

# **Bay Area Rehabilitation Center 2010**

## **Program Evaluation (January 2010 – December 2010)**

**Submit for:**

**Board of Directors Review  
April 27, 2011**

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 2011**

- I. Continue to enhance the community and referral sources 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 made 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. Implement changes to operations to minimize the impact of State budget cuts related to future ECI operations
- V. Staff development in new treatment techniques to ensure quality services provision.

In 2009, the Center received a new 3-year accreditation from CARF 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, 2012.

## 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:

- WeeCARE Day care program licensed by the Department of Protective and Regulatory Services for children of our staff.
- 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.

- **Multiple Service Outpatient Medical Rehabilitation** Accreditation in our Adult and Pediatric Program.
- **Pediatric Family Centered Rehabilitative Services** in our Pediatric 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
- HELP strands in the Early Childhood Intervention (ECI) Program, this will change to the Battelle Developmental Inventory in late 2011.

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.

## **2010 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
- satisfaction of clients and referral sources with services provided

## 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 2009:

Age Groups	2005	2006	2007	2008	2009	2010
0-3 years	7 % decrease 64% of total population	No change 64% of total population	3% increase 67% of total population	2% increase 69% of total population	5% increase 74% of total population	No Change 75% of total population
3-21 years	7 % decrease 9% of total population	No change 9% of total population	4% decrease 5% of total population	4% increase 9% of total population	4% decrease 5% of total population	3% Increase 6% of total population
21 +	16 % increase 27% of total population	No change 27% of total population	1% increase 28% of total population	6% decrease 22% of total population	1% increase 23% of total population	10%decrease 20% of total population

Gender	2005	2006	2007	2008	2009	2010
Male	55%	62%	61%	62%	59%	60%
Female	45%	38%	39%	38%	41%	40%

Geographic Location	2005	2006	2007	2008	2009	2010
Houston*	32%	26%	31%	34%	30%	37%
Baytown	25%	26%	29%	31%	31%	31%
Pasadena	20%	23%	23%	20%	23%	18%
Crosby	13%	8%	7%	7%	7%	4%
Channelview	7%	11%	5%	4%	5%	5%
La Porte	4%	5%	3%	4%	4%	4%

\*and surrounding communities

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

Payer Sources	2005	2006	2007	2008	2009	2010
Medicaid	43%	34%	34%	37%	39%	42%
Insurance	36%	26%	22%	24%	22%	23%
Early Childhood Intervention -(state funding)	11%	20%	25%	22%	23%	21%
Medicare	9%	5%	4%	3%	4%	4%
Workman's Compensation	2%	3%	3%	2%	2%	1%
Other		12%	12%	12%	10%	9%

### **Unduplicated count of clients served annually (excluding aquatics exercise)**

2005	2006	2007	2008	2009	2010
2364	2577	3067	3321	3637	3519
therapy clients	therapy clients	therapy clients	clients	clients	clients
4.8 increase compared to 2004	9% increase compared to 2005	19% increase compared to 2006	9% increase compared to 2007 including Opportunity Center clients	9% increase compared to 2008 including Opportunity Center clients	3% decrease compared to 2009 Including Opportunity Center clients

## 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:**

- Our service provider was excellent. Very good and comfortable with our child, very professional, always on time, answered all our questions.
- Everyone has been more than helpful and has gone above and beyond to make it a great experience.
- You have a great place to get rehabilitated. Thanks to all personnel.
- Everyone was always helpful and made our experience easy and enjoyable during therapy.
- Our service provider is a skillful, honest and nice lady. She not only helped my son in learning but she also helped me with learning to teach to my son. She is the best we will truly miss her.
- Therapists were very well trained, proficient & courteous.
- Very skilled staff and willing to schedule appointments around my schedule.
- This is my third time to use this facility. I always have an exceptional experience.
- Staff friendly/courteous and individualized my treatments. Showed concerns and interest about my progress.
- Everything was well organized. A very professional staff who explained procedures, discussed goals & expectations. Friendly atmosphere, comfortable - neat facilities.

### **Suggestions received:**

- More information on services.
- Advertisement! I wasn't aware that this facility was here.
- Better exposure to the community through advertising.

