

Conewago Place 2024 Annual Report

Conewago Place

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TABLE OF CONTENTS

Mission Statement	3
Philosophy	3
Governing Body	3
Program & Statistical Information	4
Admissions & Funding	4
Admissions Table	5
Discharges & Outcomes	6
Client Program Evaluations	6
Client Program Evaluations Table	6
Annual Evaluation of 2023 Training Plan	7
Evaluation of 2024 Goals & Objectives	10
Physical Plant	10
Case Management	11
Policy and Procedures	12
Personnel	12
Staff Training	13
Governing Body	13
Office Management	14
Programming	14
Quality Assurance	15
Quality Assurance 2024	16
Personnel	16
Administrative	16
Clinical	16
Program Monitors	17
Maintenance	17
Medical	17
Food Service	17
Physical Plant	17
Community Involvement	17
Marketing	18
Fiscal	20

MISSION STATEMENT

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

PHILOSOPHY

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

GOVERNING BODY

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

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

William C. Brown, President

Amy S. Ertel, Secretary / Treasurer

Edward B. Ertel, Director

Catherine K. Ertel, Director

PROGRAM & STATISTICAL INFORMATION

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

ADMISSIONS & FUNDING SOURCES

This annual report for Firetree, Ltd. Conewago Place In-Patient Non-Hospital Treatment Center covers the period from January 1, 2024 through December 31, 2024. Throughout the course of 2024 there were 383 client admissions for drug and alcohol treatment. In 2024, there were 17 clients funded through their Single County Authority (SCA) on admission, and there were 311 clients funded through their Managed Care Organization (MCO) on admission. Most clients initially funded through their SCA during their admission did have their funding switched to the MCO within a short time of being in treatment.



A MEMBER OF THE FIRETREE LTD. GROUP

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D&A Quarterly and Year End Report
From 01/01/2024 - 12/31/2024

		D&A	
		Quantity	Percentage
Admissions By Age	18-24	12	3.99
	25-34	91	30.23
	35-44	85	28.24
	45-64	108	35.88
	65 & Over	5	1.66
	Total	301	100
Admissions By Ethnicity	Alaskan Native	0	0.00
	American Indian	0	0.00
	Asian or Pacific Island	3	1.00
	Black	99	32.89
	Hispanic	39	12.96
	Other	4	1.33
	Unknown	6	1.99
	White	150	49.83
	Total	301	100
Admissions By Program Type	MCO - 3.5 Clinically Managed Residential Services	308	80.42
	MCO - 3.5 MAT Clinically Managed Residential Services	3	0.78
	SCA - 3.5 Clinically Managed Residential Services	17	4.44
	Schlr - 3.5 Clinically Managed Residential Services	0	0.00
	Self Pay - 3.5 Clinically Managed Residential Services	0	0.00
	Self Pay - 3.5 LT Clinically-Managed Highest-Intensity Residential Services (Long-term)	0	0.00

DISCHARGES & OUTCOMES

During the year of 2024 Conewago Place saw a % successful completion rate. Successful completion grew by 7.44% from calendar year 2023. Aftercare attendance shows a 13% increase with 75% of clients attending their aftercare appointments.

OUTCOMES TABLE

Conewago Place	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Avg
Successful	83%	86%	81%	91%	96%	94%	89%	90%	89%	93%	94%	85%	89%
Aftercare	90%	93%	90%	98%	96%	97%	92%	90%	89%	90%	88%	90%	92%
3B	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Successful_3B	83%	86%	81%	91%	96%	94%	89%	90%	89%	93%	94%	85%	89%
Aftercare_3B	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

CLIENT PROGRAM EVALUATIONS

For quality assurance, clients scheduled to discharge from Conewago Place are asked to complete a Program Evaluation. During this, clients are asked to score various areas of the program, give suggestions for improvements, and comment on program strengths. Scores range from 0-5, with 0 being poor and 5 being excellent. The Corporate Compliance Specialist generates the scores on a quarterly basis, and sends to the Facility Director for review. The chart below shows the areas scored in 2023 and 2024. The Facility will continue to use and evaluate the program evaluations to foster continued growth in all areas.

CLIENT PROGRAM EVALUATIONS TABLE

Area Assessed	2023	2024
Individual Counseling	4.63	4.49
Counselors	4.58	4.42
Building and Grounds	4.72	4.43
Administration	4.36	3.99
Medical	4.57	4.62
Clinical Supervisor	4.47	4.22
Food Service Staff	4.62	3.95

Food Service	4.50	4.14
Lectures	4.35	4.04
Program Monitors	4.26	4.16
Groups	4.55	4.07
Facility Comparison	4.27	4.13
Activities	3.83	4.36
Driver	4.22	3.68
Overall Average	4.42	4.19

ANNUAL EVALUATION OF THE OVERALL 2024 TRAINING PLAN

Firetree, Ltd. continues to do a mix of in-person and virtual trainings provided both internally and externally for mandatory onboarding and annual training opportunities. The primary training platform for virtual trainings is Relias, with DDAP, DOCNet, DBHIDS and ASAM also providing online training options. Additionally, training opportunities are often scheduled with other outside agencies, to include Seeking Safety through Treatment Innovations which was a new addition in 2024.

