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Virginians aging out of foster care a most vulnerable group

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When she asked some of the [young adults she's helped through the tough years](#) after they aged out of [foster care](#) what they wished they had on their first night in the system, Joy Rios, founder of the [Connect with a Wish](#) support group, heard an unexpected list:

- Flashlight
- Night light
- Chapstick
- Tissues

Flashlight and night light because your first night in a stranger's home can be pretty scary after social workers (maybe with police on hand) took you from your home.

Chapstick and tissues because you cry a lot, and that can make your lips dry out.

"I don't think there's a more vulnerable group in the world than foster care kids," said Rios, who runs Connect with a Wish for foster care kids, and for young adults who have aged out of care.

"They wake up in a new home time and again; go to a new school, again and again, have new therapists, and they just get up and keep on trying."

But trying is hard. Basically, when a foster care kid turns 18, he or she is an adult and on his or her own. Of Virginia's more than 5,000 youth in foster care, about 485 are 18.

Crisis and trauma

An 18-year old who ages out of foster care, given Virginia's strong emphasis on reuniting families and finding a permanent home through adoption when that's what's needed, is generally in that situation for one of two reasons.

The first is that a crisis of abuse or neglect that brings a child into foster care is pretty recent.

The second is that such trauma, even if many years before, is so severe that the youth, as well as the foster parents, can have a hard time coping.

Many foster care kids aging out have been through many foster homes or even in institutions.

Melvin Roy entered the foster care system as a high school freshman. He was 14.

He was in four foster homes over the next four years before he aged out.

At the first, "the dad decided he was tired of dealing with me. For 30 days, he wouldn't speak to me," Roy said. "Then he called and said 'Take him back'."

"My last foster home was my best friend's. They were nice, but it was like you've turned 18, and they say, 'well we've done our job, now it's up to you'," he said.

Virginia has a program, Fostering Futures, as well as independent living programs that can help with support for school, job training and housing until the young person turns 21. There are 787 young people in these programs.

But for some former foster care kids, the requirement to stay in school or keep a job is hard; for some, three years is not enough time to make up for years of missing all the things a parent should provide.

High school gaps

Half of 18-year-olds aging out of foster care don't have a high school diploma. After all, attending a new high school, sometimes every few months, makes it tough to follow a course. Does your new English teacher, for instance, know what you were reading in your previous class? Does your new math teacher know if you've really got fractions down yet, or if you can or can't solve a quadratic equation?

Fostering Futures, the program for young people up to 21, stresses education. To get the program's help with housing and a living stipend, a young adult needs to be in school, a job training program or employed.

"But say you're living with another independent living youth, and are you really getting up every morning, getting breakfast and getting yourself off to school? Really?" said Rios.

Among Virginia youth who have aged out of foster care, only 60% of 19-year-olds had yet earned a high school diploma or GED (General Educational Development credential), according to the latest follow up by the U.S. Department of Health and Human Services Children's Bureau.

About half of youth who are receiving some kind of post-foster care support say they are enrolled in school or a job training program. Only 18% have a full-time job, as opposed to 27% of those who are not in care; 38% of those in care have part-time jobs compared with 25% who are not in care.

Some 18% of those in care have experienced homelessness; 14% of those not in care have; 7% of those in care have been incarcerated at some point, 14% of those not in care have; 12% of those in care and 14% of those who are not have received a referral for treatment for addiction.

Virginia Commissioner of Social Services Danny Avula says having programs like Fostering Futures to provide help with housing and school after a youth in foster care turns 18 was a big step forward.

But for many the trauma that brought them into foster care doesn't go away; for some, the experience of moving from placement to placement still hurts. They can find it a challenge to stick with the program's work or education requirements - but Avula said the state is responding by making it easier for young adults who drop out to re-enroll.

"We've got to lower the barriers," he said.

