



Opportunity Funding for Mental Health Services

For more information and to submit applications:

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Funding Period: Fiscal Year 2021

**Delaware Department of Education
Opportunity Funding Form
2020-2021 School Year**

Opportunity Funding
*Directed funds for mental health services for students identified as
low-income or English Learners*

Application deadline: Friday, July 31, 2020

Purpose: The Opportunity Funding directed to mental health services provides \$5.0 million in FY20, \$2.5 million in HB 225 (Annual Appropriations Act) and \$2.5 million authorized in HB 226 (One-Time Supplemental). With a total supplemental amount of \$7.5 million over three years, the total amount will be \$15 million *contingent on future appropriations*. The Opportunity Fund is to provide additional funding for English Learner (EL) and low-income students.

For FY21, \$2.5 million is appropriated through HB 240 (Annual Appropriations Act). The guiding language regarding these funds and eligibility was amended through HB260 (Grants- In-Aid Act). The \$2.5 million allocated is supplemented with the \$2.5 million from HB 226 as referenced above. A total of \$5 million is appropriated for FY21.

These funds continue to be apportioned to schools which qualify for a Reading Interventionist under the Student Success Block Grant.

This funding shall be used by school districts and charter schools for *mental health services* in the form of school counselors, school social workers or licensed clinical social workers, school psychologists, and/or for additional reading supports for grades K-5. Services may include the employment of staff, where such funding may be used to cover 100 percent of personnel costs on a 10 to 12-month basis and/or contracted services.

Allocation Method: Amounts vary per school and that amount is indicated below. Each LEA has already received the first half of the funding; the second amount will be released upon receipt and approval of this application.

| |
|--|
| DISTRICT/CHARTER NAME: Indian River School District - Clayton (John M.) Elementary School |
| ADDRESS: 252 Clayton Avenue, Frankford, DE 19945 |
| CONTACT NAME: Kelly Dorman and Judi Brittingham |
| CONTACT PHONE: 302-436-1000 |
| CONTACT EMAIL: Kelly.Dorman@irsd.k12.de.us and Judith.Brittingham@irsd.k12.de.us |
| ALLOCATION AMOUNT: \$112,914 |

Questions:

1. What mental health needs of your identified low-income and English learner students will you be addressing through these mental health services funds?
(Please indicate N/A if these funds are solely being used for reading supports for the two subgroups – EL and low-income.)

The following needs will be addressed:

- Provide a mental health counselor (LCSW,LCMHP) to support students at the elementary level through the multi-tiered system of support.
- Provide increased specialized individual or group counseling to meet the individual needs of both low-income and English language learners.
- Provide increased wrap around mental health support to connect families to appropriate outside resources in educating the whole child.
- Provide additional consultation services with teachers in classrooms to support the educational success for low-income and English Language learners.
- Provide enhanced response to crisis behaviors and communications to the family.
- Provide professional development around Responsive Classroom and other strategies/best practices that meet the needs of the students.

2. What kind of mental health services personnel are you hiring or contracting (school counselor, school social worker, licensed clinical social worker or school psychologist)?

The specialist we are interested in hiring is a licensed clinical social worker OR a licensed clinical mental health professional to provide enhanced supports to students.

3. Are you using these funds for reading supports for your identified low-income and English learner students in addition to mental health services or in lieu of mental health services? If so, what types of supports/services will be provided?

At this time, we are not using this money for any additional reading supports.

4. How will you know if these services or supports are effective?

Data will be analyzed to determine the effectiveness of these services and supports for our low-income and English language learners.

5. Is this money being used to contract services?

YES NO

6. Please complete the State Funds Budget Form and State Budget Summary Form (attached).

Assurances and signatures:

As the chief school officer of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I am also authorized to obligate the district or charter school to conduct any activity approved under this form in accordance with all applicable state requirements, including statutory and regulatory requirements, and program specific requirements. The information contained in it is true and correct to the best of my knowledge and belief. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

1. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).
2. I understand that our district must provide equitable services for funds received through the GEER grant (districts only).

Chief School Officer (printed name): Jack F. Owens Jr.
Signature: [Handwritten Signature] Date: 7-29-2020

As the business manager of the district or school, including the indicated school, I am authorized to submit for the funds identified in this form. I have read this form and reviewed the financial information contained in this form. The information contained in this form is true and correct to the best of my knowledge and belief. I have reviewed and approve the submission of the budgetary information for this form. By submitting this form, I acknowledge that I understand and agree to abide by all applicable requirements. I further agree that

1. I understand that our district shall be authorized to assess a local match to provide for the local contribution of personnel costs associated with this appropriation (districts only).
2. I understand that our district must provide equitable services for funds received through the GEER grant (districts only).

Business manager (printed name): Tammy B Smith
Signature: [Handwritten Signature] Date: 8/30/2020

By signing this form, I am approving the plan submitted by the district or charter.

