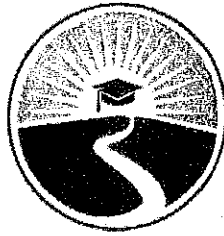


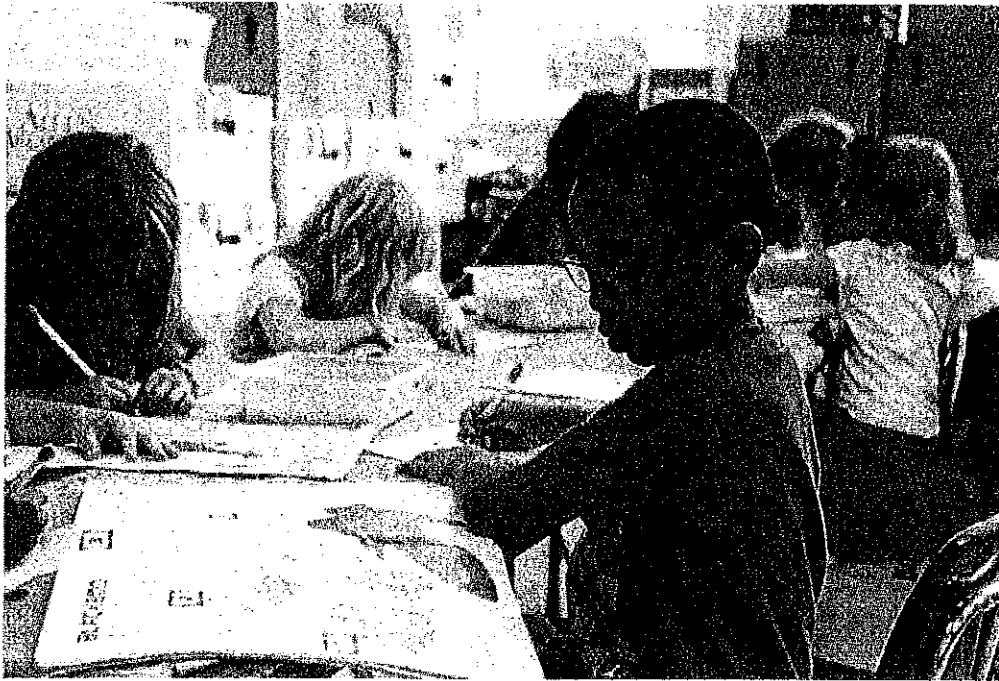
SUWANNEE COUNTY SCHOOL BOARD  
WORKSHOP SESSION  
October 12, 2021

AGENDA

- 9:00 a.m. Call to Order/Welcome/Pledge..... Tim Alcorn, Chairman
- 9:02 a.m. Student Services Department Update ..... Kelly Waters
- Mental Health Application for 2021-2022 (**pgs. 2-22**)
- 9:30 a.m. Esports Presentation..... Tammy Neil
- 9:45 a.m. Facilities Department Update .....Ethan Butts
- Five Year Facilities Work Plan
- 10:45 a.m. Assistant Superintendent of Administration.....Malcolm Hines
- Department Update
- Policy Update (**pgs. 23-26**)
- 11:30 a.m. Lunch
- 12:30 p.m. Curriculum and Instruction Department Update .....Jennifer Barrs
- Elementary and Secondary Student Progression Plans
- 12:45 p.m. Superintendent Update..... Ted Roush
- 1:15 p.m. Adjourn



FLORIDA DEPARTMENT OF  
EDUCATION  
fldoe.org



# **2021-2022 Mental Health Application**

**Part I: Youth Mental Health Awareness Training Plan**

**Part II: Mental Health Assistance Allocation Plan**

**(Insert District Name)**

**Suwannee**

Deadline for submission to ShareFile  
on or before August 1, 2021

## 2021-2022 Mental Health Application

### Purpose

The purpose of the combined mental health application is to streamline and merge two programs into one application. The Youth Mental Health Awareness Training (YMHAT) Plan and the Mental Health Assistance Allocation (MHAA) Plan are to provide supplemental funding to districts so schools can establish, expand and/or improve mental health care, awareness and training and offer a continuum of services. These allocations are appropriated annually to serve students and families through resources designed to foster quality mental health. This application is separated into two primary sections: Part I includes the YMHAT Plan and Part II includes the MHAAP

### Part I. Youth Mental Health Awareness Training Plan

In accordance with section (s.) 1012.584, Florida Statutes (F.S.), the YMHAT allocation is to assist districts with providing an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

### Part II. Mental Health Assistance Allocation Plan

In accordance with s. 1011.62(16), F.S., the MHAA Plan allocation is to assist districts in establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services.

