

Bay Area Rehabilitation Center 2018

Program Evaluation (January 2018 – December 2018)

Submit for:

**Board of Directors Review
March 27, 2019**



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 2019

- I. Continue to enhance the community's knowledge regarding the variety of services offered and outcomes achieved at Bay Area Rehabilitation Center.
- II. Complete ongoing capital improvement projects begun in 2018.
- III. Investigate, develop, and implement one major area of program expansion for each organizational program.
- IV. Foster current investment options to help improve and 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 up to 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 or assist with:

- 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.

2018 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 throughout the facility with no remaining planned capital replacement projects for the next five years

Elimination of all Center debt as well as the establishment of reserve funding via Board Designated Assets

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 2017.

Age Groups	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-2 years	69%	74%	75%	64%	61%	63%	65%	62%	67%	69%	75%
3-20 years	9%	5%	6%	9%	10%	7%	9%	11%	8%	7%	6%
21 +	22%	23%	20%	27%	29%	24%	26%	27%	25%	24%	19%

Percentage of total population

Gender	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	62%	59%	60%	63%	63%	64%	64%	63%	63%	61%	62%
Female	38%	41%	40%	37%	37%	36%	36%	37%	37%	39%	38%

Geographic Location	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Houston*	34%	30%	37%	35%	34.5%	36%	36%	38%	41%	36%	41%
Baytown	31%	31%	31%	34%	34.5%	35%	34%	32%	28%	33%	29%
Pasadena	20%	23%	18%	17%	16.4%	15%	18%	18%	18%	16%	16%
Crosby	7%	7%	4%	5%	4.6%	5%	4%	3%	4%	4%	5%
Channelview	4%	5%	5%	5%	5.2%	5%	4%	5%	5%	6%	6%
La Porte	4%	4%	4%	4%	4.6%	4%	4%	4%	4%	5%	4%

*and surrounding area

Ethnicity Mix	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Caucasians	38%	42%	38%	39%	39%	40%	42%	40%	39%	39%	48%
Hispanics	46%	46%	49%	47%	46%	45%	45%	48%	50%	52%	44%
African Americans	13%	11%	11%	12%	13%	13%	11%	11%	10%	7%	7%
Asians	1%	1%	1%	1%	1%	1%	2%	0%	0%	2%	0%

Payer Sources	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
by client											
Medicaid	37%	39%	42%	42%	40.3%	34.5%	29%	45%	35%	48%	56%
Insurance	24%	22%	23%	26%	28%	22%	21%	19%	23%	21%	24%
ECI (state funding)	22%	23%	21%	12%	9.3%	19%	14%	12%	23%	15%	7%
Medicare	3%	4%	4%	4%	4%	3.5%	3%	3%	3%	3%	2%
Workman's Comp	2%	2%	1%	1%	1.3%	.24%	1%	1%	1%	1%	1%
Industrial Contracts								13%	7%	5%	5%
Other	12%	10%	9%	15%	17%	20%	31%	5%	7%	6%	5%

Unduplicated count of clients served annually (excluding aquatics exercise)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	3321	3637	3519	2606	2567	2952	3305	3081	2925	2862	3562
Increase	9%	9%		26%	1.5%	13%	11%				20%
Decrease			3%					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 2018:

- A great experience. Admin & all staff very professional and kind at all times. Staff strives to excel with each patient.
- Exceptionally friendly & helpful staff; walked the patient through every single exercise to help her.
- I appreciate the techniques and level of care that I received.
- This has been so beneficial to me as well as eagerness on everyone part to help me reach my goal.
- Very knowledgeable and friendly staff. Answers all question and educates their patients.
- Therapists were courteous and very helpful. With their help I achieved the therapy I needed to get back to work.
- I was pleasantly surprised at my progress from the very first session. Your staff is amazing.
- Physical Therapist is very knowledgeable, caring. Used the taping technique for my ankles & knee swelling she's awesome!

Suggestions received:

- Offer sign language.
- Some sort or group time for socialization.
- Have TV w/cartoons in waiting room for your children.
- Later or earlier hours.
- I wish they had pick up & drop off transportation van at no cost.

