Bay Area Rehabilitation Center
2013

Program Evaluation
(January 2013 – December 2013)

Submit for:

Board of Directors Review
March 26, 2014

United Way of Greater Houston

LIVE UNITED
United Way of Greater Baytown Area & Chambers County

The Mission of Bay Area Rehabilitation Center is to provide outpatient therapeutic, vocational, social skill training and recreational services for persons with disabilities or injuries and support services for their families. The Center also seeks to advocate for and work to provide accessible and affordable housing for this population.

Strategic Focus

Focus areas for 2014

I. Continue to enhance the community's knowledge regarding the variety of services offered and outcomes achieved at Bay Area Rehabilitation Center.

II. Quarterly reviews in all programs to monitor outcomes data regarding clients served and clinical services provided and make adjustments to client care or documentation as indicated.

III. Expand existing and develop new services available to the community beyond the traditional outpatient rehabilitation programs

IV. Continue to monitor regulatory changes to operations to minimize the impact of State changes related to future operations in all program areas

V. Begin to implement fully electronic medical records operations

In 2012, the Center received a new 3-year accreditation from CARF International and placed a renewed focus on the core business of providing rehabilitative therapy to those clients in need of Physical Therapy, Occupational Therapy, and Speech services. This was accomplished, and continues to proceed, using a highly targeted marketing effort to educate area physicians about the Center's available programs, restructure of the organizational management to allow the development of team leaders in all of the programs, and improvements to the intake and billing processes. The next survey will occur in Spring, 2015.

Programs offered

We provide rehabilitative services for clients from birth through all life stages in the following programs:

- **Adult Program** provides occupational, physical, speech therapy and social services to clients over the age of 21 years of age with rehabilitative needs. The program provides diverse treatment plans with the use of the aquatic setting and a large, well-equipped therapy gym.

- **Work Rehabilitation Program** provides pre–work screening for local companies, Functional Capacity Evaluations (FCE) and work hardening/ work conditioning program for injured clients.

- **Pediatric Program** provides occupational, physical, speech therapy and social services to clients under the age of 21 years of age with rehabilitative needs. Provides comprehensive evaluations and team approach to services provided.

- **Early Childhood Intervention Program** provides occupational, physical, speech therapy, nutrition, behavior intervention, social and developmental services offered in the child's natural environment for children ages 0 – 3 years of age. The focus of the program is family education and service coordination.

- **Opportunity Center Program** In May of 2007, with support of the Center Board of Directors and organizational membership, the Baytown Opportunity Center merged into the Bay Area Rehabilitation Center and is now known as the Opportunity Center Program. The Opportunity Center provides Vocational Rehabilitation programs to clients who have physical and mental disabilities.

In addition we offer:

- Assistive technology evaluations for active clients and community members to include: augmentative communication devices, orthotic devices and prosthetics.

- Aquatic Exercise classes for community members to participate in recreational aquatic exercise; classes offered three times per day.

- Accessible housing for the disabled at Rollingbrook Apartments in Baytown, at Paul Chase Commons in Houston (Clear Lake), the Woodlands, and in Pasadena, through an association with Accessible Space, Inc.

Bay Area Rehabilitation Center is CARF accredited in three of our programs.

- **Interdisciplinary Outpatient Medical Rehabilitation Programs (Adult program)**

- **Interdisciplinary Outpatient Medical Rehabilitation Programs (Pediatric Specialty Program)**

- **Child and Youth Services** Accreditation through our Early Childhood Intervention Program offered in the child's natural environment

Outcome Measurement Systems

The Center utilizes several outcome measurement systems to include:

- LIFEware system in the Adult Program
- WeeFIM system in the Pediatric Programs
- Battelle Developmental Inventory

Data is collected on each client at the time of initial evaluation, subsequent intervals and discharge during therapy sessions and at post discharge. The data collected is compared to national data of similar type of diagnosis. The analysis of the data allows the Center and each of its programs to identify areas of strength and areas that need improvements. We conduct a comprehensive review of each program and the services provided on a quarterly basis and implement changes as indicated.

Statistical Methodology: All statistical data is based on positive responses from clients. All surveys are designed to elicit a response for each question. A non-response on a survey is removed from the population used to develop the numerical outcome. Part of the ongoing survey effort is to obtain as much data as possible from each client in order to present a more accurate survey summary.

Continuous Quality Improvement System

The Center utilizes a continuous quality improvement system (CQI) to review established clinical indicators for each program to assure that we continue to provide quality care to the clients and their families. Data is collected on a monthly basis on specific indicators identified for each program. The Program Director reviews the data quarterly for each program and develops a program report summarizing the results with stated recommendations.

