

RESULTS



Children's
Therapy
Since 1931

UP

turn
center



ANNUAL REPORT
FY 2018-2019

Mission

Turn Center's mission is to provide outstanding therapy services while instilling hope in the lives of the families we serve.

Our vision is to improve the health of Texas Panhandle children who have special needs through high-quality therapy services, family support, and education. Our desire is to turn no child away, regardless of a family's ability to pay.

Turn Center is a comprehensive therapeutic facility for children of all ages. From evaluation and treatment through carry-over at home, our team of licensed and certified specialists collaborates to develop a fully integrated, individualized plan of care for each child.

Treatment is provided in a fun, positive and nurturing environment, utilizing the latest in technology, innovation, and research. We are committed to working closely with patient families and referring physicians to achieve the best possible outcomes for our children.

Since 1931

Turn Center's heritage in providing children with comprehensive therapy services can be traced back to 1931, when the first Center opened its doors in downtown Amarillo.

Throughout the next few decades, the organization's name and location evolved, but its commitment to providing a myriad of pediatric therapy services remained steadfast.

In 2010, the organization, known at that time as Richard G. Balke Children's Rehabilitation Center, integrated its services with Amarillo Speech, Hearing, and Language Center to form Turn Center.

History at a Glance

1931

The Crippled Children's Center of Amarillo opens its doors for the first time in downtown Amarillo.

1937

The organization is renamed Cerebral Palsy Center by Mrs. Richard Wagner, a board member and mother of a child with cerebral palsy.

1947

The Center begins providing therapy services to children with other physical disabilities and is renamed Children's Rehabilitation Center (CRC).

1959

Mrs. C. Lowell Munday establishes Amarillo Speech, Hearing, and Language Center (ASHLC) to provide speech therapy, specialized education, and other resources for hearing-impaired children and adults in the Texas Panhandle.

2003

Children's Rehabilitation Center is renamed Richard G. Balke Children's Rehabilitation Center (RGBCRC) in honor of former Executive Director Richard Balke, a physical therapist, 40-year employee, and champion of CRC.

2010

RGBCRC and ASHLC join forces to become Turn Center, the only private, non-profit 501(c)(3) in the Texas Panhandle dedicated to providing occupational, physical, and speech/feeding therapies to children ages birth to 20.



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Reflections

It has been another remarkable year for Turn Center on many fronts. Thanks to your continued support, we helped more children than any other year in our rich 88-year history, while at the same time raising an additional \$4 million for a much-needed capital expansion.

We could not be more excited about the new space coming that will allow us to better serve our families. We will have a full-court gym for physical therapy during the day and our adaptive sports programs in the evening. We will also have additional speech offices, occupational therapy evaluation rooms, Dyslexia classrooms, an indoor playground, an imaginative play space, and an apartment to work on activities of daily living. August 2020 cannot get here soon enough. We sincerely appreciate the community for making this a reality.

Thanks to our Medical Advisory Board and incredibly dedicated therapists, the world is now interested in what we are doing for children with special needs here in Amarillo, Texas. In the past year, we have presented our clinical research on aquatic therapy for children with autism in New Orleans, Louisiana; Geneva, Switzerland; and Chicago, Illinois. And, our Counseling, Augmentative and Alternative Communication, Dyslexia, Adaptive Sports, and School Therapy programs are gaining national attention.

We continue to strive to provide meaningful and inclusive opportunities for the children we serve. This past year we formed community partnerships to provide a ballet class with Lone Star Ballet; Kids Inclusion sports competitions in bowling, track, soccer, and basketball with Kids, Inc. and Special Olympics; Sensory Story Time with the Amarillo Public Library; Summer Camps with Discovery Center, Amarillo Museum of Art, and SLAM Zone; and we held special programs with the help of the Amarillo Symphony, the Sod Poodles, and the Tri-State Rodeo.

If you haven't had a chance to visit Turn Center and see our plans for the future, please contact me and come get involved.

All my best,



Bruce Moseley
Executive Director



Therapy YEAR IN REVIEW



Turn Center's Therapy department continues to grow, learn, and serve children and their families across the Texas Panhandle. We have a tremendous team of Physical, Occupational and Speech therapists and support staff that are constantly moving behind the scenes to ensure our kiddos and families are well supported.

Turn Center's outpatient staff serves more than 550 children and we are fortunate to have 12 school district therapy contracts, including our largest, Amarillo Independent School District. We are grateful for the opportunity to serve approximately 700 kids and their teachers in the school system.

Our therapists strive to stay on top of best practice in their fields and are constantly adding "tools" to their therapy toolbox. Over the past year, they have attended courses/conferences in Tennessee, Colorado, Oklahoma, Florida, Missouri, Pennsylvania, Massachusetts, and Arizona to expand their knowledge in all areas of practice.

A highlight of 2018-2019 was having the privilege of hiring two adults with special needs. They are an asset and joy to Turn Center, the staff, and the families that we serve.

Sincerely,



Regan Hall, OTR, MOT
Director of Therapy Services

Meet Kaiya

Kaiya was born at 39 weeks gestation. At the time, we had no idea what we would come to face with her. At 6 weeks old, her pediatrician noticed her head had not grown. Kaiya then had a CAT scan and MRI to check for any complications. They found no major complications or reasons why her head/brain was not growing and diagnosed her with microcephaly.

Between two and three months of age, Kaiya began having seizures called Infantile Spasms. Medications were not controlling them. Every genetic test came up normal, which makes Kaiya even more rare. We were told that she might only live to be around two years old, and if she does survive she won't be able to do anything.

