

# **Bay Area Rehabilitation Center 2022**

## **Program Evaluation (January 2022 – December 2022)**

**Submit for:**

**Board of Directors Review  
June 28, 2023**



United Way of Greater Houston

**LIVE UNITED**



United Way of  
Greater Baytown Area  
& Chambers County

The Mission of Bay Area Rehabilitation Center is to provide outpatient therapeutic, vocational, social skill training and recreational services for persons with disabilities or injuries and support services for their families. The Center also seeks to advocate for and work to provide accessible and affordable housing for this population.

### **Strategic Focus**

#### **Focus areas for 2023**

- 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 community.
- III. Investigate and potentially develop collaborations with other local agencies to increase revenue for the programs.
- IV. Increase BARC presence in the local community.

## 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** 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.

### **2022 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>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>2022</b>
0-2 years	61%	63%	65%	62%	67%	69%	75%	71%	78%	60%	61%
3-20 years	10%	7%	9%	11%	8%	7%	6%	9%	9%	12%	10%
21 +	29%	24%	26%	27%	25%	24%	19%	20%	13%	28%	30%

Percentage of total population

<b>Gender</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>2022</b>
Male	60%	64%	64%	63%	63%	61%	62%	64%	62%	66%	63%
Female	40%	36%	36%	37%	37%	39%	38%	36%	38%	34%	37%

<b>Geographic Location</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>2022</b>
Houston*	34.5%	36%	36%	38%	41%	36%	41%	37%	37%	36%	34%
Baytown	34.5%	35%	34%	32%	28%	33%	29%	35%	35%	39%	40%
Pasadena	16.4%	15%	18%	18%	18%	16%	16%	15%	15%	12%	12%
Crosby	4.6%	5%	4%	3%	4%	4%	5%	6%	5%	5%	6%
Channelview	5.2%	5%	4%	5%	5%	6%	6%	4%	5%	4%	5%
La Porte	4.6%	4%	4%	4%	4%	5%	4%	3%	4%	4%	3%

\*and surrounding area

<b>Ethnicity Mix</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>2022</b>
Caucasians	39%	40%	42%	40%	39%	39%	48%	42%	40%	43%	42%
Hispanics	46%	45%	45%	48%	50%	52%	44%	48%	52%	45%	46%
African Americans	13%	13%	11%	11%	10%	7%	7%	9%	7%	10%	10%
Asians	1%	1%	2%	0%	0%	2%	0%	.43%	.29	.66%	0%

<b>Payer Sources</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>2022</b>
by client											
Medicaid	40.3%	34.5%	29%	45%	35%	48%	56%	52%	61%	49%	48.1%
Insurance	28%	22%	21%	19%	23%	21%	24%	19%	25%	25%	25.5%
ECI (state funding)	9.3%	19%	14%	12%	23%	15%	7%	14%	4%	2.4%	2.5%
Medicare	4%	3.5%	3%	3%	3%	3%	2%	3%	2%	2.4%	3.1%
Workman's Comp	1.3%	.24%	1%	1%	1%	1%	1%	.52%	.29%	.20%	.4%
Industrial Contracts				13%	7%	5%	5%	4.5%	2%	12%	9.4%
Other	17%	20%	31%	5%	7%	6%	5%	5%	4%	7%	8.3%
				2%	1%	0%	1%	2%	2%	2%	2.7%

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

	<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>2022</b>
	2567	2952	3305	3081	2925	2862	3562	3280	3057	1961	1934
Increase			13%	11%				20%			
Decrease	26%	1.5%			7%	5%	2%		7%	36%	1.4%

## 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 2022:**

- ❖ Staff is very knowledgeable; always very encouraging & included me and gave me regular feedback and I have seen lots of progress and confidence since she began coming.
- ❖ Had a very good experience with facility and therapist. Therapist was extremely helpful in regaining my range of motion and function to original state of function.
- ❖ Staff is amazing and has helped me have a much better quality of life. She is very knowledgeable and helpful
- ❖ I am thankful for the services and my results. I would highly recommend this center.
- ❖ I like that your therapist is one on one so you don't overlook if client is learning exercise wrong; like pool availability
- ❖ Therapy was outstanding. Staff did a terrific job helping me get back to walking with my knee replacement. It was rough in the beginning but glad went through this therapy.
- ❖ I was very impressed with the staff. They are very knowledgeable in their field, patient and approachable. I learned a lot.

