

Bay Area Rehabilitation Center 2014

Program Evaluation (January 2014 – December 2014)

Submit for:

**Board of Directors Review
March 25, 2015**



United Way of Greater Houston

LIVE UNITED



United Way of
Greater Baytown Area
& Chambers County

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

Strategic Focus

Focus areas for 2015

- I. Continue to enhance the community's knowledge regarding the variety of services offered and outcomes achieved at Bay Area Rehabilitation Center.
- II. Review existing program monitoring methods and if needed, implement new processes, to ensure we are capturing relevant information about program operations in order to evaluate and, if necessary, change processes in order to provide a better outcome to our clients.
- III. Evaluate ways we can expand our current programs to better meet the needs of our clients and the community as a whole.
- IV. Continue to monitor regulatory changes to operations to minimize the impact of State changes related to future operations in all program areas.
- V. Fully implement and test electronic records operations.

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.

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
- Annual Client Surveys in the Opportunity Center Programs

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.

2014 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
- expansion of bilingual services

Significant improvements have been made to the facility, including upgrades to the interior spaces and ongoing improvements to the grounds and exterior areas.

Demographics of the clients served for all services

Age Groups – There was a slight change in the combined age distribution of persons served in all age groups compared to 2013:

Age Groups		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
0-3 years	Percentage of total population	64%	64%	67%	69%	74%	75%	64%	61%	63%	65%
	Increase			27%	10%	14%				19%	16%
	Decrease	7%						36%	6%		
3-21 years	Percentage of total population	9%	9%	5%	9%	5%	6%	9%	10%	7%	9%
	Increase				48%		3%	14%	15%		20%
	Decrease	7%		13%		36%				7%	
21 +	Percentage of total population	27%	27%	28%	22%	23%	20%	27%	29%	24%	26%
	Increase	16%		14%		13%		2%	4%		1%
	Decrease				7%		16%			14%	

Gender		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male		55%	62%	61%	62%	59%	60%	63%	63%	64%	64%
Female		45%	38%	39%	38%	41%	40%	37%	37%	36%	36%

Geographic Location *and surrounding communities		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Houston*		32%	26%	31%	34%	30%	37%	35%	34.5%	36%	36%
Baytown		25%	26%	29%	31%	31%	31%	34%	34.5%	35%	34%
Pasadena		20%	23%	23%	20%	23%	18%	17%	16.4%	15%	18%
Crosby		13%	8%	7%	7%	7%	4%	5%	4.6%	5%	4%
Channelview		7%	11%	5%	4%	5%	5%	5%	5.2%	5%	4%
La Porte		4%	5%	3%	4%	4%	4%	4%	4.6%	4%	4%

Ethnicity Mix		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Caucasians		47%	40%	39%	38%	42%	38%	39%	39%	40%	42%
Hispanics		42%	47%	43%	46%	46%	49%	47%	46%	45%	45%
African Americans		10%	12%	12%	13%	11%	11%	12%	13%	13%	11%
Asians		1%	1%	1%	1%	1%	1%	1%	1%	1%	2%

Payer Sources, by client		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Medicaid		43%	34%	34%	37%	39%	42%	42%	40.3%	34.5%	29%
Insurance		36%	26%	22%	24%	22%	23%	26%	28%	22%	21%
Early Childhood Intervention (state funding)		11%	20%	25%	22%	23%	21%	12%	9.3%	19%	14%
Medicare		9%	5%	4%	3%	4%	4%	4%	4%	3.5%	3%
Workman's Compensation		2%	3%	3%	2%	2%	1%	1%	1.3%	.24%	1%
Other (Primarily Opp Ctr client funding)			12%	12%	12%	10%	9%	15%	17%	20%	31%

Unduplicated count of clients served annually (excluding aquatics exercise)

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	2364**	2577**	3067**	3321	3637	3519	2606	2567	2952	3305
Increase	4.8	9%	19%	9%	9%				13%	11%
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:

- Fantastic facility! Awesome personnel! Truly awesome experience.
- Always accommodating to my work schedule when scheduling therapy visits. My therapist was knowledgeable and very encouraging. Well done BARC!
- Best therapist ever!
- Excellent & professional therapist! Excellent facility! No complaints about anything!!!
- I enjoyed having the rapport with my PT and I love the fact they gave me no slack.
- Instructor very professional and super. She had patience and encouraged me throughout my OT sessions. I owe her much gratitude and thanks.
- My son's therapist was awesome. My son enjoyed seeing her & it made it easy for me to bring him because he was happy to see her.
- Very content with the services that my daughter is receiving. The therapist and case manager have been amazing and very informative.
- My child & I enjoyed and excelled greatly during her ECI sessions.
- I really appreciated the patience and care I received from my PT he was very kind and concerned about my progress.

