

Bay Area Rehabilitation Center 2019

Program Evaluation (January 2019 – December 2019)

Submit for:

**Board of Directors Review
March 25, 2020**



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 2020

- I. Continue to enhance the community's knowledge regarding the variety of services offered and outcomes achieved at Bay Area Rehabilitation Center.
- II. Expand and fully develop the Autism Program begun in late 2019.
- III. Investigate, develop, and implement one major area of program expansion for each organizational program.
- IV. Obtain and operationalize new Medicare and Medicaid licensure status

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.
- **Autism Program** provides specialized therapy services, autism-specific behavioral programs, support, and training to individuals and families of individuals diagnosed on the autism spectrum.
- **Pediatric Program** provides occupational, physical, speech therapy and social services to clients up to 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 or assist with:

- 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.

Outcome Measurement Systems

The Center utilizes several outcome measurement systems to include:

- LIFEware system in the Adult Program
- Outcome measurement in the Pediatric Program
- Battelle Developmental Inventory in the ECI Program
- Annual Client Surveys in the Opportunity Center Programs

Data is collected on each client at various times in each program, typically upon entry into the program or the initial evaluation, with subsequent measures taken based on timing/length of stay and in most cases immediately prior to or at discharge from the program. When possible, such as with LIFEware and Battelle, the data collected is compared to national data of similar type of diagnosis. In the other programs we make internal and historical comparisons. 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.

2019 Improvements at the Center

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

- Compliance with organizational and regulatory timelines
- Enhanced marketing efforts via more fluid website activity as well as an improved Facebook and social media presence

Increase to the reserve fund via Board Designated Assets

Demographics of the clients served for all services

Age Groups – There was a slight change in the combined age distribution of persons served in all age groups compared to 2018.

Age Groups	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
0-2 years	74%	75%	64%	61%	63%	65%	62%	67%	69%	75%	71%
3-20 years	5%	6%	9%	10%	7%	9%	11%	8%	7%	6%	9%
21 +	23%	20%	27%	29%	24%	26%	27%	25%	24%	19%	20%

Percentage of total population

Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	59%	60%	63%	63%	64%	64%	63%	63%	61%	62%	64%
Female	41%	40%	37%	37%	36%	36%	37%	37%	39%	38%	36%

Geographic Location	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Houston*	30%	37%	35%	34.5%	36%	36%	38%	41%	36%	41%	37%
Baytown	31%	31%	34%	34.5%	35%	34%	32%	28%	33%	29%	35%
Pasadena	23%	18%	17%	16.4%	15%	18%	18%	18%	16%	16%	15%
Crosby	7%	4%	5%	4.6%	5%	4%	3%	4%	4%	5%	6%
Channelview	5%	5%	5%	5.2%	5%	4%	5%	5%	6%	6%	4%
La Porte	4%	4%	4%	4.6%	4%	4%	4%	4%	5%	4%	3%

*and surrounding area

Ethnicity Mix	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Caucasians	42%	38%	39%	39%	40%	42%	40%	39%	39%	48%	42%
Hispanics	46%	49%	47%	46%	45%	45%	48%	50%	52%	44%	48%
African Americans	11%	11%	12%	13%	13%	11%	11%	10%	7%	7%	9%
Asians	1%	1%	1%	1%	1%	2%	0%	0%	2%	0%	.43%

Payer Sources	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
by client											
Medicaid	39%	42%	42%	40.3%	34.5%	29%	45%	35%	48%	56%	52%
Insurance	22%	23%	26%	28%	22%	21%	19%	23%	21%	24%	19%
ECI (state funding)	23%	21%	12%	9.3%	19%	14%	12%	23%	15%	7%	14%
Medicare	4%	4%	4%	4%	3.5%	3%	3%	3%	3%	2%	3%
Workman's Comp	2%	1%	1%	1.3%	.24%	1%	1%	1%	1%	1%	.52%
Industrial Contracts							13%	7%	5%	5%	4.5%
Other	10%	9%	15%	17%	20%	31%	5%	7%	6%	5%	5%

Unduplicated count of clients served annually (excluding aquatics exercise)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	3637	3519	2606	2567	2952	3305	3081	2925	2862	3562	3280
Increase	9%				13%	11%				20%	
Decrease		3%	26%	1.5%			7%	5%	2%		8%

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 in 2019:

- ❖ Everyone has been so friendly and caring! That is why I will always come back here if I have a need.
- ❖ This was an answer to prayer! Wonderful care for now and progressing my health in the future. I can't say enough praise for staff and facilities.
- ❖ This was an uplifting and very positive experience for me. I am pain free and have a much better range of motion. Thank you to my caring and skilled therapists.
- ❖ Everything has been great! It has been one of the smoothest experiences with a medical related facility that we have encountered.
- ❖ You are an outstanding facility. All staff was kind, friendly, and informative. You are doing a great job.
- ❖ Very detailed, organized, and professional.

