



# Opportunity Funding for Mental Health Services

For more information and to submit applications:

Susan Haberstroh – [susan.haberstroh@doe.k12.de.us](mailto:susan.haberstroh@doe.k12.de.us)

Tina Bates – [tina.bates@doe.k12.de.us](mailto:tina.bates@doe.k12.de.us)

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: Milford School District / Morris (Evelyn I.) Early Childhood
ADDRESS: 8609 Third St. Lincoln, DE 19960
CONTACT NAME: Sara Croce
CONTACT PHONE: 302-422-1609
CONTACT EMAIL: scroce@msd.k12.de.us
ALLOCATION AMOUNT: \$79,411

**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.)*

Milford School District will use the Morris Mental Health grant to support EL and Low Income students who exhibit significant behavior needs to support behavior plans and additional coaching for teachers to better implement behavior supports in the classroom. Having these needs addressed will allow for increased engagement and interaction with peers. Additionally, the services will focus on the root cause of behaviors in order to connect the students and families with resources to address social and emotional needs for 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)?

Morris intends to seek a contracted service provider that can provide on site monitoring and behavioral intervention support for teachers and students. The contractor should provide counseling services as well as applied behavior analysis services to the 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?

Once the contract is procured the district will evaluate remaining funds and potentially employ additional reading tutors or a part-time reading support paraprofessional to provide individual or small group instruction to increase reading proficiency primarily in low income and identified EL students.

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

We will continue to assess and analyze school-wide behavior referral data upon implementation. We will also evaluate academic achievement using approved testing methods to determine if students experience increased achievement as a result of addressing their mental health needs.

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 Fund - Mental Health  
 Project Title: Morris Early Childhood Center  
 LEA/Agency: Milford School District

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
<b>PROFESSIONAL:</b>				\$	\$	\$
		100%				
<b>Professional Subtotal</b>						
<b>SUBSTITUTES:</b>				\$	\$	\$
<b>Substitutes Subtotal</b>						
<b>SUPPORT STAFF:</b>				\$	\$	\$
<b>Support Staff Subtotal</b>						
<b>STUDENTS:</b>				\$	\$	\$
<b>Students Subtotal</b>						
<b>SALARY TOTAL:</b>						
<b>OTHER EMPLOYEE COSTS:</b>				\$	\$	\$
FICA		6.20%				
Medicare		1.45%				
Pension		23.80%				
Workman's Comp		1.55%				
Unemployment Insurance		0.11%				
		33.11%				
FY 22 Health Insurance/Other Non-taxed Benefits			\$15,391.00			
<b>DEC TOTAL:</b>						
<b>SALARY AND DEC TOTAL:</b>						





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Project Start Date: \_\_\_\_\_  
 Project End Date: \_\_\_\_\_

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

Expense Types and Account Codes: Contractual Services (5500)				
Vendor Name	Service Provided	State Funds Requested	Matching Funds	Total Funds
ABC Consultants	Applied Behavior Analysis Training and Supports	\$79,411.00	\$	\$79,411.00
<b>TOTAL CONTRACTUAL SERVICES COSTS</b>		<b>\$79,411.00</b>		<b>\$79,411.00</b>

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



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

State Subgrant: Opportunity Fund - Mental Health  
 Project Title: Morris Early Childhood Center  
 LEA/Agency: Milford School District

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>					
<b>TOTAL SUPPLIES AND MATERIALS COSTS</b>					

	State Funds Requested	Matching Funds	Total Funds
<b>GRAND TOTAL</b>	<b>\$79,411.00</b>		<b>\$79,411.00</b>



**STATE OF DELAWARE  
DEPARTMENT OF EDUCATION**

**BUDGET SUMMARY OF STATE FUNDS**

**LEA/Agency Name:** Millford School District      **Project Title:** Morris Early Childhood Center  
**State Subgrant Title:** Opportunity Fund - Mental Health

<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 &amp; Materials</i>	<i>Capital Outlay</i>	<i>Budget</i>
<i>Total Budget</i>				\$79,411.00			\$79,411.00

**Completed By:** Sara Croce      **Date:** 8/10/2021

**Chief Financial Officer or Business Mana:** \_\_\_\_\_      **Date:** 8/10/2021