Adult Program

Demographics

Age Groups	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Average Age	46	49	52	52	55	45	43	42	46	49	49
5 - 39 years	35%	27%	21%	33%	37.5%	44%	46%	52%	41%	32%	29%
40 – 59 yrs	44%	46%	48%	40%	37%	33%	33%	27%	31%	37%	43%
60 – 79 yrs	19%	23%	25%	24%	22%	21%	20%	19%	25%	28%	25%
80 - 90 yrs	2%	4%	5%	2%	3.5%	2%	1%	2%	3%	3%	3%
Gender	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	62%	55%	52%	61%	62%	67%	67%	67%	57%	60%	59%
Female	38%	45%	48%	39%	38%	33%	33%	33%	43%	40%	41%
Ethnicity	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Mix	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Caucasians	71%	75%	77%	72%	68%	64%	58%	59%	60%	62%	62%
Hispanics	14%	12%	12%	13%	15%	17%	21%	22%	20%	20%	19%
African Americans	14%	11%	10%	10%	14%	15%	19%	17%	18%	14%	16%
Payer Sources, by client	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Insurance	42%	43%	46%	38%	33%	26%	22%	22%	32.5%	39.3%	30%
Medicare	17%	20%	25%	19%	21%	14%	13%	12%	17%	18.2%	16%
Workman's Comp	9%	10%	6%	6%	6%	1%	3%	3%	3.5%	4.5%	3.8%
Employer								54%	35.8%	28.2%	36.4%
Other	32%	27%	23%	37%	40%	59%	61%	8%	1%	.8%	.64%
Medicaid									10.4%	9.1%	12.7%
Unduplicated count of clients served annually (excluding aquatics exercise)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	695	683	536	576	624	738	746	722	548	507	472
Average number of visits per client (Analysis of data-discharged therapy clients only, PWS not included)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	10.2	9.1	8.8	11.4	10.9	10.4	10.2	10.0	9.4	10.1	10.3
Service received (PWS clients not included)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
PT only	58%	57%	64%	65%	61%	69%	71%	70%	72%	68.4%	73%
OT only	35%	35%	28%	25%	27%	22%	22%	18%	19%	21.4%	15.7%
ST only								4%	2.2%	3.3%	4%
PT, OT, ST	7%	8%	8%	10%	12%	9%	7%	8%	2.5%	1.7%	2.3%
Other Comb									4.2%	5.2%	5%

Adult Program – continued

Impairment Type	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Neurological	5%	19%	9%	4%	4%	12%	16%	5%	1.9%	4.8%
Stroke	4%	3%	3%	5%	4%	2%	2%	2%	.97%	3%
Orthopedic	66%	53%	50%	40%	47%	30%	27%	31%	28.7%	54.2%
Musculoskeletal	14%	15%	19%	29%	18%	19%	39%	47%	63.9%	29.9%
Arthritic							8%	11%	.65%	1.1%
Other	11%	10%	19%	22%	27%	37%	8%	4%	2.6%	7%

Client report at time of discharge

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Improvement in functional status	84%	79%	72%	74%	77%	77%	82%	67%	80%	82%	77%
Improvement in limitation of activities/ lifestyle	86%	76%	74%	73%	77%	75%	84%	48%	76%	83%	78%
Decrease in symptoms	94%	91%	88%	87%	88%	85%	93%	58%	85%	86%	78%

Primary reasons for discharge

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Goals achieved	28%	18%	12%	22%	17.5%	19%	18%	25%	23%	27.6%	23.2%
Non-attendance	17%	17%	7%	14%	18.7%	17%	18%	18%	25%	24.2%	28.3%
Maximum benefit	18%	18%	26%	23%	34.6%	25%	14%	21%	16%	15.8%	11.8%
Client/parent request	13%	17%	13%	20%	20.6%	20%	31%	21%	19%	17.5%	21.3%
Physician request	3%	4%	3%	3%	4.6%	4%	3%	5%	4%	4.7%	3.2%
Insurance Authorization		8%	5%	6%	3.7%	4%	7%	7%	10%	5.7%	9.4%
Change in Medical Status									3.8%	4.4%	2.8%