The emphasis on expanding behavioral health supports for children and teenagers offers hope for the long term, he said. So does the social services department's push to expand "kinship care" - having relatives, instead of strangers, step in as foster parents, a pattern that usually keeps foster care youth from being shuttled from home to home.

"We just have too many reaching 18 without permanency," he said.

Lost

For many, aging out of foster care is like being lost.

Fariha Rahman, 23, who is from Northern Virginia and who went into foster care at 16, shrugged off the troubles with her parents that landed her in the system and buckled down intensively in high school.

She won a scholarship to Drexel University as she aged out of the system. That's where her two years in foster care hit home.

"I was so lonely," she said. "I didn't really know how to build relationships ... it was always transactional, I do this for you, I should get this."

That was her approach as a star student in high school. Foster care, too, felt like that, always doing deals to meet what foster parents and social workers wanted.

"I was tired of always feeling I was doing things for others," she said.

She broke down.

Foster care can feel like doing what others expect when you're not really sure why. This is a particular challenge for foster care kids if they have to go from home to home, as many do.

"I've been in too many places to count," said Carissa Cyrus, who was in foster care since she was 8 and is now taking college courses in criminal justice at J. Sargent Reynolds Community College and aiming for a career as a police detective.

"You always have to meet new expectations in new places. Sometimes people are mean," she said.

On the move

Qayon Jenkins, 20, was in seven homes, "sometimes just for a month or two" after things fell apart for his mom when they moved from New Jersey to Lynchburg.

There, things went wrong badly between his mother and her boyfriend.

"There was a lot of conflict," and when his mom was arrested, he was placed into foster care.

The hope was – as always – that the family could get back together, but there were delays because his mother failed drug tests.

When mother and son finally did get back together, "I felt like I wasn't getting what I needed to stay in school. I talked to my case manager and went back to foster care."

His mom died as she was taking the first steps toward getting his younger sister back.

"I feel what you go through sometimes, it's just what you have to get through."

Jenkins ended up with foster mom, Ingrid Olson King, who's still a support. They stay in touch, while through Fostering Futures, he received a stipend for groceries and rent that can help with the transition as he attends Old Dominion University and works at Walmart.

He is participating in an independent living program; a program of services for foster care kids that begins when they are 14 and can continue until age 21 if they are in the custody or placement responsibility of a local department of social services.

Qualifying placements include those in foster homes, residential treatment centers and group homes.

Independent living services include help in completing high school, a GED or higher education. This includes assistance for tuition, admission fees, supplies, equipment,

tutoring. There's help with job training and finding work; training on budgeting, housing, money management and career planning.

There's counseling, help getting hold of household goods, getting utilities turned on, getting a driver's license.

But it stops when a young adult turns 21.

Not enough time?

Rios thinks that's a problem.

So, too, is some of the red tape that goes with programs, including a rare one that's meant to help former foster care kids even older than 21, by giving them special access to rent subsidies - section 8 vouchers - from the U.S. Department of Housing and Urban Development.

Relatively few Virginia localities have tapped into this "Foster to Tenant Protection Voucher" program, however. The key stumbling block is the program's requirement that the young adult have a case manager, but the responsibilities of social workers at local social services departments stop when a youth turns 21.

Rios' Connect with a Wish nonprofit hired a case manager to collaborate with Virginia Beach foster care and housing programs last year and five young adults have already been able to benefit.

The application is daunting. As former foster care youth find their way in the adult world, they sometimes need help finding a place to live. Connect with a Wish case manager Jessica Lovgren works with these young adults to help them with some of the goals the HUD voucher program requires, such as completing a financial education source.

Shipyard's boost

Connect with a Wish staffer Alison Fagan runs the Connect to Careers program, which in September hosted a job fair with Newport News Shipbuilding.

Ten former foster care youth received and accepted offers for the shipyard's high paying jobs as electricians, pipefitters and welders.

"We have a need, and we saw a real need from these young people making the transition from foster care," said Xavier Beale, the shipyard's vice president for human resources and trades.

