

New Way of Life

Annual Report 2025



TOGETHER BUILDING A NEW WAY OF LIFE

**Firetree Ltd.
Emily Silvis, 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 who 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 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 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 inflicted individual in all domains of their functioning. A person suffering from substance abuse has a negative effect on all those systems in which he or she interacts. The treatment philosophy of New Way of Life 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 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 participant's 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

Goals and Objectives

2026

1. Physical Plant

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

(Plan) – Facility director and/or Clinical Supervisor 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 and/or Clinical Supervisor will participate in daily facility tour to ensure consistency of compliance with policies and procedures. Facility director and/or Clinical Supervisor will report any needed physical plant repairs to the project director who will communicate with the governing body and monitor for completion. Facility director and/or Clinical Supervisor will run fire drills monthly and document their completion in the policy and procedures manual per policy.

(Target Date) 5-31-26

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 compliance officer 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) 12-31-26

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) 3-31-26

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 weekly basis as needed and adjust staffing pattern as deemed warranted with Regional Director approval. Facility Director and Clinical Supervisor will coordinate the responsibility for hiring and training all new facility staff with the Project Director. Facility Director and Clinical Supervisor will share 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) 12-31-26

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/or Clinical Supervisor 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 2023 training evaluation forms to complete a yearly training evaluation report. Facility Director and/or Clinical Supervisor 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) 2-1-26

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 Monday morning Corporate

call for 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) 3-31-26

7. Office Management

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

(Plan) – Facility Director and/or Clinical Supervisor 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 Clinical Supervisor 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) 12-31-26

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 Clinical Supervisor and treatment staff on a monthly basis to assess the treatment needs of the referral population. The project 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 formulate a weekly clinical schedule and submit to the project director for approval. The Clinical Supervisor 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. 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.

(Target Date) 12-1-26

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 facility chart audits on a monthly basis and forward all outcomes to the Project Director and Facility Director for review with the facility staff.

(Target Date) 12-31-26

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 in compliance with the Department of drug and Alcohol Programs.

Program Evaluation of Goals and Objectives – 2025

Emily Silvis
Facility Director
New Way of Life

Objective #1 – (Physical Plant)

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)

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)

Facility Director and Clinical Supervisor oversee and ensure 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)

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)

For the report year 2024 the staff includes a Director, 3 full-time counselors, 9 full-time monitors, 2 part-time monitors, 1 fulltime medical and 1 full-time cook. We have been in 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 in the community.

Objective #6 – (Staff Training)

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)

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)

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 and Clinical Supervisor monitor the case management processes on a weekly basis to ensure documentation is complete.

Objective #9 – (Programming)

All programming of the facility is running well and is meeting the needs of the referral population. The Clinical Supervisor 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)

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

D&A Quarterly and Year End Report From 01/01/2025 - 12/31/2025

D&A Quantity Percentage

Admissions By Age

18-24	2	2.00	45-64	24	24.00
25-34	33	33.00	65 & Over	2	2.00
35-44	39	39.00			
Total	100	100			

Admissions By Ethnicity

Alaskan Native	0	0.00	Hispanic	6	6.00
American Indian	1	1.00	Other	3	3.00
Asian or Pacific Island	0	0.00	Unknown	1	1.00
Black	13	13.00	White	76	76.00
Total	100	100			

Admissions By Gender

Female	1	1.00	Male	99	99.00
Total	100	100			

Admissions By Program

Type

MCO - Lvl 3.1 HWH - Phase 1	106	56.68	SCA - Lvl 3.1 HWH - Phase 1	3	1.60
MCO - Lvl 3.1 HWH - Phase 2	37	19.79	SCA - Lvl 3.1 HWH - Phase 2	0	0.00
MCO - Lvl 3.1 HWH - Phase 3	18	9.63	SCA - Lvl 3.1 HWH - Phase 3	0	0.00
MCO - MAT - Lvl 3.1 HWH - Phase 1	14	7.49	Schlr - Lvl 3.1 HWH - Phase 1	3	1.60
MCO - MAT - Lvl 3.1 HWH - Phase 2	6	3.21	Schlr - Lvl 3.1 HWH - Phase 2	0	0.00
MCO - MAT - Lvl 3.1 HWH - Phase 3	0	0.00	Schlr - Lvl 3.1 HWH - Phase 3	0	0.00
Total	187	100			

Drug Of Choice Age 18-24

Amphetamines	2	100.00
Total	2	100

Drug Of Choice Age 25-34

Alcohol	9	32.14	Heroin	3	10.71
Cocaine	9	32.14	Fentanyl	2	7.14
Speed (methamphetamine)	5	17.86			
Total	28	100			