Suggestions received:

- More advertising for services offered.
- A little more consistency is needed in each treatment session. I felt we changed so much each session. Staff is very nice.
- Additional services you wish were offered-Horse therapy and swimming lessons.

Adult Program

Demographics

Age Groups		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Average Age		54	47	45	46	49	52	52	55	45	43
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
5 - 39 years		25%	37%	40%	35%	27%	21%	33%	37.5%	44%	46%
40 – 59 years		42%	42%	41%	44%	46%	48%	40%	37%	33%	33%
60 – 79 years		29%	18%	16%	19%	23%	25%	24%	22%	21%	20%
80 - 90 years		4%	3%	3%	2%	4%	5%	2%	3.5%	2%	1%
Gender		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male		38%	61%	65%	62%	55%	52%	61%	62%	67%	67%
Female		63%	39%	35%	38%	45%	48%	39%	38%	33%	33%
Ethnicity Mix		2006	2007	2008	2009	2010	2011	2012	2013	2014	
Caucasians		74%	69%	71%	75%	77%	72%	68%	64%	58%	
Hispanics		15%	15%	14%	12%	12%	13%	15%	17%	21%	
African Americans		12%	14%	14%	11%	10%	10%	14%	15%	19%	
Payer Sources		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Insurance		61%	31%	31%	42%	43%	46%	38%	33%	26%	22%
Medicare		28%	17%	14%	17%	20%	25%	19%	21%	14%	13%
Workman's Compensation		6%	9%	11%	9%	10%	6%	6%	6%	1%	3%
Other		5%	43%	44%	32%	27%	23%	37%	40%	59%	61%
Unduplicated count of clients served annually											
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
		554	752	1082	695	683	536	576	624	738	746
Average number of visits per client (Analysis of data-discharged therapy clients only, PWS not included)											
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
		11.7	11.2	11.1	10.2	9.1	8.8	11.4	10.9	10.4	10.2
Service received (PWS clients not included)											
PT services only		73%	68%	62%	58%	57%	64%	65%	61%	69%	71%
OT services only		19%	28%	35%	35%	35%	28%	25%	27%	22%	22%
Combination OT, PT, ST		8%	4%	1%	7%	8%	8%	10%	12%	9%	7%
Impairment Type											
Neurological Disorder						2009	2010	2011	2012	2013	2014
Stroke						5%	19%	9%	4%	4%	12%
Orthopedic Condition						4%	3%	3%	5%	4%	2%
Musculoskeletal Disorder						66%	53%	50%	40%	47%	30%
Other						14%	15%	19%	29%	18%	19%
						11%	10%	19%	22%	27%	37%

