District of Columbia
**Department of Behavioral Health**

**DBH** DEPARTMENT OF BEHAVIORAL HEALTH

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



Fiscal Year
**2022**
Report

**Measuring Provider Performance:**

*Building a stronger system of behavioral health care*

*December 2024*

# Table of Contents

# Letter from the Director

## Dear District Residents and Partners,

I am pleased to share the Department of Behavioral Health's (DBH) third annual report that measures and monitors our progress during Fiscal Year (FY) 2022 to provide public behavioral health services that improve the health of District residents. Now able to measure performance across three years, we have a solid base of data to foster improvements in DBH behavioral health services.

The report includes data on 10 Key Performance Indicators (KPIs) of services delivered by DBH-certified, community-based providers. As with the FY 2020 and 2021 reports, the data are reported for the District's behavioral health KPI performance overall and for each provider that offers the service.

Of the 10 KPIs, DBH met four KPI performance targets and nearly met four performance targets during FY 22, but did not meet performance targets for two indicators. On an overall performance level, provider performance improved on three of the nine KPIs with comparable data in both FY 21 and FY 22. The greatest improvement between FY 21 and FY 22 was in consumer/client satisfaction with the person-centered planning process. The greatest year-over-year improvement from FY 20 to FY 22 was in timely services after an involuntary psychiatric hospitalization. DBH did not meet the FY 22 performance targets for SUD step-down for withdrawal management or for residential care, with both KPIs experiencing double-digit percentage-point declines in performance between FY 21 and FY 22. Taken together, these findings suggest that while DBH is making progress toward its goals for some indicators, continued, more focused efforts are needed to achieve progress for others.

Thank you to our partners in the provider, peer, and advocacy communities for their commitment to improving behavioral health care and outcomes for District residents. I also want to extend my appreciation to residents who work to address their behavioral health challenges and sustain recovery. It is my expectation that through DBH's continued collaboration with our partners, we will use this performance report and other tools available to support decision making that advances equitable, whole person care that allows all District residents the opportunity to thrive.

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 and treatment 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) 2022 (October 1, 2021 through September 30, 2022), performance data on 19 KPIs were reported to the Mayor's office in October 2022 (see DBH's Complete Agency Performance Report in Additional Resources). Of the 19 KPIs, 10 KPIs focus on services delivered by DBH-certified, community-based providers. The other nine 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 22 summarizes individual provider-level performance and KPI overall performance (i.e., data across both DBH-certified providers and DBH-operated programs) on behavioral health care services provided to children, youth, and adults, most of whom are enrolled in Medicaid. The report builds on the FY 21 report on the same topic and compares FY 21 and FY 22 performance.

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

**68**
Providers

DBH used **10** Key Performance Indicators (KPIs) to assess the performance of **68** DBH-certified, community-based behavioral health providers that serve children, youth, and adults with mental health and/or substance use disorders

# KPI Overall Performance



**Percentage** (y-axis) vs **Key Performance Indicator** (x-axis)

| Key Performance Indicator | Value | Target |
|---|---|---|
| Behavioral Health Satisfaction Survey - Access Domain | 83% | 80% |
| Behavioral Health Satisfaction Survey - Patient-Centered… | 82% | 80% |
| Timely Service - Adult Enrollment/Transfer | 86% | 85% |
| Timely Service - Children Enrollment/Transfer | 80% | 85% |
| Timely Service - Post-Psychiatric Hospital Discharge | 54% | 60% |
| Child Functional Assessment Change Over Time | 53% | 55% |
| Medication Assisted Treatment: Retention Rate | 83% | 90% |
| SUD Step-Down: Residential | 28% | 50% |
| SUD Step-Down: Withdrawal Management | 31% | 50% |
| SUD Re-entry* (lower is better) | 14% | 25% |

Legend:
- ■ = Far Below Performance Target (>10 percentage points of target) (red)
- ■ = Near Performance Target (within 10 percentage points of target) (yellow)
- ■ = Met or Exceeded Target (green)
- ▬ = Performance Target (navy)

**Note: *A lower rate indicates better performance for the SUD Re-entry KPI.** KPI overall performance includes individuals served by a DBH-certified provider or operated program.
**Source:** DBH analysis as of 10/7/2022.

DBH **met or nearly met** its performance targets for eight of the ten indicators

DBH **exceeded** its performance targets for *Behavioral Health Satisfaction Survey - Access Domain, Behavioral Health Satisfaction Survey – Patient-Centered Planning Domain, Timely Service – Adult Enrollment/Transfer,* and *SUD Re-entry*

The *SUD Step-Down: Residential* indicator has the **greatest room for improvement**, with a 22 percentage-point difference between current performance and the target

# KPI Overall Performance: Change Over Time, FY 21 – FY 22

**DBH**
DEPARTMENT OF
BEHAVIORAL HEALTH

## Key Performance Indicator

| KPI | FY 21 | FY 22 |
|-----|-------|-------|
| Behavioral Health Satisfaction Survey - Access Domain | 79% | 83% |
| Behavioral Health Satisfaction Survey - Patient-Centered Planning Domain | 74% | 82% |
| Timely Service - Adult Enrollment/Transfer | 88% | 86% |
| Timely Service - Children Enrollment/Transfer | 81% | 80% |
| Timely Service - Post-Psychiatric Hospital Discharge | 49% | 54% |
| Child Functional Assessment Change Over Time | N/A | 53% |
| Medication Assisted Treatment: Retention Rate | 85% | 83% |
| SUD Step-Down: Residential | 44% | 28% |
| SUD Step-Down: Withdrawal Management | 59% | 31% |
| SUD Re-entry* (lower is better) | 16% | 14% |

**Percentage**

■ FY 21 - KPI Overall Performance   ■ FY 22 - KPI Overall Performance

Increase =
(≥4-point increase from FY 21)

Decrease =
(≥4-point decrease from FY 21)

Little-to-no-Change =
(≤ 3-point difference from FY 21)

**Note: *A lower rate indicates better performance for the SUD Re-entry KPI.** N/A: KPI updated for FY 22; data cannot be compared to previous FYs. KPI overall performance includes individuals served by a DBH-certified provider or operated program.
**Source:** DBH analysis as of 10/7/2022.
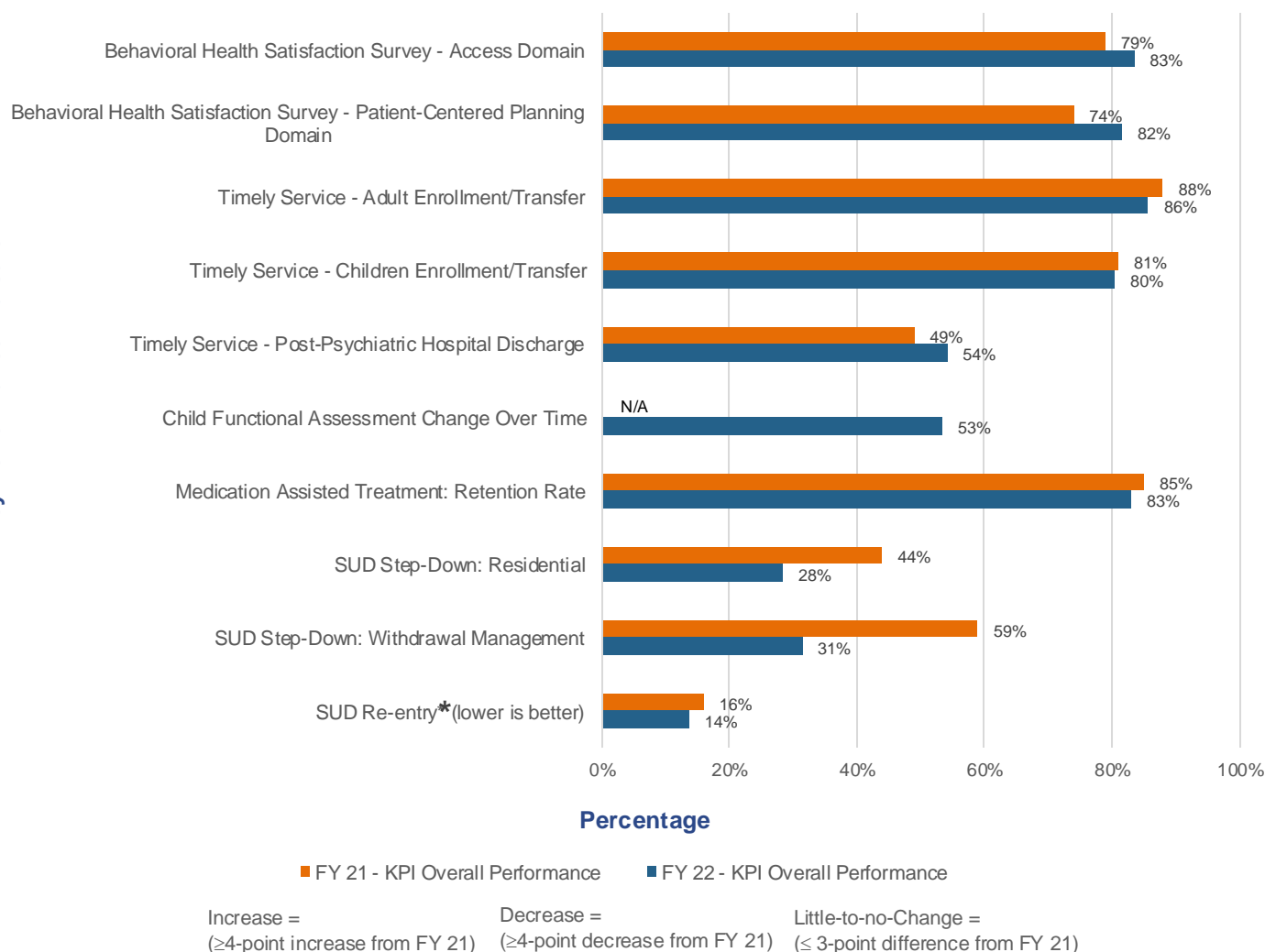
KPI overall performance **improved (≥4-point increase)** between FY 21 and FY 22 on **3 of 9** KPIs

There was **little-to-no change (≤ 3-point difference)** in KPI overall performance between FY 21 and FY 22 on **4 of 9** KPIs

The *Behavioral Health Satisfaction Survey - Patient-Centered Planning Domain* indicator had the **greatest improvement in performance** between FY 21 and FY 22, with an 8 percentage-point increase
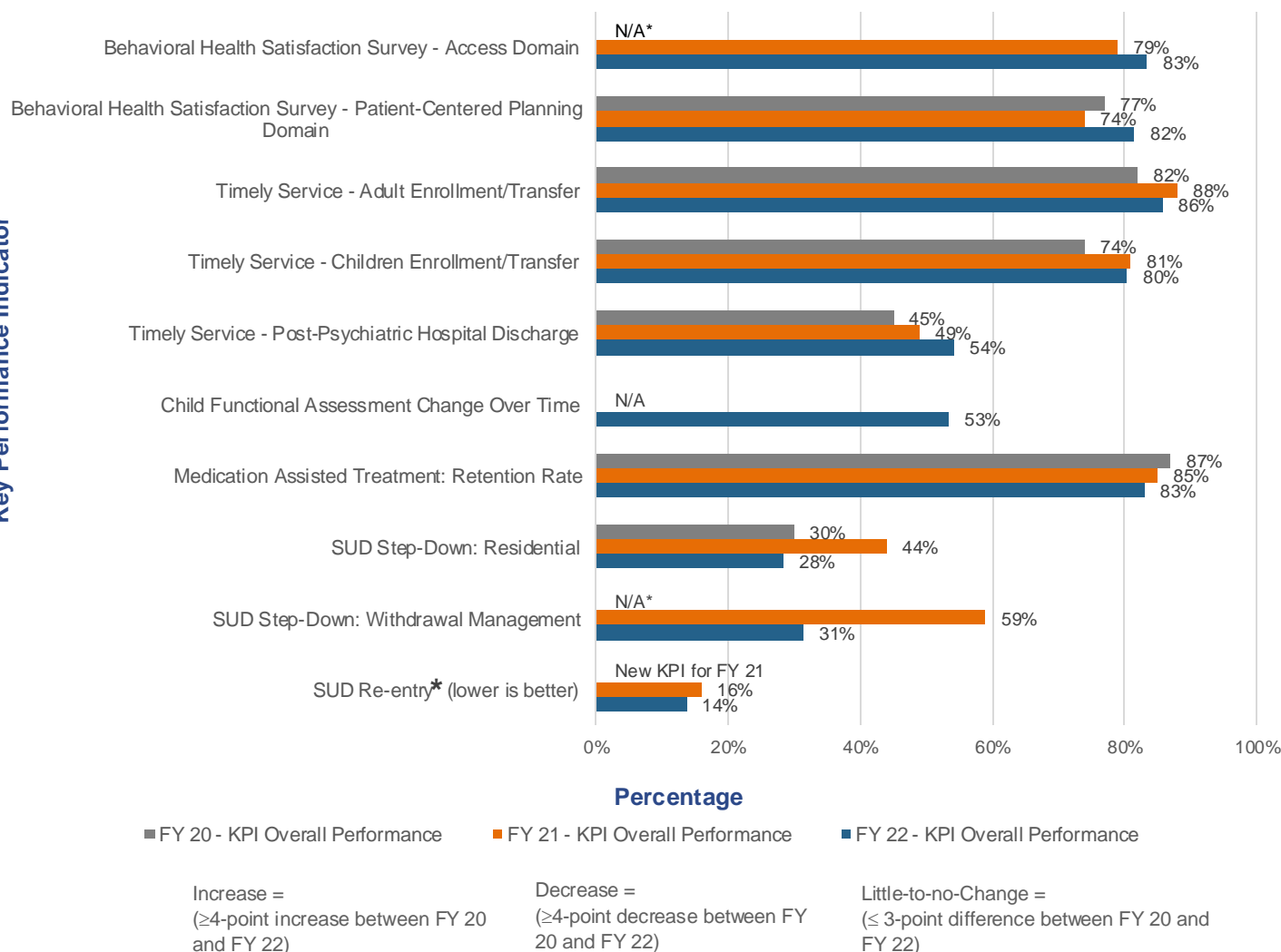
The two *SUD Step-Down* KPIs experienced **significant declines in performance** between the fiscal years

# KPI Overall Performance: Change Over Time, FY 20 – FY 22



**Key Performance Indicator** (chart)

- Behavioral Health Satisfaction Survey - Access Domain: N/A*, 79%, 83%
- Behavioral Health Satisfaction Survey - Patient-Centered Planning Domain: 77%, 74%, 82%
- Timely Service - Adult Enrollment/Transfer: 82%, 88%, 86%
- Timely Service - Children Enrollment/Transfer: 74%, 81%, 80%
- Timely Service - Post-Psychiatric Hospital Discharge: 45%, 49%, 54%
- Child Functional Assessment Change Over Time: N/A, 53%
- Medication Assisted Treatment: Retention Rate: 87%, 85%, 83%
- SUD Step-Down: Residential: 30%, 44%, 28%
- SUD Step-Down: Withdrawal Management: N/A*, 59%, 31%
- SUD Re-entry* (lower is better): New KPI for FY 21, 16%, 14%

Legend:
- ■ FY 20 - KPI Overall Performance
- ■ FY 21 - KPI Overall Performance
- ■ FY 22 - KPI Overall Performance

Increase = (≥4-point increase between FY 20 and FY 22)

Decrease = (≥4-point decrease between FY 20 and FY 22)

Little-to-no-Change = (≤ 3-point difference between FY 20 and FY 22)

**Percentage** (x-axis)

Six of the 10 FY 22 KPIs have **comparable data** from FY 20

KPI overall performance **improved (≥4-point increase)** between FY 20 and FY 22 on **4 of 6** KPIs that have comparable data

The *Timely Service – Post-Psychiatric Hospital Discharge* indicator had **year-over-year improvements in performance (≥4-point increase)** from FY 20 to FY 22

**Note:** *A lower rate indicates better performance for the SUD Re-entry KPI.** N/A: KPI updated for FY 22; data cannot be compared to previous FYs. N/A*: No data available for DBH-certified providers in FY 20. KPI overall performance includes individuals served by a DBH-certified provider or operated program.
**Source:** DBH analysis as of 10/7/2022.

