

# **Bay Area Rehabilitation Center 2021**

## **Program Evaluation (January 2021 - December 2021)**

**Submit for:**

**Board of Directors Review  
March 30, 2022**



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 2022**

- I. Complete recovery from Covid-19 pandemic and fully reconstitute all programs to, or better than, their pre-pandemic levels.
- II. Increase marketing presence in the local community
- III. Investigate and potentially develop alternate funding sources to replace loss of UW Greater Houston funding

## 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.

### **2021 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.

<b>Age Groups</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
0-2 years	64%	61%	63%	65%	62%	67%	69%	75%	71%	78%	60%
3-20 years	9%	10%	7%	9%	11%	8%	7%	6%	9%	9%	12%
21 +	27%	29%	24%	26%	27%	25%	24%	19%	20%	13%	28%

Percentage of total population

<b>Gender</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Male	60%	63%	64%	63%	63%	61%	62%	64%	62%	66%	68%
Female	40%	37%	36%	37%	37%	39%	38%	36%	38%	34%	32%

### **Geographic**

<b>Location</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Houston*	35%	34.5%	36%	36%	38%	41%	36%	41%	37%	37%	36%
Baytown	34%	34.5%	35%	34%	32%	28%	33%	29%	35%	35%	39%
Pasadena	17%	16.4%	15%	18%	18%	18%	16%	16%	15%	15%	12%
Crosby	5%	4.6%	5%	4%	3%	4%	4%	5%	6%	5%	5%
Channelview	5%	5.2%	5%	4%	5%	5%	6%	6%	4%	5%	4%
La Porte	4%	4.6%	4%	4%	4%	4%	5%	4%	3%	4%	4%

\*and surrounding area

### **Ethnicity**

<b>Mix</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Caucasians	39%	39%	40%	42%	40%	39%	39%	48%	42%	40%	43%
Hispanics	47%	46%	45%	45%	48%	50%	52%	44%	48%	52%	45%
African Americans	12%	13%	13%	11%	11%	10%	7%	7%	9%	7%	10%
Asians	1%	1%	1%	2%	0%	0%	2%	0%	.43%	.29	.66%

### **Payer**

#### **Sources**

<b>by client</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Medicaid	42%	40.3%	34.5%	29%	45%	35%	48%	56%	52%	61%	49%
Insurance	26%	28%	22%	21%	19%	23%	21%	24%	19%	25%	25%
ECI (state funding)	12%	9.3%	19%	14%	12%	23%	15%	7%	14%	4%	2.4%
Medicare	4%	4%	3.5%	3%	3%	3%	3%	2%	3%	2%	2.4%
Workman's Comp	1%	1.3%	.24%	1%	1%	1%	1%	1%	.52%	.29%	.20%
Industrial Contracts					13%	7%	5%	5%	4.5%	2%	12%
Other	15%	17%	20%	31%	5%	7%	6%	5%	5%	4%	7%
					2%	1%	0%	1%	2%	2%	2%

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	2606	2567	2952	3305	3081	2925	2862	3562	3280	3057	1961
Increase				13%	11%				20%		
Decrease	3%	26%	1.5%			7%	5%	2%		7%	36%

## 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 2021:**

- ❖ The staff was amazing I would definitely recommend ya'll. Thank you guys very much for ya'lls services. God bless ya'll.
- ❖ Therapist was an excellent therapist creative, informative, very hands on treatments, understanding, caring and compassionate, informative and all around great therapist.
- ❖ Found everyone to knowledgeable, efficient. Explained and answered all questions.
- ❖ Staff very helpful and respectful to my physical therapy needs to improve my overall health/body care.
- ❖ The staff was great. Treatments were well done. Instructions were well given. Overall well done.
- ❖ All the PTs were great I am so glad I came here getting better every day.

### **Suggestions received:**

- ❖ More advertisement for services or use of social nuances to help families and children.
- ❖ More aquatic activities more use of pool.