Suggestions received:

- ❖ Possibly accepting Saturday AM appointments
- ❖ More toys to keep the kids entertained in the waiting room
- ❖ Serve snacks!
- ❖ Don't let there be too much gap between sessions & insurance authorizations.
- ❖ Advertise

Adult Program

Demographics

Age Groups	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Average Age	49	52	52	55	45	43	42	46	49	49	50
5 - 39 years	27%	21%	33%	37.5%	44%	46%	52%	41%	32%	29%	32%
40 – 59 yrs	46%	48%	40%	37%	33%	33%	27%	31%	37%	43%	35%
60 – 79 yrs	23%	25%	24%	22%	21%	20%	19%	25%	28%	25%	30%
80 - 90 yrs	4%	5%	2%	3.5%	2%	1%	2%	3%	3%	3%	3%
Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	55%	52%	61%	62%	67%	67%	67%	57%	60%	59%	57%
Female	45%	48%	39%	38%	33%	33%	33%	43%	40%	41%	43%
Ethnicity											2019
Mix	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
Caucasians	75%	77%	72%	68%	64%	58%	59%	60%	62%	62%	52%
Hispanics	12%	12%	13%	15%	17%	21%	22%	20%	20%	19%	27%
African Americans	11%	10%	10%	14%	15%	19%	17%	18%	14%	16%	19%
Payer Sources, by client	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Insurance	43%	46%	38%	33%	26%	22%	22%	32.5%	39.3%	30%	32%
Medicare	20%	25%	19%	21%	14%	13%	12%	17%	18.2%	16%	20%
Workman's Comp	10%	6%	6%	6%	1%	3%	3%	3.5%	4.5%	3.8%	3%
Employer Other							54%	35.8%	28.2%	36.4%	33%
Medicaid	27%	23%	37%	40%	59%	61%	8%	1%	.8%	.64%	1%
								10.4%	9.1%	12.7%	11%
Unduplicated count of clients served annually (excluding aquatics exercise)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	683	536	576	624	738	746	722	548	507	472	451
Average number of visits per client (Analysis of data-discharged therapy clients only, PWS not included)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	9.1	8.8	11.4	10.9	10.4	10.2	10.0	9.4	10.1	10.3	7.7
Service received (PWS clients not included)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
PT only	57%	64%	65%	61%	69%	71%	70%	72%	68.4%	73%	72%
OT only	35%	28%	25%	27%	22%	22%	18%	19%	21.4%	15.7%	12%
ST only							4%	2.2%	3.3%	4%	8%
PT, OT, ST	8%	8%	10%	12%	9%	7%	8%	2.5%	1.7%	2.3%	2%
Other Comb								4.2%	5.2%	5%	6%

Adult Program – continued

Impairment

Type	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Neurological	5%	19%	9%	4%	4%	12%	16%	5%	1.9%	4.8%	5%
Stroke	4%	3%	3%	5%	4%	2%	2%	2%	.97%	3%	2%
Orthopedic	66%	53%	50%	40%	47%	30%	27%	31%	28.7%	54.2%	45%
Musculoskeletal	14%	15%	19%	29%	18%	19%	39%	47%	63.9%	29.9%	21%
Arthritic							8%	11%	.65%	1.1%	0%
Other	11%	10%	19%	22%	27%	37%	8%	4%	2.6%	7%	17%

Client report at time of discharge

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Improvement in functional status	79%	72%	74%	77%	77%	82%	67%	80%	82%	77%	74%
Improvement in limitation of activities/ lifestyle	76%	74%	73%	77%	75%	84%	48%	76%	83%	78%	84%
Decrease in symptoms	91%	88%	87%	88%	85%	93%	58%	85%	86%	78%	74%

Primary reasons for discharge

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Goals achieved	18%	12%	22%	17.5%	19%	18%	25%	23%	27.6%	23.2%	24%
Non-attendance	17%	7%	14%	18.7%	17%	18%	18%	25%	24.2%	28.3%	26%
Maximum benefit	18%	26%	23%	34.6%	25%	14%	21%	16%	15.8%	11.8%	8%
Client/parent request	17%	13%	20%	20.6%	20%	31%	21%	19%	17.5%	21.3%	22%
Physician request	4%	3%	3%	4.6%	4%	3%	5%	4%	4.7%	3.2%	4%
Insurance Authorization	8%	5%	6%	3.7%	4%	7%	7%	10%	5.7%	9.4%	8%
Change in Medical Status								3.8%	4.4%	2.8%	8%

