

Summer 2008

NBH News

Northeast Behavioral Health

Consumer Affairs:

Carol Staples
970-347-2367

Utilization Management

Services:

Scott Wylie
970-347-2282

Inpatient/Intensive

Services:

Laurie Paquette
970-347-2296

Outpatient Services

Pam Johnson
970-347-2375

Provider Relations/ Credentialing:

Nacole Shawcross
970-347-2498

Claims Information:

Sylvia Job
970-347-2379

CCAR Information:

Jason Brokaw
970-347-2307

Or Toll Free at:
1-888-296-5827

INSIDE THIS ISSUE:

Behavioral Medicine & Psychopharmacology 2

Creating Cultural Competency: Openness to the Others 3

Consumer Rights & Responsibilities; Grievance and Appeals Rules 3

Completion of Claims 3

Provider Voicemail 4

Denial, Limitation or Reduction of Outpatient Medicaid Services 4

Meet NBH New Staff

Scott Wylie

Director of Utilization Management

By training I am a licensed clinical psychologist who specializes in Medical/Health Psychology and Psychopharmacology. My doctorate is from

Southern California University, and I am nearly finished with a post-doctoral masters degree in

Clinical Psychopharmacology. Over the past 10 years I have worked in a variety of primarily medical settings, including primary care, specialty and general hospitals as well as private practice. This is my first experience back in a managerial/administrative role after over ten years of clinical practice.

In my private life I enjoy all things outdoors. I have two very odd Corgis who keep me laughing, and my main passion is music. I have been a musician since I was a child, played the drums in bands for most of my college years, and now focus on my guitars and writing music. I have a nearly 16 year-old daughter, and live in Fort Collins with my girlfriend who works as a Medical Assistant and is in nursing school.



Talisa Gula-Yeast

Intensive Services Coordinator

Hi, my name is Talisa (T is my nickname). I am originally from Niagara-on-the-Lake, Ontario, Canada (close to Niagara Falls). I have a Masters of Science in Outdoor Therapeutic Recreation (Wilderness Therapy). I am also a drug and alcohol counselor and do physical activity counseling part-time. I love the outdoors, especially mountain biking and downhill skiing.



Heidi Bemowski

Assistant Director of Quality Improvement

Heidi Bemowski joined NBH in August 2007 as the Assistant Director of Quality Improvement. She is currently

finishing her PhD in Counseling Psychology at Colorado State University and brings clinical and research experience to her job at NBH. Heidi is originally from Wisconsin, is a self-proclaimed cheese lover and Green Bay Packers fan, and visits family and friends there

whenever she can. She also enjoys cooking, scrapbooking, and spending time outdoors with her two dogs, Lilly and Montey.



Behavioral Medicine & Psychopharmacology

Scott Wylie, Director of Utilization Management

The purpose of this article is to provide some reliable and informative resources for mental health providers on the topics of behavioral medicine, practical psychopharmacology, and other areas of medical/health psychology.

Having worked as a medical psychologist in primary care is functionally much more like working as a primary care physician than it is a traditional psychologist. I saw patients in 15-30 minute slots all day long, and inevitably a large proportion of them would come to the appointment with either printed or learned information from "the internet" about their medications or diagnosis, and rarely was it helpful. There is so much incorrect information about psychiatric diagnoses, medications and general medicine in a normal Yahoo or Google search, that I urge patients NOT to look things up. However, there are also some incredibly accurate and helpful resources if you know where to look.

Perhaps the easiest thing you can do to get legitimate information from the internet, for yourself or your patients, is to use Google-Scholar. This search includes all the functionality of a Google search, but it limits its search to legitimate medical databases such as peer-reviewed journals, university databases etc. Just go to www.scholar.google.com and search away.

