DDAP MINIMUM DATA SET (MDS) ADMIN GUIDE

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**SERVICE POPULATION CODES**

The Service Population refers to the targeted population or specific groups that directly receive the prevention services. These codes will be used to identify individuals to whom prevention services are being delivered. Service population descriptions and examples of common groups (including CSAP high-risk populations) that would be considered under each service population have been provided in the table below.

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<td>Older Adults (Senior Citizens)</td>
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<td>Teachers/Administrators/Counselors</td>
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<td>Health Professionals</td>
<td>SP99</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

* indicates a CSAP high-risk population

Service providers or data entry staff should carefully consider how to code the general classifications of population that the service targets. This is critical as reports that are generated use this information to determine where the prevention efforts have been focused within the state or region and focus training efforts in this area.

The Minimum Data Set (MDS) defines the service population as follows (an asterisk [*] indicates a CSAP high-risk population):

---

1
PA01 Other Professionals – Individuals who do not fit the other professional categories. Examples include but not limited to judges, lawyers and county caseworkers.

PA02 Parents/Caregivers and Children – Parents and Caregivers, including biological parents, adoptive parents and foster parents; grandparents, aunts and uncles, or other relatives in charge of or concerned with the care and raising of youth; Children/Youth that attend program services with their parents/caregivers.

PA03 Young Adults – Individuals generally from 18-25 years old who do not fit into another targeted category.

PA04 Adults – Individuals generally from 26 – 61 years old who do not fit into another targeted category.

PA05 Persons Identified as Problem Gamblers – Participation in any form of gambling to the extent that it creates any negative consequences to the gambler, their family, place of employment, or community. This includes patterns of gambling and related behaviors (usually financial issues) that compromise, disrupt, or damage personal, family, educational and/or vocational interests.

PA06 Gaming Industry – Companies that provide, own, operate, or engage in lawful gaming activities and facilities related to gaming and leisure. In Pennsylvania this would include legalized casinos, horse racing locations, casinos/off track betting locations, and lottery outlets.

PA07 Persons in Recovery – Persons in recovery.

PA08 Military Families – Military personnel and their family members.

SP01 Business and Industry – Individuals who manage or work in for-profit or not-for-profit businesses or industry. Examples are small businesses, companies, corporations, industrial plants and unions.

SP02 Civic Groups/Coalitions – Members of civic organizations, nonprofit organizations and community coalitions. Examples are men’s and women’s state or local civic groups, nonprofit agency boards of directors or staff, community or statewide coalition members, community partnership groups and community task forces, alliances and similar community organizations.

SP03 College Students – Youth and adults enrolled in public or private institutions of higher education, including enrollees in universities, colleges, community colleges, technical colleges and other institutions for advanced education.

*SP04 Children of Substance Abusers/COSAs – Youth and adults who are children of substance abusers. Examples are adult children of alcoholics, children whose parents abuse alcohol or other drugs and children raised in or chronically exposed to situations involving substance abuse.

*SP05 Delinquent and/or Violent Youth (At Risk Youth) – Youth who display risk factors for delinquency and/or violence or who have been determined to be delinquent and/or violent. Examples are youth declared delinquent by a state child welfare system, youth who have been arrested for
juvenile delinquent behavior, youth who are chronically truant and/or youth who display chronic or periodic violent behavior, including youth who display antisocial behavior (e.g., chronic fighting, hitting, using weapons).

**SP06 Economically Disadvantaged Youth/Adults** – Youth and adults considered to be underprivileged in material goods due to poor economic conditions. Examples are youth and adults living in poor housing conditions or who are enrolled in state or federal public assistance programs.

**SP07 Older Adults (Senior Citizens)** – In general, persons over 62 years of age. Examples are older persons who are living independently or residing in a nursing home or an assisted living facility.

**SP08 Government/Elected Officials** – Individuals holding government positions, including those who have been elected to public office. Examples are government workers; mayors; city administrators; city or county commissioners; supervisors, freeholders, or other elected officials; state legislators and staff; and members of the U.S. Congress and their legislative staff.

**SP09 Elementary School Students** – Youth enrolled in public or private elementary schools in kindergarten through grade 5 and home-study youth in comparable grades.

**SP10 General Population** – A mixed group of youth and adult citizens within a community rather than a specific group within the population.

**SP11 Health Professionals** – Individuals employed by or volunteering for health care services. Examples are physicians, nurses, medical social workers, medical support personnel, medical technicians and public health personnel.

**SP12 High School Students** – Youth enrolled in public or private high schools (generally grades 9 through 12) and home-study youth in these grades.

**SP13 Homeless/Runaway Youth/Adults** – Youth (and adults) who do not have a stable residence or who have fled their primary residence. Examples are street youth (and adults), youth (and adults) in homeless shelters and youth in unsupervised living situations.

**SP14 Law Enforcement/Criminal Justice** – Individuals employed in law enforcement/criminal justice agencies. Examples are police, sheriffs, and state law enforcement personnel.

**SP15 Middle/Junior High School Students** – Youth enrolled in public or private middle schools or junior high schools, including grades 6 through 8, 6 through 9, or 7 through 9, sixth grade and seventh grade centers and home-study youth in comparable grades.

**SP16 Parents/Families** – Parents and families, including biological parents, adoptive parents and foster parents; grandparents, aunts and uncles, or other relatives in charge of or concerned with the care and raising of youth; nuclear families; and mixed families. (Children are not part of this population code; if children are part of the activity use PA02 Parents/Caregivers and Children.)

**SP17 Persons Using Substances** – Youth and adults who may have used or experimented with alcohol, tobacco, or other drugs. Examples are youth or adults charged with driving under the influence (DUI), driving while intoxicated (DWI), or being a minor in possession (MIP); social or
casual users of illicit substances; and youth and adults who smoke tobacco or consume alcoholic beverages but who are not yet in need of treatment services.

*SP18 People with Disabilities – Youth and adults who have disabilities. Examples are individuals who are physically handicapped, hearing impaired, speech impaired, or visually impaired.

*SP19 People with Mental Health Problems – Youth and adults with mental health problems. Examples are persons with diagnosable mental illness such as depression, severely emotionally disturbed youth and the educable mentally retarded.

*SP20 Physically/Emotionally Abused People – Youth and adults who have experienced physical or emotional abuse. Examples are survivors of physical abuse, sexual abuse, incest, emotional abuse and domestic abuse.

SP21 Pregnant Females/Women of Childbearing Age – Women who are of the physiological age to bear children and for whom the intent of prevention services is to ensure healthy newborns.

SP22 Preschool Students – Youth enrolled in, or of an age to be enrolled in, public or private preschool programs. Examples are youth enrolled in preschool programs, child day care and Head Start programs and other children aged 4 or younger.

SP23 Prevention/Treatment Professionals – Individuals employed as substance abuse prevention or treatment professionals. Examples are counselors, therapists, prevention professionals, preventionists, clinicians, prevention or treatment supervisors and agency directors.

SP24 Religious Groups – Individuals involved with or employed in religious denominations or organized religious groups such as churches, synagogues, temples, or mosques. Examples are members, deacons, elders, clergy, religious associations, ministerial associations, ecumenical councils or organizations, lay leaders and religious education staff.

*SP25 School Dropouts – Youth under the age of 18 who have not graduated from school or earned a general educational development certificate and/or who are not enrolled in a public or private learning institution.

SP26 Teachers/Administrators/Counselors – Individuals employed in the education field. Examples are teachers, coaches, deans, principals, faculty and counselors.

SP27 Lesbians/Gay/Bisexual/Transgender/Questioning (LGBTQ) – Individuals who identify themselves as emotionally and physically attracted to others of the same gender.

SP28 Youth/Minors – Children under age 18

*SP29 Other – Individuals or organizations who do not fit any of the above definitions or who represent a special population on which a particular state/community wishes to capture prevention services data.

SP99 Not Applicable – Used for prevention services not directed at a service population (e.g., clearinghouse, community drop-in centers, community teams).
DESCRIPTION OF FEDERAL STRATEGIES

Defined below are the six Federal Strategies (identified by the Center for Substance Abuse Prevention (CSAP) that comprise the overall concept of services that prevent or reduce the use and abuse of alcohol, tobacco and other drug. Each strategy summarizes the prevention service activity according to the program strategy developed by CSAP. The Strategy Code is utilized to help identify the primary strategy used for a program and becomes part of the Service Type Code. The six Federal Strategies are:

**Information Dissemination** – STN, PAN – provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, abuse and addiction 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. **Note: Information disseminated can be in the form of print, visual, audio and/or by word-of-mouth.**

**Education** – STE, PAED – 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. **Note: Services under this strategy are recurring. STN 17 Speaking Engagements does not fit under this Federal Strategy!**

**Alternatives** – STA, PAA – operates under the premise that healthy activities will deter participants from the use of alcohol, tobacco and other drugs. The premise is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs (ATOD) and would, therefore, minimize or eliminate use of ATOD. These activities must be directly linked to an educational or skill-building activity.

**Problem Identification And Referral** – STP, PAPR – 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.

Prevention funds shall not be used for SAP, EAP, or DUI programs beyond the point of the educational component. Funding for assessment or any other activity directly linked to the initiation of treatment must come from other designated funding sources.

**Community-Based Process** – STC, PAC – aims directly at building community capacity to enhance the ability of communities to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building and networking.

**Environmental** – STV, PAEV – establishes or changes written and unwritten community standards, codes, ordinances and attitudes thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used 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.
INSTITUTE OF MEDICINE (IOM) PREVENTION CLASSIFICATIONS

Defined below are the three IOM Prevention Classifications that can contain the six major federal strategies. Included are examples of activities that comprise the overall concept of services that prevent or reduce the use and abuse of alcohol, tobacco and other drugs.

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

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

**Indicated Prevention Interventions** – 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.

**SERVICE TYPES**

You will also indicate whether the service is a “Single Service” or a “Recurring Service.” Current prevention research indicates that lasting change in behavior, risk factors, or community attitudes and perceptions is most likely to occur when services are provided with sufficient frequency, intensity and duration. Thus, prevention services provided consistently, over time, have a better opportunity to change attitudes and behaviors that place people at risk for substance abuse than do single prevention events or activities. In planning for and providing prevention services that are likely to effect change, the transition from predominantly single prevention services to a balanced system of single and recurring services seems to be a logical direction for the future. Working with the six CSAP strategies for primary prevention (Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, Environmental), individuals, schools, parents and communities can receive an appropriate mix of prevention services that encompass both single and recurring services.

**How to Identify Single and Recurring Services**

In the MDS, the terms “single” and “recurring” are used to distinguish between one-time events and ongoing prevention programs.

**Single Service Type** – Single prevention services are one-time activities intended to inform general and specific populations about substance use or abuse. (Examples: Health Fairs, Speaking Engagements). Individuals who are present at a single prevention service or event are called attendees.

