

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MENTAL HEALTH



**Office of the Director**

December 19, 2008

Dennis R. Jones, Monitor  
1730 Rhode Island Avenue, NW, Suite 206  
Washington, D.C. 20036

Re: Dixon et al. v. Fenty, et al.  
CA No. 74-285 (TFH)  
Evidence of Compliance with Exit Criterion #8 – Provision of Services to Adults  
With Serious Mental Illness

Dear Mr. Jones:

I am pleased to report that the Department of Mental Health (“DMH”) has met and exceeded the performance target for Exit Criterion #8 – Provision of Services to Adults With Serious Mental Illness (“Exit Criterion #8”). Therefore, in accordance with the December 12, 2003 Consent Order Approving Agreed Exit Criteria With Measurement Methodology and Performance Levels (the “Exit Criteria Order”), DMH is formally submitting evidence that the District of Columbia has achieved compliance with Exit Criterion #8.

We request that the Dixon Court Monitor: (1) find that DMH has achieved the performance levels required for Exit Criterion #8; (2) report on the performance levels to the U.S. District Court as required by the Exit Criteria Order; and (3) cease active monitoring of Exit Criterion #8.

**Exit Criterion #8 Requirements.**

The Exit Criteria Order includes the following requirements for demonstrating compliance with the performance levels established in Exit Criterion #8:

General Methodology for Measurement: The percentage of each District subpopulation shall be measured.

Required Performance Levels: 2%.

Operational Definition: The number of enrolled adults (18 and over) with a primary mental health of 295 – 297.1, 298.9, 300.4, 309.81, 311, who received at least one provided service as a percentage of the D.C. population 18 and over.

Diagnosis: The first (or initial) DSM-IV diagnosis in the reporting period.

Age: For a person turning 18 during the reporting period, the age at first encounter during the period will be used for reporting purposes.

Enrolled: Enrolled in the Department's community services enrollment and payment system.

Served: Received a MHRS, inpatient or residential service during the period.

D.C. population: U.S. Census Bureau Estimate for the calendar year.

Target: 2% for the aggregate in one full year.

One Full Year: Means any four consecutive quarters.

Aggregate: Means cumulative performance over four consecutive quarters.

### **Evidence of Compliance with Measurement Methodology and Performance Level**

1. **Policy and Practice Requirements.** On June 21, 2002, DMH adopted 22A DCMR Chapter 12, Priority Populations, which sets forth definitions of persons with serious mental illness ("SMI"). The Court Monitor validated that that DMH has the necessary policies in place to ensure that services are provided to adults with SMI, beginning with his July 2006 report<sup>1</sup> and continuing through his July 2008 report<sup>2</sup>.

2. **Data Collection Methods.** DMH developed a metric for reporting data regarding the number of services provided to adults with a primary SMI diagnosis. DMH's data collection method for Exit Criterion #8 was validated by Dr. Joan Durman, a consultant retained by the Court Monitor's Office on January 25, 2007. Dr. Durman validated a revised data collection method for Exit Criterion # 8 on April 23, 2008. A copy of the approved data collection metric is attached and marked as Exhibit A.

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<sup>1</sup> See Court Monitor's July 2006 report, page 7. Also see, Court Monitor's January 2007 report, page 8; Court Monitor's July 2007 report, page 8; and Court Monitor's January 2008 report, page 7.

<sup>2</sup> See Court Monitor's July 2008 report, page 10.

3. **Performance Levels.** In December 2008, DMH reported<sup>3</sup> the following data to the Court Monitor for inclusion in his January 2009 report:

	<b>FY 08 Q1</b>	<b>FY08 Q2</b>	<b>FY08 Q3</b>	<b>FY 08 Q4</b>	<b>TOTAL</b>
<b>ADULTS WITH A SERIOUS MENTAL ILLNESS SERVED THROUGH MHRS</b>	6764	7146	7234	7109	9907
<b>ADULT CENSUS<sup>4</sup></b>	474,572	474,572	474,572	474,572	474,572
<b>PENETRATION RATE</b>	1.43%	1.51%	1.52%	1.50%	<b>2.08%</b>

**Conclusion.**

DMH has met and exceeded the performance target for Exit Criterion #8 for FY 2008. Accordingly, DMH hereby requests that the Dixon Court Monitor: (1) find that DMH has achieved the performance levels required for Exit Criterion #8; (2) report on the performance levels to the U.S. District Court; and (3) cease active monitoring of Exit Criterion #8.

