

Kronkosky Charitable Foundation Roundtable Discussion

Topic: Residential Care for Individuals with Mental Illness/Retardation

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Participants

Invited Agency Representatives

Robert C. Murray	Executive Director	Mission Road Development Center
Laura Dupree	Program Director	Fairweather Lodge - Urban Ministries
Elaine Dryer	Executive Director	Residential Management, Inc.
Pamela Kelly	Director of Programs	Residential Management, Inc.
Deborah Kruciak	President	Rainbow House
Frances Wise	Executive Director	National Alliance for the Mentally Ill - San Antonio

Foundation Staff and Trustees

Palmer Moe	Executive Director
Mark Carmona	Grants Manager
Fred Cardenas	Grants Manager

Overview of Programs

Residential Management Inc. — separately incorporated in 1988

Residential Management, Inc (RMI) is a private non-profit corporation that provides quality residential alternatives for persons with mental retardation and related conditions. Services include 5 ICF-MR (independent care facility for individuals with mental retardation) homes, a semi-independent living program, a day activity center and a sheltered workshop. The sheltered workshop offers pre-vocational socialization training for those who are not ready for community jobs. RMI also provides a Home and Community-Based Services (HCS) program which is a Medicaid Waiver Program sponsored by the Texas Department of Mental Health and Mental Retardation. The HCS program offers a variety of support services provided in the recipient's home or in the community and include case management, residential support, foster care, day habilitation, nursing, respite, a variety of therapies and social, medical and counseling services.

RMI —

- Provides two vocational programs which receive Texas Rehabilitation Commission (TRC) funding and follow-up assistance for job placement.
- Has no children's programming.
- 80% of clients are on Medicaid
- Through the ICF-MR programs RMI has 5 houses serving almost 9 people.
- The Sheltered Workshop program serves 72 clients who have no jobs.
- 1/3 of clients are in competitive employment.
- Services are funded by Supplemental Security Income, Social Security, and the Combined Federal Supplement (funds for clients having deceased parents who were federally employed).
- HUD provides capital grants and an ongoing Section 811 subsidy which is automatic
- Section 811 is like section 8 but is strictly for individuals with disabilities.

Fairweather Lodge (a program of Urban Ministries)

Fairweather Lodge is a not-for-profit program that helps improve the lives of adults with mental illness with integrated vocational, mental health and housing support services to help stabilize people's lives and keep them working. The lodge provides 4 group homes for 30 individuals that live independently as a family. The program provides individual training and support to help individuals maintain stable, safe and affordable housing; maintain employment; establish a stable job history; stay out of the hospital; increase self-esteem and develop a group of friends. Fairweather Professional Services, Inc. is owned by members and operates a janitorial and landscape company staffed by clients.

Fairweather Lodge

- 4 group homes are staffed by 3 individuals
- Working on a \$1.7 million campus at Baptist Ministries for up to 20 women with mental illness and 60 of their children. Project should be completed in about 1 year.
- Provides supportive housing which is accompanied with rehabilitative services

NAMI (National Alliance for the Mentally Ill) — San Antonio — established in 1984

SAAMI is an affiliate of the National Alliance for the Mentally Ill. SAAMI's goals are to provide support, information, education, and advocacy opportunities for mental health consumers and their families; to seek to end discrimination against mentally ill persons; and to improve the quality of life for persons with mental illness. The organization is primarily a volunteer organization with services and activities including the following: monthly consumer and family support group meetings (including Spanish-speaking groups); monthly business meetings with speakers; a support and information phone line; a resource library; a monthly newsletter; education of elected officers at all levels of government; the building of apartment complexes (subsidized by the Department of Housing and Urban Development) for individuals with mental illness which include a resident manager that provides some support for residents; and participation in various community-wide educational, advocacy, community awareness, and fundraising activities.

Rainbow House — established in 1994

Rainbow House's goal is to provide a facility that offers persons who have survived traumatic brain injury (TBI) and cannot live independently the opportunity to reside in the community and encourages them to function as independently as their disabilities allow. The organization provides a non-profit personal care facility licensed by the Texas Department of Human Services (TDHS) that provides long-term comprehensive care for seven economically disadvantaged survivors of TBI. The facility is located in a community setting, giving residents an opportunity for socialization. 24-hour attendants assist with all activities of daily living. Clients pay for services through their Supplemental Security Income benefits and the state provides a subsidy through the TDHS Community Based Alternatives Program.

