

2023 ANNUAL REPORT



"Together Building a New Way of Life"

Conewago ~ Snyder

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FIRETREE, LTD. ~ GOVERNING BODY

The Board of Directors of Firetree, Ltd. continues the role of the governing body. The teleconference between the Executive Committee of Firetree, corporate staff, and the facility directors at the facility level, that are held on a weekly basis, have proven successful over the past years. Facility directors submit a Friday Report that covers such topics as current census, expectations of admissions / discharges for the week, staff concerns, and maintenance issues.

Most communication from facility directors regarding day to day operations and personnel issues is directed to Firetree, Ltd.'s Chief Operating Officer, Ron Magargle. In addition, the directors report to the President William Brown, with any issues regarding facility improvements. This enables the directors of the facilities to receive a quicker approval for needed items.

The following is the current Board of Directors:

- Mr. William Brown - President
- Mrs. Kay Ertel – Chairman of the Board
- Ms. Amy Ertel - Secretary
- Mr. Ned Ertel - Member

The Corporate Office is located at 800 West 4th Street, Williamsport, PA. 17701.

Firetree, Ltd. sponsors quarterly director's management seminars that provide training and valuable information to members of the organization.

MISSION STATEMENT

Firetree, Ltd.'s mission is to provide individuals who are associated with the criminal justice system or experiencing problems with chemical dependency the resources to improve their life. The mission statement, "*Together Building a New Way of Life*", is the core principle that all Firetree employees embrace. Firetree, Ltd.'s programs are designed to provide clients with the guidance and resources necessary to return to lifestyles that are productive, independent, and chemically free.

The overall goal of Conewago Snyder is the provision of comprehensive inpatient chemical dependency rehabilitation/treatment to an identified population of individuals. The following are the identified targeted treatment populations that Conewago Snyder serves:

1. Pregnant Intravenous Drug Users
2. Pregnant Substance Abusers
3. Intravenous Drug Users
4. Other Substance Users
5. Veterans
6. Overdose Survivors

PHILOSOPHY

Conewago ~ Snyder, as a member of Firetree, Ltd. is committed to the philosophy that clients are responsible for their own choices and behaviors. The program is geared towards developing the awareness of the extent to which patterns of drug and alcohol use have impaired the ability to live life in a healthy manner. Clinical staff assists the client in identifying the denial systems that support chemical dependency and contribute to relapse. They help in the replacement of denial systems with a system of constructive decision making skills.

Conewago Snyder utilizes an evidence based approach to treatment rooted in a 12-step recovery model. The programming includes community participation, individual, group, and family therapy sessions to address the client's awareness of addiction, acceptance, motivation for change, and use of support services for after care planning.

Conewago Snyder utilizes a Modified Therapeutic Community approach which focuses on making the clients ultimately responsible for their own recovery. Emphasis is placed on using client's strengths in conjunction with available community resources to foster the optimum long-term treatment success.

The community method philosophy addresses peer support and emphasizes the value of working together to achieve long-term success.

GENERAL SERVICES

Conewago Snyder is licensed by the Pennsylvania Department of Drug and Alcohol Program (DDAP) to provide inpatient non-hospital drug and alcohol services.

Conewago Snyder provides inpatient treatment services to individuals referred by county Single County Authorities (SCA) and Managed Care Organizations (MCO). Conewago ~ Snyder utilizes a cognitive behavioral approach based on the Cognitive Interventions Program developed by the National Institute of Corrections in 1994. The curriculum includes a combination of individual, group, and family therapy techniques which creates awareness about alcohol and other drug addiction and helps eliminate the thinking distortions associated with criminal behavior, alcohol and other drug use.

Services are provided to a target population that includes males and females eighteen years of age or older who have experienced adverse consequences as a direct result of alcohol and/or other drug use, abuse, and/or addiction. Conewago ~ Snyder accepts referrals based upon the mutual agreement with county referrals that meet the admissions criteria of the program. Two bi-lingual staff persons are employed by the program to accommodate Spanish speaking clients.

Conewago ~ Snyder is diverse in nature and individualized to meet the specific needs of the client. Difficulties associated with the development of chemical dependence are identified by trained clinicians through screening and review of a bio-psychosocial history. Clinical staff utilizes the Pennsylvania Client Placement Criteria, and information provided by referral sources as part of the assessment process. Specific needs associated with relapse and recidivism are identified and also addressed.

Conewago Snyder Goals and Objectives 2023

1. Physical Plant

(Objective) – Consistently maintain the facility in a clean and safe manner.

(Plan) – Facility Director will coordinate the daily cleaning of the facility through the work therapy component of the treatment schedule. Facility Director will inspect the entire facility on a daily basis to identify any maintenance or cleaning issues that need addressed. Any issues noted will be communicated immediately to the appropriate staff member depending upon the nature of the issue. If major maintenance needs are detected, facility director will report these needs immediately to the corporate maintenance team and Regional Director through an email address dedicated to documenting and facilitating the swift correction of physical plant repairs. Maintenance Professional will run fire drills monthly and document their completion in the policy and procedures manual per policy. Fire, Safety and Sanitation Report will be completed weekly per the Maintenance Professional. Any deficiencies noted in the Fire, Safety and Sanitation Report will be discussed immediately with the Facility Director in efforts to create a plan of action to address the deficiency.

(Target Date) 12-31-23)

2. Case Management

(Objective) – Ensure the appropriate completion of the facility case management

Procedures.

