

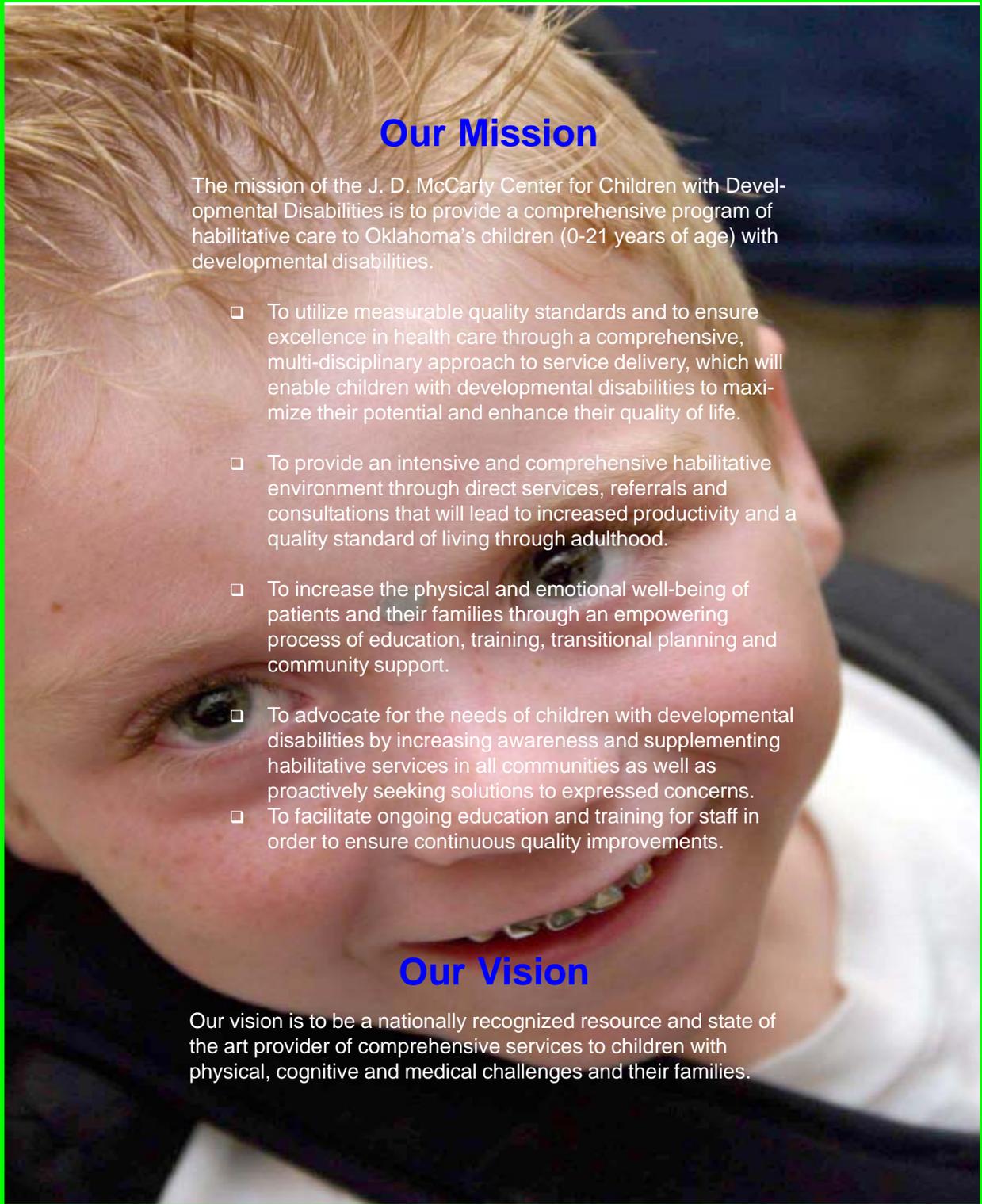
J. D. McCarty Center

for children with developmental disabilities



annual report

fy 2010



Our Mission

The mission of the J. D. McCarty Center for Children with Developmental Disabilities is to provide a comprehensive program of habilitative care to Oklahoma's children (0-21 years of age) with developmental disabilities.

