This is NAMI Smarts: Telling Your Story, the foundation module in NAMI’s grassroots advocacy training series. We’ll talk about why advocacy for mental health care is so important and the power of your story to influence others. Then, we’ll guide you through writing your own powerful story in seven short steps.

When you leave this training, our goal is that you take with you a version of your story that you can use to raise awareness, to inspire others and, above all, to influence policy makers.

My name is [insert name] and I will be your teacher today. And helping us today is [insert name]. If you need help during this training, please let [Helper’s name] know.

Before we begin, I’d like to caution you that you will be writing about and sharing your story in this training. If that is something you don’t feel quite ready to do or if you find that your story is triggering grief or overwhelming you, please let our Helper know. He/she will assist you.

We hope you’re excited about this training. Are you ready to join us? [Wait for a response, if appropriate.] Great, we’ll get started.

To begin, please take out your pre- and post-training evaluation form and spend half a minute filling out the first column for question one and two only. You will fill out the rest of the evaluation form at the end of the training.

[Give your participants less than a minute to fill out the first two questions.]
Most of you have probably been in trainings or workshops before. And you may realize that trainings don’t always translate into doing things differently.

Before we begin our training, we’re going to look at what the research shows about converting training into practice.

Converting training into practice takes more than listening to a presentation.

- A typical workshop may result in retaining about 5 percent of what you hear.
- Adding a demo doubles the results.
- Practicing doubles the retention again.
- Getting constructive feedback brings up the odds to 25%.

This training includes the first four elements to help you learn and retain. But, as you can see, in-situation coaching bumps up the learning to 90%.

We’d like you to do this after the training by debriefing with a partner or a group after you’ve shared your story, written an email or had a conversation or meeting with a policymaker.

By debriefing, you can learn what worked and what could help you be even more effective the next time.
Core Concepts

- Training format is info, demo, debrief, prep and practice and feedback
- Difference between personal advocacy and policy advocacy
- Policy advocacy is focus of training

NAMI Smarts: Telling Your Story is formatted to build on what the research shows is effective:

- First, you will hear why your advocacy is needed.
- Next, you’ll hear tips for how to bring skill to your passion and advocacy.
- Then, you will hear an example, followed by a debriefing of what makes the example work. This brings in the demonstration piece.
- Lastly, you will write, practice and give feedback on what you learned.

How does this sound to you? [Wait for group to respond.]

Before we move on, let's talk about the difference between personal advocacy and policy advocacy. When you advocate to influence circumstances or services for yourself or someone you care about, you are engaging in personal advocacy.

When you advocate to improve circumstances for others, you are engaging in policy advocacy.

Today's training is focused on policy advocacy—using your story with policy makers to help people living with mental illness.
### Core Concept
- Ground rules

### Ground Rules
- Participate fully
- Help keep us on time
- Turn off cell phones

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**This training covers a lot of ground in a short amount of time.** In order for everyone to get the most out of this training, I’d like to ask you to agree to the following basic ground rules:

- Participate fully
- Keep us on time (avoid getting side-tracked or involved in conversations) and
- Turn off your cell phones.

By “participate fully,” we mean being willing to do each of the activities. It also means putting away distractions so you can be focused and take in this training.

To keep us on time, I'll be signaling you when we need to stop an activity. I'll let you know by [indicate how you’ll signal participants—voice, hand, chime, etc.]

Please be willing to stop even if you are not finished.

And, please come back from breaks on time because we'll be starting promptly.

We encourage comments at appropriate times in the training. Because of time constraints, we ask that you please hold longer or unrelated comments, questions or opinions until breaks or after the training.

*Are you willing to participate fully? Are you willing to follow these ground rules?* [Ask for participants to affirm by a show of hands.]

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**Prep:**
Decide how you will signal participants during the training (e.g., by voice, raised hand, chime, etc.)
When it comes to telling your story to a policymaker, it's helpful to know what makes a story less effective and what makes a story more effective. Let's brainstorm what you feel makes a story less or more effective.

I'll read the first question and I'd like you to raise your hand if you'd like to share a possibility. Let's try to get 5-10 responses to each question on our flip chart (or PowerPoint) in the next few minutes.

You already know a lot about what makes a story more effective and what makes a story less effective with a policymaker. Keep what you already know in mind as you work today.

For those of you who are new to advocacy or sharing your story, this training will build skills step-by-step, so it should feel very comfortable. And if you find you need more time, know that you can always use your materials to continue working on your story after the training is over.

For those of you who have a lot of experience, you will see that this workshop is also designed to enhance your skills and help you be even more effective.
As we mentioned in our agenda, we’ll begin by talking about why your story is important to share. It’s simple. It is because every American who experiences mental illness deserves the opportunity to experience recovery.

By “recovery,” we don’t necessarily mean the absence of symptoms of mental illness or the life we expected.

Instead, we mean managing life with a mental illness, including improving our health and wellness, striving to reach our potential and to form meaningful connections with others.

Why is it important to share your story? Because treatment works and recovery is possible, especially when we feel we are valued as a whole person and our individual perspectives and needs are respected. Your story is the perfect way to share this concept with others, particularly policy makers.
<table>
<thead>
<tr>
<th>Core Concept</th>
<th>Core Concept</th>
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<tbody>
<tr>
<td>Mental illness is common</td>
<td>Most people with mental illness don’t get the care they need</td>
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</table>

**slide 10**

**Approx. .5 min**

**Total time: 32 min**

**Core Concept**
- Mental illness is common

<table>
<thead>
<tr>
<th>Core Concepts</th>
<th>Core Concepts</th>
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<tbody>
<tr>
<td>One in four to five adults experiences a mental health disorder.*</td>
<td>Most people don’t get the mental health care they need.</td>
</tr>
<tr>
<td>One in 17 adults lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder.</td>
<td>There is an average delay of 8 to 10 years before people get help for their mental illness.</td>
</tr>
<tr>
<td>More than one in 10 children and youth has a serious mental health condition.</td>
<td>Fewer than half of children and adults with mental health conditions receive any treatment at all.</td>
</tr>
<tr>
<td>And we know that mental illness affects everyone, regardless of race and ethnicity, sexual orientation, gender or age.</td>
<td>And those that do receive treatment often don’t get the services and supports they need.</td>
</tr>
</tbody>
</table>

(*Note: In the past, we used one in four because national statistics showed that 23 percent or more of adults in the U.S. had a mental health disorder. More recently, the reported percentage has dropped to 20 percent, or one in five adults.)
And without mental health care, we all pay the price. One way is with **school failure**. Students with serious mental health conditions have the highest dropout rate of any disability group in the country.

**We also pay a high price in unemployment.** Most adults with serious mental illness don't get the supports they need to get and stay employed.

**We pay a high price in homelessness.** Over one in four of people who are homeless lives with severe mental illness. When people don't get treatment and help in maintaining a job, they often end up homeless.

**And in criminalization.** When youth and adults don't get the treatment they need to manage their illness, they often end up in jails and prisons.

Lastly, without mental health care, we sacrifice our future to **suicide**. Every fifteen minutes, we lose one life to suicide.

Suicide is the 10th leading cause of death in our nation and the third leading cause of death from ages 10 to 24. Most people who die by suicide were affected by mental illness.
Approx. 1 min  
Total time: 35 min  
**Core Concepts**
- We need to speak up:  
  - To protect public mental health funding  
  - To expand access to mental health funding  
  - To ensure that effective mental health services are available  
- Your story is a way to speak up, change attitudes and influence policy makers

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As people whose lives have been affected by mental illness, we need to speak up about the things that matter. We need to speak up…
- To protect public mental health funding,  
- To expand access to mental health coverage and  
- To ensure that effective mental health services are available.

Your story is a way to speak up. It helps illustrate what happens and what helps. By telling your story in a compelling way, you help change attitudes and influence policy makers’ support for mental health care.
Research shows that stories that evoke emotion and empathy are far more powerful than facts and figures in shaping the opinions of others.

Hearing real stories is one of the quickest and surest ways to promote support for mental health care and increase understanding and acceptance of people who live with mental illness.

Keep these thoughts in mind:
1. Your story is always right
2. Your lived experience has value and meaning
3. You don't have to have all the answers—just a clear "ask" of your listeners

[Pause slightly after each of these concepts to let people process.]

If you think about it, this is very empowering to realize.
However, while our lived experiences are meaningful, **how we tell** our story can affect the impact we make.

This brings us to the second part of our agenda. A few tips for telling your story...

The first tip is that *your audience does not want to hear your life story.*

Save those details for your therapist or a close friend. Your audience does, however, want to be moved—and uplifted.
Now for our second tip: Your audience also wants your story to be brief. Remember, we live in a world of sound bites and text messages. Keep it short or you'll lose your audience. **Aim for a minute or two** and leave your audience wanting more.

We all could tell volumes about what has happened to us. We could probably write a chapter on a single incident alone. But, you will lose your listeners if you spend too much time and give too many details about what happened.

Think about a movie trailer—in 30 sec. you get the highlights and want to see more. That is what you want to achieve with your story—give the highlights that leave your listeners wanting to know more.

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We mentioned that stories that evoke emotion are powerful. However, if your story causes you to cry, it will overwhelm others and they will shut down.

If your story elicits emotion—but without causing you to break down or tear up—you will likely move others. That is the right amount of emotion to move, not overwhelm.

If you find your story brings up tears or trembling in you, focus on the aspects that don’t bring up as much pain or use language that allows you to maintain composure.
Another tip is to use positive concepts like hope and recovery, if possible. Hope is a powerful motivator for policy makers. People usually like to root for those who make it through adversity—use this to your advantage.

Here's our last tip: Make an “ask” of your listener. If you are talking to a policy maker, let them know what would help others (such as supporting mental health care) and then, ask them if you can count on their support.

This puts them on the hook by asking them for a commitment. This will tell you a lot. If they commit, you have a supporter. If they say no or they are noncommittal, you know where they stand and that you need to follow up and nurture the relationship to build support.

Don’t take a negative or noncommittal response personally. Your listener may be under intense pressure to take a particular position on your issue or may be being cautious. Take it in stride and work to build a positive relationship.

You've just heard a lot of information. **What was the most meaningful information or point you’ve heard so far?** [Take two to three quick responses.]
Now that we’ve gone through our tips, I’m going to share a sample story.

This story is from the perspective of [choose the sample story you will read]. Your materials include two other sample stories from different perspectives. Your own story and perspective is unique and you may or may not relate to these sample stories.

This story is also told as if the person were giving testimony at a legislative hearing. However, this basic format, or recipe, can be easily adapted to fit other situations.

For now, however, I’d like you to keep an open mind and notice your reactions and what moves you or has impact for you.

Read the sample story with expression.

What language moved you? What had impact for you or caught your attention? [Take two to four responses.]

Prep:
Decide which sample story you will use before the training.

Practice your sample story until you can read it smoothly and with expression.

Worksheet: Sample Story
Now that you've listened to our demo story and noticed its impact, you'll need your **Sample Story** (pages 1-3), your **Seven Steps Checklist** (page 4) and your **Story Practice Sheet** (pages 5-6).

The Checklist lists the core elements of a brief, effective story. We're going to review these seven steps and note how they apply to the demo you just heard. Then, you'll use these steps to practice writing your own story.
### Core Concepts
- **Introduce yourself**
- Who you are, where you’re from—why this helps elected officials
- How are you affected by mental illness?
- What is your purpose—what do you want listener to support or oppose or do?

### The first step
An effective story is to **introduce yourself** and why you are speaking or writing.

1. Your introduction should begin by letting your audience know your name and what city or town you live in. This helps your listener, especially elected officials, feel connected. Elected officials “place” people by where they live.

2. You should also share how you are affected by mental illness, whether you live with a mental illness, are a family member, caregiver or are affected in some other way. This gives you credibility and brings a “real face” to mental illness.

3. Lastly, your introduction should let your listener know that you would like to share your story and your purpose—what you want them to support or oppose or do. This simple statement gives your listener clarity about your intent and helps them focus and be responsive.

### Worksheets: Seven Steps Checklist and Sample Story

Take a moment to underline or mark the phrase in the sample story that lets you know the purpose of the speaker’s story.

**Who would like to read the phrase that you think lets listeners know the speaker’s purpose?**

[Pick a volunteer and ask them to read the phrase they think answers the question. You’re looking for “I’d like to share his/my story and ask for your support of mental health services.”]
The second step of an effective story is to describe **what happened before you received the help you needed**. Keep this very brief—think about the main highlights or most important thing your listener should know about your situation.

Vivid language in this description can help your audience understand or empathize with what you went through.

Take a moment to underline or mark a line or words in the sample story that moved you or helped you empathize with what happened to the speaker.

**Who would like to read what phrase in the second section moved them?** [Pick a volunteer and ask them to read the phrase they think answers the question.]

**Did someone else mark a different phrase?** [Pick a volunteer and ask them to read the phrase they think answers the question.]

Your listeners will vary in what moves them. And, different stories will move different people. This is why it helps for multiple people to share their stories. You often don’t know whose story will move a particular individual.
The third step is to describe what helped in your recovery (or for someone you care about). By focusing on what helped, you create a sense of hope that is uplifting.

If your story doesn't have a hopeful component--someone or something that helped--then describe what would have helped or what could help others avoid a bad outcome.

This step—describing what helped or would have helped—is also important because it lets your listeners know what makes a difference.

Take a moment to underline or mark a line in the sample story that helped you realize what helped.

Who would like to share the line that struck you in the third step?

[Pick a volunteer to share the line they marked.]
**Core Concept**
- How are you different today?
- Concludes story on inspirational note

**The fourth step** is to describe **how you are different today**. This is your opportunity to share what is going right in your life (or in the life of someone you care about) or how you are experiencing recovery. This concludes your personal story on a positive note that inspires.

*What language in the fourth step of the story left you feeling hopeful or inspired?*

[Ask a volunteer to read the phrase in the fourth section of the story that mentions how the writer is different today.]

**Worksheets:** Seven Steps Checklist and Sample Story
Approx. 2 min
Total time: 1 hr, 1 min

**Core Concept**
- What will help others?
- Transitions from personal to others; makes story relevant to ask

<table>
<thead>
<tr>
<th>Let's look at what makes our sample story work...</th>
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</thead>
<tbody>
<tr>
<td>- Look at the first sample story</td>
</tr>
<tr>
<td>- Compare it with your Seven Steps checklist</td>
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</table>

**In the fifth step and sixth step, answer what is the need or problem and what will help others?**

In step five, transition to what others need or the problem they face.

In step six, describe what will help or could help others. This should be what you want a policy maker to support (or to oppose).

These steps take you from your personal story to a message that relates to other people—and makes your story relevant to a policy maker.

**Who would like to share the line that helped you sense the transition?**

[Pick a volunteer to share the line they marked.]

**Worksheets: Seven Steps Checklist and Sample Story**
In the seventh and last step, make your "ask." This is a critical step that many advocates hesitate or forget to do. Start by thanking your listener for meeting with you and listening to your story. Then, put them on the hook by asking if you can count on them to support (or oppose) your issue.

If your listener answers with a clear “yes” or affirmative reply, thank them for their support.

If your listener answers with a clear “no” or negative response or with an unclear or noncommittal response, thank them, again, for taking the time to meet with you and let them know you’d like to serve as a resource for them on mental health issues.

Regardless of the response you get, plan on following up regularly and politely to build a relationship. This will help you gently shift opinions or, in the case of a supporter, to help build a legislative champion.

What struck you about the "ask" in the sample story? How do you see it being helpful? [Take a response or two.]

What did you find helpful about the checklist? Does it make structuring your story simpler for you? [Take a response or two.]

[Note: This can be a good time to take a short break if training time allows.]
Now that you’ve heard a demo and walked through the Seven Steps Checklist, you’re ready to find your **Story Practice Sheet** (pages 5 and 6) and start writing your own story.

For help, use your Seven Steps Checklist and the sample story—or ask a question. Remember, the best preparation for telling an effective story is to **know your purpose and your “ask.”**

Here’s the scenario to use for your story. Please pretend you are telling your story to urge policymakers to protect mental health services, just like in our sample stories.

Your “ask” can be the same as in the sample story or, if you can, put it in your own words.

**You'll have close to 20 minutes to fill out your story practice sheet.**
I’ll let you know when you have a few min. left to finish up.

If you don’t finish, don’t worry; this is just a practice and you can finish or modify on your own time. Also, if it’s easier for you, feel free to write your story in “bullet points” instead of full sentences.

If you finish early, practice reading your story silently.

**Circulate:** While participants are writing, walk around the room. If participants finish early, ask if they are willing to let you read their story silently. Let them know what phrases are strong. **Keep in mind participants who have strong stories.**

**Warn participants 5 min. before end and 2 min. before time is up.**

**Stop participants after 20 min.**

If you didn't finish your story, feel free to finish in your free time.

**What did you learn about writing your story?** [Take one or two responses.]
You have all finished or have a good start on your story. Now, we’ll practice sharing them and giving constructive feedback.

To get ready, please take out your **Story Practice Sheet** and your two **Constructive Feedback Forms** (pages 7 and 8).

Look at your **Constructive Feedback Form**. You’ll notice that this form covers the seven steps of telling your story. The form has a scale, from one to five, with a one indicating an area that could be strengthened, three indicating an area that is works fine and a five indicating an area that is particularly strong or impactful.

Each of you will have a chance to share your story in a group of three (or you may be part of a pair). When it’s your turn to share your story, you will be the **“Storyteller”** and will tell your story in two minutes or less.

One person in each group will be the **Timekeeper**. In this role, you’ll time the storyteller and stop him or her after two minutes. Make sure you have a watch or timer to use. While you time, also listen to the story and your reaction to the flow, language that moves you and areas that could be strengthened.

The other person in the group will play the role of **Listener**. The Listener will use the **constructive feedback form** to quickly record impressions. Also, the **Listener** will use the spaces on the form to jot notes about what specifically came across as strong or recommendations for how to strengthen through either edits or practice.

If you are part of a pair, instead of a trio, one person will have to be both timekeeper and listener.

After the storyteller’s two minutes is up, the group should provide brief constructive feedback that gives specific information about what worked in the story—and what could be improved and how.

Remember that constructive feedback is not intended to make you feel bad—it is intended to help you see the strengths of your story and where and how you could make it even more effective.
### Script for NAMI Smarts for Advocacy: Telling Your Story

<table>
<thead>
<tr>
<th>Slide 25 cont.</th>
<th>Approx. 15 min</th>
<th>Total time: 1 hr, 50 min</th>
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<tbody>
<tr>
<td><strong>Core Concepts</strong></td>
<td>Groups of 3 to practice telling your story in 2 min; feedback for 3 min</td>
<td><strong>Helper and Teacher:</strong> Help people form groups of three as needed (may be one pair or Helper may fill in to form trio)</td>
</tr>
<tr>
<td></td>
<td>Storyteller</td>
<td><strong>Helper:</strong> Help individuals who have special needs or questions (this frees up the Teacher to circulate and manage time)</td>
</tr>
<tr>
<td></td>
<td>Timekeeper</td>
<td><strong>Teacher:</strong> Circulate and listen for individuals with strong stories</td>
</tr>
<tr>
<td></td>
<td>Listener-use checklist</td>
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**Please get in groups of three** (there may be one pair). Find a couple people at your table or nearby to form your group and let me know when you’re ready for me to explain your roles.

[Wait until everyone is in a trio or pair.]

You’ll have just 4 min. for each round for storytelling and feedback, so use your time wisely so you can each gain the most from this experience. If you finish early in your round, please wait quietly for the signal for the next round. Or, you can edit your stories further.

**Stop round 1 after 4 min.**
It’s time to trade roles and begin with another storyteller and feedback.

**Stop round 2 after 4 min.**
We're in our last round. Please trade roles again.

**Stop round 3 after 4 min.**

How'd that go for everyone? What did you learn about telling your story? What helpful feedback did you hear? [Take two or three quick responses.]

### What was effective?

<table>
<thead>
<tr>
<th>Slide 26</th>
<th>Approx. 3 min</th>
<th>Total time: 1 hr, 53 min</th>
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<tbody>
<tr>
<td><strong>Ask for a volunteer who would like to share their story. Call on one person whom you think may have a good story based on what you heard or read while circulating the room.</strong></td>
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Thank you so much for sharing your story. Now, what were people’s reactions? What was effective for you and why? [Take two or three responses.]
Now that you’ve written your story in just 20 min., you can rely on it as the base of your advocacy. You’ve already done the hard work.

Your basic story is like a candidate's stump speech—or a basic recipe. You can use it over and over. And, with just a few changes in details or focus, you can target your story to different audiences and for a range of issues.

**What did you take away from this experience today?**
**Do you feel more prepared to tell your story and advocate than you did walking in?**
**What was most helpful or impactful for you?**
**What does this change for you?**
**Where do you plan to use your story?**

[Take a few quick responses to each question.]

Thank you all for giving your time and energy to this workshop. Please give yourselves a round of applause for everything you’ve accomplished today.

Please remember to fill out your post-training evaluation and turn it in to [name location or person].

**Worksheet: Pre- and Post-Training Evaluation**

**Helper or Teacher:**
- Assist in collecting evaluations
If you would like more information on *NAMI Smarts for Advocacy*, contact your local or state NAMI organization.

[Post slide as presentation concludes.]
Sample Family Member Story

1. My introduction
Hello, I’m Jenny Jones from Springville. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

I’m also the proud mother of a 23‐year‐old son who lives with bipolar disorder. I’d like to share my story with you and ask for your support of mental health services.

2. What happened
When my son was still a toddler, I had a thought that no mother should have: I wondered if my beautiful boy would be in juvenile detention on his 16th birthday. He just did not respond the way other children did to requests, to routines, to daily life and love.

As he grew, we never knew what would be broken, who might be hurt or when it would happen.

3. What helped
In fifth grade, my son’s teacher said, "Jenny, honey, I've taught hundreds and hundreds of kids. I know when a boy is misbehaving and I know when something is wrong. And something is wrong. You just keep looking for help."

When Andy was finally diagnosed with bipolar disorder, our lives changed. With treatment, he started smiling, enjoying school and making friends.

4. How I'm different today
On his sixteenth birthday, Andy wasn't in juvenile detention; he was creating art. Today, he’s enjoying life, working hard and making me proud.

5. What is the need or problem
My son is proof that treatment works. But, not everyone gets the help they need.

6. What will help others
A strong mental health system will help children and adults get the right care at the right time.

7. My "ask"
Thank you for meeting with me and listening to my story. Can I count on you to protect mental health services—and give families the hope of recovery?
Sample Peer Story

1. My introduction
Hello, I’m Shannon Johnson from Springville. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

As a person who lives with schizophrenia, I’d like to share my story with you and ask for your support of mental health services.

2. What happened
I was married and had a successful career in business. I worked hard and never imagined I would experience a mental illness. But, I did.

I started seeing a therapist after experiencing nightmares, nervousness and problems going to work. I thought that with a few visits to a therapist, these problems would be over. But, my symptoms got worse and worse. Eventually, I lost everything.

3. What helped
With the help of a psychiatrist who diagnosed me with schizophrenia, I found my way back again. I will always remember him telling me that having schizophrenia did not mean life was over. He gave me hope.

4. How I’m different today
Today, I’m proud to be working again and volunteering with NAMI’s In Our Own Voice program.

5. What is the need or problem
Many people have mental illnesses like mine, but not everyone gets the help they need.

6. What will help others
A strong mental health system helps more people get the right care at the right time to experience recovery.

7. My "ask"
Thank you for meeting with me and listening to my story. Can I count on you to protect mental health services?
## Sample Story of Loss

### 1. My introduction
Hello, I’m Jerry Jackson from Springville. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

I’m here because of my brother, Tom, who struggled with major depression. I’d like to share his story and ask for your support of mental health services.

### 2. What happened
My brother was a great athlete, made good grades and always had my back.

But after he entered college, my brother started battling depression. He wrestled with a painful darkness that held him in its grip—and he lost. He took his life two years ago. And I lost my best friend.

### 3. What would have helped
Nothing will ever bring back my brother, but I know that mental health treatment can save lives.

### 4. How I’m different today
Today, it’s still difficult to talk about Tom, but I’m speaking up to help others.

### 5. What is the need or problem
Suicide is the tenth leading cause of death in our country, but most Americans with mental illness aren’t getting the help they need.

### 6. What will help others
A strong mental health system will help more people get the right care at the right time and, very likely, spare another family the worst phone call they’ll ever get.

### 7. My "ask"
Thank you for meeting with me and listening to my story. Can I count on you to protect mental health services?
Sample Service Provider Story

1. My introduction

Hello, I’m Cynthia Smith from Springville. I’m a member of [organization name]. As service providers, we work every day to improve the lives of children and adults who come to us for care.

As a [type of provider] I’d like to share a real example about the impact of our work and ask for your support of mental health services. While the person I will describe has given permission to tell her story, her name is changed to protect her privacy.

2. What happened

When Lucy came to us she was penniless, homeless and estranged from her family. She was referred to our agency by the state psychiatric hospital where she had been admitted after a family quarrel. In hospital, she was diagnosed with schizoaffective disorder and began taking medications.

3. What helped?

At our agency, she was assessed and placed in the care of our psychiatrist to establish an effective medication regimen and she began treatment with one of our therapists. A case manager from our staff helped her get temporary housing, monthly income through SSDI and admission to our adult clubhouse for vocational training.

4. What is different today?

That was two years ago. Lucy now lives in her own apartment, works part-time as a computer programmer and sings in her church choir. She is still in treatment with the help of her case manager and she attends monthly dinners at the clubhouse to stay connected with the friends she made there. Her sister is delighted that the “real Lucy” is back and has joined NAMI, the National Alliance on Mental Illness, to learn how to support Lucy’s recovery.

5. What is the need or problem?

Lucy is proof that treatment works, but, not everyone gets the help they need.

6. What will help others?

A strong mental health system will help people like Lucy get the right care at the right time.

7. My "ask"

Thank you for meeting with me and listening to my story. Can I count on you to protect mental health services—and give individuals and families the hope of recovery?
# Seven Steps to Telling Your Story

The following seven steps will help you craft a succinct and powerful story.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>Introduce yourself</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Give your name and city or town.</strong> Include your organization. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”</td>
</tr>
<tr>
<td></td>
<td><strong>Share how you are affected by mental illness.</strong> Are you living with mental illness, a family member, a caregiver? This brings a &quot;real face&quot; to mental illness.</td>
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<tr>
<td></td>
<td><strong>State your issue and position.</strong> Let your listener know what you want them to support or oppose (or do). This helps your listener focus.</td>
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<tr>
<td><strong>2.</strong></td>
<td><strong>What happened?</strong></td>
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<td><strong>What happened before you received the help you needed?</strong> Keep this brief—think about the most important thing you’d like your listener to know.</td>
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<tr>
<td><strong>3.</strong></td>
<td><strong>What helped?</strong></td>
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<td><strong>Describe what helped in your recovery (or would have helped).</strong> This adds a hopeful tone and helps show the value of services and supports.</td>
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<td><strong>4.</strong></td>
<td><strong>How are you different today?</strong></td>
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<td></td>
<td><strong>Share what is going right in your life or how you are experiencing recovery.</strong> This concludes your personal story on a positive note that inspires.</td>
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<tr>
<td><strong>5.</strong></td>
<td><strong>What is the need or problem?</strong></td>
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<td></td>
<td><strong>Mention the problem or need you want addressed.</strong> Transition to the challenge(s) faced by people living with mental illness.</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td><strong>What will help others?</strong></td>
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<td></td>
<td><strong>Talk about what will help.</strong> Let your listener know what will address the need or problem you described.</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td><strong>Make your &quot;ask&quot;</strong></td>
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</table>
|   | **Ask your policymaker if you can count on their support (or opposition).** Include a bill number, if possible. Thank your policymaker for his or her time.
### 1. My introduction

Include your name and city and organization, if applicable. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.” Add how you are affected by mental illness and your issue and position.

### 2. What happened

Aim for 3-9 sentences. Briefly describe the most important and compelling thing(s) about your situation.

### 3. What helped

Aim for 1-5 sentences. Briefly describe what helped in your recovery (or what would have helped). Aim for a hopeful tone that helps show what is helpful.
4. How I'm different today

Aim for 1-3 sentences. Share what is going right in your life or how you are experiencing recovery. This concludes your personal story on a positive note that inspires.

5. What is the need or problem

Aim for 1-2 sentences. Transition to the challenge(s) faced by people living with mental illness that you want addressed.

6. What will help others

Aim for 1-2 sentences. Talk about what will help. Let your listener know what will address the need or problem you described.

7. My "ask"

Aim for 1-2 sentences. Thank your listener for listening to you. Then, ask your listener for a commitment. Be specific.
Constructive Feedback Form for Telling Your Story

In the space below each scale, identify where the **story was strong or impactful** or what would **strengthen the story**.

<table>
<thead>
<tr>
<th>Introduction</th>
<th>1</th>
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Constructive Feedback Form for Telling Your Story

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</tbody>
</table>
Common Greetings

The following are common greetings that will help you properly address elected officials.

<table>
<thead>
<tr>
<th>Official</th>
<th>Address</th>
<th>Greeting for Letter or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor</td>
<td>The Honorable (Full Name) Governor of (State) (Office Address)</td>
<td>Dear Governor (Last Name)</td>
</tr>
<tr>
<td>State Senator</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Senator (Last Name)</td>
</tr>
<tr>
<td>State Representative</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Representative (Last Name)</td>
</tr>
<tr>
<td>State Assemblyman</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Assemblyman or Assemblywoman (Last Name)</td>
</tr>
<tr>
<td>U.S. Senator</td>
<td>The Honorable (Full Name) United States Senate (Senate Office Building)</td>
<td>Dear Senator (Last Name)</td>
</tr>
<tr>
<td></td>
<td>Washington, D.C. (zip)</td>
<td></td>
</tr>
<tr>
<td>U.S. Representative</td>
<td>The Honorable (Full Name) House of Representatives (House Office Building)</td>
<td>Dear Representative or Congressman or Congresswoman</td>
</tr>
</tbody>
</table>
How to Contact Elected Officials

The following are several options for contact information for elected officials.

<table>
<thead>
<tr>
<th>✓</th>
<th>NAMI Website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Take advantage of NAMI’s Legislative Action Center.</td>
</tr>
<tr>
<td></td>
<td>- Go to <a href="http://www.nami.org/advocacy">www.nami.org/advocacy</a></td>
</tr>
<tr>
<td></td>
<td>- Enter your zip code under “Find your elected officials” to get links to phone numbers, addresses, and email addresses for your state and federal officials.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Web Search</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Search the Web for your state’s legislature or general assembly. When there, find out how to get to contact pages or a Find Your Legislator page.</td>
</tr>
<tr>
<td></td>
<td>Note your policymakers’ contact information in an easy-to-find place, like next to your phone or computer. Put your policymakers’ email addresses into your email contacts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Legislative Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some legislatures print handy legislative guides with maps, pictures of policymakers, contact info, and useful information. Where available, these are often free or very reasonably priced and a “trade secret” of lobbyists.</td>
</tr>
</tbody>
</table>
My Commitment

Today, I learned and practiced how to advocate effectively with elected officials. Now, I commit to act.

In the next 48 hours, I will:

“How wonderful it is that nobody need wait a single moment before starting to improve the world.”—Anne Frank

In the next week, I will:

“Act as if what you do makes a difference. It does.” —William James

Over the next three months, I will:

“Knowing is not enough; we must apply. Willing is not enough; we must do.” —Goethe
NAMI Smarts for Advocacy
Telling Your Story Evaluation

Trainer’s Name: _______________________________ Date of Training: ____________

Location of Training (City & State): ____________________________________________

My Name (optional, but preferred): _____________________________________________

1. Overall, my **knowledge and skill level** in telling my story is...

   **Before the training:** (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent

   **After the training:** (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent

2. Overall, my level of **confidence** in telling my story is...

   **Before the training:** (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent

   **After the training:** (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent

3. What did you learn that was most meaningful or helpful to you today?

4. Where do you plan to use your story? Or, what will you do differently as a result of this training?

5. What comments, if any, do you have about this training?

6. NAMI seeks to support the entire community. To help us track how we are doing and for funding purposes, please check all that apply.

   I am:
   □ American Indian or Alaska Native
   □ Asian American
   □ Black or African American
   □ Hispanic or Latino
   □ Native Hawaiian, Pacific Islander
   □ White
   □ Multiracial
   □ Other: ____________________________

   □ Person living with a mental illness
   □ Family of adult living with a mental illness
   □ Parent or legal guardian of minor-aged child living with a mental illness
   □ Mental health service provider, including peer provider
   □ Other mental health advocate
   □ Military service member, veteran or military family member
   □ Other: ____________________________
This is Module 2: Contacting Your Policymaker, the second module in our NAMI Smarts for Advocacy training. It builds on our foundation, Telling Your Story. In this module, our goal is that you will leave this training with the confidence and ability to quickly write powerful and personalized emails and make phone calls that influence policy makers.