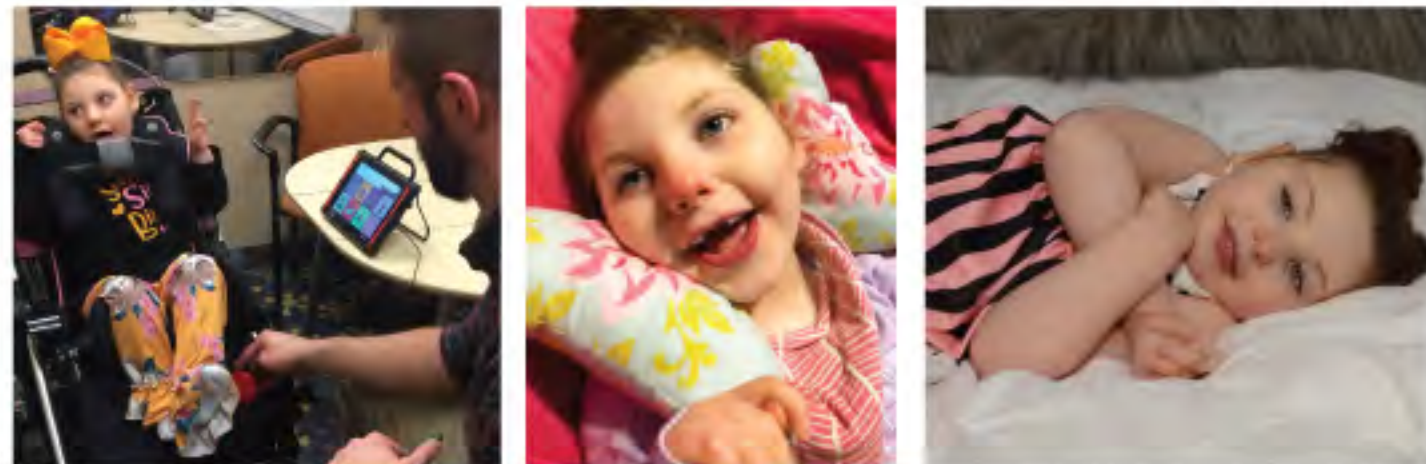
Kaiya turned seven in July of 2019. We have never allowed what doctors have told us weaken our faith in how strong Kaiya is. Yes, Kaiya has epilepsy, cerebral palsy, visual impairment, and microcephaly. Over the years Kaiya has suffered a lot of pain from chronic infections, from C-diff, urinary tract infections, chronic lung disease, and neurological issues. However, we have always said that if God brings us to it, He will help us through it.

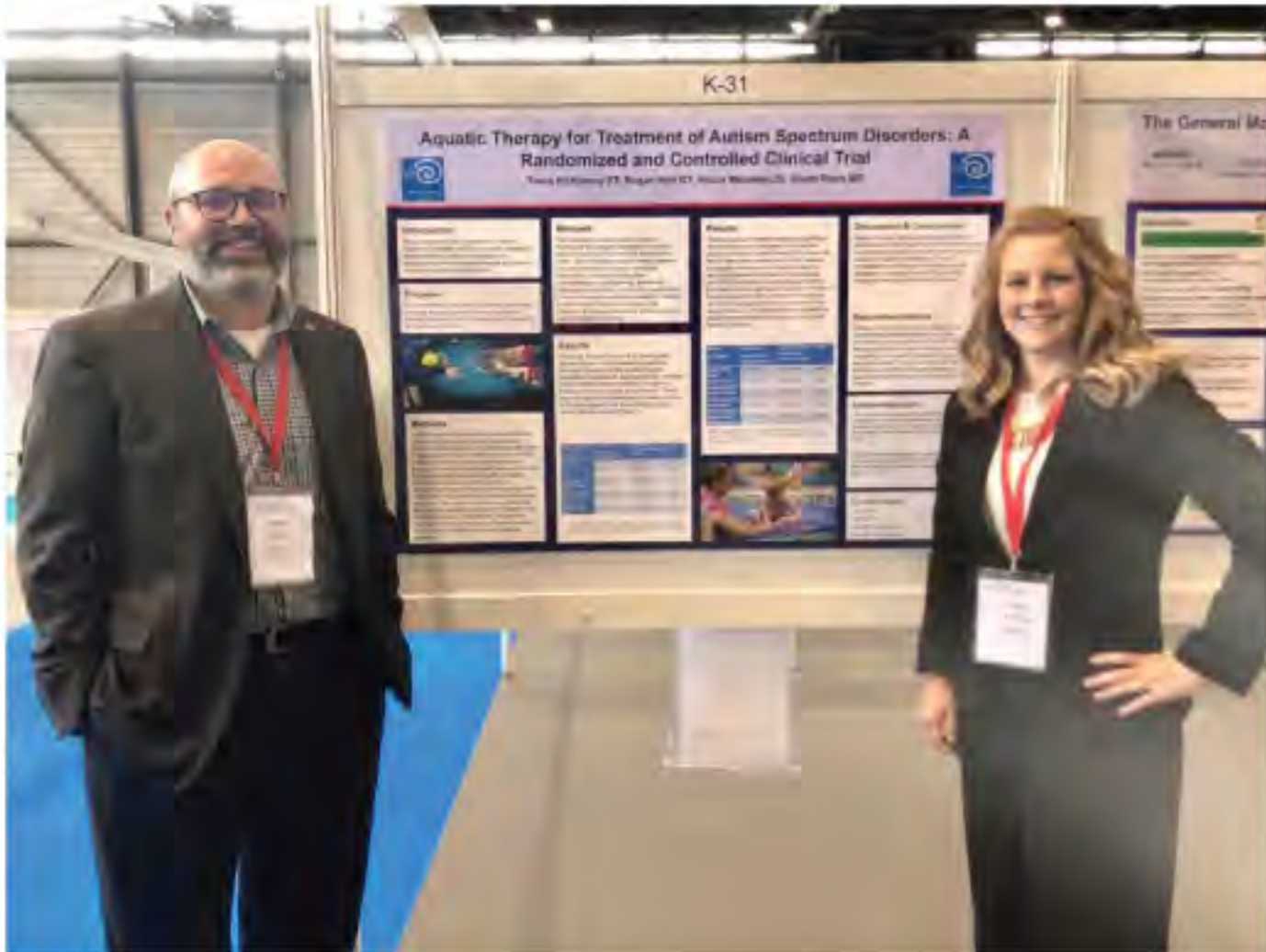
When Kaiya was about nine months old, Turn Center was brought into our lives. Kathy Hyatt, PT, Regan Hall, OT, and Gay Chalfant, Feeding/ST, were our first therapists. They welcomed Kaiya and me with open arms. They made me feel comfortable and helped me not feel so alone with this new world we've entered. They have helped me learn that we can celebrate the big and small things, like the first taste of food, a smile, a laugh, lifting her head for a few seconds, and raising her hands to her mouth.

