



Fiscal Year  
**2023**  
Report

## Measuring Provider Performance:

*Building a stronger system of  
behavioral health care*



*June 2025*

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# Letter from the Director

Dear District Residents and Partners,

I am once again pleased to release the Department of Behavioral Health's (DBH) fourth annual report, *Measuring Provider Performance: Building a stronger system of behavioral health care*. The report provides data that assess our progress during Fiscal Year (FY) 2023 and between FY 2020 and 2023 to provide public behavioral health services that improve the health of District residents.

The report includes data on 10 Key Performance Indicators (KPIs) that focus on services delivered by DBH-certified, community-based providers. As with the FY 2020-2022 reports, the data are reported for the District's behavioral health KPI performance overall as well as for each provider that offers the service and meets public reporting thresholds.



Of the 10 KPIs, DBH met or exceeded performance targets for three KPIs during FY 23 and nearly met four performance targets, but fell short in meeting performance targets for three indicators. On an overall performance level, provider performance improved on four of nine KPIs with comparable data in both FY 22 and FY 23. However, in looking at performance across four years, no KPI had a year-over-year improvement in performance from FY 20 to FY 23. Both indicators measuring consumer/client satisfaction decreased between FY 22 and FY 23, with the indicator assessing consumer/client satisfaction with the person-centered planning process exhibiting a 12-point decline following an 8-point increase from FY 21 to FY 22. Additionally, as seen in the FY 22 report, there is a need for more consistent and sustained improvement in the continuing care of individuals with a substance use disorder (SUD). While the SUD step-down for withdrawal management and for residential care KPIs both improved between FY 22 and FY 23, DBH did not meet the FY 23 performance targets for either indicator. Together, these findings continue to emphasize that while DBH is making progress toward its goals for some indicators, more focused efforts are needed to achieve and sustain progress for others.

I want to reiterate my appreciation to the provider, peer, and advocacy communities, and most of all, to residents who work to address their behavioral health challenges and sustain recovery. With the collaborative efforts of our government and our partners, we will continue to use this performance report and other available tools to strengthen our system of services and supports and allow all District residents the opportunity to live safe, healthy, and fulfilling lives.



**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) 2023 (October 1, 2022 through September 30, 2023), performance data on 21 KPIs were reported to the Mayor's office in January 2024 (see DBH's FY 23 Performance Accountability Report in [Additional Resources](#)). Of the 21 KPIs, 10 KPIs focus on services delivered by DBH-certified, community-based providers. The other eleven 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 23 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 22 report on the same topic and compares FY 22 and FY 23 performance.

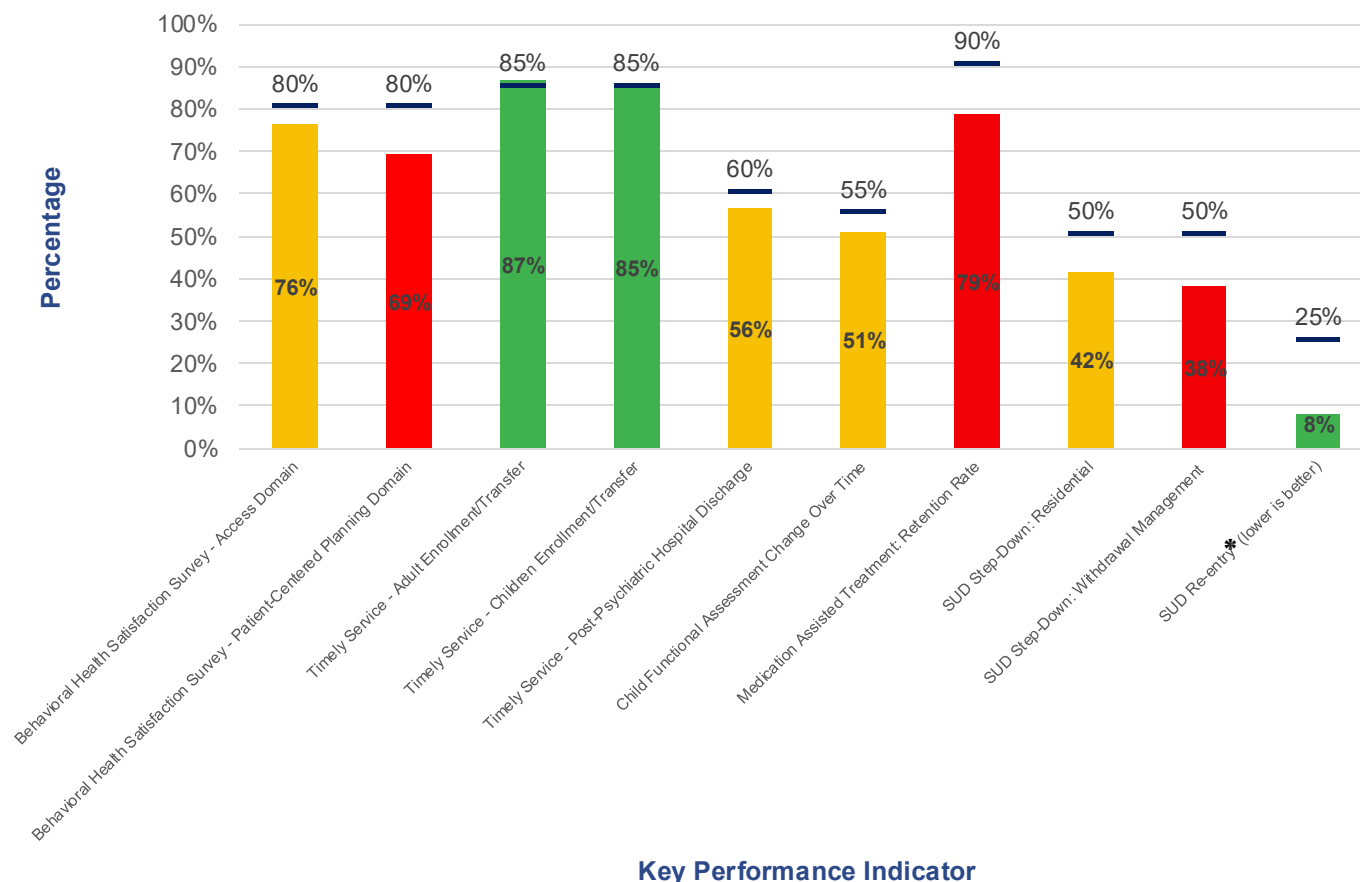
The intent of this report is to provide data that DBH and stakeholders (i.e., providers, consumers, clients, advocates, policymakers) can use to drive improvements in timely access to appropriate behavioral health services. DBH plans to release additional reports to enable monitoring of provider performance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

10  
KPIs

66  
Providers

DBH used **10** Key Performance Indicators (KPIs) to assess the performance of **66** DBH-certified, community-based behavioral health providers that serve children, youth, and adults with mental health and/or substance use disorders

# KPI Overall Performance, FY 23



DBH **met or exceeded** its performance targets for three of the ten indicators

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

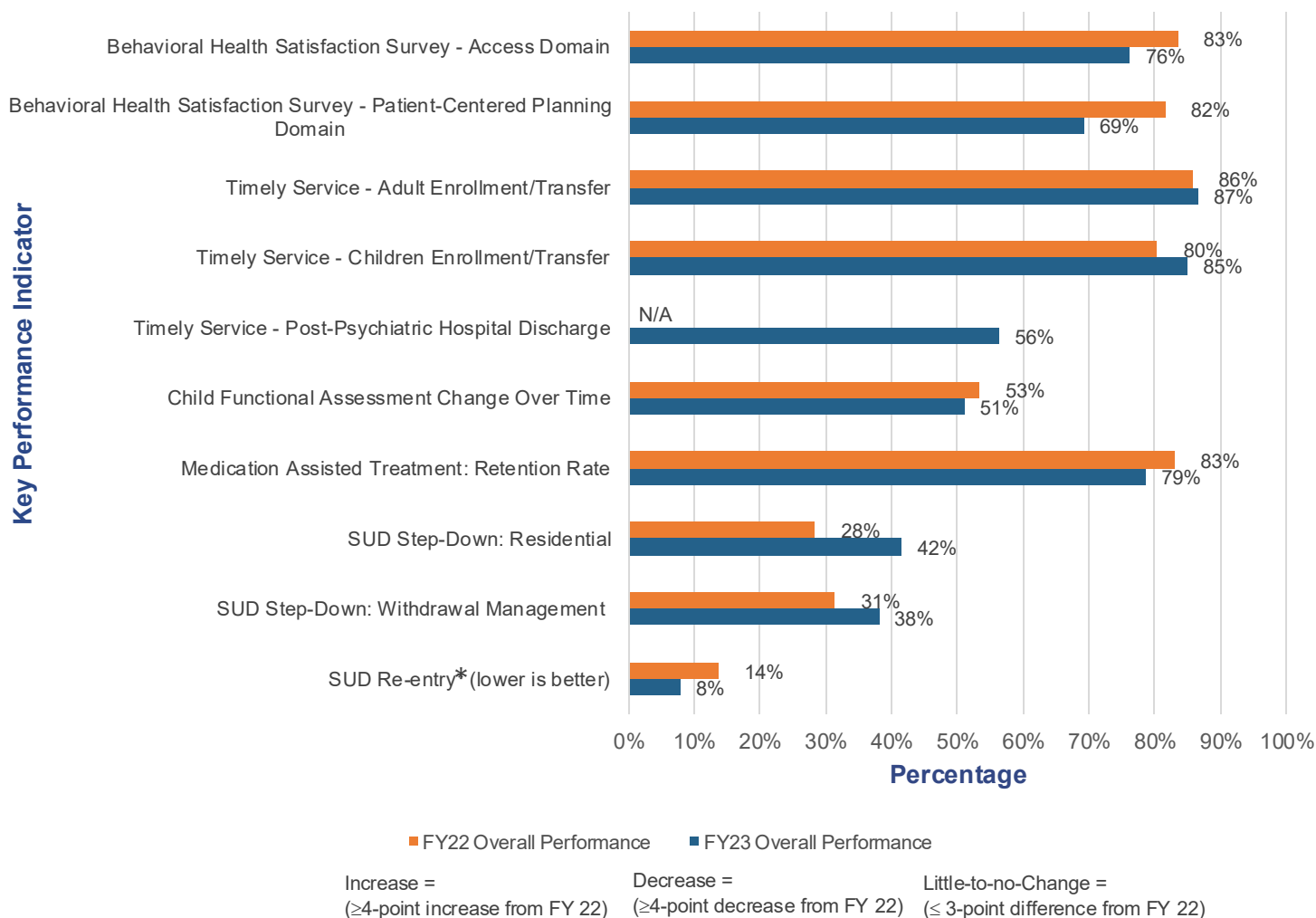
DBH **did not meet** its performance targets for three of the ten indicators by at least 11 percentage-points

■ = Far Below Performance Target (>10 percentage points of target)
 ■ = Near Performance Target (within 10 percentage points of target)
 ■ = Met or Exceeded Target
 — = Performance Target

**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 10/5/2023.

# KPI Overall Performance: Change Over Time, FY 22 – FY 23



KPI overall performance **improved (≥4-point increase)** on **4 of 9** KPIs between FY 22 and FY 23

There was **little-to-no change (≤ 3-point difference)** in KPI overall performance between FY 22 and FY 23 on **2 of 9** KPIs

KPI overall performance **declined (≥4-point decrease)** between FY 22 and FY 23 for the *Behavioral Health Satisfaction Survey - Access Domain*, *Behavioral Health Satisfaction Survey - Patient-Centered Planning Domain*, and *Medication Assisted Treatment: Retention Rate* indicators

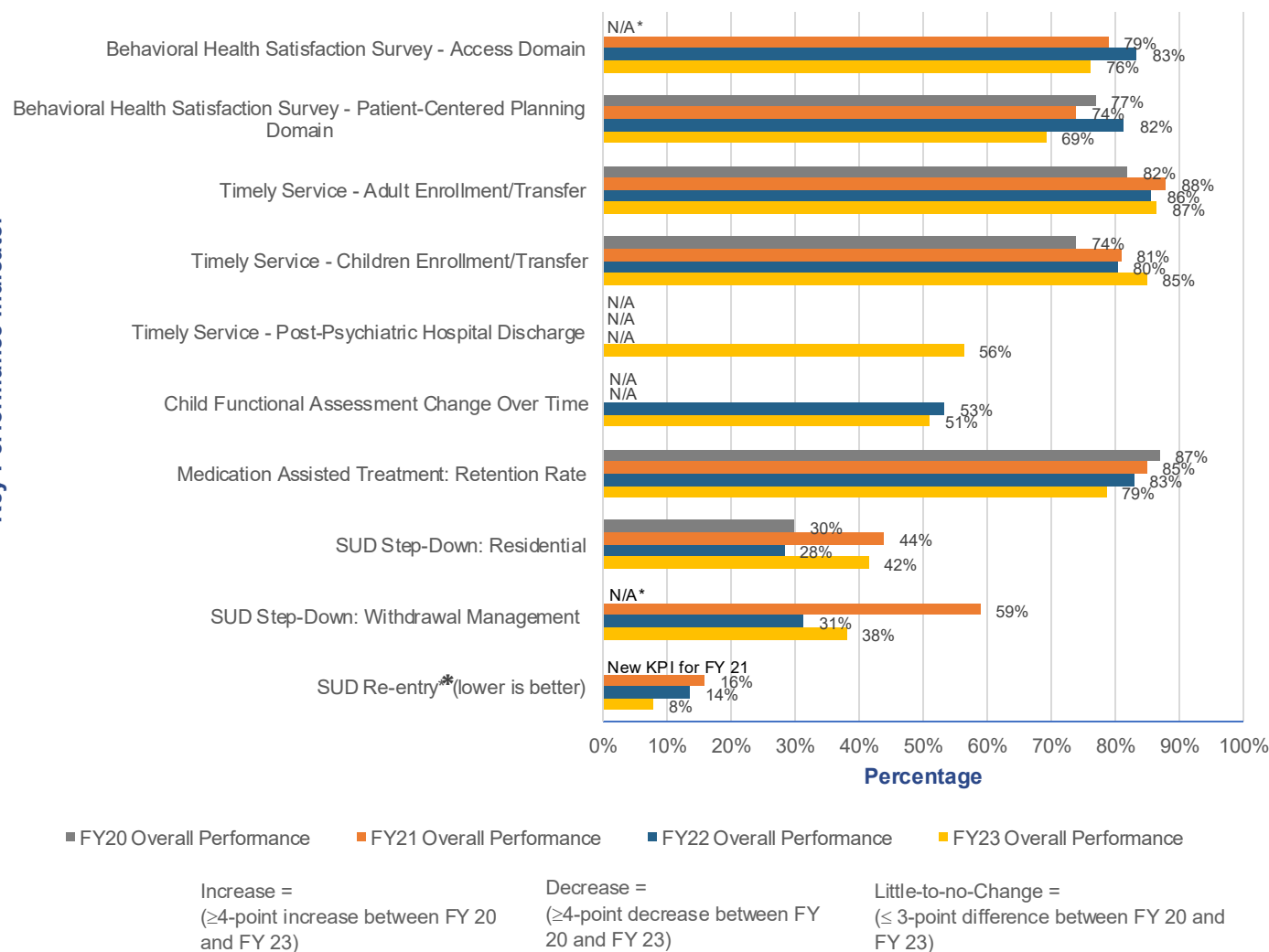
**Note:** \*A lower rate indicates better performance for the SUD Re-entry KPI. N/A: KPI updated for FY 22 to include voluntary hospitalizations and discharges of children; data cannot be compared to previous FYs. KPI overall performance includes individuals served by a DBH-certified provider or operated program. ^Percentage point difference does not appear to align with the change over time category due to rounding effects.

