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Alliance for Rights and Recovery State Budget-Legislative Priorities FY 2026-27

**Alliance 29th Annual Legislative Day
February 10, 2026**

Your Name

Your Locality/Legislative District

How to Contact You

Chief Executive Officer: Harvey Rosenthal
Vice President of Public Policy: Luke Sikinyi

Alliance for Rights and Recovery Board of Directors Co-Presidents:
Judy Dubois and Krista Zanfardino

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, Contact VP of Policy Luke Sikinyi at lukes@rightsandrecovery.org



Alliance for Rights and Recovery 29th Annual Legislative Day Swyer Theater The Egg Albany, NY

PROGRAM SCHEDULE

9:00 am BREAKFAST

10:00 am PRESENTATIONS OF OUR PRIORITIES

SAVE OUR STAFF AND SERVICES!

- **Fund a 2.7% Targeted Inflationary Increase!**

Glenn Liebman and Jamie Papapetros, Mental Health Association in New York State (MHANYS)

SUPPORT A HEALTH-BASED CRISIS RESPONSE!

- **Extend Funding for First Responder Pilots and the Behavioral Health Technical Assistance Center!**

Christina Sparrock, Daniel's Law Coalition

INVEST IN SUPPORTIVE AND AFFORDABLE HOUSING!

- Doug Cooper, Association for Community Living (ACL), and Stephen Piasecki, Supportive Housing Network of New York (SHNNY)

REDIRECT FUNDING TO EXPAND COMMUNITY SERVICES!

- **Carve Behavioral Health Services Out of Medicaid Managed Care!**
- **Create a State Hospital Rightsizing Commission and Reinvest the Savings in the Community**

Harvey Rosenthal, Alliance for Rights and Recovery

SUPPORT CRIMINAL JUSTICE DIVERSION AND RE-ENTRY REFORMS!

- **Pass the Treatment Court Expansion Act (A.4869, S.4547)**

Stephanie Bazell, New York County Defender Services

- **Pass The Forensic Rehabilitation Act (S.8310/A.8603)**

Jayette Lansbury, Forensic Rehabilitation Act

- **Safeguard the Raise the Age Law**

Brad Hansen, Families Together in New York State

PROTECT AND PROMOTE ESSENTIAL COMMUNITY SUPPORTS!

- **Sustain and Expand Self-Directed Care in New York**

Jordyn Rosenthal, Community Access, Jennifer Sutton Independent Living, Recipient(s)

- **Restore Adult Home Resident Advocacy & Resident Council Programs**

Michael Callaghan and Gary Levin, Coalition of Institutionalized, Aged, and Disabled



**Alliance for Rights and Recovery 29th Annual Legislative Day
Swyer Theater The Egg Albany, NY**

PROGRAM SCHEDULE (Continued)

11:00 AM FEATURED SPEAKERS

- **Alana Leviton**, Assistant Secretary for Human Services and Mental Hygiene (invited)
- **Dr. Ann Sullivan**, Commissioner, NYS Office of Mental Health
- **Assembly Member Jo Ann Simon**, Chair, Assembly Mental Health Committee
- **Ernesto Porcari, Legislative Director for Senator Samra Brouk**, Chair, Senate Mental Health Committee

11:30 am LUNCH

1:00pm NEWS CONFERENCE

- **NYS Capital Million Dollar Staircase, 3rd Floor**
led by Luke Sikinyi, Alliance for Rights and Recovery

1:30-3:30 pm MEET WITH STATE LEGISLATORS/STAFF!

2:00pm CAPITAL RALLY FOR 2.7% RATE ENHANCEMENT

- **NYS Capital War Room 2nd floor**
led by Luke Sikinyi, Alliance for Rights and Recovery

4:00pm RECONVENE AT BUSES and RETURN HOME

THANK YOU!

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Save our Services and our Staff Fund a 2.7% Rate Targeted Inflationary Increase!