### **Suggestions received:**

- ❖ Longer hour of operation. Schedule not designed for working people.
- ❖ Schedule reminders very busy
- ❖ My mom's physical therapist was a good therapist. The down side of it that she was not bilingual nor did the center have a bilingual therapist when I have request someone bilingual for my mom.
- ❖ Dressing rooms need to be much warmer. They are cold!

# Adult Program

## Demographics

<b>Age Groups</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>2022</b>
Average Age	55	45	43	42	46	49	49	50	50	45	49
5 - 39 years	37.5%	44%	46%	52%	41%	32%	29%	32%	33%	44%	38%
40 – 59 yrs	37%	33%	33%	27%	31%	37%	43%	35%	32%	34%	34%
60 – 79 yrs	22%	21%	20%	19%	25%	28%	25%	30%	32%	21%	25%
80 - 90 yrs	3.5%	2%	1%	2%	3%	3%	3%	3%	3%	1%	3%

<b>Gender</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>2022</b>
Male	62%	67%	67%	67%	57%	60%	59%	57%	59%	75%	69%
Female	38%	33%	33%	33%	43%	40%	41%	43%	41%	25%	31%

<b>Ethnicity Mix</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>2022</b>
Caucasians	68%	64%	58%	59%	60%	62%	62%	52%	57%	54%	58%
Hispanics	15%	17%	21%	22%	20%	20%	19%	27%	25%	25%	24%
African Americans	14%	15%	19%	17%	18%	14%	16%	19%	15%	16%	15%

<b>Payer Sources, by client</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>2022</b>
Insurance	33%	26%	22%	22%	32.5%	39.3%	30%	32%	32%	16%	29%
Medicare	21%	14%	13%	12%	17%	18.2%	16%	20%	24%	13%	16%
Workman's Comp	6%	1%	3%	3%	3.5%	4.5%	3.8%	3%	4%	1%	2%
Employer Other				54%	35.8%	28.2%	36.4%	33%	28%	62%	48%
Medicaid	40%	59%	61%	8%	1%	.8%	.64%	1%	1%	0%	0%
					10.4%	9.1%	12.7%	11%	11%	8%	5%

<b>Unduplicated count of clients served annually (excluding aquatics exercise)</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>2022</b>
	624	738	746	722	548	507	472	451	247	383	377

<b>Average number of visits per client</b> (Analysis of data-discharged therapy clients only, PWS not included)	<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>2022</b>
	10.9	10.4	10.2	10.0	9.4	10.1	10.3	7.7	8.05	9.1	10

<b>Service received</b> (PWS clients not included)	<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>2022</b>
PT only	61%	69%	71%	70%	72%	68.4%	73%	72%	76%	80%	86%
OT only	27%	22%	22%	18%	19%	21.4%	15.7%	12%	13%	10%	11%
ST only				4%	2.2%	3.3%	4%	8%	4%	2%	1%
PT, OT, ST	12%	9%	7%	8%	2.5%	1.7%	2.3%	2%	2%	3%	1%
Other Comb					4.2%	5.2%	5%	6%	5%	5%	1%

## Adult Program – continued

### Impairment

Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	20212
Neurological	4%	4%	12%	16%	5%	1.9%	4.8%	5%	5%	7%	9%
Stroke	5%	4%	2%	2%	2%	.97%	3%	2%	4%	4%	1%
Orthopedic	40%	47%	30%	27%	31%	28.7%	54.2%	45%	72%	49%	6%
Musculoskeletal	29%	18%	19%	39%	47%	63.9%	29.9%	21%	12%	36%	80%
Arthritic				8%	11%	.65%	1.1%	0%	0%	0%	0%
Other	22%	27%	37%	8%	4%	2.6%	7%	17%	6%	4%	3%

### Client report at time of discharge

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Improvement in functional status	77%	77%	82%	67%	80%	82%	77%	74%	85%	75%	69%
Improvement in limitation of activities/ lifestyle	77%	75%	84%	48%	76%	83%	78%	84%	89%	75%	69%
Decrease in symptoms	88%	85%	93%	58%	85%	86%	78%	74%	86%	79%	83%