**Core Concepts**
- Introduction and goal
- **Caution** about readiness to share story; if you’ve experienced profound loss
- Affirm participant readiness to begin training
- Pre-training evaluation form

Before we begin, I'd like to caution you that you will be writing about and sharing your story in this training. If that is something you don’t feel quite ready to do or if you find that your story is triggering grief or overwhelming you, please let our Helper know. He/she will assist you.

We hope you’re excited about this training. **Are you ready to join us?** [Wait for a response, if appropriate.] Great, we’ll get started.

To begin, please take out your **pre- and post-training evaluation form (page 18)** and spend half a minute filling out the first column for question one and two only. You will fill out the rest of the evaluation form at the end of the training. [Give your participants half a minute to fill out the first two questions.]

<table>
<thead>
<tr>
<th>Prep:</th>
<th>Have workshop materials ready at seats</th>
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</thead>
<tbody>
<tr>
<td>Decision Point:</td>
<td>Option for Elevator Speech adds half an hour</td>
</tr>
<tr>
<td>Worksheet:</td>
<td>Pre- and Post-Training Evaluation</td>
</tr>
<tr>
<td>Start the workshop on time</td>
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<tr>
<td>Helper or Teacher:</td>
<td>Help participants get seated</td>
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<tr>
<td></td>
<td>Advance PowerPoint slides</td>
</tr>
<tr>
<td></td>
<td>Help participants find their evaluation form and fill in first column only for question 1 and 2</td>
</tr>
</tbody>
</table>
**This training covers a lot of ground in a short amount of time.** In order for everyone to get the most out of this training, I’d like to ask you to agree to the following basic ground rules:

- Participate fully
- Keep us on time (avoid getting side-tracked or involved in conversations) and
- Turn off your cell phones.

By “participate fully,” we mean being willing to do each of the activities. It also means putting away distractions so you can be focused and take in this training.

To keep us on time, I’ll be signaling you when we need to stop an activity. I’ll let you know by [indicate how you’ll signal participants—voice, hand, chime, etc.]

Please be willing to stop even if you are not finished. And, please come back from breaks on time because we’ll be starting promptly.

We encourage comments at appropriate times in the training. Because of time constraints, we ask that you please hold longer or unrelated comments, questions or opinions until breaks or after the training.

*Are you willing to follow these ground rules?* [Ask for participants to affirm by a show of hands.]  
*[End of Deletion if you are training multiple modules]*
Here is our agenda for Contacting Your Policymaker so you'll know what to expect:

1st, we'll talk about the importance of writing emails and making phone calls;
2nd, we'll give you some quick tips;
3rd, we'll share an example of a personalized email and a quick email. After that, we'll take a closer look at what makes an email effective, write our own personalized email and get feedback during a practice.

Then, we'll share examples of phone calls, take a look at what makes a phone call more powerful and practice in pairs.

We’ll begin by reviewing why people who care about mental health should be writing emails and making phone calls to elected officials. If you’ve taken Telling Your Story, you’ll recognize this. The answer is simple: It’s because every American who experiences mental illness deserves the opportunity to experience recovery.

Everyone deserves the opportunity to be productive and healthy. To have that opportunity, Americans need—and want—access to quality mental health care.
<table>
<thead>
<tr>
<th>Slide 5</th>
<th>Approx. .5 min</th>
<th>Total time: 8.5 min</th>
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<tbody>
<tr>
<td><strong>Core Concepts</strong></td>
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<tr>
<td> Mental illness is a leading cause of disability</td>
<td></td>
<td></td>
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<tr>
<td> Why aren’t more people experiencing recovery?</td>
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<tr>
<th>Slide 6</th>
<th>Approx. 1 min</th>
<th>Total time: 9.5 min</th>
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<tbody>
<tr>
<td><strong>Core Concepts</strong></td>
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<tr>
<td> Most people with mental illness don’t get the care they need</td>
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<tr>
<td> People with insurance often aren’t covered for intensive mental health services</td>
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**Yet, mental illness is a leading cause of disability in our country.**

I’d like you to think about these two questions:

1. Why is there so much disability as a result of serious mental illness?
2. Why aren’t more people experiencing recovery?

Think about this telling statistic: The majority of adults and half of children who need treatment for mental illness are not getting *any mental health care*.

And you are probably all too aware that even those children and adults who are getting mental health services are often not getting the right care at the right time and place.

**If people can’t get the mental health treatment and supports they need,** they don’t have the opportunity they deserve to experience health and productivity—to experience recovery. And they are more likely to experience disability from their mental health condition.
Do you think it's time to change that? [Pause—wait for a yes.]

That's great—we need people who are passionate about mental health to speak up about three priority issues:
- Protect public mental health funding,
- Expand access to mental health coverage and
- Ensure that effective mental health services are available.

If you want to improve the opportunities for recovery, it's important to make an impact with policy makers.

Why? Because policy makers (such as state legislators and members of Congress) cast votes for budgets and laws that fund public mental health services, determine who's eligible for care and what services are available to children and adults living with mental illness.
And in today’s world, one of the most important ways to impact policymakers is through emails and phone calls.

Here’s why they make such a difference:

- Legislation can move rapidly. **Email and phone alerts are critical to keep grassroots pressure** on the right policy makers at the right time.

**Emails and phone calls represent the “public pulse”** on an issue, which is important to policy makers. That’s why policymakers and their staffers record the issue and position of every writer or caller. The more emails and phone calls a policymaker receives, the more they take notice.

Most everyone is used to making phone calls and writing emails, so they may seem deceptively easy. But, **how and when** we write emails and make phone calls makes a difference.
This brings us to the second part of our agenda. A few tips for emails and phone calls…

The first tip is that numbers count. As we mentioned a few minutes ago, policymakers literally count the number of calls and emails they receive on an issue and what position their constituents are taking.

While a few issues generally capture the public’s attention and generate a lot of emails and phone calls, most issues don’t. In fact, most people don’t vote, let alone write or call their policymakers.

Because so few people actually contact their elected officials, policymakers believe that a single email or call represents the views of anywhere from 10 to 100 constituents.

This gives you an advantage. If you take the time to write or call, you’re making a larger impression than you might think.

If you get your friends and family to write, as well, you’ll be exponentially more influential.

And, if you call or write more than once a session, you’ll find that your policymaker and their staff will begin to recognize you. With the right approach, you can build a good rapport—and exert an even greater influence.
### Tip #2
**Timing is everything**

**Slide 11**

**Approx. 2 min**  
**Total time: 16 min**

**Core Concepts**
- Timing calls and emails in groups can make a greater impact
- Grouping is particularly effective for rural districts

Second, emails and phone calls that are *timed to come in groups* can make an unexpected impact.

If five advocates in a county all call a policy maker within the same hour, the policymaker or staff will think the phone is ringing off the hook and that your issue is “hot.”

Likewise, if your policymaker receives several emails in one morning or day, he or she will think your issue is raising a lot of attention.

This second tip about timing is especially effective in rural and frontier districts. Rural policymakers usually get far fewer constituent phone calls and emails than their urban counterparts—so a sudden flurry of emails or calls gets noticed.

Use this knowledge to your advantage. Whenever possible, coordinate your efforts with people you know and make an even bigger impact.

### Tip #3
**Make it personal**

**Slide 12**

**Approx. 1 min**  
**Total time: 17 min**

**Core Concept**
- Describing why an issue is important personally makes an impact

Our third tip is to make it personal.

The good news is that your emails and phone calls will count no matter what. But the even better news is that when policy makers hear why an issue is important to you personally or hear a highlight of your story, you’ll make an even stronger impression.
And our last tip, which you also heard in *Telling Your Story*, is to make an “ask.” In your emails and phone calls, you have an opportunity to let your policymakers know how they can help people who live with mental illness and to ask if you can count on their support.

Asking for a commitment is an important way to gauge how they will vote.

But, if they don’t commit, don’t take it personally. Your policymaker may be under intense pressure from their party (or caucus) to vote a particular way.

Take it in stride, but don’t give up. Just realize that you will need to follow up and work to build their support.

**What did you take away from these tips?**

Was there anything that caught your attention or that you want to try out? [Take two to three quick responses.]
We’ve talked about the importance of emails and phone calls and given you some tips, so we’re ready for our demo.

Emails and phone calls are the most effective when they are in response to an action alert or are about a pending issue or vote.

Find your Action Alert (page 1) in your materials and follow along as I read the alert to set the scenario we’ll use today.

Read the Action Alert.

The national office of NAMI sends out action alerts to people who have signed up for E-News when advocacy is needed on federal issues. Your state organization, local affiliate or a coalition may do the same. Responding to action alerts makes a difference in fast-moving legislation. And we’re going to show you just how powerful your email response can be.

Read the Personalized Email (page 2).

See how much impact a personalized email has?

What language moved you? What had impact for you or caught your attention? [Take two to four responses.]

But, if you are very busy, a “quick” email is an easy and effective option.

Read the Quick Email (page 3) example.

Notice that in the quick email, the talking points are copied right from the action alert. There’s just a short introduction and closing statement added. Yet, it still packs a punch.
Let’s look at what makes an advocacy email effective.

Find your Checklist for Advocacy Emails (page 4) in your materials and also take out your personalized email sample for reference. This checklist may look familiar. It has some of the same elements as the Six Steps to Telling Your Story Checklist, with a few new elements.

1. The very first item is **Use your subject line.** This is important because it’s the first thing a policymaker notices when they scroll through their inbox.

   A subject line that makes a request for action will stand out. Including a bill number, if possible, is also helpful. It will allow a policymaker or staff to print out your email and put it in a bill file. This is important because policymakers refer to a bill file before they take a vote.

2. The second checklist item is to **begin your email with a respectful salutation,** like Dear Senator Walker. This is simple: just use the elected title, like senator or assemblyman, and the elected official’s last name. Using a proper title sets a professional tone.

3. Next, your email should indicate your issue and the action or position you’d like your policymaker to take.

   This is important because even if a policymaker or staff doesn’t read any further, they are already clear about your issue and where you stand.

4. The fourth step is optional, but it helps personalize your email. Describe why this issue is important to you or include how you are affected by mental illness.

**What caught your attention about the lines in the “Why it’s personal” section? How might they be valuable in an email?**

[Take a quick response or two. Reflect back that vivid language, “mental health care can make the difference between despair and recovery…” invites the reader to be emotionally engaged.]
5. The next step is to either provide a brief highlight of your story that is relevant—or to make one or more brief points relevant to the issue.

<table>
<thead>
<tr>
<th>Worksheet: Checklist for Advocacy Emails and Sample Personalized Email</th>
</tr>
</thead>
</table>

---

**Core Concept**
- Provide story highlight—or make one or more brief points

---

**Worksheet:**

Would someone like to read the story section from the personalized email? [Wait for a volunteer to read.]

*How did these lines affect you?*

[Take a quick response or two. Reflect back that these three lines highlight an important aspect of the writer's story and make an emotional impact. Add that writers can borrow or edit lines from the stories they developed in *Telling Your Story*, if they like.]
6. The sixth checklist step is to make an “ask.” This should describe the action or position you want your policymaker to take. If a vote on a bill is involved, it’s helpful to politely ask how they intend to vote on your issue.

<table>
<thead>
<tr>
<th>Worksheet: Checklist for Advocacy Emails and Sample Personalized Email</th>
</tr>
</thead>
</table>

**Approx. 1 min**
Total time: 39 min

**Core Concept**
- Make an “ask”—action or position you want policymaker to take

---

### What strikes you about the line, “Please let me know how you intend to vote on HB 39”?

[Take a quick response or two. Reflect back that not only does this suggest that you are looking for a commitment—it sets you up for potentially receiving a reply. If you get a reply, it gives you an opportunity to thank your elected official and build the relationship.]
7. The last two steps are to thank your policymaker and include a polite closing, your name, address, phone number and email.

Including your full contact info allows your policymaker to recognize you as a constituent and add you to his or her mailing list, if you are not already (this is important to policymakers, who must stay connected with voters in their district to get reelected). It also helps the policymaker respond to your request for a reply (and this is important to you).

**Worksheet:**
**Checklist for Advocacy Emails and Sample Personalized Email**

---

**What did you learn in this demo and checklist that was most meaningful to you?**

**How will this affect how you approach emails?**

[Take a couple of quick responses.]
Now that you understand the power of a few short lines in a personalized email, we are going to practice writing an email using a brief highlight from your story.

Do you see how useful learning to tell your story is? You can use lines from it—or variations on it—in different forms, with different issues and with different audiences—-to make your point. You have already done the hard work of writing your story; now we want you to get some great mileage out of it.

Find your **Personalized Email Practice Sheet (page 5)** and take out your **Action Alert (page 1)** and **Checklist for Advocacy Emails (page 4)**. Feel free to also refer to your **Story Practice Sheet** from Module 1 and the **Personalized Email sample (page 2)**.

**Here is our scenario:** Pretend you just received the Action Alert. Your goal is to write an email urging your policymaker to protect mental health in HB 39, the mental health budget.

You’ll have 10 minutes to write your email. Remember, this is just practice and it does not need to be perfect.

**Warn participants after 8 min that they have 2 min left to finish.**

**Stop participants after 10 min.**

**What did you learn about writing an email?**

**How will what you learned change your response to alerts in the future?**

[Take one or two responses.]
Ask for a volunteer who is willing to share their email and receive constructive feedback. [Select an individual who has a strong email that you noticed while circulating during the writing process.]

[Lead applause and thank the volunteer for sharing their email.]

What was effective about this email? [Take a couple of responses.]

If you’d like to hear another volunteer, select another participant and repeat the process.

It is amazing how powerful an email can be. And don’t forget that if you are short on time, the quick email option is also very effective.

One more point: You can easily draft an email—or save this one—and use it as the starting point when you receive an alert. That way, you only need to make slight modifications to suit the situation. You can be done in just a few minutes—and you’ll be making a significant difference as an advocate.
Optional Section: You’ve worked on your emails and you can see how powerful they can be. Let’s use what you just accomplished and take it just one step further to craft an “elevator speech.”

What is an “elevator speech?” It comes from the marketing world and it refers to an extra-short version of your story. Think in terms of about 30 seconds or less—the time to go from one floor to the next in an elevator. That’s why they call it an “elevator speech.” Besides being short, another difference is that an elevator speech is spoken face-to-face, usually while walking or standing.

Let me show you how this sounds when you string these pieces together. You can follow along with your Sample Elevator Speech (page 7).

Read the elevator speech below.

Hello Senator, I’m Jenny Jones from Springville. I’m a member of NAMI Spring Valley, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

I’m here today because I’d like to urge you to protect mental health services in HB 39.

As the mother of a son with bipolar disorder, mental health care is important to me and my family. With treatment, my son made an amazing recovery.

But with cuts to mental health centers, most people can’t get the help they need.

Families like mine need your vote to protect mental health services. Can we count on your support for mental health in HB 39, Senator?”

After you get a response from your listener, be certain to thank them and, to be even more effective, plan on following up with them.
Optional Section: As you heard, an elevator speech is very short and to the point. If you have more time or you’re asked questions, be ready to add other tidbits from your story or talking points, such as a fact or two on mental illness.

The key is to be prepared so you don’t have to think about it. One good way is to practice with others.

Find your Elevator Speech Checklist (page 8). You’ll notice that it is very simple—and it includes some familiar elements.

1. First, introduce yourself, where you’re from and that you’re with NAMI. “I am [name] from [city, town or county you live in] and I’m a member of NAMI, the National Alliance on Mental Illness.”

2. If it’s appropriate and enough time, you can describe NAMI further, “We are the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.” This is optional.

3. State your issue and position. Modify this from what you used in your email. For example, you might say, “I’d like to urge you to protect the mental health budget in HB 39.” Give a bill number if at all possible.

4. Make it personal. In just one brief line or two, describe why this issue matters to you personally or how you’re affected by mental illness. If your listener is impatient, you can skip this and go straight to your “ask.”

5. Mention the problem or need you want addressed.

6. Let your policymaker know what will help address the need or problem.

7. Make your “ask.” Mention that the elected official’s vote or help is needed and ask if you can count on their support.

8. As always, say thank you.
**Optional Section:** Now you’ll get a chance to practice your own elevator speech. Find your [Elevator Speech Practice Sheet (page 9)](page9) and personalize it. We’ll take just **five minutes** to do this. Don’t worry if you don’t finish—you’ll have a framework you can complete later, if you need to. If you finish early, practice your elevator speech silently.

**Stop participants after 5 min.**

Make sure you have participants’ attention, then move to practice.

**Worksheet:**
**Elevator Speech Practice Sheet**

- **Helper:** Help individuals who have special needs or questions (free up Teacher to circulate and manage time)
- **Teacher:** Circulate and look for individuals with strong elevator speeches

---

**Core Concepts**
- Practice personalizing an elevator speech
- Take 5 min

---

**Slide 19**

Approx. 7 min

Total time: 1 hr 20 min
**Optional Section:** As you know, practice helps us get comfortable with our delivery. That’s especially important with an elevator speech because you have to be ready when the opportunity strikes.

I’d like you to find a partner at your table or nearby and let me know when you’re ready to practice.

[Wait for everyone to find a partner. If one person is left, ask a couple to form a trio.]

In the next few minutes, take turns practicing your elevator speech. If you have time, feel free to practice more than once.

**Stop participants after 4 min.**

**Who would like to share their elevator speech?** [Pick a volunteer to share.]

**What was effective about this elevator speech?** [Take a response or two.]

**Where else do you think your elevator speech will be useful?** [Take a response or two.]

As you can see, an elevator speech is helpful to have prepared and memorized. And, with a few modifications, you can use it not only for advocacy, but to describe what your NAMI organization does to a potential donor or member—or your friends and family.

I want to encourage you to think about this and craft your own elevator speech or speeches appropriate for occasions that you experience frequently.
A phone call with an elected official is an excellent opportunity to start forming a relationship. The same applies if you talk with a staff person. This is because—no matter what you might think—the opinions of legislative staff are very important to policymakers. And, they are the gatekeepers to your elected official. Treat them like gold.

If you make a couple of phone calls or more, you'll start to recognize voices—and your elected official or their staff will recognize yours. You'll be surprised how quickly you can develop a connection over the phone.

But, phone calls are most effective if you are both polite and prepared. Here's why you need to be prepared: You never know who will answer and what your opportunity will be.

Your elected official may answer the phone or you may be transferred to him or her. Or, you may get a staff person or voicemail.

We’ve got you covered. We'll demonstrate two situations and show you how to sound professional and get your point across.

**Demonstrate Phone Call with a Policymaker (page 10).**

Did you notice how the phone call is very brief, yet makes a clear “ask” and weaves in a personal touch, just like a personalized email?

Now, let’s get ready for other phone scenario. If you get a voicemail system or a staff person, here's what it can sound like:

**Demonstrate Leaving a Phone Message (page 11).**

Did you notice how leaving a phone message takes about 30 seconds and a live call just a bit longer? It takes just a minute to make a difference.

Let's talk about leaving a voice mail or getting a staff person. People are often disappointed or unprepared to leave a message on voicemail or with a staff person. Don't be. Use it to your advantage.

When you leave a brief, focused message, you get to make your point...
about your issue (which your policymaker—and often a staff person, as well—will hear).

If you add a request for your policymaker to return your call (our demo said, “Would you please ask the Senator to return my call?”) you will **may get the opportunity to make your point again and chat with your policymaker.** This means you’ll have made two impressions about your issue—mental health.

Your **Checklist for Making a Phone Call (page 12)** gives you all the tips you need to prepare yourself for making phone calls to policymakers.

Take a minute to look at the checklist and think about the demos.

*How did working on your email help prepare you for a phone call?*

*What’s the same in both an email and a phone call?* [Take a couple of quick responses.]
As we mentioned in our tips, it’s important to prepare for an advocacy-related phone call so that you are ready to state your issue and position, add a touch of story or talking points and restate your issue and your “ask.”

Because you did much of the prep work while working on your email, you’ll find that this is fairly easy.

Find your **Script: Advocacy Phone Call (page 13)**. You’ll notice that most of a phone call is scripted out for you, but there are a few places to add your own personal touches. These places are noted in brackets and lighter print.

Using the work you did in your emails, spend a few minutes jotting notes on this script to personalize it where indicated.

As soon as you’re done, you can start practicing the script silently. 

**Stop participants after 5 minutes.**

If you’re not finished, don’t worry. You can ad lib during our next activity.
Find a new partner that you haven’t worked with already and let me know when you’re ready to practice.

[Wait for participants to be paired up. You may have to help form one trio.]

With your partner, practice taking turns as participant 1 (a constituent) and participant 2 (who will play the part of both a receptionist and Senator Walker). When it is your turn to be participant 1, the constituent, read from your own personalized script.

We’ll only take about 5 minutes to do this activity.

Stop participants after 5 minutes.

What did you learn from that experience? Did you notice how professional and effective your phone calls are with a little preparation? [Take a couple of quick responses.]

[Start of Deletion if you are training multiple modules] How many of you felt like writing an email or making a phone call was fairly easy?

What was most helpful or impactful for you?

What do you think you will do differently as a result of today’s training?

What did you take away from this experience today? [Take a few quick responses to each question.]

Thank you all for giving your time and energy to this workshop. Please give yourselves a round of applause for everything you’ve accomplished today.
Please remember to fill out your post-training evaluation and turn it in to (name location or person). [End of Deletion if you are training multiple modules]

Worksheet: Pre-and Post-Training Evaluation

Helper or Teacher:
➢ Assist in collecting evaluations

[Post slide as presentation concludes.]
Sample Action Alert

Mental health coverage should never be optional.
Together, we must #Act4MentalHealth.

ACT NOW TO PROTECT MENTAL HEALTH CARE
With revenues coming up short, legislators are proposing to cut millions of dollars from needed community mental health services. Case management and recovery services are at risk. Don't let the legislature balance the budget on the backs of people living with mental illness! Speak up now.

Contact your Senator
Time is short. Call or email your Senator this week and let him or her know that you are a constituent and are counting on him or her to protect mental health services in HB 39.

Make it personal: let him or her how your life has been affected by mental illness and the difference services make in promoting recovery.

Talking Points:
• One in four adults experiences a mental health condition, including our returning troops.
• Mental illness is common and, with the right care, people can experience recovery.
• When people don’t get the mental health treatment they need, costs shift as people end up in jail, out of work and in emergency rooms.
Sample Personalized Email

Subject line

Protect Mental Health in HB 39

Greeting

Dear Senator Walker:

Issue and position

I am writing to urge you to protect the mental health budget.

Why it’s personal

I am the mother of a son with bipolar disorder and I can tell you that mental health care can make the difference between despair and recovery. I have seen it in my own family.

Story or talking points

My son is a young adult who is enjoying life, working hard and making me proud.

But before he got the treatment he needs, I saw him in the back of police cars and held him in my arms after a suicide attempt. No child—and no family—should have to go through this.

The “ask”

Your help is needed to protect services and help families living with mental illness. Please let me know how you intend to vote on HB 39.

Thank you

Thank you for your attention to mental health care.

Closing

Respectfully,

Jenny Jones
5555 NW Hill Ave.
Springville, OR 97999
(555) 555-5555
jjones@fernhill.com
Sample Quick Email

Subject line

Protect Mental Health in HB 39

Greeting

Dear Senator Walker:

Issue and position

I am writing to urge you to protect the mental health budget.

Talking points

One in four adults experiences a mental health condition, including our returning troops.

Mental illness is common and, with the right care, people can experience recovery.

But, when people don’t get the mental health treatment they need, costs shift as people end up in jail, out of work and in emergency rooms.

The “ask”

Your help is needed to protect mental health services. Please let me know how you intend to vote on HB 39.

Thank you

Thank you for your attention to mental health care.

Closing

Respectfully,

Jenny Jones
5555 NW Hill Ave.
Springville, OR 97999
(555) 555-5555
jjones@fernhill.com
Checklist for Advocacy Emails

**Tip:** Be polite and avoid strong language to prevent misinterpreted emails. Don’t write anything you wouldn’t be embarrassed to have forwarded to others. If you’re in doubt, revise or don’t send.

<table>
<thead>
<tr>
<th></th>
<th>Use your subject line</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Identify your issue and position.</strong> Use the subject line to identify a bill or issue and specify your support, opposition, or request for action.</td>
</tr>
<tr>
<td></td>
<td><strong>Start with a greeting</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Properly address your policy maker.</strong> Begin with “Dear [Elected Title] [Last Name].”</td>
</tr>
<tr>
<td></td>
<td><strong>State your issue and position</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Indicate why you are writing.</strong> Let your policymaker know the position or action you would like him or her to take on your issue.</td>
</tr>
<tr>
<td></td>
<td><strong>Optional: Make it personal</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Describe why this legislation matters to you personally.</strong> Include how you are affected by mental illness.</td>
</tr>
<tr>
<td></td>
<td><strong>Optional: Add your story or talking points</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Option 1: Add a brief highlight of your story.</strong> In one to three sentences, describe an important part of your story that is relevant to the issue.</td>
</tr>
<tr>
<td></td>
<td><strong>Option 2: Make one to three brief points.</strong> Talk about the impact of the issue or bill and/or why the bill is needed.</td>
</tr>
<tr>
<td></td>
<td><strong>Make your “ask”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ask your policymaker if you can count on their support (or opposition).</strong> Be specific about the action or position desired. Include a bill number, if possible. Option: Politely ask your policymaker to tell you how he/she intends to vote.</td>
</tr>
<tr>
<td></td>
<td><strong>Say thank you</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Thank your policymaker for their time or for their attention to your issue.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Add a closing</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Choose a respectful closing.</strong> Follow with your name, address, phone number, and email address. This allows your policymaker to respond to your request.</td>
</tr>
</tbody>
</table>
## Personalized Email Practice Sheet

<table>
<thead>
<tr>
<th><strong>My subject line</strong></th>
<th>Identify your bill or issue and support, opposition, or request for action.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>My greeting</strong></th>
<th>Address your policymaker formally. Begin with “Dear [elected title] [last name]:”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>My issue and position</strong></th>
<th>Indicate why you are writing and the position or action you would like your policymaker to take.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Why it’s personal</strong></th>
<th>Describe why this legislation matters to you personally and how you are affected by mental illness.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>My story or talking points</strong></th>
<th>In one to three sentences, add a brief highlight of your story that is relevant. Or, make one to three brief points.</th>
</tr>
</thead>
</table>
### My “ask”
Describe (again) the action or position you want your elected official to take. Politely ask them to tell you how they intend to vote.

---

### My thank you
Thank your elected official for their time or for their attention to your issue.

---

### My closing
Choose a respectful closing. Follow with your name, address, phone number, and email address.
Sample Elevator Speech

Introduction
Hello Senator, I’m Jenny Jones from Springville. I’m a member of NAMI Spring Valley, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

Issue and position
I’m here today because I’d like to urge you to protect mental health services in HB 39.

Why it’s personal
As the mother of a son with bipolar disorder, mental health care is important to me and my family. With treatment, my son made an amazing recovery.

The need or problem
But with cuts to mental health centers, most people can’t get the help they need.

What will help others
Families like mine need your vote to protect mental health services.

The “ask”
Can we count on your support for mental health care in HB 39, Senator?
Checklist for Elevator Speech

**Note:** After introductions, you may alter the order of items to make your message flow logically and smoothly.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>√</td>
<td>Introduce yourself</td>
</tr>
<tr>
<td></td>
<td><strong>Address your policymaker by their elected title.</strong> Add their last name, if you like. Then, introduce yourself, where you’re from and your organization.</td>
</tr>
<tr>
<td>√</td>
<td>State your issue and position</td>
</tr>
<tr>
<td></td>
<td><strong>Let your policymaker know what you want them to support or oppose (or do).</strong> If needed, describe the issue in a very brief sentence or two.</td>
</tr>
<tr>
<td>√</td>
<td>Make it personal</td>
</tr>
<tr>
<td></td>
<td><strong>Describe why this issue matters to you personally.</strong> Include how you are affected by mental illness.</td>
</tr>
<tr>
<td>√</td>
<td>Optional: Add a story highlight and/or talking point</td>
</tr>
<tr>
<td></td>
<td><strong>Provide a brief highlight of your story and/or a talking point.</strong> In one to three sentences, describe an important part of your story that is relevant and/or make a point about your issue or the impact of your bill.</td>
</tr>
<tr>
<td>√</td>
<td>What is the need or problem?</td>
</tr>
<tr>
<td></td>
<td><strong>Mention the problem or need you want addressed.</strong> Transition to the challenge(s) faced by people living with mental illness.</td>
</tr>
<tr>
<td>√</td>
<td>What will help others?</td>
</tr>
<tr>
<td></td>
<td><strong>Propose a solution.</strong> Let your policymaker know how a bill or their action will help address the need or problem you described.</td>
</tr>
<tr>
<td>√</td>
<td>Make your “ask”</td>
</tr>
<tr>
<td></td>
<td><strong>Ask your policymaker if you can count on their support (or opposition).</strong> Be specific about the action or position you want them to take. Include a bill number, if possible.</td>
</tr>
</tbody>
</table>
### Elevator Speech Practice Sheet

<table>
<thead>
<tr>
<th>My introduction</th>
<th>Address your policymaker by their elected title. Introduce yourself, where you’re from and your organization. Note: We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>My issue and position</td>
<td>Let your listener know what position or action you want him/her to take on your issue. If needed, describe the issue in a brief sentence or two.</td>
</tr>
<tr>
<td>Why it’s personal</td>
<td>Describe why this issue matters to you and how you are affected by mental illness.</td>
</tr>
<tr>
<td>Optional: My story or talking point</td>
<td>Add a highlight of your story and/or make a point about your issue or impact of your bill.</td>
</tr>
<tr>
<td>What is the need or problem</td>
<td>In a sentence or two, briefly describe the challenge you want addressed.</td>
</tr>
<tr>
<td>What will help others</td>
<td>Let your listener know how a bill or their action will address the need or problem.</td>
</tr>
<tr>
<td>My “ask”</td>
<td>Ask your listener if you can count on their support (or vote or other action) on your issue or bill.</td>
</tr>
</tbody>
</table>
**Demo: Phone Call with a Policymaker**

<table>
<thead>
<tr>
<th>Introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny (Constituent):</strong> “Hello, this is Jenny Jones and I’m a constituent from Springville. May I please speak to Senator Walker?”</td>
</tr>
<tr>
<td><strong>Ryan (Receptionist):</strong> “Yes, the Representative’s schedule is free for just a few minutes. I’ll put you through.”</td>
</tr>
<tr>
<td><strong>Jenny:</strong> “Thank you.”</td>
</tr>
<tr>
<td><strong>Senator Walker:</strong> “Hello Ms. Jones, this is Senator Walker. How are you doing today?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue and position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny:</strong> “Hello, Senator. I’m calling about HB 39, the mental health budget. I really want to urge you to protect mental health care.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why it’s personal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny:</strong> “As the mother of a son with bipolar disorder, mental health issues are important to me.”</td>
</tr>
<tr>
<td><strong>Senator Walker:</strong> “Well, you know I was a co-sponsor of parity and I have always supported mental health issues. But we are facing some serious shortfalls this year and I’m afraid it’s going to be a very tough year for budgets. There’s just not enough to go around.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Story or talking points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny:</strong> &quot;I appreciate your support, Senator. I realize it’s a difficult economy, but mental health care can make the difference between tragedy and recovery. I know, because I have seen my son in the back of police cars and I’ve held him after a suicide attempt. But with treatment, he made an amazing recovery.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The need or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny:</strong> “Unfortunately, there are lots of people who need help who aren’t getting it.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What will help others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny:</strong> “We need more mental health services, not fewer.”</td>
</tr>
<tr>
<td><strong>Senator Walker:</strong> “I’m really glad you called, Ms. Jones, and I’m happy to hear your son is doing well. We’re going to be looking at the budgets very closely and I’ll keep your concerns in mind—I know how important mental health is and I appreciate hearing your perspective.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The “ask”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jenny:</strong> “Thank you so much for your taking my call, Senator. I hope I can count on your vote to protect mental health services in HB 39.”</td>
</tr>
</tbody>
</table>
Demo: Leaving a Phone Message

**Introduction**

**Jenny (Constituent):** “Hello, my name is Jenny Jones and I’m a constituent from Springville. May I please speak to Senator Walker?”

**Ryan (Receptionist):** “The Senator is in a hearing right now. May I take a message?”

**Issue and position**

**Jenny:** “Yes, thank you. I’m calling to urge Senator Walker to protect mental health care in HB 39. I’m the mother of a son with bipolar disorder, so I know that mental health services help people experience recovery.

I appreciate the Senator’s attention to mental health issues and look forward to her support. Would you please ask the Senator to return my call at her earliest convenience?”

**Ryan:** “I’ll be happy to leave the Senator your message. Her schedule is very full, so it may take a few days for her to return your call. What number can she reach you at?”

