New York State

2019 Legislative Action Agenda

Access to Appropriate Services and Medication
- Ensure prescriber prevails language for Medicaid services in final budget.
- Support investments in Departments of Finance and Health for monitoring insurance parity violations.
- Ensure the availability of inpatient hospital beds for those with serious mental illness and crisis beds.
- Support Legislation (Bill#TRA)-Regulating private insurance providers making changes to prescription drug formulary during a contract.
- Support Legislation (Bill#TRA)-Expanding a pharmacy to administer injectable medications.
- Support Legislation (Bill#TRA)-Amending the public health law and the education law, in relation to generic drug products.

Mental Health Housing With Wraparound Support Services
- Housing programs incorporating recovery support services are crucial to successful recovery from a mental illness within the community setting.
- Investing in mental health housing saves taxpayers money as programs are 40% - 94% less expensive (depending on housing model) than the alternatives: state psychiatric institutions, other hospitals, ERs, nursing homes, jails and prisons.
- The state has not kept its promise to fund the system adequately.
- 25 years of flat-funding have led to housing providers to operate at 43% below where they should be, causing access to be a serious challenge.
- 40,000 Mental health community-based housing units are in jeopardy due to years of inadequate funding.

Improve the Criminal Justice — Mental Illness Interface
- More than 60% of those incarcerated have a diagnosable mental illness. We must do better to divert people with mental illness from jails and into treatment and improve interactions between police and people with mental illness.
- NAMI-NYS supports the expansion of Crisis Intervention Teams (CIT) which would save lives, reduce harm, and result in better outcomes for the individuals and the police.
- Support the HALT Bill to reform the use of solitary confinement. Cap the amount of time someone serves in solitary and ensure people with mental illness are not put in solitary.
- Enhanced discharge planning for people living with a mental illness exiting jails and prisons and connecting them to Medicaid and appropriate services. This will help ensure they engage in recovery and prevent recidivism.

Enact Extreme Risk Protection Orders (ERPO)
- NAMI-NYS supports the enactment of an ERPO law which would remove guns from the homes of people with mental illness during vulnerable times of crisis.

Expand Joseph P. Dwyer Veteran’s Mental Health Program
- Expand NY’s innovative veteran’s peer support program to more counties.

Continued Investments in Community Services and the Mental Health Workforce
- Too many New Yorkers are unable to access appropriate community-based services. New York must invest in the full range of services to meet the needs of those on all points of the spectrum of psychiatric disorders.
- Continuity of care is vital to recovery and service providers must be able to hire and retain skilled and caring staff.
- The FY 2019/20 state budget should include the statutory human services 2.9% COLA that would pay direct care staff.
- In November, it was announced that NYS’s hospitals and nursing homes will receive $675m for Medicaid rate increases to cover workforce salary and benefits. NAMI-NYS is calling for 25% of the state’s share of the investment, roughly $169m be used to support community-based care.
- NAMI-NYS is calling for investments in the following programs all of which are necessary for adequate community care: Assertive Community Teams (ACT Teams), Mobile Intervention Teams, Respite Centers, Crisis Centers, Certified Community Behavioral Health Clinics (CCBHCs), Telepsychiatry, First Episode Psychosis Programs, Integrated psychiatric services in the primary care setting and mental health clinics in schools.
NAMI-NYS firmly believes in a person centered approach to treating psychiatric disorders. **Integral to the goal of person centered care is the ability of people living with a mental illness to access the most appropriate treatments to advance their specific recovery.** Though this sounds obvious, too many people are facing a myriad of obstacles to accessing services and medications.

Though medication is not needed for everyone living with a psychiatric disorder, for those who do require medication, it is of the utmost importance that they receive the medication their psychiatric provider determines to be most appropriate for their individual recovery.

**Prescriber prevails is especially important in treating psychiatric disorders.** Specific mental illnesses can impact each person differently. Each case must be viewed and handled uniquely with doctors reviewing specific symptoms and other medications that person is taking. This is crucial as antipsychotic and antidepressant medications are not clinically interchangeable and many people with a mental illness also have co-occurring physical ailments, and drug-to-drug interactions also must be considered when changing medication for someone with mental illness. **Both private insurance providers and the Medicaid system are threatening “prescriber prevails.”**

NAMI-NYS is extremely concerned by these threats, which include the practice of drug formulary switching by insurance providers during a contract year, as well as the continued weakening of prescriber prevails language under Medicaid.

Drug formulary switching, also known as *Non-Medical Switching* (NMS), is when a private insurance provider changes what prescription medications they cover during a contract year. This is not only dangerous, but it is deceitful to consumers. **This is why NAMI-NYS has long supported legislation (Bill number pending) which would regulate drug formulary switching.** Last year, legislation to regulate NMS passed unanimously in the Assembly, but the chair of the Senate Insurance Committee would not bring the legislation up for a vote. You can [click here](#) to watch NAMI-NYS discuss this issue on the Capital Tonight program. **The Governor’s budget proposes eliminating prescriber prevails from all medication including psychiatric medication. We urge the legislature to reinstate this in the final budget.**

It is also crucial that people have the easiest access to the treatments that best advance their recovery, this includes **injectable psychiatric medications which are especially beneficial as they make adherence easier.** This why NAMI-NYS supports legislation (Bill number pending), which expands the scope to allow a pharmacy to administer injectable medications.

