

SAP COUNTY COORDINATION UPDATE

February, 2017



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

www.pnsas.org

PENNSYLVANIA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

SAP Team and SAP Liaison Information Request

Thank you to all SAP teams and liaisons that have completed and submitted the yearly information form. PNSAS requests this information to update statewide contact lists and receive information about your team. A friendly reminder that SAP Liaison Questionnaires are due January 31, 2017 and SAP Team Information Forms are due February 7, 2017. If you did not receive this information request, you can access either one via the links below or on the SAP website. Direct questions and return completed forms to your regional coordinator. Click [here](#) to access PNSAS map.

[http://pnsas.org/Portals/1/Uploaded%20Files/SAP Core Team Information Survey 2016-2017 1-4-17.docx](http://pnsas.org/Portals/1/Uploaded%20Files/SAP%20Core%20Team%20Information%20Survey%202016-2017%201-4-17.docx)

[http://pnsas.org/Portals/1/Uploaded%20Files/SAP Liaison Survey 2016-2017.docx](http://pnsas.org/Portals/1/Uploaded%20Files/SAP%20Liaison%20Survey%202016-2017.docx)

The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) and the GLS Youth Suicide Prevention Grant team are excited to announce that public voting for the 5th Annual Youth Suicide Prevention Contest is now live! You may vote for as many entries as you would like, but you may only vote once per day per entry. Online voting will run from January 27th-February 5th. In addition to winners being recognized at a state level in the Spring, this year offers students an opportunity to create a PSA for a national suicide prevention campaign. Please share this link with anyone who may be interested in voting: <http://payspi.org/psa/2017psa/>

SAP BACK TO BASICS

What Is The Number One SAP Go To Resource Available To You 24/7?

Quick question for all of you SAP team members, liaisons and SAP professionals. You should all be able to answer this. Whether you are newly trained or have been trained since the beginning of time . . . I mean since the program's inception.

Where Can You Find the Following Items?

- The "Frequently Asked Questions and Best Practice Responses" document
- The "SAP Liaison Frequently Asked Questions and Best Practice Responses" document
- Parent and Screening Consent Forms
- Guidelines for Student Assistance Program (SAP) Coordination Teams
- A sample Letter of Agreement

- A Summary of Federal and State Legislation/Regulations that Impact SAP
- Overview of SAP
- List of the SAP Regional Coordinators
- Map of the SAP Regions
- Dates for the next SAP Training that will be held near you
- The latest and back issues of the SAP County Coordination Updates
- Sample Student Assistance Program Case Manager Checklist

No, they are not located in that large pile of papers on your desk. Perhaps some of the items may be found in your SAP manual . . . But not all of them.

They can be found on the PNSAS SAP WEBSITE! That's right <http://pnsas.org>.

The website contains the following six tabs:

- Home – Includes the most recent information, news, events, the SAP email address as well as the SAP County Coordination Updates, PAYSPI PSA contest information, and SAP brochure
- About SAP – Includes a drop- down menu that contains five separate pages that pertain to:
 1. General information about the program
 2. Information for teams
 3. Information for liaisons
 4. Information on SAP County Coordination
 5. Information for Commonwealth Approved Trainers (CATS)
- Calendar & Events – Includes SAP Training dates, locations and a list of all of the Commonwealth Approved Trainers (CATS).
- Data – Includes links to both the Joint Quarterly Report (JQRS) and the PDE 4092 collection sites
- SAP Collaboration – Includes website links to our partners, collaborators, and initiatives in which SAP is currently involved

There is a search box located at top of each page for those who are looking for a specific document or who may not want to scroll down through a page.

So there you have it. The SAP website is the number one SAP resource available to you 24/7. Bookmark it/make it a favorite and CHECK IT OUT!!