**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 or abuse. A recurring prevention activity needs to have an anticipated measurable outcome, to include but not limited to Pre/Post Test. (Examples: Classroom Education, Peer Leadership Programs, Peer Mentoring, ATOD Free Activities Recurring).
Individuals enrolled or registered in a recurring prevention service are called participants.
A group is defined as having a facilitator with at least two or more participants. Exceptions to this rule are noted in service code descriptions.

PREVENTION – A DEFINITION.

According to SAMHSA’s CSAP/NPN Prevention Works! Substance Abuse Prevention Handbook, prevention is: “A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, e.g., aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.”

Primary Prevention: Prevention refers to a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. Primary prevention includes interventions occurring prior to the initial onset of a substance use disorder through reduction or control of causative factors to substance abuse, including the reduction of risk factors contributing to substance use. Primary Prevention is limited to individuals at graduations of risk, beginning with the general population at the lower end of the risk spectrum, and up through those individuals in high-risk environments and identified as having minimal, but detectable signs or symptoms foreshadowing disorder, or having biological markers indicating predisposition for disorder, but not yet meeting diagnostic levels. Services are generally delivered through six defined federal strategies to three classifications of population as identified by the Institute of Medicine. Early intervention activities are considered as secondary prevention and should not be included within services identified as primary prevention. The distinction between primary prevention and early intervention is that primary prevention refers to strategies initiated to prevent or delay the onset of substance use issues, while early intervention aims to negate or reduce the potentially harmful consequences of a problem already evident.

DIRECT VS. INDIRECT STAFF TIME

Below are the definitions for Direct and Indirect Staff Time, along with a few examples to assist you with recording staff time correctly.

Direct Staff Time Hours - the “actual” time spent on administering a particular service activity, lesson, or working towards accomplishing a particular task.

Indirect Staff Time Hours - all the additional time that was necessary in order to perform and/or provide the direct service activity or task. This includes, but is not limited to the following:

- Time spent gathering supplies and materials
- Travel time (if applicable)
- Time spent setting and packing up
Time spent returning and putting away supplies and materials
Indirect time occurring on the day of the service must be recorded in PBPS. Indirect time that occurs prior to the service, but not on the day of the service; may be recorded (but is not required) in the Indirect Time Module in PBPS.

Example 1: Administering a lesson that is part of a program curriculum.
A staff person is to administer session three today for the program Project Alert. The following is a breakdown of the total time necessary to carry out the activity:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathering supplies and materials</td>
<td>5 min</td>
</tr>
<tr>
<td>Travel to site</td>
<td>30 min</td>
</tr>
<tr>
<td>Set-up and prep time</td>
<td>10 min</td>
</tr>
<tr>
<td>Lesson time</td>
<td>45 min</td>
</tr>
<tr>
<td>Packing up and tear down</td>
<td>10 min</td>
</tr>
<tr>
<td>Travel back to office</td>
<td>30 min</td>
</tr>
<tr>
<td>Putting materials and supplies away</td>
<td>5 min</td>
</tr>
</tbody>
</table>

Staff Time Hours:

Example 2: Developing/Designing a Billboard
A staff person has been given the task of developing a billboard. He/she spends 3 hours at the office thinking of ideas and designing the layout. Although the billboard has not been completed, a service activity has been provided by the staff person towards accomplishing this task (service code), therefore the activity must be recorded.

The activity should be captured as:

Program: Materials Development Program
Service Code: STN08 (Public Service Announcement Development)
Count: 0 (Notice the count is zero until the task has been completed)
Session Length: 3 hours

Staff Time Hours:

Example 3: Changing a School Policy
A staff person is working with a local school district to create and develop a new drug and alcohol policy. The staff person traveled to the school administrative office to view and examine the current policy.
The activity should be captured as:

**Program:** AOD Environmental Prevention Strategies  
**Service Code:** PAEV09 (Changing a Policy)  
**Count:** 0 *(Notice the count is zero until the task has been completed)*  
**Session Length:** 1 hour 30 minutes

Staff Time Hours:

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Direct Service (hrs.)</th>
<th>Indirect Service (hrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Min. 30</td>
<td>Min. 1</td>
</tr>
</tbody>
</table>

1 hr. 30 minutes of Direct Service was “actually” spent that day working towards accomplishing the task. A total of 1 hour of Indirect Service was spent travel to and from the site that day.

For additional information and/or clarification regarding the proper recording of Direct vs. Indirect Service Time, please contact your assigned Program Analyst.

**USE OF “0” AS A SERVICE CODE COUNT**

It is important for all SCAs and Providers to try and capture all the various types of services that are being delivered and provided through the use of prevention dollars. Unfortunately, it appears that there may be many service activities that are not being recorded or captured in PBPS because of the misunderstanding of some of the Minimum Data Set (MDS) Service Code counts.

DDAP would like to clarify that it is *perfectly acceptable* to enter a service code count of “0” when necessary for any type of service activity in which you are working towards accomplishing a particular goal/task (service code). Once the goal/task (service code) has been obtained or achieved, then the final service entry for that specific goal/task (service code) should reflect the number of items obtained or achieved, which in most cases will probably be a count of one.

**Example 1:**
If someone is working towards “Changing A Policy” within a school, chances are that policy change is not going to be accomplished in one service attempt. There is probably going to be numerous hours spent working towards accomplishing this particular goal/task (service code). Therefore, if a staff person spends 4 hours on a particular day working towards changing a school policy, but that policy change was not achieved at that time, the activity that occurred that day still needs to be captured and reported in PBPS.
The service entry should look something similar to the following:

Staff time for such service activities should be recorded in the same manner as all other services. Record the “actual time spent on performing the task” as Direct Service Hours. Additional time spent that same day preparing, traveling, wrapping up, etc., is to be recorded as Indirect Service Hours.

Example 2:
John spent 4 actual hours (Direct Service hours) working towards changing a school policy. He spent an additional hour preparing, traveling, and wrapping up that same day in order to accomplish his direct task of trying to change school policy.

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Direct Service (hrs.)</th>
<th>Indirect Service (hrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John</td>
<td>Hrs: 4 Min: 0</td>
<td>Hrs: 1 Min: 0</td>
</tr>
</tbody>
</table>

Notice that the Service Code used is **PAEV09 Changing Policies** along with a Primary Count of “0”.

Example 3:
Let’s say that someone is working towards “developing a monthly newsletter,” chances are it is not going to be accomplished in one service attempt. There is probably going to be numerous hours spent working towards accomplishing this particular goal/task (service code). Therefore, if a staff person spends 2 hours on a given day working on developing the newsletter, but that newsletter was not finished at that time, the activity that occurred that day working towards developing the newsletter still needs to be captured and reported in PBPS.
The service entry for this example would look something similar to the following:

By recording these types of activities in this manner, staff will be credited for their hours of service and the activity will be logged into PBPS, thus showing the volume of work necessary in accomplishing certain tasks (service codes).

**Using the Appropriate Program/Strategy and Service Code for the activity being administered:**
Also, keep in mind that sometimes an activity may be performed for the purpose of working towards completing a particular task (service code) such as “developing a newsletter,” but needs to be recorded using another appropriate program/strategy and service code depending upon the type of service being administered.

**Example:**
If while working towards “developing a monthly newsletter,” you had a meeting with multiple agencies for the purpose of obtaining information for your monthly newsletter, than this activity would need to be recorded using the “ATOD Community Prevention Partnership Program” and the service code which captures “professional meetings” – STC06.

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Notice that the Service Code used is STN05 Printed/Electronic Material Development along with a Primary Count of “0”

The Session Length represents the amount of time spent on the task. (2 hours)
SERVICE CODES WHERE A COUNT OF “0” IS ACCEPTABLE AND SOMETIMES NECESSARY UNTIL THE TASK (SERVICE CODE) HAS BEEN ACHIEVED:

<table>
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<th>INFORMATION DISSEMINATION</th>
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<tbody>
<tr>
<td><strong>CODE</strong></td>
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<tr>
<td>STN05</td>
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<td>STN08</td>
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<table>
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<tr>
<th>COMMUNITY-BASED PROCESS</th>
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<tr>
<td><strong>CODE</strong></td>
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<td>PAC01</td>
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<tr>
<td>STC02</td>
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<tr>
<th>ENVIRONMENTAL</th>
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<tr>
<td><strong>CODE</strong></td>
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<tr>
<td>PAEV01</td>
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<td>PAEV10</td>
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<thead>
<tr>
<th>GAMBLING/PROBLEM GAMBLING INFORMATION DISSEMINATION</th>
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<td><strong>CODE</strong></td>
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<tr>
<th>GAMBLING/PROBLEM GAMBLING COMMUNITY-BASED PROCESS</th>
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<td><strong>CODE</strong></td>
</tr>
<tr>
<td>GCO01</td>
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<td>GCO02</td>
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<table>
<thead>
<tr>
<th>GAMBLING/PROBLEM GAMBLING ENVIRONMENTAL</th>
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<tr>
<td><strong>CODE</strong></td>
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<tr>
<td>GEN01</td>
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<tr>
<td>GEN04</td>
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<td>GEN06</td>
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<td>GEN08</td>
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If you have questions or are in need of additional clarification, please contact your assigned Program Analyst.
MDS SERVICE CODES AND DESCRIPTIONS

Service Codes, based on the six Federal Strategies, are further defined in MDS to identify the specific service that has been rendered.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>SERVICE CODE COUNT</th>
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<tbody>
<tr>
<td>PAN01</td>
<td>Public Health Service Broadcast</td>
<td>Number of Public Health Service Broadcasts</td>
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<tr>
<td>STN03</td>
<td>Health Promotion</td>
<td>Number of Attendees/Number of Materials Disseminated</td>
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<tr>
<td>STN05</td>
<td>Printed/Electronic Material Development</td>
<td>Number of Original Printed Material Developed</td>
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<tr>
<td>STN08</td>
<td>Public Service Announcement (PSA) Development</td>
<td>Number of Original Public Service Announcement Developed</td>
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<tr>
<td>STN11</td>
<td>Printed/Electronic Material Dissemination</td>
<td>Number of Printed Material Disseminated</td>
<td>S</td>
</tr>
<tr>
<td>STN14</td>
<td>Public Service Announcement Dissemination</td>
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<td>S</td>
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<tr>
<td>STN16</td>
<td>Media Campaign Distribution</td>
<td>Number of Media Campaigns Distributed</td>
<td>S</td>
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<tr>
<td>STN17</td>
<td>Speaking Engagements</td>
<td>Number of Attendees/Number of Materials Disseminated</td>
<td>S</td>
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<tr>
<td>STN18</td>
<td>Telephone/Email Information Requests</td>
<td>Total Number of Requests Received</td>
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</table>

**Federal Strategy: Information Dissemination**

Information dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families and communities. The strategy is also intended to increase 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.

Types of services conducted and methods used for implementing this strategy include the following: Clearinghouse/information resource centers, health fairs, health promotion, materials development, materials dissemination, media campaigns, speaking engagements and telephone information services.

**PAN01 Public Health Service Broadcast** – A media message or production that is broadcast over radio, TV, Web or other electronic or visual media. It is, in general, longer than a Public Service Announcement and less structured than a Media Campaign.

