

2016 Regular Session

HOUSE BILL NO. 552

BY REPRESENTATIVE LEGER

MENTAL HEALTH: Updates provisions of law relative to behavioral health treatment

1 AN ACT

2 To amend and reenact R.S. 14:98.3(A)(3)(b), (d)(i), and (e) and (B) and 98.4(A)(2)(b),

3 (d)(i), (e), and (B)(1) and (3), R.S. 17:282.4(B)(introductory paragraph) and (D)(1),

4 and the title of Title 28 of the Louisiana Revised Statutes of 1950, the heading of

5 Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:1, 2(1), (7),

6 (9), (10), (11), (14), (17), (20), (21), (26), (29), and (32)(a)(introductory paragraph)

7 and (i) and (b), 3, the heading of Part I-A of Chapter 1 of Title 28 of the Louisiana

8 Revised Statutes of 1950, 11, 12, 13(1), (3), and (5), 14, 15(A)(introductory

9 paragraph), (3), and (9) and (B), the heading of Part II of Chapter 1 of Title 28 of the

10 Louisiana Revised Statutes of 1950, 21(A) and (B), 21.1, 22(A), (B)(introductory

11 paragraph) and (1), (C)(introductory paragraph), (1), and (2), (D), (E)(1), (2), (4),

12 and (5), 22.5, 22.8, 22.9, 23, 25, 25.1(A), (C)(1)(a)(introductory paragraph) and (v),

13 (b), and (c) and (2)(a)(iv), and D, 25.2, 36(B), the heading of Part III of Chapter 1

14 of Title 28 of the Louisiana Revised Statutes of 1950, 50(1), (3), (4), and (6), 51(C),

15 51.1(A)(1), 52(A) through (C), G(2)(a), and H(2), 52.1(A), 52.2, 52.3(A) and (C),

16 52.4(A) through (C), 53.2(A)(introductory paragraph) and (1), (B), (C)(3), and (F),

17 54(A), (D)(1)(introductory paragraph) and (a) and (3), 55(E)(1), (4), and (5), (F),

18 (I)(1)(b) and (c) and (2), and (J), 56(A)(1)(a) and (2)(b), (B), (C), and (G)(1) and (4),

19 59(C) and (D), 62, 67(1) and (3), 69(A)(1), 70(A), (B)(introductory paragraph) and

1 (1), and (E), 71(B), (C), (E), and (F), 72(A), 73, 75(A), the heading of Part IV of
2 Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, 91, 92, 93,
3 94(A)(introductory paragraph), (1), and (2), 96(A). (B), (G), and (H), 96.1(A) and
4 (D) through (F), 97, 99, 100, 100.1, 101, 102, 103, 104, 105, 141 through 146, the
5 heading of Part VI of Chapter 1 of Title 28 of the Louisiana Revised Statutes of
6 1950, 171(C)(4)(a) and (D)(5), 171.1(introductory paragraph) and (5) through (8),
7 172, 173, 181, 185(A), the heading of Part VIII of Chapter 1 of Title 28 of the
8 Louisiana Revised Statutes, 200, 202 through 205, the heading of Part X of Chapter
9 1 of Title 28 of the Louisiana Revised Statutes of 1950, 221(1) through (6), (8), (9),
10 and (11) through (13), 222 through 225, 227(A), (C), and (E), 228, 229(A) and (C),
11 230(A)(introductory paragraph) and (2)(a), (B), and (C), 232, 233(2),
12 234(introductory paragraph) and (2), the heading of Chapter 11 of Title 28 of the
13 Louisiana Revised Statutes of 1950, 771(A) and (B), the heading of Chapter 15 of
14 Title 28 of the Louisiana Revised Statutes of 1950, 841, and R.S. 36:258(C) and (D),
15 to enact R.S. 28:2(32)(a)(xi) and (33) through (37), and to repeal R.S. 17:282.4(E)
16 and R.S. 28:22.4, 22.6, 22.7, 22.10, 95, 182, 183, 184, 201, 206, 237, 501 through
17 506, 561, and 771(C) through (H), relative to behavioral health treatment; to provide
18 for updates to terminology; to provide for definitions; to provide for crisis response
19 services; to provide for judicial commitment and involuntary outpatient treatment;
20 to provide for the transfer or discharge of patients; to provide for leave of absences;
21 to provide for the return of patients on unauthorized departure; to provide for the
22 boarding out of patients; to provide for the interstate rendition and deportation of
23 patients; to provide for advance directives for behavioral health treatment; to provide
24 for treatment of substance use and addictive disorders; to provide for treatment of
25 gambling disorders; and to provide for related matters.

26 Be it enacted by the Legislature of Louisiana:

27 Section 1. R.S. 14:98.3(A)(3)(b), (d)(i), and (e) and (B) and 98.4(A)(2)(b), (d)(i), (e),
28 and (B)(1) and (3) are hereby amended and reenacted to read as follows:

1 §98.3. Operating while intoxicated; third offense; penalties

2 A.

3 * * *

4 (3)

5 * * *

6 (b) Any offender placed on probation pursuant to this Paragraph shall be
7 required as a condition of probation to participate in two hundred forty hours of
8 court-approved community service activities, obtain employment, participate in a
9 court-approved driver improvement program at his expense, and submit to and
10 complete either of the following requirements:

11 (i) Immediately undergo an evaluation by the ~~Department of Health and~~
12 ~~Hospitals, office of behavioral health,~~ local governing entity as defined in R.S. 28:2,
13 where the offender is domiciled to determine the nature and extent of the offender's
14 substance ~~abuse~~ use disorder and to participate in any treatment plan recommended
15 by the ~~office of behavioral health,~~ local government entity, including treatment in an
16 inpatient facility ~~approved by the office~~ for a period of not less than four weeks,
17 followed by outpatient treatment services for a period not to exceed twelve months
18 if based on clinical necessity.

19 (ii) Participate in substance ~~abuse~~ use treatment in an alcohol and drug ~~abuse~~
20 use program provided by a drug division subject to the applicable provisions of R.S.
21 13:5301 et seq. if the offender is otherwise eligible to participate in such program.

22 * * *

23 (d)(i) Notwithstanding any law to the contrary and the provisions of R.S.
24 32:414(D)(1)(b), upon conviction of a third offense violation of R.S. 14:98, any
25 motor vehicle, while being operated by the offender, shall be equipped with a
26 functioning ignition interlock device in accordance with the provisions of R.S.
27 15:306. The ignition interlock device shall remain installed and operative until the
28 offender has completed the requirements of substance ~~abuse~~ use treatment and home

1 incarceration, or, if applicable, the requirements of the drug division probation
2 program provided in R.S. 13:5301 et seq.

3 * * *

4 (e) If an offender placed on probation pursuant to the provisions of this
5 Paragraph fails to complete the substance ~~abuse~~ use treatment required by this
6 Subsection or violates any other condition of probation, including conditions of
7 home incarceration, his probation may be revoked, and he may be ordered to serve
8 the balance of the sentence of imprisonment, without credit for time served under
9 home incarceration.

10 B.(1) If the offender has previously received the benefit of parole, probation,
11 or suspension of sentence on a conviction of a third or subsequent offense violation
12 of R.S. 14:98, or if the offender has previously participated in a drug division
13 probation program pursuant to R.S. 13:5301 et seq., pursuant to a sentence imposed
14 on a conviction of a third or subsequent offense violation of R.S. 14:98, or if the
15 offender has previously been required to participate in substance ~~abuse~~ use treatment
16 or home incarceration pursuant to a sentence imposed on a conviction of a third or
17 subsequent offense violation of R.S. 14:98, then on a conviction of a subsequent
18 third offense violation of R.S. 14:98, notwithstanding any other provision of law to
19 the contrary and regardless of whether the offense occurred before or after an earlier
20 conviction, the offender shall be fined two thousand dollars and imprisoned, with or
21 without hard labor, for not less than two nor more than five years. At least two years
22 of the sentence imposed shall be served without benefit of parole, probation, or
23 suspension of sentence. Except in compliance with R.S. 14:98.5(B)(1), the
24 mandatory minimum sentence cannot be served on home incarceration.

25 (2) Except where inconsistent with the provisions of this Subsection, the
26 conditions of probation shall include but not be limited to the conditions of probation
27 provided by Paragraph (A)(3) of this Section, except that the offender shall not be
28 sentenced to substance ~~abuse~~ use treatment provided for by Items (A)(3)(b)(i) and
29 (ii) of this Section. Nothing in this Section shall prohibit the court from ordering

1 substance ~~abuse~~ use treatment if it determines that the offender is able to pay for the
2 substance ~~abuse~~ use treatment.

3 * * *

4 §98.4. Operating while intoxicated; fourth offense; penalties

5 A.

6 * * *

7 (2)

8 * * *

9 (b) Any offender placed on probation pursuant to this Paragraph shall be
10 required as a condition of probation to participate in three hundred twenty hours of
11 court-approved community service activities, obtain employment, participate in a
12 court-approved driver improvement program at his expense, and submit to and
13 complete either of the following requirements:

14 (i) Immediately undergo an evaluation by the ~~Department of Health and~~
15 ~~Hospitals, office of behavioral health,~~ local governing entity, as defined in R.S. 28.2,
16 where the offender is domiciled to determine the nature and extent of the offender's
17 substance ~~abuse~~ use disorder, and participate in any treatment plan recommended by
18 ~~the office of behavioral health~~ local governing entity, including treatment in an
19 inpatient facility approved by the office for a period of not less than four weeks
20 followed by outpatient treatment services for a period not to exceed twelve months
21 if based on clinical necessity.

22 (ii) Except as provided in Subparagraph (1)(b) of this Subsection, participate
23 in substance ~~abuse~~ use treatment in an alcohol and drug abuse program provided by
24 a drug division subject to the applicable provisions of R.S. 13:5301 et seq. if the
25 offender is otherwise eligible to participate in such program.

26 * * *

27 (d)(i) Notwithstanding any law to the contrary and the provisions of R.S.
28 32:414(D)(1)(b), upon conviction of a fourth or subsequent offense, any motor
29 vehicle, while being operated by the offender, shall be equipped with a functioning

1 ignition interlock device in accordance with the provisions of R.S. 15:306. The
2 ignition interlock device shall remain installed and operative until the offender has
3 completed the requirements of substance ~~abuse~~ use treatment and home incarceration
4 or, if applicable, the requirements of the drug division probation program provided
5 for in R.S. 13:5301 et seq.

6 * * *

7 (e) If an offender placed on probation pursuant to the provisions of this
8 Paragraph fails to complete the substance ~~abuse~~ use treatment required by this
9 Subsection or violates any other condition of probation, including conditions of
10 home incarceration, his probation may be revoked, and he may be ordered to serve
11 the balance of the sentence of imprisonment, without credit for time served under
12 home incarceration.

13 B.(1) If the offender has previously been required to participate in substance
14 ~~abuse~~ use treatment or home incarceration pursuant to a sentence imposed on a
15 conviction of a third offense violation of R.S. 14:98, then on a conviction of a fourth
16 or subsequent offense, notwithstanding any other provision of law to the contrary
17 and regardless of whether the fourth offense occurred before or after an earlier
18 conviction, the offender shall be fined five thousand dollars and imprisoned at hard
19 labor for not less than ten nor more than thirty years, at least three years of which
20 shall be imposed without benefit of parole, probation, or suspension of sentence.
21 Notwithstanding any provision of law to the contrary, the offender shall not be
22 eligible to have the mandatory portion of his sentence suspended because of his
23 participation in a drug division program under Item (A)(2)(b)(ii) of this Section, and
24 except in compliance with R.S. 14:98.5(B)(1), the mandatory minimum sentence
25 cannot be served on home incarceration.

26 * * *

27 (3) Except where inconsistent with the provisions of this Subsection, the
28 conditions of probation shall include but not be limited to the conditions of probation
29 provided by Paragraph (A)(2) of this Section, but the offender shall not be sentenced

1 to substance ~~abuse~~ use treatment provided for by Items (A)(2)(b)(i) and (ii) of this
2 Section. Nothing in this Section shall prohibit the court from ordering substance
3 ~~abuse~~ use treatment if it determines that the offender is able to pay for the substance
4 ~~abuse~~ use treatment.

5 * * *

6 Section 2. R.S. 17:282.4(B)(introductory paragraph) and (D)(1) are hereby amended
7 and reenacted to read as follows:

8 §282.4. Youth suicide prevention programs; intent; rules; services; funding

9 * * *

10 B. The State Board of Elementary and Secondary Education shall prescribe
11 such rules and regulations as are necessary and proper for a statewide youth suicide
12 prevention plan in public elementary and secondary schools. Such rules and
13 regulations shall be developed collaboratively with the Department of Health and
14 Hospitals, ~~Adolescent Health Initiative~~, and shall include the following:

15 * * *

16 D.(1) A statewide youth suicide prevention plan shall be implemented upon
17 the appropriation of funds specifically for this purpose. A portion of such funds shall
18 be budgeted for purposes of program implementation to the State Board of
19 Elementary and Secondary Education and to the Department of Health and Hospitals;
20 ~~Adolescent Health Initiative~~.

