

Firetree, Ltd

“Together Building A New Way Of Life”

Conewago Pottsville Inpatient Program

2022 Annual Report

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**Conewago Pottsville
202-204 S. Centre Street
Pottsville, PA. 17901
(570) 628-5835**

2022 ANNUAL PROGRAM REPORT

FIRETREE, LTD. GOVENING BODY

The Firetree Board of Director's consists of:

- **Mr. William Brown**
- **Mrs. Kay Ertel**
- **Ms. Amy Ertel**
- **Mr. Ned Ertel**

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

**William C. Brown, President
Amy Ertel, Vice President
Tom McDermott, Chief Operating Officer
Scott Snyder, Director of Administration
Steve McCardell, Corporate Compliance Officer
Eric Wertz, Corporate Accountant
Amber Biddle, Corporate Clinical Director**

The Board of Directors of Firetree, Ltd. continues in the role of Governing Body. Telephone conference calls between the Executive Committee of Firetree & additional Firetree Corporate Staff occur with the Administrative Staff of Conewago Pottsville on a weekly basis. Items listed on the agenda that are reviewed by each Executive Director or Designee is as follows:

- 1. The current clients census and expectations of admissions and discharges for the week,**
- 2. Review of Staff concerns,**
- 3. Facility maintenance concerns,**
- 4. Review of any new business at the Facility can be discussed at this time.**

Firetree, Ltd. sponsors quarterly Director’s management seminars that provide another means of communication between Facility Administrative Staff and the Firetree Board of Directors.

FIRETREE’S MISSION STATEMENT

“Together Building A New Way Of Life”

PHILOSOPHY

Conewago Pottsville believes that making the individual ultimately responsible for their own recovery is the most effective way to foster the long term recovery. Our clinical programming utilizes an evidenced based cognitive/behavioral approach rooted in the 12-step recovery model. Primary focus of treatment is on enhancing the individuals’ awareness and acceptance of their addiction and/or any co-occurring mental health disorders. Conewago Pottsville facilitates its programming within a modified therapeutic community model which emphasizes the community as method philosophy. Focus is placed on the utilization of peer support and emphasizing the prosocial value of working together to achieve long term success. The clinical team emphasizes the utilization of motivational interviewing techniques to enhance the individual’s internal motivation for change.

PURPOSE

The purpose of Conewago Pottsville is to provide a quality Drug & Alcohol Treatment Program to the referred population.

GENERAL SERVICES

Conewago Pottsville is licensed by the Pennsylvania Department of Health to provide Medical Detoxification and Inpatient Non Hospital Drug and Alcohol services. Conewago Pottsville is currently fully licensed by the PA Department of Health.

Conewago Pottsville provides Inpatient Treatment Services to individuals referred by the County SCA and MCO organizations. The Inpatient Treatment Programs offered at Conewago Pottsville utilize a cognitive behavioral approach based on the Cognitive Interventions Program developed by the National Institute of Corrections in 1994. The curriculum includes a combination of individual, group, and family therapy techniques which creates awareness about alcohol and other drug addiction and helps eliminate the thinking distortions associated with criminal behavior, alcohol and other drug use.

Services are provided to a target population that includes males and females eighteen years and older who have experienced adverse consequences in their lives as a direct result of alcohol and other drug use, abuse, and/or addiction. Conewago Pottsville accepts referrals based upon the mutual agreement with county referrals that meet the admissions criteria of the program.

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

Conewago Pottsville Goals and Objectives 2022

1. Physical Plant

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

(Plan) – Facility Director in combination with the Lead Monitor will coordinate the daily cleaning of the facility through the work therapy component of the treatment schedule and communicate any issues with the routine maintenance during the daily community meetings. Facility Director and maintenance will participate in daily facility tour to ensure consistency of compliance and will report any needed physical plant repairs to the project director who will communicate with the governing body and monitor for completion. Facility Director and/or assign staff will run fire drills monthly and document their completion per policy in Enterprise Management along with the fire drill log. Facility Director will continue to coordinate the painting of the internal and external physical plant as part of continuing to improve the facility to make it more visually pleasing.

(Target Date) 12-31-22

2. Case Management

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

(Plan) – The Clinical Supervisor will consistently monitor the administrative responsibilities in ensuring that facility case management procedures are completed in a timely fashion. The Clinical Supervisor 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. The 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. The 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. The Clinical Supervisor will work with the Corporate Clinical Supervisor to address and coordinate the implantation of the DOC treatment curriculum and CBH recovery oriented treatment initiatives.

