



Part I: Youth Mental Health Awareness Training Plan Part II: Mental Health Assistance Allocation Plan

St. Johns County School District

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

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.) $\underline{1012.584}$, 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.

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) ShareFile $\underline{\text{https://fldoe.sharefile.com/r-rc3dac894fc9c4e6c9ff43fbc331a4286}} \text{ by the deadline } \textbf{August 1, 2021}.$

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.

Part I. Youth Mental Health Awareness Training Plan

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.



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 Youth Mental Health First Aid (YMHFA)?

There are

42.94

% of employees trained and certified as of

7/12/21

(date)

2. Explain the training goal(s) for the upcoming 2021-2022 school year.

The St. Johns County School District will continue to provide Youth Mental Health Awareness and training to all school district personnel. The goal will be to provide trainings for non-instructional staff throughout the year during in-service opportunities as well as summer training opportunities for instructional staff who would otherwise be unable to attend during the regular school year.

3. In addition, the annual goal for the 2021-2022 school year is to train:

13.5

% of employees as of 6/30/22

(date)

4. Explain the training goal(s) for the next 3-5 years.

We will provide trainings for staff throughout the year during in-service opportunities, pre-planning, as well as paid summer opportunities for instructional staff who would otherwise be unable to attend during the regular school year.

5. What is the procedure for training new personnel to the district?

Currently, all new personnel are trained using Kognito's At-Risk for Elementary, Middle or High School Educators as appropriate. We provide Administrators with information on upcoming YMHFA trainings throughout the school year that they forward on to their staff. It is also advertised in our SunGard system to all employees.

6. Explain how the district will utilize the following three YMHAT programs:

YMHFA

We will provide trainings for staff throughout the year during in-service opportunities, pre-planning, as well as paid summer opportunities for instructional staff who would otherwise be unable to attend during the regular school year.

• YMHFA Recertification

August 2021 will be the first year of our recertification process for staff trained in 2018-2019. We will provide information to staff who are eligible regarding the online recertification process.

• Kognito At-Risk Modules (at all three levels: elementary, middle, high school)

Currently, all new personnel are trained using Kognito's At-Risk for Elementary, Middle or High School Educators, as appropriate, during the onboarding process for employment.

Section B: YHHAT Projected Budget

	Categories	Detailed Description, number of activities within each category	Cost Per/Each	Total Projected Budget by Category			
1.	Stipends (Detailed # of personnel and stipend cost per person)	Stipend for 290 instructional staff to be trained in June 2022.	\$130	\$37,700.00			
2.	Materials (Detail # of units x individual unit cost, plus shipping)	If virtual, seats for 18 participants (\$23.95 x 18 = \$431.10). If in person, handbooks for 23 participants (\$18.95 x 23 = \$435.85). Basic supplies for training- \$19.90 if virtual or \$15.15 if in person.	\$23.95 or \$18.95 \$19.90 or \$15.15	\$451.00			
3.	National Council (YMHFA) Training (Detailed description of each training activity to include # of personnel and individual training costs)						
4.	Additional Kognito Modules (Provide the name of training module and cost)						
	TOTAL 2021-2022 BUDGET: \$38,151.00						

5. Additional narrative (optional):

As in the past, if the expected 290 participants do not attend, we will utilize the unused stipends to reimburse virtual seats and/or handbooks depending on the delivery format.

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.



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.

Through the implementation of the Mental Health Assistance Allocation Plan, by the end of the 2021-2022 school year, St. Johns County School District will increase the number of students identified and referred for mental health services by 2% in comparison to the 2020-2021 school year.

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 <u>Blue Menu of Evidence-Based</u> <u>Psychosocial Interventions for Youth</u> and the <u>SAMHSA Evidence-Based Practices Resource Center</u>.

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



Table 1: District Program Implementation

1.	2.	3.		•
EBP and Description	EBP Implementation	Outcome Measures	MT	
Elementary school students will receive classroom lessons to introduce and support competencies regarding American School Counselor Association Mindsets and Behaviors for Student Success Standards which will help students manage emotions and apply interpersonal skills. M 1. Belief in development of whole self, including a healthy balance of mental, social/emotional and physical well-being M 2. Sense of acceptance, respect, support and inclusion for self and others in the school environment M 3. Positive attitude toward work and learning M 4. Self-confidence in ability to succeed M 5. Belief in using abilities to their fullest to achieve high-quality results and outcomes M 6. Understanding that postsecondary education and life-long learning are necessary for long-term success Also using the CASEL program students will learn about the five pillars of social-emotional learning. The CASEL 5 addresses five broad and interrelated areas of competence and highlights illustrative examples for each: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. The CASEL 5 can be taught and applied at various developmental stages from childhood to adulthood and across diverse cultural contexts. Many school districts, states, and countries have used the CASEL 5 to establish preschool to high school learning standards and competencies that articulate what students should know and be able to do for academic success, school and civic engagement, health and wellness, and fulfilling careers.	At the elementary level, through classroom lessons, school counselors will provide classroom lessons based on the ASCA standards.	Schools will report the percentage of students completing each Tier One support according to each school plan. District will collect and monitor the number of students referred for district and/or outside mental health services monthly.		2 3 X X



