

District of Columbia  
**Department of Behavioral Health**



WE ARE  
DISTRICT OF COLUMBIA  
GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR



Fiscal Year  
**2021**  
Report

## Measuring Provider Performance:

*Building a stronger system of  
behavioral health care*



December 2023

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# Letter from the Director

Dear District Residents and Partners,

I am pleased to share the Department of Behavioral Health's (DBH) second annual report that measures and monitors our progress during Fiscal Year 2021 to provide public behavioral health services that improve the behavioral health of District residents.

The report includes data on 10 Key Performance Indicators (KPIs) on services delivered by DBH-certified, community-based providers that identify achievements and areas for improvement. As with the FY 2020 report, data are reported for the behavioral health care system overall and for each provider that offers the service.

During FY 21, DBH providers met or nearly met performance targets for eight, or 80 percent, of the KPIs. On a system level, provider performance improved on five of the seven KPIs based on FY 20 and FY 21 data. The highest performance was in timely access to mental health care and the greatest improvement was in continued care for substance use disorders after residential treatment. This progress represents the focused attention and collaboration by DBH and providers to address issues reflected in the FY 20 report.

Of note, this report covers data collected during the COVID-19 public health emergency which brought new challenges to maintaining access to services and responding to new demands for behavioral health care.

I extend my appreciation to providers, and most of all, to residents who work to address their behavioral health challenges and sustain recovery. With their ongoing feedback and the collaborative efforts of our government and community partners, peers, and advocates, we will use this performance report to support decision making that advances equitable, whole person care and allows all District residents to achieve their optimum health.

Kindest Regards,



**Barbara J. Bazron, Ph.D.**

Director, Department of Behavioral Health



# DBH Report on Provider Performance

## Overview

The District of Columbia Department of Behavioral Health (DBH) provides prevention, intervention, treatment, and recovery services and supports for children, youth, and adults with mental and/or substance use disorders (SUDs) including emergency psychiatric care and community-based outpatient and residential services. DBH serves consumers, clients, and their families through a network of community-based providers and unique government-delivered services.

DBH is annually required by the Mayor's office to identify Key Performance Indicators (KPIs) to measure and assess progress in improving behavioral health services and outcomes across the District. For Fiscal Year (FY) 2021 (October 1, 2020 through September 30, 2021), performance data on 21 KPIs were reported to the Mayor's office in January 2022 (see DBH's Complete Agency Performance Report in Additional Resources). Of the 21 KPIs, 10 KPIs focus on services delivered by DBH-certified, community-based providers. The other 11 KPIs measure services/activities that are primarily the responsibility of DBH staff.

The DBH report, *Measuring Provider Performance: Building a stronger system of behavioral health care*, FY 21 summarizes individual provider- and system-level (i.e., data across all providers) performance on behavioral health care services provided to children, youth, and adults during FY 21. This report includes three KPIs new to DBH's reporting in FY 21: *Behavioral Health Satisfaction Survey – Access Domain*, *SUD Step Down: Withdrawal Management*, and *SUD Re-entry*. The report builds on the FY 20 report on the same topic and compares FY 20 and FY 21 performance, where available.

The intent of this report is to provide data that DBH and stakeholders (i.e., providers, consumers, clients, advocates, policymakers) can use to drive improvements in timely access to appropriate behavioral health services. DBH plans to release additional reports to enable monitoring of provider performance over time.

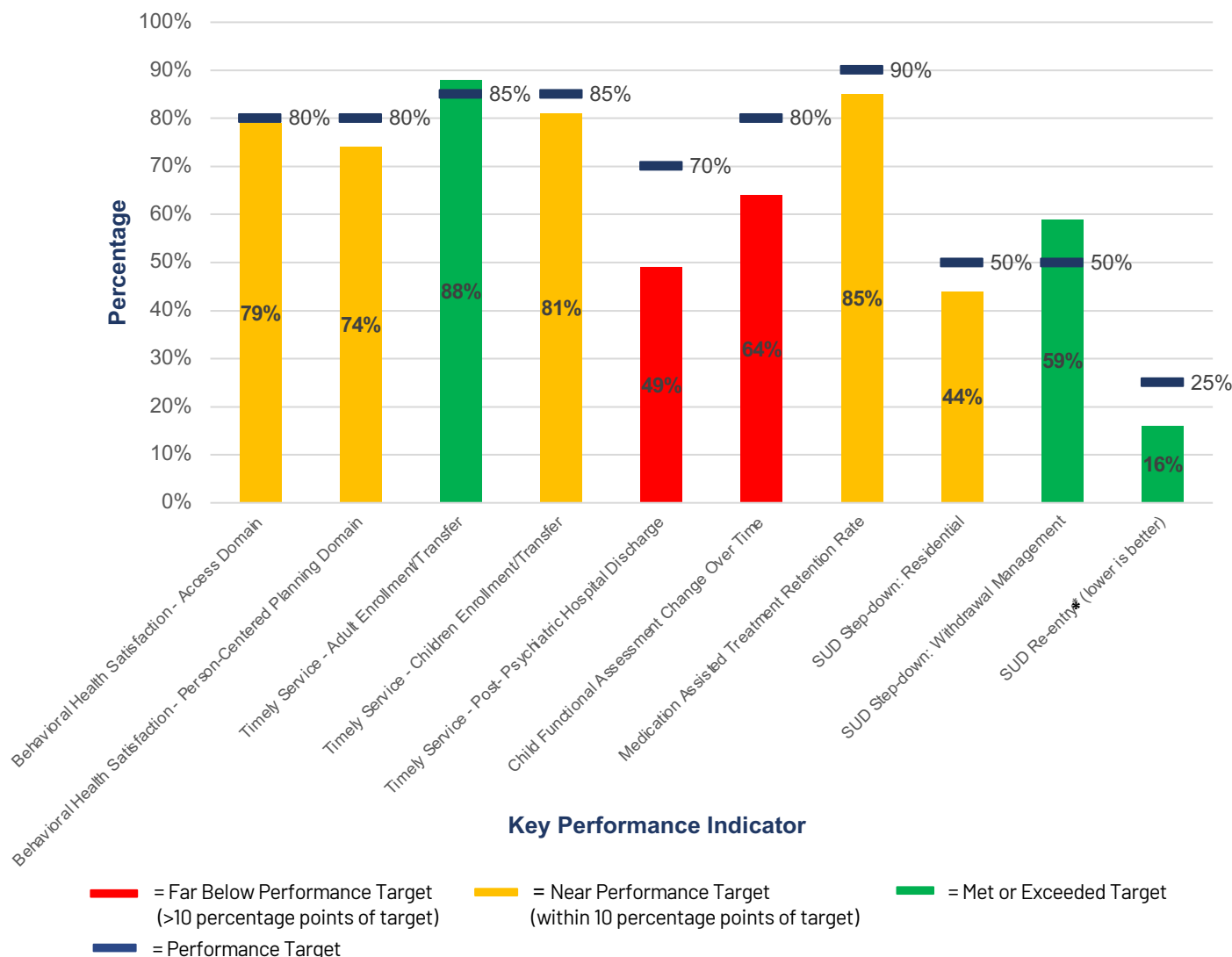
10  
KPIs

72  
Providers

DBH used **10** Key Performance Indicators (KPIs) to assess the performance of **72** DBH-certified, community-based behavioral health providers that serve children, youth, and adults with mental health and/or substance use disorders



# DBH System Performance on KPIs



**Note:** \* A lower rate indicates better performance for the SUD Re-entry KPI. System performance includes individuals served by a DBH-certified provider or operated program.

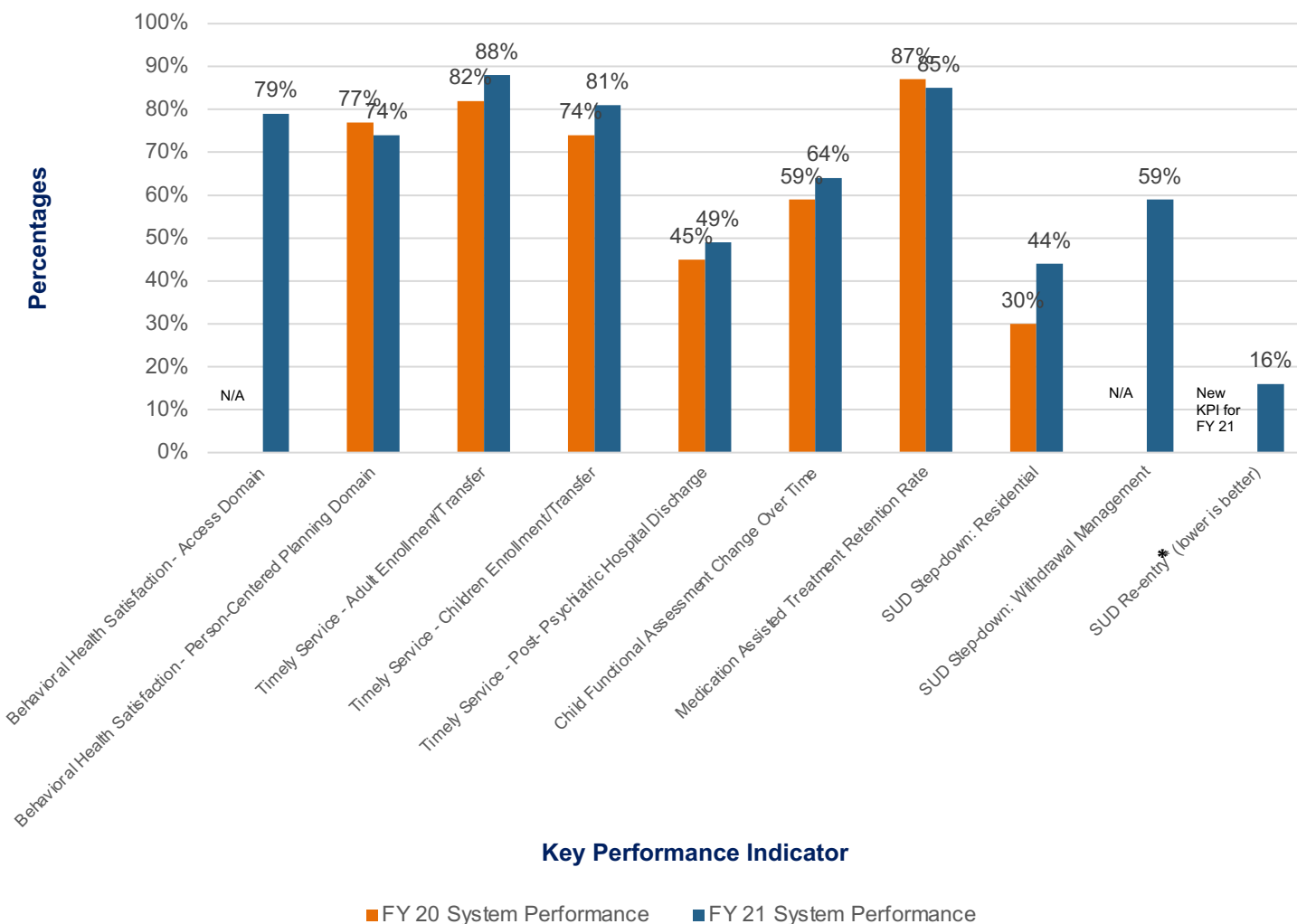
**Source:** DBH analysis as of 1/27/2022.

At the system level, DBH **met or nearly met** its performance targets for eight of the ten indicators

DBH **exceeded** its performance targets for the *Timely Service - Adult Enrollment/Transfer*, *SUD Step-down: Withdrawal Management*, and *SUD Re-entry KPIs*

The *Timely Service - Post-Psychiatric Hospital Discharge* indicator has the **greatest room for improvement**, with a 21 percentage-point difference between current performance and the target

# DBH System Performance on KPIs: Change Over Time



DBH system performance **improved** between FY 20 and FY 21 on **5 of 7** KPIs with available data in both FYs

**All 5** KPIs that increased between the FYs **increased by at least 4 percentage points**

The *SUD Step-down: Residential* indicator had the **greatest increase in performance** between FY 20 and FY 21, with a 14 percentage-point increase

**Note:** \* A lower rate indicates better performance for the SUD Re-entry KPI. N/A: No data available for DBH-certified providers in FY 20. System performance includes individuals served by a DBH-certified provider or operated program.

**Source:** DBH analysis as of 1/27/2022.

# Summary of DBH System Performance on KPIs

Key Performance Indicator	All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
	Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service – Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down: Residential	SUD Step-Down: Withdrawal Management	SUD Re-entry
DBH Provider	Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
DBH System Performance	–	–	✓	–	✗	✗	–	–	✓	✓
Change in Performance: FY 20 to FY 21	N/A	◆	▲	▲	▲	▲	◆	▲	N/A	New KPI for FY 21

✗ Far Below Performance Target  
(>10 percentage points of target)

– Near Performance Target  
(within 10 percentage points of target)

✓ Met or Exceeded Target

▲ Increase  
(≥4-point increase from FY 20)

▼ Decrease  
(≥4-point decrease from FY 20)

◆ Little-to-no-Change  
(≤ 3-point difference from FY 20)

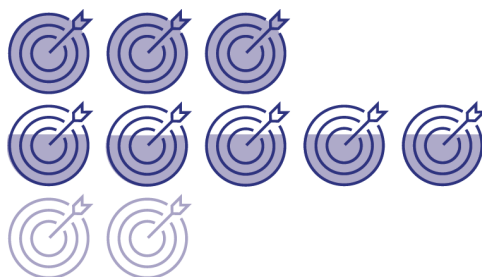
N/A: Not applicable; not a new KPI but no data available for DBH-certified providers in FY 20

**Notes:** System performance includes individuals served by a DBH-certified provider or operated program.

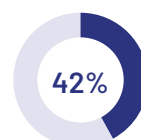
**Source:** DBH analysis as of 1/27/2022.

# Provider Performance at a Glance

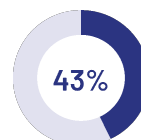
In FY 21, DBH providers **met 3** out of **10** and **nearly met 5** out of **10** KPI performance targets.



## Timely Service - Post-Psychiatric Hospital Discharge:



**18 of 43** providers (42%) **nearly met or exceeded** the DBH performance target of 70%; and

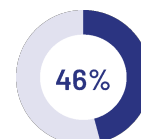


**15 of 35** providers (43%) **increased performance** by at least **4 percentage points** from FY 20-FY 21

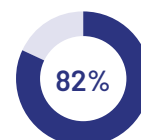


On a system level, provider performance **improved** on **5 of 7** KPIs with available data in both FY 20 and FY 21

## Child Functional Assessment Change Over Time:

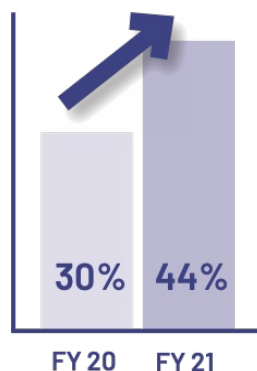


**6 of 13** providers (46%) **nearly met or exceeded** the DBH performance target of 80%; and



**9 of 11** providers (82%) **increased performance** by at least **4 percentage points** from FY 20-FY 21

The KPI assessing the percentage of SUD residential clients who stepped down to a lower level of care had the **greatest increase in performance** of all KPIs between FY 20 and FY 21, from 30% to 44% - a 14 percentage-point increase



## Timely Service - Adult Enrollment/Transfer



Providers had the **highest absolute performance**, with **88%** of adult consumers newly enrolled or transferring in mental health rehabilitative services (MHRS) having their first service within 30 days of enrollment



# Summary of Key Findings

This report on 10 of DBH's FY 21 Key Performance Indicators (KPIs) presents new, publicly-reported provider-specific data on services delivered by DBH-certified, community-based providers. The KPI data are summarized for all providers (referred to as system performance on the tables/charts that follow). Each provider received data on their specific FY 21 KPI performance in April 2022, and system-level performance data were reported to the Executive Office of the Mayor in January 2022 (see DBH's Complete Agency Performance Report in [Additional Resources](#)).

## The findings from this report show that:

DBH-certified, community-based providers met or nearly met the performance targets for eight out of ten indicators. These eight indicators were: consumer/client satisfaction with access to services and patient-centered planning; adult's timely receipt of mental health services; children's timely receipt of mental health services; retention in medication assisted treatment programs; step-down from residential substance use treatment; step-down from withdrawal management substance use treatment; and re-entry into substance use services.

