

NEW YORK STATE ASSEMBLY • SHELDON SILVER, SPEAKER



2014 ANNUAL REPORT



Committee on

Alcoholism & Drug Abuse

Steven Cymbrowitz, Chairman



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIRMAN
Alcoholism and Drug Abuse
Committee

COMMITTEES
Codes
Environmental Conservation
Health
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Steering

STEVEN H. CYMBROWITZ
Assemblyman 45th District
Kings County

December 15, 2014

Honorable Sheldon Silver
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, New York 12248

Dear Speaker Silver:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit to you the Committee's 2014 Annual Report. During my tenure as Chairman, I have engaged with the substance use prevention and treatment community by visiting programs across the state and convening meetings with stakeholders in the field of chemical dependency and problem gambling. Similarly, I have attended and participated in numerous events that were held to highlight key initiatives and address challenges for chemical dependence prevention and treatment providers. These experiences have fortified my resolve to continue to advocate for the investment of resources in programs that have proven effective in reducing the impact of addiction.

New York State continued to build upon its record of fiscal responsibility by producing an on-time budget for the fourth consecutive year. The State Fiscal Year (SFY) 2014-2015 Enacted Budget marked the beginning of the final phase of transitioning the behavioral health system of care to a Managed Care service delivery model. The Committee was able to secure language in this year's budget requiring the State to reinvest a significant amount of savings realized from the reduction of behavioral health inpatient facilities, and individuals receiving behavioral health services moving from a Medicaid fee-for-service model to Medicaid Managed Care payment system. These funds will help to ensure that there will be sufficient capacity statewide to meet the needs of individuals receiving behavioral health services.

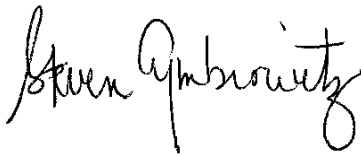
Legislatively, the Committee had a productive session. It was successful in enacting laws that will raise public awareness of how to properly dispose of unused prescription medications, develop educational materials that can be utilized to address problem gambling among adolescents, and raise awareness of treatment services for individuals afflicted with a gambling problem. The Committee also played a crucial role in the

enactment of a package of bills which aim to combat the ongoing heroin and opioid epidemic in New York State. This package included legislation that will expand access to treatment and support services for opioid and heroin abuse, provide enhanced penalties for the unauthorized distribution of controlled substances by practitioners and pharmacists, and increase public education on the dangers of opiate and heroin abuse and on resources currently available to those suffering from an addiction. Additionally, a separate provision was enacted to expand access to Naloxone, an opioid antagonist used to counteract the effects of an opioid overdose.

In the upcoming legislative session, the Committee will continue to examine, develop and consider policies and initiatives designed to help all of our citizens impacted by addiction. I look forward to working with you and my Assembly colleagues in order to ensure that effective, evidence-based prevention, treatment and recovery services are accessible to all individuals and families who are affected by substance use and problem gambling.

On behalf of myself and all the members of the Assembly Committee on Alcoholism and Drug Abuse, I would like to express my sincere appreciation and gratitude for your support and encouragement throughout the Legislative session.

Sincerely,

A handwritten signature in black ink, reading "Steven Cymbrowitz". The signature is written in a cursive style with a large, prominent initial "S".

Steven H. Cymbrowitz
Chairman
Assembly Committee on Alcoholism and Drug Abuse

**2014 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Steven H. Cymbrowitz
Chair**

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Inez D. Barron
Marcos A. Crespo
Michael G. DenDekker
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Simonia Brown – Sr. Assistant Secretary for Program and Policy
Jennifer Sacco – Associate Counsel
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I. INTRODUCTION

The Assembly Committee on Alcoholism and Drug Abuse develops and considers legislation impacting programs that provide prevention, treatment, and recovery services for individuals and families in New York State.

The Committee has oversight over the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives will improve access to and enhance prevention, treatment, and recovery services.

OASAS oversees a service system that includes more than 1,600 prevention, treatment and recovery programs. These programs deliver services to approximately 100,000 individuals on any given day and approximately 240,000 people each year. OASAS also directly operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to roughly 8,000 persons per year.

