

# **Bay Area Rehabilitation Center 2012**

## **Program Evaluation (January 2012 – December 2012)**

**Submit for:**

**Board of Directors Review  
March 27, 2013**

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 2013**

- I. Continue to enhance the community's knowledge regarding the variety of services offered and outcomes achieved at Bay Area Rehabilitation Center.
- II. Quarterly reviews in all programs to monitor outcomes data regarding clients served and clinical services provided and make adjustments to client care or documentation as indicated.
- III. Expand existing and develop new services available to the community beyond the traditional outpatient rehabilitation programs
- IV. Continue to monitor regulatory changes to operations to minimize the impact of State budget cuts related to future operations in all program areas
- V. Staff development in new treatment techniques and technology to ensure quality services provision.

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

## Programs offered

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

- **Adult Program** provides occupational, physical, speech therapy and social services to clients over the age of 21 years of age with rehabilitative needs. The program provides diverse treatment plans with the use of the aquatic setting and a large, well-equipped therapy gym.
- **Work Rehabilitation Program** provides pre-work screening for local companies, Functional Capacity Evaluations (FCE) and work hardening/ work conditioning program for injured clients.
- **Pediatric Program** provides occupational, physical, speech therapy and social services to clients under the age of 21 years of age with rehabilitative needs. Provides comprehensive evaluations and team approach to services provided.
- **Early Childhood Intervention Program** provides occupational, physical, speech therapy, nutrition, behavior intervention, social and developmental services offered in the child's natural environment for children ages 0 – 3 years of age. The focus of the program is family education and service coordination.
- **Opportunity Center Program** In May of 2007, with support of the Center Board of Directors and organizational membership, the Baytown Opportunity Center merged into the Bay Area Rehabilitation Center and is now known as the Opportunity Center Program. The Opportunity Center provides Vocational Rehabilitation programs to clients who have physical and mental disabilities.

In addition we offer:

- Assistive technology evaluations for active clients and community members to include: augmentative communication devices, orthotic devices and prosthetics.
- Aquatic Exercise classes for community members to participate in recreational aquatic exercise; classes offered three times per day.
- Accessible housing for the disabled at Rollingbrook Apartments in Baytown, at Paul Chase Commons in Houston (Clear Lake), the Woodlands, and in Pasadena, through an association with Accessible Space, Inc.

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

- **Interdisciplinary Outpatient Medical Rehabilitation Programs (Adult program)**
- **Interdisciplinary Outpatient Medical Rehabilitation Programs (Pediatric Specialty Program)**
- **Child and Youth Services** Accreditation through our Early Childhood Intervention Program offered in the child's natural environment

## **Outcome Measurement Systems**

The Center utilizes several outcome measurement systems to include:

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

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

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

## **Continuous Quality Improvement System**

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

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

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

## **2012 Improvements at the Center**

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

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

Significant improvements have been made to the facility, including parking upgrades as well as to the aquatics facilities.

## 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 2011:

<b>Age Groups</b>		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
0-3 years	Percentage of total population	64%	64%	67%	69%	74%	75%	60%	61%
	Increase			3%	2%	5%	1%		1%
	Decrease	7%						15%	
3-21 years	Percentage of total population	9%	9%	5%	9%	5%	6%	13%	10%
	Increase				4%		1%	7%	
	Decrease	7%		4%		4%			3%
21 +	Percentage of total population	27%	27%	28%	22%	23%	20%	27%	29%
	Increase	16%		1%		1%		7%	2%
	Decrease				6%		3%		

<b>Gender</b>		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Male		55%	62%	61%	62%	59%	60%	63%	63%
Female		45%	38%	39%	38%	41%	40%	37%	37%

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

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

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

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

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
	2364**	2577**	3067**	3321	3637	3519	2606	2567
Increase	4.8	9%	19%	9%	9%			
Decrease							3%	26%
								1.5%***

\*\* not including Opportunity Center Clients

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

## Client satisfaction

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

### **Examples of the many positive comments received:**

- Every question I had and asked was answered in an understanding way & not considered too little or insignificant to have asked.
- I am extremely pleased with the knowledge, professionalism and caring I observed in the staff members who worked with me!
- Love this place great service. The physical therapist really listen to me & give great advise.
- It feels like home when I come here I love the staff I was always there first concern.
- Quiet and relaxing environment. Knowledgeable therapist. Flexible appointment times!
- Staff is exceptional! Could not have asked for a better experience & outcome!!!
- Physical therapist told me what area the therapy targets. I like that. I will know what exercises to do more of. I will be back for aquatic classes.
- Very pleased with the help I received would recommend to others.
- I have used this facility for several different therapies and have always been satisfied.
- I was very pleased with skill level of therapists. Every session has been extremely productive.

