pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

PREVENTION MANUAL

July 1, 2020 – June 30, 2025

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PREVENTION MANUAL
Table Of Contents

DDAP PREVENTION MANUAL

INTRODUCTION

It is the intent of the Department of Drug and Alcohol Programs (DDAP) to further the advancement and implementation of substance misuse and problem gambling prevention programs, strategies, policies, practices, and procedures throughout the Commonwealth, based on proven methodologies. These methodologies are based on research, local innovation and other proven strategies. This work is carried out in conjunction with Single County Authorities (SCAs) and their contracted providers. As a result, there is flexibility in allowing SCAs to tailor service delivery based on identified needs and risk and protective factors in their communities. Accomplishing strategic goals and the attainment of measurable outcomes is done in collaboration with local and state partners. Partnerships with other community agencies providing prevention services are also key to establishing a comprehensive prevention effort.

The SCA Grant Agreement takes precedence over the Prevention, Case Management and Clinical Services, Fiscal, Operations, and SCA Gambling Manuals issued by DDAP, unless otherwise specified by DDAP or the Commonwealth, such as in Policy Bulletins or Management Directives. In addition, it may be necessary to issue temporary instructions, which will take precedence over material in this Manual. When and if this occurs, the temporary instructions will clearly state the exception and include an expiration date.

PART I: STRATEGIC PREVENTION FRAMEWORK IMPLEMENTATION

Prevention funds provided to the SCA must be used to develop and manage a comprehensive system of services/resources directed at individuals not identified to be in need of treatment. The development and management of this system of prevention services must follow the Strategic Prevention Framework process as outlined below.

1.01   NEEDS ASSESSMENT

A. **Overview -** The Needs Assessment is designed to profile population needs, resources and readiness to address needs and gaps. The process involves the collection and analysis of data to define problems within a geographic area. Assessing resources includes identifying service gaps, assessing cultural competence, and identifying the existing prevention infrastructure in the county and/or community (e.g. prevention services/programs being provided through other agencies/organizations in the county). It also involves assessing readiness and leadership to implement programs, strategies, policies, and practices.

The SCAs must use a data driven decision-making process to determine which risk and protective factors will be the targeted priorities addressed by the Prevention Action Plan. Structured and relevant programs, strategies, policies, practices, and procedures are essential to successfully reduce risk and enhance protective factors in specific targeted populations and geographic areas.

B. **Requirements** - The Needs Assessment must be completed and submitted in accordance with the directions provided in the DDAP Needs and Resource Assessment Manual and any accompanying documents.

1.02   CAPACITY

A. **Overview** - The SCA must increase efforts to mobilize and/or build capacity to address needs.

Building capacity involves the mobilization of resources within a community and training of staff. A key aspect of capacity building is convening key stakeholders, coalitions and service providers to plan and implement sustainable prevention efforts during the planning and implementation phase. The mobilization of resources includes financial and organizational resources, as well as the creation of partnerships. Readiness, cultural competence and leadership capacity are addressed and strengthened through education and systems thinking. Additionally, capacity building should include a focus on sustainability and an evaluation of capacity.

B. **Requirements** - The Resource Assessment must be completed and submitted in accordance with the directions provided in the DDAP Needs and Resource Assessment Manual and any accompanying documents.

The SCA must conduct quarterly prevention meetings either internally (if the SCA directly provides prevention services and does not contract with providers) or with all contracted providers to discuss prevention service delivery as it relates to planning, implementation, barriers, evaluation, and technical assistance. The SCA must maintain the minutes of each quarterly meeting on file at the SCA office. (These

meetings are not direct services and do not need to be captured in PA WITS, DDAP's data system.)

1.03 PLANNING

A. **Overview** - The SCA must develop a Prevention Action Plan. The Action Plan should detail programs/practices/services to address targeted goals that will reduce risk factors and enhance protective factors for substance misuse and problem gambling. Even though one community may have similar alcohol use disorder incidence and prevalence statistics, for example, the underlying factors that contribute most to them will likely vary between each community. If the programs and strategies do not address the underlying risk and protective factors that contribute to the problem, then the intervention is unlikely to be effective in changing the substance misuse or problem gambling behavior.

B. **Requirements** - The SCA must complete and submit a Prevention Action Plan per the instructions provided in the DDAP Prevention Action Plan Manual and accompanying documents.

The SCA's Prevention Action Plan must include a combination of programs and strategies which address priorities as identified by the SCA in their Needs Assessment. SCAs will also provide services related to Fetal Alcohol Spectrum Disorders and the Student Assistance Program.

