



Governor's Advisory Council for Exceptional Citizens (GACEC)
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MEMORANDUM

DATE: May 1, 2019

TO: The Honorable Members of the Delaware General Assembly

FROM: Ann C. Fisher, Chairperson
GACEC

RE: House Bill No. 101 School Based Health Centers for High Needs Schools

The Governor's Advisory Council for Exceptional Citizens (GACEC) has reviewed House Bill No. 101, which would amend 14 *Del. C.* § 4126 to require "high needs" elementary schools and high needs elementary charter schools to have school-based health centers. Council **strongly supports** this legislation and would like to share the following questions and observations.

Council understands that the State will pay the start-up costs for each school-based health center at two centers per year until each high needs elementary school has a center. High needs elementary schools are defined as any elementary school in the top quartile of three or more in percentage of low-income students, percentage of English language learners, percentage of students with disabilities, percentage of minority students, or having 90% of its students classified as low-income, English language learners, or minority. This act also allows high needs elementary schools having pre-existing school-based health centers to apply for reimbursement of previously expended funds necessary to establish said health center.

Though these centers serve all students, students with disabilities will likely benefit from them. A student may be able to manage their chronic condition without having to leave school and thus may miss less class. Since services are free, low-income students with disabilities may be able to access more care than they otherwise may have. Importantly, mental health screening and treatment can be difficult to access and its provision in school may improve students' outcomes.

Council would however like to ask for clarification on the definition of “high needs elementary school” in § 4126(a)(3)(a),(b). According to the bill, a high needs elementary school is “any elementary school *either*:

(a) in the top quartile in 3 or more of the following:

1. Percentage of low-income students.
2. Percentage of English learners.
3. Percentage of students with disabilities.
4. Percentage of minority students.

(b) Having 90% of its students classified as low-income, English learners, or minority.”
(emphasis added).

Quartiles are calculated by arranging your dataset in order from smallest to largest, and then dividing the dataset into four equally sized groups. The top fourth of the dataset will be in the top quartile. In other words, something’s quartile is its position relative to everything else in that dataset. It would therefore be helpful to clarify what dataset will be used when determining what counts as the top quartile, e.g. will top quartile be determined by looking at all elementary schools in the State? All elementary schools in a particular county? Within a school district?

Additionally, subsection (3)(b) is vague. It could be read to mean that a school is high needs if low-income, English learners and minority students, in total, comprise 90% of the student body. It also could be read to mean that 90% of the student body must be classified as either low-income or English language learners or minority students. The former interpretation is preferable, as it would require more schools to open health centers and would result in more schools receiving start-up funding for the requisite health centers. However, this may not be what the Legislature intended because it would result in a large number of schools being identified as “high needs.” If the latter is the intended definition, Council would suggest changing subsection (3)(b) to “Having 90% of its students classified as either low-income, or English language learners, or minority.”

Next, Council would like to offer the following observations about the definition of high needs elementary schools. First, some students may fit into multiple categories e.g. low income and has a disability. Because of this, one school may have one student that fits into three categories, whereas another school may have three different students that fit into those three categories. Assuming the schools have the same number of students enrolled (an identical denominator), these schools would have the same percentage of students in each category and thus similar quartile rankings even though the latter school has more disadvantaged students than the first school.

Furthermore, smaller schools will have a smaller denominator (the total student body), which may result in a high percentage of students fitting into the identified categories and thus a higher quartile ranking than a larger school, which may have more students in each category but a lower percentage and thus lower quartile ranking. To address both of these situations, it may be good policy to have State-supported health centers for schools with large numbers (but perhaps smaller percentages) of students in the identified categories. One possible way to address this would be to add a third subsection stating that a high needs school is also a school with X number of students who are either low-income, students with disabilities, English language learners or minority students.

Next, in § 4126(b)(1),(2), the bill states which categories of schools must open school-based health centers. The subsections say that the requirement does not apply to charter high schools, but does apply to vocational-technical high schools, high needs elementary charter schools, high needs elementary schools, and public high schools. 14 *Del. C.* § 4126(b)(1),(2). Vocational-technical schools and charter schools are public schools. 14 *Del. C.* § 503; *see generally* 14 Del. Admin. Code 100.1.1. Therefore, it may be more accurate to change “public high schools” to “non-charter public high schools, including vocational-technical high schools,” and then delete vocational-technical high schools from the list.

Council would like clarification about whether the Legislature intends for the State to bear start-up costs at vocational-technical high schools and high needs charter elementary schools. Subsection (c) reads in relevant part, “the State shall bear the start-up costs for a school-based health center at any public high school or high needs elementary school.” Since, in subsections (b)(1),(2), the Legislature identifies charter elementary schools as a different entity than elementary schools and vocational-technical high schools as a different entity than public high schools, subsection (c) could be read as the State will not fund start-up costs for vocational-technical high schools and charter elementary schools. Assuming that is not the intent, subsection (c) could be changed to “the State shall bear the start-up costs for a school-based health center at any non-charter public high school, including technical-vocational schools, or high needs elementary school, including charter elementary schools.”

Finally, Council would suggest changing English Learner throughout the bill to English Language Learner. Delaware Department of Education (“DDOE”) uses the term English Language Learner, *see* 14 Del. Admin. Code 920. This would ensure a consistent naming convention for the same category of students.

Thank you for your time and consideration of our endorsement and comments. Please feel free to contact me or Wendy Strauss at the GACEC office should you have any questions.