



New York State

2018 Legislative Action Agenda-Talking Points

(Specifics Asks for Legislators are in Bold)

1-The Need for Housing with Wrap-Around Services for People with Mental Illness

- Community based mental health housing programs which incorporate recovery oriented support services are the cornerstone of successful recovery from serious mental illness and has long been NAMI-NYS's top advocacy priority.
- NAMI-NYS is very concerned that community based mental health housing programs are reaching a breaking point as they are being asked to meet the needs of a more specialized and challenging population while being grossly underfunded.
- These providers have received flat-funding from New York State since the early 1990's. Because 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.
- Along with not being adequately funded, these providers are being asked to do more. In recent years, the Office of Mental Health (OMH) has focused on reducing the number of people receiving in-patient care at state psychiatric hospitals. To achieve this, OMH has given priority status in access to housing to individuals residing in these settings.
- While we are grateful that people who have received all-encompassing care in a hospital will be released into and connected to a housing system that can meet their wide gamut of needs, however, we must also ensure that housing opportunities are made equally available to individuals who do not come from these priority populations.
- Having properly funded mental health housing programs in place will help generate recovery and prevent negative outcomes such as homelessness, dependency on emergency room visits, suicide and entry into the criminal justice system.

- In his executive budget proposal Governor Cuomo proposes including \$10 million for community based mental health housing programs. This falls way short of what is necessary to adequately meet the needs of some of the most vulnerable New Yorkers who require mental health housing.
- **We're asking for the legislature to address the lack of funding for this crucial initiative. The Bring it Home coalition recommends that the Governor's \$10 million investment be moved to the fourth quarter of the budget cycle and have the Legislature contribute to this funding and have it annualized.**

**If someone in your group has a connection to the housing issue,
have them tell their story.**

2-Continued Reinvestment in Community Services

- As we mentioned when discussing housing and as we're sure you know the methods for delivering mental health services are changing in New York State, as the number of hospital beds dedicated to treating psychiatric disorders is shrinking.
- Though NAMI-NYS believes in the benefits of hospital care, 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.
- NAMI-NYS is concerned that the Article 7 language in the Governor's budget proposal does not specifically link the bed closures to an exact dollar amount. **We are advocating that this loophole end during budget negotiations and that there is specific reference to a value of \$110,000 a bed for each bed that is reinvested.**
- NAMI-NYS was encouraged that the Governor's budget contains significant investments in Assertive Community Treatment (ACT) teams and Crisis Respite Centers; we believe these are crucial services necessary for appropriate community-based care.
- NAMI-NYS believes that no one should have to travel more than an hour to access a psychiatric emergency room or crisis services.

**If someone in your group has a connection to these issues,
have them tell their story.**

3-Access to Proper Psychiatric Services and Medications

- Many people living with a mental health issue face obstacles to receiving appropriate services and medications to advance their recovery.

- 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. Which is why NAMI-NYS advocates for prescriber prevails.
- Both private insurance providers and the Medicaid system are threatening “prescriber prevails.”
- NAMI-NYS is very concerned about the practice of drug formulary switching by insurance providers during a contract year. This is not only dangerous but it is deceitful to consumers. **This is why NAMI-NYS supports A.2317B/S.022B (just mention the bill in the house of the legislator you are meeting with)-which would regulate drug formulary switching.**
- **The Governor’s budget proposes eliminating prescriber prevails from the state’s Medicaid program for all medications including psychiatric medication. We urge the legislature to reinstate this in the final budget.**
- **Another concern we have regarding medication is that consumers are not informed about the potency of specific generic medications which can be anywhere from 80% to 120% as effective as the name brand medication. This is why NAMI-NYS supports A236/S5471 (just mention the bill in the house of the legislator you are meeting with) which would create a site for people to look up specific generic medications.**
- Another serious barrier to accessing services is insurance parity. The recently released *Project Access* report details how people with mental health or chemical dependency issues have trouble finding a provider who takes their insurance. In your packet you will find a letter from Senators Kaminsky and Phillips urging the New York State Department of Financial Services to launch a thorough investigation of the issue of insurance parity. **We support this and hope (Assemblymember/Senator)_____ joins us in urging the state to address access issues.**

**If someone in your group has a connection to these issues,
have them tell their story.**

4-Improving the Criminal Justice-Mental Illness Interface

- Housing, community services and access to proper services and medications are all necessary in order to prevent people with a mental illness from entering the criminal

justice system. However, as we explained these preventive measures are not being utilized the way NAMI-NYS deems necessary. This is part of the reason why people with mental illness are over represented in the community justice system.

- Several reforms must be implemented to improve the interface between people with mental illness and the criminal justice system.
- Contacts between law enforcement officers and individuals experiencing mental health disorders can be deadly, dangerous or result in poor outcomes for the individual and law enforcement officers. A recent report stated that one in four people shot by a police officer was someone living with a mental illness.
- This is why NAMI-NYS strongly supports increased use of Crisis Intervention Teams, which 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.
- **The 2017 final budget agreement contained \$1.5m in CIT funding; we urge the legislature to help meet this same funding level for fiscal year 2019.**
- 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.
- **This is why NAMI-NYS is urging legislators to support A3080/S4784 (just mention the bill in the house of the legislator you are meeting with) to reform the use of solitary confinement.**
- **NAMI-NYS also has concerns about the Jail Restoration Programs proposed in the Governor's budget as we don't believe the resources are in place for this to succeed.**

**If someone in your group has a connection to these issues,
have them tell their story.**

5-Advancing Children's Mental Health and Mental Health in Schools

- Education, early recognition and intervention as well as working on prevention are keys to minimizing mental health issues that are common in adolescents and hopefully, eradicating the long-term disabilities caused by mental illness.

- The early signs of serious and persistent mental illnesses such as schizophrenia and bipolar disorder start to become identifiable in late adolescents and clinical depression (especially in girls) can become prevalent at the onset of puberty.
- School staff and students must be able to recognize the warning signs of potential mental illness as well as understand the importance of early intervention.
- While NAMI-NYS is excited that New York will be the first state in the country to require mental health education as a part of health education. More can be done and it is vital that New York's education system does a better job of creating a true comprehension of mental illness and mental health issues.
- **NAMI-NYS supports A4004/S03550 (just mention the bill in the house of the legislator you are meeting with), which would mandate continuing education for teachers relating to mental health issues.**
- **In the State of the State Governor Cuomo discussed \$250,000 to create enhanced mental health support grants. Community schools programs would be eligible to include mental health activities in wrap-around services. NAMI-NYS supports this.**
- **There are now 745 school-based mental health clinics licensed by the New York State Office of Mental Health to help students better access services. NAMI-NYS would like to see this expanded especially in underserved areas.**