



School Health Ad Hoc Advisory Committee Report

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State Surgeon General

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EXECUTIVE SUMMARY

School-based health services are provided to public school children in grades pre-kindergarten through twelve in all 67 Florida counties. Services are provided in accordance with a local School Health Services Plan (pursuant to section 381.0056, Florida Statutes (F.S)) jointly developed by the county health department (CHD), school district, school health advisory committee (SHAC) and public/private partners. The Florida Department of Health (DOH) has statutory responsibility, in cooperation with the Florida Department of Education, for supervising the administration of the school health services program and performing periodic program reviews.

During the 2018-2019 school year, there were 3,706 public schools with 2,834,230 students enrolled. It is estimated that 763,588 of those students (26%) had chronic and complex health conditions. Data from the 2017 Florida Youth Risk Behavior Survey showed that one quarter of Florida public high school students (25%) were overweight or obese; one out of nine students (11%) reported having taken a prescription pain medicine without a doctor's prescription or taking it differently than prescribed; more than one out of four students (28%) reported feeling so sad or hopeless for two or more weeks in a row during the past year that they stopped doing normal activities; and more than one out of ten students (11%) reported having made a plan to commit suicide. Consequently, it is not surprising that the vast majority of students (88%) reported that it is important for schools to help students address the problems of today such as drug abuse, violence, AIDS/HIV, teen pregnancy, abuse and suicide.

In September 2018, the School Health Ad Hoc Advisory Committee was created and signed into existence by State Surgeon General, Dr. Celeste Philip (Appendix A). The purpose of the Committee was "to prepare a report with recommendations on best practices and initiatives that focus on increasing the quality of physical, mental and behavioral health care, and improved health outcomes in the public school setting." Committee members identified three topics of focus, Health Education, Funding and Capacity, and Mental Health Support Services. Subcommittees were formed, and the following recommendations were developed.

HEALTH EDUCATION

- 1) Florida should require and financially support school districts and schools to implement health education for all K-12 students in alignment with the National Health Education Standards, providing 40 hours of instruction for students in grades K-2 and 80 hours of instruction for students in grades 3-12, with a stand-alone course for grades 6-12 each year.

FUNDING AND CAPACITY

- 1) Request a legislative appropriation to increase School Health Services Program funding to achieve the national recommendation of one registered nurse in every school.
- 2) Request a legislative appropriation to increase School Health Services Program funding to develop and implement a statewide standardized data infrastructure to support improved documentation, reporting and monitoring of the provision of school health services and the tracking of student health and academic outcomes.

- 3) Consolidate existing school health statutes to eliminate the three distinct categorical programs (Basic School Health Services, Full Service Schools, and Comprehensive School Health Services) and create one consolidated, recurring revenue source. After school health funding is increased, revise the funding allocation methodology to allow for more equitable per student funding distribution across counties.
- 4) Update Florida Statutes and Florida Medicaid State Plan Amendment to align with the federal policy to allow for local schools and districts to tap into Medicaid certified match reimbursement funding for all students regardless of Individualized Education Plan (IEP) status.
- 5) Educate and encourage school districts about the opportunity to leverage Title IV, Part A funding to support school nursing staff.
- 6) Implement a pilot program to formally assess the feasibility of telehealth services in the school setting.

MENTAL HEALTH SUPPORT SERVICES

- 1) Require that local school district Mental Health Assistance Allocation plans include details about the role of the registered school nurse in the identification and referral of students with behavioral and mental health needs to appropriate services.
- 2) Establish an interagency research initiative to conduct analyses on the relationships between school-based health and mental health services, community resources, and student wellbeing and academic outcomes.
- 3) Expand availability of tele-behavioral health services.
- 4) Promote increased collaboration between school health programs and community mobile response teams (CMRT).

INTRODUCTION

In September 2018, the School Health Ad Hoc Advisory Committee was created and signed into existence by State Surgeon General, Dr. Celeste Philip (Appendix A). The purpose of the Committee was “to prepare a report with recommendations on best practices and initiatives that focus on increasing the quality of physical, mental and behavioral health care, and improved health outcomes in the public school setting.” The Committee membership consisted of experts in adolescent behavioral health, education partners, parents and youth, health care practitioners and others with clinical and/or technical expertise in pediatric care and related specialties.

