



New York State

Date, 2021

The Honorable FIRST LAST
Member of the New York State
New York State Legislative Office Building Room LOB
Albany, NY 12210

Dear HOUSE LAST,

Thank you for taking the time out of your busy schedule to meet with your constituents from NAMI AFFILIATE(S). NAMI-NYS and NAMI AFFILIATE(S) are the state chapter and the local affiliate of NAMI, the nation's largest grassroots organization dedicated to improving the lives of people living with mental health issues and their families. We provide peer-led education classes and support groups at no cost to the public. NAMI-NYS also advocates to create a more mentally healthy and just New York.

Your constituents are meeting with you at a critical time for mental health services. COVID-19 has increased the need for mental health services while compromising the delivery of those services from providers of mental health programs. NAMI-NYS is very concerned about the threats to mental health services. Included in this packet are materials detailing our concerns and explaining how New York cannot recover from the events of the past year without addressing mental health. The materials include:

- NAMI-NYS's 2021 Action Agenda detailing the elements needed to restore funding to behavioral health providers, ensure access to appropriate services and medications and reform crisis response and the criminal justice-mental illness interface.
- Information on "Nicole's Law," legislation NAMI-NYS authored which aims to address suicide by reforming hospital treatment and discharge planning for people with multiple suicide attempts or drug overdoses.
- Information on creating a fully functioning 988 Crisis System including details on NAMI's *Model Bill for Core State Behavioral Health Crisis Services Systems*.
- Behavioral Health advocates' support of the Governor's initiative to expand telehealth services.
- A glossary of terms used in NAMI-NYS's advocacy materials.

If you or your staff have any questions about NAMI-NYS's legislative concerns, please email Matthew@naminys.org. Thank you again for your time and listening to our concerns. NAMI-NYS looks forward to partnering with you to move New York forward.

Sincerely

A handwritten signature in black ink, appearing to read "Wendy Burch".

Wendy Burch
Executive Director

A handwritten signature in blue ink, appearing to read "Matthew Shapiro".

Matthew Shapiro
Associate Director, Public Affairs

2021 Legislative Action Agenda

No Recovery Without Mental Health NYS Must Address Mental Health in Order to Move Forward

Restore Funding to Behavioral Health Providers

The 20% withholdings to community providers are having a devastating impact on the ability to deliver services at a time when these life-saving programs are needed more than ever.

- ◆ To avert program closures and reductions in service availability, the State must immediately restore full funding for mental health and substance use disorder services, and cannot continue withholdings and/or cuts to these essential services.
- ◆ Release federal CARES funds currently available to New York to support the mental health and substance use disorder needs of adults, children and families.
- ◆ During the COVID-19 emergency, the number of New Yorkers seeking assistance for their mental health and/or substance use disorder challenges has skyrocketed. Nevertheless, during the COVID-19 emergency period (and to date), Congress has appropriated (in dedicated funding where mental health and substance use providers are named in bills) just 1% of total funds made available to the nation's healthcare providers. This is unacceptable given current demands for care around the country, and specifically in New York.

Ensure Access to Appropriate Services and Medication

Access to mental health services and appropriate medications is more important than ever. As the demand for mental health services is at an all-time high, we must be able to meet the demand, this is why NAMI-NYS is advocating to advance Governor Cuomo's effort to expand telehealth services. We must also fully utilize our mental health responders by allowing Licensed Mental Health Counselors (LMHCs) to diagnose and have their services reimbursed by Medicaid.

Address suicide by passing Nicole's Law and creating a 988 system which meets NAMI recommendations.

