PENN FOUNDATION

BEHAVIORAL HEALTH SERVICES

Instilling hope. Inspiring change. Building community.
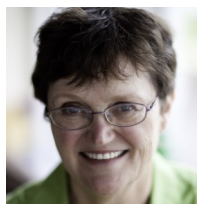
2012 Annual Quality Report
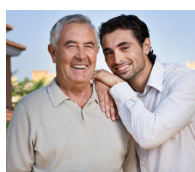
807 Lawn Avenue

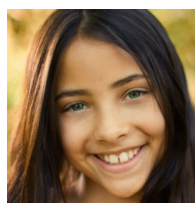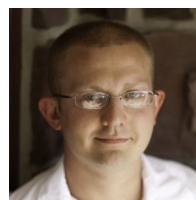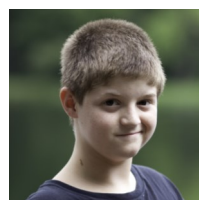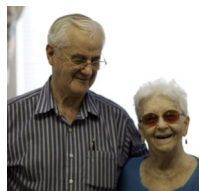P. O. Box 32

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www.PennFoundation.org

Year in Review

*Delivering Quality,
Value, and Innovation*

Penn Foundation cared for

10,262

persons across 41 programs.

OUTPERFORMED NATIONAL & STATE BENCHMARKS

in a number of key quality, operational, and financial indicators.

From 2010 to 2012, we improved access to routine outpatient care by reducing the wait time from 25 days to

3 days

for an initial appointment.

High customer satisfaction with

94%

of persons and families reporting they were satisfied or very satisfied with their overall service experience.

CONTENTS

Dear Friends,

To continue to serve our community and ensure the best outcomes, a healthcare provider must always seek to grow in proficiency and quality, continuously analyzing what works and what could work better; identifying areas of particular competency and developing the skills and resources to expand, deepen or complement each one. In this way, mastery is leveraged to launch new initiatives, one discipline undergirds another, and both quality and innovation flourish and grow.

The performance of a healthcare organization can best be judged by how well its people have built upon its legacy. Have they maintained and enriched that legacy by enhancing capabilities to deliver better care? Have they chosen the appropriate priorities and achieved their objectives? Have they invested their resources wisely to make the greatest possible impact on performance? Have they correctly anticipated future needs and taken the steps necessary to ensure those needs will be fulfilled?

When a healthcare organization is deeply woven into the fabric of the community the effects are far-reaching. We are able to anticipate and fulfill local needs better. We pursue new initiatives with greater confidence. We provide a more complete continuum of care over a person's lifetime.

Our faith based roots and generous community support is the rock upon which we thrive. They inspire us to do our best. They motivate us to provide the kind of personalized care we would give a close friend, and they deepen our commitment to service.
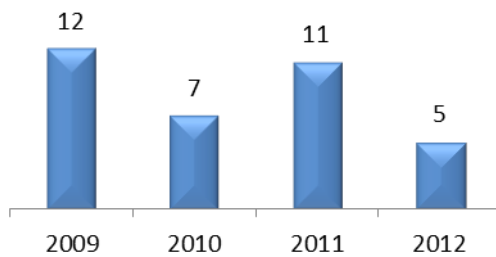
Marianne T. Gilson, MCAT   Wayne A. Mugrauer, MPA
Executive Director of Quality   President and CEO
and Operations

1. Percentage of Accounts Receivable Over 90 Days

Scores Over Time

	2009	2010	2011	2012
Score	12	7	11	5

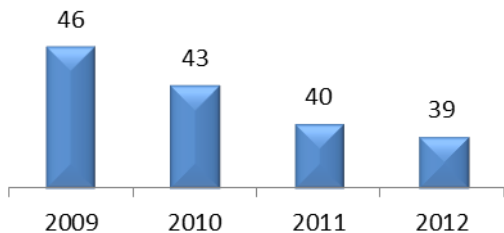| Benchmark	Trend	Target
15	↓	9

PCPA top performer in this category for the fourth consecutive year compared to our colleagues of similar size and demographics across the state. The active monitoring of timely claims submission and negotiating individual payment plans for outstanding balances are keys to our success.
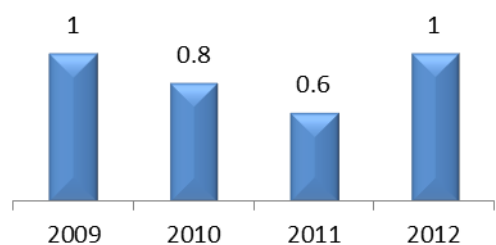
2. Net Days in Accounts Receivable

Scores Over Time

	2009	2010	2011	2012
Score	46	43	40	39

Benchmark	Trend	Target
48	↓	42

Agency trend shows us consistently outperforming our Pennsylvania colleagues on this measure, and decidedly besting the national benchmark of 55 net days in accounts receivable.

