

2026-27 |

HOPE

COMMUNICATION

RESILIENCE

WELLNESS

KINDNESS



FAMILY

POSITIVITY

AWARENESS

WELLNESS

MENTAL
HEALTH

Broward -

06-5081 CITY/PEMBROKE PINES CHARTER MIDDLE

MENTAL HEALTH APPLICATION

Mental Health Assistance Allocation Plan



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

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I. Introduction

Plan Purpose

The purpose of the Mental Health Assistance Allocation (MHAA) is to provide funding to assist school districts in establishing or expanding school-based mental health care; train educators and other school staff in responding to mental health issues; and connect children, youth and families who may experience behavioral health issues with appropriate services.

These funds are allocated annually in the General Appropriations Act to each eligible school district. Each school district shall receive a minimum of \$100,000, with the remaining balance allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment.

Charter schools that submit a plan separate from the school district are entitled to a proportionate share of district funding. A charter school plan must comply with all of the provisions of this section, must be approved by the charter school's governing body, and must be provided to the charter school's sponsor. (*Section [s.] 1006.041, Florida Statutes [F.S.]*)

Submission Process and Deadline

The application must be submitted to the Florida Department of Education (FDOE) by **August 1, 2026**.

There are two submission options for charter schools:

- Option 1: District submission includes charter schools in their application.
- Option 2: Charter school(s) submit a separate application from the district.

II. MHAA Plan

A. MHAA Plan Assurances

1. Charter School Assurances

One hundred percent of state funds are used to establish or 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.



Other sources of funding will be maximized 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.



A system is included 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.



Curriculum and materials purchased using MHAA funds have received a thorough review and all content is in compliance with State Board of Education Rules and Florida Statutes.



The MHAA Plan was approved by the charter governing board.



The MHAA Plan was provided to the District to review for compliance.



The MHAA Plan must be focused on a multi-tiered system of supports to 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. Section 1006.041, F.S.



District assessment procedures, at a minimum, include the use of an approved assessment tool as required by Senate Bill 1620 (effective July 1, 2025).



2. Charter Governing Board Policies

Students referred to a school-based or community-based mental health services provider, for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 calendar days of referral.



School-based mental health services are initiated within 15 calendar days of identification and assessment.



Community-based mental health services are initiated within 30 calendar days of referral.



Individuals living in a household with a student receiving services are provided information about behavioral health services through other delivery systems or payors for which such individuals may qualify if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.



District schools and local mobile response teams use the same suicide screening instrument approved by FDOE pursuant to s. 1012.583, F.S., and Rule 6A-4.0010, Florida Administrative Code.



Assisting a mental health services provider or a behavioral health provider as described in s. 1006.041, 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. Such procedures 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, the local mobile response team, or be a direct or contracted school district employee. Note: All initiated involuntary examinations located on school grounds, on school transportation or at a school-sponsored activity must be documented in the Involuntary Examinations and Restraint and Seclusion (IERS) platform.



Parents of students receiving services are provided information about other behavioral health services available through the student's school or local community-based behavioral health service providers. Schools may meet this requirement by providing information about and internet addresses for web-based directories or guides for local behavioral health services.



A system is in place to measure the program outcomes outlined in s.1006.041, F.S.



B. Charter Program Implementation

Evidence-Based Program (EBP) #1

Evidence-Based Program (EBP)

The Student Assistance Program (fully funded by MHAA)

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.

American Psychological Association APA (<https://bit.ly/3ZeBYpv>)

Tier(s) of Implementation

Tier 1, Tier 2, Tier 3

Describe the key EBP components that will be implemented.

Fully funded by the MHAA, the Student Assistant Program (SAP) is a team of mental health professionals licensed under Chapter 490 and/or Chapter 491 that deliver EBTs (all with research support from APA) via individual and group therapy. Therapy services are delivered to those students whose parent(s) provide signed consent after they have been identified with a need for services based on data available (e.g., LSW or mental health screeners, counselor referral, attendance, disciplinary referrals, etc.). The following EBTs are delivered by our team of clinicians:

- CBT is a therapy technique to improve thinking patterns by reframing cognitive distortions. It's used to treat symptoms of anxiety and depression to result in improved feelings and behaviors.
- TF-CBT is used to treat symptoms of trauma and trauma responses in children exposed to traumatic experiences.
- Brief Solution-Focused Therapy is a brief therapy approach to help with future-oriented thinking and goal development by identifying solutions.
- Behavior Therapy changes maladaptive behaviors by replacing them with adaptive behaviors. Part of this therapy entails teaching children replacement behaviors to serve a function and reinforcing prosocial behaviors.
- Behavioral Parent Training (e.g., PCIT) coaches parents on skills to manage disruptive behaviors and to decrease negative attention-seeking behaviors as well as increase adaptive behaviors in their children. Parents are taught both positive attention skills and effective discipline skills.