# Summary of KPI Overall Performance

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| **KPI Overall Performance** | ✅ Met or Exceeded | ✅ Met or Exceeded | ✅ Met or Exceeded | 🟡 Near | 🟡 Near | 🟡 Near | 🟡 Near | ❌ Far Below | ❌ Far Below | ✅ Met or Exceeded |
| **Change in Performance: FY 21 to FY 22** | ▲ Increase | ▲ Increase | ◆ Little-to-no-Change | ◆ Little-to-no-Change | ▲ Increase | N/A | ◆ Little-to-no-Change | ▼ Decrease | ▼ Decrease | ◆ Little-to-no-Change |

**Legend:**

❌ Far Below Performance Target (>10 percentage points of target)   🟡 Near Performance Target (within 10 percentage points of target)   ✅ Met or Exceeded Target

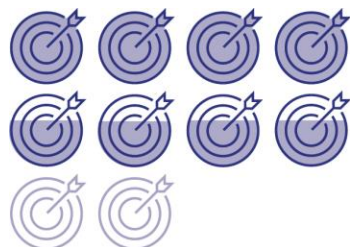▲ Increase (≥4-point increase from FY 21)   ▼ Decrease (≥4-point decrease from FY 21)   ◆ Little-to-no-Change (≤ 3-point difference from FY 21)   N/A: KPI updated for FY 22; data cannot be compared to previous FYs

**Notes:** KPI overall performance includes individuals who were served by a DBH-certified provider or operated program.
**Source:** DBH analysis as of 10/7/2022.

# Provider Performance at a Glance

In FY 22, DBH providers **exceeded 4** out of **10** and **nearly met 4** out of **10** KPI performance targets

Looking across both DBH-certified providers and DBH-operated programs, KPI overall performance **improved (≥4-point increase from FY 21)** on **3 of 9** KPIs with available and comparable data in both FY 21 and FY 22
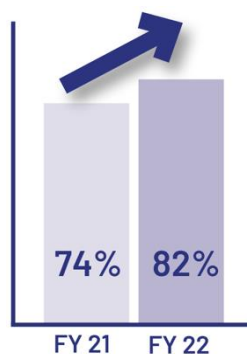
The KPI assessing the percentage of consumers/clients satisfied with the person-centered planning process had the **greatest improvement in performance** of all KPIs between FY 21 and FY 22, from 74% to 82% –– an 8 percentage-point increase

74%  FY 21
82%  FY 22

## SUD Re-entry

Providers exhibited the **strongest performance relative to the target** on the *SUD Re-entry* KPI, with 14% of clients re-entering into substance use services, exceeding the performance target by 11 percentage points. For this KPI, a lower rate indicates better performance.

Exceeded target by **11** points

## SUD Step-Down: Residential

Providers **fell far short** of meeting the performance target for the percentage of SUD residential clients who stepped down to lower level of care in FY 22:

**29%**

Of the **7** certified providers offering residential SUD services, **2** providers (29%) nearly met or exceeded the performance target of 50% in FY 22.

## Timely Service – Adult Enrollment/Transfer

**30**

Providers had the **highest absolute performance** on the Timely Service – Adult Enrollment/Transfer KPI, with 86% of adult consumers newly-enrolled or transferring in MHRS having their first service within 30 days of enrollment

# Summary of Key Findings

This report on 10 of DBH's FY 22 Key Performance Indicators (KPIs) presents publicly-reporting provider-specific data on services delivered by DBH-certified, community-based providers. The KPI data are summarized for all providers (referred to as KPI overall performance on the tables/charts that follow). Each provider received data on their specific FY 22 KPI performance in January 2023, and KPI overall performance data were reported to the Executive Office of the Mayor in October 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 performance targets for eight out of ten indicators. Six of these KPIs (*) were met or nearly met in both FY 21 and FY 22:
  - 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*
  - timely services after an involuntary psychiatric hospitalization
  - child functional assessment change over time
  - retention in medication assisted treatment programs*
  - re-entry into substance use services*

- KPI overall performance improved on three KPIs and exhibited little-to-no change (≤ 3-point difference) on four KPIs that had comparable data in FY 21 and FY 22:
  - The *Behavioral Health Satisfaction Survey - Patient-Centered Planning Domain* indicator had the greatest improvement in performance between FY 21 and FY 22, an 8 percentage-point increase from 74 percent to 82 percent.
  - For the four KPIs in which there was little-to-no change in performance over time, DBH providers still met or exceeded performance targets for two of these KPIs, and nearly met performance targets for the other two.

# Summary of Key Findings (cont.)

- There is substantial room for improvement on the other two indicators: step-down from residential substance use treatment and step-down from withdrawal management substance use treatment (see Efforts to Improve Performance).
    - DBH experienced double-digit percentage point declines in performance on these measures between FY 21 and FY 22.

- There was improvement (≥4-point increase) in KPI overall performance on 4 of 6 KPIs with comparable data between FY 20 and FY 22:
    - consumer/client satisfaction with the person-centered planning process;
    - adult's timely receipt of mental health services;
    - children's timely receipt of mental health services; and
    - timely services after an involuntary psychiatric hospitalization

DBH will continue to monitor provider performance using these indicators in subsequent reports, gaining further insights into the factors contributing to differential performance, and a deeper understanding of how to sustain efforts to improve behavioral health services and outcomes in the District over time.

# 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 22. 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 19 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). Definitions of each KPI are available in Appendix C. In some cases, KPI definitions were updated from the previous FY. Information about all 19 KPIs is available in the FY 22 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 22. Some of the providers included in this report may no longer be certified. For information about the providers that are no longer certified at 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. Sixty-eight 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=40), SUD services only (n=17), or both mental health and SUD services (n=11). As such, the data for some providers may not be included in all KPIs depending on the services they provide.

For FY 22, DBH has data for at least one of the 10 KPIs included in this report for 61 of the 68 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 22 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 a denominator below the threshold for public reporting of data in this report (i.e., a denominator 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 KPI Overall Performance on each of 10 KPIs.

- **KPI overall 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 KPI overall performance and provider performance are measured in relation to the target:

- A green circle ✅ indicates that the provider and/or KPI overall performance **met or exceeded** the target;

- A yellow circle ➖ indicates that provider and/or KPI overall performance was within 10 percentage points of, or "**near**" the target; and

- A red circle ❌ indicates that provider and/or KPI overall performance was greater than 10 percentage points of, or "**far below**" the target.

DBH revised the performance targets for two KPIs for FY 22. To align more closely with national performance on the comparable HEDIS® measure, DBH adjusted the benchmark for follow-up services after a hospitalization to 60%. Due to concerns that the previous version of the *Child Functional Assessment Change Over Time* KPI may not allow providers to fully demonstrate improvement on the measure for all children, DBH expanded the metric definition in FY 22 to one that shows progress on individual domains rather than one overall score and adjusted the target accordingly.

# 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) 2022, October 1, 2021 through September 30, 2022. Comparative information from FY 21 (October 1, 2020 - September 30, 2021) are also presented in the report to measure change over time. For *the Timely Service – Adult Enrollment/Transfer*, *Timely Service - Child Enrollment*, and *Timely Service – Post-Psychiatric Hospital Discharge* KPIs, the data presented were collected from July 1, 2021 to June 30, 2022.

## 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 in 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 a denominator of at least four (4) 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

We measure change over time from FY 21 to FY 22 at both the KPI overall (i.e., data across both DBH-certified providers and DBH-operated programs) and provider levels:

- An upward triangle ▲ indicates an **increase** in performance between FY 21 and FY 22, defined as FY 22 provider and/or KPI overall performance that was at least 4 percentage points higher than FY 21 performance;
- A diamond ◆ indicates a **little-to-no-change** in performance between FY 21 and FY 22, defined as FY 22 provider and/or KPI overall performance that was within 3 percentage points of FY 21 performance; and
- A downward triangle ▼ indicates a **decrease** in performance between FY 21 and FY 22, defined as FY 22 provider and/or KPI overall performance that was at least 4 percentage points lower than FY 21 performance.

# Report Reference Guide (cont.)

## Change Over Time (cont.)

These categories were determined based on DBH review and assessment of the data and not a statistical test of change. In FY 22, DBH expanded the definition of the *Child Functional Assessment Change Over Time* indicator. Due to this significant update to the KPI, the FFY 22 data are not comparable to data from previous FYs, and we therefore do not present change over time for this indicator.

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.

## Exclusions

For **mental health and SUD provider KPIs**:
Providers with a denominator of less than four (4) 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 KPI overall performance rate, **overall mean**, and **overall median**. When the term "overall" is used, it means that the data of both providers that met the threshold for public reporting as well as those that did not meet the threshold are included in the calculation of the summary statistic. When this term does not accompany "mean," "median," or "total," it means that all providers included in the calculation of the summary statistic met the threshold for public reporting.

For the **Behavioral Health Satisfaction Survey KPIs**:
Providers with a denominator of less than ten (10) 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 KPI overall 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.

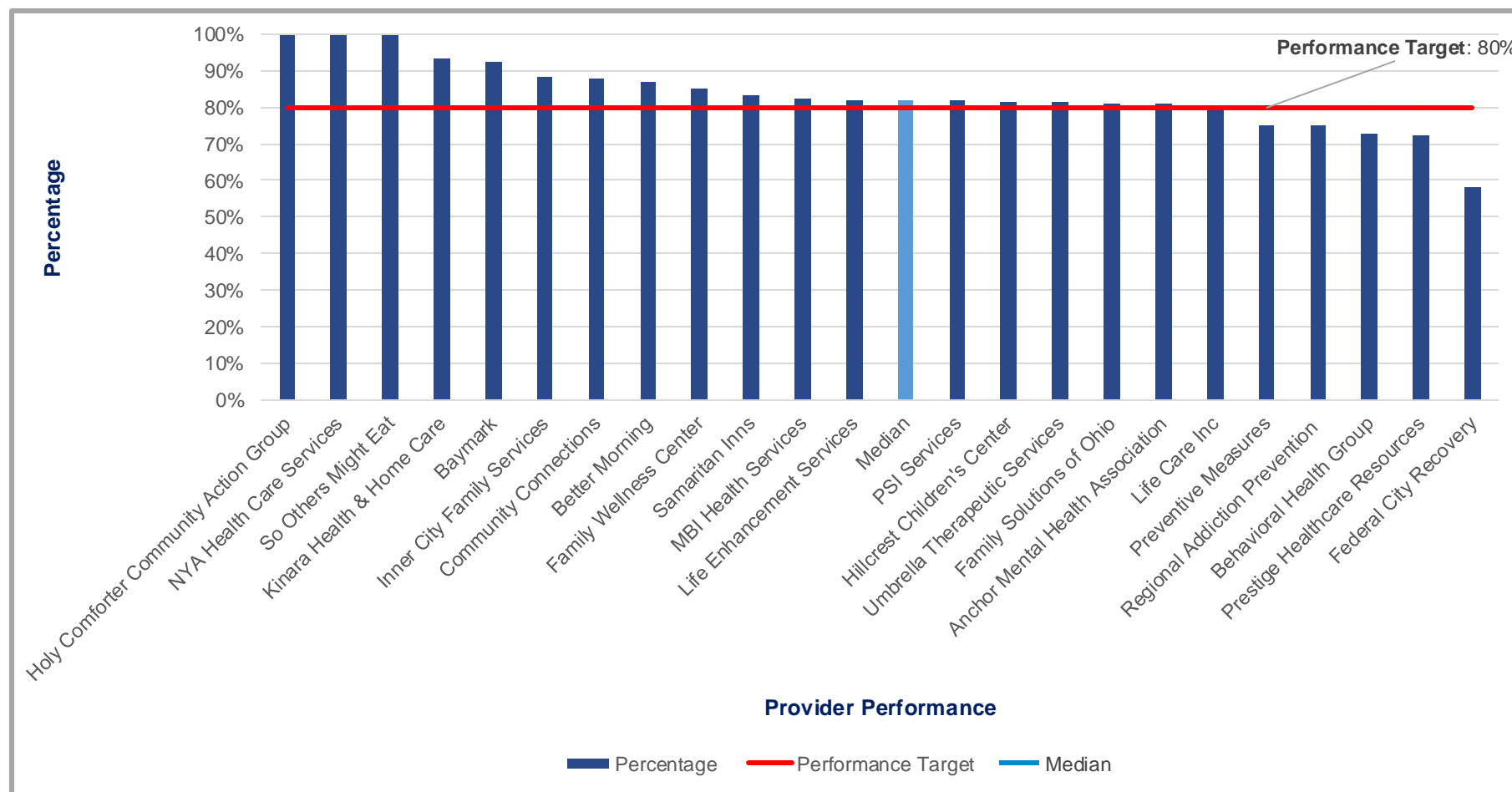Additional KPI-specific exclusions for each indicator are included in Appendix C.

# 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 22 (n=67 providers^)



**Provider Performance**

Legend: Percentage — Performance Target — Median

**Performance Target**: 80%

**Notes:** Excludes individuals who were not chosen in the random sample. ^44 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 10/28/2022.