- There is substantial room for improvement on the other two indicators: timely services after an involuntary psychiatric hospitalization and child functional assessment change over time (see [Efforts to Improve Performance](#)).
  - However, both indicators show increases of at least 4 percentage points between FY 20 and FY 21
- On a system level, provider performance improved on 5 of 7 KPIs with available data in both FY 20 and FY 21
  - The *SUD Step-down: Residential* indicator had the greatest increase in performance between FY 20 and FY 21, a 14 percentage-point increase from 30 percent to 44 percent.

The period of data included in this report coincides with the COVID-19 pandemic, which may have impacted the performance seen. DBH will continue to monitor performance on these indicators in subsequent reports.

As efforts to improve reporting on these and other performance indicators take root, DBH and its partners will gain further insight into the factors contributing to the differential performance and deepen our collective understanding of the efforts that can improve behavioral health services and outcomes in the District.

# Report Reference Guide

This reference guide is intended to support the reader in understanding how to review and interpret the information presented in the DBH report, *Measuring Provider Performance: Building a stronger system of behavioral health care*, FY 21. The following provides explanations for key elements found across the report.

## DBH Key Performance Indicators

In 2019, DBH researched national metrics to align their Key Performance Indicators (KPIs) with best practices, which led to the development of the ten KPIs presented in this report. The DBH KPIs are outcome-focused measures used to assess behavioral health services and outcomes across the District. While DBH has a total of 21 KPIs, the 10 indicators included in this report relate to provider performance. Four of the measures focus on mental health services, four focus on substance use disorder (SUD) services, and two focus broadly on behavioral health services (i.e., mental health and SUD). Two KPIs are new for FY 21, one is being publicly reported for the first time, and the definition of one KPI was expanded for FY 21. Definitions of each KPI are available in [Appendix C](#). Information about all 21 KPIs is available in the FY 21 Complete Agency Performance Report which can be found via the [Additional Resources](#).

## Provider Certification

The report presents information on the performance of the providers that were certified by DBH to provide behavioral health services across the District for FY 21. Some of the providers included in this report may no longer be certified. For information about the providers that are no longer certified as of the time of publication, see the [Appendix A](#).

## Provider Type

The District's DBH-certified behavioral health providers provide prevention, intervention, and treatment services to children, youth, and families with mental health and/or SUDs. Seventy-two of these providers are community-based organizations (meaning, are not District-operated). These providers are the focus of this report. Some of these providers offer only mental health services (n=47), SUD services only (n=16), or both mental health and SUD services (n=9). As such, the data for some providers may not be included in all KPIs depending on the services they provide.

For FY 21, DBH has data for at least one of the 10 KPIs included in this report for 65 of the 72 DBH-certified, community-based providers. DBH has no applicable KPI data for the 7 remaining providers, as these providers either did not provide the service in FY 21 that the indicator is being used to assess (e.g., residential SUD services); provided the service but not under a DBH contractual arrangement; and/or had counts below the threshold for public reporting of data in this report (i.e., counts of less than 4 for the mental health and SUD KPIs and less than 10 for the survey indicators).

# Report Reference Guide (cont.)

## Consumers and Clients

While we recognize that others may use different terms, DBH uses the term “consumers” to refer to individuals who received mental health services, and “clients” to refer to individuals who received SUD services. The term “consumers/clients” is used in reference to individuals who received behavioral health services, broadly.




## Assessing Performance

This report assesses provider and system performance on each of 10 KPIs.

- **System performance** includes data from consumers and clients who were assigned to a DBH-certified provider during the reporting year, as well as those who were served by a DBH-operated program.
- **Provider performance** includes data from consumers and clients who were assigned to a DBH-certified provider during the reporting year.

## Performance Targets

DBH established a **performance target** for each KPI. The performance target does not necessarily represent optimal performance but was established for purposes of driving improvement in care delivery in the District. Both system and provider performance are measured in relation to the target:

- A green circle  indicates that the provider and/or system **met or exceeded** the target;
- A yellow circle  indicates that provider and/or system performance was within 10 percentage points of, or “**near**” the target; and
- A red circle  indicates that provider and/or system performance was greater than 10 percentage points of, or “**far below**” the target.

Based on an assessment of FY 20 performance, and research into national performance on similar metrics, DBH revised the performance targets for some KPIs for FY 21.

# Report Reference Guide (cont.)

## Year of Data

The data in this report reflect behavioral health care services provided to children, youth, and adults during Fiscal Year (FY) 2021, October 1, 2020 through September 30, 2021. Comparative information from FY 20 (October 1, 2019 - September 30, 2020) are also presented in the report to measure change over time.

## Report Statistics

In this report, we present provider-level summary data as **means, medians, and percentage rates**. The **mean** represents the average of a set of values. The **median** indicates the value that falls at the midpoint of the data distribution. The **percentage rate** is used to express a proportion in relation to a whole and is calculated as the numerator divided by the denominator multiplied by 100.

In the interest of producing meaningful report statistics, we present these provider-level summary data where there are data for at least four (4) providers, and these providers have counts of at least four (4) in the denominator for all KPIs with three exceptions: a) Medication Assisted Treatment: Retention Rate, given the small number of DBH-certified Opioid Treatment Providers (OTPs); and b) the two Behavioral Health Satisfaction Survey indicators, when a provider had fewer than ten (10) clients in the denominator.

More detailed statistics for each KPI, including provider-specific numerators and denominators, are available via the [Additional Resources](#).

## Change Over Time

Where there are FY 20 and FY 21 data for a given KPI, we measure change over time at both the system and provider levels:

- An upward triangle ▲ indicates an **increase** in performance between FY 20 and FY 21, defined as FY 21 provider and/or system performance that was at least 4 percentage points higher than FY 20 performance;
- A diamond ◆ indicates a **little-to-no-change** in performance between FY 20 and FY 21, defined as FY 21 provider and/or system performance that was within 3 percentage points of FY 20 performance; and
- A downward triangle ▼ indicates a **decrease** in performance between FY 20 and FY 21, defined as FY 21 provider and/or system performance that was at least 4 percentage points lower than FY 20 performance.

These categories were determined based on DBH review and assessment of the data and not based on a statistical test of change.

All data points are rounded to the nearest whole number. Since the percentage point change is calculated on unrounded numbers, for some calculations, percentage point differences do not appear to align with change over time categories due to rounding effects.

# Report Reference Guide (cont.)

## Exclusions

For **mental health and SUD provider KPIs**:

Providers with counts of less than four (4) in the denominator do not meet DBH's threshold for public reporting and were not displayed in provider-specific tables and charts to protect consumer/client privacy. However, data for these providers were included in what we refer to as **overall KPI statistics**, such as the DBH system performance rate, **overall mean**, and **overall median**. When the term "overall" is used, it means that the both the data of providers that met the threshold for public reporting as well as those providers that did not meet the threshold are included in the calculation of the summary statistic.

For the **Behavioral Health Satisfaction Survey KPIs**:

Providers with counts of less than ten (10) in the denominator were excluded from the report because they do not meet the threshold for public reporting of survey data. However, data for these providers were included in the DBH system performance rate. We did not include data for these providers in the calculation of the mean or median to help ensure the integrity of these summary statistics.

Additional KPI-specific exclusions for each indicator are included in [Appendix C](#).



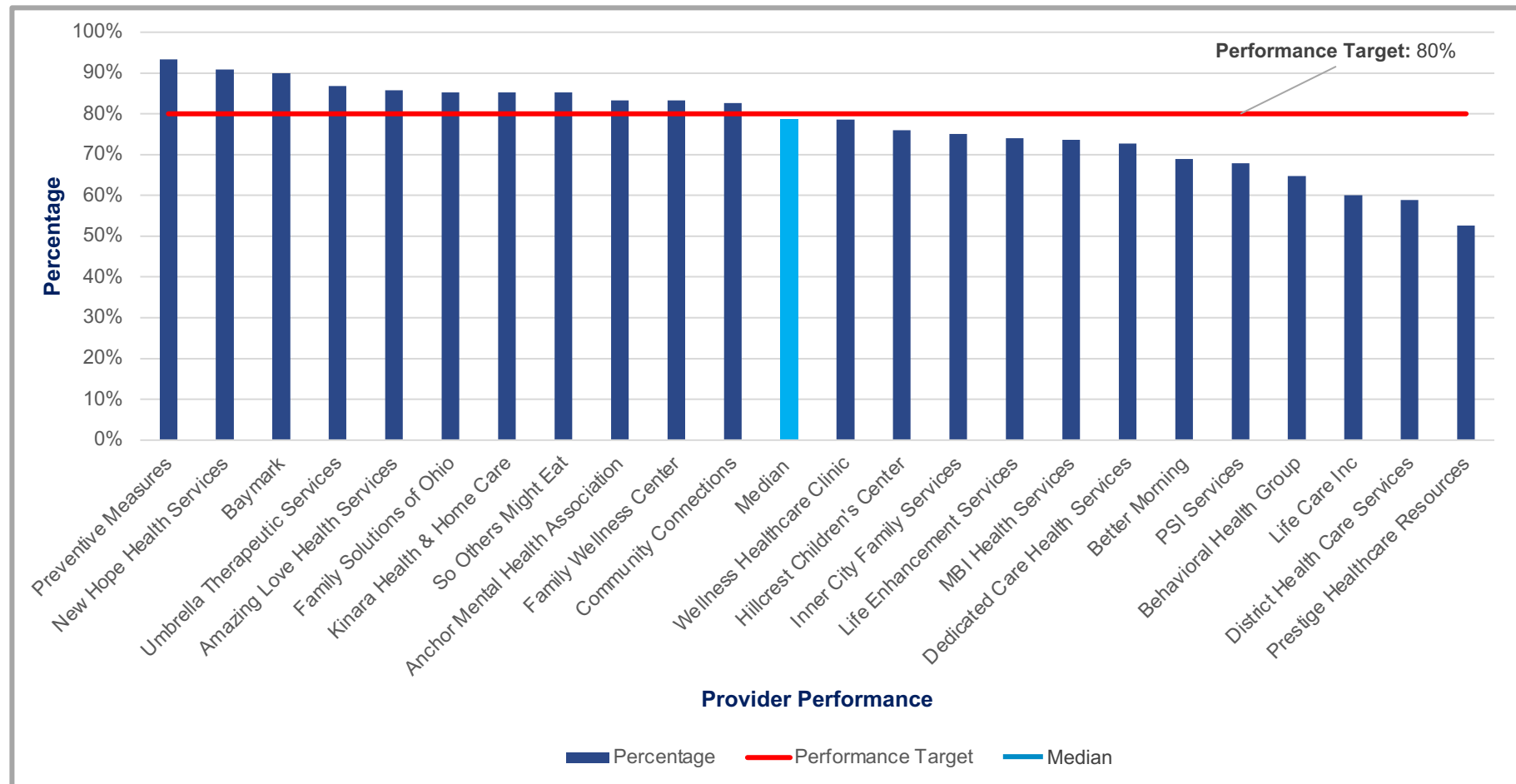


## **Behavioral Health Satisfaction Survey – Access Domain**

Understanding consumer/client satisfaction with the health care system is an important component of moving toward more person-centered care. Evaluating consumer/client satisfaction, along with other domains of care, can provide a more complete understanding of health care quality. This indicator measures the percent of consumers/clients responding to the Behavioral Health Satisfaction Survey who were satisfied with access.

# Behavioral Health Satisfaction Survey - Access Domain

Provider-specific performance on the percent of consumers/clients responding to the Behavioral Health Satisfaction Survey who were satisfied with access, FY 21 (n=68 providers<sup>^</sup>)



**Notes:** Excludes individuals who were not chosen in the random sample. <sup>^</sup>45 providers with fewer than ten consumers/clients responding to the survey have been excluded from this chart because they do not meet the threshold for public reporting of survey data.

**Source:** Behavioral Health Satisfaction Survey data as of 11/10/21.

# Behavioral Health Satisfaction Survey - Access Domain

## Provider-Specific Performance Rates Compared to the Performance Target

DBH Provider	Rate	Rate compared to target (80%)
<b>DBH System Performance</b>	79%	—
<b>Mean</b>	77%	—
<b>Median</b>	79%	—
Amazing Love Health Services	86%	✓
Anchor Mental Health Association	83%	✓
Baymark	90%	✓
Behavioral Health Group	65%	✗
Better Morning	69%	✗
Community Connections	83%	✓
Dedicated Care Health Services	73%	—
District Health Care Services	59%	✗
Family Solutions of Ohio	85%	✓
Family Wellness Center	83%	✓
Hillcrest Children's Center	76%	—
Inner City Family Services	75%	—

✗ = Far Below Performance Target (0 – 69%)      — = Near Performance Target (70 – 79%)      ✓ = Met or Exceeded Performance Target (80 – 100%)

**Notes:** 45 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the system performance rate.

**Source:** Behavioral Health Satisfaction Survey data as of 11/10/21.

Behavioral Health Satisfaction Survey – Access Domain is a **new DBH KPI** for FY 21

### FY 21 Mean Performance

77%

An average of **77%** of consumers/ clients responding to the survey reported satisfaction with access

### FY 21 Summary of Provider Performance

74%

of providers included in this table **nearly met or exceeded** the DBH performance target of 80%

# Behavioral Health Satisfaction Survey - Access Domain

## Provider-Specific Performance Rates Compared to the Performance Target (cont.)

DBH Provider	Rate	Rate compared to target (80%)
<b>DBH System Performance</b>	79%	—
<b>Mean</b>	77%	—
<b>Median</b>	79%	—
Kinara Health & Home Care	85%	✓
Life Care Inc	60%	✗
Life Enhancement Services	74%	—
MBI Health Services	74%	—
New Hope Health Services	91%	✓
Prestige Healthcare Resources	53%	✗
Preventive Measures	93%	✓
PSI Services	68%	✗
So Others Might Eat	85%	✓
Umbrella Therapeutic Services	87%	✓
Wellness Healthcare Clinic	79%	—

✗ = Far Below Performance Target (0 – 69%)      — = Near Performance Target (70 – 79%)      ✓ = Met or Exceeded Performance Target (80 – 100%)

**Notes:** 45 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the system performance rate.

**Source:** Behavioral Health Satisfaction Survey data as of 11/10/21.

Behavioral Health Satisfaction Survey – Access Domain is a **new DBH KPI** for FY 21

### FY 21 Mean Performance

77%

An average of **77%** of consumers/ clients responding to the survey reported satisfaction with access

### FY 21 Summary of Provider Performance

74%

of providers included in this table **nearly met or exceeded** the DBH performance target of 80%



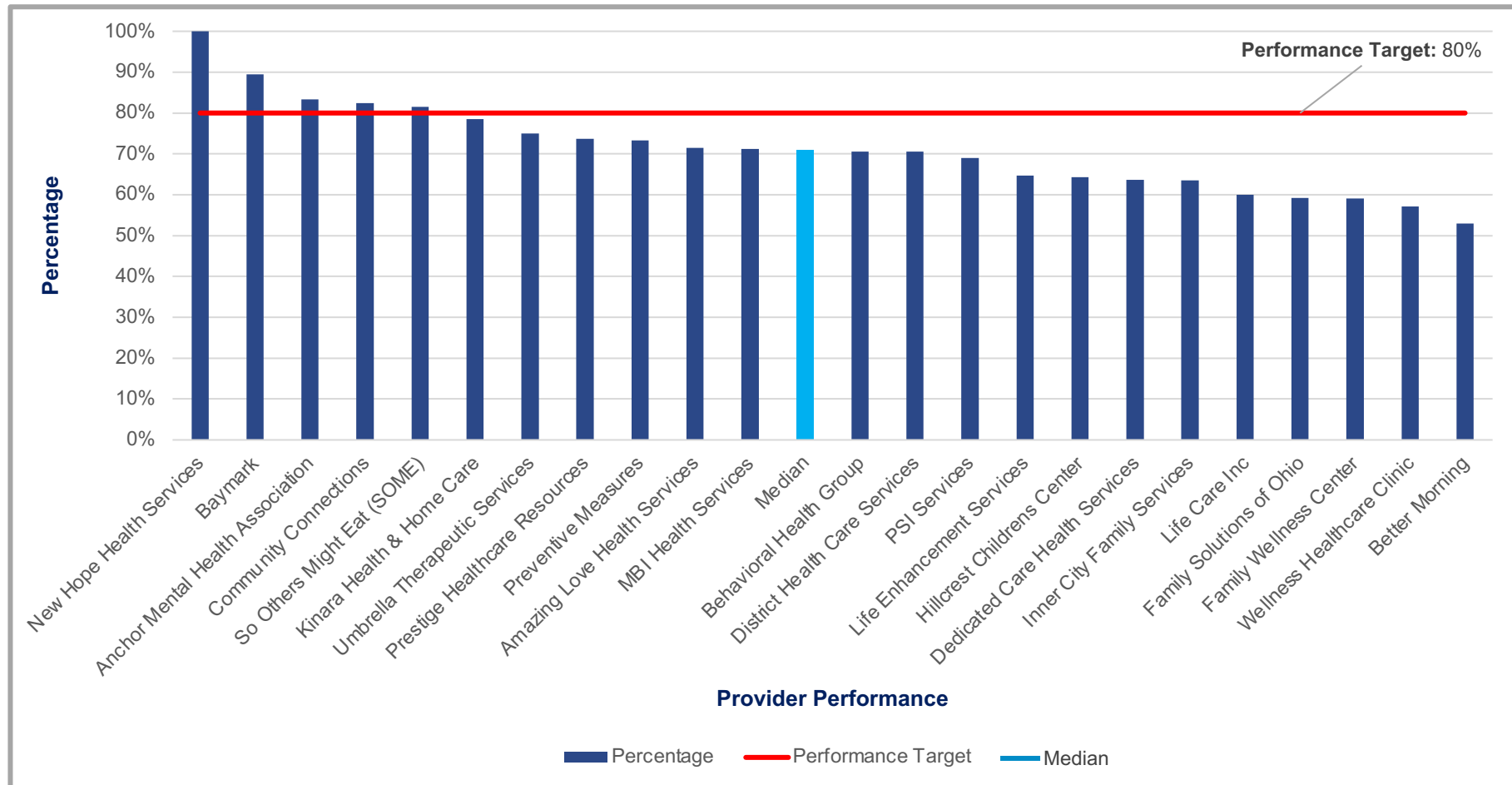
## **Behavioral Health Satisfaction Survey – Person-Centered Planning Domain**

Understanding consumer/client satisfaction with the health care system is an important component of moving toward more person-centered care. Evaluating consumer/client satisfaction, along with other domains of care, can provide a more complete understanding of health care quality. This indicator measures the percent of consumers/clients responding to the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process.