New York's community based agencies and the workforce who supports people with major mental health, substance use and trauma related challenges across our state continue to struggle with a crushing crisis that continues to leave us unable to attract workers to address the 20-30% vacancy rate at most programs across the state and that continuously disrupts trusted and reliable helping relationships that are critical to the recovery process. Additionally, community based mental health provider agencies continue to see an average annual turnover rate of 35%.

While we appreciate the 1.7% inflationary increase in the Governor's proposed budget, we are calling on the Executive and Legislature to commit to a rate increase of 2.7% to ensure agencies can meet ever rising costs and demand for services.

This investment is essential to realize the goals of the package of initiatives the state has begun implementing to reduce high rates of recidivism in hospitals, homeless shelters and correctional facilities

Our programs and services only work when they have a trained, experienced and stable workforce to implement and deliver them. In a sector battered by an unrelenting workforce crisis, where is the support to attract people to the field, compensate them fairly, and encourage them to stay in jobs where they make a difference?

Further, our community mental health and addiction recovery agencies and programs continue to be unable to keep up with the ever-rising costs of operating their essential services, including rent and other capital expenses, transportation, food, energy, and insurance.

At a time when we are dealing with an ever-rising demand for services and supports, we must be able to provide the necessary services to New York's adults, children, and families!

Request: Provide a 2.7% Rate Enhancement for Community Agencies and their Workforce!

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Extend Funding for Daniel’s Law Mental Health/EMT First Responders Teams, Behavioral Health TA Center!

On March 23, 2020, Daniel Prude, a 41-year-old African American man in a mental health and substance use-related crisis, died after being physically restrained by Rochester police officers. His tragic death underscored a critical flaw in New York’s crisis response system: unlike other medical emergencies where EMTs are the first responders, police serve as primary responders for mental health and substance use emergencies. Police officers are not adequately trained for these crises, leading to far too many negative outcomes, including unnecessary hospital visits, criminal legal system involvement, and physical harm or death.

To address this issue, we need teams of peers, other mental health experts and EMTs—rather than police—to respond first to individuals experiencing a crisis. The nationally acclaimed CAHOOTS (Crisis Assistance Helping Out On The Streets) model in Eugene, Oregon, offers a proven blueprint. This 37-year-old program deploys two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker with substantial mental health training and experience. These teams handle a broad spectrum of mental health-related crises, including conflict resolution, welfare checks, substance use, suicide threats, and more, using trauma-informed de-escalation and harm reduction techniques.

The effectiveness of the CAHOOTS model is clear: in 2019, of approximately 24,000 CAHOOTS calls, police backup was requested only 150 times—demonstrating how rarely police intervention is needed in these situations.

Recognizing this potential, Daniel’s Law (S.2398/A.2210) aims to establish similar mental health and EMT first responder teams across New York State. Last year, the state invested \$6 million in Daniel’s Law Pilot programs and \$2 million in a Behavioral Health Crisis Technical Assistance Center. While these are critical investments, the funding for both pilots and the BHTAC was a one-time investment. The state must increase this investment to guarantee effective use of the BHTAC and quality programs which can produce quality results and data as we look to expand them throughout New York.

We are calling on the state to invest \$8 million per year over a five-year period to ensure the pilot programs and the BHTAC are effective and more sustainable. We must act quickly to build on last year’s critical investment and ensure more communities and individuals experiencing a crisis will have access to the appropriate mental health response.

Request: Expand Funding for Daniel’s Law Mental Health First Responder Teams to \$6 Million per year for pilots and \$2 million for the BHTAC!

Invest in Supportive and Affordable Housing!

Safe, stable, and affordable housing is the foundation of an effective mental health and substance use recovery continuum. Without housing, individuals face increased risk of crisis, hospitalization, incarceration, and homelessness. For New Yorkers living with mental health challenges, substance use disorders, chronic health conditions, or HIV, housing is essential to recovery, stability, and community integration.

New York has long been a leader in supportive housing, yet thousands of units are now at risk due to rising costs, stagnant contracts, and insufficient operating support. At the same time, housing insecurity continues to grow. The state must protect existing supportive housing while expanding access to new, affordable, and supportive homes.

