

2023 Regular Session

HOUSE BILL NO. 55

BY REPRESENTATIVE SELDERS

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 definitions; to provide relative to the duties of the
5 Department of Public Safety and Corrections; to provide for the creation and
6 responsibilities of a multi-disciplinary service team; to provide for training; to
7 provide relative to departmental regulations; to provide for treatment goals; to
8 provide for discharge plans; and to provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 15:830(A), (B), and (C) are hereby amended and reenacted and R.S.
11 15:830(D) through (F) are hereby enacted to read as follows:

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

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

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

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

8 C. For the purposes of this Section, the following terms shall have the
9 following meanings:

10 (1) "Acute psychotic episode" means a mental disorder that may be either
11 a sudden one-time occurrence or repeated occurrences. Such an episode may occur
12 following an adverse life event that involves loss, acute stress, or trauma.

13 (2) "Antisocial personality trait" means a behavioral characteristic which is
14 developed from symptoms before or during incarceration as an institutional coping
15 skill and psychological defense mechanism. Antisocial personality trait is
16 characterized by behavior that includes one or more of the following:

17 (a) A tendency to challenge authority and victimize others.

18 (b) A tendency hidden by passive aggression when dealing with authority
19 figures, while being directly aggressive with peers outside the view of those in
20 authority.

21 (3) "Institutionalized personality trait" means a behavioral characteristic
22 which is caused by living in an oppressive environment and is characterized by
23 behavior that includes one or more of the following:

24 (a) Passive compliance to the demands of authority figures.

25 (b) Passive acceptance of severely restricted acts of daily living.

26 (c) Repression of personal lifestyle preferences.

27 (d) Elimination of critical thinking and individual decision-making.

28 (e) Internalized acceptance of severe restrictions on honest self-expression
29 of thoughts and emotions.

1 (4) "Post-incarceration syndrome" means a disorder with a set of symptoms
2 that are caused by subjection to prison environments of punishment or violence and
3 deprivation of opportunities of well-being and may be exasperated by prolonged
4 solitary confinement and other disciplinary measures. Post-incarceration syndrome
5 is characterized by behavioral characteristics or conditions that include one or more
6 of the following:

7 (a) Antisocial personality trait.

8 (b) Institutionalized personality trait.

9 (c) Post-traumatic stress disorder.

10 (d) Reactive substance abuse disorder.

11 (e) Social sensory deprivation syndrome.

12 (5) "Post-traumatic stress disorder" means a condition of persistent mental
13 and emotional stress occurring as a result of injury or severe psychological shock,
14 typically involving disturbance of sleep and constant vivid recall of the experience.
15 Post-traumatic stress disorder is characterized by behavior that includes one or more
16 of the following:

17 (a) Intrusive memories and flashbacks of severe abuse.

18 (b) Intense distress and physical reaction when exposed to cues that trigger
19 memories of severe abuse.

20 (c) Episodes of dissociation and emotional numbness.

21 (d) Irritability, outbursts of anger, lack of concentration, or lack of sleep.

22 (e) Avoidance of anything that triggers abusive memories.

23 (f) Hypervigilance, paranoia, and reduced capacity to trust.

24 (6) "Qualified mental health person" means a clinician in the health
25 professions who is trained and experienced in providing psychiatric or mental health
26 services to individuals who have a psychiatric diagnosis. This may include any of
27 the following:

28 (a) A physician who is a doctor of medicine or osteopathy.

1 (b) A psychiatrist who is a doctor of medicine or osteopathy, specialized in
2 psychiatry, and licensed in Louisiana.

3 (c) A psychologist who is an individual with a master's degree in psychology
4 from a college or university with at least one year of clinical experience.

5 (d) A social worker who is an individual with at least a bachelor's degree in
6 human services or a related field from an accredited college and with at least one
7 year of clinical experience providing direct services to persons with a diagnosis of
8 mental illness.

9 (e) A registered psychiatric rehabilitation provider who is registered with the
10 International Association of Psychosocial Rehabilitation Services.

11 (f) A registered nurse licensed in Louisiana with at least one year of clinical
12 experience.

13 (g) Any other licensed mental health professional.

