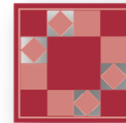
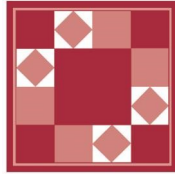


# A NEW Model for the Country



**PENN FOUNDATION**  
BEHAVIORAL HEALTH SERVICES

2018 Annual Quality Report



*“If I were to select a half-dozen community mental health centers that nearly approach the dream I dreamed, not only would Penn Foundation be included, it would be one of the top three. Not only is it the only one of its kind in Pennsylvania, it is a model for the country and the world.”*

- Robert H. Felix, Founder  
National Institute of Mental Health

# *“Go on to bigger dreams; go on and on and on.”*

Robert H. Felix, Founder of the National Institute of Mental Health, uttered these iconic words when he addressed the crowd at Penn Foundation’s 10<sup>th</sup> Anniversary celebration on October 5, 1965.

As a seminal community mental health center in the early sixties, Felix described Penn Foundation as a model for the country that most closely approached his dream of transformative care for the mentally ill. He saw in Penn Foundation a nucleus of visionary people who perceived the needs of the community and who interpreted that need into a master plan to bring psychiatry out of the inhumane models of the asylums and into the arms of a caring community.

As you read our 2018 Quality Report, you will see that while our mission to provide high quality care in our community has not changed, the way in which we respond, partner, treat, and connect with our clients, community partners, and neighbors has.

Sixty years later, we are still heeding the call to dream big and carry on our legacy far into the future.



A handwritten signature in dark ink, reading "Wayne A. Mugrauer".

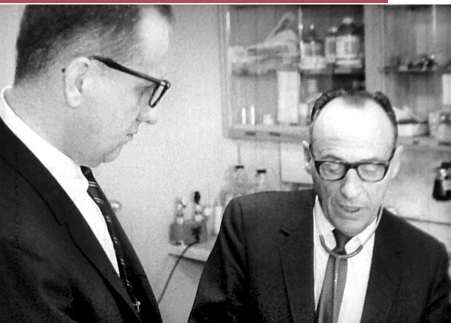
Wayne A. Mugrauer  
President & CEO

A handwritten signature in dark ink, reading "Marianne T. Gilson".

Marianne T. Gilson  
Senior Vice President

## THEN ~ 1954

A conversation between founding fathers Dr. Norman Loux and Dr. Michael Peters as they consider developing an organization to provide psychiatric services to the local community when psychiatry as a branch of general medicine was in its infancy stages...



## NOW ~ High Touch Care with Treat-to-Target Interventions in Addiction Psychiatry

Despite the many advances of psychiatry and general medicine since 1954, communication among health care professionals and social service agencies around high need persons remains problematic. A person's unguided movements through random systems of care meets neither the person's needs nor the health care system's need to provide cost-effective care. The epidemic of opioid users and opioid deaths is the most compelling modern day example of a crisis precipitating innovative disruption to the healthcare industry.

As one of the first 20 Opioid Treatment Centers of Excellence (COE) in Pennsylvania named by Governor Wolf, Penn Foundation has developed a sophisticated hub and spoke model of team-based care for the treatment of Opioid Use Disorders. A Care Coordinator, Addictionologist, Registered Nurse, Licensed Social Worker, and Certified Recovery Specialist work together to:

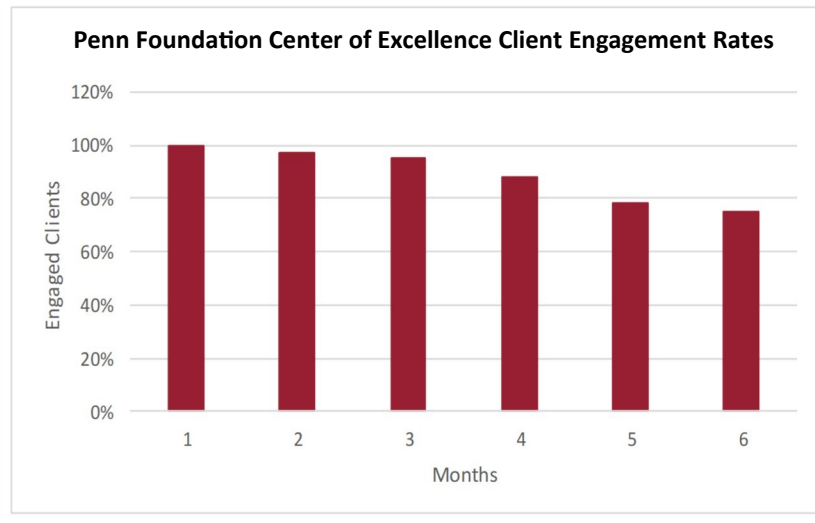
- ◆ Conduct community and facility-based "whole person" assessments within 24 hours of referral
- ◆ Coordinate transitions of care from Emergency Departments, acute care hospitals (including labor and delivery for pregnant females), prisons, psychiatric specialty hospitals, and detoxification/residential rehabilitation facilities
- ◆ Assure warm handoffs between systems
- ◆ Initiate Medication Assisted Treatment
- ◆ Coordinate rapid access to treatment from PCPs and Emergency Medicine Physicians
- ◆ Educate individuals and family members on risk factors for overdose
- ◆ Distribute Narcan and provide guidance for use