(Plan) – Clinical Supervisor will consistently monitor her administrative responsibilities in ensuring that facility case management procedures are completed in a timely fashion in coordination of facility's Case Manager. She will provide supervision to the facility counselors and case manager by reviewing case management on a weekly basis and providing input in terms of the timeliness and thoroughness of completion. Counseling staff will continue to participate in clinical client case consultations in addition to weekly clinical meetings. Case consults and clinical meetings will be documented accordingly. Clinical Supervisor will review the status of agency's client files with the Corporate Compliance Officer and Corporate Clinical Director on a monthly basis to assess any needed changes in the case management protocols and on a weekly basis for any necessary staff disciplinary actions. Clinical Supervisor will also evaluate the training needs of the counseling staff in terms of their case management completion, and coordinate any training attendance with the Facility Director. All facility staff are trained to utilize an electronic client case management system.

(Target Date) 12/31/23)

3. Policy and Procedures

(Objective) – Review updated policy and procedures as needed, complete annual reports, secure governing body approval, and add to manual.

Ensure the appropriate implementation of all agency protocols.

(Plan) – Project director will revise policies in conjunction with the policy committee as needed per DDAP and all MCO's, assist facility director with the completion of the annual reports, and secure governing body approval, prior to updating the policy and procedure manual. Facility Director will review all policy and procedures changes and yearly reports with the facility staff during monthly staff meetings. The review of such policy and procedure changes will be documented in the monthly staff meeting agenda completed by the Facility Director. All employees present at the monthly staff meeting will sign in to designate that they were privy to all information listed on the agenda. The Facility Director will maintain sign in sheets and agendas for all monthly staff meetings that have been completed.

(Target Date 12-31-23)

4. Personnel

(Objective) – Maintain staff/client ratios per regulations, based on referral numbers. Add or decrease clinical staff as warranted. Ensure appropriate job performance by all facility staff.

(Plan) – Facility Director will review staff/client ratios and referral numbers with governing board on a weekly basis during the weekly conference call and adjust staffing pattern as deemed warranted with board approval. Corporate Clinical Director and Clinical Supervisor will take responsibility for hiring and training all new facility staff. Corporate Clinical Director and Clinical Supervisor will share the responsibility for evaluating existing clinical staff as per employee evaluation policy. Facility Director will notify governing body of potential need. The Facility Director will monitor the functioning of the office staff on a weekly basis to ensure appropriate completion of job responsibilities. Project director will review staffing patterns with the governing body on at least a quarterly basis to ensure appropriate compliance with licensing standards.(Facility and Clinical Director are in constant communication regarding client vs staff ratio. Clinical Supervisor and Clinical Director trains all incoming clinical staff. Facility, Assistant and Clinical Supervisor complete staff evaluations in accordance with the company's expectations. These evaluations are to be entered into the Kronos system

(Target Date 12-31-23)

5. Staff Training

(Objective) – Ensure all staff receives DDAP mandated trainings, yearly training hours, improve awareness of training availability, and participate in trainings based on identified need areas.

(Plan) – Facility Director and Assistant Director will coordinate training requirements with staff and monitor completion of individual staff training plans and training needs assessment forms. Corporate Director of Training will provide staff with a training calendar and all other available training resources to assist with the completion of individual training plans. Corporate Director of Training will then utilize the completed individual training plans to compile a yearly agency training plan and review 2023 training evaluation forms to complete a yearly training evaluation report. Facility Director will update all staff on their progress securing the appropriate training hours on a quarterly basis to facilitate appropriate compliance. Facility Director will coordinate a monthly in-house training during monthly staff meetings. All facility staff will be trained in the utilization of our newly acquired Relias training system and will complete assigned training plans as directed by Firetree’s Corporate Director of Training. (All training records were checked in July 2023 and verified to contain all required trainings/hours for each staff member in preparation for DDAP audit. Clinical Supervisor tracks/coordinates all DDAP required trainings for clinical staff. Facility Director and Assistant Director will ensure all Program Monitors, Maintenance, Kitchen and Administrative staff have required trainings/hours each year. Training Assessments and Plans for 2024 are to be sent to Corporate Trainer by January 1, 2024.)

(Target Date 4-1-23)

6. Governing Body

(Objective) - Maintain consistent and effective communication with the governing body to provide support and direction to the program.

(Plan) – Facility Director will meet with the administrative staff of her facility on a weekly basis to identify any needs to be addressed by the governing body. Facility Director will then communicate the appropriate facility information to Regional Director, and seek governing body approval for any actions needed to be taken. (Admin staff meetings are held Fridays at 10:00am in Director’s office.

(Target Date 12-31-23)

7. Office Management

(Objective) – Ensure the appropriate functioning of the facility’s office management processes.

(Plan) – Facility director will monitor the office management responsibilities of the facility; Utilization Review team will be tasked with coordinating the billing processes with the corporate billing person on a monthly basis, are located off site, and are supervised by the Corporate Clinical Director. Facility Director will monitor compliance through monthly supervisions with the Clinical Supervisor and through the collection of client feedback through collection of information from client satisfaction surveys. Facility Director will ensure that any issues with the office management staff are addressed through the normal supervision and evaluation/disciplinary processes. Facility Director will utilize the completed client satisfaction forms to evaluate the ongoing facility functioning and make any suggestions to the Regional Director in terms of facility protocol changes. Utilization Review team will continue to coordinate communication on a weekly basis between the billing specialist and the corporate administrative personnel to improve the coordination of the facility billing procedures and the corporate budgeting office. Any issues will be reported to the Facility Director and Clinical Supervisor in efforts to develop a plan of correction.

(Target Date 12-31-23)

8. Programming

(Objective) – Continue to update clinical programming to effectively meet the treatment needs of the referral population.