14 (7) "Reactive substance abuse disorder" means a mental disorder that affects
15 a person's brain and behavior, leading to a person's inability to control his use of
16 substances such as legal or illegal drugs, alcohol, or medications. The symptoms
17 may range from moderate to severe, with addiction being the most severe form.

18 (8) "Related field" means a study in social work, psychology, psychiatric
19 rehabilitation, sociology, counseling, vocational rehabilitation, human services
20 counseling, or other degree equivalent to those described in this Paragraph.

21 (9) "Serious incident" means an assault, battery, restraint, or involuntary
22 medication involving inmates identified with post-incarceration syndrome or other
23 serious mental illnesses.

24 (10) "Social sensory deprivation syndrome" means a condition which is
25 caused by the effects of prolonged solitary confinement that imposes both social
26 isolation and sensory deprivation. Social sensory deprivation syndrome is
27 characterized by behavior that includes one or more of the following:

28 (a) Chronic headaches.

29 (b) Developmental regression.

1 (c) Inability to concentrate.

2 (d) Repressed rage.

3 (e) Lack of impulse control.

4 (f) Inability to plan beyond the moment.

5 (g) Obsessive thinking.

6 (h) Borderline personality traits.

7 ~~A. D.~~(1) The department ~~may~~ shall establish resources and programs for the
8 treatment of inmates with a mental illness or an intellectual disability, either in a
9 separate facility or as part of other institutions or facilities of the department.

10 (2) The department shall create a multi-disciplinary service team to train
11 staff to identify and respond to a mental health crisis. The team shall consist of
12 qualified mental health persons to provide culturally competent care in order to
13 further the goals of this Section.

14 (3)(a) The qualified mental health persons within the multi-disciplinary
15 service team shall establish a training program to be conducted annually.

16 (b) The training shall include instructions on the recognition of signs and
17 symptoms of post-incarceration syndrome, which includes five mixed mental
18 disorders with multiple symptoms as follows:

19 (i) Institutionalized personality trait.

20 (ii) Post-traumatic stress disorder.

21 (iii) Antisocial personality trait.

22 (iv) Social sensory deprivation syndrome.

23 (v) Reactive substance abuse disorder.

24 (4) The multi-disciplinary service team shall be responsible for all of the
25 following:

26 (a) Prompt screenings of the entire inmate population for post-incarceration
27 syndrome through the use of computer-administered interviewing technology. For
28 the most cost-effective screening strategies, the department may integrate

1 computer-administered interviewing with its electronic health records, such as
2 inmate clinical records, to improve case management and data handling.

3 (b) Use of computer-administered interviewing to conduct screenings during
4 initial intake into the department, quarterly assessments, and evaluations of all
5 incarcerated persons within the department.

6 (c) In-prison and outpatient services for all of the following:

7 (i) Methods for accessing mental health staff during a mental health crisis.

8 (ii) Implementation of prevention interventions for suicide and self-injurious
9 behavior.

10 (iii) Procedures for placement of a patient in a level of care in accordance
11 with his mental health needs.

12 (iv) Detection, diagnosis, and treatment of post-incarceration syndrome,
13 among other mental illnesses, with medication management or counseling.

14 (v) Crisis intervention and the management of acute psychiatric episodes.

15 (vi) Stabilization of the mentally ill and prevention of psychiatric
16 deterioration in the correctional setting.

17 (vii) Elective therapy services and preventative treatment.

18 (viii) Provisions for referral and admission to mental health facilities for
19 offenders whose psychiatric needs exceed the treatment capability of the facility.

20 (ix) Procedures for obtaining and documenting informed consent.

21 (x) Reassessment of incarcerated persons who return from an inpatient
22 psychiatric facility.

23 (d) Development and implementation of a system of documented internal
24 review to monitor and improve mental health care and delivery of services. The
25 monitoring may be incorporated into the internal review developed for mental health
26 care and shall include all of the following:

27 (i) Participation in a multi-disciplinary quality improvement committee
28 which includes qualified mental health persons as members and trainers.

1 (ii) Collection and analysis of data trends combined with planning,
2 intervening, and reassessing services.

3 (iii) Evaluation of defined data, with the goal of more effective access to
4 care, improved quality care, and better utilization of resources.