(Target Date) 12-31-22

3. Policy and Procedures

(Objective) – Review updated policy and procedures as needed, complete annual reports, complete yearly reports, secure governing body approval, add to manual. Ensure the appropriate implementation of all agency protocols.

(Plan) – The Chief Operating Officer will revise policies in conjunction with the policy committee as needed, 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) 03-31-22

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 board of Directors on a bi-weekly basis during the weekly conference call and adjust staffing pattern as deemed warranted with board approval. Facility Director, the Clinical Supervisor, Lead Monitor, and Nursing Supervisor will take responsibility for hiring and training all new facility staff. Facility Director, the Clinical Supervisor, Lead Monitor, and Nursing 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. The Chief Operating Officer 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 mandated trainings, yearly training hours, improve awareness of training availability, and participate in trainings based on identified need areas.

(Plan) – Facility Director along with the Clinical Supervisor will coordinate training requirements with staff and monitor completion of individual staff training plans and training needs assessment forms. Facility Director 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. Staff will also utilize the online training system, RELIAS, to complete additional training. Facility Director will update all staff on their progress securing the appropriate training hours on a quarterly basis to facilitate appropriate compliance. Facility Director will coordinate and implement a monthly in-house training schedule during monthly staff meetings.

(Target Date) 12-31-22

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/supervisory staff of the facility on a weekly basis to identify any needs to be addressed by the governing body. The Chief Operating Officer 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. Chief Operating Officer 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) 03-31-22

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 person on a monthly basis and monitoring the facility’s case management processes on a weekly basis to ensure appropriateness of completion. The Chief Operating Officer will monitor compliance through monthly supervisions with the Clinical Director and through the collection of client feedback through the utilization review processes. The Chief Operating Officer will assist the Clinical Supervisor in the completion of any needed third party billing contracts. The Chief Operating Officer 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 any make suggestions to the Chief Operating Officer in terms of facility protocol changes. Facility Director will also coordinate communication on a weekly basis between the billing specialist and the corporate administrative personnel to improve the coordination of the facility are billing procedures and the corporate budgeting office.

(Target Date) 12-31-22

8. Programming

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

(Plan) – The Corporate Clinical Director will meet with the Clinical Supervisor and treatment staff on a weekly basis to assess the treatment needs of the referral population. The Corporate Clinical Director will assist the Clinical Supervisor in the formation of any new programming changes or additions. The

Clinical Supervisor will then implement any programming changes deemed appropriate and monitor to ensure their appropriateness. The Clinical Supervisor will formulate a weekly clinical schedule and submit to the Corporate Clinical Supervisor for approval. The Clinical Supervisor will also monitor each group monthly and provide feedback to both the group facilitator and the Corporate Clinical Supervisor 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. The Clinical Supervisor and Corporate Clinical Director will work to find additional ways to improve the delivery of services to the identified treatment population.

(Target Date) 04-01-22

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. Data will be collected by the Corporate Compliance Officer 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. The Corporate Compliance Officer 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. The 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. The Facility Director will conduct program orientation with all inpatient clients within the first three days of admission to outline treatment initiatives. The Facility Director will meet with inpatient clients throughout the course of treatment to determine the effectiveness and appropriateness of the agency's functioning.

(Target Date) 12-31-22

2022 QA Problem Issues to be addressed:

- Continue to improve the internal physical plant of the facility through daily and weekly cleaning in combination with painting and general maintenance to improve the internal and external physical plant.
- Continue to complete weekly updates on case management protocols for compliance
- Continue to participate in weekly P&P meetings and providing information to staff
- Continue to monitor the need for additional staff and make requests to change the ratios when necessary
- Continue to monitor staff trainings and look to add additional trainings through RELIAS and ensure all staff receives required trainings and all staff is properly trained to complete their assigned job duties.

- Continue to have all staff provide a warm welcome and greeting to all inpatient clients when arriving at the facility.
- Continue to monitor and have appropriate programming available for inpatient clients
- Continue to ensure all staff has the necessary equipment and items to provide a high level of treatment

Program Evaluation of Goals and Objectives – 2022

Objective #1 – (Physical Plant)

-The monitor team oversees the clients when completing work therapy. The monitor team helps assign the cleaning details and ensures the details are completed correctly on a daily basis. The Facility Director and Lead Monitor will do weekly walkthroughs of the building while completing the weekly fire safety sanitation report. The monitor team has documented and communicated all physical plant concerns with the Facility Director and Assistant Director. The Assistant Director and Facility Director then communicated with the COO, who assisted in getting concerns resolved. Monthly fire drills were conducted without any issues in 2022. All fire drills were logged by staff in Enterprise Manager.

