

## 2022 ANNUAL REPORT



*"Together Building a New Way of Life"*

Conewago ~ Snyder

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## **FIRETREE, LTD. ~ GOVERNING BODY**

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The Board of Directors of Firetree, Ltd. continues the role of the governing body. The teleconference between the Executive Committee of Firetree, corporate staff, and the facility directors at the facility level, that are held on a weekly basis, have proven successful over the past years. Facility directors submit a Friday Report that covers such topics as current census, expectations of admissions / discharges for the week, staff concerns, and maintenance issues.

Most communication from facility directors regarding day to day operations and personnel issues is directed to Firetree, Ltd.'s Chief Operating Officer, Ron Magargle. In addition, the directors report to the President William Brown, with any issues regarding facility improvements. This enables the directors of the facilities to receive a quicker approval for needed items.

The following is the current Board of Directors:

- Mr. William Brown - President
- Mrs. Kay Ertel – Chairman of the Board
- Ms. Amy Ertel - Secretary
- Mr. Ned Ertel - Member

The Corporate Office is located at 800 West 4<sup>th</sup> Street, Williamsport, PA. 17701.

Firetree, Ltd. sponsors quarterly director's management seminars that provide training and valuable information to members of the organization.

## **MISSION STATEMENT**

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Firetree, Ltd.'s mission is to provide individuals who are associated with the criminal justice system or experiencing problems with chemical dependency the resources to improve their life. The mission statement, "*Together Building a New Way of Life*", is the core principle that all Firetree employees embrace. Firetree, Ltd.'s programs are designed to provide clients with the guidance and resources necessary to return to lifestyles that are productive, independent, and chemically free.

The overall goal of Conewago Snyder is the provision of comprehensive inpatient chemical dependency rehabilitation/treatment to an identified population of individuals. The following are the identified targeted treatment populations that Conewago Snyder serves:

1. Pregnant Intravenous Drug Users
2. Pregnant Substance Abusers
3. Intravenous Drug Users
4. Other Substance Users
5. Veterans
6. Overdose Survivors

## **PHILOSOPHY**

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Conewago ~ Snyder, as a member of Firetree, Ltd. is committed to the philosophy that clients are responsible for their own choices and behaviors. The program is geared towards developing the awareness of the extent to which patterns of drug and alcohol use have impaired the ability to live life in a healthy manner. Clinical staff assists the client in identifying the denial systems that support chemical dependency and contribute to relapse. They help in the replacement of denial systems with a system of constructive decision making skills.

Conewago Snyder utilizes an evidence based approach to treatment rooted in a 12-step recovery model. The programming includes community participation, individual, group, and family therapy sessions to address the client's awareness of addiction, acceptance, motivation for change, and use of support services for after care planning.

Conewago Snyder utilizes a Modified Therapeutic Community approach which focuses on making the clients ultimately responsible for their own recovery. Emphasis is placed on using client's strengths in conjunction with available community resources to foster the optimum long-term treatment success.

The community method philosophy addresses peer support and emphasizes the value of working together to achieve long-term success.

## **GENERAL SERVICES**

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Conewago Snyder is licensed by the Pennsylvania Department of Drug and Alcohol Program (DDAP) to provide inpatient non-hospital drug and alcohol services.

Conewago Snyder provides inpatient treatment services to individuals referred by county Single County Authorities (SCA) and Managed Care Organizations (MCO). Conewago ~ Snyder utilizes 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 of age or older who have experienced adverse consequences as a direct result of alcohol and/or other drug use, abuse, and/or addiction. Conewago ~ Snyder accepts referrals based upon the mutual agreement with county referrals that meet the admissions criteria of the program. Two bi-lingual staff persons are employed by the program to accommodate Spanish speaking clients.

Conewago ~ Snyder 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 by referral sources as part of the assessment process. Specific needs associated with relapse and recidivism are identified and also addressed.

## **Conewago Snyder Goals and Objectives 2021**

### **1. Physical Plant**

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

**(Plan)** – Facility Director will coordinate the daily cleaning of the facility through the work therapy component of the treatment schedule. Facility Director will inspect the entire facility on a daily basis to identify any maintenance or cleaning issues that need addressed. Any issues noted will be communicated immediately to the appropriate staff member depending upon the nature of the issue. If major maintenance needs are detected, facility director will report these needs immediately to the corporate maintenance team and COO through an email address dedicated to documenting and facilitating the swift correction of physical plant repairs. Maintenance Professional will run fire drills monthly and document their completion in the policy and procedures manual per policy. Fire, Safety and Sanitation Report will be completed weekly per the Maintenance Professional. Any deficiencies noted in the Fire, Safety and Sanitation Report will be discussed immediately with the Facility Director in efforts to create a plan of action to address the deficiency.