Finally, it is also critical that people know what’s in the generic medication they are taking. **This is why NAMI-NYS supports legislation which amends the public health law and the education law, in relation to generic drug products.**
The methods for delivering mental health services in New York State are changing. The number of hospital beds dedicated to treating psychiatric disorders is shrinking. This is very concerning to NAMI-NYS as many of our members have experienced both the tremendous benefits that hospital care has for our loved ones with serious mental illness, as well as the tragic and heart-breaking results of what happens when someone with the most debilitating forms of mental illness do not receive the housing and services they need. Too many of our members have seen their loved ones end up on the streets, stranded in emergency rooms and complete suicide.

Once again the Governor’s budget proposes investing in $11 million from the savings of eliminating 100 inpatient beds into community services. Though NAMI-NYS does not want to see beds reduced, we strongly believe that the savings from these reductions be reinvested into services that would afford those living with a mental health disorder the best opportunity to advance their recovery in a community setting.

It is impossible to deliver appropriate sustained care without a robust mental health workforce. The state has failed to invest in the dedicated and compassionate workers who provide care for people living with mental illness. This lack of investment has led to difficulty in mental health providers’ ability to hire and retain staff. NAMI-NYS is alarmed by the high turnover and vacancy rates among providers. This is why we are calling for a 2.9% Cost of Living Adjustment (COLA) for non-profit human services agencies. We are disappointed this was not included in the Governor’s budget proposal.

In November, it was announced that NYS’s hospitals and nursing homes will receive $675m for Medicaid rate increases to cover workforce salary and benefits. NAMI-NYS is calling for 25% of the state’s share of the investment, roughly $169m, be used to support community-based care. Click here to watch NAMI-NYS discuss community investments on Capital Tonight.

NAMI-NYS wants to see community support services in New York State which ensure:

- Practices and services that are recovery, resiliency and wellness oriented, culturally competent and readily accessible
- Residential support services with transportation services and intensive case management
- The availability of all appropriate and effective medications
- Access to both inpatient and outpatient treatment options
- Vocational Training
- Wellness
- Round-the-clock services that are available seven days a week
- That no one would have to travel more than an hour to get to a psychiatric emergency room or crisis service unit.
A stable environment is vital and fundamental to the recovery from psychiatric disorders. Safe and affordable housing programs which incorporate recovery oriented support services are the cornerstone of successful recovery from serious mental illness (SMI) within the community setting, yet accessing these essential programs remains a tremendous challenge.

Community based mental health housing providers have received flat-funding from New York State since the early 1990’s. Since the funding has not kept up with the rates of inflation and the increases in the cost of living since 1990, these programs are operating at 43% below where they should be today. It will take $120 million to simply close that gap and allow mental health housing providers to operate with a budget that is reflective of today’s economic structure.

The $10 million contained in the Governor’s budget proposal falls way short of what is needed to deliver the type of mental health housing needed to best drive recovery.

In recent years, the Office of Mental Health (OMH) has focused on reducing the number of people in the most expensive housing environments such as in-patient beds at state psychiatric hospitals, state operated supervised community residences, and other state funded residential settings. To achieve this, OMH has given priority status in access to housing to individuals residing in these settings. While we acknowledge the necessity to reduce costs, we must ensure that housing opportunities are made equally available to individuals who do not come from these priority populations but are still in need of the housing supports and services.

Additionally, we need to ensure that individuals who are being transitioned from these highly supervised settings are being moved to residential settings that adequately meet their high level of need for supports and services in order to maximize their recovery, avoid future hospitalizations, and ensure the best possible quality of life. This is why NAMI-NYS believes that a large part of the savings from hospital bed reductions must be invested in more beds and staffing support in the community based mental health housing system.
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Improve the Criminal Justice – Mental Illness Interface

It is estimated that more than 60% of those incarcerated have a behavioral health issue. Improvements and expansions to several facets of the criminal justice system are necessary to help ensure the best outcomes for people living with a psychiatric disorder who enter or exit the system. NAMI-NYS is calling for the following measures to be enacted:

1. **Expansion of Crisis Intervention Teams**: Contacts between law enforcement officers and individuals experiencing mental health disorders can be deadly, dangerous or result in poor outcomes for the individual. NAMI-NYS supports the expansion of Crisis Intervention Teams (CIT) which would save lives, reduce harm, and result in better outcomes for the individuals and the police. Crisis Intervention Teams consist of law enforcement officers specially trained to deescalate situations and take appropriate action to assist an individual in the midst of a mental health crisis. We want to see further investments in this vital program.