Examples are:
- A TV or Radio show appearance and/or interview
- A web broadcast to explain prevention services or a prevention program

**Count Method:** Single service

**Count the number of Public Health Service Broadcasts.** NOTE: A Public Health Service Broadcast is counted only once in the data set: when it is publicized (e.g. aired, posted) for the first time.

**Record the demographic reach of the service.**
STN03 Health Promotion – A wide array of services and methods for dissemination of information intended to educate individuals, schools, families and communities about specific substance abuse and health-related risks, risk reduction activities and other activities to promote positive and healthy lifestyles.

Examples are:
- Health fairs
- Health screening services
- Showing of substance abuse prevention videotapes at fairs and similar events

Count Method: Single service

Primary Count: Number of Attendees. Record the demographics.

Secondary Count: Number of materials disseminated. (Optional. If not counted, enter 0 as the count in PBPS.)

STN05 Printed/Electronic Material Development – Written/Electronic materials, including Twitter, Facebook and web-based materials, designed to inform individuals, schools, families and communities about the effects of substance abuse and available prevention approaches and services.

Examples are:
- Brochures
- Fact sheets
- Pamphlets
- Videos
- Flyers
- Posters
- Newsletters
- Resource directory
- List Serve Emails

Count Method: Single service

Count: Each time a new Printed/Electronic material is developed and ready for dissemination it is counted as the number of printed/electronic materials developed. Demographic tracking is not applicable for these service types.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

STN08 Public Service Announcement (PSA) Development – a media message or campaign, usually less than 5 minutes and provided through public airways at no charge, designed to inform and educate audiences concerning substance abuse and its effects on individuals, schools, families and communities.

Examples are:
- Television PSAs
- Radio PSAs
- No-charge newspaper advertisements and announcements
- Online/Website PSA
- Billboards

Count Method: Single service

Count: Each time a new document (or PSA) is developed and ready for dissemination it is counted as the number of original documents (or PSAs) developed. Demographic tracking is not applicable for these service types.
** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

STN11 **Printed/Electronic Material Dissemination** – The distribution of printed/electronic materials, including Twitter, Facebook and web-based materials.

Examples are:

- Brochures
- Fact sheets
- Pamphlets
- Curriculum
- Videos
- Flyers
- Posters
- Newsletters
- Resource directory
- List Serve Emails

**Count Method:** Single service

**Count:** Number of Printed/Electronic Materials disseminated.

Record the demographics of the number served.

STN14 **Public Service Announcement Dissemination** – Distribution of PSAs

Examples are:

- Television PSAs
- Radio PSAs
- No-charge newspaper advertisements and announcements
- Online/Website PSA
- Billboards

**Count Method:** Single service

**Count:** Number of Public Service Announcements disseminated. **NOTE:** A PSA is counted only once in the data set: when it is publicized (e.g. aired, printed, posted) for the first time.

Record the demographic reach of the service.

STN16 **Media Campaigns** – Structured activities that use mixed media, such as print and broadcast media, to deliver prevention information or health promotion messages relative to substance abuse. A media campaign should be a course of organized activities in pursuit of a specific goal.

Media Campaigns involve the use of more than one form of media (e.g. radio, TV, billboards, newspapers, signs, posters, etc.) to distribute the campaign message. Media campaigns are usually ongoing.

Examples are:

- Media promotion of Red Ribbon, Project Graduation, or other similar events
- Running of ads with “no-use” messages in newspapers and on radio
- Distribution of signs to stores and businesses along with distribution of bumper stickers and posters, etc.
- Use of national substance abuse prevention media materials tagged to a state or community (e.g., Partnership for a Drug-Free America)

**NOTE:** The type of media (radio, newspaper ad, signs, etc.) should be identified in the service activity description. If you disseminate multiple media campaigns throughout the year, all services for each media campaign should be entered under the same group name so you can distinguish the services associated with each campaign.

**Count Method:** Single service
Count: Number of campaigns disseminated (when the campaign has been distributed to the vendor who will promote it (e.g. when the ads are printed in the paper or the store owner puts up the signs).

Record the demographics of the number reached.

STN17 Speaking Engagements – A wide range of prevention activities intended to impart information about substance abuse issues to general and/or targeted audiences.

Examples are:
- Speeches
- News conferences
- One-time classroom presentations
- Hearings
- Talks
- Briefings
- One-time assembly presentations
- Volunteer speakers bureaus

Count Method: Speaking engagements are counted in the data set as a single prevention service.

Primary Count: Number of Attendees. Record the demographics.

Secondary Count: Number of materials disseminated. (Optional. If not counted, enter 0 as the count in PBPS.)

NOTE: This is a service code for single services and thus does not meet requirements for the Federal Education Strategy. Although it does not meet the requirements for the Federal Education Strategy, it is still appropriate to use this code under “ATOD Education Services,” a State Approved Effective Strategy. To clarify, STN17 should be used under the State Approved Effective Strategy “ATOD Education Services” not “ATOD Information Dissemination.”

STN18 Telephone/E-mail Information Requests – Telephone and E-mail services, provided by a Prevention Specialist, intended to provide information about substance abuse prevention and treatment issues and services. This does not include telephone calls that are a normal part of day-to-day business. Tip lines are not allowable.

Examples are:
- Toll-free telephone number services
- Information and referral lines
- Hotlines
- Crisis lines (not in regard to requesting treatment)
- Telephone, E-mail, or online information requests.

Count Method: Single service

Count: Each telephone call or e-mail should be entered as a separate service. If several calls or e-mails occur back to back over one block of time, then one service can be entered with the total number of calls occurring during that block of time. For hotlines, crisis lines, etc. a service should be entered with the total number of calls/e-mails received during each day. Record the demographics of the number served.
Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis and systematic judgment abilities.

Types of services conducted and methods used for implementing this strategy include the following: children of substance abusers groups; classroom educational services; educational services for youth groups; parenting/family management services; peer leader/helper programs; and small group sessions.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>SERVICE CODE COUNT</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>STE02</td>
<td>Classroom Educational Services</td>
<td>Number of Classroom Education Services Participants</td>
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</tr>
<tr>
<td>STE03</td>
<td>Education Services</td>
<td>Number of Education Service Group Participants</td>
<td>R</td>
</tr>
<tr>
<td>STE04</td>
<td>Parenting/Family Management Services</td>
<td>Number of Parenting/Family Management Services Participants</td>
<td>R</td>
</tr>
<tr>
<td>PAED01</td>
<td>Self-Directed Educational Programs</td>
<td>Number of Participants</td>
<td>R</td>
</tr>
</tbody>
</table>

**STE02 Classroom Educational Services** – Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

Examples are:
- Delivery of recognized prevention curricula (e.g., BABES, Talking With Your Kids About Alcohol)
- Regular and recurring health education presentations (e.g., generic programs) to students
- Evidence Based Curriculums

**Count Method:** Recurring

**Count:** The tracking of participant attendance is required.

**Record the demographics.**

**NOTE:** A one-time presentation should be counted as a speaking engagement (STN17).

**STE03 Education Services**– Structured substance abuse prevention lessons, seminars, or workshops directed to a variety of youth and/or adults, as well as, organizations.

Examples are:
- Substance abuse education groups
- Youth education groups
- Parent education groups (not on the topics of parenting or family management)
- Church education groups

**Count Method:** Recurring

**Count:** The tracking of participant attendance is required.

**Record the demographics.**
STE04 Parenting/Family Management Services – Structured classes and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors and learning about the effects of substance abuse on individuals and families. Topics typically include parenting skills, family communications, decision-making skills, conflict resolution, family substance abuse risk factors, family protective factors and related topics.

Examples are:
- Parent effectiveness training (e.g., Guiding Good Choices, Staying Connected with Your Teen)
- Parenting and family management classes
- Prevention programs targeting the family
- Programs designed to strengthen families (e.g., Strengthening Families)

**Count Method:** Recurring

**Count:** The tracking of participant attendance is required.

**Record the demographics.**

PAED01 – Self-Directed Educational Programs – Self Directed Educational Programs do not have an in-person facilitator. This refers to recurring educational programs (i.e. must be completed in 2 or more sessions) that may be provided online or via CD-ROM, etc. in which the participant works through the program independently.

Example:
- Parenting Wisely
- Ripple Effects Whole Spectrum Intervention System
- Online educational program where participants guide themselves through four 1 hour modules

**Count Method:** Recurring

**Count:** The tracking of participant attendance is required. If a group or classroom of individuals completes a self-directed program together at the same location, all participants can be entered as one group. If individuals complete the program separately (i.e. at separate times and locations), then each individual who participates in the program should be entered as their own group (without direct identifying information).

**Record the demographics of the participant.**

**NOTE:** The service length for each service should be the amount of time the participant spends working through the program on that day. The staff time entered for these services should only reflect the time a staff person actually spends with participants (e.g. time spent administering pre/post tests, time spent providing an introduction to the program). If no staff time is spent with the participants, then check the “unattended event” box for the service.

**NOTE:** This only includes programs that have been designed to be self-directed programs. If you have adapted a program that was designed to be led by a facilitator into an individual self-directed program, then you need to seek approval for that adaptation from both the program developer (if applicable) and DDAP before the adapted program can be implemented.
Alternatives provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would therefore minimize or remove the need to use these substances.

Types of services conducted and methods used for implementing this strategy include the following: Alcohol, tobacco and other drug-free social/recreational events, community drop-in centers, community drop-in center activities, community services and youth/adult leadership functions.

<table>
<thead>
<tr>
<th>CODE</th>
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<th>TYPE</th>
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<tbody>
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<td>PAA02</td>
<td>Individual Case Monitoring</td>
<td>Number of Attendees</td>
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<tr>
<td>PAA03</td>
<td>Individual Case Monitoring Recurring</td>
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<td>ATOD Free Activities</td>
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<td>STA02</td>
<td>ATOD Free Activities Recurring</td>
<td>Number of ATOD Free Activities Participants</td>
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<td>STA05</td>
<td>Community Services</td>
<td>Number of Community Services Attendees</td>
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<td>STA06</td>
<td>Peer Leader, Mentoring, and Leadership Development Functions One-time</td>
<td>Number of Attendees</td>
<td>S</td>
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<tr>
<td>STA08</td>
<td>Peer Leader, Mentoring, and Leadership Functions Recurring</td>
<td>Number of Participants</td>
<td>R</td>
</tr>
</tbody>
</table>

**PAA02 Individual Case Monitoring (Single)** – Individual case monitoring is provided to individuals who meet the Institute of Medicine (IOM) definition of Selective or Indicated populations. This service code is used for initial Home visit, phone conversations assessing attendee’s needs and face to face meeting.

Examples are:

- Treatment Alternatives for Safer Communities (TASC) Clients
- Adjudicated Youth

**Count Method:** Single service

**Count:** Number of Attendees.

**Record the demographics.**

**Note:** This code had previously been used to capture follow-up meetings with individual SAP identified students to check-in regarding their progress/status. This code should no longer be used to capture that service. It should instead be captured under PAPR01 Problem ID and Referral Follow-up.

