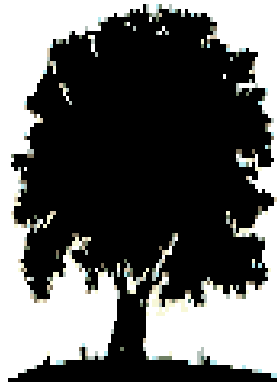


Conewago Indiana

Annual Report 2022



TOGETHER BUILDING A NEW WAY OF LIFE

**Firetree Ltd.
Joe Duffey Facility Director**

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Governing Body

FIRETREE, LTD.

Conewago Indiana 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 Board of Directors, and key Firetree Ltd. Staff continue to occur on a weekly basis. Scott Snyder, Director of Administration conducts the first part of the call by reviewing the weekly reports of the corporate staff members. The second part of the teleconference call is conducted by Laura Lane, COO, who reviews the weekly reports with the facility directors. In addition to weekly reports, 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

Conewago Indiana is a residential, drug free, non-hospital drug and alcohol treatment center designed to assist adult male and female 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 Conewago Indiana employees work to achieve with the clients that we serve. The overall goal of Conewago Indiana is to provide comprehensive inpatient drug and alcohol treatment to an identified population of adults. Our identified targeted treatment population is as follows: 1) pregnant intravenous drug users 2) pregnant substance abusers 3) intravenous drug users 4) veterans 5) others.

Conewago Indiana shall provide inpatient 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 Conewago Indiana 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. Conewago Indiana 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. Conewago Indiana 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.

Conewago Indiana Conewago Indiana Goals and Objectives 2022

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 run fire drills monthly and document their completion in the policy and procedures manual per policy.

(Target Date) 5-31-22

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) 12-31-22

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) 3-31-22

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. 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) 12-31-22

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 2022 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) 2-1-22

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 his 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) 3-31-22

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 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) 1-31-22

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 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 Clinical Supervisor.

(Target Date) 12-1-22

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. 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 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) 1-31-22

2022 QA Problem Issues to be addressed:

- **Continue to try and increase referrals for inpatient unit at the Blairsville location.**
- **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 – 2022

Joe Duffey
Facility Director
Conewago Indiana

Objective #1 – (Physical Plant)

(Conewago Indiana) – 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 – (Case Management)

(Conewago Indiana) – 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 and MCO 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 #3 – (Policies & Procedures)

(Conewago Indiana) –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 #4 – (Personnel)

(Conewago Indiana) – For the report year 2022 the staff includes a Director, an Assistant Director, clinical supervisor, 2 full-time counselors, 1 full-time counselor assistant, 1 full-time nurse, 1 part-time life skills coordinator, 11 full-time monitors, 2 full-time cooks, and 3 on-call drivers. We have been in compliance with staff/client ratios for the 2022 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 #5 – (Staff Training)

(Conewago Indiana) – All staff members continue to receive more than the required number of training hours on a yearly basis. We have the use of the Relias Training program where employees have access to trainings and can complete trainings of their choice along with the required trainings. We have a corporate trainer 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 #6 – (Governing Body)

(Conewago Indiana) – 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 she also maintains weekly communication with board representatives via weekly conference calls.

Objective #7 – (Office Management)

(Conewago Indiana) – 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. The 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 #8 – (Programming)

(Conewago Indiana) – All programming of the facility is running well and is meeting the needs of the referral population. We continue to offer the inpatient 3.5 treatment levels of care as well, and we continue to utilize psychiatric services to better serve our co-occurring disordered treatment 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 #9 – (Quality Assurance)

(Conewago Indiana) - 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. .

Client Satisfaction

Clients leaving Conewago Indiana complete a program evaluation prior to discharge. The following areas are scored: Clinical Department, Program Monitor Department, Medical Services, Administration Department, Group Components, Lectures, Individual Counseling, Drivers, Activities, Food Service, Building and Grounds, and Comparison to other facilities. The Director collects and calculates this data so that it will be able to compare from year to year. Scores range from 0 (poor) to 5 (excellent) in each of the aforementioned categories. Listed below are the overall scores for each category in ranking order, highest to lowest, for the 2021 year.