"Those young people are so eager, so excited," Beale said. "We can take people from zero to being fully fledged craftspeople ... we don't just build ships, we build careers, we build citizens."

There will be lots of support at the shipyard - a shipyard employee who is a foster parent himself will be a liaison between the young people, their supervisors and Connect with a Wish.

For Connect with a Wish's program is about more than introducing employers to the former foster care youth: the shipyard, which builds nuclear-powered aircraft carriers and submarines, requires background checks, drug screening and physical fitness tests before these new hires.

So Rios is going to bring in a trainer, to help the 10 get in shape for the fitness test; she and Fagan are making sure they get driver's licenses if they don't have them – and, to keep them on track, will drive them to get the drug screen if necessary.

The work isn't going to stop there, either. The 10 will embark on a comprehensive and demanding training program to learn how to do the highly skilled jobs they hope will be a lifelong career.

It won't be anything like job training programs they may have already experienced. When they finish that, they'll be working in a heavy industry site unlike any other in the state, with bosses who are used to working in Navy-oriented ways of getting a job done.

"If their pants are sagging, we want to hear about it, so we can talk to them," Rios said. "We'll meet with them weekly at first, to hear how things are going; we'll be working with the shipyard liaison, a foster parent himself, who will be in touch with each of the 10's supervisors and will be there to help them as they help the 10 learn the shipyard's ways.

"It's not like you can go home and ask mom what to do, if you think you've done something the boss didn't like," Rios said. "We are mom."

Support - but the right way

It's not just school and housing and stipends that matter, said Melvin Roy, who's built a life after that first foster home rejected him just 30 days after his placement there, that includes serving as board member for United Methodist Family Services of Virginia.

In foster care, he received services from Richmond-based UMFS. These days, he's involved with its Project LIFE program of services for youth aging out of foster care. After graduating from Old Dominion University he has created an organization called Foster-U which seeks to help foster youth strive for higher education.

"You want support, guidance, encouragement; all the things a family gives," Roy said.

"Maybe encouragement most of all."

But young adults who were in foster care have sensitivities – and fears, too.

Rios sees that, working with a group of former foster care young women who are now new mothers.

They often don't know where to turn when they have questions about caring for their babies – they are deathly afraid that asking a social worker puts them at risk of having their babies taken from them, Rios said.

Former foster care youth need mentors who can provide support, Roy said.

“But you don't need someone coming in and playing savior, telling you: 'you got to do it my way,' ” he said.

Connections

Back in Virginia after leaving Drexel, Rahman felt lost, alone and isolated – until she heard about a group for foster care kids and alumni sponsored by the Virginia Department of Social Services. It is called SPEAKOUT, for Strong Positive Educated Advocates Keen On Understanding the Truth.

The Department of Social Services sees the group as a way of learning about ways it can improve the system, and as a way of helping young people build their leadership and advocacy skills.

It opened doors for Rahman.

She heard from other young people who were going through the same loneliness she felt, and the same uncertainty about where their lives were headed.

“I heard from people who were smart and kind, and I realized I could be, too.”

“When you're in foster care it is hard to have relationships,” she said.

Now, she's going to community college, studying physics and planning to continue studying at a four-year school.

“I'm on my own, in an apartment with a roommate,” she said. “I'm in a good place now.”

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Supportive housing making a difference for people with mental illness

https://richmond.com/news/state-and-regional/govt-and-politics/mental-health-support-services-housing/article_5fe4b526-c1d9-11ed-a84d-eb7468ee627f.html

The darkness deepened for a homeless Gwendolyn Alexander during the four years she and her son Cole, who helps her with the chores of daily life, lived in a single room in a motel near a drug-dealing hot spot on Hull Street Road.

After years of shuttling from one rundown apartment to another in some of Richmond and Chesterfield County's toughest neighborhoods, chased by accusations she is certain are false about bringing bed bugs, while also dealing with roommates who didn't always take care of the bills, her years in the motel marked her lowest point.