**PAA03 Individual Case Monitoring (Recurring)** – Individual case monitoring is provided to individuals who meet the Institute of Medicine (IOM) definition of Selective or Indicated populations. Services include Home visits, in-depth phone conversations assessing participant’s needs and family sessions.

Examples are:

- Adjudicated Youth
- TASC Clients
- Nurse Family Partnership
- Project Success

**Count Method:** Recurring Service

**Count:** The tracking of participant attendance is required.

Record the demographics.

**STA01 ATOD Free Activities** – exclude the use of alcohol, tobacco and other drugs. Examples are:
- After-prom parties
- Alcohol, tobacco and other drug-free school and community events
- Smoke-free gatherings and events
- Program graduation
- Community or youth leader recognition
- Activities at a teen, community, recreation, drop-in, or senior citizen center

**Count Method:** Single Service

**Count:** Number of Attendees.

Record the demographics.

**STA02 ATOD Free Activities Recurring** – excludes the use of alcohol, tobacco and other drugs.

Examples are:
- Boy Scouts and Girl Scouts
- Pride Groups
- Activities at a teen, community, recreation, drop-in, or senior citizen center

**Count Method:** Recurring service

**Count:** The tracking of participant attendance is required.

Record the demographics.

**STA05 Community Services** – Functions intended to prevent substance abuse by involving youth and adults in providing a variety of community services.

Examples are:
- Community clean-up activities
- Events to repair or rebuild neighborhoods

**Count Method:** Single service

**Count:** Number of attendees who participated in the event [not the recipient of the event (e.g., count the number of youth repairing the buildings, not the number of buildings repaired)].

Record the demographics.

**STA06 Peer Helper, Mentoring, and Leadership Functions** – Structured prevention services that use peers or mentors to provide guidance, support and other risk reduction activities for youth or adults. Activities or events designed to assist in the development of leadership skills.

Examples are:
- Tutoring programs
- Coaching activities
- Adult mentoring programs/Adult-led youth groups
- Youth/peer mentoring (one time event)
- Leadership summit
- Peer mediation (one time event)

**Count Method:** Single service  
**Count:** Number of Attendees.  
Record the demographics.

STA08 Peer Helper, Mentoring, and Leadership Functions Recurring – Structured, recurring prevention services that use peers or mentors to provide guidance, support and other risk reduction activities for youth or adults.

Examples are:
- Peer resistance development
- Peer tutoring programs
- Peer mediation (ongoing)
- Student non-using groups (e.g., “Just Say No” clubs)
- SADD groups
- Peer support activities (e.g., clubs, weekly church youth groups)
- Tutoring programs
- Coaching activities
- Adult/Youth mentoring programs (Big Brother/Big Sister)
- Adult-led youth groups

**Count Method:** Recurring service  
**Count:** The tracking of participant attendance is required.  
Record the demographics.
Federal Strategy: Problem ID and Referral

Problem identification and referral aims to classify those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Types of services conducted and methods used for implementing this strategy include the following: employee assistance programs, student assistance programs and DUI, DWI and MIP programs.

<table>
<thead>
<tr>
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<th>DESCRIPTION</th>
<th>SERVICE CODE COUNT</th>
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<td>Employee Assistance Programs (Recurring basis)</td>
<td>Number of Employee Assistance Program Participants</td>
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<td>STP03</td>
<td>SAP Core Team Meetings</td>
<td>Number of Core Team Attendees/Number of Students Discussed/Number of Referrals to D&amp;A LOC Assessment</td>
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<td>STP04</td>
<td>Student Assistance Programs Groups</td>
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<td>DUI/DWI Programs</td>
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<td>Problem ID and Referral Follow-up</td>
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<td>SAP Parent/Consultant/Teacher Meeting</td>
<td>Number of Attendees</td>
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<td>PAPR03</td>
<td>SAP Initial Screening</td>
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<td>PAPR04</td>
<td>SAP Core Team Meetings Recurring</td>
<td>Number of Core Team Meeting Participants/Number of Students Discussed/Number of Referrals to D&amp;A LOC Assessment</td>
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<td>PAPR06</td>
<td>Referral to Treatment Services</td>
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<tr>
<td>PAPR07</td>
<td>SAP Consultation</td>
<td>Number of Consultations</td>
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</table>

**STP01 Employee Assistance Programs** – Services intended to provide substance abuse information for individuals in the workplace including those whose substance abuse-related problems may be interfering with work performance.

Examples are:

- Workplace prevention speaking engagements.
- Risk reduction education for work-related problems involving substance abuse.
- Health education and health promotion programs for employees.
- Supervisor training.
- Workplace policy development.
- Screening for referral.

**Count Method:** Single service
Count: Number of Attendees.
Record the demographics.

**STP02 Employee Assistance Programs Recurring** – Services intended to provide substance abuse information for individuals in the workplace including those whose substance abuse-related problems may be interfering with work performance.

Examples are:
- Workplace prevention education programs
- Risk reduction education for work-related problems involving substance abuse
- Health education and health promotion programs for employees
- Supervisor training

**Count Method:** Recurring service

**Count:** The tracking of participant attendance is required.
Record the demographics.

**STP03 Core Team Meetings** – Structured core team consultation meetings. ***Only counted when the SAP Liaison is present at the meeting.***

**Count Method:** Single service

**Primary Count:** Number of core team attendees and the demographics.

**Secondary Count:** Number of students discussed.

**Tertiary Count:** Number of students referred for a Level of Care (LOC) Assessment.

Level of Care (LOC) Assessments are not recorded in PBPS as a service.

**NOTE:** The appropriate Population Code to use with STP03 is SP26 – Teachers/Administrators/Counselors.

**STP04 Student Assistance Programs Group** – structured prevention programs intended to provide substance abuse information for students whose substance abuse may be interfering with their school performance.

Examples are:
- SAP In-school services (e.g., support groups)
- SAP Life Skills Group

**Count Method:** Recurring service

**Count:** The tracking of participant attendance is required.
Record the demographics.

**STP05 DUI/DWI Programs** – In states that count DUI/DWI programs as a prevention service. Structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

Examples are:
- Alcohol-related highway traffic safety classes
- Alcohol and other drug awareness seminars
- Court-mandated alcohol and other drug awareness and education programs (includes NIEP)

**Count Method:** Recurring services

**Count:** The tracking of participant attendance is required.
Record the service population as People Using Substances (Service Population Code SP17).

Record the demographics.

**While this service is captured under Federal Strategy 64, fiscally it should be reported under activity 72 as the groups themselves are an intervention.**

**STP06 Non-SAP Prevention Brief Risk Screening and Referral Services** – Refers to those activities intended to provide a risk screening **on an individual** (these are not Treatment Assessments). Screening tools should be very brief. Results of the screening may lead to referral for further evaluation.

Examples:
- Screening instrument given to youth at a homeless shelter
- Young pregnant teen is referred to the Nurse Family Partnership
- Referral to SCA Case Management services

**Count Method:** Single services

**Count:** Number of Risk Screening Assessments and Referrals.

Record the demographics.

**PAPR01 Problem ID and Referral Follow-up** – Refers to a follow-up meeting with an individual SAP identified student to check-in regarding their progress/status. This meeting with the student takes place after they have been referred to the core team and discussed at a core team meeting. This code also captures non-SAP follow-up meetings that may take place to meet with parents, family members, or individual to address referrals.

Examples are:
- Checking-in with a SAP identified student after return from school or community based treatment services.
- Checking-in with a SAP identified student to see if they are benefiting from the SAP group support services they were referred to.
- Checking-in with individuals to ensure they received the services to which they were referred.

**Count Method:** Single service

**Count:** Number of Attendees.

Record the demographics.

**NOTE:** Services entered under PAPR01 for follow-up with SAP identified students must be entered under the Student Assistance Program strategy. In addition, for follow-up services provided to SAP-identified students who have had a drug and alcohol level of care assessment, the funding source “DDAP – SAPT BG Prevention” which represents the 20% Prevention Set-Aside from the Block Grant cannot be used to pay for these services and cannot be attached to these services in the Monthly Fund Management module.

**PAPR02 SAP Parent/Consultant/Teacher Meeting** – Refers to meetings that SAP consultant/ liaison have with parents that can include teachers. These meetings may take place face to face or by phone.

**Count Method:** Single service

**Count:** Number of Attendees.

Record the demographics.

**NOTE:** The appropriate Population Code to use with PAPR02 is PA02 – Parents/Caregivers and Children or SP16 – Parents/Families (Not Children).
PAPR03 SAP Initial Screening – Initial Screening takes place subsequent to the initial referral to the Core Team to determine if a drug and alcohol level of care assessment is warranted.

**Count Method:** Single service

**Count:** Number of Attendees (how many people had initial screenings).

**Record the demographics.**

- **NOTE:** A student’s grades have dropped and demeanor has changed. He/she has been referred to SAP. The SAP team feels the student is at risk, but is not sure of the student’s needs. There is no evidence that drug or alcohol use is the issue. The student is screened using a generic screening tool which gathers limited information related to drug and alcohol, mental health and other social issues to determine if the student needs to be referred to community or professional resources. (Hint: If the child was referred to the SAP team specifically because drug and alcohol use was known, a screening of this type would not be appropriate. The student should be referred for case management services to have a drug and alcohol screening and if warranted, a level of care assessment per the DDAP Treatment Manual.)

PAPR04 Core Team Meetings Recurring – Structured SAP Core Team meetings that are recurring.

***Only counted when the SAP Liaison is present at the meeting.***

**Count Method:** Recurring service

**Primary Count:** Number of core team participants and the demographics. *The tracking of participant attendance is required.*

**Secondary Count:** Number of students discussed.

**Tertiary Count:** Number of students referred for a Level of Care (LOC) Assessment. *Level of Care (LOC) Assessments are not recorded in PBPS as a service.*

**NOTE:** The appropriate Population Code to use with PAPR04 is SP26 – Teachers/Administrators/Counselors.

PAPR06 Referral to Treatment Services (**RESTRICTED USE**) – Telephone, email, or in-person services intended to provide referrals to or information about substance abuse treatment-related services. Calls, emails, or in-person requests for these referrals or information can come from the individuals themselves, a family member, friend, physician, clergy, or any other professional or volunteer.

Examples are:

- Call from an individual seeking contact information for local treatment providers.
- Call from a parent seeking information about what to do for their child who is currently abusing substances.
- Email from a physician seeking information on treatment services for a patient.

**Count Method:** Single service

**Count:** Each telephone call or e-mail should be entered as a separate service. If several calls or e-mails occur back to back over one block of time, then one service can be entered with the total number of calls occurring during that block of time. For hotlines, crisis lines, etc. a service should be entered with the total number of calls/e-mails received during each day.

**Record the demographics of the number served.**

**NOTE:** This is a non-SAP service code. This service code should be used under the State Approved Strategy – ATOD Intervention Strategies. The funding source “DDAP – SAPT BG Prevention” which represents the 20% Prevention Set-Aside from the Block Grant cannot be used.
to pay for these services and cannot be attached to these services in the Monthly Fund Management module.***Use of this code requires discussion with DDAP Division of Prevention Staff prior to entry into PBPS.