3. Bad Debt Ratio

Scores Over Time

	2009	2010	2011	2012
Score	1	0.8	0.6	1

Benchmark	Trend	Target
2.5	↑	1

Agency performance better than state and national benchmark for the fourth consecutive year. We are a top performer in this category for providers in the southeast region of Pennsylvania.

4. Percentage of Insurance Claims Denied

Scores Over Time

	2010	2011	2012
Score	12	12	11
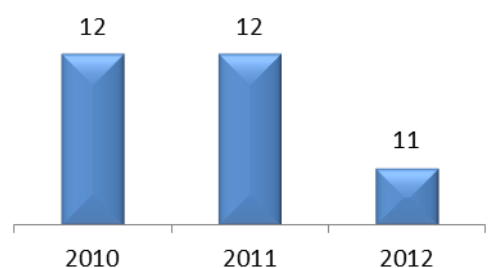
Benchmark	Trend	Target
6	↓	10

Performance improvement project relative to coding of Medicare claims made some positive impact in 2012. Actions for improvement next year will focus upon more timely verification of insurance benefits, and implementation of 2013 CPT code changes for medication management services.

5. Worker's Compensation Cost per FTE

Scores Over Time

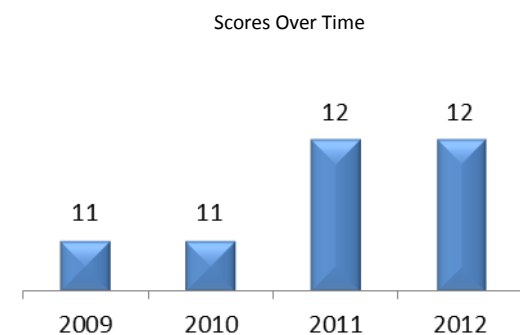| Bench-mark	Trend	Target
619	↑	345

405
354
319
302

2009   2010   2011   2012
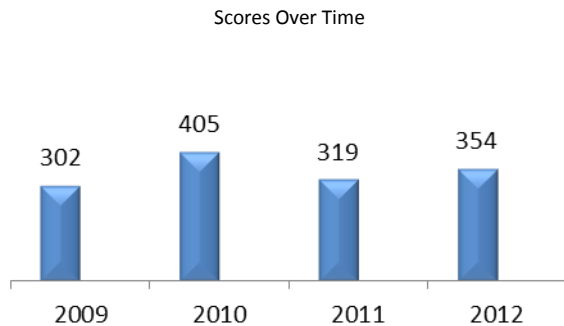
PCPA top performer in this category. Agency participates in a self - insured workers compensation risk pool with other social service providers in the state. The Safety Committee, certified by the PA Dept of Labor and Industry, conducts routine hazard analysis to provide a safe working environment.

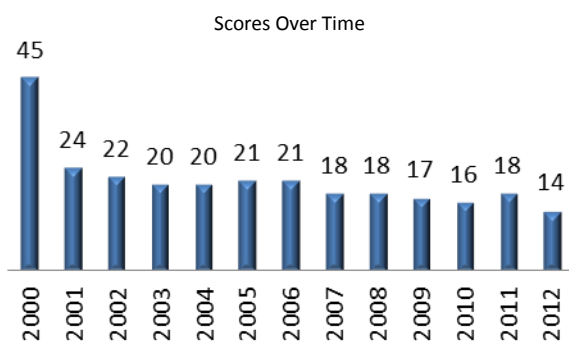## 6. Administrative Overhead as a Percentage of Total Operations

Scores Over Time

Bench-mark	Trend	Target
13	□	12

12   12
11   11

2009   2010   2011   2012

Agency score matches state benchmark. Our track record demonstrates a healthy discipline of spending a reasonable proportion on overhead expenses. Approximately 88 cents of every dollar received in revenue is spent in direct support of our 41 programs.

7. Employee Turnover Rate

Scores Over Time

Bench-mark	Trend	Target
18	↓	17

45
24 22 20 20 21 21 18 18 17 16 18 14

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012

Agency score favorably below target goal. Restructuring of employee contribution to healthcare benefits and enhanced compensation consistent with regional fair market value for positions contributed to excellent employee retention in 2012.