- ◆ Advance Governor Cuomo's efforts to expand telehealth services to all New Yorkers.
- ◆ Ensure prescriber prevails language for Medicaid services in final budget.
- ◆ **Support A.9535/S.6629 (NEED NEW) Nicole's Law:** Which addresses suicide by reforming hospital practices.
- ◆ **Support A4383 (NEED NEW)** Which would grant LMHCs and LCs the ability to diagnose.
- ◆ **Support A.3830/S.4848 (NEED NEW)** Allowing pharmacies to administer injectable medications.
- ◆ **Support A.11145 (NEED NEW)** Which prohibits insurance providers from using "fail-first" and "step-up" procedures for psychiatric medication.
- ◆ Create a 988 System that adheres to NAMI's *Model Bill for Core State Behavioral Health Crisis Services Systems*.
- ◆ Continue to fund the Joseph P. Dwyer Veteran Peer-to-Peer program and expand it to more counties.
- ◆ NAMI-NYS is calling for investments in the following programs all of which are necessary for adequate community care: Housing, Assertive Community Treatment Teams (ACT Teams), Mobile Intervention Teams, Respite Centers, Crisis Centers, Certified Community Behavioral Health Clinics (CCBHCs), Telehealth, First Episode Psychosis Programs, Integrated psychiatric services in primary care settings and mental health clinics in schools.

Improve the Criminal Justice – Mental Illness Interface

There has been increased attention for police and criminal justice reform, what is not being discussed is that 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 as well as improve interactions between police and people with mental illness.

- ◆ Reinstate the funding for Crisis Intervention Teams (CIT) which would save lives, reduce harm, and result in better outcomes for the individuals and the police. This critical program was not funded in the last budget and funding needs to be restored.
- ◆ **Support A.2500/S.1623 (NEED NEW)** the HALT bill which caps the amount of time someone serves in solitary, and ensure people with mental illness and other at risk populations are not placed in solitary.



2021 Legislative Action Agenda Address Suicide by Passing Nicole's Law

Suicide is the most unique public-health epidemic due to the multiple root causes which create many challenges to addressing and prevention. The staggering numbers speak to these challenges. Suicide is the only leading cause of death in America whose rates continue to increase. A 2019 report released by Governor Cuomo's Suicide Prevention Task Force details how the rates of suicide in New York State are actually outpacing this disturbing national trend, with state suicide rates increasing 29.1% from 1999 to 2016.

The impact of COVID-19 has increased the necessity of the reforms contained in Nicole's Law. The outbreak, social-distance practice and the economic ramifications have had a tremendous impact on our collective mental health. A recent CDC report found that: 40.9% of respondents reported an adverse mental or behavioral health condition. 30.9% of those reported having started or increased substance use to cope with stress or emotions related to COVID-19. 10.7% reported having seriously considered suicide in the preceding 30 days. The same report states that 25% of young adults have considered suicide during COVID-19

Hospitals across the state have been required to have 30% of their beds available to handle another COVID-19. Too many hospitals have disproportionately targeted psychiatric and detox beds to meet this mandate. As intensive behavioral health services continue to be reduced we need Nicole's Law enacted to protect those most vulnerable to suicide and drug over-doses.

- ◆ **Nicole's Law has the power to advance suicide prevention by reforming hospital procedures involving the most vulnerable patients who have multiple episodes of self-inflicted life-threatening injuries** (classified as a suicide-attempt, drug-overdose or self-injury). Nicole's Law would hold hospitals accountable in delivering person-centered treatment for people with multiple episodes of self-inflicted life-threatening injuries, providing their families and caretakers with resources and direct much needed improvement in discharging patients.
- ◆ **Nicole's Law would create a red flag practice for vulnerable patients who need more specialized, Intensive and potentially life-saving supports.** If a family member or caretaker informs the care providers that their loved one has had multiple incidents of self-inflicted life-threatening injuries, the provider must obtain the previous hospital records to verify the episode(s) and examine what precise treatment the patient previously received to ensure not to repeat practices which failed the patient leading to another episode of self-inflicted life-threatening injury.
- ◆ **Nicole's Law demonstrates the value of family insights** when it comes to people with serious mental illness by ensuring that in these cases all attempts would be made to talk to families and receive their insights on the person's mental health history and their views on what did not work in previous treatment settings. **Seeking family insight would not violate HIPAA laws**, as under the law medical professionals are already required to listen to families; Nicole's Law would simply encourage the underused resource of family insight.
- ◆ **Nicole's Law would also require enhanced discharge planning**, including providing families and caretakers with resources on how to care and monitor someone with a tendency towards self-inflicted life-threatening injuries. They would also be connected to a community-based service provider, receive priority

Legislative History of Nicole's Law

Nicole's Law was introduced into the New York State Senate in July of 2019 following Roy and Lucille Ettere's testimony during a Senate hearing on addressing suicide where they detailed the failures made by several hospitals which contributed to the loss of their daughter, Nicole, by suicide. During early 2020 before the COVID-19 outbreak, Nicole's Law had gained bi-partisan sponsorship in both houses. COVID-19 has led to a reduction of psychiatric and detox hospital beds, which has made the reforms in Nicole's Law all the more important and necessary.