RESOURCES

Gun Violence is Preventable if You Know the Signs

Sandy Hook Promise is a national non-profit organization founded and led by several family members whose loved ones were killed at Sandy Hook Elementary School on December 14, 2012. Based in Newtown, Connecticut, their intent is to honor all victims of gun violence by turning their tragedy into a moment of transformation by providing programs and practices that protect children and prevent the senseless, tragic loss of life. Click [here](#) to watch a video, Gun Violence is Preventable if You Know the Signs.

National Gang Center Releases Newsletter

The [National Gang Center's fall 2016 newsletter](#) features articles on improving understanding of and responsiveness to gang-involved girls, success stories of former female gang members, female delinquency and effective programs, and breaking the cycle of violence. This issue also features resources on policy and programming for girls and human trafficking prevention, including details about the [Human Trafficking Information and Investigations Strategy Toolkit](#).

OJJDP/NIJ Bulletin Examines Role of Technology in Youth Harassment Victimization

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention and the National Institute of Justice (NIJ) have released "[The Role of Technology in Youth Harassment Victimization](#)." This bulletin summarizes the findings of the NIJ-sponsored Technology Harassment Victimization study, which is a follow-up study to the second National Survey of Children's Exposure to Violence sponsored by OJJDP. The study examined technology-involved harassment within the context of other types of youth victimization and risk factors. The data reveal that mixed-peer harassment—involving both in-person and technology-based elements—is the most traumatic for victims, especially those who have been victimized in multiple ways in the past and are facing numerous stressors in their present lives.

Human Trafficking Prevention Resources for School Staff

January was [Human Trafficking Prevention Month](#). Trafficking can involve school-age youth, particularly those made vulnerable by [challenging](#) family situations, and can take a variety of forms. "[Human Trafficking in America's Schools](#)" is a guide for school staff with information on risk factors, recruitment, and how to identify trafficking. There is a webinar: "[Integrating Human Trafficking with Emergency Operations Plans \(EOPs\) for K-12 Schools](#)."

GRANTS

SAMHSA has applications for Addiction Technology Transfer Centers Cooperative Agreements

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for up to \$44.6 million for Addiction Technology Transfer Centers (ATTC) Cooperative Agreements over the course of five years. The purpose of this program is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides substance use disorder (SUD) treatment and recovery support services. SAMHSA expects to fund up to 11 grantees for up to five years up to \$1,175,294 per year for one ATTC National Coordinating Office (with \$400,000 designated to Opioid Treatment Programs) and up to \$775,294 per year to ten ATTC Regional Centers. The actual award amounts may vary, depending on the availability of funds.

Eligible applicants are domestic public and private nonprofit entities. You must go to both <http://www.grants.gov> and the SAMHSA website to apply. Click [here](#) to download the required documents you will need to apply for this SAMHSA grant.

Applications are due: February 9, 2017 by 11:59 pm (Eastern Time).

Applicants with questions about program issues should contact Humberto Carvalho at (240) 276-2974 or Humberto.Carvalho@samhsa.hhs.gov.

TRAINING OPPORTUNITIES

Mean on Purpose? Bullying Prevention in Early Childhood

Thursday, February 16, 2017

3:00 PM – 4:15 PM

Implications of the Recently Released National Academies Report Preventing Bullying through Science, Policy and Practice: How to Use the Report to Further Your Bullying Prevention Efforts

Thursday, May 18, 2017

3:00 PM – 4:15 PM

Click [here](#) for more information and to register for each program.

PASAP-PAMLE Conference

February 26-28, 2017

Penn Stater Conference Center Hotel

State College, PA

Register at www.pasap.org

2017 Social and Emotional Learning Conference

Building Skills for Lifelong Success

March 13, 2017

Harrisburg, Pa.