**Jenny:** “I can be reached at (555) 555-5555. Thank you so much for your help.”
Checklist for Advocacy Phone Calls

A 30-second phone call is an easy way to quickly make a difference with policy makers.

<table>
<thead>
<tr>
<th>✓</th>
<th>Introduce yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Say hello. Identify yourself by your name and mention that you are a constituent and the city or town you live in.</td>
</tr>
<tr>
<td></td>
<td>Ask to speak to your policymaker. If unavailable, ask if staff will relay your message and ask for a call back. If you get voicemail, leave your message there.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>State your issue and position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indicate why you're calling. Let your policymaker know your issue and the position or action you want him or her to take. Include a bill number, if possible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Make it personal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describe why this issue matters to you personally. Include how you are affected by mental illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Optional: Add your story or talking points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Option 1: Add a highlight of your story. In one to three sentences, describe an important part of your story that is relevant to the issue.</td>
</tr>
<tr>
<td></td>
<td>Option 2: Make a point or two. Talk briefly about the impact of the issue or bill.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>What is the need or problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mention the problem or need you want addressed. Transition to the challenge(s) faced by people living with mental illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>What will help others?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Propose a solution. Let your policymaker know what will help address the need or problem you described.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Make your “ask”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Express your hope for their support. Let your policymaker know, again, the action or position you would like them to take.</td>
</tr>
<tr>
<td></td>
<td>Thank your elected official. Let your policymaker know you appreciate their time. Option: Ask for a call back if you were not able to speak to your policymaker directly.</td>
</tr>
</tbody>
</table>
Advocacy Phone Call Script Sheet

<table>
<thead>
<tr>
<th>My introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill in information indicated by brackets.</td>
</tr>
</tbody>
</table>

**Participant 1 (Constituent):**

“Hello, this is [your name]

and I’m a constituent from [town or city you live in].

May I please speak to the Senator?”

**Participant 2 (Receptionist):**

“Yes, the Senator’s schedule is free for just a few minutes. I’ll put you through.”

**Participant 1 (Constituent):**

“Thank you.”

**Participant 2 (Senator Walker):**

“Hello [name of caller].

This is Senator Walker. How are you doing today?”

<table>
<thead>
<tr>
<th>My issue and position</th>
</tr>
</thead>
</table>

**Participant 1 (Constituent):**

“Hello, Senator. I’m doing fine, thank you. I’m calling to urge you to protect mental health services in HB 39.”

<table>
<thead>
<tr>
<th>Why it’s personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill in information indicated by brackets.</td>
</tr>
</tbody>
</table>

**Participant 1 (Constituent):**

[Briefly describe how you’re affected by mental illness and the importance of this issue to you.]

**Participant 2 (Senator Walker):**

“Well, you know I have always supported mental health issues. But we are facing some serious shortfalls this year and I’m afraid it’s going to be a very tough year for budgets.”
<table>
<thead>
<tr>
<th><strong>My story or talking points</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant 1 (Constituent):</strong></td>
</tr>
<tr>
<td>“I appreciate your support, Senator. I realize it’s a difficult economy, but mental health care can make the difference between tragedy and recovery.” [Alter this line, if needed. Add a highlight from your story or a brief point or two.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>The need or problem</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant 1 (Constituent):</strong></td>
</tr>
<tr>
<td>“Unfortunately, there are lots of people who need help who aren’t getting it.” [Alter this line, if needed, to describe the problem or the need.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What will help others</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant 1 (Constituent):</strong></td>
</tr>
<tr>
<td>“We need more mental health services, not fewer.” [Alter this line, if needed, to fit your story.]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Participant 2 (Senator Walker):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m really glad you called, [name of caller].</td>
</tr>
</tbody>
</table>

| We’re going to be looking at the budgets very closely and I’ll keep your concerns in mind—I know how important mental health is and I appreciate hearing your perspective.” |

<table>
<thead>
<tr>
<th><strong>My “ask”</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant 1 (Constituent):</strong></td>
</tr>
<tr>
<td>“Thank you so much for taking my call, Senator. I hope I can count on your vote for mental health services in HB 39.”</td>
</tr>
</tbody>
</table>
Common Greetings

The following are common greetings that will help you properly address elected officials.

<table>
<thead>
<tr>
<th>Official</th>
<th>Address</th>
<th>Greeting for Letter or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor</td>
<td>The Honorable (Full Name) Governor of (State) (Office Address)</td>
<td>Dear Governor (Last Name)</td>
</tr>
<tr>
<td>State Senator</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Senator (Last Name)</td>
</tr>
<tr>
<td>State Representative</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Representative (Last Name)</td>
</tr>
<tr>
<td>State Assemblyman</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Assemblyman or Assemblywoman (Last Name)</td>
</tr>
<tr>
<td>U.S. Senator</td>
<td>The Honorable (Full Name) United States Senate (Senate Office Building)</td>
<td>Dear Senator (Last Name)</td>
</tr>
<tr>
<td>U.S. Representative</td>
<td>The Honorable (Full Name) House of Representatives (House Office Building)</td>
<td>Dear Representative or Congressman or Congresswoman</td>
</tr>
</tbody>
</table>
How to Contact Elected Officials

The following are several options for contact information for elected officials.

<table>
<thead>
<tr>
<th>✓ NAMI Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take advantage of NAMI’s Legislative Action Center.</td>
</tr>
<tr>
<td>• Go to <a href="http://www.nami.org/advocacy">www.nami.org/advocacy</a></td>
</tr>
<tr>
<td>• Enter your zip code under “Find your elected officials” to get links to phone numbers, addresses, and email addresses for your state and federal officials.</td>
</tr>
<tr>
<td>• Use the available form to contact your officials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ Web Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search the Web for your state’s legislature or general assembly. When there, find out how to get to contact pages or a Find Your Legislator page.</td>
</tr>
<tr>
<td>Note your policymakers’ contact information in an easy-to-find place, like next to your phone or computer. Put your policymakers’ email addresses into your email contacts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓ Legislative Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some legislatures print handy legislative guides with maps, pictures of policymakers, contact info, and useful information. Where available, these are often free or very reasonably priced and a “trade secret” of lobbyists.</td>
</tr>
</tbody>
</table>
My Commitment

Today, I learned and practiced how to advocate effectively with elected officials. Now, I commit to act.

<table>
<thead>
<tr>
<th>In the next 48 hours, I will:</th>
</tr>
</thead>
</table>

“How wonderful it is that nobody need wait a single moment before starting to improve the world.” —Anne Frank

<table>
<thead>
<tr>
<th>In the next week, I will:</th>
</tr>
</thead>
</table>

“Act as if what you do makes a difference. It does.” —William James

<table>
<thead>
<tr>
<th>Over the next three months, I will:</th>
</tr>
</thead>
</table>

“Knowing is not enough; we must apply. Willing is not enough; we must do.” —Goethe
NAMI Smarts for Advocacy: Contacting Your Policymaker Evaluation

Trainer’s Name: ___________________________ Date of Training: __________

Location of Training (City & State): ____________________________________________

My Name (optional, but preferred): ____________________________________________

1. Overall, my knowledge and skill level in contacting my policymaker is...
   
   Before the training: (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent  
   
   After the training: (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent  

2. Overall, my level of confidence in contacting my policymaker is...
   
   Before the training: (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent  
   
   After the training: (Circle your rating)  
   1 2 3 4 5 6 7 8 9 10  
   None Some Good Excellent  

3. What did you learn that was most meaningful or helpful to you today?

4. Where do you plan to use your story? Or, what will you do differently as a result of this training?

5. What comments, if any, do you have about this training?

6. NAMI seeks to support the entire community.
   To help us track how we are doing and for funding purposes, please check all that apply.
   
   I am:  
   □ American Indian or Alaska Native  
   □ Asian American  
   □ Black or African American  
   □ Hispanic or Latino  
   □ Native Hawaiian, Pacific Islander  
   □ White  
   □ Multiracial  
   □ Other: ___________________________  
   
   □ Person living with a mental illness  
   □ Family of adult living with a mental illness  
   □ Parent or legal guardian of minor-aged child living with a mental illness  
   □ Mental health service provider, including peer provider  
   □ Other mental health advocate  
   □ Military service member, veteran or military family member  
   □ Other: ___________________________
This is NAMI Smarts: Meeting Your Policymaker, the third module in NAMI’s grassroots advocacy training series. Over the next few minutes, we’ll take the skills you learned in Telling Your Story and Contacting Your Policymaker and take them a step further. We’ll walk you through some strategies to make your meetings more successful and give you practice on delivering your message in-person.

When you finish, our goal is that you will feel much more confident and capable of meeting with and influencing your policymakers.

[Start of Deletion if you are training multiple modules] My name is [insert name] and I will be your Teacher today. And helping us today is [insert name]. If you need help during this training, please let [Helper’s name] know.

Before we begin, I’d like to caution you that you will be writing about and sharing your story in this training. If that is something you don’t feel quite ready to do or if you find that your story is triggering grief or overwhelming you, please let our Helper know. He/she will assist you.

We hope you’re excited about this training. Are you ready to join us? [Wait for a response, if appropriate.] Great, we’ll get started.

To begin, please take out your pre- and post-training evaluation form (page 34) and spend half a minute filling out the first column for question one and two only. You will fill out the rest of the evaluation form at the end of the training. [Give your participants less than a minute to fill out the first two questions.]
This training covers a lot of ground in a short amount of time. In order for everyone to get the most out of this training, I’d like to ask you to agree to the following basic ground rules:

- Participate fully
- Keep us on time (avoid getting side-tracked or involved in conversations) and
- Turn off your cell phones.

By “participate fully,” we mean being willing to do each of the activities. It also means putting away distractions so you can be focused and take in this training.

To keep us on time, I’ll be signaling you when we need to stop an activity. I’ll let you know by [indicate how you’ll signal participants—voice, hand, chime, etc.] Please be willing to stop even if you are not finished. And, please come back from breaks on time because we’ll be starting promptly.

We encourage comments at appropriate times in the training. Because of time constraints, we ask that you please hold longer or unrelated comments, questions or opinions until breaks or after the training.

Are you willing to follow these ground rules? [Ask for participants to affirm by a show of hands.] [End of Deletion if you are training multiple modules]
Here is our agenda for the training so you’ll know what to expect:

1st, we'll talk the importance of in-person meetings;
2nd, we'll give you some quick tips;
3rd, we'll share a demonstration of a meeting with a policymaker

After that, we'll look at what makes a meeting work and how you can prepare for a meeting. Lastly, we'll practice—first a one-on-one meeting, then a two-on-one meeting.

As we mentioned in our agenda, we'll begin by talking about why in-person meetings with your policymakers is important.

It’s helpful to remember that politics are personal. Meeting with your policymakers gives you the face-to-face interactions that build relationships and help advance your goals. Lobbyists will tell you that meetings are vital to putting a face on mental illness and building support for our issues.

Elected officials are faced with many competing issues and interest groups. Your personal relationship—and a well-crafted message—can make the difference in a policymakers’ attention to and support of mental health issues.
### In-person meetings...

**Help you make a connection**

- Primary goal is to make a connection and building a relationship

---

**Core Concept**

- While having an issue or issues is important for the focus of the meeting, the primary goal of an in-person meeting with your policymaker is to **make a connection**. Building a relationship is far more important than powering through a number of people, issues or points.
- This applies to a meeting with a legislative assistant, or staffer, as well. While many people are disappointed not to meet with their elected official, don’t be.
- A staffer is often a highly trusted source for your elected official. **Treat staff with respect.**
- Developing a relationship with a staff person can be invaluable in getting your message across and advancing your goals.

---

**But, some meetings make a stronger impression than others.**

---

**Core Concept**

- Characteristics of an effective meeting

---

While our goal is to make a connection, we would like our meetings to make as strong an impression as possible. Think about an effective meeting you’ve been part of, particularly if with a policymaker.

**In one word, can you describe a characteristic that adds to a meeting’s effectiveness?**

**A characteristic that can lead to a disappointing meeting?**

[Take two or three responses to each question. Paraphrase what you heard. Ask participants to keep these thoughts in mind during the training.]
### Core Concept
- Knowing your issue is essential to an effective meeting.

**Tip #1: Know your issue**

We’re at the second part of our agenda. A few tips for meeting with your policymaker.

The first tip may seem obvious. It is to **know your issue**. Your policymaker will expect you to be meeting with him or her about an issue—not just to chat.

Having clarity about your issue and your “ask”—what position or action you want your policymaker to take—is essential to having an effective meeting.

### Core Concept
- Knowing your policymaker contributes to a stronger connection.

**Tip #2: Know your legislator**

The second tip is to **know your policymaker**. You can build a stronger connection (and a more targeted message) by knowing and understanding your elected official.

Knowing your policymaker can help you choose what you say and how you say it—and may help you choose who to bring to a meeting with you.

Later in the training, we will provide some useful tools that will help you to know your policymaker and to articulate your issue.
Our third tip is to **plan your meeting**. Meeting with your policymaker can be intimidating. Planning will help you feel more confident.

There is another reason to plan. You may find yourself in a group meeting with a policymaker. Group meetings are more complicated than a one-on-one meeting.

The more people in a group, the more complicated the “flow” and the greater the chance of people going “off message.”

And, there is even less time for your advocacy message in a group meeting.

Fortunately, the solution is simple. **Prepare**.

Today, you'll learn a few basic steps to planning a good group meeting and some basic components. It’s like a recipe. Once you’re familiar with your ingredients, the components, and with the directions, or steps, you’ll find it easy to improvise and expand.

Bear in mind that if you are not planning on a one-on-one meeting with your policymaker, then going to a meeting as a pair is often more effective than a group of three visitors. With a pair, the policymaker forms the third leg of a “triangle.” This arrangement encourages productive dialogue.

For a different effect, a group of five or six makes a strong impression.
Tip #4: Nudge, don't push.

This is important. By this, we mean you do not need to convert your policymaker to our cause to make a difference. If you try, you will probably alienate your policymaker.

You can change the outcome of votes by gently shifting a policymaker's opinion in a positive direction.

By forming a positive relationship, you can help:
- Shift a policymaker who is adamantly opposed to mental health issues to someone who is opposed, but not strongly negative;
- Shift a policymaker who is opposed to being “on the fence,” or fairly neutral;
- Or, a policymaker who is neutral may become supportive;
- And a policymaker who is favorable may become a legislative champion of mental health issues.

This is a nice tip because it takes some of the pressure off. You don’t have to convince your policymaker, just keep building a connection.

Our fifth tip is to use person-first language.

Language that emphasizes the person, rather than the illness, helps listeners empathize. That’s why it’s helpful to regularly say “person or persons living with mental illness,” rather than “the mentally ill” or “these people,” which marginalize individuals who are living with diagnoses.

It is also very helpful to focus on positive concepts, like recovery, rather than language that evokes pity, like “suffering.”

This can seem counter-intuitive. Advocates often think that by describing people as “suffering with mental illness,” they will be helping policymakers see that they need to fund services.

The reality is very different. Policymakers fund success stories.

Describing hope, recovery, or, for example, the difference supportive housing has made in the life of someone living with severe mental illness, is critical to increasing support for mental health issues.
### Tip #6
**Manage spin**

<table>
<thead>
<tr>
<th>Approx. 2 min</th>
<th>Total time: 22 min</th>
</tr>
</thead>
</table>

**Core Concept**
- Policymakers will shift the conversation
- Bring the conversation back to people living with mental illness

Tip #6 is to **manage spin**. Policymakers will naturally move the conversation in a direction that is more comfortable or familiar for them.

This can take many forms:
- Asking a personal question;
- Focusing on costs, data, another issue or something other than people living with mental illness;
- Asking how you’d solve a legislative problem or what choices you would make;
- Making a comment about mental illness that reflects their perspective;
- Asking your opinion on a “hot” topic, like taxes.

[Option: Give a brief example.]

Don’t get trapped. **Stay focused**. Bring the conversation back around to where it belongs: on people living with mental illness.

---

### Tip #7
**Expect resistance**

<table>
<thead>
<tr>
<th>Approx. 1.5 min</th>
<th>Total time: 23.5 min</th>
</tr>
</thead>
</table>

**Core Concept**
- Expect resistance; don’t argue
- Acknowledge a concern, then make a positive point

Tip #7 is to **expect resistance**. Our primary advice is **don’t argue**. As we mentioned earlier, you don’t have to convince policymakers who have concerns or are unsupportive of our issues.

Often, policymakers who are unconvinced request more facts. This is intended to put you on the defensive. Don’t fall for it. **You do not need to have all the answers.**

In your response, acknowledge your policymaker’s concern and then make a positive point about your issue.

Shift the focus back where it belongs. Emphasize person-first language and focus on positive concepts, like recovery.

[Note: Basic Strategies for Shaping the Dialogue, p.30, is included in participants’ worksheets. This is a useful resource that covers several of our tips and gives examples.]
Our last tip is that facts support, stories move. If you’ve taken the Telling Your Story training, you’ll recall that contrary to what many people think, it is not facts that change people’s minds. They play a back-up role—they support the appeal of real people.

And, they are often used by policymakers to help convince their fellow elected officials.

Facts are most useful when they are in written form, while stories and emotion are most powerful when spoken.

You do not need to be a walking encyclopedia. One way to use facts well is to provide your policymaker a NAMI fact sheet after your meeting. This is particularly useful if you don’t find facts easy to remember.

Another way is to weave brief facts into your talking points or your story or in a thank you note. To find facts, use one of NAMI’s fact sheets (page 27). Or, use the Finding Facts (page 28) sheet in your packet for more sources. You don’t need many facts—stick to one to three that you can easily remember.

You’ve just heard a lot of information. What tips made a strong impression on you and why? [Take two to three responses.]
We’re now moving into the third part of our agenda—demonstrating a two-on-one meeting with a policymaker.

While you listen, notice the roles the two constituents play and where you hear our tips in action. Also listen for how both facts and a story highlight are woven in.

**Demonstrate a meeting using the Meeting Your Policymaker script (pages 1-3).** [You will need two helpers who have practiced or read through the script.]

*Did you notice how much was conveyed in just a few short minutes?* [Take one or two responses. Give time for participants to take in what they noticed.]

*What did you notice about the roles people played and the flow?* [Take one or two responses.]

*Did you notice the policymaker spinning the conversation in a different direction? What did you note about the response?* [Take a response, then ask for another example. Reflect back what you heard.]
Find your Checklist for Meeting a Policymaker (pages 4-6) and you may want to look at your copy of the demo for reference. This checklist should look familiar. It has similar elements to checklists in Telling Your Story and Emails and Phone Calls. The checklist breaks down the steps of meeting a policymaker.

However, because meetings are more complex than sharing your story or writing, there are more elements in this checklist.

Notice that the checklist has five major parts: Prep, Mtg Stage 1: Make a Connection, Mtg Stage 2: Deliver your Message, Mtg Stage 3: Close on a Positive Note, and Follow Up.

1. I'll touch on the Prep section briefly. This section repeats most of the tips you heard earlier today so we won’t review them. Note that your handouts include Basic Strategies for Shaping the Dialogue, which provides additional information on some of the tips.
2. The next section is **Meeting Stage 1: Make a Connection**. This includes two elements that we use consistently—introducing ourselves and stating our issue and position, which helps clarify the reason for the meeting.

The new element is to **show appreciation**. This should include thanking your policymaker for taking their valuable time to meet with you.

Think about the name of this stage, “Make a Connection.” First impressions make a big difference in building a relationship. To facilitate that relationship-building, touch on a shared interest or connection or talk about something positive your policymaker has done.

This lets your policymaker know that you appreciate them or have taken the time to learn something about them. This sets a helpful tone.

---

**Worksheet: Checklist for Meeting Your Policymaker**

Take a moment to find the lines in the demo that are used to build a connection.

*Where did you hear John and Jenny building a connection? What did you notice about this?*

[Pick a volunteer or two to share the lines they marked and their comment.]

While building a connection is important, it’s important to keep the meeting focused. Find where the issue and position are stated in the demo.

*Where did you hear John talking about the issue and position? How did this help keep the meeting focused?*

[Pick a volunteer to share the line they marked and their comment.]
3. The next major section of your checklist is **Meeting Stage 2: Deliver your Message**. This is the longest section, but the elements should look familiar. It contains the same elements that you combine in Telling Your Story or Emails and Phone Calls—describing the need or problem, adding talking points, sharing your story, proposing a solution and making an “ask.”.

The difference is that in a meeting, these elements will be part of a conversation—and more than one individual may be covering these elements.

We’ll review each of these elements briefly.

First, **describe the need or problem** that your issue addresses. It’s common to skip this step because the need or problem may seem obvious. For busy policymakers, it may not be.

By making the need or problem faced by people living with mental illness explicit, you help policymakers understand the need for a solution.

It’s also common to over-describe a need or problem. Policymakers do not want a lengthy discourse. The longer your description, the more it will appear to be unsolvable. Keep your description boiled down to a simple and understandable sentence or two.

<table>
<thead>
<tr>
<th>Worksheet: Checklist for Meeting Your Policymaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a moment to find the description of the problem in your demo.</td>
</tr>
<tr>
<td><em>What do you note about the simplicity of this statement of the problem?</em></td>
</tr>
<tr>
<td>[Ask a volunteer to share the line in the demo and comment.]</td>
</tr>
</tbody>
</table>
4. The second step in **Meeting Stage 2** is to **make your talking points**. These should address the impact of the issue or bill or support either the need or problem or the solution.

Talking points can include data, but don’t have to.

Ideally, your NAMI State Organization or coalition will develop a clear set of talking points for your issue. If not, develop your own set that you can remember and bring up at appropriate moments in a meeting.

Remember, you do not need to know a lot about policy or the issue to develop talking points. Basic facts about how common mental illness is and the need for services and supports make excellent points that support your issue. You can get these from our fact sheets or use the Finding Facts guide to find more.

Lastly, note that talking points can be woven at various points in a meeting. Today, we’ll practice with talking points coming after the description of the need or problem.

In the demo, talking points are used at two different points. **Where did you hear talking points and which one(s) struck you?**

[Ask a couple of volunteers to share their favorite talking points.]
Approx. 3 min
Total time: 50 min

Core Concepts
- Third step in deliver your message stage is to tell your story
- Your story should be very brief—highlights
- Your story plays a pivotal role in shifting perceptions

5. The third step in the **delivering your message** stage is to **tell your story**.

In the context of a meeting, your story should be very brief—just a few lines that touch on the highlights of your story and that bring a human face to the issue being discussed.

This is where you can use highlights from your story you developed in the Telling Your Story training or in Emails and Phone Calls.

As we mention in the Telling Your Story training, focusing on what helped or what would have helped and emphasizing recovery or hope is helpful to gaining empathy.

Telling your story briefly in a meeting can leave a powerful impression and plays a pivotal role in moving or shifting the perceptions of policymakers.

### Worksheet: Checklist for Meeting Your Policymaker

Take a moment to find where Jenny shares her story in the demo.

**What struck you about the story and its impact? What line caught your attention?**

[Ask a volunteer or two to comment and share a line.]
6. The fourth and fifth steps in the **delivering your message** stage are to propose a **solution** or describe what will help and to make an “ask.”

The “what will help” and the “ask” should seem very natural to those who have taken Telling Your Story or Emails and Phone Calls. While these are a vital part of a successful meeting, they are often overlooked or overstated.

The solution or what will help should be stated simply. In our demo, what will help is accompanied by a couple of talking points that help support the solution.

The solution is followed by the “ask,” or what action or position you would like your policymaker to take on your issue. The “ask” should be as specific as possible. This is necessary in order to get a response that lets you know if you can count on your policymaker or not.

After the “ask” is a natural point to draw your meeting to a close. If you have another issue or two that you’d like to discuss and have time, you may repeat the stage 2 process to deliver your message(s) before closing the meeting.

<table>
<thead>
<tr>
<th>Worksheet: Checklist for Meeting Your Policymaker</th>
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</thead>
<tbody>
<tr>
<td>Take a moment to find what will help others and the “ask” in the demo.</td>
</tr>
</tbody>
</table>

**Why is the solution and “ask” important to a meeting with your policymaker?**

[Ask a volunteer or two to comment.]
7. The third stage of your meeting is **Close on a positive note**. This includes saying thank you, but also includes some options for furthering your relationship. Like the opening of a meeting, it is an important time to develop a positive connection.

One option that helps close on a positive note is to **provide information**. A fact sheet on your issue or a general fact sheet on mental illness is an excellent “leave-behind” for your policymaker. Another leave-behind that is useful is a folder with information on your organization’s legislative priorities.

To get the most mileage from your leave-behinds, write the bill number for your lead issue across the top. This will ensure that your materials are filed with the “bill file” and don’t go in the “round file,” or recycling bin.

Also, consider providing a business card or brochure for your organization. This gives your policymaker an easy way to record your contact information and to recognize that you serve a valuable role in the community.

Another option is to **offer to be a resource** on mental health issues or support to constituents who need help navigating the mental health system. By doing this you are providing support to the policymaker. This is a gesture of reciprocity that helps develop your relationship.

A very helpful option is to **make a request or extend an invitation**. Policymakers and their staff are anxious for ways to get exposure with their constituents. Having their picture taken for your newsletter or inviting them to the next NAMIWalk or a local mental health program or IOOV presentation gives your policymaker valuable time in public. If you use a picture of your policymaker in your newsletter, be sure to forward a copy to him/her.

They will appreciate the opportunity. And you will get an opportunity to let them know how important mental health issues are to you.
Take a moment to find **Close on a positive note** stage of the demo.

*What did you take away from this stage of the meeting?*

[Ask a couple of volunteers to comment.]

*How did you think this checklist will help you?*

[Ask a couple of volunteers to comment.]
Next, we'll explore a few tools that will help you easily prepare for meeting your policymaker.

Because meetings with policymakers are usually brief, you'll need to prioritize your top one to three issues in order to make a strong impact--and you'll need to quickly summarize your key messages on each issue.

The first tool is **The Briefing Sheet (page 7)**.

Find your Briefing Sheet and take a moment to quietly review it.

[Give participants about half a minute to review.]

**What strikes you as helpful about this briefing sheet?**

[Take a quick response or two.]

A briefing sheet organizes information about your issue in a way that will help you remember your "ask" and how you will describe the problem or need, key talking points and the solution.

The briefing sheet also gives you a place to identify a bill’s sponsors and/or committee(s) the bill is in or will be heard in. Often, policymakers will ask for this information.

A briefing sheet can be helpful in preparing you to discuss an issue concisely. You can prepare your own or, preferably, work with your organization to develop one. Use a separate briefing sheet for each issue if you intend to cover two or three issues. A template is included in your packet.
Our tips and your Checklist for Meeting your Policymaker mention "Know your policymaker" as a prep item. The Backgrounder (page 8), like the briefing sheet, is a tool to help.

As you heard in the demo, you can help build a connection and target your talking points by knowing and understanding your elected official.

A backgrounder helps by providing valuable information, such as how long your elected official has been in office, their career and personal background, committee assignments and their key issues or positions.

The sample backgrounder is on a fictitious Senator David Walker. His information helped shape the demo you heard a bit ago.

Take a moment to review The Backgrounder.

[Give participants about half a minute to review.]

What do you notice in Senator Walker's background that you heard used in our demo as a way to build the connection? [Take a few responses. Reflect back what you heard.]

Where do you notice a potential concern in The Backgrounder that showed up in the demo? [Take a response or two. Reflect back what you heard.]

How might a Backgrounder be useful to you? [Take one to three responses.]

It's easy to find the information you need to know your policymaker's background and make a backgrounder. Two primary sources are NAMI's Legislative Action Center or the website of your state legislature.

A template with how-to's for finding information is included in your packet.

With a briefing sheet and backgrounder, you have the information you need to know your issue and know your policymaker. Along with your Checklist, you're ready to plan a meeting.
Core Concepts

- There are three main meeting roles: lead, messenger and storyteller
- In a one-on-one meeting, one person fills all three roles
- In a two-on-one meeting, one person fills two roles, the other fills one role

Let’s discuss Meeting Roles (page 9), your next tool. In group meetings with a policymaker, there are generally three roles that we call the "lead," the "messenger" and the "storyteller."

In a **one-on-one meeting**, you take on all roles.

In a **two-on-one meeting** with a policymaker, one person will take on two roles while the other person takes on one role. Or, you can divide up one of the roles. In our demo, we showed how a two-on-one meeting can look.

If you have a **three-on-one** meeting with a policymaker, each person will take on one of the roles. In larger meetings, it is more effective if additional participants serve as valuable "eyes and ears" during the meeting.

If two or more issues will be discussed, however, other participants may take on roles as messengers or storytellers.

Take a moment to review your Meeting Roles sheet. [Give about half a minute to review.]

When you are taking part in a group meeting, consider dividing up roles based on each person’s strengths. A person who has a relevant story and is able to present it concisely may be the best fit for the storyteller role. Other skills may be best suited for the lead role or messenger role.

*What kind of skills or characteristics might be needed in each of the roles?* [Take a quick response or two.]

*How can thinking about roles help you plan an effective meeting?* [Take a quick response or two.]

Before we move on, note that these roles are a “basic recipe” that will help you plan a group meeting. As long as there is agreement beforehand, roles can be modified to suit individual strengths or preferences.
With these tools, it’s time to plan your own practice meeting. Find your six-page **Meeting Script (pages 10-15)**. Take a moment to look it over. [Give participants about half a minute to review.]

Notice that Your **Meeting Script** is divided into the three stages from your checklist.

**The first stage, Make a Connection**, is simple, but it sets the tone for a thoughtful meeting. In a group meeting, the lead is the major speaker.

**The second stage, Deliver your Message**, focuses on the message. The lead person typically initiates the discussion, with the storyteller (and sometimes messenger) adding talking points and a story or personal perspective. This stage also includes the “ask,” or request of an elected official.

If you have more than one issue, repeat the second stage of the meeting for each issue. You can prep for this by filling out a briefing sheet and script for each issue.

**The third stage is** to close on a positive note. This should focus on leaving a fact sheet or legislative packet, thanking the elected official for his or her time and other ways to keep the connection.

To manage our time, the script already includes most of what you will say during our practice session. But, notice that there are some areas that request you to **fill in information indicated by brackets**.

**Over the next 20 minutes**, assume that you will be taking on all three roles in a one-on-one meeting using the issue in The Briefing Sheet.

Focus on the **introduction, showing appreciation, talking points** and **telling your story** sections of your script.

Borrow from the briefing sheet and backgrounder, your fact sheet and other materials as you work. Remember that briefer is often better.

**Warn participants when 10 min left, then when 5 min left.**

[Let participants know that if they finish early, they can revise optional areas of the script or silently run through their script.]
And now, it’s time to practice. Find a partner. If there is one person left over, one group should practice as a group of three.

One person in each group will take on the role of Sen. Walker. After practicing a meeting, you’ll switch roles.

Before you begin, take out a copy of the fact sheet (page 27) to use as a prop and your six-sheet Meeting Script (pages 10-15).

If you have time after practicing, the person playing the policymaker should briefly discuss what was effective and what would help make an even stronger impact. Provide helpful, constructive feedback that gives specific information about what worked—and what could be improved and how.

We’ll take 5 min. for the first round, then I’ll remind you to switch roles and practice another meeting.

Ask participants to switch roles after 5 min.

Stop participants after 10 min.

What surprised you the most or helped you the most in your practice meeting with a policymaker? [Take a couple quick responses.]

Would anyone like to suggest someone who had a strong story component or talking points? [Ask the person identified if they are willing to share their story component or talking points. Take one or two volunteers.]
Optional Section: Now that you’ve practiced a one-on-one meeting, it’s time to practice a more complicated scenario—a **two-on-one meeting**.

**Over the next 5 min, divide up the three meeting roles** with your current partner (neither of you will play the role of the Senator). One of you will take on two roles or you may divide up the Messenger role parts.

**Mark your own script to indicate what roles and remarks you will make in a group meeting.**

If time, consider making edits to your script to reflect the constructive feedback you received earlier.

**Stop participants after 5 min.**
Optional Section: With your partner, find another pair nearby to work with (there may be one trio and pair).

When you’re in your groups, let me know. [Wait until people are in groups to proceed.]

Make sure you have your newly marked Meeting Scripts (pages 10-15) and a fact sheet (page 27) to use as a prop. We will also be using another worksheet, the Constructive Feedback Form for Two-On-One Meeting (page 16).

In your new groups, one pair (or trio) will take on the roles of constituents in a two-on-one meeting.

The other pair (or trio) will play the roles of the Senator and his or her staff. One person should read the script lines for Senator Walker. The remaining person(s) should prepare to provide constructive feedback.

Look at your Constructive Feedback Form for Two-On-One Meeting (page 16). You’ll notice that this form does not cover all aspects of a meeting with a policymaker, but it does capture some of the key areas you are practicing.