### Primary reasons for discharge

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Goals achieved	17.5%	19%	18%	25%	23%	27.6%	23.2%	24%	24%	31%	45%
Non-attendance	18.7%	17%	18%	18%	25%	24.2%	28.3%	26%	23%	18%	19%
Maximum benefit	34.6%	25%	14%	21%	16%	15.8%	11.8%	8%	14%	10%	15%
Client/parent request	20.6%	20%	31%	21%	19%	17.5%	21.3%	22%	20%	21%	17%
Physician request	4.6%	4%	3%	5%	4%	4.7%	3.2%	4%	8%	3%	0%
Insurance Authorization	3.7%	4%	7%	7%	10%	5.7%	9.4%	8%	8%	9%	2%
Change in Medical Status					3.8%	4.4%	2.8%	8%	3%	5%	1%

Diagnosis Sample of diagnoses treated		Male	Female	Average Age	Average visits	Improvement in functional status	Cause for lack of improvement	
Condition of the back	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
2022	29	27	62	9.9	66%	50% max. benefit	21% nonattendance/compl.	



## 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	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	
2022	4	3	58	9.4	29%	40% max. benefit	20% nonattendance/compl.	
Difficult in waking	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
2022	4	9	61	9.5	54%	33% max. benefit	33% client request	
Joint pain	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
2022	16	29	54	12.2	67%	40% max. benefit	33% nonattendance/compl.	
Joint stiffness	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	
2022	9	8	52	12.2	76%	50% max. benefit	25% nonattendance/compl.	

## Adult Program – continued

The average age of client participating in the adult outpatient program increased to 50 years old from 49 years old in 2022, returning to a closer mean seen for the previous 5 years. This is mostly due to a small increase in the number of clients over age 80 years old seen in the clinic. Clients seen in the age brackets from 40-59 years old, and 60-79 years old remained relatively stable with a slight drop in clients aged 5-39 years old. In 2021, we saw a significantly higher proportion of male clients compared to female clients which represented a 10-year high skew towards male clients, however in 2022, this trend reversed somewhat with

numbers trending back down toward numbers that are more representative of the prior 5-10 years. The 2022 gender breakdown for clients is 69% male and 31% female. The ethnic breakdowns of the adult clients seen in 2022 is consistent with those of 2020 and 2021 with Caucasians being 58%, Hispanics being 24% and African Americans being 15%, and 3% Other.

2021 was an aberration in payer sources by client and 2022 saw a return to trend that was observed for the prior 5 years. In 2022, we experienced a significant increase in adult clients being private insurance based from 16% in 2021 to 29% in 2022. There was a slight increase in the percentage of Medicare based payments from 13% in 2021 to 16% in 2022. Employer based payment continues to be a significant representation, but did decrease from 2021, currently we are at 48% compared to 62% in 2021 and 28% in 2020. Workman's comp remains a small portion of the payer sources with only 2% being represented in 2022. Medicaid demonstrated a continued drop from 8% in 2021 to 5% in 2022. Overall 2022 saw a return to trend seen in years prior to 2020 and earlier. 2020 and 2021 appear to be outliers with data seen for age of participant, and payer source and health care needs appear to have normalized since the changes experienced from the covid-19 pandemic.

The unduplicated count of clients demonstrated a slight drop in 2022 from 383 to 377, but the difference is < 2% and is relatively stable year over 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. The average length of stay for patients increased slightly in 2022 to 10.0 visits from 9.1 in 2021. 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 eased and relaxed 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 2022 into 2023 and beyond. As an organization we continue to require documentation of basic vaccination status for employment and volunteers unless a medical exemption is provided.

For the impairment types, 2022 demonstrated a stable year consistent with the year prior for neurological, stroke, arthritic, and other type diagnosis. However, compared to 2021, there was a further decrease in orthopedic impairments seen from 49% to 6% in 2022. Also there was an increase in musculoskeletal impairments seen from 36% to 80% from 2021 to 2022. The numbers from 2022, demonstrate a further trend of increasing number of musculoskeletal patients and then decreasing number of orthopedic patients. This trend appears to be an extreme change from years prior, and the difference can potentially be explained by MD offices changing their ICD-10 medical coding practices or orthopedic doctors primarily referring to other facilities to address their patients' needs. Increasing the number of orthopedic impairment category patients would be a targeted metric going forward for 2023. For client self-reported data at time of discharge, there was a slight decrease in clients reporting for "improvements in functional status" (75% to 69%), and "improvement in limitation of activities/lifestyle" (75% to 69%). There was a slight increase in patient's self-reporting "decrease in symptoms" (79% to 83%), but the figures for 2022 are in-line with numbers seen from 2021 and 2020.