Objective #2 – (Case management)

– The Clinical Supervisor oversees the clinical team. The Clinical Supervisor holds weekly group supervision sessions with the team, as well as regular individual supervision. The Corporate Clinical Director has instituted a case tracking sheet for each clinician to use. The clinicians track their paperwork due dates using this form, and present it during their weekly meetings. The Clinical Supervisor then sends an email to the Chief Operating Officer, Corporate Clinical Director, Facility Director and owner of the company indicating if any paperwork was late. This was a measure to increase supervision and deter late paperwork. The Clinical Supervisor continues to audit clinical paperwork on a weekly basis while signing documents in the chart. The Corporate Compliance Officer does regular chart audits as well. The Clinical Supervisor also tracks the counselor's training hours for the year to ensure everyone has met their required amount of training hours for 2022.

Objective #3 – (Policy and Procedures)

– Agency policy and procedures continue to be updated as needed. The Chief Operating Officer and Corporate Compliance Officer have communicated changes to the Facility Director, Clinical Supervisor and Assistant Director. These individuals implement the changes at the facility level through staff meetings and email communication as necessary. The Facility Director will continually ensure policy and procedures are being followed.

Objective #4 – (Personnel)

The staff/client ratios have been maintained successfully in this inpatient program. The Assistant Director has been screening, interviewing and hiring new monitors, drivers and cooks. The Nursing Supervisor oversees the hiring of nurses and the Clinical Supervisor and Facility Director oversee the hiring of clinical staff. The Assistant Director handles the new hire process and orientation with all new hires in the building. The Assistant Director ensures that all personnel files are maintained properly and are in compliance.

Objective #5 – (Staff Training)

– The Corporate Training Coordinator ensures that new staff are enrolled into new hire, STD/TB and HIV/AIDS trainings. He or she also develops the facility staff training calendar and ensures that the Facility Director has all necessary training material for staff trainings. In 2022, all monthly staff meetings and trainings were presented without any issues. Staff attendance remained satisfactory during the year. The Assistant Director ensures that all training certificates and training evaluations are completed and maintained in the personnel records.

Objective #6 – (Governing Body)

– The governing body has remained consistent. Weekly conference calls are held with the Facility Directors, Marketers and the governing body.

Objective #7 – (Office Management)

– Slight changes were made to office management in 2022. A new Facility Director, Assistant Director, and Program Specialist were hired. The Facility Director, Assistant Director, Clinical Supervisor, and Nursing Supervisor make up the management of the facility. An on call rotation was developed between the Facility Director, Assistant Director, and Clinical Supervisor which resulted in improved communication with all departments.

Objective #8 – (Programming)

– The Clinical Supervisor sends weekly group schedules to the facility staff and Corporate Clinical Supervisor. Client program evaluations have been helpful to see which groups are most

effective and which are not. SARCC and co-county wellness present monthly groups. AA/NA speakers visit on a weekly to bi-weekly basis.

Objective #9 – (Quality Assurance)

– All quality assurance procedures and protocols have been followed and are being completed effectively. Program evaluations are reviewed regularly by the Clinical Supervisor, Facility Director, and corporate staff. The feedback from evaluations is helpful to gauge effectiveness of the program and to highlight any areas that are needed for improvement. Client concern slips are another way that clients can voice any concerns or needs that they may have. Every concern slip has been addressed by the Clinical Supervisor and the Facility Director appropriately. The Corporate Compliance Officer and Clinical Supervisor continue to audit charts regularly. They highlight areas of improvement as well as give positive feedback to the staff completing the paperwork.

CONEWAGO POTTSVILLE STATISTICAL REPORT January 1, 2022 to December 31, 2022

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

CLIENTS SERVED

Conewago Pottsville provided services to substance abuse clients at two levels of care throughout 2022. The target population identifies as specific to male and female adults' ages 18 through 75. Admissions were based upon clients meeting criteria as established within the Pennsylvania Client Placement Criteria (2nd Edition) and the American Society of Addiction Medicine (ASAM) which began on July 1, 2018.

Conewago Pottsville provided services to a total of 305 people throughout 2021. The following tables illustrate our statistical data for the year 2021.