# Adult Program

## Demographics

<b>Age Groups</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Average Age	52	55	45	43	42	46	49	49	50	50	45
5 - 39 years	33%	37.5%	44%	46%	52%	41%	32%	29%	32%	33%	44%
40 – 59 yrs	40%	37%	33%	33%	27%	31%	37%	43%	35%	32%	34%
60 – 79 yrs	24%	22%	21%	20%	19%	25%	28%	25%	30%	32%	21%
80 - 90 yrs	2%	3.5%	2%	1%	2%	3%	3%	3%	3%	3%	1%

<b>Gender</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Male	61%	62%	67%	67%	67%	57%	60%	59%	57%	59%	75%
Female	39%	38%	33%	33%	33%	43%	40%	41%	43%	41%	25%

<b>Ethnicity Mix</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Caucasians	72%	68%	64%	58%	59%	60%	62%	62%	52%	57%	54%
Hispanics	13%	15%	17%	21%	22%	20%	20%	19%	27%	25%	25%
African Americans	10%	14%	15%	19%	17%	18%	14%	16%	19%	15%	16%

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance	38%	33%	26%	22%	22%	32.5%	39.3%	30%	32%	32%	16%
Medicare	19%	21%	14%	13%	12%	17%	18.2%	16%	20%	24%	13%
Workman's Comp	6%	6%	1%	3%	3%	3.5%	4.5%	3.8%	3%	4%	1%
Employer					54%	35.8%	28.2%	36.4%	33%	28%	62%
Other	37%	40%	59%	61%	8%	1%	.8%	.64%	1%	1%	0%
Medicaid						10.4%	9.1%	12.7%	11%	11%	8%

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	576	624	738	746	722	548	507	472	451	247	383

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	11.4	10.9	10.4	10.2	10.0	9.4	10.1	10.3	7.7	8.05	9.1

### **Service received** (PWS clients not included)

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
PT only	65%	61%	69%	71%	70%	72%	68.4%	73%	72%	76%	80%
OT only	25%	27%	22%	22%	18%	19%	21.4%	15.7%	12%	13%	10%
ST only					4%	2.2%	3.3%	4%	8%	4%	2%
PT, OT, ST	10%	12%	9%	7%	8%	2.5%	1.7%	2.3%	2%	2%	3%
Other Comb						4.2%	5.2%	5%	6%	5%	5%

## Adult Program – continued

### Impairment

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Neurological	9%	4%	4%	12%	16%	5%	1.9%	4.8%	5%	5%	7%
Stroke	3%	5%	4%	2%	2%	2%	.97%	3%	2%	4%	4%
Orthopedic	50%	40%	47%	30%	27%	31%	28.7%	54.2%	45%	72%	49%
Musculoskeletal	19%	29%	18%	19%	39%	47%	63.9%	29.9%	21%	12%	36%
Arthritic					8%	11%	.65%	1.1%	0%	0%	0%
Other	19%	22%	27%	37%	8%	4%	2.6%	7%	17%	6%	4%

### Client report at time of discharge

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Improvement in functional status	74%	77%	77%	82%	67%	80%	82%	77%	74%	85%	75%
Improvement in limitation of activities/ lifestyle	73%	77%	75%	84%	48%	76%	83%	78%	84%	89%	75%
Decrease in symptoms	87%	88%	85%	93%	58%	85%	86%	78%	74%	86%	79%

### Primary reasons for discharge

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Goals achieved	22%	17.5%	19%	18%	25%	23%	27.6%	23.2%	24%	24%	31%
Non-attendance	14%	18.7%	17%	18%	18%	25%	24.2%	28.3%	26%	23%	18%
Maximum benefit	23%	34.6%	25%	14%	21%	16%	15.8%	11.8%	8%	14%	10%
Client/parent request	20%	20.6%	20%	31%	21%	19%	17.5%	21.3%	22%	20%	21%
Physician request	3%	4.6%	4%	3%	5%	4%	4.7%	3.2%	4%	8%	3%
Insurance Authorization	6%	3.7%	4%	7%	7%	10%	5.7%	9.4%	8%	8%	9%
Change in Medical Status						3.8%	4.4%	2.8%	8%	3%	5%

Diagnosis Sample of diagnoses treated		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	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
2021	13	24	58	9.3	68%	44% max. benefit	44% change in medical status	