Kaiya is now working with Landon Brown in speech to learn to communicate using a device. She is getting stronger and works so hard with Amanda Lawson in PT and Kalea in OT.

All the things usually taken for granted are such big steps for Kaiya. The Turn Center's therapists and staff celebrate these things with us. They see how big these small steps are. When a child like Kaiya accomplishes something we were told she would never do, it amazes all of us. We have been so blessed by this an amazing, strong, sweet little girl and the community of support we have.

Cindi, Kaiya's mom
January 2019





Geneva

Turn Center's abstract entitled, **AQUATIC THERAPY FOR TREATMENT OF AUTISM SPECTRUM DISORDERS: A RANDOMIZED AND CONTROLLED CLINICAL TRIAL**, was selected by the World Confederation for Physical Therapy (WCPT) Programme Committee for presentation at the WCPT Congress in Geneva, Switzerland on May 10-13, 2019.

"We were thrilled to be selected from more than 2400 abstract submissions. It is both humbling and flattering that the world wants to know about what we are doing here in Amarillo, Texas," said Turn Center Executive Director Bruce Moseley. "We are incredibly grateful for Dr. Sloan Rush's leadership and commitment to improving the lives of children with special needs."

Bruce Moseley and Treva McKinney, PT, DPT, NCS, Director of Physical Therapy presented the results of this study to 4500 participants from 130 countries. Turn Center's research was selected among the top five posters in the pediatric category.

During the conference, Bruce and Treva attended breakout sessions on pediatrics, mental health, and intellectual disability. One highlight for the pair was the opportunity to network with countries all over the world and complete a site visit to a Switzerland based pediatric clinic. We are thrilled about the upcoming opportunities for clinical research, new technology, and international partnerships.

Aquatic Therapy for Treatment of Autism Spectrum Disorders: A Randomized and Controlled Clinical Trial

Treva McKinney PT, Regan Hall OT, Bruce Moseley JD, Sloan Rush MD

Introduction

Rising awareness and prevalence of Autism Spectrum Disorders (ASDs) has led to demand for improvement in treatment strategies and exploration for more effective therapeutic options to improve pediatric quality of life.

Purpose

To compare the outcomes of a strictly land-based physical therapy approach versus a physical therapy approach that includes aquatic therapy in the treatment of ASDs.



Methods

An IRB-approved prospective, randomized and controlled clinical study design was used to recruit children ages 3 to 12 presenting with DSM V diagnosis of ASD or clinical suspicion of ASD that are treatment naive to previous aquatic therapy. All enrolled participants were randomized to receive either observation without aquatic therapy intervention (control group) or standardized aquatic therapy (study group) while both continuing on with any existing land-based therapies. The aquatic therapy was given forty five minutes weekly for a total of 10 weeks. Four licensed physical, occupational, and speech therapists received two days of aquatic therapy training and completed all aquatic therapy sessions.

Methods

The treatment protocol used provided a framework that allowed adaptations to each session based on the individual needs of the child. Each 45-minute aquatic therapy session included transitional training, vestibular intervention, sensory re-integration, strengthening, motor planning, behavioral strategies, social skills, and sensory awareness. The main outcome variable consisted of change in the PedsQLTM pediatric quality of life inventory that measured social, school, physical, and emotional functioning.

Results

The study included a total of 22 participants: eleven children in the treatment group that received 10 weeks of the aquatic therapy intervention and eleven age and gender-matched control children that received no changes in therapy over the 10 week study interval. There were no significant differences at baseline in any of the demographics or study characteristics among the two groups (Table 1).

Characteristic	Control Group (n=11)	Aquatic Therapy Group (n=11)	p-value
Age (years)	7.2 (SD=2.4)	6.5 (SD=2.1)	0.887
Gender	5 Male, 6 Female	5 Male, 6 Female	1.000
Race	10 White, 1 Black	10 White, 1 Black	0.999
SES	10 High, 1 Low	10 High, 1 Low	0.999
IQ	85.5 (SD=15.5)	85.5 (SD=15.5)	0.999
ADOS	10.5 (SD=3.5)	10.5 (SD=3.5)	0.999
ADOS-C	3.5 (SD=1.5)	3.5 (SD=1.5)	0.999
ADOS-I	7.0 (SD=2.0)	7.0 (SD=2.0)	0.999
ADOS-D	3.5 (SD=1.5)	3.5 (SD=1.5)	0.999

Table 1. Aquatic Therapy for Treatment of Autism Spectrum Disorders: Comparison of Baseline Characteristics and Demographics among the Control Group and the Aquatic Therapy Group.

Results

The study group showed statistically significant improvement when compared to the control group in change of global PedsQLTM score over the 10 week study period (p=0.0433). Notably, the aquatic intervention children showed the most improvement in Emotional Functioning (p=0.0317) and Social Functioning (p=0.0062), but there were no significant changes in Physical Functioning (p=0.2264) or School Functioning (p=0.0930) compared to the control arm of the study (Table 2). Only one child that received the aquatic therapy failed to improve on the global PedsQLTM score.

Outcome	Control Group (n=11)	Aquatic Therapy Group (n=11)	p-value
Change in Global PedsQLTM	3.1 (SD=3.3)	8.1 (SD=6.4)	0.043
Change in Social Functioning	1.1 (SD=1.2)	5.5 (SD=3.5)	0.006
Change in Emotional Functioning	1.1 (SD=1.2)	5.5 (SD=3.5)	0.032
Change in Physical Functioning	1.1 (SD=1.2)	1.1 (SD=1.2)	0.226
Change in School Functioning	1.1 (SD=1.2)	1.1 (SD=1.2)	0.093
Change in Adjective PedsQLTM	1.1 (SD=1.2)	1.1 (SD=1.2)	0.999

Table 2. Aquatic Therapy for Treatment of Autism Spectrum Disorders: Comparison of Change in the Week 10 Scores among the Control Group and the Aquatic Therapy Group.



