

SAP COUNTY COORDINATION UPDATE

December, 2017



Prepared by: PA Network for Student Assistance Services (PNSAS)
www.pnsas.org

PA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

SAP Team and Liaison Surveys

PA Network for Student Assistance Services (PNSAS) sent two surveys via email. These annual SAP Team and SAP Liaison surveys are designed to update the regional and statewide contact lists, gather training needs, and other information. Each building should submit a SAP Team survey and each SAP liaison agency should submit a survey. We have changed the platform to collect the information to "Survey Monkey" in hopes of increasing ease and efficiency. The surveys are due by **January 5, 2018**. Please contact your PNSAS [Regional Coordinator](#) if you have any questions.

Pennsylvania's New Truancy Law and the Student Assistance Program

Pennsylvania's Governor signed new truancy legislation, taking effect for the 2016-17 school year, with the express purpose of improving students' attendance and deterring truancy through a "comprehensive approach to consistently identify and address attendance issues as early as possible through credible interventions." With the above in mind, schools should use their Student Assistance Program (SAP) building teams to support the efforts of the new truancy law, particularly with early prevention of school absences, well before they become chronic. Typically, the initial SAP referral is made by a concerned school staff member as a result of one or a combination of observable behaviors, triggered by a change of a student's usual pattern of attendance, academic performance, health, and/or general behavior. In those cases where SAP is already involved with a chronically absent student, participation by a SAP team member greatly augments the School Attendance Improvement Plan (SAIP) by providing first-hand historic and informational background whenever the SAIP stakeholders meet to discuss a particular student's case.

SAP BACK TO BASICS

PA School Climate Survey Efforts

Since 2014, PDE's Safe Schools Office has offered its own suite of online School Climate Surveys that any school can opt to use. For more information on PA School Climate and surveys click [here](#). Schools that elect to integrate the climate surveys as part of their improvement efforts have the choice of using any combination (or all) of 4 different types of surveys: Staff, Student (ES, MS, and HS), Parent/Guardian, and Community. Since September of 2014, there have been a total of 93,021 individual respondents, including: 8,885 Staff; 16,874 Elementary students, 23,628 MS students, 36,416 HS students; 6,109 Parent/Guardians; and 1,109 Community members. The surveys, which can be disaggregated by grade level and demographic group, provide an overall school climate score and four domain scores corresponding to perceptions of safety, support, academic rigor and social/emotional learning.

Contact Dr. Pamela Emery for further information at c-pemery@pa.gov.

In 2017, PDE began offering mini-grants to support school climate improvement planning. In order to be eligible for a grant, a school needs to be working with a School Climate Regional Coordinator (SCRC) at their local Intermediate Unit and commit to implementing a 5-stage planning process for school climate improvement. For more information about the grant and the school climate improvement planning process, contact Dr. Stacie Molnar-Main at c-smolnam@pa.gov. She can also help you connect with an SCRC in your area and identify other resources and opportunities for schools.

RESOURCES

Register for National Drug & Alcohol Facts Week

Prevention partners are once again invited to participate in National Drug & Alcohol Facts Week, sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism. This week-long health observance is an opportunity for teens to learn the facts about drug and alcohol abuse and addiction from scientists and other experts.

Organize and promote an educational event or activity for teens during the week of **January 22–28, 2018**, and help shatter the myths about drugs and alcohol. It's easy to get involved!

Register your event and receive support from NIDA staff to plan a successful activity. **NIDA staff can help you order free science-based materials to complement your event**, brainstorm activity ideas, and partner with other organizations. Get your event nationally recognized by adding it to the official 2018 map of activities for National Drug & Alcohol Facts Week.

[Plan Your Event—5 Steps to Hosting](#)

Already planning to host an event? Register your event [here](#).

Also, check out NIDA's one-stop shop for teachers for information and resources to use with your students.

Visit teens.drugabuse.gov/teachers to learn more!

For more information, contact drugfacts@nida.nih.gov.