The form has a scale, from one to five, with a one indicating an area that could be strengthened, three indicating an area that is works fine and a five indicating an area that is particularly strong or impactful. Participants who are observing the meeting as staff should use the scales to quickly record impressions. Also, use the space below the scales to jot notes about what specifically came across as strong or recommendations for how to strengthen an area.

If you have time after practicing, the people playing staff roles should briefly provide specific comments on what was effective and what would help make an even stronger impact.

We’ll take 5 min. for the first round and then I’ll remind you to switch roles and practice another meeting.

Ask participants to switch roles after 5 min.

Stop participants after 10 min.
**Optional Section:** Please return to your original seats now.

*What did you take away from your two-on-one meeting with a policymaker?*  [Take two or three responses.]

*Would anyone like to suggest someone who had a strong story component or talking points?*  [Ask the person identified if they are willing to share their story component or talking points. Take one or two volunteers.]

*What was effective about the part you just heard?*  [Take two or three responses.]
### The Follow Up
- Writing a thank you...
  - Makes a good impression
  - Gives you another opportunity to advocate

### Core Concepts
- Thank you notes are powerful follow up
- Thank you leaves a positive impression with staff and policymaker

### Optional Section:  
You just learned how to meet with your policymaker and practiced very important skills. But, never underestimate the power of following up. This is true in many life circumstances—and politics is no exception.

Following up is routinely overlooked. This is unfortunate, as following up is not only polite, it leaves a positive impression and gives you another chance to advocate your issue.

Take a quick look at the **Sample Thank You Note (page 17)** in your packets. As you can see, a thank you note gives you an opportunity to remind your policymaker that you met with him or her and another opportunity to make your “ask.” You can even add a fact or detail that you forgot during your meeting or were able to research later.

There are even more benefits to a thank you. **Your thank you will impact more than one person.** Here’s why: A receptionist or staff usually opens the mail. They deal with many invitations and requests, complaints, lobbying pieces, and very long letters. A short thank you note is a pleasing change of pace.

**You have just made a positive impression with a very important person—your policymaker’s receptionist or aide.** It is staff who often manages your policymaker’s schedule and who will convey their opinion of you (and your issue) to your policymaker. They will lay the note out for the policymaker to read.

And, **your thank you note will get filed by a bill number if you mentioned one.** The policymaker will look at his or her bill file before a vote. The correspondence and fact sheets in the file will remind the policymaker of the issue and of the opinions of his or her constituents.

See how much goodwill a simple note can generate and how powerful it can be?
Congratulations!

What did you discover today?

Approx. 5 min
Total time: 1 hr. 55 min
Or
Total time: 2 hr. 25 min

Core Concepts

- Thank you notes are powerful follow up
- Thank you leaves a positive impression with staff and policymaker

What did you take away from this experience today?

Do you feel more prepared to meet with your policymaker? Why?

What was most helpful or impactful for you?

[Take a few responses to each question.]

Thank you all for giving your time and energy to this workshop. Please give yourselves a round of applause for everything you've accomplished today.

Please remember to fill out your post-training evaluation and turn it into (name location or person).

Worksheet: Pre- and Post-Training Evaluation

Helper or Teacher:

- Assist in collecting evaluations
If you would like more information on *NAMI Smarts for Advocacy*, contact your local or state NAMI organization.

[Post slide as presentation concludes.]
Demo: Meeting Your Policymaker
(Two Constituents)

Meeting Stage 1: Make a connection

Introductions

Senator Walker: “Good morning, everyone. Thank you for coming.”

John (Lead): (shakes hand) “Hello, Senator. I’m John Adams from Spring Valley. We’re members of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

We really appreciate your taking the time to meet with us—we know you’re very busy.”

Jenny (Storyteller): (shakes hand) "It’s a pleasure to meet you, Senator. I’m Jenny Jones from Springville."

Senator Walker: “It's a pleasure to have you here. I know NAMI; you’ve always done a great job bringing up mental health issues.”

Show appreciation

John (Lead): "Senator Walker, before we talk about some important issues affecting your constituents who live with mental illness, we'd like you to know that we appreciate your many years of service in our legislature."

Senator Walker: “Thank you, I've spent twelve years in public office, now."

Jenny (Storyteller): "We also appreciate that, as a doctor, you value the health of your constituents and have provided important leadership on the Medicaid Health Plan and health care issues in our state."

Senator Walker: "Well, I've seen too many people in emergency rooms with issues that could have been prevented for pennies, including a lot of people who needed mental health care."

Issue and position

John (Lead): "I’m glad you mentioned that, Senator. We’re here because we want to urge you to support mental health services in HB 39, the mental health budget.”
Meeting Stage 2: Deliver your message

The need or problem

John (Lead): “More families than ever are seeking help from our mental health centers. But with budget cuts, people can’t get the mental health services they need.”

Senator Walker: “I’ve always been a supporter of mental health; I was a co-sponsor on NAMI’s parity bill. But, it’s going to be an extremely tight budget this year. There are serious revenue shortfalls and we’re still figuring out where we can find savings. We’ve got to get spending under control.”

Talking points

John (Lead): “We understand, Senator. It’s going to be challenging, but the people of our state deserve the opportunity to be productive and healthy. To have that opportunity, they need access to mental health care.

Also, if we don’t protect mental health services, it’s going to cost us more in other places. When our children can’t get help for mental health conditions, they fall behind in school and families struggle.

When adults can’t get treatment, costs shift to jails, emergency rooms and hospitals.”

Senator Walker: “Isn’t that the truth. Like that kid involved in that police shooting—they’re saying he has a mental illness. I can’t believe those parents of his didn’t do something before a tragedy happened.”

Story

Jenny (Storyteller): “Yes, there’s a lot of speculation around that. I just wish the media would talk about stories of recovery, like mine, instead of focusing on sensational news.

I’m here because my life is affected by mental illness. My son, Andy, lives with bipolar disorder and I can tell you that treatment can make the difference between despair and recovery. Today, Andy’s living on his own, working as an artist and making me proud. I never thought I’d see him experience this kind of recovery.

But, it wasn’t always that way. Before he got the treatment he needs, I saw him in the back of police cars and held him in my arms after a suicide attempt. No child should have to go through this.”

Senator Walker: “I really appreciate your story, Jenny, and I’m so happy to hear your son is doing well. Is Andy showing his art anywhere?”

Talking points

Jenny (Storyteller): “Yes, a gallery is representing him. But, what I’m worried about is that there are thousands of others in our state just like my son, except most don’t get the help they need.
More than one in ten youth and about one in seventeen adults lives with a serious mental illness, so it’s more common than most people think. Many of our returning service men and women are experiencing mental illness, too.”

**What will help others**

**Jenny (Storyteller):** “We need more mental health services, not fewer. It’s an investment in health and productivity. If people can get the right care at the right time, they can be successful, like my son.”

**The “ask”**

**John (Lead):** “The people of our state need your vote to protect mental health care. Can we count on your support of HB 39, Senator?”

**Senator Walker (standing):** “You’ve both made some excellent points and I’ll keep them in mind. I know how important mental health services are and I’ll think about this as we’re working on the budget.”

**Meeting Stage 3: Close on a positive note**

**Say thank you**

**John (Lead):** (shakes hand) “Thank you so much, Senator Walker. We appreciate you taking the time to hear about our issues.”

**Provide information**

**Jenny (Storyteller):** "Thank you for meeting with us, Senator. We know your time is limited, so we’d like to leave you with this packet that contains a fact sheet and NAMI’s other legislative priorities. We hope we can count on your support for them."

**Offer to be a resource**

**John (Lead):** “Please know that we’d welcome the opportunity to be a resource to you in the future. We’d also like to follow up and see how you intend to vote on our issues.”

**Senator Walker:** "Certainly. Please give my staff your contact information before you leave so they can get hold of you.”

**Make a request**

**Jenny (Storyteller):** (shakes hand) "Thank you, Senator. If you have time, we would be honored if you would have your picture taken with us for our newsletter."

**Senator Walker:** "I think I can take a moment for a picture. And please tell Andy "hello" for me, will you?"

**Jenny (Storyteller):** "Of course, Senator. Thank you. That will make his day."
## Checklist for Meeting Your Policymaker

### Prep for success

<table>
<thead>
<tr>
<th>Prep for success</th>
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<tbody>
<tr>
<td><strong>Know your issue.</strong> Identify your issue, describe the problem, your talking points, your story, the solution and your “ask.” Use a briefing sheet to organize info.</td>
</tr>
<tr>
<td><strong>Know your policymaker.</strong> Read your policymaker’s bio and press releases or newsletter. Find out what committees they are on and their interests.</td>
</tr>
<tr>
<td><strong>Plan your meeting.</strong> If meeting as part of a group, identify roles and coordinate what you will say. A group of two is often the most effective.</td>
</tr>
<tr>
<td><strong>Use person-first language.</strong> Emphasize the person, not the illness (e.g., person living with schizophrenia). Avoid negative terms like “suffering.” Use positive concepts, like recovery, to promote empathy.</td>
</tr>
<tr>
<td><strong>Manage spin.</strong> Don’t get caught up in side issues. Practice bringing the focus back to where it belongs—on people living with mental illness.</td>
</tr>
<tr>
<td><strong>Expect resistance.</strong> Don’t argue. Anticipate challenging comments and questions and practice positive responses. Use facts to support your statements, if possible.</td>
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### Stage 1 of Meeting: Make a connection

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>✓ <strong>Introduce yourself</strong></td>
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<tr>
<td><strong>Address your policymaker by their elected title.</strong> Add their last name, if you like.</td>
</tr>
<tr>
<td><strong>Give your name and city or town.</strong> Include your organization. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”</td>
</tr>
<tr>
<td>✓ <strong>Show appreciation</strong></td>
</tr>
<tr>
<td><strong>Thank your policymaker for his or her time.</strong></td>
</tr>
<tr>
<td><strong>Option: Mention something positive your policymaker has done.</strong> This can be his or her length of service, leadership on an issue or a previous vote, for example.</td>
</tr>
<tr>
<td><strong>Option: Touch on a shared interest or connection.</strong></td>
</tr>
<tr>
<td>✓ <strong>State your issue and position</strong></td>
</tr>
<tr>
<td><strong>Describe your issue.</strong> Indicate the position or action you would like your policymaker to take.</td>
</tr>
<tr>
<td><strong>Stage 2 of Meeting: Deliver your message</strong></td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>✓ What is the need or problem?</td>
</tr>
<tr>
<td>Mention the problem or need you want addressed. Transition to the challenge(s) faced by people living with mental illness.</td>
</tr>
<tr>
<td>✓ Add talking points</td>
</tr>
<tr>
<td>Make your points. Talk concisely about the impact of the issue or bill and/or why the bill is needed.</td>
</tr>
<tr>
<td>✓ Tell your story</td>
</tr>
<tr>
<td>Share your story. Describe how you are affected by mental illness. Briefly add highlights of your story that are relevant to the issue.</td>
</tr>
<tr>
<td>✓ What will help others?</td>
</tr>
<tr>
<td>Propose a solution. Let your policymaker know what will help address the need or problem you described.</td>
</tr>
<tr>
<td>✓ Make your “ask”</td>
</tr>
<tr>
<td>Ask your policymaker if you can count on their support (or opposition). Be specific about the action or position you want them to take. Include a bill number, if possible.</td>
</tr>
<tr>
<td>✓ Optional: Repeat for additional issues</td>
</tr>
<tr>
<td>Describe your next issue. Repeat the process of giving talking points, describing the need or problem, the solution and your “ask.” Focus on no more than three issues in a meeting.</td>
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<table>
<thead>
<tr>
<th><strong>Stage 3 of Meeting: Close on a positive note</strong></th>
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<tbody>
<tr>
<td>✓ Say thank you</td>
</tr>
<tr>
<td>Thank your policymaker. Let your policymaker know you appreciate their time and attention.</td>
</tr>
<tr>
<td>✓ Optional: Provide information</td>
</tr>
<tr>
<td>Leave a fact sheet. If possible, provide a fact sheet, legislative packet or summary of your issue(s) or bill(s). Ask for support on your other issues, if applicable. Also, provide information on your organization and its programs.</td>
</tr>
<tr>
<td>✓ Optional: Offer to be a resource</td>
</tr>
<tr>
<td>Be helpful. Let your policymaker know you are willing to serve as a resource on mental health issues.</td>
</tr>
<tr>
<td>Optional: Make a request</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Request a picture or extend an invitation.</strong> Ask your policymaker to pose for a group photo or ask him/her to visit a local program or event, like the NAMI Walk.</td>
</tr>
<tr>
<td>Follow up</td>
</tr>
<tr>
<td><strong>Send a thank you note.</strong> A hand-written thank you note is not only polite, it will leave a positive impression and allows you to <em>repeat your ask.</em></td>
</tr>
<tr>
<td><strong>Check back regarding position.</strong> Write, call or email a polite inquiry a week or two after your meeting.</td>
</tr>
<tr>
<td><strong>If applicable: Follow through on a request.</strong> If your policymaker asks for additional information, follow up immediately. If you do not have the answer, ask NAMI or your NAMI State Organization for assistance.</td>
</tr>
</tbody>
</table>
### The Briefing Sheet

A "briefing sheet" is a tool to prep for meetings with policymakers; it is **not appropriate to leave behind**. Provide elected officials or staff with separate fact sheets or materials outlining legislative priorities.

<table>
<thead>
<tr>
<th>The issue</th>
<th>The “ask”</th>
<th>The need or problem, talking points and solution</th>
<th>Committee and sponsors</th>
</tr>
</thead>
</table>
| **House Bill 39**  | Vote to protect mental health services in HB 39 | **The need or problem:** More individuals and families than ever are seeking help from our mental health centers. But with budget cuts, people can’t get the mental health services they need. **Talking Points:**  
  - People deserve the opportunity to be productive and healthy. To have that opportunity, they need access to care.  
  - When children can’t get help for mental health conditions, they often fall behind in school and families struggle.  
  - When adults can’t get treatment, costs shift to jails, emergency rooms and hospitals.  
  - More than one in ten youth and about one in seventeen adults live with a serious mental illness, so it’s common.  
  - Thousands of men and women who’ve served our country experience mental illness.  
  - When people get the right care at the right time, they can be successful and experience recovery.  
  - Mental health care is an investment in health and productivity.  
|                    |                                    | **The solution (what will help):** Preserving mental health funding will ensure that mental health services are there when people need them. | Joint Ways & Means Committee  
Co-Chair Sen. Johnson Co-Chair Rep. Mark  
Human Services Subcommittee  
Co-Chair Sen. Greenly Co-Chair Rep Henry  
No sponsor—agency budget bill |
# The Backgrounder

<table>
<thead>
<tr>
<th>Elected official</th>
<th>Committee assignments</th>
</tr>
</thead>
</table>
| **Senator David Walker, M.D.**  
D-Spring Valley  
First elected to Senate in 2004  
Deputy Majority Leader | **Ways & Means**  
Co-Chair, Ways & Means Subcommittee on Human Services |

<table>
<thead>
<tr>
<th>Contact info</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 900 Court St NE, S-205  
Salem, OR 97301  
**Phone** (503) 555-5555  
**Email** sen.dwalker@somewhere.state.us  
**Website** www.walker4ever.com |  
- Strong proponent of expansion of health care coverage  
- Concerned about reining in health care costs |

<table>
<thead>
<tr>
<th>Personal info</th>
<th>Bio</th>
</tr>
</thead>
</table>
| **Marital Status:** Married to April  
**Residence:** Spring Valley, Oregon  
**Occupation:** Doctor  
**Previous Political Experience:** Oregon House of Representatives, 2000-2004  
**Education:** BA, Oregon State University, 1969  
DO, College of Medicine, Richmond, Virginia, 1973  
**Birthdate:** August 2, 1946  
**Religion:** Protestant |  
- Enlisted in the US Army and served one tour of duty in Vietnam  
- Attended medical school at the College of Medicine  
- In private practice in rural Spring Valley for the last 30 years  
- Former Chief of Medicine at Deep Valley Medical Center  
- Served three terms on the Spring Valley School Board  
- Governor's Quality in Education Task Force  
- Appointed to the Health Services Commission in 1989, which was instrumental in designing the Oregon Health Plan. |

Where do you see potential areas of connection or shared interest?

Do you see or know of any potential concerns or areas of resistance to your issue?
Meeting Roles

Before your group meeting, determine what role each participant will play. Note: Role descriptions are suggestions; refer to your Meeting Your Policymaker checklist and make sure a participant is identified for each part you expect to cover.

<table>
<thead>
<tr>
<th>Role descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead</strong></td>
</tr>
<tr>
<td>− Introduces self or the group</td>
</tr>
<tr>
<td>− Introduces issue and position</td>
</tr>
<tr>
<td>− Makes the &quot;ask&quot;</td>
</tr>
<tr>
<td>− Closes the meeting</td>
</tr>
<tr>
<td><strong>Messenger</strong></td>
</tr>
<tr>
<td>− Gives talking points</td>
</tr>
<tr>
<td>− Describes the need or problem</td>
</tr>
<tr>
<td>− Describes the solution</td>
</tr>
<tr>
<td>− Gives legislative packet at meeting close</td>
</tr>
<tr>
<td><strong>Storyteller</strong></td>
</tr>
<tr>
<td>− Adds highlights of personal story or local perspective of issue's impact</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Size of meeting</th>
<th>Division of roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One-on-one meeting</strong></td>
<td>You will take on all three roles above.</td>
</tr>
<tr>
<td><strong>Two-on-one meeting</strong></td>
<td>One person in your group will take on two of the roles; the other person will take on one role.</td>
</tr>
<tr>
<td>(two constituents and policymaker)</td>
<td></td>
</tr>
<tr>
<td><strong>Three-on-one meeting</strong></td>
<td>Each person in your group will take on one of the roles above.</td>
</tr>
<tr>
<td>(three constituents and policymaker)</td>
<td></td>
</tr>
<tr>
<td><strong>Group of four or more</strong></td>
<td>Three people in the group should take on one role each. Other participants should serve as “eyes and ears” during the meeting. Note: If there are two or three issues to discuss, participants may switch roles for second and third issue, if desired.</td>
</tr>
</tbody>
</table>
Meeting Script

Instructions: Fill in information indicated by brackets. Focus on the introduction, showing appreciation, your talking points and your story. If you have time, you may restate other parts of the script in your own words.

Group meeting instructions: Plan what you will each say in your selected roles. Determine how you will signal each other or what you will say to transition from one person and stage of the meeting to another.

**Issue and position: Protect mental health services in HB 39**

### Stage 1 of Meeting: Make a connection

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Introduce yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policymaker (Sen. Walker)</td>
<td>Welcome--thank you for coming to see me. I always like to see my constituents.</td>
</tr>
<tr>
<td>Lead</td>
<td>Hello, Senator.</td>
</tr>
<tr>
<td></td>
<td>I’m [your name]</td>
</tr>
<tr>
<td></td>
<td>and I’m a constituent from [town or city you live in].</td>
</tr>
<tr>
<td></td>
<td>I’m a member of [NAMI State Org or NAMI Affiliate],</td>
</tr>
<tr>
<td></td>
<td>part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.</td>
</tr>
</tbody>
</table>

Optional: If another participant

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Introduce yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional: If another participant</td>
<td>Hello, Senator.</td>
</tr>
<tr>
<td></td>
<td>I’m [your name]</td>
</tr>
<tr>
<td></td>
<td>and I’m from [town or city you live in].</td>
</tr>
</tbody>
</table>

| Policymaker (Sen. Walker)     | It's a pleasure to have you here. I know NAMI--your organization does a great job of bringing up mental health issues. |
| Role | Script: Show appreciation  
Fill in information indicated by brackets. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>[In two or three sentences, thank your policymaker for his/her time. Show appreciation for something your policymaker has done. Or, touch on a shared interest or connection. Tip: Use your backgrounder.]</td>
</tr>
</tbody>
</table>

Policymaker  
(Sen. Walker)  
I certainly appreciate your comments. So, tell me what brings you to my office today.

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Issue and position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Senator, I’m here because I want to urge you to protect mental health services in HB 39, the mental health budget.</td>
</tr>
</tbody>
</table>

**Stage 2 of Meeting: Deliver your message**

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: The need or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messenger</td>
<td>More families than ever are seeking help from our mental health centers. But with budget cuts, people can’t get the mental health services they need.</td>
</tr>
<tr>
<td>Role</td>
<td>Script: Talking points</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Messenger</strong></td>
<td>[Provide a series of brief talking points. Use points from the Briefing Sheet or use your fact sheet to create your own.]</td>
</tr>
<tr>
<td><strong>Policymaker</strong> (Sen. Walker)</td>
<td>I’ve always been a supporter of mental health. But, it’s going to be an extremely tight budget this year. There are serious revenue shortfalls and we’re still figuring out where we can find savings. We’ve got to get spending under control.</td>
</tr>
</tbody>
</table>
| Role | Script: Add your story  
| Fill in information indicated by brackets. |
|------|---------------------------------------------------------------|
| **Storyteller** | Senator, your support would mean a lot.  
[Describe how you are affected by mental illness. Add highlights of your story that are relevant to the issue.] |
| **Policymaker**  
(Sen. Walker) | Thank you for sharing your story. It is stories like yours that help illustrate the need for mental health care. Unfortunately, it is going to be a difficult year to find resources. |
| **Role** | Script: What will help others (the solution) |
| **Messenger** | Preserving mental health funding will mean that mental health services are there when people need them. It’s an investment in health and productivity. |
### Stage 3 of Meeting: Close on a positive note

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Make your “ask”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead</strong></td>
<td>The people of our state need your vote to protect mental health care. Can we count on your support of HB 39, Senator?</td>
</tr>
<tr>
<td><strong>Policymaker (Sen. Walker)</strong></td>
<td>You’ve made some excellent points today and I’ll keep them in mind as we’re working on the budget. I know how important mental health services are.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Say thank you</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead</strong></td>
<td>Thank you so much, Senator Walker. I appreciate you taking the time to hear about NAMI’s issues.</td>
</tr>
<tr>
<td><strong>Optional: If another participant</strong></td>
<td>Thank you for meeting with us today, Senator Walker. We appreciate it.</td>
</tr>
<tr>
<td><strong>Policymaker (Sen. Walker)</strong></td>
<td>It was a pleasure to meet with you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Provide information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Messenger</strong></td>
<td>I’d like to leave you with this fact sheet for your files and a copy of our brochure. We have programs that offer support for individuals and families who are living with mental illness.</td>
</tr>
<tr>
<td>Role</td>
<td>Script: Offer to be a resource</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Lead</strong></td>
<td>I’d also like you to know that NAMI would be happy to serve as a resource to you on mental health issues in the future.</td>
</tr>
<tr>
<td><strong>Policymaker</strong> (Sen. Walker)</td>
<td>Certainly. Please give my staff your contact information before you leave so we can get hold of you.</td>
</tr>
<tr>
<td><strong>Role</strong></td>
<td><strong>Script: Make a request</strong></td>
</tr>
<tr>
<td><strong>Storyteller</strong></td>
<td>Senator, if you have time, I would be honored if you would have your picture taken for our newsletter.</td>
</tr>
<tr>
<td><strong>Policymaker</strong> (Sen. Walker)</td>
<td>Of course, I’d be happy to take a picture. Thank you, again, for meeting with me.</td>
</tr>
</tbody>
</table>
Constructive Feedback Form for **Two-On-One Meeting**

In the space below each scale, identify where the **meeting was strong** or what would **strengthen the meeting**. Note: Feedback sheet includes only selected parts of a meeting with a policymaker.

<table>
<thead>
<tr>
<th>Stage 1 of Meeting: Make a connection</th>
<th>Introductions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Could be strengthened</td>
<td>Works fine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2 of Meeting: Deliver your message</th>
</tr>
</thead>
<tbody>
<tr>
<td>The need or problem</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

| Talking points                          |
| 1                                       | 2             | 3             | 4             | 5             |

| Your story                              |
| 1                                       | 2             | 3             | 4             | 5             |

| Make your "ask"                         |
| 1                                       | 2             | 3             | 4             | 5             |

| Stage 3 of Meeting: Close on a positive note |
| Make a request                           |
| 1                                       | 2             | 3             | 4             | 5             |
Sample Thank You Note

[Date]

Greeting

Dear Senator Walker:

Thank you

Thank you so much for meeting with me on May 30th to discuss the state mental health budget. As I mentioned in our meeting, access to mental health treatment makes a tremendous difference.

Request

I hope I can count on your support to preserve mental health services in HB 39.

Supporting detail

These services provide treatment and the opportunity for recovery for over 137,000 adults and 39,000 youth in Oregon who live with serious mental health conditions.

Thank you

Thank you for your attention to mental health funding.

Closing

Sincerely,

John Adams, President
NAMI Springville
5555 SW Green St.
Springville, OR 97999
(555) 555-5555
jadams@namispringville.org
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Greeting</td>
</tr>
<tr>
<td></td>
<td>The greeting should include the elected title of an official and his or her last name.</td>
</tr>
<tr>
<td>✓</td>
<td>Thank you</td>
</tr>
<tr>
<td></td>
<td>Thank your elected official for the opportunity to meet with you or your group. Include a few brief details of who you are, the issue(s) you discussed and on what date.</td>
</tr>
<tr>
<td>✓</td>
<td>Request</td>
</tr>
<tr>
<td></td>
<td>Politely restate your key “ask” or request for action or position. If known, add specific bill number.</td>
</tr>
<tr>
<td>✓</td>
<td>(Optional): Supporting detail</td>
</tr>
<tr>
<td></td>
<td>Add or repeat a fact, data, detail or talking point that supports your position.</td>
</tr>
<tr>
<td>✓</td>
<td>(Optional): Invitation</td>
</tr>
<tr>
<td></td>
<td>If you like, extend an invitation to attend your NAMIWalk, visit a Connection support group, local program, etc.</td>
</tr>
<tr>
<td>✓</td>
<td>Thank you</td>
</tr>
<tr>
<td></td>
<td>Thank your elected official for his or her work on behalf of constituents who live with mental illness.</td>
</tr>
<tr>
<td>✓</td>
<td>Closing</td>
</tr>
<tr>
<td></td>
<td>Respectful closing (e.g. Sincerely), signature (if mailed) and contact information. Include your printed name, organization, address, phone number and email address.</td>
</tr>
</tbody>
</table>
The Briefing Sheet Template

**Finding information**
- Consult your NAMI State Organization for the information you need. If information is not available, consider the following sources:
- Look up the bill on your legislature’s website for information on committee assignment and sponsors or call the legislature’s information line.
- Consider using NAMI fact sheets on the web at www.nami.org or other reputable sources for facts to use in talking points.
- Your “ask” should be in alignment with NAMI’s policy platform at www.nami.org and your NAMI State Organization’s position.

<table>
<thead>
<tr>
<th>The issue</th>
<th>The “ask”</th>
<th>The need or problem, talking points and solution</th>
<th>Committee and sponsors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The need or problem:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Talking Points:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The solution (what will help):</td>
<td></td>
</tr>
</tbody>
</table>
The Backgrounder Template

For basic information:
• Go to www.nami.org/advocacy, enter your zip code
• Click on your state policymaker’s name
• Click on the Bio tab for basic information
• Click on the Committee tab for info about committees
• Click on the Contact tab for a link to policymaker’s website

Options for more information:
• Visit your policymaker’s website for more information
• Visit www.votesmart.org/officials
• Google your policymaker’s name

<table>
<thead>
<tr>
<th>Elected official</th>
<th>Committee assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact info</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal info</th>
<th>Bio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Meeting Script Template

**Instructions:** Identify your issue and position. Plan **what you will say** in the "Script" portion of the template below.

**Group meeting instructions:** Plan what you will each say **in your selected roles**. Determine how you will signal each other or what you will say to transition from one person and stage of the meeting to another.

<table>
<thead>
<tr>
<th>Issue and position:</th>
</tr>
</thead>
</table>

## Stage 1 of Meeting: Make a connection

### Script: Introduce yourself

Address your policymaker by their elected title. Add their last name, if you like.

**Give your name and city or town.** Include your organization. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Introduce yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td><strong>Address your policymaker by their elected title. Add their last name, if you like.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Give your name and city or town.</strong> Include your organization. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”</td>
</tr>
</tbody>
</table>

**Optional: If other participant(s)**
<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Show appreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In two or three sentences, thank your policymaker for his/her time. Show appreciation for something your policymaker has done. Or, touch on a shared interest or connection. Tip: Use your backgronder.</td>
</tr>
</tbody>
</table>

| Lead |  |
|------|  |

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Issue and position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Describe your issue. Indicate the position or action you would like your policymaker to take.</td>
</tr>
</tbody>
</table>

| Lead |  |
|------|  |

**Stage 2 of Meeting: Deliver your message**

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: The need or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mention the problem or need you want addressed. Transition to the challenge(s) faced by people living with mental illness.</td>
</tr>
</tbody>
</table>

<p>| Messenger |  |
|-----------|  |</p>
<table>
<thead>
<tr>
<th>Role</th>
<th>Script: Talking points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messenger</td>
<td><strong>Make your points.</strong> Talk concisely about the impact of the issue or bill and/or why the bill is needed. Use points from your Briefing Sheet, if possible.</td>
</tr>
<tr>
<td>Role</td>
<td>Script: Add your story</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Storyteller</td>
<td>Describe how you are affected by mental illness. Add highlights of your story that are relevant to the issue.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Script: What will help others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messenger</td>
<td>Propose a solution. Let your policymaker know what will help address the need or problem you described.</td>
</tr>
</tbody>
</table>
| Role | Script: Make your “ask”  
Ask your policymaker if you can count on their support (or opposition). Be specific about the action or position you want them to take. Include a bill number, if possible. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Lead</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Stage 3 of Meeting: Close on a positive note</strong></td>
</tr>
</tbody>
</table>
| Role | Script: Say thank you  
Thank your policymaker. Let your policymaker know you appreciate their time and attention. If you like, mention that you will be following up.                                                                                       |
<p>|      | <strong>Lead</strong>                                                                                                                                                                                                                                                     |
|      |                                                                                                                                                                                                                                                                      |
|      | <strong>Optional: If other participant(s)</strong>                                                                                                                                                                  |
|      |                                                                                                                                                                                                                                                                      |</p>
<table>
<thead>
<tr>
<th>Role</th>
<th>(Optional) Script: Provide information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Messenger</td>
<td>Leave a fact sheet. If possible, provide a fact sheet, legislative packet or summary of your issue(s) or bill(s). Ask for support on your other issues, if applicable. Also, provide information on your organization and its programs.</td>
</tr>
<tr>
<td>Lead</td>
<td>(Optional) Script: Offer to be a resource</td>
</tr>
<tr>
<td></td>
<td>Be helpful. Let your policymaker know you are willing to serve as a resource on mental health issues.</td>
</tr>
<tr>
<td>Storyteller</td>
<td>(Optional) Script: Make a request</td>
</tr>
<tr>
<td></td>
<td>Request a picture or extend an invitation. Ask your policymaker to pose for a group photo or ask him/her to visit a local program or event, like the NAMI Walk.</td>
</tr>
<tr>
<td>Mental Health by the Numbers (rev. Sept 2018)</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>44 million adults</strong> have a mental health condition*</td>
<td></td>
</tr>
<tr>
<td><strong>105.6 million people</strong> live in a mental health professional shortage area*</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia usually develops early in life and costs the U.S. economy an estimated $155.7 billion a year*</td>
<td></td>
</tr>
<tr>
<td>Depression is the #1 leading cause of disability in the world and mental illness costs Americans $193.2 billion in lost earnings per year*</td>
<td></td>
</tr>
<tr>
<td>1 American dies by suicide every 12 minutes*</td>
<td></td>
</tr>
</tbody>
</table>

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NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Join our movement at nami.org/policy.

*References can be found at www.nami.org/policystats.
### Mental Health Conditions Among Adults

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of Adults</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>48.1 million</td>
<td>Persistent, excessive fear or worry in situations that are not threatening.</td>
</tr>
<tr>
<td>Major depression</td>
<td>17.1 million</td>
<td>Changes in mood, sleep, appetite, concentration and energy.</td>
</tr>
<tr>
<td>Attention deficit hyperactivity disorder (ADHD)</td>
<td>10 million</td>
<td>Characterized by inattention, hyperactivity and impulsivity.</td>
</tr>
<tr>
<td>Post-traumatic stress disorder (PTSD)</td>
<td>9.1 million</td>
<td>Changes in sleep, thinking, and mood, and can include symptoms such as intrusive memories, hypervigilance and outbursts of anger.</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>7.1 million</td>
<td>Dramatic shifts in mood and energy, such as periods of mania and depression, and can also include symptoms of psychosis, such as delusions.</td>
</tr>
<tr>
<td>Borderline personality disorder (BPD)</td>
<td>3.5 million</td>
<td>Difficulty regulating emotions and instability in behavior, self-image and functioning, impulsive actions and unstable relationships.</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1.6 million</td>
<td>A condition characterized by an interruption of a person’s thought processes, perceptions and emotional responses. Symptoms may include psychosis, delusions, hallucinations, reduced emotional expressiveness and disorganized thinking.</td>
</tr>
</tbody>
</table>

#### Key Statistics

- **12.8 million adults live with a severe mental illness.**
- **1 in 5 Americans has a mental health condition.**

Discover more at [nami.org/policy](http://nami.org/policy).
Guide to Finding Facts

Fact sheets and other information are downloadable from NAMI at www.nami.org/stateadvocacy and www.nami.org/elections.