Discussion & Conclusions

Aquatic therapy shows promising outcomes for children with ASDs regarding improvement in both emotional and social functioning when used as an adjunct to traditional therapies. Future investigations with longer term follow-up are necessary to validate these findings and to determine the optimal treatment regimen.

Recommendations

Children with ASDs that are struggling with conventional physical therapy and other interventions may additionally benefit from aquatic therapy. Simplified aquatic training courses are becoming more readily available to physical therapists which, in turn, will allow for improved access and viability for aquatic therapy as adjunctive treatment option for many autistic children.

Acknowledgements

The concept and design of this clinical trial was presented as a platform presentation at the Combined Sections Meeting of the American Physical Therapy Association in New Orleans, LA from February 21-24, 2018.

This abstract was presented as a poster presentation with preliminary data at the World Confederation for Physical Therapy Congress in Geneva, Switzerland from May 10-13, 2019.

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Counseling

We have been blessed with tremendous growth in all areas of the counseling department. In the spirit of the Turn Center mission to serve children and families regardless of their ability to pay, our team of counselors – Angela Peterson, Reagan George, and Dr. Malvika Behl – doubled the number of clients seen in the second full year of the program. We were also able to help fill the counseling needs of two rural panhandle school districts.

We plan to increase the number of rural school districts that we provide counseling services for in FY 2019-2020. While every school has a counselor, many of them report that students would prefer to meet with a person that they don't see every day and who doesn't know their parents. We are honored to help meet at least some of that need.

We are in the beginning stages of training parents at Turn Center to provide emotional and relational support to other parents who have children with special needs. Research into caregiver support suggests that being able to talk with someone who shares a similar life experience can have a significant positive impact on the mental health of a caregiver. Our goal is to have a trained "Parent Partner" available to Turn Center families Monday through Thursday, especially during the afterschool hours.

In the past year, we've built on our partnerships with AISD and Region 16 to provide IEP/ARD workshops for families who have children with special needs. Helping families dream big, appropriate dreams for their children and working with their schools to move toward those dreams plays a great role in producing hope for our families.

Brad Thompson, MA, LPC-Supervisor



Dyslexia

Dyslexia is a specific neurological learning disability, characterized by difficulties with accurate word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language which is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction.

As many as 15–20% of the population has some of the symptoms of dyslexia, including slow or inaccurate reading, poor spelling, poor writing, or mixing up similar words. These individuals are likely to struggle with many aspects of academic learning and are likely to benefit from systematic, explicit, instruction in reading, writing, and language. Children learn to read until about 4th grade, at which point they begin to read to learn. Early intervention is critical to success.

Thanks to the generous support of donors, Turn Center began providing dyslexia services under the direction of Kris Smith, MEd, LDT, CALT Director of Dyslexia Services in March of 2018. Kris most recently served as District Dyslexia Coordinator/Therapist/Educational Diagnostician for Bushland ISD, bringing to Turn Center with a wealth of expertise from her experience in public education, private therapy, and as a parent of a child with dyslexia.

During the summer, Turn Center offered camps for current Kindergarten through 3rd-grade students who are having difficulty with beginning reading and/or math.

The Center for Learning Disabilities at WTAMU has generously provided state of the art classroom spaces in their new downtown Amarillo location for Dyslexia services during the Turn Center expansion project. In addition, WTAMU has provided weekly parent support group classes to help parents with strategies for caring for children with learning disabilities as well as self-care. We are grateful for this partnership and the support of our donors who have made this program a reality.

We absolutely love the program!! Ethan has made huge progress, and his handwriting has improved so much. He has learned to write in cursive, and he loves coming to see Mrs. Mallory. Ethan says that she is super nice and always listens to him. He loves that the program is hands on learning at his pace. Our family is very thankful for the help from the Turn Center family. It has been a blessing to us."

Jennifer, Ethan's Mom

COUNSELING PROGRAM	FY 2017-18	FY 2018-19	GROWTH %
Counseling Hours - Patients	366	582	59 %
Counseling Hours - Parent/Guardian	37	137	270 %
Counseling Hours - Siblings	14	55	293 %
Consultation Hours - Parent/Guardian	41	282	588 %
TOTAL SERVICE HOURS PROVIDED	458	1056	131 %
TOTAL SERVICE DOLLARS PROVIDED	\$55,816	\$104,050	86 %

Meet Carter



When I was 17 weeks pregnant, Juan and I went for our gender and “make sure everything looks good” ultrasound. A few minutes later we were ecstatic to find out we were having a little boy. We proceeded to go upstairs to the doctor’s office and that’s where our story took a sharp turn. We were informed our sweet boy had fluid on his brain and that there could be several reasons why but that we shouldn’t worry because it was probably nothing. We walked out of there defeated, upset, and extremely worried.

A week later, we sat in the office of a provider that specialized in abnormal ultrasounds. She was quick to determine that the ventricles in his brain were larger than normal. We proceeded to return to that office every week for the next month. The ventricles continued to increase in size and a fetal MRI was ordered.

The diagnosis was Dandy-Walker. What was that? We had never heard of it. We were googling before we even left the office that day although they tell you not to do that. According to the Dandy-Walker Alliance and the first place we read about it, Dandy-Walker syndrome is a congenital brain malformation involving the cerebellum (an area at the back of the brain that controls movement) and the fluid filled spaces around it. The key features of this syndrome are an enlargement of the fourth ventricle (a small channel that allows fluid to flow freely between the upper and lower areas of the brain and spinal cord), a partial or complete absence of the cerebellar vermis (the area between the two cerebellar hemispheres), and cyst formation near the internal base of the skull. An increase

in the size of the fluid spaces surrounding the brain as well as an increase in pressure may also be present.

The syndrome can appear dramatically or develop unnoticed. Symptoms, which often occur in early infancy, include slow motor development and progressive enlargement of the skull. In older children, symptoms of increased intracranial pressure such as irritability, vomiting, and convulsions, and signs of cerebellar dysfunction such as unsteadiness, lack of muscle coordination, or jerky movements of the eyes may occur. Other symptoms include increased head circumference, bulging at the back of the skull, problems with the nerves that control the eyes, face and neck, and abnormal breathing patterns. Dandy-Walker syndrome is frequently associated with disorders of other areas of the central nervous system including absence of the corpus callosum and malformations of the heart, face, limbs, fingers and toes.