# Adult Program

## Demographics

<b>Age Groups</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Average Age	54 years	47 years	45 years	46 years	49 years	52 years

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
5 - 39 years	25%	37%	40%	35%	27%	21%
40 - 59 years	42%	42%	41%	44%	46%	48%
60 - 79 years	29%	18%	16%	19%	23%	25%
80 - 90 years	4%	3%	3%	2%	4%	5%

<b>Gender</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Male	38%	61%	65%	62%	55%	52%
Female	63%	39%	35%	38%	45%	48%

<b>Ethnicity Mix</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Caucasians	74%	69%	71%	75%	77%
Hispanics	15%	15%	14%	12%	12%
African Americans	12%	14%	14%	11%	10%

<b>Payer Sources</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Insurance	61%	31%	31%	42%	43%	46%
Medicare	28%	17%	14%	17%	20%	25%
Workman's Compensation	6%	9%	11%	9%	10%	6%
Other	5%	43%	44%	32%	27%	23%

### **Unduplicated count of clients served annually**

<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
554	752	1082	695	683	536

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

<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
11.70	11.21	11.12	10.22	9.11	8.81

### **Service received** (PWS clients not included)

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
PT services only	73%	68%	62%	58%	57%	64%
OT services only	19%	28%	35%	35%	35%	28%
Combination of OT, PT and ST	8%	4%	1%	7%	8%	8%

### **Impairment Type**

	<b>2009</b>	<b>2010</b>
Neurological Disorder	5%	19%
Stoke	4%	3%
Orthopedic Condition	66%	53%
Musculoskeletal Disorder	14%	15%
Other	11%	10%

## Adult Program – continued

Primary reasons for discharge	2005	2006	2007	2008	2009	2010
Goals achieved	38%	33%	33%	28%	18%	12%
Non-attendance	11%	8%	15%	17%	17%	7%
Maximum benefit received	14%	11%	14%	18%	18%	26%
Client or parent request	12%	11%	10%	13%	17%	13%
Physician request	6%	4%	4%	3%	4%	3%
Insurance Authorization					8%	5%

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

### Sample of diagnoses treated

Diagnosis		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement					
							05	06	07	08	09	10
Condition of the back	2005	54	93	54	10	71%	13% nonattendance 17% client or MD request	5% nonattendance 16% client or MD request	8% nonattendance 11% client or MD request	36% max. benefit 45% client or MD request	15% max. benefit 9% client or MD request	19% client request 19% max. benefit
	2006	17	38	55	12	73%						
	2007	27	36	54	14	75%						
	2008	27	28	52	7.6	70%						
	2009	17	30	58	12	70%						
	2010	26	41	54	9	79%						
Condition of the cervical region	2005	10	24	51	8	71%	26% nonattendance 8% client or MD request	28% nonattendance 7% client or MD request	0% nonattendance 20% client or MD request	60% maximum benefit 20% client or MD request	20% max benefit 10% client or MD request	21% client or MD request 5% max. benefit
	2006	5	9	41	9	64%						
	2007	2	13	62	9	73%						
	2008	3	14	53	9	64%						
	2009	5	5	59	12	70%						
	2010	5	20	54	7.9	72%						
Difficult in walking	2005	30	67	58	14	83%	12% nonattendance 29% client or MD request	5% maximum benefit from service	13% Change in medical status 6% MD request	50% nonattendance 50% client request	29% client request 2% max. benefit	4% illness 28% max. benefit
	2006	9	9	58	19	94%						
	2007	9	7	58	17	74%						
	2008	12	18	54	12.9	91%						
	2009	5	11	67	13	56%						
	2010	11	19	62	16.8	77%						
Joint pain	2005	29	33	50	11	86%	2% nonattendance 18% client or MD request	9% maximum benefit 3% client or MD request	1% maximum benefit 1% client or MD request	100% maximum benefit	4% client request 4% nonattendance/no contact	3% client request 8% max. benefit
	2006	42	48	53	13	79%						
	2007	44	55	47	12	89%						
	2008	21	20	51	13.8	97%						
	2009	21	24	49	12	89%						
	2010	16	33	52	11	82%						
Joint stiffness	2005	35	43	52	15	81%	11% nonattendance 27% client or MD request	1% nonattendance 1% client or MD request	2% Change in medical status		13% Moved from area	14% client request
	2006	30	27	47	15	94%						
	2007	28	17	49	14	93%						
	2008	9	6	51	13.13	100%						
	2009	7	1	51	10	88%						
	2010	3	7	60	9.2	70%						



## **Adult Program – continued**

Average age of clients served in the adult program continues to increase, with 78% of clients served age 40 and over.

Average number of visits per client continues to follow a downward trend decreasing from 9.11 in 2009 to 8.81 in 2010. Increased client deductibles and co-pays as well as limitations imposed by funding sources and economic conditions appear to have had an impact on this decrease in number of visits.