# Behavioral Health Satisfaction Survey – Access Domain

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (80%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 79% | 83% | ✅ | ▲ |
| **Mean** | 77% | 84% | ✅ | ▲ |
| **Median** | 79% | 82% | ✅ | ◆ |
| Anchor Mental Health Association | 83% | 81% | ✅ | ◆ |
| Baymark | 90% | 92% | ✅ | ◆ |
| Behavioral Health Group | 65% | 73% | ➖ | ▲ |
| Better Morning | 69% | 87% | ✅ | ▲ |
| Community Connections | 83% | 88% | ✅ | ▲ |
| Family Solutions of Ohio | 85% | 81% | ✅ | ▼ |
| Family Wellness Center | 83% | 85% | ✅ | ◆ |
| Federal City Recovery | -- | 58% | ❌ | N/A |
| Hillcrest Children's Center | 76% | 82% | ✅ | ▲ |
| Holy Comforter Community Action Group | -- | 100% | ✅ | N/A |
| Inner City Family Services | 75% | 88% | ✅ | ▲ |

❌ Far Below Performance Target (0 – 69%)  
➖ Near Performance Target (70 – 79%)  
✅ Met or Exceeded Performance Target (80 – 100%)  

▲ Increase (≥4-point increase from FY 21)  
▼ Decrease (≥4-point decrease from FY 21)  
◆ Little-to-no-Change (≤ 3-point difference from FY 21)  

-- : Data suppressed; does not meet threshold for public reporting
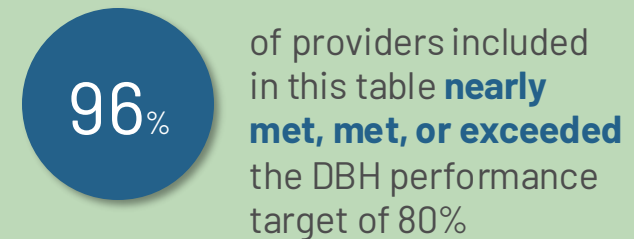
N/A: Not applicable

**Notes:** 44 providers with fewer than ten consumers/clients responding to the survey, including 10 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate.
**Source:** Behavioral Health Satisfaction Survey data as of 10/28/2022.

## FY 22 Mean Performance

An average of **84%** of consumers/clients responding to the survey reported satisfaction with access

## FY 22 Summary of Provider Performance

**96%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 80%

## Increased Performance Over Time

**67%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# Behavioral Health Satisfaction Survey – Access Domain

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (80%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 79% | 83% | ✅ | ▲ |
| **Mean** | 77% | 84% | ✅ | ▲ |
| **Median** | 79% | 82% | ✅ | ◆ |
| Kinara Health & Home Care | 85% | 94% | ✅ | ▲ |
| Life Care Inc | 60% | 80% | ✅ | ▲ |
| Life Enhancement Services | 74% | 82% | ✅ | ▲ |
| MBI Health Services | 74% | 82% | ✅ | ▲ |
| NYA Health Care Services | -- | 100% | ✅ | N/A |
| Prestige Healthcare Resources | 53% | 72% | ⊖ | ▲ |
| Preventive Measures | 93% | 75% | ⊖ | ▼ |
| PSI Services | 68% | 82% | ✅ | ▲ |
| Regional Addiction Prevention | -- | 75% | ⊖ | N/A |
| Samaritan Inns | -- | 83% | ✅ | N/A |
| So Others Might Eat | 85% | 100% | ✅ | ▲ |
| Umbrella Therapeutic Services | 87% | 82% | ✅ | ▼ |

❌ Far Below Performance Target (0 – 69%)   ⊖ Near Performance Target (70 – 79%)   ✅ Met or Exceeded Performance Target (80 – 100%)

▲ Increase (≥4-point increase from FY 21)   ▼ Decrease (≥4-point decrease from FY 21)   ◆ Little-to-no-Change (≤ 3-point difference from FY 21)

-- : Data suppressed; does not meet threshold for public reporting    N/A: Not applicable

**Notes:** 44 providers with fewer than ten consumers/clients responding to the survey, including 10 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate.
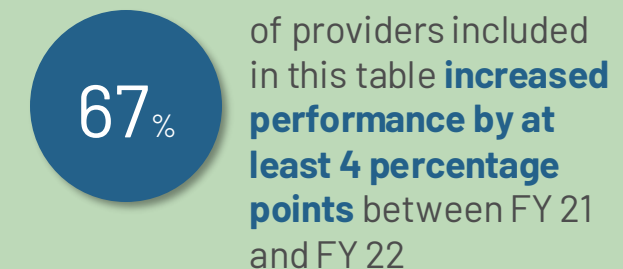**Source:** Behavioral Health Satisfaction Survey data as of 10/28/2022.

## FY 22 Mean Performance

An average of **84%** of consumers/clients responding to the survey reported satisfaction with access

## FY 22 Summary of Provider Performance

**96%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 80%

## Increased Performance Over Time

**67%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22
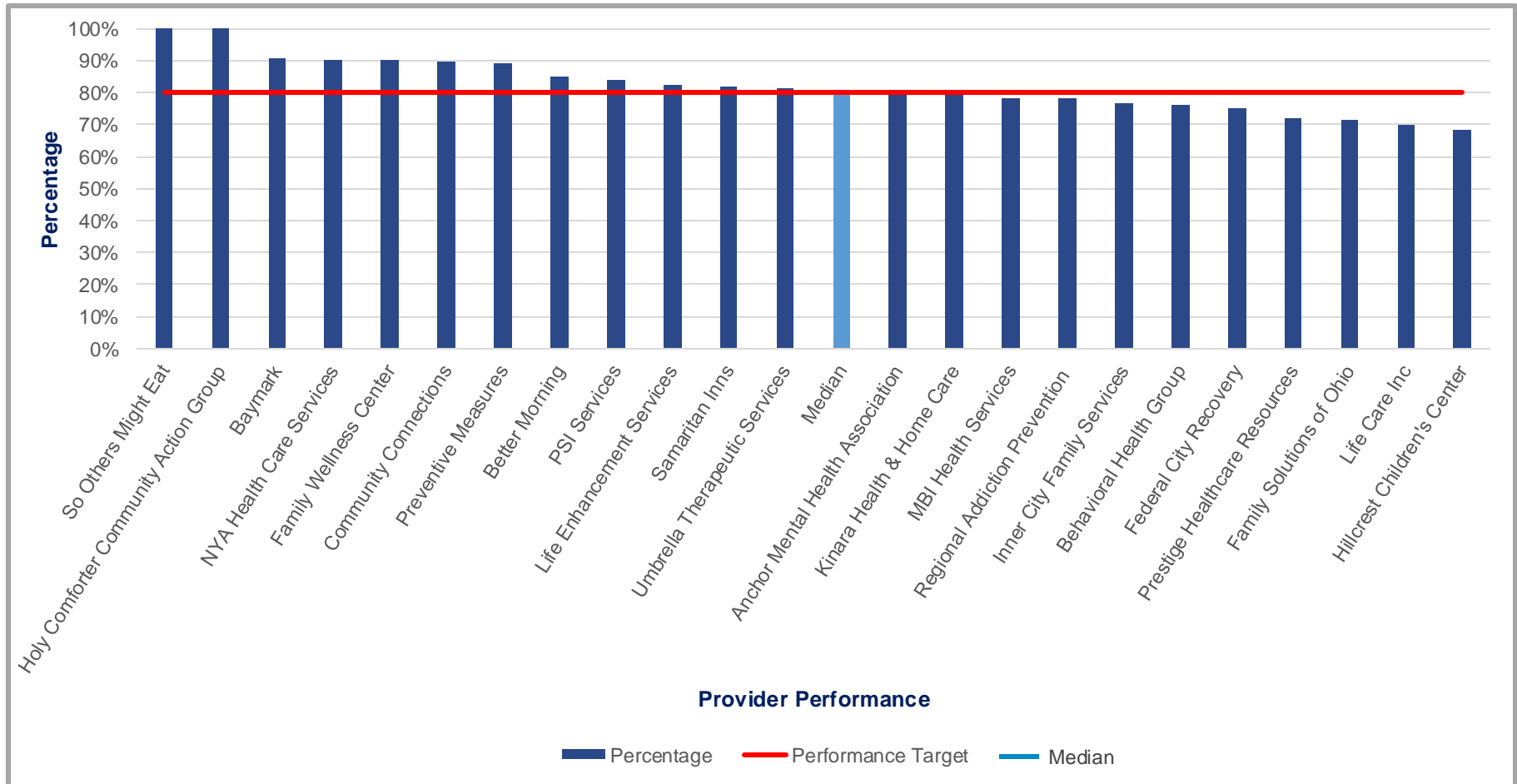
# Behavioral Health Satisfaction Survey – Person-Centered Planning Domain

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 22 (n=67 providers^)



**Notes:** Excludes individuals who were not chosen in the random sample. ^44 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 10/28/2022.

# Behavioral Health Satisfaction Survey – Person-Centered Planning Domain

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (80%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 74% | 82% | ✅ | ▲ |
| **Mean** | 71% | 82% | ✅ | ▲ |
| **Median** | 71% | 81% | ✅ | ▲ |
| Anchor Mental Health Association | 83% | 81% | ✅ | ◆ |
| Baymark | 90% | 91% | ✅ | ◆ |
| Behavioral Health Group | 71% | 76% | ➖ | ▲ |
| Better Morning | 53% | 85% | ✅ | ▲ |
| Community Connections | 82% | 90% | ✅ | ▲ |
| Family Solutions of Ohio | 59% | 71% | ➖ | ▲ |
| Family Wellness Center | 59% | 90% | ✅ | ▲ |
| Federal City Recovery | -- | 75% | ➖ | N/A |
| Hillcrest Children's Center | 64% | 68% | ❌ | ▲ |
| Holy Comforter Community Action Group | -- | 100% | ✅ | N/A |
| Inner City Family Services | 63% | 77% | ➖ | ▲ |

❌ Far Below Performance Target (0 – 69%)  ➖ Near Performance Target (70 – 79%)  ✅ Met or Exceeded Performance Target (80 – 100%)

▲ Increase (≥4-point increase from FY 21)  ▼ Decrease (≥4-point decrease from FY 21)  ◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

N/A*: Not applicable; new DBH-certified provider in FY 22
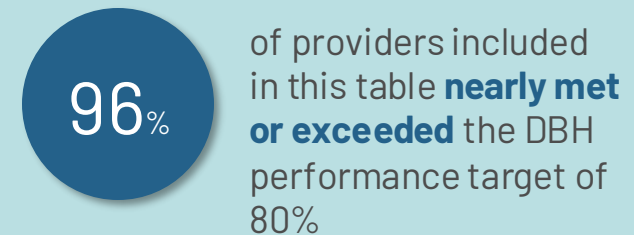
N/A: Not applicable

**Notes:** 44 providers with fewer than ten consumers/clients responding to the survey, including 10 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate. **Source:** Behavioral Health Satisfaction Survey data as of 10/28/2022.

## FY 22 Mean Performance

An average of **82%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

## FY 22 Summary of Provider Performance

**96%** of providers included in this table **nearly met or exceeded** the DBH performance target of 80%

## Increased Performance Over Time

**78%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# Behavioral Health Satisfaction Survey – Person-Centered Planning Domain

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (80%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 74% | 82% | ✓ | ▲ |
| **Mean** | 71% | 82% | ✓ | ▲ |
| **Median** | 71% | 81% | ✓ | ▲ |
| Kinara Health & Home Care | 79% | 81% | ✓ | ◆ |
| Life Care Inc | 60% | 70% | ⊖ | ▲ |
| Life Enhancement Services | 65% | 82% | ✓ | ▲ |
| MBI Health Services | 71% | 78% | ⊖ | ▲ |
| NYA Health Care Services | -- | 90% | ✓ | N/A |
| Prestige Healthcare Resources | 74% | 72% | ⊖ | ◆ |
| Preventive Measures | 73% | 89% | ✓ | ▲ |
| PSI Services | 69% | 84% | ✓ | ▲ |
| Regional Addiction Prevention | -- | 78% | ⊖ | N/A |
| Samaritan Inns | -- | 82% | ✓ | N/A |
| So Others Might Eat | 81% | 100% | ✓ | ▲ |
| Umbrella Therapeutic Services | 75% | 81% | ✓ | ▲ |

❌ Far Below Performance Target (0 – 69%)

⊖ Near Performance Target (70 – 79%)

✓ Met or Exceeded Performance Target (80 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

N/A*: Not applicable; new DBH-certified provider in FY 22

N/A: Not applicable

**Notes:** 44 providers with fewer than ten consumers/clients responding to the survey, including 10 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate.
**Source:** Behavioral Health Satisfaction Survey data as of 10/28/2022.
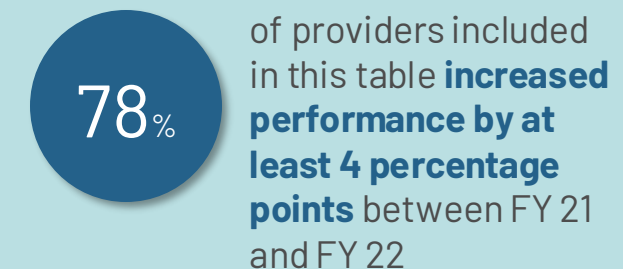
## FY 22 Mean Performance

