IOP ONLY SURVEY

Welcome to the AABH 2023 Annual Benchmark Survey

Thank you for participating in this year's survey.

Please review a hard copy of the survey prior to starting your data entry as you might need to collect some data prior to completing the survey here. It would be best to use a paper copy to collect the data because you need to enter all of your information at one time into the survey.

We are asking for raw numbers in many of the questions so that we report on metric consistently. This data will allow us to do standard calculations across all programs while streamlining the input process. Using this information, AABH can pool data in order to provide a better overall picture of PHP and IOP services nationally and regionally. Not only does this make for better results within your programs, but it allows AABH to use data in a more comprehensive way when advocating for PHP/IOP services.

June 26th - data may begin to be entered into this survey
July 21th - all data should be completed
August 4th - online survey will close

Again, thank you for your participation. AABH remains an influential advocate for PHP/IOP services because of your active participation in these projects.

PLEASE NOTE: You need to enter all of your data at one time. If you need to gather data ahead of time, please use the paper form and then enter the data in the survey.

IMPORTANT: We need to have a separate survey completed for each program. If you keep separate records for each program, you need to do a survey for each program to keep the data nice and clean.

If you have any questions about the survey itself, please contact Stephen Michael at: email: info@aabh.org
phone: 757-673-3741

1. I understand by submitting my survey that my deidentified data may be used for research questions. Data is only used in aggregate and no program level data is reported except to the program filling out the survey.

☐ Opt Out: I request that none of this data be used for research questions.

Introduction and Data Collection

REMINDER: We need to have a separate survey completed for each program. If you keep separate records for each program, you need to do a survey for each program to keep the data nice and clean.

* 2. Organization Name:

[   ]

* 3. Program Name

[   ]

* 4. Contact Person:
(if there are any questions about data)

[   ]

* 5. Contact Information

Email: [   ]

Phone: [   ]

6. My data represents programming for:
The survey is attempting to collect data for a full year but we recognize not all program have a full year of data. If you do not have a full year of data, then please use data for your most recent full month of programming.

○ One fiscal year

○ One calendar year

○ The most recent month of program

7. My data covers the time period:
(i.e. Calendar year 2021 or July 2021- June 2022 or May 2022)

[   ]

Programming

Please consider the last full year of data you have for your program in answering the questions. This might be your last fiscal year or last calendar year. We would like data to include a full year to capture seasonal variations.

8. How long ago did this program start?

○ Started in the last year

○ 1 - 3 years ago

○ 3 - 5 years ago

○ More than 5 years ago

9. Select your program's <u>primary</u> focus.

○ SPMI/SMI/CMI   ○ Eating Disorder

○ Acute Mental Health   ○ Seniors

○ Dual Diagnosis (Mental Illness/Substance Abuse)   ○ Chemical Dependency (only)

○ Child / Adolescent   ○ Perinatal

○ Other (please specify)

[   ]

10. If you provide both PHP and IOP services, are the IOP and PHP programs integrated with respect to patient participation, even if you track them separately?

○ Yes   ○ No   ○ NA - We do not provide PHP and IOP programs in the same space.

* 11. This program I am reporting on is a:

○ PHP (Partial Hospitalization Program)

○ IOP (Intensive Outpatient Program)

○ Combined Program (participants for PHP and IOP in the same space served by same staff)

IOP (Intensive Outpatient Programs)

26. IOP Visits
(*Please choose only one to report - year or month*)

How many IOP visits were recorded during the year?

How many IOP visits occurred during the most recent month?

How many missed days of program (absences) occurred during this time period (year or month)?

What was your average length of stay for the IOP during this time period (year or month)?

27. IOP - What is the average caseload for a full-time clinical staff person with assigned clients? (If all of your clinical staff were full-time, how many clients would each clinician have?)

28. Did you provide IOP telehealth services during any time during this reporting period?

○ Yes

○ No

IOP - Telehealth

29. IOP Telehealth Visits
(*Please choose only one to report - year or month*)

How many total telehealth visits were recorded during the year?

How many total telehealth visits occurred during the most recent month?

30. Are you still providing IOP telehealth services now?

○ Yes

○ No

31. Do you plan to offer IOP telehealth as an option for program participants in the future as a regular mode of treatment?

○ Yes

○ No

Programming

32. What is the program's average daily census?
Note: If possible, report for the full year.

[   ]

33. On average, how many people are discharged each week (regardless of reason)?

[   ]

34. Do you track the Reason for Discharge?

- ○ Yes
- ○ No

Discharge Reasons

35. Please report the percentage of discharges in the following categories:

(Your responses should total 100%)

Completed Goals - discharged to lower level of care (PHP to IOP; IOP to Outpatient).

