

JOHN MONAHAN: OK, my name is John Monahan. I'm a psychologist on the faculty of the law school here. And it's my pleasure to introduce our lunchtime keynote address speaker-- the Honorable Jacqueline Ward Talevi, the Chief Judge of the 23rd Judicial District in Virginia. A fuller biography of Justice Talevi is in the program that you have.

Let me just say that Justice Talevi served on the 23rd Judicial District since 1996 and recently developed a program that provides alternative sentencing options for defendants with serious mental illness who commit misdemeanors. She currently chairs the Supreme Court of Virginia's committee on mental health dockets. Before she was elected as a judge in 1996, she was a public defender for 16 years. Judge Talevi.

**JACQUELINE
TALEVI:**

Thank you. It's a real pleasure to be with you here today to talk about something that I am very passionate about and something that I also think is very critical to all of us in our communities. And that is the criminal justice system and the mentally ill. It's well-known that our jails and prisons have become the de facto mental health hospitals for our state as well as for our nation.

Over time, as legislative policies have changed, money has dried up, interest in keeping hospitals open has not been the way that our legislative policies went. And so the mentally ill were typically out on the streets committing petty crimes, but then going to jail and in jail, receiving little to no treatment for their mental illness. Legislators and criminal justice professionals and mental health professionals all wondered why is this happening.

This is an outcome that's unacceptable. I remind you, it's not against the law to be mentally ill. It's not a jailable offense. But so often in our jails in Virginia and throughout the country, the mentally ill were in jail having been charged with committing petty crimes. Now, what can we do about this? How to allocate those scarce resources? And so legislators, you have to understand, are under a tremendous amount of pressure.

They understand that there are limited resources. And so it is difficult to balance all the competing interests that the legislators must balance. And oftentimes, mental health issues are the issues that are cut-- partially because it's a population that has no voice, partially because the other competing issues are so vocal and so needy. Nonetheless, it became apparent to me that we needed to do something different, as a system.

And we began to see the same pattern repeat over and over. As you know, I practiced law as a public defender for a number of years before I went on the bench. So I was seeing the same people over and over and over again and thinking, well, this is not a good use of scarce resources. We send people to jail. We punish to correct behavior. But the behavior is not corrected because we see the same person committing new crimes.

It's not working. So what do we do? We see this same pattern over and over and over. And yet, we address it in the same way over and over and over. How to fix this dysfunctional way of looking at the mentally ill in the criminal justice system? So I began to think about a way to do things differently. And because I became a judge in 2006, I now knew that I had a little bit of power to make a little bit of a difference.

But you see, a judge can't just say I will create a court and, voila, it happens. It doesn't work that way. There has to be legislative approval. There has to be money appropriated for the running of the court. You have to have clerks. You have to have bailiffs. You have to have a space to have your court. And so it became very problematic to address this within the existing structure of creating a court.

So I began to educate myself about how other states were dealing with this issue. Because it's not just unique to Virginia. Other states are experiencing the same issue. And so I learned from other states' other court systems that there was a better way. And I think we in Virginia are moving in the right direction now because our Chief Justice has-- as I'll talk about it in a few minutes-- created a new rule that has created specialty dockets.

Why is this important? Why is this issue about mental health and the criminal justice system important? Well, as you can see, 2.3 million people are under correctional control in this country at any given day. That includes being in prisons, in jails, and under probation and parole supervision as well as in detention centers. We have, in our country, 1,700 state prisons, federal prisons. And look at the last line there-- roughly 25% to 32% of the people that are incarcerated have been diagnosed with a serious mental illness.

That's diagnosed with a serious mental illness. In Virginia, the Comp Board prepares a report for the General Assembly. And they are required by statute to do so. And in June of 2016, 39,888 inmates were held in Virginia correctional facilities. That's Virginia. That does not count the people who were released immediately or within six or seven hours of their arrest. So the figure is greater than 39,000 people.

This figure represents the people that did not make bond after having been arrested and stayed in jail for a couple of days. And the jail was able to conduct a survey and learn from them background information regarding mental health history, employment history, educational history, et cetera. Of the 39,000, 6,554 were mentally ill. Bipolar depression was the most prevalent mental illness that was discovered. And 32% of the vets that were incarcerated had a serious mental illness.

So what do we do? In the community, when we see a person who has a serious mental illness, we don't always call the police. We can get services in another way. The community service boards in the various regions of the state provide psychiatric services. They also provide other services, case management services, medication. They also provide case management to assist with housing and transportation.