(Plan) – Corporate Clinical Director will meet with the Clinical Supervisor and treatment staff on a monthly basis to assess the treatment needs of the referral population. The Corporate Clinical Director will assist the Clinical Supervisor in the formation of any new programming changes or additions. The Clinical Supervisor will then implement any programming changes deemed appropriate and monitor to ensure their appropriateness. The Clinical Supervisor will also monitor each group monthly and provide feedback to both the group facilitator and the Corporate Clinical Director to ensure effectiveness. Client satisfaction questionnaires will be completed for each client upon discharge and forwarded to the corporate team for review and computation. The feedback on the questionnaires will then be utilized in formulating facility goals and objectives and for implementing any programming changes through the Clinical Supervisor. The Clinical Supervisor, Corporate Clinical Director and clinicians will continue working towards ways to enhance the holistic nature of our programming.

(Target Date 12-31-23)

9. Quality Assurance

(Objective) – Ensure that all facility quality assurance and follow-up protocols are followed consistently. Identify and address any problematic issues with overall facility functioning through the internal auditing processes.

(Plan) – Facility director and Clinical Supervisor will utilize client satisfaction questionnaires, discharge data, and follow-up data to ensure the appropriateness and effectiveness of the agency’s functioning. Facility Director will also track safety, satisfaction, outcomes, medication errors, incidents, and discharges as requested by the facilities Department of Health Licensure. Data will be collected by the Facility Director as per established procedures and then shared with the clinical staff on a quarterly basis for discussion of any needed changes in procedures or programming. Regional Director will monitor the completion of the agency’s follow up procedures and will utilize the data in the completion of any needed reports or programming changes. Director of Admissions will train newly hired staff in the process of completing follow-up phone calls/outreach with the discharged clients. Corporate Compliance Officer will complete initial facility audits on a monthly basis and forward all outcomes to the facility director for review with the facility staff. Internal audits are also forwarded to the corporate office for review and correction implementation

(Target Date 12-31-23)

Program Evaluation of Goals and Objectives – 2023

Objective #1 – (Physical Plant)

Facility is cleaned on a daily basis per client detail. Staff members assist and observe clients completing the necessary cleaning details on a daily basis. Peer Leaders have been added to daily life at the facility and assist in monitoring detail completion. Fire drills are completed on a monthly basis with results being documented in electronic record system, EM. These drills are completed at varying times of the month and day to meet DDAP requirements. Completion of weekly Fire Safety and Sanitation checks are completed by our maintenance professional weekly and logged in EM as well. All staff receives new hire fire safety training in accordance with policy, and any/all facility issues are addressed by corporate in a timely and appropriate fashion. The Facility Director coordinates the weekly operations of the various facility functions. Facility Director monitors weekly operations through daily site inspections to ensure cleanliness and safety of the facility, staff and clients. Any and all major repairs are reported to the Corporate Maintenance team for support as needed.

Objective #2 – (Case Management)

In cooperation with the ASAM alignment, a Case Manager position was added to the staff roster. However, clinical staff do continue to aid in Case Management activities as well. Clinical Supervisor oversees the clinical staff and ensure that all case management procedures are followed and completed within the necessary time-frame to ensure compliance with DDAP regulations. In addition to the Clinical Supervisor's monthly audits, the Corporate Compliance Officer completes monthly internal audits to ensure ongoing compliance. Any areas of deficiency that are identified are brought to the attention of the Facility Director immediately. The Clinical Supervisor, Facility Director and Corporate Compliance Officer will work collaboratively with the Corporate Clinical Director to develop a plan of action to address the deficient areas with additional training, corrective action and additional supports as needed. Clinical Supervisor now oversees the Case Manager.

Objective #3 – (Policies & Procedures)

The Policy Committee continually work to revise policies and procedures to ensure compliance with the Department of Drug and Alcohol Programs. All policy revisions and updates are approved by the governing body and then dispersed to all facility employees during weekly admin and clinical staff meetings. All staff are being required to review electronic versions of all company policies and procedures using out electronic training system, Relias.

Objective #4 – (Personnel)

For the report year 2023, the staff includes a Facility Director, an Assistant Director, a Clinical Supervisor, 7 Counselors, 1 Counselor Assistant, 1 Lead Monitor, 7 full time LPNs, 1 full time Nursing Assistant, 19 full-time monitors, 2 part-time monitors, 3 full-time cooks, 1 part time cook, and 4 on-call drivers. We have been in 100% compliance with staff/client ratios for the 2023 year. The facility utilizes a contracted physician to handle medical issues. Any additional medical or mental health services needed are handled through arranged referral agreements with local agencies/providers in the community.

8

Objective #5 – (Staff Training)

All staff members continue to receive more than the required number of training hours on a yearly basis. Firetree has several in house trainers to provide for CPR/FIRST AID/AED training for new hire staff members who need this required training as well staff members who need to receive their 2 year refresher course. The staff members have also been trained in de-escalation training. We continue to add the capacity to offer more trainings internally through corporate trainers and we continue to offer educational tuition reimbursement to encourage both licensure/certification as well as continuing education. All new staff receives the fire safety training in the required time frame, and members of the clinical team complete all necessary trainings required through DDAP regulations. Firetree Ltd's Corporate Director of Training creates a monthly in-service training schedule and tracks yearly training plans and assessments for each Firetree Ltd employee. All staff complete Individual Training Plans as well and Training Needs Assessments on a yearly basis. All Firetree Ltd employees utilize the Relias training system to train and track progress throughout the training year. Staff are encouraged to request and attend external trainings as well to broaden their knowledge base as well as to meet DDAP and certification requirements.

#6 – (Governing Body)

(Objective) - Maintain consistent and effective communication with the governing body to provide support and direction to the program.

