Pennsylvania
Department of Drug and Alcohol Programs

PREVENTION MANUAL

JANUARY 1, 2026 – JUNE 30, 2030

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INTRODUCTION

It is the intent of the Department of Drug and Alcohol Programs (DDAP) to further the advancement and implementation of substance use 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 need 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.

SCAs 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 SCA must complete and submit a Needs Assessment in accordance with the directions provided in the DDAP Needs and Resource Assessment Manual and any accompanying documents.

1.02 CAPACITY

A. **Overview** - Building capacity involves mobilizing resources, promoting public awareness and support for prevention, and engaging partners and cultivating champions who will be vital to the success—and sustainability—of prevention efforts. Capacity building involves improving a community's readiness to address a problem and its risk or protective factors; and increasing the resources that are available to do prevention.

B. **Requirements** - The SCA must complete and submit a Resource Assessment 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 Prevention Action Plan details programs/practices/services to address targeted goals that will reduce risk factors and enhance protective factors for substance use 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 use or 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. 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) Delivery of 25% of SCA funded prevention program services through a combination of Evidence-Based and Evidence-Informed Programs as defined in Part II of this manual
3) One Evidence-Based Program as defined in Part II of this manual
4) Delivery of 20% of SCA funded services through session-based events as defined in Part II of this manual
5) Fetal Alcohol Spectrum Disorder (FASD) prevention activities
6) Student Assistance Program liaison services

All programs/strategies in the SCA's prevention Action Plan must be connected to the following components in PA WITS:

1) Funding Source(s) used to support the program
2) IOM (Universal, Selective, Indicated)
3) Program Frequency (One-Time or Session-Based)
4) Service Code(s)
5) Service Location
6) Service Population

While the Substance Abuse and Mental Health Administration (SAMHSA) no longer requires states to expend Substance Use Prevention, Treatment and Recovery Services Block Grant funds across all six federal prevention strategies, SCAs should continue to take a comprehensive approach to developing and implementing prevention services.

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 SCA 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 must provide ongoing monitoring of their Prevention Action Plan. This includes, but is not limited to, monitoring of process measures and outcomes for programs and services. Fidelity and quality of program implementation should also be monitored to ensure programs are being implemented as intended. Documenting and monitoring adaptations made to programs is necessary for understanding why expected outcomes may or may not have been achieved.

SCAs must 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/digital 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 4 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.

All DDAP-funded paid advertisements (apart from media funded through Compulsive and Problem Gambling Treatment Fund) must include the statement, "Paid for with Pennsylvania taxpayer dollars." Print ads must visibly display these words and broadcast advertisements must clearly have the statement read aloud during the ad. If the advertisement is broadcast or published free of charge, it does not need to include the statement. Paid advertisements are defined as:

- Media in formats such as newspaper ads, paid digital media, radio ads, TV ads, billboards, shopping cart ads, etc. in which a third party is being paid to disseminate, broadcast, publish, or post the media.
- Paid advertisements do not include media in formats such as brochures, newsletters, flyers, posters, magnets, stickers, etc. where funds may be spent on printing/creation of the material/item, but not to disseminate, broadcast, publish or post the media.

DDAP-funded media posted on TikTok cannot contain live links to any DDAP or other Commonwealth websites or systems.

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.

1) At a minimum, the SCA or their contracted provider(s) must deliver two services related to FASD prevention during FASD Awareness Month in September. SCAs and providers are encouraged to provide FASD prevention services year-round.

2) The SCA or 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. 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 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).

- Educational program 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 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.

The SCA must be aware of the current activities provided by the Regional Primary Contractor (RPC) for the Department of Health, Division of Tobacco Prevention and Control. The SCA must hold at least one meeting per State Fiscal Year with their RPC. The purpose of the meeting is to share information about services provided by the SCA and RPC, identify opportunities for collaboration and help avoid duplication of services. SCAs are permitted to collaborate to hold regional meetings in which multiple SCAs from one region meet with the RPC together.

An SCA who serves as a subcontractor to the RPC should incorporate those activities into the SCA's Prevention Action Plan.

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 used to measure outcomes (especially longer-term outcomes) such as behavior change or changes to community and school norms.

B. **Requirements** - The SCA 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. The SCA must analyze their data in WITS monthly to determine compliance with DDAP's reporting requirements and monitor implementation of their Prevention Action Plan.

The SCA must administer/collect pre/post-tests, surveys or other short-term outcome measures approved by DDAP in the SCA's Prevention Action Plan 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. The SCA must analyze the results data from the completed tests, surveys or other measures and maintain a summary or other record of the pre/post-tests and survey results on file per record retention requirements in the DDAP/SCA Grant Agreement.

