

Commission Agenda Date: December 11, 2012

Item No. : Presentations

## Youth Sports Concussion Education and Management Initiative Presentation

### Initial Presenter

Ajoy Kumar, M.D., FAAFP  
Chair, Department of Family Medicine, Bayfront Medical Center  
Assistant Director, Bayfront Family Medicine Residency  
Fellow, Bayfront Sports Medicine Fellowship

### Second Presenter

Carlos Rodriguez, M.D., FAAFP  
Director, Bayfront Sports Medicine Fellowship  
Director, All Children Hospital John Hopkins Medicine Sport Medicine  
Fellowship  
Assistant Director, Bayfront Family Medicine Residency

### Other Physicians/Individuals

George Canizares, MD – Orthopedic Sports Medicine, All Florida  
Orthopedics

Patrick Mularoni, MD – Pediatric Emergency Physician, All Childrens  
Hospital John Hopkins Medicine and Fellowship

Scott Anderson, MA, ATC – Morton Plant Mease Health Care Sports  
Medicine Coordinator & Athletic Trainer

# Youth Sports Concussions

# What is a Concussion?

- A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works.
- Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth.
- Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.
- Less than 10% of athletes experiencing a concussion have loss of consciousness

# Pathophysiology

## School of hard knocks

A concussion occurs when a violent blow to the head causes the brain to slam against the skull beyond the ability of the cerebrospinal fluid to cushion the impact. Between 1996 and 2001, NFL teams reported nearly 900 concussions.

**1** When a football player takes a hit to the head, speeds range from 17 to 25 miles per hour with a force averaging 98 times the force of gravity.

**2** The shock wave passes through the brain and bounces back off the skull. The concussion usually occurs at the opposite side from the point of impact.

**3** The impact can cause bruising of the brain, tearing of blood vessels and nerve damage.

A study commissioned by the NFL revealed most hits occurred from a blow to the side of the head, often on the lower half of the face.