Rainbow House

- Typically, the program has 40-100 people on their waiting list
- Has 7 rooms — 6 funded as affordable housing units and 1 as a private unit
- Community based Medicaid waiver program provides some of the funding.
- Case management is provided by other agencies, as there are no subsidies received for staff causing additional funding needs of about \$10/day.

Mission Road Development Center — established in 1947

Mission Road Development Center is a nonprofit corporation sponsored by First Presbyterian Church of San Antonio and United Way and providing services to both children and adults with mental retardation and other developmental disabilities. Services include the following

- § Residential Services — on the home campus and in neighborhoods throughout the city which include 24-hour supervision and a variety of structured and supportive services for adults and children.
- § An Apartment Program — providing two supported independent living apartments with supportive services for adults
- § Home and Community Services — planned and implemented on an individualized basis following a comprehensive person-centered plan involving the individual, family and supportive professional services.
- § Day Activity and Health Services — to provide licensed nurse services for aged and disabled adults
- § Vocational Services — training to help clients become competitively employed including job training, job readiness, and supportive services.

Facilities provided by MRDC include a 22 acre campus with 6 cottages for children, three community homes for children, four community homes for adults, one community duplex for adults, and two semi-independents living apartment complexes for adults.

MRDC —

- Children s program serves 72 children (primarily with mental retardation)
- Children referred by Child Protective Services (CPS) are usually those whose parents parental rights have been terminated so there is no contact between child and parents
- At age 18 these children are released from state CPS custody and no longer qualify for CPS services. Some transition into some form of residential alternative or to a state school (if affected by multiple disabilities).
- Adults served (capacity of 40) live in residential alternatives funded by Medicaid or funded by a Medicaid waiver to live in 3-4 bed residential facilities or in their own homes. For those living in apartments, HUD pays for the construction but not for programming.
- Apartment program funding is supported by residents income from part-time jobs or regular employment. Residents pay 30% of their gross income.
- Currently, apartments hold 1-2 residents.
- United Way may pay \$15 per day for apartment residents. There may be additional pay made by the client or HUD subsidies.
- The Day Care Unit provides services for 40 clients affected by severe profound mental retardation.
- Working in 5 school districts in the San Antonio area

Common/Significant Challenges For Organizations

- G **Transportation** is a major challenge. State funds for vans are limited to the purchase of very large vans or mini vans with a lift. Some programs only need 15 passenger vans with no lift and are not able to access the state funds. Coordination of transportation services (that is, various organizations coordinating transportation using all program vans to share with other similar organizations) is too difficult. Organizations often have different schedules, each client may have multiple appointments throughout the day and may not be able to be transported in advance (sometimes due to their disability) and then have to wait for hours for their appointment. VIA Trans has improved in the last two years but still does not have the capacity to meet the needs. Drivers for VIA Trans are reported to have improved in working with individuals with disabilities (seem to be more understanding).
- G No one (except HUD to some extent) keeps **track of funding** (in a cumulative or comprehensive manner) for the local area for alternative housing/ residential services for individuals with disabilities.
- G **NIMBY** - Not in my back yard is the challenge of communities and neighborhoods not wanting individuals with mental illness, mental retardation and often other disabilities to live in their neighborhoods. They challenge zoning changes, the building of new group homes or any type of apartment or housing that will include residents with these disabilities. Citizens will say that individuals need the housing and housing for them is a desirable societal activity BUT NIMBY.
- G It is more challenging to raise **funds for adults** with mental illness due to myths and the stigma. Communities are more supportive of programs that serve children or serve individuals with mental retardation.
- G **Staff turnover rates due to low wages and salaries**
Organizations report that they have as much as an 80% turnover rate of staff. Wages are often minimum or close to minimum. Individuals are able to make more money working at McDonalds or at other jobs that are readily available. Organizations reported that training is available and that trained staff are out there but take other better paying jobs. In addition to the low wages there are basic challenges in working with individuals with mental illness and mental retardation.

G Turnover rates of local executive directors

There are fewer and fewer young administrators in non-profits who make a commitment to serving special populations (such as individuals with mental illness or mental retardation), accept the low pay, and are willing to deal with the stress associated with serving challenging populations with diminishing resources. Similar to staff members, executive directors can make better money with the level of education and experience required to manage non-profit organizations by taking other jobs outside the field.

