



Addressing Mental Illness in the Criminal Justice System:

Lessons from the Ninth Judicial District
Behavioral Health Court

By Hon. Patricia E. Koch and Rebecca M. Collins

When the Behavioral Health Court is called to order in Alexandria, Louisiana, it doesn't look like what you might expect. Judge Patricia Koch does not wear her black robe, nor does she sit behind the bench. Instead, she stands in front of the gallery, face to face with defendants as their cases are called. In the room, a variety of mental health service providers are present, all prepared to step in and ensure that each defendant's needs are met. This court is personal and centered on the individual defendant, meeting them where they are.

Since 2014, the 9th Judicial District has operated a Behavioral Health Court (BHC), transforming how individuals with mental illnesses interact with the criminal justice system in Rapides Parish. With a focus on improving public safety and reducing recidivism among criminal defendants with serious mental health conditions, the BHC emphasizes linking defendants to community treatment and support services. Instead of using a one-size-fits-all approach, the court carefully considers both the defendant's mental health needs and the severity of the offense to determine an individualized and suitable disposition for each person.

The need for such a type of court is clear. Each year, 1 in 5 U.S. adults experiences a mental illness¹, a statistic reflected in Louisiana, where more than 715,000 adults are living with a mental health condition.² Nationally, about 44% of individuals in jails and 37% of the incarcerated in prisons have a mental illness.³ Many more go undiagnosed or lack treatment, who make up a substantial portion of the justice-involved population.⁴ In Louisiana, local jails have a significant number of individuals who have been diagnosed with mental health conditions, and people assumed incompetent to stand trial are often held in parish jails waiting extended periods for forensic evaluation or placement in state hospital facilities.⁵ This underscores the urgent need for courts and communities to respond with treatment-focused solutions rather than incarceration. BHC's are one type of



specialty court designed to address this gap. Specialty courts generally exist to offer highly effective alternatives to incarceration for individuals involved in the criminal justice system who suffer from underlying health or social needs, such as addiction and substance use disorders.⁶ There are a number of specialty courts across the state that exist to address these needs, including drug courts, recovery courts, reentry courts and veterans' courts, among others. According to the latest data from the Louisiana Supreme Court, there are a total of 71 specialty courts currently operating in Louisiana, yet only three of these are specifically designated as BHCs.⁷

In response to growing concerns about the overrepresentation of individuals with mental illness in jails, the 9th Judicial District developed a coordinated approach involving attorneys, prosecutors, law enforcement, the jail, mental health and substance abuse providers and a behavioral health outreach team to tackle the problem.

The success of the BHC in the 9th Judicial District has relied heavily on strong judicial leadership from its founding judge, the Honorable Patricia Koch. She saw people with mental health needs appearing in criminal court, where their issues wouldn't be addressed. Often, these individuals wouldn't qualify for a sanity commission, so there is no formal method within the court system to address their mental health needs. Judge Koch had previously listened to Judge Steven Leifman, a nationally recognized expert in criminal justice and

mental health, who established the 11th Judicial Circuit Criminal Mental Health Project in Miami-Dade County, FL, which aims to divert people with serious mental illnesses from the criminal justice system into treatment.⁸ Inspired by Judge Leifman's actions and recognizing the need for intervention in her own community, Judge Koch decided to implement a BHC.

The first step was to call a meeting of stakeholders. When judges call a meeting, people tend to show up. Judge Koch utilized this power of convening to bring together community stakeholders to learn about existing resources and services. It was essential to hear from service providers to identify available community resources so that Judge Koch and her court could guide people to them. The court's goal was not to create new services but to connect individuals with providers already in the community, such as Beacon Behavioral Hospital, Compass, Ocean's IOP, and the Department of Veterans Affairs, among others, who ensure that participants have access to treatment and support. The leadership of the District Attorney's Office has also been essential to the success of the BHC. Prosecutors recognized the overlap between criminal justice involvement and mental health issues and were eager to develop solutions that help people get the support they need. Included with this article (on page 242) is a high-level tip sheet to help direct those interested in starting their own behavioral health court.