Diagnosis Sample of diagnoses treated		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	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	211	21	60	7.7	57%	55% max. benefit	27% client request
	2014	13	20	54	10.3	70%	16% max. benefit	66% client/MD request 1/6
	2015	2	14	47	4.9	18%	18% max. benefit	36% client request
	2016	30	34	54	10.1	73%	20% max. benefit	17% client request
	2017	32	44	58	9.9	69%	36% nonattendance	36% client request
	2018	25	52	56	9.2	73%	41% nonattendance	29% client request
2019	34	49	58	7	62%	34% nonattendance/compl.	26% client request	

Adult Program – continued

Diagnosis Sample of diagnoses treated		Male	Female	Average Age	Average Visits	Improvement in functional status	Cause for lack of improvement	
Condition of the cervical region	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
	2014	3	4	54	10.3	100%		
	2015	3	5	55	7.5	50%	33% Illness	66% client/MD request
	2016	7	11	57	9.4	67%	28% max. benefit	20% client request
	2017	5	6	61	9.6	82%	50% nonattendance	50% Goals achieved
	2018	4	1	58	8.3	71%	25%% no contact	50% client/MD request
2019	9	18	59	7.5	73%	33% nonattendance	33% max. benefit	
Difficult in waking	2007	9	7	58	17	74%	13% Change in medical status	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	
	2014	22	31	54	10.1	60%	33% nonattendance	33% client request
	2015	19	37	56	10.9	72%	27% max. benefit	33% client request
	2016	19	30	57	15.6	94%	27% max. benefit	14% Insurance Authorization
	2017	21	28	57	13.1	92%	50% Change in medical status	25% nonattendance
	2018	9	20	59	12.2	89%	33% nonattendance	33% client request
2019	10	27	60	9.5	76%	38% nonattendance	25% Change in medical status	
Joint pain	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
	2014	22	38	54	10.2	68%	20% max. benefit	20% client/MD request
	2015	18	37	56	10.9	69%	25% max. benefit	38% client request
	2016	16	38	56	11.5	83%	26% max. benefit	17% client request
	2017	9	14	60	11.4	100%		
	2018	8	26	55	9.6	80%	33% nonattendance	33% client request
2019	16	24	56	7	79%	42% nonattendance	42% client request	
Joint stiffness	2007	28	17	49	14	93%	2% Change in medical status	
	2008	9	6	51	13.13	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
	2014	8	6	54	10.2	91%	9% max. benefit	
	2015	9	4	54	12.3	90%	9% max benefit	9% client request
	2016	10	8	58	13.2	89%	17% max benefit	22% Insurance Authorization
	2017	31	14	54	13.6	89%	60% nonattendance	20% Insurance Authorization
	2018	25	27	57	11.6	85%	42% nonattendance	42% client request
2019	12	21	53	9.6	83%	50% nonattendance/compl.	25% Insurance Authorization	

Adult Program – continued

The average age for clients served in the adult program has steadily grown with 50 years of age being the average in 2019 compared to 49 years in 2018. Of those seen in 2019, 68% of the clients were 40 years old or older while 32% were below the age of 40. Referrals have increased from 266 in 2018 to 302 in 2019 but still below the levels prior to 2018. The overall census declined in 2019 to 451 compared to 472 counted in 2018 which can be related to the fewer number of work rehab evaluations performed in 2019 (146 compared to 214 in 2018).

The average number of visits per client decreased by 2.6 from 10.3 in 2018 to 7.7 in 2019 for therapy clients only. This improved efficiency of therapists to complete the client's program in less number of visits is backed up by LIFEware data reporting the average total of visits at discharge being lower at this facility compared to the national average throughout 2019. The rate of unplanned discharges compared to planned discharges was high in the beginning of 2019 but demonstrated improvement by the last 2 quarters indicating better effort of the therapist to meet the client's needs in preparation for discharge. In 2019, 84% of clients reported an improvement in limitation of activities/lifestyle at the time of discharge compared to 78% in 2018. The impairment type of clients in 2019 remained mostly the same as in 2018 but with less orthopedic & musculoskeletal and more classified as "other" indicating more of a case mixture in 2019.

