

School Health Advisory Committee Minutes
February 14, 2019
Lee County Public Education Center
8:30-10:00am

Members/Guests/Presenters

Lisa Canale	LCSD- School Nurse, SHAC Secretary
Leisha Roy	LCSD- Health Educator, SHAC Co-Chair
Mary Fischer	Lee County School Board Member
Pamela Peters	FSW- Professor Addiction Studies FSW
Casandra DeBoer	LCSD School Nurse
Amy Carroll	LCSD- Dietitian, Nutritional Services
Amanda Pusey	FDOH Health Education Program Consultant
Mark Tesoro	Lee Health Trauma Center
Sally Kreuzscher	Golisano Children's Hospital Safe Kids
Stan Wiggins	Pediatrician
Kevin Kirkwood	FDOH/Heath Promotion
Brendan Donohue	FDOH
Manuel Olivia	Florida Counter Drug
Alison Sutton	LCSD School Nurse
Heidi Brescher	FMPD
Diana Giraldo	Streets Alive of SWFL President
Lori Brooks	LCSD Assist Director School Counseling & Mental Health Svc
Mary Lynn Rodriguez	LCSD Coordinator School Counseling
Heather Parker	Wellness Coordinator
Jamie Spangler	Wellness Intern
Lauren Couchois	LCSD Director of Food and Nutrition Services
Vicki Santini	LCSD Island Coast High Instructor
John Chomeau	Lee Health Director of Population Health
Paul Simeone	Lee Health Vice President of Mental and Behavioral Health
Betsy Vaughn	Lee County School Board Member
Jennifer Wolff, RN	ECS School Nurse
Moira Miner, RN	ESE Nurse
Sherri Marino, RN	ESE Nurse
Kim Samuelson	Golisano Children's Hospital of SWFL
David LaRosa	LCSD Director of Athletics

Meeting called to order at 8:30 by Leisha Roy

Introductions made by all present

Approval of the 02-14-19 meeting minutes

New Business

David LaRosa Director of Athletics attended the SHAC meeting to answer questions presented by the Lee Health Child and Safety Team. David explained that there are ten full-time athletic trainers that work throughout the District with four new positions being added this year with the help of Lee Health. Four trainers are employed directly by the District, four employed directly by

Lee Health, and two are employed both by the District and Lee Health. The athletic trainer position requires a master's degree to hold the position and currently there are athletic trainers in the high schools but not in the middle schools. Six of the high schools have a full-time trainer and eight high schools share trainers. The criteria to decide which school is staffed a trainer consisted of: 1.) number of sports offered 2.) level of sports offered (i.e.: varsity) 3.) number of athletes participating in sports 4.) how many special events outside of regular school hours (i.e.: cross country meet) 5.) which schools historically moved on to post season play and which did not 6.) geography of schools. David answered the question regarding why there are no athletic trainers in the middle schools being due to lack of man power and pay scale being below average because the position requires a master's degree. He stated the board is looking at this issue and how to solve it. Currently, First Responders have been placed in schools as a supplemental position to be there to do simple first aid and call 911. Additional training has been added for the coaches before the season starts to educate them on heat related illnesses, concussion, and cardiac arrest. Lee Health has partnered with LCSD to provide support and ensure safety of the student athletes. The district continues to work on educating all coaches on cold tub submersion and they ran live scenarios for how this protocol should be followed. A trainer will be assigned to a larger event such as a District cross country meet. David continued to explain that the middle schools are not required to have cold tubs but have been encouraged to purchase one from Home Depot. Cold tubs are mandatory for the high schools by the Florida High School Athletics Association. All high schools have an Emergency Action Plan (EAP) based on facility an where the athletic event is taking place. They will continue to evaluate and improve this EAP along with training. The athletic directors and trainers have the EAP's and are responsible for putting it in place. David clarified the question regarding the Wet Bulb Thermometers. He explained that they were purchased because the FSHAA wanted to mandate that all high schools have them. They did not role them out because there was not a clear concise plan on how to integrate properly and who would be responsible for the correct use or accuracy of the thermometers. At a later date David confirmed there has been ten cold tub submersions as of February 22, 2019 between the middle and high schools.

John Chomeau introduced his role as Chief Director of Population Health and the goal of developing a better relationship with the community including LCSD. Lee Health is committed to turning the corner by creating a true partnership with LCSD to improve care for the children/students throughout the community. John introduced Dr. Simeone who was one of Lee Health's investments to provide an integrative delivery system for Mental and Behavioral Health.

Paul G Simeone, Ph. D. presented on building and integrated approach to Pediatric Behavioral and Mental Health. Forty-six thousand children are in crisis in SWFL and impacted by some sort of mental illness. Suicide is 3rd leading cause of death in youth in Florida. There is a national and regional shortage of Behavioral Health Care Providers. Children wait eight to ten years to seek treatment or receive treatment here in Florida. Stigma makes all of this more difficult. Lee Health, Golisano Children's Hospital, and Kids Mind Matter collaborated to start raising money to address issues related to pediatric behavioral and mental health to provide services and funding. Sixty-five local leaders (i.e.: law enforcement, health care educators, etc.) came together to put their heads together to figure out what the most pressing issues of the community. The