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 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
2018	25	52	56	9.2	73%	41% nonattendance	29% 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
	2017	5	6	61	9.6	82%	50% nonattendance	50% Goals achieved
2018	4	1	58	8.3	71%	25%% no contact	50% client/MD 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
	2017	21	28	57	13.1	92%	50% Change in medical status	25% nonattendance
2018	9	20	59	12.2	89%	33% nonattendance	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
	2016	16	38	56	11.5	83%	26% max. benefit	17% client request
2017	9	14	60	11.4	100%			
2018	8	26	55	9.6	80%	33% nonattendance	33% 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
2017	31	14	54	13.6	89%	60% nonattendance	20% Insurance Authorization	
2018	25	27	57	11.6	85%	42% nonattendance	42% client request	

Adult Program – continued

Average age for clients served in the adult program is still at 49 years of age in 2018. 71% of the clients served were 40 years old or older and 29% were below the age of 40. Our overall census in 2017 was 507 but declined to 472 in 2018. Since there was a small increase in work rehabilitation clients with 172 in 2017 to 179 in 2018, this decline in census is in part related to a fewer number of referrals to the adult program (361 in 2017 compared to 266 in 2018).

The average number of visits per client increased by 0.2 from 10.1 in 2017 to 10.3 in 2018. This is due to increased efforts to get clients in for treatment and a decreased number of no-shows and cancellations. The percentage of self-reported functional status at the time of discharge has decreased overall in 2018 compared to 2017 in regards to improving function, activities/lifestyle, and decreased symptoms. This could be due to an increase in neurological/stroke patients (2.87% in 2017 compared to 7.8% in 2018), a population which typically responds negatively to self-reported functional status. Clients' length of admission and total number of visits was within the national norms for all 4 quarters of 2018 according to the LifeWARE report. There was also a shift in classifying impairment types in 2018 due to a redefinition of orthopedic and musculoskeletal diagnoses, but combined, the orthopedic/musculoskeletal group accounted for a total of 84.1% of the total patient population in 2018 compared to 92.6% in 2017.

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 discharged from services for several reasons with goals achieved decreased from 27.6% in 2017 to 23.2% in 2018 resulting in a larger percentage of non-goal related discharges such as lack of insurance authorization increasing from 5.7% in 2017 to 9.7% in 2018 and an increase from 17.5% in 2017 to 21.3% in 2018 in client/parent request. This last group can occur when the client/parent decides they have met their goals and feel they no longer require therapy, or they have opted for surgery.

Pediatric Program

Demographics

Age Groups	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Average Age	6.7	7	9	9	8.4	8.3	8.4	9.1	8.1	8.2	8.4
0 - 2 years	4%	2%	0%	2%	1%	0%	1%	0%	1%	0%	0%
3 - 4 years	30%	31%	23%	26%	28%	28%	31%	33%	35%	30%	30%
5 - 6 years	29%	20%	21%	16%	16%	19%	15%	16%	14%	20%	20%
7+	37%	47%	56%	56%	55%	53%	53%	51%	50%	50%	50%
Gender	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	73%	62%	61%	62%	63%	64%	67%	62%	63%	65%	64%
Female	27%	38%	39%	38%	37%	36%	33%	38%	37%	35%	36%
Ethnicity Mix	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Caucasians	45%	36%	40%	38%	36%	39%	32%	32%	36%	39%	40%
Hispanics	40%	48%	45%	45%	40%	35%	47%	47%	39%	46%	47%
African Americans	14%	13%	12%	13%	18%	22%	15%	16%	20%	12%	11%
Other									5%	4%	2%
Payer Sources, by client	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Insurance	50%	47%	53%	47%	52%	49%	40%	33%	39%	33%	39%
Medicaid	49%	52%	45%	50%	47%	50%	56%	63%	55%	63%	56%
Private Funding	1%	1%	2%	3%	1%	1%	4%	4%	6%	4%	4%
Unduplicated count of clients served annually (excluding aquatics exercise)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	161	157	184	181	211	171	211	223	205	191	217
Average length of admission (discharged clients only)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Months	7.62	7.87	3.83	6.96	5.16	6.71	5.3	5.3	5.65	5.62	5.74
Change	-.76	.25	-4.04	3.13	-1.80	1.55	-1.41	0	.35	-.03	.12
Service received (PWS clients not included)			2010	2011	2012	2013	2014	2015	2016	2017	2018
PT only			25%	31%	28%	23%	22%	26%	28%	29%	27%
OT only			14%	9%	12%	14%	10%	10%	7.8%	6%	10%
ST only			36%	28%	31%	30%	42%	42%	38.5%	37.7%	41%
PT, OT, ST			25%	32%	29%	32%	26%	22%	1.46%	3.7%	3%
Other									23.9%	23%	19%
Comb											
Average number of visits per client			2010	2011	2012	2013	2014	2015	2016	2017	2018
			12.3	24.6	16.4	22.4	57.6	21.5	26	23.8	27.5