For therapist reason for discharge, the data indicates an improving trend for therapy services provided by BARC. There was a further increase in percentage of clients discharged for "goals achieved" from 31% to 45% which is a high mark in the data over the last 10 years.

Clients that were discharged for “nonattendance” was stable with a slight increase from 18% to 19%. Clients that were discharged for “maximum benefit” increased slightly from 10% to 15%. The data bolsters the idea that clients are more than ever being discharged for the right reasons. Discharges for “physician request” also decreased from 3% to 0% and discharge for “client/parent request” demonstrated a decrease from 21% to 17% in 2022. Overall the adult outpatient program is still focused 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>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>2022</b>
Average Age	8.4	8.3	8.4	9.1	8.1	8.2	8.4	7.6	7.3	7.8	8.4
0 - 2 years	1%	0%	1%	0%	1%	0%	0%	.8%	.49%	0%	0%
3 - 4 years	28%	28%	31%	33%	35%	30%	30%	34%	41%	47%	25%
5 - 6 years	16%	19%	15%	16%	14%	20%	20%	21%	18%	16%	21%
7+	55%	53%	53%	51%	50%	50%	50%	45%	41%	37%	54%
<b>Gender</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>2022</b>
Male	63%	64%	67%	62%	63%	65%	64%	66%	67%	67%	68%
Female	37%	36%	33%	38%	37%	35%	36%	34%	33%	33%	32%
<b>Ethnicity Mix</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>2022</b>
Caucasians	36%	39%	32%	32%	36%	39%	40%	34%	29%	26%	28%
Hispanics	40%	35%	47%	47%	39%	46%	47%	48%	53%	54%	47%
African Americans	18%	22%	15%	16%	20%	12%	11%	16%	18%	18%	22%
Other				5%	4%	2%	2%	2%	.49%	2%	3%
<b>Payer Sources, by client</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>2022</b>
Insurance	52%	49%	40%	33%	39%	33%	39%	36%	27%	21%	25%
Medicaid	47%	50%	56%	63%	55%	63%	56%	60%	68%	75%	72%
Private Funding	1%	1%	4%	4%	6%	4%	4%	4%	5%	4%	3%
<b>Unduplicated count of clients served annually</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>2022</b>
	211	171	211	223	205	191	217	247	204	191	177
<b>Average length of admission (discharged clients only)</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>2022</b>
Months	5.16	6.71	5.3	5.3	5.65	5.62	5.74	8.13	6.94	7.46	9.44
<b>Service received</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>2022</b>
PT only	28%	23%	22%	26%	28%	29%	27%	21%	19%	24%	24%
OT only	12%	14%	10%	10%	7.8%	6%	10%	9%	5%	3%	10%
ST only	31%	30%	42%	42%	38.5%	37.7%	41%	45%	53%	50%	33%
PT, OT, ST	29%	32%	26%	22%	1.46%	3.7%	3%	6%	8%	4%	3%
Other Comb					23.9%	23%	19%	19%	15%	19%	30%
<b>Average number of visits per client</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>2022</b>
	16.4	22.4	57.6	21.5	26	23.8	27.5	32.4	26.3	28.1	35.6

## 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>	<b>2022</b>
Neurological	6%	5%	4%	3%	4%	4%	2%	1%	4%
Congenital/ Developmental	38%	45%	55%	57%	52%	43%	38%	30%	46%
Orthopedic	13%	14%	12%	3%	27%	19%	23%	19%	3%
Musculoskeletal	6%	19%	23%	36%	9%	13%	3%	13%	35%
Acquired Brain Injury	1%	8%	4%	1%	1%	0%	0%	0%	0%
Other	8%	10%	2%	1%	7%	21%	34%	38%	12%

