Guidance for Providing Educational Resources to Address Substance Use

A COLLABORATION OF

THE NEW YORK STATE EDUCATION DEPARTMENT

AND

THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

THE UNIVERSITY OF THE STATE OF NEW YORK

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Foreword

Providing Educational Resources to Address Substance Use has been collaboratively developed by the New York State Education Department (NYSED) and the New York State Office of Alcoholism and Substance Abuse Services (OASAS). This resource provides school districts with evidence-based, valid and reliable materials related to addressing substance use. As noted in the recently released joint Commissioner's letter from NYSED and OASAS and NYSED's Office of Student Support Services Memo of March 2019, the goal of developing this guide is to assist school districts in meeting the requirements of New York State (NYS) Education Law section 3038, effective March 5, 2019. This law requires the Superintendent of each school district, in consultation with the Board of Cooperative Educational Services (BOCES) District Superintendent (DS), where applicable, to identify an employee as a designee of a school district of BOCES to provide information to any student, parent/guardian, or staff member regarding where and how to find available substance use related resources (i.e., approaches, and services related to a continuum of supports including wellness promotion through information dissemination, universal prevention, treatment, and recovery). To assist schools in meeting this requirement, the NYS Mental Hygiene Law section 19.07 was also amended requiring OASAS to consult with NYSED to develop and/or utilize existing substance use educational materials as subject matter experts.

Utilizing this guide will assist school districts through access to increased educational resources while building capacity to develop a sustainable and consistent approach to meeting this legislative requirement and the potential needs of people who comprise the school community. This guide is intended for use by all BOCES, school district staff, personnel and administrators, including those employees specifically identified as the designee. Every attempt has been made to ensure that the information and resources contained within this document reflect best practice in the field of substance use. School districts should review this guide with their counsel as necessary to incorporate the guidance within district policy and professional scope of practice, where applicable.

Throughout this document, underlined words and/or phases indicate that a hyperlink to an electronically-based resource is embedded and can be accessed by clicking on the phrase. All links were valid, accurate, and safe at time of being issued.

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Introduction

Schools can serve as a protective factor in providing substance use prevention education, as outlined in the Health Education Standards Modernization Supplemental Guidance Document: Instructional Resource Packet for Heroin and Opioids 2016, and as an early intervention intermediary through the dissemination of resources on finding available substance use related services. Research demonstrates that average levels of substance use and risk and protective factors reported by students in a school can predict the academic test score performance of students within that school even after controlling for other factors relevant to academic achievement (Arthur et al., 2015).

Adolescence is a critical time for youth brain development. It is during these years that the brain is particularly vulnerable. During this period of development there are often changes in the tissue within the Central Nervous System (CNS; e.g., decreases in grey matter, increases in white matter), as well as changes to the prefrontal cortex which responds to dopamine (transmitter associated with pleasure, reward, and emotional responsiveness). Most used and abused drugs (including alcohol) increase the dopamine that the brain releases. Dopamine is a neurotransmitter that gives a sense of pleasure and positive well-being when released. If a youth engages in substance use during this critical time, there may be changes in the feedback system so that the brain may not naturally be able to control its dopamine release. The brain may begin to naturally decrease its production and become physiologically dependent on outside sources (substance use, gambling, sexual behaviors, risk-taking behaviors, etc.) to maintain an expected level of dopamine. This situation and the developed perceived need for the substance could contribute to an adolescent's future substance misuse and addiction (Blum et al., 2012; Whitesell, Bachand, Peel, & Brown, 2013).

Per the NIH Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) - this sequence of physiological dependence and possible behavioral addiction can occur with any substance (e.g., alcohol, marijuana, opioids, synthetics, tobacco, vape pod liquid, etc.) or behavior (i.e., gambling, electronic gaming, social media, etc.) because of the brain-based reward from engagement with and/or effects of the substance/behavior. Individuals that use substances often begin in adolescence, often with background and experiences that have primed conditions for doing so. It is estimated 25% of students may become afflicted with Substance Use Disorder (SUD) by age 18 (Merikangas et al., 2010) and that 90% of addictions begin before the age of 18 (Center of Addictions and Substance Abuse, CASA). These findings underscore the importance of schools in addressing substance use with developmentally-appropriate approaches.

It is essential that efforts within schools are visible, current, and focused on comprehensive well-being. For example, Health Education can offer skills-based competencies that assist in the prevention of substance use. Health Education includes multi-faceted functional knowledge areas that, from a skills-based perspective, can enhance the overall well-being of students and access to the teaching and learning process.