During the initial meeting held September 28, 2018, Committee members were oriented to the creation document and the role of the Committee in developing recommendations. Members shared insights and perspectives on some of the challenges of the current school health model and opportunities for improvement. Based on these discussions, a survey was created and sent to members to assist with the prioritization of topics of focus for the Committee. Survey results were shared with the Committee during the October meeting and consensus was reached on three topics of focus around which subcommittees were formed: Health Education, Funding and Capacity, and Mental Health Support Services.

Committee members were invited to participate in the subcommittees and given the opportunity to suggest additional subcommittee members. From December 2018 to May 2019, the three subcommittees each met monthly to develop the recommendations contained within this report. Each month, the full Committee was convened, and representatives shared updates about each subcommittee’s discussions and research, providing the opportunity for the full Committee to share input and feedback throughout the process.

Overview of School Health in Florida

School-based health services are provided to public school children in grades pre-kindergarten through twelve in all 67 Florida counties. Services are provided in accordance with a local School Health Services Plan (pursuant to section 381.0056, Florida Statutes (F.S)) jointly developed by the county health department (CHD), school district, school health advisory committee (SHAC) and public/private partners. Health services are provided to public charter schools, based upon the charter, local contracts and agreements. Counties also offer school health services to private schools, based upon their participation in the School Health Services Plan, and the availability of staff and local resources.

The Florida Department of Health (DOH) has statutory responsibility, in cooperation with the Florida Department of Education, for supervising the administration of the school health services program and performing periodic program reviews. At the county level, the provision of School Health Services is a collaborative program between the CHD, school district and participating partners as outlined in the School Health Services Plan. Each county employs a different staffing model. Funding in many counties comes from a variety of sources, including DOH, local school districts, health care districts and public/private community partners.

Student Demographics

During the 2018-2019 school year, there were 3,706 public schools with 2,834,230 students enrolled. It is estimated that 763,588 of those students (26%) had chronic and complex health conditions. Data from the Florida Department of Education demonstrate that as with the overall state population, Florida’s public school students are racially and ethnically diverse: 37% of

students are non-Hispanic white, 34% are Hispanic, 22% are non-Hispanic black, 4% are two-or-more races, 3% are Asian, and American Indian and Pacific Islanders make up less than 1% of the student population. Approximately half of students (47%) are in elementary school (pre-kindergarten through grade 5), 23% are in middle school (grades 6 through 8), and 30% are in high school (grades 9 through 12). More than half of students (55%) are defined as economically disadvantaged and 14% of students have a documented disability.

Risk Behaviors and Factors

The Florida Youth Risk Behavior Survey is a biannual survey of Florida public high school students that monitors health risk and protective factors. In 2017, one quarter of students (25%) were overweight or obese; however, only 23% of students were physically active for 60 minutes or more daily, 31% ate fruits two or more times per day and 26% ate vegetables two or more times per day.

One out of nine students (11%) reported having taken a prescription pain medicine without a doctor's prescription or taking it differently than prescribed. One out of three students (35%) who drove a vehicle in the past 30 days reported texting or emailing while driving and 6% reported drinking alcohol before driving.

More than a quarter of students (28%) reported feeling so sad or hopeless for two or more weeks in a row during the past year that they stopped doing normal activities, 14% reported purposely hurting themselves without wanting to die, 14% reported having seriously considered attempting suicide, 11% reported having made a plan to commit suicide and 8% reported a suicide attempt during the past year.

The prevalence of many of these behaviors are higher among certain groups, including students who self-report their school grades as "mostly D's and F's" and students who identify as lesbian, gay or bisexual. Overall, 88% of students think it is important for schools to help students address the problems of today such as drug abuse, violence, AIDS/HIV, teen pregnancy, abuse and suicide, with two thirds of students (66%) reporting this is "very important." These are just a sampling of some of the challenges youth in Florida are facing that impact their health and overall wellbeing. Despite these issues, only 28% of students reported talking to a teacher or other adult in their school about a personal problem they had in the past year.

Subcommittee Reports

Students spend a large proportion of their waking hours at school. Schools have the opportunity to help students understand their health and how their behaviors and choices can support a healthy lifestyle or put them at greater risk for negative health outcomes. On the following pages, information about each of the subcommittees' prioritized topics is presented, including national recommendations, the current situation in Florida, challenges and opportunities and recommendations for improvement.