Clients discharged from services with goals achieved increased from 23.2% in 2018 to 24% in 2019 but there was still a problem of clients being discharged due to non-attendance. However, this decreased in 2019 to 26% compared to 28.3% in 2018 indicating improved client attendance. Discharges due to client/parent request or change in medical status increased from 21.3% and 2.8% in 2018 to 22% and 8% in 2019 respectively. This largely occurs when the client/parent decides they have met their goals and feel they no longer require therapy, or they have opted for surgery.

The adult team continued to evaluate all adult clients using 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	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Average Age	7	9	9	8.4	8.3	8.4	9.1	8.1	8.2	8.4	7.6
0 - 2 years	2%	0%	2%	1%	0%	1%	0%	1%	0%	0%	.8%
3 - 4 years	31%	23%	26%	28%	28%	31%	33%	35%	30%	30%	34%
5 - 6 years	20%	21%	16%	16%	19%	15%	16%	14%	20%	20%	21%
7+	47%	56%	56%	55%	53%	53%	51%	50%	50%	50%	45%
Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	62%	61%	62%	63%	64%	67%	62%	63%	65%	64%	66%
Female	38%	39%	38%	37%	36%	33%	38%	37%	35%	36%	34%
Ethnicity Mix	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Caucasians	36%	40%	38%	36%	39%	32%	32%	36%	39%	40%	34%
Hispanics	48%	45%	45%	40%	35%	47%	47%	39%	46%	47%	48%
African Americans	13%	12%	13%	18%	22%	15%	16%	20%	12%	11%	16%
Other								5%	4%	2%	2%
Payer Sources, by client	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Insurance	47%	53%	47%	52%	49%	40%	33%	39%	33%	39%	36%
Medicaid	52%	45%	50%	47%	50%	56%	63%	55%	63%	56%	60%
Private Funding	1%	2%	3%	1%	1%	4%	4%	6%	4%	4%	4%
Unduplicated count of clients served annually	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	157	184	181	211	171	211	223	205	191	217	247
Average length of admission (discharged clients only)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Months	7.87	3.83	6.96	5.16	6.71	5.3	5.3	5.65	5.62	5.74	8.13
Change	.25	-4.04	3.13	-1.80	1.55	-1.41	0	.35	-.03	.12	2.39
Service received (PWS clients not included)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
PT only	25%	31%	28%	23%	22%	26%	28%	29%	27%	21%	
OT only	14%	9%	12%	14%	10%	10%	7.8%	6%	10%	9%	
ST only	36%	28%	31%	30%	42%	42%	38.5%	37.7%	41%	45%	
PT, OT, ST	25%	32%	29%	32%	26%	22%	1.46%	3.7%	3%	6%	
Other Comb							23.9%	23%	19%	19%	
Average number of visits per client	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
	12.3	24.6	16.4	22.4	57.6	21.5	26	23.8	27.5	32.4	

Pediatric Program - continued

Impairment Type	2014	2015	2016	2017	2018	2019
Neurological	6%	5%	4%	3%	4%	4%
Congenital/ Developmental	38%	45%	55%	57%	52%	43%
Orthopedic	13%	14%	12%	3%	27%	19%
Musculoskeletal	6%	19%	23%	36%	9%	13%
Acquired Brain Injury	1%	8%	4%	1%	1%	0%
Other	8%	10%	2%	1%	7%	21%

Average increase in each developmental area over a 12 month span of time

	2015	2016	2017	2018	2019
All Areas	10%	9.7%	13%	10.9%	10.3%
PT	24%	-1%	-2%	15.1%	13.2%
OT	7.5%	12%	18.2%	18.7%	17.5%
ST	6.8%	9.7%	11.2%	7.3%	7.4%

Primary reasons for discharge

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Goals achieved/ Max Benefit	27%	33%	19%	27%	26%	26%	35%	39%	25%	25%	24%
Non- attendance	21%	24%	23%	33%	31%	35%	35%	19%	36%	27%	34%
Client/parent request	13%	22%	22%	17%	21%	23%	14%	19%	29%	26%	26%
Insurance Authorization	25%	14%	23%	9%	11%	11%	11%	7%	6%	12%	12%

The average client's age in the pediatric program declined to 7.6 in 2019 compared to 8.4 in 2018 with less number of clients in the 7+ age group and more in the 3-4 year old group. The census of unduplicated pediatric clients continues to increase from 217 in 2018 to 247 in 2019. This includes an increase in ST clients (from 41% to 45% in 2019) and in combined PT, OT, ST clients (from 3% to 6% in 2019) while we continue to focus on marketing efforts and transition of clients from the ECI program.

