



**BANYAN**  
HEALTH SYSTEMS

# The Next Step in Healthcare: Primary and Behavioral Health Care Integration

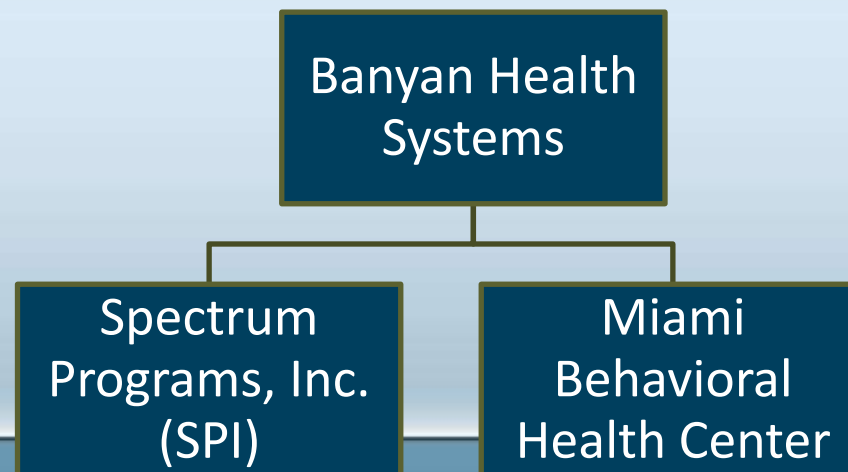
August 9, 2012

Emy Pesantes, M.S.W., M.B.A.  
Constanza Covarrubias, B.A.



# Banyan Health Systems

- Banyan Health Systems grew out of a close, long-standing partnership between Spectrum Programs, Inc. (SPI) and Miami Behavioral Health Center (MBHC), which was formed to combine the resources of these two historically effective behavioral health service providers.
- SPI and MBHC are non-profit organizations, providing both behavioral health and substance abuse treatment in Miami-Dade and Broward counties for over 35 years.



# Spectrum Programs, Inc.



- Spectrum Programs, Inc. (SPI) sites are located in Miami-Dade and Broward County.
- SPI is the oldest and largest non-profit substance abuse treatment provider in South Florida operating since 1970.
- SPI provides Residential, Outpatient, Family, and Intervention Services (Case Management) for adults and families.

# Miami Behavioral Health Center



- Miami Behavioral Health Center (MBHC) sites are located in Miami-Dade County.
- MBHC primarily serves the Latino community, providing both mental health and substance abuse services to children, adults, and people with severe mental illnesses and substance abuse since 1977.
- MBHC provides Crisis Stabilization, Detox, Residential, Outpatient, Case Management, Peer Recovery-Oriented, Adult Day Care and On Site Services for children.



# Banyan Health Systems: History

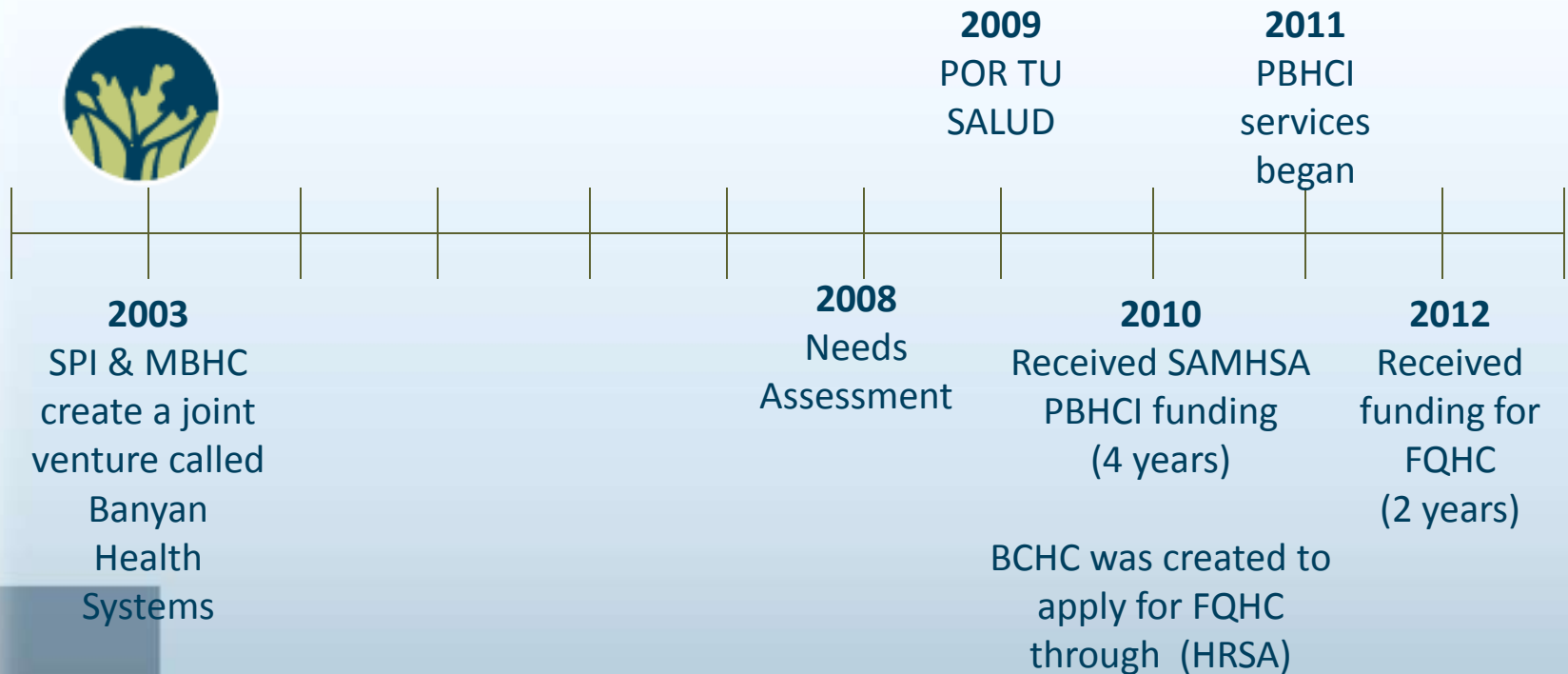
- In 2003, Banyan Health Systems was established as a joint venture by the Boards of Directors of Spectrum Programs, Inc. (SPI) and Miami Behavioral Health Center (MBHC).
- Both agencies continued providing mental health and substance abuse services under one system.
- In 2009, SPI and MBHC began offering primary health care services for all residential consumers while offering primary care to all those with Medicaid and Medicare.
- In 2010, Banyan Community Health Center was created to apply as a Federally Qualified Health Center.

# Banyan Health Systems: Mission



Our mission is to advance the health and well-being of healthcare consumers in all walks of life with thoughtfully *integrated* services that combine the best of prevention, disease control, consumer education, research, and evidence-based clinical services across the historically separate disciplines of behavioral and physical healthcare.

# Integrating Primary Health Care Services



# Banyan Community Health Center



- In June of 2012, Banyan Community Health Center became a Federally Qualified Health Center (FQHC), which is an enormous step in providing integrated health care.
- The FQHC status was awarded for a period of 2 years.

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HEALTHCARE

## Feds give Dade facilities \$5 million to improve local healthcare

BY JOHN DORSCHNER  
JDORSCHNER@MIAMIHERALD.COM

Two Miami-Dade community health organizations received huge upgrades Wednesday with news that they are being classified as federally qualified health centers.

Banyan Community Health Center, which includes operations of Miami Behavioral Health Center and Spectrum Programs, will receive \$595,833. Care Resource, which focuses on healthcare for the gay lesbian bisexual and transgender community, will get \$487,500.

More importantly, the FQHC status allows them to receive higher levels of reimbursement from Medicare and Medicaid. Jackson Health System has attempted without success to get FQHC status for some of its clinics.

