



Opportunity Funding for Mental Health Services

For more information and to submit applications:

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Funding Period: Fiscal Year 2022

**Delaware Department of Education
Opportunity Funding Form
2021-2022 School Year**

Application deadline: Friday, July 30, 2021

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.

For FY22, \$5.5 million is appropriated through HB 250 (Annual Appropriations Act). The \$5.5 million allocated is supplemented with the \$2.5 million as referenced above. A total of \$8 million is appropriated for FY22.

For FY22, these funds are apportioned and allocated to schools meeting criteria based on the prior year unit count: 1) a grade configuration containing K through 4th grade and (2) greater than or equal to 30% percent low-income and/or greater than or equal to 10% English Learner enrollment. There are schools that have been grandfathered because of meeting the threshold in FY21 and not meeting in FY22. This is noted.

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: Red Clay Consolidated School District / Lewis (William C.) Dual Language Elementary School |
| ADDRESS: 920 N. Van Buren Street, Wilmington, DE 199806 |
| CONTACT NAME: Mark Phelps |
| CONTACT PHONE: 302-651-2695 |
| CONTACT EMAIL: mark.phelps@redclay.k12.de.us |
| ALLOCATION AMOUNT: \$156,989 |

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.)*

As a school with Community Eligibility Provision [CEP] status where 100% of our students receive free breakfast and free lunch, we recognize the many challenges our students face coming from low-income homes. These adversities include but are not limited to: exposure to violence, limited access to quality early childhood education, limited vocabulary upon entering elementary school, poor nutrition, lack of health care, high mobility, lack of enrichment opportunities, and limited English proficiency. With the level of poverty in our Lewis student population so high, there is a need for additional staffing and supports to counter the multitude of risk factors that compromise the academic trajectory of students in our school, most notably our English language learners and low-income students.

The school counselor will provide Tier 2 interventions for students who are referred through the Problem Solving Team process with the primary focus on our EL and low income students. These services will be provided using data based decision making process to determine the type of intervention needed.

The Behavioral Interventionist will support students who are low-income or English learners who have the need for tier 2 and tier 3 behavioral health supports such as daily " check in/checkout " , implementation of interventions detailed in 504 plans, 1:1 mentoring and small group counseling.

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 Counselor
Behavioral Interventionist

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?

No

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

The goal of the grant activities will be to reduce the number of EL and Low SES students in Tier 3 RTI by 5% as measured by Dibels and Access testing.

5. Is this money is 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): _____

Signature: _____ Date: _____

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): _____

Signature: _____ Date: _____

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

Secretary of Education/Designee (printed name): _____

Signature: _____ Date: _____

Live signature on file at DOE.



State of Delaware Department of Education State Funds Budget Form

State Subgrant: Opportunity Grant Mental Health
 Project Title: Lewis
 LEA/Agency: Red Clay

Project Start Date: _____
 Project End Date: _____

| Expense Types and Account Codes: Salaries (5100) and Other Employee Costs (5120) | | | | | | |
|---|-----------|----------------|--|------------------------|----------------|--------------|
| Employee Name | Title | FTE Percentage | | State Funds Requested | Matching Funds | Total Funds |
| PROFESSIONAL: | | | | \$ | \$ | \$ |
| Melissa Longo | Counselor | | | \$82,368.00 | | \$82,368.00 |
| | | | | Professional Subtotal | \$82,368.00 | \$82,368.00 |
| SUBSTITUTES: | | | | \$ | \$ | \$ |
| | | | | Substitutes Subtotal | | |
| SUPPORT STAFF: | | | | \$ | \$ | \$ |
| | | | | Support Staff Subtotal | | |
| STUDENTS: | | | | \$ | \$ | \$ |
| | | | | Students Subtotal | | |
| SALARY TOTAL: | | | | \$82,368.00 | | \$82,368.00 |
| OTHER EMPLOYEE COSTS: | | | | \$ | \$ | \$ |
| FICA | | 6.20% | | \$5,106.82 | | \$5,106.82 |
| Medicare | | 1.45% | | \$1,194.34 | | \$1,194.34 |
| Pension | | 23.80% | | \$19,603.58 | | \$19,603.58 |
| Workman's Comp | | 1.55% | | \$1,276.70 | | \$1,276.70 |
| Unemployment Insurance | | 0.11% | | \$90.60 | | \$90.60 |
| | | 33.11% | | | | |
| State Health | | | | \$21,500.00 | | \$21,500.00 |
| Health Insurance/Other Non-taxed Benefits | | \$15,013.00 | | | | |
| OEC TOTAL: | | | | \$48,772.04 | | \$48,772.04 |
| SALARY AND OEC TOTAL: | | | | \$131,140.04 | | \$131,140.04 |



State of Delaware Department of Education State Funds Budget Form

State Subgrant: Opportunity Grant Mental Health
 Project Title: Lewis
 LEA/Agency: Red Clay

Project Start Date: _____
 Project End Date: _____

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

| Expense Types and Account Codes: Contractual Services (5500) | | | | |
|---|--|-----------------------|----------------|--------------------|
| Vendor Name | Service Provided | State Funds Requested | Matching Funds | Total Funds |
| | Behavior Interventionist - Positive Directions | \$ \$25,848.96 | \$ | \$ \$25,848.96 |
| TOTAL CONTRACTUAL SERVICES COSTS | | \$25,848.96 | | \$25,848.96 |

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



State of Delaware Department of Education State Funds Budget Form

State Subgrant: Opportunity Grant Mental Health
 Project Title: Lewis
 LEA/Agency: Red Clay

Project Start Date: _____
 Project End Date: _____

| 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> | | | | | |
| TOTAL SUPPLIES AND MATERIALS COSTS | | | | | |

| | | | |
|--------------------|------------------------------|-----------------------|--------------------|
| GRAND TOTAL | State Funds Requested | Matching Funds | Total Funds |
| | \$156,989.00 | | \$156,989.00 |



**STATE OF DELAWARE
DEPARTMENT OF EDUCATION**

BUDGET SUMMARY OF STATE FUNDS

LEA/Agency Name: Red Clay Project Title: Lewis
 State Subgrant Title: Opportunity Grant Mental Health

| Account Code | 5100 | 5120 | 5400 | 5500 | 5600 | 5700 | Total |
|-------------------|-------------|-------------|--------|---------------------|----------------------|----------------|--------------|
| Account Code Name | Salaries | OEC's | Travel | Contracted Services | Supplies & Materials | Capital Outlay | Budget |
| Total Budget | \$82,368.00 | \$48,772.04 | | \$25,848.96 | | | \$156,989.00 |

Completed By: _____ Date: 7/29/21

Chief Financial Officer or Business Manager: _____ Date: 7/29/21