

Seattle Children's Hospital – N8

Agency: 350 Office of Superintendent of Public Instruction
Budget Period: 2015

Recommendation Summary Text (Short Description):

Superintendent Dorn requests an appropriation of \$931,378 in the 2015-17 biennium to fund the Education Department of Seattle Children's Hospital (SCH). Staffed by certificated teachers and classified aides, the Education Department provides developmental/educational assessments and instruction to children in general and special education programs, participates in treatment planning as members of multidisciplinary treatment teams and facilitates educational transition at discharge for more than 1,300 students each year. The appropriation would fund an adjustment to staff salaries, which have remained the same since 1993, and would also cover staff associated costs that have increased as a result of rising enrollment.

Fiscal Detail

Operating Expenditures		FY 2015	FY 2016	Total
General Fund	001-01	\$413,946	\$517,432	\$ 931,378
Total Cost		\$413,946	\$517,432	\$ 931,378

Staffing	FY 2014	FY 2015	Annual Avg.
Total FTEs Requested	0.0	0.0	0.0

Package Description (Includes the following sections)

Background

Seattle Children's Hospital and Medical Center provides education services to patients through its Education Department, which is under the purview of Seattle School District. Funding for the program was initially appropriated in the 1985-87 biennium and has been increased five times, most recently in the 1993 Supplemental budget. In the absence of new state funding, the SCH Education Department has relied on internal resources to maintain an adequate instructional and support staff.

Current Situation

Seattle Children's Hospital currently receives an appropriation of \$678,000 to fund 7.53 full time-equivalent employees. This level of funding represents Seattle School District salary and benefit rates that were applicable in 1993. As per their contract with OSPI and Seattle School District, SCH must employ at least 5.43 FTE certificated teachers (CIS), and 2.1 classified aides (CLS). At present, the program employs five full time teachers, two part-time teachers, and two full-time instructional aides. All costs in excess of state appropriated funding are the responsibility of Seattle Children's Hospital.

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Proposed Solution

Increase funding to Seattle Children's Hospital to cover the costs of an adjustment to staff salary and benefit rates and to account for consistently rising enrollment.

CIS Unit Adjustment to 2013-14 Levels:

When adjusted to reflect current Seattle School District average salary and benefit rates, the appropriation, for 5.43 FTE CIS and 2.1 FTE CLS, increases to \$931,378 in the 2015-17 biennium.

Funding Increase in Response to Rising Enrollment:

Average annual FTE student enrollment has also increased over the past five school years. On average enrollment figures have increased at a rate of 2.9 students per year. Based on current Seattle School District average per pupil allocations, these students should drive \$6,307.52 in additional funding per school year.

Biennial Appropriation: In order to respond to increasing staffing costs and changes in enrollment the Superintendent requests a biennial increase in the allocation to the Seattle Children's Hospital and Medical Center from \$678,000 to \$931,378 in the 2015-17 biennium.

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Narrative Justification and Impact Statement (Includes the following section)

Without a funding increase, various programs within the SCH Education Department may undergo service reductions. Below are descriptions of the programs and the range of vital services they provide. Providing these services requires significant logistical forethought and careful time management. Student-patients are dispersed throughout the hospital and teachers are constantly moving between beds and units. The funding requested in this package would allow SCH to staff its Education Department with enough teachers, aides and part-time instructional assistance to meet these demands.

Early Childhood Program:

This program serves approximately 120 hospitalized infants and toddlers who would otherwise be in an early intervention or preschool program because of developmental disabilities, or who are considered at-risk for developmental disabilities. Examples of children who might qualify for early childhood program services include children with newly identified syndromes, neurological impairments, closed head injuries, or brain tumors. Unlike older children, most children participating in the Early Childhood Education Program have no previous school history. Consequently, program staff work

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closely with the child's parents, hospital staff and community agencies, including Family Resource Coordinators and special education personnel, to assess the child's current level of development, design a developmental program, implement the program in the hospital and participate in discharge planning to assure a smooth transition between these settings. Much of the information communicated at discharge to community service providers is subsequently incorporated into an Individualized Family Service Plan for eligible infants and toddlers, and their families are referred to WA State's Department of Early Learning. This is part of WA State's Early Support for Infants and Toddlers (ESIT) that provides services to children birth to 3 who have disabilities and/or developmental delays. Preschool-aged children who may require special education services are referred to their respective school districts for service under the federal and state guidelines of the Individuals with Disabilities Education Act (IDEA).

Special Education & At-Risk Program:

SCH provides special education services and assists in identifying students at-risk for school failure. During the 2012-13 school year, three hundred and ninety children and youths, or roughly 29% of the total number of patients referred to the hospital school, for either enrollment or consultation, were either participating in special education or early intervention programs prior to being admitted at Seattle Children's. Education Department staff are also involved in the transition of these student when they are discharged.

Rehabilitation Unit Education Program:

Educational services for these children are carefully integrated into a comprehensive rehabilitation treatment plan that includes individualized assessment, weekly goals and objectives, curricular selection and development of instructional procedures that support rehabilitation and re-integration of the child into his/her community. Discharge planning includes participation in interagency staff meetings, oral and written reports that specify current levels of functioning, and in some cases, recommendations for special education and an individualized education program through the receiving local educational agency.

Inpatient Psychiatric Unit (IPU) Diagnostic Classroom Programs:

This program serves over 800 students each year admitted for an acute care evaluation on the Inpatient Psychiatric Unit (IPU) at Children's for diagnostic clarification, medication evaluation, and behavior stabilization. These students demonstrate a wide range of serious psychiatric disorders and symptoms including depression, suicidal and homicidal ideation, self-harm behaviors, eating disorders, developmental delays, odd or illogical thinking, opposition, aggression, and attention deficits. Almost all have experienced serious difficulties and disruptions in both academic and social arenas within public school settings.