A comprehensive and coordinated approach with students, families, schools and community partners is needed to understand how best to leverage existing resources while maintaining effective and ongoing communication. Resources and partnerships developed at the local and state level represent a NYS coordinated response to recent increases in heroin and opioid use/abuse in NYS and across the nation. Please refer to the resource section of this guide to access the numerous NYS Agency Commissioners' Letters that have been released to schools concerning this epidemic, and the appropriate resources necessary to continue educating our youth, families, staff and communities.

Acknowledgements

NYSED would like to extend its appreciation to its State partner, OASAS, for providing leadership and expertise to inform the work of this priority. Together, both agencies have engaged in many initiatives to educate and serve our schools, youth, families, and communities to enhance wellness. This document and resources have been developed with assistance from the following:

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Legislative Background

New Education Law § 3038 (Attachment A) requires the Superintendent of each school district, in consultation with Board of Cooperative Educational Services (BOCES) District Superintendent (DS), where applicable, to identify an employee as a designee of the school district or BOCES to provide materials and/or resources to any student, parent or staff regarding where and how to find available substance use related services. Where possible the designated employee shall be a school social worker, school counselor, or any other health practitioner (i.e., school psychologist, school nurse). Information provided by a student, parent or staff to the designated employee shall be confidential, not be used in school disciplinary proceedings, and as related to other applicable privilege, be confidential pursuant to section 4508 of the civil practice law and rules. Nothing in this section can relieve the designated employee of a legal duty to otherwise report such information. The designated employee, or employees, are to undergo necessary training as may be required by the Commissioner.

Additionally, NYS Mental Hygiene Law §19.07 (Attachment B) was amended requiring OASAS to consult with NYSED to utilize existing educational materials, or develop new ones, to support school districts and BOCES to use in addition to, or in conjunction with current drug and alcohol curricula. Materials are to be age-appropriate and include information or resources for parents to identify the warning signs and address the risks of substance use. Topics are to include misuse and abuse of alcohol, tobacco, prescription medication and other drugs with an increased focus on substances most prevalent among school aged youth as defined in Education Law section 804. Accordingly, NYSED Commissioner's Regulations Part 135.3 Health Education states that "a satisfactory program in K-12 health education shall include … but shall not be limited to, instruction concerning the misuse of alcohol, tobacco and other drugs …**."**

The NYSED Modernization of Health Education Curriculum Memo of February 2015 outlined requirements of amended Education Law section 804 for school districts on updating (modernizing) their health education curriculum related to: alcohol, tobacco, and other drugs. Beginning in 2015, each school district has been required to update their health education curriculum to include the most up-to-date, age-appropriate information available regarding the misuse and abuse of alcohol, tobacco, and other drugs, including but not limited to heroin and opioids. Such curriculum must include, but not be limited to, information regarding drugs and other substances that are more prevalent among school-aged youth. The guidance and instructional resource packet (released in 2016) also includes the required functional knowledge related to heroin and opioids. School districts, while updating their K-12 school health education curriculum, should continue to ensure it is grade level appropriate, aligned to the NYS Health Education Learning Standards and are recommended to refer to the Guidance Document to Achieving New York State Learning Standards in Health as a supportive framework for developing health curricula and implementing instructional and assessment strategies.

Substance Use Overview

Addiction can impact anyone, any family, at any time. Substance use disorder has had serious consequences, cutting young lives short, breaking hearts, and ending hopes and dreams in every corner of our state. In 2017, more than 3,200 overdose deaths were reported in NYS. The CDC reported drug overdoses killed more people than car crashes and life expectancy declined for three consecutive years for the first time since World War I. The recent 2018 Surgeon General's Report and the 2018 NYS Epidemiological Profile: Substance Use and other Mental,

Emotional and Behavioral (MEB) Disorders offer more information about substance use trends at the National and NYS levels, respectively.

OASAS oversees one of the nation's largest addiction services systems with approximately 1,600 prevention, treatment and recovery programs. OASAS chemical dependence treatment programs have an average daily enrollment of nearly 100,000 people and serve approximately 234,000 individuals every year. During the 2017-18 school year, OASAS-funded prevention providers reached youth in 1,701 public and non-public schools. This represents about 26% of NYS schools. Recurring direct (face-to-face) prevention services were delivered to approximately 454,000 youth. Of these, 80% received services through an evidence-based program that prevention research shows results in lower levels of youth problem behaviors.

