

# STATE OF NEW YORK

2656

2025-2026 Regular Sessions

## IN SENATE

January 22, 2025

Introduced by Sens. STEC, BORRELLO, CANZONERI-FITZPATRICK, GALLIVAN, HELMING, MATTERA, OBERACKER, O'MARA, ORTT, PALUMBO, RHOADS, TEDISCO, WALCZYK, WEBER, WEIK -- read twice and ordered printed, and when printed to be committed to the Committee on Crime Victims, Crime and Correction

AN ACT to amend the correction law, in relation to confinement; and to repeal certain provisions of such law relating thereto

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

1 Section 1. Subdivision 23 of section 2 of the correction law, as separately amended by chapters 93 and 322 of the laws of 2021, is amended to read as follows:

2 23. "Segregated confinement" means the disciplinary confinement of an  
3 incarcerated individual in [~~any form of cell confinement for more than  
4 seventeen hours a day other than in a facility-wide emergency or for the  
5 purpose of providing medical or mental health treatment. Cell confinement that is implemented due to medical or mental health treatment shall be within a clinical area in the correctional facility or in as close  
6 proximity to a medical or mental health unit as possible~~] a special  
7 housing unit or in a separate keeplock housing unit. Special housing  
8 units and separate keeplock units are housing units that consist of  
9 cells grouped so as to provide separation from the general population,  
10 and may be used to house incarcerated individuals confined pursuant to  
11 the disciplinary procedures described in regulations.

12 § 2. Subdivisions 33 and 34 of section 2 of the correction law are REPEALED.

13 § 3. Paragraph (a) of subdivision 6 of section 137 of the correction law, as separately amended by chapters 93 and 322 of the laws of 2021, is amended to read as follows:

14 (a) The incarcerated individual shall be supplied with a sufficient quantity of wholesome and nutritious food, provided, however, that such

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

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1 food need not be the same as the food supplied to incarcerated individuals who are participating in programs of the facility;

2  
3 § 4. Paragraph (d) of subdivision 6 of section 137 of the correction  
4 law, as separately amended by chapters 93 and 322 of the laws of 2021,  
5 clauses (A) and (E) of subparagraph (ii) as separately amended by  
6 section 1 and subparagraph (iv) as separately amended by section 2 of  
7 part NNN of chapter 59 of the laws of 2021, is amended to read as  
8 follows:

9 (d) (i) Except as set forth in clause (E) of subparagraph (ii) of this  
10 paragraph, the department, in consultation with mental health clini-  
11 cians, shall divert or remove incarcerated individuals with serious  
12 mental illness, as defined in paragraph (e) of this subdivision, from  
13 segregated confinement [~~or confinement in a residential rehabilitation~~  
14 ~~unit~~], where such confinement could potentially be for a period in  
15 excess of thirty days, to a residential mental health treatment unit.  
16 Nothing in this paragraph shall be deemed to prevent the disciplinary  
17 process from proceeding in accordance with department rules and regu-  
18 lations for disciplinary hearings.

19 (ii) (A) Upon placement of an incarcerated individual into segregated  
20 confinement [~~or a residential rehabilitation unit~~] at a level one or  
21 level two facility, a suicide prevention screening instrument shall be  
22 administered by staff from the department or the office of mental health  
23 who has been trained for that purpose. If such a screening instrument  
24 reveals that the incarcerated individual is at risk of suicide, a mental  
25 health clinician shall be consulted and appropriate safety precautions  
26 shall be taken. Additionally, within one business day of the placement  
27 of such an incarcerated individual into segregated confinement at a  
28 level one or level two facility [~~or a residential rehabilitation unit~~],  
29 the incarcerated individual shall be assessed by a mental health clini-  
30 cian.

31 (B) Upon placement of an incarcerated individual into segregated  
32 confinement [~~or a residential rehabilitation unit~~] at a level three or  
33 level four facility, a suicide prevention screening instrument shall be  
34 administered by staff from the department or the office of mental health  
35 who has been trained for that purpose. If such a screening instrument  
36 reveals that the incarcerated individual is at risk of suicide, a mental  
37 health clinician shall be consulted and appropriate safety precautions  
38 shall be taken. All incarcerated individuals placed in segregated  
39 confinement [~~or a residential rehabilitation unit~~] at a level three or  
40 level four facility shall be assessed by a mental health clinician,  
41 within [~~seven~~] fourteen days of such placement into segregated confine-  
42 ment.