Pediatric Program - continued

Impairment Type	2014	2015	2016	2017	2018
Neurological	6%	5%	4%	3%	4%
Congenital/ Developmental	38%	45%	55%	57%	52%
Orthopedic	13%	14%	12%	3%	27%
Musculoskeletal	6%	19%	23%	36%	9%
Acquired Brain Injury	1%	8%	4%	1%	1%
Other	8%	10%	2%	1%	7%

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

	2015	2016	2017	2018
All Areas	10%	9.7%	13%	10.9%
PT	24%	-1%	-2%	15.1%
OT	7.5%	12%	18.2%	18.7%
ST	6.8%	9.7%	11.2%	7.3%

Primary reasons for discharge

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Goals achieved/ Max Benefit	21%	27%	33%	19%	27%	26%	26%	35%	39%	25%	25%
Non- attendance	16%	21%	24%	23%	33%	31%	35%	35%	19%	36%	27%
Client/parent request	19%	13%	22%	22%	17%	21%	23%	14%	19%	29%	26%
Insurance Authorization		25%	14%	23%	9%	11%	11%	11%	7%	6%	12%

Average client's age in the pediatric program rose from 8.2 to 8.4 in 2018 ranging consistently over the last few years between 7-9 years of age. 50% of the clients served were 7 or older and 50% were below the age of 7, no change in 2018 compared to 2017. Unduplicated count of pediatric clients increased from 191 to 217 in 2018 with an increase in ST clients (37.7% to 41% in 2018) and OT clients (6% to 10% in 2018). We continue to focus on marketing efforts and transition of clients from the ECI program.

The average length of admission in the pediatric program slightly grew from 5.62 months in 2017 to 5.74 months in 2018, linked to the increase of ST and OT clients who are traditionally seen for longer periods of time, and an increase in the average number of visits per client from 23.8 to 27.5 in 2018. There was a shift in classifying impairment type in 2018 due to a redefinition of orthopedic and musculoskeletal diagnoses, but combined, the orthopedic/musculoskeletal group accounted for a total of 36% of the patient population in 2018 compared to 39% in 2017. There was a significant decrease of discharges due to nonattendance in 2018 comparing 36% to 27% in 2017 and 26% of discharges in 2018 were related to clients'/parents requests, compared to 29% in 2017. Clients who met their goals at discharge held steady at 25%, but there was a sharp increase of discharges due to lack of insurance authorization, rising from 6% in 2017 to 12% in 2018. 52% of the client's' impairments in 2018 were congenital/ developmental disorder, down from 57% in 2017, and 4% of the impairments were related to neurological disorders compared to 3% in 2017.

Pediatric Program - continued

The newly developed Pediatric Outcome Survey, which measures the client's development from initial evaluation to discharge, saw a decrease in all areas combined from 13% in 2017 to 10.9% in 2018. While there was a significant increase in PT clients of -2% to 15.1% in 2018, ST clients saw a decrease from 11.3% to 7.3% in 2018 possibly due to severity of the conditions of the clients. 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

Gender	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	61%	60%	61%	63%	63%	62%	63%	62.5%	64.6%	61.7%	63.3%
Female	39%	40%	38%	37%	37%	38%	37%	37.5%	35.4%	38.3%	36.7%

Ethnicity

Mix	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Caucasians	26%	33%	34%	28%	27%	31%	35%	33%	29.9%	31.7%	44.9%
Hispanics	58%	56%	53%	60%	61%	59%	55%	60.7%	64%	64.1%	50%
African Americans	11%	10%	11%	10%	10%	8%	7%	5.8%	5.6%	3.7%	4.8%
Asian	1%	1%	1%	2%	1%	1%	1%	.4%	.41%	0.4%	0.3%
Other	4%	0%	0%	0%	1%	1%	1%	0%	.05%	.05%	0%

