

Conewago Place 2022 Annual Report

Conewago Place

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## **Mission Statement**

Conewago Place is a residential, drug free, non-hospital drug and alcohol treatment center designed to assist individuals in restoring personal dignity while learning to live chemically free. The Firetree, Ltd. mission statement, “Together Building a New Way of Life,” is the core principle that all Conewago Place employees embrace. The overall goal of Conewago Place is the provision of comprehensive inpatient chemical dependency rehabilitation/treatment to an identified population of individuals. Our identified Targeted Treatment Populations are as follows: 1) intravenous drug users 2) other substance abusers 3) veterans 4) overdose survivors.

## **Philosophy**

Conewago Place, as a member of Firetree, Ltd., is committed to the philosophy that clients are responsible for their choices and behaviors. The program is geared towards developing client awareness about how their personal patterns of drug and alcohol use have impaired their ability to live in a healthy manner. Conewago Place utilizes a modified Therapeutic Community approach in that many of the groups and treatment components are “peer driven.” Conewago Place also embraces Cognitive Behavioral Therapy as the core of its treatment programming. Clinical staff members assist clients in identifying the denial systems that support chemical dependency and contribute to relapse. The Clinical team also helps clients in the replacement of denial systems with a system of constructive decision making skills. Clients who are discharged from Conewago Place leave with an individualized comprehensive Aftercare Plan that includes a crisis intervention plan, that focuses on client strengths, and that utilizes Community Support Systems such as Outpatient Counseling and AA / NA, etc.

## **Governing Body**

The Governing Body of Conewago Place, a member of Firetree Ltd, operates out of the corporate office, which is located at 800 West Fourth St., Williamsport, PA 17701. At the facility level, the management teleconference calls occur on a Monthly basis with in person meetings occurring quarterly. The teleconferences between the management staff at the facility level, the Board of Directors, and other key Firetree, Ltd. staff, have proven to be successful. The Chief Operations Officer conducts frequent onsite visits and is available for calls regarding the call day to day operations and personnel issues at any time. In addition, the directors continue to report any issues regarding facility improvements to William Brown, who is in charge of property acquisition, construction and management. To this end, an electronic file folder has been established on the Administrative Drive so that directors can send maintenance or property related requests directly to Mr. Brown's attention. This approach is designed to enable the directors of the facilities to get a faster turnaround time on receiving approval for needed items.

The current Board of Directors meets on a regular basis and consists of the following members:

William C. Brown, President

Amy S. Ertel, Secretary / Treasurer

Edward B. Ertel, Director

Catherine K. Ertel, Director

## **Program & Statistical Information**

Conewago Place tracks statistics on client`s admissions, funding, discharge, and aftercare attendance. In addition, a client survey is given at the end of each client`s treatment stay. These statistics are used to help to measure the program`s effectiveness. These are often used by the Facility Director to make adjustments that will best achieve the Conewago Place mission.

### **Admissions & Funding Sources**

This annual report for Firetree, Ltd. Conewago Place In-Patient Non-Hospital Treatment Center covers the period from January 1, 2022 through December 31, 2022. Throughout the course of 2022 there were 133 client admissions for drug and alcohol treatment. The decrease in admissions from 2022 can be attributed to the Covid-19 pandemic and the structural fire in August which closed the Facility until late December. In 2022, there were 6 clients funded through their Single County Authority (SCA) on admission, and there were 127 clients funded through their Managed Care Organization (MCO) on admission. Most clients initially funded through their SCA during their admission, did have their funding switched to the MCO within a short time of being in treatment. There were no admissions from August 24<sup>th</sup> until December 19<sup>th</sup> due to a structural fire at the facility.

D&A Quarterly and Year End Report  
From 01/01/2022 - 12/31/2022

		D&A	
		Quantity	Percentage
Admissions By Age	18-24	8	6.02
	25-34	44	33.08
	35-44	41	30.83
	45-64	39	29.32
	65 & Over	1	0.75
	<b>Total</b>	<b>133</b>	<b>100</b>
Admissions By Ethnicity	Alaskan Native	0	0.00
	American Indian	0	0.00
	Asian or Pacific Island	2	1.50
	Black	57	42.86
	Hispanic	20	15.04
	Other	1	0.75
	Unknown	1	0.75
	White	52	39.10
<b>Total</b>	<b>133</b>	<b>100</b>	
Admissions By Gender	Female	0	0.00
	Male	133	100.00
	<b>Total</b>	<b>133</b>	<b>100</b>
Admissions By Program Type	MCO - 3.5 Clinically Managed Residential Services	51	89.47
	MCO - 3.5 MAT Clinically Managed Residential Services	0	0.00
	SCA - 3.5 Clinically Managed Residential Services	6	10.53
	Schlr - 3.5 Clinically Managed Residential Services	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 (Long-term)	0	0.00

