

Study Guide

Accessing Mental & Behavioral Health Services for Students in Pennsylvania

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2012

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Introduction

School leaders work with students and teachers daily and for the most part the work is satisfying, as well as challenging. Many school leaders have administrative demands placed upon them, which may leave them with little time to help students who may be struggling with a mental, or behavioral health problem. Furthermore, school leaders and teachers may feel they are not adequately trained to recognize the most common mental and behavioral health issues facing their students, although they do recognize something is affecting the student's ability to learn.

The most common issues impeding Pennsylvania's students from learning, according to the 2008-2009 public school data, are Attention Deficit Hyperactive Disorder (ADHD), Conduct Disorder, Depression & Anxiety, and Alcohol and Drug Abuse.⁶ These disorders often cause barriers to a student's learning and the consequences are reflected not only academically, also behaviorally as classroom teachers are faced with dealing with challenging obstacles in their classroom management techniques to help these students learn, while often referring students to the principal's office for inappropriate behavior in the classroom. To help school leaders better deal with these behaviors the Pennsylvania Department of Public Welfare, in conjunction with the Department of Education, Bureau of Children's Behavioral Health Services, and the Department of Health's Bureau of Drug & Alcohol Program has created the Student Assistance Program, also known as SAP.

The Student Assistance Program is designed to provide support to school personnel in recognizing mental and behavioral health problems, which are impeding the learning of their students. The SAP website is the first step to accessing the state program which will assist your school or school district by utilizing a four phase structure. The phases include the student referral, team planning, intervention & recommendations, and support & follow-up.

Glossary

Drug & alcohol assessment – An initial screening to identify crisis drug and alcohol behaviors; conducted by a drug & alcohol counselor with follow-up treatment planned based on assessment findings.

Evidence-based practices – Practices or programs designed based on the most recent evidence published in credible journals designed to modify behavior.

FERPA – Family Educational Rights & Privacy Act; a federal law with the purpose of ensuring student education records are kept private and applies to all schools receiving federal funding.

HIPPA – Health Insurance Portability and Accountability Act; gives federal safeguard for personal health information held by providers and gives the patient rights to access such information.

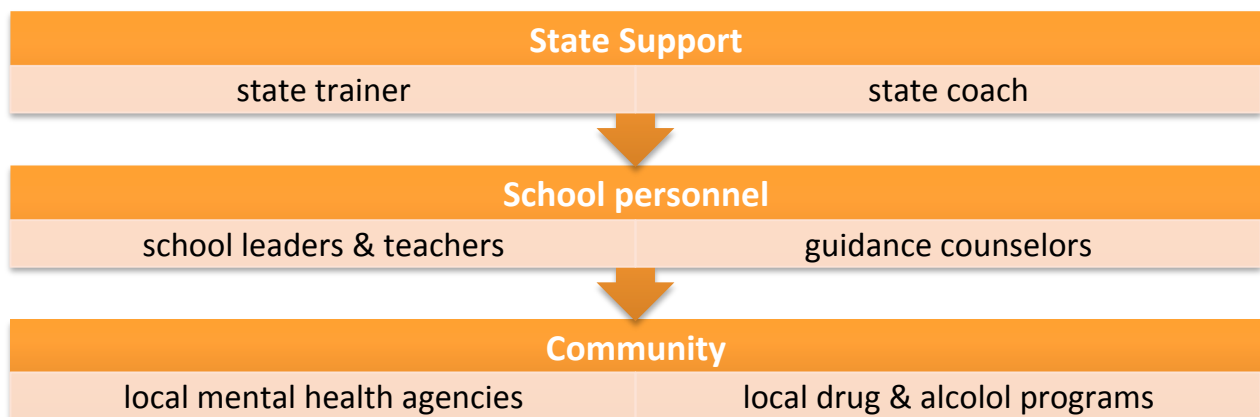
Mental health agency – An agency that provides mental health counseling and services by licensed and skilled practitioners.

Mental health assessment – An assessment that presents a doctor or clinician with a general representation of a child’s emotional state, to include reasoning and cognitive functioning by asking a series of questions and noting appearance & mood.

State approved trainer – A state employed trainer who provides all phases of SAP training to school personnel.

State assigned coach – A state employed coach who provides monitoring and follow-up instruction for all SAP members and is assigned by which county the school is located.