Payer Sources, by client

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Insurance	19%	17%	18%	22%	26%	21%	26%	18.6%	25.7%	17.4%	23.4%
Medicaid	49%	51%	53%	59%	59%	49%	46%	61.6%	51.1%	61%	67.9%
Other Funding	32%	32%	28%	19%	15%	30%	28%	19.8	23.2%	21.6%	8.7%

Unduplicated count of clients served annually (excluding aquatics exercise)

2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
2279	2608	2609	1668	1564	1862	2158	1921	1946	1978	2679

Average Monthly Enrollment

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	596	594	577	450	438	450	444	444	444	484	534
Increase (i) /Decrease (d)	20%		3%	22%	3%	2.7%	1%	NC	NC	8.62%	10.3%
	(i)		(d)	(d)	(i)	(i)	(d)				

Referrals

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Monthly Average	160	176	195	125	119	149	150	180	181	165	202.5
Increase (i) /Decrease (d)	10%	10%	10%	36%	5%	25%	1%	16.7%	1%	9.25%	22.7%
	(i)	(i)	(i)	(d)	(d)	(i)	(i)	(i)	(i)	(d)	
Percentage Enrolled	35%	32%	29%	35%	43%	28%	34%	22.6%	24.7%	27.5%	25.4%
Increase (i) /Decrease (d)	2%	3%	3%	3%	8%	15%	6%	11.4%	8.4%	10.7%	75%
	(d)	(d)	(d)	(i)	(i)	(d)	(i)	(d)	(i)	(i)	(d)

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

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Expressive	9.0	9.3	10	7.7	11.6	7.7	9	8.77	14.01	8.97	7.62
Receptive	10.2	10.4	11	8.8	11.1	6.9	7.7	8.35	9.53	7.62	7.35
Gross Motor	10.5	10.4	11.4	9.4	13.5	8.3	9.2	9.74	7.6	9.4	8.36
Fine Motor	9.7	9.8	10.9	9.6	14.4	10.9	5.6	10	8.87	12.37	10.57
Social	11.2	11.2	12	10.5	12.1	8.5	7.9	5.91	7.3	6.72	10.89
Self Help	10.5	12.1	11.5	9.5	13.2	8.5	9.9	9.37	9.89	9.59	9.8

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		2017 Planned		2017 Delivered		2018 Planned		2018 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
Overall	4.6	hrs	2.7	hrs	4.56	hrs	2.89	hrs	4.19	hrs	2.30	hrs
SST	54.7%	2.3	33.3%	1.4	63.5%	2.3	41.2%	1.5	71.6%	2.12	56.3%	1.18
OT	44.8%	2.1	25.6%	1.2	53.8%	1.6	36.6%	1.1	58.3%	1.42	49.5%	0.72
PT	28.9%	2	15.9	1.1	40.2%	1.7	19.6%	0.8	36.0%	1.36	32.3%	0.43
ST	66.7%	2	43.4%	1.3	74.8%	1.8	50.1%	1.2	77.7%	1.66	65.6%	1.07
Nutrition	13.4%	1.3	7.2%	.7	15.6%	0.5	14.1%	0.5	8.8%	0.46	100%	0.46

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: In comparison to the Census Bureau information, African- American children are significantly underrepresented in the ECI population. This issue has been identified to exist throughout the entire Texas ECI system, per other reports. Caucasians are underrepresented within the context of the Harris County, Texas population, while Hispanic clients are overrepresented. Further recommendations would be to compare the representation by ethnicity to estimated percentage of developmentally delayed children per ethnicity type to determine if the program demographics are representative of the developmentally delayed population rather than the overall Harris County, Texas population.

Payer Sources: For 2018, 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, and it is now projected that 21% of Texas children are uninsured. As Medicaid expansion does or does not occur, we would expect to see the percentage accordingly fluctuate.

Early Childhood Intervention (ECI) Program - continued

Average Monthly Enrollment: Average monthly enrollment significantly increased, largely driven by the number of children being referred with an active and qualifying medical diagnosis. The increasing severity of the children being referred, partially as a result of them being referred closer to age three has resulted in fewer served, but more enrolled and remaining enrolled until their third birthday.

