



# ADVANCEMENT IN RECOVERY (AIR) PROGRAM

FINANCIAL YEAR ANNUAL REPORT

20  
25



PENNSYLVANIA  
PSYCHIATRIC INSTITUTE

A Penn State Health® enterprise



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# COMMUNITY ENGAGEMENT

At Pennsylvania Psychiatric Institute (PPI), our commitment to the local community is reflected in the active involvement of our staff in outreach and advocacy efforts. Most recently, during National Recovery Month, PPI hosted local vendors who provided valuable resources and support to our patients, reinforcing our dedication to recovery and wellness. We also proudly represented PPI at the Pennsylvania Department of Drug and Alcohol Programs' (DDAP) Recovery Month Wellness & Resource Fair, Recovery in Reach, where our team connected with community members and shared information about our services. These events exemplify how PPI continues to build meaningful partnerships and promote mental health and substance use recovery throughout the region.



# PATIENT AND STAFF SAFETY

Pennsylvania Psychiatric Institute (PPI) implemented several safety enhancements over the past year to improve conditions for patients, staff and visitors. These changes were guided by internal feedback, regulatory standards and operational needs.

The Canopy Protect Duress System was piloted in April 2025 and is now being expanded across the health system. Staff wear a duress tag that allows them to signal distress and request immediate assistance. The system provides real-time alerts and functions as a secondary safety tool alongside radios.





Camera upgrades were completed across multiple areas, including the installation of 11 new units in the Opioid Treatment Program (OTP). These replaced outdated analog systems with high-resolution, easily accessible footage. Security staff monitor the cameras during office hours, supporting incident review and increasing staff confidence.

PPI transitioned from contracted security services to an internal model. Security officers now complete the same orientation and training as all other PPI employees, including compliance and mental health awareness. Uniforms were carefully selected to maintain a calm, yet professional and nonmilitaristic appearance. This change has improved staff and patient trust in the security team.

Staff engagement increased through participation in committees such as Workplace Violence Prevention, Patient Safety, Be Well and Trauma-Informed Care. These groups contribute to ongoing safety planning and implementation. Senior Leader Rounding has been used to collect real-time feedback and convert it into actionable improvements.

The Employee Engagement Survey identified safety perception as an area for growth. In response, leadership launched several initiatives:

- On-site PSH Security Leadership
- PSH-employed Security Officers
- Workplace Violence Committee
- Camera Upgrades
- Canopy Duress System
- Great Catch/Safety Moments Initiative
- Senior Leader Rounding

Regulatory readiness remains a continuous process. Preparation for Joint Commission and Pennsylvania Department of Drug and Alcohol Programs (DDAP) surveys is integrated into daily operations. This proactive approach promotes early identification and correction of potential safety concerns through ongoing environment-of-care inspections, chart audits and compliance reviews. It also reinforces consistent adherence to medication management, infection prevention, patient privacy and staff credentialing standards.

By preparing continuously, staff in the AIR Program remain survey-ready every day, which translates into a safer and more engaged workforce. The process also encourages collaboration across departments.

Ultimately, these readiness activities don't just help staff in the AIR Program meet external requirements, they strengthen the internal systems that protect patients and support staff, which allows for a safe and compliant environment for everyone involved.

Every safety measure that we have enhanced over the past year is rooted in our mission to protect those who give and receive care. These upgrades have not only strengthened our environment but have deepened our culture of teamwork and accountability. As we look ahead, we remain committed to improving each day and reinforcing the systems that make PPI a place of healing and safety.



**Wade Stewart, Ed.D., M.S., M.Ed., LSSMBB**  
Director of Quality and Regulatory  
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# STAFF PROFESSIONAL DEVELOPMENT & TRAINING

During the reporting year, clinical staff engaged in a range of professional development activities to support high-quality care in the Opioid Treatment Program (OTP) and related service areas. A total of 10 staff members completed substance use-specific trainings, averaging approximately 15 hours per participant. These trainings, which were offered outside of PPI, included topics such as Motivational Interviewing (approximately four staff), Gambling Treatment (two staff), Harm Reduction (three staff) and Co-Occurring Treatment (four staff). Currently, PPI does not offer internal SUD-specific trainings.

In addition, clinical staff completed at least 25 hours of training per person over the course of the year, with some individuals completing 40 hours and one staff member completing 50 hours. Training formats included a mix of PPI-sponsored sessions, DDAP-sponsored trainings, professional addiction conferences and coursework in areas such as ethics, gambling disorders and co-occurring treatment needs. These ongoing educational efforts reflect our commitment to sustained clinical competence and best practices in behavioral health care.



