**To**: Cascadia Hearing School Board of Directors

From: Giovanna Arizpe

**Re**: Increasing Cascadia Hearing School Revenue Recommendations

Date: February 5, 2024

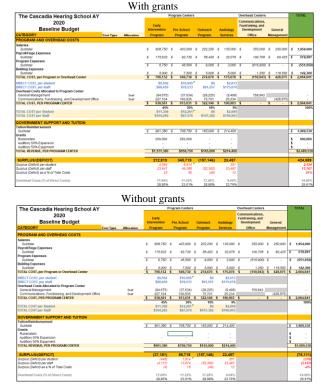
Cascadia Hearing School (**CHS**) depends on Rubenstein grants to supplement its revenue. Grant funding ends after 2022 and threatens CHS's continued operations. To create a surplus and avoid closure, CHS should increase Parent-Infant/Early Intervention Program (**PIEIP**) enrollment, increase Preschool Classroom Program (**PSCP**) enrollment, eliminate Outreach and Consultations (**OAC**), and expand its Audiology Program (**AP**). This change helps the greatest number of families and reinforces CHS's mission by providing centralized Auditory-Verbal therapy.

## **Background**

CHS's mission is to "Prepare deaf and hard-of-hearing (**DHH**) children to attend school with their normal-hearing peers." CHS provides the following government subsidized "wrap-around" services for DHH families to achieve this:

- 1) **PIEIP:** Pairs DHH families with a speech-hearing therapist.
- 2) **PSCP**: Maintains low enrollment classrooms with classes consisting of 80% subsidized DHH students and 20% "normal hearing" students who pay out-of-pocket to attend.
- 3) **AP**: Provides families of PIEIP and PSCP direct audiologist access to obtain hearing aids, cochlear implants, and testing.
- 4) OAC: Offers training, consulting, curriculum design to organizations outside of CHS.

In 2020, CHS's total surplus was \$424,889 including Rubenstein grants. CHS has a deficit of (\$75,111) without the grant assistance.



The potential for future deficits leaves CHS vulnerable to closure. **CHS must increase program revenue to account for the lapse of Rubenstein grants.** The following strategies ensure CHS's continuation:

## **Evidence**

Strategy 1: Expand PIEP and PCSP, Eliminate OAC, and Expand AP

		1	With g	rants					
The Cascadia Hearing School AY			Program Centers				Overhead Centers	1	TOTAL
2020							Communications,		
			Early				Fundraising, and		
Baseline Budget			Intervention	Pre-School	Outreach	Audiology	Development	General	
CATEGORY	Cost Type	Allocation	Program	Program		Services	Office	Management	
Students per year Full time Students			100	50		91			26
Part -Time Students			100	50					20
Staff									
Full-time Staff			10	6		2	. 5	3	21
Part -Time				5					
Square Footage			5,000	12,500		5,000	1,210	1,250	25,000
PROGRAM AND OVERHEAD COSTS									
Salaries									
Subtotel <sup>*</sup>			\$ 702,250	\$ 602,750		\$ 200,000	\$ 355,000	\$ 250,000	\$ 2,110,000
Payroll/Finge Expenses Subtotal			\$ 199,970	5 135.154		S 51.100	\$ 100.708	E 67.325	\$ 555,25
Program Expenses			0 199,010	8 130,134		. 31,100	8 100,700	01,020	3 000,EM
Subtotel .			\$ 7,500	8 77,500		\$ 103,000	\$ (616,900)	8 -	\$ (428.90)
Building Expenses									
Subfotel*			\$ 5,000	\$ 12,500		\$ 5,000		\$ 118,550	\$ 142,30
TOTAL COST, per Program or Overhead Center			\$ 914,720	\$ 828,904		\$ 359,100	\$ (159,943)	\$ 435,875	\$ 2,378,650
DIRECT COST, per student			\$9,147	\$8,289		\$3,946			1
DIRECT COST, per staff			\$91,472	\$75,355		\$179,550			1
Overhead Costs Allocated to Program Center									
General Management Communications, Fundralsing, and Development Office		Staff	(88,857) 242,153	(53,314) 145,292		(17,771) 48,431		(435,875)	-
TOTAL COST, PER PROGRAM CENTER		59.64	\$ 1,068,015	\$ 920,882		\$ 389,759		(4,35,875)	\$ 2,378,650
TOTAL COST, PER PROGRAM CENTER			45%	35%		16%		-	100
TOTAL COST per Student			\$10,680	\$9,209		\$4,283			100
TOTAL COST per Staff			\$106,802	\$83,717		\$194,880			
GOVERNMENT SUPPORT AND TUITION									
Tuition/Reimbursement									
Subtotal			\$ 1,086,000	\$ 1,466,250		\$ 291,200			\$ 2,843,45
Grants									\$ 500.000
Rubenstein			250,000	250,000		100,000			5 100,000
Auditory 50% Expansion Auditory 50% Equipment						100,000			\$ 100,000
TOTAL REVENUE, PER PROGRAM CENTER			\$1,336,000	\$1,716,250		\$491,200			\$3,543,45
			267.985	795.368		101.441			
SURPLUS/(DEFICIT) Surplus (Deficit) per aludent			267,985	795,368		101,441			1,164,794
Surplus (Deficit) per student Surplus (Deficit) per staff			26.798	7,954 72,306		50,720			4,00
Surplus (Deficit) per statr Surplus (Deficit) as a % of Total Costs			26,798	72,306		26			44,60
sepres (concept as a re-or real Code)			25			- 20			l **
Overfread Costs (% of Direct Costs)			16,76%	11.10%		8.54%			13.12
			28.48%	22.59%		25.55%			26.325

The Cascadia Hearing School AY			Program Centers				Overhead Centers		TOTAL
2020 Baseline Budget			Early Intervention	Pre-School	Outreach	Audiology	Communications, Fundraising, and Development	General	
CATEGORY	Cost Twe	Allocation	Program	Program		Services	Office	Management	
TOTAL COST, per Program or Overhead Center			\$ 914,720	\$ 828,904		\$ 259,100	\$ (159,943)	\$ 435,875	\$ 2,278,66
DRECT COST, per student DRECT COST, per staff			\$9,147 \$91,472	\$8,289 \$75,355		\$2,847 \$129,550			
Overhead Costs Allocated to Program Center General Hanasement				(53,314)		(17.771)	159.943		
Communications, Fundraising, and Development Office		Stati	(08,057) 242,153	(53,314) 145,292		(17,771)	159,943	(435,875)	
TOTAL COST, PER PROGRAM CENTER		CHAT	\$ 1,068,015			\$ 289,759	٠.	(430,070)	\$ 2,278.65
TOTAL CONTINUES CONTEN			42%	40%		135		•	100
TOTAL COST per Student			\$10,680	\$9,209		\$3,184			
TOTAL COST per Staff			\$106,802	\$83,717		\$144,880			
GOVERNMENT SUPPORT AND TUITION									
Tutton/Reimbursement Tutton Payment Service Beverue			:	393,750					\$ 393,75
County Funding			780,000						\$ 780.00
DEA - 85% Family Eligible			306,000						\$ 396,00
OPI - FT - 65%				585,000					\$ 585,00
QPI - PT - 65%				487,500					\$ 487,50
Insurance - 67% Subotal			\$ 1,085,000	8 1,466,250		291,200 8 291,200			\$ 291,20
Granta			8 1,000,000	\$ 1,400,230		0 291,200			3 2,043,40
Bulterostein									
Auditory 50% Expansion									\$ -
Auditory 50% Equpment									\$ -
TOTAL REVENUE, PER PROGRAM CENTER			\$1,005,000	\$1,466,250		\$291,200			\$2,843,4
SURPLUS/(DEFICIT)			17,985	545,368		1,441			564,79
Surplus (Deficit) per student			180	5,454		16			7,94
Surplus (Deficit) per staff			1,798	49,579		720			21,72
Surplus (Deficit) as a % of Total Costs			2	59		0			25
Overhead Costs (% of Direct Costs)			16.76%	11.10%		11.83%			13.78
			28.48%	22.59%		25.55%			26.52

Strategy 1's revenue and expenses are driven by higher enrollment and additional staff, increasing total revenue by \$739,905. Surplus amounts should be in a reserve to safeguard against reductions in government or insurance.

<u>Increasing PIEIP Enrollment and Staff</u>: Increasing enrollment to 100 increases the county's "per child" funding. The additional enrollment also increases IDEA eligible families and its respective funding. Both changes total \$184,620 in additional revenue compared to CHS's baseline budget.

CHS should hire an additional therapist to lower the ratio of 12 students a therapist to 10 students a therapist. This ensures a manageable student to therapist ratio and individualized student treatment. The increased expense from the additional hire is covered by PIEIP's revenue.

All program updates create a surplus of \$267,985 or \$17,985 without considering grants compared to CHS's original budget.

<u>Increasing PSCP enrollment:</u> Increasing total classroom size by 25 part-time, 25-full time (with 5 hearing students in both part-time and full-time classroom) generates \$757,500 more revenue compared to CHS's baseline budget. Additional DHH students provide more OPI funding per student. The doubled "normal hearing" students ensure twice as much out-of-pocket tuition payments.

The new enrollment requires an additional 2 full-time and 2 part-time employees and extra square footage space for classrooms (provided by OAC elimination). The increased \$279,175 of overhead costs (compared to the baseline budget) are covered by additional revenue creating a program surplus of \$795,368 or \$545,368 before grants usage.

<u>Eliminating OAC</u>: Eliminating OAC removes a \$(157,146) deficit from CHS's budget. The lead therapist redirects their work toward PIEIP and PSCP and increases the programs' salary costs by \$28,500 and \$23,750 respectively.

OAC's deficit demonstrates an overextension of CHS resources. By discontinuing the program, CHS establishes a narrowed focus toward preparing DHH and further fulling its mission.

<u>Expanding AP</u>: To accommodate CHS's increased enrollment, the AP should utilize the restricted Rubenstein grant to invest in its expansion. Hiring a billing assistant increases costs by \$184,023, compared to the baseline budget. However, if the Audiologist meets with 91 patients a month, with 15 from outside CHS programs, insurance reimbursements increase by \$76,800, compared to baseline budget. AP's renewed surplus is \$101,441 with grants, but roughly breaks even with a surplus of \$1,441 without future grant use.

Strategy 2: Expand PIEIP Enrollment, Eliminate Program Costs, Expand OAC and AP

			With	1 2	rants									
The Cascadia Hearing School AY			Program Cer	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			Overhead	Centers	_			TOTAL
2020									Communic					
Baseline Budget			Early	in .	Pre-School	0	utreach	Audiology	Fundraisir Develop		G	eneral		
CATEGORY	Cost Type	Allocation	Program		Program		rogram	Services	Offic	e		agement		
Students per year Full-time Students			1	00	25			89					Г	214
Part -Time Students Staff					25		-							25
Full-time Staff Part -Time				10	4		5	2	•	5	•	2		21
Square Footage			5,0	00	7,500		5,000	5,000		1,250		1,250		25,000
PROGRAM AND OVERHEAD COSTS														
Salaries Subtotal PayrolUFinge Expenses			\$ 673,7	50 \$	403,000	s	352,250	\$ 200,000	8	355,000	s	250,000	s	2,234,000
Subfotal			\$ 194,6	54 \$	92,730	8	100,195	\$ 51,100	8	100,708	\$	60,425	\$	599,811
Program Expenses Subtotal			\$ 7,5	00 \$	39,000	\$	4,000	\$ 103,000	\$ (	616,900)	Ş		\$	(463,40
Building Expenses Subtotal			8 50	00 S	7.500	2	5.000	s 5,000	8	1.250	8	118,550		142,30
TOTAL COST, per Program or Overhead Center			\$ 880,5			\$	461,445			159,943)	\$	428,975	\$	2,512,711
DIRECT COST, per student DIRECT COST, per staff			\$8, \$88,		\$10,845 \$77,461	•	\$0 \$92,289	\$4,035 \$179,550						
Overhead Costs Allocated to Program Center General Management		Stall	(76.1	63)	(30.465)		(38.082)	(15.233)		159.943				
Communications, Fundraising, and Development Office TOTAL COST, PER PROGRAM CENTER		Stall	\$ 1,009.0		81,710 593,474		102,137 525,500	40,855 \$ 384,722			5	(428,975)	\$	2,512,71
TOTAL COST, PER PROGRAM CENTER				15 3	593,474 24%	3	21%	\$ 384,722	,	_	,	-	3	100
TOTAL COST per Student TOTAL COST per Staff			\$10, \$100,		\$11,869 \$84,782	•	\$0 \$105,100	\$4,323 \$192,361						
GOVERNMENT SUPPORT AND TUITION														
Tuition/Reimbursement Subtotal			\$ 1,140.0	00 8	708.750		495,000	\$ 284,800						2,628,550
Grants				_		Ť	473,033	204,000					Ť	
Rubenstein Auditiory 50% Expansion			250,0	00	250,000			100.000					S	500,000
Auditiory 50% Equipment TOTAL REVENUE, PER PROGRAM CENTER			\$1,390		\$958,750	_	\$495,000	100,000					š	\$3,328,55
TOTAL REVENUE, PER PROGRAM CENTER			\$1,390,	100	\$958,750		\$495,000	\$484,800						\$3,328,55
SURPLUS/(DEFICIT)			380,98		365,276		30,500)	100,078						815,839
Surplus (Deficit) per student Surplus (Deficit) per staff			3,8		7,306 52,182		(6,100)	1,124						3,414
Surplus (Deficit) as a % of Total Costs				38	62		(6,100)	26						321
Overhead Costs (% of Direct Costs)			74.1 28.6		9.45%		13.88% 28.44%	7.14% 25.55%						11.991 26.851

The Cascadia Hearing School AY			Program Ce	enters				Ove	rhead Centers			TOTAL
2020 Baseline Budget			Early		Pre-School	Outreach	Audiology	Con	nmunications, draising, and evelopment	General		
CATEGORY	Cost Type	Allocation	Progra	m	Program	Program	Services		Office	Management		
TOTAL COST, per Program or Overhead Center			\$ 880	904	\$ 542,230	\$ 461,445	\$ 259,100	\$	(159,943)	\$ 428,975	\$	2,412,71
DIRECT COST, per student DIRECT COST, per staff Overhead Costs Allocated to Program Center				8,809 8,090	\$10,845° \$77,461	\$0 \$92,289						
General Management		Stoff	(78	163)	(30.465)	(38.082)	(15.233)		159.943			
Communications, Fundraising, and Development Office		SW	204	274	81,710	102,137	40,855			(428,975)		
TOTAL COST, PER PROGRAM CENTER			\$ 1,000	,015 1						\$ -	\$	2,412,7
				42%	25%	22%						10
TOTAL COST per Student				0,090	\$11,869	\$0						
TOTAL COST per Staff			\$10	0,902	\$84,782	\$105,100	\$142,361					
GOVERNMENT SUPPORT AND TUITION												
Tuition/Reimbursement												
Tultion Payment					196,875						5	196,8
Service Revenue				,000	-	495,000					5	549,0
County Funding				,000							5	780,
DEA - 85% Family Eligible			306								5	306,
OPI - FT - 65%				-	292,500	-					8	292,
OPI - PT - 65% Insurance - 67%					219,375		284 800				1	219, 284,
Insurance - 67% Subtotal			\$ 1,140	-	\$ 708,750	\$ 495,000	\$ 284,800	-			2	2,628,
Suprora			\$ 7,140	,000 3	\$ 700,750	\$ 490,000	\$ 204,000				,	4,020,
Ruhenstein											s	
Auditiony 50% Expansion											ı.	
Auditory 50% Equament											i	
TOTAL REVENUE, PER PROGRAM CENTER			\$1,14	0.000	\$708,750	\$495,000	\$284,800					\$2,628.
SURPLUS/(DEFICIT)			130,5		115,276	(30,500)	78					215,8
Surplus (Deficit) per student				.310	2,306		- 1					
lurplus (Deficit) per staff			13	.098	16,468	(6, 100)						7,
lurplus (Deficit) as a % of Total Costs				13	19	(6)	0					
Overhead Costs (% of Direct Costs)				56%	9.45%	13.88%	9,09%					12.

Strategy 2's ensures all programs are utilized. The strategy's revenue and expenses are driven by a combination of cost reduction, increased enrollment, higher reimbursement rates, and additional staff increasing revenue by \$390,950. Surplus amounts should be contributed to the OAC or held in a reserve.

<u>Increasing PIEIP Enrollment and institute "suggested" donations</u>: As mentioned in Strategy 1, additional enrollment increases yearly county and federal funding by \$184,620, compared to its baseline budget, and provides enough revenue for an additional therapist.

Additionally, the program should institute a "suggested donation" of \$45 a month for all families ([\$300\*\$15]/100). The payment is not mandatory and those able to pay can utilize the payment as a tax write-off. The total \$54,000 donation should be utilized to offset OAC's deficit. Any additional amount should be placed in a reserve.

This suggested donation could deter families from utilizing PIEIP service, fearing judgement from not affording the \$45 monthly suggested donation. Additionally, because of its suggestive nature, enforcement could be lax, lowering the predicted \$54,000 in revenue. This would not affect PIEIP but could constrain covering OAC's deficit.

Lower PSCP art supplies and teaching aids per classroom expense: PSCP 2020 baseline budget demonstrates that its current student count is sufficient to generate a surplus. Additionally, because parttime classes are half as long and utilize less supplies, the art and teaching aids should reduce its expense to average \$4,000 a class.

PSCP's surplus of \$356,276 (\$115,276 before grants) should be allocated toward OAC to cover its deficit. If OAC is covered by another program or has a remaining surplus, PSCP should place the remaining amount in a reserve to safeguard against potential reductions in funding.

Expand OAC: If CHS must have Consulting and educating outside organizations are, CHS should expand OAC and cut travel costs. Hiring additional consultants increases expenses by \$286,367 and increases revenue by \$126,646 compared to the baseline budget. Limiting travel to \$1,000 per consultant and utilizing online platforms for client meetings lowers program expenses by \$5,000 compared to CHS's baseline budget. Despite its revenue increase and cost reduction in, OAC will have a deficit of \$(30,500) and must rely on other programs to supplement its overhead costs and reduce CHS's reserves or ability to invest in its programs.

Expanding AP: AP should utilize the Rubenstein restricted grants to expand the program. The AP expansion increases baseline budget costs by \$184,023. The AP receives \$70,400 from additional insurance reimbursements and breaks-even, without grants dependence, by meeting with 89 patients a month, compared to the baseline budget.

With grants Baseline Budge 6,750 \$ S 5,000 S 12,500 \$ 5,000 S \$ 369,100 \$ 1,250 \$ 118,550 \$ 142,300 (169,943) \$ 436,876 \$ 2,046,870 \$ 901,380 \$ 836,719 \$ 297,600 \$ 2,035,6

Strategy 3: Increase PSCP enrollment, Eliminate OAC, and Expand AP

V	/ithou	ıt gran	ts
P	rogram Center	•	
	Early Intervention	Pre-School	Outrea
Secation	Program	Program	Progra
	\$ 829,947	\$ 550,590	

The Cascadia Hearing School AY		Program Center	*			Overhead Centers		TOTAL
2020 Baseline Budget		Early Intervention	Pre-School	Outreach	Audiology	Communications, Fundraising, and Development	General	
CATEGORY	Cost Tape Allocation	Program	Program	Program	Services	Office	Management	
TOTAL COST, per Program or Overhead Center		\$ 829,947	\$ 580,890		\$ 259,100	\$ (159,943)	\$ 435,875	\$ 1,945,87
DIRECT COST, per student DIRECT COST, per staff Overhead Costs Allocated to Program Center		\$9,999 \$92,216			\$2,786 \$129,550			
General Management	9.46	(95,966)	(42.651)		(21.326)	159.943		
Communications, Fundraising, and Development Office	SWI	261,525	116,233		58,117		(435,875)	-
TOTAL COST, PER PROGRAM CENTER		\$ 995,507			\$ 295,891		\$ .	\$ 1,945,87
		51%			15%			100
TOTAL COST per Student		\$11,994			\$3,182			
TOTAL COST per Staff		\$110,612	\$93,496		\$147,946			
GOVERNMENT SUPPORT AND TUITION								
Tuition/Reimbursement								
Tution Payment			196,875					\$ 196,87
Service Revenue		-	-					5 -
County Funding		647,400						\$ 647,40
DEA - 85% Family Eligible		253,980						\$ 263,98
OPI - FT - 65%			365,625					
OPI - PT - 65% Insurance - 67%			274,219		297,600			\$ 274,21
Subtotal		\$ 901.380	\$ 836,719		\$ 297,600			\$ 2,035,69
Grants		8 901,300	8 830,719		8 297,000			\$ 2,035,69
Rubenstein								
Auditory 50% Expansion								
Auditory 50% Equament								š -
TOTAL REVENUE, PER PROGRAM CENTER		\$901,380	\$836,719		\$297,600			\$2,035,65
SURPLUS//DEFICIT)		(94,127)	182.247		1,709			89.825
Surplus (Deficit) per student		(1.134)			1,709			89,823
Surplus (Deficit) per student		(10.459)			855			3.90
Surplus (Deficit) as a % of Total Costs		(10,459)			000			3,50
compress (premising sea or no or notific COSSS)		(9)	20					, ,
Overhead Costs (% of Direct Costs)		19.95%	12.67%		14.20%			16.52
		28.39%	22.29%		25 55%			26.50

Strategy 3's revenue and expenses are driven by increased enrollment and staff, lowering baseline cost by \$18,771 and providing \$335,060 less revenue. PIEIP deficit should be covered by other program surpluses.

<u>PIEIP remains the same:</u> PIEIP maintains its low student to therapist ratio ensuring individualized treatment. PIEIP's budget is unchanged with its \$155,873 surplus. However, without grant funding, PIEIP has a deficit of \$(94,127) and will need other programs' surpluses to cover its deficit.

<u>Increasing PSCP enrollment:</u> Increasing PSCP's enrollment to include an additional 10 part-time and full-time DHH students, reallocating lead therapist time toward PSCP and absorbing space from OAC, increases costs by \$31,161 compared to CHS's baseline budget. OPI reimbursements increase and provide additional revenue of \$127,969 compared to the baseline budget. PSCP creates a \$432,247 surplus, or \$182,247 before any grant contributions. Its surplus should cover PIEIP's with any additional amounts held in a reserve.

<u>Eliminating OAC</u>: OAC's baseline deficit is 50% of total costs and its service revenue cannot cover its costs. Eliminating this program ensures a centralized focus on community issues and prevents CHS from overextending its resources.

<u>Expanding AP</u>: AP should take advantage of the Rubenstein restricted grants. By having 93 patients per month, this strategy roughly breaks even without future grant reliance.

## **Conclusion:**

All proposed strategies consider each program's viability with and without grant funding. Surpluses without grant funding signify that the program can sustain itself once grants expire. Strategy 1 is recommended over all other strategies. Strategy 1's adjustments ensure that programs surpluses before grant usage. Strategy 1's reliance on government and insurance funding ensures CHS equitably provides services to DHH families that cannot otherwise afford treatment. CHS should place Strategy 1 program surpluses in a reserve to safeguard against potential reductions in government funding or insurance reimbursements.

Strategy 2 and 3 both create a CHS budget surplus. However, each strategy has a program relying on intraorganizational funding before grant use threatening CHS's continuation. Strategy 2 focuses on maintaining all programs, reducing program expenses, and expanding OAC. Consequently, OAC's expansion creates a deficit where PIEIP's "suggested donation," could cover, presuming all families pay. Strategy 3 eliminates OAC, but CHS's PIEIP remains unchanged. PIEP's grant reliance ensures future deficits with PSCP and AP covering its costs consequently reducing CHS's budget in half. Both strategies create issues and reinforce Strategy 1 as the best option for CHS.