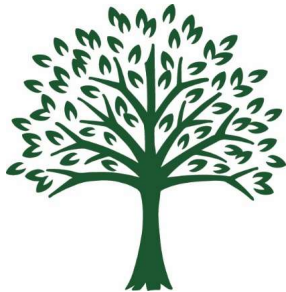


**New Way of Life  
Blairsville**

**Annual Report 2025**



**TOGETHER BUILDING A NEW WAY OF LIFE**

**Firetree Ltd.  
Chelsea Schaeffer Facility Director**

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### **Governing Body**

#### **FIRETREE, LTD.**

New Way of Life is governed by a board of directors located at the corporate office which is located at 800 West Fourth Street, Williamsport, PA. 17701. At the facility level, the management teleconference calls between the management staff at the facility level, the Regional Director, and key Firetree Ltd. Staff continue to occur on a monthly basis. Max Beck, Regional Director of Drug and Alcohol reviews issues and expectations monthly with the facility directors. In addition to monthly meetings, any issues regarding facility improvements are reported to William Brown, who is in charge of property acquisition, construction, and management. Board members are as follows:

Mr. William Brown  
Ms. Amy Ertel  
Mrs. Catherine Ertel  
Mr. Edward Ertel

## **PROGRAM PHILOSOPHY AND MISSION STATEMENT**

### **MISSION STATEMENT**

New Way of Life Blairsville is a residential, drug free, non-hospital halfway house drug and alcohol treatment center designed to assist adult male clients in restoring personal dignity while learning to live a chemical free life style. The Firetree, Ltd. Mission statement, "Together Building a New Way of Life," is the core principle that all New Way of Life employees work to achieve with the clients that we serve. The overall goal of New Way of Life is to provide comprehensive inpatient drug and alcohol treatment to an identified population of adults.

New Way of Life Blairsville shall provide Halfway House services in the form of individual, group, family, life skills and education based on the needs of the individual. We will provide professional, confidential services to individuals without prejudice or discrimination.

### **PROGRAM PHILOSOPHY STATEMENT**

Addiction is viewed as a progressive disease, which negatively affects the individual in all domains of their functioning. A person suffering from substance use disorder impacts all those systems in which he or she interacts. The treatment philosophy of New Way of Life Blairsville directs therapeutic intervention within a systems perspective and subsequently addresses the functioning of the individual in the context of the larger systems within which they interact.

### **PRIMARY TREATMENT GOALS**

- 1. To improve the participant's awareness of the disease process of addiction and co-occurring mental health disorders.**
- 2. To improve the participant's acceptance of their particular addiction problem and co-occurring mental health disorders.**
- 3. To foster the appropriate cognitive/behavioral changes necessary to improve the participant's control over their addiction and thus improve their overall functioning.**
- 4. To use participant strengths and available community resources to foster long-term success in recovery.**

Addressed are the physical, mental, emotional and spiritual needs of the client in the context of their functioning limitations. New Way of Life Blairsville primarily uses a cognitive\behavioral approach to treatment rooted in a 12-step recovery philosophy. Emphasis is placed on using client strengths in conjunction with available community resources to foster the optimum long-term treatment success.

The programming incorporates community participation, individual, group, and family therapy sessions to address the participant's awareness of addiction, acceptance, motivation for change, and use of support services for after care planning. New Way of Life utilizes a modified Therapeutic Community approach which focuses on making the participants ultimately responsible for their own recovery. The community as method philosophy addresses peer support and emphasizes the developmentally appropriate pro-social value of working together to achieve long term success.

# New Way of Life Blairsville Goals and Objectives 2025

## 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 and communicate any issues with the routine maintenance during the daily community meetings. Facility director will participate in daily facility tour to ensure consistency of compliance with policies and procedures. Facility director will report any needed physical plant repairs to the project director who will communicate with the governing body and monitor for completion. Facility director will ensure fire drills are completed monthly and ensure documentation of their completion in accordance with policy.

(Target Date) 12-31-25

## 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. She will provide supervision to the facility counselors 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 during the weekly clinical meetings and will document accordingly. Clinical Supervisor will review the status of agency's client files with the 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.

(Target Date) 12-31-25

Commented [MB1]: Facility Director is in consistent throughout the document. I believe we should capitalize the first letters.