8. PFRC Bed Occupancy Rate

96
94
93
90

2009   2010   2011   2012
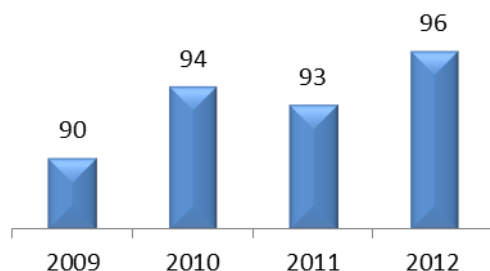
Bench-mark	Trend	Target
95	↑	95

An aggressive target goal of 95% occupancy rate was established last year. The achieved 96% occupancy rate is outstanding.

1. Average number of hours from admission to psychiatric evaluation PFRC Inpatient Unit

Scores Over Time

	Bench-mark	Trend	Target
	48	↓	48

56 48 45

2009   2011   2012

Target goal exceeded. The physician extender model using CRNP was piloted this past year to help manage increasing volume of evaluations.
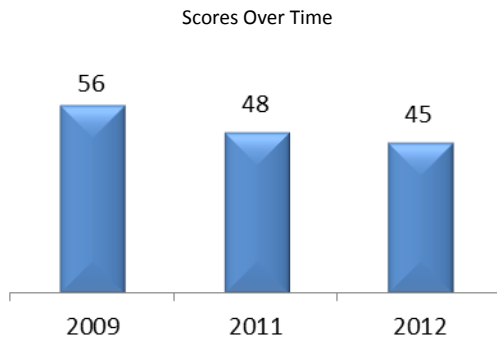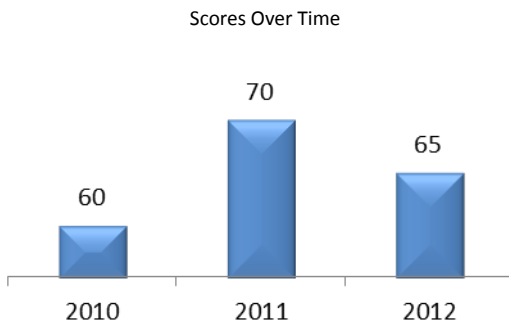
2. Percent of Persons seen by a psychiatrist within 48 hours of admission to PFRC inpatient unit

Scores Over Time

	Bench-mark	Trend	Target
	75	↓	75

60   70   65

2010   2011   2012

Despite the reduction in average wait time reported above, the percentage of evaluations completed within the desired time range decreased. Plan is to modify the psychiatric evaluation template to improve efficiency of data collection, and have CRNP complete a percentage of evaluations independently.

3. Ability to admit 2 Emergent Cases per Day to PFRC Inpatient Unit 90% of the time

Scores Over Time

	Bench-mark	Trend	Target
	90	↑	90

96   91   87   93

2009   2010   2011   2012
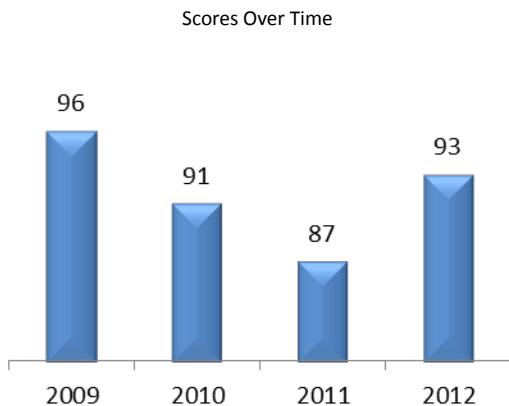
The internal utilization review process was modified this past year to improve the transition of persons through the various levels of care within the PFRC system. The resulting efficiencies improved access to beds for emergent referrals.

4. Ability to Admit 2 Routine Cases per Day PFRC Inpatient Unit 95% of the time

Scores Over Time

	Bench-mark	Trend	Target
	95	↑	95

99   97   95   98

2009   2010   2011   2012
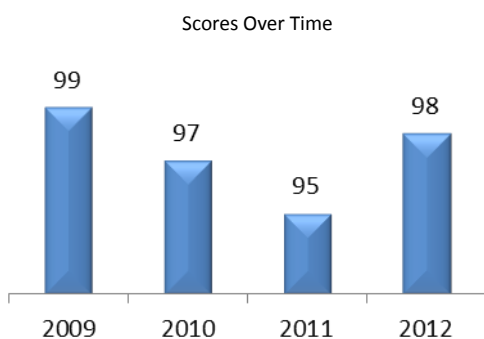
Root cause of declining access to beds for routine admissions was identified in 2011 as lack of capacity to admit on weekends. Staffing pattern was modified in 2012 to accommodate weekend admissions, with resulting improved bed accessibility.