**Source:** DBH analysis as of 10/5/2023.



# KPI Overall Performance: Change Over Time, FY 20 – FY 23

Key Performance Indicator



Five of the 10 FY 23 KPIs have **comparable data** from FY 20

KPI overall performance **improved (≥4-point increase)** between FY 20 and FY 23 on **3 of 5** KPIs that have comparable data

The *Timely Service – Children Enrollment/Transfer* indicator had **the greatest increase (11-point increase)** between FY 20 and FY 23

No KPIs had a year-over-year improvement in performance from FY 20 to FY 23

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

**Source:** DBH analysis as of 10/5/2023.

# 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	–	✗	✓	✓	–	–	✗	–	✗	✓
Change in Performance: FY 22 to FY 23	▼	▼	◆	▲	N/A	◆	▼	▲	▲	▲

✗ 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 22)

▼ Decrease  
(≥4-point decrease from FY 22)

◆ Little-to-no-Change  
(≤ 3-point difference from FY 22)

N/A: KPI updated for FY 23; data cannot be compared to previous FYs

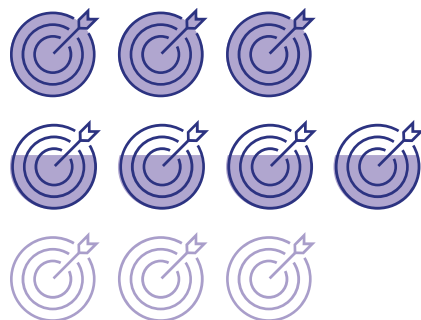
**Notes:** KPI overall performance includes individuals who were served by a DBH-certified provider or operated program.

**Source:** DBH analysis as of 10/05/2023.

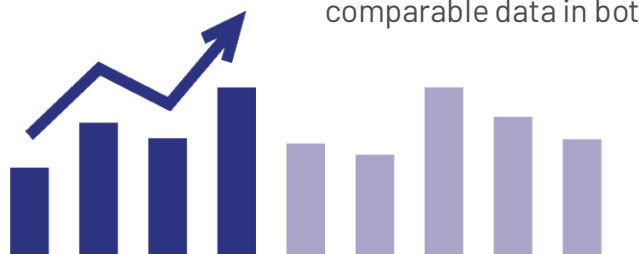


# Provider Performance at a Glance

In FY 23, DBH providers **met or exceeded 3** out of **10**, **nearly met 4** out of **10**, and **did not meet 3** out of **10** KPI performance targets

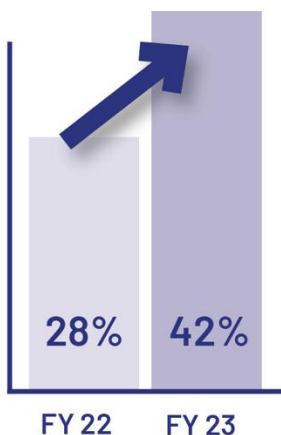


Looking across both DBH-certified providers and DBH-operated programs, KPI overall performance **improved (≥4-point increase from FY 22)** on **4 of 9** KPIs with available and comparable data in both FY 22 and FY 23



The KPI assessing the percentage of SUD residential clients who stepped down to a lower level of care had the **greatest improvement in performance** of all KPIs between FY 22 and FY 23, from 28% to 42% -- a 13 percentage-point increase<sup>^</sup>

<sup>^</sup> Percentage-point difference does not appear to sum to the total due to rounding effects



## SUD Re-entry

Providers exhibited the **strongest performance relative to the target** on the SUD Re-entry KPI, with 8% of clients re-entering into substance use services, exceeding the performance target by 17 percentage points. For this KPI, a lower rate indicates better performance

Exceeded target by **17** points



In FY 23, DBH did not meet its performance targets on three indicators; *Behavioral Health Satisfaction Survey - Patient Centered Planning Domain*, *Medication Assisted Treatment: Retention Rate*, and *SUD Step-Down: Withdrawal Management*

Two of these indicators experienced declines in performance of at least 4 percentage points between FY 22 and FY 23



## Timely Service - Adult Enrollment/Transfer



Providers had the **highest absolute performance** on the Timely Service - Adult Enrollment/Transfer KPI, with 87% 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 23 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 23 KPI performance in December 2023, and KPI overall performance data were reported to the Executive Office of the Mayor in January 2024 (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 seven out of ten indicators. Six of these KPIs (\*) were met or nearly met in both FY 22 and FY 23:
  - Met (or exceeded);
    - adult's timely receipt of mental health services\*
    - children's timely receipt of mental health services\*
    - re-entry into substance use services\*
  - Nearly met;
    - consumer/client satisfaction with access to services\*
    - timely services after a psychiatric hospitalization\*
    - child functional assessment change over time\*
    - residential clients who stepped down to a lower level of care for substance use disorder
- DBH-certified, community-based providers did not meet performance targets for three out of ten indicators in FY 23:
  - consumer/client satisfaction with patient-centered planning
  - retention in medication assisted treatment programs
  - step-down from withdrawal management substance use treatment

# Summary of Key Findings (cont.)

- KPI overall performance improved on four KPIs and exhibited little-to-no change ( $\leq 3$ -point difference) on two KPIs that had comparable data in FY 22 and FY 23:
  - The *SUD Step-Down: Residential* indicator had the greatest improvement in performance between FY 22 and FY 23, a 13 percentage-point increase from 28 percent to 42 percent.<sup>^</sup>
  - For the two KPIs in which there was little-to-no change in performance over time (*Timely Service – Adult Enrollment/Transfer* and *Child Functional Assessment Change Over Time*), DBH providers still met or exceeded performance targets for one of these KPIs, and nearly met the performance target for the other.
- The *Behavioral Health Satisfaction Survey* KPIs and *Medication Assisted Treatment: Retention Rate* KPIs experienced declines ( $\geq 4$ -point decrease) in performance between FY 22 and FY 23.
- There was improvement ( $\geq 4$ -point increase) in KPI overall performance on 3 of 5 KPIs with comparable data between FY 20 and FY 23:
  - adult's timely receipt of mental health services;
  - children's timely receipt of mental health services; and
  - residential clients who stepped down to a lower level of care for substance use disorder

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 for District residents.

<sup>^</sup> Percentage-point difference does not appear to sum to the total due to rounding effects

# 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 23. The following provides explanations for key elements found across the report.

## DBH Key Performance Indicators

In 2019, DBH researched national metrics to align their Key Performance Indicators (KPIs) with best practices, which led to the development of the ten KPIs presented in this report. The DBH KPIs are outcome-focused measures used to assess behavioral health services and outcomes across the District. While DBH has a total of 21 KPIs, the 10 indicators included in this report relate to provider performance. Four of the measures focus on mental health services, four focus on substance use disorder (SUD) services, and two focus broadly on behavioral health services (i.e., mental health and SUD). Definitions of each KPI are available in [Appendix C](#). In some cases, KPI definitions were updated from the previous FY. Information about all 21 KPIs is available in the FY 23 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 23. 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-six 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=42), SUD services only (n=14), or both mental health and SUD services (n=10). As such, the data for some providers may not be included in all KPIs depending on the services they provide.

For FY 23, DBH has data for at least one of the 10 KPIs included in this report for 59 of the 66 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 23 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.

# 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) 2023, October 1, 2022 through September 30, 2023. Comparative information from FY 22 (October 1, 2021–September 30, 2022) 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, 2022 to June 30, 2023.

## 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 22 to FY 23 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 22 and FY 23, defined as FY 23 provider and/or KPI overall performance that was at least 4 percentage points higher than FY 22 performance;
- A diamond ◆ indicates a **little-to-no-change** in performance between FY 22 and FY 23, defined as FY 23 provider and/or KPI overall performance that was within 3 percentage points of FY 22 performance; and
- A downward triangle ▼ indicates a **decrease** in performance between FY 22 and FY 23, defined as FY 23 provider and/or KPI overall performance that was at least 4 percentage points lower than FY 22 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 23, DBH expanded the definition of the *Timely Service Post-Psychiatric Hospital Discharge* indicator to include voluntary hospitalizations and discharges of children in the denominator. Due to this significant update to the KPI, the FFY 23 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 the calculation of the **overall mean** and **overall median**. When the term "overall" is used in the context of the mean and median, 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" and "median," it means that all providers included in the calculation of the summary statistic met the threshold for public reporting. This is different from the **KPI overall performance**, which 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, and may include the data of both providers that did and did not meet 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, median, and total to help ensure the integrity of these summary statistics.

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

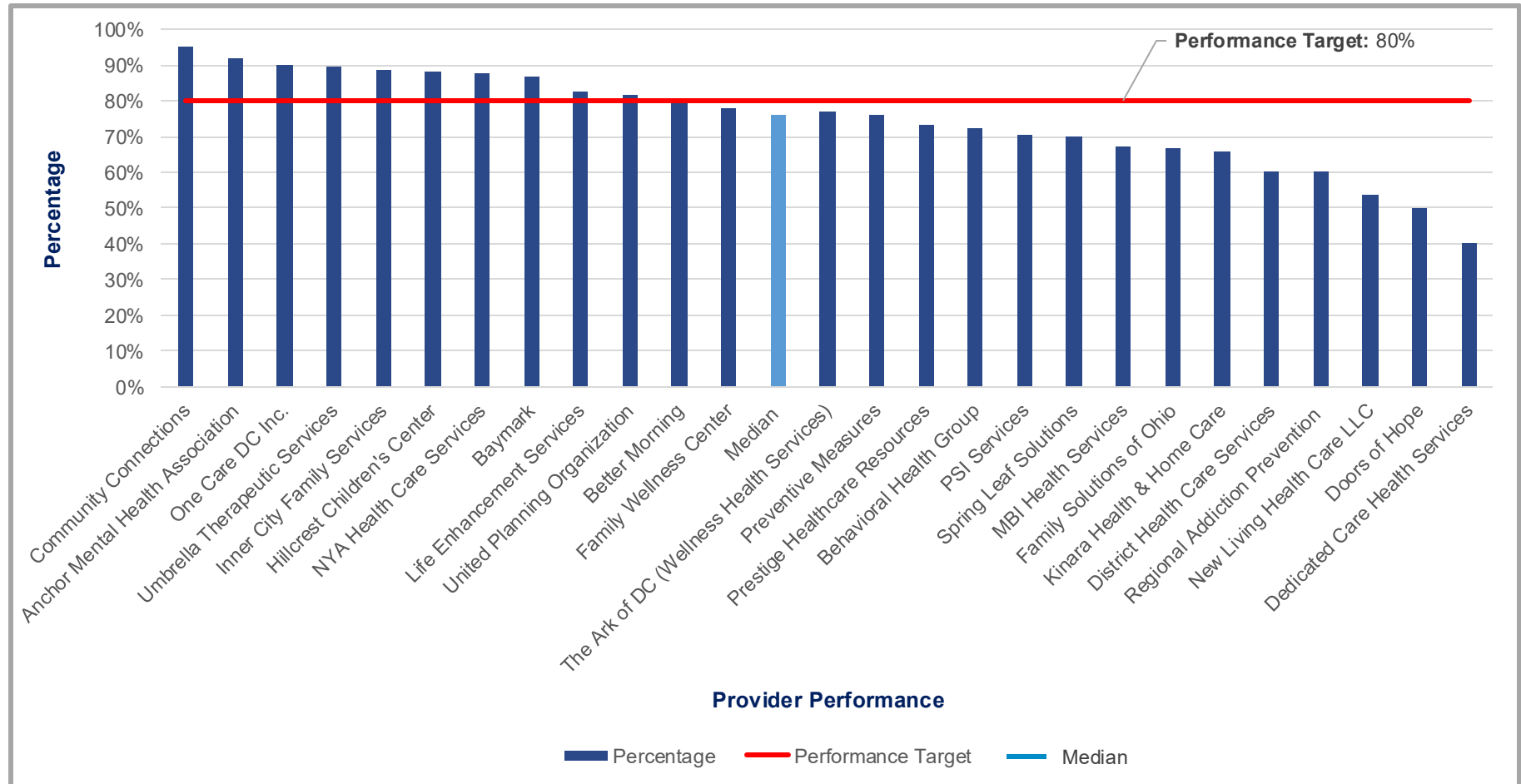


## **Behavioral Health Satisfaction Survey – Access Domain**

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 23 (n=66 providers<sup>^</sup>)



**Notes:** Excludes individuals who were not chosen in the random sample. <sup>^</sup>40 providers with fewer than ten consumers/clients responding to the survey have been excluded from this chart because they do not meet the threshold for public reporting of survey data.

**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

# Behavioral Health Satisfaction Survey - Access Domain

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (80%)	Change
<b>KPI Overall Performance</b>	83%	76%	—	▼
<b>Mean</b>	84%	75%	—	▼
<b>Median</b>	82%	76%	—	▼
Anchor Mental Health Association	81%	92%	✓	▲
Baymark	92%	87%	✓	▼
Behavioral Health Group	73%	72%	—	◆
Better Morning	87%	80%	✓	▼
Community Connections	88%	95%	✓	▲
Dedicated Care Health Services	--	40%	✗	N/A
District Health Care Services	--	60%	✗	N/A
Doors of Hope	--	50%	✗	N/A
Family Solutions of Ohio	81%	67%	✗	▼
Family Wellness Center	85%	78%	—	▼
Hillcrest Children's Center	82%	88%	✓	▲

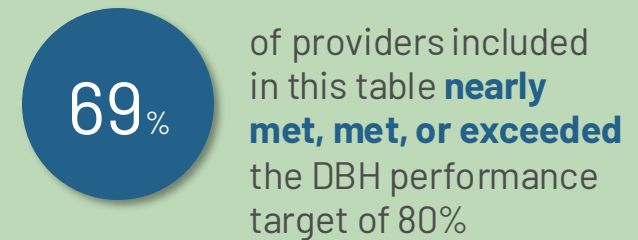
✗ Far Below Performance Target (0 – 69%)	— Near Performance Target (70 – 79%)	✓ Met or Exceeded Performance Target (80 – 100%)
▲ Increase (≥4-point increase from FY 22)	▼ Decrease (≥4-point decrease from FY 22)	◆ Little-to-no-Change (≤ 3-point difference from FY 22)
-- : Data suppressed; does not meet threshold for public reporting		N/A: Not applicable

**Notes:** Excludes individuals who were not chosen in the random sample. 40 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data for FY 23. Their data, however, are included in the calculation of the KPI overall performance rate.  
**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

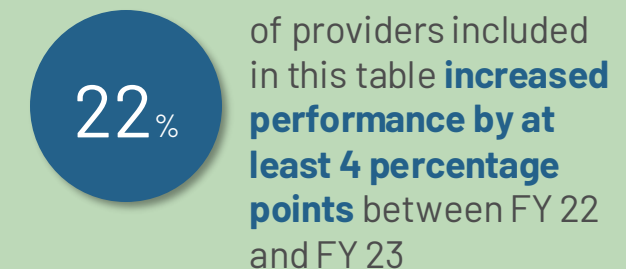
## FY 23 Mean Performance

An average of **75%** of consumers/clients responding to the survey reported satisfaction with access