The reports with accompanying data is reviewed quarterly with the program staff, Center's management, Utilization Review Committee and the Board of Directors to address the report findings, recommendations made and develop a plan to implement the changes.

The information derived from each programs CQI report is used to address documentation issues, procedural safeguards, staffing issues and provide better outcomes for the clients served.

2013 Improvements at the Center

All of the programs at the Center have made improvements in:

- client/ family involvement with treatment planning
- providing more functional based services
- documentation of services provided

Significant improvements have been made to the facility, including nearly complete reconditioning of the aquatics facility.

Demographics of the clients served for rehabilitative services

Age Groups – There was a slight change in the combined age distribution of persons served in all age groups compared to 2012:

Age Groups		2005	2006	2007	2008	2009	2010	2011	2012	2013
0-3 years	Percentage of total population	64%	64%	67%	69%	74%	75%	64%	61%	63%
	Increase			3%	2%	5%	1%			2%
	Decrease	7%						11%	3%	
3-21 years	Percentage of total population	9%	9%	5%	9%	5%	6%	9%	10%	7%
	Increase				4%		1%	3%	1%	
	Decrease	7%		4%		4%				3%
21 +	Percentage of total population	27%	27%	28%	22%	23%	20%	27%	29%	24%
	Increase	16%		1%		1%		7%	2%	
	Decrease				6%		3%			5%

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013
Male	55%	62%	61%	62%	59%	60%	63%	63%	64%
Female	45%	38%	39%	38%	41%	40%	37%	37%	36%

Geographic Location	2005	2006	2007	2008	2009	2010	2011	2012	2013
*and surrounding communities									
Houston*	32%	26%	31%	34%	30%	37%	35%	34.5%	36%
Baytown	25%	26%	29%	31%	31%	31%	34%	34.5%	35%
Pasadena	20%	23%	23%	20%	23%	18%	17%	16.4%	15%
Crosby	13%	8%	7%	7%	7%	4%	5%	4.6%	5%
Channelview	7%	11%	5%	4%	5%	5%	5%	5.2%	5%
La Porte	4%	5%	3%	4%	4%	4%	4%	4.6%	4%

Ethnicity Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013
Caucasians	47%	40%	39%	38%	42%	38%	39%	39%	40%
Hispanics	42%	47%	43%	46%	46%	49%	47%	46%	45%
African Americans	10%	12%	12%	13%	11%	11%	12%	13%	13%
Asians	1%	1%	1%	1%	1%	1%	1%	1%	1%

Payer Sources	2005	2006	2007	2008	2009	2010	2011	2012	2013
Medicaid	43%	34%	34%	37%	39%	42%	42%	40.3%	34.5%
Insurance	36%	26%	22%	24%	22%	23%	26%	28%	22%
Early Childhood Intervention (state funding)	11%	20%	25%	22%	23%	21%	12%	9.3%	19%
Medicare	9%	5%	4%	3%	4%	4%	4%	4%	3.5%
Workman's Compensation	2%	3%	3%	2%	2%	1%	1%	1.3%	.24%
Other		12%	12%	12%	10%	9%	15%	17%	20%

Unduplicated count of clients served annually (excluding aquatics exercise)

	2005	2006	2007	2008	2009	2010	2011	2012	2013
	2364**	2577**	3067**	3321	3637	3519	2606	2567	2952
Increase	4.8	9%	19%	9%	9%				13%
Decrease						3%	26%	1.5%***	

** not including Opportunity Center Clients

*** Decrease over the past two years is largely attributable to mandated reductions in coverage in the State ECI program, other programs have shown increases or only a slight decrease over the same time frame

Client satisfaction

Center clients overwhelmingly reported that they were satisfied with services provided. Client satisfaction surveys are administered to every client at time of admission, established interims for long-term clients, and discharge. The data collected from the satisfaction surveys is analyzed to make program improvements.

Examples of the many positive comments received:

- Very caring, professional & compassionate. Would recommend to anyone. Thank you BARC!
- I was very impressed and will come back.
- Was more than I expected.
- Learned new and improved exercising and how to use body mechanics to limit stress on care giver.
- It was great. The service the staff it was great. Great people, therapists, treatment.
- Beautiful, clean pool. Lots of equipment.
- Appreciate the patience & professionalism from the techs that worked with me. Well satisfied.
- Have enjoyed my visits and will continue with exercises at home. Also will enroll in aquatics at least 1-2 times/week.
- I was very satisfied with the program and I thank everyone for being patient, kind and very helpful in my recovery.
- Love that the exercise could be made harder when they needed to be.