An average of **82%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

## FY 22 Summary of Provider Performance

**96%** of providers included in this table **nearly met or exceeded** the DBH performance target of 80%

## Increased Performance Over Time

**78%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22
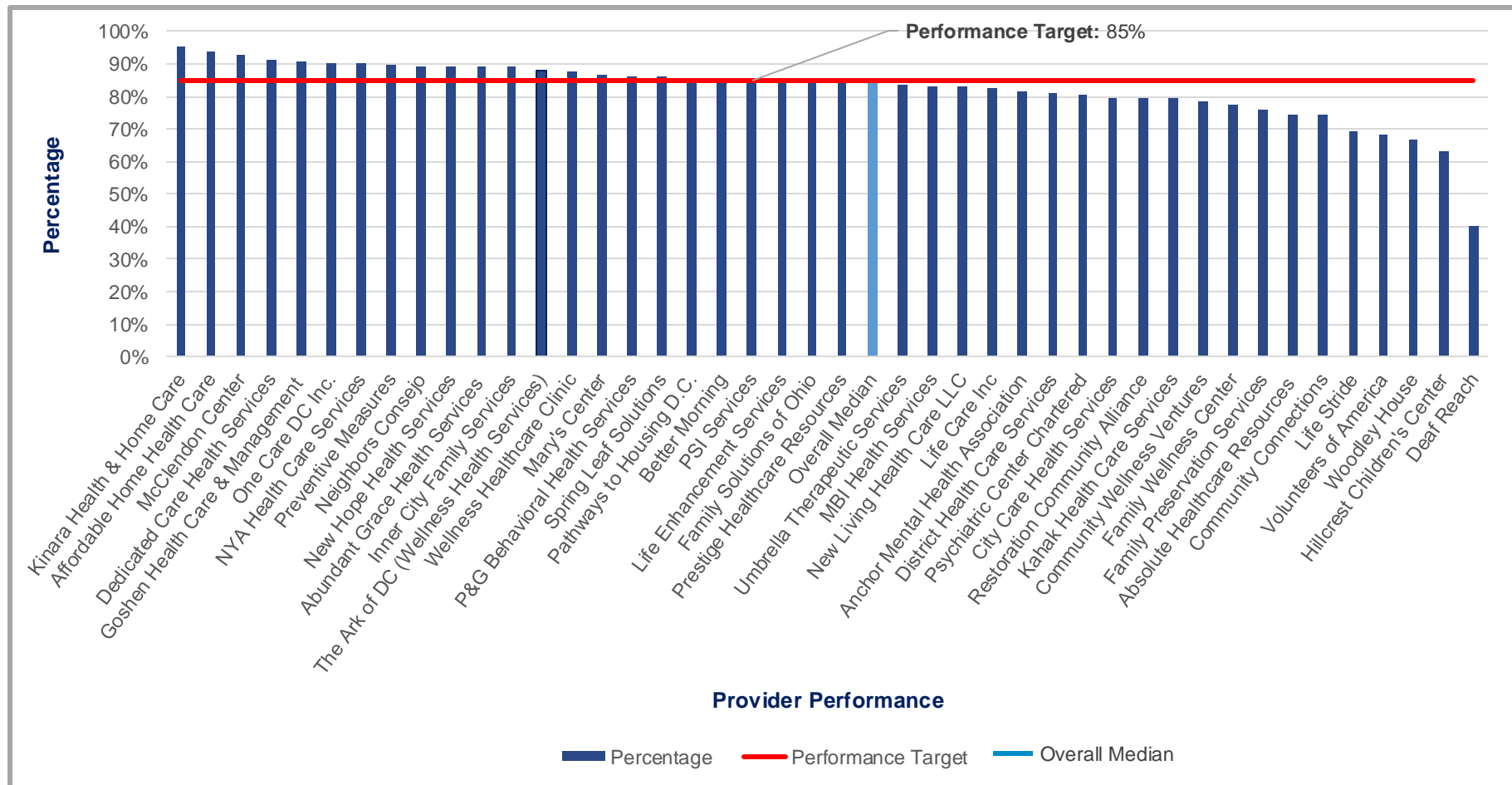
# Timely Service – Adult Enrollment/ Transfer

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 22 (n=44 providers^)**



**Performance Target:** 85%

**Provider Performance**

Legend: ■ Percentage — Performance Target — Overall Median

**Notes**: Excludes adult consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations. ^One provider with fewer than four enrollments and transfers in the denominator has 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 10/12/2022. Data were collected from July 1, 2021 to June 30, 2022.

# Timely Service – Adult Enrollment/Transfer

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (85%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 88% | 86% | ✅ | ◆ |
| **Overall Mean** | 80% | 81% | ⊖ | ◆ |
| **Overall Median** | 84% | 84% | ✅ | ◆ |
| Absolute Healthcare Resources | 78% | 74% | ❌ | ◆ |
| Abundant Grace Health Services | 91% | 89% | ✅ | ◆ |
| Affordable Home Health Care | 92% | 94% | ✅ | ◆ |
| Anchor Mental Health Association | 84% | 81% | ⊖ | ◆ |
| Better Morning | 87% | 86% | ✅ | ◆ |
| City Care Health Services | 84% | 80% | ⊖ | ▼ |
| Community Connections | 81% | 74% | ❌ | ▼ |
| Community Wellness Ventures | 86% | 79% | ⊖ | ▼ |
| Deaf Reach | -- | 40% | ❌ | N/A |
| Dedicated Care Health Services | 93% | 91% | ✅ | ◆ |
| District Health Care Services | 84% | 81% | ⊖ | ◆ |

❌ Far Below Performance Target (0 – 74%)

⊖ Near Performance Target (75 – 84%)

✅ Met or Exceeded Performance Target (85 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

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. One provider with fewer than four enrollments and transfers in the denominator has been excluded from this table because they do not meet DBH's threshold for public reporting for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median.
**Source:** DBH analysis of iCAMS & claims data as of 10/12/2022. Data were collected from July 1, 2021 to June 30, 2022.

## FY 22 Mean Performance

An average of **81%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 22 Summary of Provider Performance

**84%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

**19%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (85%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 88% | 86% | ✅ | ◆ |
| **Overall Mean** | 80% | 81% | ➖ | ◆ |
| **Overall Median** | 84% | 84% | ✅ | ◆ |
| Family Preservation Services | 78% | 76% | ➖ | ◆ |
| Family Solutions of Ohio | 78% | 85% | ✅ | ▲ |
| Family Wellness Center | 75% | 77% | ➖ | ◆ |
| Goshen Health Care & Management | 88% | 91% | ✅ | ◆ |
| Hillcrest Children's Center | 77% | 63% | ❌ | ▼ |
| Inner City Family Services | 87% | 89% | ✅ | ◆ |
| Kahak Health Care Services | 87% | 79% | ➖ | ▼ |
| Kinara Health & Home Care | 93% | 95% | ✅ | ◆ |
| Life Care Inc | 89% | 83% | ➖ | ▼ |
| Life Enhancement Services | 66% | 85% | ✅ | ▲ |
| Life Stride | 82% | 69% | ❌ | ▼ |

❌ Far Below Performance Target (0 – 74%)
➖ Near Performance Target (75 – 84%)
✅ Met or Exceeded Performance Target (85 – 100%)
▲ Increase (≥4-point increase from FY 21)
▼ Decrease (≥4-point decrease from FY 21)
◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

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. One provider with fewer than four enrollments and transfers in the denominator has been excluded from this table because they do not meet DBH's threshold for public reporting for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. **Source:** DBH analysis of iCAMS & claims data as of 10/12/2022. Data were collected from July 1, 2021 to June 30, 2022.

## FY 22 Mean Performance

An average of **81%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 22 Summary of Provider Performance

**84%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

**19%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# Timely Service – Adult Enrollment/Transfer

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (85%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 88% | 86% | ✅ | ◆ |
| **Overall Mean** | 80% | 81% | ➖ | ◆ |
| **Overall Median** | 84% | 84% | ✅ | ◆ |
| Mary's Center | 72% | 87% | ✅ | ▲ |
| MBI Health Services | 88% | 83% | ➖ | ▼ |
| McClendon Center | 96% | 93% | ✅ | ◆ |
| Neighbors Consejo | 76% | 89% | ✅ | ▲ |
| New Hope Health Services | 91% | 89% | ✅ | ◆ |
| New Living Health Care LLC | 80% | 83% | ➖ | ◆ |
| NYA Health Care Services | 89% | 90% | ✅ | ◆ |
| One Care DC Inc. | 82% | 90% | ✅ | ▲ |
| P&G Behavioral Health Services | 81% | 86% | ✅ | ▲ |
| Pathways to Housing D.C. | 92% | 86% | ✅ | ▼ |
| Prestige Healthcare Resources | 88% | 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 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

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. One provider with fewer than four enrollments and transfers in the denominator has been excluded from this table because they do not meet DBH's threshold for public reporting for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. **Source:** DBH analysis of iCAMS & claims data as of 10/12/2022. Data were collected from July 1, 2021 to June 30, 2022.

## FY 22 Mean Performance

An average of **81%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 22 Summary of Provider Performance

**84%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

**19%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22
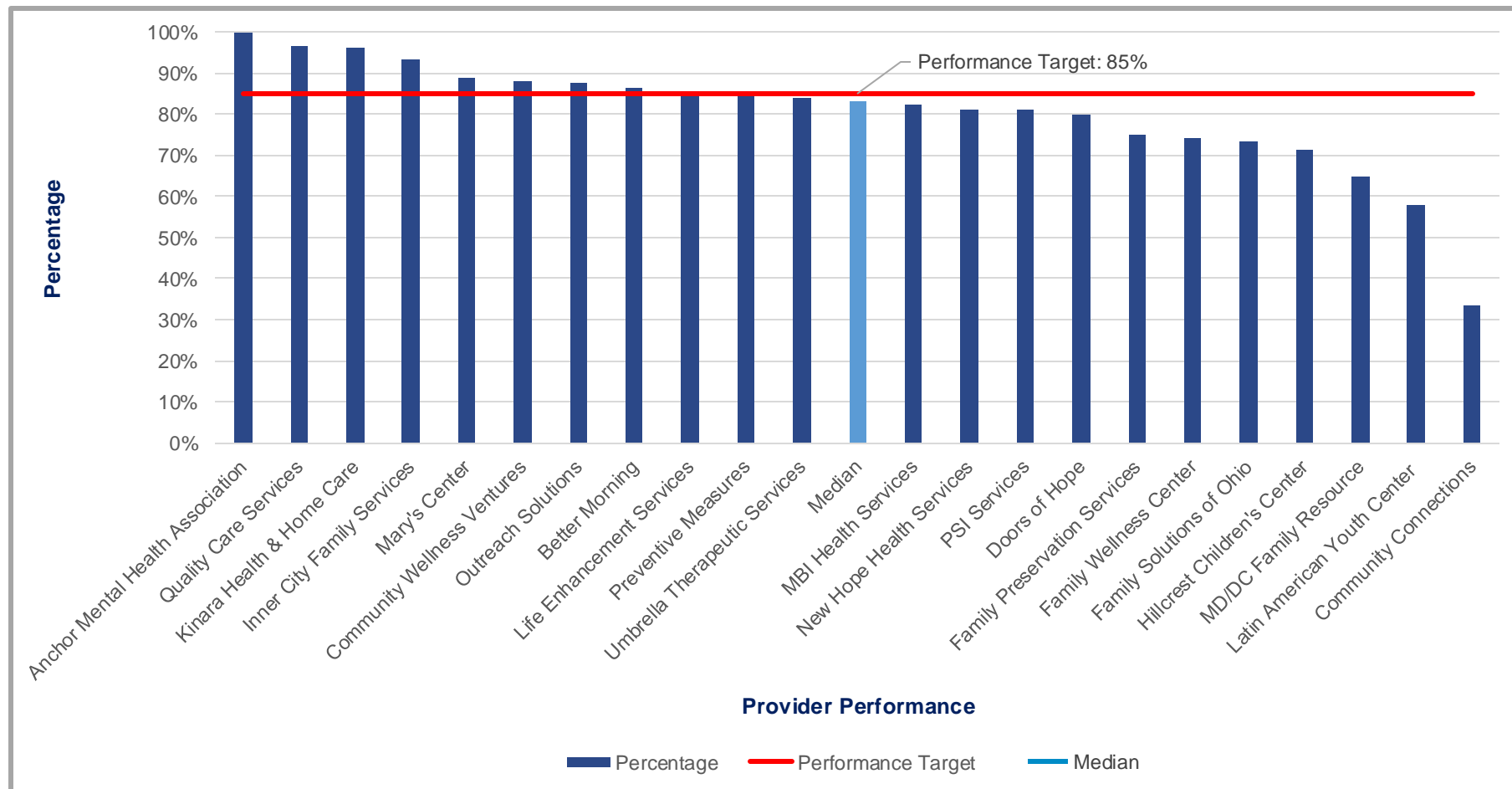
# Timely Service – Adult Enrollment/Transfer

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (85%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 88% | 86% | ✅ | ◆ |
| **Overall Mean** | 80% | 81% | ➖ | ◆ |
| **Overall Median** | 84% | 84% | ✅ | ◆ |
| Preventive Measures | 88% | 90% | ✅ | ◆ |
| PSI Services | 92% | 85% | ✅ | ▼ |
| Psychiatric Center Chartered | 89% | 80% | ➖ | ▼ |
| Restoration Community Alliance | 79% | 79% | ➖ | ◆ |
| Spring Leaf Solutions | 76% | 86% | ✅ | ▲ |
| The Ark of DC (Wellness Health Services) | 87% | 88% | ✅ | ◆ |
| Umbrella Therapeutic Services | 84% | 84% | ➖ | ◆ |
| Volunteers of America | 73% | 68% | ❌ | ▼ |
| Wellness Healthcare Clinic | 81% | 88% | ✅ | ▲ |
| Woodley House | 67% | 67% | ❌ | ◆ |

❌ Far Below Performance Target (0 – 74%)  ➖ Near Performance Target (75 – 84%)  ✅ Met or Exceeded Performance Target (85 – 100%)

▲ Increase (≥4-point increase from FY 21)  ▼ Decrease (≥4-point decrease from FY 21)  ◆ Little-to-no-Change (≤ 3-point difference from FY 21)

-- : Data suppressed; does not meet threshold for public reporting          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. One provider with fewer than four enrollments and transfers in the denominator has been excluded from this table because they do not meet DBH's threshold for public reporting for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. **Source:** DBH analysis of iCAMS & claims data as of 10/12/2022. Data were collected from July 1, 2021 to June 30, 2022.

## FY 22 Mean Performance

An average of **81%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 22 Summary of Provider Performance

**84%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

**19%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# 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.

**DBH**
DEPARTMENT OF
BEHAVIORAL HEALTH

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 22 (n=22 providers)



**Notes**: Excludes child consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers, and claims paid by managed care organizations.
**Source:** DBH analysis of iCAMS & claims data as of 10/20/2022. Data were collected from July 1, 2021 to June 30, 2022.

# Timely Service – Children Enrollment/Transfer

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (85%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 81% | 80% | 🟡 | ◆ |
| **Mean** | 80% | 80% | 🟡 | ◆ |
| **Median** | 84% | 83% | 🟡 | ◆ |
| Anchor Mental Health Association | 67% | 100% | ✅ | ▲ |
| Better Morning | 84% | 86% | ✅ | ◆ |
| Community Connections | 77% | 33% | ❌ | ▼ |
| Community Wellness Ventures | 93% | 88% | ✅ | ▼ |
| Doors of Hope | N/A* | 80% | 🟡 | N/A |
| Family Preservation Services | 100% | 75% | 🟡 | ▼ |
| Family Solutions of Ohio | 84% | 73% | ❌ | ▼ |
| Family Wellness Center | 76% | 74% | ❌ | ◆ |
| Hillcrest Children's Center | 73% | 71% | ❌ | ◆ |
| Inner City Family Services | 87% | 94% | ✅ | ▲ |
| Kinara Health & Home Care | 94% | 96% | ✅ | ◆ |

❌ Far Below Performance Target (0 – 74%)

🟡 Near Performance Target (75 – 84%)

✅ Met or Exceeded Performance Target (85 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

N/A*: Not applicable; new DBH-certified provider in FY 22

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.
**Source:** DBH analysis of iCAMS & claims data as of 10/20/2022. Data were collected from July 1, 2021 to June 30, 2022.