2022

Counselors: 4.54

Program monitors: 4.24

Medical Staff: 4.00

Admin Staff: 4.40

Groups: 4.21

Lectures: 4.11

Individual Counseling: 4.80

Life Skills: 4.20

Activities: 3.75

Food Services: 4.00

Buildings and Grounds: 4.31

Comparisons w/ other facilities: 4.10

Overall Average: 4.21

After reviewing the scores for 2022 we will be focusing on continuing to improve in all areas for the 2022 year. When looking at satisfaction rates for the 2022 year by percentages, the Program Monitors had an overall satisfaction rate of 84%, Individual Counselors had an overall satisfaction rate of 96%, and Administrative staff had an overall satisfaction rate of 88%. The activities program had an overall satisfaction rate of 66%. The physical environment and comparing Conewago Indiana to other facilities had an overall satisfaction rate of 82%. The clinical staff had an overall satisfaction rate of 92% and groups had an overall satisfaction rate of 86%. The medical staff had an overall satisfaction rate of 76%. Life skills program had a satisfaction rate of 84%. Lectures had a satisfaction rate of 84%, and food service had a satisfaction rate of 86%.

Annual Training Plan

All Conewago Indiana staff members completed a training plan for 2022 and actively participated in trainings throughout the year. All staff members at Conewago Indiana had exceeded the necessary training hour requirements for the year. External trainings attended by Conewago Indiana Staff included: ASAM, Addictions 101, Confidentiality, Ethics, Practical Applications of Confidentiality, Dual Diagnosis, Managing Emotions in Recovery, and Co-Occurring Disorders. In regard to internal trainings, they are provided by Conewago Indiana staff members, who take the time to prepare for the topics for our monthly staff meeting training topics.

Annual Evaluation of the Overall 2022 Training Plan

COVID-19 had previously impacted training availability however virtual training options have become more abundant and in person trainings have also resumed a regular schedule. 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, especially the virtual ones. There has been some movement with a few trainings now being available as an “on demand” virtual option through TRAIN PA which allows staff much more flexibility. Firetree, Ltd. continues to do a mix of in-person and virtual trainings provided internally, however there is a focus on in person over virtual when possible as it lends to a better training experience overall. 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. 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.

The agency conducted monthly in-service trainings during this review period. The training topics for 2022 remained consistent with 2021 however our Medication Training for September had been expanded for our AOD facilities.

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 2022. 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 chief operating officer 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 83.92% and a compliance rate of 61.4%. These rates are determined by using the following formulas:

Total Completion % =

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

Total Compliance % =

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

This is an increase in completion rate by .87% and an increase in compliance rate by 2.78% 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. On-going staffing shortages stemming from COVID-19 has also caused facilities to be short on staff, requiring employees 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. Training requirements that are still in process include Clinical supervisors were required to complete Co-Occurring Conditions within one year of hire date or by July 1, 2022 for current staff as well as Motivational Interviewing: Advancing the Practice by July 1, 2023. Additionally, Motivational

Interviewing (MI): Advancing the Practice has been added as a requirement for new clinical staff to be completed within their first year of employment. Staff hired prior to July 1, 2021 must have the MI: Advancing the Practice by July 1, 2026. 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. There was an increase in virtual offerings of some trainings as well as some trainings being moved to the TRAIN PA website which allows for the trainings to be available “on-demand”.

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 (CAAC, CADC, CAADC, CCDP, CCDPD or CCJP). In regard to this change, the corporate training director has been encouraging all current clinical staff (hired prior to July 1, 2021) to receive training in Ethics and 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 supervision 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.

To further strengthen training needs and approach, particularly with new hires, several projects were developed &/or implemented in 2022. New Hire Onboarding Training Plans and Schedules have been completed for clinical staff and continue to be created for non-clinical positions.