Because oftentimes, a person that is seriously mentally ill has those barriers of transportation. They can't make their appointments or they have barriers of housing. So they're homeless. You know, it's really hard to keep your mental health appointment if you're sleeping at the shelter and you're kicked out at 8 o'clock in the morning after breakfast and you're wandering the streets until you can return to the shelter at 5 o'clock that evening.

It's really hard to keep up with, oh, I've got a 2:30 doctor's appointment. I wonder if I'll be able to make it. If you're worried about where you're going to sleep, if you're worried what food you're going to eat, if you're worried about staying safe, that 2:30 appointment may get placed on the back burner on your agenda. So we know that we need to connect people with treatment. The key is how to do that. How can we do that effectively?

As I've said there are shelters. There are also support organizations out in the community. NAMI is a huge organization that offers support to people who are in a crisis and experiencing mental health issues. And, of course, there are private psychiatric providers and counselors and, of course, the psychiatric hospital in Roanoke. We have a crisis stabilization center, which has been a tremendous help for the police officer who responds to a 911 call.

One case in particular, the man called and said his eyeballs were on fire and he needed help. And when I heard the case, his defense attorney said, well, if your eyeballs were on fire, your honor, you'd call 911, too. And I thought, he's probably right, I would. Hopefully, I'll never get to that point. But the point is that he called 911 looking for help. And the police officer knew that he was mentally ill.

The police officer would much rather take him to the crisis stabilization center than take him in front of the magistrate and charge him with making a false 911 call. The police officer would also rather charge him than take him to the ER. Because that's hours spent at the ER waiting for this person to be received into the ER under an emergency custody order or a TDO.

So we have to bear in mind that some of these stresses on our system kind of push the police one way or the other. If I'm a police officer and I know I'm gonna spend six hours in the ER with somebody whose eyeballs are on fire versus taking them to the magistrate and being done with it in about 45 minutes, hey, that's a no-brainer. That's a no-brainer.

Does the person who is the subject of this charge receive all those services, though? No, he goes to jail. And studies show that people who have serious mental illness who are incarcerated, they stay in jail longer. It takes them longer to process through. Sometimes they decompensate and they have to be evaluated for competency. That means going to the hospital, then coming back to the jail-- a lot of money being spent.

Remember, our resources are scarce. So we want to make sure that we're using those resources effectively. Happily, as Dr. Bonnie mentioned earlier, our General Assembly has stepped up to the plate now and has appropriated \$32.2 million in a mental health package for Virginia. \$4 million of that is going to go to help people who are making too much money to qualify for Medicaid but not enough money to have insurance that will take care of their mental health issues.

So there is a gap there. And fortunately, this piece of legislation is going to plug that gap. Also millions of dollars to the CSBs to provide same-day screening and assessment. It is very difficult to get somebody to the community service board, and then to be told, no, we're really busy today. So can you come back tomorrow? If your eyeballs are on fire, you're not coming back tomorrow, right? You're not. You're not going to do that.

So same-day screening is really important and, I think, will be very helpful in making sure that people receive the treatment that they need when they need it-- not a week later, not 10 days later. And as Dr. Bonnie mentioned this morning, the Joint Subcommittee on Mental Health Services has been continued. It would have expired in 2018. But I believe it will be continued for an additional two years.

And that is a good thing because it keeps this issue at the forefront. It makes our legislators

think, this is a hot-button issue. This is an issue that people are concerned about. So we need to keep at it and not let it just sort of wither and die. Fortunately, our Supreme Court has stepped up to the plate as well. Back in 2015, I served on a committee appointed by the Chief Justice.

And we were commissioned to try to put together legislation that someone could introduce that would pass in the House and the Senate. And it was entitled Problem-Solving Court Legislation. And the idea was to create problem-solving courts. You might not know, but in Virginia the drug court program is created by statute. And so we were thinking if we could have mental health courts and veterans courts, that we would create them by statute, sort of following along in the drug court mode.

Unfortunately, that did not go anywhere. The legislation was introduced. And the General Assembly at that time said-- not interested. It costs money. We'd have to fund courts. We don't want to do that. We don't have the money to do that. Then in 2016, Chief Justice Lemons decided that he was not going to try to convince legislators to enact a statute. He was going to do something that is unique to the judiciary.

And that is he was going to create a specialty court by court rule. And that's what he did. And rule 1:25 was created. It went into effect in November of 2016. It created veterans dockets, behavioral health dockets, and drug court dockets only. And there is oversight by the Supreme Court of Virginia. And I was on the committee as was Dr. Zelle, here in the audience, who helped write the standards and operating procedures for constructing a specialty docket.

