

# Firetree, Ltd

*“Together Building A New Way Of Life”*

## Conewago Pottsville Inpatient Program

**2023 Annual Report**

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

## **2023 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 4<sup>th</sup> Street, Williamsport, PA. 17701. The Corporate Staff consists of:**

**William C. Brown, President  
Amy Ertel, Vice President  
Scott Snyder, Director of Administration  
Steve McCardell, Corporate Compliance Officer  
Max Beck, Regional Director of D&A Programs  
Joe Maiolo, 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 2023**

### 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) 12-31-23

### 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 Director to address and coordinate the implantation of the DOC treatment curriculum and CBH recovery oriented treatment initiatives.

(Target Date) 12-31-23

### 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 Regional Director or D&A Programs 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) 03-31-23

### 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, Assistant Director, and Nursing Supervisor will take responsibility for hiring and training all new facility staff. Facility Director, the Clinical Supervisor, Assistant Director, 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 Regional Director or D&A Programs will review staffing patterns with the governing body on at least a quarterly basis to ensure appropriate compliance with licensing standards.

(Target Date) 12-31-23

### 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 2023 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) 12-31-23

## 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 Regional Director of D&A Programs 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. The Regional Director of D&A Programs 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) 03-31-23

## 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 Regional Director of D&A Programs will monitor compliance through monthly supervisions with the Corporate Clinical Director and through the collection of client feedback through the utilization review processes. The Regional Director of D&A Programs will assist the Clinical Supervisor in the completion of any needed third party billing contracts. The Regional Director of D&A Programs 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 Regional Director of D&A Programs 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) 12-31-23

## 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 Director for approval. 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 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) 04-01-23

## 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) 12-31-23

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 – 2023**

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 Regional Director of D&A Programs, who assisted in getting concerns resolved. Monthly fire drills were conducted without any issues in 2023. 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 Regional Director of D&A Programs, Corporate Clinical Director, and Facility Director 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 2023.

#### 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 2023, 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 2023. A new Clinical Supervisor and Case Manager 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, 2023 to December 31, 2023**

Statistical data was collected throughout the reporting period of January 1, 2023 through December 31, 2023. 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 2023. 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 (2<sup>nd</sup> Edition) and the American Society of Addiction Medicine (ASAM) which began on July 1, 2018.

**Conewago Pottsville provided services to a total of 213 people throughout 2023. The following tables illustrate our statistical data for the year 2023.**

**Table 1: Admission by Age**

Age	Number of Admissions	Percentage of Admissions
18 – 24	11	5.16
25 – 34	89	41.78
35 – 44	73	34.27
45 – 64	40	18.75
+65	0	0
<b>Total</b>	<b>213</b>	<b>100</b>

**Table 2: Admissions by Gender Identification.**

Gender	Number of Admissions	Percentage of Admissions
<b>M</b>	<b>88</b>	<b>41.31</b>
<b>F</b>	<b>114</b>	<b>53.52</b>
<b>Unreported</b>	<b>0</b>	<b>0</b>
<b>Transgender</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>213</b>	<b>100</b>

**Table 3: Admissions by Ethnic Identification**

<b>Ethnicity</b>	<b>Number of Admissions</b>	<b>Percentage of Admissions</b>
<b>Caucasian</b>	<b>148</b>	<b>69.48</b>
<b>American Indian</b>	<b>1</b>	<b>0.47</b>
<b>Alaskan Native</b>	<b>0</b>	<b>0</b>
<b>Asian or Pacific Island</b>	<b>0</b>	<b>0</b>
<b>Hispanic</b>	<b>13</b>	<b>6.10</b>
<b>African American/Black</b>	<b>47</b>	<b>22.07</b>
<b>Other</b>	<b>4</b>	<b>1.88</b>
<b>Unknown</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>213</b>	<b>100</b>

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 2023, data was collected on a quarterly basis.

