

Bay Area Rehabilitation Center 2020

Program Evaluation (January 2020 – December 2020)

Submit for:

**Board of Directors Review
March 31, 2021**



United Way of Greater Houston

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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 2021

- I. Complete recovery from Covid-19 pandemic and fully reconstitute all programs to, or better than, their pre-pandemic levels.
- II. Monitor Medicaid status related to ABA services, and when available expand and fully develop the Autism Program begun in late 2019.

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.
- **Autism Program** provides specialized therapy services, autism-specific behavioral programs, support, and training to individuals and families of individuals diagnosed on the autism spectrum.
- **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.

2020 Improvements at the Center

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

- Compliance with organizational and regulatory timelines
- Comprehensive review of plant and equipment as well as improvements in long term equipment stability
- Increases to the reserve fund 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 2018.

Age Groups	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
0-2 years	75%	64%	61%	63%	65%	62%	67%	69%	75%	71%	78%
3-20 years	6%	9%	10%	7%	9%	11%	8%	7%	6%	9%	9%
21 +	20%	27%	29%	24%	26%	27%	25%	24%	19%	20%	13%
Percentage of total population											

Gender	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	60%	63%	63%	64%	64%	63%	63%	61%	62%	64%	66%
Female	40%	37%	37%	36%	36%	37%	37%	39%	38%	36%	34%

Geographic Location	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Houston*	37%	35%	34.5%	36%	36%	38%	41%	36%	41%	37%	37%
Baytown	31%	34%	34.5%	35%	34%	32%	28%	33%	29%	35%	35%
Pasadena	18%	17%	16.4%	15%	18%	18%	18%	16%	16%	15%	15%
Crosby	4%	5%	4.6%	5%	4%	3%	4%	4%	5%	6%	5%
Channelview	5%	5%	5.2%	5%	4%	5%	5%	6%	6%	4%	5%
La Porte	4%	4%	4.6%	4%	4%	4%	4%	5%	4%	3%	4%
*and surrounding area											

Ethnicity Mix	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Caucasians	38%	39%	39%	40%	42%	40%	39%	39%	48%	42%	40%
Hispanics	49%	47%	46%	45%	45%	48%	50%	52%	44%	48%	52%
African Americans	11%	12%	13%	13%	11%	11%	10%	7%	7%	9%	7%
Asians	1%	1%	1%	1%	2%	0%	0%	2%	0%	.43%	.29

Payer Sources	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
by client											
Medicaid	42%	42%	40.3%	34.5%	29%	45%	35%	48%	56%	52%	61%
Insurance	23%	26%	28%	22%	21%	19%	23%	21%	24%	19%	25%
ECI (state funding)	21%	12%	9.3%	19%	14%	12%	23%	15%	7%	14%	4%
Medicare	4%	4%	4%	3.5%	3%	3%	3%	3%	2%	3%	2%
Workman's Comp	1%	1%	1.3%	.24%	1%	1%	1%	1%	1%	.52%	.29%
Industrial Contracts						13%	7%	5%	5%	4.5%	2%
Other	9%	15%	17%	20%	31%	5%	7%	6%	5%	5%	4%
						2%	1%	0%	1%	2%	2%

Unduplicated count of clients served annually (excluding aquatics exercise)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	3519	2606	2567	2952	3305	3081	2925	2862	3562	3280	3057
Increase					13%	11%				20%	
Decrease		3%	26%	1.5%			7%	5%	2%		7%

Client satisfaction

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

Examples of the many positive comments received in 2020:

- ❖ You are very kind and helpful in everything. You are concerned for the wellbeing of the children. Thank you everything is excellent.
- ❖ I am very pleased with the services I have received and the care and kindness of the staff these girls are awesome!!
- ❖ Very well trained for lifting and correct way of using upper body
- ❖ I feel like I improved mind, body & soul. I wish I could go longer. I couldn't have achieved this goal with your help thank you.
- ❖ Helped me get my life back. Thanks

Suggestions received:

- ❖ Continue option to do virtual

Adult Program

Demographics

Age Groups	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Average Age	52	52	55	45	43	42	46	49	49	50	50
5 - 39 years	21%	33%	37.5%	44%	46%	52%	41%	32%	29%	32%	33%
40 – 59 yrs	48%	40%	37%	33%	33%	27%	31%	37%	43%	35%	32%
60 – 79 yrs	25%	24%	22%	21%	20%	19%	25%	28%	25%	30%	32%
80 - 90 yrs	5%	2%	3.5%	2%	1%	2%	3%	3%	3%	3%	3%