Adult Program – continued

Primary reasons for discharge	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Goals achieved	38%	33%	33%	28%	18%	12%	22%	17.5%	19%	18%
Non-attendance	11%	8%	15%	17%	17%	7%	14%	18.7%	17%	18%
Maximum benefit received	14%	11%	14%	18%	18%	26%	23%	34.6%	25%	14%
Client or parent request	12%	11%	10%	13%	17%	13%	20%	20.6%	20%	31%
Physician request	6%	4%	4%	3%	4%	3%	3%	4.6%	4%	3%
Insurance Authorization					8%	5%	6%	3.7%	4%	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	2006	17	38	55	12	73%	5% nonattendance	16% client/MD request
	2007	27	36	54	14	75%	8% nonattendance	11% client/MD request
	2008	27	28	52	7.6	70%	36% max. benefit	45% client/MD request
	2009	17	30	58	12	70%	15% max. benefit	9% client/MD request
	2010	26	41	54	9	79%	19% max. benefit	19% client request
	2011	14	19	55	8	54%	35% max. benefit	26% nonattendance
	2012	11	10	56	9	61%	39% max. benefit	28% client/MD request
	2013	211	21	60	7.7	57%	55% max. benefit	27% client request
2014	13	20	54	10.3	70%	16% max. benefit	66% client/MD request1/6	
Condition of the cervical region	2006	5	9	41	9	64%	28% nonattendance	7% client/MD request
	2007	2	13	62	9	73%	0% nonattendance	20% client/MD request
	2008	3	14	53	9	64%	60% max. benefit	20% client/MD request
	2009	5	5	59	12	70%	20% max. benefit	10% client/MD request
	2010	5	20	54	7.9	72%	5% max. benefit	21% client/MD request
	2011	3	4	51	7.5	80%	17% no contact	33% client request
	2012	0	3	50	5	20%	43% no contact	14% Ins authorization
	2013	5	13	57	9.7	61%	17% max. benefit	11% client request
2014	3	4	54	10.3	100%			
Difficult in waking	2006	9	9	58	19	94%	5% max. benefit	
	2007	9	7	58	17	74%	13% Change in medical status	6% MD request
	2008	12	18	54	12.9	91%	50% nonattendance	50% client request
	2009	5	11	67	13	56%	2% max. benefit	29% client request
	2010	11	19	62	16.8	77%	28% max. benefit	4% Illness
	2011	23	31	60	12.5	73%	30% max. benefit	24% client request
	2012	19	39	58	12.7	82%	55% max. benefit	29% no contact
	2013	5	17	59	10.4	68%	100% max. benefit	
2014	22	31	54	10.1	60%	33% nonattendance	33% client request	
Joint pain	2006	42	48	53	13	79%	9% max. benefit	3% client/MD request
	2007	44	55	47	12	89%	1% max. benefit	1% client/MD request
	2008	21	20	51	13.8	97%	100% max. benefit	
	2009	21	24	49	12	89%	4% non attendance	4% client request
	2010	16	33	52	11	82%	8% max. benefit	3% client request
	2011	17	25	53	13.5	85%	27% max. benefit	20% client request
	2012	28	23	57	12.8	81%	41% max. benefit	21% client request
	2013	29	34	53	10.4	70%	42% max. benefit	34% client/MD request
2014	22	38	54	10.2	68%	20% max. benefit	20% client/MD request	
Joint stiffness	2006	30	27	47	15	94%	1% non attendance	1% client/MD request
	2007	28	17	49	14	93%	2% Change in medical status	
	2008	9	6	51	13.13	100%		
	2009	7	1	51	10	88%	13% Moved from area	
	2010	3	7	60	9.2	70%		14% client request
	2011	9	17	56	11.5	58%	20% nonattendance	35% client request
	2012	20	24	55	11.4	71%	55% max. benefit	29% client request
	2013	20	21	58	10	68%	50% max. benefit	30% client request
2014	8	6	54	10.2	91%	9% max. benefit		

Adult Program – continued

Client report at time of discharge	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Improvement in functional status	78%	81%	84%	84%	79%	72%	74%	77%	77%	82%
Improvement in limitation of activities/ lifestyle	80%	80%	86%	86%	76%	74%	73%	77%	75%	84%
Decrease in symptoms	87%	87%	92%	94%	91%	88%	87%	88%	85%	93%

Average age for clients served in the adult program continued to decline and now resides at approximately 43 years of age in 2014. 54% of the clients served were over the age of 40 and 46% were below the age of 40.

Our overall census grew slightly in 2014 to a total number of clients seen of 746. As has been the case in recent years this increase is attributable to the growing number of Pre-Work Screens performed at the Center. The number of traditional rehabilitation clients has remained relatively static.

Average number of visits per client decreased very slightly from 10.4 in 2013 to 10.2 in 2014. This length of stay has remained relatively consistent over the past 3 years and can be attributed to ongoing efficiencies in the therapeutic process, as is confirmed by LifeWARE statistics, as well as outside pressures via limited visit authorizations from clients payers. Client reports at time of discharge continue to remain consistent over the last several years. Client's length of admission and total number of visits is within the national norms for all 4 quarters of 2014 according to the LIFEware report.

