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Student Assistance Program (SAP)
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PA Department of Drug and Alcohol Programs

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The SAP Liaison Annual Reporting System will open in May 2025 for reporting on State Fiscal Year 24/25. Reports must be submitted and approved by July 31, 2025.

The form captures information on both screening and assessment data. Complete sections based on services provided to the LEA during the reporting year.

If you provide services to students referred from a cyber school, please contact Gene Breault, genebreault@integrativeweb.net, to have a generic cyber school LEA added to the reporting system. Once added it will appear as "X County Other Cyber" and can be used for students who have been referred from various cyber schools. Liaison agencies providing formal liaison services to a cyber school that has been added as an LEA to their county should continue to report under that specific cyber school LEA.

Section 1: Mandatory Items

Liaison Information

This section must be filled out for all agencies.

Enter the total number of **SAP team meetings** liaisons participated in during the reporting year:

(Definition: SAP team meeting – Structured team meetings. Only count meetings when liaison is present.)

Enter the total number of **SAP parent meetings/conversations** liaisons participated in during the reporting year:

(Definition: SAP Parent Meetings/Conversations – Refers to meetings/conversations SAP liaisons have with parents regarding student referred to SAP. Meetings can take place in multiple formats such as in person, virtual, phone, or two-way conversation through text/email. These meetings may also include school staff and the student. You can report multiple parent meetings for the same student.)

Enter the total number of **consultations with school staff about SAP referred students** liaisons participated in during the reporting year:

(Definition: SAP Student Consultation with School Staff – Involves meetings or conversations with school staff such as school counselor, school nurse, teacher, principal, or other administrator outside of a structured SAP team meeting to discuss issues regarding a student who has been referred to SAP. Meetings can take place in multiple formats such as in person, virtual, phone, or two-way conversation through text/email.)

Suicide Prevention Intervention

This section must be filled out for all agencies.

Enter the total number of students screened or assessed for suicide risk:

Of those students screened/assessed for suicide risk, enter the number of students that reported any current or past suicide ideation:

- Enter the number of students that reported ONLY current or recent suicide ideation (within the week prior to screen/assessment):

- Enter the number of students that reported ONLY past history of suicide ideation (suicide ideation prior to the past week):

Of those students screened/assessed for suicide risk, enter the number of students that reported ever having a suicide attempt:

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Section 2: Screening Data

If your agency SAP Liaison role includes screening for this LEA during the reporting year, complete this section.
If your agency did NOT conduct any screenings for this LEA, leave this section blank.

Screening Definition: Screening can identify areas of concern and determine if a further evaluation is necessary. A screening does NOT determine if treatment is needed nor what level of care might be needed.

Number of Students Screened

Enter the number of students screened by age group, gender, and race/ethnicity in the table below.

Age Group	10 or younger			11 to 13			14 or older		
Gender	Male	Female	Non-binary/ Other Gender	Male	Female	Non-binary/ Other Gender	Male	Female	Non-binary/ Other Gender
White									
Black or African American									
Hispanic									
Asian									
American Indian/Alaskan Native									
Multi-Racial									
Native Hawaiian or Other Pacific Islander									

Screening Results

Of the students who have been screened, indicate in the table below by age group the number who had no recommendation, the number who were recommended to continue with existing services, and the number who were recommended for one or more new services.

Recommendation	10 or younger	11 to 13	14 and older
No recommendation			
Recommendation to continue with existing treatment services			
Recommendation for new service			

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<u>Of the students recommended for a new service</u>, indicate in the table below by age group the number who were recommended for each service category. If a student was recommended to multiple services, include them in the count for each service to which they were recommended. Where indicated in the table, break out the number of students recommended for a service into the following categories: accessed the service, didn't access the service, or you do not know if the student did/didn't access the service.

Recommendation	10 or younger Recommended service accessed?			11 to 13 Recommended service accessed?			14 and older Recommended service accessed?		
	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No	Don't Know
Drug & Alcohol Assessment									
Mental Health Assessment									
Co-occurring Assessment									
In-school support services (e.g. academic supports, one-to-one or group supports by school staff)									
Liaison support services (e.g. non-treatment individual/group supports)									
Community-based support services (e.g. Counseling, Big Brothers/ Sisters, Support Groups etc.)									
Crisis Intervention Services									
Medical/physical health services									
Other Recommendation									

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Reason for Not Accessing Screening Recommendation

Enter a count for the PRIMARY reason for not accessing EACH recommended service. A student recommended to multiple services can be counted more than once if the primary reason for not accessing each service is different. *For example, if a student is referred for a mental health assessment and to a community-based mentoring program and does not access the assessment due to parent refusal and does not access the community-based program due to lack of transportation, then the student would be included in the total count for both parent refusal and lack of transportation.*

Reason for Not Accessing Services	Count
Insurance Issues/Inability to pay for service	
Lack of Transportation	
Student Refusal	
Parent/Guardian Inaction or Refusal	
Client Waiting List	
Reason Unknown	
Other*	

Utilize this category for any reasons that do not fit the categories above (e.g. service was not available).