(Plan) – Facility Director will meet with the administrative staff of her facility on a weekly basis to identify any needs to be addressed by the governing body. Facility Director will then communicate weekly with the governing body during the weekly directors meetings to communicate the appropriate facility information and seek governing body approval for any actions needed to be taken.

(Target Date) 12-31-23

Objective #7 – (Office Management)

The facility's UR Department is now managed from a central location. The centralized UR department continues to be in consistent contact with the corporate centralized billing department to assist with any issues that may arise with the facility billing. Facility staff and UR staff have worked well together in 2023 to develop procedures that streamline the UR processes. The Facility Director and Clinical Supervisor review all client satisfaction surveys to identify areas of deficiency or concern that can be improved upon in efforts to make the clients more comfortable and successful while in treatment at our facility. The Clinical Supervisor monitors the case management processes on a weekly basis to ensure appropriate actions are taken and documented accordingly in EM.

(Target Date) 12-31-23

Objective #8 – (Programming)

Programming at the facility is conducted in accordance with the expectations of DDAP and our Corporate Clinical Director. We offered level 3.5 to both males and females, and 3.1 level of care to males during 2023. In January of 2023, a detox of 7 beds was added to our license. We now provide level 3.7 to both the male and female populations. The Clinical Supervisor communicates several times a week with the Corporate Clinical Director to discuss the clinical programming of the facility, any issues that may have arisen, and adjustments to the treatment schedule that may need to be implemented as to address the needs of the every changing communities that we serve.

Objective #9 - (Quality Assurance)

All quality assurance procedures and protocols are effectively executed on a regular basis. We continue to utilize client satisfaction questionnaires, group feedback forms, discharge data, and follow-up data to evaluate the appropriateness and effectiveness of the facilities overall functioning. Client satisfaction surveys were consistently above 4.0 in almost all categories in each and every month of 2023.

PROGRAM AND STATISTICAL INFORMATION

Statistical data was collected throughout the reporting period of January 1, 2022 through December 31, 2023. Information gathered for this report focuses on descriptive data including the number of clients by referral source and gender. Other information provided is specific to the average length of stay and a summary of the type of discharges.

During this year, client admissions for drug and alcohol treatment totaled **XXX**. Of the clients who received treatment in 2023, **XXX** completed treatment successfully.

Conewago Snyder received clients from three different sources: the majority were referred by a Managed Care Organization (MCO); some were referred by a Single County Authority (SCA); and a few were referred by the Department of Corrections and local county prisons.

Client Demographics

Firetree, LTD. Conewago Snyder

Inpatient Quarterly and Year End Report

01-01-2023 to 12-31-2023			
		Inpatient	
		Quantity	Percentage
Admissions by Age	18-24	23	6
	25-34	106	29
	35-44	140	38
	45-64	94	26
	65 & over	3	1
	TOTAL		100
Admissions by Gender	Male	319	87
	Female	45	13
	TOTAL		
Admissions by Ethnicity	Caucasian	276	75
	African American/Black	44	12
	Hispanic	30	8
	Other/American Indian/Alaskan/Asian/Pacific Island	16	5
	TOTAL	366	100
Drug of Choice	Heroin	58	16
	Speed (Methamphetamines)	47	13
	Alcohol	95	26
	Cocaine/Crack	40	11
	Amphetamine	41	12
	Other	82	22
	TOTAL	366	100

Admissions by Funding Source			
	MCO	283	77
	SCA	68	19
	Scholarship	15	4
	TOTAL	366	100
Discharge Types	Still in Program	37	
	Medical	3	
	Successful	309	
	Unsuccessful	17	
	TOTAL	366	100

*Totals in the above categories do not match due to clients being counted twice in some categories if they came in with one method of funding and changed to another, or were admitted at one level of treatment and transitioned in to another level during their treatment stay. I am unable to decipher the numbers with any greater specification with the data provided.

FACILITY OUTCOME STATISTICS ~ FOLLOW-UP STATISTICS

Conewago ~ Snyder completed follow-up procedures as a way to improve the quality and efficiency of its program.

January:

- Successful Completion = 70%
- Aftercare Attendance = 90%
- 3.5 -
- 3.7 – 100%

February:

- Successful Completion = 81%
- Aftercare Attendance = 69%
- 3.5 -
- 3.7 – 62%

March:

- Successful Completion = 76%
- Aftercare Attendance = 59%
- 3.5 – 82%
- 3.7 – 36%

April:

- Successful Completion = 87%
- Aftercare Attendance = 59%
- 3.5 – 92%
- 3.7 – 25%

May:

- Successful Completion = 89%
- Aftercare Attendance = 52%
- 3.5 – 86%
- 3.7 – 17%

June:

- Successful Completion = 88%
- Aftercare Attendance = 88%
- 3.5 – 76%
- 3.7 – 100%

July:

- Successful Completion = 74%
- Aftercare Attendance = 56%
- 3.5 – 91%
- 3.7 – 20%

August:

- Successful Completion = 74%
- Aftercare Attendance = 67%
- 3.5 – 83%
- 3.7 – 50%

September:

- Successful Completion = 70%
- Aftercare Attendance = 55%
- 3.5 – 94%
- 3.7 – 15%

October:

- Successful Completion = 70%
- Aftercare Attendance = 60%
- 3.5 – 80%
- 3.7 – 40%

November:

- Successful Completion = 69%
- Aftercare Attendance = 63%
- 3.5 – 81%
- 3.7 – 44%

December:

- Successful Completion = 93%
- Aftercare Attendance = 43%
- 3.5 – 85%
- 3.7 – 0%

CLIENT PROGRAM EVALUATIONS 2023

Upon discharge from Conewago Snyder, each client is asked to complete a written Program Evaluation utilizing Google Forms to assist us in assessing and improving the services that we provide. The areas listed below are identified on the Program Evaluation. Clients are asked to score each area using a numeric score. The score range is 0 (poor) to 5 (excellent). Below you will see each area of focus, the previous average rating from 2022, and the average rating for 2023. Comments and suggestions on each area of focus are also requested on the Program Evaluation.