The SCA's Prevention Action Plan (which is also entered into PA WITS) must include at a minimum:

1) All SCA funded prevention services

2) All six federal strategies as defined in Part II of this manual. SCAs must expend DDAP funds for the implementation of prevention services under each Federal Strategy.

3) 25% of SCA funded prevention program services must be delivered through a combination of Evidence-Based and Evidence-Informed Programs as defined in Part II of this manual.

4) One Evidence-Based Program as defined in Part II of this manual.

5) 20% of SCA funded services must be provided through session-based events as defined in Part II of this manual.

6) Programs/Strategies to be implemented must be connected to the following components in PA WITS:

   (a) Funding Source(s) used to support the program

   (b) IOM (Universal, Selective, Indicated)

   (c) Program Frequency (One-Time or Session-Based)

   (d) Service Code(s)

> (e) Service Location
>
> (f) Service Population

1.04 IMPLEMENTATION

A. **Overview** - Implementation focuses on carrying out the various components of the prevention plan. During implementation, ongoing program evaluation needs may be identified. Potential barriers and solutions are identified throughout the course of implementation.

B. **Requirements** - The SCAs and their contracted providers must implement the components of their Prevention Action Plan to meet all prevention programming requirements (e.g. 20% of services must be session-based, 25% of services must be Evidence-Based or Evidence-Informed, etc).

SCAs are required to provide ongoing monitoring of their Prevention Action Plan. This includes, but is not limited to: the collection of process measure data, performance targets, and the fidelity of implementation. Any modifications and changes that are made to the original programs must be documented throughout the implementation. The purpose is to understand if expected outcomes may or may not have been attained due to adaptations made to programs.

SCAs are required to track funding sources specific to services. This means that SCAs will fiscally need to be able to demonstrate what funds were used to pay for services provided by the SCA or contracted for at the provider level.

C. **Media -** All media such as brochures, flyers, posters, billboards and newspaper/radio/TV ads created with DDAP funding must be submitted for review and approval by DDAP before they can be disseminated. Newsletters do not need to be submitted for approval. Materials must be submitted by the SCA to their assigned DDAP Prevention Analyst a minimum of 6 weeks prior to the date needed along with a completed [DDAP media approval request form](#).

All DDAP-funded media directing the audience to a hotline for treatment and recovery services must use DDAP's Get Help Now number, 1-800-662-HELP, not a local phone number. Exceptions to this requirement will be considered by DDAP on a case by case basis. Justification for an exception should be outlined as instructed in the DDAP media approval request form.

D. **Fetal Alcohol Spectrum Disorders (FASD) -** In addition to addressing other alcohol and drug related issues, the SCA must address the prevention of FASD as a part of its Prevention Action Plan. FASD is an umbrella term used to describe the preventable birth defects, developmental disabilities and behavioral health problems associated with alcohol consumption during pregnancy.

In response to this, FASD prevention services that are directed toward reducing risk factors must be identified within the SCA's Prevention Action Plan in the following manner:

1) The SCA must identify a staff member to serve as a coordinator who is responsible to ensure FASD awareness and/or education is included within their Prevention Action Plan.

2) At a minimum, two services related to FASD prevention must be delivered during FASD Awareness Month in September. SCAs and providers are encouraged to provide FASD prevention services year round.

3) The SCA FASD coordinator and any prevention provider staff member delivering FASD services must complete required training as defined in Part IV of this manual.

E. **Pregnant Women and Women With Children (PWWWC)** - DDAP funds may be used toward children of women in treatment. In order for these services to be applied toward the funding threshold set aside for PWWWC, the prevention services must fall within the guidelines outlined below.

The prevention services must be provided to the children of women receiving treatment. These women must have custody of their children or be attempting to regain custody of their children. Prevention services can be provided to the children alone or to the mother and child(ren) together. The services cannot be provided for the women alone.

Treatment includes all levels of treatment (e.g. inpatient/residential, outpatient, partial hospitalization) and women receiving recovery support services. The prevention service does not have to occur at the location where the woman is receiving treatment or services. The prevention service can be provided at other locations, but the children receiving the service must be traceable to their mothers who are receiving treatment.

Examples include:

- Women are in an inpatient treatment facility where their children are also present. Prevention provider goes to that treatment facility to provide Al's Pals for the children. (If the treatment facility does not have appropriate accommodations to provide this program, the program could be provided to these children at an off-site location).
- HALO is provided at an outpatient treatment facility for children who accompany their mothers who are receiving treatment at the facility.
- Children of mothers receiving treatment at any one of the outpatient treatment facilities in a particular area are identified by case management staff, brought to the local community center and a mentoring program is provided for these children.
- Women receiving treatment at an inpatient treatment facility AND their children who are residing at the facility with them participate in the Strengthening Families Program.