### **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, 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 weekly clinical staff meetings for documentation and to ensure staff understanding and compliance.**

**(Target Date) 12-31-25**

### **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 Regional Director on a monthly basis during the monthly conference call and adjust staffing pattern as deemed warranted with board approval. Facility Director will coordinate the responsibility for hiring and training all new facility staff with the Project Director. Facility Director will have the responsibility for evaluating existing staff as per employee evaluation policy. Facility Director will monitor the functioning of the office staff on a monthly 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.**

**(Target Date) 12-31-25**

**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 will coordinate training requirements with staff and monitor completion of individual staff training plans and training needs assessment forms. Corporate training officer will provide staff with a corporate training calendar and all other available training resources to assist with the completion of individual training plans. Facility Director will then utilize the completed individual training plans to compile a yearly agency training plan and review 2025 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 continue to coordinate a monthly in-house training during monthly staff meetings.**

**(Target Date) 12-31-25**

**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 the facility on a weekly basis to identify any needs to be addressed by the governing body. Project 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. Project director will complete a quarterly board report to address facility progress and/or problem areas with the board for any needed board support or direction.**

**(Target Date) 12-31-25**

## **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; coordinating the billing processes with the corporate billing supervisor on a monthly basis and monitoring the facility’s case management processes on a weekly basis to ensure appropriateness of completion. Project director will monitor compliance through monthly supervisions with the Facility director and through the collection of client feedback through the utilization review processes. Project 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 project director in terms of facility protocol changes. Facility director 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.**

**(Target Date) 12-31-25**

## **8. Programming**

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

**(Plan) – Project director will meet with the Facility director and treatment staff on a monthly basis to assess the treatment needs of the referral population. The project director will assist the Facility director in the formation of any new programming changes or additions. The Facility director will then implement any programming changes deemed appropriate and monitor to ensure their appropriateness. The Facility Director will formulate a weekly clinical schedule and submit to the project director for approval. The Facility director will also monitor each group monthly and provide feedback to both the group facilitator and the project director to ensure effectiveness. Client satisfaction questionnaires will be completed for each client upon discharge and forwarded to the corporate office for review. The feedback on the questionnaires will then be utilized in formulating facility goals and objectives and for implementing any programming changes through the Facility director.**

**(Target Date) 12-31-25**

## **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 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. Data will be collected by the project director as per established procedures and then shared with the clinical staff on a monthly basis for discussion of any needed changes in procedures or programming. Project 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. Corporate compliance officer will complete quarterly facility audits on a 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) 12-31-25**

**2025 QA Problem Issues to be addressed:**

- **Continue to work with central intake department to assist with ensuring appropriate referrals to the program in regards to mental health and medical needs.**
- **Ensure that all needed statistics are tracked and compiled.**
- **Ensure that all necessary trainings are completed, to be following the Department of Drug and Alcohol Programs.**

## **Program Evaluation of Goals and Objectives – 2025**

**Chelsea Schaeffer**  
**Facility Director**  
**New Way of Life Bairsville**

### **Objective #1 – (Physical Plant)**

(New Way of Life Blairsville) – Facility is cleaned on a daily basis. Staff members assist and observe clients completing the necessary cleaning details on a daily basis. We run fire drills on a monthly basis, check the fire alarm system, inspect the facility for any fire or safety hazards, and coordinate emergency procedures on a weekly basis. All staff receives their new hire fire safety training as per policy and all facility issues have been addressed by corporate in a timely, appropriate fashion.

### **Objective #2 – (Facility management)**

(New way of Life Blairsville) – The Facility director coordinates the weekly operations of the various facility functions and monitors this with weekly site tours to ensure cleanliness and safety of the facility. Any and all repairs are reported to the Corporate Office for approval.

### **Objective #3 – (Case Management)**

(New Way of Life Blairsville) – Facility director oversees and ensures that all case management procedures are followed and completed within the necessary time-frame to ensure compliance with DDAP regulations. The Corporate Compliance Officer also completes internal audits to ensure ongoing compliance and will coordinate with facility Director of any additional training needs.

### **Objective #4 – (Policies & Procedures)**

(New Way of Life Blairsville) –The Facility director, Project Director, and Corporate Compliance Officer, have worked 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. All policy and procedure updates are reviewed with staff during weekly clinical staff meetings.