"I felt like I had no hope ... I was begging for food, begging for money, begging for cigarettes," she said. "I was suicidal ... my sons would say: 'Mom, how come you don't laugh anymore? You're not yourself,'" she said.

They pushed her to get help.

She tried — but she could not shake off the depression.

Until, after a year in the motel, she met a counselor who suggested she apply for the [Chesterfield Department of Mental Health Support Services](#)' permanent supportive housing program.

It took three years of waiting — and of work — but now she has a home.

And that matters because it is hard — maybe impossible — to feel stable and ready to cope with a mental health issue if you do not have a place to live, says the official who leads Virginia's behavioral health system, [Commissioner Nelson Smith](#).

Nationally, nearly a million people with mental illness do not have a stable place to live, and programs to offer housing and support have historically produced only 1,100 to 1,500 new units a year across the nation, the American Psychiatric Association's Psychiatric Services journal reported last year. Having a secure place to live in a community with access to support services is an important part of recovery, the nonprofit group Mental Health America says.

Supportive housing is probably one of the biggest needs in Virginia's public mental health system, according to Secretary of Health and Human Resources John Littel.

Currently, Virginia has about 1,700 slots — including more than 150 in Richmond, 45 in Henrico County, 30 in Chesterfield and 60 in a region centered on the Tri-Cities of Petersburg, Hopewell and Colonial Heights.

There is a need for 7,000, Smith said.

Seeking stability

“That’s the one word you need to say: stability,” said a man named Greg, who has been with Henrico’s supportive housing program for four years.

Greg, who asked that his last name not be used, has struggled for decades with depression that can veer into suicidal gloom.

“I had two cats: Toby and Tom,” he said. “Toby died, and I put him in a box, and then I brought Tom over; he got in, gave the strangest meow; I’d never heard that before — he knew. He knew what death was ...

“And I said to myself: ‘You’re getting older, and what have you done with yourself. Nothing. What’s the point?’”

About a decade ago, it was bad enough that he contacted the county’s Mental Health and Developmental Services department and worked for a time with a counselor, getting medication that helped.

But then his truck broke down.

And it was hard to get going to fix the problem, like the time after his mother died and the tree out back crashed through the power line to the house they had lived in, or the time the water was cut off.

“No power, no water — I’ve got bigger things than that to think about,” he said. He went for a year and a half without power because he could not get motivated to do anything about it. At a different time, he went for months without water.

“When you’ve got chronic depression, it’s hard to think about anything else. ... It’s hard to make decisions, so you just put things off.”

But eventually you cannot anymore.

At one point, he was standing in the front yard “just blubbing ... maybe screaming, I can’t remember. The neighbors called the police. ... [the officer] said, ‘I don’t usually do this, but let me drive you to the hospital.’ ...

“I was hospitalized for a while. ... I probably should have been a couple of times before,” he said.

And when, after some 20 years of water leaking from a washing machine, it turned out that the framing below the old family home had rotted so badly that the house was condemned, Henrico’s Mental Health and Developmental Services department stepped up, offering Greg a place in its permanent supportive housing program.

‘It’s supportive living’

“This isn’t really just supportive housing — it’s supportive living,” Greg said.

His case manager comes usually a couple of times a month for a chat; getting medication is easy these days.

“You know I don’t really have family or friends. I can count on my case manager if I need help,” he said.

Just that simple change, as well as having his own place — especially looking after his own place — makes a big difference.

“My counselor calls it silent therapy,” he said. “You don’t have to talk — you work around the house and you concentrate on that or, if you need help, there’s somebody there. ... You’re connected, with the things you’ve got to do, with other people.”

Putting in the work

It is not easy to get a place — it took Alexander three years from the time she first learned supportive housing was an option.

“When I go visit at the motel, they say: ‘Miss Gwen, you’re so lucky, how did you do it?’” Alexander said. “I say: ‘You have to work. You have to do the application. You have to want to. You have to listen to what they tell you, follow a program. You have to work to get better.’”