Suggestions received:

- Advertise better & with Dr's in area & Houston
- Suggestion - phone answering system that you can actually speak to in person
- More marketing of your wonderful services

Adult Program

Demographics

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013
Average Age	54	47	45	46	49	52	52	55	45

	2005	2006	2007	2008	2009	2010	2011	2012	2013
5 - 39 years	25%	37%	40%	35%	27%	21%	33%	37.5%	44%
40 – 59 years	42%	42%	41%	44%	46%	48%	40%	37%	33%
60 – 79 years	29%	18%	16%	19%	23%	25%	24%	22%	21%
80 - 90 years	4%	3%	3%	2%	4%	5%	2%	3.5%	2%

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013
Male	38%	61%	65%	62%	55%	52%	61%	62%	67%
Female	63%	39%	35%	38%	45%	48%	39%	38%	33%

Ethnicity Mix	2006	2007	2008	2009	2010	2011	2012	2013
Caucasians	74%	69%	71%	75%	77%	72%	68%	64%
Hispanics	15%	15%	14%	12%	12%	13%	15%	17%
African Americans	12%	14%	14%	11%	10%	10%	14%	15%

Payer Sources	2005	2006	2007	2008	2009	2010	2011	2012	2013
Insurance	61%	31%	31%	42%	43%	46%	38%	33%	26%
Medicare	28%	17%	14%	17%	20%	25%	19%	21%	14%
Workman's Compensation	6%	9%	11%	9%	10%	6%	6%	6%	1%
Other	5%	43%	44%	32%	27%	23%	37%	40%	59%

Unduplicated count of clients served annually

2005	2006	2007	2008	2009	2010	2011	2012	2013
554	752	1082	695	683	536	576	624	738

Average number of visits per client (Analysis of data-discharged therapy clients only, PWS not included)

2005	2006	2007	2008	2009	2010	2011	2012	2013
11.7	11.2	11.1	10.2	9.1	8.8	11.4	10.9	10.4

Service received (PWS clients not included)	2005	2006	2007	2008	2009	2010	2011	2012	2013
PT services only	73%	68%	62%	58%	57%	64%	65%	61%	69%
OT services only	19%	28%	35%	35%	35%	28%	25%	27%	22%
Combination OT, PT, ST	8%	4%	1%	7%	8%	8%	10%	12%	9%

Impairment Type	2009	2010	2011	2012	2013
Neurological Disorder	5%	19%	9%	4%	4%
Stroke	4%	3%	3%	5%	4%
Orthopedic Condition	66%	53%	50%	40%	47%
Musculoskeletal Disorder	14%	15%	19%	29%	18%
Other	11%	10%	19%	22%	27%

Adult Program – continued

Primary reasons for discharge	2005	2006	2007	2008	2009	2010	2011	2012	2013
Goals achieved	38%	33%	33%	28%	18%	12%	22%	17.5%	19%
Non-attendance	11%	8%	15%	17%	17%	7%	14%	18.7%	17%
Maximum benefit received	14%	11%	14%	18%	18%	26%	23%	34.6%	25%
Client or parent request	12%	11%	10%	13%	17%	13%	20%	20.6%	20%
Physician request	6%	4%	4%	3%	4%	3%	3%	4.6%	4%
Insurance Authorization					8%	5%	6%	3.7%	4%

