

Bay Area Rehabilitation Center 2016

Program Evaluation (January 2016 – December 2016)

Submit for:

**Board of Directors Review
March 29, 2017**



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 2017

- 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 ongoing changes in governmental funding streams
- IV. Investigate and develop long-term funding strategies to help ensure the continual financial stability of the Center.

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.

2016 Improvements at the Center

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

- Compliance with organizational and regulatory timelines
- Enhanced marketing efforts via more fluid website activity as well as an improved Facebook and social media presence

Ongoing improvements have been made to the facility, including upgrades to the interior spaces and 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 2015.

Age Groups	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
0-3 years	64%	67%	69%	74%	75%	64%	61%	63%	65%	62%	67%
3-21 years	9%	5%	9%	5%	6%	9%	10%	7%	9%	11%	8%
21 +	27%	28%	22%	23%	20%	27%	29%	24%	26%	27%	25%

Percentage of total population

Gender	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	62%	61%	62%	59%	60%	63%	63%	64%	64%	63%	63%
Female	38%	39%	38%	41%	40%	37%	37%	36%	36%	37%	37%

Geographic Location	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Houston*	26%	31%	34%	30%	37%	35%	34.5%	36%	36%	38%	41%
Baytown	26%	29%	31%	31%	31%	34%	34.5%	35%	34%	32%	28%
Pasadena	23%	23%	20%	23%	18%	17%	16.4%	15%	18%	18%	18%
Crosby	8%	7%	7%	7%	4%	5%	4.6%	5%	4%	3%	4%
Channelview	11%	5%	4%	5%	5%	5%	5.2%	5%	4%	5%	5%
La Porte	5%	3%	4%	4%	4%	4%	4.6%	4%	4%	4%	4%

*and surrounding area

Ethnicity Mix	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Caucasians	40%	39%	38%	42%	38%	39%	39%	40%	42%	40%	39%
Hispanics	47%	43%	46%	46%	49%	47%	46%	45%	45%	48%	50%
African Americans	12%	12%	13%	11%	11%	12%	13%	13%	11%	11%	10%
Asians	1%	1%	1%	1%	1%	1%	1%	1%	2%	0%	0%

Payer Sources	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
by client											
Medicaid	34%	34%	37%	39%	42%	42%	40.3%	34.5%	29%	45%	35%
Insurance	26%	22%	24%	22%	23%	26%	28%	22%	21%	19%	23%
ECI (state funding)	20%	25%	22%	23%	21%	12%	9.3%	19%	14%	12%	23%
Medicare	5%	4%	3%	4%	4%	4%	4%	3.5%	3%	3%	3%
Workman's Comp	3%	3%	2%	2%	1%	1%	1.3%	.24%	1%	1%	1%
Industrial Contracts										13%	7%
Other	12%	12%	12%	10%	9%	15%	17%	20%	31%	2%	1%

Unduplicated count of clients served annually (excluding aquatics exercise)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
	2577	3067	3321	3637	3519	2606	2567	2952	3305	3081	2925
Increase	9%	19%	9%	9%				13%	11%		
Decrease					3%	26%	1.5%			7%	5%

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 2016:

- We have been thoroughly pleased with our experience at BARC. Therapist was the perfect fit for our son and we are so grateful for the help she has provided. We have no complaints only praise!
- My therapist was exceptional very helpful.
- Bay Area Rehab Rocks!!!
- Therapists were very knowledgeable and professional. They taught me new and useful techniques and exercises that have helped my pain level.
- Bay Area has the best staff. I love everything about it. I will recommend everybody I know to come experience what I experienced.
- Felt welcomed coming & going. Had a lot of help and explanation for exercises. Thank You!
-
- I feel therapists were very concerned about my needs. They addressed each problem professionally all session were on time and time was used excellently.
- Everyone here is friendly & compassionate. Love all the staff
- Very friendly atmosphere, very professional & upfront, knowledgeable therapist & very polite. Keep up the GOOD WORK!
- Thank you I was able to make a great improvement like heated pool. Doing a good job.
- I have great confidence in the staff & facility
- Very nice & sweet world class professionals they care & they know their jobs.

Suggestions received:

- More detailed advertisement so more people know you are here many friends/family were surprised to hear all BARC offers.
- Rides to the place free of charge.
- Advertise resources available to community.

