PENN FOUNDATION

BEHAVIORAL HEALTH SERVICES

Instilling hope. Inspiring change. Building community.

2013 Annual Quality Report

PENN FOUNDATION

BEHAVIORAL HEALTH SERVICES

(As adopted at the Penn Foundation Board of Directors meeting on February 25, 2013)

Rooted in the Anabaptist Christian Community of Faith, Penn Foundation affirms:

OUR MISSION

To instill hope, inspire change, and build community

OUR VISION

We believe in the resilience of the human spirit.

We dedicate ourselves to the provision of superior behavioral, developmental, and physical healthcare that is individual and family centered, accessible and equitable.

We compassionately support the ability of every individual to fully realize their emotional, physical, and spiritual potential.

We aspire to better serve our community through an integrated model of coordinated and cost-efficient care.

We seek to innovate and collaborate with organizations that share our mission and values.

We promote the development of our staff by creating opportunities for achievement and advancement.

We dedicate ourselves to these values:

Integrity

Quality

Responsiveness

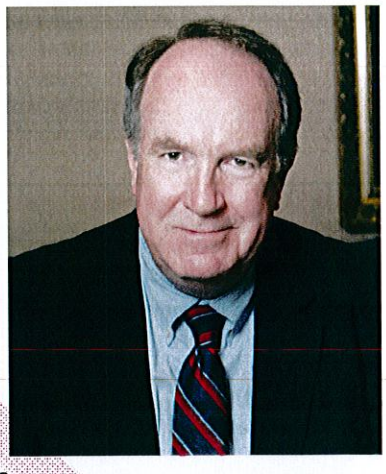
Respectfulness

Our Professional Heritage

March 2014

A Message to Our Community:

We are pleased to provide you with a copy of the 2013 Penn Foundation Annual Quality Report. There is a great deal of important information in this report about our organization, our services, and the outcomes associated with the work of our staff and Board.



Penn Foundation is a complex organization that serves more than 10,000 individuals a year through the activities of forty programs. While these volumes are impressive, standing alone they are limited as they do not speak to the importance of our true goal: to treat everyone compassionately and as an individual while achieving the best possible outcomes for all.

In this report you will have the opportunity to read our updated Mission, Vision, and Values statement that was adopted by our Board of Directors in February 2013. Detailed measures then follow which provide an important snapshot into the effectiveness of our business practices, access to care, clinical outcomes, safety, and satisfaction measures.

We offer this detail to our community in the spirit of transparency and in a culture of continuous quality improvement. While we are pleased to note that there are many areas in which Penn Foundation is a recognized leader when benchmarked to its peers, there is always work to be accomplished and ongoing improvement yet to be achieved. As fiduciaries of our community's trust for almost 60 years, we remain dedicated to our important work.

A sincere thank you is in order to the many stakeholders who continue to support our work and accomplishments on behalf of our community. Thank you as well to the Penn Foundation staff and Board whose inspiration and dedication is reflected in this document.

Warm regards,

Wayne A. Mugrauer, MPA
President and CEO

Marianne T. Gilson, MCAT
Executive Director, Quality and Operations

Penn Foundation
Building Community

over **10** **THOUSAND** INDIVIDUALS CARED FOR **EACH YEAR**

400 EMPLOYEES

Housing provided for **64** individuals

Counseled **2,317** persons experiencing a life-threatening crisis

461 persons admitted to inpatient unit

for detoxification from alcohol or other drugs

Dedicated **36,000 sq. ft.** office addition, the Dr. Norman L. and Esther B. Loux Healthcare Center

Hosted **Thomas McLellan, PhD**, the preeminent thought leader in substance use research, to inspire and challenge us to reach even more persons in our community who need help

Received the prestigious **Sustainability Award** from Philadelphia Business Journal for the use of cutting-edge "green" technology