HEALTH EDUCATION

Overview

Health education is integral to the primary mission of schools. It provides students with a continuum of learning experiences to develop the knowledge and skills necessary to become successful learners and health literate adults. Health literacy is a fundamental part of the school health education program and is essential to the health and wellness of each student. The intent of a comprehensive health education program is to motivate students to maintain and improve their social, emotional, and physical health, prevent disease and avoid or reduce health related risk behaviors. It is a well-known fact that healthy students are better learners and academic achievement leads to a lifetime of benefits for health.ⁱ

Today, one in three children is pre-diabetic and nearly half will develop heart disease during their lifetimes. Health education in the school curriculum helps to reduce obesity, which is a major risk factor for diabetes, and prevents unhealthy behaviors such as alcohol, tobacco and drug use. Teaching students social and emotional skills also improves their classroom behavior, academic performance, high school graduation rates and increases their motivation to do well in school. Students who graduate from high school have higher earning potential, are less likely to need public assistance and more likely to raise healthy children.ⁱⁱ

The National Health Education Standards (NHES), originally published in 1995 and revised in 2007, were developed to establish, promote and support health-enhancing behaviors for students in all grade levels and provide a framework for health education. The NHES are organized around eight health-enhancing concepts and establish expectations for what students should know and be able to do by grades 2, 5, 8 and 12 to promote personal, family and community health.ⁱⁱⁱ The NHES recommend 40 hours of instruction annually in grades K-2 and 80 hours of instruction annually for grades 3-12. It is best practice that this instruction be provided by an individual certified to teach health.

All 50 states in the U.S. require health education in schools, with 20 states requiring stand-alone health education requirements for graduation, and many states specifying minimum hours of instruction per grade.

Current Situation

Comprehensive health education is required in grades K-12 through section 1003.42 (2) (n) F.S. and addresses 12 component areas including community health; consumer health; environmental health; family life, including an awareness of the benefits of sexual abstinence as the expected standard and the consequences of teenage pregnancy; mental and emotional health; injury prevention and safety; Internet safety; nutrition; personal health; prevention and control of disease; substance use and abuse prevention; and teen dating violence and abuse (grades 7-12). In addition, the following Florida statutes demonstrate support for instruction in components of health education:

- [1003.42 \(2\) \(j\)](#) Effects of alcohol and other drugs upon the human body
- [1003.46](#) Health education; instruction in acquired immune deficiency syndrome
- [1003.453](#) School wellness and physical education policies; nutrition guidelines

Florida does not have a mandated stand-alone health education course requirement for graduation for any grades, nor does it specify a required number of hours of health instruction. Despite the lack of a statutory mandate, five of Florida's 67 school districts (Duval, Lee, Osceola, Pasco, and Pinellas) require stand-alone health education courses in middle schools.

In addition, Florida standards for health education provide the framework for instruction related to comprehensive health education component areas. The revised Next Generation Sunshine

State Standards for Health Education yielded the reformatted eight standards in K-12 progression and adopted the following corresponding National Health Education skills and standards:

1. **Core Concepts:** Comprehend concepts related to health promotion and disease prevention to enhance health.
2. **Internal and External Influence:** Analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
3. **Accessing Information:** Demonstrate the ability to access valid health information, products and services to enhance health.
4. **Interpersonal Communication:** Demonstrate the ability to use interpersonal-communication skills to enhance health and avoid or reduce health risks.
5. **Decision Making:** Demonstrate the ability to use decision-making skills to enhance health.
6. **Goal Setting:** Demonstrate the ability to use goal-setting skills to enhance health.
7. **Self-Management:** Demonstrate the ability to practice advocacy, health-enhancing behaviors, and avoidance or reduction of health risks for oneself.
8. **Advocacy:** Demonstrate the ability to advocate for individual, peer, school, family and community health.

Challenges

Florida statutes require comprehensive health education instruction inclusive of a wide-range of component areas relevant and applicable to the daily life of students. However, lack of stand-alone health education course requirement, monitoring authority at the state level, specific instruction time requirement and funding make the compliance assurance for health education extremely challenging.

