

HIGHLIGHTING QUALITY

2014 ANNUAL REPORT



INSTILLING HOPE. INSPIRING CHANGE. BUILDING COMMUNITY.



HIGHLIGHTING QUALITY

Experiment. Fail. Learn. Repeat.

These words by personal health writer Elisa Bosley strike us as sage advice for the healthcare industry of today. Experimentation means being open- minded enough to try things and see what really works – not always easy given fiscal limitations and the daily responsibilities of caring for 10,000 persons each year in our community. But the middle two words are the most intimidating.

Like most people, organizations don't like to fail at anything. What makes failure acceptable is realizing that every bump in the road is an opportunity to learn something new. And the accumulated knowledge makes us a wiser and more persistent experimenter.

Experiment. Fail. Learn. Repeat.

This is the essence of a healthy organization.



Wayne A. Mugrauer
President & CEO

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Senior Vice President & COO

HIGHLIGHTING QUALITY IN CARE COORDINATION

Moving Toward the Integration of Behavioral and Physical Health Services

One in nearly every five Americans is diagnosed with some form of behavioral health disorder. Despite their common occurrence, vestiges of stigma remain as behavioral health services are typically delivered separately from primary and secondary care institutions. Conditions such as depression and autism are often very disruptive to individual and family life, and they often trigger a cascade of seemingly disconnected symptoms attributed solely to a medical condition. This fragmented care delivery system results in a high volume of repetitive visits to emergency rooms and primary care offices where well intended, but overworked staff, often fail to diagnose or adequately treat a co-morbid behavioral health condition. The evidence suggests that Americans receive more services per capita than our international counterparts but with worse outcomes and at a higher cost.

The healthcare landscape is rife with disruptive forces galvanizing the integration of behavioral and physical health. The Affordable Care Act's mandate of mental health and substance abuse as core benefits has given watered down mental health parity laws new life. The momentum of new care models such as Accountable Care Organizations and Medical Homes reflect increasing awareness that behavioral health services are key to bending the cost curve in population health.

Stages of Behavioral Health Integration.



Source: Agency for Healthcare Research and Quality. 2011

Hospitals and their associated primary care and specialty care networks face considerable challenges in trying to understand and manage a patient's behaviors and perceptions. Navigating a smooth transition of care requires understanding the stressors that impact their experience, having the tools to communicate their challenges, and translating this into meaningful change. Rapport is a core component in behavioral healthcare, and our Nurse Navigators are experts in establishing it, developing it, and guiding people through and around barriers to treatment. Managing patient behavior requires moving toward an approach of cross-sectional interventions geared toward an index disease coordinated by a highly skilled team that understands the longitudinal and holistic aspects of how each element of a patient's care impacts their quality of life.

Penn Foundation *Health Connections* is a community-based program of nurse navigation administered through Bucks and Montgomery Counties Behavioral Health Systems targeting members who:

- have unmet medical, behavioral, or social needs
- are not effectively using their primary care practitioners
- have high hospital or ED utilization rates.

The program uses an integrated model of care to address all members' needs through physical and behavioral health care management, drug therapy and medication adherence programs, and community and social supports. The care team consists of a Medical Practitioner, Licensed Nurse, and Master's Level Behavioral Health Professional overseen by a Licensed Clinical Social Worker. These "care connectors" are able to develop a critical, trustworthy link between the medical delivery systems and individuals where they live. They know the local ecosystem for social services and help persons sort through complex and competing needs. They are passionate about helping others and become anchors in persons' often chaotic lives.

Our program provides in-home visits and community-based interventions with emphasis on:

- medication reconciliation and adherence
- biometric monitoring
- hospital to home transition
- social service referrals
- chronic disease education

Health Connection Model of Care



IDENTIFY AND REFER

Identify persons within Penn Foundation with a primary behavioral health disorder and chronic medical conditions resulting in high inpatient and/or emergency room utilization or unmet physical health needs.



ENGAGE AND CONNECT

Engage persons, identify medical and social communities, assess barriers and care gaps, activate pathways, and navigate and connect to services.



SERVE

Professional services include screening and assessment utilizing the Magellan Health and Wellness Questionnaire. Critical pathways include biometric monitoring, hospital to home transition planning, medication reconciliation and adherence, chronic disease education, appointment support, and social service referrals.

