

# **Bay Area Rehabilitation Center 2017**

## **Program Evaluation (January 2017 - December 2017)**

**Submit for:**

**Board of Directors Review  
March 28, 2018**



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 2018**

- 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. Investigate, develop, and implement one major area of program expansion for each organizational program.
- 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.

### **2017 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

Significant capital replacements have occurred within the aquatics facility environmental control systems.

## 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.

<b>Age Groups</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
0-2 years	67%	69%	74%	75%	64%	61%	63%	65%	62%	67%	69%
3-20 years	5%	9%	5%	6%	9%	10%	7%	9%	11%	8%	7%
21 +	28%	22%	23%	20%	27%	29%	24%	26%	27%	25%	24%

Percentage of total population

<b>Gender</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Male	61%	62%	59%	60%	63%	63%	64%	64%	63%	63%	61%
Female	39%	38%	41%	40%	37%	37%	36%	36%	37%	37%	39%

<b>Geographic Location</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Houston*	31%	34%	30%	37%	35%	34.5%	36%	36%	38%	41%	36%
Baytown	29%	31%	31%	31%	34%	34.5%	35%	34%	32%	28%	33%
Pasadena	23%	20%	23%	18%	17%	16.4%	15%	18%	18%	18%	16%
Crosby	7%	7%	7%	4%	5%	4.6%	5%	4%	3%	4%	4%
Channelview	5%	4%	5%	5%	5%	5.2%	5%	4%	5%	5%	6%
La Porte	3%	4%	4%	4%	4%	4.6%	4%	4%	4%	4%	5%

\*and surrounding area

<b>Ethnicity Mix</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Caucasians	39%	38%	42%	38%	39%	39%	40%	42%	40%	39%	39%
Hispanics	43%	46%	46%	49%	47%	46%	45%	45%	48%	50%	52%
African Americans	12%	13%	11%	11%	12%	13%	13%	11%	11%	10%	7%
Asians	1%	1%	1%	1%	1%	1%	1%	2%	0%	0%	2%

<b>Payer Sources</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
by client											
Medicaid	34%	37%	39%	42%	42%	40.3%	34.5%	29%	45%	35%	48%
Insurance	22%	24%	22%	23%	26%	28%	22%	21%	19%	23%	21%
ECI (state funding)	25%	22%	23%	21%	12%	9.3%	19%	14%	12%	23%	15%
Medicare	4%	3%	4%	4%	4%	4%	3.5%	3%	3%	3%	3%
Workman's Comp	3%	2%	2%	1%	1%	1.3%	.24%	1%	1%	1%	1%
Industrial Contracts									13%	7%	5%
Other	12%	12%	10%	9%	15%	17%	20%	31%	5%	7%	6%

<b>Unduplicated count of clients served annually (excluding aquatics exercise)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	3067	3321	3637	3519	2606	2567	2952	3305	3081	2925	2862
Increase	19%	9%	9%				13%	11%			
Decrease				3%	26%	1.5%			7%	5%	2%

## 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 2017:**

- Very satisfied with treatment, positive reinforcement, and push to help reach goals.
- The trainers are the reason for my success. The equipment doesn't work itself. Loved every minute of all my sessions.
- I am very impressed with your facility your entire staff is awesome.
- Staff at all levels of client engagement were dedicated/professional and awesome!
- Very good treatments with home handouts.
- Thank you for always being courteous and encouraging me to work through what was pain from exercise or from injury. Keep pushing the limits.
- I feel like all the staff are like family to me. Everyone is wonderful. I have my life back again with healing.
- It has been a pleasure returning here. I appreciate the service provided.
- All the staff here are very friendly and informative. Appreciate the great service, positive experience and comfortable atmosphere.
- Very enjoyable experience! Great staff friendly and knowledgeable.

### **Suggestions received:**

- Evening & weekends hours would be great!
- Banner that states help us help you.
- More scheduling availability.
- My suggestion when you start with one therapist you continue to have the same therapist throughout your training. Keeping the same therapist will enhance your recovery.
- Did not know about these services. Need greater visibility health fares etc.