The application must be submitted to the Florida Department of Education (FDOE) ShareFile by the deadline **August 1, 2021**.

There are two submission options for charter schools:

- Option 1: District submission includes charter schools in both parts of the application.
- Option 2: Charter school(s) submit a separate application from the district.

**YMHAT Objective:** provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness and substance use disorders, and provide such personnel with the skills to help a person who is developing or experiencing an emotional disturbance, mental health or substance use problem.

## 2021-2022 Mental Health Application

### Part I. Youth Mental Health Awareness Training Plan and Projected Budget

#### Section A: YMHAT Training Plan

1. What is the percentage of employees currently trained and certified in YMHAT?
There are <b>95</b> % of employees trained and certified as of <b>6/30/21</b> (date)
2. Explain the training goal(s) for the upcoming 2021-2022 school year.
We will continue education and in-service training for youth mental health awareness and assistance to all school district personnel. We will fulfill the requirements through training provided by the National Council for Behavioral Health in the form of Youth Mental Health First Aid (YMHA) training. This will involve YMHA instructor training designed to equip our school district with YMHA trainers who then train youth mental health first aiders throughout our school district.
3. In addition, the annual goal for the 2021-2022 school year is to train:
<b>99</b> % of employees as of <b>6/30/22</b> (date)
4. Explain the training goal(s) for the next 3-5 years.
Our goal is to continue to provide education and in-service training for youth mental health awareness and assistance to all district personnel. We will strive to reach 100% employee participation in our district.
5. What is the procedure for training new personnel to the district?
All newly hired school personnel will receive YMHA training within the first year of their employment; exceptions are those new hires employed after March. School personnel hired after March will receive the training in the following school year. Student Services Department will obtain lists of new hires from the monthly School Board Meeting agendas.
6. Explain how the district will utilize the following three YMHAT programs:
<ul style="list-style-type: none"> <li>• Youth Mental Health First Aid (YMHA)</li> </ul>
<p>Student Services Department enlists trainers who have completed the Youth Mental Health First Aid (YMHA) USA Instructor Course and are certified to teach the 8-hour YMHA course. These personnel then provide training for all staff in the district on Professional Development days, rotating locations to include administrators, teachers, paraprofessionals, custodians, nurses, SROs, food service workers, office staff, and transportation staff.</p> <p>Participants are notified by email with the YMHA training date, time, and location information.</p>
<ul style="list-style-type: none"> <li>• YMHA Recertification</li> </ul>
<p>Student Services Department enlists trainers who have completed the Youth Mental Health First Aid (YMHA) USA Instructor Course and are certified to teach the 8-hour YMHA course. These personnel then provide training for all staff in the district on Professional Development days, rotating locations to include administrators, teachers, paraprofessionals, custodians, nurses, SROs, food service workers, office staff, and transportation staff.</p> <p>Participants are notified by email with the YMHA training date, time, and location information.</p>
<ul style="list-style-type: none"> <li>• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)</li> </ul>
N/A

Suwannee

## 2021-2022 Mental Health Application

### Section B: YHHAT Projected Budget

Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category
<b>1. Stipends</b> (Detailed # of personnel and stipend cost per person)	Stipends for 30 teachers, x 8 hrs x \$10 = \$2 400 25 support staff, x 8 hrs x \$7.25 = \$1, 450 3 trainers x 8 hours x \$13 = \$312 to attend professional development in Youth Mental Health First Aid Training.	\$13 hr/Trainer \$10 hr/Teachers \$7.25 hr/Support Staff	\$ 4,162.00
<b>2. Materials</b> (Detail # of units x individual unit cost, plus shipping)	150 training manuals x \$ 18.95 = \$28 42.50 Training supplies : Colored Paper at \$5.84 x 20 = \$116.80 Markers at \$9.99 x 20 = 199.80 Pens at 11.97 x 4 = 47.90	18.95 - Manuals 36 4.50 - Training Supplies	\$ 3,207.00
<b>3. National Council (YMHEFA) Training</b> (Detailed description of each training activity to include # of personnel and individual training costs)	Training Sessions will be conducted on 5 Professional Development days. 50 individuals training each session for a total of 250.		
<b>4. Additional Kognito Modules</b> (Provide the name of training module and cost)	N/A		
<b>TOTAL 2021-2022 BUDGET:</b>			<b>\$ 7,369.00</b>
<b>5. Additional narrative (optional):</b>			

