

Bay Area Rehabilitation Center 2015

Program Evaluation (January 2015 – December 2015)

Submit for:

**Board of Directors Review
March 30, 2016**



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 2016

- I. Continue to enhance the community's knowledge regarding the variety of services offered and outcomes achieved at Bay Area Rehabilitation Center.
- II. Evaluate capital options that result in long-term, cost efficient and sustainable improvements to the facilities of the Center
- III. Develop strategic plan to identify, monitor and address possible changes in governmental funding streams
- IV. Finalize and implement long-term digital storage process for client records.

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

Data is collected on each client at various times in each program, typically upon entry into the program or the initial evaluation, with subsequent measures taken based on timing/length of stay and in most cases immediately prior to or at discharge from the program. When possible, such as with LIFEware and Battelle, the data collected is compared to national data of similar type of diagnosis. In the other programs we make internal and historical comparisons. The analysis of the data allows the Center and each of its programs to identify areas of strength and areas that need improvements. We conduct a comprehensive review of each program and the services provided on a quarterly basis and implement changes as indicated.

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

Continuous Quality Improvement System

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

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

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

2015 Improvements at the Center

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

- Compliance with organizational and regulatory timelines
- Enhanced marketing efforts
- An updated and improved Center website

Significant improvements have been made to the facility, including upgrades to the interior spaces and ongoing improvements to the grounds and exterior areas, to include the completion of a connector boardwalk on the Patsy's Destiny trail.

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 2014.

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
0-3 years	64%	64%	67%	69%	74%	75%	64%	61%	63%	65%	62%
3-21 years	9%	9%	5%	9%	5%	6%	9%	10%	7%	9%	11%
21 +	27%	27%	28%	22%	23%	20%	27%	29%	24%	26%	27%

Percentage of total population

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male	55%	62%	61%	62%	59%	60%	63%	63%	64%	64%	63%
Female	45%	38%	39%	38%	41%	40%	37%	37%	36%	36%	37%

Geographic

Location	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Houston*	32%	26%	31%	34%	30%	37%	35%	34.5%	36%	36%	38%
Baytown	25%	26%	29%	31%	31%	31%	34%	34.5%	35%	34%	32%
Pasadena	20%	23%	23%	20%	23%	18%	17%	16.4%	15%	18%	18%
Crosby	13%	8%	7%	7%	7%	4%	5%	4.6%	5%	4%	3%
Channelview	7%	11%	5%	4%	5%	5%	5%	5.2%	5%	4%	5%
La Porte	4%	5%	3%	4%	4%	4%	4%	4.6%	4%	4%	4%

*and surrounding area

Ethnicity Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Caucasians	47%	40%	39%	38%	42%	38%	39%	39%	40%	42%	40%
Hispanics	42%	47%	43%	46%	46%	49%	47%	46%	45%	45%	48%
African Americans	10%	12%	12%	13%	11%	11%	12%	13%	13%	11%	11%
Asians	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%	0%

Payer Sources

by client	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Medicaid	43%	34%	34%	37%	39%	42%	42%	40.3%	34.5%	29%	45%
Insurance	36%	26%	22%	24%	22%	23%	26%	28%	22%	21%	19%
EI (state funding)	11%	20%	25%	22%	23%	21%	12%	9.3%	19%	14%	12%
Medicare	9%	5%	4%	3%	4%	4%	4%	4%	3.5%	3%	3%
Workman's Comp	2%	3%	3%	2%	2%	1%	1%	1.3%	.24%	1%	1%
Other		12%	12%	12%	10%	9%	15%	17%	20%	31%	2%
Industrial											13%
Governmental Contracts											5%

Unduplicated count of clients served annually (excluding aquatics exercise)

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
	2364	2577	3067	3321	3637	3519	2606	2567	2952	3305	3081
Increase	4.8	9%	19%	9%	9%				13%	11%	
Decrease						3%	26%	1.5%			7%

Client satisfaction

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

Examples of the many positive comments received in 2015:

- The staff is fantastic!
- Very satisfied by services provided by staff very patient, caring and nice to patient as well as myself.
- The services not only are quality but caring which is very important when working with children
- I appreciate the patience, professionalism, and the encouragement and positivity of staff.
- The staff helped me move past the fears in my head that were limiting me as much as the actual pain. For me this was very important.
- I am able to live my life with better quality due to my therapy received by my therapist.
- Always treated in a respectful & cordial way. Always left in a better mood that when I came.
- I really do see a difference in what I am able to do thanks to the therapy I received.
- Thank you for providing me tools to use other than meds to help ease/reduce my pain level and strengthen muscles properly.
- The therapists are always courteous, patient, professional, and challenging-helping me to achieve success Thank You!
- I learn a lot on how to help myself at home the staff was wonderful.