21 * * *

22 Section 3. The title of Title 28 of the Louisiana Revised Statutes of 1950, the
23 heading of Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, R.S. 28:1, 2(1),
24 (7), (9), (10), (11), (14), (17), (20), (21), (26), (29), and (32)(a)(introductory paragraph) and
25 (i) and (b), 3, the heading of Part I-A of Chapter 1 of Title 28 of the Louisiana Revised
26 Statutes of 1950, 11, 12, 13(1), (3), and (5), 14, 15(A)(introductory paragraph), (3), and (9)
27 and (B), the heading of Part II of Chapter 1 of Title 28 of the Louisiana Revised Statutes of
28 1950, 21(A) and (B), 21.1, 22(A), B)(introductory paragraph) and (1), (C)(introductory
29 paragraph), (1), and (2), (D), (E)(1), (2), (4), and (5), 22.5, 22.8, 22.9, 23, 25, 25.1(A),

1 (C)(1)(a)(introductory paragraph) and (v), (b), and (c) and (2)(a)(iv), and D, 25.2, 36(B), the
 2 heading of Part III of Chapter 1 of Title 28 of the Louisiana Revised Statutes of 1950, 50(1),
 3 (3), (4), and (6), 51(C), 51.1(A)(1), 52(A) through (C), G(2)(a), and H(2), 52.1(A), 52.2,
 4 52.3(A) and (C), 52.4(A) through (C), 53.2(A)(introductory paragraph) and (1), (B), (C)(3),
 5 and (F), 54(A), (D)(1)(introductory paragraph) and (a) and (3), 55(E)(1), (4), and (5), (F),
 6 (I)(1)(b) and (c) and (2), and (J), 56(A)(1)(a) and (2)(b), (B), (C), and (G)(1) and (4), 59(C)
 7 and (D), 62, 67(1) and (3), 69(A)(1), 70(A), (B)(introductory paragraph) and (1), and (E),
 8 71(B), (C), (E), and (F), 72(A), 73, 75(A), the heading of Part IV of Chapter 1 of Title 28
 9 of the Louisiana Revised Statutes of 1950, 91, 92, 93, 94(A)(introductory paragraph), (1),
 10 and (2), 96(A). (B), (G), and (H), 96.1(A) and (D) through (F), 97, 99, 100, 100.1, 101, 102,
 11 103, 104, 105, 141 through 146, the heading of Part VI of Chapter 1 of Title 28 of the
 12 Louisiana Revised Statutes of 1950, 171(C)(4)(a) and (D)(5), 171.1(introductory paragraph)
 13 and (5) through (8), 172, 173, 181, 185(A), the heading of Part VIII of Chapter 1 of Title 28
 14 of the Louisiana Revised Statutes, 200, 202 through 205, the heading of Part X of Chapter
 15 1 of Title 28 of the Louisiana Revised Statutes of 1950, 221(1) through (6), (8), (9), and (11)
 16 through (13), 222 through 225, 227(A), (C), and (E), 228, 229(A) and (C),
 17 230(A)(introductory paragraph) and (2)(a), (B), and (C), 232, 233(2), 234(introductory
 18 paragraph) and (2), the heading of Chapter 11 of Title 28 of the Louisiana Revised Statutes
 19 of 1950, 771(A) and (B), the heading of Chapter 15 of Title 28 of the Louisiana Revised
 20 Statutes of 1950, 841 are hereby amended and reenacted and R.S. 28:2(32)(a)(xi) and (33)
 21 through (37) are enacted to read as follows:

22 TITLE 28 ~~MENTAL~~ BEHAVIORAL HEALTH

23 CHAPTER 1. ~~MENTAL~~ BEHAVIORAL HEALTH LAW

24 §1. Short title

25 This Chapter may be cited as the ~~Mental~~ "Behavioral Health Law".

26 §2. Definitions

27 Whenever used in this Title, the masculine shall include the feminine, the
 28 singular shall include the plural, and the following definitions shall apply:

1 (1) "Conditional discharge" means the physical release of a judicially
 2 committed person from a treatment facility by the director or administrator or by the
 3 court. The patient may be required to report for outpatient treatment as a condition
 4 of his release. The judicial commitment of such persons shall remain in effect for
 5 a period of up to one hundred twenty days and during this time the person may be
 6 hospitalized involuntarily for appropriate medical reasons upon court order.

* * *

8 (7) "Director" or ~~"superintendent"~~ "administrator" means a person in charge
 9 of a treatment facility or his deputy.

* * *

11 (9) "Formal voluntary admission" means the admission of a person suffering
 12 from mental illness or a substance abuse use disorder desiring admission to a
 13 treatment facility for diagnosis and/or treatment of such condition who may be
 14 formally admitted upon his written request. Such persons may be detained following
 15 a request for discharge pursuant to R.S. 28:52.2.

16 (10) "Gravely disabled" means the condition of a person who is unable to
 17 provide for his own basic physical needs, such as essential food, clothing, medical
 18 care, and shelter, as a result of serious mental illness or a substance abuse use
 19 disorder and is unable to survive safely in freedom or protect himself from serious
 20 harm; ~~the~~ The term also includes incapacitation by alcohol, which means the
 21 condition of a person who, as a result of the use of alcohol, is unconscious or whose
 22 judgment is otherwise so impaired that he is incapable of realizing and making a
 23 rational decision with respect to his need for treatment.

24 (11) "Informal voluntary admission" means the admission of a person
 25 suffering from mental illness or a substance abuse use disorder, desiring admission
 26 to a treatment facility for diagnosis and/or treatment of such condition who may be
 27 admitted upon his request without making formal application.

* * *

1 (14) "Mental health advocacy service" means a service established by the
2 state of Louisiana for the ~~purpose~~ purposes of providing legal counsel and
3 representation for persons with mental illness or intellectual or developmental
4 disabilities and ~~for children and to ensure~~ of ensuring that their legal rights are
5 protected.

6 * * *

7 (17) "Patient" means any person detained and taken care of as a person who
8 is mentally ill or person who is suffering from a substance ~~abuse~~ use disorder.

9 * * *

10 (20) "Person with mental illness" means any person with a psychiatric
11 disorder which has substantial adverse effects on his ability to function and who
12 requires care and treatment. It does not refer to a person with, solely, an intellectual
13 disability; or who suffers solely from epilepsy, ~~alcoholism~~, or alcohol or drug ~~abuse~~
14 use disorder.

15 (21) "Petition" means a written civil complaint filed by a person of legal age
16 alleging that a person is mentally ill or suffering from a substance ~~abuse~~ use disorder
17 and requires judicial commitment to a treatment facility.

18 * * *

19 (26) "Respondent" means a person alleged to be mentally ill or suffering
20 from a substance ~~abuse~~ use disorder and for whom an application for commitment
21 to a treatment facility has been filed.

22 * * *

23 (29) "Substance ~~abuse~~ use disorder" means the condition of a person who
24 uses ~~narcotic, stimulant, depressant,~~ cannabis, inhalants, opioids, sedatives,
25 narcotics, stimulants, or soporific, tranquilizing, or hallucinogenic drugs or alcohol
26 to the extent that it causes impaired control or social impairment such that it renders
27 the person dangerous to himself or others or renders the person gravely disabled.

28 * * *

1 (32)(a) "Treatment facility" means any public or private hospital, retreat,
2 institution, mental health center, or facility licensed by the state in which any person
3 who is mentally ill or person who is suffering from a substance abuse use disorder
4 is received or detained as a patient. The term includes Veterans Administration and
5 public health hospitals and forensic facilities. "Treatment facility" includes but is not
6 limited to the following, and shall be selected with consideration of first, medical
7 suitability; second, least restriction of the person's liberty; third, nearness to the
8 patient's usual residence; and fourth, financial or other status of the patient, except
9 that such considerations shall not apply to forensic facilities:

10 (i) Community ~~mental~~ behavioral health ~~centers.~~ clinics.

11 * * *

12 (xi) State psychiatric hospitals.

13 (b) Patients involuntarily hospitalized by emergency certificate or mental
14 health treatment shall not be admitted to the facilities listed in Items (ii), (iii), (iv),
15 (viii), or (x) of Subparagraph (a) of this Paragraph, except that patients in custody
16 of the Department of Public Safety and Corrections may be admitted to forensic
17 facilities by emergency certificate provided that judicial commitment proceedings
18 are initiated during the period of treatment at the forensic facility authorized by
19 emergency certificate. Patients involuntarily hospitalized by emergency certificate
20 for a substance abuse use disorder treatment shall not be admitted to the facilities
21 listed in Items (ii), (iii), (iv), or (x) of Subparagraph (a) of this Paragraph. Judicial
22 commitments, however, may be made to any of the above facilities except forensic
23 facilities. However, in the case of any involuntary hospitalization as a result of such
24 emergency certificate for a substance abuse use disorder or in the case of any judicial
25 commitment as the result of a substance abuse use disorder, such commitment or
26 hospitalization may be made to any of the above facilities, except forensic facilities,
27 provided that such facility has a substance ~~abuse~~ use disorder in-patient operation

1 maintained separate and apart from any mental health in-patient operation at such
2 facility.

3 * * *

4 (33) "Addictive disorder" means the category of the Diagnostic and
5 Statistical Manual of Mental Disorders (DSM) that applies to presentations in which
6 symptoms characteristic of an unknown or other substance-related disorder that
7 cause clinically significant distress or impairment in social, occupational, or other
8 important areas of functioning predominate but do not meet the full criteria for any
9 specific other substance-related disorder.

10 (34) "Behavioral health" means both mental health and substance use.

11 (35) "Client" means a recipient of services that has been charged with or
12 convicted of a crime or misdemeanor who requires special protection and restraint
13 in a forensic treatment facility.

14 (36) "Local governing entity" or "LGE" means an integrated human services
15 delivery system, with local accountability and management, which provides
16 behavioral health and developmental disabilities services through local human
17 services districts and authorities.

18 (37) "State psychiatric hospital" means a public, state-owned and operated
19 inpatient facility for the treatment of mental illness and substance use disorders.

20 * * *

21 §3. Application of Chapter; costs

22 The provisions of this Chapter apply to persons who are suffering from
23 mental illness or a substance abuse use disorder . Nothing in this Chapter referring
24 to costs shall be construed to defer or prevent the care of a person in a state ~~mental~~
25 ~~institution,~~ psychiatric hospital or state treatment facility, nor their release therefrom.

26 * * *

1 PART I-A. ~~MENTAL AND~~ BEHAVIORAL HEALTH SERVICES

2 PRESERVATION ACT

3 §11. Short title

4 This Part shall be known and may be cited as the "~~Mental and~~ Behavioral
5 Health Services Preservation Act".

6 §12. Legislative declaration of intent

7 It is the intent of the legislature to preserve vital state funding for ~~mental~~
8 behavioral health services to ensure delivery of and access to quality care for those
9 in desperate need of such services throughout the state. Many citizens in the state
10 have limited access to ~~mental and~~ behavioral health services because of the massive
11 cuts, both federal and state, in ~~mental and~~ behavioral health funding. The legislature
12 also finds that the provision of high-quality ~~mental and~~ behavioral health services,
13 regardless of setting, is of overriding importance. The state wholly supports efforts
14 to assist individuals suffering from serious and persistent mental illness or substance
15 use or addictive disorders, or both, in their efforts to participate fully in society. As
16 such, the department should streamline the delivery of ~~mental and~~ behavioral health
17 services through the prudent allocation of existing resources. The Department of
18 Health and Hospitals will improve the safety and health of individuals, families, and
19 communities by providing leadership and establishing and participating in
20 partnerships for the continuation of ~~mental and~~ behavioral health services throughout
21 the state, including cooperative agreements, mergers, joint ventures, and
22 consolidations among ~~mental and~~ behavioral health care facilities. Consumer and
23 advocate participation in the process can only aid in the delivery of services to those
24 most in need. To improve the quality of services available and promote treatment,
25 which often involves the rehabilitation, recovery, and reintegration of persons
26 suffering from mental illness; or substance use or addictive disorders, or both, the
27 state should secure adequate funding for ~~mental and~~ behavioral health services and
28 require state departments to exercise fiscal responsibility in the allocation of these
29 resources.

1 §13. Management of ~~mental and~~ behavioral health resources

2 In the operational management of the office of behavioral health, the
3 department may guarantee the efficient and effective use and retention of the state's
4 scarce mental and behavioral health resources to adequately provide for the peace,
5 health, safety, and general welfare of the public, by ensuring the following:

6 (1) Accountability of efficient and effective services through state-of-the-art
7 quality and performance measures and statewide standards for monitoring quality of
8 service and performance and reporting of quality of service and performance
9 information. These processes may be designed so as to maximize the use of
10 available resources for direct care of people with a mental illness or substance use
11 or addictive disorder and to assure uniform data collection across the state.

12 * * *

13 (3) Coordination of integration of services offered by department and mental
14 and behavioral health communities, including the office of behavioral health and
15 their respective contract providers, involved in the delivery of ~~mental and~~ behavioral
16 health treatment, along with local systems and groups, public and private, such as
17 state ~~mental~~ psychiatric hospitals, public health organizations, parish authorities,
18 child protection, and regional support networks, aimed at reducing duplication in
19 service delivery and promoting complementary services among all entities that
20 provide ~~mental and~~ behavioral health services to adults and children throughout the
21 state.

22 * * *

23 (5) Recognition of the respective ~~regions~~ local governing entities of the
24 department as ~~the~~ a focal point of all ~~mental and~~ behavioral health planning
25 activities, including budget submissions, grant applications, contracts, and other
26 arrangements that can be effected at the state and ~~regional~~ local levels.

27 * * *

1 §14. Funding priorities; cost-effectiveness

2 A. The department may ensure that all current and future funds are expended
3 in the most cost-effective manner and services are provided in accordance with
4 recommended best practices subject to state oversight to ensure accountability to
5 taxpayers and the public. The department may evaluate existing proposed
6 expenditure plans for ~~mental and~~ behavioral health services and determine the best
7 use of such funds to achieve positive policy outcomes in the ~~mental and~~ behavioral
8 health ~~communities~~. community. This effort may involve the use of innovative
9 methods of expanding the reach of current funding and securing increased local,
10 regional, state, federal, or private source funding in the future. The department may
11 develop methods for estimating the need for ~~mental and~~ behavioral health services
12 in certain regions of the state, with special attention to underfunded and inaccessible
13 programs, and allocate state funds or resources according to that need.

14 B. The state may continue to provide funding for ~~mental and~~ behavioral
15 health services that are not less than the existing allocations from the state general
16 fund.