1.	2.	3.		4.	
EBP and Description	EBP Implementation	Outcome Measures	M	TS	S
			1		3
Middle and high school students will participate in eight lessons throughout the school year, including information on the following topics: Lesson 1: Character Pillar of Fairness, Bullying Prevention, Internet Safety Education, Resources for getting help for self and others, Trusted Adults Evidence-Based Resources: StopBullying.Gov, Character Counts, NetSmartz, Safer, Smarter Teens, Teen Safety Matters, Sources of Strength Lesson 2: Character Pillar of Responsibility, Awareness of signs and symptoms correlating to substance use and abuse, Resources for getting help for self and others Evidence-Based Resources: Character Counts, Stanford University Tobacco Prevention Toolkit Lesson 3: Character Pillar of Citizenship, Mental Wellness Basics, Stigma and Support, Risk and Protective Factors Developing healthy activities, Gratitude Evidence-Based Resources: Character Counts, Sources of Strength, Youth Mental Health First Aid Lesson 4: All Character Pillars, Suicide Awareness and Prevention, Getting help for self and Others, Volunteering/Acts of Generosity Evidence-Based Resources: Character Counts, Sources of Strength, Florida S.T.E.P.S. Lesson 5: Character Pillar of Respect, Effective Listening Strategies, Child Trafficking, Resources for getting help for self and others Evidence-Based Resources: Character Counts, Youth Mental Health First Aid, Safer, Smarter Teens, Teen Safety Matters, Sources of Strength Lesson 6: Character Pillar of Caring, Healthy relationships, Empathy, Forgiveness, Positive Friends Evidence-Based Resources: Character Counts, One Love, Green Dot, Sources of Strength Lesson 7: Character Pillar of Trustworthiness, Managing strong emotions, Have the courage to do the right thing, Build a good reputation	At the middle and high school level, all lessons provided are written and recorded by a district mental health task force composed of licensed counselors, teachers, and district staff with content area expertise. Teachers will play the lessons in their classroom and pause it at various times to complete a teacherguided application activity with students. Teachers will be reminded of when to pause by the prompts in the video and will be provided training and a facilitation guide to assist in this process.	Schools will report the percentage of students completing each Tier One support according to each school plan. District will collect and monitor the number of students referred for district and/or outside mental health services monthly.	X		X



1. EBP and Description	2. EBP Implementation	3. Outcome Measures	M	4. [TS	\mathbf{S}
			1	2	3
Evidence-Based Resources: Character Counts, Sanford Harmony, Zones of Regulation Lesson 8: All Pillars, Stress management, Developing healthy coping skills, Importance of self-care, GRIT/Perseverance Evidence-Based Resources: Character Counts, SAMHSA, Youth Mental Health First Aid, Sources of Strength					
The focus of the mental health lessons will be the impact of stress and teaching learners about their own mental wellness. Additional topics covered will be the influence the brain has on each person, and the impact our environment can have on our mental health. Learners will also discuss how mental health is likened to physical health, and that mental health is fostered through the choices we make, including our ability to notice when our mental health is at risk. Learners will learn about behaviors and factors that maintain and contribute to positive mental health, how stress contributes to mental health, and behaviors and factors that threaten positive mental health.					
Teachers will use these lessons to teach students how to have safe and healthy relationships. Students will learn about control and manipulation that can result from an imbalance of power and will be aware of the potential dangers of being controlled by others as these tactics can be used by human traffickers. They will also understand that human trafficking can occur anywhere and to anyone, and it is even likely happening in their own community. Students will learn the definition and risks of human trafficking. In this lesson, students will be introduced to a scenario that demonstrates risky situations and red flags shown by a teen in a vulnerable position. How traffickers maintain control and the impact of trauma bonds will be reviewed. They will learn methods of reporting					



