

Mentally ill suffer deadly neglect

With a promise of community care, psychiatric wards were unlocked 30 years ago. Today, the sickest patients live in squalor.

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First of three parts

Tony Hall roasted to death in the stifling heat of an unregulated rooming house.

Street thugs murdered David Rutledge.

John Collins died after falling from his wheelchair, down the stairs of the unlicensed, mouse-infested group home where his Milwaukee County caseworker placed him. For months after Collins' death, someone kept using his food stamps.

Thirty years ago, a Milwaukee County lawsuit sparked a nationwide revolution in mental health care. Patients living in locked psychiatric hospital wards were released to live in freedom with the aid of new drug treatments.

An investigation by the Journal Sentinel has found that hundreds of today's sickest patients suffer in the city's most broken-down neighborhoods. Some

are dying; others are preyed upon by opportunists and neglected by the people responsible for their care. They are not able to fend for themselves, and no one else is taking responsibility for them, despite being paid more than \$10 million a year in tax dollars to do so.

In the first comprehensive accounting of Milwaukee's severely ill mental patients, the newspaper found:

- Hundreds are living in illegal group homes and rooming houses - many of them filthy and dangerous, some deadly - which have sprung up as stealth mental hospitals to replace county wards.
- City building inspectors have failed to identify and close down these illegal homes. And they have never reported illegal group homes to the state licensing agency.
- County caseworkers, responsible for their clients' well-being, regularly send them to these houses and apartments, despite knowing how filthy and dangerous the buildings are. This is a direct violation of a federal court agreement.
- State group home inspectors generally don't investigate homes unless they are licensed. As a result, unlicensed, illegal group homes escape scrutiny.
- The federal government adds to the problem by allowing landlords to receive all of a tenant's disability check directly, despite the obvious opportunity for exploitation.
- Bureaucrats point their fingers at each other, claiming someone else is responsible.
- The problem is especially pronounced in Milwaukee County, where most of the state's mentally ill people live.

"It is a hidden and shameful thing that goes on here in Milwaukee," said Tom Hlavacek, who served as chairman of the Milwaukee Mental Health Task Force until last year.

Just how bad are these places?

Ask Willie Teague how two of his buddies died.

On Aug. 7, 2000, city building inspectors got a complaint from some psychiatric caseworkers that Gene Gokhman, a Mequon businessman, was running an illegal group home in his apartment building at 4276 N. 27th St. The caller said eight men, all mentally ill, were living there, signing over their Social Security checks to Gokhman. Inspectors visited eight days later but said they weren't able to verify that the building was a group home.

Case managers for the county complained again, months later, this time about broken toilets and the lack of heat in the building. City inspectors went back out in January 2001 and found merit to the complaint, but again did not cite the building as an illegal group home or fine Gokhman.

On July 22, 2001, Teague awoke in choking heat and found his roommate, Tony Hall, 34, sprawled out on the couch, dead from heat stroke. Hall was on anti-psychotic medication, which inhibited his ability to regulate body temperature. The home lacked enough ventilation ; Hall died of "environmental hyperthermia."

Teague ran as fast as he could to a pay phone down the block to let police know. They carted away Hall's body before the rats that roamed the rooms at night could get to it. Hall's core body temperature was 100 degrees at the time of his autopsy, which was performed more than five hours after he was found dead.

Police found a notice, near the back door, requiring

that the building be boarded and the tenants be vacated. It was signed by the city and dated 10 days earlier.

Scott Ivanowski, Hall's psychiatric case manager, told police that he had been to Hall's apartment many times and was aware of the conditions. His former co-workers said he was so upset about Hall's death that he quit his job and moved away.

Teague took his friend's death hard, too. He went into a spiral after Hall died, crying often and saying he wanted to be with his mother, Lilly, who had died years earlier. He became combative and eventually ended up in jail for battery. Teague still talks about how much he misses Hall.

"He was a real good guy," Teague said. "He was my friend."

Gokhman said he had no idea when he bought the building in 2000 that people with severe mental illness lived there. He admitted that his employee used to feed the men their meals from one common area, in violation of city code. The men had no refrigerators or stoves in their living areas.

"The guy who sold it to me didn't say nothing about it. I didn't know it was a group home until later," said Gokhman. He said he didn't get a license because he didn't know he needed one.

Gokhman said he ran errands for the men.

"I helped these guys a lot," said Gokhman, who confirmed that he had the men sign over their disability checks to him.

Gokhman sold the building in May to a company based in Las Vegas for \$305,000, more than twice what he had paid for it five years earlier.

Gokhman didn't remember details about Hall's

death.

"I was out of town. But I heard it was real hot that week," he said.

ILLEGAL HOMES AROUND

Building inspectors frequently come across squalid conditions

Ronald Roberts, Milwaukee's building inspection supervisor, said inspectors know of "dozens and dozens" of illegal homes for people with mental illness - "so many that we can't begin to count them all." Roberts said he and his co-workers have seen and fielded complaints about places with no running water, no heat, rats, roaches, broken smoke detectors and faulty wiring, places where tenants are kept in basements and attics, beaten by their landlords or made to sleep on filthy floors. Building inspectors have found people begging on the streets for food because they don't get enough from landlords who take their disability checks, leaving them with next to nothing, Roberts said.

Mental health advocates said they, too, have fielded reports of physical abuse.

Ed Hofman, a city building inspector for 30 years until his retirement last year, said he regularly came across people with severe mental illness who were living in squalor.

"Not everyone was meant to live independently," he said.

As county services for people with chronic mental illness have diminished over the years, entrepreneurs have moved in to fill the gap, Roberts said. That has meant a proliferation of illegally operated homes for people with mental illness.

Roberts said there are dozens of operators like Gokhman who run illegal homes, claiming not to know they are doing so. Some of these operators have little or no experience in mental health care, offering services that they are not trained or licensed to perform.

Jimmy McClendon and his wife, Lola, run two unlicensed group homes on N. 27th St. for people with mental illness who also abuse drugs and alcohol. The two have been repeatedly cited by the city for operating illegal group homes, but they remain open and getting taxpayer money as they appeal to the city for a special use permit. The permit would allow them to run their apartment buildings as transitional living facilities, places that offer more services than rooming houses but requiring less oversight than state-licensed group homes.

The county regularly refers people with mental illness to the McClendon homes. On a recent day when a newspaper reporter and photographer stopped by, the medicine cabinet was unlocked and an exterminator was setting traps for mice. When the building manager, a former drug addict, called Jimmy McClendon to let him know that the reporter and photographer were there, he ordered the cabinet locked. Anyone dispensing medication needs a license to do so, and the McClendons do not have a license.

"We get folks from the streets, men who sleep in the woods, that no one else will take," Jimmy McClendon said. "I'm talking about human lives. This is a faith-based operation. I made a pledge with God to help my brothers and sisters. We are changing lives here."

Many illegal rooming houses and apartment buildings go unchecked, Roberts said, because no one reports them and they "miss our radar." Unlike many other cities, Milwaukee does not regularly

inspect apartments. Inspectors check common areas, but not individual units. Rooming houses are inspected annually, but, unless inspectors see more than three unrelated people in the house, they do not write up the infraction.

"We might show up and find one or two people living there, and then, if you go back at night, there are five or six," Roberts said.

Roberts' boss, Martin Collins, commissioner of the City of Milwaukee Department of Neighborhood Services, compares the situation to prostitution, in which both the victim and perpetrator have an incentive to conceal the crime. He blames county case managers who see their clients living in these places and fail to take action.

"They are the eyes and ears and voice for these people," Collins said. "If they don't tell us about these conditions, we don't know about them."

County officials admit arranging for patients to live in these houses and apartments. They say they do so because they have no choice - no one else will rent to mentally ill people - and because any place is better than no place at all.

Jim Hill, administrator of Milwaukee County's Behavioral Health Division, who oversees the psychiatric caseworkers, called the living conditions for many of Milwaukee's sickest patients "heartbreaking" but said his case managers often have no choice.

"We're not in the housing business," he said. "We're in the mental health treatment business. Did you ask the city building inspectors why they don't go in and close these places down? Honestly, we can't do it all."

A review by the newspaper of more than 8,250 city building inspection complaints over the past 12

years found more than 200 reports of possible illegal homes and overcrowded conditions. They close down roughly two homes a year, said Todd Weiler, spokesman for the city's Department of Neighborhood Services. None was referred to the county or the state for prosecution.

State administrators, charged with licensing group homes, called the Journal Sentinel's findings "astonishing" and "disheartening" but added that they don't have the resources to look for illegal group homes. Like the city, they only respond to complaints, officials said. Last year, the state cited three illegal group homes in Milwaukee County, none involving tenants with chronic mental illness. The year before, there were no verified cases of illegal group homes in the county.

State administrators said they have no reports on file of the city complaining about illegal group homes, including the building where Hall died.

"We don't know what we don't know," said Sinikka Santala, administrator of the state Division of Disability and Elder Services. "We wish the loved ones of people living in such places would report it."

All too often, there are no loved ones.

At Lois Wimmer's house at 2717 W. Vliet St., Bessie Johnson lay on the floor on a bare mattress soaked in her urine.

"I'm feeling fine today, honey. How are you?" said Johnson, with a sweet smile that suggested that she was oblivious to the human waste stuck to the vinyl floor or the stench of used toilet paper in a pile near where she slept.

There was no heat in the hallways, despite the winter temperatures outside. Upstairs, in the kitchen, a plate full of undercooked, discolored

eggs sat on the table. It's what passed that day as breakfast for the four tenants, all profoundly mentally ill and former patients at Milwaukee County's psychiatric hospital. Fruit flies buzzed around a bowl of mushy fruit salad. The freshness dates for the cereal in the pantry had expired more than a year earlier. Sitting in the office, drinking coffee and eating doughnuts, Wimmer said she got much of the food that she served to her tenants for free from a storefront church minister.

"Pretty good deal, eh?" said Wimmer, who charges \$550 a month for room and board.

Wimmer used to run 15 rooming houses for as many as 75 people, all with chronic mental illness. She has sold all but the Vliet St. place. Over the 16 years that she has been in business, six of her tenants have died, including two in one day - one from a heart attack and one from heat exhaustion. One woman was dead in her room for three days before anyone noticed, Wimmer said.

"They get mad at me, but what am I supposed to do?" said Wimmer, who recently spent three days as a patient at Milwaukee County's public psychiatric hospital in the same ward with some of her former tenants. "It's not my job to baby-sit these people."

CITED AS ILLEGAL SIX TIMES

Rats, sewage, loose plaster - and yet, still open for business

City building inspection records show that Wimmer has been cited six times over the past three years for running an illegal group home at the Vliet St. building. Inspectors found other violations, too: plaster falling from the walls; rats gnawing at the foundation; broken smoke alarms; overcrowding; open sewage; no doors on the bedrooms; and a

host of electrical and plumbing violations.

At one point last summer, six people lived in Wimmer's building, including a woman with schizophrenia who slept in the living room on a grease-stained couch with broken legs, and another woman with schizophrenia who shared a room with Johnson, complaining all the while about the stench. Wimmer has been issued citations and fined more than \$3,000. There is a warrant for her arrest over unpaid taxes.

Still, her house remains open for business, and county social workers routinely send patients there after they are released from the psychiatric hospital. Only those who the county determines are dangerous to themselves or others are held, and usually that is only for a few days. Nurses and psychiatric case managers contracted by the county stop at Wimmer's house each day - weekends included - to check on their clients.

Debra Rhodes, 50, one foot bare despite the cold, sat on a broken chair, the back black with dirt, and watched the buzz of activity at the coin laundry across the street from Wimmer's house. Rhodes' toenails were so long they scraped the floor. Her lipstick smeared and sweater torn, she considered what she would do with the \$2 that her caseworker just dropped off, along with her daily allowance of a pack of cigarettes.

"I'm thinking I'll go get something to drink," she said.

Rhodes, who has been evicted twice in the past year, will prostitute herself for a can of soda, one of her caseworkers said. That's why the agency, Health Care for the Homeless, gives her a pack of cigarettes each day.

Thirty years ago, people like Teague and Hall and Johnson and Rhodes would have lived behind

locked doors in one of the county's psychiatric hospitals. But public policy shifted as medications improved. With the ability to contain psychotic behavior, it was no longer deemed necessary to lock up people to keep them safe. It was decided that it would be more humane - and less expensive - to let them live on their own, free to come and go as they please, and to deliver mental health care in clinics scattered around the community.

Milwaukee led the way.

'A HUGE DISCONNECT'

Change begins without enough thought to consequences

A 1976 U.S. Supreme Court decision involving Alberta Lessard, a West Allis schoolteacher who had been hospitalized against her will, changed civil rights for people with mental illness across the country.

Before the Lessard case, Wisconsin - like most other states at the time - had a loose standard for commitment, requiring only that a person be "a proper subject for custody and treatment." Opportunities for abuse by unhappy spouses or disgruntled family members abounded. Federal judges in the Lessard case ruled that the government had to prove a person was an imminent danger to himself or herself or to others, in an adversarial court proceeding much like a criminal trial. The person who was being considered for commitment was entitled to legal representation, and the state would have to make its case in a particular time frame and with definite standards of what constituted dangerousness. The Lessard case became the new benchmark in mental health law. People all over the country who had lived their entire adult lives in locked hospital wards

essentially were set free.

The number of long-term psychiatric beds at Milwaukee County's facilities dropped from about 4,000 at that time to roughly 100 today.

But when social engineers pushed the idea of closing mental hospitals and delivering health care in the community, they overlooked a critical element: Where would these people live? Who would take care of those who could not take care of themselves?

"It was simply assumed that there would be housing for these folks," said Hlavacek, the former Mental Health Task Force chairman. "It was a huge disconnect."

The problem was - and is - that there is not enough safe, affordable housing for people whose income today is limited to the roughly \$700 a month they get in Social Security or disability payments. That's \$8,400 a year, or about 15% below the federal poverty guideline.

"That doesn't give you many options," said Jill Rodriguez, a case manager at the county's Southside Community Support Program. "I can't put my clients in Fox Point or Brookfield. It's pretty much the ghetto or nothing."

Many landlords in better neighborhoods refuse to rent to people with psychiatric problems or criminal convictions, as people with mental illness often have, because they are afraid that the person might become violent or destroy their property. About the only ones who will rent to people with severely psychotic behavior are slum landlords looking to get a steady government check, case managers say.

Therefore, people like Rhodes have three choices: places such as Wimmer's broken-down house; a homeless shelter, if there is room; or the streets.

The newspaper interviewed dozens of the 260 psychiatric case managers who work for the county or for agencies that contract with the county. Nearly all of them say that finding good housing is their biggest challenge. Many of the case managers say they are too frightened to visit some of their clients alone. Often, they go in pairs and before noon, when the threat of danger is lower.

"It's enough to make you sick to your stomach to see how some of these people live," said Sophia Dixon, a psychiatric case manager at Milwaukee Mental Health Services, an agency that contracts with the county.

One of her clients discovered a dead body in her backyard last summer and is now too frightened to let her 12-year-old daughter live with her.

"No one is looking out for these poor souls," Dixon said.

Hill, the county's behavioral health administrator, makes no apologies for the placements, only explanations.

"The plain fact is that there is a critical lack of safe, decent housing in Milwaukee," Hill said. "We have no choice sometimes but to put people in these places. Believe me, these are the kind of choices that keep me up at night and give our case managers gray hair."

Hill said the decision of where a person lives ultimately rests with the person, not the caseworker.

"It is their choice," he said. "Legally, we can't tell them where or where not to live."

Sandy Pasch, president emeritus of the National Alliance on Mental Illness of Greater Milwaukee, rejects that explanation.

"We're not honoring people's autonomy. We're not giving them good choices," Pasch said. "Autonomy is society's excuse for negligence."

Winnebago County psychiatrist Darold Treffert, a nationally renowned critic of mental health care, talks about patients in the post-Lessard era "dying with their rights on."

Yet Hlavacek said few want to return to the old days of care behind locked doors.

"We should be able to deliver good, meaningful mental health care in the community," he said.

'PERFECT' VICTIMS

People with mental illness can be invisible and alone

Some of the more unscrupulous landlords who rent to people with mental illness are lured by the promise of steady rent. Caseworkers for the county say they are solicited all the time by landlords looking to have mentally ill clients as tenants. Many landlords promise safe, clean, affordable housing and offer to help monitor their tenants' medications - even when they are not licensed to do so. At some agencies, caseworkers list the bad landlords on the bulletin boards.

"There are some real bad ones out there," Rodriguez said. "I don't care how desperate we are, I won't go to them."

Kathy Good, clinical coordinator for Project Access, an agency that contracts with Milwaukee County to provide community support programs for people with mental illness, said everyone shares in the blame.

No one wants to let people with mental illness live next door to them, Good said. In effect, she said, we all force them into horrible conditions by sending them out of the psychiatric wards without any good options of where to live.

"We call ourselves a good, Christian country? Give me a break," Good said.

In a way, people with mental illness are the perfect victims of this kind of abuse. They are more likely to slip from public view than perhaps any other kind of patient, case managers say. Often reclusive, paranoid and eccentric, many people with psychiatric disorders have severed their relationships with family members. Such isolation has proved deadly.

Barbara Burroughs, a 52-year-old woman with schizophrenia on psychotropic drugs that inhibited her body's ability to sweat, was dead for more than three days, locked in her room with the windows shut before the landlady smelled a horrible odor coming from her room. Burroughs, who was wearing sweatpants despite temperatures outside in the 90s, died of heat exhaustion, the same week that Teague found his buddy Hall dead on his couch.

Three years later, Teague would have to scramble again to find a pay phone to call police.

Teague was out for a walk when he found another friend, David Rutledge, 54, slumped on the sidewalk in front of the rooming house where they both lived, at N. 27th St. and W. Richardson Place. The corner is a favorite hangout of drug dealers and thieves. Rutledge, who, like Teague, had schizophrenia, was well-known for walking the neighborhood with Bible in hand, quoting from Scripture.

Rutledge had been beaten so badly that blood was pouring from his mouth and ears.

"Don't let me die, Willie," Rutledge said as Teague held his friend's head.

It didn't do any good.

Four days later, Rutledge was dead.

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A hauntingly familiar tale

Georgia Rawlings' story reverberates across the years

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This dingy coin laundry is one of the new "day rooms" of the modern era of psychiatric care, where patients no longer kept in huge institutions come to hang out.

Here, at the corner of N. 27th and W. Vliet streets, ladies with thick, curly chin hairs and tobacco-stained fingers fold wash for \$1 a basket. Cash only. They don't want the government to find out and dock their Social Security checks.

Occasionally, their psychiatric caseworkers drop by to check up on them.

Have you taken your medication today?

How are those headaches?

Is that guy down the hall still giving you trouble?

This is where I meet Georgia Rawlings.

She is sitting in the corner, rubbing her knees and smoking a cigarette, her black, knit stocking cap pulled down to her eyebrows while her friends do her wash for her.

"I love everybody," says Georgia. "Well, almost everybody. Hah!"

Suddenly, she starts to cry.

"You can't even believe the way people with mental illness live in this town," she says.

It's a crime the way those landlords take your money and then kick you out for the slightest things, she says.

"I might have bats in my belfry," Georgia says, pointing across the street to the shingled, three-story house where she lived for a few months last year, "but the lady who runs that place has rats in her basement."

Georgia pauses for effect.

"Big ones, too."

Big as cats, she says. And the food over there is moldy.

Thirty years ago, people like Georgia were locked up in institutions on the outskirts of town. But a Milwaukee County court case gave most mental patients in the United States their freedom. It has come with a cost for the hardest cases.

There is something hauntingly familiar about Georgia, but I can't put my finger on it.

"They got stale cereal over there," she says, still talking about the place across the street. "And there are flies everywhere, too. I swear. Oh, God, I used to get so sick after I ate over there."

Georgia weighs about 300 pounds, down more than 150 pounds from her all-time high. Her ankles are so swollen that she can't tie her tennis shoes. A few months ago, she fell asleep with a heating pad on her stomach and burned herself in three places. Sometimes, she says, it hurts her so much to get up and walk that she just pees in her pants.

"I'm terrible," she says, with just a hint of a smile in the corner of her mouth. "Hah!"

At 56, Georgia still has creamy white skin and sparkling blue eyes. But burn marks from a crack pipe have scarred her lower lip. Her teeth are brown from nicotine. Tranquilizers she takes to quiet the voices in her head make her jaw clench and slur her speech. She sounds drunk.

"I was married once, and had a baby for a while," she says. "But that baby died inside of my body just before she was supposed to be born. She went right to heaven without even taking a breath in this world."

Georgia starts to whimper. Before long, she is sobbing, heaving with every breath.

"I don't believe in hell. I don't think we suffer after we die," Georgia says. "There's enough suffering right here."

Evanston Hospital, 1973. Evanston, Ill. I stand at the thick steel door, waiting for the buzzer. The door clicks open. My sister, Nancy, four years older than I, is down the hall on the right, sitting on the end of her bed, staring through the bars on the window.

"Watch this," she says, blowing one smoke ring inside another. "Not bad, eh?"

I haven't seen her since she locked herself in the bathroom, swallowed a bottle of sleeping pills and tried to drown herself in the bathtub. She looks pale but otherwise healthy, certainly much livelier than when the paramedics carried her out of the house on a stretcher.

The doctors think she might be well enough to come home next week. This scares us all.

What if she tries it again?

I try not to stare at the other patients as they shuffle by in their stocking feet, smacking their gums and mumbling.

"I'm going for my driver's license next week," I say, making small talk, hoping that it will shake Nancy out of this stupor that she is in. But Nancy doesn't turn around. I can't tell if she heard me.

My family doesn't know what to do. But this much is clear: Nancy's definitely not going back to Boulder, Colo., next fall for her junior year of college.

Before long, the visiting hour is over, and it's time to go.

Nancy doesn't bother to get up as I leave.

The washing machines growl as Georgia and I talk.

"Have we met before?" I ask her.

Georgia shakes her head.

"No, ma'am," she says. "I grew up in Chicago."

"Where in Chicago?"

Georgia waves me away.

"You never heard of this place," she says, taking a drag on her cigarette. "It's a little town north of Chicago called Wilmette."

Really? Wilmette?

"Me, too," I tell her.

Georgia's eyes pop open wide, and she starts to

chuckle. "Yeah, I was one of them greasers that hung out on Ridge Road and smoked cigarettes outside the Ridgeview Restaurant."

Georgia and I are leaning closer now, like two long-lost pals saying, "Get out!" shoving each other on the shoulders at each familiar mention.

Gilson Park.

New Trier East High School.

White gowns at graduation.

Weren't you in Bill Murray's class? His sister, the nun, taught me drama at Regina Dominican.

"We're practically sisters," Georgia says.

Sisters.

My heart is pounding. It can't be.

"Georgia," I say. "Were you ever in Evanston Hospital in the early '70s?"

Georgia pulls her head in closer to me, squints and stares.

"Oh, my God," she says, her right hand shooting up to cover her mouth.

"You and Nancy have those same sad, brown eyes," she says

Now that I know this connection to Nancy, I can't get enough of Georgia. I want to find out everything I can about her.

Jill Rodriguez, Georgia's caseworker at Southside Community Support, says she doesn't know what to

do with her.

Georgia has this bad habit of getting evicted. In the past two years, she's lived in seven places.

"She can't live in a group because she's too manipulative, and she can't live alone because she gets in trouble," Jill says.

Georgia has lived in some real dives, places with no running water in the bathroom and no heat in the hallways. Every once in a while, she ends up at a motel or a homeless shelter because no one else will take her in.

Right now, Georgia is staying in a clean, little duplex near W. McKinley Blvd. and N. 30th St. It's by far the best place she's been in years. The landlord is new to the business, and Georgia's reputation hasn't caught up with her yet.

Georgia pays \$550 of her \$770 in Social Security disability payments for room and board. She has her own bedroom and bathroom, a living room, dining room and a kitchen. Most days, the refrigerator is nearly empty, but the pantry is stocked with noodles and cereal.

"This ain't going to last long," says Georgia. Georgia has what they call "impulse control issues."

"I'm naughty," she says, chuckling.

Here is a note from Natasha Elbert, Georgia's landlady:

"Hi Georgia,

I cleaned up the mess you left for me. Cigarettes! I have asked you over and over not to smoke in the house. My bathroom floor is burned by the cigarettes. I've found cigarette butts everywhere. Please call me when you get in.

p.s. I will call Jill tomorrow

Natasha

Have a good night

Last year, Georgia was kicked out of West Samaria, a 92-bed rooming house on N. 27th St. and W. Richardson Place, for lewd behavior.

"I happen to have a problem," says Georgia. "I pee in my pants."

Georgia loved the social whirl at West Samaria, the kibitzing in the hallways, the action in the smoking lounge, the camaraderie at lunch time. She especially liked sneaking into Willie Teague's room at night and sleeping with him in his bed.

"We didn't do nothing but lie there and snuggle and keep from freezing to DEATH," says Georgia. "Me and Willie love each other very, very much, but it's not like that with us. Willie's too much of a gentleman to try anything. Damn him. Hah!"

While I fill the car with gas, Georgia is loading her cup of coffee with five packs of sugar.

"I love sugar," she says. "I really do. This is going to be the BEST road trip ever!"

We're on our way to Wilmette. I need to know how this woman from my hometown, a Norman Rockwell suburb on Chicago's North Shore, could end up in a beat-up part of Milwaukee, complaining about rats and moldy food. I desperately want to know what she remembers about my sister.

Our first stop: the house where her sisters Jeanne and Debbie live with Debbie's two girls. It's a comfortable brick ranch house on a quiet street, not

as stately as the one they grew up in, but very cozy and clean. There are pictures on the tables of the kids at their proms, and one of Georgia, her brother and three sisters from about 15 years ago.

We sit in the living room and look at family photos while Georgia and Rocky, Debbie's 21-year-old daughter, kid around.

"Georgie, you're mental," says Rocky, pushing her aunt away.

"Yeah, you're right, Rock," says Georgia. "I'm cuckoo for Cocoa Puffs."

Mental illness runs in the family, Jeanne says. In the 1930s, their grandmother had what they called "severe melancholy."

"She preferred the hospital," says Jeanne. And their mother had bouts of depression, too.

Georgia was the third of five Rawlings children. Her problems began in grade school. She had trouble getting to sleep.

"My mom would let me stay up with her and watch TV," Georgia says.

The voices started around high school.

"Don't make me talk about them," says Georgia. "They were real, real mean. It scared me to hear them. It scares me now just thinking about it."

Jeanne remembers the time in high school when Georgia threatened to throw herself out of the window.

The family put up with a lot from Georgia all those years, Jeanne says. Mental illness is one thing. But once you start in with the drugs, she says, "We couldn't tolerate that."

Did the drugs that Georgia took in high school make her lose her mind or did she take the drugs because she had mental illness, Jeanne wonders.

Whatever, the result was the same: The family couldn't handle her. Georgia drifted away, living with friends and, ultimately, on the streets.

Georgia moved to Milwaukee in the early 1980s with a friend she had met at a Narcotics Anonymous meeting.

Enough reminiscing, Georgia says.

"I'm starving!"

We're off to the Ridgeview Restaurant. It's been upgraded substantially since Georgia's salad days.

"This is a real swanky place you've got here," Georgia tells the owner.

After lunch, Rocky helps Georgia make it down the sidewalk. Georgia rewards her niece with a puff of her cigarette.

"I'm contributing to the delinquency of a delinquent," says Georgia, poking Rocky in the ribs with her elbow.

We have one more stop to make before heading back up to Milwaukee. It's why we came. But it's also the part of the visit that we are dreading the most.

As we drive down the alley, Georgia stiffens a bit.

"OK, slow down," Georgia says. Her hands are shaking. We pull up behind a red brick Prairie-style house, the kind that seems to define Wilmette. Georgia's oldest sister, Sandy, lived in the coach house in back until she died last August from complications of diabetes. Georgia sees the red pine boxes where Sandy used to plant her flowers.

"God, I miss her so much," Georgia sobs.

Sandy was blind for most of her adult life, and Georgia lived with her for a while.

"I used to help her with her doggies, Buddy and Beep-Beep," Georgia says. "I loved them doggies. I wonder who's taking care of those boys."

She is wailing now.

"Beep-Beep!"

It's midafternoon, and we need to start heading back. We look to the east, 100 yards or so from Sandy's house. There are the train tracks up on the hill.

It is the very spot where Nancy, Georgia's old Evanston Hospital psych ward pal, was killed in 1978, a few years after they met.

"The conductor said that my sister never even moved," I tell Georgia. "She just lay there as the train rumbled toward her, honking for her to get out of the way."

There is silence.

"Yeah, I know," says Georgia, wiping away tears with her coat sleeve. "I remember that day."

It's Christmas Eve, a few weeks after our Wilmette trip. By now, Georgia and I have put each other on speed dial.

"Honey kid!" Georgia says when I call. "What's shakin'?"

I stop by to drop off the Burger King Special No. 2 that she ordered. "Ho, ho, ho," I say, handing her

the bag.

Georgia grabs it and looks to see if I've stolen any french fries.

"Who you calling a 'ho'?" she says.

"Merry Christmas," Georgia says to me as she puffs away under the new, bigger "NO SMOKING!!!!" sign behind her living room chair. "Look, kid, smoke rings!"

Sometimes, I swear that I'm hanging out with a ghost.

I can't help but wonder:

If my beautiful sister were alive today, would she be sitting in a coin laundry somewhere, 300 pounds and stinking like rotten garbage?

Georgia is in big trouble now.

Clean since April, she started smoking crack again just before Christmas.

"I was just so sad thinking about Sandy," she says, sobbing again.

Georgia made friends with a cab driver named Jimmy and together they smoked enough crack cocaine every day to send Georgia to the hospital. Her fingers are blistered now, burned from the crack pipe. Georgia shakes a lot and sweats, even when she's out walking in the cold.

"I hate myself," she says.

The laundry is piled high, and she has no more clean clothes left. Her knee hurts so badly these days that she can't walk without a cane. She doesn't

eat much. Most of her allowance goes to cigarettes and crack.

In early February, someone named Joy, a woman with a tattoo whom Georgia met at a crack party, moved in to Georgia's place. Now Joy sells crack from Georgia's living room.

Georgia is scared, but she says she doesn't know how to get rid of Joy. Her boyfriend is a big-time drug dealer, Georgia says.

"They could kill me if I make trouble for them," she says, whispering so Joy won't hear her. "Last night I lay in bed and cried and cried and cried and prayed and prayed and prayed to my mom and God and Sandy and Jesus."

As I listen to her, I'm starting to get that sick feeling in my stomach like I used to get when Nancy would overdose again just when I thought she was turning her life around.

If Jill, the case manager, is worried about Joy, she doesn't show it.

"Georgia's a big girl," she said. "I've seen (Joy) there, sleeping in Georgia's bed. I told Georgia, 'The only way she can get in is if you open up the door and let her in. She doesn't have the key. You do.'"

By early March, Natasha the landlady had enough. She told Georgia to be packed up and out by the end of the month.

I still have the Christmas present Georgia gave me. (She got too excited and gave it to me two weeks early.) It's a pink plastic Crucifix pendant, minus the chain.

"You Catholics like that kind of stuff, I know," says

Georgia.

I look at that little metal figure hanging from the cross and I am overwhelmed at how much people suffer in this world.

Nancy suffered. Georgia does, too.

We all do.

But it doesn't have to end there, I have learned. Sometimes, we find life where there was once only death.

"We'll be friends forever," Georgia says now when we do her laundry. "Forever and a day."

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Promise of care made but broken

By **MEG KISSINGER**
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Second of three parts

Of all the places where the county sends people who are being released from its psychiatric hospital, Dawn Powell's houses are four of the worst.

In the past four years, City of Milwaukee building inspectors have found that her places have:

- Mice.
- Rats.
- Roaches.
- Backed-up toilets.
- Insufficient heat.
- Broken smoke detectors.
- Dangling electrical wires.
- Deteriorating porches.
- Filthy carpeting.
- A lack of proper exits.
- A host of structural defects.

She's been fined \$3,520, money she still owes the city. There is a warrant for her arrest, and she has served time in jail for failing to pay her fines.

Twelve years ago, Milwaukee County signed an agreement in federal court, promising to ensure that all people with chronic mental illness have proper living arrangements after being discharged from what was then the Milwaukee County Mental Health Complex.

So, why does the city allow Powell's group homes to remain open? Why do county caseworkers still send their clients to her?

Passengers along I-43 can see her wood-frame duplexes on the western side of the freeway, between Burleigh St. and Keefe Ave. But what they can't see are the horrifying things that go on inside. The people who live there say mice run up the walls as they are taking showers, and roaches invade the pantry and climb over their beds.