Gender	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	52%	61%	62%	67%	67%	67%	57%	60%	59%	57%	59%
Female	48%	39%	38%	33%	33%	33%	43%	40%	41%	43%	41%

Ethnicity Mix	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Caucasians	77%	72%	68%	64%	58%	59%	60%	62%	62%	52%	57%
Hispanics	12%	13%	15%	17%	21%	22%	20%	20%	19%	27%	25%
African Americans	10%	10%	14%	15%	19%	17%	18%	14%	16%	19%	15%

Payer Sources, by client

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Insurance	46%	38%	33%	26%	22%	22%	32.5%	39.3%	30%	32%	32%
Medicare	25%	19%	21%	14%	13%	12%	17%	18.2%	16%	20%	24%
Workman's Comp	6%	6%	6%	1%	3%	3%	3.5%	4.5%	3.8%	3%	4%
Employer						54%	35.8%	28.2%	36.4%	33%	28%
Other	23%	37%	40%	59%	61%	8%	1%	.8%	.64%	1%	1%
Medicaid							10.4%	9.1%	12.7%	11%	11%

Unduplicated count of clients served annually (excluding aquatics exercise)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	536	576	624	738	746	722	548	507	472	451	247

Average number of visits per client (Analysis of data-discharged therapy clients only, PWS not included)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	8.8	11.4	10.9	10.4	10.2	10.0	9.4	10.1	10.3	7.7	8.05

Service received (PWS clients not included)

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
PT only	64%	65%	61%	69%	71%	70%	72%	68.4%	73%	72%	76%
OT only	28%	25%	27%	22%	22%	18%	19%	21.4%	15.7%	12%	13%
ST only						4%	2.2%	3.3%	4%	8%	4%
PT, OT, ST	8%	10%	12%	9%	7%	8%	2.5%	1.7%	2.3%	2%	2%
Other Comb							4.2%	5.2%	5%	6%	5%

Adult Program – continued

Impairment

Type	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Neurological	19%	9%	4%	4%	12%	16%	5%	1.9%	4.8%	5%	5%
Stroke	3%	3%	5%	4%	2%	2%	2%	.97%	3%	2%	4%
Orthopedic	53%	50%	40%	47%	30%	27%	31%	28.7%	54.2%	45%	72%
Musculoskeletal	15%	19%	29%	18%	19%	39%	47%	63.9%	29.9%	21%	12%
Arthritic						8%	11%	.65%	1.1%	0%	0%
Other	10%	19%	22%	27%	37%	8%	4%	2.6%	7%	17%	6%

Client report at time of discharge

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Improvement in functional status	72%	74%	77%	77%	82%	67%	80%	82%	77%	74%	85%
Improvement in limitation of activities/ lifestyle	74%	73%	77%	75%	84%	48%	76%	83%	78%	84%	89%
Decrease in symptoms	88%	87%	88%	85%	93%	58%	85%	86%	78%	74%	86%

Primary reasons for discharge

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Goals achieved	12%	22%	17.5%	19%	18%	25%	23%	27.6%	23.2%	24%	24%
Non-attendance	7%	14%	18.7%	17%	18%	18%	25%	24.2%	28.3%	26%	23%
Maximum benefit	26%	23%	34.6%	25%	14%	21%	16%	15.8%	11.8%	8%	14%
Client/parent request	13%	20%	20.6%	20%	31%	21%	19%	17.5%	21.3%	22%	20%
Physician request	3%	3%	4.6%	4%	3%	5%	4%	4.7%	3.2%	4%	8%
Insurance Authorization	5%	6%	3.7%	4%	7%	7%	10%	5.7%	9.4%	8%	8%
Change in Medical Status							3.8%	4.4%	2.8%	8%	3%