**(Target Date)** 12-31-22)

### **2. Case Management**

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

**(Plan)** – Clinical Supervisor will consistently monitor her administrative responsibilities in ensuring that facility case management procedures are completed in a timely fashion. She will provide supervision to the facility counselors by reviewing case management on a weekly basis and providing input in terms of the timeliness and thoroughness of completion. Counseling staff will continue to participate in clinical client case consultations in addition to weekly clinical meetings. Case consults and clinical meetings will be documented accordingly. Clinical Supervisor will review the status of agency's client files with the corporate compliance officer and Corporate Clinical Director on a monthly basis to assess any needed changes in the case management protocols and on a weekly basis for any necessary staff disciplinary actions. Clinical Supervisor will also evaluate the training needs of the counseling staff in terms of their case management completion and coordinate any training attendance with the Facility Director. All facility staff are trained to utilize an electronic client case management system.

**(Target Date)** 12/31/22)

### **3. Policy and Procedures**

**(Objective)** – Review updated policy and procedures as needed, complete annual reports, secure governing body approval, and add to manual.

Ensure the appropriate implementation of all agency protocols.

**(Plan)** – Project director will revise policies in conjunction with the policy committee as needed per DDAP and all MCO's, 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 monthly staff meetings. The review of such policy and procedure changes will be documented in the monthly staff meeting agenda completed by the Assistant Director. All employees present at the monthly staff meeting will sign in to designate that they were privy to all information listed on the agenda. The Assistant Director will maintain sign in sheets and agendas for all monthly staff meetings that have been completed.

**(Target Date 12-31-22)**

### **4. Personnel**

**(Objective)** – Maintain staff/client ratios per regulations, based on referral numbers. Add or decrease clinical staff as warranted. Ensure appropriate job performance by all facility staff.

**(Plan)** – Facility Director will review staff/client ratios and referral numbers with governing board on a weekly basis during the weekly conference call and adjust staffing pattern as deemed warranted with board approval. Corporate Clinical Director and Clinical Supervisor will take responsibility for hiring and training all new facility staff. Corporate Clinical Director and Clinical Supervisor will share the responsibility for evaluating existing clinical staff as per employee evaluation policy. Facility Director will notify governing body of potential need. The Facility Director will monitor the functioning of the office staff on a weekly basis to ensure appropriate completion of job responsibilities. Project director will review staffing patterns with the governing body on at least a quarterly basis to ensure appropriate compliance with licensing standards.(Facility and Clinical Director are in constant communication regarding client vs staff ratio. Clinical Director trains all incoming clinical staff. Facility, Assistant and Clinical Director complete staff evaluations in accordance with the company's expectations. These evaluations are to be entered into the Kronos system

**(Target Date 12-31-22)**

## **5. Staff Training**

**(Objective)** – Ensure all staff receives DDAP mandated trainings, yearly training hours, improve awareness of training availability, and participate in trainings based on identified need areas.

**(Plan)** – Facility Director and Assistant Director will coordinate training requirements with staff and monitor completion of individual staff training plans and training needs assessment forms. Corporate Director of Training will provide staff with a training calendar and all other available training resources to assist with the completion of individual training plans. Corporate Director of Training will then utilize the completed individual training plans to compile a yearly agency training plan and review 2021 training evaluation forms to complete a yearly training evaluation report. Facility Director will update all staff on their progress securing the appropriate training hours on a quarterly basis to facilitate appropriate compliance. Assistant Director will coordinate a monthly in-house training during monthly staff meetings. All facility staff will be trained in the utilization of our newly acquired Relias training system and will complete assigned training plans as directed by Firetree’s Corporate Director of Training. (All training records were checked in July 2020 and verified to contain all required trainings/hours for each staff member in preparation for DDAP audit. Clinical Director tracks/coordinates all DDAP required trainings for clinical staff. Assistant Director and Facility Director ensure all Program Monitors, Maintenance, Kitchen and Administrative staff have required trainings/hours each year. Training Assessments and Plans for 2021 are to be sent to Corporate Trainer in January 2022.)

