

Richard

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Richard left Terrell State Hospital with nothing but the clothes on his back and his meds. There was Seroquel, for bipolar disorder; Celexa, for depression; and trazodone, a sedative.

Richard was suicidal when the state psychiatric hospital admitted him. He was hearing voices telling him to hurt himself again. The hospital diagnosed him with “major depression with recurrent psychotic features, alcohol and cocaine abuse.” His records said he has tried to kill himself before.

But after three weeks, it was time for Richard to go. After he was discharged, Metrocare Services, a local mental health provider, gave Richard a ride back to one of its Dallas-area clinics. Richard was supposed to meet with a caseworker there and get connected with a boarding home. But later that night, the thin, 48-year-old African-American man in a jacket far too light for the near-freezing January weather, was wandering through downtown Dallas looking for a place to sleep.

Richard may have disappeared into the streets that night if it wasn't for the city's annual homeless count. That's when teams of volunteers go to shelters and outdoor spots where homeless people sleep to get an estimate of the population on a given night and to survey people about their needs. It's a rough guesstimate at best. Volunteers cannot possibly find all the people who sleep under bridges, in tents in the woods, and cardboard boxes under the freeways, especially those who do not want to be found.

Our team had just parked on a dark downtown street to look around. I was tagging along as a reporter for *The Dallas Morning News*. I was writing a story about the count and looking for people to follow for a story about chronic homelessness and the revolving door that people with severe mental illnesses and/ or addictions face as they bounce from shelters to psychiatric

hospitals to jails. The three of us were walking in opposite directions, surveying the area. It was after 10 p.m. No one was around. Downtown was silent aside from distant car sounds.

Then I saw someone headed our way. At first you could barely see him in the dim hazy glow from a street light farther down the street. As he came closer, I couldn't tell if Richard was homeless. He didn't give off any obvious signals. He wore plain, dark work pants, dark sneakers, and his lightweight tan jacket. His hair was closely cropped and he had a well-groomed mustache and slight beard. There weren't many other reasons, though, to be in that deserted part of downtown so late at night.

I crossed the street, debating what to say. There's no way to ask someone if they are homeless without it being awkward. "Excuse me sir," I said as I approached him on the dark sidewalk, trying to be as polite as possible when I was about to ask such an intrusive question. He stopped. I introduced myself and held out my hand. He shook it and said his name was Richard Antwine. I told him I was working on a story about the count for the paper.

"Can I ask you – and don't answer if you don't want to – are you homeless?"

He nodded.

"Would it be OK if I asked you a few questions?"

"OK."

Richard's voice sounded like someone had rubbed the inside of his throat with sandpaper. He spoke in quick, jagged bursts. He said he didn't feel ready to be out of the hospital and that he had nowhere to go.

"I don't like being on the streets," he said.

Richard's responses were brief but he answered my questions as if being stopped on the street late in the evening and asked personal questions was nothing out of the ordinary. He was candid and matter of fact about having bipolar disorder, a criminal history, addiction, and that he'd been in and out of psychiatric hospitals more than 30 times. It was as if he had lost so much, there was nothing left to hide.

Richard fit the textbook definition of chronic homelessness, a subset of people who have been homeless repeatedly, possibly for many years, who have serious mental illnesses and/or addictions. The chronically homeless are predominately men and disproportionately African-American. They are disabled, ill, and vulnerable and we leave them to fend for themselves on the streets. In a previous era, Richard might have spent most of his life in a psychiatric facility. These days, people with severe, persistent mental illnesses like him are more likely to end up in jail, a shelter, or a cardboard box under the freeway. The federal government had been putting money into housing that came with treatment and other services meant to help chronically homeless people rebuild their lives. I wanted to find out if it was working. I asked Richard if I could keep in touch with him for my story. He said OK. He didn't have a phone. I gave him my card.

"Where are you going – do you have somewhere to stay?"

Richard looked uneasy. He shook his head.

"Do you know about The Bridge?" I asked. The Bridge, a new shelter at the time, was probably full at this hour. On cold nights, the shelter would let people sit in the rows of uncomfortable chairs in the Welcome Center. At least it would be a place to stay warm.

"Where is it?" he asked.

I pointed past City Hall, a few blocks away. I asked him to come by the newspaper soon.