I know that seems like a long definition, but I can’t tell you the number of times we read it. Over and over and over. We just tried to make sense of what it meant and what kind of life that would lead our little guy to have. At some point, because it was all a blur, we were encouraged to seek out a pediatric neurologist because it was likely that Carter would have to have a shunt shortly after he was born. We were also told that abortion might be an option because they couldn’t guarantee Carter’s “quality of life.” These words still haunt me. When we left the specialists office that day, I knew we would never go back. Regardless of what Carter’s quality of life was, he was OURS and that was never an option for either one of us.

We knew Dallas was too far since our family lives in Canadian, but a friend recommended OU Children’s Hospital in Oklahoma City. I immediately got online and verified that they accepted our insurance. The next week we were being seen there. We went at least every other week, if not more, for sonograms to keep an eye on Carter. A few months later he still had enlarged ventricles but they weren’t increasing in size. We were hopeful that it would stay that way. 37 weeks into my pregnancy, I woke up early on a Saturday morning and realized something was very wrong. Juan immediately

drove us to our local hospital, where I continue to be employed, and they immediately put us on a med flight to OKC.

Less than an hour later we touched down and less than two hours after that, Carter was born. He was born “limp and blue.” I’ll never forget those words on his medical notes. At some later point, we found out that not only did he have Dandy-Walker, but also a congenital heart defect and needed surgery to repair a tracheoesophageal fistula. So, three genetic defects. That was a lot to take in and process. Luckily, we had and continue to have amazing friends, family, a church family, and employers that helped us process and get through those hard times. Carter had numerous surgeries, including open heart surgery, and was in the NICU for a total of 68 days. Those days were long and there were a lot of tears. And as it turns out, he never needed a shunt! The fluid resolved on its own, but if we hadn’t been at OU Children’s to have him, Carter’s outcome could have been completely different. Carter was able to join his siblings, ages 12 and 4 at home, at the end of Day 68!

Soon after we returned home with Carter, we were set up with Early Childhood Intervention Services, or ECI. Carter had a feeding tube that we used around the clock, including when he was at daycare. He had PT, OT, and Speech services for about 2 ½ years before we came to the Turn Center. Carter had already been able to get off his feeding tube so that was no longer an issue. He made leaps and bounds with ECI and those wonderful therapists, but we were apprehensive with the change and decided we would try it out before fully committing.

We had a few rocky first weeks, and the insurance authorization process was long and difficult (not because of the Turn Center, but because that is just how insurance companies are). However, the weekly 4-hour round trip (leaving at 6:30am every Wednesday) remains to be worth it when we see how excited Carter

gets about walking in his walker, or being able to help make the decisions of what he does next, because he’s just as important in his therapy decisions as we are. Miss Michelle, Miss Monica and Miss Kalea are amazing, and so are the front staff, billing staff, and everyone else we pass in the halls. I’d be lying if I didn’t say Turn Center is part of our family.

The first time I saw Carter taking several steps with the walker I just cried. I couldn’t help it. I remember being so helpless at 17 weeks pregnant and not knowing what or how Carter’s story would play out. Carter turned 4 just a few weeks ago, and the Turn Center exceeds in meeting his needs.

He has been a patient for almost a year now and in that time has learned more sign language, learned to use a walker, been fit for bilateral AFOs to assist him in walking, and has become more independent and less aggravated on a daily basis because of what he CAN do instead of what he can’t. We know it’s just a matter of time before he is doing more though.

Thank you, Turn Center, for providing a necessary service to the kids of the Panhandle. As a parent, I truly don’t know what we would do without you. My only regret is that we don’t live closer to participate in all of the extra-curricular services that you offer on the weekends and evenings. And thank you, Michelle, Monica and Kalea for changing all of our lives and to Brad, thank you for having an office by the front door and a place for Carter to feel safe and wanted after each therapy session! I’m not sure what it is about your office, but kids love it and you are so kind for allowing him in anytime he wants!

Pam Guillen, Carter’s mom



Kids Inclusion Turn Center Tornadoes

In September of 2018, Turn Center partnered with Kids, Incorporated of Amarillo to provide a new program called Kids Inclusion. The central philosophy of Kids Inclusion is that children of all abilities should have the opportunity to participate in sports together. Kids Inclusion's inaugural year was full of firsts for families. For many children, it was the first time they had a chance to participate in sports. For many parents, tears of joy were shed, as it was the first time they had the opportunity to cheer their children on from the stands. The Turn Center Tornadoes, a delegation of Special Olympics Texas, also had a tremendous year, participating in four different sports. We are thankful for all of our volunteers and donors.

Kids Inclusion participants attended a draft night prior to a six-week season with weekly practice and four games, all teams were coached by Turn Center staff and community volunteers. SOTX participants practiced 8-10 weeks before competition and were coached by Turn Center staff and volunteers.

- AUGUST 2018** SOTX Tornadoes Aquatics Competition & 2nd Annual Healthy Athletes Event
- SEPTEMBER 2018** First Kids Inclusion Track Meet
- OCTOBER 2018** SOTX Tornadoes Softball Competition
- NOVEMBER 2018** SOTX Tornadoes Bowling
- NOV/DEC 2018** Kids Inclusion Indoor Soccer
- FEBRUARY 2019** Kids Inclusion Bowling, SOTX Bowlers went to state Bowling in Austin
- MARCH 2019** SOTX Tornadoes Basketball
- APRIL 2019** SOTX Tornadoes Track Meet
- JUNE 2019** Kids Inclusion 3v3 Basketball

Competitors

SOTX TURN CENTER TORNADOES 55 Athletes

KIDS INCLUSION 208 Total Athletes
77 with Disabilities
131 without/not reporting diagnosis

TRACK 75 Participants
INDOOR SOCCER 58 Participants
BOWLING 35 Participants
BASKETBALL 47 Participants

Kids Inclusion has been a blessing for Lenny. It helped her come out of her shell and overcome her anxiety. She may not have been the best soccer player but this was more than about the sport to her and us. It was about her gaining confidence in herself.

