

No one has suffered more at the hands of the budget-cutting Legislature than mentally ill kids. Grant Williams and thousands like him have nowhere to turn for help with their demons. Only in Texas would going to prison be . . .

"Their Last Good Chance to Get Better"

by [Skip Hollandsworth](#)

HE WAS SITTING CROSS-LEGGED in the corner of a barren cell that contained only one piece of furniture: a bed fashioned from heavy plastic that was bolted to the floor. Beside him was an unopened Bible.

"Grant?" said the guard as he opened the door. "The reporter is here to see you."

Grant Williams, nineteen years old, stood up and gently shook my hand. He was a good-looking kid, his brown eyes soft and almost liquid, tinged with a kind of melancholy seen in Renaissance-era paintings. He wore an orange uniform that looked like doctors' scrubs. On his feet were white socks and brown plastic slippers.

"So," I said, not sure where to begin.

"It's okay," he replied, as if to make me feel more comfortable.

"I wanted to ask you about . . ." and I hesitated.

"The voice," he said, and he gave me an embarrassed smile. "You want to know about the voice."

It was a beautiful spring afternoon, the sunlight glittering off the tall chain-link fences that circled the spacious grounds of the Corsicana Residential Treatment Center, the state-run institution south of Dallas that is populated solely by mentally ill children and teenagers who have committed serious crimes. But in Grant Williams's windowless cell, in a cinder-block building in the back of the property, the only light came from the fluorescent lightbulbs in the ceiling, which stayed on day and night.

"Yeah, man," he said, nodding his head. "The voice talks to me all the time. It's like a grown man talking to me, a nice man. He talks to me about doing bad stuff—about stealing things, breaking into places, hurting people, things like that. Sometimes he tells me that I should kill someone."

"The voice tells you to kill people?"

For several seconds, Grant said nothing. He shut his eyes, seemingly distracted by something else that was going on in his mind—something he did not want to be there.

"Yeah," he finally said. "And sometimes he tells me a fifty-headed snake is coming to get me."

HE IS THE KIND OF KID who scares people half to death: a mentally ill teenage troublemaker, driven by demons he cannot control. He has been arrested for theft, for setting a fire, and for assault, and the way he talks, he seems capable of doing much, much worse.

Perhaps most frightening of all is that Grant Williams is not alone. The Texas Department of Mental Health and Mental Retardation (MHMR) places the "at risk" juvenile population—those who have the most-serious emotional and mental disorders but whose families can't afford treatment—at 150,000 kids. Already they have overwhelmed the state's mental health system; MHMR has sufficient funding to treat fewer than 40,000 of these at-risk kids.

The absence of an adequate public mental health system is the main reason so many mentally ill kids are now in jail. They can't get help early in their lives, before the problems become dangerously acute. The burden then falls on the juvenile prisons, and it keeps getting heavier. Of the 5,000 juvenile offenders kept in the fifteen state juvenile correction facilities run by the Texas Youth Commission (TYC), the state agency that oversees the incarceration of Texas's worst young criminals, 49 percent have been diagnosed by TYC mental health professionals as having either a serious emotional disturbance or a mental illness—a significant jump from 1995, when only 27 percent of the TYC kids were so diagnosed. Another 100,000 juveniles are arrested and referred to officials at the county level every year; a recent study of 3,000 of these offenders concluded that 48 percent had a serious mental disorder. "This is no longer just a problem," says Elmer Bailey, the chief juvenile probation officer for Harris County. "This is a crisis."

What happens to kids who do not get into a mental health treatment program is no mystery. Study after study shows that they are likely to drop out of school, turn to illegal drugs or alcohol as a way to self-medicate, completely disrupt their family's home life, and as they become more unstable, engage in criminal behavior. "Too often," concluded a 2000 report from the U.S. Surgeon General's Conference on Mental Health, "children who are not identified as having mental health problems and who do not receive services end up in jail."

This situation suggests that it is time to rethink our ideas about juvenile crime. In the fifties and sixties, when Americans thought of a typical offender, they pictured the Jets and the Sharks of *West Side Story*—fundamentally decent kids trapped in an urban jungle, unable to catch a break. In the nineties the image was the violent and remorseless gang members in *Boyz N the Hood*. Today, the poster child for the epidemic of juvenile crime is a victim of mental illness, like Grant Williams.