"First of all," Dr. Loux said, "I can't practice psychiatry as an individual. I would need a team around me. Secondly, it should be an institution from which everything having to do with mental health emanates."



The Program Evaluation and Research Unit of the University of Pittsburgh School of Pharmacy was selected by the Pennsylvania Department of Human Services to research the effectiveness of the COE care management models on client engagement and retention rates. The figure below shows client engagement and retention rates for all 150 eligible persons engaged with our COE between July and December 2017.

The research concluded that Penn Foundation is an organization that is good at initial engagement and “engagement that builds commitment over time. “We can capture someone’s attention, get them to interact, and do so over time. Our organization is focused on helping people with their day-to-day lives. That means we understand the day-to-day lives of Medicaid recipients and can help them not only to get health care services but also connect them to the social supports they need.”<sup>2</sup>



“For example,” Dr. Loux said, “We should have communications with the local judges, the local police, the local school teachers, the local doctors, and the local lawyers, and so on.”<sup>1</sup>

## THEN ~ 1937

Dr. Michael Peters, Grand View Hospital Internal Medicine Physician, describing his practice in 1937...

"It wasn't very difficult to admit a patient to a psychiatric institution in those days. I could see right away that psychiatry was being practiced here [in the Souderton area], but the people themselves didn't understand it."



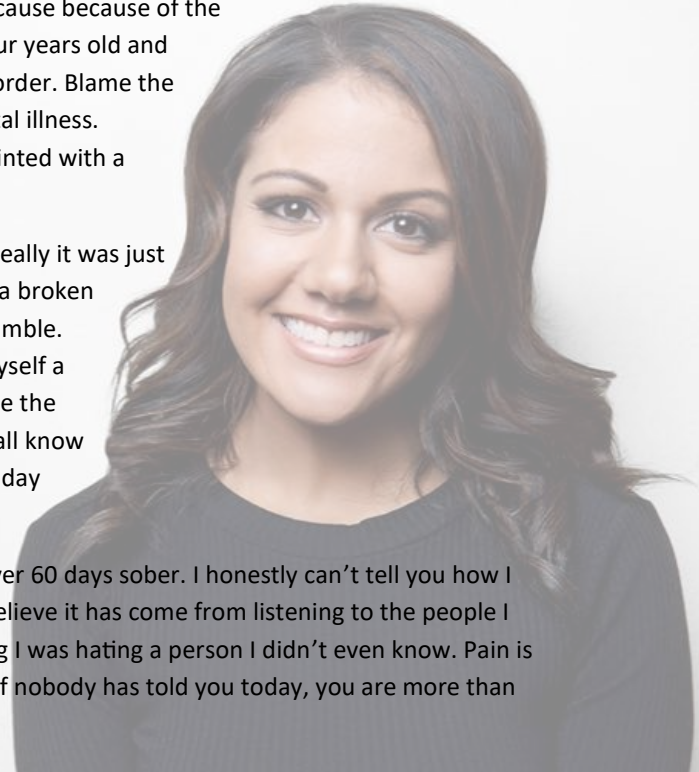
## NOW ~ Using Shared Life Experience to Support Recovery

Ashley, addressing a room of her peers at the 10<sup>th</sup> anniversary celebration of the Certified Peer Support Recovery Program, shared...

"Society would tell you that I am not very far from a lost cause because of the labels you would read on my medical records. Twenty-four years old and already an IV heroin user and diagnosed with Bipolar Disorder. Blame the parents, blame my morals, blame the drugs and my mental illness. Although, lucky enough for me, these labels are not imprinted with a 'Hello My Name Is' name tag across my chest."