Bill Number in 2019-20 Legislative Session: S.6629/A.9535

2019-20 Senate Sponsors:

Sponsor: Carlucci
Co-Sponsor: Harckham, Lanza, Sepulveda

2019-20 Assembly Sponsors:

Sponsor: De La Rosa
Co-Sponsor: Weprin, Williams, Hunter, Byrne, Ra

Bill Memo:

TITLE OF BILL: An act to amend the mental hygiene law, in relation to establishing Nicole's law

PURPOSE: This bill will be known as "Nicole's Law." This bill would create a red-flag system to ensure individuals admitted to hospitals following a self-inflicted, life-threatening injury would receive enhanced person-centered treatment, their families are provided with resources on how to care for this vulnerable population, an appropriate discharge plan including an immediate connection to community services, with the person receiving priority access to community services and follow-up with the individual following discharge. The bill would also address the practices of how psychiatric clinical trials handle perspective participants disqualified because of a previous suicide attempt within the calendar year.

SUMMARY OF PROVISIONS: Section 1: This act shall be known and may be cited as "Nicole's law"

Section 2 defines how to identify and red-flag an individual meeting Nicole's Law criteria; defines enhanced inpatient treatment for this population; details how the law would aim to increase family participation in the recovery process.

The bill requires the Commissioner of the Department of Health to promulgate proper discharge planning for this population. It also requires language on how to improve the practices when one fails to qualify for a psychiatric clinical trial conducted in New York State due to a prior incident of suicidality in the previous calendar year.

Section 3: Effective Date

JUSTIFICATION: Nicole Ettere was a 37 year old and very vivacious woman who worked diligently in the medical field for over 10 years prior to her illness, body dysmorphia. She struggled with anxiety and depression and in March 2017 was unable to continue working. She was briefly hospitalized five times after five suicide attempts from June through August of 2017. Nicole took her own life on September 19, 2017.

This bill aims to address and curtail the raising suicide rates in New York State which are currently outpacing the alarming national rates. While there are many factors contributing to this disturbing trend, one of the leading factors and one that can be immediately addressed is enhancing the quality and focus of the treatment someone receives following a self-inflicted, life-threatening injury.

It is also critical that someone receives appropriate discharge planning and is connected to community-based services and given priority access to those services during the especially vulnerable period immediately following a discharge from a hospital or psychiatric facility. The law also acknowledges the crucial role families play in the recovery process and would ensure families receive resources and support on how to care for someone following a self-inflicted, life-threatening injury.

The law would also establish a best practice for increasing access to services for people who have failed to qualify for clinical research trials due to having a suicidal incident in the past year. Together Nicole's Law will enhance inpatient care and the family's role in recovery as well as increase and ease the access to community-based care for a population most at risk of engaging in a self-inflicted-life threatening injury.

Most importantly, **Nicole's Law will save lives.**

Overview of Model State Legislation to Implement 988 Mental Health Crisis Infrastructure



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. To do this, NAMI strongly supports the “Model Bill for Core State Behavioral Health Crisis Services Systems,” which would enable a state, if the legislation is enacted, to comply with the federal National Suicide Hotline Designation Act of 2020 (S. 2661) and build needed infrastructure to effectively respond to mental health crises.

