Improving the quality of life of children with neuromuscular disorders or other developmental delays by providing the best solutions for each child and family.
Our History

- Boyer was formed over 70 years ago in 1942, by parents, pediatricians and volunteers
- Services were primarily for children with cerebral palsy, as those children were not yet allowed access to public school education. Boyer was designed to serve children in a community setting
- Today, Boyer is the largest provider of Early Intervention services in Seattle

www.boyercc.org
Who We Serve

- 750 children and their families annually; 13% of all young children with special healthcare needs in King County.

- Children have a diagnosis such as: cerebral palsy, autism, Down syndrome, cleft palate, spinal muscular atrophy, vision impairment, hearing loss, chromosomal anomalies, and speech/language delays.

- Age birth to teen, but primarily serve children age birth to three.
How We Meet The Need

Boyer’s Interdisciplinary Model: Family-Centered and Relationship-Based

750 Children and their Families

Early Childhood Special Education

Medical Consultation

Therapy (PT, OT, SLP)

Family Support Services
The Values At The Core Of Our Work

- Empowering parents to become the best possible advocates for their child
- Helping children reach their full potential
- Promoting inclusion and accessibility
- Reducing barriers to accessing services
- Collaborating with community partners
<table>
<thead>
<tr>
<th><strong>Child</strong></th>
<th><strong>Family</strong></th>
<th><strong>Community</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve cognitive, motor, speech-language, social-emotional behaviors</td>
<td>• Parents improve skills and strategies for addressing child’s special needs and understanding educational potential&lt;br&gt;• Parents learn skills to be their child’s lifelong advocate&lt;br&gt;• 99% of parents improve parenting skills</td>
<td>• Reduce access barriers through targeted outreach and quality of services&lt;br&gt;• Promote equitable services, regardless of income&lt;br&gt;• Early Intervention, accessibility and inclusion as critical priorities in our community</td>
</tr>
<tr>
<td>• 98% of children served make progress in their development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 51% of children do not require special education services after Boyer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
60% of the children we serve are from low-income families.

Over the last 5 years, Boyer has provided over $2.9M in uncompensated care coverage. This provision ensures no family is denied services.

Our services are both culturally competent and linguistically appropriate to meet the diverse needs of our community.
How Boyer is Funded: 
Annual Budget of $3.1M

Giving by Source 2013

- Individual Donations: $77,664
- Memorials: $11,393
- Special Events: $331,894
- Foundations & Corporate: $488,086
- United Way: $89,402

49% 33% 8% 9% 1%
Boyer’s Highly Skilled and Tenured Staff

- **93% of staff** hold masters degrees in early childhood special education, therapy, social work, or management.

- **50% of Boyer’s leadership** has been at Boyer for **20 years** or more; **17%** for 15 years, and another **17%** for 10 years.

- **8 years** is the average tenure of staff, with **19%** at Boyer for **10-15 years**.
Background on Neurodevelopmental Centers

• Neurodevelopmental Centers (NDCs) in Washington State are the critical link for families to access specialized therapies and medical consultation for young children (primarily age birth to three).

• In the early 1980s, Washington’s Department of Health established a network of 6 hospitals and 10 local nonprofits to provide early intervention services; Boyer Children’s Clinic is the largest NDC in Seattle, and has served the Greater Seattle area since 1942.

• This network meets quarterly to share best practices and healthcare changes across Washington State, and consult with Department of Health staff.
Neurodevelopmental Centers (NDC) provide speech, occupational and physical therapies.

At the discretion of the child’s primary care provider, referral for additional medical specialty consultation is also available.

Other services may include nursing, nutrition, social work, educational services, adaptive equipment, computer augmented communication therapy, hydro-therapy, and more.

Three Consulting Tertiary Care Centers provide complex medical evaluations and training.
Quality of Care - NDCs

• The services delivered at the Neurodevelopmental Centers across Washington State are of the highest quality.

• All professional staff are pediatric specialists. Statewide networking enables the centers to share information and provides opportunities for training and education.

• On-line computer capabilities allow centers to keep abreast of the latest information.

• Children and families are assured of receiving state of the art services and information.
NDC Funding Model

- Private Insurance
- Government agencies
- Medicaid
- Division of Developmental Disabilities
- School Districts
- Department of Health, Children with Special Health Care Needs Program
- Grants
- Fund raising
- United Way
- Private funds
Young children with disabilities and developmental delays have a critical window of time to receive life-changing services that will proactively impact their health, education and social development for their lifetime.

*Birth to five is the most influential timeframe in a child’s development, where 90% of all neurological pathways in a child’s brain are created.*

High-impact programs such as those offered at Boyer Children’s Clinic help children make improvements in their functional daily living skills and families improve their parenting skills and strategies for their child’s special needs; in 2013, 98% of children receiving services improved their functional daily living skills and 99% of families reported that they had improved their skills while at Boyer Children’s Clinic.
Due to the unique nature of NDC interventions, high-impact results and long-term savings on society, Medicaid Washington’s Health Care Authority designated a specific allocation for birth to three therapies for NDCs from any previous managed care model (such as Healthy Options). Currently, NDCs receive funding from the Department of Health, with a $650,000 allocation in the state budget.

In the proposed biennium budget, the Department of Health is threatening to eliminate the specific designation of $650,000 to fund NDCs. We are asking you to speak up on behalf of our most vulnerable young children and families. We urge you to speak up and advocate for the following:

- Secure the $650,000 funding allocation for NDCs and stop any attempts to eliminate it;
- Continue to carve-out specific Medicaid coverage for young children with disabilities; and
Legislative Process

• **Communicate Legislative Issue**
  – ECDAW
  – Neurodevelopmental Centers
  – Community Partners
  – Clients
  – SICC

• **Identify Champions**
  – Senate Early Learning & K-12 Education Committee Members
  – House Early Learning & Human Services Committee Members

• **Annual King County Legislative Forum**

• **Thank Yous**
Impact on Early Intervention

• When establishing the network of NDCs, the Department of Health understood the value of early intervention programs. *Early investments in intervention services have shown to yield positive returns on investment, and decrease the likelihood of dependence on public systems.* National research and local data demonstrates the cost-effective impact of early intervention. For example, a [2005 RAND](#) research study of the cost effectiveness of early intervention services concluded that early interventions have been found to generate a *return to society of up to $17.07 for each dollar spent on the program.*

• Furthermore, according to the Department of Early Learning, the average infant and toddler with special needs is in therapy for merely 18 months. *This is not an ongoing expense—in fact, it deters longtime costs.* The [National Early Intervention Longitudinal Study](#) data noted that at kindergarten, 32% of the former EI participants were no longer considered to have disability. At Boyer Children’s Clinic, we exceed these results with *51% of children exiting our program no longer requiring further additional special education or related services.*
Thank you!