Business Function Measures

1. Percentage of Accounts Receivable Over 90 Days

Benchmark	Trend	Target
15	↑	9

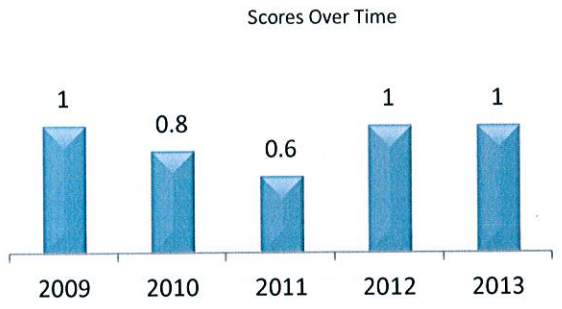
The agency is a top performer in the state for the sixth consecutive year. The billing department aggressively monitors timely claims submission and proactively negotiates payment plans for persons in need. The Collections Committee plans to focus on developing a sliding scale for 2014. The uptick in 2013 was attributed to contractual amendments on the payer side which created delays in collections on insurance claims.

2. Net Days in Accounts Receivable

Benchmark	Trend	Target
48	↑	46

The upsurge is the result of a confluence of multiple one time factors. Several program service location changes necessitated changes to the state system provider enrollment data base and triggered contract amendments. The addition of specialized commercial contracts for drug and alcohol inpatient services resulted in increased timeframe for claim resolution and payment.

3. Bad Debt Ratio



Benchmark	Trend	Target
2	□	1

The CFO, program managers, and billing staff work collaboratively to monitor and mange the underlying causes of bad debt. The phase in of the new CPT codes and resulting delays in processing private pay statements resulted in some additional one time write offs. Plan is for billing staff to identify by code the source of all bad debt to identify opportunities for process improvement.

4. Percentage of Insurance Claims Denied

Benchmark	Trend	Target
5	↓	5

The 2012 corrective action plan, which focused on more timely verfication of insurance benefits for clients in treatment whose coverage plan changes during an episode of care, helped the agency meet the target benchmark for the first time in 2013.

Business Function Measures

5. Worker's Compensation Cost per FTE

Benchmark	Trend	Target
599	↓	343

The agency is a top performer again this year, as benchmarked against other state providers. Our aspirational goal is to have a zero accident culture for our employees. Our low injury and accident rates have allowed us to keep Workers Compensation premium increases to a modest level, as the agency participates in a Group Self-Insured WC Trust Fund.

6. Administrative Overhead as a Percentage of Total Operations

Benchmark	Trend	Target
13	□	12

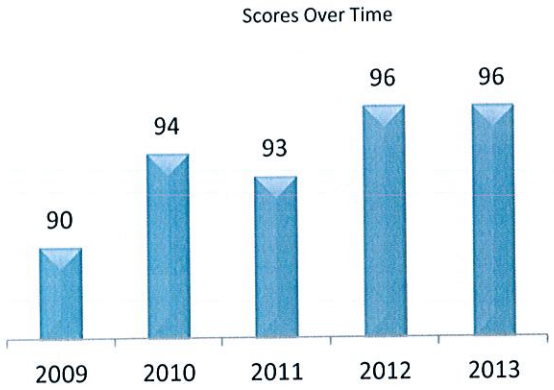
Penn Foundation is consistently maintaining a reasonable proportion of administrative overhead compared to total operational expenses. This is notable given the opening of the Loux Healthcare Center in December of 2012, which added 36,000 square feet to our facility.

7. Employee Turnover Rate

Benchmark	Trend	Target
21	↑	17

Our employee turnover rates have been consistently below the state benchmark for a decade. Providing competitive salaries and health care benefits to our valued employees remains a top priority for the Board of Directors and the Executive Management Team.

8. PFRC Bed Occupancy Rate



Benchmark	Trend	Target
95	□	95

The 95% occupancy rate exceeded the agency budget benchmark for the second consecutive year. With a four year trend of near capacity occupancy, the plan is to expand the number of beds by twelve by July 1, 2014. This will bring the total bed number to 55.