I come from what others would call a broken home, but really it was just two addicts trying to raise a child together. Coming from a broken home doesn't mean I have to make the rest of my life crumble. I spent a lot of time hating myself, without even giving myself a chance. Drugs took me to places where people treated me the same way I thought about myself. Pain is something we all know way too well. I spent so much time trying to survive each day that I never felt I'd find a future.

But here I am, writing this message to you, with a little over 60 days sober. I honestly can't tell you how I got here; I don't know what changed in me. Honestly, I believe it has come from listening to the people I decided to surround myself with this time and by realizing I was hating a person I didn't even know. Pain is what got you here, but strength is what keeps you here. If nobody has told you today, you are more than your diagnosis."



"Instead of thinking of psychosis as an illness, they blamed it on the medicine being 'too strong.' They couldn't see that there could be other factors in mental illness, such as inter-personal relationships."

Today, persons with co-morbid mental illness and substance use disorders have the option of working with Penn Foundation employees with “lived experience” of recovery from one or both of these conditions. Our peer recovery support specialists offer a level of acceptance, understanding, and validation that can only come from having walked a recovery journey in their own lives.

Penn Foundation’s Certified Peer Specialists and Certified Recovery Specialists worked with approximately

# 150 Persons and provided 3,800 Services in 2018.

## Penn Foundation Selected for Aetna Member Care Coordination Beta Project

Our John W. and Emily Clemens Recovery Center was one of only 13 sites in the nation chosen as a beta test site, pairing an Aetna Care Manager with a Penn Foundation Certified Recovery Specialist to provide members and their families with enhanced care coordination and personalized recovery support.

As a designated Aetna Institute of Quality® for Behavioral Health- Substance Abuse, Penn Foundation is recognized for excellence in care, commitment to continuous improvement, and meeting designated standards of quality and cost efficiency for Aetna members admitted to inpatient detoxification services.

Aetna defined engagement as either the member or a caregiver being introduced to the Member Care Advocacy concept and accepting member care coordination services. A 50% engagement rate was established by Aetna as the target goal for the national pilot.

Beta Facility Site	Engagement Rate
A	13%
B	14%
C	26%
D	27%
E	28%
F	32%
G	34%
H	47%
I	60%
J	79%
K	82%
L	86%
Penn Foundation	90%
Overall Rate	43%

“The people who came to see me about psychiatric illnesses didn’t talk in psychiatric terms. They called it a ‘notion,’ as if the patient was just mixed up in his thinking. That was sort of belittling the illness.”

## Meet Dan

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Dan is one such individual who has benefited from the Aetna Care Coordination pilot. In May 2018, Dan came to Penn Foundation's inpatient rehabilitation program. This was his third time in an inpatient facility but his first time at Penn Foundation. Dan felt like he had hit rock bottom physically and mentally and could no longer handle the destructive lifestyle that his addiction had created.

Through the care coordination program, Dan was connected with Ryan, Peer Support Team Leader, who helped Dan to access resources that would support his recovery and prepare him for life after completing inpatient treatment.



This included registering for the Montgomery County CSP (Community Support Program) Conference, which Dan attended two weeks after discharge, and enrolling in the POWER program at Montgomery County Community College, which Dan started this fall. [Click here to watch a video of Dan's story.](#)



# NOTED *and* QUOTED



**1.** Penn Foundation received the 2018 Community Impact Award from the Chamber of Commerce for Greater Montgomery County.



