



# ACA Interest Network

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## Inside

Medical Minute:  
**Deanna Bridge Najera**,  
PhD, LPC-S

Professional Spotlight:  
**Jolie Daigle**, PhD, LPC

Professional Spotlight:  
**Marie Gannon**,  
LCAS, LPC

Integrated Care  
Services at a Patient  
Centered Medical Home  
**Brittany Hall**,  
MS, LPC, Behavioral  
Health Clinician

Steps for Joining Interest  
Network for Integrated Care

## H.R. 4388 Behavioral Health Care Integration Act of 2016

**What follows are some of the suggested amendments to the Public Health Service Act. For more information about this proposal click on the link below:** ““(c) PURPOSE.— The grant program under this section shall be designed to lead to full collaboration between primary and behavioral health in an integrated practice model to ensure that—

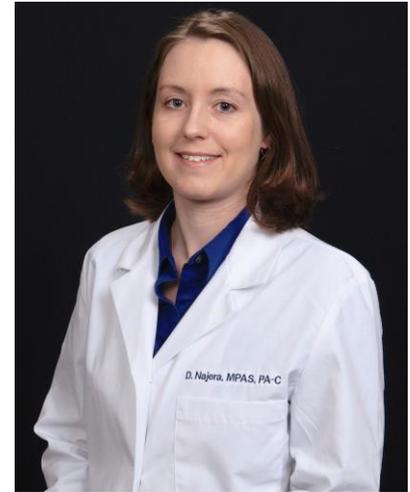
“(1) the overall wellness and physical health status of individuals with serious mental illness and co-occurring substance use disorders is supported through integration of primary care into community mental health centers meeting the criteria specified in section 1913(c) of the Social Security Act or certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014; or

“(2) the mental health status of individuals with significant co-occurring psychiatric and physical conditions will be supported through integration of behavioral health into primary care settings.”

[Click here](#) to read more.

## Medical Minute

**By: Deanna Bridge Najera, MPAS, MS, PA-C,  
NCC**



The debut of the *Medical Minute*, will focus on that ever present specter, Diabetes Mellitus. There are three types of diabetes- Type 1 (DMT1) aka Insulin Dependent (IDDM) aka Juvenile, Type 2 (DMT2) aka Non-Insulin Dependent (NIDDM) and Gestational (GDM). Diabetes is a syndrome of inappropriately high sugar in the blood stream. This increased sugar has the greatest effect on the smallest vessels in the body, especially the eyes, heart, kidneys and brain. The excess sugar also “feeds” bacteria which is why there is an increased risk of infection and delayed healing. In a person without diabetes, the pancreas secretes insulin which takes sugar in the blood stream and converts it in to storage in the liver. One way to describe diabetes is to explain that everyone’s pancreas has an “expiration date”- some people are born with a bad pancreas (DMT1) and other’s pancreas will fail gradually over time (DMT2). Being a healthy weight, having a balanced diet, exercising regularly, avoiding smoking and excessive alcohol will all prolong the “life” of the pancreas and reduce the risk of diabetes. However, you also cannot outrun genetics, so if there is a very strong family history, you may develop diabetes no matter what you do. Gestational Diabetes is when there is an elevated blood sugar just during pregnancy, though that may mean that the woman is at increased risk for developing diabetes later in their life.

The classic symptoms of diabetes are increased thirst, increased urge to urinate and increased appetite, most often with unintentional weight loss. However, people at higher risk, such as those who are overweight or on high risk medications, like antipsychotics, should be screened for diabetes regularly. There are a few ways to check for the disease. A fasting blood sugar (meaning nothing to eat or drink other than water for 8 hours) should measure less than 125. A blood sugar 2 hours after eating (post-prandial or 2hPP) should be under 160. If these levels are abnormal, a provider may order a Hemoglobin A1c (or glycosylated hemoglobin) test. This measures the average blood sugar over the last 3 months by looking at the amount of sugar on the surface of red blood cells; this should be less than 6.5%. A way to describe this to patients (or show them visually) is to explain ‘regular’ corn flakes versus sugar frosted flakes.

Treatment for diabetes is in two broad categories, oral and injected medications. There are a multitude of oral medications that focus on different aspects of the sugar pathway to help assist the body in processing and storing sugar. These medications really only work if the pancreas is still somewhat functional. Insulin also comes in several forms- long acting and short acting (bolus) insulin. One of the biggest things is to encourage more use of insulin since it does such a great job of controlling sugar and can be easily adjusted but it is often intimidating to patients. Insulin pumps, which can be programed to release a steady rate of insulin, are growing in popularity.