Powell, a nursing assistant, solicits clients from the county with the promise of diligent care. She charges each of her eight tenants \$500 a month.

It was at one of her houses, on May 20, 2004, that John Collins, 42, who suffered from multiple sclerosis, depression and anxiety, fell from his wheelchair and down the front stairs, cracking his head on the pavement. He died a month later. For weeks after that, someone used the dead man's food stamp card. The county has launched a criminal investigation after being told of the card's use by the Journal Sentinel this month. Powell denied that she was the one to use the card but added, "I could see why someone would think that."

Powell conceded that her places need work but said she is contributing a valuable service to those in Milwaukee who suffer from schizophrenia and bipolar disease, conditions that cloud thinking and can bring on terrifying hallucinations.

"I take the people no one else will take," said Powell, who does not have a license to operate a group home or a permit to run a rooming house. "This is a whole lot of work. Believe me, no one is getting rich."

City building inspectors say there are dozens, maybe hundreds, of people like Powell who are not licensed or regulated but run businesses that

provide housing for people who are disabled by mental illness.

A few weeks ago, a county caseworker moved Bessie Johnson, a 59-year-old woman with diabetes and schizophrenia, from an illegal rooming house because she needed more care. A Journal Sentinel reporter and photographer had found Johnson lying on a bare mattress soaked in her urine. Mounds of spent toilet paper surrounded her. Johnson was told that she would be moving into a group home.

Where was she placed?

She now lives at one of Powell's homes, a building that has been cited in the past year for roach infestation and is under investigation of mouse infestation, filthy conditions, a broken smoke detector and a lack of access to the basement.

On April 23, 2004 - four weeks before Collins fell down the stairs - city inspectors were given a tip that Powell was running an illegal group home. An inspector found no violation. The following January -- six months after Collins died - the city got another call alleging that Powell was running an illegal group home. This time, the inspector could not get in the house. He wrote a letter asking Powell to provide a list of all the tenants. She did not comply, but inspectors failed to follow up.

Todd Weiler, spokesman for the city Department of Neighborhood Services, said inspectors typically give landlords the benefit of the doubt on a first complaint. Though this was the second allegation of Powell running an illegal group home, Weiler said it was treated as though it were the first because the inspector did not verify the earlier complaint. Apparently, each violation at Powell's homes was treated as a separate issue.

Ronald Roberts, the city's building inspection supervisor, said homes such as the ones owned by

Powell escape their radar because people rarely complain. Or, if they do, infractions are hard to verify because owners know how to hide their tenants when inspectors come to call.

'WE BLEW IT'

New era of care fails to deliver on promise of a better life

Thirty years ago, a Milwaukee County lawsuit brought by West Allis schoolteacher Alberta Lessard sparked a revolution in the way the United States cares for people with mental illness. Thousands of patients who had been committed to mental institutions were released.

Life for many with mental illness has not gotten easier in the new era. Often, it got worse; many ended up in jail or homeless.

The Journal Sentinel found hundreds ushered out of hospitals by their caseworkers and placed in the city's most dangerous neighborhoods and dilapidated buildings. Hundreds of Milwaukee's most mentally ill people have been abandoned through bureaucratic neglect, uneven administration of judicial protections and legislative sleight of hand.

"Basically, they didn't fix a thing," said Diane Greenley, a lawyer for Disability Rights Wisconsin, when told of the newspaper's findings. Greenley was one of the many lawyers for advocacy groups that brought the lawsuit against the county. "The county says they have no choice. That there is no place to put these people. But, if these dumps were closed, we'd be forced to do something."

Architects of the new system now say they regret how things have turned out.

"We blew it," said Jon Gudeman, who served as medical director at what is now known as the Behavioral Health Division during the massive downsizing of the 1970s and '80s. He recalls getting a federal directive to shut down wards and thinking, "Oh, my God, where are they all going to go?"

Sister Lucina Halbur, a nurse who worked in a mental hospital in Winnebago County beginning in 1961 and led a campaign to close down some of the worst ones, said: "I naively worked for years to get these people out of those scary old places, and look what has happened to them. It's pathetic what we have done to these people. No one can deny that. It's all right there in our face."

Even Tom Zander, the public defender who took up Lessard's groundbreaking case against her commitment, now says he regrets that so many care facilities have been shuttered without being replaced by something better. He said he felt betrayed by cynical policy-makers who wrapped themselves in the cloak of civil liberties when their real agenda was to trim their budgets.

"People with mental illness have been left out in the cold. Literally. It's inhumane," Zander said. "I never said, 'Let's close all mental hospitals.' I said, 'Let's close all the ones with locks on the doors.'"

19TH-CENTURY SOLUTIONS

Drugged and warehoused, but at least clean and fed

Milwaukee's first mental hospital, known as the Milwaukee County Asylum for the Chronic Insane, opened in 1880 on the County Grounds in Wauwatosa. The state reimbursed the county \$1.50 a week for every patient in its care. At the peak of

institutionalization in the 1940s and '50s, Milwaukee County housed some 6,000 people with mental illness in several locations. Accommodations were anything but lavish, usually two to a room, sleeping on cots and sharing a sink. There was no psychiatry or meaningful therapy, said Bill Baker, who worked there as an internist. People were basically drugged and warehoused.

But he remembers lots of camaraderie and the care of capable, if stern, Polish and German immigrant nurses and aides. Meals were nutritious, if not delicious. The places were clean and orderly. Patients were taken on outings to events such as the State Fair and Milwaukee Braves baseball games.

"These were not the snake pits you hear about," said Baker, noting that Milwaukee was one of the first places to do away with the use of straitjackets. "The director who ran the place was wise and kind."

By 1955, Wisconsin had more than 14,000 patients in state and county mental hospitals.

In that same year came the advent of Thorazine, an anti-psychotic drug that helps organize thinking and reduce delusions. Patients who had been confined to locked wards were given more freedom. Society as a whole had begun to demand expansions of civil liberties for women and minorities and, eventually, for patients locked in asylums. Ken Kesey's 1962 novel, "One Flew Over the Cuckoo's Nest," detailed the abuses of mental hospitals and furthered the passion for reform. The book's most infamous character, the sadistic Nurse Ratched, served as an icon for everything wrong with the system - humiliation, forced medication, utter intolerance for anyone who dared to stand up to authority.

It was against that backdrop, in October 1971, that West Allis police picked up Lessard on a reported suicide attempt. Lessard was taken to the Milwaukee

County Mental Health Complex, where she was committed. Indignant, Lessard vowed to take her case as far as she could to earn back her freedom. She enlisted the help of Milwaukee Legal Services, and together they took the case all the way to the U. S. Supreme Court. Lessard and her legal team argued that mental patients should be afforded the same constitutional protections as criminal defendants. After all, they risked paying the same price - losing their liberty. Ultimately, the Supreme Court agreed with the ruling from the federal district court that the law, as it had been applied, violated constitutional protections.

From then on, the state would have to prove that a person was both mentally ill and in immediate danger of harming himself or herself or others.

Mental health law had been turned upside down. Commitment became a cumbersome and expensive ordeal - preliminary hearings, evidence gathering, testimony, final hearings. In time, the policies of commitment would vary vastly from county to county. A case that would move easily to a commitment hearing in La Crosse, for example, might never get to court in Milwaukee, where lawyers, facing much bigger caseloads, were quicker to work out plea agreements.

Vance Baker, a psychiatrist who practices in Milwaukee and La Crosse, said he still sees a huge difference in the way patients with the same illness are treated. "In Milwaukee, the philosophy is to give the people what they want, not what they need," he said. "It's like a different planet."

A DIASPORA

Little money, cheap hotels and ever-dwindling options

Federal, state and county policy-makers from all over the nation followed the Lessard case with keen interest. The court decision to tighten the requirements for commitment provided an opportunity to reduce spending on mental institutions. Almost immediately, the federal government, which had begun funding mental health care in the 1960s, sent directives to mental hospital administrators to redesign their programs from inpatient to community care.

It was supposed to work like this: Patients released from the hospital would be put on Social Security disability. They would be given a monthly stipend for living expenses and be allowed to live where they chose. They would be treated in clinics that would be scattered around the community.

In 1975, there were 4,000 beds available in Milwaukee County for inpatient treatment of mental illness. Now there are fewer than 100.

As soon as the mental wards began to empty, E. Michael McCann's phone started to ring.

"I'd get these frantic calls from parents saying, 'They let Johnny out, and he's going wild, threatening us,' " said McCann, Milwaukee County's district attorney since 1968. "I'd tell them this: 'Sharpen the stick, and put it to his eye. And then force him off the property. Tell him that, if he comes back, you'll call the cops. And they can either charge him criminally or commit him civilly.' "

That worked for a time, said McCann, until the police learned that they had no power to get people committed, either.

With their income below the poverty level and their ability to hold a steady job compromised, the legions of former mental patients had few places where they could afford to live. The sickest headed to rooming houses and cheaper hotels that dotted

downtown and the immediate surrounding area - places such as the Antler Hotel, the Randolph Hotel and Hotel Wisconsin. Diners and inexpensive chain restaurants, such as Lenrak's on Old World 3rd St. and George Webb, became their new dining rooms. The waitresses were no replacement for the aides of the old asylum days, but the good ones knew to remind their favorite customers to change their socks every once in a while and, hey, it wouldn't hurt to take a shower, either.

Suddenly, people with obvious mental illness turned up all over the city - among the stacks at the downtown library, in the hallways of the county courthouse, in the atrium at the Grand Avenue mall, on the sidewalks at Rainbow Summer along the Milwaukee River. Some started living on the sidewalks and under bridges.

Then came the bulldozers. Milwaukee began to gentrify downtown in the late 1980s and early '90s. The ratty rooming houses and seedy hotels closed or were renovated. The diaspora of Milwaukee's mental patients continued; the number of legal rooming houses in the city dropped from 1,500 in 1985 to 172 in 2005.

Holly Gardenier, who ran a homeless shelter in Milwaukee called the Guest House, saw the number of homeless people with mental illness spike.

"They slipped through a widening abyss," Gardenier said. "There was a whole underbelly of people that was simply forgotten in these grand plans."

Jails and prisons, too, began to fill with people with mental illness. The state's prison population tripled in the decade beginning in 1980, largely with prisoners who were mentally ill and in the past would have been in mental hospitals. The Legislative Audit Bureau estimates that one-fourth of all prison inmates have a form of mental illness, from depression to severe, chronic diseases such as

schizophrenia. Of 18,634 prisoners counted in a 2003 census, 4,610 had a diagnosed mental illness, including about 1,500 with serious disorders, according to prison officials.

FATEFUL DECISION

People with mental illness pushed from public housing

Not even the city's public housing, designated for poor people, would provide relief to the severe mentally ill. With demand so much greater than supply, the waiting list for public housing was five or six years by the early 1990s. Exacerbating the problem was then-Mayor John O. Norquist's decision to expel people with mental illness from much of the city's public housing. There had been episodes in the city's high-rise housing complexes - suicides, a shooting and reports of older residents who had been harassed by drug dealers. Older residents were frightened and lobbying hard for reform. People with mental illness were labeled troublemakers.

The Norquist administration made a choice: Half of the city's 14 public housing facilities would be classified as "elderly only." Everyone else, regardless of disability, would have to leave those seven buildings. Federal housing officials were furious and threatened to sue the city for discrimination. Norquist didn't blink.

"We knew that the decision would cause problems elsewhere in other systems - that it would increase homelessness and impact the mental health system," recalled Ricardo Diaz, housing authority director under Norquist. "But we had to keep in mind what our job was - to provide safe and sanitary housing."

Jim Hill, now administrator of Milwaukee County's

Behavioral Health Division, was working for the city housing division at the time of Norquist's showdown with the federal government. He recalls the rift and cringes to think how much goodwill was spent and funding lost.

"The city left a lot of (federal) money on the table - money that could have been spent on our people," Hill said, referring to housing subsidies that could have come to Milwaukee.

With no other place to go, people like Collins and Johnson ended up in places like Powell's homes.

Johnny Collins grimaces when he thinks of his son's last weeks and how he died.

"He was paying for someone to watch out for him, and no one did," Collins said. "That wasn't right."

What can be done?

The solution, advocates say, is not to reinstitutionalize those with mental illness but to make the community safer for them. Strict housing standards would be a start.

By MEG KISSINGER
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Last of three parts

Dean Baker, a former Wauwatosa High School basketball and baseball star, disappeared one day shortly after he started hearing voices and thinking wild thoughts.

It didn't matter that his father, Bill, a doctor, had spent years taking care of Milwaukee's most profoundly mentally ill patients. Or, that his brother, Vance, was a leading psychiatrist for the city's homeless.

They had no way to know where Dean was, or if he was safe.

They called the police.

Nothing.

Days passed and, then, weeks.

Months later, police found Dean's car in a parking

lot in Chicago. Nervously, the family checked the morgues.

"Then, one day, a few days before Christmas, he calls up, like nothing happened," Bill recalled. "Wants to know if I can pick him up at the bus station. He'd been living on the streets somewhere. That's pretty much how it goes."

The Bakers, as schooled and sophisticated as they are in the ways of mental illness, have learned they are no better able to predict what Dean will do than anyone else. And they know that the dangers of having mental illness lurk more outside mental wards than within.

In the 30 years since a Milwaukee lawsuit turned mental health care on its head - from placements in locked wards to placements in the community - the problems of mentally ill people have changed dramatically.

A Journal Sentinel investigation found hundreds of people with mental illness living in squalor, placed by their caseworkers in illegal group homes and rooming houses with dozens of building code violations. Some have died, essentially from neglect.

Advocates for people with mental illness say there is a lot that can be done to keep them safer:

- Establish standards for places that take in people with mental illness. Caseworkers should not be allowed to put their mentally ill clients in homes with building code violations or with landlords who have criminal records. Put clients only in places that have proper licenses or permits.
- Require annual city building code inspections for buildings that are granted transitional living facility licenses, places that provide more care than a rooming house but less oversight than a state-licensed group home. City inspectors don't annually

inspect transitional living facilities. They inspect only the common areas of apartment buildings where many people with chronic mental illness now live.

- Require city inspectors to report illegal group homes or suspected illegal group homes to the Bureau of Quality Assurance, the state agency licensing group homes, so the bureau can prosecute. The newspaper found that city inspectors do not do so today.

- Require the state to investigate all charges of illegal activity at group homes brought to its attention, not just at those that are licensed. Advocates say they have reported improper care, only to be told by the Bureau of Quality Assurance that it monitors only facilities that are licensed.

- Case managers should refer any landlords who refuse to rent to people with mental illness to the district attorney's office for prosecution. It is against the law to discriminate.

- Make available more supervised apartments and group homes. Too many severely mentally ill are living on their own without adequate supervision. Caseworkers with caseloads of 30 to 40 people don't have time to make sure that their clients are safe. With fewer than 100 emergency beds, the county does not provide enough safe places for those who are in danger.

- Allow people with mental illness to be enrolled in a state program that provides supported housing for adults with developmental disabilities. Someone with a brain injury can qualify for this coverage. But someone whose primary problem is schizophrenia, bipolar disorder or major depression - all debilitating mental conditions that are recognized as such by the Social Security Administration - is not eligible.

- Expand Family Care to include people under the age of 60 who have mental illness as their primary diagnosis. The program, which offers long-term care, is currently available in Milwaukee County for people over the age of 60 who are on Medicaid and have substantial functional limitations.

- Allow doctors to initiate a petition to detain a person who is dangerous. In Wisconsin, only police can initiate such a petition. Many doctors say that this limits the kind of protection they can offer their patients.

- Prohibit landlords from directly receiving their tenants' Social Security checks. Right now, the federal government allows landlords to take control of their disabled tenants' checks, if the tenant agrees, regardless of the opportunity for exploitation or abuse. Caseworkers say they have seen landlords and relatives keep all of their clients' money, and the clients are too frightened to complain, fearing they will be evicted.

- Build more low-income housing. The U.S. Department of Housing and Urban Development estimates that Milwaukee needs more than 28,000 additional low-income housing units to fill the need. Mental illness is one of the primary causes of poverty. People on disability - including the nearly 16,000 in Milwaukee County on disability for psychiatric disorders - typically spend nearly 90% of their income on housing, according to a 2004 study by Technical Assistance Collaborative.

"The temptation when you hear about these horrible places that some of these people are living in is to put everyone back in the institutions," said Palmer Bell, Milwaukee office director of Disability Rights Wisconsin, an advocacy group for disabled people. "That would serve one purpose: It gets these people out of our way so that we don't have to think about them. The better solution is to work to make our community better, improve housing, improve

funding and make people more receptive to people with mental illness."

Bargain Basement Care

No push for institutions, but at least adequate support

Darold Treffert, a psychiatrist from Winnebago County and a national advocate for better mental health care, said meaningful care will come only with the money to support it.

"Let's remind the budget bean counters that when they close expensive in-patient beds, those dollars must follow the patient into the community," Treffert wrote in an e-mail. "Intensive out-patient care in the community (which may require 24-hour, on-site staff in some residential facilities for some severely mentally ill persons) will be just as expensive in the community as in the hospital. Bargain basement care is just that - bargain basement."

Added Jon Gudeman, who served as medical director of what was then the Milwaukee County Mental Health Complex during the years of massive downsizing: "Granted, lots of bad things happened in old institutions. No one is arguing that we should go back to that. But there are advantages to caring for people in congregate places. I'm not talking about as high a level of care as in a nursing home. But many people need adequate support, help with their activities of daily living. It never should have happened that these people were released without adequate support."

Gudeman said he fears for those who are in high-crime neighborhoods and broken-down buildings.

"You wouldn't put a heart patient in a room with people who smoke. Or give someone with diabetes a

high-sugar diet," said Gudeman. "The same principle applies here. Especially because they need support, structure, case management, medications. This is a population that is not seen, not heard."

Charlie Rush, a nurse with the Milwaukee Center for Independence, said the key to improving the lives of people with mental illness is to treat them with dignity and compassion. On a recent day, he checked up on a woman who has diabetes and schizophrenia. A few years ago, she had tried unsuccessfully to get her dentist to pull her teeth because she thought demons were living in them.

"We all have mental illness," he told her. "You just got caught. Big time."

Janet Van Peurse, a psychiatric caseworker whose agency contracts with Milwaukee County, takes on some of the toughest cases in the county. Typically, her clients abuse drug and alcohol in addition to being mentally ill.

Sometimes, she has found success in enlisting people in neighborhoods to help care for those who are most vulnerable. Joe and Nancy Asad run a grocery store on the block where Van Peurse's client Diane Gronowski lives. Gronowski, 38, who has schizophrenia, had been paying \$550 a month to sleep on the couch of a rat-infested house across the street with no heat in the hallways and a broken toilet.

Van Peurse worked out a deal for Gronowski so she could rent a much cleaner room in the back of the Asad grocery store for \$300 a month in exchange for stocking the shelves and helping at the coin laundry around the corner, which they also own.

The Asads keep watch over Gronowski and let Van Peurse know if she is getting into trouble. It's a fragile balance, Van Peurse said. But it is the best

Gronowski can get in a system that provides around-the-clock supervised care for only a tiny fraction of people with mental illness.

"It's not great, that's for sure," Van Peurse said. "But it's the best we can do."

The Illusion of Freedom

Even Lessard wonders if her case did harm

Dean Baker remembers the day his schizophrenia took hold. He was 27 years old, living in Florida, playing a lot of golf but not making much money as a car battery salesman. The glory days of his sports career at Wauwatosa High School and the University of Wisconsin-La Crosse behind him, he was stressed. He remembers feeling "desperate" and thinking, "I can't think straight anymore."

It was a terrifying feeling, Dean said.

He has learned that, if he wants to stay out of trouble, he needs to take his medication, a combination of anti-psychotic drugs and anti-depressants.

Dean is more fortunate than most people with chronic mental illness. He was able to get subsidized housing, after years on the waiting list. He has managed to stay in touch with his family, and, thanks to his mother and father, he has a tidy apartment on Milwaukee's east side. It's a quick walk to his brother's home and the well-appointed condominium where his parents live, overlooking Lake Michigan, for the six months of the year they are in town. His parents pay for a cleaning crew to come in every few weeks.

But Dean's life is a lonely one, said his brother, Vance. Most days, Dean, 56, sits alone in his room.

He used to love to walk and, once, made the trek from Milwaukee to Chicago on foot.

"I don't know how his feet stood it, but he did indeed walk all that way," Vance said.

These days, Dean's outings are decidedly more local - a few blocks north and west to Ma Fischer's Family Restaurant for a meal, or to the East Library to glance at the stacks of books. He doesn't have any meaningful friendships or hobbies, Vance said. He doesn't read. He doesn't watch TV. He doesn't even follow sports anymore.

"The negative symptoms of my brother's illness really keep him from enjoying much of anything," Vance said. "This is freedom, sitting alone? How free is he really?"

Society pretends that people with chronic mental illness are treated better now, outside institutions, when that is not necessarily true, Vance said.

"There is this illusion that we have given all these people their freedom," he said. "The truth is, they are shackled by their mental illness."

Bill Baker said he has wondered "hundreds of times" over the years if his son Dean is getting better care in the new system than those patients he used to care for as an internist at what was then known as the Asylum for the Chronic Insane.

"I don't think his life is any better than it would have been in there," Bill Baker said.

And what about the woman whose case changed it all? Alberta Lessard is 85 and still living on her own in an apartment in West Allis. She has a few health problems that come with age. But she still cherishes her freedom. She has no regrets about suing the county.

"It wasn't right the way they just locked up people like animals," she said.

Still, Lessard laments that things have not improved more for people with mental illness. Over the years, Lessard has sought to get treatment several times at the county's mental health hospital, only to be turned away.

"In some ways, my case made things worse," Lessard said. "There are lots of people out on the street who have to get arrested just to get some help. That's not any too nice."

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County calls emergency session on housing

Patient-care leaders to focus on safety for the mentally ill

By MEG KISSINGER
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Posted: March 20, 2006

Milwaukee County has summoned its mental health care supervisors for an emergency meeting Tuesday afternoon to determine which of the roughly 3,000 people with mental illness in their care are living in dangerous or unsanitary conditions.

Paul Radomski, administrator of the county's adult community mental health division, said Monday that he was calling the meeting in response to a series of articles that appeared beginning Sunday in the Journal Sentinel, detailing dangerous and sometimes deadly conditions for hundreds of Milwaukee's sickest mental patients. The newspaper found some patients living in places with rats, roaches, broken smoke detectors, backed-up toilets, no heat and dangling electrical wiring.

City building inspectors say that they have seen a proliferation of unlicensed, unregulated homes in the past several years, as the county has closed a number of psychiatric wards in the shift from institutional to community-based mental health care.

Supervisors at each of the approximately 12 agencies that contract with the county have been asked to attend, said Radomski. He said he plans to

go over the county's policy to try to provide safe housing.

"We're not even going to deal with substandard housing, because, frankly, many of the places where our clients live are substandard and (without them) there would not be any housing left," Radomski said. "Our focus for this meeting will be places that present an immediate concern, places that are dangerous or unsanitary. We want to know about Powell and places like that."

Radomski was referring to Dawn Powell, who owns four houses in the 3200 block of N. 8th St. In the past four years, the city has cited Powell for dozens of code violations, including rat, roach and mouse infestations and unsound porches. She has been fined \$3,520, which she has failed to pay, and a warrant was issued for her arrest. One of her tenants died in 2004 after falling from his wheelchair and down the porch steps. For months after his death, someone at Powell's house kept using his food stamp card.

Still, the nearly 260 county caseworkers have clients who live in her places.

Jim Hill, administrator of the county's Behavioral Health Division, has said his workers often have no choice of where their clients go. Many landlords won't rent to people with severe mental illness, for fear that they will destroy the property. Others won't allow anyone who uses street drugs or alcohol, or has a criminal record, as many people with chronic mental illness do.

The newspaper interviewed dozens of caseworkers over the past seven months who say that the lack of good, clean, affordable housing is their biggest problem. Many of their clients live in such dangerous neighborhoods that the caseworkers are afraid to go on home visits.

Case managers do not routinely check to see whether the places where their clients live have building code violations, Radomski said. Nor do they verify that a group home is licensed by the state or a rooming house has a city permit.

Radomski said he will instruct the case manager supervisors how to check for building code violations on the city's Web service, maintained by the Department of Neighborhood Services. The service allows anyone to type in a specific address to learn if there are code violations filed against it.

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Editorial: A test for a just society

From the Journal Sentinel

Posted: March 20, 2006

Thirty years ago, it looked like it was going to be a watershed moment in the treatment of the mentally ill. But what seemed good and just in theory then has turned out to be something quite different in practice.

In short, good intentions were not followed up. Thousands of people who had been unconstitutionally confined for years in mental hospitals were released because of a landmark U.S. Supreme Court decision in 1976. Today, many suffer grievously because of a heartbreaking shortage of clean, affordable housing, adequate care and outpatient treatment. Society - and communities across the country, including Milwaukee - simply dropped the ball.

In a series of articles that ends today, Journal Sentinel reporter Meg Kissinger has graphically documented the plight of the worst off.

Kissinger's investigation revealed that "hundreds of today's sickest patients suffer in the city's most broken-down neighborhoods. Some are dying; others are preyed upon by opportunists and neglected by the people responsible for their care. They are not able to fend for themselves, and no one else is taking responsibility for them, despite being paid more than \$10 million a year in tax dollars to do so."

Many are living in illegal and often filthy and dangerous group homes and rooming houses.

Blame extends from city building inspectors to county caseworkers to state group home inspectors to bureaucrats and the federal government. And nearly everyone points his or her finger at someone else.

Given that, and the stigma that is still sadly a companion of the mentally ill, it should not be surprising that the solution will be neither simple nor cheap. It will require government officials at all levels pulling together. This isn't beyond reach. Reasonable people can and should come up with workable solutions, engaging mental health experts and advocates at every stage to deal with the mentally ill professionally, humanely and cost-effectively.

Many Milwaukee County caseworkers and others are genuinely concerned and trying to do their best, Kissinger found, but their hands are tied by a system that is fundamentally broken, from the federal level on down.

County officials say they have no choice but to place their clients in poorly maintained houses and apartments because no one else will rent to mentally ill people. But this wouldn't have to be if the community provided more supervised group homes and apartments. It should.

The action that started it all began in Milwaukee County in 1971 when schoolteacher Alberta Lessard protested in court her commitment to the Milwaukee County Mental Health Complex. Her lawsuit went all the way to the U.S. Supreme Court, which ruled that mental patients should be afforded the same constitutional protections as criminal defendants, including legal representation.

The court made the right call. And considering the advent of newer, increasingly more effective drugs to treat mental illness,

deinstitutionalization could have worked had society taken the steps and spent the money to see that it would. But it's long past time to lament the shoulda-beens.

There are clearly remedies. Local and state governments must establish standards and licensing for homes that take in the mentally ill, prohibit landlords from directly receiving disabled tenants' Social

Security checks and require city building inspectors to report any illegal group homes or suspected homes to the state, which should investigate charges of illegal activity at all group homes, not just those homes that are licensed.

Other remedies, such as creating more group homes and low-income housing, are going to be politically far more challenging, especially given the chilling effect of a looming taxpayer bill of rights. But also, sadly, because NIMBYism will dictate "not in my backyard."

What the mentally ill need most now are champions, in the Legislature and in the private sector. Providing this succor will measure whether society is compassionate enough to care for its most vulnerable or whether it will be content to saddle the already stigmatized with further pain and degradation.

Steps taken to aid mentally ill

Officials to consider laws to improve housing; advocates call for reforms

By MEG KISSINGER
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Posted: March 21, 2006

Public officials and mental health advocates hustled Tuesday to find ways to improve conditions for people with mental illness who are living in squalor.

Officials from the city, county and state moved quickly in response to a Journal Sentinel investigation that found hundreds of mental patients living in illegal or unregulated homes, many filthy and dangerous, some deadly.

"Instead of pointing fingers, we need to work together to find a solution," said state Rep. Tamara Grigsby (D-Milwaukee), whose district includes many of the homes that the newspaper highlighted.

- State Sen. Carol Roessler (R-Oshkosh), chairman of the Senate Health Committee, is scheduling a hearing for early April to consider legislation that would require building inspectors to close down homes with too many code violations. The committee also will look at prohibiting psychiatric case managers from placing their clients in homes that are unsafe and unregulated. Roessler was encouraged to do so by state Sen. Alberta Darling (R-River Hills). The committee also will consider requiring the state's Bureau of Quality Assurance to

investigate all complaints of illegal group homes and better monitor the living conditions.

- Milwaukee Mayor Tom Barrett met with city building inspectors Tuesday to urge them to identify homes that are particularly dangerous. He directed inspectors to work with county psychiatric case managers to come up with a strategy to get people out of dangerous homes. Barrett said he would offer city employees to inspect group homes for the state for a fee, as they do for restaurants, hotels, grocery stores and commercial buildings. "We would need to be paid for this," Barrett said. "We are not looking for another unfunded mandate."

- Jim Hill, administrator of Milwaukee County's Behavioral Health Division, met with psychiatric case manager supervisors Tuesday to identify unsafe and unsanitary places. The county is moving the 15 people who live in landlord Lois Wimmer's house or the houses owned by Dawn Powell and who are under their care. Wimmer and Powell were highlighted in the newspaper series. Their houses had dozens of building code violations, and both women had been fined thousands of dollars by the city but still took in patients from the county.

Hill said he would push for more supportive apartments and group homes. The county is also putting together a provider network that would establish certain standards. Any landlord whose buildings do not meet the standards would not get tenants from the county.

- State Rep. Sheldon Wasserman (D-Milwaukee), a physician, called for a legislative study on allowing doctors to initiate commitment proceedings for their patients who are dangerous. Wisconsin is one of a few states that require police to initiate such a petition. Doctors have complained that the involvement of police in such situations adds unnecessary tension.

- Advocates for people with mental illness called for the city and the county to set aside 100 housing units a year for the next five years for people with mental illness. Peter Hoeffel, an advocate with Disability Rights Wisconsin, said the group will join forces with the Milwaukee Trust Fund Coalition, which advocates for more low-income housing, to expand the number of subsidized housing units in the city.

Sandy Pasch, president emeritus of the National Alliance on Mental Illness of Greater Milwaukee, said she was heartened to learn of steps to improve conditions for those with mental illness. But she challenged legislators to do more.

"How about parity for insurance for mental health?" said Pasch. "It's great for Alberta Darling to talk about improving housing, but the reason they are living in such bad houses in the first place is that they can't afford mental health care without insurance."

Diane Greenley, a lawyer with Disability Rights Wisconsin, said she will be calling for more oversight when she speaks Thursday in Milwaukee at the Milwaukee Mental Health Task Force summit on housing and stigma.

"These stories showed how deplorable the living conditions are for some people," she said. "We all contribute to the problem by not confronting stuff like this."

Democrats and Republicans agreed on the need for reform.

"Every family is touched by mental illness," Wasserman said. "Will fixing this problem cost money? Yes, it will. But what kind of society are we if we don't take care of these people?"

Said Darling, "The basic role of government is to

protect those who cannot protect themselves."

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300 meet to push for better living conditions for mentally ill

Some in unregulated homes to be monitored

By MEG KISSINGER
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Posted: March 23, 2006

More than 300 mental health care providers, consumers and advocates meeting Thursday vowed to do more to protect people with mental illness who are living in squalor. They pledged to take specific action and criticized politicians who might say they support reform but have shown little to prove it.

Living conditions for some of the county's sickest patients are unacceptable, said Jim Hill, administrator of Milwaukee County's Behavioral Health Division, in his opening remarks at a meeting of the Milwaukee Mental Health Task Force.

Hill said he was grateful for a series of articles that appeared this week in the Journal Sentinel that revealed how hundreds of the county's sickest patients are living in unregulated homes. Many of the patients live in broken-down buildings with rats, roaches and broken toilets, in high-crime neighborhoods without adequate heat and food.

Hill said he, too, struggles with mental illness, and that a bout with clinical depression 12 years ago nearly killed him. That experience has emboldened

him further to do what he can to help others who suffer from mental illness, he said.

"Let's get to work," Hill said.

Task force organizer Sandy Pasch said she was disappointed that more public officials invited to address the problem didn't show up at Thursday's meeting at the Italian Community Center. They included Gov. Jim Doyle, Milwaukee Mayor Tom Barrett and Milwaukee County Executive Scott Walker. She chided lawmakers who have promised legislative studies on how to ensure cleaner, safer housing for people with mental illness.

"It's going to take a lot more than that," Pasch said. State Sen. Carol Roessler (R-Oshkosh), chairwoman of the Committee on Health, Children, Families, Aging and Long-Term Care, has called for a hearing on the situation early next month.