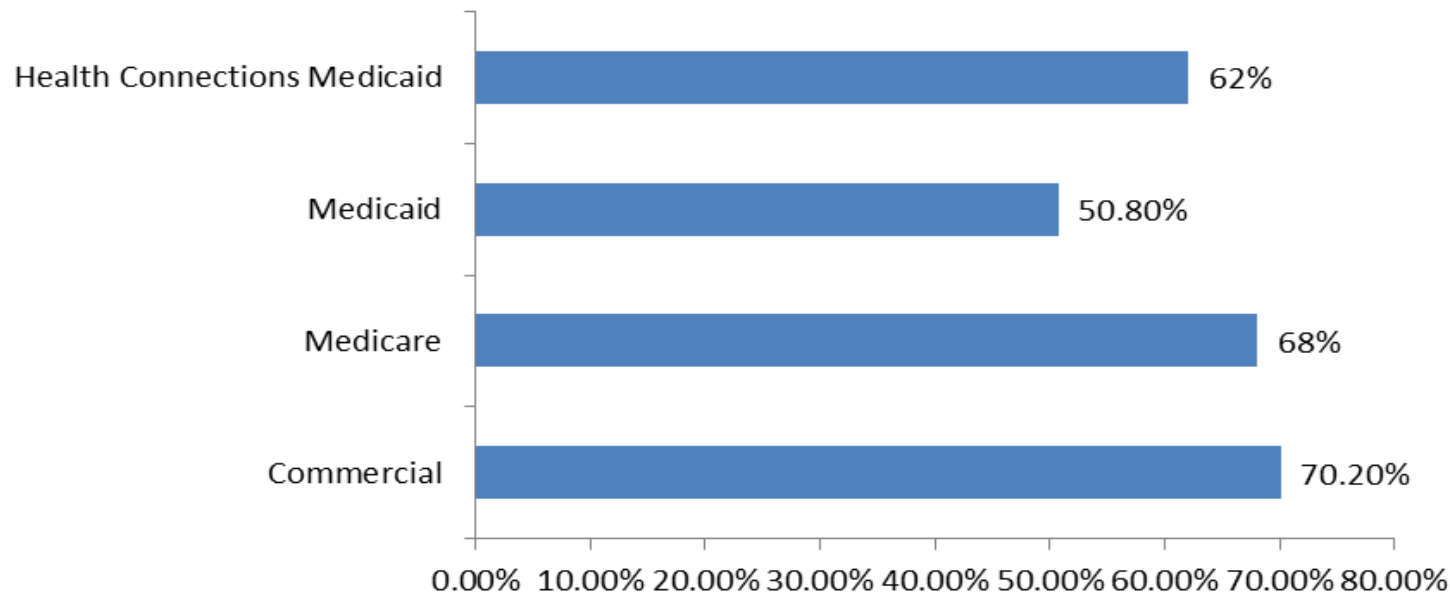


REPORT

Track and analyze key ACO quality measures and report on outcomes.

In 2014, the Health Connections Program focused on the preventative health measure identified by DHHS Health Resources and Services Administration (HRSA), namely the percentage of women who had a mammogram during the year or year prior. This measure was intended by HRSA to promote appropriate screening for women between the ages of 40 to 69 years of average risk for breast cancer and is in line with the CDC “Healthy People” 2020 target goal of an 81% screening rate. The measure takes on heightened importance with the December 4, 2014 publication of a United Kingdom study by Dr. Alex Mitchell which confirmed the inequality in medical care for persons with a mental health diagnosis. This study of approximately 700,000 women with mental illness concluded that they were less likely to be screened for breast cancer than woman without mental illness. Specifically, they attributed 45,000 missed screens to mental ill health. NCQA data sheds further light on disparity attributed to socioeconomic class in their 2009 findings which demonstrated that persons covered by Medicaid were 20% less likely to be screened than their commercially insured counterparts. Penn Foundation tracked data on sixty-five (65) women enrolled in our Health Connections program. Sixty-two percent (62%) of women diagnosed with a major mental illness received mammography screening during the year or the year prior. Our program outperformed the national benchmark for the Medicaid population by 11.2%.

NCQA Mammography Screening Benchmark



Hypertension is another area which contributes to poor population health and is a risk factor for coronary artery disease, stroke, congestive heart failure and end stage renal disease. According to the CDC, 1 in 3 Americans has hypertension and only about half have their blood pressure under control. The impact of hypertension on cardiovascular mortality is significant. Of the 87 persons enrolled in our program, 71 persons or 82% had their blood pressure measured within the past 2 years. A robust screening process is the foundational step in engaging and educating an individual on current risk factors of pre-hypertension or navigating social determinant barriers to better self-care.

The Health Connection Program also looked at its outcomes for the HEDIS measure “percentage of adults 18-74 years of age who had an outpatient visit and whose BMI was documented in the past two years.” BMI provides the most useful population measure of obesity, to help healthcare provide targeted advice and services to help adults reach and maintain a healthier weight. Of the 87 enrollees, 80% had documented BMIs. Only one third of our study group had BMIs in the desirable range of 30 or less.

With an eye toward making incremental changes toward a healthier lifestyle, our Nurse Navigators have utilized both the power of group support and individualized planning interventions including:

- weekly weight loss group led by Nurse Navigator
- weekly yoga group free of charge
- weekly email blast including one inexpensive, simple to prepare, healthy recipe
- access to fitness equipment onsite at Health Connections Office (treadmill, NuStep Recumbent Trainer, X-box Kinect System)
- accompaniment to grocery store with Nurse Navigator to improve nutrition label reading and healthy meal planning
- offered two “Weight Management and Healthy Nutrition” seminars in 2014
- Integrated Wellness Plan meeting every 90 days with weight check and assessment of progress toward physical health goals.

