

Bay Area Rehabilitation Center 2011

Program Evaluation (January 2011 - December 2011)

Submit for:

**Board of Directors Review
March 28, 2012**

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 2012

- 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
- Battelle Developmental Inventory in late 2011. HELP strands in the Early Childhood Intervention (ECI) Program were used through August 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.

2011 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

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 2010:

Age Groups	2005	2006	2007	2008	2009	2010	2011
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	15% decrease 60% 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	1% Increase 6% of total population	7% increase 13% 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	3% decrease 20% of total population	7% increase 27% of total population

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

Geographic Location	2005	2006	2007	2008	2009	2010	2011
Houston*	32%	26%	31%	34%	30%	37%	35%
Baytown	25%	26%	29%	31%	31%	31%	34%
Pasadena	20%	23%	23%	20%	23%	18%	17%
Crosby	13%	8%	7%	7%	7%	4%	5%
Channelview	7%	11%	5%	4%	5%	5%	5%
La Porte	4%	5%	3%	4%	4%	4%	4%

*and surrounding communities

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

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

Unduplicated count of clients served annually (excluding aquatics exercise)

2005	2006	2007	2008	2009	2010	2011
2364 therapy clients 4.8 increase compared to 2004	2577 therapy clients 9% increase compared to 2005	3067 therapy clients 19% increase compared to 2006	3321 clients 9% increase compared to 2007 including Opportunity Center clients	3637 clients 9% increase compared to 2008 including Opportunity Center clients	3519 clients 3% decrease compared to 2009 Including Opportunity Center clients	2606 clients 7% decrease compared to 2010 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:

- I appreciate the high level of knowledge & professional conduct I observed in staff numbers.
- Thanks for all your compassion & patience with me! May God bless you all.
- I am a very satisfied person! I had excellent care from the time I walked in the door. I will share this info with my friends and family.
- I have used this facility 4 or 5 times & have always walked away feeling better & more knowledgeable about my body.
- I loved my child's teachers I felt the program was helping her a lot. If I could I would take her back again the experience was wonderful.
- Staff is excellent!! Patient, caring & goal-oriented! I love and am very satisfied here.
- Wonderful service awesome case manager it was wonderful working with her.
- Having sessions in our home has been 100% beneficial to his learning please continue having services in the child's natural environment. ECI has been very helpful.
- Our therapist was fantastic! She always went the extra mile to get any information that would be helpful to me. She gave great tips on how I could help my child on a daily basis at home. More than satisfied with her service.
- Staff and this program made what would have been more complex so easy, the transition & all our needs were met. I am very grateful for this program for our family needs.

Suggestions received:

- More specific information to community about services available for their use (ie: Aquatics for the community) Advertisement! I wasn't aware that this facility was here.
- Benefits, appointments, and billing need help.
- More awareness of facility abilities.

Adult Program

Demographics

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

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

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

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

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

Unduplicated count of clients served annually

2005	2006	2007	2008	2009	2010	2011
554	752	1082	695	683	536	576

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

2005	2006	2007	2008	2009	2010	2011
11.70	11.21	11.12	10.22	9.11	8.81	11.49

Service received (PWS clients not included)

	2005	2006	2007	2008	2009	2010	2011
PT services only	73%	68%	62%	58%	57%	64%	65%
OT services only	19%	28%	35%	35%	35%	28%	25%
Combination OT, PT, ST	8%	4%	1%	7%	8%	8%	10%

Impairment Type

	2009	2010	2011
Neurological Disorder	5%	19%	9%
Stoke	4%	3%	3%
Orthopedic Condition	66%	53%	50%
Musculoskeletal Disorder	14%	15%	19%
Other	11%	10%	19%

Adult Program – continued

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

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	11
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	26% nonattendance 35% 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%							
	2011	14	19	55	8	54%							
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	17% no contact 33% client request
	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%							
	2011	3	4	51	7.5	80%							
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	24% client request 30% 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%							
	2011	23	31	60	12.5	73%							
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	20% client request 27% 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%							
	2011	17	25	53	13.5	85%							
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	35% client request 20% nonattendance	
	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%							
	2011	9	17	56	11.5	58%							

Adult Program – continued

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

Average number of unduplicated count of clients served annually increased from 536 in 2010 to 576 in 2011. This could be attributed to a significant increase in Pre-Work screens from 93 in 2010 to 193 in 2011. Employers in the area have increased their utilization of our services in 2011 which caused our numbers to increase dramatically in this area.