Drug Of Choice Age 35-44

Alcohol	13	36.11	Heroin	6	16.67
Cocaine	7	19.44	Speed (methamphetamine)	4	11.11
Amphetamines	6	16.67			
Total	36	100			

Drug Of Choice Age 45-64

Alcohol	12	54.55	Amphetamines	3	13.64
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Cocaine 3 13.64
Heroin 2 9.09
Total 22 100

Speed (methamphetamine) 2 9.09

Drug Of Choice Age 65+
Amphetamines 1 50.00
Total 2 100

Heroin 1 50.00

Drug Of Choice American Indian
Alcohol 1 100.00
Total 1 100

Drug Of Choice Black
Cocaine 6 46.15
Alcohol 4 30.77
Amphetamines 1 7.69
Total 13 99.99

Marijuana 1 7.69
Percocet 1 7.69

Drug Of Choice Hispanic
Cocaine 3 50.00
Alcohol 2 33.33
Total 6 100

Amphetamines 1 16.67

Drug Of Choice Other
Cocaine 3 100.00
Total 3 100

Drug Of Choice Unknown
Alcohol 1 100.00
Total 1 100

Drug Of Choice White
Alcohol 26 34.21
Heroin 12 15.79
Amphetamines 11 14.47
Total 76 88.15

Speed (methamphetamine) 11 14.47
Cocaine 7 9.21

Drug Of Choice Female
Cocaine 1 100.00
Total 1 100

Drug Of Choice Male
Alcohol 34 34.34
Cocaine 18 18.18
Amphetamines 13 13.13
Total 99 88.88

Heroin 12 12.12
Speed (methamphetamine) 11 11.11

Drug Of Choice MCO – Lvl 3.1 HWH - Phase 1
Alcohol 32 34.78
Cocaine 15 16.30
Amphetamines 12 13.04

Heroin 11 11.96
Speed (methamphetamine) 10 10.87

Total 92 86.95

Drug Of Choice MCO – Lvl 3.1 HWH - Phase 2

Alcohol 10 32.26

Amphetamines 9 29.03

Cocaine 5 16.13

Total 31 90.32

Fentanyl 2 6.45

Marijuana 2 6.45

Drug Of Choice MCO – Lvl 3.1 HWH - Phase 3

Alcohol 5 27.78

Amphetamines 3 16.67

Cocaine 3 16.67

Total 18 88.9

Heroin 3 16.67

Marijuana 2 11.11

Drug Of Choice MCO - MAT - Lvl 3.1 HWH - Phase 1

Amphetamines 3 21.43

Alcohol 2 14.29

Cocaine 2 14.29

Total 14 78.59

Fentanyl 2 14.29

Heroin 2 14.29

Drug Of Choice MCO - MAT - Lvl 3.1 HWH - Phase 2

Amphetamines 3 50.00

Alcohol 1 16.67

Total 6 100.01

Fentanyl 1 16.67

Heroin 1 16.67

Drug Of Choice SCA - Lvl 3.1 HWH - Phase 1

Alcohol 1 33.33

Fentanyl 1 33.33

Total 3 99.99

Heroin 1 33.33

Drug Of Choice Schlr – Lvl 3.1 HWH - Phase 1

Cocaine 1 33.33

Heroin 1 33.33

Speed (methamphetamine) 1 33.33

Total 3 99.99

Drug Of Choice Summary

Alcohol 51 30.54

Amphetamines 30 17.96

Cocaine 26 15.57

Total 167 85.03

Heroin 20 11.98

Speed (methamphetamine) 15 8.98

Discharges By Type Administrative 5 2.89

Medical 1 0.58

Successful 84 48.55

Unsuccessful 83 47.98

Total 173 100

Annual Evaluation of the Overall 2025 Training Plan (January 1, 2025 – December 31, 2025)

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:

Total Completion % = (Courses Completed On Time + Courses Completed Late) / Total Courses Assigned

Total Compliance % = (Courses Completed On Time) / 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.

Projected Training Plan 2026

New Way of Life

Staff Training

All staff members complete a training assessment and training plan upon hire and every year thereafter. All newly hired staff attend a two day “New Hire Orientation” training that is provided by Firetree, Ltd.’s corporate office.

This New Hire Orientation includes the following topics:

- History and Mission of Firetree, Ltd.
- Employee Handbook
- Confidentiality
- Client Rights
- Zero-Tolerance Policy
- Boundaries
- Addictions 101
- Positive Approaches
- Cultural Awareness
- De-escalation
- Medical Topics

Additionally, newly hired staff complete trainings assigned in Relias that vary depending on position. Some of these courses cover topics such as Confidentiality, Boundaries, and Suicide Prevention.