43 (C) At the initial assessment, if the mental health clinician finds  
44 that an incarcerated individual suffers from a serious mental illness,  
45 [~~that person shall be diverted or removed from segregated confinement or~~  
46 ~~a residential rehabilitation unit and~~] a recommendation shall be made  
47 whether exceptional circumstances, as described in clause (E) of this  
48 subparagraph, exist. In a facility with a joint case management commit-  
49 tee, such recommendation shall be made by such committee. In a facility  
50 without a joint case management committee, the recommendation shall be  
51 made jointly by a committee consisting of the facility's highest ranking  
52 mental health clinician, the deputy superintendent for security, and the  
53 deputy superintendent for program services, or their equivalents. Any  
54 such recommendation shall be reviewed by the joint central office review  
55 committee. The administrative process described in this clause shall be  
56 completed within [~~seven~~] fourteen days of the initial assessment, and if

1 the result of such process is that the incarcerated individual should be  
2 removed from segregated confinement [~~or a residential rehabilitation~~  
3 ~~unit~~], such removal shall occur as soon as practicable, but in no event  
4 more than seventy-two hours from the completion of the administrative  
5 process. [~~Pursuant to paragraph (h) of this subdivision, nothing in this~~  
6 ~~section shall permit the placement of an incarcerated person with seri-~~  
7 ~~ous mental illness into segregated confinement at any time, even for the~~  
8 ~~purposes of assessment.~~]

9 (D) If an incarcerated individual with a serious mental illness is not  
10 diverted or removed to a residential mental health treatment unit, such  
11 incarcerated individual shall be [~~diverted to a residential rehabili-~~  
12 ~~tation unit and~~] reassessed by a mental health clinician within fourteen  
13 days of the initial assessment and at least once every fourteen days  
14 thereafter. After each such additional assessment, a recommendation as  
15 to whether such incarcerated individual should be removed from [~~a resi-~~  
16 ~~dential rehabilitation unit~~] segregated confinement shall be made and  
17 reviewed according to the process set forth in clause (C) of this  
18 subparagraph.

19 (E) A recommendation or determination whether to remove an incarcerat-  
20 ed individual from segregated confinement [~~or a residential rehabili-~~  
21 ~~tation unit~~] shall take into account the assessing mental health clini-  
22 cians' opinions as to the incarcerated individual's mental condition and  
23 treatment needs, and shall also take into account any safety and securi-  
24 ty concerns that would be posed by the incarcerated individual's  
25 removal, even if additional restrictions were placed on the incarcerated  
26 individual's access to treatment, property, services or privileges in a  
27 residential mental health treatment unit. A recommendation or determi-  
28 nation shall direct the incarcerated individual's removal from segre-  
29 gated confinement [~~or a residential rehabilitation unit~~] except in the  
30 following exceptional circumstances: (1) when the reviewer finds that  
31 removal would pose a substantial risk to the safety of the incarcerated  
32 individual or other persons, or a substantial threat to the security of  
33 the facility, even if additional restrictions were placed on the incar-  
34 cerated individual's access to treatment, property, services or privi-  
35 leges in a residential mental health treatment unit; or (2) when the  
36 assessing mental health clinician determines that such placement is in  
37 the incarcerated individual's best interests based on [~~his or her~~] their  
38 mental condition and that removing such incarcerated individual to a  
39 residential mental health treatment unit would be detrimental to [~~his or~~  
40 ~~her~~] their mental condition. Any determination not to remove an incar-  
41 cerated individual with serious mental illness from [~~a residential reha-~~  
42 ~~bilitation unit~~] segregated confinement shall be documented in writing  
43 and include the reasons for the determination.