The key to all of the examples above is that the prevention service includes the children and the children have mothers who are receiving treatment.

F. **Reduction of Youth Access to Tobacco/Nicotine**

In identifying alcohol and other drug related issues inherent to the geographic area of the Single County Authority (SCA), the SCA must include tobacco/nicotine use among youth as a consideration in the needs assessment process and incorporate the reduction of tobacco/nicotine use among youth as a part of its Prevention Action Plan, when applicable. In addressing risk and protective factors associated with tobacco/nicotine use among youth, consideration must be given to current activities promulgated by the Primary Contractor for the Department of Health, Division of Tobacco Prevention and Control, as not to duplicate services being provided through those arrangements. In some cases, the SCA serves as a subcontract to the Primary Contractor and should incorporate those activities into its overall Prevention Action Plan.

In addition to activities incorporated in the Prevention Action Plan or done in concert with the Primary Contractor for a particular geographic area, SCAs may be called upon to assist the Department of Health in administrative activities associated with the Annual Synar Survey and Report or the recurring Coverage Study required by the Center for Substance Abuse Prevention to validate the comprehensiveness of the lists used in the Annual Synar Survey. Such activities shall be considered inclusive to the functions to be performed under the Grant Agreement between the SCAs and the Department of Drug and Alcohol Programs.

1.05 EVALUATION

A. **Overview** - An evaluation/analysis process involves the following:

1) Measuring the impact of the implemented programs, strategies, policies and practices

2) Identifying areas for improvement and necessary corrective action

3) Emphasizing sustainability since it involves measuring the impact of the implemented programs, strategies, policies and practices

4) Reviewing the effectiveness, efficiency and fidelity of implementation (e.g. process evaluation). Process evaluation includes documenting how a program is implemented (e.g. Was the program delivered as it was designed to be delivered? How many people participated? What was the dropout rate?).

5) Identifying desired outcomes and measuring changes in those outcomes (e.g. outcome evaluation). Outcome evaluation includes tracking the program effects that you expect to achieve after the program is completed (e.g. What changes in knowledge, attitude, or behavior is the program expected to achieve?). Pre/post test data can be used as one measure for shorter term outcomes such as changes in knowledge and attitudes. Available local data sources such as population level surveys or arrest data should also be utilized to measure outcomes (especially longer-term outcomes) such as behavior change or changes to community and school norms.

B. **Requirements** - The SCAs must evaluate their Prevention Action Plan. The SCA must complete and submit an evaluation plan and report per the instructions provided in the DDAP Prevention Action Plan Manual and Evaluation Report Manual and accompanying documents.

PA WITS is a tool that can assist in process evaluation efforts. SCAs must analyze their data in WITS monthly to determine compliance with DDAP's reporting requirements and monitor implementation of their Prevention Action Plan.

Pre/post tests, surveys or other short-term outcome measures approved by DDAP in the SCA's Prevention Action Plan must be administered/collected for all Evidence-Based and Evidence-Informed Programs as well as all session-based/recurring Supplemental Programs under the federal strategies of Education and Alternative Activities. Results data from the completed tests, surveys or other measures should be analyzed, and a summary or other record of the pre/post tests and survey results should be maintained on file per record retention requirements in the DDAP/SCA Grant Agreement.

SCAs have until July 1, 2022 to develop and begin administering/collecting pre/post tests, surveys or other approved short-term outcome measures for session-based/recurring Supplemental Programs under the federal strategies of Education and Alternative Activities.

SCA/providers are required to use the developer's pre/post tests and/or surveys for all

Evidence-Based and Evidence-Informed Programs for the purposes of capturing outcomes. The use of an alternate instrument requires prior approval from DDAP. Justification to utilize an alternate instrument must be provided to the SCAs's assigned DDAP Prevention Analyst by the requestor.

1.06 SUSTAINABILITY

A. **Overview** - Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, partnerships are strengthened, and financial and other resources are secured over the long term.

B. **Requirements -** The SCA must incorporate sustainability of prevention outcomes into their Prevention Action Plan.

1.07 CULTURAL COMPETENCE

A. **Overview** - Cultural competence is the ability to interact effectively with people of different cultures. Both individuals and organizations can be culturally competent. "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, profession, and other factors. Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups.

Being respectful means recognizing and valuing cultural differences, such as the health beliefs, practices, and linguistic needs of diverse populations. Being responsive means:

- Knowing something about the culture of the group that programs/services focus on
- Customizing prevention and promotion in a way that respects and fits within the group's culture
- Involving people from the targeted cultural group in assessing needs, developing resources, planning and implementing programs/services, and evaluating their effectiveness

B. **CLAS Standards** - The National Culturally and Linguistically Appropriate Services (CLAS) Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and organizations to implement culturally and linguistically appropriate services. For more information on CLAS standards, please go to: https://www.thinkculturalhealth.hhs.gov/Content/clas.asp.