In her case, that has meant — and still means — group sessions three times a week, each of which lasts three hours.

It means changing much of the way she had been thinking and acting.

The payoff is her new home, a two-story, two-bedroom apartment in North Chesterfield. Her son stays with her.

Cole helps her move around and sometimes lifts her when she is seated and cannot get up easily.

“He helps with my medicine — I don’t breathe so good,” she says. “He does the laundry. He helps with the cleaning.”

Now, the two have space — there is even a sunny, fenced-in patio in the back where she can get fresh air. The complex is quiet, a lot different from the motel.

“Always people coming in and out. Always the dealing,” she said.

She has got a kitchen now, too. That is a big change from the toaster oven and hot plate she had — and probably should not have had — while living in the motel.

“I used to feed a lot of people. They’d come and say: ‘Miss Gwen, I’m so hungry, can you fix me something?’” and I would,” she said.

The motel mini-fridge did not hold a lot, but there was always food in it, she said.

And still more work

If it felt like it took work for Alexander to find a way out of the motel and get a better handle on her depression, it takes work, too, for Adam Seehaver, services supervisor for Chesterfield’s permanent supportive housing program, to arrange things.

There is the money question: People on disability, like Alexander, generally do not have enough income to cover rents, so Seehaver and his counterparts at other Community Services Boards step in with funds to help pay the rent. They will also help people get basic furnishings and kitchen goods.

The funds the state budget sets for the supportive housing program of the Department of Behavioral Health and Developmental Services, along with local monies, is what can make up the difference.

Then, there is finding landlords interested in lending a hand.

Seehaver said he is finding that many more landlords want to than might have been expected.

“I think some see it as a way of giving back, of helping their community,” he said.

And some, whose current or past tenants may also have issues, like the idea of having a tenant who has the supports that Seehaver and his colleagues can offer.

Those include hand delivery of the portion of rent that the supportive housing program covers, which is a chance for a case manager to catch up on any issues the landlord sees.

Seehaver said it is important to know that paying rent and following terms of the lease, including maintaining the place and not disrupting people, is the responsibility of the program participant — Alexander, in her case. Leases are in the name of the program participant, not the agency.

‘Housing-first approach’

It is also important to know that it is up to the participants in the program to accept or reject any supports that may be available.

They are free to accept none at all, although in practice, almost all accept some, said Kristin Yavorsky, director of the Department of Behavioral Health and Developmental Services' Office of Community Housing.

"It's the housing-first approach," she said.

People need shelter and food before they can tackle other issues — whether it is finding work, recovering from addiction or benefiting from mental health services.

And the payoff is real.

Nearly half of supportive housing participants are dealing with illnesses that had at some point landed them in a state mental hospital. That includes 272 who moved into supportive housing directly from a state hospital; finding a place to live is one of the biggest barriers to discharging individuals from Virginia's overcrowded state hospitals when they no longer need inpatient care.

More than 90% of participants have been stably housed for at least a year. For someone like Alexander, who bounced from place to place before her four years in a motel, that is a big deal.

And it means only a small number — less than 10% — spiraled down and so needed hospitalization or other more hands-on care.

Funding and the availability of affordable housing are the big challenges statewide, Yavorsky said.

Because those things are still limited, not everyone who could benefit will get a place; to set priorities, housing support specialists are charged with thinking about the bad outcomes individuals have had when they have not had a secure place to live, and to think about the bad things that could happen to them in the future without a home.

Priorities include people leaving state hospitals, those whose homelessness means they are cut off from services, people who have to couch-surf to have a roof over their heads and people in assisted living facilities or group homes who are not doing well there.

"It's really who has the most bad stuff going on," she said.

Natural light

Greg's case was an urgent one — he could not keep living in the family home after it was condemned — but finding a new home was not simply a take-it-or-leave-it matter.

"They had a questionnaire to see what I wanted, and I said: 'a questionnaire?'" he remembers. He could not believe it was serious, but it was.