## FY 23 Summary of Provider Performance



## Increased Performance Over Time



# Behavioral Health Satisfaction Survey - Access Domain

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (80%)	Change
<b>KPI Overall Performance</b>	83%	76%	—	▼
<b>Mean</b>	84%	75%	—	▼
<b>Median</b>	82%	76%	—	▼
Inner City Family Services	88%	89%	✓	◆
Kinara Health & Home Care	94%	66%	✗	▼
Life Enhancement Services	82%	83%	✓	◆
MBI Health Services	82%	67%	✗	▼
New Living Health Care LLC	--	54%	✗	N/A
NYA Health Care Services	100%	88%	✓	▼
One Care DC Inc.	--	90%	✓	N/A
Prestige Healthcare Resources	72%	73%	—	◆
Preventive Measures	75%	76%	—	◆
PSI Services	82%	71%	—	▼
Regional Addiction Prevention	75%	60%	✗	▼

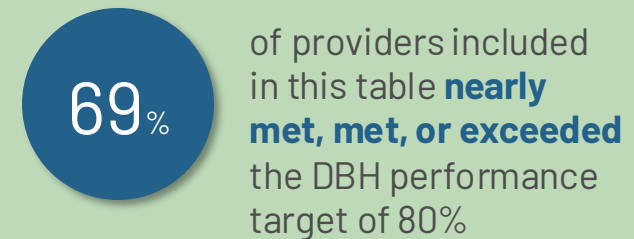
✗ Far Below Performance Target (0 – 69%)	— Near Performance Target (70 – 79%)	✓ Met or Exceeded Performance Target (80 – 100%)
▲ Increase (≥4-point increase from FY 22)	▼ Decrease (≥4-point decrease from FY 22)	◆ Little-to-no-Change (≤ 3-point difference from FY 22)
-- : Data suppressed; does not meet threshold for public reporting		N/A: Not applicable

**Notes:** Excludes individuals who were not chosen in the random sample. 40 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data for FY 23. Their data, however, are included in the calculation of the KPI overall performance rate.  
**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

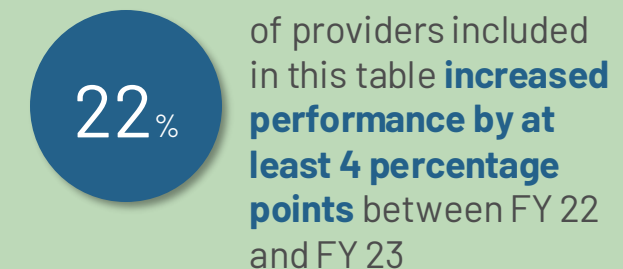
## FY 23 Mean Performance

An average of **75%** of consumers/clients responding to the survey reported satisfaction with access

## FY 23 Summary of Provider Performance



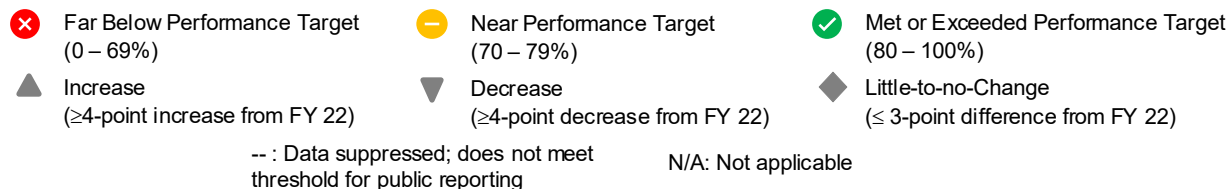
## Increased Performance Over Time



# Behavioral Health Satisfaction Survey - Access Domain

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

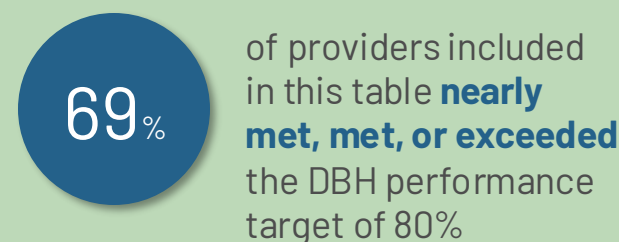
DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (80%)	Change
<b>KPI Overall Performance</b>	83%	76%	—	▼
<b>Mean</b>	84%	75%	—	▼
<b>Median</b>	82%	76%	—	▼
Spring Leaf Solutions	--	70%	—	N/A
The Ark of DC (Wellness Health Services)	--	77%	—	N/A
Umbrella Therapeutic Services	82%	90%	✓	▲
United Planning Organization	--	82%	✓	N/A



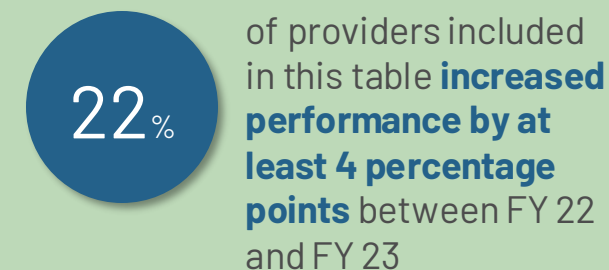
## FY 23 Mean Performance

An average of **75%** of consumers/clients responding to the survey reported satisfaction with access

## FY 23 Summary of Provider Performance



## Increased Performance Over Time



**Notes:** Excludes individuals who were not chosen in the random sample. 40 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data for FY 23. Their data, however, are included in the calculation of the KPI overall performance rate.  
**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.



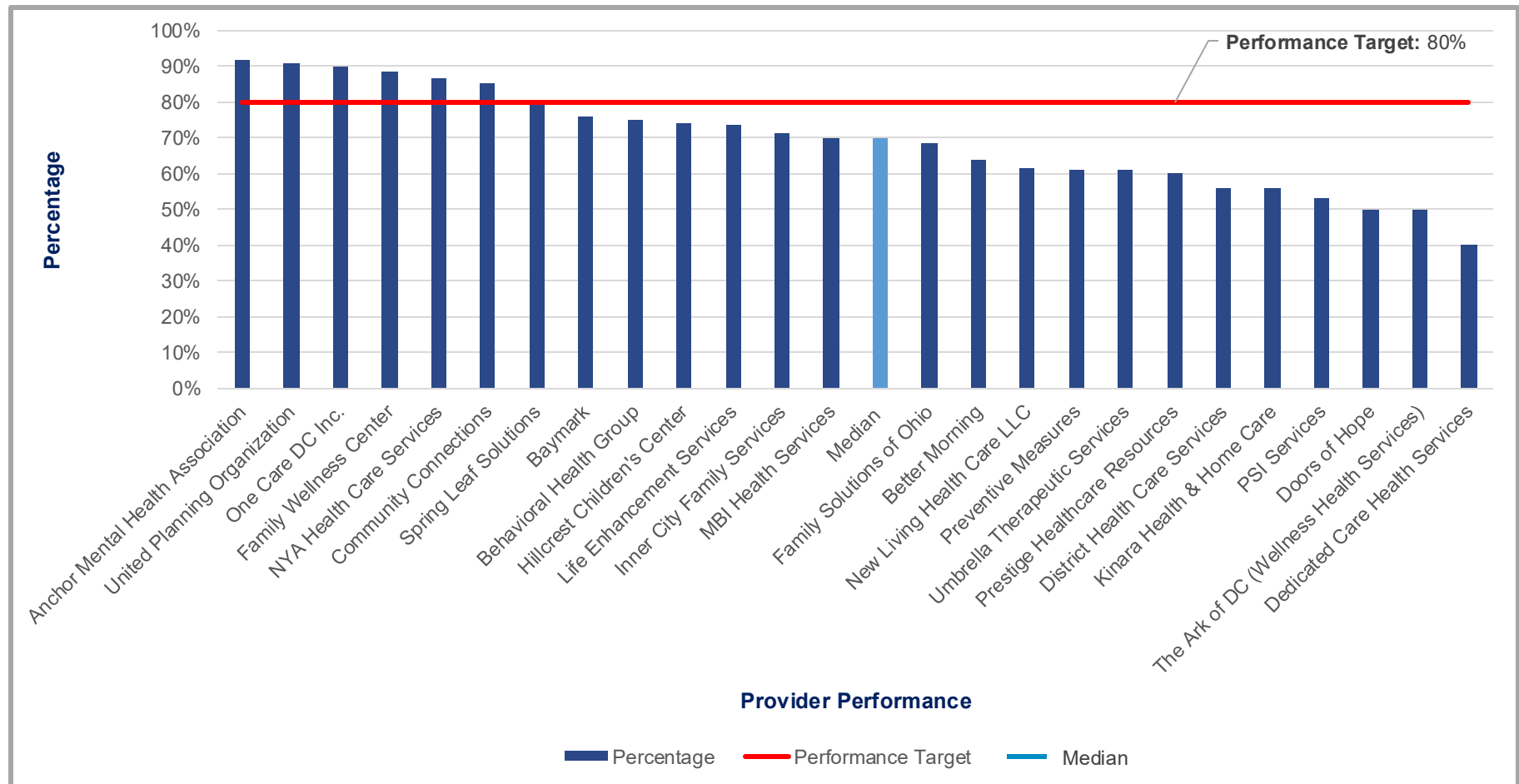


## **Behavioral Health Satisfaction Survey – Person-Centered Planning Domain**

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 23 (n=66 providers<sup>^</sup>)



**Notes:** Excludes individuals who were not chosen in the random sample. <sup>^</sup>41 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this chart because they do not meet the threshold for public reporting of survey data.

**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

# Behavioral Health Satisfaction Survey - Person-Centered Planning Domain

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (80%)	Change
<b>KPI Overall Performance</b>	82%	69%	✖	▼
<b>Mean</b>	82%	69%	✖	▼
<b>Median</b>	81%	70%	⚡	▼
Anchor Mental Health Association	81%	92%	✔	▲
Baymark	91%	76%	⚡	▼
Behavioral Health Group	76%	75%	⚡	◆
Better Morning	85%	64%	✖	▼
Community Connections	90%	85%	✔	▼
Dedicated Care Health Services	--	40%	✖	N/A
District Health Care Services	--	56%	✖	N/A
Doors of Hope	--	50%	✖	N/A
Family Solutions of Ohio	71%	68%	✖	◆
Family Wellness Center	90%	88%	✔	◆
Hillcrest Children's Center	68%	74%	⚡	▲

- ✖ Far Below Performance Target (0 – 69%)
- ⚡ Near Performance Target (70 – 79%)
- ✔ Met or Exceeded Performance Target (80 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes individuals who were not chosen in the random sample. 41 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the KPI overall performance rate.

**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

### FY 23 Mean Performance

An average of **69%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

### FY 23 Summary of Provider Performance

52%

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

### Increased Performance Over Time

12%

of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Behavioral Health Satisfaction Survey - Person-Centered Planning Domain

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (80%)	Change
<b>KPI Overall Performance</b>	82%	69%	✖	▼
<b>Mean</b>	82%	69%	✖	▼
<b>Median</b>	81%	70%	⚡	▼
Inner City Family Services	77%	71%	⚡	▼
Kinara Health & Home Care	81%	56%	✖	▼
Life Enhancement Services	82%	74%	⚡	▼
MBI Health Services	78%	70%	⚡	▼
New Living Health Care LLC	--	62%	✖	N/A
NYA Health Care Services	90%	87%	✔	◆
One Care DC Inc.	--	90%	✔	N/A
Prestige Healthcare Resources	72%	60%	✖	▼
Preventive Measures	89%	61%	✖	▼
PSI Services	84%	53%	✖	▼
Spring Leaf Solutions	--	80%	✔	N/A

- ✖ Far Below Performance Target (0 – 69%)
- ⚡ Near Performance Target (70 – 79%)
- ✔ Met or Exceeded Performance Target (80 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes individuals who were not chosen in the random sample. 41 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the KPI overall performance rate.

**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

## FY 23 Mean Performance

An average of **69%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

## FY 23 Summary of Provider Performance

**52%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 80%

## Increased Performance Over Time

**12%** of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Behavioral Health Satisfaction Survey - Person-Centered Planning Domain

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (80%)	Change
<b>KPI Overall Performance</b>	82%	69%	✖	▼
<b>Mean</b>	82%	69%	✖	▼
<b>Median</b>	81%	70%	⚡	▼
The Ark of DC (Wellness Health Services)	--	50%	✖	N/A
Umbrella Therapeutic Services	81%	61%	✖	▼
United Planning Organization	--	91%	✔	N/A

- ✖ Far Below Performance Target (0 – 69%)
- ⚡ Near Performance Target (70 – 79%)
- ✔ Met or Exceeded Performance Target (80 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes individuals who were not chosen in the random sample. 41 providers with fewer than ten consumers/clients responding to the survey, including 14 providers with no (0) consumers/clients responding, have been excluded from this table because they do not meet the threshold for public reporting of survey data. Their data, however, are included in the calculation of the KPI overall performance rate.

**Source:** Behavioral Health Satisfaction Survey data as of 11/01/2023.

## FY 23 Mean Performance

An average of **69%** of consumers/clients responding to the survey reported satisfaction with the person-centered planning process

## FY 23 Summary of Provider Performance

52%

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

## Increased Performance Over Time

12%

of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23



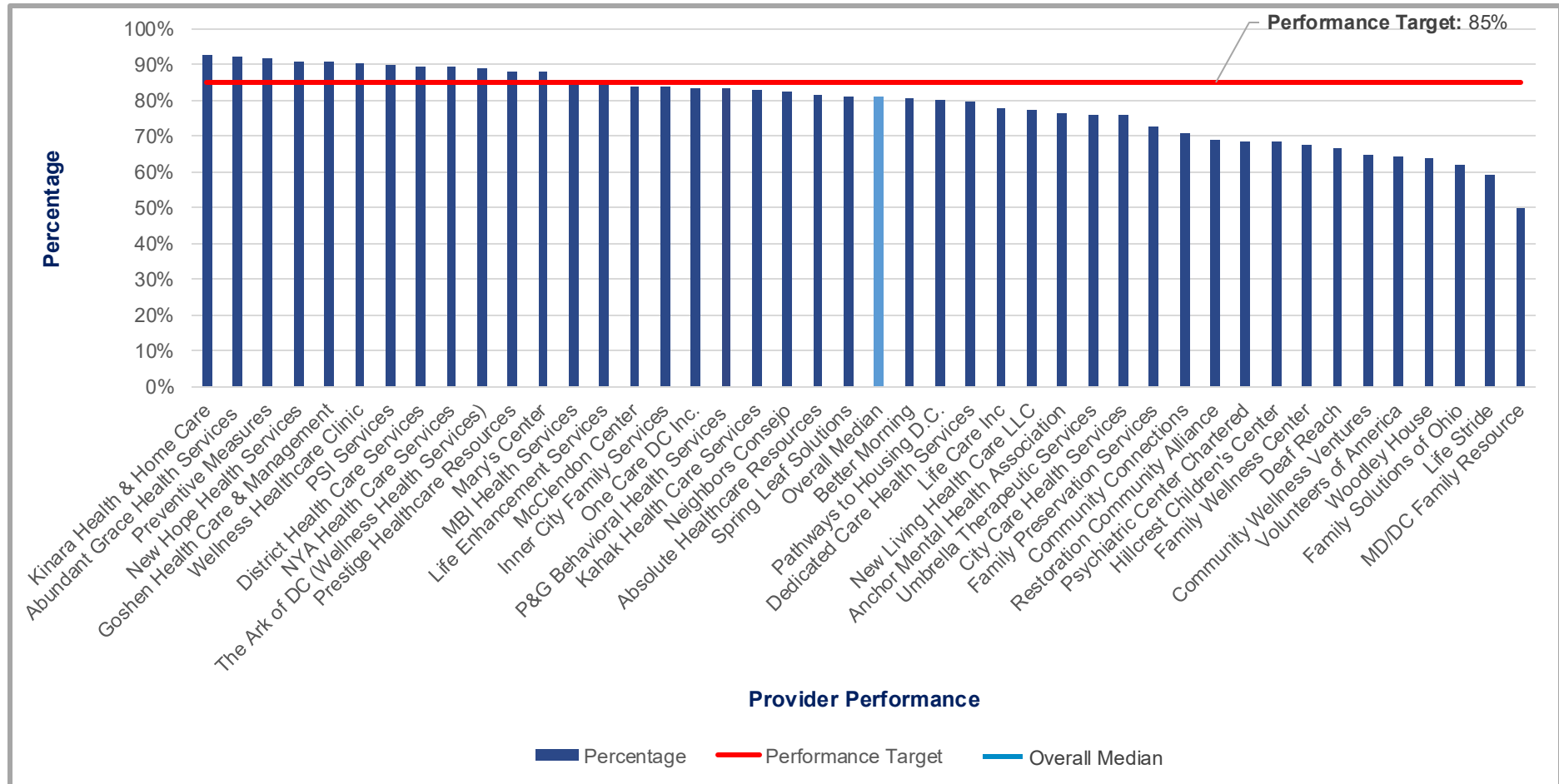
## **Timely Service – Adult Enrollment/ Transfer**

