Opportunity Funding for Mental Health Services

For more information and to submit applications:

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Funding Period: Fiscal Year 2020
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 quality 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.

<table>
<thead>
<tr>
<th>DISTRICT/CHARTER NAME:</th>
<th>Indian River School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>North Georgetown Elementary School</td>
</tr>
<tr>
<td></td>
<td>664 North Bedford Street, Georgetown, DE 19947</td>
</tr>
<tr>
<td>CONTACT NAME:</td>
<td>Kelly Dorman/Judi Brittingham</td>
</tr>
<tr>
<td>CONTACT PHONE:</td>
<td>302-436-1000</td>
</tr>
<tr>
<td>CONTACT EMAIL:</td>
<td><a href="mailto:kelly.dorman@irsd.k12.de.us">kelly.dorman@irsd.k12.de.us</a> <a href="mailto:judith.brittingham@irsd.k12.de.us">judith.brittingham@irsd.k12.de.us</a></td>
</tr>
<tr>
<td>ALLOCATION AMOUNT:</td>
<td>$257,784</td>
</tr>
</tbody>
</table>
Overall summary

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

   Provide a mental health counselor (LCSW, LCMHP) to enhance the multi-tiered system
   of support and provide early intervention at the elementary level.
   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 the classroom to support
   educational success for low-income and English language learners.
   Provide enhanced response to crisis behaviors and communication to the family.

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

   The additional staff would be instrumental in providing whole school professional
   development regarding best practice interventions and supports for the
   classroom.
   The additional staff would work with the current counseling team to enhance
   overall supports available in the building through the multi-tiered system of
   support.

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

   The specialist we are interested in hiring is a licensed clinical social worker OR a licensed
   clinical mental health professional to provide enhances supports to our students.

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?

   We will hire an English Language/Reading Interventionist for the building to enhance the multi-tiered systems
   of support available for these students. 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 them to address targeted skill deficits
   in the reading data for individual students. This partnered with the mental health counselor will provide an
   enhanced system that will foster student success.

   We will purchase and pilot a comprehensive language development program for our most struggling EL
   learners and EL learners that are new to the country that are not responding to our district level curriculum.
5. Is this money is being used to contract services?
   YES ☐ NO ✓

6. Please provide a copy of your expenditure plan.

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): Jack Steck
Signature: ___________________________ Date: 5/8/2019

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).

Signature: ___________________________ Date: 8-7-19

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

Secretary of Education/Designee (printed name): ___________________________
Signature: ___________________________ Date: ___________________________
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<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Position</th>
<th>% of Pay</th>
<th>State Salary</th>
<th>Local Salary</th>
<th>Total Salary</th>
<th>OECs</th>
<th>Medical</th>
<th>SubTotal</th>
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<tbody>
<tr>
<td>TBD</td>
<td>NG</td>
<td>Mental Health Counselor</td>
<td>100%</td>
<td>$43,654.00</td>
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<td>EL/Reading Interventionist</td>
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<td>$90,426.00</td>
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8/5/2019

<table>
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<td>Pilot and Purchase Comprehensive Language Development Program</td>
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8/7/2019

GRANT TOTAL

$257,784.00