Michelle Molberg
Daughter Lenny, 5 years old

Corrik loved soccer! We enjoy that the kids can just go out and PLAY, there is no pressure to win and parents encourage and praise each player, no matter the team they are on. It's a great environment for any kid who just loves sports or for the kid who is brand new to the idea and wants to be able try it out without any pressure.

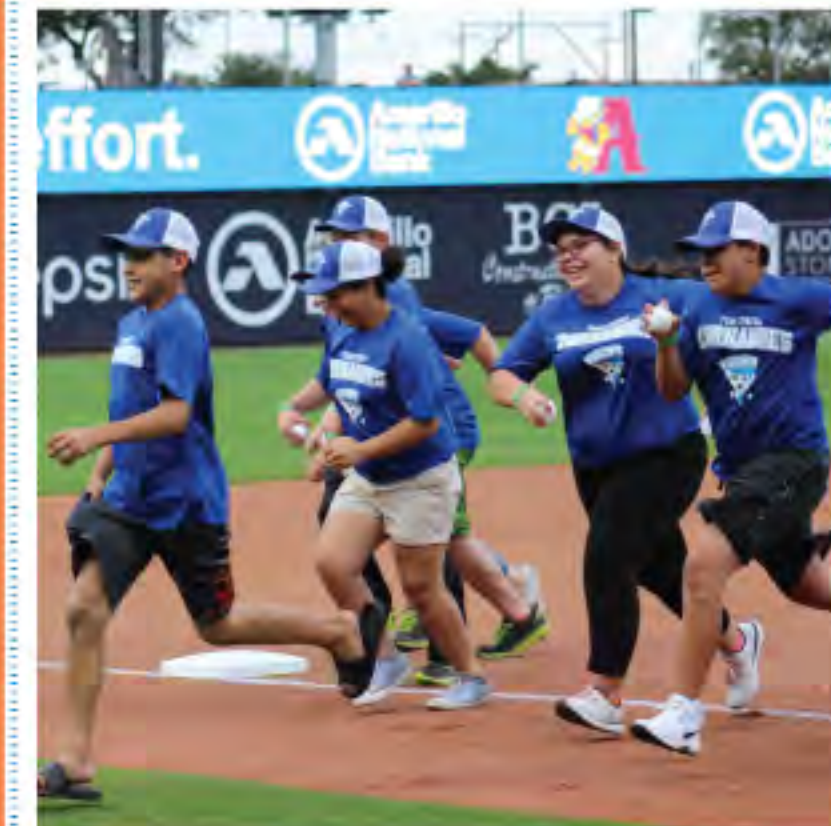
Angie Ames
Son Corrik, 8 years old

It's never too early to teach kids how to include everyone. In a world where so many lines are drawn, Kids Inclusion is an awesome way to blend all levels of development together while having fun. We had a blast learning both the basics of soccer and the first steps of interaction with all types of awesome kids!

Kinsey Morgan
Sons Tripp and Graeme, 4 and 5 years old

We are beyond thankful for the Kids Inclusion program. We LOVE getting to watch Matthew play a team sport. Watching these kiddos compete and have fun is awesome! They all have their little quirks but they are free to be who they are in a non-judgmental environment. Such a good program!

Rachel Santana
Son Matthew, 7 years old



Financial Statement

TOTAL EXPENSES \$3,372,326.52

\$2,495,521.62.....74% Program Expenses
 \$236,062.86.....7% Fund Raising Expenses
 \$642,742.04.....19% Administrative Expenses

NET INCOME \$39,045.24

NET ASSETS \$4,414,186.00

TOTAL INCOME \$3,411,371.76

\$1,293,840.97.....School Income
 \$666,543.42.....Outpatient Income
 \$51,604.12.....Other Income
 \$1,399,383.25.....Donations & Grants



TOTAL OUTPATIENT VISITS 15,122
TOTAL OUTPATIENT CHILDREN SERVED 566
TOTAL SCHOOL CHILDREN SERVED 685
TOTAL CHILDREN SERVED 1,251
DIAGNOSES 221
TOTAL NUMBER OF VOLUNTEERS 705
TOTAL VOLUNTEER HOURS 3,739





GROW WITH US

In nine short months, Turn Center raised \$4,096,732.16 in pledges and gifts, fully funding our Grow With Us Capital Expansion Project. The project consists of 12,000 square feet of new construction and 2,500 square feet of renovations and is slated to be complete in late 2020. We look forward to having additional space, a new gym, a functional living space, and a three-story office building for administration and growth.

THANK YOU TO OUR GROW WITH US CAPITAL EXPANSION PROJECT DONORS

Turn Center Foundation

The Oeschger Family in Honor of Sharon and Larry Oeschger
 Sybil B. Harrington Fund
 J.E. and L.E. Mabee Foundation

High Plains Christian Ministries Foundation
 Mr. and Mrs. Bruce Moseley
 Amarillo National Bank

Joe & Jessie Crump Crippled Children Fund
 James A. "Buddy" Davidson Charitable Foundation
 The Brumley Foundation
 Mr. and Mrs. Jerry Hodge
 David D. and Nona S. Payne Foundation, Inc.
 The Waite and Genevieve Phillips Foundation
 CJ & Syble Fowlston Charitable Trust

MK Brown Foundation, Inc.
 Faithbuilders
 Ruth Ann Jones
 William O. & Louise H. Mullins Foundation
 Dr. Kent Roberts and Ilene Roberts Balliett Foundation
 Dr. & Mrs. Sloan Rush

Amy Adams
 Debbie Davis
 John Denton
 David and Sydnee Jenschke
 Anita Kesler
 Darlene Martin
 Stephenie Owen
 Dr. Tyler C. Smith
 Mark Sturkie
 Mary Ellen Hughes
 Carolina Walden
 Dwayne and Connie Wootton

Turn Center Foundation

FORWARD THINKING *Transformative Gifts
Tremendous Growth*



Wales Madden Jr, Gene Edwards, Sybil Harrington, Avery Rush, T L Roach Jr



Sybil Harrington, with good friend, Betty Bivins

A gracious lady once looked at a picture in the newspaper of a child struggling to learn to walk. The smile on the face of the child touched the heart of this lady. She determined that she would help the child.

