

## Opportunity Funding for Mental Health Services

For more information and to submit applications:

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

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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 4<sup>th</sup> 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: Colonial School District / New Castle Elementary School	
ADDRESS: 903 Delaware St. New Castle, DE 19720	
CONTACT NAME: TeRay Ross	
CONTACT PHONE: 302-323-2880	
contact email: teray.ross@colonial.k12.de.us	
ALLOCATION AMOUNT: \$101,707	

### 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.)

Many of our low income and/or EL students exhibit school anxiety or can have other family issues or experience trauma that make it hard for them to focus on school. Evidence has shown that the challenges of the pandemic have been felt disproportionately in low income and marginalized communities, which would include our EL students.  The counselor is part of the Multi-Tiered System of support (MTSS) team and works with students demonstrating adjustment difficulties or other challenges. They offer additional support to these students through individual and group meetings designed to offer strategies and build coping skills.

chool Counselor	& Reading Interventi	ionist	

2. What kind of mental health services personnel are you hiring or contracting (school

health services? If so, what types of supports/services will be provided? Funds will be used to support mental health services as well as the reading interventionist. The reading interventionist will work with small groups of primarily EL and low income students on specific areas of need as determined by the available assessment data. These groups can be done via push-in or pull-out as determined by the school and classroom schedule and logistics.

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

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

	le will review discipline and attendance data to determine the fectiveness of the counseling services.
ef st st	olonial School District will know the supports and services are ffective by analyzing the benchmark data and progress monitoring of sudents, checking for growth within select skills and movement on the tairway to proficiency. The growth of the student can be measured brough various sub skills identified by the assessment, or by analyzing the verall composite score.
. 1	Is this money is being used to contract services?
	YES NO X
. 1	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 by 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.	Chief School Officer (printed name):					
Signat	ure:	Date:				
submi contai knowl this fo	t for the funds identified in this form ned in this form. The information co edge and belief. I have reviewed ar	school, including the indicated school, I am authorized to n. I have read this form and reviewed the financial information ontained in this form is true and correct to the best of my d approve the submission of the budgetary information for wledge that I understand and agree to abide by all applicable				
1. 2.	I understand that our district shall	not be used to supplant otherwise available funding. be authorized to assess a local match to provide for the local sociated with this appropriation (districts only).				
Busine	ess manager (printed name):					
Signati	ure:	Date:				
By sign	ning this form, I am approving the pi	an submitted by the district or charter.				
Secrete	ary of Education/Designee (printed	name):				

Live signature on file at DOE.

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

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

State Subgrant:	Opportunity Funds	Project Start Date:	8/23/2021
Project Title:	Reading and Mental Health		
LEA/Agency:	Colonial - New Castle Elementary	Project End Date:	6/15/2022

	\$		s and Account Codes: Other Employee Costs			
r. d. N.			Julie Employee costs	State Funds	Matching	909 M great 19
Employee Name	Title	FTE Percentage		Requested	Funds	Total Funds
PROFESSIONAL:			•	\$	\$	\$
Hoffman, Sarah	Counselor	100%		\$40,877.90	\$17,519.10	\$58,397.00
McLaughlin, Jennifer	Reading Interventionist	50%		\$16,697.82	\$5,403.29	\$22,101.11
						\$0.00
						\$0.00
						\$0.00
					**	\$0.00
						\$0.00
						\$0.00
			Professional Subtotal	\$57,575.72	\$22,922.39	\$80,498.11
SUBSTITUTES:				\$	\$	\$
						\$0.00
					1 1	\$0.00
					1 1	\$0.00
					1 1	\$0.00
					1 1	\$0.00
			Culestitutes Culestel	40.00	40.00	\$0.00
SUPPORT STAFF:			Substitutes Subtotal	\$0.00	\$0.00	\$0.00
OFFORT STAFF.				\$	\$	\$
						\$0.00
					1 1	\$0.00
					1	\$0.00
					1	\$0.00 \$0.00
						\$0.00
			Support Staff Subtotal	\$0.00	\$0.00	\$0.00
TUDENTS:			Support Starr Subtotal	\$	\$	\$
J-03-0-10-03-10-10-03-03-03-03-03-03-03-03-03-03-03-03-03					*	\$0.00
						\$0.00
			Students Subtotal	\$0.00	\$0.00	\$0.00
ALADY TOTAL						
SALARY TOTAL:				\$57,575.72	\$22,922.39	\$80,498.11
THER EMPLOYEE COS	TS:			\$	\$	\$
ICA		6.20%		\$3,569.69	\$1,421.19	\$4,990.88
<b>Medicare</b>		1.45%		\$834.85	\$332.37	\$1,167.22
ension		23.80%		\$13,703.02	\$5,455.53	\$19,158.55
Vorkman's Comp		1.55%		\$892.42	\$355.30	\$1,247.72
nemployment Insuran	ce	0.11%	-27	\$63.33	\$25.21	\$88.55
		33.11%	-	o-topyrough RES	9:500:19:15005	n.e. of chespotation
				\$25,067.96	\$0.00	\$25,067.96
lealth Insurance/Other	Non-taxed Benefits	(\$15,391 is the avera	ge HI cost for FY22)			
EC TOTAL:				\$44,131.28	\$7,589.60	\$51,720.88

SALARY AND OEC TOTAL: \$101,707.00 \$30,511.99 \$132,218.99

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Expense Types and Account Codes: Travel (5400)							
Destination	Purpose	# of Travelers	State Funds Requested	Matching Funds	Total Funds		
			\$	\$	\$ \$0.00 \$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	State Funds Requested	Matching Funds	Total Funds				
	···-	\$	\$	\$				
<b>f</b>			!	\$0.00				
			[	\$0.00				
			1	\$0.00				
			1	\$0.00				
			1	\$0.00				
			1	\$0.00				
			1	\$0.00				
			1	\$0.00				
				\$0.00				
<u> </u>				\$0.00				
TOTAL CONTRACTUAL SERVICES CO	STS	\$0.00	\$0.00	\$0.00				

	Expense Types	and Account Code	s:					
Supplies and Materials (5600)								
Item Description	Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds			
			\$	<b>\$</b>	\$ \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
OTAL SUPPLIES AND MATERIALS COSTS			\$0.00	\$0.00	\$0.00			

	and Account Code Outlay (5700)	!\$:		
Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds
		\$	\$	\$ \$0.00 \$0.00 \$0.00
			40.00	\$0.00 \$0.00 \$0.00 <b>\$0.00</b>
	Capital	Capital Outlay (5700)	Capital Outlay (5700)  Ouantity Unit Price State Funds	Capital Outlay (5700)  Quantity Unit Price State Funds Requested Funds \$ \$

CRAND TOTAL	State Funds	Matching	Total Funds
GRAND TOTAL	Requested	Funds	Total runus
	\$101,707.00	\$30,511.99	\$132,218.99

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### DEPARTMENT OF EDUCATION STATE OF DELAWARE

# BUDGET SUMMARY OF STATE FUNDS

LEA/Agency Name:

Colonial - New Castle Elementary

State Subgrant Title:

Opportunity Funds

Project Title: Reading and Mental Health

Account Code	5100	2120	2400	2500	2600	8700	Total
Account Code Name	Salaries	OEC's	Travel	Contracted Services	Supplies & Materials	Capital Outlay	Budget
Total Budget	\$57,575.72	\$44,131.28	80.00	80.00	80.00	80.00	\$101,707.00

Completed By: Emily Falcon

Date:

9/20/2021

Date:

Chief Financial Officer or Business Manager: