

# NetworkNotes

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

Spring 2009

## After Hours Emergency Coverage

United Behavioral Health (UBH) is committed to ensuring that our members are receiving timely, quality care from network clinicians. UBH 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 2008, 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% of clinicians have in place provisions for after-hour emergency coverage for the established members they are treating.

Overall, 91% (compared to 81% in 2007) of the clinicians surveyed 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.

## 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 and substance abuse issues receive treatment for both issues concurrently.

A total of 101 treatment records of members who had two or more inpatient mental health treatment episodes within 30 days were reviewed. Sixty-five (65) of the 101 records identified members with both mental health and substance abuse/use issues. Of these 65 records, 34 (52%) contained evidence that the member received both mental health and substance abuse treatment during their inpatient stay, and 28

(43%) received referrals for follow-up treatment for both mental health and substance abuse/use issues at the time of discharge.

Our goal is that 100% 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 at the time of discharge