Meanwhile, the University of Miami and partners have received a \$4.1 million grant to improve children's healthcare in Miami-Dade for those with asthma, diabetes, obesity and sexually transmitted diseases.



**“Promoting health and wellness for individuals, families and communities means treating behavioral health needs with the same commitment and vigor as any other physical health condition.”**

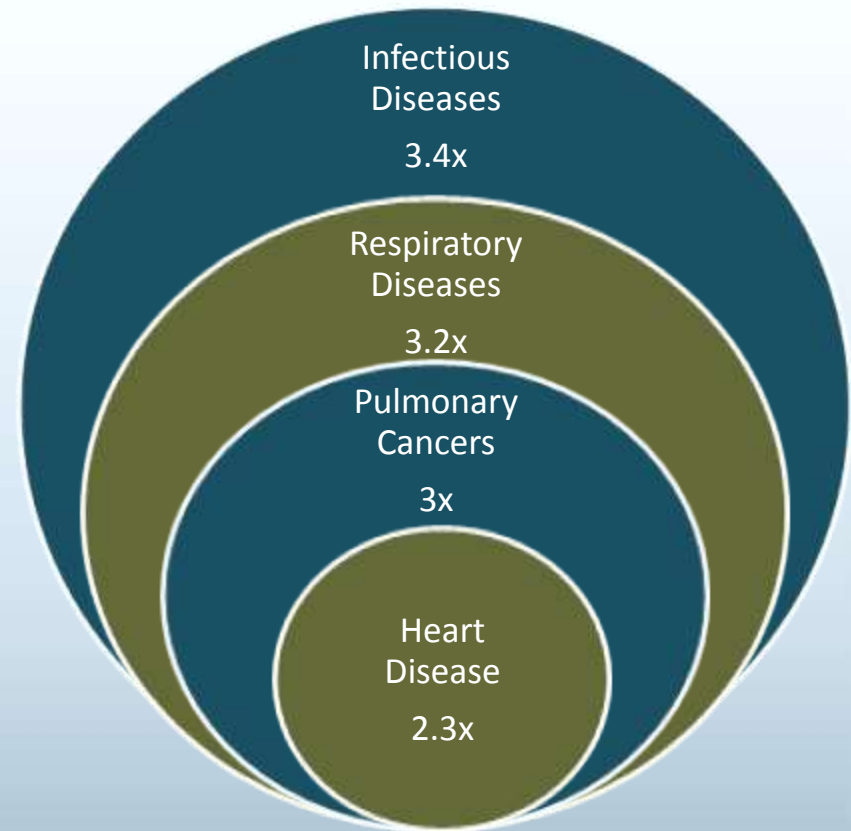
**Pamela S. Hyde, SAMHSA Administrator**

# Background Information

# Reduced Life Expectancy & Increased Mortality Rates

People with Severe and Persistent Mental Illnesses (SPMI) die on average at the age of 53—that is **25 years earlier** than the general population in the United States.

## Mortality Rates Compared to General Population



# Causes of Morbidity and Mortality in People with SPMI



- Suicide and injury account for 30% of excess mortality among people with SPMI.
- 60% of premature deaths are due to other preventable causes such as
  - Cardiovascular disease
  - Pulmonary disease
  - Obesity
  - Smoking

## Example: Increased Relative Risk in Schizophrenia Population

Infectious disease	3.4x
Respiratory disease	3.2x
Diabetes	2.7x
Cardiovascular disease	2.3x

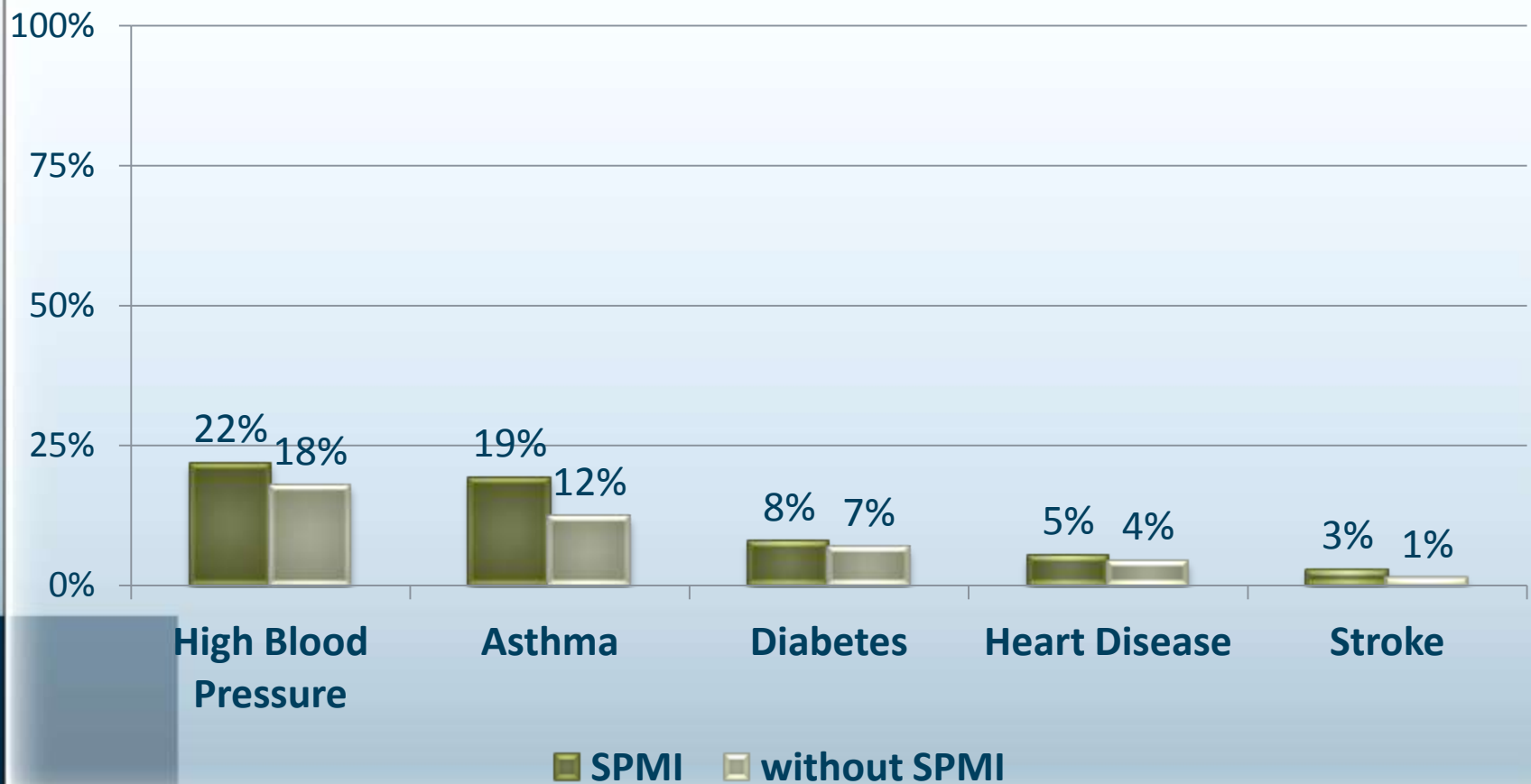
# High Rates of Chronic Illness

- 70% of people with SPMI have a chronic health condition.
- 50% have 2 or more chronic health conditions.
- 42% have conditions severe enough to limit functioning.
- Hepatitis B rates are increased 5x.
- Hepatitis C rates are increased 11x.

