



**pennsylvania**

DEPARTMENT OF DRUG AND  
ALCOHOL PROGRAMS

*Department of Drug and Alcohol Programs*

**PREVENTION MANUAL**

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# PREVENTION MANUAL

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# **DDAP PREVENTION MANUAL**

## **OVERVIEW OF PREVENTION**

It is the intent of the Department of Drug and Alcohol Programs (DDAP) to further the advancement and implementation of substance abuse 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 within the substance abuse prevention field. 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 overseeing a comprehensive prevention plan.

If there are conflicts with other documents, the SCA Grant Agreement takes precedence over the Prevention, Treatment, 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 this is done, the temporary instructions will clearly state the exception and include an expiration date.

## **PART I. Introduction to Performance Based Prevention**

- A. Prevention funds provided to the SCA must be used to develop and manage a comprehensive system of resources directed at individuals not identified to be in need of treatment. Prevention program activities must be provided in a variety of settings to targeted populations who are affected by risk factors associated with substance abuse, determined through a county-wide needs assessment. While services funded through the SCA must be provided by the SCA or a contracted provider, partnerships with other community agencies providing prevention services are also necessary. To the best of the SCA's ability, the SCA should be aware of prevention activities occurring within their geographic region and plan SCA funded services with consideration of activities being funded from other sources.
- B. The delivery of prevention services are categorized into three (3) Institute of Medicine (IOM) Prevention Classifications; six (6) major Federal Strategies; three (3) Prevention Services Program Categories and two (2) Prevention Service Types.

### **Institute of Medicine (IOM) Prevention Classifications:**

Defined below are the three (3) IOM Prevention Classifications.

Universal – are activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

Selective – are activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Indicated – are activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing a disorder or having biological markers indicating predisposition for a disorder but not yet meeting diagnostic levels.

### **Six Federal Strategies:**

Defined below are the six (6) federal strategies. The six federal strategies comprise the overall concept of services that prevent or reduce the use and abuse of alcohol, tobacco and other drugs. DDAP has also adapted these strategies to address the prevention of compulsive and problem gambling.

1. Information Dissemination – provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, abuse and addiction, as well as problem gambling, and the effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
2. Education – involves two-way communication, which is distinguished from the Information Dissemination category by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this category are to affect critical life and social skills, including decision-making,

refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities.

3. Alternative Activities – operates under the premise that healthy activity will deter individuals from the use of alcohol, tobacco and other drugs (ATOD) and participation in gambling activities. The premise is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by ATOD and gambling and would, therefore, minimize or eliminate use of ATOD and participation in gambling activities. Note: Alternative activities alone have not been shown to be effective at preventing substance abuse. Characteristics of effective alternative activities include programs/activities that: are more intensive (i.e. include many hours of involvement in the program), incorporate skill building, target higher risk youth, and are built into a comprehensive prevention plan.
4. Problem Identification and Referral – targets those persons who have experienced first use of illicit/age-inappropriate use of tobacco and those individuals who have indulged in the first use of illicit drugs and alcohol in order to assess if their behavior can be reversed through education. This strategy also targets individuals who have engaged in age-inappropriate or problem gambling activities.

Prevention funds must not be used for Student Assistance Programs (SAP), Employee Assistance Programs (EAP), or Driving Under the Influence (DUI) programs beyond the point of the educational component. The educational component is inclusive of providing consultation services to school district personnel, core team members and parents. Funding for level of care assessment or any other activity directly linked to the initiation of treatment must come from non-prevention funding sources.

5. Community-Based Process – aims directly at building community capacity to enhance the ability of communities to more effectively provide prevention and treatment services for substance use and problem gambling disorders. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building and networking.
6. Environmental – establishes or changes written and unwritten community standards, codes, ordinances and attitudes thereby influencing incidence and prevalence of ATOD use/abuse and problem gambling in the population. This category is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to action-oriented initiatives.

