SAMHSA Medicaid Managed Care Benchmarking Project
Proposed and Active Performance Indicators for Behavioral Health Care

Domain	*Adult /Child /Both*	*Measure*	*Source*	*Type*	*IOM Framework*	*Comments*
Access	B	Average number of days between first appointment and second appointment	ACMHA	Administrative	Timely	
Access	B	Geographic Analysis of population to provider distance and travel times	ACMHA; IBH	Administrative	Equitable	
Access	B	Average number of days from first request to face to face; Time from initial presentation to receipt of services (NASADAD)	ACMHA; IBH; NASADAD; NASMHPD 16 State	Administrative	Timely	
Access	B	Availability of bi-Lingual providers	AMBHA-PERMS 2.0	Administrative	Equitable	
Access	B	Percentage of eligible consumers who had one or more service encounters (penetration rate)	NASMHPD 16 State, DS 2000, Summit 2001, AMBHA - PERMS	Administrative	Equitable	
Access	B	Number of cases per 1,000 members who were diagnosed with AOD abuse or dependence or who received AOD-related plan services on an annual basis	Washington Circle Group	Administrative	Equitable	May only be possible to collect the # of cases per thousand who received treatment
Access	B	Ratio of Practitioners to enrollees	IBH	Administrative	Equitable	
Access	B	Availability of most effective medications, rehabilitative services, alternatives to hospitalization and rehabilitative services	NAMI	Administrative	Effective	
Access	B	Barriers, denials, disenrollment	DS 2000+; NASMHPD 16 State (denial)	Administrative and authorization	Equitable	
Access	B	Rate of service utilization compared to the identified needs of the community	ACMHA	Administrative and community needs assessment	Equitable	
Access	C	Penetration rates of therapeutic foster care.	Outcomes Roundtable	Administrative claims data	Effective	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Access	B	Percentage of individuals with an index diagnosis of AOD abuse or dependence who receive any additional AOD services within 14 days.	Washington Circle Group	Administrative or clinical records	Timely	
Access	B	Percentage and penetration of persons receiving atypical antipsychotics; APA has a very specific set of diagnosis related measures.	NASMHPD 16 State; APA	Claims and Case records	Effective	Calculated for all persons; Has limited use in children under 18; APA measures for adults
Access	B	Percentage of children and adults at risk for psychiatric disorder who are screened for psychiatric disorders, substance abuse.	APA	Claims, Clinical records	Effective	
Access	B	Percent of patients with certain specific conditions. Those who have received ECT, psychotherapy for personality disorders; comprehensive assessment for people with cognitive impairment; antidepressants for major depression; lithium, etc. for bi-polar	APA	Clinical records	Effective	
Access	B	Consumer perception of access; wait time for 1st appt (AMBHA)	NASMHPD, MHSIP, DS 2000+, AMBHA PERMS 2.0	Self-report, survey	Consumer	
Access	B	Rate of persons reporting timeliness from first appointment to second appointment	ACMHA	Survey	Timely	
Access	B	Percent of patients satisfied with access to care	IBH	Survey	Equitable	
Access	B	Consumer received the services consumer/family thought were needed	Summit 2001	Survey	Consumer	
Access	B	Rate of persons reporting timely response from first encounter to second visit	ACMHA	Survey; self-report	Timely	
Access	B	Rate of persons served reporting that transportation is not a barrier to recovery	ACMHA	Survey; self-report	Equitable	

SAMHSA Medicaid Managed Care Benchmarking Project
Proposed and Active Performance Indicators for Behavioral Health Care