# National Survey on Drug Use & Health (NSDUH)



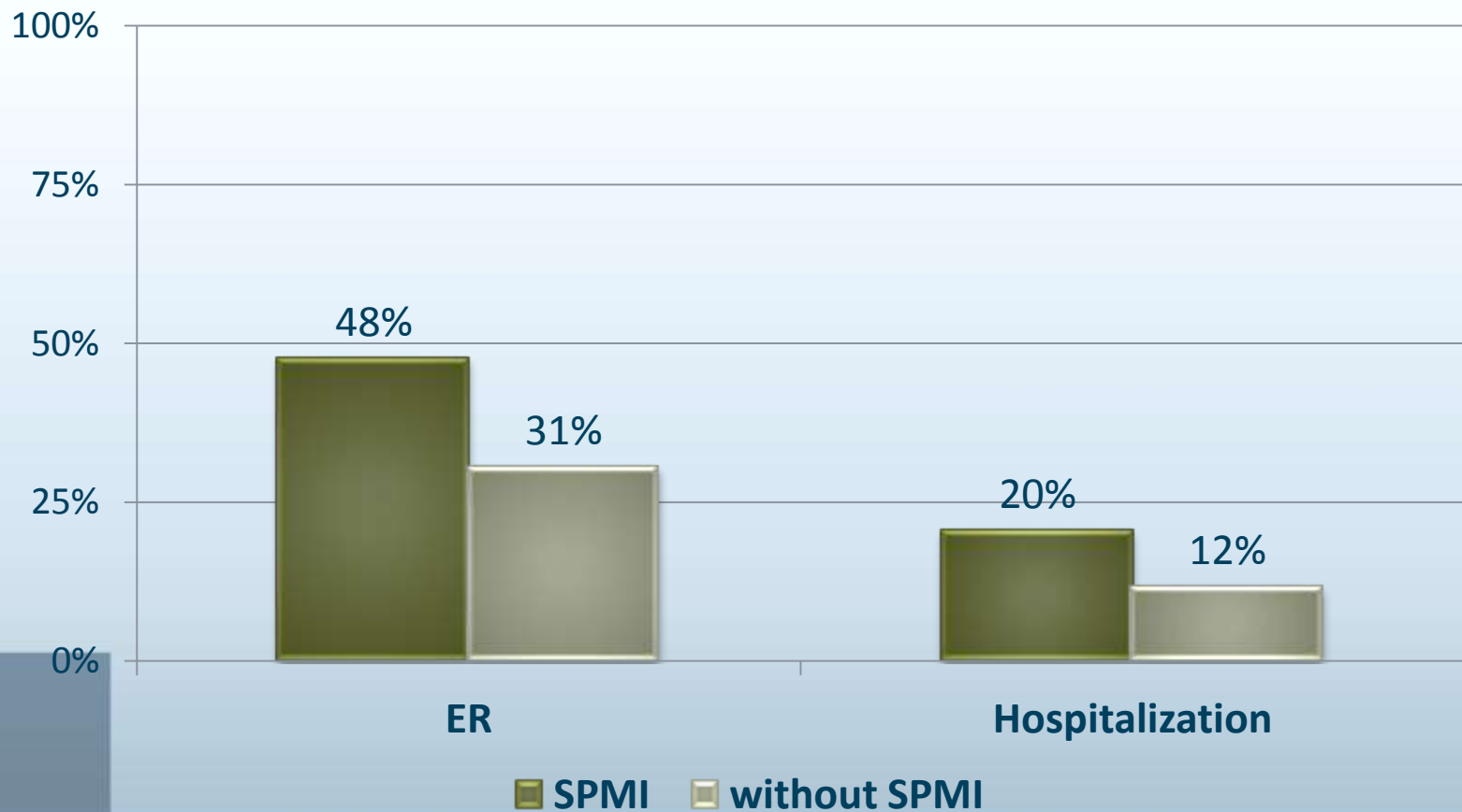
## Chronic Health Conditions Among Adults with and without SPMI in the Past Year: 2008 and 2009



# National Survey on Drug Use & Health (NSDUH)



**Emergency Room Use and Hospitalization Among Adults with and without SPMI in the Past Year: 2008 and 2009**



# Mental Illness and Obesity

- Obesity is more prevalent in people with SPMI than in the general population (Hoffman, 2005).
- A 2003 study (Strassnig et al) found that:
  - Only 19% of people with SPMI had normal body weight (BMI within 19-25 range).
  - 22% were overweight (BMI within 25-30 range).
  - 59% were obese (BMI > 30)

People with:

- Depression are 1.2-1.8 times more likely to be obese.
- Bipolar disorder are 1.5 to 2.3 times more likely to be obese.
- Schizophrenia are 3.5 times more likely to be obese (Simon et al, 2006; Coodin et al, 2001).



# Smoking Prevalence



- About 50% of people with behavioral health disorders smoke, compared to 23% of the general population.
- Smoking-related illnesses cause *half* of all deaths among people with behavioral health disorders.
- 75% of people with **SPMI** are tobacco-dependent.
- 85% of people dealing with **addictions and alcoholism** are smokers.
- 90% of people with **schizophrenia** have extremely high rates of smoking.
- People with mental illnesses and addictions smoke *half* of all cigarettes produced, and are only half as likely as other smokers to quit.

# Risk Factors Among People with SPMI



# Reasons for Not Accessing Care

- Lack of insurance for non-Medicaid enrollees
- No regular check-ups or preventive screens
- Poor dental care
- Poor motivation to seek care
- Stigma
- Lack of cross-discipline training in health care agencies
- Lack of consistency in care
- Fragmented systems of primary care and psychiatric care

# What We Know

- People with SPMI seek and obtain services from **community-based behavioral health providers**, where health conditions often go undiagnosed.
- **Community-based behavioral health providers** are unlikely to have formalized partnerships with primary care providers.
- Many people with SPMI cannot access primary care settings due to insurance coverage issues, stigma, and the difficulties of fitting into the fast-paced model of primary health care.
- In order to improve the health of people with SPMI, we must move towards systems of integrated care.

# Why is Health Care Integration Important?



- Public health, mental health, and substance abuse service systems are divided.
- This divide inhibits our ability to provide effective treatment for co-occurring health problems.
  - Systems are difficult to access
  - Gaps in funding
  - Limited cross-training opportunities for health professionals
- People who have co-occurring mental health and substance use disorders have higher rates of:
  - unemployment
  - homelessness
  - criminal justice involvement
- Economic costs
- Social costs

# Por Tu Salud Program



# What is Primary and Behavioral Health Care Integration (PBHCI)?



## **Purpose:**

- To improve the physical health status of people with SPMI by supporting communities to coordinate and integrate primary care services into publicly funded community-based behavioral health settings.

## **Expected outcome:**

- Establish partnerships to develop or expand primary healthcare services for people with SPMI, resulting in improved health status for consumers.

## **Population of focus:**

- Those with SPMI served in the public behavioral health care system.

# Our Program - “Por Tu Salud”

## ■ Primary Health Care

- Physical exams every 3 months
  - Blood pressure (hypertension)
  - BMI (obesity)
  - Blood glucose (diabetes)
  - HgbA1c (diabetes)
  - Lipid panel (cholesterol)
- Pharmaceutical services
- Specialist referrals

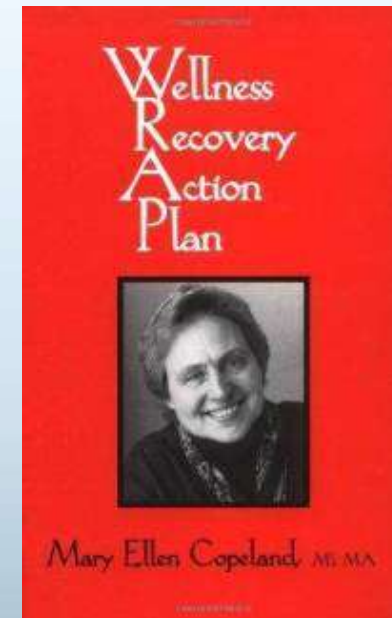
## ■ Behavioral Health Care

- Needs assessments every 3 months
- Psychiatric services
- Medication management
- Individual and group therapy