Those of you in the community who are trying now to implement those rather rigorous standards, I'm sorry. But they are rigorous for a reason. Because the Chief Justice was meeting a lot of resistance about problem-solving dockets with specialty courts. Because the General Assembly was saying, well, how do you know what's going on? How do you know if there are not standards? How do you know what judges are doing?

Maybe you've got a rogue judge like Talevi out in Roanoke who started her own docket back in 2011. How do I even know that she's effective? What policies is she following? Is she doing it in an efficient, effective, and meaningful way? We don't know because Talevi never told us. Talevi never told us. So these standards are very important because they will ensure that there's uniformity and that we are capturing data and that we're doing it in an effective, meaningful way.

Here's the rule. Specialty dockets are dockets that are recognized by this rule that are created within the existing structure of Virginia's circuit and district court systems offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition. If you're going to have a specialty docket, don't ask us for money because you're not going to get it. Use existing resources if you can. And the Virginia Supreme Court will provide oversight for your program.

So what does a specialty docket look like? It is a very non-traditional approach to addressing a criminal justice issue. Lawyers abandon their traditional adversarial role. The judge abandons the traditional fact-finding role. The judge is a treatment team member. You know, I'm not used to being a member. I'm used to being the leader of the pack. You know, I say this, and somebody responds.

So now I'm a member with no greater standing than any other member. So you can see, this kind of approach may not be for every judge. The judge must be willing to consider all options and yield to the opinions of other team members. I can't tell you how many times in treatment team meetings that the mental health professionals have said, you know, we need to approach this from a different angle.

And I'm saying, that guy needs to go. He needs to be locked up. And they're saying wait, wait, wait, wait. You know, let's try this. Let's do that. Let's change medication. We haven't got it right yet. And if we haven't connected the defendant with the right services, then we really are not doing the job that we said that we were going to do. So if you lock him up, that accomplishes nothing. Let's see if we can't make the cocktail right.

And sometimes, we're all in agreement, you know, he's got to go. But the judge must be willing to abandon the traditional role and be willing to yield. The prosecuting attorney and the public defenders are treatment team members. And all members, all members are engaged in the process of developing a treatment plan. The criminal justice system does not know about treatment plans. We know about guilt or innocence. We know about punishment.

But we don't know about treatment plans. It's very easy for me. First time petty larceny-- person comes up, pleads guilty, find him guilty, 30 days to be suspended after four days served. Goodbye, do your jail time. I don't need to know anything else about that person. Right? In the traditional format, or I try the case on the traditional format represented by counsel, commonwealth's attorney is there. We try the case, the guilt or innocence, I make

that determination. Then I determine punishment-- done.

I might suspend the sentence. But I don't get involved in a treatment plan. I'm moving on to the next case. I'm in the general district court, which, oh, by the way, I've got about 75 more criminal cases right behind this one that I have to try before noon or 12:30. Because then at 2:00, I'm going back on the bench to try my civil docket in the afternoon.

That's what a general district court judge does. There's not a lot of time to consider the weighty issues of the law. Moving the cases is what I need to do. So this kind of approach means that we're all talking about treatment. And the participant voluntarily participates. And that's very important. Because now he has bought into this alternative way of dealing with this crime and his alternative sentencing.

Specialty dockets also, the participant waives any objection in writing to ex parte communications. Because the treatment team meeting is sitting around talking about him with me. And no lawyer is present sometimes. And certainly, the defendant is not present. That's ex parte. So the defendant has to know that that's going on. Also, he waives his right to have counsel present at each of the review hearings.

Now, that's a big deal. This is a court setting. And he could be going to jail. But he waives his right to have counsel with him at the review hearings. We'll talk about violation of probation, and the complexion changes. But if there's a violation of probation, I may impose immediate sanctions. If in the week before, the person has tested positive for cocaine, I am not going to ask him at his review session, how did that happen? How did that happen?

Because, you know, I've heard everything. You know, it dropped out of the sky. It must have gotten on my hair. My daughter made my coffee and put cocaine in it. Yes, true. And so, you know, I just don't, hm-- the excuses, the reason it happened doesn't-- it's there. Now, I've got probably 25 people in the audience who are waiting for their review. And they hear that.

And I tell them, you're going to jail right now. You violated the condition of your probation by testing positive for cocaine-- boom. And there is no lawyer present. So the participant has to understand that that's what's going to happen. And, of course, the emphasis is on individualized treatment and immediate accountability, immediate accountability. I see the folks on my docket every two weeks.