Alcohol, tobacco, vaping, marijuana, synthetic cannabinoids, prescription pills, heroin, cocaine, amphetamines and fentanyl are some of the common substances of focus. No one ever anticipates they will become addicted, but gateway drugs can lead to other substances resulting in addiction and death. By raising awareness, educating about addiction, ensuring people engage in prevention efforts, knowing how to access care, and removing the shame and stigma associated with addiction, we can all be a part of the solution and help to combat addiction.

In addition, school behavior problems, academic under-performance, and youth substance use are often correlated. Research suggests that individuals who use substances tend to use more than one; this multiple drug use in mid-adolescence predicts subsequent school non-completion (Kelly et al., 2014), which contributes to increases in drop-out rates. Furthermore, increased alcohol consumption is associated with lower Grade Point Average (GPA) and academic difficulty (Balsa, Giuliano, & French, 2011). However, youth who have strong bonds to school are less likely to report non-medical use of prescription drugs (Ford, 2009). Truancy can predict future substance use, likely due to the deleterious effects of reduced school bonding (Henry & Thornberry, 2010). Therefore, schools are integral to addressing substance use because connectedness, engagement in learning, investment in the school community, and a positive school climate helps to neutralize risk associated with SUD and related outcomes, as well as increasing student knowledge about how to obtain help as needed.

Substance Use Policies

It is recommended that BOCES and school districts update existing substance use policies or develop new substance use policies to reflect NYS Education Law section 3038 to ensure compliance, and to identify the process for designating an employee to provide information to any student, parent or staff regarding where and how to find available substance use related services. Policy updates/development should be a collaboration between the board of education or governing body, school administrators, NYS certified and/ licensed school pupil personnel professionals (in public schools this includes but is not limited to school social workers, school counselors, school psychologists, school nurses, and a school district's director of school health services - commonly referred to as a medical director), community-based organizations (CBOs) such as the OASAS Prevention Provider Network, families and youth. In a person-centered approach to prevention, treatment, and recovery related to substance use, it is best practice that such policies are not punitive or tied solely to discipline hierarchies or codes of conduct. With the assistance of CBOs, schools are empowered to identify existing and newly-developed resources for preventing and responding to a substance use situation; many of those resources are listed here. A comprehensive, strategic approach to substance use policies is essential for preventing, intervening early, and accessing assistance for someone using substances or are affected by others' substance use. This type of approach is essential in reversing the stigma surrounding

substance use, which impedes many from seeking and obtaining assistance for themselves or a loved one.

The planning process for ensuring that a school district's substance use policy addresses procedures for addressing student use and staff use is non-discriminatory, is not punitive, yet is supportive of wellness and is current as related to Education Law §3038 may include:

- Development of a written policy to guide licensed personnel that are consistent with State and Federal Guidelines and NYS Licensure Requirements and Scope of Practice Guidelines;
- Any written protocols and procedures on substance use should be detailed to ensure consistency of practice within the entire school district;
- Substance use policy, protocols, and procedures should be evaluated, reviewed and revised periodically as determined by best practice and in alignment with NYS Laws (i.e., Modernization of Health Education Curriculum; Providing Educational Resources in the School Setting);
- Identification and provision of professional development and education needs for both licensed and unlicensed personnel; and
- Communication to students, parent/guardians, and the community about related information, resources, district policy and protocols, along with any required forms.

Notation: School districts are recommended to have Board of Education approved best practice substance use policies in place addressing student and staff substance use and refer to their approved policy when a substance use situation occurs.

Obligations of Boards of Cooperative Educational Services (BOCES) and School District Superintendents

NYS Education Law §3038 obligates the Superintendent of each school district, in consultation with Board of Cooperative Educational Services (BOCES) District Superintendent (DS), where applicable, to designate an employee of the school district or BOCES to provide materials and/or resources to any student, parent or staff regarding where and how to find available substance use-related information and services. Consistent with the requirements of the new law, it is the recommendation of the NYSED and OASAS that where possible, the designee shall be a PPS employee, e.g. a school social worker, a school psychologist, school counselor, or health practitioner (e.g. school nurse). *It is also the recommendation of NYSED and OASAS that each school building identify a school employee to provide substance use information to ensure a coordinated and impactful approach.*

It is very important that the name(s) of the designee(s) are readily accessible to the entire school community. To assist schools with increasing visibility of this position, and school stakeholders being able to obtain information to address substance use and related services as needed, a "YOU CAN MAKE A DIFFERENCE " one-page customizable template has been created for schools to place throughout the school building where the name and location of the designee can be inserted and, thus known to all within a school community. This template is available on the Center for School Health Website under the Laws/Guidelines/Memos tab in *NYSED Guidelines and Memos by Content Area,* as well as the OASAS Combat Addiction website .