three critical areas of focus that were decided on included; Legislative lobbying, unifying stakeholders, and pursuing sustainable funding. Lee Health is very committed to developing clinical pathways to reduce variation of care, improve access to quality of care as close to people's homes as possible, and improving public awareness with increased education to reduce stigma. Population health is working on a Pediatric Depression and Anxiety tool which is being rolled out in Physician's offices first and they wish to customize it in the school settings as well. They are developing Tele-Psychiatry, D-CBT (digital Cognitive Behavioral Therapy) platform for pediatric depression and anxiety. The D-CBT platform is the first of its kind to be rolled out to children. A Psychiatrist would prescribe the program to be used on a phone or computer which is parent or clinician guided and provides a 60-90-day treatment. Important ways to make this successful is improved parent involvement and spreading the word throughout the community. Dr. Simone runs the Healthy Lee Behavioral Task Force which has partnered with Fort Myers High School and will have a daylong event in September on stigma, health screenings, etc. Interested in extending the pediatric screening initiative and creating a partnership with LCSO. Dr. Simone explains how Richard Kaelan from Lee Health provides mental health first responder training to educators dealing with children on how to detect mental health problems and then how to make the appropriate referrals to relevant agencies. Additional services to be implement include training modules to help parents' parent better as well as help parents learn how to identify and manage anxiety in their children. Overall continuing to look for grants to fund mental health initiatives that will allow everyone to better serve this community and school systems.

Lori Brooks presented on an overview of the school based/District Mental Health allocation plan and what are we doing with the mental health allocation to support our students in school and then provide parents with opportunities to engage in community behavioral and mental health if they choose to go in the direction or a need is identified. Lori reviewed Senate Bill 7026 is a comprehensive legislation that covers two initiatives with allocation: School Safety and Mental Health (MH). School safety is primary although we do need to keep on top of the mental health needs of our students with early interventions before they are in crisis mode. There are two separate funding sources every year and it is based on student head count. The District was also encouraged to form community partnerships to support these initiatives. A multidisciplinary committee created and submitted a plan for approval by the school board and then the Department of Education (DOE). This plan requires an annual renewal which entails reanalyzing the plan, rewriting the plan, and resubmitting the plan plus grow the plan where necessary. Collectively we provide prevention, intervention, and crisis response plus we connect families to community behavior and mental health when appropriate. The system of support is a triangle: Tier 1 is universal prevention (school based without allocation) and provided to all students to keep them safe and help them grow in a healthy way, Tier 2 is supplemental/at risk support/intervention (school based with allocation provided), Tier 3 is individualized intensive services (some school based or recommendation for outside services with wraparound and allocation provided). Evidence Based Practices (EBP) were followed as per the DOE who suggested the models to follow plus making them unique by building the plan that best fits each School District. Six things were put into place: 1.) Success Academy: kids get more (was missing MH), added full-time licensed mental counselor on campus and full-time psychologist.

2.) Hired additional school social workers to provide more thorough support using wraparound services and increased days at school sites 3.) Hired additional school psychologists 4.) Developed School Mental Health Teams (SMHT) as a problem-solving paradigm at each campus. 5.) Organized community partnerships via memoranda of understanding to support MH needs 6.) Added support for behavior needs. Lori explains that the average age of students with MH challenges is 12-18 so full-time counselors are present in all high schools. Will be hiring three Behavior Coaches for the elementary schools to coach behavior specialists as well as intervention support specialists. Must report data to DOE every year; on how many student referrals, how many referrals to outside community resources, and parent involvement. Training initiatives have been added to include Youth MH First Aid, threat assessment team training, MH team training, prepared crisis prevention, and intervention training (title 4 funding) which will be rolled out in June. Leisha Roy explained that the Tier 1-universal support is what the Ad Hoc committee she is a member of is focusing on. The Surgeon General has recognized the critical need of providing this foundation to students first. The Mental Health and Wellness Portal was launched on 2/4/19 and is available on SDLC website under student services tab.

Amanda Pusey, health educator from FLDOH presented on a collaboration that they are working on for human trafficking. They received funding to do human trafficking awareness projects. They have a partnership with Abuse Counseling Treatment (ACT) prevention education unit. Instead of using the funds to make flyers they wanted to develop something more substantial and came up with window clings. The window cling will help to spread awareness, provide action steps, and hotline information. They will be placed on the mirrors in school bathrooms and where ever our youth goes as well as libraries and MD offices. Additionally, they developed larger posters, youth pocket cards, and pencils. To increase awareness for teachers, staff, and faculty they made “potty talk” flyers which will be placed in the adult bathrooms. The materials have been ordered and will available shortly through the FLDOH.

Diana Giraldo of Streets Alive of SWFL presented on bicycle and pedestrian safety (CHIP) street safety connectivity partnerships. Different subjects to be discussed include the bicycle safety curriculum and street connectivity/walkability audits. Diane Attended the Community Health Improvement Plan meeting that is working to identify champions for nutrition, physical activity, and weight goal 3.2. The goals include expanding community organization to focus on physical activity by December 2020 and have five programs or partnerships that have implemented at least one new after school program by 2022. The University of Florida has a Florida Traffic and Bicycle Safety Education Program that has become a partner because the Community Health Improvement Plan can be deployed through them. Diana is working on developing relationships and finding funding to support the initiative. The programs goal is to partner with LCSD to develop after school and summer programs and then eventually implemented the curriculum into PE classes with focus being on Elementary and Middle Schools. This will help children with skill development and increase physical activity. Additional ideas are to apply for grants to fund the cost for key LCSD employees to receive the necessary certifications to teach the curriculum. A pilot program was implemented at Franklin Park Elementary and it was successful. Street connectivity/walkability audits were performed in two school zones and the results were negative. There is a lack of slow zones, sidewalks, and appropriate bus stops and traffic lights.

More needs to be done to improve areas around schools to keep the students safe. The counties would like more data before improvements are made.

For the Good of the Order

It was discussed how important it is to collect and report data to the right people such as SHAC members. The members are extremely happy about all the programs that are being implemented regarding mental health, human trafficking, and school and student safety.

Meeting adjourned at 10:41am