44 (iii) Incarcerated individuals with serious mental illness who are not  
45 diverted or removed from [~~a residential rehabilitation unit~~] segregated  
46 confinement shall be offered a heightened level of [~~mental health~~] care,  
47 involving a minimum of [~~three~~] two hours [~~daily~~] each day, five days a  
48 week, of out-of-cell therapeutic treatment and programming. This  
49 heightened level of care shall not be offered only in the following  
50 circumstances:

51 (A) The heightened level of care shall not apply when an incarcerated  
52 individual with serious mental illness does not, in the reasonable judg-  
53 ment of a mental health clinician, require the heightened level of care.  
54 Such determination shall be documented with a written statement of the  
55 basis of such determination and shall be reviewed by the Central New  
56 York Psychiatric Center clinical director or [~~his or her~~] their desig-

1 nee. Such a determination is subject to change should the incarcerated  
2 individual's clinical status change. Such determination shall be  
3 reviewed and documented by a mental health clinician every thirty days,  
4 and in consultation with the Central New York Psychiatric Center clinical  
5 director or [~~his or her~~] their designee not less than every ninety  
6 days.

7 (B) The heightened level of care shall not apply in exceptional  
8 circumstances when providing such care would create an unacceptable risk  
9 to the safety and security of incarcerated individuals or staff. Such  
10 determination shall be documented by security personnel together with  
11 the basis of such determination and shall be reviewed by the facility  
12 superintendent, in consultation with a mental health clinician, not less  
13 than every seven days for as long as the incarcerated individual remains  
14 in [~~a residential rehabilitation unit~~] segregated confinement. The  
15 facility shall attempt to resolve such exceptional circumstances so that  
16 the heightened level of care may be provided. If such exceptional  
17 circumstances remain unresolved for thirty days, the matter shall be  
18 referred to the joint central office review committee for review.

19 (iv) Incarcerated individuals with serious mental illness who are not  
20 diverted or removed from segregated confinement shall not be placed on a  
21 restricted diet, unless there has been a written determination that the  
22 restricted diet is necessary for reasons of safety and security. If a  
23 restricted diet is imposed, it shall be limited to seven days, except in  
24 the exceptional circumstances where the joint case management committee  
25 determines that limiting the restricted diet to seven days would pose an  
26 unacceptable risk to the safety and security of incarcerated individuals  
27 or staff. In such case, the need for a restricted diet shall be reas-  
28 sessed by the joint case management committee every seven days.

29 (v) All incarcerated individuals in segregated confinement in a level  
30 one or level two facility [~~or a residential rehabilitation unit~~] who are  
31 not assessed with a serious mental illness at the initial assessment  
32 shall be offered at least one interview with a mental health clinician  
33 within [~~seven~~] fourteen days of their initial mental health assessment,  
34 and additional interviews at least every thirty days thereafter, unless  
35 the mental health clinician at the most recent interview recommends an  
36 earlier interview or assessment. All incarcerated individuals in [~~a~~  
37 ~~residential rehabilitation unit~~] segregated confinement in a level three  
38 or level four facility who are not assessed with a serious mental  
39 illness at the initial assessment shall be offered at least one inter-  
40 view with a mental health clinician within thirty days of their initial  
41 mental health assessment, and additional interviews at least every nine-  
42 ty days thereafter, unless the mental health clinician at the most  
43 recent interview recommends an earlier interview or assessment.

44 § 5. Paragraphs (h), (i), (j), (k), (l), (m), (n) and (o) of subdivi-  
45 sion 6 of section 137 of the correction law are REPEALED.

46 § 6. Subdivision 7 of section 138 of the correction law is REPEALED.

47 § 7. Subdivision 1 of section 401 of the correction law, as separately  
48 amended by chapters 93 and 322 of the laws of 2021, is amended to read  
49 as follows:

50 1. The commissioner, in cooperation with the commissioner of mental  
51 health, shall establish programs, including but not limited to residen-  
52 tial mental health treatment units, in such correctional facilities as  
53 [~~he or she~~] the commissioner may deem appropriate for the treatment of  
54 mentally ill incarcerated individuals confined in state correctional  
55 facilities who are in need of psychiatric services but who do not  
56 require hospitalization for the treatment of mental illness. Incarcerat-

1 ed individuals with serious mental illness shall receive therapy and  
2 programming in settings that are appropriate to their clinical needs  
3 while maintaining the safety and security of the facility.