### **Suggestions received:**

- Advertise your services more!
- Promote use of hot water pool therapy (unique in area).
- Better communication for incoming calls.

# 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>	<b>2011</b>	<b>2012</b>
Average Age		54	47	45	46	49	52	52	55
		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
5 - 39 years		25%	37%	40%	35%	27%	21%	33%	37.5%
40 – 59 years		42%	42%	41%	44%	46%	48%	40%	37%
60 – 79 years		29%	18%	16%	19%	23%	25%	24%	22%
80 - 90 years		4%	3%	3%	2%	4%	5%	2%	3.5%
<b>Gender</b>		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Male		38%	61%	65%	62%	55%	52%	61%	62%
Female		63%	39%	35%	38%	45%	48%	39%	38%
<b>Ethnicity Mix</b>		<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	
Caucasians		74%	69%	71%	75%	77%	72%	68%	
Hispanics		15%	15%	14%	12%	12%	13%	15%	
African Americans		12%	14%	14%	11%	10%	10%	14%	
<b>Payer Sources</b>		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Insurance		61%	31%	31%	42%	43%	46%	38%	33%
Medicare		28%	17%	14%	17%	20%	25%	19%	21%
Workman's Compensation		6%	9%	11%	9%	10%	6%	6%	6%
Other		5%	43%	44%	32%	27%	23%	37%	40%
<b>Unduplicated count of clients served annually</b>		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
		554	752	1082	695	683	536	576	624
<b>Average number of visits per client</b> (Analysis of data-discharged therapy clients only, PWS not included)		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
		11.7	11.2	11.1	10.2	9.1	8.8	11.4	10.9
<b>Service received</b> (PWS clients not included)		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
PT services only		73%	68%	62%	58%	57%	64%	65%	61%
OT services only		19%	28%	35%	35%	35%	28%	25%	27%
Combination OT, PT, ST		8%	4%	1%	7%	8%	8%	10%	12%
<b>Impairment Type</b>		<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>				
Neurological Disorder		5%	19%	9%	4%				
Stroke		4%	3%	3%	5%				
Orthopedic Condition		66%	53%	50%	40%				
Musculoskeletal Disorder		14%	15%	19%	29%				
Other		11%	10%	19%	22%				

## Adult Program – continued

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

### Sample of diagnoses treated

Diagnosis		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	2005	5	93	54	10	71%	13% nonattendance	17% client/MD request
	2006	1	38	55	12	73%	5% nonattendance	16% client/MD request
	2007	2	36	54	14	75%	8% nonattendance	11% client/MD request
	2008	2	28	52	7.6	70%	36% max. benefit	45% client/MD request
	2009	1	30	58	12	70%	15% max. benefit	9% client/MD request
	2010	2	41	54	9	79%	19% max. benefit	19% client request
	2011	1	19	55	8	54%	35% max. benefit	26% nonattendance
	2012	1	10	56	9	61%	39% max. benefit	28% client/MD request
Condition of the cervical region	2005	1	24	51	8	71%	26% nonattendance	8% client/MD request
	2006	5	9	41	9	64%	28% nonattendance	7% client/MD request
	2007	2	13	62	9	73%	0% nonattendance	20% client/MD request
	2008	3	14	53	9	64%	60% max. benefit	20% client/MD request
	2009	5	5	59	12	70%	20% max. benefit	10% client/MD request
	2010	5	20	54	7.9	72%	5% max. benefit	21% client/MD request
	2011	3	4	51	7.5	80%	17% no contact	33% client request
2012	0	3	50	5	20%	43% no contact	14% Ins authorization	
Difficult in waking	2005	3	67	58	14	83%	12% nonattendance	29% client/MD request
	2006	9	9	58	19	94%	5% max. benefit	
	2007	9	7	58	17	74%	13% Change in medical	6% MD request
	2008	1	18	54	12.	91%	50% nonattendance	50% client request
	2009	5	11	67	13	56%	2% max. benefit	29% client request
	2010	1	19	62	16.	77%	28% max. benefit	4% Illness
	2011	2	31	60	12.	73%	30% max. benefit	24% client request
	2012	1	39	58	12.	82%	55% max. benefit	29% no contact
Joint pain	2005	2	33	50	11	86%	2% nonattendance	18% client/MD request
	2006	4	48	53	13	79%	9% max. benefit	3% client/MD request
	2007	4	55	47	12	89%	1% max. benefit	1% client/MD request
	2008	2	20	51	13.	97%	100% max. benefit	
	2009	2	24	49	12	89%	4% non attendance	4% client request
	2010	1	33	52	11	82%	8% max. benefit	3% client request
	2011	1	25	53	13.	85%	27% max. benefit	20% client request
	2012	2	23	57	12.	81%	41% max. benefit	21% client request
Joint stiffness	2005	3	43	52	15	81%	11% non attendance	27% client/MD request
	2006	3	27	47	15	94%	1% non attendance	1% client/MD request
	2007	2	17	49	14	93%	2% Change in medical	
	2008	9	6	51	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.	58%	20% nonattendance	35% client request
	2012	2	24	55	11.	71%	55% max. benefit	29% client request