# Adult Program

## Demographics

<b>Age Groups</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Average Age	45	46	49	52	52	55	45	43	42	46	49
5 - 39 years	40%	35%	27%	21%	33%	37.5%	44%	46%	52%	41%	32%
40 – 59 years	41%	44%	46%	48%	40%	37%	33%	33%	27%	31%	37%
60 – 79 years	16%	19%	23%	25%	24%	22%	21%	20%	19%	25%	28%
80 - 90 years	3%	2%	4%	5%	2%	3.5%	2%	1%	2%	3%	3%
<b>Gender</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Male	65%	62%	55%	52%	61%	62%	67%	67%	67%	57%	60%
Female	35%	38%	45%	48%	39%	38%	33%	33%	33%	43%	40%
<b>Ethnicity Mix</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Caucasians	69%	71%	75%	77%	72%	68%	64%	58%	59%	60%	62%
Hispanics	15%	14%	12%	12%	13%	15%	17%	21%	22%	20%	20%
African Americans	14%	14%	11%	10%	10%	14%	15%	19%	17%	18%	14%
<b>Payer Sources, by client</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Insurance	31%	42%	43%	46%	38%	33%	26%	22%	22%	32.5%	39.3%
Medicare	14%	17%	20%	25%	19%	21%	14%	13%	12%	17%	18.2%
Workman's Comp	11%	9%	10%	6%	6%	6%	1%	3%	3%	3.5%	4.5%
Employer									54%	35.8%	28.2%
Other	44%	32%	27%	23%	37%	40%	59%	61%	8%	1%	.8%
Medicaid										10.4%	9.1%
<b>Unduplicated count of clients served annually (excluding aquatics exercise)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	1082	695	683	536	576	624	738	746	722	548	507
<b>Average number of visits per client</b> (Analysis of data-discharged therapy clients only, PWS not included)	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	11.1	10.2	9.1	8.8	11.4	10.9	10.4	10.2	10.0	9.4	10.1
<b>Service received</b> (PWS clients not included)	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
PT only	62%	58%	57%	64%	65%	61%	69%	71%	70%	72%	68.4%
OT only	35%	35%	35%	28%	25%	27%	22%	22%	18%	19%	21.4%
ST only									4%	2.2%	3.3%
PT, OT, ST	1%	7%	8%	8%	10%	12%	9%	7%	8%	2.5%	1.7%
Other Comb										4.2%	5.2%

## Adult Program – continued

<b>Impairment Type</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Neurological	5%	19%	9%	4%	4%	12%	16%	5%	1.9%
Stroke	4%	3%	3%	5%	4%	2%	2%	2%	.97%
Orthopedic	66%	53%	50%	40%	47%	30%	27%	31%	28.7%
Musculoskeletal	14%	15%	19%	29%	18%	19%	39%	47%	63.9%
Arthritic							8%	11%	.65%
Other	11%	10%	19%	22%	27%	37%	8%	4%	2.6%

### **Client report at time of discharge**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Improvement in functional status	84%	84%	79%	72%	74%	77%	77%	82%	67%	80%	82%
Improvement in limitation of activities/ lifestyle	86%	86%	76%	74%	73%	77%	75%	84%	48%	76%	83%
Decrease in symptoms	92%	94%	91%	88%	87%	88%	85%	93%	58%	85%	86%

### **Primary reasons for discharge**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Goals achieved	33%	28%	18%	12%	22%	17.5%	19%	18%	25%	23%	27.6%
Non-attendance	15%	17%	17%	7%	14%	18.7%	17%	18%	18%	25%	24.2%
Maximum benefit	14%	18%	18%	26%	23%	34.6%	25%	14%	21%	16%	15.8%
Client/parent request	10%	13%	17%	13%	20%	20.6%	20%	31%	21%	19%	17.5%
Physician request	4%	3%	4%	3%	3%	4.6%	4%	3%	5%	4%	4.7%
Insurance Authorization			8%	5%	6%	3.7%	4%	7%	7%	10%	5.7%
Change in Medical Status										3.8%	4.4%