Each month, staff attend in-service trainings that cover one of the following topics:

- Suicide Prevention & Intervention
- Cultural Awareness
- Sexual Harassment
- Addictions 101 & Substance Abuse Trends
- Code of Ethics / Fraud, Waste, & Abuse
- Safety, Fire, and Emergency Procedures
- Zero Tolerance Policy
- Interpersonal Relations & Communication Skills
- Universal Precautions & Medical Topics
- Accountability and Security Procedures
- Confidentiality & HIPAA
- De-escalation, Conflict Management, and Use of Force

The Pennsylvania Department of Drug and Alcohol Programs (DDAP) require the following positions complete a certain number of training hours. Project, Facility, and Clinical Directors must complete at least 12 clock hours of training in areas such as fiscal policy, administration, program planning, quality assurance, grantmanship, program licensure, personnel management, confidentiality, ethics, substance abuse trends, developmental psychology, interaction of addiction and mental illness, cultural awareness, sexual harassment, relapse prevention, disease of addiction, and principles of AA/NA. Counselors must complete at least 25 clock hours of training in areas of client recordkeeping, confidentiality, pharmacology, treatment planning, counseling techniques, drug and alcohol assessment, codependency, Adult Children of Alcoholics (ACOA) issues, disease of addiction, aftercare planning, principles of AA/NA, ethics, substance abuse trends, interaction of addiction and mental illness, cultural awareness, sexual

harassment, developmental psychology, and relapse prevention. Counselor Assistants shall complete at least 40 clock hours of training the first year of employment and 30 clock hours annually in areas of those listed above for counselor.

Firetree, Ltd. continues to utilize Relias, an online learning management system, which has increased the agency's ability to address training needs. This has enhanced Firetree, Ltd.'s New Hire Orientation as new employees are enrolled into a training plan with courses related to their position. Relias has also allowed staff to be enrolled in courses to make up monthly in-service training that they may have missed. Each Relias course requires the user to take an exam to ensure competency on the training topic prior to receiving a certificate for the course. In addition, this system has the ability to track both internal and external training hours and helps assure staff are meeting training deadlines by sending email notifications when trainings are coming due or are overdue. Additionally, Relias reports help the agency to conduct statistical analysis on training evaluations to assess for training effectiveness and improving the training offered.

Specific training needs targeted for the individual staff, for this calendar year, are as follows:

Joanna Haughton - Counselor

Joanna will be completing trainings to meet DDAP standards. Included will be: Suicide Prevention/ Intervention/ Crisis Intervention, Cultural Diversity, Sexual Harassment/ Legal Issues, Addictions 101/ Disease of Addiction, Code of Ethics/ Staff Integrity & Ethics, Safety/ Fire/ Emergency Procedures, Prevention/ Identification & Handling of Sexual Abuse & Assault Incident/ Supervision of Clients, Interpersonal Relations & Community Skills, Universal Precautions & Medical Topics, Security Procedures, Confidentiality/ HIPPA, De-escalation, Managing Conflicts/ Handling of Difficult People.

Alexis Bence – Counselor

Alexis will be completing trainings to meet DDAP standards. Included will be: Suicide Prevention/ Intervention/ Crisis Intervention, Cultural Diversity, Sexual Harassment/ Legal Issues, Addictions 101/ Disease of Addiction, Code of Ethics/ Staff Integrity & Ethics, Safety/ Fire/ Emergency Procedures, Prevention/ Identification & Handling of Sexual Abuse & Assault Incident/ Supervision of Clients, Interpersonal Relations & Community Skills, Universal Precautions & Medical Topics, Security Procedures, Confidentiality/ HIPPA, De-escalation, Managing Conflicts/ Handling of Difficult People.

Daniel Bell – Counselor

Daniel will be completing trainings to meet DDAP standards. Included will be: Suicide Prevention/ Intervention/ Crisis Intervention, Cultural Diversity, Sexual Harassment/ Legal Issues, Addictions 101/ Disease of Addiction, Code of Ethics/ Staff Integrity &

Ethics, Safety/ Fire/ Emergency Procedures, Prevention/ Identification & Handling of Sexual Abuse & Assault Incident/ Supervision of Clients, Interpersonal Relations & Community Skills, Universal Precautions & Medical Topics, Security Procedures, Confidentiality/ HIPPA, De-escalation, Managing Conflicts/ Handling of Difficult People.

Activities and Accomplishments

New Way of Life has worked to establish relationships within the community surrounding Indiana. New Way of Life has developed relationships with the Indiana Chamber of Commerce, Indiana Regional Medical Center, the local YMCA, Diamond Pharmacy, Crossroads, TruCare, The Indiana County Recovery Center and The Community Guidance Center.

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 HealthChoices 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 HealthChoices 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 HealthChoices 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), 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. 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 maintenance department consists of a program monitor who also takes care of any maintenance issues at the facility. During 2023 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 roof top

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 roof top 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 annual auditing purposes, 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.