# RESEARCH OVERVIEW

- GLP-1 Agonist Study (Conductor: Dr. Kawasaki)
  - » Study Type: Double-blind, randomized controlled trial.
  - » Intervention: Addition of GLP-1 agonist (semaglutide) to methadone or buprenorphine treatment.
  - » Target Population: Individuals enrolled in OTP who continue to test positive for opioids.
  - » Primary Objectives:
    - Assess impact on opioid cravings
    - Evaluate changes in urine drug screen results (negative vs. positive)



# PROVIDER EXCELLENCE OVERVIEW

- Several PPI providers actively contributed to Project ECHO initiatives focused on Medication-Assisted Treatment (MAT) and Substance Use Disorder (SUD).
- Participating providers:
  - » Dr. Bhavna Bali
  - » Dr. Jonathan Nunez
  - » Dr. Sarah Kawasaki
  - » Dr. Paul Williams
  - » Salena Culton
- Scope of Work:
  - » Educating providers across Pennsylvania on evidence-based practices for opioid use disorder treatment.

# WHO WE SERVE - OTP VOLUMES FY 2025

Daily Dosing (Methadone)	84,811
Office Based (Physician)	2,404
Office Based (Injection)	388
Counseling Visits	3,738
Intensive Outpatient Groups	41
<i>OTP Census</i>	<i>232</i>
<i>New Patients – Methadone</i>	<i>87</i>
<i>New Patients – Suboxone</i>	<i>108</i>

# OUR STAFF – DEMOGRAPHICS

Age and Race	Female	Male	Grand Total
<b>25-34</b>	<b>20.00%</b>	<b>13.33%</b>	<b>33.33%</b>
White (Not Hispanic or Latino)	20.00%	13.33%	33.33%
<b>35-44</b>	<b>26.67%</b>	<b>6.67%</b>	<b>33.33%</b>
Hispanic or Latino	13.33%	0.00%	13.33%
White (Not Hispanic or Latino)	13.33%	6.67%	20.00%
<b>45-54</b>	<b>6.67%</b>	<b>0.00%</b>	<b>6.67%</b>
White (Not Hispanic or Latino)	6.67%	0.00%	6.67%
<b>55-64</b>	<b>13.33%</b>	<b>0.00%</b>	<b>13.33%</b>
Black or African American (Not Hispanic or Latino)	6.67%	0.00%	6.67%
White (Not Hispanic or Latino)	6.67%	0.00%	6.67%
<b>65+</b>	<b>6.67%</b>	<b>6.67%</b>	<b>13.33%</b>
White (Not Hispanic or Latino)	6.67%	6.67%	13.33%
<b>Grand Total</b>	<b>73.33%</b>	<b>26.67%</b>	<b>100.00%</b>

Our staff reflects the diverse demographics of the patients and communities we serve. By fostering a workforce that mirrors our patient population, we ensure culturally competent care, enhance communication and build trust. This alignment strengthens our commitment to equity, inclusion and delivering personalized, high-quality healthcare for every individual.

# ECHO/MOUD OVERVIEW

The Penn State Project ECHO initiative is responding to the anticipated rise in substance use and overdose deaths due to the COVID-19 pandemic by offering a virtual series designed to bolster primary care providers' capacity and confidence in delivering medication for opioid use disorder (MOUD). This series brings together expert specialists and community providers in a collaborative, case-based virtual learning format. Providers learn to retain patient responsibility, while gaining mentorship, feedback and peer support as they handle complex cases.

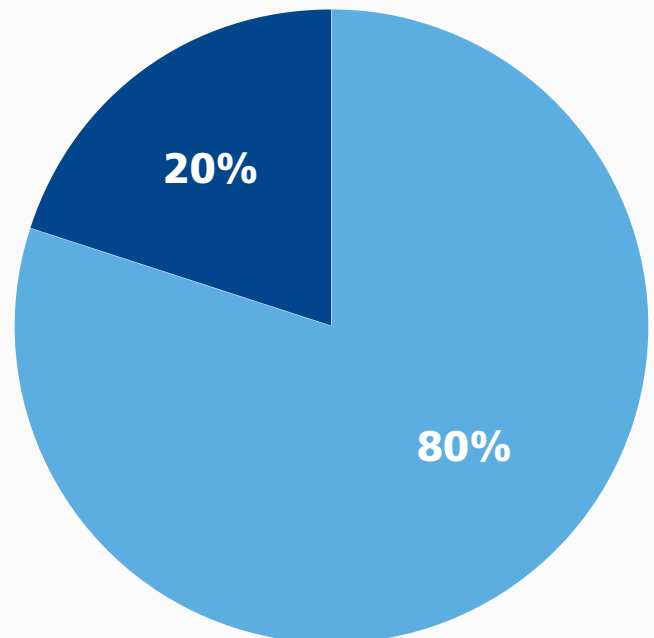
The MOUD ECHO program consists of 12 bi-weekly, one-hour sessions in which case discussion is followed by a 15-minute focused presentation on a topical area related to opioid use disorder. The curriculum, developed by the Penn State specialist team, covers a diverse range of topics including: Introduction to opioid use disorder; Medication for opioid use disorder; Peer recovery support services; Co-occurring mental health; Motivational interviewing; Risk reduction and safe opioid use; Adolescents/young adults with opioid use disorder and adverse childhood experiences; COVID-19 and opioid use disorder; Perioperative management of the opioid-dependent patient; Evidence-based screening and SBIRT; Co-occurring physical health/Hepatitis C; Opioid use disorder in the emergency department and Pregnancy/post-partum care.