In most Florida schools, there are a limited number of health education benchmarks integrated in other content areas. The lack of the stand-alone health education course requirement results in reduced need and demand for individuals certified to teach health education. These factors may contribute a limited number of higher education institutions in Florida offering degree programs to prepare students to become health education teachers.

Opportunities

There is support for health education at both state and national level through the 2017 Title IV, Part A - Student Support and Academic Enrichment Grant established as part of the 2015 Every Student Succeeds Act. Funding is provided to state and local education agencies to support efforts to create safe and healthy environments for students. Districts can use the funding to support the following activities related to health education:

- Implement programs that support a healthy, active lifestyle through nutritional education.
- Implement systems and practices to prevent bullying and harassment, such as social and emotional learning components.
- Develop relationship-building skills to help improve safety through the recognition and prevention of coercion, violence or abuse (e.g., implementing a comprehensive health education curriculum such as the Michigan Model for Health).

Recommendation

- 1) Florida should require and financially support school districts and schools to implement health education for all K-12 students in alignment with the National Health Education Standards, providing 40 hours of instruction for students in grades K-2 and 80 hours of instruction for students in grades 3-12, with a stand-alone course for grades 6-12 each year.

FUNDING AND CAPACITY

Overview

The inadequate amount of funding for school health services in the state of Florida has been well-documented by various organizations during the past several years. As recently as September 2018, the Florida Policy Institute published the brief, *Florida's School Based Health Services: An Excellent Foundation for Improving Child Health*.^{iv} The brief concluded there is an overwhelming need for additional school-based health services in Florida including improving professional health staffing ratios.

Current Situation

Currently, the Florida Department of Health's School Health Services Program allocates appropriations from the Florida Legislature that comprise \$16,909,412 in state general revenue and \$11,625,846 in federal grants trust funds. This totals \$28,535,258 in revenue allocated annually to county health departments to provide school health services pursuant to sections 381.0056, 381.0057 and 402.3026, F.S.

Challenges

In 1999-2000, the School Health Services Program had legislative appropriations totaling \$32,461,881. Considering the total inflation rate of 50.5% between 1999 and 2018, this appropriation would have had to increase to \$49 million to have remained level in terms of purchasing power.^v However, between 1999-2000 and 2017-2018, appropriations were reduced by \$3,926,623 (a 12% decrease). During this same time, the number of schools grew from 2,886 to 3,706 (a 28% increase) and the number of students with chronic and complex health conditions grew from 328,408 to 763,588 (a 133% increase).

Pursuant to Chapter 464 and section 1006.062, F.S. and Florida Administrative Code Rules 6A-6.0253, 6A-6.0252 and 6A-6.0253, the registered school nurse (RN) is the only qualified person to complete nursing assessments, individualized health care plans, emergency action plans, child-specific training, and delegation of health care procedures and medication administration (oral and other routes) to unlicensed school clinic staff and school staff. Unlicensed school clinic staff and school staff perform health care tasks under the license of the supervising RN.

The American Academy of Pediatrics and the National Association of School Nurses both endorse a standard of one full-time resident RN per school, every day, all day. According to the School Health Services Program's Annual Data Summary, the current ratio in Florida is one RN per 3.15 schools. There are not enough RNs to ensure the health and safety of the 2,834,230 students in Florida's 3,706 schools. To fund an RN in every public school in Florida the School Health Services Program would need an additional \$178,679,640.

Opportunities

There are many needs for increased funding to strengthen the capacity of school health service programs and there are also some innovative opportunities that were identified by the subcommittee. For example, some districts have begun exploring the use of telehealth to increase capacity of school health services programs. In addition, a change to federal regulations has opened the door for schools to be able to increase utilization of Medicaid certified match. Previously, a student had to have an Individualized Education Plan for this benefit. Now that this is an option federally, a change is needed to Florida regulations to enable school districts to leverage this resource.

