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HOUSE OF REPRESENTATIVES 151st GENERAL ASSEMBLY

HOUSE BILL NO. 100

AMEND TITLE 14 OF THE DEL AWARE CODE DEL ATING TO EDEE DUDI IC SCHOOLS

	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
11	WHEREAS, of young children who show early signs of challenging behavior, fewer than 10% receive mental
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

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

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- 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
- WHEREAS, youth with access to mental health services in school-based health centers are 10 times more likely to seek care for mental health or substance abuse than youth without access: and
- 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
- 27 WHEREAS, early intervention is critical to building life skills, resilience, and mental wellness; and
- 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:

31 WHEREAS, leading counseling and mental health organizations, including the American School Counselor

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

- WHEREAS, school counselors are prepared to address barriers and assess ways to maximize students' success in schools, communities, and their family structure by offering education, prevention, and crisis and short-term intervention until the student is connected to available community resources; and
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- 54 WHEREAS, school counselors are prepared to address barriers and assess ways to maximize students' success in 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,
- and connect these students to additional services in the community where needed; and
- WHEREAS, school social workers create and implement school-based programs to promote a positive school environment for all students, work with the entire student body to identify students in need of more intensive interventions, 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
- WHEREAS, by working more closely with individual students and their families, school social workers also create a bridge between the school and the community by coordinating students with resources in the community. This coordination is critical to a school's success and by partnering with services in the community, social workers maximize limited resources, facilitate better delivery of services, and maintain communication between partners; and
- WHEREAS, by working more closely with individual students and their families, school social workers also create a bridge between the school and the community by coordinating students with resources in the community. This coordination is critical to a school's success and by partnering with services in the community, social workers maximize limited resources, facilitate better delivery of services, and maintain communication between partners; and

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

WHEREAS, school psychologists provide services that promote a child's communication and social skills,
 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

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

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

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students' ability to learn in school, such as hunger, homelessness, trauma, mental health issues; and

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

- 101 WHEREAS, without adequate resources to support our students, these challenges manifest as frequent, and at 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

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