**(Target Date 4-1-22)**

## **6. Governing Body**

**(Objective)** - Maintain consistent and effective communication with the governing body to provide support and direction to the program.

**(Plan)** – Facility Director will meet with the administrative staff of her facility on a weekly basis to identify any needs to be addressed by the governing body. Facility Director will then communicate weekly with the governing body during the weekly directors meetings to communicate the appropriate facility information and seek governing body approval for any actions needed to be taken. (Admin staff meetings are held Thursdays at 10:30am in Director’s office to address concerns/needs that are then relayed to corporate staff during Monday am conference call when needed.)

**(Target Date 12-31-22)**

## **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; Utilization Review team will be tasked with coordinating the billing processes with the corporate billing person on a monthly basis. Facility Director will monitor compliance through monthly supervisions with the Clinical Supervisor and through the collection of client feedback through the utilization review processes. Facility Director will ensure that any issues with the office management staff are addressed through the normal supervision and evaluation/disciplinary processes. Facility Director will utilize the completed client satisfaction forms to evaluate the ongoing facility functioning and make any suggestions to the COO in terms of facility protocol changes. Utilization Review team will continue to coordinate communication on a weekly basis between the billing specialist and the corporate administrative personnel to improve the coordination of the facility billing procedures and the corporate budgeting office. Any issues will be reported to the Facility Director and Clinical Supervisor in efforts to develop a plan of correction.

**(Target Date 12-31-22)**

## **8. Programming**

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

**(Plan)** – Corporate Clinical Director will meet with the Clinical Supervisor and treatment staff on a monthly 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 Utilization Review team will formulate a weekly clinical schedule for approval of Clinical Supervisor before distribution to all staff. The Clinical Supervisor will also monitor each group monthly and provide feedback to both the group facilitator and the Corporate Clinical Director to ensure effectiveness. Client satisfaction questionnaires will be completed for each client upon discharge and forwarded to the corporate team for review and computation. 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, Corporate Clinical Director and clinicians will continue working towards ways to enhance the holistic nature of our programming.

**(Target Date 12-31-22)**

## **9. Quality Assurance**



**(Objective)** – Ensure that all facility quality assurance and follow-up protocols are followed consistently. Identify and address any problematic issues with overall facility functioning through the internal auditing processes.

**(Plan)** – Facility director and Clinical Supervisor will utilize client satisfaction questionnaires, discharge data, and follow-up data to ensure the appropriateness and effectiveness of the agency’s functioning. Facility Director will also track safety, satisfaction, outcomes, medication errors, incidents, and discharges as requested by the facilities Dept of Health Licensure. Data will be collected by the Facility Director as per established procedures and then shared with the clinical staff on a quarterly basis for discussion of any needed changes in procedures or programming. COO 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. Admissions Director will train newly hired staff in the process of completing follow-up phone calls/outreach with the discharged clients. Corporate Compliance Officer will complete initial facility audits on a monthly basis and forward all outcomes to the facility director for review with the facility staff. Internal audits are also forwarded to the corporate office for review and correction implementation

**(Target Date 12-31-22)**

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## **Program Evaluation of Goals and Objectives – 2022**

Objective #1 – (Physical Plant)

Facility is cleaned on a daily basis per client detail. Staff members assist and observe clients completing the necessary cleaning details on a daily basis. Peer Leaders have been added to daily life at the facility and assist in monitoring detail completion. Fire drills are completed on a monthly basis with results being documented in electronic record system, EM. These drills are completed at varying times of the month and day to meet DDAP requirements. Completion of weekly Fire Safety and Sanitation checks are completed by our maintenance professional weekly and logged in EM as well. All staff receives new hire fire safety training in accordance with policy, and any/all facility issues are addressed by corporate in a timely and appropriate fashion. The Facility Director coordinates the weekly operations of the various facility functions. Facility Director monitors weekly operations through daily site inspections to ensure cleanliness and safety of the facility, staff and clients. Any and all major repairs are reported to the Corporate Maintenance team for support as needed.