Access to Care Outcome Measures

1. Average Number of Hours from Admission to Psychiatric Evaluation - Recovery Center Inpatient Unit

Benchmark	Trend	Target
48	↓	36

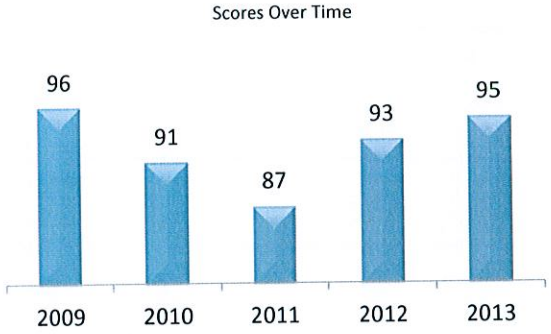
The use of Certified Nurse Practitioners as physician extenders (piloted in 2011) has been fully adopted as a practice model for our drug and alcohol services to improve access to medical services for persons with co-occuring disorders. Additional CRNP hours were added this year to meet the demand of 4 added inpatient beds.

2. Percent of Persons Seen by a Psychiatrist within 48 Hours of Admission to Recovery Center Inpatient Unit

Benchmark	Trend	Target
75	↑	75

Action plan of previous year to modify the psychiatric evaluation template to improve data collection efficiency and have CRNPs complete more evaluations independently has made a dramatic positive impact on performance. Our goal will be to maintain these efficiencies as we transition to an electronic health record in the coming year.

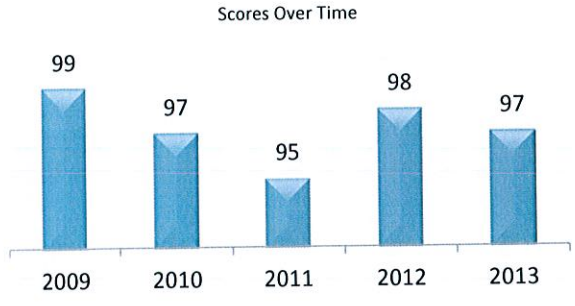
3. Ability to Admit 2 Emergent Cases per Day to Recovery Center Inpatient Unit 90% of the Time



Benchmark	Trend	Target
95	↑	95

The addition of 4 beds at the Recovery Center, bringing the total to 43, helped us to maintain same day access to inpatient care for persons in need of emergency detoxification services.

4. Ability to Admit 2 Routine Cases per Day Recovery Center Inpatient Unit 95% of the Time

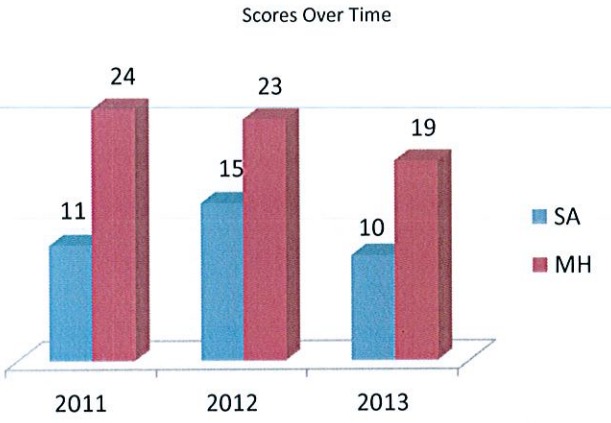


Benchmark	Trend	Target
95	↓	95

The expanded bed capacity also helped us exceed the target goal of accepting 2 routine admissions per day 95% of the time. Quick access to care is critically important when individuals make the courageous decision to seek help for their addiction.

