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HOUSE OF REPRESENTATIVES  
151st GENERAL ASSEMBLY

HOUSE BILL NO. 100

AN ACT TO AMEND TITLE 14 OF THE DELAWARE CODE RELATING TO FREE PUBLIC SCHOOLS.

1 WHEREAS, 1 in 5 school students suffer from a mental health disorder; and

2 WHEREAS, 11% of youth have a mood disorder, 10% of youth have a behavior or conduct disorder, and 8% of  
3 youth have an anxiety disorder; and

4 WHEREAS, 45% of children have had a potentially traumatic experience; and

5 WHEREAS, children who are identified as in need of behavioral supports at ages 3-4 have a high probability of  
6 continued behavioral difficulties in adolescence, and when aggressive or antisocial behavior has persisted until age 9,  
7 further intervention has a poor chance of success; and

8 WHEREAS, of young children who show early signs of challenging behavior, fewer than 10% receive mental  
9 health services, resulting in less than 1/3 of the children and adolescents with a diagnosable mental health condition  
10 receiving any type of treatment; and

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12 health services, resulting in less than 1/3 of the children and adolescents with a diagnosable mental health condition  
13 receiving any type of treatment; and

14 WHEREAS, 50% of all lifelong cases of mental illness begin by age 14, and 37% of students with a mental health  
15 condition at age 14 and older, drop out of school which is the highest school dropout rate of any group of students with a  
16 disability; and

17 WHEREAS, 50% of all lifelong cases of mental illness begin by age 14, and 37% of students with a mental health  
18 condition at age 14 and older, drop out of school which is the highest school dropout rate of any group of students with a  
19 disability; and

20 WHEREAS, 70% of youth in state juvenile systems have a mental illness; and

21 WHEREAS, 70% of youth in state juvenile systems have a mental illness; and

22 WHEREAS, youth with access to mental health services in school-based health centers are 10 times more likely to  
23 seek care for mental health or substance abuse than youth without access; and

24 WHEREAS, youth with access to mental health services in school-based health centers are 10 times more likely to  
25 seek care for mental health or substance abuse than youth without access; and

26 WHEREAS, early intervention is critical to building life skills, resilience, and mental wellness; and

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28 WHEREAS, leading counseling and mental health organizations, including the American School Counselor  
29 Association, the National Association of School Psychologists, and the School Social Worker Association of America  
30 recommend that schools maintain all of the following:

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32 Association, the National Association of School Psychologists, and the School Social Worker Association of America  
33 recommend that schools maintain all of the following:

34 (a) A maximum student to school counselor ratio of 250 to 1.

35 (a) A maximum student to school counselor ratio of 250 to 1.

36 (b) A maximum student to school social worker ratio of 250 to 1.

37 (b) A maximum student to school social worker ratio of 250 to 1.

38 (c) A student to school psychologist ratio of 500 to 1; and

39 (c) A student to school psychologist ratio of 500 to 1; and

40 WHEREAS, Delaware elementary schools currently maintain an average ratio of 580 students to each school  
41 counselor; and

42 WHEREAS, Delaware elementary schools currently maintain an average ratio of 580 students to each school  
43 counselor; and

44 WHEREAS, the American School Counselor Association National Model includes a strong foundation in social  
45 and emotional learning, direct and indirect counseling, and establishing positive mindsets and behaviors; and

46 WHEREAS, the American School Counselor Association National Model includes a strong foundation in social  
47 and emotional learning, direct and indirect counseling, and establishing positive mindsets and behaviors; and

48 WHEREAS, school counselors are prepared to address barriers and assess ways to maximize students' success in  
49 schools, communities, and their family structure by offering education, prevention, and crisis and short-term intervention  
50 until the student is connected to available community resources; and

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55 schools, communities, and their family structure by offering education, prevention, and crisis and short-term intervention  
56 until the student is connected to available community resources; and