### **Program Categories:**

1. 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/abuse 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 desired results in a variety of settings; and,
- Included in Federal registries of evidence-based programs (note: inclusion in a Federal registry is necessary, but not a sufficient characteristic to merit inclusion on DDAP's list of evidence-based programs). Examples of federal registries include:
  - The Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) <http://www.nrepp.samhsa.gov>
  - U.S Office of Juvenile Justice And Delinquency Prevention (OJJDP) Model Programs Guide <http://www.ojjdp.gov/mpg/>
  - Exemplary and Promising State, Disciplined and Drug-Free Schools Programs sponsored by the U.S. Department of Education <http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf>
  - Center for the Study and Prevention of Violence Blueprints for Healthy Youth Development <http://www.blueprintsprograms.com>

## 2. Evidence-Informed:

Evidence-informed prevention programs and strategies must include the following four 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; and,
- Must have an evaluation that includes, but is not limited to, a pre/post-test and/or survey.

Other characteristics of evidence-informed prevention programs and strategies may include:

- May be similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;
- May have appeared in a non-refereed professional publication or journal; and,
- May have been identified or recognized publicly and may have received awards, honors or mentions.

### 3. Supplemental Programs:

- Capture activities that utilize methods of best practice
- Provide basic alcohol, tobacco, other drug or problem gambling awareness/education, as well as everyday alternative prevention activities
- Captures strategies that address population-level change
- Captures activities necessary to implement or enhance evidence-based and evidence-informed programs

In order for a new program or strategy to be added to DDAP's program and strategy listing, it must be submitted to DDAP for review and approval. DDAP has a formal process for reviewing programs and strategies to determine the appropriate program classification.

### **Prevention Service Types:**

Each program category must include one of the following:

1. Single Service Type – Single prevention services are one-time activities intended to inform general and specific populations about substance use/abuse or problem gambling. (Examples: Health Fairs, Speaking Engagements.)
  - Individuals who are present at a single prevention service or event are called attendees.
2. Recurring Service Type – Recurring prevention services are a pre-planned series of structured program lessons and/or activities. These types of services are intended to inform, educate, develop skills, and identify/refer individuals who may be at risk for substance use/abuse or problem gambling. A recurring prevention activity needs to have an anticipated measurable outcome, to include but not limited to Pre/Post Tests and/or surveys. (Examples: Classroom Education, Peer Leadership/Mentoring, ATOD Free Activities Recurring). Recurring services also cover certain, limited, types of meetings and activities that are not structured lessons and may not have measurable outcomes. (Examples: coalition meetings, technical assistance meetings, recurring Core Team meetings)
  - Individuals enrolled or registered in a recurring prevention service are called participants. Attendance of these participants is then tracked during each session until the program is completed.
  - A group is defined as having a facilitator with at least two or more participants. Exceptions to this rule are outlined in the DDAP Minimum Data Set (MDS) Admin Guide and DDAP program and strategy listing.

## **PART II. Performance-Based Prevention: Strategic Prevention Framework**

The SCA must ensure that the following criteria are adhered to in the implementation of performance-based prevention:

### **A. Needs Assessment**

#### 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 utilized to create a Comprehensive Strategic 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.

#### Requirements:

The Needs Assessment must be completed per the DDAP Report Schedule and in accordance with the directions provided in the needs assessment and any accompanying documents.

### **B. Capacity**

#### 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.

#### Requirements:

The SCA must address capacity building in their Comprehensive Strategic Plan.

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 submit



minutes per the DDAP Report Schedule in addition to maintaining the minutes of each quarterly meeting on file at the SCA office. (These meetings are not a direct services and should not be captured in the prevention data system.)

## **C. Planning**

### Overview:

The SCA must develop a Comprehensive Strategic Plan. Planning involves the development of a plan that includes implementing programs and strategies that create a logical, data-driven plan to reduce the risk factors and enhance the protective factors identified in a specific county/community that contribute to substance abuse. The planning process produces strategic targeted goals and involves the identification and selection of programs and strategies that will reduce substance abuse. Even though one community may show similar alcohol-related issues, the underlying factors that contribute most to them will 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 abuse problem or behavior.