17 §15. Innovative ~~mental and~~ behavioral health services; programs

18 A. The department may develop goals, objectives, and priorities for the
19 creation of innovative programs which promote and improve the ~~mental and~~
20 behavioral health of the citizens of the state by making treatment and support
21 services available to those persons who are most in need and least able to pay. These
22 programs may achieve the following:

23 * * *

24 (3) Promote interagency collaboration by improving the integration and
25 effectiveness of state agencies responsible for ~~mental and~~ behavioral health care.

26 * * *

27 (9) Promote emerging best practices and increased quality of care in the
28 delivery of ~~mental and~~ behavioral health services.

1 B. The department may collaborate with ~~mental and~~ behavioral health
2 advocates, clinicians, physicians, professional organizations, ~~parish human service~~
3 ~~authorities~~ local governing entities, local citizens, consumers, and family members
4 in the planning, designing, and implementation of innovative ~~mental and~~ behavioral
5 health service programs and priorities ~~in their respective regions~~ throughout the state.

6 * * *

7 PART II. ~~INSTITUTIONS~~ FACILITIES AND PLACES FOR
8 MENTAL PATIENTS PERSONS WITH MENTAL ILLNESS

9 * * *

10 §21. State psychiatric hospitals for persons with mental illness and substance use or
11 addictive disorders

12 A. ~~The~~ For the purpose of this Section, "state psychiatric hospital" refers to
13 the hospital at Jackson, known as the East Eastern Louisiana State Hospital, Mental
14 Health System, and the hospital at Pineville, known as the Central Louisiana State
15 Hospital, and the hospital at Mandeville, known as the Southeast Louisiana Hospital,
16 which are designated as the hospitals for persons with mental illness and substance
17 use or addictive disorders until such time as separate or other hospitals are
18 established. The assistant secretary of the office of behavioral health of the
19 department may reorganize and consolidate the administration of the hospitals or
20 facilities, ~~including the Feliciana Forensic Facility, the Greenwell Springs Hospital,~~
21 ~~and the New Orleans Adolescent Hospital as necessary to comply with the provisions~~
22 ~~of the State Mental Health Plan.~~

23 B. The assistant secretary of the office of behavioral health of the department
24 may establish residential settings as satellite facilities to these hospitals from funds
25 presently allocated or to be allocated to these ~~institutions~~ hospitals by the legislature.

26 * * *

1 §21.1. ~~Alcoholism~~; Substance use or addictive disorders; treatment in state
2 supported psychiatric hospitals

3 A. The Department of Health and Hospitals is authorized to accept ~~as~~
4 indigent patients ~~poor and destitute persons~~ suffering from ~~alcoholism~~ co-occurring
5 substance use or addictive disorders and give such patients the care and treatment
6 required ~~to restore them in mind and body.~~

7 B. The purpose of this Section is to recognize ~~alcoholism~~ substance use and
8 addictive disorders as a sickness or disease and to place those suffering from it in the
9 same position relative to obtaining treatment as persons suffering from other
10 diseases.

11 §22. Crisis response system

12 A. The Legislature of Louisiana finds that appropriate crisis identification
13 and stabilization services, including a coordinated system of entry into the crisis
14 system, is critical to successful recovery for people in behavioral crisis. The
15 legislature further finds that successful crisis identification and stabilization services
16 will most successfully be developed and maintained through collaboration between
17 the state, local communities, department-contracted managed care entities, and
18 stakeholders of the crisis system.

19 B. Each ~~human service district, authority, or region of the Department of~~
20 ~~Health and Hospitals~~ local governing entity shall develop a plan to:

- 21 (1) Operate a crisis network utilizing existing resources and coordinating
22 interjurisdictional services to develop efficient and effective crisis response services
23 to serve all individuals in each ~~region, district, or authority~~ local governing entity
24 twenty-four hours a day, seven days a week.

25 * * *

26 C. Each crisis response system will be ~~designed~~ maintained by a local
27 collaborative which shall include but not be limited to:

- 28 (1) ~~The local provider~~ Local providers of mental health, substance use or
29 addictive disorders, and developmental disability services.

1 (2) The local office of the coroner of that region, ~~district, or authority~~, or
2 local governing entity.

3 * * *

4 D.(1) Each local crisis system shall adopt standards for the collection of all
5 relevant information related to an individual's entry into the crisis system so as to
6 develop a knowledge base of the events leading to the crisis, including psychosocial
7 and biological factors. Relevant information shall be obtained from the individual,
8 first responders, other professionals, and providers who have knowledge of the crisis
9 event or events leading to the crisis.

10 (2) The crisis system shall also include the development of an intervention
11 plan which considers the immediate needs of the individual and coordination and
12 collaboration with any existing department-contracted managed care entities. The
13 community crisis response may include but shall not be limited to any of the
14 following services to adults and children:

15 (1) (a) Crisis support and counseling.

16 (2) (b) Medical intervention.

17 (3) (c) Environmental interventions and crisis stabilization.

18 (4) (d) Review, follow-up, and referral.

19 (5) (e) Monitoring and evaluation.

20 (6) (f) Liaison, advocacy, consultation, and collaboration.

21 (3) Community crisis response services may be provided by entities
22 including but not limited to any of the following:

23 (a) Behavioral health services providers.

24 (b) Community behavioral health clinics.

25 (c) Psychiatric inpatient units or hospitals established pursuant to R.S. 28:23.

26 (d) Emergency departments.

27 (e) Crisis receiving centers.

28 E.(1) The Department of Health and Hospitals, in consultation with local
29 planning collaboratives, shall ~~develop a plan~~ maintain licensure requirements for

1 establishment and implementation, subject to appropriation, of ~~regional~~ crisis
2 receiving centers in each ~~region, district, and authority~~ local governing entity of the
3 state which shall receive, examine, triage, refer, or treat people in behavioral health
4 crisis. The crisis receiving centers ~~shall~~ may be a component of each crisis response
5 system, ~~and the department shall consult with the local collaboratives in developing~~
6 ~~standards for licensure.~~

7 (2) The number of crisis receiving centers in each ~~region~~ local governing
8 entity ~~shall~~ may be determined by the department based upon factors such as
9 population, population density, and capacity of each facility. Crisis receiving centers
10 may be located in hospitals, mental health facilities, or other ~~health care~~ healthcare
11 facilities, or may be freestanding.

12 * * *

13 (4) In parishes served by ~~human service districts or authorities~~ local
14 governing entities, the department ~~shall~~ may contract with the ~~district or authority~~
15 local governing entity for placement and operation of crisis receiving centers. The
16 ~~district or authority~~ local governing entity may operate the centers, or contract with
17 community organizations for the operation of the centers and services within the
18 centers.

19 (5) Crisis receiving centers shall be accessible to any person regardless of
20 their residence or whether the authority presenting the person is located outside the
21 ~~region~~ local governing entity where the receiving center is located.

22 * * *

23 §22.5. Community ~~mental~~ behavioral health ~~centers~~ clinics; behavioral health
24 service providers

25 ~~The community mental health centers located in Lafayette, Pineville, Lake~~
26 ~~Charles, Baton Rouge, New Orleans, Crowley, Shreveport, and Monroe for the care,~~
27 ~~treatment, and rehabilitation at the community level of persons with mental illness~~
28 ~~and persons who are mentally defective as defined in R.S. 28:2 are created and~~
29 ~~continued as units of the department under its supervision and administration.~~

1 ~~Guidance centers heretofore established may be converted to mental health centers~~
2 ~~by the department or two or more of them may be merged and consolidated into a~~
3 ~~mental health center by the department.~~

4 A. Behavioral health services providers may be a component of the crisis
5 response system. For the purposes of this Subsection, "behavioral health services
6 provider" means a facility, agency, institution, person, society, corporation,
7 partnership, unincorporated association, group, or other legal entity that provides
8 behavioral health services and that presents itself to the public as a provider of
9 behavioral health services.

10 B. A community behavioral health clinic may be operated or contracted by
11 the local governing entity in which it is located and be a component of the crisis
12 response system. For the purposes of this Subsection, "community behavioral health
13 clinic" means a facility operating as a behavioral health services provider as defined
14 in R.S. 40:2153 and licensed by the department pursuant to R.S. 40:2151 et seq.

15 C. The designation as a community behavioral health clinic shall not be
16 construed to be the same as the designation as a community mental health center.
17 For the purposes of this Subsection, "community mental health center" means a
18 federally certified entity that provides certain services as described in the federal
19 Public Health Service Act and meets federal criteria for operation and
20 reimbursement. "Community mental health center" shall also have the same
21 meaning as the term defined in 42 CFR 410.2.

22 * * *

23 §22.8. State developmental ~~centers~~ center

24 A. The ~~names~~ name of the following state-operated facility ~~developmental~~
25 ~~centers~~ for persons with intellectual or developmental disabilities ~~are designated as~~
26 follows:

- 27 (1) ~~is~~ is Pinecrest Supports and Services Center.
28 (2) Northwest Supports and Services Center.
29 (3) North Lake Supports and Services Center.

1 B. Under ~~such names, these facilities~~ this name, the facility shall continue
2 to serve as ~~centers~~ a center for persons with intellectual or developmental disabilities.

3 §22.9. Rosenblum Mental Health Center

4 The name of the Hammond Mental Health Center is changed to the
5 Rosenblum Mental Health Center and under such name it shall continue to serve as
6 an outpatient center for the care, treatment, and rehabilitation of persons with mental
7 illness and persons ~~who are mentally defective~~ with intellectual or development
8 disabilities at the region level.

9 * * *

10 §23. Psychiatric inpatient units in state general hospitals

11 The department ~~shall~~ may establish psychiatric inpatient units in state-owned
12 or contracted general hospitals for the emergency and temporary care of cases of
13 acute mental illness.

14 §25. Provisions for close confinement of certain ~~mental~~ patients with mental illness

15 A. At ~~institutions~~ hospitals that it may designate, the department may
16 provide facilities for the care and confinement of ~~mental~~ patients with mental illness
17 who require close confinement in the interest of themselves and of the public.

18 B. The department shall designate places of confinement for patients of
19 dangerous tendencies and for ~~those~~ clients charged with or convicted of a crime or
20 misdemeanor who require special protection and restraint.

21 §25.1. Establishment of Feliciana Forensic Facility; authorization to establish
22 forensic facilities in New Orleans, Baton Rouge, Shreveport, and Alexandria

23 A. The forensic unit at ~~East~~ Eastern Louisiana ~~State Hospital~~ Mental Health
24 System is hereby declared to be a separate and distinct facility from East Louisiana
25 State Hospital and hereafter shall be known as the Feliciana Forensic Facility.

26 * * *

27 C.(1)(a) The ~~superintendent~~ director or administrator of any such facility
28 shall admit only those persons:

29 * * *

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1 (v) Judicially committed to and transferred from any ~~state~~ hospital for
2 persons with mental illness or ~~who are inebriate~~. substance use disorder.

3 (b) A transfer from any other ~~state~~ hospital shall be had only after the
4 director or administrator of the transferring facility, in concurrence with two
5 psychiatrists, has determined and certified in writing to such forensic facility that the
6 person to be transferred is dangerous to others and that the transferring facility
7 cannot adequately protect its staff and patients from such person.

8 (c) The decision to transfer shall not be made until after the person who is
9 proposed to be transferred has had an opportunity to be heard regarding his actions
10 upon which the proposed transfer is based by the director or administrator and two
11 concurring psychiatrists.

12 * * *

13 (2)(a) The administrator of the Feliciana Forensic Facility shall refuse
14 admission to any person if:

15 * * *

16 (iv) The person from a ~~state~~ hospital or correctional institution is not
17 accompanied by a summary of the facts presented at the hearing at which the person
18 objected to his transfer to the forensic facility and a summary of the person's
19 objections.

20 * * *

21 D. The department may contract with local law enforcement agencies and
22 the Department of Corrections to provide security personnel for ~~mental health~~
23 ~~patients~~ clients placed in such forensic units, or other facilities to which such ~~patients~~
24 clients may be temporarily referred for medical treatment.

25 §25.2. Granting of passes to ~~patients~~ Feliciana Facility clients

26 A. Notwithstanding any other provision of law to the contrary, including any
27 provision of the Code of Criminal Procedure, the administrator of the Feliciana
28 Forensic Facility, in his discretion, may grant any ~~patient~~ client committed to his

1 custody a pass or furlough from the facility, except those ~~patients~~ clients who are
2 under commitment to the Department of Public Safety and Corrections.

3 B. The administrator shall not grant any ~~patient~~ client a pass or furlough for
4 release from the facility except upon the recommendation of the ~~patient's~~ client's
5 treating psychiatrist and with prior approval of the committing court. The
6 administrator may impose conditions on a pass or furlough. Any pass or furlough
7 granted shall be for a fixed period of time.

8 * * *

9 §36. License renewal; failure to timely renew

10 * * *

11 B. Any person, partnership, corporation, unincorporated association, or other
12 legal entity currently operating or planning to operate a forensic supervised
13 transitional residential and aftercare facility and who is licensed by the department
14 shall be assessed a delinquent fee of two hundred fifty dollars for failure to timely
15 renew its license. ~~This~~ Pursuant to the rules promulgated by the department, this fee
16 shall be assessed for each day of such offense and shall be in addition to any renewal
17 or other applicable fee. The delinquent fee described in this Subsection shall be
18 assessed and shall become due and payable to the department ~~at 12:01 a.m. on the~~
19 ~~first day following the expiration date of the license.~~ in accordance with the policies
20 and procedures established by the department.

21 * * *

22 PART III. EXAMINATION, ADMISSION, COMMITMENT, AND
23 TREATMENT OF PERSONS SUFFERING FROM MENTAL
24 ILLNESS AND SUBSTANCE ~~ABUSE~~ USE OR ADDICTIVE DISORDERS

25 §50. Declaration of policy

26 The underlying policy of this Chapter is as follows:

27 (1) That persons with mental illness and persons suffering from substance
28 ~~abuse~~ use or addictive disorders be encouraged to seek voluntary treatment.