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Section 3: Assessment Data

*If your agency SAP Liaison role includes assessments for this LEA during the reporting year complete this section. **If your agency did NOT conduct any assessments for this LEA, leave this section blank.***

Assessment definition: Assessment determines if treatment is needed and what level of care is needed. Drug and alcohol assessment, for the purposes of this report, refers only to level of care assessments which would involve the application of the ASAM criteria in making placement determinations.

Number of Students Assessed

Enter the number of students assessed by age group, gender, and race/ethnicity in the table below.

Age Group	10 or younger			11 to 13			14 or older		
Gender	Male	Female	Non-binary/ Other Gender	Male	Female	Non-binary/ Other Gender	Male	Female	Non-binary/ Other Gender
White									
Black or African American									
Hispanic									
Asian									
American Indian/Alaskan Native									
Multi-Racial									
Native Hawaiian or Other Pacific Islander									

Type of Assessment

For each age group, enter the number of students who received an assessment in the following categories. Include each student only ONCE in the count.

Assessment Type	10 or younger	11 to 13	14 or older
Primary Drug/Alcohol			
Primary Mental Health			
Primary Co-Occurring			

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Assessment Results

Of the students who have been assessed, indicate in the table below by age group the number who had no recommendation, the number who were recommended to continue with existing services, and the number who were recommended for one or more new services/supports.

Recommendation	10 or younger	11 to 13	14 and older
No recommendation			
Recommendation to continue with existing treatment services			
Recommendation for new service			

Of the students recommended for a new service, indicate in the tables below by age group the number who were recommended for each service category. If student is referred to multiple services, include them in the count for each service. Where indicated in the table, break out the number of students referred for a service into the following categories: accessed the service, didn't access the service, or you do not know if the student did/didn't access the service. *See last page for category definitions.*

Recommendations for: Non-Treatment Supports/General	10 or younger Recommended service accessed?			11 to 13 Recommended service accessed?			14 and older Recommended service accessed?		
	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No	Don't Know
School Supports (non-treatment)									
Liaison Support Services (non-treatment)									
Community Based or Other Support Services (non-treatment)									
Referral to Crisis Intervention Services									
Other Assessment									

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Recommendations for: Drug & Alcohol Treatment	10 or younger Recommended service accessed?			11 to 13 Recommended service accessed?			14 and older Recommended service accessed?		
	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No	Don't Know
D/A Early Intervention (ASAM .5)									
D/A Outpatient (ASAM Level 1)									
D/A Intensive Outpatient (ASAM 2.1)									
D/A Partial Hospitalization (ASAM 2.5)									
D/A Residential/Inpatient (ASAM Level 3)									
D/A Intensive Inpatient (ASAM Level 4)									

Recommendations for: Mental Health Treatment	10 or younger Recommended service accessed?			11 to 13 Recommended service accessed?			14 and older Recommended service accessed?		
	Yes	No	Don't Know	Yes	No	Don't Know	Yes	No	Don't Know
Psychiatric Outpatient – School Based									
Psychiatric Outpatient – Community Based									
Psychiatric Partial Hospitalization Program									
Family-based Mental Health Services (FBMHS)									
Intensive Behavioral Health Services (IBHS)									
Psychiatric Residential Treatment Facility									
Psychiatric Inpatient Hospitalization									

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Reason for Not Accessing Assessment Recommendation

Enter a count for the PRIMARY reason for not accessing each recommended service. A student recommended to multiple services can be counted more than once if the primary reason for not accessing each service is different. *For example, if a student is referred for psychiatric outpatient treatment and liaison support services and does not access the treatment due to a client waiting list and does not access the liaison support services due to parent refusal, then the student would be included in the total count for both client waiting list and parent refusal.*

Reason for Not Accessing Services	Non-Treatment Supports/General	Drug/Alcohol Treatment	Mental Health Treatment
Insurance Issues/Inability to pay for service			
Lack of Transportation			
Student Refusal			
Parent/Guardian Inaction or Refusal			
Client Waiting List			
Reason Unknown			
Other*			

Utilize this category for any reasons that do not fit the categories above (e.g. provider refusal, service not available).

Assessment Results Category Definitions

See below for more detailed definitions of some of the categories of assessment recommendations.

School Supports (non-treatment): In school services such as individual supports or educational groups. This category does NOT include school-based outpatient treatment or IBHS.

Liaison Support Services (non-treatment): Individual and group supports provided by SAP liaisons. These are often brief programs such as psychoeducational, skill building, or check-ins. Could also include support groups or evidence-based interventions. These may occur as supports prior to a student accessing other services or while other services are ongoing.

Community Based or Other Support Services (non-treatment): This category includes recovery support services, respite services, and other non-school based services such as support groups or mentoring programs.

Other assessment: Recommendation for consideration of other assessment such as a neuropsychological evaluation, school evaluation or physical health assessment. This category also includes referral for a D/A assessment if only a MH assessment was conducted or referral for a MH assessment if only a D/A assessment was conducted.

D/A Outpatient (ASAM Level 1): This category includes school-based outpatient treatment.

Psychiatric Outpatient: Refers to "outpatient" level of mental health treatment. These services are delivered through "community-based" sites that may allocate some of their resources to a school site ("school-based").