57 WHEREAS, 86% of Delaware elementary schools do not employ a school social worker; and

58 WHEREAS, 86% of Delaware elementary schools do not employ a school social worker; and

59 WHEREAS, school social workers create and implement school-based programs to promote a positive school  
60 environment for all students, work with the entire student body to identify students in need of more intensive interventions,  
61 and connect these students to additional services in the community where needed; and

62 WHEREAS, school social workers create and implement school-based programs to promote a positive school  
63 environment for all students, work with the entire student body to identify students in need of more intensive interventions,  
64 and connect these students to additional services in the community where needed; and

65 WHEREAS, school social workers serve as a resource to the principal and other educators by providing training  
66 on identifying students with mental health needs and providing a referral process when services are sought; and

67 WHEREAS, school social workers serve as a resource to the principal and other educators by providing training  
68 on identifying students with mental health needs and providing a referral process when services are sought; and

69 WHEREAS, by working more closely with individual students and their families, school social workers also create  
70 a bridge between the school and the community by coordinating students with resources in the community. This  
71 coordination is critical to a school's success and by partnering with services in the community, social workers maximize  
72 limited resources, facilitate better delivery of services, and maintain communication between partners; and

73 WHEREAS, by working more closely with individual students and their families, school social workers also create  
74 a bridge between the school and the community by coordinating students with resources in the community. This  
75 coordination is critical to a school's success and by partnering with services in the community, social workers maximize  
76 limited resources, facilitate better delivery of services, and maintain communication between partners; and

77 WHEREAS, school psychologists provide services that promote a child’s communication and social skills,  
78 problem solving, anger management, conflict resolution, self-regulation, self-determination, resilience, and optimism; and

79 WHEREAS, school psychologists provide services that promote a child’s communication and social skills,  
80 problem solving, anger management, conflict resolution, self-regulation, self-determination, resilience, and optimism; and

81 WHEREAS, school psychologists consult with teachers and administrators on effective classroom management  
82 strategies, promoting positive peer relationships and social problem-solving, school-wide positive behavior interventions  
83 and supports, effective discipline policies and practices, and programs to promote student wellness and reduce risk-taking;  
84 and

85 WHEREAS, school psychologists consult with teachers and administrators on effective classroom management  
86 strategies, promoting positive peer relationships and social problem-solving, school-wide positive behavior interventions  
87 and supports, effective discipline policies and practices, and programs to promote student wellness and reduce risk-taking;  
88 and

89 WHEREAS, school psychologists provide mental health services, including wellness and prevention  
90 programming, risk assessment and interventions, and counseling, which are proven to reduce discipline referrals and  
91 increase attendance and academic performance; and

92 WHEREAS, school psychologists provide mental health services, including wellness and prevention  
93 programming, risk assessment and interventions, and counseling, which are proven to reduce discipline referrals and  
94 increase attendance and academic performance; and

95 WHEREAS, Delaware educators report that students come to school with significant unmet needs that impact the  
96 students’ ability to learn in school, such as hunger, homelessness, trauma, mental health issues; and

97 WHEREAS, Delaware educators report that students come to school with significant unmet needs that impact the  
98 students’ ability to learn in school, such as hunger, homelessness, trauma, mental health issues; and

99 WHEREAS, without adequate resources to support our students, these challenges manifest as frequent, and at  
100 times severe, disruptions in school that take impact learning and affect all our students.

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102 times severe, disruptions in school that take impact learning and affect all our students.

103 NOW, THEREFORE:

104 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

105 Section 1. Amend § 1716E, Title 14 of the Delaware Code by making deletions as shown by strike through and  
106 insertions as shown by underline as follows:

107           § 1716E Mental health services unit and funding.

108           (a) “Mental health services unit” for funding purposes means:

109                   (1) 1 unit for each 250 full-time equivalent students in a school district or charter school, grades K through 5  
110 for employment of a full-time school counselor, or school social worker or a licensed clinical social worker who is  
111 certified by the Delaware Department of Education as a school social worker. Districts and charter schools shall qualify  
112 for funding for a fractional part of 250 full-time equivalent pupils enrolled in grades K through 5.