The below information summarizes key demographic insights from the October 2025 session, reflecting engagement across specialties and external organizations.

## Distribution of Attendance:

External vs. PSH Organizations

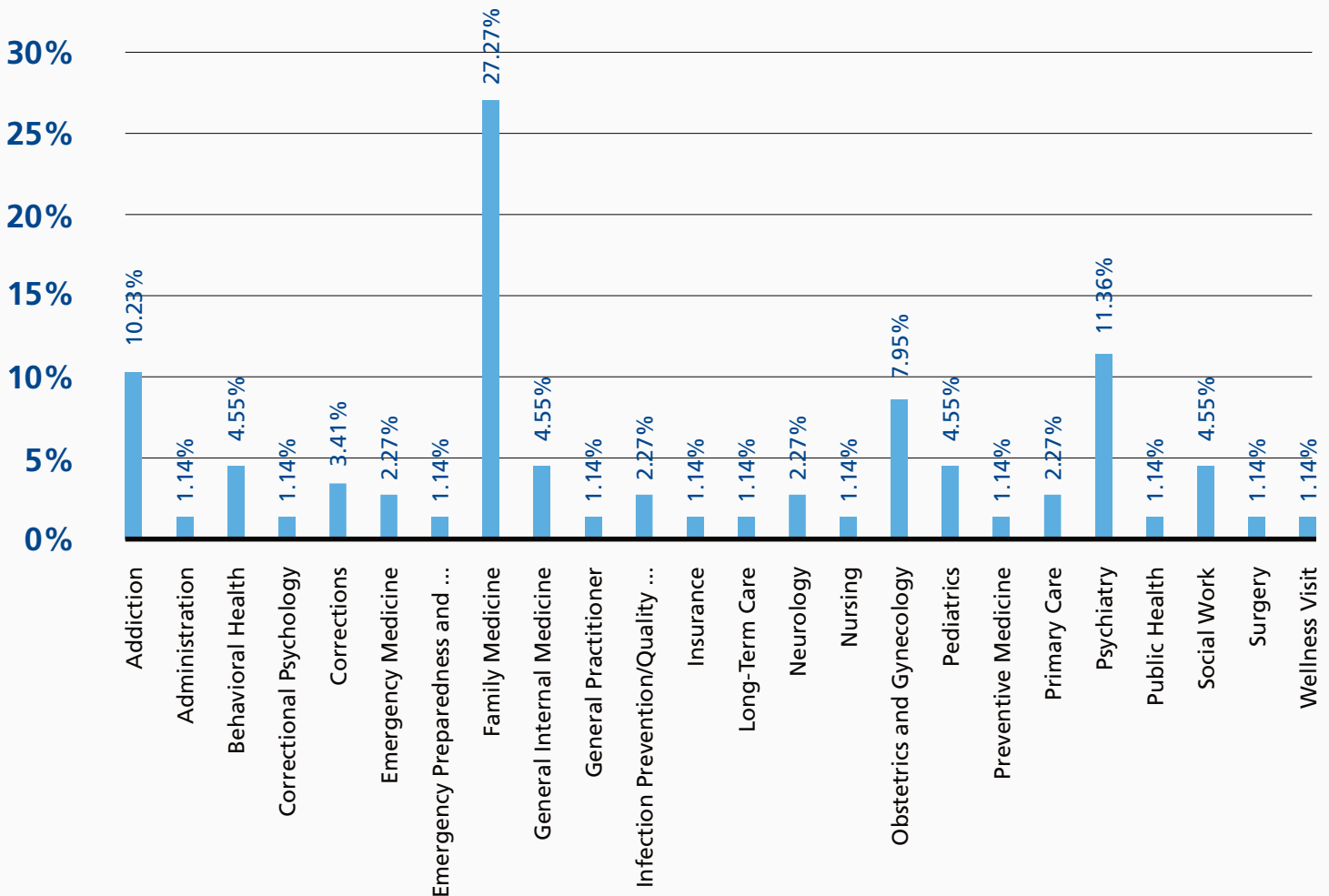
- PSH
- External Organizations



### External Organizations:

- Advanced Kidney Care Medical Associates
- Beth Israel Lahey Health
- Community Care Behavioral Health - Primary Contractor
- Department of Justice
- Federal Bureau of Prisons
- Federal Government
- Foundation Park
- Geisinger
- Godavari Foundations Trust Institute
- Liberty University College of Osteopathic Medicine
- PA Department of Health
- PCHS.Org
- Population Health
- Primary Care of York
- St. Luke's University Health Network
- Temple Health
- Primary Health Network
- The Wright Center
- Tower Health
- United States Medical Center for Federal Prisoners
- UPMC
- Valley Health Partners/LVHN/Jefferson

## Attendance by Specialty





P E N N S Y L V A N I A  
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