Domain	*Adult /Child /Both*	*Measure*	*Source*	*Type*	*IOM Framework*	*Comments*
Access	B	Rate of persons reporting timely response from first request to face to face meeting; timeliness of access to services and ease of access to services	ACMHA; IBH; Summit 2001	Survey; self-report	Timely	
Administrative	B	Telephone Access to managed care organization - Calls answered in greater than 30 seconds	SAMHSA EW System; IBH	Administrative - Telephone data	Timely	Administrative process measure, not outcome
Administrative	B	Timely claims payment - Clean claims paid within 30 days	SAMHSA EW System;	Administrative claims data	Efficient	Administrative process measure, not outcome
Administrative	B	MIS downtime	IBH	MIS records	Effective ?	
Administrative	B	Percent of phone calls placed on hold	IBH	Administrative - Telephone data	Timely	
Administrative	B	Telephone call abandonment rate	IBH	Administrative - Telephone data	Timely	
Administrative	B	Measures of utilization management activities, including reviews (inpatient and outpatient), denial rates and percents of denials that are appealed, receive second review and are overturned	IBH	Administrative - UM Data	Efficient	
Administrative	B	Provider satisfaction levels and perceptions of care (APA)	IBH; APA	Survey	Effective ?	
Coordination	B	Rate of persons served who receive a timely course of treatment following diagnosis of MH disorder; engagement rates for depression and substance abuse (AMBHA)	ACMHA; AMBHA PERMS 2.0	Administrative	Timely	Difficult to measure from administrative data - definition of timeliness is confusing when analyzing claims.
Coordination	B	Follow-Up after hospitalization for substance abuse - within 30 days (7 days for state hospital); Rate of persons served who receive a timely face to face follow-up after leaving 24 hour care (ACMHA)	HEDIS, NASMHPD 16 state; ACMHA; AMBHA-PERMS 2.0	Administrative claims data	Effective; Timely(?)	

SAMHSA Medicaid Managed Care Benchmarking Project
Proposed and Active Performance Indicators for Behavioral Health Care

Domain	*Adult /Child /Both*	*Measure*	*Source*	*Type*	*IOM Framework*	*Comments*
Coordination	B	Follow-Up after hospitalization for mental illness-within 30 and 7 days; Rate of persons served who receive a timely face to face follow-up after leaving 24 hour care (ACMHA); follow-up after emergency srvcs.	HEDIS, NASMHPD 16 state; ACMHA; AMBHA-PERMS 2.0; Summit 2001; DS 2000+	Administrative claims data	Effective; Timely(?)	Use a subset of the measure for children 6 to 18 y.o.
Coordination	A	Antidepressant Medication Management NCQA; Psychotherapy and medication management for schizophrenia for patients 18 and over	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Effective	
Coordination	B	Percent of children/adults linked to primary health care	NASMHPD 16 State	Self-report (currently) being reviewed for claims based method	Effective	Adapted from adult
Coordination	B	Consumer/family involvement in policy development, QA and Planning - % of consumers on planning boards	NASMHPD 16 State; DS 2000+	State report	Consumer	
Coordination	B	Consumer and Family involvement in treatment: Percentage of parents who perceive that they participated in child's treatment (NASMHPD); Rate of participation in decisions regarding treatment by families and by persons served (ACMHA); family visits for children receiving MH services (AMBHA-PERMS 2.0); also family participation in treatment; Participation of consumer in his/her own treatment planning (Summit 2001)	Casey Benchmarking, NASMHPD 16 State; AMBHA-PERMS 2.0 2.0; AQI (Arkansas); Summit 2001 (adults); NAMI	Survey; Administrative - claims based method using family visit claims (Casey, AMBHA) ; Clinical Records	Consumer	
Cost	B	Cost / Utilization per capita (Separate reporting for children and adults)	Casey Benchmarking, NASMHPD 16 State	Administrative	Efficient	Difficult to obtain Medicaid and often difficult to break out spending for state MH authority; MBHOs and HMOs often are unwilling to give out MH cost data for commercial plans.