### Requirements:

The SCA must complete a Comprehensive Strategic Plan per the instructions provided in the Comprehensive Strategic Plan and submit it to DDAP according to the DDAP Report Schedule.

The SCA's Comprehensive Strategic Plan must include a combination of programs and strategies which address targeted goals as identified by the SCA in their needs assessment. In some instances, it may also be necessary for the SCA to use non-targeted activities related to general events and to provide services related to FASD and SAP as they are mandated by DDAP regardless of available data. The programs and activities outlined in the SCA's Comprehensive Strategic Plan will form the SCAs Implementation Plan which is entered into the prevention data system.

The SCA's Comprehensive Strategic Plan (and Implementation Plan which is entered into the prevention data system) must include at a minimum:

- All SCA funded prevention services
- All funding source(s) used to support the program services must be identified
- All six federal strategies (services in each strategy must be funded utilizing DDAP funds)
- All three Institute of Medicine (IOM) Classifications
- All program categories (Evidence-based, Evidence-informed and Supplemental Programs) - 25% of SCA funded program services must be delivered through a combination of Evidence-based and Evidence-informed Programs.
- One Evidence-based Program
- All prevention service types (single and recurring) - The SCA is required to provide 20% of SCA funded services through recurring events.

- Programs/Strategies to be administered must be connected to the following components:
  - a. Type of Implementation Plan
  - b. Targeted/Non-Targeted Goals
  - c. Program/Strategy
  - d. Funding Source(s) – methodology for selecting funding per program
  - e. IOM (Universal, Selective, Indicated)
  - f. Service Type (Single and/or Recurring)
  - g. Service Code(s)
  - h. Service Location
  - i. Population Code(s)
  - j. Pre/Post/Follow-up Test Instrument (for all Evidence-Based and Evidence-Informed programs)
  - k. Fidelity/Adaptation

## **D. Implementation**

### Overview:

Implementation focuses on carrying out the various components of the prevention plan. During implementation, timelines are developed and ongoing program evaluation needs are identified. Potential barriers and solutions are identified throughout the course of implementation as well.

### Requirements:

The SCAs and their contracted providers must implement the components of their Comprehensive Strategic Plan to meet all prevention programming requirements (e.g., 20% of services must be recurring, instruments must be administered for Evidence-Based and Evidence-Informed programs, etc).

SCAs are required to provide ongoing monitoring of their Comprehensive Strategic 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.

As a management agency for drug and alcohol services, the SCA must allocate and expend Department funds for the implementation of prevention services under each Federal Strategy and IOM Classification. These services must meet the unique needs of its community identified by the needs assessment process.

### **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 Comprehensive Strategic Plan. DDAP, through its FASD State Task Force has established an Action Plan to address the prevention and treatment of FASD. (View the Pennsylvania FASD Action Plan at [www.ddap.pa.gov](http://www.ddap.pa.gov)).

FASD is an umbrella term used to describe the nation's leading category of preventable birth defects, developmental disabilities and behavioral health problems associated with alcohol consumption during pregnancy. As target populations are identified and needs assessments are conducted regarding prevention activities, the implications of this issue must be considered, as the impact is far reaching and is intertwined with various existing priorities.

In response to this, FASD prevention services that are directed toward reducing risk factors must be identified within the SCA's Comprehensive Strategic 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 Comprehensive Strategic Plan. At a minimum, two services related to FASD prevention must be delivered in the month of September. SCAs and providers are encouraged to provide FASD prevention services year round.
2. The SCA FASD coordinator and any prevention provider staff member delivering FASD services must complete required training as defined in Section IV, Training.

### **Pregnant Women and Women With Children (PWWWC)**

PWWWC funds for prevention are intended to address the children of women in treatment. To utilize PWWWC funds these women receiving treatment must have custody of their children or be attempting to regain custody of their children. PWWWC services stress the family as a unit.

