Creating a community of acceptance: Increasing job opportunities and access to nature for the developmentally disabled in Mexico, Missouri

by

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Abstract

While there are over six million developmentally disabled Americans living in the country, the mental healthcare system in rural Missouri and throughout the rural United States does not adequately address the needs of the developmentally disabled. As a result, individuals lead a life mostly confined to the indoors, socially isolated, and without appropriate job opportunities—all of which the reinforce public stigmatization. In contrast, the community of Geel, Belgium has welcomed the mentally ill and developmentally disabled since the Middle Ages and has created an adult foster care system to support this population in their community.

Although nothing comparable to Geel, some American communities have created similar supportive systems for developmentally disabled individuals and other vulnerable populations. In New York City, Broadway Housing Communities offers permanent supportive housing and operates as a nucleus of the community. Building Ohana in Spokane, Washington is designing an intentionally intergenerational and neurodivergent supportive community based upon community workshops from the conception of design. In Missouri, the Columbia Center for Urban Agriculture is a non-profit that educates and supports communal and personal gardens of low income residents to provide fresh, healthy food.

Using these precedents as models, focus groups and interviews were conducted with clients, staff, administrators and local community members of the sites above to identify key drivers of successful social integration of vulnerable populations, including the developmentally disabled. The key drivers identified include community acceptance, stability and freedom, social interaction, employment, and outdoor activity.

The goal and purpose of this research was to develop a method for increasing the health and wellbeing of individuals with developmental disabilities, mental illness, and other socially isolated populations in Mexico, Missouri. The implemented project will reduce stigmatization, increase job opportunities and access to nature, and promote acceptance in communities across America.

The proposed project is intended to transform Mexico into a place of understanding and acceptance of people with developmental disabilities. Although Mexico was selected as the project site, this project is intended to be a demonstration for other rural communities in the United States and illustrate that bridging deep social gaps is possible if approached in a sustainable, systemic way. As such, this project will serve as model to inspire other communities to follow—creating meaningful impact that ripples throughout the U.S.

Inspired by community projects that have successfully destigmatized developmentally disabled individuals and other vulnerable populations, this study asked what steps can Mexico take to integrate developmentally disabled residents into the community, while also increasing opportunities to experience nature and providing employment?

Sub-questions included:

How does care for the developmentally disabled community currently function in Mexico, MO?

What job opportunities exist in Mexico, MO for the developmentally disabled?

What best practices from Geel, Broadway Housing Communities, Gould Farm, Columbia Center for Urban Agriculture, and LifeWorks can be applied to Mexico, MO?

How could a community garden project be applied in Mexico, MO to encourage personal connections?

At the project site in Mexico, focus groups, interviews and a public community survey were conducted to identify the needs of the community's developmentally disabled population living in supportive environments and how participating residents could interact with this population. The needs identified include increasing access to social interactions with other community members, increasing connections and access to fresh foods, getting outdoors regularly, going on an 'outing' or other activity that involves leaving regularly as something to anticipate, creating opportunities for continual learning, and consistency of presence in the community.

To satisfy all these criteria, this study proposes a neighborhood gardening collective called "Friendly Front Gardens" to foster community integration of developmentally disabled residents living in independent supported living homes. By increasing access to casual interactions with other community members, this normalizes engaging with the developmentally disabled and other traditionally isolated populations in the public realm.

If caretakers, their clients, and community members learned about food together, they would have something to bond over and enrich the rest of their lives. Helping the community by growing gardens together fosters a neighborliness and shared pride that creates community cohesion.



CREATING A COMMUNITY OF ACCEPTANCE:

increasing job opportunities and access to nature for the developmentally disabled in mexico, missouri

a thesis

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TABLE OF CONTENTS

1 Introduction p6
- Stigmatization
- Definitions
- Project Goal
- Project Site

2 Background p15
- **Literature Review**
  - Legend of St. Dymphna
  - Mental Healthcare in Geel, Belgium
  - A Brief History of Mental Healthcare in the Europe
  - A Brief History of Mental Healthcare in the United States
  - Occupational Education
  - Food Communities
  - Access to Nature
  - Community Capital
- **Precedents**
  - Broadway Housing Communities (BHC), New York City, New York
  - LifeWorks, Employment Solutions, Lexington, Kentucky
  - Gould Farm, Monterey, Massachusetts
  - Columbia Center for Urban Agriculture (CCUA), Columbia, Missouri
  - Giving Grove, Kansas City, KS

3 Research Questions p34
- **Research Goals**

4 Research Design p37
- **Data Collection**
  - Focus Groups
  - Audrain Developmental Disability Services
    - Staff
    - Clients
  - Finck Supported Living Services
    - Staff
    - Clients
  - Mapping
- **Questionnaires**
- **Interviews**
  - Geel, Belgium
  - Mexico, MissouriO
  - U.S. Sites
- **Site Visits**
  - Broadway Housing Communities
  - Geel, Belgium
  - Audrain Developmental Disabilities Services (ADDS)
  - Finck Supported Living Services (FSLA)

5 Results p44
- **Interviews / Focus Groups**
  - Geel, Belgium
    - Foster Families
    - Guests
    - Neighbors
    - Administrators
  - Broadway Housing Communities
    - Administrator
  - Building Ohana (BO), Spokane, Washington
    - Administrator
    - Landscape Architect
  - Columbia Center for Urban Agriculture (CCUA), Columbia, Missouri
    - Administrator
  - Audrain Developmental Disabilities Services (ADDS), Audrain County, Missouri
    - Administrators
    - Staff
    - Clients
  - Finck Supported Living Services (FSLA), Mexico, Missouri
    - Administrators
    - Staff
    - Clients
- **Mexico, Missouri Community Survey**
  - Community Acceptance
  - Stability and Freedom
  - Social Interaction
  - Employment
  - Outdoor Activity

6 Discussion p85

7 Project Design p97

8 Conclusion p110
- Limitations
- Future Research

9 References p115

10 Appendix p122

TABLE OF FIGURES

Figure 1.1. Project site in Mexico,MO. (Google Earth 2022) p13
Figure 2.1. Images from the Church of St. Dymphna (Finck 2017) p17
Figure 2.2. Scenes from Geel (Finck 2017) p19
Figure 2.3. Geel buildings and guest book (Finck 2017) p20
Table 4.1: Methods table (Beamish, Finck 2022) p43
Figure 5.1: Scenes from interviewing (Finck 2017) p47
Figure 5.2: Hand drawn maps and process images (Finck 2017) p48
Figure 5.3: Post interview processing sketches of the Girls (Finck 2017) p50
Figure 5.4: OPZ campus images. It was very lush. (Finck 2017) p52
Figure 5.5: BHC Sugar Hill Apartments in NYC where interview and site visit took place. (Finck 2018) p60
Figure 5.6: BHC site visit scenes and sketches processing post interview. (Finck 2018) p61
Figure 5.7: ADDS post focus groups processing. (Finck 2018) p69
Figure 5.7: Survey follow up focus group processing. (Finck 2018) p77
Figure 5.8: Survey map. (Finck 2018) p78
Figure 5.9: Survey result charts. (Finck 2018) p81
Figure 5.10: Survey result charts. (Finck 2018) p83
Figure 5.11: Survey result charts. (Finck 2018) p84
Figure 6.1: Theme chart. (Finck 2022) p90
Figure 6.2: Community acceptance. (Finck 2022) p91
Figure 6.3: Stability and freedom. (Finck 2022) p92
Figure 6.4: Social Interaction. (Finck 2022) p93
Figure 6.5: Employment. (Finck 2022) p95
Figure 6.6: Outside activity. (Finck 2022) p96
Figure 7.1. Project site locations in Mexico,MO. (Google Earth 2022) p99
Figure 7.2. Emmons Street project site 10 minute walkability map. (Google Earth 2022, Finck 2022) p100
Figure 7.3. Hisey Street project site 10 minute walkability map. (Google Earth 2022, Finck 2022) p100
Figure 7.4. Breckenridge Street project site 10 minute walkability map. (Google Earth 2022, Finck 2022) p100
Figure 7.5. Mary Street project site 10 minute walkability map. (Google Earth 2022, Finck 2022) p100
Figure 7.6. Loneliness and isolation of vulnerable community members in Mexico. (Google Earth 2022, Finck 2018) p102
Figure 7.7. Friendly Front Gardens vision, bringing neighbors out to bond over gardening. (Google Earth 2022, Finck 2018) p102
Figure 7.8. Friendly Front Gardens implementation flow chart (Finck 2022) p106
Figure 7.9. Friendly Front Gardens toolkit book prototype. (Finck 2022) p109

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10

ABSTRACT

While there are over six million developmentally disabled Americans living in the country, the mental healthcare system in rural Missouri and throughout the rural United States does not adequately address the needs of the developmentally disabled. As a result, individuals lead a life mostly confined to the indoors, socially isolated, and without appropriate job opportunities—all of which the reinforce public stigmatization. In contrast, the community of Geel, Belgium has welcomed the mentally ill and developmentally disabled since the Middle Ages and has created an adult foster care system to support this population in their community.

Although nothing comparable to Geel, some American communities have created similar supportive systems for developmentally disabled individuals and other vulnerable populations. In New York City, Broadway Housing Communities offers permanent supportive housing and operates as a nucleus of the community. Building Ohana in Spokane, Washington is designing an intentionally intergenerational and neurodivergent supportive community based upon community workshops from the conception of design. In Missouri, the Columbia Center for Urban Agriculture is a non-profit that educates and supports communal and personal gardens of low income residents to provide fresh, healthy food.

Using these precedents as models, focus groups and interviews were conducted with clients, staff, administrators and local community members of the sites above to identify key drivers of successful social integration of vulnerable populations, including the developmentally disabled. The key drivers identified include community acceptance, stability and freedom, social interaction, employment, and outdoor activity.

The goal and purpose of this research was to develop a method for increasing the health and wellbeing of individuals with developmental disabilities, mental illness, and other socially isolated populations in Mexico, Missouri. The implemented project will reduce stigmatization, increase job opportunities and access to nature, and promote acceptance in communities across America.

The proposed project is intended to transform Mexico into a place of understanding and acceptance of people with developmental disabilities. Although Mexico was selected as the project site, this project is intended to be a demonstration for other rural communities in the United States and illustrate that bridging deep social gaps is possible if approached in a sustainable, systemic way. As such, this project will serve as model to inspire other communities to follow—creating meaningful impact that ripples throughout the U.S.

Inspired by community projects that have successfully destigmatized developmentally disabled individuals and other vulnerable populations, this study asked what steps can Mexico take to integrate developmentally disabled residents into the community, while also increasing opportunities to experience nature and providing employment?

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- What job opportunities exist in Mexico, MO for the developmentally disabled?
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- How could a community garden project be applied in Mexico, MO to encourage personal connections?

At the project site in Mexico, focus groups, interviews and a public community survey were conducted to identify the needs of the community's developmentally disabled population living in supportive environments and how participating residents could interact with this population. The needs identified include increasing access to social interactions with other community members, increasing connections and access to fresh foods, getting outdoors regularly, going on an 'outing' or other activity that involves leaving regularly as something to anticipate, creating opportunities for continual learning, and consistency of presence in the community.

To satisfy all these criteria, this study proposes a neighborhood gardening collective called "Friendly Front Gardens" to foster community integration of developmentally disabled residents living in independent supported living homes. By increasing access to casual interactions with other community members, this normalizes engaging with the developmentally disabled and other traditionally isolated populations in the public realm.

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INTRODUCTION

According to the Center for Disease Control and Prevention (CDC), nearly one in three adults in rural America live with a disability. Of the Americans with disabilities between the ages of 18-44 years old, the most prevalent disability was cognitive disability (CDC 2016). Regardless of age, people living in rural areas are seven times more likely to report a cognitive disability (CDC 2016). This higher percent of cognitive disabilities within rural areas coupled with another CDC study indicate the presence of additional barriers in rural areas that impact health outcomes, community inclusion, and quality of life. These barriers include the lack of transportation, education, socioeconomic status, medical care, and vocational services (CDC 2016, Okoro et al. 2016). These barriers impact their access to and number of social opportunities available to this population. As a result, many developmentally disabled individuals in rural Missouri lead a life mostly confined to the indoors and disconnected from nature. By making rural communities more inclusive and accessible, the health and wellbeing of all disabled people, including those with developmental disabilities, would improve (CDC 2016).

Missouri has the second highest number of sheltered workshops for people with disabilities in the country. These sheltered workshops pay disabled employees a sub-minimum wage and keep the individuals apart from the rest of the community (Hopkins 2021). Missouri in particular has had a host of problems integrating the workforce of abled and disabled employees. Most recently, Governor Mike Parson doubled down on workforce separation by approving a law in 2021 to set wages as low as less than a dollar per hour for disabled employees. This occurred despite recommendations to phase out these sheltered workshops and wages in the 2020 United States Commission on Civil Rights Report (Hopkins 2021, US Commission on Civil Rights 2020). This report also identifies 53 investigations in Missouri that were filed by the Department of Labor between 2009 and 2020, which resulted in $780,000 worth of back wages to employees of sheltered workshops in Missouri. Despite these investigations and recommendations, there are currently 95 sheltered workshops in the state still operating (Hopkins 2021, US Commission on Civil Rights 2020).

In 2021, the US Government Accountability Office identified 32 factors that barred transitioning disabled workshop employees to the integrated workforce. One of the major challenges reported is the lack of state resources for transition services (Government Accountability Office 2021). People who are developmentally disabled often lack job opportunities outside of a workshop environment; if employment opportunities are present, the jobs are not always supportive for their ability (Government Accountability Office 2021). Chronically underfunded organizations or businesses that provide care to these individuals often do not have the capacity to support disabled employees for a myriad of reasons: a lack of staff knowledge, unsafe work environments, inadequate space, lack transportation, and low community support. This lack of contact with the community unfortunately leads to a lack of understanding and greater isolation from everyday activities (US Commission on Civil Rights 2020).

stigmatization

Stigmatization of developmental disabilities and mental illness is the result of centuries of misunderstandings and misattributions. For the purpose of this project, the developmentally disabled and mentally ill are grouped together, despite being separate concepts, because of the historical lack of understanding and shared marginalization between the two terms. They face similar barriers of societal integration and a lack of community support. Stigmatization is a real and powerful force that is very difficult to overcome, even today. Examples of stigmatization include associating mental illness with dangerous or violent behavior, incompetence, and unpredictability. Some stigma examples towards the developmentally disabled includes unpredictable behavior, infantilization, and incompetence, sharing many of the same stigmas of people with mental illness. Once a person has been labeled with a stigma, they no longer control the perception of themselves (Corrigan and Watson 2007). Individuals who become stigmatized often stigmatize and disempower themselves in turn (Corrigan 2000, Lopez-Ibor 2002).

Public stigma can result in the community ostracizing, and bullying the people stigmatized. A 1996 General Social Survey found that only half of the 1,444 Americans surveyed would interact with someone with mental illness during an evening socializing, while working, or agree to a family member marrying a person with mental illness. Additionally, the study found that 40% of the individuals surveyed thought that people with schizophrenia should be forced to accept treatment (Watson et al. 2007). The concept of forced medication constitutes bullying and suggests a lack of understanding and empathy for anyone with the condition. These studies show that even within the last few decades, society does not feel comfortable with members who have been ostracized in the past and with whom the public has a general lack of understanding.

There are a number of strategies that have been used to reduce public stigmatization, including include speaking out against stigma by sharing personal stories, acting as activists for equity, and creating personal connections to increase understanding. Protest, such as simply denying stereotypes in the moment, are not normally as successful at fostering a greater understanding of the people stigmatized. Protests are ineffective in reducing public stigmatization, because there is a lack of understanding what led to the offensive stereotype. Increasing understanding is a much more effective response and requires educating the public to better understand mental illness and developmental disabilities. Education occurs by sharing personal experiences and stories as well as connecting individuals from all communities to meet in person. Studies have found that the more contact people have with individuals with mental illness, the more likely people will reject popular assumptions and stereotypes of mental illness (Watson et al. 2007).

It is common to stigmatize people who are dependent on others for everyday functioning. The best way to empower people who are not fully independent is to educate their caretakers through community engagement. The caregivers, once educated, act as agents of change for their clients and advocates for them in the larger community. The caretakers understand the greater importance of integrating their clients within the larger community and support situations that bridge the gaps in understanding between the abled and disabled populations. This helps the caregivers foster better social and mental welfare for the people they serve (Haswell-Ekins et al. 2009).

When people are stigmatized, they tend to internalize negative stereotypes about themselves. This creates "self-stigma," which impacts their decisions, self-confidence, perceptions, and emotions. Often, people who are stigmatized lose hope and feel helpless over time, which reduces their quality of life (Lucksted and Drapalski 2015). Methods to reduce self-stigmatization include engaging in community activities, learning strengths, collaborating with others, raising awareness of discrimination, and becoming aware of their rights (Miller and Keys 1996).

definitions

"Developmental disability" is defined as an intellectual, but also sometimes physical, life-long disability that normally materializes before the age of 22. Intellectual disabilities are "characterized by significant limitations in both intellectual functioning and adaptive behavior, which covers many everyday social and practical skills" (AIDD 2017).

"Adaptive behaviors" is a term to describe the daily skills needed to take care of oneself and interact with others. These behaviors include literacy, verbal skills, understanding the concept of time, and problem solving. Physical disabilities are defined as restrictions of bodily movements limiting everyday activities, such as cerebral palsy and epilepsy. Individuals can often experience both intellectual and physical disabilities.

For example, Down syndrome and fetal alcohol syndrome are disabilities with both mental and physical effects. Depending on the diagnosis, there is a wide range of abilities within the disability spectrum that varies with the individual (WHO 2017, AAIDD 2017).

The Mayo Clinic defines "mental illness" as a myriad of health conditions and disorders affecting an individual's outlook, conduct, and cognitive ability. Some examples of mental illness are substance addictions, schizophrenia, anxiety disorder, behavioral disorders, and depression (Mayo Clinic 2017).

It is possible for an individual to experience both mental illness and developmental disabilities, which is called a "dual diagnosis." It is estimated that up to 30% of individuals with developmental disabilities experience a dual diagnosis. The reason why there is such a high number of individuals with a dual diagnosis is not currently known (Quintero and Flick 2010, NADD 2017). One theory is that individuals with disabilities experience an extreme amount of marginalization in society and lack the support for healthy coping and development. By not having an environment in which they can live a full life, they cannot overcome the inequalities they face everyday (Quintero and Flick 2010, NADD 2017). Caregivers and therapists often do not have enough specialized training to correctly support the individuals with dual diagnosis (The Arc 2018).

People with developmental disabilities and mental illness often face similar barriers to forming community connections and job opportunities. Although they are separate groups, unless there is a dual diagnosis, these populations have historically been treated the same by society. This similar treatment and stigmatization of developmental disabilities and mental illness still exist today. Consequently, this project analyzes precedents that address mental illness and developmental disabilities due to the high incidence of dual diagnoses, similar barriers of entry into society, and the historical approach to both groups. Since these two populations are stigmatized in similar ways, they are grouped together for this project as a similar solution seems pertinent.

project goal

The goal and purpose of this research is to develop a project for increasing the health and wellbeing of individuals with developmental disabilities, mental illness, or other isolated populations. The project will reduce stigmatization, increase job opportunities and access to nature, and promote acceptance in communities across America.

This research was intended to transform Mexico, Missouri into a place of understanding and acceptance of people with developmental disabilities. Although Mexico, MO was selected as the project site, the community is intended to be a demonstration for other rural communities in the United States and illustrate that bridging deep social gaps is possible if approached in a sustainable, systemic way. As such, this project will serve as model to inspire other communities to follow—creating meaningful impact that ripples throughout the U.S.A.

project site

Mexico, MO, the county seat of Audrain County, has a population of approximately 11,500 citizens. Located in the center of Missouri, it is northeast of Columbia and approximately two hours west of St. Louis. Mexico used to be a major manufacturer of fire bricks and was a breeding powerhouse of American Saddlebred horses. Now, Mexico is host to manufacturing and food processing companies, a military academy, hospital, and agriculture.

Mexico offers rural mental health services with three agencies or companies that serve the developmentally disabled: the Arthur Center, Audrain Developmental Disability Services, and Finck Supported Living. In addition to these dedicated mental health agencies, interactions with the disabled population occur with



Figure 1.1. Project site in Mexico,MO. (Google Earth 2022)

community organizations and churches, the public school system, a Catholic private school, and a community college. Even with this relatively greater contact, the developmentally disabled in Mexico are stigmatized and often isolated from the mainstream community.

The Arthur Center provides a range of mental health and substance abuse services to all ages in the community. Located in Mexico and the nearby town of Fulton, their philosophy is to enable people to build a foundation of physical and mental health. The Arthur Center accomplishes this by providing behavioral health, dental health, and other health care services all in one location. They also offer group homes for families facing homelessness or people with mental health concerns.

Audrain Developmental Disability Services is a government organization funded by state taxes that offers services and resources for people who are developmentally disabled. Their services include independent supported living homes (ISLs), in-home care, relief care for families with developmentally disabled members, daytime care for independent individuals, case management, and advocacy for people with developmental disabilities. Audrain Developmental Disability Services operates out of Mexico, MO and serves people in all of Audrain County.

Finck Supported Living Services was established in 2005 in a farmhouse just outside of Mexico but now operates out of Auxvasse, a tiny town south of Mexico. It provides individualized supported living (ISL) homes throughout Mid-Missouri, including Mexico, with satellite branches located in Lexington, Kentucky and, most recently, Colorado. ISLs allow up to four individuals to live together in the community with staff who provide support twenty-four hours a day. Staff help residents clean, teach life skills, take medicine, and enjoy everyday tasks. Many individuals have jobs in the community or attend day programs. Finck Supported Living Services also provides in-home support for families who wish to have their family member remain in their own home. The Finck Supported Living Services branch in Kentucky advertises “Shared Living Homes,” which are similar to the foster family arrangement in Geel, Belgium. Their clients range in age from people in high school to the elderly.



BACKGROUND

literature review

the legend of st. dymphna

Geel is a quiet agrarian town in Belgium located about 72 kilometers (45 miles) northeast of Brussels and about fifty kilometers (30 miles) east of Antwerp. A powerful legend about a young princess has associated the town of Geel with mental illness for centuries. As early as the seventh century, a legend emerged in Geel of an Irish princess who escaped her mad father in a desperate attempt to flee a forced marriage.

Named Dymphna, the princess was raised as a Christian by her mother in pagan Ireland. After her mother died, Dymphna's father King Damon entered into a period of deep mourning for several years. King Damon's advisors counselled him to seek another wife as soon as possible to bring him out of his stupor, and so began his search in Ireland for a woman as beautiful as his first wife. The closest match to the radiance of his dead wife though was the beauty of his own daughter. King Damon decided to ask Dymphna to marry him (Roosens and Van de Walle 2007).

Dymphna was repulsed by the idea of marrying her father. She consulted her Catholic priest who advised her to take a forty-day trip to reflect on her father's offer, which bought her time to escape. Her father allowed this, so Dymphna and her priest fled to Belgium where she thought she would never be found (Roosens and Van de Walle 2007). Dymphna and her priest mentor settled in Geel, Belgium, which had a small Catholic chapel at the time, and began their lives practicing their faith and visiting the sick people in the area. After forty days of "deliberation," King Damon discovered he had been fooled and became enraged. He dispatched his army to locate the princess (Roosens and Van de Walle 2007).

When he discovered his daughter in Belgium, he was so incensed that he traveled to Geel himself and demanded that Dymphna marry him. She refused him again, so he threatened to behead her priest mentor. Again, he demanded that she marry him, and again, she refused. King Damon ordered his men to behead his daughter, but they would not harm the girl. In a fit of rage, King Damon beheaded his daughter and her priest himself; he left their bodies where they fell and returned to Ireland (Scull 1981).

According to legend, the villagers who knew what had happened came and buried the bodies at the site of the bloody murder . Because of her grisly death by her mad father, and her reported powers to heal the sick, Saint Dymphna became the patron saint of the mentally ill. Her feast day is May 15th and is celebrated in Geel every five years with a festival and retelling of her story (Goldstein 2015).









Figure 2.1. Images from the Church of St. Dymphna in Geel including a depiction of the cleansing ritual circling Dymphna's relic and an icon of the martyr Dymphna herself. (Finck 2017)

mental healthcare in geel, belgium

Because of the Saint Dymphna legend, pilgrims began to flock to Geel in the Middle Ages, voluntarily or involuntarily. The church in the town became a nexus of people seeking a cure, which began the longest ongoing mental healthcare system in Western culture (Goldstein 2015). As more pilgrims travelled to Geel with nowhere to stay, the inhabitants of Geel and the surrounding area farmers began to shelter the pilgrims (Roosens and Van de Walle 2007). As Geel's popularity grew, a guest house was built next to the chapel in 1286 to accommodate the boarders. Construction of a new, larger church began in 1349 to accommodate the pilgrims who stayed at the church during their nine-day treatment. For the pilgrims that needed to stay longer than nine days, the church asked villagers to open their homes up to house these pilgrims (Goldstein 2015).

Because madness was associated with demons at that time, the treatment was religious in nature and began with a Catholic confession. Then, the individual would take part in a procession around the church three times a day and reverently crawl past the relic of Dymphna. Reciting thirty Our Fathers and Hail Marys was also required along with participation in Mass, where an incantation was said to drive out the devil (Goldstein 2015). If any pilgrim was unable to take part in the healing process, someone took their place saying prayers and crawling on their behalf. The process would be repeated until the pilgrim was "cured" (Scull 1981). Unfortunately, some egregious violations of human rights were often also part of the therapy (Goldstein and Godemont 2003). For example, while the nine-day healing process took place during the daytime, pilgrims would be chained nightly to a wooden bed by their ankles and wrists (Scull 1981).

In the middle of the 19th century, there was a new approach in addressing mental illness in Geel. Instead of the original goal of "curing" the pilgrims, the community provided a place for them to live and receive "open air treatments" (Scull 1981). This treatment allowed the boarders to have free run of the town without the expectation of getting better. They were simply allowed to live. Housing was provided by foster families, or nourriciers (Sibbald 1861).

This idea of open air treatment revolutionized the 19th century mental health world. Although it was criticized by asylum enthusiasts, it still managed to sow doubt in the public's mind about the treatment of the mentally ill and sparked experiments throughout Europe that emulated Geel. While these experiments generally did not last long and were shut down due to abuse by the foster families, squalid conditions, and lack of understanding of mental illness, they lit the spark of reform for community living (Scull 1981).

In 1862, the first mental hospital was built in Geel. In 1948, the Geel State Colony was formed and transferred from the Ministry of Justice to the new Ministry of Health. In 1991, a major change occurred in Geel's public psychiatric hospital, which supervised the adult foster care system. Decision-making for the foster care system was transferred from Brussels to the hospital in Geel, creating the modern day OPZ Geel (Goldstein 2015).







Figure 2.2. Scenes from Geel including the expanded guest house, agrarian traffic outside the guest house and the central town square. (Finck 2017)





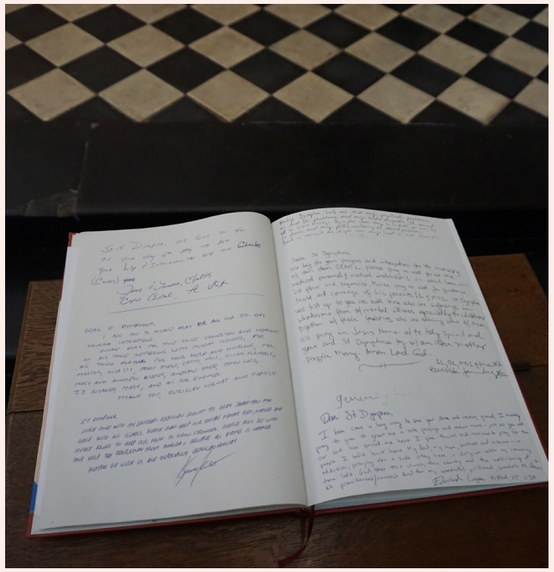


Figure 2.3. A Geel hospital building built int the 1800s, the interior of St Dymphna's Church where every ornament depicted her life and the pilgrimage guest book that had prayers from all over the world inside.. (Finck 2017)

With the establishment of a new psychiatric hospital and foster care system, "pilgrims" who arrive in Geel today are taken through a placement process. First, a short observation period takes place at the psychiatric hospital to assess how the individual interacts with others and their abilities and disabilities. If the boarder seems to be a good fit for a foster family, they are assigned to a family in the community. If they are violent or in some way not amicable to fit into family life, they are placed in the psychiatric hospital (Roosens and Van der Walle 2007).

Many local families have been caring for the borders or guests for generations, and until recently, there has never been a lack of families wanting to apply (Roosens and Van der Walle 2007). Because the boarders live with families and are not subject to the rigid rules and scheduling associated with living in an institution, they enjoy the same lifestyle as their host families (Miller and Chen 2017). The foster system of Geel enhances the boarders' lives by providing them with the freedom to live the way they would like to live (van Bilsen 2016). For most of its history, the foster care system in Geel did not differentiate between developmental disabilities and mental illness because at the time, both groups were thought the same. Differentiation came later as healthcare improved. Pilgrims journeyed to Geel for treatment for mental illness as well as developmental disabilities.

Geel's success is based on four factors. The first is the community's understanding and acceptance of the needs of the mentally ill and developmentally disabled. The second is how they are embraced by the community. Third, Geel provides outlets for the mentally ill and developmentally disabled to achieve self-fulfillment through opportunities to work within their specific interests and abilities. Finally, and most importantly, the developmentally disabled and people with mental illness are accepted into a family. This is the most essential element of success and allows the other three factors to become a reality (Goldstein 2015).

Geel has been successful in other ways as well. It has served as a catalyst for Belgian mental health reform and the development of the adult foster care system present today. It has served as a model for mental health care systems in Austria, Germany, Japan, and Switzerland and prompted the discussion of current mental health care reform around the world (van Bilsen 2016).

a brief history of mental healthcare in europe

Until just after WWI, perceptions of the mentally ill were often grossly inaccurate and similar to the conditions described in Geel. In Europe, the mentally ill were frequently detained and confined to asylums and institutions where they suffered abuse and mistreatment. This institutional approach was especially common in the 19th century. Prior to this time, families mostly dealt with mental illness and developmental disabilities on their own. With the introduction of institutional care, a general misconception developed that mentally ill and developmentally disabled people were happier in institutions where they are among people like themselves and with medical staff who could care for them (Foucault 1988).

Before institutions were responsible for the care of the mentally ill and developmentally disabled, treatment was usually left to the clergy. The "cure" for mental illness included pilgrimages to religious sites, like Geel, and daily mass with praying and incantations to drive away the devil. Eventually, when monasteries and holy sites could not manage the number of pilgrims, asylums were established. Asylums were characterized by cruel treatments and horrid, overcrowded living conditions. To make matters worse, asylums were usually manned by untrained staff who were completely unqualified to help the patients (Foerschner 2010).

Mental asylums were not intended to cure or help the patients in any way. Instead, they were to keep the patients out of the sight and mind of the public. Many of the most infamous institutions rarely allowed visitors as exploitation and cruelties were common. For example, in London, Saint Mary of Bethlehem "Bedlam" opened in 1547 and began to put violent patients on display to be viewed by the public for a penny. The patients were chained to the walls and barely allowed to move, except to feed themselves. Examples such as Bedlam were unfortunately far more common throughout the history of the mental health system than places like Geel, Belgium (Foerschner 2010).

a brief history of mental healthcare in the united states

In the early days of the United States, colonists dealt with mental illness within the family simply because there was no other help available and no pilgrimage sites yet. As a result, some communities accepted mental illness and developmental disabilities as a fairly normal aspect of life. There were even cases of very public figures, such as preachers, who were assisted by the public when they struggled with mental illness or developmental disabilities. One colonial legend recounts the trials of Joseph "Handkerchief" Moody, who experienced a devastating personal loss and could not stop crying. Although he was able to continue his ministry for three years, he could not deliver his sermons and was unable to function as a minister without a handkerchief over his face. His parishioners did not seem to object over the years until the crying intensified to the point of incomprehensibility (Goldstein 2015).

The Quakers had strong convictions about the role of government in mental health and approached it similarly to Geel—"with [a] compassionate, supportive attitude toward the mentally ill" (Cherry 1989).The Quakers' Friends Asylum that opened in 1817 in Philadelphia was a farm where patients experienced a serene environment and could work on the farm. This farm helped change the way the mental healthcare system in the U.S. evaluated success in mental institutions (Cherry 1989).

One of the most notable Quaker reformers was Dorothea Dix, a school teacher from Maine, who retired early due to tuberculosis. In 1831, her doctor instructed her to take a restorative trip to Europe where she met and became friends with prison reformer Elizabeth Fry. When Dix returned to America, she devoted herself to the reform of prisons and mental asylums. She wrote extensively about the plight of patients and prisoners and the abuses and mistreatment they suffered. She shamed politicians into changing the system into one that could better handle the influx of patients and prisoners and in more humane conditions (Parry 2006, Stamberg 2017).

Dorothea Dix created a very unusual treatment center for her time with an emphasis on patient comfort and care. Dix chose Washington, DC for the hospital location, and St. Elizabeth's Hospital opened in 1855 with another uncommon characteristic was that every patient, regardless of skin color, was treated the same. Although not everyone had equally good views from their windows, medical attention was consistent, irrespective of race (Parry 2006, Stamberg 2017).

Social unrest and conflicts have advanced the understanding and treatment of the mentally ill and developmentally disabled. Generally, the treatment of marginalized people is a direct reflection of current social values at the time. For instance, after wars and in times of civil justice debate, spikes in compassion are seen and associated with increased discussions about the condition of oppressed people, including the developmentally disabled and mentally ill. This is illustrated in the understanding of mental illness in response to times of war. War gave doctors and psychologists an increased awareness and understanding of mental illnesses that occur in response to battle, such as Post-Traumatic Stress Disorder (Crocq and Crocq 2000). As early as the American Civil War, the conversation about disabilities and mental illness in America began with the introduction of wounded veterans and social unrest over the treatment of slaves with a raising awareness that all people, regardless of race or mental capacity, deserve equal rights and treatment (Sitlington and Clark 2006).

World War I was the first major conflict with recognizable psychiatric casualties, and it marked the beginning of the growth in understanding and treatment for mental illness in the United States (Crocq and Crocq 2000). After WWI, veterans showed that war injuries can be interior and exterior. The high number of wounded warriors helped raise awareness about disability, inspiring a time of conversation about mental illness and disability. Also in the early 20th century, the Intelligence or IQ test became commonplace, which allowed the objective quantification of intelligence, and which revealed that large number of Americans scored below what was considered

normal. The test was easy to administer, so many people who would never have been tested were able to do so, raising awareness of the variances of test scores of the population (Clark and Sitlington 2006).

World War II, with its violence targeting civilians and the horrors of the Holocaust, was another period of growth of psychiatric theories regarding mental illness. This large number of civilians and soldiers who suffered major psychologic injuries shaped the dialogue about the root causes of disability (Crocq and Crocq 2000).

After WWII, racial segregation was marginally reduced which created greater accessibility to other marginalized groups, including special programing and classes for the developmentally disabled. In schools, there was a movement to group students with similar disabilities together in special classes. There was also a shift of focus from encouraging happiness to increasing independence by changing what skills were learned. People were taught more life skills and self-care, changing the goal to being self-sufficient (Sitlington and Clark 2006).

The introduction of psychotropic drugs in the 1950s transformed the treatment of mental illness to outpatient care. In the 1960s, President Kennedy laid out the ambitious goal for a new approach to mental health that would be based in the individual's community. Armed with the mistaken belief that mental illness could be prevented and behaviors permanently altered by drugs, the legislation laid the foundation for the collapse of the mental healthcare system in the United States (Bassuk and Gerson 1978, Goldstein 2017).

occupational education

The 1940s saw the beginning of the occupational education movement in England. John Duncan, occupational therapy pioneer, noticed that disabled children who grew up on the street had stronger concrete intelligence compared to the abstract intelligence that other children possessed. He developed training programs to teach them skills in carpentry, beekeeping, cooking and other jobs that the community needed. He trained children of any level of abilities and disabilities. Although the occupational education movement initially focused on higher functioning individuals with mild to moderate learning or behavioral disabilities, a study in the 1960s proved that individuals on any part of the disability spectrum could perform tasks with enough training within a sheltered workshop (Sitlington and Clark 2006).

In the 1960s, there was an increase in studies that critiqued the shortfalls of the young and developing occupational education system. At the same time, the civil rights movement had a large impact on the occupational education movement by encouraging the idealistic goal of normalization for people with disabilities. There were also increased investments in activities for the disabled that enhanced their daily life (Sitlington and Clark 2006).

While the occupational education system was developing, there was concern over restricting people with disabilities to a limited number of "traditional jobs." To combat this stereotype, the vocational education system was initiated for the disabled in the US in 1963, although no funds were allocated at the time. In 1968, Congress ensured that 10% of vocational training funds were available for the disabled. States had to develop a plan for how these funds would be used to benefit disabled students' vocational training. Unfortunately, there was no enforcement and no repercussions for states that did not follow the 10% law. It was not until another amendment was passed in the 1970s that forced states to comply with the law (Sitlington and Clark 2006).

Since every disability is different and all people have different abilities, it was difficult to ensure that every person's unique abilities and disabilities were accounted for during vocational training. Often, this translated into training disabled individuals for specific jobs regardless of suitability. This effectively confined a general population to specific tasks that only suited certain individuals. To ensure that the disabled were not confined to a few specific jobs, career education was developed to shift to a more holistic individualized approach as opposed to more job specific vocational training. The goal of career education is to educate individuals to be employable, independent, and active members in society, which helped spark the promotion of independent living situations for the disabled (Kavale and Forness 1996, Sitlington and Clark 2006). Career education includes vocational and independent living training that broadens to assist disabled people in almost all aspects of their lives.

The career education method led to the creation of transitional programs and services to smooth the evolution from school to post school life. In school, there is a greater support network of specialized classes, community touch stones, and supported extracurricular activities. Post high school life offers much less formalized support, which is less easily accessed. These transition services are tailored to individual students and usually build social and community skills, which were previously untaught. Other skills emphasized are self-determination, social relationships, health and fitness, recreation, and leisure. The hope of this education style is that the combination of these skills creates lifelong learning and development and prevents people with disabilities from being ostracized in public life (Sitlington and Clark 2006). If people with developmental disabilities are not supported outside their place of work, however, then it is not enough to overcome the social stigma of disability.

Having an appropriate job for the developmentally disabled is key to overall individual wellbeing. When people are satisfied with their jobs, they are more self-confident, engaged with community, and fulfilled, which leads to a better quality of life (Petrovski and Gleeson 2009, Oregon Department of Human Services 2017). Although appropriate jobs is key, ensuring that jobs are integrated with the larger community is even more important. Often, people with developmental disabilities are only offered jobs within a segregated sheltered workshop after they leave high school, which limits their self-growth, development, and sense of belonging within their community. Innovative employment can combine adult day programming with employment to provide a job that is both educational, fulfilling, and appropriate for their abilities. Today, it is believed that employment in a supportive and inclusive environment is more beneficial than a sheltered one (Rusch and Braddock 2004).

Providing an inclusive environment could be done through a social enterprise business. This type of business is socially minded and generates income, creating a "double bottom line." A "triple bottom line" is created when a business is also ecologically sound (Katz and Kauder 2011). Social enterprise businesses often provide employment, but not exclusively, for underserved groups while integrating them in with the rest of the community (Katz and Kauder 2011).

These new types of enterprising business models boost opportunities for underserved people and fulfill needs within the community, but it is important that they do not become an enclave or workshop for specific populations keeping them away from the rest of the community. Isolation only increases stigma. Paying at least minimum wage is also imperative to providing equal employment opportunities and income generation for the underserved populations (Katz and Kauder 2011).

food production

Food can be used as a community connection tool, unifying. Everyone has to eat, and all cultures have traditions of food preparations and growing styles. Food is a well-known and well used method of bringing two different groups together throughout history. A town in northern England called Todmorden grows food for the community to share through an organization called "Incredible Edible." Its founder, Pam Warhurst, decided to begin guerrilla farming. Gradually other residents joined in with Warhurst and created an entirely edible landscape. Warhurst's motto is "If you eat, you're in" (Raz 2016), meaning that if you are a person who eats, you belong in their community. This public gardening approach has radically altered how residents interact with their environment, neighbors, and how they perceive the world. It has even changed how they brand their town. Incredible Edible has also reached out to chefs and cooks in the community to host cooking classes to teach a range of recipes to community members (Raz 2016).

Building food community connections is a relatively inexpensive way to empower individuals in a neighborhood. For example, community gardens have been shown to increase communication, which increases civic engagement and can lead to other improvements in the community (Malakoff 1995).

The act of producing food and community gardening is a form of therapeutic horticulture, because the process of tending plants and interacting with nature supports healing and rehabilitation. Because therapeutic horticulture is so wide-ranging and adaptable, it is ideal for the developmentally disabled (Simpson and Strauss 1998).

Another example of using gardens to connect with community is a non-profit urban agriculture program in Orlando, Florida called "Fleet Farming. "Orlando is a town of big empty grass lawns, but some homeowners have volunteered their front lawns for gardening. The volunteers travel by bicycle to the approximately 300 donated garden plots, where they plant, weed, water, and harvest the garden. The result is the transformation of wasteful lawns into small sustainable farm plots with produce sold to local vendors within a 5-mile radius (Welch 2016, Fleet Farming 2021).

Building spaces in neighborhoods, especially for interactions and community involvement, are important to connect neighbors together to increase health and wellbeing. This becomes even more imperative when the neighborhood contains people that are developmentally disabled and unable to drive. Being involved in creating attractive landscapes and engaging in food production also enhances individuals' connections with the neighborhood (Francis et al. 2012, Gehl 2011).

access to nature

The well-known positive effects of access to green space and nature are especially important for individuals under mental and emotional stress, for it can soothe, improve attention, restore, and lower blood pressure (Kaplan 1995, Park et al. 2010). The benefits of nature are not confined to the wild and the woods. Positive effects can also be found in neighborhood places that provide a reprieve from the stresses of everyday living.

Relief pockets of small parks, community gardens, or neighborhood spaces can help bridge the gap between the wild and the urban and still fulfill the soothing of strain. These spaces do not have to be strictly natural but can incorporate green spaces and parks. They can also include community gardens and edible landscapes, which can provide fresh food, interaction with nature, and encourage minor physical activity (Wolf and Robbins 2015).

community capital

Communities resources that are intrinsically tied are called community capital. Community capital consists of five sub capitals including: human, natural, cultural, social and political capitals (Flora 2015). To create a community of acceptance, the resources of the community must be enhanced and reimagined. The current usage of these capitals include components of stigma against the developmentally disabled and mentally ill people in rural America.

The most basic resource, human capital, is where nature and nurture intersect and can include education and health (Flora 2015). Human capital is tied fundamentally to the other capitals that forms the base of a community. This capital is composed of each individual's skills, health, knowledge, and community contributions. Human capital is also a factor in a community's resilience and can be enhanced by investing in education, community empowerment, physical environment, and occupational prospects (Flora 2015).

Natural capital is defined as the air, vegetation, and all other natural resources that shape and influence a community (Flora 2015). Natural capital includes many aspects of wellness in the environment and encompasses places for people to connect, exercise, relieve stress, and vital green spaces (Sullivan et al. 2004). Providing

green space in residential neighborhoods have positive physical and physical health effects and can increase the community's quality of life (de Vries et al. 2003).