Searching the Web sites of other organizations and agencies can also be very helpful. Here is a sampling of some good websites or publications:

**Children’s Mental Health**

**National Business Group on Health**
An Employer's Guide to Child and Adolescent Mental Health

**NAMI's Child and Adolescent Action Center**
http://www.nami.org/caac

**National Center for Children in Poverty** (children’s mental health)
http://www.nccp.org/
(Select Publications—by topic—children’s mental health)

**National Center for Mental Health and Juvenile Justice** (juvenile justice)
Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System
http://www.modelsforchange.net/publications/148

**Criminal Justice**

**Criminal Justice/Mental Health Consensus Project**
http://consensusproject.org/

**Reentry Policy Council**
http://reentriypolicy.org/

**Economic and Health Impacts**

**National Business Group on Health**
An Employer’s Guide to Behavioral Health Services
http://www.businessgrouphealth.org/pdfs/fullreport_behavioralHealthservices.pdf

**The Milken Institute**
The Economic Burden of Chronic Disease (State Fact Sheets)

**Housing**

**Corporation for Supportive Housing**
www.csh.org

**National Alliance to End Homelessness**
http://www.endhomelessness.org/

**Technical Assistance Collaborative**
http://www.tacinc.org
Finding Facts Continued

**Medicaid and the Uninsured**
Kaiser Foundation on Medicaid and the Uninsured
www.kff.org

Kaiser Family Foundation State Health Facts
http://www.statehealthfacts.org/

**Research and Statistics**
National Institute of Mental Health Science News

National Institute of Mental Health
Statistics (select tabs on prevalence, cost, disability and suicide)

**State Mental Health Revenue and Expenditures**
NRI Inc. (National Association of State Mental Health Program Directors Research Institute)
http://www.nri-inc.org/projects/Profiles/Prior_RE.cfm

**Suicide**
America Association of Suicidology
http://www.suicidology.org/web/guest/stats-and-tools
## Basic Strategies for Shaping the Dialogue

<table>
<thead>
<tr>
<th></th>
<th>Use person-first language</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>Use person-first language</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Emphasize the person</strong>, not the illness. Avoid terms like “suffering.” Use positive concepts, like recovery, to promote empathy.</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Use “people [or person] living with mental illness,” rather than “the mentally ill, people with brain disorders, or people suffering with mental illness.”</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td><strong>Manage spin</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Don’t take the bait.</strong> Avoid getting trapped in other issues. Practice bringing the focus back to where it belongs—on people living with mental illness.</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td><strong>Expect resistance</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Provide facts.</strong> Present relevant facts as a way to help inform opinions.</td>
</tr>
<tr>
<td></td>
<td><strong>A negative opinion:</strong> Supportive housing is too expensive.</td>
</tr>
<tr>
<td></td>
<td><strong>Using a fact in response:</strong> Supportive housing significantly reduces shelter use, hospitalization and involvement with the criminal justice system.</td>
</tr>
<tr>
<td></td>
<td><strong>Don’t argue.</strong> Anticipate challenging comments and questions and practice positive responses. Start by acknowledging the concern.</td>
</tr>
<tr>
<td></td>
<td><strong>A concern:</strong> We have to balance the budget and we’re not going to raise taxes. Everything, including mental health, needs to take its share of cuts.</td>
</tr>
<tr>
<td></td>
<td><strong>Sample responses:</strong></td>
</tr>
<tr>
<td></td>
<td>• I know the budget is tight, but when children and adults get the right mental health care at the right time, they get better and stand a real chance of leading independent and productive lives.</td>
</tr>
<tr>
<td></td>
<td>• I understand that these are tough economic times, but mental illness doesn’t go away in bad times. In fact, more people than ever need help. Services should be there when they are needed the most. It’s an investment that stabilizes families, businesses and communities.</td>
</tr>
<tr>
<td></td>
<td>• I know that tough times require tough choices, but children and adults who live with serious mental illness rely on Medicaid and public mental health programs for treatment and supports. Budget cuts pull the rug out from them. Stable funding is needed to provide services that maintain recovery. Mental health is the last place we should cut.</td>
</tr>
</tbody>
</table>
Common Greetings

The following are common greetings that will help you properly address elected officials.

<table>
<thead>
<tr>
<th>Official</th>
<th>Address</th>
<th>Greeting for Letter or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor</td>
<td>The Honorable (Full Name) Governor of (State) (Office Address)</td>
<td>Dear Governor (Last Name)</td>
</tr>
<tr>
<td>State Senator</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Senator (Last Name)</td>
</tr>
<tr>
<td>State Representative</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Representative (Last Name)</td>
</tr>
<tr>
<td>State Assemblyman</td>
<td>The Honorable (Full Name) (Office Address)</td>
<td>Dear Assemblyman or Assemblywoman (Last Name)</td>
</tr>
<tr>
<td>U.S. Senator</td>
<td>The Honorable (Full Name) United States Senate (Senate Office Building)</td>
<td>Dear Senator (Last Name)</td>
</tr>
<tr>
<td></td>
<td>Washington, D.C. (zip)</td>
<td></td>
</tr>
<tr>
<td>U.S. Representative</td>
<td>The Honorable (Full Name) House of Representatives (House Office Building)</td>
<td>Dear Representative or Congressman or Congresswoman</td>
</tr>
</tbody>
</table>
How to Contact Elected Officials

The following are several options for contact information for elected officials.

<table>
<thead>
<tr>
<th>✓</th>
<th>NAMI Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take advantage of NAMI’s Legislative Action Center.</td>
<td></td>
</tr>
<tr>
<td>• Go to <a href="http://www.nami.org/advocacy">www.nami.org/advocacy</a></td>
<td></td>
</tr>
<tr>
<td>• Enter your zip code under “Find your elected officials” to get links to phone numbers, addresses, and email addresses for your state and federal officials.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Web Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search the Web for your state’s legislature or general assembly. When there, find out how to get to contact pages or a Find Your Legislator page.</td>
<td></td>
</tr>
<tr>
<td>Note your policymakers’ contact information in an easy-to-find place, like next to your phone or computer. Put your policymakers’ email addresses into your email contacts.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>✓</th>
<th>Legislative Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some legislatures print handy legislative guides with maps, pictures of policymakers, contact info, and useful information. Where available, these are often free or very reasonably priced and a “trade secret” of lobbyists.</td>
<td></td>
</tr>
</tbody>
</table>
My Commitment

Today, I learned and practiced how to advocate effectively with elected officials. Now, I commit to act.

In the next 48 hours, I will:

“How wonderful it is that nobody need wait a single moment before starting to improve the world.”—Anne Frank

In the next week, I will:

“Act as if what you do makes a difference. It does.” —William James

Over the next three months, I will:

“Knowing is not enough; we must apply. Willing is not enough; we must do.” —Goethe
NAMI Smarts for Advocacy
Meeting Your Policymaker Evaluation

Trainer’s Name: ___________________________ Date of Training: ____________

Location of Training (City & State): ___________________________________________

My Name (optional, but preferred): ____________________________________________

1. Overall, my knowledge and skill level in meeting with my policymaker is...

   Before the training: (Circle your rating)
   After the training: (Circle your rating)

   1  2  3  4  5  6  7  8  9  10
   None   Some   Good   Excellent

   1  2  3  4  5  6  7  8  9  10
   None   Some   Good   Excellent

2. Overall, my level of confidence in meeting with my policymaker is...

   Before the training: (Circle your rating)
   After the training: (Circle your rating)

   1  2  3  4  5  6  7  8  9  10
   None   Some   Good   Excellent

   1  2  3  4  5  6  7  8  9  10
   None   Some   Good   Excellent

3. What did you learn that was most meaningful or helpful to you today?

4. Where do you plan to use what you learned and practiced? Or, what will you do differently as a result of this training?

5. What comments, if any, do you have about this training?

6. NAMI seeks to support the entire community. To help us track how we are doing and for funding purposes, please check all that apply.

   I am: [ ] American Indian or Alaska Native
   [ ] Asian American
   [ ] Black or African American
   [ ] Hispanic or Latino
   [ ] Native Hawaiian, Pacific Islander
   [ ] White
   [ ] Multiracial
   [ ] Other: ___________________________

   [ ] Person living with a mental illness
   [ ] Family of adult living with a mental illness
   [ ] Parent or legal guardian of minor-aged child living with a mental illness
   [ ] Mental health service provider, including peer provider
   [ ] Other mental health advocate
   [ ] Military service member, veteran or military family member
   [ ] Other: ___________________________
Hello everyone. Welcome to the NAMI Smarts for Advocacy workshop, *Medication: Protecting Choice*, part of NAMI’s grassroots advocacy series. My name is [name] and I will be facilitating your learning today. And helping us today is [name].

During this workshop, we’ll talk about mental health medications as an important part of many people’s recovery. We’ll also discuss the power of your story to impact a person’s ability to get the medication they need. As part of this workshop, we’ll guide you through writing your story in seven short steps.

Medications may not have worked well for you or you may not choose to take them. If that’s the case, you can still use your lived experience—your story—to support other people having choices, including new options that may work better or have fewer side effects.

When you complete this workshop, our goal is that you take with you a version of your story that you can use to raise awareness, inspire others and influence decision makers.

We hope you’re excited. **Are you ready to start?** [Wait for a response, if appropriate] Great, we’ll get started.

To begin, please take out your evaluation form and fill out the first column for question one and two only. You will fill out the rest of the evaluation form at the end of the workshop.  

[Give participants about half a min. to fill out the first two questions.]
### Facilitator Script for NAMI Smarts for Advocacy, *Medication: Protecting Choice*

#### Agenda

1. **Learn** why telling your story about medications is important
2. **Hear** tips for telling your story effectively
3. **Listen** to an example
4. **Discover** what makes a story “work”
5. **Write** your own story
6. **Practice** sharing your story

#### Core Concepts

- Workshop format

**How does this sound to you?** [Wait for group to respond.]

Again, today’s workshop is focused on using your story to help people get the right mental health medications easily.

### Ground Rules

*To get the most out of our time together, please:*

- **Turn off** electronic devices unless absolutely necessary
- **Participate** fully
- **Keep** questions brief
- **Ask** your doctor (not us ✖️) if you have questions about medications

**This workshop covers a lot of ground in a short amount of time.** In order for everyone to get the most out of this session, I’d like to ask you to agree to the following basic ground rules:

- Turn off your electronic devices unless absolutely necessary
- Participate fully—be willing to do each of the activities and to stay focused
- Because our time is limited, please keep questions and comments very brief
- This is not “Ask the doctor,” so if you have questions about specific medications, please follow up with a prescriber

To keep us on time, I’ll be signaling you when we need to stop an activity. I’ll let you know by [indicate how you’ll signal participants—voice, hand, chime, etc.] Please be willing to stop even if you are not finished.

If you have questions or comments that aren’t answered during the workshop, feel free to ask them when the workshop is over.

**Are you willing to follow these ground rules?** [Wait for response]

Thank you!

### Prep:

Decide how you will signal participants during the workshop (e.g., by voice, raised hand, chime, etc.)
Why Protect Choice?

We’d like to say a word about why this workshop is part of NAMI Smarts for Advocacy. NAMI seeks to build better lives for all who are affected by mental illness or mental health conditions.

We know that medication can be a valuable tool in a person’s recovery. We also know that not everyone takes medication as part of mental health treatment.

But for those who do, we know that one size does not fit all because mental health medications affect people in different ways. Medications that work for one person may not work for another. And, if side effects cause problems another medication, or combination of medications, may work better.

That’s why your lived experience is so valuable to inform the decision makers charged with deciding who can get what kind of mental health medication.

Even if medication is not part of treatment for yourself or someone you care about, you can support choice for others.

### Warm-up Activity

To start, let’s think about the role medication has played in your recovery or the recovery of someone you know. What has it taken to get the right medication? Have you had medications that didn’t work for you or had problems getting the medication you need?

I’ll read the first question, then the second. If you’d like to share, raise your hand. Let’s try for a couple of responses to each question.

**Briefly, how has medication helped with your recovery or the recovery of someone you care about?** [Take 2 brief responses]

**Briefly, what did it take to get the right medication? Any challenges?** [Take 2 brief responses, then thank respondents for sharing]

As we start exploring what can get in the way of people getting the medication they need, think about the role medication plays in recovery and what it can take to get the right medication.
Many people get their medication through a health plan. A health plan can be a:
- Commercial health insurance plan, like BlueCross or Aetna
- Health insurance for the military, like TRICARE
- Government-funded health plan, like Medicaid, which covers low-income Americans, or Medicare Part D plans, which cover medications for older Americans and people with disabilities

Throughout this workshop, we’ll use the term **health plans** to mean any kind of private or government health insurance or health coverage.

Health plans have to balance…
- How much they charge for a plan (the insurance premium) or the funding they receive with…
- What it costs to provide quality care, including medication, for their members

As part of managing both cost and quality, NAMI believes that health plans should help people get the right medication to aid in their recovery. Without the right medication, people may experience poor health outcomes—and need more costly care, like hospitalization.
### Approx. .5 min

**Core Concept**
- Health plans may make it difficult to get the right medication.

Yet even though the right medication may help with your recovery, health plans may **make it difficult to get the right medication**.

Health plans try to help people recover and stay well while managing costs. But how a health plan manages benefits can affect whether it is easy or difficult for people to get the medication that’s right for them.

---

### Approx. 1 min

**Core Concept**
- Health plans may limit choices of medications on its formulary.

One of the most common ways health plans may make it harder for people to get the right medication is by **limiting your choice** of covered medications.

Health plans also typically **change their list of covered medications** one or more times a year.

A health plan’s list of covered medications is called a **formulary or a preferred drug list (PDL)**.

We’re going to mention some common terms used by health plans today, but you won’t need to remember them in this workshop. We’ve included a **glossary** of the terms we’re using in your packet for you to read later, if you like.
### Core Concept

- P&T Committees are often the decision-makers for plan formularies

---

**Approx. 3 min**

### Decisions about a plan’s formulary are often made by a Pharmacy and Therapeutics (P&T) Committee

| | You may be wondering who makes the decisions about what medications your health plan covers or what you have to do to get them. In some cases, a health plan’s pharmacy director or pharmacy benefit manager, a company that manages medications for a health plan, decides which medications will be covered and how. |
| | Some plans, like Medicare Part D and Medicaid plans, are required to have a Pharmacy and Therapeutics Committee, more commonly called a P&T Committee. P&T Committees are made up of doctors and other health professionals and sometimes have member or advocate representatives. In 2017, more commercial health plans will be required to have a P&T Committee, too. |
| | P&T Committees review scientific evidence for a medication’s effectiveness, safety, side effects, drug interactions, cost and other factors. The Committee weighs these factors, along with stories or testimony from the public, and then makes a recommendation or decision for coverage by the plan. |
| | We want to point out that health plans may make decisions to not cover a medication or to restrict its coverage because the medication: |
| | - May have dangerous or serious side effects or interactions, |
| | - Isn’t approved for certain health conditions, |
| | - May have limited effectiveness or is effective only under certain conditions or |
| | - Effectiveness or safety may not be well-established or may be in question. |
| | Coverage of a medication may also be limited because: |
| | - A generic version of the medication is available or |
| | - The medication is more expensive than other medications used to treat the same condition. |
### Core Concept
- Medication coverage gets more complicated

We’ve mentioned that health plans can limit your choice of covered medications and can change their list of covered medications one or more times a year. We also noted that, for many plans, P&T Committees are influential or decision-makers on coverage of medications.

**But, it gets even more complicated...** [Pause for a moment]

Another way health plans may make it harder for you to get the right medication is by putting some medications in a higher “tier” or level on its list of covered medications.

Commercial health insurance plans and Medicare Part D plans usually have tiered drug lists. Drugs on the lowest tier have no or lower out-of-pocket costs compared to drugs on higher tiers.

Out-of-pocket costs may take the form of **copays** (a set amount you have to pay), **coinsurance** (a percentage of the total drug cost) or a **deductible** (an amount you have to pay before coverage will begin or resume).

The tier level of a medication is often listed on a plan’s drug list. However, the list might not tell you what the out-of-pocket cost will be for drugs on different tiers.

*Have you ever had a copay or coinsurance that made your medication unaffordable?* [Take a quick response or two]
### Core Concept

- Health plans may list some medications as “preferred” and others as “non-preferred.” Preferred medications are covered by the plan. Non-preferred medications may be available at a higher cost—or may not be covered at all.

- A plan may make a medication “preferred” because it is safer or more effective than a similar medication, but a medication may also be preferred because it is less expensive to the plan than an alternative medication.

*Have you ever needed a medication that was “non-preferred” on your health plan? [Take a quick response or two]*

### Core Concept

- You may also have problems getting the right medication if your plan requires “prior authorization” or prior approval. Prior authorization means that your doctor must contact your health plan and request coverage of the medication.

- If prior authorization, or “PA,” is granted, your plan will cover the drug, but you may have an out-of-pocket cost. Some plans require a new prior authorization every year or even every time you refill your medication.

- If prior authorization is not granted, your plan won’t cover the cost of the medication. But, you have the right to appeal your plan’s decision.
Health plans may also use “step therapy”—requiring you to try and fail on one or more medications before they will approve coverage for a different medication.

For example, a plan may require you to try a generic antipsychotic for several weeks and have your doctor document that it did not work for you before authorizing coverage for a different brand name antipsychotic.

*Have you ever had a bad experience with either prior authorization or step therapy?* [Take a couple of brief responses]

---

We’ve just talked about:
- Limited choices of medications on formularies,
- Tiered lists of covered medications with higher costs at higher tiers,
- Non-preferred medications that cost more or aren’t covered,
- Requirements for a doctor to request “prior authorization” and
- Step therapy requirements.

Any of these may keep you from getting the medication you need.
<table>
<thead>
<tr>
<th>Slide 16</th>
<th>Approx. 1 min</th>
<th>Core Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not getting the right medication may put you at higher risk</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 17</th>
<th>Approx. .5 min</th>
<th>Core Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More than one out of every 13 emergency department visits involve a mental illness</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not getting the right medication may put you at higher risk for emergency room visits, hospitalization or other poor outcomes.</td>
<td>According to a ten-state study of Medicaid prescription policies, researchers found that prior authorization of medications were associated with people being:</td>
<td>People who discontinued or temporarily stopped their medications due to problems getting their medications were more than twice as likely to end up in jail.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Let's look at some numbers for emergency department visits. According to hospital data, more than one out of every 13 emergency department visits among adults involved mental illness.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For adults, **mood disorders were the top reason for admission** to a hospital after an emergency department visit in 2011.

And mood disorders were the **fourth most common reason for hospitalization of children ages 0-17** (excluding hospital stays for young moms and newborns).

For adults, **psychotic disorders, like schizophrenia, were the fourth most common reason for a hospital admission after an emergency department visit in 2011.**

When people don’t get the health care they need, including the right medication, they’re at **higher risk for poor outcomes like emergency department visits and hospitalization.**

As we’ve just heard, there are serious consequences when people don’t get the help they need. If you’d like to refer to these facts, find the **fact sheet** included in your packet.

**Handout:**  
**Fact Sheet**

**Helper or Facilitator:**  
Hold up a copy of the **Fact Sheet** when it’s mentioned in the script.
### Slide 20

**Approx. 1 min**

**Core Concept**
- A medication that works for one person may not work well for another

---

This quote from the National Institute of Mental Health sums up what many people have experienced: **“A medication that works well for one person with schizophrenia often doesn’t work well for another. Genetic variations are thought to play a key role in this difference in response. While patients search for the right medications, their illnesses may worsen.”**

This is not just true for schizophrenia. Many people with other mental illnesses, like bipolar disorder, also find that a medication that works well for others doesn’t work well for them.

**Do you know someone that has done well on a medication that doesn’t work for you or others, even though you have the same diagnosis?** [Take a quick response]

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### Slide 21

**Approx. .5 min**

**Core Concept**
- Your story let’s people know how the right medication helps

---

We know that it isn’t always easy to get the right medication and we know what can happen when people don’t get the medication they need. That’s why it’s important to speak up. **Your story is a way to let people know how the right medication makes a big difference in not just your recovery or that of someone you love, but also the recovery of other people who live with mental illness.**
Research shows that stories that evoke emotion and empathy are far more powerful than facts and figures in shaping the opinions of others.

Hearing real stories is one of the best ways to change how health plans cover medications for people living with mental illness.

Best of all: [Pause slightly after each of these concepts to let people process]

1. Your story is always right
2. Your lived experience has value and meaning
3. You don't have to have all the answers—just a clear "ask" of your listeners

If you think about it, this is very empowering to realize.

However, while your lived experience is meaningful, how you tell your story affects your impact. You want to make an impact, so we’ll give you some tips for telling your story about your experience with medication.
### Slide 24
Approx. 1 min

**Core Concepts**
- Keep your story brief
- Aim for about 90 seconds; think of a movie trailer

The 1st tip is to **keep your story brief**.

We could all tell volumes about what has happened to us. But, you’ll lose your listeners if you spend too much time and give too many details.

Remember, we live in a world of sound bites and Twitter feeds. Keep your story short. **Aim for about 90 seconds**.

Think about a movie trailer—in 30 sec. you get the highlights and want to see more. That is what you want to achieve with your story—give just the highlights about how medication has made a difference in your recovery and leave your listeners eager to know more.

### Slide 25
Approx. 1 min

**Core Concept**
- Hope is a powerful motivator
- Think about how getting the right medication helped or would help with your recovery

Our 2nd tip is to **motivate your listener by using positive concepts like hope and recovery** whenever possible.

Hope is a powerful motivator for decision makers. People like to root for those who make it through adversity—use this to your advantage.

If you struggle to think of your story as hopeful, think about what you hope for or how getting the right medication would help with your recovery or would help others in their recovery.
Approx. 1 min
Core Concepts
- Make an “ask”

Here’s our last tip: Make an “ask” of your listener. This is often forgotten when people tell their stories. But as the saying goes, “If you don’t ask, you don’t get.”

Besides, decision makers want to know what you want them to do, even if they disagree. If you are talking to decision makers, let them know what would help you or others get (or keep getting) the right medication to support recovery.

You've just heard our three tips. What was the most meaningful thing you've heard so far? [Take two quick responses]

Approx. 5 min
Core Concepts
- Share a sample story
- Story format is adaptable
- Listen and notice your reactions

Now that we’ve gone through our tips, I’m going to share a sample story from the perspective of [choose the sample story you will read]. Your materials include two sample stories—one from the point of view of a peer and one from the point of view of a family member. Your own perspective is unique and you may or may not relate to these sample stories.

This story is being told as if the person were talking to a Pharmacy & Therapeutics (P&T) Committee. However, this story format is like a basic recipe; it can be easily adapted to fit other situations or audiences.

For now, I’d like you to keep an open mind and notice your reactions and what moves you or has impact for you. Read the sample story with expression [you or, ideally, your Helper]

What had impact for you or caught your attention? [Take two to four responses]
Approx. 15 min

Core Concept

- Compare Seven Steps Checklist to sample story

Discuss 1st step

- Introduce who you are and where you’re from
- Share how you are affected by mental illness
- State your purpose—what action or decision you want

The 1st step of an effective story is to introduce yourself and why you are speaking or writing.

1. Your introduction should begin by letting your audience know your name and what city or town you live in.

2. Share how you are affected by mental illness, whether you live with mental illness, are a family member, caregiver, friend or professional. This establishes your credibility through lived experience.

3. Lastly, let your listener know that you would like to share your story and state your purpose—what action or decision you want from them. This helps your audience focus and be more responsive.

Take a moment to mark the phrase in the sample story that lets you know the purpose of the speaker’s story.

Who would like to read the phrase that lets listeners know the speaker’s purpose? [Pick a volunteer and ask them to read the phrase they think answers the question]
| Discuss 2\(^{nd}\) step | The 2\(^{nd}\) step of an effective story is to describe **what happened before you got the right medication** (or what you are going through now). Keep this very brief—think about the main highlights or most important thing your listener should know about your situation.

Vivid language in this description helps your audience understand what you went through (or are going through).

- Take a moment to **mark a line or words** in the sample story that **moved you or helped you understand** what happened to the speaker.

**Who would like to read a line in the second section that moved you or helped you understand what happened?** [Pick a volunteer to read the phrase they think answers the question]

**Did someone else mark a different phrase?** [Pick a volunteer to read a phrase]

Your listeners will vary in what moves them. And, different stories will move different people. This is why it helps for multiple people to share their stories. |
| --- | --- |
| Discuss 3\(^{rd}\) step | The 3\(^{rd}\) step is to describe **what helped in your recovery** (or for someone you care about) or **what would help**. By focusing on helped or what would help you or others, you create a sense of hope and help your listener know what makes a difference.

- Take a moment to **mark a line** in the sample story that helped you **realize what helped**.

**Who would like to share the line that struck you in the third step?** [Pick a volunteer to read what helped] |

---

**Handouts:**
- Sample Stories
- Seven Steps Checklist
<table>
<thead>
<tr>
<th>Discuss 4th step</th>
<th>The fourth step is to describe <strong>how you are different today</strong>. Share what is going right in your life (or in the life of someone you care about) or how you are experiencing recovery. This is how your story inspires. <strong>What language in the fourth step of the story left you feeling hopeful or inspired?</strong> [Ask a volunteer to read the phrase in the fourth section of the story that mentions how the writer is different today.]</th>
<th>Handouts: Sample Stories Seven Steps Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss 5th and 6th step</td>
<td>In the 5th and 6th steps, describe <strong>what is the need or problem and what will help others</strong>. In step five, transition away from your own concern to what other people need or the challenge they face that is similar to your own. In step six, describe what will help or could help others. This should be what you want a decision maker to do or decide. These steps take you from your personal story to a message that about other people. This helps decision makers who will take actions or decide on policies that will affect many people. <strong>Who would like to share the line that helped you sense the transition?</strong> [Pick a volunteer to share the line they marked.]</td>
<td>Handouts: Sample Stories Seven Steps Checklist</td>
</tr>
<tr>
<td>Discuss 7th step</td>
<td>In the 7th and last step, make your &quot;ask.&quot; This is a critical step that many advocates hesitate or forget to do. Thank your audience for listening. Then, let them know what action or decision you want them to make on your issue. If your audience gives you a positive response, thank them for their support. If your audience gives you a negative or noncommittal response, don’t take it personally. Thank them, again, and let them know you’d like to serve as a resource on mental illness. ➤ Take a moment to <strong>mark a line</strong> in the sample story that <strong>made an ask</strong>. <strong>What strikes you about the &quot;ask&quot; in the sample story? What do you find helpful about the checklist?</strong> [Take 1 to 2 responses]</td>
<td>Handouts: Sample Stories Seven Steps Checklist</td>
</tr>
</tbody>
</table>
Now that you’ve heard a sample story and compared it to the Seven Steps Checklist, you’re ready to **find your Story Practice Sheets** (pages 7-8) and **start writing your own story**.

For help, use your Seven Steps Checklist and the sample story—or ask a question. Remember, the best preparation for telling an effective story is to **know your purpose and your “ask.”**

Here’s the scenario to use for your story. Please pretend you are telling your story to urge decision makers to make it easier for people to get the right medication, just like in our sample stories.

Your “ask” can be the same as in a sample story or you can use your own words.

**You’ll have about 15 minutes to write your story on your practice sheet.** I’ll let you know when you have a few min. left to finish up.

If you don’t finish, don’t worry. This is just a practice. You can finish it on your own time or make edits later. If it’s easier for you, feel free to write your story in “bullet points” instead of full sentences.

If you finish early, practice reading your story silently.

**Circulate:** While participants are writing, walk around the room. If participants finish early, ask if they are willing to let you read their story silently. Let them know what phrases are strong. **Keep in mind participants who have strong stories.**

**Warn participants 5 min. before end and 2 min. before time is up.**

[Use your chime, bell or other prearranged signal]

**Stop participants after 15 min.**

If you didn't finish your story, feel free to finish in your free time. **What did you learn about writing your story?** [Take one or two responses]
You all have a good start on your story. Now, we’ll practice sharing and giving constructive feedback.

Hold onto your story and take out your Constructive Feedback Form. The form has a scale, from one to five, for each step of a story. A “one” indicates an area that could be strengthened; “three” indicates an area that works fine and a “five” indicates an area that is particularly strong or impactful.

Please find a partner and wait for our practice instructions. [Wait for partners to form]

Here are the instructions. In the next ten minutes, we’ll have two five-minute rounds of story-sharing. As a reminder, I’ll let you know when five minutes has passed with [Indicate chime, bell or other signal]. During each round:

- One person will share their story in two minutes or less.
- One person will keep time and stop the storyteller after two minutes. Use a stopwatch function on a cell phone, if available.
- Timekeeper should also listen attentively and, if possible, fill out the Constructive Feedback Form to record impressions.
- After the storyteller’s two minutes is up, provide constructive feedback—specific information about what worked well or worked fine and what could be strengthened and how. Remember that constructive feedback is not intended to be judgmental—it is intended to help you see the strengths of your story and how you could make it even more impactful.

Please begin.

Signal end of round 1 after 5 min. It’s time to trade roles if you haven’t already.

Signal end of round 2 after 5 min.

How’d that go for everyone? What did you learn about telling your story? [Take 2 to 3 quick responses]
Approx. 5 min
Core Concepts
- Basic story is written and can serve as basis of advocacy
- Story can be modified to use with different audiences and issues

Ask for a volunteer to share their story. Call on a person whom you think may have a good story based on what you heard or read earlier.

Thank you so much for sharing your story. Now, as listeners, what was effective for you and why? [Take two or three responses] Note: You may ask for another volunteer if you like.

You have all accomplished a lot in just a short time. You’ve written your story and practiced it. Now, you can use your story to help make positive changes for people living with mental illness.

Best of all, the story you wrote is based on a basic structure, or recipe. That means you can make just a few changes in details and the purpose and “ask” and use it for many different issues and audiences.

Let’s learn together—what makes a story really effective?

What was most helpful or impactful for you? [Take a couple responses to each question]

This quote, “Act as if what you do makes a difference. It does.” is a reminder that your story can—and does—influence others.
### Core Concept

#### Your story

Your story can make a real difference. It can help protect choice of medications.

#### One way to make an impact

One way to make an impact is to share your story with people who can influence medication choices, such as:

- Health plan Pharmacy & Therapeutics (P&T) Committees
- Health plan pharmacy directors
- State Medicaid agencies
- State insurance agencies
- State and Federal elected officials

You can use your story to write a letter or make a call or, for the most impact, meet in person with a P&T Committee or others who are deciding on coverage of medications. Your stories will help decision-makers understand the real life impacts of medications and how they are covered.

NAMI will help keep you informed of opportunities to use your story—and we hope you’ll think of your own opportunities, as well.

[Optional: If host knows of an opportunity, mention Be Heard! handout and any instructions]

### Prep

If there is an opportunity to testify or share stories, fill out Be Heard! handout in advance, print and include in participant packet

### Handout

**Be Heard! (optional)**

### Note

If there are participants with relevant and compelling stories, ask if they’d be willing to testify (share their story) at an upcoming opportunity.
<table>
<thead>
<tr>
<th>Slide 35</th>
<th>Approx. .5 min</th>
<th>What made an impact?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Helper and Facilitator: If possible, bring a portable copier or scanner and scan/copy stories of participants who are willing for you to do so. Consider taking a picture of the class.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 36</th>
<th>Approx. 1 min</th>
<th>Thank you and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Thank you all for giving your time and energy to this workshop. Please give yourselves a round of applause for everything you've accomplished today. [Wait for applause]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Before you go, please take half a minute to fill out the remainder of your Evaluation Form and turn it in to [name location or person]. We value your feedback and would like to know if this workshop was helpful to you.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 37</th>
<th>If you would like more information on NAMI Smarts for Advocacy, contact your local or state NAMI organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Post slide as presentation concludes.]</td>
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</tbody>
</table>
Evaluation Form

Facilitator’s name: ___________________________________________ Date: ____________

Location of workshop (City & State): ____________________________________________

My name (optional, but preferred): ____________________________________________

1. Overall, my knowledge and skill level in telling my story about medications is...

   **Before the training:** (Circle your rating)  
   **After the training:** (Circle your rating)

   1  2  3  4  5  6  7  8  9  10
   None  Some  Good  Excellent

   1  2  3  4  5  6  7  8  9  10
   None  Some  Good  Excellent

2. Overall, my level of confidence in telling my story is...

   **Before the training:** (Circle your rating)  
   **After the training:** (Circle your rating)

   1  2  3  4  5  6  7  8  9  10
   None  Some  Good  Excellent

   1  2  3  4  5  6  7  8  9  10
   None  Some  Good  Excellent

3. What did you learn that was most meaningful or helpful to you today?

4. Where do you plan to use your medication story?

5. What comments, if any, do you have about this workshop?

6. NAMI seeks to support the entire community.
   To help us track how we are doing, please check all that apply. **I am:**

   - Person living with a mental illness
   - Family of adult living with a mental illness
   - Parent or guardian of minor child living with a mental illness
   - Mental health provider, including peer provider
   - Other mental health advocate
   - Military service member, veteran or military family member
   - Other: __________________________
Why NAMI Cares

The right medication is a key to recovery for many children and adults with mental health conditions. Yet, in a 2015 study of private health plans, NAMI found that coverage of antipsychotic and antidepressant medications was inadequate.¹ People need choices because individuals react differently to different medications and because the effects of not getting the right mental health medication can be costly and dangerous.

