Some in group homes are suffering in silence

BY MELISSA FLETCHER STOELTJE AUGUST 18, 2012: Updated August 19, 2012 1:52am

Carol Laue thought she’d found a suitable group home for her son, 27, who has suffered from schizophrenia since he was 17. After all, a hospital case manager had recommended it.

But when Laue dropped her son off last fall, she found a crowded, dirty residence with little food in the pantry and refrigerator — both locked — and a bloody, unwrapped chicken in the freezer.

“A woman who lived there told us the provider made residents apply for food stamps, but then took them,” Laue recalled. “They were often served very little food. I went home and did computer research and found she had a record for DUI, assault and arson.”

The group home, which she declined to identify, charged more than $600 a month. She removed her son after just one day and since has found a satisfactory place for him.

Amistad Residential Facility, where a fire Wednesday killed four of the 13 residents, was a group home that in recent years had been found in violation of state fire safety standards. The state also found evidence of abuse, neglect and exploitation of clients.

Amistad corrected the problems and remained open, according to the state.

Now San Antonio police are investigating. The owner, Nancy Murrah, could not be reached for comment Friday.

No one knows for sure how many group homes operate in the city, because no registry or database is kept, said Nick Monreal, managing local ombudsman for the Alamo Area Council of Governments.

Last year, Monreal estimated there could be as many as 250.

Until two years ago, there were 10 group homes in Bexar County — including Amistad — that had been licensed and annually inspected by the state.
because they provide the supervised dispensing of medication. But then the Texas Legislature decided such regulation was not required. The reasoning was that such homes don’t provide “activities of daily living” — bathing, toileting, feeding, the actual dispensing of medication (that is, putting a pill in a client’s hand) — and so don’t warrant regulation, said state spokeswoman Cecilia Cavuto.

The Texas Department of Aging and Disability Services, which used to regulate the 10 group homes, was not able to provide a record of previous inspections or violations of them in time for San Antonio Express-News publication.

Leon Evans, CEO of the Center for Health Care Services, the county’s mental health authority, said his organization refers clients only to group homes that are assisted living facilities and licensed.

Unregulated group homes are a big problem in Texas, he said. “This is one area in which the state is really lacking. Many people are being used, abused and neglected,” he said.

Hopes not fulfilled

In a larger sense, the Amistad fire began in the 1960s, when President John F. Kennedy’s 1963 Community Health Centers Act began the slow, inexorable closing of mental institutions across the nation. The trend sped up in the ’80s, when the advent of managed care put another nail in long-term residential care in hospitals.

The hope was that “community health centers” would proliferate across the country, taking the place of long-term hospital care.

That didn’t happen, mental health advocates said.

Today, individuals with untreated mental illness can be seen begging for change on street corners, sleeping under bridges and accessing services at homeless facilities such as Haven for Hope.

And some end up living in the loose network of group homes and boarding houses that essentially operate under the radar — away from the prying eyes of city or state government.

But the Amistad fire may raise new questions and bring a new urgency.

According to Texas state law, facilities that house residents who “may require staff assistance to evacuate and are incapable of following directions under emergency conditions” must be licensed and inspected by the state.

Homes that offer less than that — a bed, access to a kitchen, and perhaps some daytime supervision — remain unlicensed, despite efforts by Rep. José Menendez, who authored legislation allowing cities and states to regulate group homes.

That bill passed, but in San Antonio the issue of city oversight of group homes had become bogged down in a squabble over whether zoning laws might be a better remedy, as well as fair housing issues involving the U.S Housing and Urban Development Department.

Menendez said he was called by city officials after the fire. A meeting is scheduled for Monday.

“It sounds like we can now move forward with oversight of these group homes in some form or fashion,” he said. “The issue is not pushing these people out of a community setting. It’s giving people with mental health problems a safe place to live. If consumers can’t take care of themselves, and their family members can’t help, maybe the city needs to take it upon itself.”

Ed Dickey, a local mental health advocate, wonders why group homes for mentally ill clients — the vast majority of whom take nightly medications that are heavily sedating — aren’t required to have such licensing, since sedated people may have trouble following orders in an emergency.

At the Amistad fire, fire officials reportedly had trouble interviewing survivors because of their medicated state.

Allison Lowery, spokeswoman for DADS, said the clause in the law refers to people who “have some sort of physical disability, like needing assistance in transferring to and from a wheelchair” and who need to be supervised at night.

As it stands today, if a group home doesn’t provide activities of daily living and merely reminds clients to take their medication or opens the bottle for them, then it won’t need a license — and evacuation standards don’t even kick in, she said.

Bad experiences

Those who’ve lived in group homes or had loved ones reside in them tell stories that suggest lack of regulation indeed is problematic.

Steven Ovalle, 45, has lived in a half-dozen group homes over the years. With his depression and bipolar condition stabilized, he’s now able to live independently.
But he has plenty of bad memories of his stints in boarding houses. In one, a resident intentionally overdosed on his medication — something he was able to do because there was no staff supervision, he said.

“And there were just too many people living in the house,” said Ovalle, a soft-spoken man who tells his story haltingly.

At another overcrowded group home, the provider would leave in the early evening, leaving no staff behind. Residents would dispense medication to other residents.

The provider “would say, ‘OK, here are the emergency numbers to call if something happens,’” Ovalle said. “She would yell at residents, be verbally abusive. Some of the residents would really be out of control. It was co-ed, and some of the residents would have sex.”

At yet another group home, residents would loudly complain that the home’s operator stole their disability checks, he recalled.

“There would be big arguments like, ‘Where’s the rest of my money?’”

One father, who asked to remain nameless for fear his son would be thrown out of his present group home, recalled harrowing tales.

“One night, my son was asleep and his roommate came in and smashed him in the face,” he said. “He was not taken to the emergency room. For three weeks he had black eyes and trouble breathing, but we were never notified.”

No staff was present overnight at the home, he said.

At many group homes, he said, buses pick up group home residents in the morning and take them to day centers, where they “watch TV or play pool. There are no meaningful activities. They don’t interact with one another.”

Some group homes aren’t owned by the providers, he said. Rather, they’re rented from a property manager.

“So if you complains, they’ll say, ‘Oh, we called the owner, and they haven’t called back,’” he said. “At one group home, the toilet was broken for weeks. It was filthy, with feces everywhere. The maintenance of these buildings is not in accordance with safety or cleanliness.”

The father, who is in his 70s, said his son needed to gain some autonomy and now lives in a stable place.

“It’s very frustrating for a parent like myself,” he said. “We know that we’re not always going to be around for our children, and so we worry what’s going to happen to them.”

The father said his son’s $690 monthly disability check goes to the Center for Health Care Services. His son picks it up and pays the group home $550, which provides room, board, meals and transportation. The rest he gets as a weekly allowance.

The news of the group home fire has him frightened, the father said.

“It means this could happen to anybody, including my son,” he said. “We need some kind of state or city law to really be after these people. In my opinion, they are just after the money. We are at the mercy of these people. It’s gross negligence in every sense of the word.”

Peter Dunn, who has schizophrenia and bipolar disorder but has lived independently since the ’80s, has friends who’ve had their psychotropic medication stolen at their group homes, along with their disability money, he said.

“There are folks out there living on $5 a month” because the providers keep money that should go to them, he said.

“But not all group homes are bad,” he added. “Some people are real happy.”

Developmentally Disabled

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