The Office provides education and training for persons dealing with clients and administers a professional credentialing process for addiction professionals, including certified alcoholism and substance abuse counselors, prevention professionals and specialists, and problem gambling counselors.

II. STATE BUDGET HIGHLIGHTS

The State's tough economic climate requires careful consideration regarding funding priorities and how we allocate resources. Some of the highlights from the SFY 2014-2015 Enacted Budget include:

A. Prevention and Treatment for Heroin and Opioid Abuse

New York is confronting a rapidly growing problem involving the use, abuse and trafficking of heroin and prescription painkillers. Prevention and treatment programs assist in strengthening New York's ability to combat abuse of these drugs, and provide communities, families, and individuals devastated by these dangerous substances with critical tools for addressing crime and addiction.

The SFY 2014-15 Enacted Budget provided **\$1.6 million** to create demonstration service programs to combat the misuse and abuse of opioids and heroin. The Enacted Budget also included **\$1 million** to develop and conduct an opioid and heroin public awareness campaign.

B. Support Behavioral Health Transition to Managed Care

The SFY 2014-15 Enacted Budget dedicated **\$105 million** to successfully transforming the Behavioral Health System to Managed Care. These funds help to ensure that quality of care will not be diminished and sufficient capacity for behavioral health services exist under the Managed Care delivery system.

C. Substance Use Residential Treatment Redesign

The SFY 2014-15 Enacted Budget invested **\$5 million** to reimburse intensive residential treatment programs for clinical and rehabilitative services. Under the current OASAS funding model, intensive residential programs are unable to receive Medicaid payments for these types of services due to falling under the Institutions for Mental Diseases (IMD) Exclusion.

D. Cost of Living Adjustment (COLA)

It has been several years since employees in many of the State's human services programs have received a COLA. Many programs are unable to provide competitive wages, making such programs unable to retain quality staff and potentially having a negative impact on the quality of care. In a system that is responsible for some of the State's most vulnerable populations, it is critical to invest in the workforce by maintaining professional standards and paying competitive wages.

The SFY 2014-2015 Enacted Budget provided **\$13 million** to support a two-percent COLA across several human services agencies, including **\$530,000** for OASAS.

E. Substance Abuse Prevention and Intervention Specialists (SAPIS)

A SAPIS worker provides violence and drug prevention and intervention services, including individual, group, family and crisis counseling; classroom presentations; peer programming; social skills groups; and where necessary, referrals for professional services.

The SFY 2014-2015 Enacted Budget provided **\$14.6 million** for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention which are delivered by SAPIS workers.

III. SIGNIFICANT LEGISLATION – 2014

The Committee is dedicated to supporting legislation that would help to ensure the highest quality of care for persons with substance use and problem gambling issues. In the 2014 legislative session, the Committee developed and advanced several important pieces of legislation which included:

1. Prescription Drug Disposal A.1609 (Cymbrowitz) / S.6691 (Boyle); Chapter 305.

The National Survey on Drug Use and Health (NSDUH) shows that nearly one-third of those aged 12 and older who used drugs for the first time in 2009 began by using a prescription drug non-medically. The same survey found that more than 70 percent of people who abused prescription pain relievers received them from friends or relatives, and that the drugs were most likely taken from a household medicine cabinet. Frequently, individuals who are prescribed a prescription drug will have excess, unused medications in their homes due to the lack of information on how to safely dispose of them.

According to the Office of National Drug Control Policy, a Household Pharmaceutical Collection, which is a partnership involving local communities and organizations, state government and the Drug Enforcement Administration (DEA), is an effective tool that allows individuals to properly dispose of unused, unneeded, or expired medications, and helps to prevent diversion and abuse.

This bill will increase public awareness of proper prescription drug disposal by requiring OASAS, in cooperation with Department of Environmental Conservation (DEC), to post information on its website regarding the steps and guidelines for conducting a Household Pharmaceutical Collection Event for use by municipalities, pharmacies, law enforcement agencies, community groups or pharmacies that wish to organize such an event. It also allows OASAS to assist the DEC and the Department of Health (DOH) in the development of a public information program regarding the proper disposal of prescription drugs.

