

**City of Chattanooga
Non-Profit Agency Funding Application**

Cover Letter

Name of Organization: The Speech and Hearing Center
600 North Holtzclaw Avenue, Suite 200
Chattanooga, TN 37404

Contact Information: Connie Fernandez, President/CEO
600 North Holtzclaw Avenue, Suite 200
Chattanooga, TN 37404
423.622.6900

Agency Mission: To enhance and sustain quality of live through better communication

Amount of Funding Requested: \$67,700.00

Contact Info for Review of Corporate Minutes: Ava Moore
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**City of Chattanooga
Non-Profit Agency Funding Application**

Executive Summary

a) Purpose of Requested Funds

The Speech and Hearing Center is the only nonprofit of its kind in Chattanooga that provides audiological and speech pathology services to individuals at or below poverty who are unable to afford the full fees for services. We are also an early identification and intervention program for children under five years old who have communication disorders. City funds allow us to serve low income individuals and to provide free screenings for children in order to identify issues before they enter the public school system. In 2012, 66% of the individuals we served lived within the Chattanooga City limits.

The services we provide ensure that children are prepared to enter school and perform at or above grade level, and that older individuals with communication disorders are able to find or maintain gainful employment, take part in educational opportunities, and remain connected to others socially. Each of these items creates a purposeful existence for our clients and produces productive, stable citizens for Chattanooga who are not a continuous strain on the tax base.

b) Proposed Usage of Funds from the City of Chattanooga

The Speech and Hearing Center will use the requested funds from the City of Chattanooga as a subsidy that will allow the organization to provide the residents of Chattanooga who cannot afford services: 1) early identification and intervention for children with hearing loss and/or speech/language impairments (It is substantiated by the American Speech/Language and Hearing Association that all language ever acquired by a person is obtained before his/her fifth birthday.); and 2) diagnostic services and remediation for elderly citizens who suffer hearing loss.

We diagnose and evaluate hearing loss and dispense hearing aids; however, we do not have funding available to supply free amplification devices. The Downtown Sertoma Club funds a hearing aid bank from which we dispense hearing aids to elderly persons who income-qualify, and we work with Alison's Hope for Hearing and Georgia Lighthouse to assist our low-income patients with acquiring reduced-fee hearing devices. Neither City dollars, nor allocations from United Way, are used for supplying products to patients.

c) Accounting of Funds Usage Statement

The Speech and Hearing Center agrees to provide a detailed accounting of how and for what purpose municipal funds were spent. This information will be submitted prior to the close of the City of Chattanooga's fiscal budget year and at the close of each succeeding fiscal budget year, until all municipal funds have been spent.

d) Audit Submission Statement

The Speech and Hearing Center agrees to provide the City of Chattanooga with copies of current annual audits or reviews for each year that we spend funds appropriated to us by the City of Chattanooga. Due to the early deadline for the City Request this year, we are submitting our 2011 audit and annual report. As soon as the 2012 documents are ready, we will submit them for the City's review.

e) Additional Information

The Speech and Hearing Center provides the following services:

Audiology Services:

- Purchasing programs for dramatically reduced hearing devices for patients who income-qualify (Devices as low as \$100 a pair, in cases that qualify)
- Hearing aid bank for individuals who age and income-qualify
- The main provider in Chattanooga who accepts TennCare/BlueCare patients for hearing aid related services. There is one other audiologist who is a provider, but she takes a

- very limited case load and often refers her low-income patients to the Speech and Hearing Center, particularly children.
- Only provider in the area who services Department of Disability Services and Children Special Services clients
 - Services for individuals participating in the Tennessee Vocational Rehabilitation program
 - Identification and complete diagnostic hearing evaluations for children and adults
 - Hearing aid sales and service, as well as assistive listening devices available to patients
 - Minimize effects of hearing loss on education, employment and social interaction through remedial services
 - Free screenings for children five years old and younger for early identification, and for all children attending a United Way-funded preschool/daycare program
 - Community education and outreach program
 - Services available at our centers, nursing homes, and primary healthcare centers based upon request and need

