

Talking Points on NAMI-NYS's Budget and Legislative Asks and Glossary of Terms



NAMI-NYS wants to make sure that all our advocates have the tools they need to feel comfortable with meeting with their legislators. Below are talking points for all of our legislative and budget asks as well as some verbiage to use in the meeting. We have also included a glossary of terms for all the terms highlighted below.

Here are a few helpful reminders:

1. This document is only meant to be a guide, please keep in mind that you don't need to memorize or mention every point for each issue.
2. Please note that you do not need to include every issue in each meeting as that may not be possible. What's most important is that you discuss the issues that impact the participants in your group and give them the opportunity to share their personal stories.
3. It's important to join the Zoom meeting at least 15 minutes prior to the legislative meeting, so the meeting leader can identify which issues participants want to speak on and assign roles to designate who will be saying what during the meeting.
4. Writing out and organizing your story using our [Story Practice Sheet](#) beforehand, can help ensure you connect your story to one of our asks. For instance, if you or loved one has benefitted from mental health housing programs you would want to conclude the story by saying "this is just an example of why mental health housing programs are so important to recovery and why NAMI-NYS is asking for a \$159.9 million investment to address the decades of flat-funding to mental health housing providers." You can click here to access the [NAMI SMARTS Advocacy Guide](#) on how to effectively tell your story.
5. Remember you're an advocate not a professional lobbyist, nobody expects you to be an expert in all these issues, so don't pressure yourself to know everything about these issues. What's most important is that you are an expert in your own lived experience and that's what you want to share with your legislator. If there are any difficult or technical questions, the meeting leader will be there to step in.
6. It's ok not to have all the answers. If there is a question asked that the group is unable to answer it's ok to say you don't have that information but you will have the NAMI-NYS staff follow-up with them.

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Start the meeting with everyone introducing themselves by stating their name, where they are from and their relationship to mental health.

Example 1: I am John Smith, I live in Albany and have been living with bipolar disorder for ten years.

Example 2: I am Jane Smith, I live in Albany and my 24-year old son was diagnosed with schizophrenia six years ago.

After everyone has introduced themselves, begin the conversation by stating: NAMI-NYS is the state chapter of NAMI, the nation's largest grassroots organization dedicated to improving the lives of both individuals and families impacted by mental illness. NAMI-NYS's leading advocacy concern is ensuring access to person centered treatment for psychiatric disorders. Access to mental health services and support is now more important than ever. Individuals and families have long struggled to obtain services and now with an increasing demand for mental health care, the supply is diminishing. Last year, despite the largest budget in New York State history, appropriate investments in mental health were not made. New York cannot recover and move forward without properly addressing mental health which is why our first seven budget and legislative asks revolve around the need to increase access to psychiatric services and support.

1. Budget Ask-Invest in the Behavioral Health Workforce

- At a time when New Yorkers are seeking behavioral health services at an all-time high rate, New York State needs to ensure we have the services to meet this increasing demand.
- It is impossible to deliver mental health services without a sustained workforce.
- NAMI-NYS is dedicated to caring for those who care for us and advocating for investments in the behavioral health workforce.
- The inability to retain and sustain the workforce puts a hindrance on recovery for many New Yorkers.
- We need a 5.4% Cost of Living Adjustment for the behavioral health workforce and a \$500 million investment in workforce supports and services. *There are materials in the packet that explain this ask.
- Included in the \$500 million is a \$159.9 million investment specifically for mental health housing programs that have received flat-funding for the last four decades.

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2. Budget Ask-Prescriber-Prevails

- Access to mental health services and appropriate medications is more important than ever and it is just as important that we ensure that people who need medication, receive the medications their doctors determine is most beneficial for them.
- We need the legislature to include prescriber-prevails for the state's Medicaid program in the final budget.