**2.** Penn Foundation was voted "Best Recovery Center" in 2018 by readers of The Intelligencer.



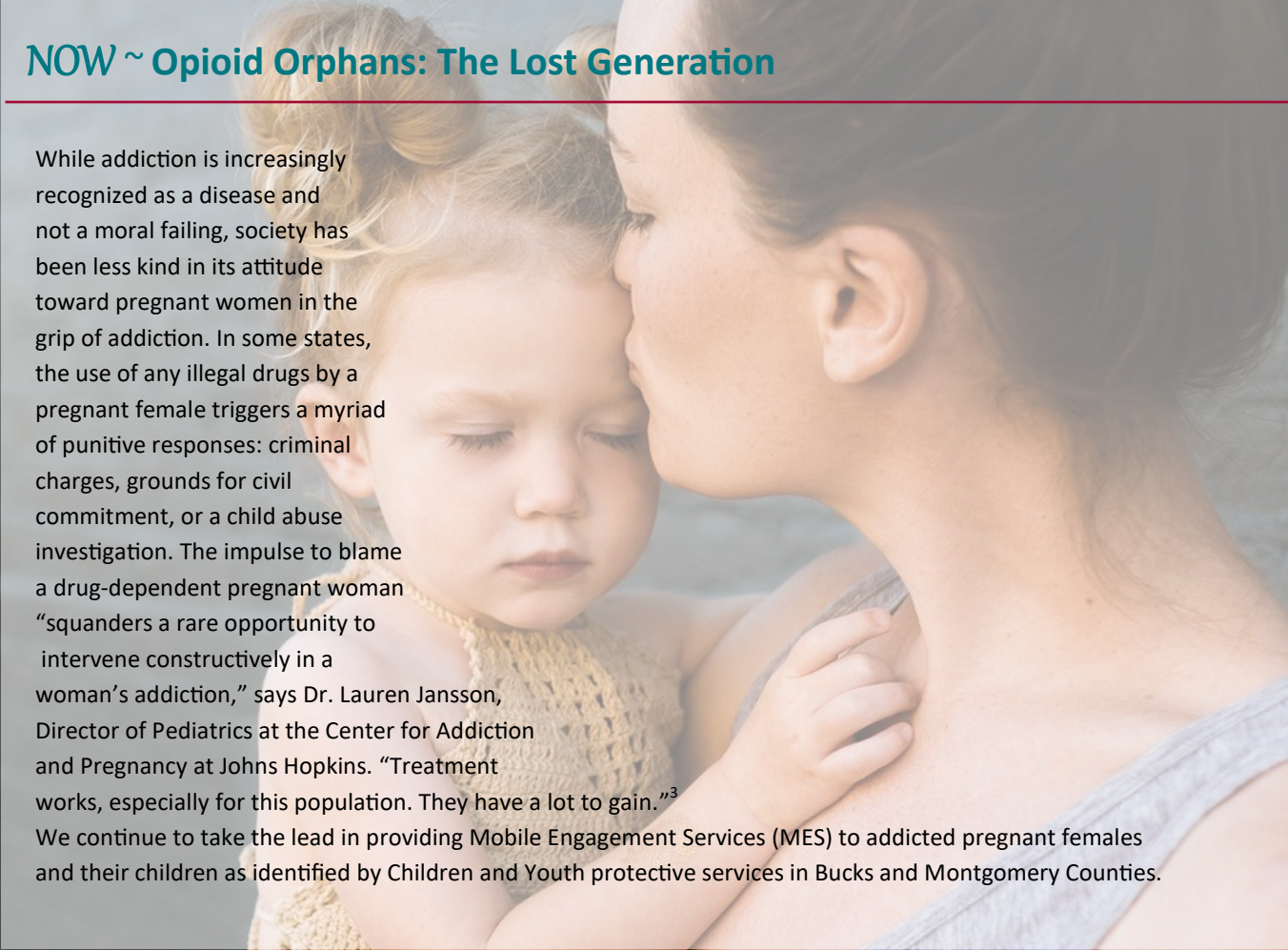
**3.** On November 1, 2018, the United States flag was flown over the United States Capitol at the request of Congressman Brian Fitzpatrick in honor of Penn Foundation's new outpatient drug and alcohol treatment office in Colmar.

## THEN ~ 1962

Address by Pastor Richard C. Detweiler delivered at the dedication of Penn Foundation's new facility at 807 Lawn Avenue, Sellersville...

"What man of you, having a hundred sheep, if he lose one of them doth not leave the ninety and nine in the wilderness and go after that which is lost, until he find it. We dedicate this center, its facilities, its staff, and its services, first, to the task of finding the one. If health and wholeness are to be maintained among us, we must pay the cost of breaking through our mechanical living to find the one. The 20<sup>th</sup> century has created masses and lost the individual. We are today a people without a face.

## NOW ~ Opioid Orphans: The Lost Generation

A photograph of a woman with dark hair tied back, wearing a grey tank top, gently kissing a young child with blonde hair on the forehead. The child is looking down with a somber expression. The background is a soft, out-of-focus blue.

While addiction is increasingly recognized as a disease and not a moral failing, society has been less kind in its attitude toward pregnant women in the grip of addiction. In some states, the use of any illegal drugs by a pregnant female triggers a myriad of punitive responses: criminal charges, grounds for civil commitment, or a child abuse investigation. The impulse to blame a drug-dependent pregnant woman "squanders a rare opportunity to intervene constructively in a woman's addiction," says Dr. Lauren Jansson, Director of Pediatrics at the Center for Addiction and Pregnancy at Johns Hopkins. "Treatment works, especially for this population. They have a lot to gain."<sup>3</sup> We continue to take the lead in providing Mobile Engagement Services (MES) to addicted pregnant females and their children as identified by Children and Youth protective services in Bucks and Montgomery Counties.