Speech-Language Pathology Service:

- Sliding scale for patients who income-qualify
- Only provider in Chattanooga that offers a sliding scale and fee adjustments for diagnostic and therapy services
- Identification, diagnosis, and therapeutic treatment of speech, language, processing, voice, and fluency disorders in children and adults
- Pediatric feeding therapy program
- Services available at our centers, preschools, daycare facilities, public and private schools, and hospitals based upon request and need
- Individual and group therapy available
- Free screenings for children five years old and younger for early identification, and for all children attending a United Way-funded preschool/daycare program
- Onsite speech/language lab employing interactive software that measures therapy outcomes for children with central auditory processing, speech/language, and voice disorders
- Certified dispense for the SpeechEasy® fluency enhancing device for individuals who stutter

Achieve Learning Center:

- Sliding scale for families that income-qualify
- Inclusive, language-based program for hearing-impaired and/or speech and language-impaired children, as well as children without impairments
- Serves children 18 months to six years old
- Early intervention, preschool, and kindergarten program accredited by the Tennessee Department of Education
- Also serves children with mild Autism, Apraxia, ADD/ADHD, Auditory Processing Disorder, and Goldenhar Syndrome
- Program focuses on speech and language development, auditory stimulation and discriminations, and general developmental skills
- Utilizes the Highreach Curriculum, which aligns with the Early Childhood Early Learning Developmental Standards adopted by the Tennessee Department of Education
- Utilizes specialized technology in the classroom for enhanced learning
- Individualized approach based on each child's needs, interests, and learning style
- Utilizes the Total Communication approach to deaf education which seeks to educate through using all modes of communication (sign language, oral, auditory, written and visual)
- Auditory Verbal program that caters to children with Cochlear implants



(CEO/President, The Speech and Hearing Center)

1/7/2013

(Date)

Section II: City Council Questionnaire

1. What other Chattanooga organizations have a mission similar to yours?

There is no other agency in Chattanooga with a similar mission to ours.

2. What does your organization do, supply, or perform that no other organization in Chattanooga addresses?

There is no other agency that provides speech and hearing services to non- or under-insured individuals, or those persons at or below poverty. We are currently the only facility in Chattanooga that accepts children served by Children's Special Services and we are the main provider in Chattanooga who accepts TennCare/BlueCare patients for hearing aid related services. There is one other audiologist who is a provider, but she takes a very limited case load and often refers her low-income patients to the Speech and Hearing Center, particularly children.

We have the only accredited, language-based preschool program that utilizes the Total Communication (TC) approach and caters to children with communication impairments in an inclusive setting. TC is an approach to deaf education that aims to make use of a number of modes of communication such as sign language, oral, auditory, written and visual aids, depending on the particular needs and abilities of the child. Additionally, we have the only Auditory Verbal program that caters to children with Cochlear implants. We work closely with surgeons at Vanderbilt and UT Knoxville to ensure that our children with Cochlear implants make acceptable progress toward communicating.

3. What is your fiscal year?

Our fiscal year follows the calendar year.

4. List the previous years you have submitted requests to the City of Chattanooga, the amount of the requests, and the amounts granted?

2011-2012: We requested \$150,535.00 and received \$67,700.00.

2012-2013: We requested \$84,625.00 and received \$67,700.00.

5. Describe your debt and expenses in ratio to revenue.

Our percentage of debt compared to revenue is 2%.

Our percentage of expenses over revenue is 9%

6. List any debt over \$10,000, and when that debt will be satisfied.

We purchased some diagnostic equipment in 2012 in order to satisfy a new contract we acquired providing newborn hearing screenings to children born at Parkridge East Hospital. We currently owe \$25,256, and that debt will be satisfied by 4/17/2017.

7. What percentage of your budget dedicated to salaries vs. percentage of budget dedicated to client programs or benefits?

52% of our budget is dedicated to salaries. This figure includes four clinical staff members who hold masters degrees or higher, two professional executive staff members, and one masters level specialist in deaf education. Additionally, the average number of years of service by our staff is 18 years.