A separate training network drive was made available to staff to house training related materials which provides easier access and a more organized approach to specific training information.

A Pre-Service Evaluation Form was developed and implemented in April of 2022. The pre-service evaluation form is completed by a new employee after receiving pre-service training and orientation. This evaluation form is used with new hires to acknowledge that they are ready to assume job position duties, or to acknowledge that the employee is not ready for assignment and requests additional training. The facility director reviews the completed evaluation and consults with Training Officer when additional training is requested/ necessitated.

In 2022, 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 additional training topics were also added to various RELIAS training plans this year including co-occurring disorders, psychopharmacology, trauma informed care and funder specific trainings as appropriate to the facility or staff position.

Projected Training Plan 2023

Conewago Indiana

Firetree, Ltd. Annual Training Report 2022

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:

Emily Silvis – Clinical Supervisor

Emily 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.

Abbigale Bradley – Counselor

Abbigale 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.

James Frampton – Counselor

James 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.

Kassidi Rice – Counselor Assistant

Kassidi 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

Conewago Indiana has worked to establish relationships within the community surrounding Indiana. Conewago Indiana has developed relationships with the Indiana Chamber of Commerce, Indiana regional Medical Center, PRS, Value Pharmacy, Adagio Health, and The Community Guidance Center referral agreements we have in place for services.

FACILITY OUTCOME STATISTICS - FOLLOW-UP DATA

Conewago Indiana completed follow-up procedures as a way to improve the quality and efficiency of its program. During 2022, data was collected at three months, six months, and twelve months intervals.

Successful	64%	68%	70%	90%	89%	80%	64%	92%	65%	53%	58%	79%
Aftercare	157%	164%	160%	170%	168%	170%	164%	177%	160%	147%	163%	179%
3B	79%	91%	90%	85%	84%	95%	100%	100%	100%	100%	100%	100%
Successful	64%	65%	72%	94%	88%	79%	64%	92%	65%	53%	58%	79%
Aftercare	109%	110%	106%	112%	113%	105%	100%	100%	100%	100%	100%	100%
3C	21%	9%	10%	15%	16%	5%	0%	0%	0%	0%	0%	0%
Successful	67%	100%	50%	67%	100%	100%	0%	0%	0%	0%	0%	0%
Aftercare	333%	700%	650%	500%	467%	1400%	0%	0%	0%	0%	0%	0%

Conewago Indiana

A MEMBER OF THE FIRETREE LTD. GROUP

9143 Rt 119 HWY S Blairsville, PA 15717 Phone: (724) 471-3037

Fax: (724) 471-7105 E-Mail: jduffey@firetree.com

D&A Quarterly and Year End Report

From 01/01/2022 - 12/31/2022

D&A

Quantity Percentage

Admissions By Age 18-24 13 5.91

25-34 73 33.18

35-44 92 41.82

45-64 41 18.64

65 & Over 1 0.45

Total 220 100

Admissions By Ethnicity Alaskan Native 0 0.00

American Indian 1 0.45

Asian or Pacific Island 0 0.00

Black 22 10.00

Hispanic 4 1.82

Other 2 0.91

Unknown 1 0.45

White 190 86.36

Total 220 100

Admissions By Gender Female 73 33.18

Male 147 66.82

Total 220 100

Admissions By Program

Type

MCO - 3.5 Clinically

Managed Residential

Services

120 45.28

MCO - 3.5 LT Clinically-

Managed Highest-Intensity

Residential Services (Longterm)

9 3.40

MCO - 3.5 ST Clinically-

Managed High Intensity

Residential Services (Shortterm)