Protect and Stabilize Existing Supportive Housing

New York State Supportive Housing Program (NYSSHP)

The Alliance calls for a \$62.1 million investment to protect nearly 10,000 supportive housing units statewide. NYSSHP contracts should move to streamlined, automatic renewals, with greater flexibility across operating and services funding to respond to resident needs and inflationary pressures.

Behavioral Health Supportive Housing (OMH and OASAS)

We are appreciative of the Governor's proposed \$71 million investment to increase rates for existing OMH and OASAS supportive housing programs. However, this is less than the needed investment which is essential to maintaining housing capacity, supporting recovery, and preventing avoidable emergency room visits and hospitalizations. We call for an additional \$64 million for OMH SRO programs for a total investment of \$90 Million to bring these programs in line with ESSHI rates and cover needed services along with rent.

Expand Housing Supply and Prevent Homelessness

Homeless Housing Assistance Program (HHAP)

The Alliance urges the state to double HHAP funding from \$128 million to \$256 million, creating nearly 1,000 additional units of affordable and supportive housing annually, and to continue the \$25 million supportive housing stabilization fund for at-risk projects.

Empire State Supportive Housing Initiative (ESSHI)

We call for an \$82 million investment to bring existing ESSHI programs to parity with newer projects, ensuring long-term sustainability and consistency across the state.

Address Housing Inequities

HIV Housing for All

The Alliance supports budget language allowing social services districts outside New York City to house people living with HIV who are experiencing homelessness or housing instability, ending geographic disparities in access to housing.

Request: Fund \$62.1 million for NYSSHP, \$90 million to increase supportive housing rates, double HHAP funding to \$256 million, and invest \$82 million for ESSHI programs

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Carve Behavioral Health Services Out of Medicaid Managed Care (S.8309/A.8055)

New York State's decision to place Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) services under Medicaid managed care has failed to improve access or outcomes. Instead, managed care has created long waiting lists, denied or delayed services, unpaid claims, and growing instability for community-based providers. As demand for mental health and substance use services continues to rise, New York must correct this failed policy by carving behavioral health services out of managed care and returning them to fee-for-service Medicaid.

Managed care organizations have imposed unnecessary administrative barriers that delay or block care altogether. Individuals regularly encounter narrow or "ghost" provider networks, repeated prior authorization requirements, and months-long waits for services. These barriers push people into crisis, emergency rooms, hospitalization, homelessness, and involvement with the criminal legal system, outcomes that are costly and harmful.

Providers across the state face chronic payment delays for services already delivered, forcing them to divert scarce resources away from staffing and programming to manage billing disputes and appeals. Workforce impacts are severe, with vacancy rates between 20 and 30 percent and high turnover driven by low wages and financial instability. As staffing shortages grow, programs shrink and access worsens, undermining every other behavioral health investment the state makes.

Carving behavioral health services out of Medicaid managed care is both a service and fiscal solution. Eliminating duplicative administrative costs and insurer profit margins would allow public dollars to flow directly to services, stabilize the workforce, and expand access statewide. This reform is especially urgent as federal funding becomes increasingly uncertain and New York must ensure every available dollar is used efficiently and transparently. Carving out these services could save the state an additional \$400 million which can be reinvested in community-based services.

The Alliance for Rights and Recovery strongly supports legislation (S.8309/A.8055) sponsored by mental health committee chairs Senator Brouk and Assemblymember Simon, which will carve OMH and OASAS services out of Medicaid managed care and return them to fee-for-service. This reform is essential to the rebuilding of a behavioral health system that is accessible, accountable, and centered on voluntary, community-based services so New Yorkers can get help when and where they need it.

Request: Pass S.8309/A.8055 to Carve Behavioral Health Services out of Medicaid Managed Care!