39% of our budget is dedicated to client programs or benefits. This figure was calculated by removing salaries and "Management General" from our budget.

8. What cost savings initiatives did your organization undertake during the preceding year?

All staff forfeited a week of paid vacation, a salary freeze that was initiated in 2010 was held intact, service delivery methods were expanded to reduce the impact of no-shows on revenue, new partnerships were formed to expand our scope of services, and we continued

with the expanded service hours of the Achieve Learning Center, which had already proved successful.

9. List travel expenses over the last three years and how the travel benefited your organization.

2012 – Local: \$14,887
Out of Town: \$11,820

2011 – Local: \$16,058
Out of Town: \$13,062

2010 – Local: \$16,595
Out of Town: \$ 8,365

Local Travel:

These figures reflect largely the travel reimbursement to employees for mileage driven to provide services to individuals outside of our center.

Travel is necessary to serve individuals within the community who cannot come to our center for services. Each speech pathologist travels outside of our center in order to provide services for individuals (mainly children) within the community. Services include both identification and therapy treatment, and all of our speech pathologists travel weekly to set locations, in addition to free screening and outreach events that occur throughout the year. Additionally, Dr. Lancaster travels to provide audiological services outside of our center, in addition to various community events he attends where he provides free diagnostic services. Lastly, our Associate Director travels to numerous community education and outreach events to help educate parents about the signs for early identification, educate elderly regarding assistance programs, and educate other service providers/medical professionals/disability advocates about what the center can offer their clients/patients.

Out of Town:

The majority of out of town travel expenses are related to our Industrial Services department, which provides OSHA-required hearing conservation programs to industries who fall under this mandate. This program is not subsidized with community dollars. Also included, but to a very small extent, are some travel expenses related to attending State of Tennessee meetings in Nashville regarding legislation that would impact the allied health field.

10. If membership-based organization: N/A

- a. What is fee structure?
- b. When have you increased membership fees?
- c. What is your plan for growing membership?
- d. What are your membership numbers from the last three years?

11. Do your clients pay anything for your services, products, programs? If so, explain.

Yes, clients pay for services. The only free service we provide is free hearing and speech screenings for children five years old and younger, and free screenings at community outreach events. Some clients may "pay" via a third-party reimbursement method (private insurance, TennCare/BlueCare, contracts with the school system), others may choose to self-pay if they have the means, and those who are low-income may fill out a fee adjustment form so that we may adjust the cost of services according to what they can afford. Additionally, we have programs for individuals at or below poverty to assist them with obtaining hearing devices. So, while every person pays something for services, that "something" is in according to his/her ability.

12. What is your strategic plan to become independent of City funding?

Without subsidy, we will not be able to serve individuals who cannot afford to pay for services. Each year, our adjustments to net revenue increase, as does the need for our services. We would not be able to make up the amount of our subsidy through sales (hearing devices and/or therapy services) to cover the population that receives adjustments.

The Speech & Hearing Center
Board of Directors - 2013

Executive Committee

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Attachment A: Program Outcome Information

ACHIEVE LEARNING CENTER

Agency Mission and Description:

To enhance and sustain quality of life through better communication.

Program Goal:

The goal of the Speech and Hearing Center's Achieve Learning Center preschool program is to ensure that children aged 18 months to 6 years old who have communication impairments are prepared to enter kindergarten on par with their non-impaired peers. We achieve this goal through intensive, language-based curricula; small group settings; use of the Total Communication approach; specialized technology; and classrooms that are inclusive (includes non-impaired children who serve as peer models). This inclusive design mimics the typical classroom into which students who attend Achieve will matriculate.

Integral components of Achieve's program include language acquisition, academic readiness, development of motor skills and self-help skills, development of language skills, speech therapy, auditory training, and social interaction with other children. Additionally, the program provides education, counseling, and guidance for families of the students we serve.

Impact Area: Please indicate the impact area(s) the outcomes address.

The Achieve Learning Center is a preschool and kindergarten program accredited by the Tennessee Department of Education and therefore addresses the early childhood education component of Invest in Children and Youth.

Intended Outcomes: Provide 2 to 3 Outcomes which are specific to the program goal

1. Children in the Achieve program will acquire increased language skills
2. Children in the Achieve program will develop age-appropriate developmental skills

Collection Method: (indicate how each indicator is measured)

1. Inventory of Early Development and the Ski-Hi Language Assessment Test
2. Brigance Diagnostic Inventory of Early Development

Results: (in quantitative terms)

1. 90% of Achieve students will increase their language skills by at least 12 to 18 months in a nine-month period.
2. 100% of Achieve students will develop age-appropriate skills in gross motor, fine motor, self-help, cognition, social/emotional and readiness skills.

Data Source:

State-wide Ski-Hi averages; comparison to other local preschools that focus of children with disabilities.

Comparative Data: (local, regional, national data and/or similar type programs)

Statewide data from Ski-Hi indicates that the average progress in preschool achievement is ten months in a 12-month period. It also indicates that children enrolled in a Ski-Hi program prior to age two and a half increases an average of 13 months in a 12-month period. Our students progress an average of 12-16 months in a 9-month period. This is due primarily to early detection/intervention and small, individualized classrooms.

The Speech and Hearing Center is the only agency in the Chattanooga area that offers a comprehensive preschool program with emphasis on speech/language development and academic readiness using curricula designed specifically for hearing and speech/language impaired children. We also provide intensive auditory training, which allows hearing impaired children to progress at their own pace, based on their hearing loss, and trains them to use their residual hearing as much as possible. Speech, language,

and audiological services are available at all times in the same facility. Parental training, sign language classes, and counseling are also provided to parents of our students.

The Achieve Learning Center is the only program that provides all of these components on a continuous basis to children under six years of age in a classroom setting where there is contact with other hearing and speech impaired, as well as non-impaired, children. Our program keeps pace with the ever-changing technological advances and growing need of the hearing impaired community. The deaf education teachers, speech pathologists, and audiologist have special training, expertise, and experience in dealing with hearing and speech/language impaired children and their families. Additionally, while other local programs may accept children with hearing impairments, we are the only accredited preschool program that utilizes the Total Communication (TC) approach, which is an approach to deaf education that uses of a variety of modes of communication such as sign language, oral, auditory, written and visual aids, depending on the particular needs and abilities of the child. We also have the only Auditory Verbal program in the area that caters to children with Cochlear implants. Lastly, our experience with and focus on children with hearing loss creates an environment where hearing aids are actually worn during the school day and not lost or damaged (a typical complaint of parents of hearing impaired children who attend other pre-academic programs). A hearing impaired child who does not wear his/her device(s) during academic instruction and/or therapy will not see gains.

Attachment A: Program Outcome Information

AUDIOLOGY

Agency Mission:

To enhance and sustain quality of life through better communication.

Program Goal:

The goal of the Speech and Hearing Center's Audiology Department is to raise awareness of hearing problems in infants and children, identify children and adults with hearing loss, and prescribe individuals who have hearing loss the proper form of aural rehabilitation and/or hearing device so they are better prepared for educational, employment and social opportunities, and may live life independently.

Our children's program is unique in the community and works closely with referring facilities and supporting agencies to design and implement appropriate therapy plans for challenging cases and children in transition programs. Our center also provides free hearing screenings and loaner hearing aids. This program is unique in examining all of a child's communication deficits, including hearing, speech, social, and preschool readiness. Dr. Lancaster even assists school systems with setting up FM systems in the classroom for hearing impaired student. Being the main resource for those on TennCare/BlueCare, if we were not available to provide our services, parents would have to travel long distances to receive services for their children with hearing impairments.

Our center is the only community-supported agency that provides free hearing screenings at community outreach events and health fairs, and makes loaner hearing aids available. Our hearing aid fitting program enables patients who cannot afford to purchase hearing aids to apply for devices through the Downtown Sertoma Club's Hearing Aid Bank, Alison's Hope for Hearing, Georgia Lighthouse, Alexian Brothers PACE program for hearing aids, and Vocational Rehabilitation. Our center also provides loaners for patients while their hearing aids are being repaired. We work with other agencies by sending and receiving referrals, and provide educational and support services for patients with deaf children. Additionally, Dr. Lancaster, the Director of Audiology at the Speech and Hearing Center, is the consulting audiologist for the Early Childhood Hearing Outreach (ECHO) Initiative for the Chattanooga Early Head Start program.

