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# Boarding homes are only choice for many

For the elderly and disabled, options can prove limited

BY MELISSA FLETCHER STOELTJE : DECEMBER 29, 2012 : Updated: May 2, 2013 11:24am

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Raul Morales, who has been living in a boarding home for about a year, gets ready for bed.



**Nolan Marshall** was 19 and living in New Orleans when the voices in his head started telling him "evil things."

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To quell their incessant demands, he smoked crack and drank alcohol.

His parents died when he was little, so it fell to his older sister to repeatedly bail him out of jail when his schizophrenia put him on the wrong side of the law.

Hurricane Katrina brought Marshall, a high school dropout, to San Antonio in 2005. He lived in a shelter for a time, and then moved in with his sister and a niece after they found a small apartment.

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Things didn't work out.

"I love my family, I just can't live with them," said Marshall, sitting in the bare-bones kitchen of the boarding home where he has lived for the past six months. "Sometimes they get an attitude. One day they'll be all right, the next day they'll put me out. I just can't deal with that."

Like many residents of boarding homes in San Antonio, Marshall, 41, has struggled to find a place to live where his mental illness doesn't put him at constant odds with landlords and even family members who love him. In a previous local boarding home, he got into a fight with the operator's husband, a physical altercation that landed him in Bexar County Jail.

A jail counselor called **James Johnson**, who runs the boarding home where Marshall now lives, a sprawling, aging complex near the medical center that houses some 20 men, most of whom have serious mental illnesses.

It's the sort of facility that a new city ordinance will seek to regulate and make safer after an August boarding home fire killed four mentally disabled men.

Boarding homes, which provide basic services such as meals and transportation to three or more elderly or physically or mentally disabled residents, often are the last housing option for people who have no place else to live.

Johnson, who has been in the boarding home business for nine years, said people with mental illness often exhibit behaviors that simply are too challenging for most families to handle.

"These guys, sometimes they get angry and punch holes in my walls," he said.

### A scarcity of options

According to one national study, one-half to two-thirds of people with schizophrenia live with their families or have parents as primary caregivers. Only 3 percent of those families deem it a suitable arrangement, the study found.

Marshall said he's pleased with his present living situation — Johnson is a "good guy" who provides plenty of tasty, hot food, takes him to the doctor and makes sure he stays on his medication. He never tries to withhold his \$100 monthly allowance, the amount left over from his disability check after Johnson deducts his \$600 for rent.

During the day, Marshall watches TV and plays board games at a day-care program run by his landlord. In some ways, he is a fortunate man.

According to a 2010 **Centers for Disease Control and Prevention** study, about 150,000 people with schizophrenia — or one in five — are homeless in any given year.

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Nationwide, about 300,000 people with mental illness reside in jails or prisons, which have become the de facto treatment and housing program for those with such disabilities, given the scarcity of other options.

More than 38,000 adults with mental illnesses are incarcerated annually in prisons in Texas, according to the [National Alliance on Mental Illness-Texas](#).

In Texas, a funding system provides money for residential treatment for those with intellectual disabilities, such as autism, but little to none for those who suffer from serious mental illness such as bipolar disorder or schizophrenia.

Starting in the 1960s, a nationwide movement to “deinstitutionalize” those with mental illness by moving them out of state hospitals and into community centers essentially placed the onus of long-term housing and care onto families, since those community centers largely never materialized.

In the 1950s, about 500,000 mentally ill people lived in long-term custodial care, such as state hospitals; today, the number is around 40,000, according to the [CDC](#).

Danny Smith, 38, said his parents, who are in their 70s, worried he might become homeless after they die.

A tall man with a nose ring and unruly beard, Smith dropped out in 10th grade after getting in trouble with drugs and fighting.

He said he was successful for a time in his early 20s, pulling down \$5,000 a night by putting on “rave parties” and running nightclubs while living in a high-rise condominium.

But then the voices started telling him his parents were aliens, that he should hurt them.

“I couldn’t hold a job, I couldn’t go to school,” he said.

Smith did prison time for dealing drugs — a vocation he practiced only so he would have enough drugs for himself. They lessened the voices.

His parents put him up in a series of apartments, paid his bills, bought his groceries. But after they retired, such help became financially unfeasible.

Smith lived in a boarding home that lacked heat and air conditioning for two months before moving into [Johnson's](#) place about a year ago. Today, he shares a two-bedroom unit with Marshall and another man and describes himself as happy.

“If it weren’t for this place, I’d probably be on the street,” he said.

His mother, [Teresa Smith](#), said she and her spouse tried caring for their son at home, but it was untenable.

“It’s just not an option,” she said. “He needs structure and constant care. He needs his medication monitored. He needs to be involved in a program where he can get up every day and have a plan; otherwise, he gets very depressed. Where he lives now, it’s just been a godsend.”

### A growing demographic

A statewide survey of almost 900 homes in 2008 found almost 30 percent of boarding home residents were people with mental illness; 37 percent were older than 64. Of the houses surveyed, 20 percent had residents with a physical disability, 11 percent had substance abuse problems and 9 percent had a cognitive disability, such as mental retardation.

