

**Report by:**  
**Major Marty Dufrene**  
**Corrections Department Head**  
**Lafourche Parish Sheriff's Office**  
**PREA Hearing December 5, 2007**

I am Major Marty Dufrene, Corrections Department Head with the Lafourche Parish Sheriff's Office. I have been asked by the National Sheriff's Association, Fred Wilson Division Director of Operations and Support and NSA President Lafourche Parish Sheriff Craig Webre, to convey their appreciation and support to the PREA Commission. Thank you for inviting me to represent a voice for the small facilities responsible to house offenders. As the Corrections Department Head with the Lafourche Parish Sheriff's Office, I supervise a Work Release Center with a 174 bed capacity and a Detention Center with a 245 bed capacity.

My comments today will be directed towards the ever increasing medical and mental health care needs of offenders and the difficulty small facilities encounter providing those needs. The Parish/County government is usually responsible to provide the financial resources to contract medical and mental health professionals to attend to offenders incarcerated within their jurisdiction. However, budgetary restraints and the lack of space often restrict comprehensive health care from on-site availability and offenders must be transported to a health care facility nearby. This is the case in the Lafourche Parish Detention Center and other local small jails. We are without the resources to expand or rebuild to meet the needs of offenders coming in with pre-existing medical and mental health problems. More often than not, incarceration may only exacerbate the condition of offenders with mental/medical health issues, in particular offenders with mental health issues (MHI offenders). Jail staff and medics must be vigilant when medication is distributed to ensure the offender ingests the medication and they are not hoarding, trading or destroying them. MHI offenders often exhibit a wide variety of behavior. An individual may be extremely violent or they may be apathetic. In these cases, an MHI offender must be isolated to prevent them from harming themselves or others. Other offenders may target them as an easy mark to exploit commissary items from them or inflict physical harm, including sexual assault.

Frequently, an MHI offender is arrested for a crime which may be attributed to their mental health issues and they become "stuck" in the system. While incarcerated, they are unable to receive the treatment they need and tend to acquire additional charges resulting from their violent outbursts. MHI offenders are unable to satisfy their court obligations due to mental incompetence and unable to enter a mental health facility due to criminal charges and the availability of bed space. Thus creating a "merry-go-round" of obscure options or opportunities to exit the criminal justice system and enter mental health care.

Case in point is a 30 plus year old female arrested for a hit-and-run violation. After a couple of days of incarceration, no one at the jail was aware of any mental health issues, until the female

escalated from compliant behavior to extreme rage and combativeness. She struck and scratched correctional officers while they tried to subdue her. She was transported to the local hospital's mental health section and she was placed on medication, which helped her behavior. At some point, she stopped taking her medication and began to disrobe and crawl around her cell on all fours. At times, she was discovered nude and lying in a fetal position under her bunk. This type of behavior may expose anyone to verbal or mental abuse from other offenders. She stopped eating her meals and was discovered consuming her own feces. Our resources were severely tasked by the constant need to observe her behavior and trying to prevent her from harming herself or others. Employees sat with her and tried to coax her to eat food and take her medicine. Repeated overnight trips to the hospital did not help. Her condition deteriorated and she was transported to Thibodaux Regional Medical Center for emergency observation. The hospital kept her to provide her nutrition intravenously. During this hospital stay, Warden Rodrigue was finally able to contact the few family members who were dispersed around the state. My staff and I worked with the District Attorney's Office, the judge and the Regional Mental Health system to place her in a facility that is better suited to attend to her needs. We were able to locate 3 potential placements. The paper work was completed and forwarded to the facilities. I called the forensic facility to obtain a time line for transfer when I was informed that she is 171<sup>st</sup> on a waiting list. Already in disbelief, I was then informed that only 16 beds were available. The other potential placements were very much the same. The demand for mental health care and bed space far exceeds the available supply, especially since Hurricanes Katrina and Rita.

Although we take preventative measures to avert prison sexual assaults by installing cameras, physically making rounds and training correctional officers, we recognize sexual assaults may still occur. Most offenders may be able to defend themselves from sexual assault or at least report an incident for investigation. However, we need a more concerted effort to help those who may not be able to defend themselves or may not be competent to report any incident of abuse. The mental health system must be drastically overhauled to meet the needs of the civilian population as well as the offender population. Correctional facilities will continue to be an entry point for offenders with mental health issues, therefore correctional facilities must receive assistance and funding to provide adequate holding areas, mental health services and the appropriate training for jail staffs. Thank you.

***"I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.  
EXECUTED ON THIS 26 DAY OF NOVEMBER, 2007."***

Major Marty Dufrene