If you have any questions or wish to discuss this matter further, please feel free to call me.

Sincerely,



Stephen T. Baron  
Director

Attachments

Cc: Anthony Herman, Counsel to the Dixon Plaintiffs  
Daniel A. Rezneck, Counsel for the District of Columbia

<sup>3</sup> The run date for this claims-based data was November 28, 2008. The data for Exit Criterion #8 was drawn from submitted claims deemed approved for payment by DMH on that date. Data reported for each quarter may include services provided to consumers in the previous and subsequent quarters. The data reported for the entire fiscal year represent an unduplicated count of consumers. Therefore, the data reported for the entire fiscal year may show a higher percentage of consumers served, than appear in the data reported for each quarter during the fiscal year. Data are also subject to change, pending completion of claims processing and approval for FY 08.

<sup>4</sup> Based upon U.S. Census Bureau Estimate of the Population by Selected Age Groups for the United State and States and Puerto Rico: July 1, 2007. See [www.census.gov/popest/states/asrh](http://www.census.gov/popest/states/asrh).

# **EXHIBIT A**

## **APPROVED METRIC EXIT CRITERION #8**

**REVISED VALIDATED METRICS  
AS OF April 23, 2008**

## PENETRATION RATES: ADULTS WITH SMI

## METRIC 8

*Demonstrated provision of services to adults (ages 18 and over) with serious mental illness*

DATA METHODS	
Operational Definition	The number of enrolled adults (ages 18 and over) with a primary mental health diagnosis of 295-297.1, 298.9, 300.4, 309.81, or 311 who received at least one provided service as a percentage of the DC population, ages 18 and over.
Target	2% in the aggregate for one full year
Method	<ul style="list-style-type: none"> <li>▪ Select all paid claims for the reporting period. Paid claims have an enrollment date, date of service received, and a mental health diagnosis.</li> <li>▪ Select persons ages 18 years and older. Match age at first encounter with birth date to assure age 18 or older.</li> <li>▪ Select persons with a primary mental health diagnosis of 295-297.1, 298.9, 300.4, 309.81, or 311.</li> </ul> <p>For example, if the report covers April 1, 2005 through March 31, 2006, then:</p> <ul style="list-style-type: none"> <li>▪ Select all paid claims (where a warrant has been approved) for the period April 1, 2005 through March 31, 2006:                             <ul style="list-style-type: none"> <li>○ From Date GE 03-31-05 (First date of service delivery for this reporting period)</li> <li>○ To Date LE 04-01-06 (Last date of service delivery for this reporting period).</li> </ul> </li> <li>▪ Select all paid claims during this period where the paid amount is greater than \$0                             <ul style="list-style-type: none"> <li>○ Approved amount GT 0.</li> </ul> </li> <li>▪ Select persons whose birthdates are 04-01-1987 or earlier, i.e., the persons are 18 years.</li> <li>▪ Select if DSM IV diagnoses: 295-297.1, 298.9, 300.4, 309.81, or 311.</li> </ul> <p>The formula used to calculate this metric for the above example is shown in this SQL statement:</p> <p><b><i>Comment – the following SQL codes extract all records based on a given criteria</i></b></p> <pre> Use Erw Drop table dmhjp..Metric8 select  Patient.Datasource_ID, Patient.Birthdate,         Claim_Detail.from_date,         claim.principle_diag,         Claim_Detail.to_date,claim_detail.approved_amt into dmhjp..Metric8 from patient inner Join claim ON Patient.Datasource_id = claim.xpatient_id join claim_detail on claim_detail.claim_key = claim.claim_key where (Patient.Birthdate &lt;= '10/01/1987') and (claim_detail.from_date &gt;= '10/01/05' and </pre>