29 * * *

1 (3) That continuity of care for persons with mental illness and persons
2 suffering from substance ~~abuse~~ use or addictive disorders be provided.

3 (4) That mental health and substance ~~abuse~~ use or addictive disorders
4 treatment services be delivered as near to the place of residence of the person
5 receiving such services as is reasonably possible and medically appropriate.

6 * * *

7 (6) That no person solely as a result of mental illness or ~~alcoholism~~
8 substance use or addictive disorder or incapacitation by alcohol shall be confined in
9 any jail, prison, correctional facility, or criminal detention center. This shall not
10 apply to persons arrested, charged, or convicted under Title 14 of the Louisiana
11 Revised Statutes of 1950.

12 * * *

13 §51. Procedures for admission

14 * * *

15 C. The Department of Health and Hospitals, through its hospitals, ~~mental~~
16 behavioral health clinics, and similar ~~institutions~~, ~~shall have the duty to assist~~
17 facilities, may direct petitioners and other persons ~~in the preparation of to appropriate~~
18 resources regarding petitions for commitment, requests for protective custody orders,
19 and requests for emergency certificates, upon request of such persons.

20 §51.1. Treatment facility; staff membership and institutional privileges; certain
21 ~~health care~~ healthcare providers

22 A.(1) Notwithstanding any provision of the law to the contrary, the
23 governing body of a treatment facility, as defined in R.S. 28:2, may grant staff
24 membership, specifically delineated institutional privileges, or both, to any duly
25 licensed, certified or registered health care provider in accordance with the treatment
26 facility's needs and bylaws, including but not limited to a physician, psychiatrist,
27 psychologist, medical psychologist or psychiatric mental health nurse practitioner,
28 as defined in R.S. 28:2.

29 * * *

1 §52. Voluntary admissions; general provisions

2 A. Any person who is mentally ill or person who is suffering from a
3 substance ~~abuse~~ use or addictive disorder may apply for voluntary admission to a
4 treatment facility. The admitting physician may admit the person on either a formal
5 or informal basis, as hereinafter provided.

6 B. Admitting physicians are encouraged to admit persons with mental illness
7 or persons suffering from substance ~~abuse~~ use or addictive disorders to treatment
8 facilities on voluntary admission status whenever medically feasible.

9 C. No director of a treatment facility shall prohibit any person who is
10 mentally ill or person who is suffering from a substance ~~abuse~~ use or addictive
11 disorder from applying for conversion of involuntary or emergency admission status
12 to voluntary admission status. Any patient on an involuntary admission status shall
13 have the right to apply for a writ of habeas corpus in order to have his admission
14 status changed to voluntary status.

15 * * *

16 G.

17 * * *

18 (2) Knowing and voluntary consent shall be determined by the ability of the
19 individual to understand all of the following:

20 (a) That the treatment facility to which the patient is requesting admission
21 is one for persons with mental illness or persons suffering from substance ~~abuse~~ use
22 or addictive disorders.

23 * * *

24 H.

25 * * *

26 (2)(a) Notwithstanding the provision of Paragraph (1) of this Subsection, any
27 licensed physician may administer medication to a patient without his consent and
28 against his wishes in a situation which, in the reasonable judgment of the physician
29 who is observing the patient during the emergency, constitutes a psychiatric or

1 behavioral emergency. For purposes of this Paragraph a "psychiatric or behavioral
 2 emergency" occurs when a patient, as a result of mental illness, a substance abuse
 3 use or addictive disorder, or intoxication engages in behavior which, in the clinical
 4 judgment of the physician, places the patient or others at significant and imminent
 5 risk of damage to life or limb. The emergency administration of medication may be
 6 continued until the emergency subsides, but in no event shall it exceed forty-eight
 7 hours, except on weekends or holidays when it may be extended for an additional
 8 twenty-four hours.

9 (b) The physician shall make a reasonable effort to consult with the primary
 10 physician or primary care provider outside the facility that has previously treated the
 11 patient for his ~~mental~~ behavioral health condition at the earliest possible time, but in
 12 no event more than forty-eight hours after the emergency administration of
 13 medication has begun, except on weekends or holidays, when the time period may
 14 be extended an additional twenty-four hours. The physician shall record in the
 15 patient's file either the date and time of the consultation and a summary of the
 16 comments of the primary physician or primary care provider or, if the physician is
 17 unable to consult with the primary physician or primary care provider, the date and
 18 time that a consultation with the primary physician or primary care provider was
 19 attempted.

20 §52.1. Informal voluntary admission

21 A. In the discretion of the director or administrator, any person who is
 22 mentally ill or person who is suffering from a substance abuse use or addictive
 23 disorder desiring admission to a treatment facility for diagnosis or treatment of a
 24 psychiatric disorder or a substance abuse use or addictive disorder may be admitted
 25 upon the patient's request without a formal application.

26 * * *

27 §52.2. Formal voluntary admission

28 A. Any person who is mentally ill or person who is suffering from a
 29 substance abuse use or addictive disorder desiring admission to a treatment facility

1 for diagnosis and/or treatment of a psychiatric disorder or a substance ~~abuse~~ use or
2 addictive disorder and who is deemed suitable for formal voluntary admission by the
3 admitting physician may be so admitted upon his written request.

4 B. A patient admitted under the provisions of this Section shall not be
5 detained in the treatment facility for longer than seventy-two hours after making a
6 valid written request for discharge to the director of the treatment facility unless an
7 emergency certificate is executed pursuant to R.S. 28:53, or unless judicial
8 commitment is instituted pursuant to R.S. 28:54, ~~after making a valid written request~~
9 ~~for discharge to the director of the treatment facility.~~

10 §52.3. Noncontested admission

11 A. A person who is mentally ill or person who is suffering from a substance
12 ~~abuse~~ use or addictive disorder who does not have the capacity to make a knowing
13 and voluntary consent to a voluntary admission status and who does not object to his
14 admission to a treatment facility may be admitted to a treatment facility as a
15 noncontested admission. Such person shall be subject to the same rules and
16 regulations as a person admitted on a voluntary admission status and his treatment
17 shall be governed by the provisions of R.S. 28:52(H).

18 * * *

19 C. A person admitted pursuant to this Section may object to his admission
20 at any time. If the person informs a staff member of his desire to object to his
21 admission, a staff member shall assist him in preparing and submitting a valid
22 written objection to the director of the treatment facility. Upon receipt of a valid
23 objection, the director shall release the person within seventy-two hours unless
24 proceedings are instituted pursuant to R.S. 28:53 or R.S. 28:54.

25 * * *

26 §52.4. Admission by relative for substance use disorder treatment

27 A. A person suffering from a co-occurring substance ~~abuse~~ use disorder may
28 be admitted and detained at a public or private general hospital ~~or a substance abuse~~
29 ~~in-patient facility~~ for observation, diagnosis, and treatment for a medically necessary

1 period ~~not to exceed twenty-eight days~~, when a parent, spouse, or the major child of
2 the person if that child has attained the age of 18 years has admitted the person or
3 caused him to be admitted pursuant to the provisions of R.S. 28:53.2.

4 B. At the time of admission of the person, the parent, spouse, or the major
5 child of the person if that child has attained the age of 18 years shall execute or
6 provide a written statement of facts, including personal observations, leading to the
7 conclusion that the person is suffering from a substance abuse use disorder and is
8 dangerous to himself or others or is gravely disabled, specifically describing any
9 dangerous acts or threats, and stating that the person has been encouraged to seek
10 treatment but is unwilling to be evaluated on a voluntary basis.

11 C. As soon as practicable, but in no event more than twelve hours after
12 admission to the hospital ~~or in-patient facility~~, a physician shall examine the person
13 and either execute an emergency certificate in accordance with R.S. 28:53(B) or
14 order the person discharged. If an emergency certificate is executed, the physician
15 or the director of the hospital ~~or in-patient facility~~ shall immediately notify the
16 coroner, and the coroner or his deputy shall conduct an independent examination, in
17 accordance with R.S. 28:53(G). If the coroner or his deputy executes a second
18 emergency certificate, the person may be detained for treatment for a medically
19 necessary period ~~not to exceed twenty-eight days from the date of his admission~~.
20 Otherwise, he shall be discharged.

21 * * *

22 §53.2. Order for custody; grounds; civil liability; criminal penalty for making a false
23 statement

24 A. Any parish coroner or judge of a court of competent jurisdiction may
25 order a person to be taken into protective custody and transported to a treatment
26 facility or the office of the coroner for immediate examination when a peace officer
27 or other credible person executes a statement under private signature specifying that,
28 to the best of his knowledge and belief, the person is mentally ill or suffering from
29 a substance abuse use disorder and is in need of immediate treatment to protect the

1 person or others from physical harm. The statement may include the following
2 information:

3 (1) A statement of facts, including the affiant's observations, leading to the
4 conclusion that the person is mentally ill or suffering from a substance ~~abuse~~ use
5 disorder and dangerous to himself or others or gravely disabled.

6 * * *

7 B. Any parish coroner or judge of a court of competent jurisdiction may
8 order that a person be taken into protective custody and transported to a treatment
9 facility or the office of the coroner for immediate examination when a physician,
10 psychiatric mental health nurse practitioner, psychologist or assigned case manager
11 pursuant to Part III-A of Chapter 1 of this Title presents to the coroner or judge an
12 order of involuntary outpatient treatment, and executes a statement specifying that
13 there is substantial evidence that the patient is not in compliance with the order and
14 there are reasonable grounds to believe that he poses a significant risk of being a
15 danger to self or others.

16 C. The order for custody shall be in writing, in the name of the state of
17 Louisiana, signed by the district judge or parish coroner, and shall state the
18 following:

19 * * *

20 (3) A description of the acts or threats which have led to the belief that the
21 person is mentally ill or suffering from a substance ~~abuse~~ use disorder and is in need
22 of immediate hospitalization to protect the person or others from physical harm, ~~and,~~

23 * * *

24 F. Any person who is found guilty of executing a statement that another
25 person is mentally ill or suffering from a substance ~~abuse~~ use disorder and is in need
26 of immediate treatment to protect the person or others that the affiant knows or
27 should know is false may be imprisoned, with or without hard labor, for not more
28 than one year, or fined not more than one thousand dollars.

29 * * *

1 §54. Judicial commitment; procedure

2 A. Any person of legal age may file with the court a petition which asserts
3 his belief that a person is suffering from mental illness which contributes or causes
4 that person to be a danger to himself or others or to be gravely disabled, or is
5 suffering from a substance ~~abuse~~ use disorder which contributes or causes that
6 person to be a danger to himself or others or to be gravely disabled and may thereby
7 request a hearing. The petition may be filed in the judicial district in which the
8 respondent is confined, or if not confined, in the judicial district where he resides or
9 may be found. The hearing shall not be transferred to another district except for
10 good cause shown. A petitioner who is unable to afford an attorney may seek the
11 assistance of any legal aid society or similar agency if available.

12 * * *

13 D.(1) As soon as practical after the filing of the petition, the court shall
14 review the petition and supporting documents, and determine whether there exists
15 probable cause to believe that the respondent is suffering from mental illness which
16 contributes to his being or causes him to be a danger to himself or others or gravely
17 disabled, or is suffering from a substance ~~abuse~~ use disorder which contributes to his
18 being or causes him to be a danger to himself or others or gravely disabled. If the
19 court determines that probable cause exists, the court shall appoint a physician,
20 preferably a psychiatrist, to examine the respondent and make a written report to the
21 court and the respondent's attorney on the form provided by the office of behavioral
22 health of the Department of Health and Hospitals. The court-appointed physician
23 may be the respondent's treating physician. The written report shall be made
24 available to counsel for the respondent at least three days before the hearing. This
25 report shall set forth specifically the objective factors leading to the conclusion that
26 the person has a mental illness or suffers from a substance ~~abuse~~ use or addictive
27 disorder, the actions or statements by the person leading to the conclusion that the
28 mental illness or a substance ~~abuse~~ use or addictive disorder causes the person to be
29 dangerous to himself or others or to be gravely disabled and in need of immediate

1 treatment as a result of such illness or ~~abuse~~ use, and why involuntary confinement
2 and treatment are indicated. The following criteria should be considered by the
3 physician:

4 (a) The respondent is suffering from serious mental illness which contributes
5 or causes him to be dangerous to himself or others or to be gravely disabled or from
6 a substance ~~abuse~~ use or addictive disorder which contributes or causes him to be
7 dangerous to himself or others or to be gravely disabled.

8 * * *

9 (3) If the respondent refuses to be examined by the court appointed physician
10 as herein provided, or if the judge, after reviewing the petition and an affidavit filed
11 pursuant to R.S. 28:53.2 or the report of the treating physician or the court appointed
12 physician, finds that the respondent is mentally ill or suffering from a substance
13 ~~abuse~~ use or addictive disorder and is in need of immediate hospitalization to protect
14 the person or others from physical harm, or that the respondent's condition may be
15 markedly worsened by delay, then the court may issue a court order for custody of
16 the respondent, and a peace officer shall deliver the respondent to a treatment facility
17 designated by the court. The court shall also issue an order to the treatment facility
18 authorizing detention of the respondent until the commitment hearing is completed,
19 unless he is discharged by the director or administrator.

20 * * *

21 §55. Judicial hearings

22 * * *

23 E.(1) If the court finds by clear and convincing evidence that the respondent
24 is dangerous to self or others or is gravely disabled, as a result of a substance ~~abuse~~
25 use or addictive disorder or mental illness, it shall render a judgment for his
26 commitment. After considering all relevant circumstances, including clinical
27 recommendations and any preference of the respondent or his family, the court shall
28 determine whether the respondent should be committed to a treatment facility which
29 is medically suitable and least restrictive of the respondent's liberty. However, if the

1 placement determined by the court is unavailable, the court shall commit the
2 respondent to the Department of Health and Hospitals for placement in a state
3 treatment facility until such time as an opening is available for transfer to the
4 treatment center determined by the court, unless the respondent waives the
5 requirement for such transfer. Within fifteen days following an alternative
6 placement, the department shall submit a report to the court stating the reasons for
7 such placement and seeking court approval of the placement.