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 23 (n=46 providers<sup>^</sup>)



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

**Source:** DBH analysis of iCAMS & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

# Timely Service – Adult Enrollment/Transfer

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (85%)	Change
<b>KPI Overall Performance</b>	86%	87%	✓	◆
<b>Overall Mean</b>	81%	77%	–	◆
<b>Overall Median</b>	84%	81%	–	◆
Absolute Healthcare Resources	74%	82%	–	▲
Abundant Grace Health Services	89%	92%	✓	◆
Anchor Mental Health Association	81%	76%	–	▼
Better Morning	86%	81%	–	▼
City Care Health Services	80%	76%	–	▼
Community Connections	74%	71%	✗	◆
Community Wellness Ventures	79%	65%	✗	▼
Deaf Reach	40%	67%	✗	▲
Dedicated Care Health Services	91%	80%	–	▼
District Health Care Services	81%	89%	✓	▲
Family Preservation Services	76%	73%	✗	◆

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen and Freestanding Mental Health (FSMH) clinic-only consumers. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23. 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 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

### FY 23 Mean Performance

An average of **77%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 23 Summary of Provider Performance

**70%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

**17%** of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Timely Service – Adult Enrollment/Transfer

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (85%)	Change
<b>KPI Overall Performance</b>	86%	87%	✓	◆
<b>Overall Mean</b>	81%	77%	–	◆
<b>Overall Median</b>	84%	81%	–	◆
Family Solutions of Ohio	85%	62%	✗	▼
Family Wellness Center	77%	67%	✗	▼
Goshen Health Care & Management	91%	91%	✓	◆
Hillcrest Children's Center	63%	69%	✗	▲
Inner City Family Services	89%	84%	–	▼
Kahak Health Care Services	79%	83%	–	▲
Kinara Health & Home Care	95%	93%	✓	◆
Life Care Inc	83%	78%	–	▼
Life Enhancement Services	85%	85%	✓	◆
Life Stride	69%	59%	✗	▼
Mary's Center	87%	88%	✓	◆

- ✗ Far Below Performance Target (0 – 74%)  
 ▲ Increase (≥4-point increase from FY 22)  
 – Near Performance Target (75 – 84%)  
 ▼ Decrease (≥4-point decrease from FY 22)  
 ✓ Met or Exceeded Performance Target (85 – 100%)  
 ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen and Freestanding Mental Health(FSMH) clinic-only consumers. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23. 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 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

### FY 23 Mean Performance

An average of **77%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 23 Summary of Provider Performance

**70%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

**17%** of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Timely Service – Adult Enrollment/Transfer

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (85%)	Change
<b>KPI Overall Performance</b>	86%	87%	✓	◆
<b>Overall Mean</b>	81%	77%	–	◆
<b>Overall Median</b>	84%	81%	–	◆
MBI Health Services	83%	86%	✓	◆
McClendon Center	93%	84%	–	▼
MD/DC Family Resource	--	50%	✗	N/A
Neighbors Consejo	89%	83%	–	▼
New Hope Health Services	89%	91%	✓	◆
New Living Health Care LLC	83%	78%	–	▼
NYA Health Care Services	90%	89%	✓	◆
One Care DC Inc.	90%	83%	–	▼
P&G Behavioral Health Services	86%	83%	–	◆
Pathways to Housing D.C.	86%	80%	–	▼
Prestige Healthcare Resources	84%	88%	✓	▲

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen and Freestanding Mental Health(FSMH) clinic-only consumers. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23. 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 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

### FY 23 Mean Performance

An average of **77%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 23 Summary of Provider Performance

**70%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

**17%** of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Timely Service – Adult Enrollment/Transfer

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (85%)	Change
<b>KPI Overall Performance</b>	86%	87%	✓	◆
<b>Overall Mean</b>	81%	77%	–	◆
<b>Overall Median</b>	84%	81%	–	◆
Preventive Measures	90%	92%	✓	◆
PSI Services	85%	90%	✓	▲
Psychiatric Center Chartered	80%	69%	✗	▼
Restoration Community Alliance	79%	69%	✗	▼
Spring Leaf Solutions	86%	81%	–	▼
The Ark of DC (Wellness Health Services)	88%	89%	✓	◆
Umbrella Therapeutic Services	84%	76%	–	▼
Volunteers of America	68%	64%	✗	▼
Wellness Healthcare Clinic	88%	90%	✓	◆
Woodley House	67%	64%	✗	◆

- ✗ Far Below Performance Target (0 – 74%)
- Near Performance Target (75 – 84%)
- ✓ Met or Exceeded Performance Target (85 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

**Notes:** Excludes adult consumers who were enrolled but not seen and Freestanding Mental Health(FSMH) clinic-only consumers. Three providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23. 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 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

### FY 23 Mean Performance

An average of **77%** of adult consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 23 Summary of Provider Performance

**70%** of providers included in this table **nearly met, met, or exceeded** the DBH performance target of 85%

### Increased Performance Over Time

**17%** of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23



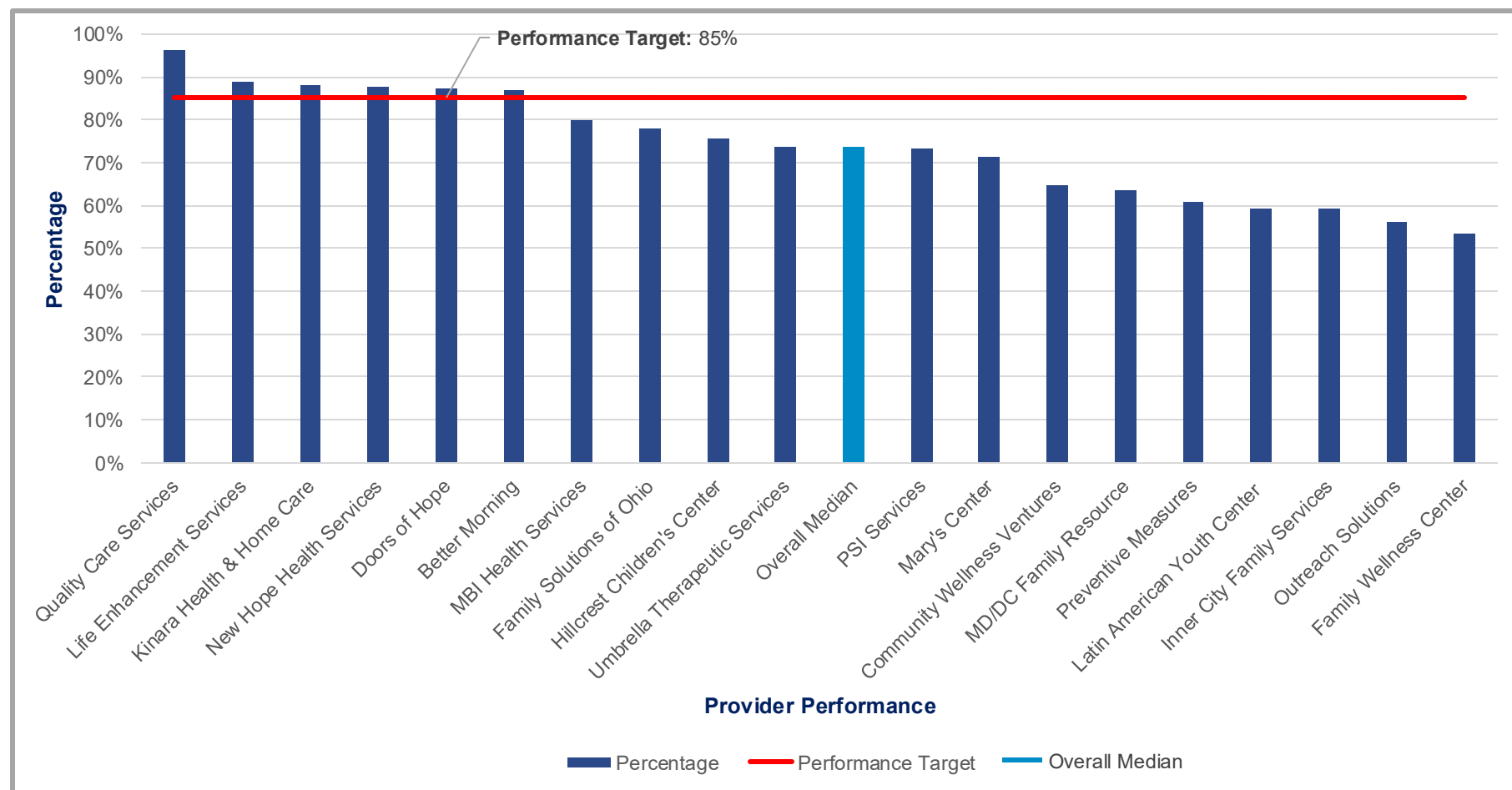
## **Timely Service – Children Enrollment/ Transfer**

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



# Timely Service – Children Enrollment/Transfer

Provider-specific performance on the percent of child (0-18) consumers newly-enrolled or transferring in mental health rehabilitative services (MHRS) who had their first service within 30 days of enrollment, FY 23 (n=21 providers^)



**Notes:** Excludes child consumers who were enrolled but not seen and Freestanding Mental Health (FSMH) clinic-only consumers. ^Two providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23.

**Source:** DBH analysis of iCAMS & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

# Timely Service – Children Enrollment/Transfer

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (85%)	Change
<b>KPI Overall Performance</b>	80%	85%	✓	▼
<b>Overall Mean</b>	80%	74%	✗	▼
<b>Overall Median</b>	83%	74%	✗	▼
Better Morning	86%	87%	✓	◆
Community Wellness Ventures	88%	65%	✗	▼
Doors of Hope	80%	87%	✓	▲
Family Solutions of Ohio	73%	78%	–	▲
Family Wellness Center	74%	53%	✗	▼
Hillcrest Children's Center	71%	76%	–	▲
Inner City Family Services	94%	59%	✗	▼
Kinara Health & Home Care	96%	88%	✓	▼
Latin American Youth Center	58%	59%	✗	◆
Life Enhancement Services	86%	89%	✓	◆
Mary's Center	89%	71%	✗	▼

✗ Far Below Performance Target (0 – 74%)

– Near Performance Target (75 – 84%)

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

▲ Increase (≥4-point increase from FY 22)

▼ Decrease (≥4-point decrease from FY 22)

◆ Little-to-no-Change (≤ 3-point difference from FY 22)

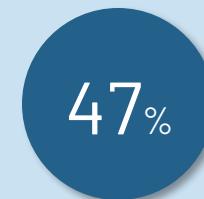
**Notes:** Excludes child consumers who were enrolled but not seen and Freestanding Mental Health (FSMH) clinic-only consumers. Two providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23. 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 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

## FY 23 Mean Performance

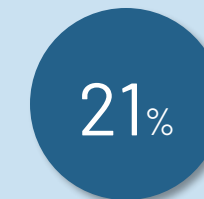
An average of **74%** of child consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

## FY 23 Summary of Provider Performance



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

## Increased Performance Over Time



of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Timely Service – Children Enrollment/Transfer

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (85%)	Change
<b>KPI Overall Performance</b>	80%	85%	✓	▼
<b>Overall Mean</b>	80%	74%	✗	▼
<b>Overall Median</b>	83%	74%	✗	▼
MBI Health Services	83%	80%	–	◆
MD/DC Family Resource	65%	64%	✗	◆
New Hope Health Services	81%	88%	✓	▲
Outreach Solutions	88%	56%	✗	▼
Preventive Measures	84%	61%	✗	▼
PSI Services	81%	73%	✗	▼
Quality Care Services	97%	96%	✓	◆
Umbrella Therapeutic Services	84%	74%	✗	▼

✗ Far Below Performance Target  
(0 – 74%)

– Near Performance Target  
(75 – 84%)

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

▲ Increase  
(≥4-point increase from FY 22)

▼ Decrease  
(≥4-point decrease from FY 22)

◆ Little-to-no-Change  
(≤ 3-point difference from FY 22)

**Notes:** Excludes child consumers who were enrolled but not seen and Freestanding Mental Health (FSMH) clinic-only consumers. Two providers with fewer than four enrollments and transfers in the denominator have been excluded from this table because they do not meet DBH's threshold for public reporting for FY 23. 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 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

### FY 23 Mean Performance

An average of **74%** of child consumers newly-enrolled or transferring in MHRS had their first service within 30 days of enrollment

### FY 23 Summary of Provider Performance

47%

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

### Increased Performance Over Time

21%

of providers included in this table **increased performance by at least 4 percentage points** between FY 22 and FY 23