### Symptoms

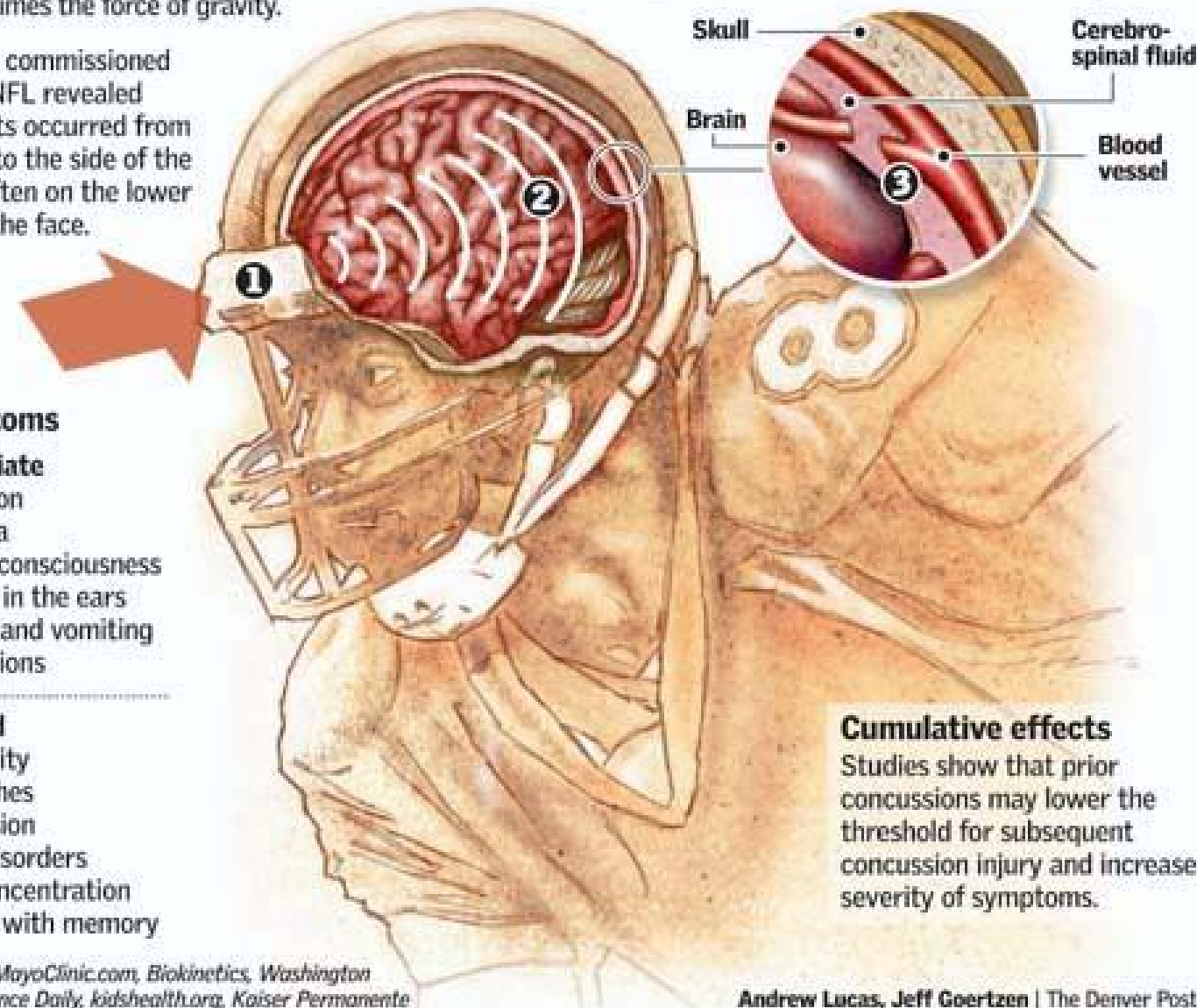
#### Immediate

Confusion  
Amnesia  
Loss of consciousness  
Ringing in the ears  
Nausea and vomiting  
Convulsions

#### Delayed

Irritability  
Headaches  
Depression  
Sleep disorders  
Poor concentration  
Trouble with memory

Sources: MayoClinic.com, Biokinetics, Washington Post, Science Daily, kidshealth.org, Kaiser Permanente



### Cumulative effects

Studies show that prior concussions may lower the threshold for subsequent concussion injury and increase severity of symptoms.

Andrew Lucas, Jeff Goertzen | The Denver Post

# Concussion Statistics

- Each year, U.S. emergency departments (EDs) treat an estimated 173,285 sports- and recreation-related TBIs, including concussions, among children and adolescents, from birth to 19 years.
- During the last decade, ED visits for sports- and recreation-related TBIs, including concussions, among children and adolescents increased by 60%.
- Numbers and rates are highest in football (55,007; 0.47 per 1000 athlete exposures) and girl's soccer (29,167; 0.36 per 1000 athlete exposures)
- 70.5% of sports- and recreation-related TBI emergency department visits were among persons aged 10-19 years.

Source:

<http://www.cdc.gov/concussion/sports/facts.html>

# Long-Term Effects of Concussions

- 20% of children had lingering effects like fatigue, headaches, forgetfulness and difficulty paying attention for up to 1 year
- Depression
- Suicide
- Chronic Traumatic Encephalopathy (CTE)

# Baseline Testing

- What is “Baseline Testing”?
- SCAT II vs. ImPACT
- When is it done?
- Who can do it?
- How much does it cost?

