



**STATE OF DELAWARE  
STATE COUNCIL FOR PERSONS WITH DISABILITIES**

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The Honorable John Carney  
Governor

John A. McNeal  
Director

**MEMORANDUM**

DATE: April 29, 2019

TO: All Members of the Delaware State Senate  
and House of Representatives

FROM:  Mr. J. Todd Webb, Chairperson  
State Council for Persons with Disabilities

RE: H.B. 101 (School-Based Health Centers)

The State Council for Persons with Disabilities (SCPD) has reviewed H.B. 101 requires high needs elementary schools, including high needs elementary charter schools, to have school-based health centers. Currently all high schools, except charter high schools, are required to have school-based health centers. SCPD strongly endorses the proposed legislation but has the following observations and recommendations which may improve the bill.

School-based health centers offer students free healthcare services from licensed healthcare professionals at or near school. 18 *Del. C.* § 3571G(a). Services vary depending on the center, but they include “comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, referrals to and follow-up for specialty care and oral and vision health services, mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of mental health and substance abuse services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.”

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.

SCPD has the following recommendations.

First, SCPD is asking 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.
    - a. Having 90% of its students classified as low-income, English learners, or minority.”

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. Therefore, it would 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 ambiguous. It could 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 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, the SCPD suggests the following: changing subsection (3)(b) to “Having 90% of its students classified as either low-income, or English learners, or minority.”

Next, SCPD has the following observations about the definition of high needs elementary school. 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 is 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 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.

Relatedly, SCPD seeks 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. SCPD recommends that not be the intent and, therefore, subsection (c) should 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, SCPD has the following minor recommendation: Change English Learner to English Language Learner. The 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 consideration and please contact SCPD if you have any questions regarding our position or observations on the proposed legislation.

cc: Ms. Laura Waterland, Esq.  
Governor’s Advisory Council for Exceptional Citizens  
Developmental Disabilities Council

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