- ❑ To utilize measurable quality standards and to ensure excellence in health care through a comprehensive, multi-disciplinary approach to service delivery, which will enable children with developmental disabilities to maximize their potential and enhance their quality of life.
- ❑ To provide an intensive and comprehensive habilitative environment through direct services, referrals and consultations that will lead to increased productivity and a quality standard of living through adulthood.
- ❑ To increase the physical and emotional well-being of patients and their families through an empowering process of education, training, transitional planning and community support.
- ❑ To advocate for the needs of children with developmental disabilities by increasing awareness and supplementing habilitative services in all communities as well as proactively seeking solutions to expressed concerns.
- ❑ To facilitate ongoing education and training for staff in order to ensure continuous quality improvements.

Our Vision

Our vision is to be a nationally recognized resource and state of the art provider of comprehensive services to children with physical, cognitive and medical challenges and their families.

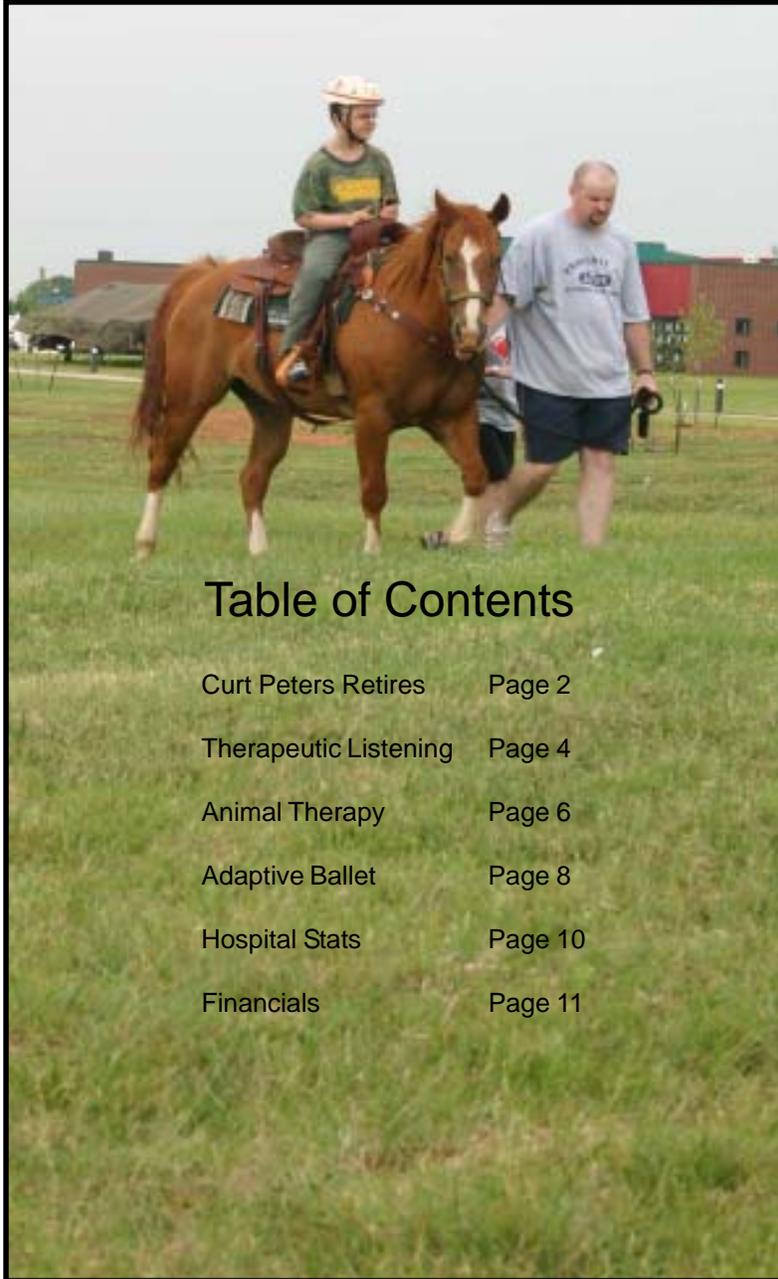


Table of Contents

Curt Peters Retires	Page 2
Therapeutic Listening	Page 4
Animal Therapy	Page 6
Adaptive Ballet	Page 8
Hospital Stats	Page 10
Financials	Page 11

In a contest of longevity, Curt Peters, director and CEO of the J. D. McCarty Center comes in second - though it is a close second - to Harper Orth, who served as director and CEO for 25 years.