# Behavioral Health Satisfaction Survey - Person-Centered Planning Domain

Provider-specific performance on the percent of consumers/clients responding to the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process, FY 21 (n=68 providers<sup>^</sup>)



**Notes:** Excludes individuals who were not chosen in the random sample. <sup>^</sup>45 providers with fewer than ten consumers/clients responding to the survey have been excluded from this chart because they do not meet the threshold for public reporting of survey data.

**Source:** Behavioral Health Satisfaction Survey data as of 11/10/21.

# Behavioral Health Satisfaction Survey - Person-Centered Planning Domain

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (80%)	Change
<b>DBH System Performance</b>	77%	74%	—	◆
<b>Mean</b>	84%	71%	—	▼
<b>Median</b>	77%	71%	—	▼
Amazing Love Health Services	70%	71%	—	◆
Anchor Mental Health Association	73%	83%	✓	▲
Baymark	87%	90%	✓	◆
Behavioral Health Group	--	71%	—	N/A
Better Morning	77%	53%	✗	▼
Community Connections	80%	82%	✓	◆
Dedicated Care Health Services	--	64%	✗	N/A
District Health Care Services	--	71%	—	N/A
Family Solutions of Ohio	85%	59%	✗	▼
Family Wellness Center	64%	59%	✗	▼
Hillcrest Children's Center	72%	64%	✗	▼
Inner City Family Services	75%	63%	✗	▼

✗ Far Below Performance Target (0 – 69%)	— Near Performance Target (70 – 79%)	✓ Met or Exceeded Performance Target (80 – 100%)
▲ Increase (≥4-point increase from FY 20)	▼ Decrease (≥4-point decrease from FY 20)	◆ Little-to-no-Change (≤ 3-point difference from FY 20)

-- : Data suppressed; does not meet threshold for public reporting

N/A: Not applicable

**Notes:** 45 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the system performance rate.

**Source:** Behavioral Health Satisfaction Survey data as of 11/10/21.

### FY 21 Mean Performance

An average of **71%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

### FY 21 Summary of Provider Performance

**57%** of providers included in this table **nearly met or exceeded** the DBH performance target of 80%

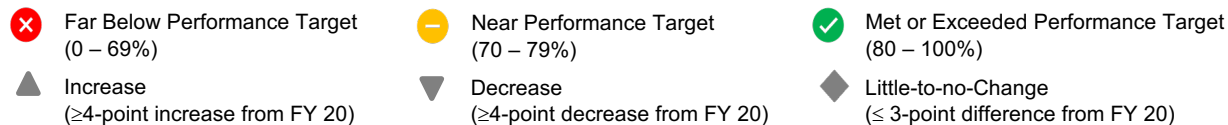
### Increased Performance Over Time

**17%** of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Behavioral Health Satisfaction Survey - Person-Centered Planning Domain

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (80%)	Change
<b>DBH System Performance</b>	77%	74%	—	◆
<b>Mean</b>	84%	71%	—	▼
<b>Median</b>	77%	71%	—	▼
Kinara Health & Home Care	60%	79%	—	▲
Life Care Inc	77%	60%	×	▼
Life Enhancement Services	70%	65%	×	▼
MBI Health Services	68%	71%	—	▲*
New Hope Health Services	--	100%	✓	N/A
Prestige Healthcare Resources	--	74%	—	N/A
Preventive Measures	93%	73%	—	▼
PSI Services	80%	69%	×	▼
So Others Might Eat	91%	81%	✓	▼
Umbrella Therapeutic Services	88%	75%	—	▼
Wellness Healthcare Clinic	96%	57%	×	▼



-- : Data suppressed; does not meet threshold for public reporting

N/A: Not applicable

**Notes:** 45 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the system performance rate.

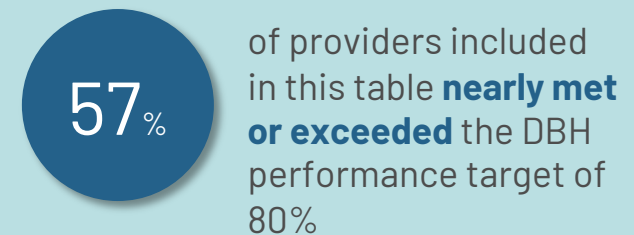
\*Percentage point difference does not appear to align with the change over time category due to rounding effects.

**Source:** Behavioral Health Satisfaction Survey data as of 11/10/21.

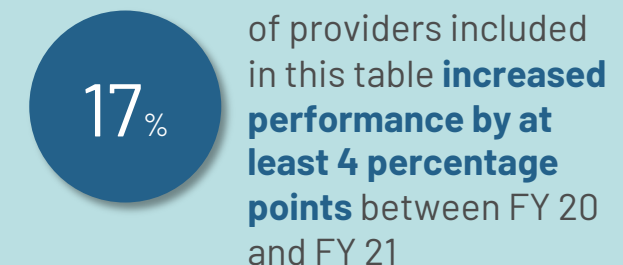
## FY 21 Mean Performance

An average of **71%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

## FY 21 Summary of Provider Performance



## Increased Performance Over Time



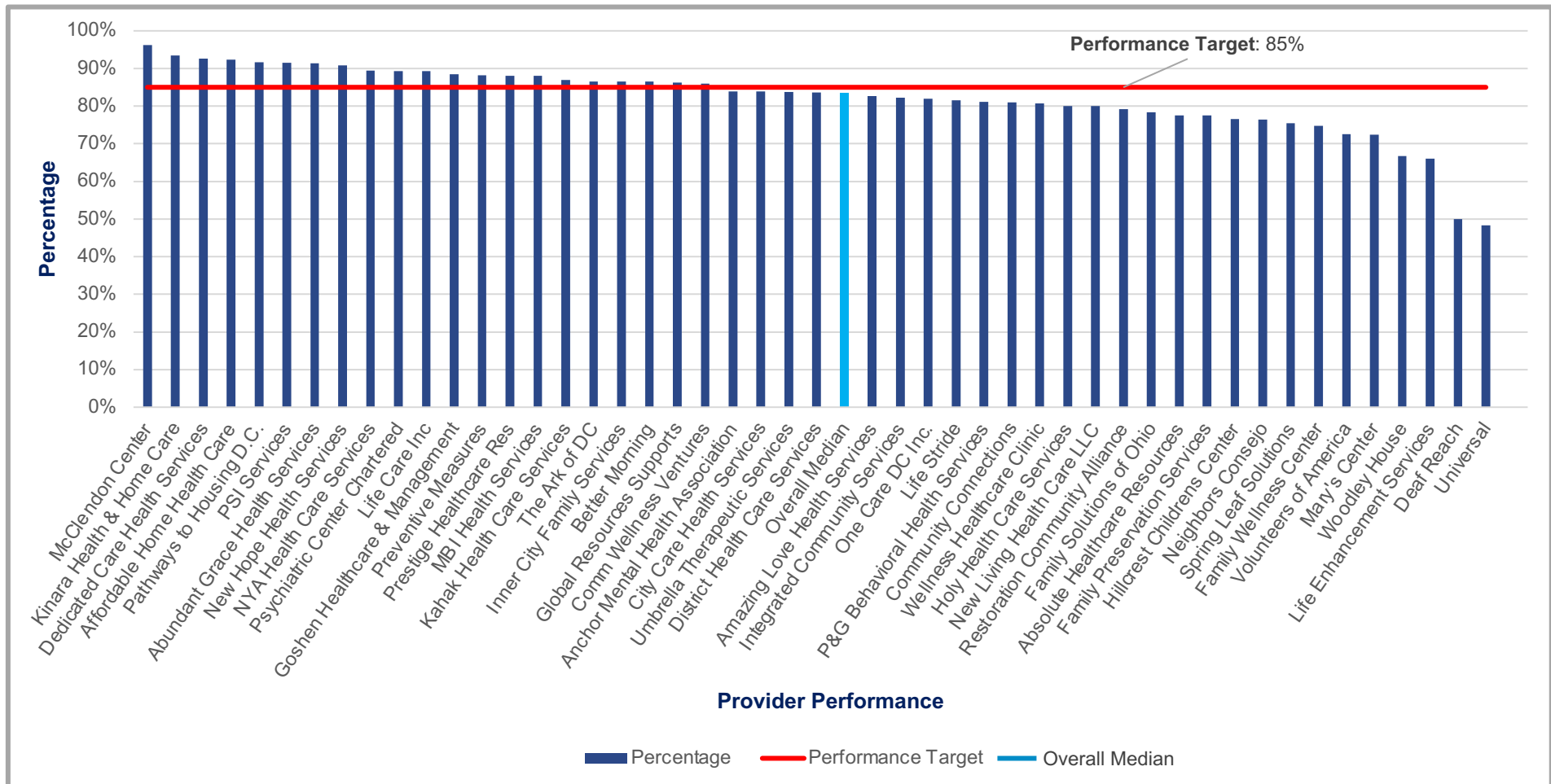


## **Timely Service – Adult Enrollment/ Transfer**

Supporting consumers/clients through transitions of care is a measure of effective care coordination. Ensuring that consumers/clients receive timely and appropriate services following a care transition can help avoid unnecessary hospitalization or institutionalization, build provider trust, and increase satisfaction with care. This indicator measures the percent of adult (18+) consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment.

# Timely Service – Adult Enrollment/Transfer

Provider-specific performance on the percent of adult consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment, FY 21 (n=51 providers<sup>^</sup>)



**Notes:** Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. <sup>^</sup>Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this chart because they do not meet DBH's threshold for public reporting.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.



# Timely Service – Adult Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	82%	88%	✓	▲
<b>Overall Mean</b>	73%	80%	–	▲
<b>Overall Median</b>	78%	84%	–	▲
Absolute Healthcare Resources	69%	78%	–	▲
Abundant Grace Health Services	89%	91%	✓	◆
Affordable Home Health Care	N/A*	92%	✓	N/A
Amazing Love Health Services	83%	83%	–	◆
Anchor Mental Health Association	67%	84%	–	▲
Better Morning	72%	87%	✓	▲
City Care Health Services	78%	84%	–	▲
Community Connections	80%	81%	–	◆
Community Wellness Ventures	75%	86%	✓	▲
Deaf Reach	--	50%	✗	N/A
Dedicated Care Health Services	81%	93%	✓	▲

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
- N/A\*: Not applicable; new DBH-certified provider in FY 21
- N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

### FY 21 Mean Performance

An average of **80%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 21 Summary of Provider Performance

88%

of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

53%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Adult Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	82%	88%	✓	▲
<b>Overall Mean</b>	73%	80%	–	▲
<b>Overall Median</b>	78%	83%	–	▲
District Health Care Services	86%	84%	–	◆
Family Preservation Services	69%	78%	–	▲
Family Solutions of Ohio	89%	78%	–	▼
Family Wellness Center	71%	75%	–	▲
Global Resources Supports	75%	86%	✓	▲
Goshen Healthcare & Management	92%	88%	✓	▼
Hillcrest Children's Center	57%	77%	–	▲
Holy Health Care Services	83%	80%	–	◆
Inner City Family Services	74%	87%	✓	▲
Integrated Community Services	N/A*	82%	–	N/A
Kahak Health Care Services	85%	87%	✓	◆

- ✗ Far Below Performance Target (0 – 74%)
 – Near Performance Target (75 – 84%)
 ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
 ▼ Decrease (≥4-point decrease from FY 20)
 ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
 N/A\*: Not applicable; new DBH-certified provider in FY 21
 N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **80%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 21 Summary of Provider Performance

88%

of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

53%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Adult Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	82%	88%	✓	▲
<b>Overall Mean</b>	73%	80%	–	▲
<b>Overall Median</b>	78%	84%	–	▲
Kinara Health & Home Care	86%	93%	✓	▲
Life Care Inc	70%	89%	✓	▲
Life Enhancement Services	76%	66%	✗	▼
Life Stride	78%	82%	–	▲
Mary's Center	92%	72%	✗	▼
MBI Health Services	90%	88%	✓	◆
McClendon Center	90%	96%	✓	▲
Neighbors Consejo	55%	76%	–	▲
New Hope Health Services	90%	91%	✓	◆
New Living Health Care LLC	73%	80%	–	▲
NYA Health Care Services	87%	89%	✓	◆

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
- N/A\*: Not applicable; new DBH-certified provider in FY 21
- N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

### FY 21 Mean Performance

An average of **80%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 21 Summary of Provider Performance

88%

of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

53%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Adult Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	82%	88%	✓	▲
<b>Overall Mean</b>	73%	80%	–	▲
<b>Overall Median</b>	78%	84%	–	▲
One Care DC Inc.	79%	82%	–	◆
P&G Behavioral Health Services	78%	81%	–	◆
Pathways to Housing D.C.	77%	92%	✓	▲
Prestige Healthcare Resources	85%	88%	✓	◆
Preventive Measures	40%	88%	✓	▲
PSI Services	78%	92%	✓	▲
Psychiatric Center Chartered	83%	89%	✓	▲
Restoration Community Alliance	25%	79%	–	▲
Spring Leaf Solutions	75%	76%	–	◆
The Ark of DC	83%	87%	✓	◆*
Umbrella Therapeutic Services	72%	84%	–	▲

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)

-- : Data suppressed; does not meet threshold for public reporting

N/A\*: Not applicable; new DBH-certified provider in FY 21

N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

\*Percentage point difference does not appear to align with the change over time category due to rounding effects.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **80%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 21 Summary of Provider Performance

88%

of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

53%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Adult Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	82%	88%	✓	▲
<b>Overall Mean</b>	73%	80%	–	▲
<b>Overall Median</b>	78%	84%	–	▲
Universal	N/A*	48%	✗	N/A
Volunteers of America	78%	73%	✗	▼
Wellness Healthcare Clinic	89%	81%	–	▼
Woodley House	N/A*	67%	✗	N/A

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
- N/A\*: Not applicable; new DBH-certified provider in FY 21
- N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **80%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 21 Summary of Provider Performance