Impact Area: Please indicate the impact area(s) the outcomes address.

The Speech and Hearing Center's Audiology program addresses both Invest in Children and Youth and Building Stable Lives priority areas.

Our Audiology program helps strengthen families to assure readiness for school and work, and helps improve community mental health and wellbeing.

Intended Outcomes: Provide 2 to 3 outcomes which are specific to the program goal

1. Provide free hearing screenings to any child suspected of hearing loss and make the appropriate recommendations for either further evaluation or medical referral.
2. Children fitted with hearing aids will be able to communicate better with others as a result of our services.
3. Adults fitted with hearing aids will be able to communicate with others better as a result of our services.

Collection Method: (indicate how each objective is measured)

1. Clinical records, screening records, and parent communication.
2. Real Ear or Speech Mapping, and communication with parents and teachers.
3. Soundfield behavioral testing, patient surveys, communication with patients, speech mapping and Real Ear measurements.

Results: (in quantitative terms)

1. 100% of children seen through the center will receive a free hearing screening should hearing

- loss be suspected and appropriate follow up recommendations will be made.
2. Of those children fitted with hearing devices, 100% will be able to communicate better with others.
 3. 100% of adults fitted with hearing devices will be able to communicate better as a result of our services.

Data Source:

Archives of Internal Medicine; Johns Hopkins School of Medicine; Hearing Loss Association of America (HLAA); and the Joint Committee on Infant Hearing

Comparative Data: (local, regional, national data and/or similar type programs)

During 2012, records indicate that of those patients screened and evaluated at our facility, 100% received the necessary intervention and follow up services, which may have included medical referrals, hearing aid fittings, and/or device maintenance. This is important when considering that a new study published in the November 2011 issue of the Archives of Internal Medicine reported that nearly one in five Americans has significant hearing loss, far more than previously estimated. Dr. Frank Lin of The Johns Hopkins School of Medicine, and author of the study, states that these findings mean that more than 48 million people across the United States have impairments so severe that it's impossible for them to make out what a companion is saying over dinner in a crowded restaurant. Additionally, each day in the U.S. approximately one in 1,000 newborns (or 33 babies every day) is born profoundly deaf, with another two to three out of 1,000 babies born with partial hearing loss, making hearing loss the number one birth defect in America (HLAA).

While 92% of all newborns are screened for hearing loss shortly after birth, only 54% of these babies actually receive the recommended hearing evaluation; the remaining 46% are "lost to the system" (Joint Committee on Infant Hearing, 2007). This is where our program is so important. With appropriate early intervention, children with hearing loss can be mainstreamed in regular elementary and secondary education classrooms. We are at an advantage with regard to early identification, as we started managing the Newborn Hearing Screening program at Parkridge East Hospital in 2012. Recent research has concluded that children born with a hearing loss who are identified and given appropriate intervention before six months of age demonstrated significantly better speech and reading comprehension than children identified after six months of age (Yoshinaga-Itano & Apuzzo, 1998; Yoshinaga-Itano et al., 1998). When children are not identified and do not receive early intervention, special education for a child with hearing loss costs schools an additional \$420,000, and has a lifetime cost of approximately \$1 million per individual (Johnson et al., 1993).