Most hospitals have a diabetic educator to help ease these fears but also to explain diabetes, what a healthy diet truly is (you can still have cake!) and help watch for the potential complications. There are usually diabetic classes on a regular basis- feel free to reach out to these educators as they are usually happy to share their tricks of the trade!

*Every newsletter will focus on an aspect of the medical world that my therapists may encounter in their work setting. This area will cover both medical conditions as well as medication categories. If there is something you would like to see covered, please email Deanna at [Deanna.Bridge@gmail.com](mailto:Deanna.Bridge@gmail.com)*



## *Professional Spotlight*

**Jolie Daigle, PhD, LPC**  
**Associate Professor, University of**  
**Georgia**  
**Athens, GA**

To address the biopsychosocial needs of Georgia's K-12 youth, the Linking Integrated Health Networks for Kids in Schools (LIHNKS) project has been intentionally designed to connect as well as integrate physical and mental health services in the schools. This HRSA-funded, 1.4 Million Behavioral Health Care Workforce grant specifically emphasizes school settings as entry points that offer unique access to children, adolescents, and transitional-aged persons from grades Pre-K through high school. With the overarching goal of increasing access to primary and secondary physical and behavioral health services, the specific aim of the LIHNKS project include: (1) to fill the behavioral health gaps in Georgia by expanding current training capacities with master's level counseling students and provide integrative health services in schools, (2) develop an integrated behavioral health + primary care service in Georgia's schools that is feasible, sustainable, & potentially cost-effective, (3) leverage existing partnerships with the local school districts to be part of this integrated care approach in schools.

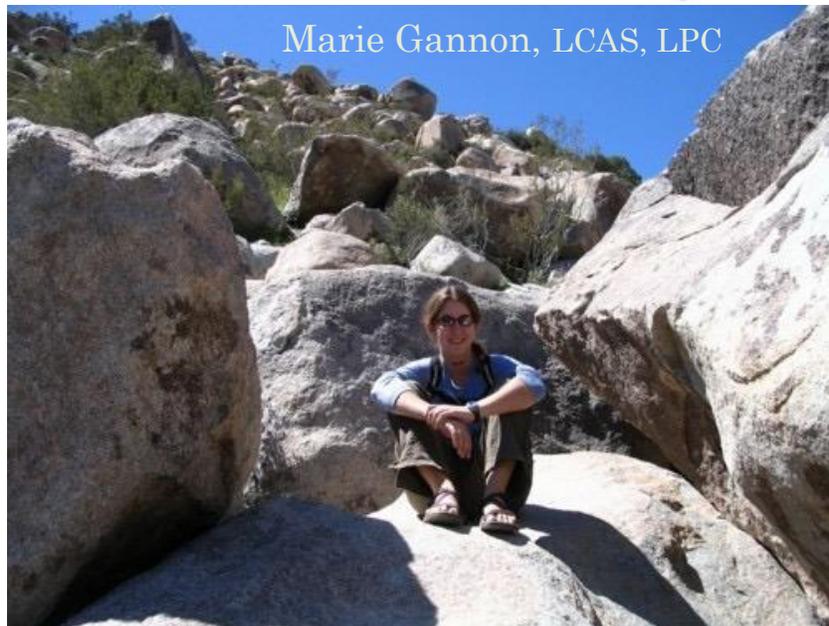
Guided by a biopsychosocial and multicultural framework, school counseling master's students will receive training in behavioral health in order to; (1) place larger numbers of master's students with behavioral health training in schools and increase the counseling workforce, and (2) prepare master's students to address the gaps in access to behavioral health services. In addition to receiving training in school counseling, first-year master's students will also receive training in; (1) implementing evidence-based interventions for mental health and substance use disorders, (2) promoting strengths in the family and community, and (3) increasing resiliency in at-risk youths. To meet the needs of Georgia youth, school counseling interns will then implement such prevention efforts and evidence-based interventions via

individual, small group, classroom guidance, referrals, consultation, and collaboration. Furthermore, innovation will be obtained by leveraging existing resources and partnerships to provide integrative, primary care plus behavioral health treatments in schools. By including a primary care team that facilitates the transition of youth care settings and levels of care, interns will also serve as members of inter-professional treatment teams by providing integrative services and referrals.

The LIHNKS project team is comprised of faculty and students from both the doctoral counseling psychology and master's school counseling programs housed in the Department of Counseling and Human Development Services at The University of Georgia. The team will evaluate the program through metrics which include, measuring the number of masters-level students supported through this initiative, assessing future employment, and examining the extent to which the 13+ school districts support and participate in the program. The LIHNKS team will evaluate the short, intermediate, and long-term outcomes of youth who receive integrated behavioral health interventions and participate in the community-based referral process. Dr. Bernadette Heckman (PI) and Dr. Jolie Daigle (CO-PI) developed LIHNKS in May of 2014.

