

## SAP COUNTY COORDINATION UPDATE January, 2018



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

### PENNSYLVANIA NETWORK FOR STUDENT ASSISTANCE SERVICES INTERAGENCY UPDATE

#### **Suicide Prevention Online Learning Center is Live!**

Prevent Suicide PA and the Pennsylvania Garrett Lee Smith Youth Suicide Prevention Grant are pleased to announce that the [Suicide Prevention Online Learning Center](http://www.preventsuicidepalearning.com/) is now live! This site is designed to provide current and evidence-based information to anyone who may come into contact with individuals struggling with suicidal thoughts and behaviors, including educators, mental health professionals, medical professionals, and the general community.

The Online Learning Center can be accessed by visiting <https://preventsuicidepalearning.com/>.

Select featured courses include the following:

- Suicide Prevention for Educators (an 8-class course that can fulfill Act 71 requirements for schools)
- Clinical Approaches to Suicide Prevention for School-based Counselors
- Method Restriction: Primary Care and Public Health Approaches

When visiting the site for the first time, users must click the “login” tab to register, creating a username and password. Then, click the “All Courses” tab to view all site content. Any trainings that users complete will be documented on a transcript that may be downloaded, and some courses will offer printable certificates.

We hope you find this new training resource useful in supporting your personal and professional suicide prevention efforts!

#### **Special Needs Units—Coordinating and Accessing Care for Children with Special Physical and Behavioral Healthcare Needs in Pennsylvania**

Special Needs Units (SNUs) are mandated by the Pennsylvania Department of Human Services (DHS) since the inception of HealthChoices. Medical Assistance managed care organizations (MCOs) contracted with the Department of Human Services are required to provide SNUs. Their primary purpose is coordinating and accessing care for children with special physical and behavioral healthcare needs. This would include children who have or are at increased risk for a chronic

physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

The units are staffed by nurses, social workers, behavioral health specialists and case managers with medical, behavioral and/or social work backgrounds. They are mandated to respond to members’ needs within 48 hours of initial contact and anyone can make referrals to the member’s special needs unit including, but not limited to, schools, community agencies, and MH/ID or substance abuse providers. The SNUs can assist members directly and provide ongoing case management. They assist with accessing services, referrals, scheduling appointments, and helping with complaints and grievances. They communicate within the MCO and insure members receive services most appropriate to their needs. They also support youth as they transition out of Early Periodic Screening, Diagnosis and Treatment (EPSDT) and into adult care. Go [here](#) for contact information for the MCOs and their service areas and Special Needs Units and phone numbers.

### **Suicide Prevention Contest**

There’s still time to enter Prevent Suicide PA’s Youth Suicide Prevention PSA contest! Visit [www.preventsuicidepa.org](http://www.preventsuicidepa.org) and click on the PSA button to find full details, including the letter to schools, school flyer, contest rules, and timeline. Be sure to read the letter and full contest rules as they outline some changes as well as unique opportunities for those who enter.

### **SAP BACK TO BASICS**

#### **Recognizing and Effectively Addressing Students with Mental Health Needs**

Mental health problems in children and adolescents are on the rise. But don’t despair, you can help students receive the necessary help. Statistics show that 1 in 5 children suffer from a mental health condition and nearly 80% of those children do not receive the necessary help they need (Association for Children’s Mental Health, 2017). Mental health challenges can be effectively treated with early intervention.

You can help by being “in the know.” Know the signs that could be seen in the educational environment. Know how to refer a student to the SAP Team. Lastly, know what you can do as an educator to support the student in the classroom.

Children often do not have the ability to communicate effectively when they are experiencing turmoil of some type. They communicate through their behavior. So how do you tell when something is a problematic? It is important to understand that “behaviors become symptoms when they occur very often, last a long time, occur at an unusual age, or cause significant disruption to the child’s life”. (<https://answers.webmd.com/answers/1176858/how-is-mental-illness-diagnosed-in>)

The following chart provides you with the overall warning signs and then specifically what behaviors a student may exhibit at school.

<b>Warning Signs</b>	<b>Observable Behaviors</b>
Mood Changes	Excessive worry or anxiety; Long lasting negative moods;
Intense Feelings	Frequent outbursts of anger; Intense fear of gaining weight; Inability to cope with daily problems
Behavior Changes	Significant increase in time spent alone; Loss of interest in friends or activities they usually enjoy; Hyperactivity; Defying authority; Skipping school, Damaging property; Disobedience
Difficulty Concentrating	Drop in grades; Can’t focus or sit still

Unexplained Weight Changes	Poor appetite; Increased weight gain/loss; Changes in eating habits
Physical Symptoms	Headaches; Stomachaches; Complaints of physical ailments
Substance Abuse	Abuse of drugs/alcohol
Physical Harm	Aggression towards others; Self-harm; Suicidal thoughts

(<https://namilowcountry.org>; <https://mayoclinic.org>)

In terms of SAP, these SIGNS are OBSERVABLE. When these are seen in the classroom or other areas of the school, it is strongly encouraged to complete a referral to the SAP Team and include as much information as possible on the observable behaviors. The SAP Team will follow the designated process in order to meet the needs of the student(s). It is important to understand that only qualified professionals will diagnose a mental health condition. Therefore, recognizing that something is out of the ordinary is critical and will be the first step in helping the student.

