NOTICE OF PUBLIC HEARING

SUBJECT: Suicide Prevention Supports and Services

PURPOSE: To obtain information on suicide prevention supports and services in New York State, and explore what additional actions may be required to mitigate the factors related to suicide or suicide attempts.

Monday
December 9th, 2019
11am
Legislative Office
Building
Hearing Room C
Albany, New York

Suicides have increased significantly across the United States, including in New York State. In June 2017, the Centers for Disease Control and Prevention released a report indicating that in New York State, suicide rates increased 29.1% from 1999 to 2016. In response, New York State has developed a health improvement plan which includes suicide prevention as one of its focus areas. The plan is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health.

Additionally in November, 2017, the Governor established the New York State Suicide Prevention Task Force which placed an emphasis on high-risk groups such as veterans, Latina adolescents, and members of the LGBTQ community. The task force released a report this April with several recommendations which aim to strengthen New York’s suicide prevention efforts.

This hearing will provide an opportunity for the committees to gather information on current suicide prevention efforts, gain a better understanding of how the state will implement the recommendations made by the Governor’s task force, examine the ability of the state to develop and coordinate interagency suicide prevention programs, and consider any additional actions that may help to reduce the overall risk of suicide in New York State, in the context of the SFY 2019-2020 enacted budget.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has 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 Assembly facilities and activities.

Aileen Gunther
Member of Assembly
Chair
Assembly Standing Committee on Mental Health

Richard N. Gottfried
Member of Assembly
Chair
Assembly Standing Committee on Health

Didi Barrett
Member of Assembly
Chair
Assembly Standing Committee on Veterans’ Affairs
PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on suicide prevention supports and services are requested to complete this reply form within 24 hours of the scheduled hearing and mail, email or fax it to:

Willie Sanchez
Legislative Analyst
Assembly Committee on Mental Health and Developmental Disabilities
Room 422 - Capitol
Albany, New York 12248
Email: sanchezw@assembly.state.ny.us
Phone: (518) 455-4371
Fax: (518) 455-4693

☐ I plan to attend the following public hearing on suicide prevention supports and services Monday, December 9th, 11am.

☐ 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 hearings.

☐ I would like to be added to the Committees’ mailing list for notices and reports.

☐ I would like to be removed from the Committees’ 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: __________________________________________________________________