Access to Care Measures

5. Average Days to Outpatient Follow Up Appointment After Initial Assessment



Benchmark	Trend	Target
30	↓	30

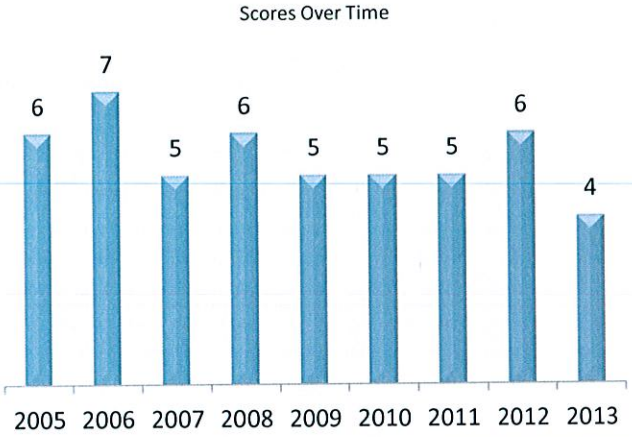
With the success of our Open Access model in providing same day access for initial assessments, we are now turning our attention to reducing the time between the initial and the first follow up therapy appointment. Drill down of the data showed that 25% of existing appointments resulted in no show or late cancels in 2011. This missed opportunity adversely effected our ability to provide timely access to care. In 2012, we implemented a new no show policy based on a national best practice model. No person is ever turned away for no showing. Following a missed appointment, a letter is sent advising persons of our policy. Persons are automatically transferred to the No Show Management Track if they miss 2 appointments within 3 months. The goal is to match our service to the engagement stage of change. Individuals are asked to attend two consecutive appointments at a date and time of their choosing through Open Access (Monday through Friday between 8:30 am and 3:30 pm). Clinicians work with individuals to identify and problem solve any barriers to care. Once both sessions are successfully completed, persons may choose to return to their former therapist or transfer to a new clinician they met through the Open Access program.

The declining no show rates shown in the below graph are correlating with the improved access to follow up therapy appointments.

6. No Show Rates for Mental Health Outpatient

Clinical Outcome Measures

1. Recovery Center Inpatient Against Medical Advice (AMA) Discharge Rate Percentage



Benchmark	Trend	Target
12	↓	5

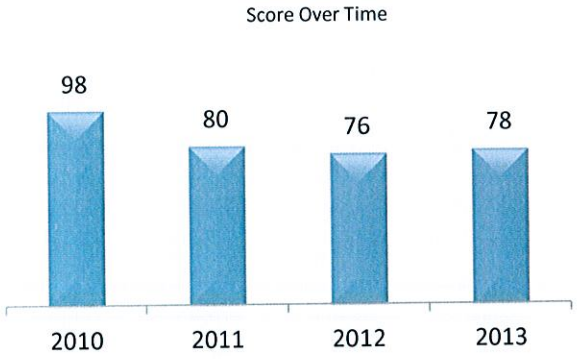
Nine year trend reflects a relatively stable process of consistently low AMA rates on the inpatient unit. A thorough orientation program quickly acclimates persons to the program. An effective medically monitored detoxification program also prioritizes resident comfort in the first 72 hours of admission.

2. Percentage of Clubhouse Members Involved in Education Activities Each Month*

Benchmark	Trend	Target
15	↓	25

The engagement rate of 30% exceeds the benchmark for the 5th year in a row. While this outcome is quite good, we did note a decline from the previous year. This was due to the International Center for Clubhouse Development's more restrictive re-definition of what qualifies as an educational activity.

3. Percentage of Clubhouse Members Involved in Employment*

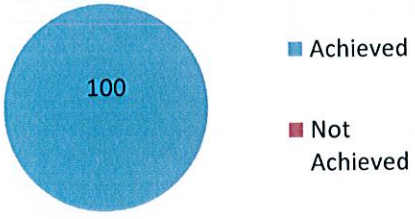


Benchmark	Trend	Target
50	↑	50

The International Center for Clubhouse Development has established a wordwide benchmark in this area. Our employment rate has been consistently above the international benchmark. This relatively stable process is especially impressive in lieu of the general economic downturn in the American job market.