# The Role of Athletic Trainers

- Education of Athletic Trainers
- Training and Certification of Trainers
- They know the athletes and their families
- Eyes and ears for team physicians
- Immediate evaluation and management



# Concussion Management

Refer to “Concussion  
Handout”

- Follows CDC Recommendations
- Consistent with Florida Law (State Bill 256)
- Consistent with Florida High School Athletic Association (FHSA) letter to Health Care Providers
- Adheres to FHSA Form AT18

# Why Are We Here?

- Educate about concussions in youth sports
- Request assistance in finding funding sources to help pay for baseline testing throughout the entire County
- Advocate for Certified Athletic Trainers to be present at youth sports events
- Recommend early and appropriate management via physicians knowledgeable about youth sports concussions (ie. Bayfront Sports Medicine, All Children's Sports Medicine, Morton Plant Mease Sports Medicine, St. Anthony's Sports Medicine, etc)

Thank You



## A Fact Sheet for **COACHES**

To download the coaches fact sheet in Spanish, please visit [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)  
Para descargar la hoja informativa para los entrenadores en español, por favor visite:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.<sup>1</sup> Concussions can occur, however, in **any** organized or unorganized sport or

recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.<sup>2</sup>

### RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
- and-
2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

***It’s better to miss one game than the whole season.***



## SIGNS AND SYMPTOMS

### SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

*Adapted from Lovell et al. 2004*

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

## PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: [http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm#Video](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video).

Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

- **Insist that safety comes first.**
  - > Teach athletes safe playing techniques and encourage them to follow the rules of play.
  - > Encourage athletes to practice good sportsmanship at all times.
  - > Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
  - > Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the league's commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept

from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.

- **Teach athletes and parents that it's not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called *second impact syndrome*.<sup>4,5</sup> Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

## ACTION PLAN

### WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

- 1. Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
- 2. Ensure that the athlete is evaluated right away by an appropriate health care professional.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)

- 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.**

Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

- 4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare *second impact syndrome* by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

### REFERENCES

1. Powell JW. Cerebral concussion: causes, effects, and risks in sports. *Journal of Athletic Training* 2001; 36(3):307-311.
2. Langlois JA, Rutland-Brown W, Wald M. The epidemiology and impact of traumatic brain injury: a brief overview. *Journal of Head Trauma Rehabilitation* 2006; 21(5):375-378.
3. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
4. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academy Press; 2002.
5. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm).

***If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.***



## A Fact Sheet for **ATHLETES**

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  - > The right equipment for the game, position, or activity
  - > Worn correctly and fit well
  - > Used every time you play

***It's better to miss one game than the whole season.***





## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

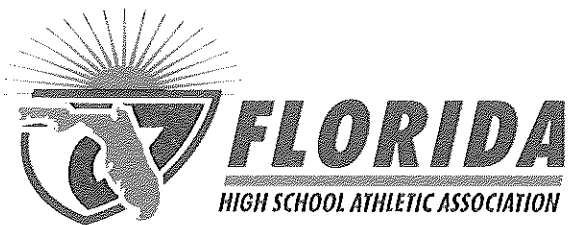
- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It’s better to miss one game than the whole season.***





Dear Health Care Provider:

Thank you for the medical care you provide student-athletes in your area.

Recently the Florida High School Athletic Association (FHSAA) has implemented some additional safety guidelines regarding return to play after a suspected concussion. These guidelines are consistent with recent literature and representative of the concern we have in authorizing any athlete to return to competition without proper medical clearance.

The FHSAA requires an athlete with a suspected concussion must be immediately removed from participation and directed to an appropriate health care professional (AHCP), defined as an MD or a DO, for evaluation and management of this injury. Return to activity requires the athlete to be completely symptom free, off of all medications associated with this concussive incident, with a normal neurological exam and as available, all preseason computer neuropsychological testing returned to baseline, after which time they need to complete a step-wise return to play protocol under the supervision of a licensed athletic trainer, coach or other medical professional. A written medical clearance from an AHCP is required for an athlete to return to competition. A form is available from the FHSAA or the athlete's school for this purpose.

To further promote this emphasis on safety and to avoid any confusion on the part of any youth sport coach or organization; we are asking your assistance in reviewing any discharge instructions that are provided to any youth athlete receiving evaluation or treatment under your care. Our goal is to reduce or eliminate any potential for increased risk of further injury for an athlete recently treated for suspected head injury.