Early intervention is imperative when looking at the four major affects hearing loss can have on children: 1) It causes delay in the development of receptive and expressive communication skills (speech and language); 2) Language deficits in turn can cause learning problems that result in reduced academic achievement; 3) Communication difficulties can lead to social isolation and poor self-concept; and 4) Hearing loss can have an impact on vocational choices. If early identification and intervention shifted 10% of the children who typically fall between the cracks into mainstreamed settings, the return on investments would be more than double when considering lifetime earning potential

With regard to adults, there is also a significant economic impact, as well as social and emotional. Of those who have severe to profound hearing loss before retirement age, 50-70% are expected to earn only 50-70% of their non-hearing loss peers, and lose between \$220,000 and \$440,000 in lifetime earnings, depending on when the hearing loss occurred (Mohr et al., 2000). Based on incidence data, it is estimated that there will be slightly over 15,000 new cases each year, which means societal losses will amount to \$4.6 billion over the lifetime of these individuals. According to our records, 97% of adults fitted with hearing devices reported an improvement in their ability to communicate. While we strive for 100%, it is not always attainable due to the wide variety of individuals we serve. Extenuating medical or mental conditions, or lack of family support, can sometimes create a patient who is not an ideal candidate for a hearing device.

Attachment A: Program Outcome Information

SPEECH PATHOLOGY

Agency Mission:

To enhance and sustain quality of life through better communication.

Program Goal:

The goal of the Speech and Hearing Center's Speech Pathology Department is to identify children with possible speech/language problems and provide them the necessary intervention to help them achieve their highest level of functioning. Our intervention ensures that these children are better prepared for educational, employment and social opportunities.

We know that a lack of early intervention regarding communication disorders in children results in academic failure, social maladjustment, and potential unemployment or loss of wages. All of these factors increase the cost of the individual to the community over the person's lifetime. It makes most sense to make a relatively small investment in a child on the front end of his/her life that will impact his/her ability to become a productive, engaged citizen, than support an individual throughout his/her lifetime for a disability that could have been improved through early intervention.

Impact Area: (Please indicate the impact area(s) the outcomes address.)

The Speech and Hearing Center's Speech Pathology program addresses both Invest in Children and Youth and Building Stable Lives priority areas.

This program strengthens families, assures readiness for school and work, and improves community mental health and wellbeing.

Intended Outcomes: Provide 2 to 3 outcomes which are specific to the program goal

1. Children identified with possible speech/language problems receive follow up clinical assistance.
2. Patients discharged from therapy following intervention services will demonstrate an increased level of functioning communication.
3. Patients surveyed following discharge, or after an interval of time in a therapeutic treatment program, will report an improvement in communication skills following their treatment.

Collection Method: (indicate how each objective is measured)

1. Statistics and calculations regarding follow up services and referrals.
2. Clinical records and assessment results from speech pathologists, audiologists, teachers, and early intervention program partners.
3. Patient surveys.

Results: (in quantitative terms)

1. Pre/post clinical test results, as well as patient surveys, indicate that 100% of the children whose program was updated, or who was discharged from therapy following intervention services, were judged to be functioning at an improved level of communication at the time of discharge (the national average is 40% based on treatment outcome measures from National Outcomes Measurement System (NOMS) conducted by the American Speech-Language Hearing Association (ASHA) reporting in 2012).
2. 46% of children discharged from therapy met their treatment goals (vs 21% national average)
3. Clinical records of assessment and therapy enrollment indicate 100% of the children identified through free screenings (at either the center or off-site at various daycare and/or community facilities) with possible speech and language problems received follow-up clinical assistance, which may have included full assessments, therapy, parent training with home programs, re-screenings or referrals to other professionals.
4. Of the patients surveyed following discharge from their therapy program, parents report a 100% parent satisfaction rate on the overall speech-language pathology services offered by our center.

Data Source:

National Outcomes Measurement System (NOMS); American Speech-Language Hearing Association (ASHA)

Comparative Data: (local, regional, national data and/or similar type programs)

The services provided continue to be highly effective, meeting the needs of those with communication problems. During 2012, records indicate that of those patients discharged from therapy, 100% were judged to be functioning at a higher level of communication compared to their performance at the initiation of therapy. Additionally, 46% met their established goals. The national average is 21% (ASHA NOMS 2012 report from the National Center for Evidence based Practice in Communication Disorders by the American Speech and Hearing Association). In 2012, 100% of patients reported on patient surveys that their communication skills had improved because of the speech pathology services they had received. The national parent satisfaction rate is 54% (ASHA NOMS 2012).