It's hard to fudge and recover in two weeks' time. And it's designed that way. Because I don't

want them to fudge. I want them to keep moving forward. So in 2011, I gathered up my courage to start this docket. I educated myself. I attended conferences and seminars starting in 2007 or so. And I went all over the country.

And I realized that Ohio, Pennsylvania, Florida, Georgia, Texas-- all these places that we read about in the news where they seem to be-- perhaps in my view, maybe not yours-- more draconian about punishment, they have mental health courts. They have dockets. They have robust dockets. Somebody asked about juveniles.

Texas has adult mental health dockets, juvenile mental health dockets. They have drug courts. I'm thinking, my goodness, Virginia can't even get past recognizing that we have a huge mental health issue that the criminal justice system is taking care of in our jails. Because that's where people are ending up. But we are not addressing the treatment side of it.

So in 2011, after developing my plan, I didn't know whether it was going to work or not. But I knew I needed help. I knew I needed help. So I called the Director of Adult Services at the CSB. And I said, would you have lunch with me? And one thing about being a judge is, when you call people to your office or you call them and say, come over and have lunch, they're afraid not to.

So she said OK. I didn't tell her what was going on. I didn't want her to know what I had up my sleeve. So she came over. And I ordered something from the restaurant across the way. And so, you know, immediately that sort of sets the tone that this is serious because we're not going to the restaurant. So she's sitting on the edge of her seat. And I said, here's what I'd like to do. But I need the CSB to be on board with me.

And she said, well, you know, I'm the director of adult services. I'm not the director of the CSB. I'll have to ask my boss. And I said, yeah, but if you say yes, he's going to say yes. She says, well, you know, the people that are going to be involved with your docket are probably the people that are already on my caseload. So it's not like I'm going to have to expand. I'll give you a tentative yes, and then I'll call you tomorrow or the next day. OK.

Next person I call was court community corrections, because I knew I needed the probation piece. So I said, hey, what are you doing for lunch? Come to my office. And so she did. And that was an easy sell. And then I knew I couldn't get off the ground without a commonwealth's attorney. I knew the defense bar would be in favor of it, so I didn't even bother them. I didn't want to get their hopes up in case they were dashed.

So I called my commonwealth's attorneys and-- same ploy. And the first one that came over was from the city of Salem. And I said, this is what I want to do. And I said, the carrot at the end of this big stick is that I want to dismiss the charge at the end. If the person survives 12 months of probation this way, I want to dismiss it at the end.

Well, I don't know. I said, give me 60 days. Give me 60 days, and let's see. So he said, all right. And then the commonwealth's attorney in Roanoke county agreed as well. And so off we went. And the first two people that were on the docket were two 19-year-olds. Both of them had committed petty larceny from where? The place that most everybody steals from-- Walmart, right? So they had taken some stupid stuff. I don't remember even what it was.

And I needed to know that they had a mental illness. I mean, that's the criteria here, right? You know just feeling sorry for people or, you know, or seeing you're 19. And you know, you're too dumb. And you shouldn't be punished for the rest of your life with a petty larceny conviction doesn't cut it. So for me to be true to the mission that I was trying to put forth, the person had to have a serious mental illness.

So one woman had been raped by her grandfather and had dropped out of high school because of the school began to realize or her student friends began to realize that this is what was happening. Her mother couldn't believe that her father had done this. So she was not giving the young girl any support. And so the young girl was being made to testify against her grandfather. And, of course, she wanted to be anywhere other than school with her friends laughing at her, et cetera.

So she decided that she was going to drop out of school. And, of course, when she did that, she had nothing good going on and ended up at Walmart stealing. The other woman had a very destructive relationship with a man. And he was physically abusing her. But it was his birthday. And so she wasn't working because he didn't like for her to go out of the house. So she thought she needed to go to Walmart to steal something so she could wish him a happy birthday.

She was depressed. The other woman was depressed as well. So I began. They entered their plea, as indicated. They entered their plea of guilty. And I took the whole case under advisement. And the commonwealth's attorney was right there. And he says, all right, judge, I'm going to give you a little latitude on this one. But if they do not do what they need to do on probation, I'm going to file for revocation proceedings. And I want you to convict. Because you

already found there is sufficient evidence to support the charge. We got a deal.

So the young woman that had been the rape victim, she decided that she was going to go to school. And I provided her with mental health treatment. She began to just thrive. We referred her to SARA, which is the counseling for rape victims. They got her interested in education. She went to the community college. She began to take classes like math and science. And she got her two-year degree in a year. Because she was very committed and very smart.

