

# Network Notes

United Behavioral Health-Houston Care Advocacy Center News for UBH-Contracted Clinicians and Facilities

Spring 2008

## After-Hours Emergency Coverage

United Behavioral Health (UBH) is committed to ensuring that our members are receiving timely, quality care from network clinicians. UBH's on-call and after-hours coverage policy states that you must provide or arrange for the provision of assistance to members in emergency situations 24 hours a day, seven days a week. You should inform members about your hours of operation and how to reach you after hours in case of an emergency. In addition, any after-hours message or answering service should provide instructions to the members regarding what to do in an emergency situation. When you are not available, coverage for urgent and emergency calls should be arranged with another participating clinician. In 2007, UBH Houston conducted an after-hours telephone survey of clinicians in Texas and Oklahoma. The survey was designed to determine whether or not clinicians were in compliance with the UBH after-hours coverage requirements.

Our goal is that 100 percent of clinicians have provisions in place for after-hour emergency coverage for the established members they are treating. Overall, 81 percent of the clinicians had provisions for emergency situations during times the office is normally closed. These clinicians had one or both of the following services in place: an answering service which would link the member to an on-call clinician, and/or partnerships with crisis line services.

The UBH Network Manual is available at [www.ubhonline.com](http://www.ubhonline.com). Requirements regarding on-call and after-hours coverage can be found in the manual on page 22.

## Member Education

Each year, UBH completes a member satisfaction survey. In 2007, members reported that their UBH network clinician informed them about different kinds of counseling or treatment available only 75 percent of the time. The clinical resources tab on [www.ubhonline.com](http://www.ubhonline.com) allows you to obtain member educational materials, as well as links to consumer organizations/self-help groups. UBH encourages all network clinicians to provide these materials and resources to members during their course of treatment. You can also direct members to [www.liveandworkwell.com](http://www.liveandworkwell.com). This Web site allows members to locate consumer groups, community resources, and self-help groups. Below is a partial list of consumer organizations/self-help groups the members you are treating may find useful.

- [www.nami.org](http://www.nami.org). Maintained by a grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness, and their families. This site has information about depression and local support groups to help members cope with depression.
- [www.dbsalliance.org](http://www.dbsalliance.org). Maintained by the Depression and Bipolar Support Alliance (DBSA). Members will find educational materials and programs about living with mood disorders.
- [www.nimh.nih.gov](http://www.nimh.nih.gov). Maintained by the National Institutes for Health. Members will find articles describing the signs and causes of depression, treatments for depression and tools to help them cope with depression.
- [www.samhsa.gov](http://www.samhsa.gov). On this Web site maintained by the U.S. Department of Health and Human Services, members will find articles and tools to help them deal with AOD problems.
- [www.chadd.org](http://www.chadd.org). A Web site maintained by Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) where members will find educational materials and programs about living with and raising a child with Attention Deficit/Hyperactivity Disorder.

# Identification and Treatment of Co-Occurring Mental Health and Substance Use Issues

UBH Houston Quality Improvement conducted an audit of treatment records for members who had two inpatient mental health treatment episodes within 30 days in Texas and Oklahoma facilities. The audit was designed to determine whether facilities provide substance use/abuse treatment for those members that were identified as having both mental health and substance use/abuse issues. Specifically, when the substance abuse screening was positive, did the facility provide, at a minimum, substance abuse groups during the inpatient stay and referrals to substance abuse providers at the time of discharge? It is our expectation that UBH members with co-occurring mental health and substance abuse issues receive treatment for both issues concurrently.



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A total of 107 treatment records of members who had two or more inpatient mental health treatment episodes within 30 days were reviewed. Twenty-two of the total records reviewed (including those that listed a mental health diagnosis only), documented concurrent mental health and substance abuse treatment and 18 records documented referrals for substance abuse follow-up treatment at the time of discharge. There were 29 members who had a secondary diagnosis of substance abuse or dependency. For these 29 members with multiple acute admissions within 30 days, only 55 percent had documentation reflecting concurrent mental health and substance abuse treatment, and only 48 percent documented referrals for substance abuse follow-up treatment at the time of discharge.

It is our expectation that 100 percent of members with two or more inpatient mental health admissions within 30 days who screen positive for substance abuse/dependency receive:

- concurrent mental health and substance use treatment while inpatient.
- referrals for follow-up treatment of both mental health and substance abuse/dependency issues.