“Sometimes, people will say something like ‘I can’t live on the second floor,’ ” he said. “I said, ‘I do better with lots of natural light.’”

And his apartment’s French doors open so that, even on an overcast February morning, there is plenty of light.

He has gotten a job, too — driving people to and from medical and mental health appointments.

“If I drive to someone’s place, drive them to their appointment, drive back to pick them up and drive them home,” it “saves a case manager that driving; they can see two more people a day.”

Sometimes the people he drives, and the case managers he helps, are so eager to see him that they’re waiting by the curb for him.

“In 30 years, I’ve never felt better,” he said. “I caught myself the other day whistling while I washed the dishes.

“The thing about being anxious is getting started, making a decision. I used to let them pile up ... but I’m washing the dishes, whistling and when I realize I’ve never been happier, I just start crying.”

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Finding hope in courts' behavioral health dockets

https://richmond.com/news/state-and-regional/crime-and-courts/finding-hope-in-courts-behavioral-health-dockets/article_980c433e-9848-11ed-9aa1-b79e07413a90.html

It’s still hard for Nigel Crooks to believe that’s really him on the police body cam footage.

“I’m wild, yelling ‘Shoot me, Shoot me,’ ” he says. “I’m throwing, yelling crazy things.”

He’d been off his medications for weeks, a mix-up by a health care agency. He was hearing things nobody else was, seeing things nobody else saw.

He received a charge of assault and battery on a health care worker.

It’s what, until a few years ago would have meant a fast trip to jail – and if convicted, up to 12 months behind bars.

A few days later, bonded out of jail but, Crooks said, still delusional, he stole a bike by threatening its owner: robbery by the threat of physical violence, a felony that can mean up to 10 years in prison.

But Crooks is now among the scores of Virginians with mental illness who are working with a different way of being judged — [through a special kind of court docket](#).

It's called a [behavioral health docket](#), and Richmond is one of 18 localities around the state where it can be a promise to people with mental illness who get into trouble with the law — and to their neighbors — that there is a kind of judgment that can make things better for the future.

It took Crooks months to get there, months of being back on his medications and stable but during which, when he went to court, all he says he heard was what a terrible person he was.

“I’m feeling more stable, trying to stay stable while hearing these people say I need to go to prison, I’m a bad person,” he said.

It was tough to hold things together: The depression that is part of his bipolar disorder darkened his life.

“Medication itself isn’t enough, you know,” he said.

But the [behavioral health docket](#) comes with more than a judgment and a deferral of any sentence. Crooks and other participants in the program follow tailored plans, usually involving required therapy sessions, monitored compliance with medication, and work or mental health day programs.

And with that, comes something more.

“I have hope now,” Crooks says.

A new approach

Crooks is assigned to the behavioral health docket of Richmond Circuit Court – one of only two in a circuit court, which deals with felonies, the crimes that land you in state prison for anywhere from a year to a lifetime.

Richmond also has dockets in general district court and juvenile court. It's the only such juvenile court docket in Virginia.

The first dockets started in 2018, with local funding: \$25,000 launched Newport News' docket; Richmond kicked off its effort with a \$400,000 appropriation, budget documents show.

Over the years, the introduction of more evidence-based programming and a broader range of services has had an impact.

In 2020, the first year the state court system's administrative agency began tracking the dockets, only a relatively modest number of those referred ended up being accepted: 98 out of 227; last year, more than half were, or 185 out of 334.

A total of 105 individuals successfully completed all requirements the docket team demanded, well up from the 44 who did so in 2020. They spent longer in the program, too – 372 days on average, compared with 312.

The percentage who were removed from the docket, basically for not sticking with their program whether because of a relapse, a new offense or simply not participating in therapy or consistently taking medication, declined from 26% to 21.5%.

There's a lot more than court involved, says Judge Jacqueline McClenney, who handles the docket in Richmond's circuit court.