88%

of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

53%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21



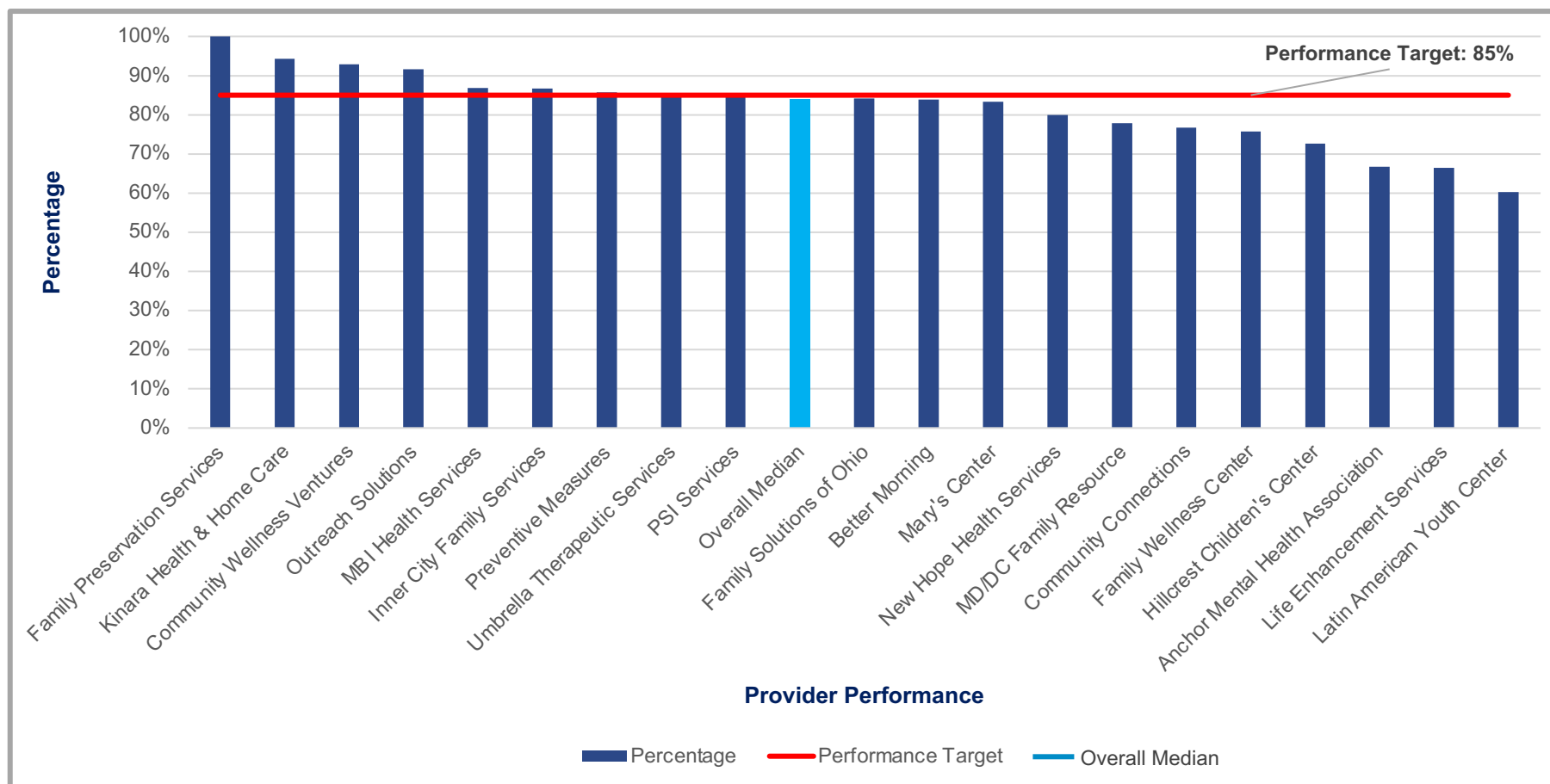


## **Timely Service – Children Enrollment/ Transfer**

Supporting consumers/clients through transitions of care is a measure of effective care coordination. Ensuring that consumers/clients receive timely and appropriate services following a care transition can help them avoid unnecessary hospitalization or institutionalization, build provider trust, and increase satisfaction with care. Unmet behavioral health care needs among children can have long-term health and social consequences. This indicator measures the percent of child (0-18) consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment.

# Timely Service – Children Enrollment/Transfer

Provider-specific performance on the percent of child (0-18) consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment, FY 21 (n=22 providers<sup>^</sup>)



**Notes:** Excludes child consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. <sup>^</sup>Two providers with fewer than four enrollments and transfers in the denominator have been excluded from this chart because they do not meet DBH's threshold for public reporting.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/2022. Data were collected from July 1, 2020 to June 30, 2021.

# Timely Service – Children Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	74%	81%	–	▲
<b>Overall Mean</b>	67%	80%	–	▲
<b>Overall Median</b>	80%	84%	–	▲
Anchor Mental Health Association	66%	67%	✖	◆
Better Morning	80%	84%	–	▲
Community Connections	85%	77%	–	▼
Community Wellness Ventures	100%	93%	✓	▼
Family Preservation Services	80%	100%	✓	▲
Family Solutions of Ohio	90%	84%	–	▼
Family Wellness Center	82%	76%	–	▼
Hillcrest Children's Center	39%	73%	✖	▲
Inner City Family Services	19%	87%	✓	▲
Kinara Health & Home Care	81%	94%	✓	▲

✖ Far Below Performance Target (0 – 74%)	– Near Performance Target (75 – 84%)	✓ Met or Exceeded Performance Target (85 – 100%)
▲ Increase (≥4-point increase from FY 20)	▼ Decrease (≥4-point decrease from FY 20)	◆ Little-to-no-Change (≤ 3-point difference from FY 20)

-- : Data suppressed; does not meet threshold for public reporting

N/A: Not applicable

**Notes:** Excludes child consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Two providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/2022. Data were collected from July 1, 2020 to June 30, 2021.

### FY 21 Mean Performance

An average of **80%** of child consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 21 Summary of Provider Performance

**80%** of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

**53%** of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Children Enrollment/Transfer

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (85%)	Change
<b>DBH System Performance</b>	74%	81%	–	▲
<b>Overall Mean</b>	67%	80%	–	▲
<b>Overall Median</b>	80%	84%	–	▲
Latin American Youth Center	31%	60%	✗	▲
Life Enhancement Services	73%	66%	✗	▼
Mary's Center	83%	83%	–	◆
MBI Health Services	87%	87%	✓	◆
MD/DC Family Resource	69%	78%	–	▲
New Hope Health Services	75%	80%	–	▲
Outreach Solutions	45%	92%	✓	▲
Preventive Measures	--	86%	✓	N/A
PSI Services	83%	86%	✓	◆
Umbrella Therapeutic Services	81%	86%	✓	▲

✗ Far Below Performance Target (0 – 74%)	– Near Performance Target (75 – 84%)	✓ Met or Exceeded Performance Target (85 – 100%)
▲ Increase (≥4-point increase from FY 20)	▼ Decrease (≥4-point decrease from FY 20)	◆ Little-to-no-Change (≤ 3-point difference from FY 20)

-- : Data suppressed; does not meet threshold for public reporting

N/A: Not applicable

**Notes:** Excludes child consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. Two providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/2022. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **80%** of child consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 21 Summary of Provider Performance

**80%** of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

**53%** of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

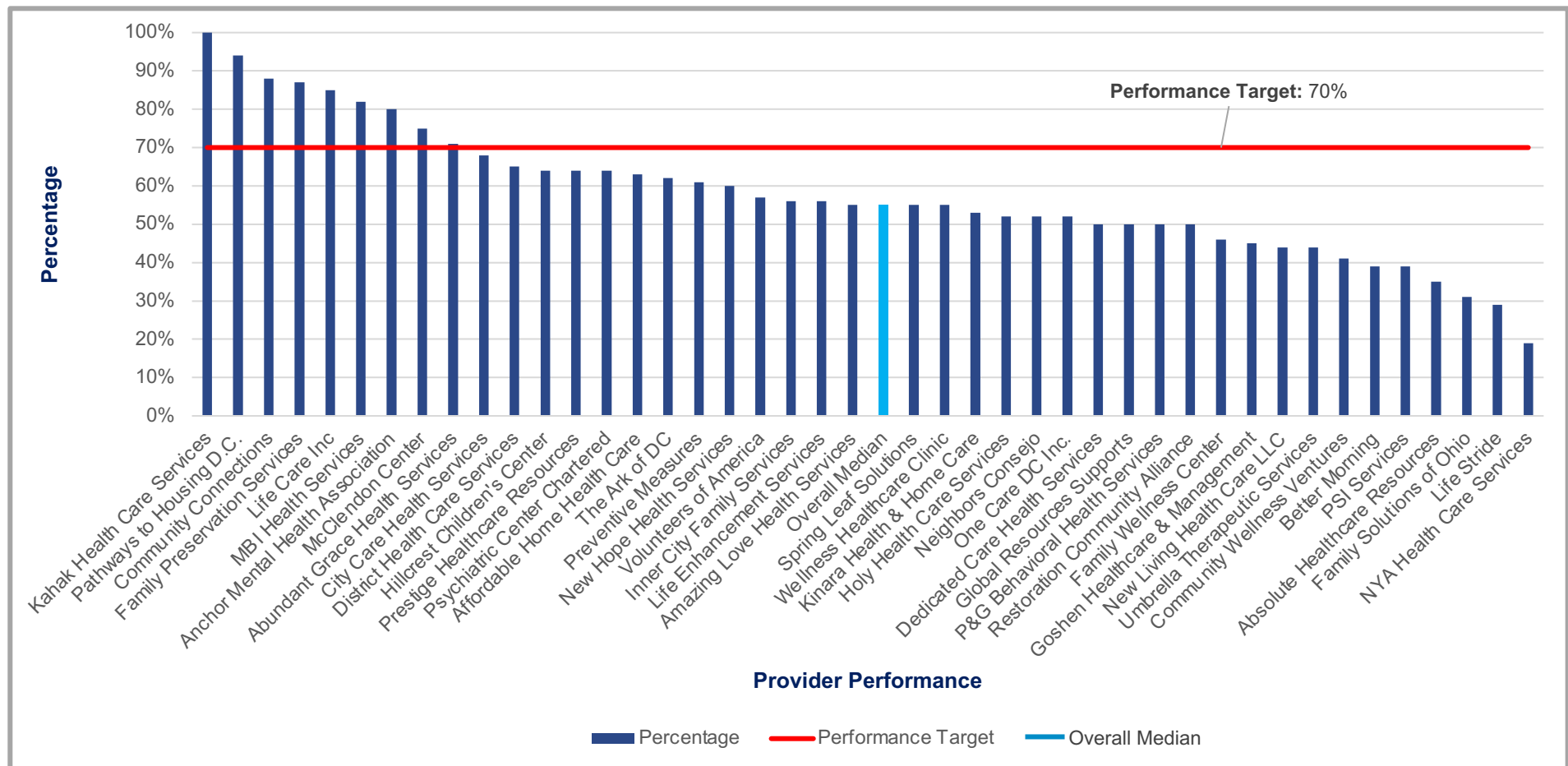


## **Timely Service – Post-Psychiatric Hospital Discharge**

Improving follow-up and continuity of care for patients hospitalized for psychiatric conditions may lead to reductions in readmissions and improve quality of care for patients. This indicator measures the percent of adult mental health rehabilitative services (MHRS) involuntary psychiatric hospitalizations that had a follow-up service within 30 days.

# Timely Service – Post-Psychiatric Hospital Discharge

Provider-specific performance on the percent of adult mental health rehabilitative services (MHRS) involuntary psychiatric hospitalizations that had a follow-up service within 30 days of discharge, FY 21 (n=51 providers<sup>^</sup>)



**Notes:** The data are for hospitalizations, not unduplicated counts of consumers. A consumer may have been hospitalized more than once during the reporting period. The hospital discharge data are adult MHRS consumers from Washington Hospital Center, Psychiatric Institute of Washington, and/or United Medical Center. <sup>^</sup>Eight providers with fewer than four discharges in the denominator have been excluded from this chart because they do not meet DBH's threshold for public reporting.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

# Timely Service – Post-Psychiatric Hospital Discharge

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (70%)	Change
<b>DBH System Performance</b>	45%	49%	✗	▲
<b>Overall Mean</b>	53%	59%	✗	▲
<b>Overall Median</b>	54%	55%	✗	◆
Absolute Healthcare Resources	33%	35%	✗	◆
Abundant Grace Health Services	33%	71%	✓	▲
Affordable Home Health Care	N/A*	63%	–	N/A
Amazing Love Health Services	60%	55%	✗	▼
Anchor Mental Health Association	63%	80%	✓	▲
Better Morning	--	39%	✗	N/A
City Care Health Services	66%	68%	–	◆
Community Connections	73%	88%	✓	▲
Community Wellness Ventures	50%	41%	✗	▼
Dedicated Care Health Services	40%	50%	✗	▲
District Health Care Services	64%	65%	–	◆

- ✗ Far Below Performance Target (0 – 59%)
- Near Performance Target (60 – 69%)
- ✓ Met or Exceeded Performance Target (70 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)

-- : Data suppressed; does not meet threshold for public reporting

N/A\*: Not applicable; new DBH-certified provider in FY 21

N/A: Not applicable

**Notes:** The data are for hospitalizations, not unduplicated counts of consumers. A consumer may have been hospitalized more than once during the reporting period. The hospital discharge data are adult MHRS consumers from Washington Hospital Center, Psychiatric Institute of Washington, and/or United Medical Center. Eight providers with fewer than four discharges in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **59%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 21 Summary of Provider Performance

42%

of providers included in this table **nearly met or exceeded** the DBH performance target of 70%

## Increased Performance Over Time

43%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21



# Timely Service – Post-Psychiatric Hospital Discharge

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (70%)	Change
<b>DBH System Performance</b>	45%	49%	✗	▲
<b>Overall Mean</b>	53%	59%	✗	▲
<b>Overall Median</b>	54%	55%	✗	◆
Family Preservation Services	83%	87%	✓	▲
Family Solutions of Ohio	83%	31%	✗	▼
Family Wellness Center	45%	46%	✗	◆
Global Resources Supports	--	50%	✗	N/A
Goshen Healthcare & Management	--	45%	✗	N/A
Hillcrest Children's Center	63%	64%	—	◆
Holy Health Care	77%	52%	✗	▼
Inner City Family Services	43%	56%	✗	▲
Kahak Health Care Services	--	100%	✓	N/A
Kinara Health & Home Care	65%	53%	✗	▼
Life Care Inc	48%	85%	✓	▲

- ✗ Far Below Performance Target (0 – 59%)
- Near Performance Target (60 – 69%)
- ✓ Met or Exceeded Performance Target (70 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
- N/A\*: Not applicable; new DBH-certified provider in FY 21
- N/A: Not applicable

**Notes:** The data are for hospitalizations, not unduplicated counts of consumers. A consumer may have been hospitalized more than once during the reporting period. The hospital discharge data are adult MHRS consumers from Washington Hospital Center, Psychiatric Institute of Washington, and/or United Medical Center. Eight providers with fewer than four discharges in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **59%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 21 Summary of Provider Performance

42%

of providers included in this table **nearly met or exceeded** the DBH performance target of 70%

## Increased Performance Over Time

43%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Post-Psychiatric Hospital Discharge

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (70%)	Change
<b>DBH System Performance</b>	45%	49%	✗	▲
<b>Overall Mean</b>	53%	59%	✗	▲
<b>Overall Median</b>	54%	55%	✗	◆
Life Enhancement Services	27%	56%	✗	▲
Life Stride	46%	29%	✗	▼
MBI Health Services	67%	82%	✓	▲
McClendon Center	80%	75%	✓	▼
Neighbors Consejo	31%	52%	✗	▲
New Hope Health Services	50%	60%	—	▲
New Living Health Care LLC	86%	44%	✗	▼
NYA Health Care Services	20%	19%	✗	◆
One Care DC Inc.	54%	52%	✗	◆
P&G Behavioral Health Services	--	50%	✗	N/A
Pathways to Housing D.C.	78%	94%	✓	▲

- ✗ Far Below Performance Target (0 – 59%)
- Near Performance Target (60 – 69%)
- ✓ Met or Exceeded Performance Target (70 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
- N/A\*: Not applicable; new DBH-certified provider in FY 21
- N/A: Not applicable

**Notes:** The data are for hospitalizations, not unduplicated counts of consumers. A consumer may have been hospitalized more than once during the reporting period. The hospital discharge data are adult MHRS consumers from Washington Hospital Center, Psychiatric Institute of Washington, and/or United Medical Center. Eight providers with fewer than four discharges in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **59%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 21 Summary of Provider Performance

**42%** of providers included in this table **nearly met or exceeded** the DBH performance target of 70%

## Increased Performance Over Time

**43%** of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

# Timely Service – Post-Psychiatric Hospital Discharge

## Provider-Specific Performance Rates: Comparison to the Target and Change Over Time (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (70%)	Change
<b>DBH System Performance</b>	45%	49%	✗	▲
<b>Overall Mean</b>	53%	59%	✗	▲
<b>Overall Median</b>	54%	55%	✗	◆
Prestige Healthcare Resources	50%	64%	–	▲
Preventive Measures	60%	61%	–	◆
PSI Services	63%	39%	✗	▼
Psychiatric Center Chartered	100%	64%	–	▼
Restoration Community Alliance	--	50%	✗	N/A
Spring Leaf Solutions	54%	55%	✗	◆
The Ark of DC	--	62%	–	N/A
Umbrella Therapeutic Services	65%	44%	✗	▼
Volunteers of America	15%	57%	✗	▲
Wellness Healthcare Clinic	40%	55%	✗	▲

- ✗ Far Below Performance Target (0 – 59%)
- Near Performance Target (60 – 69%)
- ✓ Met or Exceeded Performance Target (70 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)
- : Data suppressed; does not meet threshold for public reporting
- N/A\*: Not applicable; new DBH-certified provider in FY 21
- N/A: Not applicable

**Notes:** The data are for hospitalizations, not unduplicated counts of consumers. A consumer may have been hospitalized more than once during the reporting period. The hospital discharge data are adult MHRS consumers from Washington Hospital Center, Psychiatric Institute of Washington, and/or United Medical Center. Eight providers with fewer than four discharges in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & claims data as of 1/27/22. Data were collected from July 1, 2020 to June 30, 2021.