Texas is widely known for its tightfisted approach to social-services spending, but the policy of ignoring its disturbed youths seems particularly shortsighted. Mentally ill juvenile criminals grow up to be adult criminals. They steal or destroy property. They commit acts of violence that devastate families and ruin productive lives. When they are

caught and convicted, the state must build prisons to house them, hire three shifts of guards a day to watch them, and create huge bureaucracies to oversee their incarceration and release. You don't need a blizzard of statistics to know that treatment is far cheaper—and far more effective—than imprisonment. Some juvenile gang members may be unrehabilitatable, but most juvenile victims of mental illness—if identified and treated early enough to make a difference—are not. Recent advances in pharmaceutical drugs make it possible to treat many of the worst forms of mental illness. "What so many people still don't understand," says Linda Reyes, the head of the rehabilitation program for all the TYC state schools, "is that it's far, far more effective to pay for mental health services early on, rather than letting kids drop out of school and get sicker and then eventually sending them to us or to the state hospitals. A few dollars a day at the beginning saves you the hundreds of dollars a day later for the cost of prison."

Instead, state politicians are cutting the budget for juvenile mental illness. Two years ago, legislators stripped \$5.8 million from MHMR's funding for children's mental health. This year, they eliminated almost all mental health benefits from the Children's Health Insurance Program, saving the state \$8 million but cutting off nearly all of the services except medications to 35,000 low-income kids who received treatment in the past year. Thanks to these shortsighted policies, our juvenile jails and prisons are now our de facto mental hospitals, which is what led me to the Corsicana Residential Treatment Center, the TYC's repository for its 198 most-ill juvenile criminals. How, I wanted to know, had the kids gotten there? And was there anything that the TYC could really do for them? Or were they already destined for a life on the margins, one filled with constant trips to state hospitals, stints of homelessness, and even more time in prison?

For more than seven months I followed Grant Williams and others confined at the institution, as well as one of the most experienced psychiatrists at Corsicana, James Boynton, as he and his staff worked to get the teenagers and children emotionally stable, back on track toward a more normal life before they would have to be discharged. "For better or for worse, this really is their last good chance to get better," said the 67-year-old Boynton, a portly, perpetually gregarious man who has spent his life studying the dark side of children's minds. "The tragedy is that for so many of these kids, this is also their first chance to get better too."

WHAT ALWAYS SURPRISES A FIRST-TIME visitor is how normal the Corsicana Residential Treatment Center appears to be. If you do not notice the unclimbable fencing, you might think you are on a small college campus. Most of the kids here live in one-story dormitories called "cottages," they eat their meals at a cafeteria, they attend school in another building, and weather permitting, they go outside every day for some form of recreation. Touring the facility with Boynton on my first day there, this past spring, I saw a group of teenage girls walking in single file, their hands clasped behind their backs. At the front of the line was a stunningly sweet-faced, blond-haired girl who could have passed for a high school cheerleader. "When the police found that girl a couple of years ago, she was completely out of control, prostituting herself and selling drugs," Boynton said. "People thought she was just a bad, bad girl. It wasn't until she

got into TYC that she was diagnosed with a severe bipolar disorder. She had been having such mood swings that she basically had no idea how to control herself."

A few minutes later we came across a group of boys also walking in single file. Boynton pointed at a grinning ten-year-old boy in the middle of the line. "They brought him in here after he burned down a church," he said. "Ten years old, looks like a choirboy, impulsively burns down a church—and his mind is so disturbed he doesn't even know why."