We are requesting, upon discharge from your care, documentation clearly indicating your medical expectations of follow up care for this injury. If you are making an activity related decision, it is recommended that you review the specific demands of the sport/activity this particular athlete is engaged. Sometimes there may be an athletic trainer or volunteer team physician that is associated with the school or organization that can be accessed for consultation regarding return to activity readiness. If you are not medically authorizing this athlete to return to sports related activity; please clearly note this on all documentation that may be submitted to parents, school or organization authorities.

Prior to medically authorizing a return to activity, please review the following progressions of the concussion management plan recognized by The Florida High School Athletic Association.

1. No athlete should return to play (RTP) or practice on the same day of a suspected concussion. "When in doubt, sit them out!"
2. Any athlete suspected of having a concussion must be evaluated by an appropriate health-care professional as soon as possible and practical.
3. Any athlete who has sustained a concussion must be medically cleared by an appropriate health-care professional (as defined above) prior to resuming participation in any practice or competition.
4. After evaluation and examination by an AHCP, Return to play must follow a step-wise protocol as defined by FHSAA Sports Medicine Advisory Committee (SMAC) and under the supervision of an AHCP, athletic trainer, coach or other health care professional. **Form AT18**
5. A written medical clearance from an AHCP is required for return to competition. **Form AT18**

For current and up-to-date information on concussions, visit:

<http://www.cdc.gov/concussioninyouthsports/>

<http://www.seeingstarsfoundation.org>

Sincerely yours,  
FHSAA Sports Medicine Advisory Committee



Florida High School Athletic Association

# Post Head Injury/Concussion Initial Return to Participation

(Page 1 of 2)

This completed form must be kept on file at the student-athlete's school.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the above listed student-athlete has been evaluated for a concussive head injury, is currently asymptomatic with a normal neurological examination, off of all medications related to this concussive injury and (as available) all computerized neurological tests have returned to baseline (Zurich Stage 1). **The student-athlete named above is cleared to begin a graded return to play protocol (outline below) under the supervision of an athletic trainer, coach or other health care professional as of the date indicated below.**

Date Cleared for Graded Return to Play Protocol: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If the student-athlete experiences a return of any of his/her concussion symptoms while attempting a graded return to play, the student-athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach.**

Physician Name: \_\_\_\_\_ Signature/Degree: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Graded Return to Play Protocol

Each step should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol **must be performed under supervision**. Please initial and date the box next to each completed step.

Once the athlete has completed full practice (i.e. stage 4), please sign and date below and return this form to the student-athlete's physician (MD/DO) for review and request the physician complete the return to competition form for the athlete to resume full activity.

Rehabilitation stage	Functional exercise at each stage	Objective	Date completed	Initials
<b>1. Light aerobic exercise</b>	Walking, swimming, stationary bike, HR<70% maximum	Increased heart rate		
<b>2. Sport-specific exercise</b>	Non-contact drills	Add movement		
<b>3. Non-contact training</b>	Complex (non-contact) drills/practice	Exercise, coordination and cognitive load		
<b>4. Full contact practice</b>	Full contact practice	Restore confidence and simulate game situations		

*I attest the above-named student-athlete has completed the graded return to play protocol as dated above.*

Athletic Trainer/Coach Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(if athletic trainer) AT License Number: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(if coach) AD/Principal Name: \_\_\_\_\_ School: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician Reviewed:**  
 \_\_\_\_\_



Florida High School Athletic Association

# Post Head Injury/Concussion Initial Return to Participation

(Page 2 of 2)

This completed form must be kept on file at the student-athlete's school.

