



FULL Staten Island TYSA Coalition 2026 Policy Agenda

NY CITY-LEVEL POLICY PRIORITIES

Key City Issue: Opioid Settlement Funds

- **Problem/Issue:** In the original NYC tranche of Opioid Settlement Funding (OSF), resources were directed to scale city programs in the other boroughs, resulting in zero resources to serve the Staten Island community. This reflects a larger trend where Staten Island does not receive the same services available in other boroughs despite having significant need. Through the advocacy of our legislators and coalition, the city earmarked a portion for Staten Island providers to address the opioid crisis that has allowed **providers** to implement innovative programs, leading to a nearly 50% decrease in overdose deaths (the greatest decrease in NYC). As new funding becomes available to the city, there is no mechanism to ensure that Staten Island providers will be eligible to receive additional OSF, jeopardizing the gains we've made in stemming the OD crisis.
 - Additionally, the Governor's proposed Executive Budget included language that places \$35 million in interest earned on the Opioid Settlement Fund outside of the legally established funding process, including a possibility to replace current spending with it.
 - **Advocacy Ask:** Our coalition asks that Staten Island providers are directly involved in discussions about future NYC Opioid Settlement Fund distributions. We urge members of the city council, Mayor Mamdani, AG James, the DOH, and other city leadership to secure dedicated funding for Staten Island in future Opioid Settlement payments. Additionally, to ensure OSF interest earned is not used to replace current spending, please support bill A10234 (Steck) and refine related language in the state budget to prohibit this practice.
-

Other City Issues

I. Behavioral Health Prevention

Support for School & Community-Based Prevention

- **Problem/Issue:** School and community-based behavioral health prevention providers are seeing diminishing support for behavioral health prevention programming, such as SAPIS counselors.
- **Advocacy Ask:** We ask the city and state to provide increased funding to make school and community-based behavioral health prevention programming widely available, and that prevention specialists' caseloads are appropriate and manageable. Additionally, we ask the city to ensure that school and community-based prevention specialists, such as SAPIS counselors, are properly trained and provided ongoing education.

II. Behavioral Health Crisis Responses

Expanding B-HEARD & Other Non-Police Responses to Behavioral Health Crises

- **Problem/Issue:** Law enforcement officers are not the appropriate response mechanism to assist individuals struggling with behavioral health. Far too often, people struggling with behavioral health are arrested following a 911 call requesting assistance, and not because a crime has been committed. The city's B-HEARD program provides teams of behavioral health professionals to respond to appropriate crises, but there are currently no B-HEARD teams servicing Staten Island.
- **Advocacy Ask:** We ask that the city push the B-HEARD program to expand its capacity and to deploy a minimum of 2 dedicated teams to Staten Island. Additionally, we ask that the city council expands the B-HEARD program to hire and recruit more dedicated peer specialists across NYC.



FULL Staten Island TYSA Coalition 2026 Policy Agenda

Chancellor's Regulations on How NYC Schools Handle SUD Among Students

- **Problem/Issue:** NYC Department of Education Chancellor's Reg A-411 on Behavioral Crisis was last updated in 2024, but no guidelines were added on handling students under the influence while in the school building.
- **Advocacy Ask:** Update DOE Chancellor's Regulation A-411 to provide guidance on responding to students under the influence, or at risk of SUD, during school hours. We also recommend updated guidance on how schools can identify and screen students who may be at risk.

III. Housing

Supportive Housing Programs

- **Problem/Issue:** Affordable housing is unattainable for most Staten Islanders in recovery. Existing housing assistance programs leave many experiencing homelessness and housing insecurity behind, and are failing to meet rising needs.
- **Advocacy Ask:** To address this crisis in NYC, please support investments into the following policies:
 - **Invest in NYC 15/15 Reallocation**—\$307M in capital to develop and preserve NYC 15/15 units in FY26; \$45M for services and operating for NYC 15/15 reallocated units; and \$27M to increase existing congregate units to sustainable levels.
 - **Support Housing Opportunities for Justice-Involved Individuals**—\$4.8M more in annual funding for Justice Involved Supportive Housing (JISH) for homeless individuals with behavioral health needs and a history of incarceration; and support Intro 1100, a bill that would require DSS to amend eligibility parameters for any existing supportive housing program funded by the City to include justice involvement in the last 12 months to count as homeless time.
 - **Invest In a Peer-Led Mental Health Crisis Response System**—\$4.5M baseline funding for competitive compensation for Peer Specialists to staff the city's mental health crisis response teams. This would include the expansion of peer responders within the B-HEARD program to ensure compassionate, community-driven support for individuals in crisis.
 - **Support Intro 514: Interest To Be Paid on Late Contract Payments to Non-Profit Contractors**—This bill would require interest to be paid on late payments under City contracts with non-profit organizations. Supportive housing providers often deliver critical services long before contracts are registered or invoices approved, leading to financial strain from costly loans and unreimbursed interest expenses.