5. Average Number of Days to First Appointment Mental Health Outpatient

Scores Over Time

Benchmark	Trend	Target
7	↓	7

When access to care is latent, persons often no show, reducing the opportunity to engage them in needed care. Our fully implemented "Open Access" model provide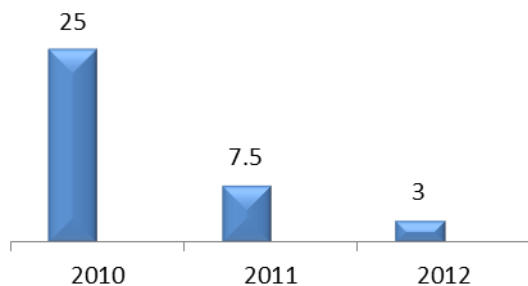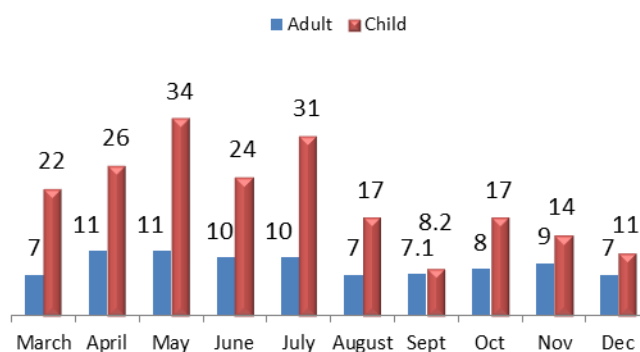s immediate access to a licensed professional with no appointment necessary. Compared to 2010, when initial evaluations were by appointment only, we have reduced our average wait time by 22 days.

(Bar chart: 2010 = 25, 2011 = 7.5, 2012 = 3)

6. Average Number of Days to Initial Psychiatric Appointment

Scores Over Time

Benchmark	Trend	Target
7	↓	7

Following on the heals of our successful initiative to improve access to clinical assessments, we are currently focusing our efforts on decreasing wait times to initial visits with our physicians. In 2012, we hired one additional full time certified nurse practitioner as well as a part time child psychiatrist to meet current demand in our mental health services division.

(Bar chart: Adult, Child)
- March: Adult 7, Child 22
- April: Adult 11, Child 26
- May: Adult 11, Child 34
- June: Adult 10, Child 24
- July: Adult 10, Child 31
- August: Adult 7, Child 17
- Sept: Adult 7.1, Child 8.2
- Oct: Adult 8, Child 17
- Nov: Adult 9, Child 14
- Dec: Adult 7, Child 11

7. PFRC Percentage of Follow-Up Appointments Scheduled within 7 Day Standard
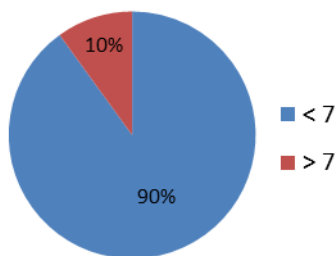
Benchmark	Trend	Target
100	□	95

New measure this year, initiated to monitor timely access to follow up care at time of discharge from the PFRC inpatient unit is timely.

(Pie chart: < 7 = 90%, > 7 = 10%)

1. PFRC Inpatient AMA Rate Percentage

Scores Over Time
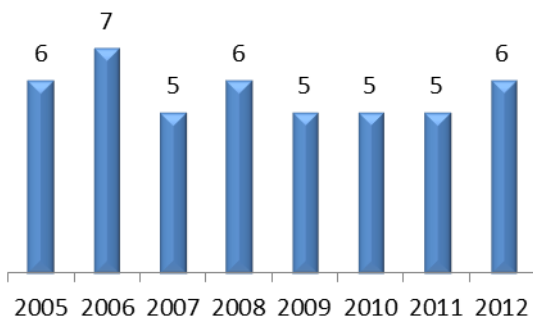
Benchmark	Trend	Target
12	↑	5

Eight year trend reflects a relatively stable process of consistently low AMA rates on the inpatient unit. A thorough orientation program quickly acclimates persons to the program. An effective medically monitored detoxification program also prioritizes resident comfort in the first 72 hours of admission.

