

5066

2011-2012 Regular Sessions

I N S E N A T E

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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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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