Average number of visits per client increased from 8.81 in 2010 to 11.49 in 2011. Since 2005, the average number of visits per client had slowly declined each year. However, an upward trend was noted in 2011.

Client's 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 and ankle related treatment exceeds the norms by an average of 2 visits and the average number of visits for pain in low back exceeds the norms by 5 visits. This can be attributed to an increase in complexity of the diagnoses, multiple surgical procedures, and past medical history.

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 quarters in 2011. Satisfaction levels were at 97% for 2011 and continue to remain high and consistent over the last 3 years.

In 2010, an interdisciplinary client staffing form was established and utilized throughout 2011. This enabled all disciplines to document a summary of progress at 2 months and 6 months with the client and address any concerns and/or needs the client may have. This process continues to allow the Center to provide an improved level of service and communication.

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

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

Gender	2005	2006	2007	2008	2009	2010	2011
Male	59%	62%	68%	73%	62%	61%	62%
Female	41%	38%	32%	27%	38%	39%	38%

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

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

Unduplicated count of clients served annually

2005	2006	2007	2008	2009	2010	2011
195	185	152	161	157	184	181

Average length of admission, discharged clients only

2005	2006	2007	2008	2009	2010	2011
11.0 months	10.2 months	8.6 months	7.7 months	7.9 months	3.8 months	7.04 month
decrease of	decrease of	decrease of	decrease of	increase of	decrease of	increase of
1.5 months	.8 months	1.6 months	.9 months	.2 months	4 months	3.24 months
from 2004	from 2005	from 2006	from 2007	from 2008	from 2009	from 2010

Primary reasons for discharge

	2005	2006	2007	2008	2009	2010	2011
Goals achieved or maximum benefit received	37%	26%	14%	21%	27%	33%	19%
Non-attendance	15%	15%	23%	16%	21%	24%	23%
Client or parent request	22%	22%	33%	19%	13%	22%	22%
Insurance Authorization					25%	14%	23%

Pediatric Program - continued

Average age for clients served in the pediatric program increased for 0-3 and 3-5 age ranges. For ages 5-7, the number decreased slightly and remained the same for ages 7+.

Average length of admission in the pediatric program increased from 3.8 months in 2010 to 7 months in 2011.

Unduplicated count of pediatric clients served annually decreased slightly from 184 in 2010 to 181 in 2011.

The pediatric program in 2011 indicated a slightly higher rate of change in WeeFIM than the national average. The Center's data indicates a 4.5 total gain compared to a total gain of 4.3 for the nation.

Based on WeeFIM data, the average age of pediatric clients for the facility is 6.9 years and 6.1 for the nation. The majority of the clients served were in the following impairment groups: 52.1% speech and language delay, 25% disorders of attention, 6.3% cerebral palsy, 6.3% disorders of motor control, 4.2% brain dysfunction, 4.2% neurological disorders excluding cerebral palsy, 2.1% developmental delay.

Clients who were surveyed in the WeeFIM system (total of 48 in 2011), reported a rate of 85.4% who saw sustained or improving functionality compared to the national rate of 89.1%. The survey also reported a rate of 14.6% who reported decreased functionality compared to the national rate of 10.9%. Functional status has shown a decrease from 2010. This decrease could be attributed to primary reasons for discharge including insurance authorization, non-attendance, and client or parent request.

Pediatric Program - continued

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

Average	2005 Interim 6 months intervals	2006 Interim 6 months intervals	2007 Interim 6 months intervals	2008 Interim 6 months intervals	2009 Interim 6 months intervals	2010 Interim 6 months intervals	2011 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	3.9
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	3.9
Did the staff make you feel like a partner in your child's care?	3.8	4	4	3.9	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	3.8
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	3.5
Did the staff satisfy your needs for family centered care?	3.9	3.7	3.9	3.7	3.7	3.9	3.8

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.

In 2011, the pediatric staff continued to provide similar levels of care as in prior years. They continue to focus on family education and involvement as an important component of therapy.

