

2023 Regular Session

HOUSE BILL NO. 55

BY REPRESENTATIVES SELDERS, BRYANT, AND KNOX

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

CORRECTIONS: Provides relative to mental health treatment of incarcerated people

1 AN ACT

2 To amend and reenact R.S. 15:830(A), (B), and (C) and to enact R.S. 15:830(D) through (F),
3 relative to the mental health treatment of incarcerated persons; to provide for
4 legislative intent; to provide for a definition; to provide relative to the duties of the
5 Department of Public Safety and Corrections; to provide for training; to provide
6 relative to departmental regulations; to provide for treatment goals; to provide for
7 discharge plans; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 15:830(A), (B), and (C) are hereby amended and reenacted and R.S.
10 15:830(D) through (F) are hereby enacted to read as follows:

11 §830. Treatment of inmates with mental illness or intellectual disability

12 A. This Section shall be cited and referred to as "The Mental Healing Justice
13 for Incarcerated People Act".

14 B. It is the intent of the legislature that the state of Louisiana shall allocate
15 state funding for the "Mental Healing Justice for Incarcerated People Act" to ensure
16 both the access and delivery of quality care for individuals incarcerated within the
17 Department of Public Safety and Corrections. Many of these incarcerated
18 individuals have limited access to mental health services despite the number of
19 individuals with mental illnesses in the prison system exceeding the number in
20 state-run hospitals. The legislature also finds that access to high-quality mental
21 health services, regardless of the setting, is of overriding importance. The state

1 wholly supports efforts to assist incarcerated individuals suffering from severe and
2 persistent mental illnesses, including post-incarceration syndromes, in their efforts
3 to navigate incarceration and reentry into society. As such, the Department of Public
4 Safety and Corrections shall streamline the delivery of mental health services
5 through the prudent allocation of existing resources in order to improve the safety
6 and health of incarcerated individuals, families, and communities.

7 C. For the purposes of this Section, "post-traumatic stress disorder" means
8 any of the following:

9 (1) Exposure to actual or threatened death, serious injury, or sexual violence
10 including any of the following:

11 (a) Directly experiencing a traumatic event.

12 (b) Personally witnessing the traumatic event as it occurred to others.

13 (c) Learning that the traumatic event occurred to a close family member or
14 close friend in a manner that was violent or accidental.

15 (d) Experiencing repeated or extreme exposure to aversive details of
16 traumatic events, including first responders collecting human remains and police
17 officers repeatedly being exposed to details of child abuse. The provisions of this
18 Subparagraph shall not apply to exposure through electronic media, television,
19 movies, or pictures unless this exposure is work-related.

20 (2) The presence of any of the following intrusion symptoms associated with
21 a traumatic event, beginning after the traumatic event has occurred:

22 (a) Recurrent, involuntary, and intrusive distressing memories of the
23 traumatic event.

24 (b) Recurrent distressing dreams in which the content or effect of the dream
25 is related to the traumatic event.

26 (c) Dissociative reactions, commonly referred to as flashbacks, in which the
27 individual feels or acts as if the traumatic event is recurring. Such reactions may
28 occur on a continuum, with the most extreme expression being a complete loss of
29 awareness of present surroundings.

1 (d) Intense or prolonged psychological distress at exposure to internal or
2 external cues that symbolize or resemble an aspect of the traumatic event.

3 (e) Marked physiological reactions to internal or external cues that
4 symbolize or resemble an aspect of the traumatic event.

5 (f) Persistent avoidance of stimuli associated with the traumatic event,
6 beginning after the traumatic event occurred, as evidenced by any of the following:

7 (i) Efforts to avoid or avoidance of distressing memories, thoughts, or
8 feelings regarding or closely associated with the traumatic event.

9 (ii) Efforts to avoid or avoidance of external reminders such as people,
10 places, conversations, activities, objects, or situations, that arouse distressing
11 memories, thoughts, or feelings regarding or closely associated with the traumatic
12 event.

13 (3) Negative alterations in cognitions and moods associated with the
14 traumatic event, beginning or worsening after the traumatic event has occurred, as
15 evidenced by at least two of the following:

16 (a) Inability to remember an important aspect of the traumatic event that is
17 due to dissociative amnesia, and not due to other factors such as head injury, alcohol
18 use, or drug use.