**PAPR07 SAP Consultation** – SAP Consultations involve in-person meetings with school staff such as school counselor, school nurse, teacher, principal, or other administrator to discuss issues regarding a student who has been referred to SAP. These consultations are **NOT** core team meetings or parent/teacher meetings.

Examples are:
- Meeting with teacher to discuss student’s academic progress and participation.
- After obtaining parental permission, SAP liaison meets with school counselor to discuss a student’s return to school after completing treatment.

**Count Method:** Single service
**Count:** Number of Attendees.
**Record the demographics.**
Federal Strategy: Community-Based Process

Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning and enhancing the efficiency and effectiveness of services implementation, interagency, collaboration, coalition building and networking.

Types of services conducted and methods used for implementing this strategy include the following: Accessing services and funding, assessing community needs, community/volunteer services, community teams, community team activities, training services and technical assistance.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>SERVICE CODE COUNT</th>
<th>TYPE</th>
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</tr>
<tr>
<td>PAC03</td>
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<td>R</td>
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<tr>
<td></td>
<td>and Collaboration Recurring</td>
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<tr>
<td>PAC05</td>
<td>Prevention Program Marketing</td>
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<tr>
<td>STC01</td>
<td>Accessing Services and Funding</td>
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<td>STC02</td>
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<td>STC03</td>
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<td>STC06</td>
<td>Technical Assistance/Multi-agency Coordination</td>
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<tr>
<td></td>
<td>and Collaboration Recurring</td>
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<td>STC07</td>
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<tr>
<td>STC08</td>
<td>Systematic Planning</td>
<td>Number of Plans Developed</td>
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</tbody>
</table>

PAC01 Program Development – Program Development refers to the development of new programs or significant modification of existing programs. In general this service code should not be used for the creation or planning of single services or one-time only events such as presentations/speaking engagements, alternative activities, and community events. Time spent creating/planning those activities would be considered indirect time. Utilization of this code for the creation of single services requires pre-approval from DDAP.

Examples are:
- Researching and developing new ATOD Education Program that includes a curriculum to educate youth about prescription drug misuse
- Developing a recurring program intended to build life/social skills to be implemented during an after school program.
- Curriculum development

Count Method: Single service

Count: Each time a program is developed or modified. Demographic tracking is not applicable to this service type.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

PAC03 Technical Assistance/Multi-agency Coordination and Collaboration Recurring – Includes various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement,
businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on substance abuse prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention. PAC03 should be used for recurring meetings that prevention staff attends on a regular basis.

Examples are:
- Drug and Alcohol Coalition meetings
- DUI Advisory Council
- Heroin Task Force
- SAP maintenance meetings

**Count Method:** Recurring service

**Count:** The tracking of participant attendance is required.

**Record the demographics.**

**NOTE:** State level meetings such as PPDA, CPA, State Workgroups, and quarterly provider meetings are not direct prevention services and should not be entered into PBPS under any code. If so desired, they could be captured under the Administrative Time Module, but it is NOT required. It is up to the SCA as to whether or not they are willing to pay providers to attend these types of meetings.

**PAC05 Prevention Program Marketing** – The marketing of prevention programs to individuals, schools, communities, and other groups. The goal of this marketing is to encourage individuals, schools, communities, and other groups to implement or support the implementation of the program being marketed.

Examples are:
- Meetings with school administrators to increase buy-in for a particular program, so that it can be implemented in the school.
- Meetings with a community group to market a new prevention program, and encourage them to support you in the implementation of this program.

**Count Method:** Single service

**Count:** Number of Attendees.

**Record the demographics.**

**STC01 Accessing Services and Funding** – Assisting communities in increasing or improving their prevention and treatment service capacity by developing resources to support those services.

Examples are:
- Developing and maintaining a resource listing of federal, state and local funding programs
- Accessing federal, state and local grants
- Developing program budgets

**Count Method:** Single service

**Count:** Each time a resource is developed or maintained or a grant or budget is submitted.

Demographic tracking is not applicable to this service type.
STC02 Assessing Community Needs – Implementing tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery.

Examples are:
- Conducting community prevention needs assessments, which includes focus groups, interviews, etc.
- Conducting/administering surveys to assess community need

Count Method: Single service

Count: Number of needs assessments or surveys conducted/administered. If you are administering surveys, then the primary count will be the number of surveys you collected. If you are participating in a community needs assessment process that involves more than just collecting surveys, then enter a count of 1 when the needs assessment is completed (use a count of 0 if the assessment has not yet been completed). Demographic tracking is not applicable to this service type.

Record the service population as General Population (SP10).

NOTE: This code is NOT intended to capture the completion of the SCA level needs assessment that SCAs are required to complete every two years. This SCA level needs assessment should not be entered as a direct service in PBPS.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the needs assessment, you then enter the final count of 1.

STC03 Community/Volunteer Services Training Services – Structured prevention activities intended to impart information and teach organizational development skills to individuals or community groups.

Examples are:
- Community volunteer training services
- Action planning for community decision-makers
- Multicultural leadership mobilization activities

Count Method: Single service

Count: Number of Attendees.

Record the demographics of the people who received the community/volunteer service.

STC06 Technical Assistance/Multi-agency Coordination and Collaboration (Single) – Includes various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on substance abuse prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention.

Examples are:
- Child Death Review Team meeting
- Underage Drinking Task Force meeting
- SAP maintenance meeting
Count Method: Single service
Count: Number of Attendees.
Record the demographics.

**NOTE:** State level meetings such as PPDA, CPA, State Workgroups, and quarterly provider meetings are not direct prevention services and should not be entered into PBPS under any code. If so desired, they could be captured under the Administrative Time Module, but it is NOT required. It is up to the SCA as to whether or not they are willing to pay providers to attend these types of meetings.

**STC07 Training Services** – Delivering structured substance abuse prevention training events intended to develop proficiency in prevention program design, development and delivery skills. (General public education or being a guest speaker at a training delivery is not included in this set of services and should be counted under Speaking Engagements under the Information Dissemination strategy).

Examples are:
- Conducting prevention training programs
- Training of trainers
- Other formal skill-building activities
- Professional Development Training
- SAP Add on Trainings

Count Method: Single service
Count: Number of Attendees.
Record the demographics.

**STC08 Systematic Planning** - Structured services that help communities to assess existing prevention services, set priorities and allocate prevention resources systematically, based on objective needs assessments. The specific strategic plan is the product to be counted. This includes both newly created plans and plan updates.

Examples are:
- Community or local agency/organization/coalition strategic plan

Count Method: Single service
Count: Number of plans developed.

**NOTE:** Planning an event or activity or planning the logistics of implementing a program (i.e. determining dates, times, locations) are not considered systematic planning. These activities are considered indirect time. This code is NOT intended to capture the completion of the SCA level comprehensive strategic plan that SCAs are required to complete every two years. This SCA level strategic plan should not be entered as a direct service in PBPS.

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the strategic plan, you then enter the final count of 1.**
Federal Strategy: Environmental

The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service-and action-oriented initiatives.

Types of services conducted and methods used for implementing this strategy include the following: Environmental consultation to communities; preventing underage sale of tobacco and tobacco products – Synar amendment; preventing underage alcoholic beverage sales, establishing ATOD-free policies; changing environmental codes, ordinances, regulations and legislation; and public policy efforts.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>COUNT</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>PAEV01</td>
<td>Counter-Advertising Radio, TV and Print Media</td>
<td>Number of Airings/Publishings</td>
<td>S</td>
</tr>
<tr>
<td>PAEV03</td>
<td>Counter-Advertising Printed Materials</td>
<td>Number of Printed Materials disseminated</td>
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<tr>
<td>PAEV04</td>
<td>Social Norms Marketing Radio, TV and Print Media</td>
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<tr>
<td>PAEV06</td>
<td>Social Norms Marketing Printed Materials</td>
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<td>PAEV08</td>
<td>Town Hall Meetings</td>
<td>Number of Attendees</td>
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<tr>
<td>PAEV09</td>
<td>Changing Policies (Rules/Laws)</td>
<td>Number of Policies Changed</td>
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<tr>
<td>PAEV10</td>
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<td>Number of Practices/Procedures Changed</td>
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<tr>
<td>PAEV12</td>
<td>PAEV12 Preventing Underage Alcoholic Beverage Access/Sales – Awareness Campaigns</td>
<td>Number of Campaigns Disseminated/Estimated Reach</td>
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<tr>
<td>PAEV13</td>
<td>PAEV13 Preventing Underage Alcoholic Beverage Access/Sales – Special Events</td>
<td>Number of Attendees/Number of Materials Disseminated</td>
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<tr>
<td>PAEV14</td>
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<td>PAEV15</td>
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<tr>
<td>PAEV16</td>
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<td>STV01</td>
<td>Preventing Underage Alcoholic Beverage Sales-Education</td>
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<td>STV02</td>
<td>Public Policy Campaigns</td>
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<td>STV06</td>
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<td>STV07</td>
<td>Preventing Underage Alcoholic Beverage Sales - Alcohol Compliance Inspections</td>
<td>Number of annual alcohol compliance inspections</td>
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<tr>
<td>STV08</td>
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<tr>
<td>STV12</td>
<td>Environmental Consultation to Communities</td>
<td>Number of TA Consultations</td>
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</tbody>
</table>
PAEV01 Counter-Advertising Radio, TV and Print Media– Disseminating information, via radio, TV, or print media such as magazines, newspapers and billboards, about the hazards of a product, the legal and social consequences of use and/or the methods that the industry uses to promote the products in order to change the public’s acceptance of the misuse of alcohol or tobacco.

**Count Method:** Single service

**Count:** Number of airings/publishings. (Number of times the information airs on TV/radio or runs in the newspaper/magazine/other print media).

**Record the demographic reach of the service.**

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count. For this code, you could use a count of 0 when you are in the process of developing the counter advertising media.

PAEV03 Counter-Advertising Printed Materials – Disseminating information, via printed materials such as flyers and brochures, about the hazards of a product, the legal and social consequences of use and/or the methods that the industry uses to promote the products in order to change the public’s acceptance of the misuse of alcohol or tobacco.

**Count Method:** Single service

**Count:** Number of Printed Materials disseminated.

**Record the demographics of the number served.**

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count. For this code, you could use a count of 0 when you are in the process of developing the counter advertising printed materials.

PAEV04 Social Norms Marketing Radio, TV and Print Media- Changing community norms regarding substance abuse and/or underage drinking through targeted media campaigns. This could be achieved by disseminating, via radio, TV, or print media such as magazines, newspapers and billboards, actual prevalence statistics about a particular population behavior (social norms misperception correction). The normative message should always promote safe and healthy behaviors, correct a misperception and be a true, nonjudgmental statement of fact.