And then she moved out of the Salem area. And she began to work for a university, large university in the mountains. And she began to work as a clerical worker. And by the time that she had worked maybe three or four weeks there, she came back for her final review. And I said to the prosecuting attorney, you gave me more than 60 days, but look at this.

She would never have gotten a job like that with a petty larceny conviction. She would never have received the treatment that she needed at that time had I just simply treated her in the traditional way and given her a conviction and been done with it. Now, she is an assistant to a dean at that very impressive university in the mountains. Why? She's smart. She's capable. And she doesn't have a petty larceny conviction on her record for a mistake that she made when she was 19.

In my view, that's all I need to say about looking at things in an alternative way. The other woman, the other woman was more depressed, had more issues. We had this abusive man in the household. And that took a lot longer. But she stayed with her services. She did not commit new crimes. She did not go to school. But she started her own little remodeling business. Because she left the controlling man and found somebody that was a bit nicer to her to live with.

Now, is she going to be a Rhodes scholar? Is she gonna be president of the United States? Of course not, but neither am I. But the fact of the matter is that she doesn't have to say on an application conviction for petty larceny. All she has to say is, these are my qualifications for this job. [? Lisa ?] asked me to tell a couple of stories. And those are the only two that I probably will tell, though I might tell more.

And then there are some that, you know, the wheels fell off. And people say, ooh, blah! This is too much. I don't want to do this program. It's too hard. I have to see you every two weeks. I have to keep appointments with probation officers. I have to take my medication like I'm

supposed to. I can't drink. I can't do drugs. This is too hard. I don't want it.

I arraigned a young man last week who had been in the program but who had told me, it's too hard. I can't do it. I don't want to do it. Take me out of the program. So I did he was charged with trespass. He was trying to break into somebody's garage so he could sleep it off like 3 o'clock in the morning. And he was charged with trespass. So I found him guilty of trespass and imposed a 60-day jail sentence. And he was on his way.

I arraigned him last week for possession of heroin. And I said to him, I am so sorry to see you like this. And he said, I'm sorry I wasn't smarter two years ago. So when you extend services to people in a different way and give them an incentive to do well, surprise, sometimes it works. So what we do with the therapeutic docket is anybody can make a referral. Anybody can make a referral.

The commonwealth's attorneys now make referrals. And the screening and turnaround time is about two weeks. I have a docket coordinator who I refer the person to. The docket coordinator is also clinically trained, makes the screening. If the person doesn't have a mental illness, then the person does not qualify for the program. It's just that simple. And I have, on occasion, said that to people.

The good news is you do not have a mental illness. The bad news is you committed larceny. You got to go. That's the bad news. Of course, a person will waive their constitutional right. There's execution of consent forms because we're talking with people all the time about them. Probation is about 12 months, sometimes longer. If there's missteps along the way, sometimes it's longer.

Mental health treatment is obviously a key component of what I do. Drug and alcohol testing, everybody knows that's going to happen. And there are group therapies that I require that people participate in. Also because my docket coordinator is clinically trained, he's starting a group that is unique to the therapeutic docket. And it's going to be a cognitive-based program to point out the way that people are thinking, try to get them to think differently, and perhaps behaviors will change because they're thinking differently.

So I feel really blessed to have that going on. And, of course, the person makes a court appearance every two weeks to apprise the court of his or her progress. Sanctions may be imposed if the person is not performing like they should. And sometimes the immediate sanction is jail, as I've illustrated before. Sometimes there may be community service.

One young man wasn't working. I said you've got work. You're able-bodied. You're capable. You've got to work. He said, you know, I'd rather stay at home and do video games. I said, well, no, no, no, no, no. That's not the way it works here. So you'll either do community service or you'll get a job. Within two weeks, he was working as a server at a local restaurant. I said, why didn't you want to do community service? If I have to work, I'm going to make money.

OK, that's fine with me. Pay your taxes, you know, join the join the rest of us. Daily breath screens, sometimes if the person is not performing, there may be an extension of probation. If the person has violated to the extent that I believe that we need to terminate his or her involvement, then I will issue from the bench a "show cause" for the person to show cause, if he can, why his status should not now be revoked and sentence imposed.

I appoint counsel to represent the person. And then we go into the traditional mode of having a hearing. And then the court hears evidence. And then the court decides whether to impose a conviction, and if so, what sentence to impose. Graduation for me is really special time. I make a big do out of it. As I said, usually there will be about 25 people in the courtroom.