4 ~~[The conditions and services provided in the residential mental health  
5 treatment units shall be at least comparable to those in all residential  
6 rehabilitation units, and all residential mental health treatment units  
7 shall be in compliance with all provisions of paragraphs (i), (j), (k),  
8 and (l) of subdivision six of section one hundred thirty seven of this  
9 chapter. Residential mental health treatment units that are either resi-  
10 dential mental health unit models or behavioral health unit models shall  
11 also be in compliance with all provisions of paragraph (m) of subdivi-  
12 sion six of section one hundred thirty seven of this chapter.]~~

13 ~~The residential mental health treatment units shall also provide the  
14 additional mental health treatment, services, and programming delineated  
15 in this section.]~~

16 The administration and operation of programs estab-  
17 lished pursuant to this section shall be the joint responsibility of the  
18 commissioner of mental health and the commissioner. The professional  
19 mental health care personnel, and their administrative and support  
20 staff, for such programs shall be employees of the office of mental  
21 health. All other personnel shall be employees of the department.

22 § 8. Subparagraph (i) of paragraph (a) of subdivision 2 of section 401  
23 of the correction law, as amended by chapter 486 of the laws of 2022, is  
24 amended to read as follows:

25 (i) In exceptional circumstances, a mental health clinician, or the  
26 highest ranking facility security supervisor in consultation with a  
27 mental health clinician who has interviewed the incarcerated individual,  
28 may determine that an incarcerated individual's access to out-of-cell  
29 therapeutic programming and/or mental health treatment in a residential  
30 mental health treatment unit presents an unacceptable risk to the safety  
31 of incarcerated individuals or staff. Such determination shall be docu-  
32 mented in writing and ~~[such incarcerated individual may be removed to a  
33 residential rehabilitation unit that is not a residential mental health  
34 treatment unit]~~ where alternative mental health treatment and/or other  
35 therapeutic programming, as determined by a mental health clinician,  
36 shall be provided.

37 § 9. Subdivision 5 of section 401 of the correction law, as separately  
38 amended by chapters 93 and 322 of the laws of 2021, is amended to read  
39 as follows:

40 5. (a) An incarcerated individual in a residential mental health  
41 treatment unit shall not be sanctioned with segregated confinement for  
42 misconduct on the unit, or removed from the unit and placed in segre-  
43 gated confinement ~~[or a residential rehabilitation unit]~~, except in  
44 exceptional circumstances where such incarcerated individual's conduct  
45 poses a significant and unreasonable risk to the safety of incarcerated  
46 individuals or staff, or to the security of the facility ~~[and he or she  
47 has been found to have committed an act or acts defined in subparagraph  
48 (ii) of paragraph (k) of subdivision six of section one hundred thirty-  
49 seven of this chapter]~~. Further, in the event that such a sanction is  
50 imposed, an incarcerated individual shall not be required to begin serv-  
51 ing such sanction until the reviews required by paragraph (b) of this  
52 subdivision have been completed; provided, however that in extraordinary  
53 circumstances where an incarcerated individual's conduct poses an imme-  
54 diate unacceptable threat to the safety of incarcerated individuals or  
55 staff, or to the security of the facility an incarcerated individual may  
56 be immediately moved to ~~[a residential rehabilitation unit]~~ segregated  
confinement. The determination that an immediate transfer to ~~[a resi-~~

1 ~~dential rehabilitation unit~~] segregated confinement is necessary shall  
2 be made by the highest ranking facility security supervisor in consulta-  
3 tion with a mental health clinician.