**Objective #5 – (Personnel)**

(New Way of Life Blairsville) – For the report year 2024 the staff includes a Director, 3 full-time counselors, 7 full-time monitors, 2 part-time monitors, 1 fulltime medical staff member and 1 full-time cook. We have been in compliance with staff/client ratios for the 2024 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 in the community.

**Objective #6 – (Staff Training)**

(New Way of Life Blairsville) – All staff members continue to receive more than the required number of training hours on a yearly basis. We have the corporate training officer to come to the facility for CPR/FIRST AID/AED training for the remaining staff members who need this required training as well as to ensure that all staff members 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. Any new staff receives the fire safety training in the prescribed time frame and the clinical team continues to complete all necessary trainings required through DDAP. We have been coordinating our staff training through the Firetree training coordinator position, which assists the staff in securing the appropriate trainings and monitoring to ensure the training standards are consistently met. Training availability has been an issue at times and we have also had some issue with the DDAP regional trainings as many are a significant distance from the facility and therefore cost a lot due to travel reimbursement to staff.

**Objective #7 – (Governing Body)**

(New Way of Life Blairsville) – The governing body has remained consistent and the communication between the Project Director and the governing body has improved during this review period. The project director attends the quarterly board meetings of the corporation and also maintains weekly communication with board representatives via weekly conference calls.

**Objective #8 – (Office Management)**

(New Way of Life Blairsville) – The Facility director is in consistent contact with the corporate centralized billing department to assist with any issues that may arise with the facility billing. Facility director also reviews all client satisfaction surveys to see what areas that we can improve on to make the clients more comfortable while at the facility. The Facility director monitors the case management processes on a weekly basis to ensure documentation is complete.

**Objective #9 – (Programming)**

**(New Way of Life Blairsville) – All programming of the facility is running well and is meeting the needs of the referral population. The Facility director has done a very thorough good job co-coordinating the clinical programs of the facility and in adjusting the treatment schedule to meet the changing needs of the treatment population.**

**Objective #10 – (Quality Assurance)**

**(New Way of Life Blairsville) - All quality assurance procedures and protocols have been followed and are being completed effectively. 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 functioning.**

**Program and Statistical Information**

***NWOL - Blairsville***

A MEMBER OF THE FIRETREE LTD. GROUP

9143 Rt 119 HWY S Blairsville, PA 15717 Phone: (724) 343-3105

Fax: (724) 471-1246 E-Mail: [nwolblairsville@firetree.com](mailto:nwolblairsville@firetree.com)

D&A Quarterly and Year End Report

From 01/01/2024 - 12/31/2024

New Way of Life Blairsville did not enroll their first client until January 14, 2025.

## **Annual Evaluation of the Overall 2025 Training Plan**

(January 1, 2025 – December 31, 2025)

Created January 16, 2026

Firetree, Ltd. continues to do a mix of in-person and virtual trainings provided both internally and externally for mandatory onboarding and annual training opportunities. The primary training platform for virtual trainings is Relias, with DDAP, DOCNet, DBHIDS and ASAM also providing online training options. Additionally, training opportunities are often scheduled with other outside agencies, to include Seeking Safety through Treatment Innovations which was a new addition in 2024. Additional options, including CAMS Suicide Prevention, are being explored for 2026.

DDAP has been offering the SCA required trainings both in-person and virtually. As Budgets change, more trainings are becoming available virtually and On Demand which has assisted staff with completing them in a timelier manner. However, there continues to be issues with there being enough available seats to accommodate everyone who is need of these trainings and with in-person trainings being scheduled far from employee's work locations. In December 2025, a private TB/STD/Hepatitis training was scheduled with the Dauphin County SCA, and this helped us in getting many of our staff caught up with that specific training. Private trainings can be used to accommodate 15-30 individuals, and this option will be explored for additional trainings when numerous staff are falling behind.

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 quarterly schedule has been released and shared, and with knowledge of the full year's trainings, this should ensure all staff are able to attend one of the sessions within the six month mandatory period.

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 2025 remained consistent with 2024, however several of these have been revised/updated throughout the year to include emerging trends. A mandatory Fraud, Waste, and Abuse training from Carelon was added in 2025, and as a result the monthly in-service training for Fraud, Waste, and Abuse will be replaced with a Trauma-Informed Approaches training in 2026 for Drug & Alcohol Facilities. Exams continue to be given for various In-service trainings to align with CARF standards.