3. Legislative Ask-A.3276: The Mental Health Access Bill

- NAMI-NYS firmly believes in a person centered approach to treating psychiatric disorders.
- An integral element to person centered care is someone living with a mental illness receiving the medication a psychiatric provider determines to be most appropriate for their individual recovery.
- Fail-first and step therapy procedures by insurance providers present a dangerous obstacle to recovery and this practice needs to be addressed.
- Forcing someone with serious chronic health issues to fail on a medication before they are granted permission to “step-up” and receive a medication originally prescribed to them is a cruel and harmful practice.
- A.3276: The Mental Health Access Bill would ban the use of fail-first procedures for those prescribed psychiatric medications.
- This bill has already passed the Senate and we need it to pass the Assembly.
- The bill is currently in the Mental Health committee and we are asking Assemblywoman Gunther to advance this bill. We ask that you please co-sponsor (and check your advance sheet to see if the legislator is on the mental health committee, if they are on the committee, then add) and encourage Assemblywoman Gunther to bring the bill to a committee vote.

4. Legislative Ask-Nicole's Law

- New York must do more to enact suicide prevention strategies.
- Nicole's Law would do this by holding hospitals more accountable in delivering person-centered care, involving families and improving discharge practices.

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- Nicole's Law would ensure that individuals coming out of a hospital following a self-inflicted life-threatening injury (which can include a suicide attempt, an overdose or a self-injury) would receive a detailed discharge plan with materials and their families would also receive support resources.
- Individuals coming out of the hospital would also have priority access to community services, the same way someone receives priority when they receive an assisted outpatient treatment order, though the services would only be received voluntarily.
- New bill number coming.
- We ask you to help us in saving lives by co-sponsoring Nicole's Law.

5. Legislative Ask- A5238/S3995 Mental Health Parity Amendment

- NAMI-NYS has long advocated for having mental health viewed as a part of physical health, as one simply cannot have physical health without mental health and vice-versa.
- The failure to recognize mental health as a part of overall wellness creates numerous barriers to treatment and recovery and has created two separate, but unequal systems of care.
- Psychiatric issues are not covered by insurance providers in the same broad manner as other physical ailments. This often puts a greater financial burden on the patient and leads individuals not to seek psychiatric treatment.
- Hospitals and other psychiatric providers are also not reimbursed at the same rates as other physical issues which have led to a reduction of psychiatric beds in hospitals as well as other life-saving services in many communities in NYS.
- It is now more important than ever for New York State to address the social justice issue created by this inequality and fully recognize parity.
- Join us in creating equitable services and having the state constitution amended to create mental health parity by supporting A5238/S3995.

6. Legislative Ask- A.3040 (NEED TO CHANGE # ON AA SHEET)/S.4870 Allowing Pharmacies to Administer Long-Acting Injectable Medications

- Access to the full spectrum of antipsychotic medications is a critical component of community-based care.
- For people who experience psychosis adhering to a daily medication regimen can be very challenging.

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- Long-acting injectable antipsychotic medications are a valuable treatment option by offering a convenient alternative to daily oral medications..
 - While these long-acting injectable medications can greatly advance recovery, accessing them in New York is a challenge for many as they are only administered at clinics.
 - For people who live in rural or inner-urban communities these clinics are either nonexistent or one would have to travel a great distance to reach them. Simply relying on clinics is restrictive and presents a serious barrier to care.
 - NAMI-NYS is advocating for A.3040/S.4870 which would allow pharmacies to administer these injections the same way they administer flu-shots and now COVID vaccines.
 - We ask that you join us in increasing access to valuable treatments by supporting A.3040/S.4870.
 - (If the legislator is in the Assembly please add) NAMI-NYS has supported this legislation for several sessions and we've had a difficult time getting the bill out of the Higher Education committee, where chairwoman Glick has failed to bring it up for a vote. We also ask that you request that Assemblywoman Glick bring this bill up for a vote.
- 7. Legislative Ask-A.5751/S.3221 Granting LMHCs and LCs the Ability to Diagnose**
- We have already detailed the need to invest to create a robust mental health workforce.
 - Each year during budget hearings NAMI-NYS details the difficulties people are having obtaining services, including finding a professional who can provide a diagnosis for them.
 - The leading cause to this barrier to care is that there are simply not enough services and professionals available.
 - Access to psychiatric services is needed more than ever before.
 - It is imperative that New York not only supports our existing behavioral health workforce but also works to expand it.