- Counselors: 4.8...4.7
- Clinical Director: 4.6...4.5
- Program Monitors: 4.3...4.3
- Medical Staff: 4.9...5
- Administrative Staff: 4.6...4.5
- Driver: 4.7...4.8
- Group Therapy: 4.3...4.4
- Groups Controlled by Counselors: 4.6...4.5
- Groups Controlled by Program Monitors: 3.9...4.2
- Group Therapy Lectures: 4.4...4.4
- Individual Counselor: 4.9...4.8
- Life Skills: 4.5...4.5
- Activities Program: 4.2...4.3
- Dietary: 4.3...4.1
- Food Service Staff: 4.5...4.4
- Buildings and Grounds: 4.7...4.6
- Rating of the Facility: 4.3...4.2

Overall Average: 4.5...4.5

Counselor Rating:

Comments: Slight decrease noted. Comments included, “thoughtful, helpful, understanding, able to relate, available when I needed her”.

Suggestions for Improvement/Concerns: “Too many on case load, too much technical staff keeping them busy and taking time away from actual counseling. Communication needs to improve”.

Clinical Director Rating:

Comments: Slight decrease noted. “Helpful, kind, firm but fair, understanding, door was always open, met with us face to face to address issues, knowledgeable.”

Suggestions for Improvement/Concerns: More time with the clients one on one, lead more groups.

Program Monitor Rating:

Comments: Consistent results. “Helpful, disciplined, down to Earth, great listeners, understanding and supportive.”

Suggestions for Improvement/Concerns: Be more involved instead of sitting in the office, be respectful, ability to share personal stories.

Medical Staff Rating: Improved to a perfect 5.0!

Comments: Rating for the medical staff increased to the highest rating possible and the highest rating of any other category. “Helpful, very kind, quick to respond, knowledgeable, patient and caring.”

Suggestions for improvement/Concerns: The majority of clients listed “none or nothing” for improvement needed and concerns for the medical staff.

Administrative Staff Rating:

Comments: Slight decrease noted. “Personable, respectful, help with things we need, good at their jobs, very kind.”

Suggestions for Improvement/Concerns: More time with the clients, more freedom from corporate, be aware of what is going on in groups, better communication among staff.

Driver Rating:

Comments: Slight improvement noted. “Very nice, very kind, easy to talk to, knowledgeable and helpful, understood my state of mind, met me at my lowest place, explained the program, made me feel comfortable and safe.”

Suggestions for Improvement/Concerns: Punctuality, more focus and attention, use turn signals when changing lanes.

Groups Therapy Rating: Slight improvement noted.

Comments: Positive comments included: “Some groups are extremely helpful, others completely useless, allow us to talk openly, allowed us to run groups, communication among peers, and variety of topics.”

Suggestions for Improvement/Concerns: Repetitive, boring, people nodding out and sleeping, uncomfortable chairs, cross talking, too focused on emotion, temperature in the group room.

How Well Controlled are Groups Controlled by Counselors Rating:

Comments: Slight decrease noted.

Suggestions for Improvement: Too much cross talking and war stories, less book work, boring books.

Groups Controlled by Program Monitors Rating:

Comments: Substantial improvement noted in this area.

Suggestions for Improvement/Concerns: Let clients run the group, allow time for some joking around, monitors do not seem comfortable running groups sometimes, too strict.

Group Therapy Lectures Rating:

Comments: Results were consistent with last year’s. “Helpful, insightful, learn something new every day, interaction with others, non-judgmental counselors.”

Suggestions for Improvement/Concerns: Repetitive books, too long, too many groups.

Individual Counseling Rating:

Comments: Slight decrease noted. “Able to relate, on top of things, problem solver, made me feel comfortable, everyone has their own approach, some more helpful than others.”

Suggestions for Improvement/Concerns: There were not a lot of comments about improvements needed or of concerns in this category. Trac 9, can tell when she (counselor) is stressed out, give client’s the benefit of the doubt instead of believing co-workers.”

Life Skills Rating:

Comments: Consistent results noted. “Helpful, useful, life skills was very helpful, I learned a lot, learned about myself, learned skills to help me be successful.”

Suggestions for Improvement: Had to pick between that and music therapy, a little too long, knew some of the stuff already.

Activities Rating:

Comments: Slight increase noted. On numerous occasions, clients visited the local lake for nature hikes, and the “Alter”, a local look out used for meditation and relaxation. Clients participated in tie dye activities numerous times over the summer months as well as relay races, water balloon fights, cook outs, and evenings around the fire pits. HWH residents attended the Farm Show, visited Lake Tobias, and attended local Recovery Events. HWH residents participated in community events such as Trunk or Treat, and the Local fairs and carnivals. In September, Conewago Snyder held its first Annual Recovery Softball Game in which the HWH residents and the inpatient clients competed alongside staff. Clients in the HWH attend outside meetings regularly, and attend a local Recovery Church on Friday evenings. Recovery speakers are booked whenever possible to come in and share their stories with our residents and clients. We have also had numerous volunteers visit to provide on-site bible study to those who are interested. The holidays provided an opportunity for all staff and clients/residents to celebrate together in our first joint Christmas party which included food, fun and prizes.

Suggestions for Improvements: Outdated games and equipment, not enough time outside, need more activities, too much sitting around.

Dietary Rating:

Comments: Slight decrease noted. “Good, scrumptious, lots of options, variety, good portions, on time, salad bar, foo was hot and cooked from scratch.”