Resources related to awareness, warning signs, having conversations about substance use, as well as materials for prevention, treatment, and recovery are available in an aggregated

fashion on the OASAS Combat Addiction website at https://combataddiction.ny.gov/schools for use by the designee and multiple stakeholder groups.

School district employees designated under section 3038 are required to provide students, parents, or staff seeking assistance with information related to addiction and where to find available substance use related services. A central component of that obligation for the school district employee who is the designee is collaboration with field experts from community-based organizations. Such experts, like OASAS Prevention Providers, offer connection to prevention, treatment, and recovery services and can offer information about referrals and processes to assist those seeking services or other supports.

This information should be available to all students, staff, family members, and community members accessing the school environment without reporting obligations for simply obtaining information. Any reporting considerations would be applicable via a professional's scope of practice/ethics, discussed later in this document.

BOCES Employees and School District Employees

School Pupil Personnel Services Employees: School Social Workers, School Counselors, School Psychologists, School Nurses and the Director of School Health Services (a.k.a. Medical Director)

Pupil personnel services (PPS) employees have the training, education and expertise to play a significant role in assisting Boards of Education with school district policy updates and/or policy development regarding substance use/abuse. PPS school employees are key to the successful implementation of Education Law 3038 and can assist School District Superintendents and BOCES DSs in identifying protocols related to the designation of appropriate employees to provide substance use information. Therefore, it is the recommendation of the NYSED and OASAS in alignment with NYS Education Law §3038, that where possible PPS school employees are designated to provide substance abuse information to any student, parent/guardian or staff regarding where and how to find available substance use related services.

If a student, parent/guardian or staff member is seeking information on substance use, the PPS school employee should not document this in the student or staff records or elsewhere. Nothing in new law or this guidance, however, is intended to prohibit a PPS school employee that is certified and/or licensed from making a report that is required by law upon a finding of certain information. When information is sought from or provided by the designated school employee, confidentiality, as required by law regarding students, parent/guardian and staff must be maintained. Similarly, if a school employee that is not a certified and/or licensed professional has been designated to provide materials on substance use, it should not be documented in the student or staff records or elsewhere, as they were only seeking and/or obtaining information on substance use related services. School district employees should be aware of the Family Educational Rights and Privacy Act (FERPA) requirements regarding students and confidentiality. However, nothing in the new law or this guidance prohibits a school employee from meeting their obligation, and legal duty, to make report allegations of child abuse and or neglect upon finding concerning information. The New State Office of Children and Family Services (OCFS) operates the Statewide Central Register of Child Abuse and Maltreatment.

Except as outlined in the previous paragraph, student, parent/guardian, and staff confidentiality must be maintained when a request is made for information on substance use from

the designated school employee. Education Law §3038 prohibits the fact that a request was made for information regarding substance abuse from use in any disciplinary proceeding.

When developing protocols, it should be ensured that the protocols are consistent with the description of the services and activities of the PPS employees' certification and/or licensure definitions of practice. All PPS school employees do not have a "scope of practice" as commonly known when referring to licensed professionals. Some definitions of practice for PPS employees are in Civil Service Law, not otherwise. School district administration will need to be aware of assistance that may be needed by PPS school employees, should they be the designated employee to provide substance use information. Such needs may include but not be limited to:

- An area where the designee can meet to have a confidential discussion with a student, staff member, or parent/guardian requesting information;
- Accessing, printing, collating, displaying and storing of educational materials on substance use;
- Providing time and resources to engage in professional development opportunities, webinars, and subscribing to professional journals to keep practice current;
- Providing opportunities and support for networking with CBOs to build upon already existing resources and, if needed, tailor specific ones; and
- Offering additional opportunities to develop sustainable partnerships.

Questions related to NYS Licensed Professionals' licensure and scope of practice should be directed to the NYSED's Office of Professions (http://www.op.nysed.gov/.) Questions related to staff with PPS certificates should be directed to the NYSED Office of Teaching Initiatives (http://www.highered.nysed.gov/tcert/).

School and Community-Based Organization Partnerships

This section below has been adapted from the July 2018 Mental Health Education Literacy in Schools: Linking to a Continuum of Well-Being Comprehensive Guide.

