

*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](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 2020

Delaware Department of Education  
Opportunity Funding Form  
2019-2020 School Year

Opportunity Funding  
*Directed funds for mental health services*

**Application deadline: Friday, Aug. 9, 2019**

**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*.

It shall be apportioned to schools which qualify for a Reading Interventionist under the Student Success Block Grant as detailed in House Bill 225 (the FY20 operating budget).

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.

This funding is allocated separately from the directed funds for English learners and low-income students.

**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:	Capital School District Towne Point Elementary School
ADDRESS:	198 Commerce Way, Dover DE 19904
CONTACT NAME:	Dr. Sylvia Henderson
CONTACT PHONE:	302-857-4223
CONTACT EMAIL:	sylvia.henderson@capital.K12.de.us
ALLOCATION AMOUNT:	\$66,494

**Overall summary**

1. What will you do to offer mental health supports specifically to low-income and English language learners?

The mental health professionals will provide direct services to students in schools in addition to providing support to school teams on student problem solving. Research has provided evidence of direct correlation between poverty and immigration status and individual mental health risk. Building LCSWs into existing school systems will improve mental health awareness and support available to all students; however, the greatest focus of direct services will be to serve students with low socio-economic status, students who have experienced trauma, students experiencing homelessness, and ESL students from immigrant families. The LCSW's will work with families, students, staff and administration to provide the tools for successful mental health and connecting them to supports that will help the students be proficient and productive in the school setting.

2. How will the funding also assist students not in those two subgroups?

While the two subgroups are targeted, the LCSW will have access to all students and families on an as need basis. As a district/ school employee, the LCSW will be embedded in the school culture. The LCSW will be a member of the Tier 2 and Tier 3 intervention teams. The LCSW can also provide coaching to classroom teachers, engage families to support school initiatives, perform home visits, and consult with administration on complex cases.

3. What kind of specialist are you hiring (school counselor, school social worker, licensed clinical social worker or school psychologist)?

Licensed Clinical Social Worker

4. Are you using this money for additional reading supports in addition to mental health services? If so, what types of services will be provided?

Not at this time.

5. Is this money is being used to contract services?

YES  NO

6. Please provide a copy of your expenditure plan.

100% of the funds will be used for hiring a full time employee with benefits.

**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): Don Shirk  
 Signature: [Signature] Date: 8/9/19

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): Ade Kubrijj  
 Signature: [Signature] Date: 8/8/19

By signing this form, I am approving the plan submitted by the district or charter.

Secretary of Education/Designee (printed name): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

		<u>East</u>	<u>Towne Point</u>
I FTE Clincical Social Worker Masters Plus 10 years of experience	FTE	59,529.00	59,529.00
Health Insurance Estimate		12,720.00	12,720.00
OEC		19,245.73	19,245.73
Total		<u>91,494.73</u>	<u>91,494.73</u>
Opportunity Funding		91,390.00	66,494.00
Additional Funding Required		<u>(104.73)</u>	<u>(25,000.73)</u>

