STATE OF NEW YORK

6649--A

2025-2026 Regular Sessions

IN ASSEMBLY

March 6, 2025

Introduced by M. of A. GIBBS, CUNNINGHAM, COLTON, EPSTEIN, GONZALEZ-ROJAS, O'PHARROW, HEVESI, BURROUGHS, REYES, GLICK -- 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 enacting the PTSD awareness and rehabilitation act

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 the "PTSD awareness and rehabilitation act".

§ 2. Legislative findings and intent. The legislature finds that post-traumatic stress disorder (PTSD) is prevalent among incarcerated individuals, often stemming from prior trauma, systemic inequalities, and the conditions of incarceration itself. Without adequate mental health support, individuals with untreated PTSD are more likely to experience recidivism, difficulty reintegrating into society, and worsened mental and physical health outcomes.

The intent of this act is to mandate PTSD screening, provide trauma-informed education, and implement evidence-based rehabilitation programs to ensure incarcerated individuals receive proper support for mental health challenges. By addressing PTSD within the correctional system, New York state aims to reduce recidivism, improve public safety, and foster successful reentry into society.

§ 3. The correction law is amended by adding a new section 12 to read as follows:

§ 12. PTSD screening and training requirements. 1. As used in this section, the following terms shall have the following meanings:

(a) "Post-traumatic stress disorder" or "PTSD" means a mental health condition triggered by exposure to traumatic events, characterized by

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

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symptoms such as flashbacks, nightmares, severe anxiety, and emotional distress.

(b) "Trauma-informed care" means an approach that recognizes the widespread impact of trauma and integrates knowledge about trauma into policies, procedures, and practices to promote healing.

2. (a) The department shall implement PTSD screenings for all incarcerated individuals upon intake to a correctional facility and annually throughout their incarceration.

(b) Screenings shall be conducted by licensed mental health professionals trained in trauma-informed care.

(c) Individuals identified as experiencing PTSD shall receive appropriate clinical treatment, including therapy and counseling services.

(d) Any incarcerated individual may decline to participate in a PTSD screening pursuant to this section, provided that:

(i) the individual is provided information about PTSD in writing;

(ii) such written information shall include, but not be limited to, a description of the symptoms of PTSD, and the types of treatments available for PTSD; and

(iii) a written record of such declination is maintained by the chief administrative officer of the facility.

3. (a) The department shall develop and implement a mandatory PTSD education program for all incarcerated individuals, covering:

(i) understanding PTSD and its symptoms;

(ii) coping strategies for managing PTSD;

(iii) the impact of trauma on mental and physical health; and

(iv) available resources for support.

(b) The education program established pursuant to this subdivision shall be provided to an incarcerated individual within the first sixty days of incarceration and repeated periodically throughout the sentence at a frequency to be determined by the department.

4. (a) The department shall integrate trauma-informed rehabilitation programs into existing correctional education and vocational training.

(b) The department shall, to the extent practicable, ensure all incarcerated individuals are exposed to trauma-informed rehabilitation programs through their normal activities.

(c) Programs integrated pursuant to this subdivision shall include, but not be limited to, evidence-based therapy such as cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), and peer support groups.

(d) Special consideration shall be given to programs for veterans, survivors of violence and other vulnerable populations.

5. The department shall ensure all incarcerated individuals who are identified as having PTSD during the screenings performed pursuant to subdivision two of this section are provided appropriate treatment based on the severity, symptoms, and causes identified.

(a) The department may contract with a state agency or a private entity with experience providing PTSD treatment to provide such treatment.

(b) Treatment provided pursuant to this subdivision shall be trauma informed, patient-centered care suitable for an incarcerated individual.

6. (a) All correctional officers, mental health professionals working in correctional facilities, and administrators shall receive annual training on:

(i) recognizing PTSD symptoms in incarcerated individuals;

(ii) de-escalation techniques and trauma-informed crisis intervention; and

(iii) referral procedures for mental health treatment and support services.

(b) Training programs to implement the provisions of this subdivision shall be developed by the department in collaboration with mental health experts, advocacy organizations and formerly incarcerated individuals with lived experience.

7. (a) The department shall maintain data on PTSD screenings, education program participation, and mental health treatment outcomes.

(b) The department shall submit an annual report to the governor and the legislature summarizing:

(i) the number of incarcerated individuals screened for PTSD;

(ii) the number receiving PTSD-related treatment and services;

(iii) the number of incarcerated individuals who declined to participate in a PTSD screening; and

(iv) recommendations for program improvements.

8. In addition to any state funds appropriated for the purposes of this section, the department may secure and utilize funding which may be available through federal grants or partnerships with mental health organizations.

§ 4. This act shall take effect on the one hundred eightieth 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.