Completed Goals - discharged *without* referral to lower level of care.

Did not Complete Goals - referred to higher level of care (IOP to PHP; PHP to Inpatient).

Did Not Complete Goals - AMA (against medical advice) or lost contact.

Did Not Complete Goals - Other (deceased, moved, etc)

Programming (continued)

36. Provide a percentage breakdown for group clinical programming. This does not include individual time.
Note: *Total percentage should add up to 100%.*

Group Therapy: _____

Psych Ed: _____

O.T.: _____

Activity Therapy: _____

Other: _____

37. On average, how many total hours of psychiatric prescriber time are conducted each week?

_____

38. On average, how many visits does each patient get with a prescriber during their admission?

_____

39. Do you track referrals to your program?

◯ Yes

◯ No

Referrals

40. How many referrals did the program receive?

For this survey Referrals only include "appropriately" referred patients from professionals and agencies. This does not include family and friends helping people enroll.

in the <u>past year</u>?

in the <u>past month</u>?

41. What sources provide referrals to programs? Provide percentages.

Note: Percentages should add up to 100%.

Inpatient

Outpatient

Emergency Dept or Crisis Unit

PCP (primary care physician)

Other

42. For referrals, how many days pass between initial call and intake?
(*Please exclude hospitalized patients*)
Intake is a generic term in the survey to indicate the first day someone attends program regardless of whether they are admitted on that same day or not.

43. For hospitalized patients, how many days pass between discharge from the hospital and intake?

Admissions

Reminder: Please answer questions for the same one year period for each section

44. How is program intake handled by your staff?

○ By 1-2 designated staff members

○ Shared among approximately all staff members

○ Intake is centralized and does not use our program staff

45. How many patients were admitted to the program...

during the <u>past year</u>? [   ]

during the <u>past month</u>? [   ]

46. How many admissions during this time period reported this as their first episode of care in PHP or IOP services of any kind?

[   ]

47. For Readmissions to your Program:

In the past year, how many of your admissions where patients who have attended your program before? [   ]

In the past month, how many of your admissions were patients who have attended your program before? [   ]

48. How many admissions where patients being readmitted to your program within 30 days of a discharge from your program?

[   ]

49. Do you track Diagnoses at Admission?

○ Yes

○ No

Diagnoses

50. What percentage of admissions include treatment for:

Note: *Percentages should add up to 100%.*

Only One (1) Active DSM-V Diagnosis

Two (2) Active DSM-V Diagnoses:

Three (3) or more Active DSM-V Diagnoses:

51. What are the three most common diagnoses for your admissions?

(*These do not have to be in any specific order*)

Diagnosis 1:

Diagnosis 2:

Diagnosis 3:

Staffing

52. Provide the total number of positions within each of the four following staffing categories. (*Please include the number of staff members regardless of how many hours of service they provide or are employed*)

Doctoral Level (not including nurses):

Masters Level (not including nurses):

Less than Masters (not including nurses):

Nursing (Any level):

53. Provide the total FTE (full-time equivalent) for each each of the four following staffing categories.

Doctoral Level (not including nurses):

Masters Level (not including nurses):

Less than Masters (not including nurses):

Nursing (any level):

54. How many of each of these psychiatric prescribers do you have for your program, regardless of how many hours they are contracted to provide?

Psychiatrists

Physician Assistants

Nurse Practitioners

55. How many FTE of each of these psychiatric prescribers do you have for your program, regardless of how many hours they are contracted to provide?

Psychiatrists

Physician Assistants

Nurse Practitioners

56. How many designated clerical staff are assigned to this program?

57. What is the FTE level of your clerical staff?

Clinical Staff Responsibilities

58. What percentage of clinical staff time is spent in direct treatment?
(*Direct treatment includes only billable hours*)

[   ]

59. Actual *Clinical* Staff to Patient Ratio:
Include only staff that work directly in the daily clinical program - does not include clerical staff, physicians or non-clinical administrators.
(please indicate the number of staff first and the number of patients following: if your staff to patient ratio is 1:4, then enter 1 in the first box and 4 in the second. If you staff to patient ratio is 3:20, enter 3 in the first box and 20 in the second)

# of Staff: [   ]

# of Patients: [   ]

60. On average, how is staff time spent per week? Provide the estimated weekly time spent (in percentages) for each activity. Note: *Percentages should add up to 100%.*

Group Sessions: [   ]

Individual Sessions: [   ]

Family Sessions: [   ]

Staff Meetings: [   ]

Documentation: [   ]

Intake   [   ]

Non-billable assistance (case management
tasks, client crisis, etc):   [   ]

Other: [   ]

61. How many groups are expected for a full-time clinician during a week?

if they manage a case-
load?   [   ]

If they have no case-
load?   [   ]

62. How many individual sessions is a full-time clinician with a case-load expected to complete each week?

Staffing Challenges

The pandemic created an environment that left programs struggling to hold on to and/or recruit new staff. For many this challenge still exists. Please help us better understand this challenge.