Table 1: Admission by Age

Age	Number of Admissions	Percentage of Admissions
18 – 24	13	6.31
25 – 34	67	32.52
35 – 44	86	41.75
45 – 64	38	18.45
+65	2	0.97
Total	206	100

Table 2: Admissions by Gender Identification.

Gender	Number of Admissions	Percentage of Admissions
M	143	69.42
F	63	30.58
Unreported	0	0
Transgender	0	0
Total	206	100

Table 3: Admissions by Ethnic Identification

Ethnicity	Number of Admissions	Percentage of Admissions
Caucasian	133	64.56
American Indian	0	0
Alaskan Native	0	0
Asian or Pacific Island	0	0
Hispanic	19	9.22
African American/Black	47	22.82
Other	5	2.43
Unknown	2	0.97
Total	206	100

During the last year, the MCO's continue to be our largest funding source. This can be attributed to more clients are becoming eligible for MCO services.

FACILITY OUTCOME STATISTICS

Conewago Pottsville completed follow-up procedures as a way to improve the quality and efficiency of its program. During 2022, data was collected on a quarterly basis.

Successful	100%					80%	80%	87%	93%	85%	79%	88%
Aftercare	100%					160%	160%	193%	186%	181%	184%	188%
3B	100%					100%	100%	100%	100%	100%	100%	100%
Successful	100%					80%	80%	80%	85%	85%	85%	88%
Aftercare	100%					100%	100%	100%	100%	100%	100%	100%

Admissions by Program Type:

MCO	Quantity	Percentage
3.5 Clinically Managed Residential Services	128	79.50%
3.5 MAT Clinically Managed Residential Services	0	0%
Lvl 3.7 WM Detox	0	0%
Lvl 3.7 WM Detox MAT	0	0%
3.5 Clinically Managed Residential Services	11	6.83%
SCA Lvl WM Detox	0	0%
Schlr 3.5 Clinically Managed Residential Services	0	0%
Schlr- Lvl 3.7 WM Detox	0	0%
Self-Pay 3.5 Clinically Managed Residential Services	0	0%
Self-Pay 3.5 LT Clinically Managed Highest Intensity Residential Services (Long Term Self Pay)	0	0%
Self Pay - Lvl 3.7 WM Detox	0	0%
St- CCF/PH 3.5 Clinically Managed Residential Services	0	0%
CCF/PH Lvl 3.7 WM Detox	0	0%
St- CCF/PR 3.5 Clinically Managed Residential Services	0	0%
St-CCF/STD SIP 3.5 Clinically Managed Residential Services	22	13.66%

St- CCF/STDP SIP Lvl 3.7 WM Detox	0	0%
St- CPC/HB 3.5 Clinically Managed Residential Services	0	0%
St- CPC/HB Lvl 3.7 WM Detox	0	0%
Total	161	100%

Drug Of Choice Ages 18-24:

Alcohol	4	36.36%
Marijuana	3	27.27%
Speed (methamphetamine)	2	18.18%
Codeine	1	9.09%
OxyContin	1	9.09%
Total	11	100%

Drug Of Choice Ages 25-34:

Heroin	16	27.59%
Speed (methamphetamine)	15	25.86%
Alcohol	12	20.69%
Marijuana	8	13.79%
Cocaine	7	12.07%
Total	58	100%

Drug Of Choice Ages 35-44:

Alcohol	22	32.84%
Heroin	17	25.37%
Speed (methamphetamine)	14	20.90%
Cocaine	8	11.94%
Marijuana	6	8.96%
Total	67	100%

Drug Of Choice Ages 45-64:

Alcohol	15	44.12%
Cocaine	7	20.59%

Heroin	5	14.71%
Marijuana	4	11.76%
Speed (methamphetamine)	3	8.2%
Total	34	100%

Drug Of Choice Ages 65+

Alcohol	1	50%
Cocaine	1	50%
Total	2	100%

Drug Of Choice African American:

Alcohol	14	29.79%
Cocaine	13	27.66%
Marijuana	8	17.02%
Ecstasy	2	4.26%
OxyContin	2	4.26%
Total	47	82.99%

Drug Of Choice Hispanic:

Alcohol	5	26.32%
Cocaine	3	15.79%
Heroin	3	15.79%
Marijuana	2	10.53%
Speed (methamphetamine)	2	10.53%
Total	19	78.96%

Drug Of Choice Other:

Cocaine	1	20%
Heroin	1	20%
Other	1	20%
Percocet	1	20%
Speed (methamphetamine)	1	20%
Total	5	100%