The agency staff 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. The Training Director added periodic updates and meetings with clinical staff to gauge their progress towards meeting mandatory training hours, and as such the clinical staff were better able to track and maintain their necessary hours this year. Training needs assessment forms and individual employee training plans continue to be used to identify training interests and 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. Periodic check-ins with clinical staff has helped to mitigate the challenges that this poses, and the clinical staff have met their mandated hours for 2025.

Individual training plans for administrative and clinical staff have continued for 2025. For new employees, the Training Director has also created the initial ITP to ensure consistency and accuracy across all positions. 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 management staff meet with the corporate training 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. Training Reports created through have been sent monthly to Directors and Assistant Directors to assist them in tracking what employees are falling behind, and what employees may have completed trainings but have not uploaded certificates. In regards to Relias, compliance rates for various facilities are listed in the table below. These rates are determined by using the following formulas:

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

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

Team Rank	Team Name	Score % (70% Average Compliance + 30% Average Final Exam)	Average Compliance %	Average Final Exam %
1	Scranton Pavilion	74.848	69.64	87
2	New Way of Life Blairsville	72.013	65.59	87
3	Conewago Pottsville	64.41	51.3	95
4	Syracuse Pavilion	63.459	50.37	94
5	Conewago Place	61.095	50.85	85
6	Corporate	50.908	44.44	66
7	Conewago Snyder	43.972	31.96	72
8	Capitol Pavilion	42.753	26.79	80
9	New Way of Life Indiana	40.225	28.75	67

A deeper dive into the compliance rates shows that certain factors can skew the results. Facilities with a smaller staff complement may have most staff in compliance, but one staff member who has fallen behind can skew the results more drastically than larger facilities. Additionally, some veteran staff who are only completing one or two trainings a year may skew compliance results of one of those trainings is late in completion. For those staff who are not completing trainings in time, contributing factors that impact the ability to complete courses timely can include, but are not limited to, staffing shortages, time management, and limited knowledge in basic computer skills. With staffing shortages, employees are required to place their focus on other job duties over training, resulting in trainings becoming completed past due. Training Director has been offering services in assisting staff with navigating the various virtual platforms in an effort to improve their technological literacy and to ensure that computer skills are not a barrier to completion. The Training Director has also offered suggestions to staff during ITP meetings to assist them with time management and to ensure they are not falling behind on training completion. Overall, staff have been receptive to the Relias Learning Management System and continue to view it as an opportunity to enhance their skills sets.

PCB credentialing is an 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. Across Firetree facilities, six clinical staff are currently credentialed. Nine employees are currently within their window of eligibility to take the credential exam, and three more will enter their window of eligibility to take the exam in 2026. One counselor is exempted from having to take the exam and four will be eligible in 2027.

In 2025, New Way of Life Blairsville transitioned from Trac9 to Greenspace for completion of client assessments due to greater availability of assessments to cover a wider range of co-occurring symptoms and disorders. The Greenspace training and transition occurred in the final quarter of 2025, and it is anticipated that the remaining Drug and Alcohol Facilities will transition over to Greenspace in the first quarter of 2026. Clinical interpretation trainings on the Trac9 assessments were completed earlier in 2025. Skills learned during these clinical interpretation sessions should be easily translatable and useable to interpret and assess Greenspace tools.

The Relias Training Platform continues to grow and expand, and is used to track both mandatory and professional development outside trainings as “Requirements Trackers” and “External Trainings” in the Relias platform so all completed training is located and accessible in one location. This functionality allows for easy tracking of

mandatory annual training hour completion across the facilities. RELIAS can allow for Firetree, Ltd. to have better consistency with how staff trainings are managed and tracked on an on-going basis. Completion of mandatory CARF, NAIC, CBH, DOC, BOP, and additional funder-mandated trainings are all tracked in the Relias platform.

The focus at the end of 2025 and going into the early part of 2026 is on updating and enhancing our Suicide Prevention screening, assessment, and training, and as a result we are working to schedule a CAMS (Collaborative Assessment and Management of Suicidality) training and piloting CAMS at New Way of Life Blairsville before potentially integrating into other facilities. This is an evidence-based framework designed to assess and treat individuals experiencing suicidal thoughts, emphasizing collaboration between clinicians and patients. Seeking Safety also continues to be scheduled, and Dialectical Behavior Therapy (DBT) may also be explored as an option to ensure the best level of clinical care is provided to clients.

### **Activities and Accomplishments**

New Way of Life Blairsville has worked to establish relationships within the community surrounding Indiana. New Way of Life Blairsville has developed relationships with the Indiana Chamber of Commerce, Indiana regional Medical Center, the local YMCA, Specialty Pharmacy, and The Community Guidance Center referral agreements we have in place for services. Additional partnerships were made with the Alice Paul House, Grace Bible Chapel Church, Black Lick Borough and First Commonwealth Bank.

New Way of Life Blairsville hosted 4 family days, hosted the First Annual Overdose Awareness Event and the First Recovery Day event. New Way of Life Blairsville was the host for a commercial with Meg Ryan's Company "Empowered" on Firetree.

### **Marketing**

Marketing efforts in 2025 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.

- Worked toward securing further contracts for the New Way of Life Blairsville facility with Managed Care Organizations and County Drug and Alcohol Offices.
- The 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 Pennsylvania Board of Probation and Parole. The Marketing Team presented our programs to multiple criminal justice agencies.
- Continued distribution of new materials to referral sources and outpatient facilities.
- 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.
- Continued to advance relationships with other providers in order to increase knowledge of competitors and increase referrals.
- Updated all Firetree and Genesis House facilities in the SAMHSA Directory so we are searchable in that directory and completed all updated entries in ATLAS.
- Continued our contracts for advertising on Bestversion Media (FB and Google advertising), Vector Media (bus wraps), Lamar (billboards), WEEU (radio station ads during the Philadelphia Eagles and Phillies games). Started working on a geofencing campaign to be deployed early 2026.
- 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. A weekly Marketing Team meeting is also held every Friday.
- 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.
- Increased our social media presence via Face Book, LinkedIn and Instagram. A content creator was hired to create content and post on these platforms.
- Began working with a web designer in order to update the Firetree, Ltd. website.

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. in the Philadelphia region. 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. Maintaining open communications with the state's Single County Authorities (SCA), DOC, PBPP, County Probation departments and Health Choices managed care organizations (MCOs) remains a primary goal. Marketing team members were able to attend multiple community events and conferences in 2025. Providing information and treatment to Health Choices members in the past year remained a priority. Multiple funding streams have become available in the last 12 months as opioid settlement money continues to be released to counties every year in the fall. We did have a few bumps in the road in the summer-fall of 2025 as the Commonwealth's budget did not get signed for months. 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 Medical Assistance 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 Health Choices members more effectively as well as the clientele that enter treatment through the warm hand-off process.

We attended the following conferences in 2025: RCPA (Rehabilitation and Community Providers Association), Compass Mark, 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. In 2025, we were given the opportunity to present a workshop at the RCPA conference based on the Trac9 system that we utilize to assist with recognizing the signs when a client is contemplating going AMA. The support and information gleaned from the Association has always served us well. We attended numerous community events in person in 2025, 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 2026 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."

### Physical Plant Maintenance & Improvements

The New Way of Life Blairsville maintenance is completed by the corporate maintenance staff. During 2025 there were some improvements made to the property. The improvements are broken down as follows:

#### Landscaping & Exterior

- Weeded and cleaned all grounds, driveways, and walkways.
- Filled in ruts and holes in yard surrounding facility
- Raked and bagged all leaves around facility
- Clear property of snow and ice
- Sealed boots on rooftop

#### Plumbing, Electrical, HVAC

- Had furnace and heating system serviced and repaired
- Had sprinkler system and fire extinguishers inspected and serviced

- Replaced furnace filters inside building as well as on rooftop units
- Range hood serviced and inspected as required

### **Painting/Carpentry**

- Repaired and painted all rooms and hallways
- Replaced carpeting and flooring as needed in building
- Replaced electrical wall plates
- Installed exercise equipment

### **Vehicle Maintenance & General Items**

- Inspection, emissions, wiper blades and changed oil on Ford Van
- Regular scheduled inspections for pest control and spraying
- Regular scheduled inspections of fire alarm, fire extinguisher, and fire inspection
- Conduct monthly fire drills and weekly safety inspection
- Quarterly inspection by Diamond Pharmacy of Medical Department

In 2025 we will continue to work to improve the appearance and continue to make any necessary repairs to the facility to ensure comfort, curb appeal, and safety.

### **Fiscal Information**

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