Suggestions received:

- An option to have would be co-visits for certain therapies that benefit from each other.
- Group therapy would be great
- More signage or advertisement.
- Would have liked a souvenir of my visit here as I receive at the other rehab for a keepsake.
- Where to go for work condition not offered here; disappointed not being done here
- Cooler temps in land PT area.

Adult Program

Demographics

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Average Age	54	47	45	46	49	52	52	55	45	43	42
5 - 39 years	25%	37%	40%	35%	27%	21%	33%	37.5%	44%	46%	52%
40 – 59 years	42%	42%	41%	44%	46%	48%	40%	37%	33%	33%	27%
60 – 79 years	29%	18%	16%	19%	23%	25%	24%	22%	21%	20%	19%
80 - 90 years	4%	3%	3%	2%	4%	5%	2%	3.5%	2%	1%	2%

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male	38%	61%	65%	62%	55%	52%	61%	62%	67%	67%	67%
Female	63%	39%	35%	38%	45%	48%	39%	38%	33%	33%	33%

Ethnicity Mix	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Caucasians	74%	69%	71%	75%	77%	72%	68%	64%	58%	59%
Hispanics	15%	15%	14%	12%	12%	13%	15%	17%	21%	22%
African Americans	12%	14%	14%	11%	10%	10%	14%	15%	19%	17%

Payer Sources, by client

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Insurance	61%	31%	31%	42%	43%	46%	38%	33%	26%	22%	22%
Medicare	28%	17%	14%	17%	20%	25%	19%	21%	14%	13%	12%
Workman's Comp	6%	9%	11%	9%	10%	6%	6%	6%	1%	3%	3%
Employer											54%
Other	5%	43%	44%	32%	27%	23%	37%	40%	59%	61%	8%

Unduplicated count of clients served annually (excluding aquatics exercise)

2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
554	752	1082	695	683	536	576	624	738	746	722

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	2015
11.7	11.2	11.1	10.2	9.1	8.8	11.4	10.9	10.4	10.2	10.0

Service received (PWS clients not included)

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
PT only	73%	68%	62%	58%	57%	64%	65%	61%	69%	71%	70%
OT only	19%	28%	35%	35%	35%	28%	25%	27%	22%	22%	18%
ST only											4%
PT, OT, ST Combination	8%	4%	1%	7%	8%	8%	10%	12%	9%	7%	8%

Adult Program – continued

Impairment Type	2009	2010	2011	2012	2013	2014	2015
Neurological	5%	19%	9%	4%	4%	12%	16%
Stroke	4%	3%	3%	5%	4%	2%	2%
Orthopedic	66%	53%	50%	40%	47%	30%	27%
Musculoskeletal	14%	15%	19%	29%	18%	19%	39%
Arthritic							8%
Other	11%	10%	19%	22%	27%	37%	8%

Client report at time of discharge

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Improvement in functional status	78%	81%	84%	84%	79%	72%	74%	77%	77%	82%	67%
Improvement in limitation of activities/ lifestyle	80%	80%	86%	86%	76%	74%	73%	77%	75%	84%	48%
Decrease in symptoms	87%	87%	92%	94%	91%	88%	87%	88%	85%	93%	58%

Primary reasons for discharge

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Goals achieved	38%	33%	33%	28%	18%	12%	22%	17.5%	19%	18%	25%
Non-attendance	11%	8%	15%	17%	17%	7%	14%	18.7%	17%	18%	18%
Maximum benefit	14%	11%	14%	18%	18%	26%	23%	34.6%	25%	14%	21%
Client/parent request	12%	11%	10%	13%	17%	13%	20%	20.6%	20%	31%	21%
Physician request	6%	4%	4%	3%	4%	3%	3%	4.6%	4%	3%	5%
Insurance Authorization					8%	5%	6%	3.7%	4%	7%	7%