Key Players on a SAP Team



Accessing Pennsylvania's Student Assistance Program

By accessing Pennsylvania's Department of Public Welfare website at www.dpw.state.pa.us and clicking on the link to the Student Assistance Program you will have taken the first step in this beneficial program for your students. Several Pennsylvania schools have already taken these steps to start SAP in their school district and individual schools. Check with your school district's administration to see if the process has already been started or to see if you can get it started with their support and assistance. Once the SAP designated school staff has received the proper training from the state trainers, the next step involves working with the state team leader assigned to the school to start implementing the program for those students who are referred to it. (See appendix for list of state trainers and team leaders assigned by county.) Anyone who is concerned about the student can make a referral; a friend, teacher, parent, even the student himself. The referral is the first step in the four phase process; then the team planning, the intervention and recommendations, along with support and follow-up.



The four phases of the Student Assistance Program

Phase one is the referral to the program; which anyone can make who is concerned about the student. The referral can come from a school leader, teacher, coach, friend, or the student. Once a referral is made the initial fact-finding begins to identify the problem behaviors. The parent/guardian is also contacted during this phase; usually by phone. If the parent gives verbal consent, a consent form is mailed to them to sign, along with a brochure explaining the program in more detail.

The second phase involves team planning. The SAP team gathers the necessary objective information by reviewing the student's records to include grades and office referrals. Conferences are then held with the student and then the parent. The team then meets to review their findings and devise a plan for the student.

The third phase is the intervention and recommendation. The SAP team has gathered and reviewed all the necessary information and recommends an intervention which may include in-school and/or community resources to help the student overcome and remove the barriers which are impeding their learning.

The last phase is the support and follow-up phase. During this phase the team confirms that the student and their family are utilizing recommended services and resources. The parent/guardian is contacted to lend support and answer any questions or concerns they may have concerning the services or resources.

Mental & Behavioral Health Issues Impeding Student Learning

The most common termed disorder that school leaders and teachers may recognize is **Attention Deficit Hyperactive Disorder (ADHD)**. "ADHD is identified symptomatically in the *Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)* according to criteria for inattentiveness, hyperactivity, and impulsivity."¹ These symptoms often have to appear before age 7 and be observed in two or more settings such as home, school, or community activities. In addition, other conditions such as mood, anxiety, & personality disorders must be ruled out to have an accurate ADHD diagnosis.

Conduct Disorder is a disruptive behavior disorder in children & adolescents, in addition to the most common reason they are referred to a mental health professional. A few of the traits of this disorder may include bullying, intimidation, initiation of physical fights, weapons use, physical cruelty to people or animals; in addition to stealing, vandalism, running away from home and truancy from school.

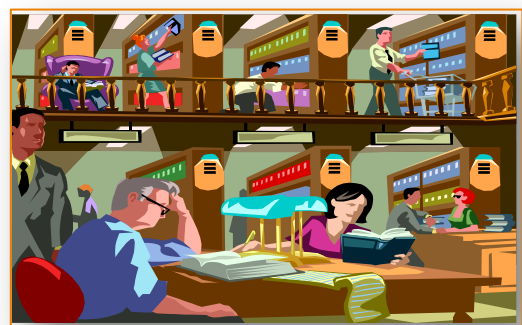
Depression and anxiety are also disorders that may become barriers to a student’s learning in school. **Major Depressive Disorder** is characterized by a depressed mood, loss of interest or pleasure, change in usual function; in addition to appetite & sleep disturbances, impaired social or academic function for more than two consecutive weeks and not due to a substance or medical/physical condition. “Children tend to show more symptoms of anxious and somatic complaints, whereas adolescents tend to have sleep or appetite disturbances, suicidal thoughts or behavior, and social or school impairment.” ¹

Anxiety or Generalized Anxiety Disorder is persistent and excessive worry about many topics from safety, school performance, relationships, and the future to name a few.¹ The Student Assistance Plan was initially created to address alcohol and drug abuse problems that affect students. “Data strongly indicate that adolescents who use substances have high rates of psychiatric disorders.” ¹These psychiatric disorders range from conduct disorder to depression, therefore were later added to the Student Assistance Program. Moreover, alcohol & drug use are unfortunately a problem for Pennsylvania’s adolescents who are tempted to experiment with these substances, which can easily turn into abuse. “The four most common substances used and abused by children and adolescents are alcohol, nicotine, marijuana, and inhalants.” ¹ **Alcohol and drug abuse** occurs when they are used compulsively and urgently to seek the mood swing and high created by their use, in addition to the time & energy invested in seeking and obtaining them.

