



**The Alliance
for Rights
and Recovery**
Formerly NYAPRS

Testimony before the Joint Legislative Mental Hygiene Budget Hearing

February 4, 2026

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The Alliance for Rights and Recovery is a state and national change agent dedicated to improving services, public policies and social conditions for people with mental health, substance use and trauma-related challenges, by promoting health, wellness, rights and recovery, with full community inclusion.



Testimony for NYS Mental Hygiene Budget Hearing February 4, 2026

Good morning. Thank you for the opportunity to submit testimony on behalf of the tens of thousands of New Yorkers living with major mental health, substance use, and trauma-related challenges and community recovery focused providers from across New York who work each day to advance their rights, recovery, and community inclusion.

Our Alliance for Rights and Recovery has a long history of working in close partnership with the legislature to increase funding for vital recovery and peer support services, increase access to essential housing, transportation and social supports, fight for social justice and racial and gender equity and, above all, protect and promote the dignity and rights of our community members.

I'm Luke Sikinyi, the Alliance's Vice President for Public Policy and the testimony I'm providing here today represents the stated priorities that CEO Harvey Rosenthal and I have heard at the 14 regional and statewide events we've held in every corner of our state.

Workforce Stability, Housing, and Medicaid Managed Care Reform

We join other statewide advocates in calling for a **2.7 percent Targeted Inflationary Increase** to stabilize the mental health and substance use workforce, while also standing with housing advocates in urging **continued investment in existing and new supportive housing programs**. These priorities are deeply connected. Without adequate staffing, services cannot operate; without housing, recovery cannot be sustained.

We also strongly support **carving behavioral health services out of Medicaid managed care**, which has created unnecessary administrative barriers, delayed or denied services, and failed to pay providers for services already delivered. The cost savings associated with a carve-out could be reinvested directly into frontline services, help address the needed

inflationary increase, and strengthen community-based services instead of being lost to bureaucracy.

Together, workforce investment, housing stability, and managed care reform could form the backbone of an effective and fiscally responsible behavioral health system.

Daniel's Law, the Behavioral Health Technical Assistance Center and a Connected Crisis Continuum

Last year, thanks to the leadership of Senator Brouk and Assemblymember Bronson and the support of the Legislature and Governor Hochul, the budget provided **\$8 million to support Daniel's Law styled Mental Health First Responder pilots and the Behavioral Health Technical Assistance Center (BHTAC)**. This investment signaled New York's commitment to building non-police, health-centered crisis response systems that connect people to essential supports rather than to criminalize New Yorkers in urgent need.

From the beginning, the establishment of local health-centered first responder teams has been a top priority for the Alliance, and it continues to be again this year. We know that this one-time allocation will not be sufficient to ensure the stability of robust, sustainable programs statewide. To fully realize the promise of Daniel's Law programs, we urge the State to invest an additional \$8 million annually over the next five years.

Multi-year funding is essential to allow programs to stabilize staffing, expand geographic reach, integrate with existing crisis and community-based services, and collect meaningful outcome data. Sustained investment will ensure these pilots grow into effective, permanent components of New York's crisis continuum, linking many of the strong initiatives supported in prior budgets and creating a coordinated system that saves lives, reduces harm, and supports long-term recovery. Further, the accompanying BHC TAC center will develop standardized protocols and provide localities with technical assistance for implementing a non-police behavioral health crisis response system.

Adult Home Advocacy and Resident Council Programs

The budget includes a \$230,000 cut to **Adult Home Advocacy and Adult Home Resident Council Programs** that provide essential rights education, legal advocacy, leadership development, and collective organizing support for adult home residents, many of whom live with major mental and physical

healthcare challenges and rely on state support to succeed in their local communities.

The Legal Advocacy Services have been critical to ensuring that residents' basic rights to receive appropriate services from adult home operators are upheld and the Resident Councils empower individuals to raise concerns, address unsafe conditions, and advocate for quality-of-life improvements.

Without this modest but critical funding, residents would lose one of the only avenues for independent advocacy and collective voice, increasing the risk of isolation, neglect, and rights violations in adult home facilities. Up until now, the residents have been able to count on their support and that of the Justice Center to advocate for their human rights, basic needs and social justice.

This is not the place or time for the state to make cuts to these essential and hugely cost-effective initiatives that give encouragement and trusted and reliable support to people who, in the wake of new federal policies, are very frightened that they will not have the support and advocacy they need to maintain their mental and physical health and success in living in the community.

Treatment Court Expansion Act (A.4869 / S.4547),

We strongly urge passage of the **Treatment Court Expansion Act (A.4869/ S.4547)**, which would expand access to treatment courts for people with mental health and substance use challenges and reduce unnecessary incarceration. Under current law, too many New Yorkers are excluded from diversion and instead cycle through jails and courts without access to timely treatment. These, along with our other priorities strengthen voluntary, community-based alternatives and promote long-term stability.

Forensic Rehabilitation Act (S.8310/A.8603)

We also strongly support passage of the **Forensic Rehabilitation Act**, which would reduce unnecessary and prolonged forensic confinement by ensuring clinical decision-making, rather than prosecutorial discretion, determines placement and length of stay. The Act creates clearer, timelier pathways back to the community with appropriate supports, improves outcomes, and reduces costly institutionalization while enhancing public safety.

Raise the Age

We are grateful that the Governor made no changes to this landmark initiative and continue to work to see **effective implementation of the program.**

Rightsizing the State Psychiatric Hospital System

Along with our friends at MHANYS, we call for the creation of a **State Psychiatric Hospital Rightsizing Commission** to evaluate how New York can more effectively use its resources through smart consolidation of state psychiatric centers with persistently low censuses. This is not about eliminating needed beds, but about aligning capacity with actual need and shifting resources to where most people receive services, in the community. New York has successfully done this before, closing or downsizing state hospitals and reinvesting savings into community-based services that have allowed thousands of people to live and recover outside institutions.

Similar authority has recently been granted to close prisons and reinvest funds into prevention and community safety. A thoughtful, transparent rightsizing process would allow the state to reinvest savings into housing, crisis services, peer support, and step-down options that help people avoid hospitalization and return to their communities sooner.

Self-Directed Care: Sustaining and Expanding a Vital Innovation

Self-Directed Care is a person-centered service model that allows individuals to control their own service budgets, choose the supports that best meet their needs, and define their own recovery goals. Rather than fitting people into rigid program structures, Self-Directed Care recognizes that recovery looks different for everyone and that people are experts in their own lives. Participants use individualized budgets to access a wide range of supports, including peer support, housing-related assistance, wellness activities, transportation, education, and culturally responsive services that are often unavailable through traditional systems.

New York's Self-Directed Care pilots have demonstrated strong outcomes, including increased engagement, reduced crisis service use, and greater stability and satisfaction among participants. It is critical that the State continue to provide access to Self-Directed Care as a core component of New York's mental health system, ensuring that individuals who benefit from this approach are able to continue receiving these supports and that more New Yorkers can access this proven, recovery-oriented model.

Closing

New York has the opportunity to build on what works by investing in people, communities, and systems that prioritize recovery over crisis. We look forward to working with the Legislature and the Administration to advance these priorities and thank you for your leadership and attention.

Thank you,
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