## **Adult Program – continued**

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

Average number of unduplicated count of clients served annually increased from 576 in 2011 to 624 in 2012. This could be attributed to an increase in Pre-Work screens from 193 in 2011 to 237 in 2012. Employers in the area have continued to increase their utilization of our services in 2012 which caused an increase in the client count. The number of Pre-Work screens has increased steadily since 2010.

Average number of visits per client decreased slightly from 11.49 in 2011 to 10.90 in 2012. This small decrease could be attributed to increased client co-pays, deductibles, and out-of-pocket expense.

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 few exceptions. The average number of visits for shoulder related treatment exceeds the norms by an average of 6 visits, the average number of visits for hand/wrist related treatment exceeds the norms by 3 visits and the average number of visits for other problems exceeds the norms by 8 visits. This may be attributed to earlier intervention for shoulders, an increase in complexity of the diagnoses, multiple surgical procedures, and past medical history. All of these factors extend the length of admission and total number of visits.

Overall satisfaction of services at the time of discharge for all adult clients served at the Center was within the national average for all quarters in 2012. Satisfaction levels were at 96% for 2012 and continue to remain high and consistent over the last several years.

In 2012, the center focused on increasing marketing efforts. An increase in physician referrals was noted after these efforts. A continued increase is expected in 2013.

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

<b>Age Groups</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Average Age in years	6.5	7	7	6.7	7	9	9	8.4
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
0 - 3 years	28%	1%	3%	4%	2%	0%	2%	1%
3 + - 5 years	26%	30%	34%	30%	31%	23%	26%	28%
5+ - 7 years	13%	24%	20%	29%	20%	21%	16%	16%
7+	33%	45%	42%	37%	47%	56%	56%	55%
<b>Gender</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Male	59%	62%	68%	73%	62%	61%	62%	63%
Female	41%	38%	32%	27%	38%	39%	38%	37%
<b>Ethnicity Mix</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Caucasians	56%	48%	45%	45%	36%	40%	38%	36%
Hispanics	34%	35%	41%	40%	48%	45%	45%	40%
African Americans	10%	15%	13%	14%	13%	12%	13%	18%
<b>Payer Sources</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Insurance	56%	54%	51%	50%	47%	53%	47%	52%
Medicaid	42%	45%	46%	49%	52%	45%	50%	47%
Private Funding	2%	1%	3%	1%	1%	2%	3%	1%
<b>Unduplicated count of clients served annually</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
	195	185	152	161	157	184	181	211
<b>Average length of admission (discharged clients only)</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Months	11.0	10.2	8.6	7.7	7.9	3.8	7.04	5.24
Increase					.2		3.24	
Decrease	1.5	.8	1.6	.9		4		1.8
<b>Primary reasons for discharge</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Goals achieved/maximum benefit received	37%	26%	14%	21%	27%	33%	19%	27%
Non-attendance	15%	15%	23%	16%	21%	24%	23%	33%
Client or parent request	22%	22%	33%	19%	13%	22%	22%	17%
Insurance Authorization					25%	14%	23%	9%

## Pediatric Program - continued

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

Average length of admission in the pediatric program decreased from 7.04 months in 2011 to 5.24 in 2012. This decrease may be attributed to a high rate of nonattendance which increased from 23% in 2011 to 33% in 2012. In the pediatric program, attendance continues to be a challenge.