Model Legislation

The model legislation would ensure a range of crisis response: over-the-phone (crisis counseling), onsite (with mobile crisis teams) and in-person (with crisis receiving and stabilization services):



988 crisis hotline centers



Access to crisis response services



Develop a fund to support 988



Planning and oversight

Create robust 988 Crisis Hotline Centers

(Model bill section 1)

The legislation calls for designated crisis hotline center(s) that must meet specific requirements, including:

- **Serving as a centralized 24/7 hotline for mental health crisis calls.** The state must select a one-stop-shop to respond to 988 calls made by individuals experiencing a mental health, substance use, or suicidal crisis. The designated hotline center(s) must agree to be part of the National Suicide Prevention Lifeline network.
- **Fully integrating 988 with other emergency systems.** Mental health crises do not occur in isolation. The 988 hotline center(s) must be interoperable with 911, emergency medical services (EMS), the Veteran's Crisis Line, and other non-behavioral health crisis services, etc.
- **Collecting data to maximize effectiveness.** To ensure effective 988 implementation, annual reports are needed on the 988 hotline's usage and services. These reports will help the state to assess its progress and make data-driven decisions about any needed adjustments for the 988 system.

Overview of Model State Legislation to Implement 988 Mental Health Crisis Infrastructure



Ensure access to appropriate and high-quality crisis response services

(Model bill sections 1, 2 and 3)

The legislation calls for state crisis response services to be strengthened by:

- **Making a range of crisis response services available.** Effective response to mental health crises requires a range of interventions: over-the-phone (with crisis counseling), onsite (with mobile crisis teams) or in-person (with crisis receiving and stabilization services). The state's designated 988 Crisis Hotline Center(s) must have the full range of these crisis response options available.
- **Implementing training requirements for hotline staff.** No matter how a crisis is handled by a 988 Crisis Hotline Center, it must be done so in accordance with operating standards of the National Suicide Prevention Lifeline and clinical best practices to ensure individuals receive a safe and humane response. To ensure the response is tailored to the unique needs of the person in crisis, the hotline center must meet NSPL requirements for serving high-risk and special populations.
- **Leveraging Mobile Crisis Teams (MCT) and crisis receiving and stabilization services.** As mobile and in-person crisis services are a common gap in mental health systems, the bill contains provisions outlining these as critical services. These services must be designed in partnership with community members, including people with lived experience utilizing crisis services. The bill specifies what professionals (including peers) are to serve on MCTs and how and when they are to work with law enforcement. Crisis receiving and stabilization services should be covered by an individual's insurance. However, in the instances that it is not covered, or an individual has no insurance, the model legislation calls for treatment costs to be covered by the state.

Develop a fund and oversight to support 988 operations

(Model bill sections 4 and 5)

The legislation calls for the following financing to support the 988 system:

- **Establishing monthly phone fees to fund 988.** As permitted in the federal law (S.2661) passed in 2020, the model legislation would authorize a small, monthly telecommunications fee (sometimes referred to as a "user fee") on landline and wireless phone bills, similar to current 911 fees, to fund 988 infrastructure and services. (Note: for 911, monthly fees average around \$1/month.)
- **Creating a 988 Trust Fund.** The revenue generated from monthly phone fees would go into a 988 Trust Fund, along with any 988-related appropriations made by the state or any funds from other sources, such as grants. These dollars could only be used to support the operation of 988 and corresponding crisis services. Any money in the fund would roll over from year-to-year. The legislation requires an annual report to the state legislature and Federal Communications Commission on revenue from the 988 monthly fees as well as deposits and expenditures from the 988 Trust Fund.

Overview of Model State Legislation to Implement 988 Mental Health Crisis Infrastructure



Provide a mechanism for planning and oversight

(Model bill sections 6 and 7)

The legislation calls for planning and oversight, as well as setting a timeline for implementation, including:

- **Assigning tasks to new or existing government bodies.** The model bill would require the state to create a new board or committee or assign tasks to existing agencies, boards or committees for the purposes of planning and ongoing oversight of implementation.
- **Requiring cross-agency coordination.** To ensure cooperation across systems, the model bill also calls for coordination with designated hotline center(s), 9-1-1 centers, the state mental health authority and the National Suicide Prevention Lifeline.
- **Establishing timeframes.** As required by the FCC and S. 2661, the bill specifies that the state create timelines consistent with the FCC rules (which require implementation by July 16, 2022).