## 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>	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%			
2021	2	1	69	8.3	66%	100% client/MD request		
<b>Difficult in waking</b>	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		
2021	7	9	57	11.5	56%	43% - nonattendance	43% client request	
<b>Joint pain</b>	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	
2021	9	7	51	10.1	75	50% max. benefit	50% unable to contact	
<b>Joint stiffness</b>	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		
2021	3	4	54	17.8	86%	100% client request		

## **Adult Program – continued**

The average age of client participating in the adult outpatient program decreased from 50 years old to 45 years old for 2021. This is mostly due to a significant increase in clients seen that were 39 years old or younger from 33% to 44% compared to the same metric from 2020. Clients seen in the age brackets from 40-59 years old, 60-79 years old, and 80-90 years old remained stable from 2020 to 2021. There was a significant increase in percentage of male clients seen from 2020 to 2021 with 75% of adults seen in the outpatient adult program being male. This is significantly higher than any year in the last 10 years with data being compared up till 2011. The ethnic breakdowns of the adult clients seen in 2021 is consistent with those of 2020 and 2019 with Caucasians being 54%, Hispanics being 25% and African Americans being 16%, and 5% Other.

The payer sources information also demonstrates a large shift in demographic for 2021 with a significant decrease in adult clients being private insurance based from 32% in 2020 to 16% in 2021. There was a similar decrease in the percentage of Medicare based payments from 24% in 2020 to 13% in 2021. Employer based payment demonstrated a significant increase and more than doubled from 2020 to 2021 from 28% to 62%. Workman's comp remains a small portion of the payer sources with only 1% being represented in 2021. Medicaid demonstrated a small drop from 11% in 2020 to 8% in 2021. The major shift in gender as well as payer sources for the adult clients can largely be explained by a large influx of pre work screen related services requested by and completed in 2021 secondary to a major hiring phase from the local chemical plants as the Covid-19 pandemic began to wane. Most of these pre-employment screens were conducted on younger aged males which explains the skew in data for both gender and for payer sources by client.

The unduplicated count of clients rose by 55% from 247 individuals in 2020 to 383 individuals in 2021 demonstrating a trend reverting back toward the normal pre-pandemic numbers from 2019 and earlier of 450+ individuals served per year. However, there needs to be a continued improvement in order to build progress up to returning to the 450+ individuals serviced per year in 2019 and prior. There is backup in healthcare services associated with the covid-19 pandemic and now that it appears as most of the newer covid-19 variants have made their way through the population. The CDC has also begun to ease and relax covid-19 related restrictions, and services provided by Bay Area Rehabilitation Center (BARC) to the Houston and Greater Baytown and Chambers County (GBACC) area should improve further from 2021 into 2022 and beyond.

For the impairment types, 2021 demonstrated a reversion back toward the typical distribution seen in 2019 and 2018 with regard to the percentage of clients seen with orthopedic, musculoskeletal and neurological type impairments. Compared to 2020, there was a decrease in orthopedic impairments seen from 72% to 49% in 2021. Also there was an increase in musculoskeletal impairments seen from 12% to 36% from 2020 to 2021. The numbers from 2021 appear more in line with numbers seen in prior years of this program and 2020 looks to be an aberration for distribution of impairment types. For client self-reported data at time of discharge, there was a slight decrease across the board for "improvements in functional status" (85% to 75%), "improvement in limitation of activities/lifestyle" (89% to 75%), and "decrease in symptoms" (86% to 79%), but the figures for 2021 are in-line with numbers seen from 2019 and 2018.

For therapist reason for discharge, the data indicates an improving trend for therapy services provided by BARC. There was an increase in percentage of clients discharged for goals met from 24% to 31% which is a high mark in the data over the last 10 years. There also was a decrease in discharged for “nonattendance” from 23% to 18% demonstrating an improving trend for nonattendance, and a decrease in “maximum benefit” from 14% to 10% also bolsters the idea that clients are more than ever being discharged for the right reasons. Discharges for “physician request” also decreased from 8% to 3% and discharge for “client/parent request” was about the same at 21% compared to 20% in 2020. Overall the adult outpatient program is improving upon the 2020 year in 2021 and the program will continue to focus on providing high quality services in order for clients to improve, and be discharged for the appropriate reasons.

