



# 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: Red Clay Consolidated School District / Linden Hill Elementary School
ADDRESS: 3415 Skyline Drive, Wilmington, DE 19808
CONTACT NAME: Melissa Brady
CONTACT PHONE: 302-454-3406
CONTACT EMAIL: melissa.brady@redclay.k12.de.us
ALLOCATION AMOUNT: \$51,311

**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.)*

The addition of a school psychologist will enable us to provide additional small group counseling interventions as well as individual counseling supports and behavioral interventions as part of our Multi-tiered System of Supports. The school psychologist will support students who are low-income or English learners who have the need for tier 2 or 3 mental or behavioral health supports. Red Clay school psychologists follow the National Association of School Psychologist (NASP) Practice Model which provides both direct student interventions as well as indirect services such as consultation and collaboration with outside providers and family-based therapies. These services will be provided using a data-based decision-making process to determine the type of intervention needed.

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 Psychologist

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?

No

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

The goal of the grant activities will be to reduce the number of EL and Low SES students in Tier 3 RTI by 5% as measured by Dibels and Access testing.

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 Grant Mental Helath  
 Project Title: Linden Hill  
 LEA/Agency: Red Clay

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>						
Carly Herring	Psychologist	50%		\$30,445.36	\$	\$30,445.36
				Professional Subtotal	\$30,445.36	\$30,445.36
<b>SUBSTITUTES:</b>						
				Substitutes Subtotal	\$	\$
<b>SUPPORT STAFF:</b>						
				Support Staff Subtotal	\$	\$
<b>STUDENTS:</b>						
				Students Subtotal	\$	\$
<b>SALARY TOTAL:</b>				<b>\$30,445.36</b>		<b>\$30,445.36</b>
<b>OTHER EMPLOYEE COSTS:</b>						
FICA		6.20%		\$1,887.61	\$	\$1,887.61
Medicare		1.45%		\$441.46		\$441.46
Pension		23.80%		\$7,246.00		\$7,246.00
Workman's Comp		1.55%		\$471.90		\$471.90
Unemployment Insurance		0.11%		\$33.49		\$33.49
		33.11%				
	health			\$10,785.18		\$10,785.18
Health Insurance/Other Non-taxed Benefits			\$15,013.00			
<b>OEC TOTAL:</b>				<b>\$20,865.64</b>		<b>\$20,865.64</b>
<b>SALARY AND OEC TOTAL:</b>				<b>\$51,311.00</b>		<b>\$51,311.00</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
		\$	\$	\$
<b>TOTAL CONTRACTUAL SERVICES COSTS</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>					



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**State Subgrant:** Opportunity Grant Mental Helath  
**Project Title:** Linden Hill  
**LEA/Agency:** Red Clay

**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>					

<b>GRAND TOTAL</b>	<b>State Funds Requested</b>	<b>Matching Funds</b>	<b>Total Funds</b>
	<b>\$51,311.00</b>		<b>\$51,311.00</b>



**STATE OF DELAWARE  
DEPARTMENT OF EDUCATION**

**BUDGET SUMMARY OF STATE FUNDS**

LEA/Agency Name: Red Clay

State Subgrant Title: Opportunity Grant Mental Helath

Project Title: Linden Hill

Account Code: 5100

Account Code	5100	5120	5400	5500	5600	5700	Total
Account Code Name	Salaries	OEC's	Travel	Contracted Services	Supplies & Materials	Capital Outlay	Budget
Total Budget	\$30,445.36	\$20,865.64					\$51,311.00

Completed By: \_\_\_\_\_

Date: 7/29/21

Chief Financial Officer or Business Manager: \_\_\_\_\_

Date: 7/29/21