## Return to Competition Affidavit

Student-Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Injury Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Formal Diagnosis: \_\_\_\_\_

School: \_\_\_\_\_

Sport: \_\_\_\_\_

I certify that I have reviewed the signed graded return to activity protocol provided to me on behalf of the athlete named above.  
This athlete is cleared for a complete return to **full-contact physical activity** as of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**This student-athlete is instructed to stop play immediately and notify a parent, licensed athletic trainer or coach and to refrain from activity should his/her symptoms return.**

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ License No.: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



October 19, 2012

Ajoy Kumar, MD, FAAFP  
Chair, Department of Family Medicine, Bayfront Medical Center  
501 Sixth Avenue South  
St. Petersburg, Florida 337701

Dear Dr. Kumar:

Suncoast Health Council, Inc. (Health Council) is pleased to support the efforts of Bayfront Medical Center and All Children's Hospital Johns Hopkins Medicine to implement computer-based testing (ImPACT testing) to assess the baseline level of brain function in student athletes.

The Health Council recognizes that baseline testing is inconsistent across high schools in Pinellas County. We also know that football, hockey, and soccer are the three most common sports that lead to concussion in young people. We know that sports- and recreation-related Traumatic Brain Injuries have increased 60% over the last decade, and we're concerned about the long-term effect such injuries will have on our children as they mature into adults. And we know too that the diagnosis of concussion is often made by well-meaning but untrained adults, including coaches and parents.

The Health Council supports the hospitals' efforts to implement ImPACT testing in all high schools in Pinellas County. We also support your efforts to require that athletic trainers be present during high-contact sports events such as football, hockey and soccer.

We applaud the efforts of Bayfront Medical Center and All Children's Hospital John Hopkins Medicine to protect student athletes in Pinellas County.

Sincerely,

*Elizabeth M. Rugg*

Elizabeth M. Rugg  
Executive Director

## State of the Child 2012 Report

Presented by Gay Lancaster, Executive Director of the  
Children's Services Board of Pinellas County

# Juvenile Welfare Board



The Children's Services Council  
of Pinellas County

# Investing in Pinellas County's Children Building on a Foundation for Success

Pinellas County  
Board of County Commissioners

December 11, 2012





# The Juvenile Welfare Board: Who We Are

The Juvenile Welfare Board (JWB) is Pinellas County's safety net for children and families. Our goal is simple: to remove barriers preventing our community's children from reaching their fullest potential.

We have three areas of focus:

Making Sure Children are Ready to Learn

Ensuring Children are Successful in School

Keeping Children Safe





# The Picture: Poor Children & Families in Pinellas County

Children in Pinellas County	162,418
Children in poverty	19%
Students receiving free or reduced price lunch	59,809 [52%]
Chronically hungry children	7,000+
Homeless Students	3,177