I call that person up first. I say a little something about the person, how that person has traveled through the probation experience. And then I give them a book Dr. Carlson-- *Don't Sweat the Small Stuff and It's All Small Stuff*. And I write a little inscription in there to commemorate the occasion. A certificate is printed up. And then I buy them a rose. And it's a long-stemmed red rose.

Some of the men, are just, oh my, I don't know what to do with this. They get embarrassed. Some of them cry. Some of them cry. Because I tell them, this is a token of my affection for you and how important you are to me. And they take that to heart. Because we've been with each other for, you know, 12 months or sometimes more. So graduation is kind of a big deal for me.

And then at the end, unless something has happened on the front end, at the end I will dismiss the charge. And there is not an objection from the commonwealth's attorney. Because he knows that's what's happening. And he's consented to it. Or if I've already imposed a suspended sentence, then I tell them the sentence will remain suspended and release them from probation.

I think what makes this behavioral health docket or therapeutic docket unique is that we have

the treatment team. And look at the people that are participating. This is a roundtable discussion. Every week I'm with these folks. They are probation officer, case management from Blue Ridge, Veterans Justice Outreach-- because I do have veterans on the docket-- a docket coordinator, special volunteers.

I have a psychiatric resident that is volunteering her time to participate on this docket. And I have a connection with Carilion Psychiatric Hospital. And when this doctor graduates, then they've agreed to provide me with somebody else. And you don't know what a tremendous benefit that is. Because I'll be sitting there. The rest of us are scratching our heads, why is this not working for this person? What are we not doing?

And the doctor will say, what medications is this person on? And we'll say. And she says, what's the diagnosis? And we'll say. And she goes, he needs to be re-evaluated. He's on the wrong medication for the condition. Who knew? I would never have known. But she provides that piece that really makes it complete. And I feel so fortunate to have this connection with the hospital and with the psychiatric services at the hospital.

So it's a real dynamic discussion among all members. And it sometimes gets a little heated. So that's what the treatment team looks like. At the bench, you have to remember, if you've been to court, especially the general district court, there's a lot of people coming up, a lot of moving parts going on. But in the therapeutic docket, everybody is seated waiting for their turn to be called up to see me.

So it's the person, name is called. They come up, they stand at the bench, and we have a discussion. It's not me going, dat, dat, dat, dat, dat. It's me saying, how are you? How have things been this week? I understand that because I've had my treatment team meeting. I've been filled in, you see. So I know what's going on with them. So then I can ask meaningful questions to engage them.

And when I engage them, they know that I care about them because I'm asking questions about their lives, how things are going. Especially people that are in treatment for substance abuse, they need that. They need to be able to tell me, this is my 91st day of sobriety. And for me to say congratulations. I'm so proud of you. Because that's hard. Whether you have a mental illness or not, that's hard.

So it's a one on one. And I don't spend like 20 minutes per person. But I spend what I think is appropriate to go through the big events of the last two weeks and to give them praise when

they deserve it and to fuss when they have misstepped. And they know what's coming. So I want to provide you with some outcomes. Because everybody likes to know, in terms of measurement, how you're doing.

So this is from July of 2011 through August of 2016. We've supervised 204-- 84 graduates, 15 have been noncompliant, eight have committed misdemeanors since graduation, six have committed felonies since graduation. Now, conviction while in the program-- this might disturb some people, but here it is. If you're on probation for petty larceny and you're charged with another petty larceny, then I'm upset with you.

You're not learning. Something's going wrong. Does that mean I give up? Sometimes, but sometimes not. Sometimes not. So that's why the conviction while in the program might be 13. But maybe as you can tell, I don't give up easily. And so if you think that by getting a new conviction that you're going to be booted out of the program, yay, no, you're going to have to tell me in some other way.

Because I just believe in trying to work with this difficult population for as long as I can. So I thought you might be interested in knowing what the diagnoses were. As you can see-- schizophrenia, major depression, bipolar, PTSD, which as someone said earlier, doesn't just stay in the military. We're learning more and more about it. And it is not unique to the military. Borderline personality people, they are the hardest people to work with. I know that you'll agree with me on that.

And offenses-- failing to register as a sex offender. This was Virginia State Police came to me and said, this guy is mentally ill. We've been through the probation route with him. He won't register as a sex offender. Will you supervise him? Because I know that what you do is intensive and you're working to try to get him into treatment. So I said sure.

So I've even had people on for reckless driving. One of the folks on for reckless driving was driving down the streets of Salem at about 80 miles an hour and ran into a telephone pole. And when he did, the police officer said, what are you doing? He said I'm trying to kill myself. I didn't make it this time. And I thought, whoa. So when I heard that as evidence, I thought, mm, I'm going to have you screened.