2. Problem Gambling Education A.8345 (Crespo) / S.6251 (Carlucci); Chapter 146.

Problem gambling affects nearly one million New Yorkers today. A study by OASAS found that 5 percent, or 668,000 adults, experienced problem gambling behaviors within the past year. Additionally, a survey of 7th through 12th graders found that 10 percent, or 140,000 students, experienced problem gambling in the past year.

A study conducted by The National Opinion Research Center (NORC) at the University of Chicago reported that children of compulsive gamblers are more likely to engage in delinquent behaviors such as smoking, drinking, and drug use. Also, these youth are at higher risk of developing compulsive gambling behaviors themselves. The same report estimated that the aggregate annual costs of problem gambling caused by job loss, unemployment benefits, welfare benefits, poor physical and mental health, as well as substance abuse total approximately \$5 billion per year.

This bill helps to reduce underage gambling by requiring OASAS, in collaboration with the State Education Department (SED), to identify or develop educational materials to assist schools when addressing adolescent problem gambling.

3. Supporting the Expansion of SBIRT A.1610-A (Cymbrowitz) / S.6309 (Tkaczyk); Passed Assembly.

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice model proven to be successful in modifying behavioral patterns with at-risk substance users and in identifying individuals who are in need of more extensive, specialized treatment. The implementation of SBIRT in primary health care settings will allow for the early detection of risky alcohol and drug use. Applied as a comprehensive, integrated, public health approach, SBIRT can result in early intervention, which would help to avert the serious and costly health consequences of undetected substance abuse.

This bill would require OASAS, in consultation with DOH, to develop training materials for health care providers and qualified health professionals to enable the implementation of SBIRT.

4. Prescription Drug Abuse Educational Materials A.7837 (Cymbrowitz) / S.6725 (Golden); Passed Assembly.

In 2011, the Office of National Drug Control Policy (ONDCP) stated in its Prescription Drug Abuse Prevention Plan that a key factor in deterring prescription drug abuse is educating youth and their parents about the dangers of misuse and abuse of prescription drugs. The ONDCP also recommended that organizations such as local anti-drug coalitions and pharmacies promote and disseminate public educational materials about the dangers of prescription drug misuse and abuse, and on how to safely dispose of unused prescription medications. In 2012, the New York State DOH, in partnership with OASAS and the Pharmacists Society of the State of New York (PSSNY), issued a letter to pharmacies in New York emphasizing the vital role pharmacists play in deterring prescription drug abuse. The letter stated that pharmacists have a unique opportunity to increase the knowledge of their customers regarding the consequences of misusing prescription medication.

This bill would require OASAS in consultation with DOH to provide pharmacists with educational materials that they may distribute to their customers on the dangers of misuse and the potential for addiction to prescription medications. Pharmacists would also provide information on how to access treatment services and safely dispose of unused prescription medications. The commissioner of OASAS would also be authorized to encourage pharmacies in counties where prescription drug abuse is prevalent to distribute such materials.

5. Task Force on Sober Living Environments A.9717-A (Hennessy); Passed Assembly

It is widely accepted that stable and safe alcohol and drug free housing promotes long term abstinence for a person in recovery from a chemical dependency. Unfortunately, in New York State there is a lack of such housing, which has the potential to be a serious obstacle to long term abstinence, disrupting recovery for even the most highly motivated individuals. The National Institute of Health (NIH) noted studies that indicate individuals completing treatment who return to a living environment with alcohol and drugs present are more likely to relapse, in contrast to an individual who is living in an environment supportive of sobriety.

Some states, such as California, have adopted a unique approach in response to the shortage of affordable drug and alcohol free living environments. One example is the Sober Living Network (SLN), established in 1995 in Southern California. With minimal to no local or state funding, these sober living homes are self-regulated, with operating guidelines and required inspections to ensure each home meets health, safety, cleanliness, and established professional and ethical standards. Today, through SLN's coalition members, there are 550 sober living homes which provide safe and sober living environments to approximately 25,000 individuals who are in recovery from chemical dependence.