Mental health medications are unique.

- **While mental health medications work in similar ways, individual responses vary greatly.**
  - About a third of those with depression improve after treatment with an SSRI antidepressant. Others get better with different or added medication.² Lack of treatment success with one SSRI does not predict the same effect with another.³
  - Effectiveness of medications for ADHD varies markedly between patients depending on such factors as symptoms, presence of other conditions and family situation.⁴
  - An antipsychotic medication that works well for one person with schizophrenia will not necessarily work for another.⁵

- **Psychiatric medications differ, even within the same class, with varying side effects, drug interactions and effectiveness.**
  - Some mental health medications have side effects that may pose serious health risks in persons with common chronic disorders such as heart disease or obesity.
  - Some children may only be able to tolerate a long-acting or liquid form of ADHD medication.
  - An antipsychotic that is sedating may help an agitated or sleepless person, but not someone who is withdrawn and lacks energy.
  - Some antipsychotics have significantly shorter half-lives (a few hours), which means symptoms may return quickly with a skipped dose.

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² Kronick, Rick, PhD, Bella, Melanie & Gilmer, Todd P., Phd. (October 2009). The Faces of Medicaid III: Refining the Portrait of People with Multiple Chronic Conditions. Center for Health Care Strategies, Inc.
³ Boyd, Cynthia, Leff, Bruce, Weiss, Carlos, Wolff, Jennifer, Hamblin, Allison & Martin, Lorie. (December 2010). Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations. Center for Health Care Strategies, Inc.
People with mental health conditions are at high risk.

- More than one out of every 13 emergency department visits involves a mental illness.  
- Mood disorders are the top reason adults 18-64 years old are admitted to a hospital after an emergency department visit and psychotic disorders are the fourth most common reason.
- Two out of three Medicaid beneficiaries with disabilities who have common chronic conditions also have a mental illness. The hospital admission rates for those with mental illness are 46% to 70% higher than for those without.

Restricting medications shifts costs to the wrong places.

Preferred drug lists, prior authorization and other restrictions pose substantial risks for people with serious mental health conditions. Medication failures can lead to emergency department visits, hospitalization, school failure, job loss—even incarceration or suicide.

- In a 2009 ten-state study of Medicaid prescription drug policies, prior authorization requirements were associated with people being 2.1 times more likely to be reported homeless and 3.1 times more likely to be hospitalized.
- Preferred drug lists were associated with 1.8 times higher rates of emergency department visits and 2.3 times higher rates of hospitalization.
- People who stopped taking medications because of access problems were more than twice as likely to end up in jail.

Preserving choice can achieve better outcomes and cost savings.

Preserving choice in medications can achieve better health outcomes through more effective care and cost savings by reducing unavoidable emergency department visits and hospital stays.

- Five percent of Medicaid beneficiaries with disabilities account for more than 50 percent of overall Medicaid costs. In this highest-cost group, mental illness is in three of the top five most prevalent pairs of diseases.
- According to a 2015 research study, better adherence to antipsychotics alone could yield an annual net savings of $3.2 billion to states, an average of $1,580 per enrollee per year.
Sample Family Member Medication Story

1. My introduction

Hello, I’m Keith Jones from Amity. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

I have a 25-year old son who lives with schizophrenia and my family’s experience leads me here to urge you to make all mental health medications easily available.

2. What happened

I can tell you that the right medication can change lives.

When my son was young, he was bright, loving and happy. But as he grew, schizophrenia took away his joy. Despite mental health services, he ended up in and out of psychiatric hospitals and group homes—and even on the streets. I worried about him every day and wondered if he would ever experience a life without fear again.

3. Getting the right medication

Several months ago, Kevin’s doctor finally got approval for him to try a new antipsychotic. It took weeks to start taking effect, but the difference was amazing. It’s the first medication that has really worked for him.

4. How he/she is different today

For the first time in years, Kevin is living without terror. He’s even moved into his own apartment. He has a peer mentor and wants to become one himself. And for the first time in years, we both have hope.

5. What’s keeping people from getting the right medication

My son is proof that the right medication can change a life. But many people don’t get the right medication because it’s not covered or it’s out of reach.

6. What will help people get the right medication

Making all mental health medications readily available will help more people experience a recovery like Kevin’s and avoid hospital stays and living with unimaginable symptoms.

7. My "ask"

Thank you for listening. I hope I can count on you to protect choice of medications—and the hope of recovery for families like mine.
Sample Peer Medication Story

1. My introduction
Hello, I’m Cynthia Wood from Bothell. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

I live with major depression and the right medication is critical to my recovery. I’d like to share my story and ask that you protect choice of medications for people living with mental illness.

2. What happened
I’m a family physician, I’m married and I have two beautiful children. I also live with major depression. When I was first diagnosed in my twenties, I was devastated. I thought I wouldn’t make it through medical school, enjoy a career or raise a family.

3. Getting the right medication
I wanted to get better, but my depression was stubborn. Nothing seemed to work. Finally, my doctor and I found the one medication that works for me. It’s expensive, but with it, I made it through med school, became a successful physician, married and started a family.

4. How I’m different today
My depression is under control and I’m able to take good care of my family and my patients. And knowing about my success helps my patients feel like they can recover, too.

5. What’s keeping people from getting the right medication
I want my patients to have what works for them, but as a doctor, I know that when people can’t get the medication they need easily, they often give up—or suffer serious setbacks.

6. What will help people get the right medication
Having choices helps people get the right help at the right time. More choices of medications mean more opportunities for people, like me, to realize their dreams.

7. My "ask"
Thank you. For everyone who lives with mental illness, please protect choice today.
Seven Steps to Telling Your Story about Medication

The following seven steps will help you craft a succinct and powerful story.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1.   | **Introduce yourself**  
      *Give your name and city or town.* Include your organization. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”  
      *Share how you are affected by mental illness.* Are you living with mental illness, a family member, a caregiver? This gives you credibility.  
      *State the position or action you want your listener(s) to take.* |
| 2.   | **What happened?**  
      *What happened before you received the medication you needed?* Keep this brief—think about the most important thing you’d like your listener to know. |
| 3.   | **Getting the right medication**  
      *Describe how you got the right medication.* Keep this brief—and add how medication helped in your recovery (or would have helped). If you had problems getting the right medication, share the challenges and the effect on you. |
| 4.   | **How are you different today?**  
      *Share what is going right in your life or how you are experiencing recovery.* Inspire your audience by sharing the gains you’ve made or what your goals are. |
| 5.   | **What’s keeping people from getting the right medication?**  
      *Mention the challenges that keep people from getting the right medication.* Think about your listeners and focus on the challenges that are within their influence, like a health plan’s list of covered drugs. |
| 6.   | **What will help people get the right medication?**  
      *Talk about what will help people get the right medication.* It’s helpful to add why it’s important for people to get the medication they need. |
| 7.   | **Make your "ask"**  
      *Ask your listener(s) to take the position or action you want.* Thank your audience for listening, then make your “ask.” Feel free to be direct and specific. |
Leave page blank
Story Practice Sheet

Please refer to your Seven Steps Checklist for additional information.

<table>
<thead>
<tr>
<th>1. My introduction</th>
<th>Include your name and city and organization, if applicable. Add how you are affected by mental illness and the position or action you want your listener(s) to take.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. What happened</th>
<th>Aim for 3-5 sentences. Briefly describe the most important and compelling thing(s) about your situation.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Getting the right medication</th>
<th>Aim for 2-4 sentences. Briefly describe how you got the right medication and how it helped in your recovery. If you had problems getting the right medication, share the challenges and the effect on you.</th>
</tr>
</thead>
</table>
### 4. How I’m different today
Aim for 1-3 sentences. Share what is going right in your life or how you are experiencing recovery. Inspire by sharing the gains you’ve made or what your goals are.

### 5. What’s keeping people from getting the right medication
Aim for 1-3 sentences. Mention the challenges that keep people from getting the right medication. Focus on challenges within the influence of your listeners.

### 6. What will help people get the right medication
Aim for 1-2 sentences. Talk about what will help people get the right medication. It’s helpful to add why it’s important for people to get the medication they need.

### 7. My "ask"
Aim for 1-2 sentences. Thank your listener for listening to you. Then, ask your listener(s) to take the position or action you want. Feel free to be direct and specific.
Be Heard!
Influence decision makers with your medication story

Getting the right mental health medication can be important to recovery, yet Medicaid and other health insurers may make it difficult for people to get the medication they need. Your story lets people know how the right medication makes a big difference, not just in your own recovery or that of someone you love, but also for other people who live with mental illness.

Now that you have written your medication story, you can help advance the cause by sharing your story with officials who decide who gets what medication, for how long and at what cost.

SHARE YOUR STORY WITH A DECISION MAKER

DECISION MAKER CONTACT: [Insert decision-maker name and title] BY [deadline date/time]

EMAIL: [Insert decision maker’s email]

COPY: [name, title and email addresses of people to be copied. Include NAMI contact]

TELEPHONE: [Insert decision maker’s telephone number]

HEARING OR MEETING: [Title of hearing or meeting]

DATE: [MM/DD/YYYY]
TIME: [__:___ AM/PM]
PLACE: [Name of venue]
[Street address, Suite# or Room #]
[City] [State] [ZIP]
[Link to directions]

INSTRUCTIONS TO REGISTER: [Insert instructions]

Have questions or want to share your story? Please contact us!
Name: [Insert NAMI contact person]
Email: [Insert appropriate NAMI email address]
Phone or Text: [Insert cell phone number]
## Constructive Feedback Form

In the space below each scale, identify where the **story was strong or impactful** or what would strengthen the story.

<table>
<thead>
<tr>
<th>Section</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
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</tr>
<tr>
<td>Would benefit from strengthening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td><strong>What happened?</strong></td>
<td></td>
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</tr>
<tr>
<td>Would benefit from strengthening</td>
<td>1</td>
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<td>4</td>
<td>5</td>
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<tr>
<td><strong>Getting the right medication</strong></td>
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<td><strong>How are you different today?</strong></td>
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<td><strong>What’s keeping people from getting the right medication?</strong></td>
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<td><strong>What will help people get the right medication?</strong></td>
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<td><strong>Make your &quot;ask&quot;</strong></td>
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**Glossary**

### KEY TYPES OF HEALTH PLANS

**COMMERCIAL OR PRIVATE INSURANCE/HEALTH PLAN:** Coverage for certain health care costs in exchange for premiums paid for by you, your family or an employer.

**MEDICAID:** A health care coverage program for low-income families, children, pregnant women, seniors and people with disabilities. Medicaid typically covers a wider range of benefits and has lower out-of-pocket costs than Medicare or commercial health insurance.

**MEDICARE:** A federal health insurance program for people who are 65 or older and for younger people with disabilities who receive Supplemental Security Disability Income (SSDI). Medicare Part A and Part B cover hospital and outpatient care.

**MEDICARE PART D:** Part D is Medicare coverage for medications.

### BRAND NAME DRUG:
A medication developed by a pharmaceutical company and sold under a brand name. When a brand name drug’s patent expires, generic versions of the medication may be sold.

### COINSURANCE:
A percentage you must pay of the cost of your medication or health care (for example, your plan may pay 80 percent and you pay 20 percent coinsurance).

### COPAYMENT OR COPAY:
A fixed amount (for example, $20) you pay for covered medication or health care.

### COST SHARING OR OUT-OF-POCKET (OOP) COSTS:
Costs that aren’t covered by your health plan, such as premiums, deductibles, coinsurance, copayments and non-covered services and supplies.

### DEDUCTIBLE:
The amount you pay in a year before your plan covers costs. For example, if you have a $1,000 deductible, you will pay $1,000 for health care before your plan begins covering any costs in one year.

### EXCEPTION FOR PSYCHIATRIC MEDICATIONS:
An instance when a health plan approves a member or doctor’s request to provide or cover a medication in a different way than is typical for the plan. Some sample requests are to:
- Cover a drug that is not covered on the plan’s formulary or PDL
- Waive prior authorization or step therapy requirements for a drug that works for you
- Provide a higher-tier drug at a lower tier cost because lower tier drugs do not work for you

### EXEMPTION FOR PSYCHIATRIC MEDICATIONS:
A freedom from requirements, such as prior authorization, step therapy, generic substitution, for one or more types of mental health medications.

### FORMULARY:
A list of generic and brand name medications covered by your health plan (may also be called a Preferred Drug List or PDL).
GENERIC DRUG: A medication with the same active ingredients and in the same amounts as a brand name counterpart. Generics are usually less expensive than a brand name drug, but may have different fillers, additives or different timing of the release of active ingredients.

NON-PREFERRED: A medication that a health plan may not cover or that has higher cost-sharing or other requirements.

PHARMACY BENEFITS MANAGER (PBM): A managed care organization that specializes in providing medications through mail order and/or a network of pharmacies for Medicaid and other health plans.

PREFERRED DRUG LIST (PDL): A list of generic and brand name medications covered by your health plan (may also be called a Preferred Drug List or PDL).

PRIOR AUTHORIZATION: A requirement by your health plan to review a medication request before approving or denying. Your plan may require prior authorization because a medication has dangerous side effects, may interact with other drugs, is often misused or abused or when your plan thinks a different or less expensive drug might work as well or better.

QUANTITY LIMITS: A limit on the amount of a medication your plan will cover over a period of time.

STEP THERAPY: A requirement to try one or more drugs first—sometimes for specific lengths of time—before your plan will cover a certain medication.

TIER: A level of coverage on your health plan’s formulary. Medications on lower tiers have lower cost sharing, while medications on higher tiers have higher costs and may have more restrictions.

UTILIZATION MANAGEMENT (UM): Techniques, such as preferred drug lists, prior authorization, quantity limits, tier levels or step therapy, that may be used to improve safety and/or quality, ensure appropriate use or to control costs.

---

KEY HEALTH PLAN DECISION-MAKERS

HEALTH PLAN MEDICAL AND PHARMACY DIRECTOR: Executives who oversee medical services and medications for a health plan and who make decisions about coverage and exceptions.

STATE INSURANCE COMMISSIONER: State official responsible for regulating insurance offered in his/her state, including commercial health insurance plans.

STATE MEDICAID DIRECTOR: State official responsible for the entire Medicaid program in his/her state.

MEDICAID MEDICAL AND PHARMACY DIRECTOR: State officials who oversee medical services and medications for the state Medicaid program and who make decisions about coverage or exceptions.

PHARMACY & THERAPEUTICS COMMITTEE (P&T COMMITTEE): A committee of experts that weighs effectiveness, safety, side effects, costs and other factors in making decisions about medications for a health plan or pharmacy benefit manager.
**Slide 1**  
30 sec  
Hello everyone. Welcome to this workshop on parity, or fairness in health insurance coverage for mental health and addiction care. This is part of NAMI's grassroots skill-building program, *NAMI Smarts for Advocacy*.

My name is [name] and I will be your facilitator. And helping us today is [name].

**Slide 2**  
1 min  
During this workshop, we'll define the term, 'mental health and addiction parity'. We'll talk about the laws that require insurance companies to provide fair mental health coverage and how to spot problems in your health plan. You'll learn how and where to file a complaint. Then we'll share some stories to help you learn how to identify possible parity issues. Finally, we'll practice completing a complaint form to show you how simple it can be to start the process for yourself or someone you care about.

Are you ready to start? [Wait for response] Great!

[Skip if part of a longer training:]

Before we begin, please look at the first two questions on your evaluation form. Take half a minute to circle the number in the left-hand column for questions 1 and 2 that best matches your level of knowledge about parity and confidence in asserting your parity rights.
### Slide 3

**Ground Rules**

- To help everyone get the most out of this training, we ask you to agree to the following:
  - Participate fully
  - Help keep us on time
  - Turn off cell phones

**This training covers a lot of ground in a short amount of time.** To help everyone get the most out of this training, I’d like to ask you to agree to the following basic ground rules:

  - Participate fully
  - Keep us on time (avoid getting side-tracked or involved in conversations)
  - And turn off your cell phones.

By “participate fully,” we mean being willing to do each of the activities. It also means putting away distractions so you can be focused and take in this training.

To keep us on time, I’ll be signaling you when we need to stop an activity.

[indicate how you’ll signal participants—voice, hand, chime] Please be willing to stop even if you are not finished.

We encourage comments at times during the training. That said, we ask you to hold longer or unrelated comments, questions or opinions until after the training.

**Are you willing to follow these ground rules?** [Ask for a show of hands.]

[End of deletion if part of a longer training.]

### Slide 4

**What is Parity?**

Mental health or substance use treatment must be covered by health insurance at the same level as other types of medical care:
- Treatment limits
- Out of pocket costs
- Review for treatment approval

**We’ll start by defining the term, ‘mental health and addiction parity’ also known as ‘mental health and substance use parity.’** Either way, it’s quite a mouthful, but the basic idea is simply that health insurance plans must cover mental health and addiction care at the same level as other medical conditions.

This includes treatment limits such as the number of treatment visits or hospital days, out of pocket costs, and the way treatment requests are reviewed.

The reason we need to know about mental health parity is that mental health and substance abuse care has long been shortchanged by the health insurance industry. In the past, if health plans covered mental health care at all:

- mental health visits were more limited,
- out of pocket costs were higher,
- care was denied more frequently, and
- plans were cancelled when people used high cost care like psychiatric hospital or intensive outpatient treatment.
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<td>It's the law of the land</td>
<td>30 sec</td>
<td>Because of this history of inequality, three federal laws were passed requiring most health plans to must cover mental health conditions and addiction the same way they cover other medical conditions. The information I’m talking about is included on the Parity Overview handout on page 1. We will also define some insurance terms during this workshop. They are included for later reference in a glossary at the end of your handouts.</td>
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<td>Major Parity Laws</td>
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<td>Now, back to parity laws: The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, or MHPAEA [meh-PEE-ah], passed in 2008. The Patient Protection and Affordable Care Act of 2010, or the ACA. This is a health insurance reform law that also strengthens the parity requirements of MHPAEA. The 21st Century Cures Act of 2016, which is a broad health service and research law that has some parity provisions. Let’s take a closer look at these laws.</td>
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<td>Mental Health Parity &amp; Addiction Equity Act (MHPAEA)</td>
<td>30 sec</td>
<td>The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, or MHPAEA, applies to health plans from large employers and Medicaid managed care plans (which is most Medicaid plans). MHPAEA does not require health plans to provide mental health or addiction benefits, but if they do, treatment limits and out of pocket costs must be at the same level as other types of medical care.</td>
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Handouts: Parity Overview, Glossary
The Patient Protection and Affordable Care Act of 2010, or ACA, is designed to reform health insurance. This law helps people who need mental health or substance abuse care in several ways.

It sets consumer protection standards. For example, under this law health plans can no longer turn people down or charge more for having a long-term condition such as mental illness. The law also bars health plans from having lifetime or annual limits for addiction treatment or mental health care.

The ACA allows states to enroll anyone in Medicaid whose income is at or below 138% of the federal poverty level - about $16,400 per year for one person. Over half of the states have expanded Medicaid.

This law extends parity requirements to all individual and small group health plans whether they are sold in the health insurance exchange or not. It also requires parity in private health plans used in Medicaid expansion and Children’s Health Insurance Plans, or CHIP.

The ACA sets up health insurance exchanges in every state to offer health plans that meet quality standards. The law provides for up-front tax credits to make the plans affordable.

The ACA also requires all individual and small group plans to cover 10 essential health benefits, or EHB. ‘Behavioral health’ is one of the EHB categories. It includes mental health and substance use care.

EHBs must meet MHPAEA standards, not only within the ‘behavioral health’ category, but also in other categories such as emergency care.

So, the ACA requires insurers to cover mental health and substance use care for individual and small group plans. This is stronger than the if/then standard of MHPAEA which applies to large employer-sponsored plans.

Finally, the ACA makes care more affordable by setting limits on how much consumers pay out-of-pocket (OOP) per year.
### Slide 9

**1 min** If these laws have been on the books for years, why do we still have so many problems with parity?

Part of the problem is that it took *years* to produce the rules that spell out what insurers must do to comply with the law. The final rules weren’t issued for private insurers until 2013 and for Medicaid and CHIP until 2016.

Another problem is that the different types of health plans are overseen by different state and federal agencies, so it wasn’t clear which agencies were charged with enforcing the law.

Insurers haven’t had incentive to comply with those laws because it is not being monitored and enforced, so unless told otherwise they cut costs to turn a profit for their shareholders.

### Slide 10

**30 sec** The 21st Century Cures Act tries to clear up what is required of health insurers and sort out how federal and state government agencies must enforce parity.

Parity is only a small section of this broad law but it strengthens mental health and addiction parity in general. 21st Century Cures also has a section on eating disorders, which are often treated unequally.

### Slide 11

**1 min** Some types of plans don’t have to follow federal parity law. **Take a look at your handout on page 2.**

Medicare, the federal health program for seniors and people with disabilities, is not under parity law. State Medicaid fee-for-service programs also don’t have to comply.

Small state and local government plans with 50 or fewer employees don’t have to follow parity, although many have chosen to opt in. And health plans for employees of faith organizations such as churches, synagogues or mosques, can opt out of parity.

Finally, small group and individual plans purchased before 2010 do not have to comply with parity IF the plan hasn’t changed since the ACA was passed. These are known as grandfathered plans and there are very few left.
Parity: Fairness in Health Coverage  NAMI Smarts for Advocacy Version

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<td>The fact is that most Americans are covered by health plans that are under one or more federal parity laws.</td>
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<td>Slide 12</td>
<td>3 min</td>
<td>Federal law protects parity in several types of care.</td>
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<td><strong>Turn to your Parity Protections handout on page 3.</strong></td>
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<td></td>
<td>• Inpatient or hospital care must be covered equally in or outside the health plan network,</td>
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<td>• Outpatient care in and out of network,</td>
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<td>• Residential treatment,</td>
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<td>• Emergency care, and</td>
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<td>• Prescription drugs.</td>
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<td>Parity also applies to cost sharing such as co-pays, co-insurance, deductibles and out-of-pocket cost limits. The goal is that consumers should not have to pay more for mental health or substance abuse care than for general medical care.</td>
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<td>Health plans are required to have enough mental health and substance use outpatient providers and mental health hospitals to serve members close to home. And, provider payment rates for mental health must be on the same level as other types of care.</td>
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<td>Finally, standards used to approve or deny treatment requests must be no stricter for mental health and addiction than for medical or surgical care.</td>
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<td><strong>We’ve just gone through quite a bit of information. What have you learned about federal parity law that stands out for you?</strong></td>
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<td>[Take a couple of quick responses.]</td>
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<td>Slide 13</td>
<td>30 sec</td>
<td>You may be wondering how to tell whether a health plan is following parity law. Let’s go through some common warning signs.</td>
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<td><strong>Look at the parity violation warning signs handout on page 4.</strong></td>
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<td>Slide 14</td>
<td>30 sec</td>
<td>Under parity law, health plans can’t cover fewer visits for mental health or addiction treatment than for other types of care. So, if there is no limit on the number of visits to an endocrinologist for diabetes, there should be no limits on visits to a psychiatrist, therapist or addiction counselor. And, the number of covered days in psychiatric hospital must be equal to days for other kinds of inpatient treatment. These are called ‘quantitative treatment limits’ or QTL. Health plans usually comply with QTLs because they are written into the health plan proposals reviewed by the government.</td>
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<td>Slide 15</td>
<td>30 sec</td>
<td>Back to signs of parity issues, a health plan may be violating parity law if it doesn’t cover residential treatment or partial hospitalization for mental health or addiction, but does cover step down care in a skilled nursing facility after a stroke or heart attack. Some health plans will not pay for mental health or addiction care if the member quits before the treatment is complete. This may be a parity violation if the plan doesn’t place the same requirement on other types of care.</td>
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<td>Slide 16</td>
<td>2 min</td>
<td>Health plans cannot charge more to their members for mental health or addiction treatment than for medical or surgical care. Out of pocket costs include copayments, co-insurance and deductibles. A deductible is how much you have to pay in medical bills before the health plan begins to pay. Added deductibles for mental health and addiction care are not allowed under parity law. A copayment, or copay, is a set fee that health plan members must pay for each visit. Parity law requires copays for mental health or addiction treatment to be the same as for similar types of care for other conditions. Be aware that co-insurance and copayments are not the same. Copayments are a set fee per visit, while co-insurance is a percentage of the total cost of the treatment. For example, a plan may have a $20 co-pay for doctor's appointments, but the pharmacy benefit may require a 20% co-insurance. If the total cost of medication...</td>
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<td>is $1,000 per month, the member would owe $200 every month. That’s big difference from $20 per visit, so it pays to look at the fine print when you’re buying health insurance. Co-insurance usually involves levels or ‘tiers’ of out of pocket costs. For a generic medication on tier 1, the health plan would pay the full cost and the member wouldn’t owe anything. For medications on tiers 2 – 4 members would owe an increasing percentage of the cost with each higher tier. Parity laws require health plans to charge no more in out of pocket for psychiatric medications than for comparable medications to treat other conditions. That means that a generic antidepressant or antipsychotic medication should be on tier 1 or 2 with little or no copay. The selection of brand name medication on each tier should be similar across the various medical conditions. Another type of treatment limit involves how health plans review requests for mental health or addiction treatment compared to other types of care. Treatment reviews are done for three main reasons: 1. To make sure the best type of care is being provided, 2. To prevent the wrong type of care from being provided and 3. To reduce the health plan’s costs. Health plans decide whether care is ‘medically necessary,’ when deciding whether to approve or deny care. They may deny care because it: • Is not approved for certain health conditions; • May only work under certain conditions; • Effectiveness or safety may be in question; • Or, the treatment costs more than treatments for the same condition. These types of limitations are called Non-Quantitative Treatment Limits or NQTL, and this is where parity problems usually appear. The way insurers do this for behavioral health care is often more strict than for other types of care. Under parity law health plans must share the standards used to approve or deny care if the member asks for the information. The plan must also share with a provider acting on behalf of a member.</td>
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**Slide 18**

Prior authorization and step therapy are other examples of non-quantitative treatment limitations (NQTL).

Prior authorization or prior approval (PA) means that the member or provider must contact the health plan to request coverage of treatment. If PA is granted, the plan will cover the treatment, although the member may still have an out-of-pocket cost. Some plans require a new prior authorization every year or every time a member reaches a certain number of visits.

If prior authorization is not granted, the plan won’t pay for the treatment.

Step therapy, or fail first, is a type of prior authorization. With step therapy, the member must first try a more common, less expensive treatment or medication that has been proven effective for most people with a given condition before they can “step” to the recommended treatment.

**Slide 19**

Provider credentialing is another NQTL in which health plans contract with a limited number of providers who meet the plan’s quality standards. Providers must go through a review process and may or may not be accepted into a given health plan network. In return for client referrals, these providers agree to work for a reduced rate and follow plan procedures. If the insurer does this differently for mental health than other types of providers, that may be a parity violation.

Narrow networks allow health plans to pay the provider less per visit because they can guarantee a higher number of referrals to each provider in the network. This strategy also makes it easier for health plans to monitor the quality of care given by their providers.

The problem is that members often have a really hard time finding an in-network mental health or addiction treatment provider. Health plan provider directories may be out of date; even those that are on line. The directory may list providers who are no longer practicing or who aren’t taking new patients.

And, it may look like the plan has a provider in the area, when in reality the provider practices at a number of clinics and only takes a few health plan patients from a given town.
**Parity: Fairness in Health Coverage**  
**NAMI Smarts for Advocacy Version**  
**Revised July 2017**

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<td>It is true that it’s hard for health plans to keep directories up to date when providers come and go quickly. The health insurance industry is working on a technical solution, but it may be awhile before this problem is solved.</td>
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<td>In any case, narrow networks mean that consumers pay higher out of pocket costs for out of network providers. This extra financial burden may be a parity violation. Because of this, if no in-network providers are available in a local area, parity law requires health plans to pay the full cost for an out-of-network provider.</td>
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<td><strong>Let’s stop here for a brief discussion. Have you or someone you care about experienced any of these situations? If so, what happened?</strong> [Take a couple of quick responses.]</td>
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<td>2 min</td>
<td>Now, we’d like to talk about what to do when you believe a health plan may be out of compliance with parity law.</td>
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<td><strong>Look at your handout on Complaints and Appeals on pages 5 and 6.</strong></td>
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<td>The member - or the provider on behalf of the member - has the right complain about a health plan decision or to ‘appeal’ a denial of care. An appeal is a formal written request for a different decision.</td>
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<td>Members and providers hesitate to file a complaint for fear that the health plan may drop them or get even in some other way. Rest assured that is strictly against the law to retaliate, and health plans know it. Also, state insurance departments – who receive most of the calls – say that complaints and appeals are filed all the time as a standard part of the insurance business.</td>
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<td>Complaints and appeals to state and federal agencies are important, because the government bases enforcement of parity law on the number and type of complaints and appeals received. So, by filing a complaint or appeal with the government, the member is helping themselves and everyone else who isn’t getting the care they are entitled to under parity law.</td>
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**Handouts**

**Complaints and Appeals**
It is a good idea to contact the state health insurance department even if the complaint or appeal needs to go to a federal agency because states are responsible to monitor and enforce parity laws. This helps them track the number of complaints and appeals filed from people in the state.

And, state insurance departments have consumer assistance staff who work with members to make sure the paperwork is completed and filed correctly. They can also contact the health plans on your behalf to request a change in the decision.

Let’s go through the Complaints and Appeals handout to see how the process works.

[Read through ‘How to prepare a complaint’ and ‘What happens when a complaint is filed?’]

**What questions do you have about this process?**

[Take a couple of quick responses.]

Before filing a complaint or appeal, the member and the provider should discuss the recommended treatment and how the denial of care affects the member. Be specific about treatment goals. If the health plan has proposed an alternative, discuss how it falls short and why the original prescribed treatment is still preferred.

The next step is to complain to the health plan’s consumer service department. Often, the health plan will change the decision if the reasons for the change are explained in detail.

If customer service representatives still deny the treatment request, the provider or member can complete and submit a written appeal form to the insurance plan, usually by fax or email.

Although most people don’t bother to file an appeal, it is well worth the time and effort because health plans usually decide appeals in favor of the member.

If the health plan denies the appeal, that’s not the end of the story. The member or provider can still appeal to the state insurance department and/or the federal agency in charge of the particular type of plan.
Page 6 of the Complaints and Appeals handout has a chart showing which government agencies handle appeals for different types of health plans. 

- The U.S. Department of Labor is responsible for self-insured health plans sponsored by employers with 50 or more workers. That means the employer covers its own health benefits.
- The state health insurance department handles complaints and appeals about plans purchased by individuals or small groups under 50 people, whether the plan was sold inside or outside a state health insurance exchange or the federal health insurance marketplace.
- Health insurance exchange plans are also the responsibility of the federal Centers for Medicare and Medicaid Services, or CMS.
- Appeals about Medicaid managed care plans should be filed with the state Medicaid program and CMS.

If you feel overwhelmed by how complicated this is, you are not alone. In response to requests from people across the country, the U.S. Department of Health and Human services set up a web-based clearinghouse for parity information and complaints. By checking a couple of boxes and answering a few questions, the website links you to the correct governmental agency responsible for the complaint or appeal.

Have you tried to file a parity complaint or an appeal for yourself or someone you care about? How did it go?

[Take a couple of quick responses.]
Now let's look at three brief stories that illustrate how common parity violations look from the member viewpoint.

In your handouts, look at Sample Story 1 on page 7. [Co-teacher] will read a sample story, then we'll discuss it as a group.

[Teachers, circulate and help participants find the right pages]

Are you ready? Great!

[Co-teacher] please read the first sample story.

[Co-teacher reads sample story.]

**Does this story have parity issues? If so, what are they?** [Take a couple of responses. If not mentioned, go through the following points.]

