

LFIR # 1617

1. Project Title	Miami-Dade Coun	nty Public Schools	- Mental Health Pilot	Screener	
2. Senate Sponsor	Shevrin Jones				
3. Date of Request	12/3/2025				
4. Project/Program De	escription				
as a prevention mea emotional, or social proficiency in admin	asure aiming to efficie difficulties. The proje- istering the screener, e resources for studer	ently and accurate ct will include prof , interpreting resul	BASC-3 BESS (Behav ly identify students in g essional development ts, and developing targ address identified nee	grades 4-8, at risk or sessions for school geted interventions	of behavioral, of staff to enhance . Additionally, the
5. State Agency to rec	ceive requested fun	ds Departm	ent of Education		
State Agency conta	-				
6. Amount of the Noni	recurring Request fo	or Fiscal Year 20	26-2027		
Type of Funding			Amou	unt	
Operating				400,000	
Fixed Capital Outlay	1		0		
Total State Funds Requested				400,000	
7. Total Project Cost f	or Fiscal Year 2026-	-2027 (including	matching funds avai	lable for this proje	ect)
Type of Funding			Amount	Percentage	
	equested (from ques	tion #6)	Amount 400,000	Percentage 98%	
Total State Funds R Matching Funds	equested (from ques	tion #6)			
Total State Funds R Matching Funds Federal			400,000	98%	
Total State Funds R Matching Funds Federal State (excluding the	equested (from questance) amount of this reque		400,000	98% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local			400,000 0 0	98% 0% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the			400,000	98% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other		est)	400,000 0 0	98% 0% 0% 0%	
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Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 9. Is future-year fundia. If yes, indicate n	amount of this reques a for Fiscal Year 202 eviously received st most recent instance. Amount of this reques a for Fiscal Year 202 eviously received st most recent instance. Amount of this reques a for Fiscal Year 202 eviously received st most received st most received st most received standard for Fiscal Year 202 eviously received standard for Fisca	est) 26-2027 tate funding? ee: unt Nonrecurring ested? t per year.	400,000 0 0 9,000 409,000 No Specific Appropriation #	98% 0% 0% 0% 2% 100%	
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Const a. What is the c		the project?				
Planning	O Design	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	rations and m	aintenance o	f the project?	•
		o receive, directly or ers of the facility and		/ fixed capita	l outlay fundi	ng. Include 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	School support staff to collect and gather student data. Provide access to supplementary resources for students and their families. Includes fringes and benefits.	134,000
Expense/Equipment/Travel/Supplies/ Other	Pearson BASC-3 BESS Screener (\$2.50 per student, 65,000 students in grades 4-8.)	162,500
Consultants/Contracted Services/Study	Professional Development (3 school site members per school - administration, teacher, counselor), 20 Professional Development Sessions for the District.	103,500
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	400,000

13. Program Performance

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



□ No, but intends to apply

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The funds requested are intended to use the BASC-3 BESS (Behavioral and Emotional Screening System) as a prevent measure to efficiently and accurately identify students in grades 4-8 who may be at risk for developing or already experiencing significant behavioral, emotional, or social difficulties. The professional development will enhance staff knowledge and proficiency in utilizing the assessment instrument, gathering data, and providing students and families with supplementary resources. Screenings will be conducted only with parental consent.

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

The project directly benefits educators, parents, and students who are involved in a child's education and well-being. The information obtained from the BASC-3 BESS can be used to prioritize students for further assessment, guide intervention planning to develop targeted interventions, track a student's progress over time and evaluate the effectiveness of the interventions.

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

The screening will be used as a prevent measure to efficiently and accurately identify students in grades 4-8, who may be at risk for developing or already experiencing significant behavioral, emotional, or social difficulties. Professional development and training for staff will enhance knowledge and proficiency in utilizing the assessment instrument, gathering data, and providing resources to families.

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

This initiative will benefit over 800 students in grades 4-8 in Miami-Dade by improving early identification, as well as teachers/administrators/counselors who will be receiving professional development and training.

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

The project aims to improve mental health outcomes for students in grades 4-8 by using the BASC-3 BESS to identify and address behavioral, emotional, and social challenges early, enabling timely and targeted interventions. Outcomes will be measured through data reports tracking the Behavioral and Emotional Risk Index, teacher and parent feedback on behavioral changes, and progress monitoring to evaluate the effectiveness of interventions.

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	or failing to meet deliverables or performance measures provided for in the contract?
	Denial of future funds.
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.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	as the entity applied for or received federal assistance for this project?
	I Yes, Applied
	I Yes, Received
	l No



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a. If yes, provide th	ne FEMA project workshe	et ID#:		
b. Provide the total	I project cost listed on the	e FEMA proi	ect worksheet:	
16. Has the entity app	olied for or received state	assistance f	for this project (other tha	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	t Information			
a. First Name	Jose	Last Name	Dotres	
b. Organization	Miami-Dade County Publi	ic Schools		
c. E-mail Address	Jdotres@dadeschools.ne	et		
d. Phone Number	(305)995-1206	Ext.		
18. Recipient Contact	Information			
a. Organization	Miami-Dade County Publi	ic Schools		
b. Municipality and	d County Miami-Dade			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	ollege			
□Other (please sp	pecify)			
d. First Name	Tony	Last Name	Ullivarri	
e. E-mail Address	Tullivarri@dadeschools.n	et		

Ext.

f. Phone Number (305)995-1206



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19. Lobb	yist Contact	Information
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a. Name	Yolanda Cash Jackson	
b. Firm Name	Becker & Poliakoff PA	
c. E-mail Address	yjackson@beckerlawyers.com	
d. Phone Number	(954)985-4132	

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