It is important to note that students that deal with mental health challenges will have good and bad days. Some days they need more support than others. Recognizing that students may show a variety of behaviors as a manifestation of the mental health challenge, is critical. This is where the staff in the schools can ‘be in the know’ about what strategies or supports can be implemented in the classroom to support students on both good and bad days.

This could include learning how to interact with a student in a particular way or teaching the student a particular skill so that they are better able to manage challenging situations. This special instruction could come in the form of social skills, role playing, and organization skills.

Some general strategies that can be applied to all grade levels include:

- Allowing flexible deadlines or an option to re-do work
- Recognizing when anxieties/behaviors are escalating and help the student implement coping strategies
- Pre-planning for group discussions so that students can prepare in advance
- Make a plan for those times when the student can’t focus
- Allow for breaks

(<http://www.acmh-mi.org>)

Identification of a concern is paramount and educating staff about signs and symptoms can begin with the SAP Team. Contact your [Regional Coordinator](#) if you need additional resources.

## **RESOURCES**

### **Education & Fetal Alcohol Spectrum Disorders (FASD) Toolkit**

A project of the University of Washington, this toolkit is designed for educators and parents/caregivers to help them understand how FASD impacts students and identify appropriate interventions. It also contains a special section that addresses issues that are particularly relevant to Native Communities. Each section provides a general overview of issues and challenges, as well as concrete strategies for overcoming those challenges. Go [here](#) to access the toolkit and other resources including videos, webinars and [Reach to Teach, Educating Elementary and Middle School Children with Fetal Alcohol Spectrum Disorders](#), a free 60 page publication that can be downloaded from the Substance Abuse and Mental Health Administration.

### **Be Her Resource: A Toolkit about School Resource Officers and Girls of Color**

Georgetown Law Center on Poverty and Inequality and the National Black Women's Justice Institute are pleased to announce the release of a new toolkit for school systems and police departments. *Be Her Resource: A Toolkit about School Resource Officers and Girls of Color* presents the findings that emerged from focus groups and interviews conducted with school resource officers and girls of color in the South, a region that has been relatively unexamined in such research. Based on the findings, the toolkit presents guiding principles and policy recommendations designed to improve interactions between girls of color and SROs, with the ultimate goal of reducing these girls' disproportionate rates of contact with the juvenile justice system. Download the toolkit [here](#).

### **U.S. Department of Justice, OJJDP-funded Bulletin Supports Diversion for Youth with Behavioral Health Needs**

The [National Center for Mental Health and Juvenile Justice](#) and the [National Council of Juvenile and Family Court Judges](#), with support from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), have released "[Disrupting School-Justice Pathways for Youth with Behavioral Health Needs](#)". This technical assistance bulletin provides response strategies for stakeholders to divert youth with behavioral health needs away from the juvenile justice system.

- [View and download](#) the bulletin.
- Access OJJDP's [Diversion Programs I-Guide](#) on OJJDP's [Model Programs Guide](#).
- See OJJDP's Model Programs Guide literature review on [diversion from formal juvenile court processing](#).

### **Policy Brief: Understanding and Addressing Trauma and Child Sex Trafficking**

The NCCTS (National Center for Child Traumatic Stress) Policy Program is announcing the release of a new NCTSN (National Child Traumatic Stress Network) Policy Brief, entitled *Understanding and Addressing Trauma and Child Sex Trafficking*. The new brief provides policymakers and other stakeholders with an overview of child sex trafficking and its relationship to child trauma, as well as policy-relevant and child trauma-focused recommendations to assist them in their response to child sex trafficking. This resource was developed by the NCCTS Policy Program and Dr. Kelly Kinnish (Georgia Center for Child Advocacy), with support from the NCTSN Policy Task Force. 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 additional information, please contact NCCTS Policy Program Director, [Dr. Diane Elmore Borbon](#). Access the policy brief [here](#).