Facilitating the relationship between schools and community agencies is critical to positively impact school climate and connecting more students and families with the help they or a loved one need. A school and community-based organization (CBO) is a partnership where initiative is taken by all involved on behalf of students, families and staff. Before all else, such partnerships should ensure that all required confidentiality required for students, parents/guardians, and staff is maintained. Initially, it is recommended to conduct a needs assessment to determine what school and community partnerships currently exist related to substance use, and where if any gaps may exist. Beginning with a preliminary assessment will help school districts focus attention where it is needed. Needs assessments must be developed based on valid psychometric rules, but can be formal or informal, brief or complex; depending on staffing and available time. To remain current, needs assessments should be conducted at regular intervals.

Following a needs assessment, it is recommended school districts focus their attention on relevant resources, such as those aggregated on the new school-focused OASAS Combat Addiction webpage at https://combataddiction.ny.gov/schools with information for students, teachers, PPS workers, parents, and community members. In addition, best practice suggests building and strengthening school-community partnerships that are identified as integral and most

needed. The following guidelines are recommended to facilitate CBO and school communication and collaboration for fostering these partnerships:

Community Agencies Can Help By:	**Schools Can Help By:**
Consulting with school-based multi-disciplinary teams (i.e., Pupil Study Team, Child Study Team, Response to Intervention (RTI), Multi-Tiered System of Support (MTSS), Screening, Brief Intervention and Referral to Treatment (SBIRT) to address strategies and resources.	Addressing strategies and resources that educate on substance use through teaming efforts and related frameworks (i.e., Pupil Study Team, Child Study Team, RTI, MTSS, SBIRT)
Providing schools with a list of community-based resources annually with current contact information.	Designating the BOCES and/or School District employee to be the school-based coordinator to facilitate ongoing communication and collaboration and to be the designated contact for the school district and/or school.
Develop and/or share information with school districts on funding sources for school-based services.	Developing and/or utilizing funding sources to support school-based community agency provided supports.
Offering community-based services such as expert supports and evidence-based programming and strategies that address recent requirements (e.g., Health Education Standards Modernization Supplemental Guidance Document: Instructional Resource Packet for Heroin and Opioids, 2016; Mental Health Education Literacy in Schools: Linking to a Continuum of Well-Being Comprehensive Guide, 2018; Social Emotional Learning: Essential for Learning, Essential for Life, 2018; New York State Social Emotional Learning Benchmarks, 2018)f	Adding community-based services to substance use resources available to students, families and staff in the school. Connecting, as needed, with community-based organizations for resources that facilitate effective and efficient efforts towards educational requirements.

Advantages of School CBO Partnerships:

- Community partners can provide training and professional staff development;
- Community partners can be invited into schools for parent education opportunities;
- Community partners can be invited into schools for student education opportunities; and
- Schools can participate in substance use education events organized by community partners (fundraising walks, health fairs, panel presentations, community forums, Town Hall meetings, drug take-back days, related trainings, awareness campaigns, etc.)

Strong School CBO Partnerships:

- May reduce stigmatizing attitudes about addictions;
- Facilitate help for students, parent/guardian and staff in a timely manner; and
- Send the message of care and support to all school and community stakeholders

As opportunities for such partnerships, the expansive OASAS Prevention Provider Network, regional Prevention Resource Center (PRC), Treatment Provider Directory, and Addiction Treatment Center (ATC) Directory can be especially helpful in assisting with related resources. In addition, Community Coalitions offer support for locally-identified priorities and environmental strategies. The Regional Addiction Resource Centers (RARC) are available to assist people, families and communities in accessing local resources for those facing addiction problems. The RARC help identify local prevention resources, local treatment opportunities, recovery services and other supports. The RARCs can also organize events based on community requests. There are also Regional Substance Use Disorder Service Options.

Notation: However, it is important not to bypass Civil Service and Contracting Rules by delegating PPS services from outside individuals (i.e., school social workers, school counselors, school psychologists, and school nurses).

Evaluation

NYSED and OASAS recommend that BOCES DSs, school district superintendents, school district boards of education, school administrators, pertinent certified and licensed professional school employees, students, parents/guardians and CBOs review and evaluate the implementation of NYS Education Law §3038. School districts must also update and modernize their health education curriculum to include alcohol, tobacco and other drugs on a regular basis. It is strongly recommended to evaluate these related requirements simultaneously.