	Self Pay - 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/PR 3.5 Clinically Managed Residential Services	0	0.00
	St - CCF/STDP-SIP 3.5 Clinically Managed Residential Services	0	0.00
	St - CPC/HB 3.5 Clinically Managed Residential Services	0	0.00
	<b>Total</b>	<b>57</b>	<b>100</b>
Drug Of Choice Age 18-24	Heroin	3	37.50
	Alcohol	2	25.00
	Amphetamines	1	12.50
	codeine	1	12.50
	Speed (methamphetamine)	1	12.50
	<b>Total</b>	<b>8</b>	<b>100</b>
Drug Of Choice Age 25-34	Heroin	13	41.94
	Marijuana	6	19.35
	Percocet	5	16.13
	Fentanyl	4	12.90
	Alcohol	3	9.68
	<b>Total</b>	<b>31</b>	<b>100</b>
Drug Of Choice Age 35-44	Cocaine	10	26.32
	Heroin	10	26.32
	PCP (Phencyclidine)	8	21.05
	Fentanyl	6	15.79
	Alcohol	4	10.53
	<b>Total</b>	<b>38</b>	<b>100</b>
Drug Of Choice Age 45-64	Alcohol	14	40.00
	Cocaine	9	25.71
	Heroin	6	17.14
	Amphetamines	3	8.57
	Fentanyl	3	8.57
	<b>Total</b>	<b>35</b>	<b>100</b>
Drug Of Choice Age 65+	Alcohol	1	100.00
	<b>Total</b>	<b>1</b>	<b>100</b>

Drug Of Choice Asian or Pacific Island	Cocaine	1	50.00
	Fentanyl	1	50.00
	<b>Total</b>	<b>2</b>	<b>100</b>
Drug Of Choice Black	Alcohol	12	21.05
	Cocaine	12	21.05
	Heroin	9	15.79
	Marijuana	5	8.77
	PCP (Phencyclidine)	5	8.77
	<b>Total</b>	<b>57</b>	<b>75.43</b>
Drug Of Choice Hispanic	Heroin	9	45.00
	Cocaine	3	15.00
	Fentanyl	3	15.00
	Alcohol	1	5.00
	Marijuana	1	5.00
	<b>Total</b>	<b>20</b>	<b>85</b>
Drug Of Choice Other	Alcohol	1	100.00
	<b>Total</b>	<b>1</b>	<b>100</b>
Drug Of Choice Unknown	Fentanyl	1	100.00
	<b>Total</b>	<b>1</b>	<b>100</b>
Drug Of Choice White	Heroin	14	26.92
	Alcohol	10	19.23
	Amphetamines	6	11.54
	Cocaine	6	11.54
	Fentanyl	5	9.62
	<b>Total</b>	<b>52</b>	<b>78.85</b>
Drug Of Choice Male	Heroin	32	24.06
	Alcohol	24	18.05
	Cocaine	22	16.54
	Fentanyl	13	9.77
	PCP (Phencyclidine)	9	6.77
	<b>Total</b>	<b>133</b>	<b>75.19</b>
Drug Of Choice MCO - 3.5 Clinically Managed Residential Services	Alcohol	14	29.79
	Heroin	10	21.28
	Cocaine	6	12.77
	Amphetamines	5	10.64
	Fentanyl	4	8.51
	<b>Total</b>	<b>47</b>	<b>82.99</b>
Drug Of Choice SCA - 3.5 Clinically Managed Residential Services	Alcohol	3	50.00
	Speed (methamphetamine)	2	33.33



	PCP (Phencyclidine)	1	16.67
	<b>Total</b>	<b>6</b>	<b>100</b>
Drug Of Choice Summary	Alcohol	17	32.08
	Heroin	10	18.87
	Cocaine	6	11.32
	Amphetamines	5	9.43
	PCP (Phencyclidine)	5	9.43
	<b>Total</b>	<b>53</b>	<b>81.13</b>
Discharges By Type	Administrative	6	13.33
	Medical	1	2.22
	Successful	32	71.11
	Unsuccessful	6	13.33
	<b>Total</b>	<b>45</b>	<b>100</b>
In Facility	Still In Program	3	100
	<b>Total</b>	<b>3</b>	<b>100</b>

## Discharges & Outcomes

During the year of 2022 Conewago Place saw a 71.11% successful completion rate. Successful completion rates show little difference in the year 2021 and 2022. Aftercare attendance shows a 13% increase with 75% of clients attending their aftercare appointments.