[Nick Monreal](#), chairman of the [Bexar County Assisted Living](#) Task Force and managing ombudsman for [Alamo Area Council of Governments](#), said the survey accurately represents the population makeup of boarding homes in San Antonio, with the elderly making up the majority of residents in such facilities.

Often, elderly boarding home residents actually belong in a nursing home or assisted living facility, but they or their families can’t afford such housing, he said.

Nursing homes and assisted living facilities provide a higher level of care than that found in



boarding homes: help with feeding, bathing, skilled nursing care and so on. Such care is expensive.

The cost of one year of nursing home care in Texas exceeds \$52,000. Care in assisted living facilities ranges from \$1,500 to \$6,000 per month, with the average about \$2,500. More expensive assisted living facilities function more like nursing homes.

Medicaid pays for long-term care in a nursing home, but eligibility requirements are complicated — residents must deplete most of their resources before the state steps in to pay — and residents' monthly income must be below \$2,094, according to the [Texas Department of Health and Human Services](#).

The number of nursing home “Medicaid beds” also is limited, said advocates for the elderly.

To receive care at a nursing home or assisted living facility, residents are assessed to ensure their medical needs fit with the services provided. The state licenses and regulates both types of facilities.

But because of the costs, elderly people may end up in less expensive and, until the city ordinance passed Dec. 13, unregulated boarding homes, which on average charge around \$600 a month.

“They get placed there for convenience sake,” Monreal said. “Until now, there have been no regulations, so boarding homes have said, ‘We’ll take them,’ even though they can’t provide the skilled care needed. So what often happens is they wind up sending (residents) to the emergency room when they can’t handle them any longer.”

The new city ordinance requires boarding home operators to assess residents on an annual basis, to make sure their needs don’t exceed what the facility can legally provide.

Monreal said nursing homes sometimes will discharge residents to emergency rooms if they get behind on their payments.

“At the hospital, it’s discovered they shouldn’t have been sent there in the first place,” he said. “But when (staff) call the nursing home, they say, ‘Oh, no, we can’t take them back.’ Sometimes, the nursing home will send along the resident’s belongings in garbage bags under the hospital gurney. That’s a pretty clear indication of what we call patient dumping. It doesn’t happen as much as it used to, but it’s done.”

Doy Caga, director of social services at Nix Medical Center, said nursing home residents may be discharged because of psychiatric or “behavioral issues”: They’ve become agitated, confused and represent a danger to themselves or other patients.

“This is a very significant problem,” he said. “Resources out there are just scarce, and families often don’t have much time to maneuver to find another placement.”

At a loss, family members will then place their elderly relatives in a boarding home, he and Monreal said.

The issue of housing for the elderly is only destined to grow more problematic, experts say: The number of Americans age 65 and older is expected to double to 80 million in the next 30 years.

There are elderly folks well-suited to life in a regulated boarding home, Monreal said. They’re not frail or ill enough to qualify for higher levels of care but for whatever reason can’t live on their own anymore.

**Marion Runnels**, 94, seems a good representative of that cohort. The Army veteran and retired postal worker sat in his cozy boarding home bedroom on a recent afternoon, where a heater blasted out a stream of warmth despite the balmy weather outside.

Runnels had been living with his wife of 60 years until October 2011, when it became clear he was having trouble caring for himself. His wife, in her late 80s, also no longer could keep up with his dietary and medical requirements.

Runnels, whose nephew heard about **Gina Ellison**'s boarding home from a friend at church, showed up at her doorstep appearing frail and in poor health but without the kinds of ailments that would qualify him for care in a nursing home or an assisted living facility.

Today Runnels is hale and hearty — he proudly shows off his expertise with his laptop, which he learned at the nearby senior center he frequents every afternoon.

“I love it here,” he says in a soft, raspy voice. “I just wanted some peace and I found it here. Gina keeps me moving. She keeps me thinking.”

Ellison, who opened her spotless, nicely appointed boarding home in May 2011, says she's eager to comply with all the requirements of the new ordinance, which goes into effect March 1.

She's already received an estimate to install a sprinkler system in the facility, which she added onto her own home. Sprinklers are mandated by the new law.

“It will give me peace of mind for myself and for my residents,” said Ellison, who decided to open her home after caring for her husband until he died of colon cancer.

Presently, she has only two residents — she won't accept those with mental illness because she feels she's not sufficiently trained to care for that population, she said.

Her other resident is **Michael Clifford**, 54, a “mentally challenged” man who lived with his mother until last April, when her struggles with dementia made it hard for her to care for him.

Sitting in gray sweats in his bedroom, Clifford said he used to bag groceries at the commissary at Fort Sam Houston. Now he just enjoys life: playing bingo at a nearby community center, going to church on Sunday with Ellison and Runnels, looking forward to Friday pizza night.

“Gina takes me everywhere, she makes sure my clothes are clean,” he said. “When I lived with my mother, we never went anywhere.”

His sister, Donna Gordon, lives in El Paso. She heard about Ellison's boarding home from a friend.

“The best thing about where my brother lives now is that I know he's being taken care of,” she said by phone. “Since I live so far away from him, knowing that he's loved and protected is just a big load off my mind.”

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