Referrals improved from 157 in 2018 to 194 in 2019 resulting in 243 evaluations in 2019 compared to 163 in 2018. This has resulted in an increase in the average number of clients enrolled from 78.0 in 2018 to 82.08 in 2019 with an increase in the average number of visits per client from 27.5 to 32.4 in 2019. The average length of admission in the pediatric program grew significantly from 5.74 months in 2018 to 8.13 in 2019 and this is linked to the increase of ST and OT clients who are traditionally seen for longer periods of time.

The impairment type in 2019 has remained mostly comparable to 2018 with the majority still considered to be Congenital/Developmental delay but there was a sharp increase in the "Other" classification from 7% in 2018 to 21% in 2019. This could be related to a redefinition of impairment type classification or it could be related to the increase in referrals bringing in other types of impairments previously not classified. Reasons for discharges have also remained comparable to 2018 with the exception of an increase in Non-attendance from 27% to 34% in 2019.

Pediatric Program - continued

The Pediatric Outcome Survey measures the client's development from initial evaluation to discharge. There was a decrease in this measurement in PT, from 15.1% in 2018 to 13.2% in 2019, and in OT as well, from 18.7% in 2018 to 17.5% in 2019. There was only a slight decrease of developmental measurement in the All Areas Combined category which decreased from 10.9% in 2018 to 10.3% in 2019. This change can be attributed to clients already presenting at high levels of function leaving only minimal room for improvement. Pediatric staff continues to focus on family education and involvement as a vital component of therapy. The staff document a summary of progress at 2 and 6 month intervals which is reviewed with the family regarding goals, progress, concerns and actions taken to address these concerns.

Autism Program

Demographics

Age Groups **2019**

Average Age	5.1
0 - 2 years	27%
3 - 4 years	26%
5 - 6 years	16%
7+	31%

Gender **2019**

Male	80%
Female	20%

Ethnicity

Mix **2019**

Caucasians	55%
Hispanics	31%
African Americans	14%
Other	0%

Payer Sources, by client

2019

Insurance	40%
Medicaid	56%
Private Funding	4%

Unduplicated count of clients served annually

2019

55

Service received

2019

PT only	0%
OT only	7%
ST only	22%
PT, OT, ST	5%
Other Therapy	45%
Only Comb	
ABA only	6%
AQ only	2%
ABA other comb	13%

Autism Program - continued

Average increase in each developmental area over a 12 month span of time 2019

All Areas	
PT	0%
OT	23.8%
ST	12%

Analysis of data

Demographics

Gender: The gender distribution of the clients served by the Autism program indicates a higher diagnosis rate in the male pediatric population, as well as a higher enrollment rate for the male population. While Autism is more prevalent in males, evidence supports a 3:1 ratio of diagnosis rather than the 4:1 previously held, gender ration standard. Newer studies suggest females have been historically not considered for an F84.0 diagnosis due to perceptions related to Autism being primarily a condition diagnosed in males.

Ethnicity Mix: The epidemiology of Autism is reflected in the ethnicity mix of the Bay Area Autism program population. ASD prevalence is reported to be highest in Caucasians, highly variable in Asian populations, and diagnosed as a comorbid condition in Hispanic and African-American children. Potential influencing factors include access to care and cultural considerations related to pursuance of a diagnosis.

Payer Sources: Texas commercial insurance mandates requiring coverage for Autism-related services contribute to a high private insurance percentage. While Medicaid is currently in the process of setting rates for ABA coverage, because Medicaid covers other therapies, this percentage is expected to hold and likely increase once ABA is paid by Medicaid sometime in late 2020/early 2021.

Unduplicated Count of Clients Served Annually: This the inaugural report for the Autism program, having only started as of September 3, 2019. It is highly expected for there to be a significant increase in the number of clients served at the next annual reporting period.

Services Received: The percentage of clients receiving ABA in addition to occupational and speech therapies is expected to sharply increase once Medicaid begins reimbursing for ABA services. This process is expected to begin sometime in late 2020/early 2021.

Average Increase: There is a wide variance in prognosis related to an Autism diagnosis, largely dependent upon categorization of function. Client receiving occupational and speech therapies evidenced strong gains in functionality.