## Objective #2 – (Case Management)

In cooperation with the ASAM alignment, a Case Manager position was added to the staff roster. However, clinical staff do continue to aid in Case Management activities as well. Clinical Directors oversee the clinical staff and ensure that all case management procedures are followed and completed within the necessary time-frame to ensure compliance with DDAP regulations. In addition to the Clinical Director's monthly audits, the Corporate Compliance Officer completes monthly internal audits to ensure ongoing compliance. Any areas of deficiency that are identified are brought to the attention of the Facility Director immediately. The Clinical Director, Facility Director and Corporate Compliance Officer will work collaboratively with the Corporate Clinical Supervisor to develop a plan of action to address the deficient areas with additional training, corrective action and additional supports as needed. Facility Director oversees the Case Manager.

## Objective #3 – (Policies & Procedures)

The Policy Committee continually work to revise policies and procedures to ensure compliance with the Department of Drug and Alcohol Programs. All policy revisions and updates are approved by the governing body and then dispersed to all facility employees during weekly admin and clinical staff meetings. All staff are being required to review electronic versions of all company policies and procedures using our electronic training system, Relias.

## Objective #4 – (Personnel)

For the report year 2022, the staff includes a Facility Director, an Assistant Director, a Clinical Director, 9 Counselors, 1 Lead Monitor, 7 full time LPNs, 1 full time Nursing Assistant, 17 full-time monitors, 1 part-time monitors, 4 full-time cooks, and 4 on-call drivers. We have been in 100% compliance with staff/client ratios for the 2022 year. The facility utilizes a contracted physician to handle medical issues. Any additional medical or mental health services needed are handled through arranged referral agreements with local agencies/providers in the community. 2 Program Specialists, 1 Case Manager and 1 Intake coordinator were added as well as part of Firetree's efforts to comply with ASAM alignment in 2021. The positions of Intake Coordinator and Program Specialist have been eliminated in 2022.

## Objective #5 – (Staff Training)

All staff members continue to receive more than the required number of training hours on a yearly basis. Firetree has several in house trainers to provide for CPR/FIRST AID/AED training for new hire staff members who need this required training as well staff members who need to receive their 2 year refresher course. The staff members have also been trained in de-escalation training. We continue to add the capacity to offer more trainings internally through corporate trainers and we continue to offer educational tuition reimbursement to encourage both licensure/certification as well as continuing education. All new staff receives the fire safety training in the required time frame, and members of the clinical team complete all necessary trainings required through DDAP regulations.

Firetree Ltd's Corporate Director of Training creates a monthly in-service training schedule and tracks yearly training plans and assessments for each Firetree Ltd employee. All staff complete Individual Training Plans as well and Training Needs Assessments on a yearly basis. All Firetree Ltd employees utilize the Relias training system to train and track progress throughout the training year. Staff are encouraged to request and attend external trainings as well to broaden their knowledge base as well as to meet DDAP and certification requirements.

#### #6 – (Governing Body)

**(Objective)** - Maintain consistent and effective communication with the governing body to provide support and direction to the program.

**(Plan)** – Facility Director will meet with the administrative staff of her facility on a weekly basis to identify any needs to be addressed by the governing body. Facility Director will then communicate weekly with the governing body during the weekly directors meetings to communicate the appropriate facility information and seek governing body approval for any actions needed to be taken.

**(Target Date)** 12-31-22

#### Objective #7 – (Office Management)

The facility's UR Department is now managed from a central location. The centralized UR department continues to be in consistent contact with the corporate centralized billing department to assist with any issues that may arise with the facility billing. The Facility Director and Clinical Directors review all client satisfaction surveys to identify areas of deficiency or concern that can be improved upon in efforts to make the clients more comfortable and successful while in treatment at our facility. The Clinical Directors monitors the case management processes on a weekly basis to ensure appropriate actions are taken and documented accordingly in EM.

**(Target Date)** 12-31-22

#### Objective #8 – (Programming)

Programming at the facility is conducted in accordance with the expectations of DDAP and our Corporate Clinical Director. We offered both 3.5 to males and females, and 3.1 level of care to males during 2022. The Clinical Supervisors communicate several times a week with the Corporate Clinical Director to discuss the clinical programming of the facility, any issues that may have risen, and adjustments to the treatment schedule that may need to be implemented as to address the needs of the every changing communities that we serve.

#### Objective #9 - (Quality Assurance)

All quality assurance procedures and protocols are effectively executed on a regular basis. We continue to utilize client satisfaction questionnaires, group feedback forms, discharge data, and follow-up data to evaluate the appropriateness and effectiveness of the facilities overall functioning. Client satisfaction surveys were consistently above 4.0 in almost all categories in each and every month of 2022. Firetree Ltd provided staff with as many tools

and procedures as possible to continue providing treatment to the highest standards possible in the midst of the challenges presented by the pandemic.

