



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

Who We Are: Since 1981, our Alliance for Rights and Recovery has promoted public policies, services and social conditions that support tens of thousands of people living with major mental health, substance use and trauma related challenges to **successfully recover in their communities of choice.**

Our Focus this year is to **expand access to a continuum of proven approaches that effectively engage and support people before, during and after times of crisis, on a voluntary basis.**

[2025 NYS Budget Priorities](#)

Increased Funding for Community Agencies and their Workforce

- Fund a **7.8 % across the board rate hike** to promote and retain critically important trusted, lasting relationships. This will be instrumental to attracting and retaining dedicated community staff, many of whom are otherwise leaving to find better compensation in other fields like local fast-food restaurants.

Increase Funding for Enhanced Voluntary Services

- Ensure that **all** of the **\$16.5 million** that the Executive Budget provides to increase services for at-risk individuals is **solely** invested in voluntary housing, case management and related supports instead of more involuntary “Assisted Outpatient Treatment” orders that can force people into the same services that have failed them in the past.

Improve Service Effectiveness, Coordination and Accountability

- Require OMH to convene **Incident Review Panels** immediately after an incident of violence involving people with major mental illnesses. Existing law (**[Section 31.37 MHL](#)**) established these panels nine years ago (2014) but they were not mandated and never implemented. **Far too many individuals in need cycle through inpatient and outpatient services without the necessary coordination, follow up and accountability to ensure that they are appropriately served.** The panels would issue corrective recommendations to take steps necessary to address State and local coordination and discharge planning deficiencies and would make services more engaging, effective, well-coordinated and accountable.

Expand Effective Voluntary Outreach and Engagement

- Innovative [INSET peer-to-peer engagement and support programs](#) have been shown to enroll over 83% of people who were previously disconnected or failed by more traditional methods of engagement and treatment and who, as a result, might otherwise have been required to receive involuntarily delivered services. The state currently has five INSET teams, with one restricted to the forensic population. The Governor's proposed budget includes funding for up to 3 more INSET teams, but that is not enough to provide Statewide access to these vital services. We are seeking funding for an additional 5 more INSET teams in regions that currently do not offer this service, at an annual cost of \$800,000 each for a total of **\$4 million**.

Fund Hospital Discharge Plans That Work

- **A Person to Support You:** Since 1994, [Peer Bridger teams](#) have helped thousands of individuals to successfully transition from psychiatric hospitals to the community. Peer Bridger teams should be routinely included as a part of successful hospital discharge plans that prevent high numbers of avoidable relapses and repeat readmissions. **To ensure their effectiveness and fidelity to the peer support model, hospitals should contract with peer operated agencies that can deploy trained peer bridgers to provide evidence based wellness and recovery coaching as opposed to traditional case management services.** The Governor's proposed budget allocates funds for 3 teams to support people in community hospitals, but that does not provide adequate access to these services across the State. We are seeking funding for 5 more Peer Bridger teams at an annual cost of \$600,000 per team, for a total of **\$3 million**.
- **A Place to Live:** [Housing First](#) is an evidence-based practice that prioritizes providing permanent housing without first requiring individuals to be in a homeless shelter, or be currently engaged in mental health or substance use treatment. By definition, these programs require a higher level of funding necessary to provide more intensive staff support and coordination. The state should augment funding to ensure that new beds are equipped to offer that higher level of capacity. Additionally, the State must invest in current and new mental health housing by increasing the rates for Empire State Supportive Housing Initiative beds to \$34,000 per unit and investing \$240 million into the OMH residential system to address four decades worth of change and support the dedicated and hardworking staff who care for the residents of these programs.
- **A Place to Go:** Bring back [Clubhouses](#) to upstate New York: Clubhouses are member-driven programs that provide individuals with serious mental health

conditions access to social support, life skills training, employment resources and a sense of community. Approve the Governor's proposed funding of \$8.5 million for up to 7 new Clubhouses upstate.

Implement Crisis and Criminal Justice Diversionary Initiatives

- Send out teams of mental health workers and emergency technicians that are funded under [Daniel's Law](#) to safely engage rather than to escalate people in crisis and, whenever possible, in place of police officers who are not trained and established to do so. **Pass Daniel's Law** to establish local teams of this kind to respond to crisis situations.
- Pass [Treatment not Jail \(A.4869, S.4547\)](#) legislation to provides at risk individuals with mental health treatment alternatives to the inhumane and permanently traumatizing experience of jails.

EXPAND VOLUNTARY NOT COERCIVE POLICIES!

Oppose proposals to expand the use of involuntary inpatient and outpatient commitment policies and proposals!

Reject Proposals to Expand the Use of Involuntary Psychiatric Hospitalizations

We are joined by our allies in the independent living, disability rights, criminal justice reform, housing rights and mental health and substance use recovery movements in urging our state legislators to reject Governor Hochul's proposal to place in statute policies that would forcibly hospitalize people who lack access to the food, shelter, clothing and treatment that can be far more humanely and effectively provided by community programs like crisis outreach, stabilization and respite centers, Clubhouse programs and recovery centers.

We cannot hospitalize our way out of today's mental health crisis! Far too many people are needlessly readmitted to inpatient psychiatric hospitals as many as 25 times a year. This includes several individuals who were involved in high-profile incidents who had been discharged from hospitals several weeks before those tragedies occurred. Fixing our community systems, rather than forcing people into avoidable and very costly hospitalizations, must be our priority!

Reject Expansions in the Use of Kendra's Law Outpatient Commitment Orders

The use of Court Mandated Outpatient Commitment orders, euphemistically called "Assisted Outpatient Treatment (AOT)," has long been considered one of our field's most controversial policies and has never been proven to be as effective as comprehensive voluntary services.

As a result, the Legislature:

- continues to review the 26-year-old program every 5 years, rather than making Kendra's Law permanent; and
- is awaiting the results of a study it authorized in 2023 to determine if more and better services achieve positive outcomes, regardless of the use of coercive orders.

We urge you to reject proposals to expand the AOT program until the study is completed and helps to answer these crucial questions.

We should not be using Kendra's Law as a means of prioritizing services!

A significant number of AOT orders are being sought by caring staff **only** because they allow people to jump the lines of long waiting lists to get the housing, mobile treatment and case management services they urgently wanted.

The State must create the mechanism and capacity to link people in need for those intensive services on a voluntary basis, without involving the judicial system!

Oppose S.254 (Hoylman-Sigal) that would expand the types of clinical professionals who could petition for involuntary inpatient psychiatric hospitalization and involuntary outpatient treatment under Kendra's Law. This bill would give tens of thousands of social workers, psychologists, and nurse practitioners the ability to involuntarily commit people to fulfill a role in which they are neither trained nor want to perform. It wrongly assumes that the current challenges in the mental health system are caused by an insufficient number of involuntary inpatient treatment orders, **rather than an inadequate array of community outreach, support, housing and treatment services.**

Oppose A.137 (Braunstein et al) which would change the legal standards for involuntary inpatient psychiatric hospitalization and lower the legal standards for involuntary outpatient treatment under Kendra's Law.

This bill places an unprecedented expansion of involuntary treatment into law. These policies of coercion are more likely to force New Yorkers who are suffering and struggling on our streets into hiding and will fail to address the root causes of homelessness and mental health crises. They will drive people away rather than towards the support they need.

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, recovery, with full community inclusion, so that all may achieve maximum potential in communities of choice.

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