C. **Requirements** - SCAs and their contracted providers must provide services that are respectful of and responsive to cultural and linguistic needs, cultural health beliefs and practices, preferred languages, health literacy levels, and other communication needs.

PART II: PREVENTION CATEGORIZATION

Prevention services are categorized into three (3) Institute of Medicine (IOM) Prevention Classifications; six (6) major Federal Strategies; and two (2) Prevention Service Types. Definitions of each of these categories are outlined in the [DDAP Prevention & Intervention Categorization & Coding Guide](#).

2.01 PROGRAM CATEGORIES:

Prevention services are also cateogrized into three (3) program categories.

A. Evidence-Based:

Characteristics of evidenced-based prevention programs and strategies include:

- Shown through research and evaluation to be effective in the prevention and/or delay of substance use/misuse or problem gambling or effective at changing a risk or protective factor that research has linked to substance use/misuse or problem gambling.
- Grounded in a clear theoretical foundation and carefully implemented.
- Evaluation findings have been subjected to critical review by other researchers.
- Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals.
- Replicated and produced positive results in a variety of settings.
- Included in registries of evidence-based programs (note: inclusion in a registry is necessary, but not a sufficient characteristic alone to merit inclusion on DDAP's list of evidence-based programs). Examples of registries include:
  - ➢ Center for the Study and Prevention of Violence Blueprints for Healthy Youth Development http://www.blueprintsprograms.com
  - ➢ U.S Office of Juvenile Justice And Delinquency Prevention (OJJDP) Model Programs Guide http://www.ojjdp.gov/mpg/
  - ➢ U.S. Department of Education Institute of Education Sciences What Works Clearinghouse https://ies.ed.gov/ncee/wwc

B. Evidence-Informed:

Evidence-informed prevention programs and strategies include the following characteristics:

- Based on a theory of change that is documented in a clear logic or conceptual model or is based on an established theory that has been tested and supported in multiple studies.
- Based on published principles of prevention, e.g., NIDA's Prevention Principles.
- Supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a pattern of credible and positive effects.
- Has an evaluation that includes, but is not limited to, a pre/post-test and/or survey.
- May be similar in content and structure to evidence-based programs.

C. Supplemental Programs:

Supplemental programs capture programs and activities that do not meet the definition of evidence-based or evidence-informed. These programs may:

- Provide basic alcohol, tobacco, other drug or problem gambling awareness/education
- Address identified risk and protective factors for substance use/misuse and problem gambling
- Build skills and promote resiliency, prosocial behavior, and bonding to families/schools/communities
- Build community infrastructure for prevention through development of community capacity, resources, readiness, coalitions, etc.
- Create and change environments, policies and community norms to make it easier to act in healthy ways
- Capture activities that utilize methods of best practice
- Capture activities necessary to implement or enhance evidence-based or evidence-informed programs

Note: Other factors that may be considered in determining which of the above three categories a program falls under include:

- When the program content was last updated
- When the program was last researched/evaluated

A list of programs currently being utilized by SCAs and organized into these three program categories can be found in DDAP's Prevention Program Listing. This listing also represents all programs currently available in PA WITS.

2.02 NEW PROGRAM REQUEST PROCESS:

SCAs who want to implement a new program that is not already in DDAP's Prevention Program Listing must submit a new program request. To request a new program be added to DDAP's Prevention Program Listing and in PA WITS, an SCA must complete the SCA Prevention Program Request Form and submit via email to their assigned DDAP Prevention Analyst.

PART III: DATA SYSTEM REQUIREMENTS

3.01   UTILIZING PA WITS - THE PREVENTION DATA SYSTEM

A.   The SCA must plan, monitor, analyze and evaluate prevention service delivery using PA WITS.

B.   The SCA must ensure that data associated with all prevention services, including but not limited to Student Assistance Program Services, funded through the SCA (not limited to DDAP funds) are included in the SCA's Prevention Action Plan and entered into PA WITS according to DDAP data entry requirements and timelines in an accurate manner to ensure data integrity. Services are entered into PA WITS utilizing service codes outlined in the Prevention & Intervention Categorization & Coding Guide.

C.   The SCA and all contracted providers that deliver prevention services must identify at least one staff person to serve as the agency administor to manage staff accounts, maintain updated agency demographic information, and provide Tier 1 support within PA WITS for the SCA or provider.

