S T A T E O F N E W Y O R K

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I N S E N A T E

May 3, 2011

Introduced by Sens. FUSCHILLO, AVELLA, BONACIC, DUANE, GRISANTI, HANNON, JOHNSON, LANZA, LAVALLE, LIBOUS, MAZIARZ, RANZENHOFER, SAMPSON, SEWARD, VALESKY -- read twice and ordered printed, and when printed to be committed to the Committee on Veterans, Homeland Security and Military Affairs

AN ACT to create a course of instruction to train mental health providers in veteran specific mental health issues

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 "veterans mental health training initiative".

S 2. Legislative intent. The legislature finds and declares that the state of New York and the country at large are facing a formidable challenge in serving the mental health needs of veterans returning from active duty in Iraq and Afghanistan. Since the beginning of Operation Enduring Freedom and Operation Iraqi Freedom, over one and a half million active duty and reserve members of the United States military have been deployed to Iraq or Afghanistan, and nearly one-half million have been redeployed. With each deployment, our service members encounter extreme strains on their physical and mental health, which, in many cases have resulted in unprecedented rates of health and mental health problems, most notably post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Equally alarming, are numerous reports of increased suicide, addiction and homelessness among our returning soldiers. Further, family members are struggling with the ramifications of extended and/or multiple deployments, resulting in serious emotional and psychological tolls.

In addition to high rates of PTSD, providers in the mental health community have also begun reporting increased cases of traumatic brain injury sustained in the Iraq and Afghanistan theatres of combat due in large part to the use of improvised explosive devices (IED). Equally

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

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disturbing is the rate at which TBI has been misdiagnosed as PTSD. Numerous reports have told the story of soldiers returning from Iraq and Afghanistan with brain trauma, but because there are no visible head wounds, symptoms such as memory loss and confusion are often mistaken as indicators of PTSD.

Many returning service members, particularly National Guard and Reserves, are not accessing services from the federal veterans administration or through the department of defense tricare system upon returning home; but rather, through community-based organizations and agencies. Therefore, community-based providers are experiencing an influx of returning service members for whom they are not entirely prepared to provide treatment.

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

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

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

Such program will be designed to maximize the treatment and recovery from combat related post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and other combat related mental health issues, including substance abuse. This grant shall be distributed in the amount of $250,000.00 at the beginning of each state fiscal year, for two years, starting in 2012; however, a sum to be determined by the office of mental health may be forwarded for future years' expenditures if it is determined to be necessary for the proper implementation of the program;

b. require such association of social workers to implement the purposes of such grant in collaboration with an association of psychiatrists, an association of physicians and such other statewide associations, as the office of mental health in consultation with the division of veterans' affairs shall deem appropriate; and

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

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

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

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

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

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

e. produce a yearly report to the legislature, the division of veterans' affairs, office of mental health and the office of alcoholism and substance abuse services regarding the progress, expenditures and effectiveness of the program;

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

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

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

a. consult with the office of mental health and the division of veterans' affairs and provide guidelines necessary for the proper design and implementation of this program; and

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

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

S 7. This act shall take effect April 1, 2012.