<b>Diagnosis</b>		<b>Male</b>	<b>Female</b>	<b>Average Age</b>	<b>Average visits</b>	<b>Improvement in functional status</b>	<b>Cause for lack of improvement</b>	
<b>Sample of diagnoses treated</b>								
<b>Condition of the back</b>	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
2017	32	44	58	9.9	69%	36% nonattendance	36% 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		
<b>Condition of the cervical region</b>	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
2017	5	6	61	9.6	82%	50% nonattendance	50% Goals achieved	
<b>Difficult in waking</b>	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
2017	21	28	57	13.1	92%	50% Change in medical status	25% nonattendance	
<b>Joint pain</b>	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
2017	9	14	60	11.4	100%			
<b>Joint stiffness</b>	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
2017	31	14	54	13.6	89%	60% nonattendance	20% Insurance Authorization	

## **Adult Program – continued**

Average age for clients served in the adult program has increased to 49 years of age in 2017. 68% of the clients served were 40 years old or older and 32% were below the age of 40. Our overall census declined in 2017 to a total number of clients seen of 507. This decline is in part related to an expected reduction, tied to the near completion of a sizeable and nearby industrial project, in work rehabilitation clients decreasing from 227 to 143

The average number of visits per client increased by .7 from 9.4 in 2016 to 10.1 in 2017. This length of stay is closer to what has been seen in the 3 years prior to 2016. This is back on track possibly due to increased efforts to get clients in for treatment and a decreased number of no-shows and cancellations. Client reports at time of discharge have 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 2017 according to the LifeWARE report except the low back pain group (12.6 vs 10.6 nationally).

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 increased from 23% in 2016 to 27.6% in 2017 resulting in less percentage of non-goal related discharges.

# Pediatric Program

## Demographics

<b>Age Groups</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Average Age	7	6.7	7	9	9	8.4	8.3	8.4	9.1	8.1	8.2
0 - 2 years	3%	4%	2%	0%	2%	1%	0%	1%	0%	1%	0%
3 - 4 years	34%	30%	31%	23%	26%	28%	28%	31%	33%	35%	30%
5 - 6 years	20%	29%	20%	21%	16%	16%	19%	15%	16%	14%	20%
7+	42%	37%	47%	56%	56%	55%	53%	53%	51%	50%	50%
<b>Gender</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Male	68%	73%	62%	61%	62%	63%	64%	67%	62%	63%	65%
Female	32%	27%	38%	39%	38%	37%	36%	33%	38%	37%	35%
<b>Ethnicity Mix</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Caucasians	45%	45%	36%	40%	38%	36%	39%	32%	32%	36%	39%
Hispanics	41%	40%	48%	45%	45%	40%	35%	47%	47%	39%	46%
African Americans	13%	14%	13%	12%	13%	18%	22%	15%	16%	20%	12%
Other										5%	4%
<b>Payer Sources, by client</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Insurance	51%	50%	47%	53%	47%	52%	49%	40%	33%	39%	33%
Medicaid	46%	49%	52%	45%	50%	47%	50%	56%	63%	55%	63%
Private Funding	3%	1%	1%	2%	3%	1%	1%	4%	4%	6%	4%
<b>Unduplicated count of clients served annually (excluding aquatics exercise)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	152	161	157	184	181	211	171	211	223	205	191
<b>Average length of admission (discharged clients only)</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Months	8.38	7.62	7.87	3.83	6.96	5.16	6.71	5.3	5.3	5.65	5.62
Change	-1.67	-.76	.25	-4.04	3.13	-1.80	1.55	-1.41	0	.35	-.03
<b>Service received (PWS clients not included)</b>				<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
PT only				25%	31%	28%	23%	22%	26%	28%	29%
OT only				14%	9%	12%	14%	10%	10%	7.8%	6%
ST only				36%	28%	31%	30%	42%	42%	38.5%	37.7%
PT, OT, ST				25%	32%	29%	32%	26%	22%	1.46%	3.7%
Other										23.9%	23%
Comb											
<b>Average number of visits per client</b>				<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
				12.3	24.6	16.4	22.4	57.6	21.5	26	23.8

## Pediatric Program - continued

<b>Impairment Type</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Neurological	6%	5%	4%	3%
Congenital/ Developmental	38%	45%	55%	57%
Orthopedic	13%	14%	12%	3%
Musculoskeletal	6%	19%	23%	36%
Acquired Brain Injury	1%	8%	4%	1%
Other	8%	10%	2%	1%