Sample of diagnoses treated

Diagnosis		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	2006	17	38	55	12	73%	5% nonattendance	16% client/MD request
	2007	27	36	54	14	75%	8% nonattendance	11% client/MD request
	2008	27	28	52	7.6	70%	36% max. benefit	45% client/MD request
	2009	17	30	58	12	70%	15% max. benefit	9% client/MD request
	2010	26	41	54	9	79%	19% max. benefit	19% client request
	2011	14	19	55	8	54%	35% max. benefit	26% nonattendance
	2012	11	10	56	9	61%	39% max. benefit	28% client/MD request
	2013	21	21	60	7.7	57%	55% max. benefit	27% client request
Condition of the cervical region	2006	5	9	41	9	64%	28% nonattendance	7% client/MD request
	2007	2	13	62	9	73%	0% nonattendance	20% client/MD request
	2008	3	14	53	9	64%	60% max. benefit	20% client/MD request
	2009	5	5	59	12	70%	20% max. benefit	10% client/MD request
	2010	5	20	54	7.9	72%	5% max. benefit	21% client/MD request
	2011	3	4	51	7.5	80%	17% no contact	33% client request
	2012	0	3	50	5	20%	43% no contact	14% Ins authorization
	2013	5	13	57	9.7	61%	17% max. benefit	11% client request
Difficult in waking	2006	9	9	58	19	94%	5% max. benefit	
	2007	9	7	58	17	74%	13% Change in medical	6% MD request
	2008	12	18	54	12.9	91%	50% nonattendance	50% client request
	2009	5	11	67	13	56%	2% max. benefit	29% client request
	2010	11	19	62	16.8	77%	28% max. benefit	4% Illness
	2011	23	31	60	12.5	73%	30% max. benefit	24% client request
	2012	19	39	58	12.7	82%	55% max. benefit	29% no contact
	2013	5	17	59	10.4	68%	100% max. benefit	
Joint pain	2006	42	48	53	13	79%	9% max. benefit	3% client/MD request
	2007	44	55	47	12	89%	1% max. benefit	1% client/MD request
	2008	21	20	51	13.8	97%	100% max. benefit	
	2009	21	24	49	12	89%	4% non attendance	4% client request
	2010	16	33	52	11	82%	8% max. benefit	3% client request
	2011	17	25	53	13.5	85%	27% max. benefit	20% client request
	2012	28	23	57	12.8	81%	41% max. benefit	21% client request
	2013	29	34	53	10.4	70%	42% max. benefit	34% client/MD request
Joint stiffness	2006	30	27	47	15	94%	1% non attendance	1% client/MD request
	2007	28	17	49	14	93%	2% Change in medical	
	2008	9	6	51	13.1	100%		
	2009	7	1	51	10	88%	13% Moved from area	
	2010	3	7	60	9.2	70%		14% client request
	2011	9	17	56	11.5	58%	20% nonattendance	35% client request
	2012	20	24	55	11.4	71%	55% max. benefit	29% client request
	2013	20	21	58	10	68%	50% max. benefit	30% client request

Adult Program – continued

Client report at time of discharge	2005	2006	2007	2008	2009	2010	2011	2012	2013
Improvement in functional status	78%	81%	84%	84%	79%	72%	74%	77%	77%
Improvement in limitation of activities/ lifestyle	80%	80%	86%	86%	76%	74%	73%	77%	75%
Decrease in symptoms	87%	87%	92%	94%	91%	88%	87%	88%	85%

Average age for clients served in the adult program decreased from 55 years of age in 2012 to 45 years of age in 2013. 56% of the clients served were over the age of 40 and 44% were below the age of 40.

Average number of unduplicated count of clients served annually increased from 624 in 2012 to 738 in 2013. This could be attributed to a significant increase in Pre-Work screens from 237 in 2012 to 375 in 2013. Employers in the area have expanded their facilities and, as a result, have increased their employment numbers. The number of Pre-Work screens has increased steadily the last few years.

Average number of visits per client decreased very slightly from 10.9 in 2012 to 10.4 in 2013. Overall, this has remained fairly steady over a number of years varying by only as much as 1-2 visits.
Client reports at time of discharge continue to remain consistent over the last several years.
Client's length of admission and total number of visits is within the national norms for all 4 quarters of 2013 according to the LIFEware report.

In 2013, the center continued to focus on increasing marketing efforts. We plan to continue to move forward with our marketing efforts into 2014.

The adult team continued to evaluate all adult clients using the CORF requirements, to include review with the Medical Director and the Social Worker. This coordinated effort continues to result in a more comprehensive level of therapy for all adult clients seen at the Center. Those clients requiring a Social Service need were referred to the appropriate agency after coordination with the client.

Pediatric Program

Demographics

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013
Average Age in years	6.5	7	7	6.7	7	9	9	8.4	8.3

	2005	2006	2007	2008	2009	2010	2011	2012	2013
0 - 3 years	28%	1%	3%	4%	2%	0%	2%	1%	0%
3 + - 5 years	26%	30%	34%	30%	31%	23%	26%	28%	28%
5+ - 7 years	13%	24%	20%	29%	20%	21%	16%	16%	19%
7+	33%	45%	42%	37%	47%	56%	56%	55%	53%

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013
Male	59%	62%	68%	73%	62%	61%	62%	63%	64%
Female	41%	38%	32%	27%	38%	39%	38%	37%	36%

