
DIGEST

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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))