Early Childhood Intervention (ECI) Program

Demographics

Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	60%	61%	63%	63%	62%	63%	62.5%	64.6%	61.7%	63.3%	63.2%
Female	40%	38%	37%	37%	38%	37%	37.5%	35.4%	38.3%	36.7%	36.8%

Ethnicity	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Mix											
Caucasians	33%	34%	28%	27%	31%	35%	33%	29.9%	31.7%	44.9%	39.4%
Hispanics	56%	53%	60%	61%	59%	55%	60.7%	64%	64.1%	50%	54.3%
African Americans	10%	11%	10%	10%	8%	7%	5.8%	5.6%	3.7%	4.8%	5.8%
Asian	1%	1%	2%	1%	1%	1%	.4%	.41%	0.4%	0.3%	0.4%
Other	0%	0%	0%	1%	1%	1%	0%	.05%	.05%	0%	0%

Payer Sources, by client

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Insurance	17%	18%	22%	26%	21%	26%	18.6%	25.7%	17.4%	23.4%	15.9%
Medicaid	51%	53%	59%	59%	49%	46%	61.6%	51.1%	61%	67.9%	64.0%
Other Funding	32%	28%	19%	15%	30%	28%	19.8	23.2%	21.6%	8.7%	20.1%

Unduplicated count of clients served annually

2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
2608	2609	1668	1564	1862	2158	1921	1946	1978	2679	2317

Average Monthly Enrollment

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	594	577	450	438	450	444	444	444	484	534	544
Increase (i) /Decrease (d)		3% (d)	22% (d)	3% (i)	2.7% (i)	1% (d)	NC	NC	8.62%	10.3%	1.87% (i)

Referrals	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Monthly Average	176	195	125	119	149	150	180	181	165	202.5	193
Increase (i) /Decrease (d)	10% (i)	10% (i)	36% (d)	5% (d)	25% (i)	1% (i)	16.7% (i)	1% (i)	9.25% (d)	22.7%	4.69% (d)
Percentage Enrolled	32%	29%	35%	43%	28%	34%	22.6%	24.7%	27.5%	25.4%	22.5%
Increase (i) /Decrease (d)	3% (d)	3% (d)	3% (i)	8% (i)	15% (d)	6% (i)	11.4% (d)	8.4% (i)	10.7% (i)	75% (d)	11% (d)

Average increase in developmental area over a 12 month span of time

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Expressive	9.3	10	7.7	11.6	7.7	9	8.77	14.01	8.97	7.62	9.78
Receptive	10.4	11	8.8	11.1	6.9	7.7	8.35	9.53	7.62	7.35	9.03
Gross Motor	10.4	11.4	9.4	13.5	8.3	9.2	9.74	7.6	9.4	8.36	7.55
Fine Motor	9.8	10.9	9.6	14.4	10.9	5.6	10	8.87	12.37	10.57	13.01
Social	11.2	12	10.5	12.1	8.5	7.9	5.91	7.3	6.72	10.89	9.3
Self Help	12.1	11.5	9.5	13.2	8.5	9.9	9.37	9.89	9.59	9.8	10.14

Early Childhood Intervention (ECI) Program - continued

Summary of Planned vs. Delivered data

	2008 Planned		2008 Delivered		2009 Planned		2009 Delivered		2010 Planned		2010 Delivered		2011 Planned		2011 Delivered	
	Avg/hrs child/mo				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		3.4		2.6
**SST	81%*	1.6	81%	1.6	77%*	1.7	77%	1.3	88%*	1.7	83%	1.4	86%*	2.0	80%	1.6
OT	19%*	1.9	19%	1.9	23%*	2.1	35%	.72	20%*	1.9	64%	1.2	25%*	1.8	67%	1.2
PT	16%*	1.6	16%	1.6	23%*	2.0	46%	.90	15%*	1.6	64%	1	22%*	1.6	75%	1.2
ST	16%*	1.6	16%	1.6	25%*	2.0	46%	.93	19%*	1.9	54%	1	38%*	1.8	61%	1.1
Nutrition	33%*	.5	33%	.5	17%*	.67	67%	.47	12%*	.6	85%	.5	12%*	.6	83%	.5

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

	2012 Planned		2012 Delivered		2013*** Planned		2013*** Delivered		2014*** Planned		2014*** Delivered		2015 Planned		2015 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall		3.2		1.98		3.4		2.3		3.2		2.1		4.23		2.35
SST	70%	1.9	66%	1.3	71%	1.9	69%	1.3	64%	1.6	73%	1	59.7%	2.01	58.2%	1.17
OT	33%	1.6	72%	1.1	41%	1.4	66%	.95	66%	1.4	73%	.94	48.1%	2.11	53.4%	1.13
PT	25%	1.5	79%	1.2	28%	1.3	67%	.87	45%	1.7	73%	.78	18.7%	2.13	37.6%	.80
ST	52%	1.2	74%	.85	56%	1.2	67%	.84	69%	1.4	73%	.98	65.6%	1.81	57.8%	1.05
Nutrition	14%	.59	90%	.53	20%	.63	89%	.56	90%	.70	87%	.63	19%	.73	83.3%	.61