Suwannee

## 2021-2022 Mental Health Application

### Part II. Mental Health Assistance Allocation Plan s. 1011.62 (16), F.S.

#### Section A: MHAA Plan Assurances

##### The district assures...

- ☒ One hundred percent of state funds are used to expand school-based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth and families with appropriate behavioral health services.
- ☒ Mental health assistance allocation funds do not supplant other funding sources or increase salaries or provide staff bonuses or incentives.
- ☒ Maximizing the use of other sources of funding to provide school-based mental health services (e.g., Medicaid reimbursement, third-party payments and grants).
- ☒ Collaboration with FDOE to disseminate mental health information and resources to students and families
- ☒ The district website includes local contacts, information and resources for mental health services for students and families.
- ☒ Includes a system for tracking the number of students at high risk for mental health or co-occurring substance use disorders who received mental health screenings or assessments; the number of students referred to school-based mental health services providers; the number of students referred to community-based mental health services providers; the number of students who received school-based interventions, services or assistance; and the number of students who received community-based interventions, services or assistance.

##### A school board policy or procedure has been established for...

- ☒ Students referred for a mental health screening assessed within 15 calendar days of referral.
- ☒ School-based mental health services initiated within 15 calendar days of identification and assessment.
- ☒ Community-based mental health services initiated within 30 calendar days of referral coordinating mental health services with a student's primary mental health care provider and other mental health providers involved in student care.
- ☒ Assisting a mental health services provider or a behavioral health provider as described in s. 1011.62, F.S., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463, F.S. Procedures include must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063, F.S.
- ☒ The requirement that in a student crisis situation, the school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, F.S., unless the child poses an imminent danger to self or others before initiating an involuntary examination pursuant to s. 394.463, F.S. Such contact may be in person or using telehealth, as defined in s. 456.47, F.S. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team, or be a direct or contracted school district employee.

## 2021-2022 Mental Health Application

### Section B: Planned Outcomes

**Identify one or two specific and measurable outcomes for your district's plan to achieve through the 2021-2022 evidence-based mental health program.**

75% increase of access to mental health and behavioral interventions for students identified as having 4 or more risk indicators through the Early Warning System.

### Section C: District Program Implementation

Please include the following in this section:

#### 1. Evidence-Based Program (EBP) and Description

Name and provide the essential elements of the EBP you will be implementing through a Multi-Tiered System of Supports (MTSS) using one or more of the preferred EBP/Practices found in Blue Menu of Evidence-Based Psychosocial Interventions for Youth and the SAMHSA Evidence-Based Practices Resource Center.

Describe the key EBP components that will be implemented as well as any related activities, curricula, programs, services, policies and strategies.

**\*If you will be using another EBP other than those provided above please explain using the same format listed.**

#### 2. EBP Implementation

This should include:

- Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional, behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social, emotional, behavioral problems, depression, anxiety disorders, suicidal tendencies and how these will assist students dealing with trauma and violence.
- Explain how the supports will deliver evidence-based mental health care assessment, diagnosis, intervention, treatment and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

#### 3. Outcome Measures

- Provide the outcome measures of your EBPs and how each aligns with your overall annual program goals in Section 2.

#### 4. Multi-tiered System of Support (MTSS)

- Identify the tier(s) of the EBP being implemented.