Shirin Cabraal, managing attorney for the Milwaukee office of Disability Rights Wisconsin, an advocacy group for people with disabilities, said her office will monitor where the county puts patients who were highlighted in the newspaper's investigation and found to be living in homes with dozens of code violations.

Dianne Greenley, supervising attorney of the group's Madison office, scolded herself and the audience for allowing people with mental illness to live in squalor.

"I've known about this for years," she said. "We all have. We cannot accept this."

Mike Soika, part of a group that is calling for the city to form a housing trust fund to provide low-income housing, challenged the audience to do specific things to guarantee that people with mental illness are not hidden away in the deplorable conditions that the newspaper discovered - for example, a

woman with schizophrenia sitting on a bare mattress soaked in her urine and another woman with psychotic delusions living in a place with rats and roaches.

"We have to inspect, to close down, to monitor," said Soika.

He urged everyone to call Walker and Barrett to insist that the county and city set aside 100 housing units a year for the next five years specifically for people who have mental illness who are living in poverty.

A recent study by the U.S. Department of Housing and Urban Development says that Milwaukee County needs 28,000 more housing units to satisfy the demand.

"It's not complicated," Soika said. "The way to solve homelessness is to put people in a house."

In the past 25 years, the number of people in Milwaukee living in crowded conditions has increased by 14,000, or 76%, he said.

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Ejected from hospitals, patients have no parachute

By MEG KISSINGER
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Posted: March 30, 2006

People with mental illness are suffering in squalor in Milwaukee because policy-makers were too quick to empty psychiatric hospitals without making sure there were enough safe places for them to live, members of a panel said Thursday.

"We could all be doing more," said Bill Bazan, a vice president with the Wisconsin Hospital Association.

The panel, meeting at Turner Hall as part of the 4th Street Forum lecture series, called for reforms to address the problems revealed in a recent Journal Sentinel investigation that dozens of people in Milwaukee with severe mental illness are placed in illegal homes with dozens of building code violations.

"We de-institutionalized without effective community mental health in place," said Jon Lehrmann, residency training director and assistant professor of psychiatry at the Medical College of Wisconsin.

Sandra Pasch, a member of the Milwaukee Mental Health Task Force, said many forms of mental illness are "incredibly treatable" but, because there is no parity for mental health treatment in Wisconsin, many people do not seek the help that they need.

Wisconsin is one of only 16 states that does not provide parity for mental health coverage. The

insurance limits, set in 1985, are capped at \$7,000 for in-patient care and \$1,000 for outpatient treatment, "barely enough to cover anything in today's economy," Pasch said.

William Greer, executive director of the Mental Health Center of Dane County, said many myths about mental illness persist, including the belief that mental illness is more expensive to treat than other forms of illness. "That's just not true," he said.

Greer said he has known of people who intentionally get arrested because they know that they will get better mental health care in prison than in the community.

Bazan said some Milwaukee hospitals have reported patients who have gone to the emergency room as many as 250 times in a calendar year because they could not afford to get the psychiatric medication that they need.

"We set the bar too high when we de-institutionalized," Lehrmann said.

Now laws make it too difficult to get patients the help they need, he said. As an example, laws outlaw the administration of electro-shock therapy without a patient's consent, even if the patient's guardian agrees.

"It's true that these procedures used to be risky, but they no longer are," Lehrmann said. "In fact, they are more effective than some anti-depressant medications."

The biggest need, they agreed, was for better housing, particularly group homes or supervised housing for people who can be more independent than being in a hospital but are not well enough to live on their own.

"We are not keeping people in the hospital long

enough to get them the help that they need," Lehrmann said. "People are being released too soon."

The newspaper series has prompted two public meetings. The County Board's Health and Human Needs Committee will discuss the problem at its next meeting at 9 a.m. Wednesday. The state Senate's committee on health, children, families, aging and long-term care will meet at 10 a.m. in 411 South of the State Capitol to discuss ways to ensure better living conditions for people with mental illness.

The 4th Street Forum discussion, "Mental Illness: Common, Costly, Neglected," will be televised at 10 p.m. today on MPTV (Channel 10) and repeated at 3 p.m. Sunday on MPTV (Channel 36).

The stigma of mental illness

It's time to banish myths, misconceptions

By **JAMES M. HILL**

Posted: April 1, 2006

Mental illnesses of all kinds exist in every neighborhood in this county. They don't care what sex or color you are, what faith you embrace or how much money you make.

Yet despite their ubiquitous presence, all too many of us uncritically accept myths, misconceptions and misinformation about these illnesses and about the people who suffer from them.

And for people with mental illnesses, those myths, misconceptions and misinformation make an already challenging daily struggle that much more difficult.

Our purpose here is to define stigma, confront its pernicious force and explore ways to break its determined hold on how we think about mental illnesses and how we relate to people who cope with them.

Stigma is prejudice wrapped in shame. Like most other forms of prejudice, these myths, misconceptions and misinformation are forged on the anvil of ignorance. They are hardened by fear.

And they are sustained and perpetuated when they are allowed to stand unchallenged.

We will identify stigma's many cruel and unpleasant

faces. We will explore how stigma marginalizes and dehumanizes.

We will talk about how it impedes not only our ability but even our willingness to do what is right, just, humane and essential for the very survival of some of this community's poorest and most vulnerable citizens.

We will identify ways to confront stigma's presence in our midst.

We will commit ourselves to actions which replace ignorance with enlightenment and information, and shame with dignity, respect and hope.

We will educate and inform people about how mental illnesses affect - and don't affect - the lives of the one in five of us who struggle with them.

I can think of no better way or place to begin this conversation than to reflect on the disquieting and tragic stories in which Milwaukee Journal Sentinel reporter Meg Kissinger documented the conditions many of those with mental illnesses face in this community every day in her recent three-part series.

And make no mistake: Stigma is both a responsible party to these wretched conditions and a powerful force standing in the way of their improvement.

We will work together - government agencies, policy-makers, the media, service providers, advocates, consumers and all people of good will - to fashion meaningful and enduring housing alternatives that restore dignity to those who have been pushed aside, shunned or overlooked.

Neglect of human need, marginalization, discrimination, stigma, prejudice, and ignorance have no place in a free and enlightened society.

We have the ability to banish them from our midst

once and for all. Let us redouble our efforts to get this job done.

As important as the housing issue is, it is by no means the only evidence that stigma against people who suffer mental illnesses is alive and well:

Stigma is, in large part, responsible for the fact that many insurance companies will not cover treatment for people suffering these illnesses.

Stigma's shaming character is responsible for keeping individuals with mental illnesses from seeking treatment for the diseases that harm them. The cost of this stigma-induced barrier is staggering and deadly.

Stigma is in part responsible for zoning laws that keep facilities providing shelter and support for people with severe mental illnesses out of neighborhoods and communities.

Other examples of stigma's malignant effects abound. One way to overcome these effects is to create an environment in which people who are suffering mental illnesses are able to acknowledge and discuss them aloud.

Let me do so here. I have a mental illness.

Mine happens to be severe and chronic depression. I have had this illness for as long as I can remember. Genetic in origin and exacerbated by a difficult home environment, I, along with six of my 10 brothers and sisters, exhibit symptoms of this painful disease.

For most of my life, I had suffered its debilitating effects in silence, unable to understand what was "wrong" with me. I was constantly told to "quit moping!" And "snap out of it!" I was shunned by people who found me too "depressing" to be around.

For weeks at a time while in the trough of periodic major depressive episodes, I barely ate and often found it nearly impossible to move.

Thirteen years ago, this mental illness almost killed me. Thanks to stigma, that near tragedy was the only thing that forced me to examine what was "wrong" with me. Even after I sought the help that saved my life, the residual effects of stigma followed me around.

I resisted medication. Why? Because, I told my doctor, I didn't want to walk around in a rose-colored, speech-slurred fog, which I believed is what anti-depressants would do to me. Wrong!

And therapy? Forget it! What if people found out? They'd think I was crazy! I'm not crazy, I told myself.

All I need to do is slap myself around a little bit, tell myself to knock off the moping and everything would be fine. Wrong again.

This is the personal face of stigma, and there are countless people suffering from mental illnesses more serious than mine who tell similar and often far more harrowing variations on these themes.

To them, and to all in our community who suffer these diseases in silence, we owe our commitment to remove the stigma-bred barriers that keep them from getting life-saving help.

Mental illnesses are not character flaws, and they are not a crime. They are illnesses for which effective treatments are available and from which recovery, I am happy to stand here and tell you, is possible.

Thank you for being here for them. Let's get to work.

James M. Hill is administrator of the Milwaukee County Behavioral Health Division. This article is

excerpted from remarks he made at a recent mental health conference.

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Federal funding cuts could hurt hundreds

Mental health case workers may be lost

By MEG KISSINGER
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Posted: April 3, 2006

Even as Milwaukee County officials reel from revelations that some of the most severely mentally ill residents are living in squalor, policy-makers are bracing for the possibility of more program cuts to these people.

"The result could be devastating," warns Rob Henken, director of the county's Department of Health and Human Services. "This would really hurt."

The county is in a position to lose \$1.3 million in Medicaid funding for a program known as targeted case management, which provides medical, social, educational and occupational services to people with severe mental illness. At last count, the county had 1,318 residents enrolled in the program.

If the federal government cuts funding, some 300 people could lose their eligibility, Henken said in a memo to County Executive Scott Walker; Richard Nyklewicz, chairman of the County Board's finance and audit committee; and Linda Seemeyer, director of the county's Department of Administrative Services.

The county could lose another \$1 million in funding for similar programs for children with

developmental disabilities.

That's because in February, Congress passed the Deficit Reduction Act of 2005, which includes provisions that might restrict or even eliminate Medicaid funding for targeted case management services.

Of most concern to Milwaukee County, Henken said, is language that suggests that the federal government would bow out of funding the case management services program, therefore leaving the county stuck with the bill.

Making matters potentially worse, the payments could be withdrawn retroactively to Jan. 1, 2006, Henken said. Even if the county escapes funding cuts in this year's budget, it is vulnerable to lose them in the 2007 budget year, Henken said. All counties would be affected by this possible cutback.

Word of the possible cuts had advocates for people with mental illness outraged.

"For many of the most severely mentally ill, the only thing keeping them going is their case manager," said Michelle Czuba, executive director of the Milwaukee chapter of the National Alliance on Mental Illness. "The case managers are the ones who check to see if these people have taken their medications, if they have gone to their doctors' appointments, if they have decent housing. Right now, we don't have enough case management. We can't afford to even entertain the thought of cutting back."

Henken recommends that the County Board does not cut any programming until it is known if the federal government will stop paying for these services.

The Journal Sentinel reported last month that hundreds of the county's most severely mentally ill patients are placed in illegal homes each year, many

in squalid conditions with dozens of building code violations. Targeted case management was a plan put in place in communities as psychiatric hospitals were closed. The public policy was to enhance mental health care in the community as inpatient care was phased out. Policy-makers conceded that certain people with chronic and severe mental illness needed some kind of supervision. Targeted case management was meant to provide that.

The County Board's Health and Human Needs Committee is meeting at 9 a.m. Wednesday to discuss the newspaper's findings and to get a report from Jim Hill, administrator of the county's Behavioral Health Division, on plans to secure clean and safe housing for people with severe and chronic mental illness. The county has identified some 15 to 20 people who have been placed by the county in homes that are considered dangerous.

County panel hears appeal for improved housing

Other remedies urged to improve conditions

By MEG KISSINGER
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Posted: April 5, 2006

Jim Hill, director of Milwaukee County's Behavioral Health Division, urged County Board members on Wednesday to do what they can to improve housing for or hundreds of people with mental illness who are living in squalor and in dangerous neighborhoods.

Hill and other county administrators were called before the county's health committee to address problems revealed last month in a Journal Sentinel investigative series. The newspaper found hundreds of people in the county with severe mental illness who are placed by their caseworkers in dangerous neighborhoods, many in squalid conditions - places with rats, roaches, no heat, broken toilets, broken smoke detectors and defective porches.

"These stories and images should haunt us," Hill said. "My hope is that they inspire the community to support thoughtful and positive initiatives to address the complex needs of this very vulnerable population. My worry, however, is that if we are not vigilant, sensitive and informed, they may produce results that will worsen the already difficult circumstances (people with mental illness) face."

Hill praised the caseworkers who are assigned to help people with mental illness find places to live, to take their medication, to keep their doctor appointments and to get effective programming. He said he was concerned that the articles might have left the "unintended impression that there has been a wholesale abandonment of persons with mental illness in this community, and that the stories may inadvertently feed the very prejudices and stigma associated with this population that so many work so hard to dismantle."

In response to the stories, the county has assigned a person to be a housing coordinator to focus on getting safe, affordable housing for people with mental illness. County workers are now working with city building inspectors to try to improve squalid conditions.

Community members speaking at the meeting urged a host of remedies, including mental health parity to compel private insurance coverage for mental health issues; state funding for housing waivers for those whose only income is Social Security disability payments; more county housing coordinators; and the county's support of a housing trust fund that would provide low-income housing. The waiting list for subsidized housing in Milwaukee is five to seven years.

Joe Volk, a housing advocate, chided County Executive Scott Walker for lacking leadership on this issue.

"He hasn't made one public statement," Volk said. "Where's the leadership?"

County Supervisor Roger Quindel called for his colleagues to re-examine their priorities. If they can find money for parks and art, they can find money for people, he said.

"This is a problem for all of us," he said.

Hill said he was hopeful that the articles would spark change.

"The stories told of conditions that no one can deny and that no one should tolerate," he said. "They remind us of the work we have yet to do to meet the needs of this vulnerable population."

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State senate panel promises help

Agencies to make recommendations on care, housing

By MEG KISSINGER
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Posted: April 6, 2006

State Senate committee members promised Thursday to present recommendations to Gov. Jim Doyle and the state Legislature to improve conditions for hundreds of people in Milwaukee County with severe mental illness who are living in dangerous and wretched conditions.

"We are on this," said state Sen. Carol Roessler (R-Oshkosh), chairwoman of the Committee on Health, Children, Families, Aging and Long-term Care.

She ordered representatives of the state Bureau of Quality Assurance and the Milwaukee County Behavioral Health Division to submit recommendations before the committee takes up the matter again in three months.

"Let us know what we need to do to help you," she said. "No one should be living in these kinds of places."

The hearing by the state Senate committee was called in response to a series of articles last month in the Journal Sentinel. The newspaper found that hundreds of people in Milwaukee County with severe mental illness are living in dangerous and

sometimes deadly conditions, places with rats, roaches, broken toilets, no heat, broken smoke detectors and structural defects where some landlords serve moldy or stale food.

Mental health care administrators and advocates attending Thursday's four-hour hearing seemed relieved and heartened by the committee's willingness to pursue the matter.

"We need help from this body," said Jim Hill, director of the county's Behavioral Health Division. "We need someone to relieve the huge financial burden."

After the meeting, Hill said he was encouraged by the tone of the hearing, which seemed to be fixed on solutions, not assigning blame.

"This is a good start," he said.

Earlier, committee members were told that Milwaukee County mental health care workers are in violation of a court decree to not release people from psychiatric care to places that aren't clean and safe.

Multiple system failures

"There are multiple system failures here," said Shirin Cabraal, managing attorney for the Milwaukee office of Disability Rights Wisconsin, an advocacy group that sued the county in 1992 for violating laws that protected people with mental illness.

"The county promised not to do this in the consent decree to settle the suit," Cabraal said. "It didn't happen the way it was supposed to. City building inspectors have dropped the ball. County case managers failed to vigorously protest conditions that they knew were not right. The state Bureau of Quality Assurance has not followed up as it should on complaints of illegal group homes."

Cabraal's testimony drew a heated response from Hill, the Milwaukee administrator.

"We are in compliance with the court decree to the best of our ability," Hill said. "I guarantee you that we are not flaunting that decree."

Milwaukee County provides \$6.2 million a year for housing subsidies for people with mental illness, making it the No. 1 source for housing for that group of people.

Still, Hill said, "Despite our substantial fiscal commitment, there is no denying the fact that we don't reach everyone who needs and could benefit from the services we provide. That failure is in part the result of a shortage of resources across the continuum of care, but especially in decent, affordable housing for low-income individuals."

State Sen. Alberta Darling (R-River Hills), who called for the hearing, said she sensed a lack of coordination among government agencies in getting people the help that they need.

"This is a fragmented system with gaps in coverage," Darling said. "Too many people are falling through the net. It seems to me that no one body or institution has made this a top priority."

All of the 12 people who testified on Thursday told committee members that Milwaukee County desperately needs more affordable housing, particularly supervised apartments and group homes for people with mental illness who cannot live on their own.

"I have a guy who started his apartment on fire a while ago," said Rich Brzeski, a nurse with the county's Behavioral Health Division for the past 18 years. "I have no idea how I can find him a place to live."

Brzeski said he found one of his clients who had been dead for two days of a perforated bowel, lying on the floor of the man's apartment. The man never should have lived alone, Brzeski said.

Hill told committee members that the "core question in the community debate is: 'Does the mental commitment law adequately balance the public interest in the safety and welfare of the individual with the rights of that individual to be free of government's coercive interference?' This is a controversial question, and there is no unanimity of opinion on its answer. But it needs to be thoughtfully discussed."

A push for more funding

Roessler ordered representatives from the state Bureau of Quality Assurance to look into ways of getting more federal funding and state dollars for housing for people with mental illness whose only income is from disability payments.

"If the Social Security Administration recognizes these illnesses as grounds for disability, why can't they get the support services that they need with remedies like housing waivers?" Roessler asked.

"Use these newspaper articles to appeal to the federal government," she said.

The committee will take up the matter again in July.

Living conditions no better in homes found for patients

At least 1 person is moved into unregulated place in past week

By MEG KISSINGER
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Posted: May 10, 2006

People with severe mental illness under the care of county case managers continue to live in filthy, dangerous and unregulated homes nearly two months after a newspaper series prompted promises of reform. And in at least one case, a person was moved into such a home within the last week.

A check on Wednesday found people living in the same vile conditions that had been detailed in a series of articles that appeared in mid-March. Three people - including one woman who had been sent there in the past few months - are living in a home in the 2700 block of W. Vliet St., despite the dozens of building code violations levied against the landlady, Lois Wimmer.

Previous code violations included rat infestation, broken toilets, no heat in the hallways, broken smoke detectors and dangling electrical wires. The Journal Sentinel detailed conditions at Wimmer's house, including Wimmer's serving of moldy food that she had gotten for free from a church-based charity.

Wimmer, 74, said Wednesday that she is trying to

sell her house. She said she has suffered from physical and mental illness in the past few years and is trying to find low-income housing for herself. She told a reporter and photographer that two people were living in her house. But a check of the rooms found three.

A woman who identified herself as Joan Curry, 55, said she had been placed in the home sometime in April by her case manager from Health Care for the Homeless, an agency under contract with Milwaukee County to provide oversight for county residents with severe mental illness. The place was a mess on Wednesday, with broken furniture strewn throughout and floors covered with what looked to be animal hair and excrement. Health Care for the Homeless Executive Director Lee Carroll said Curry has been living at Wimmer's for several months.

Living conditions for people with mental illness have changed in the last 30 years since a Milwaukee lawsuit altered the face of mental health care, from placements in locked wards to placements in the community.

Illegal group home?

Georgia Rawlings, 56, who had been featured in one of the March articles, moved last week into a home on the city's northwest side that city and county officials believe is operating as an illegal group home. Rawlings was recently evicted from her place on Milwaukee's west side after she allowed crack cocaine dealers to conduct business in her living room, repeatedly ignored warnings not to smoke cigarettes inside and defied rules by taking in a stray dog.

Rawlings, who, in addition to her mental illness has asthma, arthritis and sclerosis, crawls up and down the stairs at her new house on her hands and knees

because there is no handrail to hold on to.

"It's awful," said Rawlings, sobbing. Still, she does not blame her case manager for the fact that she is living in a bad situation.

"I did this to myself," Rawlings said.

Jill Rodriguez, Rawlings' case manager, said she could not discuss the case with a reporter. However, Jim Hill, administrator of the county's Behavioral Health Division, said he had talked to Rodriguez about the house and that she had checked it out and considered it to be "a nice place."

License disputed

Yvett Spencer, the landlady, told county officials that she has a license to operate the home in the 4400 block of N. 51st Blvd., known as Auer House, which is home to eight adults with severe mental illness. However, a check by the newspaper of city and state records finds that the place does not have a rooming house permit. Nor is it licensed as a group home. The house is listed in city records as a duplex.

"I honestly don't know what to say," said Hill, the administrator. "We obviously need to do a much better job on the front end of screening these placements so that we can avoid this embarrassing situation."

Hill and others have vowed to push for reform in the community mental health care system, in part by government agencies communicating more effectively with one another so people with mental illness are living in clean and safe places. Such was not the case at Auer House, state officials say.

Stephanie Marquis, communications director for the

state's Department of Health and Family Services, said that department received an anonymous tip last June that Spencer's duplex was being run as an illegal group home. Investigators did not go to the home to check. Instead, they sent a certified letter asking Spencer if this was so. She denied it, and the matter eventually was dropped. The city reported that it did not issue a permit for a rooming house.

Spencer said Wednesday that she has applied for a state license, though the state has no record of that. She said that she valued her job as a landlady to people with mental illness.

"Are you going to help me get a license?" she asked the reporter. "Who is going to take care of these people?"

The state began an investigation of the house on Tuesday after a reporter called to check on whether it had been licensed.

Hill says county case managers have a difficult time finding safe, clean and affordable housing for the county's most severely mentally ill residents, many of whom are on fixed incomes of \$600 to \$700 a month in Social Security payments. Matters are complicated further when those residents have criminal records or, as is the case with Rawlings, have been evicted several times.

Also on Wednesday, a County Board committee endorsed a study into people with mental health and other problems "falling through the cracks" and failing to get needed services. The board's Health and Human Needs Committee unanimously approved the study by county staff members, which is expected to be done by late summer.

Supervisor Willie Johnson Jr., a co-sponsor of the study, said it was prompted by the newspaper series. Johnson said the study was an effort to get needed help to people sooner. The resolution

authorizing the study states that Milwaukee County "has serious issues related to resources, standards. . . and overall accountability."

The measure goes to the full County Board today.

Steve Schultze of the Journal Sentinel staff contributed to this report.

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Decision must wait on rooming house

No verdict yet on home for mentally ill

By MEG KISSINGER
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Posted: May 18, 2006

The 92 men and women who live in one of the city's most controversial buildings will have to wait until June 8 to learn if they have to move.

The city's Board of Zoning Appeals heard testimony Thursday night about whether to close West Samaria, a rooming house predominantly occupied by people with chronic mental illness. But board members decided to postpone a decision on the building's fate until the next meeting. And so the saga that began last June, when the board first denied a special-use permit to allow the building to operate as a transitional living facility, will continue at least for three more weeks.

The 30-year-old building, built as a low-budget motel, has stirred intense passion in recent years among those who think the place is too dangerous for vulnerable people with mental illness or drug and alcohol addiction. Yet there are those with an equal measure of intensity who say that such arguments are thinly veiled excuses for those whose real agenda is to kick people with mental illness out of their neighborhood.

"There is an overwhelming need in this city for housing for people with mental illness," said Robert

Pledl, the lawyer representing Tri-Corp, the non-profit organization that operates the facility. Tri-Corp is asking that the city designate the building at 2713 W. Richardson Place as a transitional living facility. That would allow the place to be run as a care facility for its 92 residents. Such a designation provides more oversight than a rooming house but less than a state-licensed group home.

The request is fervently opposed by Robert Bauman, the area's alderman.

"The place is unfit for human habitation," Bauman told the board.

Since it opened in 1976, West Samaria, as it has been known for the past few years, has been a shelter for people with profound mental illness. In many ways, it is a de facto mental hospital. Mental health case managers and public health nurses visit daily, administering medications and checking on how the people who live there are faring.

To those who oppose it, West Samaria stands for everything that is wrong with housing options for people in Milwaukee with severe and chronic mental illness. The place is dingy and dangerous, they say, located in a section of town that is frequented by drug dealers. In July 2004, David Rutledge, a man with schizophrenia who lived at West Samaria, was beaten to death by neighborhood thugs just outside the front door. People with mental illness need a cleaner, safer environment, they say.

But others see West Samaria as the best available option for those with mental illness who live on fixed incomes of roughly \$680 a month in Social Security payments. As dismal as West Samaria might be, they say, it is better than the dozens, if not hundreds, of illegal rooming houses and group homes scattered throughout the county, run by landlords who take nearly all of a person's disability check in exchange for squalid conditions and

unhealthy food. The Journal Sentinel ran a series of stories in March that detailed the deplorable conditions.

Bauman has been trying to convince Tri-Corp to move its operation to the former Havenwoods nursing home, a 168-room facility in the 3300 block of W. Highland Blvd., just outside his district. But Mike Brever, TriCorp's executive director, says the \$2.5 million price tag is too expensive for his agency.

"Where am I going to get two and a half million dollars?" he said.

Bauman maintains that the place would be far superior to the current location because, unlike the W. Richardson Place facility, it has green space, parking, suitable elevators and bathrooms in every room.

"It's the Taj Mahal compared to West Samaria," said Bauman.

In the past several months, the zoning appeals board has received dozens of letters of support for the facility, including one from Jim Hill, administrator of Milwaukee County's Behavioral Health Division. Hill argues in his letter that he and his staff are concerned that "this vulnerable population will become homeless due to the lack of safe and affordable housing in Milwaukee" that West Samaria provides.

The Red Cross operates a program in the building that provides room, board and supervision for 17 adults with mental illness through a federal program known as Safe Haven. Like Hill, Red Cross officials have said that they are worried about an increase of homeless people with mental illness if West Samaria is forced to close.

Advocates for the homeless staged a demonstration

on Wednesday in the driving wind and pouring rain, constructing a village of cardboard boxes at Milwaukee's Red Arrow Park downtown to dramatize the possibility of losing low-income housing for 100 people in the heart of the city.

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County looking at St. Mike's

Hospital slated for downsizing could be new home for mental health complex

By MEG KISSINGER
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Posted: May 24, 2006

After decades of downsizing inpatient psychiatric services, the Milwaukee County mental health complex is considering a move from its campus in Wauwatosa to St. Michael Hospital on Milwaukee's north side, according to county officials.

"We are simply developing options," Rob Henken, director of the county Health and Human Services Department, said Wednesday. "These obviously are matters for public policy-makers to decide."

Such a move might well be embraced by people with mental illness and their advocates, who long have complained that the mental health facility is not easily accessible by public transportation.

Typically, people with severe mental illness live on fixed incomes of less than \$700 a month and can afford to rent only in poorer neighborhoods in the city, closer to St. Michael, at 2400 W. Villard Ave., than to the Behavioral Health Division campus at 9455 W. Watertown Plank Road.

"It makes sense to have a more centrally located clinic," said Michelle Czuba, executive director of the Milwaukee chapter of the National Alliance on

Mental Illness, an advocacy group. "Because of the de-institutionalization, the county mental health complex has become a white elephant. They might as well sell it and get good use out of the money."

Czuba said many people with chronic mental illness are driven to the complex by their case managers, whose time would be better spent doing more meaningful services than serving as chauffeurs.

Public policy nationwide has shifted in the past several decades from inpatient treatment of people with severe and chronic mental illness to community-based care.

Numbers have fallen

The number of people receiving inpatient care on any given day at Milwaukee's Behavioral Health Division, the county's psychiatric hospital, has steadily fallen from 408 in 1979 to fewer than 258 adults and adolescents. The day hospital used to treat 80 patients a day; it now treats 20. In addition, the Medical College of Wisconsin, which once maintained offices at that location, no longer does so.

Because of those vacancies, the costs of running the facility are "exorbitant and out of line with most other hospital and nursing home facilities," Henken said in his annual state of the department address in January. Jim Hill, administrator at the Behavioral Health Division, said officials were uncertain of precisely how much higher their costs were because of the vacancies, but "we know that they are."

What treatment costs

The county spends \$691 a day for adults who get inpatient care at its mental health facility and \$1,456

for adolescents, according to the 2005-'06 budget. The daily cost for nursing home care at the county's Hilltop facility for people with mental illness is \$428 a day.

The county has been considering a move for several months and is planning to hire consultants to help with a move. St. Michael is one of several options being considered, including the possibility that the county won't move at all, Henken said. The county hopes to make a decision by fall, Henken said.

St. Michael officials announced earlier this month that they would be closing the emergency room and most other departments by June 5, citing a loss of several million dollars annually. A bulk of the patients treated there are indigent.

Anne Ballentine, director of public relations for Wheaton Franciscan Healthcare, which owns St. Michael, confirmed that the hospital has had discussions with the county about the property.

'One of many options'

"It's one of many options we are considering," said Ballentine.

The health organization has hired Irgens Development Partners, a real estate development firm, to explore options for the building. The hospital also is encouraging input from neighbors on the best use for the building, Ballentine said.

The closing of St. Michael renewed interest in the county's option to move, Henken said.

"This is the time for us to really look at it," he said. The possibility of moving has led the county to defer maintenance at the Watertown Plank Road facility.

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State fines woman operating unlicensed group home

Landlady uncooperative as allegations surface

By MEG KISSINGER
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Posted: June 6, 2006

A Milwaukee landlady who is accused of illegally housing as many as 11 people with chronic mental illness - refusing to allow one of them to leave and compelling some of them to contribute money to buy her birthday presents - has been fined \$2,300 by the state's Department of Health and Family Services.

Yvett Spencer will be fined \$100 a day from now until she gets a license or each resident is discharged.

She is also under orders to stop admitting any more residents. Likewise, the city has ordered her to vacate.

Spencer, who leases the house at 4464-68 N. 51st Blvd., known as Auer House, is operating an illegal group home there, state inspectors found.

A Journal Sentinel investigation earlier this year found hundreds of people with chronic and severe mental illness living in unlicensed, unregulated homes that serve as stealth mental hospitals. City building inspectors told the newspaper that they

know of "dozens and dozens" of illegal group homes for people with chronic mental illness in the city, "more than we can count." Spencer's business is typical of the kind of place that the inspectors described: Spencer directly received some of her tenants' Social Security checks and paid herself first. The state alleges that she is dispensing medications without authority.

Spencer is not cooperating with the investigation. She refused to accept a copy of the state's order when it was delivered to her by certified mail three times last week, said Stephanie Marquis, communications director for the Department of Health and Family Services. The department reissued the order and sent it through general mail service on Tuesday. Spencer has until June 16 to appeal the order or it is assumed that she is in violation. Spencer also has refused to respond to questions from the Journal Sentinel.

Spencer was featured in a May 11 Journal Sentinel article, which noted that people who were enrolled in the county's community mental health program were living there, despite the duplex's status as a probable illegal group home. The house lacked a guardrail on the stairs, even though residents there have difficulty walking, and the screens on the windows were missing. Some residents reported that they were verbally abused by Spencer.

Georgia Rawlings, a woman who was featured in the Journal Sentinel's series in March, was moved from Spencer's to a supervised treatment facility a few days after the story ran, but three other clients of Milwaukee County's Behavioral Health Division remained living there.

Spencer at that time told Jim Hill, director of the county's Behavioral Health Division, that she had a permit from the city to run a rooming house, but she did not and does not. She also told him she had a group home license, but Marquis said Tuesday

that Spencer has never applied for a license. Believing Spencer's claims to be true, Hill did not initiate any plans to encourage the three clients of the county who still lived there to move.

"Frankly, I don't know what to believe anymore," said Hill on Tuesday after receiving a copy of the state's order.

Case managers will take the three residents in the care of county agents on a tour of another facility today in hopes that they will move from Spencer's. Without a court order, the county cannot compel a person to live in one place or another, Hill said.

It is not known what would happen to the other tenants.

A new investigation

Abuses of the system are particularly frustrating, Hill said, because the quality of housing is so poor for people with mental illness living on fixed incomes below the poverty level. The newspaper found dozens of people in the care of the county living in squalor and dangerous, sometimes deadly, conditions.

"Landlords like Ms. Spencer who are willing to take in our clients with mental illness are the backbone of our housing network," he said. "But we can't have them if their services are beyond their capabilities and licensure. We can't risk the safety of our clients like that."

The state first received a complaint against Spencer in June 2005 alleging that she was running an illegal group home.

State inspectors did not visit the house then but questioned Spencer through mail and phone calls.

State records show the department did not find sufficient evidence and the case was closed in July. At that time, Spencer was told she would need a license to continue supervising the dispensing of medications and bathing tenants.