8 * * *

9 (4) The director or administrator shall notify the court in writing when a
10 patient has been discharged or conditionally discharged.

11 (5) The court order shall order a suitable person to convey such person to the
12 treatment facility and deliver respondent, together with a copy of the judgment and
13 certificates, to the director or administrator. In appointing a person to execute the
14 order, the court should give preference to a near relative or friend of the respondent.

15 * * *

16 F. Notice of any action taken by the court shall be given to the respondent
17 and his attorney as well as to the director or administrator of the designated treatment
18 facility in such manner as the court concludes would be appropriate under the
19 circumstances.

20 * * *

21 I.(1)

22 * * *

23 (b) Notwithstanding the provisions of Subparagraph (a) of this Paragraph,
24 any licensed physician may administer medication to a patient without his consent
25 and against his wishes in situations which, in the reasonable judgment of the
26 physician who is observing the patient during the emergency, constitutes a
27 psychiatric or behavioral health emergency. For purposes of this Paragraph, a
28 "psychiatric or behavioral health emergency" occurs when a patient, as a result of
29 mental illness, substance ~~abuse~~ use, or intoxication engages in behavior which, in the

1 clinical judgment of the physician, places the patient or others at significant and
2 imminent risk of damage to life or limb. The emergency administration of
3 medication may be continued until the emergency subsides, but in no event shall it
4 exceed forty-eight hours, except on weekends or holidays when it may be extended
5 for an additional twenty-four hours.

6 (c) The physician shall make a reasonable effort to consult with the primary
7 physician or primary care provider outside the facility that has previously treated the
8 patient for his ~~mental~~ behavioral health condition at the earliest possible time, but in
9 no event more than forty-eight hours after the emergency administration of
10 medication has begun, except on weekends or holidays, when the time period may
11 be extended an additional twenty-four hours. The physician shall record in the
12 patient's file either the date and time of the consultation and a summary of the
13 comments of the primary physician or primary care provider or, if the physician is
14 unable to consult with the primary physician or primary care provider the date and
15 time that a consultation with the primary physician or primary care provider was
16 attempted.

17 (2) If the director or administrator of the hospital, in consultation with two
18 physicians, determines that the condition of a committed patient is of such critical
19 nature that it may be life-threatening unless major surgical procedures or
20 electroshock treatment is administered, such measures may be performed without the
21 consent otherwise provided for in this Section.

22 J. No director or administrator of a treatment facility shall prohibit any
23 person who is mentally ill or person who is suffering from a substance ~~abuse~~ use or
24 addictive disorder from applying for conversion of involuntary or emergency
25 admission status to voluntary admission status. Any patient on an involuntary
26 admission status shall have the right to apply for a writ of habeas corpus to have his
27 admission status changed to voluntary status.

1 §56. Judicial commitment; review; appeals

2 A.(1)(a) Except as provided in Subparagraph (b) of this Paragraph, all
3 judicial commitments except those for ~~alcoholism~~ substance use or addictive
4 disorders shall be for a period not to exceed one hundred eighty days. The period of
5 commitment shall expire at the end of the judicial commitment period, and the
6 patient, if not converted to a voluntary status, shall be discharged unless a petition
7 for judicial commitment has been filed prior to the expiration of the commitment
8 period. If the court finds by clear and convincing evidence that the patient is
9 dangerous to self or others or is gravely disabled as a result of mental illness, it shall
10 render a judgment for his commitment for an additional period. Except as provided
11 in Subparagraph (b) of this Paragraph, each additional judicial commitment shall
12 expire at the end of one hundred eighty days.

13 * * *

14 (2)

15 * * *

16 (b) All judicial commitments shall be reviewed by the court issuing the order
17 for commitment every ninety days, except those for ~~alcoholism~~ substance use or
18 addictive disorders and except those individuals committed pursuant to Code of
19 Criminal Procedure Article 648(B) whose cases shall continue to be reviewed
20 annually. The director or administrator of the treatment facility to which the person
21 has been judicially committed shall issue reports to the court and to counsel of record
22 at these intervals setting forth the patient's response to treatment, his current
23 condition, and the reasons why continued involuntary treatment is necessary to
24 improve the patient's condition or to prevent it from deteriorating. These reports
25 shall be treated by the court as confidential and shall not be available for public
26 examination, nor shall they be subject to discovery in any proceedings other than
27 those initiated pursuant to this Title.

28 * * *

1 B. A commitment for ~~alcoholism~~ substance use or addictive disorders shall
2 expire after forty-five days and the patient, if not converted to a voluntary status,
3 shall be discharged, unless the court, upon application by the director or
4 administrator of the treatment facility, finds that continued involuntary treatment is
5 necessary and orders the patient recommitted for a period not to exceed sixty days;
6 however, not more than two such sixty-day commitments may be ordered in
7 connection with the same continuous confinement.

8 C. Notwithstanding an order of judicial commitment, the director or
9 administrator of the treatment facility to which the individual is committed is
10 encouraged to explore treatment measures that are medically appropriate and less
11 restrictive. ~~The director may at any time convert an involuntary commitment~~ may
12 be converted to a voluntary one ~~should he deem that action medically appropriate.~~
13 ~~He~~ in accordance with R.S. 28:52 or 52.2. The director or administrator of the
14 treatment facility shall inform the court of any action in that regard. The director or
15 administrator may discharge any patient if in his opinion discharge is appropriate,
16 or upon recommendation of the treating physician. The director or administrator
17 shall not be legally responsible to any person for the subsequent acts or behavior of
18 a patient discharged in good faith.

19 * * *

20 G.(1) A person who is judicially committed may be conditionally discharged
21 for a period of up to one hundred twenty days by the director or administrator or by
22 the court. The patient may be required to report for outpatient treatment as a
23 condition of his release. The terms and conditions of the conditional discharge shall
24 be specifically set forth in writing and signed by the patient. A copy of the
25 conditional discharge shall be given to the patient and explained to him before he is
26 discharged.

27 * * *

28 (4) An extension of a conditional discharge may be granted upon application
29 by the director or administrator of the treatment facility to the court and notification

1 to respondent's counsel of record. The court may grant the extension of the
2 conditional discharge for a period of up to one hundred twenty days. No further
3 extension may be made without a contradictory hearing. The burden of proof is on
4 the director or administrator of the treatment facility to show why continued
5 treatment is necessary.

6 * * *

7 §59. Commitment of prisoners

8 * * *

9 C. Any person serving sentence who becomes mentally ill may be committed
10 to the proper institution in the manner provided for judicial commitment by the
11 district court of the place of incarceration and contradictorily with the ~~superintendent~~
12 director or administrator of the place of incarceration or with the sheriff of that
13 parish. The period of commitment shall be credited against the sentence imposed by
14 the court.

15 D. The department shall designate ~~institutions~~ hospitals or treatment
16 facilities for the care of ~~mental patients~~ clients with mental illness committed in
17 accordance with this Section.

18 §62. Commitment to United States veterans and public health service hospitals

19 A. The judge of the civil district court may commit to a United States
20 veterans hospital or United States public health service hospital any eligible
21 incompetent veteran or other person who is in need of ~~institutional~~ inpatient
22 psychiatric care.

23 B. Prior to commitment, the superintendent of the hospital shall have
24 indicated his willingness to accept the patient and the ability to care for him. Upon
25 admission, the patient is subject to the rules and regulations of the hospital and its
26 officials are vested with the same powers exercised by ~~superintendents~~ directors or
27 administrators of state ~~mental~~ psychiatric hospitals with reference to the retention of
28 custody of the committed patient.

1 C. In the commitment of patients under this Section, the court shall notify
 2 the patient of the proceedings and shall give him an opportunity to appear and defend
 3 himself.

4 * * *

5 §67. Petition to the court

6 A petition for an order authorizing involuntary outpatient treatment may be
 7 filed in the judicial district in the parish in which the patient is present or reasonably
 8 believed to be present. A petition to obtain an order authorizing involuntary
 9 outpatient treatment may be initiated by one of the following persons:

10 (1) The director or administrator of a hospital in which the patient is
 11 hospitalized.

12 * * *

13 (3) The director of the ~~human service district,~~ local governing entity, or his
 14 designee, ~~or the manager of the regional office of the Department of Health and~~
 15 ~~Hospitals, office of behavioral health, or his designee,~~ in the parish in which the
 16 patient is present or reasonably believed to be present.

17 * * *

18 §69. Procedure

19 A.(1) Upon the filing of the petition authorized by R.S. 28:67, the court shall
 20 assign a time and place for a hearing, which may be conducted before any judge in
 21 the judicial district, within five days, and shall cause reasonable notice thereof and
 22 a copy of the petition to be served upon the respondent, respondent's attorney, the
 23 petitioner, and the director of the ~~human service district or the regional manager of~~
 24 ~~the Department of Health and Hospitals, office of behavioral health,~~ local governing
 25 entity in the parish where the petition has been filed. The notice shall inform the
 26 respondent that he has a right to be present, a right to counsel, which may be
 27 appointed, if he is indigent or otherwise qualified, has the right to counsel appointed

1 to represent him by the Mental Health Advocacy Service, and a right to cross
2 examine witnesses. Continuances shall be granted only for good cause shown.

3 * * *

4 §70. ~~Written~~ Documented treatment plan for civil involuntary outpatient treatment

5 A. The court shall not order involuntary outpatient treatment unless an
6 examining physician, psychiatric mental health nurse practitioner₂ or psychologist
7 appointed by the appropriate director of the ~~human service district or regional~~
8 ~~manager of the Department of Health and Hospitals, office of behavioral health, local~~
9 governing entity develops and provides to the court a proposed ~~written~~ documented
10 treatment plan. The ~~written~~ documented treatment plan shall be developed by a
11 treatment team which shall include a case manager, clinical social worker₂ and
12 licensed physician, psychiatrist, psychiatric mental health nurse practitioner₂ or
13 psychologist and other specialized service providers as deemed appropriate by the
14 director ~~or regional manager~~ as well as the patient and upon his request, an
15 individual significant to him and concerned with his welfare. The ~~written~~
16 documented treatment plan shall include appropriate services to provide care
17 coordination. Such services ~~shall~~ may include case management services or assertive
18 community treatment teams if medically necessary. The ~~written~~ documented
19 treatment plan shall also include appropriate categories of services, as set forth in
20 Subsection E of this Section, which such team recommends the patient should
21 receive. If the ~~written~~ documented treatment plan includes medication, it shall state
22 whether the medication should be self-administered or administered by authorized
23 personnel, and shall specify type and dosage range of medication most likely to
24 provide maximum benefit for the patient.

25 B. If the ~~written~~ documented treatment plan includes ~~alcohol or substance~~
26 ~~abuse~~ use or addictive disorder counseling and treatment, it may include a provision
27 requiring testing for either alcohol or illegal substances provided the clinical basis
28 for recommending such plan provides sufficient facts for the court to find all of the
29 following:

1 (1) The patient has a history of ~~alcohol or substance abuse~~ use or addictive
2 disorders that is clinically related to the mental illness.

3 * * *

4 E.~~(1)~~ Services shall include those services that are medically necessary and
5 may include but are not limited to any of the following:

6 ~~(a)~~ (1) Assertive community treatment.

7 ~~(b)~~ (2) Case management which is defined as the assignment of the
8 administration of care for an outpatient individual with a serious mental illness to a
9 single person or team, including all necessary medical and mental health care and
10 associated supportive services.

11 ~~(2) Services may include, but are not limited to, the following:~~

12 ~~(a)~~ (3) Medication.

13 ~~(b)~~ (4) Laboratory testing to include periodic blood testing for therapeutic
14 metabolic effects, toxicology testing and breath analysis.

15 ~~(c)~~ (5) Individual or group therapy.

16 ~~(d) Day or partial day programming activities.~~ (6) Community psychiatric
17 support and treatment or psychosocial rehabilitation.

18 ~~(e)~~ (7) Education and vocational rehabilitation training.

19 ~~(f) Alcohol or substance abuse~~ (8) Substance use or addictive disorder
20 treatment.

21 ~~(g)~~ (9) Supervised living.

22 ~~(h)~~ (10) Transportation.

23 §71. Disposition

24 * * *

25 B. If the court finds by clear and convincing evidence that the patient meets
26 the criteria for involuntary outpatient treatment, and no less restrictive alternative is
27 feasible, the court shall order that the patient receive involuntary outpatient treatment
28 for an initial period not to exceed one year. The court shall state reasons why the
29 proposed treatment plan is the least restrictive treatment appropriate and feasible for

1 the patient. The order shall state the categories of involuntary outpatient treatment
2 as set forth in R.S. 28:70, which the patient is to receive, and the court may not order
3 treatment that has not been recommended by the physician, psychiatric mental health
4 nurse practitioner, or psychologist in consultation with the treatment team and
5 included in the written treatment plan. The plan shall be certified by the director of
6 the ~~human service district or the regional manager of the Department of Health and~~
7 ~~Hospitals, office of behavioral health,~~ local governing entity responsible for services
8 in the district where the petition is filed, as offering services which are available
9 through their offices. The court shall not order an outpatient commitment unless the
10 director ~~or regional manager~~ so certifies.

11 C. If the court finds by clear and convincing evidence that the patient meets
12 the criteria for involuntary outpatient treatment, and a written proposed treatment
13 plan has not been submitted, the court shall order the director of the ~~human service~~
14 ~~district or the regional manager of the Department of Health and Hospitals, office of~~
15 ~~behavioral health,~~ local governing entity to provide a plan and testimony within five
16 days of the date of the order.

17 D. The court may order the patient to self-administer psychotropic drugs or
18 accept the administration of such drugs by authorized personnel as part of an
19 involuntary outpatient treatment program. The order shall specify the type and
20 dosage range of psychotropic drugs and it shall be effective for the duration of such
21 involuntary outpatient treatment.