Examples are:

- Social Norms Marketing (SNM) messages contain statistics about the non-problem behavior of a majority of people in order to encourage that behavior in others.
- SNM broadcasts nonjudgmental messages about the behaviors of a majority of the population.

**Count Method:** Single service

**Count:** Number of airings/publishings. (Number of times the information airs on TV/radio or runs in the newspaper/magazine/other print media).

**Record the demographic reach of the service.**

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count. For this code, you could use a count of 0 when you are in the process of developing the social norms media.
PAEV06 Social Norms Marketing Printed Materials – Changing community norms regarding substance abuse and/or underage drinking through targeted media campaigns. This could be achieved by disseminating, via printed materials such as flyers and brochures, actual prevalence statistics about a particular population behavior (social norms misperception correction). The normative message should always promote safe and healthy behaviors, correct a misperception and be a true, nonjudgmental statement of fact.

Examples are:
- SNM messages contain statistics about the non-problem behavior of a majority of people in order to encourage that behavior in others.
- SNM printed materials contain nonjudgmental messages about the behaviors of a majority of the population.

Count Method: Single service
Count: Number of Printed Social Norm Message Materials disseminated.
Record the demographics of the number served.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count. For this code, you could use a count of 0 when you are in the process of developing the marketing printed materials.

PAEV08 Town Hall Meetings–Town Hall Meetings are designed to increase understanding and awareness of key substance abuse issues and consequences associated with use. THMs encourage individuals, families and communities to address the problem. THMs are designed to alert and empower the community as well as generate interest from the media.

An example is:
- STOP Underage Drinking Town Hall meetings

Count Method: Single service
Count: Number of Attendees.
Record the demographics.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

PAEV09 Changing Policy (Rules and Laws) -- efforts intended to change environmental policies, codes, ordinances, regulations, or other laws to reduce the availability of and/or access to ATOD, or incidence or prevalence of abuse of ATOD.

Examples:
- State Alcoholic Beverage Control (ABC) regulations (passed or improved)
- Prevention efforts aimed at state legislatures
- Zoning ordinances to prohibit new alcohol outlets
- Business (Rite Aid will now display signage that lists evidence that teens are abusing prescription drugs)
- Drinking-in-public ordinances (passed or improved)
- Health Organization (The Hospital Emergency Room nurses will now be paid by the Hospital to do speaking engagement in schools, for PTA functions or civic organizations on the consequences of underage drinking.)
- Other local control powers (passed or improved)
- Prevention efforts aimed at city and county officials
- School (School Board changed the policy to only 1 warning, instead of 3 warnings, for dismissal from a sports team if a student is using alcohol or drugs.)

**Count Method:** Single service  
**Count:** Number of Codes, Ordinances, Regulations and Legislation passed.

*Record the demographic reach of the service.*

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.**

**PAEV10 Changing Practices (Norms) or Procedures (Process)**- efforts intended to change practices and or procedures that favor ATOD use/misuse. Changing **perception regarding the severity of use/misuse of alcohol, tobacco & other drugs.**

**Examples:**
- Law Enforcement – The local police station has installed a box (e.g. MedReturn box) at the station where the public can drop-off unwanted medications for proper disposal.
- Business – Popeye’s Pizza Shop is going to print the toll-free number to confidentially report underage drinking, on its box tops
- Government Agency -The library is going to have a special table near the entrance with anti-drug information and signup sheets to join the county coalition
- Faith Community - The pastor will deliver a sermon with an anti-drug nexus in the theme, once a month
- Media - The Caring for Kids segment of the CBS news local affiliate will do an anti-drug focus, rotating drug information, once a month
- Law Enforcement - The local law enforcement has agreed to have lunch in the schools every Friday to connect to kids and keep their finger on the drug pulse of the neighborhoods
- School - The school Prom and Graduation committee agreed to not issue mementos at prom and graduation time that promote alcohol use, such as wine glasses and beer mugs
- Civic Organization - Youth will first have to secure a signed parent permission form and then register for the event before attending and finally have their hand stamped as a minor before attending the music concert
- Health Organization - Upon the first visit to the obstetrician, pregnant women will first have a consultation about Fetal Alcohol Syndrome by a nurse practitioner, then view a 2-minute video on the dangers of alcohol use and finally see the obstetrician
- Recreational Facility - Youth will first have to pass through a security screening for drugs and weapons, before entering the Skating Rink
- Media - A media advisory and fact sheet will be submitted first, at least one week prior to the event, before the actual news release
- Restaurant/Bar - Identifications of persons 30 and under, must first present proof of age before entering the designated alcohol tent area of the festival
- School - When accessing children’s grades from the password-protected school web site, parents will have to first view a 20-second video about the consequences
of providing alcohol to minors, before they can enter the next section to access their child’s grades

**Count Method:** Single service  
**Count:** Number of practices changed/added.  
**Record the demographic reach of the service.**  

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.**

**PAEV12 Preventing Underage Alcoholic Beverage Access/Sales – Awareness Campaigns**  
Awareness/media campaigns intended to inform the public and/or alcohol vendors about the law and consequences related to providing alcohol to individuals under 21. These campaigns may also present a message intended to change a community norm regarding providing alcohol to individuals under 21.  
Examples are:  
- Parents Who Host Lose the Most  
- Awareness campaigns to promote the Underage Drinking Tip Line, 1-888-UNDER-21  
- Vendor holiday campaigns  

**Count Method:** Single service  
**Primary Count** – Enter only one service for each time the campaign is distributed to a vendor who will promote it (e.g. when the message is given to the radio station to air or when a poster is given to a store owner to hang up). The primary count should not be the number of times the campaign message airs.  
**Secondary Count** – Estimated reach of the service.  
**Record the demographic reach of the service.**  

**NOTE:** When delivering services related to sellers/vendors and preventing the SALE of alcohol, use population code SP01 Business and Industry.

**PAEV13 Preventing Underage Alcoholic Beverage Access/Sales – Special Events** – Special events intended to inform the public and/or alcohol vendors about the law and consequences related to providing alcohol to individuals under 21. These events may also present a message intended to change a community norm regarding providing alcohol to individuals under 21.  
Examples are:  
- Mock Trial  
- Project Keg Roll  
- Project Message in a Bottle  
- Vendor carding  

**Count Method:** Single service  
**Primary Count** – Number of attendees  
**Secondary Count** – Number of materials disseminated at special event. (Optional. If not counted, enter 0 as the count in PBPS.)  
**Record the demographic reach of the service.**  

**NOTE:** When delivering services related to sellers/vendors and preventing the SALE of alcohol, use population code SP01 Business and Industry.
PAEV14 Project Sticker Shock – Project Sticker Shock is a youth-driven environmental approach designed to capitalize on community activism, cooperative efforts, and collective responsibilities to combat underage drinking and its related problems, such as adults providing alcohol to minors. The project not only educates, but also ensures that everyone will receive a consistent message about the law, and will motivate efforts to bring about change. Youth visit participating licensed beverage distributors and place stickers on cases of alcoholic beverages. The stickers warn that it is illegal to buy or provide alcohol for anyone under 21.

**Count Method:** Single service. **Enter a separate service for each beverage distributor.**  
**Primary Count:** Number of stickers placed on the cases.  
**Secondary Count:** Number of Attendees (youth participating in placing the stickers).  
**Record the demographics.**

PAEV15 Pledge/Signature Collection – Collecting pledges or signatures that indicate an agreement to change a behavior or not participate in or support a behavior.  
Examples are:  
- Pledges collected from parents agreeing to not serve alcohol to minors in their homes.  
- Signatures collected from parents agreeing to talk to their children about alcohol, tobacco, and other drugs.  
- Signatures collected on a poster or billboard agreeing to support actions that stop youth access to alcohol.

**Count Method:** Single service  
**Count:** Number of pledges or signatures collected.  
**Record the demographics.**

PAEV16 Prescription Drug Take Back Event – Events held in conjunction with state and local law enforcement agencies that provide an opportunity for people to drop off unwanted prescription drugs for proper disposal. The intent is to reduce the amount of prescription drugs available for potential misuse/abuse.  

**Count Method:** Single service  
**Count – Weight in pounds of the drugs collected at the event.** Demographic tracking is not applicable for this service type.  
**NOTE:** This code should NOT be used to capture working with law enforcement offices to create a medication disposal program that allows unwanted prescription drugs to be dropped off at the police station or other law enforcement office. That type of activity should be recorded under PAEV10 – Changing Practices or Procedures. This code should also NOT be used to capture working with pharmacies to develop a medication disposal program at the pharmacy or a mail-away program at the pharmacy where pre-paid mailers can be purchased to mail away unwanted medications. These activities should be captured under PAEV10, but please consider the following before deciding to do these activities. Both of these medication disposal programs are unable to accept controlled substances (only law enforcement can accept controlled substances). Although there are some prescriptions drugs that can be abused and have not yet been added to the list of controlled substances, these types of
medication disposal programs at pharmacies would likely have a very limited (if any) impact on prescription drug abuse.

**STV01 Preventing Underage Alcoholic Beverage Sales – Education** – Activities intended to prevent the sale of alcoholic beverages to minors. They are intended to educate vendors and law enforcement personnel about these issues.

Examples are:
- Social host training and management programs
- Commercial host training and management programs
- Server education programs
- Law enforcement education
- RAMP Program

**Count Method:** Single service

**Count:** Number of Attendees

Record the demographics.

**STV02 Public Policy Campaigns (**RESTRICTED USE**)** – Activities intended to reflect efforts to change public policy about ATOD. Public policy campaigns seek to inform the general public as well as public policy makers about the nature of problems, what legislation is needed to address problems, and the funding required to provide services or conduct research. The express purpose of information shared through a public policy campaign is to influence/change a public policy.

Examples are:
- Public policy campaigns to change product pricing.
- Public policy campaigns to change the location of alcohol and tobacco products to reduce accessibility to minors.

**Count Method:** Single service

**Count:** Enter only one service for each time the campaign is distributed to a vendor who will promote it (e.g. when the message is given to the radio station to air or when a poster is given to a store owner to hang up). The primary count should not be the number of times the campaign message airs.

**Record the demographic reach of the service.**

**Note:** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

***Use of this code requires discussion with DDAP Division of Prevention and Intervention Staff prior to entry into PBPS.

**STV06 Preventing Underage Sale of Tobacco & Tobacco Products – Annual Tobacco Compliance Inspections** – Activities intended to prevent the sale of tobacco to minors.

Examples are:
- Tobacco Compliance Inspections

**Count Method:** Single service

**Count:** Number of Annual Tobacco Compliance Inspections

Record the demographics.

**NOTE:** SAPT Block Grant funds cannot be used to pay for these services and cannot be attached to these services in the Monthly Fund Management Module of PBPS.
STV07 Preventing Underage Alcoholic Beverage Sales – Alcohol Compliance Inspections
Activities intended to prevent the sale of alcoholic beverages to minors. They are also intended to track Alcohol Compliance Inspections.

Examples are:
- LCE Compliance Inspections
- Vendor carding
- Shoulder taps
- Enforcement Activities

**Count Method:** Single service
**Count:** Only the number of Alcohol Compliance Inspections actually conducted.

Demographic tracking is not applicable to this service type.