G Deinstitutionalization/Mainstreaming/Inclusion

In 1967 approximately 200,000 people lived in institutions for individuals with mental retardation and mental illness — today there are only 50,000 living in those institutions. About 8-10 years ago many more individuals with mental retardation or mental illness lived in group homes. In residential programs (and in the disabilities field in general) there was a movement towards inclusion, or moving individuals with disabilities into settings with more normalcy or mainstreamed settings. The Homestead Case ruled that states often place individuals with disabilities in unjustified isolation by placing them in more isolated settings such as group homes, thereby keeping them away from more normalized social settings. If individuals did not want to be institutionalized, programs had to provide alternative living arrangements if funds were available. Related policies caused individuals to live in arrangements without the support that group homes had been providing. Because of this ruling policies and funding discouraged the development of group homes where people with disabilities lived with others who were non-relatives. This was done under the belief that individuals should be given more choices and not be forced to live with others affected by similar disabilities. One problem with this approach is that supportive services, such as case management that accompanied group homes were often lost. This movement also encouraged individuals with disabilities to live with family or relatives who could receive subsidies to help support the individual with disabilities. One of the problems with this approach is that there are individuals affected by mental retardation and mental illness (especially those who were taken away from parents due to child abuse) who do not have family or relatives who desire or have the ability to provide a home for these individuals. One result of eliminating group homes and pushing individuals towards more independent living arrangements is that many fell through cracks and became homeless. Because they often had less institutional support their housing arrangements were less stable as they sometimes drift from crises to stabilization of their mental illness. From a funder's perspective it is much cheaper to pay a family a small subsidy than to pay for group homes, housing developments and programming. Services such as case management also become less necessary when a family member or relative is helping to care for an individual with a disability. Because of these changes individuals with these disabilities have fewer choices in finding alternative living arrangements that also provide other support.

G General challenges in serving the population

Residential programs are presented with many new challenging social problems that are affecting residents and parents including poor parenting skills, drug and alcohol abuse and addiction, prostitution, homelessness. There are also many challenges facing families who have been homeless for periods of time. Many parents have developed skills that enable them to survive on the streets or in their unstructured home life. These survival skills often work against these individuals who are use to being more aggressive and independent than is often conducive to living in more group or structured settings. It takes about 12-18 months to help them adapt and mold their behavior to acceptable in these social settings. Parents with mental illness often flounder between living on the streets and living in structured settings in these homes as their illness and recovery fluctuates between some stabilization and crisis.

G Funding criteria and definitions of allowable funding streams have changed over the last 10 years:

- Food stamps, Texas Rehabilitation Commission funding, and other funds and subsidies have been reduced in general but also for clients with mental illness and mental retardation
- Medicaid subsidies have also been reduced
- Definitions for who qualifies for Center for Health Care Services have changed
- As HUD and other institutions try to discourage grouping of individuals with disabilities (and work towards mainstreaming them) HUD funding, for example, is not available for alternative housing facilities that have more than 3 bedrooms.

G Other

- About 65 beds for long term mental health residential treatment for children and youth were recently eliminated by the closing of the Southwest Mental Health Center Woodlawn unit. Additionally, SWMHC had a residential program for mothers affected by substance abuse and their young children. This program was also eliminated.
- The state has provided 1 rate increase for reimbursement for residential placement in the last 7 years.
- Changing rules/funding status — 70% of the cost for residential placement is funded by the state's children's program so some homes have closed when they cannot sustain the other 30% cost
- More and more children are being placed on psychiatric medication due to behavioral problems at school. The medications are often accompanied by diagnoses that carry over to high school and beyond, sometimes contributing to the increase of individuals with a diagnosed mental illness.
- Waiting lists for residential services for individuals with mental retardation is 2,000 for this area

Miscellaneous Information

- § ICF — Medicaid program paying for nursing home care
- § ICF-MR — Medicaid program paying for Intermediate Care for Mental Retardation
- § HUD - has capital grants to build housing for individuals with disabilities
 - 811 funding is to cover the rent an individual cannot pay him/herself
- § Supplemental Security Income — pays the difference between income an individual with disabilities gets from other sources and the cost of what the individual needs for either services or rent.
- § Medicaid — pays for the cost of services
- § Medicaid Waiver — pays for services but waives federal guidelines to help the individual qualify for funds in certain circumstances.