

S T A T E   O F   N E W   Y O R K

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5993--A

2009-2010 Regular Sessions

I N   A S S E M B L Y

February 23, 2009

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Introduced by M. of A. P. RIVERA, CUSICK, EDDINGTON, LUPARDO, FIELDS, WEISENBERG, MAISEL, LANCMAN, CHRISTENSEN, BRADLEY, BURLING, GUNTHER, JACOBS, BOYLAND, ERRIGO, KOON, McKEVITT, MOLINARO, REILLY, JAFFEE, WALKER, ALFANO, ROSENTHAL, SCOZZAFAVA, SPANO, SCHIMEL, MILLMAN, PEOPLES, PHEFFER, BENEDETTO, MAGNARELLI, CAHILL, FINCH, DESTITO, MORELLE, ORTIZ, CLARK, ESPAILLAT, ALESSI, HOOPER, SCHROEDER, PERRY, ZEBROWSKI -- Multi-Sponsored by -- M. of A. BACALLES, BRENNAN, COLTON, CROUCH, CYMBROWITZ, DelMONTE, DIAZ, DUPREY, GIGLIO, HIKIND, HYER-SPENCER, LIFTON, McDONOUGH, McENENY, ROBINSON, SALADINO, SAYWARD, SCHIMMINGER, SWEENEY, THIELE, TOWNSEND, WEINSTEIN, WRIGHT -- read once and referred to the Committee on Mental Health, Mental Retardation and Developmental Disabilities -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to create a course of instruction to train mental health providers in veteran specific mental health issues and providing for the repeal of such provisions upon expiration thereof

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1     Section 1. Short title. This act shall be known and may be cited as  
2     the "veterans mental health training initiative".  
3     S 2. Legislative intent. The legislature finds and declares that the  
4     state of New York and the country at large are facing a formidable chal-  
5     lenge in serving the mental health needs of veterans returning from  
6     active duty in Iraq and Afghanistan. Since the beginning of Operation  
7     Enduring Freedom and Operation Iraqi Freedom, over one and a half  
8     million active duty and reserve members of the United States military  
9     have been deployed to Iraq or Afghanistan, and nearly one-half million  
10    have been redeployed. With each deployment, our service members encount-  
11    er extreme strains on their physical and mental health, which, in many  
12    cases have resulted in unprecedented rates of health and mental health  
13    problems, most notably post-traumatic stress disorder (PTSD) and trau-

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

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1 matic brain injury (TBI). Equally alarming, are numerous reports of  
2 increased suicide, addiction and homelessness among our returning  
3 soldiers. Further, family members are struggling with the ramifications  
4 of extended and/or multiple deployments, resulting in serious emotional  
5 and psychological tolls.

6 In addition to high rates of PTSD, providers in the mental health  
7 community have also begun reporting increased cases of traumatic brain  
8 injury sustained in the Iraq and Afghanistan theatres of combat due in  
9 large part to the use of improvised explosive devices (IED). Equally  
10 disturbing is the rate at which TBI has been misdiagnosed as PTSD.  
11 Numerous reports have told the story of soldiers returning from Iraq and  
12 Afghanistan with brain trauma, but because there are no visible head  
13 wounds, symptoms such as memory loss and confusion are often mistaken as  
14 indicators of PTSD.

15 Many returning service members, particularly National Guard and  
16 Reserves, are not accessing services from the federal veterans adminis-  
17 tration or through the department of defense tricare system upon return-  
18 ing home; but rather, through community-based organizations and agen-  
19 cies. Therefore, community-based providers are experiencing an influx of  
20 returning service members for whom they are not entirely prepared to  
21 provide treatment.