Childhood Early Intervention Co-Location with Pennridge Pediatrics

While all children grow and develop in unique ways, some children experience delays in their development. Children in Pennsylvania with developmental delays and disabilities benefit from a state-supported collaboration between parents, service practitioners, and others who work with young children needing special services. Our Early Intervention program provides support and services to families with children, from birth to age three, with developmental delays and disabilities. Early Intervention builds upon the natural learning opportunities that occur within the daily routines of a child and their family.

Pennridge Pediatrics, a large specialty practice serving Bucks and Montgomery Counties, is committed to helping children reach their highest potential by working with parents to promote and maintain their child's physical and emotional well-being. From pre-natal visits and preventive care to treatments of acute illnesses and the ongoing treatment of chronic conditions, Pennridge Pediatrics offers comprehensive medical treatment for children from infancy through adolescence.

Parents often suffer in fear and silence when they suspect their child is not developing normally. Sensible and sensitive guidance is needed when delays are suspected. Co-location of Early Intervention Services with a Pediatric specialty practice optimizes the holistic experience of the family through quick and enhanced communication and early identification and referral to speech and language services, occupational therapy, physical therapy, and vision and hearing support services. The seven-month pilot project began in November of 2013 and concluded in June of 2014.

Lesson learned #1. Standardize, simplify, and expedite the referral process. Referrals to behavioral health services are often bogged down in information gathering and hardly user-friendly to the fast-paced Pediatrician. By mutual agreement, the existing Daycare/Camp referral form was used as the Early Intervention Health Assessment. Using a form already familiar to the medical staff, that could be completed in real time at the brief office visit, avoided delay and the need for the Pediatrician to complete the paperwork at a later time. At the conclusion of a visit, families could immediately meet with an Early Intervention Specialist and address any questions or concerns about the referral process.

Lesson learned #2. Provide education and information. Providing office staff as well as professionals with the full range of resources available to them – hearing/vision screening locations, vetted websites regarding childhood challenging behaviors, feeding guidelines, and support available to high risk premature babies – filled an unmet need that resulted in increased referrals for an increased scope of presenting problems.



17

The number of referrals from Pennridge Pediatrics to Early Intervention Services in FY 2013 primarily for speech and motor delays



31

The number of referrals (26 during co-location pilot project) in FY 2014, with an increase in referrals for prematurity, failure to thrive, feeding problems, and behavioral issues

HIGHLIGHTING QUALITY IN POPULATION HEALTH

Tobacco Cessation

Nationally, nearly 1-in-5 adults (or 45.7 million adults) have some form of mental illness, and 36% of this population smoke cigarettes. The latest *Vital Signs* report by the Centers for Disease Control noted these troubling statistics:

- 31% of all cigarettes are smoked by adults with mental illness
- 40% of men and 34% of woman with mental illness smoke
- 48% of people with mental illness who live below the poverty level smoke, compared with 33% of those with mental illness who live above the poverty level

However, recent research has shown that adult smokers with mental illness - like other smokers - want to quit, can quit, and benefit from proven stop-smoking treatments. Tobacco cessation treatment needs to be made available to people with mental illness and tailored as needed to address the unique issues this population faces.

The goal of our Wellspring Clubhouse is to expose each of its 123 members to wellness resources, skills, and opportunities to improve their health and well-being. An annual Wellness Day is held to “kick off” the New Year with workshops covering the eight domains of well-being: physical, vocational, spiritual, environmental, emotional, financial, social, and intellectual health. This past year, three individuals quit smoking for more than 90 days; and two individuals quit totally. The average smoking rate for adults with mental illness in our Wellspring Clubhouse program is 14% compared to the national average of 31%.

31%

National average smoking rate for
persons diagnosed with mental illness



14%

Average smoking rate for persons with a
severe and persistent mental illness enrolled
in PF psychosocial rehabilitation program

WORKING WITH COMMUNITIES TO PROMOTE HEALTHY LIVING

In 2013, the Centers for Medicare and Medicaid Services published their vision for a national quality strategy. The “triple aim” of better care for individuals, lower cost through improvement, and better health for the population was established as the new gold standard.

What do we know about addiction in our community?

The Role of Prescription Painkillers

Although many types of prescription drugs are abused, there is currently a growing, deadly epidemic of prescription painkiller abuse. Nearly 3-out-of-4 prescription drug overdoses are caused by prescription painkillers. According to a recently released report from the Center for Rural Pennsylvania, overdose deaths from heroin and other opioids, including prescription pain killers, have increased by 470% over the past two decades, and throughout the past five years, such overdoses have claimed the lives of nearly 3,000 Pennsylvanians. More than 12 million people in the US reported using prescription painkillers non-medically in 2010; that is, using them without a prescription or for the feeling they cause.

The Role of Alcohol and Other Drugs

About one-half of prescription painkiller deaths involve at least one other drug, including benzodiazepines, cocaine, and heroin. Alcohol is also involved in many overdose deaths. Penn Foundation has designed a high-impact model for promoting prevention and early detection of the chronic disease of addiction. Funded by SAMHSA grant dollars through the Bucks County Drug and Alcohol Commission *Strategic Prevention Framework Partnership for Success*, we are developing an evidenced-based curriculum to promote early detection of substance use for parents of middle and high school children, primary care physicians, and clergy.