## 9PROGRAM AND STATISTICAL INFORMATION

Statistical data was collected throughout the reporting period of January 1, 2021 through December 31, 2021. 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.

During this year, client admissions for drug and alcohol treatment totaled 562. Of the clients who received treatment in 2021, 76% completed treatment successfully.

Conewago Snyder received clients from three different sources: the majority were referred by a Managed Care Organization (MCO); some were referred by a Single County Authority (SCA); and a few were referred by the Department of Corrections and local county prisons.

### Client Demographics

#### Firetree, LTD. Conewago Snyder

#### Inpatient Quarterly and Year End Report

01-01-2022 to 12-31-2022			
		Inpatient	
		Quantity	Percentage
<b>Admissions by Age</b>	18-24	21	7
	25-34	118	39
	35-44	94	31
	45-64	68	22
	65 & over	4	1
	<b>TOTAL</b>	<b>305</b>	<b>100</b>
<b>Admissions by Gender</b>	Male	241	79
	Female	64	21
	<b>TOTAL</b>	<b>305</b>	<b>100</b>
<b>Admissions by Ethnicity</b>	Caucasian	247	81
	African American/Black	41	13
	Hispanic	11	4
	Other/American Indian/Alaskan/Asian/Pacific Island	06	2
	<b>TOTAL</b>	<b>305</b>	<b>100</b>
<b>Drug of Choice</b>	Heroin	86	29
	Speed (Methamphetamines)	68	22

Alcohol	65	21
Cocaine/Crack	31	10
Amphetamine	55	18
<b>TOTAL</b>	<b>305</b>	<b>100</b>

<b>Admissions by Funding Source</b>			
	MCO		
	SCA	87	16
	Scholarship	2	1
	<b>TOTAL</b>	<b>517</b>	<b>100</b>
<b>Discharge Types</b>	Still in Program	21	
	Medical	07	6
	Successful	339	75
	Unsuccessful	75	10
	<b>TOTAL</b>	<b>555</b>	<b>100</b>

\*Totals in the above categories do not match due to clients being counted twice if some categories if they came in with one method of funding and changed to another, or were admitted at one level of treatment and transitioned in to another level during their treatment stay. I am unable to decipher the numbers anymore specifically with the data I have.

## FACILITY OUTCOME STATISTICS ~ FOLLOW-UP STATISTICS

Conewago ~ Snyder completed follow-up procedures as a way to improve the quality and efficiency of its program.

### **January:**

- Successful Completion = 68%
- Aftercare Attendance = 52%
- 3B = 50%
- 3C = 37%

### **February:**

- Successful Completion = 79%
- Aftercare Attendance = 60%
- 3B = 48%
- 3C = 40%

### **March:**

- Successful Completion = 86%
- Aftercare Attendance = 65%
- 3B = 58%
- 3C = 43%

### **April:**

- Successful Completion = 84%
- Aftercare Attendance = 56%
- 3B = 54%
- 3C = 39%

### **May:**

- Successful Completion = 79%
- Aftercare Attendance = 64%
- 3B = 48%
- 3C = 48%

### **June:**

- Successful Completion = 70%
- Aftercare Attendance = 50%
- 3B = 60%
- 3C = 37%

### **July:**

- Successful Completion = 84%
- Aftercare Attendance = 60%
- 3B = 48%
- 3C = 41%

### **August:**

- Successful Completion = 94%
- Aftercare Attendance = 77%
- 3B = 66%
- 3C = 36%

### **September:**

- Successful Completion = 87%
- Aftercare Attendance = 81%
- 3B = 54%
- 3C = 47%

### **October:**

- Successful Completion = 76%
- Aftercare Attendance = 67%
- 3B = 47%
- 3C = 42%

### **November:**

- Successful Completion = 80%
- Aftercare Attendance = 52%
- 3B = 39%
- 3C = 52%

### **December:**

- Successful Completion = 76%
- Aftercare Attendance = 59%
- 3B = 36%
- 3C = 52%

## CLIENT PROGRAM EVALUATIONS 2022

Upon discharge from Conewago Snyder, each client is asked to complete a written Program Evaluation utilizing Google Forms to assist us in assessing and improving the services that we provide. The areas listed below are identified on the Program Evaluation. Clients are asked to score each area using a numeric score. The score range is 0 (poor) to 5 (excellent). Below you will see each area of focus, the previous average rating from 2021, and the average rating for 2022. Comments and suggestions on each area of focus are also requested on the Program Evaluation.