Number of unduplicated count of clients served annually decreased from 683 in 2009 to 536 in 2010. One contributing factor in the decrease in clients served annually is the result of decreased Pre-Work Screens from 127 in 2009 to 93 in 2010. This number has continued to decrease over the last 3 years. Employers utilizing our services have limited hiring due to economic conditions. Another contributing factor could be attributed to clients choosing to postpone or defer elective surgeries because of financial reasons.

Clients' length of admission and total number of visits is within the national norms for the past 4 quarters according to the LIFEware report with a couple of exceptions. The average number of visits for foot ankle related treatment exceeds the norms by an average of 4 visits and the average number of visits for treatment of other problems exceeds the norms by an average of 5 visits. This can be attributed to an increase in complexity of the diagnoses and multiple surgical procedures.

Overall satisfaction of services at the time of discharge for all adult clients served at the Center was higher than the national average for all 4 quarters in 2010. Satisfaction levels continue to remain high, at 97% in 2009 and 2010.

At time of follow up, 30 days post discharge, 100% of the respondents felt that the Center met their therapeutic needs and 76% of the respondents reported that their level of function had continued to improve.

In 2010, an interdisciplinary client staffing form was established and used to document a summary of progress at 2 months and 6 months. This process included all disciplines and was reviewed with the client regarding progress, goals, concerns and actions taken to address these concerns. This process allowed for improved communication between disciplines and clients as well increasing our level of service to our clients.

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
Average Age	6.5 years	7 years	7 years	6.7years	7years	9 years

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

Gender	2005	2006	2007	2008	2009	2010
Male	59%	62%	68%	73%	62%	61%
Female	41%	38%	32%	27%	38%	39%

Ethnicity Mix	2005	2006	2007	2008	2009	2010
Caucasians	56%	48%	45%	45%	36%	40%
Hispanics	34%	35%	41%	40%	48%	45%
African Americans	10%	15%	13%	14%	13%	12%

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

### Unduplicated count of clients served annually

2005	2006	2007	2008	2009	2010
195	185	152	161	157	184

### Average length of admission, discharged clients only

2005	2006	2007	2008	2009	2010
11.0 months	10.2 months	8.6 months	7.7 months	7.9 months	3.9 months
decrease of 1.5 months from 2004	decrease of .8 months from 2005	decrease of 1.6 months from 2006	decrease of .9 months from 2007	increase of .2 months from 2008	decrease of 4 months from 2009

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

## **Pediatric Program - continued**

Average age for clients served in the pediatric program decreased for 0-3 and 5-7 age ranges and increased for 7+ years old. The percentage of pediatric clients age 7+ increased from 47% in 2009 to 56% in 2010.

Unduplicated count of clients served increased from 157 in 2009 to 184 in 2010. The average length of stay decreased by 4 months, going from 7.9 months in 2009 to 3.9 months in 2010. Limitations from funding sources continue to play a role in average length of stay. To further support these findings, LIFEware results indicate an increased number of acute injuries in pediatrics with shorter length of stays.

The pediatric program in 2010 indicated a higher rate of change than the national average in all of the age ranges in WeeFIM change in all domains. The Center's data indicates an 8.1 total gain and national data indicates a 6.4% total gain. In past years, the Center's rate of change was lower than the national average. WeeFIM most recent assessment scores for the Center clients is significantly higher, with the average score of 90.2. The national average score given was 69.8. The WeeFIM rating total at the second most recent assessment for the Center also remains higher with the average score of 82.1 compared to 63.4 for the national average score.

The average age of clients for the facility is 6.3 years and 4.8 for the nation. The majority of the clients we served were in the following impairment groups: 39.1% speech and language delay, 17.4 % disorders of attention, 8.7% developmental delay, 8.7% neurological disorders excluding Cerebral Palsy, 8.7% cerebral palsy, 6.5% disorders of motor control, and 4.3% genetic disorders.

Clients who were surveyed in the WeeFIM system (total of 43 in 2010) reported a rate of 93.5% who saw sustained or improving functionality compared to a national rate of 92.8%.