Diagnosis Sample of diagnoses treated		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	2007	27	36	54	14	75%	8% nonattendance	11% client/MD request
	2008	27	28	52	7.6	70%	36% max. benefit	45% client/MD request
	2009	17	30	58	12	70%	15% max. benefit	9% client/MD request
	2010	26	41	54	9	79%	19% max. benefit	19% client request
	2011	14	19	55	8	54%	35% max. benefit	26% nonattendance
	2012	11	10	56	9	61%	39% max. benefit	28% client/MD request
	2013	211	21	60	7.7	57%	55% max. benefit	27% client request
	2014	13	20	54	10.3	70%	16% max. benefit	66% client/MD request1/6
	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
2019	34	49	58	7	62%	34% nonattendance/compl.	26% client request	
2020	20	17	57	9	81%	29% client request	29% nonattendance	

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
2019	9	18	59	7.5	73%	33% nonattendance	33% max. benefit	
2020	2	3	53	7.6	100%			
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
2019	10	27	60	9.5	76%	38% nonattendance	25% Change in medical status	
2020	13	12	54	10	96%	100% - nonattendance		
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
2019	16	24	56	7	79%	42% nonattendance	42% client request	
2020	8	17	58	8.7	76%	50% client request	33% max. benefit	
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
2019	12	21	53	9.6	83%	50% nonattendance/compl.	25% Insurance Authorization	
2020	3	8	54	10	82%	100% nonattendance		

Adult Program – continued

The average age of clients served in the adult program remained steady at 50 years old in 2020 with 67% of adults being 40 years or older which is comparative to 2019 numbers. The decrease in the Employer type Payer Source, from 33% in 2019 to 28% in 2020, can be related to the fewer number of work rehab referrals, down from 146 in 2019 to 70 seen in 2020. This can be associated with the quarantine and overall work slowdown seen in 2020 related to the COVID virus. This slowdown also resulted in a fewer number of adult medical referrals, 177 in 2020 compared to 302 in 2019, which in turn resulted in a decline in the overall adult program census in 2020 of 247 compared to 451 in the previous year. During the quarantine, we were able to offer telehealth services but some clients chose not to participate. Once we were able to re-open the facility, many clients returned but some were still apprehensive and did not return despite our efforts to adhere to strict precautionary measures.

Despite these lower numbers, the average number of visits per client increased from 7.7 visits in 2019 to 8.05 visits in 2020, which excludes work rehab referrals. The Impairment Type in 2020 remained mostly the same but there was a significant increase in Orthopedic types. This is due to a more defined classification system established in 2020 between Orthopedic and Musculoskeletal types of impairments and a lower percentage of Other types of impairment. The Client report at the time of discharge revealed improvement in all areas: levels of function (74% in 2019 to 75% in 2020), decreased limitations (84% in 2019 to 89% in 2020), and less symptoms (74% in 2019 to 86% in 2020). This is calculated by measuring these levels at the initial visit and comparing them to the data gathered at the final session. This indicates clients are being discharged with better outcomes due to the outstanding work they do with our therapists.

For the Primary reasons for discharge, Goals achieved held steady at 24% and was the main reason for discharge in 2020. The Non-attendance primary reason for discharge decreased from 26% in 2019 to 23% in 2020 which can be due to the increased efforts made by the staff to encourage client attendance. Note that the rate of Client/parent request for discharge decreased from 22% to 20% in 2020 even though many clients opted out of telehealth during the COVID quarantine or they were initially apprehensive to return to the facility. This means these clients either eventually returned later in the year to complete their treatment or a larger number of clients were seen after the quarantine was lifted. The Physician request for discharge increased but this could be due to these physicians and clients opting out of therapy for surgery due to a slower than expected recovery or they reached their goals sooner than expected. The percentage of unplanned discharges compared to planned discharges was high in the first and second quarters, mostly as a result of the COVID quarantine and clients opting out of therapy, but this improved in the last 2 quarters indicating a slow return to normalcy.

In 2020, we moved from our previous CORF status to an Outpatient Rehab Facility (ORF) with Medicare. This meant we were no longer required to review cases on a weekly basis with a Medical Director and Social Worker which opened up more time slots in the schedule to see clients. Therapists still communicated with other therapists in other disciplines, depending on the client's needs, to ensure good team communication which is vital to client care.

