

9290

I N A S S E M B L Y

February 14, 2012

Introduced by M. of A. ORTIZ -- read once and referred to the Committee
on Veterans' Affairs

AN ACT to create a course of instruction to train mental health provid-
ers in veteran specific mental health issues

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-
BLY, 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.
19 In addition to high rates of PTSD, providers in the mental health
20 community have also begun reporting increased cases of traumatic brain
21 injury sustained in the Iraq and Afghanistan theatres of combat due in
22 large part to the use of improvised explosive devices (IED). Equally
23 disturbing is the rate at which TBI has been misdiagnosed as PTSD.
24 Numerous reports have told the story of soldiers returning from Iraq and
25 Afghanistan with brain trauma, but because there are no visible head
26 wounds, symptoms such as memory loss and confusion are often mistaken as
27 indicators of PTSD.

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

LBD00007-02-1

1 Many returning service members, particularly National Guard and
2 Reserves, are not accessing services from the federal veterans adminis-
3 tration or through the department of defense tricare system upon return-
4 ing home; but rather, through community-based organizations and agen-
5 cies. Therefore, community-based providers are experiencing an influx of
6 returning service members for whom they are not entirely prepared to
7 provide treatment.

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

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

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

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

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

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

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

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

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

51 c. establish an advisory committee to include experts in the fields
52 of neurology and psychiatry, to be recommended by the statewide associ-
53 ation of physicians and the statewide association of psychiatrists. The
54 advisory committee will also include experts in traumatology, PTSD, TBI,
55 military mental health, veterans' health and administration, and
56 licensed social work practitioners with a demonstrated expertise in

1 veterans mental health. The advisory committee shall also include a
2 combat veteran and a family member of a combat veteran;
3 d. contract with an association of physicians and an association of
4 psychiatrists to (1) advise and assist with the design and development
5 of core content with respect to matters relating to the practice of
6 medicine; and (2) provide physician experts in PTSD, TBI and other
7 combat related psychiatric and neurological disorders for the program;
8 e. produce a yearly report to the legislature, the division of veter-
9 ans' affairs, office of mental health and the office of alcoholism and
10 substance abuse services regarding the progress, expenditures and effec-
11 tiveness of the program;
12 f. conduct the program in direct consultation with the office of
13 mental health and the division of veterans' affairs; and
14 g. provide a certified continuing education course on veteran specific
15 mental health issues, to be made available online.
16 S 5. The office of alcoholism and substance abuse services shall:
17 a. consult with the office of mental health and the division of veter-
18 ans' affairs and provide guidelines necessary for the proper design and
19 implementation of this program; and
20 b. have the power to make recommendations to the office of mental
21 health and the division of veterans' affairs and legislature as to the
22 effectiveness and future need for such a program.
23 S 6. Nothing in this act shall be construed to affect the scope of
24 practice of any profession licensed pursuant to the laws of this state
25 or to authorize or compel any change therein.
26 S 7. This act shall take effect April 1, 2012.