## FY 22 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 22 Summary of Provider Performance

**73%** of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

## Increased Performance Over Time

**20%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (85%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 81% | 80% | 🟡 | ◆ |
| **Mean** | 80% | 80% | 🟡 | ◆ |
| **Median** | 84% | 83% | 🟡 | ◆ |
| Latin American Youth Center | 60% | 58% | ❌ | ◆ |
| Life Enhancement Services | 66% | 86% | ✅ | ▲ |
| Mary's Center | 83% | 89% | ✅ | ▲ |
| MBI Health Services | 87% | 83% | 🟡 | ▼ |
| MD/DC Family Resource | 78% | 65% | ❌ | ▼ |
| New Hope Health Services | 80% | 81% | 🟡 | ◆ |
| Outreach Solutions | 92% | 88% | ✅ | ▼ |
| Preventive Measures | 86% | 84% | 🟡 | ◆ |
| PSI Services | 86% | 81% | 🟡 | ▼ |
| Quality Care Services | N/A* | 97% | ✅ | N/A |
| Umbrella Therapeutic Services | 86% | 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 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

N/A*: Not applicable; new DBH-certified provider in FY 22

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.
**Source:** DBH analysis of iCAMS & claims data as of 10/20/2022. Data were collected from July 1, 2021 to June 30, 2022.

### FY 22 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 22 Summary of Provider Performance

**73%** of providers included in this table **nearly met or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

**20%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# 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.
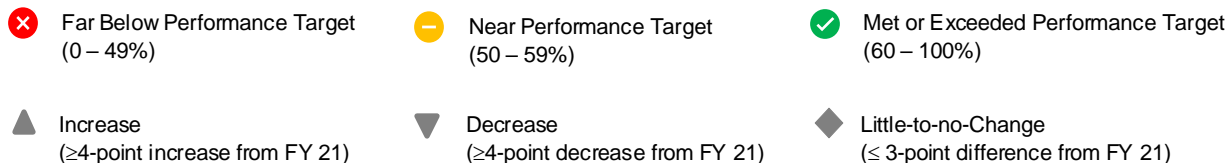
# Timely Service – Post-Psychiatric Hospital Discharge

**DBH** DEPARTMENT OF BEHAVIORAL HEALTH

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 22 (n=44 providers^)
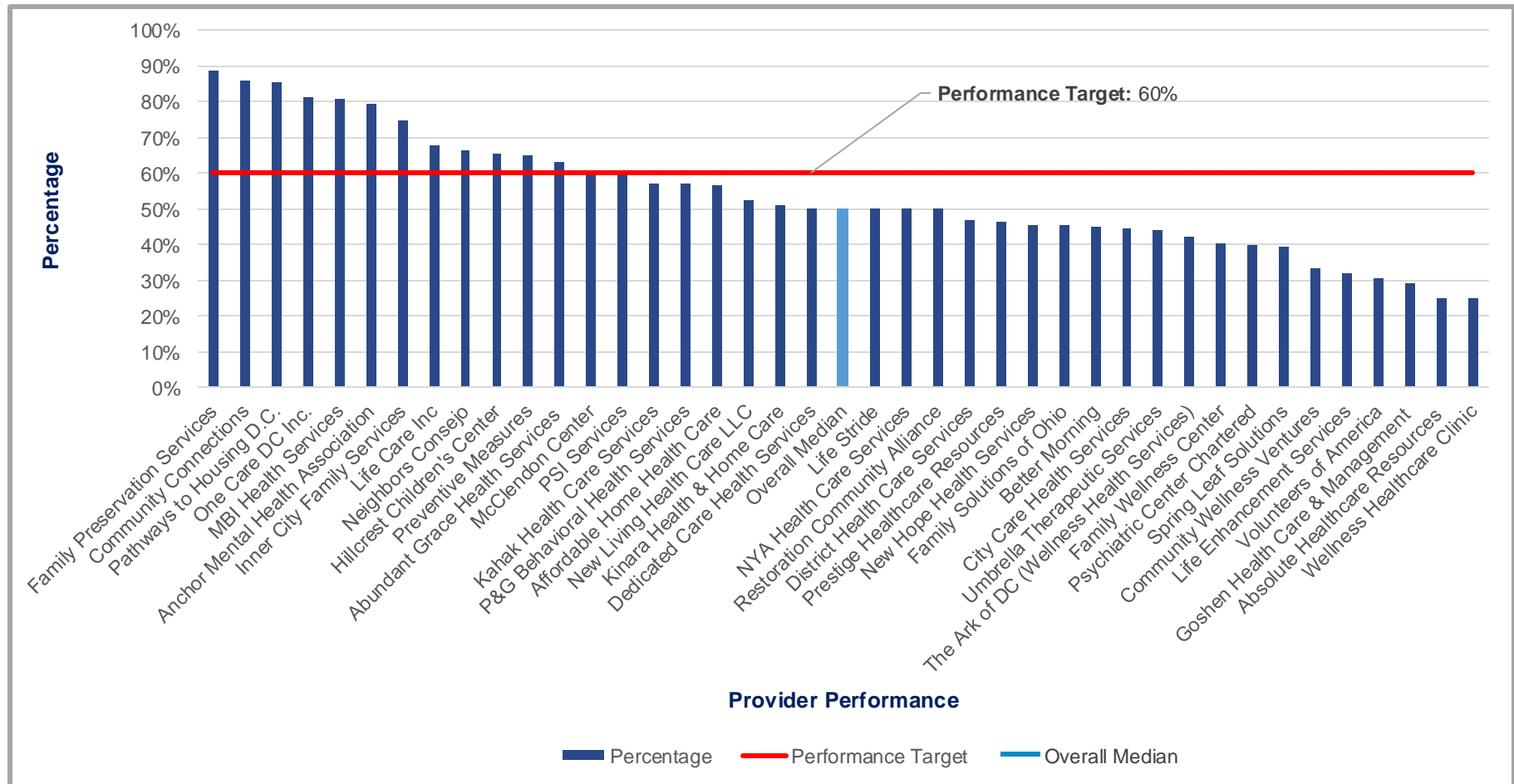


**Performance Target:** 60%

**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. ^Four 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 10/20/2022.

# Timely Service – Post-Psychiatric Hospital Discharge

**DBH** DEPARTMENT OF BEHAVIORAL HEALTH

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (60%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 49% | 54% | 🟡 | ▲ |
| **Overall Mean** | 59% | 52% | 🟡 | ▼ |
| **Overall Median** | 55% | 50% | 🟡 | ▼ |
| Absolute Healthcare Resources | 35% | 25% | ❌ | ▼ |
| Abundant Grace Health Services | 71% | 63% | ✅ | ▼ |
| Affordable Home Health Care | 63% | 57% | 🟡 | ▼ |
| Anchor Mental Health Association | 80% | 79% | ✅ | ◆ |
| Better Morning | 39% | 45% | ❌ | ▲ |
| City Care Health Services | 68% | 44% | ❌ | ▼ |
| Community Connections | 88% | 86% | ✅ | ◆ |
| Community Wellness Ventures | 41% | 33% | ❌ | ▼ |
| Dedicated Care Health Services | 50% | 50% | 🟡 | ◆ |
| District Health Care Services | 65% | 47% | ❌ | ▼ |
| Family Preservation Services | 87% | 89% | ✅ | ◆ |

❌ Far Below Performance Target (0 – 49%)

🟡 Near Performance Target (50 – 59%)

✅ Met or Exceeded Performance Target (60 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

**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 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median.
**Source:** DBH analysis of iCAMS & claims data as of 10/20/2022.

## FY 22 Mean Performance

An average of **52%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 22 Summary of Provider Performance

**58%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 60%

## Increased Performance Over Time

**28%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# Timely Service – Post-Psychiatric Hospital Discharge

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (60%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 49% | 54% | 🟡 | ▲ |
| **Overall Mean** | 59% | 52% | 🟡 | ▼ |
| **Overall Median** | 55% | 50% | 🟡 | ▼ |
| Family Solutions of Ohio | 31% | 45% | ❌ | ▲ |
| Family Wellness Center | 46% | 41% | ❌ | ▼ |
| Goshen Health Care & Management | 45% | 29% | ❌ | ▼ |
| Hillcrest Children's Center | 64% | 66% | ✅ | ◆ |
| Inner City Family Services | 56% | 75% | ✅ | ▲ |
| Kahak Health Care Services | 100% | 57% | 🟡 | ▼ |
| Kinara Health & Home Care | 53% | 51% | 🟡 | ◆ |
| Life Care Inc | 85% | 68% | ✅ | ▼ |
| Life Enhancement Services | 56% | 32% | ❌ | ▼ |
| Life Stride | 29% | 50% | 🟡 | ▲ |
| MBI Health Services | 82% | 81% | ✅ | ◆ |

❌ Far Below Performance Target (0 – 49%)

🟡 Near Performance Target (50 – 59%)

✅ Met or Exceeded Performance Target (60 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

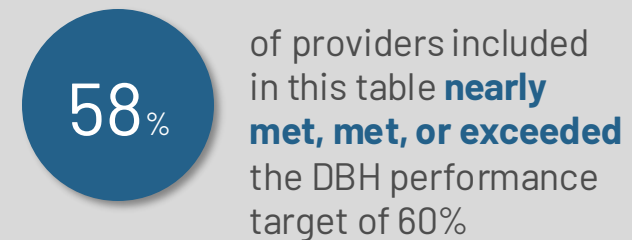◆ Little-to-no-Change (≤ 3-point difference from FY 21)

**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. Four 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median.
**Source**: DBH analysis of iCAMS & claims data as of 10/20/2022.

## FY 22 Mean Performance

An average of **52%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 22 Summary of Provider Performance

**58%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 60%

## Increased Performance Over Time

**28%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# Timely Service – Post-Psychiatric Hospital Discharge

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (60%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 49% | 54% | 🟡 | ▲ |
| **Overall Mean** | 59% | 52% | 🟡 | ▼ |
| **Overall Median** | 55% | 50% | 🟡 | ▼ |
| McClendon Center | 75% | 60% | ✅ | ▼ |
| Neighbors Consejo | 52% | 67% | ✅ | ▲ |
| New Hope Health Services | 60% | 46% | ❌ | ▼ |
| New Living Health Care LLC | 44% | 53% | 🟡 | ▲ |
| NYA Health Care Services | 19% | 50% | 🟡 | ▲ |
| One Care DC Inc. | 52% | 81% | ✅ | ▲ |
| P&G Behavioral Health Services | 50% | 57% | 🟡 | ▲ |
| Pathways to Housing D.C. | 94% | 86% | ✅ | ▼ |
| Prestige Healthcare Resources | 64% | 46% | ❌ | ▼ |
| Preventive Measures | 61% | 65% | ✅ | ▲ |
| PSI Services | 39% | 60% | ✅ | ▲ |

❌ Far Below Performance Target (0 – 49%)   🟡 Near Performance Target (50 – 59%)   ✅ Met or Exceeded Performance Target (60 – 100%)

▲ Increase (≥4-point increase from FY 21)   ▼ Decrease (≥4-point decrease from FY 21)   ◆ Little-to-no-Change (≤ 3-point difference from FY 21)

**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. Four 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median.
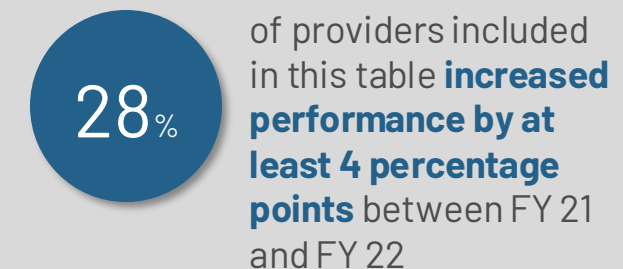**Source**: DBH analysis of iCAMS & claims data as of 10/20/2022.

## FY 22 Mean Performance

An average of **52%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 22 Summary of Provider Performance

**58%** of providers included in this table **nearly met, met. or exceeded** the DBH performance target of 60%

## Increased Performance Over Time

**28%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (60%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 49% | 54% | ⊖ | ▲ |
| **Overall Mean** | 59% | 52% | ⊖ | ▼ |
| **Overall Median** | 55% | 50% | ⊖ | ▼ |
| Psychiatric Center Chartered | 64% | 40% | ✖ | ▼ |
| Restoration Community Alliance | 50% | 50% | ⊖ | ◆ |
| Spring Leaf Solutions | 55% | 39% | ✖ | ▼ |
| The Ark of DC (Wellness Health Services) | 62% | 42% | ✖ | ▼ |
| Umbrella Therapeutic Services | 44% | 44% | ✖ | ◆ |
| Volunteers of America | 57% | 31% | ✖ | ▼ |
| Wellness Healthcare Clinic | 55% | 25% | ✖ | ▼ |

✖ Far Below Performance Target (0 – 49%)

⊖ Near Performance Target (50 – 59%)

✔ Met or Exceeded Performance Target (60 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

**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. Four 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 for FY 22. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median.
**Source:** DBH analysis of iCAMS & claims data as of 10/20/2022.

### FY 22 Mean Performance

An average of **52%** of involuntary psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

### FY 22 Summary of Provider Performance

**58%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 60%

### Increased Performance Over Time

**28%** of providers included in this table **increased performance by at least 4 percentage points** between FY 21 and FY 22

# 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 cases who improved on at least one of three outcome indicators between the initial and most recent children/youth functional assessment (CAFAS/PECFAS).

Due to concerns that the FY 21 metric 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. Therefore, the FY 22 data are not comparable to data from previous fiscal years.