Pediatric Program

Demographics

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Age Groups											
Average Age	9	9	8.4	8.3	8.4	9.1	8.1	8.2	8.4	7.6	7.3
0 - 2 years	0%	2%	1%	0%	1%	0%	1%	0%	0%	.8%	.49%
3 - 4 years	23%	26%	28%	28%	31%	33%	35%	30%	30%	34%	41%
5 - 6 years	21%	16%	16%	19%	15%	16%	14%	20%	20%	21%	18%
7+	56%	56%	55%	53%	53%	51%	50%	50%	50%	45%	41%
Gender											
Male	61%	62%	63%	64%	67%	62%	63%	65%	64%	66%	67%
Female	39%	38%	37%	36%	33%	38%	37%	35%	36%	34%	33%
Ethnicity											
Mix											
Caucasians	40%	38%	36%	39%	32%	32%	36%	39%	40%	34%	29%
Hispanics	45%	45%	40%	35%	47%	47%	39%	46%	47%	48%	53%
African Americans	12%	13%	18%	22%	15%	16%	20%	12%	11%	16%	18%
Other						5%	4%	2%	2%	2%	.49%
Payer Sources, by client											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Insurance	53%	47%	52%	49%	40%	33%	39%	33%	39%	36%	27%
Medicaid	45%	50%	47%	50%	56%	63%	55%	63%	56%	60%	68%
Private Funding	2%	3%	1%	1%	4%	4%	6%	4%	4%	4%	5%
Unduplicated count of clients served annually											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	184	181	211	171	211	223	205	191	217	247	204
Average length of admission (discharged clients only)											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Months	3.83	6.96	5.16	6.71	5.3	5.3	5.65	5.62	5.74	8.13	6.94
207*2Service received (PWS clients not included)											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
PT only	25%	31%	28%	23%	22%	26%	28%	29%	27%	21%	19%
OT only	14%	9%	12%	14%	10%	10%	7.8%	6%	10%	9%	5%
ST only	36%	28%	31%	30%	42%	42%	38.5%	37.7%	41%	45%	53%
PT, OT, ST	25%	32%	29%	32%	26%	22%	1.46%	3.7%	3%	6%	8%
Other Comb							23.9%	23%	19%	19%	15%
Average number of visits per client											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	12.3	24.6	16.4	22.4	57.6	21.5	26	23.8	27.5	32.4	26.3

Pediatric Program - continued

Impairment Type	2014	2015	2016	2017	2018	2019	2020
Neurological	6%	5%	4%	3%	4%	4%	2%
Congenital/ Developmental	38%	45%	55%	57%	52%	43%	38%
Orthopedic	13%	14%	12%	3%	27%	19%	23%
Musculoskeletal	6%	19%	23%	36%	9%	13%	3%
Acquired Brain Injury	1%	8%	4%	1%	1%	0%	0%
Other	8%	10%	2%	1%	7%	21%	34%

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

	2015	2016	2017	2018	2019	2020
All Areas	10%	9.7%	13%	10.9%	10.3%	4.3%
PT	24%	-1%	-2%	15.1%	13.2%	17%
OT	7.5%	12%	18.2%	18.7%	17.5%	10.9%
ST	6.8%	9.7%	11.2%	7.3%	7.4%	7%

Primary reasons for discharge

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Goals achieved/ Max Benefit	33%	19%	27%	26%	26%	35%	39%	25%	25%	24%	12%
Non- attendance	24%	23%	33%	31%	35%	35%	19%	36%	27%	34%	37%
Client/parent request	22%	22%	17%	21%	23%	14%	19%	29%	26%	26%	29%
Insurance Authorization	14%	23%	9%	11%	11%	11%	7%	6%	12%	12%	11%

The average client's age in the pediatric program declined slightly to 7.3 years old in 2020 from 7.6 years old in 2019 with the majority belonging to the 3 to 4-year-old group (59%) compared to the 7+ age group (41%). Medicaid still accounts for the bulk of the Payer Source at 68% (up from 60% in 2019). However, the census of Unduplicated pediatric clients decreased from 247 in 2019 to 204 in 2020. This can be due to the lower number of referrals (147 in 2020 compared to 194 in 2019) resulting in fewer evaluations performed (189 in 2020 compared to 243 in 2019). Much of this can be owed to the effects of the COVID virus and the associated quarantine.

The Impairment type remained mostly unchanged in 2020 with the majority being seen in the Congenital/Developmental delay group. The Other classification continued to rise from 21% to 34% in 2020 which could be associated with the increase in Impairment types not previously classified. This should be addressed in 2021 to improve tracking Impairment types. The percentage of Services received remained mostly steady in 2020 compared to previous years but there was an increase in the speech therapy population (up from 45% in 2019 to 53% in 2020). This resulted in the need to hire an additional speech pathologist to address this increase of speech clients for 2020.