Adult Program

Demographics

Age Groups	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Average Age	47	45	46	49	52	52	55	45	43	42	46
5 - 39 years	37%	40%	35%	27%	21%	33%	37.5%	44%	46%	52%	41%
40 – 59 years	42%	41%	44%	46%	48%	40%	37%	33%	33%	27%	31%
60 – 79 years	18%	16%	19%	23%	25%	24%	22%	21%	20%	19%	25%
80 - 90 years	3%	3%	2%	4%	5%	2%	3.5%	2%	1%	2%	3%
Gender	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	61%	65%	62%	55%	52%	61%	62%	67%	67%	67%	57%
Female	39%	35%	38%	45%	48%	39%	38%	33%	33%	33%	43%
Ethnicity Mix	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Caucasians	74%	69%	71%	75%	77%	72%	68%	64%	58%	59%	60%
Hispanics	15%	15%	14%	12%	12%	13%	15%	17%	21%	22%	20%
African Americans	12%	14%	14%	11%	10%	10%	14%	15%	19%	17%	18%
Payer Sources, by client	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Insurance	31%	31%	42%	43%	46%	38%	33%	26%	22%	22%	32.5%
Medicare	17%	14%	17%	20%	25%	19%	21%	14%	13%	12%	17%
Workman's Comp	9%	11%	9%	10%	6%	6%	6%	1%	3%	3%	3.5%
Employer										54%	35.8%
Other Medicaid	43%	44%	32%	27%	23%	37%	40%	59%	61%	8%	1%
											10.4%
Unduplicated count of clients served annually (excluding aquatics exercise)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
	752	1082	695	683	536	576	624	738	746	722	548
Average number of visits per client (Analysis of data-discharged therapy clients only, PWS not included)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
	11.2	11.1	10.2	9.1	8.8	11.4	10.9	10.4	10.2	10.0	9.4
Service received (PWS clients not included)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
PT only	68%	62%	58%	57%	64%	65%	61%	69%	71%	70%	72%
OT only	28%	35%	35%	35%	28%	25%	27%	22%	22%	18%	19%
ST only										4%	2.2%
PT, OT, ST	4%	1%	7%	8%	8%	10%	12%	9%	7%	8%	2.5%
Other Comb											4.2%

Adult Program – continued

Impairment Type	2009	2010	2011	2012	2013	2014	2015	2016
Neurological	5%	19%	9%	4%	4%	12%	16%	5%
Stroke	4%	3%	3%	5%	4%	2%	2%	2%
Orthopedic	66%	53%	50%	40%	47%	30%	27%	31%
Musculoskeletal	14%	15%	19%	29%	18%	19%	39%	47%
Arthritic							8%	11%
Other	11%	10%	19%	22%	27%	37%	8%	4%

Client report at time of discharge

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Improvement in functional status	81%	84%	84%	79%	72%	74%	77%	77%	82%	67%	80%
Improvement in limitation of activities/ lifestyle	80%	86%	86%	76%	74%	73%	77%	75%	84%	48%	76%
Decrease in symptoms	87%	92%	94%	91%	88%	87%	88%	85%	93%	58%	85%

Primary reasons for discharge

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Goals achieved	33%	33%	28%	18%	12%	22%	17.5%	19%	18%	25%	23%
Non-attendance	8%	15%	17%	17%	7%	14%	18.7%	17%	18%	18%	25%
Maximum benefit	11%	14%	18%	18%	26%	23%	34.6%	25%	14%	21%	16%
Client/parent request	11%	10%	13%	17%	13%	20%	20.6%	20%	31%	21%	19%
Physician request	4%	4%	3%	4%	3%	3%	4.6%	4%	3%	5%	4%
Insurance Authorization				8%	5%	6%	3.7%	4%	7%	7%	10%
Change in Medical Status											3.8%

Diagnosis		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Sample of diagnoses treated								
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 request 1/6
	2015	2	14	47	4.9	18%	18% max. benefit	36% client request
2016	30	34	54	10.1	73%	20% max. benefit	17% client request	

Adult Program – continued

Diagnosis Sample of diagnoses treated	Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement		
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
2016	7	11	57	9.4	67%	28% max. benefit	20% client request	
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
2016	19	30	57	15.6	94%	27% max. benefit	14% Insurance Authorization	
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
2016	16	38	56	11.5	83%	26% max. benefit	17% 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
2016	10	8	58	13.2	89%	17% max benefit	22% Insurance Authorization	

Average age for clients served in the adult program has increased to 46 years of age in 2016. 59% of the clients served were 40 years old or older and 41% were below the age of 40. Our overall census declined in 2016 to a total number of clients seen of 548. This decline can possibly be contributed to work rehabilitation clients decreasing from 392 to 227.