Even our family faces have become a blur as we pass each other on the run, dipping in and out of our endless activity. The staff at Penn Foundation must provide community leadership to help us do two things [in order] to regain ourselves as meaningful individuals. First, they can help count the ninety-nine.

At Penn Foundation, we have seen and heard the trauma through the eyes of the children first hand—the 8-year old who called 911 after finding her mom with a syringe in hand laying unresponsive on the floor and the scores of infants and toddlers neglected and removed from their parents care, their aging grandparents now struggling to cope with raising them. That is why we have taken an intergenerational approach to addiction prevention and community education.

On October 17, 2018, Nina Drinnan, CRNP and Rob Frankil, RPh of Sellersville Pharmacy spoke at the town hall “Community Efforts to Protect our Children from the Risk of Substance Use” sponsored by the Indian Valley Character Counts! Coalition. The message to parents and educators was that most kids get their first taste of opioid painkillers, not from drug dealers, but from the medicine cabinets of family and friends. Audience members were urged to lock up their medications and safely discard unused pills in drug take back boxes at local police stations.<sup>4</sup>

Noting a trend in the number of grandparents as custodial caregivers to children enrolled in our mental health Blended Case Management program, our Psychiatric Rehabilitation leadership team developed a prototype for a kinship caregiver’s self-help support group.

## MES MONTHLY SNAPSHOT

**98**   
*Active Cases*

**56**   
*Women with Children*

**52**   
*Children & Youth Involvement*

**16**   
*Receiving Medication Assisted Treatment*

**3**   
*Pregnant Women*



The second thing the staff here must do is to help us find and restore the lost one, the one who has lost touch with reality and is emotionally at sea. We need help as family members, ministers, teachers, counselors, employers, and friends to identify and understand the lostness of individuals who become unwell. We need someone to point us the way to help lost ones come home.”



## THEN ~ 1977

"As the building project finally got off the ground in the fall of 1977, Penn Foundation pressed forward with a kind of expansion that would not require additional facilities: providing on-site psychiatric services to area hospitals...

In the summer of 1977, Penn Foundation officers arranged with their Quakertown Hospital counterparts to have a psychiatric social worker serve in Quakertown twenty-five hours per week....



## NOW ~ Warm Handoff for Opioid Use Disorders

Pennsylvania has one of the highest overdose mortality rates in the country – 5,067 deaths between May 2017 and May 2018.<sup>5</sup> In response, state and county governments have been searching for more effective approaches to reduce heroin and fentanyl fatalities.

Warm handoff is an approach where a medical professional makes a face-to-face introduction to a substance abuse specialist and completes a direct referral to substance abuse treatment. Similar to a heart attack patient who would receive a consultation with a cardiologist once they are stable, opioid use disorders should receive similar emergency treatment. A clinical pathway tool was created by DHS as a framework for the treatment of an opioid overdose patient in the Emergency Department.



The psychiatric social worker appointed by Penn Foundation to initiate the satellite program in Quakertown was thirty-four year old John Goshow. "In the past, any doctor who felt his patient needed mental health care had to have him sent to Grand View Hospital or to the Penn Foundation clinic in Sellersville," said Goshow.

But a clinical pathway is not enough to make large health systems and behavioral health providers work seamlessly together. Penn Foundation listened carefully to the “pain points” that each of the hospitals – Abington Lansdale -Jefferson Health, St. Luke’s Quakertown, and Grand View Health – identified.

When attitudes toward addicts was noted as a barrier to system change, Penn Foundation developed an “empathy building” training for medical professionals. When administrators voiced concern regarding the financial strain of the uninsured drug-seeking patient, Penn Foundation was able to access special funding streams for overdose survivors that took the burden off the hospital. When nurses worried about patients who, having been revived with Narcan, simply refused further treatment, Penn Foundation developed a toolkit for the patient and the patient’s family. The toolkit offers resources for treatment at a future date, detailed overdose prevention instructions, a Narcan prescription, and contact information for our Certified Recovery Specialist.

## EMERGENCY DEPARTMENT WARM HAND-OFF

**795**   
*Total Referrals*

**348**   
*Total Accepted*

**44%**  
**Treatment  
Acceptance  
Conversion Rate**

“This often meant that patients and family doctors were forced to go out of their way for consultation and services.” Hospital physicians will contact Goshow and ask him to determine if psychiatric care is necessary for a patient. “Whatever the problem,” John said, “the important thing is that I am here to be contacted.”

## THEN ~ 1954

Dr. Norman Loux in his reflections concerning the establishment of an organization to provide community psychiatric service to prospective board members.