On Wednesday, June 30, 2010, at 4:00 p.m. Peters closed his desk, left his office and walked out to his car in the parking lot for the last time. After 20 years as director and CEO of Oklahoma's center of excellence in the care and treatment of children with developmental disabilities, Peters retired.

Peters is originally from Lawton. He received his bachelor's in history from Oklahoma State University in 1966, and a master's in hospital administration from Baylor University in 1977.

Upon graduating from OSU, Peters entered the U. S. Army as a second lieutenant in the artillery and ended his career as a colonel in the Army's medical service corps. Wounds received in Vietnam precluded Peters from staying in the Army in a combat arms role. He was either going to have to get out of the Army or choose a non-combat arms role. "I chose the medical service corps," said Peters. "I knew it would lead to more education and a continued career path after the Army."

Peters' postings in the Army medical service took him to some of the best known healthcare facilities in the Army.

His postings included the Army Hospital at Fort Sam Houston in San Antonio, the Pacific Surgeons Office in Hawaii, Fitzsimons Army Medical Center in Denver, the Fort Carson Army Hospital, the Army Surgeon General's Office, Walter Reed Army Medical Center, 85th Battalion Commander at Fort Mead, Maryland, Office of the Inspector General 7th Medical Command Germany and Reynolds Army Community Hospital at Fort Sill in Lawton.

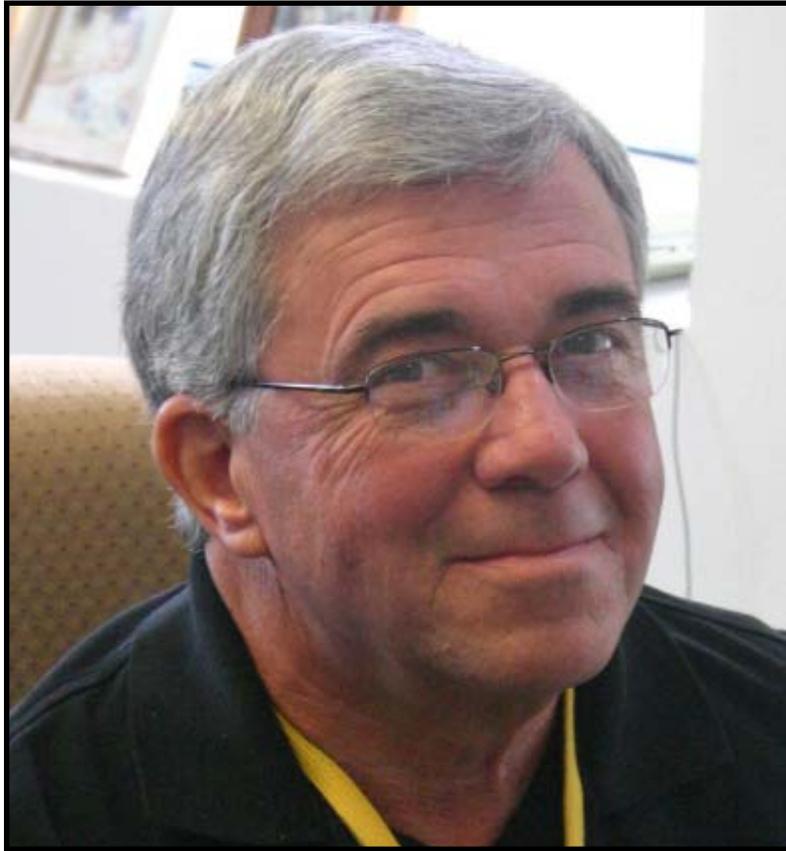
It was while Peters was stationed at Reynolds and contemplating another assignment or retirement from the Army that opportunity knocked. It knocked in the person of John Kilgus, a civilian employee at Reynolds hospital and a member of the Cerebral Palsy Commission, the governing board of the McCarty Center.