Building a strong 988 mental health crisis infrastructure will require coordination and investment across all levels of government and across agencies. At the same time, NAMI will continue to advocate at the federal level for increased resources for training of Lifeline staff and to help states establish more robust crisis services. States would benefit from having a centralized, coordinating body to review and respond to any federal guidance or funding opportunities, coordinate system changes across relevant state agencies, and to also work with local agencies and programs.

| Problem | Solution |
|--|--|
|  A 10-digit number focused only on suicide prevention, which can be difficult to remember while experiencing a crisis | An easy-to-remember 3-digit number for mental health, substance use and suicidal crises, operational nationwide by July 2022 |
|  Patchwork system that makes it difficult for crisis counselors to coordinate care for callers, dispatch help in a crisis, or follow-up afterwards | Create 24/7 crisis call center hubs with the ability to respond effectively to callers, dispatch mobile crisis teams, connect to crisis stabilization programs, and follow-up after the call |
|  Law enforcement is typically the first response to people experiencing a psychiatric crisis, often with tragic results | Promote behavioral health mobile crisis teams that include police as co-responders only as needed in high-risk situations — reducing law enforcement involvement in mental health crises |
|  Insufficient funding for crisis centers to meet the CURRENT level of calls, let alone increased demand from consolidating mental health, substance use and suicidal crises in one number | Implement monthly fees on phone bills to fund 988 call center operations and associated crisis response services |
|  People experiencing crises often don't get connected to intensive services until too late, if at all | Establish crisis stabilization programs in a home-like environment that provides short-term (under 24 hours) acute services and warm hand-offs to follow-up care |



Behavioral Health Advocates Support Governor Cuomo's Proposed Legislation to Expand Access to Telehealth in Mental Health and Substance Use Services for All New Yorkers

Advocates for New Yorkers with ever growing mental health and addiction related needs and the service providers who support them across our state are supportive of Governor Cuomo's proposed legislation to expand and improve access to telehealth. During COVID-19, telehealth has ensured that mental health and substance use providers were able to adequately meet the behavioral health needs of New Yorkers thru continued quality care and services. These proposed recommendations will allow behavioral health providers the flexibility needed to continue to ensure high-quality mental health and substance use services to our most vulnerable adults, children and families, including marginalized populations.

Since the onset of the pandemic, there has been an upward trajectory of behavioral health issues:

- ◆ According to a recent CDC study, over one third of New Yorkers experienced depression or anxiety from April-July 2020. Across the US, 13 % of individuals started or increased substance use, and
- ◆ 11 % stated they had considered suicide in the last 30 days.
- ◆ Drug deaths have risen an average of 13% this year compared to last year, according to mortality data from local and state governments collected by The New York Times.

These comprehensive reforms will assist New Yorker's with needed access and the increased provision of services, through recommendations such as adjusting reimbursement incentives, eliminating outdated regulations, and establishing incentive innovations. These must be implemented in conjunction with the State providing full funding for mental health and substance use disorder services, as the system cannot continue withholds and/or cuts to these essential services.

"The NYS Council for Community Behavioral Healthcare is deeply grateful to Governor Cuomo and his Blue Ribbon Commission for integrating the needs of behavioral health care recipients into his State of the State tele health proposal. This will broaden access and help mental health and substance use disorder providers to address increasing overdose and suicide attempt/completion rates by providing timely and direct care to the increasing numbers of New Yorkers who need it.", stated Lauri Cole, LMSW, Executive Director, NYS Council for Community Behavioral Healthcare.

"Governor Cuomo has advanced a very strong set of proposals that will expand access to critically needed tele-health services in a broad array of settings and from a broad set of providers most notably including mental health peer specialists and recovery peer advocates, said Harvey Rosenthal, CEO of the New York Association of Psychiatric Rehabilitation Services. "Increasing access to behavioral health supports and stabilizing their funding will provide to be even more critical as the traumatic effects of the virus become ever more evident."

"Governor Cuomo's proposal to expand telehealth permanently is the right call for New Yorkers," said Amy Dorin, President & CEO, The Coalition for Behavioral Health. "Providers and clients report that telehealth is a convenient, effective service that removes barriers to accessing critical mental health and substance use services. The inclusion of rate parity and peers in the Governor's proposal are particularly important. As New Yorkers continue to process the trauma of the past year, these proposals will ensure access to necessary behavioral health supports."