Suggestions for Improvement/Concerns: Not enough hot breakfasts, too much chicken, no seconds, not much input from clients regarding meal choice.

Food Service Staff Rating:

Positive Comments: Slight decrease noted. “Friendly, clean, all nice ladies, always smiling and helpful, dedicated, sweet, polite and caring.”

Suggestions for Improvement/Concerns: Received a lot of “nothing and none” in response to this category.

Building & Grounds Rating:

Positive Comments: Slight decrease noted. “Cozy, clean, large facility, pavilion, very safe, peaceful, controlled environment, beautiful scenery, security is good, grounds are maintained well, homey.”

Suggestions for Improvement/Concerns: No handball, carpets need shampooing, not enough to do, too cold, no music or crafts.

Overall Facility Rating:

Positive Comments: Slight decrease noted in many categories moving our average for the year down a tenth of a percentage.

Overall Comments

- “this place taught me everything that someone would need to apply their life to a program of recovery
- “Helped from the beginning all the way up to my discharge”
- “Taught me how to use supports when I am in trouble, and coping skills to stay in recovery”
- “they have put me in a position to be able to go home and be on my feet something I haven't been able to do in a long time”
- “Their genuine nature and actual care to see that I recover and stay sober.”
- “Getting out of jail and coming to this rehab and going to this halfway house, it was all around a good experience and look forward to my stay in the halfway house.”
- “They personalized my recovery to fit me. Showed personal attention to my, wants, needs, and desires”
- “this facility and program has helped me get back on track and back to the mindset I needed to be in to be motivated and successful in my recovery and back on the road to a healthy and sober living lifestyle and to that I am truly grateful for.”
- “everyone here seemed genuinely helpful.”
- “This has been the best experience I ever had at a treatment facility.”
- “I felt like it was not too crowded and I got the amount of time I needed from my counselor. I think where this place is located makes a difference. There are genuine good people that work here.”
- “In every way possible. I am very grateful for the experience it was very helpful”
- “The staff here truly cares about people and that what I think makes it a great rehab. the other Substance Abuse Program I went too had staff that seemed like they were only there to get paid, not to help change lives”
- “100% willing to help in any way”
- “it helped me with everything I was struggling with and made sure my stay was as pleasant as can be”

PERSONNEL

Clinically, Conewago Snyder hired four new Counselors and one counselor assistant. Conewago Snyder continues to retain a Case Manager, a position that has a large impact on the quality of care provided during and after treatment. UR services continue to be completed a team located off site. The medical department happily promoted our nurse to Nursing Supervisor for the Firetree Ltd family. Our physician switched office hours on site every Tuesday and Thursday to meet the needs of the community to complete initial checks on new intakes exams. 6 FT LPN's and one PT LPNs have joined our team to support the opening of our 3.7 program on 01-16-23. We have 3 FT cooks and 1 PT cook who work to incorporate fresh fruits and vegetables in to the menu as well as substituting organic meats and starches in place of processed items. The Facility

Director continues supervising the kitchen staff, completing food orders and addressing dietary issues as they arise. Conewago Snyder currently has 21 FT Program Monitors on staff and two PT Program Monitor. Conewago Snyder employees 4 FT drivers, and one FT maintenance professional who keeps the facility a place where all employees can all be proud and comfortable to work. On a daily basis, all staff at Conewago Snyder strive to look at each task and challenge from a team oriented approach. Administrative staff actively encourage and emulate this approach in efforts to facilitate a feeling of community among staff and pride in their collective work.

STAFF TRAINING

Annual Evaluation of the Overall 2023 Training Plan

Firetree, Ltd. continues to do a mix of in-person and virtual trainings provided both internally and externally, however there is a focus on in person over virtual when possible as it lends to a better training experience overall however virtual offers much more flexibility. Offering trainings virtually has presented its own set of trials, including keeping participants engaged and overcoming barriers related to technology. Firetree, Ltd. continues to use the RingCentral

platform for virtual use and continues to become more proficient in its use as it continues to be utilized.

DDAP has been offering the SCA required trainings both in-person and virtually. However, there continues to be issues with there being enough available seats to accommodate everyone who is need of these trainings. Three of these trainings are available as an “on demand” virtual option through DDAPs Training Management System (formerly available through TRAIN PA) which allows staff much more flexibility.

The Department of Corrections continues to offer the required DOC Community Contract Facilities Basic Training on an approximate quarterly basis. This training is held for a full week (40 hours) and continues to be held virtually. The length of the training, limited offerings and lack of adequate notice of the training continue to be barriers for training new staff within a 6-month time frame.

Firetree, Ltd. received CARF accreditation in 2023 for its AOD facilities which did require several changes to staff training including a more robust training plan in Relias for new hires and the addition of several modules for current staff, changes to monthly in-service trainings for the AOD facilities and revisions to the Facility New Hire Orientation Guide.

The agency conducted monthly in-service trainings during this review period. The training topics for 2023 remained consistent with 2022 however several of these have been revised/updated as well as including a final exam for our AOD facilities to align with CARF standards.

The agency staff continue to display a genuine desire to broaden their clinical skills and provide clients with the most effective treatment possible. All staff actively participated in training throughout the year. Training needs assessment forms and individual employee training plans were formulated to identify training needs and the resources for fulfilling those needs.

Also noted as a continued concern, the facility is required to create individual and facility wide training plans early in the calendar year, before many of the available trainings are posted. This tends to lead to staff going through the motion to get the forms filled out without sufficient thought or available resources to complete the process in a meaningful manner. Individual training plans for administrative and clinical staff have continued for 2023. Newly hired clinical staff meet with the corporate training director and their clinical supervisor to review training requirements within their first year of hire, and newly hired facility directors met with the corporate training director and Regional Director to do the same. For the annual training plans, a similar process is implemented where the corporate training director identifies resources to

meet training needs and interests. Additionally, the individual training plan includes a section that focuses on areas identified on an employee's performance evaluation which can be addressed through training.