Diagnosis	Sample of diagnoses treated	Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	2007	27	36	54	14	75%	8% nonattendance	11% client/MD request
	2008	27	28	52	7.6	70%	36% max. benefit	45% client/MD request
	2009	17	30	58	12	70%	15% max. benefit	9% client/MD request
	2010	26	41	54	9	79%	19% max. benefit	19% client request
	2011	14	19	55	8	54%	35% max. benefit	26% nonattendance
	2012	11	10	56	9	61%	39% max. benefit	28% client/MD request
	2013	211	21	60	7.7	57%	55% max. benefit	27% client request
	2014	13	20	54	10.3	70%	16% max. benefit	66% client/MD request1/6
Condition of the cervical region	2007	2	13	62	9	73%	0% nonattendance	20% client/MD request
	2008	3	14	53	9	64%	60% max. benefit	20% client/MD request
	2009	5	5	59	12	70%	20% max. benefit	10% client/MD request
	2010	5	20	54	7.9	72%	5% max. benefit	21% client/MD request
	2011	3	4	51	7.5	80%	17% no contact	33% client request
	2012	0	3	50	5	20%	43% no contact	14% Ins authorization
	2013	5	13	57	9.7	61%	17% max. benefit	11% client request
	2014	3	4	54	10.3	100%		
2015	3	5	55	7.5	50%	33% Illness	66% client/MD request	

Adult Program – continued

Diagnosis Sample of diagnoses treated	Male	Female	Average Age	Average Visits	Improvement in functional status	Cause for lack of improvement		
Difficult in waking	2007	9	7	58	17	74%	13% Change in medical status	6% MD request
	2008	12	18	54	12.9	91%	50% nonattendance	50% client request
	2009	5	11	67	13	56%	2% max. benefit	29% client request
	2010	11	19	62	16.8	77%	28% max. benefit	4% Illness
	2011	23	31	60	12.5	73%	30% max. benefit	24% client request
	2012	19	39	58	12.7	82%	55% max. benefit	29% no contact
	2013	5	17	59	10.4	68%	100% max. benefit	
	2014	22	31	54	10.1	60%	33% nonattendance	33% client request
2015	19	37	56	10.9	72%	27% max. benefit	33% client request	
Joint pain	2007	44	55	47	12	89%	1% max. benefit	1% client/MD request
	2008	21	20	51	13.8	97%	100% max. benefit	
	2009	21	24	49	12	89%	4% non attendance	4% client request
	2010	16	33	52	11	82%	8% max. benefit	3% client request
	2011	17	25	53	13.5	85%	27% max. benefit	20% client request
	2012	28	23	57	12.8	81%	41% max. benefit	21% client request
	2013	29	34	53	10.4	70%	42% max. benefit	34% client/MD request
	2014	22	38	54	10.2	68%	20% max. benefit	20% client/MD request
2015	18	37	56	10.9	69%	25% max. benefit	38% client request	
Joint stiffness	2007	28	17	49	14	93%	2% Change in medical status	
	2008	9	6	51	13.13	100%		
	2009	7	1	51	10	88%	13% Moved from area	
	2010	3	7	60	9.2	70%		14% client request
	2011	9	17	56	11.5	58%	20% nonattendance	35% client request
	2012	20	24	55	11.4	71%	55% max. benefit	29% client request
	2013	20	21	58	10	68%	50% max. benefit	30% client request
	2014	8	6	54	10.2	91%	9% max. benefit	
2015	9	4	54	12.3	90%	9% max benefit	9% client request	

Average age for clients served in the adult program continued to have a slight decline and resides at approximately 42 years of age in 2015. 48% of the clients served were over the age of 40 and 52% were below the age of 40. Our overall census declined in 2015 to a total number of clients seen of 722. This decline can possibly be contributed to being short staffed of therapists.

Average number of visits per client decreased slightly from 10.2 to 10.0 in 2015. This length of stay has remained relatively consistent over the past 4 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. Clients' length of admission and total number of visits is within the national norms for all 4 quarters of 2015 according to the LifeWARE report.

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

Clients were discharged from services for several reasons, with goals achieved being the most improved over a 4 year period, 18% in 2014 to 25% in 2015.