Answers:

- There may be a parity problem with to prior authorization because medical care is treated differently.
- Medical necessity may or may not be a problem. We need more information about medical necessity criteria for other conditions.

**What is the first step she should take?** [Wait for a response.]

Answer: After talking with her provider, she should contact her health plan.

**What government agency should she contact?** [Wait for a response.]

Answer: She should contact the state department of insurance because this is a small employer health plan.
Thanks everyone. Let's go on to the second story.

[Co-teacher name] please read sample mental health story number 2.

[Co-teacher reads sample story.]

Does this story have parity issues? If so, what are they? [Take a couple of responses. If not mentioned, go through the following points.]

Answers:

- It makes a difference whether the medications for diabetes and mental health are generic or brand name. If both are brand name, there may be a parity violation. If the diabetes drug is generic and the mental health drug is brand name, there may not be a parity issue because health plans have the option to place more expensive drugs on higher tiers.
- The step therapy requirement may violate parity if it only applies to his psychiatric medications.
- Regardless, he would have standing to appeal the step therapy requirement since he has already gone through step therapy twice.

What is the first step he should take? [Wait for a response.]

Answer: After talking with his provider, he or his provider should contact his health plan.

What government agency, or agencies, should he contact? [Wait for a response.]

Answer: He should contact the state department of insurance and CMS because this is an individual health plan purchased on the state exchange.
<table>
<thead>
<tr>
<th>Slide</th>
<th>Time</th>
<th>Script</th>
</tr>
</thead>
</table>
| 26    | 5 min| Thanks everyone. Let's go on to the third story. [Co-teacher name] please read sample mental health story number 3. [Co-teacher reads sample story.] Does this story have parity issues? If so, what are they? [Take a couple of responses. If not mentioned, go through the following points.] Answer:  
  - This appears to be a parity issue because the psychiatric residential treatment was reviewed more often than the rehab facility for her injury. What is the first step she should take? [Wait for a response.] Answers:  
  - After talking with the provider, her daughter or the provider should contact the managed care plan.  
  - If she has a medical power of attorney or other legal standing to act on behalf of her daughter, she can contact the managed care plan directly. What government agency, or agencies, should she contact? [Wait for a response.] Answer: She should contact the state Medicaid program and CMS. |
Thanks, everyone. Let’s go on to the second story.

[Co-teacher name] please read sample addiction story number 2.

[Co-teacher reads sample story.]

Does this story have parity issues? If so, what are they? [Take a couple of responses. If not mentioned, go through the following points.]

Answers:

- The question is whether Suboxone is comparable to tier 3 drugs for other conditions. Because Suboxone is currently a tier 3 drug for most health plans, the likelihood of a parity violation is slim, but it’s still worth pursuing.
- High premiums don’t guarantee parity coverage. When choosing a health plan, it pays to look at which tier your medications are on in the formulary.

What is the first step he should take? [Wait for a response.]

Answer: After talking with his provider, he or his provider should contact his health plan.

What government agency, or agencies, should he contact? [Wait for a response.]

He should contact the state department of insurance and CMS because this is an individual health plan purchased on the state exchange.
Thanks, everyone. Let’s go on to the third story.

[Co-teacher name] please read sample addiction story number 3.

[Co-teacher reads sample story.]

Does this story have parity issues? If so, what are they? [Take a couple of responses. If not mentioned, go through the following points.]

Answer:

- Under the Affordable Care Act, lifetime limits are not allowed in any type of health plan, including grandfathered plans.* This is not a strictly a parity issue because the rule applies across all types of care. However, she should take action to assert her legal right to coverage.

What is the first step she should take? [Wait for a response.]

Answers:

- After talking with the provider, she or the provider should contact the health plan and point out that the plan does not comply with federal law.

What government agency, or agencies, should she contact? [Wait for a response.]

Regardless of the response from the health plan, she and/or the provider should also contact the state insurance authority to report the violation. If it were a different type of plan, the appropriate federal authority should also be notified.

Now it’s your turn to practice filing an appeal

- **Here’s the situation:** Your request for individual therapy for posttraumatic stress disorder, or PTSD, has been denied. The health plan requires group therapy first, but you are nervous around strangers.

- You’ll have 10 minutes to complete the **Sample State Health Insurance Complaint Form** on page 10 and 11. When it’s your turn to fill out the form, write your name and contact information. Pretend you’re the person with PTSD.

- We will circulate around the room to answer any questions you may have.

- We’ll let you know when it’s nearly time to give you a chance to wrap up.

[Both teachers circulate around the room. When only 3 minutes remain, tell participants it’s time to wrap up.]

Thank you, everyone. It’s time to lay your pencils down. Now pair up. You’ll have 5 minutes to discuss the form and fill in any blanks with a partner.

---

Please give yourselves a pat on the back for working through this exercise. Let’s talk about the experience.

**What did you learn from filling out this form?**
**What was most helpful for you?**
**How will you use what you have learned?**

[Take a few responses to each question]
### Slide 29

**Time:** 30 sec

This website, [www.ParityRegistry.org](http://www.ParityRegistry.org), has excellent information in plain language to help you learn more about parity. Sponsored by the Kennedy Forum and the Scattergood Foundation, ParityTrack is collecting stories of people who have experienced parity violations to help fight for stronger enforcement of state and federal parity law.

By submitting your story on the ParityTrack website in addition to filing with the proper agency, you'll help the overall struggle for parity. You can give your name or not, it's up to you.

### Slide 30

**Time:** 30 sec

If you would like more information or assistance, this slide and your handouts include some helpful state and national resources.

Again, we recommend going to your state department of insurance in addition to the other things you do. That will make sure your parity complaint is registered with the state, which will help strengthen the parity law for everyone.

### Slide 31

**Time:** 1 min

Thank you all for giving your time and energy to this workshop. Please applaud yourselves for everything you've accomplished today.

**Please remember to fill out your post-training evaluation and turn it in to (name location or person).**

Another way you can make a difference is by joining advocacy organizations like NAMI. Becoming a NAMI member is quick and easy. Sign up on line at [www.nami.org/membership](http://www.nami.org/membership). Individual membership is $40.00 per year, or $60.00 for your whole household. And if money is tight, you can do the open-door membership for $5.00 per year. Any way you do it, please join our movement. We need your voice!
<table>
<thead>
<tr>
<th>Slide</th>
<th>Time</th>
<th>Script</th>
</tr>
</thead>
</table>
| Slide 32 | 30 sec | If you would like more information on *NAMI Smarts for Advocacy*, contact your local or state NAMI organization.  

[Post slide as presentation concludes.] |
Overview

What is parity?
Parity means ‘at the same level’. Mental health and addiction treatment parity requires health insurance plans to cover mental health and substance abuse treatment at the same level as other types of medical care.

Why is parity important?
Health insurance should help millions of Americans get the mental health or addiction treatment they need, yet too many health plan members face lower visit limits, higher out of pocket costs and stricter rules on how care is reviewed than for medical and surgical benefits.

Federal Parity Laws
The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)
MHPAEA applies to large group and self-insured health plans and Medicaid managed care plans. MHPAEA does not require health plans to provide mental health or addiction benefits, but if they do, treatment limits and out of pocket costs must be at the same level as medical and surgical care.

The Patient Protection and Affordable Care Act of 2010 (ACA)
The ACA strengthens coverage for mental health and addiction through:

- **Consumer protections:** Health plans can’t turn people down or charge more for having major illnesses such as mental health or substance use conditions. The law does not allow lifetime or annual treatment limits. Parents can include adult children on their health plan up to age 26.

- **Medicaid expansion:** States have the choice to expand Medicaid eligibility to any household with an income at or below 138% of the federal poverty level ($16,400/year for one person).

- **Health insurance exchange:** Every state must have a state or federally run health insurance exchange with health plans that meet certain standards. Exchange plan premiums are partly covered by up-front tax credits up to 400% of the federal poverty level ($97,200 for one person).

- **Parity in individual and small group plans:** Requires all individual and small group health plans to meet MHPAEA parity requirements whether or not they are sold through an exchange. Requires parity in private health plans that cover people in Medicaid expansion and Children’s Health Insurance Plans (CHIP).

- **Essential Health Benefits:** All individual and small group plans must cover 10 Essential Health Benefits (EHB). **Behavioral health** is one EHB category. EHBs must meet parity standards, not only within the ‘behavioral health’ category, but also in other categories such as emergency care.

The 21st Century Cures Act of 2016
The parity section of this law requires the U.S. Department of Health and Human Services to:

- Issue new guidance on how to comply with federal parity laws
- Hold a public meeting on state and federal agencies coordination regarding parity
- Publish a report on federal parity investigations - issued each year for five years
- The Government Accountability Office (a federal watchdog) will study enforcement of federal parity law.
- New resources are required on eating disorder treatment parity. Health professionals will be educated about eating disorders and effective treatment.
Health Plans and Federal Parity

Not all types of health coverage must meet parity requirements, and conditions under which parity applies vary. The following chart shows the types of health plans that must comply with federal parity law and the conditions that apply.

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Parity?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employer Sponsored</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large employer &gt; 50 employees</td>
<td>Yes</td>
<td>Not required to provide mental health or addiction benefits, but if they do, coverage must be on par with other medical benefits.</td>
</tr>
<tr>
<td>Small employer 2 to 50 employees</td>
<td>Depends</td>
<td><em>If created after 3/23/2010, must provide mental health benefits. Required to follow federal parity law.</em></td>
</tr>
<tr>
<td>Federal Employee Health Benefits Plan (FEHBP)</td>
<td>Yes</td>
<td>Must provide mental health benefits; required to follow federal parity law.</td>
</tr>
<tr>
<td>Non-federal government</td>
<td>No</td>
<td>Some health plans for state or local government workers can opt out of federal parity law.</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>No</td>
<td>Plans for employees of faith-based organizations can opt out of federal parity law.</td>
</tr>
<tr>
<td>Retiree only</td>
<td>No</td>
<td>Plans that only cover retirees can opt out of federal parity law.</td>
</tr>
<tr>
<td><strong>Government Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>No</td>
<td>Federal health plan for people who are age 65 or older and people with disabilities. Federal parity law does not apply.</td>
</tr>
<tr>
<td>Children’s Health Insurance Program (CHIP)</td>
<td>Yes</td>
<td>Government health plan for low to middle income children. Federal parity law applies.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Depends</td>
<td>Government health plan for certain low-income children and adults. Federal parity law applies to Medicaid managed care plans, but not Medicaid Fee-for-Service (FFS) plans.</td>
</tr>
<tr>
<td>TRICARE</td>
<td>No</td>
<td>Federal health care program for uniformed military service members and their families</td>
</tr>
<tr>
<td><strong>Individual Plans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual health plans (You buy for self or family)</td>
<td>Depends</td>
<td><em>If created after 3/23/2010 or changed since, must provide mental health benefits; required to follow federal parity law.</em></td>
</tr>
</tbody>
</table>

---

2. Federal law restricts the use of Medicaid dollars for service to adults between the ages of 21 and 64 in certain types of free standing psychiatric hospitals and residential facilities. 42 U.S.C. 1369(d).
Parity Protections

Federal parity law protects health plan members by requiring the same level of coverage for mental health and addiction treatment as for other types of medical and surgical care.

Types of care:
- Hospital or residential treatment
- Outpatient visits
- Emergency or crisis care
- Prescription drugs
- Both in-network and out-of-network

Out-of-Pocket Costs: Costs for mental health or addiction treatment must not be greater than costs for most other medical care
- Co-pays: Flat fee per visit or service
- Co-insurance: Percentage of total service cost
- Maximum out-of-pocket costs: What you pay before the plan pays 100%
- Deductibles: What you pay before the plan begins to pay
- Annual or lifetime dollar limits: The most a plan will pay in a year or lifetime

Treatment limits: The number of visits or days for mental health or addiction treatment must be no less than limits for most other medical care
- Number of outpatient visits
- Number of days in hospital or residential care
- Limits on prescription medications
- Excluded types of treatment or situations

Other limits: Other types of limits must not be more restrictive for mental health or addiction treatment than for other types of medical care
- Prescription drug costs or requirements
- Prior-approval requirements
- Clinical standards used to approve or deny care
- Availability of providers
Warning Signs: Parity Violation?

<table>
<thead>
<tr>
<th>Fewer visits or days for MH/SUD care</th>
</tr>
</thead>
</table>

*Warning sign:* The health plan covers fewer office visits or inpatient days for mental health or addiction treatment than for other types of medical care.

<table>
<thead>
<tr>
<th>MH/SUD residential or partial hospital care not covered</th>
</tr>
</thead>
</table>

*Warning sign:* The health plan does not cover residential treatment or partial hospital care for mental health or addiction treatment, but similar care is covered for other medical conditions.

<table>
<thead>
<tr>
<th>Higher out of pocket costs for mental health/addiction care</th>
</tr>
</thead>
</table>

*Warning sign:* The health plan charges more for mental health and addiction care:

- Added deductible for mental health and substance abuse care
- Higher copay for services (set fee per visit or prescription)
- Higher co-insurance (percentage of total cost)
- Medication or treatment placed on a higher tier (percentage of total cost)

<table>
<thead>
<tr>
<th>Care denied unequally: Not medically necessary</th>
</tr>
</thead>
</table>

*Warning sign:* The health plan reviews requests for mental health or addiction treatment more often or in a stricter way than for other types of care.

Health plans approve or deny requests for care based on *medical necessity*. A treatment request may be denied because:

- It is not approved for certain health conditions
- The treatment may only work under certain conditions
- Effectiveness or safety may be in question
- The cost is higher than other types of care for the same condition

<table>
<thead>
<tr>
<th>Having to ask permission more for mental health or addiction care</th>
</tr>
</thead>
</table>

*Warning sign:* The health plan requires prior approval more often for mental health and addiction treatment than other types of care.

With prior authorization or prior approval (PA) the member or provider must contact the health plan to ask permission before starting treatment. If PA is granted, the plan will pay.

Step therapy means the member must try a common, less expensive treatment or medication that is proven effective for a given condition before “stepping” to the prescribed treatment.

<table>
<thead>
<tr>
<th>Can’t find in-network mental health or addiction providers</th>
</tr>
</thead>
</table>

*Warning sign:* It is hard to find local mental health or addiction treatment providers in the health plan network, but other types are available. Provider directory not up to date.

To keep premiums low, health plans contract with a limited number of providers who meet quality standards. In return for client referrals, providers go through a review process, agree to work for a reduced rate and follow plan procedures. This is called a provider network.
Complaints and Appeals

When care is denied, a health plan member or provider has the right to complain (about the quality of care or coverage) or to ‘appeal’ (ask for a different decision). Complaints and appeals are a standard part of the insurance business. State and federal agencies need complaints and appeals because they are helpful in finding out where the problems are and making the parity law stick.

How to prepare a complaint:

1. Member and provider discuss the reason for the complaint or appeal. Write down the details.
2. Member or provider contacts the health plan customer service office to ask for a different decision.
3. If not resolved, the member or provider files a written complaint with the health plan.
4. At the same time, the member or provider contacts the state health insurance department:
   - For information
   - For help filing a complaint with the health plan
   - To file a complaint with the correct government agency.

What happens when a complaint is filed?

1. Fill out a complaint form and attached documents, if any, that provide details.
2. Submit the completed complaint form and attachments by U.S. mail, fax or email.
3. When the state insurance agency receives the form, you will receive a written notice that your complaint has been received. A file number will be assigned which you should use any time you contact them about your complaint.
4. The state insurance agency will forward the complaint to the health insurance company or agent and request a response. The company or agent has a limited time to respond, usually 30 days.
5. When the state receives a response one of the following will happen:
   a. If the complaint has been resolved, the file will be closed. You’ll get a letter.
   b. If an insurance law has been violated, they will be asked to correct the problem.
   c. If the company is not abiding by the policy, they will be asked to correct the problem.
   d. If the insurer or agent has not responded to all questions or has not looked into the complaint in detail, they will be required to do so.
   e. If no violation is found, you will get a letter explaining why the case is closed.
6. It takes about 45 days from the time a complaint is received to when the problem is solved. A complex complaint could take longer.
Complaints and Appeals (continued)

This chart shows the government agencies responsible for different types of health plans. If you are not sure where to file a complaint or appeal, visit the HHS parity complaint website shown below. At the same time, contact your state insurance department.

<table>
<thead>
<tr>
<th>Type of Health Plan</th>
<th>Government Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer-based plans: Large group or self-insured</td>
<td>U.S. Department of Labor (DOL)</td>
</tr>
<tr>
<td>Individual health plan: Federal Marketplace or State Exchange</td>
<td>State Health Insurance Dept.</td>
</tr>
<tr>
<td></td>
<td>U.S. Centers for Medicare &amp; Medicaid Services (CMS)</td>
</tr>
<tr>
<td>Individual or small group Non-exchange plan</td>
<td>State Health Insurance Dept.</td>
</tr>
<tr>
<td>Medicaid Managed Care or Children’s Health Insurance Plan (CHIP)</td>
<td>State Medicaid Program</td>
</tr>
<tr>
<td></td>
<td>CMS</td>
</tr>
<tr>
<td>Federal Employee Health Benefit plan (FEHB)</td>
<td>U.S. Office of Personnel Management</td>
</tr>
</tbody>
</table>

Not sure where to file?

Federal HHS parity complaint website

- Information
- Links:
  - Federal agencies
  - State insurance departments
Sample Mental Health Story 1: Worksheet

A 38-year-old married woman covered by her husband’s small group employer-sponsored health plan:

“My health plan requires prior authorization for mental health, but not for medical care. The doctor prescribed TMS * for my depression, but my health plan denied the service as ‘not medically necessary’ despite the fact that I’ve tried everything.”

Discussion questions:

Does this story have parity issues? If so, what are they?

What is the first step she should take?

What government agency or agencies should she contact?

* TMS: Transcranial Magnetic Stimulation is used for treatment-resistant depression
Sample Mental Health Story 2: Worksheet

A 59-year-old man with an individual health plan purchased through the state health insurance exchange:

“My brand name diabetes medication is on tier 1 with no coinsurance, but my mental health medications are on tier 3 and I can’t afford $240.00 out of pocket every month.

I have to ‘step up’ by taking less expensive psych meds for 6 weeks. I only get the one I need if the other doesn’t work. I changed health plans twice before and had to ‘step up’ each time. Why can’t they look at my record and approve the right drug from the start?”

Discussion questions:

Does this story have parity issues? If so, what are they?

What is the first step he should take?

What government agency or agencies should he contact?
Sample Mental Health Story 3: Worksheet

A 20-year-old single woman with Medicaid managed care.

*Her mother is speaking:*

“Our Managed Care Organization (MCO) evaluated medical necessity for day hospital treatment almost on a daily basis. That made no sense because the decision to admit our daughter to this type of treatment was based on her receiving residential care for four weeks. Care was denied several times while she was there and it was a constant struggle to extend the stay.

I don’t understand why this is different than her stay in the rehab facility after she broke her leg.”

**Discussion questions:**

Does this story have parity issues? If so, what are they?

What is the first step she should take?

What government agency or agencies should she contact?
Sample Consumer Complaint Form
National Association of Insurance Commissioners

Complainant's information:
* First name ____________________ Middle ____________________ * Last name ____________________
* Address ________________________
* City __________________________ * State __________ * ZIP __________
County __________________________ Country __________ International ZIP __________

Email address: __________________________

Please re-enter email address as verification: __________________________

* Phone number: _______ _______ _______ Extension: _______
* Alternate phone number: _______ _______ _______ Extension: _______

How do you want to be contacted? __________________________

Insured Information (if different than above)
* First name ____________________ Middle ____________________ * Last name ____________________

Other parties involved in this problem:
* First name ____________________ Middle ____________________ * Last name ____________________

* Type of Insurance

Annuity
Auto
Commercial
Dental
Disability
Group health
Home
Individual
Life
Long term care
Medicare supplement
Other
Title
Workers comp

* Reason for Complaint check one or use ctrl key to make multiple selections

Agent handling
Cancellation
Claim delay
Claim denial
Delays/no response
Information requested
Misrepresentation
Nonrenewal
Other
Premium & rating
Premium notice/billing
Premium refund
Unsatisfactory settlement offer

Other desc. __________________________ Other desc. __________________________
*Details of complaint

*What do you consider to be a fair resolution?

Maximum fair resolution length: 4,000 characters. Characters left: 

Note: After the final submission of this form, you will be provided an opportunity to attach supporting documents. Will you be mailing or attaching additional supporting information?

To download form: https://sbs-tn.naic.org/Lion-Web/servlet/org.naic.sbs.ext.onlineComplaint.OnlineComplaintCtrl?spanishVersion=N
Resources

State:

**Department of Insurance:** State insurance agency staffed to answer insurance questions and assist with complaints and/or appeals.
- Telephone:
- Email:
- Download complaint form:

**Medicaid:**
- Customer service line:
- Complaints and Appeals:

**State Mental Health Authority:** State agency responsible for mental health and addiction services.
- Telephone: Information & Referral, M-F, 8:00am – 4:30pm
- Crisis Line:

Federal:

**U.S. Department of Health and Human Services (HHS) Parity Portal.** Website to file parity complaints and appeals with the correct government agency.
- www.hhs.gov/mental-health-and-addiction-insurance-help

**U.S. Department of Labor (DOL)**
- **EBSA (Employee Benefits Security Administration):** Federal agency responsible for employer sponsored and large self-insured health plans.
  - Phone: 866-444-3272
  - www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa

**CMS (Centers for Medicare and Medicaid Services):** Federal agency responsible for Medicare, Medicaid and health insurance exchange or federal Marketplace health plans.
- Helpline: 877-267-2323 extension 61565
- phig@cms.hhs.gov

**SAMHSA (Substance Abuse and Mental Health Services Administration):** Federal agency responsible for mental health and substance use services.
- Helpline: 800-662-4357

Advocacy Organizations:

**Depression Bipolar Support Alliance (DBSA):** Organization of individuals and families affected by mood disorders. Provides help, support, and education. www.dbsalliance.org

**Mental Health America (MHA):** Addresses the needs of people with mental illness and promotes the mental health of all Americans. http://www.mentalhealthamerica.net

**National Alliance on Mental Illness (NAMI):** Organization of individuals and families affected by mental health conditions. Provides support, education, advocacy, awareness.
- Helpline: 1-800-950-6264, info@nami.org Parity information: www.NAMI.org/parity

**ParityTrack:** Helps people with mental health and substance use disorders understand and exercise their rights under parity law. www.paritytrack.org
Hello everyone. Welcome to the NAMI Smarts for Advocacy workshop, *Budgets: Funding Our Future*, part of NAMI’s grassroots advocacy series. My name is [name] and I will be facilitating your learning today. And helping us today is [name].

During this workshop, we’ll talk about how mental health funding plays an important role in paying for the services in your community. When funding is inadequate, services are inadequate, and people may go without the support they need to experience recovery.

We’ll discuss how you can use the power of your story to influence the funding of mental health services. Elected officials pass the budgets that fund the mental health care that is available to you. As part of this workshop, we’ll guide you through writing your story in seven short steps.

When you complete this workshop, our goal is that you take with you a version of your story that you can use to raise awareness, inspire others and influence policymakers.

We hope you’re excited. Are you ready to start? [Wait for a response, if appropriate] Great, we’ll get started.

To begin, please take out your evaluation form and fill out the first column for question one and two only. You will fill out the rest of the evaluation form at the end of the workshop. [Give participants about half a min. to fill out the first two questions.]
### Core Concepts
- Workshop format

Budgets: Funding Our Future is formatted to build on what research shows helps people learn:
- First, you will **learn** why telling your story about funding for services is important
- Next, you’ll **hear** tips for telling your story effectively
- **Listen** to an example
- **Discover** what makes a story work
- **Write** your own story and
- **Practice** sharing it

**How does this sound to you?** [Wait for group to respond.]

Again, today’s workshop is focused on using your story to help influence policymakers who will make budget decisions to support mental health services.

### Core Concepts
- Turn off electronic devices
- Participate fully
- Hold questions

This workshop covers a lot of ground in a short amount of time. In order for everyone to get the most out of this session, I’d like to ask you to agree to the following basic ground rules:
- Turn off your electronic devices unless absolutely necessary
- Participate fully—be willing to do each of the activities and to stay focused
- Because our time is limited, please keep questions and comments very brief

To keep us on time, I’ll be signaling you when we need to stop an activity. I’ll let you know by [indicate how you’ll signal participants—voice, hand, chime, etc.] Please be willing to stop even if you are not finished.

If you have questions or comments that aren’t answered during the workshop, feel free to ask them when the workshop is over.

**Are you willing to follow these ground rules?** [Wait for response]

Thank you!
Facilitator Script for NAMI Smarts for Advocacy, Budgets: Funding Our Future

Why Advocate for Budgets?

Mental Health Budgets = Mental Health Services & Supports

We’d like to say a word about why this workshop is part of NAMI Smarts for Advocacy. NAMI seeks to build better lives for all who are affected by mental illness or mental health conditions.

Access to mental health care in your community is critical to people’s ability to recover or manage their mental illness effectively. However, we know it can be difficult to find needed care.

Without appropriate funding for mental health, mental health services are harder to access.

Simply put, the amount of money in the budget for mental health affects the availability of mental health services and supports.

Because policymakers make decisions about mental health budgets, it is important to share how mental health services have affected you or someone you care about.

Core Concepts

- Why this workshop?
- Mental health budgets equal mental health services and supports

Warm-up Activity

- What mental health services helped you?
- What mental health services were missing when you needed them the most?
- Have you ever been told you were ineligible for a service you needed?

To start, let’s think about the role mental health services have played in your recovery or the life of someone you know. What did it take to get the right treatment? Have you experienced barriers in accessing needed care?

I’ll read three questions. If you’d like to share, raise your hand. Let’s try for a couple of responses to each question.

**Briefly, what mental health services helped you?** [Take 2 brief responses]

Policymakers like to fund things that work. Your examples of what has helped you are the perfect way to inspire policymakers by sharing how budget decisions can have a positive impact on the lives of people with mental health conditions.

**Briefly, what mental health services were missing when you needed them the most?** [Take 2 brief responses]
| Have you ever been told you were ineligible for a service you needed? | **Briefly, have you ever been told you were ineligible for a service you needed?** [Take 2 brief responses, then thank respondents for sharing]  
Examples of services that were missing or that people could not access help illustrate why budgets need to be strengthened to fill in gaps to allow more people to get the help they need.  
Thank you for sharing. Now we’re going to talk about what we mean by “mental health budgets.” |
|---|---|
| We want to start off by a statement of principal: NAMI believes that all budgets should fund the mental health services and supports that get people the help they need.  
Before we go further, we want to talk about the phrase “services and supports.” |---|
When we talk about services and supports, we’re talking about the wide-range of treatments, interventions and other recovery supports that help people live successfully. This could include supportive housing, crisis response, stabilization, therapy, case management, peer support services, medications, and more.

These services and supports fall into four categories:
- Outpatient Care, like therapy - services you receive in a doctor’s office - and case management;
- Inpatient Care, like long-term and short-term hospital care;
- Crisis Care, like crisis response and stabilization; and
- Social Support, like supported housing.

So, when we say, “budgets should fund the mental health services and supports that get people the help they need,” we’re talking about funding the various types of services that improve the lives of people with mental health conditions.

While NAMI advocates for mental health funding, there are many different interests that compete for the same pot of money.

Policymakers have to find a way to fund all aspects of government: mental health services, infrastructure, public education, law enforcement, pensions, among others.

If policymakers increase spending in one area, they have to cut in another area or increase revenue.

Policymakers must make tough choices to meet a wide range of community needs. Our job as advocates is to share how important mental health care is to the lives of about 1 in 5 people in our state who are affected by mental health conditions, their families and their communities.
Share how important mental health care is

It would be difficult enough if those were the only considerations policymakers had to think about.

**But, it gets more complicated...** [Pause for a moment]
<table>
<thead>
<tr>
<th>Slide 10</th>
<th>Approx. .5 min</th>
<th>Core Concept</th>
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<tbody>
<tr>
<td>Changes in the economy can impact budgets</td>
<td>We’ve mentioned before that policymaker decisions can disrupt communities’ budgets and what is available, but changes in the economy can impact budgets.</td>
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<tr>
<td>It’s predictable: the economy grows and shrinks. States know this, and most states have a “rainy day fund” for this very purpose. Why is this important? Because mental illness doesn’t go away in a down economy.</td>
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<tr>
<th>Slide 11</th>
<th>Approx. 1.5 min</th>
<th>Core Concepts</th>
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<tbody>
<tr>
<td>When the economy gets worse, more people lose their jobs and employer-sponsored health insurance.</td>
<td></td>
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<tr>
<td>When people lose their jobs and insurance, more people use public services, like Medicaid, state unemployment benefits or the Supplemental Nutrition Assistance Program, also known as SNAP. The government also loses some of its tax revenue that pays for the programs in the budget.</td>
<td></td>
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<tr>
<td>When more people use public services and there is less individual tax revenue, budgets are stretched thin and policymakers have to cut budgets, cut services and payments, use savings or collect new revenue.</td>
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<tr>
<td>Slide 12</td>
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<tr>
<td>Core Concept</td>
<td>Mental health services are often the first to be cut and don’t deserve to be</td>
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But, even under the best-case scenarios, funding is at risk during economic downturns.

Mental health services are often the first to be cut and don’t deserve to be.

*How many of you remember when this happened after the 2008 Great Recession? What was the effect on your community? [Take 2 brief responses]*

That’s why your advocacy is so important. But to be most effective, it helps to understand funding streams and the budget process. This may seem confusing, but it doesn’t have to be.

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<table>
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<th>Slide 13</th>
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<tbody>
<tr>
<td>Core Concept</td>
<td>The mental health services that you or your family member receive are funded at different levels of government</td>
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The mental health services that you or your family member receive are funded at different levels of government.

Before getting into the state budget process, it could be helpful to cover some of the ways the federal government and local governments also fund mental health services.
Approx. 4 min

Core Concept

- The federal government sometimes pays directly for mental health services.
- The federal government also provides funding to states, local governments, and non-profits.

When does the federal government pay for mental health services directly? There are a couple of notable cases: military and veterans' mental health care and Medicare, not to be confused with Medicaid. Medicare is a 100% federal program that doesn't just cover elderly Americans. It covers millions of people who are disabled by mental illness or another condition.

The federal government also provides funding to states, local governments, and non-profits. Here are some examples:

- **Department of Health and Human Services**, commonly referred to as HHS.
  - HHS provides roughly half the funding for Medicaid which covers many mental health services and supports and is one of the largest payers of mental health care in the country.
  - The Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Block Grant is another notable source of funding that covers important services and supports that may not be covered by Medicaid, such as first episode psychosis programs and people who may be uninsured or underinsured.

- **Department of Justice**, or DOJ. DOJ provides grant funding for criminal justice-mental health initiatives, such as mental health courts and training for Crisis Intervention Teams (CIT).

- **Department of Housing and Urban Development**, or HUD. HUD provides funding for homelessness programs and affordable housing for people with mental illness.

NAMI at the national office fights hard for federal funding and you can help by signing up for advocacy alerts at nami.org/advocacy.

But a significant amount of funding happens at the state or local level, which is where you can have a major impact.
At the local level, some municipalities will fund mental health services through their own budget. For example, the county government may have a department of mental health that provides mental health services.

Funding can also come from foundations or grants, which often help communities provide more services. While this funding can be helpful, it is usually short-term and does not create a steady funding stream.

For the purpose of this training, though, we’re going to take a closer look at the state budget process.

At the state level, most mental health services are funded by the state Medicaid agency and the state mental health agency, which could go by different names in different states:

- Department of Mental Health
- Department of Behavioral Health
- Department of Health
- Department of Human Services
- Department of Health and Human Services

You can also find funding for mental health services in departments you wouldn’t necessarily consider, like housing and corrections.

You may be advocating for funding in more than one budget area.

[Optional: If you know the name of your state mental health agency or state Medicaid agency, add it here.]

Prep:
Look up the names of your state mental health agency and state Medicaid agency. If you are unsure, please check with your NAMI State Organization.
The budget process is a cycle, and it’s important to understand it in order to know when to start your budget advocacy.

State budgets are passed every year or every other year. And the budget covers a set time period, or fiscal year. The fiscal year often isn’t a calendar year. For example, many states have a fiscal year that runs from July 1st to June 30th.

Use the Types of Budget Cycles (pages 5-6) handout to find our state’s budget cycle and fiscal year. [Pause for class to look at the handout]

Did anyone find the budget cycle for our state? [Get response]

[Use this optional statement if your state is on a biennial (2-year) budget cycle:] What do you think having our budget passed every other year means in terms of our advocacy? [Get responses]

By the time the budget comes out, the framework is there and will be harder to change. It’s helpful to have relationships with policymakers and staff in these departments, so you can help proactively shape the budget to include our priorities before it is finalized.