63. Please rate your experience with staffing shortages over the last 2 years. (Scale 1-5)

No issues with maintaining or hiring staff	Moderate impact on maintaining/hiring, but no impact on programming	Significant struggle to maintain and/or hire staff (programming affected)	

64. Do you currently have unfilled positions?

( ) Yes

( ) No

65. What is the PRIMARY reason the position/s are open?

( ) Just started recruiting, but not having difficulty finding candidates

( ) Low number of candidates applying

( ) Candidates do not meet the minimum requirements

( ) Quality of candidate experience is not adequate without supervision causing extra stress on supervisors

( ) Qualified candidates are requiring salaries that are outside our ability to meet in our budget

( ) Program census has not increased enough to fill the position

( ) Other (please specify)

66. Did you lose staff members due to any return to office requirements since the public health emergency ended?

( ) Yes

( ) No

67. Have you had to reduce capacity for patient census due to staff shortages?

○ Yes

○ No

68. Have you had to close any programs or service lines due to staffing shortages?

○ Yes

○ No

Revenue

69. For the year you have used for this survey, please breakdown the program's revenue into percentages for the following categories:

Note: *Percentages should add up to 100%*.

Medicaid (or your State equivalent of Medicaid):

Medicare Traditional (A/B):

Medicare Advantage:

Private Insurance:

Client Self-Pay:

Grant Funding:

Uninsured - No Cost to Client:

Other:

70. Over the past year, how did your program perform on fiscal expectations?
(*this question is assessing fiscal viability of programs in meeting fiscal goals. Regardless of whether your program's goals are based on costs, revenues, profit, or contribution to organizational finances, how did it perform relative to its projected fiscal goals*)

○ We performed better than expected

○ We performed as expected (met our goals)

○ We did not perform as well as expected

Outcomes

71. What metrics does your program use to report program outcomes? (These are metrics used to demonstrate/review how your program is doing?)

Mark all that apply and add any others you use that are not on the list in the OTHER box.

- [ ] Admission/Discharge reports (including readmissons, unplanned discharges, etc.)
- [ ] Drop out reports
- [ ] Referral reports (including referral to admit rate, referral types, etc)
- [ ] Attendance
- [ ] Patient Satisfaction
- [ ] Other (please specify)

- [ ] Pre-Post Clinical Measures
- [ ] Post Clinical Measures Only (ie. #/% of clients over a certain level on a clinical measure)
- [ ] Goals achieved
- [ ] Financial Measures
- [ ] HEDIS Measures

- [ ] Medicare CQM's
- [ ] Follow up Survey (not patient satisfaction)
- [ ] Not really sure

[   ]

72. What clinical assessment tools do you use in your program?

These are assessments used multiple times in treatment and should be validated and reliable assessments.

- [ ] PHQ9 - Personal Health Questionnaire
- [ ] Basis 24
- [ ] BDI - Beck's Depression Index
- [ ] GAF- Global Assesment of Functioning
- [ ] CGI - The Clinical Global Impressions Scale
- [ ] David Burns Assessment Tools
- [ ] YBOCS - Yale–Brown Obsessive Compulsive Scale
- [ ] Other (please specify)

- [ ] BAI - Beck Anxiety Inventory
- [ ] CSSRS - Columbia Suicide Severity Rating Scale
- [ ] GAD 7 - Generalised Anxiety Disorder Assessment
- [ ] OQ 30 - Outcome Questionnaire
- [ ] MOCA
- [ ] Sad Person's Scale
- [ ] Edinburgh Postnatal Depression Scale

- [ ] TEA - Treatment Effectiveness Assessment
- [ ] BPRS
- [ ] Geriatric Depression Scale
- [ ] Self Created/Customized Assessment Tool
- [ ] We don't currently use any clinical assessment tools.

[   ]

Thank you!

Your participation is greatly appreciated. The results of the survey will be presented as part of our fall Community Meetings.

If you have any comments you would like to provide about the survey, please do so below. Suggestions for improvements are always appreciated.

73. General Comments?