A study conducted by NIH revealed that sober living homes might be an effective option for those in need of alcohol and drug free housing. The study illustrated that residents of sober living homes demonstrated a decrease in alcohol and drug use, arrests, and psychiatric symptoms; as well as an increase in employment.

This bill would aim to increase access to drug and alcohol free living environments through guidelines information and recommendations provided by the sober living task force established under this bill.

6. Statewide Problem Gambling Social Impact Study A.7836 (Cymbrowitz) / S.6932 (Golden); Passed Assembly.

Research has found that proximity to casinos increases the rate of problem gambling among the local population. The National Gambling Impact Study Commission showed that casinos within a 50 mile radius of an individual's home can double the prevalence of problem gambling. The Buffalo Research Institute on Addiction, in its own study, claimed that having a casino within 10 miles of a home has a significant effect on problem gambling.

Currently, New York State has five casinos operated by Native Americans and nine independently operated racinos. Combined, they operate approximately 29,000 electronic gambling machines, which is more than any state in the Northeast or Midwest. The New York State Gaming Commission is in its final phase to select up to four upstate venues where the development of a resort style casino will be authorized. This expansion of the

casino industry has the potential to put more New Yorkers at risk of being impacted by the social costs associated with problem gambling.

This bill would require OASAS to conduct a problem gambling social impact study. New York State has conducted surveys to determine the prevalence of problem gambling and the need for prevention and treatment services. However, research that measures problem gambling and the social impact and welfare of the surrounding community's population is severely lacking. Directing such research would allow the State to pinpoint which social costs associated with problem gambling, such as bankruptcy, domestic violence, suicide, crime and the like, are most predominant among New York's identified problem gamblers and have also been detected in communities impacted by the presence of a casino. By having this information, New York State and its public officials would be able to develop a comprehensive plan comprised of precise policies and regulations that aim to mitigate the social costs related to problem gambling. Another benefit from obtaining this data is that it will enable the problem gambling service providers and the casino industry to implement strategies and interventions that target the specific problem gambling needs of each local community and its citizens.

7. Compulsive Gambling Assistance A.2243-A (Cymbrowitz) / S.3394-A (Addabbo); Passed Assembly.

Self-exclusion lists are used nationally by many gaming facilities to encourage responsible gambling. At the request of any individual, a New York State gaming facility is required to place such person on the facility's voluntary self-exclusion list. That person will be prevented from entering, placing a wager, or collecting winnings from a gambling facility. Additionally, if an individual is seen on the premises of a facility, they may be escorted off the gaming facility's property. In states with more comprehensive problem gambling assistance frameworks, the exclusion provisions focus on helping individuals, connecting them with treatment providers and other supports so that they may address their issues with problem gambling.

In Pennsylvania, as of January 1, 2012, over 3,000 individuals have made requests to be placed on the state's self-exclusion list and 33 percent, or approximately 900 of those people, have sought treatment. Further, the state of Illinois requires that prior to removal from a self-exclusion list; a treating physician or qualified mental health professional who is a certified gambling counselor must provide a written recommendation on the self-excluded person's capacity to participate in gambling without experiencing adverse behavioral health risks or consequences.

This bill seeks to enhance New York State's self-exclusion provisions by requiring OASAS to create educational materials regarding compulsive gambling that would be provided to individuals who place themselves on a self-exclusion list. In addition, OASAS, in consultation with the New York State Gaming Commission, would be required to develop a problem gambling education program that an individual must complete prior to being removed from any self-exclusion list.

IV. HEROIN AND OPIOID ABUSE ENACTED LEGISLATION

During this legislative session, the Committee in conjunction with the Assembly Committee on Codes, the Assembly Committee on Health, and the Assembly Committee on Insurance convened a series of roundtables on a comprehensive approach to New York State's opioid and heroin abuse crisis. This June, as a result of the Committee's efforts, the Legislature and the Executive agreed on a package of bills that provide assistance to New Yorkers who are suffering from opioid and heroin and abuse. Of the eleven bills included in the package and enacted into law, several emphasized prevention and treatment for opioid and heroin abuse and they include the following:

1. Opioid Addiction Treatment and Hospital Diversion Demonstration Program A.10159 (McDonald) / S.7904 (Hannon); Chapter 33.

