MENTAL HEALTH ASSISTANCE ALLOCATION (MHAA) PLAN OUTCOME AND EXPENDITURES REPORT 2022-2023

Due September 30, 2023

District Name:

Outcomes for 2022-2023

*Section 1. School and Community-Based Mental Health Services Provided Districtwide			Number
The number of students who re			
The number of students referred			
The number of referrals made to			
The number of students referre			
The number of referrals made to			
The number of students who re			
The number of students who re			
*Section 2. School and Comm Allocation	Number		
The number of licensed school-based mental health services providers funded by the allocation including licensure type LMHC, LMFT, LCSW			
The number of certified school-School Counselors, Sch			
The number of licensed commu allocation including licensure ty			
*Section 3. The number of Cor Efforts or Partnerships with C Providers			
Section 4. Direct Employment Ratios			
Position Title	Beginning-of-Year Ratio (22-23)	Proposed Ratio on MHAA Plan (22-23)	End-of-Year Ratio (22-23)
School Counselors			
School Psychologists			
School Social Workers			
Other Licensed Mental Health Services Providers			

^{*}Required per section 1006.041, Florida Statutes.

MENTAL HEALTH ASSISTANCE ALLOCATION (MHAA) PLAN OUTCOME AND EXPENDITURES REPORT 2022-2023

Due September 30, 2023

Expenditures for 2022-2023

*Section 1. Allocation Funding Summary		\$ Amount
MHAA provided in the 2022-2023 Florida Education Finance Program		
Unexpended MHAA funds from previous fiscal years as stated in your 2022-2		
Total MHAA Plan Funds:		
*Section 2. Allocation Expenditure Summary – Funded by MHAA Plan	Total	
Profession	Total Number	\$ Amount
School Counselor(s) – DOE certified		
School Psychologist(s) – DOE certified and/or DOH licensed		
School Social Worker(s) – DOE certified and/or DOH licensed		
Other (DOH) Licensed Mental Health Service Providers		
Mental Health Administrator(s)		
Mental Health Support Staff		
Total Expenditures for the Employment of		
*Section 3. Continued Summary of Expenditures	\$ Amount	
Expenditures for services provided by community-based mental health progra providers		
Expenditures for the professional development and training		
Expenditures for travel (in-county, in-state and out-of-county)		
Expenditures for supplies, materials, and equipment		
Charter School Proportionate Share		
Other expenditures (specified in Section 4)		
Total MHAA P		
*Section 4. Other Expenditures		
Specify type from the MHAA Fund	\$ Amount	
Total Oth		
	Submission Date:	

If you experience difficulty completing this form electronically, contact Student Support Services, at 850-245-7851 or StudentSupportServices1@fldoe.org.