But after the Journal Sentinel's article in May, the state reopened its investigation. This time, the state sent investigators to the home. A man on the porch told investigators that five men and six women lived in the building. But Spencer refused to allow inspectors inside to verify that. She also would not answer their questions.

One tenant's story

The state also received a complaint about Spencer in mid-May from Wisconsin Disability Rights, an advocacy group for people with disabilities. The group was following up on complaints that Spencer would not let a woman move out in order to live with her sister.

According to Liz Ford, an advocacy specialist for the organization, the tenant, who is blind, was moved to Spencer's from a nursing home in February 2005 with the promise that Spencer's house was a fully licensed group home and that Spencer would be able to dispense medications and help her with daily living skills, such as bathing and dressing herself.

The woman received \$643 a month in Social Security disability payments. Spencer served as her payee, receiving the money directly from the federal government. Though room and board was \$500 a month, the woman typically received only \$15 a month from Spencer, Ford said. The rest of the money was used for parties that Spencer hosted. Spencer made the woman and other tenants contribute money to Spencer for Spencer's birthday

party, the woman told state investigators. The woman said Spencer had what she called "a money tree" and that tenants were made to put dollar bills on the tree for Spencer's birthday present.

When the woman asked that her sister replace Spencer as her payee, Spencer lied to federal workers and said the sister had been charged with abusing the woman, Ford said.

Problems continued when the woman told Spencer she wanted to move in with her sister. Spencer got angry and refused to allow her sister in the house. Spencer also refused to release the woman's medications and her other belongings when she tried to move out. Ford then called Spencer and threatened to call police. Only then did Spencer back down, Ford said. The woman moved out in mid-September. Spencer continued to receive the woman's Social Security checks until January, when Ford and the woman went to the Social Security office to make certain that the address was changed. The woman never received her checks in October, November or December, she told inspectors. The woman's checks have not been returned to the Social Security office, the state found.

Rooming house gets two years to shape up

But zoning board still wants facility to relocate

By MEG KISSINGER
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Posted: June 8, 2006

Owners of West Samaria, the rooming house on Milwaukee's west side that is home to some 92 people with severe and chronic mental illness, were spared Thursday from being forced to close their business, but not before getting a tongue-lashing for running a poor-quality facility.

"This is a very sad and tragic statement for our society that this is the best that we can do for these people," said Craig Zetley, chairman of the city's Board of Zoning Appeals. "There are some who say that we should put the people who live there out on the streets. That would be the best thing for them. I am not one of them."

Neighbors and mental health advocates have been following the saga of West Samaria with great interest for the past several years, looking at the debate as a Rorschach test for addressing the housing needs of people with severe chronic mental illness. One side, led by the alderman for the district, Robert Bauman, argues that the place is in such a dangerous neighborhood and the conditions are so slovenly that it should not be made available to house such a vulnerable population. Others argue that objections to West Samaria are smokescreens to hide the fact that the neighbors

don't want people with mental illness in their community.

The matter was intensified two years ago when David Rutledge, a man with schizophrenia who lived at West Samaria, was beaten to death outside the building. Last year, the Board of Zoning Appeals voted to deny Tri-Corp a 10-year special use permit to designate the building as a transitional living facility. It looked as if the place would be shuttered.

But the board effectively reversed itself on Thursday, voting 5-0 to grant Tri-Corp a two-year special use permit to continue to run the facility at 2713 W. Richardson Place. The permit comes with two conditions: The owners have to provide measures to eliminate loitering, litter and excessive noise; and they have to meet quarterly with city, county and state officials to work toward getting an alternative location for the facility.

"We are thrilled," said Jeanne Lowry, a nurse for the Red Cross, which operates two programs in the building for people with mental illness who are homeless. "I am looking forward to working with the city and the county and the state to talk about how we can serve these people better. We can't do it on our own."

Gregory Cook, the lawyer who represented the city in the case, said the matter is not over. Rutledge's family is preparing a wrongful death lawsuit against Tri-Corp, the security company that it hired to patrol the building and the young men who beat Rutledge to death.

Zetley, the zoning board chair, took the occasion of the vote to give a lecture on the sorry condition of housing in Milwaukee for people with mental illness whose incomes are limited to roughly \$512 a month in Social Security payments.

"We've got to find a better location than this for

these people," Zetley said. "Somebody's got to protect them, because no one is doing that now. These issues are not getting any easier. It's time for each party to stop passing the buck and think that, by giving them \$512 a month, we are actually helping them."

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Making a home amid the squalor

Months after filthy living conditions were exposed and vows of action were made, an analysis finds hundreds of county patients living in places with health and safety flaws

By MEG KISSINGER
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Posted: July 8, 2006

Alarmed at the images of people with mental illness living in Milwaukee amid rats and roaches, county and state officials pledged in April to do all that they could immediately to get those people out of danger.

They offered to move the 15 who were highlighted in a newspaper series about the dangerous, sometimes deadly living conditions. Ultimately, six people were moved, some to other places with substantial health and safety problems.

But the problem goes far beyond those 15 people. Hundreds in the county's mental health system are living in filth, an analysis by the Journal Sentinel has found. The records reveal hundreds of rooming houses and apartments with dangerous conditions. In some cases, the county pays the landlords who run these places to take in people who are in mental health programs.

The newspaper reviewed the property records for the past five years of the 148 landlords listed on the county's directory of providers for Wiser Choice, a community mental health program for people with drug and alcohol abuse history. The records, representing more than 600 properties, show:

- More than two-thirds of the properties on the list are places with serious health and safety violations. A vast majority of the homes are in high-crime neighborhoods.
- Typical violations include infestations of rats, mice and roaches, no heat, no fire alarms, broken toilets, exposed asbestos, raw sewage backing up into the sinks, no running water, broken door locks and windows painted shut. In one case, neighbors reported 11 people living in a place sharing one bathroom and some tenants sleeping in the basement. In another case, a woman was locked in her upstairs apartment, and when she called the landlord, he told her that he could not come over and get her out for an hour or more. She ended up calling the police.
- The newspaper found several instances in which the landlords repeatedly had been found guilty of multiple building code violations, failed to fix the problems and were fined in municipal court. In some instances, the properties were condemned.
- At least six landlords were cited for running illegal group homes. None of the cases was brought to the state's attention for investigation, even though police officers reported one suspected illegal group home to the Department of Neighborhood Services.

Landlords looking to do business with the county through the mental health programs are required to provide financial information but not to have their properties inspected.

When told of the newspaper's findings, Jim Hill, director of the Milwaukee County Behavioral Health Division, said that his department was trying to set up a way to screen out bad landlords.

"My hope for the system is that we will do business only with those who take pride in their properties and are humane to people with mental illness," he said. "Unfortunately, we're not there yet."

He gasped when he saw the pile of building code complaints against the landlords the county uses.

"Oh my God," he said as he looked at a building inspection record of a place in the 2700 block of N. Palmer St. The place was cited for rats, roaches, bathroom leaks, no smoke detectors, windows painted shut, a defective upper porch and shorts in the fuse box. "No one deserves to live like that - not in this community, not in this country."

Hill is expected to testify on Thursday before a state Senate committee to address what measures the state and county have taken to correct the problems. Hill submitted a memo last month listing the remedies the county has made since the Journal Sentinel first reported on the housing conditions in March. The county promised to set up an inspection system. "Right now, they are just conversations," Hill said. "We need action."

Even the action the county has taken so far - moving a handful of people into new housing - has been criticized by advocacy groups as ineffectual.

"They went from one dump to another," said Shirin Cabraal, a lawyer with Disability Rights Wisconsin, an advocacy group for people with disabilities that has been tracking those in the county's care.

Sinikka Santala, administrator of the state's Division of Disability and Elder Services, will also testify at Thursday's hearing. She said in an interview last

week that she was disappointed to learn of the continued housing violations. She repeated that the state does not have the authority to force owners to clean up the buildings unless they are licensed to run group homes or care facilities. None of the properties in the county program is licensed by the state.

"We are limited in what we can do," Santala said. "This is very frustrating for all of us."

Money didn't follow patients

Mental health care workers have expressed concern for years that the money to care for psychiatric patients who once were institutionalized did not follow them into the community as mental health hospitals shut down. Thousands of people were discharged without a place to live. The burden of finding housing would fall to the county and its case managers.

Typically, people with severe mental illness who cannot work get between \$600 and \$700 a month in Social Security payments, not enough to afford a decent place to live.

"This is the face of poverty," said Hill. "It is, of course, made more complicated by the fact that the people have mental illness."

Yolanda Walton, 37, who suffers from depression and has been hospitalized several times since 1995, lives in a roach-infested apartment on the second floor of a burned-out building in the 2000 block of W. Atkinson Ave.

"I've called the landlord three times about this," she said, pointing to the bathtub, clogged with fetid water. "It's been like this for five days."

Her son, Christopher, 16, lies on a mattress in the living room, trying to sleep, despite the noontime sun streaming through the windows and the clamoring of workers upstairs carting away the damage from the fire a few months earlier.

Walton says she pays \$550 a month for the one-bedroom apartment.

The place is owned by Lee Holloway, Milwaukee County Board chairman, and his wife, Lynda. City building inspectors have been called to the building 29 times in the past five years for complaints ranging from broken windows to junk in the backyard to collapsed ceilings. Frequently, the inspectors could not follow through because they could not get access to the building, records indicate. Neither Lee nor Lynda Holloway returned calls for comment.

Lynda Holloway is on the list of landlords that the county uses for its mental health programs. This is despite a flurry of complaints last winter about the places she and her husband own.

In the building where Walton lives, several windows are broken. Glass is strewn throughout the backyard. The stairs are covered with fire retardant from an April 6 blaze. Rodent traps are scattered throughout the halls.

"They gave me this to kill the roaches," said Walton, holding up a can of ant poison. "It doesn't do any good."

Walton's sister, Sheila Murphy, says she is worried sick about Walton and her children living there. Because of bad credit, Walton can't find a cleaner, safer place to live. She has been in the care of the county mental health system, but caseworkers have had a hard time following up on her, Murphy said. Walton often skips her appointments and doesn't follow through on things she should do, her sister

said.

"I hate the idea of her living like that," said Murphy. "If she could change it, she would. I wish it were better. It's just sad."

Other problems spawned

The lack of safe, affordable housing has spawned other problems for people suffering from chronic mental illness. In some cases, psychiatric patients have been discharged from hospitals to live in homeless shelters because their caseworkers could not find them a place to live, homeless shelter directors in Milwaukee say.

Ken Schmidt, chairman of the Milwaukee shelter task force, said that it is not extraordinary for a hospital to give a psychiatric patient bus fare to get to one of the shelters.

"It's not supposed to happen, but it does," said Schmidt. Other shelter directors say it is frustrating for them to get people directly from the hospitals without warning because their buildings are not equipped to handle people in psychiatric crises. Many shelters require the people sleeping there to be out of the building from morning until late afternoon. Quarters typically are crowded. These are conditions that are not suitable for someone in a psychotic state, Schmidt said.

Hill, the county administrator, acknowledged that some psychiatric patients do get discharged without permanent housing in place.

"Very frankly, we're not supposed to do that," he said.

As more is being revealed about the condition of private housing for people with chronic mental

illness, community advocates have pledged to take action to improve those places. A contingent from Milwaukee, including Hill and Peter Hoeffel from Disability Rights Wisconsin, traveled to Chicago on Friday to look at housing developments there. They include units for people with severe and persistent mental illness. Milwaukee advocates are hoping to woo developers here.

Until conditions improve, Continnia Anderson and her six children will have to be careful where they step in their Center St. apartment. Parts of the floorboards are missing. Her bathtub was also stopped up and had been for days. The bathroom ceiling leaks, and the kitchen sink was clogged. The windows don't lock, which is a big safety problem, considering all the burglaries in the neighborhood.

Her landlord, Bobby Armon, owns 10 properties. Six of them have been cited for multiple health and safety violations. Armon could not be reached for comment.

Anderson, 33, had been in the county's program for people with mental illness who have a co-occurring drug and alcohol problem. She said she was working hard to recover, but it's not easy.

"Living like this don't help," Anderson said.

Cabraal and her group from the advocacy organization are trying to hold the county accountable for the current conditions.

Disability Rights has requested the names and current addresses of people in the county's mental health care, but county officials have denied its request, citing privacy concerns. Cabraal said Friday that her organization is willing to sue the county for the records.

"We are entitled to this information," she said. "We have probable cause to believe that there has been

neglect of clients within the county's custody."

Erin Richards of the Journal Sentinel staff helped research this report.

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A promise to do more

County official acknowledges insufficient housing standards

By MEG KISSINGER
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Posted: July 13, 2006

Madison - The director of Milwaukee County's Behavioral Health Division angrily deflected criticism Thursday that his department has not done enough to guarantee safe, affordable housing for people with mental illness.

But, by the time the 3 1/2 -hour state Senate health committee hearing was done, Jim Hill conceded that more needs to be done to guarantee the quality of places that receive state funds through the county to house people with mental illness. Hill acknowledged that no specific guidelines actually are required, despite his testimony that the county inspects properties before the landlords are allowed to be listed on the directory of providers.

"If you're asking if we inspect wiring and do what the city does, the answer is 'No.' We don't do those things," Hill said. "It's more of a visual overview. We don't actually inspect. We can do more. And we will."

The hearing was called in response to an investigation by the Journal Sentinel that found that as many as hundreds of people with chronic mental illness are living in dirty, unsafe and sometimes deadly conditions. An exact number is difficult to know; city building inspectors say they have come across dozens and dozens of illegal group homes with dangerous conditions. A review of records

finds hundreds of properties used to house people with mental illness that have serious health and safety violations. Infractions include broken toilets; no heat; windows painted shut; infestations of rats, mice and roaches; broken locks on doors; and broken smoke detectors.

'Wholly erroneous message'

Called to testify on what can be done, Hill said he felt that he had "a target" on his back, and he resented the focus on the system's problems when much is being done to provide quality care for those with mental illness.

"I am becoming increasingly concerned that this repeated unchallenged description sends the rather disturbing and wholly erroneous message that the current state of public mental health care is hopelessly ineffective, even harmful to its consumers," he said. "Worse yet, it subtly, even if unintentionally, reinforces the idea that maybe it's time to bring back the asylums, and with them perhaps other discredited practices like forced doping, locked wards and leather restraints."

Hill said the county had undertaken a number of measures since the newspaper series was published in March, including coordinating with city building inspectors and state group home inspectors. It is wrongheaded, he said, to suggest that all that is needed to improve the quality of housing is to pass more government regulations.

Advocates for people with mental illness took the county and the state to task for a litany of abuses that they found independent of the newspaper's findings. Shirin Cabraal, a lawyer for Disability Rights Wisconsin, and Liz Ford, an investigator from the same agency, testified that they had found several cases of landlords abusing their tenants and

charging them for filthy and dangerous conditions. They said they found landlords who took money for room and board but did not provide meals, some who served rotten food, and one landlord who fined his tenants for sleeping on the couch and missing meetings.

Cabraal said she had been encouraged by promises from the federal government to revise its policies and allow landlords to receive a tenant's Social Security check only in extreme cases. The agency has found several instances where landlords, named as payees, were taking all of their tenants' checks.

Intimidating tenants

Ford said she had encountered landlords who were intimidating their tenants and denying them privacy. One woman, who is being investigated on suspicion of using her tenant's food stamp card for months after he died after falling from the woman's front porch, would not let her tenants talk to investigators.

Ford said she was speaking on behalf of people she met who are struggling with mental illness. "They want you to know that there are still flaws in the system and they are asking for your help," Ford told the state Senate committee members.

Cabraal said that some case managers contracted by the county to help people with mental illness were not advocating strongly enough for their clients. In some cases, Cabraal said, they were ignoring the patients' needs altogether.

The advocates said they worried that, as pressure intensifies on the Behavioral Health Division, patients are being switched to other programming that does not provide comprehensive mental health care.

One woman, who was switched from the county's Behavioral Health Division to Family Care, became so ill after not receiving mental health care that she had to be admitted to the hospital on an emergency detention, Ford said. Another woman, who has schizophrenia, stopped taking her medication and quit eating because she thought her food was being poisoned.

Cabraal said the county was not fulfilling its statutory obligation to protect people with mental illness or living up to its mission to help people recover.

"You can not be expected to recover when you live in places like the ones we found," Cabraal said.

Bob Wrenn, chief financial officer at Transitional Living Services, which runs group homes and supported apartments for people with mental illness in Milwaukee and elsewhere, said the cost of running such facilities is becoming increasingly expensive and more funding is desperately needed. He has been on a team with Hill and others to try to encourage more development of housing for people with mental illness.

After operating with a surplus for many years, TLS ended last year with a \$400,000 loss, Wrenn said.

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Building owner wonders if death could've been prevented

Interaction between heat, medications suspected

By MEG KISSINGER
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Posted: July 19, 2006

Anthony Katchever says he has known for years that extreme heat can be deadly for people taking anti-psychotic medications, like most of the 19 tenants at his Milwaukee boarding house.

In fact, he says, he's careful to make sure that a relative of his who takes that kind of medication stayed cool in the excessive heat early this week.

So, he can't help but wonder if the air conditioner that he got from a former tenant that was sitting on the floor of his office Wednesday afternoon would have saved the life of Bernard Reaves, who lived just down the hall. Reaves, 45, was found dead Monday afternoon in his room at Clarke House, the boarding house at 933 N. 24th St. that Katchever has owned and operated since 1979.

"It's just sitting here," said Katchever. "I probably should offer it to someone who can really use it."

Two of Katchever's tenants have individual room air-conditioning units, but Katchever said he can't afford to put an air conditioner in each room or convert the whole place to central air conditioning.

"We do what we can do here," Katchever said. "But we can't do it all."

"It's a money issue," said Katchever, who charges \$400 a month per person for room and board. He estimates that his heating bills run around \$800 a month for the whole building.

Reaves, who stood 5 foot 9 inches tall and weighed 346 pounds, was last seen around dinner time on Sunday. When he did not come to breakfast, Jeffrey Harris, the building manager, went to Reaves' room to check on him. Harris found Reaves sitting in his underwear, slumped on his mattress. The medical examiner who was called to the scene noted three hours later that there was no thermostat in the room to gauge the exact temperature but it was "very, very hot."

There was a window fan, but it was only blowing around hot air, the medical examiner report says. The temperature outside at the time was 95 degrees.

The connection between heat stroke death and anti-psychotic medications was discovered in 1995 when a heat wave killed some 100 people in the Milwaukee area, many of them elderly or on anti-psychotic medications that inhibit the body's ability to sweat. A heat wave in 2002 killed another 25 or so.

People with severe mental illness are more likely to be isolated, health experts say.

This is the fifth death at Clarke House in the past three years, records show.

Ralph Jezewski, 68, was found dead in his room on Feb. 18, 2005. Two weeks later, Frederick Abelt, 67, died in that same room. Abelt, who had moved into Clarke House the day before Jezewski died, was 6 foot 7 inches but weighed only 81 pounds. Katchever said Abelt rarely came to meals.

Daniel Lopez, 51, was sitting and talking to friends in the common area of the house when he collapsed and died on July 3, 2004. He was being treated for schizophrenia. On Feb. 12, 2003, Alberto Burgos, 73, who was 5 foot 2 inches and weighed 71 pounds, was found dead in his room after he had not been seen for a few days.

Michelle Czuba, executive director of NAMI-Greater Milwaukee, an advocacy group for people with mental illness, said Wednesday that Reaves' death is yet another warning that people should check on their friends, neighbors, patients and acquaintances who are taking these medications.

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County drops landlords

Holloway among those cut

By MEG KISSINGER
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Posted: July 20, 2006

Milwaukee County has pared the list of landlords that it uses to house people in mental health programs, dropping nearly three-quarters of them - including Lee Holloway, County Board chairman. A few landlords with properties of questionable quality remain, however.

No one has been moved as a result of the edited list, said Jim Hill, director of the county's Behavioral Health Division. And it is possible that landlords no longer on the list are continuing to receive county subsidies.

"It is our hope that we can coax landlords into improving their properties," said Hill.

The county was working off a list of 148 landlords to provide housing for people with mental illness who also had drug or alcohol addiction. These landlords received county funding but did not need to have their properties inspected. The list, available on the Internet, included dozens of landlords with serious health and safety code violations, including no heat, broken toilets, windows painted shut, infestations of rats, roaches and mice, no fire alarms and defective porches.

An analysis by the Journal Sentinel published this month found that some of the landlords had been sued by the city for a host of code violations; some had their buildings condemned. Others owed

thousands of dollars in unpaid property taxes. Holloway, and his wife, Lynda, were listed as receiving funding from the county for housing people in mental health programming, despite dozens of code violations against them.

The new list, released on Monday, has been narrowed to 39 landlords. It includes one landlord whose property has been repeatedly checked by the city for being an illegal group home.

That same property is being investigated by Disability Rights Wisconsin, an advocacy organization for people with disabilities. Residents and former employees of that property have complained to the Journal Sentinel and to Disability Rights of overcrowding and mistreatment by the manager. Hill said Thursday that he would look into the complaints. One woman, who lived in the property for more than three years, said the owner would withhold their money if they fell asleep on the couch, missed meetings or failed to attend the church where the owner serves as pastor.

Some of the other landlords on the list have properties that have had serious violations.

"No one on the list had places that had current violations when we checked them," Hill said.

In April, after a newspaper series on the dangerous and sometimes deadly living conditions for many people in the county with severe mental illness, the county began to develop a list of landlords with suitable properties. The county immediately dropped one-third of the original 148 because those landlords did not respond to a county questionnaire. The property records of the remaining 100 or so were then checked against the city's property records of building code violations. Those with multiple or serious violations were dropped from the list, Hill said.

The county has still not inspected the properties of the remaining 39 landlords, Hill said. He said his department is working on a list of preferred providers that ultimately will be used by mental health caseworkers when placing their clients. Those properties will be required to undergo an inspection.

Case managers responsible for the well-being of the more than 2,000 people in the county mental health care programs say they have difficulty finding clean, safe and affordable housing for their clients. Hill and others have said that these caseworkers cannot always be picky about where they put their clients because any place - even a filthy room - is better than no place at all.

But public reaction to the dangerous conditions has forced the county to limit the people with whom it does business.

"That's the trade-off," Hill said. "It's the price we pay."

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At city rooming houses, heat is an especially potent threat

By MEG KISSINGER
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Posted: July 31, 2006

The heat of the last few days is more than mere inconvenience or discomfort for the hundreds of Milwaukeeans living in city rooming houses who are taking anti-psychotic medication. It can be a killer.

Two people have died this summer from suspected heat-related causes: Bernard Reaves, 45, on July 17, and Ronald Olejnik, 57, the next day. Both had been taking anti-psychotic medications.

In 2001, at least 25 people died of heat-related causes. In 1995, at least 91 people died in Milwaukee County from the heat.

As the thermometer topped 98 in Milwaukee on Monday, with more of the same expected today, mental health case managers and other health professionals nervously did what they could to avoid more deaths: delivered air conditioners, urged their clients to drink plenty of water and pleaded with them to stay out of the heat.

Clyde Long, 51, has air conditioning in his room for the first time in his life. His psychiatric case manager from the South Side Community Support Program brought it over on the weekend. Long has lived at Clarke House, a rooming house at 933 N. 24th St., for the past four years. His second-floor room is down the hall from the one where Reaves died.

But even in the swelter of the early afternoon, Long preferred sitting on the porch in his long-sleeved shirt to sitting in his air-conditioned room.

"This is my favorite spot," Long said, as the thermometer on the porch registered 96.

Residents unfazed

At West Samaria, a rooming house at N. 27th St. and W. Richardson Place, residents seemed equally unfazed. A group of six sat outside smoking, some in long-sleeved shirts and hooded sweatshirts.

Anti-psychotic medication interferes with the body's ability to regulate heat. People on those medications can feel cool while their body temperature soars. As the heat builds up, they can die of heatstroke.

Even Willie Teague, whose roommate died of heatstroke in 2001, could not be persuaded to wear lighter clothing.

"I like these long sleeves," said Teague, 60.

Teague has no air conditioning in his room at West Samaria but does have a fan, "mostly blowing around hot air today."

The day manager, who declined to give her full name, says she is urging residents to stay inside where it is cooler and to be sure to stay hydrated.

Housing initiatives proposed

Walker wants to spend \$250,000, suggests permanent solutions

By MEG KISSINGER
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Posted: Aug. 21, 2006

Milwaukee County is dramatically shifting its focus in mental health care to provide permanent housing for hundreds of people who now live in squalor.

The move comes five months after a Journal Sentinel series chronicled the deplorable and sometimes deadly living conditions for people under the care of county psychiatric case managers. The newspaper found many of the county's sickest mental patients living in the city's most dangerous neighborhoods, in buildings with dozens of health and safety violations.

Typically, these places are infested with rats and roaches. Some have no heat or running water. Others have broken toilets, faulty wiring, missing smoke detectors and windows painted shut. Over the years, dozens of patients have died in these places from environmental flaws such as exposure to extreme heat.

County Executive Scott Walker said Monday that he is proposing spending nearly \$250,000 in next year's budget to enhance housing programs for people with chronic mental illness, at a time when other county programs are being substantially

trimmed. His plan calls for some realignment of county agencies, including the creation of a housing section specifically for the Behavioral Health Division.

"We are hoping that by spending some money upfront, the county will actually save money in the long run," Walker said. He noted that studies show that a patient is less likely to relapse when he or she is in permanent housing.

"In addition to the altruistic reasons, there are some cost-effective considerations," Walker said.

The initiatives will be submitted to the County Board in Walker's budget proposal next month. The board votes on the budget in early November.

Limited incomes

County mental health care workers have long been frustrated with the lack of decent housing for people with chronic mental illness who are too ill to work and whose only source of income is the \$600 to \$700 a month they receive in disability payments. Unable to find decent housing that they can afford, many of these people end up in the city's most rundown buildings. Case managers say that they are afraid to go visit some of their clients because the neighborhoods are so dangerous.

These are patients who used to be institutionalized or would have been under the old form of mental health care. But over the past 40 years, the federal government has moved to close mental institutions and switch care to a community-based model. In places such as Milwaukee, without much coordination among county, city and state agencies, money to house these people did not follow. Thousands have been left homeless, in jails or living in squalor.

Lack of developers

At the root of the problem, say mental health care advocates, is the lack of private developers willing to build, rehabilitate or manage low-income housing in Milwaukee.

The federal government offers millions of dollars for housing for people with disabilities - including mental illness - but Milwaukee historically has fared badly at getting these funds because of its lack of willing developers. Walker said Monday that these moves are motivated in part to address that.

"There have been opportunities lost that we would like to go after more aggressively in federal funding," he said.

Plans include selling the Behavioral Health Complex on Watertown Plank Road in Wauwatosa and using the proceeds to develop permanent housing for people with chronic mental illness. To help do that, the county would establish a housing division specifically for clients within the Behavioral Health Division. This would be a spinoff of the current system, which lumps together housing needs of all low-income and disabled people. The county also would spend half of the profits from the sale of Park East land for permanent, affordable housing for people with mental illness.

Another \$75,000 would be earmarked to provide staff on site to help people with mental illness who are living in private apartments.

'Take the bull by the horns'

County mental health care administrators have chafed at the notion that they are responsible for securing safe housing for their clients, saying, "We

are not a housing agency." But Rob Henken, director of the county's Health and Human Services Division, which oversees programming for more than 3,000 people in the county with chronic mental illness, says the county is left with little choice but to veer into the business of developing housing for its clients.

"No one else is stepping forward," Henken said. "Someone has to take the bull by the horns."

Plans also call for closer scrutiny of properties by paying City of Milwaukee building inspectors to issue certificates to landlords who want to house the county's mental health clients. Under Walker's proposal, the county would pay city building inspectors \$50,000 to develop an inspection process for the two- to six-unit dwellings that the county uses to house the bulk of its patients.

Other proposals include:

- Spending \$50,000 to hire a national expert to create a 10-year housing master plan for people with disabilities.
- \$25,000 for the county to participate in a group of agencies, known as the Continuum of Care, to be eligible to receive more funding from the U.S. Department of Housing and Urban Development.
- Establishing that half of the county's community development block grant - approximately \$375,000 a year - would be dedicated to projects designed to enhance the availability of permanent housing for people with mental illness.

Walker also said Monday that he is scrapping plans for now to privatize all the case managers in the county's targeted case management and community support programs. He said the county employees strongly lobbied to be kept as part of the county system and Walker agreed, in part, because of the

need for accountability on where its sickest patients are housed.

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Agencies botched chances for aid

Millions missed or unspent to provide proper housing, care

By MEG KISSINGER
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Posted: Sept. 16, 2006

Georgia Rawlings wouldn't have had to eat the spoiled ham that her landlady fetched from someone else's garbage can.

Bessie Johnson wouldn't have gotten the rash on her legs from lying in her urine.

Tony Hall might not have died in a sweltering, rat-infested apartment.

If Milwaukee-area social services and government agencies had used all the money that they had available to properly house and feed these three people - and hundreds more such as them in Milwaukee with severe mental illness - none of those things might have happened. But, in case after case, year after year, no one bothered.

A Journal Sentinel investigation found that Milwaukee's social services community has squandered opportunities to get and spend millions of dollars in federal aid over the past several years. In some cases, the money was allocated but never used and had to be returned. In other cases, the money was there to house and care for people with mental illness, but the county didn't have enough staff to administer the funds, so people were turned

away while the money went unspent. In most cases, the local government and social agencies simply didn't bother to apply for millions of program dollars that other cities gobbled up.

In the past year alone, Milwaukee social services agencies and government departments watched more than \$4 million slip away because they failed to keep pace with changes in federal policy.

Incidents of bungled bureaucracy and fiscal neglect include these:

- Milwaukee County has left \$1.5 million unspent since 2002 for two housing programs for homeless people with chronic mental illness. Funds were available for more people to be enrolled in the county's Safe Haven and Shelter + Care programs, but the county did not have enough staff to administer the program. Some people who qualified but were not enrolled ended up living in shelters or on the streets.
- Until Milwaukee agencies prove they can provide more permanent housing, the department has put them on a kind of probation, refusing to approve certain grants for more than one year at a time instead of the typical two- and three-year awards. It gave Milwaukee agencies just \$4.6 million in its competitive homeless grants program to be used this year instead of the \$8.7 million the group requested. No new grants were awarded. John Chianelli, director of the county's health program, calls HUD's actions a "punch in the face."
- Milwaukee's social services and government agencies have frustrated Housing and Urban Development officials by passing up more than \$3.3 million in the past seven years in bonus dollars to induce more building of permanent housing. Social services agencies and local government officials say they can't find interested developers who would qualify for the federal dollars.

- Exasperated HUD officials say they can't even give some of the money away. Milwaukee-area agencies have left unspent nearly \$200,000 worth of technical advice from the department on how to design housing programs, improve operations and compliance with department program rules, and increase the productivity of the program.

"It's free!" said one HUD officer who, under government policy, does not have clearance to be quoted by name. "We are doing everything to help these people, and they are not taking the bait. It's very disappointing."

The newspaper this year found people, under the care of county case workers, who were living in places with no heat, no running water, broken toilets, rats, rotten food, broken smoke detectors and faulty wiring. Case workers said they were too afraid to visit some of their sickest clients because the neighborhoods where they lived were so dangerous.

Bureaucrats blamed a lack of decent housing and said they had no choice but to put the people in filthy apartments and rooming houses. "We are not a housing agency," said Jim Hill, the county's director of Behavioral Health Division.

But federal housing fund officers say the root of Milwaukee's problem is not as much a dearth of dollars as it is a lack of leadership across the spectrum of Milwaukee's mental health community.

Lack of leadership

Bob Berlan, director of community and planning for Housing and Urban Development's Milwaukee office, said the need for better housing for people with severe mental illness in Milwaukee is tremendous. The money is there, he said, but it is tied to

conditions.

Each year, a group of government and private social services agencies, known as the Continuum of Care, submits a request for HUD funds. The amounts of money and kinds of programs change each year. The request is graded on a point system, and the amount of the award is determined by the number of points a continuum receives.

The problem, Berlan said, is that the Milwaukee continuum has not kept pace with the change in federal policy.

In the past seven years, the federal government has given more points for permanent housing - long-term housing, not the emergency and transitional housing more typically found in Milwaukee. Milwaukee agencies are stuck in the old model, Berlan said, looking for funding for services, such as homeless shelters and meal programs, not for permanent housing development.

Other cities - such as Chicago, Seattle, Denver and Columbus, Ohio - have made the transition. Milwaukee has not.

"The same opportunities are available here as elsewhere," Berlan said. "Why isn't Milwaukee getting the money?"