# Pediatric Program

## Demographics

<b>Age Groups</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Average Age	9	8.4	8.3	8.4	9.1	8.1	8.2	8.4	7.6	7.3	7.8
0 - 2 years	2%	1%	0%	1%	0%	1%	0%	0%	.8%	.49%	0%
3 - 4 years	26%	28%	28%	31%	33%	35%	30%	30%	34%	41%	47%
5 - 6 years	16%	16%	19%	15%	16%	14%	20%	20%	21%	18%	16%
7+	56%	55%	53%	53%	51%	50%	50%	50%	45%	41%	37%
<b>Gender</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Male	62%	63%	64%	67%	62%	63%	65%	64%	66%	67%	67%
Female	38%	37%	36%	33%	38%	37%	35%	36%	34%	33%	33%
<b>Ethnicity Mix</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Caucasians	38%	36%	39%	32%	32%	36%	39%	40%	34%	29%	26%
Hispanics	45%	40%	35%	47%	47%	39%	46%	47%	48%	53%	54%
African Americans	13%	18%	22%	15%	16%	20%	12%	11%	16%	18%	18%
Other					5%	4%	2%	2%	2%	.49%	2%
<b>Payer Sources, by client</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance	47%	52%	49%	40%	33%	39%	33%	39%	36%	27%	21%
Medicaid	50%	47%	50%	56%	63%	55%	63%	56%	60%	68%	75%
Private Funding	3%	1%	1%	4%	4%	6%	4%	4%	4%	5%	4%
<b>Unduplicated count of clients served annually</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	181	211	171	211	223	205	191	217	247	204	191
<b>Average length of admission (discharged clients only)</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Months	6.96	5.16	6.71	5.3	5.3	5.65	5.62	5.74	8.13	6.94	7.46
<b>Service received</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
PT only	31%	28%	23%	22%	26%	28%	29%	27%	21%	19%	24%
OT only	9%	12%	14%	10%	10%	7.8%	6%	10%	9%	5%	3%
ST only	28%	31%	30%	42%	42%	38.5%	37.7%	41%	45%	53%	50%
PT, OT, ST	32%	29%	32%	26%	22%	1.46%	3.7%	3%	6%	8%	4%
Other Comb						23.9%	23%	19%	19%	15%	19%
<b>Average number of visits per client</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	24.6	16.4	22.4	57.6	21.5	26	23.8	27.5	32.4	26.3	28.1

## Pediatric Program - continued

<b>Impairment Type</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Neurological	6%	5%	4%	3%	4%	4%	2%	1%
Congenital/ Developmental	38%	45%	55%	57%	52%	43%	38%	30%
Orthopedic	13%	14%	12%	3%	27%	19%	23%	19%
Musculoskeletal	6%	19%	23%	36%	9%	13%	3%	13%
Acquired Brain Injury	1%	8%	4%	1%	1%	0%	0%	0%
Other	8%	10%	2%	1%	7%	21%	34%	38%

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

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
All Areas	10%	9.7%	13%	10.9%	10.3%	4.3%	9.8%
PT	24%	-1%	-2%	15.1%	13.2%	17%	27.1%
OT	7.5%	12%	18.2%	18.7%	17.5%	10.9%	11.2%
ST	6.8%	9.7%	11.2%	7.3%	7.4%	7%	4.1%

### **Primary reasons for discharge**

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Goals achieved/ Max Benefit	19%	27%	26%	26%	35%	39%	25%	25%	24%	12%	22%
Non- attendance	23%	33%	31%	35%	35%	19%	36%	27%	34%	37%	35%
Client/parent request	22%	17%	21%	23%	14%	19%	29%	26%	26%	29%	33%
Insurance Authorization	23%	9%	11%	11%	11%	7%	6%	12%	12%	11%	3%

The age and gender demographics for the clients seen in the pediatric outpatient program were largely the same in 2021 compared to data from 2020. Again, 67% of clients seen were male and 33% female; identical to the numbers seen in 2020 and largely consistent with data seen prior from 2020 to 2011. The average age of clients increased slightly from 7.3 years old in 2020 to 7.8 years old in 2021, the distribution of clients in age brackets from 0-2 years old, 3-4 years old, 5-6 years old, and 7+ years old were largely the same from 2021 to 2020. Client ethnicity demographics were also largely the same from 2020 to 2021 with 26% of clients in 2021 identifying as Caucasian, 54% of clients identifying as Hispanic, 18% of clients identifying as African American and 2% as Other.