"Thanks for talking to us, Richard."

A few days later, our receptionist called my extension. I had a visitor. I went downstairs to the lobby. It was Richard. We sat down in the stylish but stiff and uncomfortable chairs in the lobby. His hands fidgeted and his foot tapped while we talked. Richard said he had walked from Oak Lawn, a few miles away, and that he spent his days walking and looking for odd jobs such as sweeping parking lots for extra cash. As we talked, I found out that Richard had grown up in the area. He attended a South Dallas barber college. He was divorced, with three grown daughters, and a sister in Garland. He was a father, a brother, a barber, and at one time a husband.

Richard's criminal record offered more clues about why he was homeless – he had spent most of his adult life in prison or jail. Richard got locked up mostly for theft-related charges and parole violations rather than violent acts, according to records from the Texas Department of Public Safety and Dallas County Jail. When he was 18, he was sentenced to two years of probation for unauthorized use of a motor vehicle. After that, he was in and out of jail. When he was 28, a judge sentenced him to 25 years in prison for unauthorized use of a vehicle. Richard was in his early 40s by the time he got out. Then he was arrested for cocaine possession and spent more time in and out of prison before being admitted to Terrell State Hospital.

It didn't seem like Richard could fall much further. He never "hit" bottom – he seemed to be there from the start. What were the chances that a guy like Richard could get a job, apartment, and live a so-called normal life? There was serious mental illness and addiction. Plus, he had felonies that would make it difficult to find work. And a lack of work experience since he'd lived so much of his life behind bars.

A couple weeks later, Richard called from Medical City Dallas Hospital. He said he had been robbed and stabbed after he cashed his Social Security disability check near downtown. (He received a monthly check due to his illness. It wasn't much; about \$700 a month.) He rambled in a fast and fierce paranoid garble.

"I don't know how I got to the hospital," he said. "Nobody knows who found me; nothing. I don't know if it's a cover up."

Richard talked about being kicked out of another hospital, having his clothes stolen and not having bus fare to leave. I hoped he would stay in the hospital a while so he could heal. I wanted to know more about Richard, his family, and his childhood. He had given me the number for his sister, JoAnn, who lived in Garland, so I called. JoAnn said she has watched her brother go in and out of psychiatric institutions, shelters, and jails for years. She tries to help but she has her own children to take care of. She faces a common problem for people with relatives with serious mental illnesses: Richard needs more help than she can possibly provide.

“I don’t know where he is from one day to the next. If I don’t hear from him, I don’t have no way of calling him. He don’t have a phone, and I don’t know if he’s dead,” she said. “Sometimes I am scared to watch the news.”

JoAnn did not want to talk any further about her brother. She did not return my calls when I tried to follow up.

After I started asking public mental health officials about Richard’s case, he was assigned to an Assertive Community Treatment (ACT) team. ACT teams provide the most intense level of service in the public mental health care system next to hospitalization, reserved for the most vulnerable patients, or “consumers,” as they were called. ACT teams are designed to watch people with severe mental illnesses more closely and help them get to places like appointments or boarding homes. Maybe Richard wouldn’t have been roaming downtown late at night after being released from Terrell if someone had made sure he got to his appointment earlier that day. As one psychiatrist who worked with people with severe mental illnesses told me, it was unrealistic to expect people struggling with schizophrenia, major depression and other illnesses, serious side effects from medications, the withdrawals and temptations of addictions, to navigate multiple bus transfers to get to appointments with caseworkers or psychiatrists.

The ACT found Richard at the ER at Parkland Hospital in early March. He had a catheter because of his recent stab wound, and it had become infected. Once Richard was able to leave the hospital, the team helped him get situated in a boarding home called Faith House. The modest three-bedroom house offered the standard deal – \$500 a month for room and board, which would eat up most of Richard’s disability check. He shared a small nondescript bedroom with two beds on opposite sides of the room, two dressers and not much else. The room was neat, clean, and bare. Richard had no photos or belongings to give his living space a personal touch. I knew so little about him. I wanted the kinds of details that help readers connect with him, to root for him. Richard was not a talker. He had the serious tone of a man in survival mode. I don’t remember ever seeing him smile. A couple of other residents watching TV in the sparse living room looked over and smiled as we walked outside.