**NOTE:** The funding source “DDAP – SAPTBG prevention” which represents the 20% Prevention Set-Aside from the Block Grant, cannot be used to pay for these services and cannot be attached to these services in the Monthly Fund Management Module of PBPS.

STV08 Preventing Underage Sale of Tobacco and Tobacco Products – Tobacco Vendor Education – Activities intended to prevent the sale of tobacco and tobacco products to minors. They are also intended to track activities that meet the block grant requirements under the SYNAR amendment.

Examples are:
- Vendor education
- Law enforcement education

**Count Method:** Single service
**Count:** Number of Attendees.

Record the demographics.

STV12 Environmental Consultation to Communities – This service code is intended to capture the following four activities:
1. Guidance and technical assistance on monitoring enforcement of laws, ordinances or other regulations related to the availability and distribution of alcohol, tobacco, and other drugs.
2. Providing TA to help employers establish an Employee Assistance Program.
3. Providing TA to a community to develop a neighborhood watch program.
4. Education of physicians (or other medical professionals), pharmacists and law enforcement intended to prevent misuse/abuse of prescription and OTC drugs. (Note: Meetings, TA or education that has a primary intention of being a step toward changing a policy, practice, or procedure should be captured under PAEV09 or PAEV10.)

**NOTE:** Use of this service code to capture anything outside of the four activities outlined above must be discussed with and pre-approved by DDAP Division of Prevention and Intervention Staff prior to entry into PBPS.

**Count Method:** Single service
**Primary Count:** Number of Technical Assistance Consultations (always 1).
**Secondary Count:** Number of Attendees.

Record the demographics of the number served.
Information dissemination provides awareness and knowledge of the nature and extent of problem and pathological gambling and its effects on individuals, families and communities. Information dissemination also provides awareness and knowledge of the nature and extent of gambling in the adolescent population. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information is characterized by one-way communication from the source to the audience, with limited contact between the two.

Types of services conducted and methods used for implementing this strategy include the following: Health Fairs, Health Promotion, Gambling Materials Development and Dissemination, Speaking Engagements, and Telephone/Email Information Requests.

### CODE | DESCRIPTION | COUNT | TYPE
--- | --- | --- | ---
GIN02 | Health Promotion (Gambling) | Number of Health Promotion Attendees/Number of Materials Disseminated | S
GIN03 | Gambling Materials Development | Number of Original Gambling Materials Developed | S
GIN04 | Gambling Materials Dissemination | Number of Gambling Materials Disseminated | S
GIN05 | Gambling Speaking Engagement | Number of Speaking Engagement Attendees/Number of Materials Disseminated | S
GIN06 | Gambling Telephone/Email Information Requests | Total Number of Requests Received | S
GIN07 | Gambling Media Campaigns | Number of Media Campaigns Distributed | S

**GIN02 Health Promotion (Gambling)** - A wide array of services and methods for dissemination of information intended to educate individuals, schools, families and communities about youth gambling and problem gambling and health-related risks, risk reduction activities and other activities to promote positive and health lifestyles.

Examples are:
- Problem gambling screening services
- Showing of youth gambling and problem gambling prevention videos at community events
- Health fairs

**Count Method:** Single service

**Primary Count:** Number of Attendees.
Secondary Count: Number of materials disseminated. (Optional. If not counted, enter 0 as the count in PBPS.)
Record the demographics.

GIN03 Gambling Materials Development – Gambling prevention material involving both hearing and sight.
Examples are:
- Printed materials
- Videotapes and films
- Radio and TV spots

Count Method: Single service
Count: Number of gambling materials developed. Demographic tracking is not applicable for these service types.
** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

GIN04 Gambling Materials Dissemination – Distribution of gambling prevention materials.
Examples are:
- Brochures and other printed materials
- Videotapes and films
- Radio and TV spots
- Billboards

Count Method: Single service
Count: Number of materials disseminated.
Record the demographic reach of the service.

GIN05 Gambling Speaking Engagements – A wide range of prevention activities intended to impart information about youth gambling and problem gambling issues to general and/or targeted audiences.
Examples are:
- Speeches
- News conferences
- One-time classroom presentations
- Hearings
- Talks
- Briefings
- One-time assembly presentations
- Volunteer speakers bureaus

Count Method: Single service
Primary Count: Number of Attendees.
Secondary Count: Number of Materials Disseminated. (Optional. If not counted, enter 0 as the count in PBPS.)
Record the demographics.

GIN06 Gambling Telephone/E-mail Information Requests – Telephone and E-mail services, provided by a Prevention Specialist, intended to provide information about gambling/problem gambling issues and services. This does not include telephone calls that are a normal part of day-to-day business.
Examples are:
• A call from a parent requesting information about youth gambling.
• A call from the manager of a local senior center to find out what gambling/problem gambling prevention services/programs may be available.
• An email from an individual requesting information about the laws related to youth participating in small games of chance.

**Count Method:** Single service

**Count:** Each telephone call or e-mail should be entered as a separate service. If several calls or e-mails occur back to back over one block of time, then one service can be entered with the total number of calls occurring during that block of time.

**Record the demographics of the number served.**

**GIN07 Gambling Media Campaigns** – Structured activities that use mixed media, such as print and broadcast media, to deliver prevention information or health promotion messages relative to gambling/problem gambling. A media campaign should be a course of organized activities in pursuit of a specific goal. Media Campaigns involve the use of more than one form of media (e.g. radio, TV, billboards, newspapers, signs, posters, etc.) to distribute the campaign message. Media campaigns are usually ongoing.

Examples are:

- Distribution of the PAProblemGambling.com and PA Problem Gambling Helpline Marketing Campaign Materials.
- Media promotion of a youth gambling prevention message through radio, TV, and posters.

**Count Method:** Single service

**Count:** Number of campaigns disseminated. Media campaigns are counted when the campaign has been distributed to the vendor who will promote it (e.g., when the ads are printed in the paper or the store owner puts up the signs).

**Record the demographics of the number reached.**

**NOTE:** The type of media (radio, newspaper ad, signs, etc.) should be identified in the service activity description. If you disseminate multiple media campaigns throughout the year, all services for each media campaign should be entered under the same group name so you can distinguish the services associated with each campaign.
Gambling/Problem Gambling Education

Gambling and problem gambling prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis and systematic judgment abilities.

Types of services conducted and methods used for implementing this strategy include the following: Classroom Educational Services and Small Group Sessions.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>COUNT</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GED01</td>
<td>Classroom Gambling Education Services</td>
<td>Number of Classroom Education Participants</td>
<td>R</td>
</tr>
<tr>
<td>GED03</td>
<td>Gambling Education Services</td>
<td>Number of Participants</td>
<td>R</td>
</tr>
</tbody>
</table>

**GED01 Classroom Gambling Educational Services** – Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

- Amazing Chateau
- Stacked Deck

**Count Method:** Recurring services

**Count:** The tracking of participant attendance is required.

**Record the demographics.**

**GED03 Gambling Education Services** – Structured prevention lessons, seminars, or workshops directed to a variety of youth and/or adults, as well as, organizations.

- Youth gambling education groups
- Problem gambling education groups
- Parent education groups
- Business education groups
- Church education groups

**Count Method:** Recurring

**Count:** The tracking of participant attendance is required.

**Record the demographics.**
Gambling/Problem Gambling Alternatives

Alternatives provide for the participation of target populations in activities that exclude gambling. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by gambling and would therefore minimize or remove the need to gamble.

Types of services conducted and methods used for implementing this strategy include the following: Gambling Free Activities and Community Services.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>COUNT</th>
<th>TYPE</th>
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</thead>
<tbody>
<tr>
<td>GAL01</td>
<td>Gambling Free Activities</td>
<td>Number of Gambling Free Activities Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GAL02</td>
<td>Individual Case Monitoring (Gambling)</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GAL03</td>
<td>Individual Case Monitoring Recurring (Gambling)</td>
<td>Number of Participants</td>
<td>R</td>
</tr>
<tr>
<td>GAL04</td>
<td>Community Services (Gambling)</td>
<td>Number of Community Services Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GAL05</td>
<td>Gambling Free Activities Recurring</td>
<td>Number of Gambling Free Activities Participants</td>
<td>R</td>
</tr>
</tbody>
</table>

GAL01 Gambling Free Activities – exclude gambling.
Examples are:
- Gambling-free school events
- Gambling-free community events
- Gambling-free gatherings and events

Count Method: Single service
Count: Number of Attendees.
Record the demographics.

GAL02 Individual Case Monitoring (Gambling) - Single – Individual case monitoring is provided to individuals who meet the Institute of Medicine (IOM) definition of Selective or Indicated populations. This service code is used for initial Home visit, phone conversations assessing attendee’s needs and face to face meeting.

Count Method: Single service
Count: Number of Attendees.
Record the demographics.

GAL03 Individual Case Monitoring (Gambling) - Recurring – Individual case monitoring is provided to individuals who meet the Institute of Medicine (IOM) definition of Selective or Indicated populations. Services include Home visits, in-depth phone conversations assessing participant’s needs and family sessions.

Count Method: Recurring service
Count: The tracking of participant attendance is required.
Record the demographics.
GAL04 Community Services (Gambling) – Functions intended to prevent gambling/problem gambling by involving youth and adults in providing a variety of community services.

Examples are:
- Community clean-up activities
- Events to repair or rebuild neighborhoods

**Count Method:** Single service

**Count:** Number of attendees who participated in the event, not the recipient of the event (e.g., count the number of youth repairing the buildings, not the number of buildings repaired).

**Record the demographics.**

GAL05 Gambling Free Activities Recurring – Activities which exclude gambling.

Examples are:
- Boy Scouts
- Girl Scouts
- Pride Groups

**Count Method:** Recurring service

**Count:** The tracking of participant attendance is required.

**Record the demographics.**
Gambling Problem ID and Referral

Problem identification and referral aims to classify those who have indulged in illegal or age-inappropriate gambling and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>COUNT</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>GPR01</td>
<td>Gambling Problem ID and Referral Follow-up</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GPR02</td>
<td>Problem Gambling Prevention Brief Risk Screening and Referral Services</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
</tbody>
</table>

GPR01 Gambling Problem ID and Referral Follow-up – Refers to a follow-up meeting that may take place to meet with parents, family members, or individual to address referrals.

Count Method: Single service
Count: Number of Attendees.
Record the demographics.

GPR02 Problem Gambling Prevention Brief Risk Screening and Referral Services – Refers to those activities intended to provide a brief risk screening on an individual (these are not Treatment Assessments). Screening tools should be very brief. Results of the screening may lead to referral for further evaluation.

Examples:

- Early identification of student problems
- Initial Screening for referral to gambling/problem gambling services.
- Referral to a problem gambling support group

Count Method: Single services
Count: Each initial screening should be entered as a separate service with a count of 1.
Record the demographics.
Gambling/Problem Gambling Community-Based Process

Community-based process strategies aim to enhance the ability of the community to more effectively provide gambling and problem gambling prevention and treatment. Services in this strategy include organizing, planning and enhancing the efficiency and effectiveness of the services implementation, interagency, collaboration, coalition building and networking.