With regard to expanding services to pre-school and school-aged children, in 2012 we provided services to United Way-funded preschool and daycare facilities, including screenings, diagnostic evaluations, and therapy, at participating facilities. We also provided these same services at local faith-based institutions and Chattanooga Girls Leadership Academy, a charter school located in Highland Park. During the summer, we offered programming for children who typically receive services through the public school system so that these students would not regress during the summer break.

Additionally, in 2012 we expanded the types of services offered and our service locations. In the center, we built upon our feeding therapy program, providing assessments and treatment for patients (particularly children) with sensory issues and eating adversities. This is important because of the impact eating behavior can have on a child's physical and mental health.

These are just some examples of how the Speech and Hearing Center analyzes the needs of the community and then seeks to fill the gap in services available to help improve the quality of life for those living in Chattanooga.

Attachment B: Comparative Financial Information

This section relates to agency efforts specifically funded by Chattanooga dollars to benefit Chattanooga residents, relative to the dollars given by adjoining governmental entities.

Dollars provided to your organization in FY 2013 by the following entities:	Percent of your total annual operational funding provided by local government	% of Hamilton County Population*
Chattanooga	90%	49.83%
Unincorporated Hamilton County		30.22%
Hamilton County Government's (General funds)		
Collegedale		2.46%
East Ridge		6.24%
Lakesite		0.54%
Lookout Mountain		0.54%
Red Bank		3.46%
Ridgeside		0.12%
Signal Mountain		2.25%
Soddy-Daisy		3.78%
Walden		0.56%
Other (Outside Hamilton County)	10%	
	Above percentages should total 100%	
Percent of Services rendered to residents of:	Estimate, if you do not now track this data.	
Chattanooga	66%	49.83%
Unincorporated Hamilton County	5.5%	30.22%
Hamilton County Government's (General funds)		
Collegedale	.5%	2.46%
East Ridge	2%	6.24%
Lakesite		0.54%
Lookout Mountain	.5%	0.54%
Red Bank	.5%	3.46%
Ridgeside		0.12%
Signal Mountain	2%	2.25%
Soddy-Daisy	1%	3.78%
Walden		0.56%
Other (Outside Hamilton County)	22%	
	Above percentages should total 100%	

*Population numbers are from 2010 U.S. Census.

Attachment C: Program Beneficiary Statistics

ACHIEVE LEARNING CENTER

Program Beneficiary Characteristics Clients/Patients/Recipients/Other	Last Year (2011 calendar)	This year (estimated) (2012 calendar)	Next Year (projected) (2013 calendar)
1. Unduplicated Count of Program Beneficiaries TOTAL	19	30	21
a) Total Continuing From Previous Fiscal Year		21	
b) Total New for the Year		9	
c) Total Terminated During the Year		7	
2. Age Group TOTAL	19	30	21
a) Infants – Under 5	29	8	11
b) Between 5 and 12		22	10
c) Between 13 and 17			
d) Between 18 and 29			
e) Between 30 and 64			
f) 65 and over			
g) Not Known			
3. Sex TOTAL	19	30	21
a) Male	21	21	
b) Female	8	9	
c) Not Known			
4. Ethnic Background TOTAL	19	30	21
a) White	23	22	
b) Black	2	3	
c) Hispanic	3	3	
d) Oriental		2	
e) Other – Ethnic Minority			
f) Not Known			
5. % Income Level TOTAL	19	30	21
a) Below 9,999			
b) 10,000 –19,999			
c) 20,000 – 29,999			
d) 30,000 and Over			
e) Not Known	19	30	
6. Location of Residence TOTAL	19	30	21
a) Chattanooga		19	
b) Outside of Chattanooga		11	
c) Not Known			

