



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Project SHINE (Student Hope in New Endeavors)

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Project SHINE (Student Hope in New Endeavors): is a collaboration between a local health care agency and Citrus County Schools aimed at providing critical mental health services to at-risk students. The cornerstone program of Project SHINE is the development of a unique educational and therapeutic program that assists elementary students with significant emotional, behavioral and mental health conditions that require intense interventions to become stable and productive students. The project integrates academic, behavioral and therapeutic services in an attempt to meet the complex needs of these students. Therapeutic services may include, but not limited to, individual and group counseling, positive behavior supports, social skill training conflict resolution skill development, mentorship and therapeutic art, music, drama and recreation. Parent involvement and education will be emphasized and provided in an effort to support and stabilize the family.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
588,000	10,000	598,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 598,000



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### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

The purpose of the program is to provide students in Citrus County with an educational environment with a focus on mental health wellness through a variety of therapeutic techniques that will tap into student strengths and interests. The program is being created due to a rising concern over the number of students with mental health conditions and students that are physically aggressive. Students require the necessary cognitive abilities to progress through instructionally rigorous curriculum with intensive mental health interventions to support safe learning environment for all students.

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

1. At-risk students will be identified early of behavioral health issues via screenings. 2. Provide support systems for children and families that address their emotional, social educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports. 3) Provide individualized services in accordance with the unique potentials and needs of each child and family through the development of a individualized service plan. 4) Provide services that are integrated with other child-serving

#### c. How will the funds be expended?

Spending Category	Description	Amount



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Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Supervisor	75,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Therapist/Social Worker (2 positions); Elementary/ESE Teacher )2 positions); Paraprofessional (2 positions); ESE Behavior Specialist; School Psychologist	428,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Non-Clinical Therapeutic Services; Mental Health Practitioner	85,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovate existing building structure for program	10,000
TOTAL		598,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Students will be provided with instruction and counseling services throughout the school day. Additional supports will be provided to families and children in conjunction with other agencies.

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

Students with behavioral concerns or mental health needs will be served by the project. All 7,193 elementary students could potentially benefit from the program. The program design would allow approximately 50-60 students to be served throughout the school year.

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



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Project SHINE (Student Hope in New Endeavors) will focus on building social and emotional skills that can be transferred into the community and home setting. In order to accomplish this the student will participate in multiple therapies that include art, music, recreation, group and individual counseling, and computer-based instructional interventions that focus on students social emotional goals. Academic performance will also appear different compared to a typical classroom. Students will progress through curriculum at an equal pace to other classroom settings in the county and students will also be expected to meet performance criteria on district and state assessments.

- g. 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?**

Loss of funding.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Citrus County Schools

- 13. Requestor Contact Information:**

- Name:** Scott Hebert
- Organization:** Citrus County Schools
- Email:** heberts@citrus.k12.fl.us
- Phone Number:** (352)726-1931 Ext. 2251

- 14. Recipient Contact Information:**

- Organization:** Citrus County Schools
- County:** Citrus
- Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) School District
- Contact Name:** Scott Hebert
- E-mail Address:** heberts@citrus.k12.fl.us
- Phone Number:** (352)726-1931 Ext. 2251

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- Name:** None
- Firm:** None
- Email:**
- Phone Number:**