She looked about the community to see how she could help, not only this child, but all other children. In her search, she found The Richard G. Balke Children's Rehabilitation Center. That woman was Sybil B. Harrington.

Sybil Harrington's transformative seven-figure gift firmly established the Richard G. Balke Children's Rehabilitation Center Foundation in 1987, with the sole purpose of helping children with disabilities in the Texas Panhandle.

In 2010, prompted by changes in insurance reimbursement laws, the Richard G. Balke Children's Rehabilitation Center merged with Amarillo Speech, Hearing, and Language Center to facilitate the financial viability of both organizations and became Turn Center.

The Richard G. Balke Children's Rehabilitation Center Foundation continued to operate under that name until 2019 when the name officially changed to Turn Center Foundation, Inc.

Since 2015, the Foundation has welcomed tremendous growth through several seven-figure transformative gifts. We are proud to report that Foundation assets crossed the \$5 million mark in 2019. By the close of FY 2018-2019, assets totaled approximately \$6.3 million.

Staying true to its mission, Turn Center Foundation has faithfully supported the vision of Turn Center to provide the highest quality therapy services for children regardless of ability to pay. These vital funds ensure a secure future for Turn Center and have allowed the organization to take strategic steps of growth.

In 2018, the Foundation generously pledged the \$1 million lead gift for Turn Center's Grow With Us capital expansion project. This commitment allowed Turn Center to raise the additional funding in nine short months to meet the \$3.5 million project budget.

If you would like to discuss contributing a transformative gift to Turn Center Foundation, please contact Turn Center's Executive Director Bruce Moseley or Director of Development Carolina Walden at (806) 353-3596. Thank you for your support.



It has been my honor to serve on the Turn Center Foundation Board of Directors for the past six years and on the Turn Center Board of Directors for another 10+ years before that. During this time, I have come to know first-hand that Turn Center is an incredible organization on an impressive trajectory of growth. We look forward to the future, knowing that Turn Center will be able to not only continue providing high-quality therapy but will also be able to incorporate new programs and initiatives. This all comes down to giving the children of the Texas Panhandle with special needs, the best opportunity to thrive – and Turn Center is doing just that."

JOEL HOGUE
TURN CENTER FOUNDATION PRESIDENT

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**AUGUST 1, 2018 – JULY 31, 2019
TURN CENTER FOUNDATION FINANCIALS**

INCOME
 Donations: \$2,205,000
 Other (Interest & Dividends): \$114,931
 Gain on Investments: \$288,038
\$2,607,969 TOTAL

EXPENSES
 \$95,198

NET INCOME
 \$2,512,771

TOTAL ASSETS
 \$6,319,573

Megan Savannah Maxwell

JULY 10, 2016 – MAY 6, 2019

Kyle and I were kind of scared more than anything when we found out we were pregnant back in 2015. We had been together for years, but we weren't really expecting to have a baby at that time. I was working at Northwest Texas Hospital as a nurse and Kyle was working at Amarillo National Bank in IT.

After the initial shock, we were all excited about bringing a new life into the world. We did a gender reveal party and baby shower. Our home started filling with tiny pink clothes and soft blankets, as we got ready to welcome Megan. We went through the whole pregnancy thinking everything was great. No issues or anything. The only thing they noticed was that she was measuring small.

My doctor induced me at 37 weeks. He thought maybe my placenta wasn't sufficient enough for her. So, he went ahead and took her early. We knew that they would probably send her to the NICU to put on some weight.

When Megan was born, she had anomalies that called for genetic testing – standard procedure. Then around two weeks or so, we found out about her diagnosis, that she had Wolf-Hirschorn syndrome (WHS), a condition that is caused by a missing part (deletion) of the short arm of chromosome 4.

While that was her diagnosis, to us she was our precious daughter. She was our Megan. We understood the reason for the diagnosis was not to put a label on her, but it was so that we could possibly determine her needs, based on the history available from other children affected by WHS.

However, those affected by WHS do not have all of the same signs and symptoms. So, it was still largely a guessing game. Kyle and I leaned on each other, and my family and work friends were always there for us. It was such a blessing to have that support.

We were expecting a couple days in NICU, but she ended up being there a little over a month. Going home, initially, without her, was horrible. I think I bawled the whole way home. Then when we were finally able to take her home, I was scared to death that I was going to do something wrong. She was just four pounds four ounces when she was born and even at one month old, she was still so little at five pounds. She barely made the cut off for the car seat. She came home on oxygen and of course the monitor, as well. She didn't have a feeding tube when she came home.

Looking back, I don't think she ever got put down. She was constantly in one of our arms or being held by family. She was so very loved. Megan loved her daddy. She was daddy's little girl. We both work night and had opposite schedules, so we took turns caring for her.

I felt like everyone thought that I was more equipped to care for Megan's special needs because I am a nurse. The truth is, I was more nervous than anything, and certainly didn't feel equipped. When I worked at Northwest Texas Hospital, I worked in cardiology with adults. It was different than caring for Megan.

I was off for her first 12 weeks then had to go back to work. I continued to work nights, because I didn't know the financial side of things. At that point, no one had suggested applying for Medicaid. We didn't have any experience with this magnitude of medical expense. It wasn't until a little bit later that some people stepped in to help direct me. We got Medicaid for a few months, but then it was removed due to our income.

We saw lots and lots of specialists at the very beginning, because everyone wanted to do their initial exam. We were going to two to three appointments a week, if not more, for the first few months. We went to Texas Tech in Amarillo and in Lubbock. Megan's pediatrician, Dr. Rebecca Scott, was referring us to people she had had great experiences with, but due to the complex nature of Megan's condition, we slowly got transferred to Dallas. To me, it was frustrating. The specialists tried to help, but they didn't know how. Every child with WHS presents differently.



We tried to give Megan the best possible life. We went on walks, took her to the park, to see Santa and Christmas lights. She was so loved by family and friends. She made us all better humans. Some of the best moments, were simply holding her and snuggling with her as she slept.