Successful	100%	100%	94%	92%	92%	85%	91%	92%	72%	70%	88%	100%
Aftercare	186%	191%	188%	183%	172%	169%	182%	192%	156%	148%	181%	194%
3B	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Successful	100%	100%	94%	92%	92%	85%	91%	92%	72%	70%	88%	100%
Aftercare	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

#### **Admissions by Program Type:**

<b>MCO</b>	<b>Quantity</b>	<b>Percentage</b>
3.5 Clinically Managed Residential Services	214	72.79%
3.5 MAT Clinically Managed Residential Services	28	9.52%

Lvl 3.7 WM Detox	0	0%
Lvl 3.7 WM Detox MAT	0	0%
3.5 SCA Clinically Managed Residential Services	19	6.46%
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	31	10.54%
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	1	0.34%
Total	294	100%

**Drug Of Choice Ages 18-24:**

Alcohol	3	30%
Marijuana	3	30%
Speed (methamphetamine)	2	20%
Codeine	1	10%
OxyContin	1	10%
Total	10	100%

**Drug Of Choice Ages 25-34:**

Heroin	16	23.88%
Speed (methamphetamine)	15	22.39%
Alcohol	19	28.36%

Marijuana	10	14.93%
Cocaine	7	10.45%
Total	67	100%

**Drug Of Choice Ages 35-44:**

Alcohol	9	15.52%
Heroin	25	43.10%
Speed (methamphetamine)	11	18.97%
Cocaine	8	13.79%
Marijuana	5	8.62
Total	58	100%

**Drug Of Choice Ages 45-64:**

Alcohol	11	34.38%
Cocaine	5	15.63%
Heroin	4	12.50%
Marijuana	5	15.61%
Speed (methamphetamine)	7	21.88%
Total	32	100%

**Drug Of Choice Ages 65+**

Alcohol	0	0%
Cocaine	0	0%
Total	0	0%

**Drug Of Choice African American:**

Alcohol	14	29.79%
Cocaine	7	14.89%
Marijuana	7	14.89%
Heroin	4	8.51%
Percocet	4	8.51%
Total	47	76.59%

**Drug Of Choice Hispanic:**

Alcohol	1	7.69%
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Cocaine	3	23.08%
Heroin	6	46.15%
Marijuana	1	7.69%
Percocet	1	7.69%
Total	13	92.3%

**Drug Of Choice Other:**

Cocaine	1	25%
Heroin	1	25%
Percocet	1	25%
Speed (methamphetamine)	1	25%
Total	4	100%

**Drug Of Choice White:**

Alcohol	27	18.24%
Heroin	34	22.97%
Speed (methamphetamine)	33	22.30%
Marijuana	11	7.43%
Total	148	79.05%

**Drug Of Choice Female:**

Alcohol	18	15.79%
Heroin	24	21.05%
Speed (methamphetamine)	25	21.93%
Marijuana	11	9.65%
Cocaine	11	9.65%
Total	114	78.07%

**Drug Of Choice Male:**

Alcohol	24	27.27%
Heroin	18	20.45%
Speed (methamphetamine)	9	10.23%
Marijuana	8	9.09%
Cocaine	8	9.09%
Total	88	76.13%



**Drug Of Choice MCO - 3.5 Clinically Managed Residential Services:**

Alcohol	43	21.72%
Heroin	42	21.21%
Speed (methamphetamine)	32	16.16%
Marijuana	18	9.09%
Cocaine	19	9.60%
Total	198	77.78%

**Drug Of Choice SCA - 3.5 Clinically Managed Residential Services:**

Amphetamines	4	21.05%
Heroin	6	31.58%
Alcohol	3	15.79%
Cocaine	4	21.05%
Fentanyl	1	5.26%
Total	19	94.73%

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

Speed (methamphetamine)	8	26.67%
Marijuana	2	6.67%
Fentanyl	4	13.33%
Alcohol	6	20%
Heroin	6	20%
Total	30	86.67%

**Drug Of Choice Summary:**

Alcohol	54	19.49%
Heroin	66	23.83%
Speed (methamphetamine)	43	15.52%
Marijuana	24	8.66%
Cocaine	26	9.39%
Total	277	76.89%

**Discharge By Type:**

Administrative	5	1.71%
Successful	268	91.78%
Unsuccessful	19	6.51%
Total	292	100%