IV. Health Care for Uninsured & Undocumented Residents

Funding for Uninsured, Underinsured & Undocumented Residents to Receive Essential Health Care

- **Problem/Issue:** The SHOW van, which has been one of very few ways for uninsured, underinsured, and undocumented people to access substance use and mental health services, is no longer present on Staten Island. Staten Island was the only borough to lose this serve, which has and will continue to cause incredible hardship for individuals and families that do not have other options.
- **Advocacy Ask:** We ask that the city funds a new initiative to rent mobile health service vans from Staten Island behavioral health service providers and community-based organizations, such as CHASI, Northwell, Project Hospitality, or El Centro, and staff them with clinicians from NYC



FULL Staten Island TYSA Coalition 2026 Policy Agenda

Health + Hospitals/Gotham Health-Vanderbilt AND/OR use them to transport clients to follow up appointments at hospitals, such as Coney Island Hospital.



FULL Staten Island TYSA Coalition 2026 Policy Agenda

NY STATE-LEVEL POLICY PRIORITIES

Key State Issue #1: Reduce Gaps Between Rising Costs & Funding

- Problem/Issue: Our providers have struggled to maintain robust workforces for decades, and we attribute much of those challenges to our inability to offer compensation that keeps pace with the severely increased cost of living, and is competitive with more well-funded organizations and industries such as hospitals, for-profit providers, private practices, and schools.
 - Additionally, our inability to competitively hire and maintain staff discourages our providers from even applying to several Requests for Proposals (RFPs) because they are not confident they can hire the staff needed to implement the required strategies.
- Advocacy Ask: To address this issue, we and many other related coalitions and advocacy campaigns are asking for a **Targeted Inflationary Increase (TII)** that at least matches the current year’s Consumer Price Index. Based on the July CPI-U, we are asking for a **TII of 2.7%**. While we thank Governor Hochul and the legislature for their historically high investments in our field, we also acknowledge that a 2.7% TII is the **bare minimum** necessary to maintain our workforce.
 - Additionally, we ask the city and state to ensure TIIs are fairly applied across all contracts, and do not leave out programs that have historically been overlooked, such as domestic violence and DOH programming.



Key State Issue #2: Combat Harmful Insurance Practices

- Problem/Issue: In the decade since New York State carved its behavioral health services into the state’s Medicaid Managed Care (MMC) program, managed care insurers have put up barriers like limited networks, prior authorizations and denials which make it harder for individuals to get the care they need. The plans have also been found to violate state laws, regulations or contract provisions while New Yorkers wait to obtain care from a community-based provider.
 - Care providers must use their over-stretched valuable resources and employ full-time staff solely to deal with health plans and chase reimbursement from delinquent insurers. When plans fail to reimburse providers on-time and in full, providers are unable to pay adequate wages to staff or increase the amount of care and staff needed to match growing demand.
- Advocacy Ask: We urge that language be included in budget proposals to carve out most community behavioral healthcare from managed care, so these services can be reimbursed directly under fee-for-service Medicaid, as provided for in bills S8309A(Brouk)/A8055 (Simon). This measure will allow behavioral health providers to focus on service delivery to vulnerable New Yorkers and will save the state an estimated \$400 million per year.



FULL Staten Island TYSA Coalition 2026 Policy Agenda

Key State Issue #3: Strengthening the Behavioral Health Workforce Pipeline

- **Problem/Issue:** Several educational tracks related to our work are not incentivized to those seeking higher education or licenses, such as behavioral health prevention, child/adolescent psychiatry, and CRPAs. Very few plan to enter these lines of work, because they do not know they exist. Most who end up in it fall into it by accident.
- **Advocacy Ask:** To encourage more people to enter and sustain themselves in the field of behavioral health, we ask the state to support workforce initiatives such as tuition assistance, discounts and/or waived fees for licensing and certification, paid internships or stipends for internships, programmatic operational support not attached to RFPs, and investments from the state to market and raise awareness of these professional tracks.

Other State Issues

I. Funding & Sustainability

Preserve At-Risk Care

- **Problem/Issue:** As Medicaid and SNAP work requirements expand, there is risk of shuttering smaller existing programs that serve underserved communities.
- **Advocacy Ask:** Please provide funding necessary to equitably distribute OASAS vocational and job placement services.

Increase Funding for Certified Community Behavioral Health Clinics (CCBHCs) Indigent Care

- **Problem/Issue:** New York's participation in the federal CCBHC demonstration program has expanded access to comprehensive care for people with serious mental health and substance use needs. However, current reimbursement rates do not cover the cost of serving uninsured New Yorkers or those with commercial insurance.
 - In 2023, New York expanded the program from 13 to 39 agencies and created an Indigent Care Pool to partially offset the cost of treating uninsured individuals. The FY27 Executive Budget proposes to allocate \$22.5M to continue this pool at the same level as the previous year.
 - While continuing to offer this pool is critical in light of upcoming federal work requirements that may increase the number of uninsured New Yorkers, it will not be enough to meet increased needs.
- **Advocacy Ask:** While we appreciate the State's investments so far and support continued funding, additional resources are essential to ensure providers can sustainably serve uninsured New Yorkers who rely on this care.