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- While the failure to access psychiatric services is reaching crisis levels, there are ways to expand the workforce, one such way to increase the availability of appropriate care is to grant mental health licensed practitioners (LPs) and licensed mental health counselors (LMHCs) with the authority to diagnose and have their services billable to Medicaid.
- LMHCs and LPs are qualified and recognized psychotherapy professionals and have the education and training to diagnose mental health conditions. In many states they have the ability to diagnose.
- New Yorkers have struggled for far too long to receive appropriate care, this gap of care is unacceptable and a leading factor in the numerous negative outcomes that too many people living with a mental illness experience. The time is long overdue to increase the access to appropriate care and grant LMHCs and LPs with the ability to diagnose by supporting A.5751/S.3221

Transition to Criminal Justice Issues-Once your group gets through the access asks, state:

Along with access, NAMI-NYS's other leading advocacy priority is to improve the criminal justice-mental illness interface and reimagining crisis response to insure a mental health response to a mental health crisis.

These reforms are desperately needed as since 2015 nearly one in four fatal police shootings nationally have been of people with mental illness and of those, one in three were people of color. Jails and prisons across the state are also overpopulated by people living with a behavioral health issue.

New York State needs to stop criminalizing mental illness and divert people away from a punitive response and towards recovery oriented services. We have a tremendous opportunity to take a big step in this direction with the implementation of the 9-8-8 mental health crisis number in July of 2022, but in order to create a fully functioning mental health crisis response system we must also increase mental health response units and crisis stabilization centers and NAMI-NYS is making the following recommendations in this area:

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8. Legislative Ask-A.4697/S.4814 Daniel's Law

- As we stated earlier this is literally a life and death issue as police are not best equipped to de-escalate someone in a mental health crisis. This inability had led to many tragic outcomes and harm to both police and the people they are responding to.
- The first step in addressing this issue is ensuring that a mental health crisis is met with a mental health response. The passage of A.4697/S.4814 and the creation of “Daniel's Law” would ensure that this appropriate response will be utilized in communities throughout the state.
- The bill will require having trained mental health professionals (which should include peers with lived experience) intervene in crisis situations involving people experiencing mental health issues.
- Having mental health professionals respond to these situations will generate more positive outcomes and divert people from the criminal justice system.
- Mental health responders would use better communication and de-escalation techniques and having responders in plain clothes would also be beneficial as they would not pose the perceived threat may be associated with a police uniform.
- We appreciate that the bill is named in honor of Daniel Prude. Mr. Prude's tragic and unnecessary death demonstrates both the situations NAMI-NYS works to avoid as well as how these issues play out in communities of color, which are less likely to have access to mental health care and more likely to have negative results when interacting with police.
- Join us to ensure a mental health crisis is met with a mental health response by supporting A.4697/S.4814

9. Budget Ask-Expand Crisis Stabilization Centers

- Mobile interventions can only be successful with the existence of the third element of a mental health response: proper crisis stabilization services such as crisis stabilization centers.
- Crisis stabilization centers are a recognized alternative to hospital emergency rooms and police stations. ER's and police stations are currently the only option in most New York communities. Neither of them is designed to handle a mental health crisis.

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- Centers offer services to address mental health and substance use crises.
- For the centers to be most effective, no appointments or referrals should be necessary, and the centers should be open 24 hours a day, 7 days a week, 365 days a year.
- Last year, NAMI-NYS expressed tremendous support of Subpart A of AA of the Fiscal Year 2021-22 New York State Health and Mental Hygiene Budget Bill, which expanded the use of crisis stabilization centers.
- NAMI-NYS supports the New York State Office of Mental Health (OMH) 's efforts to use support through federal block grants to initially fund mobile crisis response and crisis stabilization services, but funding must be identified to sustain these vital programs beyond the grant funding period.
- We hope you will advocate for funding to bring a crisis stabilization center to our community.

10. Budget Ask-Continue funding for the Institute for Police, Mental Health and Community Collaboration

- While NAMI-NYS wants to see a professional mental health response to mental health crises situations, we also understand that there will be times when police response is unavoidable.
- This is why it is critical that law enforcement and other first responders receive Crisis Intervention Team (CIT) training.
- CIT programs provide a 40-hour training for police and first responders on how to properly intervene with someone in a mental health crisis.
- These trained officers have made a tremendously positive impact in communities across New York State and CIT programs have greatly reduced harm and fatalities to both police and those to whom they respond.
- NAMI-NYS wants to see further investments in the state's Institute for Police, Mental Health and Community Collaboration which coordinates CIT in New York.