2. **Abolish Long Term Solitary Confinement**: NAMI-NYS strongly supports reforming the use of solitary confinement, capping the amount of time someone serves in solitary and restricting the use of solitary confinement for juveniles under the age of twenty-one and any person with a mental illness or a developmental disability. **NAMI-NYS is calling on legislators to support the HALT Bill (Bill # Pending) to reform the use of solitary confinement by capping the amount of time someone serves in solitary and ensure people with mental illness are not put in solitary.**

3. **Enhanced discharge planning for people living with a mental illness exiting jails and prisons**. Along with reinstating Medicaid benefits 30 days prior to discharge, people with a mental illness need to be educated on their Medicaid benefits and connected to appropriate services. This will help ensure they engage in recovery and prevent recidivism.

4. **Improve Mental Health Treatment and Family Engagement in the Correctional and Forensic System**: Too many people living with a mental illness have entered the correctional system. **New York must improve mental health care in prison and encourage communication with families so they can voice concerns about their loved one’s mental health.**

5. **Expanded Mental Health Courts**: Mental Health Courts are crucial in generating the most successful outcomes for people living with a mental illness. Mental Health Court judges evaluate each case individually to determine the best plan for each offender. If that person lives with a mental illness, recovery oriented treatment programs are often deemed to be better alternatives than incarceration. Mental Health Courts can be an essential point of entry to recovery services that can contribute to a reduction of arrests, recidivism, emergency room visits and long term in-patient care. **Mental Health Courts are a sound investment as they can save the state money by proactively addressing issues that often lead to potential long-term expenses such as hospital stays and prison sentences.**
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Enact Extreme Risk Protection Orders

NAMI-NYS supports the enactment of an Extreme Risk Protection Orders (ERPO) law which would remove guns from the homes of people with mental illness during vulnerable times of crisis. Under the law family members, friends and caregivers could petition a court and express their concerns about someone living with a mental illness who they know has a gun and they fear is in crisis and could harm themselves or others. If the court grants the order, trained professionals would be sent to remove the gun from the home. The gun would be returned once the crisis is determined to be over. An ERPO law will help save lives by preventing suicide and other tragic outcomes.

Expand Joseph P. Dwyer Veteran’s Mental Health Program

Supporting those who have served our country must be a top priority. Returning combat veterans are experiencing very high rates of serious mental health disorders, suicide, addiction, homelessness and incarceration related to posttraumatic stress disorder and traumatic brain injury. More must be done in New York to provide services to America’s returning heroes of combat. This is why NAMI-NYS supports the continued investments and expansion of the innovative Joseph P. Dwyer veterans peer support program to more counties throughout the state.

Proper Education Regarding the Legalization of Marijuana

NAMI-NYS has serious concerns about Governor Cuomo’s intention to legalize the recreational use of marijuana. Many studies have demonstrated the damaging effects of marijuana for people with psychotic disorders and young people in the prodromal period. If the state does move forward with legalization it must be done responsibly. NAMI-NYS is calling for warning labels on marijuana products that detail the hazards to those with psychosis. NAMI-NYS also wants a portion of the tax revenue generated from sales of legalized marijuana to be earmarked for the New York State Office of Mental Health to both be able to expand crisis services to address negative outcomes that could arise from people with psychosis having access to marijuana, as well as additional educational resources for schools and families.
Key Talking Points on 2019 Action Agenda Issues

ACCESS TO PROPER TREATMENT
People must be able to have access to services and medications most appropriate for their recovery

- Support investments for insurance parity oversight
- We need to regulate the practice of Non-Medical Switching by insurance providers, support bill number:
- We need to strengthen prescriber prevails language under Medicaid.
- Support bill # which expands the ability for a pharmacy to administer injectable medications.

INCREASED COMMUNITY SERVICES
Too many people cannot access mental health services which is why we call for:

- Support of a 2.9% COLA for Mental Health Workforce
- Investments in broad community services.
- 25% of the Centene settlement ($169m) should go to community-based care.

HOUSING WITH WRAP AROUND SERVICES
Housing with wrap around mental health support services is essential to recovery.

- If NYS insists on decreasing psychiatric hospital beds, it must replace those beds with mental health housing.
- Community based mental health housing providers have received flat-funding from New York State since the early 1990’s making it hard to hire and retain staff.
- NAMI-NYS and the Bring it Home campaign are calling for...

CRIMINAL JUSTICE REFORMS
We must initiate reforms to divert people living with a mental illness from the criminal justice system and towards recovery.

- Support investments in Crisis Intervention Teams (CIT) programs to generate better interactions with police and first responders.
- Support the HALT Bill to reform the use of solitary confinement.
- Enhanced discharge planning for people with mental illness.

ENACT EXTREME RISK PROTECTION ORDERS

- ERPO laws have the power to save lives by removing guns from the homes of people in crisis.

EXPAND JOSEPH P. DWYER PROGRAM

- NYS can increase mental health among veterans by expanding this innovative veteran peer support program.

RESPONSIBLE MARIJUANA LEGALIZATION

- Warning label on products detailing the risk for people with psychosis.
- Earmark portion of tax revenue for the NYS Office of Mental Health