Attachment C: Program Beneficiary Statistics

AUDIOLOGY

Program Beneficiary Characteristics Clients/Patients/Recipients/Other	Last Year (2011 calendar)	This year (estimated) (2012 calendar)	Next Year (projected) (2013 calendar)
2. Unduplicated Count of Program Beneficiaries TOTAL	1785	2351	2400
d) Total Continuing From Previous Fiscal Year			
e) Total New for the Year			
f) Total Terminated During the Year			
3. Age Group TOTAL	1785	2351	2400
h) Infants – Under 5	254	1493	
i) Between 5 and 12	396	80	
j) Between 13 and 17	130	59	
k) Between 18 and 29	49	56	
l) Between 30 and 64	283	264	
m) 65 and over	673	399	
n) Not Known			
7. Sex TOTAL	1785	2351	2400
a) Male	949	1058	
b) Female	836	1293	
c) Not Known			
8. Ethnic Background TOTAL	1785	2351	2400
a) White	1364	1465	
b) Black	364	701	
c) Hispanic	57	185	
d) Oriental			
e) Other – Ethnic Minority			
f) Not Known			
9. % Income Level TOTAL	1785	2351	2400
a) Below 9,999			
b) 10,000 –19,999			
c) 20,000 – 29,999			
d) 30,000 and Over			
e) Not Known			
10. Location of Residence TOTAL	1785	2351	2400
a) Chattanooga	900	1364	
b) Outside of Chattanooga	885	987	
c) Not Known	0		

Attachment C: Program Beneficiary Statistics

SPEECH PATHOLOGY

Program Beneficiary Characteristics Clients/Patients/Recipients/Other	Last Year (2011 calendar)	This year (estimated) (2012 calendar)	Next Year (projected) (2013 calendar)
3. Unduplicated Count of Program Beneficiaries TOTAL	2957	2371	2300
g) Total Continuing From Previous Fiscal Year			
h) Total New for the Year			
i) Total Terminated During the Year	86	71	
4. Age Group TOTAL	2957	2371	2300
o) Infants – Under 5	1105	651	
p) Between 5 and 12	1690	1407	
q) Between 13 and 17	162	90	
r) Between 18 and 29	0	92	
s) Between 30 and 64	0	49	
t) 65 and over	0	82	
u) Not Known	0		
11. Sex TOTAL	2957	2371	2300
a) Male	1775	1257	
b) Female	1182	1114	
c) Not Known	0		
12. Ethnic Background TOTAL	2957	2371	2300
a) White	2069	1524	
b) Black	840	765	
c) Hispanic	48	26	
d) Oriental	0	32	
e) Other – Ethnic Minority	0	23	
f) Not Known	0	1	
13. % Income Level TOTAL	2957	2371	2300
a) Below 9,999			
b) 10,000 –19,999			
c) 20,000 – 29,999			
d) 30,000 and Over			
e) Not Known	2957	2371	
14. Location of Residence TOTAL	2967	2371	2300
a) Chattanooga	1419	1138	
b) Outside of Chattanooga	1538	1233	
c) Not Known	0		

Attachment E: Major Sources of Funding for the Past Five Years

Program/Project Title	Name of Funding Source	Rec'd Four Years Ago (2008)	Rec'd Three Years Ago (2009)	Rec'd Two Years Ago (2010)	Rec'd Last Year (2011)	Rec'd Current Year (2012)	Requested For Next Year (2013)
Special Events							
	Downtown Sertoma Club Golf Tournament; Kiwans Club of Ooltewah-Collegedale 5K Fun Run; Chattanooga Friends Events; World of Wheels	22,677	10,528	21,847	15,363	18,221	20,000
Grants							
	Community Foundation	0	5,479	0	0	0	0
Contributions							
	Private Donors	6,750	29,112	6,160	14,813	9,002	12,000
United Way							
	United Way of Greater Chattanooga	308,501	298,575	264,344	268,693	261,835	261,835
Government Funding							
	Hamilton County	132,308	138,787	145,259	71,412	0	0
	City of Chattanooga				33,850	67,700	67,700
	Marion County	9,400	9,400	10,000	0	8,000	0
Subtotal, Major Funding Sources		479,636	491,881	447,610	404,131	347,758	361,535
Total, All Revenue Sources		1,635,850	1,683,067	1,638,156	1,701,136	1,614,037	1,502,435 (budgeted)