Associated Resources

New York State Agency Commissioners' Letters:

- January 2019 - Evidence-based resources to combat e-cigarettes and vaping use among school-aged youth, including an educational webinar and learning page
  - Letter to Schools from Commissioners of Health and Education Department
  - NYSDOH Get the Facts Website
- September 2018 - Resources and tools available to continue raising awareness of the dangers of opioids - including fentanyl, and synthetic cannabinoids
  - Letter to Schools from Commissioners of Alcoholism and Substance Abuse Services, Health Department and Education Department
- April 2018 - Resources to Combat Substance Abuse Among School-Aged Children, including Educational Resource Flash Drive Toolkit
  - Letter to Schools from Commissioners of Alcoholism and Substance Abuse Services, Department of Health, and Education Department
- May 2016 – Development of the NYS Kitchen Table Toolkit and Talk 2 Prevent website with tools focused on having conversations to help parents and other adults talk to young people about addiction, prescription drug abuse and underage drinking February 2015 - Clarification of the Modernization of Health Education Curriculum Law

➢ December 2016 (updated)- Guidance for Implementing Opioid Overdose Prevention Measures in Schools

➢ November 2016- Information for Schools Regarding Opioid Overdose Prevention Programs

➢ NYS Center for School Health Opioid Overdose Resources, Toolkit, and Training Information

➢ NYS Department of Health Opioid Overdose Prevention Resources for Schools
New York State Office of Alcoholism and Substance Abuse Services (OASAS) - Resources related to awareness, warning signs, having conversations about substance use, as well as materials for prevention, treatment, and recovery will be available in an aggregated fashion on the OASAS https://combataddiction.ny.gov/schools. These materials will be available for multiple stakeholder groups as well, such as parents/families/communities, school staff, and students. As examples of the available resources, there are downloadable pamphlets for a variety of stakeholder groups on various topics in both English and Spanish.

Appendix A

McKinney's Consolidated Laws of New York
Annotated Education Law (Refs & Annos)
Chapter 16. Of the Consolidated Laws (Refs & Annos) Title IV. Teachers and Pupils
Article 61. Teachers and Supervisory and Administrative Staff (Refs & Annos)

McKinney's Education Law § 3038

§ 3038. [Designation of employee to provide information of substance use related services.] [1]

Effective: March 5, 2019
Currentness

<[Eff. March 5, 2019.]>

The superintendent of each school district, in consultation with the district superintendent of a board of cooperative educational services, where applicable, shall designate an employee who is a member of the school district staff or an employee of the board of cooperative educational services staff to provide information to any student, parent, or staff regarding where and how to find available substance use related services. Where possible, such designated individual shall be a school social worker, school guidance counselor, or any other health practitioner or counselor employed by the school. Any information provided by a student, parent or teacher to such designated individual shall be confidential, shall not be used in any school disciplinary proceeding and shall, in addition to any other applicable privilege, be considered confidential in the same manner as information provided pursuant to section forty-five hundred eight of the civil practice law and rules. Provided, however, that nothing in this section shall relieve such designated individual of any legal duty to otherwise report such information. Such designated individual or individuals shall undergo any necessary training as may be required by the commissioner.

Credits

(Added L.2018, c. 323, § 2, eff. March 5, 2019.)

Footnotes
1 Section enacted without section heading, which has been supplied by editor.
McKinney's Education Law § 3038, NY EDUC § 3038
Current through L.2019, chapters 1 to 19.

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Appendix B

McKinney's Consolidated Laws of New York Annotated
Mental Hygiene Law (Refs & Annos)
Chapter 27. Of the Consolidated Laws (Refs & Annos)
Title D. Alcoholism and Substance Abuse Act
Article 19. Office of Alcoholism and Substance Abuse (Refs & Annos)

McKinney's Mental Hygiene Law § 19.07

§ 19.07 Office of alcoholism and substance abuse services; scope of responsibilities

Effective: August 1, 2014
Currentness

(a) The office of alcoholism and substance abuse services is charged with the responsibility for assuring the development of comprehensive plans, programs, and services in the areas of research, prevention, care, treatment, rehabilitation, including relapse prevention and recovery maintenance, education, and training of persons who abuse or are dependent on alcohol and/or substances and their families. Such plans, programs, and services shall be developed with the cooperation of the office, the other offices of the department where appropriate, local governments, consumers and community organizations and entities. The office shall provide appropriate facilities and shall encourage the provision of facilities by local government and community organizations and entities. The office is also responsible for developing plans, programs and services related to compulsive gambling education, prevention and treatment consistent with section 41.57 of this chapter.

(b) The office of alcoholism and substance abuse services shall advise and assist the governor in improving services and developing policies designed to meet the needs of persons who abuse or are dependent on alcohol and/or substances and their families, and to encourage their rehabilitation, maintenance of recovery, and functioning in society.

