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I N   A S S E M B L Y

February 14, 2012

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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.

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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.