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. The SCA must submit a justification to use an alternate instrument to the SCA's assigned DDAP Prevention Analyst.

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** - To ensure that prevention efforts produce positive outcomes for members of diverse population groups, communities must engage in an inclusive and culturally appropriate approach to identifying and addressing their substance use and gambling problems. It is especially important that programs/services chosen are a good match for the culture of the population group for which they are meant—attuned to their values, customs, beliefs, roles, manners of interacting, and communication styles.

"Cultural competence" implies having the capacity to function effectively as an individual, an organization, or a system within the context of the cultural beliefs, behaviors, and needs presented by individuals and their communities. Cultural competence, at the individual, organizational, and systems levels, involves the following:

- Being respectful of the health beliefs, practices, and cultural and linguistic needs of diverse people and groups. This includes valuing cultural differences and having an open mind.
- Being responsive to the health beliefs, practices, and cultural and linguistic needs of diverse people and groups. This includes:
  - Knowing something about the culture of the group(s) programs/services focus on
  - Customizing prevention in a way that respects and fits with the culture of the group that programs/services focus on
  - Involving people from the focused 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.

C. **Requirements** – The SCA 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 Institute of Medicine (IOM) Prevention Classifications; six major Federal Strategies; and two 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 categorized into three 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
  - U.S Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide
  - U.S. Department of Education Institute of Education Sciences What Works Clearinghouse

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 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 use methods of best practice
- Capture activities necessary to implement or enhance evidence-based or evidence-informed programs.

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 used 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, the 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, and evaluate service delivery using PA WITS.

B. The SCA must ensure data for 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.

C. Services are entered into PA WITS utilizing service codes, populations and IOM categories outlined in the Prevention & Intervention Categorization & Coding Guide.

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

E. 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.

F. 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 1.

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

H. 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.

I. At least 70% of prevention service data must be entered into PA WITS within two weeks of the date the service was delivered. The SCA must maintain a 70% yearly average.

J. The SCA must monitor data entered by staff and providers on a monthly basis to assess accuracy, completeness of data entered and to assess if services have been delivered as expected.

K. Services are not complete until they are entered into PA WITS. The SCA should not reimburse services until the data entry is complete and accurate.

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

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) Conducting prevention needs assessment and planning

2) Supervising prevention staff

3) Monitoring prevention programming

4) Delivering direct prevention services

5) Entering prevention data

B. Specified staff have 12 months from the time of hire or 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.

C. In addition to the exemptions outlined in sections 4.03 and 4.09, DDAP will consider other exemptions to any of these training requirements on a case-by-case basis. To request an exemption, the SCA must send an email to their DDAP Project Officer (and copy their 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.

D. Additional training requirements related to the Student Assistance Program are outlined in Part VI of this manual.

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.

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. **Categorizing Prevention** (formerly named Making the Connection)

D. **Addictions 101**

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

A. Addictions 101: The SCA may make exemptions 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, the SCA Administrator must email a written request for the exemption and supporting documentation to their DDAP Project Officer (and copy their 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.

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

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

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

E. Individuals such as nurses, police officers and schoolteachers who provide direct prevention services as a component of their jobs.

F. Individuals who complete SAMHSA's SPF Application for Prevention Success 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.pa.gov/agencies/ddap/for-professionals/data-reporting.html

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 or provider staff delivering FASD prevention services must complete at least six hours of FASD training within one year of assuming responsibility to provide FASD prevention services. FASD trainings are offered by DDAP. For information on available courses visit the DDAP Training Management System.

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

4.08 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)
- Prevention Technology Transfer Center (PTTC)
- HIDTA's ADAPT (A Division for Advancing Prevention & Treatment)
- Pennsylvania Association of Student Assistance Professionals (PASAP)
- Community Anti-Drug Coalitions of America (CADCA)
- Council on Compulsive Gambling of PA (CCGP)
- National Council on Problem Gambling (NCPG)

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

- Basic Pharmacology
- Communication Skills
- Confidentiality
- Cultural Competency/DEI/Racial and Health Equity
- Current Drug Trends

Trainings that address evaluation, presentation skills, classroom management, child development, youth engagement, 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 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 at SCAs who participate in the State Civil Service System 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 in the table below.

SCAs who **do not** participate in the State Civil Service System and SCA's contracted prevention providers can use these METs as guidance for establishment of METs for prevention positions as appropriate.