(Bar chart: 2005 = 6, 2006 = 7, 2007 = 5, 2008 = 6, 2009 = 5, 2010 = 5, 2011 = 5, 2012 = 6)

2. PFRC Follow Up Appointment Kept Rate Within 7 Days of Discharge

45 55
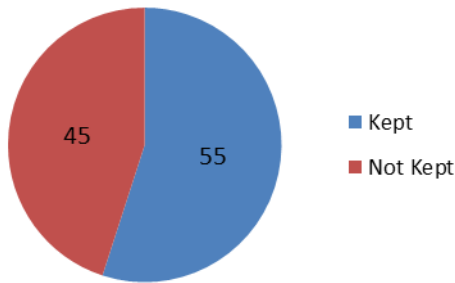
■ Kept
■ Not Kept

Benchmark	Trend	Target
65	□	60

In past years, we monitored appointment kept rate for 30 days post discharge. As 90% of persons are scheduled for follow up within 7 days, we sought to establish baseline data this year to inform quality improvement efforts.
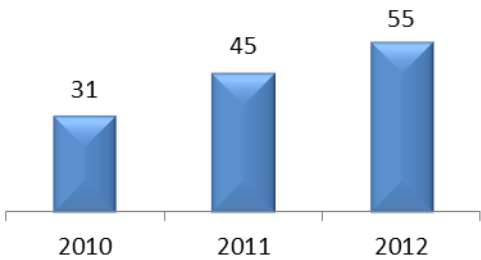
## 3. Percentage of Clubhouse Members Involved in Education Activities Each Month*

Scores Over Time

	55
45	
31	
2010	2011	2012

Benchmark	Trend	Target
25	↑	25

Outcome confirms that members are highly engaged and motivated in this area, which includes GED completion, enrollment in college classes and driver's education training, as well as computer literacy.

4. Percentage of Clubhouse Members Involved in Employment*

Score Over Time

98		
	80	76
2010	2011	2012
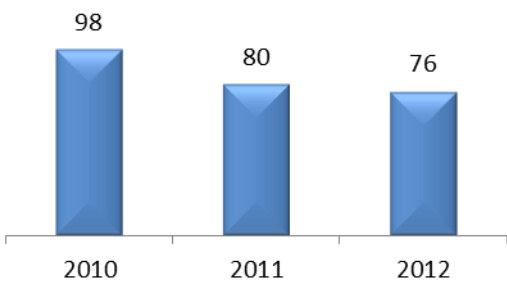
Benchmark	Trend	Target
50	↓	50

The ICCD lowered the international benchmark on employment this past year, citing the impact of high rates of unemployment in the general population. While our employment rate remains well above the benchmark, the downward trend reflects the challenge that members face when seeking employment with local businesses.

* Percentage of average daily attendance of members

5. Percentage of Life Domain Goals Achieved by Participants in Intensive Psychiatric Rehabilitation

23 77

■ Achieved
■ Not Achieved
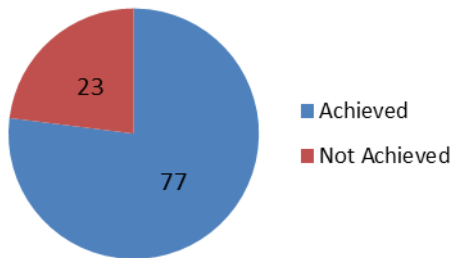
Benchmark	Trend	Target
75	□	75

IPR participants successfully navigated the steps of Readiness Assessment, Readiness Development, Goal Choosing and Goal Achieving. Next year's report will focus on the % of persons who achieved and sustained their goal for at least six months.

6. Family Based Services - Percentage Positive Change in 3 Domains Measuring Family Communication Skills

Scores Over Time

This study followed the progress of 162 families receiving Family-Based Services from 2006 to 2012. Families were rated 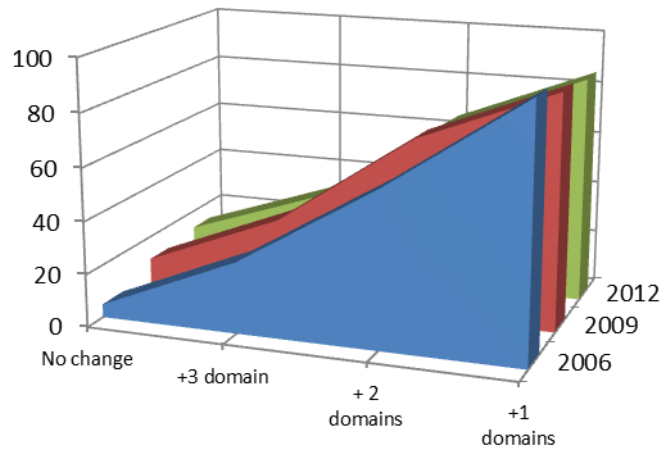by clinicians on the effectiveness of their communication skills prior to treatment and at completion. 3 domains studied:
- *child's ability to communicate needs to parents*
- *parents ability to communicate desires to child*
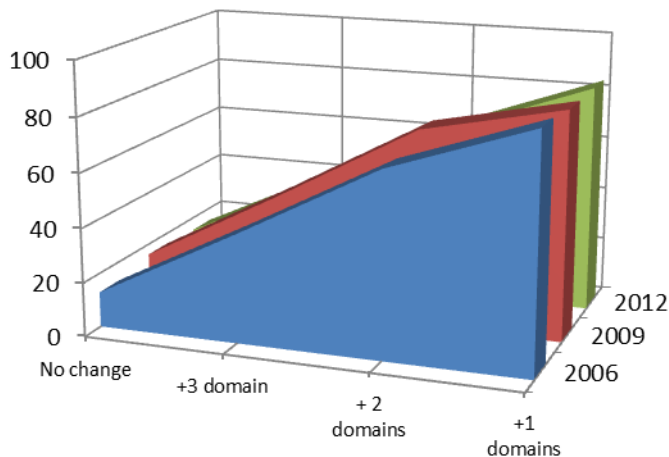- *parental bonding style*