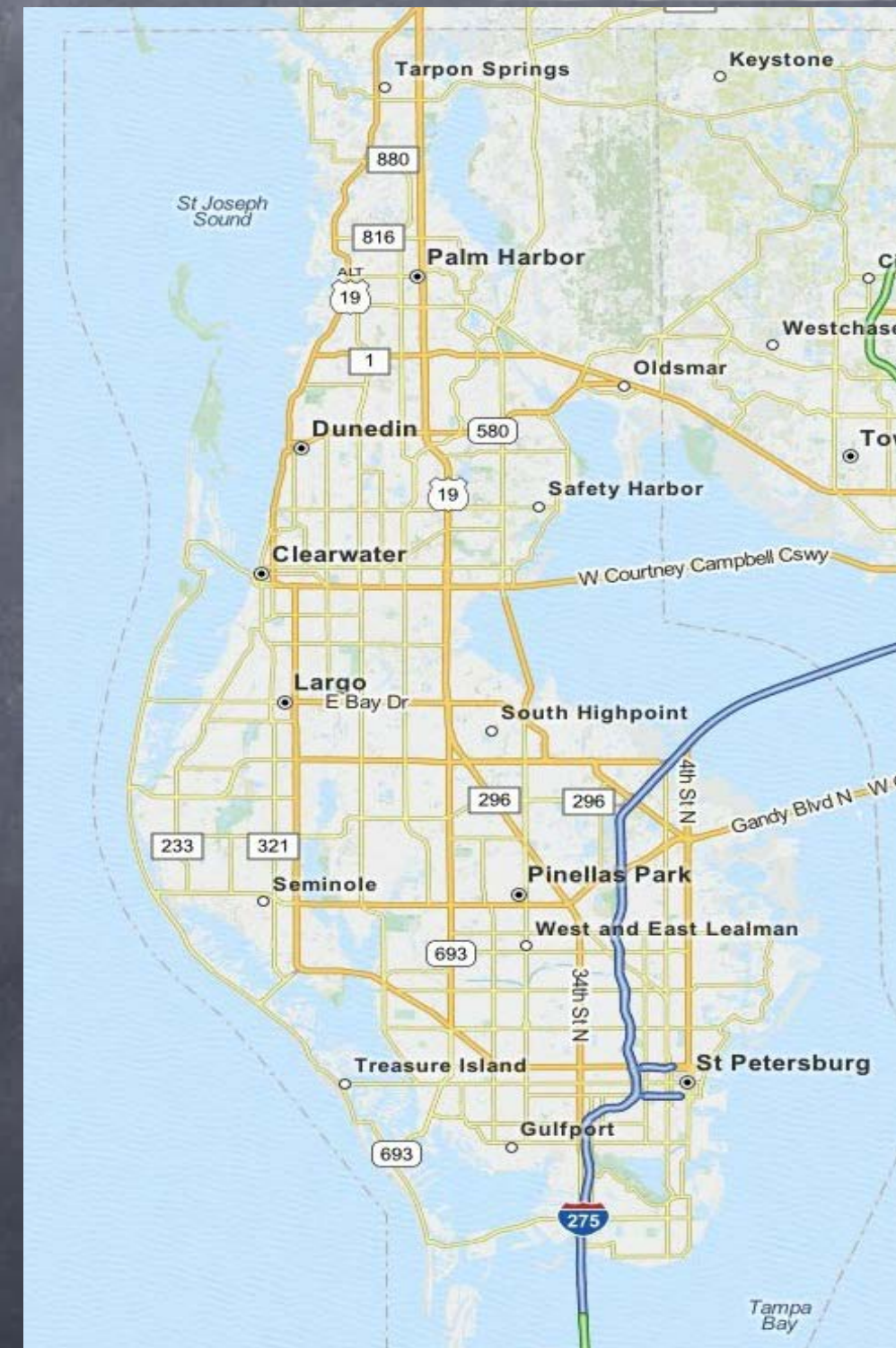


# Poor Children & Families in Pinellas County by ZIP Code

ZIP code 33714 in Pinellas County has the highest percentage (50%) of children entering school “not ready to learn.”

There are nine Pinellas County ZIP codes where at least 1/3 of children enter school “not ready to learn.” --

33705, 33709, 33711, 33713, 33714, 33755, 33756, 33760, 33765.





# The Picture for Pinellas: Many Children in Subsidized Care Enter School Not Ready to Learn

Children in child care	Appx. 40,000
Children in subsidized care	Appx. 12,000
Children on wait list	3,389
Total “ready to learn”	5,836 (72%)
Total “ready to learn” in a subsidized care center	57%
Total “ready to learn” in a subsidized day care home	47%



# The Path to Graduation Starts Before School

Research shows that learning begins long before a child enters Kindergarten. Children, even infants, absorb up words, rhymes, songs and images.

A child's health and socialization, as well as timely recognition of developmental delays are also critical to school readiness.





# School Readiness: Key Numbers + Factors

**2000:** Approximate number of days between a child's birth and their 1st day of Kindergarten

**90%** of brain development occurs in the first five years of a child's life

Parent involvement in children's learning positively impacts readiness

Significant adversity impairs development in the first three years of life— The more adversity a child faces, the greater the odds of a developmental delay.



# School Readiness: Key Numbers + Factors

In-home resources predict children's literacy skills

30 Million: Additional words heard by children of educated parents by age 5

27%: Pinellas County children who enter school unready (2,181 kids in 2011)

88%: 1st graders behind in reading who remain behind their peers in the 4th grade



# The Picture for Pinellas: Youth Leaving School

Standard Diploma Grad. Rate (FY 10-11)	65%
Standard Diploma Grad. Rate for White Students (FY 10-11)	86%
Standard Diploma Grad. Rate for African-American Students (FY 10-11)	47%





# School Readiness: Why Does It Matter?

“By age 5, it is possible to predict, with depressing accuracy, who will complete high school and college and who won’t.”