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Cost	B	Administrative spending	Casey Benchmarking; DS 2000+; NASMHPD 16 State	Administrative	Efficient	Too difficult to operationalize
Cost	B	Cost per unit of service by type of service	DS 2000+	Administrative	Efficient	
Cost	B	Cost per consumer, Cost/utilization per person served	DS 2000+; NASMHPD 16 State; Casey Benchmarking	Administrative	Efficient	
Cost	B	Cost per treatment episode by diagnosis, etc.	IBH	Administrative	Efficient	
Evidence-based Practice	A	Adults receiving: Assertive Community Treatment; Supported employment; in supported housing; children receiving in-home services	NASMHPD 16 State	Administrative	Effective	
Evidence-based Practice	A	Screening for TB, HIV, etc.	NASMHPD 16 State	Claims, Clinical records	Effective	
Evidence-based Practice	B	Substance abuse screening	DS 2000+, Arkansas Quality Indicators; NASMHPD 16 State (Developmental)	Policies or program description	Effective	
Evidence-based Practice	B	Identification of high risk populations	DS 2000+, NASMHPD 16 State	Policies or program description	Effective	
Evidence-based Practice	B	Use of self-help/self-management/family support	NASMHPD 16 State; DS 2000+	Policies or program description	Consumer	
Evidence-based Practice	A	Psycho-educational programs	NASMHPD 16 Stet (Developmental); DS 2000+, Arkansas Quality Indicators	Policies or program description	Effective	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Evidence-based Practice	B	Percent of children and adults (with specific diagnoses) prescribed: psychostimulants; tricyclics; antipsychotics; SSRIs; mood stabilizers, etc..	Outcomes Roundtable, APA, AR Quality Indicators	Possible administrative data; Complex report requirement; self-report	Effective	Generally, these measures are diagnosis driven to determine what percent of consumers with certain conditions are receiving the newer drugs
Evidence-based Practice	B	Interventions for Family Members/Significant Others of AOD Clients in Treatment. Percentage of survey respondents who report using AOD services and who also report that their family member/significant other received preventive interventions.	Washington Circle Group	Survey	Effective	
Evidence-based Practice - Prevention	A	Education: Percentage of adult patients with primary care visits who are advised or given information about AOD disorders	Washington Circle Group	Survey	Effective	May be difficult to collect primary care data
Inter-system	B	Rate of persons served diagnosed with co-occurring mental illness and substance abuse disorders	ACMHA	Administrative	Equitable	
Inter-system	C	Percent of children who received mental health services and were in out of home placement with child welfare agency - foster care and residential	Casey Benchmarking	Administrative data match with CW authority or self-report	Equitable	
Inter-system	C	Percent of children receiving a mental health service who also had one encounter with juvenile justice system	Casey Benchmarking; NASMHPD 16 state	Administrative data match with JJ authority or self-report	Effective	Generally need to focus on SED population for data collection unless there is a data matching capability
Inter-system	C	Percentage of children living independently	Outcomes Roundtable	Chart review; new data required	Equitable	

SAMHSA Medicaid Managed Care Benchmarking Project
Proposed and Active Performance Indicators for Behavioral Health Care

Domain	*Adult /Child /Both*	*Measure*	*Source*	*Type*	*IOM Framework*	*Comments*
Inter-system	C	Average increase in the percentage of available school days attended from admission to 6/12 months post admission	Outcomes Roundtable	Self-report or school records	Effective	
Inter-system	C	Percent of consumers who increase their school attendance at 6 and 12 months post admission	Outcomes Roundtable	Self-report or school records	Effective	
Inter-system	C	Percent of available School Days attended	Outcomes Roundtable; NASMHPD 16 State	Self-report or school records	Effective	Very difficult to collect data
Inter-system	B	Percentage of consumers with substance abuse	Outcomes Roundtable	Self-report, chart review	Equitable	
Inter-system	B	Average number of days of incarceration per consumer, In last 30 days (NASMHPD)	Outcomes Roundtable; NASMHPD 16 State	Self-report, Clinician report or Juvenile Justice record match	Effective	
Inter-system	C	Number of children whose families were homeless during the year	Casey benchmarking	State MIS data	Equitable	
Inter-system	A	Satisfaction with housing at termination and standard interval following termination	ACMHA	Survey	Consumer	
Inter-system	A	Rate of domiciled/homeless persons post treatment	ACMHA	Survey - self report; housing records	Equitable	
Inter-system	B	Decrease in the number of arrests from admission to reassessment	Outcomes Roundtable; NASMHPD 16 State	Survey - Self-report or Criminal Justice record match	Effective	
Inter-system	B	Percentage of consumers with no arrests within the last thirty days/within 6 months. Compare 6 months before admission to 6 months post-admission (NASADAD)	Outcomes Roundtable; NASMHPD 16 State; NASADAD	Survey - Self-report, Clinician report or Juvenile Justice/Court record match	Effective	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Inter-system	C	For persons age 16-18 receiving vocational or work readiness services, the change in the number of days of paid work from admission	Outcomes Roundtable	Survey; self-report	Effective	
Outcomes	B	Change in emergency room visits in past 6 months. Compare measure at admission to AOD treatment setting and 6 months post-admission	NASADAD	Administrative- Clinical Record	Effective	
Outcomes	B	Change in number of hospital admissions during past 6 months. Compare at admission to AOD treatment setting and at 6 months post-admission	NASADAD	Administrative- Clinical Record	Effective	
Outcomes	B	Change in emergency room visits for psychiatric purposes in past 6 months. Compare measure at admission to AOD treatment setting and 6 months post-admission	NASADAD	Administrative- Clinical Record	Effective	
Outcomes	B	Change in number of hospital admissions to a psychiatric hospital during past 6 months. Compare at admission to AOD treatment setting and at 6 months post-admission	NASADAD	Administrative- Clinical Record	Effective	
Outcomes	A	Living situation. Homelessness. Compare at admission to AOD treatment and at 6 months post admission. (NASADAD)	DS 2000+; NASADAD; NASMHPD 16 State	Administrative records? Self-report	Effective	
Outcomes	C	Percent of patients with Anorexia who are able to maintain a normal weight within six months of receiving diagnosis		Clinical records	Effective	Difficult to define normal weight, must be individualized. Small sample size.
Outcomes	B	Percentage experiencing reduced impairment from substance abuse	NASMHPD 16 State	Clinician report or self-report	Equitable	In development; potential for significant bias in self-reporting (esp. with children/families)
Outcomes	B	Completed suicide; attempted suicide	NAPHS	Facility records	Safe	Potential duplicate with above measure yet more facility focused.