Kilgus talked to Peters about the director's position that was going to open up with the retirement of Mike Beal and asked Peters if he would be interested in interviewing for the position. He accepted the invitation to interview. As a result, Peters retired from his 24-year Army career on May 31, 1990, and started to work as the new director and CEO of the McCarty Center on June 1, 1990.

During the last 20 years, Peters

has been responsible for expanding and increasing the services provided to the population of patients the McCarty Center serves. Under his leadership, outpatient services were added to the hospital's service menu. Contracting with schools to provide therapy services to students with disabilities that are mandated by federal law was another addition. In 1996, the pioneering use of teletherapy, the providing of therapy services to remote, rural areas of Oklahoma using broadband Internet, was added to the service mix. The McCarty Center now keeps two teletherapy studios busy during the school year providing physical, occupational, speech and language therapy to children around the state. And finally, several inpatient and outpatient clinics were added.

"My two biggest challenges as director," said Peters, "were getting approval and funding for our new hospital facility that was completed in October 2004, and dealing with the legislature on budget issues every year. While we earn 75 percent of our annual operating budget from our fees for service, the state appropriating we receive is critically important to the service we provide to our patients."



*Curtis A. Peters, director and
CEO of the J. D. McCarty Center
from June 1, 1990, to June 30,
2010.*

Therapeutic listening was added to the McCarty Center’s treatment toolbox this fiscal year. Caryl Hennen, a speech-language pathologist, and Stacy Angermeier, an occupational therapist, completed their certification in this treatment modality. A third therapist, Candace Munson, an occupational therapist, who joined our staff in 2009 has been certified for four years.

What is therapeutic listening?

Technically therapeutic listening is an expansion of sensory integration. It is an auditory intervention that uses the organized sound patterns inherent in music to impact all levels of the nervous system.

Auditory information from therapeutic listening CDs provide direct input to both the vestibular and auditory portions of the vestibular-cochlear continuum. The emphasis of the therapeutic listening is on blending sound intervention strategies with vestibulo-proprioceptive, core development and breath activities so as to sustain grounding and centering of the body and mind in space and time. Providing these postural, movement and respiratory activities as part of the therapeutic listening program is critical.

Therapeutic listening utilizes numerous CDs that vary in musical style, types of filtering and level of complexity. The music on the therapeutic listening CDs is electronically altered to elicit the orienting response that sets up the body for sustained attention and active listening.

More simply stated, “therapeutic listening helps a child learn to listen,” explains Hennen. “It tunes their brain into listening. What happens is this: The patient is listening to music using headphones. At different points in the music either high or low frequencies are filtered out. This triggers the brain to listen harder, because it has noticed something is missing. This causes the patient to become more focused in their listening.”

Therapeutic listening is good for kids with autism spectrum disorders, auditory processing difficulties, attention deficit hyperactivity disorder and Down syndrome. “It’s a tool to help patients get ready to listen and learn,” said Hennen. “It’s not a cure-all. It’s just another tool we have available.”