### Appendix Examples

## 2021-2022 Mental Health Application

**Table 1: District Program Implementation**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
Early Warning System - System within our Student Information Management System used to collect early warning indicators. These indicators are used for Universal Screening to determine which students need additional support and to choose appropriate interventions.	Identify students with 4 or more indicators: these students will be reviewed by the MTSS/Problem solving team. Students will participate in group and/or individual counseling sessions focusing on skill building.	Through the use of group and/or individual counseling, students identified as at risk, will build skills to cope with real world problems and self management as measured by a reduction in EWS risk factors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Early Warning System - System within our Student Information Management System used to collect early warning indicators. These indicators are used for Universal Screening to determine which students need additional support and to choose appropriate interventions.	Identify students with 4 or more indicators: these students will be reviewed by the MTSS/Problem solving team. Students will participate in group and/or individual counseling sessions focusing on Trauma Informed Care.	Through the use of the Trauma Informed Care, students identified as at risk, will build resilience to cope with management of their emotional and behavioral symptoms impacting their wellbeing and ability to be successful in both the school setting and outside of school as measured by a reduction in EWS risk factors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Suwannee



## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional narrative may be added here

Suwannee

## 2021-2022 Mental Health Application

### Section D: Direct Employment

**Table 2: MHAA Plan Direct Employment**

Position	Current Ratio as of August 1, 2021	2021-2022 Proposed Ratio by June 30, 2022
School Counselor	1:422	1:422
School Social Worker	1:5491	1:5491
School Psychologist	1:5491	1:5491
Other Licensed Mental Health Provider		

Direct employment policy, roles and responsibilities	Description
Explain how direct employment of school-based mental health services providers (school psychologists, school social workers, school counselors and other licensed mental health professionals) will reduce staff-to-student ratios.	School employees are specially trained in school system functioning and learning, and how students' behavior and mental health impacts their ability to be successful in school. Areas of expertise include interventions, school safety, and crisis response.
Describe your district's established policies and procedures to increase the amount of time student services personnel spend providing direct mental health services (e.g., review and revision of staffing allocations based on school or student mental health assistance needs).	Expand the use of problem solving teams to assess and provide evidence-based intervention strategies to address target behaviors. Employ two district wide Mental Health Counselors. Review and revise staffing allocations based on mental health needs.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	Provide group and individual counseling and provide evidence-based interventions to students. Present awareness and trainings for staff on monthly Professional Development days.

List the contracts or interagency agreements with local behavioral health providers or Community Action Team (CAT) services and specify the type of behavioral health services being provided on or off the school campus.

**Table 3: MHAA Plan Contracts or Interagency Agreements and Services Provided**

Mental Health Provider:	Agency:	Services Provided:	Funding Source:
Clini, Case Mgm-MS, MRT-LMHC	Meridian Behavioral Health Care	Direct and Indirect	MHAA
BCBA	My Behavior Solutions	Direct	MHAA
Clinician-Masters degree	Corner Drug Store	Direct	N/A
Clinician-MastersDegree	White Foundation	Direct	N/A

## 2021-2022 Mental Health Application

### Section E: Planned Expenditures

**Table 4: MHAA Planned Expenditures**

<b>Allocation Expenditure Summary</b>	<b>Total</b>
Unexpended Mental Health Assistance Allocation funds from previous fiscal years:	\$ 112,977.54
School district expenditures for mental health services provided by staff who are employees of the school district: 3 District based clinicians (Mental Health, Social Work) \$249,363.09, 4 school based counselors \$70,995.52	\$ 320,358.61
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers:	\$ 100,000.00
<b>Other expenditures (see below):</b>	<b>\$ 23,126.93</b>
<b>Total MHAA expenditures:</b>	<b>\$ 443,485.54</b>

Other expenditures (specify details such as type, supplies, training and amount):

<b>Type: Narrative description with detailed cost</b>	<b>Total Amount</b>
Board Certified Behavior Analyst	\$ 15,000.00
Travel	\$ 5,000.00
Supplies	\$ 3,126.93
Mental Health Services provided by Meridian Behavioral Healthcare, Clinicians 4x\$ 25,000= \$ 100,000	
<b>Total Other Expenditures:</b>	<b>\$ 23,126.93</b>

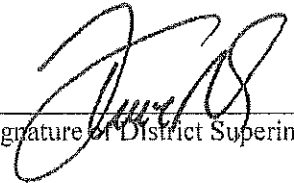
## 2021-2022 Mental Health Application

### District Certification

This application certifies that the Suwannee School Board approved the district's Mental Health Assistance Allocation Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

School (MSID) Number	Charter School Name
	N/A

Note: Charter schools not listed above will be included in the school district youth mental health awareness plan and mental health assistance allocation plan. If you have more Charter schools to add, please list them on a separate sheet.