# Our Program - “Por Tu Salud”

- **Wellness**
  - **Groups are offered 3 times per week.**
    - **Making Small Changes**
    - **Reading Nutritional Labels**
    - **Weight Management**
    - **Stress Management**
    - **Incorporating Physical Activity**
    - **Tackling Barriers**
    - **Tobacco Cessation**
  - **Wellness Recovery Action Plan (WRAP)**
  - **Wellness Fairs**



# Our Program - “Por Tu Salud”



- **Case Management**
  - **Housing**
  - **Employment**
  - **Eligibility for disability**
  - **Citizenship**
- **Peer Support**
  - **Life Coaches lead wellness groups.**
  - **Peer evaluator conducts interviews and collects data.**
  - **Consumers are encouraged to give feedback, suggestions, and new ideas.**

# Program Enrollment Process

## Step 1: Wellness Management

- Referral received from psychiatrist
- Wellness Coordinator administers GAIN Q
- Refer to receive Primary Health Care at clinic

## Step 2: Primary Medical Care

- Receive physical exam check-up
- Get lab work completed
- Return 1 week later to review lab results with doctor
- Return every 3 months for follow-up

## Step 3: Data Collection

- Participate in National Outcomes Measures Interview for Baseline and every 6 months thereafter
- Conduct pre-test and post-test for Solution for Wellness weekly groups

# Who We Are



The Por Tu Salud staff is comprised of employees from Miami Behavioral Health Center and its partner, Spectrum Programs, Inc.

## Program Director

Julio C. Ruiz, BA, MBA

### **Medical**

#### Primary Medical Doctor

Radames Lopez, MD, MBA

#### ARNP

Angel Cano, ARNP

#### Medical Assistant

Karla Guadamuz, MA

### **Behavioral**

#### Program Coordinators

Sarai Martin

Onoret Sanchez

#### Wellness Coordinators

Magnie Ledesma

Fatima Zerquera

#### Life Coaches

Ivan Rodriguez

Lincoln Toranzo

### **Evaluation**

#### Evaluation Director

Emy Pesantes, MSW

#### Research Assistant

Constanza Covarrubias, BA

#### Peer Evaluator

Elena Garcia

# Data: Consumers Served & Chronic Health Conditions

# Number of Consumers Served

**Our grant program began providing services in March of 2011.**

- **166** consumers have been enrolled in the program.
- **148** of these consumers are participating in the program evaluation (data collection).
- **157** of these consumers have attended at least one wellness group.
- **108** consumers (not enrolled in the program) have attended at least one wellness group.

# PBHCI: Data Collection

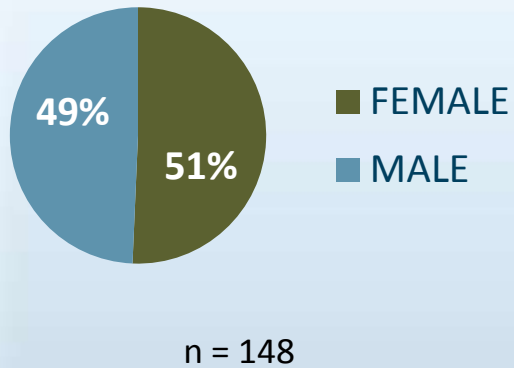


## National Outcome Measures (NOMs)

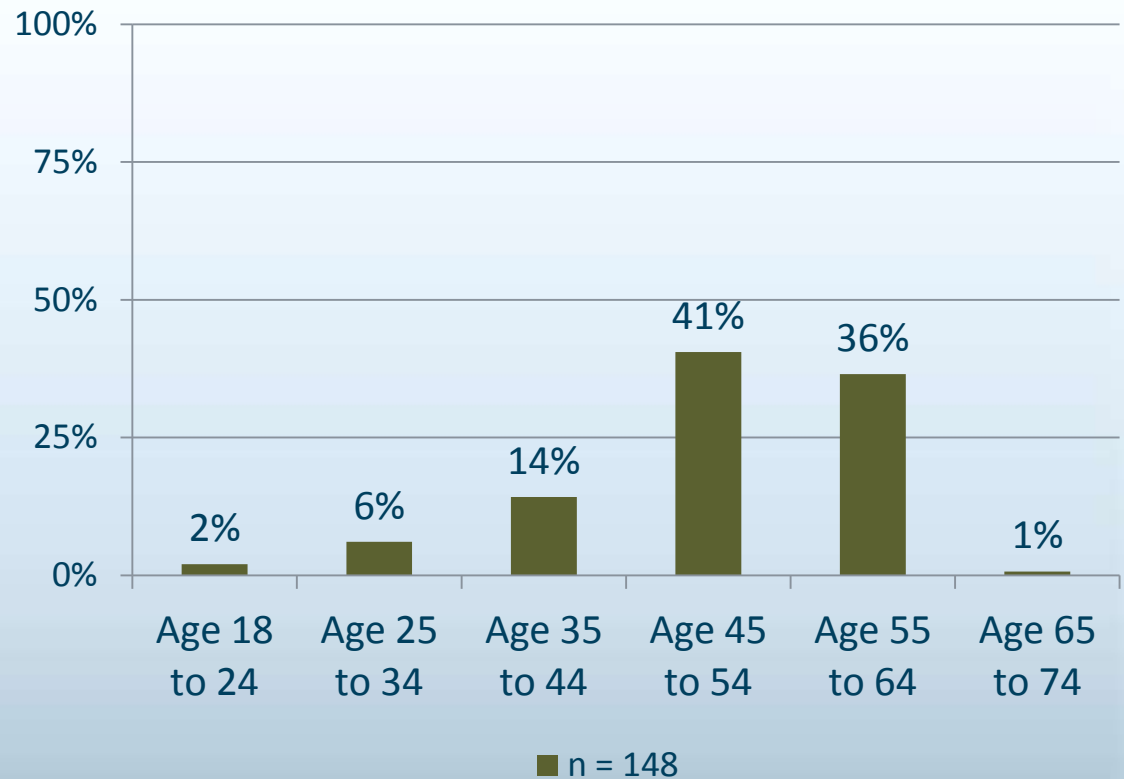
- **Demographic information**
- **Functioning**
- **Military involvement and deployment**
- **Violence and trauma**
- **Stability in housing**
- **Education and employment**
- **Crime and criminal justice status**
- **Perception of care**
- **Social connectedness**
- **Physical health indicators (BP, BMI, cholesterol, etc.)**
- **Types of services received**