# Child Functional Assessment Change Over Time

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Provider-specific performance on the percent of children who improved on at least one of three outcome indicators between the initial and most recent children/youth functional assessment , FY 22 (n=22 providers^)
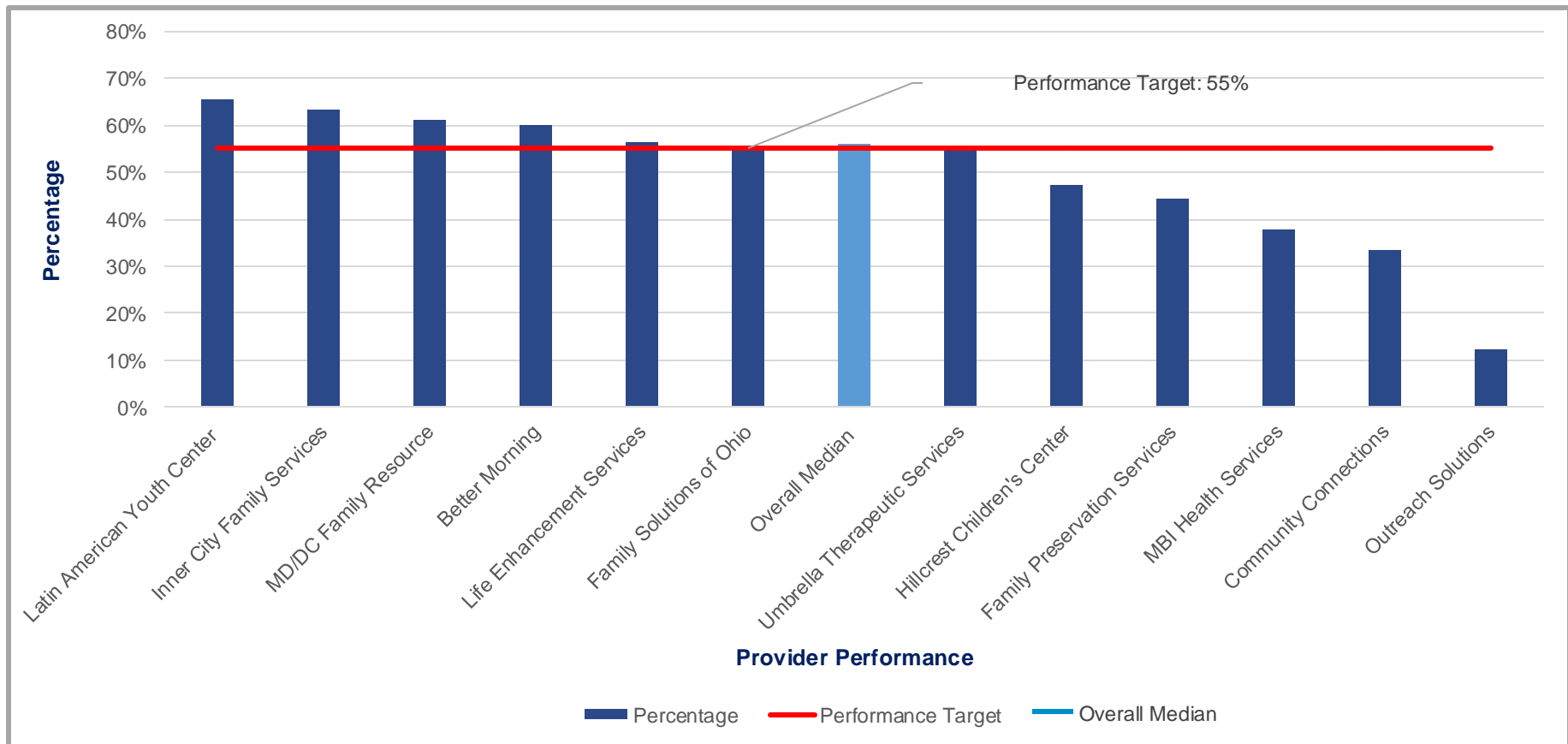


**Notes:** The three outcome indicators used to measure improvement are: improvement in total score of 20 points or greater; absence of severe impairments; and absence of pervasive behavioral impairment. Excludes children who were not applicable to one of the three outcome indicators because they did not initially have severe or pervasive behavioral impairments. ^Ten providers with fewer than four children in the denominator who had improvement on one or more outcome indicators have been excluded from this table because they do not meet DBH's threshold for public reporting.
**Source:** DBH analysis of FAS outcomes data as of 10/25/2022.

# Child Functional Assessment Change Over Time

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

| DBH Provider | Rate | Rate compared to target (55%) |
|---|---|---|
| **KPI Overall Performance** | 53% | 🟡 |
| **Overall Mean** | 57% | ✅ |
| **Overall Median** | 56% | ✅ |
| Better Morning | 60% | ✅ |
| Community Connections | 33% | ❌ |
| Family Preservation Services | 44% | ❌ |
| Family Solutions of Ohio | 56% | ✅ |
| Hillcrest Children's Center | 47% | 🟡 |
| Inner City Family Services | 63% | ✅ |
| Latin American Youth Center | 65% | ✅ |
| Life Enhancement Services | 57% | ✅ |
| MBI Health Services | 38% | ❌ |
| MD/DC Family Resource | 61% | ✅ |
| Outreach Solutions | 13% | ❌ |
| Umbrella Therapeutic Services | 55% | ✅ |

❌ Far Below Performance Target (0 – 44%)   🟡 Near Performance Target (45 – 54%)   ✅ Met or Exceeded Performance Target (55 – 100%)

**Notes:** The three outcome indicators used to measure improvement are: improvement in total score of 20 points or greater; absence of severe impairments; and absence of pervasive behavioral impairment. Excludes children who were not applicable to one of the three outcome indicators because they did not initially have severe or pervasive behavioral impairments. ^Ten providers with fewer than four children in the denominator who had improvement on one or more outcome indicators 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 KPI overall performance rate, overall mean, and overall median.
**Source:** DBH analysis of FAS data as of 10/25/2022.

DBH expanded this metric for FY 22 to show progress on individual domains rather than on one overall score. Therefore, the data are not comparable to data from previous fiscal years and change over time is not presented.

## FY 22 Mean Performance

An average of **57%** of children improved on at least one of three outcome indicators between their initial and most recent children/youth functional assessment

## FY 22 Summary of Provider Performance
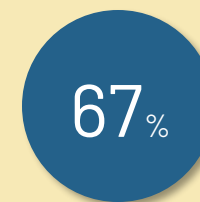
**67%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 55%

# 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.

# Medication Assisted Treatment: Retention Rate

Provider-specific performance on the percent of medication assisted treatment clients who were served in two consecutive quarters, FY 22 (n=3 providers)*
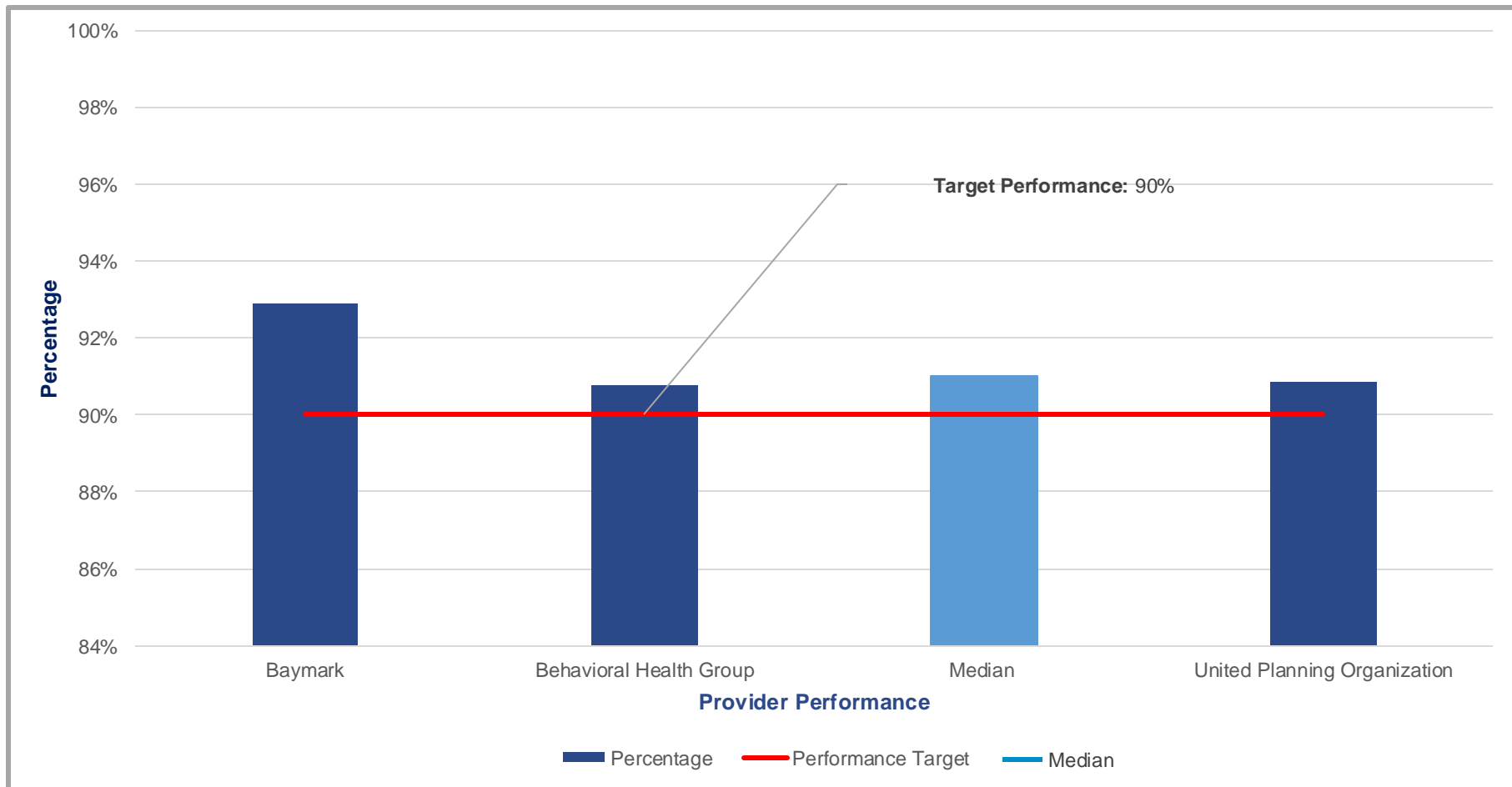


**Notes:** Excludes clients whose first MAT service was in the current quarter. *The FY 22 KPI overall performance rate on the following page includes data for methadone, buprenorphine, and naltrexone clients. As DBH does not certify prescribers of buprenorphine and naltrexone, these providers are not included in the report. Only Opioid Treatment Providers (OTPs) are included in the DBH provider data.
**Source:** DBH analysis of claims data as of 10/21/2022.

# Medication Assisted Treatment: Retention Rate

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (90%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 85% | 83%* | 🟡 | ◆ |
| **Mean** | 95% | 92% | ✅ | ◆ |
| **Median** | 95% | 91% | ✅ | ▼ |
| Baymark | 95% | 93% | ✅ | ◆ |
| Behavioral Health Group | 94% | 91% | ✅ | ◆ |
| United Planning Organization | 96% | 91% | ✅ | ▼ |

❌ Far Below Performance Target (0 – 79%)

🟡 Near Performance Target (80 – 89%)

✅ Met or Exceeded Performance Target (90 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

## FY 22 Mean Performance

An average of **92%** of medication assisted treatment clients were served in two consecutive quarters

## FY 22 Summary of Provider Performance

**100%** of providers **exceeded** the DBH performance target of 90%
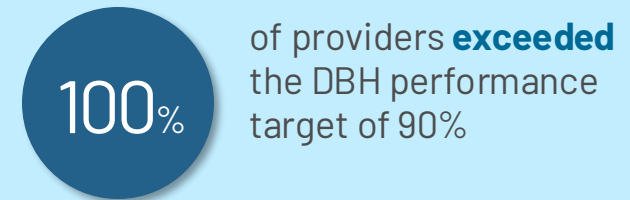
## Increased Performance Over Time

While no providers had improvements on this KPI over time, two providers (67%) had little-to-no change in performance between FY 21 and FY 22, and all three exhibited strong performance relative to the target

**Notes:** Excludes clients whose first MAT service was in the current quarter. *The FY 22 KPI overall 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 10/21/2022.

# 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 22 (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 10/21/22.

# SUD Step-Down: Residential

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (50%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 44% | 28% | ❌ | ▼ |
| **Mean** | 34% | 30% | ❌ | ▼ |
| **Median** | 29% | 27% | ❌ | ◆ |
| Clean and Sober Streets | 44% | 48% | ➖ | ▲ |
| Federal City Recovery | 44% | 27% | ❌ | ▼ |
| Regional Addiction Prevention | 29% | 25% | ❌ | ▼ |
| Safe Haven | 8% | 18% | ❌ | ▲ |
| Salvation Army | 12% | 9% | ❌ | ◆ |
| Samaritan Inns | 24% | 33% | ❌ | ▲ |
| So Others Might Eat | 80% | 51% | ✅ | ▼ |

❌ Far Below Performance Target (0 – 39%)  
➖ Near Performance Target (40 – 49%)  
✅ Met or Exceeded Performance Target (50 – 100%)

▲ Increase (≥4-point increase from FY 21)  
▼ Decrease (≥4-point decrease from FY 21)  
◆ Little-to-no-Change (≤ 3-point difference from FY 21)

**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 10/21/2022.

## FY 22 Mean Performance

An average of **30%** of SUD residential clients stepped down to a lower level of care

## FY 22 Summary of Provider Performance

**29%** 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 21 and FY 22

# 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

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Provider-specific performance on the percent of SUD withdrawal management clients who stepped down to a lower level of care, FY 22 (n=1 provider)



**Performance Target:** 50%

**Percentage** (y-axis: 0% to 100%)

Regional Addiction Prevention
**Provider Performance**

■ Percentage    ▬ Performance Target

**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 credentialed by DC Health, but is not a DBH-certified, community-based provider. As such, data for PIW are not included in this report. In FY 22, 35% of PIW clients who received withdrawal management services stepped down to a lower level of care.
**Source:** DBH analysis of DATA/WITS data as of 10/21/2022.

# SUD Step-Down: Withdrawal Management

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (50%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 59% | 31% | ❌ | ▼ |
| Regional Addiction Prevention | 53% | 18% | ❌ | ▼ |

KPI overall and provider-level performance **did not meet** the DBH performance target of 50%

KPI overall and provider-level performance **decreased** from FY 21

❌ Far Below Performance Target (0 – 39%)

➖ Near Performance Target (40 – 49%)

✅ Met or Exceeded Performance Target (50 – 100%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

**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 credentialed by DC Health, but is not a DBH-certified, community-based provider. As such, data for PIW are not included in this report. In FY 22, 35% of PIW clients who received withdrawal management services stepped down to a lower level of care.
**Source:** DBH analysis of DATA/WITS data as of 10/21/2022.

