Delaware

Department of Education

Opportunity Funding for Mental Health Services

For more information and to submit applications:

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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 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.

DISTRICT/CHARTER NAME: Indian River School District Clayton (John M.) Elementary School
ADDRESS: 252 Clayton Avenue, Frankford, DE 19945
CONTACT NAME: Kelly Dorman/Judith Brittingham
CONTACT PHONE: 302-436-1000
CONTACT EMAIL: kelly.dorman@irsd.k12.de.us judith.brittingham@irsd.k12.de.us
ALLOCATION AMOUNT: $109,038

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, LPCMH) to enhance the multi-tiered system of support and provide early intervention piece 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 families of these special populations.

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. The additional staff would provide resources to students and staff.

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 professional counselor of mental heath to provide enhanced 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?

At this time, we are not using this money for any additional reading supports.

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): Mark L. Steele

Signature: _____ Date: 8/7/2019

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).

Acting ***Business manager (printed name):*** Jack F. Owens Jr

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: _____

							Allocation		$ 109,038.00
Name	**School**	**Position**	**% of Pay**	**State Salary**	**Local Salary**	**Total Salary**	**OECs**	**Medical**	**SubTotal**
TBD	JMC	Mental Health Counselor	100%	$ 43,654.00	$ 22,880.00	$ 66,534.00	$ 21,510.44	$ 21,611.52	$ 109,655.96
TOTAL				**$ 43,654.00**	**$ 22,880.00**	**$ 66,534.00**	**$ 21,510.44**	**$ 21,611.52**	**$ 109,655.96**

Balance $ (617.96)