Cultural capital is the lens through which the community views and interacts with the world. It is the culture of a community that creates and maintains concepts of stigma (Flora 2015). Changing the cultural attitudes to break the stigma of developmental disabilities requires education, personal contact, and protest to understand the nature of negative stereotypes. Prolonged personal contact brings firsthand knowledge about an individual as opposed to relying on a stereotype (Penn and Courture 2002). It is important to fight bias, because discrimination is the result of prejudice (Corrigan 2004).

Social capital consists of the community's identity, which includes the formation of emotional bonds and interactions that create and sustain a sense of community (Flora 2015). Those personal connections can also reduce stigma by shifting perceptions from an "us and them" mindset to just an "us" community perspective.

Political capital are the values that form a community's world view and the rules that structure this perspective (Flora 2015). Reversing stigmas of the developmentally disabled at a local political level can bring about immediate informal changes within the community. Debunking stereotypes and altering attitudes at a local level can then influence state level changes (Haswell-Ekins et al. 2009 , Penn and Courture 2002, Reilly et al. 2009).

Enhancing all the community capitals can create positive change in communities. An example of sustainable community change comes from the Center for Addiction and Mental Health in Toronto, Canada. The center reimagined its public interface for mentally ill patients and the neighborhood surrounding the psychiatric hospital to generate positive change (CAMH, 2012). The process of planning the renovation of the Queen Street neighborhood, which is adjacent to the hospital, created an environment for patients and community members to connect. By being involved in the planning of shops, restaurants, and mixed-use housing opportunities, interaction between the public and patients became possible (CAMH, 2012). This process has radically improved the neighborhood surrounding the hospital that has suffered from deep stigma since its inception.

For example, in the 1950s, people passing on the streetcar would hold their breath to not catch insanity (Golembiewski 2017). More recently, while people no longer held their breath, there remains severely limited interactions with the public and patients, creating prejudice. Since the renovation, the separated communities have become connected through interactions at shops, restaurants, and mixed housing (Golembiewski 2017). These interactions have helped reduce the misconceptions and stigma of mental illness in the neighborhood.

Healing communities marred by stigma requires an increase in all community capitals. The think tank New Economic Foundation suggests four approaches to achieve this: providing places for people to connect to one another, designing flexible spaces to enable people to give back to the community, engaging people with their environment, and creating spaces that promote active learning. These approaches promote mental health wellbeing in the community and foster a closeness that can be found in shared and valued community spaces (Corcoran and Marshall 2016, Aked et al. 2008). Furthermore, providing neighborhood spaces for community involvement and social interaction can enhance quality of life and social inclusion for individuals who normally lead a life of sedentary, solitary life, as many developmentally disabled people do (Francis et al. 2012, Kweon 1998)

precedents

Several innovative projects or organizations were studied for how they approached civic inclusion, education of the community, caregiver integration of tasks, integration of outdoors, occupational education, and income generation for the developmentally disabled. These projects and organizations include the Broadway Housing Community (BHC) in New York City, Lifeworks in Kentucky, Gould Farm in Massachusetts, and the Columbia Center for Urban Agriculture in

Broadway Housing Communities (BHC) is a nationally acclaimed nonprofit organization known for its innovative approach to comprehensive living in New York City. BHC works to empower the homeless, the mentally ill, people with low income, and the sick in the New Harlem and Washington Heights communities in New York City. Founded in 1983 by activist Ellen Baxter, integrative, supportive housing is the core of this organization. There is a total of seven BHC buildings, which provide single private rooms with communal baths and kitchens on each floor, known as single room occupancy (SROs) (Broadway Housing Communities Staff 2016).

Ellen Baxter, the founder of Broadway Housing Communities, has been a longtime advocate for the homeless and the mentally ill. As a psychology student, she faked her way into a psychiatric hospital to observe the conditions and was horrified to discover the lack of effective treatments (Anderson 1993). After her stay, which lasted a week, she said, "One can almost see the humanity of people evaporating" (Miller 2017).

After her experience in the psychiatric hospital, she began to research alternatives to standard treatment for mental illness and discovered Geel, Belgium. Baxter studied Geel for a year to figure out how the system worked and was astonished by their methods and their success. It was in Geel that she had her breakthrough. After talking to a host mother who sewed the buttons back onto shirts every night that an anxious border had twisted off during each day, she realized that sometimes the solution is just accepting the mentally ill for who they are and stop trying to "fix" them. In short, the solution is sometimes to let them be (Miller 2017). Baxter returned to New York City and began to apply lessons learned in Geel of community integration and acceptance of the resident homeless and mentally disabled population.

She began to campaign for SROs to solve the city's homelessness problems but was met with

staunch resistance for many years. In 1990, New York State finally took notice of Broadway Housing Communities' success with supported SRO buildings and agreed to partner with the city to finance and develop more SROs (Anderson 1993). There are case managers who oversee each building and are available 24/7 for their tenant clients. The residents who live there give back by working the front desks (Broadway Housing Communities Staff 2016).

BHC operational costs are dramatically less than shelters, prisons, and hospitals that usually provide emergency care to the mentally ill and homeless and is funded by New York City and state taxes, private foundations, housing subsidies, and from the residents' rent. By providing community, social, and health support, individuals are empowered to get jobs (Broadway Housing Communities Staff 2016, Miller 2017).

lifeworks, employment solutions, lexington ky

Another organization providing innovative care in America is Employment Solutions in Lexington, Kentucky. Employment Solutions is a nonprofit organization whose mission is to promote individual and economic independence of the developmentally disabled. Employment Solutions was originally conceived as Metro Industrial Services by the Bluegrass Association for Retarded Citizens in 1967. Metro Industrial Services was a workshop that provided employment to the mentally disabled. In 1983, it became its own organization before eventually expanding its mission and capacity and becoming Employment Solutions in 1998 (Employment Solutions 2017).

To promote their mission, Employment Solutions works to empower individuals to live independently and find satisfaction in life through finding a place for everyone in society by offering a range of services and job opportunities. Employment Solutions, provides services for the community including early childhood care, job and college placement services, a café, manufacturing jobs, food processing, and day care programs for adults and children (Employment Solutions 2017).

LifeWorks is a part of Employment Solutions that provides residential and behavioral therapy for families and individuals with developmental disabilities. LifeWorks' residential therapy is provided in three ways: in adult foster care, in family home provider's (FHP), and in the individual's home. Therapies are available 24 hours a day, every day or as needed based on an individual's needs. Each person has a program created for them to increase community interaction skills, while living within the community. LifeWorks utilizes the resources of its parent company for day programming and therapies (Employment Solutions 2017, LifeWorks 2017).

FHP are families that choose to open their homes to 1-3 individuals with disabilities. Similar to Geel, these individuals share family life experiences, including vacations, chores, and routines with their families. These opportunities give individuals with disabilities a chance to have family relationships that they might not have had before and to build life skills (Employment Solutions 2017).

gould farm, monterey, ma

One of the oldest mental health care establishments in America, Gould Farm in Massachusetts, is a sustainable working farm that has been in operation for generations providing short and long-term therapy for the mentally ill (Psychology Today 2017, Gould Farm 2014).

Gould Farm was opened in 1913 by William and Agnes Gould as a healing working farm community for people with emotional and mental psychiatric problems. Their mission was to heal through farm work and community support. Soon after they opened the farm, psychiatric hospitals began prescribing Gould Farm to their patients. When William Gould spoke to the New York Times in 1921 about the flaw of other therapeutic farms at the time, he said:

> "Too often had the mistake been made of taking people out to the country and leaving them there in the hope that just the change of environment would work a miraculous cure. What people needed, especially people who were unhappy and depressed, was to have the country interpreted to them by showing them where they fitted into the scheme of things" (New York Times 1921).

At Gould Farm, individuals with depression, schizophrenia, or other mental illnesses work with a medical team to assess medication needs and begin to identify strategies to manage their illnesses, while empowering them towards independence (Gould Farm 2014). Each person is part of a clinical team, which is comprised of psychiatrists, case workers, and support staff.

Patients and staff work side by side on task teams that ensure that all daily necessities are met on the farm such as tending crops, cooking food, cutting fire wood, etc. For example, the forestry team ensures that Gould Farm maintains its Forest Stewards Guild status (Rausch 2017). Most of the food consumed on the farm is grown on the farm and patients help to prepare foods daily. In this way, the patients find meaning and healing to work together on the farm and live their lives (Gould Farm 2014).

columbia center for urban agriculture, columbia, mo

Southwest of Mexico, Missouri, the Columbia Center for Urban Agriculture (CCUA) is rapidly creating a community-based urban agriculture movement. Founded in 2009, their mission is to empower residents to grow their own food and understand the connections between health, food, and environment. CCUA began as a partnership with Sustain Mizzou to collect compost from the University of Missouri's dining halls by bicycle and take them to local community gardens (Columbia Center for Urban Agriculture 2016).

By partnering with community organizations and receiving grants from government organizations, such as the Center for Disease Control, the community garden has expanded from its original location in downtown Columbia to a series of gardens around the city connected with businesses, restaurants, and grocery stores. Providing home garden consultations by volunteers has become one of their hallmarks. Personal garden care is

provided by volunteers and professionals who will help begin, advise, and follow up on gardens tended by residents. Volunteers will also instruct and advise how to prepare, store, and process food produced in the gardens (Columbia Center for Urban Agriculture 2016).

Other services offered to the community include connecting school children to natural systems and food production with the PLANTS Program and Harvest Hootenanny. PLANTS stands for Placing Learners, Agriculture, and Nature Together Sustainably. This part of the organization engages people of all ages to learn about community impacts of social, cultural, environmental, and economic factors on food. PLANTS' goal is to inspire people to invest in local, healthy food. There are group volunteering sessions available as well as tours. The Harvest Hootinanny is the annual community harvest festival that partners with organizations and businesses throughout the community (Columbia Center for Urban Agriculture 2016).

Because CCUA receives so many requests for interviews from the University of Missouri, Columbia, they have developed a standard request form. They have a policy to not participate in interviews and instead supply answers via email. My questions were answered by an administrator via email, despite my requests to forward my questions to volunteers and other staff.

giving grove kansas city, mo

Giving Grove is a community orchard program headquartered in Kansas City, Missouri with a network of affiliate orchards around the country. Each orchard is run by the local community members with support from Giving Grove providing expert knowledge and problem solving. Their mission is to to produce healthy foods, enhance community connections and improve the city through a network of small orchards throughout the country. Giving Grove supports neighborhood volunteers to establish and maintaining a variety of productive plants including berry shrubs, fruit and nut tree to provide organic and sustainably grown healthy food options for communities that experience food insecurity. Enhancing neighborhood tree cover and grassroots gathering places is an added benefit of the orchard program.

They have over 330 orchards in the country, with resources online to help plant companion species, maintain and establish the orchard. On the Giving Grove website, neighborhood members from anywhere in the country can sign up to lead an orchard locally and get in contact with the program manager. After, the manager works with the community to verify that an orchard is possible in the location they specify and work with the community to visualize and implement the orchard. The program manager helps organize volunteers and coordinate training classes for volunteers. Giving Groves provides ongoing support for the lifetime of the orchard, creating lasting change in communities. After 3-8 years, the orchard begins producing a harvest for community members to enjoy.

summary

Geel is a generational place of healing for people with developmental disabilities or mental illness in Belgium due to the legend of St. Dymphna. For much of the western world's history, developmental disabilities and mental illness were treated in the same manner within families and institutions. Today, finding supportive, inclusive occupational environments is important and needed for the developmentally disabled. Ways of bridging social gaps with communal food programs are happening all over the world and often benefit neighborhood green spaces.

To create a community of acceptance, all community capitals need to be enhanced and reimagined. The current components of rural communities reinforce and strengthen community divisions. Precedents in this chapter have a unique approach to supporting various vulnerable community groups while fostering social bridges to close the gaps. Gardening/ nature programs such as Gould Farm, Giving Grove, and Columbia Center for Urban Agriculture provide various forms of access to outside, sense of purpose, and support. Broadway Housing Communities and Lifeworks are reinventing how supportive housing functions in America.

30

RESEARCH QUESTIONS

Inspired by community projects that have successfully destigmatized developmentally disabled individuals, what steps can Mexico, Missouri take to integrate developmentally disabled residents into the community, while also increasing opportunities to experience nature and providing employment?

Sub-questions include:

- How does care for the developmentally disabled community currently function in Mexico, MO?
- What job opportunities exist in Mexico, MO for the developmentally disabled?
- What best practices from Geel, Broadway Housing Communities, Gould Farm, Columbia Center for Urban Agriculture, and LifeWorks can be applied to Mexico, MO?
- How could a community garden project be applied in Mexico, MO to encourage personal connections?

04

RESEARCH DESIGN

The aim of this project was to develop a proposal to reduce stigmatization, offer job opportunities, increase access to nature, and promote acceptance of the developmentally disabled in Mexico, MO through a series of distributed community gardens that bridge social gaps.

The proposal is important because it will integrate an isolated group into the wider community by fostering connections and bridging social and employment gaps present in the developmentally disabled community of Mexico. Increasing access to shared outdoor spaces and gardening places in community neighborhoods will create places of opportunities to increase one-on-one personal understanding of the two currently disconnected communities that live in the same neighborhood.

methodology and methods

Data collection included: focus groups, questionnaires, interviews, and observation at the sites visited. Interviews and observation in Geel were conducted in July 2017, followed by interviews and focus groups in Mexico, MO, Building Ohana in Spokane, WA, Columbia Center for Urban Agriculture in Columbia, MO, and Broadway Housing Communities in New York City, NY from August 2017 to January 2018. All methods were approved by the IRB Institutional Review Board at Kansas State University.

The interviews, observation, and focus groups were intended to gather qualitative data about how community organizations provide support and care for the developmentally disabled within a community and foster understanding and connection with community members. It was important to have a multi-pronged approach to data collection to ensure a deeper understanding and broader perspective on the care of the developmentally disabled. However, even with the broad range of organizations studied, they do not represent everyone in the world who provide support to the developmentally disabled or those who received the care.

The interviews and focus groups were recorded, transcribed, coded, and analyzed. Observations of site visits were noted and added to the analysis. The survey questionnaire was distributed electronically, collected, and analyzed. A follow-up focus group was attempted, although was unattended. See Table 4.1 for a summary of data collected.

data collection

focus groups

Four focus groups were conducted in Mexico, MO. They included:

Audrain Developmental Disability Services
- Staff
- Clients

Finck Supported Living Services
- Staff
- Clients

The caregiver staff for both organizations were asked about methods for reducing stigmatization of the developmentally disabled individuals they serve, how they do their jobs, their knowledge of or experience with gardening, the level of community outreach, and their observations about the quality of life of the individuals they serve. See Appendix C for a complete list of focus group questions.

It was important to the project to also speak with the clients of these organizations who would be the beneficiaries of this project. The clients who are cared for by the two companies were asked about their quality of life, wishes and goals, and the amount of time they spend outside. See Appendix C questions for a complete list of0 focus group questions.

A fifth focus group was planned with Mexico community members who had completed the online survey and indicated that they were interested in participating, but unfortunately no one showed up for any of the three available times. See Appendix C for the focus group questions that never were asked.

questionnaires

The information collected from the focus groups shaped the online questionnaire that was sent to all residents of Mexico, Missouri who had children enrolled in the local public school system. Using the public school system to distribute questionnaires ensured a diverse demographic, although it was limited because as it only included people with children within the pre-K-12 age range. To widen the sample, information about the questionnaire and an invitation to participate was also spread through word-of-mouth, fliers left in businesses, clubs and churches, social media, and an article in the local newspaper, the *Mexico Ledger*.

The questionnaire's aim was to gather information about perceptions, opinions, as well as current and or potential future interactions with the developmentally disabled. It also served to as a way to gather contextual information about the proposal project design. Qualtrics survey software was used to administer the questionnaire. Most questions used a Likert scale. Some initial questions were asked to ensure the respondents were from Mexico, MO, but nothing to identify individuals or households. Examples of questions included willingness to interact with developmentally disabled individuals and willingness to give up a small section of their yard for a productive garden in exchange for some produce from the gardens. They were also asked whether they would be interested in buying produce at the farmer's market if they knew it came from their yard. See Appendix C for the online questionnaire. There were 139 completed questionaires received. Due to the varied snowball

method of sending out questionnaire invitations, it is not possible to quantify how many invites were dispersed.

interviews

Interviews were conducted with residents in Geel, Belgium, members of the OPZ staff and clients of the OPZ, caregivers of the OPZ's clients, administrators at Broadway Housing Communities, Finck Supportive Living Services, Audrain Developmental Disability Services, Building Ohana, Arthur Center, and Columbia Center for Urban Agriculture. The order and nature of the questions were loosely structured, and questions were sometimes tailored to fit each interview and to keep the conversation moving in a productive direction. This was necessary because due to some of the variable clients' cognitive and language abilities of clients. The vocabulary also often needed to adapt to the context. For example, the literature refers to the individuals who live in the foster care system as patients or boarders, but in Geel today they are called guests.

All interview questions were aimed at better understanding how each organization incorporated community and reduced stigma. All interviews took place in people's homes, in gardens, or in offices. The three exceptions were the Columbia Center for Urban Agriculture, which was conducted via email, and Building Ohana and the Arthur Center, which were conducted via telephone. Quotes are provided at the end of interview results that were character illustrating and painted a more vibrant and complete image of the people interviewed. Especially for the interviews and focus groups of the people who are normally excluded from society in rural America, it seemed important to keep their words as well as the words and convey their passion.

geel, belgium

Semi-structured interviews took place in Geel, Belgium, with two to three individuals from four groups: host families, their guests, psychiatric hospital (OPZ) administrators, and residents of Geel who were not involved with the foster care program. The snowball method was used to select people to interview. The first interview with an OPZ administrator provided me with the names of two foster families to interview, who in turn allowed me to interview their guests and recommended neighbors and other community members to interview. Often, it became a gathering of people who wanted to practice their English and talk to an American student. The questions that were asked are listed in Appendix B.

Two interviews took place with administrators from Geel's psychiatric hospital, OPZ Geel, which oversees the adult foster care system in Geel. The OPZ has a form for researchers who request information and visits, which was filled out and contact was established via email prior to the site visit. The form and questions are listed in Appendix B.

Two foster families and their guests were recommended for interviews by the OPZ administration because they spoke English and were open to being interviewed. One additional guest was interviewed although his foster family was unavailable for an interview at the time. The guests were interviewed with their foster families or OPZ caseworker present to ensure their emotional safety. The interview questions focused on how the guests spend their days, how much time they spend outside, employment opportunities, and how long they lived in Geel. For a complete list of questions for the boarders, see Appendix B.

The final set of interviews in Geel, Belgium included three individuals or families who lived in Geel, but were not involved in the foster care system. The purpose was to gain insight into how the foster care system was viewed by those outside the system. These individuals were selected by asking the foster families for recommendations and who were within walking distance or a short drive away from the foster families (See Appendix B for a list of questions).

mexico, mo

In Mexico, MO interviews were conducted with health care administrators and mental health care providers including: Jonathan Finck, CEO of Finck Supported Living Services (FSLS); Terry Mackey, CEO of the Arthur Center; Tim Cruise from Audrain Developmental Disability Services (ADDS); Lisa Harrison from ADDS;, and Sarah Lynn, Executive Director of FSLS in Kentucky. Because of scheduling conflicts, only one of the Arthur Center's administrators and two members of the board of directors were interviewed via phone.

Questions (see Appendix B) focused on future plans, their challenges, job opportunities for their clients, client lifestyle, and understanding how the company or service provider works and their methods of addressing stigma towards mental illness and developmental disabilities in Mexico.

u.s. sites

Lastly, interviews were conducted with an administrator at each of the three study sites: Building Ohana in Spokane; WA, Columbia Center for Urban Agriculture (CCUA) in Columbia, MO; and Broadway Housing Communities (BHC) in New York City, NY. All sites emphasize community living and integration and empowerment of vulnerable populations. Interview questions were similar to the ones used for the Mexico, MO administrators except at Columbia Center for Urban Agriculture the questions were limited to how the organization functions and their community outreach program. Please see attached questions in Appendix B for the complete list of questions.

site visits

Observations were made during the site visits at the homes of the foster families, at the psychiatric hospital in Geel, Broadway Housing Communities in NYC, Audrain Developmental

Disability Services, and Finck Supported Living Services. Observations included: living conditions, relationship interactions, and any environmental factors that shape the relationships. No photos of the interviewees were taken, nor were descriptions of individuals interviewed given.

	Interview	Focus Group	Survey	Site Visit
OPZ, Geel, Belgium				2
administrators	2			
host families	2			
guests	4			
neighbors/community	2	5		
Broadway Housing Corporation (BHC), New York				1
administrator	1			
Building Ohana (BO), Spokane, WA				
administrator	1			
Landscape architect	1			
Columbia Center for Urban Agriculture, Columbia, MO				
administrator	1			
Audrain Developmental Disabilities Services, Audrain County, MO				1
administrators	2			
staff		5		
clients		4		
Finck Supported Living Services (FSLA), MO & KY				1
administrators	3			
staff		5		
clients		5		
Arthur Center, Mexico, MO				
administrators	3			
staff				
clients				
Mexico, MO				1
public		X	1	

Table 4.1: Data collection table (Beamish, Finck 2022)

RESULTS

interviews with foster families in geel

Two women, Rita and Betty, with foster families were interviewed., Both of whom seemed fairly well-known within the OPZ community and were recommended by OPZ administration. The two families were very different from one another, particularly in how they initiated hosting a guest in their home. Rita's family had two guests who have been "passed down" in the family for a couple generations. Betty's family currently has one guest, but they have had more in the past and is interested in welcoming more guests in the future.

Both talked about the importance of family, having the guest in a family-like environment, and dealing with problems or challenges like any other family would. Betty and Rita said they had made sacrifices by accepting outsiders into their family, but in slightly different ways. Rita described her loss of freedom to travel and leave her town at any time:, "All that is left of my old life is football (soccer). All the other time I take care of them because they should not live alone."

Betty described how she and her husband never had privacy, because her guest was so curious and focused on being a part of whatever is happening in the house. But both women reported that they would not change their decision to take in the guests. "It changed my life and I am happy with the change," said Rita. "It is very fulfilling," said Betty, "He calls me mom. If I had a house with ten rooms I would have ten guests." Neither woman was enticed into taking in a guest by the limited stipend offered by the OPZ. But they think the compensation should be more substantial to entice more potential foster families, especially younger ones.

Accepting guests into their homes felt natural for Rita and Betty. Rita's two guests were initially fostered by her parents, who passed away. The guests were then passed down to Rita's sister-in-law, who in turn became sick. In a role reversal, the two guests cared for the failing sister-in-law until she too passed. That's when Rita made the decision to bring them into her home. It felt natural to her, because she could not imagine letting them go back to OPZ as is the standard procedure when a foster family dies. To Rita, she was keeping them in their family, and in her mind, it was just the right thing to do.

For Betty, becoming a host parent seemed like a good way to more quickly become a part of the community when she was a newcomer to the area. Betty is originally from the United States, but moved to Geel when she was a young adult and has been there since. When she first arrived, it seemed like almost everyone in Geel hosted guests, and it was a very cultural, traditional and normal thing to do. As an outsider, Betty thinks welcoming guests into her home helped her become more integrated and accepted by the community. She connected to the community faster because all her neighbors had guests. Both women also talked about how their guests are a part of the neighborhood and community, and in some cases, they are even more connected than their host families.

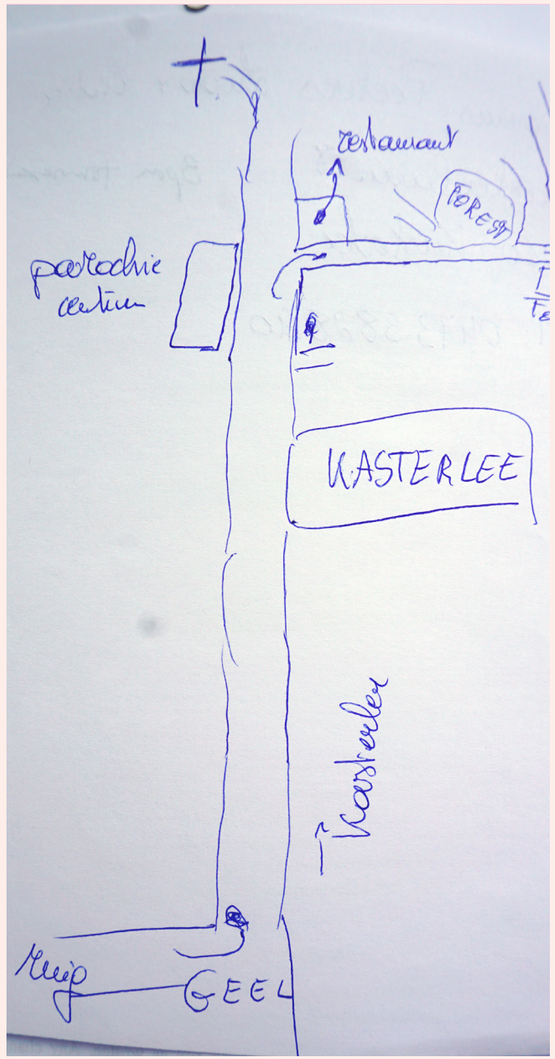
Rita spoke about the need to ensure consistency in her guest's lives. While keeping life consistent, she also allows them the freedom to roam the neighborhood, choose things to do and eat, and participate in program outings with the family. Their weekly schedule allowed time for shopping and little outings each day, chores and hobbies, connecting to the community at public events, and a much-anticipated weekly trip out of town. Rita said it was important to control things in the guests' lives but with such a light touch that the guests don't know she is in control. Rita spoke several times about the importance of respecting the nature of her guests' disabilities and having patience with them. Rita said that she wouldn't consider hosting more or different guests, because her guests were like family since her family has known them for such a long time.

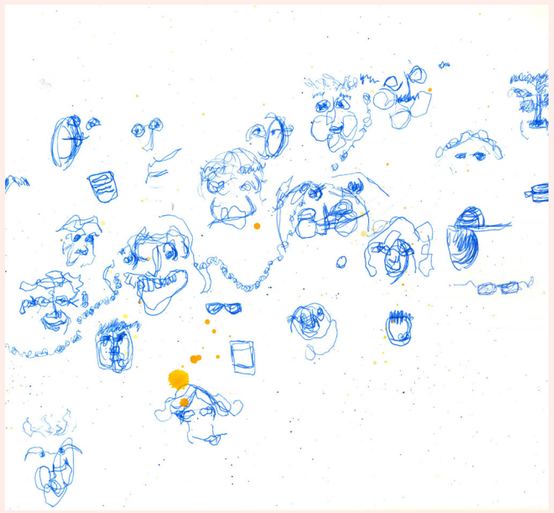
Both women reported major changes with their guests since coming to live in their families. When Betty's guest first arrived, he was so anxious, he would take three walks a day around the neighborhood and barely talked to his new family. Now, he only takes walks for leisure and knows the neighbors better than Betty and her husband do. Rita's guests rarely got out before coming into Rita's care, because they were told by their previous family that they needed to rest and relax at home. Now that they are in Rita's family, the guests are more open, happy, and exercise their freedom. They take walks in the woods or through the town and, can wake up when they like and control their day. They always carry a card with Rita's name and number on it to find their way home in case they become lost.





Figure 5.1: Scenes from interviewing families in the countryside surrounding Geel. (Finck 2017)





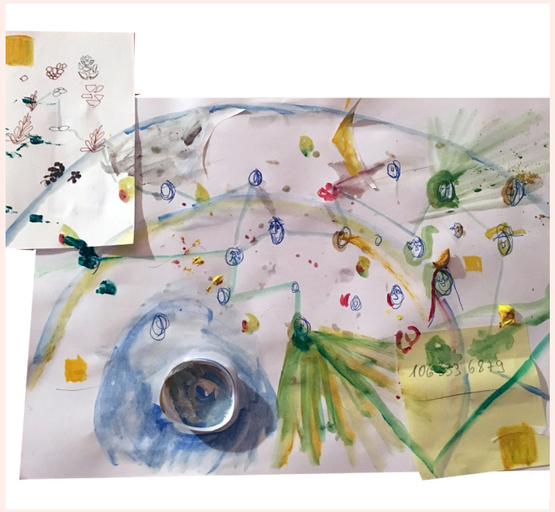


Figure 5.2: Hand drawn maps to navigate to interviews, sketches the Geel site visit. (Finck 2017)

interviews with guests in geel

Four guests who live with three foster families were interviewed. Two of them live together, and are known as “the Girls,” and the other two were single men living in separate foster families, Bill and Ted. The success of these interviews were limited by the interviewee’s abilities and disabilities as well as the quality of translation from Dutch to English. Of the four of interviewed, Bill is the only one who currently attends day programming at OPZ and the other three spend their days at home doing family activities, independent hobbies, and helping with chores. Ted uses a bicycle to get around and Bill uses the taxi system as well as the OPZ daily bus, while “the Girls” depend on their foster family for transportation. All of them expressed that they are very happy to have the freedom to roam where they wish daily and do whatever they want, while also enjoying the consistency of their schedule, and being cared for by their families and staff.

Ted has had many girlfriends, some of whom were guests from other foster families. All guests interviewed, except for Bill, reported having many friends and neighbors who they spend time with. Bill described himself as a loner and was very concerned about getting arrested. Except for Bill, all of them were excited about the meals they eat at home and really enjoy their lives with the foster families. Bill was the only one who said that he does not bother his family, and they do not bother him. When Bill was asked what he could change about his life, he said he only wanted to visit his sister who lives in Bolivia. The Girls said that everyday feels like living in the South of France and that Rita is the best mom they ever had. They were blissful about their lives with their foster families, especially being able to leave when they like and the outings they go on every day.

All of the guests said that their lives are better living in the foster families. Memorably, Bill said, “The difference between this last hospital and OPZ is that there are specialists here and I won’t die.” The Girls liked that in their current foster family they have outings and do not have to stay at home all the time. The Girls were also so happy to be living with one other in their foster family, otherwise they would have to live separately. They said that living with their foster family is like a feast every day, and there is nothing they would like to change with the exception of the single night every year that they stay overnight at the OPZ for an OPZ group vacation. Everyone stays at OPZ for logistical reasons that night and for a yearly checkup. They both wished they could never stay anywhere overnight other than at home.



Figure 5.3: Post interview processing sketches of the Girls (Finck 2017)

interview with the residents in geel

Six people not involved with the foster family care system in Geel were interviewed. Most of them were neighbors to one of the foster families. Rita's brother and sister-in-law were interviewed. Although they do not host guests, Rita's brother grew up in Geel with guests living in his childhood home. One of the neighbors was from a nearby village and knew of Geel and the guests but never hosted one. The other three interviewees were neighbors who grew up in the area but have no interest in hosting a guest.

They all spoke about how normal the practice of fostering guests is to them and for the ones that did not grow up in the area, how quickly it became normal because of how everyone else in the community treated the guests. The Belgians who grew up near Geel said they did not think much about the foster care system when they were growing up or that it could be unusual to include the mentally ill and developmentally disabled people within their community. One man explained that it is just the way it is, like how the cows, fields, and forests are part of the landscape, so too are these people are part of Geel.

Because Rita's parents hosted a guest when he was growing up, Rita's brother felt that he had already paid his dues and felt it was unnecessary for him to foster someone. They also considered OPZ's foster care system to be old fashioned because most towns now had the infrastructure to support the developmentally disabled and mentally ill individuals in new more efficient ways.

All the neighbors spoke about the changing times and how the OPZ system of foster care is in the decline because of changing family structure and decentralized psychiatric care. Most communities have supportive living services in their own municipality and no longer need to send people to the OPZ. Quite a few mentioned how, unlike their parents or grandparents, their generation do not have guests in their homes. One neighbor said that they pitied the guests who could not stay with their families or had to leave for some reason. The rest of the neighbors also thought the guests were lucky to have found new, supportive families.

All of the people interviewed were entirely supportive of the OPZ foster family system and enjoyed their connections to the guests, but none would consider hosting. Their concerns included being too old to begin the process, giving up their freedom, and/or not having enough space in their home. Even the people who were retired had never really considered it because they felt it was too big of a step to take on at this point in their life.

They all strongly identified with the guests they knew personally from in the community, especially those who lived nearby. The interviewees fairly frequently mentioned that accepting others into their homes was part of the Geel identity versus the general Flemish identity. For people that identified as from the Geel area, they felt they are more likely to talk about mental health issues and emotions than the average Flemish person and were very proud of that difference.







Figure 5.4: The OPZ campus is very lush (Finck 2017).

interviews with opz administration

Two OPZ administration staff were interviewed and provided background information about the OPZ and its mission to connect guests with everyday society through a family environment. Both also talked about the advantage of Geel being a traditional place for psychiatric treatment in Europe. Although, While OPZ's system is so centralized that it is not very efficient, especially in light of effective deinstitutionalized care in other communities, it is still a powerhouse in the area. Because the OPZ was so self-reliant for so long, they have fewer local partnerships than other family care providers in other communities, causing them to be a more expensive healthcare option.

OPZ offers foster family care for 200-210 foster families living in Geel. Some guests go to OPZ-organized day activities every day, while others go weekly. Guests accompany their families around town or if families are busy, the guest can go to the day center or other OPZ supported programs. There is more than one kind—social activities day center, the bicycle center, OPZ supported jobs in Geel, the OPZ café run by guests, and OPZ supported voluntary work. It's more difficult to get a paid job in the community than working within the OPZ system.

According to the directors, until 15-20 years ago, other than Geel, community-based psychiatric programs did not exist in Belgium. And until about 10 years ago, it was generally thought that recovery could only happen in a hospital. OPZ now avoids long hospitalizations as much as possible, because they realized that longer hospital stays were strongly linked with higher rates of stigmatization and hopelessness in patients. Sometimes it is necessary, but OPZ does anything possible to keep people out of the hospital.

The OPZ foster care system is even available to those outside of Belgium because of how medical care is insured and standardized all over Europe, though most of the out of country guests are from the Netherlands. There are still a few religious pilgrims each year that trek to Geel for healing, such as the Korean family who was visiting and praying for help for their daughter back in South Korea. And the priest in Geel still receives letters from all over the world asking for help from St. Dymphna.

The directors described the process of selecting guests and their foster families. Guests are brought to the OPZ to be evaluated and then moved into an observation home. At the same time, OPZ is looking for a prospective foster family and vetting them. Eventually, the potential host family and guest can visit and get to know one another. After the observation period, there is a matching process with the guests and potential families who live together for a trial period. At any time in the process the guest or the foster family can call it off for any reason. After the new family is established and everything is going smoothly, a case manager will stop by for a checkup once a month.

The selection process for foster families includes interviews with detailed questions about their family, including their motivation for hosting a

guest, though it does not matter to OPZ if they are doing it for altruistic or financial reasons. OPZ conducts a background check and takes extra care if the guest is a child when matching host families. The needs of the guests vary widely. Some just need a place to sleep and food with minimal interactions, while others need a more hands-on approach and more intensive support from their foster parents. OPZ does not provide the host family with a medical record or mental health history of their guest because as one director stated, "It is much more important that families move on with strengths and individuals and not with diagnoses and history."

Both families and guests receive extensive support, they can call a case manager at any time of the day or night who will be at the family's home within 30 minutes. OPZ helps families navigate any challenges or crises and can offer emotional or practical support if needed. However, the most common role of OPZ in the guests' and families' lives is the daycare programs it provides. Also, once a year, the OPZ organizes a group guest vacation with all the guests. And if for some reason a host family needs to leave their guest at home while they go somewhere, OPZ will care for the guest.

One of the biggest challenges for the adult foster care system is that Geel is no longer an agrarian society. Now Geel, like much of the world, is a post-industrial society. One director noted that for large families in the past, adding one more person in the family made little difference. "When you already have 7-9 children why not have one more?" Expectations about privacy have changed and few are willing to accept someone into their home. Because family structure has changed, it is difficult to find and recruit new families into the foster care system. In addition, host families only receive $18 dollars a day, which is not enough to cover the guest's room and board. The and the Belgian government has no plans to increase the amount, so this limits recruitment into the system.

There are also fewer new guests looking for foster families because each community in Belgium has a center for mentally ill and developmentally disabled people to receive support. In the past, these centers did not exist so Geel was there only option for care. "A center like Geel is no longer so important," said a director. "Now, OPZ is more of a local thing and other places address their guests locally. There are still more guests and families but it is less."

When asked if there would ever be other institutions like the OPZ around the country, the director said no because of the town's unique history as a pilgrimage destination and how it evolved organically over the centuries. It is also very expensive to do foster care like Geel does—they spend 2.4 million euros annually on foster care. The director thought that if one were to design a new mental health support system, it would be better not to not build a large center, but rather to partner with local organizations.

Another director was very proud of the mental health system and Geel community and would not change how the foster family care system functions.

He said:

> "...people with mental illness are very disconnected with society. They have lost connections with friends, families, communities, everything people do—driving, buying something in the shop, having a beer, having a job, going to the bank. Our most important job is to reconnect people with society. The little things of everyday experiences. All these connections have to be remade. Living in a foster family is a good way to do so- means that they are part of a community or they have a job (taking out the garbage or cleaning up on Saturdays). This is the most important part of foster families and it is not done by professionals. Foster families are not therapeutic because they are therapists, it's because they are a family. They can laugh and cry together. They can live together."

When asked about the director's dream for psychiatric care in general, he talked about removing the notion that normalcy exists. Even when talking of psychiatric or ex-psychiatric patients, people are making a division and categorization. "Being a psychiatric patient, what does that even mean?" He asked, "Some people have a certain fragility or vulnerability. But we all are. Who knows what happens to you or me tomorrow. Am I normal? I try to behave normal, but that doesn't mean I'm not vulnerable. Anyone can fall into a depression." He thinks that from the moment everyone in the world can see that we are all vulnerable, the categorization of "psychiatric patient" does not make sense and that things never being normal is part of life's game.

When asked to describe the adult foster care system's role in the Geel community, one director said that there are few things that can surprise the citizens of Geel. The director felt that it is important for the community to accept strange behavior. For example, he told a story of one of the guests who emptied all of the mailboxes on their whole street. The director got a call from the police asking what they should do with the guest and director told them to proceed how they normally would. So the police officer took the guest to the station and made a report, but he threw it away in the end. It was important to send a signal to the guest that their behavior that was not allowed and that everyone will be treated the same. The director felt it was a good example of how everyday people in Geel deal with different behavior in stride. Instead of judging, they accept it and figure out how to navigate.

Taking the unexpected in stride is something that the OPZ has had to perfect and is part of their everyday work. For example, one of the directors told the story about a guest on the group OPZ trip to the sea who disappeared. It made the national news and people all over Belgium became involved looking for him. Eventually, they found the missing guest hiding in the hotel room because he did not want to leave the sea.

There have also been some wonderful heartwarming stories, such as the two guests who lived in the same foster family for 60 years and were recently celebrated by OPZ. There is a sense of tradition and heritage between generations of families who care for the guests, such as the foster mothers who ask their daughter to care for the guest when they die.

When asked about replicating the success of OPZ

in other places, both directors thought there are some lessons to be learned in Geel that could be carried forward elsewhere with some key changes. Their advice included organizing the service with leaders with a strong vision and who have insight into how things work within the local community. Their main advice was to convince the government of the need to take care of the most vulnerable people in society because if the government is not invested, then the OPZ model would not be possible in that community. They speculated that government investment might be difficult in America, but there are some examples, such as the work of Ellen Baxter and the Broadway Housing Communities in New York City.

broadway housing communities (bhc), new york city

Ellen Baxter began the interview by providing a detailed history about the 50-year evolution of Broadway Housing Communities' services for the homeless community, which was a result of them listening to the community and responding to their needs. BHC began in the 1970s with a tenant management system in their buildings where tenants could work the front desk for a few hours a week. This part-time work enabled them to supplement their income but still collect Social Security Income or Social Security Disability. It also allowed them take greater ownership of the place. In addition, the people working the front desk got to know the community and monitor the comings and goings of residents, which were recorded in a data management system. These recordings enabled BHC to see trends or changes occurring in the buildings.

When BHC first began in the 1970s, they focused on providing permanent housing for the homeless with Single Room Occupancy (SRO) housing, which are single rentable rooms with a shared bathroom and kitchen space. These SROs were instrumental in giving transient populations a place to sleep affordably, but as the years went on, BHC become more of a community-empowerment organization as well as a safe housing organization. Their target community is "affirmingly inclusive of everyone and readdressing poverty and not defining people with disabilities even though here is a higher percentage of people in this housing with disabilities than other housing, but not defined by it."

In the 1980s, the advocacy community convinced the city to allow studio housing to replace the standard SROs as traditional homeless accommodations because it was comparatively easier to manage. Studio housing is also considered to be more inclusive because it can accommodate people with multiple disabilities more easily because as the units can be tailored individually to fit each person's needs. With these adaptions to their specific unit, residents can live as independently as possible and have greater ownership of their living space.

As time went on, Ellen explained that:

> "By the third or fourth supportive housing building targeting the homeless with or without mental illness or disabilities, we realized that by not including children and families we were inadvertently stigmatizing the people we served. Even though the tenants were integrated in the building, the buildings were not like the apartments across the street. We only had single adults. Because I had been to Geel I knew you could house families in buildings with individuals with disabilities. It was in the '90s that we began integrating, which was innovative. Professionals were not convinced it was a good idea at first because they thought the children would be aggressive to the mentally ill or the mentally ill would be aggressive towards children. But it did work."

When BHC incorporated families into their housing, especially in their new building Sugar Hill apartment building and children's museum, they realized that they also needed to shift from a case management structure to educational supportive services because, "No one relates to case managers," Ellen said. "In the school system and the real world—you have to send children to school and that defines family life in many ways. They must go to school, they must have books, can't arrive hungry. It became clear that educational advocacy was essential to support these families and their children. So, we developed after school clubs, financial literacy and other programs to support them." Educational support services focused on giving children in the community the same resources that middle-class children in NYC received from their parents.

There was reading tutoring, helping them apply to college, providing letters of recommendation, accessing scholarships, finding first jobs, and supporting them through college and after. The NYC public school system is not easily navigable if you are illiterate, not a native English speaker or inexperienced in the system, so BHC saw the need to support those parents and developed the necessary services.

Because there is no federal financial aid to build new early childhood education centers in low-income areas, there are usually very few. Without these types of centers, children are sent to daycare in someone's apartment where they watch TV all day rather than spending time in a more stimulating educational environment. Early childhood education centers are very expensive to run. For example, in NYC a certified teacher must always be present and have eyes on the children, including in the bathroom in NYC. Because there is usually only one teacher per classroom, BHC needed to design a bathroom that allowed teachers to watch the children in the bathroom and in the classroom. They solved this by creating a miniature bathroom in the classroom that had privacy stalls at toddler height but that an adult can still supervise. In addition to conquering physical design challenges, the Sugar Hill Early Education Center is rich with art, music, and cultural activities that provides diverse kinds of learning for the children.

The importance of outdoor programming played a crucial role in the design of Sugar Hill and resulted in terraces at multiple levels for communal activities and a safe place for children to play. The high quality environment surprised many. As Ellen Baxter noted, "I think the other significant thing that it is space that is physically well maintained and doesn't look like poor people housing or space. It is well maintained and cared for."

As BHC opened the building to families and increased educational support, the next step was to integrate the surrounding community into the BHC organization. This led BHC to inviting the neighborhood to use their building for civic meetings. Opening the building to the neighborhood helped break down social barriers by confronting biases about what the neighborhood thought the buildings were like or the people that lived there. The Community Planning Board is one of the organizations that meets at Sugar Hill, and now views BHC as the model of how they can create more housing that is genuinely meeting meets the needs of its community.