Every year, between 2,000 and 2,500 juveniles who either commit felonies or engage in a series of criminal activities are sentenced to the TYC by local juvenile-court judges. To successfully complete a sentence—the minimum is nine months, and the TYC has the right to keep especially incorrigible juvenile inmates until the age of 21—the offenders must prove that they can handle the regulated structure of prison life, successfully participate in a fully accredited prison school, and then complete a TYC "resocialization program," in which they are taught such skills as how to develop values, identify their "thinking errors," and prepare for the future. TYC officials have long realized, however, that the only way to get many of the young inmates through their program and ultimately prepared for the future is to deal with their mental illnesses. Of course, like every other financially strapped state agency that is supposed to help Texas children, the TYC cannot begin to treat adequately all of the mentally ill kids it receives. In fact, those children who do not display particularly acute symptoms of their illness are quickly sent off to the regular state facilities. Some of the more emotionally fragile boys are funneled to a TYC campus in Crockett, where there is a larger mental health staff. Corsicana is reserved for the worst cases. Here, one can find kids tormented by an almost endless variety of mood and personality disorders, plagued with delusions and paranoia, and stricken by textbook cases of acute depression or even the very rare cases of adolescent schizophrenia. Some of their minds have gone haywire because of the complications they experienced in the womb of their drug-addicted mothers. Others have drifted from reality because of physical and sexual abuse they endured in childhood. Still others, for reasons completely unknown, have never been able to express their emotions in a normal way.

The building that Grant Williams lives in at the back of the Corsicana campus is known as the CSU—Corsicana Stabilization Unit. It is for those kids who are either so disturbed that they cannot manage themselves in the standard TYC group environment or who have become so psychotic that they are considered a danger to themselves or others. The CSU kids have deteriorated to the point that they have been found cutting themselves repeatedly (as Grant has done) or banging their heads against a wall or succumbing to inexplicably violent outbursts, driven by an overwhelmingly paranoid desire to attack others before they are attacked themselves. At night, the CSU youths sleep in individual cells under rip-proof sheets, which are taken away in the morning. They either eat their meals with their fingers or a single implement, a nonbreakable spoon. Their clothes have no snaps or zippers. They are issued only ankle socks because they are hard to tie together to form a noose. Nor are they allowed to keep their prison-issued Bibles in their rooms at night, because they might tear out the pages and swallow them or fold the pages and try to scratch themselves until they bleed. Even

with those precautions, guards peer through windows into their rooms every three minutes to make sure they are not trying to hurt themselves, and they also watch through peepholes when the kids are in the bathroom.

The CSU is where Boynton spends most of his time. Born and raised in Lufkin, he graduated from medical school in Galveston in 1962 and then worked mostly with children in private practice in Austin until 1999, when the TYC asked him to become a consultant. Although he was reaching retirement age, he took on the job because he was outraged at how the state treated its mentally ill kids. "My God, they don't deserve to be turned out on the streets, which is what is happening now in our half-assed mental health system," he told me. "Do we send kids with cancer out on the streets? Hell, no. We know that the sooner we start treating them, the better chance we have to fix them. And if we can get to the mentally ill when they are still young, then we've got a far better chance to make them better too, because we don't have to deal with all that pathology that accumulates over time."

I first started following Boynton after being told about him by two Austin film producers, Karen Bernstein and Ellen Spiro, who are making a documentary on the mental illness crisis among children in Texas. He was supervising the cases of nine teenage boys on one side of the CSU building and eight teenage girls on the other side. One boy was there for pointing a gun at a neighbor during a psychotic episode and then stealing his dog. Another boy had burglarized at least 25 houses. Still another was there for hitting his sister in the head with a baseball bat. A girl was there for taking a swing at a police officer when he tried to pick her up for running away from school. Another girl was there after she had been arrested for walking into a convenience store, pointing a gun at the clerk's face, and taking \$200 from the cash register. Another was there for stealing a car while she was high from huffing gasoline fumes. "The question that always haunts you, the question that breaks your heart," said Boynton, "is whether these kids would have done any of these crimes if, years earlier, they had been given the proper treatment and medication."

There is perhaps no better example of what Boynton is talking about than Grant Williams, who allowed me to use his name and tell his story. Growing up in Wichita Falls and San Antonio, Grant began to display the classic symptoms of untreated mental illness by the age of fourteen. His mother, Sheila Howard, an accountant at a San Antonio military base, raised Grant and his sister as a single mother. "He became very introverted after the move to San Antonio," she said. "He seemed unhappy, and he stopped trying in high school." He began spending long periods alone in his bedroom, and he also began drinking and smoking marijuana. "He told me he needed the marijuana because it kept him from hearing voices," remembered his mother. "I said, 'Voices? Grant, what are you talking about?' But he wouldn't tell me anything else."