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

Pediatric Program

Demographics

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Average Age in years	6.5	7	7	6.7	7	9	9	8.4	8.3	8.4
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
0 - 3 years	28%	1%	3%	4%	2%	0%	2%	1%	0%	1%
3 + - 5 years	26%	30%	34%	30%	31%	23%	26%	28%	28%	31%
5+ - 7 years	13%	24%	20%	29%	20%	21%	16%	16%	19%	15%
7+	33%	45%	42%	37%	47%	56%	56%	55%	53%	53%
Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male	59%	62%	68%	73%	62%	61%	62%	63%	64%	67%
Female	41%	38%	32%	27%	38%	39%	38%	37%	36%	33%
Ethnicity Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Caucasians	56%	48%	45%	45%	36%	40%	38%	36%	39%	32%
Hispanics	34%	35%	41%	40%	48%	45%	45%	40%	35%	47%
African Americans	10%	15%	13%	14%	13%	12%	13%	18%	22%	15%
Payer Sources	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Insurance	56%	54%	51%	50%	47%	53%	47%	52%	49%	40%
Medicaid	42%	45%	46%	49%	52%	45%	50%	47%	50%	56%
Private Funding	2%	1%	3%	1%	1%	2%	3%	1%	1%	4%
Unduplicated count of clients served annually	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	195	185	152	161	157	184	181	211	171	211
Average length of admission (discharged clients only)	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Months	9.69	10.06	8.38	7.62	7.87	3.83	6.96	5.16	6.71	5.3
Change		.37	-1.67	-.76	.25	-4.04	3.13	-1.80	1.55	-1.41
Primary reasons for discharge	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Goals achieved/maximum benefit received	37%	26%	14%	21%	27%	33%	19%	27%	26%	26%
Non-attendance	15%	15%	23%	16%	21%	24%	23%	33%	31%	35%
Client or parent request	22%	22%	33%	19%	13%	22%	22%	17%	21%	23%
Insurance Authorization					25%	14%	23%	9%	11%	11%

Pediatric Program - continued

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

Average length of admission in the pediatric program decreased from 6.8 months in 2013 to 5.3 in 2014. We saw an increase in the non-attendance category that resulted in client discharge, and this appears to correlate with a similar increase in Medicaid-based clients, though by no means have we confirmed that as the cause for the increase in non-attendance. In the pediatric program, attendance continues to be our greatest challenge.

Unduplicated count of pediatric clients served annually reversed last year's trend and increased to 211 in 2014. As mentioned earlier this is in part due the increase in Medicaid-based clients and is likely associated with our increased emphasis in 2014 with speech services. The Center continues to focus on marketing efforts and transition of clients from the ECI program.

The pediatric program in 2014 indicated a higher rate of change in WeeFIM than the national average. This is indicative of successful therapeutic intervention at our facility.

Based on WeeFIM data, the majority of the clients served were in the following impairment groups: 71.9% in speech/language delay and 12.5% in disorders of attention.

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

Average Interim/6 months intervals	2006	2007	2008	2009	2010	2011	2012	2013	2014
Did the staff discuss with you the expectations for your child?	3.8	3.9	3.7	3.7	3.8	3.9	3.9	3.8	4
Did the staff give you an opportunity to discuss your goals for your child?	3.8	3.9	3.7	3.8	3.8	3.9	3.9	3.9	4
Did the staff make you feel like a partner in your child's care?	4	4	3.9	3.9	3.9	3.9	4	3.9	3.9
Did you receive support from the staff to help you cope with the impact of your child's disability by advocating of your behalf?	3.4	3.6	3.4	3.4	3.6	3.8	3.8	3.7	3.7
Did the staff give you information about types of services in your community?	3.2	3.4	3.4	3.3	3.5	3.5	3.6	3.5	3.8
Did the staff satisfy your needs for family centered care?	3.7	3.9	3.7	3.7	3.9	3.8	3.9	3.8	3.9

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

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

Early Childhood Intervention (ECI) Program

Demographics

Gender		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	Male	61%	62%	59%	61%	60%	61%	63%	63%	62%	63%
	Female	38%	38%	41%	39%	40%	38%	37%	37%	38%	37%