Milwaukee seems to lack the coordination and interdepartmental cooperation other cities have, Berlan said. Milwaukee groups looking for money must be more aggressive and creative, he said.

"We should be getting more calls from people asking, 'How can we use this money?' Or, even better, 'I have an idea,'" Berlan said. "We don't get a lot of calls."

Joe Volk, director of Community Advocates, a social services agency that serves hundreds of Milwaukee's

poorest people, including many with chronic mental illness, said his agency and others are frustrated at their inability to bring in more money. Volk serves as the coordinator for the Milwaukee continuum.

"This is a huge problem for us," Volk said. "The big push now is for permanent housing, but we don't have the expertise to do that. Tax credits. Certain kinds of financing. We don't know how to do this stuff. We look at each other in these meetings and say, 'OK, who's going to do this?'"

To underscore how desperate the Milwaukee continuum has become to appease HUD officials, Volk tells this story: His organization, Community Advocates, reluctantly submitted a proposal in the continuum's current request for funds to develop permanent housing. The organization is more geared to providing mental health services than permanent housing, but he agreed to the project only because the other continuum members practically begged him. Volk said they couldn't find developers interested in the job.

The plan calls for working with private landlords to provide 60 units of housing scattered throughout Milwaukee.

"As you know, that's not optimal," Volk said. "There are problems with private landlords."

Mental health advocates have found that some landlords take advantage of their residents by having them turn over all of their Social Security checks, making them less likely to complain about poor conditions or abuse.

The problem: Fish can't fly

If the federal government insists on permanent housing before it will release more funding, why

doesn't Milwaukee's continuum include more developers?

In fact, there are no housing developers on the continuum's steering committee. So, when the group meets several times a year to talk about housing strategies, no developers are there to submit ideas or offer to take on projects that would win Milwaukee more funding.

One member said it's like watching a group of fish sitting around talking about how to fly.

Tom Brophy, chairman of the continuum, said the group is aggressively seeking to remedy that.

"We know where we are falling short," he said.

Local for-profit developers consider these kinds of projects too expensive to build and run, in light of what someone on a fixed income of roughly \$650 a month can afford in rent, Volk said.

Local non-profit developers got scared off in the 1990s, Volk said, with the implosion of several community development groups such as Westside Conservation Corp., Westside Housing Co-op, Parkside Housing Co-op and Eastside Housing Action Committee. Mismanagement and a lack of commitment from city government to underwrite loans caused most of those groups to fold, he said.

"I've seen more agencies that don't know housing that get into housing and go down the tubes because they don't know what they are doing," Volk said. "No one wants to touch this."

Stinging from the cuts in this year's federal grant, Milwaukee's continuum is trying to woo developers from other cities. The group has sent a letter to Mercy Housing Lakefront, a non-profit, Chicago-based group that has developed 1,500 low-income properties in Chicago. Brophy hopes that Mercy will

do business here and join Milwaukee's continuum, he said. Cindy Holler, president of Mercy, said in an interview this month that her organization is planning a visit to Milwaukee soon.

Volk is hopeful that Mercy will be able to submit a proposal as early as next year's request for funding, he said.

Poor ties to national HUD

They will need projects such as Mercy's if they hope to get back in Housing and Urban Development's good graces. Milwaukee continuum scored badly in the latest competition for federal homelessness funds.

In the last round, Milwaukee fell below the national funding line with a score of 40.5 of a possible 60 points. The weakest area was in the "housing emphasis" section. Milwaukee got three of 12 possible points.

Ken Schmidt, director of Hope House and a member of Milwaukee's continuum, said he has a problem with the structure of the department's application process, a competitive one, pitting cities against one another.

"It becomes an insider's game," Schmidt said. "If you can get to Washington, D.C., to lobby for the money, that gives you a big advantage. I can't afford to do that."

HUD could do a better job more clearly spelling out what its expectations are, Schmidt said.

"There's this veil of secrecy that is very annoying," he said.

Schmidt said the group worked well with the local

HUD officers but had trouble with the people at HUD's headquarters in Washington. Because his grant and all of the others were renewed only for a year, Schmidt will have to spend more administrative time filling out reapplications.

"It's time I could be spending with clients," he said. "I've been in this business since 1976, and I've never seen a funding agency that operates like this."

Milwaukee County Behavioral Health Division is the largest recipient of 15 groups in Milwaukee that got the HUD homelessness dollars this year, with an award of \$2.3 million.

Berlan, HUD's local director of community planning and development, met with Rob Henken, the county's director of health and human services, and other county employees this summer to see how the county could do a better job of getting federal funding. The county subsequently announced some initiatives, including more commitment to participating in the continuum and seeking technical assistance from HUD.

Berlan praised the county for recent moves to provide more housing for people with mental illness, such as creating a housing division within the Behavioral Health Division.

But he warned them that, lacking better collaboration and coordination, Milwaukee could face further cuts in funding.

Effort to work together

Public and private agencies have to work better together, Henken said.

"In my opinion, the development of housing for our population is not something we have the expertise

or resources to do," Henken said. "But, if our policy-makers decide that someone needs to do it, and we are that someone, then we need to figure that out and get ourselves the resources."

Hill, the Behavioral Health Division director, recently attended a conference in Memphis, Tenn., on housing for people with mental illness.

"I'm convinced that it's not about money. It's about community will," Hill said.

As the continuum awaits word of how it has fared in the next round of HUD funds, it is working harder to expand its membership, said Brophy, the chairman. "The makeup of this organization is way too narrow," Brophy said. Homeless people, particularly those with severe mental illness, are too often invisible in the minds of Milwaukee's civic leaders, he said.

If Milwaukee is to seriously address the needs of people such as Rawlings, Johnson and Hall, all corners of the community must work for solutions, Brophy said. That includes the business community, the faith community and civic organizations, such as the Greater Milwaukee Committee.

"We would love to see the Greater Milwaukee Committee deal with this issue with as much interest and intensity as it does in matters of education and health care," Brophy said. "Our membership is open to all."

Bipolar son's struggle for help troubles his mother

By MEG KISSINGER
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Posted: Sept. 16, 2006

Carol O'Brien is haunted by what could have been.

Her son, Scott O'Brien, was 31 years old when he died July 18, 2005, having overdosed on the pain medication fentanyl while on suicide watch at the county's psychiatric hospital.

She wonders whether Scott would be alive today if he'd received the help he was looking for - a permanent place to live, with counselors to watch over him.

"That would have been perfect for Scott," Carol, of Fox Point, said.

The county has a program that provides permanent housing. Last year, 268 people were enrolled in the Shelter + Care program. The county had money left to enroll 25 more people but didn't have the staff to accommodate them. In the past four years, the county has left more than \$1.5 million in federal funds for that program and Safe Haven unspent, federal records show.

"What a waste," she said, shaking her head.

Carol remembers when Scott was a chubby-cheeked boy who helped her water her geraniums. She thinks about the man he hoped to be, a counselor for children who felt lost and alone.

When he was a kid, Scott loved to take stuff apart -

TVs, VCRs and radios - and put them back together. He liked thinking about how things worked.

He graduated from Nicolet High School and the University of Wisconsin-Milwaukee, where he majored in criminal justice and social welfare. People told him he looked like David Spade.

"He had a beautiful soul," his mother said.

But he was sick.

He never did get a job after college. Scott suffered from bipolar disorder most of his adult life. His life was a roller coaster ride - way up one minute, way down another. He drank heavily. Vodka, mostly.

Rehabilitation attempts

Scott lived with his mother until he pulled a gun on her, and she had to get a restraining order to keep him away.

"It broke my heart to kick him out like that," Carol said. "But the cops told me that I couldn't let him stay here when he was acting that way."

He tried alcohol rehabilitation centers, but he kept relapsing. One place ran up thousands of dollars on Carol's credit card. Scott went home a lot, even after his mother kicked him out.

"I couldn't say 'No' to my boy," she said. "He was my son."

In time, though, he'd start acting up again, and she'd have to kick him out.

"We'd find him with leaves in his hair from sleeping on people's lawns," Carol said.

Scott was admitted a few times to the county's psychiatric hospital on Watertown Plank Road in Wauwatosa. The institution would hold him for a few days on emergency detention orders, but he always promised to get treatment if officials would let him go.

"I could never convince anyone out there that Scott was in enough danger to have them keep him for more than a day or two," Carol said.

He stayed in some real hellholes - nasty places with rats, she said.

"I'd get sick to my stomach thinking about where he lived," Carol said.

The day before he died, he had been kicked out of Guest House, a homeless shelter on N. 13th St., for violating the center's no-alcohol policy.

"He was such a sweet guy," she said, wiping back tears. "This disease ate him up."

On suicide watch

Scott was a wreck the day he arrived at the Behavioral Health Complex. He told a nurse when they admitted him that he wanted to kill himself, so they ordered the staff to check on him every 30 minutes during the night.

A nurse found him dead in bed when she came to do some blood work on him about 7:30 that morning. They found a medicine patch on his lower abdomen and four more packets of the drug in his wallet. He was lying on his stomach, with his face stuck to a magazine.

No one is really sure how he had fentanyl in there in the first place. When you're on suicide watch, the

hospital staff checks your pockets before admittance. Your bathroom door and medicine cabinet are locked.

Scott's father, who was taking fentanyl at the time, visited the hospital the day before Scott died, and the two played rummy. His father told investigators for the Milwaukee County medical examiner's office that he was unsure whether Scott took any of the patches from his house the last time he visited.

Carol can never say for sure whether her son would be alive today if he had had someplace to live. But she says she saw him grow weaker and sicker the longer he lived on the streets.

The family considered suing for wrongful death but decided the stress would be too much.

"The only estate he had was his soul, and we could never get any part of that back," Carol said.

Still, she's convinced that Milwaukee could do a better job caring for people with mental illness.

Several weeks after Scott's death, his mother and sister met with Jim Hill, director of the county's Behavioral Health Division, to find out how this could have happened. They said Hill was empathetic and promised to investigate Scott's death. Christie Polk, Scott's sister, volunteered to serve on an advisory panel on improving community mental health care.

But Hill never called back, Polk said.

Hill said he can't discuss the case. Federal health care privacy laws preclude him from even confirming that Scott O'Brien was a patient there.

A few weeks ago, Carol opened Scott's wallet. It had been a year since the medical examiner's office returned it. She sobbed when she saw his driver's

license and reminder cards for appointments - more than a dozen of them - with doctors and job counselors.

"He was trying so hard," his mother said.

Scott had a doctor's appointment for July 24. By then, it was too late.

That was the day he was cremated.

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Editorial: Lessons from Columbus

From the Journal Sentinel

Posted: Sept. 18, 2006

Milwaukee is not Columbus, Ohio. But if it were, maybe Georgia Rawlings wouldn't have had to eat spoiled ham her landlady fetched from a garbage can, Bessie Johnson wouldn't have had to lie in a urine-soaked mattress and Tony Hall might not have died in a sweltering, rat-infested apartment.

All three suffered because they had the misfortune of coping with their mental illness in Milwaukee rather than in Columbus, a similarly sized city where community leaders, displaying the political courage and vision obviously missing here, resolved more than 20 years ago to make housing people with mental illness a priority.

And it wasn't as if financial resources weren't available here. As Journal Sentinel reporter Meg Kissinger discovered, Milwaukee's social services community, including government and social service agencies, squandered opportunities to get millions of dollars in federal aid over the past several years to properly feed and house people such as Rawlings, Johnson and Hall.

In some cases, the money was actually in pocket but was never used and had to be returned, which is inexcusable considering the dire circumstances. In other cases, the money was available, but Milwaukee County lacked the staff to administer the funds so people were turned away. In most cases, though, the agencies simply didn't bother to apply for the money. And all this occurred in a community in which hundreds of people have been relegated to

squalid housing in some of the city's most broken-down neighborhoods.

Local bureaucrats told Kissinger a lack of decent housing forced them to put people in filthy apartments and rooming houses, but some federal officials say the root cause isn't so much the money as a lack of leadership in Milwaukee's mental health community. Given the scope of the problem, that explanation rings more true.

Fortunately, progress, though limited, is being made, including creation of a housing division in the county's Behavioral Health Division and a decision by the county to more aggressively pursue federal housing grants.

As part of the 2007 city budget to be unveiled next week, Mayor Tom Barrett proposes Milwaukee purchase \$250,000 of Habitat for Humanity mortgages, allowing the agency to use the proceeds to fund construction and renovation of additional housing.

The mayor also will propose the city dedicate one-half of excess tax revenue from tax incremental financing districts over the next decade to a housing trust fund. The fund, proposed last year by a coalition of community development and faith-based organizations, would provide a pool of money to build and rehabilitate low-income housing.

Barrett is on the right track.

To get where it is today, everyone in Columbus - government, private agencies and the business community, including Realtors - had to rally around the goal. There's no reason the same thing can't eventually happen here with the help of federal money set aside for this purpose.

In an Ohio city, a will to provide homes

Columbus has built 1,000 units of permanent housing

By MEG KISSINGER
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Posted: Sept. 17, 2006

Columbus, Ohio - For years, Charlotte Sensabaugh was so paralyzed by depression that sometimes it hurt her just to breathe. She often lay in a nursing home bed and waited to die.

So it is with a huge sense of pride that she shows off her new apartment, her video games, the doll collection in the corner, her crochet work on the chair. She speaks with excitement about the cake that she plans to bake in her new oven with the bundt pan that came with the furnished place.

"I'm a good cook," Sensabaugh, 45, said. Her troubles are far from over, but you can feel her sense of accomplishment at having her own place. It's independence that she says she never had in the 12 years that she lived in a nursing home.

"Housing first" is now the mantra in mental health care for people such as Sensabaugh, who, years ago, could have been tucked away in some locked ward of an institution or flushed onto the streets and left to fend for herself. But professionals have come to realize that it is more cost-effective - and more humane - to give people a safe place to live, even if those people, like many of Sensabaugh's new neighbors, have lingering drug and alcohol

problems.

Perhaps nowhere is this concept grasped as thoroughly as in Columbus, where civic leaders resolved more than 20 years ago to make housing for people with mental illness a priority.

As Milwaukee's policy-makers grope to find decent living spaces for people with chronic mental illness, they would do well to consider the lessons of Columbus, a city of roughly the same population. With intensive coordination, aggressive salesmanship and creative financing, Columbus has managed to garner significant federal, state and local support for mental health care, particularly for housing.

In the past 20 years, as one neighborhood development group after another folded in Milwaukee, Columbus was flourishing. Bolstered by a variety of private and public funding, non-profit groups in Columbus have developed nearly 1,000 units of independent housing for people with severe mental illness. Another 250 are to be built next year with funds from a levy that passed in November and is expected to pump more than \$65 million a year into mental health care.

"Housing is the core of what we want for people with mental illness," said David Royer, chief executive officer of the Alcohol, Drug and Mental Health Board of Franklin County, Ohio, the county in which Columbus is located.

At the heart of Columbus' success are two programs: the Community Housing Network, a private, non-profit agency formed in 1987 to develop and manage units of independent housing for people with mental illness; and the Rebuilding Lives project, begun in 1999 to streamline services for unmarried people who are homeless.

'Good neighbor agreements'

Like all American cities, Columbus struggled with ways to handle the waves of people released from psychiatric institutions in the late 1960s and 1970s. In the early 1960s, federal policy shifted from a model that institutionalized psychiatric patients to one that moved them out into the community. This policy was accelerated in 1976 in a decision involving a Wisconsin schoolteacher, Alberta Lessard of West Allis .

As mental institutions closed, droves of people who had been living behind locked doors were told to find shelter. Thousands ended up in ratty rooming houses. Others were left to live on the streets. Disturbed by what she saw, Pam Hyde, then director of the Ohio Department of Mental Health, helped Columbus get a \$1 million loan from the Robert Wood Johnson Foundation to develop supportive housing.

Phil Cass was Community Housing Network's first director. He recalls developing the program based on a model from Madison, Wis.

"The idea was to be as much a part of the community as any other group," Cass said. "We were determined to find housing that we would want for ourselves and our families."

The group, looking to avoid the institutions of old, set its sights on small bunches of apartments scattered throughout the city. The goal was clear: establish housing for people with disabling mental illness in such a way that was not conspicuous.

But that proved to be a tough sell. Neighbors bristled at the idea and threatened to block any permits or zoning changes.

"I can remember sitting in people's basements and pleading with them to give us a chance," Cass said.

Neighbors were convinced that people with schizophrenia or depression or bipolar disorder would be violent, messy and loud, Cass said.

Cass persisted, promising to sign "good neighbor agreements" to guarantee that people in the program would keep yards clean and noise down.

It was never an option to stick people with mental illness in broken-down apartment buildings or allow them to languish on the streets just because they did not have the clout to stand up for themselves, Cass said.

"That was saying something about us as a city that we weren't willing to say about ourselves," he said.

They needed someone with influence to buy into the idea.

"Our big break came when we learned that one of our state representatives lived behind one of the houses we were developing," Cass said. "Once we managed to get his support, the rest of the neighborhood followed."

Corporate support

Columbus' mayor, Michael Coleman, a former Community Housing Network board member, also proved to be a passionate advocate.

Ultimately, corporate donors and civic organizations got behind the effort, too.

"Government can't do this alone," said Royer, the Franklin County mental health board executive. "It takes strong civic and corporate leadership."

In Columbus, corporations have come to appreciate how housing for people with mental illness enhances a city's value. When it came time to vote on a tax that would let a portion of home sales go directly to mental health care, even the local board of Realtors backed it.

"Now that's civic support," Royer said.

A similar effort in Milwaukee to fund a Housing Trust Fund has met with resistance by the Greater Milwaukee Association of Realtors.

Today, Community Housing Network owns and manages more than 900 units around Columbus. Because the agency is heavily subsidized by government grants, people with chronic mental illness on fixed incomes can afford the rent. Tenants typically pay one-third of their income. Most of the places have staff on site to provide help with daily living skills. Psychiatric case managers visit frequently. Support groups meet in the buildings.

"This only works with a lot of support," said Susan Weaver, executive director of the housing agency.

The housing agency has become a major player in town. With 18 years of experience, the agency can more easily negotiate reasonable deals for clients because landlords know rents will be paid on time. They know, too, that the agency's support staff will work with the clients to keep the places tidy, keep drug dealers away and maintain peace.

"We have the leg up on Milwaukee because we have a proven track record," said Weaver.

The same holds true of the agency's ability to get federal funds.

"We are not going to let one penny go by if we can help it," Weaver said.

Building relationships

A large part of Columbus' commitment to housing people with mental illness comes from its Rebuilding Lives project. That began in 1999 when the city made plans to revitalize its downtown.

"As this city moved forward, some folks were being left behind. We couldn't just turn our backs on them," said Barbara Poppe, director of the Community Shelter Board, an agency formed to combat homelessness. The Rebuilding Lives program combines housing with links to support for medical care, mental health care, job training and drug and alcohol counseling. Its \$8 million yearly revenue comes from as many as 11 funding sources, including city, county and federal governments.

The push to end homelessness in Columbus starts in a curious spot - a clinic on the edge of town known as the Engagement Center, where homeless people who are drunk are dropped off by police or social workers. They are not arrested but given a place to sleep for up to 24 hours and offered mental health care. James Alexander, a Milwaukee native, serves as director. Alexander had been a drug and alcohol counselor at the Milwaukee Women's Center and Wisconsin Community Service.

"The key word here is engagement," Alexander said. "Like a man and a woman getting to know one another, it takes time to build up that relationship, a commitment."

Alexander has seen success stories at the Columbus facility, even if some cases take years to crack.

"We had a guy in here who had been homeless for 20 years. He came in here every day for three years," Alexander said. "Every day, we'd offer him services."

One day, he just decided to quit drinking."

In Milwaukee, these people probably would be arrested, Alexander said.

"I know how it works in Milwaukee. This is nothing like that," he said. "Here, we sit at the table and talk."

Sit in on a Rebuilding Lives team meeting and you will hear case managers talk about the people they see on the streets. This woman needs a ride to the doctor. That man is trying to get Social Security. Then there is the woman whose husband died some weeks back, but she won't let the funeral home bury him.

"That was tricky," said Bernard Williams, Rebuilding Lives team leader.

Walk through the halls of some of the buildings owned by Community Housing Network and you will see the banks of computers in the lobby where the residents can take classes and look for jobs. Check out their artwork on the walls. Stroll through the vegetable garden in the backyards and see how Jimmy Thivener, homeless for more than 20 years until he found a place to live this year, now spends time weeding the rows of tomatoes and carefully spreads compost on the cabbage patch.

"I got demons in my head," Thivener said. "But I finally got a place to live."

Seeing the possibility

That kind of success has people such as Bob Wrenn practically swooning with possibilities. Wrenn, president and chief executive officer for Transitional Living Services Inc. in West Allis, is one of the few non-profit developers in the Milwaukee area who works on housing for people with severe mental

illness. Wrenn said the focus on housing should be on supported apartments, which typically are one-third the cost of group homes. Still, supported apartments are expensive to build and run.

The days of relegating people with mental illness to institutions on the outskirts of town are over, Wrenn said.

Clearly, that is true in Columbus. At a downtown office building in the center of the financial district, a bronze plaque declares with unwavering authority the city's commitment to serving people such as Sensabaugh, the woman with the new cake pan, or Thivener, the gardener. It says what they have come to know:

"In recognition of the courage of the millions of people with severe and persistent mental illness: schizophrenia, bipolar disorder and major depression. Recovery is possible for all people."

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Housing quest intensifies

Barrett, Walker vow to work together on sheltering mentally ill

By MEG KISSINGER
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Posted: Sept. 19, 2006

Milwaukee Mayor Tom Barrett and County Executive Scott Walker agreed Tuesday to join forces to try to establish an agency that would develop permanent supportive housing for people with chronic mental illness.

A meeting is tentatively set for Oct. 3.

For a model, the two are looking at the Community Housing Network in Columbus, Ohio. That organization was begun in 1987 with a \$1 million loan from the Robert Wood Johnson Foundation to develop housing for people with mental illness. In 1998, it expanded its mission to include people with drug and alcohol addiction. That agency contracts with Franklin County through its Alcohol, Drug and Mental Health Board. It has developed more than 1,000 permanent supportive housing units in the past 18 years.

In addition to providing supportive housing, the agency serves as a property manager and real estate developer.

Barrett and Walker agreed that such an agency would be possible here. It remains to be seen which level of government would assume responsibility for

such an undertaking.

"If the state and county don't do this, is there a moral obligation for the city to do so?" asked Barrett.

He flinched at the idea of assuming the role of providing housing for all people in the area with chronic mental illness.

"We can't and shouldn't do it alone," said Barrett.

Walker said he thinks a plan like Columbus' could work here.

"We need to get together and talk about this and make sure we are not stepping on each other's toes," Walker said.

The two pledged to include civic leaders and state and federal officials at the meeting, saying they want to maximize the amount of funds available. Both said that they were dismayed to learn recently that millions of federal dollars have been left unspent in Milwaukee over the past several years.

"We should not be leaving federal money on the table," said Barrett, who called Walker on Tuesday to set up the meeting. "I can't tell you how irritating it is to know that we don't have the adequate infrastructure to make the most of these federal dollars."

The Journal Sentinel reported Sunday that local governmental and social service agencies have squandered the opportunity to get more than \$3 million in federal funds since 1999 to build permanent housing for homeless people, including those with mental illness.

In the last round of funding, the U.S. Department of Housing and Urban Development put Milwaukee on a kind of probation. It gave Milwaukee's homelessness projects a guarantee of just one year

of grants, instead of the usual two- and three-year awards, until the agencies can prove that they are building permanent housing for the homeless.

John Chianelli, director of the county's health program, called HUD's action "a punch in the face."

The county's housing division has left more than \$1.5 million unspent in the past four years in program dollars for homeless people who have mental illness because it did not have the staff to administer more cases.

Walker says he, too, cringed at the news of the unspent money. But the time for finger-pointing has passed, he said, and it's time to get down to business and find some solutions.

"Earlier this year, there were a lot of fingers pointing in the opposite direction," said Walker. "A meeting like this will help us get to the point." He said he plans to invite Daniel Bader, president of the Helen Bader Foundation, and Julia Taylor, president of the Greater Milwaukee Committee, an organization of business, labor, academic, philanthropic, non-profit and civic leadership.

Walker said the crisis of a lack of decent housing for people with mental illness, once little-known, is now firmly on the public policy radar screen.

Barrett says the city is prepared to do more to help the homeless in the city. He will propose in his budget next week that the city spend nearly \$2 million for housing for the homeless. The money would come from excess tax revenue in closed tax incremental districts in the next 10 years. The money comes with a condition that it be matched dollar for dollar.

In late August, Walker announced initiatives that would include \$250,000 from the county budget for housing for people with mental illness.

The Journal Sentinel reported in March that hundreds of people in the care of county psychiatric case managers were living in squalid places. They included rooming houses and apartments with no heat, no running water, broken toilets, rats, roaches, broken smoke detectors and faulty wiring.

Developers from Chicago's Lakeside Mercy Housing came to Milwaukee on Monday and met with Barrett to discuss possible development here. The group, a private non-profit organization, has developed 1,500 units in Chicago. Barrett said he told them that the city would welcome them if they included development in other parts of the county as well.

Milwaukee city housing officials have submitted a list to Mercy for possible development, including a number of vacant nursing homes.

"I'm happy to see the mayor sees the need to get involved in this," said Walker. "It's a good start. We need to build on this."

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Editorial: Seize this opportunity

From the Journal Sentinel

Posted: Sept. 21, 2006

Over the past several years, the Milwaukee community has repeatedly squandered the opportunity to obtain millions of dollars in federal aid to help some of its most vulnerable citizens. Another opportunity is now within easy grasp, and we can only hope that this time things will be different.

They will if Milwaukee County Executive Scott Walker and Milwaukee Mayor Tom Barrett seriously follow through on an agreement to try to establish an agency that would develop permanent housing for people with chronic mental illness. Although the men differ in their political ideologies, they thankfully appear to be on the same page when it comes to this important goal.

As responsible leaders, Walker and Barrett have little choice. Hundreds of people with chronic mental illness continue to live in substandard housing in this town despite the fact that the federal government provides millions of dollars to communities each year to allow these people to lead dignified independent lives by providing them with permanent housing. The fact that Milwaukee, unlike other cities, such as Chicago, Denver and Columbus, Ohio, hasn't obtained its legitimate share of those federal dollars is disgraceful.

But maybe things are changing.

As Journal Sentinel reporter Meg Kissinger, who uncovered the problem, noted, Walker and Barrett

are using the same compass. For a model, they are looking at Columbus. Good choice. In 1987, the Community Housing Network was established in Columbus with a \$1 million loan from the Robert Wood Johnson Foundation to develop housing for people with chronic mental illness. The mission has since been expanded to people with drug and alcohol addiction.

Nearly 20 years later, the agency has developed almost 1,000 permanent supportive housing units and also serves as a property manager and real estate developer.

While he's on board, Barrett says the city can't and shouldn't do the job alone. He's right, and Walker obviously agrees. To that end, the two say they will attempt to bring state and federal officials to the table when they meet, tentatively scheduled for Oct. 3.

That makes sense since the success in Columbus years ago depended on a broad public and private partnership, which increases the chances of getting federal dollars.

In the meantime, it's going to be up to Barrett and Walker to keep this ball rolling.

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County panel endorses borrowing for housing

County exec's budget amended

By **DAVE UMHOEFER**
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Posted: Oct. 26, 2006

A \$1 million plan to borrow for construction of housing units for people with mental illness advanced Thursday through the Milwaukee County Board's Finance Committee.

The amendment to County Executive Scott Walker's 2007 budget won unanimous backing from the committee.

The borrowing plan is on top of Walker's proposal to earmark \$500,000 for improved housing for people with severe mental illness. The committee earlier this month deleted a separate \$350,000 funding idea proposed by Walker, who acted after a series of Journal Sentinel articles identified major problems in housing conditions for some people in the county's care.

Rob Henken, the county's top human services official, told the committee his agency was working closely with city of Milwaukee officials on various improvements in housing and care for the mentally ill.

Also Thursday, the panel restored half of a Walker-proposed \$500,000 cut in the county's \$15.6 million budget for adult mental health services provided through various contract agencies.

The public will get a chance to speak up about the county budget Monday at 7 p.m. at the County Board's budget hearing at the Zoofari Center, 9715 W. Blue Mound Road.

Barring major changes following that hearing, the committee appears ready to recommend adding about 3%, or \$6.7 million, to Walker's recommended tax levy. It will take up final amendments Wednesday before sending the marked-up budget to the full County Board on Nov. 6. Walker says he will use his veto pen to hold property taxes at the amount levied for this year.

A major issue that remains is how the full County Board will deal with Walker proposals to outsource county work in various departments to private agencies and businesses. The Finance Committee restored many of the county jobs involved, but in many cases it did not provide funding to pay for them.

Coloring the discussion is the lack of a labor agreement between the county and its largest employee union, District Council 48 of the American Federation of State, County and Municipal Employees.

In an impromptu debate over the stalled negotiations during Thursday's committee meeting, county and union officials blamed each other for the impasse that has landed the negotiations in arbitration. Health insurance changes, wages and sick-leave benefits are among the sticking points.

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Starvation a factor in mental patient's death

In county's care, woman with psychosis barely ate or drank for weeks

By MEG KISSINGER
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Posted: Oct. 28, 2006

Cindy Anczak was 33 years old, weighed 187 pounds and was going to exercise class three times a week when Greenfield police found her wandering around Arlington Cemetery late one night in July, speaking gibberish.

Her parents breathed a sigh of relief when they found out that the police had taken her to the Milwaukee County Mental Health Complex.

"We figured that she was where she needed to be," said her mother, Jean Anczak, 68.

So how is it that Anczak wound up dying there five weeks later, in part by starvation?

A review of her medical records finds:

- Her doctor at the Mental Health Complex allowed Anczak, who lived alone, to leave at one point during her hospitalization, though she was found to be "paranoid, disorganized and delusional." Her discharge notes of July 25 say, "Patient appears confused. When given pen, she looked at it and at the paper, but did not seem to be able to process what to do with the pen. Encouraged to sign "

Anczak was so dazed that she had to be walked out of the hospital door and into the cab that the county called to have her taken away. She drove herself back to the complex that evening.

- Ten days later, the doctor, Karl Strelnick, tried to get Anczak's 79-year-old father to take her home, in spite of the fact that she now was dangerously dehydrated and grossly psychotic, stripping off her clothes, urinating on herself and unable to answer questions. Hours earlier, Strelnick had testified in court that Anczak was a danger to herself.

- Anczak went for four weeks without eating or drinking sufficiently while she was a patient at the Mental Health Complex, despite highly detailed notes that chronicled her lack of nourishment. The autopsy report on Anczak says that she died of a blood clot that was significantly caused by her refusal to eat or drink in those weeks leading up to her death.

"This never should have happened," said Jon Gudeman, the retired medical director of the Mental Health Complex. Gudeman had no direct involvement in the case. However, Gudeman said he used to deal with many cases of patients who had become so psychotic that they could not eat.

"You get a court order before it's too late," he said. "It's not hard to do."

Strelnick did get a court order to force medication on Anczak, on Aug. 4. But by then Anczak was so dehydrated and psychotic that she would not get out of bed. Still, just hours after the hearing, Strelnick ordered Anczak's parents to drive their car up to the emergency room entrance and then escorted Anczak to the car. The parents said they protested, fearing that their daughter would jump from the moving car, but the doctor persisted. Ultimately, Anczak refused to get in. Strelnick directed them to drive off as Anczak stood there

dazed.

"That was the last time we saw her alive," said Jean Anczak.

Anczak's mother says the grief of losing their daughter is paralyzing enough without considering the guilt they would have felt if they had taken their daughter home that day, only to have her die there.

"It's obvious that he just wanted to get rid of her," Jean Anczak said.

Four days later, Cindy Anczak, a former pharmacy technician, suffered a fatal blood clot. She was put on life support and died eight days after that.

Myron Anczak is so rattled with anger and grief at his daughter's death that he shakes when he speaks of it.

"They don't treat prisoners at Guantanamo the way they treated my daughter," he said.

Anczak's death and the results of two recent surprise inspections by the state raise a multitude of questions about the quality of care given at the county's psychiatric hospital.

As they sit in their Greenfield living room surrounded by afghan quilts that their daughter knit and needlepoint pillows that she stitched, the Anczaks are stunned at how things went so terribly wrong.

"How could this happen in a hospital?" said Jean Anczak, sobbing.

They did not know until after their daughter died that her doctor, Strelnick, had lost his license for two years, beginning in 1987, after admitting to having had sex with his patients. Strelnick had his license reinstated in 1989 and for eight years

operated under the restriction that he not be allowed to treat female patients. One of Strelnick's patients involved with the loss of his license was awarded \$1.1 million in a civil lawsuit against him. The state appeals court later reduced that award by \$250,000.

