

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:
Laurel School District / North Laurel Early Learning Academy
ADDRESS:
1160 South Central Avenue
CONTACT NAME:
Michelle Allman
CONTACT PHONE:
302-875-6144
CONTACT EMAIL:
michelle.allman@laurel.k12.de.us
ALLOCATION AMOUNT:
\$46,730

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.)*

We will be addressing the mental health needs of our low-income and English learner students by contracting a school psychologist dedicated to North Laurel Early Learning Academy. This school psychologist will conduct classroom observations, work with PLCs/teachers to help provide appropriate accommodations and services, as well as work with families to provide appropriate support in mental health needs. The school psychologist will conduct screenings and assessments including ADOS for autism spectrum and help determine placement, student needs, and assist with Child Find for the youngest students.

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)?

The Laurel School District plans to contract a licensed school psychologist for North Laurel Early Learning Academy.

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, however, the school psychologist can refer the student for additional reading supports on an as needed basis.

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

The school psychologist will not only provide additional supports for teachers and families to support our students, but we will also be able to determine the effectiveness of these supports and services through data collection and progress monitoring toward student individual goals and student learning success through expanded and personalized access to the curriculum and mental health services. This will also allow us to have more timely completion of screenings, including social/emotional screenings, to better help determine student needs and implement the services required to address those needs upon their return to school.

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): _____

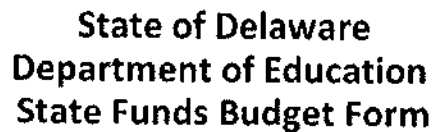
Signature: _____ Date: _____

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.



Project Start Date: 8/1/2021

Project End Date: 6/30/2022

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:				\$	\$	\$
SUBSTITUTES:				\$	\$	\$
SUPPORT STAFF:				\$	\$	\$
STUDENTS:				\$	\$	\$
SALARY TOTAL:						
OTHER EMPLOYEE COSTS:				\$	\$	\$
FICA		6.20%				
Medicare		1.45%				
Pension		23.80%				
Workman's Comp		1.55%				
Unemployment Insurance		0.11%				
		33.11%				
Health Insurance/Other Non-taxed Benefits (\$15,013 is the average HI cost for FY21)						
OEC TOTAL:						
SALARY AND OEC TOTAL:						



State of Delaware Department of Education State Funds Budget Form

State Subgrant: Opportunity FundMental Health & Rdg. Support
 Project Title: Mental Health & Reading Support
 LEA/Agency: Laurel School District-North Laurel Learning Academy

Project Start Date: 8/1/2021
 Project End Date: 6/30/2022

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
	Tracey Sullivan - School Psychologist	\$ \$46,730.00	\$	\$ \$46,730.00
TOTAL CONTRACTUAL SERVICES COSTS		\$46,730.00		\$46,730.00

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 FundMental Health & Rdg. Support
 Project Title: Mental Health & Reading Support
 LEA/Agency: Laurel School District-North Laurel Learning Academy

Project Start Date: 8/1/2021
 Project End Date: 6/30/2022

Expense Types and Account Codes: Capital Outlay (\$700)					
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
	\$46,730.00		\$46,730.00



STATE OF DELAWARE
DEPARTMENT OF EDUCATION

BUDGET SUMMARY OF STATE FUNDS

LEA/Agency Name:

Laurel School District-North Laurel Learning Academy

State Subgrant Title:

Opportunity FundMental Health & Rdg. Support

Project Title: Mental Health & Reading Support

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				\$46,730.00			\$46,730.00

Completed By:

Date:

8/25/21

Chief Financial Officer or Business Manager:

Date:

8/25/21