Pediatric Program

Demographics

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Average Age	6.5	7	7	6.7	7	9	9	8.4	8.3	8.4	9.1
0 - 2 years	28%	1%	3%	4%	2%	0%	2%	1%	0%	1%	0%
3 - 4 years	26%	30%	34%	30%	31%	23%	26%	28%	28%	31%	33%
5 - 6 years	13%	24%	20%	29%	20%	21%	16%	16%	19%	15%	16%
7+	33%	45%	42%	37%	47%	56%	56%	55%	53%	53%	51%

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male	59%	62%	68%	73%	62%	61%	62%	63%	64%	67%	62%
Female	41%	38%	32%	27%	38%	39%	38%	37%	36%	33%	38%

Ethnicity Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Caucasians	56%	48%	45%	45%	36%	40%	38%	36%	39%	32%	32%
Hispanics	34%	35%	41%	40%	48%	45%	45%	40%	35%	47%	47%
African Americans	10%	15%	13%	14%	13%	12%	13%	18%	22%	15%	16%

Payer Sources, by client

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Insurance	56%	54%	51%	50%	47%	53%	47%	52%	49%	40%	33%
Medicaid	42%	45%	46%	49%	52%	45%	50%	47%	50%	56%	63%
Private Funding	2%	1%	3%	1%	1%	2%	3%	1%	1%	4%	4%

Unduplicated count of clients served annually (excluding aquatics exercise)

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
	195	185	152	161	157	184	181	211	171	211	223

Average length of admission (discharged clients only)

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Months	9.69	10.06	8.38	7.62	7.87	3.83	6.96	5.16	6.71	5.3	5.3
Change		.37	-1.67	-.76	.25	-4.04	3.13	-1.80	1.55	-1.41	0

Service received (PWS clients not included)

	2010	2011	2012	2013	2014	2015
PT only	25%	31%	28%	23%	22%	26%
OT only	14%	9%	12%	14%	10%	10%
ST only	36%	28%	31%	30%	42%	42%
PT, OT, ST Combination	25%	32%	29%	32%	26%	22%

Average number of visits per client

	2010	2011	2012	2013	2014	2015
	12.3	24.6	16.4	22.4	57.6	21.5

Pediatric Program - continued

Impairment Type	2014	2015
Neurological	6%	5%
Congenital/ Developmental	38%	45%
Orthopedic	13%	14%
Musculoskeletal	6%	19%
Acquired Brain Injury	1%	8%
Other	8%	10%

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

	2015
All Areas	10%
PT	24%
OT	7.5%
ST	6.8%

Primary reasons for discharge

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Goals achieved/ Max Benefit	37%	26%	14%	21%	27%	33%	19%	27%	26%	26%	35%
Non-attendance	15%	15%	23%	16%	21%	24%	23%	33%	31%	35%	35%
Client/parent request	22%	22%	33%	19%	13%	22%	22%	17%	21%	23%	14%
Insurance Authorization					25%	14%	23%	9%	11%	11%	11%

Average client's age in the pediatric program remained relatively consistent over the last few years ranging from 7-9 years of age. 51% of the clients served were over the age of 7 and 49% were below the age of 7. Unduplicated count of pediatric clients reversed last 2 years trend and increased to 223 from 211. This could be related to increase in Medicaid-based clients as well as slight increase in physical therapy clients from 22% in 2014 to 26% in 2015. We continue to focus on marketing efforts and transition of clients from the ECI program.

Average length of admission in the pediatric program remained the same from 2014 at 5.3 months. There was no change in nonattendance at 35%, with 35% of the clients met their goals at discharge and 11% discharged due to insurance authorization. Discharge due to client/parent request decreased from 23% to 14%. Average number of pediatric visits for 2015 declined to 21.5 from 57.6 due to staffing. 45% of the client's impairment was congenital/developmental disorder with 5% being neurological disorders.

