People with mental illness alone get little housing help

'Dually diagnosed' individuals are eligible for additional assistance.

BY MELISSA FLETCHER STOELTJE  SEPTEMBER 1, 2012  Updated: September 2, 2012 1:49am

Michael Flores, 29, has paranoid schizophrenia and receives a monthly Social Security disability check of $698. Almost all of it — $600 — goes to pay his living costs at a shabby boarding home on the East Side.

Christopher “JoJo” Webster, 28, also has mental illness — bipolar disorder. But he is “dually diagnosed” with Asperger’s, a form of autism. As a result, he receives government funding that allows him to live in a group home that seems downright luxurious in comparison to Flores’ abode.

About two-thirds of Webster’s almost $3,500 in monthly living costs is picked up by Medicaid.

No comparable government money flows to those with mental illness alone in Texas, which ranks last in the nation in mental health spending, according to Kaiser Family Foundation.

An untold number of people with mental illness live in boarding homes across the city — no one knows how many, since no official registry is kept.

By law, these homes are unlicensed and unregulated by the state. Critics say conditions in many are squalid and potentially dangerous, and the homes are run by people with little to no training in mental disorders.

City officials now are scrambling to address problematic boarding homes in the wake of a recent fire that killed four of 13 men, some mentally ill, living at the Amistad Residential Facility, which racked up numerous health and safety code violations before the state dropped its license requirement two years ago.

City Manager Sheryl Sculley said a new ordinance to regulate such homes should be in place by mid-October.
As the debate continues, advocates say a larger issue remains unaddressed: Elderly people and those with physical or intellectual disabilities such as autism or mental retardation — known as IDD, receive more in government help, allowing them to live in better circumstances than boarding homes and to receive better care, although program waiting lists exist.

While a portion of those three populations also live in boarding homes, the majority of homes are populated by the mentally ill, who are susceptible to unscrupulous operators who would profit off that vulnerability, advocates argue.

They say the funding disparity stems from stigmas about mental disorders and ignorance over the role that decent housing plays in helping people get better.
“Society makes judgments about the mentally ill that it doesn’t make toward people with mental retardation,” said Robin Peyson, executive director of the National Alliance on Mental Illness-Texas. “People see mental illness as a behavior problem, not an illness. So this whole industry of boarding homes has sprung up to cater to this judgment.”

The elderly and those with physical disabilities likewise don’t face such stigmas, she added.

Medicaid does fund services for the mentally ill in Texas — counseling, medications and other help — which added up to $644 million in 2011. But it doesn’t address the key piece of housing, advocates said.

Recent visits to Flores’ and Webster’s residences would seem to lend weight to her words.

Flores sat on a couch in the bare-bones living room, his face a glum mask. He has lived in numerous boarding homes since his disease took hold a decade ago, he said. As such places go, his current home, Hawkins Residential Living, is pretty good: He gets enough to eat and owner Daniel Hawkins keeps the place clean. His landlord reminds him to take his pills and provides a sympathetic ear when he gets anxious. A case manager from a home health agency visits Flores once a week.

But it’s a ramshackle environment, where six men live in a warren of dingy, added-on rooms with walls marked by peeling paint and the occasional hole. A disinfectant smell radiates. In Flores’ cramped bedroom, which he shares with a roommate, the air conditioner is on the fritz. A fan moves the humid air around.

In the scruffy backyard, a fence is falling down. Lumber is piled in places. But resident Stephen Walpole, 51, said this boarding home is a vast improvement over where he lived before.

“You had to wear your shoes at night or else rats would bite your feet,” he said, holding a kitten. “At another one, the owners let people smoke crack in the living room.”

In contrast, at Webster’s group home — technically, an “intermediate-care facility” operated by Mission Road Ministries — the living room is spacious and airy, with comfy couches and recliners. The place is homey and immaculate, with a bright, clean kitchen and elegant dining room.

Two trained staff members are on hand during the day to minister to Webster’s needs; another staff person stays awake through the night. A nurse in a crisp uniform visits regularly.

Standing in his spotless bedroom, surrounded by posters of the Hulk and Albert Einstein, Webster reflects on his group home, where he has lived for six years.

“It’s a real structured environment,” he said. “I get a lot of support here. This is my home.”

**Disparate funding**

Even when the state required boarding homes to be licensed, only 23 in Texas — 10 in Bexar County — applied.

For three years, San Antonio has had the authority to regulate local boarding homes, courtesy of a bill written by Rep. Jose Menendez.

But the discussion got bogged down in squabbles over how exactly it should be done, as well as whether such plans run afoul of federal fair housing standards and other bureaucratic concerns.

The fire has jump-started city efforts.

As it stands, boarding homes are checked by fire marshals and city code compliance to ensure they adhere to safety standards — but only if the operator applies for a certificate of occupancy. The owner of Amistad didn’t have one.

David Shern, president and CEO of Mental Health America, said the differences in the nature of mental illness vs. cognitive disabilities led to a bifurcated funding system.

“Diagnosis is easier with IDDs, and many of them are childhood disorders,” he said. “Parents of children with cognitive disorders, such as mental retardation, have also generally been much more effective in terms of lobbying on behalf of family members than have mental health advocacy groups.”

The home where Webster lives seems to illustrate this point.