-- David Brooks, The  
Biggest Issue, New York  
Times

- 75% of 18-24 year olds are ineligible for military service. Lack of education is one of the major disqualifiers.
- In the K-12 years, government may have to spend up to \$100,000 more per child for those who arrive unready.
- Many states plan jail construction based on the number of children who are not reading proficiently by the end of 3rd grade.





Budget  
Investments

About our  
programs

LEARN  
AND  
SUCCEED

STABLE AND  
NURTURING



Headline  
Indicators

SAFE AND  
SUPPORTIVE



HEALTHY

Learn and  
Succeed



\$19.6 million

Major  
Investments

1

### School Readiness

Quality child care scholarships for children 0-5.

\$9.1 million.

Children served with JWB and match:  
+1000 (e)

2

### Out of School Time

Before/after school scholarships for children 9-14.

\$5 million.

Children served: 4,375



Learn and  
Succeed



## Major Investments

3

### Special Needs

Specialized interventions for early childhood.

\$1.8 million.

Children served: 853

4

### Violence Prevention

Conflict resolution services.

\$800K.

Children served: 1,336

Learn and Succeed



Major Investments

5

Mentoring

Evidence-based program preventing involvement in risky behaviors.

\$572K.

Children served: 1,256

6

Literacy

Evidence-base in-home parent education related to early literacy

\$517K.

Children served: 737

7

Pregnancy Prevention

Carerra program pilot.

\$600K

Children served: 63





# Stable and Nurturing

\$19.2 million

## Major Investments

1

### Child Abuse Prevention

Evidence-based. Nurse Family Partnership, Healthy Families and Kinship Program.

\$7 million.

Children served: 2,352

2

### Family Services Pool

Providing an array of services, supports, coordination, information, referral and family navigation.

\$6.2 million.

Units provided to families: 13,000



# Stable and Nurturing

## Major Investments

3

Mental Health and Substance Abuse Services

\$5.5 million

Children served: 4,383





SAFE AND  
SUPPORTIVE

\$4.6 million

Major Investments

Neighborhood Family Centers  
Family stability services.

1

\$3.8 million.

Children served: 1,698

Shelters

2

Domestic violence, homeless  
and runaway shelters.

\$690K.