Intimate Partner Violence and Child Trauma

The NCCTS Policy Program is announcing the release of a new NCTSN Policy Brief, entitled *Intimate Partner Violence and Child Trauma*. This resource was developed as a collaboration between the NCCTS Policy Program and the NCTSN Domestic Violence Collaborative Group. The new brief provides policymakers and other stakeholders with an overview of intimate partner violence and its relationship to child trauma, as well as policy-relevant and child trauma-focused recommendations to assist them in their response to intimate partner violence. This resource is part of a series of policy briefs being developed by the NCCTS Policy Program, the NCTSN Policy Task Force, and other key NCTSN partners. For more information, please contact NCCTS Policy Program Director, Dr. Diane Elmore Borbon at diane.elmore@duke.edu.

Access the brief [here](#).

TRAINING OPPORTUNITIES

Youth Mental Health First Aid

Date(s)/Location(s):	PaTTAN East January 10, 2018 8:00 am - 5:00 pm	PaTTAN Pittsburgh January 25 & 26, 2018 9:00 am - 1:30 pm	PaTTAN Harrisburg February 22, 2018 8:00 am - 5:00 pm
Registration (Not available on-line)	Debra Jordan 800-441-3215 x7224 djordan@pattan.net or Amy Smith 610-265-7321 x7262 asmith@pattan.net	Kristen Olszyk, 800-446-5607 ext. 6848 kolszyk@pattan.net or Elaine Neugebauer, 800-446-5607 x6867 eneugebauer@pattan.net	Wendy Weary 717-901-2273 wweary@pattan.net or Nikole Hollins 717-901-2283 nhollins@pattan.net

Mental Health Problems are more common than heart disease, lung disease, and cancer combined. In fact, 1 in 5 Americans is estimated to have a diagnosable mental disorder such as depression, anxiety or substance abuse in any given year, including 13.7 million children. Of those children only a third gets help from formal mental health or substance abuse services.

Youth Mental Health First Aid is an 8 hour training designed to teach people methods of assisting a young person who may be in the early stages of developing a mental health problem or in a mental crisis. This training event is being offered to school and/or agency professionals to ensure ample support is available to youth ages 12-18 years old in area middle and high schools. Suggested audience members are listed below.

Target Audience:

This training is only open to LEA school-based teams consisting of FIVE members. LEAs are public, private, approved private and Charter schools. The five team members must include one or more of the following: classroom teachers, coaches, administrators, social services staff, bus drivers, volunteers, paraprofessional and/or family members.

Other professionals such as substance abuse professionals, social workers, school psychologists, school counselors, and nurses may be included as part of the team, but should not serve as the majority of the team as this training is considered introductory and does not inform advanced skills/strategies.

PASAP Webinar

Student Athletes and Substance Use
Wednesday, February 14, 2018
2:30 PM - 3:30 PM
Register [here](#).

2018 PASAP-PAMLE Conference

February 25-27, 2018
Penn Stater Conference Center
State College, PA
Registration is now open, visit www.pasap.org for more information

SAVE THE DATE

20th Children's Interagency Conference

April 30-May 3, 2018
Penn Stater Conference Center Hotel, State College, PA
Sponsored by Office of Mental Health and Substance Abuse Services, Bureau of Children's Behavioral Health Services PA System of Care Partners, and the PA Child Welfare Resource Center

Conference focus: The 20th Children's Interagency Conference will bring together Pennsylvania's Child and Adolescent Service System Program (CASSP) and System of Care (SOC) partners providing behavioral health services to children, youth, and young adults ages 0-26 and their families. Target Audiences: Youth, young adults, and families receiving behavioral health services; service providers, supervisors, and advocates; program directors, county planners, and behavioral health managed care organizations; and partners from all the child-serving systems, including behavioral health, children and youth, developmental disabilities, drug and alcohol, early intervention, education, health, juvenile justice, and vocational rehabilitation. Areas of emphasis: Prevention, resilience, and advocacy; preschool intervention; clinical skill development; administrative leadership and policy and program development; workshops for high-schoolers.

The call for the poster session is now online at <https://www.surveymonkey.com/r/2018postersession>. Potential poster providers can fill this out and submit it electronically through survey monkey. The poster session is scheduled for Wednesday, May 2 from 5:00 to 6:30 p.m.