Mission Road Ministries, a nonprofit that serves those with mental retardation and other IDDs and runs a day program and various residential facilities, has a $17 million annual budget. It receives $700,000 a year from United Way; the staff raises $1.4 million a year to augment the Medicaid funding it receives.

Few corollaries exist for mental illness programs locally.

The government has not stepped in to fill the gap, creating a void that boarding home operators have been only too happy to exploit, local mental health advocate Ed Dickey said.
“There’s been no legislation to support the mentally ill, that’s the bottom line,” he said. “The reason is legislators don’t see the mentally ill as needing the same level of care as other disabilities.”

Few government programs exist that address the housing issues of the mentally ill.

A Housing and Urban Development program for low-income applicants who can live independently provides housing in one of nine dedicated complexes in San Antonio. Participants pay only 30 percent of their income or disability check toward rent.

They are cheaper than boarding homes — around $200 a month vs. $600, although meals aren’t included.

But waiting lists are long and the application process is daunting.

“There aren’t nearly enough of them,” said Steve Colella, who manages one property. “We could build 100 more and fill them in 60 days.”

At the San Antonio Housing Authority, those with disabilities, including mental illness, get a preference on the subsidized housing voucher waiting list, a spokeswoman said. But just how many mentally ill people receive vouchers couldn’t immediately be determined.

The same is true for the Texas Department of Housing and Community Affairs, which finances units in the state that provide affordable housing to the disabled.

Another grant provides low-cost housing for two years or longer to the mentally ill who are homeless and clients of the Center for Health Care Services, the county mental health authority that serves the low-income and indigent.

Again, there aren’t enough to go around.

“Our capacity is 100 vouchers a year,” said Cecil King, who administers it. “We need about 500 to meet the needs of the community.”

Fairweather Lodge offers housing and other services to about 150 adults a year with mental illness who are homeless or have a history of homelessness, but the bulk of funding is private, not government. A small amount of rental assistance is available for mentally ill in a jail diversion program.

A few other plans are in the works that might ease housing issues, but it won’t be enough, advocates said.

“We are basically warehousing people” in boarding homes, said Katrina Gay, director of communications for the National Alliance on Mental Illness. “These places are ripe for corruption, neglect and all sorts of horrible things.”

Where the money goes

In contrast, Medicaid funds a host of programs for the elderly and those with IDD and physical disabilities that allow them to live in the community — in their own home or with family members, with paid caregivers who are regulated by the state, or in small or large group homes.

These living arrangements can cost double, triple — even quadruple — the $698 disability check on which low-income mentally ill people who reside in boarding homes typically subsist.

Stephanie Goodman, spokeswoman for the Texas Health and Human Services Commission, said people with IDD and other disabilities are able to get these services because they have conditions that require long-term residential care — vs. mentally ill people, who conceivably are able to live on their own with treatment.

The issue boils down to this: How much care do the seriously mentally ill require?

A 2008 study of the boarding home problem, commissioned by the Texas Legislature, found that many with mental illness have significant physical and mental needs and would benefit from higher-level care, such as that found in licensed assisted-living facilities, which cost on average $2,600 a month. It called for the creation of a housing stipend for those with mental illness, as well as 13 other remedies. None came to pass.

Advocates observe that the Amistad deaths suggest the mentally ill need more help than they’re getting.

“We provide better care for dogs,” Peyson said. “People say, ‘Well, at least (boarding homes) are better than sleeping under a bridge.’ Surely we can have more compassion. Would we treat people with diabetes this way?”

Consumers find boarding homes through hospitals, day programs, word of mouth. Leon Evans, head of the Center for Health Care Services, said his case managers, in accordance with state law, cannot refer clients to boarding homes.

Staff member Sherry Bailey said the center only refers clients — all of whom are low-income — to licensed assisted-living facilities, which agree to charge lower rates. However, she was unable to provide the names of the facilities.

A father of an adult child with mental illness, who asked to remain nameless to avoid antagonizing others in the mental health community, said center staff routinely refers clients to boarding homes.
“Even when we call (the center) and say, ‘This place is horrible,’ we find that months later someone else got referred to the same place," he said.

Kym Bolado, head of NAMI-San Antonio, said advocates worry that if boarding homes are forced to be licensed and regulated, some may shut down to avoid the expense, forcing residents to the streets.

“We need to move delicately and phase in these changes," she said.

Others flatly reject that.

“These places are businesses," said Janie Metzinger of Mental Health America of Greater Dallas. “Let the bad ones shut down. To say the situation might get worse — really? As an advocate for people with mental illness, I can’t countenance that argument.”

Other Texas cities, such Dallas and El Paso, have moved forward with ordinances that license and regulate boarding homes and ensure they conform.

Andrew Sperling, a policy expert with NAMI, said Texas is hardly alone in ignoring the housing needs of the mentally ill. But a handful of states, Oklahoma for one, have taken action.

“Some have invested in supportive housing models like independent living and group homes that we know work, using mainstream housing resources, not necessarily Medicaid dollars," he said. Others add state money to disability checks, so the mentally ill might afford better homes.

Advocates said they hope the recent fire will prompt San Antonio to follow suit.

“My dream,” Peyson said, “is it will force a cold, hard look at this issue.”

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