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

	<b>2015</b>	<b>2016</b>	<b>2017</b>
All Areas	10%	9.7%	13%
PT	24%	-1%	-2%
OT	7.5%	12%	18.2%
ST	6.8%	9.7%	11.2%

### **Primary reasons for discharge**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Goals achieved/ Max Benefit	14%	21%	27%	33%	19%	27%	26%	26%	35%	39%	25%
Non- attendance	23%	16%	21%	24%	23%	33%	31%	35%	35%	19%	36%
Client/parent request	33%	19%	13%	22%	22%	17%	21%	23%	14%	19%	29%
Insurance Authorization			25%	14%	23%	9%	11%	11%	11%	7%	6%

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 205 to 191 in 2017. This could be related to an increase in Medicaid-based clients (from 55% in 2016 to 63% in 2017) who require a lengthy amount of time to get treatment authorization and the increasing out of pocket expenses for private insurance-based clients. The effects from Hurricane Harvey also resulted in a decrease of clients seen for treatment during the storm and the aftermath. We continue to focus on marketing efforts and transition of clients from the ECI program.

Average length of admission in the pediatric program decreased slightly from 5.65 to 5.62 months in 2017. There was a significant change in nonattendance from 19% to 36% in 2017. 25% of the clients met their goals at discharge decreased from 39% in 2016 and 6% discharged due to insurance authorization. Discharge due to client/parent request increased from 19% to 29%. Average number of pediatric visits for 2017 decreased from 26 to 23.8 possibly due to efficiency of treatment. 57% of the client's' impairments were congenital/developmental disorder with 3% being neurological disorders.

## **Pediatric Program - continued**

With the initiation of the 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 13% in all areas combined. There was a decrease from -1% to -2% in 2017 in PT possibly due to severity of the conditions of the clients as well as the small population of pediatric clients who receive PT services. Pediatric staff continues 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

<b>Gender</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Male	59%	61%	60%	61%	63%	63%	62%	63%	62.5%	64.6%	61.7%
Female	41%	39%	40%	38%	37%	37%	38%	37%	37.5%	35.4%	38.3%

## **Ethnicity**

<b>Mix</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Caucasians	26%	26%	33%	34%	28%	27%	31%	35%	33%	29.9%	31.7%
Hispanics	55%	58%	56%	53%	60%	61%	59%	55%	60.7%	64%	64.1%
African Americans	11%	11%	10%	11%	10%	10%	8%	7%	5.8%	5.6%	3.7%
Asian	1%	1%	1%	1%	2%	1%	1%	1%	.4%	.41%	0.4%
Other	7%	4%	0%	0%	0%	1%	1%	1%	0%	.05%	.05%

## **Payer Sources, by client**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Insurance	17%	19%	17%	18%	22%	26%	21%	26%	18.6%	25.7%	17.4%
Medicaid	46%	49%	51%	53%	59%	59%	49%	46%	61.6%	51.1%	61%
Other Funding	37%	32%	32%	28%	19%	15%	30%	28%	19.8	23.2%	21.6%

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

<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
2279	2608	2609	1668	1564	1862	2158	1921	1946	1978

## **Average Monthly Enrollment**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	596	594	577	450	438	450	444	444	444	484
Increase (i) /Decrease (d)	20%		3%	22%	3%	2.7%	1%			8.62%
	(i)		(d)	(d)	(i)	(i)	(d)			

## **Referrals**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Monthly Average	160	176	195	125	119	149	150	180	181	165
Increase (i) /Decrease (d)	10%	10%	10%	36%	5%	25%		16.7%	.6.9%	9.25%
	(i)	(i)	(i)	(d)	(d)	(i)		(i)	(i)	(d)

## **Percentage**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Enrolled	35%	32%	29%	35%	43%	28%	34%	22.6%	24.7%	27.5%
Increase (i) /Decrease (d)	2%	3%	3%	3%	8%	15%	6%	11.4%	8.4%	10.7%
	(d)	(d)	(d)	(i)	(i)	(d)	(i)	(d)	(i)	(i)