	2016 Planned		2016 Delivered		2017 Planned		2017 Delivered		2018 Planned		2018 Delivered		2019 Planned		2019 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall	4.6	hrs	2.7	hrs	4.56	hrs	2.89	hrs	4.19	hrs	2.30	hrs	4.07	hrs	2.04	hrs
SST	54.7%	2.3	33.3%	1.4	63.5%	2.3	41.2%	1.5	71.6%	2.12	56.3%	1.18	71.5%	2.08	49.8%	1.04
OT	44.8%	2.1	25.6%	1.2	53.8%	1.6	36.6%	1.1	58.3%	1.42	49.5%	0.72	45.2%	1.26	42.9%	0.54
PT	28.9%	2	15.9	1.1	40.2%	1.7	19.6%	0.8	36.0%	1.36	32.3%	0.43	31.1%	1.43	53.3%	0.76
ST	66.7%	2	43.4%	1.3	74.8%	1.8	50.1%	1.2	77.7%	1.66	65.6%	1.07	76.5%	1.64	60.1%	0.99
Nutrition	13.4%	1.3	7.2%	.7	15.6%	0.5	14.1%	0.5	8.8%	0.46	100%	0.46	7.3%	0.49	93.8%	0.46

Analysis of data

Demographics

Gender: The gender distribution of children served by the ECI program continues to hold steady with no statistically significant shift. This same split is seen in programs in surrounding areas and is not indigenous to our geographic service area.

Ethnicity Mix: In comparison to the Census Bureau information, African- American children are significantly underrepresented in the ECI population. This issue has been identified to exist throughout the entire Texas ECI system, per other reports. Caucasians are underrepresented within the context of the Harris County, Texas population, while Hispanic clients are overrepresented. Further recommendations would be to compare the representation by ethnicity to estimated percentage of developmentally delayed children per ethnicity type to determine if the program demographics are representative of the developmentally delayed population rather than the overall Harris County, Texas population.

Payer Sources: For 2019, there was a slight decrease in the percentage of Medicaid clients, a decrease in the percentage of children with non-Medicaid insurance, and a substantial increase in the number of children moving to an ECI payer due to having no insurance or no consent to bill/obtain insurance information. The number of families with no insurance coverage increased across the entire statewide ECI system, and it is now projected that 21% of Texas children are uninsured. As Medicaid expansion does or does not occur, we would expect to see the percentage fluctuate.

Early Childhood Intervention (ECI) Program - continued

Average Monthly Enrollment: Average monthly enrollment slightly increased, directly driven by HHSC-provided minimum census requirements, as well as the number of children being referred with an active and qualifying medical diagnosis. The increasing severity of the children being referred, partially as a result of them being referred closer to age three has resulted in a decrease of length of enrollment, but those enrolled are typically remaining enrolled until their third birthday at which point the state requires discharge.

Unduplicated Count of Clients Served Annually: The slight decrease in the number of children served in some aspect by the ECI program was as a direct result of fluctuating physician referral patterns driven largely by fluctuations in medical insurance status for families. There was a decrease in the percentage of children enrolled, an increase in medical diagnosis enrollments, and an increase in the number of children who remain enrolled in the program longer due to prognosis issues associated with medical diagnoses.

Referrals: There was a decrease in the number of referrals and a slight decrease in the percentage referrals enrolled. This is due to predominant speech referrals and the children not meeting the required percentage of delay for speech issues, but families still insisting upon a comprehensive evaluation.

Service Delivery Data: For 2019, the contractual requirement was 2.87 hours per child served until September 2019 when it changed to 2.80 hours per child served. We experienced a parental cancellation/no-show rate in excess of 30%, despite providers accommodating parental schedules and offering makeup visits. Staffing issues were a contributory factor across all disciplines except nutrition and their planned versus delivery rate.

Improvement in Development Areas: The data reflect the increased severity of the children at enrollment in ECI. Many of our clients see an increase in function and still go on to be enrolled in special education services for their school career. Any negative shifts at the individual level are typically as a result of undiagnosed medical diagnoses. We continue to see children who have significant delays across several developmental domains, but are also seeing children make significant improvements by the time of their graduation out of the ECI system into other transition settings.