Following collaboration among

these partner agencies, the BHC was established and began accepting its first participants in October 2014. The pilot program started with five defendants but has grown to 86 participants today.

The success of the BHC is due to all its partners, who have long recognized this issue. Recognizing the need for an intercept between people suffering from mental illness and the courts, Judge Koch researched how to address the issue of individuals with mental health needs becoming involved in the criminal justice system. She relied on quality training, extensive online resources, technical assistance and models that could be duplicated during the BHC formation and leads by example, bringing together organizations that can offer services to those in her court.

Defendants must be referred to the BHC to become participants in the program. Referrals to the BHC may come from various sources, including district attorneys and ADAs, wardens, service providers or area hospitals, probation and parole officers, law enforcement officers, family members, attorneys and judges. After the referral, defendants are carefully screened by staff using evidence-based Texas Christian University screening tools. To qualify, individuals must have a diagnosed serious mental illness or co-occurring disorder, with their criminal behavior directly linked to this condition. Participants should likely benefit from treatment and understand why they are interacting with law enforcement. They are then referred to a provider for an assessment and evaluated by the Treatment Team. If they meet the criteria of having a serious mental illness, then the defendant is eligible and enters the BHC program. The Treatment Team is the one who ultimately makes recommendations to the court.

The BHC has a dedicated staff that works tirelessly to connect defendants with resources and support their success. Two case managers monitor participants, ensuring compliance with the Court, mental health providers and probation and parole. They may also assign tasks, such as attending Alcoholics Anonymous (AA) or Narcotics



Anonymous (NA) meetings and following up with providers. Additionally, they work to locate participants who miss scheduled hearings and gather information necessary to determine eligibility for referrals.

Peer support specialists play a crucial role in the BHC, providing assistance and encouragement to their peers while serving as role models. They help with various wraparound services, such as applying for local resources like cell phones, the Homeless Coalition, Volunteers of America, SNAP, Medicaid, SSI/SSDI and DMV appointments. Additionally, they remind participants of upcoming appointments and hearings and empower them in helping to identify their strengths, supports, resources, and skills. The Community Liaison/Data Clerk's role complements the peer support role, working together to connect participants with community resources and maintain the electronic filing system for participants.

Accountability is a key component of the BHC. BHC participants must attend the program weekly during the initial stabilization phase, with the duration of this phase determined individually. In the following phase, they will switch to bi-weekly sessions and then attend less often. Participants are required to follow prescribed medications, attend appointments with their providers, and follow the recommendations of their BHC provider, such as attending NA/AA meetings or doing community service. If a

participant cannot attend the program or group sessions, they must provide a doctor's note. They must also report to Probation and Parole when asked, attend all scheduled court hearings, stay sober and submit to random drug tests. Participation in BHC is voluntary and based on a true desire for lifestyle change. As always, public safety remains a top priority.

Since its implementation in 2014, the BHC program has continued to grow and expand. In January 2021, it underwent two significant changes. First, the court began tracking orders for protective custody (OPC), and second, it expanded its client population. When an OPC is involved, which is used when a person needs immediate treatment to protect themselves or others from physical harm, a community support specialist helps complete the form, obtains the judge's signature and directs the individual to file it with the sheriff's office. The community support specialist collaborates closely with behavioral health hospitals and their case managers to inform individuals that they have an order for protective custody, obtaining their consent for follow-up care. The community support specialist acts as a wraparound facilitator for defendants with an OPC, ensuring they can connect with a mental health provider and get medications. The community support specialist also refers individuals with additional needs to the Peer Support Specialist for assistance with services such as obtaining

government IDs, phones, food stamps, SSI/SSDI and other support. From 2021 to the present, the BHC has handled a total of 2,043 OPCs.

In 2021, the BHC broadened its client base to include not just individuals with serious mental illness, but also other community members with moderate to severe mental illness and/or co-occurring disorders who may be at risk of involvement in the justice system or could benefit from court-supervised treatment. The program's population has continued to grow, underscoring a persistent need in the community.