Like so many parents of mentally ill children, Grant's mother was either unaware or in denial of the depth of her son's plight. Grant's high school teachers saw only a poorly motivated student rather than a mentally disturbed child. Mental health advocates have long argued that MHMR caseworkers should be put in public schools, where it would be easier and less stigmatizing—compared with a trip to a crowded mental health

clinic—for kids to receive help; MHMR officials say they would love to be in the schools, but they have barely enough state money to staff their own clinics. Their community health centers around the state are already overwhelmed. In some counties, children must wait about ninety days before they can get an appointment. When they do get seen, they often get no more than a thirty-minute counseling session once a month with a well-meaning but beleaguered mental health professional. And many don't get an appointment at all.

And so most parents of mentally ill children watch in bewilderment as their kids continue to decline and no one except police officers intervenes in their lives. That's exactly what happened to Sheila Howard. Grant dropped out of high school in the fall of 2000, just before his seventeenth birthday, and within weeks he was arrested by San Antonio police officers for having stolen a bicycle and other items. He was taken to a county juvenile detention center, where he suddenly turned on a guard and punched him. It was a peculiar thing for him to do: Grant had never before shown any violent tendencies. But assaulting a public servant is not a crime that is taken lightly, and a juvenile-court judge sentenced Grant to the TYC.

He was deemed not ill enough to need special treatment, and he quietly served out his time in a state school in the North Texas town of Vernon, before being released in July 2002. But three months later, police officers found him at a public park in San Antonio, standing next to a pile of burning clothes. Grant admitted that he had broken into the concession stand at the baseball field, stolen some baseball uniforms, and started the fire by igniting the uniforms with a cigarette lighter. The police charged him with criminal mischief, a relatively minor crime, but because the arrest had violated his TYC parole, he was returned to the TYC. This time, it was obvious that mental illness was taking over his life. Grant wouldn't bathe. He talked about lizards and a fifty-headed snake coming into his room. He also began to talk about a voice in his head, one that he said had been with him for years. It was the voice, he said, that had told him to steal things when he was a teenager and to punch that guard in the county jail and to start the fire at the concession stand. Grant was sent straight to Corsicana, where he was diagnosed with schizopreniform disorder, a precursor to full-blown schizophrenia.

IN ONE RESPECT, GRANT WAS LUCKY: He got arrested before the "voice" commanded him to seriously hurt and possibly kill someone. And unlike so many other Texas teenagers afflicted with severe mental illness, his arrest landed him at a rare institution in the state that provides intensive mental health treatment seven days a week from a full-time team of professionals—the kind of attention normally reserved for patients in the most expensive private psychiatric hospitals.

TYC's Corsicana Residential Treatment Center is so respected that some parents of mentally ill children who have committed crimes have filed charges against their own offspring and then begged juvenile judges to send them to the TYC in hopes that they might end up in Corsicana. The superintendent of the treatment center, Don Brantley, is not a bureaucratic veteran of the juvenile correctional system but a psychologist who has spent much of his career working with mentally ill kids. And unlike the typically

reserved psychiatrist who quietly nods as patients talk, the bearded Dr. Boynton—or Dr. B, as he is known to the kids—unhesitatingly plays the role of the gruff but good-hearted father figure, wearing plaid shirts and blue jeans and constantly ambling into the kids' cells just to check up on them. On the day I spent walking the hallways of the CSU with him, he dropped into one girl's room and noticed that she had carved the initial of another girl into her arm. "Darlin' child, that was pretty stupid, wasn't it?" he said. He noticed that a girl in another room had begun to bite herself on the arm. "Now why did you start doing that?" he asked. When the girl replied, "It helps a little to get my frustration out," Boynton said, "Look, you're going to get frustrated all of your life. So what are you going to do? Chew your arm off before it's all over?" He then walked over to the boys' side of the building, popped into a boy's room, and asked him if the rumor was true that he was hiding the medications he was supposed to be taking and trading them to another boy in return for sexual favors. When the boy quickly said, "Oh, no, sir, Dr. B. I'm not," Boynton shook his head and said, "Come on now. Don't you start lying to me."

