INTEGRATED PROGRAM SURVEY

AABH 2025 Benchmarking Survey

Welcome to the AABH 2025 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 30th - data may begin to be entered into this survey
July 25th - all data should be collected and entered
August 1st - 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.

AABH 2025 Benchmarking Survey

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 2024 or July 2024- June 2025 or May 2025)

AABH 2025 Benchmarking Survey

Programming

This section collects demographic type data about your program to give us more information about your program and who that program serves.

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. Our program serves the following age groups:

- ☐ Children 12 and under
- ☐ Adolescents 13 - 18
- ☐ All Adults 18 and over
- ☐ Only Young Adults 18-26
- ☐ Only Seniors 65 and older

10. Select your program's PRIMARY focus.
(If your program serves a broad range of diagnoses, please select Acute Mental Health)

- ◯ SPMI/SMI/CMI
- ◯ Acute Mental Health
- ◯ Dual Diagnosis (Mental Illness/Substance Abuse)
- ◯ Child / Adolescent
- ◯ Eating Disorder
- ◯ Seniors
- ◯ Chemical Dependency (only)
- ◯ Perinatal
- ◯ Other (please specify)

11. We have additional tracks for:

- [ ] SPMI/SMI/CMI
- [ ] Anxiety
- [ ] Substance Use
- [ ] OCD
- [ ] Eating Disorder
- [ ] Seniors
- [ ] PTSD
- [ ] Perinatal
- [ ] Other (please specify)

12. Our program is accredited by:

- ◯ The Joint Commission
- ◯ CARF
- ◯ DNV
- ◯ NCQA
- ◯ CIHQ
- ◯ Not sure
- ◯ Other (please specify)

13. 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.

* 14. 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)

AABH 2025 Benchmarking Survey

Combined Programs

Please select which type of combined program you are reporting. If you track your attendance/services separately, please select the first option. If your program does not distinquish between PHP and IOP and all data regarding attendance/services is tracked as a single program, please select the second option.

15. What type of combined program are you reporting?

- ◯ Combined with patients tracked separately (shared space and staff but patient stats are reported separately in PHP and IOP)
- ◯ Integrated program with all patients tracked within a single program (no distinction in transition from PHP and IOP and all stats are reported together)

AABH 2025 Benchmarking Survey

Integrated Program Data

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.

16. Integrated/Combined Program Visits
(*Please choose only one to report - year or month*)

How many total visits (days attended) were recorded during the year?

How many total visits (days attended) 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 full program during this time period (year or month)? Average number of calendar days between admission and discharge.

What was the average number of visits for a patient during their episode of care? Average number of visits (days attended) a person attended between admission and discharge.

17. Integrated Program - 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?)

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

- Yes
- No

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Integrated Programs - Telehealth

19. Integrated/Combined 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?

20. Are you still providing telehealth services now?

- Yes
- No

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

- Yes
- No

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No Telehealth Reason

36. Why did you not provide telehealth services?

- ◯ We have never provided telehealth services.
- ◯ Reimbursement for telehealth is too low to cover costs
- ◯ We do not have enough patients/clients to maintain a viable telehealth option
- ◯ Admin and/or staff prefer providing in-person services
- ◯ Trying to integrate telehealth with in-person is too complicated to manage
- ◯ Until telehealth is made a permanent benefit with reasonable reimbursement, we are not considering it
- ◯ Other (please specify)

_____

AABH 2025 Benchmarking Survey

Programming

37. What is the program's average daily census? This is the average number of people who attend your program on a daily basis.
Note: If possible, report the average daily census for the full year.

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

39. Do you track the Reason for Discharge?

- ○ Yes
- ○ No

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Discharge Reasons

40. 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)	

AABH 2025 Benchmarking Survey

Programming (continued)

41. 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:	

42. On average, how many total hours of psychiatric medical provider time are provided each week?

43. On average, how many visits does each patient get with a psychiatric medical provider during their admission?

44. Do you track referrals to your program?

- ◯ Yes
- ◯ No

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Referrals

45. 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 past year?	
in the past month?	

46. 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	

47. For referrals, how many days pass between the time referred and first day of program? (*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.

