

SAP COUNTY COORDINATION UPDATE

December, 2016



Prepared by: PA Network for Student Assistance Services (PNSAS)

www.pnsas.org

PENNSYLVANIA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

Department of Drug and Alcohol Programs - PA Get Help Now Initiative

PA Get Help Now, the new toll-free hotline, 1-800-662-HELP (4357), is available 24/7 throughout the Commonwealth to help those suffering from addiction find immediate help. The goal is to help an individual find immediate help through one phone call, saving someone in crisis the struggle of making multiple calls. The hotline is saving lives, as evidenced by the results of its first few days of operation, when it received almost 200 calls and referred those callers for help.

When an individual calls the hotline requesting help, he or she will talk to a person who can provide assistance, including a screening for emergent care, and a direct “warm transfer” to a treatment provider. The hotline is staffed 24/7 by First Choice Health System, Inc., a call center experienced in helping people access behavioral health services. The hotline will be expanded to include an online chat and teletypewriter (TTY) features.

Reports from the call center will be provided to DDAP and shared with Single County Authorities (SCA) and providers. Some general data will be shared on the DDAP website.

This initiative, provided by the Department of Drug and Alcohol Programs, is an additional tool to help individuals and families in need of immediate detox and/or treatment for substance use disorder. It is another example of how Governor Tom Wolf is making the fight against the opioid crisis a top priority in his administration. If there are any questions about the hotline, please contact Jodi Skiles at 717-736-7454 or at joskiles@pa.gov.

SAP BACK TO BASICS

Considerations for SAP When You Have an In-school Treatment Program

Why do we even need treatment services in our schools? Unfortunately, both mental health and drug and alcohol issues greatly affect our youth and access to services is not at optimal levels. It is estimated that less than half of the youth with a mental illness receive needed services. In 2013, only 9.1 percent of the youth in need of drug and alcohol treatment actually received treatment (NSDUH 2014). Undiagnosed, untreated, or inadequately treated conditions can affect a student’s ability to learn, grow and develop ([NAM!](#)).

[The Center for Mental Health in Schools](#) indicates that since children and youth spend so much of their time in school, schools have been playing an increasingly important role in supporting students and providing a safe, non-stigmatizing,

and supportive natural environment where there is access to prevention, and early intervention services. For over thirty years Pennsylvania's Student Assistance Program has played a vital role in identifying youth with barriers to learning, working with community agencies, and enhancing their school-based supports. Among these has been the implementation school-based therapy in many schools.

The role of the SAP liaison: If the data gathered through the SAP process indicates there is a concern that is beyond the scope of the school, the SAP liaison can conduct a screening or assessment (depending on your liaison's role). As a result of this screening or assessment, the liaison may make a recommendation for a level of care assessment or treatment. If the recommendation is for outpatient treatment, then school-based treatment service can be added to the list of the services the liaison recommends for the family and youth. It is the parent's decision on which option best meet their child's needs and many select the school-based services when it is available. It has been reported by many schools that there is greater follow-through with treatment recommendations if school-based treatment is available. SAP teams also report greater communication and collaboration with school-based therapists.

The role of the SAP team: You may be wondering if there are any changes that occur with SAP if there are treatment services available in your school. The answer is, "no". It is recommended that schools continue with their existing SAP process regardless of the availability of treatment in the schools. It is not recommended that school "skip" a step to expedite the process of getting a student into treatment. You want to make sure that you gather all pertinent data to make appropriate plan of action for all students. It is important to make sure you provide the least restrictive, appropriate options so that you do not overly identify students to a treatment agency. It is not the role of a school to treat or recommend for treatment; referring directly for treatment could run the risk of the schools being asked to pay for this service. You could reduce district liability if you follow the Commonwealth SAP process. Follow the SAP process - it works!

There are boundaries and considerations for SAP Teams and agencies to consider when approaching a collaborative effort to have treatment services in the schools. It is important to consider confidentiality among other things. You may want to ask some questions if you have, or are in the process of getting, an in-school treatment program: How is privacy and confidentiality assured for students and families in a school setting? Schools and agencies need to discuss ways to address confidentiality when exploring school-based treatment. Also, is there a physical space that is dedicated or is the space shared? If the space is shared, how are records kept confidential - are they locked or computerized? If records are to be transported back and forth between the main agency offices, does the therapist have locked boxes to transport them? Other questions such as, "how often will the therapist come to the school" should be explored. Is there an option to add additional treatment time if the need increases? All of these issues and more should be included in a Letter of Agreement between the school district and the school-based treatment agency.

How do SAP Teams work with the therapist? Should an outpatient therapist, providing treatment in the school building, sit on the SAP team? According to question #57 from the Commonwealth of Pennsylvania's Student Assistance Program [Frequently Asked Questions and Best Practice Responses](#) (2015) the answer is: "No. It is important that a communication mechanism be developed so that with appropriate releases 'need to know' educational information is relayed back to the SAP team. This needs to occur so the team can monitor the intervention plan and provide follow-up." School-based therapists do not have a "legitimate educational interest" in hearing about students other than the ones that they have seen and only if appropriate releases have been signed by the family and/or student. The SAP team sharing information about other students not seeing the therapist would be a breach of the Family Educational Rights and Privacy Act. So, if communication with the team is needed, you can set aside the first 10 minutes of a SAP meeting for the therapist to touch base with the team and then he or she can leave when the team discusses other students. Also, the role of a therapist quite simply is to provide treatment services. However, if dual roles exist, where the SAP liaison and school based therapist is the same person, care needs to be taken for the liaison/therapist to keep the boundaries of each role separate.