RESULTS

86% of families showed improvement in one domain

65% of families showed improvement in two domains.

31% of families showed improvement in three domains

13% of families showed no change

SUMMARY OF FINDINGS

Family-Based services effectively improves communication within the family structure, with a positive impact on the overall quality of life for the families served. The pattern of success has remained consistent for the six years of the study.

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7. Family Based Services - Percentage of Positive Change in 3 Domains Measuring Parenting Skills

Score Over Time

Pre- and post-tests were conducted on the same 162 families to evaluate the impact of Family-Based Services on parenting skills.
The 3 domains studied included:
- *parents ability to take appropriate authority*
- *parents consistency of discipline*
- *child's impulse control*

RESULTS

84% of families showed improvement in one domain

65% of families showed improvement in two domains

40% of families showed improvement in three domains

15% of families showed no change in parenting skills

SUMMARY OF FINDINGS

This study confirms that the majority of parents will demonstrate improved ability to take authority appropriately in situations as needed. Their child will likewise demonstrate better impulse control in response to consistent limit setting within the home.

8. Village of Hope Supported Housing - Average Relapse Rate

Scores Over Time
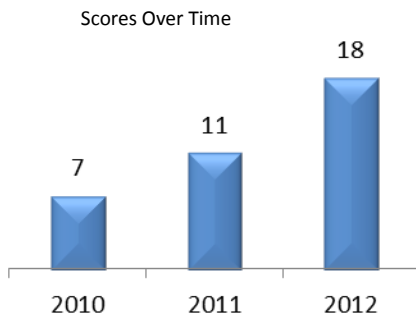
Benchmark	Trend	Target
10	↑	10

Our specialized co-occurring residential programs saw a spike in relapses for both male and female residents this past year. As a result, the search procedure for contraband has been strengthened to maintain a safe and therapeutic environment.

9. Percentage of Village of Hope Residents Who Moved from Supported to Permanent Housing

Scores Over Time

Benchmark	Trend	Target
67	↓	60

The higher rate of relapse had an adverse effect on rates of successful transition to permanent housing. Relapsed persons typically elected to leave the program against medical advice, were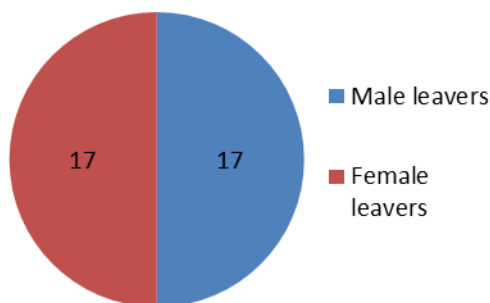 discharged, or required a transfer to a more restrictive setting. Plan is to add 20 hours of on-site Peer Support Services to enhance readiness for independent living.

10. Village of Hope Supported Housing Program Employment Rate

Benchmark	Trend	Target
20	□	20

Outcome fell just below HUD national benchmark for the general population in our first year of tracking employment rates for this program. Plan is to match residents with the best "fit" of job readiness training and vocational services offered within our spectrum of care.

11. Post Traumatic Stress Disorder Symptom Scale Pre- and Post-Intervention

PILOT STUDY RESULTS

Clinicians enrolled in the Trauma Studies Certification program conducted a small study on the efficacy of trauma informed care during a typical 9 month course of treatment in outpatient individual therapy. A sample of sixteen persons with a history of trauma were administered the PTSD Symptom Scale upon admission and again at nine months. Six persons dropped out of treatment prior to the post test. The remaining 10 participants experienced, on average, an 11% decline in symptoms. Trauma certified clinicians will continue to administer the tool pre- and post-treatment to measure progress of individuals under the guidance of Director of the Trauma Treatment Project.