# 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.

# SUD Re-entry

## Provider-specific performance on the percent of SUD clients who were successfully discharged who re-entered services within 90 days, FY 22 (n=20 providers^)
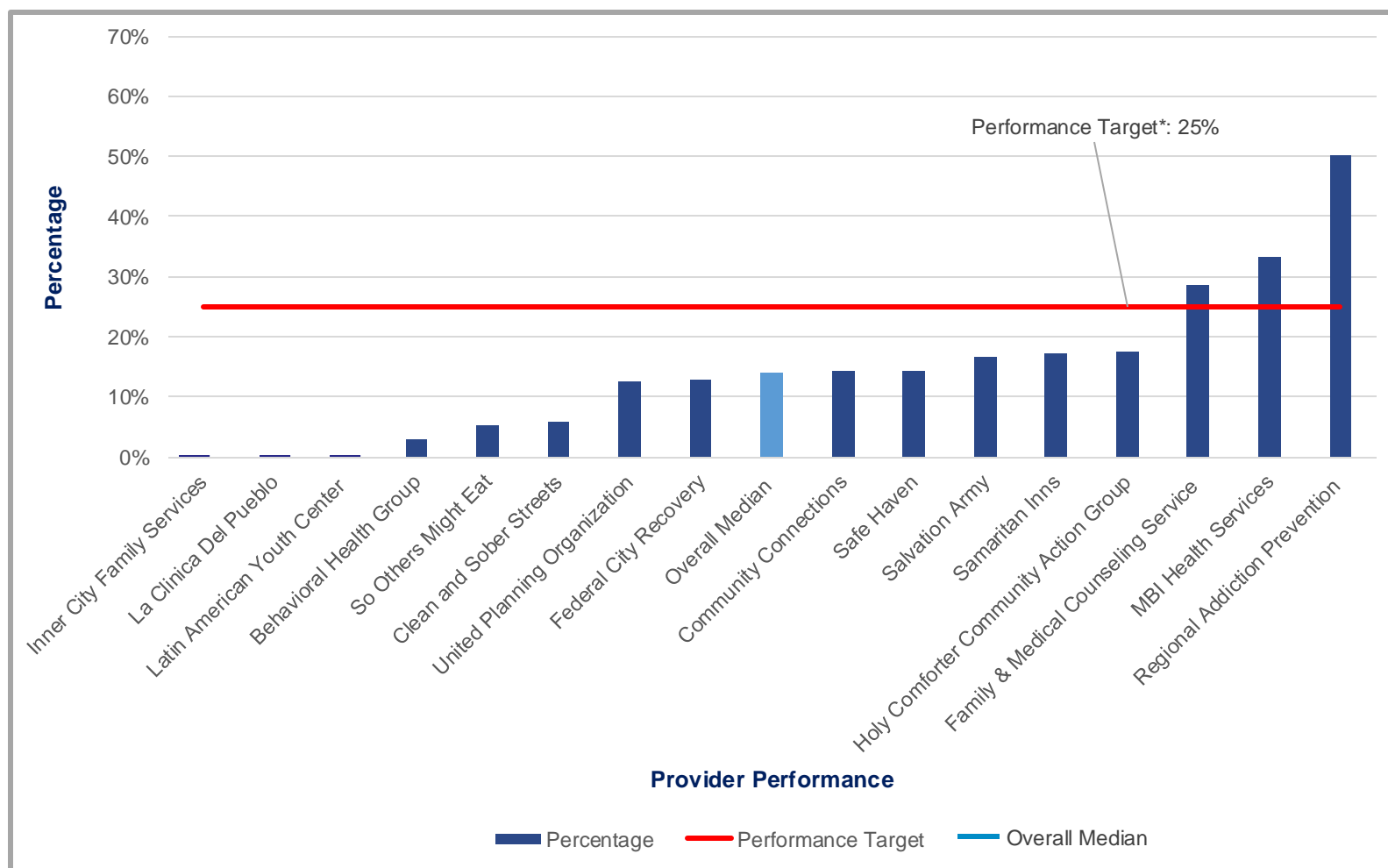


**Notes:** Excludes clients whose discharge reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules. ^Four providers with fewer than four clients in the denominator has been excluded from this chart because 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 10/21/2022.

# SUD Re-entry

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (25%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 16% | 14% | ✅ | ◆ |
| **Overall Mean** | 20% | 12% | ✅ | ▲ |
| **Overall Median** | 12% | 13% | ✅ | ◆ |
| Behavioral Health Group | 10% | 3% | ✅ | ▲ |
| Clean and Sober Streets | 10% | 6% | ✅ | ▲ |
| Community Connections | 40% | 14% | ✅ | ▲ |
| Family & Medical Counseling Service | 40% | 29% | ➖ | ▲ |
| Federal City Recovery | 11% | 13% | ✅ | ▲ |
| Holy Comforter Community Action Group | 29% | 18% | ✅ | ▲ |
| Inner City Family Services | 25% | 0% | ✅ | ▲ |
| La Clinica del Pueblo | 6% | 0% | ✅ | ▲ |

## FY 22 Mean Performance

An average of **12%** of clients who were successfully discharged re-entered services within 90 days

## FY 22 Summary of Provider Performance

**94%** of providers in this table **nearly met or exceeded** the DBH performance target of 25%. A lower rate indicates better performance

## Increased Performance Over Time

**63%** of providers **increased performance by at least 4 percentage points** between FY 21 and FY 22

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❌ Far Below Performance Target (36 – 100%)

➖ Near Performance Target (26 – 35%)

✅ Met or Exceeded Performance Target (0 – 25%)

▲ Increase (≥4-point increase from FY 21)

▼ Decrease (≥4-point decrease from FY 21)

◆ Little-to-no-Change (≤ 3-point difference from FY 21)

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

N/A*: Not applicable; new DBH-certified provider in FY 22

N/A: Not applicable

**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. Four providers with fewer than four clients in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY22. Their data, however, are included in the calculation of the KPI overall 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 10/21/2022.

# SUD Re-entry

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

| DBH Provider | FY 21 Rate | FY 22 Rate | FY 22 rate compared to target (25%) | Change |
|---|---|---|---|---|
| **KPI Overall Performance** | 16% | 14% | ✅ | ◆ |
| **Overall Mean** | 20% | 12% | ✅ | ▲ |
| **Overall Median** | 12% | 13% | ✅ | ◆ |
| Latin American Youth Center | 0% | 0% | ✅ | ◆ |
| MBI Health Services | 13% | 33% | ➖ | ▼ |
| Regional Addiction Prevention | 24% | 50% | ❌ | ▼ |
| Safe Haven | 17% | 14% | ✅ | ◆ |
| Salvation Army | 22% | 17% | ✅ | ▲ |
| Samaritan Inns | 7% | 17% | ✅ | ▼ |
| So Others Might Eat | 5% | 5% | ✅ | ◆ |
| United Planning Organization | -- | 13% | ✅ | N/A |

**Legend:**

- ❌ Far Below Performance Target (36 – 100%)
- ➖ Near Performance Target (26 – 35%)
- ✅ Met or Exceeded Performance Target (0 – 25%)
- ▲ Increase (≥4-point increase from FY 21)
- ▼ Decrease (≥4-point decrease from FY 21)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 21)
- -- : Data suppressed; does not meet threshold for public reporting
- N/A*: Not applicable; new DBH-certified provider in FY 22
- N/A: Not applicable

**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. Four providers with fewer than four clients in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY22. Their data, however, are included in the calculation of the KPI overall 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 10/21/2022.

## FY 22 Mean Performance

An average of **12%** of clients who were successfully discharged re-entered services within 90 days

## FY 22 Summary of Provider Performance

**94%** of providers in this table **nearly met or exceeded** the DBH performance target of 25%. A lower rate indicates better performance

## Increased Performance Over Time

**63%** of providers **increased performance by at least 4 percentage points** between FY 21 and FY 22

# Efforts to Improve Performance

DBH, working in partnership with providers and stakeholders, seeks to meet the behavioral health needs of all District residents. Of the 10 DBH Key Performance Indicators (KPIs) included in this report for FY 2022 (October 1, 2021-September 30, 2022), DBH-certified, community-based providers exceeded performance targets for 4 KPIs and nearly met performance targets for 4 KPIs:

Exceeded performance targets for KPIs that assess:

- consumer/client satisfaction with the person-centered planning process;
- consumer/client satisfaction with access to services;
- adults' timely receipt of mental health services; and
- re-entry into substance use services.

Nearly met performance targets for KPIs that assess:

- children's timely receipt of mental health services;
- timely services after an involuntary psychiatric hospitalization;
- child functional assessment change over time; and
- retention in medication assisted treatment programs.

DBH fell far short of meeting its performance targets for the two SUD Step-Down KPIs, with both indicators exhibiting sharp declines in performance between FY 21 and FY 22. This year, DBH had challenges with its data system and workflow process for these SUD services, some challenges which were related to the District's Medicaid behavioral health integration efforts. DBH, working in close partnership with the Department of Health Care Finance (DHCF), introduced a new authorization process that included a workflow developed by DHCF's contracted Quality Improvement Organization (QIO). Providers faced several challenges entering data into DBH's data system to document the services provided and the medical necessity of recommended services. DBH and the QIO offered providers training and support to improve their performance.

# Efforts to Improve Performance (cont.)

In addition, DBH undertook several other efforts to drive improvements in performance, including sharing DBH-collected data on performance with each DBH-certified provider. DBH also continues to host monthly meetings with SUD Residential providers to understand their challenges and provide technical assistance. DBH is also in the process of publishing a Continuity of Care bulletin and updating their step-down workflow. Once the bulletin is published, DBH will train/retrain the entire SUD network on proper documentation, data entry, and client referrals. DBH is also updating the dropdown options in its system to capture when clients are referred outside of the Adult Substance Use Rehabilitative Services network for continued treatment, while remaining in alignment with the data collection requirements from the Substance Abuse and Mental Health Services Administration.

Furthermore, DBH is considering options for incentivizing provider improvements using the KPI data and Medicaid's behavioral health quality of care metrics. Effective October 1, 2023, DBH regulations require providers to be nationally accredited (see Chapter 30 § 3015; Chapter 34 § 3435; Chapter 63 § 6351; Chapter 65 § 6513). To maintain national accreditation, providers will be engaged with improvement efforts that are data driven. Taken together, DBH believes these efforts will improve future performance on the KPIs.

# Conclusion

*Measuring Provider Performance: Building a Stronger System of Behavioral Health Care*, FY 22, provides provider-specific performance on 10 DBH Key Performance Indicators (KPIs) for services received by children, youth, and adults during FY 22 (October 1, 2021-September 30, 2022). As in FY 21, DBH exceeded or nearly met performance targets for eight of the 10 KPIs (80%), but fell short in meeting performance targets for two indicators of behavioral health care.

The report, now in its third year of publicly reporting provider-specific performance data, offers a solid foundation upon which to assess behavioral services that are working well or need improvement. For example, between FY 20 and FY 22, DBH improved performance (≥4-point increase) on four of six KPIs that have comparable data between this time. However, the two SUD step-down indicators for which DBH did not meet the performance targets in FY 22 experienced significant, double-digit percentage-point declines in performance between FY 21 and FY 22. Taken together, these findings suggest that while DBH's efforts to improve performance highlighted in this report (see Efforts to Improve Performance) and previous reports are resulting in progress toward our goals for some indicators, continued, more focused efforts are needed to achieve progress for others.

The data in this report include services provided during a period in which the system continued to rebound from COVID-related service disruptions. Data from *the Mental Health and Substance Use Report on Expenditures and Services* (see Additional Resources), show that there was a 6 percent increase in the number of SUD clients served and an 8 percent increase in the number of consumers receiving community-based mental health services in FY 21, on top of a 15 percent increase in the prior year. While there is certainly room for improvement, it is encouraging that DBH was able expand access to services while both meeting performance targets and realizing improvements in care delivery over time for some KPIs.

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

# Appendix Tables and Additional Resources
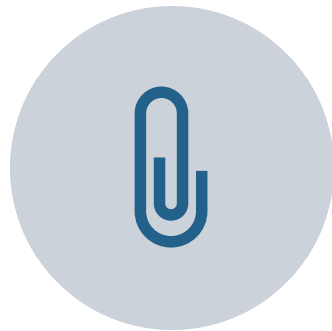
# Appendix A. FY 22 DBH-Certified Community-Based Providers

The table below lists the 68 DBH-certified, community-based mental health (MH) and substance use disorder (SUD) providers in FY 22.

| 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 |
| Anchor Mental Health Association | MH | Both |
| Baymark[3] | SUD | Adult |
| Behavioral Health Group | SUD | Adult |
| Better Morning | MH | Both |
| Calvary Healthcare Inc.[1,2] | SUD | Adult |
| Capital Clubhouse[1] | 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[1] | SUD | Adult |
| Deaf Reach | MH | Adult |
| Dedicated Care Health Services | MH | Adult |
| District Health Care Services | MH | Adult |
| Doors of Hope | MH | Child |

**Notes:** [1] No applicable KPI data for the provider for FY 22 because the provider did not provide the care that the indicators are being used to assess and/or had a denominator below the threshold for public reporting of data in this report across all KPIs. [2] Provider is no longer DBH certified. [3] Baymark is doing business as PIDARC and is formerly the Foundation for Contemporary Drug Abuse.

# Appendix A. FY 22 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 | Adult |
| Goshen Health Care & Management | MH/SUD | Adult |
| Hillcrest Children's Center | MH/SUD | Both |
| Holy Comforter Community Action Group | SUD | Adult |
| Inner City Family Services | MH/SUD | 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/SUD | Adult |
| Life Enhancement Services | MH | Both |
| Life Stride | MH/SUD | Adult |
| Love Your Life Healthcare[1] | MH | Adult |

**Notes:** [1] No applicable KPI data for the provider for FY 22 because the provider did not provide the care that the indicators are being used to assess and/or had a denominator below the threshold for public reporting of data in this report across all KPIs. [2] Provider is no longer DBH certified. [3] Baymark is doing business as PIDARC and is formerly the Foundation for Contemporary Drug Abuse.

# Appendix A. FY 22 DBH-Certified Community-Based Providers

| Provider | DBH Certification (MH, SUD, MH/SUD) | Population Served |
|---|---|---|
| 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[1] | MH | Both |
| Prestige Healthcare Resources | MH/SUD | Adult |
| Preventive Measures | MH | Both |
| Providence Healthcare Services[1] | SUD | Adult |

**Notes:** [1] No applicable KPI data for the provider for FY 22 because the provider did not provide the care that the indicators are being used to assess and/or had a denominator below the threshold for public reporting of data in this report across all KPIs. [2] Provider is no longer DBH certified. [3] Baymark is doing business as PIDARC and is formerly the Foundation for Contemporary Drug Abuse.

# Appendix A. FY 22 DBH-Certified Community-Based Providers

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

**Notes:** [1] No applicable KPI data for the provider for FY 22 because the provider did not provide the care that the indicators are being used to assess and/or had a denominator below the threshold for public reporting of data in this report across all KPIs. [2] Provider is no longer DBH certified. [3] Baymark is doing business as PIDARC and is formerly the Foundation for Contemporary Drug Abuse.