With the initiation of Pediatric Outcome survey, which is utilized to measure the overall performance of a client from initial evaluation to discharge, we saw an average increase over a 12 month span of 10.08% all areas combined. Pediatric staff continue to focus on family education and involvement as a vital component of therapy. The staff document a summary of progress at 2 and 6 month intervals which is reviewed with the family regarding goals, progress, concerns and actions taken to address these concerns. 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	2015
Male	61%	62%	59%	61%	60%	61%	63%	63%	62%	63%	62.5%
Female	38%	38%	41%	39%	40%	38%	37%	37%	38%	37%	37.5%

Ethnicity

Mix	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Caucasians	29%	25%	26%	26%	33%	34%	28%	27%	31%	35%	33%
Hispanics	58%	61%	55%	58%	56%	53%	60%	61%	59%	55%	60.7%
African Americans	12%	11%	11%	11%	10%	11%	10%	10%	8%	7%	5.8%
Asian	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%	.4%
Other	.2%	3%	7%	4%	0%	0%	0%	1%	1%	1%	0%

Payer Sources, by client

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Insurance	20%	21%	17%	19%	17%	18%	22%	26%	21%	26%	18.6%
Medicaid	63%	47%	46%	49%	51%	53%	59%	59%	49%	46%	61.6%
Other Funding	17%	32%	37%	32%	32%	28%	19%	15%	30%	28%	19.8

Unduplicated count of clients served annually (excluding aquatics exercise)

2008	2009	2010	2011	2012	2013	2014	2015
2279	2608	2609	1668	1564	1862	2158	1921

Average Monthly Enrollment

	2008	2009	2010	2011	2012	2013	2014	2015
Increase	596	594	577	450	438	450	444	444
Decrease	20%		3%	22%	3%	2.7%	1%	

Referrals

	2008	2009	2010	2011	2012	2013	2014	2015
Monthly Average	160	176	195	125	119	149	150	180
Increase	10%	10%	10%			25%		16.7%
Decrease				36%	5%			
Percentage Enrolled	35%	32%	29%	35%	43%	28%	34%	22.6%
Increase				3%	8%		6%	
Decrease	2%	3%	3%			15%		11.4%

Early Childhood Intervention (ECI) Program - continued

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

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Expressive	7.5	9.3	8.4	9.0	9.3	10	7.7	11.6	7.7	9	8.77
Receptive	10.4	10.3	9.8	10.2	10.4	11	8.8	11.1	6.9	7.7	8.35
Gross Motor	10.4	9.3	9.8	10.5	10.4	11.4	9.4	13.5	8.3	9.2	9.74
Fine Motor	9.7	9.4	9.3	9.7	9.8	10.9	9.6	14.4	10.9	5.6	10
Social	11.3	11	11	11.2	11.2	12	10.5	12.1	8.5	7.9	5.91
Self Help	11.5	10.6	10.8	10.5	12.1	11.5	9.5	13.2	8.5	9.9	9.37

Summary of Planned vs. Delivered data

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

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

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

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. Since 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 remains steady with insignificant fluctuations.

Average Monthly Enrollment: Average monthly enrollment remained flat from 2014 to 2015. This is largely driven by restricted eligibility criteria, quality of referral, and restrictions inherent in the contract structure. Certain contractual constraints necessitate pushing the program census to the contractually established threshold, but not exceeding it.

Unduplicated Count of Clients Served Annually: The program welcomed any opportunity to serve 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. This year, we saw a significant number of children who were referred; the family declined services, and then were re-referred by their physician, and subsequently evaluated and enrolled.

Referrals: There was a programmatic 11.4% decrease in referrals to ECI that resulted in enrollment. Statewide, ECI programs are continually working with referral sources to help them better understand the eligibility criteria and the percentage delays necessary to qualify for services. A stated goal for the ECI program for 2016 is to see an increase in percentage of referrals enrolled.

Service Delivery Data - Planned vs. Delivered: It is a contractual requirement that SST only account for 40% of all services delivered. We have mitigated the potential impact of this restriction with increased planning of therapy services. This program continues its planned transverse phase, operationalizing new constraints on service planning and finding a balance point for requirements and need. The planned hours continue to increase at 4.23 hours per child in 2015. We are among the highest service planning programs in the state ECI system. There continue to be unavoidable barriers to delivery that impact the average delivered hours. Family cancellations, no-shows, and child illnesses/hospitalizations significantly contributed to a 2.35 average. Contractual expectations establish a 2.75 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. It is important to note that any data at the individual level pertaining to change in functional domains can see a negative shift from baseline associated with progression of undiagnosed disease and disability, such as a chromosomal abnormality case where genetics testing is either in progress or is not yet completed. Far fewer ECI cases in our program are strictly mild developmental delay.