# Demographics

## Gender

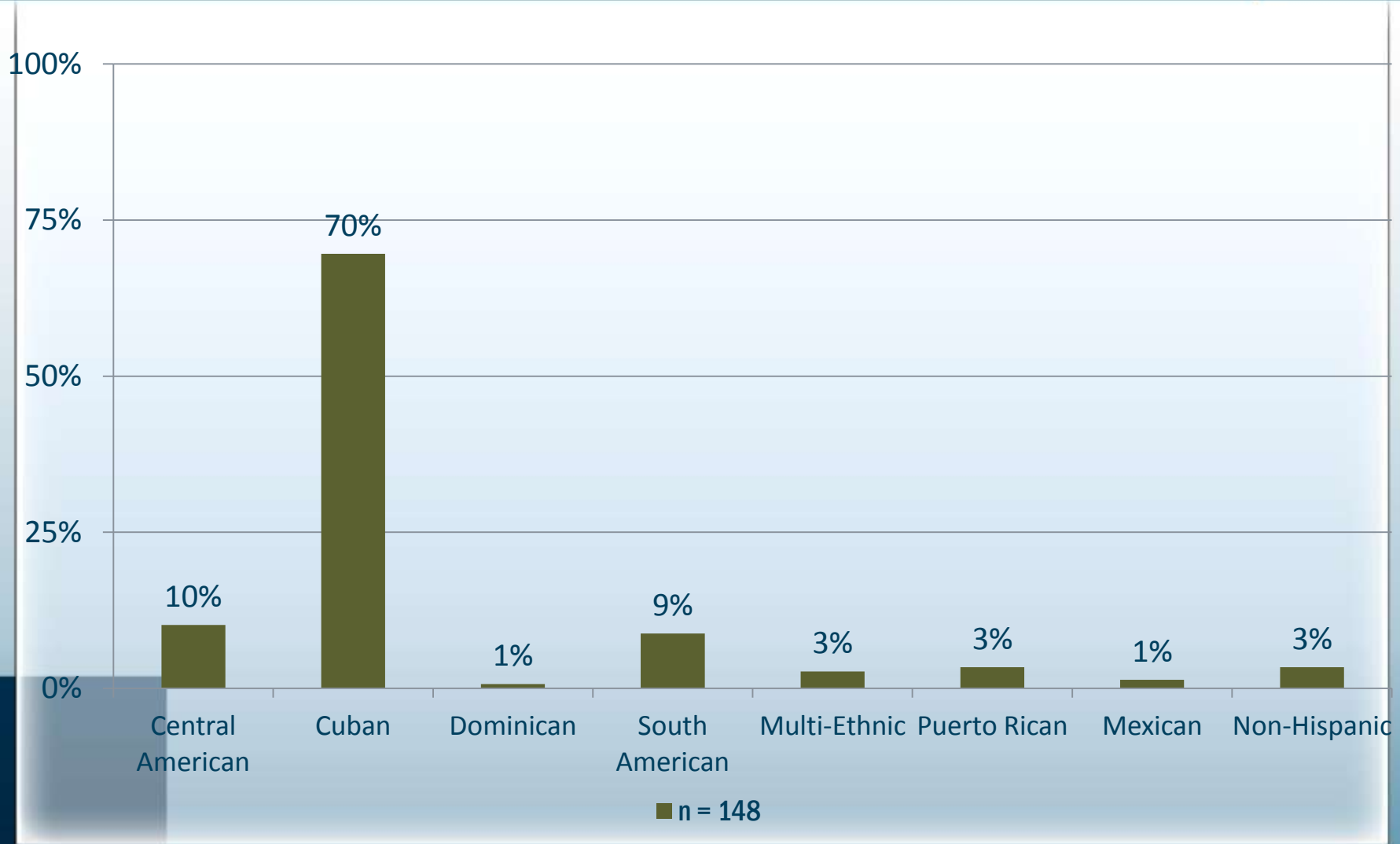


## Age Group

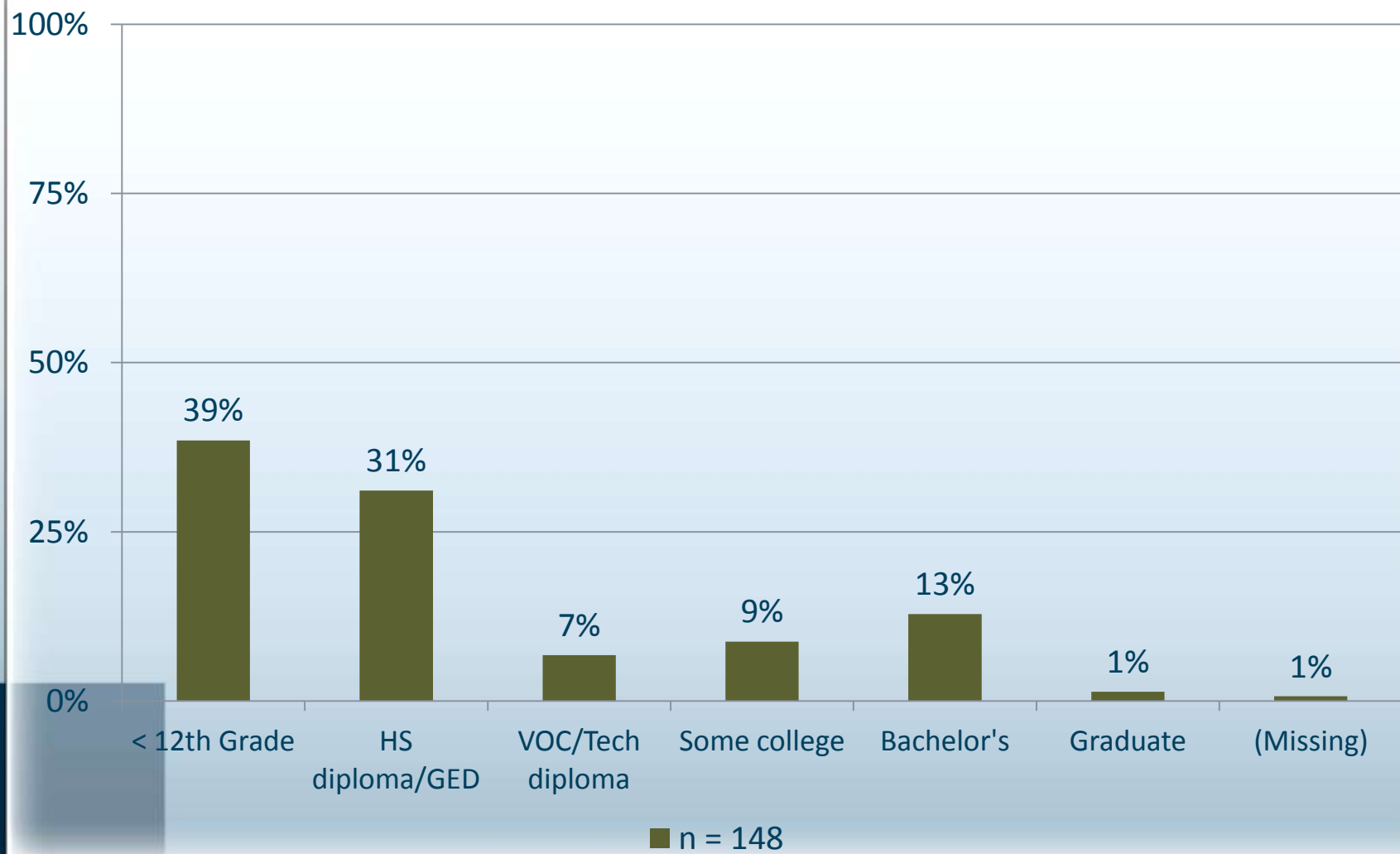




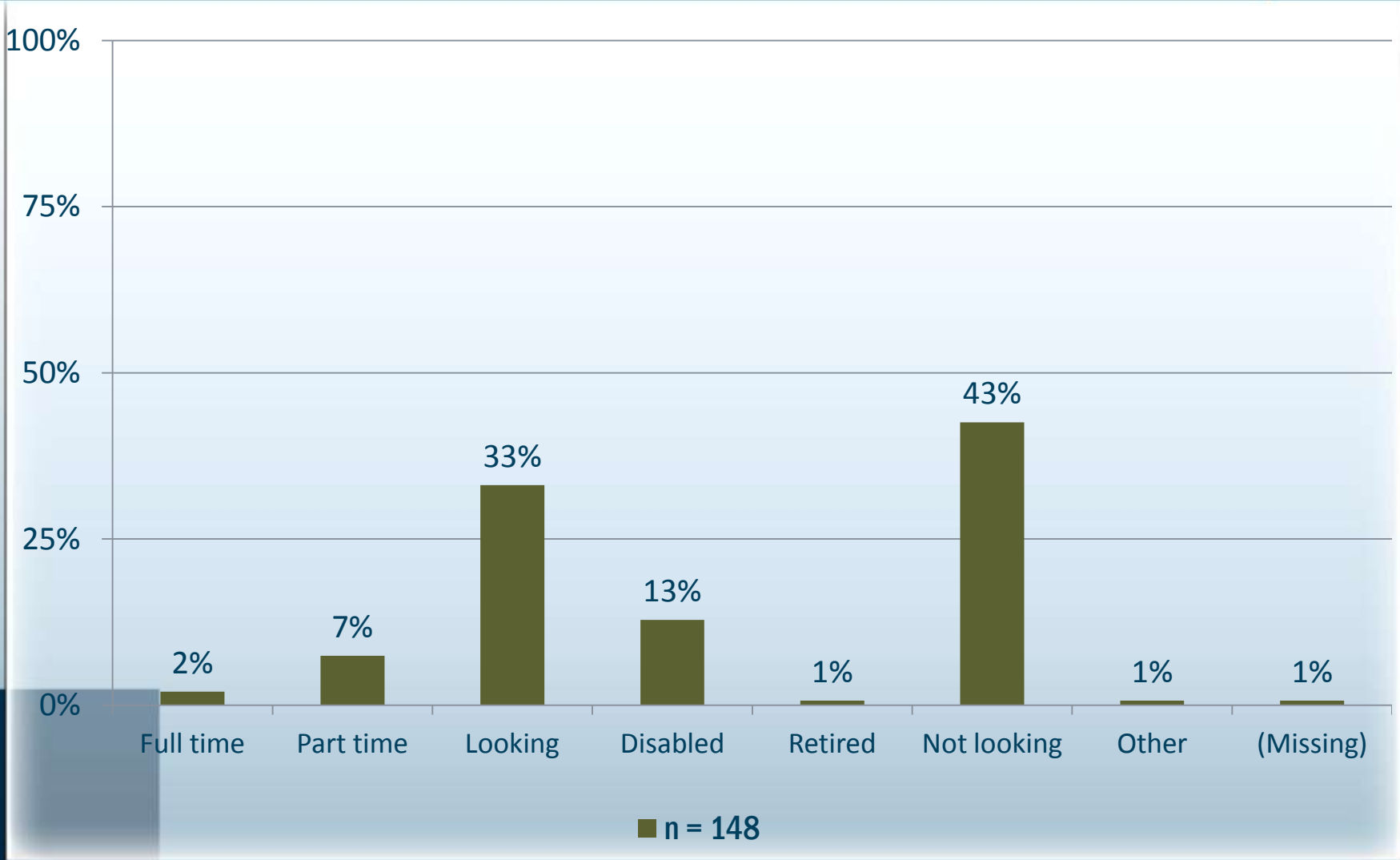
# Demographics: Ethnicity



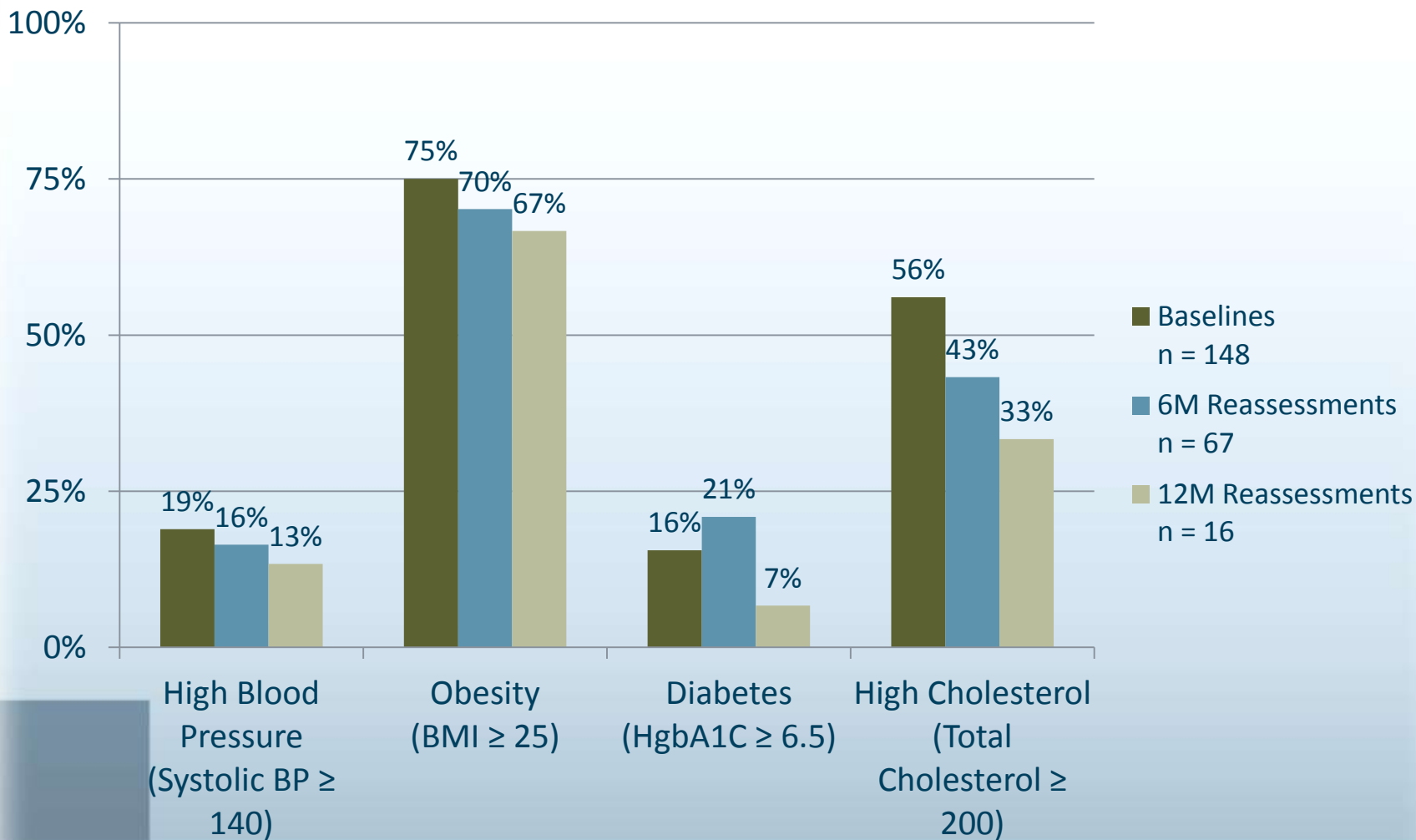
# Demographics: Education



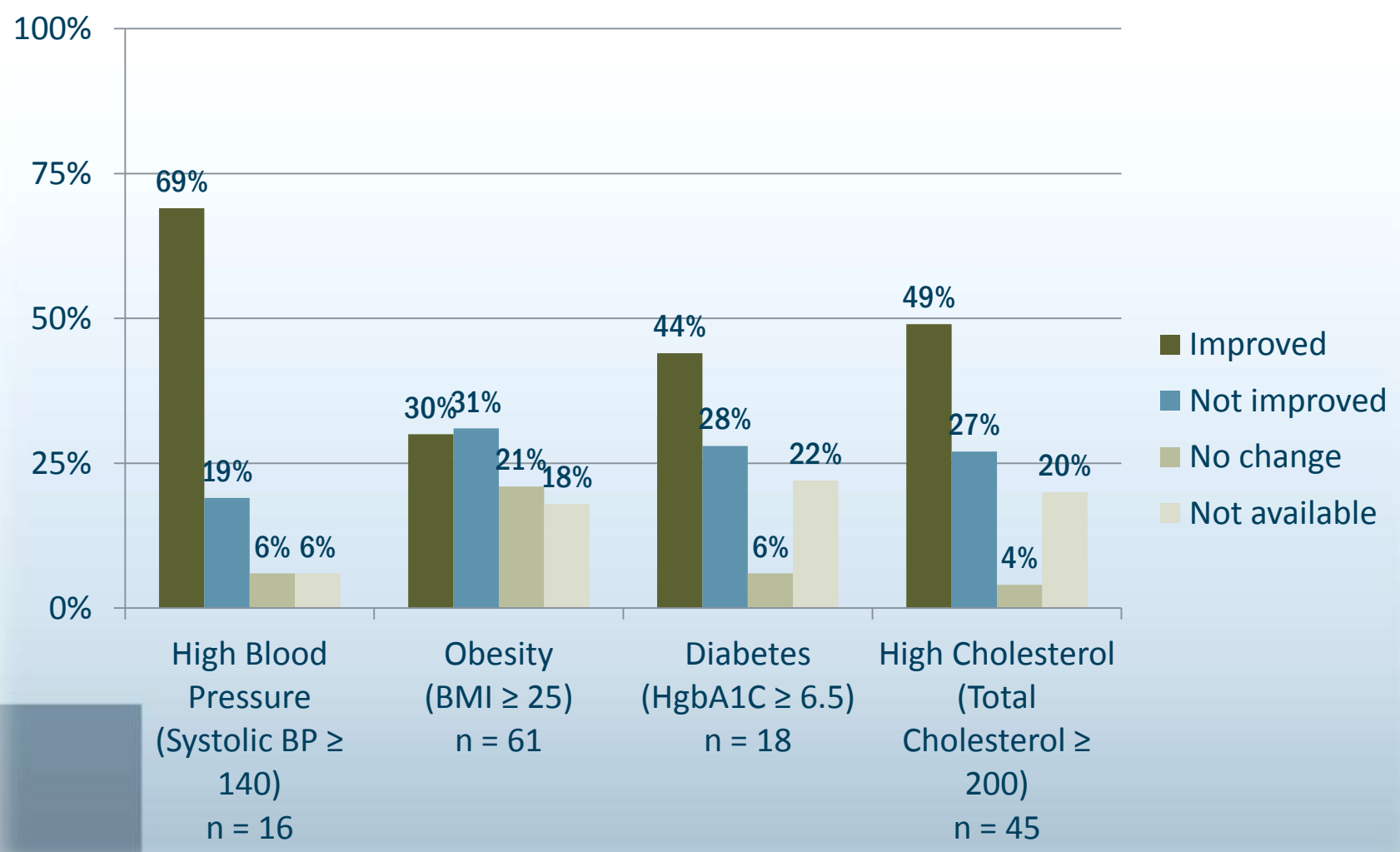
# Demographics: Employment



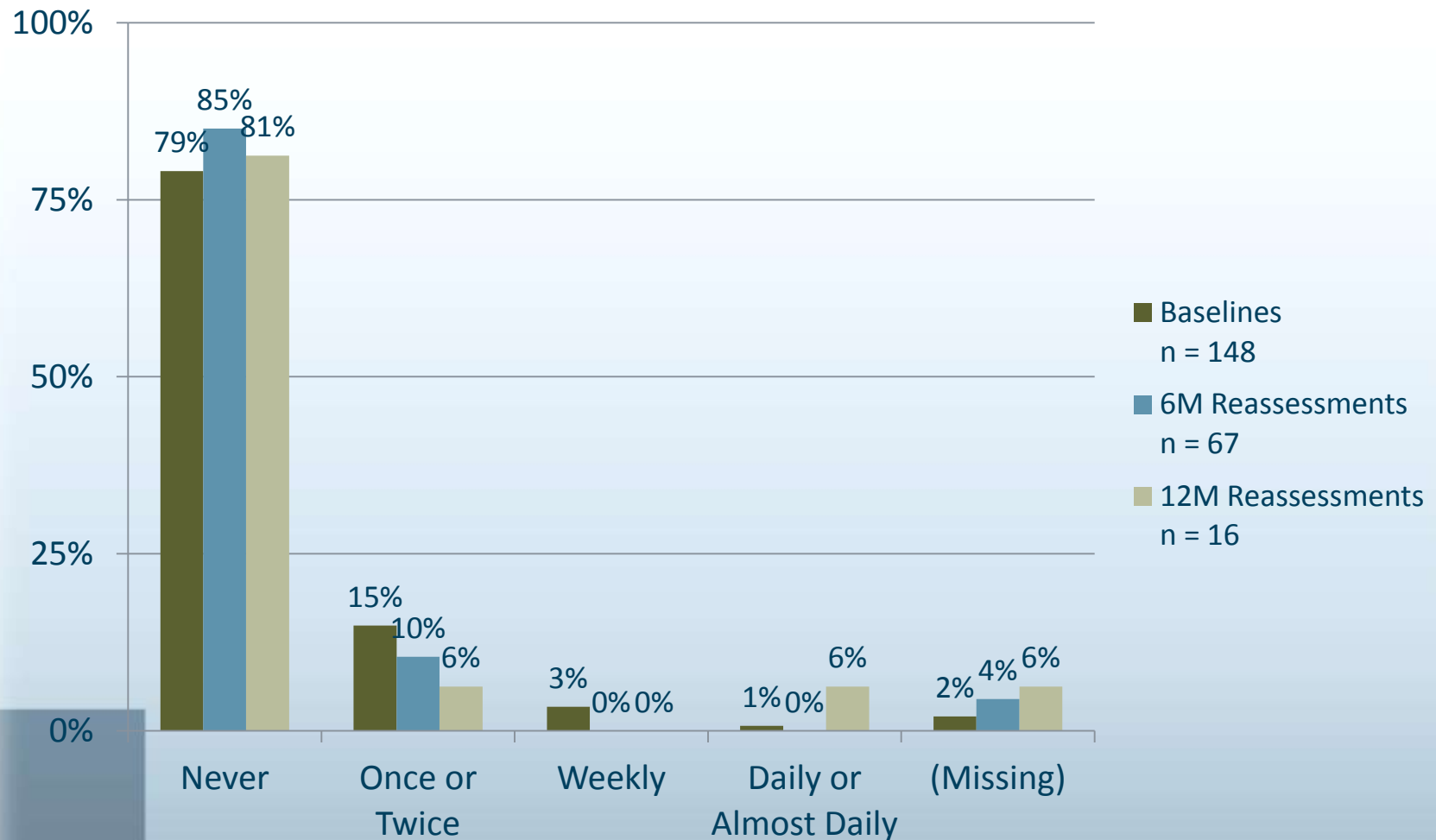
# Common Chronic Health Conditions



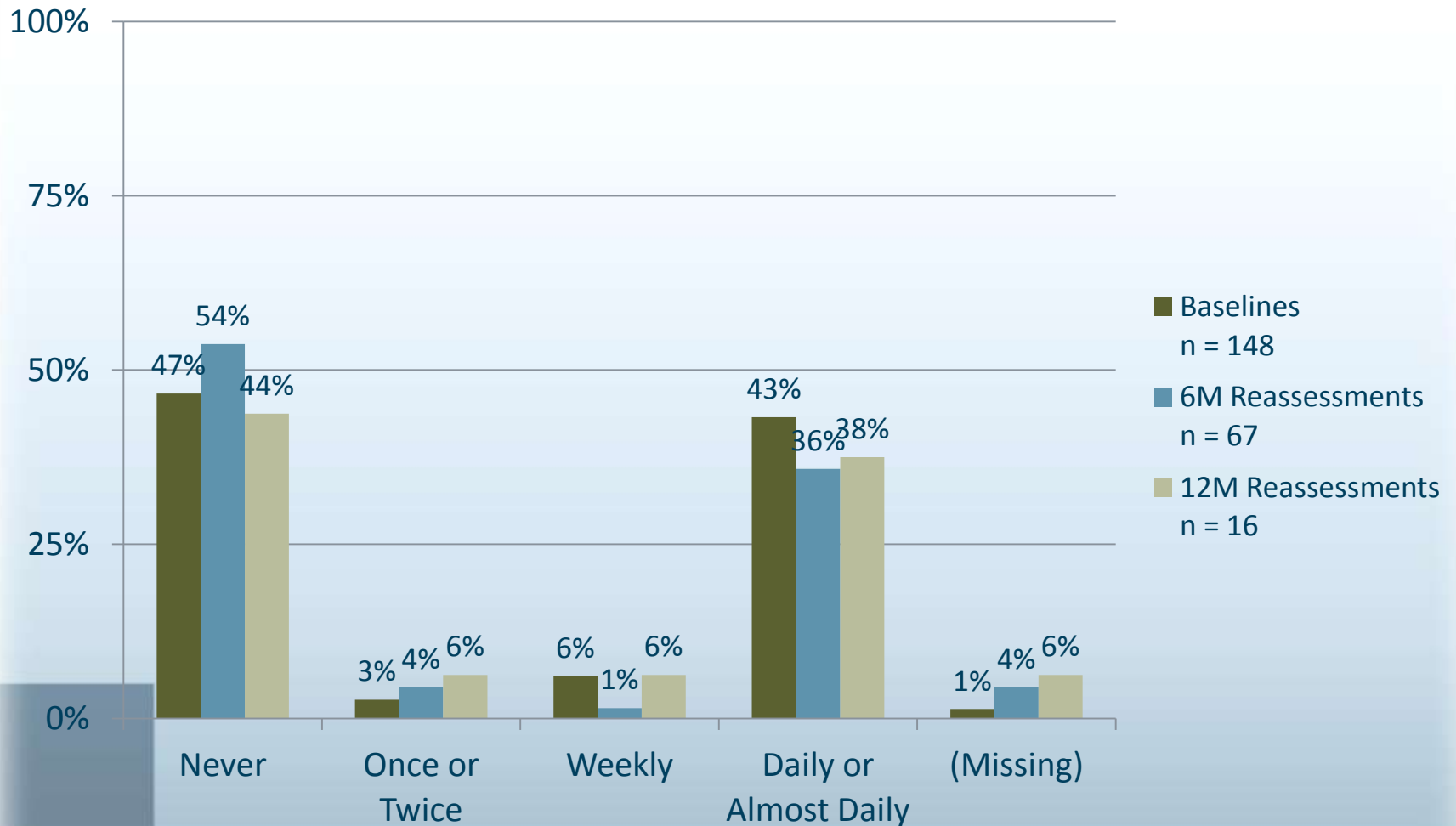
# Changes in Chronic Health Conditions



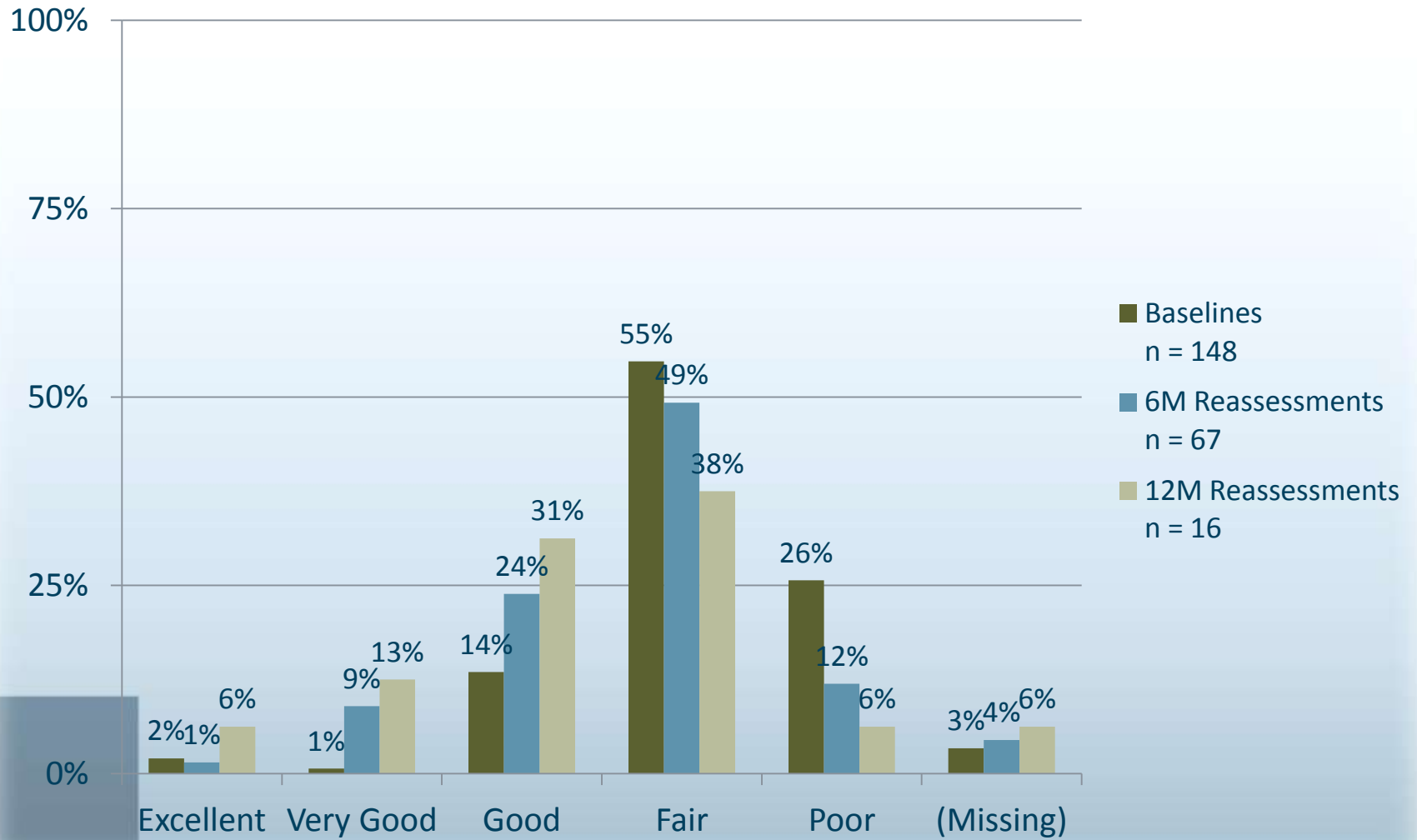