* Percentage of average daily attendance of members

4. Percentage of Life Domain Goals Sustained over Time by Participants in Intensive Psychiatric Rehabilitation

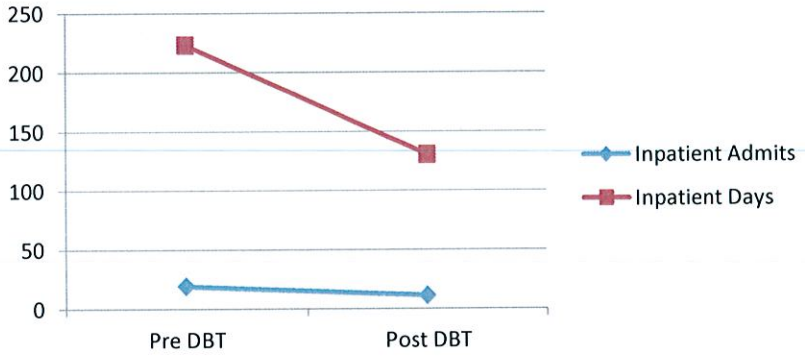


Benchmark	Trend	Target
75	↑	75

13 persons enrolled in the IPR program selected a life domain goal this past year. Ten participants achieved their goal. An impressive 100% of participants sustained their goal achievement for at least six months.

Clinical Outcome Measures

5. Dialectical Behavioral Therapy Intervention for Assertive Community Treatment Participants



The Assertive Community Treatment program located in Pottstown implemented DBT evidenced based practice treatment model in July of 2012. Dialectical Behavioral Therapy was originally developed to treat persons diagnosed with Borderline Personality Disorder. The model combines standard cognitive behavioral therapy for emotional regulation and reality testing with concepts of distress tolerance, acceptance, and mindful awareness. A total of 11 persons were enrolled in the DBT track. In the 10 months prior to DBT treatment, aggregate hospital admissions for the group was 19 total. Ten months post DBT treatment, hospital admissions dropped to 11 - a 42% reduction. The 42% reduction can also be expressed as decreased number of inpatient days for the cohort - 223 pre- as compared with 130 post-DBT. With an average cost of $2000 per day, this represents a cost savings of $186,000 to Pennsylvania Medicaid.

6. Crisis Service - Persons Served in our Regional Community

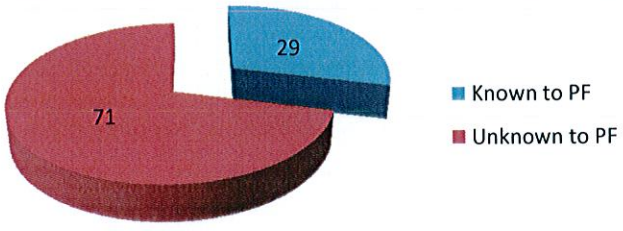
In the fiscal year ending June 30th our crisis service provided 1,297 face to face assessments in the Department of Emergency Medicine at Grand View Hospital. Perhaps most interesting is the statistic which reveals the majority of persons in crisis have never previously received services through Penn Foundation. Clearly this speaks to the unmet need and underutilization of available service to persons in our community. Our strategic planning efforts in 2014 will focus upon this unique opportunity to engage and inform residents of the depth and breadth of care of prevention and treatment available close to home.