22 E. If the petitioner is the director or an administrator of a hospital that
23 operates an involuntary outpatient treatment program, the court order shall direct the
24 hospital to provide all categories of involuntary outpatient treatment services. If the
25 hospital does not have such a program, or if the patient is discharged to a different
26 ~~district or region,~~ local governing entity, or if the director of the ~~human service~~
27 ~~district or regional manager for the Department of Health and Hospitals, office of~~
28 ~~behavioral health,~~ local governing entity has filed the petition and certified services

1 are available, the court order shall require the appropriate director ~~or regional~~
2 ~~manager~~ to provide for all categories of involuntary outpatient treatment services.

3 F. The director ~~or regional manager~~ shall apply for court approval prior to
4 instituting a proposed material change in the involuntary outpatient treatment order
5 unless such change is contemplated in the order. For purposes of this Subsection, a
6 material change shall mean an addition or deletion of a category of involuntary
7 outpatient treatment service, or any deviation without the consent of the patient from
8 the terms of an existing order relating to the administration of psychotropic drugs,
9 or a change of residence from one ~~district or region~~ local governing entity to another.
10 Any application for court approval shall be served upon all persons required to be
11 served with notice of a petition for an order authorizing involuntary outpatient
12 treatment. Either party may move for a hearing on the application. If a motion is not
13 filed within five days from the date the application is filed, the court shall grant the
14 application.

15 * * *

16 §72. Application for additional periods of treatment

17 A. The court order for outpatient treatment shall expire at the end of the
18 specified period unless a petition or motion for an extension has been filed. If the
19 director ~~or regional manager~~ determines that a patient requires further involuntary
20 outpatient treatment, he shall file a petition or motion for continued treatment prior
21 to the expiration of the initial involuntary outpatient treatment ordered by the court.
22 If a patient has been ordered to receive outpatient treatment for four consecutive six-
23 month to one-year periods, the period of any subsequent order may exceed one year
24 but shall not exceed two years.

25 * * *

1 §73. Application to stay, vacate, or modify

2 In addition to any right or remedy available by law, the patient may apply to
3 the court to stay, vacate, or modify the order and he shall notify the director ~~or~~
4 ~~manager~~ of his application.

5 * * *

6 §75. Failure to comply with involuntary outpatient treatment

7 A. ~~When a~~ A physician, psychiatric mental health nurse practitioner, or
8 psychologist may execute an emergency certificate in accordance with R.S. 28:53,
9 request an order for custody in accordance with R.S. 28:53.2, or seek a judicial
10 commitment in accordance with R.S. 28:54 when all of the following conditions
11 apply:

12 (1) He determines the patient has failed to comply with the ordered
13 treatment;

14 (2) ~~efforts~~ Efforts were made to solicit compliance by the ~~district, the region,~~
15 department or local governing entity, case manager, or ~~assertive community~~ the
16 patient's treatment provider, ~~and.~~

17 (3) ~~the~~ The patient may be in need of involuntary admission to a treatment
18 facility, ~~he may execute an emergency certificate in accordance with R.S. 28:53,~~
19 ~~request an order for custody in accordance with R.S. 28:53.2, or seek a judicial~~
20 ~~commitment in accordance with R.S. 28:54.~~

21 * * *

22 PART IV. TRANSFER, DISCHARGE, LEAVE OF ABSENCE,
23 RETURN OF ESCAPED PATIENTS ON UNAUTHORIZED DEPARTURE,
24 BOARDING OUT OF PATIENTS,
25 INTERSTATE RENDITION, AND DEPORTATION

26 §91. Transfer to ~~mental institution~~ psychiatric hospital

27 A. The judge shall designate or shall request the ~~superintendent~~ department
28 to provide an attendant to conduct the patient to the institution and may authorize the
29 employment of assistants if necessary.

1 B. Wherever practicable, the ~~mental~~ patient to be hospitalized shall be
2 permitted to be accompanied by one or more of his friends or relatives.

3 ~~Upon delivering the patient, the attendant shall indorse that fact upon a~~
4 ~~warrant and the superintendent receiving the patient shall sign the warrant in~~
5 ~~acknowledgment.~~

6 §92. Transfer of patients from military establishments

7 A. Any resident and rightful charge upon the state who becomes mentally
8 ill while in military service and is returned to the state because of need of
9 ~~institutional~~ inpatient psychiatric care, shall be directly transferred from the military
10 establishment to a state psychiatric hospital, provided arrangements to receive him
11 are made in advance with the ~~superintendent~~ director or administrator.

12 B. Unless sooner discharged from military service, the patient shall be
13 detained for a period of observation not to exceed thirty days. If it is found that he
14 should remain at the hospital, he shall, after discharge from military service, be
15 committed in accordance with the provisions of this Chapter.

16 §93. Transfer of veterans to United States veterans hospitals

17 A. Any veteran eligible for treatment in a United States veterans hospital
18 who has been committed to a ~~mental~~ state psychiatric hospital within the state may
19 be transferred to a United States veterans hospital.

20 B. The transfer shall be by order of the committing court or by order of the
21 ~~superintendent~~ director or administrator of the ~~mental~~ state psychiatric hospital in
22 which the veteran is confined or by order of the division if the veteran is on leave.

23 §94. Transfer of patients between ~~institutions~~ psychiatric hospitals

24 A. Except as otherwise provided in this Subsection, the department may
25 transfer any patient from one ~~mental institution~~ psychiatric hospital to another if
26 eligibility criteria is met. Moreover, the ~~superintendent~~ administrator of ~~an~~
27 ~~institution~~ a psychiatric hospital may request the department to transfer a patient
28 when he believes that a transfer is necessary.

1 discharge in accordance with this Section is contemplated, the department shall give
2 notice to the ~~superintendent~~ director or administrator and to the person who ~~caused~~
3 filed the original petition causing the patient to be committed, in order that they may
4 state their reasons why the patient should be detained for further treatment.

5 * * *

6 §99. Discharge by lapse of time

7 Any patient continuously absent from ~~an institution~~ a psychiatric hospital
8 without authorized leave for ~~twelve months~~ seventy-two hours is automatically
9 discharged and may be readmitted only according to law. This Section does not
10 apply to ~~mental defectives or epileptics, whose leaves are indefinite and who can be~~
11 ~~returned at any time until formal discharge, nor to patients committed in accordance~~
12 with R.S. 28:59 or Code of Criminal Procedure Article 648B(3).

13 §100. Leaves of absence for patients

14 A. The ~~superintendent~~ treating physician may grant to patients leaves of
15 absence for such time and upon such conditions as he prescribes. In granting leave,
16 the ~~superintendent~~ director or administrator is subject to the restrictions provided in
17 R.S. 28:96.

18 B. A patient on leave may be returned at any time by the ~~superintendent~~
19 director or administrator or the person to whom he has been released. ~~The cost of~~
20 ~~return shall be paid by the latter.~~

21 ~~Mental defectives and epileptics, whose leaves are indefinite, can be returned~~
22 ~~at any time until formal discharge, but other patients shall renew their leaves yearly~~
23 ~~or are liable to become automatically discharged in accordance with R.S. 28:99.~~

24 §100.1. ~~Convalescent status~~ Conditional discharge; rehospitalization

25 A. The ~~superintendent~~ director or administrator may release an improved
26 patient on ~~convalescent status~~ conditional discharge when he believes that such
27 release is in the best interests of the patient. ~~Release on convalescent status~~
28 Conditional discharge shall include provisions for continuing responsibility to and
29 by the hospital, including a plan of treatment on an outpatient or nonhospital patient

1 basis. ~~Prior to the end of a year on convalescent status, and not less frequently than~~
2 ~~annually thereafter, the superintendent shall re-examine the facts relating to the~~
3 ~~hospitalization of the patient on convalescent status and, if he determines that in~~
4 ~~view of the condition of the patient hospitalization is no longer necessary, he may~~
5 ~~discharge the patient and make a report thereof to the department.~~

6 B. Prior to such discharge, the ~~superintendent~~ director or administrator of the
7 hospital from which the patient is given ~~convalescent status~~ conditional discharge
8 may at any time readmit the patient. If there is reason to believe that it is in the best
9 interest of the patient to be rehospitalized, the department or the ~~superintendent~~
10 director or administrator may issue an order for the immediate rehospitalization of
11 the patient. Such an order, if not voluntarily complied with, shall, upon the direction
12 of a judge of a court of record of the parish in which the patient is resident or present,
13 authorize any health or police officer to take the patient into custody and transport
14 him to the hospital, or if the order is issued by the department, to a hospital
15 designated by it.

16 §101. Boarding out patients

17 A. Under conditions indicating rehabilitation possibilities, the
18 ~~superintendent~~, director or administrator, with the consent of the department, may
19 permit patients to board out with responsible persons who may be paid for their care
20 of the patients. This Section does not apply to patients committed in accordance
21 with R.S. 28:59.

22 ~~A.~~ B. In determining the amount to be paid, the value of any services to be
23 rendered by the patient while boarding shall be considered and should the services
24 of the patient justify, he shall be paid a sum in excess of his board to compensate him
25 for these services.

26 ~~B.~~ C. The ~~superintendent~~ director or administrator may require the person
27 applying to board a patient to give bond with security for the proper care of the
28 patient.

1 ~~C. D.~~ Agents of the ~~institution~~ state psychiatric hospital shall frequently visit
2 frequently every boarding patient. If it is determined that the patient is not being
3 cared for properly, the ~~superintendent~~ director or administrator shall recall him to the
4 ~~institution~~ state psychiatric hospital with the consent of the department.

5 §102. Return of ~~escaped~~ patients on an unauthorized departure from state
6 psychiatric hospital

7 Any ~~escaped~~ patient on an unauthorized departure from state psychiatric
8 hospital shall be returned at the expense of the ~~institution~~ state psychiatric hospital
9 from which he ~~escaped~~ left without authorization unless his discharge is granted
10 before his return.

11 §103. Deportation of nonresident patients

12 A. The department or executive authority of this state may return any
13 nonresident patient to the state or county of which he is a legal resident. Pending the
14 return, the department shall provide necessary temporary care for the patient. He
15 shall be suitably clothed and, if necessary, shall be accompanied by an attendant who
16 shall deliver the patient with due care to the proper officials at the destination. If the
17 patient is able to travel alone, he shall be provided with sufficient funds for
18 sustenance and travel.

19 B. The department or executive authority of this state may enter into
20 agreements with other states for reciprocity in deporting ~~mental~~ psychiatric patients.

21 §104. Importation of ~~mental~~ nonresidential psychiatric patients prohibited

22 A. No person or public carrier shall knowingly import a ~~non-resident mental~~
23 nonresidential psychiatric patient into this state for the purpose of having him
24 committed.

25 B. Any person who violates this Section shall be fined one hundred dollars
26 or imprisoned for sixty days, or both, and the patient shall be removed from the state
27 at the expense of the offending person or public carrier.

1 §105. Extradition of escaped patients

2 ~~The extradition of escaped patients shall be in accordance with the Uniform~~
3 ~~Act for the Extradition of Persons of Unsound Mind.~~

4 A. The following definitions shall apply to extradition of escaped patients:

5 (1) "Executive authority" means the governor or his appointed designee.

6 (2) "Flight" and "fled" mean any departure from the jurisdiction of the court
7 where the proceedings hereinafter mentioned may have been instituted and are still
8 pending, with the effect of avoiding, impeding, or delaying the action of the court in
9 which such proceedings may have been instituted or may be pending.

10 (3) "State" shall include states, territories, districts, and insular and other
11 possessions of the United States.

12 B. Whenever the executive authority of any state other than Louisiana
13 demands the return of an escaped nonresident patient and produces a certified copy
14 of the decree or other judicial process and proceedings for involuntary commitment,
15 with an affidavit showing the person to be an escapee, it shall be the duty of the
16 executive authority of Louisiana to apprehend and secure the escapee.

17 C. Immediate notice of the apprehension shall be given to the executive
18 authority making the demand, or to the agent of the authority appointed to receive
19 the escapee, and the escapee shall be delivered to the agent. If no agent appears
20 within forty days from the time of apprehension, the escapee may be discharged.

21 D. All costs and expenses incurred in the apprehension, securing,
22 maintaining, and transmitting of the escapee shall be paid by the state making the
23 demand. Any agent so appointed who receives the escapee into his custody shall be
24 empowered to transmit him to the state from which he has fled.

25 §141. Costs of commitment and examination

26 A. If financially able, the patient or his legally responsible relative shall pay
27 the costs of commitment, including examination fees, expenses incurred in calling
28 witnesses, fees of counsel for the patient, and fees of the commission, otherwise the

1 parish of domicile in the case of a resident or the ~~division~~ department in the case of
2 a ~~non-resident~~ nonresident shall pay these costs.

3 B. Fees for services rendered by coroners or other experts in the commitment
4 of patients shall be in accordance with the provisions contained in Article ~~267~~ 659
5 of the Code of Criminal Procedure and the special laws relating to the fees of
6 coroners and assisting physicians in interdiction proceedings. Except for emergency
7 commitments which do not result in court commitment and voluntary admissions,
8 the coroner of the parish of domicile shall receive the usual fee allowed in a formal
9 commitment, for all types of commitment under this Chapter, even though he does
10 not act personally in the commitment proceeding

11 §142. Costs of transportation

12 A. If financially able, the patient or his legally responsible relative shall pay
13 all the costs incident to transporting the patient to the ~~mental~~ state psychiatric
14 hospital; otherwise the department, in the case of a nonresident, or the parish in
15 which the hearing was held, in the case of a resident, shall pay these costs. If a
16 patient's domicile is in a parish other than that in which the hearing was held, the
17 former parish shall reimburse the latter for these costs.

18 B. Fees for transporting patients shall be in accordance with the special laws
19 establishing fees for transporting prisoners.