Our “triple aim” strategy is to increase awareness of risk factors related to underage drinking and prescription drug misuse by:

- Developing a 60-minute tutorial to be incorporated into school districts’ “Back to School Night” programming
- Developing an “Addiction 101” curriculum for physicians which includes recognition of drug-seeking behavior and how to respond appropriately and efficacious prescription of opiates for pain control or alternatives to opiates
- Developing an “Addiction 101” curriculum for clergy which includes the science of addiction, addictive behaviors, and basic training in SBIRT (Screening, Brief Intervention, and Referral to Treatment).

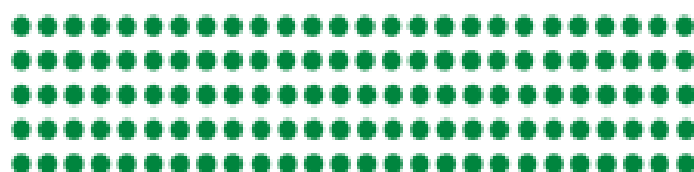
For every **1** death there are...



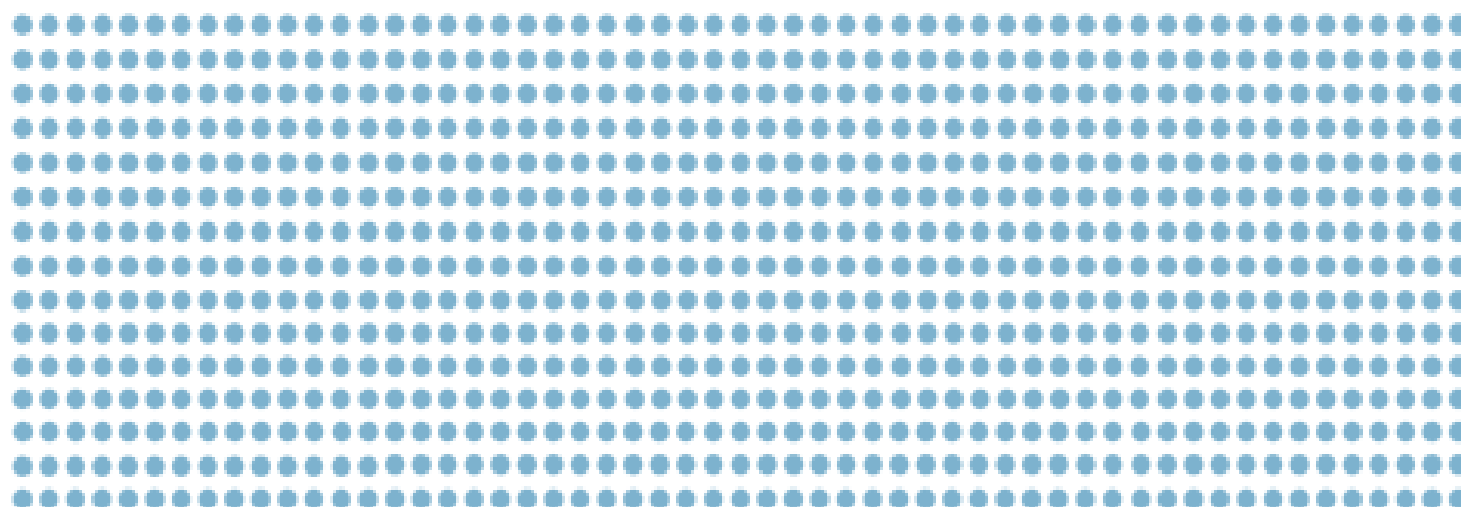
10 treatment admissions for abuse⁹



32 emergency dept visits for misuse or abuse⁶



130 people who abuse
or are dependent⁷



825
nonmedical
users⁷

HIGHLIGHTING QUALITY IN ACUTE CLINICAL CARE

Emergency Psychiatry

Overcrowded emergency rooms are often ill-equipped to deal with psychiatric patients. Their plight gained national attention recently when the Washington State Supreme Court ruled “psychiatric boarding” of persons unconstitutional. The term boarding makes reference to the prolonged stays experienced by patients while waiting for an inpatient bed to become available. The loud and chaotic atmosphere of the emergency room more often than not escalates psychiatric distress and agitation rather than diminishing it. Their prolonged presence in the ER, in turn, impacts the care delivered to patients with emergent medical conditions by reducing the overall bed capacity and stressing medical and nursing staff. Finally, boarding has a negative financial impact on hospitals because reimbursement rates do not account for boarding.

High quality care in emergency settings, which links individuals to community resources or expedites admission to a specialty care inpatient facility, can reduce long wait times. Penn Foundation’s Emergency Services, embedded in the Department of Emergency Medicine at Grand View Hospital, took a multi-pronged approach to promote rapid stabilization and caring for patients in a manner which promotes a therapeutic alliance and improves the overall consumer experience.

Crisis workers were re-trained to deliver “care management” services to educate and connect persons to available financial and social services resources. Interventions to promote rapid discharge were implemented, including ED-made aftercare appointments or “warm hand off” referrals to the ambulatory services continuum at Penn Foundation.