## FY 21 Mean Performance

An average of **59%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 21 Summary of Provider Performance

42%

of providers included in this table **nearly met or exceeded** the DBH performance target of 70%

## Increased Performance Over Time

43%

of providers included in this table **increased performance by at least 4 percentage points** between FY 20 and FY 21

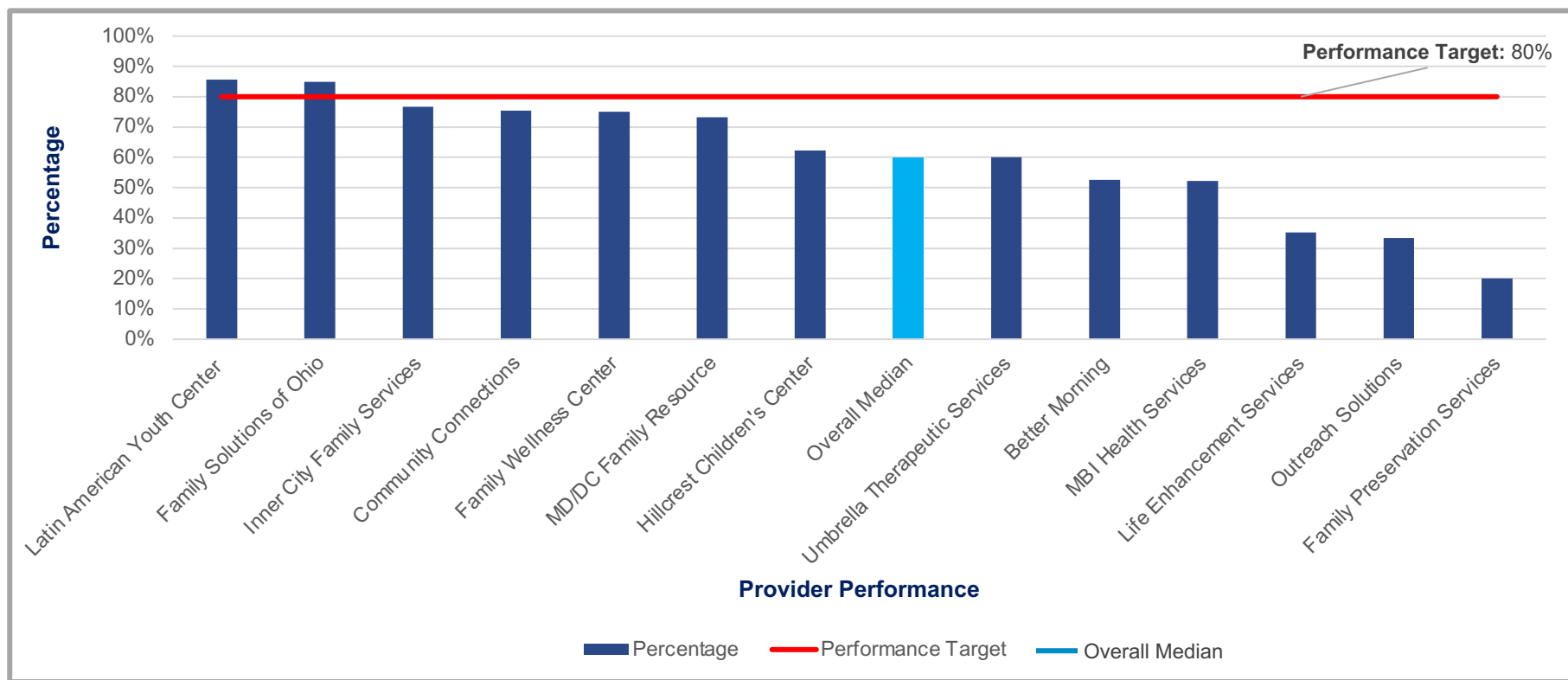


## **Child Functional Assessment Change Over Time**

Assessments for children across multiple domains of functioning can help in understanding a child's strengths and care needs, inform decisions about the type and intensity of treatment and level of care, and track outcomes to determine whether a child's functioning improves over time. This indicator measures the percent of children receiving mental health rehabilitative services (MHRS) whose acuity was initially high who had significant improvement in functioning on their most recent functional assessment.

# Child Functional Assessment Change Over Time

Provider-specific performance on the percent of children receiving mental health rehabilitative services (MHRs) whose acuity was initially high who had significant improvement in functioning on their most recent functional assessment, FY 21(n=22 providers^)



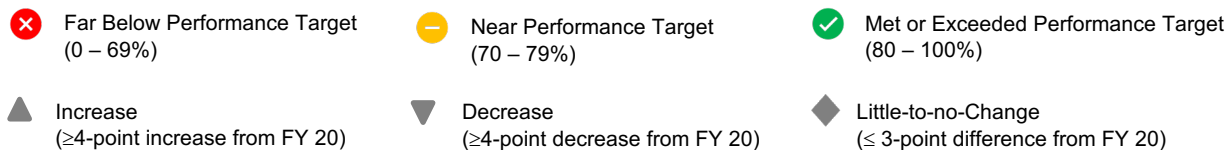
**Notes:** Significant improvement is defined as a 20-point or more decrease in total CAFAS/PECFAS score. At least 180 days must elapse between the initial and most recent CAFAS/PECFAS for inclusion in the calculation. Excludes children receiving MHRs with an initial CAFAS/PECFAS score of 70 or lower. ^Nine providers with fewer than four children in the denominator whose initial CAFAS/PECFAS score was 80 or higher and the CAFAS/PECFAS score during the quarter was at least 20 points lower than their initial score have been excluded from this chart because they do not meet DBH's threshold for public reporting.

**Source:** DBH analysis of iCAMS & FAS outcomes data as of 12/15/2021.

# Child Functional Assessment Change Over Time

## Provider-Specific Performance Rates Compared to the Performance Target

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (80%)	Change
<b>DBH System Performance</b>	59%	64%	✖	▲
<b>Overall Mean</b>	60%	56%	✖	▼
<b>Overall Median</b>	58%	60%	✖	◆
Better Morning	38%	53%	✖	▲
Community Connections	70%	75%	—	▲
Family Preservation Services	50%	20%	✖	▼
Family Solutions of Ohio	59%	85%	✓	▲
Family Wellness Center	--	75%	—	N/A
Hillcrest Children's Center	42%	62%	✖	▲
Inner City Family Services	68%	77%	—	▲
Latin American Youth Center	75%	86%	✓	▲
Life Enhancement Services	31%	35%	✖	▲
MBI Health Services	44%	52%	✖	▲



-- : Data suppressed; does not meet threshold for public reporting

N/A: Not applicable

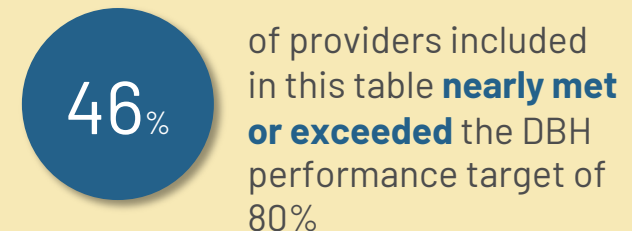
**Notes:** Excludes children receiving MHRS with an initial CAFAS/PECFAS score of 70 or lower. Nine providers with fewer than four children in the denominator whose initial CAFAS/PECFAS score was 80 or higher and the CAFAS/PECFAS score during the quarter was at least 20 points lower than their initial score have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & FAS data as of 12/15/2021.

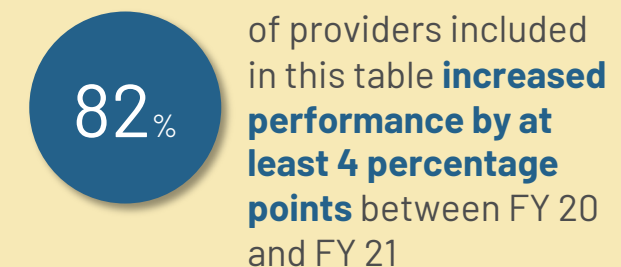
## FY 21 Mean Performance

An average of **56%** of children receiving MHRS and whose acuity was initially high had significant improvement in functioning on their most recent functional assessment

## FY 21 Summary of Provider Performance



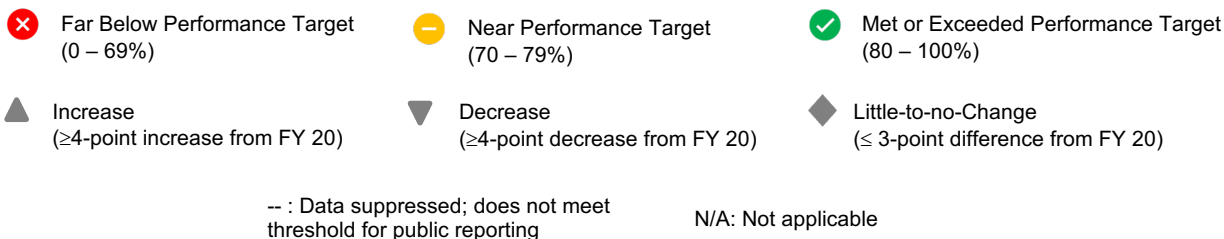
## Increased Performance Over Time



# Child Functional Assessment Change Over Time

## Provider-Specific Performance Rates Compared to the Performance Target (cont.)

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (80%)	Change
DBH System Performance	59%	64%	✗	▲
Overall Mean	60%	56%	✗	▼
Overall Median	58%	60%	✗	◆
MD/DC Family Resource	58%	73%	●	▲
Outreach Solutions	43%	33%	✗	▼
Umbrella Therapeutic Services	--	60%	✗	N/A



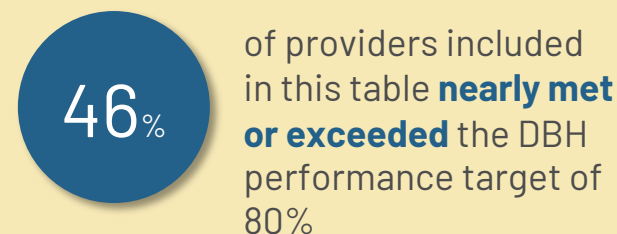
**Notes:** Excludes children receiving MHRS with an initial CAFAS/PECFAS score of 70 or lower. Nine providers with fewer than four children in the denominator whose initial CAFAS/PECFAS score was 80 or higher and the CAFAS/PECFAS score during the quarter was at least 20 points lower than their initial score have been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median.

**Source:** DBH analysis of iCAMS & FAS data as of 12/15/2021.

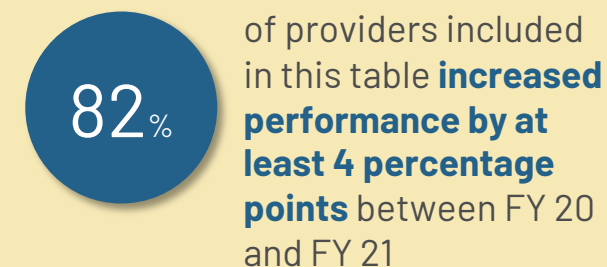
## FY 21 Mean Performance

An average of **56%** of children receiving MHRS and whose acuity was initially high had significant improvement in functioning on their most recent functional assessment

## FY 21 Summary of Provider Performance



## Increased Performance Over Time







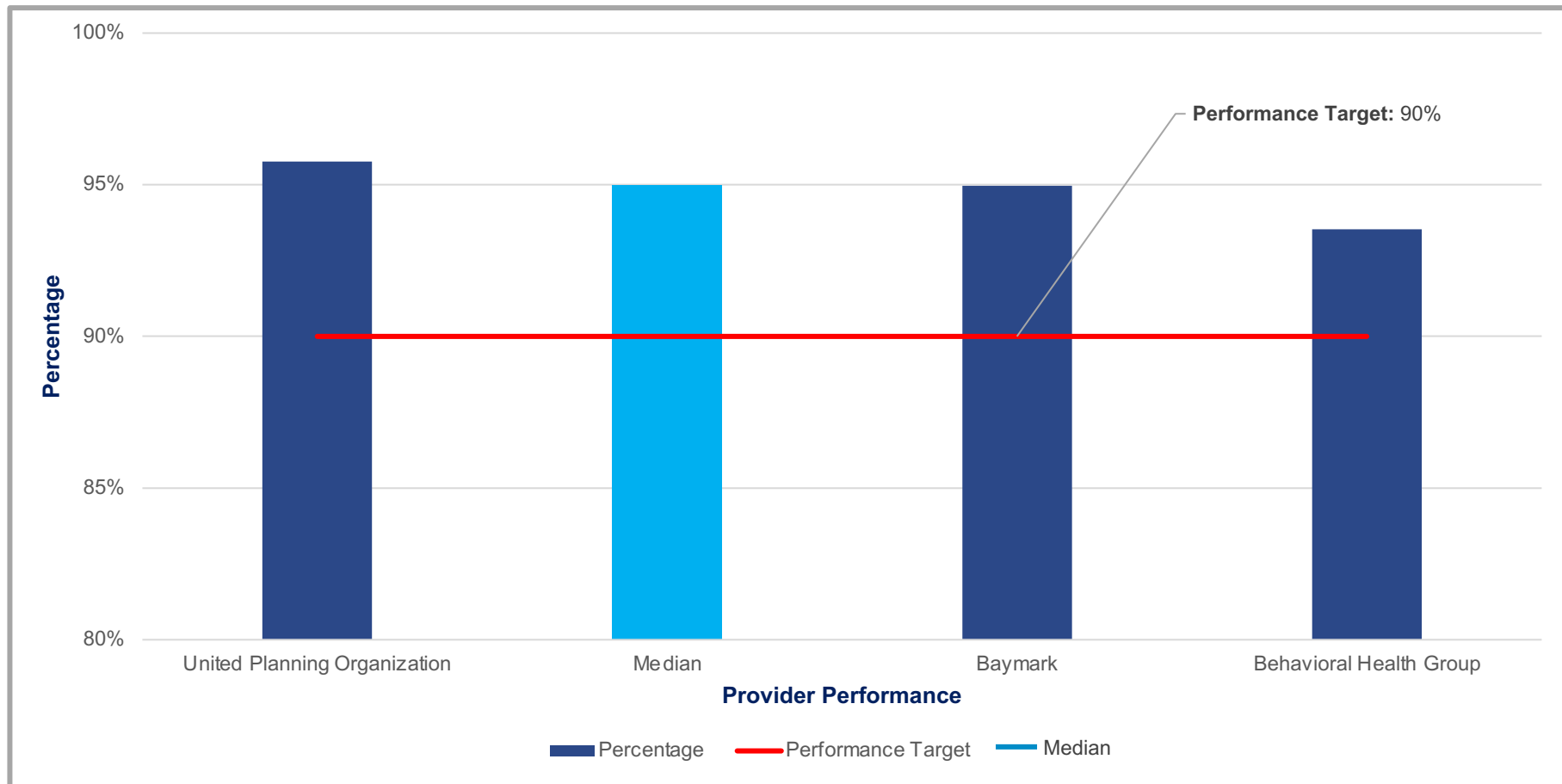
## Medication Assisted Treatment: Retention Rate

Untreated opioid use disorder (OUD) is associated with significant illness and mortality. Evidence shows that retention in medication assisted treatment (MAT) among people with OUD has been linked to decreased risk of mortality, lower rates of other opioid use, improved social functioning, and better quality of life. This indicator measures the percent of medication assisted treatment clients who were served in two consecutive quarters.