It's a treatment program – and a change for McClenney, who very much considers herself a member of the team that's helping Crooks find a path back to recovery.

In the past, people with mental illness who committed crimes would wait for trial in jail or out on bond, with no certain way of getting any treatment while they did.

In court, they might be found not guilty by reason of insanity, which usually meant a trip to a state mental hospital and a chance for treatment.

Conviction and jail time didn't necessarily offer that.

A not guilty finding meant it was up to the individual – often not able or willing to recognize his or her illness — to find care in a badly underfunded public system.

The behavioral health program generally takes more time than most sentences people with mental illness face – generally across the state, although not in McClenney's court, misdemeanors can mean up to a year in jail but that more typically mean no more than a month or two behind bars.

"It's not an easy program," McClenney says. "It's not a free pass."

'That's not all of who I am'

But it does mean judgment.

One of the harder things to deal with when you see things or hear voices that others don't, or the blackness is so deep that you'd think you'd be better off dead, is the judgment of others.

"When people look at you, and pass judgment, then that becomes your judgment of you," Crooks says.

That can trap you in illness and in isolation that can seem inescapable.

But the judgment that's a central part of the behavioral health docket can be a way out of that trap, he says.

"I did those things; I have remorse for them," he says. "But judgment now means I can say that's not all of who I am."

In a way, the court's judgment is like an essential step when recovering from an addiction, said Jul Branch, another participant in McClenney's docket.

"I can't forget what I did," she says – she's charged with robbery by threat for taking two airplane models from an ABC store when she was so intoxicated she can't remember doing it.

"A friend showed me the body cam; I couldn't recognize myself," she says. "I was saying things that just didn't make sense."

But while she can't forget what she did, the fact that it is subject to judgment in court means she has a chance to move forward and not let that particular bad day define her for the rest of her life.

Bad days

She has had more than her share of bad days. A tough childhood, strained family and romantic relations tipped her toward depression, she said. Drinking made it worse. But the start of the pandemic was a breaking point.

She was furloughed from her job through the spring and summer of 2020. Talking to her therapist through a video connection wasn't the same as face-to-face conversation. The nights out drinking with friends, and the illusion that it was just a normal part of social life, weren't possible, she said – but drinking at home was.

Alcohol and isolation fed a deepening depression.

"I called my mother ... I said if it wasn't for my son, I didn't want to be here," she said. "I'd drink and use and hope that meant I wouldn't wake up in the morning."

Crooks, too, was having a bad time.

He was homeless for part of 2021 and had bounced in and out of hospitals.

Without his medications that summer, he was seeing things and hearing voices.

At one point in early September, Crooks said, two Richmond police officers spotted him in a delusional frenzy and they took him to Richmond Community Hospital for a mental

health evaluation, holding him under the state's emergency custody order law, which allows people in a mental health crisis to be detained against their will for up to eight hours.

To reach that point, a magistrate has to find there's a substantial risk that the person is about to hurt himself or others or is so out of it that he or she could walk in front of a bus.

And an evaluation necessarily involves a urine test.

Crooks was in handcuffs. When a hospital staffer reached for his pants zipper to take a sample, Crooks said he shoved him with his shoulder in order to back the staffer off.

That's formally assault and battery, and the staffer said he was pressing charges.

Suddenly, Crooks wasn't someone who needed help in a crisis. He was an offender and says he spent the next two days in jail, still delusional, until he bonded out. He was eventually sentenced to 12 days in jail: His appeal to circuit court was one of the cases that brought him into the more than yearlong behavioral health docket.

Three days after he bonded out of jail on the assault charge, he took the bicycle, he said.

Still so delusional that he didn't understand that he had robbed someone by threatening them, he said he returned the bike to the owner when he was done using it.

A different feel to court

Thursday mid-afternoons are quiet in the Newport News courthouse, except for the one second-floor courtroom where a judge and a public defender turned judge along with prosecutors, mental health workers, probation officers and public defenders pioneered the behavioral health docket approach.