County officials refused to comment, and would not make Strelnick available for comment, citing state law that makes it a crime to discuss a mental patient's case without authorization. The newspaper appealed on the grounds that Anczak cannot give a authorization because she has died, and it is presumed that her right to privacy and any need for them to protect her died with her. But the county's lawyers repeatedly refused the newspaper's request.

However, Anczak's parents provided the newspaper with copies of her medical records from her admission to the Mental Health Complex on July 10 until the day she died. They detail her declining health and raise questions about whether the hospital properly cared for Anczak. The record also raises disturbing questions about why they did not intervene sooner and whether the doctor improperly tried to dump Anczak into the care of her parents.

Inspectors found violations

Details of Anczak's death come just days after a report by state inspectors that found 26 health and safety violations, more than twice the number found in the previous inspection three years ago.

Inspectors concluded that the hospital does not provide a clean, safe environment for its patients. The report detailed 11 suicide attempts at the hospital in the past three years. Two of them were successful - a man who hanged himself with a leather belt and another who died of an overdose of painkillers that he took while on suicide watch.

Medical examiner records show 12 other deaths there in the past four years.

The hospital was cited for failing to keep proper records, to properly store medications and to keep a rack of its patients. The most recent inspections, conducted in mid-August and late September, were prompted by a complaint by Alvis Sterling, a quality assurance specialist for private hospice care whose 72-year-old mother died in March after she suffered a stroke while on suicide watch at the Mental Health Complex. Sterling says her mother was stricken several hours before anyone noticed. By then, it was too late to reverse any damage done by the stroke.

"My mother would have died eventually," Sterling said. "But she didn't have to die that day."

Sterling received a letter from the state this month saying that her complaint had been justified.

Sterling and the Anczaks said they wanted to sue the county to call attention to the problems at the facility, but they were told by their lawyers that only spouses and minor children would have cause to sue, and neither of the dead women had such relatives.

Long struggle with illness

Cindy Anczak, the youngest of the Anczaks' four children, had a long history of mental illness. She was 15 years old, a sophomore at Greenfield High School, when her father found her hanging from a belt tied to a rafter in the family basement one morning during Christmas vacation. She was unconscious as she dangled there, but Myron Anczak and one of his sons cut her loose and were able to revive her.

"I still have nightmares about it," said Myron Anczak.

It was no surprise, then, when Cindy Anczak was diagnosed with bipolar disorder, a condition marked by wide mood swings and occasional scattered thinking. Despite this, she managed to graduate with her class. She got a degree from MATC in pharmacy tech and a job as a pharmacy technician at St. Luke's Medical Center, where she worked for more than 10 years. She had her own apartment, stayed busy with needlework, cared for her beloved cat, Strumfie, and traveled. Anczak managed well for years on her medication, her mother said. She finished a second degree from MATC and was working on a third, in medical transcription. But in the past year, things began to deteriorate. Jean Anczak figures that, ironically, it was her daughter's efforts at eating and living healthier that led to her death.

Anczak was trying to lose weight, and her anti-psychotic medication, which had been working well, began to fail. Her mother thinks her changing metabolism might have interfered with the drugs' effectiveness. They noticed that Anczak was starting to have more manic episodes. She would hallucinate and talk nonsensically, her mother said.

Anczak began intensive treatment as an outpatient at the Mental Health Complex's day hospital about a year ago, Jean Anczak said.

When the police found her in the cemetery, she was rolling on the ground, mumbling about being covered in ketchup and followed by busloads full of nuns.

She agreed to be admitted voluntarily. Medical records show that Anczak was confused and unable to communicate for the entire time that she was at the Mental Health Complex. She refused to eat or drink or take her medication for most of her time there. The Anczaks went to visit their daughter a few times and were alarmed to see that she had lost 20 pounds or more, they said.

The nurses, aides and social workers noticed, too. They checked her food and liquid intake three times a day, noting repeatedly that it was "inadequate."

In a note dated July 25, Regina Perez, Anczak's psychiatric caseworker, notes that Anczak had lost a substantial amount of weight and was weak, confused and unable to make eye contact.

"Doctor doesn't think she's dangerous," Perez noted.

The Anczaks said they complained and asked for a second opinion from another doctor, but no other doctor was provided.

"We should have complained more and insisted," said Jean Anczak.

On July 25, Anczak asked to be released. Though Strelnick noted in her chart that she was still psychotic and unresponsive, he approved her request. She was so weak and confused that a social worker had to help her sign her name on the discharge papers. They called for an aide to walk her to the cab.

At 8 that same night, a doctor found her wandering the halls of the day hospital, wanting to be readmitted.

"She drove her car back to the hospital," said Jean Anczak. "Can you imagine the danger that she was posing to everyone else on the road that night?"

Barely ate or drank

For the next eight days, Anczak barely ate or drank anything, her chart shows. She continued to refuse to take any medication.

On Aug. 4, Strelnick got a court order to allow him

to give Anczak anti-psychotic medication against her will. By now, Anczak was so badly dehydrated that her eyes were bloodshot from a lack of lubrication, and she was so weak from a lack of nourishment that she had begun regularly urinating on herself and mumbling nonsensically. She was running a fever.

After refusing Strelnick's order that she go home with her parents that day, Anczak stayed in bed most of the next few days. She refused to attend any group therapy and was not able to answer questions.

A note in her chart from Sunday, Aug. 6:

"Legs are tremulous, weakened. Not able or willing to assist staff with cares. Stares blankly, mumbling nonsensically at intervals. Smells of urine . . . Lips extremely dry, tongue, coated."

Monday, Aug. 7:

"Patient still refusing to eat by self. Still resistant to being fed by staff. Patient lets food run out of mouth."

The next day:

"Refusing any solid food. Moaning at intervals. Blank look on face."

At 7:10 that evening, a nurse's aide found Anczak unconscious in bed, gasping for air. The chart shows that the doctor - not identified in the notes - called paramedics.

Anczak was transferred to Froedtert Hospital, where her heart stopped beating. Doctors there were able to revive her. She was intubated and put on life support.

The hospital social worker called Jean and Myron

Anczak at home to give them the news.

"She was already dead for all practical purposes," said Jean Anczak.

For the next seven days, doctors tried to heal her, keeping her alive on oxygen.

"They were tremendous," said Jean Anczak. "They tried everything that they knew."

But, on Tuesday, Aug. 15, the neurologist in charge of Anczak's care told Jean and Myron Anczak that they couldn't do anything more.

"They told us, 'Even if we keep Cindy alive, it won't be the Cindy you know,' " Jean Anczak recalled.

They showed her two brain scans: one of a healthy brain. That was white, showing normal brain activity. The other was of Cindy's brain.

"It was black," Jean Anczak said.

At 1 p.m. that day, Jean Anczak gave the doctors permission to suspend all life support.

Cindy Anczak died the next day at 5:30 p.m.

"It wasn't a gentle death," Jean Anczak said, recalling her daughter's convulsions in the final hours.

Her husband was more blunt.

"I wouldn't let a dog die like that," he said.

The autopsy report listed the final cause of death as "complications of pulmonary embolism due to a deep leg vein thrombosis." In the category of significant conditions contributing to the death, the medical examiner listed starvation, dehydration and immobility.

The Anczaks say that they are haunted by doubts. Why didn't they move their daughter out of the Mental Health Complex?

"We trusted the doctors, and now Cindy is dead," said Jean Anczak. "That was our biggest mistake."

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State investigating patient's death

Woman went weeks without adequate food and hydration

By MEG KISSINGER
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Posted: Oct. 30, 2006

The state launched an investigation Monday into the death of Cindy Anczak, a 33-year-old patient at Milwaukee County's Mental Health Complex who died Aug. 16 after she went for more than four weeks without adequate food and drink.

"We are very concerned about this case," said Otis Woods, director of the state's Bureau of Quality Assurance. "Rest assured that we are taking immediate action on this."

The disturbing details of Anczak's death, detailed Sunday in the Journal Sentinel, and recent results of state inspections at the Mental Health Complex have prompted anew questions about whether the county should have dropped its accreditation by the Joint Commission of Health Care Organizations three years ago. The hospital is licensed by the state and certified to receive Medicare and Medicaid patients. But it no longer seeks to be accredited, a more rigorous designation.

That decision, made in 2003, was said at the time to be done in the interest of saving money. Jim Hill, director of the Behavioral Health Division, who was not in his current job at the time or part of the decision to drop the accreditation, said Monday that

it cost the county roughly \$70,000 a year to be accredited by the health organization.

"It's a prestige thing that some people felt a public hospital like ours could not afford," Hill said.

He has asked his team to figure out how much it would now cost to seek accreditation.

Jon Gudeman, the complex's previous medical director, has maintained that forgoing the accreditation was, and is, a big mistake. All good hospitals are accredited, he said.

"It remains the standard," Gudeman said.

He sent a letter to County Executive Scott Walker in September 2004, urging him to reverse the decision. Gudeman said Walker never answered the letter.

Gudeman said at the time that the complex could not meet accreditation because it is "overcrowded, understaffed, has inadequate administrative support, insufficient quality assurance and improvement programs and does not meet new safety requirements."

Gudeman said in an interview Monday that all those factors remain true today, and that it is logical to wonder whether the hospital's lack of accreditation led to the recent violations.

Woods, the state inspection chief, said Monday that he could not reveal when the investigation into Anczak's death would begin because all inspections are supposed to be surprises. The inquiry will concentrate on the quality of care that Anczak received at the complex, including whether her doctor, Karl Strelnick, took appropriate measures when she stopped eating and drinking sufficiently.

Anczak's medical records show that she remained

grossly psychotic and grew weaker as she refused all medication and most food and drink for more than four weeks at the complex. Still, records show, her doctor allowed her to leave on her own, though she was too confused to sign her own discharge papers and had to be escorted to a cab that the county provided to take her home. Anczak drove herself back to the complex that same day and signed back in voluntarily after she was found roaming the hallways. Ten days later, the doctor insisted that Anczak's 79-year-old father take her home, though the doctor had testified an hour earlier at Anczak's competency hearing that she was a danger to herself. Anczak refused to go.

Strelnick surrendered his license for two years in 1987 after admitting that he had had sex with his patients. One of his patients sued him and was awarded \$750,000 in damages.

Strelnick remains on the staff as a psychiatrist at the complex.

Woods said possible penalties range from no action taken to the worst-case scenario, in which the hospital could lose its license and would be prohibited from admitting any more patients.

The state bureau just completed its periodic inspection of the Mental Health Complex in September. The facility was served with 26 health and safety violations as a result of the surprise inspections. That is more than twice the number found in the previous inspection in 2003.

The most serious violations in last month's inspection found that the complex did not do enough to guard against patients' committing suicide. Other violations included a lack of proper record keeping, not keeping good enough track of patients' whereabouts and improperly storing medications.

Woods said those results did not include Anczak's death, which was not known to the bureau until Sunday's newspaper report.

The Milwaukee County medical examiner ruled that Anczak, who weighed 167 pounds at the time of her death, had died of a blot clot caused by a combination of factors, including starvation, dehydration and immobility.

Jean Anczak, 68, of Greendale said Monday that she was "thrilled" to learn of the investigation into her daughter's death.

"This is fantastic," she said. "I am very pleased. I want to give my heartfelt thanks to all who have extended sympathy and done what they can to break the stigma of mental illness. There is so much heartbreak out there."

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Death leads to criminal inquiry

State mounts investigation in case of mental patient's fatal blood clot

By MEG KISSINGER
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Posted: Nov. 1, 2006

The state's examination into the death of a woman who went for four weeks without adequate food and drink at the Milwaukee County Mental Health Complex has been expanded into a criminal investigation.

William Hanrahan, director of the Wisconsin Department of Justice's Medicaid Fraud Control Unit, confirmed Wednesday that his office has assigned John Knappmiller, the chief criminal investigator, to the case. That probe is in addition to one begun on Monday by the state's Office of Quality Assurance, the state's licensing authority.

Cindy Anczak, 33, died Aug. 16. Details of her final four weeks as a patient at the county's psychiatric hospital were reported Sunday in the Journal Sentinel.

Hanrahan's office prosecutes white-collar crime and crimes involving physical abuse, sexual assault and neglect of residents of health care facilities. Penalties include fines and imprisonment. The office has access to all medical records.

parents. Milwaukee County District Attorney E. Michael McCann said Wednesday that he has offered Hanrahan his office's full cooperation.

"We are here to assist the state in any way that they need us," McCann said.

County officials, including Rod McWilliams, County Executive Scott Walker's assistant, and Rob Henken, director of the county's Department of Health and Human Services, said late Wednesday that they had not been made aware of the investigation.

When told of the probe by the newspaper, William Domina, Milwaukee County corporation counsel, said the county "welcomes any investigation into the treatment of any patient."

"We believe that facts that could not be revealed publicly will show that Milwaukee County acted appropriately under the law in the Anczak matter," Domina said.

Anczak, of Milwaukee, died of a blood clot. The Milwaukee County medical examiner determined that immobility and self-induced starvation and dehydration significantly contributed to the death. County officials have declined to comment on any aspect of her case, but medical records show that Anczak rarely ate or drank adequately from the time she was admitted on July 11 until her fatal blood clot developed on Aug. 8.

She was admitted voluntarily and was discharged at her request on July 25, though records show that she was delusional, psychotic and so confused that she could not sign her discharge papers without help from the staff. Anczak was so disoriented that day that a hospital aide had to escort her to the cab that the county had called to take her home. She drove herself back to the hospital that night, where a doctor found her wandering the hallways.

Knappmiller met Tuesday with the dead woman's

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On Aug. 4, a court commissioner found that Anczak was danger to herself and allowed her doctor, Karl Strelnick, to administer medication against her will. Anczak's 79-year-old father says that Strelnick tried to get him to take his daughter home that same day, though she was weak from not eating and drinking properly and was grossly psychotic. Anczak refused to get in the car with her parents.

The medical records show that Anczak remained in bed for much of the next four days, not eating and drinking adequately. She suffered the blood clot on the night of Aug. 8 and went into cardiac arrest. She remained on life support for the next week and died on Aug. 16.

"I can confirm that a criminal investigation is under way," said Hanrahan. He would not say if any particular person is the target of the investigation. The office has the authority to criminally charge both people and institutions.

On Monday, the Office of Quality Assurance of the Wisconsin Department of Health and Family Services announced that it had begun an investigation into the death. That office monitors the care at the state's health care facilities and issues licenses. Penalties include the possible loss of a license to treat patients.

Otis Woods, the office director, said Tuesday that the probe will also include a second death there, that of Scott O'Brien, a 31-year-old Fox Point man who died in July 2005 of an overdose of the painkiller fentanyl while he was on suicide watch at the Mental Health Complex.

"This is a very serious allegation, and we will investigate," said Woods.

County seeks 'safe' housing for mentally ill

Study seen as critical step in improving service

By **DAVE UMHOEFER**
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Posted: Nov. 2, 2006

The Milwaukee County Board approved planning funds Thursday for a new push to construct "safe and secure" housing for people affected by severe mental illness and/or substance abuse.

The action came four days before supervisors are scheduled to take up a related move to set aside \$1.5 million for future development of improved housing options for low-income people in the care of county human service programs.

Recent Journal Sentinel stories have highlighted major deficiencies in living conditions for some severely mentally ill people whose care is guided by county caseworkers. The housing study is one of several initiatives that County Executive Scott Walker and his top human services aides announced after the newspaper's stories.

The county's Behavioral Health Division said the study would be a critical part of its new focus on housing. The planning blueprint is essential to the county's attempt to attract private developers and lay the groundwork for housing rehabilitation and construction projects, according to the resolution approved Thursday.

Jim Hill, county director of behavioral health, said that the best housing options integrate living units for people with mental illness into buildings that offer affordable housing to the general population as well.

"We're trying not to create mini institutions" for the mentally ill, Hill said. The study will help determine consumers' needs. A variety of housing options will be examined.

Surplus funds in the county's Department of Health and Human Services budget would be tapped for the \$39,000 study, under a resolution the County Board sent to Walker on an 18-0 vote. Walker said he would sign it upon receipt.

Rob Henken, director of the department, said the county would ask the Planning Council for Health and Human Services to update an earlier study the Milwaukee research organization conducted on housing needs.

Walker said the development of a blueprint would dovetail nicely with the work of a new city-county team that is working on the housing issue.

"The study is helpful because there are a lot of ideas out there," Walker said.

Eventually, the county wants to do a broader look at expanding non-institutional living options for people with disabilities. A state push to move people out of nursing homes and other institutions has brought that issue to a head, Hill noted.

Walker proposed various changes and funding options to address the issue. The County Board's Finance Committee rejected one of them, a plan to use federal block grant funding in 2008 for housing development.

But supervisors appear poised to approve a funding

idea they came up with - borrowing \$1 million to create a fund for affordable housing for the mentally ill. That money would become available faster, in 2007, than the block grant funds, they noted. In addition, they appear ready to back Walker's proposal to earmark another \$500,000 from proceeds from the sale of county-owned land in the Park East corridor.

The votes Monday will come as the County Board approves a revised version of Walker's 2007 budget proposal.

Walker said he would sign the bonding proposal if it's approved. If it turns out that legal restrictions on use of borrowed funds would hinder a particular project from moving forward, Walker said he would revive the block grant funding idea.

In other action Thursday, the County Board gave a push to a proposal to develop a hotel on county-owned land adjacent to the Milwaukee County Zoo. Supervisors authorized negotiations with Wauwatosa for extension of water and sewer to the former industrial site on the southeast corner of Highway 100 and Blue Mound Road.

Zoo officials say a lease of the property could generate revenue for the zoo. A 200- to 300-room hotel, possibly with a conference center and small water park, is envisioned.

Editorial: The tragedy of Cindy Anczak

From the Journal Sentinel

Posted: Nov. 6, 2006

The death in August of 33-year-old Cindy Anczak, a patient at the Milwaukee County Mental Health Complex, has prompted two investigations by state officials, one of them criminal. State officials say they're very concerned, and they should be. A young, psychotic patient died after going four weeks without adequate food and drink.

State officials have a responsibility to not only find out what happened but why.

We hope the inquiry will lead to a broader discussion of how this community cares for those with mental illness and provides support for their families. That discussion must include the responsibility of the state to help the county pay for this care.

County Corporation Counsel William Domina says the county welcomes the investigation and maintains that the facts, which he adds cannot be revealed publicly because of privacy constraints, will show that the county acted appropriately.

Perhaps the county did. Obviously, that's what the state investigation is supposed to determine. But what is known about the case, based on an investigation by Journal Sentinel reporter Meg Kissinger, raises disturbing questions, to say the least.

After being admitted voluntarily, Anczak was discharged July 25 even though records show she

was delusional and so confused she couldn't sign her discharge papers without help. That night, she drove back to the facility and was found wandering the halls.

On Aug. 4, a court commissioner found Anczak was a danger to herself and allowed her psychiatrist at the Mental Health Complex to administer medication against her will. Anczak's 79-year-old father said that on the same day, the doctor - who had surrendered his license in 1987 for two years after admitting he had sex with his patients - tried to get him to take his daughter home even though she was grossly psychotic and weak from not drinking and eating properly. Anczak refused to get in the car with her parents. She died Aug. 16 at Froedtert Hospital, about a week after suffering a blood clot.

Rob Henken, director of the county Department of Health and Human Services, and Jim Hill, director of behavioral health, say they welcome the investigation and regret Anczak's death. But they say people should realize that the staff at the Mental Health Complex successfully treats and cares for thousands of people daily under difficult circumstances, including state funding that has not kept up with the rising cost of care. Unfortunately, that has long been a state pattern.

"We also need better community-based resources and funding," Hill said. We agree.

But we also believe that the county must pursue reaccreditation of the Mental Health Complex, despite new, more vigorous standards. This will not be cheap - the county is already looking for a smaller facility better suited for such care - but this must be a priority. Accreditation doesn't guarantee that other tragedies won't occur, but it does provide a level of assurance and public confidence that are desperately lacking.

Task force wants to shed light on mental illness

Psychological problems often ignored in black community, some say

By **GEORGIA PABST**
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Posted: Nov. 19, 2006

Brenda Wesley said it wasn't until her son got in trouble with the law that his mental health problems finally were diagnosed by Wisconsin Community Services.

"Too often, it's difficult for families to recognize mental illness because of a 'don't ask, don't tell' mentality and because of the embarrassment" in the African-American community, said Wesley, of Milwaukee.

Wesley was speaking at a recent meeting of a task force formed by the Black Health Coalition of Wisconsin, which became alarmed by undiagnosed and untreated mental health problems in the black community that can wreak havoc.

When an 11-year-old girl is raped by a group of men and boys, and a mentally ill man is beaten to death on the street by a mob, something is wrong, said Patricia McManus, executive director of the Black Health Coalition.

"You can't just say they are terrible people with no morals or values. We know it's a larger issue among all the issues of joblessness, homelessness and not

being able to make ends meet," she said.

Too often, mental illness remains a taboo in the black community, she said.

"Historically, you're told you're supposed to suck it up and take it," McManus said. "Black women are told you just have the blues or that what you're suffering is just a test of your faith and to pray."

Even if someone recognizes a mental health problem, there's a good chance he or she won't have health insurance to pay for treatment, McManus said.

Culturally appropriate resources also are lacking, said a number of participants at recent meetings to start the task force.

Michael Bell, director of behavioral health at Milwaukee Health Services, said only three or four African-American psychiatrists work in the Milwaukee area and about six total in Wisconsin.

Bell came to Milwaukee in 2004 as a member of the National Health Service Corps, a federal program that helps find physicians for underserved areas.

"Historically, community health centers have been the last line of defense when everyone else rejects a patient for a variety of reasons, including the lack of health insurance," he said. "Unfortunately, health centers have few people to care for a lot of people, and at some point, I think, quality starts to suffer."

Bell said there should be parity among insurance providers for mental health and services such as high blood pressure screening, adding that this also has been recommended by the American Psychological Association.

Although he deals with adults, Bell said, mental illness in a family has a profound effect on children

and how they adapt to the world and deal with problems.

Gwen Jackson of the Red Cross said schools must do more to address mental health issues and not just label children.

"We need to make sure we get what we need," she said.

Bell said he sees mental health problems getting worse here and around the country. "But in America, prison is the new asylum," he said. He called the Los Angeles County Jail "the largest inpatient mental health hospital in the country."

Working with inmates

For eight years, McManus and the Black Health Coalition have been working with pregnant women in the Milwaukee County Jail.

"We've served more than 200 women a year, and a good 60 percent of women in jail have some mental health issue," she said. With a federal grant, the coalition can bring in mental health services and alcohol and drug counseling services, she said.

Brenda Wesley's son is now in his late 20s and incarcerated for selling drugs. Even after his diagnosis, there were times he went off his medications and had problems finding the right combination of drugs, she said.

Working with the National Alliance on Mental Illness, Wesley makes it her mission to speak out about her son's mental illness, her efforts to help him and the need for increased awareness and services.

"I want to put a face on mental illness," she said.

"He's sick. I want to let families know they didn't ask for it. Mental illness should be treated like illnesses of cancer or diabetes."

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Could he have been saved?

Death of man with schizophrenia points out need for vigilance in care system

By MEG KISSINGER
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Posted: Dec. 16, 2006

When Charlie Murray's mangled body was discovered early one morning last month in the alley below the open window of his third-floor apartment, the news came as quite a shock.

He had been doing so well. His family and friends say that he had just redecorated his apartment and was looking forward to Christmas.

"Charlie loved this time of year," said his sister, Brenda Tourmo, choking back tears as she stood at the window of Murray's downtown apartment.

Unlike many people with schizophrenia who retreat into the anonymity of their own worlds, Murray was a dynamo and well-known around town. Big and brawny with flashing brown eyes, Murray helped out for years at the Cathedral of St. John the Evangelist, setting up the altar for weekday evening Masses and answering the phones. He was a caretaker for his mother, doing her laundry and buying her groceries.

Murray, 37, rode his bike all over town and swam several times a week at Marquette University's recreation center pool. He loved his job as a

receptionist at the Grand Avenue Club, a clubhouse for people with mental illness.

"Charlie was a human teddy bear," said Pamela Wittenberg, the club's employment specialist.

In the days leading up to his death, Murray's psychiatrist took him off Clozaril, an anti-psychotic medication that was starting to cause him liver problems. Murray told friends and his doctor that he was nervous that, without the drugs, he would begin to hallucinate or hear voices, common symptoms of his schizophrenia.

But no one suspected that his fears would lead him to kill himself.

Murray's death has sparked a debate about whether his case was handled properly. His psychiatrist, Joseph Bugarino, says he did not call Murray to see how he was doing on the new drug. He had talked to Murray 10 days earlier and Murray had seemed fine, Bugarino said. Friends and family say that they regret that they did not get Murray to the hospital.

Concerns about system

Mental health advocates say Murray's death underscores the shortcomings of a system that too often cuts corners, sometimes with deadly consequences. Some 16,000 people in Milwaukee County are too disabled by their mental illness to support themselves but live independently.

"If someone has chest pains, we get them to the hospital," said Tourmo, Murray's sister. "Charlie needed to be watched by professionals."

Tourmo has appealed to the medical examiner not to rule Murray's death a suicide. She and others believe his death was a kind of manslaughter by a

system that does not give as much care and oversight to people with severe mental illness as it does to those suffering from other forms of illness, such as heart disease, diabetes and cancer.

"My fear is that this will be labeled a suicide, and while technically it may be, its cause was despair brought on by blatant irresponsibility," said Rachel Foreman, executive director of the Grand Avenue Club. "Who is responsible for this death?"

Murray was not monitored well enough, Foreman said.

"We know that changes in medication are very disruptive," she said. "People who are moving from one drug to another need to be watched very carefully."

Statistically, Murray was a prime candidate for suicide. Only about 1% of the general population commits suicide. But between 30% and 40% of people who are diagnosed with schizophrenia attempt it.

Still, Murray's friends and family and his psychiatrist say that he showed no signs of being suicidal.

They say that Murray would be alive today if he had been watched more carefully as he made the transition.

"If I had known what was going on, I would have gotten two of the strongest guys here to bodily get him into the car and get him to the hospital," Foreman said. "We put such a premium on privacy and autonomy that sometimes we forget how fragile people in psychiatric care can be."

But Murray was not an appropriate candidate for hospitalization, his psychiatrist said.

"He seemed fine when I saw him the week before,"

Burgarino said. "I believe that Charlie would not have gone to the hospital. He spent a good part of his life trying to stay out of the hospital."

His apartment showed no signs of the turmoil that must have been boiling from within. He had just redecorated the bathroom, hanging a cabinet on the wall. He had bought a 2007 calendar and a box of Christmas cards.

"He was so full of life," his sister said.

Diagnosed as a teen

Murray, a native of Milwaukee's south side, was diagnosed when he was about 18 with paranoid schizophrenia, a brain disorder marked by psychotic episodes, delusions and hallucinations. For the last several years, he was treated with Clozaril. The drug works well for many but carries with it the potential for liver damage. Last summer, Murray's internist noted that his triglycerides were elevated, raising the possibility of heart disease.

"He was very worried about it," said Burgarino, Murray's psychiatrist of the last several years.

Murray's friends at the Grand Avenue Club say he was growing increasingly fretful about going off of Clozaril.

"He had been so good on this medication that he was very afraid what would happen when we went off of it," said Pat Mace, special events coordinator at the Grand Avenue Club.

An especially good friend of his committed suicide last year, and Murray was rattled by that.

Murray had seen other friends struggle when they switched drugs. "I almost died when I went off

Clozaril years ago," said Bruce Bjorum, 52, a friend of Murray's. "Charlie knew that."

When Ned Croke, 51, decided to go off the lithium that he had depended on for years, he became so delusional that friends took him out to the emergency room at the Milwaukee County Mental Health Complex.

Croke was seen and released.

"He wasn't a danger to himself or others," said Grand Avenue Club staff member Wittenberg, who was one of the ones who sought help for Croke.

Friends hit hard

Murray's death has hit his fellow club members especially hard because they, too, dread what might happen if the side-effects of their anti-psychotic medications prove too dangerous, Bjorum and Croke say.

"We all walk a very fine line," Bjorum said. "When one of us doesn't make it, it affects the rest of us quite badly."

Murray's sister said she began getting more frequent and frantic phone calls in the few days leading up to his death.

"He said he couldn't stop showering," said Tourmo, who lives three hours north in Door County. "I could tell he was very agitated."

Tourmo said she planned to come to Milwaukee the next day to try to get her brother to go to the hospital. But at 5 the next morning, her phone rang again. This time, it was her father to say that Murray was dead. Two bar-hoppers came across his body while cutting through the alley in the 700 block of

Old World 3rd St. just after 2:30 a.m. Murray did not leave a suicide note.

Burgarino, the psychiatrist, says he can understand the friends and family feeling grief. But he feels no remorse. Nor does he think anything could have been handled differently.

"Life is a gift," Burgarino said. "It is fragile. At the end of the day, bad things can happen regardless of the greatest vigilance. Charlie had a very tight safety net. Unfortunately, it could not hold him."

His friends strongly disagree.

Technically, this was a suicide, said Foreman.

"But it was a preventable death," she said.

A complex system

Mary Alice Houghton, a psychiatrist and past president of the Wisconsin Psychiatric Association, says Murray's death points to the complexities of a mental health care system that has moved over the past 30 years or so from institutional to community care, sometimes leaving gaps. There are advantages, and there are disadvantages, sometimes deadly ones.

"It takes considerable cooperation and effort from large numbers of psychiatrists, psychologists, social workers, case managers, group home and apartment managers, pharmacists, and family members to sustain an outpatient life," she said. "Even then, patients often need inpatient stays when their illnesses get out of control for whatever reason. All this costs money -- lots of it."

Is there a lesson in Murray's death?

"It is always tempting to take one's frustration out on one member of this cast of characters and blame them -- patient, family, case manager, doctor, chief administrator, county board," Houghton said. "But, in fact, there is plenty of responsibility so each can have some, and the problem is tough because a solution would require working together."

Leona Bollenbeck, who trained Murray at St. John Cathedral, says she considers his death a sad reminder of how we all need to do a better job of looking out for one another.

"I really miss him," Bollenbeck said.

The cause of his death remains undetermined as investigators continue their inquiry.

Top alert issued against complex

After second person is found starving, county ordered to make immediate changes

By MEG KISSINGER
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Posted: Dec. 23, 2006

State inspectors declared all patients at the Milwaukee County Mental Health Complex to be in immediate jeopardy after discovering that a second person was starving and neglected at the facility last month, a new report shows.

The state inspection was prompted by a Journal Sentinel investigation detailing the starvation death of Cindy Anczak, 33, at the Wauwatosa complex.

When state inspectors arrived after the story appeared, they learned of a 65-year-old man who had lost 44 pounds in three months. The patient was suffering from dehydration and weakness when he was transferred to an acute medical care

hospital. He also had been overmedicated.

The investigators for the state and federal government detailed 11 federal safety and health violations in the report and are expected to issue an equal number of state violations, a state spokeswoman said.

State inspectors issued their highest alert, demanding that the complex take steps to ensure the immediate safety of its patients.

The alert was lifted later that same day after county officials promised to make changes. The events surrounding the Nov. 13 to 20 state inspection were detailed in a report released Friday evening after an open records request.

"We know that we have a lot of work to do, and we will do it," Jim Hill, administrator of the county's Behavioral Health Division, which runs the complex, said in an interview on Saturday.

Jean Anczak, Cindy Anczak's mother, cried Saturday when she was told of the state's findings. She said she was happy that the county will be compelled to make improvements, though it comes too late for her daughter.

"Sometimes I think that God wanted Cindy to die so that others wouldn't have to," said Jean Anczak, of Greendale. "Still, I wish like anything that I would have taken her out of there."

The state cited the facility's lack of proper monitoring of patients' food intake, involving Anczak's death and the 65-year-old patient. It also cited the facility for failing to protect the safety of two patients who died while on suicide watch. Scott O'Brien, 31, died July 18, 2005, of an overdose of the pain medication fentanyl. Debra James, 40, died of a morphine overdose on Nov. 12, 2005. Both had been on suicide watch, meaning that a nurse or nursing assistant was supposed to check on them every 30 minutes.

Scott O'Brien's mother, Carol O'Brien, who urged a review of her son's death, said Saturday that she, too, had a bittersweet reaction to the news.

"I'm relieved to know that some good is coming out of Scott's death. He is leaving a legacy," the Fox Point woman said. "He went to that place to get help, and he died there. Maybe he can live on by having helped other people."