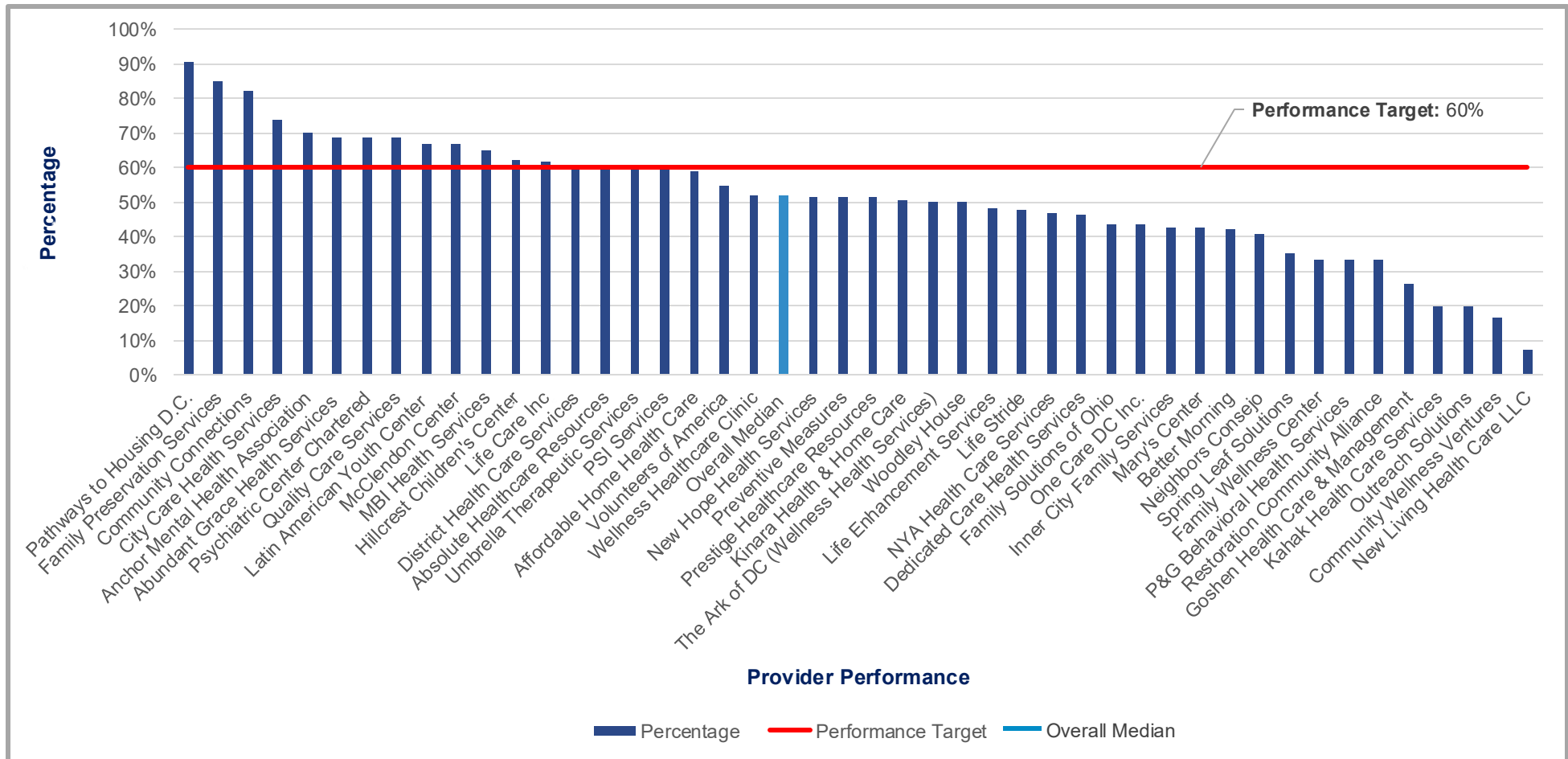
## **Timely Service – Post-Psychiatric Hospital Discharge**

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 mental health rehabilitative services (MHRS) psychiatric hospitalizations that had a follow-up service within 30 days.

DBH expanded the metric in FY 23 to include voluntary and child hospitalizations. Therefore, the FY 23 data are not comparable to data from previous fiscal years.

# Timely Service – Post-Psychiatric Hospital Discharge

Provider-specific performance on the percent of mental health rehabilitative services (MHRS) psychiatric hospitalizations that had a follow-up service within 30 days of discharge, FY 23 (n=50 providers<sup>^</sup>)



**Notes:** Excludes Saint Elizabeths Hospital. The data are for hospitalizations, not unduplicated counts of consumers. A consumer may have been hospitalized more than once during the reporting period. The hospital discharge data are adult MHRS consumers from Washington Hospital Center, Psychiatric Institute of Washington, and/or United Medical Center. <sup>^</sup>Five 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, DHCF hospitalizations, & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

# Timely Service – Post-Psychiatric Hospital Discharge

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

DBH Provider	Rate	Rate compared to target (60%)
<b>KPI Overall Performance</b>	56%	–
<b>Overall Mean</b>	53%	–
<b>Overall Median</b>	52%	–
Absolute Healthcare Resources	60%	✓
Abundant Grace Health Services	69%	✓
Affordable Home Health Care	59%	–
Anchor Mental Health Association	70%	✓
Better Morning	42%	✗
City Care Health Services	74%	✓
Community Connections	82%	✓
Community Wellness Ventures	17%	✗
Dedicated Care Health Services	46%	✗
District Health Care Services	60%	✓
Family Preservation Services	85%	✓

- ✗ Far Below Performance Target (0 – 49%)
 – Near Performance Target (50 – 59%)
 ✓ Met or Exceeded Performance Target (60 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
 ▼ Decrease (≥4-point decrease from FY 22)
 ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

**Notes:** Excludes Saint Elizabeths Hospital. 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. Five 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 23. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous FYs and change over time is not presented.

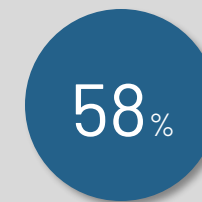
**Source:** DBH analysis of iCAMS, DHCF hospitalizations, & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous fiscal years and change over time is not presented.

### FY 23 Mean Performance

An average of **53%** of psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

### FY 23 Summary of Provider Performance



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

# Timely Service – Post-Psychiatric Hospital Discharge

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

DBH Provider	Rate	Rate compared to target (60%)
<b>KPI Overall Performance</b>	56%	–
<b>Overall Mean</b>	53%	–
<b>Overall Median</b>	52%	–
Family Solutions of Ohio	44%	×
Family Wellness Center	33%	×
Goshen Health Care & Management	26%	×
Hillcrest Children's Center	62%	✓
Inner City Family Services	43%	×
Kahak Health Care Services	20%	×
Kinara Health & Home Care	51%	–
Latin American Youth Center	67%	✓
Life Care Inc	62%	✓
Life Enhancement Services	48%	×
Life Stride	48%	×

- × Far Below Performance Target (0 – 49%)
 – Near Performance Target (50 – 59%)
 ✓ Met or Exceeded Performance Target (60 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
 ▼ Decrease (≥4-point decrease from FY 22)
 ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

**Notes:** Excludes Saint Elizabeths Hospital. 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. Five 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 23. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous FYs and change over time is not presented.

**Source:** DBH analysis of iCAMS, DHCF hospitalizations, & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous fiscal years and change over time is not presented.

### FY 23 Mean Performance

An average of **53%** of psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

### FY 23 Summary of Provider Performance

58%

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

# Timely Service – Post-Psychiatric Hospital Discharge

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

DBH Provider	Rate	Rate compared to target (60%)
<b>KPI Overall Performance</b>	56%	—
<b>Overall Mean</b>	53%	—
<b>Overall Median</b>	52%	—
Mary's Center	43%	✗
MBI Health Services	65%	✓
McClendon Center	67%	✓
Neighbors Consejo	41%	✗
New Hope Health Services	52%	—
New Living Health Care LLC	7%	✗
NYA Health Care Services	47%	✗
One Care DC Inc.	44%	✗
Outreach Solutions	20%	✗
P&G Behavioral Health Services	33%	✗
Pathways to Housing D.C.	90%	✓

✗ Far Below Performance Target (0 – 49%)      — Near Performance Target (50 – 59%)      ✓ Met or Exceeded Performance Target (60 – 100%)

▲ Increase (≥4-point increase from FY 22)      ▼ Decrease (≥4-point decrease from FY 22)      ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

**Notes:** Excludes Saint Elizabeths Hospital. 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. Five 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 23. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous FYs and change over time is not presented.

**Source:** DBH analysis of iCAMS, DHCF hospitalizations, & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous fiscal years and change over time is not presented.

### FY 23 Mean Performance

An average of **53%** of psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

### FY 23 Summary of Provider Performance

58%

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



# Timely Service – Post-Psychiatric Hospital Discharge

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

DBH Provider	Rate	Rate compared to target (60%)
<b>KPI Overall Performance</b>	56%	–
<b>Overall Mean</b>	53%	–
<b>Overall Median</b>	52%	–
Prestige Healthcare Resources	52%	–
Preventive Measures	52%	–
PSI Services	59%	–
Psychiatric Center Chartered	69%	✓
Quality Care Services	69%	✓
Restoration Community Alliance	33%	✗
Spring Leaf Solutions	35%	✗
The Ark of DC (Wellness Health Services)	50%	–
Umbrella Therapeutic Services	60%	✓
Volunteers of America	55%	–

- ✗ Far Below Performance Target (0 – 49%)
 – Near Performance Target (50 – 59%)
 ✓ Met or Exceeded Performance Target (60 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
 ▼ Decrease (≥4-point decrease from FY 22)
 ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

**Notes:** Excludes Saint Elizabeths Hospital. 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. Five 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 23. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous FYs and change over time is not presented.

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DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous fiscal years and change over time is not presented.

### FY 23 Mean Performance

An average of **53%** of psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

### FY 23 Summary of Provider Performance

58%

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

# Timely Service – Post-Psychiatric Hospital Discharge

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

DBH Provider	Rate	Rate compared to target (60%)
<b>KPI Overall Performance</b>	56%	–
<b>Overall Mean</b>	53%	–
<b>Overall Median</b>	52%	–
Wellness Healthcare Clinic	52%	–
Woodley House	50%	–

- ✖ Far Below Performance Target (0 – 49%)
- Near Performance Target (50 – 59%)
- ✓ Met or Exceeded Performance Target (60 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

**Notes:** Excludes Saint Elizabeths Hospital. 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. Five 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 23. Their data, however, are included in the calculation of the KPI overall performance rate, overall mean, and overall median. DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous FYs and change over time is not presented.

**Source:** DBH analysis of iCAMS, DHCF hospitalizations, & claims data as of 10/20/2023. Data were collected from July 1, 2022 to June 30, 2023.

DBH expanded this metric for FY 23 to include voluntary and child hospitalizations. Therefore, the data are not comparable to data from previous fiscal years and change over time is not presented.

## FY 23 Mean Performance

An average of **53%** of psychiatric hospitalizations among adult MHRS consumers had a follow-up service within 30 days

## FY 23 Summary of Provider Performance

58%

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

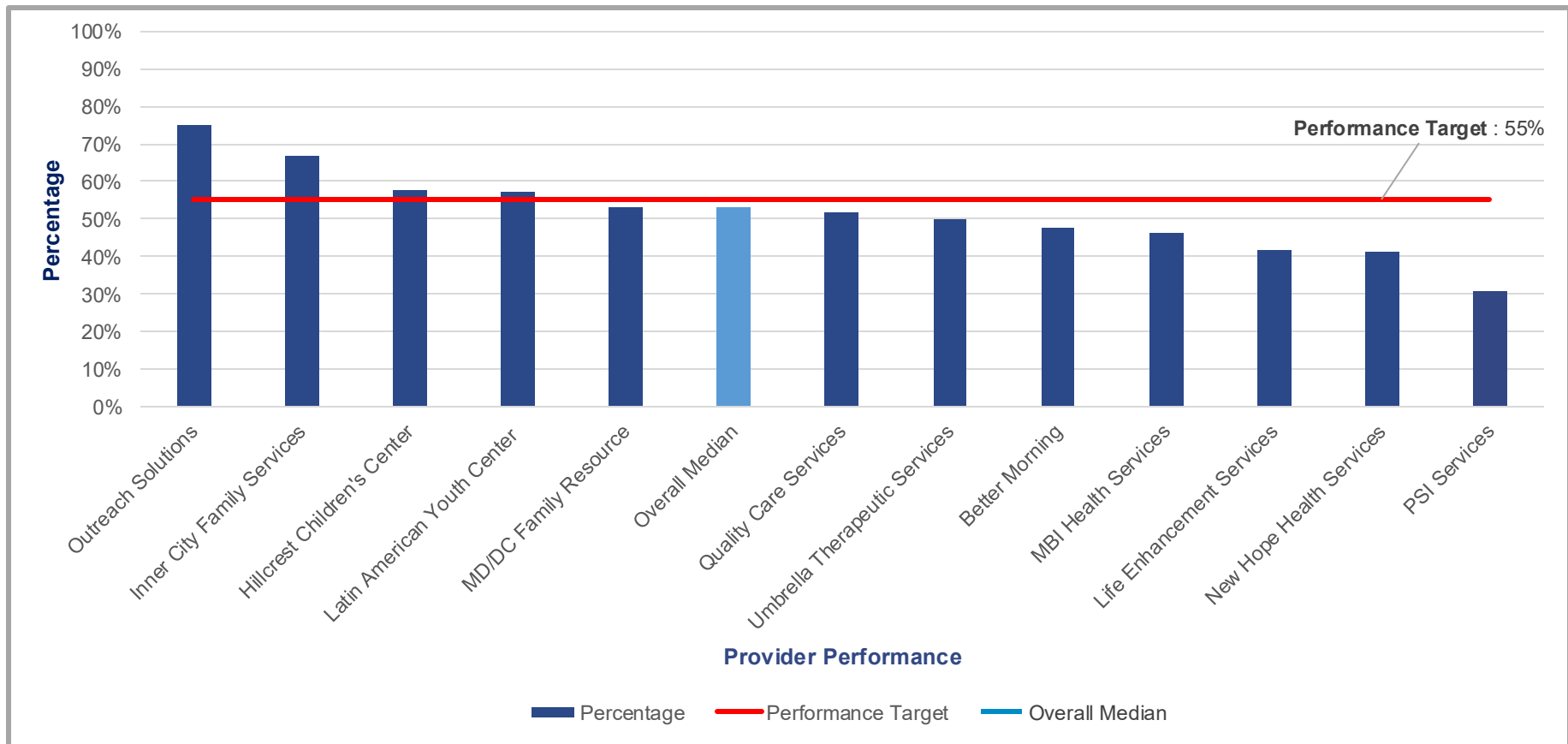


## **Child Functional Assessment Change Over Time**

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).

# Child Functional Assessment Change Over Time

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 23 (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 chart because they do not meet DBH's threshold for public reporting.

**Source:** DBH analysis of FAS outcomes data as of 11/20/2023.

# Child Functional Assessment Change Over Time

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

DBH Provider	FY 22 Rate	FY 23 Rate	Rate compared to target (55%)	Change
<b>KPI Overall Performance</b>	53%	51%	—	◆
<b>Overall Mean</b>	57%	59%	✓	◆
<b>Overall Median</b>	56%	53%	—	◆
Better Morning	60%	48%	—	▼
Hillcrest Children's Center	47%	58%	✓	▲
Inner City Family Services	63%	67%	✓	▲
Latin American Youth Center	65%	57%	✓	▼
Life Enhancement Services	57%	42%	✗	▼
MBI Health Services	38%	46%	—	▲
MD/DC Family Resource	61%	53%	—	▼
New Hope Health Services	--	41%	✗	N/A
Outreach Solutions	13%	75%	✓	▲
PSI Services	--	31%	✗	N/A
Quality Care Services	--	52%	—	N/A
Umbrella Therapeutic Services	55%	50%	—	▼

✗ Far Below Performance Target (0 – 44%)	— Near Performance Target (45 – 54%)	✓ Met or Exceeded Performance Target (55 – 100%)
▲ Increase (≥4-point increase from FY 22)	▼ Decrease (≥4-point decrease from FY 22)	◆ Little-to-no-Change (≤ 3-point difference from FY 22)

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

N/A: Not applicable

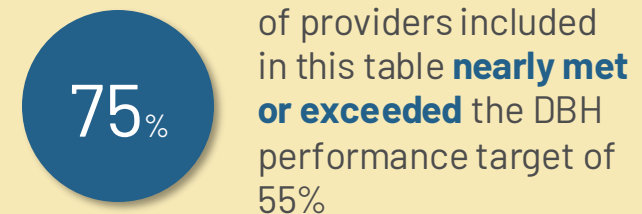
**Notes:** The three outcome indicators used to measure improvement are: improvement in total score of 20 points or greater; absence of severe impairments; and absence of pervasive behavioral impairment. Excludes children who were not applicable to one of the three outcome indicators because they did 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 11/20/2023.