Opportunity Center Program

Demographics

Age Groups	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
15-18 years			2%	4%	5%	13%	2%	4%	3%	10%	10%
19-26 years			26%	38%	41%	30%	34%	45%	24%	57%	38%
27-45 years			42%	30%	36%	29%	47%	38%	40%	23%	40%
46-59 years			28%	25%	18%	24%	16%	13%	21%	8%	9%
60 + years			2%	3%	-	4%	1%	0%	12%	2%	2%

Gender	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Male			57%	52%	54%	65%	70%	62%	66%	58%	63%
Female			43%	48%	46%	35%	30%	38%	34%	42%	37%

Ethnicity	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Mix											
Caucasians			49.0%	54%	51%	58%	35%	44%	39%	63%	47%
Hispanics			23%	20%	22%	24%	30%	26%	24%	18%	26%
African Americans			28%	27%	27%	18%	35%	30%	37%	18%	28%

Payer Sources, by client

	2007	2008	2009	2010	2011	2012	2013	2014	2015
MHMRA 43/53	6%	6%	8%	10%	11%	7%	20%	8%	11%
ISD	1%	23%	25%	26%	21%	32%	18%	17%	15%
Private Pay	4%	4%	7%	3%	3%	9%	11%	8%	7%
Dads	7%	10%	13%	14%	25%	20%	17%	24%	26%
DARS	0%	24%	22%	23%	20%	22%	21%	36%	26%
Production	82%	33%	25%	24%	20%	10%	13%	8%	15%

Unduplicated count of clients served annually (excluding aquatics exercise)

2007	2008	2009	2010	2011	2012	2013	2014	2015
55	186	189	190	181	168	181	190	215

The Opportunity Center Program provides vocational training, day habilitation, case management youth transition (YTAP), HCS (Home and community based services), Txhtml (Texas home living services) and job placement services (CDT) 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.

Opportunity Center Program - continued

Day activities are focused on teaching basic life skills such as self-care, independent living, communication and appropriate leisure time. 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. The Career Development team 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. 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. In addition support services are provided for those individuals living with their families in their own home or in other community settings. Home Community Services (HCS) and Texas Home Living (TxHmL) 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. The program as a whole offer therapeutic, educational, recreational, housing and support service for families of those persons with disabilities. Our goal is to assure every individual increase in socialization to provide them with a since overall well being

DISCUSSION- Measurement was based on the following outcome rating. Staff administered a pre/post assessment to 215 participants upon admission and quarterly. Results indicated that 57%, 122 of 215 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: Personal Social Adjustment Training (PSAT), Work Adjustment Training (WAT),, Job Placement, and Supported Employment

Opportunity Center Program - continued

DISCUSSION- Measurement was based on the following outcome rating: Of the 55 total unduplicated consumers served, 30 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 55%, 30 of 55 participants. CDT program will continue the focus this year on improving the number of 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 71%, 25 of 35 students assessed were able to identify the competencies of the assessment.

HCS PROGRAM DEVELOPMENT

DESCRIPTION-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 38 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.

TEXAS HOME LIVING SERVICES (TxHml)

DESCRIPTION- In 2014 the program expanded its services to include Texas Home Living Services (TxHml) is also specifically for the individual. Like HCS its flexible and individualized options include support to participate in community integrative opportunities, respite services, day habilitation services, and transportation services. This program provides qualified participants an alternative to Intermediate Care Facilities/Mental Retardation facilities.

DISCUSSION- Program currently service 14 clients and employs 1 full-time staff. TxHml program is also a choice program so as individuals transfer to our program this will increase the number served.

Select Organizational Information

2015 Financial Information (unaudited)

Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$5,533,452
Contributions and Bequests	<u>467,751</u>
Total Revenues	\$6,001,203

Expenses By Department

Pediatric Therapy	\$3,272,068
Adult Therapy	408,536
Aquatic Program	116,421
Opportunity Program	1,417,407
General & Admin	727,858
Fund Development	<u>52,292</u>

Total Expenses \$5,994,582

Net Surplus/(Loss) \$6,621

End of Year Net Asset Balance \$3,155,500

2015 Board of Directors

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Lynne Foley, Vice Chair
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Sam Springer, Treasurer

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Virginia Chase, Director
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Eric Harding, Director
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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 **2015 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

Employee Signature

Date

Employee Printed Name