4 (b) The joint case management committee shall review any disciplinary  
5 disposition imposing a sanction of segregated confinement at its next  
6 scheduled meeting. Such review shall take into account the incarcerated  
7 individual's mental condition and safety and security concerns. The  
8 joint case management committee may only thereafter recommend the  
9 removal of the incarcerated individual in exceptional circumstances  
10 where the incarcerated individual [~~commits an act or acts defined in~~  
11 ~~subparagraph (ii) of paragraph (k) of subdivision six of section one~~  
12 ~~hundred thirty seven of this chapter and~~] poses a significant and unrea-  
13 sonable risk to the safety of incarcerated individuals or staff or to  
14 the security of the facility. In the event that the incarcerated indi-  
15 vidual was immediately moved to segregated confinement, the joint case  
16 management committee may recommend that the incarcerated individual  
17 continue to serve such sanction only in exceptional circumstances where  
18 the incarcerated individual [~~commits an act or acts defined in subpara-~~  
19 ~~graph (ii) of paragraph (k) of subdivision six of section one hundred~~  
20 ~~thirty seven of this chapter and~~] poses a significant and unreasonable  
21 risk to the safety of incarcerated individuals or staff or to the secu-  
22 rity of the facility. If a determination is made that the incarcerated  
23 individual shall not be required to serve all or any part of the segre-  
24 gated confinement sanction, the joint case management committee may  
25 instead recommend that a less restrictive sanction should be imposed.  
26 The recommendations made by the joint case management committee under  
27 this paragraph shall be documented in writing and referred to the super-  
28 intendent for review and if the superintendent disagrees, the matter  
29 shall be referred to the joint central office review committee for a  
30 final determination. The administrative process described in this para-  
31 graph shall be completed within fourteen days. If the result of such  
32 process is that an incarcerated individual who was immediately trans-  
33 ferred to [~~a residential rehabilitation unit~~] segregated confinement  
34 should be removed from [~~such unit~~], segregated confinement such removal  
35 shall occur as soon as practicable, and in no event longer than seven-  
36 ty-two hours from the completion of the administrative process.

37 § 10. Subdivision 6 of section 401 of the correction law, as separate-  
38 ly amended by section 9 of part NNN of chapter 59 and chapter 322 of the  
39 laws of 2021, is amended to read as follows:

40 6. The department shall ensure that the curriculum for new correction  
41 officers, and other new department staff who will regularly work in  
42 programs providing mental health treatment for incarcerated individuals,  
43 shall include at least eight hours of training about the types and symp-  
44 toms of mental illnesses, the goals of mental health treatment, the  
45 prevention of suicide and training in how to effectively and safely  
46 manage incarcerated individuals with mental illness. Such training may  
47 be provided by the office of mental health or the justice center for the  
48 protection of people with special needs. All department staff who are  
49 transferring into a residential mental health treatment unit shall  
50 receive a minimum of eight additional hours of such training, and eight  
51 hours of annual training as long as they work in such a unit. All secu-  
52 rity, program services, mental health and medical staff with direct  
53 incarcerated individual contact shall receive training each year regard-  
54 ing identification of, and care for, incarcerated individuals with  
55 mental illnesses. The department shall provide additional training on  
56 these topics on an ongoing basis as it deems appropriate. [~~All staff~~

~~1 working in a residential mental health treatment unit shall also receive  
2 the training mandated in paragraph (n) of subdivision six of section one  
3 hundred thirty seven of this chapter.]~~

4 § 11. Subdivision 4 of section 401-a of the correction law is  
5 REPEALED.

6 § 12. Subdivision 18 of section 45 of the correction law is REPEALED.

7 § 13. Section 500-k of the correction law, as separately amended by  
8 chapters 93 and 322 of the laws of 2021 and subdivision 2 as amended by  
9 chapter 486 of the laws of 2022, is amended to read as follows:

10 § 500-k. Treatment of incarcerated individuals. [~~1.~~] Subdivisions five  
11 and six of section one hundred thirty-seven of this chapter, except  
12 paragraphs (d) and (e) of subdivision six of such section, relating to  
13 the treatment of incarcerated individuals in state correctional facili-  
14 ties are applicable to incarcerated individuals confined in county  
15 jails; except that the report required by paragraph (f) of subdivision  
16 six of such section shall be made to a person designated to receive such  
17 report in the rules and regulations of the state commission of  
18 correction, or in any county or city where there is a department of  
19 correction, to the head of such department.

20 [~~2. Notwithstanding any other section of law to the contrary, subdivi-  
21 sion thirty four of section two of this chapter, and subparagraphs (i),  
22 (iv) and (v) of paragraph (j) and subparagraph (ii) of paragraph (m) of  
23 subdivision six of section one hundred thirty seven of this chapter  
24 shall not apply to local correctional facilities with a total combined  
25 capacity of five hundred incarcerated individuals or fewer.]~~

26 § 14. This act shall take effect immediately.