## Outcomes Table

Conewago Place	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Avg
Successful	50%	X	100%	100%	100%	100%	67%	68%	X	X	X	X	84%
Aftercare	100%	X	200%	200%	200%	200%	167%	160%	X	X	X	X	75%
3B	100%	X	100%	100%	100%	100%	100%	100%	X	X	X	X	100%
Successful_3B	50%	X	100%	100%	100%	100%	67%	68%	X	X	X	X	84%

Aftercare_3B	100%	X	X	X	100%	100%	100%	100%	100%	100%	100%	100%	100%
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### Client Program Evaluations

For quality assurance, clients scheduled to discharge from Conewago Place are asked to complete a Program Evaluation. During this, clients are asked to score various areas of the program, give suggestions for improvements, and comment on program strengths. Scores range from 0-5, with 0 being poor and 5 being excellent. The Corporate Compliance Specialist generates the scores on a quarterly basis, and sends to the Facility Director for review. The chart below shows the areas scored in 2021 and 2022. Of note, all areas saw improved between 2021 and 2022. The Facility will continue to use and evaluate the program evaluations to foster continued growth in all areas. There was no data for Quarter 4 of 2022 due to the facility being closed from the fire.

### Client Program Evaluations

Area Assessed	2021	2022
Individual Counseling	4.39	4.53
Counselors	4.49	4.21
Building and Grounds	4.42	4.26
Administration	3.95	4.63
Medical	4.50	4.29
Clinical Director	3.92	4.36
Food Service Staff	4.41	4.33
Food Service	4.53	4.39
Lectures	4.02	4.2
Program Monitors	4.06	4.19
Groups	4.20	4.51
Facility Comparison	4.04	4.31
Activities	3.40	3.89
Driver	3.98	4.36
Overall Average	4.16	4.32

## **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 on 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:

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

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

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.

### **Evaluation of 2022 Goals & Objectives**

Each year and throughout, the Facility Director creates goals and objectives that concentrate on big-picture items that will allow the facility to grow in new directions beneficial to our clients and employees. Once these goals are set, they are updated each week with progress notes, and sent to corporate staff. These goals are often made and met in conjunction with corporate staff. In 2022 we saw growth in all areas as follows.

#### **Physical Plant**

Objective: Maintain a safe, clean, and comfortable building and grounds.

Plan: Facility Director completes weekly sanitation and reports. These inspections check the compliance of cleaning standards, safety regulations, and inventory of medical, chemical, and

fire safety supplies. Further, this inspections tests water temperatures and emergency lighting and observes for plumbing, electrical, ventilation, heating and air, termite, and structural issues. Any issues noted in this inspection are sent to the corporate maintenance team, and are fixed in a timely manner

Target Date: 12-31-22

Evaluation: Facility continues to be cleaned on a daily basis and is maintained in a safe and orderly manner. Fire drills are conducted on a monthly basis, checking the fire alarm system, inspect and inventorying the first aid kits, inspecting the facility for any fire or safety hazards, and coordination of emergency procedures occurs on an on-going basis. All staff continue to receive fire safety training as per policy, and all facility issues have been addressed by corporate in a timely, appropriate fashion. Conewago Place suffered a kitchen fire in August and was closed until December. During that time period, a restoration company completed a repainting of many client rooms. Areas of the building were deep cleaned including the carpets. At the conclusion of 2022, the kitchen was still being reconstructed by our outside contractor RestoreCore.

### **Case Management**

Objective – Ensure compliance for case management needs to include target due dates and quality content.