In addition to providing meeting space for community groups, they also provide spaces for art, music, gatherings, and children. All this has built their credibility within the community. After operating in the same neighborhood for 30 years, they have established a reputation of following through and acting in the best interest of the community. And because BHC's housing is meant to be a permanent solution, people rarely move out of the apartments and establish long lasting relationships with the organization and the community.

In Ellen Baxter's view, one of BHC's greatest achievements was the opening of a children's art museum on the ground floor of the Sugar Hill building. Her reasoning is that museums are usually built where affluent people live and they celebrate the richness of communities. BHC wanted to honor Harlem's deep cultural history, storytelling, and art to enhance their early childhood educational work. In an area where 70% of children are born below the poverty line, it was important to BHC to invest in the children and culture of the area.

> "Our aspiration [was] to bring contemporary art to the area as another way to reduce the stigma towards the severely low-income housing. We thought a museum would attract more interest from people who are innovators, who are creative and care about civic debate. It has also become a new learning curve in the development… People care about art and support us, they might not care about low income housing, but they still support us."

The interview took a small break as Ellen looked for the documents on her computer about things we were discussing. I asked if she enjoys the research aspect of her job. Ellen said she does not like calling it research—she calls it "research advocacy." Everything she researches she tries to put in motion as opposed to what she sees as academic research. For example, in NYC, the solutions to homelessness have already been researched, but that research has not changed the real word yet. In Ellen's view, research should always be implemented because research for research's sake in a vacuum doesn't help anyone. After finding documents, Ellen asked to make it a walking interview to see the building. So, we did.

As we walked through the building, she said hi to everyone and everyone said hi to her. She explained that that when they started Sugar Hill Apartments, they asked residents to greet each other. Because the buildings all function as small towns, where residents are invested in the community and in each other's lives. As a result, they all say hi to one another and know each other like people in a small town.

At one point in the elevator at the end of the interview, a little boy hugged me after just meeting him. Ellen didn't skip a beat making conversation with him, but that level of comfort with strangers is not common, even in a small town and especially not in a big city.

As we went through the children's art museum, Ellen described the work and the spaces. It is a beautiful place that looks like it belongs downtown. The art exhibits are interactive and are tailored thematically to reflect BHC's mission and message of equal rights. There is a room with an extraordinary art installation with a tunnel where you go to the end of what looks like a hallway and then must push through the wall to a new room with ragtime music playing in it. By the time we got through it, Ellen and I were both happy and kind of giddy. It was so clear to see her pride and passion about the people she serves and the building she's built.

We talked more about how in Geel it was important not to have mental illness and developmental disabilities in separate boxes, but to treat them together in a similar way. Ellen explained there are many more overlaps between these two groups than acknowledged by American healthcare today. This overlap includes caring for the homeless too. People who are developmentally disabled or mentally ill do not separate themselves.

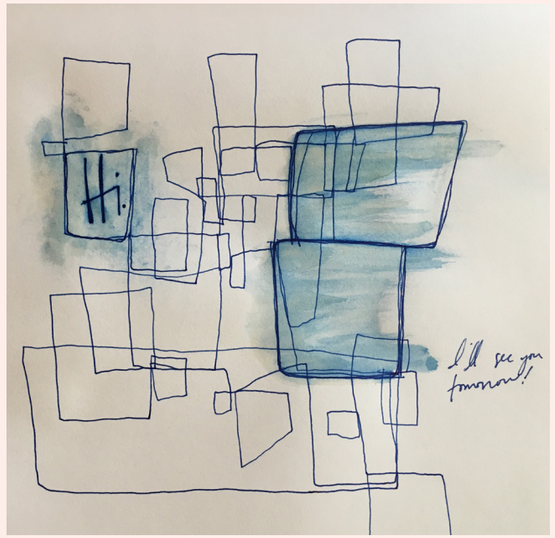
The antiquated assumption is that the developmentally disabled population prefer their own people and should therefore be restricted, but segregation does not help any population. She said that in Geel, often with 2-4 boarders hosted by families, families will try to have "one fast and one slow," meaning that they often pair one person who is fast and, more manic, with more severe mental illness with someone who has developmental disabilities and is calmer and less likely to be manic. They then balance each other out. She said that this is also evident in BHC friendships. Often people self-sort into friendships with "one fast and one slow." Often the treatment is purely social, and she reiterated to never underestimate the power of people and connections to one another.

In response to a question regarding how BHC's community outreach might evolve in the future, Ellen said, "In each of the turns we made through our history, it was … listening closely to what was happening around us to see if it worked. If it didn't, changing again. To follow what our priority needs from the surrounding community area." She saw their work as building community richness, and adapting to the community needs.

And they have no plans to leave for "We have chartered these paths because we were determined to stay in our neighborhood. We know everyone here and are trusted. Everyone knows us. It's a good feeling in a city where sometimes anonymity can be scary."



Figure 5.5: BHC Sugar Hill Apartments in NYC where interview and site visit took place. (Finck 2018)





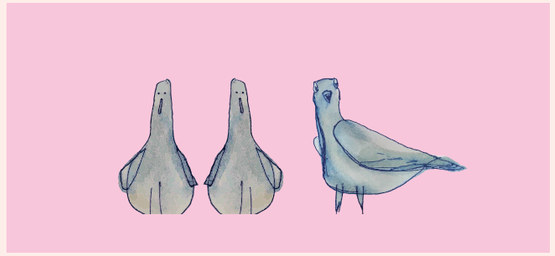






Figure 5.6: BHC site visit scenes and sketches processing post interview. (Finck 2018)

building ohana (bo), spokane, wa

Building Ohana (BO) is a nonprofit organization in Spokane, Washington whose mission is to build an inclusive community centered on providing equal opportunities for all abilities, including people with developmental disabilities. This community, called Ohana Village, will be a mixed use development designed to foster strong intergenerational neighborhood cohesion and pedestrian accessibility. They also place a strong value on community greenspace and the importance of creating a sense of shared ownership. The creation of Building Ohana was spurred by the shared experience of parents who were planning for their developmentally disabled child's welfare after they are gone. These parents aligned with professionals to create Building Ohana so that their child would continue to have a home in familiar surroundings with familiar people. At the time of this research project, Building Ohana was still in the community involvement and planning stage.

At Building Ohana, two people were interviewed — an administrator who was one of the founders and a landscape architect on the team. Both interviews were conducted over the phone. Unfortunately, the interview with one of the founders was cut short because of illness. When these interviews were conducted, Building Ohana was considering to buy a piece of land for Ohana Village after five years of design and planning, which included community engagement workshops to engage the public with conceptual designs. The team designing this new community consists of a variety of professions including: landscape architects, architects, retired professors and teachers, and foresters.

The administrator spoke about the amount of time they have spent trying to understand how to get the Spokane community interested in investing in a vulnerable population, how to create a new inclusive community, and how to build community cooperation and cohesion in their new neighborhood between the developmentally disabled and the rest of the community. One strategy that they will use is formal and informal gardening opportunities to foster social connections, neighborliness, and bring people closer to their food.

When planning Ohana Village in Spokane, the team has been careful to consider the size of the neighborhood to ensure that there is diversity but no strangers. They have determined the ideal size to be about 120-150 residents. To ensure that vulnerable populations will be supported in this new community, Building Ohana has had open conversations and workshopped strategy with Spokane community members. The team also learned a lot from studying the experience of other communities and selecting best practices to incorporate into Ohana Village.

As the administrator said,

> "You are asking a community to recognize an underutilized human resource. That resource, when employed in growing and selling food, will contribute to the development of the kinds of social networks that foster community building. The by-product of a successful outcome will be a more resilient community."

The landscape architect on the Building Ohana team has been involved with the organization since its inception in a variety of roles even before being on the design team. Currently the design team is working to gain a deep understanding of the clients' needs, and the approaches necessary to meet them.

> "The landscape architects are acting as facilitators with community skills, engaging with community members from the very beginning and ensuring that the people who live in Ohana Village will have constant connections to the rest of Spokane. Ohana Village is only part of the development of creating positive environment for inclusivity of everyone, abled and unable, intergenerationally and across the mental illness and ability spectrum."

Figuring out how to build a truly socially equitable community has captured much of Building Ohana's time because "when you start to overlay aspects of autism and certain behaviors at certain stages along the spectrum, it starts to get more difficult. It's important to be as honest and as open about the target population as possible." As part of this process, the landscape architect has conducted four community workshops that included people on and off the autism spectrum.

Much of the feedback they receive from the Spokane community is excitement and eagerness to move into the Village, which will include mixed use and be integrated seamlessly into the existing Spokane community. Between buildings, there will be gardens that will grow produce for use in local restaurants. The designers would like to utilize skills and expertise of the residents similar to how well-planned retirement communities use their residents.

> "We wanted people to walk through our neighborhood and run into individuals tending gardens. There [are] communities where retired people give expertise within and without the community. Ohana has working memorandum agreements with universities and community colleges in Spokane. It will be mixed use and recreation and retail and the doctor's office. The larger community will want to go there for a restaurant or an appointment or whatever. We will have greenways that stretch throughout offering paths through. There will be paths where you won't know you're into the community until you're there."

Land stewardship is also an important part of Building Ohana's mission and will permeate throughout their design and every step of the process. With a landscape architect on the team, Building Ohana is research and land stewardship driven with an emphasis of preserving natural resources. They are building towards sustainability socially, politically, and physically.

columbia center for urban agriculture (ccua), columbia, mo

Columbia Center for Urban Agriculture (CCUA) has a mission to connect the residents of Columbia, Missouri to agriculture through education. Their work of increasing the community's understanding of food began in 2009 while the founder was attending the University of Missouri Columbia. The

organization retains strong ties to the University. Programs range from home consultations and garden education programs at residents' homes to larger scale urban farms.

The Opportunity Gardens is a program that helps CCUA's low-income clients cultivate and maintain their own home gardens. This program, helps their clients learn about where food comes from, and gets more fresh food on their tables. CCUA provides the mentorship and supplies to get the clients started on the garden and advises them about how to cook the food they grow.

CCUA's fulltime administrative staff, an AmeriCorps volunteer, and community volunteers carry out the day-to-day operations of the organization. The Opportunity Gardens clients communicate primarily with the AmeriCorps volunteer as well as community volunteers. The volunteers from the community and universities help distribute supplies and build new gardens. Tasks are assigned according to their gardening skills and interests. CCUA works exclusively in Columbia and currently partners with Rusk Rehabilitation Center, a 60-bed inpatient rehabilitation hospital who use CCUA's gardens for occupational and physical therapy.

When asked how the Opportunity Gardens benefit Columbia's community the Executive Director replied, "It allows families to grow their own fresh food. It improves nutrition and neighborhood cohesion...It brings neighbors together, it brings people outside, children get interested in seeing the plants grow and eat more vegetables... That people understand where their food comes from and they can access healthy foods, and choose the best foods." They added that they were "proud that we can empower people to improve their lives. Gardening can change someone's life."

audrain developmental disabilities services (adds), audrain county, mo

Audrain Developmental Disabilities Services (ADDS) began in 1978 and strives to provide resources, housing and services for people with developmental disabilities in Audrain County, Missouri. ADDS receives its funding through Missouri Senate Bill 40, which allows counties to levy a tax to create funds for these services. Their programs include a developmental training center, respite care, support coordination, independent supportive living, and residential homes. The developmental training center helps provide guidance for individuals with developmental disabilities to maximize their independence physically, emotionally, and any other way that a client might need. A respite care program is offered to families caring for a loved one with developmental disabilities for temporary relief. Coordination support is also available also for families to help them identify what services and care their loved ones might need. The independent supportive living services is a community-based support program that offers day support and guidance to residents in the community to help them get the most out of living independently. The residential homes program is a network of independent supportive living homes (ISLs) that provides 24-hour supervision and care including medication and dietary assistance.

ADDS is one of the main providers of residential care in the Mexico area, so focus groups with ADSS clients and staff were conducted as well as interviews with two of the administrators. The focus group for the clients took place at the residential supportive home and the focus group for the staff and the interviews with the administration at ADDS's main office.

adds administrators

ADDS offers personal assistance in homes, residential services, day programming, transportation, advocacy, and other day-to-day care services. They serve all of Audrain County, where Mexico is located. Like other residential supportive care services in Mexico, they provide care for a wide range of disabilities and abilities.

ADDS's clients often work at the Handi Shop, which is a supportive, sheltered workshop in town that completes assembly work. A few people cared for by ADDS work in competitive employment, but the majority work at the Handi Shop. In addition, ADDS's clients also participate in volunteer work within the community such as Meals on Wheels, social events with various churches, the Elks Lodge, and the YMCA. The administrators of ADDS speak at clubs and other events in town to raise awareness of the organization's role in the community because they believe "for support coordination, it's important to be local."

They also talked about how the people who live in neighborhood ISLs are connected to the community, although they think that integration into the community is something they need to improve. "Integration is always something that can be enhanced. I don't think you can ever have enough. Employment could be an area that we could increase integration."

They observed that resources for supportive employment are increasingly limited. Before the 1990s, supportive employment in Mexico was going "gangbusters." But after 1990, when the fire brick factory closed, supported individuals could not get any referrals to work at other companies in town. Eventually the supportive employment program was shut down because it was losing so much money. Today, the state is again pushing for more supportive employment services, but ADDS is concerned there is not enough funding or even interest because as they did not know of anyone they serve who wanted a job who didn't already have one. "Many of our people who work at the workshop are happy there and haven't requested to change. They've worked there for many years."

The administrators reported that the amount of outdoor activity varies from person to person and depends on their living situation. The residents who do spend a lot of time outside live in an ISL that has a small shelter, a basketball hoop, and a swing and often spend their time talking or participating in day programming outdoors. The administrators thought that their clients would like to learn to garden and they have already tried to before. The obstacle lies with the interest of the staff and Mexico's community members. For example, they have attempted to set up cooking classes with chefs from the community, but there

was no follow through. The staff of the ISL controls the diet of the residents and the menu is usually based on the staff's cooking capabilities.

Based on the administrators' experience in mental healthcare in the Mexico area, they thought that more personal connections between the community and ADDS clients could be forged. Their reasoning is that most people are familiar with someone on the autism spectrum, which means that everyone is familiar with someone who is developmentally disabled.

> "I can think of someone in Mexico who could be on a spectrum [but] who doesn't consider themselves with a disability and it's never stopped him. He's really active and in the community. We need to be more like that. Without labels and without putting people in boxes. We serve people that could have been independent for years. They don't need to rely on us, but because of the boxes and how we sheltered them we created the problem."

When asked if any aspect of their clients' lives go unserved, the administrators said that there is a lack of true freedom of choice. Ibut in spite of thisit, they are very proud of the services they provide and the individual care each person receives. "We try to do something for everyone. If someone asks for something, we try to find a way to make it work or the best we can. We've done that since the 70s. We could be better at being cutting edge. We aren't out there at the Cultural Revolution, [but] we don't do bad for being in Mexico. We provide quality support for many people, to as many as we possibly can." They would, however, like to improve some of their services, to think less about the bottom line and only about what is right for the individual, but managing risk sometimes gets in the way of that goal.

They summarized their work by saying "I am most proud of the general service we provide. Knowing the people we serve. Being local, we are here all the time. That's the biggest thing."

adds staff

Five members of the ADDS staff participated in a focus group. Their positions included program coordination, support coordination, and program management. The services they provide to their clients include managing daily activities, setting goals, and daily care. These individuals organize and collaborate with the staff who care for ADDS's clients on a daily basis. Three of the people in the focus group had personal connections to the developmentally disabled community before they started to work for ADDS.

When the participants thought about how ADDS's clients were perceived by the general community of Mexico, they said that people are used to their presence and watch out for their folks. They attribute that success in part to encouraging their clients to volunteer as much as possible in the community so that people meet and see them as individuals. "We have always tried to give back to the community. I always say the community has been so good to you, you need to be good to them." As a result, "the community embraces them. Two of our guys would elope from our place and the neighbors would identify them… They know who they are and they keep an eye on the neighborhood."

The advice the administrators would give someone who had prejudiced concerns about living near an ISL is to visit the home to see what is going on. "When I give tours of our group homes and ISLs to new employees, they are surprised that they are ISLs. They had always thought they were just normal homes in the area. That's why I like the concept." "I think if you asked an average person on the street, they wouldn't know where one of our people lives or the level of care. They would just know that they are with our agency."

It was generally agreed that employment opportunities for their clients in Mexico were limited to the sheltered workshop and that there was a need for more supportive employment given the nature of their clients' abilities. They explained the need for better supportive employment:

> "One problem we see is that in an interview, our guys present themselves as so much higher [functioning] than they are that the employers don't even know they need support. So one of our clients is deceptive because she seems so able and presents herself so able that she doesn't get all the training. So when she fails, they wonder why. So we've told them to make sure she understands and check even when she says she does. She can get a job easy, but keeping it is another thing. She doesn't ask for help and does things like she thinks it should be and then fails."

Transportation is one of the biggest obstacles for their clients to get competitive employment. Another large barrier is a social one. For example, in a competitive workplace setting, their work colleagues often do not know how to converse with a developmentally disabled person. This is not the case in a sheltered workshop.

> "We all like to work with people like yourself, so the workshop experience gives them social connections. Some have worked there for 30 years. They are proud of their work and they want to be there and make money. They don't even want to take off for doctor's appointments."

When the weather is nice, the staff try to encourage their clients to spend as much time outdoors as possible by walking, talking, doing yard work, or really anything. Last year, the clients assisted staff with replanting the flowerbeds and setting up grills and lawn furniture.

ADDS has tried gardening before, but it didn't go well. People were not thrilled about weeding, and accessibility to the beds was a challenge. There was also theft of the harvest. Often, the staff ended up doing the work, which missed the whole point of the garden exercise for the clients. Twice, volunteers from the community came to help teach the staff and clients about gardening and everyone really enjoyed that. The volunteers were able to assist and mentor clients and enrich their gardening experience.

The staff think that having raised beds would help their clients with mobility issues. They are already interested in growing plants and food, but the staff thinks that there needs to be another incentive to take care of the garden. "If there was an incentive for the money to be used for eating out or for something. They need a reason. Or make salsa. New recipes, they get a kick out of using things they have grown. They love new recipes."

While discussing gardening, to everyone's surprise, one of the staff admitted to being a member of the Audrain County Master Gardener Club. When asked if they the Master Gardener thought that gardens could be used to foster community connections between staff and clients, they said yes, but only as long as there is an incentive for the clients and staff or some way to get them to invest in the project.

adds clients

Four people who are served by ADDS participated in a focus group in one of the common areas of an ISL. We talked about how much time they spend outdoors, and they said, like anyone else, it is very weather dependent — the summers are really hot in Mexico and the winters quite cold. When they are outside, they like to go on walks and talk with their housemates or staff, attend auctions, or go on outings to restaurants, and movies, and events around town. One person said they don't like to go outside except to play with their nieces and nephews. They go with their friends to parks, movies, church, and other places around town. Except for one participant, they go to every community event they can, including Mexico's annual festivals, which are mostly in the fall. The only individual who does not go to them, said that they prefer to stay home alone.

Half of the group would like to learn to garden, while and the other half had no interest in getting dirty. All but one work at the sheltered workshop, and had positive things to say about their work there. They were really proud of what they made, which at the time were parts for a respirator, but the product they assemble changes. The person who does not work at the sheltered workshop works at a Subway in town, but wants to quit because of trouble with their boss.

All clients reported that they get around town via staff, the bus for the sheltered workshop, or cab. This was followed by a lively and lengthy discussion about whether some of the cab drivers in town might be drug dealers.

Half of the four people in the focus group liked living in Mexico and the other half thought it was too small with nothing to do. The two individuals who were less enthused about Mexico would like to live closer to family, while the two clients who liked living there reported that they enjoy the day programming activities that ADDS provides. Everyone said that they like to cook.

The focus group participants talked about their goals for the year, which they reevaluate each year at Christmas. This year their goals ranged from riding a horse, to being healthier, and living independently.

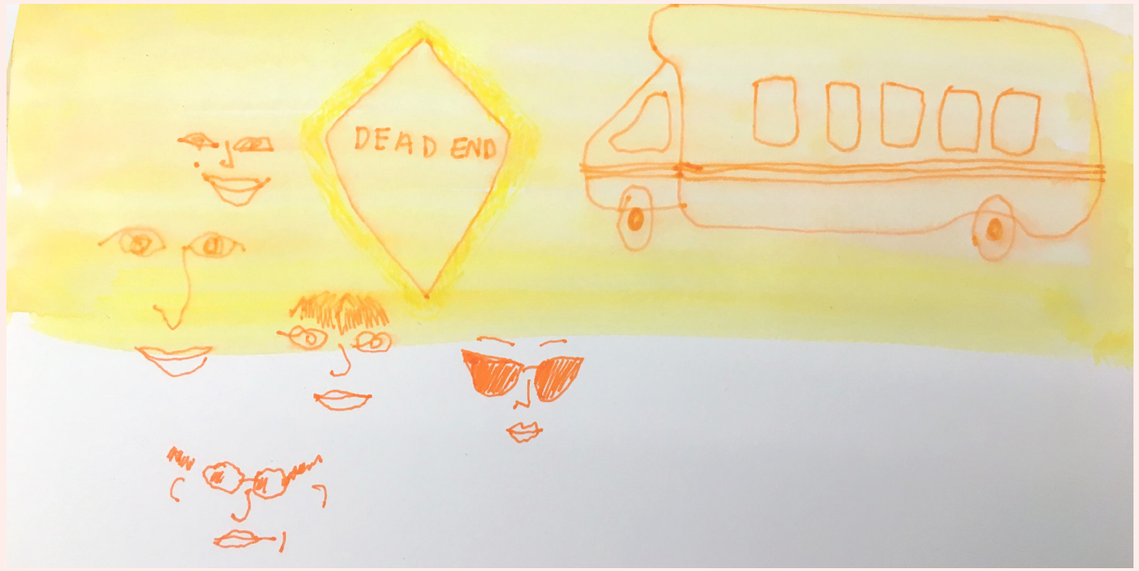


Figure 5.7: ADDS post focus groups processing. (Finck 2018)

finck supported living services (fsls), mexico, mo

Finck Supported Living Services (FSLS) began in 2005 as a for-profit company and serves clients in Missouri and Kentucky offering two different styles of supportive home care within the community independent supportive living homes (ISLs) and family home provider (FHP) in Kentucky. After this study took place, the company has since expanded into Colorado. The FSLS and ISLs have a similar dynamic to ADDS's ISLs and their clients often attend the same day programming or sheltered workshop in town. It is important to note that the Finck author of this study is related to the Finck in the name of FSLS.

fsls administrators

At FSLS, three of the administrative staff were interviewed, two from the Missouri branch and one from Kentucky. FSLA offers two different types of residential supportive services: ISLs and a family foster care option similar to Geel's system, called Family Home Provider (FHP). In Missouri, they have more ISLs, while in Kentucky there are more of the FHPs than the ISLs.

The key difference between the Kentucky FSL and Missouri FSL programs is the more greater available availability of supportive employment options in Kentucky. In terms of the differences in care between ISL and FHP, the administrator from Kentucky thought that clients are more supported in FHP settings, especially in regards to loneliness and community integration. Being surrounded by foster family and staff made a marked difference. Transitioning clients from an ISL to FHP can make all the difference to clients. One of the administrators explained,

> "Especially with FHPs when we get referrals, on paper you'd never want to be involved [with the client] based off behaviors and how many times they've been in jail. But now they have that love and attention that they are totally different. Their quality of life [has] increased to levels we had never imagined. One of them living in ISL was defiant and noncompliant in most cases. He wanted to be outside all the time. He drug out wood and in the shed and make stuff. He could fix the Wi-Fi on the printer over the phone. He has fetal alcohol syndrome and he constantly has to be on the go. He needs constant stimulant. Now he lives with a 70 year old man and his girlfriend and they live on a lake and this guy takes the boat out and drives the John Deere Ranger all over the neighborhood. He has a reason now to be compliant and follow the rules and do what he needs to do. He loves his life. We couldn't provide that in ISLs, so we put him in a more appropriate service for him. It is so satisfying to look at what he came from and where he is at."

Community members often see clients differently when they are fostered by a family, because they are perceived as being part of society and a family unit. For example, if an individual being cared for in an FHP was pushing a stroller with the family's child in it, neighbors would perceive them as a caring and responsible adult instead of the eternal child stereotype that the developmentally disabled are often subject to. Another advantage for the neighborhood is that there is no extra traffic of staff coming and going with FHPs that can sometimes aggravate neighbors.

With ISL living strategy, there are some constant concerns with staff retention and funding. Because the staff is fairly transitory, when new projects such as gardens are tried, they can fail because of lack of employee commitment and continuity. It was also reported that new projects like gardens are often viewed as extra paperwork and work for the staff, even though their clients would like to have gardens and outdoor spaces. These issues are not present in the FHP, because of the family unit approach.

Administrators claimed that the responses of community members living near ISLs in Mexico has have varied over the years have been generally positive, but and has gotten better with time. It appears to them that the longer the ISL is in the area, the more community members get used to them being there. There are stories of people being incredibly kind to their clients. But community members can be cruel as well.

> "One of the most famous stories in the company happened about five years ago when three ladies we serve were shopping and had pulled up on the square to get some paint or something. Before the staff could get out, some high school kids walked by and yelled something about retards. One of our ladies got really angry and yelled out the window, "Don't talk about my staff like that!"' Whether she made the decision or did it on purpose, it doesn't matter. It was incredibly disarming."

When someone does not look disabled, the community response can harsher than when an individual looks clearly disabled.

> "For example one of the girls was at a restaurant she was shaking someone's hand too long and then she smacked him and the ink pen after the staff [member from FSLs] told her to let go of his hand. You can't tell in any other way than her behavior that she is disabled and then she gets the look. It's hit or miss. Our guys in wheelchairs if our staff is doing something or need help in any way, people are really ready to help. Especially if they have experience with this population. They're much more likely to look at it positively than negatively.

When asked about a potential gardening project with community members, administrators thought it seemed like a good idea as long as community members understood the individuals' abilities and limits and could approach the venture with patience and an open mind. They thought some of their clients would be enthused about gardening, but just as the range of disabilities is large, so too are people's abilities to follow through on tasks. Many would like just to be outside with the social contact, which would have a huge impact on broadening their world. When asked about the areas of their clients' lives they would like to improve, the response was to better address health, wellness, and loneliness. Ensuring that everyone gets enough personalized attention is difficult, because some individuals requires far more attention and care than others. And it was important to broaden their client's world to include friends from a natural community support system, instead of the paid staff. They reported if

you asked their clients who their friends are, they would reply staff. In contrast, if asked the same question of other people in the community, one would hardly expect them to reply that their close friends were their dental hygienist.

fsls staff

Five staff members of the Mexico-based Finck Supported Living Services (FSLS) participated in a focus group in one of the ISLs. Three of the participants were program assistants, two were in-house staff, and one was a professional manger. Three of the individuals in the focus group had personal connections to the developmentally disabled before they had this job. Everyone reported that they have a considerable influence on the people they care for—from the decisions they make to helping with chores to the games they played. The staff assist with food choices and "creating bits of independence in their client's home." They go grocery shopping for and with the individuals receiving care.

When asked about how much their clients interact with people in other ISLs, they said that they engage with Mexico's community at church, community events, employment, shopping and eating out. The overall community response to their clients has been positive, though there have been a few instances of friction and derogatory language towards clients. Some of the staff reported that often the community reaction is simply neutral, because they do not understand those who live in the ISLs and, as a result, are left alone by the neighborhood.

If the staff had to give advice to a neighbor concerned about living near an ISL, they would explain that the people living in the ISL are people too and describe what exactly is going on there, what the staff do, and what their mission is. The manager added that when establishing a new ISL in a new neighborhood she usually tries to visit with the neighbors and introduce the concept of ISLs to them.

When asked about the employment opportunities for the developmentally disabled in Mexico, they said it was limited to the sheltered workshop. A couple of their clients are employed competitively, but only because of familial or friend connections. They thought that their clients have the abilities than recognized at the sheltered workshop in town and could do different jobs.

The type of activities and the amount of time spent outdoors depends on the day, weather, and the individual. At one of the houses, the women who live there spend a lot of time sitting in the sun, riding bikes, walking, and talking. This house also has the space to play yard games. At another house, the clients also bike sometimes, but it really boils down to the individual and what they want to do.

All of the staff were very enthusiastic and sure that their clients would enjoy gardening. They reported that they have tried gardening before but would like to try again and this time build raised beds. The staff also said that they would be interested in learning to garden as long as it did not include too much weeding. A few have had or currently have a garden at their own home. A few of their clients have "green thumbs" so the staff would love to help them garden. The staff were also very interested in learning to cook healthy foods personally and professionally. The cooking skills of the staff vary widely Some do not know how to cook at all — one woman claimed not even know how to operate a microwave. "Sometimes we get staff who have never cooked ever. Or we have people who are really great at cooking." The staff said learning to cook "would benefit us and them. And some have such specific diets it would be better for them if they ate closer to the ground."

The staff was a little cautious about including community members or neighbors in gardening activities with the developmentally disabled. They thought that perhaps the church community members or coworkers would be interested in gardening with clients. They were wary about including the general public who have no prior knowledge of the clients for the client's safety.

Many of the staff explained that before they were employed with FSLS, they were not sure what the job would entail and were hesitant to work with the developmentally disabled, despite having worked with other people with other physical disabilities in the past. Even people that had personal connections or family members with disabilities or developmental disabilities were unsure what to expect. They said that their hesitancy came from all the old movies and stories, and the cultural stigma against the disabled. They really were not sure what they were getting themselves into. But once they started, they realized that the people they serve are normal people.

Hesitation aside, the staff said that they were most proud of helping empower the developmentally disabled to be more independent and bring them out of an institution. One of the staff said they were gratified "that I can make the difference between a good day and a bad day and give them advice on how to better themselves and help them keep on that direction."

fsla clients

Five individuals served by FSLS participated in a focus group at one of the supportive living homes. All live in Mexico ISLs and arrived at the focus group site by company van with the staff who care for them. One of the staff stayed in the room while the focus group was conducted in case anyone needed anything. All participants introduced themselves and there was general chitchat between everyone. They all seemed to know one another well.

When asked how much time they spend outdoors, there was a range of answers from "a lot" to only the time spent moving from the car to their workplace. But when asked what they liked to do outside, there was a cacophony of answers about decorating for various holidays, taking walks, listening to music while smoking, and coloring in coloring books. They also were very excited when asked if they would like to learn to garden. They all shouted "YES!!" and had very specific things they would like to plant, as well as what they would like to cook for the holidays:

"I'd like to learn to plant tomatoes or pumpkins, cucumbers."
"I'd like to plant flowers and have butterflies."
"There's also sunflowers to keep the bugs off the vegetables. I'd like to learn more about that."
"I'd like to plant everything. Tomatoes, cucumbers, peppers, beets, onions, everything."

When asked if they would like to garden with other community members and neighbors, they also shouted, "YEEES!" and were really excited. They talked about enjoying playing in dirt and wanting to plant flowers and other plants. They also asked if there was already a place for that and wanted to go visit it. The prospect of walking to a garden with people in their community and neighborhood was exciting to the clients because they said they love to walk and are mostly interested if it's close and they can smoke while they walk.

Of the focus group participants, two people worked at the sheltered workshop in town, one worked at a competitive employment post, and two did not work. Of the two who are unemployed, one is retired and the other has never had a job. Of the employed, all but one have worked at the same company for five to twelve years. The two who do not work stay home and color, attend day programming, and have daily outings. Everyone in the group does household chores daily and rotate through some sort of schedule.

They all attend every community event they can, including the annual Soybean Festival, Walk Back in Time, and the state fair in Sedalia, Missouri. They also attend a monthly church youth group meeting with other members of St. John's Lutheran Church. One of the individuals expressed interest in meeting new people in the community and not just the people she sees every day. When I asked a follow-up question about how she meets new people she said, "By going on outings, or vacation, or asking a staff member to go shopping with us and we run into people and we talk to people. We don't talk to strangers, but we are nice to everyone." They said their favorite thing to do in Mexico was to go shopping, going out to eat, and visiting family.
Someone else added that they all go to dances to meet people, but they wanted to meet individuals served by FSLS in other towns and not just Mexico as they see Mexico people all the time. The staff member in the room interjected that there would be a formal dance in December, and everyone began clapping and got excited.

When asked what they liked least about living in Mexico, they did not have anything negative to say. One participant said that she liked living there because the staff never give her the cold shoulder and the staff treat her right. Everyone else agreed and expressed how much they love everyone, especially their roommates. Their goals for the year included living independently or more independently. One individual said that if she were younger she would want to live alone, but because she was not, she will just stay where she is. Another person said she would like to get along with everyone and cut down on bullying and lying. Still another expressed that she would like to work on calming down and not getting so frustrated or stressed out.

arthur center, mexico, mo

The Arthur Center opened in the early 1960s as a direct response to the movement to communal mental health care from institutionalized care for mental health treatment. The Arthur Center is located in Mexico, MO and focuses primarily on behavioral health but also offers dental, and primary healthcare for an eight-county area in Missouri. Its mission focuses on behavioral health. Under the behavioral health umbrella, residential care, community support, and outpatient care are available to clients. The Arthur Center also runs a 16-bed transitional facility, called the Hope Center, whose mission is reintroducing individuals to living in the community after being in the state mental hospital. The Arthur Center provides mental health services primarily for their clients.

arthur center administrators

Community support is a service undertaken by a staff person who has a caseload of 15-25 clients and who provides support necessary to keep the client stable and living in the community. For example, they help their clients get healthcare, housing, groceries, and clothing. They help with relationships and coordinate services for primary care or behavioral health and other medical needs. Their aim is to ensure that their clients have a good quality of life. The services provided by the Center are paid for by Medicaid and the Department of Mental Health.

Residential transitional care is provided by the sixteen bed Hope Center and is intended for those who are released from long-term institutions or who have been in and out of institutions several times. The goal is to help them move to their next step in healing, whatever that may be. The goal for each individual may differ. For some, it is to live independently, and for others it is to go home to family or to less intensive community-based care.

The Arthur Center also runs psychiatric ISLs that are duplexes with two people living on each side. These ISLs are designed to keep people from cycling in and out of institutions or the hospital, which is much more expensive care. They are also intended for people with both developmental disabilities and mental illness where progressing to the next step sometimes takes time. The Arthur Center does not have a contract with the State of Missouri for care of the developmentally disabled, but sometimes there is overlap in care and diagnosis. Because they serve anyone with a psychiatric condition, they sometimes also end up caring for an individual with developmental disabilities.

"The needs are similar. The developmentally disabled usually have similar behavior every day. But someone with mental illness is never the same every day, so that makes it a bit different. But we typically serve the mentally ill or someone with co-occurring developmental disabilities and mental illness. There's not that many people that have just one thing going on, often there's more than one issue there."

When asked how mental health services in Mexico have changed over the years, they described how many services that used to be offered by the local hospital are no longer available. There used to be adult, pediatric, and geriatric psychiatric care, but now people have to travel farther to Saint Louis or other large cities for that kind of care. Another major change was the increased pressure on the Arthur Center for mental health care in Audrain since it is the only place for public psychiatric care in Mexico. As a result, the Arthur Center partners with other organizations in Mexico to educate people about mental illness. For example, they work with local law enforcement and offer a 40-hour training on mental health issues. They also have crisis intervention teams in Audrain and nearby counties.

The administrator discussed how to address stigma in the community.

> "One of the best things you can do to combat stigma is just address it when it raises its head. Campaigns are not always very helpful because it's hard to change people's attitudes. We try to support, we go to service clubs and stuff. It doesn't have nearly the impact when someone says something. The mentally ill are often more victims than perpetrating crimes. People shouldn't be afraid."

> "People need to have the opportunity to get to know others with mental illness. Even pillars within the community have mental illness and people would be surprised that such prominent people have illness. So I think that people just need to know someone. Especially in a rural area, this is the best way. Especially for someone stuck in the institutions who get out in the community, it might be hard for them to assimilate. They might keep artificial behaviors that are from the institution."

One obstacle for community members to get to know people with mental illness is their need to enter a closed environment like a supported workshop or institution. It shuts out those individuals from the rest of the community. "Does anyone from the community go to institutions? No and no one wants to know. No one goes to the sheltered workshop, it's a segregated lifestyle but people need to see that they are normal people."

public survey

The survey was administered via Qualtrics online and consisted of 15 questions. At most, 168 people participated with 139 people completing the survey entirely. Although 31 individuals marked that they would be interested in participating in a follow up focus group, no one attended.

Everyone, except for one person, who answered the question reported having a front lawn at their house. It was evenly divided of how many people used their front yard frequently, while overall people were largely ambivalent about how their front yard currently looks. 78% did not have a garden in their front yard, and of the 33 people who did have a garden, more than half agreed that they enjoy gardening. 58% of residents polled said they would enjoy gardening more if someone else tended the garden for them.

Of the people who did not have a front garden, 60% said they enjoy gardening and 82% would like to have fresh vegetables and fruits to eat from their own garden. 42% said they would like to have a front garden if someone else tended it for them.
81% of the survey said they would be open to the person who tended their garden to have developmental disabilities and 58% reported they have a personal connection with someone who has developmental disabilities. It was nearly unanimous that the person who took the survey would feel comfortable socializing with someone at a community event with developmental disabilities, only 8 people reported otherwise.

There was an open-ended question that asked the polled people to explain why they would feel comfortable talking to someone at a community event with developmental disabilities. Overwhelmingly, the results were positive messages with variances of "all people are made equal" and personal connections with the population. A few teachers answered and talked about their students, and one person answered that they went to school with someone with developmental disabilities.

The neutral feedback respondents were mostly people who were worried about not knowing what to say and worried about communication because of a personal circumstance like hearing loss or feeling uncomfortable in all social settings.

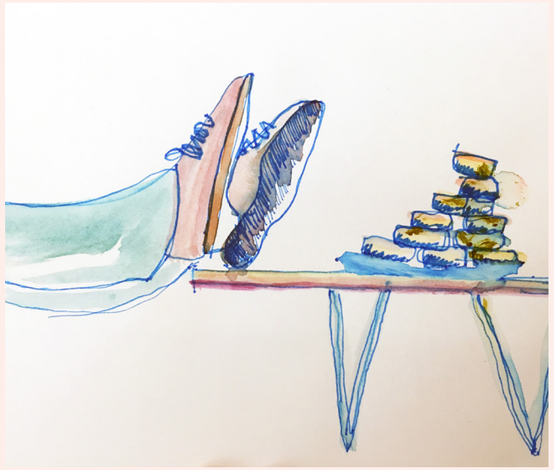


Figure 5.7: Survey follow up focus group processing. (Finck 2018)

QUESTIONNAIRE MAP

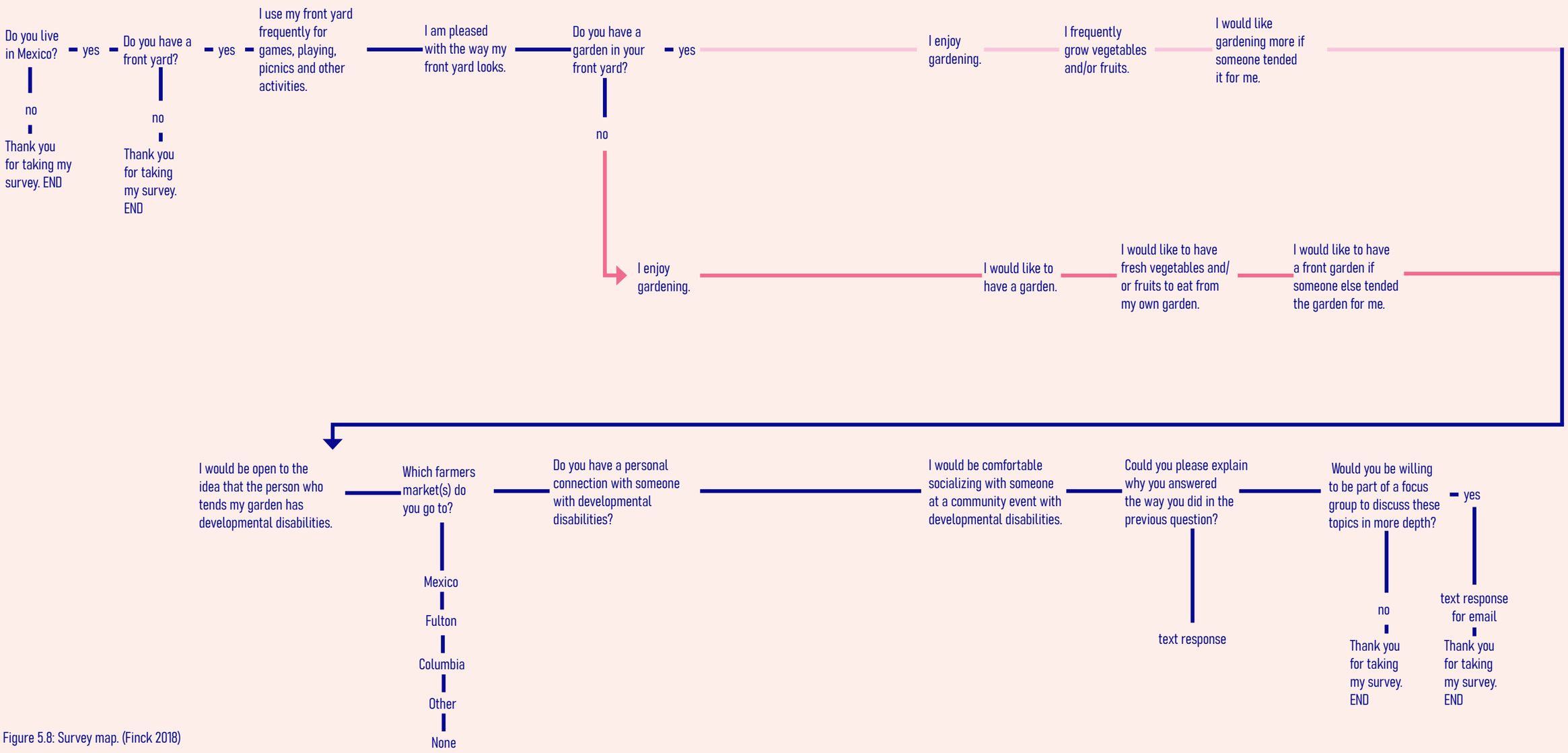


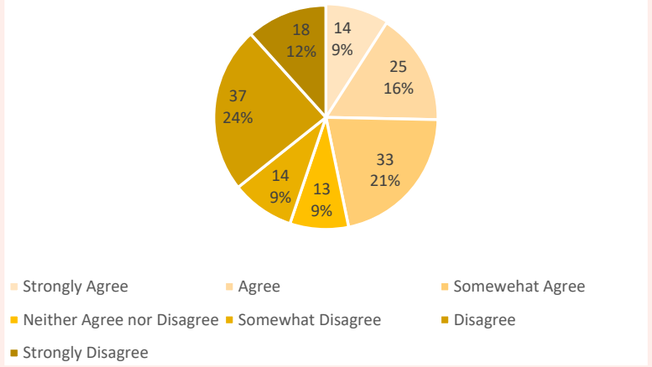
Figure 5.8: Survey map. (Finck 2018)

SURVEY RESULTS

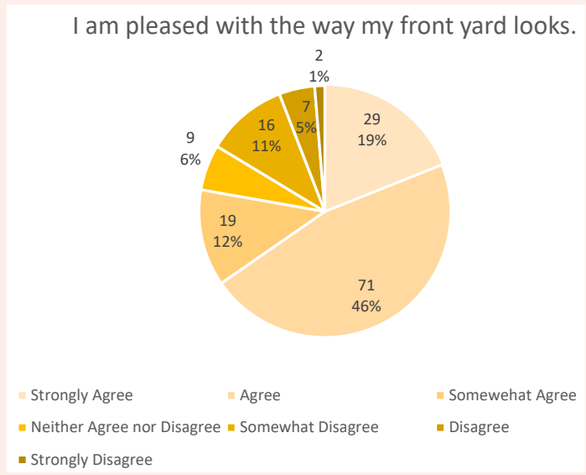
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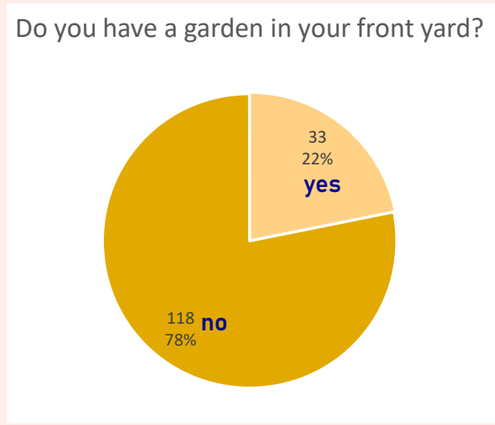
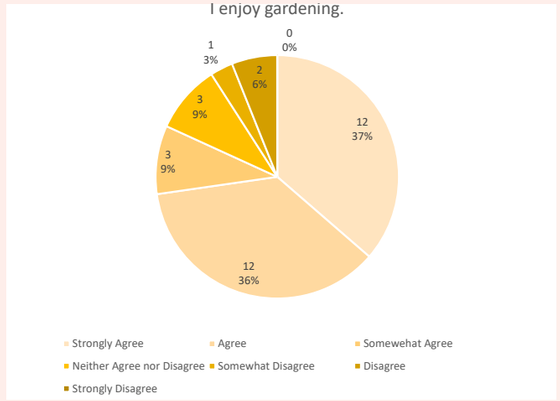
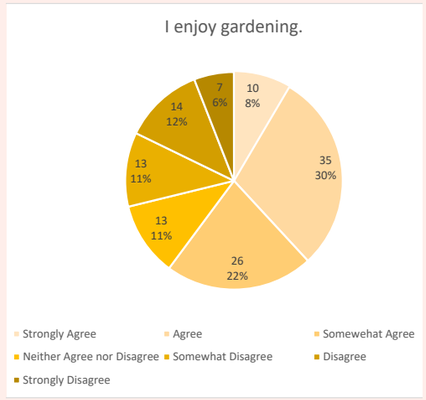


Figure 5.9: Survey result charts. (Finck 2018)

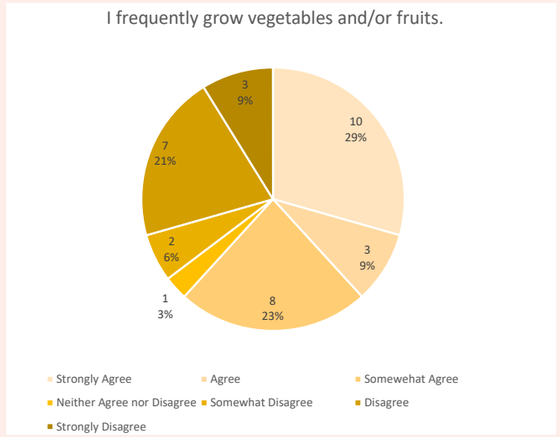
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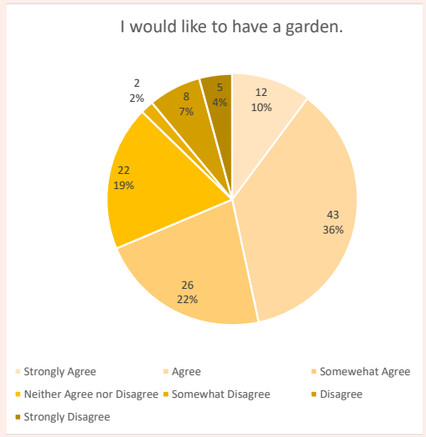
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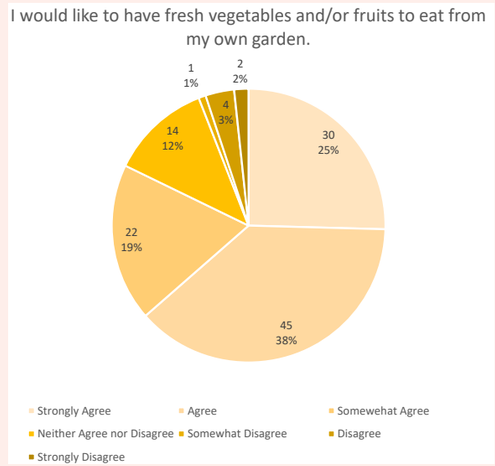
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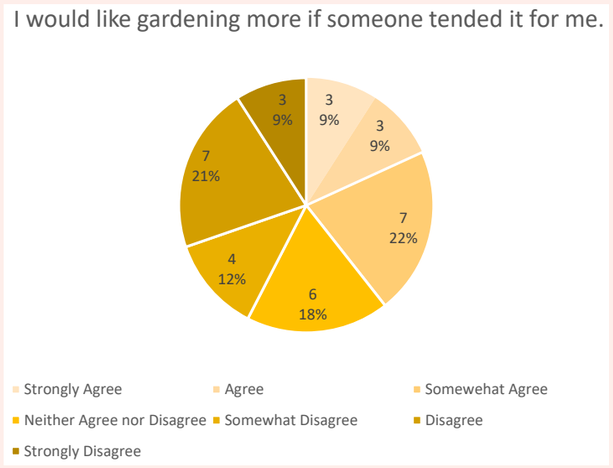
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Those who have a garden in their front yard:

They do not have a garden in their front yard:

10b.