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 STUDENT ASSISTANCE PROGRAM OVERVIEW

The Commonwealth of Pennsylvania's Student Assistance Program (SAP) uses a systematic team approach comprised of professionals from various disciplines within the school districts to include but not be limited to school 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 STUDENT ASSISTANCE PROGRAM 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. The SCA must keep a copy of the LOA on file.

2) Any new LOAs must be fully executed by October 31 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 outline all services the liaison agency will be providing to the school and must include the following:

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

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

(c) Drug and alcohol confidentiality requirements

B. **Drug and Alcohol Liaisons**

1) The SCA must identify a drug and alcohol liaison to participate in SAP 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 services and supports such as referral for assessment

(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 SAP team maintenance or providing other technical assistance to SAP teams

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

(j) Collaborating with other agency providers

C. **Training Requirements**

1) Complete all applicable trainings outlined in Part IV of this manual.

2) SAP liaisons must complete the SAP K-12 Training from a PA Approved SAP Training Provider (PASTP) and receive a certificate of completion from the PA Network for Student Assistance Services before participating on a SAP team.

3) The following trainings must be completed within 12 months of hire or 12 months from the time of acquiring the applicable responsibilities:

   (a) All identified drug and alcohol SAP liaisons must attend the three-hour online, Substance Use Disorder Confidentiality training available in DDAP's Training Management System.

   (b) Any SAP liaison or other SCA or provider staff performing level-of-care assessments must complete training in accordance with the DDAP Case Management and Clinical Services Manual.

   (c) The SCA's staff person primarily responsible for oversight of SAP services must complete the "Pennsylvania Student Assistance Program (SAP) Awareness Course" available in the PA Department of Education's SAS Portal as a self-paced online course. If the responsible staff person has successfully completed the SAP K-12 Training and has a certificate of completion, the SAP Awareness Course is not required.

D. **Reporting Requirements**

The SCA must collect and enter SAP data into PA WITS and the SAP Liaison Annual Report as required. Data must be entered into PA WITS as outlined in Part III of this manual. The SAP Liaison Annual report for each state fiscal year ending June 30 is due by July 31 that same year.

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 Use Prevention, Treatment and Recovery Services Block Grant funds allocated for prevention. A group for students who have already been assessed falls 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 Use Prevention, Treatment and Recovery Services 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 PROBLEM GAMBLING PREVENTION/INTERVENTION OVERVIEW

DDAP is designated as the lead agency under Act 1 of 2010 and Act 42 of 2017 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 PROBLEM GAMBLING PREVENTION/INTERVENTION REQUIREMENTS

A. **Required Activities**

1) The SCA must implement problem gambling prevention services every state fiscal year.

2) The SCA must include their planned problem gambling prevention programs and services in the SCA's Prevention Action Plan.

3) The SCA or their contracted provider(s) must conduct media and information dissemination activities to raise awareness around problem gambling.

4) The SCA and their contracted provider(s) receiving CPGT funding must post and link to 1-800-GAMBLER on their websites.

5) The SCA and their contracted provider(s) receiving CPGT funding must include problem gambling prevention materials when participating in health promotion activities such as health fairs and community events for substance use prevention.

B. **Allowable Activities**

1) Problem Gambling Prevention Activities

SCAs and their contracted provider(s) can use evidence-based, evidence-informed, and supplemental problem gambling prevention programs included in the gambling section of the DDAP Prevention Program Listing. As other problem gambling prevention programs are developed or identified, the SCA must submit them to the DDAP Gambling Section for review. These programs may be added to the DDAP Prevention Program Listing based on the outcome of the review. See section 2.02 of this manual for instructions on submitting a new program request.

2) Training/Professional Development

The following are allowable:

(a) Problem gambling training, including travel to training, as well as hosting training.

(b) Membership costs associated with Council on Compulsive Gambling of Pennsylvania (CCGP) and National Council Problem Gambling (NCPG).

(c) Participation in trainings, conferences or other professional development opportunities that include content on problem gambling/gaming or content applicable to general prevention knowledge or skill development.

C. **Unallowable Activities**

1) 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.

2) 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.

D. **Media**

The SCA must submit all media such as brochures, flyers, posters, billboards and newspaper, radio, TV, and digital ads, created with CPGT funds for review and approval by DDAP before they can be disseminated. All materials must include DDAP's Problem Gambling Hotline number: 1-800-GAMBLER. See Section 1.04 of this manual for requirements related to media.

DDAP's pre-approved gambling awareness campaign for 1-800-GAMBLER can be accessed by SCAs on the SCA SharePoint site.

E. **Reporting**

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

F. **Training**

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

G. **Evaluation**

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