D.   The SCA must notify DDAP of new prevention provider organizations that need to be added to PA WITS. SCAs should email the provider organization name and address to the PA WITS Service Desk: RA-DAPAWITS@pa.gov.

E.   The SCA must enter their prevention plan, which outlines all programs and services the SCA expects to fund during a fiscal year, into PA WITS by June 1st.

F.   The SCA must enter prevention service data into PA WITS when the SCA delivers their own prevention services.

G.   All contracted providers that deliver prevention services must enter their own prevention service data into PA WITS. If any contracted provider cannot enter their own data into PA WITS, the SCA may enter the provider's prevention service data into PA WITS on their behalf. SCAs must email DDAP, RA-DAPAWITS@pa.gov, the name of the provider the SCA will enter data for and the name of the SCA staff who will do the data entry. SCAs cannot enter data on behalf of provider agencies that provide services for more than one SCA.

H.   At least 70% of prevention service data must be entered into PA WITS within two (2) weeks of the date the service was delivered. The expectation is to maintain a 70% yearly average. The data entered monthly must be monitored for accuracy and analyzed for progression toward outcomes by the 30th of the following month. Services are not complete until they are entered into PA WITS. Services should not be reimbursed until the data entry is complete and accurate.

I.   All previous fiscal year service data must be entered into PA WITS by July 31st.

J.   All previous fiscal year services appearing in the "Prevention_Services_Data_ Entry_Errors" report in PA WITS must be corrected, which includes both deletion and reentry when necessary, by August 15th. Exceptions apply to instances where DDAP has allowed for entry of a service under session-based that only has one session. Other exceptions may apply as identified by DDAP.

PART IV: TRAINING REQUIREMENTS

4.01 TRAINING REQUIREMENTS

A. Training requirements are in place, except where otherwise noted, for any SCA or provider staff who is directly involved with any of the following responsibilities:

1) Prevention needs assessment and planning

2) supervising prevention staff

3) monitoring prevention programming

4) direct prevention service delivery

5) prevention data entry

B. Specified staff have (12) months from the time of hire or twelve (12) months from the time of acquiring the responsibilities outlined above to complete the required courses and obtain certificates of completion.

All Training Certificates must be retained and made available upon request.

4.02 MANDATORY TRAINING COURSES

The requirements below represent the minimum training requirements. All staff delivering, supervising and monitoring prevention programming are encouraged to maintain their skills and knowledge by taking advantage of available training opportunities. Additional training requirements related to the Student Assistance Program are outlined in Part VI of this manual. Please note, DDAP will consider exemptions to any of these training requirements on a case by case basis. To request an exemption, send an email to your DDAP Project Officer (and copy your assigned DDAP Prevention Analyst). The email should include the name of the staff person, the training requirement the exemption is for and the justification for exempting the staff person from the training requirement.

A. Prevention 101 - Only required for staff who began working in the field of ATOD prevention for an SCA or an SCA contracted provider after July 1, 2014.

B. Ethics in Prevention

C. Making the Connection: Prevention Program Services, Fidelity Adaptations and Minimum Data Set (MDS) Service Codes

D. Addictions 101[*]

[**] Exemptions may be made at the discretion of the SCA Administrator for both SCA staff and provider staff for Addictions 101, provided that comparable training and educational requirements have been met. If the SCA Administrator chooses to exempt any staff from the Addictions 101 training requirement, the SCA/provider must be able to provide written documentation to justify the exemption. If the SCA Administrator wishes to be exempted from the Addictions 101 training requirement, a written request for the exemption and supporting documentation must be emailed to your DDAP Project Officer (and copy your assigned DDAP Prevention Analyst). Exemptions will then be made at the discretion of DDAP. SCA Administrators are not permitted to exempt themselves from training requirements.

4.03 EXEMPTIONS TO THE TRAINING REQUIREMENTS STATED IN 4.02 A-D INCLUDE:

A. SCA and provider staff whose only prevention-related job duty is prevention data entry are required to take Making the Connection, but are exempt from the other three mandatory training courses.

B. SCA and provider staff that only provide prevention services in the evening or on weekends, and have full-time day employment elsewhere.

C. Volunteers who deliver and/or support prevention programs.

D. Individuals such as nurses, police officers and school teachers who provide direct prevention services as a component of their jobs.

E. Individuals who complete SAMHSA's Substance Abuse Prevention Skills Training (SAPST) are not required to complete Prevention 101.