Secretary of Education/Designee (printed name): _____

Signature: _____ Date: _____



**STATE OF DELAWARE
DEPARTMENT OF EDUCATION**

BUDGET SUMMARY OF FEDERAL FUNDS

LEA/Agency Name: Indian River/John M. Clayton

Federal Grant Title: Opportunity Funding

Project Title: Mental Health

| | <i>Account Code</i> | <i>5100</i> | <i>5120</i> | <i>5400</i> | <i>5500</i> | <i>5560</i> | <i>5600</i> | <i>5700</i> | <i>Total</i> |
|-----------------|--------------------------|--------------------|--------------------|---------------|----------------------------|-----------------|---------------------------------|-----------------------|---------------------|
| | <i>Account Code Name</i> | <i>Salaries</i> | <i>OEC's</i> | <i>Travel</i> | <i>Contracted Services</i> | <i>Indirect</i> | <i>Supplies & Materials</i> | <i>Capital Outlay</i> | <i>Budget</i> |
| ACTIVITY | | | | | | | | | |
| | | \$68,020.00 | \$44,894.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$112,914.00 |
| | Total Budget | \$68,020.00 | \$44,894.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$112,914.00 |

Completed By: Kelly Dorman, Director of Elementary Education

Chief Financial Officer or Business Manager: *[Signature]*

Date: 7/29/2020

Date: 07/28/2020



State of Delaware Department of Education Federal Funds Budget Form

Federal Grant: Opportunity Funding **LEA/Agency:** Indian River/John M. Clayton
Project Title: Mental Health
Project Start Date: 9/1/2020 **Project End Date:** 6/30/2021

| Expense Types and Account Codes: Salaries (5100) and Other Employee Costs (5120) | | | | | | |
|---|-------------------------|----------------|-----------|-------------------------|----------------|---------------------|
| Employee's Name | Title | FTE Percentage | | Federal Funds Requested | Matching Funds | Total Funds |
| PROFESSIONAL: | | | | | | |
| Amanda Venezia | Mental Health Counselor | 1 | | \$68,020.00 | | \$68,020.00 |
| | | | | | | \$0.00 |
| | | | Subtotal | \$68,020.00 | \$0.00 | \$68,020.00 |
| SUBSTITUTES: | | | | | | |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | Subtotal | \$0.00 | \$0.00 | \$0.00 |
| SUPPORT STAFF: | | | | | | |
| | | | | | | \$0.00 |
| | | | Subtotal | \$0.00 | \$0.00 | \$0.00 |
| STUDENTS: | | | | | | |
| | | | | | | \$0.00 |
| | | | Subtotal | \$0.00 | \$0.00 | \$0.00 |
| TOTAL SALARIES: | | | | \$68,020.00 | \$0.00 | \$68,020.00 |
| OTHER EMPLOYEE COSTS: | | | | | | |
| FICA | | 6.20% | | \$4,217.24 | \$0.00 | \$4,217.24 |
| Medicaid | | 1.45% | | \$986.29 | \$0.00 | \$986.29 |
| Pension | | 22.95% | | \$15,610.59 | \$0.00 | \$15,610.59 |
| Workman's Comp | | 1.55% | | \$1,054.31 | \$0.00 | \$1,054.31 |
| Unemployment Insurance | | 0.11% | | \$74.82 | \$0.00 | \$74.82 |
| Health Insurance/Other Non-taxed Benefits | | | Estimate | | | |
| | | \$ | 15,013.00 | \$22,950.75 | \$0.00 | \$22,950.75 |
| | | | Subtotal | \$44,894.00 | \$0.00 | \$44,894.00 |
| TOTAL SALARY & EMPLOYEE COSTS | | | | \$112,914.00 | \$0.00 | \$112,914.00 |

| Expense Types and Account Codes: Travel (5400) | | | | | |
|---|---------|----------------|-------------------------|----------------|---------------|
| Destination | Purpose | # of Travelers | Federal Funds Requested | Matching Funds | Total Funds |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| TOTAL TRAVEL COSTS | | | \$0.00 | \$0.00 | \$0.00 |

| Expense Types and Account Codes: Contractual Services (5500) | | | | |
|---|------------------|-------------------------|----------------|---------------|
| Vendor Name | Service Provided | Federal Funds Requested | Matching Funds | Total Funds |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| TOTAL CONTRACTUAL SERVICES COSTS | | \$0.00 | \$0.00 | \$0.00 |

| Expense Types and Account Codes: Indirect Cost (5560) | | | | |
|--|---|-------------------------|----------------|-------------|
| Total Direct Cost | Approved Indirect Cost Rate for grant period | Federal Funds Requested | Matching Funds | Total Funds |
| \$112,914.00 | | \$0.00 | N/A | \$0.00 |
| TOTAL INDIRECT COSTS | | \$0.00 | | \$0.00 |

| Expense Types and Account Codes: Supplies and Materials (5600) | | | | | |
|---|----------|------------|-------------------------|----------------|-------------|
| Item Description | Quantity | Unit Price | Federal Funds Requested | Matching Funds | Total Funds |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| | | | | | \$0.00 |
| TOTAL SUPPLIES AND MATERIALS COSTS | | | \$0.00 | \$0.00 | \$0.00 |

| Expense Types and Account Codes: Capital Outlay (5700) | | | | | |
|---|----------|------------|-------------------------|----------------|-------------|
| Item Description | Quantity | Unit Price | Federal Funds Requested | Matching Funds | Total Funds |
| <u>Replacement Equipment</u> | | | | | \$0.00 |
| <u>New Equipment</u> | | | | | \$0.00 |
| TOTAL SUPPLIES AND MATERIALS COSTS | | | \$0.00 | \$0.00 | \$0.00 |

| GRAND TOTAL | Federal Funds Requested | Matching Funds | Total Funds |
|-------------|-------------------------|----------------|--------------|
| | \$112,914.00 | \$0.00 | \$112,914.00 |