Plan: Clinical Supervisor manages the target due dates for case management, and works with the Corporate Clinical Director to improve content. All clinical personnel meet Monday-Friday to go over needs for case management. Corporate compliance staff conduct internal audits to assess the quality of documentation. The Clinical Supervisor and Corporate Clinical Director continue to assess case management protocols, adding tools, updates, and trainings as needed. Individual case-management training needs for each staff member are measured and supported by the Clinical Supervisor and Facility Director through on the job training and trainings conducted by corporate staff members. The Clinical Supervisor will work with the Corporate Clinical Director to ensure case management requirements are met.

Target Date: 12-31-22

Evaluation: Leadership continues to monitor and improve case management needs. The Corporate Clinical Director has created tools to help meet the case management needs at Conewago Place, as well as conducted various trainings and supervisions. The Facility Director has implemented procedures to ensure target due dates are met for case management. Leadership continues to measure the needs of employees individually and support employees with documentation. There are various trainings and supportive measures being developed to further improve these protocols.

### **Policy and Procedures**

Objective: Ensure that all policies and procedures are known and followed by employees and clients.

Plan: The Policy Committee is a corporate-level committee that assess and updates policies as needed. This is done in order to stay in compliance with all regulations of our licensing and

funding agencies and to ensure that we are using the best practices for our employees and clients. The Facility Director is made aware of any changes, and ensures that employees and clients at Conewago Place have a considerable understanding of our policies and procedures. Updated policies are placed on Relias, Firetree's contracted training management program, for staff to review and sign off on.

Target Date: 12-31-22

Evaluation: The Policy Committee has continued to assess and update the Policies and Procedures as approved by the governing body. Staff have undergone the review of each policy and procedure using a virtual training system. Assessment, training, and enforcement of Policies and Procedures continues to be a priority at Conewago Place.

### **Personnel**

Objective: Ensure appropriate staffing, job performance, and maintain client-staff ratios per regulations.

Plan: The Facility Director and Assistant Director ensures appropriate staffing through the screening and hiring process. Employees must have the necessary education, certifications, skills and experience to be employed at Conewago Place. Conduct and performance are closely monitored throughout the year and supervision is given regularly to ensure quality standards. Staff are reviewed yearly via their Performance Evaluations, and their performance is rated. These evaluations are used when creating their individual training plans, which will outline areas of need. In the event of short staffing, client intakes are limited to ensure that regulations surrounding client-staff ratios are in compliance.

Target Date: 12-31-22

Evaluation: The Facility Director and Assistant Director has hired qualified staff in each department to ensure compliance and best practice. Staff have been given appropriate training and supervision throughout 2022. Performance Evaluations will be assigned through Human Resources. Based on an each employee's performance, 2023 individual Training Plans have been created to support staff's growth. The Corporate Clinical Director has monitored the client-staff ratios at Conewago Place and enforced compliance with regulations.

### **Staff Training**

Objective: Ensure all staff receive appropriate training based on their needs, interest, and regulations.

Plan: The Facility Director ensures that all staff have training needs met throughout the year. Staff complete a Training Assessment each year that includes their understanding of various topics needed to perform their duties at Conewago Place. This assessment, the employee's prior performance, the employee's interest, and the regulations set forth by DDAP are used to then create a training plan. Staff are provided resources to complete their training plans, and staff supervisors monitor this completion throughout the year. Staff are given on the job trainings and asked to attend a monthly in-house trainings. Further, Firetree Ltd. offers various in-house trainings that are required through DDAP. Additional required out-side trainings can be accessed through DDAP. The Corporate Training Coordinator has various resources for staff to meet training needs. All staff have access to virtual trainings through an online training platform, and

this is used to assign staff trainings or for staff to elect their own as needed. At the end of each year the Facility Director then ensures each employee's training plan has been completed.

Target Date: 12-31-22

Evaluation: Staff have been able to meet their training needs overall. Staff have been able to attend trainings offered in-house through Firetree Ltd and offsite as able now than an increasing number of trainings are available in person. The Clinical Director and Training Director ensures that clinical staff are accessing DDAP trainings where possible. Virtual trainings continue to occur and have allowed employees to meet their training needs. Training needs and plans have been created for 2023. The Facility will continue to adhere to the ASAM alignment as well.

### **Governing Body**

Objective: Ensure effective communication with the Governing Body.

Plan: The Facility Director meets weekly with corporate staff and the Governing Body to communicate all updates. The Chief Operations Officer communicates needed updates to and from the Facility Director and Governing Body throughout the week as needed. In unusual incidents, the Facility Director will communicate reports directly to the Governing Body and corporate staff for efficient communication.