	2013	2014
	Hours	Hours
Medicare	6.56	6.1
Private	6.96	4.96
No Insurance	7.45	8.15
Magellan Commercial	6.26	5.38
Health Choices	9.36	6.08
Medicare & HC	8.69	8.03
MA Fee-for-Service	27.64	2.75
Tri-Care	6.3	4.21
Aetna	6.1	5.09
Average LOS Overall	9.48	5.64

A critical analysis of every step taken to facilitate a psychiatric inpatient admission was undertaken to identify delay points and any non-value added work in the patient flow process. On average, the patient and their family spent 1.53 less hours in the ED in 2014 as compared to 2013. The effectiveness is noted across all payors, with greatest reductions noted for MA Fee-for-Service (-24.89 hours), Health Choices (-3.28 hours), Tri-Care (-2.09 hours), and privately insured members (-2.0 hours). Persons who were uninsured continued to represent a challenge to place in a higher level of care facility (+1.10 hours).

Conversion Rates for Drug and Alcohol Inpatient

As a measure of both clinical effectiveness and operational efficiency, the Recovery Center examined the rates at which persons who were admitted for brief detoxification services successfully transitioned to rehabilitation 3B level of care as clinically indicated. For the 12 month period from November of 2013 through October of 2014, 88% successfully converted and 95% of those persons completed treatment.

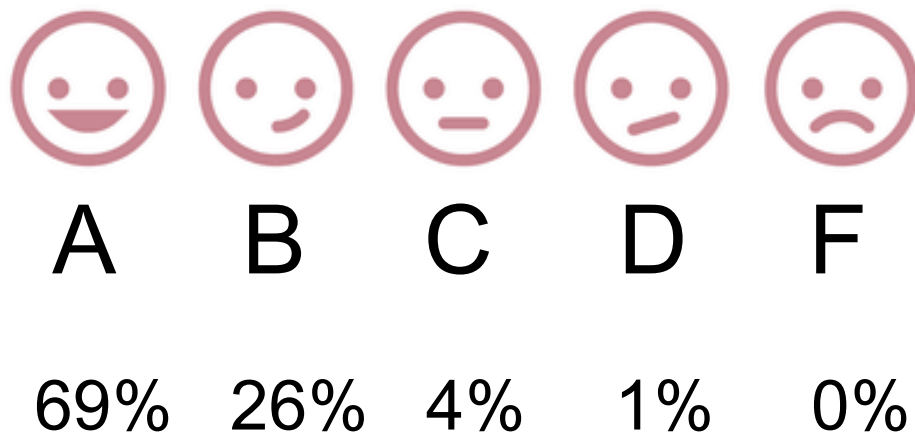


HIGHLIGHTING QUALITY IN THE PERSON AND CAREGIVER EXPERIENCE

The essence of effective medical care is an empathetic attentiveness to a single person. Every few years, it seems healthcare re-imagines the caring relationship between person and caregiver. Satisfaction surveys, “person-centered care,” and now patient “engagement” and “activation” are the new buzzwords describing this relationship. Call us old fashioned but, after 60 years of service to our community, we believe in K. M. Swanson’s description of caring in the 1990’s as an “act of love.” Caring is simply the way one person relates to another through a foundation of personal commitment and responsibility. We hold a central belief in a person and their ability to persevere through difficult events with a sense of purpose. We subscribe to the notion that caring is simply knowing, being with, doing for, and enabling another person to navigate through unfamiliar events in their lives by providing tools to attain long term well-being. Penn Foundation’s rich history reflects a dedicated group of people who share a unique and collective vision of empathetic attentiveness to every single person.

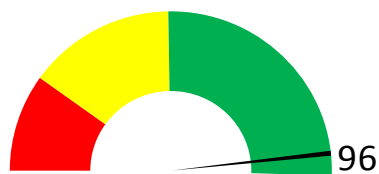
We invited persons receiving services to respond to a survey to provide our practice with feedback regarding their care experience. Survey items were worded as positive statements on a 5-point scale or as a direct question measuring key elements of pleasantness of surroundings, accessibility, wait time, and efficacy and outcomes of care. We received a total of 465 responses to the survey, an extremely robust response.

WHAT IS YOUR OVERALL GRADE OF PENN FOUNDATION?