We are very fortunate to have a comprehensive array of community-based children's services in PA. We are even more fortunate, that in many places, there are mental health and drug and alcohol treatment services available in our schools. This availability varies greatly from county to county. Contact your local Mental Health Administrator or Single County

Authority for Drug and Alcohol to find out about the possibilities in your area. They offer least restrictive and child centered alternatives to community agency-based treatment. Access to treatment services will hopefully improve outcomes for our youth. Many teens feel families are more likely to follow through if the services are easily accessible. The more youth that have access to appropriate treatment services, the better outcomes and academic success they will achieve.

Click [here](#) for more information on drug and alcohol.

Click [here](#) for more information on school based supports for mental health.

RESOURCES

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health takes a comprehensive look at the problems and solutions; covering topics including misuse of alcohol, prescription drugs, and other substances, and bringing together the best available science on the adverse health consequences of substance misuse. It also summarizes what we know about what works in prevention, treatment, and recovery. The goal: to equip health care providers, communities, policymakers, law enforcement, and others with the evidence, the tools, and the information they need to take action to address addiction in America.

Following the introduction, the Report reviews and synthesizes the most important and reliable scientific findings on:

- The Neurobiology of Substance Use, Misuse, and Addiction
- Prevention Programs and Policies
- Early Intervention, Treatment, and Management for Substance Use Disorders
- Recovery from Substance Use Disorders
- Health Care Systems and Substance Use Disorders

The report is available at <http://Addiction.SurgeonGeneral.gov>.

Home to Homeroom Program by NASN and StopMedicineAbuse Addresses Teen Cough Medicine Abuse

National Association of School Nurses (NASN) and StopMedicineAbuse has created a Program, [Home to Homeroom](#) for school nurses and educators to share information about the abuse of over-the-counter (OTC) cough medicine.

Unlike alcohol or marijuana, cough medicine does not have an odor. Do you know what signs to look for or the slang terms kids use when they talk about getting high from cough medicine? The toolkit includes:

- **PowerPoint Presentation:** A helpful tool you can use to educate parents about OTC cough medicine abuse.
- **Template Letter to Parents:** Alert parents in your school about this issue.
- **Home to Homeroom Poster:** Post this flyer in a high-traffic area in your school such as your office, hallway, or cafeteria.

Click [here](#) to access the materials.

Bullying, Harassment & Civil Rights: An Overview of School Districts' Federal Obligation to Respond to Harassment

Helps schools, parents, and others who interact with kids understand the differences between harassment and bullying, and their legal obligations with respect to both. Schools have a responsibility to create safe learning environments for all students. When harassment is based on a protected class and creates a hostile environment, schools have an obligation under federal civil rights laws to take action.

Read more [here](#).

TRAINING OPPORTUNITIES

Lifelines™ Intervention Helping Students At-Risk for Suicide

December 6, 2016

Lifelines Intervention is a school-based three tiered intervention model to prevent suicide. The first tier involves early identification and assessment of at-risk students, the second tier includes referral to community resources for additional support services, and the third tier enhances protective factors which increase resilience and provide defense against stressors. This training will focus on the intervention tier of the model.

This training is geared toward School Counselors, School Psychologists, School Psychiatrists, Mental Health Liaisons and others who may be working directly to intervene with at-risk youth in order to prevent suicide.

This is a one-day training; registration will begin at 8:30 AM and the training will begin at 9:00 AM and conclude at 2:00, with a one-hour break for lunch on your own. Act 48, NASW and PQAS continuing education credits will be available.

Location:

Center for Schools and Communities
275 Grandview Avenue, Commonwealth Room (First Floor)
Camp Hill, PA 17011

Registration Fee:

The registration fee of \$249.00 per person is available through November 28, 2016, and includes training and Lifelines™ Interventions curriculum. A limited number of onsite registrations will be accepted at a fee of \$299.00; payment to attend will be required by either check or credit card.

[Click here](#) for additional information and to register.

Questions:

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SAVE THE DATE

PASAP-PAMLE Conference

February 26-28, 2017
Penn Stater Conference Center Hotel
State College, PA
Conference registration is now available at www.pasap.org

2017 Pennsylvania Positive Behavior Support (PAPBS)

Implementers' Forum
May 16-17, 2017
Information will be available at www.papbs.org and www.pattan.net.

