



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

Testimony before the NYS Legislative  
Mental Hygiene Budget Hearing  
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Final Version

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Alliance for Rights and Recovery  
(formerly the New York Association of Psychiatric Rehabilitation Services (NYAPRS))

Good morning. Thank you to the chairs and members of the committees for this opportunity to submit to you the concerns of the tens of thousands of New Yorkers who are represented by our Alliance for Rights and Recovery (formerly the New York Association of Psychiatric Rehabilitation Services or NYAPRS).

I'm Harvey Rosenthal and I am a person in long term mental health recovery who has served as CEO for the Alliance over the past 30 years. Our Policy Director Luke Sikinyi and a majority of our board and staff members share a common lived experience of recovery which brings a unique passion and perspective to the concerns we bring before you today.

Since 1981, we have worked successfully to bring the expectation of recovery for all to the center of our system, protect and expand funding for community recovery focused services and our workforce, advance peer support and human rights, fight racism and discrimination, expand access to housing, employment and transportation and help win landmark criminal justice reforms. In recognition of an ever-increasing role in national advocacy, media and training and technical assistance initiatives, we rebranded ourselves as the Alliance for Rights and Recovery last July.

The Executive Budget proposal builds on the unprecedented investments that the Governor and the legislature have made over the past two years that reflect a commitment to advance a stronger community-based mental health system and safer communities for all.

Towards those ends, the Alliance is pleased to see expansions in 4 proven models that we believe will make significant advances in engaging and supporting New Yorkers with

major mental health, substance use and trauma-related challenges, especially individuals in crisis who are disconnected from more traditional approaches. These initiatives will:

- **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. The proposed budget includes funding for up to 7 new Clubhouses.
- **Expand the use of [Peer Bridger Programs](#)** in community hospitals that have long records of success in assisting people to make successful well-supported transitions to their communities for as long as is needed. The budget proposal
  - The Governor’s budget funds two [Peer Bridger teams](#) at a total cost of \$1.2 million. Since 1994, Peer Bridgers have helped thousands of individuals to successfully transition from state hospitals to the community.<sup>1</sup> 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. We are asking the Legislature to expand funding for five more Peer Bridger teams at an annual cost of \$600,000 per team, for a total of \$3 million.
- **Expand peer-led [INSET outreach teams](#)**
  - The Governor has included \$2.8 million to fund three [INSET](#) peer-to-peer person-centered outreach and engagement teams that are demonstrating strong success in engaging people with major mental illnesses who are currently disconnected from services and who might otherwise have been placed on an involuntary outpatient commitment order (sometimes referred to as Assisted Outpatient Treatment or AOT).
  - We are asking additional funding from the Legislature for five more INSET teams in regions that currently do not offer this pivotal service, at an annual cost of \$800,000 for a total of \$4 million.
- **Increase Investment in “low barrier” [Housing First](#) programs** that accept individuals regardless of their involvement in treatment or sobriety programs.
- **Expand Family Support programs for Family members of People with Serious Mental Illness**
  - We are also calling for funding to expand direct support services to families (\$500,000).
- **Fund Enhanced Voluntary Service Packages** - \$16.5 million
  - The Governor proposed \$16.5 million to bolster Involuntary Outpatient Commitments and to fund enhanced voluntary service packages, which provide a voluntary alternative to Involuntary Outpatient Commitments, and are equally effective. The Legislature must restrict this funding solely to enhanced voluntary service packages, and not to the expansion of Involuntary Outpatient Commitment orders. .

At the same time, the Executive Budget proposes to implement in statute one of the greatest expansions of involuntary treatment New York has seen. The policies of coercion are more likely to hide than to truly help New Yorkers who are suffering and

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1

struggling on our streets and will fail to address the root causes of homelessness and mental health crises, often driving people away rather than towards the support they need. Albany should reject efforts to make it the coercion capital of the country.

Accordingly, we urge state legislators to reject proposed expansions in the use of:

**Involuntary hospital confinements**

- We need to expand access to community services that work rather than adding the number of professionals who can effectuate coercive orders.
- Lowering the standard for involuntary hospitalization to provide distressed individuals with appropriate access to food, shelter and clothing is a highly costly and ineffective alternative to investing in community and social service programs that can do the same in far less traumatizing and costly ways.

**Kendra’s Law outpatient commitment orders**

- Too often we “blame the patient” for our failure to do what is necessary to successfully engage them voluntarily. We should increase the budget’s proposed level of investments in outreach and engagement approaches that foster trusted relationships with staff that last.
- Easing consent requirements to share patient information erodes due process privacy protections.
- Expansion of Kendra’s Law outpatient commitment programs that single out and criminalize people of color will only further emphasize our failure to successfully engage those communities.

Enhancing and expanding community services will not in and of themselves will not help us achieve our goals of helping people in the most acute states of crisis. We must implement a mechanism to ensure that the state offers engaging, effective, accountable services and most of all well-coordinated care.”

In too many instances, terrible tragedies might have been averted if a specified provider was identified to coordinate services and sustain a trusted and reliable bond with people who needlessly cycled through our often complicated and fragmented systems of care.

The Alliance believes that the state should put in place the use of Incident Review Panels, a key recommendation put forward by a 2008 [NYS/NYC Mental Health and Criminal Justice Panel](#) that was convened to identify preventive or corrective strategies to avoid tragic episodes of violence involving people with mental illnesses. These panels would promptly investigate the care provided to people who were involved in episodes of violence to recommend corrective actions and identify system deficiencies.

This recommendation was adopted in [statute](#) in 2014 but never been implemented.

While we appreciate the Governor's inclusion of rate hike for overwhelmed and overburdened community agencies and their workforce, this investment falls far short of what is needed. Advocates are calling for a 7.8% rate enhancement for mental health and substance use agencies to address critical workforce shortages and rising operational costs that must be addressed to ensure that these essential services remain accessible and effective.

Of great interest is a \$16.5 million to counties to use to expand their capacity to make 'AOT services' like housing, crisis and peer support services to eligible individuals in substantial need. However, the Governor's language suggests that these funds will be used to expand AOT. We urge you to restrict the use of these funds to distribute critically needed services like these on a voluntary basis. This will improve statewide consistency and effectiveness of AOT services while also offering enhanced voluntary service packages for individuals who wish to access enhanced intensive services.

The Alliance will be working strenuously with the Legislature and the Hochul Administration to invest in a number of additional priorities including:

- **Daniel's Law Mental Health Response Teams** comprised of peer counselors and emergency medical technicians to successfully deescalate crises in ways are intended to divert individuals from contact with the criminal justice system.
- **Criminal Justice Diversion Programs**, including expanding access to mental health treatment courts through passage of **Treatment not Jail** legislation and alternatives to incarceration.

In closing, the Governor and Legislature have been strong partners in advancing landmark reforms, and we look forward to working together to ensure that the budget delivers the meaningful changes our state desperately needs. Advancing voluntary care, enhanced coordination, increased accountability, and system investments, New York can lead the way in creating a truly transformative mental health system.

*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.*