Adult Program – continued

Average number of visits per client decreased by .6 from 10.0 to 9.4 in 2016. This length of stay is lower than what has been seen over the last 4 years. This could be contributed 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 has increased significantly across the board for improvements in function, activities/lifestyle and decreased symptoms. Clients' length of admission and total number of visits is within the national norms for all 4 quarters of 2016 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 slightly decreased from 25% in 2015 to 23% in 2016.

Pediatric Program

Demographics

Age Groups	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Average Age	7	7	6.7	7	9	9	8.4	8.3	8.4	9.1	8.1
0 - 2 years	1%	3%	4%	2%	0%	2%	1%	0%	1%	0%	1%
3 - 4 years	30%	34%	30%	31%	23%	26%	28%	28%	31%	33%	35%
5 - 6 years	24%	20%	29%	20%	21%	16%	16%	19%	15%	16%	14%
7+	45%	42%	37%	47%	56%	56%	55%	53%	53%	51%	50%

Gender	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	62%	68%	73%	62%	61%	62%	63%	64%	67%	62%	63%
Female	38%	32%	27%	38%	39%	38%	37%	36%	33%	38%	37%

Ethnicity Mix	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Caucasians	48%	45%	45%	36%	40%	38%	36%	39%	32%	32%	36%
Hispanics	35%	41%	40%	48%	45%	45%	40%	35%	47%	47%	39%
African Americans	15%	13%	14%	13%	12%	13%	18%	22%	15%	16%	20%
Other											5%

Payer Sources, by client	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Insurance	54%	51%	50%	47%	53%	47%	52%	49%	40%	33%	39%
Medicaid	45%	46%	49%	52%	45%	50%	47%	50%	56%	63%	55%
Private Funding	1%	3%	1%	1%	2%	3%	1%	1%	4%	4%	6%

Unduplicated count of clients served annually (excluding aquatics exercise)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
	185	152	161	157	184	181	211	171	211	223	205

Average length of admission (discharged clients only)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Months	10.06	8.38	7.62	7.87	3.83	6.96	5.16	6.71	5.3	5.3	5.65
Change	.37	-1.67	-.76	.25	-4.04	3.13	-1.80	1.55	-1.41	0	.35

Service received (PWS clients not included)	2010	2011	2012	2013	2014	2015	2016
PT only	25%	31%	28%	23%	22%	26%	28%
OT only	14%	9%	12%	14%	10%	10%	7.8%
ST only	36%	28%	31%	30%	42%	42%	38.5%
PT, OT, ST	25%	32%	29%	32%	26%	22%	1.46%
Other Comb							23.9%

Average number of visits per client	2010	2011	2012	2013	2014	2015	2016
	12.3	24.6	16.4	22.4	57.6	21.5	26

Pediatric Program - continued

Impairment Type	2014	2015	2016
Neurological	6%	5%	4%
Congenital/ Developmental	38%	45%	55%
Orthopedic	13%	14%	12%
Musculoskeletal	6%	19%	23%
Acquired Brain Injury	1%	8%	4%
Other	8%	10%	2%

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

	2015	2016
All Areas	10%	9.7%
PT	24%	-1%
OT	7.5%	12%
ST	6.8%	9.7%

Primary reasons for discharge

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Goals achieved/ Max Benefit	26%	14%	21%	27%	33%	19%	27%	26%	26%	35%	39%
Non-attendance	15%	23%	16%	21%	24%	23%	33%	31%	35%	35%	19%
Client/parent request	22%	33%	19%	13%	22%	22%	17%	21%	23%	14%	19%
Insurance Authorization				25%	14%	23%	9%	11%	11%	11%	7%

Average client's age in the pediatric program remained relatively consistent over the last few years ranging from 7-9 years of age. 50% of the clients served were 7 or older and 50% were below the age of 7. Unduplicated count of pediatric clients slightly decreased from 223 to 205 in 2016. This could be related to increase in Medicaid-based clients as well as slight increase in physical therapy clients from 26% in 2015 to 28% in 2016. We continue to focus on marketing efforts and transition of clients from the ECI program.

Average length of admission in the pediatric program increased slightly from 5.3 to 5.65 months in 2016. There was a significant change in nonattendance from 35% to 19% in 2016. 39% of the clients met their goals at discharge increased from 35% in 2015 and 7% discharged due to insurance authorization. Discharge due to client/parent request increased from 14% to 19%. Average number of pediatric visits for 2016 increased from 21.5 to 26 possibly due to addition of staff. 55% of the client's' impairments were congenital/developmental disorder with 4% being neurological disorders.