Work on the next budget often begins shortly after the beginning of the fiscal year. It’s helpful to think ahead and get in the front door and start working with state agencies and legislators early.
To help start your advocacy, let’s explore a typical state budget process.

Shortly after the start of a new fiscal year, the state’s budget office prepares guidelines for agencies, including how much money agencies can spend – or how much they need to cut – and details about the governor’s priorities.

Agencies use that information to prepare budget requests, which are submitted to the governor. The budget office will review requests, meet with agency staff, hold hearings, and compile budget recommendations for the governor.

The governor takes those recommendations and works with the budget office to develop a budget proposal to present to the legislature in the early winter– usually in an address like the State of the State.

The legislature takes the governor’s budget request, reviews it, and holds hearings with agency leaders. Typically, each chamber of the legislature will create and pass their own versions of the budget. A conference committee of legislators from each chamber is appointed to resolve the differences, and the full legislatures approves the budget.

The governor receives the legislature’s budget and can sign it into law or veto (disapprove of) the budget, sending it back to the legislature. In some states a governor can “line item veto” specific things in a budget but sign the rest of the budget into law. Ultimately, a budget must be approved by the legislature and signed by the governor to fund services and programs, like mental health care.

*Where in the budget process do you see opportunities for advocacy? [Take 1-2 brief responses]*
### Slide 19
**Core Concept**
- State specific committees oversee the budget process

**Prep:**
Look up which committees in your state legislature pass the state budget. If you are unsure, please check with your NAMI State Organization.

**Approx. 1 min**

Let’s take a deeper look into the legislature’s role.

Specific committees oversee the budget process and you will need to direct your advocacy towards the appropriate committees.

There are multiple committees that work on budget issues. However, we’ll focus on the budget committees that pass the final budget.

In our state, the committees that pass the budget are the [insert House/Assembly committee title] and the [insert Senate committee title].

---

### Slide 20
**Core Concept**
- Stories are critical to helping policymakers understand the need and impact of mental health funding

**Approx. .5 min**

We’ve covered *how* to get involved in the budget process, but *why* should you get involved?

To see the services and supports we believe every person with a mental health condition deserves, your voice is critical to helping policymakers understand the need and the impact of mental health funding.
NAMI advocates on a wide range of policy issues. NAMI’s budget priorities include funding:

- crisis services;
- supportive housing programs;
- And early intervention, such as Coordinated Specialty Care in First Episode Psychosis Programs.

At the same time, NAMI works to fend off threats to mental health care in budgets across the country. As we discussed, mental health budgets are often unfairly the first to get cut during a difficult budget season. NAMI activates its advocates to fend off those harmful proposals and to promote stable mental health funding.

We can only achieve our priorities – and protect against budget cuts – when advocates like you share stories about why mental health funding is important.

Today, we’re going to dive deeper into one of those priorities – early intervention, specifically First Episode Psychosis, or FEP, programs.

Any of the advocacy tools covered today are not only for FEP programs; they can apply to any of our budget priorities.
First, a little background.

Every year, roughly 100,000 youth and young adults experience a first episode of psychosis.

Psychosis involves loss of contact with reality, such as hallucinations, seeing or hearing things that others do not, or delusions, beliefs that are not based in reality. Symptoms can also include speech that does not make sense, difficulty thinking clearly, lack of self-care, withdrawal and odd or inappropriate behavior.

NAMI believes that every young person experiencing psychosis deserves to realize the promise of hope and recovery. Fortunately, early treatment provides a foundation for recovery and a full life.

FEP programs use a highly-effective, team-based approach, called Coordinated Specialty Care, or CSC, which works with young people and their families to help young people reach their recovery goals.
Core Concept

- Research shows greater improvements in symptoms, relationships and quality of life for people who participated in FEP programs.

The CSC model includes:
- Recovery-oriented psychotherapy
- Case management
- Medication management
- Family support and education
- Supported education and employment
- Peer support services

Throughout our training, we will refer to programs using this model as FEP programs for short.

Let’s spend a few minutes looking at the FEP Programs: Investing in the Promise of Hope & Recovery (page 7) worksheet in your materials.

**What strikes you as valuable or interesting about this model?** [Take 2 brief responses]

Research conducted by the National Institute of Mental Health, or NIMH, shows that compared to typical care, people with early psychosis who participate in FEP programs experience greater improvement in their symptoms, relationships and quality of life, are more involved in work or school and stay in treatment longer.

The sooner people get this quality care, the greater the improvements.

Despite the strong research case, funding remains a challenge for FEP programs.

Thanks to NAMI’s advocacy, the federal Mental Health Block Grant provides some money for FEP programs in states. Unfortunately, that money is not enough to make programs readily available for everyone who needs one.
## Core Concept
- State funding is vital to fully fund FEP programs and make them available to everyone who needs them.

> Also, Medicaid plans and commercial health insurance do not typically cover the full cost of FEP programs, especially supported education and employment, as well as outreach and engagement.

> That’s why state funding is vital to fully fund these programs and make them available to everyone who needs them.

---

### Personal Experience: Andrew

Andrew, a young man who participated in an FEP program, was kind enough to share his experience:

> “With the help of my FEP clinic team, community, family and friends, I have gotten back on track. With all of this support, I am refocused on achieving my professional goals.”

> Personal experiences -- like Andrew’s and your own -- are powerful tools when advocating for funding.

---

### Core Concept
- Personal experiences are powerful tools when advocating for mental health funding.

---

### Why Tell Your Story?

We know that it isn’t always easy to access mental health services and we know what can happen when policymakers don’t provide enough funding.

> That’s why it’s important to speak up.

> Your story is a way to let people know that mental health services can provide a path to recovery for you or someone you care about.
<table>
<thead>
<tr>
<th>slide 28</th>
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<tbody>
<tr>
<td>Core Concept</td>
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<tr>
<td>➢ Your story lets people know that mental health services and provide a path to recovery</td>
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<tr>
<th>slide 29</th>
<th>Approx. 1 min</th>
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<tbody>
<tr>
<td>Core Concepts</td>
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<tr>
<td>➢ Your story is always right</td>
<td></td>
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<tr>
<td>➢ Your lived experience has value and meaning</td>
<td></td>
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<tr>
<td>➢ You don’t have to have all the answers—just a clear “ask”</td>
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Research shows that stories that evoke emotion and empathy are far more powerful than facts and figures in shaping the opinions of others. **Hearing real stories** is one of the best ways to change how elected officials fund mental health services.

Best of all: [Pause slightly after each of these concepts to let people process]

1. Your story is always right
2. Your lived experience has value and meaning
3. You don’t have to have all the answers—just a clear "ask" of your listeners

If you think about it, this is very empowering to realize.
However, while your lived experience is meaningful, *how you tell your story* affects your impact.

You want to make a difference, so we’ll give you some tips for telling your story about your experience with mental health services in your community.

### slide 30

**Approx. .5 min**  
**Core Concept**  
- *How* you tell your story can affect your impact

### slide 31

**Approx. 1 min**  
**Core Concepts**  
- Keep your story brief  
- Aim for about 90 seconds; think of a movie trailer

The 1st tip is to **keep your story brief**.

We could all tell volumes about what has happened to us. But, you'll lose your listeners if you spend too much time and give too many details.

Remember, we live in a world of sound bites and Twitter feeds. Keep your story short. **Aim for about 90 seconds**.

Think about a movie trailer—in 90 sec. you get the highlights and want to see more. That is what you want to achieve with your story—give just the highlights about how funding for mental health services has made a difference in your recovery and leave your listeners eager to know more.
### Core Concept
- Hope is a powerful motivator
- Think about how better funding for services would help you or others on a path to recovery

Our 2nd tip is to **motivate your listener by using positive concepts like hope and recovery** whenever possible.

Hope is a powerful motivator for policymakers. People like to root for those who make it through adversity—use this to your advantage.

If you struggle to think of your story as hopeful, think about how better funding for services would help you or others on a path to recovery.

### Tip #3
**Make an “ask” to improve funding for mental health services and supports**

Here's our last tip: **Make an “ask”** of your listener. This is often forgotten when people tell their stories. But as the saying goes, “If you don’t ask, you don’t get.”

Besides, policymakers want to know what you want them to do, even if they disagree. If you are talking to policymakers, let them know that you want their support to improve funding for mental health services and supports for people with mental health conditions.

You've just heard our three tips. **What was the most meaningful thing you've heard so far?** [Take two quick responses]
Approx. 5 min

**Core Concepts**
- Share a sample story
- Story format is adaptable
- **Listen** and notice your reactions

---

<table>
<thead>
<tr>
<th>Now that we’ve gone through our tips, I’m going to share a sample story from the perspective of [choose the sample story you will read] (page 9 or 10). Your materials include two sample stories—one from the point of view of a peer and one from the point of view of a family member. Your own perspective is unique and you may or may not relate to these sample stories.</th>
<th>Prep: Decide which sample story you will use before the workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>This story is being told as if the person were talking to a legislator on the appropriations committee. However, this story format is like a basic recipe; it can be easily adapted to fit other situations or audiences.</td>
<td>Helper or Facilitator: Practice the sample story out loud several times before the workshop until you can read it smoothly and with expression</td>
</tr>
<tr>
<td>For now, I’d like you to keep an open mind and notice your reactions and what moves you or has impact for you.</td>
<td>Handout: Sample Stories</td>
</tr>
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</table>

**Read the sample story** with expression [you or, ideally, your Helper]

*What had impact for you or caught your attention?* [Take two to four responses]
Now that you've listened to our sample story and noticed its impact, you'll need your **Sample Stories** (pages 9-10), your **Seven Steps Checklist** (page 11) and your **Story Practice Sheets** (pages 13-14).

The Checklist lists the elements of a brief, effective story. We're going to review these seven elements, or steps, and compare them with the sample story you just heard. Then, you'll use these steps to write your own story.

**Note:** Mark the sentences in your sample story that you want people to mention when answering the questions.

### Discuss 1st step

- Introduce who you are and where you’re from
- Share how you are affected by mental illness
- State your purpose—what action or decision you want

**The 1st step** of an effective story is to introduce yourself and **why you are speaking or writing**.

1. Your introduction should begin by letting your audience know your name and what city or town you live in.
2. Share how you are affected by mental illness. This establishes your credibility through lived experience.
3. Let your listener know that you would like to share your story and state your purpose—what action or decision you want from them. This helps your audience focus and be more responsive.

▶ Take a moment to **mark the phrase** in the sample story that lets you know the **purpose of the speaker’s story**.

**Who would like to read the phrase that lets listeners know the speaker’s purpose?** [Pick a volunteer and ask them to read the phrase they think answers the question]
Discuss 2nd step

- What happened before you received help?
- Should be brief, but vivid

**The 2nd step** of an effective story is to describe what happened before you got the right services (or what you are going through now). Keep this very brief—think about the main highlights or most important thing your listener should know about your situation.

Vivid language in this description helps your audience understand what you went through (or are going through).

➤ Take a moment to **mark a line or words** in the sample story that moved you or helped you understand what happened to the speaker.

**Who would like to read a line in the second section that moved you or helped you understand what happened?** [Pick a volunteer to read the phrase they think answers the question]

**Did someone else mark a different phrase?** [Pick a volunteer to read a phrase]

Your listeners will vary in what moves them. And, different stories will move different people. This is why it helps for multiple people to share their stories.

Handouts:
- Sample Stories
- Seven Steps Checklist

Discuss 3rd step

- What helped in your recovery or what would help?
- Tells the listener what makes a difference

**The 3rd step** is to describe what helped in your recovery (or for someone you care about) or what would help. By focusing on what helped or what would help you or others, you create a sense of hope and help your listener know what makes a difference.

➤ Take a moment to **mark a line** in the sample story that helped you realize what helped.

**Who would like to share the line that struck you in the third step?** [Pick a volunteer to read what helped]

Handouts:
- Sample Stories
- Seven Steps Checklist
## Discuss 4<sup>th</sup> step
- How are you different today?
- Share positive note about recovery

| The 4<sup>th</sup> step is to describe how you are different today. Share what is going right in your life (or someone you care about) or how you are experiencing recovery. This is how your story inspires. |
| Handouts: Sample Stories Seven Steps Checklist |

**What language in the fourth step of the story left you feeling hopeful or inspired?** [Ask a volunteer to read the phrase in the fourth section of the story that mentions how the writer is different today.]

## Discuss 5<sup>th</sup> step
- What will help others?
- Transitions from personal to others

| The 5<sup>th</sup> step describes what is the need or problem. Transition away from your own concern to what other people need or the challenge they face that is similar to your own. |
| Handouts: Sample Stories Seven Steps Checklist |

## Discuss 6<sup>th</sup> step
- Helps decision makers make policies that affect many people

| In 6<sup>th</sup> step, describe what will help or could help others. This should be what you want a policymaker to do or decide. The fifth and sixth steps are often said at the same time. They take you from your personal story to a message that is about other people. This helps decision makers who will take actions or decide on policies that will affect many people. Who would like to share the line that helped you sense the transition? [Pick a volunteer to share the line they marked.] |
| Handouts: Sample Stories Seven Steps Checklist |

## Discuss 7<sup>th</sup> step
- Make your “ask”
- Don’t take no or noncommittal response personally

| In the 7<sup>th</sup> and last step, make your "ask." This is a critical step that many advocates hesitate or forget to do. Thank your audience for listening. Then, let them know what action or decision you want them to make on your issue. If your audience gives you a positive response, thank them for their support. If your audience gives you a negative or noncommittal response, don’t take it personally. Thank them, again, and let them know you’d like to serve as a resource on mental illness. |
| Handouts: Sample Stories Seven Steps Checklist |

- Take a moment to mark a line in the sample story that made an ask.
Now that you’ve heard a sample story and compared it to the Seven Steps Checklist, you’re ready to find your Story Practice Sheets (pages 13-14) and start writing your own story.

For help, use your Seven Steps Checklist and the sample story—or ask a question. Remember, the best preparation for telling an effective story is to know your purpose and your “ask.”

Here’s our scenario: pretend you are telling your story to urge policymakers to fund mental health services, like in our sample stories.

Your “ask” can be the same as in a sample story or use your own words.

You’ll have about 15 minutes to write your story on your practice sheet. I’ll let you know when you have a few min. left to finish up.

If you don’t finish, don’t worry. This is just a practice. You can finish it on your own time or make edits later. If it’s easier for you, feel free to write your story in “bullet points” instead of full sentences.

If you finish early, practice reading your story silently.

**Circulate:** While participants are writing, walk around the room. If participants finish early, ask if they are willing to let you read their story silently. Let them know what phrases are strong. Keep in mind participants who have strong stories.

Warn participants 5 min. before end and 2 min. before time is up. [Use your chime, bell or other prearranged signal]

Stop participants after 15 min.

If you didn't finish your story, feel free to finish in your free time. What did you learn about writing your story? [Take one or two responses]
You all have a good start on your story. Now, we’ll practice sharing and giving constructive feedback.

Hold onto your story and take out your Constructive Feedback Form (page 15). The form has a scale, from one to five, for each step of a story. A “one” indicates an area that could be strengthened; “three” indicates an area that works fine and a “five” indicates an area that is particularly strong or impactful.

Please find a partner and wait for our practice instructions. [Wait for partners to form]

Here are the instructions. In the next ten minutes, we’ll have two five-minute rounds of story-sharing. As a reminder, I’ll let you know when five minutes has passed with [Indicate chime, bell or other signal]. During each round:

- One person will share their story in two minutes or less.
- One person will keep time and stop the storyteller after two minutes. Use a stopwatch function on a cell phone, if available.
- Timekeeper should also listen attentively and, if possible, fill out the Constructive Feedback Form to record impressions.
- After the storyteller’s two minutes is up, provide constructive feedback—specific information about what worked well or worked fine and what could be strengthened and how. Remember that constructive feedback is not intended to be judgmental—it is intended to help you see the strengths of your story and how you could make it even more impactful.

Please begin.

Signal end of round 1 after 5 min.
It’s time to trade roles if you haven’t already.

Signal end of round 2 after 5 min.

How’d that go for everyone? What did you learn about telling your story? [Take 2 to 3 quick responses]
### Core Concepts

- Basic story is written and can serve as basis of advocacy
- Story can be modified to use with different audiences and issues

---

**Ask for a volunteer to share their story.** Call on a person whom you think may have a good story based on what you heard or read earlier.

**Thank you so much for sharing your story. Now, as listeners, what was effective for you and why?** [Take two or three responses]

*Note: You may ask for another volunteer if you like.*

You have all accomplished a lot in just a short time. You’ve written your story and practiced it. Now, you can use your story to help make positive changes for people living with mental illness.

Best of all, the story you wrote is based on a basic structure, or recipe. That means you can make just a few changes in details and the purpose and “ask” and use it for many different issues and audiences.

**Let’s learn together—what makes a story really effective?**

**What was most helpful or impactful for you?**

[Take a couple responses to each question]

---

This quote, “storytelling is the most powerful way to put ideas into the world,” is a reminder that your story can—and does—influence others.

**Your story** can make a real difference in mental health funding.

---

*“Storytelling is the most powerful way to put ideas into the world.”*

Robert McKee
One way to make an impact is to share your story with policymakers who can influence the budget. Work with your NAMI State Organization to identify opportunities to share your story where it is most impactful.

Those opportunities could include meetings with agency or legislative committee staff. If there aren’t opportunities during the budget process, consider sharing your story with the media to get the word out.

Your stories will help policymakers understand the real-life impact of mental health services and how they are funded.

And, NAMI will help keep you informed of opportunities to use your story, so be sure to sign up for advocacy alerts at www.nami.org/advocacy.

[Optional: If host knows of an opportunity, share with the group and provide any instructions]
<table>
<thead>
<tr>
<th>Slide 42</th>
<th>What did you take away from this experience today? What made an impact on you? [Take three responses]</th>
<th>Helper and Facilitator: If possible, take a picture stories of participants who are willing for you to do so. Consider taking a picture of the class.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 43</td>
<td>Thank you all for giving your time and energy to this workshop. Please give yourselves a round of applause for everything you've accomplished today. [Wait for applause] Before you go, please take half a minute to fill out the remainder of your Evaluation Form and turn it in to [name location or person]. We value your feedback and would like to know if this workshop was helpful to you.</td>
<td>Prep: Prepare a container or place for evaluation forms and/or have Helper collect. Handout: Evaluation Form</td>
</tr>
<tr>
<td>Post slide as presentation concludes.</td>
<td>If you would like more information on NAMI Smarts for Advocacy, contact your local or state NAMI organization.</td>
<td></td>
</tr>
</tbody>
</table>
NAMI Smarts for Advocacy
Budgets: Funding Our Future

Evaluation Form

Facilitator’s name: ________________________________ Date: ____________

Location of workshop (City & State): ________________________________

My name (optional, but preferred): ________________________________

1. Overall, my knowledge and skill level in telling my story to support mental health funding is...

   Before the training: (Circle your rating)
   After the training: (Circle your rating)

   1 2 3 4 5 6 7 8 9 10
   None Some Good Excellent

2. Overall, my level of confidence in telling my story is...

   Before the training: (Circle your rating)
   After the training: (Circle your rating)

   1 2 3 4 5 6 7 8 9 10
   None Some Good Excellent

3. What did you learn that was most meaningful or helpful to you today?

4. Where do you plan to use your story to advocate for mental health funding?

5. What comments, if any, do you have about this workshop?

6. NAMI seeks to support the entire community. To help us track how we are doing, please check all that apply. I am:

   □ American Indian or Alaska Native
   □ Asian American
   □ Black or African American
   □ Hispanic or Latino
   □ Native Hawaiian, Pacific Islander
   □ White
   □ Multiracial
   □ Other: _____________________
   □ Person living with a mental illness
   □ Family of adult living with a mental illness
   □ Parent or guardian of minor child living with a mental illness
   □ Mental health provider, including peer provider
   □ Other mental health advocate
   □ Military service member, veteran or military family member
   □ Other: _____________________
Why NAMI Cares

Mental health care is vital to helping people recover or manage their mental illness effectively. However, it can be difficult to find needed services. Without appropriate funding, mental health services are frequently inadequate or unavailable. **NAMI believes that public budgets should adequately fund the mental health services and supports that get people the help they need.**

Mental health funding is vital – and often at risk.

**Adequate funding for mental health care means more people can get the help they need.**

- The amount of money in the budget for mental health affect the availability of mental health services and supports, as well as who is eligible for them.
- Adequate funding means providing the full range of treatments, services and supports that help people with mental illness live successfully, including crisis response and stabilizations, supportive housing, peer supports, case management, medications, and more.
- Funding innovative treatments, like Coordinated Specialty Care for First Episode Psychosis, can help young people experiencing psychosis realize the promise of hope and recovery.

**Changes in the economy affect government revenue and, in turn, mental health budgets.**

- In times of increased revenue, policymakers are under pressure to increase budgets for a wide range of needs, such as health care, education, and public safety. In times of decreased revenue, policymakers are under pressure to cut budgets.
- Mental health services are often cut when revenues decline—and don’t deserve to be because mental illness does not go away in a down economy.
- Without appropriate funding, people don’t get the help they need to manage their mental illness successfully and more people end up in costly emergency rooms and with avoidable hospitalizations, arrests and homelessness.
- In fact, the need for mental health care increases in a down economy because more people lose their jobs and health insurance and more people use public services, such as Medicaid and community mental health care.

**Policymakers should take steps to protect continuity of care during economic downturns.**

- Policymakers can cushion budgets against reduced revenues through a “rainy-day fund” and tapping into it in a downturn.
- Policymakers can also preserve services by temporarily increasing taxes or issuing bonds to raise funds for critical mental health services.
- By thinking ahead, policymakers can make decisions that help – not harm – people with mental illness.
Types of Budget Cycles

- **Annual budgets** are when a state reviews and enacts a budget on a *yearly basis*.
- **Biennial budgets** are when a state reviews and enacts a budget *every two years*.
- More than half of states use an annual budgeting process.\(^1\)

Use the chart below to find out when your state’s fiscal year is and what type of budget cycle they operate on. \(^2\)

<table>
<thead>
<tr>
<th>State</th>
<th>Beginning of Fiscal Year</th>
<th>End of Fiscal Year</th>
<th>Type of Budget Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>October 1(^{st})</td>
<td>September 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Alaska</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Arizona</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>California</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Colorado</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Connecticut</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Delaware</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Florida</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Georgia</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Hawaii</td>
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<td>June 30(^{th})</td>
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</tr>
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<td>Idaho</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
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</tr>
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<td>Illinois</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
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<td>Indiana</td>
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<td>Iowa</td>
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<td>June 30(^{th})</td>
<td>Annual</td>
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<tr>
<td>Kansas</td>
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<td>June 30(^{th})</td>
<td>Annual</td>
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<td>Kentucky</td>
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<td>June 30(^{th})</td>
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<td>Louisiana</td>
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<td>Maine</td>
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<td>June 30(^{th})</td>
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</tr>
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<td>Maryland</td>
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</tr>
<tr>
<td>Massachusetts</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Michigan</td>
<td>October 1(^{st})</td>
<td>September 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Minnesota</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Mississippi</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
<tr>
<td>Missouri</td>
<td>July 1(^{st})</td>
<td>June 30(^{th})</td>
<td>Annual</td>
</tr>
</tbody>
</table>

\(^1\) Some states use a combination of both processes such as only taking budget recommendations every other year while still appropriating the budget on an annual basis.

<table>
<thead>
<tr>
<th>State</th>
<th>Fiscal Year</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Nebraska</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Nevada</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>New Jersey</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>New Mexico</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>New York</td>
<td>April 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>North Carolina</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>North Dakota</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Ohio</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Oregon</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>South Carolina</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>South Dakota</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Tennessee</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Texas</td>
<td>September 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Utah</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Vermont</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Virginia</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Washington</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>West Virginia</td>
<td>July 1st</td>
<td>Annual</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
<tr>
<td>Wyoming</td>
<td>July 1st</td>
<td>Biennial (2-year)</td>
</tr>
</tbody>
</table>
Every year, roughly 100,000 youth and young adults experience a first episode of psychosis. Psychosis involves loss of contact with reality, such as hallucinations, seeing or hearing things that others do not, or delusions, beliefs that are not based in reality. Symptoms can also include speech that does not make sense, difficulty thinking clearly, lack of self-care, withdrawal and odd or inappropriate behavior.

NAMI believes that every young person experiencing psychosis deserves to realize the promise of hope and recovery. Fortunately, First Episode Psychosis (FEP) programs provide a foundation for recovery and a full life.

FEP programs use a highly effective, team-based intervention called coordinated specialty care (CSC) which helps young people reach their recovery goals. The Recovery After Initial Schizophrenia Episode (RAISE) study by the National Institute of Mental Health showed that FEP programs delivering CSC help young people with psychosis get significantly better. Young people remain in school, continue working and stay on track with their lives. The RAISE study also shows that the earlier people get effective treatment, the better the outcomes—and the lower the cost. 3 FEP programs delivering CSC are setting a new standard of care and are changing the trajectory of mental illness, including less severe symptoms, fewer hospitalizations, staying in school longer, getting back to work and staying on track.

Despite the strong research case, funding remains a challenge for FEP programs. Thanks to NAMI’s advocacy, the federal Mental Health Block Grant provides a base level of money for FEP programs in states. Unfortunately, that funding is not adequate to make programs readily available. Also, Medicaid plans and commercial health insurance typically do not cover the full cost of FEP programs, especially important components such as supported education and employment, as well as outreach and engagement. This contributes to the need for additional funding to sustain effective, evidence-based Coordinated Specialty Care programs. Early intervention is key to achieving the best outcomes for people experiencing psychosis. State funding will be essential to making FEP programs available to everyone who needs them.

---

Sample Family Member Budget Advocacy Story

1. **My introduction**

Hello, I’m Pam Smith from Amity. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.

I have a 25-year old son who lives with major depression and my family’s experience leads me here to urge you to increase funding for mental health services in our community.

2. **What happened**

When my son, Stephen, was young, he was bright, loving and happy. As he grew, depression took away his joy. He lost interest in school and no longer had the energy to play basketball with his friends after school. When he went away for college, he expressed a sense of hopelessness and I soon heard from him less and less. Then I received a call that a parent never wants to receive: Stephen tried to take his own life.

3. **Getting the right services**

Thankfully, Stephen is still with us today. He started receiving treatment at a fantastic community mental health center in our town, where he received cognitive behavioral therapy and started on an antidepressant that really helped.

4. **How he/she is different today**

After taking some time off, Stephen went back to school to finish his degree. Soon after, we got to see him walk across the stage to accept his hard-earned diploma. He’s now working in the big city, chasing his dreams – and I’m happy to have my son.

5. **What’s keeping people from getting the services they need**

Stephen is proof that access to the right services can change a life. But many people don’t get the care they need because it is not available. I don’t want to think about what would have happened to Stephen if we did not have access to mental health care.

6. **What will help people access the care they need**

Funding mental health services – like the community mental health center in our town – means more people can access the services and supports that help them live successfully, like Stephen.

7. **My "ask"**

Thank you for listening. I hope I can count on you to increase funding for mental health care in the upcoming budget.
Sample Peer Budget Advocacy Story

<table>
<thead>
<tr>
<th>1. My introduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hello, I’m Christopher Jones from Lakeside. I’m a member of NAMI Springville, part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.</td>
</tr>
<tr>
<td>I live with schizophrenia and received the right care at the right time. I’d like to share my story and ask that you increase funding for crucial programs for young people experiencing psychosis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. What happened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growing up, I was a top student and was very active with the football team and drama club. But one day after high school during junior year, I started seeing shadowy figures all around me. I didn’t understand why I was seeing the things I did. My grades got worse and I withdrew from my friends. When I was first diagnosed with schizophrenia at age 17, I was devastated and scared. I thought I wouldn’t be able to go off to college and live the life I hoped.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Getting the right services</th>
</tr>
</thead>
<tbody>
<tr>
<td>But when I was diagnosed, the psychiatrist referred me to a First Episode Psychosis program in my community. Using the coordinated specialty care model, my treatment team worked with me to find out what would work best, instead of telling me what to do. This was the beginning of my road to recovery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. How I'm different today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thanks to the program, my symptoms are under control and I have gotten much better. I’m enrolled at the local college because of my team’s support – majoring in psychology so I can help others navigate the same path I did.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. What’s keeping people from getting the services they need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfortunately, these programs aren’t available to all those who need them. Without access to a FEP program, treatment for psychosis often starts only after crises and is often limited to managing symptoms rather than promoting recovery.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. What will help people access the care they need</th>
</tr>
</thead>
<tbody>
<tr>
<td>The sooner people get access to care, the greater the improvements. Funding these programs means more opportunities for people, like me, to realize their dreams.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. My &quot;ask&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you. For every young person experiencing psychosis, please ensure that there is enough funding in the budget to ensure everyone can have the opportunity to realize the promise of hope and recovery.</td>
</tr>
</tbody>
</table>
### Seven Steps to Telling Your Story about Budget Funding

The following seven steps will help you craft a succinct and powerful story.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Introduce yourself</strong>&lt;br&gt;Give your name and city or town. Include your organization. We encourage you to describe yourself as “a member of [NAMI State Org or NAMI Affiliate], part of America’s largest grassroots mental health organization, the National Alliance on Mental Illness.”&lt;br&gt;Share how you are affected by mental illness. Are you living with mental illness, a family member, a caregiver? This gives you credibility.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>What happened?</strong>&lt;br&gt;What happened before you were able to get the services and supports you needed? Keep this brief—think about the most important thing you’d like your listener to know.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Getting the right services</strong>&lt;br&gt;Describe how getting the right services and supports helped you. Keep this brief—and add how these services helped in your recovery (or would have helped). If you had problems finding services, share the challenges and the effect on you.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>How are you different today?</strong>&lt;br&gt;Share what is going right in your life or how you are experiencing recovery. Inspire your audience by sharing the gains you’ve made or what your goals are.</td>
</tr>
<tr>
<td>5.</td>
<td><strong>What’s keeping people from getting the services they need?</strong>&lt;br&gt;Mention the challenges that keep people from getting the services they need. Think about your listeners and focus on the challenges that are within their influence, like the amount of budget funding these programs receive.</td>
</tr>
<tr>
<td>6.</td>
<td><strong>What will help people access the care they need?</strong>&lt;br&gt;Talk about what will help people get the services they need. It’s helpful to add why it’s important for people to have access to the services and supports that work for them.</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Make your &quot;ask&quot;</strong>&lt;br&gt;Ask your listener(s) to take the position or action you want. Thank your audience for listening, then make your “ask.” Feel free to be direct and specific.</td>
</tr>
</tbody>
</table>
**Story Practice Sheet**

Please refer to your Seven Steps Checklist for additional information.

<table>
<thead>
<tr>
<th>1. My introduction</th>
<th>Include your name and city and organization, if applicable. Add how you are affected by mental illness and the position or action you want your listener(s) to take.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. What happened</td>
<td>Aim for 3-5 sentences. Briefly describe the most important and compelling thing(s) about your situation.</td>
</tr>
<tr>
<td>3. Getting the right services</td>
<td>Aim for 2-4 sentences. Briefly describe how you got the services and supports you needed and how it helped in your recovery. If you had problems finding services, share the challenges and the effect on you.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>4. How I’m different today</strong></td>
<td>Aim for 1-3 sentences. Share what is going right in your life or how you are experiencing recovery. Inspire by sharing the gains you’ve made or what your goals are.</td>
</tr>
<tr>
<td><strong>5. What’s keeping people from getting the services they need</strong></td>
<td>Aim for 1-3 sentences. Mention the challenges that keep people from getting the services they need. Focus on challenges within the influence of your listeners.</td>
</tr>
<tr>
<td><strong>6. What will help people access the care they need</strong></td>
<td>Aim for 1-2 sentences. Talk about what will help people access the services and supports they need. It’s helpful to add why these treatment programs are important for people in need.</td>
</tr>
<tr>
<td><strong>7. My &quot;ask&quot;</strong></td>
<td>Aim for 1-2 sentences. Thank your listener for listening to you. Then, ask your listener(s) to take the position or action you want. Feel free to be direct and specific.</td>
</tr>
</tbody>
</table>
Constructive Feedback Form

In the space below each scale, identify where the story was strong or impactful or what would strengthen the story.

<table>
<thead>
<tr>
<th>Introduction</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would benefit from strengthening</td>
<td></td>
<td></td>
<td>Works fine</td>
<td></td>
<td>Very strong</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What happened?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
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<td>Would benefit from strengthening</td>
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</table>

<table>
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<tr>
<th>Getting the right services</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tr>
<td>Would benefit from strengthening</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How are you different today?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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<tbody>
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</table>

<table>
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<tr>
<th>What’s keeping people from getting the services they need?</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<th>What will help people access the care they need?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would benefit from strengthening</td>
<td></td>
<td></td>
<td>Works fine</td>
<td></td>
<td>Very strong</td>
</tr>
</tbody>
</table>

<table>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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