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Create a Commission to Right Size State Psychiatric Centers and Reinvest Savings into the Community Based Service System

New York must take a deliberate, data-driven approach to right-sizing its state psychiatric hospital system by establishing a Psychiatric Hospital Commission charged with evaluating, closing, or consolidating facilities with persistently low census and outdated service models. This approach should mirror prior successful state actions, including the closure of five state psychiatric hospitals over the last two decades and the recent authorization for the Governor to close up to five state prisons. In both cases, New York recognized that large institutional systems are costly, inefficient, and often misaligned with modern best practices.

The state hospital system consumes a disproportionate share of behavioral health resources while serving a relatively small number of people, often for extended periods of time. Meanwhile, the vast majority of New Yorkers with mental health and substance use needs receive services in the community or could do so with the right supports in place. Continuing to invest heavily in institutions without expanding community-based prevention, treatment, housing, and peer support deepens system imbalance and perpetuates harmful institutionalization.

Closing or consolidating underutilized psychiatric centers is not about eliminating needed support. It is about using beds more efficiently, reducing reliance on long-term institutional placements, and redirecting savings to services that help people avoid hospitalization in the first place. A Psychiatric Hospital Commission would allow the state to examine census trends, regional needs, workforce impacts, and outcomes to ensure decisions are transparent, equitable, and grounded in public health evidence.

Savings generated from hospital closures must be reinvested directly into community-based services, including supportive housing, crisis respite, Assertive Community Treatment (ACT), Intensive and Sustained Engagement Teams (INSET), peer-led crisis response, and hospital-to-community peer bridging. These services help people leave hospitals sooner, remain connected to support, and stay stable in their communities. Reinvestment should also prioritize step-down and transitional programs closer to where people live, supporting recovery and family connection.

Ultimately, this proposal is about right-sizing the system. The future of the mental health system in New York lies in strong, accessible, voluntary, community-based services that prevent crises, reduce hospitalization, and support long-term recovery. Establishing a Psychiatric Hospital Commission is a critical step toward aligning state resources with that reality and ensuring public dollars are used where they have the greatest impact: in the community.

Request: Create a Commission to Right Size State Psychiatric Centers and Reinvest Savings into the Community Based Service System!

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Pass the Treatment Court Expansion Act (A.4869, S.4547)!

The Treatment Court Expansion Act will ensure that New Yorkers with disabilities and other health-related challenges are provided an opportunity to obtain treatment and support in their communities instead of unnecessary incarceration

Background

- New York State over-relies on jails and prisons as a major treatment provider for people with mental health needs.
- Under the current law, only people with substance use disorders charged with certain drug and property-related offenses are eligible for diversion.
- People with disabilities and other health-related challenges deserve equal access to diversion across New York State.

What Does the Treatment Court Expansion Act Do?

- Create statutory mental health treatment courts in every county in New York State modeled after the nationally recognized Brooklyn Mental Health Court
- Adopt a “pre-plea” model for those with nonviolent and misdemeanor charges

Why Is the “Pre-Plea” Model Important?

- Research shows that when someone is motivated to change of their own interest, those changes last longer than when motivation comes from external pressure, such as the threat of punishment.

Adopting a “Pre-Plea” Model:

- Eliminates coercive and ineffective mandated treatment by permitting participation in treatment court without requiring a guilty plea.
- Ensures that treatment court participants are not jailed without due process.
- Expands eligibility to allow more access, including for non-citizens.

The Treatment Court Expansion Act will save lives by limiting the number of people experiencing substance use and mental health crises in our jails and prisons and stop the revolving door of incarceration by finally addressing the root causes.

Request: Pass Treatment Court Expansion Act (A.4869, S.4547)!

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Pass The Forensic Rehabilitation Act (S.8310/A.8603)!

New York's forensic mental health system too often results in unnecessary and prolonged confinement of people with mental health challenges in secure psychiatric facilities. Individuals found not responsible by reason of mental disease or defect or deemed incompetent to stand trial can remain institutionalized for years, sometimes far longer than the sentence they would have received if convicted. These extended stays are frequently driven by a prosecutor's decisions rather than current clinical need or public safety.