Ethnicity Mix		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	Caucasians	29%	25%	26%	26%	33%	34%	28%	27%	31%	35%
	Hispanics	58%	61%	55%	58%	56%	53%	60%	61%	59%	55%
	African Americans	12%	11%	11%	11%	10%	11%	10%	10%	8%	7%
	Asian	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%
	Other	.2%	3%	7%	4%	0%	0%	0%	1%	1%	1%

Payer Sources		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	Insurance	20%	21%	17%	19%	17%	18%	22%	26%	21%	26%
	Medicaid	63%	47%	46%	49%	51%	53%	59%	59%	49%	46%
	Other Funding	17%	32%	37%	32%	32%	28%	19%	15%	30%	28%

Average Monthly Enrollment		2008	2009	2010	2011	2012	2013	2014
		596	594	577	450	438	450	444
	Increase	20%					2.7%	
	Decrease				3%	22%	3%	1%

Unduplicated count of clients served annually

		2008	2009	2010	2011	2012	2013	2014
		2279	2608	2609	1668	1564	1862	2158
	Increase	10%	14%				19%	15%
	Decrease				36%	6%		

Referrals

		2008	2009	2010	2011	2012	2013	2014
	Monthly Average	160	176	195	125	119	149	150
	Increase	10%	10%	10%			25%	
	Decrease				36%	5%		
	Percentage Enrolled	35 %	32%	29%	35%	43%	28%	34%
	Increase				3%	8%		6%
	Decrease	2%	3%	3%			15%	

Early Childhood Intervention (ECI) Program - continued

Summary of Planned vs. Delivered data

	2008		2008		2009		2009		2010		2010		2011		2011	
	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall		3.4		1.9		3.2		2.3		3.1		2.2		3.4		2.6
**SST	81%*	1.6	81%	1.6	77%*	1.7	77%	1.3	88%*	1.7	83%	1.4	86%*	2.0	80%	1.6
OT	19%*	1.9	19%	1.9	23%*	2.1	35%	.72	20%*	1.9	64%	1.2	25%*	1.8	67%	1.2
PT	16%*	1.6	16%	1.6	23%*	2.0	46%	.90	15%*	1.6	64%	1	22%*	1.6	75%	1.2
ST	16%*	1.6	16%	1.6	25%*	2.0	46%	.93	19%*	1.9	54%	1	38%*	1.8	61%	1.1
Nutrition	33%*	.5	33%	.5	17%*	.67	67%	.47	12%*	.6	85%	.5	12%*	.6	83%	.5

	2012		2012		2013***		2013***		2014***		2014***	
	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered	Planned	Delivered
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall		3.2		1.98		3.4		2.3		3.2		2.1
**SST	70%	1.9	66%	1.3	71%	1.9	69%	1.3	64%	1.6	73%	1
OT	33%	1.6	72%	1.1	41%	1.4	66%	.95	66%	1.4	73%	.94
PT	25%	1.5	79%	1.2	28%	1.3	67%	.87	45%	1.7	73%	.78
ST	52%	1.2	74%	.85	56%	1.2	67%	.84	69%	1.4	73%	.98
Nutrition	14%	.59	90%	.53	20%	.63	89%	.56	90%	.70	87%	.63

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

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

	Express	Recep	GM	FM	Social	Self Help
2005	7.5	10.4	10.4	9.7	11.3	11.5
2006	9.3	10.3	9.3	9.4	11	10.6
2007	8.4	9.8	9.8	9.3	11	10.8
2008	9.0	10.2	10.5	9.7	11.2	10.5
2009	9.3	10.4	10.4	9.8	11.2	12.1
2010	10	11	11.4	10.9	12	11.5
2011	7.7	8.8	9.4	9.6	10.5	9.5
2012	11.6	11.1	13.5	14.4	12.1	13.2
2013	7.7	6.9	8.3	10.9	8.5	8.5
2014	9	7.7	9.2	5.6	7.9	9.9

Analysis of data

Demographics

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

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

Early Childhood Intervention (ECI) Program - continued

Payer Sources: Federal regulations indicate a goal of the ECI system is to target low socioeconomic status families and children for services. Over the past year, with the implementation of the Affordable Care Act (ACA), many families transitioned from being uninsured to having some form of coverage. Also, fluctuations were seen throughout the year as families moved on to and off of Medicaid as a result of different factors. There are still a number of families who either do not have insurance or do not consent for information to be collected about the type of insurance they carry. This percentage is expected to remain somewhat steady.