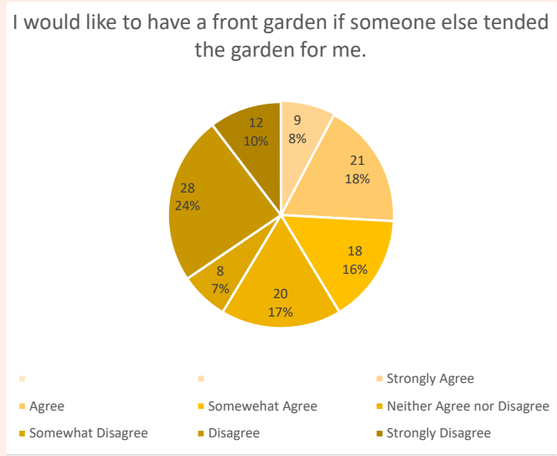
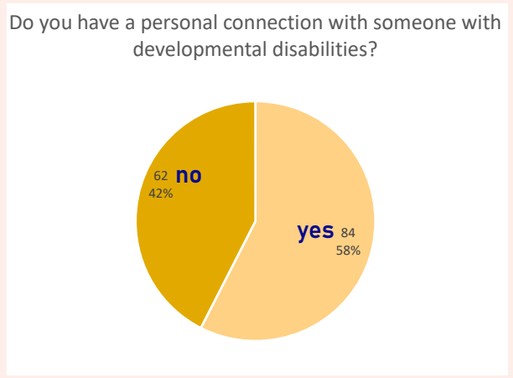


Figure 5.10: Survey result charts. (Finck 2018)

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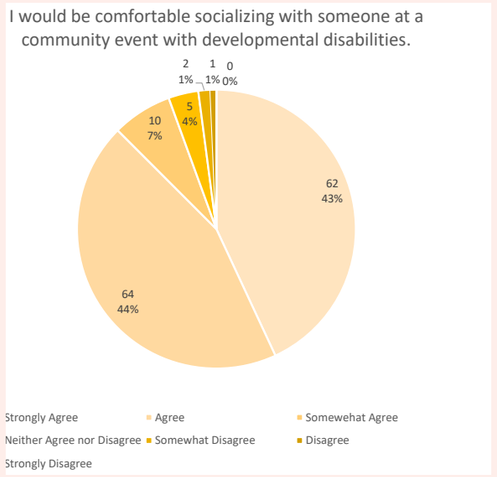


Figure 5.11: Survey result charts. (Finck 2018)


90

DISCUSSION

The interviews, focus groups, site visits, survey, and observation have led to five overarching themes for achieving a cohesive, equitable community for the developmentally disabled in Mexico, Missouri. These themes are community acceptance, stability and freedom, social interaction, employment, and outdoor activity. Although the themes seem like common sense seen together, they were expressed differently across the countries, organizations and communities. When combined, these themes create the elements for a project proposal to combat the isolation and stigmatization of developmentally disabled community members and other isolated populations in Mexico and other rural areas.

community acceptance

The places that demonstrated the highest success rate of community acceptance of their vulnerable populations were Broadway Housing Communities (BHC) and the foster family system in Geel. BHC integrated clients into their small community within Harlem, while Geel's foster families integrated their guests into their homes as well as the larger community. In both cases, the guests or clients felt embraced and accepted as members of the community. Also in both, it took a significant amount of time to create these pockets of acceptance. For BHC it took about thirty years, which is significantly less than Geel's centuries-long timeline. In both cases, community members often prided themselves on how vibrant and rich their community had become and were grateful to the organization and their partners for creating a more inclusive community.

Building Ohana's goal of achieving community acceptance is in progress, but they have begun to foster acceptance and understanding by starting the conversation years before the construction of the village even begins. It appears that if all their plans are executed as intended they will achieve a level of community acceptance similar to BHC and Geel.

The ultimate test of destigmatization and understanding is how many years the system has been in place. In Geel, community members not involved with the foster care system see the guests as commonplace. Providing people with a supportive family, reconnecting them to society, and treating their problems like other people creates an environment that considers the individual as part of the community, thus destigmatizing them. Or, in BHC's case, providing supportive housing, reconnecting them to society, and treating everyone's problems alike also creates an accepting environment. Building Ohana hopes to achieve this goal and has already begun their work in community workshops by including people on the autism spectrum in the design conversation, which begins the process of educating the community.

stability and freedom

Linked to community acceptance is the stability and freedom of the clients or guests. In BHC's case, the downside of their success is that they have a very long waiting list. The residents' contentment has created a long-lasting community of individuals who never want to leave and do not have to. The stability provided to the homeless has been essential to their improved health and wellbeing. Geel's foster families also offer long-term stability for their guests until either the family can no longer care for them or the guest can no longer live in the family home. There are so many stories of the guests reciprocating and caring for their aging or ill families and being accepted into generations of families. Building Ohana also plans to provide forever-home situations. This stability is clearly important for individuals to thrive. Geel, BHC, and Mexico all show how once an individual enters a stable and loving environment, their health and wellbeing improves. This improvement seems unimaginable in a transitory home.

For BHC and Geel, there is almost complete freedom of movement into the surrounding community. Geel's foster families are especially able to curate an experience that has control and supervision without losing the freedom of movement and access to the community. In Geel, the tailored ranges of empowered freedom for each individual ranges from subtle support to parenting and allows each guest to experience freedom that fits their level of independence and abilities. This concept of tailored freedom is important as freedom can be experienced in different ways by each individual.

Building Ohana's plans to make their residents indistinguishable from the rest of Spokane as well as developing the Village to become a draw to the local population is promising as means of ensuring stability and freedom.

social interaction

In almost all organizations contacted, there was a heavy emphasis on the importance of casual social interactions within the community. Especially in Geel, there were many examples of guests enjoying and frequently being out and about in the town. At BHC, the intentional neighborliness and a facility that can host neighborhood events seems integral to their success within the Harlem community as well as fostering trust with a group that has been seen as potentially threatening in the past.

CCUA expressed the act of getting residents outside and connecting to their neighbors over gardening and food was helping with neighborhood cohesion. BHC was unusual in that they created a building where the community was invited to enter by providing community meeting places and a children's museum.

For the guests in Geel, day programming was also integral to providing opportunities for their guests to interact regularly with the community.

employment

The ability to work can be an important aspect of an individual's wellbeing and self-worth, but the developmentally disabled are paid significantly less than minimum wage. For those who are aware of this discrepancy, it can affect their self-image and their place in society. In order for the developmentally disabled to feel part of the overall community, both fair compensation and having more than one employment option is essential.

In Geel, there was a café employing guests and other jobs in the community, although job placement in the latter was rarer. At Broadway Housing Communities, residents work the front desk of the building in paid shifts, which gives them a sense of investment in their own community as well as a job.

outdoor activity

The ability for their guests or clients to be outdoors was an important theme mentioned by all those contacted. Outdoor work is a key component of treatment at Gould Farm. In Geel, several of the guests spoke about how much they enjoy being out and about in the town. Many of the clients of Finck Supported Living Services and Audrain Developmental Disabilities Services also expressed interest and delight in outings and had a positive reaction to the prospect of gardening and more time spent outdoors. In Geel, especially with "the Girls," there seemed to be an aspect of pride in having the independence to be outside on an errand or helping out in the yard. CCUA's whole mission incorporates luring neighbors outside to learn about gardening and all the positive side effects for the neighborhood with community members spending more time outside.

When speaking with employees and administrators of service providers, the challenges they foresaw were a lack of places to do activities as well as the sometimes extreme weather such as summer heat.

The Columbia Center for Urban Agriculture (CCUA) discussed how Opportunity Gardens in low-income neighborhoods brought food production to the people and taught the neighbors about where food comes from. Getting children involved and increasing neighborhood cohesion are also goals for Mexico. It is encouraging that Columbia, 30 minutes away from Mexico, has seen success with bringing gardens to neighborhoods and seen positive impacts with nutrition and social cohesion. Providing spaces to increase access to casual interactions and latent learning so near Mexico is very promising. These gardens also serve as education and social investment for the community. There is a sense of pride for growing their own vegetables. In Geel, there was pride in having a role within the family, particularly in regard to outdoor chores.

elements of project proposal in mexico

After analyzing the data from the precedent sites and from the organizations in Mexico, there are tenets and characteristics that make the precedents exceptional and feature themes that could be applied to Mexico to help its isolated populations. These elements can be combined to construct a proposal to create acceptance and understanding of the developmentally disabled and other isolated populations in Mexico. These key takeaways include overlapping concepts as well as specific outlier instances of remarkable practices.

To facilitate community integration with services providing for vulnerable members of the community, Broadway Housing demonstrated the importance of inviting the community into the service's space. To achieve community integration, you must integrate the outside community into the space for the developmentally disabled. Neighborliness should be cultivated deliberately and carefully. Perhaps most importantly, listen to the community and adapt if something is not working. When considering Mexico, this emphasizes the need for adaptability. If the methods are not meeting the needs of the community, then don't be afraid to adapt them completely to fit those needs.

In Geel, treating challenges with guests as any other familial challenge is necessary for creating an inclusive environment. There was a heavy emphasis on the guests having a role in the household as well as the importance of being respectful of individual preferences of the guests. Outings are especially important to the guests as well as the community for integration. In a society where there has been a long-term approach to integrating the most isolated and vulnerable populations of the community, nearly everyone becomes an activist promoting the inclusion of the developmentally disabled, especially neighbors. For Mexico, this translates into focusing on the individual with patience and understanding rather than the diagnosis.

In the precedent sites, gardens improved neighborhood cohesion by bringing people outside. Gardens give communities a common goal to bond over, regardless of ability or disability, as it is important to help educate individuals where their food comes from. Beyond that, gardening can also change someone's life. For instance, the Columbia Center for Urban Agriculture utilizes AmeriCorps as volunteers and are proponenets of gardens as effective vehicles for occupational and physical therapy.

Landscape architects act as community facilitators and encourage social cohesion by integrating green spaces into planned communities.

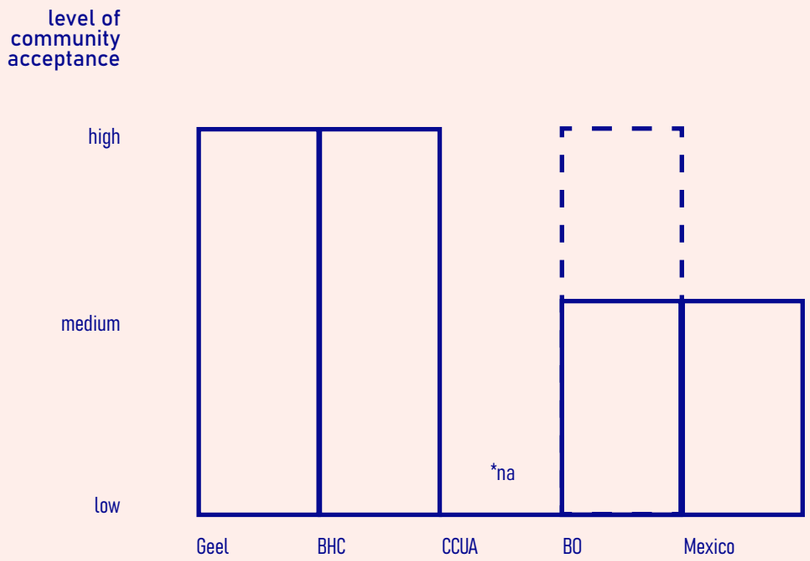
thematic elements
and their components

Repeated components express the interconnectivity of the themes. For each of these themes to be present, the others must be there to support them.

COMMUNITY ACCEPTANCE	STABILITY AND FREEDOM	SOCIAL INTERACTION	EMPLOYMENT	OUTSIDE ACTIVITY
casual social interactions	acceptance	accessible	community	accessible
communal pride	access	casual social	employment	casual social
community engagement	aging in place	interactions	empowerment	interactions
community investment	belonging	community events	fair wages	chores
day programming	casual social	community	funding	community events
diversity	interactions	investment	funding	community
employment	destigmatization	destigmatization	self worth	investment
empowerment	empowerment	education	support	destigmatization
events	freedom	freedom	supportive	diet
family	inclusion	shared activity	employment	education
goals	independence	independence		freedom
intergenerational	love	loneliness		gardening
connections	normalcy	meeting new people		goals
learning	outings	outings		health
localized care	personal connections	outside		healthy cooking
loneliness	respect	self worth		independence
love	support			loneliness
meeting new people	understanding			meeting new people
neighborliness				outings
patience				outside
personal connections				self worth
respect				volunteering
togetherness				wellness
trust				
volunteering				

Figure 6.1: Theme chart. (Finck 2022)

COMMUNITY ACCEPTANCE



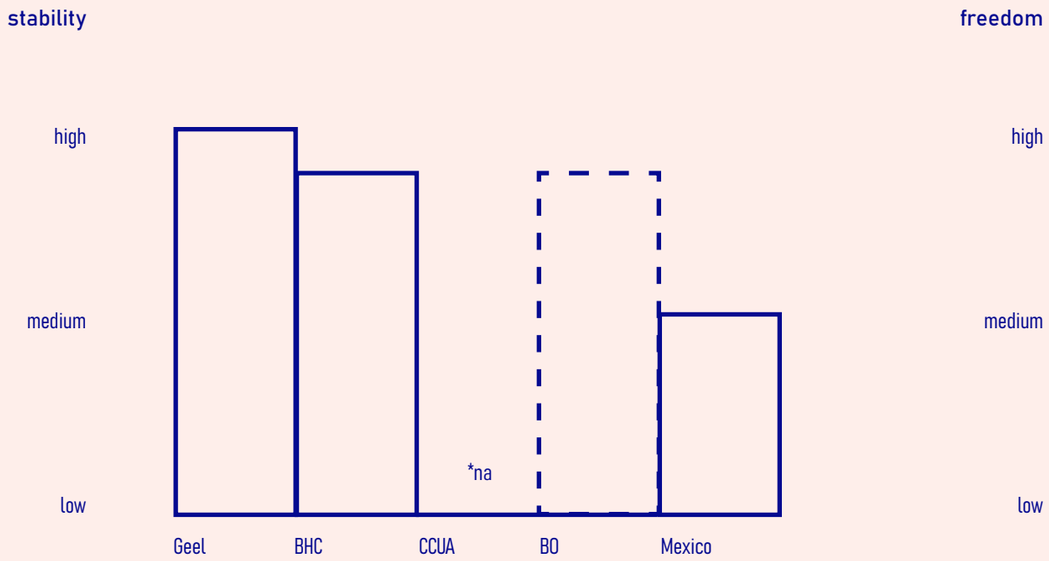
actualized BO

*qualitative scoring based off interviews

Figure 6.2: Community acceptance. (Finck 2022)

BHC and Geel tie for the most community acceptance because of the casual social interactions observed at interviews and their community integration. Actualized BO will have equal integration from everything learned in the interviews and their early invitation to collaborate with community members has already set them on a strong trajectory to integration. Mexico project site has a social gap between the clients and neighbors.

STABILITY AND FREEDOM



actualized BO

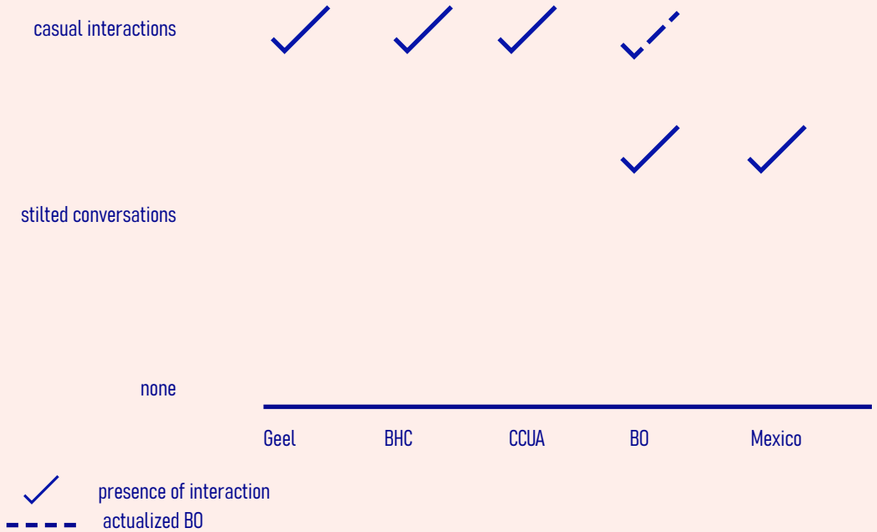
*qualitative scoring based off interviews

Figure 6.3: Stability and freedom. (Finck 2022)

Geel scores the highest because of the complete communal integration and ability of the guests to go anywhere safely. BHC only scored less because they are pretty localized to where their buildings are in their neighborhoods in NYC. CCUA does not provide any housing, but is a destination spot.

Actualized BO will have integrated neighborhoods, but there still lacks information of how Spokane will flow into their neighborhood. Mexico project site has supported housing and group outings but lacks the neighborhood connectivity and interpersonal relationships for strong stability and freedom.

SOCIAL INTERACTION

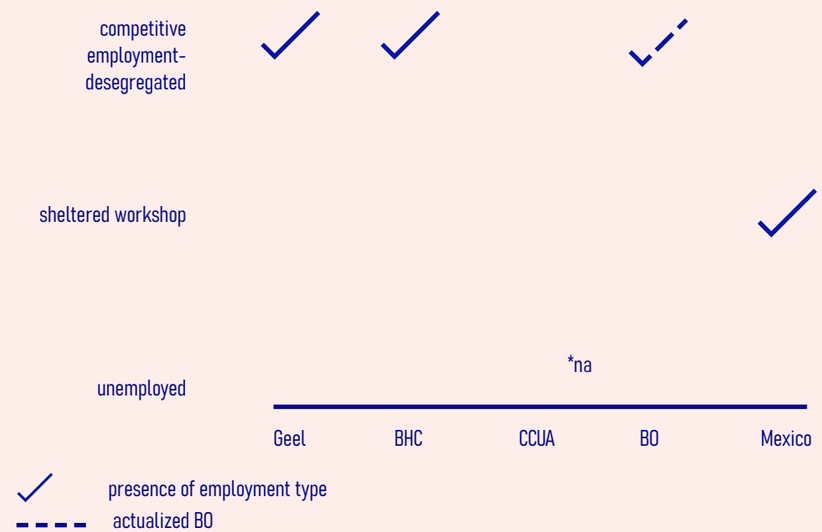


*qualitative scoring based off interviews

Figure 6.4: Social Interaction. (Finck 2022)

BHC and Geel tie for the most community acceptance because of the casual conversations observed and the intentional design of BHC's neighborliness in their buildings and to the surrounding community. The only reason that CCUA does not score as high as BHC and Geel is because they are in concentrated communities and just do not provide the housing. Their success of drawing neighbors out to garden together is marked. BO falls somewhere between the Mexico sites and the others since it is in progress. The completed project should be fully fluid between social groups. Mexico is progressing to casual interactions.

EMPLOYMENT

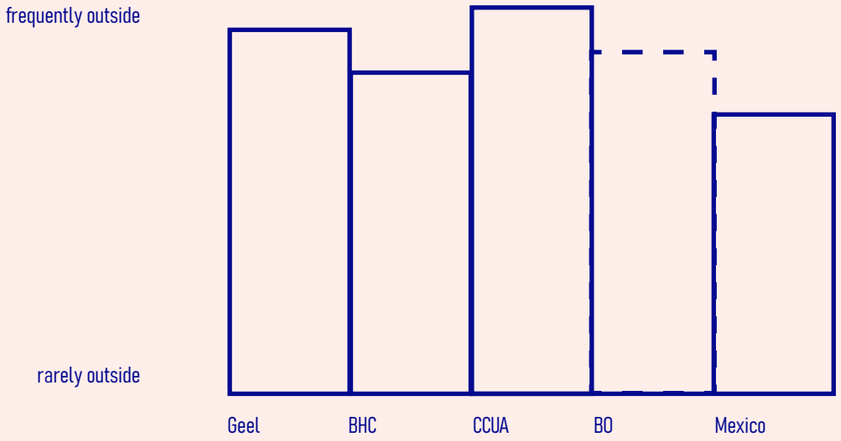


*qualitative scoring based off interviews

Figure 6.5: Employment. (Finck 2022)

BHC has the highest competitive employment because it is part of their mission and understanding of empowering their residents. Providing a job in the apartments to use as references for future applications elevates their clients in a manner not seen in the other precedent sites. Geel offers supportive employment in other businesses but most of the guests work in businesses run by OPZ including the bike shop and cafe. BO does not employ anyone but is building in supportive employment options into their community. Of the focus groups in Mexico, only one client worked in competitive employment. Everyone else worked at the sheltered workshop.

OUTSIDE ACTIVITY



*qualitative scoring based off interviews

Figure 6.6: Outside activity. (Finck 2022)

CCUA scores the highest because their whole program is getting neighbors outside to garden, followed by Geel which has a strong independence for the guests with familial integration. Actualized BO seems like they would be top with their current planning of centering their community around green spaces. BHC is ranks slightly behind Geel since they have less dedicated space for residents as they are located in NYC. Mexico project site ranks lower since they have less places to be outside, but seemed like from the interviews that several people enjoyed going outside frequently. As with each site, it's a personal preference.


07

PROPOSED PROJECT

friendly front gardens

From the data collected from precedents and the organizations in Mexico that support the developmentally disabled, elements were gleaned to achieve the goals of increasing health and wellbeing and increase community understanding for the developmentally disabled individuals in Mexico. These elements include:

- Increasing access to causal social interactions with other community members.
- Increasing connections and access to fresh, healthy foods.
- Getting outdoors regularly.
- Going on an 'outing' or going somewhere regularly as something to anticipate.
- Creating opportunities for continual learning.
- Consistent presence in the community.

Increasing access to casual interactions with other community members normalizes seeing traditionally isolated populations, like the developmentally disabled, in the public realm more frequently. They become fixtures of the community where everyone knows them, like in Geel. This element works in tandem with getting outdoors regularly and being on outings.

Connecting people with developmental disabilities and their caretakers to healthier, fresh foods is a lesson learned from CCUA and Giving Grove and pairs with opportunities for continual learning. If caretakers, their clients, and community members are learning more about food together, they have something to bond over as well as enrich the areas in the rest of their lives. Helping the community grow food, like at CCUA, fosters a neighborliness and shared pride that creates cohesion. Connecting for food in a long term way, such as at Giving Grove where it takes years until the orchards produce any harvest but then return year after year, gives a legacy of bridging generations of residents in a way that only trees can. Lastly, Geel, BHC and Building Ohana demonstrate that consistency is paramount to constructing lasting and meaningful change in communities. This will only come with time, but is essential to success and meaningful work.

A strategy to integrate the elements of success listed above is a series of front gardens in the neighborhoods where the isolated community members reside. These garden projects, named Friendly Front Gardens, must be within easy walking or biking distance to maintain independence and ease of access from the vulnerable person's home and dispersed in neighbors' front yards. This would give an avenue to introduce members of the community to the residents with developmental disabilities, who they might not ever meet in the current neighborhood condition. Providing a space for the clients to be out in these gardens regularly also gives an avenue for casual social interactions that would help build social cohesion too. Connecting residents of ISLs to healthy, fresh food could be encouraged when they are learning and growing food that they would recognize and be proud of producing. In the interviews conducted with ISL



Figure 7.1. Project site locations in Mexico,MO. (Google Earth 2022)

65 front yards @ mary street

42 front yards @ hisey street

45 front yards @ emmons

16 front yards @ breckenridge

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168 total front yards that could have gardens



Figure 7.2. Emmons Street project site 10 minute walkability map. (Google Earth 2022)



Figure 7.3. Hisey Street project site 10 minute walkability map. (Google Earth 2022)



Figure 7.4. Breckenridge Street project site 10 minute walkability map. (Google Earth 2022)

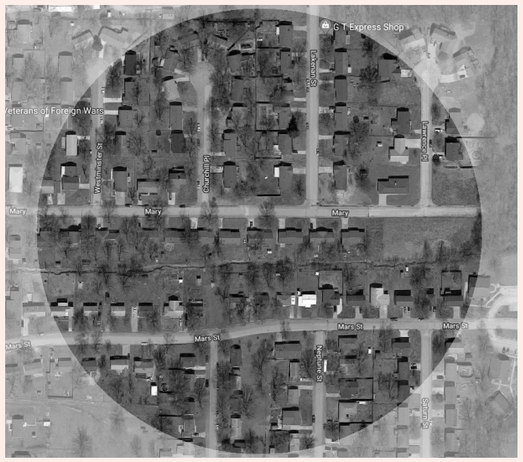


Figure 7.5. Mary Street project site 10 minute walkability map. (Google Earth 2022)

residents in Mexico, there was mixed interest in growing anything, but for the people who were excited, this could be a good way to make this food connection. For the individuals who weren't as excited, the gardens also give a destination to gather to hang out with everyone else, and there could be supplemental activities to the program to appeal to these individuals. Supplement activities to enhance the reach of integration program activities of the Friendly Front Gardens could center on animals, which the clients in the Mexico focus groups seemed very interested in. This could include a dog walking service for fair wages or a pet care shop.

The Friendly Front Gardens would be gardens comprised of varying size and programming in participating residents' front lawns in the walkable neighborhood surrounding an ISL in Mexico. These gardens would be specific to the home owner and adaptable to suit their desires. They could include cutting gardens, vegetables, fruit trees, and/or pollinator gardens, for example. They could be as small as potted plants or as large as able to be maintained by the resident and participants in the Friendly Front Garden program. Since the gardens would be located within a walkable distance from home, the clients, staff, and volunteers who participate in the Friendly Front Garden program could visit each garden on foot to tend to the gardens easily. This would remove the burden of coordination of transportation.

At each site in Mexico, there are at least 16 yards that could be involved in the Friendly Front Gardens program within a 10 minute walk. For the program to begin initially, there would need to be a minimum of seven participating residents in each neighborhood. This number is to ensure that if one neighbor decides to stop participating in the program, there are still two others invested to prevent the program from automatically failing. An initial select number of neighborhood participation allows for testing out the program and allowing the neighborhood to decide if this is the engagement program type it desires, without potentially overwhelming the staff and clients immediately.

When beginning each Friendly Front Garden program in each neighborhood, it is important to listen to what each resident wants their garden to be or if they would like an alternative or addition to gardening. For example, some residents might be interested in fostering some sort of neighborhood connection that could be tangential to gardening like watering or maintaining existing plantings. Others might be interested in walking dogs, pet sitting, or other activities that still connect people to one another and provide a service. With many options for pet, plant, and house sitter apps, it seems natural that community members could be providing these services for each other.

Being outside and having a destination for gathering makes it easier to provide opportunities for casual connections and integrate exercise into a daily routine. Regularly being out and about in the neighborhood normalizes connections between the abled and disabled and supports inclusion within the community. Having a reason to be outside and on a small outing gives the developmentally disabled residents something to look forward to regularly, while also being routine. Maintaining a garden with fellow neighbors is also a space of continual learning and discovery





Figure 7.6. Loneliness and isolation of vulnerable community members in Mexico. (Google Earth 2022, Finck 2018)

Figure 7.7. Friendly Front Gardens vision, bringing neighbors out to bond over gardening. (Google Earth 2022, Finck 2018)

for everyone. In gardening, there are a variety of tasks that need to be accomplished regularly, like weeding, that are repetitive and consistent. But there are also tasks that are engaging and more focus specific. This range of tasks is helpful for people with a spectrum of abilities and interests to ensure that there is always a place for everyone to participate.

The last element of the Friendly Front Gardens is the understanding that mere physical proximity and social cohesion is not enough to create full inclusion. Inclusion has to include economic equity too. There has to be equal pay for individuals with developmental disabilities in Mexico. Without it, this population will continue to be literally undervalued in our society. Having a job with competitive pay with a reference could increase someone with developmental disabilities' job prospects looking out in the broader community as learned at BHC.

Creating a Friendly Front Gardens nonprofit could be beneficial to create a way to pay a fair wage to the clients. It would be important that it is a nonprofit organization so that the community is prioritized most. This also gives a more formal billing system to the garden project that could ensure that a fair wage is paid.

After identifying the residents that live in each Friendly Front Gardens neighborhood areas, there needs to be another survey conducted to gather more information on whether they would be interested in participating in the project at any level of engagement. This is also a good time to engage the community to see if they even would like a garden project in their neighborhood or would prefer a different idea that also bridges social gaps. If they would like something different than a collection of gardens in their neighborhood, it would be important to shift the project immediately to accommodate their wishes. If the community would like a garden, a survey and follow up focus group would be conducted to establish what exactly residents would like in their gardens and where they would like them located. Easy spaces seem to be in the immediate front lawns but listening to the wishes of the community would guide the design of the project.

After the survey and focus group, a follow up workshop involving developmentally disabled neighbors, their caretakers, residents, and a project designer will be held to discover what the neighborhood would like to implement as their Friendly Front Gardens. The placement of the gardens could even vary from resident to resident as well as most aspects of the gardens. To make this garden program replicable and able to be facilitated via residents themselves, a choose-your-own garden catalogue would be developed to help neighbors choose where to place their garden to fit their needs. This catalogue would help residents identify the type of garden that would be most successful in their space and could feature a step-by-step flow chart to help design each garden type. See Figure 7.9 for a mock-up of the toolkit catalogue.

For example, one resident might want a garden located in their side yard that has a partial shade condition and would like an ornamental raised garden bed for better accessibility. The resident could follow the steps to find which species is best suited for an ornamental, partially shaded, raised

garden. This workshop would walk everyone through the garden catalogue to train everyone how to use it and choose their own gardens.

Immediately after this step, fundraising events would occur highlighting the process and design intent of the Friendly Front Gardens proposal. This is the time to get a greater buy in from the larger community of Mexico and collect a strategic local champion to rally support and interest within the larger community as well as look for new sources of funding. Another aspect of success for this future project would be to partner with other organizations and have representation at the important community events. Examples of potential organizations to partner with include 4H, Boy and Girl Scouts, Hart Career Center, Help Center, and area churches. Options for funding include the local FFA chapter, AmeriCorps volunteers, and parks and recreation grants. There would also need to be further research into grants and funding opportunities to supplement funds raised by selling produce.

The next stage would be creating the first Friendly Front Gardens neighborhood test plots and begin testing small, flexible gardens that allow for trial and error for the first few seasons. Navigating the changes and listening to community feedback at this stage will be key.

Following the lessons learned and development of Friendly Front Gardens, publicizing the project more locally to expand the program and increase more funding available to the nonprofit. This will help start the next Friendly Front Gardens neighborhoods and reach more people socially isolated. This process of listening to community concerns and ideas at each step must be repeated, because it is ultimately the community's garden project.

challenges to friendly front gardens

There would be numerous challenges to implement Friendly Front Gardens in Mexico, including extreme summer heat, funding, and community support. Optimistically, community acceptance seems surmountable, but that remains to be seen. Funding could be a challenge since it would be a financial burden for the service providers, but there are options to partner with local organizations as well as sources for grant money. Other challenges include transporting tools and materials to gardens, watering logistics, and constantly retraining staff with frequent turn over.

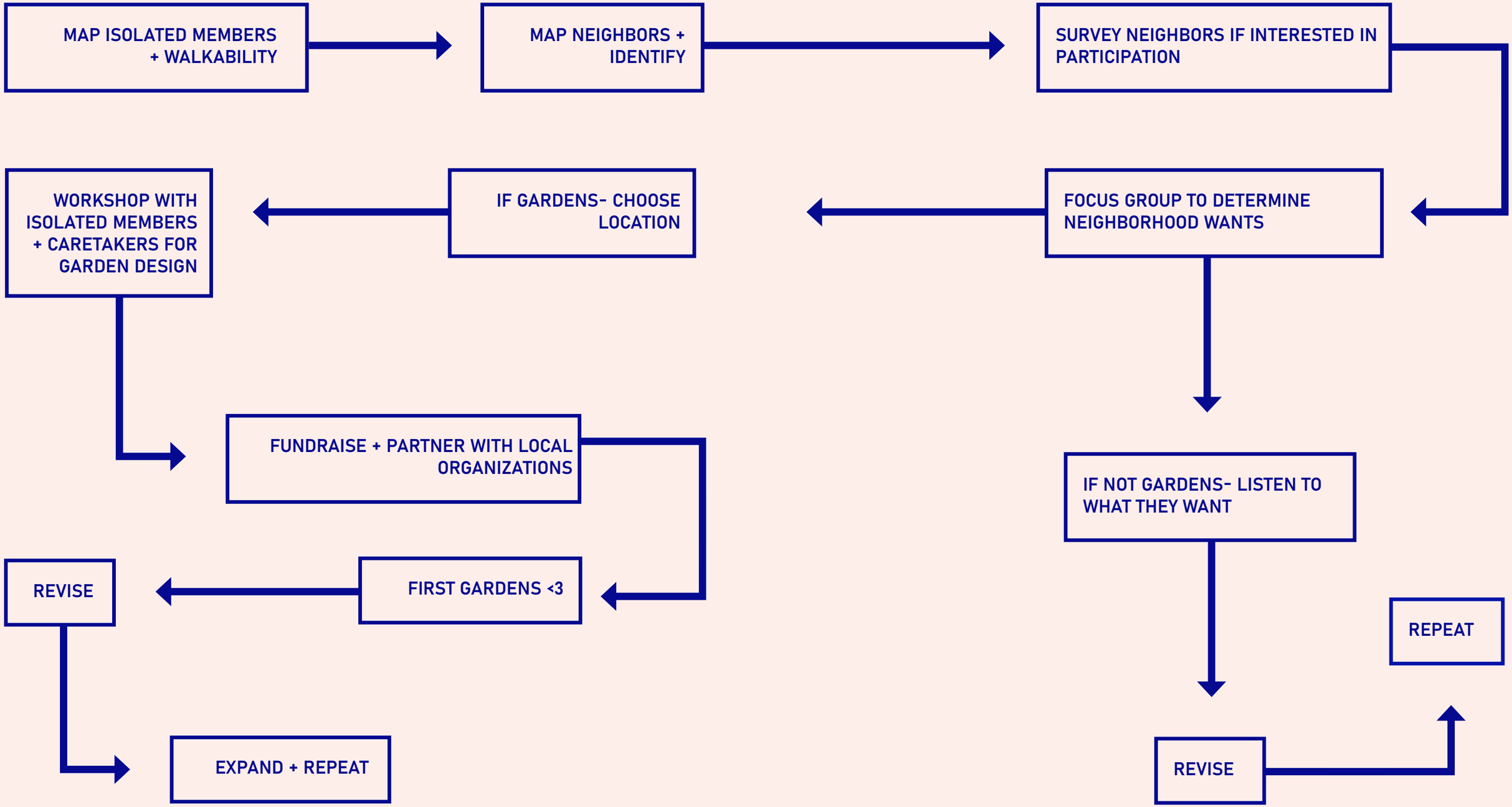
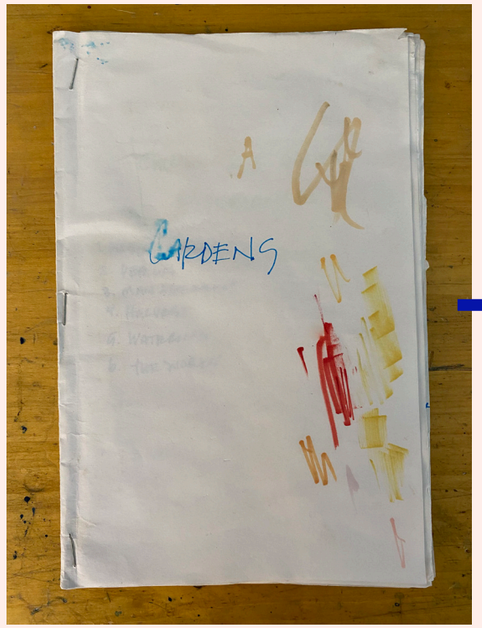
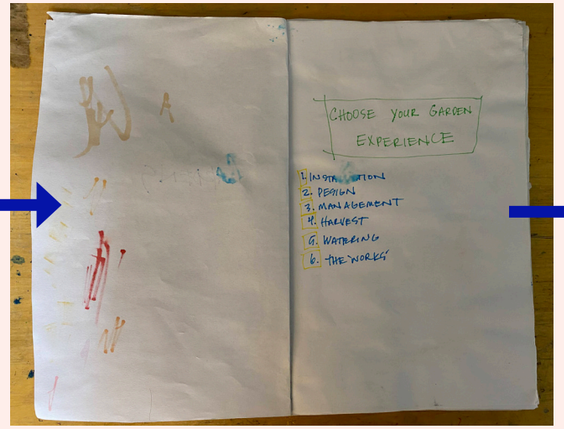


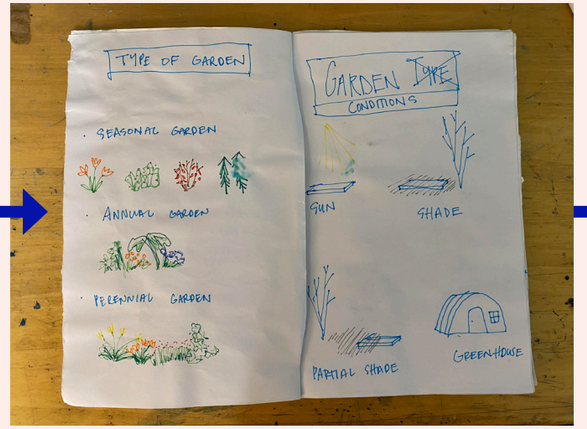
Figure 7.8. Friendly Front Gardens implementation flow chart (Finck 2022)



Cover, the book walks residents through a visual catalogue to design their own Friendly Front Garden, without a facilitator.