1. Falls per 100 Employees

Scores Over Time

			4			
	3	3			3	
1				1		1
2006	2007	2008	2009	2010	2011	2012
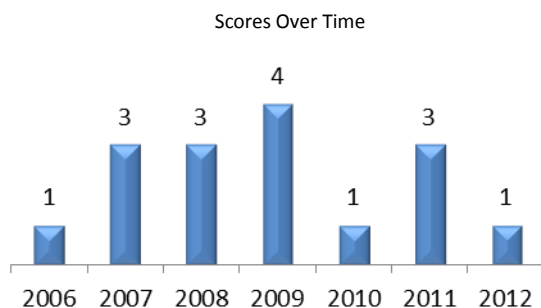
Benchmark	Trend	Target
3	↓	3

Data indicates fall occurrence is relatively low over the past 7 years. The Safety Committee will continue to provide oversight of the environment of care, in addition to the preventive maintenance program in place.

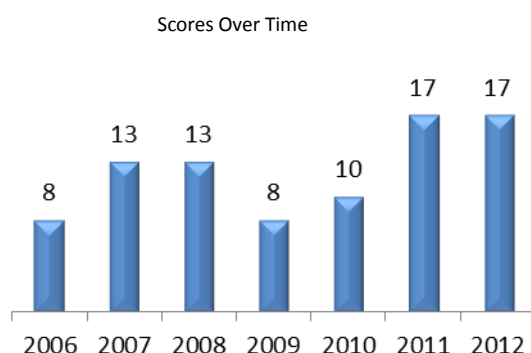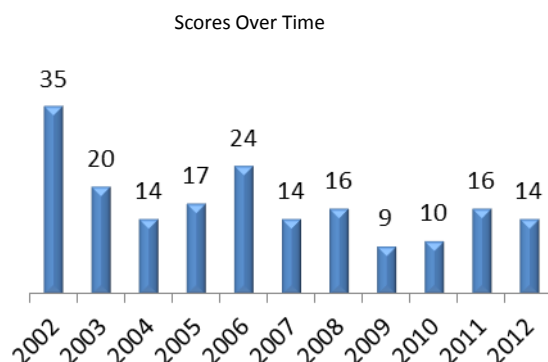## 2. Vehicular Accidents

Scores Over Time

					17	17
	13	13		10		
8			8			
2006	2007	2008	2009	2010	2011	2012

Benchmark	Trend	Target
12	□	12

Safety Committee investigates each accident to determine if the cause was preventable versus non-preventable. 59% of accidents were caused by inattentive driving, with a spike in the 3Q. A multi-media defensive driving awareness campaign was launched, which resulted in 0 accidents in 4Q.

3. Number of Threats and Assaults toward Staff

Scores Over Time

35	20	14	17	24	14	16	9	10	16	14
2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012

Benchmark	Trend	Target
18	↓	15

Employee training in Crisis Prevention Institute Model of non-violent crisis intervention has been effective in reducing the number of workplace threats and violence incidents last year. Plan is to have a third mid-level manager certified as a trainer in 2013.

4. Completed Suicide Deaths

	6				
5		4			4
			2	3	
2007	2008	2009	2010	2011	2012
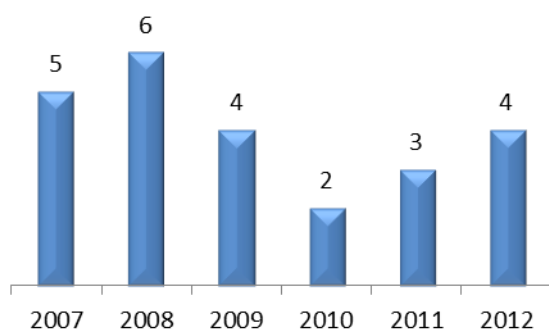
Benchmark	Trend	Target
4	↑	4

Completed suicide occurrence rate is similar to other comparable organizations serving between 10,000 and 15,000 persons annually. Medical staff will continue to conduct case reviews to identify any quality of care concerns and identify opportunities for systemic improvement.

STUDY

INVESTIGATORS Dr. Mark Salzer and Lauren Eskreis-Winkler, Temple University

BACKGROUND

Mental Health professionals suffer from elevated rates of childhood trauma and familial dysfunction, the very problems they typically treat in consumers. Literature states that professionals working to solve problems they have personally experienced are said to have "survivor mission". Survivor mission is the phenomenon of turning a traumatic experience into a desire to do good in the world.