Age	Persons Served	% of Total
0 - 13	66	5
14 - 17	175	13
18 - 64	955	74
65+	101	8
Total	1297	100

County of Residence	Persons Served	% of Total
Bucks	793	61
Montgomery	449	35
Lehigh	15	1
Other	41	3
Total	1297	100

Diagnosis		
Mental Health	884	68
Drug and Alcohol	186	14
Co-Occuring MH & DA	227	18
Total	1297	100

Client Status		
Known to PF	379	29
Unknown to PF	918	71
Total		100



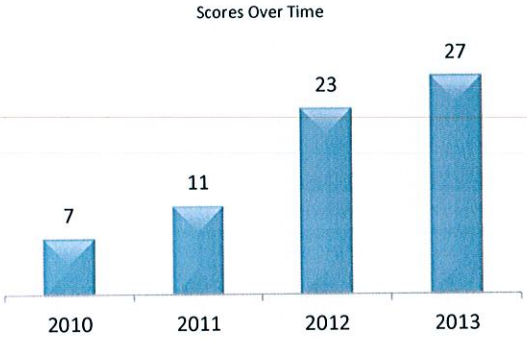
Clinical Outcome Measures

7. Village of Hope Supported Housing - Average Relapse Rate

Benchmark	Trend	Target
15	↓	15

A drill down of the adverse incident report data on relapsers found a common early warning sign - persons returning to the home past curfew. Quality Council has approved a performance initiative for 2014 for enhanced monitoring of persons tied to the medical clearance procedure. Enhanced assessment for signs and symptoms of relapse, up to and including drug testing, contraband search, and targeted relapse prevention interventions, are planned.

8. Village of Hope Supported Transitional Housing Program Employment Rate



Benchmark	Trend	Target
20	↑	20

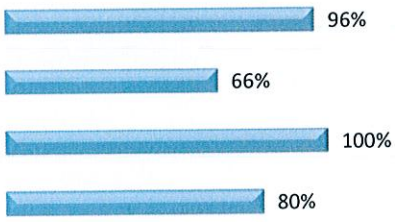
The combined employment rate of both male and female residents was 24% last year, which again exceeded the HUD benchmark of 20%. The increase in collaboration with Recovery Coaching and an additional 20 hours of Peer Support, added in the fall of 2013, contributed to this excellent outcome.

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

Benchmark	Trend	Target
80	□	60

Historically, we have noted the downtick in permanent housing has been adversely effected by the rising relapse rates. While the relapse rate rose in 2013, the move to independent housing remained level. As the Peer Support enhancement initiative is supporting improved employment rates, it is expected that this will translate into improved financial stability and increased income for the residents to expand their permanent housing options.

10. Camp Mariposa® Weekend Camps to Support Children Living with Substance Use in Their Families



96% of campers showed an increase in knowledge of addictions post session 1.

66% of campers **maintained** their increased knowledge at start of session 2.

100% of campers identified 3 resources for support in their lives by session 3.

80% of campers who attended 3 sessions showed an increased base of knowledge about addictions that ***was sustained over the course of four months.***

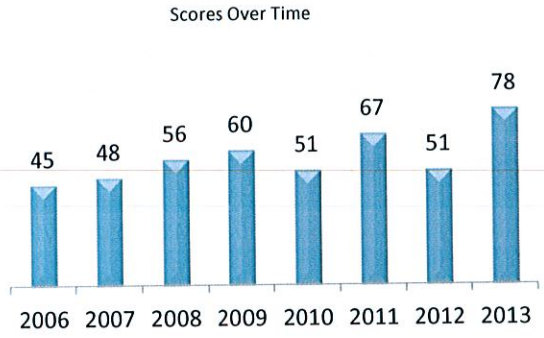
Safety Outcome Measures

1. Slips and Falls - Persons Served

Benchmark	Trend	Target
37	↑	37

The Safety Committee focused proactively on fall risk reduction through an awareness campaign, particularly during the construction of the 36,000 square foot Loux Center. We are especially pleased zero falls were attributed to construction hazards. A spike was noted in one residential program where residents are "aging in place". A fall prevention program has been implemented at this site.