Early Identification

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

To implement evidenced-based mental health services for early identification, our district administers two LSW surveys (one in the Fall and one in the Spring) to all students grades 3-12 (as long as parent permission has been granted).

In addition, our support team meets monthly to review and monitor student data and identify at-risk students (e.g., attendance, discipline referrals, grades, etc.). In an effort to reduce the likelihood of at-risk students developing emotional or behavioral problems, depression, anxiety, or suicidal tendencies, our SAP team supports the implementation of Tier 1, EBP curriculum (e.g., Rethink Ed) that provides weekly lessons on development of awareness of self & others, self-management, relationship skills, responsible decision making, and resiliency.

In addition, a mental health screener is offered to selected students (whose parents sign consent to do so) to aide in early identification. This is an evidenced-based, research-supported mental health screener, the BASC-BESS 3. Students dealing with trauma and violence that are identified via these measures are referred to our school-based therapy team (SAP) for trauma-focused therapy.

Our team of clinicians also provides whole class interactive lessons on various mental health topics. All content is data-driven, research-supported and is in line with FLDOE approved Resiliency Education: Civic and Character Education and Life Skills Education required instruction content (Section 1003.42(2)(n)4., Florida Statutes (F.S.)). Examples of topics presented include internet and social media use, mental health strategies to cope with feelings of anxiety/depression, problem-solving skills, etc.

High Risk Students

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 students at high risk of such diagnoses.

Via licensed mental health therapists, SAP provides evidenced-based individual and group therapy services to identified students with consent. Therapies are delivered on weekly basis and students are assessed monthly, utilizing a research-supported screener, to monitor risk and treatment response. EBTs utilized by SAP include: Cognitive Behavioral Therapy (CBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Brief Solution Focused Therapy, and Behavior therapy. Recently, SAP has also incorporated Parent-Child Interaction Therapy (PCIT) for select children and caregivers. Prior to delivery of an EBT, our clinicians conduct a thorough intake and develop a treatment plan in conjunction with the student and the parent/legal guardian. At the start and completion of therapy services students will be administered the department approved functional assessment instrument (Children's Functional Assessment Rating Scale –CFARS). For students with higher service needs due to co-occurring substance use issues and comorbid diagnoses, we utilize a school social worker to link families with additional community resources and treatment providers.

Evidence-Based Program (EBP) #2

Evidence-Based Program (EBP)

Re-Think Ed Program (program not funded by MHAA; staff who implement funded by MHAA)

Identify the source of the evidence-based program chosen.

If there are multiple sources, please select only one.

Other: ReThink Ed has conducted research studies that demonstrate the efficacious of the program (e.g., Whalen et al., 2023). Specifically, students who participated in the RethinkEd Wellness Program demonstrated significant growth in self-management, self-awareness, relationship skills, responsible decision making, emotional well-being, stress, resilience, self-confidence, emotional awareness, emotional regulation, self-regulated learning, perspective taking, understanding norms, and classroom behavior (Whalen et al., 2023).

Tier(s) of Implementation

Tier 1, Tier 2

Describe the key EBP components that will be implemented.

ReThink Ed is a digital interactive tool that offers a life skills and wellness curriculum addressing the following domains: Awareness of Self & Others, Self-Management, Relationship Skills, Responsible Decision Making, and Resiliency. The curriculum is evidenced-based and aligned with FLDOE Resiliency Education Standards.

Early Identification

Explain how your district will implement evidence-based mental health services for students to improve the early identification of social, emotional or behavioral problems or substance use disorders, as well as the likelihood of at-risk students developing social emotional or behavioral problems, depression, anxiety disorders or suicidal tendencies, and how these will assist students dealing with trauma and violence.