22 To assure that such care be provided by an adequately trained mental  
23 health workforce, the state shall, through an open grant process, engage  
24 associations of social workers to design and conduct, in collaboration  
25 with an association of psychiatrists and associations of physicians a  
26 multi-disciplinary educational and training program for mental health  
27 providers to assist such providers, within their lawful scope of prac-  
28 tice, to identify, diagnose, and put forward a course of treatment for  
29 combat related PTSD, TBI and other mental health issues, including  
30 substance abuse. This course shall also serve to educate service members  
31 and family members of service members in accessing mental health and  
32 related social services.

33 S 3. The office of mental health in consultation with the division of  
34 veterans' affairs shall:

35 a. through an open and competitive process award a grant of no less  
36 than \$500,000.00 for the purpose of developing and deploying an educa-  
37 tion and training program for health, mental health, and other human  
38 service providers. Such program will also provide training and education  
39 to veterans and family members of veterans on navigating mental health  
40 systems of care.

41 Such program will be designed to maximize the treatment and recovery  
42 from combat related post-traumatic stress disorder (PTSD), traumatic  
43 brain injury (TBI) and other combat related mental health issues,  
44 including substance abuse. This grant shall be distributed in the  
45 amount of \$250,000.00 at the beginning of each state fiscal year, for  
46 two years, starting in 2009; however, a sum to be determined by the  
47 office of mental health may be forwarded for future years' expenditures  
48 if it is determined to be necessary for the proper implementation of the  
49 program;

50 b. require such association of social workers to implement the  
51 purposes of such grant in collaboration with an association of psychia-  
52 trists, an association of physicians and such other statewide associ-  
53 ations, as the office of mental health in consultation with the division  
54 of veterans' affairs shall deem appropriate; and

55 c. have the power to audit such association to ensure the proper  
56 expenditure of state funds.

1 S 4. The association receiving such grant pursuant to section three of  
2 this act shall:

3 a. develop and deploy an education and training program as prescribed  
4 in section three of this act. Such program shall be consistent with  
5 national and state guidelines regarding the diagnosis and treatment of  
6 PTSD, TBI and combat related mental health issues including substance  
7 abuse;

8 b. conduct such program in multiple locations across the state;

9 c. establish an advisory committee to include experts in the fields  
10 of neurology and psychiatry, to be recommended by the statewide associ-  
11 ation of physicians and the statewide association of psychiatrists. The  
12 advisory committee will also include experts in traumatology, PTSD, TBI,  
13 military mental health, veterans' health and administration, and  
14 licensed social work practitioners with a demonstrated expertise in  
15 veterans mental health. The advisory committee shall also include a  
16 combat veteran and a family member of a combat veteran;

17 d. contract with an association of physicians and an association of  
18 psychiatrists to (1) advise and assist with the design and development  
19 of core content with respect to matters relating to the practice of  
20 medicine; and (2) provide physician experts in PTSD, TBI and other  
21 combat related psychiatric and neurological disorders for the program;

22 e. produce a yearly report to the legislature, the division of veter-  
23 ans' affairs, office of mental health and the office of alcoholism and  
24 substance abuse services regarding the progress, expenditures and effec-  
25 tiveness of the program;

26 f. conduct the program in direct consultation with the office of  
27 mental health and the division of veterans' affairs; and

28 g. provide a certified continuing education course on veteran specific  
29 mental health issues, to be made available online.

30 S 5. The office of alcoholism and substance abuse services shall:

31 a. consult with the office of mental health and the division of veter-  
32 ans' affairs and provide guidelines necessary for the proper design and  
33 implementation of this program; and

34 b. have the power to make recommendations to the office of mental  
35 health and the division of veterans' affairs and legislature as to the  
36 effectiveness and future need for such a program.

37 S 6. Nothing in this act shall be construed to affect the scope of  
38 practice of any profession licensed pursuant to the laws of this state  
39 or to authorize or compel any change therein.

40 S 7. This act shall take effect on the sixtieth day after it shall  
41 have become a law and shall expire and be deemed repealed three years  
42 after such effective date. Effective immediately such rules or regu-  
43 lations as may be necessary for the implementation of this act on its  
44 effective date are authorized to be made on or before such effective  
45 date.