“It is my conviction that a service rendering first-class psychiatric care cannot be developed without the simultaneous development of a clinical research program, no matter how modest in scope.”



## NOW ~ Using Artificial Intelligence to Reduce the *Left Without Completing Treatment Rate of Residential Programs*

The demand for beds in residential addiction treatment centers remains high. Simultaneously, inpatient payments are generally remitted on a per diem basis. In the foreseeable future, insurance reimbursement levels will be tied to outcomes and patient experience scores. Due to the upfront clinical costs that are associated with inpatient addiction treatment, patients who are admitted but who leave within the first 5 days of treatment generally represent a financial burden.

Penn Foundation teamed up with Michael Alterman and JR DeFeo, principals of FoundationDx, one of the top 10 Artificial Intelligence Solution Providers for 2019 according to Healthcare Tech Outlook. They tested whether artificial intelligence (AI) can affect the inpatient addiction treatment selection and post-admission Left Without Completing Treatment (LWCT) rate statistic of the organization. Specific study goals were to:

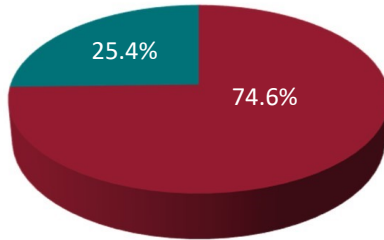
1. Use predictive machine learning to identify individuals at risk of not completing treatment
2. Use explanatory machine learning to provide insight or understand patterns in the data associated with the types of patients who leave without completing treatment.

Eight months of program admission data was used to conduct various machine learning experiments to see whether it was possible to predict which patients would complete treatment. The first four months were used for training and the last four months for validation testing. During the initial testing phases, various machine learning algorithms were used to establish the best available technology for the problem. Through testing, it was determined that Adaptive Boosting, Random Forest, Stochastic Gradient Descent, k-Nearest Neighbor, and Neural Networks all had comparable predictability outcomes. Adaptive Boosting, however, was the most intelligible – meaning its transparency as to why it predicted specific outcomes was the best.

Two LWCT risk groups were identified and applied to an admission screening scenario and a post-admission LWCT risk mitigation scenario. Early results showed that the use of AI is expected to have a positive impact on the LWCT rate by helping Penn Foundation reduce the number of LWCT patients by up to 8.75 per month or 32%.

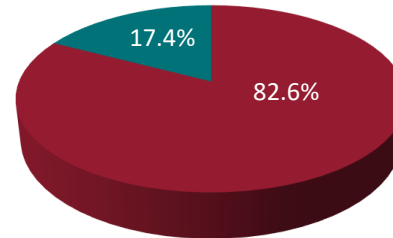
## LWCT Outcomes Before and After Application of AI-Based Intervention

**Before Application of AI-Based Intervention**



■ Complete ■ Incomplete (LWCT)

**After Application of AI-Based Intervention**



■ Complete ■ Incomplete (LWCT)

The figure below illustrates factors that are associated with leaving treatment before completion. The distinguishing factors associated with LWCT such as admission date, living arrangement, occupational status, distance of Penn Foundation from patient's home, patient age, and others form the basis for insight into creating risk mitigating interventions.

As an example, a person who referred himself to detoxification services for admission on a Wednesday, who was unemployed and lived with a relative whose home was 6-14 miles from Penn Foundation, would be at greater risk for AMA (Against Medical Advice) discharge than his counterpart admitted on the same day.

Distinguishing Factor	Value	Weight
occ_status	UNEMP	<div></div>
first_protocol	DETOX	<div></div>
payor_type	COUNTY	<div></div>
living_arrangement_1	REL	<div></div>
distance	Dis6-14	<div></div>
referral_type	SELF	<div></div>
primary_payor	HCMONTG	<div></div>
race	O	<div></div>
first_day_of_service	Wednesday	<div></div>
primary_payor	HCBUCKS	<div></div>
distance	Dis1-5	<div></div>

Clinically, the use of AI presents an exciting opportunity. Having the ability to identify a patient at risk for LWCT with improved accuracy allows for the Penn Foundation clinical team to wrap support services around that individual to influence treatment completion.



# NOTED *and* QUOTED



**1.** Penn Foundation's Peer Support Team received a Community Support Program (CSP) Champion Award in September 2018.



**2.** Modern Male Barbershop in Perkasié provided free haircuts to Penn Foundation clients and hosted a Cut-a-Thon to benefit Penn Foundation. In September 2018, Modern Male received a Bucks County CSP Champion Award in recognition of its support of individuals with mental illness.