When our second daughter Emily came along, it was even more terrifying. A lot of people think that having a special needs child is difficult. I felt like having Megan was in some ways easier than having a neurotypical child. Adding Emily was like... Will I have enough time to do everything with Megan? How will I manage it all? But, we figured it out just like everything else.

My OB asked if we wanted to do genetic testing while I was pregnant. We said that we would take two of Megan any day and declined to do testing. Megan's genetic condition wasn't hereditary. There is always a chance anything could happen, but we were about 95% certain the same exact thing wouldn't have happened. When she was born, everything was normal. Emily is a very happy child, always smiling. She loved her big sister Megan so much.

When Emily started getting mobile I worried that she might mess with Megan. Megan was always bigger, but Emily would steal her hearing aids or glasses or try to pull her hair and mess with her. Megan would give her a swat every once in a while, but for the most part she would let Emily do whatever. Megan was a great big sister.

For therapy, Dr. Scott's office got us in touch with ECI. She figured Megan would qualify for free and she did. ECI helped us a lot. However, around age 2, I feel like she stopped making progress. So, I talked to Dr. Scott about it, and she suggested coming to Turn Center for therapy, also. She sent a referral over in August of 2018. She started a couple months later. So, we doubled up with therapy – continued with ECI and added Turn Center's services.

Megan made great progress with Turn Center. She worked with Stephanie Wright for speech and Jordan Bradford for feeding, Brenda Stamps for PT, Haley Ogburn and Kalea Irwin for OT. At first, we were all very hopeful. Her sessions went well. We talked about getting Megan to activate a device to communicate. She was making progress in her other therapies, too.

But then, since December or maybe a little earlier, she wasn't the same. We don't know if it was her seizure medication – she was on three different meds – plus a keto diet, or what it was really. But something changed. She used to smile and laugh all the time and didn't much anymore. It got to where she was tired almost all the time. She would wake up for therapy and do what she could. Then go back to sleep.

Megan had a heart condition that needed surgery. The first time we attempted was December of 2018, but she got sick and wasn't healthy enough to do the operation. At first, it was rhino virus, then corona virus. She was sick with something constantly from December all the way through the Spring. She couldn't catch a break.

We don't know a whole lot about what happened that first week of May. Thursdays she had horse therapy. I actually cancelled it the week before, because she had some congestion and allergies. Then on that Friday, May 3rd, she started acting a little worse. Nothing out of the norm. We thought she caught

another cold bug or something.

We just watched her and kept her on her oxygen and monitor. Saturday, I got up for work. She was running a little bit of a fever, but she was asleep on the couch with Kyle so I didn't bother her. I checked her temperature again before I went to work and gave her some Tylenol.

I took a listen to her. She sounded a bit junky. Like she was congested and needed a breathing treatment. That night, while I was at work, Megan had to sleep on Kyle's chest, because she had gotten so bad so quickly. She just wasn't getting any better. When I came home from work Sunday morning, I took her to see Dr. Medford. We found out in the office that she had strep.

Dr. Medford sent us straight to the hospital. There, we found out she had pneumonia in both lungs and a UTI, but that was something she always dealt with. The root cause, what we found out later, was parainfluenza 3. I hadn't heard of that before, but since, I have done quite a bit of research. Apparently, it hits special needs and immunocompromised people very hard. 30-60% end up in pneumonia and of those, upwards of 75% cases are fatal. I'm glad they didn't say all those exact words to us in the hospital. I just didn't realize it was as bad as it was until Monday afternoon.

The combination of everything was just too much for her little body to handle. They had to intubate her just before midnight on Sunday, because she couldn't hold her oxygen. Her chest x-ray was all white, except for a tiny bit up top. Then they tried nitrous oxide. That is something they use on preemie babies in the NICU to try to get their lungs to open up but even that didn't work. They ended up putting her on an oscillator. But, that didn't work either.

They were in the process of getting ready to transfer her to Dallas. Right before they brought in the paperwork was the first time she coded. It was for like ten minutes and then she came back. Then I don't even remember how long after, she coded again. As weird as it sounds, I had a bad feeling the second time. Megan passed away that afternoon, in our arms.

Her funeral was held on May 11, 2019, the day before Mother's Day. Kyle and I made a tribute video. It was healing to go through all the pictures. I am grateful we took so many. We miss her so incredibly much. The loss of a child is something no one should ever have to endure. Every day is different now. We've been trying to stay busy. Talking about her helps. Slowly, we started sleeping and eating. Having Megan's sister Emily helps a lot. She is always so happy. I don't know what I would do without Kyle. He is our rock. We've been together 12 years, since high school.

We appreciate everyone reaching out and trying to get me to go do things. We've been overwhelmed with the love. I want people to remember that Megan was always happy, even when she didn't feel good. In her own way, she made everyone have a good day. Everyone loved working with her, as she had this remarkable way of making them laugh or smile – with her little noises that she would make. As cliché as it sounds, she was the light of our lives, and we will love her forever.

Lindsey Carrier, Megan's mom
May, 2019

Celebration OF HOPE



March 29, 2019
Amarillo Civic Center
Net Income: \$272,712
Event Chair: Averi Kupka

More than 900 people gathered for the 8th Annual Celebration of Hope. Highlights of the night included a ballet performance by the Stellar Stars, seated dinner by The Big Texan, live auction by Charlie Sellers, and dancing to The Cassettes.

This year, Rebecca Bulla and the First Baptist Church Youth Choir wowed the crowd with their live performance of "Rise Up" by Andrea Day, while a video played showcasing a typical day in the lives of two Turn Center families. These families joined the stage, along with their therapists at the end of the performance.

Also unique to this year's event, was a special appearance by the Amarillo Sod Poodles' mascot Ruckus. Ruckus surprised everyone by taking the stage to help Charlie Sellers auction a night in Margaret and Jerry Hodge's suite at Hodgetown. Originally planned to only be auctioned once, the package was offered up not only twice, but generously three times. A very special thank you to Margaret and Jerry Hodge and to those who purchased the auction items for their tremendous support.

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Save the Date!

2020
Celebration of Hope
March 27, 2020

For more information, email
carolina@turncenter.org or call (806) 353-3596.

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MAYA ANGELOU

Still, I RISE.



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