  
\_\_\_\_\_  
Signature of District Superintendent

Ted Roush

\_\_\_\_\_  
Printed Name of District Superintendent

7/27/21

\_\_\_\_\_  
Board Approval Date

Suwannee

## 2021-2022 Mental Health Application

### Charter School Certification

This application certifies that the \_\_\_\_\_ Charter School Governing Board approved the school's Mental Health Assistance Allocation Plan, which outlines the program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), F.S.

Charter School Administrator Signature: \_\_\_\_\_

Governing Board Approval Date: \_\_\_\_\_

Suwannee

## APPENDIX

## 2021-2022 Mental Health Application

### Resources for Program Implementation

#### 1. Evidence-Based Program and Description

This is a three-module series about implementing evidence-based programs. The modules in this series are as follows:

**Module 1:** Selecting Evidenced-Based Programs for School Settings, which covers using data to inform EBP selection, engaging stakeholders, assessing and building readiness, and reviewing and selecting EBPs; **Module 2:** Preparing to Implement Evidence-Based Programs in School Settings, which covers creating an implementation plan and team, understanding fidelity and adaptations, building staff and organizational competencies, and scheduling implementation; and **Module 3:** Implementing Evidenced-Based Programs in School Settings, which covers executing implementation, collecting data and monitoring progress, overcoming barriers and challenges, and planning for sustainability.

Below is a series of interactive, self-paced learning modules on selecting, preparing for and implementing EBPs in school settings.

- [Selecting Evidence-Based Programs for School Settings](#)
- [Preparing to Implement Evidence-Based Programs in School Settings](#)
- [Implementing Evidence-Based Programs in School Settings](#)

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the [Evidence-Based Practices Resource Center](#) that aims to provide communities, clinicians, policy makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

- [Selecting Evidence-Based Programs](#)
- [Evidence-Based Module Series](#)

#### 2. Assessment Resources

[The SHAPE System Screening and Assessment Library](#) includes instruments appropriate for use in school mental health. Search for the screening or assessment tools that fit your school(s) by focus area (academic, school climate or social/emotional/behavioral), assessment purpose, student age, language, reporter and cost. The Center for School Mental Health team has carefully reviewed every measure to provide a brief summary of each with direct links to copies of the instrument and scoring information.

- [School Mental Health Screening Playbook](#)
- [Desrochers, J., & Houck, G. \(2013\). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools](#)

## 2021-2022 Mental Health Application

### 3. EBP/Practice Implementation for Co-Occurring Mental Health or Substance Use Diagnoses

Co-Occurring Mental Health or Substance Use Diagnoses Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances and Serious Mental Illnesses and Co-Occurring Substance Use

Blue Prints This interactive search enables you to identify Blueprints – certified interventions based on specific criteria – and browse through a wide range of interventions that match those criteria. Select only a few criteria of importance, as the number of interventions may be reduced by selecting multiple items ACROSS categories or increased by selecting multiple items WITHIN categories.

Model and Model Plus programs are listed separately from promising programs. This is because only Model and Model Plus programs have demonstrated efficacy for changing outcomes over time and are recommended for large-scale implementation. Promising programs show promise of efficacy but require follow-up research before being recommended for large-scale adoption.

**Table 5: District Program Implementation Examples**

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
<p><b>Example 1</b>  <u>Bounce Back</u>            Bounce Back based on the <u>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</u> is comprised of 10 one-hour group sessions, two to three individual sessions and one to three parent education sessions that last over a three-month period.</p> <p>Group sessions are typically held during school hours and cover a range of topics such as relaxation training, cognitive restructuring, social problem solving, positive activities, trauma-focused intervention strategies and emotional regulation and coping skills.</p> <p>These topics and methods derive from established successful interventions for children with post-traumatic stress disorder (PTSD), including a gradual approach of anxiety-provoking situations and a modified trauma narratives approach.</p>	<p>School Social Workers and Family Therapists will administer the sessions to students ages 5-11. Students will learn to identify feelings, and their links to thoughts and actions, using published storybooks to relate concepts and connect engagement activities and create personal storybooks as an age-appropriate concrete trauma narrative. Student participation will be encouraged with games and activities specific to age groups and with “courage cards” tailored to each student. Group sessions are very structured and include agenda setting; review of activity assignments; introduction of new topics through games, stories and experiential activities; and assigning activities for the next group meeting. Group sessions are small, with only four to six students all in the same age range.</p> <p>The School Social Worker and Family Therapist review the skills the children are learning in Bounce Back, with the student’s parent.</p>	<p>Improve:            Post-traumatic stress symptoms (parent and child reported), anxiety symptoms (child reported), emotional regulation (parent reported) and emotional/behavioral problems (parent reported).</p> <p>In terms of risk and protective factors, improve on measures of social adjustment (child reported).</p>		X	



## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
	<p>Parents can support the children practicing the skills at home.</p> <p>The School Social Worker and Family Therapist will help each child develop a "My Story" trauma narrative. Near the end of the program, the School Social Worker and Family Therapist meets with the parent and child to share the child's story.</p> <p>The Bounce Back program is a trauma-informed equitable program; appropriate for children and families of diverse ethnic and social backgrounds.</p>				
<p><b>Example 2</b>  <b><u>Support for Students Exposed to Trauma (SSET)</u></b>            A school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD.</p>	<p>SSET is delivered in an easy-to-use lesson plan format that is ideal for educators. Teachers and School Counselors will use SSET as a non-clinical adaptation of the CBITS Program.</p> <p>Teachers and School Counselors will teach many cognitive and behavioral skills, such as social problem solving, psychoeducation and relaxation.</p> <p>The program consists of 10 45-minute lessons designed to be delivered during one class period. These lessons focus on:</p> <ul style="list-style-type: none"> <li>• common reactions to trauma</li> <li>• relaxation techniques</li> <li>• coping strategies</li> <li>• learning to approach difficult situations</li> <li>• developing a trauma narrative</li> <li>• problem solving</li> </ul>	<p>Through the use of this evidence-based program, middle school students ages 10-14 will learn to deal with real-life problems and stressors and increase levels of peer and parent support</p> <p>To increase skill-building techniques to reduce current problems with:</p> <ul style="list-style-type: none"> <li>• anxiety or nervousness</li> <li>• withdrawal or isolation</li> <li>• depressed mood</li> <li>• acting out in school</li> <li>• impulsive or risky behavior</li> </ul>	X	X	

## 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 2021-2022 Mental Health Application

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			1	2	3
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suwannee

## 2021-2022 Mental Health Application

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## 2021-2022 Mental Health Application

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			1	2	3
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# 2021-2022 Mental Health Application

1. EBP and Description	2. EBP Implementation	3. Outcome Measures	4. MTSS		
			1	2	3
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suwannee

**POLICY:**

- I. Athletic programs shall be under the control of the school principal.
- II. All District middle and high schools shall be members of the Florida High School Athletic Association, Inc. (FHSAA) and shall be governed by the rules and regulations adopted by FHSAA. Students who participate in athletics shall meet eligibility requirements established by FHSAA and the School Board which are consistent with Florida Statutes.
- III. Students practicing or participating in any type of interscholastic athletics shall be required to have student accident insurance which is available to the parent(s) or legal guardian(s) through the School Board. Additionally, all students who participate and practice must submit all required documentation to the head coach who will submit the required documentation to the Athletic Director. The principal shall be responsible for maintaining an accurate roster of all student athletes and for assuring that no student athlete will practice or participate who is not properly covered. The portion of the premium to be paid by the student athlete will be the same for all sports, with the balance of the premium being equally shared between the athletic department of the school and the School Board.
  - a. The Superintendent shall develop appropriate administrative procedures for the operation of the interscholastic athletics program. Such procedures should provide for the following safeguards:
    - i. Prior to enrolling in the sport, each participant shall submit to a thorough physical examination as defined by Florida Statutes; and a parent / legal guardian shall report any past or current health problems along with a physician's statement that any such problems have or are being treated and pose no threat to the student's participation. Physicals are valid for 365 days.
    - ii. Any student wanting to participate in middle school and/or high school athletics must complete a mandatory Cardiology Report: Electrocardiogram (ECG) as part of the student's athletic packet and must:

1. have a mandatory electrocardiogram (ECG) screening prior to participating in his/her first athletic sport in middle school and again prior to participating in his/her first athletic sport in high school; or
  2. parents/students who decline the mandatory electrocardiogram (ECG) screening will not be permitted to participate in any athletic program.
- iii. Any student who is found to have a health condition which may be life-threatening to self or others shall not be allowed to participate until the situation has been analyzed by a medical review panel ~~that~~ who has determined the conditions under which the student may participate. Pursuant to F.S. 1006.20(2)(d), the District shall not be liable for any student with a health condition who has been authorized to play by the parent/legal guardian if the parent/legal guardian of the student objects in writing to the student undergoing a medical evaluation because such evaluation is contrary to his/her religious ~~tenets~~ beliefs or practices.
- iv. Any student who incurs an injury requiring a physicians' care is required to have the written approval of a physician prior or the student's return to participation.
- v. In order to minimize health and safety risks to student-athletes and maintain ethical standards, school personnel, coaches, athletic trainers, and community coaches should never dispense, supply, recommend, or permit the use of any drug, medication, or food supplement solely for performance-enhancing purposes.
- vi. The Superintendent and ~~District~~ school principal will require that sportsmanship, ethics, and integrity characterize the manner in which the athletic program is conducted and the actions of students who participate.
- ~~vi.~~ vii. The Superintendent and school principal will require that the athletic program and the students who participate will characterize sportsmanship, ethics and integrity.
- ~~vii.~~ viii. All documentation for Physicals (FHSAA Form EL2), FHSAA Consent and Release from Liability Certificate (FHSAA Form



EL3) that covers concussions, sudden cardiac arrest, and heat related illnesses, SCSB ECG screening Consent Form and Release of Liability will be maintained by the Athletic Director for seven years.

~~viii~~.ix. All students who have a clear (green) participation/practice ECG screening will be allowed to participate. Student who have an abnormal (yellow) reading have a 90-day follow-up requirement and meet the requirement for follow up will be allowed to participate. Students who do not meet the 90-day follow-up requirement will not be allowed to participate after 90 days. Students who have a hard stop flag (red) for immediate medical follow-up will not be permitted to participate unless cleared by medical personnel.

- IV. No student shall engage in practice or participate in any interscholastic game without the written permission of the student's parent(s) or legal guardian being on file.
- V. No student shall be a candidate for an athletic team or a participant in athletic competition without filing a Physical Evaluation (FHSAA EL2) and Sudden Cardiac Arrest and Heat Illness Informed Consent (FHSAA Form EL3) signed by his/her parent(s). All non-traditional students are required to complete non-member school participation (FHSAA Form EL12) and other required FHSAA documentation as traditional high school students. The consent must explain the nature and risk of concussion and head injury as required by law. The consent must be filed annually prior to participating in any physical activity related to athletic competition or candidacy for an athletic team.
- VI. A student athlete who is suspected of sustaining a concussion or head injury in a practice or competition shall be removed from play immediately. The athlete may not return to play without a clearance from appropriate medical personnel. Students who are suspected of sustaining a concussion must complete Post Head Injury/Concussion Initial Return to Participation (FHSAA Form AT18).
- VII. FHSAA Form EL3 also provides information for parents and students on Sudden Cardiac Arrest and Heat related Illnesses. Additional information on Exertional Heat Illness is available in Suwannee County School Board Policy 4.181.

- VIII. Pursuant to Section 768.135, Florida Statutes, licensed medical personnel who act as volunteers for school events and agree to render emergency care or treatment shall be immune from civil liability for treatment of a participant in any school-sponsored athletic event, provided such treatment was rendered in accordance with acceptable standards of practice and was not objected to by the participant.
- IX. An automatic external defibrillator (AED) will be available for use, if needed, at every preseason and regular season interscholastic contest including practice, workout/conditioning sessions and at every FHSAA state championship series contest. Staff will be trained to use such equipment.
- X. All students shall be subject to all School Board Rules and to the Codes of Student Conduct while attending athletic events and practices.

STATUTORY AUTHORITY:

1001.41; 1001.42, F.S.

LAWS IMPLEMENTED: 768.135; 943.0438, 1001.43; 1002.20, 1002.31, 1006.07; 1006.15; 1006.16; 1006.20, F.S.

History:

Adopted:

Revision Date(s): 10/23/12, 11/22/2016

Formerly: IGD, JHA