**In Facility:**

Still in Program	3	100%
Total	3	100%

## **PERSONNEL PROMOTIONS AND TRANSFERS**

### **Administrative**

The 2023 year had the following changes to personnel:

- Kyle Miller was promoted to Clinical Supervisor
- Briana Cicero was promoted to Counselor
- Stephanie Stegmeier was hired as a Counselor
- Tymothy Nevadomsky was hired as a Counselor Assistant
- Danielle Swolensky has hired as a Case Manager

The clinical team continues to provide appropriate and quality services to the clients we served during 2023. Proper ration coverage is maintained in 2023 despite the shortage at times. Counselors have been willing to pick up additional groups to help with the coverage at this time.

Throughout 2023, 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 2023, the nursing staff was able to maintain proper ration coverage. 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 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 2023**

#### **Annual Evaluation of the Overall 2023 Training Plan**

Firetree, Ltd. continues to do a mix of in-person and virtual trainings provided both internally and externally, however there is a focus on in person over virtual when possible as it lends to a better training experience overall however virtual offers much more flexibility. 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.

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. Three of these trainings are available as an "on demand" virtual option

through DDAPs Training Management System (formerly available through TRAIN PA) which allows staff much more flexibility.

The Department of Corrections continues to offer the required DOC Community Contract Facilities Basic Training on an approximate quarterly basis. This training is held for a full week (40 hours) and continues to be held virtually. The length of the training, limited offerings and lack of adequate notice of the training continue to be barriers for training new staff within a 6-month time frame.

Firetree, Ltd. received CARF accreditation in 2023 for its AOD facilities which did require several changes to staff training including a more robust training plan in Relias for new hires and the addition of several modules for current staff, changes to monthly in-service trainings for the AOD facilities and revisions to the Facility New Hire Orientation Guide.

The agency conducted monthly in-service trainings during this review period. The training topics for 2023 remained consistent with 2022 however several of these have been revised/updated as well as including a final exam for our AOD facilities to align with CARF standards.

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.

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 2023. 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 Regional Director to do the same. For the annual training plans, a similar process is implemented where the corporate training director identifies resources to meet training needs and interests. Additionally, the individual training plan includes a section that focuses on areas identified on an employee's performance evaluation which can be addressed through training.

In order to continue the agency's consistency and training effectiveness, the Facility Director in addition to the corporate training director will continue to track individual staff training. The director and training director will continue to strive to better coordinate the agency's training plans with the individual needs of the staff and the need areas highlighted in the training needs assessments as well as the individual employee evaluations.

In regards to Relias, agency staff had a course completion rate of 75.45% and a compliance rate of 48.26%. 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 a decrease in completion rate by 8.47% and a decrease in compliance rate by 13.14% 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. With staffing shortages, employees are required 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. 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. For 2023, these trainings were offered via the DDAP Training Management System (TMS) site as well as a few “on-demand” options through the TRAIN PA website. DDAP announced a change to the TMS site to be released in early January 2024 which will allow for a more streamlined registration process as well as eliminating the need for TRAIN PA for these required trainings as these “on demand” trainings will all be available through the TMS site.

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 (CAAP, CAAC, CADC, CAADC, CCDP, CCDPD or CCJP). In regard to this change, the corporate training director has been encouraging all “exempt” clinical staff to consider pursuing one of the abovementioned certifications. For all newly hired clinical staff, the PCB certification process is discussed with them during their Individual Training Plan which is completed within 30 days of hire date. The PCB certification is also discussed as part of the Annual Individual Training Plan and continued discussion is encouraged during supervisions with the Clinical Supervisors. As an incentive, Firetree, Ltd. will pay the cost of the registration fee for staff pursuing certification with the

understanding that they continue to be employed by Firetree, Ltd. for six months after certification.

Trainings on the Trac9 assessment and treatment tool were also facilitated this year and have become routine and consistent in expectation. A Trac9 “101” training is held monthly (2<sup>nd</sup> Thursday) for new staff (or staff that need a refresher) to participate for a brief Trac9 overview. For the clinical team, Advanced Clinical Interpretation (ACI) trainings, are held on a quarterly basis for each facility and are considered mandatory for attendance. These trainings are expected to provide greater insight into the Trac9 system and allow for clinical staff to develop their interpretation skills when reviewing a client’s analytics.