One of the enduring myths about mental illness is that it is a disease that cannot be controlled. True, it is not curable. But it is manageable, especially for those who are treated early. Because of the new generation of antipsychotic medications now available, the majority of mentally ill kids can get stabilized much faster than ever before—if they get into treatment soon enough. According to Boynton, many of the kids who come to Corsicana get better simply because it is the first time they have been studied and diagnosed and then subjected to a treatment plan, in which they get the proper medications as well as therapy programs that teach them how to deal with their illness and keep their moods under control. Many also get better, he says, because it's the first time in their lives they have a sense of hope. "We forget that so many of these kids, from daylight to dark, have been living in their own delusional world," Boynton told me. "Then they get to a place like Corsicana, and they finally get a chance to feel safe. They have someone to talk to every day. They have someone who says, 'We're going to help you so you won't end up a bum or dead.'"

Day after day, I watched Boynton take his CSU kids back to his cramped office, the cinder-block walls of which were covered with photos of his grandchildren along with a poster of a famous Peter Paul Rubens painting of a pensive young girl. Leaning back in his chair, he'd ask them how they were feeling and whether they were having any hallucinations or thinking about hurting themselves. Some days he'd act exasperated with them for not trying hard enough to get better. Other days he'd throw his arm around their shoulders and tell them that he knew they were going to get better. On one visit I listened in as a boy said to him, "I'm not all that crazy." "Good Lord, you sure as heck *are* crazy," Boynton said, chuckling. "But you don't have to *be* crazy, you know. You can have a decent life if you want one." Tears filled the boy's eyes, and he quietly said, "That's what I want, Dr. B."

When I first met Grant, it was clear that that was what he wanted too. "I want the voice to go away," he told me. "I don't want to hear him anymore. Every night, I say to the voice, 'No, no, no. Please leave me alone.' But it keeps talking to me. It just keeps

talking, always talking, always telling me what to do. It says, 'Come on, Grant, you know you could hurt some people. You could hurt them, Grant.' Or it says to me, 'Come on, Grant. Isn't it time to give it all up? Isn't that what you want to do?'"

During Grant's time at the CSU, under the watchful eyes of guards, he had a daily routine: wake up, eat breakfast, attend school, eat lunch, spend some free time outdoors in a fenced area, perform exercises in the hallway outside his room along with the other CSU boys, and participate in group-therapy sessions, in which he was encouraged to identify such concepts as self-respect. Throughout the day he would talk to Emily Hindman, a young therapist assigned to the boys' wing of the CSU, and to social worker John Barnes, who ran the group-therapy sessions, and of course, to Boynton, who was constantly trying to figure out exactly what to do to diminish the voice in Grant's head. Whenever Grant felt anxious, he would practice breathing exercises that Hindman had taught him, or he would squeeze a "stress ball" made of a spongy material.

But I always kept wondering, Was it too little too late? Was Grant, like so many of the other kids there, just too emotionally broken for Boynton and his staff to make a real difference in his life?

Among the other CSU kids I met during my visits was a boy with a severe bipolar disorder who had been beaten mercilessly in his early childhood by his father and starved to the point that he had developed rickets. The boy who had broken into 25 homes had been sodomized by his biological father since he was an infant. Whenever I was around him at the CSU, he was pinching himself in the face, almost involuntarily, as if he had no idea what he was doing. Over on the girls' side was an emotionally disturbed pregnant teenager who had taken any kind of drug she could get her hands on. When I saw her, she was spitting into a cup and then drinking her own spit, believing that she was maintaining her own water and thus helping her unborn baby. "Someone had to know these kids needed significant intervention long ago," Boynton said. "But obviously, nothing ever happened. Or there was no place to send them. And now we're supposed to clean up the mess."