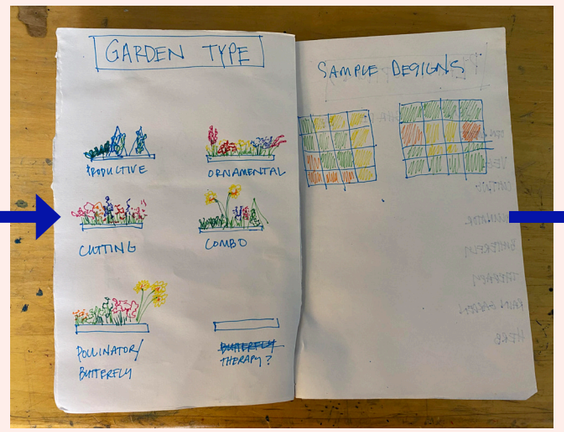
Choose your own garden experience table of contents for residents to navigate to the section that they need to suit their own garden or a new garden of their own.



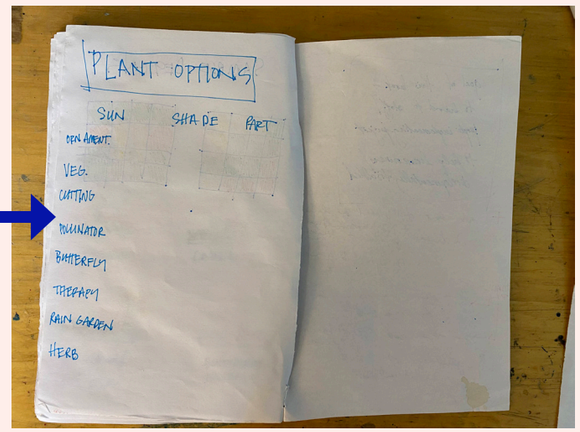
Choosing the general longevity of a garden type that they want as well as the conditions of their garden location in mind.



The location of the garden can be selected here as well as the garden bed type to accommodate all modes of access.



The garden functional type is chosen here with some sample designs displaying the square foot gardening method to pack in as many plants as possible.



At the end of the book, there would be various plant species options to fit the chosen garden design for each resident.

Figure 7.9. Friendly Front Gardens toolkit book prototype. (Finck 2022)

80

CONCLUSION

summary findings

Best practices learned from Geel, Broadway Housing Communities, Gould Farm, Columbia Center for Urban Agriculture, and LifeWorks to apply to Mexico include:

- Increasing access to causal social interactions with other community members.
- Increasing connections and access to fresh, healthy foods.
- Getting outdoors regularly.
- Going on an 'outing' or going somewhere regularly as something to anticipate.
- Creating opportunities for continual learning.
- Consistent presence in the community.

A neighborhood based front lawn garden program, Friendly Front Gardens, would give residents shared actives to bond over, act as a gathering spot to foster casual social intentions draw neighbors outside and together to create a shared landscape for continual learning, and cultivate something to bond over. Friendly Front Gardens that are tended by neighbors and the socially isolated residents with developmental disabilities creates an outing nearby that could continue to operate for years to come.

The current care of community members who live in ISLs lead lives not as socially connected to the broader community as they could be. Most of the clients who participated in focus groups work at the sheltered workshop in town and based off of care provider interviews, there is a lack of supportive employment options in Mexico. Perhaps with Friendly Front Gardens, like BHC, clients could leverage their experiences outside of a sheltered environment to get jobs with competitive pay if they don't want to be involved with the gardens. Clients of the healthcare providers in Mexico were generally very interested in having places to go, participating in gardening activities, and growing food.

limitations

One of the first limitations of this study include the inability to conduct several focus groups due to policies protecting the privacy of clients at Building Ohana, Broadway Housing Communities, Gould Farm, the Arthur Center and at OPZ in Geel. Working with protected populations was a challenge of the project, so the data collection was not as extensive as planned. The most impactful limitation to data gathering was the complete lack of attendance at the survey follow-up focus group for a random Mexico population. Expanding on the survey answers would have deepened the efficacy of the survey answers and provided an opportunity for much needed follow-up questions.

A limitation in the Geel research was the language barrier between myself and the community. I would have been able to speak to more people and more community members if I spoke Dutch or at least better German. This confined the research to a smaller pool of potential candidates that spoke English, despite the average Belgian's impressive number of languages spoken. Also in Geel, I wish I could have stayed longer to conduct more interviews or devote more time to finding English speakers. I should have maybe hired a translator too. This would have allowed me to meet more clients and learn more about the supportive employment programs at OPZ.

A limitation of Building Ohana is that it has not been built yet. While the concepts are well researched and community grounded, they have not been implemented. It would have been better to meet in person, conduct a site visit, and talk to future community members and participants of the workshops. Speaking to future clients would have also deepened the research.

At Broadway Housing Communities, no focus group was conducted because of their strict privacy policies for their clients and residents. Meeting residents and conducting the missing focus group would have helped to strengthen the understanding of an organization in America completely embedded in a community that supports and is trusted by vulnerable residents. Broadway Housing Communities is also a wildly successful supportive housing provider, so it would have also been beneficial to talk to more staff and perhaps a follow up interview with Ellen to ask follow up questions.

Speaking to someone in person and visiting Columbia Center for Urban Agriculture's gardens would have been very helpful to see a local example of a neighborhood garden project connecting a vulnerable population to the neighborhood and food. Interviewing staff about their lessons learned would also be invaluable to the Friendly Front Gardens project.

An unforeseen limitation on collecting data from focus groups and interviews in Mexico is that I am the daughter of the owner of the care provider Finck Supported Living Services, which is a competitor of Audrain Developmental Disability Services. When interviews and focus groups were conducted with the other service providers in Mexico, there was at times the feeling of fear of judgment of their policies or treatment of their clients. I suspect that it impacted interview responses, just as I am sure that interviews and focus groups conducted at Finck Supported Living Services were skewed to be more positive. I have known many of the clients since they came to be supported by the company at Finck Supported Living Services, and I wonder how they would have answered if they did not know me at all. I thought the clients selected was a group of people who would generally be positive to any activity suggested. So it could be a skewed population. If I were to do it again, there would need to be a more randomized selection process for focus group participant selection. I am fairly sure this same phenomenon happened with ADDS as well.

future research

Future research to implement Friendly Front Gardens would be to conduct further community engagement with residents, organizations, and service providers for the developmentally disabled residents of Mexico. Exploring and including other socially isolated groups could strengthen the project and expand stakeholders to make it have a higher chance of success. A follow up public survey with more questions would be required with a door to door campaign to see if neighbors would be interested in participating in the garden program. A follow up focus group with residents would also need to take place to get their feedback for the garden program.

Future research looking into nonprofit structure and logistics of ensuring that there can be a fair wage paid to clients would be important to look into. Consulting someone maybe to develop an app like Rover or something similar could deepen the efficacy of the project and make it an easy application for neighborhoods to implement and design their own gardens.

Interviewing more of the team at Columbia Center for Urban Agriculture would be imperative for Friendly Front Gardens to further study their implementation in Columbia. A site visit to Columbia Center for Urban Agriculture or Opportunity Gardens would allow for observation of the neighborhood dynamic and how it changed. Speaking with neighbors who live near the Opportunity Gardens as well as the residents who tend the gardens will provide a local source to a garden neighborhood project that has been successful supporting a vulnerable population. Speaking to staff and volunteers in person would also be important to making Friendly Front Gardens a reality.

Follow-up interviews and focus groups with more staff and clients of Building Ohana, Broadway Housing Communities, and at OPZ would have deepened the research. Interviewing and learning more about the supportive employment and fundraising from Broadway Housing Communities would enhance the research already collected. Speaking to residents and fellow community members not involved with BHC would also gather more insight about the community.

Returning to Geel and spending more time with the day programming staff and speaking to more community members and clients would deepen this project. Conducting site visits with more of the places and projects discussed in the literature review would also be beneficial. Visiting more community and grassroots-led garden projects would also help to inform the Friendly Front Gardens project. Interviewing volunteers would aid in specifying more the steps to take in the project design.

Following up over the years as Building Ohana grows and observing their process of building and supporting their new community would deepen this research. Interviewing more people on their design team as well as observing their green space design technique would help influence a more informed Friendly Front Gardens program.

Returning to Mexico to conduct a more randomized focus group of clients with developmental disabilities would validate the findings, after my suspicions discussed in the limitations section. Visiting the Help Center's community garden to see their processes would also be imperative. Consulting with an occupational therapist on the best kinds of gardening beds for people with physical disabilities would help make the Friendly Front Gardens easier and more enjoyable for community members who need those adjustments.

Speaking to Mexico High School's special education program staff would help to integrate individuals into the Friendly Front Gardens program before graduation. This could also help identify and explore other options in place of or to supplement the garden program. The Friendly Front Gardens could also be one of many iterations if residents decide they would like to explore other ways of bridging social gaps like a dog walking program, painting service, etc.

The Covid-19 pandemic put stress on all public places, big and small. Future research would include the effects of the pandemic on the isolated populations in Mexico and how they dealt with the social distancing. Another aspect of Covid-19 is that the Friendly Front Gardens, if implemented, could have continued to bridge gaps safely outdoors for critical community interactions. Since the pandemic, follow up interviews at the precedent sites would be beneficial to understand how they deal with the pandemic world we live in now.


60

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10

APPENDIX

a - interview questions

Interview with Geel Foster Families

1. What is your name?
2. How many family members live at home, excluding the boarders?
3. How long have you lived in Geel?
4. When did you begin having boarders?
a. How many have you had?
b. Can you tell me about your past boarders please?
i. What is your past boarder's average time of stay?
ii. What relationship has fostered between your family and your past boarders?
iii. Your present boarders?
iv. How have your relationships varied according to individuals?
5. Why did you decide to take in boarders?
a. How did you come to this decision?
6. How has this impacted your life and the life of your family?
7. How did you prepare to accept boarders into your home?
8. Given the chance to invite boarders into your home, would you do it again?
9. What advice would you give to a family that is considering of fostering a boarder?
10. Have you always lived in Geel?
a. If so, did you grow up having boarders?
i. Why or why not?
ii. How have you seen the community change over the years?
iii. How has the interactions between the boarders and members of the community changed?
1. If not, please describe for me the community dynamics with the boarders in the community.
iv. What was it like to come into the Geel community?
11. What advice would you give a community looking to implement a system of fostering boarders?
12. What were your expectations when you invited your first boarder into your home?
a. Have your expectations changed with each new boarder? How have they changed?
b. What information were you given before the boarders arrived?
13. Has bringing a boarder into your home changed your family dynamic?
14. How has accepting boarders into your home changed your relationship with the Geel community?
15. Are there any activities scheduled between the families that have boarders?
a. Do you interact much with other families that have boarders?

i. Do you have a support system?
b. Are there organized events for the boarders?
i. Why or why not?
16. What role does the boarder play in your family?
a. Do they participate in household chores?
17. How do you address the nature of their disability?
a. IF something were to significantly upset them, how do you calm them back down?
18. Have their families come to visit?
a. Why or why not?
19. Tell me about your boarder's friends.
20. What have been your greatest challenges with bringing a boarder into your home?
a. What have been some of your greatest joys?
21. Have there been any unexpected outcomes of inviting a boarder into your home?
22. What changes have you observed within your boarder as they have stayed in your home?
a. Why do you think these have happened?
23. What has been your experience interacting with other community members of Geel who do not have boarders?
24. Are there members of the community that are against including boarders in the community?
a. What has been your experience with people that are against the foster system?
b. What would you say to them to change their minds?
25. What compensation do you receive for fostering boarders?
26. Given the opportunity, what changes would you make to foster system in Geel?
a. What, in your opinion, works well in the system?
b. What does not?
27. Will you continue to have boarders in the future?
a. Why or why not?
28. Before hosting boarders in your home, did you have any personal connections with anyone that was mentally ill or developmentally disabled?
a. Before hosting boarders, would you or your family members be comfortable interacting with anyone that was mentally ill or developmentally disabled?
i. Are you now?
29. Is there anyone you would recommend to interview not involved in the adult foster care program?

Interview with Psychiatric Hospital Administration in Geel, Belgium

1. Please state your name.
2. What is your position?
a. How long have you had this position?
b. How long have you worked at the hospital?
3. Will you please briefly describe the services provided by OPZ?
4. How does OPZ differ from other psychiatric hospitals?
a. Are your services available for non-Belgian citizens?
i. How many people do you serve who are not from Belgium?
5. What challenges have you faced to provide your adult foster care services for boarders?
a. What have been your opportunities?
b. What challenges do you predict in the future?
i. What opportunities do you predict?

6. What is your dream for providing mental health services?
a. What limits you from achieving these dreams?
7. What are your future plans for providing mental health care?
8. What aspect of your services are you most proud of?
a. Why?
b. What would you like to change about your current methods?
c. What limits your effectiveness as a service provider?
9. What impact does legislation have on the OPZ?
a. And your effectiveness of service providing?
b. How do you see these conditions changing?
10. Will you please walk me through the process individuals to become boarders with the OPZ?
a. How many people are in the adult foster care system?
i. How many people in the adult foster care system are developmentally disabled?
ii. What is your age range of individuals in the foster care system?
11. How many of the boarders' families keep in contact with their relatives?
a. Why?
12. What is the selection process for foster families?
a. Are there any foster families outside of the city of Geel?
i. How many?
13. What is the information provided to the host families before their boarder arrives?
a. Why?
b. Are families normally satisfied with the level of information initially provided?
14. What kind of support is available to the host family to support a boarder?
a. Are there classes to educate families?
b. What are the incentives for host families?
15. What is the role of the psychiatric hospital in the lives of the boarders?
a. Please describe the systems in place to ensure the health and safety of the families and boarders.
i. How do you handle medication distribution and health monitoring?
ii. What role does the host family play in treatment of the boarder?
16. What is the protocol if there is a problem with the host family and boarders?
a. How often do you need to step in take care of a bad situation between the boarders and the host families?
b. What are the most common problems?
17. Please describe the role of the Geel community in the adult foster care system.
18. What has enabled the OPZ to have such a successful adult foster care system?
a. Do you think it is replicable?
19. What have been some unforeseen challenges to the foster care system?
a. How have they been overcome?
b. What have been some unforeseen benefits to the foster system?

Interviews with Geel Boarders

Note: These questions are highly dependent on ability of communication with the individual as well as negotiating language barriers.

1. Please state your name.
2. How long have you lived with your host family in Geel?
3. Are there other boarders that live with you here?
4. Please tell me about your foster family members.
a. Do you spend much time with them?
5. Have you lived with the same family the whole time you have lived in Geel?
6. Can you tell me about your life here please?
a. What do you enjoy doing every day?
i. How much time do you spend outside?
1. What do you do outside?
b. Do you have a job?
i. Please tell me about your job.
ii. Do you feel safe at your job?
iii. Do you like your job?
c. Do you have a bicycle or a driver's license?
i. How do you normally travel?
ii. How does your host family normally travel?
d. Do you help with chores around the house?
i. What do you normally help with?
7. What do you think about your room?
a. Do you enjoy living with your foster family?
8. Tell me about your friends here.
a. Do you go places with your friends?
i. How do you travel there?
b. What do you do with your friends normally?
9. Where are you from originally?
a. Would you mind describing your life there?
10. Tell me about your foster family here.
a. Do you take part in chores?
b. Do you go on vacations?
c. What do you do in your free time with your foster family?
11. Please tell me about the community events you go to.
a. Are there other boarders there?
b. Do you meet your friends there?
c. Does your foster family come with you?
d. How do you travel to community events?
12. What do you like most about living in Geel?
a. Do you have a favorite place to go?
b. Do you have a favorite thing to do in Geel?
c. What do you like least?
i. Why?
13. If you could change anything about your life, what would you change?
a. Why?

Interview for Noninvolved In Foster Homes Residents of Geel, Belgium

1. Please state your name.
2. How long have you lived in Geel?
a. Have you lived somewhere else before?

i. Please describe the differences between Geel and the other place.
3. What do you do for a living?
4. Do you live within city limits?
5. Have you ever been involved in the foster care system in Geel?
a. Why or why not?
b. If you were involved, what made you stop?
i. Would you ever become involved again?
6. Have you ever been involved with the psychiatric hospital in Geel?
7. What do you think of the adult foster care system for the mentally ill in Geel?
8. Do you have any personal connections to any of the boarders in Geel?
a. Can you describe your relationship please?
9. Do you have any personal connections with any individual with mental illness or developmental disabilities?
a. Can you describe your relationship please?
10. How often do you encounter the boarders?
a. How do you know they are the boarders?
11. Do you ever go out of your way to interact with the boarders?
a. Why or why not?
12. Would you be comfortable if you or a family member spent an evening with someone with developmental disabilities or mental illness?
a. Why or why not?
b. If no, what would have to change for you to say yes?
13. Do you know anyone else not involved with the adult foster care system that you think would be willing to be interviewed?

Interview Questions for Health Care Administrators in Mexico, MO

1. Please state your name.
2. What company do you work for and what is your position?
a. How long have you had this position?
3. How long have you worked in mental healthcare?
4. Please describe the services you provide.
a. Do you serve regions outside of Mexico?
5. Who are the individuals you serve?
a. About how many people of each population do you serve?
b. Can you please explain the levels of disability within the population you serve?
6. Can you describe the role of community in the lives of the people you serve?
7. Can you please describe how the consumers are integrated into the general community?
a. Do you have methods to foster community engagement?
i. How did you developed these tactics?
ii. How would you like to change or modify your current strategy?
8. Based off your experience providing mental health services, do you think that community outreach would be possible to foster personal more connections from the consumers to the community?
a. Why or why not?
i. If not, what would have to change?
9. What challenges have you faced in the mental health field to provide your service?
a. What have been your opportunities?

b. What challenges do you predict in the future?
i. What opportunities do you predict?
10. What is your dream for providing mental health services?
a. What limits you from achieving these dreams?
11. What are your future plans for providing mental health care?
12. What aspect of your service are you most proud of?
a. Why?
b. What would you like to change about your current methods?
c. What do you see as your biggest need as a service provider?
d. What limits your effectiveness as a service provider?
13. What impact does legislation have on your company?
a. And your effectiveness of service providing?
b. What are some challenges currently?
c. What are some benefits?
d. How do you see these conditions changing?
14. Please describe for me the activities the consumers would take part in on a regular day.
a. How often do the consumers go outside?
i. Do they help with the chores outside?
b. Tell me about the jobs the consumers have.
i. Are you satisfied with the suitability and safety?
1. Why or why not?
c. Do the consumers attend day programs?
d. Do you feel that there is any aspect of the consumers' lives that is going unfulfilled?
i. Why?
15. What is your current procedure of action if a consumer is acting violent, agitated, or aggravated?
a. Why?
b. Would your procedures change if the there are no staff, it's just a family?
16. Can you please describe for me your therapy method with the developmentally disabled?
a. Can you please describe the evaluation to reach these methods?

Interview Questions for Health Care Administrators Broadway Housing in NYC

1. Please state your name.
2. What company do you work for and what is your position?
a. How long have you had this position?
3. How long have you worked in mental healthcare?
4. Please describe the services you provide.
a. Do you serve regions outside of New York City?
5. Tell me about the individuals you serve please.
a. About how many people of each population do you serve?
6. Can you describe the role of community in the lives of the people you serve?
7. Can you please describe how your clients are integrated into the general community?
a. Do you have methods to foster community engagement?
i. How did you develop these tactics?
ii. How would you like to change or modify your current strategy?
8. Based off your experience providing mental health services, do you think that community outreach would be possible to foster personal connections from the individuals to the community?

a. Why or why not?
9. Please tell me about how integrated housing functions.
a. What are some lessons you have learned?
b. Tell me about the mix of people that live in the housing.
c. Can you explain their interaction dynamic please?
d. Do you ever have problems of neighbors not coexisting easily?
i. Can you tell me about how you mitigate these problems please?
10. What challenges have you faced in the mental health field to provide your service?
a. What have been your opportunities?
b. What challenges do you predict in the future?
i. What opportunities do you predict?
11. What is your dream for providing mental health services?
a. What limits you from achieving these dreams?
12. What are your future plans for providing mental health care?
13. What aspect of your service are you most proud of?
a. Why?
b. What would you like to change about your current methods?
c. What do you see as your biggest need as a service provider?
d. What limits your effectiveness as a service provider?
14. What impact does legislation have on your company?
a. And your effectiveness of service providing?
b. What are some challenges currently?
c. What are some benefits?
d. How do you see these conditions changing?

Interview Questions for Columbia Center for Urban Agriculture Administrative Organizer

1. Please state your name.
2. What company do you work for and what is your position?
a. How long have you had this position?
3. How long have you worked in urban agriculture?
4. Please describe the services you provide.
a. Do you serve regions outside of Columbia?
5. Who are the individuals you serve?
6. Can you describe the role of community in the lives of the people you serve?
7. Can you tell me about your community interaction strategy?
8. Do people with developmental disabilities volunteer for you? Or do you provide consulting for them?
9. What challenges have you faced providing your service to Columbia?
a. What have been your opportunities?
b. What challenges do you predict in the future?
i. What opportunities do you predict?
10. What is your dream for CCUA?
a. What limits you from achieving these dreams?
11. Based off your experience in urban agriculture, do you think that community outreach would be possible to foster personal connections from the individuals to the community utilizing community gardens?

a. Why or why not?
12. What are your plans for expansion?
13. What aspect of your service are you most proud of?
a. Why?
b. What would you like to change about your current methods?
c. What do you see as Columbia's largest urban agriculture need?
d. What limits your effectiveness?
14. What impacts does city code have on your farming operations?
15. Can you please describe for me the services volunteers provide at home consulting visits?
16. Have you ever thought about incorporating horticulture therapy into your programming?

Interview Questions for Columbia Center for Urban Agriculture Volunteer

1. Please state your name.
2. What organization do you volunteer for and what is your position?
a. How long have you volunteered here?
3. How long have you worked in urban agriculture?
4. Please describe the services you provide.
5. Please describe the average home consultation.
6. Tell me about the individuals you serve please.
a. About how many people of each population do you serve?
7. Can you describe the role of community in the lives of the people you serve?
8. Based off your experience as a volunteer, do you think that community outreach would be possible to foster personal connections from the individuals to the community utilizing community gardens?
aW. Why or why not?
9. What challenges have you faced in the mental health field to provide your service?
a. What have been your opportunities?
b. What challenges do you predict in the future?
i. What opportunities do you predict?
10. What is your dream for providing mental health services?
a. What limits you from achieving these dreams?
11. What aspect of your service are you most proud of?
a. Why?
b. What would you like to change about your current methods?
c. What do you see as Columbia's largest urban agriculture need?
d. What limits your effectiveness?
12. What impacts does city code have on your farming operations?

Interview Questions for Columbia Center for Urban Agriculture Homeowner

1. Please state your name.
2. How long have you lived here?
a. Had a garden?
b. Did you have a garden before CCUA came to help?
c. What made you want to start a garden?
3. Do you mind working in the garden?

4. What is your favorite aspect of having CCUA consult you?
5. Do you pay for these services?
6. Have you become more involved with community gardens or community activities since becoming involved in urban agriculture?
7. Do your neighbors mind the garden?
8. Tell me about your garden.
9. What's the best thing about having a garden?
a. What is the worst?
10. Would you rather that someone came and tended the garden for you?
a. Would you be more likely to have a larger garden then?
11. Do you know anyone with a developmental disability?
a. Would you mind if the person who tended your garden was developmentally disabled?
i. Why or why not?
12. What does your dream garden contain?

c – focus group questions

Focus Group Questions for Community Members of Mexico, MO

1. Do you live in Mexico?
2. What do you do for a living?
3. Do you have a front yard?
a. What do you use your front lawn for?
b. How often is your front yard used?
c. Do you have a public sidewalk in your front lawn?
d. Are you satisfied with the way your front lawn functions now?
i. Why?
ii. Do have or have you had a vegetable garden?
1. Would you like to have one again?
a. If you don't have one, why don't you have a vegetable garden?
b. If someone did all the gardening and maintenance, would you have a garden?
i. Would you be willing to provide the water to maintain the garden? (you wouldn't have to do the watering, only provide the water)
1. Why or why not?
ii. Would you mind if the person that came to tend the garden were developmentally disabled?
1. Why or why not?
c. How much space of your front yard would you be willing to dedicate to garden?
i. Would you mind what was grown in the garden?
1. Why or why not?
ii. What would you prefer to grow?
e. Do you have a relationship with anyone who is developmentally disabled?
i. If yes, can you tell me about this relationship please?
f. Would you be comfortable for either you or one of your family members to spend an evening socially with someone with developmental disabilities?
i. Why or why not?

Focus Group for Consumers in Mexico, MO

1. Please state your name.
2. How long have you lived in Mexico?
a. How long have you lived in your current home?
3. Are there other people that live with you here?
a. How many?
4. Can you tell me about your life here please?
a. What do you enjoy doing every day?
i. How much time do you spend outside?
1. What do you do outside?
2. How do you use your yard?
b. Do you have a job?
i. Can you please tell me about your job?
ii. Do you like your job?
iii. Do you feel safe at your job?
c. Do you have a bicycle or a driver's license?
i. How do you normally travel?
d. Do you help with chores around the house?
i. What do you normally help with?
5. Tell me about your friends here.
a. Do you go places with your friends?
i. How do you travel there?
b. What do you do with your friends?
6. Where are you from originally?
a. Would you mind describing your life there?
7. Please tell me about the community events you go to.
a. Do the people you live with go with you?
b. Do you meet your friends there?
c. Does your staff go with you?
d. How do you get to the community events?
8. What do you like most about living in Mexico?
a. Do you have a favorite place to go?
b. Do you have a favorite thing to do around Mexico?
c. What do you like least?
i. Why?
9. If you could change anything about your life, what would you change?
a. Why?
10. How much time do you spend outside?
a. What do you like to do outside?

Focus Group for Caregivers in Mexico, Mo

1. Please state your names.
2. What company do you work for and what are your positions?
a. How long have you had this position?

b. Do you see this job as a career?
i. Would you pursue a career in the mental health field?
c. How long have you worked in mental healthcare?
3. Who are the individuals you serve?
4. Please describe services you provide.
5. Please briefly describe your typical work day.
6. Please describe for me the activities the consumers would take part in on a regular day.
a. How often do the consumers go outside?
i. Do they help with the chores outside?
b. Tell me about the jobs the consumers have.
i. Are you satisfied with the suitability and safety?
1. Why or why not?
c. Do the consumers attend day programs?
d. Do you feel that there is any aspect of the consumers' lives that is going unfulfilled?
i. Why?
7. What is your current procedure of action if a consumer is acting violent, agitated, or aggravated?
a. Why?
8. What challenges have you faced while doing your job?
a. What challenges do you predict in the future?
b. What would you like to change about your current methods?
9. What limits your effectiveness as a caregiver?
10. What enables your success as a caregiver?
11. Is there anything you would like to change about your job?
12. What role does the community play in your job?
13. What are you most proud of with the service you provide?
14. How often do you and the residents engage with the community?
a. How often do you engage with the neighbors or other members of the community?
b. How do these interactions go?
c. Do you think the frequency of community interaction is enough?
i. Why or why not?
15. Before you had this job, would you be comfortable interacting with someone with developmental disabilities or mental illness?
a. Would you have been comfortable with your children or family spend an evening socializing with someone with mental disabilities or illness?
i. Are you now?
16. Are you interested in learning more about growing plants including fruits and vegetables?
a. Do ever you shop at the farmers market?
b. Have you ever worked in a garden before?
c. How would you feel about working with the consumers in gardens?

Focus Group for Staff at Broadway Housing Communities in New York, NY

1. Please state your names.
2. What company do you work for and what are your positions?
a. How long have you had this position?
b. Do you see this job as a career?
i. Would you pursue a career in the mental health field?

c. How long have you worked in mental healthcare?
3. Who are the individuals you serve?
4. Please describe services you provide.
5. Please briefly describe your typical work day.
6. What challenges have you faced while doing your job?
a. What challenges do you predict in the future?
b. What would you like to change about your current methods?
7. What limits your effectiveness?
8. What enables your success?
9. How large of a role do you play in the lives of the tenants of the building?
10. Do you work at more than one building?
11. Is there anything you would like to change about your job?
12. What role does the community play in your job?
13. What are you most proud of with the service you provide?
14. How often do you and the residents engage with the community?
a. How often do tenants engage with the neighbors or other members of the community?
b. Generally, how do these interactions go?
c. Do you think the frequency of community interaction is enough?
i. Why or why not?
15. Before you had this job, would you be comfortable interacting with someone with developmental disabilities or mental illness?
a. Would you have been comfortable with your children or family spend an evening socializing with someone with mental disabilities or illness?
i. Are you now?
16. Tell me about interactions between the people that live in the Broadway Housing Communities and the public please.
17. Please explain to me the relationship between tenants who are here for mental health reasons and people who live here for other reasons.

Focus Group for Tenants at Broadway Housing Communities in NYC, NY

1. Please state your names.
2. How long have you lived at Broadway Housing Communities?
3. Are you originally from the area?
4. Tell me about your life here please.
a. What is your living situation?
b. Do you have a job?
c. What do you do every day?
d. Can you tell me about the process of getting housing here please?
e. Can you please describe the role of the staff in your life here?
f. What are your neighbors like?
g. Tell me about your neighborhood life please.
5. Where did you live before?
a. Would you mind briefly please describing your life there?
6. What do you like most about living at Broadway Housing Communities?
a. What do you like least living here?
b. If you could change anything about your life, what would you change?

7. Can you describe the role of other tenants in the building play in your life?
a. Do you like the neighborhood you live in?
b. Why or why not?
8. How does living in New York City shape your community life?
9. Do you like having neighbors of diverse backgrounds?
a. Why or why not?
10. Are there community events that you participate in?
a. Can you describe them for me please?
11. How long do you think you will live here?
a. Why?

d - transcription of interviews

BHC_ Ellen Baxter Interview

1. Can you tell me about the supportive services BHC offers tenants?
a. There's been an evolution in our practice. In the beginning in the late 1970s we partnered with a mental health organization in the school of social work for our first building. They provided on site case management. W provided on the housing, rent collecting and property management. We set up a tenant management structure. And old fashion tenant control. There would be someone awake with a telephone at the front of the building there if a problem arose. So, we have always done that. Because they often receive SSI or SSD we had to limit pay and working hours. For example, with SSI they do two eight hour shifts a week at $11 an hour. It gives supplemental income and means that as much as 15 tenants must be involved. So, if someone is going through a hard period they can step off the desk and come back when they're doing better. It is to supplement an income, not provide one. Its more about participation than employment. From a management perspective it means we know everything going on in the building. We use a system where everything that happens must be recorded. Little things to big things—the police arrived to snow removal. The tenants keep that and send it to managers. They also keep tabs on the people. Like if too many people are coming to visit a room at all times of the day and night, so someone might note the abnormal activity and allows us to intervene at the moment and not let a problem get bigger and bigger and out of control. When we have seven properties you want to keep track of the quality going on and creates a presence.
b. That explains a lot when I asked to talk to managers. Melissa talked about how this gives tenants ownership and a sense of pride of their community
i. It's something that I couldn't provide myself. I don't think security guards have the right training or send the right message or are as invested as people living there themselves. Of course, we have to support the front desk team regularly because they have to deal with the public. They go through a lot of training to deal with the public, police, unattended children, mental health breakdowns, domestic abuse, drunkenness. They learn how to neighborliy intervene. They are more like a door man than a security guard.
2. What has been the community response to integrated housing in the area?
a. When we first started in the 70s we were focused on housing homeless permanently. We started early examples of supportive or social housing (EU). It provides an affordable housing and supportive services. Our approach is more empowerment community organizing model. Affirmingly inclusive of everyone and readdressing poverty and not defining people with disabilities even though there is a higher percentage of people in this housing with disabilities than other housing. But not divined by it. In the 70s it was funded by the government, so it becomes more of an SRO design and that was all the gov. would permit homeless to have. In the 80s advocacy community convinced studio housing to be accepted because it is easier to manage, be more inclusive, and accommodate people with multiple disabilities. You could individualize their individual unit. They could live as independently as possible. Over time we realized by the 3rd or 4th supportive housing and targeting homeless with or without mental illness or disabilities, we realized hat by not including children and families we were inadvertently by not including them became a stigmatizing impact. Even though the tenants were integrated in the building they were not similar to the apartment buildings across the street. We only had single adults. Because I had been to Geel I knew you could house families in buildings with individuals with disabilities. It was in the 90s that we began integrating, which was innovative. Professionals were not convinced it was a good idea because wither the children would be aggressive or the mentally ill would be aggressive towards each other. But it did work.
i. So, we did it again at Dorothy day apartments. It was at that point that we realized we needed to shift gears from case management to education supportive services. No one relates to case managers. Ni the school system and the real world—you have to send children to school and that defines family life in many ways. They haven't to go to school, they have to have books, can't arrive hungry… it became clear that educational advocacy became was essential to support these families and their children. S we developed after school clubs, financial literacy. We invited the neighborhood to have civic meetings in our buildings. Because our buildings were nice. We had terraces and art galleries where meetings could happen. We invited the neighborhood in. So, they wouldn't let their own biases define what our buildings were like.
ii. So, we changed to educational based services—first targeting children to make sure that they receive the same thing middle class children receive from their parents if their parents couldn't provide it. Tutor them reading, help them get into college, write letters of recommendation, get them scholarships, their first jobs, support them through college and after. Because their parents just didn't know how to do all that stuff. The NYC public school system isn't friendly. You need to know how to navigate that. If you can't speak English or are not computer literate, you'll never get through that.
1. We started at case management and then moved to integrate families shifting to an educational supportive services and resources for the children and then it becomes more natural to open the building to community and civic eventer. So, the community planning board meets in our building. They see us as the model of how they ant to create more housing that is genuinely meeting the need of its community. In the galleries were another way to integrate the community—art, food, music but it brings people in. they ride the elevator, see people coming and going. For this building we had 100 % community support. We have worked in this neighborhood for 30 years. And you have a reputation of doing what you say you'll. You have a lot of credibility that the community benefits in a tangible way. The housing is open for artists to use. When we started to house families in the early 1990s we were advised to do early childhood programming because the children are so behind. A friend told me if you start serving children—they are the ambassadors to the community. By focusing on them their parents come and it quickly becomes intergenerational. Our 2 preschools—a lot of people thing its just the school. Because the tenants move in and never move out—they're not really connected to the housing part. They become community residents. Everyone knows peoples first names. As well as doing a gallery, we opened a museum because we believed that it is the highest standard you can achieve to elevate the civility of a community. All the museums are downtown where the more affluent people live. This neighborhood is so rich—we wanted to celebrate that history. We wanted to create a children's museum to celebrate art and storytelling be through the early childhood work we realized the gap between public education in poor neighborhoods and the standard. In this neighborhood 70% of children are born in to poverty, so we invested most this building to change the needle there.
b. What was the initial reception of integrated housing by the surrounding community?

i. How did it change?
3. How does BHC support the community and how does the community support you?
a. Def supports us. They what I am talking about will become more evident with walking and looking. (so, we began a building tour)
i. BHC's work has helped the artists develop galleries around this neighborhood. we had a Xerox machine, reading rooms, space, they all began here.
ii. BHC has 7 buildings.
iii. The homework, financial literacy workshops, community meetings all meet in the terrace/ art gallery space. (this is at the top of the building sort of).
iv. The teenagers decided to be apart of the front desk system. So, they share their report cards with BHC and are allowed to work as long as they don't slip their grades. Those teenagers are now training Dorothy Day apartment building's teenagers.
v. In NY state there has been no federal financial aide to build new early childhood centers. So, in low income areas children are sent to apartments with tv all day rather than an educational environment. E have a certified teacher in every classroom. Its an art infused curriculum. Spend a lot of time to use art t get kids to think about what they see and to think for themselves.
vi. (this school sounds like utopia with parental engagement and pot lucks and music and nature play and art. I feel like I grew up as a wild thing with my early childhood education.)
4. What role does outdoor space play in BHC's community?
a. Large. We have terraces that serve different purposes and are open. It is the place where social and communal activities take place... The children use the local park but, it is nice to have contained spaces where you can keep up your sculpture. I think the other significant thing that it is space that is physically well maintained and doesn't look like poor people housing or space. It is well maintained and cared for.
b. It started with an exclusive purpose with housing homeless, but now houses people on the lowest band. I realized that social housing was still segregating homeless. It was better than being homeless but not a whole community.
c. Melissa mentioned middle and upper middle-class people also living in BHC...
i. In NYC, the equality gap is so huge, NYC calls the top tier as low income. We call them middle income because they have a job. They make $30,000 a year with four people. On the other hand, people can stay if they like with a stabilized lease, so now some people have achieved middle income, but they have lived her for some time. So maybe they came in homeless and with their children or over time are doing well for themselves.
ii. Our aspiration to bring contemporary art to the area as another way to reduce the stigma towards the severely low-income housing. We though ta museum would attract more interest from people who are innovators, who are creative and care about civic debate. It has also become a new learning curve in the development. Most people e who come here. People care about art and support us, they might not care about low income housing, but they still support us.
iii. Classrooms will come in to understand what art is about.
iv. The children in the building helped the artist to create the displays.
v. The silent march—1917 of 10,000 African Americans marching 5th avenue with the children at the front of the parade. It was a march for civil rights.
vi. They do story telling of the famous people who used to live in Harlem.
vii. The target age is 3-8 years old.
d. Is there much gentrication in the area?
i. It's marching uptown, but poverty is still very much a reality. But it is changing.
e. Teenagers are becoming the docents of the building. To tell people about it when they come to visit.

5. Even the front area of the building is utilized as public space. There are music and art instillations and little events.
6. When people moved in we started the culture of saying hello when you meet someone. Children know everyone who lives here. The community organizer lives in the building. The kids look forward to the activities planned.
7. (When I was hugged by a strange child, Ellen wasn't even fazed. I have never ever been hugged by a random kid.)
8. How do you see your community outreach strategy changing in the future?
a. In each of the turns we made through our history, it was almost listening closely to what was happening around us to see if it worked. If it didn't; changing again. To follow what our priority needs from the surrounding community area. It was filled most evidently here, they don't have the same richness of community life. There are no children there, sometimes no art gallery. They are conventional SROs. we have chartered these paths because we were determined to stay in our neighborhood. we know everyone here and are trusted. Everyone knows us. It's a good feeling in a city where sometimes anonymity can be scary. Our next project is to fix up a library in the immigrant community as the identity of the e building. But there will also be a small school and 117 apartments on the top. So, taking what we learned there. NYC asked for RFPs and had to talk the city into doing it every step of the way.
9. What role does art play in BHC's presence in the community?
a. What other ways do you invite the community and tenants together?
10. How is BHC addressing gentrification issues within the neighborhood?
11. How does public space for the community and tenants play into your public outreach program?
12. Are BHC's tenants employed in the surrounding neighborhood, or do they travel to other parts of the city for work?
13. How much influence do caseworkers and staff have on the lives of the tenants?
14. If you could change anything about BHC's community outreach strategy, what would you change?
15. What service does BHC provide that you are most proud of?
16. What is the range of demographics BHC provides housing for?
a. BHC provides subsidized housing, as well as programs for people who are unemployed. Does BHC also offer housing for higher or medium income demographics?
17. What organizations do you partner with in the community?

Interview with Deb Finck at Building Ohana

1. When people are trying to find inclusive communities of people to care about anyone else, there must be some kind of community values otherwise just. Getting communities to put down their agendas enough to recognize broader issues like affordable housing, master planning infill projects. Seeing what your own community needs that they identify and then meeting the people you need to make it happen. BO partners across the community. It wouldn't be possible with only one group, we need everyone. We needed to have communal investment to make it all work. Assent only comes when community is invested.
2. Most of the time, inclusive community creates a need for people to sit down at the same table, it is the same in Spokane.
3. All people can live in the community and provide every level of service. Until we change how people are operating it is not an inclusive community.
4. Creating neighborliness: why is BO building a new neighborhood? Because people don't have a neighborhood now. Divisions of wealth, property values, schools and affordability and balancing privacy and privilege. In some ways, the trick to achieve neighborhood is community cooperation.

5. Building Ohana will incorporate formalized urban gardening where everyone can engage in the. Start with gardening with food and foster connections. What is the appropriate size of neighborhood to create connections? How many people do you include in a neighborhood to have diversity, but not have strangers? These are questions that we are still wrestling with and designing around. How many people can live in a connected way? For Spokane we think it is 120-150 residents in the neighborhood. And of course, there are always some people that want to be left alone.
6. Fostering community conversations about ownership, different kinds of community support. What supports do you need to become better connected? Problem is usually with one another reaching consensus of values and individual relationships to get a long and not insist on their own way. Getting people to focus on a vulnerable population means focusing a shift to looking at human needs and what the overall community needs. We all have the same fears and hesitations and inhibitions. To start an agenda for the target population, you must look at the community, otherwise success will be limited. It's a big job to convince a community to focus on the most vulnerable, but people believe in demonstrations of best practice. Wat needs to change if the community becomes more connected or supportive? How do you measure success within the community? Define these things and then provide the precedents that bolster these ideals.
7. There are four universities in Spokane.
8. We are looking at properties this month to purchase.
9. The LAs are acting as facilitators with community skills, engaging with community members from the very beginning and ensuring that the people who live in OV will have constant connections to the rest of Spokane. Ohana Village is only part of the development of creating positive environment for inclusivity of everyone, abled and unable, intergenerationally and across the mental illness and ability spectrum.
10. Gardening and food are doable in existing communities and are at the center of design for Building Ohana.
11. Before beginning this project, we conducted site visits across the country studying other communites that were seeking inclusion. Some were good, others were not. Some sought connectivity within the community and others were not focused on that aspect of quality of life.

Interview with LA with Building Ohana in Spokane

1. Can you tell me about your role in Building Ohana Village?
a. My eventual role will be to be a part of design team. I am now, but now I am sketching out conceptual ideas and bringing in ideas that we might miss. I am dealing with process at this point. How do we understand inclusion as deisgners? How does it merge into streetscape. How do we understanf positive environements in and out of doors. I am fortunate to be surrounded by friends whose kids have autism in the 20s. I am trying to understand the client from inside. Inclusion is so cliché now. They are beginning to diminishing importance as a wholistic concept. It's like raiseing the resilience flad. My job is to get to the deeper understnadign of the project and asking how we get there.
2. Where are you in the timeline of building OV?
a. They haven't yet gotten their hands on a piece of land, but we had a workshop 6 weeks ago. Its really developing the economic foundation. I come up with questions that most people don't think of. At the workshop I asked everyone to think where they have been that was an inclusive environment. I am there to raise questions. When they get the land I am so excited to design and then study over the first five or ten years to bring in community design. So we will collect the data to create new inclusive design.
3. Who else is on your design team?
a. I don't know yet. That is a Deb question. We have an architect. A young woman who's been in forestry and all that. But she has been instrumental of bringing to community together.
4. While in the predesign phase, have you already identified important design goals?
a. Not in terms of hard design. The architect and that lady have been involved in communities and embody the physical design aspects of communities where people know eachotehr. I think we have a really good foundation of a truly social community. When you start to overlay aspects with autism and certain behaviours at certain stages along the spectrum it starts to get more difficult. It's important to be as honest and as open about the target population as possible.
b. The reason I was brought in was for my expertise aging in place. One of the biggest struggles a year was how do we provide affordable housing? Do we use federal grants or is that going to slow us down too much. It is definitiely a broad brush of inclusion. Deb's son is autistic and worked with people who are autistic. Brenda worked with orphans, so that's a whole other dimension as well.
5. How long has been the process of building Ohanha?
a. It's at least four years old. Maybe fie
6. What feedback have you received from the Spokane community about Building Ohana?
a.
b. Has there been much interest from the general public for people to live there?
7. What community organizations would you partner with? Or have already?
a. It's not just community groups. Ohana has doe four evening workships with people with autism and without. It's the community iitself. Memberes of the community have been participating in the process itself.
i. What feedback have you received?
1. Normall, when can I move in? I grew up in a neighborhood where you couldn't get away from neighborhood. The building block of our nrighborhood is people. It is the job of the designer to be extremely sensitive to what we hear to translate it into a stable and financially solvent entity.
a. So you mentioned that it will be mixed use?
i. Definitely. There will be parts of the larger community that will be what designers shoot for now days. Commercial on the ground floor and residential on the top floor. I don't see any reason why you can't have retail area tended by autistic people. And in between there are gardens where the herbs and vegetables are used in restaurants.
8. To what extend will the greater community of Spokane be integrated into OV?
a. The last thing the designers and Deb wants is any kind of boundry. Right from the get go we have been looking for pieces of land. We wanted people to walk throught our neighborhood and run into individuals tending gardens. Theres communities where retired people give expertise within and without the community. Ohana has working memorandum agreements with universities and community colleges. It will be mixed use and recreationand retail and doctor's office. The larger community will want to go there for a restaurant or appointment or whatever. We will have greenways that stretch throughout offering paths through. There will be paths where you wont know youre into the community until you're there.
9. What other ways are you recruiting people to live in OV?
a. We aren't yet, but it will be part of the media. Discussing the uniqueness and what it will be like. People who have taken part in workshops and talks in autism have learned about it and are interested. They've learned about the concept of village. It is a utopia to an extent. How close we can get to it, who knows?
10. Have you come up against regulations in Washington to make it difficult to design regarding the clustering of the developmentally disabled?\
a. No. you or I could live there and it will be mixed use so we have been able to avoid that problem.
11. How are you already engaging the community in the pre-built stages of Ohana?
12. How will Ohana fit into the larger community of Spokane?