Register at <https://selconference.center-school.org/>

Webinar: Understanding Data and Prevention Strategies for Addressing Suicide Deaths among Children Ages 10-14

This webinar is the first in the ICRC-S (Injury Control Research Center for Suicide Prevention) 2017 series exploring critical issues in suicide prevention research and practice. Sally Curtin, coauthor of the recent CDC report, *Increase in Suicide in the United States, 1999-2014*, will describe the trends in injury and violence-related deaths among children and youth and explain the data on suicide deaths in children ages 10 to 14. Jeffrey Hill, manager of the Rhode Island Violence and Injury Prevention Program and Youth Suicide Prevention Project, will describe Rhode Island's suicide prevention initiative and use of surveillance data for targeted program efforts. The webinar will take place on February 8 from 2 to 3 p.m. ET. To register, click [here](#).

SAVE THE DATE

2017 Pennsylvania Positive Behavior Support (PAPBS)

Implementer's Forum

May 16-17, 2017

Information will be available at www.papbs.org and www.pattan.net.

2017 Pennsylvania Community on Transition Conference

Pathways to Success: Transitioning into Tomorrow Together

August 9 – 11, 2017

Penn Stater Conference Center and Hotel

State College, PA

Conference registration will be available online after May 15, 2017 at www.pattan.net.

NEWS

New Rule Improves the Exchange of Medical Information in Ways That Protect the Privacy of People Receiving Substance Use Treatment, SAMHSA, January 13, 2017.

The U.S. Department of Health and Human Services (HHS) has finalized changes to Confidentiality of Alcohol and Drug Abuse Patient Records regulations (42 CFR Part 2). These changes aim to facilitate health integration and information exchange within new health care models while continuing to protect the privacy and confidentiality of patients seeking treatment for substance use disorders. The [new rule](#) is published in the *Federal Register*. For information on major provisions of the rule, please refer to [SAMHSA's press release](#).

The U.S. Department of Health and Human Services (HHS) finalized changes to Confidentiality of Alcohol and Drug Abuse Patient Records regulations, (42 CFR Part 2) to facilitate health integration and information exchange within new health care models while continuing to protect the privacy and confidentiality of patients seeking treatment for substance use disorders. The new rule is published in today's *Federal Register*.

The current rules governing the confidentiality of substance use disorder records, often referred to as “Part 2,” were promulgated in 1975 because of the concern that if the identities of people in treatment for substance use were revealed those patients might be subject to criminal prosecution and a wide range of other serious social consequences. These harmful consequences could deter people from seeking needed treatment.

In February 2016, HHS issued a notice of proposed rulemaking (NPRM) proposing changes to Part 2 to reflect the current health care delivery system, promote health integration and permit appropriate research and data exchange activities. This final rule carefully balances the public health benefits of information exchange and continued protection of patient privacy.

Major provisions that have been finalized in the Final Rule include:

- SAMHSA will allow any lawful holder of patient identifying information to disclose Part 2 patient identifying information to qualified personnel for purposes of conducting scientific research if the researcher meets certain regulatory requirements. SAMHSA also permits data linkages to enable researchers to link to data sets from data repositories holding Part 2 data if certain regulatory requirements are met. These will enable more needed research on substance use disorders.
- SAMHSA will continue to apply Part 2 rules when a program is federally assisted and holds itself out as providing substance use disorder diagnosis, treatment, or referral for treatment.
- SAMHSA will allow a patient to consent to disclosing their information using a general designation to individual(s) and/or entity (-ies) (e.g., “my treating providers”) in certain circumstances. This change is intended to allow patients to benefit from integrated health care systems. This provision also ensures patient choice, confidentiality, and privacy as patients do not have to agree to such disclosures.
- SAMHSA has added a requirement allowing patients who have agreed to the general disclosure designation, the option to receive a list of entities to whom their information has been disclosed to, if requested.
- SAMHSA has made changes that outline the audit or evaluation procedures necessary to meet the requirements of a CMS-regulated accountable care organization or similar CMS-regulated organizations (including CMS-regulated Qualified Entities). This change will ensure CMS-regulated entities can perform necessary audit and evaluations activities, including financial and quality assurance functions critical to Accountable Care Organizations and other health care organizations.
- SAMHSA has updated and modernized the rule to address both paper and electronic documentation.
- SAMHSA will monitor implementation of the final rule and is working to develop additional sub-regulatory guidance and materials on many of the finalized provisions.