II. Housing

Recognizing Individuals in Residential Recovery Programs as Homeless

- **Problem/Issue:** Currently, OTDA and HRA do not recognize clients in residential recovery programs as homeless, even when they would have nowhere to go if they were not in those programs. This issue creates significant barriers to accessing housing vouchers and other supports.
- **Advocacy Ask:** Please better clarify that clients in residential recovery programs can be considered homeless for housing eligibility purposes, create a process to fast-track housing vouchers coming from the programs, and ensure that housing documentation and classification options are aligned with the realities of clients in recovery programs so that program participation does not prevent them from qualifying.



FULL Staten Island TYSA Coalition 2026 Policy Agenda

Supportive Housing

- **Problem/Issue:** Those recovering from substance use disorders are struggling to survive due to housing insecurity and homelessness. These struggles spark relapses and more episodes of mental health instability. Independent housing, without family support, remains out of the grasp for the majority of people returning to our community from inpatient detox, rehab, or shelter. With the lowest housing vacancy rate in over a century and demand for affordable housing at an all-time high, rents for rooms and apartments have soared beyond the economic means of many, to the point where the majority of North Shore Staten Island residents pay over 50 percent of their income on rent.
- **Advocacy Ask:** The following state programs provide operational support to supportive housing programs that offer safe housing for persons living with substance use and mental health issues. These housing models include transitional, permanent, congregate, and supportive models with the understanding that persons who live in permanent housing are aging in place, and must provide direct care and medical staff to support people as they age in place with complex behavioral diagnoses. Additionally, ensure emergency and transitional housing, and permanent supportive housing, is provided for active and in-recovery persons with addiction histories, and those with dual diagnoses (mental health and substance use).
 - **NYSSHP Campaign:** Please convert the 9,000 at-risk NYSSHP units to its better-funded successor, the Empire State Supportive Housing Initiative (ESSHI) through a five-year, phased-in approach.
 - **Increase HHAP Funding:** Please increase the total annual funding for the Homeless Housing Assistance Program (HHAP) to \$256M to support new projects and repair older housing stock.

III. **Preparing A Response to Potential Cuts to Federal Substance Use Funding**

Be Prepared to Declare an Opioid Public Health Emergency

- **Problem/Issue:** In January, the Trump administration abruptly terminated 2,800 SAMHSA grants across the country, citing that the programs no longer “aligned” with the administration’s public health agenda. Experts estimated that \$2 billion in grant funding was affected.
 - All of the terminated grants were restored shortly after being terminated, but the action still signals that federal funding for substance use is liable to be suddenly removed.
- **Advocacy Ask:** In the case that the federal government significantly cuts funding to address substance use, we ask that the Governor and state legislature be prepared to declare a statewide Opioid Public Health Emergency, which would allow the State to take immediate actions such as:
 - Waiving insurance copays and deductibles for New Yorkers attempting to access addiction treatment;
 - Creating a procurement process that speeds up the distribution of opioid settlement funds;
 - Waiving application fees for counselors who want to work in the addiction service system;
 - Adjusting staffing requirements for addiction service providers that protect patient safety while acknowledging that they cannot recruit and retain a workforce that allows for more services to be provided; and
 - Speeding up the distribution of opioid settlement funds, among other changes.



FULL Staten Island TYSA Coalition 2026 Policy Agenda

FEDERAL-LEVEL POLICY PRIORITIES

Key Federal Issue: Preserving SAMHSA

- **Problem/Issue:** Late on January 13th and throughout January 14th, the Trump administration abruptly terminated 2,800 SAMHSA grants across the country, citing that the programs no longer “aligned” with the Trump administration’s public health agenda. Experts estimated that \$2 billion in grant funding was affected.
 - All of the terminated grants were restored on January 15th, but the action still signals that SAMHSA funding is liable to be suddenly removed.
 - **Advocacy Ask:** We ask Congress Representative Nicole Malliotakis to support all initiatives to preserve SAMHSA as an agency in addition to funding provided to organizations by SAMHSA.
-

Other Federal Issues

Excluding Noncitizens is Harmful & Costly

- Recent federal policy changes further restrict access to care for people who are undocumented noncitizens by tightening insurance rules and expanding the definition of “Federal Public Benefit”. When people cannot access these services early, preventable needs escalate into crises, destabilizing families and communities and driving costly avoidable hospitalizations. **Ensuring access to services for noncitizens is a sound investment, providing returns and deterring costs.**

Data is Fundamental to Sound Policy

- Maintaining comprehensive substance use disorder and mental health data, such as that collected by the U.S. Substance Abuse and Mental Health Services Administration, is essential for sound policymaking. These data allow policymakers to monitor access, track outcomes, justify continued investment, and target resources to individuals with the greatest needs. As federal focus and investment in access to data decreases, it has never been more important to **preserve state, local, coalition and other community-based organizations’ data on substance use disorder and mental health**, especially identifying exposure to risk factors and service gaps in underserved communities.