Because even though it's reckless driving. We don't think about reckless driving as being an appropriate charge to be placed on the therapeutic docket. But in that case, it was. I'm trying to kill myself. Let's see, anything else? Just to show you the variety of charges. And of course,

the biggie-- petty larceny. I don't know why that is, but it is the biggie. Plus, we have Walmarts all over the place in the valley, and Roanoke Valley. So that may contribute to it.

So what is a typical person look like who's on the docket? Many are employed. Many are employed. Some are retired. I had a retired school principal on the program stealing from Walmart. He's 73 years old. His wife died. Now he's at home by himself for the first time in 50 years. His children live out of state. One of them lives in Chicago, the other one lives in California.

They're checking on him, but it's hey dad, how are you? And of course, he's putting up the brave front. I'm fine, I'm fine. What he's doing is he's going to Walmart and stealing cans of food. Like he's in some sort of siege. And he's hoarding. He's hoarding the food. And Walmart sees him, and they stop him. And, you know, they know him. And they say, oh my goodness, what are you doing?

Well, I meant to pay for it. But eventually, it got too much, so they brought him to court. When they brought him to court, the children are there with him. And they're saying, you can't convict our dad. And I said, why not? He's taking food and he's not paying for it. And I looked at him, and I said what did you do when you worked? He said, I was a school principal.

I said, what has happened in your life. He said, my wife died. I said, mm, we'll see about that. So I took that charge under advisement, referred him to the VA, because he was a veteran. And come to find out, hugely depressed, hugely depressed. Now how that translates into the behavior of stealing, I'm not smart enough to know. But I do know that he was desperate for help. And he wasn't getting it.

So, of course, he was a success story on the docket. And his children began to realize that they needed to spend more time with dad. Services at the VA gave him relationships and people in his life. He found a nice lady that they go traveling now. I mean, he's a different man, not because of anything that I did, but because of the services that the VA provided and me just asking a couple of questions. That's all it took.

And then using common sense. I mean, it's not like I'm a rocket scientist, it's really not. So I've had PhDs, that was the principal from the local high school. Many people are divorced. I guess the average age is 25, 26. But that guy was in his 70s. I had one lady that was 80 that stole grapes and a tomato from Super Dollar. And Super Dollar wanted to prosecute her.

So she did well on the therapeutic docket as well. She was an artist. She was a painter. That's what she did during her early years. And she wanted to paint me a painting. I said, oh, no, no, no, no. And she successfully completed in six months.

So where do we go from here? I think we're in a positive place. I think we're on the right track. I think that finally Virginia is beginning to see that we can't incarcerate our way out of problems, that we need to actually address problems. We need to be more proactive. And the criminal justice system doesn't have to be all about punishment and conviction. It can be about offering true rehabilitation.

Because these are not statistics. These are real live people. And they have lives. And they have people who love them. And I think if we were just a little bit more intuitive, a little less punishment oriented, we're going to be able to deal with this mental health issue a whole lot better. So that concludes my remarks. I'm happy to open the floor for questions. And [? Lisa, ?] well, apparently, I'm doing OK on time. OK. Questions anybody? Yes?

AUDIENCE: [INAUDIBLE]

JACQUELINE TALEVI: Well, they ask their employer for time off. Or they take the day off. And eventually and typically, if the person is working and doing well, then maybe he'll come the first two weeks, then maybe again two weeks later. But if I get the sense that and the treatment team gets the sense that, more importantly, that this person is stable, I don't need to see that person every two weeks. So it's graduated then in that way. Somebody else had a question. Yes?

AUDIENCE: Thanks so much for the fascinating speech. And the program sounds important. I was wondering if you could talk a little bit about the amount of support that folks in your program get. It struck me that some of the cases you describe, there clearly is a mental illness, but it wasn't the most severe kind. And you were clear upfront that a lot of these folks, whether it's drug addiction or some kind of mental illness that may be [INAUDIBLE]

You're gonna have such a hard time to find any [? program ?] whatsoever. So I worry that maybe-- I mean, again, [? first step, ?] this is huge. But I worry that maybe the people [INAUDIBLE] are gonna fall way outside the range of your program. They're just not going to be able to comply with the stuff that you're imposing. So what does somebody get when they come in? I mean, is there somebody there to help them to say, don't take those drugs or please come with us, have another counseling session [INAUDIBLE]?