Reducing Mental Health Risk for Kids in Military Families.

US News and World Report by Michael O. Schoeder, February 18, 2016

Since 2001, more than 2.5 million service members have deployed to wars in Afghanistan and Iraq – and almost half are parents. As tough as mom and dad need to be in combat, kids must weather their own challenges – from frequent moves to long deployments to adjusting when parents return home with battle scars visible and invisible, like post-traumatic stress disorder. While troop levels have declined of late, the longest war in the country’s history has prompted many clinicians and researchers to take a closer look at the psychological strain military service can put on families and children.

“On the whole, military families are really resilient,” says Julie Cederbaum, an assistant professor of social work specializing in children and families at the University of Southern California in Los Angeles. “The majority of these families are going to do just fine. But among those who aren’t doing OK, we’re seeing outcomes that are concerning: so higher levels of depression, higher levels of suicidal ideation.” Children in military families are likely to experience increased anxiety as a result of a parent’s deployment, and researchers say, sometimes related concern, anger and frustration can lead to acting out and behavioral problems as well.

Rather than simply reacting to issues as they arise, many experts are now focusing on ways to improve kids' resilience and prevent or address mental health challenges in the early-going. And in a military culture that prizes all-for-one toughness, a family-centered, strength-based approach that emphasizes education and skills building is proving to be an effective prevention strategy, according to research published last month in the *Journal of the American Academy of Child and Adolescent Psychiatry* on the so-called FOCUS program – or “Families Over Coming Under Stress” preventive intervention.

“The program was developed to apply evidence-based interventions that we’d done and shown to be effective in civilian settings, and really do that for the military,” says Dr. Patricia Lester, study lead author and a professor of psychiatry at the University of California–Los Angeles. The FOCUS program was implemented in response to increasing data showing kids and parents alike were exhibiting signs of stress as family members were being deployed to Iraq and Afghanistan, Lester says. “The military really wanted to get in front of that and apply what we knew about helping families during times of stress and to really strengthen their resilience.”

The program includes elements such as using a “family resilience check-in”, web-based tool to assess kids’ and parents’ psychological health; providing information on topics including strengthening parenting and the impact of military-related stressors on children, parents and families, such as deployments, post-traumatic stress and traumatic brain injury; and resilience skills building, ranging from communication and problem-solving to emotional regulation and how to handle reminders of separation, trauma and loss. “At the heart of the FOCUS program is really a family narrative,” Lester says. Parents and kids tell their story, reflecting on ups and downs they’ve gone through using a narrative timeline or graphic time map, depending on the child’s age. “Very often when people go through a stressful experience, they kind of keep things to themselves – they want to be strong, they want to protect each other from their concerns, and kids do that, too – they protect their parents,” Lester says. But when people aren’t talking, they aren’t able to really address misunderstandings that may happen along the way, she says: That really can interfere with family life and well-being.”

Parents who had elevated symptoms of depression and anxiety saw those reduced at the time they left the program – and the positive changes persisted over time. “In kids, we saw decreased anxiety,” she says, along with mood symptoms, and declines in disruptive behavior. For the many military families and reservists who don’t live on a base, some FOCUS resources are offered online, including the FOCUS on the “Go! Mobile” educational app.