For many mental health providers medications are a mystery, especially when there are several psychiatric medications, psychiatric medications and medications for other conditions, or when a person's behavioral or physical health change in relation to administration of medications. Of course as a therapist you are never responsible for all of this information, but I am sure you would want to know answers if you could. The best resource for checking any medication, how it works, doses, side-effects etc. is either online Epocrates or the downloadable PDA version. There is a free version, but the best option is to get the \$60/year version. It has much more information than you will ever need, and also has a very easy program that allows you to check for medication interactions. Check it out at www.epocrates.com.

Did you know that research shows the number one cause of death after a major heart attack to be depression? Surprisingly it is not

BMI, not cholesterol, not amount of exercise or a person's diet. I find this amazing and it really is a great example of what we call Behavioral Medicine. This is a fascinating field, and is probably growing faster than any other area of psychology. A fantastic resource for staying up to date on current research in this field is the Cochran Behavioral Medicine Field website. It offers weekly updates on current research findings, and you can even sign up to have this list sent to your e-mail. Go to www.cochranbehavmed.org/other.php to find the page with the weekly updates. This is 100% free to all users.

I actually had a patient come to see me last year who had "proof" in her hands (from the Internet) that her particular antidepressant could in fact impregnate her. This woman was of above average intelligence, and was entering nursing school, but could not be talked out of this belief because she found a compelling anecdotal website stating it was true. Do not under-estimate how much bad information there is about psychopharmacology on the internet and how strongly people can believe it is true. If you want reliable information on psychopharmacology, I would recommend you join Dr. Stephen Stahl's organization called the Neuroscience Education Institute at www.neiglobal.com. While you can get great information on all psychiatric medications from Epocrates and various other websites, Dr. Stahl is a leader in both psychopharmacology research. If you want the best, easy to read and understand yet very informative book on this topic purchase Dr. John Preston's 80 page book called *Psychopharmacology Made Ridiculously Simple*. His website is www.psyd-fx.com. You can order it there or at any online bookstore such as Amazon.com. Dr. Preston also offers some very good trainings, and all that information is available on his website.

Now that I am an administrator I know I will miss the clinical aspect of behavioral medicine and psychopharmacology, so I would like to invite you to stop by my office, call me or e-mail. Anyone who enjoyed this article may be interested in the following download, a 2-page overview of psychiatric medications for free, http://www.psyd-fx.com/html/quick_reference_chart.html.

Creating Cultural Competency: Openness to the Others

Julie Kellaway, Director of Quality Improvement

In the past few issues of this newsletter, I outlined two components of a three-part model of cultural competency originally presented in the September 2006 issue of *American Psychologist*.^{*} The first component was **self-awareness** and the second component was **knowledge** (both general knowledge of discrimination/prejudice and specific knowledge of particular cultural groups). The final component is the skill of being **open to the other**. In the context of multicultural counseling, the authors suggest that openness to the other is comprised of the aforementioned self-awareness, knowledge, but is over and above the cognitive or behavioral interventions typically learned in a classroom or seminar.

- It is important to learn specific cognitive and behavioral clinical techniques for treatment in a multicultural setting; **however**,
- A more therapeutically powerful mechanism is for the therapist to be willing to be open with the other—that is, “to engage with culturally different others with genuine interest and without experiencing distaste, culturally based distrust, or defensiveness.”
- This skill of openness is an active process and requires clinicians to constantly align personal **motivation** (e.g., willingness and desire to act in a culturally sensitive fashion) with **action** (e.g., wholehearted engagement with the culturally different other).

NBH is always interested in comments or ideas regarding cultural competency. Please feel free to contact Julie Kellaway at 970-347-2315.

^{*}Fowers, B.J. and Davidov, B.J. (2006). “The virtue of multiculturalism: Personal transformation, character, and openness to the other.” *American Psychologist*, 61 (6), 581-594.

Consumer Rights & Responsibilities; Grievance & Appeals Rules

Carol Staples, Director of the Office of Consumer & Family Affairs

To comply with state Medicaid requirements, NBH must ensure that Providers take consumer rights into account when providing services. NBH has developed an online training on all the elements of the required information. All current providers must complete the training annually, and new providers at the time of credentialing or hiring and annually thereafter.