Current Research

In a study titled, “*Evidence-Based Mental Health Programs in Schools: Barriers and Facilitators of Successful Implementation*,” A.K. Langley of UCLA and colleagues found:

- “National policies encourage the dissemination of evidence-based prevention and early intervention services in schools,



yet researchers have found that programs are frequently implemented unsuccessfully or with poor quality.”

- “Sites that successfully overcame such barriers differed from their unsuccessful counterparts by having greater organizational structure for delivering services...”

Elise Cappella and colleagues published a journal article titled, *“Bridging Mental Health and Education in Urban Elementary Schools: Participatory Research to Inform Intervention Development.”* Here are highlights of the article:

- “Drawing from research and existing programs, we created a teacher consultation and coaching intervention delivered by indigenous school and community mental health professionals to increase effective classroom interactions for children with behavioral difficulties and their classmates.”
- “Thus, we focus explicitly on teacher-student interactions- and strategies to improve these interactions- as a primary mechanism of learning and development for children with behavioral difficulties and their classmates.”

A Case Study

Taylor Jenson is a 13-year-old eighth grade girl at Middleview Junior High School. Up to this point she has performed academically well, usually receiving A’s and B’s. Her advancement into junior high had been unremarkable until recently. Taylor’s English teacher, Mrs. Evans, has noticed her arriving late for the first period class and is often distracted and off task during class. Mrs. Evans approached Taylor after class one day to ask her if she was ok, and if everything was alright. Taylor replied that she was fine and nothing was wrong. Mrs. Evans was not convinced, and her concerns led her to make a referral to the schools Student Assistance Program.

Miss Keaton, the SAP Coordinator at Taylor’s school, contacted her mother by phone. Mrs. Jenson was not aware that Taylor had been arriving late to school. She explained she leaves for

work before Taylor leaves for school. Mrs. Jenson thanked the coordinator for her concern and told her she would speak with Taylor that evening regarding her unusual behavior.

Taylor's mother spoke with her when she came home from work. Everything appeared as usual because Taylor was in her room listening to music. Her mom told her Miss Keaton from her school had called because she was concerned about her tardiness to first period and not paying attention in English class. Taylor became defensive and blamed things on the teacher, and started to argue with her mom to stay out of her business.

As they argued Taylor blurted out that she has been sneaking wine from her parents wine cabinet and drinking it in her room before bedtime. When she wakes up in the morning she often has a bad headache and stomachache so she runs late for first period. When her mom asked her why she was drinking the wine she said, "...because I am upset and can't deal with the fact that I didn't make the cheerleading squad and you & dad didn't even ask me about it." The next day Taylor's mom explained things to Miss Keaton and they both agreed the Student Assistance Program at the school would be a great place to start in getting Taylor the help she needed.

Discussion Questions

1. *Do you think the teacher acted appropriately by making a referral for Taylor to the Student Assistance Program?*
2. *Did Miss Keaton, the SAP coordinator, correctly notify Taylor's parents/guardian?*
3. *Would you have handled the situation differently? If so, what would you have done differently if Taylor was a student at your school?*

Frequently Asked Questions

Q. Can all schools access the Student Assistance Program?

A. Yes. All 500 public school districts within the Commonwealth of Pennsylvania can use the program.

Q. What does research say about the Student Assistance Program?

A. Current research indicates, “Many students coming through a Student Assistance Program are referred to a community human services agency for an assessment. A majority of the students who are linked to and assessed at the local agencies comply with the assessment recommendations and access some if not all of the recommended programs & services. Positive student outcomes are evident for students who participate in SAP,” this is according to the *2003 Retrospective Analysis of the Pennsylvania Student Assistance Program Outcome Data: Implications for Practice and Research*.

Q. What are the potential barriers to SAP?

A. Some of the most common barriers are poorly implemented programs, deficient parental support and involvement, and lack of communication between team members. Once these hurdles are addressed and overcome, the school can have a successful program for their students.

Q. How can parents be involved?

A. Parental involvement starts at the beginning. A parent or guardian must consent for their child to participate in SAP. Often a phone call is made to the parent regarding problem behaviors that have been referred to the SAP program. Then a consent form is mailed to them for their signature, which follows the prescribed parental involvement procedure. Parents are encouraged by the SAP team to be very active in the decision making process for their child.