44 16.60

MCO - CO - 3.5 Clinically

Managed Residential

Services

7 2.64

MCO - CO - 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

4 1.51

MCO - CO - 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

29 10.94

MCO - Lvl 3.7 WM Detox 0 0.00

SCA - 3.5 Clinically Managed
Residential Services

26 9.81

SCA - 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

1 0.38

SCA - 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

12 4.53

SCA - CO - 3.5 Clinically
Managed Residential
Services

2 0.75

SCA - CO - 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

0 0.00

SCA - CO - 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

11 4.15

SCA - Lvl 3.7 WM Detox 0 0.00

Schlrs - 3.5 Clinically
Managed Residential
Services

0 0.00

Schlrs - 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

0 0.00

Schlr - 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

0 0.00

Schlr - CO - 3.5 Clinically
Managed Residential
Services

0 0.00

Schlr - CO - 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

0 0.00

Schlr - CO - 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

0 0.00

Schlr - Lvl 3.7 WM Detox 0 0.00

Self Pay - 3.5 Clinically
Managed Residential
Services

0 0.00

Self Pay - 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

0 0.00

Self Pay - 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

0 0.00

Self Pay - CO - 3.5 Clinically
Managed Residential
Services

0 0.00

Self Pay - CO - 3.5 LT
Clinically-Managed Highest-
Intensity Residential
Services (Long-term)

0 0.00

Self Pay - CO - 3.5 ST
Clinically-Managed High
Intensity Residential
Services (Short-term)

0 0.00

St - CCF/PH 3.5 Clinically
Managed Residential
Services

0 0.00

St - CCF/PH 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

0 0.00

St - CCF/PH 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

0 0.00

St - CCF/PH Lvl 3.7 WM
Detox

0 0.00

St - CCF/PR 3.5 Clinically
Managed Residential
Services

0 0.00

St - CCF/PR 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)

0 0.00

St - CCF/PR 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)

0 0.00

St - CCF/STDP-SIP 3.5
Clinically Managed
Residential Services

0 0.00

St - CCF/STDP-SIP 3.5 LT
Clinically-Managed Highest-
Intensity Residential
Services (Long-term)

0 0.00

St - CCF/STDP-SIP 3.5 ST
Clinically-Managed High
Intensity Residential
Services (Short-term)

0 0.00

St - CCF/STDP-SIP Lvl 3.7 WM
Detox

0 0.00
St - CPC/HB 3.5 Clinically
Managed Residential
Services
0 0.00
St - CPC/HB 3.5 LT Clinically-
Managed Highest-Intensity
Residential Services (Longterm)
0 0.00
St - CPC/HB 3.5 ST Clinically-
Managed High Intensity
Residential Services (Shortterm)
0 0.00
St - CPC/HB Lvl 3.7 WM
Detox
0 0.00
Total 265 100
Drug Of Choice Age 18-24 Xanax (alprazolam) 3 33.33
Cocaine 2 22.22
Heroin 2 22.22
Alcohol 1 11.11
Amphetamines 1 11.11
Total 9 100
Drug Of Choice Age 25-34 Heroin 25 43.86
Alcohol 15 26.32
Speed (methamphetamine) 7 12.28
Cocaine 6 10.53
Amphetamines 4 7.02
Total 57 100
Drug Of Choice Age 35-44 Heroin 34 41.98
Cocaine 20 24.69
Alcohol 10 12.35
Speed (methamphetamine) 9 11.11
Amphetamines 8 9.88
Total 81 100
Drug Of Choice Age 45-64 Cocaine 13 35.14
Alcohol 11 29.73
Amphetamines 5 13.51
Heroin 4 10.81
Speed (methamphetamine) 4 10.81
Total 37 100
Drug Of Choice Age 65+ Cocaine 1 100.00
Total 1 100