11. Legislative Ask-A.6399-A/S.1553-B The Clean Slate Act

- One of the byproducts of not meeting a mental health crisis with a mental health response is the disproportionate representation of people living with a mental health issues in jails and prisons.

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- Jails and prisons have replaced asylums as the leading facility to house those living with a mental illness. Estimates say more than 60% of New York's incarcerated population has a behavioral health issue or developmental disability.
- We need to stop criminalizing mental illness, work to prevent recidivism and ensure that once someone gets out of a jail or prison, they stay out.
- This is why NAMI-NYS supports the Clean Slate Act (A.6399-A/S.1553-B), which automatically expunges certain convictions after 3 years for a misdemeanor and 7 years for a felony, if certain criteria are met.
- Expunging these records is crucial as having a criminal record can present a barrier to basic elements needed for recovery and to live a productive life such as employment and housing.
- We ask you to join us in wiping the slate clean by supporting A.6399-A/S.1553-B.

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Glossary of Terms Used in NAMI-NYS Advocacy Communication

988 Crisis Response System: In 2020, the Federal Communications Commission and Congress acted to make 988 the nationwide three-digit number for mental health crises and suicide prevention, operating through the existing National Suicide Prevention Lifeline, which has a nationwide network of call centers. By July 2022, all telecommunications companies will be required to route 988 calls to the Lifeline.

States must act rapidly to develop a 988 crisis service infrastructure, including passing legislation to implement fees to fund crisis call centers and response capacity, as well as consider appropriations of general funds to support the crisis system. NAMI-NYS has been participating in the NYS's 988 implementation committee and recently released a [report on 988 and crisis response](#).

Behavioral Health: The umbrella term combining psychiatric and addiction issues.

Certified Community Behavioral Health Clinics (CCBHCs): These providers in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are non-profit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

Crisis Stabilization Centers: These centers provide an alternative to hospital emergency rooms which are not designed to appropriately handle psychiatric emergencies. One example of a crisis center is the Dutchess County Stabilization Center.

Fail First/Step Up: This is a practice conducted by private insurance providers where they refuse to cover a specific medication a doctor prescribed, instead they cover a different, less-expensive medication, that can be used for the same ailment. Please note, they are not covering the generic version of what was prescribed, but a totally different medication). This practice forces the patient to take the other medication and demonstrate that the medication fails to work for them before they are allowed to step-up to the originally prescribed medicine.

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Federal Block Grants: The Community Mental Health Services Block Grant (MHBG) program from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) are designed to support the grantees in carrying out plans for providing comprehensive community mental health services.

Flat-Funding: This is the term used when a provider of services has a contract with the state, but the amount of funding remains the same for a sustained period of time. As more time passes, that amount devalues due to rising inflation rates. For example, mental health housing providers have received flat-funding since 1990. Over the last forty years, the interest rates have raised considerably and due to this inflation the funding providers receive is 43% of what it should be based on our current economic model.

Mental Health Response Units: These units are also known as mobile intervention teams or mobile crisis teams. They are a group of health professionals, such as nurses, social workers and psychiatrists, who can provide mental health services, primarily in people's homes.

Person-Centered Care: In health care, person-centered care is where the patients actively participate in their own medical treatment in close cooperation with the health professionals. In psychiatric care that can also mean tailoring treatments to an individual's specific set of symptoms and not to their diagnosis. In other words; not using the same medication for all people who have a bi-polar diagnosis.

Prescriber Prevails: Refers to a provision in New York State Medicaid law that gives doctors the final say in disputes with Medicaid over which medications are prescribed to patients under the Managed Care Preferred Drug Program (PDP). The law covers only certain classes of medications including: antidepressants and antipsychotics

Recidivism: Recidivism is one of the most fundamental concepts in criminal justice. It refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime. Recidivism is measured by criminal acts that resulted in rearrest, reconviction or return to prison with or without a new sentence during a three-year period following the person's release.