### **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>	<b>2022</b>
All Areas	10%	9.7%	13%	10.9%	10.3%	4.3%	9.8%	12.8%
PT	24%	-1%	-2%	15.1%	13.2%	17%	27.1%	14.8%
OT	7.5%	12%	18.2%	18.7%	17.5%	10.9%	11.2%	17.3%
ST	6.8%	9.7%	11.2%	7.3%	7.4%	7%	4.1%	9%

### **Primary reasons for discharge**

	<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>2022</b>
Goals achieved/ Max Benefit	27%	26%	26%	35%	39%	25%	25%	24%	12%	22%	22%
Non- attendance	33%	31%	35%	35%	19%	36%	27%	34%	37%	35%	4%
Client/parent request	17%	21%	23%	14%	19%	29%	26%	26%	29%	33%	64%
Insurance Authorization	9%	11%	11%	11%	7%	6%	12%	12%	11%	3%	6%

The age and gender demographics for the clients seen in the pediatric outpatient program were largely the same in 2022 compared to data from 2021. Again, 68% of clients seen were male and 32% female; nearly identical to the numbers seen in 2021 and largely consistent with data seen prior from 2020 to 2011. The average age of clients increased slightly from 7.8 years old in 2021 to 8.4 years old in 2022, 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 slightly different from 2022 to 2021 but nothing remarkable. For 2022, there were fewer children seen from age 3-4 and more children seen from ages 5-6 and then ages 7+. Client ethnicity demographics were also largely the same from 2021 to 2022 with 28% of clients in 2022 identifying as Caucasian, 47% of clients identifying as Hispanic, 22% of clients identifying as African American and 3% as Other.

There appears a long term trend change in payer sources for pediatric clients over the last 10 years with more clients now being Medicaid funded and less clients being private insurance funded. For 2022, the percentage of pediatric clients with private insurance increased from 21% to 25% from 2021 to 2022 but has been decreasing steadily for the last few years. Medicaid continues to grow as the dominant payer source for the pediatric clients, and has continued to comprise the bulk of the primary payer source for clients at 72% of all pediatric client seen by the outpatient program, increasing from 68% in 2020. Private funding as a payer source is consistent at 3% in 2022 falling just slightly from 4% the year prior.

## **Pediatric Program - continued**

The total number of unduplicated pediatric clients served demonstrated a slight drop in 2022 compared to 2021 falling from 191 individuals to 177 individuals. This drop can largely be explained with the turmoil of the pediatric speech program as services were halted for a period due to lack of providers. As the total number of individuals dropped, there was an increase in average length of stay in months per child in 2022 to 9.44 months per child from 7.46 months per child in 2021. The average number of visits also demonstrated a moderate increase from 28.1 visits in 2021 to now 35.6 visits per child in 2022. So in 2022, the pediatric outpatient program saw slightly less children but each child demonstrated slightly longer length of admission, and more visits 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 which was also the case in 2021.

The distribution of service type for the pediatric outpatient clients is largely consistent from year/year. 24% of pediatric clients are receiving PT only, 10% are receiving OT only, 33% are receiving ST only, 3% are receiving all three disciplines, and then a 30% are receiving a combination of 2/3 disciplines. These figures are largely similar to the distribution of services seen in 2021 and 2020. There are less clients receiving ST only, and more clients receiving a combination of 2/3 disciplines.

There is a trend reversal and return to mean change in the impairment type distribution for the pediatric clients seen in 2022. There was a substantial increase in “congenital/developmental” type disorders from 30% in 2021 to 46% in 2022. This increase is more in line with data gathered in the 5 years prior. For type of impairment classifications, there was a significant decrease in “orthopedic” pediatric clients seen from 19% in 2021 to just 3% in 2022. There also was a significant increase in “musculoskeletal” type impairment for pediatric clients increasing from 13% in 2021 to 35% in 2022. 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 2022, clients are demonstrating an improved amount of progress in developmental deficits with average improvement metric for all 3 disciplines increasing from 9.8% in 2021 to 12.8% in 2022. PT pediatric patients demonstrated a drop in average increase in developmental strength from 27.1% in 2021 to now 14.8% in 2022. OT pediatric patients demonstrated an increase in the same area from 11.2% in 2021 to 17.3% in 2022, while speech therapy also demonstrated an increase from 4.1% in 2021, to 9% in 2022. The pediatric program discharges were consistent for “goals met” being 22% of all discharges in 2022, identical to 2021. However, discharges from “client/parent request” demonstrated a substantial increase from 33% to 64% on the year. This major increase is largely explained by the staffing and service delivery disruption for speech therapy experienced in 2022. Discharges from “insurance authorization” have fallen in recent years but did experience a slight increase from 3% to 6%; representing a relatively low mark for the last 10 years of data. Overall it appears the pediatric program suffered a poor year with issues mostly related to ST, but new staff are in place and the production should begin to revert toward improved numbers from pre-pandemic levels.