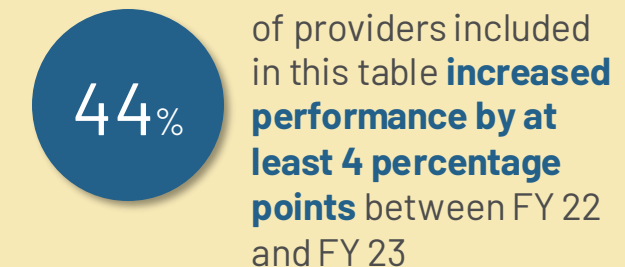
## FY 23 Mean Performance

An average of **59%** of children improved on at least one of three outcome indicators between their initial and most recent children/youth functional assessment

## FY 23 Summary of Provider Performance



## Increased Performance Over Time



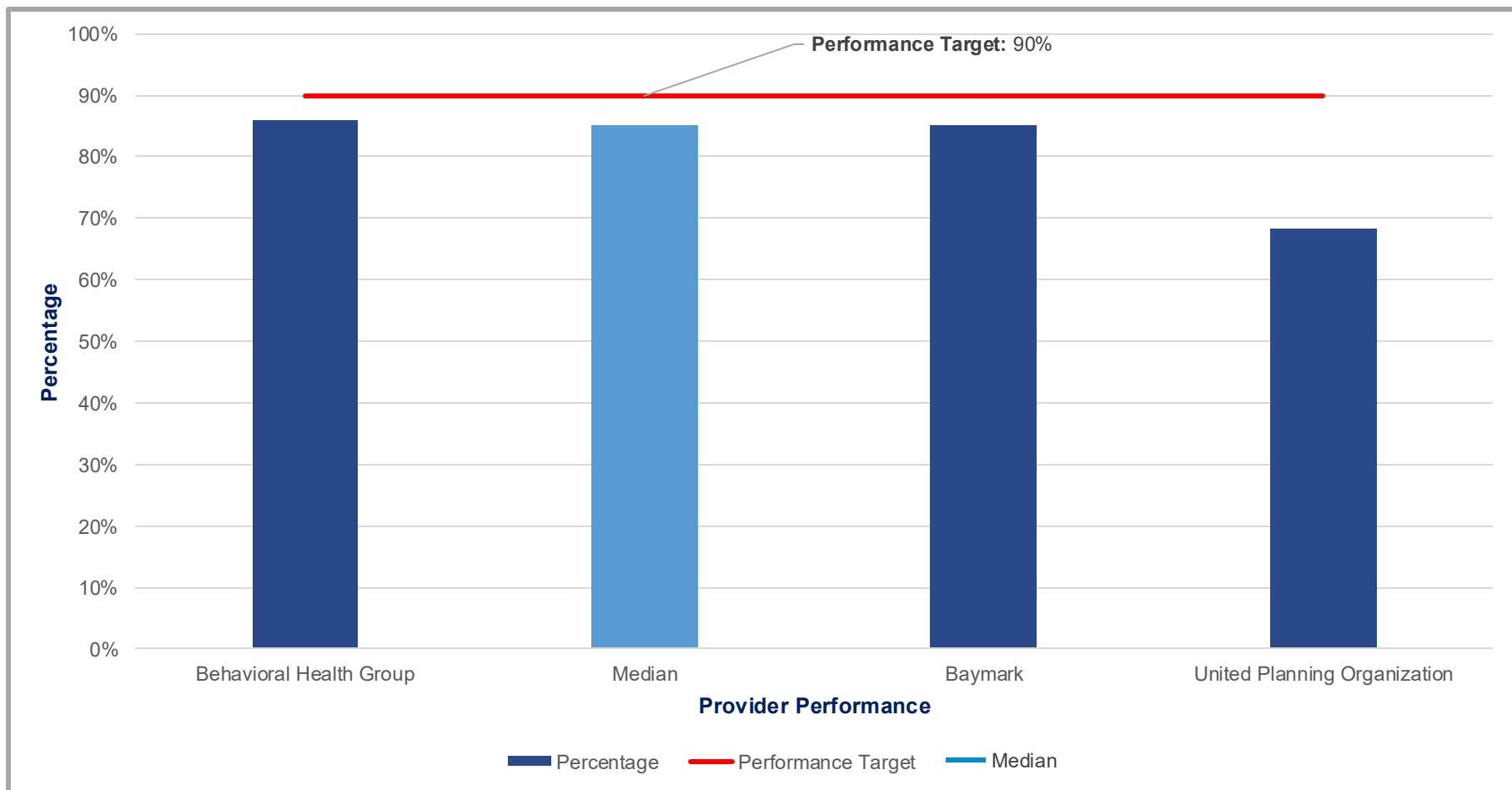


## Medication Assisted Treatment: Retention Rate

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

# Medication Assisted Treatment: Retention Rate

Provider-specific performance on the percent of medication assisted treatment clients who were served in two consecutive quarters, FY 23 (n=3 providers)\*



**Notes:** Excludes clients whose first MAT service was in the current quarter. \*The FY 23 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 10/20/2023.

# Medication Assisted Treatment: Retention Rate

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

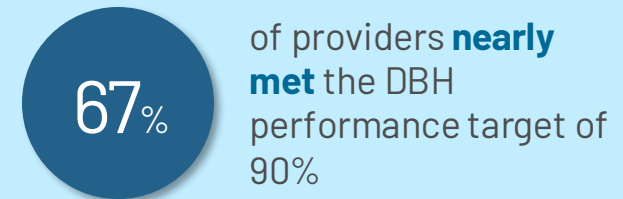
DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (90%)	Change
<b>KPI Overall Performance*</b>	85%*	79%	✗	▼
<b>Mean</b>	92%	80%	–	▼
<b>Median</b>	91%	85%	–	▼
Baymark	93%	85%	–	▼
Behavioral Health Group	91%	86%	–	▼
United Planning Organization	91%	68%	✗	▼

- ✗ Far Below Performance Target (0 – 79%)
- Near Performance Target (80 – 89%)
- ✓ Met or Exceeded Performance Target (90 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

## FY 23 Mean Performance

An average of **80%** of medication assisted treatment clients were served in two consecutive quarters

## FY 23 Summary of Provider Performance



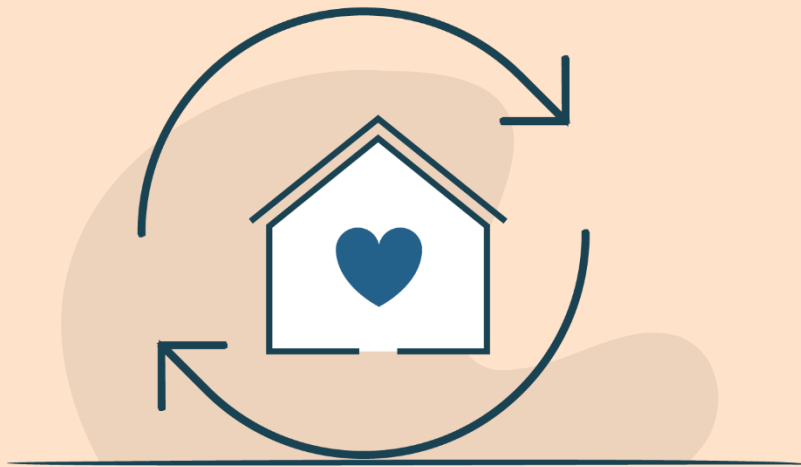
## Increased Performance Over Time

No providers had improvements on this KPI between FY 22 and FY 23

**Notes:** Excludes clients whose first MAT service was in the current quarter. \*The FY 22 and FY 23 KPI overall performance rates 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 10/20/2023.



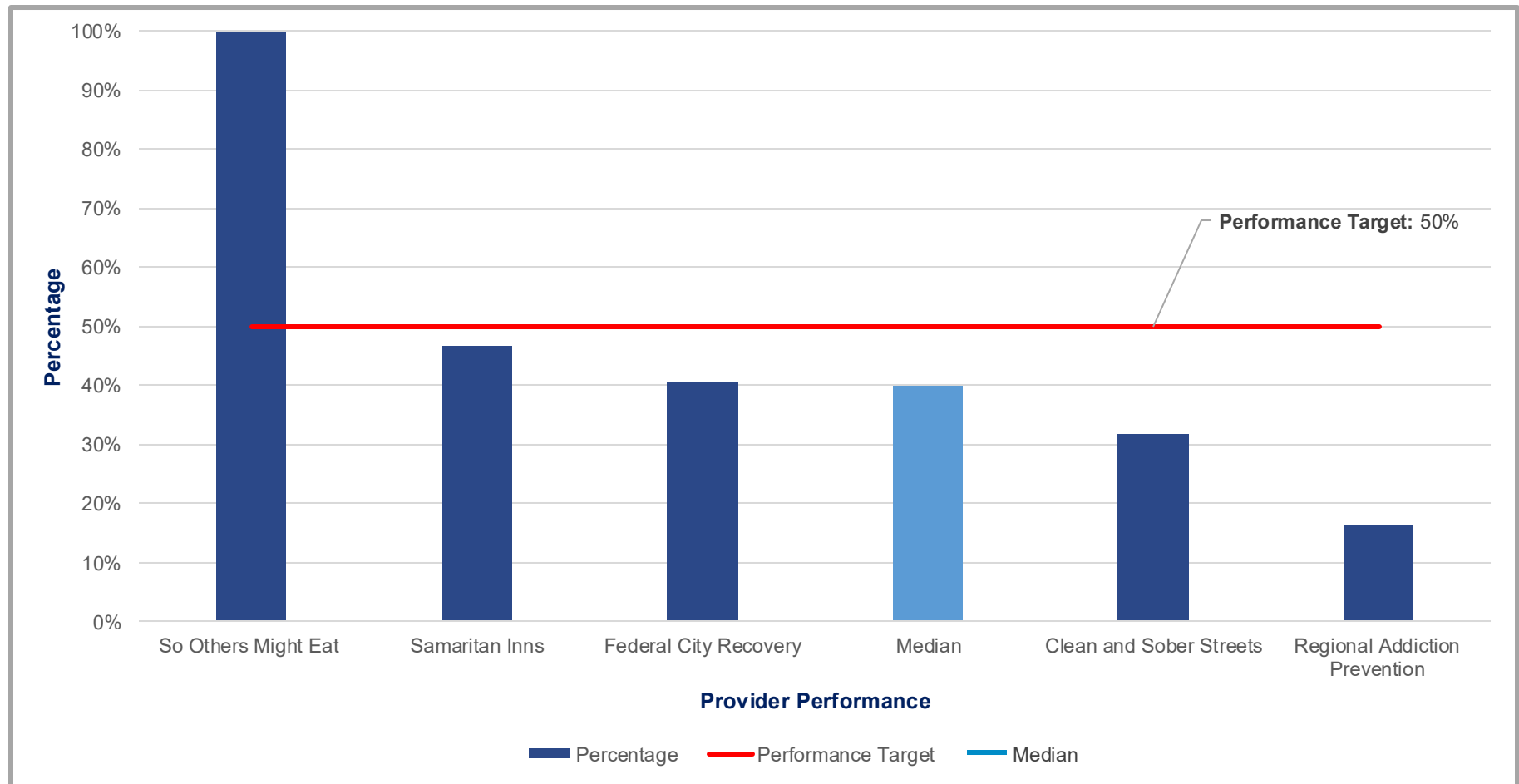


## **SUD Step-Down: Residential**

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 23 (n=5 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 10/20/23.

# SUD Step-Down: Residential

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (50%)	Change
<b>KPI Overall Performance</b>	28%	42%	—	▲
<b>Mean</b>	30%	47%	—	▲
<b>Median</b>	27%	40%	—	▲
Clean and Sober Streets	48%	32%	✖	▼
Federal City Recovery	27%	40%	—	▲
Regional Addiction Prevention	25%	16%	✖	▼
Samaritan Inns	33%	47%	—	▲
So Others Might Eat	51%	100%	✓	▲

- ✖ Far Below Performance Target (0 – 39%)
- Near Performance Target (40 – 49%)
- ✓ Met or Exceeded Performance Target (50 – 100%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)

**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 10/20/2023.

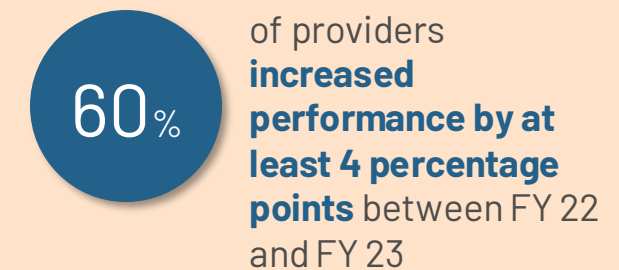
## FY 23 Mean Performance

An average of **47%** of SUD residential clients stepped down to a lower level of care

## FY 23 Summary of Provider Performance



## Increased Performance Over Time



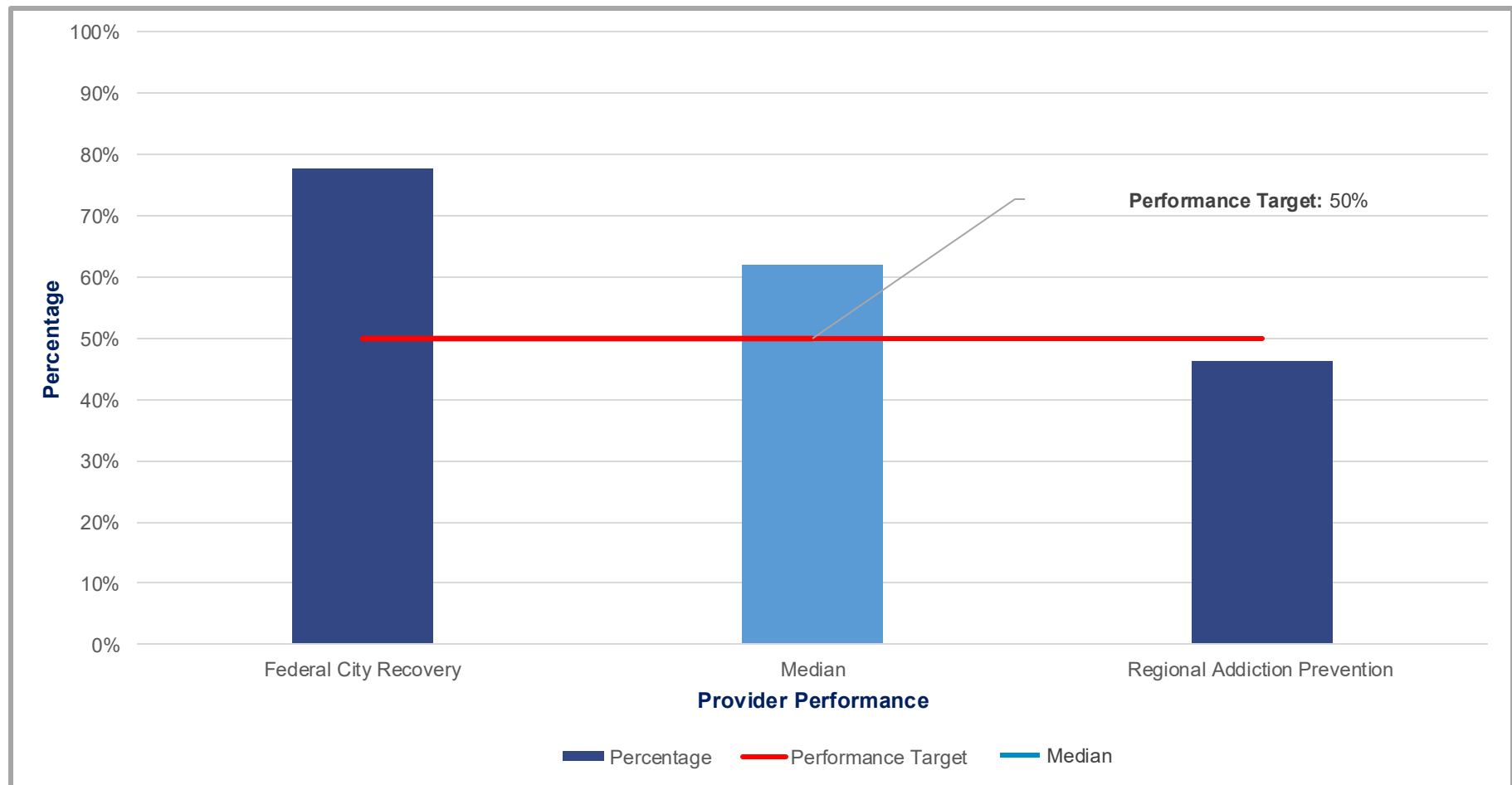


## **SUD Step-Down: Withdrawal Management**

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

Provider-specific performance on the percent of SUD withdrawal management clients who stepped down to a lower level of care, FY 23 (n=2 providers)



**Notes:** Excludes clients whose disenrollment reason 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 23, 33% 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 10/20/2023.