FUNDING OPPORTUNITIES

The Walmart Foundation Community Grant Program

The Walmart Foundation Community Grant Program awards grants of \$250 - \$2500 to schools, agencies, local community organizations, and faith-based organizations. Applications must be submitted by December 31 and meet the foundation's eligibility criteria. [Learn more.](#)

Vision of Hope Fund Open Call for Letters of Inquiry

The Pennsylvania Coalition Against Rape (PCAR) is now accepting Letters of Inquiry for its Vision of Hope Fund Grant. PCAR launched the fund in July 2005 to fund innovation in child sexual abuse prevention and intervention. We prioritize critical research, effective prevention strategies, teaching adult responsibility and accountability, and supporting services to children who have been sexually victimized. A total of \$50,000 will be offered to fund one or more projects during the 2017-18 fiscal year, contingent on the availability of funding and subject to approval of the PCAR/NSVRC Chief Executive Officer. One-year grants will be awarded.

A limited number of submissions will be chosen to complete a full grant application. For more information or to apply, visit <http://www.pcar.org/vision-of-hope-fund> and click on the "Vision of Hope Grant" tab.

Endowment Act—Programs Assisting Victims

The Office of Research and Child Advocacy (ORCA) of the Pennsylvania Commission on Crime and Delinquency (PCCD) announces the availability of state Endowment Act funds to support residents of the Commonwealth of Pennsylvania who have been child victims of sexual abuse.

The goal of the Endowment Act—Program Assisting Victims solicitation is to support programs or projects in meeting the needs of adult and child victims/survivors of child sexual abuse within the Commonwealth. Funds may be used to increase programs and projects that assist adult and child victims/survivors of child sexual abuse and/or increase the use of innovative programs that reach victims of child sexual abuse who are underserved/unserved,

PCCD will award one-year grants with total budgets not to exceed \$50,000. Successful applicants will be eligible to re-apply for second year awards at 80% of their year one award. Go to [the competitive grant overview](#) for more information and application.

NEWS

U.S. Surgeon General Issues a New Call to Action' on Addiction by Harriet Ryan, LA Times Nov., 2016

When Dr. Vivek Murthy left his Massachusetts hospital to become U.S. surgeon general, the nurses who had known him since he was a resident had a parting plea: Do something about addiction. On Thursday, Murthy tried to make good on that request with the release of a first-of-its-kind report calling for "a cultural shift in how we think about addiction." "For far too long, too many in our country have viewed addiction as a moral failing," Murthy said in the report. "It is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes and cancer."

The report comes at a time of great concern about addiction and uncertainty about how the Trump administration will respond to it. Drug overdoses have surpassed car accidents as a cause of death in recent years, a surge driven by the opioid epidemic. Prescription painkillers have killed more than 200,000 people since 1999 and their abuse has led to a resurgence in heroin addiction.

The 426-page report, titled “[Facing Addiction in America](#),” was modeled on the 1964 surgeon general’s report on smoking and health, which first linked cigarettes to cancer and led to a successful national campaign against tobacco use.

'You want a description of hell?' OxyContin's 12-hour problem. Murthy described the report as “a new call to action.” It lays out recommendations for elected officials, the medical community, law enforcement and the public to improve the way addiction is treated.

More than 20 million Americans suffer from substance abuse disorders, far more than are diagnosed with cancer, but only about 10% receive treatment, according to the report. Murthy said that stigma surrounding addiction dissuades people from getting help and the report repeatedly referred to addiction as “a chronic brain disease.”

At a forum to highlight the report at the Studios at Paramount in Los Angeles, Murthy said that stigma surrounding addiction dissuades people from getting help. Some of the top government scientists studying addiction showed an audience of advocates, recovering addicts and family member’s brain scans that they said made clear addicts were suffering from a legitimate illness rather than moral weakness. “Science tells us clearly that addiction is a disease of the brain,” Murthy said.

The funding to combat this issues is not clear at this time, but a rollback of the Affordable Care Act could mean less insurance coverage for measures Murthy described in his report, such as the use of medications to treat addiction.

Kennedy said that the president-elect lost his brother to alcoholism and that many voters who supported him come from states devastated by abuse. The hardest-hit sections of the country in the opiate crisis are red states. In the run-up to the presidential primaries in New Hampshire and Iowa, areas reeling from opioid abuse, addiction was a central campaign issue with candidates sharing stories about family members and friends who were affected. The deeply divided Congress passed rare bipartisan legislation to address the opioid epidemic last year, but Republicans ultimately balked at President Obama’s request for a billion dollars of funding to implement the measures and the issue faded in the general election.

“We were really disappointed that the issue didn’t come up in any of the debates,” said Greg Williams, the co-founder of the nonprofit Facing Addiction, which is working with the surgeon general’s office. He said Murthy’s report offers a road map for solving the problem and “the challenge is we have to find the public will to implement what we know can work.” Access this article from SAMHSA’s website [here](#).

Cyberbullying, Social Networking, and Suicidal Behavior in Adolescents

A study found that 11 to 20 year-old Canadian youth who used social networking sites (such as Facebook, Twitter, and Instagram) were at increased risk for cyberbullying victimization, which in turn placed them at increased risk for psychological distress, suicide attempts, and suicidal ideation.

Sampasa-Kanyinga, H., & Hamilton, H. A. (2015). Social networking sites and mental health problems in adolescents: The mediating role of cyberbullying victimization. *European Psychiatry, 30*(8), 1021-1027.

Read more [here](#).