What adds to Boynton's difficulties is that he is not given much time to clean up the mess. The Corsicana Residential Treatment Center is part prison, part mental hospital: Boynton cannot keep the kids there as long as he wants, until they are rehabilitated and ready to make their way in the world. What's more, because of the high cost of treating a kid at Corsicana—\$262 a day versus \$151 a day at a regular TYC state school—CSU officials are under pressure to move the kids out to other TYC facilities as soon as they are somewhat stable, so that the facility can handle the continual onslaught of new arrivals who are in dire need of treatment. When I asked Paul Cuppett, a psychologist and the clinical director of the CSU, if he was worried about letting kids out too early, he said, "Are you asking if we are letting loose some ticking time bombs?" He paused. "There are kids who leave here who will have a likelihood for future violence if their mental needs go untreated. But we can't legally keep them because of that. When they

have fulfilled their duty to the correctional system, then that's it. They now belong in the mental health system."

BUT THAT IS PRECISELY THE PROBLEM. There is barely a semblance of a mental health system waiting for them. Not long after my conversation with Cuppett, I heard from some staff members that a young man in Beaumont had just been arrested for murdering a young woman, stealing her car, and driving it to Arkansas, where he shot a man while committing a burglary. The young man, who had a long juvenile record, happened to have spent time at the Corsicana Residential Treatment Center, where he was treated for serious mental illness. During his time at Corsicana, he did improve, but as Boynton pointed out, "As much as the kids might improve while they are here, little of that improvement will stay with them if there is no supportive community health program available to them when they leave. There have to be people who make sure these kids are getting and taking their medications and staying in some form of treatment." But as Boynton well knows, neither money nor staffing is available to make sure those kids are helped. There is a new state-run program to help juveniles with serious mental illness after they are released from TYC facilities and local probation programs, but it has enough funding to treat only 1,300 kids out of a total need of 13,000—and then only briefly. MHMR certainly can't do it; the Legislature slashed its budget by another \$100 million this year.

The mental health crisis is evident in every corner of the state. In Harris County, 25,388 children have been identified as at-risk, but only 6,334 get some form of services from the agency. In Dallas County, the number is 4,672 served of 16,129 at-risk. In Tarrant County, it's 1,185 of 10,507. In Bexar County, it's 2,023 of 10,147. Thirty-three rural counties serve less than 10 percent of their at-risk children who are eligible. A hodgepodge of local mental health programs picks up some of the slack. But as the number of children in Texas continues to increase (6.5 million Texans aged nineteen and under in the year 2000, compared with 5.3 million in 1990), the programs are swamped by the demand.

Intensive inpatient public mental health care for severely troubled kids is practically nonexistent: The state runs only one residential treatment center for children, an 81-bed facility in Waco. A parent who wants to get his child into the Waco home must wait at least six months for an opening. As a result, Texas parents, at wits' end, find themselves forced to plead with social workers and emergency-room psychiatrists to help them with their mentally ill children. And it's not just lower-income Texans who cannot find assistance. Because of the rise of managed-care health insurance programs, even middle- and upper-class Texans find themselves with limited coverage for mental health services, which translates into curtailed stays in private hospitals and diminished access to clinics for their children.

Some parents are so desperate to get help that they have taken the ultimate step: appearing before a family-court judge and giving up custody of their child to Texas's child-welfare agency, the Department of Child Protective Services, which by law must provide mental health care for any child it is supervising. Last year, the parents of 241

mentally ill Texas children relinquished their parental rights after telling judges that they had no other alternative.

THROUGHOUT THE SPRING AND SUMMER, I watched various kids get shipped out of the CSU. Some had stabilized enough that they were allowed to go to regular TYC campuses. A few who were so apparently lost in their own private worlds were shipped to state hospitals after Boynton and his staff figured they could do nothing more for them. As soon as they were gone, others were at the door ready to take their place; one of the new arrivals had hijacked a Dallas city bus, telling the police he did it because he wanted people to stop eating meat.

Grant Williams, on the other hand, seemed to be one of the CSU success stories. After tinkering with Grant's medications for weeks, Boynton finally found the right combination and dosage of drugs to help him, and by the summer, Grant was acting differently from the Grant who came to Corsicana, telling people about the fifty-headed snake in his room. No one was under the illusion that Grant was "normal." His mind still drifted away, and he was intellectually slow. Nevertheless, the therapy sessions with Boynton and others had clearly helped: Grant loved to talk about how he now understood what his disease had done to him and about his new attitude toward life. "I've learned you can't make easy money by stealing. You have to get a job and work for it," he told me one afternoon. He did admit that the voice still came around to talk to him on occasion, "but I know it isn't real anymore. I know that it isn't right for me to listen to it."