13. How are you recruiting people to live in the Ohana Village?
a. Have you had much response?
14. How will you ensure the community maintains involvement in the Spokane community?
a. What commitments by residents are required while living in Ohana Village? Ex. Participation in programs? Community engagement?
15. How are you designing Ohana Village to empower the developmentally disabled?
16. How will you foster interconnectivity between neighbors in Ohana Village?

Interview Questions for Columbia Center for Urban Agriculture Administrative Organizer

1. Please state your name. Billy Polansky
2. What is your position? Executive Director
a. How long have you had this position?4 Years
3. How long have you worked in urban agriculture? 8 Years
4. Where does CCUA provide services outside of Columbia? CCUA does not provide services outside of Columbia.
5. Who can volunteer to work at Opportunity Gardens? We have a full time staff and a full time AmeriCorps member who operate the day to day operations of the program. Other community members from CCUA's Volunteer Program assist with distributing supplies and building new gardens. All CCUA volunteers are placed by our Volunteer Manager where their skills and interests best fit.
a. Do you train your volunteers or do they already have their gardening skills? Our staff are already trained, some volunteers have gardening skills, many don't
b. Do you ever partner with any organization to get more volunteers? Many of CCUA's volunteers come from the University of Missouri
c. Do volunteers take care of the same gardens every time? Do they get to know the clients? Our staff are the primary contact for the gardeners, we do not assign volunteers to work with the gardeners.
6. Can you describe how Opportunity Gardens benefit the community? It allows families to grow their own fresh food. It improves nutrition and neighborhood cohesion.
7. If the Opportunity Gardens were cared for by people with developmental disabilities, how do you think that would effect a community? I think it would have the same benefits as the program overall.
8. How does having an Opportunity Garden present change a neighborhood? It brings neighbors together, it brings people outside, children get interested in seeing the plants grow and eat more vegetables.
9. How many clients sign up for Opportunity Gardens and decide they don't want to care for them after three years? We have a graduation rate of 77%
10. Would you CCUA ever partner with an organization for horticulture therapy? CCUA currently works with Rusk Rehabilitation Center, who uses gardens at their facility for physical and occupational therapy.
11. What is your dream for CCUA? That people understand where their food comes from and they can access healthy foods, and choose those foods.
12. What aspect of your service are you most proud of? I am proud that we can empower people to improve their lives. Gardening can change someone's life.

OPZ Admin Interview Bert

June 2017
1. Psychiatric nurse and systemic therapist- head of mobile team for elderly people with mental disabilities
2. 2009
3. 2009
4. Will you please briefly describe the services provided by OPZ?
a. OPZ does foster family cares-200/210 foster families living in Geel. They are untrained and don't receive history of mental health of the people they host. OPZ job is to coach them and provide psychiatric care to the people. OPZ also organizes day activities when not done by families. Some people go to day activities every day, others it depends on the week. It's on an individual basis. Patients go with families around town, but while families are busy they go to the day center.
b. More than one kind—social activities day center, the bicycle center, jobs in Geel, the café, voluntary work. It's more difficult to get a paid job.
5. How does OPZ differ from other psychiatric hospitals?
a. Differ- first in community care. Until 15-20 years ago it didn't exist in Belgium, in Holland yes. We all agree now that recovering is something you do at home. Until 10 yrs. ago, they thought recovering happens in the hospital. We don't deal with long hospitalizations at all. We learned about stigmatization, hopelessness and hospitalization. Sometimes it is necessary. We do anything possible to keep people out of the hospital. We have long and short term goals to get people home as soon as possible when they have to be in the hospital.
b. Are your services available for non-Belgian citizens?
i. Yes. Medical care is ensured all over Europe. No matter where you are, you have a right to healthcare.
ii. How many people do you serve who are not from Belgium?
1. Holland is the largest. At the largest time 3500 people living in Geel and at that time there was a large pop. From Holland. Still have some individuals today from Holland But this is not a problem in Europe.
2. Are there still pilgrims?
a. Yes, just the other day there were Koreans here praying for help for their daughter back in Korea. The priest in the church still receives letters from all over the world asking for something from the Holy Dymphna.
6. What challenges have you faced to provide your adult foster care services for boarders?
a. The biggest challenge now a days is that Geel is no longer an agrarian society. 20 yrs. ago there were farmers more. 40-50 yrs. ago it was only farming. Now we are post industrial society. Privacy is important in little families, sharing everything. Now a days it is much more difficult for families to do so. Back in the day with large families what did one more person in the family make? When you already have 7-9 children why not have one more? Also privacy was different then. It is hard now to accept someone into your home 24/7. And privacy was different back then. The biggest challenge is to find new families. The money people get for hosting is $18 dollars a day which is not enough for bread, bed and bath. It is not enough. The government won't move on the subject.
i. Getting new guests is not so easy either. Now in each community there is a center for disabled people. In the past, these centers did not exist, so they could only go to Geel. People used to come from all over Belgium. Now we hope that people can get care where they are. A center like Geel is no longer so important. Now, OPZ is more of a local thing and other places address their guests locally. There are still more guests and families but it is less.

ii. Would there ever be other colonies of OPZ around the country?

1. No. This is a historical grown. You can organize foster families in other ways. Geel was grown in an organic way and was not planned. When making a new one from scratch they don't provide all these intramural things in such large way and all the day activities. In France and Germany they partner with other organizations. It is very expensive to do foster care like Geel. 2.4 million euros a year on foster care. Don't build a large center—partner with local organizations and connect with other partners. For example all the social work is organized by OPZ even though in each community there are therapists already in the community paid by the community. OPZ doesn't use any local networks because it became some habitude to do so. It is easier to do it all in house. Another example is nursing by OPZ. Until 3 yrs. ago, they also provided all nurses by themselves which cost 2-3x more.

7. What is your dream for providing mental health services?

a. If it were up to me to organize it all, I think foster care the way we have organized it is a good idea. Community mental healthcare long before psychiatrists talked about it. I am proud of it. Asking people in the streets if a guest can live with them, I think that is a good idea (BHC). As a systemic therapist, people with mental illness are very disconnected with society. They have lost connections with friends, families, communities, everything people do—driving, buying something in the shop, having a beer, having a job, going to the bank. Our most important job is to reconnect people with society. The little things of everyday experiences. All these connections have to be remade. Living in a foster family is a good way to do so- means that they are part of a community or they have a job (taking out the garbage or cleaning up on Saturdays). This is the most important part of foster families and it is not done by professionals. Foster families are not therapeutic because they are therapists, it's because they are a family. They can laugh and cry together. They can live together.

In general psychiatric care dream: people have to be aware that normality doesn't exist. When talking of psychiatric or ex psychiatric patients you are making a division, which isn't right—it's the wrong categorization. Being a psychiatric patient, what does that even mean? Some people have a certain fragility or vulnerability. But we all are. Who knows what happens to you or me tomorrow. Am I normal? I try to behave normal, but that doesn't mean I'm not vulnerable. Anyone can fall into a depression. From the moment you see that we are all vulnerable, the categorization of "psychiatric patient" does not make sense and that things never being normal is part of life's game. I hope that scientists can learn that things do not seem so normal are part of the game and should be accepted. Even if you were practicing categorization, you learn that a whole lot of people have stayed in psychiatric program or have schizophrenia.

8. You are most proud o the foster care organization, is there another aspect you are also proud of?

a. Yes the organization itself. It's well done. Of course you can critique how much money is spent for the whole thing. The hospitalization 290 euros a day. 11-12 members per team for 120 people at home. They have clients they serve for years, which is much cheaper. Decrease number of hospital beds and increase these teams. What we need in this area is good policy on drugs and alcohol abuse. We see more and more problems with that.

9. What impact does legislation have on the OPZ?

a. Very big impact. Underfinanced foster care, which is a big impact. Government also impacts quality control. We are paid by state money, so it is entirely controlled by the gov. I hope and believe in the future, beds will not be subsidized like they are now, Belgium, besides Malta, is the highest of most psychiatric beds per person. The biggest change on the horizon is shifting to more team based interventions. Also increasing drugs and alcohol prevention. I hope they will invest more in there.

b. Are there any other policy changes coming up?

i. WE hope they will enhance the incorporation between organizations providing care, forming more partnerships. When we do programs we have to use partners or it can't be financed.

c. When we were on our walk, you mentioned the observation house. The clients must go to the observation house, what happens next?

i. Then we talk to the family and tell them we have a candidate for them and they can visit one another to get to know them. With some families we have a contract that the family and the guest can stop immediately if they want. This contract also says what to expect from OPZ. Like privacy and things. After the observation there is a matching process with the guests and then they live together. Then once a month a case manager will go by to check on things in the foster family home.

Selection process for foster families: interviews about motivation and things. We do a background check to see if the hosts have a record. We have to be especially careful if the guess is a kid. It doesn't matter if it is an altruistic reason or if they are doing it for the financial reasons. Some guests just need a place to sleep and food and things. Others need warm care of foster parents and things. So in these interviews if they aren't altruistic they are not excluded. We give them no medical record or mental health history. It is much more important that families move on with strengths and individuals and not with diagnoses and history.

24 hours a day families can call the case managers and the case managers will be at their home within 30 minutes. If the families need emotional or practical support, OPZ is there for them.

The role of the OPZ in the guests' lives is with the daycare programs, if they need hospitalization in crisis or when a family goes on holiday and the guest doesn't go with them, they can stay at the hospital. Guests normally go with the families. OPZ organizes a group guest trip once a year.

10. Please describe the role of the Geel community in the adult foster care system.

a. There are not so many things that can surprise people in Geel. That's important. They accept some strange behavior. For example, one of the guests emptied all of the mailboxes on the whole street. Bert got a call from the police asking what they should do with Ana and Bert told them to act it like they normally would. So the police officer took Ana to the station and made a report, but he threw it away. It was enough to make a signal to Ana that you should not do that or you will get in trouble with the police. That is a good example of how people in Geel deal with different behavior. Instead of going to a judge, they accept it. When you go to the little market in Geel on a Saturday morning you can see what acceptance means. You have to see it to know what happens. We have about 250 volunteers. We are very proud. Lots of people come here to volunteer.

11. What have been some unforeseen challenges to the foster care system?

a. We will see what happens and we do whatever we can. It happens all the time. We organized a vacation to the sea for the guests. When they were coming back to Geel they lost someone. It was a national thing. After several hours, we found him hidden in the room because he wanted to stay. By nature it is a bit unpredictable.

12. What have been some unforeseen benefits to the foster system?

a. We celebrated that two guests have lived 60 years together in the same foster family last week. I think that's an unexpected benefit. Our foster families have the same guest for 70 years. There are heritage between one families to the next. There are foster mothers that ask their daughters if they will care for the guest when they die.

13. What has made OPZ so successful and do you think it is replicable?

a. Yes I think so. But you need to organize things with people with a good vision. Very good insight into how things work in a community. Need people to motivate other people and meaning makers and you need money. You need a government that has really decided to take care of the most vulnerable in society. If not, it is impossible. That is perhaps a challenge for America now days. Ellen Baxter did that.

Interview with OPZ Psychiatric Hospital Administration in Geel, Belgium-Jeff

1. Please state your name.

2. What is your position?
a. I work as a case manager with the foster families and the patients and I try to see them every month and I try to arrange a lot for them. I arrange practical things like therapy, doctor's appointments, when he needs clothes or other financial things. We speak to his money chief to see if its being used right. I also deal with physical environment and the dealings with the foster family and the patient.
b. How long have you had this position?
i. 6 years
c. How long have you worked at the hospital?
i. 11 years. Before I worked in the crisis unit for psychiatric care
ii. (today there was a trip on a boat for the patients and a picnic)
3. Will you please briefly describe the services provided by OPZ?
a. TO the patients? It Is not a brief description. Their whole lives are arranged by the OPZ. Their health, transport, outings, foster families. The OPZ is unique. As a patient, everything is taken care of by the hospital so they have no worries. If there is a problem, they can call their case manager and they will take care of it.
b. There is a taxi service that is contracted by OPZ to bring patients to the café at the center of Geel on the weekends. There is also a bus in the week to pick up the patients to go to their therapies.
4. How does OPZ differ from other psychiatric hospitals?
a. Are your services available for non-Belgian citizens?
i. How many people do you serve who are not from Belgium?
5. What challenges have you faced to provide your adult foster care services for boarders?
a. There are lots of challenges. Sometimes there are arguments between foster families and the patients and we need to separate them. A good understanding between the families and patients is a big part of our job.
i. How do you help them understand one another?
1. We try to teach the families to respect mental illness and the patient. We try to make them see that the problems are not caused by the patient, but sometimes the metal illness. For the patients, we try to explain that the families are trying their best to care for them. It's a lot of talking talking talking.
b. What have been your opportunities?
i. The big benefit is that the patient gets a new family. They often don't have contact with their natural family. The new family has good structure and all the help they would ever need. Most of our patients are 65+ and have lived here 30-40 years. We have one couple of girls who lived together for 60 years and the only family they know are in Geel.
c. What challenges do you predict in the future?
i. What opportunities do you predict?
6. What is your dream for providing mental health services?
a. We would have younger patients and younger foster families. Most of the foster families are70-80+ in 20-30 years in the future, I am aftraid we wont have many foster families. Young couples work and don't have time to take care of the patients. I wish for a renewal of the foster family system.
i. If someone's foster family dies, do they go to a new family?
1. Yes. But it is hard bc if someone has lived in the same family for 60+ years and someone dies, they just want to go to a rest house and don't want a new family. Normally they choose a new family bc of all the benefits. They meet their friends, have holidays and can have acces to a case worker.
a. Theres not many young people, how do you recruit more people?
i. It's hard bc the payment from the government is liw. In my dream, the payment would be as much as a full time job so someone can stay with them. The OPZ tries to tlak to the gov to raise the payment, but it wont work. We try to get in the press and TV as a sort of advertisement but if the conditions don't change, id ont know if more people will come.

b. What limits you from achieving these dreams?
7. What are your future plans for providing mental health care?
8. What aspect of your services are you most proud of?
a. I think of how the patients live and are happy. I think most of us are proud of that and what we can achieve with the patients and families. But mostly the patients
b. Why?
c. What would you like to change about your current methods?
i. I would create a rest house her eon OPZ for the patients in the foster family. Now they have to go to other cities when they retire, but since they have lived their life in Geel, it would be great to keep them here.
d. What limits your effectiveness as a service provider?
i. Besides lack of pay from the government for the foster families, a new challenge is the age of our patients. Lots are 80+ and this creates new problems. Lots of times they cant stay in their families forgever bc of physical issues. If we could support very old patienst better in their homes that would be better. It will be abig challenege in the coming years.
1. Do you think you could ever provide in home care?
a. No. we work with nurses but it is really difficult and limited. The wash the patients and such. I don't see how we could support them more.
9. What impact does legislation have on the OPZ?
a. And your effectiveness of service providing?
b. How do you see these conditions changing?
10. Will you please walk me through the process individuals to become boarders with the OPZ?
a. Most of the patients come from another psychiatric hospital and they contact us and talk to Bert. They have to with the doctor and be evaluated. They need a report of their past, and medical history. Then we decide if they can come here. When they arrive, they stay in th ehospital and go to the observation house to see what they can do and how the react to things. Then they make a report and profile to see which foster family matches. We have foster families who are farmers and gardeners and we really try to match them. When there is a patch, they have coffee and meet. Most of the time, they go on trial day trips to talk to everyone to see how they liked everything and if they get along. When they say it's a match, then the patient moves in with the new family. In the beginning of placing the patient, we visit everyday. After that, we visit once a month.
b. How many people are in the adult foster care system?
i. How many people in the adult foster care system are developmentally disabled?
1. Many are, especially our older patients. Lots of our patients we are following will stay in institutions or alone with support. But in the early days everyone came here and many were developmentally disabled.
2. Most of the patients were born with the disability.
ii. What is your age range of individuals in the foster care system?
11. Are a lot of your foster families outside of Geel's city limits?
a. Most of them are inside Geel. But now days we have some families further away, the max distance is half an hour from here. We must be able to reach them within haldf an hour. But Geel is pretty big.
12. How many of the boarders' families keep in contact with their relatives?
a. Why?
13. What is the selection process for foster families?
a. Are there any foster families outside of the city of Geel?
i. How many?
14. What is the information provided to the host families before their boarder arrives?

a. Why?
b. Are families normally satisfied with the level of information initially provided?
i. Normally they are more interested in the patient's behavior. They aren't interested in the diagnosis. They are very practical and just want to make sure it's a match.
15. What kind of support is available to the host family to support a boarder?
a. Are there classes to educate families?
b. What are the incentives for host families?
16. What is the role of the psychiatric hospital in the lives of the boarders?
a. Please describe the systems in place to ensure the health and safety of the families and boarders.
i. How do you handle medication distribution and health monitoring?
ii. What role does the host family play in treatment of the boarder?
17. What is the protocol if there is a problem with the host family and boarders?
a. Its very specidic and we talk about it in our teams and can coach the families of what to do when things happen.
18. Are there other incentives for foster families besides the government stipend?
a. No.
19. Do the foster families normally have a lot of contact with the patients?
a. Yes, sometimes they don't go to therapy. Its just like someone living in your house and they know the patients really well, better than we know the,=m.
b. How often do you need to step in take care of a bad situation between the boarders and the host families?
i. Not noramally. Usually only very small things. In my six years, only twice have we takent the patients away. It's like a normal family. Sometimes they have conflict for years but they would never want to leave
c. What are the most common problems?
20. Please describe the role of the Geel community in the adult foster care system.
a. They say that the people pf Geel are more tolerant of people who are different. For years they have know people who live in foster families and think nothing about it. Patients feel accepted as part of the community of Geel. Sometimes they feel rejected by the community, but normally the patients feel they have a new family in Geel.
i. Do tou live in Geel? Have you found the people to be more tolerant?
1. I don't live in Geel and sometimes we talk if people are more or less tolerant. (He asks his coworker who was born and raised in Geel) He thinks that they are more tolerant.
a. The people of Geel don't see a patient on the street. People of other cities see more patients than the people of Geel. The people of Geel don't see them as patients. They are part of the community. As they should be.
21. Does the OPZ take part in community activities?
a. Yes. The café is open for everyone, not just the patients. We also try to participate in activities in Geel and try to participate in all the activities organized in Geel.
b. Because patients don't have to go on trips with other patients, they can go places alone or with a volunteer. Often they go with groups to activities.
22. What has enabled the OPZ to have such a successful adult foster care system?
a. It is almost a unique system. First there was the legend of St Dymphna and for so long pateintes are here. Now it is organized by OPZ. If people have problems, they can come to Geel and get a new family and be who they want to be and be supported by the OPZ. It's a unique system. I think it would be good, but impossible, if other cities had this system. It would not be easy to do so without the centuries of practice.
b. What is your advice to a city that wants to start a program similar to Geel's?

c. Be patient, it has to grow step by step. If you look at Geel, you can learn from our mistakes and other systems. You should look at all systems and pick the best things. I think the most important part is having the finances, without it this system wouldn't work.
23. What have been some unforeseen challenges to the foster care system?
a. I think that it was unforseesn that all the foster families would get old. I think that if you told foster families 10 years ago that they were the last big generation, they wouldn't believe you. I think that less new patients was not expected.
b. How have they been overcome?
c. What have been some unforeseen benefits to the foster system?
i. I've seen a lot of expected, but not unexpected. In the last few years we have seen many things change. Sometimes the patient as the foster family ages takes care of them in the end. Sometimes when the patient dies, the foster family has to go to a retirement home. So the situation changes around. At first the family takes care of the patient and then the patient takes care of the family. But not all patients can take care of the family, but some can. It's really sweet. Then the family is really grateful for the patients.

Interview For Noninvolved In Foster Homes Residents of Geel, Belgium

1. Please state your name.
2. How long have you lived in Geel?
a. Seven years
b. This was my grandparent's house. Since 1850
c. My maternal grandparents had a patient from OPZ. This is my paternal grandparents' house. That was a time when every other house had one. It was so common at the time. It was common for people outside Geel, they are all clustered around Geel.
d. When you visited your grandparents, did you have contact with their guests?
i. I never thought about it, but I never did. I knew they were there but no. I was 5/6 years old. My father was the youngest kid, so my grandparents were really really old.
e. When you were growing up, did you know about Geel?
i. Of course, I cant imagine someone not knowing about it. They would have to have been a recent immigrant. The OPZ name means something and everyone knows it. North of town, there was another hospital and colony for homeless people.
ii. What was your perception of Geel while you were growing up?
1. I never thought of it. That is like asking what do you think of cows or the fields. There are some crazy people or people with physical disabilities and as a child, I never really thought about it. It is just there.
iii. So growing up, there was no concept that this was extraordinary?
1. It was normal, but you felt bad for them. They seemed happy. For years this guy would stand at the intersection waving. That was ll I thought of them. He was so pleasant, we were always on the lookout for him. He was part of the town.
f. Have you lived somewhere else before?
i. Please describe the differences between Geel and the other place.
3. Your direct family never was a part of the system?
a. No, by the time I came around oit was winding down. Maybe it will be gone soon. All the farms around here had one or two and they were free labor. And they got paid to keep them. But now, both couple are working and gone so it is more difficult. But no. it was the generation of my grandparents

who were at the peak. I never met my great grand parents, but maybe it was them. My village was just far enough away from Geel that there was none.
4. Did you ever think of having a guest?
a. No. we have lived all over Belgium, but this is my roots and we have come back
i. now that you have retired, have you thought about it?
1. No. the house is too small. No. it never occurred to me. Also that is a big step. I am 63. That is too late and tooo big a step.
5. What do you do for a living?
6. Do you live within city limits?
7. Are you in favor of the system in Gel?
a. Yes of course how could I not be? My mother died this year and had to live in the hospital for a while and I can't imagine having her live like that. Or Luke being locked up like that. He lives in a family. A foster family. Otherwise he would be a patient at a colony.
8. How often do you encounter the boarders?
a. A couple timesa week. He mows my neighbors' lawn and we wave. On Saturday we had a big BBQ. He acts like a child, his mental age is young. You joke with him. On satudays and sundans he works in the café at geel. And on the way back he goes to the bar and everyone buys him a coke.
b. How do you know they are the boarders?
9. Do you ever go out of your way to interact with the boarders?
a. No. for example there is another girl who takes the bus. She would think it weird if I were to stop and say something to her. The only one is Luke because I know him. It would be weird fo me to say something.
i. Would you stop and talk to someone normally?
1. Not unless I know them or they jump infront of my car. They are treated the same as everyone else, if you know them you say hi. If you don't you don't.
b. Why or why not?
10. Would you be comfortable if you or a family member spent an evening with someone with developmental disabilities or mental illness?
a. No. mental illness at a time you didn't talk about it.we have great medical things even now, but the mental care is known to be insufficient. In Holland it almost clicvhe. A guy in the Netherlands will talk about his mental health. Here in Flanders you would never say something. Even burn out is considered taboo. You don't talk about mental illness at all. Unless you know the other person very well. If they have the flu the will run to the doctor. But no one runs to the doctor if they think they are schizophrenic.
i. Do you think that holds true in Geel?
1. Yeah but you have two populations there, the ones born there and the foster patients, who come from all over the country. Flemish nature is that you don't talk about it. Taking the step to go see a psychiatrist is done, but not something that people readily talk about it. The people in OPZ have a diagnosis already, so they are already there.
b. Why or why not?
c. If no, what would have to change for you to say yes?
11. Would you be comfortable spending a social evening with someone with a mental disability?
a. I wouldn't have a problem but it would be strange for me to do so. It is not the population, but it would be hard to spend the evening with Luke. Taking someone out for supper is not as common as in the US. I cannot imagine that I would do that to that girl? The whole village would know within seconds. But if there was a BBQ and Luke was there, there is no problem. But imagine if that were that girl? It would spread like fire.
12. When you lived in Boston, did you experience people with mental illness or developmental disabilities differently than in Geel?

a. Yes of course. It was America and this is Belgium. We spent 5-6 months there and there was culture shock. Everyone looked the same, but underneath the surface it was different. There were many difference, though not obvious at first sight. But I loved every minute of every day there. Except finding a place to stay, it was great.
b. It was my first job and I liked the job and my colleagues. I liked my car. We knew the US from TV. In Belgium, if you wanted a telephone, it could take two months. In the US everything was really accessible and fast.
13. Do you know anyone else not involved with the adult foster care system that you think would be willing to be interviewed?
14. Have you travelled anywhere else and come across a system like this?
a. It is unique. As a child I lived 13 km from here. There as no such thing there even though everyone knew about the foster system. We had psychiatric clinic, but no foster care.
b. There might be something like it in Africa. The psychiatric care there is minimal and they keep it within the family. One guy was shocked that we put people in homes for anything.
15. When you were in Boston or anywhere else, did you ever have a conversation talking about Geel with the foster families?
a. In 79, that was forever ago. I probably mentioned it sometime. I imagine I would have told colleagues there.
16. Do you have any advise you would give someone who is hesitant to live in a community with someone like Luke?
a. I would think stupid you. We are very fortunate with Luke. He fits in. If you know that someone is their neighbor and you are hesitant to trust someone. But the OPZ is so supportive, if there is a problem with a neighbor or a host, it will be solved. I can hardly imagine a person having a problem. If he did, he shouldn't live here. If you call OPZ to be a foster parent, they will screen YOU. They screen everything. I would be so disappointed if someone asked me that. I would tell them to treat him like he treats you and respect him. And that he did have all the fortune you do, so be nice.
b. If someone needs advice, they don't belong here.
17. Why is it that patients are so accepted in the communities?
a. It has been around so long, for centuries. It's a fact of life. It's like the cows and the fields and churches and buildings.
b. I think all those patients are Flemish. There would be a problem if they were asylum seekers or from Syria. There is a racism here I am sorry to say.

Interview For Noninvolved In Foster Homes Residents of Geel, Belgium

1. Please state your name.
2. How long have you lived in Geel?
a. 63 years and my wife 39 years.
i. An you tell me about your experience coming to Geel and experiencing living with patients?
1. It felt strange in the beginning but was very used to it soon.
ii. Do you still have lots of interactions with the patients like before?
1. No. There used to be a lot of patients in our community but they are mostly dead now. There is only one or two patients left.
iii. Bc you grew up in geel did you think you would have patients when you grew up?
1. We had them all the time when we were kids. So when I was older I felt I had already done that. And our house was not big enough. We both worked and we were the younger generation already. People our age don't have patients at home. There is no one of my age with patients at home. We are

the other generation. You cant leave them alone. There must be someone at home constantly. That's a problem.
b. Have you lived somewhere else before?
i. Please describe the differences between Geel and the other place.
3. What do you do for a living?
4. Do you live within city limits?
5. Have you ever been involved in the foster care system in Geel?
a. Why or why not?
b. If you were involved, what made you stop?
i. Would you ever become involved again?
6. Have you ever been involved with the psychiatric hospital in Geel?
7. What do you think of the adult foster care system for the mentally ill in Geel?
a. We like it. Francine and Nee are a part of the family.
8. Now that you are retired would you have patients?
a. No no we haven't even though of that. Thanks for the suggestion but no. we would have to change our house. At our age starting that. I don't think so. I don't even know if there are still patients that need foster parents. The kinds of patients have changed I think.
b. Because there are other wasy to take care of patients other than taking them into foster care. Now they know other ways of addressing disabilities. 60 years ago they had more trouble and didn't know what to do with them
c. There are different kinds of education for people with low IQ now. Nee and Francine are not mad. And a lot of patients were brought here during, before and after the war to have the kids be safe and cared for. But that has all changed now.
d. Plus you give up a part of your freedom
9. With your history of Nee and Francine would you be comfortable spending a social evening with someone with a low IQ, having dinner or something?
a. No problem.
b. Before living in Geel would you have thought the same?
i. I didn't know what it was about.

What is the Interview with Geel Foster Families-Betty

1. What is your name?
2. How many family members live at home, excluding the boarders?
a. 2
3. Did your sons live with the patients?
a. My youngest sun lived with us for a while when on of the OPZ patients was here. Now they are all old and married
b. How many have you had?
i. OPZ guests: 5. Eddie was first and then I had two other boarders at the same time. One of them left and the other got a permanent job in the neighborhood and got a apartment and left. While eddie was here, Dis came and moved with us here. Before Dis we had Cis. Cis is also living on his own, with support. Eddie left and Dis stayed and then Bill came and has been here for 14 years. Dis had to move to the nursing home. Before Bill, we had another patient, but it didn't work out because he was gambling and straling. It was OPZ's choice. Because my husband had had a heart attack then and wanted to have space so he took the spare room. But we will see if we have space again. But I would like to have another.
1. We had other boarders when we were first married to help pay the rent. I became a stepmom

when my brother had a daughter and a wife who died so the daughter lived with us until she grew up and got married. So she stayed with us until we moved to Belgium. She's 36. When she was still iving with us we opened our own restaurant. We had two boys working for us and lived with their mother and grandfather. But the grandfather had to go to the nursing home and the mother was a psychiatric patient. So those boys moved in with us and stayed with us until the got jobs. And then we had OPZ patients. So we have always had strangers in our house.
ii. One of the boarders got a permanet job, what was the job?
1. It was with a workshop and lives on his own. Someone comes to check in but he is doing okay. Its not really a job, it's a social workshop/ program for the disabled
4. Why did you decide to take in boarders?
a. It was easy decision because we had always had people living with us. My neice joined the family and my sons were just out of highschool and they accepted her as a sister. When we started our business in Belgium, Linda came with us and the boys stayed with us. It wasn't a decision it just happened. We just did it! Eddie lived next door and he just belonged there. And my husband told Eddie that if Ephine died Eddie could come live with us. When she couldn't take care of him anymore, he came to live with us. My husband and I both worked at the time. My husband called and told me to go pick up Eddie and bring him home and we will call the OPZ and figure out how to take care of him. And then he stayed. Then the OPZ came back and asked us to take care of another person who was near the end of his life. We never really decided, we just did it.
b. It does give some problems sometimes, considering privacy. We haven ever had privacy. If people cant accept that they cant take boarders of any kind. Bill is very curious and is always there when you don't need him. Hes a real sweetheart so we don't mind. We have to wait until hes in bed to talk about private things.
c. How did you come to this decision?
5. How has this impacted your life and the life of your family?
6. How did you prepare to accept boarders into your home?
7. Given the chance to invite boarders into your home, would you do it again?
a. It's very fulfilling. You give a lot of loving care and you get a lot of loving back. Maybe not form everyone, but the people we have had give a lot of loving back. If someone hated being here that would be a problem. But he loves being here. He calls me mom, he has a mom. If possible, he'd like to hug me all day (laughs) We know he didn't have a chance in life and we try to give him that chance we try to teach him things and make sure he is accepted everywhere. It took a while to get him there, but that's just him. You just have to give him a little push to do things every time. I love doing it, and I would do it again whenever possible. And I love cooking. If I had a house with ten rooms I would have ten boarders.
b. Tell me about the process of making sure he is accepted everywhere.
i. In Geel it was easy. When we moved here, all our neighbors had someone from the OPZ. These people are accepted here. Now we live slightly outside of Geel and the people know about things in Geel and had relatives who had patients.
ii. When we moved here we had two patients living with us and we told the neighbors about them right away. Eddie and Dis weren't the kind to go out and meet people. Bill was nervous and walked the neighborhood. But he talked to everyone and knew the neighbors before we knew the neighbors. Bill is completely accepted. He a part of the neighborhood. Whenever there are birthdays, they don't invite the children, but they do invite Bill. The children aren't kids, they're married now. But Bill is always invited.
iii. He is a part of everything.
8. How did you come to Geel?
a. We lived in Holland for a while and then we moved to a small town on the border of Holland and Belgium. My son wanted to start a restaurant and we all tried, the intention was my son would do the restaurant. Then my son and girlfriend got married and she didn't want a restaurant. And then they did

want it. They day they moved in and we moved out, my husband went back to the restaurant and there was a note on the door and my son had had the accident. My son is now mentally handicapped. So we sold the restaurant and moved to Geel.

9. What advice would you give to a family that is considering of fostering a boarder?

a. Talk to each other if you're willing ot give up some privacy. If you're willing ot accept all the consequences. You don't have to do it for the money, you won't earn a penny! You have to want to mean something to these people. You have to both stand behind your decision. It's something that concerns everyone, even our children. It's so fulfilling you get so much back that it is worth all the trouble.

10. If you had a neighbor who was wary of having guests in the neighborhood, what would you say to them?

a. I would tell them a story about my son. Who was a regular person like they are and how there was an accident and half his brain was gone. It can happen to everyone. This would never happen here. But if it were and there are people not from Geel, they know Bill and understand. Once you are used to these people and I know there are difficult cases. Everyone has something.

i. When you first accepted OPZ patients into your home, what were your expectations?

1. Our first one was rather difficult and we stayed up really late everynight talking. Plus we had two bathrooms and Eddie and Cis shared a bathroom, but Cis would stay in there for one and half hours and then Cis would come downstairs as a perfume bomb. He had bottle of chlorox always and he would scrub and scrub. But we didn't know he was OCD. Then he told us and we changed our routine to fix that problem. And he always wanted to talk. So that was difficult. I blame the OPZ for not telling us before, so we couldn't help him and we were blaming him for things he couldn't help. We would have handled it all so differently.

11. What does OPZ tell you when you get a patient?

a. When we started, nothing. They wanted you to find out. Now they tell you a little. Our last patient had a drug, alcohol and gambling problem and they told us that. Because there are a lot of things that feed into that, especially in your own home.

12. Have hosting patients change how you interact with the community?

a. No. everyone had boarders then. We were accepted a lot more because we accepted boarders than if we did not. It did for the family a bit and my eldest son. He still doesn't understand why we do it. and all I can think is why not? But he doesn't see why we cant go do somethings because we cant just drop everything.

b. For the family, my husband's older brother has a son who is a bit mentally handicapped and he understands completely.

c. The rest of the people in our family now understand after meeting Bill.

13. Are there any activities scheduled between the families that have boarders?

a. Do you interact much with other families that have boarders?

i. Yes, one of the other families organized a BBQ to meet the new patient and that worked out well. You can do it in so many ways. It is the only town in Belgium that has a sign that says Beware Foster Family Care. That says something about Geel, everyone is invested and cares.

ii. Do you have a support system?

1. Not really. The OPZ doesn't really stimulate that. But where we used to live, all the neighbors had guests in their homes so we all knew one another. But you don't really contact one another unless you meet in life. I know that sometimes there are families that call OPZ everytime there are problems. But we solve it like a family.

iii. How doe you solve problems?

1. Like a family. We talk to him. We don't neet the OPZ to handle our problems, we can handle it like a family

14. What have been your greatest challenges with bringing a boarder into your home?

a. Not at all.

b. What have been some of your greatest joys?

i. Having him around. Hes doing so much better than he was in the beginning.

15. What changes have you observed within your boarder as they have stayed in your home?

a. Hes completely changed. He couldn't do anything on his own when he arrived and he wasn't used to having family or friends. And now I sometimes have to chase him away to get alone time with my friends. Hes a lot more sure of himself. Theres a lot more things he can do now because he had never tried it, never done it. When he lived with his dad, his dad did everything for him. He did have a dog then, but he didn't realize that a dog needs food and water and combed and whatever. Those things that is more to petting a dog. That was one of the first things we taught him was how to care for the dogs.

b. But never ask him to do three things at once. Maybe two things at once. You have to give him step by step tasks. We just love him. Hes changed so much. Im just so sorry he cant get along with his mother. He has an aunt who visits and hes crazy about her. But he cant get along with his mother. That's why he calls me mom.

c. Why do you think these have happened?

16. Have you ever met anyone in Geel who aren't receptive to the foster system?

a. Yes the young people. The meet someone from outside of Geel and they don't know what it was like to have experiencing living with patients and they don't know what its all about. But once you tell them they get all excited. Somewhere deep inside they inherited the caring, but they just never experienced it. it's such a shame. I hope they never ever stop.

b. I know the older generation above me had patients living with them to do the work and patients would sleep in attics above the sheds on the farm. Bill lives here period. But they lived in the garage or above the shed. They used to have 8-10 patients living with them to do the work. I know there are still foster families that don't have the patients eat at the same table. Another person I know only gets three pieces of toilet paper a day and that's it. So there are still foster families that don't treat the patients like they should.

c. On the other hand there are often foster mothers who are taken care of by the patients. And the patients are late 70s then. But they take care of their mother.

17. Given the opportunity, what changes would you make to foster system in Geel?

a. When we started, we didn't even know we got paid for fostering patients. We didn't know that he could ask OPZ to pay for clothes. Later we found out. I think anything should have to change, if the gov would subsidize it more and give the foster parents more money, there would be more interest. I just hope the parents do it for a good reason and not for the money. They have to have heart for it. If you take someone into your home its forever. As long as we can, we will take care of Bill. Its not something you do for a couple months.

18. Before hosting boarders in your home, did you have any personal connections with anyone that was mentally ill or developmentally disabled?

a. My brother in law with his accident. My son. I've been married twice, my first husband was a psychiatric nurse, so this was not new. Neighbors with dementia or things. But that's enough.

19. Is there anyone you would recommend to interview not involved in the adult foster care program?

a. Let me make a call.

20. What are some of the key points of success for this program?

a. Working together with the OPZ to find the right person for the right family. We have three dogs, can you imagine if we got someone who was afraid of dogs?!

b. You cant figure it out exactly begore hand, but they have enough experience that they know if they put someone here that they need to be able to ride a bike or go on a bus themselves rather than someone who would rather live in the city or apartment or so. It's very quiet here, Bill makes enough noise by himself here. You never know if they're exactly the right person

c. The first thing my husband said when he met Bill was “this isn’t gonna work”. It just depends on the people.
d. First, the guests are put in the observation house to see what he is capable of and his interests. Then they evaluate if he can go into foster care. While he was there there was a family gathering thing going on at OPZ and I was there ant I heard that there was a new person available and I saw him and I followed him all afternoon and I though yeah. I could agree with that. I agreed and he agreed but he was terrified. The second time my husband came with me and was not convinced but we decided that we would try,. It took Bill about half a year to get used to the situation here. And now he only takes walks with the dogs. But when he first came he took multiple walks a day because of nerves.

What is the Interview with Geel Foster Families-Rita

1. What is your name?
2. How many family members live at home, excluding the boarders?
a. Just my husband and me. My sons are married but they never lived in the house while I’ve hosted the patients. The important fact at the end of this month, they are 60 years together in the same family. Ne came to my parents in law family and then Xx came. My parents in law died, but my sister in law took them in and died sever years later. I was always visiting and cared for them while she was in hospital. So when she died I took them in here. So 60 years together and in the same family. We will celebrate it. They’ve lived with me 11 years.
3. How long have you lived here?
a. They lived here 11 years with me.
4. When did you begin having boarders?
a. How many have you had?
i. Just these two.
b. Can you tell me about your past boarders please?
i. What is your past boarder’s average time of stay?
ii. What relationship has fostered between your family and your past boarders?
iii. Your present boarders?
iv. How have your relationships varied according to individuals?
5. Why did you decide to take in boarders? Did it seem natural to accept them into your home?
a. When my sister in law died, they were very afraid to be separated because they had already been together for 50 years. They were so happy when I told them that they could stay together here.
b. How was the change when they arrived?
i. It was very hard. I was used to living alone and following the soccer team for the area. When I took them in OPZ told me to never give up travelling with the team and that they could take care of them when there was conflict. But there has never been conflict because my husband takes care of them while I am gone. So all I have left of my old life is the soccer. All the other time I take care of them because they shouldn’t live alone. They cant drive and have no orientation. They are really good at talking. It changed my life and I am happy with the change.
1. Can you tell me how it impacted your sister in law and mother in laws’ life?
a. When they first came into their family it was normal for them to join families. I did my studies in OPZ and there were 3000 patients. 1 in 3 families had a patient. It was normal. It was 40 years with my parents in law and then my sister in law was the first to say that she could take them. She had them for 7 years. There was not much change with the families who took in patients, it was just normal.
b. So your husband grew up hosting patients?
i. Yes he was 5 years old when they came and it was normal.
ii. Did they have other patients?