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
Male	61.3%	62%	59%	61%	60%	61%	63%
Female	38.7%	38%	41%	39%	40%	38%	37%

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

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

Average Monthly Enrollment

2008	2009	2010	2011
596 infants	594 infants	577 infants	450
20% increase from 2007		3% decrease from 2008	22% decrease from 2010

Unduplicated count of clients served annually

2008	2009	2010	2011
2279	2608	2609	1668
10% increase from 2007	13% increase from 2008		36% decrease from 2010

Referrals

2008	2009	2010	2011
160 average per month	176 average per month	195 average per month	125 average per month
10% increase from 2007	10% increase from 2008	10% increase from 2009	36% decrease from 2010
35 % of referrals were enrolled	32% of referrals were enrolled	29% of referrals were enrolled	35% of referrals were enrolled
2% decrease from 2007	3% decrease from 2008	3% decrease from 2009	3% increase from 2010

Analysis of data

Summary of Planned vs. Delivered data

	2007		2008		2009		2009	
	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered
	Avg/hrs child/mo				Avg/hrs child/mo			
Overall	3.05	1.74	3.4	1.9	3.2	2.3		
**SST	73%*	77%	81%*	81%	77%*	77%		
OT	19%*	23%	19%*	19%	23%*	35%		
PT	24%*	23%	16%*	16%	23%*	46%		
ST	22%*	25%	16%*	16%	25%*	46%		
Nutrition	19%*	.67	33%*	.5	17%*	67%		

* % of Population receiving a particular service **DS changed to SST in 2011

	2010		2011		2011		2011	
	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered
	Avg/hrs child/mo				Avg/hrs child/mo			
Overall	3.1	2.2	3.4	2.6				
**SST	88%*	83%	86%*	80%				
OT	20%*	64%	25%*	67%				
PT	15%*	64%	22%*	75%				
ST	19%*	54%	38%*	61%				
Nutrition	12%*	.5	12%*	.5				

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

	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

With regard to the enrollment by ethnicity, when comparing our data with Census data, Caucasians are underrepresented in our program. There are a number of contributory factors that predicate this underrepresentation. Over the first two quarters of 2012, we expect to see an increase in enrollment, and as such, should be more reflective of the different demographics within our service areas.

The average monthly enrollment has remained consistent (+/- 20) for three years. When the state-driven changes to the eligibility methodology, including adopting a statewide test protocol, were implemented, a sharp decline in enrollment occurred. This was both fully expected and sufficiently planned for. As a result of this sharp decline, we were then able to intensify services for those with more severe delays/diagnoses. We expect this to rebound slightly and end up somewhere north of 440 by May 2012.

The referral numbers are expected to hold fairly steady with the exception of March and April. Last year's implementation of the "triaging of referrals" has resulted in more quality referrals and less time spent in pre-enrollment with no return.

The overall average planned hour per child per month is coming out to be above 3 hours per child. This is an increase from last year's overall planned average. This is potentially attributable to many factors, with the primary factor involved being therapist availability for treatment and focusing on a smaller eligible group. While enrollment will be growing, we expect that maturation in the current load will create room in the therapists' caseloads for the new enrollees. There is an evidenced upward trajectory in the percentage trend of planned services delivered. This is expected to continue. A note of importance, calculations of 2009 and 2010 overall average planned and delivered hours were misreported. Reporting is now available that accurately reflects data.

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 more severe medical diagnoses, as well as a growing number of children enrolled with a diagnosis of Autism or related disorder.

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 FY2013.

Opportunity Center Program

Demographics

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

Gender	2007	2008	2009	2010	2011
Male	56.6%	52.1%	53.7%	65%	70%
Female	43.4%	47.9%	46.3%	35%	30%

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

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

Unduplicated count of clients served annually

2007	2008	2009	2010	2011
55	186	189	190	181

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 121 participants upon admission and quarterly. Results indicated that 80%, 97 of 121 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), 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 68 total unduplicated consumers served, 40 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 30%, 20 of 68 participants. CDT program will be the focus this year on improving the number of individuals hired for complete 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%, 17 of 21 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 21 clients and employs 3 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. HCS program is a choice program so as individual transfers to our program this will increase our numbers.

Select Organizational Information

2011 Financial Information (unaudited)

Revenues

Income generated from Operational Sources	\$5,509,790
Contributions and Bequests	<u>594,198</u>

Total Revenues \$6,103,988

Expenses By Department

Pediatric Therapy	\$3,680,897
Adult Therapy	429,056
Aquatic Program	120,265
Daycare Center	78,363
Opportunity Program	1,059,032
General & Admin	568,550
Fund Development	<u>63,368</u>

Total Expenses \$5,999,531

Net Surplus/(Loss) \$104,457

End of Year Net Asset Balance \$3,470,312

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