# Alcohol Use in the last 30 days



# Tobacco Use in the last 30 days



# Overall Health Rating





# Lessons Learned



- Use of Peers throughout Program is integral
  - Training and Coaching
- “Buy-in” of behavioral health professionals is essential
  - Consumers trust and listen to their psychiatrists’ advice
- Idea of Behavior Changes
  - Cannot focus on just enrollment or just primary health care data
- Monthly Meetings
  - Discuss the goal of the month, bring back data
- Education
  - Some consumers need education on the importance of primary health care

## Future Steps

- Agency wide integrated care and wellness
- Continue engaging peers in Program Development
- Analyze trends among our population of focus
- Ensure services provided are based on consumer feedback.

# Questions or Comments

# Resources

- SAMHSA PBHCI program
  - <http://www.integration.samhsa.gov/about-us/pbhci>
- National Survey on Drug Use & Health (NSDUH)
  - <http://www.samhsa.gov/data/2k12/NSDUH103/SR103AdultsAMI2012.htm>
- National Council
  - [http://www.thenationalcouncil.org/cs/center for integrated health solutions](http://www.thenationalcouncil.org/cs/center_for_integrated_health_solutions)
- Solutions for Wellness by Eli Lilly
  - <http://www.treatmentteam.com/Pages/solutionsForWellness.aspx>
- Morbidity and Mortality in People with Serious Mental Illness. (2006). *National Association of State Mental Health Program Directors (NASMHPD)*.
- A Public Health Crisis : Morbidity and Mortality in SPMI Individuals. (2010). *Florida Council for Community Mental Health (FCCMH)*.

# Contact Information



Please visit our website: [www.banyanhealth.org](http://www.banyanhealth.org) and find the PowerPoint Presentation in our Research Section.

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