### **There's Still Time to Register for the National Drug and Alcohol Facts Week!**

**National Drug and Alcohol Facts Week**<sup>®</sup> links students with scientists and other experts to counteract the myths about drugs and alcohol that teens get from the internet, social media, TV, movies, music, or from friends. It was launched in 2010 by scientists at the National Institute on Drug Abuse (NIDA) to stimulate educational events in communities so teens can learn what science has taught us about drug use and addiction. Go [here](#) to learn more.

## **TRAINING OPPORTUNITIES**

### **New Webinar in Childhood Traumatic Grief Series**

Supporting Military Children with Traumatic Grief

Date: Tuesday, January 23, 2018 @ 12:00 pm ET/9:00 am PT

During both peace and conflict, children with parents in the military face unique military related stressors. Military children may develop childhood traumatic grief following the death of caregiver from combat or non-

combat situations. In collaboration with the Tragedy Assistance Program for Survivors (TAPS), this presentation will provide an overview of issues specific to military culture and family life, describe two models for treating military children with traumatic grief, and will highlight a military consumer voice.

Presenters: Zaneta M. Gileno, LCSW, Tragedy Assistance Program for Survivors; Robin Goodman, Ph.D., ATR-BC, A Caring Hand, Founded in Memory of Billy Esposito; Judith Cohen, M.D., Allegheny Health Network; Kate, Military Survivor

Go [here](#) to learn more and to register.

### **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

To register go to <http://www.pasap.org/>

### **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.

For more information contact: [ra-pwinteragencyconf@pa.gov](mailto:ra-pwinteragencyconf@pa.gov). Website: <http://pasocpartnership.org/>.

### **2018 Pennsylvania Suicide Prevention Conference**

May 10-11, 2018

Harrisburg, PA 17104

More information will be available soon at <https://www.preventsuicidepa.org/2018-annual-conference/>.

## **NEWS**

### **Suicide and Self-Harm Is Increasing Among Teen Girls, Study Finds**

Suicide attempts and self-harm among teenage girls have increased, according to a new study from the Centers for Disease Control and Prevention (CDC). Researchers analyzed 2001 to 2015 data on emergency department visits for nonfatal self-inflicted injuries among youth ages 10 to 24. They found that rates for males remained stable throughout that time period, and increased significantly among females starting in 2009. Rates among girls ages 10 to 14 rose most sharply, nearly tripling from 2009 to 2015. Lead study author Melissa Mercado cautioned that these rates could be an underestimate because the study only included data on self-inflicted injuries treated in emergency departments and did not examine cases treated in other settings. The authors emphasized the need for a comprehensive suicide and self-harm prevention approach that includes supporting at-risk youth, promoting social connectedness, and teaching coping and problem-solving skills. Read the study abstract [here](#).

### **Emergency Department Visits Involving the Accidental Ingestion of Opioid Pain Relievers by Children Aged 1 to 5**

The accidental ingestion of opioid pain relievers (e.g., oxycodone, hydrocodone) has been identified as particularly dangerous to children. Because of their physiology and smaller size, accidental ingestion of small amounts of opioid pain relievers can lead to medical emergencies and even death. According to the National Poison Data System, pain medications are the third most common substance implicated in pediatric poisonings (after cosmetics/personal care products and cleaning products) and are the most frequent cause of pediatric fatalities resulting from accidental ingestion. The rates at which opioid pain relievers were prescribed increased dramatically between 1999 and 2011 to 2012. The increased availability of opioid pain relievers in the home has resulted in increases in medical emergencies related to accidental ingestion of pain relievers by children.

According to the Drug Abuse Warning Network (DAWN), in 2011 an estimated 4,321 emergency department (ED) visits involved accidental ingestion of opioid pain relievers by children aged 1 to 5. The number of ED visits increased 200.7 percent from 1,437 visits in 2004 to 4,321 visits in 2011; however, the number of ED visits was stable between 2009 and 2011.

Combined 2004 to 2011 DAWN data show that an estimated 22,174 ED visits involved accidental ingestion of opioid pain relievers by children aged 1 to 5. An estimated 5,977 of these ED visits involved hydrocodone products (Vicodin; Lortab), and 4,365 involved Oxycodone products (OxyContin; Percocet). About 5,222 visits involved buprenorphine (Subutex; Suboxone), a medication used to treat opioid addiction.

Combined 2004 to 2011 DAWN data show that, among ED visits involving accidental ingestion of opioid pain relievers by children aged 1 to 5, 85 percent involved opioids only; additional drugs were involved in the remaining 15 percent of these ED visits.

Combined 2004 to 2011 DAWN data show that, among children aged 1 to 5 taken to the ED for accidental ingestion of opioid pain relievers, 71 percent were treated and released; 16 percent were admitted to the hospital for inpatient care and 11 percent were transferred to another health care facility.

For a copy of the full report click [here](#).