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Outcomes	B	Adverse Outcomes: client injuries, elopement, suicide, homicide, unexpected deaths	NASMHPD 16 State; IBH; ACMHA; DS 2000+	Self/Family reporting; Clinical records; law enforcement records; Facility reporting	Safe	
Outcomes	A	Change in employment status. Compare status at admission to AOD treatment setting to 6 months post-admission	NASADAD; DS 2000+	Self-report	Effective	
Outcomes	B	Change in frequency of use of alcohol/other drugs in past 30 days from admission to AOD treatment setting to discharge.	NASADAD; DS 2000+	Self-report	Effective	
Outcomes	C	Average number of missed class days counted at a standard interval following termination of treatment; school performance (DS 2000+)	ACMHA; DS 2000+	Self-report or school records; collaterals	Effective	
Outcomes	B	Mortality:	NASMHPD 16 State; ACMHA	State MIS or link to Public Health death records	Safe	Low incidence may require significant interpretation
Outcomes	B	Maintenance of Treatment Effects. Percentage of clients who report specific services provided and/or monitored by the plan to promote and sustain positive treatment outcomes post-discharge.	Washington Circle Group	Survey	Effective	Not very clearly worded - needs to be operationalized
Outcomes	C	The rate of children at home at the termination of treatment	ACMHA	Survey - Self/family report and child welfare and clinical records	Effective	
Outcomes	B	Rate of arrests, detentions, and /or incarcerations following treatment	ACMHA; DS 2000+	Survey - Self/family report and clinical and law enforcement records	Effective	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Outcomes	B	Percentage of patients with improved, maintained and reduced levels of functioning	Outcomes Roundtable; NASMHPD 16 State; NAPHS; IBH; Summit 2001; DS 2000+	Survey or Clinical Assessment Instrument	Effective	
Outcomes	B	Percentage of patients experiencing symptom relief or reduction	Outcomes Roundtable; NASMHPD 16 State; NAPHS; IBH; Summit 2001; DS 2000+	Survey or clinical assessment	Effective	
Outcomes	B	Rate persons served who are better, worse or unchanged at termination of treatment compared to initiation of treatment; Also rates at standard intervals following termination	ACMHA	Survey or possibly clinical records	Effective	
Outcomes	A	Rate of episodes of victimization following treatment	ACMHA	Survey Self/family report and clinical and law enforcement records	Safe	
Outcomes	A	Rate of employed and unemployed adults at termination and standard interval thereafter.	ACMHA	Survey; Clinical records	Effective	
Outcomes	A	Average number of days not worked following treatment	ACMHA	Survey; Clinical records	Effective	
Outcomes	A	Rate of perceived vulnerability post treatment	ACMHA	Survey; self-report	Effective	
Outcomes	B	Consumer perception of positive change (AMBHA): deal with daily problems, better control of life; better dealing with crisis; get along with family; better in social situations; better in school or work; symptoms improved	NASMHPD 16 State; AMBHA-PERMS 2.0; DS 2000+	Survey; self-report	Consumer	Question focused on Adults