Types of services conducted and methods used for implementing this strategy include the following: Assessing Community Needs, Gambling Program Development, Training Services and Technical Assistance.

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<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>COUNT</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>GCO01</td>
<td>Assessing Community Needs (Gambling)</td>
<td>Number of Assessments Conducted</td>
<td>S</td>
</tr>
<tr>
<td>GCO02</td>
<td>Gambling Program Development</td>
<td>Number of Gambling Programs Developed</td>
<td>S</td>
</tr>
<tr>
<td>GCO04</td>
<td>Technical Assistance/Multi-agency Coordination and Collaboration Recurring (Gambling)</td>
<td>Number of Participants</td>
<td>R</td>
</tr>
<tr>
<td>GCO06</td>
<td>Accessing Services and Funding (Gambling)</td>
<td>Number of Accessing Services/Funded Activities</td>
<td>S</td>
</tr>
<tr>
<td>GCO07</td>
<td>Gambling Community and Volunteer Training Services (Gambling)</td>
<td>Number of Community/Volunteer Training Service Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GCO08</td>
<td>Technical Assistance/Multi-agency Coordination and Collaboration (Gambling)</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GCO09</td>
<td>Gambling Training Services</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GCO10</td>
<td>Gambling Systematic Planning</td>
<td>Number of Plans Developed</td>
<td>S</td>
</tr>
<tr>
<td>GCO12</td>
<td>Gambling Prevention Program Marketing</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
</tbody>
</table>
GCO01 Assessing Community Needs (Gambling) – Implementing tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery.

Examples are:

- Conducting community prevention needs assessments, which includes focus groups, interviews, etc.
- Conducting/administering surveys to assess community need

Count Method: Single service

Count: Number of needs assessments or surveys conducted/administered. If you are administering surveys, then the primary count will be the number of surveys you collected. If you are participating in a community needs assessment process than involved more than just collecting surveys, then enter a count of 1 when the needs assessment is completed (use a count of 0 if the assessment has not yet been completed). Demographic tracking is not applicable to this service type.

Record the services population as “General Population – SP10.”

NOTE: This code is not intended to capture the completion of DDAP mandated needs assessments that SCAs are required to complete. The SCA level needs assessment should not be entered as a direct service in PBPS.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

GCO02 Gambling Program Development – The development of new programs or modification of existing programs.

Examples are:

- Researching and developing new Youth Gambling/Problem Gambling Educational Program
- Modifying an existing Youth Gambling/Problem Gambling Program
- Curriculum Development

Count Method: Single service

Count: Each time a program is developed or modified. Demographic tracking is not applicable to this service type.

** It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.

GCO04 Technical Assistance/Multi-agency Coordination and Collaboration Recurring (Gambling) – Includes various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and problem gambling-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on problem gambling prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention. GCO04 should be used for recurring meetings that prevention staff attends on a regular basis.
**Count Method:** Recurring service  
**Count:** The tracking of participant attendance is required.  
**Record the demographics.**

**NOTE:** State level meetings such as PPDA, CPA, State Workgroups, and quarterly provider meetings are not direct prevention services and should not be entered in PBPS under any code. If so desired, they could be captured under the Administrative Time Module, but it is NOT required. It is up to the SCA as to whether or not they are willing to pay providers to attend these types of meetings.

**GCO06 Accessing Services and Funding (Gambling) –** Assisting communities in increasing or improving their prevention capacity by developing resources to support those services.  
Examples are:
- Developing and maintaining a resource listing of federal, state and local funding programs  
- Accessing and coordinating federal, state and local grants  
- Developing program budgets  
**Count Method:** Single service  
**Count:** Each time a resource is developed or maintained or a grant or budget is submitted.  
Demographic tracking is not applicable to this service type.

**GCO07 Gambling Community/Volunteer Services Training Services** – Structured prevention activities intended to impart information and teach organizational development skills to individuals or community groups.  
Examples are:
- Community volunteer training services  
- Action planning for community decision-makers  
- Multicultural leadership mobilization activities  
**Count Method:** Single service  
**Count:** Number of Attendees.  
**Record the demographics of the people who received the community/volunteer service.**

**GCO08 Technical Assistance/Multi-agency Coordination and Collaboration (Gambling)** – Includes various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and problem gambling-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on problem gambling prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention.  
**Count Method:** Single service  
**Count:** Number of Attendees.  
**Record the demographics.**

**NOTE:** State level meetings such as PPDA, CPA, State Workgroups, and quarterly provider meetings are not direct prevention services and should not be entered in PBPS under any code. If so desired, they could be captured under the Administrative Time Module, but it is
NOT required. It is up to the SCA as to whether or not they are willing to pay providers to attend these types of meetings.

GCO09 Training Services (Gambling) – Delivering structured substance abuse prevention training events intended to develop proficiency in prevention program design, development and delivery skills. (General public education or being a guest speaker at a training delivery is not included in this set of services and should be counted under Speaking Engagements under the Information Dissemination strategy).

Examples are:
- Conducting prevention training programs
- Training of trainers
- Other formal skill-building activities
- Professional Development Training

**Count Method: Single service**
**Count: Number of Attendees.**
**Record the demographics.**

GCO10 Gambling Systematic Planning - Structured services that help communities to assess existing prevention services, set priorities and allocate prevention resources systematically, based on objective needs assessments. The specific strategic plan is the product to be counted. This includes both newly created plans and plan updates.

Examples are:
- Community or local agency/organization/coalition strategic plan

**Count Method: Single service**
**Count: Number of plans developed.**

**NOTE:** Planning an event or activity or planning the logistics of implementing a program (i.e. determining dates, times, locations) are not considered systematic planning. These activities are considered indirect time. This code is NOT intended to capture the completion of the SCA level comprehensive strategic plan that SCAs are required to complete every two years. This SCA level strategic plan should not be entered as a direct service in PBPS.

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the strategic plan, you then enter the final count of 1.**

GCO12 Gambling Prevention Program Marketing – The marketing of prevention programs for gambling/problem gambling to individuals, schools, communities, and other groups. The goal of this marketing is to encourage individuals, schools, communities, and other groups to implement or support the implementation of the program being marketed.

Examples are:
- Meetings with school administrators to increase buy-in for a particular program, so that it can be implemented in the school.
- Meetings with a community group to market a new prevention program, and encourage them to support you in the implementation of this program.

**Count Method: Single service**
**Count: Number of Attendees.**
**Record the demographics.**
Gambling/Problem Gambling Environmental

The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of youth gambling/problem gambling by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service and action-oriented initiatives.

Types of services conducted and methods used for implementing this strategy include the following: Environmental consultation to communities; preventing underage sale of lottery type products; preventing underage gambling activities; establishing gambling free policies.

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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>COUNT</th>
<th>TYPE</th>
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<tbody>
<tr>
<td>GEN01</td>
<td>Town Hall Meeting (Gambling)</td>
<td>Number of Town Hall Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GEN03</td>
<td>Preventing Underage Gambling Activities</td>
<td>Number of Attendees</td>
<td>S</td>
</tr>
<tr>
<td>GEN04</td>
<td>Establishing Gambling-Free Policies</td>
<td>Number of Policies Passed or Improved</td>
<td>S</td>
</tr>
<tr>
<td>GEN05</td>
<td>Environmental Consultation to Communities (Gambling)</td>
<td>Number of Technical Assistance Consultations</td>
<td>S</td>
</tr>
<tr>
<td>GEN06</td>
<td>Gambling Social Norms Marketing Media</td>
<td>Number of Airings/Publishings</td>
<td>S</td>
</tr>
<tr>
<td>GEN08</td>
<td>Gambling Social Norms Marketing Printed Materials</td>
<td>Number of Printed Materials Disseminated</td>
<td>S</td>
</tr>
</tbody>
</table>

**GEN01 Town Hall Meetings (Gambling)** – Town Hall Meetings are designed to increase understanding and awareness of key gambling/problem gambling issues and consequences associated with gambling. THMs encourage individuals, families and communities to address the problem. THMs are designed to alert and empower the community as well as generate interest from the media.

**Count Method**: Single service

**Count**: Number of attendees.

**Record the demographics.**

**GEN03 Preventing Underage Gambling Activities** – Activities intended to prevent underage gambling activities.

**Count Method**: Single Service

**Count**: Number of attendees

**Record the demographics.**
GEN04 Establishing Gambling-Free Policies (passed or improved) – Activities intended to establish places free of gambling activities. These activities track efforts to establish or enhance school and community policies regarding gambling activities.

Examples are:
- School gambling policies and procedures (passed or improved)
- Community gambling policy (passed or improved)

**Count Method:** Single service

**Count:** Record the number of passed or improved policies. Demographic tracking is not applicable to this service type.

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.**

GEN05 Environmental Consultation to Communities (Gambling) – Consultation or guidance intended to maximize the development and/or enforcement of gambling norms and standards.

Examples are:
- TA to communities in monitoring enforcement of laws relative to the sale of lottery products and gambling activities
- TA to develop gambling-free workplaces
- TA in developing gambling-free school zones

**Count Method:** Single service

**Count:** Number of Technical Assistance Consultations. Demographic tracking is not applicable to this service type.

GEN06 Gambling Social Norms Marketing Radio, TV and Print Media - Changing community norms regarding gambling through targeted media campaigns. This could be achieved by disseminating, via radio, TV or print media such as newspapers, magazines and billboards, actual prevalence statistics about a particular population behavior (social norms misperception correction). The normative message should always promote safe and healthy behaviors, correct a misperception and be a true, nonjudgmental statement of fact.

Examples are:
- Social Norms Marketing (SNM) messages contain statistics about the nonproblem behavior of a majority of people in order to encourage that behavior in others.
- SNM broadcasts nonjudgmental messages about the behaviors of a majority of the population.

**Count Method:** Single Service

**Count:** Number of airings/publishings. (Number of times the information airs on TV/radio or runs in the newspaper/magazine/other print media).

**Record the demographic reach of the service.**

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.**

GEN08 Gambling Social Norms Marketing Printed Materials – Changing community norms regarding gambling through targeted media campaigns. This could be achieved by disseminating, via printed materials such as flyers and brochures, actual prevalence statistics about a particular population behavior (social norms misperception correction). The normative message should always promote safe and healthy behaviors, correct a misperception and be a true, nonjudgmental statement of fact.
Examples are:

- SNM messages contain statistics about the nonproblem behavior of a majority of people in order to encourage that behavior in others.
- SNM printed materials contain nonjudgmental messages about the behaviors of a majority of the population.

**Count Method:** Single service

**Count:** Number of Printed Social Norm Message Materials disseminated.

**Record the demographics of the number served.**

**It may be appropriate to enter a service code count of “0” for this type of service activity in which you are working towards accomplishing a particular goal/task (service code). Upon completion of the task, you then enter the final count.**