1. Yes, they had others with Xx. But when they had troubles, they asked OPZ to exchange patients. When Francine there were no troubles anymore.
2. Did you grow up in Geel?
a. Yes. I met them when I was18 years old. When I studied at the OPZ I asked the youth about what they do in their free time bc there were no activities or trips for them to take for pleasures. And now there are thousands of activates. They go to the sea and visited Spain. It was a thing that I studied.
b. Did your family also have patients while growing up?
i. No.
6. How has this impacted your life and the life of your family?
7. How did you prepare to accept boarders into your home?
a. Since they were with my sister in law I visited almost daily. I drove to have coffee and say hello. It was almost normal that I should take them home with me. There was no preparations for them to come. I didn’t have to change my home. They have a separate sitting room where they can watch TV and color. Upstairs they have my boys’ old rooms and bathroom. So it was all ready.
8. Given the chance to invite boarders into your home, would you do it again?
a. No I don’t think so. Xx and Francine were family to us, we’ve known them a long time. I wouldn’t take other patients in place of them.
i. Did you know other patients?
1. Oh yes in Geel. I knew a lot of patients in Geel. 60 years ago there were 3500 in Geel. Now there are 220. We also had uncles who had patients. And our neighbors had patients. It was a tradition in Geel to have the patients.
a. How have you seen the community of Geel change with the decline of patients?
i. The old families were farmers. So both man and wife stayed home all day so they could use patients to help on the farm. Gradually it changed to the man working and the women at home. They could have one patient. Now both the man and the women work and no one is at home. Also the health care has changed and there are different institutions and are examined in a different way than they used to be. Now there are other places that patients can go than just Geel. When Xx and Francine came to live here there was only sheltered living available at the time. Now they could live in communities other than Geel in homes with people like themselves and on their own but with help. They could live in a home and could have people helping. Not a family but people who it’s their job.
1. In Kasterle there are a few ISLs.
9. Could you tell me about growing up in Geel with the patients?
a. It was normal for the people of Geel for the patients to be on the street. For my other sister in law who is not from Geel it was not normal. We have patients who would constantly direct traffic. They even directed Mass as people came up for communion. And no one laughed. Everyone knew Felix and it was a normal situation. There were also a lot of people who talked by themselves all day long.
i. Did people act differently towards the patinets?
1. We didn’t have reactions to the patients. They were one of us.
a. When learning of Geel, I was told the people of Geel are more tolerant of mental illness?
i. Yes. Absolutely, it is history that they are a part of Geel and that is how it is.
b. Can you describe how the community is different from how Geel was when there were more patients when you were growing up to how it is today?
i. The people of Geel are still very tolerant and kind. The people of Geel love the patients. There has been no change in how people treat others.
10. What advice would you give to a family that is considering of fostering a boarder?
a. Difficult question. The change with my patients with the other patients in Geel is that they don’t stay with the family in the day when they go to the institute where they have therapy. Then at 4 they go home. So the other families only have 4-5 hours with the patients. My advice is to have patience with the

patients at that time. To respect them and their disabilities.
i. What advice would you give a neighbor living next to patients?
1. When my patients came I had a small talk with the neighbors and they were thinking it was great that we take them in. The neighbors at the other side of the street thought that the patients were the owners of the house bc they saw them picking up pineapples. They never saw me but only the two ladies. There is no problem in my neighborhood. It as a funny conversation.
11. Have you always lived in Geel?
a. If so, did you grow up having boarders?
i. Why or why not?
ii. How have you seen the community change over the years?
iii. How has the interactions between the boarders and members of the community changed?
b. If not, please describe for me the community dynamics with the boarders in the community.
i. What was it like to come into the Geel community?
12. What advice would you give a community looking to implement a system of fostering boarders?
13. What were your expectations when you invited your first boarder into your home? But since you nkew them before were you surprised by anthing?
a. No, I've known them fifty years and they are family. I know what they can and cannot do.
b. Have your expectations changed with each new boarder? How have they changed?
c. What information were you given before the boarders arrived?
14. Has bringing a boarder into your home changed your family dynamic?
a. No. my husband was very happy they came to us.
15. Has having patients changed your relationships with their neighbors?
a. No. we don't talk to them but when we do we talk about anything but the patients.
16. Do you have contact with the other patients?
a. Yes, but not their families.
17. Are there any activities scheduled between the families that have boarders?
a. No.
b. Do you interact much with other families that have boarders?
i. Do you have a support system?
c. Are there organized events for the boarders?
i. Why or why not?
18. What do the patients do everyday?
a. In place of therapy at the hospital I give them therapy here. Xx likes to iron. Every Monday morning she likes to iron. Francine likes to clean. They may clean their room but we have someone who come to clean the house. They do all things outside: cleaning the stones, the pinecones. The have one big hobby—coloring books. Its one of their most beloved hobbies and watching TV. They can cook. We go to the shop once or twice a week. The day that people come clean the house we make a trip to anywhere with the car in Belgium and Holland. Theres not much left of the week after that.
19. Do you take them on vacation?
a. No. they have one week of vacation with the OPZ and at the same time my husband and I take a vacation in the sun in Spain.
20. What role does the boarder play in your family?
a. Do they participate in household chores?
21. How do you address the nature of their disability?
a. There are no problems with their disability. Their intellect is very low, 56 amnd 52. But it doestn give us trouble
b. IF something were to significantly upset them, how do you calm them back down?
22. Have their families come to visit?

a. Two brothers of Xx are also in Geel. Sometimes we see them when we go to OPZ to do their hair. They are in therapy in the day. So sometimes we see them. Francine has a sister in Geel and we see her once or twice a year. They live in other foster families.
b. Why or why not?
23. Do your patients have friends?
a. Yes they have a lot of contact with anyone passing in the street. They call out and say hi and that they are doing a good job themselves. Francine goes to the bakery on Sunday and sees people on the way and talks all about them when she comes home. Real friends, im not sure the can make close relationships. I don't think they can do that.
24. What have been your greatest challenges with bringing a boarder into your home?
a. No.
b. What have been some of your greatest joys?
i. They are very happy to live here. They say it everyday ten times. When they eat breaksfast they say thank you it was so good. I have a lot from them.
25. Have there been any unexpected outcomes of inviting a boarder into your home?
26. What changes have you observed within your boarder as they have stayed in your home?
a. Now they are more open. Especially Francine. She has changed a lot. When they were in Geel with my other family, they stayed at home. They told them they xxd to rest and relax and enjoy their lives and stay home with them. But now they may go and take trips and walk in the woods and walk the streets. They have a card with my name and phone number for when they get lost to find their way home. So it has changed them a lot. Xx is older and likes to sleep in. But now she can sleep until 10-11 and take a siesta in the afternoon.
i. When you took them in did you think that you wanted to change how they lived before?
1. Yes that was one of my main thoughts. They had a small world in Geel, but now they have things to do and see with me. For them they are now living in a big world. It's always under my supervision, but they don't feel my supervisor. They think they are free. They are forever children in their heads, 5 and 6 yrs old intellectually.
27. What has been your experience interacting with other community members of Geel who do not have boarders? Do they think positively of you having a patient? Do they understand?
a. I don't know. They have no reaction
b. For the 60 years celebration, there was the TV crew here and newspaper here to cover it. My neice put it on Facebook and we had a lot of reactions and likes. It was all so positive.
28. Are there members of the community that are against including boarders in the community?
a. What has been your experience with people that are against the foster system?
b. What would you say to them to change their minds?
29. What compensation do you receive for fostering boarders?
a. The financial compensation from the OPZ is very low. I don't get enough for all the things we do and buy for them. But it is with a lot of love that we do it.
30. Would you have any adice for people who is not comfortable living with patients in their home or community?
a. No. we are living in Kasterlee so we don't have much contact to Geel. I don't know what I would say
b. Given the opportunity, what changes would you make to foster system in Geel?
c. What, in your opinion, works well in the system?
d. What does not?
31. Will you continue to have boarders in the future?
a. Why or why not?
32. Before hosting boarders in your home, did you have any personal connections with anyone that

was mentally ill or developmentally disabled?
a. Before hosting boarders, would you or your family members be comfortable interacting with anyone that was mentally ill or developmentally disabled?
i. Are you now?
33. Is there anyone you would recommend to interview not involved in the adult foster care program?
a. It's difficult because we are all involved.

Interviews with Geel "The Girls"

1. Please state your name.
2. How long have you lived with your host family in Geel?
a. 11 years.
3. Are there other boarders that live with you here?
a. There were three patients before Francine came to live with Nee
4. Please tell me about your foster family members.
a. Ironing and cleaning everyday and cleaning up the garden. (N)
b. Cleaning the rooms upstairs and the cars and shopping (F)
c. Do you spend much time with them?
5. What do you do for a hobby?
a. Color in the books (N)
b. (they brought out their books for us to see)
c. They color more than 20 coloring books
d. They don't go to therapy at OPZ they stay home and live with their family.
6. Could you walk me through one day?
a. Its washing and using the toilet and having breakfast. Then they clean the dishes and asky Rita not to use her dishwasher, they would rather wash the dishes. Then they clean the onions to make soup. And peeling potatoes for soup. Then they collect pineapples. Its one of the best therapies they have. Then they make the beds. Then they have lunch. They really like French fries and chicken and soup. They also like meatloaf.
b. Francine is hyperactive and doesn't like to sit down. When she colors she comes to ask questions all the time so she can come from room to room.
c. They have a specific TV time everyday.
e. What do you enjoy doing every day?
i. How much time do you spend outside?
1. What do you do outside?
f. Do you have a job?
i. No. When my sister in law was sick, they cooked and cleaned and nursed her. Which is one reason that they never had therapy at OPZ. When she died they were 20 years with her father in law and did all the household work. When living with her sister in law, they did a lot of garden work. But now they can do what they like. They cant cook on the stove.
ii. Please tell me about your job.
iii. Do you feel safe at your job?
iv. Do you like your job?
g. Do you have a bicycle or a driver's license?
i. Francine can ride a bike but is too scared from the traffic
7. Where do you go on your walks?

a. They are going to the woods and walks to find money one the ground. They often find coins on the ground almost every Sunday. Going different places with Nee and going to sight see. And Dinner is important. When we go somewhere and close the day with dinner.
b. Do you have a restaurant you visited with your family?
i. We drink one thing and they eat waffles every single time
8. Tell me about your friends here in the neighborhood?
a. Sometimes they talk to the neighbors and they ask if the girls are working and they say that they like to work. They talked all about birthdays and all normal things you talk to people about. Once a year there is a street BQ and they come to the BBQ.
b. Do you go places with your friends?
i. How do you travel there?
c. What do you do with your friends normally?
d. Where are you from originally?
i. Brussels
e. How is your life different here than in Brussels?
i. They can't say. They don't remember.
1. She lived with five other children and a single mother, but she doesn't remember a lot because she was 10 years olf when she came to Geel (F)
2. She was fourteen years old and lived for two months with someone else and then moved in with Rita's step parents.
9. Can you tell me about how your lives changed from living with Irene to your parents in law?
a. In Geel it was really good, but a lot of things changed and it became much better (F)
b. In Geel she had to saty with Irene all the time. Irene was afraid to drive a long way. And now that she lives with Rita, it's changed where they drive everywhere. She loves visiting the Belgian coast with Rita and Nee (F)
c. They are so happy to stay here together. Otherwise they have to stay separate. They want to be together (Nee)
d. This life they feel as if they are in the South of France.
10. Do Francine and Nee every not get along or have disagreements?
a. Never. Not even words or discussions. But I (Rita) control it all to make sure no one gets upset. For example, before they came here Francine closed and locked the doors of the house at 4-5. And when she got here, she wanted to do the same. But instead I said instead that she is in charge of collecting the newspaper. And that I am in charge of locking the doors. When you correct her or tell her not to do something, she apologizes and the next minute it is over.
b. Do you take part in chores?
c. Do you go on vacations?
d. What do you do in your free time with your foster family?
i. It's separated. Every evening from 6 or 7 they watch tv until they go to bed. And my husband works and then comes home for an hour of tv and bed. I dp my crosswords and go to sleep. It's all separated.
11. Please tell me about the community events you go to.
a. They eat in Kasterlee and go to the shops and a fair and the sale seasons. There is a special holiday for Kasterlee pumpkin harvest.
b. Are there other boarders there?
i. No. they are the only patients in Kasterlee.
c. Do you meet your friends there?
d. Does your foster family come with you?

e. How do you travel to community events?
12. What do you like most about living in Geel?
a. You can walk and go to the shops and fairs. She feels like she is free and can walk wherever she wants (Nee)
b. Just being here with Rita. That they are going together out and coming back together, always with Rita. She really likes going out. (F)
c. They say that Rita is the best mother they've ever had.
d. What do you like least?
i. They like to do everything and there is nothing that they don't like. They are very very happy. It's a feast party everyday
13. If you could change anything about your life, what would you change?
a. Nee doesn't like to go to OPZ to stay the night. It's only one night a year, the night before vacation. We leave really early in the morning so they have to stay one night before they leave too. They don't know where to go, they aren't able to wander. She doesn't want to be a patient of OPZ. (Nee)
b. Francine agrees.
And then we ate Belgian French fries and beer.

Interviews with Geel Boarders--Bill

Note: These questions are highly dependent on ability of communication with the individual as well as negotiating language barriers.
1. Please state your name.
2. How long have you lived with your host family in Geel?
a. 14-15 years
3. Are there other boarders that live with you here?
a. 1
4. What do you do everyday?
a. He does his chores in the morning and sweeps the driveway and chops wood. Mows the lawn, takes care of the garbage every week. If necessary he vaccums inside. He likes to be active outside. He does lots of small chores around. Waters the plants.
i. What are your hobbies?
1. He likes to walk, bicycle, iPad, iPhone. In the afternoon he is usually on his iPad all day.
b. Do you spend much time with them?
5. Have you lived with the same family the whole time you have lived in Geel?
6. Can you tell me about your life here please?
a. What do you enjoy doing every day?
i. How much time do you spend outside?
1. What do you do outside?
b. Do you have a job?
i. Not in Geel by in the last place he lived. He worked on a garbage truck and also had a small cleaning job stint.
ii. Please tell me about your job.
1. He was always watching for the bicycles and was afraid for them. He thought he was safe.
c. Where do you bike?
i. He bikes to the café in Geel every weekend. When he goes to the bank. Once a month OPZ has him take a bath there to have a checkup there. He bicycles everywhere. He is used to the rules and

biking everywhere.
ii. The caseworker comes by every two months to give him his new medicine.
iii. Do you use the taxi?
1. No. that's mostly for old people
iv. How does your host family normally travel?
d. Do you help with chores around the house?
i. What do you normally help with?
7. What do you think about your room?
a. Do you enjoy living with your foster family?
8. Tell me about your friends here.
a. He's had several of girlfriends. He gets along with everyone. He knows more people in the neighborhood than we do.
b. Where do you take your girlfriends and meet your friends?
i. The café at OPZ. He also works there on Saturdays. He's got some biker friends. He normally has a girlfriend for a couple of weeks and then gets a new one.
c. Where are you from originally?
i. Leer
d. How is your life different here from Leer?
i. It's a lot better. He has so much more freedom now here. He is someone who likes to be outside and about.
ii. He was married for nine years, and they lived together but her mother cooked and cleaned the house. Then Bill landed in hospital and then Bill became an OPZ and now a patient this way. Eventually, for financial reasons he got a divorce, but didn't really mind because he doesn't miss her anymore.
e. Do you go on vacations with Betty and her husband?
i. No. he always goes on a holiday with OPZ and a sport camp in September. We hadn't been on a holiday in 22 years. We've never had someone to take care of their dogs, chickens and patients. You can't just leave them like that. I know that OPZ can take care of them, but we don't want to leave them.
f. Do you go places with your friends?
i. How do you travel there?
g. What do you do with your friends normally?
9. Where are you from originally?
a. Would you mind describing your life there?
10. Tell me about your foster family here.
a. Do you take part in chores?
b. Do you go on vacations?
c. What do you do in your free time with your foster family?
11. Please tell me about the community events you go to.
a. He goes to as many as he can, the neighborhood BBQ, the motorcycle thing, drinks. Whenever there's something to do he comes with us.
b. Are there other boarders there?
i. Yes, things in Geel he always sees other people he knows there.
c. Do you meet your friends there?
d. Does your foster family come with you?
e. How do you travel to community events?
12. What do you like most about living in Geel?
a. Freedom to do things that he wants to do. He can do whatever he wants to. That's what he really likes. *according to our rules. When he was at the OPZ he had to work from 9-3. They had rules and he really hates rules. He does chores in the morning and he enjoys doing things himself. Often I have to tell

him to stop because he hates sitting still. He would rather be working. Because of the rain, he only can make sure he has enough cigarettes for other next day and looking at the iPad. He has everything he wants. He has a PlayStation- he always has something to do.
b. When he first arrived, all he wanted to do was take walks. He used to live with his father until his father died after he got married. He misses his father an awful lot. Things went wrong in Bill's marriage and he took a lot of meds and ended up in OPZ. But he was really nervous about living with the family.
c. Do you have a favorite place to go?
d. Do you have a favorite thing to do in Geel?
e. What do you like least?
i. Nothing.
ii. Why?
13. If you could change anything about your life, what would you change?
a. He has no idea.

Interview with Ted

1. Please state your name.
2. How long have you lived with your host family in Geel?
a. 14-15 years I think. Before that he lived in another foster home with students
3. Are there other boarders that live with you here?
i. Yes two
4. Please tell me about your foster family members here.
a. The fellow patients, he don't like because he is making me sick. He always wants to know everything about him and puts a lot of pressure on him. Foster parents have told the other guy not to bother L too much. The other patient, L likes a 1000 times more than his other patient. L isn't a child anymore but he likes to show off to the other patient so they know L is bigger and better. The food is very good in his foster family. His foster parents, his "father" is more sweet and you have to know his "mom." His mom is angry at the other patient and leaves L mostly alone. The doctor has told his mom not to bother Luc. In his youth he was in prison and was beat, but is now happy with his foster family.
b. Do you spend much time with them?
i. During the day he comes to OPZ for therapy and returns home to spend the evening with his parents and other patients.
5. Have you lived with the same family the whole time you have lived in Geel?
a. It's his first foster family here. But before
b. When he lived in his last place, they went to eat Italian for his birthday. He lived with a foster mom and her son.
6. Can you tell me about your life here please?
a. He gets up at 6:30 and eats two sandwiches. In the summer he has strawberries. At 8:45 he catches the bus to OPZ for therapy. The OPZhas a company come picks up the patients at their houses. Every weekday he comes for therapy. For some time he used to just take the bus and not go to therapy and wander around. Now he comes to therapy after being told that the buses are not taxis. He sews and smokes cigars and participates in therapy. At 3:30 in the afternoon, the bus comes to take him home. When he comes home, he waits ten minutes and the food is very good. If it is not good, he would run away. Before coming to Geel he lived in another hospital he ran away 10 times. Since living with his foster family he has only run away once. When he finishes eating he goes to work in the garden. At 8:30 or 9 he goest to sleep. In the garen he has to bring manure for the strawberries. He does little jobs in the garden and he likes to do it. Once every month he goes to the prostitutes and nature is a miracle.
b. What do you enjoy doing every day?

i. Everyday he goes to the station for a free newspaper in Geel and reads the paper. He likes to eat candy a lot. In the evening his foster mom gives him coffee and cookies. He is a soldier accidentally in the hospital.
ii. How much time do you spend outside?
1. When he is with his family, he can stay out as long as he wants to. Mostly he is outside because he likes to smoke.
2. From the moment he got to OPZ the police don't care about him anymore. His neighbors are family and he goes for talking. Sometimes he falls asleep in front of the TV.
3. What do you do outside?
a. Smoke, work in the garden
c. Do you have a job?
i. No. His work is going to the therapy everyday. (most of the patients do not have a job)
d. Do you have a bicycle or a driver's license?
i. No. He doesn't have a lisnce but used to steal cars. He once stole an ambulance and was out all night and took it back in the morning. He used to have a bike but not anymore.
ii. How do you normally travel?
1. In the week he talks the bus to OP. on the weekend, he takes a cab arranged by the OPZ. The patients come to drink something. Then he goes to see the prostitutes and takes a bus and a train to see them.
iii. How does your host family normally travel?
1. With their car and motorcycle. They have a bicycle.
e. Do you help with chores around the house?
i. No. we don't help in the house. We help in the garden
7. Tell me about your friends here.
i. He doen't have friends in Geel. His dream is do go to America.
b. Do you go places with your friends?
i. How do you travel there?
c. What do you do with your friends normally?
8. Where are you from originally?
i. Louve. It's the university city.
b. Would you mind describing your life there?
i. He was always afraid of the police bc he has stolen some money. Now he knows better what he is doing now. He used to go to the cafes a lot to drink beer and eat something. He does the same thing in Geel on the weekend at the OPZ or the market center. The other patients done like him a lot.
9. Tell me about your foster family here.
a. Do you take part in chores?
b. Do you go on vacations?
c. What do you do in your free time with your foster family?
10. Please tell me about the community events you go to.
a. He only goes to community events when he comes to Geel, never comes with the family. On his own he goes to fairs on the weekend. His family lives about 10 kilometeres from Geel. He likes to go eat something.
b. Are there other boarders there?
c. Do you meet your friends there?
d. Does your foster family come with you?
e. How do you travel to community events?
11. What do you like most about living in Geel?
a. Do you have a favorite place to go?

i. He likes to go eat something.
b. Do you have a favorite thing to do in Geel?
c. What do you like least?
i. The other patients tell a lot that they don't like him, but that's it.
12. If you could change anything about your life, what would you change?
a. He'd like to see his sister, but she lives in Bolivia, so it's hard. He would also like to go back to his old psychiatric hospital but he cannot say why.
13. The difference between his last hospital and OPZ is that there are specialists here and he won't die. At his old hospital, there was more freedom than in the foster care system. He wants to live on his own independently. He thinks he is now able to live alone.

Interview Questions for Health Care Administrators in Mexico, MO_ADDS

1. Please state your name.
2. What company do you work for and what is your position?
a. ADDS, supervisor of the case management or support coordination office. I oversee four caseworkers
3. Please describe the services you provide to your clients.
a. We provide oversight for Medicaid waivered services. Day rehabilitation, residential placement, personal assistance, self-directed services, etc.
b. Do you serve regions outside of Audrain County?
i. Yes. People in Calloway country for conflict of interest reasons because the agency provides Medicaid waivered services like direct care. So we can't oversee our own services provided. So they provide support coordination for Audrain.
c. Can you please explain the levels of disability within the population you serve?
4. How does your company's community and the community of Mexico come together?
a. Many of our individuals work at the HandiShop or in the community. We volunteer with meals on Wheels for example. We also go to many of the businesses here in town, like restaurants. They are living lives basically. We have people in ISL settings, so their homes are in neighborhood settings.
b. What community organizations do you partner with?
i. A number of the churches, the Lutheran Church provides a dance for social settings. The elks Lodge hosts a number of our social events. The YMCA. Some of our people go there for exercise and things
1. Do you feel that your clients are integrated enough into the community?
a. Integration is always something that can be enhanced. Anytime there's an opportunity we should bolster that. Is it enough? Idk if you can ever have enough. Employment could be an area that we could increase integration.
i. That seems to be a common theme in Mexico.
1. We have very limited resources for employment. To train staff and so forth. There are agencies on the list, but so far their staffing has been limited.
a. What are the jobs available in Mexico?
i. We have had people work out at Walmart, the Country Club in the kitchen. Fast food, things like that.
c. Are these jobs safe and suitable for individuals' abilities?
i. Yes.
5. How much time do the consumers spend outside active?
a. Generally, most are targeted case management that live with their natural home with their families. So they make their own decisions as to what they want to do. Even the people ein ISLs make their own decisions daily. As far as our staffing ratios, they are where they need to be for their needs. They have opportunities daily to get into the community.
6. What have been your challenges with meeting your clients' needs in Mexico?
a. Funding is always a problem. Transpiration can be an issue, especially in rural areas. In Mexico, it's pretty available. But in general it's a big hindrance at times.
7. Do you think that the consumers you serve would enjoy learning to garden?
a. I think anytime there are situations like that, if that's what they choose to do then yes I think they would.
8. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?
a. Yeah, anytime there's anything we can do to integrate people into the community is generally a good practice.
9. Is there any aspect of the consumers' lives that is going unfulfilled?
a. Generally, health and safety those are filled through the requirements. Many of our people who work at the workshop are happy there and haven't requested to change. They've worked there for many years.
10. What aspect of your service are you most proud of?
a. The general service we provide. Knowing the people we serve. Being local, we are here all the time. That's the biggest thing.
i. Would it be possible for an outside organization to do the things you do?
1. For example I worked in the Hannibal regional office in the past and it's pretty far from Mexico and you're not always there when a situation arises. ADDS is county based. For support coordination, it's important to be local.
11. What would you like to change about your current methods?
a. Always providing more funding is an issue, other than that I am pretty pleased with the service we provide.

Interview with Tim Crews ADDS Administration

1. Please state your name.
a. Tim Crews
2. What company do you work for and what is your position?
3.
4. Please describe the services you provide to your clients. a. Do you serve regions outside of Mexico?
a. All kinds: transit, advocacy, residential services, day programming, personal assistance in homes.
b. Can you please explain the levels of disability within the population you serve?
i. Everything. They are individuals who do interesting and unique things but all they have is brainstem function. They can't make a lot of decisions. Or people that score on an autism spectrum that might not know they have a disability.
5. Do you serve regions outside of Mexico?
a. We serve the whole county. Some individuals who live in their natural homes outside of Mexico. And also some case management in Calloway Co. There are rules about case management and providing services in the same county.
6. How does your company's community and the community of Mexico come together?

a. We share information, with newsletters twice a year and letters to staff quarterly. A lot f the churches work with us and do social groups for us that we attend regularly. People choose whatever religion they awnt to go to but some are more active than others. We participate in all community activies ie soybean festival. We have day programming activities. CT Lloyd wanted to do a donation box and host the box for organizations in town. We try to speak and stay involved in the community.

a. What community organizations do you partner with?

a. We partner with the school bc of our advocacy. We've done the Jelly Bean Conspiracy and things. We just approached them about continuing these things for adults. The sad thing is the kids get to do these things, but when they graduate it's gone. They do some things with Presser Hall. So we approached the drama teacher to do something similar continuing into adulthood. We tried to partner with the city about an inclusive park where everything is inclusive and fun for everyone. We need to revisit it in the future. Combining with the city would help the whole city. We have a strong partnership and fund with the CT school (early childhood center) and the workshop. Meals on wheels.

5. How has the community's response to community ISL living changed from when you first began serving the developmentally disabled?

b. They built the first group home in '78 when I was 13. They've added more scince then. After the '80s they stopped building group homes and moved to the apartment style. The original style was four people in the home with one side ladies and one side men. That same home now, everyone has their own bedroom and people are scattered in the property with privacy. CT Lloyd was built in the 80s and everyone has an apartment with one roommate. We have built anything like that in 30 years. Now there are ISLs in the community where they can interact with their neighbors. I think there are still group homes bc it's so cheap and people are used to living like that. Some move, but others want to stay. You can always meet their needs in an ISL but its more expensive. I think in 20 yrs there wont be group homes.

c. The initial response th ISLs. We have 3 and one non traditional ISL. When it started it was truly like you bought a house and moved in. There was one where a neighbor expressed something to the city or realtor, but it revolved around the person's dog. I don't remember. But it's nice bc our ISLs are all through the city, that incident was in the nice neighborhood. So I don't think it was about dd. We do have individuals who wander, so once we picked a property with space for him to roam.

7. What does the employment landscape for people with developmental disabilities look like in Mexico? a. Are these jobs safe and suitable for individuals' abilities?

a. When I started it was going gangbusters. We had peop[le placed in competitive and supportive employment. But by the late 90s we couldn't get referrals or anything. We had people going out and getting jobs, but we had to shut down our program bc we were loosing money every year. There were other providers in the area who could provide service. Now at the state level, they are really pushing for supportive employment but I don't know if the funding can keep up. The concept is anyone can work who wants to work, which is true but is there funding? IDK if there is anyone in our care who want a job who doesn't have one really.in this community, the people we support have less opportunities than 15 yrs ago. There's just less services. Some do get competitive jobs, but people who have particular issues from getting a job still cant get a job.

b. The jobs that you clients have, are they safe and suitable for their abilities?

i. Yeah. When I say jobs, we have the handi shop. But the people in competitive employment, yes theyre safe. There are dangers, even in the workshop work accidents happen.

c. If consumers do not have jobs, what do they do during the day?

i. The concept is that no one shold be idle at home. Some are bc they want to. When I started, no one could stay at home: it was active habilitation. But now you don't have to work. But most people do one or the other or both.

8. How much time do the consumers spend outside active?

a. I think some spend zero time. Some spend a lot. The house that does, has a little shelter and basketball goal. Or they are out talking. Breckenridge has a swing and all that. They're not overly involved. The dayprogram does more.

9. How much of influence does the staff have on what consumers eat?

a. Unforuntaly too ,muc. Their menues are driven by what the staff like or can prepare. When I was in the homes we divided the weeks on roatation to plan the menu. I assume that still happens but IDK. It happens too often that staff influence what people eat prolyl too much.

10. Do you think that the consumers you serve would enjoy learning to garden?

a. Yes, they have told us before. We have built them gardens before

11. What do you think your employees would think of learning to garden and cook with consumers and community members of Mexico?

a. Some would and some wouldn't. I don't think they would have a horrible opposition to it.

b. What about community members?

i. Yes I think some. We once had a cooking class set up with the center for independent living in CoMo, but it never came to be. It was going to be for kids with and without disabilities.

12. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?

a. Yes. Whenever you take time to reach out to ask for help, which takes two. I can think of someone in Mexico who could be on a spectrum within organizations who doesn't consider themselves with a disability and its never stopped him. He's really active and in the community. We need to be more like that. Without labels and without putting people in boxes. We serve people that could have been independent for years, they don't need to rely on us, but because of the boxes and how we sheltered them we created the problem.

13. Is there any aspect of the consumers' lives that is going unfulfilled?

a. Yes. I think true free choices. Many would love to live on their own with a significant other, but bc of the supports instituted it's so hard to meet their needs in that regard. We used to serve poor people in large community settings. Choice is there, but not choice like you or I have.

14. What aspect of your service are you most proud of?

a. We try to do something for everyone. If someone asks for something we try to find a way to make it work or the best we can. We've done that since the 70s. we could be better at being cutting edge. We aren't out there at the cultural revolution, we don't do bad for being in mexico. We provide quality support for many people, to as many as we possibly can.

15. What would you like to change about your current methods?

a. We quit thinking about us and think about the people. It's part the regulations to protect ourselves. The more choice you give people, the more risk they take. If something happened, someone would ask shouldn't that have been prevented? Accidents don't happen in our field. Someone always causes something to happen. So I wish we could forget that. And forget the bottom line and dollar amount. We should just look at what's best for that guy. That's my problem, not the staff. I wish we could get better at that than falling back on our old ways.

Interview Questions for Arthur Center Administrators in Mexico, MO

1. Please state your name.

a.

2. What company do you work for and what is your position?

a. CEO of Arthur Center Community Health
3. Please describe the services you provide to your clients.
a. We have a broad range of services from out patient, behavior health, dental service, community support, residential services with transitional care and long term. We work with other agencies to fill in gaps—wehave cheaper medications than offered at pharmacies.
i. Could you tell me more about your community support program and residential support please?
1. Community support is a service that is a worker who has a caseload of 15-25 people who do whatever it takes to keep them stable in the community. Like helping them get healthcare and homes and food and clothes. That they have a good quality of life. It's billed through Medicaid and the department of mental health. They're like a case manager but has more direct services and provides services. They help get groceries and whatever it takes. They help with relationships and navigate those things. They coordinate services for primary care or behavioral health and stuff.
a. Residential: we have the Hope Center that is 16 beds and funded by medicade that covers some staff. People pay room and board but there are always at least two staff there, normally four. They take care of people that are coming out of long term institutions or poele that come out of the institutuins a few times. They help people apply for disablilty and medicade and social security and stuff. They require that the poepl work or have some activity, they can't be sitting always. The goal Is to get them to their next step. Sometimes it's going to independence, live with their family or some residential program. They are typically staying 12-18 months. Sometimes we have challenging folks there that need a lot of support.
i. We also have psychiatric ISL's we have duplexes where there are two people on each side. That's a more intensive setting. This is to keep people from rotating in and out of the hospital that could cost $15-20,000. The hospital stays add up. They are designed for co occurring dd and mental illness or transitory young people. Where progress is slower.
b. Do you serve regions outside of Mexico?
c. Can you please about the people you provide serve to?
4. You've been at the Arthur Center since the beginning?
a. For 20 years.
i. How have you seen Mexico's mental healthcare's landscape change?
ii. We had full range, adult, pediatric and geriatric psychiatric care. But all those but the geriatric unit have gone away. So lots of times, people have to go somewhere else. A lot of them have closed around the country and around Mexico. So people have to travel to STL, KC, Quincy, Neveda. So people have to go a long way. That is why the DMH decided to intensify residential services for people with mental illness. It used to not be a very good environment, it induced stigma and not enough support for people to thrive. These places were packed and they lived in groups and didn't see the community much. So that changed. The outpatient services have always been there, therapy and psychiatry. The biggest change was adding the residential intermediate services. We still have the older means, but we rely on them less and our goal is to not depend on them. The people that live there aren't independent and they don't have responsibilities. There are private counselling services, but there are no other psychiatrists in town. Our service is not going downhill. We have an improved relationship with law enforcement. We have a liaison that assists with psychotic issues. To trail the police—they get a 40 hour training on mental health and dd issues. We have a community crisis intervention team. They work together with us and things. We get together to process and problem solve. This was a result of Sandy Hook and other national mental health crises. We have crisis intervention teams that team up with other counties.
b. Arthur Center addresses both mental health and dd?
i. We don't have a contract with the state for dd, we have in the past. But we do serve anyone with a psychiatric evaluation so there is some overlap there. But we don't compete with ADDS or Finck. But there isn't a whole lot of difference for support needs for dd or mental illness needs, both have cognitive

needs. The needs are similar. The dd seem to be the same every day. But someone with mental illness is never the same, so that makes it a bit different. But we typically serve the mentally ill or someone with co-occurring dd and mental illness. There's not that many people that have just one thing going on, often there's more than one issue there.
1. You mentioned stigma towards the mentally ill, what does the AC to combat stigma?
a. One of the best things you can do is just address stigma when it raises its head. Campaigns are not always very helpful bc it's hard to change people's attitudes. We try to support, we go to service clubs and stuff. It doesn't have nearly the impact when someone says something. The mentally ill are often more victims than [perpetrating crimes. People shouldn't be afraid. There are people with mental illness who are dangerous. We have served people who murdered someone while under the influence or were manic at the time, but you would n ver know. Usually they would hurt someone they know, not someone out on the street. Most of the time, people in the community never know if they are living near somene with mental illness unless the cops show up. People need to have the opportunity to get to know others with mentall illness. Even pillars in the community have mental illness and people would be surprised that such prominient people have illness. So I think that people just need to know someone. Especially in a rural area, this is the best way. Especially for someone stuck in the institutions who get out in the community, it might be hard for them to assimilate. They might keep artificial behaviours that are from the institution. Does anyone from the community go to these institutions? No and no one wants to know. No one goes to the shelteres workshop, it's a segregated lifestyle but people need to see that they are normal people.
5. How does your company's community and the community of Mexico come together?
a. What community organizations do you partner with?
6. How has the community's response towards mental illness and developmental disabilities changed from when you first began at the Arthur Center?
7. What does the employment landscape for people with developmental disabilities and mental illness look like in Mexico?
a. Are these jobs safe and suitable for individuals' abilities?
8. How much time do the consumers spend outside active?
9. Do you ever partner with any community gardens in Mexico?
10. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?
a. Absolutely yes. We have people who are incredible artists, so that could be their community connection. So they could get together with others to do their thing. It could be hobbies, interests, fishing, or whatever. Reading clubs. Community garden would be one. The Help Center has a garden and a green house.There's other community gardens in Mexico.
11. Is there any aspect of your client's lifestyle in Mexico that is going unfulfilled?
a. I would say that people with mental illness and ddd are only employed 20% of the time or so. Thye have the supported employment but we are trying to get people more integrated into the community. Right now our economy is almost ar full employment. The challenege with people with a mental illness is that they are not the same everyday, so they might not come everyday.
b. people with mental illness are not always welcome in churches. Some are, but often not so much. The Lutheran church does a lot of outreach efforts for the developmentally disabled but not really the mentally ill.
12. What aspect of your service are you most proud of?
a. The opportunity to have integrated care. A lot of our folks have a Medicaid card, they could go to the doctor, but they don't feel welcome. They smoke and die earlier, but they can come to us. They have access to dental care. They have a much higher quality of life and it adds a few year to their lives.

Interview with Arthur Center Board of Directors Officer

1. How long have you been involved with the Arthur center?
a. About ten years.
2. Were you there at the start?
a. No
3. Please describe the services you provide to your clients.
a. Primarily behavior health services. In the last few years we have persued a federal grant of primary care, dental and behavioral health.
b. Do you serve regions outside of Mexico?
i. Its an 8 county area.
c. Can you please about the people you provide serve to?
i. Mostly behaviorally health. Anything served by primary care and dental fields. The catchment area is the 8 counties. Outside people can come in. the federal grant is allocated for Audrain County.
d. Arthur center incorporates apartments..
i. Yes there are services in a number of areas. There are also offices in fulton. And operates the Hope Center for people transitioning back into society and the workforce.
4. How does your company's community and the community of Mexico come together?
a. The main thrust of the federal gratn is to reach people that are underserved or un server. This has been around since the 60s and have a sliding pay scale. Depending on your income level depends on how much yo u pay.
b. What community organizations do you partner with?
i. Theres a great deal of cooperation. For example there is a thing called CIT to help law enforcement to give them tools they can use with dealing with poepl with behavior problems. We work with the hospital and several doctors. It's a long long list of community involvement.
ii.
5. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?
a. No question, we can always do a better job. One of the things that fits in a nutshell of what the Arthur center was doing when I got involved, we look at the whole person and how to treat them entirely. Its about serving the whole person. And reaching out to the underserved is a great too we can always do more of.
6. Do you know of other ways the AC s bridging understanding like the CIT program to bring understanding to people with behavioral disorders?
a. Laura heitman is a liason who works with the courts and law enforcement to communicate that has been a successful. This outreach has been a great program. We have other programs I am not remembering but we are always open for more.
7. What have been some challenges the Arthur center has faced within the community to provide their services?
a. Finances are always a challenge. Doctors and psychiatrists area expensive. S we find grands to fund the services that they need. Currently they are revamping how peole pay for services. It's a bt scary because of all the budget craziness in politics. And stigma is always prevalent with behavioral health issues.
b. What has AC done to combat stigma?
i. People coming ot understand and deal with the terms. It is always good to have trust between the AC and the clents. Going out to the community to speak about what the AC does helps to move us forward as a society and help to dispel the terrible ssues happening in our country.

8. Does the board have any future goals?
a. Absolutely. We are going to do a retreat to look at the mission statemtne of the organizations. We annualy look at policies to adjust. There are a lot of policies and it is a bit of a challenge.
9. What aspect of your service are you most proud of?
a. The philosophy and mission to look at the whole patient. The whole idead of trying to help the patient and not only treat one isolated thing. When doctors aren't talking to one another—you cant see the whole patient. I m very proud of the progress made there. The facilities have been updated. Where we were there wasn't even enough room. We were able to get funding to build a new building. Its very nice and lots of things that were separated has been brought together. In fulton, we are refinishing a building to concentrate services.
b. When AC began, it was part of the hospital, until it was sht down and then it became its wn intety. Within a few years t was able to pay off debt of beginning. It's a reallyl well run organization. Terry mackey does a great job, especially considering al the challeneges in the field.
10. What other impacts does legislation have on the Arthur Center?
a. Massive. Funding, legislation proposed. Medicate funding. Theres a huge risk that money will be deniesd by MO or US which is all a political game day to day, but it trickles down to us. Theres a great deal of risk providing medical services. It's a challenge and you never know what the courts or legislation will do next.

Interview Questions for Health Care Administrators in Mexico, MO_Sarah Lynn

1. Please state your name.
2. What company do you work for and what is your position?
a. Finck supported living service for KY I am the executive director
3. Please describe the services you provide to your clients.
a. The main service is residential, where there are up to 3 individuals with staff by us. Then there is level 2 residential which is family home provider. It's a foster family environment. And we also provide community services including community access where the individual takes on a role of church member, bowling, girlfriend, etc. we also do services where we assist with activities of daily living in people's homes. We also provide supportive employment services and help people e get and keep or change jobs.
i. We do residential more than others, but community is starting to pick up
ii. Does fhp (family home providers) take up a large population of the residential care?
1. We provide 15
b. Do you serve regions outside of Lexington?
i.
c. Can you please explain the levels of disability within the population you serve?
i. They vary greatly. Some individuals who we support need more assistance than others like eating bathing and whatever. Some only need assistance as verbal support, transportation, or job placement. So that's a lot of variance.
4. How does your company's community and the community of Mexico come together?
a. What community organizations do you partner with?
i. We have partnered with Build Inclusion, which is another organization that brings together younger children who mostly have disabilities, assisting children preparing them for the world when they graduate. We also take part in the Blue Grass Coalition for Workforce Diversity. It brings together agencies like ours with people in the community who manage Kroger, the family owned grocery stores, UPS, O Charlies. All these places that would need workers in thefuture who are interested in teaming up with us who are interested in working together at a later date.

ii. Do the clients you serve take part in community events?

1. Absolutely. Any time there are any events or a run for the cause or anything. They are also active members in their church and contribute. Some are active in their communities too. One guy was on a board that assisted with transportation needs for the disabled. All other people e on that board had no obvious disability. There are all sorts of ways that people are involved to get into the community.

5. How has the community's response to community ISL and FHPs living changed from when you first began serving the developmentally disabled?

a. A little positive and a little negative. As the people we serve are more exposed to the community they get used to us. We try to bake cookies and things to connect to neighbors. But lots of times it is viewed as bad. Lots of times the disabled person doesn't look diabled. So there are lots of stares. So for example one of the girls was at a restaurant she was shaking someone's had too long and then she smacked him and the inkpen after the staff told her to let go of his hand. You can't tell in any other way than her behavior that she is disabled and then she gets the look. It's hit or miss. Our guys in wheelchairs if our staff is doings something or need helpo in any way, people are really ready to help. Especially if they have experience with this population. They're much more likely to look at it positively than negaticely.

i. Does the neighborhood response dffere between ISLs and FHP?

1. Absolutely. It's not just that people with disabliles are moving in next door. Unfortunately you have a constant flow of staff coming in and out at shifts. So I think that negatively impacts the attitudes and response from the neighborhood. However with FHP its different. Because once they are accepted into homes by fhp provider, the neighbors are much more accepting of the people that moves in with them. Theres not sucha negative impact in that case. When the FHP is out in the community and they have their kids and the person with the disablility pushing the baby in the stroller, they are looked at with more value bc they are loked at as an adult. Unfortunately. Often the disabled are looked at as an eternal child. So.

6. What does the employment landscape for people with developmental disabilities differ from the one in Mexico?

a. Well. To be honest in Mexico I wasn't involved much with employment. Besides calling people to say that . I think ADDS was a vendor for OVR. I got to see it from that side, we weren't very involved looking for jobs. Now, we are a vendor for OVR. In KY we receive referrals for indivduals

b. There's something called the college of collect support. In KY it's an internet training program and it translates to real life situations. I would like to use that to give raises and promotions as people learn more skills and things. We could do that but then the state would need to start paying off budget items. Focused more on long term and get it done. Despite what history shows, people with disabilities don't always want to be the bag boy or flip burgers or be the Walmart greeter. That is not where we are going with this. Being able to customize positions. To go into a business and identify needs and provide solutions to managers. We have gotten great jobs for clients doing that. Other managers take offense to this practice.

c. There was this one business that people took time to walk back and forth to put a tool somewhere. We had a supportive specialist come in and proved that these $20 an hour people were wasting time walking back and forth. The guy we put in there now makes more money than I do! And he no longer

d. There was another lady that wanted to read to children at a daycare, even though she was non verbal. She could use her ipad to read to the children. The daycare was nice to do that, but it turned into

e. Affordable employment in KY is much more in-depth. Its more long term. It's as simple as taking someone out to eat. I want to see how good their motor skills and social skills are. It's a really good gauge.

f. OVR IS OFFICE OF VOCATIONAL REHABILITATION

g. Are these jobs safe and suitable for individuals' abilities?

h. If consumers do not have jobs, what do they do during the day?

7. How much time do the consumers spend outside active?

a. For the ones that go to day programming, they are out of their home 75% of the time. Of the ones who are not, 50%. It's not enough in my opinion. When they get home, they're the same as us and you're tired and have work to do at home. They just want to be at home. They have outings planned and you just have to talk everyone into getting out of the house.

8. How much of influence does the staff have on what consumers eat?

a. It depends on what house. We have one lady who eats only Boost due to dietary constraints. If they're non verbal, we know who likes what food. When the grocery list is made, we know who likes what and we can buy it. We recently had a guy move in who loves dill pickle chips. We would never buy that normally, but now we do. If they have a voice, they have a say. If they are non verbal, the staff knows what they like through trial and error. So they all have a say, they just say it in different ways.