PRIMARY HYPOTHESIS

Helping professionals who have personally experienced their clients' problems have a heightened job engagement in the workplace.

SECONDARY HYPOTHESIS

Helping professionals who had previously received mental health treatment would be more empathetic and have a greater sense of the perceived social impact of their work, and it would be these qualities that lead to heightened job engagement among employees.

TOOLS

Social Impact Scale and Empathy Scale

METHODOLOGY

Self-report survey had participants rate themselves on a scale from 1 to 5 for both tools.

SAMPLE

101 employees participated in the survey.

Average age of participant was 30.

81% of participants were female.

Of the 101 participants, 38% had personally received a mental health diagnosis in their past, whereas 61% had never received a diagnosis.

RESULTS

The average participant rated themselves a 4.47 out of 5 on Social Impact Scale.

The average participant rated themselves as a 3.73 out of 5 on the Empathy Scale.

Study participants who had a mental health diagnosis rated themselves, on average, as a 3.57 on the Engagement Scales, whereas participants who had never experienced a mental health diagnosis self-reported a 3.69. The difference between these averages was not statistically significant.

SUMMARY OF FINDINGS

Participants who had personally experienced a mental health diagnosis were not more

engaged than their co-workers. Study did not find support for the "survivor mission"

hypothesis.

Satisfaction Outcome Measures

Why We Value Feedback

Penn Foundation continuously collects satisfaction information from persons served, key stakeholders, and our employees as a part of a broad set of quality measures. This is because our leadership believes in the value of listening to those who are in our care. Satisfaction surveys and focus groups are some of the tools we use on a regular basis to involve persons in their care experience.

Child and Family Services Survey

	% of positive agreement			
	Mid Year	Year End	Trend	Score
Overall Satisfaction	87%	90%	↑	●
I would recommend my child's clinician to others	72%	85%	↑	●
I felt heard and understood by my child/family's clinician	68%	82%	↑	●
My child's/family's clinicians' recommendations were helpful	67%	70%	↑	●
I've learned the skills I need to support my child	40%	44%	↑	●
My child/my family knew exactly what our goals for treatment were	53%	64%	↑	●
My child/my family feels hopeful that circumstances will improve	98%	95%	↓	●
My child's/family's clinician encouraged me to connect to other sources of support	77%	88%	↑	●

Key Code Favorability Rating - ● Favorable rating = minimum of 80% respondents answered question positively; ● Neutral rating = 61% - 79% respondents answered positively; ● Unfavorable rating = Less than 60% of respondents answered question positively

Trending data reflects positive improvement in 8 of 9 domains. Corrective action plan will target our lowest response, "I've learned the skills I need to support my child." The Child and Adolescent Team will focus on intentionally transferring skills related to presenting problem and then "coaching" parents to utilize these tools to support their children.

Satisfaction Focus Group Drug and Alcohol Services

Informal Focus Groups were conducted by the chaplain/client advocate this past year.

AREAS IDENTIFIED FOR IMPROVEMENT	OUTCOME
Lack of opportunity for physical exercise in winter months	Implemented Calisthenics and Yoga Groups
Monotony of food; too many starches served per meal	Twice per month chef on site to prepare entries made to order; improved balance of of protein/starch/fruit/vegetable
Community church service attended by residents preached conservative doctrine which persons did not find "welcoming".	Identified new community worship service that is welcoming to persons in recovery
Not enough "fun" activities	Implemented quarterly talent shows

Employee Satisfaction Measures

	% of Positive Agreement	
AREAS OF STRENGTH		
My job is important in accomplishing the mission of Penn Foundation	97%	●
My work has a direct impact on the people we serve	97%	●
Employees place a high value on serving Penn Foundation customers	97%	●
I understand how my job impacts the organization	95%	●
Overall, employees have a clear understanding about company values and standards	95%	●
ATTENTION MAY BE NEEDED		
Penn Foundation offers opportunities to work collaboratively with other departments	70%	●
Information and knowledge is shared openly within the organization	58%	●
My colleagues in other departments understand the work I do and how it impacts the organization	48%	●

OUTCOME

The employees have a clear understanding of the mission and values of Penn Foundation, and how integral a role their work plays in achieving improved health and wellness for our customers and our community. Employees are clearly proud of their work. They are compassionate persons who have a personal call to service, which mirrors the collective corporate culture to instill hope, inspire change, and build community.

This survey also identified the need to increase efforts to foster interdepartmental opportunities for communication and collaboration.