98%
of respondents
would recommend
Penn Foundation
to others

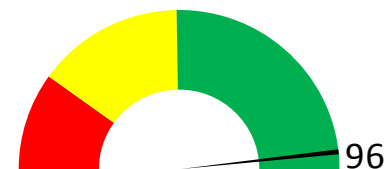
Appointment wait time was reasonable



Clinician was careful and helpful



Psychiatrist explained your medication regimen



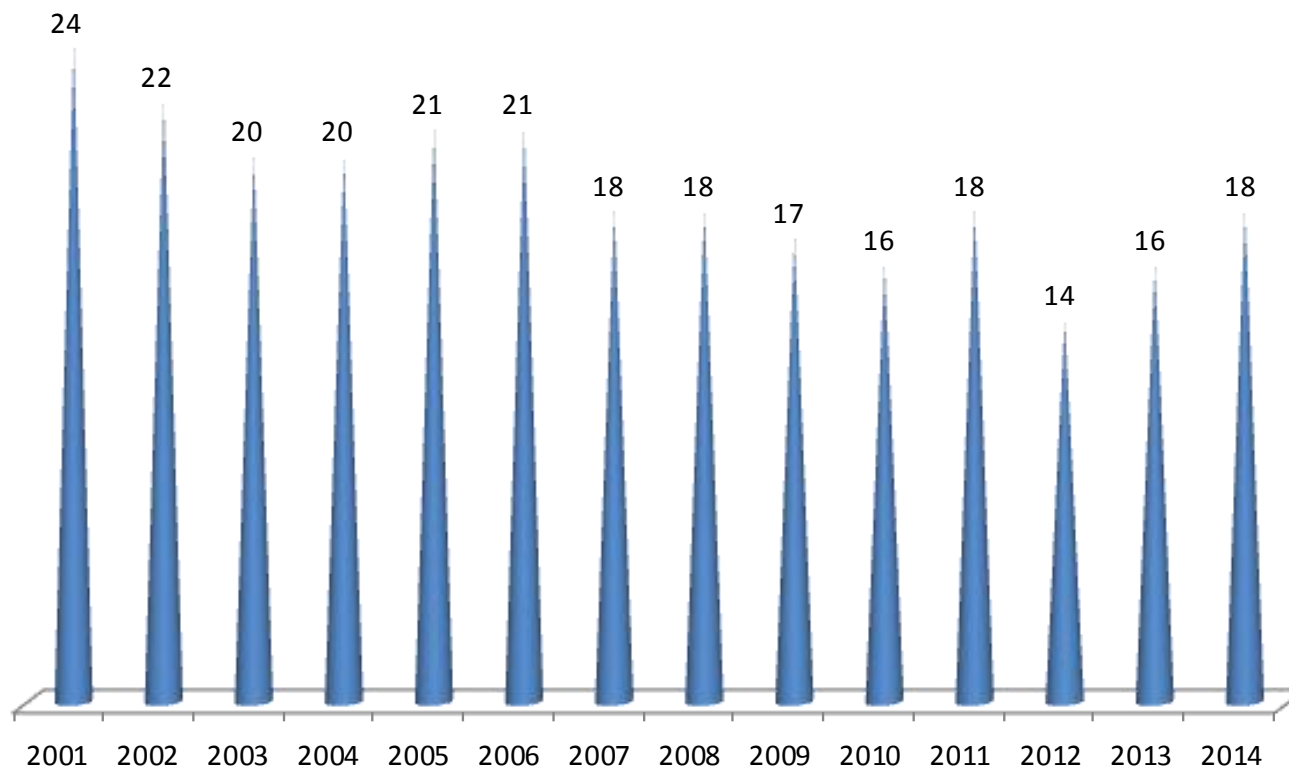
Our customers reported to us that the facility was welcoming and easy to navigate and they were seen for their scheduled appointments soon after arrival. They noted our counselors understood what they said, took enough time listening to their issues, and were consistently careful and helpful. They were equally complimentary about their doctor or nurse practitioner's ability to teach them about their particular condition and how to take the medications prescribed for them.

The Caregiver Experience

Psychiatry as a medical specialty is experiencing some of the greatest shortages in healthcare. To focus only on Psychiatrists, here are some of the statistical hurdles we face in recruitment: only 2-3% of medical students are choosing to become Psychiatrists. This means that every year, there are roughly 1,300 less produced than are needed. In July, when a new batch of Psychiatrists enters the work force, 1,300 jobs across the nation will be unfilled. To compound the problem, 40% of practicing Psychiatrists are 60 years of age or older and beginning to reduce their hours as they near retirement. Certified Psychiatric Nurse Practitioners are equally in scarce supply.

One of the challenges for Penn Foundation is our growing realization that the current outpatient model endorsed and reimbursed by insurance companies does not satisfy all parties' expectations, and creates a model where turnover of medical staff is to be expected. Given how difficult it is to recruit Psychiatrists, we are looking for a new model that will help in retaining them. Our mission over the next year in adult outpatient is to redesign the medical staff and patient experience so that it becomes more satisfying for both. We will be experimenting with new practice models, based on diagnosis, where we focus more one-on-one time with medical staff at key appointments during the year. Consequently, to meet the volume needs, we will be experimenting with practice strategies where we will have care navigators present before, during, or after an appointment to help streamline aspects of care coordination that are inefficient for the medical staff to perform.

High turnover for any business is a concern, but especially when your business is customer centric as in behavioral health. Workforce instability and lingering vacancy rates can have a deleterious effect on quality of care and patient safety. The organizational impact is felt by increased pressure on existing staff to cover assignments or train new employees often leading to burnout, and the financial burden of separation, recruitment and onboarding costs. The U.S. Department of Health and Human Services in its 2013 “Report to Congress on the Nation’s Substance Abuse and Mental Health Workforce Issues” also addressed high turnover rates and the resulting workforce shortages. Turnover rates of 33% for counselors were reported over a two-year time period of 27 geographically dispersed public and private treatment facilities. In Pennsylvania, the benchmark for providers of similar size and scope doing business in the southeast region of the state is 21%. Penn Foundation’s turnover rates have been consistently below this benchmark for the past 8 years. Providing a competitive salary and health care benefits to our valued employees remains a priority.