Target Date 12-31-22

Evaluation: Weekly meetings continue to prove sufficient communication between the Facility Director and Governing Body. Additional communication has occurred with the enforcement of incident reporting. All unusual incidents have been communicated directly to corporate staff and the Governing Body. All communication has been effective and productive in 2022.

### **Office Management**

Objective: Ensure compliance of office administration and accounts.

Plan: The Facility Director is responsible for office administration and accounts. Reports of intakes/discharges, physical plant compliance, and goals and objectives are recorded weekly. Administrative duties for township compliance, fire safety, and petty cash accounts are generated monthly. Staff, program, and security schedules are generated weekly by the Assistant Facility Director and Department Heads. The Facility Director sends all payable and receivable invoices to the corporate billing office. Ordering and inventory, petty cash accounts, and payroll accounts are handled by the Facility Director as laid out by corporate policies. Billing for client services is handled from the Corporate Director of Billing.

Target Date: 12-31-22

Evaluation: All areas of office administration at Conewago Place have been handled by the Assistant Director or Facility Director and have remained in compliance throughout 2022.

### **Programming**

Objective: Ensure that evidenced based practices are used effectively to treat Substance Use Disorder at Conewago Place.



Plan: The Corporate Clinical Director meets with the Clinical Supervisor on a monthly basis to ensure the treatment offered at Conewago Place is in compliance with the most up to date DDAP standards. The Corporate Clinical Director is responsible for the program's content and design. The Clinical Supervisor is responsible for ensuring that the program as designed, is effectively followed at Conewago Place. The Clinical Supervisor supervises all clinical staff and monitors their use of approved evidenced based practices. The use of group and individual counseling within the program is supervised by the Clinical Supervisor to ensure compliance and effectiveness. The Clinical Supervisor meets with clinical staff at least monthly for individual supervision, and daily for clinical team meetings. The Clinical Supervisor and Facility Director work to make improvements in the program as directed by the Corporate Clinical Director.

Target Date: 12-31-22

Evaluation: The program has maintained compliance with its program according to DDAP standards, and has continued to work on compliance with the July ASAM alignment. In addition, the Corporate Clinical Director has adopted new and more effective curriculums and treatment tools used at Conewago Place. The program has maintained its use of evidenced based practices, and sufficient trainings have been given to clinical staff on how to properly apply them. The Clinical Supervisor has overseen that the program design and content be followed successfully and has giving appropriate supervision to clinical staff. The Facility Director, Clinical Supervisor, and Corporate Clinical Director have worked conjunctively to improve the treatment program at Conewago Place.

### **Quality Assurance**

Objective: Ensure that the quality of the program, treatment experience, and working conditions are of the highest standard, and enforce the use of tools and protocols used to measure quality.

Plan: The Facility Director uses audits, weekly inspections, and data from client program evaluations and follow-up calls to ensure the quality of the program and environment at Conewago Place is of the highest standard. Audits are conducted regularly by Corporate Compliance staff. These results are sent to the Facility Director for review. Further audits are conducted in-house by the Clinical Supervisor and Facility Director to ensure quality care, best practice, and case management compliance. If there are deficiencies, staff are corrected, trained, and supported in their efforts to maintain compliance and quality services for clients. In addition to audits, the Facility Director conducts weekly Sanitation assessments to ensure the physical plant, maintenance of the building, and safety of the building is of the utmost quality. Any areas of deficiencies are immediately rectified with the support of corporate maintenance staff. Data is also used to measure the program quality. This data is collected via follow-up phone calls to discharged clients and client program evaluations that are conducted at the end of a client's stay. When data received here shows areas that need improvement, goals and objectives are created by the Facility Director that will develop these parts of the program. Areas that need quality improvement may also be addressed through a corrective action plan; developed and enforced by the Facility Director or Corporate Staff. All measures for quality assurance are used to ensure high standards and best practices are present at Conewago Place.

Target Date: 12-31-22

Evaluation: All QA procedures have been followed in 2022. Audits have increased this year to identify underlying issues in client care and case management. These issues have and continue to be overcome using corrective actions and training. Overall, we see compliance strengthening at Conewago Place. Sanitation reports identified various issues over the year that were not severe and dealt with in a timely manner. The overall building safety, sanitation, and compliance has remained of high quality throughout the year. Client surveys were considered on a quarterly basis showing few underlying issues with the program overall. QA continues to be of the utmost priority at Conewago Place.