This funding source can be used to fund certain prevention services. The requirements of a prevention service allowable under these funds are outlined below. The requirements and examples below only seek to clarify what types of prevention services/activities can be funded with PWWWC funds.

The key to knowing whether it is appropriate to use this funding source for prevention activities is if the prevention service can be clearly linked and documented to have occurred with children of women in treatment. Treatment in relation to PWWWC funds includes all levels of treatment (e.g. inpatient/residential, outpatient, partial hospitalization). Prevention services can be provided to the children alone or to the mother and child(ren) together. PWWWC funds cannot be used to fund prevention services for the women alone. The prevention service does not have to occur at the location where the woman is receiving treatment. The prevention service can be provided at other locations, but those receiving the service must be traceable to their mothers who are receiving treatment.

Examples where it would be appropriate to use PWWWC funds:

- Women are in an inpatient treatment facility where their children are also present. Prevention provider goes to that treatment facility to provide AI's

Pals: Kids Making Healthy Choices 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).

- BABES 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.

## **E. Evaluation**

### Overview:

An evaluation/analysis process involves the following:

- Measuring the impact of the implemented programs, strategies, policies and practices
- Identifying areas for improvement and necessary corrective action
- Emphasizing sustainability since it involves measuring the impact of the implemented programs, strategies, policies and practices
- 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?).
- 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.

### Requirements:

The SCAs must evaluate their Comprehensive Strategic Plan.

SCAs should, to the best of their capacity, follow the evaluation process outlined above. The Prevention Data System is a tool that can assist in evaluating data collected. SCAs must analyze and evaluate their data monthly to determine compliance with DDAP's reporting requirements and develop methods for improving program services.

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 actually pay for services provided by the SCA or contracted for at the provider level.

The SCA must complete an Evaluation Plan as per instructions in the Comprehensive Strategic Plan and submitted in accordance with the DDAP Report Schedule.

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 by the requestor. Copies of completed instruments (electronic or hardcopy) must be maintained on file per record retention requirements in the grant agreement. Electronic storage of completed instruments can include the entry of test/survey results into a database or other electronic format, but individual results or group-level aggregate information must be maintained in a format that allows for determining that pre/post tests and/or surveys were completed for each group.

Evaluation must be recorded as prescribed in the prevention data system.

## **F. Sustainability & Cultural Competence**

### 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, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural competence is the understanding and appreciation of cultural differences and similarities within and between groups. It includes a willingness to draw on community-based values, traditions and customs, and a willingness to work with knowledgeable persons from the community to develop prevention strategies. Cultural competence also includes the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

SCAs should consider reviewing and implementing the Culturally and Linguistically Appropriate Services (CLAS) standards when appropriate. For more information on CLAS standards, please go to: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>.

### Requirements:

The SCA must incorporate sustainability and cultural competency into their Comprehensive Strategic Plan.

### **PART III. Utilizing the Prevention Data System**

- A. The SCA must plan, monitor, evaluate and analyze prevention service delivery using the prevention data system.
- B. The SCA must ensure that data associated with all prevention and early intervention services, including but not limited to SAP Services, funded through the SCA (not limited to DDAP funds) are included in the SCA's Comprehensive Strategic Plan and entered into the prevention data system according to DDAP data entry requirements and timelines in an accurate manner to ensure data integrity. Services are entered into the prevention data system utilizing service and population codes outlined in the MDS Admin Guide.
- C. The SCA must enter each prevention provider's organization information in the prevention data system, and assign each prevention provider all programs and strategies that the provider is expected to deliver during a fiscal year.

The SCA must enter prevention service data into the prevention data system when the SCA delivers their own prevention services.

All contracted providers that deliver prevention services must enter their own prevention service data into the prevention data system. If any contracted provider cannot enter their own data into the prevention data system, the SCA may enter the provider's prevention service data into the prevention data system on their behalf with prior approval from DDAP.