Occupational therapists work a lot with sensory integration issues in patients. Listening is a key component to sensory integration. “Therapeutic listening is another sensory tool we have to use,” explained Angermeier. “It’s both auditory and vestibular. It helps to prepare our patient’s sensory systems to pay attention and learn.”

Listening is a voluntary, survival-

related, whole brain, whole body process. “Listening is the process of detecting sound and then organizing it for use with other sensory information,” explains Munson. “It is the key to our overall ability to orient to people, places and things in everyday life. Listening is both conscious and unconscious. We listen all the time. Listening is a part of our primal survival skills.”

“I’m passionate about this tool and the results I’ve seen with it. Kids with sensory delays lack a background beat and rhythm that is key to development. Therapeutic listening promotes rhythm, movement and body coordination that, in turn, improves higher cognitive levels,” Munson added.

Changes that might occur in patients in a therapeutic listening program include: increased attention and awareness of sounds; decreased sound sensitivity; increased desire to express wants and needs; improved self-regulation; improved coordination; improved posture and body awareness; improved sleeping and eating patterns; decrease in ear infections; improvements in social skills; and improvements in language.



Layne Yandell listens to a therapeutic listening CD while working with speech-language pathologist Caryl Hennen on language flash cards

All eyes are on Emma when she walks in the room. She draws stares from the group, along with hands reaching out to rub her back, pet her belly or shake her paw.

Emma is a 140-pound English mastiff and a certified therapy dog. She and owner Don Davis make regular visits to the McCarty Center in Norman.

Emma's appearances are through the center's animal therapy program that began a year ago. The program gives children at the center the opportunity to interact with animals and learn some life skills.

Davis is excited about the positive impact that Emma is having on the kids, such as the dog's interaction with a boy who is autistic.

At first, the boy avoided the gentle dog and wouldn't touch her. But, after a few visits, he began to recognize and respond to Emma and now lets her put her paw in his hand and pets her belly when she lies on the floor.

The child has also displayed a longer attention span when he is around the animal and has improved his ability to wait his turn, such as to pet or walk the dog. He has developed a connection to Emma when he is usually drawn to inanimate objects.

That type of positive interaction with an animal is one of the benefits of the program, said Maria Greenfield, the center's

occupational therapy director.

Greenfield and Stacy Angermeier, an occupational therapist, worked together to start the program that offers small groups of children at the center the chance to spend 45 minutes to an hour with an animal each Friday.

Dogs are the most frequent visitors but the program has also featured animals from the Little River Zoo in Norman, including a turtle, gecko and snake.

Greenfield said one of the reasons she wanted to start the program is because she believes animals have therapeutic value, such as the unconditional love they offer and the ability "to bring kids out of their shells." There are also the life skills that can be learned from animals, like the responsibility and financial costs of caring for them.

In addition, animal-assisted therapy can promote improvement in a person's physical, social, emotional or cognitive function, according to information from the American Veterinary Medical Association.

Greenfield and Angermeier say the interaction between the children and the animals can help enhance children's physical movements, such as when they reach out to pet the dog, and

their verbal skills, such as saying the dog's name, asking the handler if they can walk the dog or giving the animal commands.

There's also the sensory sensation of being around a dog, such as the smell and feel of the fur.

Angermeier, a dog owner herself, said the program also gives children the chance to learn how to approach a dog safely.

The dogs and handlers in the region who participate in the center's program are with the Human Animal Link of Oklahoma Foundation (HALO), which offers animal-assisted therapy and activities, and A New Leash on Life Inc., which trains service, therapy and shelter dogs.

Davis is a volunteer and member of HALO. He and Emma visit the McCarty Center at least once a month and Davis said the dog's easy-going temperament, patience and desire to please others help suit her for therapy work.

Davis knew about the hospital from growing up in Norman and said he wanted to volunteer at the hospital because he enjoys working with kids.



Emma, a 2-year-old, 140-pound English mastiff and Brandon Brady are all smiles during one of Emma's visits to the McCarty Center, for the animal therapy program.