Dr. Jolie Daigle is an Associate Professor at the University of Georgia and coordinates the M.Ed. program in school counseling. She is also a licensed professional counselor (LPC) and a certified instructor for Youth Mental Health First Aid. Dr. Daigle worked as a professional school counselor with New Orleans Public Schools for eight years prior to her faculty position. Her research interests include the clinical preparation of school counselors, youth mental health, and the use of evidence-based practices in school settings.

# Professional Spotlight



My journey of working in behavioral health, specifically with substance use disorders, began during my undergraduate education in 2003 and has included working for non-profits, for profits, inpatient treatment, outpatient treatment, wilderness treatment, and finally to an integrated care setting. I was working in an inpatient treatment center as a case manager when I started my graduate school program and first started learning about integrated care (IC). I knew that it was a therapeutic model that made sense but I was highly focused on substance use and, as such, didn't give IC much attention. After graduate school, partly due to peculiarities of North Carolina's mental health system, I worked at several agencies, always looking for one that was a good fit for me.

In October 2012 I started my first job at an integrated care Federally Qualified Health Center (FQHC) as the substance use disorders specialist. I immediately recognized the value of being located in the middle of the clinic, in between exam rooms, and having access to patients and providers simultaneously. I have since changed to a different integrated care site where I specialize in substance use during pregnancy. I love working in an environment where the services I provide are valued and I, and our patients, directly benefit from having a variety of services readily available.

There is a skill set needed to work in IC settings. It is a different skill set than in a traditional therapy setting. I have found I needed to know a lot more about pharmacotherapeutic treatments; also about pharmacotherapies for infertility, diabetes, hypertension, etc. I now also have knowledge about psychotropic medications and I highly recommend seeking this education out. I have also learned a new way to talk about our patients with medical providers. Medical providers (MDs, DOs, NPs, CNMs, etc.) want succinct information so that they can learn what they need to know and move on with their busy schedules. Finally, I've honed the skills needed for screening and brief interventions. Every session with a patient is solution focused because I never know if I will see that patient again.

## Integrated Care Services at a Patient Centered Medical Home



Brittany Hall, MS, LPC,  
Behavioral Health Clinician

The Downtown Health Plaza received a 3-year grant from the Kate B. Reynolds foundation to begin utilizing the Integrated Care model in all three of their primary care clinics – Adult Medicine, Pediatrics, and Obstetrics/Gynecology. Each clinic has 1-2 Behavioral Health Clinicians that see patients for brief interventions to help address behavioral health concerns, increase medication compliance, and educate patients and families on medical diagnoses and treatments. As a teaching clinic for the Wake Forest School of Medicine, the Behavioral Health Clinicians are tasked not only with seeing patients for brief interventions, but also in educating the resident and attending physicians about the integrated care model and how they can best manage their patients' care with the additional support of behavioral health clinicians. The Behavioral Health Clinicians are also involved in increasing the awareness of Integrated Care across the Wake Forest Baptist Health organization and throughout the Winston-Salem community.

## Encourage other ACA members to join the ACA Interest Network for Integrated Care. Here are the steps:

1. Go to [www.counseling.org](http://www.counseling.org).
2. Login to your ACA account.
3. Click on the **ACA Community** tab on the far right.
4. On the drop down menu click on **ACA Connect**.
5. Click on **Login to see members only content** on the far right.
6. Login again.
7. In the welcome box on the far right click on **Profile**.
8. Once you are on your profile page, click on **Edit Contact Information**, which is directly beneath your contact information. You may be asked to login again.
9. Click on the **Communication Options, Demographics and Interest Network Communities** tab and scroll down until you see Join An Interest Network Community.
10. Place a checkmark next to **Integrated Care Interest Ntwk**.
11. Click **Save & Proceed**.
12. Click on **Close** at the bottom of the page.
13. Go back to the main **counseling.org** page.
14. Click on **ACA Community** and in the drop down menu, click on **ACA Connect**.
15. In the welcome box click on **Log out. Log back in** to refresh your record.
16. Click on **Profile** and you should see the new Interest Network listed on the left under **Communities**. If it is hidden you can click on **Communities** and then **My Communities** in the drop down menu.

Created and compiled by Fabian Moreno, Graduate Student, Western Carolina University, Clinical Mental Health Counseling Program. Email questions and/or ideas for future newsletters to Russ Curtis at [curtis@email.wcu.edu](mailto:curtis@email.wcu.edu).