1. EBP and Description	2. EBP Implementation	3. Outcome Measures	M	4. [TS	S
			1	2	3
suspected or actual human trafficking. Students will review how to advocate for themselves and others.					
Resource Overview:					
CHARACTER COUNTS! uses its Six Pillars of Character: trustworthiness, respect, responsibility, fairness, caring, and citizenship as a foundational strategy while using the TEAM approach and incorporating other character education best-practices. CHARACTER COUNTS! is a fully integrated student development framework that incorporates the most critical research findings and current theories from all major research and evidence-based strategies.					
The Florida School Toolkit for K–12 Educators to Prevent Suicide (Florida S.T.E.P.S.) was developed to assist schools with suicide prevention, intervention, and postvention. School administrators and school mental health professionals (SMHPs), including school counselors, social workers, and school psychologists, are critical leaders in driving suicide prevention efforts. Collaboration between schools and community and state suicide prevention resources is also fundamental. Florida S.T.E.P.S. takes a comprehensive approach by including information, tips, and tools that can help you forge coalitions, adjust or enhance existing plans, or create new ones.					
Green Dot is a comprehensive violence prevention strategy that depends on the power of bystanders to prevent violence and shift social and cultural norms. Green Dot sees all community members as potential active bystanders and seeks to safely engage them in violence prevention. Active bystanders do "green dots" by expressing intolerance for violence through both proactive and reactive behaviors.					



1. EBP and Description	2. EBP Implementation	3. Outcome Measures		4. TS:	5
			1	2	3
One Love educates young people about healthy and unhealthy relationships, empowering them to identify and avoid abuse and learn how to love better.					
NetSmartz is the National Center for Missing & Exploited Children's online safety education program. It provides age-appropriate videos and activities to help teach children be safer online with the goal of helping children to become more aware of potential online risks and empowering them to help prevent victimization by making safer choices on- and offline.					
Safer, Smarter Teens is an evidence-based, pedagogically sound, spiral curriculum programs based on developmental milestones; as a child's world expands, so too does the content of the lessons to meet their increasing safety needs. The Safer, Smarter Schools program empowers children with tools that are not only protective from abuse, but also important esteem and safety issues such as bullying, Internet safety and empowerment. Throughout the curriculum lessons, students are armed with protective principles and vocabulary to express their feelings and talk to a trusted adult. Students are taught to identify "safe" and "unsafe" situations, people and secrets based on how each these things make them feel. Issues that adolescents face in relationships with peers and adults, such as balance of power, enforcing boundaries and the grooming process are also addressed.					
Evidence-Based Practices Resource Center SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-					

1.	2.	3. Outcome Measures	M	4.	C
EBP and Description	EBP Implementation	Outcome Measures		TS	
based practices into their communities or clinical			1	2	3
settings.					
Sanford Harmony, now included as a SELect program in CASEL's listing of Effective Social and Emotional Learning Programs, offers a comprehensive toolkit of lessons and activities that encourage the development of skills in communication, collaboration, and mutual respect among all children. The program, which addresses CASEL's five core social emotional learning competencies, aligns with research findings that these approaches support student academic					
achievement and positive outcomes.					
Sources of Strength is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get hard, they have strengths to rely on. This is an evidence-based program, which won the					
National Public Health Practice Award in 2005. Stanford University's Tobacco Prevention Toolkit is a research-informed and validated set of					
curriculums to help prevent students from starting or escalating use of any tobacco product. The goals of this Toolkit are for students to: understand basic					
information about tobacco products, including e- cigarettes/vape pens, and the harm they cause, gain awareness of strategies manufacturers of tobacco, including e-cigarettes/vape pens, employ to increase use among adolescents through					



1. EBP and Description	2. EBP Implementation	3. Outcome Measures		4. TS	S
•	•		1		3
deceptive and creative marketing strategies, gain skills to refuse experimentation and use of tobacco					
Stopbullying.gov resources include Fact Sheets, Research Summaries, and Infographics that provide current research findings, evidence-based strategies, and data on bullying prevention. The resources can be utilized for bullying prevention by youth, parents, educators, youth-serving professionals, schools, health care providers, organizations, communities, and states. The resources can be shared, downloaded, and printed for distribution.					
Teen Safety Matters is a comprehensive, evidence-informed prevention education program for middle school students in grades 6-8 and high-school students in grades 9-12. The program educates and empowers teens and all relevant adults with information and strategies to prevent, recognize, and respond appropriately to bullying, cyberbullying, all types of abuse, relationship abuse, sex trafficking, and digital dangers.					
Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.					



1. EBP and Description	2. EBP Implementation	3. Outcome Measures	M	4. TS	S
			1	2	3
Zones of Regulation is a metacognitive framework for regulation and treatment approach that is based on immense evidence in the fields of autism, attention deficit disorders (ADD/HD), and social-emotional theories. It integrates best practices around Trauma Informed Care and mental health supports and aligns with the CASEL SEL core competencies. The Zones integrates Systemizing Theory, Central Coherence Theory and Cognitive Behavior Management. It ties in Social Thinking, visual supports and is a tool to build self-management skills. Some of these evidence-based practices are developmental in nature, while others are related to learning-styles, concepts or characteristics important to neurodiverse populations.					