Hailey Southerland is all smiles during the class. The 10-year-old laughs and lets out an excited little scream as teacher Candace Loper works with the group on arm movements.

In this moment each Monday, Hailey and others in the room become ballerinas. The 10 girls come to class dressed in leotards, tights and ballet slippers and move to music for an upcoming recital.

This is more than a ballet class, though. It's an opportunity for these students with disabilities to become stars on a stage.

The program is known as "Special Dreams Ballet," which is an adaptive ballet and movement program that Loper started three years ago at Southgate-Rippetoe Elementary School in Moore.

Loper is the director of the ballet group - whose motto is "Our time to shine" - and teaches a multiple disabilities class. Beth Wann, a physical therapist from the J. D. McCarty Center, also works with the program.

Wann, who contracts with Moore public schools to provide therapy services, makes sure that the ballerinas and their student helpers have the proper physical support during rehearsals and recitals.

The girls in the program include those who have cerebral palsy, spina bifida, autism, deafness, blindness and genetic disorders.

Some girls are physically able to stand and can perform certain moves, such as turning in a circle, while others nestle between the knees of their helpers and work on arm movements. Others use adaptive equipment that helps them to sit and stand.

The ballerinas practice once a week for 30 minutes and perform in two recitals, one in December and another in the spring.

Loper credits Hailey for serving as her inspiration for the program.

She remembers reading a book to Hailey that featured a ballerina. A tear streamed down Hailey's face as they read and Loper took that as a sign that her student, who has cerebral palsy, also wanted to be a ballerina.

Loper had read about an adaptive ballet class in New York and decided to give it a try at her school. Her ballet experience comes from taking her daughter to ballet classes for nine years.

Loper received approval from school administrators to start the program and also met with parents of the girls she wanted to include.

The parents have embraced the program, and it gives them the chance to see their kids in a different light, Loper said.

Some parents "never thought they would see their kids in ballet outfits and dancing or see them on stage performing."

Wann said the program also offers the girls additional opportunities to work on movement and using different muscles. Plus, they are developing their social skills by interacting with the student helpers.

Wann also notices enthusiasm from the ballerinas. "They are bright-eyed and smiling and loving it."

The ballerinas are also assisted by some sixth-graders. Loper selects the student helpers each year, and the girls have to keep their grades up and have the physical ability to support the ballerinas.

Loper believes the program is an enriching experience for all those involved.

Loper's goal is to expand the program into a districtwide after-school program. Her hope is that "Special Dreams Ballet" helps to show parents, students and teachers that "these kids are capable of doing things if you just look outside the box and find a way to modify it for them."

And it all started with Hailey.



Hailey Southerland, left, is assisted by student helper Alejandra Alvarado; Beth Wann, a McCarty Center physical therapist; and student helper Jessica Pool. Hailey participates in "Special Dreams Ballet," which is an adaptive ballet and movement program at Southgate-Rippetoe Elementary School in Moore. Wann, who contracts with Moore public schools to provide therapy services, makes sure that the ballerinas and their student helpers have the proper physical support during rehearsals and recitals.

FY 2010 Statistical Highlights

Inpatient Statistics:

Inpatient Admissions Breakdown:

191 inpatient evaluation/post-op/custody and habilitation admissions

- 11/191 (6%) of inpatient admissions were post-op
- 40/191 (21%) of inpatient admissions had a diagnosis of autism
- 47/191 (25%) of inpatient admissions had a diagnosis of ADHD, conduct disorder and behavior disorders
- 22/191 (12%) of admissions were in DHS custody

32 Respite care admissions

223 Total Inpatient Admissions



Outpatient Statistics:

146 admission screenings

5,551 outpatient therapy visits

42,200 total therapy encounters this fiscal year

30 schools received IEP-related services

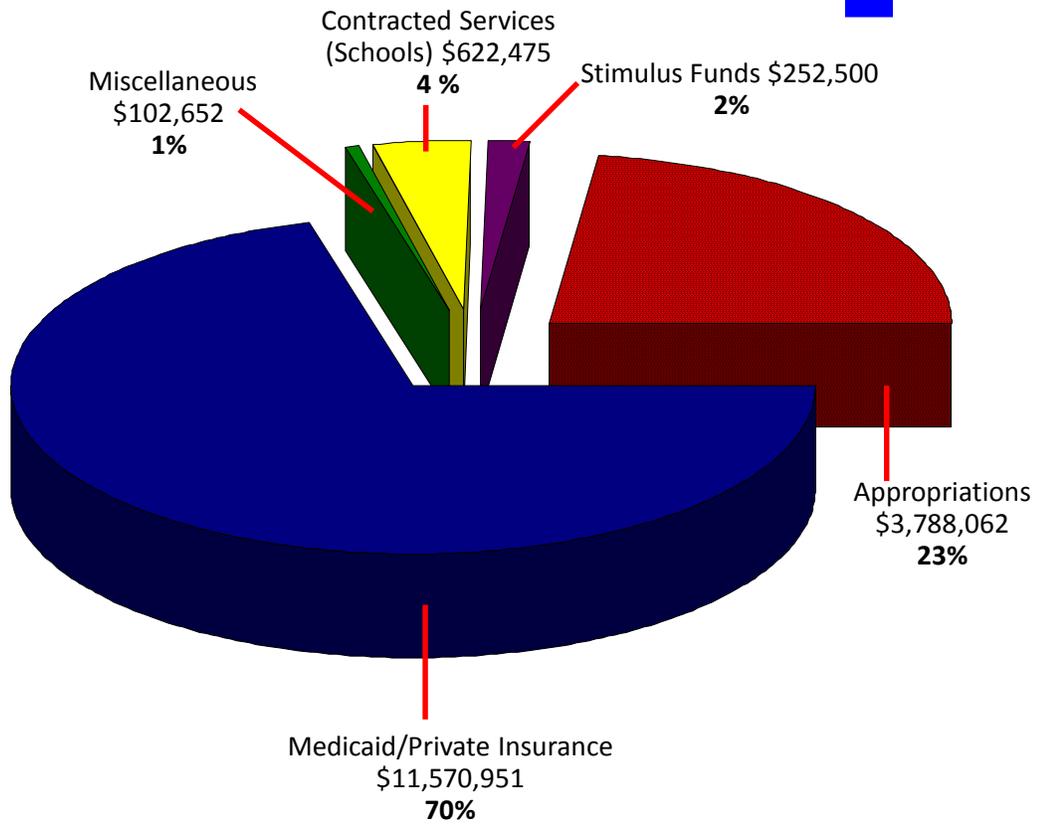
9 schools received teletherapy services

J. D. McCarty Center

Results of Operations FY 2010

FY 2010 Income = \$16,336,641

FY 2010 Expenditures = \$16,313,761



Grants, Donations and Fundraising

The McCarty Center earns 75 percent of its annual operating budget from fees for service. The remaining 25 percent comes from a combination of a state appropriation, grants, donations and fundraising.

In FY 2010, the McCarty Center generated \$32,202 from grants, donations and fundraising.

Events like the Gutter Dance charity bowling event, the Oklahoma Municipal Contractors Association golf tournament, the Norman Conquest bicycle tour, the Zumbathon and the McCarty Center's annual giving campaign are contributors to our fundraising efforts.

Money earned through these efforts fund activities for the patients and help to purchase items that can't be fit into our regular budget process.





This publication was authorized by Vicki Kuestersteffen, director and CEO of the J. D. McCarty Center, and distributed electronically. Copies of this publication have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

Turning stumbling blocks into building blocks
for 64 years

J. D. McCarty Center
for children with developmental disabilities



2002 East Robinson Street
Norman, Oklahoma 73071
www.jdmc.org