

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

1195--A

2009-2010 Regular Sessions

I N S E N A T E

January 27, 2009

Introduced by Sens. FUSCHILLO, ADAMS, ALESI, DeFRANCISCO, DUANE, FLANAGAN, GOLDEN, GRIFFO, HANNON, O. JOHNSON, LANZA, LARKIN, LAVALLE, LEIBELL, LIBOUS, LITTLE, MAZIARZ, MONSERRATE, MORAHAN, ONORATO, PADAVAN, PARKER, RANZENHOFER, ROBACH, SERRANO, STACHOWSKI, VOLKER, WINNER, YOUNG -- read twice and ordered printed, and when printed to be committed to the Committee on Veterans, Homeland Security and Military Affairs -- 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

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-
14 matic brain injury (TBI). Equally alarming, are numerous reports of
15 increased suicide, addiction and homelessness among our returning
16 soldiers. Further, family members are struggling with the ramifications
17 of extended and/or multiple deployments, resulting in serious emotional
18 and psychological tolls.

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

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

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

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

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

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

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

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

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

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

54 a. develop and deploy an education and training program as prescribed
55 in section three of this act. Such program shall be consistent with
56 national and state guidelines regarding the diagnosis and treatment of

1 PTSD, TBI and combat related mental health issues including substance
2 abuse;
3 b. conduct such program in multiple locations across the state;
4 c. establish an advisory committee to include experts in the fields
5 of neurology and psychiatry, to be recommended by the statewide associ-
6 ation of physicians and the statewide association of psychiatrists. The
7 advisory committee will also include experts in traumatology, PTSD, TBI,
8 military mental health, veterans' health and administration, and
9 licensed social work practitioners with a demonstrated expertise in
10 veterans mental health. The advisory committee shall also include a
11 combat veteran and a family member of a combat veteran;
12 d. contract with an association of physicians and an association of
13 psychiatrists to (1) advise and assist with the design and development
14 of core content with respect to matters relating to the practice of
15 medicine; and (2) provide physician experts in PTSD, TBI and other
16 combat related psychiatric and neurological disorders for the program;
17 e. produce a yearly report to the legislature, the division of veter-
18 ans' affairs, office of mental health and the office of alcoholism and
19 substance abuse services regarding the progress, expenditures and effec-
20 tiveness of the program;
21 f. conduct the program in direct consultation with the office of
22 mental health and the division of veterans' affairs; and
23 g. provide a certified continuing education course on veteran specific
24 mental health issues, to be made available online.
25 S 5. The office of alcoholism and substance abuse services shall:
26 a. consult with the office of mental health and the division of veter-
27 ans' affairs and provide guidelines necessary for the proper design and
28 implementation of this program; and
29 b. have the power to make recommendations to the office of mental
30 health and the division of veterans' affairs and legislature as to the
31 effectiveness and future need for such a program.
32 S 6. Nothing in this act shall be construed to affect the scope of
33 practice of any profession licensed pursuant to the laws of this state
34 or to authorize or compel any change therein.
35 S 7. This act shall take effect on the sixtieth day after it shall
36 have become a law and shall expire and be deemed repealed three years
37 after such effective date. Effective immediately such rules or regu-
38 lations as may be necessary for the implementation of this act on its
39 effective date are authorized to be made on or before such effective
40 date.