Unduplicated count of pediatric clients served annually increased from 181 in 2011 to 211 in 2012. An increase in marketing efforts in 2012 has shown an increase in physician referrals. The Center has expectations of additional increases in 2013.

The pediatric program in 2012 indicated a higher rate of change in WeeFIM than the national average. The Center's data indicates a 6.7 total gain compared to a total gain of 4.6 for the nation. This is indicative of successful therapeutic intervention at our facility.

Based on WeeFIM data, the average age of pediatric clients for the facility is 7 years and 6.6 for the nation. The majority of the clients served were in the following impairment groups: 57.4% in speech/language delay and 22.2% in disorders of attention.

Clients who were surveyed in the WeeFIM system (total of 54 in 2012), reported a rate of 92.6% who saw sustained or improving functionality compared to the national rate of 93.4%. The survey also reported a rate of 7.4% who reported decreased functionality compared to the national rate of 6.6%. Improved functional status has shown an increase from 2011 with a lower percentage reporting decreased functionality compared to 2011.

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

<b>Average</b> Interim/6 months intervals	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
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	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	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	4
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	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	3.6
Did the staff satisfy your needs for family centered care?	3.9	3.7	3.9	3.7	3.7	3.9	3.8	3.9

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

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

# Early Childhood Intervention (ECI) Program

## Demographics

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

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

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

<b>Average Monthly Enrollment</b>		<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
		596	594	577	450	438
	Increase	20%				
	Decrease			3%	22%	3%

<b>Unduplicated count of clients served annually</b>		<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
		2279	2608	2609	1668	1564
	Increase	10%	13%			
	Decrease				36%	6.7%

<b>Referrals</b>		<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
	<b>Monthly Average</b>	160	176	195	125	119
	Increase	10%	10%	10%		
	Decrease				36%	5%
	<b>Percentage Enrolled</b>	35 %	32%	29%	35%	43%
	Increase				3%	8%
	Decrease	2%	3%	3%		

## Early Childhood Intervention (ECI) Program - continued

### Summary of Planned vs. Delivered data

	2007 Planned		2007 Delivered		2008 Planned		2008 Delivered		2009 Planned		2009 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
<b>Overall</b>		3.05		1.74		3.4		1.9		3.2		2.3
<b>**SST</b>	73%*	1.8	77%	1.7	81%*	1.6	81%	1.6	77%*	1.7	77%	1.3
<b>OT</b>	19%*	1.9	23%	2.1	19%*	1.9	19%	1.9	23%*	2.1	35%	.72
<b>PT</b>	24%*	1.8	23%	2.0	16%*	1.6	16%	1.6	23%*	2.0	46%	.90
<b>ST</b>	22%*	2.0	25%	2.0	16%*	1.6	16%	1.6	25%*	2.0	46%	.93
<b>Nutrition</b>	19%*	.70	17%	.67	33%*	.5	33%	.5	17%*	.67	67%	.47

	2010 Planned		2010 Delivered		2011 Planned		2011 Delivered		2012 Planned		2012 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
<b>Overall</b>		3.1		2.2		3.4		2.6		3.2		1.98
<b>**SST</b>	88%*	1.7	83%	1.4	86%*	2.0	80%	1.6	70%	1.9	66%	1.3
<b>OT</b>	20%*	1.9	64%	1.2	25%*	1.8	67%	1.2	33%	1.6	72%	1.1
<b>PT</b>	15%*	1.6	64%	1	22%*	1.6	75%	1.2	25%	1.5	79%	1.2
<b>ST</b>	19%*	1.9	54%	1	38%*	1.8	61%	1.1	52%	1.2	74%	.85
<b>Nutrition</b>	12%*	.6	85%	.5	12%*	.6	83%	.5	14%	.59	90%	.53

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

### 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
<b>2011</b>	7.7	8.8	9.4	9.6	10.5	9.5
<b>2012</b>	11.6	11.1	13.5	14.4	12.1	13.2

## Analysis of data

### Demographics

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

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

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

***Payer Sources:*** It is a positive attribute of the ECI program that the Medicaid percentage held steady for 2012. Federal regulations indicate a goal of the ECI system to target low socioeconomic status families and children for services. The increase in percentage of insurance as a payer source could be directly attributed to many children shifting off of Medicaid plans to CHIP plans which, though still low-to-moderate income, are classified as insurance in payer source categorization. As federal poverty levels continue to adjust, some fluctuation is expected in 2013.