Average Monthly Enrollment: 2014 experienced a 3.1% decrease in average monthly enrollment. This decrease is directly related to the contractual census of 439 established beginning in FY2015 (September 1, 2014). Certain contractual constraints necessitate pushing the program census to the contractually established threshold.

Unduplicated Count of Clients Served Annually: The program welcomed any opportunity to serve the population and educate families, and as a result, many children evaluated did not qualify for services under the ECI requirements for enrollment. Also, there were children who were enrolled, but for very brief periods of time due to moving in and out of the service area, late enrollment, CPS involvement, and other mitigating factors.

Referrals: There was a programmatic 6% increase in referrals to ECI that resulted in enrollment. Statewide, the percentage of referrals enrolled continues to trend toward the 30%-35% range. The monthly average of referrals is expected to hold steady, with little variation.

Service Delivery Data

Planned vs. Delivered Data: There were no restrictions on SST service planning prior to FY2014. As a result, programs throughout the state saw a large number of planned SST hours and a smaller number of planned therapy hours. Because SST focuses strictly on developmental issues, it was expected for programs to see a decrease in utilization with a more severe enrollment and see an increase the utilization of other therapies. Also, because of a contractual requirement that SST only account for 40% of all therapies delivered, there was a slight reduction in SST planning in order to ensure compliance with the contract. This program is currently in a transverse phase, operationalizing new constraints on service planning and finding a balance point for requirements and need. The planned hours continue to increase, exceeding 4.0 hours per child in early 2015. There continue to be several barriers to delivery, impacting the average delivered hours. Family cancellations, child hospitalizations, vacations, and staffing issues all contributed to a 2.1 average. Contractual expectations establish a 2.6 average requirement, though it should be noted that the contractual average expectation is per child served, not enrolled. The program continues to attempt to mitigate all factors that negatively impact the ability to meet the contractual obligation.

Improvement in Developmental Areas: The data reflect the increased severity of the children enrolled in ECI. With the types of medical conditions enrolled, many of the children, while achieving functional goals, do not see significant increases in all areas of development. Furthermore, while DARS data on outcomes excludes those with medical diagnoses, the organizational evaluation does not. As a result, any data pertaining to change in functional domains can see a negative shift from baseline associated with progression of disease and disability. Another factor contributing to domain measurements is consistency in evaluator approach to establishing baseline. New trainings are being released by DARS in order to re-establish consistencies in measurements of baseline domain function.

Opportunity Center Program

Demographics

Age Groups	2007	2008	2009	2010	2011	2012	2013	2014
15 - 18 years	1.9%	4.3%	5.2%	13%	2%	4%	3%	10%
19 - 26 years	26.4%	38.3%	41.1%	30%	34%	45%	24%	57%
27 - 45 years	41.5%	29.8%	35.5%	29%	47%	38%	40%	23%
46 - 59 years	28.3%	24.5%	18.2%	24%	16%	13%	21%	8%
60 + years	1.9%	3.1%	-	4%	1%	0%	12%	2%

Gender	2007	2008	2009	2010	2011	2012	2013	2014
Male	56.6%	52.1%	53.7%	65%	70%	62%	66%	58%
Female	43.4%	47.9%	46.3%	35%	30%	38%	34%	42%

Ethnicity Mix	2007	2008	2009	2010	2011	2012	2013	2014
Caucasians	49.1%	53.7%	51.2%	58%	35%	44%	39%	63%
Hispanics	22.6%	19.7%	21.8%	24%	30%	26%	24%	18%
African Americans	28.3%	26.6%	27%	18%	35%	30%	37%	18%

Payer Sources	2007	2008	2009	2010	2011	2012	2013	2014
MHMRA 43/53	6%	6%	8%	10%	11%	7%	20%	8%
ISD	1%	23%	25%	26%	21%	32%	18%	17%
Private Pay	4%	4%	7%	3%	3%	9%	11%	8%
Dads	7%	10%	13%	14%	25%	20%	17%	24%
DARS	0%	24%	22%	23%	20%	22%	21%	36%
Production	82%	33%	25%	24%	20%	10%	13%	8%