Pediatric Program - continued

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 9.7% all areas combined. There was a significant decrease in PT possibly due to severity of the conditions of the clients. 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	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	62%	59%	61%	60%	61%	63%	63%	62%	63%	62.5%	64.6%
Female	38%	41%	39%	40%	38%	37%	37%	38%	37%	37.5%	35.4%

Ethnicity

Mix	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Caucasians	25%	26%	26%	33%	34%	28%	27%	31%	35%	33%	29.9%
Hispanics	61%	55%	58%	56%	53%	60%	61%	59%	55%	60.7%	64%
African Americans	11%	11%	11%	10%	11%	10%	10%	8%	7%	5.8%	5.6%
Asian	1%	1%	1%	1%	1%	2%	1%	1%	1%	.4%	.41%
Other	3%	7%	4%	0%	0%	0%	1%	1%	1%	0%	.05%

Payer Sources, by client

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Insurance	21%	17%	19%	17%	18%	22%	26%	21%	26%	18.6%	25.7%
Medicaid	47%	46%	49%	51%	53%	59%	59%	49%	46%	61.6%	51.1%
Other Funding	32%	37%	32%	32%	28%	19%	15%	30%	28%	19.8	23.2%

Unduplicated count of clients served annually (excluding aquatics exercise)

2008	2009	2010	2011	2012	2013	2014	2015	2016
2279	2608	2609	1668	1564	1862	2158	1921	1946

Average Monthly Enrollment

	2008	2009	2010	2011	2012	2013	2014	2015	2016
	596	594	577	450	438	450	444	444	444
Increase (i) /Decrease (d)	20%		3%	22%	3%	2.7%	1%		
	(i)		(d)	(d)	(i)	(i)	(d)		

Referrals

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Monthly	160	176	195	125	119	149	150	180	181
Average									
Increase (i) /Decrease (d)	10%	10%	10%	36%	5%	25%		16.7%	.6.9%
	(i)	(i)	(i)	(d)	(d)	(i)		(i)	(i)
Percentage									
Enrolled	35%	32%	29%	35%	43%	28%	34%	22.6%	24.7%
Increase (i) /Decrease (d)	2%	3%	3%	3%	8%	15%	6%	11.4%	8.4%
	(d)	(d)	(d)	(i)	(i)	(d)	(i)	(d)	(i)

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

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Expressive	9.3	8.4	9.0	9.3	10	7.7	11.6	7.7	9	8.77	14.01
Receptive	10.3	9.8	10.2	10.4	11	8.8	11.1	6.9	7.7	8.35	9.53
Gross Motor	9.3	9.8	10.5	10.4	11.4	9.4	13.5	8.3	9.2	9.74	7.6
Fine Motor	9.4	9.3	9.7	9.8	10.9	9.6	14.4	10.9	5.6	10	8.87
Social	11	11	11.2	11.2	12	10.5	12.1	8.5	7.9	5.91	7.3
Self Help	10.6	10.8	10.5	12.1	11.5	9.5	13.2	8.5	9.9	9.37	9.89

Early Childhood Intervention (ECI) Program - continued

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

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

	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

	2016 Planned		2016 Delivered	
	Avg/hrs child/mo			
Overall	4.6	Hrs	2.7	hrs
SST	54.7%	2.3	33.3%	1.4
OT	44.8%	2.1	25.6%	1.2
PT	28.9%	2	15.9	1.1
ST	66.7%	2	43.4%	1.3
Nutrition	13.4%	1.3	7.2%	.7

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 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. The portions of Houston we serve, which comprises the geographic predominance of our enrolled population, are majority Hispanic, providing insight into the significant disproportion of ethnicity presented.

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.

Early Childhood Intervention (ECI) Program - continued

Average Monthly Enrollment: Average monthly enrollment remained flat from 2015 to 2016. 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 0.69% increase in referrals to ECI that resulted in enrollment. Statewide, ECI programs continue to work 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 2017 is to see an increase in percentage of referrals enrolled, though the current funding environment of ECI supports minimal increases.

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 4.6 hours per child in 2016. 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 2.7 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 and continues to exceed the contractual requirement.