- Counselors: 4.7....4.8
- Clinical Director: 4.3...4.6
- Program Monitors: 3.9...4.3
- Medical Staff: 4.8...4.9
- Administrative Staff: 4.4...4.6
- Driver: 4.7...4.7
- Group Therapy: 4.6...4.3
- Groups Controlled by Counselors: 4.6...4.6
- Groups Controlled by Program Monitors: 3.9...3.9
- Group Therapy Lectures: 4.3...4.4
- Individual Counselor: 4.9...4.9
- Life Skills: 4.4...4.5
- Activities Program: 3.7...4.2
- Dietary: 4...4.3
- Food Service Staff: 4.5...4.5
- Buildings and Grounds: 4.5...4.7
- Rating of the Facility: 4.1...4.3

Overall Average: 4.4.....4.5

### **Counselor Rating:**

**Comments:** Increase in rating noted in 2022. Comments received and included; honest and respectful, felt I was in a safe environment to share my feelings, genuine and passionate about their job, caring, patient and considerate.

**Suggestions for Improvement/Concerns:** more individual time, less books in groups, increased humility, faster time getting released.

### **Clinical Director Rating:**

**Comments:** Ratings have increased. Clients reported that Clinical Director kind, listened to their concerns, understanding, help staff accountable.

Suggestions for Improvement/Concerns: Spending more time with the clients, run more groups, attend/run more groups and meetings, less pamphlets, more hands on, be more available

### **Program Monitor Rating:**

**Comments:** Substantial increase noted. The clients reported that the monitors attended to their needs, made them feel at home, and worked to get them everything they needed when asked.

Suggestions for Improvement/Concerns: Consistency in enforcement of the rules is the biggest concern about the program monitor staff. This is something that we strive to improve upon as a large team in efforts to better support each other and the clients.

### **Medical Staff Rating:**

**Comments:** Rating for the medical staff remained very positive. Medical staff were described as caring, nurturing, trying to help anyway that they can, always willing to listen, and knowledgeable about their profession. The nursing staff got the highest ratings of all categories, and had little to no suggestions for improvement.

Suggestions for improvement/Concerns: The majority of clients listed “none” for improvement needed and concerns for the medical staff. Having a larger exam room was noted by one client.

### **Administrative Staff Rating:**

**Comments:** Slight improvement noted. The clients feel that the administration staff overall administrative staff is honest, helpful, open minded, respectful and did what they could to problem solve and make clients feel comfortable.

Suggestions for Improvement/Concerns: Attend more groups, be in the community more and interact more with the clients.



**Driver Rating:**

**Comments:** Rating remained the same for facility drivers. Clients consistently report that their drivers are good listeners, patient, courteous, helpful and kind.

Suggestions for Improvement/Concerns: Majority of clients noted “none” or “nothing” for this category. Many clients note that they enjoy the driver’s company and small talk in efforts to make them feel more comfortable.

**Groups Therapy Rating:**

**Comments:** This is the only category that a decline was noted. The clients enjoyed the groups as they reported an appreciation for the time to be heard and understood by their peers. Clients reported that groups.

Suggestions for Improvement/Concerns: Clients report not liking the booklets that go along with the groups, and wish for more creative and non-repetitive groups. This is a concern that we have heard since beginning the use of the Change Program booklets

**How Well Controlled are Groups Controlled by Counselors Rating:** This rating remained the same as in 2021. Most reported that the counselors do a good job of keeping the groups on track.

**Comments:** Suggestions for Improvement/Concerns: Too much cross talking, books are redundant.

**Groups Controlled by Program Monitors Rating:**

**Comments:** Rating remained the same in this category as well. Clients continue to value consistency and respect from the monitors as well as holding clients accountable for following the rules.

Suggestions for Improvement/Concerns: Monitors sharing too much in groups, being too involved, not enforcing the rules consistently.

**Group Therapy Lectures Rating:**

**Comments:** Slight improvement noted. Clients noted the following positive comments about the lectures: informative, gave insight, motivational, inspiring.

Suggestions for Improvement/Concerns: Cross talking, monotonous, repetitive, run too long sometimes.