Pediatric Program – continued

Even though we offered telehealth services throughout the COVID quarantine, and continued to offer it after we returned to the facility, many clients/parents had to be discharged from services because they either could not be contacted, at 37%, or they requested to be discharged during and after the quarantine, at 29%. Please note that there was a shorter Average length of admission of 6.94 compared to 8.13 in 2019 and the Average number of visits decreased to 26.3 compared to 32.4. However, the Average increase in development improved to 11.6% in 2020 compared to 10.3% in 2019. This seems to indicate that while many clients/parents may have stopped receiving services in 2020 due to reasons associated with the COVID virus, the clients/parents who did remain experienced better overall responses to our services with our therapists.

Autism Program

Demographics

Age Groups

	2019	2020
Average Age	5.1	5.5
0 - 2 years	27%	6%
3 - 4 years	26%	40%
5 - 6 years	16%	19%
7+	31%	34%

Gender

	2019	2020
Male	80%	77%
Female	20%	23%

Ethnicity

Mix

	2019	2020
Caucasians	55%	56%
Hispanics	31%	26%
African Americans	14%	18%
Other	0%	0%

Payer Sources, by client

	2019	2020
Insurance	40%	37%
Medicaid	56%	58%
Private Funding	4%	5%

Unduplicated count of clients served annually

	2019	2020
	55	66

Service received

	2019	2020
PT only	0%	0%
OT only	7%	3%
ST only	22%	21%
PT, OT, ST	5%	8%
Other		
Therapy Only	45%	44%
Comb		
ABA only	6%	5%
AQ only	2%	2%
ABA other comb	13%	18%

Autism Program - continued

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

	2019	2020
All Areas		
PT	0%	0%
OT	23.8%	14.8%
ST	12%	8.3%

Analysis of data

Demographics

Gender: The gender distribution of the clients served by the Autism program indicates a higher diagnosis rate in the male pediatric population, as well as a higher enrollment rate for the male population. While Autism is more prevalent in males, evidence supports a 3:1 ratio of diagnosis rather than the 4:1 previously held, gender ration standard. Newer studies suggest females have been historically not considered for an F84.0 diagnosis due to perceptions related to Autism being primarily a condition diagnosed in males, but this is changing.

Ethnicity Mix: The epidemiology of Autism is reflected in the ethnicity mix of the Bay Area Autism program population. ASD prevalence is reported to be highest in Caucasians, highly variable in Asian populations, and diagnosed as a comorbid condition in Hispanic and African-American children. Potential influencing factors include access to care and cultural considerations related to pursuance of a diagnosis.

Payer Sources: Texas commercial insurance mandates requiring coverage for Autism-related services contribute to a high private insurance percentage. While Medicaid was supposed to set rates for ABA coverage no later than mid-2020, because Medicaid covers other therapies, this percentage is expected to hold and likely increase once ABA is paid by Medicaid sometime in 2022.

Unduplicated Count of Clients Served Annually: It is highly expected for there to be a significant increase in the number of clients served at the next annual reporting period, assuming Medicaid has completed the rate setting function to ensure ABA coverage for Medicaid recipients.

Services Received: The percentage of clients receiving ABA in addition to occupational and speech therapies is expected to sharply increase once Medicaid begins reimbursing for ABA services. This process is expected to begin sometime in 2022. This delay from 2020 was as a direct result of the COVID-19 pandemic.

Average Increase: There is a wide variance in prognosis related to an Autism diagnosis, largely dependent upon categorization of function. Clients receiving occupational and speech therapies evidenced strong gains in functionality.