## Pediatric Program - continued

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

<b>Average</b>	<b>2005</b> Interim 6 months intervals	<b>2006</b> Interim 6 months intervals	<b>2007</b> Interim 6 months intervals	<b>2008</b> Interim 6 months intervals	<b>2009</b> Interim 6 months intervals	<b>2010</b> Interim 6 months intervals
Did the staff discuss with you the expectations for your child?	3.8	3.8	3.9	3.7	3.7	3.8
Did the staff give you an opportunity to discuss your goals for your child?	3.9	3.8	3.9	3.7	3.8	3.8
Did the staff make you feel like a partner in your child's care?	3.8	4	4	3.9	3.9	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?	3.2	3.4	3.6	3.4	3.4	3.6
Did the staff give you information about types of services in your community?	3.0	3.2	3.4	3.4	3.3	3.5
Did the staff satisfy your needs for family centered care?	3.9	3.7	3.9	3.7	3.7	3.9

In 2009, the pediatric staff continued its focus on providing similar levels of care as in prior years but added the objective of incorporating more standardized assessment tools into pediatric evaluation improving the development of evidenced based treatment plans, and measurable outcomes. Development of a formal 6-month evaluation was also a program objective to improve communication of progress and treatment plan with parents, physicians, and funding sources.

In 2010, the pediatric staff continued its focus on providing similar levels of care as in prior years. An interdisciplinary client staffing form was established and used to document a summary of progress at 2 months and 6 months. This process included all disciplines and was reviewed with the client regarding progress, goals, concerns and actions taken to address these concerns. This process allowed for improved communication between disciplines and parents as well increasing our level of service to our clients.

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
Male	61.3%	62%	59%	61%	60%	61%
Female	38.7%	38%	41%	39%	40%	38%

Ethnicity Mix	2005	2006	2007	2008	2009	2010
Caucasians	29%	25%	26%	26%	33%	34%
Hispanics	58%	61%	55%	58%	56%	53%
African Americans	12%	11%	11%	11%	10%	11%
Asian	1%	1%	1%	1%	1%	1%
Other	.2%	3%	7%	4%	0%	0%

Payer Sources	2005	2006	2007	2008	2009	2010
Insurance	20%	21%	17%	19%	17%	18%
Medicaid	63%	47%	46%	49%	51%	53%
Other Funding	17%	32%	37%	32%	32%	28%

## **Average Monthly Enrollment**

2008	2009	2010
596 infants 20% increase from 2007	594 infants	577 infants 3% decrease from 2008

## **Unduplicated count of clients served annually**

2008	2009	2010
2279 10% increase from 2007	2608 13% increase from 2008	2609

## **Referrals**

2008	2009	2010
160 average per month 10% increase from 2007 35% of referrals were enrolled 2% decrease from 2007	176 average per month 10% increase from 2008 32% of referrals were enrolled 3% decrease from 2008	195 average per month 10% increase from 2009 29% of referrals were enrolled 3% decrease from 2009

## **Analysis of data**

### **Summary of Planned vs. Delivered data**

	2007		2008		2009		2010	
	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered
	Avg/hrs child/mo		Avg/hrs child/mo		Avg/hrs child/mo		Avg/hrs child/mo	
<b>Overall</b>	3.05	1.74	3.3	3.3	1.74	.87	1.54	1.02
<b>DRS</b>	73%* 1.89	77% 1.75	81%* 1.6	81% 1.6	77%* 1.75	77% 1.33	88%* 1.7	83% 1.4
<b>OT</b>	19%* 1.91	23% 2.16	19%* 1.9	19% 1.9	23%* 2.16	35% .72	20%* 1.9	64% 1.2
<b>PT</b>	24%* 1.85	23% 2.03	16%* 1.6	16% 1.6	23%* 2.03	46% .90	15%* 1.6	64% 1
<b>ST</b>	22%* 2.07	25% 2.06	16%* 1.6	16% 1.6	25%* 2.06	46% .93	19%* 1.9	54% 1
<b>Nutrition</b>	19%* .70	17% .67	33%* .5	33% .5	17%* .67	67% .47	12%* .6	85% .5

\* % of Population receiving a particular service

## **Early Childhood Intervention (ECI) Program continued**

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

	<b>Express</b>	<b>Recep</b>	<b>GM</b>	<b>FM</b>	<b>Social</b>	<b>Self Help</b>
<b>2005</b>	7.5	10.4	10.4	9.7	11.3	11.5
<b>2006</b>	9.3	10.3	9.3	9.4	11	10.6
<b>2007</b>	8.4	9.8	9.8	9.3	11	10.8
<b>2008</b>	9.0	10.2	10.5	9.7	11.2	10.5
<b>2009</b>	9.3	10.4	10.4	9.8	11.2	12.1
<b>2010</b>	10	11	11.4	10.9	12	11.5

With regard to the enrollment by ethnicity, when comparing our data with Census data, Caucasians are underrepresented in our program. Currently, this is an area being researched by our Child Find Coordinator. Once her findings are complete, plans will then be formulated to attempt an enrollment representative of the demographic.