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	1:505	1:521
School Social Worker	1:5498	1:4588
School Psychologist	1:2315	1:2086
Other Licensed Mental Health Provider	1:2932	1:2932

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.	To reduce the staff-to-student ratios St. Johns County School District has utilized the MHAA to hire additional staff each year. Since 2019 SJCSD has added 9 mental health counselors for a total of 15, 6 school social workers for a total of 10 and 6 school psychologists for a total of 22. Also helping reduce the staff-to-student ratio SJCSD employs 88 school counselors.
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.	District will build into MTSS policies and procedures that students referred for a mental health screening are assessed within 15 days of referral and that school-based mental health services are initiated within 15 days of identification and assessment. District will build into MOUs and contracts with community-based mental health service providers that services for students are to be initiated within 30 days of referral. Monthly review of mental health referral numbers with St. Johns Care Connect.
Describe the role of school based mental health providers and community-based partners in the implementation of your evidence based mental health program.	School based mental health providers and community-based partners will provide direct services as part of the MTSS continuum. This could include assemblies and presentations for Tier 1 and individual/group counseling for Tier 2 and Tier 3.



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:
All Therapies Support Inc. (2 registered interns, 1 licensed therapist)	All Therapies Support Inc.	Direct mental health support	Medicaid, State funding
BetterHelp (All therapists are licensed)	BetterHelp	Direct mental health support	Private pay, State mental health funds
Children's Home Society (5 registered interns, 2 licensed therapists)	Children's Home Society	Direct mental health support	Medicaid, State mental health funds
EPIC Behavioral Healthcare (Education, Prevention, Intervention, and Counseling) (3 registered interns)	EPIC Behavioral Healthcare	Direct mental health support	Medicaid, private ins., State mental health funds
Youth Crisis Center (2 registered interns)	Youth Crisis Center	Direct mental health support	DJJ
St. Augustine Youth Services (5 licensed therapists, 2 registered interns)	St. Augustine Youth Services	Direct mental health support	Medicaid, State funding

Section E: Planned Expenditures

Table 4: MHAA Planned Expenditures

Allocation Expenditure Summary	Total
Unexpended Mental Health Assistance Allocation funds from previous fiscal years: Pending Board approval: HeartMath- \$30,000.00, Social Worker- \$72,271.04, School Counselor- \$78,427.25, Conscious Discipline Teacher on assignment- \$78,427.25 Total \$259,125.54	\$788,600.06
School district expenditures for mental health services provided by staff who are employees of the school district:3 School psychologist at an average of \$82,530.10, 7 Mental Health Counselors at an average of \$70,271.04, 5.5 Social Workers at an average \$72,302.16, 2 Behavioral Tech at an average of \$28,703.18, 2 Behavioral Interventionist at an average \$72,125.42, 1 Conscious Discipline teacher on assignment at an average salary \$78,427.25, 1 Social Emotional Learning Coordinator at an average \$80,611.84, 1 School Counseling Services Coordinator at an average \$108,183.91. All above salary amounts include benefits	\$1,606,029.66
School district expenditures for mental health services provided by contract-based collaborative efforts or partnerships with community-based mental health program agencies or providers: Contract with St. Johns Care Connect, contract Direct Mental Health Services	\$183,315.34
Other expenditures (see below):	\$145,000.00
Total MHAA expenditures:	\$1,934,345.00

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

Type: Narrative description with detailed cost	Total Amount
Sources of Strength	\$35,000.00
Boomerang Project	\$35,000.00
Youth Mental Health First Aid	\$10,000.00
Navigate 360 (Threat Assessment Software)	\$65,000.00
Total Other Expenditures:	\$145,000.00



Certification	
	School Board approved the district's Mental Health outlines the local program and planned expenditures to establish or expand school-nt with the statutory requirements for the mental health assistance allocation in 16), F.S.
School (MSID) Number	Charter School Name
	pove will be included in the school district youth mental health awareness plan and in plan. If you have more Charter schools to add, please list them on a separate sheet.
Signature of District Superintende	ent
Printed Name of District Superinte	endent
Board Approval Date	

Charter School Certification	
Mental Health Assistance Allocation Plan, which ou	Charter School Governing Board approved the school's atlines the program and planned expenditures to establish or expand statutory requirements for the mental health assistance allocation in
Charter School Administrator Signature	
Printed Name of Charter School Administrator	
Governing Board Approval Date	