In order to continue the agency's consistency and training effectiveness, the Facility Director in addition to the corporate training director will continue to track individual staff training. The director and training director will continue to strive to better coordinate the agency's training plans with the individual needs of the staff and the need areas highlighted in the training needs assessments as well as the individual employee evaluations.

In regards to Relias, agency staff had a course completion rate of 75.45% and a compliance rate of 48.26%. These rates are determined by using the following formulas:

$$\text{Total Completion \%} = \frac{(\text{Courses Completed On Time} + \text{Courses Completed Late})}{\text{Total Courses Assigned}}$$

$$\text{Total Compliance \%} = \frac{(\text{Courses Completed On Time})}{\text{Total Courses Assigned}}$$

This is a decrease in completion rate by 8.47% and a decrease in compliance rate by 13.14% from the previous year.

Contributing factors that impact the ability to complete courses timely include barriers with staffing shortages, time management and limited knowledge in basic computer skills are all acknowledged barriers. With staffing shortages, employees are required to place their focus on other job duties over training, resulting in trainings becoming completed past due. There is a continued need to offer basic computer skill classes to the staff who are in need. Overall, staff have been receptive to the Relias Learning Management System and continue to view it as an opportunity to enhance their skills sets.

In 2021, new training requirements were instituted by to be aligned with ASAM standards. New clinical staff continues to be educated on the various trainings, to be completed within their first year of employment, during their Individual Training Plan which is completed within 30 days of hire date. Barriers that staff have encountered in completing these trainings timely include the outdated registration process, the lack of trainings/availability offered and ability to attend due to staffing shortages. For 2023, these trainings were offered via the DDAP Training Management System (TMS) site as well as a few "on-demand" options through the TRAIN PA website. DDAP announced a change to the TMS site to be released in early January 2024 which will allow for a more streamlined registration process as well as eliminating the need for TRAIN

PA for these required trainings as these “on demand” trainings will all be available through the TMS site.

PCB credentialing is a newer, ongoing requirement for clinical staff hired after July 2021. Staff will have to have or be working towards PCB credentials (CAAP, CAAC, CADC, CAADC, CCDP, CCDPD or CCJP). In regard to this change, the corporate training director has been encouraging all “exempt” clinical staff to consider pursuing one of the abovementioned certifications. For all newly hired clinical staff, the PCB certification process is discussed with them during their Individual Training Plan which is completed within 30 days of hire date. The PCB certification is also discussed as part of the Annual Individual Training Plan and continued discussion is encouraged during supervisions with the Clinical Supervisors. As an incentive, Firetree, Ltd. will pay the cost of the registration fee for staff pursuing certification with the understanding that they continue to be employed by Firetree, Ltd. for six months after certification.

Trainings on the Trac9 assessment and treatment tool were also facilitated this year and have become routine and consistent in expectation. A Trac9 “101” training is held monthly (2nd Thursday) for new staff (or staff that need a refresher) to participate for a brief Trac9 overview. For the clinical team, Advanced Clinical Interpretation (ACI) trainings, are held on a quarterly basis for each facility and are considered mandatory for attendance. These trainings are expected to provide greater insight into the Trac9 system and allow for clinical staff to develop their interpretation skills when reviewing a client’s analytics.

To further strengthen training needs and approach, several projects have continued through 2023 including creating New Hire Onboarding Training Plans and Schedules for non-clinical positions, consistent utilization of the Training drive, and continued use of the Pre-Service Evaluation Form. Additionally, members of management including regional directors, facility and assistant facility directors, and clinical supervisors as well as several corporate staff began participation in a 12-month leadership training opportunity.

In 2023, the RELIAS platform was optimized to track additional required trainings. RELIAS can allow for Firetree, Ltd. to have better consistency with how staff trainings are managed and tracked on an on-going basis. Several training topics were also added to various RELIAS training plans this year including training that cover CARF required topics. By incorporating CARF topics into RELIAS, this has alleviated some training requirements that were facilitated at the facility level via the Facility New Hire Orientation Guide. Additionally, NAIC/CBH also have additional required training topics that have been identified and are slated to be added to AOD staff training plans in early 2024. Lastly, a training plan covering New Hire Orientation (2 day in

person event) was implemented for part time staff that are unable to attend the in-person event.

COMMUNITY INVOLVEMENT

Conewago Snyder has developed a Community Advisory Board of members including the local Mayor, President of the MACC, Veteran's Memorial Pool in McClure, members of Career Link and several employees of Conewago Snyder. This board will meet 4 times a year to discuss volunteer opportunities, concerns and local news in efforts to strengthen the facility's connection to our Community. Our HWH members have found numerous opportunities for volunteering at the MACC building helping with Nerf Battles, Community Meals, food donations on Tuesdays, Trunk or Treat and other various events. HWH has also volunteered at the Veteran's Memorial Pool completing landscaping items. Inpatient clients have volunteered to maintain local ball fields/concession stands during the spring and summer months, served meals at local churches for special events, and provided support at local fairs by performing various services such as parking cars. Firetree Ltd continues to provide memberships to the MACC for all residents of the HWH as a means to support local businesses and increase community presence and involvement. Numerous HWH residents attend and participate at the local Recovery Church on a weekly basis. Conewago Snyder welcomes speakers from the Recovery Church, local AA/NA groups as well as individuals from local churches offering voluntary bible study for the residents/clients.

