coalition is a non-profit organization dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health and addictions sectors of the behavioral health field. As part of this effort, it seeks to strengthen the workforce role of persons in recovery and family members in caring for themselves and each other, as well as improving the capacity of all health and human service personnel to respond to the behavioral health needs of the individuals they serve. The Coalition is celebrating its 10th year as the nation's leader in strategic planning regarding the behavioral health workforce; advisor to federal agencies and commissions on workforce issues; and provider of technical assistance to states and non-profit organizations on practical workforce development quality improvement initiatives.

### About The Hitachi Foundation:

Hitachi Foundation is an independent nonprofit philanthropic organization established by Hitachi, Ltd. in 1985. Its mission is to forge an authentic integration of business actions and societal well being in North America. The Foundation's strategic focus through 2013 is on discovering and expanding business practices that create tangible, enduring economic opportunities for low-wealth Americans, their families, and the communities in which they reside—while also enhancing business value. At its core, the Foundation is on a path toward discovery, committed to investments that enhance what society can learn about socially sustainable business practice and corporate citizenship.

*This report was prepared by the Annapolis Coalition on the Behavioral Health Workforce. The report was authored by Wayne F. Dailey, PhD, project coordinator for the Behavioral Health Pacesetter Award, an initiative sponsored by the Annapolis Coalition in partnership with The Hitachi Foundation. "Better Jobs, Better Services, Better Business"*

<sup>16</sup> <http://www.nachc.com/client/documents/CHCs%20ROI%20final%2011%2015%20v.pdf>