Annotated Bibliography

Cappella, E., Jackson, D.R., Bihal, C., Hamre, B.K., & Soule, C. (2011). Bridging mental health and education in urban elementary schools: Participatory research to inform intervention development. *School Psychology Review, 40*, 486-508.

The intervention developed by this research model focused on developing an effective delivery system for classroom teachers to enhance classroom management techniques to assist students with behavioral difficulties, such as inattention, impulsivity, and defiance. The two year, two phase study was similar to two existing models; the Links to Learning (L2L) and My Teaching Partner. However this model was designed around urban schools and it was called Bridging Education and Mental Health in Urban Schools (BRIDGE). The lead author, Elise Cappella from the Applied Psychology Department at New York University worked with her colleagues and others from the University of Virginia and New York-Presbyterian Hospital. Dr. Cappella is a clinical and community psychologist. Her primary area of research is in academic and social-emotional functioning among low-income children.

Since teacher interactions with students are critical to student performance and success, the goal of the BRIDGE model is to grow effective student-teacher relations to better support classroom performance; to include academics and social behaviors, in underprivileged urban schools. Phase I of the model dealt with intervention adaptation and Phase II dealt with intervention implementation. Though many schools in this country currently have some working relationship with mental health professionals, social workers, and counselors, the overall goals here were to connect stakeholders, establish a feasible and workable program for all of those involved, and to raise its effects on classroom teachers and their students.

The BRIDGE program in this research article correlates to the Student Assistance Program (SAP) in Pennsylvania schools. One of the goals of SAP is to work in conjunction with community mental health agencies and local drug and alcohol programs to assist students in overcoming barriers to learning in school.

Fox, L., Dunlap, G., & Powell, D. (2002). Young children with challenging behavior: Issues and considerations for behavior support. *Journal of Positive Behavior Interventions, 4*, 208-217.

The authors of this journal article are from the University of South Florida and collaborated to produce information that discusses the vital importance of early intervention programs. The lead author, Lise Fox, is a professor in the Department of Child and Family Studies and is the Director of the Florida Center for Inclusive Communities. Currently, she is the Principal Investigator on a study of social and emotional intervention for young children.

The programs discussed in this article are crucial for children who exhibit social and behavioral problems. Early behavioral intervention for young children provides a platform for the possibility of better outcomes in school, in addition to affording an opportunity to introduce family-centered behavioral support options.

In order for students with behavioral disorders to succeed in school, some form of behavioral intervention needs to be in place so that the child will have an opportunity to have a sturdier foundation to build their academics upon. Positive behavior support appears to be the most accepted evidence-based practice for students with social and behavioral disorders.

School programs that are evidence-based and properly implemented are most often successful, therefore this article is relevant to how school leaders can access mental and behavioral health services in Pennsylvania for their students through the Student Assistance Program (SAP).

Langley, A.K., Nadeem, E., Kataoka, S.H., Stein, B.D., & Jaycox, L.H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School Mental Health, 2*, 105-113.

School administrators, principals, and teachers all want to see their students succeed academically and behaviorally. Though this is a wonderful goal for school district's to have, in addition to current programs in place to facilitate these goals, these goals may not be easily attainable if the programs are not successfully implemented. Most behavioral programs in schools may be classified as Evidence-Based Programs; conversely how well the programs are implemented by the staff and clinicians may leave some of the programs unsuccessful. What is essential to the success of such programs is the fact that all individual's involved with implementation should be well trained, well informed, and work as a team.

Today's schools may already have school-based mental health services available for their students which helps remove some of the barriers to accessing this type of help, nonetheless this journal article reveals the possible reasons for poor success of Evidence-Based Programs in schools. The lead author, Dr. Audra Langley, is an Assistant Professor in the Division of Child & Adolescent Psychiatry at the UCLA Semel Institute for Neuroscience and Human Behavior. She has dedicated her career as a clinician and researcher to finding ways to increase school-based access to evidence-based interventions for underserved populations of children.

When discussing mental health programs in schools, part of the predicament is not that the school programs themselves are failures. It is rather the recurrent lacking of program implementation that is the barrier. With this knowledge, researchers could deduce that the organizational and implementation culture and climate of the school district (and even individual schools) are key components to triumphant program management. Additionally, poor organizational factors that may exist within the administration and school configuration of norms and policies may also be relevant barriers to the success of such programs.

