

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:

Indian River School District / North Georgetown Elementary School

ADDRESS:

664 North Bedford Street, Georgetown, DE 19947

CONTACT NAME:

Kelly Dorman, Director of Elementary Education, Judi Brittigham, Director of Special Education

CONTACT PHONE:

436-1000

CONTACT EMAIL:

Kelly.Dorman@irsd.k12.de.us; Judith.Brittingham@irsd.k12.de.us

ALLOCATION AMOUNT:

\$284,962

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.

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

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 addition, we will hire an English Language/Reading Interventionist for the building to support students within the multi-tiered system of support. This interventionist will provide push in and/or pull out services to address the needs of struggling readers within these special populations. This interventionist will analyze student data in order to make informed instructional decisions allowing him/her to address targeted skill deficits in the area of reading. This partnered with the mental health counselor will provide an enhanced system that will foster student success. In addition, research-based curricula resources will be purchased that support the development of reading skills for both our EL and low-income students.

	supports for our low-income and English language learners.
1	
5.	
	YES NO X
ì.	Please complete the State Funds Budget Form and State Budget Summary Form (attached

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

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	School Officer (printed name):	
Signa	ture:	Date:
subm conta know this fo	it for the funds identified in this form ined in this form. The information co ledge and belief. I have reviewed an	school, including the indicated school, I am authorized to it. I have read this form and reviewed the financial information intained in this form is true and correct to the best of my disprove 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).
Busin	ess manager (printed name):	
Signat	ture:	Date:
By sign	ning this form, I am approving the pla	an submitted by the district or charter.
Secret	ary of Education/Designee (printed	name):

Live signature on file at DOE.

Date: _____



State Subgrant:

State of Delaware Department of Education State Funds Budget Form

Project Start Date:

9/1/2021

Opportunity Grant

Project Title:	Mental Health	Services				
LEA/Agency:	Indian River School District	/North Georgetown	-	Project End Date:	6/	30/2022
	Salar		and Account Codes:			
Employee Name	Title	FTE Percentage	Incr Employee costs	State Funds	Matching	Total Funds
PROFESSIONAL:				Requested \$	Funds \$	\$
	Interventionist Mental Health Counselor			\$92,736.74 \$74,747.00		\$92,736.74 \$74,747.00
			Professional Subtotal	\$167,483.74		\$167,483.74
SUBSTITUTES:			Troicssional Subtotal	\$107,483.74	\$	\$167,483.74
SUPPORT STAFF:			Substitutes Subtotal	\$	\$	\$
TUDENTS:			Support Staff Subtotal			
TODENTS.				\$	\$	\$
			Students Subtotal			
ALARY TOTAL:			Г	£167.402.74		A.c
			J.	\$167,483.74		\$167,483.74
THER EMPLOYEE COST	rs:		Г	\$	\$	\$
ICA		6.20%		\$10,383.99		\$10,383.99
ledicare ension		1.45%	1	\$2,428.51		\$2,428.51
orkman's Comp		23.80%		\$39,861.13		\$39,861.13
nemployment Insurance	re	1.55% 0.11%		\$2,596.00		\$2,596.00
pro- pro- pro- pro- pro- pro- pro- pro-	,	33.11%		\$184.23		\$184.23
/ 22 Health Insurance/C	Other Non-taxed Benefits	\$15,391.00		\$35,535.84		
EC TOTAL:			Г	\$90,989.71		\$90,989.71
ALARY AND OEC TOTAL	•					
THE OEC TOTAL	•			\$258,473.45		\$258,473.45



State of Delaware Department of Education State Funds Budget Form

State Subgrant:	Opportunity Gran	nt		Project Start Date:	9/	1/2021
Project Title:	Mental Health Serv	ices				
LEA/Agency:	Indian River School District/No	rth Georgetown	i.	Project End Date:	6/:	30/2022
	E		nd Account Code	s:		
		Trave	l (5400)			
Destination	Purpose		# of Travelers	State Funds Requested	Matching Funds	Total Funds
		i ambenin ever		ş	\$	\$
TOTAL TRAVEL COSTS						
	E		nd Account Code Services (5500)	s:		
Vendor Name	Serv	ice Provided		State Funds Requested	Matching Funds	Total Funds
				\$	\$	\$
TOTAL CONTRACTUAL S	ERVICES COSTS					
	E		nd Account Code Materials (5600)	s:		
Iten	n Description	Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds
Curricula resource that v	will be used to support reading ski	1		\$ \$26,488.55	\$	\$ \$26,488.55
TOTAL SUPPLIES AND M	ATERIALS COSTS			\$26,488.55		\$26,488.55



State of Delaware Department of Education State Funds Budget Form

State Subgrant:	Opporti	unity Grant		Project Start Date:	9/	1/2021
Project Title:	Mental He	ealth Services			3	
LEA/Agency:	Indian River School Di	strict/North Georgetown		Project End Date:	6/3	30/2022
		Expense Types a Capital O	nd Account Code	es:		
	Item Description	Quantity	Unit Price	State Funds Requested	Matching Funds	Total Funds
Replacement Equipr	ment			\$	\$	\$
New Equipment						
TOTAL SUPPLIES AND	MATERIALS COSTS					
GRAND TOTAL				State Funds Requested	Matching Funds	Total Funds
				\$284 962 00		\$284 962 00



DEPARTMENT OF EDUCATION STATE OF DELAWARE

BUDGET SUMMARY OF STATE FUNDS

LEA/Agency Name:

Indian River School District/North Georgetown

State Subgrant Title:

Opportunity Grant

Project Title: Mental Health Services

Account Code	2100	5120	2400	5500	2600	5700	Total
Account Code Name	Salaries	OEC's	Travel	Contracted Services	Supplies & Materials	Capital Outlay	Budget
Total Budget	\$167,483.74	17.686,068			\$26,488.55		\$284,962.00

Completed By:

Date:

Date:

Chief Financial Officer or Business Manager:

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