Ethnicity Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013
Caucasians	56%	48%	45%	45%	36%	40%	38%	36%	39%
Hispanics	34%	35%	41%	40%	48%	45%	45%	40%	35%
African Americans	10%	15%	13%	14%	13%	12%	13%	18%	22%

Payer Sources	2005	2006	2007	2008	2009	2010	2011	2012	2013
Insurance	56%	54%	51%	50%	47%	53%	47%	52%	49%
Medicaid	42%	45%	46%	49%	52%	45%	50%	47%	50%
Private Funding	2%	1%	3%	1%	1%	2%	3%	1%	1%

Unduplicated count of clients served annually

2005	2006	2007	2008	2009	2010	2011	2012	2013
195	185	152	161	157	184	181	211	171

Average length of admission (discharged clients only)

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Months	11.0	10.2	8.6	7.7	7.9	3.8	7.04	5.24	6.8
Increase					.2		3.24		1.56
Decrease	1.5	.8	1.6	.9		4		1.8	

Primary reasons for discharge	2005	2006	2007	2008	2009	2010	2011	2012	2013
Goals achieved/maximum benefit received	37%	26%	14%	21%	27%	33%	19%	27%	26%
Non-attendance	15%	15%	23%	16%	21%	24%	23%	33%	31%
Client or parent request	22%	22%	33%	19%	13%	22%	22%	17%	21%
Insurance Authorization					25%	14%	23%	9%	11%

Pediatric Program - continued

Average age for clients served in the pediatric program remained relatively consistent over the last few years ranging from 7-9 years of age.

Average length of admission in the pediatric program increased from 5.24 months in 2012 to 6.8 in 2013. There was a slight decrease in the rate of nonattendance as a primary reason for discharge from 33% in 2012 down to 31% in 2013. In the pediatric program, attendance continues to be our greatest challenge.

Unduplicated count of pediatric clients served annually decreased from 211 in 2012 to 171 in 2013. We could attribute this decrease to changes in the healthcare industry due to increased deductibles, co-pays and overall cost of insurance. The Center continues to focus on marketing efforts and transition of clients from the ECI program.

The pediatric program in 2013 indicated a higher rate of change in WeeFIM than the national average. This is indicative of successful therapeutic intervention at our facility.

Based on WeeFIM data, the majority of the clients served were in the following impairment groups: 56.6% in speech/language delay and 16.67% in disorders of attention.

WeeFIM Family Centered Feedback*: 4–always 3–frequently 2 – sometimes 1- never*

Average Interim/6 months intervals	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Did the staff discuss with you the expectations for your child?	3.8	3.9	3.7	3.7	3.8	3.9	3.9	3.8
Did the staff give you an opportunity to discuss your goals for your child?	3.8	3.9	3.7	3.8	3.8	3.9	3.9	3.9
Did the staff make you feel like a partner in your child's care?	4	4	3.9	3.9	3.9	3.9	4	3.9
Did you receive support from the staff to help you cope with the impact of your child's disability by advocating of your behalf?	3.4	3.6	3.4	3.4	3.6	3.8	3.8	3.7
Did the staff give you information about types of services in your community?	3.2	3.4	3.4	3.3	3.5	3.5	3.6	3.5
Did the staff satisfy your needs for family centered care?	3.7	3.9	3.7	3.7	3.9	3.8	3.9	3.8

WeeFIM Client Centered Feedback data continues to show consistently high ratings. Pediatric staff continues to focus on family education and involvement as a vital component of therapy. The staff continues to document a summary of progress at 2 month and 6 month intervals which is reviewed with the family regarding goals, progress, concerns and actions taken to address these concerns.

As with the Adult program, since 2006 the Center initiated the full spectrum of CORF services to all pediatric clients, to include regular review by the Medical Director and Social Worker.

Early Childhood Intervention (ECI) Program

Demographics

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013
Male	61%	62%	59%	61%	60%	61%	63%	63%	62%
Female	38%	38%	41%	39%	40%	38%	37%	37%	38%

Ethnicity Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013
Caucasians	29%	25%	26%	26%	33%	34%	28%	27%	31%
Hispanics	58%	61%	55%	58%	56%	53%	60%	61%	59%
African Americans	12%	11%	11%	11%	10%	11%	10%	10%	8%
Asian	1%	1%	1%	1%	1%	1%	2%	1%	1%
Other	.2%	3%	7%	4%	0%	0%	0%	1%	1%

Payer Sources	2005	2006	2007	2008	2009	2010	2011	2012	2013
Insurance	20%	21%	17%	19%	17%	18%	22%	26%	21%
Medicaid	63%	47%	46%	49%	51%	53%	59%	59%	49%
Other Funding	17%	32%	37%	32%	32%	28%	19%	15%	30%