The Student Assistance Program (SAP) in Pennsylvania schools does deal with differing climate and norms of individual schools; however the one constant is that each school SAP team is trained by state trainers and is assigned a state coach based on the county the school is in, therefore bringing continuity to the overall program.

Pennsylvania Department of Public Welfare, Student Assistance Program. Retrieved January 18, 2012 from <http://www.dpw.state.pa.us/provider/studentassistantprogram>

The Pennsylvania Department of Public Welfare has many programs to assist families within the commonwealth; however, the state's Student Assistance Program (SAP) is exceptional when it comes to working with students struggling in school. The website provides detailed information about SAP and how it is intended to support school personnel in identifying mental and behavioral health issues which can create obstacles for student learning. The department's website also provides resources for school administrators and teachers to begin the process of initiating SAP within their district. It provides lists of state trainers and state assigned coaches for each county in the state. Also outlined on the website are the four phases of SAP which consist of the student referral, team planning, intervention & recommendations, and support & follow-up. The program is administered in partnership with the Pennsylvania

Department of Education's Division of Student and Safe School Services, and the Department of Health's Bureau of Drug and Alcohol Program; along with support from the Bureau of Children's Behavioral Health Services, which all work closely with school district personnel to implement the program, as well as assist with administering it in their schools.

U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A national action agenda. (2000). Washington, DC: Department of Health and Human Services. Retrieved January 19, 2012 from <http://www.surgeongeneral.gov/cmh/childreport.htm>

The national action agenda created from the 2000 Surgeon General's Conference on Children's Mental Health is an extensive piece on the seriousness of mental and behavioral health disorders affecting American children and the dire need to address these disorders during childhood. Many specialists and experts collaborated on this report to bring to light the tremendous need for treating mental health issues sooner, rather than later, in young children. One of the many goals of this conference was to bring awareness to the fact that stronger efforts must be made to improve diagnosis and treatment of children with behavioral and mental health disorders.

Even though most children receive mental health counseling and psychotropic medication from their primary care providers, these issues are often not addressed in the classroom or with the classroom teacher until behaviors become too severe for the classroom teacher to manage alone. This can be due to trust, convenience and health insurance policies. Teachers must request formal evaluations and assessments for these children and the primary care provider often isn't involved in the discussion. Schools often try to provide collaborative services with community mental health agencies that are available, but often fall short in a working relationship with all of the individuals involved in the child's care. The conference revealed that more collaboration is necessary, with intervention occurring at a younger age than kindergarten, if long-term success is to be accomplished in helping the children that need it the most.

References

1. Austin, V., & Sciarra, D. (2010). *Children and adolescents with emotional and behavioral disorders*. Upper Saddle River, NJ: Pearson Education, Inc.
2. Cappella, E., Jackson, D.R., Bihal, C., Hamre, B.K., & Soule, C. (2011). Bridging mental health and education in urban elementary schools: Participatory research to inform intervention development. *School Psychology Review, 40*, 486-508.
3. Fertman, C., Tarasevich, S., & Hepler, N. (2003). Retrospective analysis of the Pennsylvania student assistance program outcome data: *Implications for practice and research*. Pennsylvania Commission on Crime and Delinquency.
4. Fox, L., Dunlap, G., & Powell, D. (2002). Young children with challenging behavior: Issues and considerations for behavior support. *Journal of Positive Behavior Interventions, 4*, 208-217.
5. Langley, A.K., Nadeem, E., Kataoka, S.H., Stein, B.D., & Jaycox, L.H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School Mental Health, 2*, 105-113.
6. Pennsylvania Department of Public Welfare, Student Assistance Program. Retrieved January 18, 2012 from <http://www.dpw.state.pa.us/provider/studentassistantprogram>
7. U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A national action agenda. (2000). Washington, DC: Department of Health and Human Services. Retrieved January 19, 2012 from <http://www.surgeongeneral.gov/cmh/childreport.htm>

Appendix



COMMONWEALTH OF PENNSYLVANIA STUDENT ASSISTANCE PROGRAM APPROVED TRAINING PROVIDERS

Addiction Medicine at WPIC-UPMC Presbyterian

Contact: Susan L. Tarasevich/Margie Modro
4117 Liberty Avenue, Drake Annex
Pittsburgh, PA 15224
Phone: (412) 588-2575
Fax: (412) 588-2891
Email: tarasevichsl@upmc.edu;
modroma@upmc.edu

Alcohol and Drug Abuse Services, Inc.