Early Childhood Intervention (ECI) Program

Demographics

Gender	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	61%	63%	63%	62%	63%	62.5%	64.6%	61.7%	63.3%	63.2%	66.3%
Female	38%	37%	37%	38%	37%	37.5%	35.4%	38.3%	36.7%	36.8%	33.7%

Ethnicity

Mix	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Caucasians	34%	28%	27%	31%	35%	33%	29.9%	31.7%	44.9%	39.4%	37.5%
Hispanics	53%	60%	61%	59%	55%	60.7%	64%	64.1%	50%	54.3%	57.4%
African Americans	11%	10%	10%	8%	7%	5.8%	5.6%	3.7%	4.8%	5.8%	4.7%
Asian	1%	2%	1%	1%	1%	.4%	.41%	0.4%	0.3%	0.4%	.3%
Other	0%	0%	1%	1%	1%	0%	.05%	.05%	0%	0%	0%

Payer Sources, by client

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Insurance	18%	22%	26%	21%	26%	18.6%	25.7%	17.4%	23.4%	15.9%	25.5%
Medicaid	53%	59%	59%	49%	46%	61.6%	51.1%	61%	67.9%	64.0%	69.9%
Other Funding	28%	19%	15%	30%	28%	19.8	23.2%	21.6%	8.7%	20.1%	4.6%

Unduplicated count of clients served annually

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
2609	1668	1564	1862	2158	1921	1946	1978	2679	2317	2385

Average Monthly Enrollment

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	577	450	438	450	444	444	444	484	534	544	451
Increase (i) /Decrease (d)	3% (d)	22% (d)	3% (i)	2.7% (i)	1% (d)	NC	NC	8.62%	10.3%	1.87% (i)	17% (d)

Referrals	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Monthly Average	195	125	119	149	150	180	181	165	202.5	193	149
Increase (i) /Decrease (d)	10% (i)	36% (d)	5% (d)	25% (i)	1% (i)	16.7% (i)	1% (i)	9.25% (d)	22.7%	4.69% (d)	22.8% (d)
Percentage Enrolled	29%	35%	43%	28%	34%	22.6%	24.7%	27.5%	25.4%	22.5%	28%
Increase (i) /Decrease (d)	3% (d)	3% (i)	8% (i)	15% (d)	6% (i)	11.4% (d)	8.4% (i)	10.7% (i)	75% (d)	11% (d)	24.4% (i)

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

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Expressive	10	7.7	11.6	7.7	9	8.77	14.01	8.97	7.62	9.78	9.46
Receptive	11	8.8	11.1	6.9	7.7	8.35	9.53	7.62	7.35	9.03	8.56
Gross Motor	11.4	9.4	13.5	8.3	9.2	9.74	7.6	9.4	8.36	7.55	11.2
Fine Motor	10.9	9.6	14.4	10.9	5.6	10	8.87	12.37	10.57	13.01	10.33
Social	12	10.5	12.1	8.5	7.9	5.91	7.3	6.72	10.89	9.3	4.43
Self Help	11.5	9.5	13.2	8.5	9.9	9.37	9.89	9.59	9.8	10.14	10.88

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		2019 Planned		2019 Delivered	
	Avg/hrs child/mo				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	4.07	hrs	2.04	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	71.5%	2.08	49.8%	1.04
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	45.2%	1.26	42.9%	0.54
PT	28.9%	2	15.9	1.1	40.2%	1.7	19.6%	0.8	36.0%	1.36	32.3%	0.43	31.1%	1.43	53.3%	0.76
ST	66.7%	2	43.4%	1.3	74.8%	1.8	50.1%	1.2	77.7%	1.66	65.6%	1.07	76.5%	1.64	60.1%	0.99
Nutrition	13.4%	1.3	7.2%	.7	15.6%	0.5	14.1%	0.5	8.8%	0.46	100%	0.46	7.3%	0.49	93.8%	0.46

	2020 Planned		2020 Delivered	
	Avg/hrs child/mo			
Overall	4.43	hrs	2.08	hrs
SST	66.3%	2.1	48.4%	0.9
OT	34.4%	1.6	21.5%	1.0
PT	30.7%	1.3	16.5%	0.7
ST	66.0%	1.9	24.3%	0.7
Nutrition	7.1%	0.7	3.0%	0.3

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 2020, there was an increase in the percentage of Medicaid clients, and a significant increase in the percentage of children with non-Medicaid insurance, attributable to a larger number of children qualifying for CHIP insurance. 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, though we saw a significant reduction in the number of children with no coverage in our service area. As Medicaid expansion does or does not occur, we would expect to see the percentage fluctuate.

Average Monthly Enrollment: Average monthly enrollment decreased, directly driven by COVID-19 pandemic and associated circumstances. The increasing severity of the children being referred, partially as a result of them being referred closer to age three has resulted in a decrease of length of enrollment, but those enrolled are typically remaining enrolled until their third birthday at which point the state requires discharge.