113                   (2) 1 unit for each 700 full time equivalent students in a school district or charter school, grades K through 5  
114 for employment of full-time school psychologists or licensed mental health therapist with experience in a school setting  
115 or experience providing direct services to school age children. Districts and charter schools shall qualify for funding for  
116 a fractional part of 700 full-time equivalent pupils enrolled in grades K through 5.

117           (b) Each pupil counted in establishing a unit for mental health services may be counted only once in a district  
118 or charter.

119           (c) For purposes of this section, “mental health services” means prevention, response, and coordination services  
120 delivered to students in elementary school building.

121           (d) Funds appropriated by this unit shall be used for employment of full-time licensed mental health counselors  
122 who hold the appropriate license as required by the Board of Mental Health and Chemical Dependency Professional or  
123 school counselors, school social workers, or school psychologists that hold the appropriate licensure and certifications  
124 under Chapter 12 of this title.

125                   (1) School counselors shall be required to provide services that are aligned with the American School  
126 Counselor Association (ASCA) National Model, including the provisions related to indirect and direct services as those  
127 terms are defined by ASCA.

128                   (2) School social workers shall be required to provide services aligned to the National Association of School  
129 Social Work school social work standards.

130                   (3) School psychologists shall be required to provide services aligned with the National Association of School  
131 Psychologists (NASP) Model for Comprehensive and Integrated School Psychological Services.

132           (e) Any full units must be used in the school that generated the unit. Any remaining fractional units must be  
133 combined into full units if possible and used to further increase the amount of mental health services available. Any  
134 fractional units still remaining after that may be used at the discretion of the district or charter school for mental health  
135 services.

136 (f) Funds cannot be used to supplant a unit currently allocated under this section unless a district or charter school  
137 has met or exceeded the ratios listed in § 1716E(a).

138 (g) Funds appropriated in support of this unit shall be applied to the employment of a -time certified, licensed  
139 school counselor, school social worker, licensed clinical social worker, school psychologist, or licensed mental health  
140 therapists Districts may pursue contracting out school psychologists with approval of their governing board. Districts or  
141 charter schools must combine fractional units to fund additional full-time mental health services staff to the extent  
142 possible. Districts and charter schools may exercise a cash option consistent with the provisions of §1716(g) of this title  
143 for any remaining fractional funding. Funds received under this provision must be used for the purchase of materials  
144 or services to be used in support of preventative and responsive mental health services herein authorized, and for no  
145 other purpose.

146 (h) By December 31, 2025 the Department of Education, in coordination with the General Assembly, shall develop  
147 a strategic plan to reasonably expand this unit into Delaware middle schools and high schools.

148 (i) The Department of Education shall promulgate rules and regulations to implement and enforce this chapter.

#### SYNOPSIS

This Act establishes a mental health services unit for Delaware elementary schools. The unit is at a ratio of 250 full-time equivalent students grades K-5 for a full-time school counselor, school social worker, or licensed clinical social worker. Additionally a unit ratio of 700 full time equivalent students for grades K-5 for employment of a full-time school psychologist. This Act defines “mental health services” as prevention, response, and coordination services delivered to students in elementary schools.

Mental Health disorders are the most common health problem for school aged youth. According to the National Institute of Mental Health (NIMH), one in five youth are affected by a mental health disorder. Additionally, 50% of lifetime mental illnesses begin by age 14. Untreated mental illness leads to negative outcomes including increased risk of dropout, homelessness, substance abuse, other chronic illnesses, incarceration, and possibly suicide. According to the National Alliance on Mental Health, ninety percent of people who have taken their own life have had an underlying mental health condition, and suicides are on the rise. According to the Center for Disease Control and Prevention, suicides are now the second leading cause of death for youth ages 10-14.

Delaware schools need trained and experienced mental health professionals to provide prevention and support programs and services to students. Currently, as reported by Delaware school districts, 86% of elementary schools do not employ a school social worker, and ratios of students to school counselors and school psychologists far exceed national best practices. This bill will lower ratios and increase access to mental health services for elementary school students.