The state's 41-page report was especially critical of the county administration.

"Based on medical record review, policy review and staff interviews, the hospital's governing body failed to ensure that medical staff was accountable for the quality of care to its patients with regard to the provision of nutritional services," the report says.

State inspectors were not available for comment Saturday. But Stephanie Marquis, communication director of the state's Department of Health and Family Services, said in an e-mail, "We expect all licensed facilities to protect the health, safety and welfare of the people they serve. The facility will need to submit a plan of correction that outlines how they will correct these violations and prevent them from occurring in the future. Once we have approved the plan, we perform a verification visit to ensure it has implemented the changes."

Days to come up with plan

The plan is due Wednesday, and the state's reinspection is scheduled for Jan. 4, Hill said.

Hill said he was confident that the problems will be corrected.

"Our license is intact, and it will remain intact," he said. "We have done, are doing and will continue to do the work required of us to maintain that license, and to assure our patients, and the public to whom we are accountable, that their confidence in us is earned and secure."

Hill said he recently requested funding for an additional nutritionist.

This list of violations is the second demand for corrective action against the complex this year.

State inspectors conducted their periodic review of the Mental Health Complex in August, days after Anczak's death. They cited the facility for a host of violations involving the failure to safeguard against suicide. But the state failed to find any fault with the county on its nutritional documentation.

Focus on nutritional care

The November inspection goes into great detail about how the county fails to keep

adequate track of patients' nutritional care. The report gives a detailed look at Anczak's last days and analyzes the breakdown in communication that allowed the 33-year-old woman to go for so long without proper food and drink.

Anczak was admitted to the Mental Health Complex on July 10, weighing 182 pounds, after police found her wandering around a cemetery, babbling nonsensically. Her psychiatrist tried to have her released, even though he had testified that she was a danger to herself. At one point, medical staff helped her sign a release form and escorted her to a cab. She returned to the psychiatric hospital that night, having driven herself.

Anczak died on Aug. 16, eight days after she suffered a heart attack and a pulmonary embolism. Her medical records show that she had gone for more than four weeks without adequate food and hydration.

Anczak's physician told state inspectors, "I can't answer if I was aware of (her) weight loss." But the internist said that she recalled that the staff had orders to monitor Anczak's intake and output for

dehydration. The doctor told inspectors that she relies on staff members to say whether "something is amiss," adding, "I cannot possibly follow up on that many patients, being a consultant on the units."

Not immediately addressed

In interviews with inspectors, the hospital's director, director of nursing and director of nutritional services verified that problems identified in Anczak's medical record were not immediately addressed to ensure that other patients, at risk for weight loss, would not experience the same.

None of the hospital's patients or employees is identified in the report. But a dietitian told inspectors that "there are systemic problems with getting at-risk patients' nutritional and hydration screening information in a timely manner." The dietitian told inspectors that no policies or procedures direct nutrition or hydration assessments and care planning. The person said dietary staff were not normally part of a patient's recovery plan.

The woman said that "to her knowledge, dietary staff did not provide in-services or educational training with regard to nutrition

and hydration maintenance to medical or nursing staff."

Not properly monitored

Like Anczak, the 65-year-old man who lost 44 pounds at the complex this fall, including 10 pounds in a six-day period, was not properly monitored, the inspectors found. He was admitted on Aug. 10 but it was not until Oct. 26, after he had lost more than 34 pounds, that his caregivers made any notation in his file to follow some kind of interdisciplinary care plan.

On Nov. 1, the man was transferred to an acute care hospital. He was noted to have "garbled speech, unsteady gait, possible dehydration and weight loss." He was readmitted to the Mental Health Complex on Nov. 7. The man's current condition was undisclosed. State and county officials would not comment on specific patients, citing their right to privacy.

The report is equally critical of the county for failing to provide proper checks of the patients' rooms to ensure they were safe for suicidal patients. In the two suicide cases, there was no documented evidence that room checks were conducted every

shift, according to the report. The hospital also failed to provide a system to ensure that at-risk patients didn't receive contraband from outsiders.

"These failures caused a direct threat to the safety and health of (O'Brien) and (James), who both died from ingestion of contraband narcotic drugs as hospitalized in-patients," the report says.

A criminal investigation into the deaths continues by the state's Department of Justice.

Robert Pledl, a lawyer hired by the Anczaks, has issued a notice to the county of their intent to sue over county failure to care for their daughter. It alleges that county officials know that the facility is understaffed but are deliberately indifferent to the problems there.

ON JSONLINE.COM

To read a copy of the state report, go to www.jsonline.com/links/mentalreport

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Editorial: Fixing deadly deficiencies

From the Journal Sentinel

Posted: Jan. 1, 2007

Food and drink are basic needs hospitals are supposed to meet as a matter of routine. Yet the Milwaukee County Mental Health Complex failed this year to do so in at least two cases, one fatal.

Now, prodded by coverage by this newspaper and a directive from the state, county health officials have come up with a 60-point plan to correct the deficiencies.

The plan must get careful perusal from state officials. Then it must be deftly executed. The deficiencies at the Mental Health Complex may be so ingrained that mere pieces of paper won't eradicate them.

Reporting by the Journal Sentinel's Meg Kissinger brought the deficiencies to light. She told the unhappy story of Cindy Anczak, a patient who died after going four weeks without food or drink. The report prompted state inspectors to visit the complex, and they found records on another patient in the process of starvation and dehydration. He had lost 44 pounds over three months.

The inspectors deemed the complex unsafe, and rightly so. Adding weight to that judgment were separate incidents last year in which two patients died of overdoses of drugs smuggled into the hospital. The apparent suicides took place even though the patients were on suicide watch - that is, staff members were assigned to check on the patients every half-hour.

Still, the state Department of Health and Family Services must also examine its own procedures. Why didn't inspectors find out about the details of Anczak's death before the Journal Sentinel reported them? The agency must sharpen its own oversight.

The county's plan outlines about 60 steps with timetables. It includes training of medical staff to ensure patients get enough food and water, better tracking of what patients eat and drink and better monitoring of what visitors bring into the center - reasonable steps all.

The state must determine whether they suffice. The plan promises to bring some of the hospital's substandard procedures up to minimal standards.

The Anczak case does raise other questions not yet fully addressed.

On one occasion, Anczak was discharged even though records show she was delusional and so confused she needed help to sign her discharge papers. She did have enough soundness of mind to drive right back to the hospital.

On another occasion, her doctor tried to get Anczak's 79-year-old father to take custody of her even though she was grossly psychotic and weak. Any reform must address the proper time for discharges.

Not uncommonly, people with mental illness have trouble eating or drinking. Thus, a hospital that treats mental illness should have in place a protocol for addressing that issue. Now, at last, the Milwaukee County Mental Health Complex is putting into place such a protocol along with steps for dealing with other safety issues.

County steps toward selling Mental Health Complex

Staff wants OK to seek deal for move to nearly vacant St. Michael

By DAVE UMHOEFER
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Posted: Jan. 10, 2007

The possible move of Milwaukee County Mental Health Complex patients to the largely vacated St. Michael Hospital property on Milwaukee's north side took an important step forward Wednesday.

The county complex in Wauwatosa, which health officials say is outdated and burning up precious dollars that could pay for care, would be put up for sale if discussions over the St. Michael plan come to fruition. The sale of the 25-acre county property possibly could pay for the move and generate excess funds for mental health programs or other purposes, officials said as they unveiled details of the lease or purchase deal for the first time.

Nearly all of the major medical tenants on the Milwaukee County Grounds in Wauwatosa have expressed interest in recent years in acquiring the mental health complex site, according to County Executive Scott Walker.

Walker's Health and Human Services director, Rob Henken, moved Wednesday to seek County Board approval to enter into formal negotiations with

Wheaton Franciscan Healthcare, owner of St. Michael, at N. 23rd St. and W. Villard Ave. Henken is also seeking \$200,000 to fund a study on the complicated deal.

"We're very interested in this happening," Walker said.

The many issues involved in the possible deal will be examined by County Board committees this month, said board Chairman Lee Holloway. He is recommending that supervisors take up the move and the sale as separate issues.

Walker said he hoped that any money left over from the sale and relocation would become a rainy-day fund to improve county-provided mental health care. He said that idea might draw mixed reviews on the County Board.

County Supervisor Lynne De Bruin praised the possible move, noting that the relocation to a smaller setting had been recommended by county task force several years ago.

The county facility is greatly underused and is bleeding millions of dollars a year in overhead costs. As deinstitutionalization has proceeded in recent decades, the facility has dropped from 870 inpatient beds to 252.

Henken said that if county officials give the go-ahead and the parties reach final agreement, the earliest the move would occur likely would be mid-2008.

The St. Michael property would require renovation to accommodate the county programs, which include acute inpatient, crisis service and two long-term care facilities: nursing home and intermediate care. Wheaton Franciscan announced in May that, due to financial losses, it would close most of the operations at St. Mike's.

Anne Ballentine, a Wheaton spokeswoman, said the system is very hopeful the deal can be worked out and win approval.

"We are optimistic this could be a good thing for Milwaukee County, behavioral health patients, taxpayers and Wheaton Franciscan Healthcare," she said Wednesday night.

Final decisions on price, lease vs. purchase of the St. Michael property and payment terms are still needed. Henken said a deeper study of the costs was necessary to proceed into final negotiations.

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Mental health measures approved

County to study moving patients to St. Michael and to give \$505,000 for housing; board also OKs higher park fees

By **DAVE UMHOEFER**
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Posted: Feb. 1, 2007

Milwaukee County officials on Thursday addressed criticism of its care of the mentally ill by approving three measures aimed at improving treatment and housing conditions for persons with mental illness.

The County Board also approved parks fee increases, signed off on a wage-and-benefit package with the county's largest union and approved County Executive Scott Walker's appointees for budget director (Cynthia Archer) and labor negotiator (Greg Gracz).

On mental health, supervisors voted unanimously to contribute \$505,000 in county capital funds to help build 48 units that will cater to tenants with special needs.

One project, proposed by the Guest House and Heartland Housing of Chicago, would turn a former detoxification center at 1218 W. Highland Blvd. into 24 units for the formerly homeless and low-income persons. Up to 10 of those units would house county Behavioral Health Division clients now living in substandard housing.

A second project would help the United Christian Church and Cardinal Capital Management construct 24 units on church-owned land at N. 25th and W. Center streets.

After a Journal Sentinel series, county officials have identified 80 persons under their care living in substandard conditions.

Walker supports both building projects.

A third vote involved steps by the Walker administration to reach a deal to move inpatient county mental health programs from the County Grounds to the vacant St. Michael Hospital, 2400 W. Villard Ave.

After extensive debate, supervisors approved a \$200,000 feasibility study on a 14-5 vote. But they also want a thorough review of the price tag for renovating the current facilities in the mental health complex. The complex was recently cited by state health inspectors for numerous safety violations, and county health officials say it's outdated and that high operating costs are draining major funding from mental health programs.

Walker says he is optimistic the study will show the wisdom of the shift to the hospital property. He wants to sell the County Grounds land at a premium price to pay for the move and upgrade the county's mental health services. Some supervisors think the process is being rushed and say neighbors around St. Michael's might oppose the new use.

In other action, the board:

- Approved, 13-6, the first broad increase in Milwaukee County park and recreation fees in several years. Supporters said the increases were in line with other parks departments and would give the cash-strapped county parks department a better chance to make budget. Critics said some of the

increases were too large or that Walker should have included them in his budget last fall.

- Unanimously approved a four-year labor deal covering more than 3,500 employees represented by District Council 48 of the American Federation of State, County and Municipal Employees. The agreement, retroactive to 2005, headed off the layoff of more than 100 county workers. It includes 2% annual raises, and ends the lump-sum "backdrop" pension option for new hires. The board approved the same wage package for non-represented employees, not including Walker or County Board supervisors.
- Signed off on a \$5.4 million lawsuit settlement in a dispute with non-union employees and retirees over a benefit that allows unused sick leave time to be cashed out at retirement. The County Board in 2002 tried to limit the benefit, which was enhanced in the 2001 pension deal. Some of the employees sued and won a Court of Appeals decision, leading to the settlement that could boost the payout to 387 people.
- Received word from Walker that he was letting stand a one-year extension of the county's management contract with the firm that runs the county bus system. Walker had threatened to veto the extension approved by the board in December, saying the company had a sweetheart deal.

Federal funding doubles

Area's homeless programs, slighted last year, get major boost

By **MEG KISSINGER**
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Posted: Feb. 20, 2007

Milwaukee social service agencies got a huge shot in the arm Tuesday as federal funding for homeless programs - including money for people with chronic mental illness - more than doubled from last year's grant, to \$9.7 million.

"It's a great day to celebrate," said John Chianelli, director of Milwaukee County's health programs and co-chairman of the group that submitted the request for funding from the U.S. Department of Housing and Urban Development.

The award was substantially more than the amounts given to any other group applying for federal dollars in a six-state area that also includes Illinois, Ohio, Minnesota, Indiana and Michigan. The award comes a year after Milwaukee's social agencies fell short of federal goals when housing officials issued only one-year renewals for individual grants and denied Milwaukee bonus money, a move that Chianelli then described as "a punch in the face." Some of the grants awarded Tuesday were for multiple years.

In September, the Journal Sentinel reported that the Milwaukee group that applies for funding, a consortium of government and social service

agencies known as the Continuum of Care, had failed to meet federal guidelines. Milwaukee County left unspent millions of dollars to house people with chronic mental illness. Dozens of people who qualified for funding were denied help because of a lack of administrators to distribute the money. One man who qualified roamed from shelter to shelter, slept under bridges and, ultimately, killed himself while on suicide watch at the county's Mental Health Complex.

The news came as especially bitter at a time when the newspaper was chronicling horrific housing conditions for hundreds of Milwaukee's most severely mentally ill residents, including places with rats, roaches, no heat, broken toilets and broken smoke detectors. County psychiatric caseworkers said they were too afraid to visit many of their clients who lived in the city's most dangerous neighborhoods.

Tuesday's announcement was a turnabout universally seen as dramatic from within Milwaukee's social service community to HUD.

"This is huge," said Joe Volk, executive director of Community Advocates, whose agency was one of three to get new funding, while funding for 25 other programs was renewed. Volk's agency was awarded \$2.1 million for a new program that will provide 60 beds for chronically homeless people who have severe mental illness.

That award includes \$900,000 in bonus money. The bonus is awarded to programs that stress housing over services for homeless people. That had been Milwaukee's biggest problem in getting the federal funding. Social agency directors said they were having a hard time finding builders and rehabbers willing to develop Milwaukee properties for homeless people, especially those with mental illness, because of resistance from neighbors.

The two other new grants announced Tuesday include \$331,590 to St. Aemelian-Lakeside Inc., for a program to provide scattered-site housing for people ages 18 to 24. A second is for \$197,408 to the Red Cross to add three more beds to the 17 it already provides to house homeless adults with severe mental illness at West Samaria, a rooming house on Milwaukee's west side.

Rob Henken, the county's director of administrative services, whose oversight includes programs for homeless people and people with mental illness, hailed the awards as substantial improvement.

"This is outstanding news for our community," he said. "Together with our city-county action team, we are seeing real progress. The key is in coordination of our efforts."

A federal spokesman was more blunt. "Looks like a fire was lit under someone's tail to get something done," said the man, who cannot be identified because of government policy.

Milwaukee's group was by far the biggest winner in the six-state region, gaining more than \$5 million, while Ohio outside the major cities was down \$5 million. Indiana outside Indianapolis was down more than \$6 million from the previous year.

**JOURNAL SENTINEL WATCHDOG REPORT:
ABANDONING OUR MENTALLY ILL**

Death leaves questions about county's care

Man who was supposed to be watched daily was dead for as long as 4 days before anyone checked on him

By MEG KISSINGER
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Posted: Feb. 28, 2007

A man with schizophrenia had been dead for as long as four days before his body was discovered this winter in a rooming house under contract with the county to provide daily supervision for people with mental illness, records and interviews show.

The grim revelation left county officials scrambling Wednesday to explain what had happened on the very day that the county celebrated the disbursement of more than \$10 million in housing funds, much of it for people with mental illness.

Joseph Droese, 46, was last seen alive Tuesday, Jan. 16, at West Samaria, the rooming house at 2713 W. Richardson Place where he had lived for just two weeks. His mother, Kathleen Droese, 81, who lives in West Allis, said she called her son several times that week, beginning Wednesday, because she was making a bathrobe for him and wanted to come by and measure it.

Each time, she said, she was told by the receptionist that Joseph Droese was not answering his page.

Finally, in the late afternoon of Saturday, Jan. 20, Kathleen Droese insisted that the receptionist go to her son's room, and that is where he was found dead.

"I can't let myself think of him being dead in the room for all that time," Kathleen Droese said.

The circumstances of Joseph Droese's death underscore how difficult the lives of Milwaukee's mentally ill people can become. They raise a number of questions about how thoroughly patients under the county's care are monitored, even when they are assigned to a caseworker who is supposed to check on them regularly and are paying rent to live in a place that is contracted to provide "supportive housing."

Jill Rodriguez, Droese's caseworker, declined to comment Wednesday, but she told an investigator for the county medical examiner's office that she was supposed to go to West Samaria six days a week to give Droese his medication.

Droese was on 16 medications for a host of illnesses, including schizophrenia, high cholesterol, asthma and chronic pain. He stood 6 feet 4 inches and weighed 318 pounds.

County officials did not return calls for comment, but Jeanne Lowry, director of the Red Cross's homeless-outreach center, which rents out 30 rooms on West Samaria's third floor, said officials are aware of the circumstances of Droese's death and are working to correct problems with West Samaria.

"A lot of people rely on West Samaria as a place to live," she said. "We've had a lot of conversations about it."

West Samaria management collects roughly \$600,000 a year in rent from the county and a host of social service agencies on behalf of their clients with mental illness.

A history of mental illness

Droese had been plagued by mental illness for his entire adult life, his mother said. He tried to kill himself about 20 years ago by jumping off a bridge, breaking his ankles.

He had lived for the past eight years at Oakton Manor, 1527 W. National Ave., another of the city's rooming houses, but was expelled in early December for fighting.

Droese spent the next month going between homeless shelters and staying with relatives, his mother said. He moved into West Samaria in early January.

Rodriguez, the caseworker, told investigators that Droese had voluntarily stopped taking his medications. She could not compel him to do so, she said. If he didn't answer his door, he didn't get his medications, Rodriguez said.

She said she last saw him Jan. 10 and spoke to him on the phone Jan. 15. Rodriguez told investigators that the staff at West Samaria had a key to Droese's room that they could have used at any time.

How dozens of people who traveled up and down the hallway outside of Droese's room each day did not know something was wrong is a mystery. Janice Beamon, the medical examiner's office investigator, said in her report that she could smell "the foul odor of decomposition" the second she got off the elevator in the dorm-style rooming house.

The place serves as a home for more than 90 of Milwaukee's most mentally ill residents. Droese's body, found in a chair, was so severely decomposed that his family was discouraged from entering the room to hug him goodbye.

The family has requested an autopsy.

Michael Brever, executive director of Tri-Corp Housing Inc., which owns West Samaria, said Wednesday that residents normally are accounted for when they come to the dining room for dinner. But because Droese had moved in only recently, his absence was not noted.

A staff worker told investigators that they were understaffed and attendance was not always taken as promised.

"We will look into this further," Brever said.

Troubles for West Samaria

The death is another setback for West Samaria, which has had a strained relationship with city zoning officials and neighbors in recent years.

West Samaria, formerly known as Richardson House, is not licensed as a group home - and therefore does not undergo scrutiny by state health inspectors - but serves as a rooming house under a city-issued special use permit. Residents must have a diagnosed mental illness and are promised supervision as part of their rent.

Some mental health advocates complain that the rooming house is not clean or safe for such a vulnerable population. But others argue that it is better than no place at all. David Rutledge, a man with schizophrenia, was beaten to death outside the rooming house in July 2004.

The news of Droese's death came as Milwaukee politicians, bureaucrats and social service agencies gathered Wednesday to hail the distribution of more than \$10 million in federal housing funds.

Mayor Tom Barrett and County Executive Scott Walker praised the efforts of their respective government agencies in working together in the past year to improve the lives of residents with mental illness who live in squalor.

"We have a long way to go, but this is a giant step in getting our act together," Walker said.

Barrett, likewise, expressed his delight.

And John Chianelli, the county's representative for the group of agencies that applied for the federal aid, said the funding signaled a "new revolution" in helping the area's most vulnerable residents.

The claims did little to bring comfort to Kathleen Droese.

"How many more are going to die like this?" she said.

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Board hires mental health staffers

More oversight intended to improve living conditions

By **STEVE SCHULTZE**
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Posted: **March 1, 2007**

In the aftermath of the deaths of patients with mental illness in Milwaukee County's care, the County Board on Thursday agreed to hire three staffers to improve monitoring of patients.

The move comes on the heels of Journal Sentinel articles on substandard living conditions for patients with chronic mental illness at the county's mental health complex and in private housing. A story Thursday told of the death in January of Joseph Droese, 46, a mentally ill man living at West Samaria, a west side rooming house. The article said Droese's death went unnoticed for four days.

Earlier newspaper articles told of the starvation death of Cindy Anczak, a patient at the mental health complex. The stories also described horrible living conditions for people with mental illness who were placed in private rooming houses.

A quality assurance supervisor and a risk management nurse were approved unanimously for the mental health complex, with salaries totaling \$213,850 a year. The board also agreed, on a 14-4 vote, to pay for a resident manager to track patients living at West Samaria, a 90-unit rooming house in the 2700 block of W. Richardson Place.

That manager will be paid \$60,412 for the rest of this year through the Red Cross, which contracts for 30 of the units at West Samaria for a homeless shelter. The rooming house is owned by Tri-Corp Housing Inc.

Voting against

Supervisor Dan Devine said he voted against the extra money because he wanted the Red Cross to first answer questions raised by Droese's death.

"Just the thought of (providing more money) within hours of learning of the tragedy and the guy being dead four days" before he was found gave him pause, Devine said.

Supervisor Jim "Luigi" Schmitt said he opposed the funding out of courtesy to Droese's mother, who lives in West Allis, in Schmitt's district. Schmitt said he wanted to make sure the county had thoroughly investigated conditions surrounding Droese's death.

A medical examiner's report quoted Droese's caseworker saying that she was supposed to go to West Samaria six days a week to give Droese his medication. Droese was on 16 medications for a host of illnesses, including schizophrenia, high cholesterol, asthma and chronic pain.

Jim Hill, administrator of the county's Behavioral Health Division, said the two hires for the mental health complex were aimed at preventing patient problems. The county has had only one staffer designated to assure quality of patient care in the past, Hill said.

"We rely on every nurse, psychiatrist, occupational therapist . . . to do this work," Hill said in an interview. The complex had one risk management

nurse already on staff, so the two additional patient monitors will triple the staff specifically charged with ensuring proper patient care, he said.

"We are trying to get out in front of this," Hill said.

The monitoring "focuses on every aspect of our operations that involves providing care to our patients - wherever they are," Hill said.

Moves had been planned

The moves had been in the planning stage before news of Droese's death, he said.

The resident manager at West Samaria will allow the county to eventually reassign two employees who temporarily had been devoting a day a week to monitoring conditions there, he said. The county leases space for seven temporary beds at West Samaria but does not operate the place, Hill said.

He declined to state whether Droese had been assigned to one of the county beds in the rooming house, citing a federal patient-confidentiality law.

The county is exploring other moves to improve living conditions for people with mental illness, including construction of housing in conjunction with county senior centers and moving the mental health complex from the County Grounds to the vacant St. Michael Hospital property, 2400 W. Villard Ave.

The County Board also earlier approved \$505,000 to help build 48 units for special needs tenants.

Last year, county officials said 80 people under their care were living in substandard conditions.

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Building ordered vacated

City takes action after man's corpse went unnoticed for days at west side rooming house; facility's owner plans to appeal

By MEG KISSINGER
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Posted: March 2, 2007

City building inspectors issued an order Friday for residents to vacate West Samaria, a 92-bed rooming house for people with mental illness, after reports in the Journal Sentinel revealed that a man's dead body went unnoticed there for days this winter.

The city says Tri-Corp Housing Inc., the private, non-profit organization that owns the building at 2713 W. Richardson Place, violated conditions of a special permit by not properly monitoring its residents. Mike Brever, Tri-Corp's executive director, said late Friday that the organization would appeal the city's action, effectively staying any evictions. Without an appeal, people would have to be out of the building within 30 days, said Marty Collins, commissioner of the city Department of Neighborhood Services.

City officials expressed outrage at the circumstances of Joseph Droese's death. Droese, 46, who was being treated for schizophrenia, asthma and high cholesterol, was discovered on Jan. 20, four days after he was last seen alive by his mother. She had called him repeatedly throughout the week, only to be told by the receptionist that he was not answering the page. Droese's body was severely

decomposed, according to a report by Janice Beamon, an investigator with the Milwaukee County medical examiner's office.

"A man died and should not have been lying there for four days," said Mayor Tom Barrett, who, along with Ald. Bob Bauman, asked the city Department of Neighborhood Services to review the case. "We have a housing system in place where people can't keep pointing fingers at each other. We are going to find out what went wrong."

West Samaria has a permit as a rooming house but also operates as a transitional living facility, a special designation for places that provide services beyond a rooming house but not as comprehensive as nursing care. In a letter to the city's Board of Zoning Appeals dated Feb. 14 - more than three weeks after Droese's death - Brever outlined improvements that the organization had made to bolster its status as a supportive housing facility.

No mention was made of Droese's death.

In previous correspondence with the board, Brever promised that his staff would monitor the residents, all of whom have been diagnosed with severe mental illness and are under the care of case managers.

"The staff is very involved in watching residents for any behavior changes," Tri-Corp wrote in its plan of operation when applying for the special-use permit, which was issued in June. "When the staff notices a difference in the resident's behavior, we place a call to the case manager. The case manager will then stop by to visit the resident and make sure everything is all right."

Bauman, whose aldermanic district includes West Samaria, has opposed the rooming house for years. On Friday, he criticized Tri-Corp for not living up to its promises.

"This management is not doing its job," he said.

Bauman also criticized the county's Behavioral Health Division, which oversees case managers for the roughly 2,700 adults with severe mental illness under its care.

"They have an obligation to take care of these people," Bauman said of the county. "They should do so and not pawn them off on third-party operators for which there is no accountability."

Jim Hill, director of the county division, said in response: "Characterizations such as that are not really helpful. There are people facing the possibility of homelessness, and our attention needs to be focused on making sure that doesn't happen."

Brever, the Tri-Corp executive, also pointed to the county's shortcomings in this case.

"I wish that things had turned out differently," he said. "But we had all full belief that he was being monitored by his caseworker."

Jill Rodriguez, Droese's case manager, has declined to comment, but she told an investigator for the medical examiner that she was supposed to take Droese his medications six of seven days each week. Rodriguez told the investigator that Droese had stopped taking his medication, and there was nothing that she could do to compel him to do so. If he didn't answer his door, he didn't get his medicine, Rodriguez said.

Brever said he will do all that he can to ensure that the building remains open and that the 92 people with mental illness have a place to live. He said he welcomed the attention in recent months to the plight of people with mental illness who live in poverty.

"An entire system is being analyzed right now," he said, referring to the Journal Sentinel's year-long investigation of inadequate housing for people with mental illness. "If change can come to a system that ensures the best quality of life possible for our residents, then that's good," he said. "These are difficult times that we are enduring right now, but something good can come of it."

West Samaria is home to three housing programs. The Red Cross operates two of those programs, renting 30 of the 92 beds. The other 62 beds are rented to a number of agencies that provide case management for clients of the county's Behavioral Health Division.

Red Cross supervisors learned of the city's order to vacate by a Journal Sentinel reporter.

Kathy Fargo, chief public support officer for the Red Cross, said her organization is proud of the services that it provides to "this vulnerable population."

"We will continue to work with others who share our interest in meeting the needs of people who are homeless and mentally ill," she said.

Following Tri-Corp's appeal, the city's Board of Zoning Appeals will schedule a hearing within the next 30 days to determine whether Tri-Corp's permit should be revoked.

History of West Samaria

Mid-1960s The place, known as Richardson House, opens as a rooming house for railroad employees.

1976 Joe Apollo buys the building and converts it to a rooming house for people with disabilities. Later, he forms a private, non-profit corporation

known as Housing With Help.

1998 Housing With Help merges with two organizations to become Tri-Corp Housing Inc.

1999 Tri-Corp receives a \$300,000 grant from the Federal Home Loan Bank and a \$100,000 grant from the Jane Bradley Pettit Foundation to make capital improvements. Tri-Corp agrees to provide affordable housing there until 2014.

2002 A water main breaks, flooding the building's first floor. Residents are housed in a parish gymnasium for three days. The first floor has to be redone at a cost of \$15,000. Insurance covers it.

July 2004 David Rutledge, a man with schizophrenia who lives there, is beaten to death outside the building.

2005 Tri-Corp seeks to have the place granted a special-use permit as a transitional living facility. Neighbors object, saying West Samaria is not clean and safe. The Board of Zoning Appeals votes 4-1 to deny the 10-year permit.

June 2006 The zoning board reverses itself, voting to grant a two-year permit as a transitional living facility. Board Chairman Craig Zetley criticizes the management of the building, saying, "This is a very sad and tragic statement for our society that this is the best that we can do for these people."

Jan. 16 Resident Joseph Droese is last seen alive by his mother.

Jan. 20 Droese is discovered dead in his room. His body is severely decomposed.

March 1 The Journal Sentinel reports details of the death, including findings by the medical examiner that Droese was likely dead for days.

March 2 Responding to a request from Mayor Tom Barrett and Ald. Bob Bauman, the city's Department of Neighborhood Services issues an order for residents to vacate the building, saying management violated the conditions of the permit.

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City vacate order appealed

Owner says there was appropriate supervision, meals

By **STEVE SCHULTZE**
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Posted: March 9, 2007

The owner of a west side boarding house with more than 90 mentally ill residents filed an appeal Friday of a city order intended to shut down the facility after the death of a resident.

Tri-Corp Housing Inc. said it wasn't responsible for case management of the residents and wasn't at fault in the death of Joseph Droese, 46. Droese's decomposed body was found Jan. 20 at West Samaria rooming house at 2713 W. Richardson Place.

News articles on Droese's death in the Journal Sentinel prompted city officials to issue an order for West Samaria to be shut down. The city said it had violated terms of its special use zoning permit. Tri-Corp's appeal says that the rooming house did provide meals and "appropriate supervision."

"Holding Tri-Corp responsible for a failure to provide 'monitoring by case workers' is particularly egregious because this is not part of the plan of operation," the appeal states. Social workers assigned to Droese were responsible for monitoring him, the appeal says.

Jill Rodriguez, Droese's case manager, told an

investigator with the medical examiner's office that she was supposed to take Droese his medications six days a week, but Droese had stopped using his medication. If he didn't answer his door, he didn't get the medicine, Rodriguez told the investigator.

The Tri-Corp appeal also asks that even if the city Board of Zoning Appeals finds there is enough evidence to revoke the company's operating permit, the rooming house should be allowed to remain open, based on federal disability law.

The appeal also states that Tri-Corp, the Red Cross and Milwaukee County are working to arrange extra staffing for West Samaria.

Jim Hill, who heads the county's Behavioral Health Division, said Friday he agreed with the effort to delay shutting down the home.

"The compassionate thing for (city officials) to do is give us enough time to find someplace else" for the residents to live, Hill said.

West Samaria has three housing programs operated by several agencies. The Red Cross rents 30 of the home's 92 beds, and the rest are rented to agencies under contract with the county to provide case management.

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Order to shut home upheld

But Milwaukee board allows a stay if owners ensure safety, report on facility's condition

By MEG KISSINGER
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Posted: March 22, 2007

In a surprise move, city officials voted unanimously Thursday to uphold an order to close a city rooming house where a man's dead body went undetected for as long as four days in January.

It is unlikely that any of the 92 residents of the rooming house, at 2713 W. Richardson Place, will have to leave soon. The order, issued by the Milwaukee Board of Zoning Appeals, was stayed under two conditions - that the owners form a plan in the next 28 days to ensure residents' safety and that they submit detailed reports to the city every 60 days about the facility's condition. The building operates under a special-use permit, issued in June, that remains in effect until June 19, 2008.

The board found that Tri-Corp Housing Inc., which owns the building, violated its plan of operation, which promised to provide oversight of residents and notify their case managers when their behavior changed.

Kathleen Droese, whose son, Joseph, was discovered dead in his room four days after she began calling him repeatedly, gave emotional testimony about how she rushed to the building

after learning that her son had died but was told she could not hug him goodbye because his body was too badly decomposed.

