

**2020 Supplemental Budget
Decision Package**

Agency: 350 Office of Superintendent of Public Instruction

DP code/title: Increased Equity in School Nursing Services

Budget period: 2020 Supplemental

Budget level: PL

Agency RecSum text:

Children's health and safety in the school setting are at risk. The School Nurse Corps (SNC) – a regional delivery model to provide nursing services to small school districts – was established in 1999. Since then, an increasing number of students come to school each day with chronic, complex, and life-threatening health conditions that must be managed while at school. At current funding levels, the SNC is not able to meet the demand for nursing services for our smallest school districts. This proposal includes \$5.4 million in fiscal year 2021 and \$11.3 million in the 2021–23 biennium to adequately meet the nursing service demands for small school districts.

Fiscal detail:

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
General Fund – State (01)	\$0	\$5,455,000	\$5,569,000	\$5,738,000
Total Expenditures	\$0	\$5,455,000	\$5,569,000	\$5,738,000
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	0.0	0.5	0.5	0.5
Average Annual	0.25		0.5	
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$0	\$34,000	\$34,000	\$34,000
Obj. B	\$0	\$13,000	\$13,000	\$13,000
Obj. E	\$0	\$6,000	\$6,000	\$6,000
Obj. G	\$0	\$1,000	\$1,000	\$1,000
Obj. N	\$0	\$5,401,000	\$5,515,000	\$5,684,000

Package description

Students' basic physical, social, and emotional needs must be met for them to be ready to learn. Students accomplish academic gains when schools have a system in place for prevention, early identification, and intervention. Schools cannot do this work alone.

The Washington School Nurse Corps (SNC) is a regional delivery model to provide nursing services to Class II school districts, which are school districts with full-time equivalent (FTE) student enrollment of fewer than 2,000 students. The intent of the SNC is to address inequities in access to professional school nursing services for the state's 192 small, rural school districts. The SNC program helps ensure all students in Washington have access to registered nursing services. Access to a registered nurse promotes student safety, improves attendance, fosters academic achievement, reduces health and educational disparities, and contributes to creating an engaged and informed citizenry and workforce.

This proposal seeks funding for the SNC so small school districts can have access to registered nurses (RNs) who can provide the necessary health care services required for school-aged children to safely attend school.

Relevant History

In 1996, the Joint Legislative Audit and Review Committee (JLARC) was mandated to conduct a survey of school nurses and health services across Washington. JLARC published [“A Survey of School Nurses”](#) in 1997. The survey findings concluded that smaller, more rural districts had limited access to a registered nurse (RN) to provide the necessary and required healthcare services for school-aged children to safely attend school. Recognizing a critical gap in access to safe and effective school health services, the Legislature established the School Nurse Corps (SNC) in 1999 through a budget proviso to provide direct RN services, health education, staff training, professional development, and to measure program effectiveness in targeted schools.

The intent of the SNC was to address inequities in access to professional school nursing services, particularly for the state's neediest districts—small, rural “Class II” districts with limited resources. The Office of Superintendent of Public Instruction (OSPI) allocated SNC resources to the nine educational service districts (ESDs) primarily based on the number of Class II districts in each region. In collaboration with the ESDs, OSPI also used the results of the JLARC study and the initial assessment of district health services to prioritize funding to meet the most critical health needs of students. The ESDs hired or contracted with RNs to provide direct nursing services, as well as nurse administrators to provide both clinical consultation and administrative supervision, along with other supports, to ensure safe practice and expected standards of care.

At the inception of the SNC, many Class II districts required less than a full-time equivalent (FTE) RN. Hiring and maintaining nursing capacity was difficult and often even impossible for these small districts. The ESDs were able to aggregate this need across multiple districts, hire full-time RNs, and deploy the RN to serve multiple schools and districts across the region on a traveling basis. The ESD nurse administrators provided clinical and administrative support for the Class II districts, as well as training, technical assistance, and consultation to all districts in the region.

What is the problem, opportunity or priority you are addressing with the request?

Erosion of the School Nurse Corps (SNC) funding over the past two decades, coupled with dramatic increases in demand and expansion of school health requirements, has left many small, rural school districts lacking consistent nursing services, leaving them ill prepared to meet the wide array of student health needs. The research is clear about the link between student health and academic achievement. Healthier, medically managed students learn better. In addition, the absence of RN services potentially exposes these districts to liability, as they are not able to adequately provide required and otherwise necessary nursing services.

The Legislature first funded the SNC in 1999 to provide 48 FTEs of direct nursing service, supervision, and program administration so all Class II districts received at least one day per week of nursing services. Since its inception, funding for the program has been reduced by about 3%, and inflation and other cost increases have reduced program purchasing power to 19 FTE (12.8 FTE direct service RNs and 6.3 FTEs nurse administrators). Further, these Class II districts have enrolled increasing numbers of students with chronic conditions such as asthma, diabetes, seizure disorders, attention- deficit/hyperactivity disorder (ADHD), and many others. In the past 15 years, in Class II districts that participate in the assessment of district health services, the number of students with chronic health conditions has increased from 6,044 to 25,876; a 328% increase.

Since 2000, the number of laws that explicitly or implicitly state the need for school nursing services in the school setting has increased. Between 2002 and 2007, new laws created requirements for the care of students with diabetes, asthma, anaphylaxis, seizure disorders, life-threatening illnesses (Revised Code of Washington [RCW] [28A.210.320](#)), vision screening, and immunizations. More recently, laws were passed related to the need to closely monitor seizure medications and epinephrine in the school setting (see Appendix A for complete table of changes in nursing services over time).

Despite current limited direct hours, SNC RNs must complete annual comprehensive health assessments for all students, individual health plans for identified students with certain chronic health conditions, and Emergency Action Plans for students with life-threatening health conditions. SNC RNs also train and delegate to unlicensed assistive personnel (UAP), such as district secretaries, to perform certain nursing tasks, including complex medical treatments, due to limited nursing hours in the district. In addition, they collaborate with other school staff regarding the health needs of students requiring 504 accommodations, Individualized Education Programs (IEP), and related services to ensure students have equitable access to public education to help mitigate chronic absenteeism.

SNC RNs must also maintain their professional nursing licenses and engage in ongoing education related to the numerous legislative and legal mandates noted above. The ESD nurse administrators must ensure SNC RNs have the necessary specialized training and skills to perform all required tasks. ESD nurse administrators also provide clinical oversight, training, and administrative support.

At inception, the SNC program funded 38.8 FTE direct school-based RN service. The program currently funds 12.8 FTE direct RN service, which represents a 67% decrease in service, in an environment where school health service demands and requirements have increased dramatically. Initially, ESD nurse administrators were funded at 9.0 FTE, with 1.0 FTE split between the Puget Sound Educational Service

District (PSESD) and the Office of Superintendent of Public Instruction (OSPI). Currently, the program funds 6.3 FTE nurse administrators across all nine of the ESDs.

What is your proposed solution?

This request will increase funding for the School Nurse Corps (SNC) program so every Class II district receives at least one day per week, on average, of registered nurse (RN) services. This equates to an additional statewide total of 26.0 full-time equivalents (FTEs). This approach is the best option because it will capitalize on the existing infrastructure and capacity of the educational service districts (ESDs) to administer this program. ESDs have long-standing experience with the program and enjoy strong relationships with their Class II districts. Because of their regional nature, ESDs can function to aggregate fractions of school nursing needs across multiple small school districts and hire full-time nurses. These nurses can then be deployed on a traveling basis across the region.

Increasing funding will ensure each Class II district has at least a minimum amount of SNC RN service to meet the basic school health needs of their students. These districts will have ready access to nursing expertise and service delivery, comply with school health services requirements, and will provide better care for students who attend school with chronic, complex, and life-threatening health conditions.

This proposal also includes funding for 2.7 FTE regional nurse administrators across the ESDs in order to allow each ESD to have 1.0 FTE. This will increase the capacity of the ESDs in order to:

- Provide technical assistance, consultation, and professional development for nurses in all school districts;
- Assist in orienting and mentoring new school nurses;
- Conduct an annual assessment of health services to better identify student health needs; and
- Tailor quality services to the needs of districts that are geographically isolated.

This proposal also includes funding for 0.25 FTE nurse administrator and 0.25 FTE administrative assistant at the Office of Superintendent of Public Instruction (OSPI) to provide oversight and ensure effectiveness of the program.

Additional funding will allow OSPI to achieve:

- Statewide standardized goals, objectives, and outcome-based measurements for school health services;
- Development of effective school health service structures and processes to reduce chronic absenteeism in students with chronic health conditions; and
- Engagement with district administration and local school teams (school nurses, counselors, health educators, etc.) in developing, implementing, and evaluating effective health strategies.

What are you purchasing and how does it solve the problem?

This proposal will provide salaries, benefits, and other related costs for:

- 26.0 full-time equivalent (FTE) registered nurses (RNs) to provide direct nursing services to Class II districts at least one day a week (1.0 FTE of direct nursing service equals 185

- days, 8 hours per day).
- 2.7 FTE School Nurse Corps nurse administrators to fund one at each educational service district (ESD).
- 4.5 FTE administrative assistants to provide 0.5 FTE administrative support at each ESD.
- 0.25 FTE health services nurse administrator at the Office of Superintendent of Public Instruction (OSPI).
- 0.25 FTE administrative assistant at OSPI to provide administrative support to the health services nurse administrator.

What alternatives did you explore and why was this option chosen?

Alternatives previously explored include funding Superintendent Reykdal's recommendation of a 1:750 nurse-to-student ratio and the educational service districts' (ESD) recommendation of a school nurse administrator at each ESD.

The consequences of not funding this proposal include:

- Continued erosion of on-site registered nursing (RN) services to Class II districts.
- Erosion and elimination of ESD-level RN consultation and support for all districts.
- Delayed information sharing about emergent health issues and resources communicated with school health personnel and administrators.
- Inadequate or absent health service coverage at school for students with chronic and complex health conditions.
- School nurse burnout and turnover resulting from:
 - High student-to-school nurse ratios, particularly with students suffering from chronic conditions and special health care needs.
 - Lack of time to provide health education and comprehensive health management to the extent of the school nurse's education and expertise.
 - Lack of time to conduct thorough student physical and behavioral assessments, make appropriate referrals, and perform case management interventions to the extent of the school nurse's education and expertise.

Assumptions and calculations

Expansion or alteration of a current program or service

This proposal will expand the current School Nurse Corps (SNC) program to increase nursing staff deployed by the educational service districts. Additional nursing staff allocated to the ESDs will provide nursing services primarily aimed at Class II districts, which make up the majority of school districts in the state. The current level of nursing services provided to each Class II district provides nursing services, on average, one day every three weeks. This proposal would build capacity to provide one day of nursing services per week to all Class II school districts in the state.

Detailed assumptions and calculations

Workforce assumptions

Current funding for the School Nurse Corps (SNC) program supports 12.8 full-time equivalent (FTE)

registered nurses (RNs) and 6.3 FTE nurse administrators at the educational service districts (ESDs), as well as 0.75 FTE nurse administrator and 0.25 FTE administrative assistant at the Office of Superintendent of Public Instruction (OSPI).

This proposal would add to the ESDs: 26.0 FTE RNs, 2.7 FTE nurse administrators, and 4.5 FTE administrative assistants. Funds for the ESD staff would be delivered by adding the staff and related costs to the ESD allocation model. Currently, the SNC is supported by a proviso in the OSPI budget at \$2.5 million. OSPI is also requesting that current funding for the SNC be moved from OSPI's budget to the ESD program budget and increased by \$5.4 million for FY 2021 to cover the costs of the additional FTEs. This value is increased by the implicit price deflator values of 2.1% for FY 2022, and 2.0% for FY 2023.

Funding for the OSPI staff who support the work of the SNC is also included in the current SNC budget proviso. In addition to the above, OSPI also requests the Legislature move the current funding of \$133,470 that supports OSPI staff to the agency's administrative proviso. Further, OSPI requests an increase of 0.25 FTE to the existing nurse administrator position, which is classified as Washington Management Service (WMS) 2 level program manager. In addition, this request includes funds to support an additional 0.25 FTE of the existing administrative assistant (step L). The yearly costs for these increases are \$34,000 for salary and \$13,000 for benefits. Finally, OSPI anticipates the need for an additional \$1,000 in travel expenses and \$6,000 in goods and services for the coming biennium. The total cost to cover these increased expenses to OSPI is \$54,000.

Strategic and performance outcomes

Strategic framework

This proposal supports the health of our most vulnerable students by providing access to registered nurse (RN) services while at school. It is directly connected to OSPI's strategic priority to provide comprehensive supports for all students. Washington's Every Student Succeeds Act Consolidated Plan also supports the value of the School Nurse Corps (SNC) and school nurses to address chronic absenteeism, child and youth homelessness, migrant health, and keeping students with chronic health conditions on track for 9th grade success and graduation.

Performance outcomes

Adequate funding will lead to the following performance outcomes and results:

- Direct registered nurse (RN) service hours will increase to the original intended hours of service as outlined in the 1999 budget proviso.
- 100% of students identified as having asthma, diabetes, anaphylaxis, and seizures will be monitored for chronic absenteeism.
- 100% of the students identified with potentially life-threatening conditions will have emergency care plans developed, implemented, and managed by an RN.
- 100% of the students requiring medication or medical treatment will receive it in compliance with current laws and accepted standards with staff training, delegation, and supervision provided by an RN.
- 100% of SNC-funded school districts will submit an Assessment of District Health Services.

Other collateral connections

Intergovernmental

The School Nurse Corps (SNC) program allows school districts to better support the work of state and local agency goals related to improving student health outcomes through building partnerships with:

- Programs within the Department of Health, including:
 - Maternal Child Health
 - Communicable Disease
 - Immunization Program and CHLD Profile
 - Environmental Health
 - Nursing Care Quality Assurance Commission
- Programs within the Department of Children, Youth, and Families, including:
 - Foster Care and Kinship Care
 - Early Learning
 - Child Protective Services
 - Juvenile Rehabilitation
- Programs within the Health Care Authority, including:
 - School Based Health Care Services
 - Medicaid Administrative Claim
- State Board of Health
- Local Health Jurisdictions

Stakeholder response

Schools often collaborate with public health agencies to ensure students are at the least risk of developing unhealthy lifestyles, contracting or spreading communicable diseases, or practicing risky behaviors that influence health and health-related outcomes.

The following organizations will likely fully support the School Nurse Corps (SNC) and this proposal to fund increased nursing services in public schools:

- The Washington State Nursing Association (WSNA) and School Nurse Organization of Washington (SNOW) continue to support the provision of resources for the School Nurse Corps.
- Healthy People 2020, a federal initiative, sets an objective of improving school nurse services.
- The Washington Education Association (WEA), who supported a school nurse bill (House Bill 2886/Senate Bill 6662) in 2008 that included SNC.
- Washington Health Foundation; Children's Alliance has supported improving school nursing services; the School Nurse Corps; and implementing Whole School, Whole Community, Whole Child programs.

Legal or administrative mandates

Not applicable.

Changes from current law

Not applicable.

State workforce impacts

Not applicable.

State facilities impacts

Not applicable.

Puget Sound recovery

Not applicable.

Other supporting materials

- Joint Legislative Audit and Review Committee's ["Survey of School Nurses"](#) (1997)

Information technology (IT)

ABS will pose the question below for *each* DP. If the answer is yes, you will be prompted to attach an IT addendum. (See Chapter 10 of the budget instructions for additional requirements.)

Information Technology

Does this DP include funding for any IT-related costs, including hardware, software (including cloud-based services), contracts or IT staff?

☒ No

☐ Yes

Please download the **IT-addendum** and follow the directions on the bottom of the addendum to meet requirements for OCIO review. After completing the IT addendum, please upload the document to continue.