JACQUELINE

TALEVI:

I have people that are schizophrenic that are disabled and cannot work. And so I have to make allowances for folks. I mean, I have to meet folks where they are. But the point of the program is, I expect you to be successful. Now, it doesn't mean necessarily that you have to get a job and pay your child support and blah, blah, blah. What it does mean, though, is that you have to be successful according to your abilities.

So there are people that are so mentally ill that they would have a very difficult time complying with even the minimum basic requirements. But if they're in the program, I have people in the program that are intellectually disabled. And I don't require that they work, but I do require that they be productive in some way. You go to Mountain House. If you're intellectually disabled, you go to a program during the day.

Because I am not going to tolerate you just sitting around. In the same way with a schizophrenic, you know, you go to a program. And typically, there is family support somewhere, somewhere, it might not be the greatest. But typically, there is some family support. And then once the person seems to become involved in treatment, they look at the programs that they're in as providing them with that lifeline sometimes when they don't take their medication.

The people that don't take their medication properly, I do not force them to take injections. But I ask them to consider it and consider it for this reason. Because it is something you don't have to keep up with. If you take your injection on Monday at the CSB, you don't have to go back until two Mondays later. And your medication level is going to be like this and you're gonna feel good. So I don't order them to take injections. But I do order that they consider.

And we have a nice conversation at the bench about that. And again, I don't order that. Because that just seems to me to be a bit over the top. But I do encourage them to consider that. And so some of the people that are really disabled who are able to take the injections, I've seen remarkable changes in their behavior. Because the medication is now working because it's in their system full time.

So are there people that are just too ill to be on the program? Yes. But really, they're a small percentage. And in the Roanoke area, there are so many services. You know, you go to Lee County or Tazewell or some of the counties in far southwest Virginia, they are not going to be that number of services. The money is not there. The services are not there. What do these people do? I don't know. I don't know.

But that's why I'm so pleased to see this legislative package with money for mental health services. And my hope is that that's going to trickle down towards southwest Virginia so that we can have services in place for every citizen in the Commonwealth, not just the ones that live in northern Virginia or Roanoke or Charlottesville or some more affluent places. Yes?

What happens to the people that are too ill? They end up, typically, going to jail or there's a competency issue, perhaps. So then they are placed in the hospital to be restored to competency. Sometimes, you know, the prosecuting attorney will say, gosh, he's been in custody for 45 days on a petty larceny charge. He's been evaluated. He's come back. He's awaiting trial. Time served. But do they get services? No. Except in the community when they initiate it. Yes, ma'am?

AUDIENCE: I noticed a couple [? big themes ?] that seem to make the system work for mentally ill people seem to be, first of all, accountability on their end and your genuine interest in their success on your end. I wonder if those two main things, do you think, could help and work toward more productive solutions outside of the mentally ill [INAUDIBLE].

JACQUELINE Absolutely. Absolutely. But it would require a judge to be willing to and given permission by his or her superior to take a different approach. And, you know, the system-- the judge's role is not cheerleader. The judge's role is to determine guilt or innocence, and then to impose punishment. That's the way our system of justice is set up.

TALEVI: That's why these alternative sentencing options are so exciting, at least for me. Because now there is the authority for me to do what I think is the right thing to do. And that's very important for judges, very important for judges. So I think you're going to see more of these specialty dockets springing up to address veterans issues, to address other addiction issues. So I think we're on the right path in that way. Yes?

AUDIENCE: So as you know, Judge, we have formed a planning committee to establish a mental health docket in [? Charleston ?] County. We are engaged in discussions currently and are seeking funding sources. One of the topics of discussion that has come up time and time again is the whole issue of net widening and how we serve this population without exposing participants to more jail time than they might have served if they decided to decline the program. So I was wondering if you might be able to speak to how you address that in your docket.

JACQUELINE I try to take that into account. Because a person that's charged with petty larceny and who is

TALEVI:

having a bumpy road in getting started in the program, and so I revoke, you know, send them to jail for the weekend, all right, that's two days. And then maybe two weeks later, I send them back to jail for two days. At some point, you gotta say, I've got to stop beating my head on this wall. The person does not wish to participate.

So in response to your question, am I now going to say, well, I'm mad at you because you didn't participate like I wanted you to so now I'm gonna give you six months to serve instead of the four days that I would have given you if you'd otherwise just pled guilty? No. I do not do that. Because I think that there is a real risk there of, you know, hammering somebody because they're not doing the program instead of thinking about what you would ordinarily have given on the front end had they not tried. And I believe in trying. And I'm not going to punish you for trying.

[APPLAUSE]