It seemed like it could be a place where Richard could work to get back on his feet. Then again, what is a person who's spent his life in prison, psychiatric hospitals getting "back" to? I didn't hear from Richard for a couple weeks. A quick check with the Lew Sterrett Justice Center showed that he had been arrested for a parole violation. I filled out a form to request an interview with Richard. The next day, the jail spokeswoman said he accepted. At the jail, I went through the metal detectors, put my purse in a locker (I wasn't allowed to take it with me) and a correctional officer took me up the elevator to another floor. He led me down a narrow hallway and into a tiny interview room with a stained white wall and a large cloudy Plexiglas window that looked into another tiny room on the other side.

Within a few minutes, Richard sat on the other side of the window, wearing a prison uniform with thick horizontal black and grey stripes. His voice was muffled. He said he was arrested when a police officer stopped him downtown. The officer discovered a warrant for Richard's arrest because he had missed a meeting with his parole officer. Richard had a good excuse for missing the meeting – he was at Terrell State Hospital at the time being treated for suicidal depression. So, Richard spent more than a month sitting in a jail cell where he was fed skimpy bologna sandwiches and staring at the wall since he couldn't afford to buy anything to read. All because he missed a meeting with his parole officer while being treated for a life-threatening illness.

"I don't know what's going on. I'm just sitting here doing nothing when I shouldn't be here," Richard said as he stared at the counter between us.

A hearing was scheduled in April. Richard was led into the courtroom in handcuffs. He sat at a table facing the judge. His attorney, a public defender, argued that her client tried to do everything right. Suddenly, a few minutes into the hearing Richard's arm started jerking. He slumped over and fell to the floor. Within a few minutes, medics came and took him to the infirmary. The hearing was over. Nobody could or would explain what happened.

"Could it have been a reaction to antipsychotic medication?" I asked a mental health care worker later.

“Maybe,” he said. “But crack can also do that to you.”

Richard finally got out of jail in early May. The ACT team was expecting a call when Richard was released. The plan was to pick him up from jail and take him to a boarding home. The call never came.

After his release, Richard disappeared. He did not show up in the jail log or prison database. His sister did not answer calls. Her comments about being scared to watch the news haunted me. Metrocare discovered later that Richard went to his sister’s house to pick up his disability check that day. Nobody knows exactly what happened next. But he showed up at Green Oaks Hospital, another psychiatric hospital, the night he was released from jail, suicidal. He also tested positive for cocaine. Sometime after that, another parole violation – this time related to a 1989 car theft – landed him back in prison. He was released to a halfway house but had to leave after using illegal drugs there, according to the Texas Department of Criminal Justice. I did not hear from Richard after that. I hoped he’d get back in touch. Months passed with no word and no trace.

Until November 2010. That month, a man hung himself from a downtown bridge. It made the news because evening rush hour traffic was stopped for hours. Police did not release the man’s name at the time. A few days later, I received an email with the subject line: “Mr. Richard Antwine.” I opened it slowly. It was from a priest who had met Richard only days earlier. He wrote to let me know that Richard had died, that it was Richard who had hung himself from the bridge. The police report said that Richard was dead when officers arrived 6:30 p.m., when it would’ve been getting dark. He had a shirt wrapped around his neck. It was attached to the bridge railing with his belt. The Medical Examiner ruled the death a suicide. His body was released to the Chapel of Mercy and his family had a small funeral service.

The only comfort was knowing that the day before he died, Richard at least got to experience some kindness. One of the last people Richard met was the Rev. Jemonde Taylor, of Saint Michael and All Angels Episcopal Church in Dallas, who sent me the email about his death. Taylor said that Richard had approached him outside the Jubilee Community Center near Fair Park. “He said, ‘you are just the man I need to see,’” Taylor said. He said he had just been

released from prison. He needed clothing. "I fed Richard and inquired about DART passes," Taylor said. The reverend drove to Rockwall to pick up a donation of clothing for Richard – five shirts, jacket, slacks, underwear, socks, and shoes – from a ministry dedicated to helping men released from prison. He never got to deliver them. "I did not find Richard during my several trips to the boarding house. No one seemed to know him there," Taylor said. "I'm still riding around with the clothes in my car."