(c) The office of alcoholism and substance abuse services shall have the responsibility for seeing that persons who abuse or are dependent on alcohol and/or substances and their families are provided with care and treatment, that such care, treatment and rehabilitation is of high quality and effectiveness, and that the personal and civil rights of persons receiving care, treatment and rehabilitation are adequately protected.

(d) The office of alcoholism and substance abuse services shall foster programs for the training and development of persons capable of providing the foregoing services, including but not limited to a process of issuing, either directly or through contract, credentials for alcoholism and substance abuse counselors or gambling addiction counselors in accordance with the following:

(1) The office shall establish minimum qualifications for counselors in all phases of delivery of services to persons and their families who are suffering from alcohol and/or substance abuse and/or chemical dependence and/or compulsive gambling that shall include, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in alcoholism and substance abuse counseling and/or counseling of compulsive gambling.

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(i) The office shall establish procedures for issuing, directly or through contract, credentials to counselors who meet minimum qualifications, including the establishment of appropriate fees, and shall further establish procedures to suspend, revoke, or annul such credentials for good cause. Such procedures shall be promulgated by the commissioner by rule or regulation.

(ii) The commissioner shall establish a credentialing board which shall provide advice concerning the credentialing process.

(2) The establishment, with the advice of the advisory council on alcoholism and substance abuse services, of minimum qualifications for counselors in all phases of delivery of services to those suffering from alcoholism, substance and/or chemical abuse and/or dependence and/or compulsive gambling and their families that shall include, but not be limited to, completion of approved courses of study or equivalent on-the-job experience in counseling for alcoholism, substance and/or chemical abuse and/or dependence and/or compulsive gambling, and issue credentials to counselors who meet minimum qualifications and suspend, revoke, or annul such credentials for good cause in accordance with procedures promulgated by the commissioner by rule or regulation.

(3) For the purpose of this title, the term “credentialed alcoholism and substance abuse counselor” or “C.A.S.A.C.” means an official designation identifying an individual as one who holds a currently registered and valid credential issued by the office of alcoholism and substance abuse services pursuant to this section which documents an individual's qualifications to provide alcoholism and substance abuse counseling. The term “gambling addiction counselor” means an official designation identifying an individual as one who holds a currently registered and valid credential issued by the office of alcoholism and substance abuse services pursuant to this section which documents an individual's qualifications to provide compulsive gambling counseling.

(i) No person shall use the title credentialed alcoholism and substance abuse counselor or “C.A.S.A.C.” or gambling addiction counselor unless authorized pursuant to this title.

(ii) Failure to comply with the requirements of this section shall constitute a violation as defined in the penal law.

(4) All persons holding previously issued and valid alcoholism or substance abuse counselor credentials on the effective date of amendments to this section shall be deemed C.A.S.A.C. designated.

(e) Consistent with the requirements of subdivision (b) of section 5.05 of this chapter, the office shall carry out the provisions of article thirty-two of this chapter as such article pertains to regulation and quality control of chemical dependence services, including but not limited to the establishment of standards for determining the necessity and appropriateness of care and services provided by chemical dependence providers of services. In implementing this subdivision, the commissioner, in consultation with the commissioner of health, shall adopt standards including necessary rules and regulations including but not limited to those for determining the necessity or appropriate level of admission, controlling the length of stay and the provision of services, and establishing the methods and procedures for making such determination.

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(f) The office of alcoholism and substance abuse services shall develop a list of all agencies throughout the state which are currently certified by the office and are capable of and available to provide evaluations in accordance with section sixty-five-b of the alcoholic beverage control law so as to determine need for treatment pursuant to such section and to assure the availability of such evaluation services by a certified agency within a reasonable distance of every court of a local jurisdiction in the state. Such list shall be updated on a regular basis and shall be made available to every supreme court law library in this state, or, if no supreme court law library is available in a certain county, to the county court library of such county.

(g) The office of alcoholism and substance abuse services shall develop and maintain a list of the names and locations of all licensed agencies and alcohol and substance abuse professionals, as defined in paragraphs (a) and (b) of subdivision one of section eleven hundred ninety-eight-a of the vehicle and traffic law, throughout the state which are capable of and available to provide an assessment of, and treatment for, alcohol and substance abuse and dependency. Such list shall be provided to the chief administrator of the office of court administration and the commissioner of motor vehicles. Persons who may be aggrieved by an agency decision regarding inclusion on the list may request an administrative appeal in accordance with rules and regulations of the office.