	<pre> claim_detail.To_date &lt;= '09/30/06') and (claim_detail.approved_amt &gt;0) and (claim.principle_diag like '295%' or claim.principle_diag like '296.%' or claim.principle_diag = '297.1' or claim.principle_diag = '298.9' or claim.principle_diag = '300.4' or claim.principle_diag = '309.81' or claim.principle_diag = '311.00') order by Patient.Datasource_ID  --Comment – the following SQL codes create unduplicated records use DMHjp Drop table dmhjp..Metric8Distinct select distinct Datasource_ID, birthdate into dmhjp..Metric8Distinct from dmhjp..Metric8 order by Datasource_ID  use DMHjp select Count(Datasource_ID) from dmhjp..Metric8distinct </pre>
Sources	eCura: CLAIM, CLAIM_DETAIL, and PATIENT. US Census Population Estimate for the calendar year 2004.
Collection Process	Data are collected as a part of the care delivery system in the District of Columbia that is identical to medical care delivery in the private sector. A Provider, after providing an authorized service, sends in a claim for payment. This claim is adjudicated, approved for payment, and added to the database of other paid claims.
Training	All providers are required to attend Provider Connect training prior to using the system. Provider Connect is a web tool that provides eCura functionality over the internet. Provider claim files are independently tested multiple times to insure that they meet HIPAA and data quality requirements prior to going live.
Dictionary	<ul style="list-style-type: none"> <li>▪ Datasource_ID – Consumer ID</li> <li>▪ DOB LE 04-01-1987 – Consumer Date of Birth</li> <li>▪ From Date GE 04-01-05 – Date Service began</li> <li>▪ To Date LE 03-31-06 – Date Service ended</li> <li>▪ Diagnosis 295-297.1, 298.9, 300.4, 309.81, or 311</li> <li>▪ Approved Amount GT 0 – Approved amount on claims submitted</li> </ul>
User Manual	Internal Operations Manual, Internal User Manual, and Provider User Manual exist and are used to submit and process claims.
Quality Assurance	Claims are submitted as accurately as possible. However, when errors are encountered, claims are denied. Providers have the option of resubmitting the claims depending on the type of denials. Basically, errors are corrected in both side of the house.
<b>PROCESS VALIDATION</b>	
Persons Validating	DMH Information Technology Services staff
Date	March 1, 2006
Type	Review of data source, data tables, data fields
Process	Review SQL select statements for verification of extract logic and formula.
Results	Metrics were found to be accurately produced.
Validation Confirmation	Joan Durman, Ph.D., January 25, 2007; revised April 23, 2008 (new SQL statements added)

**Dennis R. Jones**  
**Office of Dixon Court Monitor**

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1730 Rhode Island Ave. N.W. Suite 206  
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(202) 778-1163

January 23, 2009

Stephen T. Baron, Director  
Department of Mental Health  
64 New York Ave, NE  
Washington, DC 20002

Re: Exit Criterion #8 – Provision of Services to Adults with Serious Mental Illness

Dear Mr. Baron,

I have received and reviewed your letter of December 19, 2008 regarding evidence of compliance with Exit Criterion #8 – Provision of Services to Adults with Serious Mental Illness. I have also asked Dr. Joan Durman, consultant to the Court Monitor, to independently review the data submitted to ensure its compliance with the Court-approved operational definitions and the agreed data methods. She has completed this task and concurs with the DMH presentation of a 2.08% penetration rate for adults with serious mental illness for the fiscal year 2008. This represents an unduplicated count of all individuals with SMI served during this cumulative period.

Given that this exceeds the Court-established performance level of 2% for this measure, the Court Monitor hereby recommends to the Court that this measure move to inactive status. As you know, DMH is required to continue to report on this as an inactive measure.

Sincerely,



Dennis R. Jones MSW, MBA,  
Dixon Court Monitor

DRJ/rjs