Average Monthly Enrollment	2008	2009	2010	2011	2012	2013
	596	594	577	450	438	450
Increase	20%					2.6%
Decrease			3%	22%	3%	

Unduplicated count of clients served annually	2008	2009	2010	2011	2012	2013
	2279	2608	2609	1668	1564	1862
Increase	10%	13%				16%
Decrease				36%	6.7%	

Referrals	2008	2009	2010	2011	2012	2013
Monthly Average	160	176	195	125	119	149
Increase	10%	10%	10%			20%
Decrease				36%	5%	
Percentage Enrolled	35 %	32%	29%	35%	43%	28%
Increase				3%	8%	
Decrease	2%	3%	3%			15%

Early Childhood Intervention (ECI) Program - continued

Summary of Planned vs. Delivered data

	2008 Planned		2008 Delivered		2009 Planned		2009 Delivered		2010 Planned		2010 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall		3.4		1.9		3.2		2.3		3.1		2.2
****SST**	81%*	1.6	81%	1.6	77%*	1.7	77%	1.3	88%*	1.7	83%	1.4
OT	19%*	1.9	19%	1.9	23%*	2.1	35%	.72	20%*	1.9	64%	1.2
PT	16%*	1.6	16%	1.6	23%*	2.0	46%	.90	15%*	1.6	64%	1
ST	16%*	1.6	16%	1.6	25%*	2.0	46%	.93	19%*	1.9	54%	1
Nutrition	33%*	.5	33%	.5	17%*	.67	67%	.47	12%*	.6	85%	.5

	2011 Planned		2011 Delivered		2012 Planned		2012 Delivered		2013*** Planned		2013*** Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall		3.4		2.6		3.2		1.98		3.4		2.3
****SST**	86%*	2.0	80%	1.6	70%	1.9	66%	1.3	71%	1.9	69%	1.3
OT	25%*	1.8	67%	1.2	33%	1.6	72%	1.1	41%	1.4	66%	.95
PT	22%*	1.6	75%	1.2	25%	1.5	79%	1.2	28%	1.3	67%	.87
ST	38%*	1.8	61%	1.1	52%	1.2	74%	.85	56%	1.2	67%	.84
Nutrition	12%*	.6	83%	.5	14%	.59	90%	.53	20%	.63	89%	.56

* % of Population receiving a particular service **DS changed to SST in 2011 ***Data represents Jan-Nov

Average increase in each developmental area over a 12 month span of time from a random sample of infants/toddlers

	Express	Recep	GM	FM	Social	Self Help
2005	7.5	10.4	10.4	9.7	11.3	11.5
2006	9.3	10.3	9.3	9.4	11	10.6
2007	8.4	9.8	9.8	9.3	11	10.8
2008	9.0	10.2	10.5	9.7	11.2	10.5
2009	9.3	10.4	10.4	9.8	11.2	12.1
2010	10	11	11.4	10.9	12	11.5
2011	7.7	8.8	9.4	9.6	10.5	9.5
2012	11.6	11.1	13.5	14.4	12.1	13.2
2013	7.7	6.9	8.3	10.9	8.5	8.5

Analysis of data

Demographics

Gender: While unbalanced, the gender split of children serviced by the ECI program continues to hold steady with no significant shift. This same split is seen in programs in surrounding areas, as well as statewide, negating any hypothesis involving geographic location and gender makeup of ECI service recipients.

Ethnicity Mix: Caucasians continue to be underrepresented in contact and enrollment with regard to the total service area covered by the Bay Area Rehab ECI program. Without additional compilation and analysis of trends with regard to Caucasian patterns pertaining to how and where Caucasians are referred to and attend therapy, it is impossible to identify confounders related to achieving adequate representation.

Early Childhood Intervention (ECI) Program - continued

Payer Sources: Federal regulations indicate a goal of the ECI system is to target low socioeconomic status families and children for services. The expected fluctuation predicted in the 2012 Program Evaluation discussion of payer sources was seen in 2013. As family understanding of Medicaid requirements and associated documentation requirements increases, the Medicaid enrollment should stabilize, then continue upward. New revisions to the Federal Poverty Levels (FPL) confirm this projection. As the ACA requirements become effective, we will see a certain number of families move from ECI as a payer to Insurance or Medicaid as a payer. We are seeing a number of families stay on ECI as a payer due to lack of documentation of citizenship required for many insurances.