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. Approximately 29% of our program enrollment is with Medical Diagnosis, significantly higher than the 16% state average. 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	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
15-18 years	2%	4%	5%	13%	2%	4%	3%	10%	10%	1%
19-26 years	26%	38%	41%	30%	34%	45%	24%	57%	38%	55%
27-45 years	42%	30%	36%	29%	47%	38%	40%	23%	40%	36%
46-59 years	28%	25%	18%	24%	16%	13%	21%	8%	9%	4%
60 + years	2%	3%	-	4%	1%	0%	12%	2%	2%	4%

Gender	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	57%	52%	54%	65%	70%	62%	66%	58%	63%	66%
Female	43%	48%	46%	35%	30%	38%	34%	42%	37%	34%

Ethnicity Mix	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Caucasians	49.0%	54%	51%	58%	35%	44%	39%	63%	47%	66%
Hispanics	23%	20%	22%	24%	30%	26%	24%	18%	26%	17%
African Americans	28%	27%	27%	18%	35%	30%	37%	18%	28%	17%

Payer Sources, by client

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
MHMRA	6%	6%	8%	10%	11%	7%	20%	8%	11%	14%
ISD	1%	23%	25%	26%	21%	32%	18%	17%	15%	22%
Private Pay	4%	4%	7%	3%	3%	9%	11%	8%	7%	7%
HHSC (formaly Dads)	7%	10%	13%	14%	25%	20%	17%	24%	26%	30%
TWX Vocational Rehab (formaly DARS)	0%	24%	22%	23%	20%	22%	21%	36%	26%	14%
Contracts										13%

Unduplicated count of clients served annually (excluding aquatics exercise)

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
55	186	189	190	181	168	181	190	215	226

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, primarily those with mental health concerns, 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 ease their (as well as their family's) overall concerns related to mental health matter, enhance their self-esteem, and in many cases to become qualified employees to community employers. Services include day habilitation, vocational training, youth transition programs and home community services.

Opportunity Center Program - continued

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. Vocational training address participants' immediate and future employment and education 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 an assessment to 191 participants after 30days of enrollment. Participants are observed for the first 30 days to measure progress in educational and vocational capacities. Results indicated that 48%, 108 of 226 participants were able to identify and complete and educational and/or vocational skills.

CAREER DEVELOPMENT TEAM (CDT)

DESCRIPTION-The Career Development Program (CDP) works closely with Texas Workforce Solutions Vocational Rehabilitation Services to cater to participants who wish to gain or maintain employment in the community. This program offers support to the community employer during the orientation/transition phase, eventually fading out of service as the participants maintains employment on their own. Services include: Personal Social Adjustment Training (PSAT), Work Adjustment Training (WAT), Job Placement, and Vocational Adjustment Training and Supported Employment

DISCUSSION- Measurement was based on the following outcome rating: Of the 30 total unduplicated consumers served, 17 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 57%, 17 of 30 participants.

YOUTH TRANSITION TO ADULT PROGRAM (YTAP)

DESCRIPTION- YTAP works with local school districts in helping participant to transition from the school to the post school and work environment. Vocational training services classroom instruction, training 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 46%, 19 of 41 students assessed were able to identify the competencies of the assessment.

HCS/TxHmL PROGRAM

DESCRIPTION- Home Community Services (HCS) and Texas Home Living (TxHmL) are State programs designed 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 to help family members in the daily care of the participant, and networking and support coordination with other disabilities partners. The program provides qualified participants an alternative to Intermediate Care Facilities/Mental Retardation facilities.

DISCUSSION- The programs combined currently serve 60 clients and employs 2 full-time staff and 1 part-time staff.

Select Organizational Information

2016 Financial Information (unaudited)

Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$5,786,154
Contributions and Bequests	<u>436,765</u>
Total Revenues	\$6,222,919

Expenses By Department

ECI Program	\$2,822,896
Pediatric Therapy	402,036
Adult Therapy	479,704
Aquatic Program	131,301
Opportunity Program	1,617,741
General & Admin	703,902
Fund Development	<u>64,800</u>
Total Expenses	\$6,222,379

Net Surplus/(Loss) \$540

End of Year Net Asset Balance \$3,156,677

2016 Board of Directors

Barry James, Chairman
Lynne Foley, Vice Chair
Doug Walker, Secretary
Eric Harding, Treasurer

James J Bernick, MD, Director
Virginia Chase, Director
Gary S Englert, Director
Tom Kelcher, Ed D., Director
David R Smith, Director
Sam Springer, Director
Liz Stavens, Director
Migdalia Trevino, Director
Gary Yeoman, Director

Mark A Alexander, Executive Director, Ex Officio Board Member