In FY 21, DBH expanded the definition of the Opioid Treatment Program (Methadone): Retention Rate KPI to also include prescription data for buprenorphine and naltrexone (MATs that are used to treat OUD) and renamed the indicator, Medication Assisted Treatment: Retention Rate.

# Medication Assisted Treatment: Retention Rate

Provider-specific performance on the percent of medication assisted treatment clients who were served in two consecutive quarters, FY 21 (n=3 providers)\*



**Notes:** \*The FY 21 DBH system performance rate on the following page includes data for methadone, buprenorphine, and naltrexone clients. As DBH does not certify prescribers of buprenorphine and naltrexone, these providers are not included in the report. Only Opioid Treatment Providers (OTPs) are included in the DBH provider data.

**Source:** DBH analysis of claims data as of 12/13/2021.

# Medication Assisted Treatment: Retention Rate

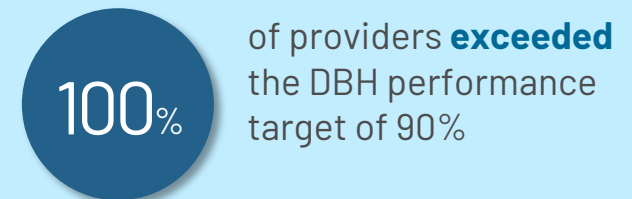
## Provider-Specific Performance Rates Compared to the Performance Target

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (90%)	Change
DBH System Performance	87%	85%*	—	◆
Mean	90%	95%	✓	▲
Median	90%	95%	✓	▲
Baymark	94%	95%	✓	◆
Behavioral Health Group	86%	94%	✓	▲
United Planning Organization	90%	96%	✓	▲

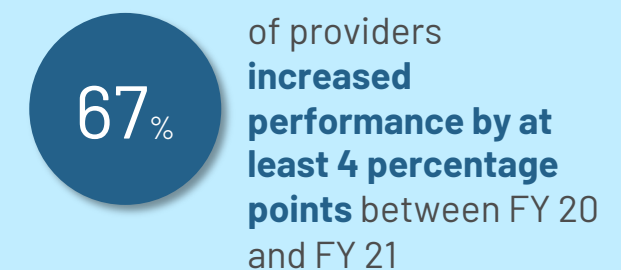
- ✗ Far Below Performance Target (0 – 79%)
- Near Performance Target (80 – 89%)
- ✓ Met or Exceeded Performance Target (90 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)

Medication Assisted Treatment: Retention Rate was **expanded** from the FY 20 Opioid Treatment Program (Methadone): Retention Rate KPI to also include prescription data for buprenorphine and naltrexone

## FY 21 Summary of Provider Performance

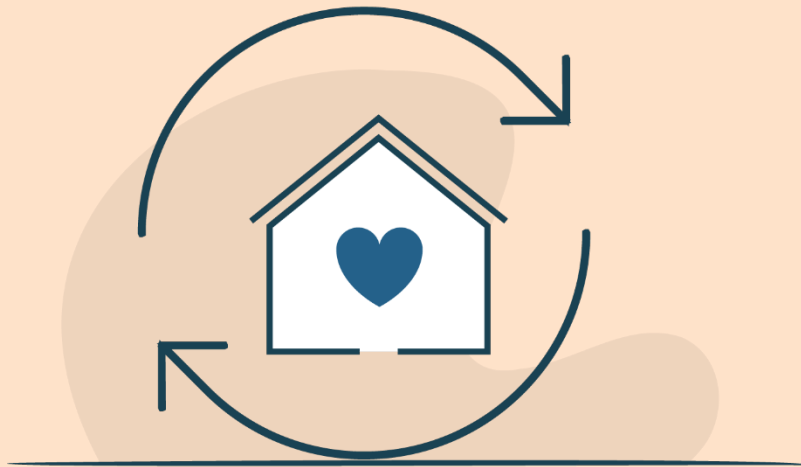


## Increased Performance Over Time



**Notes:** \*The FY 21 DBH system performance rate includes data for methadone, buprenorphine, and naltrexone clients. As DBH does not certify prescribers of buprenorphine and naltrexone, these providers are not included in the report. Only Opioid Treatment Providers (OTPs) are included in the DBH provider data.

**Source:** DBH analysis of claims data as of 12/13/2021.

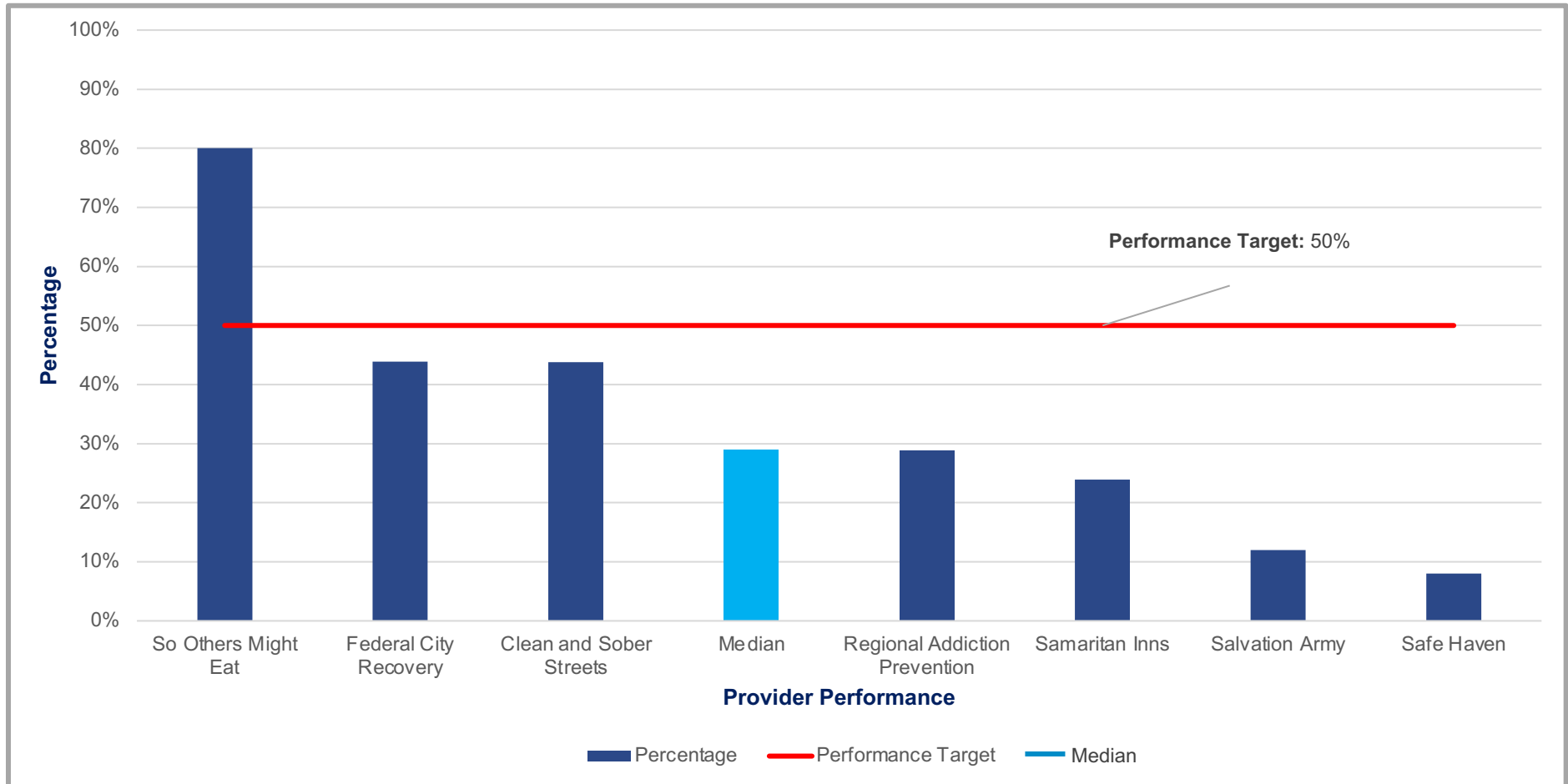


## **SUD Step-Down: Residential**

Treatment for substance use disorder (SUD) includes a flexible continuum of care that allows clients to enter the level most suitable to their needs and step-up or step-down in treatment intensity as their needs change. Stepping down involves less intensive treatment options, allowing clients to reintegrate into the community. This indicator measures the percent of SUD residential clients who stepped down to a lower level of care.

# SUD Step-Down: Residential

Provider-specific performance on the percent of SUD residential clients who stepped down to a lower level of care, FY 21 (n=7 providers)



**Notes:** Excludes clients whose disenrollment reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules.

**Source:** DBH analysis of DATA/WITS data as of 12/15/21.

# SUD Step-Down: Residential

## Provider-Specific Performance Rates Compared to the Performance Target

DBH Provider	FY 20 Rate	FY 21 Rate	FY 21 rate compared to target (50%)	Change
<b>DBH System Performance</b>	30%	44%	—	▲
<b>Mean</b>	29%	34%	×	▲
<b>Median</b>	29%	29%	×	◆
Clean and Sober Streets	46%	44%	—	◆
Federal City Recovery	25%	44%	—	▲
Regional Addiction Prevention	29%	29%	×	◆
Safe Haven	4%	8%	×	▲
Salvation Army	0%	12%	×	▲
Samaritan Inns	42%	24%	×	▼
So Others Might Eat	94%	80%	✓	▼

- ✗ Far Below Performance Target (0 – 39%)
- Near Performance Target (40 – 49%)
- ✓ Met or Exceeded Performance Target (50 – 100%)
- ▲ Increase (≥4-point increase from FY 20)
- ▼ Decrease (≥4-point decrease from FY 20)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 20)

**Notes:** Excludes clients whose disenrollment reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules.

**Source:** DBH analysis of DATA/WITS data as of 12/15/21.

## FY 21 Mean Performance

An average of **34%** of SUD residential clients stepped down to a lower level of care

## FY 21 Summary of Provider Performance

**43%** of providers **nearly met or exceeded** the DBH performance target of 50%

## Increased Performance Over Time

**43%** of providers **increased performance by at least 4 percentage points** between FY 20 and FY 21



## **SUD Step-Down: Withdrawal Management**

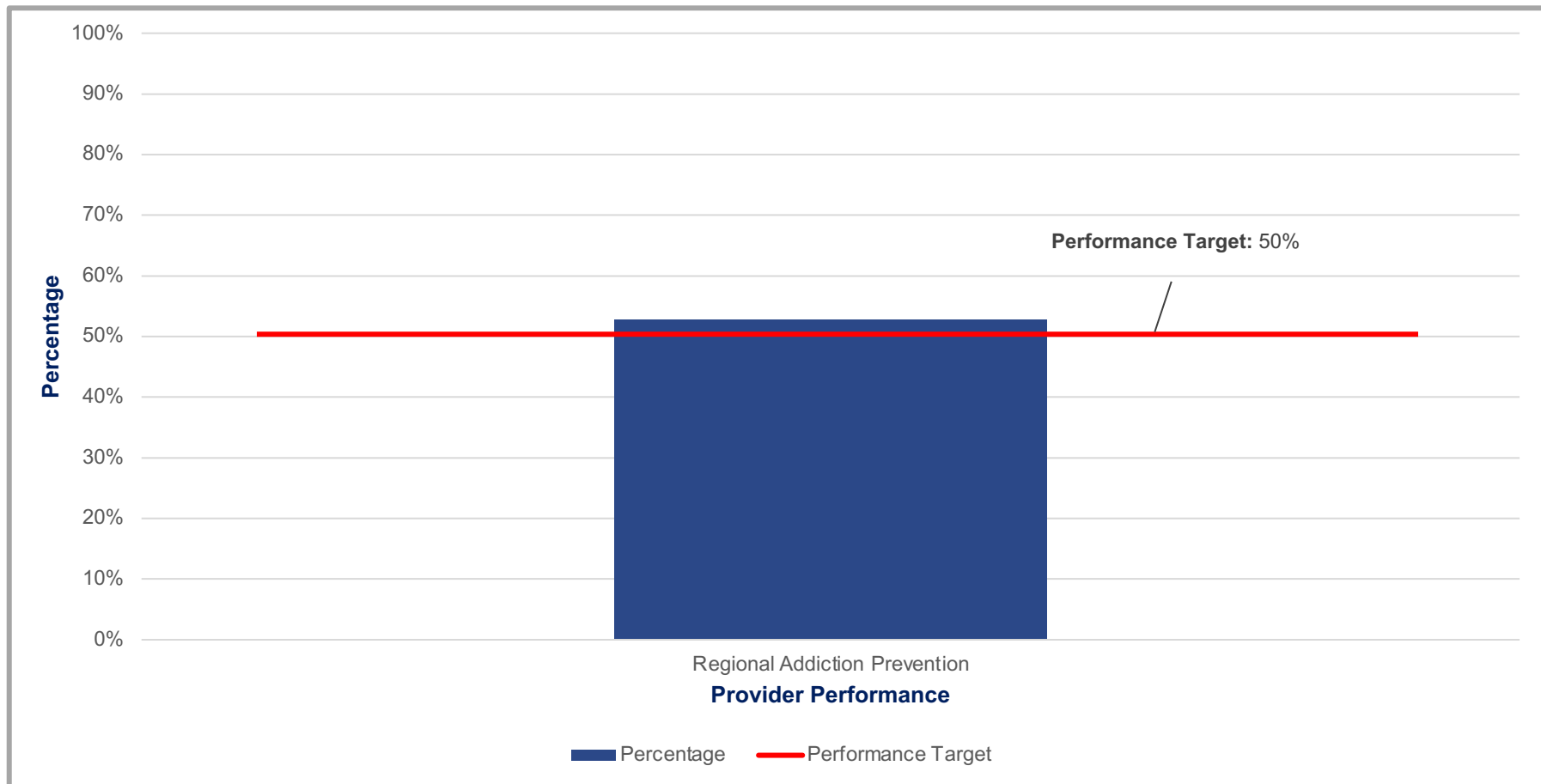
For many clients, withdrawal management is the entry point to substance use disorder (SUD) treatment. Withdrawal management is intended to help individuals safely withdraw from alcohol or other substances. Like other SUD treatment, withdrawal management allows clients to enter at the level most suitable to their needs and step-up or step-down in treatment intensity as their needs change. This indicator measures the percent of SUD withdrawal management clients who stepped down to a lower level of care.

*SUD Step-Down: Withdrawal Management* is being reported in FY 21 for the first time. While it is not a new KPI for FY 21, no data were available for DBH-certified providers in FY 20.



# SUD Step-Down: Withdrawal Management

Provider-specific performance on the percent of SUD withdrawal management clients who stepped down to a lower level of care, FY 21 (n=1 provider)



**Notes:** Excludes clients whose disenrollment reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules. Please note that DBH contracts with the Psychiatric Institute of Washington (PIW) to provide withdrawal management services, which is licensed by DC Health, but is not a DBH-certified, community-based provider. As such, data for PIW are not included in this report.