PHYSICAL PLANT IMPROVEMENTS

The entryway doors have received a beautiful etched Firetree logo to welcome all visitors to the facility. The detox nurses office, the Facility Director's office received fresh coats of paint as well as the fishbowl on the male side. New carpet was placed in the west office, HWH monitor station, the fishbowl, the HWH kitchenette and the brown room on the male inpatient side. The hallway on the male inpatient side was repainted as well.

MARKETING REPORT

Marketing efforts in 2023 were focused on maintaining the census in our programs while looking for opportunities for expansion. We can be proud that we continue to make a difference in the communities we serve.

- MCOs—facilitated the addition of new programs to existing networks and successfully entered detox into the Magellan network
- Worked with multiple counties regarding issues with county prison referrals. Marketing team has been making every effort to meet directly with the individuals that make the direct prison referrals and also with county probation offices and the PBPP
- Continued distribution of new materials to referral sources and outpatient facilities. Newly printed brochures recently received
- New Community Relations Specialist, Ashely Bish, successfully completed her probationary period and became a permanent employee in December
- Continued to work on making contact with non-medical assistance providers to become a source to whom they can refer when they have a client that needs treatment and is also on medical assistance
- Participated in RCPA committees for drug and alcohol and criminal justice as well as participating in the conference committee. Patti is the Chairperson for Criminal Justice Committee. She is also now on the RCPA Regulatory Burden Committee
- Continue to advance relationships with other providers in order to increase knowledge of competitors and increase referrals
- Participated in NHO activities with Training Department
- Updated all Firetree and Genesis House facilities in the SAMHSA Directory so we are searchable in that directory
- Continued our contracts for advertising on Audacy Radio, Bestversion Media (FB and Google advertising), Vector Media (bus wraps), Lamar (billboards), WEEU (radio station ads during the Philadelphia Eagles and Phillies games)
- We toured multiple competing and non-competing provider facilities this year. This activity allows us to make comparisons to Firetree facilities and programming as well as network with possible referral sources. In addition, we also hosted many individuals on tours of our facilities.
- Weekly marketing meetings continue to be held with the Marketing Team and Firetree staff from other departments. This combination of diverse individuals allows for fresh ideas and interesting insight that helps guide Marketing's activities.

- The Marketing Department continues to assist with the Incentive Program by providing support in the form of ordering, supplying and keeping inventory of the items given to clients at each step in their treatment. In addition, Marketing is still supplying the facilities with Welcome Bags that are handed out to clients upon admission which has been very well-received.

Firetree Ltd.'s strong commitment to the recovery process goes beyond the treatment experience. As a provider to Philadelphia, we continue to be involved in their Recovery Transformation Initiative by adapting to their new treatment parameters. Harold Imber continues to represent Firetree, Ltd. as a member of the CBH Value Based Payment Committee, which developed new methods of billing constructed to more accurately reflect services rendered. Firetree, Ltd. supports the research and the rapid, effective dissemination of the results of that research to significantly improve prevention, treatment and policy. Firetree, Ltd. continues to participate in Philadelphia's Medicated Assisted Treatment Initiative using Buprenorphine, Vivitrol and Sublocade, as well as, referring participants on Methadone to nearby outside providers as necessary. We also supported research efforts at the University of Pennsylvania and other entities. Additionally, Mr. Imber continues to serve as a member of the Pay-4 Performance Advisory Board of CBH.

Maintaining open communications with the state's Single County Authorities (SCA), DOC, PBPP, County Probation departments and HealthChoices managed care organizations (MCOs) remains a primary goal. Marketing team members were able to attend multiple community events in 2023, more than any other year. Providing treatment to HealthChoices members in the past year remained a priority. Multiple funding streams have become available in the last 12 months mostly due to the opioid settlement money being released to the counties. The Federal Government also continues to make grants available to the counties for various projects. Firetree, Ltd. has consistently year over year received accolades from referral sources for being able to expediently complete the enrollment process. This is one way we in which we work with SCAs and clients to ensure that services can be delivered to those referred to us that are battling addiction. We have increased outreach to other agencies and organizations such as hospitals, outpatient providers and methadone clinics in order to reach HealthChoices members more effectively as well as the clientele that enter treatment through the warm hand-off process.

We attended the following conferences in 2023: RCPA (Rehabilitation and Community Providers Association), CompassMark, COCA (Council on Chemical Abuse), Gaudenzia Women and Childrens Conference, Dauphin County Addictions Conference, Drug Court Conference, Pro-A, PAPPC and CCAP conferences. We continue to be involved with RCPA (Rehabilitation and Community Providers Association) by sitting on various committees and workgroups including: Drug & Alcohol Committee, Criminal Justice Committee and Regulation Burdens workgroups. Patti Brader co-chairs the Criminal Justice Committee and serves on the Conference Committee which gives us additional access. The support and information gleaned from the Association has always served us well. We attended

numerous community events in person last year, too many to list. We continue to engage with the community at every opportunity.

The Marketing Department continues to be involved in supporting the efforts of administration in the proposal and contract process. We continue to pursue additional opportunities to serve the needs of those struggling with addiction in communities across the Commonwealth.

As we enter 2024 the marketing department continues to work closely with all departments within Firetree Ltd. to continue to fulfill our mission statement: "Together Building a New Way of Life."

FISCAL INFORMATION

Firetree, Ltd. employs the services of Herring, Roll and Solomon, P.C. located at 41 South Fifth Street, Sunbury, PA 17801 for annual auditing purposes. For further financial information, contact the Board of Directors, Ltd., located at 800 West Fourth Street, Williamsport, PA 17701. The telephone number at the corporate office is (570) 601-0877.

Marketing