Because Grant had served his minimum time for his criminal-mischief sentence and because he showed no more criminal proclivity, the Corsicana staffers decided in June that it was time for Grant to be moved to a state hospital in Wichita Falls, where his grandparents and uncle lived and where his mother was hoping to move from San Antonio as soon as she found a new job.

His transfer to Wichita Falls occurred under a state program designed to help mentally ill juveniles leaving the CSU. It allows Corsicana officials to go to a local court so that their most acutely ill kids—those who clearly are in no mental condition to go to a regular TYC state facility to complete their sentences—can be discharged directly to a state hospital for further treatment. About twelve to fifteen CSU kids are discharged to state hospitals each year, and just about all the kids that I met in the CSU were likely candidates for such a discharge: just one more sign of the increasing number of disturbed juveniles who now come to the TYC. But again, because the state hospitals no longer have the funding for long-term treatment, their staff is under pressure to release the kids within weeks. "And then it isn't long before these kids are back to their old behavior and very likely back in jail," said Linda Reyes, the TYC's head of rehabilitation.

Grant said he was ready to return to the real world, but he was nervous. The last few nights in the CSU, he squeezed on his stress ball, talked to the guards and the therapists, and told them he was going to miss them. "I worry about not having Miss

Hindman and Dr. B," Grant told me. "They talk to me. They have regular conversations with me. No one else has had regular conversations with me."

In one of his final group-therapy sessions, he listened intently as the social worker, Barnes, asked, "So, guys, tell me, what does it mean to be gentle with someone?" Barnes looked directly at Grant and said, "Grant, if someone does something to upset you, can you still treat him in a kind and gentle way?"

Grant pursed his lips, straining for an answer. "Like Mr. Rogers on television?" he finally said.

"Mr. Rogers?" said Barnes, his eyebrows rising. "What an excellent example."

"Mr. Rogers is a gentle man," Grant said. "I could be like him."

Finally, in the last week of June, Grant shook hands with Hindman, Barnes, and then Boynton, the father figure he had never before had. Boynton told him to remember just what a good kid he was. Boynton also reminded Grant to stay on his medication. "I worry about kids who get stabilized here, leave, and then get off their medication and become unstable again," Boynton later told me. "That kind of change in their lives, that return to those old hallucinations, can be very difficult for them to deal with. And sometimes those kids will start acting out, and it's Katy bar the door."

To no one's surprise, Grant was not at the state hospital in Wichita Falls for long: just three weeks before being released, on July 18. When I talked to his mother a few days later, she said he was "doing okay," working part-time at a construction job with his uncle, busting up concrete with a jackhammer and looking into how he could get a job as an engineer on a train. "I think he's really going to make it," she said.

I called back in late August and got Grant on the phone. I could immediately sense that something was bothering him. The drugs his doctors had prescribed had run out. The only drug he was taking, he said, was an herbal medication his mother had seen on TV. He said he hadn't gone by the local MHMR clinic. His mother had arranged for him to see a Wichita Falls psychiatrist every three weeks, but he wasn't receiving any other kind of therapeutic services.

When I asked how he was feeling, Grant said he liked his job, "but I get kind of sad at night in my house, being alone, you know." I asked him if the voice had come back. For a moment he was elusive, as if there was something he didn't want me to know. Then he said, "Yeah, it's back."

"What's it been telling you?"

"It's been talking to me about the end of the world coming. And he says that all the other people who disobey him are going to be killed by a fifty-headed snake."

"The fifty-headed snake is back?" I asked.

"Yeah, man, it's back."

"Grant, are you sure you are okay?"

"I'm a little scared," he said. "I'm a little scared. The voice is telling me I need to watch out for people that are coming after me. He talks to me about that a lot, telling me to be ready. But I'll be okay. I know I'm going to be okay . . ."

And then his voice trailed off, and I heard a click on the other end of the line.