# Early Childhood Intervention (ECI) Program

## Demographics

Gender	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Male	63%	62%	63%	62.5%	64.6%	61.7%	63.3%	63.2%	66.3%	65.1%	63.8%
Female	37%	38%	37%	37.5%	35.4%	38.3%	36.7%	36.8%	33.7%	34.2%	36.2%

Ethnicity	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Mix											
Caucasians	27%	31%	35%	33%	29.9%	31.7%	44.9%	39.4%	37.5%	39.2%	39.2%
Hispanics	61%	59%	55%	60.7%	64%	64.1%	50%	54.3%	57.4%	54.3%	54.3%
African Americans	10%	8%	7%	5.8%	5.6%	3.7%	4.8%	5.8%	4.7%	5.5%	5.5%
Asian	1%	1%	1%	.4%	.41%	0.4%	0.3%	0.4%	.3%	0.9%	.9%
Other	1%	1%	1%	0%	.05%	.05%	0%	0%	0%	0%	0%

Payer Sources, by client	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Insurance	26%	21%	26%	18.6%	25.7%	17.4%	23.4%	15.9%	25.5%	29.0%	29%
Medicaid	59%	49%	46%	61.6%	51.1%	61%	67.9%	64.0%	69.9%	67.2%	67%
Other Funding	15%	30%	28%	19.8	23.2%	21.6%	8.7%	20.1%	4.6%	3.8%	4.1%

Unduplicated count of clients served annually	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	1564	1862	2158	1921	1946	1978	2679	2317	2385	1180	1174

Average Monthly Enrollment	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	438	450	444	444	444	484	534	544	451	561	488
Increase (i) /Decrease (d)	3% (i)	2.7% (i)	1% (d)	NC	NC	8.62%	10.3%	1.87% (i)	17% (d)	24.4% (i)	13.5% (i)

Referrals	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Monthly	119	149	150	180	181	165	202.5	193	149	189	206
Average											
Increase (i) /Decrease (d)	5% (d)	25% (i)	1% (i)	16.7% (i)	1% (i)	9.25% (d)	22.7%	4.69% (d)	22.8% (d)	28.6% (i)	28.6% (i)
Percentage											
Enrolled	43%	28%	34%	22.6%	24.7%	27.5%	25.4%	22.5%	28%	29.8%	26.2%
Increase (i) /Decrease (d)	8% (i)	15% (d)	6% (i)	11.4% (d)	8.4% (i)	10.7% (i)	75% (d)	11% (d)	24.4% (i)	6.4% (i)	12% (d)

Average increase in developmental area over a 12 month span of time	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Expressive	11.6	7.7	9	8.77	14.01	8.97	7.62	9.78	9.46	4.24	14.7
Receptive	11.1	6.9	7.7	8.35	9.53	7.62	7.35	9.03	8.56	4.49	4.32
Gross Motor	13.5	8.3	9.2	9.74	7.6	9.4	8.36	7.55	11.2	6.74	6.52
Fine Motor	14.4	10.9	5.6	10	8.87	12.37	10.57	13.01	10.33	4.57	4.77
Social	12.1	8.5	7.9	5.91	7.3	6.72	10.89	9.3	4.43	3.08	3.01
Self Help	13.2	8.5	9.9	9.37	9.89	9.59	9.8	10.14	10.88	5.66	5.46

## 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		2022 Planned		2022 Delivered	
	Avg/hrs child/mo				Avg/hrs child/mo				Avg/hrs child/mo			
<b>Overall</b>	4.43	hrs	2.08	hrs	3.87		1.71		3.01		1.68	
<b>SST</b>	66.3%	2.1	48.4%	<b>0.9</b>	66.7%	2.01		1.04	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	45.8%	1.49		0.57
<b>PT</b>	30.7%	1.3	16.5%	<b>0.7</b>	27.3%	1.48		0.73	27.3%	1.48		0.50
<b>ST</b>	66.0%	1.9	24.3%	<b>0.7</b>	60.1%	1.77		0.75	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	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 2022, the number of families with no insurance coverage held fairly steady.