This bill establishes the Opioid Addiction Treatment and Hospital Diversion Demonstration Program. The program will create a new detoxification model by utilizing short term residential and peer supported services for individuals seeking treatment for heroin and opioid addiction.

2. Heroin and Opioid Wraparound Services Demonstration Program A.10160 (Gunther) / S.7903 (Carlucci); Chapter 32.

This bill establishes the Heroin and Opioid Addiction Wraparound Services Demonstration Program to promote long term recovery and a drug free lifestyle. Such program would provide additional supports and case management services to adults and adolescents in treatment for heroin and opioid abuse as well as up to nine months of wraparound services after the completion of their treatment program.

3. Heroin and Opioid Addiction Awareness and Education Program A.10161 (Cymbrowitz) / S.7911 (Boyle); Chapter 40.

This bill develops the Heroin and Opioid Addiction Awareness and Education Program. The program will disseminate information to the State's youth, parents, and health care professionals about the dangers associated with heroin and opioid abuse, the signs of addiction, how to access treatment resources for those grappling with an addiction and help to reduce stigma associated with addiction. It will also help to raise awareness of the Good Samaritan Law, a provision that eliminates legal liability for a person who reports an overdose, allowing first responders to save that person's life.

The following bills were advanced by the Children and Families, Education, Health, and Insurance Committees respectively:

4. Pre-Pins Diversion Services A.10162 (Lupardo) / S.7909 (Felder); Chapter 38.

This bill promotes access to substance use treatment services for youth who may be suffering from a substance use disorder by authorizing an assessment as part of Person in Need of Supervision (PINS) diversion services.

5. Health Education Curriculum to Include Drug Abuse A.10163 (Cymbrowitz) / S.7910 (Martins); Chapter 39.

This bill authorizes SED to make recommendations in order to update curriculum on alcohol, tobacco and other drugs, including heroin and opioids.

6. Naloxone Education Card A.10156 (Dinowitz) / S.7905 (Marchione); Chapter 34.

This bill enhances the Opioid Overdose Prevention Program by requiring an informational safety card or sheet to be provided with each Naloxone kit distributed through such program. Each card or sheet will provide vital information on how to recognize an overdose, step by step instructions on what to do in the event of an overdose, how to access substance use treatment services, and help save lives.

7. Insurance coverage for Substance Use Disorders A.10164 (Cusick) / S.7912 (Seward); Chapter 41.

This bill increases access to substance use treatment services for individuals suffering from a heroin or opioid addiction by requiring health insurers to utilize providers who specialize in substance use disorder services and standardized clinical review criteria for substance use disorder. It will also provide coverage during an appeals process and convene a workgroup to examine barriers to and coverage for addiction treatment.

V. LEGISLATIVE HEARINGS

A. Examination of the SFY 2014-2015 State Budget funding provided to OASAS

December 16th, 2014, New York City

In the 2014-2015 Enacted Budget, funding was provided for initiatives to transform and improve the current system in New York. Some examples include funding to raise public awareness and combat the misuse and abuse of opioids and heroin, funding to reimburse intensive residential treatment programs for clinical and rehabilitative services, and funding to continue prevention and treatment services for problem gambling and chemical dependency prevention. Additionally, funding was included to facilitate the transformation of the Behavioral Health System to Managed Care. The purpose of this hearing was to examine the overall impact and implementation of the 2014-2015 Enacted Budget in relation to OASAS and to assess the impact and effectiveness of New York's prevention, treatment, and recovery services.