Drug Of Choice Unknown:

Alcohol	1	50%
Heroin	1	50%
Total	2	100%

Drug Of Choice White:

Alcohol	34	26.15%
Heroin	32	24.62%
Speed (methamphetamine)	31	23.85%
Marijuana	11	8.46%
Cocaine	6	4.62%
Total	130	87.7%

Drug Of Choice Female:

Alcohol	15	23.81%
Heroin	14	22.22%
Speed (methamphetamine)	14	22.22%
Marijuana	9	14.29%
Cocaine	2	3.17%
Total	63	85.71%

Drug Of Choice Male:

Alcohol	39	27.86%
Heroin	24	17.14%
Speed (methamphetamine)	20	14.29%
Marijuana	19	13.57%
Cocaine	14	10%
Total	140	82.86%

Drug Of Choice MCO - 3.5 Clinically Managed Residential Services:

Alcohol	30	25.64
Heroin	21	17.95
Speed (methamphetamine)	20	17.09
Marijuana	14	11.97
Cocaine	9	7.69
Total	117	80.34%

Drug Of Choice SCA - 3.5 Clinically Managed Residential Services:

Speed (methamphetamine)	4	36.36%
Heroin	3	27.27%
Alcohol	1	9.09%
Other	1	9.09%

OxyContin	1	9.09%
Total	11	90.9%

Drug Of Choice St - CCF/STDP-SIP 3.5 Clinically Managed Residential Services:

Speed (methamphetamine)	7	35%
Marijuana	3	15%
Xanax (alprazolam)	3	15%
Alcohol	2	10%
Herion	2	10%
Total	20	85%

Drug Of Choice Summary:

Alcohol	33	22.30
Heroin	32	21.62
Speed (methamphetamine)	25	16.89
Marijuana	15	10.14
Cocaine	12	8.11
Total	148	79.06

Discharge By Type:

Administrative	6	4.80%
Successful	106	84.80%
Unsuccessful	13	10.40%
Total	125	100%

In Facility:

Still in Program	2	100%
Total	2	100%

PERSONNEL PROMOTIONS AND TRANSFERS

Administrative

The 2022 year had the following changes to personnel:

- Jessica Rusnak was promoted to Facility Director
- Kyle Miller was promoted to Assistant Director
- Erica Cola was hired as Program Specialist then promote to Counselor Assistant
- Briana Cicero was hired as a Counselor Assistant
- Matthew Williams was hired as a Counselor
- Patrick DuBois was hired as a Counselor

The clinical team continues to provide appropriate and quality services to the clients we served during 2022. Throughout 2022, Clinical staff has also fluctuated and we are still in need of a Clinical Supervisor. However, proper ration coverage is maintained in 2022 despite the shortage at times. Counselors have been willing to pick up additional groups to help with the coverage at this time.

Throughout 2022, the monitor staff has fluctuated. However, we are currently fully staffed at this time. In the event of staff shortages or call offs, the monitors have been willing to pick up extra shifts or stay later to ensure proper coverage during transition times in the schedule.

Throughout 2022, the nursing staff was able to maintain proper ration coverage in 2022. At this time we currently have one Nursing Supervisor and a second shift nurse who also maintains dual roles as the Intake Coordinator.

STAFF TRAINING

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

Each month, staff attend in-house 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) required that the following positions complete a certain number of training hours. Project, Facility, and Clinical Director s must complete at least 12 clock hours of training in areas such as fiscal policy, administration, program planning, quality assurance, 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. implemented Relias, an online learning management system, which has increased the agency's ability to address training needs. This has also enhanced Firetree, Ltd.'s New Hire Orientation as new employees are enrolled into a training plan with courses related to their position. Some of these courses cover topics such as Confidentiality, Boundaries, and Suicide Prevention. 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.

Yearly Training Evaluation 2022

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.

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:

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

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

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 2022, 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.

Community Involvement

Conewago Pottsville is able to engage a local AA/NA support group to provide support group services to its clients. Conewago Pottsville continues to have the support from the Life Centre 4-Square Gospel Church to provide recreation services to the clients of the Inpatient program. This year the inpatient clients participated in Make A Difference Day where they volunteered at the local animal shelter, sorted through donations and delivered them to Women In Crisis as well as Our Father's House, and they helped create crochet blankets and hats for a nearby nursing home. The clients also participated in a community clean up where they picked up litter in our community. The community cleanup was done twice in 2022.

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.*

Fiscal Information

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