The online training can be found at www.northeastbho.org. Click on Provider Information, and then Medicaid Rights and Responsibilities Training, a PDF folder. To register that you took the training, click on Signature Page and fill out the information. Indicate the name of your agency as applicable. If you need a copy of the certificate for your records, print it for yourself before you click submit to NBH. Your name and the date and time you took the training will be recorded on a master list that NBH will print again on June 30, 2008. If you have not yet taken the training, you must do so by that date.

Completion of Claims

LaRue Leffingwell, Compliance & Contract Coordinator

NBH recently audited claims and found that claims were missing or contained incorrect information that is required for processing.

Although these claims were paid, the missing or incorrect information did delay the processing and caused extra work by NBH staff. The missing or incorrect information included Medicaid ID, place of service, and number of units.

Please take an extra minute and review the claims before sending them to make sure all information is correct and all required fields are complete.

Denial, Limitation or Reduction of Outpatient Medicaid Services

Sometimes it is necessary to deny, limit, suspend, terminate, or reduce services to a Medicaid consumer. What is your role in the process? NBH has developed an online training to help you understand your role. The online training will be available on June 15, 2008 and NBH asks you to view it as soon as possible.

This training can be found on our website at www.northeastbho.org. Click on the *Provider Information* bar to be taken to the training list. Click on the link for *Denial, Limitation or Reduction of Outpatient Medicaid Services*.

After you have reviewed the presentation, please click on the Certificate link. Complete the information requested including you National Practitioner Identifier number. At this time, you can print a copy for your records if you wish. Click Submit to send this certificate to NBH. If for any reason you are unable to submit this form electronically, fax this certificate to 970-392-1354 to the attention of the Education Coordinator.

Provider Voicemail

Nacole Shawcross, Provider Coordinator

Recently Northeast Behavioral Health conducted an audit of client's access to their Provider. Most Independent Providers use voicemail messages when not available to answer telephone calls. Following this audit, we had some concerns regarding the voicemail messages

A great place to start with exactly what is expected is described in Northeast Behavioral Health's Provider Manual. NBH expects Providers to arrange for 24 hour/7 days per week coverage for clients. NBH accepts the use of voicemail systems to relay information when the Provider is unavailable. The voicemail should mention that if a client is in danger to themselves or others, to go to the nearest emergency room. The message should list the phone number of another therapist on the voicemail greeting when call coverage is needed. Finally, it is acceptable

NBH Mission

To provide a comprehensive array of superior behavioral health services that support safe, successful, and self-sufficient lives throughout our twelve counties.

Do you need...?

Have you run out of **Consumer Handbooks?**
Advance Directive Brochures? **EPSDT Brochures?**

Contact: Nacole
970-347-2498
Nacole.shawcross@northeastbho.org

Remember all of our handouts are in English and Spanish. If your client needs large print, give us a call.

If we could read the secret history of our enemies we should find in each man's life sorrow and suffering enough to disarm all hostility.—Longfellow

to state that the client may leave a message if the call is not an emergency. Remember to include your name and/or business name. It is inappropriate to simply list a hospital emergency department or a Community Mental Health Center unless there is agreement with the Center.

Not only do Providers need to state this important information, but it also needs to be done in a simple and concise way. Pause for a moment to consider what someone in crisis might think if they dial their therapist, reach a voicemail recording, and hear a complicated set of instructions, which ultimately does not lead to the goal of finding help. Clients may be frustrated and confused in situations similar to this. Fortunately, this problem is easily solved.

Northeast Behavioral Health encourages each Provider to take a moment and review their voicemail recording. After listening to the recording, make any necessary changes and rest assured that if a client calls in crisis, they have received the information they need to move forward in an appropriate direction.