As of Sept. 2025, the BHC is currently monitoring 86 participants in the program, including 23 individuals on probation and parole, and 63 pre-trial individuals. A total of 322 individuals were served in August 2025. The evaluation team has continued to document a high level of engagement from team members, including the judge, case management, treatment providers and probation officers. The evaluation team has also tracked the number of hospitalization days by client, with the hypothesis that if the program was working as intended, then clients should experience a reduction in days spent hospitalized with the continued support and coordination provided by the staff. Tracking a client group of 63 participants and comparing the total number of hospitalization days from 2021 to 2024, the Team found that overall, there was an 85% decrease in days spent hospitalized.⁹ This reduction in hospitalization days at an estimated \$2,371 per day yields cost savings of \$9,301,433 to the local community.¹⁰

Consequently, the 9th Judicial District's BHC exemplifies what can happen when judges, prosecutors, service providers and community partners collaborate to address the root causes of involvement in the criminal justice system. What began in 2014 with just five participants has evolved into a program that now serves dozens of people at a time, reducing jail time and decreasing hospitalizations, all while maintaining a focus on public safety. The BHC offers a proven, compassionate, and cost-effective path forward. Its

success is a testament to the power of judicial and prosecutorial leadership, community collaboration, and a belief that treatment, not incarceration, is the most effective response. The success of the BHC relies on the participation of multiple stakeholders, all working toward the common mission of improving public safety and lowering recidivism among criminal defendants with serious mental health issues. The lessons from Alexandria show that specialty courts are not just an alternative, but an essential innovation toward building a more just and healthier Louisiana.

FOOTNOTES

1. Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health, 39 (2022) <https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFRRev010323.pdf>.

2. National Alliance on Mental Illness Louisiana, Mental Health in Louisiana (2023) <https://www.nami.org/wp-content/uploads/2023/07/LouisianaStateFactSheet.pdf>.

3. National Alliance on Mental Illness, Problem-Solving Courts/Specialty Courts <https://www.nami.org/advocacy/policy-priorities/supporting-community-inclusion-and-non-discrimination/problem-solving-courts-specialty-courts/> (last visited Sept. 26, 2025).

4. Prison Policy Initiative, Chronic Punishment: The Unmet Health Needs Of People In State Prisons (2022) <https://www.prisonpolicy.org/reports/chronicpunishment.html#mentalhealth>.

5. The Advocate, Inside The Mental Health Treatment Backlog That's Clogging Louisiana Courts And Jails (2024) https://www.theadvocate.com/baton_rouge/backlog-of-mental-health-patients-in-louisiana-clogs-courts/article_a208416e-b186-11ee-aa25-bbd22b3eb2a5.html.

6. Louisiana Supreme Court, Drug and Specialty Courts, https://www.lasc.org/Drug_Courts (Last visited Sept. 26, 2025).

7. Louisiana Supreme Court, Drug Court and Specialty Court Programs Map SCDCO 2022Map (2022) https://www.lasc.org/court_managed_prog/SCDCO_MAP.pdf.

8. The Miami Foundation, Judge Steve Leifman, J.D. <https://miamifoundation.org/profiles/judge-steve-leifman-j-d/> (Last visited Sept. 26, 2025).

9. Jada N. Hector & David N. Khey, 9th Judicial District Court of Louisiana – Behavioral Health Court, Performance Report for Calendar Year 2024 (2025). “An examination of clients supported by this aspect of the court's program who experienced at least one acute crisis event in 2021 and at least another in years 2022-2024 is an early indicator of success of improvement in these com-

munity members' lives. Sixty-three clients experienced at least one crisis event in 2021 and at least another in 2022, 2023, or 2024. These 63 clients have a total of 4,602 hospitalization days in 2021, 3,945 hospitalization days in 2022, and 2,218 hospitalization days in 2023, and 679 hospitalization days in 2024, amounting to a 16% reduction in days spent hospitalized from 2021 to 2022, a 50% reduction in days spent hospitalized from 2021 to 2023, and an overall 85% decrease in days spent hospitalized from 2021 to current. These differences are statistically different and durable at the two-year mark (e.g., the decrease from 2021 to 2022 in hospitalization days did not yield statistically different results, yet the decrease from 2021 to 2023 and beyond produced a statistically significant decrease in hospitalization days (via t-test; $p < 0.01$). The reduction of 3,923 in year-over-year hospitalization days at an estimated \$2,371 per day yields a cost savings of \$9,301,433 to the local community.”