**Average Monthly Enrollment:** Average monthly enrollment fluctuated some, but strictly due to a 100-child reduction in our contract. Contracts across the state saw significant child count reductions.

**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:** Referrals remain higher than prior years as a result of different child find efforts at the state level to educate pediatricians on the value of an early referral to ECI.

**Service Delivery Data:** For 2022, 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.

**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>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>2022</b>
15-18 years	4%	3%	10%	10%	1%	1%	1%	0%	1%	0%	0%
19-26 years	45%	24%	57%	38%	55%	55%	31%	17%	19%	38%	20%
27-45 years	38%	40%	23%	40%	36%	36%	62%	74%	72%	54%	68%
46-59 years	13%	21%	8%	9%	4%	4%	5%	7%	7%	6%	10%
60 + years	0%	12%	2%	2%	4%	4%	1%	2%	1%	2%	2%

<b>Gender</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>2022</b>
Male	62%	66%	58%	63%	66%	54%	57%	76%	70%	68%	48%
Female	38%	34%	42%	37%	34%	46%	43%	24%	30%	32%	51%

<b>Ethnicity Mix</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>2022</b>
Caucasians	44%	39%	63%	47%	66%	59%	58%	62%	62%	65%	53%
Hispanics	26%	24%	18%	26%	17%	35%	25%	24%	28%	20%	32%
African Americans	30%	37%	18%	28%	17%	19%	18%	14%	10%	15%	15%

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

	<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>2022</b>
MHMRA	7%	20%	8%	11%	14%	0%	0%	10%	0%	0%	0%
ISD	32%	18%	17%	15%	22%	22%	25%	29%	29%	23%	16%
Private Pay	9%	11%	8%	7%	7%	11%	11%	21%	27%	16%	22%
HHSC (formerly Dads)	20%	17%	24%	26%	30%	31%	32%	30%	40%	42%	42%
TWX Vocational Rehab (formerly DARS)	22%	21%	36%	26%	14%	10%	6%	0%	3%	0%	10%
Contracts					13%	26%	26%	10%	1%	19%	10%

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

<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>2022</b>
168	181	190	215	226	186	194	210	162	162	206

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 individuals served increased. Our program was excited to see the return of participants and with many regressing, we continued to provide hands on learning to assist participants to regain their knowledge. Feedback from families helped us to continue to provide materials to participants. Results indicated that 68% of participants were able to identify and complete an educational and/or vocational skill.

## **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** – Students begin to increase this year; we are seeing an increase over each semester. The overall number of participants, compared to prior years, has declined due to the loss of GCCID, however we are seeing more students from other districts. 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 78 clients and employ 1 full-time and 1 part-time staff.

## **Select Organizational Information**

### 2022 Financial Information (unaudited)

#### Revenues

Income generated from Operational Sources (net of Insurance Contractual Adjustment Reserves)	\$5,460,585
Contributions and Bequests	<u>230,112</u>
Total Revenues	\$5,690,697

#### Expenses By Department

ECI Program	\$2,638,927
Pediatric Therapy	575,511
Adult Therapy	324,330
Aquatic Program	128,673
Opportunity Program	1,743,554
General & Admin	726,402
Fund Development	<u>41,482</u>
Total Expenses	\$6,178,878

Net Surplus/(Loss) (\$488,181)

End of Year Net Asset Balance \$3,123,810

## **2022 Board of Directors**

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

James J Bernick, MD, Director  
Virginia Chase, Director  
Gary Englert, Director  
Lynne Foley, Director  
Sam Springer, Director  
Douglas Walker, Director

Kimberly Watson, 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 **2022 Program Evaluation Report**.  
I understand that it is my responsibility to review the information outlined within it.

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

\_\_\_\_\_  
Date

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