**Source:** DBH analysis of DATA/WITS data as of 12/15/2021.

# SUD Step-Down: Withdrawal Management

## Provider-Specific Performance Rate Compared to the Performance Target

DBH Provider	Rate	Rate compared to target (50%)
DBH System Performance	59%	✓
Regional Addiction Prevention	53%	✓

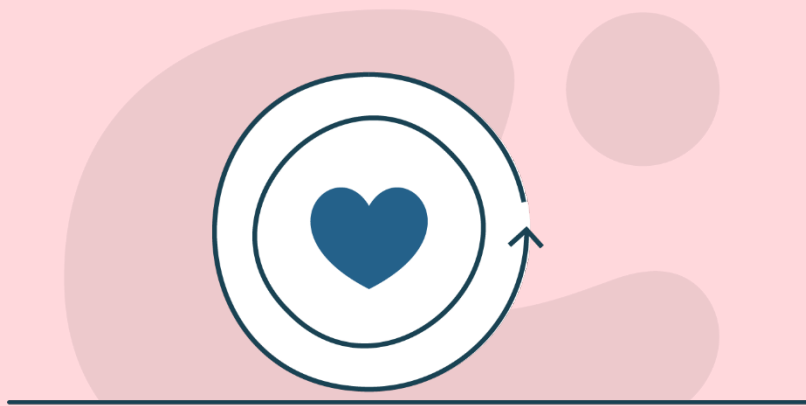
✗ Far Below Performance Target (0 – 39%)      – Near Performance Target (40 – 49%)      ✓ Met or Exceeded Performance Target (50 – 100%)

*SUD Step-Down: Withdrawal Management* is being **reported for the first time** in FY 21. No data were available for DBH-certified providers in FY 20

System and provider-level performance **exceeded** the DBH performance target of 50%

**Notes:** Excludes clients whose disenrollment reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules. Please note that DBH contracts with the Psychiatric Institute of Washington (PIW) to provide withdrawal management services, which is licensed by DC Health, but is not a DBH-certified, community-based provider. As such, data for PIW are not included in this report.

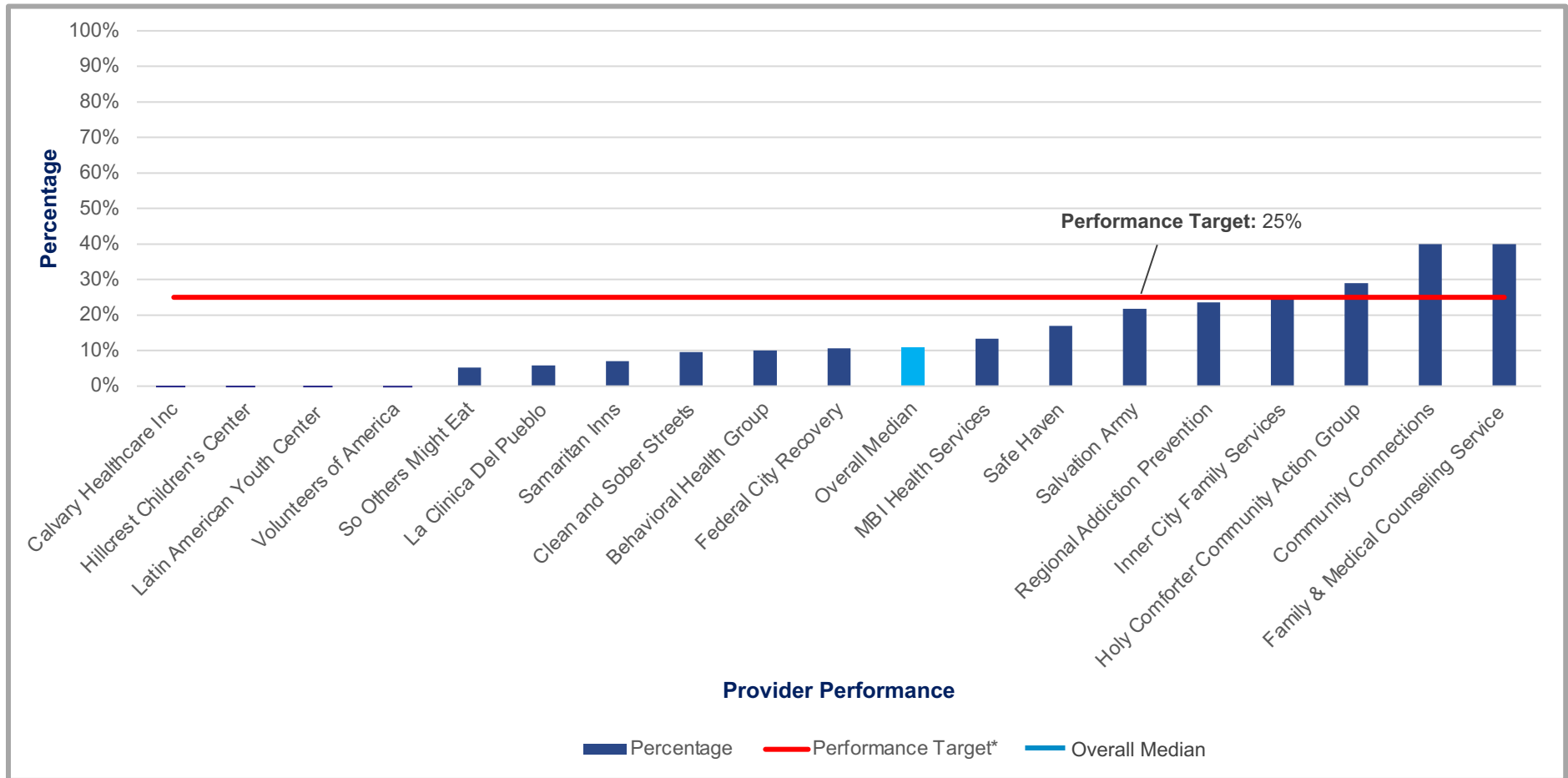
**Source:** DBH analysis of DATA/WITS data as of 12/15/2021.



## SUD Re-entry

Even after a successful discharge from substance use disorder (SUD) treatment, some clients may re-enter services for SUD treatment. Reasons for re-entry, which is sometimes called a relapse, vary but can include factors such as co-occurring mental health challenges and housing instability. This indicator measures the percent of SUD clients who were successfully discharged and re-entered services within 90 days.

Provider-specific performance on the percent of SUD clients who were successfully discharged who re-entered services within 90 days, FY 21 (n=18 providers^)



**Notes:** Excludes clients whose discharge reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules. ^One provider with fewer than four clients in the denominator has been excluded from this chart because they do not meet DBH's threshold for public reporting. **\*A lower rate on this KPI indicates better performance.**

**Source:** DBH analysis of DATA/WITS data as of 12/15/21.

## Provider-Specific Performance Rates Compared to the Performance Target

DBH Provider	Rate*	Rate compared to target (25%)
<b>DBH System Performance</b>	16%	✓
<b>Overall Mean</b>	19%	✓
<b>Overall Median</b>	11%	✓
Behavioral Health Group	10%	✓
Calvary Healthcare Inc	0%	✓
Clean and Sober Streets	10%	✓
Community Connections	40%	✗
Family & Medical Counseling Service	40%	✗
Federal City Recovery	11%	✓
Hillcrest Children's Center	0%	✓
Holy Comforter Community Action Group	29%	—
Inner City Family Services	25%	✓
La Clinica Del Pueblo	6%	✓
Latin American Youth Center	0%	✓
MBI Health Services	13%	✓

✗ Far Below Performance Target (36 – 100%)    — Near Performance Target (26 – 35%)    ✓ Met or Exceeded Performance Target (0 – 25%)

**Notes:** Excludes clients whose discharge reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules. One provider with fewer than four clients in the denominator has been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median. **\*A lower rate on this KPI indicates better performance.**

**Source:** DBH analysis of DATA/WITS data as of 12/15/21.

SUD Re-entry is a **new DBH KPI** for FY 21

### FY 21 Mean Performance

19%

An average of **19%** of clients who were successfully discharged re-entered services within 90 days

### FY 21 Summary of Provider Performance

89%

of providers in this table **nearly met or exceeded** the DBH performance target of 25%. A lower rate indicates better performance

## Provider-Specific Performance Rates Compared to the Performance Target (cont.)

DBH Provider	Rate*	Rate compared to target (25%)
<b>DBH System Performance</b>	16%	✓
<b>Overall Mean</b>	19%	✓
<b>Overall Median</b>	11%	✓
Regional Addiction Prevention	24%	✓
Safe Haven	17%	✓
Salvation Army	22%	✓
Samaritan Inns	7%	✓
So Others Might Eat	5%	✓
Volunteers of America	0%	✓

✗ = Far Below Performance Target (36 – 100%)    
 – = Near Performance Target (26 – 35%)    
 ✓ = Met or Exceeded Performance Target (0 – 25%)

**Notes:** Excludes clients whose discharge reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules. One provider with fewer than four clients in the denominator has been excluded from this table because they do not meet DBH's threshold for public reporting. Their data, however, are included in the calculation of the system performance rate, overall mean, and overall median. **\*A lower rate on this KPI indicates better performance.**

**Source:** DBH analysis of DATA/WITS data as of 12/15/21.

SUD Re-entry is a **new DBH KPI** for FY 21

### FY 21 Mean Performance

19%

An average of **19%** of clients who were successfully discharged re-entered services within 90 days

### FY 21 Summary of Provider Performance

89%

of providers in this table **nearly met or exceeded** the DBH performance target of 25%. A lower rate indicates better performance

# Efforts to Improve Performance

DBH, working in partnership with providers and stakeholders (e.g., policymakers, consumers/clients, advocacy groups, and other District agencies) seeks to meet the behavioral health needs of all District residents. This report provides a summary of performance on 10 DBH Key Performance Indicators (KPIs) for services provided to children, youth, and adults during FY 2021 (October 1, 2020 - Sept 30, 2021).

DBH met or nearly met performance targets for eight of the 10 KPIs that assess:

- consumer/client satisfaction with the person-centered planning process;
- consumer/client satisfaction with access to services;
- adult's timely receipt of mental health services;
- children's timely receipt of mental health services;
- retention in medication assisted treatment programs;
- step-down from residential substance use treatment;
- step-down from withdrawal management substance use treatment, and;
- re-entry into substance use services.

For the two indicators in which DBH fell short in meeting its performance targets, DBH undertook several efforts to drive improvements in performance. These efforts included sharing DBH-collected data on performance based on provider claims with each DBH-certified provider. Examples of other improvement efforts related to these two KPIs are described below:

- **Timely Service After an Involuntary Psychiatric Hospital Discharge:** DBH actively and continuously engages its mental health providers to coordinate care between levels of care and across the care continuum. DBH hosts a bi-weekly meeting with the providers to provide technical assistance and assist them with data entry into DBH's Electronic Health Record (EHR) to ensure better care coordination. A primary focus of this meeting addresses care coordination challenges that providers experience, as well as offering recommendations and strategies to better engage and retain clients in care. In this meeting, DBH shares the service delivery system's monthly and quarterly outcome data related to this KPI and discuss strategies for how providers can improve their performance.



## Efforts to Improve Performance (cont.)

DBH has also undertaken efforts to improve the quality of data for this KPI, including conducting regular record reviews to identify opportunities for workflow and documentation improvement. The data analysis from the record reviews showed individuals who were ineligible for follow-up services were being included in the KPI calculations. Changes to workflows were implemented to exclude those who lived out-of-jurisdiction or had private insurance. DBH engaged with community hospitals to encourage discharge planning with community providers. DBH worked with community providers to maximize use of the District's Health Information Exchange (HIE) so they would receive electronic notifications when their consumers were discharged. Additionally, DBH researched national performance on similar metrics and decided to change the target for this KPI from 70% to 60% for FY 22.

- **Child Functional Assessment Change Over Time:** DBH has engaged in numerous technical assistance efforts around this indicator. Consumer-level data were shared monthly with providers to identify those whose functional assessments were current, expired, or missing, so that the KPI data would be more complete. DBH met regularly with Community Based Intervention (CBI) providers to discuss compliance with completing functional assessments and children's functional improvements over time. DBH also provided training and technical assistance for providers to better access and utilize outcomes data. DBH developed a survey to obtain provider feedback regarding the perceived effectiveness of the functional assessment tool and its use in clinical practice. DBH will use survey findings to inform future TA efforts. Due to concerns that the current KPI may not allow providers to fully demonstrate improvement on the measure for children, DBH decided to expand the metric in FY 22 to one that shows progress on individual domains rather than on one overall score.

DBH will advance efforts through these and other activities to ensure that all consumers/clients in the District have timely access to appropriate behavioral health services.

# Conclusion

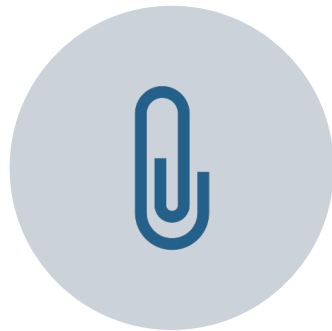
*Measuring Provider Performance: Building a stronger system of behavioral health care*, FY 21, provides provider-specific performance on 10 DBH Key Performance Indicators (KPIs) for services received by children, youth, and adults during FY 21 (October 1, 2020 – Sept 30, 2021). DBH met or nearly met performance targets for eight of the 10 KPIs (80%), but DBH fell short in meeting performance targets for two measures of behavioral health care.

Now with two years of publicly reported data on seven of the KPIs, the report also provides comparative information about how performance on these indicators has changed over time. For example, DBH had increased performance on five of seven KPIs with data available for both FY 20 and FY 21, with all five indicators exhibiting gains of at least four percentage points between the FYs. This includes the two KPIs for which DBH did not meet its performance targets: timely services after an involuntary psychiatric hospital discharge and child functional assessment. Though there is still more work to do, these findings show that DBH's efforts to improve performance highlighted earlier in this report (see [Efforts to Improve Performance](#)) are resulting in progress toward our goals.

It is important to note that the data included in this report include services provided during the public health emergency caused by the COVID-19 pandemic. Data from MHEASURES (see [Additional Resources](#)), show that while there was a two percent decrease in utilization of substance use disorder services, there was a 14 percent increase in the number of DBH consumers/clients receiving community-based mental health services in FY 21, on top of a six percent increase in the prior year, driven primarily by telemedicine services. It is encouraging that DBH-certified providers were able to maintain and, in some cases, expand access to services while both meeting performance targets *and* realizing improvements in care delivery over time during a time in which there were ongoing COVID-related service disruptions.

Using the data in this report and other available tools, DBH will continue building on the progress demonstrated in this report, to build a stronger system of behavioral health care in the District.

# Appendix Tables and Additional Resources



# Appendix A. FY 21 DBH-Certified Community-Based Providers

The table below lists the 72 DBH-certified, community-based mental health (MH) and substance use disorder (SUD) providers in FY 21.

Provider	DBH Certification (MH, SUD, MH/SUD)	Population Served
Absolute Healthcare Resources	MH	Adult
Abundant Grace Health Services	MH	Adult
Affordable Home Health Care	MH	Adult
Amazing Love Health Services <sup>2</sup>	MH	Adult
Anchor Mental Health Association	MH	Both
Baymark <sup>3</sup>	SUD	Adult
Behavioral Health Group	SUD	Adult
Better Morning	MH	Both
Calvary Healthcare Inc. <sup>2</sup>	SUD	Adult
Capital Clubhouse <sup>1</sup>	MH	Adult
City Care Health Services	MH	Adult
Clean and Sober Streets	SUD	Adult
Community Connections	MH/SUD	Both
Community Wellness Ventures	MH	Both
DC Recovery Community Alliance <sup>1</sup>	SUD	Adult
Deaf Reach	MH	Adult
Dedicated Care Health Services	MH	Adult
District Health Care Services	MH	Adult

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 21 because the provider did not provide the care that the indicators are being used to assess and/or had counts below the threshold for public reporting of data in this report. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup> Baymark is formerly the Foundation for Contemporary Drug Abuse.

# Appendix A. FY 21 DBH-Certified Community-Based Providers

Provider	DBH Certification (MH, SUD, MH/SUD)	Population Served
Family & Medical Counseling Service	SUD	Adult
Family Preservation Services	MH	Both
Family Solutions of Ohio	MH	Both
Family Wellness Center	MH	Both
Federal City Recovery	SUD	Both
Global Resources Supports <sup>2</sup>	MH	Adult
Goshen Health Care & Management	MH/SUD	Adult
Hillcrest Children's Center	MH/SUD	Both
Holy Comforter Community Action Group	SUD	Adult
Holy Health Care Services <sup>2</sup>	MH	Both
Inner City Family Services	MH/SUD	Both
Integrated Community Services <sup>2</sup>	MH	Adult
Integrated Health Resources <sup>1, 2</sup>	MH	Both
Kahak Health Care Services	MH	Adult
Kinara Health & Home Care	MH	Both
La Clinica Del Pueblo	SUD	Adult
Latin American Youth Center	MH/SUD	Child
Life Care Inc	MH	Adult

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 21 because the provider did not provide the care that the indicators are being used to assess and/or had counts below the threshold for public reporting of data in this report. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup> Baymark is formerly the Foundation for Contemporary Drug Abuse.

