STATE OF NEW YORK

6058--A

2023-2024 Regular Sessions

IN ASSEMBLY

March 31, 2023

Introduced by M. of A. SOLAGES, L. ROSENTHAL -- read once and referred to the Committee on Correction -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the correction law, in relation to requiring mental health services for incarcerated individuals with mental health issues related to the trauma of incarceration

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Short title. This act shall be known and may be cited as "Shawanna's law (W76337)".

§ 2. Section 71-a of the correction law, as amended by chapter 322 of the laws of 2021, is amended to read as follows:

§ 71-a. Transitional accountability plan. **1.** Upon admission of an incarcerated individual committed to the custody of the department under an indeterminate or determinate sentence of imprisonment, the department shall develop a transitional accountability plan. Such plan shall be a comprehensive, dynamic and individualized case management plan based on the programming and treatment needs of the incarcerated individual. The purpose of such plan shall be to promote the rehabilitation of the incarcerated individual and their successful and productive reentry and reintegration into society upon release. To that end, such plan shall be used to prioritize programming and treatment services for the incarcerated individual during incarceration and any period of community supervision. The commissioner may consult with the office of mental health, the office of [~~alcoholism and substance abuse~~] **addiction** services **and supports**, the board of parole, the department of health, and other appropriate agencies in the development of transitional case management plans.

2. Mental health reentry services shall be included in an incarcerated individual's transitional accountability plan. Such mental health reentry services shall begin the first week upon admission of an incar-

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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cerated individual to a correctional facility and such services shall be provided by licensed therapists, psychiatrists, psychologists, social workers, or nurses in permanent competitive positions in the classified service of the state who specialize in trauma and utilize culturally sensitive techniques. Mental health reentry services shall include, but not be limited to: (i) behavioral health screening and assessment; (ii) clinical intervention for any mental health issues related to the trauma of incarceration; (iii) mental health and trauma screenings within sixty days of being committed to the custody of the department. Where an incarcerated individual would benefit from trauma oriented therapy, the mental health reentry services shall include trauma oriented therapy. If an incarcerated individual is at a facility which cannot provide proper mental health reentry services to the incarcerated individual, the incarcerated individual shall be transferred within seven days to a facility with the capacity to provide the incarcerated individual with his or her proper mental health reentry services.

3. The department shall invest, develop and adopt policies and procedures to create training for all prison personnel for basic competencies in mental health trauma as a result of incarceration.

4. The department shall submit a report including, but not limited to, the number of incarcerated individuals screened for mental health and trauma and the number of incarcerated individuals receiving therapy or clinical intervention with information on the types of therapy or clinical intervention such incarcerated individuals are receiving to the governor, the temporary president of the senate, and the speaker of the assembly no later than December thirty-first of each year.

§ 3. Section 78 of the correction law, as added by section 81-b of part WWW of chapter 59 of the laws of 2017, is amended to read as follows:

§ 78. Discharge plans. (a) The department, in consultation with the office of children and family services, shall provide discharge plans for juvenile offenders and adolescent offenders who are released to parole or post-release supervision, which are tailored to address their individual needs. Such plans shall include services designed to promote public safety and the successful and productive reentry of such adolescents into society.

(b) The department shall provide discharge plans for all incarcerated individuals which are tailored to address the incarcerated individual's individual needs upon reentry and reintegration into society upon release. Such discharge plans shall include, but not be limited to:

(i) Completed Medicaid enrollment, if eligible;

(ii) Medications sufficient to allow the incarcerated individual to transition to a post-release location; and

(iii) Written coordination between the department and health care providers including, but not limited to, the transfer of patient records to a health care provider for the service of the releasee.

(c) An incarcerated individual who receives clinical intervention for trauma related to incarceration under section seventy-one-a of this article shall receive the following upon reentry and reintegration into society upon release:

(i) Mental health services;

(ii) Therapeutic programs including nontraditional therapies like yoga, meditation, and physical therapy;

(iii) Family counseling;

(iv) Alcohol and substance abuse disorder treatment services;

(v) HIV/AIDS services;

(vi) Education and vocational training;
(vii) Housing information;
(viii) Job placement information; and
(ix) Money management assistance.

§ 4. The department of corrections and community supervision shall submit a report on the state of mental health care services in the corrections system, including local jails, which shall include, but not be limited to, an assessment of the degree to which the federal substance abuse and mental health services administration's guidance for trauma-informed approach to mental health has been implemented to the governor, the temporary president of the senate, and the speaker of the assembly no later than December 31, 2024.

§ 5. This act shall take effect on the ninetieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.