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Outcomes	B	Recovery/Hope	Outcomes Roundtable; NASMHPD 16 State; DS 2000+	Survey; self-report	Consumer	Difficult to operationalize but may have major significance for adults in recovery
Outcomes	B	Effectiveness with which presenting problems were addressed; Improvement in problem resolution; quality of life	Summit 2001; DS 2000+	Survey; self-report	Effective	
Practice	C	Various quality indicators for different clinical conditions for children - ADHD, Depression	Rand, AR Quality Indicators	Clinical Records	Effective	More of a practice standards for individual clinicians - Not Quantifiable
Practice Standard	B	Use of scientifically up to date and comprehensive treatment guidelines	NAMI	Administrative	Effective	Likely disagreement over the scientific and comprehensive standards.
Practice Standard	B	Number and percentage of patients or prescriptions for antipsychotic medications for patients not having an Axis 1 psychotic disorder	AMBHA-PERMS 2.0	Administrative - Claims	Safe	Difficult to match pharmacy and claims/diagnosis data
Practice Standard	B	Use of Peer Review	NAPHS	Policies	Effective	Use of peer review is more facility focused; not a measure of activity
Prevention	C	Penetration rates of early intervention	Outcomes Roundtable	Administrative claims data	Effective	
Prevention	C	Percent of children with following risk factors: inadequate prenatal care; low birth weight; difficult temperament; poverty; abuse/neglect; family history of substance abuse; history of mental illness; exposure to violence; family discord.	Outcomes Roundtable	Chart review or clinician survey	Equitable	
Providers	B	Consumer ability to choose a provider	DS 2000+	Administrative	Consumer	
Providers	B	Availability of appropriate services/specialists	DS 2000+	Administrative	Effective ?	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Providers	B	Percent of psychiatrists who are Board Certified	AMBHA-PERMS 2.0	Administrative	Effective ?	
Providers	B	Provider Turnover (HEDIS); Change in Provider availability (AMBHA-PERMS)	HEDIS 3.0; AMBHA-PERMS 2.0	Administrative	Effective ?	
Providers	B	Percent of providers who are recredentialed annually	IBH	Administrative	Effective ?	
Providers	B	Provider appeals rate	IBH	Complaints/appeals/grievance Records	Effective ?	
Providers	B	Rates of provider complaints and grievances	IBH	Complaints/appeals/grievance Records	Effective ?	
Providers	B	Provider surveys on variety of satisfaction measures	SAMHSA EW System;	Provider Survey	Consumer	Provider satisfaction, not consumer
Quality	B	Availability of consumer choice in plan, treatment, family involvement	DS 2000+	Administrative	Consumer	
Quality	B	Treatment Engagement. Percentage of clients diagnosed with AOD disorders who receive three plan-provided AOD services within 30 days of the initiation of care	Washington Circle Group	Administrative	Quality	
Quality	A	Availability of services that promote recovery (atypical medications, assertive community treatment (ACT), supported employment, supported housing	DS 2000, NAMI	Administrative	Effective	
Quality	B	Rate persons served are diagnosed with co-occurring substance abuse	ACMHA	Administrative - claims	Equitable?	
Quality	B	Number and percentage of patients remaining in professional chemical dependency rehabilitation treatment between 60 and 90 days from admission into inpatient, alternative or intensive outpatient settings	AMBHA-PERMS 2.0	Administrative - claims	Quality	

SAMHSA Medicaid Managed Care Benchmarking Project
Proposed and Active Performance Indicators for Behavioral Health Care