4.04 PA WITS PREVENTION DATA SYSTEM TRAINING

Recommended training for PA WITS can be found here:
https://www.ddap.pa.gov/Training/Pages/DataSystem_Training.aspx

4.05 NEEDS AND RESOURCE ASSESSMENT TRAININGS

Needs and Resource Assessment Team members as specified in the DDAP Needs and Resource Assessment Manual are required to attend the Needs and Resource Assessment trainings when offered by DDAP.

4.06 ACTION PLAN TRAININGS

Action Plan Team members as specified in the DDAP Prevention Action Plan Manual are required to attend the Action Plan trainings when offered by DDAP.

4.07 FETAL ALCOHOL SPECTRUM DISORDER (FASD) TRAINING

The SCA FASD Coordinator is to be considered the subject matter expert. The FASD Coordinator must complete at least six hours of FASD training within one year of assuming the role as the FASD Coordinator. FASD trainings are offered by DDAP. For information on available courses visit the DDAP Training Management System.

These six (6) hours of training can be considered as part of the 12 hours of training required per year as outlined below.

4.08 TWELVE (12) HOURS PER YEAR TRAINING REQUIREMENT

All full-time prevention staff (SCA or contracted provider) who deliver or supervise prevention services must complete 12-hours of prevention training courses each year. Courses may be completed either in a classroom setting or online and must be offered by a professional organization including, but not limited to:

- Department of Drug and Alcohol Programs (DDAP)

- Commonwealth Prevention Alliance (CPA)

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Center for Substance Abuse Prevention (CSAP)
- FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP)
- Center for School and Communities
- Pennsylvania Training and Technical Assistance Network (PaTTAN)

Some trainings that are strongly suggested which would count toward the 12 hour requirement include:

- Basic Pharmacology
- Communication Skills
- Confidentiality
- Cultural Competency
- Current Drug Trends

Trainings that address evaluation, presentation skills, child development, theories of health behaviors, etc. may also be appropriate to count towards the 12-hour training requirement.

Training to be a facilitator or trainer for a program or curriculum (e.g. Too Good for Drugs, LifeSkills Training, Girls Circle, etc.) can count for up to (but no more than) 6 hours of the 12 hour training requirement.

Trainings related to preventing problem gambling can be used to fulfill this requirement. For staff who deliver or supervise ATOD prevention, trainings on problem gambling prevention can count for up to (but no more than) 6 hours of the 12-hour training requirement. For staff who deliver or supervise only problem gambling prevention, all 12 hours can be made up of trainings related to problem gambling prevention.

Certificates of completion for the twelve (12) hours of training need to contain:

- the course name
- number of hours
- date
- name of the organization providing the course

4.09   EXEMPTIONS TO 4.08, 12 HOUR TRAINING REQUIREMENT:

A.   SCA staff who have 20% or less of their time designated for prevention.

B.   Provider staff who work less than 20 hours a week.

C.   Provider staff who work more than 20 hours a week, but have 50% or less of their time designated for prevention.

PART V: STAFFING QUALIFICATIONS

5.01 MINIMUM EDUCATION AND TRAINING REQUIREMENTS

Staff delivering prevention services must meet the minimum education and training (MET) requirements established by the State Civil Service Commission for one of the following classifications: Drug and Alcohol Prevention Program Specialist Trainee, Drug and Alcohol Prevention Program Specialist or Drug and Alcohol Prevention Specialist. Those persons responsible for supervision of prevention staff must meet the MET requirements established by the State Civil Service Commission for the Drug and Alcohol Prevention Program Supervisor. MET requirements are outlined below.

Classification	Minimum Education and Training Requirements
Drug and Alcohol Prevention Specialist Trainee	A bachelor's degree; **OR** any equivalent combination of experience and training.
Drug and Alcohol Prevention Specialist	One year as a Drug and Alcohol Prevention Specialist Trainee; **OR** one year of experience in drug and alcohol prevention work and a bachelor's degree in health education, education, the social or behavioral sciences or related fields; **OR** an equivalent combination of experience and training.
Drug and Alcohol Prevention Program Specialist	One year of experience as a Drug and Alcohol Prevention Specialist; **OR** a bachelor's degree in health education, education or the social or behavioral sciences and two years of progressively responsible experience in drug and alcohol prevention activities; **OR** an equivalent combination of experience and training.
Drug and Alcohol Prevention Program Supervisor	One year as a Drug and Alcohol Prevention Specialist; **OR** a bachelor's degree in Health Education, Education, the Social or Behavioral Sciences or related fields and two years of progressively responsible experience in prevention activities; **OR** any equivalent combination of experience and training.