The poster session is an opportunity to share academic research regarding innovative, promising, collaborative, and creative program practices focused on supporting the health and wellness of youth from birth to young adulthood and their families. All community partners are invited to submit proposals for review. Some examples include college and university-based scholars and student researchers, youth and family initiatives, awareness and advocacy groups, community collaborations, evidence-based treatment programs and other service provider agencies, as well as family, youth, and professional associations, across the Commonwealth.

For more information contact: ra-pwinteragencyconf@pa.gov. Website: <http://pasocpartnership.org/>.

FUNDING OPPORTUNITIES

Grants.gov

Grants.gov provides a platform to search for available federal grants. You can save and manage your searches for grant opportunities on the grants.gov site. Simply log in, search, and save. After naming your saved search, you will receive email notifications when new grants meeting your search criteria are posted. You can also review your saved searches at any time and edit or delete the records. Click [here](#) to access the instructional video on how to do a saved search on the website.

The grants can be searched under the following categories of eligibility: city or township governments, county governments, for profit organizations other than small businesses, independent school districts, Native American tribal governments (Federally recognized), Native American tribal organizations (other than Federally recognized tribal governments), individuals, nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education, nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education, others (see text field entitled 'Additional Information on Eligibility' for clarification'), private institutions of higher education, public and state controlled institutions of higher education, public housing authorities/Indian housing authorities, small businesses, special district governments, state governments, and unrestricted (i.e., open to any type of entity above) and subject to any clarification in text field entitled 'Additional Information on Eligibility'.

Click [here](#) for the Grants.gov homepage and more information on the available grants.

NEWS

Making the Connection: Suicidal Thoughts and Behaviors and Academic Grades

Data from the 2015 National Youth Risk Behavior Survey (YRBS) show that students with higher academic grades are less likely to consider or attempt suicide compared to students with lower grades. It is important to remember that these associations do not prove causation. School health professionals, school officials, and other decision makers can use this information to better understand the associations between suicidal thoughts and behaviors and grades, as well as to emphasize the importance of suicide prevention strategies that support the health and well-being of students.

Read more [here](#).

Key Substance Use and Mental Health Indicators in the United States- Results from the 2016 National Survey on Drug Use and Health, SAMHSA

Summary:

This national report summarizes key findings from the 2016 National Survey on Drug Use and Health (NSDUH) for indicators of substance use and mental health among people aged 12 years old or older in the civilian, noninstitutionalized population of the United States. Results are provided for the overall category of individuals aged 12 or older as well as by age subgroups. The NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of the NSDUH data and to address the changing needs of policymakers and researchers. For measures that started a new baseline in 2015, estimates are discussed only for 2016.

Tobacco Use

In 2016, an estimated 51.3 million people aged 12 or older were current cigarette smokers, including 29.7 million who were daily cigarette smokers and 12.2 million who smoked approximately a pack or more of cigarettes per day. Although about 1 in 5 people aged 12 or older were current cigarette smokers, cigarette use generally declined between 2002 and 2016 across all age groups.

Alcohol Use

NSDUH collects information on past month alcohol use, binge alcohol use, and heavy alcohol use. For men, binge alcohol use is defined in NSDUH as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. For women, binge drinking is defined as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Heavy alcohol use is defined as binge drinking on 5 or more days in the past 30 days.

In 2016, about 1 in 5 underage individuals aged 12 to 20 were current alcohol users. About 7.3 million people aged 12 to 20 reported drinking alcohol in the past month, including 4.5 million who reported binge alcohol use and 1.1 million who reported heavy alcohol use. The percentage of underage drinkers in 2016 was lower than the percentages in 2002 through 2014 but was similar to the percentage in 2015.

Illicit Drug Use

In 2016, 28.6 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans overall (10.6 percent) but ranges as high as 1 in 4 for young adults aged 18 to 25. Regardless of age, the illicit drug use estimate for 2016 continues to be driven primarily by marijuana use and the misuse of prescription pain relievers. Among people aged 12 or older, 24.0 million were current marijuana users and 3.3 million were current misusers of prescription pain relievers. Smaller numbers of people were current users of cocaine, hallucinogens, methamphetamine, inhalants, or heroin or were current misusers of prescription tranquilizers, stimulants, or sedatives.