Unduplicated Count of Clients Served Annually: The significant increase in the number of children served in some aspect by the ECI program was as a direct result of increased physician referrals. There was a higher percentage of children enrolled, an 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: There was a significant increase in the number of referrals, yet a slight decrease in the percentage referrals enrolled. This is due to predominant speech referrals and the children not meeting the required percentage of delay for speech issues.

Service Delivery Data: For 2018, the contractual requirement was 2.87 hours per child served. We experienced a parental cancellation/no-show rate in excess of 30%, despite providers accommodating parental schedules and offering makeup visits. Staffing issues were a contributory factor in the motor therapies and their planned versus delivery rate.

Improvement in Development Areas: The data reflect the increased severity of the children at enrollment in ECI. Many of our clients see an increase in function and still 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, but are also seeing children make significant improvements by the time of their graduation out of the ECI system into other transition settings.

Opportunity Center Program

Demographics

Age Groups	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
15-18 years	4%	5%	13%	2%	4%	3%	10%	10%	1%	1%	1%
19-26 years	38%	41%	30%	34%	45%	24%	57%	38%	55%	55%	31%
27-45 years	30%	36%	29%	47%	38%	40%	23%	40%	36%	36%	62%
46-59 years	25%	18%	24%	16%	13%	21%	8%	9%	4%	4%	5%
60 + years	3%	-	4%	1%	0%	12%	2%	2%	4%	4%	1%

Gender	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Male	52%	54%	65%	70%	62%	66%	58%	63%	66%	54%	57%
Female	48%	46%	35%	30%	38%	34%	42%	37%	34%	46%	43%

Ethnicity Mix	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Caucasians	54%	51%	58%	35%	44%	39%	63%	47%	66%	59%	58%
Hispanics	20%	22%	24%	30%	26%	24%	18%	26%	17%	35%	25%
African Americans	27%	27%	18%	35%	30%	37%	18%	28%	17%	19%	18%

Payer Sources, by client	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
MHMRA	6%	8%	10%	11%	7%	20%	8%	11%	14%	0%	0%
ISD	23%	25%	26%	21%	32%	18%	17%	15%	22%	22%	25%
Private Pay	4%	7%	3%	3%	9%	11%	8%	7%	7%	11%	11%
HHSC (formerly Dads)	10%	13%	14%	25%	20%	17%	24%	26%	30%	31%	32%
TWX Vocational Rehab (formerly DARS)	24%	22%	23%	20%	22%	21%	36%	26%	14%	10%	6%
Contracts									13%	26%	26%

Unduplicated count of clients served annually (excluding aquatics exercise)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	186	189	190	181	168	181	190	215	226	186	194

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 78 of the 194 participants after 30 days of enrollment. Participants are observed for the first 30 days to measure progress in educational and vocational capacities. Results indicated that 40% of 78 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 employment in the community. This program offers training and support to the participants who are seeking to gain employment and employable skills. Services include: Vocational Adjustment Training.

DISCUSSION- Measurement was based on the following outcome rating: Of the 12 total unduplicated consumers served, 2 were eligible for case closure. Staff conducts an assessment to measure progress to determine vocational capacities. Vocational training was reported by 8%, 12 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 25%, of 48 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 62 clients and employs 2 full-time staff and 1 part-time staff.

Select Organizational Information

2018 Financial Information (unaudited)

Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$6,522,268
Contributions and Bequests	<u>390,334</u>
Total Revenues	\$6,912,602

Expenses By Department

ECI Program	\$2,880,849
Pediatric Therapy	489,560
Adult Therapy	430,246
Aquatic Program	151,431
Opportunity Program	1,781,013
General & Admin	731,606
Fund Development	<u>51,834</u>
Total Expenses	\$6,516,539

Net Surplus/(Loss) \$396,063

End of Year Net Asset Balance \$3,518,355

2018 Board of Directors

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Lynne Foley, Vice Chair
Gary S Englert, Secretary
Tom Kelchner, Ed D., Treasurer
Blake Cather, Director
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Sam Springer, Director
Liz Stavens, Director
John McNally, 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 **2018 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

Employee Signature

Date

Employee Printed Name