9. Do you think that the consumers you serve would enjoy learning to garden?

a. Several of them yes. One lady tried to grow a garden on her own on her patio. Unfortunately, that depended on staff helping her so they didn't all produce. I know some tomatoes made it. There's a sense of pride that I grew them.

10. What do you think your employees would think of learning to garden and cook with consumers and community members of Mexico?

a. Some of them yes. Its not necessarily that they staff don't want to help, there's not enough consistency to remember that there is plant outside that we need to water. There's turnover and sometimes isn't passed down. Cooking with clients is something they would enjoy. Half the staff we employ are from Africa. Most of them are used to cooking with fresh food. So not only do they know how to do that, they try to continue doing it in the US

i. From what I understand, some of them have been here for a long time. Others are more recent. Most are immigrants to come for education and a better life. We have three guys who used to be a doctor. We also had a prince once. Some of them are citizens now.

11. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?

a. Absolutely. And I do think it would. We already have people interested in growing things. Most of the time we are limited on yard space or whatever. There is obviously a community interested in gardening and using the products of gardens. I think it could be very successful.

12. Is there any aspect of the consumers' lives that is going unfulfilled?

a. Interesting you ask. The NCI is an org. that goes out and interviews people we support all over the nation. They indicate the areas that we are lacking in or that the people need more of. One of the four focus topics and the two I focus on the most is loneliness and health and wellness. That includes exercise and eating healthier. So by research, those are areas we focus on specifically. We set ourselves goals to get people to be members in the community and generate relationships who are natural supports instead of surrounding them with people paid to be around them. If you ask people who their friends are, they will list their staff. When you or I are asked, we wouldn't do that. We need to establish connections where people in the community would want to spend time together regardless of ability or disability.

i. You mentioned four areas? What are the other two?

1. I actually don't remember. Just look at the National Corp Indicators. Our goals are based off they list as NCI. There were four last year and many times they repeat. They put them out there and we are required to use them as our goals.

13. What aspect of your service are you most proud of?

a. Bringing joy. That's so cliché. But being able to successfully help others. Especially with FHPs when we get referrals, on paper you'd never want to be involved based off behaviors and how many times they've been in jail. But now they have that love and attention that they are totally different. Their

quality of life have increased to levels we had never imagined. One of them living in ISL was defiant and noncompliant in most cases. He wanted to be outside all the time. He drug out wood and in the shed and make stuff. He could fix the Wi-Fi on the printer over the phone. He has fetal alcohol syndrome and he constantly has to be on the go. He needs constant stimulant. Now he lives with a 70 year old man and his girlfriend and they live on a lake and this guy takes the boat out and drives the John Deere Ranger all over the neighborhood. He has a reason now to be compliant and follow the rules and do what he needs to do. He loves his life. We couldn't provide that in ISLs, so we put him in a more appropriate service for him. It is so satisfying to look at what he came from and where he is at. Just being able to make someone's life better is so cool.

14. What would you like to change about your current methods?

a. One of the biggest things and biggest barriers we have is the constant staffing issues. It's difficult to provide continuity of care when there's such inconsistency with staff. If there's an issue with FHP I only contact one persona and if there's no change there's only one person responsible. With ISLs we address the problem and there's improvement and eventually it comes back and we have to go over the same issues because we don't have the same people working.

b. If we were able to have an increase in funds and pay the staff more, we would have better quality. We already pay as much as we can and get better quality than others in the area, but it's not good enough. It takes so much time to get people on the same page. If staff wants to be FHP we think long and hard about that. FHP makes good income. We have higher quality staff with them

i. With FHP do you pay the foster family?

1. We pay the family 70% of what we deal. Now on the surface it looks like we make more money with staff residents, however if you look at overhead with ISLs, you look at overtime and maintenance and whatever. FHP comes out on top because there's no over time, mileage, they take them on outings. If they're sick, it's the FHP responsibility to make sure they are taken care of. It's a lot less of a headache for me to not deal with anything. FHP does a lot of the work, are paid well and are responsible for a lot of the work.

2. This is a very new concept for us. It changes the community. I never thought about it until you asked me. But the community looks at them differently based off if they are FHP or ISL. It's been difficult because state guardianship was not interested at all. So it took a while to get them on board. It's a lifelong position. I am planning one them never changing until someone dies. So you have to be very upfront and try to scare them away, they have to deal with issues as they come up. So we screen them extensively.

a. If we were in the same pace as Geel, the life for people with developmental disabilities would be so much more period.

Interview Questions for Health Care Administrators in Mexico, MO_Jonathan Finck

1. Please state your name.

2. What company do you work for and what is your position?

a. I am the CEO of Finck and Associates which also does business as Finck Supported Living in Missouri and has a subsidiary of Finck Supported Living in KY

3. Please describe the services you provide to your clients.

a. We provide complete supportive living services in ISLs and a supportive apartment program which has 16 units for single living. We also have a number of family support homes of individuals living in a foster relationship. We also do supportive employment consisting of getting jobs and training programs and onsite support for individuals with developmental disabilities. Lots of med support. But not actual medical programming. It's medical support.

b. Do you serve regions outside of Mexico?

i. Can you please explain the levels of disability within the population you serve?

i. Pretty wide ranging. From individuals who could be described as high functioning who are married, drive, have children to individuals who are non verbal. We have an individual who cannot hear, see or speak. So pretty much anywhere along that continuum.

4. How does your company's community and the community of Mexico come together?

a. On a daily basis, they're out shopping or participating in some sort of activity in the community. There's also day programs that they attend. Maybe a little bit more isolated than we might like.

i. The day programs, what organization runs that?

1. ADDS. There's just one. And the supportive employment at the Handishop. We don't have many people there now. They went through a hard time a few years ago after an embezzlement scandal. So they're still bouncing back.

b. What community organizations do you partner with?

5. How has the community's response to community ISL living changed from when you first began serving the developmentally disabled?

a. I don't have a good answer other than we don't get many complaints anymore. When we started in 2005, we didn't have complaints from neighbors. But our second house on Hisey, there were complaints to the city every day. There was nothing illegal in the complaints. It was just complaints. "There were cars parked on the street. There are three parks in the drive" to the point where our attorney told the city we weren't interested in the complaints because it was just people e trying to get the city to harass us. To my knowledge, that doesn't happen anymore.

i. It's calmed down over time. At Hisey, we bought a dilapidated house next door and tore it down with the city. So we just converted it into a big yard for the individuals to enjoy, which they have. Our plan is to landscape that. Maybe someday we will get around to that. It adds to the quietness of the community.

1. Over time it's just gotten quieter. Sometimes its been incredibly positive and kind interactions. There's never been outright open hostility that I am aware of. I'm sure there has been, we've had them in other communities. In Mexico it's under the surface and passive aggressive.

a. One of the most famous stories in the company happened about 5 years ago when 3 ladies were shopping and had pulled up on the square to get some paint or something. Before the staff could get out, some high school kids walked by and yelled something about retards. One of our ladies got really angry and yelled out the window, "Don't talk about my staff like that!"

i. Whether she made the decision or did it on purpose, it doesn't matter. It was incredibly disarming.

6. What does the employment landscape for people with developmental disabilities look like in Mexico?

a. we are just starting to get into that. The state of Missouri has gone through periods where it has been very easy to get the contract and then other times it is p in the air. It's not been consistent for us to be service providers. So we haven't tracked the employment options much. There isn't much information about opportunities in Mexico. At ADDS, they have had a supportive employment program and they try to be helpful. There hasn't been a supportive employment push in Mexico actively making jobs available for our individuals in the community. We would like to change that.

b. We serve two regions, there are 7 in Missouri and we straddle central Missouri and Hannibal office. Audrain County is far from Hannibal, so we are not at the top of their brain when they're thinking of providers. In Central Missouri, we are right there. Because of this, we have had a hard time navigating

supportive employment thus far. There was even a time where we couldn't get a contract, but now that has changed. Different regions have different contracting processes, so it becomes more bureaucratic and complicated. But it seems to be getting a bit easier.

c. ADDS is more active in this regard. In Mexico, we seem to rely on other providers. In the central region, we are the actors and people rely on us. It is just the way that things shake out in the area. I have no reason to believe that we would have any trouble finding supportive employment. People know me and what we do. In conversation, people are incredibly supportive and positive. I am incredibly optimistic of Mexico.

d. Back to ADDS, they are county funded and are a taxing entity. They set and collect a tax. We are not, so we have no safety net, so we have to think about things really carefully. Not that they don't, but we just have no fallback.

e. Antidotal evidence suggests that it will be very positive, especially when we educate potential employers of the benefits of employing the developmentally disabled. In other cities, we have employed our people in grocery stores and other places and we have had success there and we think it will carry over into Mexico.

f. Are these jobs safe and suitable for individuals' abilities?

i. Yes. Absolutely. They tend to work at places that tend to be a bit lower income that have more turn over. Our individuals don't have the needs for higher income. They are supported thoroughly on many different level, and when they get a job they tend to stay. That's what they like is predictability.

1. In relation to the on the job deaths last year?

a. That was negligence on the part of the staff of the supportive employment provider in another state. The director of the workshop was let go and there was a change in administration there. That incident was one of several to help propel us forward to start our own supportive employment.

g. If consumers do not have jobs, what do they do during the day?

7. How much time do the consumers spend outside active?

a. Not very much. Kind of depends on who it is, but not particularly a lot. There's not a lot of opportunity for that. They all live in areas with access to outside, but they just aren't very interested in it. Some are. But a lot of them are not. But, several do get out and about and are very active. But just like everyone else, there are individual preferences

i. What do to you think would help stimulate them to go outside?

1. In general, having safe places they can go and do things. A lot of these guys would grow things just to do it and get out. We have done that in the past. There's a safety and a weather component here. It's often too hot or too cold.

2. Do you think most on average would enjoy learning to garden?

a. Yes I think so with the right mentoring.

i. Like learning to garden with community members?

1. As long as the individuals are patient and accepting of sometimes people's limited abilities to stick with something. And accept that there are various levels of being able to do things. Some of these guys are going to want to be there and hang out. But in a traditional manner, they won't garden. But being out there and doing it would have a huge impact on them. Socializing and getting out would have a huge benefit. So as long as community members are cool with the limitations and have realistic expectations. Some of these guys will rock and roll, some will be there no matter what and just be happy to be there and some might be totally disinterested. There would be a wide range.

8. How much of influence does the staff have on what consumers eat?

a. Usually they have dietary guidelines. It's hard to say because there are so many people that we are talking about. In a perfect world, they would do whatever they need to do and stick to the program. They normally do, but on the off time it depends. But honestly, I think they have quite a lot.

9. Do you think that the consumers you serve would enjoy learning to garden?

10. What do you think your employees would think of learning to garden and cook with consumers and community members of Mexico?

a. They could like it. I think for the most part. Employees can be all over the place as well. So what happens thought is the employees that don't do the right thing will sort out pretty quick. We weed them out or they self-sort pretty quick. We have a lot of employees that would be into it. But it would be interesting to poll them anonymously across all the Mexico organizations to see their opinions.

b. But there is such a paperwork component here. They experience it as one more thing. So new things are met with resistance.

11. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?

a. It could. Like most communities you'll find that people are all over the place. You'll find that there are both a core groups that are all in and invested or push back because they are biased and bigoted and have hate in their heart. It's hard to gauge. People constantly surprise me. I don't know. With Mexico, who knows? Mexico is so capable of awesomeness. If Tyronn Lue showed up Mexico would do whatever he wanted. Get a super community tie in who is famous and successful and tied into the right thing to do for the community. It makes a super hometown kid thing. And is not an outsider. The holy trinity of you and someone like Tyronn Lue and another strong voice in the community. You'd have the person with the vision and the celebrity. Tyronn Lue cuts across socio economic divides in Mexico. Mexico slices and dices in weird ways. He cuts across those lines

12. Is there any aspect of the consumers' lives that is going unfulfilled?

a. I don't know if I can do that justice. On an individual basis, they don't get enough one on one time. They don't get enough social time. There just doesn't get enough time. Even in ISAL with a 1:3 or 1:2 setting, which is really good, there is usually one individual who is really high needs so there is always one person not getting enough social contact.

13. What aspect of your service are you most proud of?

a. The caring. That across the board when we are surveyed by the state ot liscence us, the feedback we get that it's obvious how much the staff cares. That from the top down that thic company is committed to the healthy support of these individuals. When I say do the right thing and we will figure it out, disregarding money. That permeates this company throughout. They never have to worry that we do the right thing. We really do care and we can prove that with our outcome.

14. What would you like to change about your current methods?

a. I would like to have a more professionalized staff that means they need to be required to complete a formalized training program and to pay them a living wage. So we can recruit train and retain a professional staff long term. With that comes continuity, reliability. Things that our people thrive on. So professionalizing the line staff. That is something important to me.

e - transcription of focus groups

Focus Group For Noninvolved In Foster Homes neighbors

1. Please state your name.
a. HW
b. M
c. FS
2. How long have you lived in Geel?
a. All my life (M)
b. 40 years (HW)
c. Are you often in Geel?
i. It's the closest shop and places to eat (HW)
ii. Please describe the differences between Geel and the other place.
3. What do you do for a living?
a. I am a person that assigns rooms for sports (a secretary?) (M)
b. I work at the factory BP Chemicals (HW)
c. I am a housekeeper at a mental care place. They are more like physically handicapped. (FS)
4. Do you live within city limits?
a. Have you ever been involved in the foster care system in Geel?
i. Yes with our neighbors, you come into contact with them. Or in Geel you just come in contact with them (HW)
ii. You don't even know most of the time that they are patients (M)
iii. When you were growing up did you interact with the patients a lot?
1. Yes they are taking the bus and coming ot school and they are everywhere! (m)
2. We are used to it! (HW)
iv. Did you treat them like normal people? Even if they are acting strange
1. Mostly they are happy people. So yeah. Their mental emotions are not what they used to be. In a way the are happier than we are. We think to much. They have no problems (HW)
2. (everyone agrees)
5. Since your family is from here, di dyour family every have guests in your house?
a. We had four brothers so no. that's a big house (M)
b. A few years ago, it was only possible to have people like Luke in Geel. But 10-15 years ago that changed and it used to only be people with farms. (HW)
i. Are you guys farmers?
1. No. no
6. Have you ever thought about hosting a guest?
a. No no. not at all. (HW) We are not interested. You have to stay home a lot for them. When you have to go to work, it is not so easy to take someone in (HW)
b. My husband doesn't want it because we go on holiday a few times a year. (M)
7. Do a lot of your neighbors have guests?
a. Our neighbor has two, a lady and a guy. They go every day to Geel to work. Luke stays here all the time except for the weekend (HW)
8. Do you have any personal connections with any individual with mental illness or developmental disabilities?
a. I knew someone bfore who was 92, but he died (M)
b. My neighbor's son is mentally handicapped. And he is 50 years old. But he stays at the (??) when he was 6 he had a disease that stays in his memory and he is still in that phase. (HW)
c. Can you describe your relationship please?
9. How often do you encounter the boarders?
a. How do you know they are the boarders?
10. Do you ever go out of your way to interact with the boarders?
a. We try to of course (HW)
b. They come ot me and talking. (M)
c. Very friendly people (HW)
d. They feel it that you want to talk to them (M)
e. Or if we see them we would say hi (HW)
f. We know the situation all our lives. It's normal to have them in the community for us, (HW)
g. Why or why not?
11. Would you be comfortable if you or a family member spent an evening with someone with developmental disabilities or mental illness?
a. Yeah, last weekend we had a BBQ and they all came. (HW)
b. Or a birthday party, Luke is always on site (M)
c. And he comes Saturdays to the pub and talks to everyone (M)

d. Have you ever had conflict with the people like Luke in the community?
i. No. they're mostly nice (HW)
12. If you could give any advice to people nervous about accepting someone like Luke into the community, what would you say?
a. We would say he is a nice guy (HW)
b. We know Luke so we try to live with him in the most popular and decent way with respect for him as he is. We don't interfere. If we were to say no, its okay for him. Very direct her knows that. (M)
c. The people in Geel that stay inside the OPZ are difficult. Only the easy people like Luke are in the communities. (HW)
13. When you moved here did you know about Geel and did you have any reservations about moving here?
a. When I was growing up at school they were always there around
b. It's normal
c. In Geel and the communites around it, it is normal. (HW)
d. They have to shop and drink and live (M)
14. Since you grew up in this area are you familiar that in some places people aren't so accepting and welcoming of people with mental illness?
a. It is possible but we don't know that

Interview Questions for Health Care Administrators in Mexico, MO_ADDS

1. Please state your name.
2. What company do you work for and what is your position?
a. ADDS, supervisor of the case management or support coordination office. I oversee four caseworkers
3. Please describe the services you provide to your clients.
a. We provide oversight for Medicaid waivered services. Day rehabilitation, residential placement, personal assistance, self-directed services, etc.
b. Do you serve regions outside of Audrain County?

i. Yes. People in Calloway country for conflict of interest reasons because the agency provides Medicaid waivered services like direct care. So we can't oversee our own services provided. So they provide support coordination for Audrain.
c. Can you please explain the levels of disability within the population you serve?
4. How does your company's community and the community of Mexico come together?
a. Many of our individuals work at the HandiShop or in the community. We volunteer with meals on Wheels for example. We also go to many of the businesses here in town, like restaurants. They are living lives basically. We have people in ISL settings, so their homes are in neighborhood settings.
b. What community organizations do you partner with?
i. A number of the churches, the Lutheran Church provides a dance for social settings. The elks Lodge hosts a number of our social events. The YMCA. Some of our people go there for exercise and things
1. Do you feel that your clients are integrated enough into the community?
a. Integration is always something that can be enhanced. Anytime there's an opportunity we should bolster that. Is it enough? Idk if you can ever have enough. Employment could be an area that we could increase integration.
i. That seems to be a common theme in Mexico.
1. We have very limited resources for employment. To train staff and so forth. There are agencies on the list, but so far their staffing has been limited.
a. What are the jobs available in Mexico?
i. We have had people work out at Walmart, the Country Club in the kitchen. Fast food, things like that.
c. Are these jobs safe and suitable for individuals' abilities?
i. Yes.
5. How much time do the consumers spend outside active?
a. Generally, most are targeted case management that live with their natural home with their families. So they make their own decisions as to what they want to do. Even the people ein ISLs make their own decisions daily. As far as our staffing ratios, they are where they need to be for their needs. They have opportunities daily to get into the community.
6. What have been your challenges with meeting your clients' needs in Mexico?
a. Funding is always a problem. Transpiration can be an issue, especially in rural areas. In Mexico, it's pretty available. But in general it's a big hindrance at times.
7. Do you think that the consumers you serve would enjoy learning to garden?
a. I think anytime there are situations like that, if that's what they choose to do then yes I think they would.
8. Based off your experience providing mental health services, do you think that community outreach would be possible to foster more personal connections with the consumers to the community?
a. Yeah, anytime there's anything we can do to integrate people into the community is generally a good practice.
9. Is there any aspect of the consumers' lives that is going unfulfilled?
a. Generally, health and safety those are filled through the requirements. Many of our people who work at the workshop are happy there and haven't requested to change. They've worked there for many years.
10. What aspect of your service are you most proud of?
a. The general service we provide. Knowing the people we serve. Being local, we are here all the time. That's the biggest thing.
i. Would it be possible for an outside organization to do the things you do?
1. For example I worked in the Hannibal regional office in the past and it's pretty far from Mexico

and you're not always there when a situation arises. ADDS is county based. For support coordination, it's important to be local.
11. What would you like to change about your current methods?
a. Always providing more funding is an issue, other than that I am pretty pleased with the service we provide.

Focus Group for Staff at ADDS

1. Please state your names.
a. D W
b. BB
c. L H
d. TH
e. AL
2. What company do you work for and what are your positions?
a. ADDS Residenential Coordinator DW
b. Program Coordinator for Natural Home, employee trainer—BB
c. Support Coordinator-TH
d. Program Manager Grouphome-LH
e. Program Director of Developmental Training Center--AL
3. What role do you play in the lives of your clients?
a. Anyting required at home, hiring firing, scheduling and overseeing. Liason for consumer, involved with day to day activites. -DW
b. I go to planning meetings, I don't work a lot one on one with direct care—BB
c. Connect consumers to different community resources, help them with medicare and medicade. Coordinate home managers like with natural homes.—TH
d. Direct care on a daily basis, to management of all aspects of group homes. --LH
e. A culmination of all htat they do. I supervise 9 trainers. I provide direction and oversight of activities, make sure individuals participate in activites and access community. I attend ISP meetings and make sure the goals are implemented and are documented correctly.-AL Individual support plan.
i. Goals that consumers decide to work on each year (AL)
1. They have history, goals, how much they receive in aide, medications, cultural backgrounds—things to be passed on to the next care giver. Their goals and aspirations. Specific details.
4. What is the community within your company like?
a. They're very involved and used to it. They are willing to participate and be involved.
b. Theres lots of community support
c. JIG- socialization for people in the community, anyone in ISLs or natural homes. They have bingo nights, dances, pizza party. It's great opportunity for connections to people in the church. I always say that Mexico I really good at reaching out to our folks. They look out for our guys just like we do. If they need something they are calling and letting us know if they see concerfns. (BB)
d. A lot of our people who attend programs do a lot of volunteering and people are open to that. YMCA, VA home, Senor Center, Helo Center, Meals on Wheels. They're all very open. (DW)
e. Some of the guys come to set up chairs at churches. At the P church they make sure everything is ready for the services. (AL) At the Help Center, they have a community garden. But we do our own plots. The HC provided the plants and maintenance. The only rule was that produce couldn't be sold for profit. (AL)
f. They ring bells for Salvation Army. We tried gardening, we had one. It had a lot of weeds. We tried at an ISL, but had problems with stealing and poor turnout. Then we did planter gardens for flowers.

which the ladies liked. We also did a project collecting donations to the animal shelter, food pantry, and school supplies. We have always tried to give back to the community. I always say the community has been so good to you, you need to be good to them. (DW)

g. You said the gardens didn't go so well, did you find that educating the employees helping implement the garden?

i. A lot of it ended up being the staff, for the consumers. The consumers often didn't follow through and didn't want ot do it. It defeated the purpose. (LH)

ii. 2 times a volunteers came to help. Teenagers and older men who were experienced. The consumers liked working with them and the men had knowledge. The higher functioning consumers just need to be guided by the staff. (DW)

iii. A lot of our problems were controlling the weeds and overcoming physical disabilities. We want to try raised beds next. (AL)

iv. We tried upside-down tomatoes and terrariums in their apartments. They did them for three or four years, but now they're in the shed. They really like planting so we've tried some different things. (DW)

h. Are there opportunities to come together with all your clients?

5. What have you seen the community's response been to the developmentally disabled in the area?

a. The community embraces them. Two of our guys would elope from our place and the neighbors would identify them, especially at Casey's. They know who they are and they keep an eye on the neighborhood. (TH)

b. When I give tours of our group homes and ISLs to new employees, they are surprised that they are ISLs. They had always thought they were just normal homes in the area. That's why I like the concept. (AL)

c. I think if you asked an average person on the street, they wouldn't' know where one of our people lives or the level of care. They would just know that they are with our agency. (DW)

d. Were there issues when those ISLs first developed? (BB)

i. Not at all. Lots of questions from the neighbors. BC they sent letters out and did an open forum thing. No one was negative, but it was a new concept at the time. They didn't kn ow what it was. It was a good learning experience. (LH)

6. What advice would you give someone who was concerned and against of living near an ISL?

a. Come and visit. (DW)

b. If you have any issues. Sometimes they wonder why police are there or whatever is going on, come ask.. If they don't they imagine a worse situation than what's there.(LH)

c. TH Does work with natural homes. Do you feel that their neighbors are hating on them? (BB)

i. No. (laughs). Not at all. But usually those are guys who are higher functioning who won't go beating on someone's wall. One guy lives independently in town and the neighbors provide odd jobs for him. They work with him and are patient. (TH)

ii.

7. After engaging Mexico's community with the mentally disabled, how has this impacted how you perceive Mexico's community?

8. What does the employment landscape for people with developmental disabilities look like in Mexico?

a. It's a sheltered workshop, not much competitive pay (AL)

b. It was booming until the brick production left. Positions where an employee could do one task at a time dried up. And we used to be able to train our guys to do one thing, but when they have to do 6/7 things it's a bit too much. With unemployment at 4% it'd probably better now. It was really bad for a while. After the brick factory closed, employers were looking for applicants who needed no additional supports or assistants. ADDS Supportive Employment Program went bankrupt 2/3 years after the brick

industry left. (LH) I started that program 27 yrs ago and it ran 14 yrs. After the brick industry left, we had to end it a few years later. We just couldn't get jobs. Even the employers we could count on normally, they couldn't afford to give jobs to our people anymore. They no longer carved out a place for us. Other people could do 6 jobs of our people. (LH)

i. My clients' skill level can work at Walmart, Subway, the newspaper, hospital. They don't have to have a job coach and most who want competitive employment have it. (DW)

ii. No one has been hired at the hospital since SSM took over. When the newspaper stopped delivering the newspaper, our people lost their jobs. Now one of our guys cleans at the Elks Lodge through a hookup with an employee. One problem we see is that in an interview, our guys present themselves as so much higher than they are that the employers don't even know they need support. So one of our clients is deceptive bc she seem so able and presents herself so able that she doesn't get all the training. So when she fails, they wonder why. So we've told them to make sure she understands and check even when she says she does. She can get a job easy, but keeping it is another thing. She doesn't ask for help and does things like she thinks it should be and then fails. (DW)

iii. There is also a guy who works at the country club who lives in his natural home. Our agency employs some of our people with data input, helps with the grocery shopping and stuff. (BB) (DW) (LH)

iv. Is one of the biggest obstacles for your clients to get competitive employment transportation?

1. Yes absolutely.

a. Are there other obstacles other than not having supportive employment?

i. Not only employemtn with the workshop, but also when they are in the competitive workforce, their new peers don't associate with them as much as their workshop friends. No one wanted to talk to them on breaks because people didn't know what to talk to them about. (LH)

ii. We all like to work with people like yourself, so the workshop experience gives them social comnnections. Some have worked there for 30 years. They are proud of their work and they want to be there and make money. They Don't even want to take off for doctor's appointments. (DW) (BB)

iii.

c. Are these jobs safe and suitable for individuals' abilities?

i. Some. My guy at the newspaper had too many steps or tasks. When he moved to Brookstone, he was afraid to work too many hours, so he went back to the Handi Shop.

d. If consumers do not have jobs, what do they do during the day?

i. Dayprogramming. If they are retired from the workshop or can't handle full time employment they go there. Or if they only need to come twice a week. We are very accomidating.

9. How much time do your clients spend outside active, if you had to guess?

a. A lot. When the weather is appropriate, we try to have have them out as much as possible to be healthy. Better than being stuck inside. So I push. Out out out. (LH)

b. Walking (AL)

c. I just wish our guys would stay out. They're in, out, in out. There's a buzzer on the door. It's constant and restless. But they wont go to their beautiful apartments. They might miss something. (DW)

d. What I find in the winter we have more behavioral problems. When they go to the doctor, they say that they see more problems in the winter with the general popoulation (LH)

e. We take them to the YMCA with the day programming once a week go. At the YMCA they can go for free, so we volunteer there. (AL)

f. Our clients really like children and animals. The animal shelter has limited involvement with us. But sometimes we can go to a farm. With children, we've gotten involved with bible school and do crafts and bible school activities outide. The kids like it and they like it. We have a therapy dog that comes, which everyone likes.

10. Do you think that the clinets you serve would enjoy learning to garden and grow food?

a. Yeah. We all decided to redo the flowerbeds this year. We bought grills and lawn furnature and

they did a lot of the work themselves. And it turned out really nicely. We planted all plants that come back. (DW)
b. If we had raised beds I think that would make a big difference (AL)
c. We have a pattern to make one. One of the staff's father made a blueprint and our maintenance guy put it together. A lot of our people are older and have some mobility issues, so that would help. (DW) And help with weeds (AL)
d. I did some landscaping in front of the group home. But there were fights about weeding and whose turn to watering. (LH)
e. Some really like watering others not (AL)
f. It's a family (BB)
g. It requires a structure and a schedule. (DW)
h. With the weather and the heat, we had to get there early enough to water. And on days that water was available. (AL)
i. We hoped to sell produce from our big garden, but never had enough. And I thnk they would really like that. (DW)
j. If there was an incentive for the money to be used eating out or for something. They need a reason. (LH)
k. Or make salsa (AL)
l. New recipes, they get a kick out of using things they have grown. They love new recipes. (DW)
11. Do you think the other staff would be interested in gardening with the consumers?
a. I think most of my staff would need as much training as the consumers do. I don't think they've had much gardening at all. (DW)
b. I have one staff who is an expert gardener. But a lot of them were learning along with the consumers. They were really excited wher the tomatoes came up. We have one consumer who loves anything related to Haloween (AL)
c. The guy who helped with the garden was helpful to get it all started and prep the ground. He was great (DW)
d. There is a really active master gardener club in Mexico (BB)
e. They volunteer at the Help Center and were available for helping (AL)
I am a Master Gardener. Some of the old ladies know so much. They know more than what is in a book.
i. So as a Mexico Master Gardener and an advocate for local mental health, do you think that involving the consumers and staff in gardens is a good form of community engagement?
1. Yeah as long as there is an insentive. Our consumers are well taken care of and don't worry about meals. There has to be some incentive for staff and consumers. It's the same concept as being in a low income area and theyre getting gov assistance. Do they have to work or do they get it for free? They will never go hungry and they know that so why garden? They could sell produce to finance a goal? Or provide produce for needy kids? Our guys have big hearts. (LH)
2. Will this be employment? BC making money is incentive. (AL)
3. Giving Gardens in Columbia is run by people with Down Syndrome. And they have a booming business. And have a greenhouse. They do the sales work, planting, help pick plants. They're all really proud and helpful. And they make money. Anytime you want your staff or consumers, they have to take ownership, they need an interest or a piece. (DW)
4. Handi Shop researched for several years about doing a greenhouse, but it was so involved and so much money, that they didn't. (LH) Ive applied to get a grant for a hi tunnel at my house. And it was an 80-20 deal. But now they give about 8000 for it. Scott Jacobs at USDA is the contact for it. (LH)
5. The new Help Center has expanding garden plots. (AL)
6. We talked about a greenhouse before, with the Help Center.. But it didn't work. (DW)
12. What do you think of learning to garden and cook with clients and community members of

Mexico?
13. What are you most proud of with the service you provide?
a. All of it. Audrain Co. has always been supportive. Even when a granny's relative died, when Tim heard he helped to get grandma to the funeral (LH)
b. Most satisfaction from the people we serve. They re happy. It doesn't take much to please them. You can give them a simple gift at Christmas and it means the world to them. Kinda reminds you what it is all about (AL)
c. To look at things more simply. To appreciate every little thing (BB)
d. Especially the food (LH)
e.
14. Before you had this job, would you be comfortable interacting with someone with developmental disabilities or mental illness?
a. My brother. You'll interview him later. I've been involved since a very young age. (LH)
b. My sister was born with a physical disability and I just always wanted to be in this field. Even in HS. My heart always went out to the Special Ed kids. Back in my day they were often bullied and that was so upsetting. Things have changed now and you don't see that so much anymore (AL)
c. That makes me think ogf the HS and the Jelly Bean Conspiracy and they're treated like rockstars. Which is kind of a down bc when they graduate, they aren't treated like rockstars anymore. But I do appreciate how they pulled that together. (BB)
d. One family member had a disability. And my dad worked at the Handi Shop (TH)

Focus Group for Staff at the FSLS in Mexico, Mo

1. Please state your names.
a. A
b. C
c. K
d. S
e. D
2. What company do you work for and what are your positions?
a. Finck and I am program assistant
b. Same
c. Staff
d. Staff
e. Program assistant
f. I am a professional manager
3. What role do you play in the lives of your clients?
a. A lot.
b. I'm not sur how to answer. We get them food, bathrooms.
c. We assist with physical needs, socialization, basic items in their house. Helping with chores and playing games. Anything they possibly need
d. Help with diets and exercise and creating bits of independence in their house
e. Help them make decisions
f. A lot of mine is making sure their health is good. I do the grocery shopping and everything for the state
4. What is the community within your company like? Is there crossover and ways for the consumers to get together?
a. They get together every Saturday

b. Today they are making pumpkins
c. We do activities and outings as houses and a company or even just individuals with staff
5. How does Mexico's community and Finck's community come together?
a. They go to church
b. They go to community events, work at the Handishop, 4H Center, they are involved with events
c. They go out to eat and shopping, going on walks and talk to people
d. They go to all community events
6. What have you seen the community's response been to the ISLs in the area?
a. The church members like that they come to church
b. It's been a good response over the years I've been here. We've had some neighbors who didn't like the idea at the time but they chilled out.
i. So have you seen the perceptions change or have they just backed down from their opinions.
1. For example we had an incident at Halloween and the neighbor said let's go to the disabled house and one of the girls was outside and heard and was upset. And there was another neighbor who would call the office a lot to complain about little things to Nancy. But other than that. Or neighbors complain about the cars or something. But other than that we have had a great response
2. I think it has been neither appositive nor negative response. I think they are just there. No one goes out of their way to talk to them because people think they are different so they leave them alone.
3. Yeah
4. I'd say Emmons has the best neighbors. They speak if the girls are outside. At Kent the old neighbor used to interact, but he moved.
7. What advice would you give someone who was concerned about living near an ISL?
a. Well they are people too.
b. We do our best to make it like any other house. You shouldn't really notice it
c. I would tell them what is happening here and tell them that we are making them a part of the community. Lots of people just think they are just a bunch of challenged people
d. I always try to introduce ourselves when we move it and let them know what's going on and that it's staffed and that's what the traffic is.
8. After engaging Mexico's community with the mentally disabled, how has this impacted how you perceive Mexico's community?
9. What does the employment landscape for people with developmental disabilities look like in Mexico?
a. Not very many. The Handishop is about it. There are a couple girls that work at the 4H that clean but they have a connection there. But there is nowhere. It's really sad.
b. Are these jobs safe and suitable for individuals' abilities?
i. Yes
ii. Yeah
iii. I think that some could do a little more at the Handishop, but they got to take what they get there
c. If consumers do not have jobs, what do they do during the day?
i. There's a day program through ADDS that goes on outings
ii. I have a girl who volunteers at a salon
iii. If they stay here, Finck has day programming at least once a week that gets them out of the house and do crafts or outings or something
10. How much time do your clients spend outside active, if you had to guess?
a. It depends on the day
b. And the weather
c. At Emmons our girls live sitting in the sun, riding bikes, and walking and talking
d. At Kent they like to walk and sit on benches and sometimes bike. They like to be outside. We have

lawn game for them to play.
11. Do you think that the clients you serve would enjoy learning to garden and grow food?
a. (Everyone) yes absolutely!!
b. We tried before and we were going to build boxes, but we never got around to it
c. Emmons wants to build a garden and they were excited what to grow
d. This would be the perfect spot at Hisey because we have so much space
12. Are you interested in learning more about growing fruits and vegetables?
a. I like gardening but not weeding
b. My grandparents garden so I always have. I wouldn't mind doing it if they wanted it
c. I would love it
d. I would love it more if our girls were involved with us
e. Have you worked in or had a garden before?
i. Emmons had a patch. May has his own flowers everywhere. He has a green thumb big time. I guess it just grew up and everyone just forgot about it.
f. How would you feel about working with the consumers in gardens?
i. Absolutely yes (everyone)
13. Would you like to learn more about cooking healthy foods?
a. Yes (Everyone)
b. It would benefit us and them. And some have such specific diets it would be better for them if they ate closer to the ground.
14. How does your cooking methods inform what the consumer eat?
a. Sometimes we get staff who have never cooked ever. Or we have people who are really great
b. The consumers help if the staff know what they're doing. We have a girl who didn't know how to use the microwave even.
c. I met someone who didn't know how to sweep the floor
15. What do you think of learning to garden and cook with clients and community members of Mexico?
a. Maybe some of them. It depends
b. I would say if they would it would be the church members or someone they know from their job or something. And if it spread it would be from them
c. I was just going to say that I don't know if—it goes back to people getting a neutral response. They might but I also see people just not doing it. Maybe the church people or old staff.
d. Right. We wouldn't want a whole bunch of new people in the beginning because they are a delicate situations too.
i. If the gardens are more in the community, do you think that would help?
1. Yeah probably.
2. Yeah
3. yes
16. What are you most proud of with the service you provide?
a. That we get to help people live lives where they aren't stuck in an institution and they can live
b. That I can make the difference between a good day and a bad day and give them advice on how to better themselves and help them keep on that direction
c. That they can make choices and they aren't a number to empower them to be independent.
d. Help them do things themselves
e. Healthy lifestyle definitely. To help people who previously didn't have a healthy lifestyle we're able to help them enjoy life and be healthier through doctors and diets
f.
17. Before you had this job, would you be comfortable interacting with someone with developmental

disabilities or mental illness?
a. Yes, I worked for a similar job before
b. Honestly, I'm wasn't sure. I did in home care and nursing homes fo years and years. I was down on hours and a friend told me to apply here and I wasn't sure. When I started I was surprised I never heard of the company. I had taken care of disabled older people, and I didn't know anything about it. When I started a couple of them had some behaviors. It's a challenge but at the same time I am helping somebody.
c. I wasn't when I first started. I couldn't tell the difference between staff and consumers. I started right out of high school. It changed me and my perceptions. It changed them too, they see you change and they change too. I feel like I can further myself in this type of field
d. I wasn't sure at all. I had never done healthcare at all. I used to be a bookkeeper. But once I got in, I really liked it. I never planned on staying very long
e. I have disabled people in my family, but I thought it would be worse. But then I saw they are just like the people I knew so it's not a big deal
f. I am a mom so I am used to taking care of people. I also worked at a daycare so I was used to helping people learn. And I worked at BassPro and saw it all. So there was no way I could be all these things and not go out there and think I could help anyone.
i. So for the people who were hesitant, would you say I it was just a case of not knowing much about the developmentally disabled?
1. I would stay it was the stories and the way that people said they would be this way, but they are not. They are normal people. I don't think people else them as normal
2. It comes from back in the day from movies and old people's stories. I guess it wasn't uncommon as we think it was, but they did shock therapy and locked people in cages. So when I started I really didn't know what I was getting into.
g. How many of you had personal connections to the developmentally disabled before you came to work here?
i. I did at my old job, but it still wasn't what I expected. My son has ADHD and is bipolar and I didn't even realize it until I started working here and saw one of my clients who acted just like my son and I made the connection. Iwas a ble to work with her really well because I was so used to it at home
ii. I worked with Alzheimer's for a long time and they have behaviors and things. But also I worked with a paraplegic and couldn't do anything by himeslf but he also had ADHD and it was a mess. But at the same time he was just like anyone else. You see people out in the community just that bad or worse.
iii. I also just have a connection.

Focus Group for Clients of FSLS in Mexico, Mo.

1. Please state your name.
a.
2. How much time do you spend outside?
a. A whole much of time
b. Not much. I do when I go to work, but idk
c. What do you like to do outside?
i. I like to clean the yard and decorate
ii. I like to decorate and I put upall the Haloween decorations
iii. I like to walk around the block
iv. I like to color

v. I like to color and listen to my ipod
vi. I do spend quite a bit of time outside. I like to listen to music and smoke.
vii. I like to go on picnics in the park at mark twain lake and Chance Gardens
d. Do you know how to garden? Would you like to learn?
i. YES
ii. When I lived on the farm we did it all the time.
iii. I'd like to learn to plant tomatoes or pumpkins, cucumbers
iv. I'd like to plant flowers and have butterflies
v. There's also sunflowers to keep the bugs off the vegetables. I'd like to learn more about that
vi. I'd like to plant everything. Tomatoes, cucumbers, peppers, beets, onions, everything.
e. Do you like to cook?
i. YES
ii. I love to cook
iii. It's my turn to cook this week
iv. I love to cook at the holidays
v. I'm going to give the girls a teddy bear for Christmas. And I was a good girl so I ill
3. How much do you exercise?
4. Do you have a job?
a. No. I don't work anymore.s
b. I work at Seconds to Go
c. I work at the HandiShop
d. I also work at the HandiShop
e. What do you like about your job?
i. Yes, ive been there for six years
ii. I started my job in 2006
iii. I started in 2011.
iv. I started last year
1. Jay, you don't have a job so what do you do?
a. I color and write letters. Sometimes I go places in the day. I go to the dayp rogramming with Finck. We made purple slime last week and got it stuck to Amy's shirt.
f. What do you not like about it?
g. Do you feel safe at your job?
5. Do you do chores around the house?
a. (everyone) yeeeees
b. Everyday.
c. What do you do?
i. Laundry, our rooms. It depends on the day. Dishes, cooking
ii. The bathrooms
iii. One day Jody didn't feel well and I helped her do the dishes.
iv. I do chores too. I have daily chores at the house. And on the weekend too
6. What kind of community events do you go to?
a. The Soybean festival, Walk back in time, the state fair
b. Once a month we go to JIG at St John Lutheran Church
c. Joy in God
d. Its singing
e. And dancing and Halloween party
f. And a dance at the elks lodge where snacks are FREE
g. I just like to go out in the community to meet neweople from other places instead of the people

I see all the time.
i. How do you meet new people?
1. Going on outings, or vacation or asking Angie to shopping and we run into people and we talk to people. We don't talk to strangers but we are nice.
2. We go to a looooot of dances.
h. Do the people you live with come with you on these outings?
i. (everyone) yes
ii. I'm in a wedding on the 21st
7. What do you like most about living in Mexico?
a. I like Walmart and going to BreakTime. I also like Dollar General
b. I like to go shopping an look around
c. I like to too
d. We go to Walmart, Family Dollar, clothes stores. My mom used to take me when I was a kid to window shop without money. We saved money
e. That's not me
f. I like to go out to eat
g. With friends and family
h. I like going to JC Penny's and Factory Connection and shops
i. I've never heard of those places.
j. (… digress to discuss shopping.)
k. Do you have a favorite place to go?
l. Do you have a favorite thing to do around Mexico?
m. What do you like least?
i. I like living here because they don't give me a cold shower and it's a nice place plus the staff treat me right. I like my roommate. I also like the staff. I
ii. I love it all.
iii. I like it all
iv. I love my roommates to death
v. Something happened when we went on a trip once.
1. (Staff) what do you like LEAST?
2. Nothing (everyone) I like it all
8. Do you have goals you all are working towards right now?
a. I want to get on my own
i. This year what do you want to accomplish?
1. I want to start to be more independent.
2. I may not be able to, but if I were younger I want to be living alone. But I'm not so I'll stay here
3. To be honest, to get along with other people. And stop bullying and lying
4. To calm down and not get upset and take it easy. Don't get so frustrated or stressed out
9. If you could change anything about your life, what would you change?
10. Would you like to garden and meet new people in the community at the same time?
a. (EVERYONE) YES!!
b. I have been asking Angie if we can plant flowers. I like to play in the dirt
c. I want flowers
d. Is there a place for that?
11. If you had to walk to garden and meet new people would that be okay?
a. Yes!
b. I love to walk
c. I already walk

d. Only if it's close
e. So you can smoke
f. Yes.
g. I found picnic tabled by the stables, could we rent that out?\
h. Since you brought it up, I was wondering if we could have more dances with Finck so we can bond with other places like Fulton and stuff.
i. I think there will be a formal in Decemeber
1. Ooooooooo (everyone) clapping
2. There will be other agencies I think
3. Well I was just wondering because we see Mexico all the time, but I wanna see other people from other towns.
a.