



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

DEPUTY COMMISSIONER  
OFFICE FOR ELEMENTARY, MIDDLE & SECONDARY EDUCATION  
ALBANY, NY 12234

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**TO:** District Superintendents  
Superintendents of Schools  
Directors of Special Education  
Chairpersons of Committees on Special Education  
Directors of Pupil Personnel Services

**FROM:** Arthur L. Walton *Arthur L. Walton*

**SUBJECT:** Provision of Educational Services to Youth Admitted to Programs Licensed by the New York State Division of Alcoholism and Alcohol Abuse (DAAA) and/or the New York State Division of Substance Abuse Services (DSAS)

The growing number of youth with alcohol and substance abuse problems in our communities requires a renewed effort to address the total needs of these students. Increasingly, school and treatment program officials recognize that collaboration is a major factor in successfully helping youth regain control of their lives. This memorandum is intended to provide information on integrating education and the alcohol and/or substance abuse treatment services in treatment programs licensed by the New York State Division of Alcoholism and Alcohol Abuse (DAAA) and/or the New York State Division of Substance Abuse Services (DSAS).

All school-age youth served in day and residential alcohol and/or substance abuse treatment programs maintain the right to access full educational opportunities. While some youth admitted to treatment programs are classified by Committees on Special Education (CSE) as individuals with disabilities, all youth in treatment programs are entitled to access all publicly funded programs and services under Section 504 of the Rehabilitation Act of 1973.

#### **OVERVIEW OF PROGRAMS LICENSED BY DAAA AND/OR DSAS**

Programs licensed by DAAA and/or DSAS provide a therapeutic environment in a clinical setting for youth in need of alcohol and/or substance abuse treatment. They are highly structured, intensive day services (outpatient) and residential programs that need to blend clinical and educational services to meet the unique needs of each youth in the program. Due to the treatment focus of these programs, clinical and educational staff need to be involved in a coordinated, multidisciplinary approach to treatment planning, program implementation and the discharge/transition of each youth.

When a youth is admitted to either a day or residential treatment program licensed by DAAA and/or DSAS, the program must inform the youth's school district of residence of this admission and work with the school district to ensure the youth's continuing access to education. Educational services are the responsibility of the school district of residence, however, the youth's school district may provide these services directly, by contract with the school district or BOCES where the treatment facility is located or with a school associated with the facility.

## **TARGET POPULATION**

Youth admitted to programs licensed by DAAA and/or DSAS range in age from 12 to 21 and have varying intellectual abilities. All have an identified problem with alcohol and/or substance abuse that significantly impairs their ability to function in one or more areas of daily living. Youth stay in treatment for varying periods of time; the actual length of stay is dependent on the treatment needs of the individual. For many school-aged youth enrolled in DAAA and/or DSAS programs, their clinical needs may require that all clinical and educational services be provided within the facility. In developing an appropriate educational plan, school districts need to work cooperatively with the treatment program to assure that the provision of education is consistent with the clinical needs of the individual youth.

## **ASSESSMENT AND PROGRAM PLANNING**

In order to provide appropriate education and treatment services, an assessment of each youth's treatment needs and educational skills may be conducted by the treatment team shortly after admission. The youth's school district of residence should be involved in assessing the youth's vocational/occupational education, academic coursework, counseling and life skills needs. Based on these assessments, a treatment/education plan is developed by the treatment team. Active participation of the school district in this multidisciplinary planning process meets the district's responsibility under Section 504 of the Rehabilitation Act of 1973. Consistent with the requirements of Part 200 of the Regulations of the Commissioner of Education, if a youth is believed to require special education or related services in order to benefit from instruction, a referral must be made to the CSE of the school district of residence. When the CSE finds the youth to have a disability requiring special education or related services, an Individualized Education Program (IEP) must be developed.

## **EDUCATIONAL PROGRAMS**

Although the education component of programs licensed by DAAA and/or DSAS may be made available to youth in a variety of ways and in diverse settings, students are entitled to the full array of education services. The success of the alcohol and/or substance abuse treatment programs in reintegrating youth back into their schools and community, however, is directly related to the level of coordination between the clinical and educational services during treatment. Therefore, it is imperative that treatment programs and school districts work cooperatively to identify and develop an education program that is responsive to the total needs of the youth. To assure this goal, school district decisions should be made in consultation with the treatment program and based on the individual youth's treatment and educational needs.

School districts should remain in contact with the treatment programs and receive regular academic updates. These reviews should assist the district in determining equivalency of instruction so that units of credit can be granted and serve as an integral part of the discharge planning process.

The following provides an overview of the programmatic and fiscal responsibilities of school districts:

### Programmatic Responsibilities

In accordance with Section 504 of the Rehabilitation Act of 1973, the school district of residence must assess the pupil's educational needs and participate in a multidisciplinary planning process to develop an education plan for all individuals enrolled in alcohol and/or substance abuse programs.

In accordance with the Individuals with Disabilities Education Act and Article 89 of New York State Education Law, the school district of residence must assure that all rights are afforded youth who have, or are believed to have, a disability that requires special education or related services.

### Methods of Service Delivery

In accordance with Section 3202(6) of Education Law, the school district of residence is responsible for providing, directly or by contract, educational services while the youth is at the treatment program. This responsibility includes identifying and arranging for appropriate programs that meet the educational needs of the student and assuring access to special education or related services for youth who require them. Services can be made available through:

- 1) a teacher employed by the district;
- 2) a contract with the school district or BOCES where the program is located; or
- 3) a contract with a school affiliated with the treatment program.

### Fiscal Responsibilities

The cost of education is the responsibility of the school district of residence. All contractual arrangements between the school district of residence and the agency providing the education to the youth are limited to the cost of educational services and may not include maintenance or medical services. If the youth is under the care and custody of a social services district (i.e., foster care), the cost of the education will be paid by the social services district awarded custody of the youth.

## **DISCHARGE PLANNING**

Discharge planning from a program licensed by DAAA and/or DSAS is the shared responsibility of the clinical and educational staff. The purpose of this planning process is to identify and ensure the supports needed for the youth to be successfully reintegrated into the schools and community. Due to the treatment focus of these programs, the final decision to discharge a youth rests with the treatment team and does not focus solely on education considerations.