5 (iv) Review of all suicides, attempted suicides, and other serious incidents.

6 (5) The department shall identify post-incarceration syndrome as a serious
7 mental illness among incarcerated people and expand the definition of "serious
8 mental illness" in Department Regulation No. IS-B-4 and any other similar
9 department regulations to include post-incarceration syndrome as a serious mental
10 illness.

11 (6) The department shall provide incarcerated people who are diagnosed
12 with post-incarcerated syndrome or any other mental illnesses with treatment goals
13 and plans with clear steps to achieve them. The treatment goals may include the
14 following:

15 (a) Enrollment in group therapy.

16 (b) Programming to help develop self-understanding, self-improvement, and
17 gaining skills in education, career training, and job development.

18 (c) Rehabilitation programs to cope and overcome disabilities associated
19 with post-incarceration syndrome and other mental orders.

20 (d) Frequent reassessments for mental health evaluation, therapeutic
21 regimens, instructions for diet, exercise, and meditation, adaptation to the
22 correctional environment, medication, and clinical justification for any deviation
23 from the protocol.

24 (7)(a) The department shall create a discharge plan for an incarcerated
25 person with post-incarceration syndrome or critical mental health needs that includes
26 all of the following:

27 (i) Arrangement for continuity of care if the incarcerated person is receiving
28 psychotropic medication.

1 (ii) Arrangement for continuity of care for an incarcerated person who needs
2 involuntary inpatient commitment as determined by the mental health or healthcare
3 staff.

4 (iii) A list of available community resources for the incarcerated person.

5 (iv) Coordination between an incarcerated person with a serious mental
6 illness and a community provider for the purpose of exchanging clinically relevant
7 information.

8 (b) Upon the creation of a discharge plan for an incarcerated person with
9 post-incarceration syndrome or critical mental health needs, the department shall
10 take into consideration the post-release symptom progression which includes the
11 following progression of stages:

12 (i) Helplessness and hopelessness.

13 (ii) Intense immobilizing fear.

14 (iii) Emergence of intense free-floating anger, rage, flashbacks, and other
15 symptoms of post-traumatic stress disorder.

16 (iv) A tendency towards violent impulses upon minimal provocation.

17 (v) Severe isolation.

18 (vi) Intensification of flashbacks, nightmares, sleep impairments, and
19 impulse control problems.

20 ~~B. E.~~ On the recommendation of appropriate medical personnel and with the
21 consent of the Louisiana Department of Health or other appropriate department, the
22 secretary of the Department of Public Safety and Corrections may transfer an inmate
23 for observation and diagnosis to the Louisiana Department of Health or other
24 appropriate department or institution for a period not to exceed the length of his
25 sentence. If the inmate is found to be subject to civil commitment for psychosis or
26 other mental illness or intellectual disability, the secretary of the Department of
27 Public Safety and Corrections shall initiate legal proceedings for such commitment.
28 If the inmate is not represented by counsel at such legal proceedings, the court shall
29 appoint an attorney to represent him. Reasonable attorney fees shall be fixed by the

1 judge and shall be paid by the state. While the inmate is in such other institution his
2 sentence shall continue to run.

3 ~~C. F.~~ When, in the judgment of the administrator of the institution to which
4 an inmate has been transferred, he has recovered from the condition which
5 occasioned the transfer, he shall be returned to the department, unless his sentence
6 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 Original

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 definitions for the terms "acute psychotic episode", "antisocial personality trait", "institutionalized personality trait", "post-incarceration syndrome", "post-traumatic stress disorder", "qualified mental health person", "reactive substance abuse disorder", "related field", "serious incident", and "social sensory deprivation syndrome".

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.

Proposed law requires the department to create a multi-disciplinary service team to train staff to identify and respond to a mental health crisis. Further requires that the team consist of qualified mental health persons to provide culturally competent care in order to further the goals of proposed law.

Proposed law provides that the qualified mental health persons within the multi-disciplinary service team shall establish a training program to be conducted annually. Further provides that the training shall include instructions on the recognition of signs and symptoms of post-incarceration syndrome, which includes five mixed mental disorders with multiple symptoms as follows:

- (1) Institutionalized personality trait.
- (2) Post-traumatic stress disorder.
- (3) Antisocial personality trait.
- (4) Social sensory deprivation syndrome.
- (5) Reactive substance abuse disorder.