The SCA must enter the provider's service data into the prevention data system to reflect that the services were delivered by the provider.

- D. At least 70% of prevention service data must be entered into the prevention data system 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 the prevention data system. Services should not be reimbursed until the data entry is complete and accurate.
- E. All previous fiscal year service data must be entered into the prevention data system by July 21st.

## **PART IV. Training Requirements**

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:

- prevention needs assessment and planning
- supervising prevention staff
- monitoring prevention programming
- direct prevention service delivery
- prevention data entry

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.

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 VII of this manual. Please note, DDAP will consider waivers to any of these training requirements on a case by case basis.

### **A. Mandatory Training Courses**

1. Prevention 101  
Grandfathering Exception for Prevention 101: Staff working in the field of ATOD prevention for an SCA or an SCA contracted provider prior to July 1, 2014 are not required to take Prevention 101.
2. Prevention Ethics (This is a 6 hour training, but the three hour version of the training offered at the Commonwealth Prevention Alliance Conference can be used to fulfill this requirement.)
3. Making the Connection: Prevention Program Services, Fidelity Adaptations and Minimum Data Set (MDS) Service Codes
4. Addictions 101\*

#### ***Exemptions to the Training requirements for items 1-4 include:***

- SCA and provider staff that only provide prevention services in the evening or on weekends, and have full-time day employment elsewhere.
- Volunteers who deliver and/or support prevention programs.
- Individuals such as nurses, police officers and school teachers who provide direct prevention services as a component of their jobs.
- Individuals who complete SAMHSA's Substance Abuse Prevention Skills Training (SAPST) are not required to complete Prevention 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 above trainings, 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 submitted to the Director of the Division of Prevention & Intervention. Exemptions will then be made at the discretion of DDAP. SCA Administrators are not permitted to exempt themselves from training requirements.

**B. Prevention Data System Training**

Any individual entering or monitoring data in the prevention data system or who is directly responsible for supervising others with these responsibilities, must complete any required prevention data system training.

- *PBPS training certificates dated prior to June 1, 2010 are no longer valid.*

**C. Needs Assessment Training Course**

*(This training will only be offered prior to each Needs Assessment.)*

All SCA and contracted provider staff who will be involved in the facilitation of the Needs Assessment process are required to attend the Needs Assessment Training Course when offered by DDAP.

**D. Strategic Plan Training Course**

All SCA and/or contracted provider staff who will be responsible for the completion of the Comprehensive Strategic Plan and Evaluation Plan are required to attend a Strategic Plan Training Course when offered by DDAP.

**E. Fetal Alcohol Spectrum Disorder (FASD)**

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. Training can be acquired through the following resources:

- SAMHSA online at [www.fasdcenter.samhsa.gov](http://www.fasdcenter.samhsa.gov)  
Multiple courses are offered free of charge through this website under the **Education – Training** link.
- FASD trainings offered by DDAP. For a schedule and 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.

**F. 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)
- Northeast Center for the Application of Prevention Technologies (NECAPT)
- FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP)
- Center for School and Communities
- Pennsylvania Training and Technical Assistance Network (PaTTAN)

**Exemptions to the 12 hour training requirement:**

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

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 the prevention of problem gambling can also 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, at a minimum:

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

## **PART V. Staffing Qualifications**

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.

### Minimum Education and Training Requirements

#### **Drug and Alcohol Prevention Specialist Trainee**

##### Minimum Requirements

A bachelor's degree; **OR** any equivalent combination of experience and training.

#### **Drug and Alcohol Prevention Specialist**

##### Minimum Requirements

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**

##### Minimum Requirements

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**

##### Minimum Requirements

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. Reduction Of Youth Access To Tobacco**

In identifying alcohol and other drug related issues inherent to the geographic area of the Single County Authority (SCA), the SCA must include tobacco use among youth as a consideration in the needs assessment process and incorporate the reduction of tobacco use among youth as a part of its Comprehensive Strategic Plan, when applicable. In addressing risk and protective factors associated with tobacco 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 Comprehensive Strategic Plan.