Average Monthly Enrollment: 2013 evidenced a steadier, if not slightly inflated, enrollment average around 450 as a result of high enrollment in the first calendar quarter and a contractual enrollment reduction. This average needs to increase to closer to 470 for the 2014 calendar year.

Unduplicated Count of Clients Served Annually: ECI referrals fluctuated wildly between children with mild or moderate developmental delay to a more severe, longitudinal expectation of developmental delay already evidenced by significantly affected patterns in health and activity. We welcomed any opportunity to serve the population and educate families, and as a result, many children evaluated did not qualify for services under the ECI requirements for enrollment.

Referrals: As a program, we saw an increase in referrals to ECI. However, a number of the referrals were not enrolled due to the child not having a significant enough delay (25% or more in any area, 33% or more if expressive language delay only) to qualify. Statewide, the percentage of referrals enrolled continues to trend toward the 30%-35% range.

Service Delivery Data

Planned vs. Delivered Data: The planned service data, by discipline, supports the contention that 2013 ECI enrollees were more severe and required more intense intervention. Historically, a higher percentage of children had SST (formerly referred to as Developmental Services) than the percentage of children with other therapies. Because SST focuses strictly on developmental issues, one would expect to see a decrease in utilization with a more severe enrollment and see an increase the utilization of other therapies. The data reflect this to be the case in 2013. There were also several barriers to delivery, impacting the average delivered hours. Family cancellations, child hospitalizations, vacations, and staffing issues all contributed to a 2.3 average. Contractual expectations establish a 2.6 average requirement, so 2014 should evidence a minimum monthly average of 2.6, resulting in a 2014 yearly average of no less than 2.6.

Improvement in Developmental Areas: The data reflect the increased severity of the children enrolled in ECI. With the types of medical conditions enrolled, many of the children, while achieving functional goals, do not see significant increases in all areas of development. Whereas in prior years, it was possible to enroll a child for lack of exposure, in 2013 it was not acceptable to enroll a child for this. Evidence supports that children exposed to developmental intervention and not otherwise delayed see sudden and substantial improvements.

Opportunity Center Program

Demographics

Age Groups	2007	2008	2009	2010	2011	2012	2013
15 - 18 years	1.9%	4.3%	5.2%	13%	2%	4%	3%
19 - 26 years	26.4%	38.3%	41.1%	30%	34%	45%	24%
27 - 45 years	41.5%	29.8%	35.5%	29%	47%	38%	40%
46 - 59 years	28.3%	24.5%	18.2%	24%	16%	13%	21%
60 + years	1.9%	3.1%	-	4%	1%	0%	12%

Gender	2007	2008	2009	2010	2011	2012	2013
Male	56.6%	52.1%	53.7%	65%	70%	62%	66%
Female	43.4%	47.9%	46.3%	35%	30%	38%	34%

Ethnicity Mix	2007	2008	2009	2010	2011	2012	2013
Caucasians	49.1%	53.7%	51.2%	58%	35%	44%	39%
Hispanics	22.6%	19.7%	21.8%	24%	30%	26%	24%
African Americans	28.3%	26.6%	27%	18%	35%	30%	37%

Payer Sources	2007	2008	2009	2010	2011	2012	2013
MHMRA 43/53	6%	6%	8%	10%	11%	7%	20%
ISD	1%	23%	25%	26%	21%	32%	18%
Private Pay	4%	4%	7%	3%	3%	9%	11%
Dads	7%	10%	13%	14%	25%	20%	17%
DARS	0%	24%	22%	23%	20%	22%	21%
Production	82%	33%	25%	24%	20%	10%	13%

Unduplicated count of clients served annually

2007	2008	2009	2010	2011	2012	2013
55	186	189	190	181	168	181

The Opportunity Center Program provides vocational training, day habilitation, case management youth transition, HCS (Home and community based services), and job placement services to individuals with mental, intellectual, developmental, audio and/or visual impairment, or physical disabilities.

SITE BASED PROGRAMMING (Includes Parks & Recreation, Production, Recycling and Custodial Training)

DESCRIPTION - The Opportunity Center Program is a division of Bay Area Rehabilitation Center. The program and its components provide vocational training and placement services to adults with disabilities in East Harris County and the surrounding areas. Persons with mental, intellectual, developmental, vision impairment, or physical disabilities enroll in programs. The goal is to enhance work habits, promote social skills, and provide vocational skills needed to become qualified employees to community employers. Program participants can receive site-based services to overcome barriers to independent living and/or employment and to succeed socially in the community. Services include day habilitation, vocational training and youth transition programs. In addition services are provided for those individuals living with their families, in their own home or in other community settings. Services are designed to help individuals to secure and maintain employment and become productive members of their communities.