Domain	*Adult /Child /Both*	*Measure*	*Source*	*Type*	*IOM Framework*	*Comments*
Quality	A	Number and percentage of those 65 and older who have filled prescriptions for two or more medications from the anxiolytic, hypnotic, neuroleptic, and thymolytic classes of drugs	AMBHA-PERMS 2.0	Administrative - Pharmacy	Effective	
Quality	B	Antidepressant Medication Management Optimal Practitioner Contacts(HEDIS) Percentage of those prescribed an antidepressant for Major Depression who remain on it for 4 or more months after it was first filled. (AMBHA)	HEDIS; AMBHA-PERMS 2.0	Administrative - Pharmacy	Quality	
Quality	B	Percentage of patients with an index detoxification who initiated AOD plan services within 14 days following detoxification	Washington Circle Group	Administrative or clinical records	Effective	
Quality	B	Rate of involuntary treatments	ACMHA	Clinical records	Consumer	
Quality	B	Adverse drug reactions	NAPHS	Clinical records	Safe	
Quality	B	Medication errors	NASMHPD 16 State	Clinical records	Safe	Limited applicability to overall MH system and plans, more applicable to hospital and MH authority
Quality	B	Number of patient complaints and/or grievances and timeliness of review	IBH	Complaints/appeals/grievance Records	Consumer	
Quality	C	Percent of children with SED served by MH Authority who are living in a family-like setting	NASMHPD 16 State	Current living situation easier to report. Administrative data	Effective	
Quality	C	Percentage of children with SED who receive services in their own homes, in school settings or other community settings	NASMHPD 16 State	MIS systems	Effective	
Quality	B	Percent of clients who have post-treatment follow-up to evaluate outcomes	IBH	Self-report or clinical records	Effective	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Quality	B	Use of seclusion and restraint - expressed as percent of all hours and percent of clients secluded at least once during the reporting period.	NASMHPD 16 State; also ACMHA and NAPHS	State MIS and Incident monitoring; Clinical records	Safe	ACMHA and NAPHS may have different measurement methods - incidence vs. time. May be more difficult to report for children given the more widespread use of physical restraint in residential and hospital settings.
Quality	B	Rate of persons served who report treatment as "non-coercive"	ACMHA	Survey	Consumer	
Quality	B	Rate persons served report that they receive useful information to make informed choices	ACMHA	Survey	Quality	
Quality	B	Rate persons served report feeling hopeful about their recovery	ACMHA	Survey	Quality	
Quality	B	Rate reported that persons served were treated with politeness, respect dignity; Also hopeful about recovery and treated with sensitivity to gender age, sexual orientation, culture, religious, ethnic and linguistic background	ACMHA; also Summit 2001	Survey	Consumer	
Quality	B	Rate of persons served, reporting that they receive the services they need	ACMHA; Summit 2001: DS2000+	Survey	Effective	
Quality	B	Adequacy of information about: Assessment results; treatment incl. Risks and benefits; self-help; patient rights, incl. complaints and grievances	Summit 2001	Survey	Consumer	
Quality	B	Rate people report they feel safe in treatment and also in the community	ACMHA; Summit 2001	Survey	Safe	
Quality	B	Patient satisfaction with quality of care	IBH; DS 2000+	Survey	Effective	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Quality	B	Follow-up assessments of living situation, school attendance, employment, recent fights, arrest records, drug use, questions about getting along with others, child protection involvement, happiness and impact of other services.	QOLA - 10,000 Kids	Survey	Effective	
Quality	B	Consumer/family perceptions of quality and appropriateness of services: several different questions - deal more effectively with problems; better able to control life; better able to deal with crisis; getting along better with family; social situation; school and/or work; symptoms not bothering as much.	NASMHPD 16 State	Survey; self-report	Consumer	
Quality	B	Consumer's (family) comfort to refuse treatment; comfort to complain; experience of harmful medication side effects; safety in their relationship with provider.	Summit 2001	Survey; self-report	Consumer	
Quality	B	Provider's responsiveness to needs; responsiveness to linguistic ethnic background; providers actions indicating belief in recovery; provider's respect for dignity of consumer	Summit 2001	Survey; self-report	Effective	
Satisfaction	B	Consumer complaints	SAMHSA EW System; Casey benchmarking	Administrative data - complaints	Consumer	Process measure, not outcome
Satisfaction	B	Rates of grievances	SAMHSA EW System; Casey benchmarking	Administrative data - grievances	Consumer	Administrative process measure, not outcome
Satisfaction	B	Stakeholder satisfaction	NASHPD 16 State (developmental)	Survey	Consumer	Developmental measure for NASMHPD