**Individual Counseling Rating:**

**Comments:** Rating remained impressive with an average of 4.9 for the second year in a row. Clients reported feeling heard and understood by their counselor, being respected, and receiving valuable support and feedback during their time in treatment.

Suggestions for Improvement/Concerns: More time with each client was noted several times as an area for improvement.

**Life Skills Rating:**

**Comments:** Slight increase noted. Conewago Snyder had a new Life skills provider in 2022 that used her enthusiasm and positivity to run some great groups that were enjoyed by many. Clients reported liking the different topics of discussions and fun activities provided in Life Skills.

Suggestions for Improvement: More time on budgeting, investment information, parenting skills, basic hygiene and household tasks.

**Activities Rating:**

**Comments:** Substantial increase noted. Conewago Snyder again held a pumpkin decorating contest this fall as well as other fall activities. In the spring, clients all participated in setting up the community garden and planting, harvesting. Several clients participated over the summer in keeping the flower gardens watered and produce watered. The female clients added two new gardens to their gazebo area. The clients all worked with maintenance professional to complete lawn care, build bird houses, and tend to the flower and veggie gardens through the summer months. Conewago Snyder continues to offer the opportunity to volunteer in the kitchen and obtain their Serve Safe certificate after successfully completing their three week volunteering contract. This opportunity is one that clients often report as a positive of their food service experience at Conewago Snyder. In 2022, approximately 18 clients successfully completed their kitchen contracts and went on to obtain their Serve Safe certification. Clients were provided with more games, movies and recreational equipment. Our craft room continues to grow with materials that can be accessed for the clients to use in their personal time, but also as a means to support clinical groups.

Suggestions and comments: Outside meetings have been requested as well as volunteer opportunities in the community.

### **Dietary Rating:**

**Comments:** Improvement noted. In 2022, the dietary program continues providing hot breakfast twice during the week. Fresh fruit is available at each meal as well as a salad bar. Kitchen staff increased to four full time cooks who work well together to make nutritional and creative meal ideas for the clients. HWH residents have also cooked a few meals for the communities as part of their program description.

Suggestions for Improvement/Concerns: There were not many suggestions for improvement in this category in 2022. This is an area that has improved by over a full point rating in the past few years. Portion size was noted once or twice.

### **Food Service Staff Rating:**

**Comments:** Rating remained consistent at 4.5. Clients reported appreciation for the cook's personalities, kindness, understanding, and respect.

Suggestions for Improvement/Concerns: There are not very many concerns noted as most all stated that they appreciate and value the cooks and what they do

.

### **Building & Grounds Rating:**

**Comments:** Slight increase noted. A second gazebo was purchased for the female smoking area as well as two gardens added to decorate this area with beautiful colors and gardening opportunities in the spring and summer. We planted trees in the fall of 2022 in hopes that they will provide some needed shade and flowers for the property this spring. The upper lot fencing and stairs were power washed, painted and stained. Many bedrooms received a fresh coat of paint as well as lounge areas. Male lounges were furnished with new furniture as well as the female lounges.

Suggestions for Improvement/Concerns: Showers in the HWH were a concern as we struggled to get the water temps regulated. The company paid an outside provider to come in and fix this issue. Heating and cooling has been noted as a challenge as well which was also corrected by an

outside vendor in 2022. Bedding being uncomfortable is a concern of clients as bedding must be fire retardant resulting in it not being very comfortable for the clients.

### **Overall Facility Rating:**

**Comments:** Increases noted on all categories with the exception of clinical groups.

### **Overall Comments**

- “they where super caring and there for you, will do anything to help you , very considerate, passionate about there jobs , facility is run amazing and make the community amazing all together”
- “i have been to this facility before and i chose to come back because i always enjoyed the staff and the group conselors and all of the things we talk about and the activities they let us do helped alot.”
- “it has helped me in all ways my way of thinking and the positivity has went way up”
- “because the staff and program goes above and beyond to help you on your journey.”
- “they have given me great tools to help me further my recovery process!.”
- “helped me be honest with my self helped with grief and getting back into a community.”
- “Well run program, and great community. This is the first rehab I didn't leave from”
- “they halped me in so many ways, they taught me coping skills and what my triggers are and helped me get thru my grief a little better and how to get on the right track in life when i leave”
- “Helped me grow as a person and helped me learn new coping skills for the things i struggle with and helped me overcome alot of underlying issues.”
- “The amount of support I received from the staff and peers is immaculate..”
- “great treatment my counselor was the best keeps it real with me helped me found out who I was and gave me the tools and wisdom I needed for treatment.”
- “I came here before and when I had to go back to treatment I requested this facility. I love how personal and intimate it is. I love how homey it feels. I never felt out of place. I always felt welcome and cared for. Everyone, even people I met one time, remembered my name and always greeted me with a smile. Every group gave me hope and taught me things. And my counselor was always available, right down the hall whenever I needed her..”
- “Taught me a lot about my feelings, setting boundaries, how to build healthy relationships and how to deal with emotions in a healthy manner”