There appears a long term trend change in payer sources for pediatric clients as the percentage of pediatric clients with private insurance fell from 27% to 21% from 2020 to 2021 and has been decreasing steadily for the last few years. Medicaid continues to grow as the dominant payer source for the pediatric clients, and has now swelled to the primary payer source for 75% of all pediatric client seen by the outpatient program, increasing from 68% in 2020. Private funding as a payer source is consistent at 4% in 2021 falling just slightly from 5% the year prior.

## **Pediatric Program - continued**

The total number of unduplicated pediatric clients served demonstrated a drop in 2021 compared to 2020 falling from 204 individuals to 191 individuals. As the total number of individuals dropped, there was an increase in average length of stay in months per child in 2021 to 7.46 months per child from 6.94 months per child in 2020. The average number of visits also demonstrated a slight increase from 26.3 visits in 2020 to now 28.1 visits per child in 2021. So in 2021, the pediatric outpatient program saw slightly less children but each child demonstrated slightly longer length of admission, and more visits for per plan of care. There were significant staffing issues within the pediatric program primarily for the speech therapy staff and services were disrupted and inconsistently provided to the caseload for much of the year.

The distribution of service type for the pediatric outpatient clients is largely consistent from year/year. 24% of pediatric clients are receiving PT only, 5% are receiving OT only, 50% are receiving ST only, 4% are receiving all three disciplines, and then a 19% are receiving a combination of 2/3 disciplines. These figures are largely similar to the distribution of services seen in 2020 and 2019. There is a trend change in the impairment type distribution for the pediatric clients seen in 2021 with a consistent decrease in "congenital/developmental" type disorders decreasing from 38% in 2020 to 30% in 2021. This decrease is offset by an increase in "other" type of impairment, with an increase to 38% in 2021 from 34% in 2020 in addition to a significant increase in "musculoskeletal" type impairment for pediatric clients increasing from 3% in 2020 to 13% in 2021. It appears as the pediatric program is now serving a wider breadth of children with different types of disabilities than the program traditionally served. In 2021, clients are demonstrating an improved amount of progress in developmental deficits with average improvement metric increasing from 4.3% in 2020 to 9.8% in 2021 with PT being the strongest driver demonstrating the most improvement year over year improving from 17% to 27.1%. The pediatric program also demonstrating a similar trend with discharges for "goals met" increasing year over year from 12% in 2020 to 22% in 2021. Discharges from "insurance authorization" have fallen year over year decreasing from 11% to 3%; representing a low mark for the last 10 years of data. Overall it appears the pediatric program is improving from 2020 and reverting toward improved numbers from pre-pandemic levels.

# Autism Program

## Demographics

### **Age Groups**

	<b>2019</b>	<b>2020</b>	<b>2021</b>
Average Age	5.1	5.5	6.4
0 - 2 years	27%	6%	2%
3 - 4 years	26%	40%	27%
5 - 6 years	16%	19%	27%
7+	31%	34%	44%

### **Gender**

	<b>2019</b>	<b>2020</b>	<b>2021</b>
Male	80%	77%	87%
Female	20%	23%	13%

### **Ethnicity**

<b>Mix</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Caucasians	55%	56%	40%
Hispanics	31%	26%	36%
African Americans	14%	18%	22%
Other	0%	0%	2%

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

	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance	40%	37%	33%
Medicaid	56%	58%	56%
Private Funding	4%	5%	11%

### **Unduplicated count of clients served annually**

	<b>2019</b>	<b>2020</b>	<b>2021</b>
	55	66	45

### **Service received**

	<b>2019</b>	<b>2020</b>	<b>2021</b>
PT only	0%	0%	0%
OT only	7%	3%	1%
ST only	22%	21%	22%
PT, OT, ST	5%	8%	0%
Other			
Therapy Only Comb	45%	44%	38%
ABA only	6%	5%	11%
AQ only	2%	2%	0%
ABA other comb	13%	18%	27%

## Autism Program - continued

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

	2019	2020	2021
All Areas			11.3%
PT	0%	0%	0%
OT	23.8%	14.8%	15.8%
ST	12%	8.3%	8.1%

### 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, but this did not come to fruition until early 2022.

**Unduplicated Count of Clients Served Annually:** It was highly expected for there to be a significant increase in the number of clients served at the next annual reporting period, but Medicaid had not completed the rate setting function to ensure ABA coverage for Medicaid recipients at the end of the reporting period.