19 (b) Persistent and exaggerated negative beliefs or expectations about oneself,
20 others, or the world.

21 (c) Persistent, distorted cognitions about the cause or consequences of the
22 traumatic event that lead the individual to blame himself or others.

23 (d) Persistent negative emotional state such as fear, horror, anger, guilt, or
24 shame.

25 (e) Notably diminished interest or participation in significant activities.

26 (f) Feelings of detachment or estrangement from others.

27 (g) Persistent inability to experience positive emotions such as the inability
28 to experience happiness, satisfaction, or loving feelings.

1 (4) Marked alterations in arousal and reactivity associated with the traumatic
2 event, beginning or worsening after the traumatic event occurred, as evidenced by
3 at least two of the following:

4 (a) Irritable behavior and angry outbursts with little or no provocation that
5 are typically expressed as verbal or physical aggression toward people or objects.

6 (b) Reckless or self-destructive behavior.

7 (c) Hypervigilance.

8 (d) Exaggerated startle response.

9 (e) Problems with concentration.

10 (f) Sleep disturbance such as difficulty falling, staying asleep, or restless
11 sleep.

12 (5) When the duration of the disturbance in Subparagraph (2)(f) of this
13 Subsection and Paragraphs (3) and (4) of this Subsection is more than one month.

14 (a) The disturbance causes clinically significant distress or impairment in
15 social, occupational, or other important areas of functioning.

16 (b) The disturbance is not attributable to the physiological effects of a
17 substance such as medication or alcohol or a medical condition.

18 (6) The experience of persistent or recurrent symptoms of depersonalization
19 or derealization that are manifested through dissociative symptoms and in response
20 to a stressor.

21 (7) For purposes of this Subsection, "depersonalization" means persistent or
22 recurrent experiences of feeling detached from, and as if one were an outside
23 observer of, one's mental processes or body.

24 (a) For purposes of this Subsection, "derealization" means persistent or
25 recurrent experiences of the unreality of surroundings.

26 (b) The dissociative symptoms provided in this Paragraph shall not be
27 attributable to the physiological effects of a substance or a medical condition.

28 A. D.(1) The department ~~may~~ shall establish resources and programs for the
29 treatment of inmates with a mental illness or an intellectual disability, including

1 incarcerated people meeting diagnostic criteria for post-traumatic stress disorder,
2 either in a separate facility or as part of other institutions or facilities of the
3 department.

4 (2)(a) The department shall provide every incarcerated person an intake
5 screening and clinical appraisal during his initial reception into the department's state
6 facilities. The clinical appraisal shall evaluate each incarcerated person for any
7 potential mental health disorders listed in the current edition of the Diagnostic And
8 Statistical Manual.

9 (b) Any incarcerated person suspected of having post-traumatic stress
10 disorder shall be referred to a psychiatrist for further evaluation and treatment. At
11 any point during the person's incarceration, any department staff member who
12 suspects that an incarcerated person may have suffered a traumatic event or displays
13 symptoms of post-traumatic stress disorder may refer that person to the facility's
14 mental health department.

15 (3) The department shall provide an annual Trauma Informed Response
16 training to all staff as part of their orientation.

17 (4) The department shall utilize trained peer support who have shared lived
18 experiences to augment and enhance mental health services.

19 (5) The department, prior to the release of an incarcerated person, shall
20 provide an incarcerated person who has been diagnosed with a serious mental illness
21 an appointment or walk-in instructions for a community mental health provider to
22 ensure continuity of care.

23 ~~B: E.~~ On the recommendation of appropriate medical personnel and with the
24 consent of the Louisiana Department of Health or other appropriate department, the
25 secretary of the Department of Public Safety and Corrections may transfer an inmate
26 for observation and diagnosis to the Louisiana Department of Health or other
27 appropriate department or institution for a period not to exceed the length of his
28 sentence. If the inmate is found to be subject to civil commitment for psychosis or
29 other mental illness or intellectual disability, the secretary of the Department of

1 Public Safety and Corrections shall initiate legal proceedings for such commitment.
 2 If the inmate is not represented by counsel at such legal proceedings, the court shall
 3 appoint an attorney to represent him. Reasonable attorney fees shall be fixed by the
 4 judge and shall be paid by the state. While the inmate is in such other institution his
 5 sentence shall continue to run.