The percentage of people aged 12 or older who were current marijuana users in 2016 was higher than the percentages from 2002 to 2015. In contrast, the percentages among people aged 12 or older have shown little change since 2007 for current use of cocaine, since 2008 for current use of crack cocaine, and since 2014 for current use of heroin. The increase in marijuana use reflects increases in marijuana use among adults aged 26 or older and, to a lesser extent, among young adults aged 18 to 25. Marijuana use among adolescents aged 12 to 17 was lower in 2016 than in most years from 2009 to 2014.

NSDUH also allows for analysis of opioid misuse, which is the use of heroin or the misuse of prescription opioid pain relievers. In 2016, an estimated 11.8 million people misused opioids in the past year, including 11.5 million pain reliever misusers and 948,000 heroin users. Additional information is gathered in NSDUH for the misuse of pain relievers in the past year. Among people aged 12 or older who misused pain relievers in the past year, about 6 out of 10 people indicated that the main reason they misused pain relievers the last time was to relieve physical pain (62.3 percent), and about half (53.0 percent) indicated that they obtained the last pain relievers they misused from a friend or relative.

Substance Use Disorders

In 2016, approximately 20.1 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year. Among those who had an illicit drug use disorder, the most common disorder was for marijuana (4.0 million people). An estimated 2.1 million people had an opioid use disorder, which includes 1.8 million people with a prescription pain reliever use disorder and 0.6 million people with a heroin use disorder.

Substance Use Treatment

In 2016, an estimated 21.0 million people aged 12 or older needed substance use treatment. This translates to about 1 in 13 people needing treatment. For NSDUH, people are defined as needing substance use treatment if they had an SUD in the past year or if they received substance use treatment at a specialty facility in the past year.

In 2016, 1.4 percent of people aged 12 or older received any substance use treatment in the past year, and 0.8 percent received substance use treatment at a specialty facility. Only about 1 in 10 people aged 12 or older who needed substance use treatment received treatment at a specialty facility in the past year (10.6 percent).

Mental Illness among Adults

In 2016, an estimated 44.7 million adults aged 18 or older (18.3 percent) had any mental illness (AMI) in the past year. An estimated 10.4 million adults in the nation had a serious mental illness (SMI) in the past year, representing 4.2 percent of all U.S. adults. Although the 2016 percentages of adults with AMI or SMI among adults aged 18 or older were similar to the percentages since 2010, a higher percentage of young adults was experiencing AMI and SMI. The 2016 percentage of young adults with SMI was higher than the percentages in each year since 2008, and the 2016 percentage of young adults with AMI was higher than the percentages in 2008 to 2014.

Mental Health Service Use among Adults

In 2016, an estimated 35.0 million adults aged 18 or older (14.4 percent of adults) received mental health care during the past 12 months. Among the 44.7 million adults with AMI, 19.2 million (43.1 percent) received mental health services in the past year. About 6.7 million of the 10.4 million adults with past year SMI (64.8 percent) received mental health services in the past year. The percentages of adults with AMI or SMI who received mental health care in 2016 were similar to the corresponding percentages in most years from 2008 to 2015.

Co-Occurring MDE and Substance Use among Adolescents

In 2016, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (31.7 vs. 13.4 percent). An estimated 333,000 adolescents (1.4 percent of all adolescents) had an SUD and an MDE in the past year. Among adolescents who had a co-occurring MDE and an SUD in the past year, 71.9 percent received either substance use treatment at a specialty facility or mental health services in the past year.

Co-Occurring Mental Illness and Substance Use Disorders among Adults

An estimated 8.2 million adults aged 18 or older (3.4 percent of all adults) had both AMI and SUDs in the past year, and 2.6 million adults (1.1 percent of all adults) had co-occurring SMI and SUDs in the past year. About half of the adults with co-occurring AMI and an SUD in the past year did not receive either mental health care or specialty substance use treatment, and about 1 in 3 adults with co-occurring SMI and an SUD did not receive either type of care.

Click [here](#) for the full National Survey on Drug Use and Health report.