(h) The office of alcoholism and substance abuse services shall monitor programs providing care and treatment to inmates in correctional facilities operated by the department of corrections and community supervision who have a history of alcohol or substance abuse or dependence. The office shall also develop guidelines for the operation of alcohol and substance abuse treatment programs in such correctional facilities in order to ensure that such programs sufficiently meet the needs of inmates with a history of alcohol or substance abuse or dependence and promote the successful transition to treatment in the community upon release. No later than the first day of December of each year, the office shall submit a report regarding the adequacy and effectiveness of alcohol and substance abuse treatment programs operated by the department of corrections and community supervision to the governor, the temporary president of the senate, the speaker of the assembly, the chairman of the senate committee on crime victims, crime and correction, and the chairman of the assembly committee on correction.

(i) The office of alcoholism and substance abuse services shall periodically, in consultation with the state director of veterans' affairs: (1) review the programs operated by the office to ensure that the needs of the state's veterans who served in the U.S. armed forces and who are recovering from alcohol and/or substance abuse are being met and to develop improvements to programs to meet such needs; and (2) in collaboration with the state director of veterans' affairs and the commissioner of the office of mental health, review and make recommendations to improve programs that provide treatment, rehabilitation, relapse prevention, and recovery services to veterans who have served in a combat theatre or combat zone of operations and have a co-occurring mental health and alcoholism or substance abuse disorder.

(j) The office, in consultation with the state education department, shall identify or develop materials on problem gambling among school-age youth which may be used by school districts and boards of cooperative educational services, at their option, to educate students on the dangers and consequences of problem gambling as they deem appropriate. Such materials shall be available on the internet website of the state education department. The internet website of the office shall provide a hyperlink to the internet page of the state education department that displays such materials.

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(k) Heroin and opioid addiction awareness and education program. The commissioner, in cooperation with the commissioner of the department of health, shall develop and conduct a public awareness and educational campaign on heroin and opioid addiction. The campaign shall utilize public forums, social media and mass media, including, but not limited to, internet, radio, and print advertising such as billboards and posters and shall also include posting of materials and information on the office website. The campaign shall be tailored to educate youth, parents, healthcare professionals and the general public regarding: (1) the risks associated with the abuse and misuse of heroin and opioids; (2) how to recognize the signs of addiction; and (3) the resources available for those needing assistance with heroin or opioid addiction. The campaign shall further be designed to enhance awareness of the opioid overdose prevention program authorized pursuant to section thirty-three hundred nine of the public health law and the "Good Samaritan law" established pursuant to sections 220.03 and 220.78 of the penal law and section 390.40 of the criminal procedure law, and to reduce the stigma associated with addiction.

(l) [Eff. March 5, 2019] The office of alcoholism and substance abuse services, in consultation with the state education department, shall develop or utilize existing educational materials to be provided to school districts and boards of cooperative educational services for use in addition to or in conjunction with any drug and alcohol related curriculum regarding the misuse and abuse of alcohol, tobacco, prescription medication and other drugs with an increased focus on substances that are most prevalent among school aged youth as such term is defined in section eight hundred four of the education law. Such materials shall be age appropriate for school age children, and to the extent practicable, shall include information or resources for parents to identify the warning signs and address the risks of substance abuse.

Credits

(Added L.1992, c. 223, § 14. Amended L.1996, c. 208, § 3; L.1996, c. 384, § 2; L.1998, c. 383, § 7, eff. April 1, 1999; L.1999, c. 558, § 5, eff. Oct. 5, 1999; L.2005, c. 58, pt. I, §§ 4, 5, eff. April 12, 2005; L.2006, c. 732, § 20, eff. Nov. 1, 2006; L.2007, c. 669, § 5, eff. Oct. 27, 2007; L.2009, c. 56, pt. AAA, § 16, eff. Aug. 5, 2009; L.2010, c. 271, § 1, eff. Jan. 26, 2011; L.2011, c. 62, pt. C, subpt. B, § 118-f, eff. March 31, 2011; L.2013, c. 358, § 1, eff. March 26, 2014; L.2013, c. 551, § 1, eff. Aug. 1, 2014; L.2014, c. 40, § 1, eff. June 23, 2014; L.2014, c. 146, § 1, eff. Aug. 1, 2014; L.2018, c. 323, § 1, eff. March 5, 2019.)

Notes of Decisions (5)

McKinney's Mental Hygiene Law § 19.07, NY MENT HYG § 19.07 Current through L.2019, chapters 1 to 19.

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