Drug Of Choice American
Indian
Alcohol 1 100.00
Total 1 100
Drug Of Choice Black Cocaine 15 68.18
Heroin 4 18.18
Marijuana 2 9.09
Other Opiod 1 4.55
Total 22 100
Drug Of Choice Hispanic Alcohol 2 50.00
Heroin 2 50.00
Total 4 100
Drug Of Choice Other Alcohol 1 50.00
Cocaine 1 50.00
Total 2 100
Drug Of Choice Unknown Xanax (alprazolam) 1 100.00
Total 1 100
Drug Of Choice White Heroin 59 31.22
Alcohol 33 17.46
Cocaine 26 13.76
Speed (methamphetamine) 21 11.11
Amphetamines 18 9.52
Total 189 83.07
Drug Of Choice Female Heroin 21 29.17
Cocaine 16 22.22
Alcohol 7 9.72
Speed (methamphetamine) 7 9.72
Amphetamines 5 6.94
Total 72 77.77
Drug Of Choice Male Heroin 44 29.93
Alcohol 30 20.41
Cocaine 26 17.69
Speed (methamphetamine) 14 9.52
Amphetamines 13 8.84
Total 147 86.39
Drug Of Choice MCO - 3.5
Clinically Managed
Residential Services
Heroin 36 30.51
Cocaine 23 19.49
Alcohol 22 18.64
Speed (methamphetamine) 12 10.17
Amphetamines 10 8.47

Total 118 87.28
Drug Of Choice MCO - 3.5 LT
Clinically-Managed Highest-
Intensity Residential
Services (Long-term)
Heroin 3 33.33
Cocaine 2 22.22
Alcohol 1 11.11
Marijuana 1 11.11
Speed (methamphetamine) 1 11.11
Total 9 88.88
Drug Of Choice MCO - 3.5 ST
Clinically-Managed High
Intensity Residential
Services (Short-term)
Heroin 13 29.55
Cocaine 8 18.18
Marijuana 7 15.91
Alcohol 6 13.64
Amphetamines 2 4.55
Total 44 81.83
Drug Of Choice MCO - CO -
3.5 Clinically Managed
Residential Services
Alcohol 2 33.33
Speed (methamphetamine) 2 33.33
Amphetamines 1 16.67
Cocaine 1 16.67
Total 6 100
Drug Of Choice MCO - CO -
3.5 LT Clinically-Managed
Highest-Intensity
Residential Services (Longterm)
Heroin 2 50.00
Alcohol 1 25.00
Cocaine 1 25.00
Total 4 100
Drug Of Choice MCO - CO -
3.5 ST Clinically-Managed
High Intensity Residential
Services (Short-term)
Heroin 10 34.48
Cocaine 6 20.69

Alcohol 4 13.79
Amphetamines 4 13.79
Speed (methamphetamine) 2 6.90
Total 29 89.65
Drug Of Choice SCA - 3.5
Clinically Managed
Residential Services
Heroin 12 48.00
Cocaine 4 16.00
Alcohol 2 8.00
Marijuana 2 8.00
Amphetamines 1 4.00
Total 25 84
Drug Of Choice SCA - 3.5 LT
Clinically-Managed Highest-
Intensity Residential
Services (Long-term)
Speed (methamphetamine) 1 100.00
Total 1 100
Drug Of Choice SCA - 3.5 ST
Clinically-Managed High
Intensity Residential
Services (Short-term)
Alcohol 3 25.00
Cocaine 2 16.67
Other Opiod 2 16.67
Cough Medicine 1 8.33
Fentanyl 1 8.33
Total 12 75
Drug Of Choice SCA - CO -
3.5 Clinically Managed
Residential Services
Cocaine 1 50.00
Heroin 1 50.00
Total 2 100
Drug Of Choice SCA - CO -
3.5 ST Clinically-Managed
High Intensity Residential
Services (Short-term)
Speed (methamphetamine) 5 45.45
Alcohol 2 18.18
Amphetamines 2 18.18
Cocaine 1 9.09

Heroin 1 9.09
Total 11 99.99
Drug Of Choice Summary Heroin 79 30.27
Cocaine 49 18.77
Alcohol 43 16.48
Speed (methamphetamine) 26 9.96
Amphetamines 20 7.66
Total 261 83.14
Discharges By Type Administrative 14 4.90
Medical 5 1.75
Successful 213 74.48
Unsuccessful 54 18.88
Total 286 100
In Facility Still In Program 6 100
Total 6 100

Conewago Indiana

A MEMBER OF THE FIRETREE LTD. GROUP

Marketing

Marketing efforts in 2022 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.