## **PERSONNEL**

Conewago Snyder undertook the challenge of meeting ASAM alignment requirements with speed and dedication to providing better service to our clients. Part of this challenge was creating and filling several new positions with qualified candidates. The position of Intake Coordinator, Case Manager and Program Specialist were added to our roster. Conewago Snyder has two Program Specialist and one Intake Coordinator at this time. Each new employee has enriched our team with their own individual strengths, ideas and positive work habits. Clinically, Conewago Snyder hired two new counselors and two counselor assistants in 2021. One counselor assistant was promoted to a counselor position, and our Case Manager was promoted to the counselor position as well. Our UR team was dissolved by losing one member to another position and the other to a promotion to a second Clinical Supervisor. UR services are now handled from a central hub off site. The medical department happily promoted our nurse to Nursing Supervisor for the Firetree Ltd family. Our physician switched office hours on site every Thursday to meet the needs of the community and to complete initial checks on new intakes from the previous week. The dietary department consisted of one FT staff. It has been a great on-going struggle to find an applicant to fill positions in the kitchen. The Facility Director continues supervising the kitchen staff, completing food orders and addressing dietary issues. Conewago Snyder currently has 17 FT Program Monitors on staff and two PT Program Monitor. On a daily basis, all staff at Conewago Snyder strive to look at each task and challenge from a team oriented approach. Administrative staff actively encourage and emulate this approach in efforts to facilitate a feeling of community among staff and pride in their collective work.

## **STAFF TRAINING**

### **Firetree, Ltd. Annual Training Report 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 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.

## **COMMUNITY INVOLVEMENT**

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Conewago Snyder has developed a Community Advisory Board of members including the local Mayor, President of the MACC, Veteran's Memorial Pool in McClure and several employees of Conewago Snyder. This board will meet 4 times a year to discuss volunteer opportunities, concerns and local news in efforts to strengthen the facility's connection to our Community. Our HWH members have found numerous opportunities for volunteering at the MACC building helping with Nerf Battles, Community Meals and other various events. HWH has also volunteered at the Veteran's Memorial Pool this fall to help prep the mini golf for the Spring. Both inpatient and HWH assisted in setting up Shining Lights in Burnham, PA this winter and then went back on an outing to see the lights over the holiday season. Firetree Ltd has also obtained memberships to the MACC for all residents of the HWH as a means to support local businesses and increase community presence and involvement.

## **PHYSICAL PLANT IMPROVEMENTS**

All male and female bedrooms received fresh coats of paint in 2022, as well as the café hallways, bathrooms, inpatient staff bathrooms, and many lounge and office areas. Trees from the local Conservation Society were planted around the facility in the fall, and the current trees were removed of all lower branches and debris to allow for mulching to be spread in the spring. Our garden was planted and harvested as always, and our flower beds were a beautiful site throughout the spring and fall as staff and clients participated in maintain them. A gazebo was

added to the female smoking area as well as two beautiful flower gardens on either side. A Memorial Flower Garden was made around our flag pole and filled with flowers in memory of our friend and co-worker, Laura Lane. The upper lot fencing was power washed, as well as the steps from the HWH to the female section. The stairwell was given a fresh coat of paint also. The monitor station in the HWH was moved to an office near the entryway. A new reception window was put in to welcome our residents and guests when they enter. A kitchenette area was made for the HWH residents to provide a more home like feel on their unit, and offer the ability to practice daily living skills with meal preparation. In our cafeteria, the stage received new wood edging to make it more aesthetically pleasing to the eye. The stage wall was sanded and given a fresh coat of paint which serves as a backdrop to our proudly displayed Firetree banner.

## **FISCAL INFORMATION**

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

### **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.”*