### 2023 Quality Assurance

**Safety.** Drills for further emergency conditions, Implement CARF Drills

**Physical Plant.** Create further in-door recreation areas, eliminate aesthetic issues and complete kitchen rebuild and remodel.

**Training.** Meet with staff through the year to ensure training needs are being met. Offer hands on training across departments. Utilize corporate leadership for educational trainings.

**Case Management.** System roll-out for targeted due dates and Content.

**Employee Retention.** Meet training needs, create and utilize advancement opportunities, increase supervisor's presence, hold department, staff, and department head meetings regularly, and continue employee of the month.

**Client Services.** Ensure comprehensive care using Case Consults with various department staff. Work hands-on with clinical staff on applying evidenced-based practices. Offer education to clients on physiological aspects of addiction and medication. Leadership employees to work more frequently on the floor with clients, increasing the Facility Director's presence.

**Program.** Additional services to include resume classes, horticulture program, and culinary program. Create more community involvement for clients including volunteer opportunities, outside 12-Step Meetings, and Career Link. Use local coffee shops and parks as incentives for clients doing well in treatment. Offer more in-person speakers and educational quests for clients.

### Personnel

**Administrative.** Conewago Place's administration consists of the Facility Director and the Assistant Facility Director.

**Clinical.** Conewago Place reopened after the fire in December fully staffed with counselors. Shortly after the Fire in August Conewago Place did not have a Clinical Supervisor. The Assistant Director assumed Clinical Supervisor Duties during the reopening in December. Counselor retention and recruitment were ongoing issues throughout the year. Maintaining effective and qualified counselor will be a priority in 2023.

**Program Monitor Department.** Program Monitors continued to provide coverage 24/7 at the Facility. This continued while the facility was closed from August to December. The monitor level program continues to garner interest with some Monitors expressing the desire to move to lvl 3. Administrative staff continues to meet Program Monitors daily to ensure effective operations.

**Maintenance Department.** The maintenance department has been dissolved at Conewago Place, as Firetree Ltd. has assembled a Corporate Maintenance Team. This team is responsible for the overall maintenance of all Firetree Ltd. facilities including Conewago Place. Since the development of this department, maintenance needs at the Conewago Place seem to be resolved quickly, with no ongoing issues.

**Medical Department.** The Facility LPN worked closely with the Facility Doctor to address any and all client medical needs. MAT continued to play a role in the treatment of Conewago Place's clients. The Facility Nurse and Doctor counseled and educated clients as needed. The Facility Nurse continues to be available to clients throughout the day in order to address any minor medical needs.

### **Food Service**

Up until the Kitchen fire in August, food services remained satisfactory at Conewago Place. Clients continued to partake in our Serve Safe program, and also joined our cook in learning kitchen skills. A few Program Monitors became Serve Safe and assisted with food service as needed. In quarter one of 2023, a newly constructed and remodeled kitchen should be completed.

### **Physical Plant & Grounds**

The physical plant has been heavily invested in especially toward the end of 2022 with the structural fire. All maintenance needs have been addressed. There are no plumbing, ventilation, electrical, lighting, sanitation, or fire safety concerns at Conewago Place at the close of 2022. Sanitation continues to be a high priority at Conewago Place. Clients and staff keep all areas tidy and clean for daily inspections. Clients continued to care for the wildlife, raise a garden, and partake in our horticulture activities. As we move into our 4<sup>th</sup> year of gardening and utilizing the grounds therapeutically, we intend on creating a "Horticulture Program" for clients to partake in.

### **Community Involvement**

Community Involvement remains limited while Covid-19 continues to be a safety and health concern for our clients. We were able to host our Alumni Picnic, and we saw a rise in attendance from past clients whom have previously graduated the program. We were able to host some 12-Step Meetings with guest speakers from the community, who came on-site to share their message of hope and recovery. Various educational speakers have also been able to come to Conewago Place to meet with staff and educate them on recovery and treatment related topics. Further, the Facility Director has reached out to various community members and agencies to create an Advisory Board. The Director will continue to extend the invitations, and we hope to reconnect with the community more in 2023

### **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 30<sup>th</sup> 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."*

### **Fiscal**

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