48. For hospitalized patients, how many days pass between discharge from the hospital and the first day of program?

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Admissions

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

49. 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

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

during the past year? _____

during the past month? _____

51. How many admissions during this time period reported this as their first episode of care in PHP or IOP services of any kind? (if you don't ask this question at admission, please leave the box blank)

_____

52. For Readmissions to your Program:

In the past year, how many of your admissions where patients who have attended your program at any time previously? _____

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

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

_____

54. Do you track the Diagnoses at Admission?

- ◯ Yes
- ◯ No

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Diagnoses

55. 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:	

56. 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:	

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Staffing

57. 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):

58. Provide the total FTE (full-time equivalent) for 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):

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

Psychiatrists

Physician Assistants

Nurse Practitioners

60. How many FTE of each of these psychiatric prescribers do you have for your program?

Psychiatrists

Physician Assistants

Nurse Practitioners

61. How many designated clerical staff are assigned to this program, regardless of the number of hours they work?

62. What is the total FTE for all of your clerical staff?

AABH 2025 Benchmarking Survey

Clinical Staff Responsibilities

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

64. 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:	

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

Group Sessions:	
Individual Sessions:	
Family Sessions:	
Staff Meetings:	
Documentation:	
Intake	
Non-billable assistance (case management tasks, client crisis, etc):	
Other:	

66. 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?	

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

AABH 2025 Benchmarking Survey

Staffing Challenges

A continuing shortage of behavioral health staff across the country continues to affect programs. We would like to know how this national shortage is affecting your program.

68. Please rate your experience with staffing shortages over the last year.

- ◯ Staffing has not been an issue for our program.
- ◯ Staffing shortages caused moderate challenges that required program adjustments
- ◯ Staffing shortage created significant challenges requiring us to make major changes in programming

AABH 2025 Benchmarking Survey

Staffing Challenges (cont)

69. Do you currently have unfilled positions?

- Yes
- No

70. 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)

71. Did you lose staff members due to any return to office requirements in the last year?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

AABH 2025 Benchmarking Survey

Revenue

74. For the year you have used for this survey, please breakdown the program's revenue into percentages for the following categories:
Note: *Percentages must add up to 100%*.

Private Insurance	
Medicare Traditional (A/B)	
Medicare Advantage	
Medicaid (or your State equivalent of Medicaid)	
Client Self-Pay	
Grant Funding	
Uninsured - No Cost to Client	
Other:	

75. 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

AABH 2025 Benchmarking Survey

Outcomes

76. 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
- [ ] 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
- [ ] Not really sure
- [ ] Other (please specify)

77. 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 24/32
- [ ] BDI - Beck's Depression Index
- [ ] GAF- Global Assessment of Functioning
- [ ] CGI - The Clinical Global Impressions Scale
- [ ] David Burns Assessment Tools
- [ ] YBOCS - Yale–Brown Obsessive Compulsive Scale
- [ ] BAI - Beck Anxiety Inventory
- [ ] CSSRS - Columbia Suicide Severity Rating Scale
- [ ] GAD 7 - Generalised Anxiety Disorder Assessment
- [ ] OQ 30 - Outcome Questionnaire
- [ ] MOCA
- [ ] Edinburgh Postnatal Depression Scale
- [ ] BPRS
- [ ] Geriatric Depression Scale
- [ ] BAM - Brief Addictions Monitor
- [ ] Self Created/Customized Assessment Tool
- [ ] We don't currently use any clinical assessment tools.
- [ ] Other (please specify)

78. How do you assess competency in the use of your outcome-based measures?

- [ ] We have no formal competency requirements
- [ ] Competency is assessed by another staff member after someone is initially hired
- [ ] We have a competency exam/assessment tool that someone must complete at a minimum level
- [ ] We use a competency assessment tool that is provided as a part of the agreement to use the outcome-based measurement tool
- [ ] We contract with a third party to conduct competency assessments

79. How many continuing hours of training are required each year for your clinical team to continue to use your outcome-based measurement tool?

80. How do you conduct your annual training for your outcome-based measurement tools, including the administration, scoring, interpretation and global program evaluation?

- [ ] We conduct the training internally with a person on our staff that is trained/authorized in training for the outcome-based measurement tool.
- [ ] We contract with an outside agency that is recognized/authorized to provide training in the use of the outcome-based tools we use.
- [ ] We allow staff to participate in an outside training and provide certification to our QA team.
- [ ] We don't require continuing training after a person is trained after being hired.

AABH 2025 Benchmarking Survey

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.

81. General Comments?