

# 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 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:<br>Colonial School District / New Castle Elementary School |
| ADDRESS:<br>903 Delaware St. New Castle, DE 19720                                 |
| CONTACT NAME:<br>TeRay Ross   |
| CONTACT PHONE:<br>302-323-2880  |
| CONTACT EMAIL:<br>teray.ross@colonial.k12.de.us                                   |
| ALLOCATION AMOUNT:<br>\$101,707   |

**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.)*

Many of our low income and/or EL students exhibit school anxiety or can have other family issues or experience trauma that make it hard for them to focus on school. Evidence has shown that the challenges of the pandemic have been felt disproportionately in low income and marginalized communities, which would include our EL students. The counselor is part of the Multi-Tiered System of support (MTSS) team and works with students demonstrating adjustment difficulties or other challenges. They offer additional support to these students through individual and group meetings designed to offer strategies and build coping skills.

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)?

School Counselor & Reading Interventionist

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?

Funds will be used to support mental health services as well as the reading interventionist. The reading interventionist will work with small groups of primarily EL and low income students on specific areas of need as determined by the available assessment data. These groups can be done via push-in or pull-out as determined by the school and classroom schedule and logistics.

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

We will review discipline and attendance data to determine the effectiveness of the counseling services.

Colonial School District will know the supports and services are effective by analyzing the benchmark data and progress monitoring of students, checking for growth within select skills and movement on the stairway to proficiency. The growth of the student can be measured through various sub skills identified by the assessment, or by analyzing the overall composite score.

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.

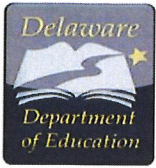
**Secretary of Education/Designee (printed name):** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Live signature on file at DOE.**







# State of Delaware Department of Education State Funds Budget Form

**State Subgrant:** Opportunity Funds  
**Project Title:** Reading and Mental Health  
**LEA/Agency:** Colonial - New Castle Elementary

**Project Start Date:** 8/23/2021  
**Project End Date:** 6/15/2022

### Expense Types and Account Codes: Salaries (5100) and Other Employee Costs (5120)

| Employee Name                             | Title                   | FTE Percentage |  | State Funds Requested | Matching Funds     | Total Funds        |
|---|-------------------------|----------------|--|-----------------------|--------------------|--------------------|
| <b>PROFESSIONAL:</b>                      |                         |                |  | \$                    | \$                 | \$                 |
| Hoffman, Sarah                            | Counselor               | 100%           |  | \$40,877.90           | \$17,519.10        | \$58,397.00        |
| McLaughlin, Jennifer                      | Reading Interventionist | 50%            |  | \$16,697.82           | \$5,403.29         | \$22,101.11        |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                | Professional Subtotal                      | \$57,575.72           | \$22,922.39        | \$80,498.11        |
| <b>SUBSTITUTES:</b>                       |                         |                |  | \$                    | \$                 | \$                 |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                | Substitutes Subtotal                       | \$0.00                | \$0.00             | \$0.00             |
| <b>SUPPORT STAFF:</b>                     |                         |                |  | \$                    | \$                 | \$                 |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                | Support Staff Subtotal                     | \$0.00                | \$0.00             | \$0.00             |
| <b>STUDENTS:</b>                          |                         |                |  | \$                    | \$                 | \$                 |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                |  |                       |                    | \$0.00             |
|   |                         |                | Students Subtotal                          | \$0.00                | \$0.00             | \$0.00             |
| <b>SALARY TOTAL:</b>                      |                         |                |  | <b>\$57,575.72</b>    | <b>\$22,922.39</b> | <b>\$80,498.11</b> |
| <b>OTHER EMPLOYEE COSTS:</b>              |                         |                |  | \$                    | \$                 | \$                 |
| FICA                                      |                         | 6.20%          |  | \$3,569.69            | \$1,421.19         | \$4,990.88         |
| Medicare                                  |                         | 1.45%          |  | \$834.85              | \$332.37           | \$1,167.22         |
| Pension                                   |                         | 23.80%         |  | \$13,703.02           | \$5,455.53         | \$19,158.55        |
| Workman's Comp                            |                         | 1.55%          |  | \$892.42              | \$355.30           | \$1,247.72         |
| Unemployment Insurance                    |                         | 0.11%          |  | \$63.33               | \$25.21            | \$88.55            |
|   |                         | 33.11%         |  | \$25,067.96           | \$0.00             | \$25,067.96        |
| Health Insurance/Other Non-taxed Benefits |                         |                | (\$15,391 is the average HI cost for FY22) |                       |                    |                    |
| <b>OEC TOTAL:</b>                         |                         |                |  | <b>\$44,131.28</b>    | <b>\$7,589.60</b>  | <b>\$51,720.88</b> |