In addition, experts say, there are steps military families can take to be proactive in bolstering kids’ resilience and preventing mental health issues:

- Talk. “It’s really all about communication,” says Dr. Elspeth Cameron Ritchie, a psychiatrist at the Washington DC VA Medical Center. Keep lines open with children, family and community members who provide support. Talk through changes, like an upcoming deployment, and encourage all family members to share how they feel.
- Model resilience, not stoicism. “Children really take their cues from their parent,” Ritchie says. That means demonstrating strength while also acknowledging challenges, say mental health professionals with military experience, and showing kids how to cope – including through improved communication and emotionally connecting.
- Get to know your child’s teachers. In addition to children who attend schools on military bases, “There are 1 million to 1.3 million kids enrolled in public schools whose parents are active-duty military, reserve or veterans,” says Ingrid Herrera-Yee, the National Alliance on Mental Illness’s manager for Military and Veterans Policy and Support. Most principals and teachers in these schools aren’t aware if children come from military families and likely wouldn’t know how a deployment or recent move might be affecting a child.

- Consider age. Many deployed parents have pre-school age or younger kids, and some service members are single parents. Work closely with loved ones to anticipate and address a child's unique age-specific struggles – whether regression, for example, in potty-training, due to the stress of a parent's absence, or
- Talking through concerns of adolescents who are acutely aware of the dangers, including the risk of death parents face in combat.
- Leave a piece of mom or dad behind. Pictures, a necklace and other mementos can be of comfort. "Young kids want to have a reminder," Ritchie says.
- Take advantage of technology to stay in touch. "The Internet, social media and smartphones have made it possible for military parents and their children to connect with each other," says Dr. Kelly Blasko, a psychologist leading the mobile Web program for the National Center for Telehealth and Technology. The Military Kids Connect program provides children and adolescents ages 6 to 17 from military families across the country the opportunity to engage through an online community, where they can watch videos of military kids telling their own stories, play games to reduce stress, explore interactive world maps, create personal virtual scrapbooks and get peer-to-peer support through a Web-based message board and social media channels.
- Take time to adjust to war wounds. When mom or dad suffers from traumatic brain injury or PTSD, it can change the family dynamic, experts say. Encourage wounded warriors and other family members to talk openly about difficulties adjusting. Follow through with rehab, including therapy as needed, and be open to a "new normal," while striving to be closer to loved ones.
- Access resources. There's no shortage, including apps developed by Sesame Street, to help young children in military families explore their feelings and cope with changes. Military One Source offers free, confidential counseling for military families; "you talk to a live person and you can get the other resources and support there as well," Herrera-Yee says. In addition to prevention, experts emphasize not to wait to seek professional help if a child or parent is struggling with anxiety, depression or any other mental health issues.

Click [here](#) for the full article.

Maternal Depression Across the First Years of Life Impacts Children's Neural Basis of Empathy

Exposure to early and chronic maternal depression markedly increases a child's susceptibility to psychopathology and social-emotional problems, including social withdrawal, poor emotion regulation, and reduced empathy to others. Since 15-18% of women in industrial societies and up to 30% in developing countries suffer from maternal depression, it is of clinical and public health concern to understand the effects of maternal depression on children's development. A study published in the January 2017 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP) followed children of mothers with depression from birth to preadolescence and tested depression's impact on children's neural empathic response to others' distress.

"We were amazed to see that maternal depression in and of itself was related to differential neural processing of others' pain in 11-year-old children. We found that the neural reaction to pain in children of depressed mothers stops earlier than in controls, in an area related to socio-cognitive processing, so that children of depressed mothers seem to reduce metalizing-related processing of others' pain, perhaps because of difficulty in regulating the high arousal associated with observing distress in others," said Prof. Ruth Feldman, director of the Developmental Social Neuroscience Lab and the Irving B. Harris Early Childhood Community Clinic at Bar-Ilan University and lead author of the study.

"It is encouraging to see the role of mother-child interactions in our findings. Depressed mothers are repeatedly found to show less synchronous and more intrusive interactions with their children, and so it might explain some of the differences found between children of depressed mothers and their peer controls in our study," added Prof. Feldman. "If so, our findings highlight a point of entry, where future interventions can focus their attention to help reduce the effects of maternal depression on children's psychosocial development." Read more [here](#).