Recommendations

- 1) Request a legislative appropriation to increase School Health Services Program funding to achieve the national recommendation of one registered nurse in every school.
- 2) Request a legislative appropriation to increase School Health Services Program funding to develop and implement a statewide standardized data infrastructure to support improved documentation, reporting and monitoring of the provision of school health services and the tracking of student health and academic outcomes.
- 3) Consolidate existing school health statutes to eliminate the three distinct categorical programs (Basic School Health Services, Full Service Schools, and Comprehensive School Health Services) and create one consolidated, recurring revenue source. After school health funding is increased, revise the funding allocation methodology to allow for more equitable per student funding distribution across counties.
- 4) Update Florida Statutes and Florida Medicaid State Plan Amendment to align with the federal policy to allow for local schools and districts to tap into Medicaid certified match reimbursement funding for all students regardless of Individualized Education Plan (IEP) status.
- 5) Educate and encourage school districts about the opportunity to leverage Title IV, Part A funding to support school nursing staff.
- 6) Implement a pilot program to formally assess the feasibility of telehealth services in the school setting.

MENTAL HEALTH SUPPORT SERVICES

Overview

Mental health needs of school-aged youth far outpace service capacities. Nationally, approximately 20 percent of school-aged youth have a diagnosable mental disorder and one in five children meet criteria for psychiatric disorder at school entry. About 75 to 80 percent of children and youth in need of mental health services do not receive them because existing mental health services are inadequate. Certain students, including students with disabilities, students of color, and students from low-income families, are at greater risk for mental health challenges, but are even less likely to receive the appropriate services.^v

The prevalence of emotional and behavioral disorders among school aged children poses significant barriers to student learning and affects the ability of school systems to educate students successfully. These disorders may have a serious impact on a student's overall health and functioning and may require a broad range of services to effectively meet the student's needs.

Current Situation

The ratio of students to school counselors recommended by the American School Counselor Association is 250 students to 1 counselor. In Florida, during the 2015-2016 school year, there were 5,770 school counselors serving 2,792,234 students, which is a ratio of 484 students per school counselor. The national average was 464 to 1.^{vi}

In 2016, the Health Resources and Services Administration (HRSA) underscored this challenge as it released its first report on behavioral health practitioners, detailing the projected supply and demand of practitioners through 2025 at the national level. The report indicated significant shortages of psychiatrists, psychologists, social workers, school counselors and marriage and family therapists. The magnitude of provider shortages, however, is not the only issue when considering access to behavioral health services. Maldistribution is the other major concern, as certain areas of the country have few or no behavioral health providers available. Access to mental health services is especially critical in areas besieged by poverty.

National demand for behavioral health providers is projected to grow due, in large measure, to the aging and growth of the U.S. population. Under an assumption of approximate baseline equivalence between supply and demand, projections indicate 2025 shortages of 16,940 mental health and substance abuse social workers; 13,740 school counselors; 8,220 clinical counselors and school psychologists; 6,080 psychiatrists; and 2,440 marriage and family therapists. Rural areas have greater challenges.^{vii}

Challenges

Senate Bill (SB) 7026, the Marjory Stoneman Douglas High School Public Safety Act, was passed during the 2018 Florida Legislative session. One of the requirements is that school districts develop a Mental Health Assistance Allocation Plan on how associated funding would be used to help establish or expand school-based mental health care. Florida's 67 school districts have taken a variety of approaches in their plans.

Although SB 7026 allowed schools to use the funds for "*direct employment of such service providers, or a contract-based collaborative effort or partnership with one or more local community mental health programs, agencies, or providers,*" many school districts elected to use their allocations to hire their own behavioral health staff, who are only accessible to students while they are in school. In attempting to create parallel systems of behavioral health care for students, schools are replicating resources that already exist in the community, with services that are only available to students during the school day.

The Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) is a valuable partner to school districts in addressing students' mental and behavioral needs. However, current laws do not provide specific expectations for school/SEDNET collaboration.

Another challenge that the subcommittee identified is that schools and mental health providers operate within different federal and state privacy laws and regulations, leading to significant confusion about what information can be shared between schools and behavioral health providers. This lack of clarity often results in a reluctance to share information for fear of violating the privacy rights of students. Clear guidance on the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) and how and when information can be shared between schools and mental health providers, interventions, and services is needed to support effective coordination by the professionals working with vulnerable students.

Finally, telehealth has been recognized by the legislature as a legitimate and effective mode of delivering health care and behavioral health services and has the potential to bring services to schools in rural areas and areas with provider shortages. However, delivering services via telehealth requires an investment in technological infrastructure, which some school districts

cannot afford to make. In addition, implementing an effective telehealth system also requires the availability of reliable and affordable access to high speed Internet services – or Broadband. Broadband infrastructure is not available in all parts of the state.