Unduplicated Count of Clients Served Annually: The minimal increase in the unduplicated count of clients served annually is directly attributed to the pause in well-child visits at the beginning of the COVID-19 pandemic, ongoing pandemic concerns, and a focus on acute illnesses in visits as opposed to well-child checkups when referrals to ECI are generally begun. As things have resumed some semblance of normalcy in the pediatric practices, we are seeing a significant increase the number of clients served.

Referrals: There was a decrease in the number of referrals as a result of COVID-19 considerations at the pediatrician-office level, but the percentage of referrals qualifying for services increased, indicating more quality referrals. This is also as a result of adopting different procedures for CPS referrals based upon the HHSC Memorandum of Understanding between DFPS and ECI.

Service Delivery Data: For 2020, the contractual requirement was 2.80 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 across all disciplines except nutrition and their planned versus delivery rate. We implemented telehealth as a method of ensuring continuity of care during the COVID-19, and some families have had difficulty attending due to work and homeschooling obligations.

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 predominantly 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	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
15-18 years	13%	2%	4%	3%	10%	10%	1%	1%	1%	0%	1%
19-26 years	30%	34%	45%	24%	57%	38%	55%	55%	31%	17%	19%
27-45 years	29%	47%	38%	40%	23%	40%	36%	36%	62%	74%	72%
46-59 years	24%	16%	13%	21%	8%	9%	4%	4%	5%	7%	7%
60 + years	4%	1%	0%	12%	2%	2%	4%	4%	1%	2%	1%

Gender	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	65%	70%	62%	66%	58%	63%	66%	54%	57%	76%	70%
Female	35%	30%	38%	34%	42%	37%	34%	46%	43%	24%	30%

Ethnicity Mix	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Caucasians	58%	35%	44%	39%	63%	47%	66%	59%	58%	62%	62%
Hispanics	24%	30%	26%	24%	18%	26%	17%	35%	25%	24%	28%
African Americans	18%	35%	30%	37%	18%	28%	17%	19%	18%	14%	10%

Payer Sources, by client

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
MHMRA	10%	11%	7%	20%	8%	11%	14%	0%	0%	10%	0%
ISD	26%	21%	32%	18%	17%	15%	22%	22%	25%	29%	29%
Private Pay	3%	3%	9%	11%	8%	7%	7%	11%	11%	21%	27%
HHSC (formerly Dads)	14%	25%	20%	17%	24%	26%	30%	31%	32%	30%	40%
TWX Vocational Rehab (formerly DARS)	23%	20%	22%	21%	36%	26%	14%	10%	6%	0%	3%
Contracts							13%	26%	26%	10%	1%

Unduplicated count of clients served annually

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	190	181	168	181	190	215	226	186	194	210	162

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 matters, 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 – Our unduplicated number of individual served decreased due to the pandemic. Our program was informed about participants regressing, therefore we continued outreach to clients by providing learning materials/resources in the home. Due to pandemic limitations no observation was conducted, however feedback from families helped us to continue to provide materials to participants. Results indicated that 30% of participants were able to identify and complete an educational and/or vocational skills.

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 – Due to the pandemic no students were at the program only briefly in early 2020 and then absent until late September 2020. The overall number of participants, compared to prior years, was reduced due to the pandemic. Vocational training services related to this program are increasing at a moderate rate, but are not yet back to pre-pandemic levels. Participants are working with community partners for vocational training.

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 64 clients and employ 2 full-time staff.

Select Organizational Information

2020 Financial Information (unaudited)

Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$6,077,964
Contributions and Bequests	<u>369,186</u>
Total Revenues	\$6,417,150

Expenses By Department

ECI Program	\$2,709,821
Pediatric Therapy	535,221
Autism Program	140,150
Adult Therapy	266,247
Aquatic Program	108,052
Opportunity Program	1,714,583
General & Admin	724,663
Fund Development	<u>55,239</u>

Total Expenses \$6,253,976

Net Surplus/(Loss) \$163,174

End of Year Net Asset Balance \$3,374,478

2020 Board of Directors

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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 **2020 Program Evaluation Report**. I understand that it is my responsibility to review the information outlined within it.

Employee Signature

Date

Employee Printed Name