

Delaware



*Department of
Education*

Opportunity Funding for Mental Health Services

For more information and to submit applications:

Susan Haberstroh – susan.haberstroh@doe.k12.de.us

Tina Bates – tina.bates@doe.k12.de.us

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: Cape Henlopen School District - Milton Elementary School
ADDRESS: 400 Mulberry Street Milton, DE 19968
CONTACT NAME: Beth Conaway
CONTACT PHONE: (302) 684-2516
CONTACT EMAIL: beth.conaway@cape.k12.de.us
ALLOCATION AMOUNT: \$71,712

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 school counselor will be meeting the following mental health needs of the diverse student population:

- Anxiety
- Depression
- Social skills
- Social school readiness skills
- Problem solving strategies
- Trauma Responsive classroom support and training

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)?

We are using the money to offset the cost of an additional school counselor.

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?

N/A

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

We will be analyzing school discipline data.
There will be check-ins at monthly PBS meetings.
The counselor will collect data to determine the next steps for students which would include continuation of services needed, scaffolded withdraw of support, or elimination of support.

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): Robert Fulton

Signature:  Date: 7/10/20

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): Oliver Gumbs

Signature:  Date: 7/10/20

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 STATE FUNDS

LEA/Agency Name: CAPE HENLOPEN SCHOOL DISTRICT
State Subgrant Title: OPPORTUNITY FUNDING FOR MENTAL HEALTH SERVICES

Project Title: OPPORTUNITY GRANT FOR MENTAL HEAL

<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 & Materials</i>	<i>Capital Outlay</i>	<i>Budget</i>
<i>Total Budget</i>	\$54,224.26	\$17,492.74					\$71,717.00

Completed By: Oliver Gumbs

Date: 7/10/20

Chief Financial Officer or Business Manager: 

Date: _____



State of Delaware Department of Education State Funds Budget Form

State Subgrant: OPPORTUNITY FUNDING FOR MENTAL HEALTH SERVICES
Project Title: OPPORTUNITY FUNDING FOR MENTAL HEALTH SERVICES M-
LEA/Agency: CAPE HENLOPEN SCHOOL DISTRICT

Project Start Date: 7/1/20
Project End Date: 6/30/20

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:						
SCHOOL COUNSELOR				\$	\$	\$
				\$54,224.26	\$26,500.00	\$80,724.26
Professional Subtotal				\$54,224.26	\$26,500.00	\$80,724.26
				\$	\$	\$
SUBSTITUTES:						
Substitutes Subtotal						
				\$	\$	\$
SUPPORT STAFF:						
Support Staff Subtotal						
				\$	\$	\$
STUDENTS:						
Students Subtotal						
				\$	\$	\$
SALARY TOTAL:				\$54,224.26	\$26,500.00	\$80,724.26
OTHER EMPLOYEE COSTS:						
FICA		6.20%		\$	\$	\$
Medicare		1.45%		\$3,361.90	\$1,643.00	\$5,004.90
Pension		22.95%		\$786.25	\$384.25	\$1,170.50
Workman's Comp		1.55%		\$12,444.47	\$6,081.75	\$18,526.22
Unemployment Insurance		0.11%		\$840.48	\$410.75	\$1,251.23
		32.26%		\$59.65	\$29.15	\$88.80
Health Insurance/Other Non-taxed Benefits			\$15,013.00			
OEC TOTAL:				\$17,492.74	\$8,548.90	\$26,041.64
SALARY AND OEC TOTAL:				\$71,717.00	\$35,048.90	\$106,765.90



State of Delaware Department of Education State Funds Budget Form

State Subgrant: OPPORTUNITY FUNDING FOR MENTAL HEALTH SERVICES
Project Title: OPPORTUNITY FUNDING FOR MENTAL HEALTH SERVICES M -
LEA/Agency: CAPE HENLOPEN SCHOOL DISTRICT

Project Start Date: 7/1/20
Project End Date: 6/30/20

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
		\$	\$	\$
TOTAL CONTRACTUAL SERVICES COSTS				

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 FUNDING FOR MENTAL HEALTH SERVICES
Project Title: ORTUNITY FUNDING FOR MENTAL HEALTH SERVICES M-
LEA/Agency: CAPE HENLOPEN SCHOOL DISTRICT

Project Start Date: 7/1/20
Project End Date: 6/30/20

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
	\$71,717.00	\$35,048.90	\$106,765.90