Opportunities

Some school districts have included school nurses and the school health services program in their Mental Health Assistance Allocation Plan as school nurses are often the staff who are identifying, supporting, and referring students with mental and behavioral health challenges to available resources.

Section 394.495, F.S. outlines an array of mental health services that should be available to children and adolescents to meet their needs in the community. These standards – already codified in law – should be the standard for all counties. Establishing baseline systems of care and service coordination will help to prevent inequities in the types and the availability of mental health services available to students.

There are many community resources including Out of School Time providers (e.g. Boys and Girls Club, YMCA, etc.), SEDNET agencies, and Mobile Response Teams that school districts should coordinate with to address and support students with mental and behavioral health needs.

Recommendations

- 1) Require that local school district Mental Health Assistance Allocation plans include details about the role of the registered school nurse in the identification and referral of students with behavioral and mental health needs to appropriate services.
- 2) Establish an interagency research initiative to conduct analyses on the relationships between school-based health and mental health services, community resources, and student wellbeing and academic outcomes.
- 3) Expand availability of tele-behavioral health services.
- 4) Promote increased collaboration between school health programs and community mobile response teams (CMRT).

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Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

CREATION OF THE SCHOOL HEALTH SERVICES PROGRAM AD HOC ADVISORY COMMITTEE

ARTICLE 1: CREATION

The School Health Services Program Ad Hoc Advisory Committee (Committee) is hereby created by the State Surgeon General of the Florida Department of Health (Department) to investigate alternative school health models as outlined below in Article 3.

ARTICLE 2: STATUTORY AUTHORITY

Chapters 381.0056, 381.0057, 402.326, 20.43(6), Florida Statutes.

ARTICLE 3: PURPOSE

The purpose of the Committee is to prepare a report with recommendations on best practices and initiatives that focus on increasing the quality of physical, mental and behavioral health care, and improved health outcomes in the public school setting.

ARTICLE 4: MEMBERSHIP, RESPONSIBILITIES, AND EXPIRATION

- (1) *Membership:* The Committee will consist of membership which includes adolescent behavioral health experts, education partners, parent and youth representation, health care practitioners, and others with clinical and/or technical expertise in pediatric care and related specialties. Representation from the following constituencies will hereby be appointed to the Committee:

Representation:

- (a) Florida Association of District School Superintendents
- (b) Florida Department of Education
- (c) Florida Department of Children and Families
- (d) Florida Agency for Health Care Administration
- (e) Florida Department of Health
- (f) Florida Chapter of the American Academy of Pediatrics
- (g) Florida Parent-Teacher Association
- (h) Florida Association of School Nurses
- (i) Florida Association of School Social Workers
- (j) Florida public school students
- (k) Florida public school educators
- (l) Florida public school principals
- (m) Florida Association of Health Plans
- (n) Florida Association of Managing Entities
- (o) Florida universities
- (p) Florida Council for Community Mental Health
- (q) Florida Alliance of Young Men's Christian Associations (YMCA)
- (r) Florida Association of School Psychologists

(2) *Responsibilities:*

- (a) Review and make recommendations to the current school health model that will help to ensure evidence based approaches that incorporate mental/behavioral health are being promoted throughout public schools in Florida and as identified in Article 3.
- (b) Committee may convene subcommittees as needed with representation of additional stakeholders to gather information needed to make recommendations.
- (c) Provide a final report with recommendations to the State Surgeon General by June 30, 2019.
- (d) Any Committee member may be removed from membership by the State Surgeon General.

(3) *Expiration:*

- (a) The Committee shall automatically dissolve on July 1, 2019.

ARTICLE 5: MEETINGS

- (1) The Committee shall meet at the call of the Florida School Health Services Program Administrator.
- (2) Members will not have voting authority, but rather provide guidance and recommendations as to best practices consistent with Article 3.
- (3) All meetings of the Committee are open to the public and shall be properly noticed as required by section 120.525, Florida Statutes.

I, Celeste M. Philip, MD, MPH, State Surgeon General of the Florida Department of Health, do hereby create the School Health Services Program Ad Hoc Advisory Committee, this 17th day of September 2018.



Celeste M. Philip, MD, MPH