Opportunity Center Program

Demographics

Age Groups	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
15-18 years	5%	13%	2%	4%	3%	10%	10%	1%	1%	1%	0%
19-26 years	41%	30%	34%	45%	24%	57%	38%	55%	55%	31%	17%
27-45 years	36%	29%	47%	38%	40%	23%	40%	36%	36%	62%	74%
46-59 years	18%	24%	16%	13%	21%	8%	9%	4%	4%	5%	7%
60 + years	-	4%	1%	0%	12%	2%	2%	4%	4%	1%	2%

Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	54%	65%	70%	62%	66%	58%	63%	66%	54%	57%	76%
Female	46%	35%	30%	38%	34%	42%	37%	34%	46%	43%	24%

Ethnicity Mix	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Caucasians	51%	58%	35%	44%	39%	63%	47%	66%	59%	58%	62%
Hispanics	22%	24%	30%	26%	24%	18%	26%	17%	35%	25%	24%
African Americans	27%	18%	35%	30%	37%	18%	28%	17%	19%	18%	14%

Payer Sources, by client

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
MHMRA	8%	10%	11%	7%	20%	8%	11%	14%	0%	0%	10%
ISD	25%	26%	21%	32%	18%	17%	15%	22%	22%	25%	29%
Private Pay	7%	3%	3%	9%	11%	8%	7%	7%	11%	11%	21%
HHSC (formerly Dads)	13%	14%	25%	20%	17%	24%	26%	30%	31%	32%	30%
TWX Vocational Rehab (formerly DARS)	22%	23%	20%	22%	21%	36%	26%	14%	10%	6%	0%
Contracts								13%	26%	26%	10%

Unduplicated count of clients served annually

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	189	190	181	168	181	190	215	226	186	194	210

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

SITE BASED PROGRAMMING

DESCRIPTION - The program and its components provide vocational training and placement services to adults with disabilities, primarily those with mental health concerns, in East Harris County and the surrounding areas. Persons with intellectual, developmental, vision impairment or physical disabilities enroll in programs which enhance work habits, promote social skills, and provide vocational skills needed to ease their (as well as their family's) overall concerns related to mental health matter, enhance their self-esteem, and in many cases to become qualified employees to community employers.

Opportunity Center Program - continued

Services include day habilitation, vocational training, youth transition programs and home community services. Day habilitation participants receive more individualized social, life and employment skills training, which assist and enhance their ability to interact within the community. Day activities are focused on teaching basic life skills such as self-care, independent living, communication and appropriate leisure time. Vocational training address participants' immediate and future employment and education needs. Participants learn employment skills which are practiced on and off-site and transferrable into employment.

DISCUSSION - Measurement was based on the following outcome rating. Staff administered an assessment to 120 of the 210 participants after 30days of enrollment. Participants are observed for the first 30 days to measure progress in educational and vocational capacities. Results indicated that 40% of 120 participants were able to identify and complete and educational and/or vocational skills.

YOUTH TRANSITION TO ADULT PROGRAM (YTAP)

DESCRIPTION - YTAP works with local school districts in helping participant to transition from the school to the post school and work environment. Vocational training services classroom instruction, training 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 25%, of 60 students assessed were able to identify the competencies of the assessment.

HCS/TxHmL PROGRAM

DESCRIPTION- Home Community Services (HCS) and Texas Home Living (TxHmL) are State programs designed specifically for the individual. Flexible and individualized options may include hands on support in all aspects of daily living and personal care, support to participate in community integrative opportunities, respite services to help family members in the daily care of the participant, and networking and support coordination with other disabilities partners. The program provides qualified participants an alternative to Intermediate Care Facilities/Mental Retardation facilities.

DISCUSSION- The programs combined currently serve 62 clients and employs 3 full-time staff and 1 part-time student staff.

Select Organizational Information

2019 Financial Information (unaudited)

Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$5,783,493
Contributions and Bequests	<u>403,240</u>
Total Revenues	\$6,186,733

Expenses By Department

ECI Program	\$2,861,850
Pediatric Therapy	476,850
Autism Program	23,685
Adult Therapy	429,451
Aquatic Program	142,449
Opportunity Program	1,788,792
General & Admin	716,844
Fund Development	<u>53,862</u>

Total Expenses \$6,493,783

Net Surplus/(Loss) (\$307,050)

End of Year Net Asset Balance \$3,450,673

2019 Board of Directors

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Charles Hurst, Director
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ACKNOWLEDGEMENT
Receipt of Annual Program Evaluation Report

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 **2019 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

Employee Signature

Date

Employee Printed Name