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Absolute Healthcare Resources | FY 22 Performance | -- | -- | ❌ | N/A[4] | ❌ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Abundant Grace Health Services | FY 22 Performance | -- | -- | ✅ | N/A[4] | ✅ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Affordable Home Health Care | FY 22 Performance | -- | -- | ✅ | N/A[4] | 🟡 | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Anchor Mental Health Association | FY 22 Performance | ✅ | ✅ | 🟡 | ✅ | ✅ | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ◆ | ◆ | ◆ | ▲ | ◆ | --[2] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Baymark | FY 22 Performance | ✅ | ✅ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | ✅ | N/A[6] | N/A[7] | -- |
| | FY 21 to FY 22 Change | ◆ | ◆ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | ◆ | N/A[6] | N/A[7] | --[2] |
| Behavioral Health Group | FY 22 Performance | 🟡 | 🟡 | N/A[1] | N/A[1] | N/A[1] | N/A[1] | ✅ | N/A[6] | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | ▲ | ▲ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | ◆ | N/A[6] | N/A[7] | ▲ |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Better Morning | FY 22 Performance | ✅ | ✅ | ✅ | ✅ | ❌ | ✅ | N/A2 | N/A2 | N/A2 | N/A2 |
| | FY 21 to FY 22 Change | ▲ | ▲ | ◆ | ◆ | ▲ | N/A8 | N/A2 | N/A2 | N/A2 | N/A2 |
| City Care Health Services | FY 22 Performance | -- | -- | 🟡 | N/A4 | ❌ | N/A4 | N/A2 | N/A2 | N/A2 | N/A2 |
| | FY 21 to FY 22 Change | --2 | --2 | ▼ | N/A4 | ▼ | N/A4 | N/A2 | N/A2 | N/A2 | N/A2 |
| Clean and Sober Streets | FY 22 Performance | -- | -- | N/A1 | N/A1 | N/A1 | N/A1 | N/A5 | 🟡 | N/A7 | ✅ |
| | FY 21 to FY 22 Change | --2 | --2 | N/A1 | N/A1 | N/A1 | N/A1 | N/A5 | ▲ | N/A7 | ▲ |
| Community Connections | FY 22 Performance | ✅ | ✅ | ❌ | ❌ | ✅ | ❌ | N/A5 | N/A6 | N/A7 | ✅ |
| | FY 21 to FY 22 Change | ▲ | ▲ | ▼ | ▼ | ◆ | N/A8 | N/A5 | N/A6 | N/A7 | ▲ |
| Community Wellness Ventures | FY 22 Performance | -- | -- | 🟡 | ✅ | ❌ | -- | N/A2 | N/A2 | N/A2 | N/A2 |
| | FY 21 to FY 22 Change | --2 | --2 | ▼ | ▼ | ▼ | --2 | N/A2 | N/A2 | N/A2 | N/A2 |
| Deaf Reach | FY 22 Performance | -- | -- | ❌ | N/A4 | -- | N/A4 | N/A2 | N/A2 | N/A2 | N/A2 |
| | FY 21 to FY 22 Change | --2 | --2 | --1 | N/A4 | --2 | N/A4 | N/A2 | N/A2 | N/A2 | N/A2 |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Dedicated Care Health Services | FY 22 Performance | -- | -- | ✅ | N/A[4] | 🟡 | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ◆ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| District Health Care Services | FY 22 Performance | -- | -- | 🟡 | N/A[4] | ❌ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Doors of Hope | FY 22 Performance | -- | -- | N/A[3] | 🟡 | N/A[3] | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | / | / | N/A[3] | / | N/A[3] | / | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Family & Medical Counseling Service | FY 22 Performance | -- | -- | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | N/A[6] | N/A[7] | 🟡 |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | N/A[6] | N/A[7] | ▲ |
| Family Preservation Services | FY 22 Performance | -- | -- | 🟡 | 🟡 | ✅ | ❌ | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | ▼ | ◆ | N/A[8] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Family Solutions of Ohio | FY 22 Performance | ✅ | 🟡 | ✅ | ❌ | ❌ | ✅ | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ▼ | ▲ | ▲ | ▼ | ▲ | N/A[8] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Family Wellness Center | FY 22 Performance | ✅ | ✅ | 🟡 | ❌ | ❌ | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ◆ | ▲ | ◆ | ◆ | ▼ | --[2] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Federal City Recovery | FY 22 Performance | ❌ | 🟡 | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ❌ | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[1] | --[1] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ▼ | N/A[7] | ▲ |
| Goshen Health Care & Management | FY 22 Performance | -- | -- | ✅ | N/A[4] | ❌ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| Hillcrest Children's Center | FY 22 Performance | ✅ | ❌ | ❌ | ❌ | ✅ | 🟡 | N/A[5] | N/A[6] | N/A[7] | -- |
| | FY 21 to FY 22 Change | ▲ | ▲ | ▼ | ◆ | ◆ | N/A[8] | N/A[5] | N/A[6] | N/A[7] | --[2] |
| Holy Comforter Community Action Group | FY 22 Performance | ✅ | ✅ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | N/A[6] | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[1] | --[1] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | N/A[6] | N/A[7] | ▲ |
| Inner City Family Services | FY 22 Performance | ✅ | 🟡 | ✅ | ✅ | ✅ | ✅ | N/A[5] | N/A[6] | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | ▲ | ▲ | ◆ | ▲ | ▲ | N/A[8] | N/A[5] | N/A[6] | N/A[7] | ▲ |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Kahak Health Care Services | FY 22 Performance | -- | -- | 🟡 | N/A[4] | 🟡 | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▼ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Kinara Health & Home Care | FY 22 Performance | ✅ | ✅ | ✅ | ✅ | 🟡 | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ▲ | ◆ | ◆ | ◆ | ◆ | --[2] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| La Clinica Del Pueblo | FY 22 Performance | -- | -- | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | N/A[6] | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | N/A[6] | N/A[7] | ▲ |
| Latin American Youth Center | FY 22 Performance | -- | -- | N/A[3] | ❌ | N/A[3] | ✅ | N/A[3] | N/A[3,6] | N/A[3,7] | ✅ |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[3] | ◆ | N/A[3] | N/A[8] | N/A[3] | N/A[3,6] | N/A[3,7] | ◆ |
| Life Care Inc | FY 22 Performance | ✅ | 🟡 | 🟡 | N/A[4] | ✅ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| | FY 21 to FY 22 Change | ▲ | ▲ | ▼ | N/A[4] | ▼ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| Life Enhancement Services | FY 22 Performance | ✅ | ✅ | ✅ | ✅ | ❌ | ✅ | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ▲ | ▲ | ▲ | ▲ | ▼ | N/A[8] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Life Stride | FY 22 Performance | -- | -- | ✕ | N/A[4] | ⊖ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▼ | N/A[4] | ▲ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| Mary's Center | FY 22 Performance | -- | -- | ✓ | ✓ | -- | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▲ | ▲ | --[2] | --[2] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| MBI Health Services | FY 22 Performance | ✓ | ⊖ | ⊖ | ⊖ | ✓ | ✕ | N/A[5] | N/A[6] | N/A[7] | ⊖ |
| | FY 21 to FY 22 Change | ▲ | ▲ | ▼ | ▼ | ◆ | N/A[8] | N/A[5] | N/A[6] | N/A[7] | ▼ |
| McClendon Center | FY 22 Performance | -- | -- | ✓ | N/A[4] | ✓ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| MD/DC Family Resource | FY 22 Performance | -- | -- | -- | ✕ | -- | ✓ | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | --[2] | ▼ | --[2] | N/A[8] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Neighbors Consejo | FY 22 Performance | -- | -- | ✓ | N/A[4] | ✓ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▲ | N/A[4] | ▲ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| New Hope Health Services | FY 22 Performance | -- | -- | ✅ | 🟡 | ❌ | -- | N/A[5] | N/A[6] | N/A[7] | -- |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | ◆ | ▼ | --[2] | N/A[5] | N/A[6] | N/A[7] | --[1,2] |
| New Living Health Care LLC | FY 22 Performance | -- | -- | 🟡 | N/A[4] | 🟡 | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▲ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| NYA Health Care Services | FY 22 Performance | ✅ | ✅ | ✅ | N/A[4] | 🟡 | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[1] | --[1] | ◆ | N/A[4] | ▲ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| One Care DC Inc. | FY 22 Performance | -- | -- | ✅ | N/A[4] | ✅ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▲ | N/A[4] | ▲ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Outreach Solutions | FY 22 Performance | -- | -- | N/A[3] | ✅ | N/A[3] | ❌ | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[3] | ▼ | N/A[3] | N/A[8] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| P&G Behavioral Health Services | FY 22 Performance | -- | -- | ✅ | N/A[4] | 🟡 | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▲ | N/A[4] | ▲ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Pathways to Housing D.C. | FY 22 Performance | -- | -- | ✅ | N/A[4] | ✅ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▼ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Prestige Healthcare Resources | FY 22 Performance | 🟡 | 🟡 | 🟡 | N/A[4] | ❌ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| | FY 21 to FY 22 Change | ▲ | ◆ | ▼ | N/A[4] | ▼ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | N/A |
| Preventive Measures | FY 22 Performance | 🟡 | ✅ | ✅ | 🟡 | ✅ | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ▼ | ▲ | ◆ | ◆ | ▲ | --[2] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| PSI Services | FY 22 Performance | ✅ | ✅ | ✅ | 🟡 | ✅ | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ▲ | ▲ | ▼ | ▼ | ▲ | --[2] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Psychiatric Center Chartered | FY 22 Performance | -- | -- | 🟡 | N/A[4] | ❌ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▼ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Quality Care Services | FY 22 Performance | -- | -- | N/A[3] | ✅ | N/A[3] | -- | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | / | / | N/A[3] | / | N/A[3] | / | N/A[2] | N/A[2] | N/A[2] | N/A[2] |

**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 74).

# 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Regional Addiction Prevention | FY 22 Performance | 🟡– | 🟡– | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ❌ | ❌ | ❌ |
| | FY 21 to FY 22 Change | --[1] | --[1] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ▼ | ▼ | ▼ |
| Restoration Community Alliance | FY 22 Performance | -- | -- | 🟡– | N/A[4] | 🟡– | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ◆ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Safe Haven | FY 22 Performance | -- | -- | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ❌ | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ▲ | N/A[7] | ◆ |
| Salvation Army | FY 22 Performance | -- | -- | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ❌ | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ◆ | N/A[7] | ▲ |
| Samaritan Inns | FY 22 Performance | ✅ | ✅ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ❌ | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[1] | --[1] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ▲ | N/A[7] | ▼ |
| So Others Might Eat | FY 22 Performance | ✅ | ✅ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ✅ | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | ▲ | ▲ | N/A[1] | N/A[1] | N/A[1] | N/A[1] | N/A[5] | ▼ | N/A[7] | ◆ |

**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 74).

| 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 (60%) | Performance target (55%) | Performance target (90%) | Performance target (50%) | Performance target (50%) | Performance target (25%) |
| Spring Leaf Solutions | FY 22 Performance | -- | -- | ✅ | N/A[4] | ❌ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▲ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| The Ark of DC (Wellness Health Services) | FY 22 Performance | -- | -- | ✅ | N/A[4] | ❌ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Umbrella Therapeutic Services | FY 22 Performance | ✅ | ✅ | ⊖ | ⊖ | ❌ | ✅ | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | ▼ | ▲ | ◆ | ◆ | ◆ | N/A[8] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| United Planning Organization | FY 22 Performance | -- | -- | N/A[1] | N/A[1] | N/A[1] | N/A[1] | ✅ | N/A[6] | N/A[7] | ✅ |
| | FY 21 to FY 22 Change | --[2] | --[2] | N/A[1] | N/A[1] | N/A[1] | N/A[1] | ▼ | N/A[6] | N/A[7] | --[1] |
| Volunteers of America | FY 22 Performance | -- | -- | ❌ | N/A[4] | ❌ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | -- |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▼ | N/A[4] | ▼ | N/A[4] | N/A[5] | N/A[6] | N/A[7] | --[2] |
| Wellness Healthcare Clinic | FY 22 Performance | -- | -- | ✅ | N/A[4] | ❌ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ▲ | N/A[4] | ▼ | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| Woodley House | FY 22 Performance | -- | -- | ❌ | N/A[4] | -- | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |
| | FY 21 to FY 22 Change | --[2] | --[2] | ◆ | N/A[4] | --[2] | N/A[4] | N/A[2] | N/A[2] | N/A[2] | N/A[2] |

**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 74).

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

## Appendix Legend

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

🔺 Increase   (≥4-point increase from FY 21)

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

🔻 Decrease   (≥4-point decrease from FY 21)

✅ Met or Exceeded Target

🔶 Little-to-no-Change   (≤ 3-point difference from FY 21)

## 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.

**--[1]:** For the mental health and SUD-focused KPIs, data suppressed in FY 21 due to providers having fewer than 4 consumers/clients in the indicator denominator.

For the all-provider KPIs, data suppressed in FY 21 due to providers having fewer than 10 consumers/clients in the indicator denominator.

**--[2]:** For the mental health and SUD-focused KPIs, data suppressed in FY 22 due to providers having fewer than 4 consumers/clients in the indicator denominator.

For the all-provider KPIs, data suppressed in FY 22 due to providers having fewer than 10 consumers/clients in the indicator denominator.

**/** :No data for the provider for FY 21; new DBH-certified provider in FY 22

**N/A**: Not applicable

**N/A[1]**: SUD provider, and the KPI is mental health focused

**N/A[2]**: mental health provider, and the KPI is SUD focused

**N/A[3]**: provider serves children only and the KPI is adult focused

**N/A[4]**: provider serves adults only and the KPI is child focused

**N/A[5]**: not an OTP provider

**N/A[6]**: not a residential provider

**N/A[7]**: does not provide this level of care

**N/A[8]**: change in metric; data are no longer comparable over time

# Appendix C: KPI Definitions

| Indicator | Description | Numerator | Denominator | Exclusions | Data Source |
|---|---|---|---|---|---|
| Behavioral Health Satisfaction Survey –Access Domain | Percent of consumers surveyed in the Behavioral Health Satisfaction Survey who were satisfied with access | Clients whose average rating for the questions included in the access domain was 3.5 or higher (on a 5-point scale) | Clients surveyed on Behavioral Health Satisfaction 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 surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process | Clients whose average rating for the questions included in the person-centered planning domain was 3.5 or higher (on a 5-point scale) | Clients surveyed on Behavioral Health Satisfaction 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 | Consumers with a paid MHRS claim within 30 days of enrollment/transfer | All enrollments and transfers to a provider as primary team | Consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers. | 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 claim within 30 days of enrollment/transfer | All enrollments and transfers to a provider as primary team | Consumers who were enrolled but not seen, Freestanding Mental Health (FSMH) clinic-only consumers. | 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 | Involuntary psychiatric hospital discharges in which the consumer had a paid claim within 30 days of iCAMS Program end date (discharge) | All involuntary psychiatric hospitalizations with a Program end date (discharge) in iCAMS | Saint Elizabeths and non-contracted hospitals, children | iCAMS & claims |
| Child Functional Assessment Change Over Time | Percent of cases who improved on at least one of 3 outcome indicators between the initial and most recent children/youth functional assessment (CAFAS/PECFAS) | Children who had improvement on one or more outcome indicators (improvement in total score of 20 points or greater, absence of severe impairments, or absence of pervasive behavioral impairment) | Children who have had at least two CAFAS/PECFAS assessments | Children who were not applicable to one of the three outcome indicators because they did not initially have severe or pervasive behavioral impairments | FAS outcomes |

| 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 | Clients whose first MAT service was in the current quarter | 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; Transfer to CDS Program Within Agency for Continued Services; or Transfer to Non-CDS Program Within Agency for Continued Services (successful completion of the program) from a residential program enrollment | 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 Substance Use Disorder (SUD) clients who were successfully discharged who re-entered services within 90 days | From the denominator, clients who had an intake (AR program enrollments or ARC intakes) 90 days from the discharge date | Successful discharges (discharge reason of either: Completed SUD treatment with No Substance Use; Completed Treatment with Some Substance Use; Transfer to CDS Program Within Agency for Continued Services; or Transfer to Non-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

Department of Behavioral Health FY 2023 Performance Plan

FY 22 Complete Agency Performance Report

FY 22 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