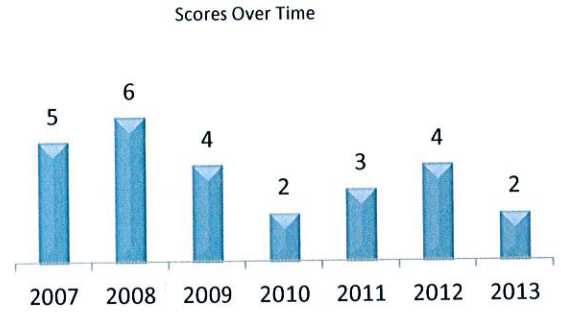
2. Medical Emergencies



Benchmark	Trend	Target
53	↑	65

Medical emergencies show a longitudinal trend upward; last year was no exception. Historically attributed to bed expansion, a change in admission criteria to accept persons with more complex co-morbid medical conditions saw a precipitous jump in ER volume. The action plan will target reducing the number of ER visits attributed to anxiety and withdrawal complications.

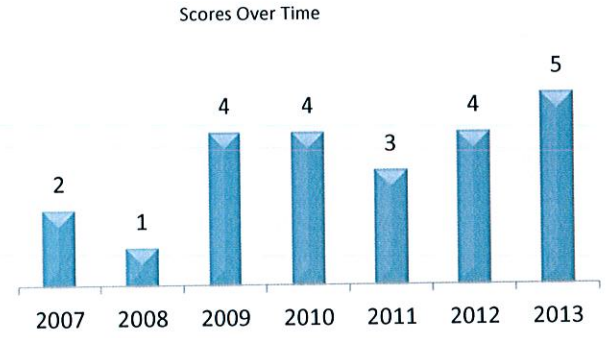
3. Completed Suicide Deaths



Benchmark	Trend	Target
4	↓	4

Two confirmed suicide deaths this year reflect our lowest rate in three years and below target of 4. While no death is acceptable, an organization of our size providing care to over 10,000 persons annually, can statistically expect approximately 4 deaths per national benchmarking done by Behavioral Pathway Systems.

4. Completed Overdose Deaths



Benchmark	Trend	Target
4	↑	4

A confluence of external factors lead to a rise in opiate related deaths from July to December of 2012 in Philadelphia and the surrounding suburbs. Our staff joined a regional task force of police, hospitals and other Substance Use providers. Targeted education to the 18-26 age group of the rise of fatalities by heroin cut with benzodiazepines resulted in no deaths from January to June of 2013.

Research

STUDY INVESTIGATORS **Lynne Allebach, CPE Intern and Rev. Carl Yusavitz, D.Min.**

BACKGROUND

During her 2012-2013 Clinical Pastoral Education (CPE) program at Penn Foundation, chaplain intern Lynne Allebach conducted a small qualitative research project with a number of our residential clients. This research project satisfied the requirement to move from Level 1 to Level 2 CPE intern.

PRIMARY HYPOTHESIS

Faith is a central component to recovery for persons with co-occurring mental health and substance use issues.

METHODOLOGY

Paper and pencil survey, posing the following five questions:

1. What was your faith background prior to coming to Penn Foundation?
2. How important was your faith before coming here?
3. How has your faith changed since coming here?
4. Who makes up your support community?
5. How are they helpful?

SAMPLE

Forty-six surveys were distributed to males and females in Penn Foundation's long term supervised residential settings.

RESULTS

All of the men who responded to the survey either had no faith or indicated that faith was unimportant to them before coming to Penn Foundation.

Most of the women responded that they had some faith before coming to the program.

Most of the men responded they discovered a new faith life since coming to Penn Foundation.

Most of the women responded their faith either stayed the same or grew.

Support systems for both men and women were identical: family, friends, staff, sponsors, and 12-step groups.

OUTCOME

Men who had been receiving services at Penn Foundation for over a year scored significanlty higher in the area of spiritual satisfaction. Women in the same time-frame scored higher, but not significantly. There was a direct correlation between men and women who regularly attended 12-step meetings and faith development versus men and women who did not. Both men and women reported a richer sense and value of community since coming to Penn Foundation.