# Appendix A. FY 21 DBH-Certified Community-Based Providers

Provider	DBH Certification (MH, SUD, MH/SUD)	Population Served
Life Changing Solutions <sup>1, 2</sup>	MH	Child
Life Enhancement Services	MH	Both
Life Stride	MH/SUD	Adult
Love Your Life Healthcare <sup>1</sup>	MH	Adult
Mary's Center	MH	Both
MBI Health Services	MH/SUD	Both
McClendon Center	MH	Adult
MD/DC Family Resource	MH	Both
Neighbors Consejo	MH	Adult
New Hope Health Services	MH/SUD	Both
New Living Health Care LLC	MH	Adult
NYA Health Care Services	MH	Adult
One Care DC Inc.	MH	Adult
Outreach Solutions	MH	Child
P&G Behavioral Health Services	MH	Adult
Pathways to Housing D.C.	MH	Adult
Paving the Way <sup>1</sup>	MH	Both
Prestige Healthcare Resources	MH	Adult

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 21 because the provider did not provide the care that the indicators are being used to assess and/or had counts below the threshold for public reporting of data in this report. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup> Baymark is formerly the Foundation for Contemporary Drug Abuse.

# Appendix A. FY 21 DBH-Certified Community-Based Providers

Provider	DBH Certification (MH, SUD, MH/SUD)	Population Served
Preventive Measures	MH	Both
PSI Services	MH	Both
Psychiatric Center Chartered	MH	Adult
Regional Addiction Prevention	SUD	Adult
Restoration Community Alliance	MH	Adult
Safe Haven <sup>2</sup>	SUD	Adult
Salvation Army	SUD	Adult
Samaritan Inns	SUD	Adult
So Others Might Eat	SUD	Adult
Spring Leaf Solutions	MH	Adult
The Ark of DC	MH	Adult
Total Family Care <sup>1</sup>	SUD	Adult
Umbrella Therapeutic Services	MH	Both
United Planning Organization	SUD	Adult
Universal <sup>2</sup>	MH	Both
Volunteers of America	MH/SUD	Adult
Wellness Healthcare Clinic	MH	Adult
Woodley House	MH	Adult

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 21 because the provider did not provide the care that the indicators are being used to assess and/or had counts below the threshold for public reporting of data in this report. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup> Baymark is formerly the Foundation for Contemporary Drug Abuse.

# Appendix B: Summary of Provider-Specific Performance Across KPIs

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Absolute Healthcare Resources	FY 21 Performance	--	--	⚡	N/A <sup>4</sup>	✖	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	◆	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Abundant Grace Health Services	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Affordable Home Health Care	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	⚡	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	/	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Amazing Love Health Services	FY 21 Performance	✓	⚡	⚡	N/A <sup>4</sup>	✖	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	◆	◆	N/A <sup>4</sup>	▼	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Anchor Mental Health Association	FY 21 Performance	✓	✓	⚡	✖	✓	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▲	▲	◆	▲	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Baymark	FY 21 Performance	✓	✓	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	✓	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 20 to FY 21 Change	N/A <sup>+</sup>	◆	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	◆	N/A <sup>6</sup>	N/A <sup>7</sup>	--

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 75).



# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Behavioral Health Group	FY 21 Performance	✖	⚡	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	✔	N/A <sup>6</sup>	N/A <sup>7</sup>	✔
	FY 20 to FY 21 Change	N/A <sup>+</sup>	/	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	▲	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A <sup>+</sup>
Better Morning	FY 21 Performance	✖	✖	✔	⚡	✖	✖	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	▲	/	▲	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Calvary Healthcare Inc.	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✔
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A <sup>+</sup>
City Care Health Services	FY 21 Performance	--	--	⚡	N/A <sup>4</sup>	⚡	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	◆	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Clean and Sober Streets	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	⚡	N/A <sup>5</sup>	✔
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	◆	N/A <sup>5</sup>	N/A <sup>+</sup>
Community Connections	FY 21 Performance	✔	✔	⚡	⚡	✔	⚡	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✖
	FY 20 to FY 21 Change	N/A <sup>+</sup>	◆	◆	▼	▲	▲	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A <sup>+</sup>

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# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Community Wellness Ventures	FY 21 Performance	--	--	✓	✓	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	▼	▼	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Deaf Reach	FY 21 Performance	--	--	✗	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	/	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Dedicated Care Health Services	FY 21 Performance	–	✗	✓	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	/	▲	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
District Health Care Services	FY 21 Performance	✗	–	–	N/A <sup>4</sup>	–	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	/	◆	N/A <sup>4</sup>	◆	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Family & Medical Counseling Service	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✗
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Family Preservation Services	FY 21 Performance	--	--	–	✓	✓	✗	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	▲	▲	▼	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Family Solutions of Ohio	FY 21 Performance	✓	✗	–	–	✗	✓	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▼	▼	▼	▲	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Family Wellness Center	FY 21 Performance	✓	✗	–	–	✗	–	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	▼	◆	/	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Federal City Recovery	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	–	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▲	N/A <sup>7</sup>	N/A <sup>+</sup>
Global Resources Supports	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Goshen Health Care & Management	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
	FY 20 to FY 21 Change	--	--	▼	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Hillcrest Children's Center	FY 21 Performance	–	✗	–	✗	–	✗	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	▲	◆	▲	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A

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# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Holy Comforter Community Action Group	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	—
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A <sup>+</sup>
Holy Health Care Services	FY 21 Performance	--	--	—	--	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	--	▼	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Inner City Family Services	FY 21 Performance	—	✗	✓	✓	✗	—	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	—
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	▲	▲	▲	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Integrated Community Services	FY 21 Performance	--	--	—	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	/	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Kahak Health Care Services	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Kinara Health & Home Care	FY 21 Performance	✓	—	✓	✓	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▲	▲	▲	▼	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
La Clinica Del Pueblo	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Latin American Youth Center	FY 21 Performance	--	--	N/A <sup>3</sup>	✗	N/A <sup>3</sup>	✓	N/A <sup>3</sup>	N/A <sup>3, 6</sup>	N/A <sup>3, 7</sup>	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>3</sup>	▲	N/A <sup>3</sup>	▲	N/A <sup>3</sup>	N/A <sup>3, 6</sup>	N/A <sup>3, 7</sup>	N/A <sup>3</sup>
Life Care Inc	FY 21 Performance	✗	✗	✓	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Life Enhancement Services	FY 21 Performance	⚡	✗	✗	✗	✗	✗	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▼	▼	▲	▲	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Life Stride	FY 21 Performance	--	--	⚡	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	▼	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Mary's Center	FY 21 Performance	--	--	✗	⚡	--	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▼	◆	--	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 75).

# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
MBI Health Services	FY 21 Performance	⚡	⚡	✅	✅	✅	❌	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✅
	FY 20 to FY 21 Change	N/A <sup>+</sup>	⬆️	⬆️	⬆️	⬆️	⬆️	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A <sup>+</sup>
McClendon Center	FY 21 Performance	--	--	✅	N/A <sup>4</sup>	✅	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	⬆️	N/A <sup>4</sup>	⬇️	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
MD/DC Family Resource	FY 21 Performance	--	--	--	⚡	--	⚡	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	--	⬆️	--	⬆️	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Neighbors Consejo	FY 21 Performance	--	--	⚡	N/A <sup>4</sup>	❌	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	⬆️	N/A <sup>4</sup>	⬆️	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
New Hope Health Services	FY 21 Performance	✅	✅	✅	⚡	⚡	--	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 20 to FY 21 Change	N/A <sup>+</sup>	/	⬆️	⬆️	⬆️	--	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--
New Living Health Care LLC	FY 21 Performance	--	--	⚡	N/A <sup>4</sup>	❌	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	⬆️	N/A <sup>4</sup>	⬇️	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
NYA Health Care Services	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	◆	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
One Care DC Inc.	FY 21 Performance	--	--	⊖	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	◆	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Outreach Solutions	FY 21 Performance	--	--	N/A <sup>3</sup>	✓	N/A <sup>3</sup>	✗	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	N/A <sup>3</sup>	▲	N/A <sup>3</sup>	▼	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
P&G Behavioral Health Services	FY 21 Performance	--	--	⊖	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Pathways to Housing D.C.	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Prestige Healthcare Resources	FY 21 Performance	✗	⊖	✓	N/A <sup>4</sup>	⊖	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	/	◆	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 75).

# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Preventive Measures	FY 21 Performance	✓	–	✓	✓	–	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	/	◆	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
PSI Services	FY 21 Performance	✗	✗	✓	✓	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	◆	▼	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Psychiatric Center Chartered	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	–	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	▼	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Regional Addiction Prevention	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✗	✓	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	◆	N/A <sup>*</sup>	N/A
Restoration Community Alliance	FY 21 Performance	--	--	–	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	▲	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Safe Haven	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✗	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▲	N/A <sup>7</sup>	N/A <sup>+</sup>

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# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Salvation Army	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✗	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▲	N/A <sup>7</sup>	N/A <sup>+</sup>
Samaritan Inns	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✗	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▼	N/A <sup>7</sup>	N/A <sup>+</sup>
So Others Might Eat	FY 21 Performance	✓	✓	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✓	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▼	N/A <sup>7</sup>	N/A <sup>+</sup>
Spring Leaf Solutions	FY 21 Performance	--	--	–	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	◆	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
The Ark of DC	FY 21 Performance	--	--	✓	N/A <sup>4</sup>	–	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	◆	N/A <sup>4</sup>	/	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Umbrella Therapeutic Services	FY 21 Performance	✓	–	–	✓	✗	✗	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▲	▲	▼	/	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 75).







# Appendix B: Summary of Provider-Specific Performance Across KPIs (cont.)

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (70%)	Performance target (80%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
United Planning Organization	FY 21 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	✓	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 20 to FY 21 Change	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	▲	N/A <sup>6</sup>	N/A <sup>7</sup>	--
Universal	FY 21 Performance	--	--	✗	--	--	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	/	--	--	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Volunteers of America	FY 21 Performance	--	--	✗	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 20 to FY 21 Change	--	--	▼	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A <sup>+</sup>
Wellness Healthcare Clinic	FY 21 Performance	⊖	✗	⊖	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	N/A <sup>+</sup>	▼	▼	N/A <sup>4</sup>	▲	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Woodley House	FY 21 Performance	--	--	✗	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 20 to FY 21 Change	--	--	/	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 75).

# Appendix B: Summary of Provider-Specific Performance Across KPIs: Legend and Notes

## Appendix Legend

 Far Below Performance Target (>10 percentage points of target)	 Increase ( $\geq 4$ -point increase from FY 20)
 Near Performance Target (within 10 percentage points of target)	 Decrease ( $\geq 4$ -point decrease from FY 20)
 Met or Exceeded Target	 Little-to-no-Change ( $\leq 3$ -point difference from FY 20)

## Appendix Notes

-- : For the mental health and SUD-focused KPIs, data suppressed due to providers having fewer than 4 consumers/clients in the indicator denominator. For the all-provider KPIs, data suppressed due to providers having fewer than 10 consumers/clients in the indicator denominator.

/ : No data for the provider for FY 20

N/A : Not applicable

N/A<sup>\*</sup>: Not applicable; new KPI for FY 21

N/A<sup>\*</sup>: Not applicable; not a new KPI but no data available for DBH-certified providers in FY 20

N/A<sup>1</sup>: SUD provider, and the KPI is mental health focused

N/A<sup>2</sup>: mental health provider, and the KPI is SUD focused

N/A<sup>3</sup>: provider serves children only and the KPI is adult focused

N/A<sup>4</sup>: provider serves adults only and the KPI is child focused

N/A<sup>5</sup>: not an OTP provider

N/A<sup>6</sup>: not a residential provider

N/A<sup>7</sup>: does not provide this level of care

# Appendix C: KPI Definitions

Indicator	Description	Numerator	Denominator	Exclusions	Data Source
Behavioral Health Satisfaction Survey – Access Domain	Percent of consumers/clients surveyed in the Behavioral Health Satisfaction Survey who were satisfied with access	Number of consumers/clients surveyed in the Behavioral Health Satisfaction Survey who were satisfied with access	Number of consumers/clients who responded to the Behavioral Health Satisfaction Survey survey	Anyone who has not been chosen in the random sample	Behavioral Health Satisfaction Surveys
Behavioral Health Satisfaction Survey - Person-centered Planning Domain	Percent of consumers/clients surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Number of consumers/clients surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Number of consumers/clients who responded to the Behavioral Health Satisfaction Survey survey	Anyone who has not been chosen in the random sample	Behavioral Health Satisfaction Surveys
Timely Service: Adult Enrollment/Transfer	Percent of adult (18+) consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment	Adult consumers with a paid MHRS fee-for-service claim within 30 days	All enrollments and transfers	Consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, claims paid by MCOs.	iCAMS & claims
Timely Service: Children Enrollment/Transfer	Percent of child (0-18) consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment	Consumers with a paid MHRS fee-for-service claim within 30 days	All enrollments and transfers	Consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, claims paid by MCOs	iCAMS & claims
Timely Service: Post-Psychiatric Hospital Discharge	Percent of adult Mental Health Rehabilitative Services (MHRS) involuntary psychiatric hospitalizations that had a follow-up service within 30 days	Number of adult discharges from an involuntary psychiatric hospitalization for MHRS consumers who had a paid claim within 30 days	Number of adult discharges from an involuntary psychiatric hospitalization for MHRS consumers	Saint Elizabeths and non-contracted hospitals, children	iCAMS & claims
Child Functional Assessment Change Over Time	Percent of children receiving MHRS services whose acuity was initially high who had significant improvement in functioning on their most recent functional assessment	Number of children whose initial CAFAS/PECFAS score was 80 or higher and the CAFAS/PECFAS score during the quarter was at least 20 points lower than their initial score	Number of children whose initial CAFAS/PECFAS was 80 or higher and who had a CAFAS/PECFAS during the reporting quarter	Children receiving MHRS with an initial CAFAS/PECFAS score of 70 or lower	iCAMS and FAS outcomes

# Appendix C: KPI Definitions (cont.)

Indicator	Description	Numerator	Denominator	Exclusions	Data Source
Medication Assisted Treatment: Retention Rate	Percent of medication assisted treatment (MAT) clients who were served in two consecutive quarters	All clients with a medication assisted treatment (MAT) claim in the previous quarter and the current quarter	All clients with a medication assisted treatment (MAT) claim in the previous quarter	Not Applicable.	Claims
SUD Step-down: Residential	Percent of SUD Residential clients who stepped down to a lower level of care	Clients who had a program enrollment at a lower level of care within 14 days of the successful residential disenrollment	Clients who had a disenrollment reason of either: Completed SUD Treatment with No Substance Use; Completed Treatment with Some Substance Use; or Transfer to CDS Program Within Agency for Continued Services	Clients whose disenrollment reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules	DATA/WITS
SUD Step-down: Withdrawal Management	Percent of SUD withdrawal management clients who stepped down to a lower level of care	Clients who had a program enrollment at a lower level of care within 14 days of the successful withdrawal disenrollment	Clients who had a disenrollment reason of either: Completed SUD Treatment with No Substance Use; Completed Treatment with Some Substance Use; or Transfer to CDS Program Within Agency for Continued Services	Clients whose disenrollment reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules	DATA/WITS
SUD Re-entry	Percent of SUD clients who re-entered services within 90 days	Number of clients with a successful discharge who had an intake (AR program enrollment or ARC intake) within 90 days of the discharge date	Number of successful discharges (discharge reason of either: Completed SUD Treatment with No Substance Use; Completed Treatment with Some Substance Use; or Transfer to CDS Program Within Agency for Continued Services)	Clients whose discharge reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules	DATA/WITS

# Additional Resources

## **Report-Specific Analyses**

[Detailed Tables of Performance on the DBH KPIs](#)

## **Background Materials**

[Department of Behavioral Health FY 2022 Performance Plan](#)

[FY 21 Complete Agency Performance Report](#)

[FY 21 Mental Health and Substance Use Report on Expenditures and Services \(MHEASURES\) Annual Report](#)

[Certification Standards for Substance Use Disorder Treatment and Recovery Providers](#)

[Certification Standards for Mental Health Treatment and Recovery Providers](#)