**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

<b>Gender</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Male	63%	63%	62%	63%	62.5%	64.6%	61.7%	63.3%	63.2%	66.3%	65.1%
Female	37%	37%	38%	37%	37.5%	35.4%	38.3%	36.7%	36.8%	33.7%	34.2%

<b>Ethnicity</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Mix</b>											
Caucasians	28%	27%	31%	35%	33%	29.9%	31.7%	44.9%	39.4%	37.5%	39.2%
Hispanics	60%	61%	59%	55%	60.7%	64%	64.1%	50%	54.3%	57.4%	54.3%
African Americans	10%	10%	8%	7%	5.8%	5.6%	3.7%	4.8%	5.8%	4.7%	5.5%
Asian	2%	1%	1%	1%	.4%	.41%	0.4%	0.3%	0.4%	.3%	0.9%
Other	0%	1%	1%	1%	0%	.05%	.05%	0%	0%	0%	0

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Insurance	22%	26%	21%	26%	18.6%	25.7%	17.4%	23.4%	15.9%	25.5%	29.0%
Medicaid	59%	59%	49%	46%	61.6%	51.1%	61%	67.9%	64.0%	69.9%	67.2%
Other Funding	19%	15%	30%	28%	19.8	23.2%	21.6%	8.7%	20.1%	4.6%	3.8%

### **Unduplicated count of clients served annually**

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	1668	1564	1862	2158	1921	1946	1978	2679	2317	2385	1180

### **Average Monthly Enrollment**

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
	450	438	450	444	444	444	484	534	544	451	561
Increase (i) /Decrease (d)	22%	3%	2.7%	1%	NC	NC	8.62%	10.3%	1.87%	17%	24.4%
	(d)	(i)	(i)	(d)					(i)	(d)	(i)

<b>Referrals</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Monthly Average	125	119	149	150	180	181	165	202.5	193	149	189
Increase (i) /Decrease (d)	36%	5%	25%	1%	16.7%	1%	9.25%	22.7%	4.69%	22.8%	28.6%
	(d)	(d)	(i)	(i)	(i)	(i)	(d)		(d)	(d)	(i)
<b>Percentage</b>											
Enrolled	35%	43%	28%	34%	22.6%	24.7%	27.5%	25.4%	22.5%	28%	29.8%
Increase (i) /Decrease (d)	3%	8%	15%	6%	11.4%	8.4%	10.7%	75%	11%	24.4%	6.4%
	(i)	(i)	(d)	(i)	(d)	(i)	(i)	(d)	(d)	(i)	(i)

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Expressive	7.7	11.6	7.7	9	8.77	14.01	8.97	7.62	9.78	9.46	4.24
Receptive	8.8	11.1	6.9	7.7	8.35	9.53	7.62	7.35	9.03	8.56	4.49
Gross Motor	9.4	13.5	8.3	9.2	9.74	7.6	9.4	8.36	7.55	11.2	6.74
Fine Motor	9.6	14.4	10.9	5.6	10	8.87	12.37	10.57	13.01	10.33	4.57
Social	10.5	12.1	8.5	7.9	5.91	7.3	6.72	10.89	9.3	4.43	3.08
Self Help	9.5	13.2	8.5	9.9	9.37	9.89	9.59	9.8	10.14	10.88	5.66