Contact: Greta Billings
1305 Bucktail Road
St. Marys, PA 15857
Phone: (814) 781-1700
Fax: (814) 781-8134
Email: ada814@windstream.net

Allentown School District

Contact: Julie Schiabele
P.O. Box 328
Allentown, PA 18105-0328
Phone: (484) 765-4061
Fax: (484) 765-4076
Email: schiabelej@allentownsd.org

Armstrong/Indiana Drug and Alcohol Commission, Inc.

Contact: Amanda Cochran
10829 US Route 422
Shelocta, PA 15774
Phone: (724) 354-2746 x310
Fax: (724) 354-3132
Email: acochran@aidac.org

Behavioral Health Training and Education Network (BHTEN)

Contact: Stephen Paesani
520 N Delaware Avenue, 7th Floor
Philadelphia, PA 19123
Phone (215) 923-2116, ext. 289
Fax (215) 923-2147
Email: spaesani@pmhcc.org

Blair County Drug & Alcohol Programs, Inc.

Contact: Katherine Muller
620 Howard Avenue
Altoona, PA 16801
Phone: (814) 889-2011
Fax: (814) 889-7808
Email: kmuller@blairdap.org

The Caron Foundation

Contact: Tina George
P.O. Box 150, Galen Hall Road
Wernersville, PA 19685
Phone (610) 678-2332, ext. 2108
Fax (610) 678-5064
Email: tjgeorge@caron.org

Center for Humanistic Change

Contact: Karen Kohn
2200 Avenue A, Suite 106
Bethlehem, PA 18017
Phone: (484) 821-0375
Fax: (610) 317-0316
Email: karenkohn1@verizon.net

Clearfield/Jefferson Drug & Alcohol Comm

Contact: Joseph Zbieg
104 Main Street, P.O. Box 647
Falls Creek, PA 15840
Phone: (814) 371-9002
Fax: (814) 371-9055
Email: jzbieg@cjdac.org

COAD Group

Contact: Jacquelyn Taylor
930 East Lancaster Avenue
Exton, PA 19341
Phone (610) 363-6164
Fax (610) 594-0278
Email: jtaylor@coadgroup.com

Compass Mark

Contact: Stephanie Roy
630 Janet Avenue
Lancaster, PA 17601
Phone: (717) 299-2831
Fax: (717) 393-5944
Email: sroy@compassmark.org

The Council of Southeast Pennsylvania, Inc.

Contact: Melissa Groden
252 West Swamp Road
Bailiwick Office Campus #33
Doylestown, PA 18901-2466
Phone: (215) 230-8218 x3808
Fax: (215) 230-8205
Email: mgroden@councilsepa.org

Diakon Family Life Services

Contact: Michelle McElwee
435 West Fourth Street
Williamsport, PA 17701
Phone: (570) 322-7873
Fax: (570) 322-8026
Email: mceiweem@diakon.org

Gateway VISION

Contact: deRicoi Horwath
87 East Maiden Street, 2nd Floor
Washington, PA 15301
Phone: (724) 228-0810
Fax: (724) 228-3020
Email: cdh@gatewayrehab.org

Holcomb Behavioral Health Systems

Contact: Marilyn West-Nulty
126 East Baltimore Pike, Gayley Square
Media, PA 19063
Phone: (484) 444-0412
Fax: (484) 444-0421
Email: mwestnul@holcombhhs.org

Holy Spirit Hospital - Teenline

Contact: Launa Snyder
503 North 21st Street
Camp Hill, PA 17011
Phone: (717) 972-8892
Fax: (717) 972-8899
Email: lsnyder@hsh.org

**Lackawanna/Susquehanna Office
of Drug and Alcohol Programs**

Contact: Jude Villano
507 Linden Street, 5th Floor
Scranton, PA 18503
Phone: (570) 963-8820
Fax: (570) 963-6617
Email: villanoj@lackawannacounty.org

Lincoln Intermediate Unit #12

Contact: Terrence Riley
P.O. Box 70
New Oxford, PA 17350
Phone: (717) 824-8438
Fax: (717) 624-8519
Email: triley@iu12.org

**Mercer County Behavioral Health
Commission, Inc.**

Contact: Melanie Moyer
8406 Sharon Mercer Road
Mercer, PA 16137
Phone: (724) 862-1550
Fax: (724) 862-1557
Email: melanie.moyer@mercercountybhc.org

Montgomery County IU

Contact: Jean Miksch
1605 West Main Street
Norristown, PA 19403
Phone: (610) 755-9331
Fax: (610) 539-5973
Email: jmiks@mcui.org

Northern Tier Counseling, Inc.