HIGHLIGHTING SAFETY

Working with individuals at-risk for suicide is an inherent part of any behavioral health specialty practice. Conducting risk assessments is both an art and a science; identifying individuals at-risk for acting on these impulses while under our care is a critical step in protecting them when transient stressors produce feelings of hopelessness and helplessness. Upon admission, the immediate safety needs are assessed and plan of care is developed should a crisis occur. The person is referred to the most appropriate and least restrictive level of care to maintain a safe course of treatment. This past year, a performance improvement project was initiated to enhance the identification of individuals at-risk for suicide following discharge from our drug and alcohol inpatient unit. Persons leaving this round-the-clock setting against medical advice were determined to be at-risk for suicide or accidental overdose if they relapsed. Introducing a step-wise process provided nursing staff a chance to explain the risks associated with refusing care and conduct a thorough assessment of risk of harm to self or others. Our Behavioral Health Technicians now formally review their discharge instructions and plans to follow up with aftercare.

HIGHLIGHTING QUALITY IN EFFICIENCY AND HEALTHCARE DOLLAR COST SAVINGS

Access to Care

Every person who called requesting outpatient services for either a mental health or substance use issue had the opportunity to be seen for their initial appointment within 7 days of the request. In our Mental Health Outpatient Department, 98% of persons chose to utilize our Open Access Services. Walk-ins are welcome between the hours of 8:30 am and 3:30 pm Monday through Friday. Assessments are completed by Licensed Clinical Social Workers, Professional Counselors or Psychologists at a convenient time chosen by the individual or family. For those consumers opting to schedule an appointment, the average wait time was 3 days for a mental health assessment and 4 days for a substance use assessment. However, an ongoing trend of percentage of kept initial appointments for D & A hovered around 50%. In November of 2014, Penn Foundation expanded its walk-in Open Access to include drug and alcohol assessments Monday through Friday, from 10:00 am through 2:00 pm.

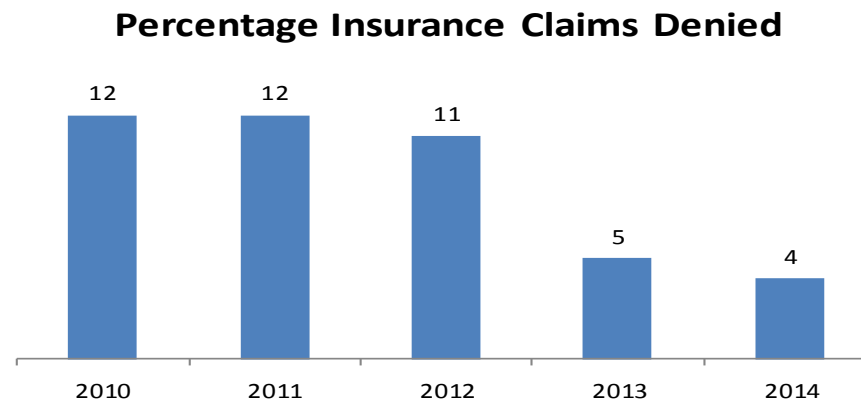
Cost-Effective Care

Monica Oss, editor of Open Minds, recently reflected on the paradox of the national strategy of using performance based quality metrics as a driver for cost reduction. She noted that of the factors which influence health status, only about 10% are within the control of the health care system. Excluding genetics, environment and lifestyle factors are the key factors that influence personal health status for better or worse. To bend the cost curve and improve population health, healthcare providers must look beyond their walls to influence and improve quality of life. Our Wellspring Clubhouse “work-ordered day” model is rooted in a basic principle of the human experience – work provides purposeful meaning

and personal fulfillment to our daily lives. The onset of severe mental illness often disrupts the path to higher education and job training for young adults. At the Clubhouse, staff and members work side by side to accomplish the goals of running the daily operations. By completing these tasks such as cooking daily meals, orienting new members, maintaining records, collecting and entering service utilization data, answering phones, identifying job leads, volunteering, and participating in Transitional, Supported, or Independent Employment opportunities, persons learn and practice the necessary social and employment skills to be successful in a place of employment. The cost billed to Health Choices Medicaid enrollees is *\$5200 per member per year* as contrasted with *\$5200 spent on 10 days of inpatient care* (assuming a \$550 per diem rate). How would you rather spend your health care dollars? The 123 persons attending the Clubhouse last year answered resoundingly – they spent 99% of their time as productive members of society and only 1% of their time hospitalized and 0% of their time incarcerated.