- All facilities continue to offer MAT programming as desired by SCAs and MCOs. All programs offer Vivitrol and can accept clients already on buprenorphine maintenance. Methadone maintenance is now an option at all facilities due to MOUs with community providers and it is also mandated by the MCOs and DDAP that we have a plan in place for potential clients.
- Referrals from a number of counties, county prisons and the PA Board of Probation and Parole picked up in the latter half of the year. Fortunately, Covid-19 appears to no longer be a barrier to referrals and admissions.
- Art and Music Therapy, Safe Serve, CPR classes for clients and other programs have been restored in the facilities where personnel are available to deliver these educational opportunities.

- We applied for and received contracts for the Conewago Snyder Detox from CCBH and PerformCare. We are awaiting word from Magellan on the detox and also adding Conewago Snyder inpatient to their network, our application has been submitted to their contracting division. We began marketing the detox program to referral sources months before it opened in January 2023.
- XYZ packets have been submitted to all home SCAs and we should know soon the outcome of our rate increase requests.
- The prison program continues to be a steady source of referrals to our facilities. Success is attributed to working with the Intake Unit and county drug and alcohol entities to assure a smooth transition for clients from jail to treatment. Vickie Gavlock continues to make periodic calls to referral sources re: open beds.
- Marketing has been more active on social media due to the assistance of Hannah Yost. We work closely with Hannah to post information and announcements on various social media sites (Facebook, Instagram, LinkedIn, etc.). Multiple email blasts were prepared throughout the year and sent out to over 1100 individuals on our mailing list.
- A 30th Anniversary Open House was organized by Marketing and held for Capitol Pavilion.
- Trac9 continues to provide a positive talking point for the Marketing Team.
- 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.
- Marketing signed up for numerous job fairs to be held Spring 2023 in order to assist the Human Resources Department.
- Joseph McLaughlin was hired as a Community Relations Specialist in August of 2022. Patricia Brader was promoted to Director of Marketing and Community Relations in July 2022. The process of hiring a marketer for the western regions of the Commonwealth began in the Fall of 2022 and is ongoing.

Firetree Ltd.'s strong commitment to the recovery process 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 and those dictated by Covid. 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. Firetree/Conewago continues as a potential national research site for "Marketing, FDA Communications and Tobacco Perceptions and its Use in Drug Treatment". This program is conducted by the Institute for Health Policy Studies of the University of California, San Francisco. Additionally, Mr. Imber continues to serve as a member of the Pay-4 Performance Advisory Board of CBH. Conewago Place achieved an 80% score in the most recent review of the facility's ability to perform according to CBH standards and was awarded a cash bonus for their performance.

Maintaining open communications with the state's Single County Authorities (SCA), BCC, PBPP, County Probation departments and HealthChoices managed care organizations (MCOs) remains a primary goal. Most meetings and events are being held in person now that the pandemic has subsided in most regions. As a result, Marketing team members were able to attend multiple community events in 2022, more than any other year. Organized conferences are also now almost all in person as well. 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.

Conferences in 2022 were largely held in person. We attended the following: RCPA (Rehabilitation and Community Providers Association), CompassMark, COCA (Council on Chemical Abuse), Gaudenzia Women and Childrens Conference, Dauphin County Addictions Conference, Drug Court Conference and PAPPC Conference. 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 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 2023 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 Conewago Indiana maintenance department consists of a program monitor who also takes care of any maintenance issues at the facility. During 2022 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
- Cut down dead trees
- Clear property of snow and ice
- Planting vegetable garden
- Sealed boots on roof top
- Completed drainage ditches for water run-off

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 holes and dents in walls in bedrooms and hallways
- Replaced electrical wall plates
- Installed exercise equipment

Vehicle Maintenance & General Items

- Inspection, emissions, wiper blades and changed oil on Mazda 5/ Ford Escape, Dodge Caravan, and 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 2023 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.