OASAS Commissioner Arlene González-Sánchez testified to the work that has been done regarding the funding provided to implement portions of the Heroin and Opioid Abuse legislative package. The Combat Heroin public awareness campaign launched in September with a website as well as public service announcements that included videos of New Yorkers directly affected by heroin or opioid abuse. Additionally, Commissioner González-Sánchez testified to the fact that nearly all of the \$1.6 million dedicated to the Opioid Addiction Treatment and Hospital Diversion and Heroin and Opioid Wraparound Services Demonstration Programs has been designated, with the exception of the implementation of two programs. One particular program that is currently operational is a partnership between the Kings Bay Y and Dynamic Youth Community in Brooklyn which is addressing the heroin and opioid epidemic in the Russian-speaking community. OASAS has also provided law enforcement and local community members statewide with Naloxone (or Narcan) trainings to prevent heroin and opioid overdoses, as well as developed guidance for assisting local school districts while they develop health curriculums related to alcohol and substance abuse. Commissioner González-Sánchez stated that OASAS was steadily working on transitioning from the Behavioral Health System to Managed Care. OASAS has approved and is making available the LOCATDR 3.0 web-based tool which has been designed to determine appropriate level of care assessments while acknowledging a patient's needs and risks and preventing "fail-first" approaches. OASAS has also been collaborating with the New York Council on Problem Gambling, the National Association of Social Workers, and other professionals to develop a network of OASAS trained and certified private practitioners to treat those impacted by problem gambling. Also, OASAS has been developing a "best practice" problem gambling program near the Aqueduct Raceway in Queens, in consultation with the New York Council on Problem Gambling, to raise awareness of problem gambling, offer screenings and provide treatment and support to individuals and families impacted by problem gambling.

The Committee also heard testimony from several advocates, providers, and others affected by the OASAS 2014-2015 Enacted Budget. Susan Kent, President of the New York Public Employees Federation, described the need for an increase in OASAS employees, as well as more supports for such employees. John Coppola, Executive Director of the New York Alcoholism & Substance Abuse Providers, Inc., testified to the inadequate funding that addiction treatment services receives and the need for an investment in technical assistance for addiction treatment providers. Seep Varma, Chairperson of the Coalition for Community Services and Executive Vice President of the New York Therapeutic Communities, Inc. Stay'n Out & Serendipity Programs, testified that although his associations are able to provide and attain successes, there still exists a need for additional funding as there are always waitlists for such programs. Many others testified to the need of additional and more flexible funding for prevention, treatment and recovery programs.

VI. ROUNDTABLES

A. Comprehensive Approach to the Opioid and Heroin Crisis

May 12th, 2014, Albany, New York & June 5th, 2014, New York City

The two roundtables featured experts from agencies and organizations dealing with opiate abuse from many different perspectives including the field of treatment, prevention, education, law enforcement, and public health. The most prevalent theme of these two roundtables was the need to develop a public awareness and education campaign on the risks and dangers of opioid and heroin abuse. It was recommended that the target audience of such a campaign should include youth and young adults, parents, and health care and education professionals. The panelists also suggested that the awareness campaign include a component which focused on reducing the stigma of treatment among young people. They expressed concern that many of the youth and young adults may be deterred from pursuing treatment because of the shame and stigma still attached to seeking help for an addiction.

Other topics of discussion at the roundtables included the need to improve linkages to care and to eliminate gaps in the substance use treatment system, provide regulatory relief that would allow programs to raise their census based on the need for services, and provide financial support enabling treatment programs to more effectively treat people who are abusing prescription opioids and heroin.

B. Health Care Coverage for Substance Use Treatment

June 9th, 2014, Albany, New York

At this roundtable, the Committees heard from panelists who represented individuals and families directly impacted by drug addiction, health care providers, state agencies, advocacy groups and insurance companies. They voiced their concerns with the quality of care and degree of insurance coverage for substance abuse treatment presently being offered in New York State. Specifically, there was great concern among the parents and treatment providers regarding the following: the lack of knowledge about an insured's appeal rights when insurance coverage is denied for substance use treatment, inconsistency in appropriate level of care is determinations, and the need for standardization and transparency in the medical necessity standard. Parents and providers also discussed the devastating consequences of fail first policies, which often prevent a person from receiving suitable treatment. They argued that insurance companies should not be allowed to use such policies as they can have fatal results for those suffering with addiction.