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Satisfaction	B	Parent/family reports on experience with care: How well Drs. Communicate; timeliness of care; getting needed care; respectfulness and helpfulness; customer service; getting needed drugs and specialized services; family centered care; coordination of care (APA refers to Perceptions of care)	CAHPS - NCQA, APA	Survey; self-report	Consumer	All of these would be relevant to mental health services also
Utilization	B	Ambulatory services provided by medical practitioners	AMBHA-PERMS 2.0	Administrative claims data	Quality	
Utilization	B	Rate of Utilization of services by level of care and grouping of persons served, and diagnostic groups	ACMHA; Summit 2001 (for percent of people served by category)	Administrative	Efficient	
Utilization	C	Days per thousand in residential treatment	Casey Benchmarking	Administrative	Efficient	
Utilization	C	Percentage of children placed in 24 hour treatment programs	Outcomes Roundtable	Administrative	Efficient	
Utilization	B	Type, volume and cost of psychotropic drugs administered by medical providers for patients with any diagnosis	AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving any Chemical dependency services	HEDIS	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving day/night Chemical dependency services	HEDIS	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving any mental health services	HEDIS, NASMHPD 16 State	Administrative claims data	Efficient	Report by age, sex, race and setting (NASMHPD)
Utilization	B	Average length of stay in days for Chemical dependency hospitalization of children/adults	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Chemical dependency discharges per 1000 children/adults	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	

SAMHSA Medicaid Managed Care Benchmarking Project
Proposed and Active Performance Indicators for Behavioral Health Care

Domain	*Adult /Child /Both*	*Measure*	*Source*	*Type*	*IOM Framework*	*Comments*
Utilization	B	Percentage of children/adults receiving ambulatory Chemical dependency services	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving day/night mental health services; percentage receiving inpatient and outpatient services	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving Inpatient Chemical dependency services	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving Inpatient mental health services	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Percentage of children/adults receiving ambulatory mental health services	HEDIS; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Mental health discharges per 1000 children/adults	HEDIS; Casey Benchmarking; IBH; AMBHA - PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Average length of stay in days for mental health hospitalization of children/adults	HEDIS; Casey Benchmarking; IBH; AMBHA-PERMS 2.0	Administrative claims data	Efficient	
Utilization	B	Average number of sessions/days for intensive outpatient. Residential and outpatient care	IBH	Administrative Claims data	Efficient	Extends beyond the HEDIS focus on inpatient
Utilization	B	Utilization per thousand of Intensive outpatient, residential and Outpatient services	IBH	Administrative Claims data	Efficient	Extends beyond the HEDIS focus on inpatient
Utilization	B	Days between admission date and discharge for AOD treatment	NASADAD	Administrative claims data	Efficient	Treatment retention measure or utilization measure?
Utilization	B	Rate of service delivery of psychiatric services; medication management; case management	Outcomes Roundtable	Administrative claims data	Efficient	

SAMHSA Medicaid Managed Care Benchmarking Project Proposed and Active Performance Indicators for Behavioral Health Care						
Domain	***Adult /Child /Both***	***Measure***	***Source***	***Type***	***IOM Framework***	***Comments***
Utilization	B	Inpatient readmission rates within 30 days (and 180 days (for NASMHPD) and 90, 365 days (for AMBHA))	SAMHSA EW System (auth.); Casey Benchmarking; NASMHPD 16 State; NAPHS; AMBHA-PERMS 2.0	Administrative: Claims and Authorization data	Effective	
Utilization	B	Service utilization (authorization) rates by geographic area, minority status	SAMHSA EW System;	Authorization data	Equitable	
Utilization	B	Rate of service denials by service type	SAMHSA EW System; IBH	Authorization data	Effective	Process measure, not outcome
Utilization	B	Rate of involuntary commitment	SAMHSA EW System; AMBHA-PERMS 2.0	Authorization data	Consumer	
Utilization	C	Percentage of children and adolescents with SED served by the MH authority in a 24 hour setting who are in therapeutic foster care	NASMHPD 16 State	MIS systems; claims	Effective	Similar (not surprisingly) to outcomes roundtable though more specific to SED