20 §143. Costs of maintenance and ~~boarding-out~~ daily care

21 A. The ~~superintendent~~ director or administrator of each ~~mental~~ state
22 psychiatric institution shall include the costs of maintenance and ~~boarding-out~~ daily
23 care of patients as an expense of the ~~institution~~ state psychiatric hospital and shall
24 prepare budgets in accordance with the provisions of Chapter 1 of Title 39.

25 B. If financially able, the patient or his legally responsible relative shall
26 reimburse the ~~institution~~ state psychiatric hospital for all or a part of the cost of his
27 maintenance or ~~boarding-out.~~ daily care.

1 §144. Investigation and assessment of charges

2 The department shall develop procedures to determine the ability of a patient
3 or his legally responsible relative to pay all or a part of the costs of the patient's care
4 and shall adopt a policy including rules and regulations for the assessment of charges
5 in accordance with the ability to pay.

6 §145. Costs of transfer

7 The person requesting the transfer shall pay the costs of transferring a patient
8 between ~~institutions~~; hospitals. The department shall pay the costs of transfers made
9 at its request.

10 §146. Expenses incident to discharge, removal, or funeral

11 A. If financially able, the patient or his legally responsible relative shall pay
12 the costs of the patient's funeral or his discharge and removal, including traveling
13 expenses to his home; otherwise the ~~institution~~ state psychiatric hospital shall pay
14 these costs. If discharge is ordered by the department and the ~~institution~~ state
15 psychiatric hospital has to pay the patient's traveling expenses to his home, the
16 department shall reimburse the ~~institution~~ state psychiatric hospital out of
17 appropriations for persons who are indigent and have a mental illness.

18 * * *

19 PART VI. RIGHTS OF PERSONS SUFFERING FROM MENTAL
20 ILLNESS AND SUBSTANCE ~~ABUSE~~ USE OR ADDICTIVE DISORDERS

21 §171. Enumerations of rights guaranteed

22 * * *

23 C.

24 * * *

25 (4)(a) The director of any substance ~~abuse~~ use treatment facility may restrict
26 the visitation rights of a patient who is voluntarily admitted to such treatment facility
27 under the provisions of R.S. 28:52, 52.1, 52.2, 52.3, and 52.4 for the initial phase of
28 treatment but no longer than seven days unless good cause exists to extend the
29 restriction and is so documented in the patient's record. This restriction shall not

1 apply to visitation by the patient's attorney, or if he is not represented by counsel, the
 2 mental health advocate, or the patient's minister. This restriction shall also not apply
 3 to a parent or legal guardian of a patient who is a minor unless the director
 4 determines that good cause exists that such restriction shall be in the best interest of
 5 the patient and is so documented in the patient's record. When the facility director
 6 determines the need to restrict visitation of new patients he shall post notice of such
 7 restriction in places prominent to all new admissions, and shall inform each new
 8 patient of the restriction prior to the admission of the patient, and the length and
 9 duration thereof, and further, that such restriction may be extended on an individual
 10 basis as determined to be in the patient's interest by the treatment staff with the
 11 concurrence of the medical director.

12 * * *

13 D. Seclusion or restraint shall only be used to prevent a patient from
 14 physically injuring himself or others. Seclusion or restraint may not be used to
 15 punish or discipline a patient or used as a convenience to the staff of the treatment
 16 facility. Seclusion or restraint shall be used only in accordance with the following
 17 standards:

18 * * *

19 (5) A renewal order for up to twelve hours of seclusion or restraint may be
 20 issued by a physician, psychologist, medical psychologist, or psychiatric mental
 21 health nurse practitioner with institutional authority to order seclusion or restraint
 22 after determining that there is no less restrictive means of preventing injury to the
 23 patient or others. If any patient is held in seclusion or restraint for twenty-four
 24 consecutive hours, the physician, psychologist, medical psychologist, or psychiatric
 25 mental health nurse practitioner with institutional authority shall conduct an actual
 26 examination of the patient and document the reason why the use of seclusion or
 27 restraint beyond twenty-four consecutive hours is necessary, and the next of kin or
 28 responsible party shall be notified by the twenty-sixth hour.

29 * * *

1 §171.1. Principles for the ~~mental~~ behavioral health system

2 The department and any entity which receives funding through a state
3 contract to provide services to persons ~~who are mentally ill~~ with behavioral health
4 needs as defined in R.S. 28:2 shall provide, to the maximum extent possible, ~~mental~~
5 behavioral health treatment, services, and supports which are consistent with the
6 following principles:

7 * * *

8 (5) Persons with ~~mental illness~~ with behavioral health needs are generally
9 best able to determine their own needs, rather than their needs being determined by
10 others.

11 (6) For children ~~with mental illness,~~ with behavioral health needs, the needs
12 of the entire family should be considered in the development of family supports.

13 (7) Family supports may enable children to live in stable family
14 environments with enduring relationships with one or more adults regardless of the
15 severity of the ~~mental illness~~ behavioral health needs of the child or the degree of
16 support necessary.

17 (8) Children and young adults with ~~mental illness~~ with behavioral health
18 needs receive and participate in an appropriate education which enables them to have
19 increased opportunities for well being, development, and inclusion in their
20 communities.

21 * * *

22 §172. Deposit of patients' funds; disbursement

23 A. The ~~superintendent~~ administrator of each state psychiatric hospital ~~for~~
24 ~~persons with mental illness~~ is authorized to receive and receipt for funds belonging
25 to a patient and shall keep ~~such~~ the funds on deposit for the use and benefit of the
26 patient. ~~Such~~ The funds shall be considered as being on deposit with an agency of
27 the state of Louisiana and no bond shall be required of the ~~superintendent~~.
28 department. Disbursement thereof shall be made only on order of the court having

1 jurisdiction over the patient if he has been judicially interdicted or if not, an order of
2 the person or governmental agency making the deposit in behalf of the patient.

3 B. When a patient dies who has funds on deposit to his credit the
4 ~~superintendent~~ administrator may at his discretion use whatever portion of ~~such~~ the
5 funds is needed to give the patient a decent burial. The remainder of the patient's
6 funds may be claimed by his heirs by appropriate legal action. If ~~such~~ the funds are
7 not claimed by the heirs of a deceased patient within five years of the date of his
8 death his funds shall become the property of the state and be used by the
9 ~~superintendent~~ administrator for the benefit of other patients in the hospital.

10 §173. Interest earned on funds of ~~mental~~ patients of state psychiatric hospitals

11 Interest earned on funds of ~~mental~~ patients deposited with the ~~institution~~ state
12 psychiatric hospital shall be expended by the ~~institution~~ hospital for recreational
13 purposes for the benefit of the ~~inmates therein~~ patients.

14 §181. Improper commitment

15 Any person who, alone or in conspiracy with others, unlawfully, ~~wilfully,~~
16 willfully, maliciously, and without reasonable cause, commits or attempts to commit
17 ~~to any mental institution~~ any person not sufficiently ill to require care shall be fined
18 not more than one thousand dollars, or imprisoned for not more than one year, or
19 both.

20 * * *

21 §185. Unlicensed counseling

22 A. No person shall hold himself out to be a counselor with a specific
23 specialty to provide mental health or substance ~~abuse~~ use or addictive disorder
24 treatment services, or attempt to provide counseling services in this state, and receive
25 fees either from the patient or a third party, unless he is authorized to practice in the
26 specific specialty area by the appropriate state or regulatory authority.

27 * * *

1 (2) "Declaration for ~~mental~~ behavioral health treatment" or "declaration"
2 means a written document executed by a principal, in accordance with the
3 requirements of this Part, setting forth preferences or instructions regarding ~~mental~~
4 behavioral health treatment in the event the principal is determined to be incapable
5 and ~~mental~~ behavioral health treatment is necessary.

6 (3) "Director" or "~~superintendent~~" administrator" means a person in charge
7 of a treatment facility or his deputy.

8 (4) "Incapable" means that, due to any infirmity, the principal is currently
9 unable to make or to communicate reasoned decisions regarding the principal's
10 ~~mental~~ behavioral health treatment.

11 (5) "Mental health treatment" ~~shall have the same meaning as provided in~~
12 ~~R.S. 28:2(28) and includes but is not limited to electroshock therapy; means~~
13 treatment of mental illness with ~~psychoactive~~ psychotropic medication, admission
14 to and retention in a treatment facility, ~~and~~ or outpatient services. However, "mental
15 health treatment" shall not include admission to or retention in a mental health
16 treatment facility for a period in excess of fifteen days.

17 (6) "Outpatient services" means treatment for a mental illness or ~~emotional~~
18 substance use or addictive disorder that is obtained on an outpatient basis.

19 * * *

20 (8) "Principal" means an individual who has executed an advance directive
21 for ~~mental~~ behavioral health treatment.

22 (9) "Provider" means a ~~mental~~ behavioral health treatment provider.

23 * * *

24 (11) "Representative" means a competent adult validly appointed under R.S.
25 28:223 to make ~~mental~~ behavioral health treatment decisions for a principal and also
26 means an alternative representative.

27 (12) "Treating physician" means the physician who has primary
28 responsibility for the ~~mental~~ behavioral health treatment of the principal.

1 (13) "Treatment facility" shall have the same meaning as provided in R.S.
2 28:2(29)(a).

3 §222. Individuals who may make an advance directive for ~~mental~~ behavioral health
4 treatment; period of validity

5 A. An adult who is not incapable may make an advance directive for ~~mental~~
6 behavioral health treatment. The preferences or instructions may include consent to
7 or refusal of ~~mental~~ behavioral health treatment.

8 B. An advance directive for ~~mental~~ behavioral health treatment shall
9 continue in effect for a period of five years or until revoked, whichever occurs first.
10 The authority of a named representative and any alternative representative named in
11 the advance directive for ~~mental~~ behavioral health treatment shall continue in effect
12 as long as the advance directive appointing the representative is in effect or until the
13 representative has withdrawn.

14 C. If an advance directive for ~~mental~~ behavioral health treatment has been
15 delivered to the principal's treating physician or other provider and the principal has
16 been determined to be incapable pursuant to R.S. 28:226, at the expiration of five
17 years after its execution, it shall remain effective until the principal is no longer
18 incapable.

19 §223. Designation of representative for decisions about mental health treatment

20 An advance directive for ~~mental~~ behavioral health treatment may designate
21 a competent adult to act as a representative to make decisions about ~~mental~~
22 behavioral health treatment. An alternative representative may also be designated
23 to act as representative if the original designee is unable or unwilling to act at any
24 time. A representative who has accepted the appointment in writing may make
25 decisions about ~~mental~~ behavioral health treatment on behalf of the principal only
26 when the principal is determined to be incapable pursuant to R.S. 28:226. The
27 decisions shall be consistent with any desires the principal has expressed in the
28 declaration.

1 treating physician or provider shall endeavor to communicate with the principal
2 regarding his proposed ~~mental~~ behavioral health treatment and even continue to
3 obtain the principal's informed consent to all ~~mental~~ behavioral health treatment
4 decisions if the principal is capable of providing informed consent or refusal.

5 * * *

6 §227. Scope of authority of representative; powers and duties; limitation on liability

7 A. The representative shall not have the authority to make ~~mental~~ behavioral
8 health treatment decisions unless the principal is determined to be incapable as
9 provided in R.S. 28:226.

10 * * *

11 C. Except to the extent the right is limited by the advance directive for
12 behavioral health treatment or any state or federal law, a representative shall have
13 the same right as the principal to receive information regarding both proposed and
14 administered ~~mental~~ behavioral health treatment and to receive, review, and consent
15 to disclosure or use of medical records relating to that treatment. This
16 representative's right of access to the principal's ~~mental~~ behavioral health treatment
17 information shall not waive any evidentiary privilege.

18 * * *

19 E. A representative shall not be subject to criminal prosecution, civil
20 liability, or professional disciplinary action for any action taken in good faith
21 pursuant to an advance directive for ~~mental~~ behavioral health treatment.

22 §228. Prohibitions against requiring an individual to execute or refrain from
23 executing an advance directive for behavioral health treatment

24 An individual shall not be required to execute or to refrain from executing an
25 advance directive for ~~mental~~ behavioral health treatment as a criterion for insurance,
26 as a condition for receiving ~~mental~~ behavioral or physical health services, or as a
27 condition of discharge from a treatment facility.

1 the director of the treatment facility shall conduct an administrative review to
2 determine whether the principal should be forcibly medicated contrary to his wishes.

3 * * *

4 B. An advance directive shall not limit the authority provided in ~~R.S. 28:2~~
5 R.S. 28:1 et seq., to take a principal into protective custody or to involuntarily admit
6 or commit a principal to a treatment facility.

7 C. An advance directive shall not authorize admission to or retention in a
8 ~~mental health~~ treatment facility for a period in excess of fifteen days.

9 * * *

10 §232. Limitations on liability of physician or provider

11 A physician or provider who administers or does not administer ~~mental~~
12 behavioral health treatment according to and in good faith reliance upon the validity
13 of an advance directive for ~~mental~~ behavioral health treatment shall not be subject
14 to criminal prosecution, civil liability, or professional disciplinary action resulting
15 from a subsequent finding of an advance directive's invalidity.

16 §233. Individuals prohibited from serving as representative

17 The following individuals shall be prohibited from serving as a
18 representative:

19 * * *

20 (2) An owner, operator, or employee of a ~~health-care~~ treatment facility in
21 which the principal is a patient or resident if the owner, operator, or employee is
22 unrelated to the principal by blood, marriage, or adoption.

23 §234. Individuals prohibited from serving as witnesses to advance directive for
24 ~~mental~~ behavioral health treatment

25 The following individuals shall be prohibited from serving as a witness to the
26 signing of an advance directive for ~~mental~~ behavioral health treatment:

27 * * *

1 (g) Provide a twenty-four hour, toll-free telephone service to provide
2 information regarding available services to assist with compulsive or problem
3 gambling behavior.