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

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Expressive	8.4	9.0	9.3	10	7.7	11.6	7.7	9	8.77	14.01	8.97
Receptive	9.8	10.2	10.4	11	8.8	11.1	6.9	7.7	8.35	9.53	7.62
Gross Motor	9.8	10.5	10.4	11.4	9.4	13.5	8.3	9.2	9.74	7.6	9.4
Fine Motor	9.3	9.7	9.8	10.9	9.6	14.4	10.9	5.6	10	8.87	12.37
Social	11	11.2	11.2	12	10.5	12.1	8.5	7.9	5.91	7.3	6.72
Self Help	10.8	10.5	12.1	11.5	9.5	13.2	8.5	9.9	9.37	9.89	9.59

## 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			
<b>Overall</b>		3.4		1.9		3.2		2.3		3.1		2.2		3.4		2.6
<b>**SST</b>	81%*	1.6	81%	1.6	77%*	1.7	77%	1.3	88%*	1.7	83%	1.4	86%*	2.0	80%	1.6
<b>OT</b>	19%*	1.9	19%	1.9	23%*	2.1	35%	.72	20%*	1.9	64%	1.2	25%*	1.8	67%	1.2
<b>PT</b>	16%*	1.6	16%	1.6	23%*	2.0	46%	.90	15%*	1.6	64%	1	22%*	1.6	75%	1.2
<b>ST</b>	16%*	1.6	16%	1.6	25%*	2.0	46%	.93	19%*	1.9	54%	1	38%*	1.8	61%	1.1
<b>Nutrition</b>	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			
<b>Overall</b>		3.2		1.98		3.4		2.3		3.2		2.1		4.23		2.35
<b>SST</b>	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
<b>OT</b>	33%	1.6	72%	1.1	41%	1.4	66%	.95	66%	1.4	73%	.94	48.1%	2.11	53.4%	1.13
<b>PT</b>	25%	1.5	79%	1.2	28%	1.3	67%	.87	45%	1.7	73%	.78	18.7%	2.13	37.6%	.80
<b>ST</b>	52%	1.2	74%	.85	56%	1.2	67%	.84	69%	1.4	73%	.98	65.6%	1.81	57.8%	1.05
<b>Nutrition</b>	14%	.59	90%	.53	20%	.63	89%	.56	90%	.70	87%	.63	19%	.73	83.3%	.61

	2016 Planned		2016 Delivered		2017 Planned		2017 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo			
<b>Overall</b>	4.6	hrs	2.7	hrs	4.56	hrs	2.89	hrs
<b>SST</b>	54.7%	2.3	33.3%	1.4	63.5%	2.3	41.2%	1.5
<b>OT</b>	44.8%	2.1	25.6%	1.2	53.8%	1.6	36.6%	1.1
<b>PT</b>	28.9%	2	15.9	1.1	40.2%	1.7	19.6%	0.8
<b>ST</b>	66.7%	2	43.4%	1.3	74.8%	1.8	50.1%	1.2
<b>Nutrition</b>	13.4%	1.3	7.2%	.7	15.6%	0.5	14.1%	0.5

## Analysis of data

### Demographics

**Gender:** The gender distribution of children served by the ECI program continues to hold steady with no statistically significant shift. This same split is seen in programs in surrounding areas and is not indigenous to our geographic service area.

**Ethnicity Mix:** Caucasians continue to be underrepresented in contact and enrollment with regard to the total service areas covered by the ECI program. In the absence of additional trend information regarding Caucasian patient referral and treatment providers, there is not enough information to determine adequacy of ethnic representation.

**Payer Sources:** For 2017, there was an increase in the percentage of Medicaid clients. The number of families with no insurance coverage increased across the entire statewide ECI system. These percentages are likely to fluctuate as eligibility rules and funding availability for CHIP and Medicaid fluctuate.

**Average Monthly Enrollment:** Average monthly enrollment significantly increased, largely driven by the number of children being referred with an active and qualifying medical diagnosis. Our program percentage of children enrolled due to medical diagnosis is three times the state average.