APPENDIX A

2014 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM AND DRUG ABUSE COMMITTEE

<u>Final Action</u>	<u>Assembly Bills</u>	<u>Senate Bills</u>	<u>Total Bills</u>
Bills Reported With or Without Amendment			
To Floor; Not Returning to Committee	0	0	0
To Ways and Means	7	0	7
To Codes	1	0	1
To Rules	2	0	2
TOTAL	10	0	10
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled			
Substituted	0	3	3
Recalled	0	0	0
TOTAL	0	0	0
Bills Held for Consideration with a Roll Call Vote	0	1	1
Bills Never Reported, Died in Committee	15	0	15
Bills Having Enacting Clause Stricken	1	0	1
TOTAL BILLS IN COMMITTEE	26	3	29
Total Number of Committee Meetings Held	3		

APPENDIX B

LAWS ENACTED DURING THE 2014 SESSION

CHAPTER	ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	DESCRIPTION
14	Cymbrowitz	Boyle	Requires gambling facilities to post signs in a prominent manner within reasonable proximity to every exit and entrance of a gambling facility.
32	Gunther	Carlucci	Establishes the Heroin and Opioid Addiction Wraparound Services Demonstration Act to promote long term recovery through additional supports and case management for up to 9 months after completion of a treatment program.
33	McDonald	Hannon	Establishes the Opioid Addiction Treatment and Hospital Diversion Demonstration Program to create a detoxification model for individuals seeking treatment for heroin and opioid addiction.
40	Cymbrowitz	Boyle	Develops the Heroin and Opioid Addiction Awareness and Education Program to disseminate information to youth, parents, and health care professionals about the dangers associated with heroin and opioid abuse, the signs of addiction, and how to access treatment resources as well as raises awareness of the Good Samaritan Law.
146	Crespo	Carlucci	Requires OASAS, in consultation with SED, to identify or develop educational materials that will be made available to schools in order to address adolescent problem gambling.
551	Cymbrowitz	Boyle	Requires OASAS, in consultation with the Department of Environmental Conservation (DEC), to post information on its website regarding the steps and guidelines for conducting a pharmaceutical drug give back event.

APPENDIX C

2015 COMMITTEE OUTLOOK

Addiction presents itself across every system in New York State. The Committee will monitor the establishment of effective evidence-based prevention and treatment strategies to address the disease of addiction so that we may foster long-term recovery, improve lives, strengthen outcomes, and see a safer, healthier New York.

Looking toward the upcoming SFY 2015-2016 budget cycle, the Committee will advocate strongly for the investment of resources for the prevention, treatment, and recovery services needed for those who are suffering from addiction; increase access and eliminate barriers to services for those who are in need; and make available the appropriate tools, information, and opportunities for training so that provider staff and other professionals may provide evidence-based and effective chemical dependency services.

Finally, the Committee, in collaboration with advocates, service providers, and state agencies, will identify critical issues facing the chemical dependence community, individuals, and families who are impacted by addiction. Through this process, the Committee will develop new initiatives and legislation that potentially could expand and strengthen the system of addiction services. During the SFY 2015-2016 Legislative Session, some of these issues may include:

Problem Gambling Education and Treatment Services

The New York State Gaming Commission is in the final stages of authorizing the development of up to four resort style casinos in Upstate New York. Each new casino will be required to implement a problem gambling plan and pay a fee for each operating table game and machine which will be allocated to OASAS for the purpose of problem gambling education and treatment. The Committee will continue to engage in meaningful dialogue with all relevant stakeholders to ensure that policies aiming to mitigate the consequences of problem gambling are effectively implemented and that treatment services are accessible to all who are in need.

Chemical Dependence Housing Services

OASAS certifies three levels of residential services: intensive residential rehabilitation, community residential, and supportive living residential. These programs are considered transitional services and the expected duration of care is anywhere from 30 days to up to 24 months. OASAS also funds permanent supportive housing programs such as Shelter Plus Care; New York/ New York III; and the Upstate Permanent Supportive Housing Program. Each permanent housing program includes rental subsidies and provides access to supportive services that assist individuals and families with a history of substance abuse to achieve greater independence and self-sufficiency.

Safe, affordable housing and employment are essential for successful long-term recovery. Therefore, the Committee will work with advocates, service providers, and other stakeholders in the chemical dependence community to ensure that affordable housing and residential services are accessible to individuals and their families who have been impacted by addiction.