



ASSEMBLY STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE

NOTICE OF PUBLIC HEARING

SUBJECT: Adequacy of Funding for Addiction Prevention, Treatment, and Recovery Services

PURPOSE: The purpose of this hearing is to examine the adequacy of funding for prevention, treatment, and recovery services within the context of the State Fiscal Year (SFY) 2018-2019 Enacted Budget

New York City
Tuesday, December 11, 2018
11:00 A.M.
Assembly Hearing Room
19th Floor, 250 Broadway

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use disorder affects more than 20 million people nationwide. Opioid addiction is a public health emergency that is ravaging the country and the State. In New York State, the Office of Alcoholism and Substance Abuse (OASAS) estimates that over 2 million people are suffering from a substance use disorder, however only a small fraction of those, a mere 240,000 annually, ever seek treatment. And, despite our efforts, the number of overdose deaths continues to increase statewide. According to OASAS, comprehensive and targeted services are proven methods to connect more people with prevention, treatment and recovery services statewide.

This hearing is intended to examine the adequacy of funding for addiction prevention, treatment, and recovery services provided by state operated facilities as well as community based providers in the context of the State Fiscal Year (SFY) 2018-2019 Enacted Budget.

Persons wishing to present testimony should complete and return the enclosed reply form by Friday, December 7th at 1:00pm. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. In the absence of a request, witnesses will be scheduled in the order in which reply forms are postmarked.

Ten (10) copies of any prepared testimony should be submitted at the hearing registration desk.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the New York State Senate and Assembly have made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Senate and Assembly facilities and activities.

Linda B. Rosenthal
Member of Assembly
Chair
Committee on Alcoholism and Drug Abuse

PUBLIC HEARING REPLY FORM

Persons presenting testimony at the public hearing on **the adequacy of funding for Prevention, Treatment, and Recovery Services** are requested to complete this reply form by Friday, December 7th at 1:00pm, and mail, email or fax it to:

Katie Jesaitis
Committee Analyst
Assembly Program and Counsel
Room 442 - Capitol
Albany, New York 12248
Email: jesaitisk@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

- I plan to attend the public hearing on “the adequacy of funding for Prevention, Treatment, and Recovery Services” to be conducted by the Assembly Committee for Alcoholism and Drug Abuse on Tuesday, December 11th.
- I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____