Proposed law provides for the responsibilities of the multi-disciplinary service team as follows:

- (1) Prompt screenings of the entire inmate population for post-incarceration syndrome through the use of computer-administered interviewing technology. Authorizes the department to integrate computer-administered interviewing with its electronic health records, such as inmate clinical records, to improve case management and data handling for the most cost-effective screening strategies.
- (2) Use of computer-administered interviewing to conduct screenings during initial intake into the department, quarterly assessments, and evaluations of all incarcerated persons within the department.
- (3) In-prison and outpatient services for all of the following:
 - (a) Methods for accessing mental health staff during a mental health crisis.
 - (b) Implementation of prevention interventions for suicide and self-injurious behavior.
 - (c) Procedures for placement of a patient in a level of care in accordance with his mental health needs.
 - (d) Detection, diagnosis, and treatment of post-incarceration syndrome, among other mental illnesses, with medication management or counseling.
 - (e) Crisis intervention and the management of acute psychiatric episodes.
 - (f) Stabilization of the mentally ill and prevention of psychiatric deterioration in the correctional setting.
 - (g) Elective therapy services and preventative treatment.
 - (h) Provisions for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility.
 - (i) Procedures for obtaining and documenting informed consent.

- (j) Reassessment of incarcerated persons who return from an inpatient psychiatric facility.
- (4) Development and implementation of a system of documented internal review to monitor and improve mental health care and delivery of services. Further provides that the monitoring may be incorporated into the internal review developed for mental health care and shall include all of the following:
- (a) Participation in a multi-disciplinary quality improvement committee which includes qualified mental health persons as members and trainers.
 - (b) Collection and analysis of data trends combined with planning, intervening, and reassessing services.
 - (c) Evaluation of defined data, with the goal of more effective access to care, improved quality care, and better utilization of resources.
 - (d) Review of all suicides, attempted suicides, and other serious incidents.

Proposed law requires the department to identify post-incarceration syndrome as a serious mental illness among incarcerated people. Further requires the department to expand the definition of "serious mental illness" in Department Regulation No. IS-B-4 and any other similar department regulations to include post-incarceration syndrome as a serious mental illness.

Proposed law requires the department to provide incarcerated people who are diagnosed with post-incarcerated syndrome or any other mental illnesses with treatment goals and plans with clear steps to achieve them. Further provides that the treatment goals may include the following:

- (1) Enrollment in group therapy.
- (2) Programming to help develop self-understanding, self-improvement, and gaining skills in education, career training, and job development.
- (3) Rehabilitation programs to cope and overcome disabilities associated with post-incarceration syndrome and other mental orders.
- (4) Frequent reassessments for mental health evaluation, therapeutic regimens, instructions for diet, exercise, and meditation, adaptation to the correctional environment, medication, and clinical justification for any deviation from the protocol.

Proposed law requires the department to create a discharge plan for an incarcerated person with post-incarceration syndrome or critical mental health needs that includes all of the following:

- (1) Arrangement for continuity of care if the incarcerated person is receiving psychotropic medication.
- (2) Arrangement for continuity of care for an incarcerated person who needs involuntary inpatient commitment as determined by the mental health or health care staff.
- (3) A list of available community resources for the incarcerated person.
- (4) Coordination between an incarcerated person with a serious mental illness and a community provider for the purpose of exchanging clinically relevant information.

Proposed law provides that upon the creation of a discharge plan for an incarcerated person with post-incarceration syndrome or critical mental health needs, the department shall take into consideration the post-release symptom progression which includes the following progression of stages:

- (1) Helplessness and hopelessness.
- (2) Intense immobilizing fear.
- (3) Emergence of intense free-floating anger, rage, flashbacks, and other symptoms of post-traumatic stress disorder.
- (4) A tendency towards violent impulses upon minimal provocation.
- (5) Severe isolation.
- (6) Intensification of flashbacks, nightmares, sleep impairments, and impulse control problems.

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