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

***Unduplicated Count of Clients Served Annually:*** There was only a slight increase in the number of client served annually. This is supported by a higher percentage of children enrolled, the increase in medical diagnosis enrollments, and the number of children who remain enrolled in the program longer due to prognosis issues associated with medical diagnoses.

***Referrals:*** The slight decrease in referrals did not adversely impact enrollment, because there was a significant increase in the percentage of referrals that were enrolled in the ECI program.

***Service Delivery Data:*** For 2017, the contractual requirement was 2.75 hours per child served. Our ECI program exceeded that expectation despite family cancellations and no-shows. Toward the end of 2017, there was a significant impact on delivered services as a direct result of Hurricane Harvey. Families were displaced and/or unavailable to accommodate a service visits from ECI providers.

***Improvement in Development Areas:*** The data reflect the increased severity of the children enrolled in ECI. Many of our clients see a marginal increase in function and go on to be enrolled in special education services for their school career. Any negative shifts at the individual level are typically as a result of undiagnosed medical diagnoses. We continue to see children who have significant delays across several developmental domains.



# Opportunity Center Program

## Demographics

Age Groups	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
15-18 years	2%	4%	5%	13%	2%	4%	3%	10%	10%	1%	1%
19-26 years	26%	38%	41%	30%	34%	45%	24%	57%	38%	55%	55%
27-45 years	42%	30%	36%	29%	47%	38%	40%	23%	40%	36%	36%
46-59 years	28%	25%	18%	24%	16%	13%	21%	8%	9%	4%	4%
60 + years	2%	3%	-	4%	1%	0%	12%	2%	2%	4%	4%

Gender	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Male	57%	52%	54%	65%	70%	62%	66%	58%	63%	66%	54%
Female	43%	48%	46%	35%	30%	38%	34%	42%	37%	34%	46%

Ethnicity Mix	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Caucasians	49%	54%	51%	58%	35%	44%	39%	63%	47%	66%	59%
Hispanics	23%	20%	22%	24%	30%	26%	24%	18%	26%	17%	35%
African Americans	28%	27%	27%	18%	35%	30%	37%	18%	28%	17%	19%

### **Payer Sources, by client**

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
MHMRA	6%	6%	8%	10%	11%	7%	20%	8%	11%	14%	
ISD	1%	23%	25%	26%	21%	32%	18%	17%	15%	22%	22%
Private Pay	4%	4%	7%	3%	3%	9%	11%	8%	7%	7%	11%
HHSC (formerly Dads)	7%	10%	13%	14%	25%	20%	17%	24%	26%	30%	31%
TWX Vocational Rehab (formerly DARS)	0%	24%	22%	23%	20%	22%	21%	36%	26%	14%	10%
Contracts										13%	26%

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

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
	55	186	189	190	181	168	181	190	215	226	186

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

### **SITE BASED PROGRAMMING**

**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.

## **Opportunity Center Program - continued**

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. 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 70 of the 186 participants after 30days of enrollment. Participants are observed for the first 30 days to measure progress in educational and vocational capacities. Results indicated that 43% of 70 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: Work Adjustment Training (WAT), Job Placement, and Vocational Adjustment Training.

**DISCUSSION-** Measurement was based on the following outcome rating: Of the 30 total unduplicated consumers served, 8 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 27%, 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 38%, of 40 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**

### 2017 Financial Information (unaudited)

#### Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$6,107,570
Contributions and Bequests	<u>399,949</u>
Total Revenues	\$6,507,519

#### Expenses By Department

ECI Program	\$2,989,283
Pediatric Therapy	492,089
Adult Therapy	447,995
Aquatic Program	148,259
Opportunity Program	1,728,919
General & Admin	688,430
Fund Development	<u>50,218</u>
Total Expenses	\$6,545,194

Net Surplus/(Loss) (\$37,675)

End of Year Net Asset Balance \$3,118,323

## **2017 Board of Directors**

Eric Harding, Chairman  
Lynne Foley, Vice Chair  
Gary S Eglert, Secretary  
Tom Kelchner, Ed D., Treasurer

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Liz Stavens, Director  
Migdalia Trevino, Director  
Douglas Walker, 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 **2017 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

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

\_\_\_\_\_  
Date

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