"We strongly support Governor Cuomo's proposal to provide a comprehensive response to telehealth that is proposed in the State of the State. The emergence of telehealth during COVID has provided innovation and access to individuals in the community mental health system of care. We look forward to this continuing trend and the recognition of how important it is to ensure the relationship between providers and individuals with mental health issues remains an integral part of recovery and support", said Glenn Liebman, CEO, MHANYS.

"FTNYS is heartened to see the Governor's ongoing commitment to access to mental health and health services, including vital peer services via telehealth for our children and families.", said Paige Pierce, CEO of Families Together in NYS. "We are eagerly awaiting the details of his proposal and look forward to working with his administration and the legislature to assure the broadest possible access for all NY children and families."

"NAMI-NYS applauds Governor Cuomo for his efforts to expand telehealth services to all New Yorkers. Too many New Yorkers struggle to access quality services to support them and advance their recovery", said Wendy Burch, Executive Director, NAMI-NYS. Access to mental health therapies is always crucial, but it is all the more important as New Yorkers navigate through the negative psychological impacts of COVID-19, the economy, racial injustice and the political tension we are currently facing. There is no recovery without addressing mental health and we thank Governor Cuomo for including this initiative as part of New York's recovery efforts."

"Thanks to Governor Cuomo for his leadership and passion for re-invention. While COVID 19 has created new demands for mental health services, easy access to tele services has been an invaluable tool for families, adults, and children. We need continued partnership with the federal government to ensure the innovation is sustainable.", said William Gettman, CEO, Northern Rivers Family of Services.

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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. To do this, NAMI strongly supports the “Model Bill for Core State Behavioral Health Crisis Services Systems,” which would enable a state, if the legislation is enacted, to comply with the federal National Suicide Hotline Designation Act of 2020 (S. 2661) and build needed infrastructure to effectively respond to mental health crises.

Model Legislation The model legislation would ensure a range of crisis response: over-the-phone (crisis counseling), onsite (with mobile crisis teams) and in-person (with crisis receiving and stabilization services).

ACT Teams: The Assertive Community Treatment (ACT) Program, funded by New York State and Medicaid, provides integrated treatment, rehabilitation, case management and support services to individuals with serious mental illness whose needs have not been well met by traditional mental health services. The multi-disciplinary ACT Teams provide integrated services directly to the individual in the community. The team assists recipients in making progress toward goals and adjusts services over time to meet the individual’s needs

Assertive Community Treatment is an evidenced-based practice and services include:

- assertive outreach
- mental health treatment
- vocational support
- integrated dual disorder treatment
- family education
- wellness skills
- community linkages
- peer support

CARES Funds: The CARES Act established the \$150 billion Coronavirus Relief Fund. The CARES Act requires that the payments from the Coronavirus Relief Fund only be used to cover expenses that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

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 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.

First Episode Psychosis Programs: These successful programs provide a wide-range of person centered supports to people following their initial psychotic episode. OnTrackNY is an example of a First Episode Psychosis program which is offered throughout the state.

Forensic Facilities: These are hospitals operated by the New York State Office of Mental Health (OMH) serve patients who entered the criminal justice system and provide an alternative to inappropriate and unnecessary incarceration for persons with mental illness.

Mobile Intervention Teams: Also known as mobile crisis teams is 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: anti-depressants and anti-psychotics

Respite Centers: Crisis Respite Center provide an alternative to hospitalization for people experiencing emotional crises. They are warm, safe and supportive home-like places to rest and recover when more support is needed than can be provided at home. The Crisis Respite Centers offer stays for up to one week and provide an open-door setting where people can continue their daily activities. Trained peers and non-peers work with individuals to help them successfully overcome emotional crises.

The Crisis Respite Centers offer activities such as:

- ◆ 24-hour peer support
- ◆ self-advocacy education
- ◆ psycho-education
- ◆ self-help training
- ◆ social support groups
- ◆ recreational activities
- ◆ linkage to medical and psychiatric providers

Withholds: In the context of NAMI-NYS's advocacy, what we are referring to are funds that New York is withholding to their contracted non-profit service providers. Currently these providers are having 20% of the state funding withheld. These are different than a cut, as the hope is that down the road providers will once again receive 100% of their funding. However, if they don't receive the funding the withhold would then be considered a cut. NAMI-NYS is working to restore the funding and prevent cuts to state contracted mental health providers.