This approach prioritizes confinement over recovery. Long-term forensic hospitalization separates people from their families and communities, worsens trauma and health outcomes, and diverts resources away from effective community-based support. Research shows that prolonged forensic confinement does not improve public safety or reduce recidivism, yet it significantly increases costs and undermines recovery.

The Forensic Rehabilitation Act (S.8310/A.8603) restores balance and fairness by ensuring that clinical judgment, not punishment, guides placement and length of stay in forensic settings.

What the Forensic Rehabilitation Act Will Do

- Set clear limits on forensic confinement, preventing people from being held longer than the minimum sentence for their charge.
- Require step-down to non-secure settings after three years or the minimum sentence.
- Mandate release once statutory time limits are met, absent a current, clinically supported reason for continued confinement.
- Shift authority from prosecutors to clinical decision-making.
- Narrow the definition of dangerousness to reflect present risk.
- Strengthen due process protections, including timely hearings, appeal rights, and structured reentry planning.

The Alliance for Rights and Recovery strongly supports the Forensic Rehabilitation Act. This legislation advances a recovery-oriented system that prioritizes treatment over confinement and community integration over isolation. We urge the Legislature to pass this bill and invest in solutions that help people leave institutions, stay in the community, and build meaningful lives.

Request: Pass the Forensic Rehabilitation Act (S.8310/A.8603)!

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Safeguard the Raise the Age Law!

Protect the Law. Fully Fund the Promise. Invest in Youth and Communities.

New York must protect the Raise the Age (RTA) law and ensure it is fully implemented as the Legislature intended when it was enacted in 2017. Raise the Age ended the harmful practice of automatically prosecuting 16- and 17-year-olds as adults and moved most youth cases into Family Court, where rehabilitation, services, and positive development are prioritized over punishment.

The evidence shows Raise the Age is working. Since implementation, youth arrests have declined dramatically across the state, including arrests for serious offenses. Outside New York City, youth arrests have dropped by more than 60 percent over the past decade, with similar reductions in violent offenses. In New York City, juvenile arrests have declined by more than 75 percent. These outcomes demonstrate that treating young people as children rather than funneling them into the adult criminal legal system improves public safety while reducing harm.

Despite these successes, Raise the Age has never been fully funded or implemented as promised. Since 2017, New York has appropriated roughly \$250 million annually for RTA implementation, yet billions in allocated funding have gone unspent. Of the funds that have been used, the majority have gone toward detention, placement, and law enforcement costs, while a small fraction has supported community-based services. New York City, which serves nearly half of the state's youth justice population, has been largely excluded from accessing these funds.

This underinvestment has created service gaps that some now cite as justification for weakening or rolling back Raise the Age. That approach is misguided. The problem is not the law. The problem is the failure to invest in the prevention, rehabilitation, and community-based supports that were central to its passage. Rolling back Raise the Age would increase harm, racial disparities, and long-term system involvement while failing to improve safety.

New York must recommit to Raise the Age by fully funding and prioritizing community-based services that prevent system involvement and support long-term stability. This includes expanding alternatives to detention, increasing access to mental health and substance use services, and investing in violence prevention, education, and youth development programs. Protecting Raise the Age is essential to advancing justice for young people and building safer, healthier communities across New York State.

Request: Protect Raise the Age and Fully Invest Allocated Dollars to Youth Prevention and Diversion Services!

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Sustain and Expand Self-Directed Care in New York!

Self-Directed Care is a proven, person-centered model that gives individuals greater control over their mental health services, budgets, and recovery goals. Rather than forcing people to fit into rigid program structures, Self-Directed Care allows participants to identify what they need to thrive and directs resources accordingly. This approach promotes autonomy, cultural responsiveness, dignity, and long-term stability while reducing reliance on costly crisis services.