# SUD Step-Down: Withdrawal Management

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (50%)	Change
<b>KPI Overall Performance</b>	31%	38%	✗	▲
<b>Mean</b>	N/A	62%	✓	N/A
<b>Median</b>	N/A	62%	✓	N/A
Federal City Recovery	N/A	78%	✓	N/A
Regional Addiction Prevention	18%	46%	⚡	▲

✗ Far Below Performance Target (0 – 39%)

▲ Increase  
(≥4-point increase from FY 22)

⚡ Near Performance Target  
(40 – 49%)

▼ Decrease  
(≥4-point decrease from FY 22)

N/A: Not applicable

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

◆ Little-to-no-Change  
(≤ 3-point difference from FY 22)

**Notes:** Excludes clients whose disenrollment reason 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 23, 33% 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 10/20/2023.

## FY 23 Mean Performance

An average of **62%** of clients who were successfully discharged re-entered services within 90 days

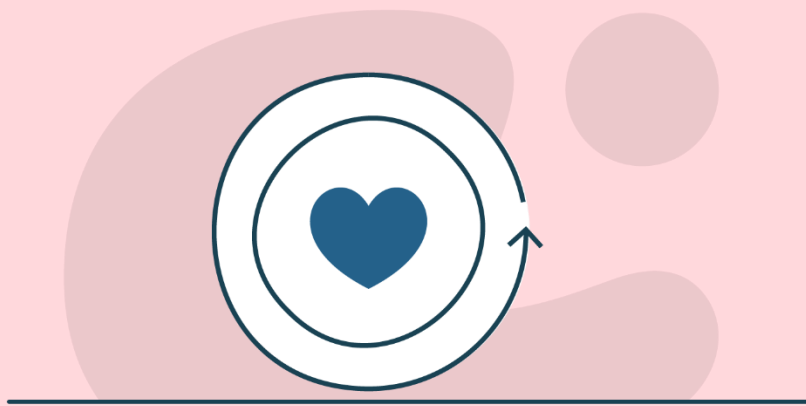
## FY 23 Summary of Provider Performance

100%

of providers in this table **nearly met or exceeded** the DBH performance target of 50%

## Increased Performance Over Time

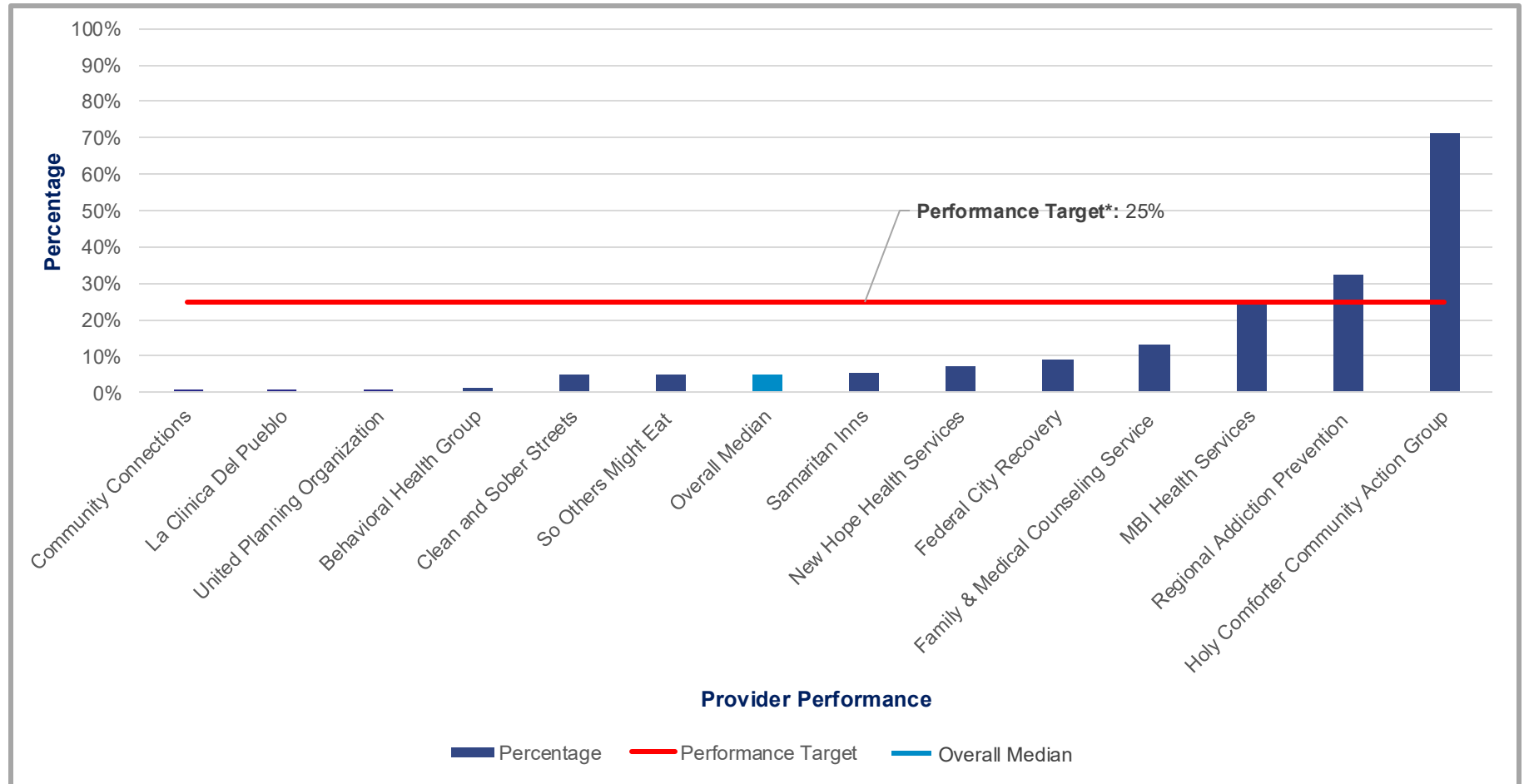
The one provider with data available in both FYs **increased performance by at least 4 percentage points** between FY 22 and FY 23



## SUD Re-entry

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

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



**Notes:** Excludes clients with disenrollment reasons of Client Left before Completing Treatment, Died, Incarcerated, or Program Decision to Discharge Client for Non-compliance with Program Rules. <sup>^</sup>Nine 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 10/20/2023.



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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (25%)	Change
<b>KPI Overall Performance</b>	14%	8%	✓	▲
<b>Overall Mean</b>	12%	13%	✓	◆
<b>Overall Median</b>	13%	5%	✓	▲
Behavioral Health Group	3%	1%	✓	◆
Clean and Sober Streets	6%	5%	✓	◆
Community Connections	14%	0%	✓	▲
Family & Medical Counseling Service	29%	13%	✓	▲
Federal City Recovery	13%	9%	✓	▲
Holy Comforter Community Action Group	18%	71%	✗	▼
La Clinica del Pueblo	0%	0%	✓	◆
MBI Health Services	33%	25%	✓	▲
New Hope Health Services	N/A	7%	✓	N/A
Regional Addiction Prevention	50%	32%	–	▲
Samaritan Inns	17%	6%	✓	▲

- ✗ Far Below Performance Target (36 – 100%)     
 – Near Performance Target (26 – 35%)     
 ✓ Met or Exceeded Performance Target (0 – 25%)
- ▲ Increase (≥4-point increase from FY 22)     
 ▼ Decrease (≥4-point decrease from FY 22)     
 ◆ Little-to-no-Change (≤ 3-point difference from FY 22)
- N/A: Not applicable

**Notes:** Excludes clients with disenrollment reasons of Client Left before Completing Treatment, Died, Incarcerated, or Program Decision to Discharge Client for Non-compliance with Program Rules. Nine 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 for FY23. 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 10/21/2023.

## FY 23 Mean Performance

An average of **13%** of clients who were successfully discharged re-entered services within 90 days

## FY 23 Summary of Provider Performance

94%

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

## Increased Performance Over Time

58%

of providers **increased performance by at least 4 percentage points** between FY 22 and FY 23

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

DBH Provider	FY 22 Rate	FY 23 Rate	FY 23 rate compared to target (25%)	Change
<b>KPI Overall Performance</b>	14%	8%	✓	▲
<b>Overall Mean</b>	12%	13%	✓	◆
<b>Overall Median</b>	13%	5%	✓	▲
So Others Might Eat	5%	5%	✓	◆
United Planning Organization	13%	0%	✓	▲

- ✗ Far Below Performance Target (36 – 100%)
- ⚠ Near Performance Target (26 – 35%)
- ✓ Met or Exceeded Performance Target (0 – 25%)
- ▲ Increase (≥4-point increase from FY 22)
- ▼ Decrease (≥4-point decrease from FY 22)
- ◆ Little-to-no-Change (≤ 3-point difference from FY 22)
- N/A: Not applicable

**Notes:** Excludes clients with disenrollment reasons of Client Left before Completing Treatment, Died, Incarcerated, or Program Decision to Discharge Client for Non-compliance with Program Rules. Nine providers with fewer than four clients in the denominator or has been excluded from this chart because they do not meet DBH's threshold for public reporting for FY23. 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 10/21/2023.

## FY 23 Mean Performance

An average of **13%** of clients who were successfully discharged re-entered services within 90 days

## FY 23 Summary of Provider Performance

94%

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

## Increased Performance Over Time

58%

of providers **increased performance by at least 4 percentage points** between FY 22 and FY 23

# Efforts to Improve Performance

DBH, working in partnership with providers and stakeholders, seeks to meet the behavioral health needs of all District residents. DBH is committed to implementing initiatives aiming to improve performance across all KPIs. In FY 23, DBH met its performance targets for three of ten KPIs, nearly met performance targets for four KPIs, and did not meet targets for three KPIs (two SUD indicators and one satisfaction survey indicator).

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

- *Medication Assisted Treatment: Retention Rate.* The District's State Opioid Response (SOR)<sup>3</sup> Grant supports federally qualified health centers (FQHCs) in engaging and re-engaging buprenorphine clients. The SOR team conducts monthly calls and site visits to check progress. The SOR team also funds seven FQHCs to deliver care coordination and case management services to individuals with complex co-occurring disorders and/or a history of intermittent treatment.
- *SUD Step-Down: Withdrawal Management.* All DBH-certified providers nearly met or exceeded the performance target of 50% for this KPI. DBH also contracts with the Psychiatric Institute of Washington (PIW) for withdrawal management services, which is credentialed by DC Health but is not a DBH-certified, community-based provider. PIW did not meet the performance target for FY 23; just 33% of PIW clients who received withdrawal management services stepped down to a lower level of care. DBH is considering strategies to support both certified and non-certified providers in efforts to improve performance on this KPI.

## Efforts to Improve Performance (cont.)

- *Behavioral Health Satisfaction – Patient-Centered Planning Domain.* DBH is developing an approach to improve performance on the patient-centered planning KPI, which had a 13 percentage-point decline in performance between FY 22 and FY 23 and for which DBH missed the performance target by 11 points. This includes addressing issues raised by survey participants regarding inconsistent provider communication and evidence of care plan review and finalization. DBH will use this feedback to help guide the best ways to move forward in improving service delivery through the public behavioral health system, while continuing to assess satisfaction within the mental health and substance use service system.

One of the KPIs for which DBH nearly met its performance target, *SUD Step-Down: Residential*, deserves mention. DBH was just shy of the 50% performance target by 8 points. DBH has engaged in improvement efforts related to this indicator with SUD providers (residential and outpatient) for several years. With new American Society of Addiction Medicine (ASAM) levels of care, DBH is exploring opportunities to address system gaps in supporting clients' needs.

DBH is also considering options for incentivizing provider improvements using the KPI data and Medicaid's behavioral health quality of care metrics (as noted in the FY 22 provider performance report). Additionally, effective October 1, 2023, DBH regulations required providers to be nationally accredited. To maintain national accreditation, providers will need to undertake improvement efforts that are data driven, some of which will be planned in partnership with Medicaid managed care plans.

DBH will continue to monitor provider performance 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.

# Conclusion

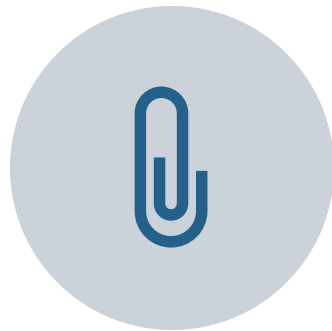
*Measuring Provider Performance: Building a stronger system of behavioral health care*, FY 23 provides provider-specific performance on 10 DBH Key Performance Indicators (KPIs) for services received by children, youth, and adults during FY 23 (October 1, 2022–September 30, 2023). DBH met or nearly met performance targets for seven of the 10 KPIs (70%) but fell short in meeting performance targets for one indicator of consumer/client satisfaction with behavioral health care and two indicators of continuing care of individuals with substance use disorder.

The report, now in its fourth 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 23, DBH improved performance (≥4-point increase) on three of five KPIs that have comparable data between this time. However, the *Behavioral Health Satisfaction Survey – Patient Centered Planning Domain* KPI experienced a significant decline in performance between FY 22 and FY 23, after experiencing the greatest increase in performance between FY 21 and FY 22. Additionally, no KPIs had a year over year improvement in performance between FY 20 and FY 23. 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 and sustain progress for others.

Data from MHEASURES (see [Additional Resources](#)), show that there was a 4 percent decrease in the number of SUD clients served and a 3 percent increase in the number of consumers receiving community-based mental health services from FY 22 to FY 23, on top of a 42 percent increase in the number of people served in the past five years. While there is certainly room for improvement, it is encouraging that DBH was able to 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 23 DBH-Certified Community-Based Providers

The table below lists the 66 DBH-certified, community-based mental health (MH) and substance use disorder (SUD) providers in FY 23.