## THEN ~ 1963

President John F. Kennedy's "Special Message to the Congress on Mental Illness and Mental Retardation..."

"Central to a new mental health program is comprehensive community care. Merely pouring federal funds into a continuation of the outmoded type of institutional care which now prevails would make little difference.

We need a new type of health facility, one which will return mental health care to the main stream of American medicine...."

## NOW ~ Psychiatric Collaborative Care Model

The path to behavioral health integration with primary care medicine is being fueled by the convergence of psychiatric collaborative management services and the Centers for Medicare and Medicaid Services' (CMS) Comprehensive Primary Care Plus ("CPC+") alternative payment model. The Psychiatric Collaborative Care Model is an evidence-based model initially designed for the treatment of patients in primary care who are living with the most common psychiatric disorders such as depression and anxiety. Over time, other psychiatric and substance use disorders have been addressed through this model as well as co-morbid medical conditions such as cardiovascular disease and diabetes, with the goal of improving overall health outcomes.

Team-based care is led by a primary care physician (PCP) who identifies certain patients with mental health or substance use disorders and connects them with a behavioral health consultant (BHC), typically a licensed social worker. The BHC provides brief therapy and interventions in the primary care office to help patients meet their goals. The psychiatric consultant supports both the PCP and BHC through ongoing case review and recommendations for pharmacotherapy and referral to specialty care for counseling. This model has been found to be efficient in improving outcomes and access, controlling costs, and increasing patient satisfaction.

Penn Foundation is evolving a model of care that combines the best practice "lessons learned" from our collaborative care work with (1) Family Practice Associates of Upper Dublin and the hospital re-admission reduction pilot with (2) Abington-Lansdale Hospital – Jefferson Health and Grand View Health.





In the hospital readmission reduction program, patients hospitalized with health issues such as heart failure, lung disease, or diabetes may be identified by their medical care teams as being at-risk for re-admissions. They are then referred to a behavioral health navigator who assesses for psychosocial stressors, mental health/substance use, and social determinants of health and connects them with benefits, community resources, and rapid navigation to physical, behavioral health, and substance use treatment. They receive evidence-based therapeutic interventions and build health literacy, as navigators provide education on healthy habits, medication adherence, and self-advocacy.



174 Patients Referred

79%

Engagement Rate



16.7% medical hospital re-admission rate within 30 days as compared to the national benchmark re-admission rate of 23%

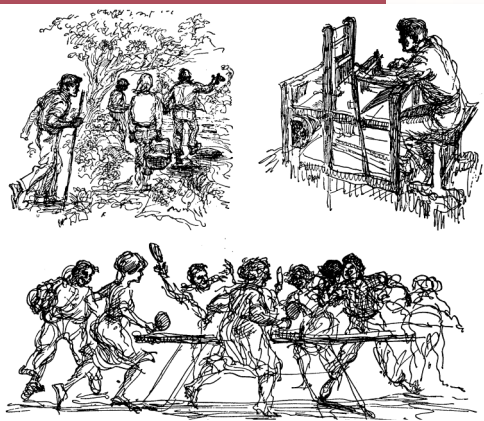
5

Average contacts in 30 days

Penn Foundation's integrated behavioral health model is evolving specifically to impact the medical spend for persons with complex co-morbid medical conditions such as congestive heart failure and diabetes, in which persons are at high risk for developing behavioral health issues. Our Psychiatric Consultation Service includes registry reviews, doctor-to-doctor consultation with a psychiatrist, consultation and assessment of complex patients, support with pain management, coordinated care back to primary care, and medication recommendations. The consultation service is paired with an on-the-ground team who supports the individual at home in adhering to his/her personalized medical care plan.

## THEN ~ 1966

Ink sketches by freelance artist Joseph W. Papin of New York City served as illustrations for a feature article on Penn Foundation published under the heading "Snake pits' give way to the new clinics" in the November 5, 1966 issue of *Business Week*.