The ReThink Ed program will be implemented K-12. Teachers under the direction of the mental health team members will be provided program training in order for them to implement the designated weekly lessons. The school counselors will conduct a needs assessment for all students whose parents provide permission to determine what additional services will be recommended to assist students with greater needs and/at risk behaviors. Pre and Post LSW surveys administered digitally at the beginning and end of the school year (to students 3rd-12th grade with parent permission) should provide evidence that 80% of students fall within the expected range across the domains. Tier 1 students: will take quizzes after each lesson to help determine student mastery of LSW skills. Tier 2 students: will be monitored through regular check-ins with the school counselor to determine their progress and continued needs. Additionally teachers, staff and/or parents may request additional support for a student or group of students that would require tier 2 small group lessons.

High Risk Students

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 students at high risk of such diagnoses.

High-risk students identified from Re-Think Ed will be referred to the Student Assistance Program (SAP) to receive individual, weekly evidenced-based mental health assessment, intervention, and treatment from a licensed mental health therapist (licensed under Chapter 490 or Chapter 491). To support their needs, these students will have more frequent check-ins and sessions, and may be referred to community based mental health partners for additional support services.

C. Direct Employment

1. Plan Direct Employment

Total student population as of August 1, 2026 **1,354**

School Counselor

Current Ratio as of August 1, 2026: **0:1,354**

School Counselor

2026-2027 proposed Ratio by June 30, 2027: **0:1,354**

School Social Worker

Current Ratio as of August 1, 2026: **0:1,354**

School Social Worker

2026-2027 proposed Ratio by June 30, 2027: **0:1,354**

School Psychologist

Current Ratio as of August 1, 2026: **0:1,354**

School Psychologist

2026-2027 proposed Ratio by June 30, 2027: **0:1,354**

Other Licensed Mental Health Provider

Current Ratio as of August 1, 2026: **1:1,018**

Other Licensed Mental Health Provider

2026-2027 proposed Ratio by June 30, 2027: **1:1,018**

2. Policy, Roles and Responsibilities

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 staff-to-student ratios and meet student mental health needs, the City of Pembroke Pines Charter Schools, which includes Broward FSU Lab School, has direct employment of school-based mental health service providers including but not limited to licensed mental health school-based professionals (i.e., psychologist, LMHC, LCSW, LMFT). We look to continue to expand the SAP program to increase clinicians that deliver school-based mental health supports to students. Another way we have reduced staff-to-student ratios is by entering an internship training agreement with a local university and now have doctoral-level clinicians providing therapy services under the supervision of the SAP clinical director. Additionally, we contract and collaborate with various community providers. Lastly, school counselors, school psychologists, and school social workers not funded by the MHAA provide additional services to our students and work directly with our funded MHAA clinicians.

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).

We utilize a systemic approach to increase the amount of time student services personnel spend providing direct mental health services. Based on prior school year's data collection, administrators will review and revise student support personnel allocation and assigned roles determined by mental health assistance needs. Administrators collaborate with mental health team members to determine the best allocation of roles to service the student population. Student support team members collaborate to discern the best use of team resources to support specific individualized student needs. We contract additional mental health staff (e.g., social workers and school psychologists) to help to support student needs and to assist student services personnel.

The City has allocated financial resources in the 26-27 School Budget to maintain its existing Student Assistance Program (SAP), a team of mental health professionals (all licensed under Chapter 490 and 491) to help to ensure that students are being properly referred and in receipt of school-based therapy and other support services to help with their mental health needs. The City also fully funds school counselors. In addition, SAP has city-approved Policies and Procedures that outline the minimum caseload for licensed clinicians to ensure providers are spending the maximum amount of time providing direct mental health services.

Describe the role of school-based mental health providers and community-based partners in the

implementation of your evidence-based mental health program.

The primary role of our team of school-based mental health providers (SAP) is to provide multi-tiered mental health supports to students within the school setting. At Tier 1, the universal level, all students receive general mental health supports. SAP accomplishes this by providing training and professional development to teachers, caregivers, and other community providers on various mental health topics. Training topics are based on needs assessment data and in accordance with evidenced-supported and legislative standards. SAP also complements existing Tier 1 wellness curriculums being utilized at the charter school campuses (i.e., Rethink Ed.) and offer student assemblies on topics aimed to develop resiliency and enhance mental health. At Tier 2, the targeted level, SAP provides group therapy as well as in-class consultative supports for teachers (e.g., TCIT). Lastly, at Tier 3, the intensive level, SAP provides individual therapy (e.g., CBT) to students identified with a need. SAP utilizes norm-referenced screening measures to monitor response to mental health interventions. While therapy modalities utilized by SAP mental health therapists may vary between group, individual, family, or dyadic modalities, all interventions have scientific backing and research support.