To further strengthen training needs and approach, several projects have continued through 2023 including creating New Hire Onboarding Training Plans and Schedules for non-clinical positions, consistent utilization of the Training drive, and continued use of the Pre-Service Evaluation Form. Additionally, members of management including regional directors, facility and assistant facility directors, and clinical supervisors as well as several corporate staff began participation in a 12-month leadership training opportunity.

In 2023, 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 training topics were also added to various RELIAS training plans this year including training that cover CARF required topics. By incorporating CARF topics into RELIAS, this has alleviated some training requirements that were facilitated at the facility level via the Facility New Hire Orientation Guide. Additionally, NAIC/CBH also have additional required training topics that have been identified and are slated to be added to AOD staff training plans in early 2024. Lastly, a training plan covering New Hire Orientation (2 day in person event) was implemented for part time staff that are unable to attend the in-person event.

## **Community Involvement**

Conewago Pottsville is able to engage a local AA/NA support group to provide support group services to its clients. 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 participated organizing donations for the Giving Tree to help the less fortunate. The clients also participated in a community clean up where they picked up litter in our community. The community cleanup was done four times in 2023.

## **Marketing**

Marketing efforts in 2023 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.

- MCOs—facilitated the addition of new programs to existing networks and successfully entered detox into the Magellan network
- Worked with multiple counties regarding issues with county prison referrals. Marketing team has been making every effort to meet directly with the individuals that make the direct prison referrals and also with county probation offices and the PBPP
- Continued distribution of new materials to referral sources and outpatient facilities. Newly printed brochures recently received
- New Community Relations Specialist, Ashely Bish, successfully completed her probationary period and became a permanent employee in December
- Continued to work on making contact with non-medical assistance providers to become a source to whom they can refer when they have a client that needs treatment and is also on medical assistance
- Participated in RCPA committees for drug and alcohol and criminal justice as well as participating in the conference committee. Patti is the Chairperson for Criminal Justice Committee. She is also now on the RCPA Regulatory Burden Committee
- Continue to advance relationships with other providers in order to increase knowledge of competitors and increase referrals
- Participated in NHO activities with Training Department
- Updated all Firetree and Genesis House facilities in the SAMHSA Directory so we are searchable in that directory



- Continued our contracts for advertising on Audacy Radio, Bestversion Media (FB and Google advertising), Vector Media (bus wraps), Lamar (billboards), WEEU (radio station ads during the Philadelphia Eagles and Phillies games)
- 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.

Firetree Ltd.'s strong commitment to the recovery process goes beyond the treatment experience. As a provider to Philadelphia, we continue to be involved in their Recovery Transformation Initiative by adapting to their new treatment parameters. Harold Imber continues to represent Firetree, Ltd. 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. Additionally, Mr. Imber continues to serve as a member of the Pay-4 Performance Advisory Board of CBH.

Maintaining open communications with the state's Single County Authorities (SCA), DOC, PBPP, County Probation departments and HealthChoices managed care organizations (MCOs) remains a primary goal. Marketing team members were able to attend multiple community events in 2023, more than any other year. 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.

We attended the following conferences in 2023: RCPA (Rehabilitation and Community Providers Association), CompassMark, COCA (Council on Chemical Abuse), Gaudenzia Women and Childrens Conference, Dauphin County Addictions Conference, Drug Court Conference, Pro-A, PAPPC and CCAP conferences. We continue to be involved with RCPA (Rehabilitation and Community Providers Association) by sitting on various committees and workgroups including: Drug & Alcohol Committee, Criminal Justice Committee and Regulation Burdens workgroups. Patti Brader co-chairs the Criminal Justice Committee and serves on the Conference Committee which gives us additional access. 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 2024 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 Director s at Firetree, Ltd., 800 West Fourth Street, Williamsport, PA 17701. The phone number at the corporate office is (570) 601-0877.