School-Age Services on the Seattle Cancer Care Unit (SCCU) and general medical units:

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These students are typically receiving treatment services from General Medicine, Surgery, Seattle Cancer Care Alliance, Neuro-Oncology, or Pulmonary care professionals. Students with serious medical conditions such as cancer/leukemia, cystic fibrosis, spinal bifida, solid organ transplant and rheumatologic diseases are at-risk for educational failure due to intermittent attendance, poor self-esteem and adjustment, or functional disabilities related to illness or its treatment. They often require extensive modification of their previous school program at discharge. Hospital school services are designed to minimize the educational risk caused by recurrent or extended school absences, normalize a sometimes confusing and chaotic hospital environment, and maximize the prospects for a successful transition back to school. Services include a drop-in two hour classroom program that operates five days each week, bedside tutoring, or small group instruction on medical units, educational assessments, and comprehensive discharge planning with medical and school personnel, as well as family. All inpatient education services are coordinated with the child's home school district.

Performance Measure Detail

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

An increase in funding for the Education Department at SCH will mitigate the adverse effects of long-term absences on student achievement. Seattle Children's reports that virtually all of the students they are involved with, have been out school, or will be, for greater than 30 days.

Increased funding would make Early Childhood services available for students who would otherwise be in an early intervention or preschool program because of developmental disabilities, or who are considered at-risk for developmental disabilities.

Reason for change:

Does this decision package provide essential support to one of the Governor's priorities?

Support for the Education Department of SCH hospital will increase the percentage of students in Washington who, due to developmental delays, receive early intervention services.

Does this decision package provide essential support to one or more of the Governor's Results Washington priorities? If so, describe.

In terms of the number of students it serves each school year, the Education Department of SCH is larger than almost 60% of the school districts in the state. The high volume of students undergoing a wide variety of medical treatments presents a unique opportunity for data collection and research.

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What are the other important connections or impacts related to this proposal?

If forced to continue to rely solely on the appropriation it currently receives from the state, the Education Department at Seattle Children's Hospital will be funded at less than 50% of their operating budget. If internal funding cannot keep pace with rising enrollment, many of the costs associated with services provided by the Education Department could shift to social service agencies. SCH management has expressed concerns regarding the ability of Seattle School District to oversee the hospital's Education Department. High turnover among Special Education leadership was cited as one major concern. Nearly 30% of the students referred for Education Department services were participating in special education or early intervention programs prior to their hospital admission.

Impact on Other State Programs

What alternatives were explored by the agency, and why was this alternative chosen?

One alternative to this proposal would be to fund the program at the same percentage of its budget that was funded in 1993, when Seattle Children's Hospital received its most recent increase, which would require roughly twice the funding of the chosen alternative.

Another alternative would be to keep the appropriation at its current level. If SCH does not receive more state appropriated funding it could result in service reductions.

Increasing the appropriation for staff salary adjustments and increased enrollment is a sensible option that will ensure the availability of vital services to students at SCH and also reaffirm to the Education Department that this program is indeed a worthwhile joint undertaking between equal partners.

What are the consequences of adopting or not adopting this package?

Service reductions are a likely consequence of not increasing the appropriation. Reductions might include but are certainly not limited to fewer days of instruction per week for students in the following programs: Early Childhood, Special Education & At Risk, Rehabilitation and Cancer Care. Other potential consequences include reduced capacity for teacher assisted in-patient psychiatric evaluations and a reduction in transition services for parents and schools with recently discharged students in their care.

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What is the relationship, if any, to the state's capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

This package does not include any changes to contracts between OSPI, Seattle Children's or Seattle School District.

Enrollment Related Calculations

School Year	Enrollment Avg. (10 mo.)	Increase from Prev. SY
2009-10	68.4	-
2010-11	68.2	(.2)
2011-12	75.5	7.3
2012-13	78.7	3.2
2013-14	80	1.3

Average enrollment increase: 2.9 students per year

2013-14 Seattle School District per Pupil Allocation: \$6,307.52

2.9 x 6,307.52 = \$18,290.30 per SY [Enrollment Increase x Per Pupil Allocation = Approp. per SY]

Staff Associated Cost Calculations:

Object Detail

		FY 2015	FY 2016	Total
A	Salary and Wages	\$0	\$0	\$0
B	Employee Benefits	\$0	\$0	\$0
C	Contracts	\$0	\$0	\$0
E	Goods/Services	\$0	\$0	\$0
G	Travel	\$0	\$0	\$0
J	Equipment	\$0	\$0	\$0
N	Grants	\$413,946	\$517,432	\$931,378
	Interagency Reimbursement	\$0	\$0	\$0
	Other	\$0	\$0	\$0
Total Objects		\$413,946	\$517,432	\$931,378

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Expenditures & FTEs by Program

Activity Inventory Item	Prog	Staffing			Operating Expenditures		
		FY 2016	FY 2017	Avg	FY 2016	FY 2017	Total
A027 Special Education	026	0.0	0.0	0.0	\$413,946	\$517,432	\$931,378
Total Activities		0.0	0.0	0.0	\$413,946	\$517,432	\$931,378

Six-Year Expenditure Estimates

Fund	15-17 Total	17-19 Total	19-21 Total
General Fund 001-1	\$931,378	\$1,034,864	\$1,034,864
Expenditure Total	\$931,378	\$1,034,864	\$1,034,864
FTEs	0.0	0.0	0.0

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs in the package are ongoing and will continue to increase with their associated budget drivers. OSPI staff assumed that this change in funding would be effective for the 2015-16 school year. As a result, fiscal year 2016 cost estimates are \$413,946 and costs in subsequent years will be \$517,432.