Contact: Jenny Young
21209 Route 414
Monroeton, PA 18832
Phone: (570) 265-0100 x2046
Fax: (570) 265-0980
Email: jyoung@northerntiercounseling.com

Northwest Tri-County IU

Contact: Dr. Dennis Valone
252 Waterford Street
Edinboro, PA 16412
Phone: (814) 734-8462
Fax: (814) 734-5806
Email: dennis_valone@iu5.org

Parkland School District

Contact: Connie Harakal
2700 North Cedar Crest Blvd.
Allentown, PA 18104
Phone: (610) 351-5800 Ext. 72108
Fax: (610) 351-5656
Email: harakalc@parklandsd.org

Philadelphia School District

Office of Counseling & Promotion
Contact: Bridget Taylor-Brown
440 North Broad Street, 2nd Floor
Philadelphia, PA 19130
Phone: (215) 778-8533
Fax: (215) 400-4172
Email: bdtaylorbrown@philasd.org

The Prevention Network

Contact: Stephanie Dickinson
270 Ohio River Boulevard
Baden, PA 15005
Phone: (724) 869-2222, Ext. 216
Fax: (724) 869-3155
Email: s.dickinson@thepreventionnetwork.org

Project CARE

Contact: Lee Rush
P.O. Box 258
Quakertown, PA 18951
Phone: (215) 638-4799
Fax: (215) 453-4798
Email: lrush@enter.net

Saint Vincent College Prevention Projects

Contact: Patty Morhack
300 Fraser Purchase Road
Latrobe, PA 15650-2980
Phone: (724) 805-2050
Fax: (724) 539-1710
Email: patty.morhack@email.stvincent.edu

Shalom, Inc.

Contact: Cheryl Thomas*
1080 North Delaware Avenue, Suite 602
Philadelphia, PA 19125
Phone: (215) 425-7727
Fax: (215) 425-7785
Email: clthomas22@gmail.com

Tuscarora Intermediate Unit

Contact: LaTisha Hockensmith
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McVeytown, PA 17051-9717
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Email: hockensmith@tiu11.org

Revised, December 27, 2011

** CAT is currently in the process of completing their
Lead Trainer Application. When approved, the * will
be removed.*



PA NETWORK FOR STUDENT ASSISTANCE SERVICES (PNSAS)

Mission:

The mission of the Pennsylvania Network for Student Assistance Services is to provide leadership for developing a safe and drug-free environment and mental health wellness in schools and communities across the Commonwealth. Barriers to learning will be removed and student academic achievement will be enhanced through collaborative prevention, intervention, and post-intervention services

Commonwealth SAP Interagency Committee

Joe Loccisano
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333 Market Street, 5th Floor
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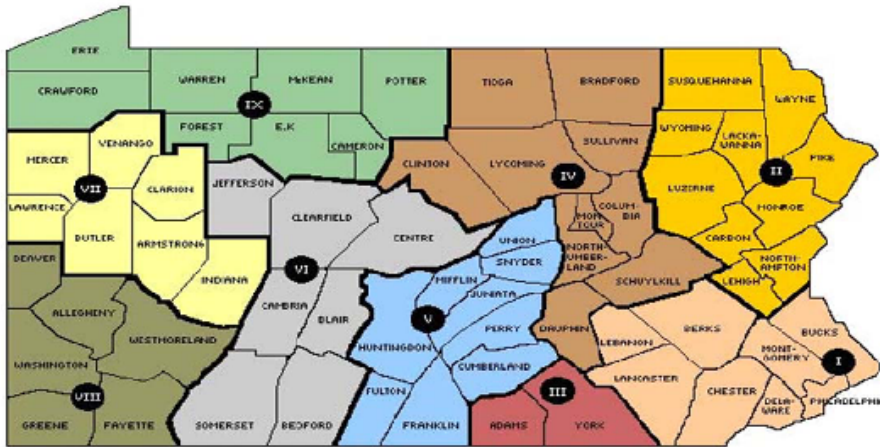
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12/15/2011

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Region VII – These counties will be covered by staff in the regions indicated.
 Armstrong – Region VI
 Indiana – Region VI
 Clarion – Region V
 Mercer, Venango – Region IX
 Lawrence, Butler – Region VIII

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