10. *Id.*

Hon. Patricia Evans Koch (Loyola Law 1991) is a judge of the 9th Judicial District Court, Division “E,” in Rapides Parish, where she presides over civil matters, Adult Drug Court, and Behavioral Health Court. She earned a B.A. in history from the University of Louisiana at Monroe

(1985) and her J.D. from Loyola University New Orleans College of Law (1991). Elected to the bench in 2005, she previously served in the criminal and juvenile divisions and as a hearing officer for the district court, as well as an administrative law judge and mediator with the Office of Workers' Compensation.



Rebecca M. Collins (Elon 2021; Northeastern Law 2024) serves as access to justice training and projects counsel for the Louisiana State Bar Association, where she manages and directs projects that strengthen coordination across Louisiana's civil justice community. She staffs the LSBA Children's Law and Criminal Justice Committees, coordinates five statewide public interest task forces, and plans continuing legal education programming for legal services providers and public interest attorneys. She collaborates closely with legal aid organizations, pro bono partners, and the Access to Justice Committee. She joined the LSBA in 2024.



Behavioral Health Court Tip Sheet¹

This tip sheet provides a high-level overview of the big-picture steps necessary when implementing a Behavioral Health Court (BHC). It should be consulted in connection with, not as a replacement for, other court resources.

- 1. Research.** Research other courts, your community, and how you envision a BHC could operate. Identify stakeholders and begin holding pre-meetings to explore how the court will operate.
- 2. Convene Stakeholders.** Plan a meeting with stakeholders, a broad-based group representing criminal justice, mental health, substance abuse treatment, and related systems, as well as the community, to guide the planning and administration of the court.
- 3. Target Population Discussion.** This one can be a sticky problem requiring eligibility criteria that address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria should also consider the relationship between mental illness and a defendant's offenses. Allow for the individual circumstances of each case to be considered, for example, family disturbance versus public safety concerns.
- 4. Develop Point of Entry and Process.** Timeliness of the event and intervention with the participants is critical to success for identification and linkage to services. Participants are identified, referred and accepted into BHCs, and then linked to community-based service providers as quickly as possible.
- 5. Define the Participant's Terms of Involvement.** To ensure engagement, participants need clear terms of involvement that promote public safety, facilitate the defendant's involvement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community and provide for positive legal outcomes for those individuals who complete the program.
- 6. Identify and Engage Treatment Supports and Services.** BHCs connect participants to comprehensive and individualized treatment support and services in the community. Strive to use—and increase the availability of—treatment and services that are evidence-based. When engaging providers, ensure that the confidentiality of both health and legal information is shared in a way that protects the confidentiality rights of potential participants as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded if participants are returned to traditional court processing.
- 7. Develop a Court Team.** The court will need a team of justice and mental health staff, with the team to receive special, ongoing training which aids BHC participants to achieve treatment and criminal justice goals by regularly reviewing and revising the court process.
- 8. Explain Options to Participants.** Defendants have choices in choosing providers and should fully understand the program requirements before agreeing to participate. They are provided with legal counsel to inform this decision and subsequent decisions about program involvement.
- 9. Monitoring is Critical.** Not only of the participants but also the program as a whole. Engage a program evaluator, and develop methods to aid clients in adherence of court requirements. Criminal justice and mental health staff collaborate to monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions and modify treatment as necessary to promote public safety and participants' recovery.
- 10. Sustainability Needs Work.** Collect data and spend time analyzing to demonstrate the impact of the BHC; its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized and support for the court in the community is cultivated and expanded.

1. Adapted from the Bureau of Justice Assistance, *Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court* (2007) https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/MHC_Essential_Elements.pdf.