## 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		2018 Planned		2018 Delivered		2019 Planned		2019 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
<b>Overall</b>	4.6	hrs	2.7	hrs	4.56	hrs	2.89	hrs	4.19	hrs	2.30	hrs	4.07	hrs	2.04	hrs
<b>SST</b>	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
<b>OT</b>	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
<b>PT</b>	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
<b>ST</b>	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
<b>Nutrition</b>	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		2021 Planned		2021 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo			
<b>Overall</b>	4.43	hrs	2.08	hrs	3.87		1.71	
<b>SST</b>	66.3%	2.1	48.4%	<b>0.9</b>	66.7%	2.01		1.04
<b>OT</b>	34.4%	1.6	21.5%	<b>1.0</b>	45.8%	1.49		0.67
<b>PT</b>	30.7%	1.3	16.5%	<b>0.7</b>	27.3%	1.48		0.73
<b>ST</b>	66.0%	1.9	24.3%	<b>0.7</b>	60.1%	1.77		0.75
<b>Nutrition</b>	7.1%	0.7	3.0%	<b>0.3</b>	4.6%	0.47		0.42

## 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 2021, 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 increased significantly as a direct result of a change in evaluation tool. 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 decrease in the unduplicated count of clients served annually is directly attributed a significant shift in reporting at the state level and a large number of re-referrals of children- sometimes 3 and 4 referrals submitted, and a focus on acute illnesses in visits as opposed to well-child checkups when referrals to ECI are generally begun.

**Referrals:** There was an increase in the number of referrals as a result of COVID-19 considerations at the pediatrician-office level and more children attending checkup appointment, 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 2021, 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

<b>Age Groups</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
15-18 years	2%	4%	3%	10%	10%	1%	1%	1%	0%	1%	0%
19-26 years	34%	45%	24%	57%	38%	55%	55%	31%	17%	19%	38%
27-45 years	47%	38%	40%	23%	40%	36%	36%	62%	74%	72%	54%
46-59 years	16%	13%	21%	8%	9%	4%	4%	5%	7%	7%	6%
60 + years	1%	0%	12%	2%	2%	4%	4%	1%	2%	1%	2%

<b>Gender</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Male	70%	62%	66%	58%	63%	66%	54%	57%	76%	70%	68%
Female	30%	38%	34%	42%	37%	34%	46%	43%	24%	30%	32%

<b>Ethnicity Mix</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Caucasians	35%	44%	39%	63%	47%	66%	59%	58%	62%	62%	65%
Hispanics	30%	26%	24%	18%	26%	17%	35%	25%	24%	28%	20%
African Americans	35%	30%	37%	18%	28%	17%	19%	18%	14%	10%	15%

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

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
MHMRA	11%	7%	20%	8%	11%	14%	0%	0%	10%	0%	0%
ISD	21%	32%	18%	17%	15%	22%	22%	25%	29%	29%	23%
Private Pay	3%	9%	11%	8%	7%	7%	11%	11%	21%	27%	16%
HHSC (formerly Dads)	25%	20%	17%	24%	26%	30%	31%	32%	30%	40%	42%
TWX Vocational Rehab (formerly DARS)	20%	22%	21%	36%	26%	14%	10%	6%	0%	3%	0%
Contracts						13%	26%	26%	10%	1%	19%

### **Unduplicated count of clients served annually**

<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
181	168	181	190	215	226	186	194	210	162	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 48% 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 some students were returning slowly to the program in early 2021 and then students begin to increase in the later part of 2021. 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 69 clients and employ 1 full-time and 1 part-time staff.

## **Select Organizational Information**

### 2021 Financial Information (unaudited)

#### Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$6,284,492
Contributions and Bequests	<u>278,242</u>
Total Revenues	\$6,562,734

#### Expenses By Department

ECI Program	\$2,719,100
Pediatric Therapy	551,837
Autism Program	108,753
Adult Therapy	257,094
Aquatic Program	90,608
Opportunity Program	1,739,069
General & Admin	807,769
Fund Development	<u>50,943</u>

Total Expenses \$6,325,173

Net Surplus/(Loss) \$237,561

End of Year Net Asset Balance \$3,611,991

## **2021 Board of Directors**

Tom Kelchner, Ed D, Chairman  
Eric Harding, Vice Chair  
Blake Cather, Secretary  
Charles Hurst, Treasurer  
John McNally, Director  
Bryn Poland, Director  
Jennifer Ward, Director

James J Bernick, MD, Director  
Virginia Chase, Director  
Gary Englert, Director  
Lynne Foley, Director  
Sam Springer, 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 **2021 Program Evaluation Report**.

I understand that it is my responsibility to review the information outlined within it.

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

\_\_\_\_\_  
Date

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