DISCUSSION-Measurement was based on the following outcome rating. Staff administered a pre/post assessment to 181 participants upon admission and quarterly. Results indicated that 56%, 102 of 181 participants were able to identify and complete Vocational Skills.

Opportunity Center Program - continued

CAREER DEVELOPMENT TEAM (CDT)

DESCRIPTION-The Career Development Team (CDT) provides employment services to individuals as they prepare for pre-employment training and transition into competitive employment in the community. These services assist participants with self-determination and self-advocacy by focusing on each individual's interests, strengths and barriers; and by assisting them with locating, obtaining and retaining a job of their choice.

Services for Department of Rehabilitation Services (DRS) and Division for Blind Services (DBS) include:

- **DRS:** Personal Social Adjustment Training (PSAT), Work Adjustment Training (WAT),, Job Placement, and Supported Employment
- **DBS:** Work Adjustment Training (WAT), Job Placement, and Supported Employment

DISCUSSION-Measurement was based on the following outcome rating: Of the 39 total unduplicated consumers served, 23 were eligible for case closure. Staff conducts an interview with participants and their supervisor upon reaching 90 days on-the-job to determine if Job Stability has been reached. Job Stability was reported by 59%, 23 of 39 participants. CDT program will be the focus this year on improving the number is individuals hired for completive employment.

YOUTH TRANSITION TO ADULT PROGRAM (YTAP)

DESCRIPTION-YTAP provides vocational training services to transition aged students (17-22 years of age) as they learn vocational skills and appropriate workplace behaviors. Classroom instruction time, training time and supports are provided to eliminate and/or accommodate barriers to employment, which may limit an individual's ability to perform meaningful paid or competitive employment.

DISCUSSION-Measurement was based on the following outcome rating. Through pre/post assessment students gained knowledge of job readiness skills, and money management. Results indicated that 80%, 26 of 32 students assessed were able to identify the competencies of the assessment.

HCS PROGRAM DEVELOPMENT

DESCRIPTION-In 2009 Bay Area Rehabilitation Center added the Texas Department of Aging and Disabilities Services-HCS Program. The Home and Community Based Services (HCS) Program provides individualized services and supports to persons with developmental disabilities, who are living with their family, in their own home or in other community settings. Services include: case management, adaptive aids, minor home modifications, counseling and therapies (includes audiology, speech/language pathology, occupational or physical therapy, dietary services, social work, and psychology), dental treatment, nursing, supported home living, foster/companion care, supervised living, residential support, respite, day habilitation and supported employment.

This comprehensive program includes full and part time staff. Staff will be recruited through various media outlets and will require specific training annually. Office space, office supplies, additional telephone lines and phones, computers, and other adaptive technology will be needed to support this program, as well as, training that includes cross training of existing staff, external training, and community resource training.

DISCUSSION-Program currently service 25 clients and employs 1 full-time staff. HCS program is a choice program so as individual transfers to our program this will increase our numbers.

Select Organizational Information

2013 Financial Information (unaudited)

Revenues

Income generated from Operational Sources	$4,923,862
Contributions and Bequests	478,232
Total Revenues	$5,547,242

Expenses By Department

Pediatric Therapy	$3,196,445
Adult Therapy	430,453
Aquatic Program	112,580
Opportunity Program	1,118,643
General & Admin	709,320
Fund Development	55,506
Total Expenses	$5,622,948
Net Surplus/(Loss)	($220,853)
End of Year Net Asset Balance	$3,274,203

2013 Board of Directors

Virginia Chase, Chairman
Shirlyn Cummings, Vice Chair
Barry James, Secretary
Lynne Foley, Secretary
James J Bernick, MD, Director
Sam Springer, Director
Gary S Englert, Director
Doug Walker, Director
John C Mabry, Director
Gary Yeoman, Director

Mark A Alexander, Executive Director, Ex Officio Board Member

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ACKNOWLEDGEMENT
Receipt of Annual Program Evaluation Report

Bay Area Rehabilitation Center is a CARF-Accredited organization committed to continually improving our organization and service delivery to the persons served. Program Evaluation data is collected and information is used to manage and improve service delivery as well as inform the staff and other stakeholders about the Center and ongoing operations.

On _____, I received the **2013 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

_____ _____

Employee Signature Date

_____

Employee Printed Name