4 B.(1) Administration of the behavioral health care system shall be operated
5 by a system of independent healthcare districts or authorities, to be designated as
6 local governing entities. The local governing entities are the primary provider of
7 public behavioral health services. Local governing entities shall perform the
8 functions of the state relating to the care, training, treatment, and education of
9 persons suffering from substance use and addictive disorders and the prevention of
10 substance use and addictive disorders. ~~It~~ The local governing entities shall
11 administer residential and outpatient care facilities of the state for addictive disorder
12 patients and administer the addictive disorders programs in the state.

13 ~~B: (2) The office~~ Each local governing entity shall additionally perform the
14 following duties and responsibilities:

15 ~~(1)~~ (a) Formulation and implementation of policies relating to the treatment
16 and prevention of substance use and addictive disorders in accordance with
17 applicable state law; however, the provisions of this Section shall not apply to the
18 ~~Substance Abuse Prevention Program of the Department of Education and the~~
19 ~~Highway Safety Act of 1966 (P.L. 89-564) administered by the Highway Safety~~
20 ~~Commission of the Department of Public Safety and Corrections.~~

21 ~~(2)~~ (b) Provision of all services to persons suffering from substance use and
22 addictive disorders ~~which were formerly provided by the office of prevention and~~
23 ~~recovery from alcohol and drug abuse of the Department of Health and Hospitals and~~
24 such services otherwise required by law. ~~The office~~ local governing entity may
25 provide ~~such~~ the services directly or through contracts with local, state, or federal
26 agencies or private care providers.

27 ~~(3)~~ (c) Administration of all programs relating to substance use and
28 addictive disorders listed in this Title.

1 ~~(4)~~ (d) Coordination of all programs of all state departments relating to
2 addictive substance use and gambling disorders, including assisting such agencies
3 in the assessment and referral of persons subject to their jurisdiction. ~~The office~~
4 ~~shall also establish and implement an employee assistance program on addictive~~
5 ~~disorders for state employees.~~

6 ~~(5)(a)~~ (e)(i) Provision of assessment, referral, and treatment services for
7 substance use and addictive disorders to persons subject to the custody of state,
8 municipal, or parish correctional institutions pursuant to agreements with such
9 institutions and to persons subject to driving while intoxicated or impaired programs.
10 In addition to any charges established by the ~~department~~ local governing entity for
11 treatment services ~~by the office~~ provided to persons subject to driving while
12 intoxicated or impaired programs, the ~~department~~ local governing entity may assess
13 every patient in ~~such the program to whom the office provides treatment~~ receiving
14 services a standard copayment fee ~~of ten~~ not to exceed twenty dollars per session
15 subject to applicable federal regulations. A patient whose treatment is provided ~~by~~
16 ~~the office~~ through a private contractor shall not be assessed a copayment fee as
17 provided above. Nothing in this Paragraph shall be construed to prohibit ~~such~~ a
18 private provider from assessing fees otherwise allowable under applicable federal
19 and state laws. ~~The department shall provide by rule for the implementation of such~~
20 ~~copayment not later than March 15, 1987.~~

21 ~~(b)~~ ~~Notwithstanding the provisions of Subparagraph (a) and otherwise~~
22 ~~subject to its provisions, not later than September 1, 1987, the department, by rule,~~
23 ~~shall increase the amount of the standard copayment fee to twenty dollars per~~
24 ~~session.~~

25 ~~(c)~~ (ii) The copayment provided for in this Paragraph shall be deposited in
26 the state treasury pursuant to R.S. 39:82 and shall be accounted for by the
27 commissioner of administration through appropriations control pursuant to R.S.
28 39:334(B)(6). The commissioner of administration shall establish a separate cost
29 center in the ~~office of behavioral health and the office for citizens with~~

1 ~~developmental disabilities~~ local governing entities for revenue generated pursuant
2 to this Paragraph. All funds not obligated shall revert to the state general fund at the
3 end of the fiscal year.

4 ~~(6)~~ (f) Maintenance of complete statistics and other relevant information on
5 substance use and addictive disorders within the state of Louisiana and provision of
6 such information to interested agencies, groups, and individuals upon request.

7 ~~(7)~~ (g) Receive any federal funds available under Title 18, Title 19, and Title
8 20 of the Social Security Act and any other funds specifically allocated for the
9 prevention or treatment of substance use and addictive disorders and to use any such
10 funds received.

11 ~~(8)~~ (h) Development of procedures and criteria for determining, and, in
12 accordance with such procedures and criteria, determination of the ability of a patient
13 or person receiving services, or his legally responsible relative, to pay all or a part
14 of the costs of the care or treatment of the patient or recipient. The department shall
15 promulgate rules and regulations to provide for such determination and for the
16 assessment of charges for care or treatment based on such determination.

17 ~~(9) Provide a twenty-four-hour, toll-free telephone service to provide~~
18 ~~information regarding available services to assist with compulsive or problem~~
19 ~~gambling behavior.~~

20 ~~(10)~~ (i) Require any patient who is given a urine drug screen in a ~~state-~~
21 ~~operated~~ state-supported outpatient or inpatient alcohol or drug abuse substance use
22 or addictive disorder treatment facility as part of his treatment by the ~~office of~~
23 ~~behavioral health~~ local governing entities to pay a copayment of not more than
24 twelve dollars per screen to the provider of the screen if he is able to pay such
25 copayment based on a sliding fee scale. ~~Such~~ The copayments shall be charged and
26 collected by the provider. The ~~office of behavioral health~~ department shall
27 promulgate rules and regulations to establish a sliding fee scale and criteria for
28 determining a patient's ability to pay. Any patient eligible to receive Medicaid shall
29 be exempt from the provisions of the copayment requirements. The copayments

1 shall be exempt from the provisions of R.S. 49:971(A)(3) which provide that no state
2 agency shall increase any existing fee or impose any new fee unless the fee increase
3 or fee adoption is expressly authorized pursuant to a fee schedule established by
4 statute or specifically authorized by federal law, rules, or regulations for the purpose
5 of satisfying an express mandate of such federal law, rule, or regulation.

6 * * *

7 CHAPTER 15. ~~COMPULSIVE AND PROBLEM~~ GAMBLING DISORDERS

8 §841. Office of behavioral health; functions related to ~~compulsive and problem~~
9 gambling disorders

10 A. The office of behavioral health of the Department of Health and Hospitals
11 shall establish a program to provide information and referral services related to
12 ~~compulsive or problem~~ gambling disorders. The program may include treatment
13 services and shall include provision of a twenty-four hour, toll-free telephone
14 service, operated by persons with knowledge of programs and services available to
15 assist persons suffering from ~~compulsive or problem~~ gambling behavior. ~~disorders~~.

16 B. The office shall make information regarding the program and services
17 available to the public and shall provide, by rule, for ~~the design~~ of an informational
18 sign containing the toll-free telephone number for use in various places where
19 gambling or gaming activities are conducted in the state, horse racing tracks, and
20 charitable bingo parlors. The office shall provide such signs to the Louisiana Lottery
21 Corporation, which shall require their posting at lottery retail outlets, pursuant to
22 R.S. 47:9021.

23 Section 4. R.S. 36:258(C) and (D) are hereby amended and reenacted to read as
24 follows:

25 §258. Offices; purposes and functions

26 * * *

27 C. The consolidation of the administration of the offices for mental ~~illness~~
28 health and of addictive disorders into the office of behavioral health will offer less
29 redundancy and greater benefits to Louisiana citizens in need of these services. The

1 office of behavioral health shall perform the functions of the state which ~~provide~~
 2 oversee services and continuity of care for the prevention, detection, treatment,
 3 rehabilitation, and follow-up care of mental and emotional illness in Louisiana and
 4 shall perform functions related to mental health. It shall also perform the functions
 5 of the state relating to the care, training, treatment, and education of those suffering
 6 from substance use or addictive disorders and the prevention of substance use or
 7 addictive disorders and administer the substance use or addictive disorders programs
 8 in the state. It shall ~~administer~~ monitor residential and outpatient care facilities of
 9 ~~the state~~ for persons ~~who are mentally ill,~~ suffering from mental illness, persons
 10 suffering from substance use or addictive disorders, and persons suffering from co-
 11 occurring mental illness and substance use or addictive disorders.

12 D. The office for citizens with developmental disabilities shall be responsible
 13 for the programs and functions of the state relating to the care, training, treatment,
 14 and education of ~~the mentally retarded, the developmentally disabled, and the~~
 15 ~~autistic.~~ persons with intellectual disabilities, persons with developmental
 16 disabilities, and persons with autism. It shall administer residential and day care
 17 facilities of the state for ~~the mentally retarded and developmentally disabled.~~ persons
 18 with intellectual disabilities and persons with developmental disabilities.

19 * * *

20 Section 5. R.S. 17:282.4(E) and R.S. 28:22.4, 22.6, 22.7, 22.10, 95, 182, 183, 184,
 21 201, 206, 237, 501 through 506, 561, and 771(C) through (H) are hereby repealed in their
 22 entirety.

23 Section 6. This Act shall become effective upon signature by the governor or, if not
 24 signed by the governor, upon expiration of the time for bills to become law without signature
 25 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
 26 vetoed by the governor and subsequently approved by the legislature, this Act shall become
 27 effective on the day following such approval.

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 552 Original

2016 Regular Session

Leger

Abstract: Updates terminology in provisions of law relative to behavioral health treatment.

Present law defines key terms used in present law.

Proposed law retains present law but updates certain terminology and adds definitions for "addictive disorder", "behavioral health", "client", "local governing entity", and "state psychiatric hospital".

Proposed law changes references to "substance abuse" to "substance use disorder" or "substance use or addictive disorder".

Proposed law changes references to "mental health" to "behavioral health".

Proposed law changes references to "mental institution" to "psychiatric hospital".

Proposed law changes references to "the office of behavioral health" and "parish human service authorities" to "local governing entities".

Proposed law repeals or updates outdated provisions regarding state-operated treatment centers for persons with mental illness or intellectual or developmental disabilities.

Proposed law updates the provisions of law that provide for behavioral health crisis response services. Proposed law further defines "community behavioral health clinic" and "community mental health center".

Proposed law changes references to the superintendent of a treatment facility to the director or administrator.

Proposed law updates the provisions of law regarding judicial commitment and involuntary outpatient treatment.

Proposed law updates the provisions of law regarding the transfer of, discharge of, leave of absence for, boarding out of, interstate rendition, and deportation of behavioral health treatment patients. Proposed law further provides for the return of patients on unauthorized departure.

Present law provides that any patient continuously absent from an institution without leave for 12 months is automatically discharged.

Proposed law specifies that the patient has to be continuously absent without authorized leave and shortens the time period to 72 hours.

Proposed law updates the provisions of law regarding advance directives for behavioral health treatment.

Present law provides for the duties of the office of behavioral health relative to substance use and addictive disorders.

Proposed law updates present law and further provides for the duties of local governing entities.

Proposed law updates the provisions of law regarding the duties of the office of behavioral health relative to gambling disorders.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 14:98.3(A)(3)(b), (d)(i), and (e) and (B) and 98.4(A)(2)(b), (d)(i), (e), and (B)(1) and (3), R.S. 17:282.4(B)(intro. para.) and (D)(1), and the title of Title 28, the heading of Chapter 1 of Title 28, R.S. 28:1, 2(1), (7), (9), (10), (11), (14), (17), (20), (21), (26), (29), and (32)(a)(intro. para.) and (i) and (b), 3, the heading of Part I-A of Chapter 1 of Title 28, 11, 12, 13(1), (3), and (5), 14, 15(A)(intro. para.), (3), and (9) and (B), the heading of Part II of Chapter 1 of Title 28, 21(A) and (B), 21.1, 22(A), B)(intro. para.) and (1), (C)(intro. para.), (1), and (2), (D), (E)(1), (2), (4), and (5), 22.5, 22.8, 22.9, 23, 25, 25.1(A), (C)(1)(a)(intro. para.) and (v), (b), and (c) and (2)(a)(iv), and D, 25.2, 36(B), the heading of Part III of Chapter 1 of Title 28, 50(1), (3), (4), and (6), 51(C), 51.1(A)(1), 52(A) through (C), G(2)(a), and H(2), 52.1(A), 52.2, 52.3(A) and (C), 52.4(A) through (C), 53.2(A)(intro. para.) and (1), (B), (C)(3), and (F), 54(A), (D)(1)(intro. para.) and (a) and (3), 55(E)(1), (4), and (5), (F), (I)(1)(b) and (c) and (2), and (J), 56(A)(1)(a) and (2)(b), (B), (C), and (G)(1) and (4), 59(C) and (D), 62, 67(1) and (3), 69(A)(1), 70(A), (B)(intro. para.) and (1), and (E), 71(B), (C), (E), and (F), 72(A), 73, 75(A), the heading of Part IV of Chapter 1 of Title 28, 91, 92, 93, 94(A)(intro. para.), (1), and (2), 96(A). (B), (G), and (H), 96.1(A) and (D) through (F), 97, 99, 100, 100.1, 101, 102, 103, 104, 105, 141 through 146, the heading of Part VI of Chapter 1 of Title 28, 171(C)(4)(a) and (D)(5) 171.1(intro. para.) and (5) through (8), 172, 173, 181, 185(A), the heading of Part VIII of Chapter 1 of Title 28, 200, 202 through 205, the heading of Part X of Chapter 1 of Title 28, 221(1) through (6), (8), (9), and (11) through (13), 222 through 225, 227(A), (C), and (E), 228, 229(A) and (C), 230(A)(intro. para.) and (2)(a), (B), and (C), 232, 233(2), 234(intro. para.) and (2), the heading of Chapter 11 of Title 28, 771(A) and (B), the heading of Chapter 15 of Title 28, 841, and R.S. 36:258(C) and (D); Adds R.S. 28:2(32)(a)(xi) and (33) through (37); Repeals R.S. 17:282.4(E) and R.S. 28:22.4, 22.6, 22.7, 22.10, 95, 182, 183, 184, 201, 206, 237, 501 through 506, 561, and 771(C) through (H))