SUMMARY OF FINDINGS

Although this was a small research project, we are grateful to Lynne and the clients who worked with her to remind all of us about what we already suspected - that faith (in something or someone other than self) is central to one's recovery. We also learned what we already knew - that Penn Foundation's faith heritage continues to make a difference in the lives of people we serve.

"Penn Foundation has been my backbone. When they come to my home, it feels like a friend coming to visit. I consider Penn Foundation family, and I wouldn't be here without their help."

Satisfaction

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.

Drug and Alcohol Inpatient Services Survey

ProACT, Inc. conducted surveys of 236 persons this past year who completed services in our inpatient unit. Survey participants were residents of Bucks, Montgomery, Philadelphia, Lehigh, and Chester Counties.

	% of Positive Agreement	
	Score	Favorability
I was treated courteously when I first contacted this provider for help.	94%	●
During orientation procedure, program rules were explained in language I could understand	93%	●
I feel safe here.	98%	●
Confidentiality is important; this issue is handled well here.	94%	●
I have discussed my next steps with my counselor and feel connected to my personal plan.	85%	●
Were you offered a written copy of your treatment plan to keep as a reference?	66%	●
Following discharge from here, does your personal plan include other recovery support services such as Recovery Coaching, Recovery Planning, Peer Support, 12 Step Meetings, etc?	90%	●
I would recommend this provider to anyone I knew who needed help.	94%	●

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

AREAS IDENTIFIED FOR IMPROVEMENT

While individuals feel connected to their personalized treatment plan, we did not consistently provide them with a copy of their plan to utilize as a future reference at discharge. The survey provided an interesting observation from the demographic profile noting the majority of persons admitted to the program did not have a sponsor - 83%. Assuring that a minimum of 75% of persons have a copy of their plan and have either identified a sponsor or taken steps steps toward doing so prior to discharge will be focus of performance improvement efforts in 2014.

Child and Family Outpatient Parent Satisfacftion Survey

This measure reflects the percentage of parents surveyed in 2013 that expressed positive agreement with ten statements regarding satisfaction with outpatient therapy and medication management services. The majority of parents who completed surveys had children from 6 to 10 years of age, followed by children ages 11 to 14 years of age. Treatment duration ranged from 1 month to 24+ months.

83% of parents were "very much" or "pretty much" satisfied overall with services received.

At the six month duration of treatment, parents were positive in their responses about feeling heard and understood as well as confident in their assigned clinicians to the extent they would recommend their clinician to others. Parents were also positive about knowing exactly what their goals for treatment were and feeling hopeful that their circumstances would improve. Parents indicated feeling good about their family's interactions with each other. According the the survey, however, 17% of parents did not believe all family members were encouraged to participate, and others received only "a little" encouragement (4%). But at the 12 month marker, only 6% of parents believed this to be true. Action steps for improvement in this area include providing families with the option of scheduling monthly family sessions without the child present, to review family interactions and to provide parents with a list of skill building activities they can work on at home with their child/children. Additionally, teaching families active listening skills to enhance positive communication among all family members will be utilized.

Child and Family Behavorial Health Rehabilitation Services Parent Satisfacftion Survey

A satisfaction survey of similar size and scope was also conducted with families who received community based "Wrap Around" services for their children. We were interested in determining if families had the same degree of satisfaction with our clinical staff when services were performed in natural settings, such as their home or the school their child attends.

83% of parents were "very much" or "pretty much" satisfied overall with services received.

We are pleased to report a high degree of consistency with the general competency of our staff, as reflected in the overall satisfaction with the clinical experience and the clinical team.
It was notable that the longitudinal data from the past three years showed the most consistent overall positive satisfaction ratings from parents occurred when duration of treatment was between twelve (12) and eighteen (18) months.