Children served: 1,151



# Healthy

# \$716K

## Major Investments

### SCHOOL-BASED HEALTH CLINICS

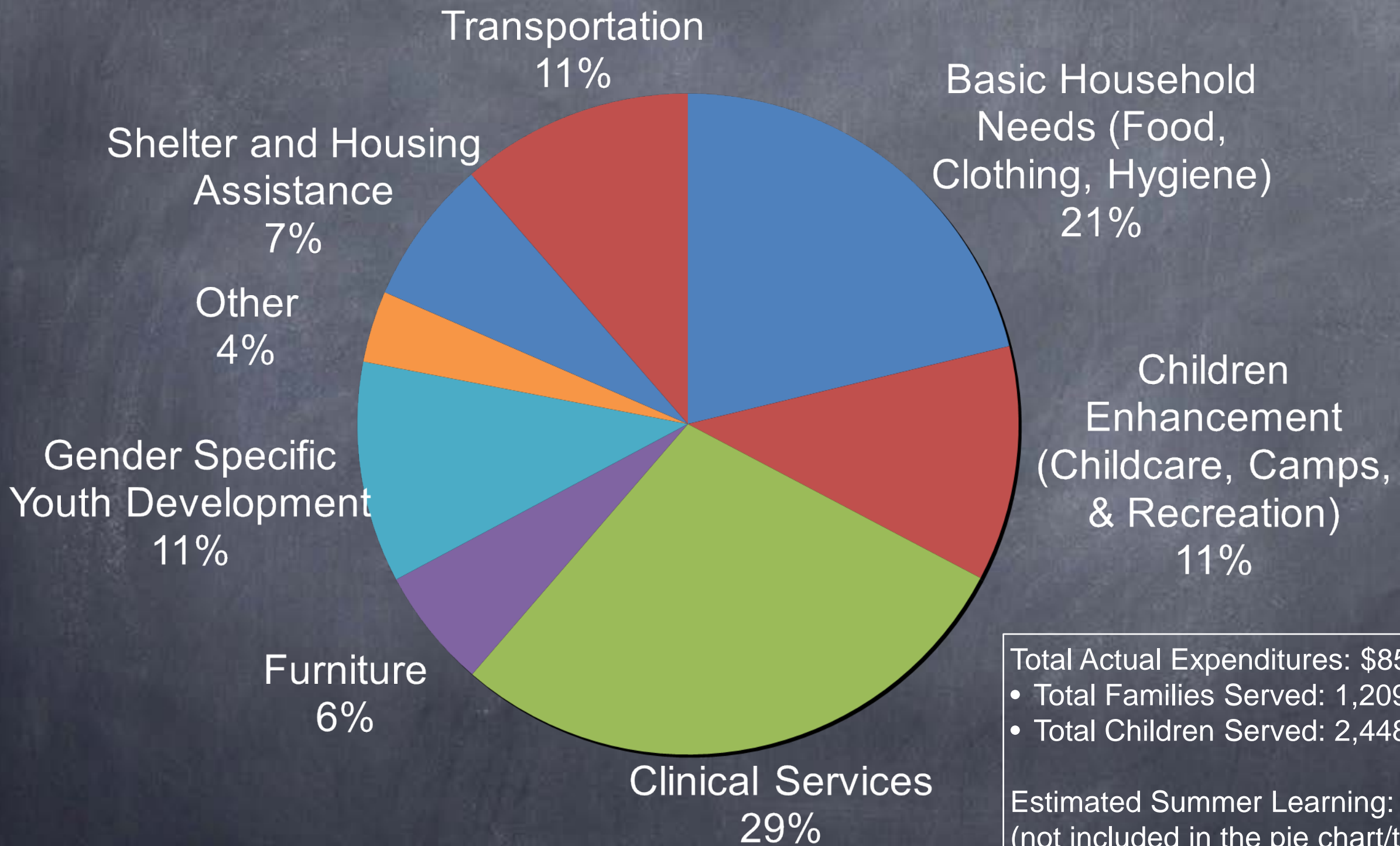
Health Clinics located at:

1. Gibbs High School
2. Northeast High School
3. Boca Ciega High School

Children served: 982



# Family Services Initiative: Expenditures



Total Actual Expenditures: \$85,638

- Total Families Served: 1,209
- Total Children Served: 2,448

Estimated Summer Learning: \$1,545,987  
(not included in the pie chart/totals above)

- Total Children Served: 1,380



# Our Impact Expands Through Community Partnerships

Pinellas County Government

- Pinellas County BTS

Pinellas County Department of Health

Pinellas County Schools

- Lew Williams Project

- Fairmount Elementary Project

City of St. Petersburg

City of Clearwater

City of Tarpon Springs

Wealth Building Coalition

Early Learning Coalition

All Children's Hospital

Homeless Leadership Board





# Our Impact: County-wide

Neighborhood Family Centers	Goal Attainment Scale	Measurable Outcome Met
Citizens Alliance for Progress (CAP)	82%	✓
Greater Ridgecrest Area Youth Development Initiative (GRAYDI)	97%	✓
High Point	97%	✓
Intercultural Advocacy Institute	96%	✓
Lealman/Asian	89%	✓
Martin Luther King	100%	✓
Safety Harbor	93%	✓
Sanderlin	94%	✓



# Thank You

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# Juvenile Welfare Board



The Children's Services Council  
of Pinellas County