

**LFIR # 1148** 

1. Project Title	Hillsborough Cor Based Mental He		Prevention First: Exp	panding School-		
2. Senate Sponsor	Jim Boyd					
3. Date of Request	11/18/2025					
4. Project/Program De	escription					
adding early interver disruptions; and sup	ntions, ex: preventir porting safer, stable attendance, strong	ng substance use, v e learning environm	ntal health supports a riolence, and sexual e ents. This initiative yi mance, and a pipeline	exploitation; reducin elds measurable ou	itcomes: fewer	
5. State Agency to red	ceive requested fu	nds Departm	ent of Education			
State Agency conta	cted? Yes					
6. Amount of the Noni	recurring Request	for Fiscal Year 20	26-2027			
Type of Funding			Amo	ount		
Operating			500,000			
Fixed Capital Outlay	•		0			
<b>Total State Funds I</b>	Requested		500,000			
7. Total Project Cost f	or Fiscal Year 202	6-2027 (including	matching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds Requested (from question #6)			500,000	100%		
Matching Funds						
Federal			0	0%		
State (excluding the	amount of this requ	iest)	0	0%		
Local			0	0%		
Other			0	0%		
<b>Total Project Costs</b>	for Fiscal Year 20	26-2027	500,000	100%		
8. Has this project pro If yes, provide the	-	_	No			
Fiscal Year Amount		ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future-year fundi a. If yes, indicate n	onrecurring amou	nt per year.	No lieu of state funding.			
b. Describe the Sol	ince or runding tha	ii can be used in i	ieu oi state fulluling.	1		



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

O Planning	urrent phase of t	Construction	O N/A		
b. Is the project	"shovel ready"	(i.e permitted)?			
c. What is the e	stimated start da	ate of construction?			
d. What is the e	stimated comple	etion date of constru	ction?		
e. What funding	stream will be ι	used for ongoing ope	erations and mainte	enance of the project?	
List the owner		o receive, directly or ers of the facility and		ed capital outlay funding. Incl	ude the

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Hillsborough County Public Schools will secure a provider that will provide school-based mental health supports utilizing student-facing digital tools, teacher training, and parent-accessible resources to deliver early interventions that address a wide range of student mental health needs, including prevention of substance use, suicide, bullying, sexual abuse, and exploitation.	500,000
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (n	nust equal total from question #6)	500,000

### 13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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The purpose of the funding is to expand school-based mental health supports under FL Statute 1006.041 by adding early interventions, ex: preventing substance use, violence, and sexual exploitation; reducing behavioral disruptions; and supporting safer, stable learning environments. This initiative yields measurable outcomes: fewer incidents, increased attendance, stronger academic performance, and a pipeline of resilient graduates who contribute meaningfully to Florida's future.

b. What activities and services will be provided to meet the intended purpose of these funds?

The initiative will expand school-based mental health supports by leveraging student-facing digital tools and strategies, teacher training, and parent-accessible resources to deliver early interventions that address a wide range of student mental health needs, including prevention of substance use, suicide, bullying, sexual abuse, and exploitation, aligned with Florida Statute 1006.400.

c. What direct services will be provided to citizens by the appropriation project?

Students will access digital therapeutic modules and strategies focused on prevention and early intervention; educators will receive tools to identify risks and connect students to care; and parents and caregivers will receive communication and resources to support student well-being. School staff and mental health providers benefit through data insights that enable timely, coordinated response.

d. Who is the target population served by this project? How many individuals are expected to be served?

Funding will serve approximately 25,000 K-12 students.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Expected benefits or outcomes include: improved mental and physical health, improved quality of education, a reduction in substance abuse and juvenile crime, and the protection of the general public from harm. Outcome measures will be tracked using qualitative and quantitative methods such as: completion rates of digital mental health lessons, Pre/post student self-assessments, Educator observations of emotional regulation, Referrals to school counselors or support staff, Daily attendance data, Behavior incident and referral reports, GPA and grade tracking, and Teacher surveys on academic engagement and classroom participation amongst other critical data points.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

10	railing to meet deriverables of performance measures provided for in the contract?
	ailure to meet performance measures or contract deliverables may result in a corrective action plan and the aposition of financial penalties, up to and including the reversion of funds to the State.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No



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□ No, but intends to	o apply			
a. If yes, provide th	e FEMA project workshe	et ID#:		
b. Provide the total	project cost listed on the	FEMA proj	ect worksheet:	
16. Has the entity app	lied for or received state	assistance f	for this project (other thai	n this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of
17. Requester Contact a. First Name	Van	Last Name	Auroo	
b. Organization	Hillsborough County Publ		Ayres	
_	van.ayres@hcps.net	10 00110013		
d. Phone Number		Ext.		
18. Recipient Contact	Information			
a. Organization	Hillsborough County Publ	ic Schools		
b. Municipality and	d County Hillsborough			
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Kristin	Last Name	Davis	



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e. E-mail Address	kristin.davis@hcps.net				
f. Phone Number	(813)299-0044	Ext.			
19. Lobbyist Contact I	19. Lobbyist Contact Information				
a. Name	Mary Kim McDougal				
b. Firm Name	Arrow Group Consulting				
c. E-mail Address	kmcdougal.arrow@gunster.com				
d. Phone Number	(850)566-8114				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.