The average monthly enrollment has remained consistent (+/- 20) for the last three years. This is expected to change within the next few months, as DARS looks to narrow eligibility and encourages programs to manage enrollment. Managing enrollment would include discharging those families with no contact or poor attendance records without sound documentation to support justification. It is our expectation that this number will be closer to 350 at the end of 2011, beginning of FY2012. This will encourage front-loading of services for those more involved children, potentially allowing for more collectible services to be rendered per child.

The referral numbers are expected to continue to decrease as a result of a recently implemented quality referral program. This program was necessary as a result of data analysis indicating only 32% of children evaluated were enrolled into ECI services. This new method of "triaging referrals" should result in a higher percentage of children evaluated qualifying and enrolling in services, as well as reduced therapist time spent in evaluations that do not take.

The overall average planned hour per child per month equals 1.54. This is reduction from last year's overall planned average of 1.74. This is potentially attributable to many factors, with the primary factor involved being therapist availability for treatment. This hypothesis is projected to the average delivered hours per child per month of 1.02. Be it noted, this is an increase from .87 in 2009. Also, as the quality referral project continues to become the norm and as individual staff is held accountable for service delivery, the delivered quantity should match the planned quantity in 2011, with minor deviations. The state has established an expectation of a minimum of two hours per child per month.

There were demonstrated increases in developmental milestone achievements in all areas, except for self-help. This exception could be attributable to an increasingly complicated subgroup of enrollees qualifying with atypical diagnosis or severe medical impairment.

Overall, client satisfaction remains high, and we continue to make improvements to the ECI program with regard to streamlining processes in order to prepare for upcoming changes in FY2012.

# Opportunity Center Program

## Demographics

Age Groups	2007	2008	2009	2010
0 - 18 years	1.9%	4.3%	5.2%	13%
19 - 26 years	26.4%	38.3%	41.1%	30%
27 - 45 years	41.5%	29.8%	35.5%	29%
46 - 59 years	28.3%	24.5%	18.2%	24%
60 + years	1.9%	3.1%	-	4%

Gender	2007	2008	2009	2010
Male	56.6%	52.1%	53.7%	65%
Female	43.4%	47.9%	46.3%	35%

Ethnicity Mix	2007	2008	2009	2010
Caucasians	49.1%	53.7%	51.2%	58%
Hispanics	22.6%	19.7%	21.8%	24%
African Americans	28.3%	26.6%	27%	18%

Payer Sources	2007	2008	2009	2010
MHMRA 43/53	6%	6%	8%	10%
ISD	1%	23%	25%	26%
Private Pay	4%	4%	7%	3%
Dads	7%	10%	13%	14%
DARS	0%	24%	22%	23%
Production	82%	33%	25%	24%

### **Unduplicated count of clients served annually**

2007	2008	2009	2010
55	186	189	190

The Opportunity Center Program provides vocational training, day habilitation, case management youth transition, HCS (Home and community based services), and placement services to individuals with mental illness, 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 illness, intellectual, developmental, vision impairment, or physical disabilities enroll in programs, which 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.

**DISCUSSION**-Measurement was based on the following outcome rating. Staff administered a pre/post assessment to 91 participants upon admission and quarterly. Results indicated that 80%, 73 of 91 participants were able to identify and complete Vocational Skills.

### **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), Vocational Adjustment Training (VAT), Job Placement, and Supported Employment

**DBS:** Job Readiness Training (JRT), Work Adjustment Training (WAT), Job Placement, and Supported Employment

**DISCUSSION**-Measurement was based on the following outcome rating: Of the 149 total unduplicated consumers served, 58 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 39%, 23 of 58 participants.

### **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%, 20 of 25 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 16 clients and employs 1 full-time staff and 1 part-time staff. We have a group home that will accommodate up to three clients; however as of this date we have not had more than two clients in the group home. This is an ongoing issue as underutilization of the group home has negative financial implications on the program.



## **Select Organizational Information**

### 2010 Financial Information (unaudited)

#### Revenues

Income generated from Operational Sources	\$5,233,808
Contributions and Bequests	<u>575,977</u>
Total Revenues	\$5,809,785

#### Expenses By Department

Pediatric Therapy	\$3,768,984
Adult Therapy	529,996
Aquatic Program	116,935
Daycare Center	66,840
Opportunity Program	828,837
General & Admin	557,444
Fund Development	<u>61,447</u>
Total Expenses	\$5,930,481

Net Surplus/(Loss) (\$120,696)

End of Year Net Asset Balance \$3,365,854

## **2010 Board of Directors**

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