PART VI. STUDENT ASSISTANCE PROGRAM TASKS

6.01 OVERVIEW:

The Commonwealth of Pennsylvania's Student Assistance Program (SAP) utilizes a systematic team approach comprised of professionals from various disciplines within the school districts to include but not be limited to guidance counselors, teachers, principals, and SAP liaisons from community agencies. These selected professionals identify barriers to learning, and, in collaboration with families, identify students for assistance to enhance their school success. Further, as representatives of the county drug and alcohol service system, professionally trained SAP liaisons provide consultation to teams and families regarding the need for referral to community or school-based services and supports or referral for assessment to determine the need for treatment.

6.02   REQUIREMENTS:

The SCA must provide SAP services to student assistance teams as outlined below:

A. Letter of Agreement

1) Execute a Letter of Agreement (LOA) between the SAP provider and each school district for the provision of SAP services. The LOA must be signed and dated by the SAP provider and the school district representative. The designated SAP liaison must not perform any services with the SAP team until the LOA is executed. A copy of the LOA must be kept on file with the SCA.

2) Any new LOAs must be fully executed by October 31st of each state fiscal year of the SCA Grant Agreement. LOAs may be multi-year documents; however, no LOA must be in effect beyond the termination date of the current SCA Grant Agreement.

3) At a minimum, the LOAs must include the following:

(a) A designated contact person for the school and agency

(b) The minimum frequency of attendance for liaisons at SAP core team meetings

(c) Drug and alcohol confidentiality requirements

B. Drug and Alcohol Liaisons

1) Identify a drug and alcohol liaison who must participate in core team meetings.

2) Other duties of drug and alcohol liaisons may include:

(a) Participating in meetings with parents

(b) Consulting with school staff about SAP referred students

(c) Conducting initial screenings

(d) Providing recommendations for referral for assessment or other services

      (e)   Facilitating or co-facilitating school-based support groups

      (f))   Meeting with SAP identified students to check-in regarding their progress/status

      (g)   Facilitating and supporting the school-based aftercare plan for students who are returning to school from treatment

      (h)   Participating in core team maintenance or providing other technical assistance to core teams

      (i)   Participating in SAP County Coordination or District Council meetings

      (j)   Collaborating with other agency providers

C. Training Requirements

The following trainings must be completed within 365 days of hire:

1)   The SCA must require that all identified drug and alcohol SAP liaisons receive a Core Team Member training completion certificate provided by a Pennsylvania Approved SAP Training Provider (PASTP).

2)   The SCA must require that all identified drug and alcohol SAP liaisons attend the 6-hour DDAP-approved, or Pennsylvania Certification Board-approved, Confidentiality Training

3)   The SCA's staff person primarily responsible for oversight of SAP services must attend the one-day SAP Leadership Training provided by a PASTP. The SAP Leadership Training requirement can also be fulfilled by completing the online SAP Bridge Training. This training can be accessed by emailing the SAP regional coordinator for the county in which the staff person works (go to http://pnsas.org for a list of regional coordinators). If the responsible staff person has successfully completed the SAP Core Team Member training and has a certificate of completion, the SAP Leadership Training is not required.

4)   The SCA must require that SCA staff and contracted level-of-care assessment providers that perform level-of-care assessments complete training in accordance with the DDAP Treatment Manual.

Please note that these training requirements are in addition to the training requirements outlined in Part IV of this manual.

D. Reporting Requirements

The SCA must collect and enter SAP data into PA WITS and the Joint Quarterly Reporting System as required.

Costs for SAP services can be reported under the following fiscal activity codes:

1)   Activity 6100 – Information Dissemination services that are specific to SAP.

Examples include:

(a) INF02 Printed Materials Dissemination – Example: Disseminating information about SAP to parents at a back to school night.

(b) INF08 Speaking Engagements – Example: Classroom presentation to provide information about SAP to students.

2) Activity 6400 – Problem Identification and Referral

(a) PIR01 – SAP Core Team Meetings

(b) PIR02 – SAP Parent Meeting

(c) PIR03 – SAP Student Consultation with School Staff

(d) PIR04 – SAP Initial Screening

(e) PIR05 – SAP Group - Groups specifically for students who have had a drug and alcohol level of care assessment cannot be paid for with Substance Abuse Prevention and Treatment Block Grant funds allocated for prevention. A group for students who have already been assessed would fall under Activity 7200 (Intervention) and if entered into PA WITS should be recorded under INT02 – Intervention Sessions/Counseling not under PIR05 – SAP Group.

(f) PIR07 – Referral Follow-up - Follow-up services provided to SAP-identified students who have had a drug and alcohol level of care assessment, cannot be paid for with Substance Abuse Prevention and Treatment Block Grant funds allocated for prevention.