Unduplicated count of clients served annually

2007	2008	2009	2010	2011	2012	2013	2014
55	186	189	190	181	168	181	190

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

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

DESCRIPTION - The program and its components provide vocational training and placement services to adults with disabilities in East Harris County and the surrounding areas. Persons with intellectual, developmental, vision impairment or physical disabilities enroll in programs, which enhance work habits, promote social skills, and provide vocational skills needed to become qualified employees to community employers. Services include day habilitation, vocational training, youth transition programs and home community services. Day habilitation participants receive more individualized social, life and employment skills training, which assist and enhance their ability to interact within the community. Day activities are focused on teaching basic life skills such as self-care, independent living, communication and appropriate leisure time.

Opportunity Center Program - continued

The goal is to increase independence. Vocational training and Youth transitional programs address participants immediate and future employment needs. Participants learn employment skills which are practiced on and off-site and transferrable into employment

DISCUSSION-Measurement was based on the following outcome rating. Staff administered a pre/post assessment to 190 participants upon admission and quarterly. Results indicated that 56%, 107 of 190 participants were able to identify and complete Vocational Skills.

CAREER DEVELOPMENT TEAM (CDT)

DESCRIPTION- The Career Development team (CDT) works closely with State agency Department of Rehabilitative Services (DARS) to cater to participants who wish to gain or maintain employment in the community. Working side by side with an Employment Specialist /Job coach, participants receive support in resume creation, interviewing skills and appropriate job-related communication. This program offers support to the community employer during the orientation/transition phase, eventually fading out of service as the participant maintains employment on their own.

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, 33 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 49%, 33 of 68 participants. CDT program will continue the focus this year on improving the number is individuals hired for complete employment.

YOUTH TRANSITION TO ADULT PROGRAM (YTAP)

DESCRIPTION- The Youth transitional program (YTAP) works with local school districts in helping participants to transition from the school to the work environment. Participants receive vocational work training while also finishing school, helping them to develop achievable post-graduation goals. This program works collaboratively with participant, parents, teachers, and staff to develop an individualized plan.

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 63%, 20 of 32 students assessed were able to identify the competencies of the assessment.

Opportunity Center Program – continued

HCS PROGRAM DEVELOPMENT

DESCRIPTION-In 2009 Bay Area Rehabilitation Center added the Texas Department of Aging and Disabilities Services-HCS Program. Home Community Services (HCS) is specifically for the individual. Flexible and individualized options may include hands-on support in all aspects of daily living and personal care, support to participate in community integrative opportunities, respite services, and networking and support coordination with other disabilities partners. The program provides qualified participants an alternative to Intermediate Care Facilities/Mental Retardation facilities. The Opportunity Center Program provides participants with disabilities the equipment and tools necessary to become productive individuals in their communities.

DISCUSSION-Program currently service 30 clients and employs 1 full-time staff and 1 assistant. HCS program is a choice program so as individual transfers to our program this will increase our numbers.

Select Organizational Information

2014 Financial Information (unaudited)

Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$4,893,515
Contributions and Bequests	<u>450,998</u>
Total Revenues	\$5,344,513

Expenses By Department

Pediatric Therapy	\$2,991,406
Adult Therapy	487,083
Aquatic Program	122,219
Opportunity Program	1,156,592
General & Admin	655,373
Fund Development	<u>49,813</u>

Total Expenses \$5,462,485

Net Surplus/(Loss) (\$117,972)

End of Year Net Asset Balance \$3,152,943

2014 Board of Directors

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Gary S Englert, Director
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Doug Walker, Director
Gary Yeoman, Director

Mark A Alexander, Executive Director, Ex Officio Board Member

ACKNOWLEDGEMENT
Receipt of Annual Program Evaluation Report

Program Evaluation data is collected and information is used to manage and improve service delivery as well as inform the staff and other stakeholders about the Center and ongoing operations.

On _____, I received the **2014 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

Employee Signature

Date

Employee Printed Name