**SALARY AND OEC TOTAL:**

**\$101,707.00**

**\$30,511.99**

**\$132,218.99**

**Expense Types and Account Codes:  
Travel (5400)**

| Destination               | Purpose | # of Travelers | State Funds Requested | Matching Funds | Total Funds   |
|---------------------------|---------|----------------|-----------------------|----------------|---------------|
|                           |         |                | \$                    | \$             | \$            |
|                           |         |                |                       |                | \$0.00        |
|                           |         |                |                       |                | \$0.00        |
|                           |         |                |                       |                | \$0.00        |
|                           |         |                |                       |                | \$0.00        |
| <b>TOTAL TRAVEL COSTS</b> |         |                | <b>\$0.00</b>         | <b>\$0.00</b>  | <b>\$0.00</b> |

**Expense Types and Account Codes:  
Contractual Services (5500)**

| Vendor Name                             | Service Provided | State Funds Requested | Matching Funds | Total Funds   |
|---|------------------|-----------------------|----------------|---------------|
|   |                  | \$                    | \$             | \$            |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
|   |                  |                       |                | \$0.00        |
| <b>TOTAL CONTRACTUAL SERVICES COSTS</b> |                  | <b>\$0.00</b>         | <b>\$0.00</b>  | <b>\$0.00</b> |

**Expense Types and Account Codes:  
Supplies and Materials (5600)**

| Item Description                          | Quantity | Unit Price | State Funds Requested | Matching Funds | Total Funds   |
|---|----------|------------|-----------------------|----------------|---------------|
|   |          |            | \$                    | \$             | \$            |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
| <b>TOTAL SUPPLIES AND MATERIALS COSTS</b> |          |            | <b>\$0.00</b>         | <b>\$0.00</b>  | <b>\$0.00</b> |

**Expense Types and Account Codes:  
Capital Outlay (5700)**

| Item Description                          | Quantity | Unit Price | State Funds Requested | Matching Funds | Total Funds   |
|---|----------|------------|-----------------------|----------------|---------------|
| <u>Replacement Equipment</u>              |          |            | \$                    | \$             | \$            |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
| <u>New Equipment</u>                      |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
|   |          |            |                       |                | \$0.00        |
| <b>TOTAL SUPPLIES AND MATERIALS COSTS</b> |          |            | <b>\$0.00</b>         | <b>\$0.00</b>  | <b>\$0.00</b> |

| GRAND TOTAL | State Funds Requested | Matching Funds     | Total Funds         |
|-------------|-----------------------|--------------------|---------------------|
|             | <b>\$101,707.00</b>   | <b>\$30,511.99</b> | <b>\$132,218.99</b> |



**STATE OF DELAWARE  
DEPARTMENT OF EDUCATION**

**BUDGET SUMMARY OF STATE FUNDS**

**LEA/Agency Name:**

Colonial - New Castle Elementary

**State Subgrant Title:**

Opportunity Funds

**Project Title:** Reading and 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> |
| <b>Total Budget</b>      | \$57,575.72     | \$44,131.28  | \$0.00        | \$0.00                     | \$0.00                          | \$0.00                | \$101,707.00  |

**Completed By:** Emily Falcon

**Date:** 9/20/2021

**Chief Financial Officer or Business Manager:**

**Date:**