***Average Monthly Enrollment:*** The 2012 average is skewed in a negative direction as a result of significantly lower enrollment numbers in the first two months of the 2012 calendar year. January 2012 enrollment was 381 and February 2012 enrollment was 377, whereas when adjusting for those two aberrations, the average enrollment quickly approaches 450. 2013 will evidence a steadier, if not slightly inflated, enrollment average around 450 as a result of high enrollment in the first calendar quarter and a contractual enrollment reduction.

***Unduplicated Count of Clients Served Annually:*** The 6.7% decrease for 2012 was on par with expectation as a result of a significant change in the type of child eligible for ECI services. The typical ECI referral shifted from mild or moderate developmental delay to a more severe, longitudinal expectation of developmental delay already evidenced by significantly affected patterns in health and activity.

***Referrals:*** Referral sources are also learning the new ECI eligibility criteria, impacting the number and type of referrals received. Changes were made at the state level to how and when CPS refers a child, contributing to the decrease. However, the percentage enrolled continues to increase, indicating the Bay Area Rehab ECI program is receiving more appropriate referrals that result in further action. Statewide, the percentage of referrals enrolled continues to trend toward the 30%-35% range.

### **Service Delivery Data**

***Planned vs. Delivered Data:*** The planned service data, by discipline, support the position that 2012 ECI enrollees were more severe and required more intense intervention. Historically, a higher percentage of children had SST (formerly referred to as Developmental Services) than the percentage of children with other therapies. Because SST focuses strictly on developmental issues, one would expect to see a decrease in utilization with a more severe enrollment and see an increase the utilization of other therapies. The data reflect this to be the case in 2012. There were also several barriers to delivery, impacting the average delivered hours. Family cancellations, child hospitalizations, vacations, and staffing issues all contributed to the 2012 decrease in delivered hours. 2013 should evidence a higher delivered average.

***Improvement in Developmental Areas:*** While the data indicate great improvements in functional ability, a primary limitation of this average is limited sample size. With the limited sample, the power of the difference may or may not be significant. Given the number of enrolled, a larger sample size would be required to accurately demonstrate trends in developmental areas of measurement.

# Opportunity Center Program

## Demographics

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

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

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

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

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

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

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 162 participants upon admission and quarterly. Results indicated that 56%, 97 of 162 participants were able to identify and complete Vocational Skills.

## **Opportunity Center Program - continued**

### **CAREER DEVELOPMENT TEAM (CDT)**

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

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

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

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

**DISCUSSION-**Measurement was based on the following outcome rating: Of the 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 competitive 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 22 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 23 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. HCS program is a choice program so as individual transfers to our program this will increase our numbers.



## Select Organizational Information

### 2012 Financial Information (unaudited)

#### Revenues

Income generated from Operational Sources	\$4,936,045
Contributions and Bequests	<u>611,197</u>
Total Revenues	\$5,547,242

#### Expenses By Department

Pediatric Therapy	\$3,138,133
Adult Therapy	431,053
Aquatic Program	118,540
Daycare Center	51,625
Opportunity Program	1,037,134
General & Admin	656,848
Fund Development	<u>58,945</u>
Total Expenses	\$5,522,277

Net Surplus/(Loss) \$24,964

End of Year Net Asset Balance \$3,495,276

## 2012 Board of Directors

Virginia Chase, Chairman  
Sam Springer, Vice Chair  
Barry James, Treasurer  
John Adams, Secretary

James J Bernick, MD, Director  
Lynne Foley, Director  
Gary S Englert, Director  
Doug Walker, Director  
Ruben Linares, Director  
Gary Yeoman, Director  
Shirlyn Cummings, Director

Mark A Alexander, Executive Director, Ex Officio Board Member

**ACKNOWLEDGEMENT**  
**Receipt of Annual Program Evaluation Report**

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

On \_\_\_\_\_, I received the **2012 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name