"It's quite interesting to me that all these officials make decisions about this place and they have never been there," she said. "You ought to visit."

The place is dirty and gloomy, she said. Clearly, she said, no one was watching out for her son.

Board members expressed shock at Joseph Droese's death, noting that they had been given a status report from the building's owners in February - weeks after his death, but it made no mention of his death and board members learned of it only by reading an account in the Journal Sentinel on March 1.

"I was sick to my stomach when I read about that," said Catherine Doyle, a member of the Board of Zoning Appeals. "I felt personally responsible."

The board issued a special-use permit against the objections of several neighbors and Ald. Bob Bauman, whose district includes West Samaria.

Craig Zetley, the zoning board chairman, said he wishes that the board could have closed the building immediately, but he opted not to because residents would have no other place to go. He said Tri-Corp's lawyers most likely would have filed a petition in federal court, noting that the residents, all of whom have severe mental illness, would be protected by the federal Americans with Disabilities Act and would be permitted more time to live in the building until they could find a suitable place to live.

"We just dump these individuals," Zetley said. "It's sick."

Both Jeanne Lowry, who oversees a program in the

building for the Red Cross, and Jim Hill, director of Milwaukee County's Behavioral Health Division, said they would move their clients to a better building, if they had a choice.

"The problem is, there is nowhere else for these people to go," Lowry said.

The city's Department of Neighborhood Services issued the order to vacate March 2, the day after the Journal Sentinel reported the details of Droese's death.

The fate of West Samaria has been contested for years. Many, including Bauman, argue that West Samaria is too dangerous and dirty for such a vulnerable population. Others, including Hill, have petitioned for it to remain open, saying that, flawed as it is, West Samaria is better than no place at all for the dozens of impoverished mental health patients who cannot find housing elsewhere.

Tri-Corp has until April 5 to submit its plan. The zoning board next meets April 19.

Housing fight intensifies

City, county leaders debate roles in providing living space for low-income

By **STEVE SCHULTZE**
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Posted: **March 28, 2007**

Sparring over the death of a mentally ill man at a north side boarding house intensified Wednesday, with county and city leaders exchanging verbal jabs.

Milwaukee County officials said the city could do more to directly provide decent living quarters to low-income people with mental illness, suggesting that the Milwaukee Housing Authority purchase the troubled West Samaria rooming house.

It was at that \$525-a-month boarding house, 2713 W. Richardson Place, where the decomposed body of Joseph Droese went unnoticed for up to four days before it was found in January. The city ordered West Samaria vacated on March 2, the day after the Journal Sentinel reported the details of Droese's death. But that order has been stayed.

The city Housing Authority has low-income housing units and the budget to support them, said county Supervisor Joseph Rice. "Why have they not stepped up to address this need?"

County Executive Scott Walker also suggested a larger role for the city in directly providing housing for low-income people with mental illness. He said

the county's role was mainly in providing services, not housing.

"It's certainly something we'd welcome," Walker told a reporter. "There's no reason why you couldn't have the Housing Authority target a facility like this" for a takeover.

Jim Hill, director of the county's Behavioral Health Division, said the city had the legal authority to build housing to serve mentally ill people. The city has responsibility through its Housing Authority "to provide safe, clean and affordable housing" for low-income residents, including those with mental illness, Hill told the County Board's Health and Human Needs Committee.

He said the lack of discussion on that point "is something of a mystery to me."

City efforts detailed

The city already has about 400 people with mental illness living in city public housing and receiving support services, said Martha Brown, deputy commissioner of city development. And the city has been working since November on a city-county "action team" looking for ways to generate private developers' interest in building quality housing with support services for mentally ill people, Brown said.

Both she and Walker praised the work of that group.

But Brown said that the city already was overtaxed in its ability to provide public housing and emphasized the county's role in providing case management and other support services to the mentally ill.

The city "is not in the business of running supportive housing," Brown said. She said who

should own housing for mentally ill residents was "not the best question here. We are talking about a population who needs more than a roof over their heads."

Asked whether the city could directly take over West Samaria, Brown said: "Changing ownership of a facility in itself is not going to solve the problems."

The latest back-and-forth on the issue was launched last week by city Ald. Bob Bauman, who said the county could solve the West Samaria problem by buying the building.

"The county continues to stick its head in the sand, to pass this off to the private sector," Bauman charged. "It's time for this to stop."

In a letter to Bauman, Walker said that the city Housing Authority was "very well-equipped to take over ownership of this rooming house."

Walker issues caution

In an interview, Walker said his advice boiled down to: "Be careful what you ask for. You might find out you are the best one to provide it."

Bauman couldn't be reached Wednesday.

Hill also told the committee that the county had been unfairly blamed for placing mentally ill residents at West Samaria and that the county's role in helping people with mental illness was not well understood.

He said county caseworkers "inform clients about housing choices" but don't force them to live at a particular place. Hill acknowledged, however, that few choices exist for many low-income people with severe mental illness.

Meg Kissinger of the Journal Sentinel staff contributed to this report.

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Mental patients flood system

Cases spur a projected \$2.3 million deficit

By **STEVE SCHULTZE**
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Posted: April 29, 2007

A boom in mental patients seeking treatment from Milwaukee County has fueled a potential \$2.3 million deficit for the county's mental health services budget, officials said.

County Executive Scott Walker said the shortfall could be covered by shuffling money from other parts of the county budget.

He called for spending an extra \$800,000 as an initial remedy to the mental patient surge, including hiring 31 additional nurses and nurse assistants in the county's Behavioral Health Division. He said the cost could be covered by excess money from Family Care, another county social program.

A key factor in the county's mental patient overload has been the gradual decrease in the number of psychiatric care beds at private hospitals, said Jim Hill, administrator of the Behavioral Health Division.

"What we are seeing is the cumulative effect over the past several years of private hospitals getting out of psychiatric in-patient care," Hill said. The number of hospital beds devoted to psychiatric care has declined by two-thirds to 107 at Milwaukee-area hospitals since 1999, he said.

Medicaid reimbursements for psychiatric patients without private health insurance are considered too low by many private hospitals, Hill said.

The increased county patient load also has caused a rise in overtime for the employees in the county's Behavioral Health Division, he said. Hiring extra employees will be cheaper and help prevent worker burnout, Hill said.

A large increase in the number of county mental health employees taking family and medical leaves of absence has exacerbated the problem by causing a shortage of workers to provide the appropriate care to patients with mental illness, Hill said.

The growth in leaves of absence is likely related to job stress from the patient load increase, he said.

Last year, 410 county mental health employees took leaves of absence - nearly 45% of the work force. That was unexpected, Hill said, noting the trend has continued this year.

Fewer private-care beds

The number of patients coming to the county's psychiatric crisis center increased by 14% to more than 13,000 last year, and admissions to the county's in-patient psychiatric hospital grew nearly 28% to 4,228, according to a report prepared for the County Board.

Those appear to be the direct result of the decrease in private hospital beds for psychiatric patients, according to the report by Corey Hoze, director of the county's Health and Human Services Department.

Deferred treatment caused by the psychiatric bed shortage has also led to more seriously ill mental patients turning up at county facilities, Hill said.

"We are seeing levels of illness - psychiatric and otherwise - like we've never seen before," he said. When treatment is deferred, patients get sicker and wind up being brought involuntarily to the county, Hill said.

Walker said he will formally ask the County Board next month for the extra positions - a rare growth area in financially strapped county government. Those positions will help, but it might take two months or more before the extra people can be recruited and hired, he said.

Support from chairman

County Board Chairman Lee Holloway said he supported the extra mental health positions.

Walker said another supplemental funding request for mental health may be made midyear.

A longer-range solution will include an effort to persuade private hospitals to accept more low-income psychiatric patients, Walker said.

He said help also could come from the sale of the county's Mental Health Complex and the purchase and conversion of the vacant St. Michael's Hospital for mental health services. He said he believes enough money can be gotten for the complex to cover costs of transferring the psychiatric programs to St. Michael's, as well as pay for expanded services.

**JOURNAL SENTINEL WATCHDOG REPORT:
ABANDONING OUR MENTALLY ILL**

Cries for help go unheeded

Larry Ellis was a danger to himself and others. But what should have been a path to treatment ended in tragedy.

By MEG KISSINGER
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Posted: June 16, 2007

Everyone knew that Larry Ellis was sick.

And they could see that he was dangerous.

But when a sheriff's deputy tried to get Ellis back into the Milwaukee County Mental Health Complex for treatment last October, hospital administrators turned him away.

It was the last in a series of mental health care blunders that dogged Ellis from the time he was a boy.

Three weeks later, Ellis, 26, was dead - shot and killed by police after he lunged at them with a knife. The ultimate irony: The officer who killed Ellis had just been trained to deal with people who have mental illness and are in crisis.

A Journal Sentinel investigation found that Ellis was let down at each step along the way by people who

were charged with caring for him - from the police officer who told his mother to "take him back to the 'hood" to the caseworkers who placed him in dirty, dangerous apartments to the doctors who repeatedly released him from the hospital and then refused to admit him when he clearly was still dangerous.

Outraged criminal justice and health care advocates say the case illustrates how Milwaukee County's public mental health care system is stretched so thin that it fails to provide protection for many of the county's most desperately ill.

Too many people like Ellis, who are dangerous to themselves or to others, are inadequately treated or being denied treatment altogether with tragic consequences, they say.

"We have a complete breakdown of the treatment of the mentally ill in this county," said Glenn Yamahiro, a Milwaukee County circuit judge in whose courtroom Ellis last appeared. "It's off the wall."

Yamahiro said he was incensed at what happened to Ellis.

"I think someone should bring a federal lawsuit, and I bet they would win," Yamahiro said.

Tim Wiedel, chief psychologist and director of legal services for the county's Behavioral Health Division, concedes that mistakes were made.

"We know it's a problem," Wiedel said of the number of people who are dangerously mentally ill and not getting help. "He (Ellis) didn't need to die."

Milwaukee County District Attorney John Chisholm has exonerated the officer who shot and killed Ellis but is keeping the case open.

"I want to know what he (Ellis) was doing on the

streets that day," Chisholm said. "Obviously, the system broke down somewhere."

The case comes as the county's Mental Health Complex is at the center of an investigation, launched in November, by the state's Department of Justice. The department is considering criminal charges after several recent deaths reported in the Journal Sentinel, including the overdose of a man who was supposed to be checked every 15 minutes on suicide watch and a woman who died of complications from starvation and dehydration while being treated for several weeks last August.

Ellis' death, the records show, came in a perfect storm of bungled opportunities, brazen disregard for his care and bureaucratic buck-passing.

'Sick out of his head'

Larry Ellis' mother, Beryldene Williams, says her son was suffering and needed care. But no one could - or would - get him help.

"He was sick out of his head," she said. "If that child didn't need help, who does?"

Ellis should have been committed, a doctor who examined him said.

"The guy is beating people up. He's in and out of the hospital four times in two months. It's a no-brainer," said Robert Rawski, a psychiatrist who examined Ellis a few weeks before Ellis' death. "He should have been committed."

People with mental illness are no more likely to be violent than anyone else. But there are laws to protect people who, because of their mental illness, are dangerous to themselves or others.

Under state law, a person who is found by a judge to be a danger can be committed for up to six months. Milwaukee County's lawyers who argue for civil commitments often are reluctant to commit people, saying it comes at too high a cost to restrict someone's freedom. Instead, they typically offer the person a chance to voluntarily accept treatment.

But a person who is committed is not necessarily kept behind locked doors. Most, in fact, live in the community under the condition that they comply with their treatment and take their medication.

No one ever tried to get Ellis committed - even though he had a history of drug abuse, active hallucinations and a proclivity to violence, including beating up his mother.

If they had committed Ellis, he would have been closely monitored.

Jim Hill, administrator of the county's Behavioral Health Division, which runs the Mental Health Complex, said he was not permitted to talk about specific cases because of state and federal privacy laws.

After the state investigation, he assembled a panel of mental health care administrators, lawyers and psychiatrists to look at ways to improve the system. The committee, which discussed Ellis' case in depth, is expected to recommend that county lawyers try to get more psychiatric patients under commitment, Hill said.

Rawski, who serves on the committee, says Milwaukee County is not doing enough to protect people who are sick.

"For many years this county has dropped the ball from pursuing these commitments," Rawski said.

Karen Kotecki, a lawyer for people facing

commitment, said the answer is not to commit more people but to deliver more effective treatment. Freedom without proper care, said Kotecki, is a "false liberty."

"I've had clients who were desperately ill who could not get treatment," Kotecki said. "They treat them for a few days, then release them with a bus ticket to some shelter. One woman refused to go. She lay down on Watertown Plank Road until they didn't have any choice but to bring her back in."

In the past 20 years, the number of beds available to treat people in the acute wards at the Mental Health Complex was cut in half, from 212 to 96. The average length of stay at the complex during that time dropped from 19 days to 12 days.

Meanwhile, the number of people seeking care at the county's Psychiatric Crisis Service spiked. From 2002 to 2006, it grew 14%, from 11,398 to 13,014.

Early troubles

Ellis' case is a glaring example of what can go wrong in a system that has been stripped to bare bones.

He moved to West Allis from Chicago in 1993 with his mother, sister and stepfather, a welder at Allis-Chalmers, looking for a better life.

"We were trying to get away from the nasty stuff down there," said Williams, Ellis' mother.

But trouble soon followed. Ellis was arrested the next year at the age of 14 for pulling a gun on a man.

The family moved to Cudahy, trying to stay as far away from the violence of Milwaukee's central city as

the family budget would allow.

At 16, Ellis was arrested for first-degree reckless homicide in a gang-related drive-by shooting. He spent more than a year in jail - much of that time in solitary confinement. His lawyer had found that Ellis' confession was nearly identical to one of his co-defendants, too similar to be believed. The jury agreed and voted to acquit Ellis.

"He wasn't ever the same after that," Williams said. "He was my child when he left. Whoever they brought back to me was not anybody I knew."

Ellis, then 18, was moody and combative, almost feral, his mother said.

"He didn't even know how to wear shoes anymore," she said.

Ellis was diagnosed as having paranoid schizophrenia. He was put on so much medication that he often slept 20 hours a day, his mother said. Other times he would go for days without any sleep. He'd spend days down in the basement, coming up only to eat, his mother said.

"He was on so many medications, I couldn't keep track of all of them," Williams said.

Ellis stopped bathing, started hearing voices, incessantly talked to himself and was convinced that people were trying to kill him. Occasionally, he threw chairs at the wall.

Williams called the police on her son more than 60 times in the next few years.

"I told them, 'I need help. I can't handle this boy by myself,'" said Williams, who by then had separated from Ellis' stepfather. "One of them said to me, real smart, 'Why don't you take him back to the 'hood?' I was so mad, I couldn't see straight."

Heartbroken and scared

After five years, Williams had had enough.

You have to find someplace else to live, she told her son.

One night, while she was sitting on the couch paying bills, Ellis sneaked up on her from behind. He jumped on her and beat her so badly that he caused permanent nerve damage to her right hand. For weeks she had bruises on her head where Ellis had punched her and in the inside of her thighs where her son had kicked her repeatedly. A few weeks later, Ellis apologized to his mother.

"He told me that demons ordered him to do it," Williams said.

Heartbroken but terrified, Williams pressed charges against her son. It was the only way that she knew to get him some help, she said.

"I had to walk past him in court like he was not my own child," she said.

The judge ordered Ellis, then 23, out of his mother's house. She had to post \$100 to get him out of jail.

Ellis was assigned to a case manager for the Behavioral Health Division whose job it was to find Ellis housing, make sure that he took his medication and help him with chores such as grocery shopping and housekeeping.

Few people would rent to a man with a battery conviction. Over the next three years, Ellis' caseworkers put him where they could. They were a wful places, apartments and illegal group homes with blood in the bathtub, roaches and rats, and mold, property records show. Occasionally, he was

homeless, roaming from shelter to shelter.

"Sometimes he put himself in the hospital because he didn't have no place else to go," Williams said.

The beginning of the end for Ellis came in May 2006, when he was discharged from the community support program at Health Care for the Homeless after his case manager resigned. Rawski, the doctor who interviewed Ellis six weeks before his death, said Ellis was relatively stable until that spring.

Ellis was dangerously delusional and desperate for help. When his mother stopped answering his calls, he would call the police on himself. Twice in the next few weeks, Ellis begged police to come take him away, appearing nude in the window and claiming to have just sexually assaulted someone. Both times, he greeted officers with a knife, threatening to kill himself. Both times, they took him to the Mental Health Complex.

'Frequent flier'

Ellis became what the psychiatric social workers sarcastically call a "frequent flier" - admitted, released and re-admitted to the Mental Health Complex. It happened four times in one month last summer.

He was menacing even in the hospital. Twice, he hit people over the head with water pitchers. The second time, they transferred Ellis to the County Jail and charged him with two counts of battery. He stayed there for the next five weeks.

Rawski, the psychiatrist hired by the state, interviewed Ellis on Sept. 13 to see if he was competent to stand trial. Ellis complained that he was not getting the proper medications in jail. He said he wanted an exam to determine if he was

receiving the right medications and doses. But, Rawski noted in his report, such an undertaking would be difficult "since the jail no longer has a full-time psychiatrist and has a substantial backlog of patients."

In Rawski's opinion, Ellis was competent to stand trial on the battery charge. His notes show Ellis was supposed to be returned to the Mental Health Complex where he could be monitored. That was important, said Rawski, "especially given the scarce treatment resources within the current climate at the County Jail." It was critical that Ellis be treated, the psychiatrist said, "to prevent future dangerousness to the community."

Turned away

In the early morning on Oct. 3, Williams got a call from her son.

He was going to be released from jail and taken back to the Mental Health Complex. A deputy drove him there that morning, but hospital administrators would not take him. They said he was not an imminent danger any longer.

"I've replayed that day in my mind over and over and over again," Williams said. "I'm trying to figure out why things went so wrong. Why? Why? Why?"

By the time Williams got to the Mental Health Complex in Wauwatosa, hospital officials were ready to release her son to the streets. They had tried to place him at West Samaria, a rooming house on Milwaukee's west side, but Ellis refused to go. The city's Board of Zoning Appeals had threatened to close West Samaria after a man was beaten to death near there in 2004. It's also the place where a man's dead body went undetected for as long as three days last winter.

Ellis begged his mother to take him home.

"The judge who handled the case when Larry beat me up told me that I should never have him live with me, but what was I supposed to do?" Williams said. "This might sound hard talking about my own boy like this, but I didn't want him loose on the streets."

Ellis slept most of the time, but when he was awake he was extremely paranoid, his mother said.

'A horrible place'

Within a few days, his social worker found a place for Ellis to stay at 3620 W. Kilbourn Ave. City building inspection records show the place has been cited for no heat, exposed electrical wires and broken smoke detectors.

"It was a horrible place," said his sister, Jameila Ellis.

No one knows for certain what prompted Ellis to do what he did next. His mother thinks it was his way to get help, having tried it twice successfully.

On Monday, Oct. 23, Ellis called the police, claiming that he had just sexually assaulted a 13-year-old girl. Milwaukee police dispatched a team from the Crisis Intervention Training program, officers specifically taught to manage people who might be psychotic and delusional. They were trained in how to defuse a situation so that it didn't turn violent.

When officers arrived, they could see that Ellis had a knife in his hands.

"That boy was crying for help," his mother said.

The police ordered Ellis to drop the knife. He refused. When he lunged at them, one of the officers, a 12-year-veteran with the force, pulled the

trigger and shot Ellis twice - once in the heart and once in the abdomen. He was dead within minutes.

"It was as clean a shooting as I have ever seen," said Robert Donohoo, the retired deputy district attorney who reviewed the case. "There was nothing else the officer could have done."

Williams was home in South Milwaukee watching the morning news when word came that a man had been shot and killed.

"I saw the man's body lying there in the sheets and I had no idea," she said.

When the police came to her door to tell her later that afternoon, Williams fainted.

"I don't care how sick he was," Williams said. "He had a life in front of him. He had a chance to get better. Is this the best we can do?"

Rawski, the psychiatrist, said Ellis was too sick to have been left on his own.

"It's just so sad," Rawski said.

Three years ago, Ellis left a few messages on his mother's answering machine. The first was to tell her that he was hot and wanted an air-conditioner. A few days later, he called back to say that he needed a ride to the doctor. They were everyday patter, so mundane that Williams is not sure why she decided to save them. But she guards those now-precious recordings with all of her might.

Sometimes, she sits there with her son's picture and plays the recordings over and over and over again.

"They're all I have left," she said.

Panel to tackle housing

County, city team up to help the homeless, mentally ill

By **GEORGIA PABST**
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Posted: Jan. 15, 2008

In an unusual partnership designed to respond to the critical need for housing for the homeless and those with mental illness, Milwaukee County and city officials Tuesday convened the first meeting of the joint Supportive Housing Commission.

The job of the 16- member commission will be to establish goals and benchmarks for addressing the housing needs of people with mental illness and other special needs and to monitor the progress of these ongoing, coordinated efforts.

Both County Executive Scott Walker and Mayor Tom Barrett addressed the commission Tuesday and praised the cooperation of all sides that came together following a Journal Sentinel series that described the abysmal housing conditions that poor people with mental illness live in.

Since then:

- Both the city and county have formed housing trust funds to provide a permanent pool of dollars dedicated to supportive housing. The county has \$2 million; the city \$2.5 million.
- An additional \$1.4 million in federal money has been secured for housing the homeless.

- Four housing projects using various funding sources are either in the planning stages or under construction.

- The county formed a housing division that brings special needs, the housing trust fund and other housing related activities into one department.

- The county has established a preferred housing provider system to try to ensure quality. A rooming house that provides supportive housing can apply to undergo inspection and ensure it meets zoning and code compliance. If it meets standards, it can be put on a preferred housing list that consumers can consult.

The 16-member commission is made up of representatives from the city, county, and community, philanthropy, advocacy groups and consumers and will meet quarterly.

Tuesday, the commission agreed to go after a \$5 million grant from the MacArthur Foundation that would be targeted at homeless veterans. The grant would provide housing, supportive services, outreach and research, said Martha Brown of the city's Department of City Development that helps staff the commission. "Veterans are overrepresented in the homeless population," she said.

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Rooming house contests foreclosure action

Alderman criticizes West Samaria's care of residents

By GEORGIA PABST
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Posted: March 2, 2008

The owners and operators of the troubled West Samaria rooming house for residents with mental illness and substance abuse are contesting the foreclosure action that's shutting down the facility.

The Wisconsin Housing and Economic Development Authority, known as WHEDA, filed a foreclosure action in Milwaukee County Circuit Court in November against Tri-Corp Housing Inc. after WHEDA said the non-profit agency defaulted on its \$1.275 million mortgage.

According to WHEDA officials, Tri-Corp stopped making its mortgage payments in July. The decision to foreclose followed a meeting at which Milwaukee County, WHEDA, industry experts and others decided it was in the best interest of the residents to close the 92-bed facility at 2713 W. Richardson Place because of poor living conditions there and other problems, said WHEDA spokeswoman Kate Venne.

In March, the city ordered West Samaria closed after the decomposed body of Joseph Droese was discovered in a locked room. The body was found only after his mother, Kathleen, insisted that a staff member open the door.

In July, the family of David Rutledge, 54, a Vietnam veteran with schizophrenia who was beaten to death outside West Samaria on July 4, 2004, sued Tri-Corp, claiming that negligence by the agency led to his death. The suit claims the owner failed to protect the residents.

Michael Brever, executive director of Tri-Corp, has said several factors led to the default, including the higher than normal vacancy rate at West Samaria over the summer. He said he believed the agency could catch up on its payments.

In its counterclaim asking that the WHEDA be denied the right to foreclose, attorneys for Tri-Corp say the agency sought to bring the mortgage current through the sale of other WHEDA-financed properties owned by Tri-Corp, but that WHEDA has refused.

The suit also states: "WHEDA is acting in concert with Milwaukee Ald. Robert Bauman, who does not want housing for mentally ill persons in his district."

Tri-Corp claims that since about the fall of 2005, West Samaria has been "under continuing attack" by Bauman and that he more than once unsuccessfully petitioned the city's Board of Zoning Appeals to close the facility.

Bauman called the counterclaim a public relations maneuver. "My position has been very clearly stated in half a dozen public forums, and that's that the operation (of West Samaria) is detrimental to the health, welfare and safety of their clients," he said.

"If what they say is true, I wouldn't have supported the development at 1218 W. Highland Ave. by Heartland Housing that I helped engineer to get supportive housing at that location," he said. "I appreciate WHEDA for showing some backbone and finally standing up to Tri-Corp, which has benefited

from the hardship of others."

At the time the foreclosure was announced, in November, there were 79 people living at West Samaria, the vast majority placed there by the county's Behavioral Health Division. Since then, 29 residents have been moved by the county to other locations, and another six were scheduled to move late last week, said Jim Hill, director of the county's housing division.

The Red Cross leases rooms at West Samaria for 20 residents, and there are six occupants remaining who are part of the county's transitional housing program, Hill said. About 17 other residents not connected with county or Red Cross programs also remain.

The WHEDA mortgage covers two properties - West Samaria and New Samaria, 6640 W. Beloit Road., in West Allis, another supportive housing facility.

WHEDA spokeswoman Venne said that the agency's intent is not to close New Samaria, which has 76 residents.

Breuer has asked WHEDA to separate the two mortgages, but the foreclosure is proceeding as filed, said Venne.

ABANDONING OUR MENTALLY ILL | UPDATE

Homeless have a place to heal mind and soul



The Johnston Center Residence is a combination of new construction and rehabbed units from the Johnston Health Clinic, a 100-year-old building, where, legend has it, Teddy Roosevelt was cared for after an assassination attempt in 1912.

Former health clinic turned into 91 apartment units

By Meg Kissinger of the Journal Sentinel

Nov. 18, 2010 | (49) COMMENTS



[enlarge photo](#)



Gary Porter

Cecil Robinson was in a homeless shelter for 11 months before getting his own apartment at the Johnston Center Residence, which opened recently at 2150 S. 13th St. The building has 91 units with 41 of them for low-income people who are chronically homeless.

From the Archives

Section: [Abandoning Our Mentally Ill](#)

Three years ago, Joel Burmiester was so depressed from the stress of living on Milwaukee's streets that he tried to kill himself.

"I had no place to go," he said.

On Thursday, Burmiester stood before a room of government officials and mental health care advocates, looked around the new Johnston Center Residence and declared, "Thank you. Living here is like coming home."

The ceremony marked the official opening of the 91-apartment complex built on the site of the old Johnston Health Clinic at 2150 S. 13th St. Clean, cheerful and airy, the place was buzzing as dignitaries and reporters snaked through the hallways for a glimpse of the apartments.

The project is a combination of new construction and units rehabbed from the old Johnston Health Clinic, a 100-year-old building where, legend has it, Teddy Roosevelt was cared for after an assassination attempt in 1912.

Sister Margaret Johnson, a member of the board of directors for Mercy Housing, the developer, recalls recovering from scarlet fever there as a child.

"It was a place then for healing the body," she said. "Now, it is for the mind and soul, too."

Each of the units has a kitchen with new appliances, a full bathroom and a bedroom. The building has round-the-clock security, laundry facilities, a computer room and an exercise area.

Case workers from Hope House, a nonprofit agency specializing in care for the homeless, provide services, including employment training, stress management and cooking classes.

That brings to 340 the number of new supported housing units in the city since a series of articles in the Journal Sentinel detailed the horrific living conditions for hundreds of people in Milwaukee with chronic mental illness.

The newspaper found some of the city's most seriously mentally ill living in squalor in unlicensed group homes where they often were fed moldy food. Exasperated county case managers and city building inspectors looked the other way, saying there was nothing they could do because the problem was so pervasive.

Another two projects are to open in the next several weeks - 48 units at Empowerment Village at the old Oakton Manor, 1527 W. National Ave., and 52 units for veterans at N. 35th St. and W. Wisconsin Ave.

Milwaukee has come a long way from that day in 2006 when Cindy Holler, president of Mercy Housing Lakefront, a nonprofit based in Chicago, got an urgent phone call from Bob Berlan, then the director of community planning and development for the U.S. Department of Housing and Urban Development's Milwaukee office.

"He told me, 'We've got real problems up here. Meet me at the Perkins restaurant under the bridge,'" Holler recalled.

That clandestine meeting led to this project.

There were lots of hurdles. For four years, developers from Mercy worked with housing agencies from the city, county, state and federal governments to find grant money. They had to clear the way for tax credits and secure zoning approval.

Then, in 2008, the bottom fell out of the housing market and it looked like the financing package they had worked so hard to get would crumble.

But US Bank stood by the project and even donated \$30,000 for the cause, Holler said.

"It took a village all right," she said.

Still, Holler said, there is a long way to go.

An estimated 965 people are homeless each night in Milwaukee. Nearly a third are persistently homeless.

"I've been dreaming about this day for 30 years," said Ken Schmidt, director of Hope House. "I'm thinking of all the places we closed over the years. The Antler Hotel. The Randolph. We promised we would replace those places, and we didn't. Folks in this community need better housing than they were getting."

Alderman Jim Witkowiak said the project was not an easy one to sell to the neighbors in his south side district worried about how people living in the building might act.

"They needed to understand that most people are not homeless by choice," he said.

Cecil Robinson, 44, of Milwaukee was living at the Guest House, a homeless shelter, for the past 11 months until he moved in to Johnston Center a few weeks ago. He said the safety and cleanliness of the building has given him peace of mind.

"It's beautiful here," he said.

Burmierster said he cannot overstate the feeling of having a place to live.

"It is such a gift," he said.

He doesn't want to think about where he would be without a place like this. But he can guess.

"I'd probably be dead," he said.

Great reporting results in help for mentally ill

By George Stanley, *Journal Sentinel Managing Editor*

Nov. 21, 2010 | (15) COMMENTS

 [enlarge photo](#)



Stanley

Four years ago, investigative reporter Meg Kissinger and photographer Kristyna Wentz-Graff produced one of the finest series we've ever published, "[Abandoning Our Mentally Ill](#)."

Their stories brought into open view a darkness that had been crouching for years in crumbling corners of our community - the appalling living conditions of men and women fending for themselves despite illnesses that, untreated, left many unable to perform even basic functions.

Kissinger and Wentz-Graff did more than uncover incompetence, injustice and indifference. They searched for and found a city that was doing a much better job - Columbus, Ohio - and offered Milwaukee a remedy.

Their report was so compelling that Republican County Executive Scott Walker and Democratic Mayor Tom Barrett set aside their differences to seek a solution.

On Friday, we featured a story - "[Homeless have a place to heal mind and soul](#)" - about a former health clinic that has been converted into a clean, 91-unit apartment building. Developed by Mercy Housing, a charity drawn to Milwaukee by the 2006 series, the building offers around-the-clock security and case workers providing support to residents. Since "Abandoning Our Mentally Ill" was published, the city has added 340 new supported housing units. An additional 100 apartments will open before the end of this year.

"These stories have been a significant contribution to society as a whole," one reader wrote.

"Through the help of Meg Kissinger . . . the curtain has been lifted, and there are now choices and new developments," wrote another.

A third reader quoted from the parable of the good Samaritan in the Gospel of Luke to applaud the work of Kissinger and her colleagues.

"I'm glad the world is a little less mean and ugly!" wrote a fourth.

This year, Kissinger has teamed up with reporter Steve Schultze to expose [deplorable conditions at the Milwaukee County Mental Health Complex](#), where patients were harmed, doctors orders were not followed and documents were falsified, all while workers claimed massive amounts of overtime pay.

To get to the truth, the reporters have had to overcome hurdles put up by county officials and a private attorney whom the county has paid hundreds of thousands of dollars to fend off lawsuits over patient neglect.

Once again, Kissinger has looked for and found a community doing a much better job treating people with illnesses that affect the way they think - this time, Pittsburgh. It won't surprise anyone familiar with the cost of incompetence that Pittsburgh is providing much better care at much lower cost to its taxpayers.

Like the police officers, troops and firefighters who protect us, reporters and photographers often enter dark places and see ugly things. Sometimes readers complain, justifiably, that there is too much bad news.

But we investigate and report with the belief that a well-informed community will act to correct, improve and reform serious problems



Meg Kissinger



Steve Schultze



Kristyna Wentz-Graff

brought to its attention. We report with faith in the general goodwill of our neighbors. And good news stories, like the one published Friday, are the result.

Four years from now, let's hope the world is a little less mean and ugly for patients now being committed to the Mental Health Complex.

Thanks to Kissinger, Schultze and the good people who respond to their reports, I'm confident it will be.