The basic idea then, as now, is simple: It's better in the long term for a judge to make sure a person is following a treatment regimen over a year or more than for that offender to spend a month or two in jail for what are typically misdemeanor offenses such as trespassing, simple assault or vandalism.

In Newport News, there's plenty of cheerleading, counseling – and there can be sanctions when people don't stick with the program.

On a chilly overcast winter Thursday, a tall, heavysset man, with a footlong beard, was the first to approach the bench.

"How are you today?" asked Judge Rian Lewis, smiling broadly.

“I’m here,” he replied.

“I’m glad you are,” she said, still smiling. “I know we’ve got that paperwork issue, we’re trying to get that fixed for you. You’ve been working with staff and I really appreciate that. It’s been three months, you’re doing everything we’ve asked of you, so I’m thinking it’s time to move to phase 2.”

The deputy sheriff stepped over with a slip for the man’s next court appearance and a form.

“I’d like you to write something, about insights you’ve had in these three months,” Lewis said. “Long or short, you can handwrite or type ... I would like it to be at least three sentences.”

She smiled again, as if to take away any sting from what might seem a homework assignment.

When one participant didn’t show up, and phone calls by her caseworker and the public defender before and during the docket session couldn’t turn up any sign of her, Lewis had to wrap up that day’s session with a sigh and a show cause order.

It wasn’t the stiffest penalty – technically, she could have issued a warrant for the woman’s arrest and a return to the process that would see her doing time for her offense.

Instead, the order was a kind of second chance: Show up, and say what happened, and try to get with the program.

It was, like the docket itself, about hope.

‘I am the person I always wanted to be ‘

But it is hope with work.

Branch was reminded of this at her own job: As a newly promoted house manager at the recovery home where she lives, she’s responsible for looking after her fellow residents and helping them stay on track. It’s a 24-hour-a-day task of being an exemplar.

That’s not the hard part.

“I feel like I am the person I always wanted to be ... the behavioral health docket has helped me become a productive member of society,” she said.

“I was isolated, not part of society before.”

She was reminded of the hard part, though, because she'd been having trouble connecting with one young woman who suffers paranoid delusions.

"I think I'm a good communicator, but the feedback I got was that she thought I was too aggressive," Branch said.

Since Branch is studying to become a licensed substance abuse treatment practitioner, she thought one of her textbooks might help.

What it said was that it doesn't work to tell people with paranoia that they were wrong about what they saw and felt, which was exactly what Branch was trying to do.

Instead, the idea is to rebut the paranoid beliefs with facts – yes, the doors are locked at night, and don't forget that phone number you can call if you feel a threat.

"My job is to make her feel safe and protected and heard," Branch said.

But it is different from her job as a participant in the behavioral health docket.

There, court and the treatment program are all about confronting truth – truth about yourself.

It also can mean the hard task of dropping people, places and things that were triggers for Branch's drinking or for Crooks' spins down to depression or up into mania.

It means acknowledging triggers – weaknesses, in short – and learning how to keep them from setting you down paths of delusion or substance abuse.

It means learning to trust, an odd mirror image to the way the judgment of the court is a way to keep the judgment of family, friends or strangers who see you being strange become the way you judge yourself, she said.

Trust means being able to listen and accept advice from others, without letting their judgments necessarily become the way you judge yourself.

Learning this is no snap of the fingers.

Even after months in the program, Crooks says he's still working on it.

"I'm fearful. I know what happened. I've seen that body cam footage; I am fearful of that happening again someday," he said.

"I don't know how people will react; when I walk down the street, I know I am on bond. I don't have liberty. I walk down the street differently than you," he said. "In my building, if I see someone else on the elevator, I'll take the stairs."

But he feels he's making progress.

"Before, I was going nowhere," he says, tapping first his right palm on a table, and then right next to it, his left.

"Now, I feel I am gaining traction," he says as his hands now mime walking forward.