

Civil Rights and Human Dignity

**DIXON
IMPLEMENTATION
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NH-DC-001-021

February 1, 1996

Harriet Fields, Ed.D., R.N.
#604
1722 19th Street, N.W.
Washington, D.C. 20009

Re: D.C. Village

Dear Dr. Fields:

Thank you for the opportunity to participate in the meeting at D.C. Village last Monday to discuss outplacement of individuals with special needs. As you know, we are deeply concerned about efforts to assess and outplace those D.C. Village residents who have mental illness, many of whom were transferred from St. Elizabeths Hospital and are Dixon class members.

We were very impressed by the presentation made by Herb Hoelter and Rick Valway of the National Center on Institutions and Alternatives (NCIA). This agency's track record working with so-called "hard to place" clients is impressive, and their approach and practice embraces the "best practices" model that we know works with this population. We were very pleased that Ms. A. Sue Brown accepted NCIA's offer to develop assessments and outplacement plans for six residents and would like to see this or similar effort undertaken for all D.C. Village residents with special needs.

Under the Dixon court orders, individuals with mental illness who have been hospitalized at St. Elizabeths or who are at risk of (re)hospitalization are entitled to treatment in the least restrictive setting conducive to their care needs. Unfortunately, many Dixon class members were transinstitutionalized into nursing homes, including D.C. Village, not because it was the most optimal or least restrictive, but because it was the only setting available for elderly mental health consumers with challenging medical and/or behavioral needs. Yet, in reality, many class members did not and do not have 24-hour specialized medical care needs and to move them again into a nursing facility setting simply continues a practice of inappropriate placement.

Also, as Ms. Brown reiterated during the meeting, many private nursing homes are unwilling to admit D.C. Village residents who have mental health histories and/or current behavioral issues. The placement of

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these so-called "hard-to-place" residents presents special challenges and requires specialized knowledge and expertise.

However, this alone is not enough. Successful outplacement also will require the development of some new service capacity. Existing capacity is simply not adequate to meet the care needs of these residents. (Indeed, if that capacity existed, it is likely that D.C. Village's census would be far lower today.) Previously, we were informed by Mr. Vernon Hawkins that the Commission on Mental Health Services had agreed to work with D.C. Village to develop placements for those residents requiring placement in a 24-hour staffed residence. (See attached letter.) In addition, at least several local providers have offered to conduct assessments and develop individualized treatment plans for DC Village residents. Now, NCIA is also offering its expertise (see attached letter). Yet, without effective coordination between DC Village, the Commission on Mental Health Services, other District agencies, and providers and without a willingness to allocate resources to develop alternative settings and supports, the outplacement efforts will continue to falter and class members will not receive the care and supports they need.

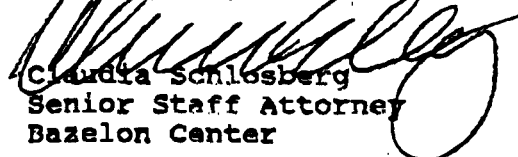
We understand that the Court's orders require the District government to identify and create a specialty consultant team to ensure the safe and effective transition of residents with mental illness to their new residences. Given the needs of this population and the need to develop alternative services, we think NCIA or an agency with a similar track record of assessing and providing care to "hard-to-place" residents is best suited to undertake this task. In addition, representatives of key District agencies (such as the Commission on Mental Health Services) ought to be assigned to work with the team to assure coordination of effort and access to needed resources.

We also would like to remain involved in this effort and to assist in any way we can.

Sincerely,



Robert Noon
Coordinator, Dixon Committee



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SENT BY: Dr. Harriet A. Fields

DATE: February 1, 1996

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