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

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 23 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. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup>

# Appendix A. FY 23 DBH-Certified Community-Based Providers

Provider	DBH Certification (MH, SUD, MH/SUD)	Population Served
Family & Medical Counseling Service	SUD	Adult
Family Preservation Services	MH	Adult
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	Adult
Love Your Life Healthcare <sup>1</sup>	MH	Both

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 23 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. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup>



# Appendix A. FY 23 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 <sup>2</sup>	MH	Child
P&G Behavioral Health Services	MH	Adult
Pathways to Housing D.C.	MH	Adult
Paving the Way <sup>1</sup>	MH	Both
Prestige Healthcare Resources	MH/SUD	Adult
Preventive Measures	MH	Both
PSI Services	MH	Both
Psychiatric Center Chartered	MH	Adult

**Notes:** <sup>1</sup> No applicable KPI data for the provider for FY 23 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. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup>

# Appendix A. FY 23 DBH-Certified Community-Based Providers

Provider	DBH Certification (MH, SUD, MH/SUD)	Population Served
Quality Care Services	MH	Child
Regional Addiction Prevention	SUD	Adult
Restoration Community Alliance	MH	Adult
Samaritan Inns	SUD	Adult
So Others Might Eat	SUD	Adult
Spring Leaf Solutions	MH	Adult
T & N Services and Solutions <sup>1</sup>	SUD	Adult
The Ark of DC (Wellness Health Services)	MH	Adult
Total Family Care <sup>1</sup>	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:** <sup>1</sup> No applicable KPI data for the provider for FY 23 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. <sup>2</sup> Provider is no longer DBH certified. <sup>3</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey – Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service – Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Absolute Healthcare Resources	FY 23 Performance	--	--	⚡	N/A <sup>4</sup>	✅	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	⬆️	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Abundant Grace Health Services	FY 23 Performance	--	--	✅	N/A <sup>4</sup>	✅	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	⬇️	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Affordable Home Health Care	FY 23 Performance	--	--	--	N/A <sup>4</sup>	⚡	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	--2	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Anchor Mental Health Association	FY 23 Performance	✅	✅	⚡	--	✅	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	⬆️	⬆️	⬇️	--2	N/A <sup>8</sup>	--1,2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Baymark	FY 23 Performance	✅	⚡	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	⚡	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 22 to FY 23 Change	⬇️	⬇️	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	⬇️	N/A <sup>6</sup>	N/A <sup>7</sup>	--2
Behavioral Health Group	FY 23 Performance	⚡	⚡	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	⚡	N/A <sup>6</sup>	N/A <sup>7</sup>	✅
	FY 22 to FY 23 Change	⬇️	⬇️	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	⬇️	N/A <sup>6</sup>	N/A <sup>7</sup>	⬇️

**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 77).

# 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%)
Better Moming	FY 23 Performance	✓	✗	–	✓	✗	–	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▼	▼	▼	◆	N/A <sup>8</sup>	▼	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
City Care Health Services	FY 23 Performance	--	--	–	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Clean and Sober Streets	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✗	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	--1,2	--1,2	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▼	N/A <sup>7</sup>	◆
Community Connections	FY 23 Performance	✓	✓	✗	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	▲	▼	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	▲
Community Wellness Ventures	FY 23 Performance	--	--	✗	✗	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▼	▼	N/A <sup>8</sup>	--2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Deaf Reach	FY 23 Performance	--	--	✗	N/A <sup>4</sup>	--	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▲	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 77).

# 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%)
Dedicated Care Health Services	FY 23 Performance	✗	✗	–	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1	--1	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
District Health Care Services	FY 23 Performance	✗	✗	✓	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1	--1	▲	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Doors of Hope	FY 23 Performance	✗	✗	N/A <sup>3</sup>	✓	--	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1	--1	N/A <sup>3</sup>	▲	N/A <sup>8</sup>	--1,2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Family & Medical Counseling Service	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	--1,2	--1,2	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	▲
Family Preservation Services	FY 23 Performance	--	--	✗	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Family Solutions of Ohio	FY 23 Performance	✗	✗	✗	–	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▼	◆	▼	▲	N/A <sup>8</sup>	--2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 77).

# 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%)
Family Wellness Center	FY 23 Performance	–	✓	✗	✗	✗	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▼	◆	▼	▼	N/A <sup>8</sup>	-- <sup>1,2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Federal City Recovery	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	–	✓	✓
	FY 22 to FY 23 Change	-- <sup>2</sup>	-- <sup>2</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▲	/	▲
Goshen Health Care & Management	FY 23 Performance	--	--	✓	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 22 to FY 23 Change	-- <sup>1,2</sup>	-- <sup>1,2</sup>	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Hillcrest Children's Center	FY 23 Performance	✓	–	✗	–	✓	✓	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 22 to FY 23 Change	▲	▲	▲	▲	N/A <sup>8</sup>	▲	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	-- <sup>2</sup>
Holy Comforter Community Action Group	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✗
	FY 22 to FY 23 Change	-- <sup>2</sup>	-- <sup>2</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	▼
Inner City Family Services	FY 23 Performance	✓	–	–	✗	✗	✓	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 22 to FY 23 Change	▼	▲	▼	▼	N/A <sup>8</sup>	▲	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	-- <sup>2</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Kahak Health Care Services	FY 23 Performance	--	--	⚡	N/A <sup>4</sup>	✖	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▲	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Kinara Health & Home Care	FY 23 Performance	✖	✖	✓	✓	⚡	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▼	◆	◆	▼	N/A <sup>8</sup>	--1,2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
La Clinica Del Pueblo	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	--1,2	--1,2	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	◆
Latin American Youth Center	FY 23 Performance	--	--	N/A <sup>3</sup>	✖	✓	✓	N/A <sup>3</sup>	N/A <sup>3,6</sup>	N/A <sup>3,7</sup>	--
	FY 22 to FY 23 Change	--1,2	--1,2	N/A <sup>3</sup>	◆	N/A <sup>8</sup>	▼	N/A <sup>3</sup>	N/A <sup>3,6</sup>	N/A <sup>3,7</sup>	--2
Life Care Inc	FY 23 Performance	--	--	⚡	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
	FY 22 to FY 23 Change	--2	--2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Life Enhancement Services	FY 23 Performance	✓	⚡	✓	✓	✖	✖	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	◆	▼	◆	◆	N/A <sup>8</sup>	▼	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Life Stride	FY 23 Performance	--	--	✖	N/A <sup>4</sup>	✖	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
	FY 22 to FY 23 Change	--1,2	--1,2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Mary's Center	FY 23 Performance	--	--	✓	✖	✖	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	◆	▼	N/A <sup>8</sup>	--1,2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
MBI Health Services	FY 23 Performance	✖	—	✓	—	✓	—	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	▼	▼	◆	◆	N/A <sup>8</sup>	▲	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	▲
McClendon Center	FY 23 Performance	--	--	—	N/A <sup>4</sup>	✓	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
MD/DC Family Resource	FY 23 Performance	--	--	--	✖	--	—	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	--2	◆	N/A <sup>8</sup>	▼	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Neighbors Consejo	FY 23 Performance	--	--	—	N/A <sup>4</sup>	✖	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
New Hope Health Services	FY 23 Performance	--	--	✓	✓	–	✗	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	--1,2	--1,2	◆	▲	N/A <sup>8</sup>	--1	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--1
New Living Health Care LLC	FY 23 Performance	✗	✗	–	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1	--1	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
NYA Health Care Services	FY 23 Performance	✓	✓	✓	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▼	◆	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
One Care DC Inc.	FY 23 Performance	✓	✓	–	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1	--1	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Outreach Solutions	FY 23 Performance	--	--	N/A <sup>3</sup>	✗	✗	✓	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	N/A <sup>3</sup>	▼	N/A <sup>3</sup>	▲	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
P&G Behavioral Health Services	FY 23 Performance	--	--	–	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Pathways to Housing D.C.	FY 23 Performance	--	--	⚡	N/A <sup>4</sup>	✅	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Prestige Healthcare Resources	FY 23 Performance	⚡	❌	✅	N/A <sup>4</sup>	⚡	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
	FY 22 to FY 23 Change	◆	▼	▲	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	N/A
Preventive Measures	FY 23 Performance	⚡	❌	✅	❌	⚡	--	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	◆	▼	◆	▼	N/A <sup>8</sup>	--1,2	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
PSI Services	FY 23 Performance	⚡	❌	✅	❌	⚡	❌	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▼	▼	▲	▼	N/A <sup>8</sup>	--1	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Psychiatric Center Chartered	FY 23 Performance	--	--	❌	N/A <sup>4</sup>	✅	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Quality Care Services	FY 23 Performance	--	--	N/A <sup>3</sup>	✅	✅	⚡	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	--1,2	--1,2	N/A <sup>3</sup>	◆	N/A <sup>8</sup>	--1	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Regional Addiction Prevention	FY 23 Performance	✗	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✗	—	—
	FY 22 to FY 23 Change	▼	-- <sup>2</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▼	▲	▲
Restoration Community Alliance	FY 23 Performance	--	--	✗	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	-- <sup>1,2</sup>	-- <sup>1,2</sup>	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Samaritan Inns	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	—	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	-	-- <sup>2</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▲	N/A <sup>7</sup>	▼
So Others Might Eat	FY 23 Performance	--	--	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	✓	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	-- <sup>2</sup>	-- <sup>2</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>5</sup>	▲	N/A <sup>7</sup>	◆
Spring Leaf Solutions	FY 23 Performance	—	✓	—	N/A <sup>4</sup>	✗	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	-- <sup>1</sup>	-- <sup>2</sup>	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
The Ark of DC (Wellness Health Services)	FY 23 Performance	—	✗	✓	N/A <sup>4</sup>	—	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	-- <sup>1</sup>	-- <sup>1</sup>	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

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

Key Performance Indicator		All Provider KPI		Mental Health Provider KPIs				SUD Provider KPIs			
		Behavioral Health Satisfaction Survey – Access Domain	Behavioral Health Satisfaction Survey - Person-Centered Planning Domain	Timely Service - Adult Enrollment/ Transfer	Timely Service - Children Enrollment/ Transfer	Timely Service - Post-Psychiatric Hospital Discharge	Child Functional Assessment Change Over Time	Medication Assisted Treatment: Retention Rate	SUD Step-Down - Residential	SUD Step-Down – Withdrawal Management	SUD Re-entry
DBH Provider		Performance target (80%)	Performance target (80%)	Performance target (85%)	Performance target (85%)	Performance target (60%)	Performance target (55%)	Performance target (90%)	Performance target (50%)	Performance target (50%)	Performance target (25%)
Umbrella Therapeutic Services	FY 23 Performance	✓	✗	–	✗	✓	–	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	▲	▼	▼	▼	N/A <sup>8</sup>	▼	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
United Planning Organization	FY 23 Performance	✓	✓	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	✗	N/A <sup>6</sup>	N/A <sup>7</sup>	✓
	FY 22 to FY 23 Change	-- <sup>1</sup>	-- <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>	▼	N/A <sup>6</sup>	N/A <sup>7</sup>	▲
Volunteers of America	FY 23 Performance	--	--	✗	N/A <sup>4</sup>	–	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	--
	FY 22 to FY 23 Change	-- <sup>1,2</sup>	-- <sup>1,2</sup>	▼	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	N/A <sup>7</sup>	-- <sup>1,2</sup>
Wellness Healthcare Clinic	FY 23 Performance	--	--	✓	N/A <sup>4</sup>	–	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	-- <sup>1,2</sup>	-- <sup>1,2</sup>	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
Woodley House	FY 23 Performance	--	--	✗	N/A <sup>4</sup>	–	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>
	FY 22 to FY 23 Change	-- <sup>1,2</sup>	-- <sup>1,2</sup>	◆	N/A <sup>4</sup>	N/A <sup>8</sup>	N/A <sup>4</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>	N/A <sup>2</sup>

**TABLE LEGEND AND NOTES:** A table legend and notes on N/As and other symbols used in this table can be found at the end of Appendix B (page 77).

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

## Appendix Legend

✖ Far Below Performance Target (>10 percentage points of target)	▲ Increase ( $\geq 4$ -point increase from FY 22)
⚡ Near Performance Target (within 10 percentage points of target)	▼ Decrease ( $\geq 4$ -point decrease from FY 22)
✔ Met or Exceeded Target	◆ Little-to-no-Change ( $\leq 3$ -point difference from FY 22)

## 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.

--<sup>1</sup>: 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 21 due to providers having fewer than 10 consumers/clients in the indicator denominator.

--<sup>2</sup>: For the mental health and SUD-focused KPIs, data suppressed in FY 23 due to providers having fewer than 4 consumers/clients in the indicator denominator. For the all-provider KPIs, data suppressed in FY 23 due to providers having fewer than 10 consumers/clients in the indicator denominator.

/ : No data for the provider for FY 22; new DBH-certified provider for the indicator in FY 23

N/A: Not applicable

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

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

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

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

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

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

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

N/A<sup>8</sup>: 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/clients surveyed in the Behavioral Health Satisfaction Survey who were satisfied with access	Consumers/clients whose average rating for the questions included in the access domain was 3.5 or higher (on a 5-point scale)	Consumers/clients surveyed on Behavioral Health Satisfaction Survey	Individuals who were not chosen in the random sample	Behavioral Health Satisfaction Surveys
Behavioral Health Satisfaction Survey – Person-centered Planning Domain	Percent of consumers/clients surveyed in the Behavioral Health Satisfaction Survey who were satisfied with the person-centered planning process	Consumers/clients whose average rating for the questions included in the person-centered planning domain was 3.5 or higher (on a 5-point scale)	Consumers/clients surveyed on Behavioral Health Satisfaction Survey	Individuals who were not 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 non-crisis mental health 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 non-crisis mental health 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 Mental Health Rehabilitative Services (MHRS) psychiatric hospitalizations that had a follow-up service within 30 days	Psychiatric hospital discharges in which the consumer had a Medicaid-paid non-crisis mental health claim within 30 days of discharge	All hospitalizations with a primary mental health diagnosis for Medicaid beneficiaries enrolled with an MHRS provider	Saint Elizabeths Hospital	iCAMS, DHCF hospitalizations, & 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

# Appendix C: KPI Definitions (cont.)

Indicator	Description	Numerator	Denominator	Exclusions	Data Source
Medication Assisted Treatment: Retention Rate	Percent of medication assisted treatment (MAT) clients who were served in two consecutive quarters	All clients with a medication assisted treatment (MAT) claim in the previous quarter and the current quarter	All clients with a medication assisted treatment (MAT) claim in the previous quarter	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 or whose disenrollment reason was Referred for Continued SUD Services to a non-ASURS provider	Clients who had a disenrollment reason of: Referred for Continued SUD Services to a non-ASURS provider; Referred for Continued Services to an ASURS provider (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 or had a disenrollment reason of Referred for Continued SUD Services to a non-ASURS provider or received prescription for Buprenorphine or Naltrexone within 14 days of the successful withdrawal disenrollment	Clients who had a disenrollment reason of either: Referred for Continued SUD Services to a non-ASURS provider; Referred for Continued Services to an ASURS provider (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 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: Client Completed Treatment; Declined Referrals; Client Completed Treatment.; No additional SUD Services Needed; Referred for Continued SUD services to an ASURS provider)	Clients whose discharge reason was either: Client Left Before Completing Treatment; Died; Incarcerated; or Program Decision to Discharge Client for Noncompliance with Program Rules	DATA/WITS

# Additional Resources

## **Report-Specific Analyses**

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

[Detailed Table of Performance on the DBH KPIs Over Time, FY 20 – FY 23](#)

## **Background Materials**

[Department of Behavioral Health FY 2023 Performance Plan](#)

[FY 23 Complete Agency Performance Report](#)

[FY 23 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](#)