In addition to activities incorporated in the Comprehensive Strategic 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.

## **PART VII.** Student Assistance Program Tasks

### 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 shall 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 shall 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.

### Requirements:

SCA shall 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 shall be signed and dated by the SAP provider and the school district representative. The designated SAP liaison shall not perform any services with the SAP team until the LOA is executed. A copy of the LOA shall be kept on file with the SCA.
2. Any new LOAs shall be fully executed by October 31<sup>st</sup> of each state fiscal year of the SCA Grant Agreement. LOAs may be multi-year documents; however, no LOA shall be in effect beyond the termination date of the current SCA Grant Agreement.
3. At a minimum, the LOAs shall 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; and
  - c. Drug and Alcohol confidentiality requirements.

#### B. Drug and Alcohol Liaisons

1. Identify a drug and alcohol liaison who shall:
  - a. Attend core team meetings;
  - b. Refer for a drug and alcohol assessment as per subparagraph VII.C. below, when necessary;
  - c. Facilitate referral to drug and alcohol treatment services, when necessary;
  - d. Participate in core team maintenance;
  - e. Participate in parent/teacher and consultation meetings as necessary; and,

- f. Maintain data for required reporting as determined by the DDAP.
2. If applicable, the drug and alcohol liaison shall:
    - a. Facilitate or co-facilitate school-based support groups;
    - b. Facilitate and support the school-based aftercare plan for students who are returning to school from treatment; and,
    - c. Collaborate with other agency providers.
- C. The Grantee shall require that SCA staff and subcontracted level-of-care assessment providers that perform SAP drug and alcohol assessments complete training in accordance with the DDAP Treatment Manual.

#### D. Training Requirements

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

1. The Grantee shall require that all identified drug and alcohol SAP liaisons receive a Core Team Member training completion certificate provided by a Pennsylvania Department of Education's SAP Commonwealth-Approved Trainer.
2. The Grantee shall require that all identified drug and alcohol SAP liaisons attend the 6-hour DDAP-approved, or Pennsylvania Certification Board-approved, Confidentiality Training
3. The Grantee's staff person primarily responsible for oversight of SAP services shall attend the one-day SAP Administrator Training provided by a Commonwealth-Approved Trainer. If the responsible staff person has successfully completed the SAP Core Team Member training and has a certificate of completion, the one-day SAP Administrator Training is not required.
4. The Grantee shall require that SCA staff and subcontracted level-of-care assessment providers that perform SAP drug and alcohol 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.

#### E. Reporting Requirements

The Grantee shall collect and enter SAP data into the DDAP Prevention Data System 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:

- STN11 Printed/Electronic Materials Dissemination – Example: Disseminating information about SAP to parents at a back to school night.
- STN17 Speaking Engagements – Example: Classroom presentation to provide information about SAP to students.

2. Activity 6400 – Problem Identification and Referral

- a. STP03 and PAPR04 – Core Team Meetings
- b. PAPR01 – Problem ID and Referral Follow-up

Examples:

- Follow-up meetings with an individual SAP identified student to check-in regarding their progress/status
- Follow-up services provided to SAP-identified students who have had a drug and alcohol level of care assessment, cannot be paid for with the 20% prevention set-aside from the Block Grant.

- c. PAPR02 – SAP Parent/Consultant/Teacher Meeting
- d. PAPR07 – SAP Consultation
- e. PAPR03 – SAP Initial Screening

Examples:

- Brief screening that takes place after referral to core team. This screening is to assist in making further referrals for the student for assessment or other services.

3. Activity 6500 – Community Based Process

Trainings and Technical Assistance that are specific to SAP

- a. STC07 or GCO09 – Training Services (e.g. SAP Trainings)
- b. STC06 – Technical Assistance (e.g. SAP Maintenance Meetings)

4. Activity 7200 – Intervention

- a. STP04 Student Assistance Program Groups