

MENTAL HEALTH ASSISTANCE ALLOCATION PLAN CHECKLIST**Due May 15, 2020**

| Yes | Mental Health Assistance Allocation Plan (s. 1011.62(16)(a) and (b), F.S.) |
|-----|--|
| X | Focuses on delivering evidence-based mental health services. |
| X | Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, and recovery). |
| X | Identifies evidence-based mental health services for students with one or more co-occurring mental health or substance abuse diagnoses and students at risk of such diagnoses. |
| X | Describes the collaborative partnerships with community providers and agencies. |
| X | Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing. |
| Yes | Program Implementation and Outcomes (s. 1011.62 (16)(d), F.S.) |
| X | Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community). |
| X | Identifies number and credentials of mental health services providers employed by the district. |
| X | Identifies number and credentials of mental health services providers contracted by the district. |
| Yes | Expenditures (s. 1011.62 (16), F.S.) |
| X | Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers. |
| X | Includes assurances that Mental Health Assistance Allocation does not supplant other funding sources OR increase salaries or provide staff bonuses. |
| X | Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3 rd party payments, grants). |
| Yes | Plan Approval and Submission (s. 1011.62 (16)(c), F.S.) |
| | Local school board approved the district plan. Date of Approval: |
| X | Charter school governing body(ies) approved plan(s), when applicable. |
| X | Approved plan(s) was submitted to the Commissioner of Education: |
| X | Plan(s) establishes or expands school-based mental health care. |

Best Practice Considerations (optional for inclusion in Mental Health Assistance Allocation Plan):

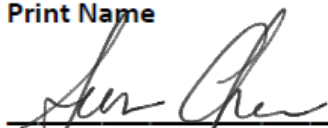
- ✓ Describe awareness/prevention efforts that address mental health issues.
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- ✓ Describe how services will be delivered within a multi-tiered system of supports (universal/prevention, targeted, and intensive).

Charter School Administrator

SEAN CHANCE 4/27/20

Print Name

Date



Signature

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Governing Board Approval

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Michael Castellano 4/27/20

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Charter School Administrator

PETER BAYER 4/27/20
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Pat Bayer 4/27/20
 Print Name Date

Governing Board Approval

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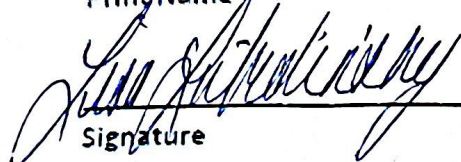
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Lisa Libidinsky 4/27/2020

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Signature

4/27/2020

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