New York's mental health Self-Directed Care pilots, launched by the Office of Mental Health in 2018, have demonstrated transformative outcomes. Participants have used flexible budgets to pursue employment, education, physical and mental wellness, housing stability, social connection, and recovery. Individuals have invested in gym memberships and nutrition supports to improve health, technology and training to advance careers, creative arts and education to rebuild purpose after crisis, and basic household supports that enhance independence and safety. These individualized investments reflect the reality that recovery is not one-size-fits-all and that people are experts in their own lives.

The outcomes speak for themselves. Independent evaluations and participant data show dramatic reductions in emergency room use and inpatient hospitalization after enrollment in Self-Directed Care. In multiple cases, individuals who previously experienced dozens of mental health-related emergency visits per year reduced those visits to zero or near zero after gaining control over their services and supports. These reductions translate into significant cost savings for the Medicaid system while improving quality of life and community integration for participants.

Self-Directed Care also advances equity and cultural responsiveness. Participants can choose services and supports that align with their cultural values, identities, and lived experiences, including alternative and complementary therapies, peer-led supports, and community-based activities that are often unavailable or unsupported in traditional clinical models. At a time when choice, dignity, and community-based support are increasingly threatened at the federal level, Self-Directed Care reinforces New York's commitment to keeping people living and thriving in their communities.

Despite its success, access to mental health Self-Directed Care remains extremely limited. Only two pilot sites currently operate statewide, serving a small fraction of the New Yorkers who could benefit from this model. Without legislative and budget action, these pilots are set to expire at the end of 2026, putting at risk a program that has demonstrated both human and fiscal benefits. Expanding Self-Directed Care is an investment in recovery, prevention, and fiscal responsibility that empowers people, strengthens communities, and reduces avoidable crises.

Request: Provide \$2.2 million to sustain Self-Directed Care pilots and commit to broader statewide implementation so more New Yorkers can benefit from this model!

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Restore Funding for Essential Adult Home Resident Advocacy and Resident Council Programs!

For decades, New York State has invested \$230,000 annually in the Adult Home Advocacy Project and Adult Home Resident Council Program, supporting the Coalition for Institutionalized Aged and Disabled (CIAD), Mobilization for Justice, Family Service League, and Long Island Legal Services. These programs protect the rights, dignity, and well-being of adult home residents who receive services from mental hygiene providers and ensure access to advocacy and legal support for a highly vulnerable population.

Each year, these programs conduct dozens of Resident Rights trainings, reaching thousands of residents statewide and assisting with the resolution of hundreds of individual complaints related to conditions of services, autonomy, and quality of life. This work ensures residents understand their legal rights and have meaningful support when facing rights violations.

CIAD plays an irreplaceable role as the only nonprofit in New York City working exclusively with and for residents of Adult Care Facilities. Established in 1973, CIAD provides Resident Council training and organizing, leadership development, Independence Trainings, and ongoing technical assistance that empower residents to engage collectively, advocate for systemic improvements, and build community within and across facilities.

While programs such as the Long-Term Care Ombudsman address individual complaints, no other agency or nonprofit supports residents in organizing collectively in the way CIAD does. CIAD has also developed widely used educational materials for residents, advocates, Ombudspersons, and family members across New York State, all of which are provided free of charge and are publicly available.

Restore and Protect CIAD Funding

In addition to the long-standing \$230,000 investment supporting adult home advocacy statewide, CIAD has experienced significant and destabilizing cuts across multiple funding streams. The Alliance strongly opposes the elimination or erosion of these funds and urges the Legislature to restore and preserve the following:

- Maintain the \$75,000 NYS Department of Health line item for CIAD eliminated in the Executive Budget
- Preserve the \$150,000 Legislative Health Add at FY 2024–25 levels
- Restore \$100,000 in Health Table funding cut in 2023
- Renew \$112,000 designated by the Speaker of the Assembly in FY 2023–24

These funds, administered through the NYS Department of Health budget and legislative additions, are essential to sustaining CIAD's on-the-ground advocacy, resident training, organizing, and leadership development work.

Request: Invest \$250k for Adult Home Advocacy & Resident Council Programs and Restore \$337k for CIAD Operations!

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