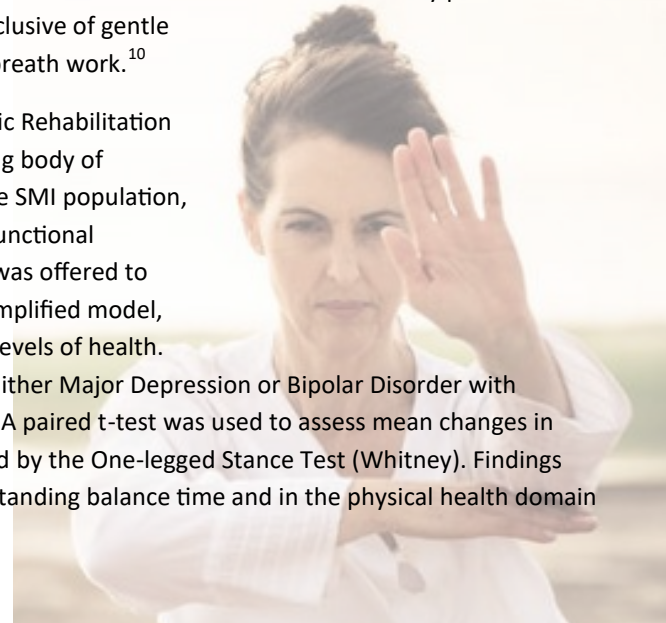
## NOW ~ Improving Independence and Quality of Life

Adults with serious mental illness (SMI) have higher rates of chronic illness, show earlier physical aging, experience more functional challenges, and die sooner than the general population.<sup>6</sup> Poor balance in older adults with SMI in inpatient settings is linked with severity of illness, presence of medical co-morbidities, frequency of previous falls, and type and number of psychiatric medications.<sup>7</sup> Falling is also related to lower functioning, loss of independence, and mortality.<sup>8</sup>

Practicing Tai Chi helps to improve balance and quality of life in older adults.<sup>9</sup> Tai-chi is a mind-body practice comprised of ancient Chinese philosophical martial arts, inclusive of gentle physical movement, postural awareness, meditation, and breath work.<sup>10</sup>

Sara Dobson, MS, CPRP, Director of our Intensive Psychiatric Rehabilitation Program, was looking to contribute to the small but growing body of research examining the effects of practicing Tai Chi with the SMI population, specifically examining standing balance as an outcome of functional improvement. A Tai Chi Easy 12-week group intervention was offered to seven participants of our HealthConnections Program. A simplified model, Tai Chi Easy, was selected as it is accessible for all levels of health.

Study participants were typically diagnosed with either Major Depression or Bipolar Disorder with co-morbid conditions of obesity and chronic pain. A paired t-test was used to assess mean changes in pre- and post- standing balance times as measured by the One-legged Stance Test (Whitney). Findings indicated statistically significant improvement in standing balance time and in the physical health domain of the Duke Health Profile.



As part of the Bucks County Housing Transformation initiative, Penn Foundation was asked to propose interventions to improve the independence and quality of life of residents of our Penn Villa transitional housing townhome program and our Community Residential Rehabilitation (CRR) group home.

Michelle Rampulla, MS, OTR/L, CPRP, with dual certifications in occupational therapy and psychiatric rehabilitation, devised an assessment protocol and interventional pathways to promote or maintain independent living. The assessment toolkit includes the Allen Cognitive Level Screen (ACLS) to determine cognitive ability and inform strategies to assist with skill acquisition, the Kohlmann Evaluation of Living Skills (KELS) and the Routine Task Inventory – Expanded (RTI-E) to assess independent living skills and identify areas of need for skill development.

Once assessed, residents participate in weekly, evidence-based group interventions designed to build physical wellness and improved nutrition (Tai Chi Easy, Nutrition, Exercise & Wellness for Recovery (NEW-R), and Lunch & Learns to build independence in preparing a simple meal.

Utilizing the occupational therapy principles of sensory integration, various sensory modalities have been placed in centralized locations for use for self-regulation with residents who struggle with anxiety, agitation, or mood disorders. Michelle is currently offering her insights to all housing programs funded through Bucks County Department of Mental Health/ Developmental Programs.



# Hope in the Open: A New Vision for Penn Foundation

We talked to clients. We talked to their families. We talked to doctors. We talked to hospital administrators. We talked to educators. We talked to clergy. We talked to police. We talked to judges. We talked to insurers. We talked to county and state officials.

We came to the conclusion that we must move hope out into the open. Like our trailblazing forefathers before us, we need to meet every opportunity in every setting to connect with those who need us. And in doing so, we must be the catalyst to activate the civic spaces around those connecting forces.

We're having fun doing good things.



A handwritten signature in black ink, appearing to read 'Chris Squillaro'.

Christopher Squillaro, DO  
Medical Director



A handwritten signature in black ink, appearing to read 'Julie Williams'.

Julie Williams, MA, LPC  
Vice President of Clinical Services

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Inspiring  
change.

Instilling hope.

Building  
community.



**PENN FOUNDATION**  
BEHAVIORAL HEALTH SERVICES

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