The primary role of the school counselor (not funded by MHAA) is to deliver in-class, small group, and individual guidance supports to help students develop resiliency and coping skills. The counselor also helps de-escalate conflict via mediation and daily intervention. The counselor provides support to teachers and staff via trainings and support strategies. Lastly, the counselor communicates regularly with parents to provide them with information on life skills and wellness as well as to connect them with other school and/or community resources.

The primary role the contracted social workers (not funded by MHAA) are to connect and link families to community resources to support their medical, behavioral, financial, and mental health needs. The social worker also assist in responding to truancy by supporting families in increasing attendance. Lastly, the social worker conducts home visits and communicates with families regularly to bridge the home-school collaboration.

3. Community Contracts/Interagency Agreements

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.

BEHAVIORAL SERVICE PROVIDER: Department of Children & Families Community Provider (free service)

SERVICE PROVIDED: Collaboration with our Social Worker to protect the vulnerable, promote strong

and economically self-sufficient families, and advance personal and family recovery and resiliency.

BEHAVIORAL SERVICE PROVIDER: City of Pembroke Pines Police Department SRO and TAT Team Members (not funded by the MHAA)

SERVICE PROVIDED: SRO is a member of each school's Threat Assessment Team and collaborates on all student health and safety concerns. Also, Wellness Checks are conducted by the SRO and/or the TAT Team in cases of students who pose a threat to the school, students, staff or self.

MENTAL HEALTH PROVIDER: The Institute for Children and Family Health Community Mental Health Provider (free service)

SERVICE PROVIDED: Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy individual and family services for students having been identified as being in need.

MENTAL HEALTH PROVIDER: Chrysalis Community Mental Health Provider (free service)

SERVICE PROVIDED: This community provider affords students and families with therapy services after conducting student and family needs assessment.

MENTAL HEALTH PROVIDER: Memorial Health Services (free service)

SERVICE PROVIDED: Our School Counselors and/or Social Worker collaborate with this community provider to secure therapy services for students having been identified as being in need. They can provide more intensive therapy supports including relapse prevention, PHP, and IOP.

MENTAL HEALTH PROVIDER: Big Brothers, Big Sisters Program (free service) **SERVICE PROVIDED:** Student Mentor Program

MENTAL HEALTH PROVIDER: Active Community Health Center (free service)

SERVICE PROVIDED: Our School Counselor/Social Worker work with this provider to refer students to receive therapy services and additional after school and summer programs for students having been identified as being in need of their programs.

MENTAL HEALTH PROVIDER: Smith Community Mental Health (free service)

SERVICE PROVIDED: Our Social Worker has identified this provider as one who actively provides mental health services to support students having been identified as in need.

MENTAL HEALTH PROVIDER: Center for Autism and Related Disabilities (CARD) (free service)

SERVICE PROVIDED: Provides outreach, support, and education to children and families with ASDs.

MENTAL HEALTH PROVIDER: Nova Southeastern University Psychology Services Center (free service)

SERVICE PROVIDED: Provides assessment, individual therapy, group therapy, family therapy, psychological evaluations, and behavior therapy services to children and their families.

4. Employment Verification

#1

No Document Uploaded

D. MHAA Planned Funds and Expenditures

1. Allocation Funding Summary

MHAA funds provided in the 2026-2027 Florida Education Finance Program (FEFP):

\$86,409.00

Unexpended MHAA funds from previous fiscal years:

0

Grand Total MHAA Funds:

\$86,409.00

***Subject to change based on FLDOE Allocations.**

2. MHAA planned Funds and Expenditures Form

Please complete the **MHAA planned Funds and Expenditures Form** to verify the use of funds in accordance with s. 1006.041, F.S.

School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

Uploaded Document:



E. Charter Governing Board Approval

This application certifies that the School Superintendent and School Board approved the district's MHAA Plan, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the MHAA in accordance with s. 1006.041(14), F.S.

Note: The charter schools listed below have **Opted Out** of the district's MHAA Plan and are expected to submit their own MHAA Plan to the District for review.

Approval Date:

04/15/26

Charter School Administrator

Michael Castellano, Principal 4/15/26

Print Name



4/15/26

Signature

Date

Governing Board Approval

Charles F. Dodge, Superintendent 4/15/26

Print Name

Date

4/15/26

Signature

Date

1