

*Delaware*



*Department of  
Education*

# 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: Brandywine School District - Harlan Elementary School
ADDRESS: 1311 Brandywine Blvd, Wilmigton De 19801
CONTACT NAME: Cora Scott
CONTACT PHONE: 302-793-5065
CONTACT EMAIL: cora.scott@bsd.k12.deus
ALLOCATION AMOUNT: \$72,655

**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.)*

See attached (School Climate and Culture Dean)

This is a continuation of FY20's approved application.

This person focuses on proactive strategies that align with work similar to a school counselor and social worker.

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)?

School Climate and Culture Dean - This person continues to be an integral part of the Multi-Tiered System of Support for both behavior and academics (PBS,RtI). They assist with identifying areas of need to ensure that interventions are provided in both areas of need. They look at the whole child and how we can support social emotional and academic outcomes for 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?

Please see attached.

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

Through our pilot we have seen a change in teacher practice and a significant decrease in behavioral incidents, especially amongst low-income students. We would use these same measure to determine success.

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 this funding may not be used to supplant otherwise available funding.
2. 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).

**Chief School Officer (printed name):** Lincoln Hohler

Signature: \_\_\_\_\_ Date: 8/10/2020

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 this funding may not be used to supplant otherwise available funding.
2. 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).

**Business manager (printed name):** Jason Hale

Signature: Jason Hale Date: 8/10/2020

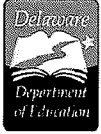
By signing this form, I am approving the plan submitted by the district or charter.

**Secretary of Education/Designee (printed name):** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### School Climate and Culture Dean

BSD would like to provide additional school-based support through the addition of a School Climate and Culture Dean. We have piloted this support in one of our Focus Schools and have seen extremely positive results. The School Climate and Culture Dean is able to work directly with low-income students on proactive strategies to support their social emotional development and academic success. In addition, they work collaboratively with staff to develop systems and structures within the Multi-Tiered System of Support for behavior. Their work will focus on Restorative Practices, Trauma-Informed Schools, and Social/Emotional Learning. Through our pilot we have seen a change in teacher practice and a significant decrease in behavioral incidents, especially among low-income students. The School Climate and Culture Dean will be able to act as a liaison between school and home to ensure collaboration and engagement with families. They will be able to connect families to resources for their students.



**STATE OF DELAWARE  
DEPARTMENT OF EDUCATION**

***BUDGET SUMMARY OF STATE FUNDS***

**LEA/Agency Name:** Brandywine School District

**State Subgrant Title:** \_\_\_\_\_

**Project Title:** Harlan Opportunity Funds

<i>Account Code</i>	<i>5100</i>	<i>5120</i>	<i>5400</i>	<i>5500</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>Supplies &amp; Materials</i>	<i>Capital Outlay</i>	<i>Budget</i>
<b>Total Budget</b>	\$54,933.47	\$17,721.54					\$72,655.00

**Completed By:** Jason Hale

**Date:** 8/10/2020

**Chief Financial Officer or Business Manager:** 

**Date:** 8/10/2020



# State of Delaware Department of Education State Funds Budget Form

**State Subgrant:** \_\_\_\_\_  
**Project Title:** Harlan Opportunity Funds  
**LEA/Agency:** Brandywine School District

**Project Start Date:** 8/24/2020  
**Project End Date:** 8/31/2021

Expense Types and Account Codes: Salaries (5100) and Other Employee Costs (5120)						
Employee Name	Title	FTE Percentage		State Funds Requested	Matching Funds	Total Funds
<b>PROFESSIONAL:</b>				\$	\$	\$
				\$54,933.47		\$54,933.47
Professional Subtotal				\$54,933.47		\$54,933.47
<b>SUBSTITUTES:</b>				\$	\$	\$
Substitutes Subtotal						
<b>SUPPORT STAFF:</b>				\$	\$	\$
Support Staff Subtotal						
<b>STUDENTS:</b>				\$	\$	\$
Students Subtotal						
<b>SALARY TOTAL:</b>				\$54,933.47		\$54,933.47
<b>OTHER EMPLOYEE COSTS:</b>				\$	\$	\$
FICA		6.20%		\$3,405.87		\$3,405.87
Medicare		1.45%		\$796.54		\$796.54
Pension		22.95%		\$12,607.23		\$12,607.23
Workman's Comp		1.55%		\$851.47		\$851.47
Unemployment Insurance		0.11%		\$60.43		\$60.43
		32.26%				
Health Insurance/Other Non-taxed Benefits			\$15,013.00			
<b>OEC TOTAL:</b>				\$17,721.54		\$17,721.54
<b>SALARY AND OEC TOTAL:</b>				\$72,655.00		\$72,655.00





## State of Delaware Department of Education State Funds Budget Form

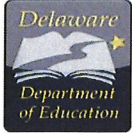
**State Subgrant:** \_\_\_\_\_  
**Project Title:** Harlan Opportunity Funds  
**LEA/Agency:** Brandywine School District

**Project Start Date:** 8/24/2020  
**Project End Date:** 8/31/2021

Expense Types and Account Codes: Travel (5400)					
Destination	Purpose	# of Travelers	State Funds Requested	Matching Funds	Total Funds
			\$	\$	\$
<b>TOTAL TRAVEL COSTS</b>					

Expense Types and Account Codes: Contractual Services (5500)				
Vendor Name	Service Provided	State Funds Requested	Matching Funds	Total Funds
		\$	\$	\$
<b>TOTAL CONTRACTUAL SERVICES COSTS</b>				

Expense Types and Account Codes: Supplies and Materials (5600)					
Item Description	Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds
			\$	\$	\$
<b>TOTAL SUPPLIES AND MATERIALS COSTS</b>					



## State of Delaware Department of Education State Funds Budget Form

**State Subgrant:** \_\_\_\_\_  
**Project Title:** Harlan Opportunity Funds  
**LEA/Agency:** Brandywine School District

**Project Start Date:** 8/24/2020  
**Project End Date:** 8/31/2021

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

<b>GRAND TOTAL</b>	<b>State Funds Requested</b>	<b>Matching Funds</b>	<b>Total Funds</b>
	\$72,655.00		\$72,655.00