Percentage of Insurance Claims Denied

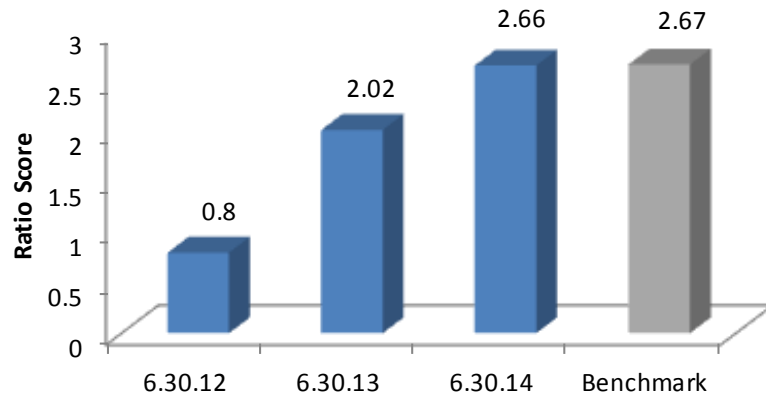
In today's payer policy environment, healthcare practices need a sharp focus on core business and practice management strategies. One of the longitudinal performance measures crucial to our long-term business success is the percentage of denied insurance claims. We monitor the reason a claim is not paid both to fix the problem and so future claims will be paid the first time. This will reduce the expense associated with re-billing and provide timely access to cash. Better performing practices have rates of 5% or less. We have achieved and sustained an efficient practice for the past two years.



The most common reasons for claim denials were services not covered under contract, member not eligible, duplicate claim, or untimely filing. In the spring of 2015, we plan to implement billing through our new electronic health record, PsyConsult Provider®. The automated claims validation process prior to submission to carrier for payment is expected to further reduce our denial percentage to a target goal of 2%.

Organizational Sustainability

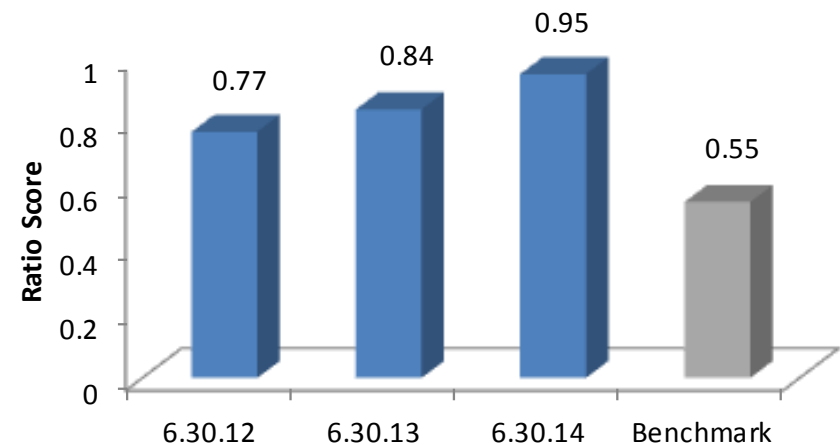
Liquidity



Under-reimbursement for services offered by Behavioral Health and Substance Abuse providers often negatively impacts their liquidity. A Liquidity ratio (Total Current assets/Total Current Liabilities) measures an organizations ability to meet its financial obligations. Penn Foundation's upward trending liquidity ratio of 2.66 compares favorably with the national benchmark of 2.67.

Revenue Composition (Unrestricted Program Service Revenue/Total Unrestricted Revenue) demonstrates how many cents in program revenue exist for each dollar of revenue generated. Penn Foundation's favorable ratio of .95 cents per dollar compared to a benchmark of .55 cents per dollar demonstrates financial sustainability of programming as ongoing funding is less dependent upon charitable gifts and grants.

Revenue Composition



DOWN THE ROAD

What does the future look like for Penn Foundation? We are thinking about fulfilling the strategic plan initiatives, training the next generation of leaders, and doing our part in combating the epidemic of prescription drug abuse in our community.

Our Strategic Plan Priorities for 2015:

1. Enhancing the continuum of substance abuse services, with a focus on strengthening co-occurring core competency.
2. Expansion and integration of mental health and substance abuse outpatient services to include more age specific specialization and enhanced assessment capabilities.
3. Expansion of community-based and specialized Rehabilitation Services.
4. A commitment to wellness, prevention, education and a holistic approach to treatment.
5. A commitment to the creation of a visionary organization where gifted staff and Board members are motivated and supported to inform their best work.

The Leadership Academy

Penn Foundation is developing a Leadership Institute for promising leaders to build the skill set and competencies of the next generation of managers who can navigate complexity and respond effectively to rapid marketplace change. Clinical advancements in evidence-based practices and increasing regulatory requirements necessitate leaders who can motivate employees to grow and thrive in an ever-changing environment. The Institute will utilize a cohort model with participants selected from Penn Foundation and our secondary care partner. The plan is for the group to meet bi-monthly over a nine-month period for engagement and practical educational experiences.

Combating the Epidemic of Prescription Drug Abuse

Penn Foundation seeks to do its part in supporting county and state government efforts already underway. We have assigned a team of our medical staff, administrators and counselors to sculpt standards around the assessment and prescription of stimulants, benzodiazepines and opiates. We will focus first on the diagnosis and treatment of adult ADHD, which has seen a dramatic increase in prescriptions since 2012, both locally and nationally. We look forward to collaborating with primary and specialty care physicians in developing approaches we can collectively use in our medical practices.

As always, instilling hope, inspiring change and building community.