6 ~~E.~~ F. When, in the judgment of the administrator of the institution to which
 7 an inmate has been transferred, he has recovered from the condition which
 8 occasioned the transfer, he shall be returned to the department, unless his sentence
 9 has expired.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 55 Engrossed

2023 Regular Session

Selders

Abstract: Provides relative to the treatment of incarcerated individuals with mental health needs.

Proposed law shall be cited and referred to as "The Mental Healing Justice for Incarcerated People Act".

Proposed law provides a statement of legislative intent. Further provides that it is the intent of the legislature that the state allocate funding for proposed law to ensure both the access and delivery of quality care for individuals incarcerated within the Dept. of Public Safety and Corrections (department). Further provides that many incarcerated individuals have limited access to mental health services despite the number of individuals with mental illnesses in the prison system exceeding the number in state-run hospitals.

Proposed law further provides within the statement of legislative intent that the legislature also finds access to high-quality mental health services, regardless of the setting, to be of overriding importance. Further provides that the state wholly supports efforts to assist incarcerated individuals suffering from severe and persistent mental illnesses, including post-incarceration syndromes, in their efforts to navigate incarceration and reentry into society.

Proposed law further provides within the statement of legislative intent that the department shall streamline the delivery of mental health services through the prudent allocation of existing resources in order to improve the safety and health of incarcerated individuals, families, and communities.

Proposed law provides a definition for the term "post-traumatic stress disorder".

Present law (R.S. 15:830) provides that the department may establish resources and programs for the treatment of inmates with a mental illness or an intellectual disability, either in a separate facility or as part of other institutions or facilities of the department.

Proposed law amends present law to make the establishment of resources and programs mandatory. Further provides that these resources and programs shall also be made available to incarcerated people meeting diagnostic criteria for post-traumatic stress disorder.

Proposed law provides that the department shall do the following:

- (1) Create a certified correctional officer peer specialist program to train officers in trauma-informed care and the recognition of symptoms associated with all forms of trauma, including but not limited to post-traumatic stress disorders, childhood trauma, or adverse childhood experiences.
- (2) Create a certified peer specialist program to train currently incarcerated people in trauma training to provide support services in an effort to increase support to incarcerated people who have experienced trauma that continues to impact their lives.
- (3) Contract with an independent mental health agency, peer specialist, or a qualified mental health professional to provide ongoing training to correctional officers and certified peer specialists on trauma-related methodologies and interventions.
- (4) Screen for symptoms of post-traumatic stress disorder during initial intake into the department and once a year, screen all incarcerated people within the department for post-traumatic stress disorder symptoms.
- (5) Administer further evaluations to any incarcerated person identified as needing additional services to determine the best interventions and methodology options available to meet the dynamic needs of the incarcerated person suffering from trauma-related symptoms.
- (6) Review the trauma screenings and results with every incarcerated person at least one year after completing the trauma screening.
- (7) Provide treatment services to incarcerated people suffering from trauma-related symptoms.
- (8) Provide educational outreach programming to encourage incarcerated people to seek treatment that will have a positive and lasting impact on their lives.

(Amends R.S. 15:830(A), (B), and (C); Adds R.S. 15:830(D)-(F))

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Administration of Criminal Justice to the original bill:

1. Make technical changes.
2. Remove all definitions from proposed law except for "post-traumatic stress disorder".
3. Redefine the proposed law definition of "post-traumatic stress disorder".
4. Provide that the present law resources and programs established by the Dept. of Public Safety and Corrections (DPS&C) for the treatment of inmates with a mental illness or an intellectual disability shall also be made available to incarcerated people meeting diagnostic criteria for post-traumatic stress disorder.

5. Change the proposed law duties of DPS&C relative to treatment of inmates with a mental illness or an intellectual disability, including incarcerated people meeting diagnostic criteria for post-traumatic stress disorder.