3) Activity 6500 – Community Based Process

Trainings and Technical Assistance that are specific to SAP:

(a) CBP02 or GCB02 – Training Services (e.g. SAP Trainings)

(b) CBP01 or GCB01 – Technical Assistance (e.g. SAP Maintenance Meetings)

PART VII: PROBLEM GAMBLING PREVENTION/INTERVENTION

7.01 OVERVIEW:

DDAP is designated as the lead agency under Act 1 of 2010 for the management of the Compulsive and Problem Gambling Program. DDAP is tasked with providing programs for public education, awareness and training regarding compulsive and problem gambling and the treatment and prevention of compulsive and problem gambling. With the increased availability of legalized gambling in Pennsylvania comes increased concern about individual and social costs of problem gambling. To address this concern, funding from the Compulsive and Problem Gambling Treatment Fund (CPGT) is provided to SCAs for problem gambling prevention, education and outreach efforts.

7.02 REQUIREMENTS:

A. Allowable Activities

1) Problem Gambling Prevention Activities

- Evidence-based problem gambling prevention programs
- Evidence-informed problem gambling prevention programs
- Supplemental problem gambling prevention programs

Problem gambling prevention programs listed in the DDAP Prevention Program Listing may be utilized. As other problem gambling prevention programs are developed or identified, they should be submitted by the SCA to the DDAP Prevention Program Analyst overseeing problem gambling for review and may be added to DDAP's program listings as appropriate.

2) Training/Professional Development

Problem gambling training, including travel to training, as well as hosting training, is allowable. Participation in trainings, conferences or other professional development opportunities to build knowledge and skills to support successful planning, implementation and evaluation of problem gambling prevention programs/activities is also allowable.

3) Media

Funds may be utilized for the development and dissemination of problem gambling prevention media.

DDAP houses preapproved creative assets on our website: https://www.ddap.pa.gov/Pages/Gambling-Media-Campaign.aspx. You may use the preapproved materials or submit your own creative for DDAP to review and approve. All posters, brochures, or other materials created outside of the preapproved problem gambling messaging must be submitted for review and approval by DDAP before they can be disseminated. Materials must be submitted by the SCA to the DDAP Prevention Analyst overseeing problem gambling a minimum of 6 weeks prior to the date needed along with a completed DDAP media approval request form.

All materials must include DDAP's Problem Gambling Hotline number: 1-800-GAMBLER.

4) PA Youth Survey (PAYS) Administration and Support

Although the PAYS is provided free of charge to school districts, some schools still need assistance with the administration of the survey. Funds may be utilized to pay for staff time to assist schools in administering the PAYS; analyzing, interpreting and using their PAYS data; and marketing meetings to foster support and participation in the PAYS.

5) Outreach and Referral

Funds may be utilized for outreach efforts in the community intended to identify individuals and families struggling with problem or compulsive gambling and then refer those individuals to DDAP funded treatment providers.

6) Student Assistance Program (SAP)

Funds may be utilized to expand SAP services beyond those already provided and funded through other funding sources such as the Substance Abuse Prevention and Treatment (SAPT) Block Grant and SAP State allocation.

Allowable SAP Services:

- PIR01 – SAP Core Team Meetings
- PIR02 – SAP Parent Meeting
- PIR03 – SAP Student Consultation with School Staff
- PIR04 – SAP Initial Screening (when screening includes questions related to problem gambling)
- PIR05 – SAP Group (when group is related to problem gambling or specifically for students at risk of problem gambling)
- PIR07 – Referral Follow-up
- SAP training (GCB02) and technical assistance (GCB01) – funds can be used to pay for SAP core team training, SAP maintenance training, and other technical assistance to improve functioning of SAP teams.

NOTE: SAP services supported by other funding sources may not be supplanted with gambling funds. Funds can only be utilized for SAP expansion (e.g. increased number of SAP groups, additional school locations, etc.).

B. Unallowable Activities

1) Supplanting current funding of SAP services. Funds can only be used to provide additional SAP services that are above and beyond the SAP services already being provided with other funding sources.

2) Training and travel costs associated with case consultation and supervision as it relates to the International Certified Gambling Counselor (ICGC), previously

known as the NCGC I and II certification.

3) In order to maintain a gaming neutral stance, it is important to not promote, encourage, or support gambling activities. This would include, but not be limited to raffles, bingos, etc. An SCA or SCA contracted problem gambling prevention provider may not promote or participate in such activities as an agency.

C. Reporting

All reporting requirements outlined in Part III of this manual apply to programs and services funded with CPGT funds.

D. Training

All training requirements outlined in Part IV of this manual apply to staff funded with CPGT funds.

E. Evaluation

All evaluation requirements outlined in Part I of this manual apply to programs and services funded with CPGT funds.