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 and with trainings being scheduled far from employee's work locations. Addictions 101 has recently been switched to an On-Demand version, leading to now four trainings available as an "on demand" virtual option through DDAPs Training Management System. This has greatly supported staff's ability to complete their mandatory DDAP trainings in a timely manner, however half of the trainings are still only available in person.

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 2024 remained consistent with 2023, 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 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 interests and 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. As a solution to mitigate this challenge, Training Director will schedule periodic meetings with clinical and management staff to check in on trainings that are due, upcoming training opportunities to meet training needs, and any challenges they are experiencing in being able to complete trainings on time. These check-ins will occur at minimum at the midpoint of the year, but potentially quarterly for staff who may need more assistance.

Individual training plans for administrative and clinical staff have continued for 2024. 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 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. Relias has the capability of creating multiple training-based reports which can be sent out to facilities to help better track trainings that are due, if this information is not already being received by facility management. The new Training Director will brainstorm with management at the next quarterly director's meeting on additional support that may be needed to ensure timely completion of trainings.

In regards to Relias, compliance rates for various facilities are listed in the table below. These rates are determined by using the following formulas:

Total Completion % =

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

Total Compliance % =

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

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. Training Director has been offering services in assisting staff with navigating the various virtual platforms in an effort to improve their technological literacy and to ensure that computer skills are not a barrier to completion. The Training Director has also offered suggestions to staff during ITP meetings to assist them with time management and to ensure they are not falling behind on training completion. 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 2024, these trainings were offered via the DDAP Training Management System (TMS) site. DDAP changed the TMS site in early January 2024 which allowed 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. Upcoming in-person trainings can also be easily searched for through the new 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 (2nd 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. As facilities continue to receive the quarterly trainings, increased detail into analysis of Trac9 survey results has occurred to assist Clinical Staff with an increased ability to interpret the data they are receiving.

To further strengthen training needs and approach, several projects have continued through 2024 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, and outside trainings continue to be added as “Requirements Trackers” and “External Trainings” in the Relias platform so all completed training is located and accessible in one location. 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.

EVALUATION OF 2024 GOALS & OBJECTIVES

Each year and throughout, the Facility Director creates goals and objectives that concentrate on big-picture items that will allow the facility to grow in new directions beneficial to our clients and employees. Once these goals are set, they are updated each week with progress notes, and sent to corporate staff. These goals are often made and met in conjunction with corporate staff. In 2024 we saw growth in all areas as follows.

Physical Plant

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

Plan: Facility Director completes weekly sanitation and reports. These inspections check the compliance of cleaning standards, safety regulations, and inventory of medical, chemical, and fire safety supplies. Further, this inspections tests water temperatures and emergency lighting and observes for plumbing, electrical, ventilation, heating and air, termite, and structural issues. Any issues noted in this inspection are sent to the corporate maintenance team, and are fixed in a timely manner

Target Date: 12-31-24

Evaluation: Facility continues to be cleaned on a daily basis and is maintained in a safe and orderly manner. Fire drills are conducted on a monthly basis, checking the fire alarm system, inspect and inventorying the first aid kits, inspecting the facility for any fire or safety hazards, and coordination of emergency procedures occurs on an on-going basis. All staff continue to receive fire safety training as per policy, and all facility issues have been addressed by corporate in a timely, appropriate fashion. Conewago Place suffered a kitchen fire in August and was closed until December. During that time period, a restoration company completed a repainting of many client rooms. Areas of the building were deep cleaned including the carpets. At the conclusion of 2023, the kitchen was restored and full operational. Additionally, the facility grounds had extensive landscaping completed.

Case Management

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

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

Target Date: 12-31-24

Evaluation: Leadership continues to monitor and improve case management needs. The Corporate Clinical Director has created tools to help meet the case management needs at Conewago Place, as well as conducted various trainings and supervisions. The Facility Director has implemented procedures to ensure target due dates are met for case management.

Leadership continues to measure the needs of employees individually and support employees with documentation. There are various trainings and supportive measures being developed to further improve these protocols.

Policy and Procedures

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

Plan: The Policy Committee is a corporate-level committee that assess and updates policies as needed. This is done in order to stay in compliance with all regulations of our licensing and funding agencies and to ensure that we are using the best practices for our employees and clients. The Facility Director is made aware of any changes, and ensures that employees and clients at Conewago Place have a considerable understanding of our policies and procedures. Updated policies are placed on Relias, Firetree's contracted training management program, for staff to review and sign off on.

Target Date: 12-31-24

Evaluation: The Policy Committee has continued to assess and update the Policies and Procedures as approved by the governing body. Staff have undergone the review of each policy and procedure using a virtual training system. Assessment, training, and enforcement of Policies and Procedures continues to be a priority at Conewago Place. Facility staff continue to utilize and third-party training platform in order to track their required trainings and progress.

Personnel

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

Plan: The Facility Director and Assistant Director ensures appropriate staffing through the screening and hiring process. Employees must have the necessary education, certifications, skills and experience to be employed at Conewago Place. Conduct and performance are closely monitored throughout the year and supervision is given regularly to ensure quality standards. Staff are reviewed yearly via their Performance Evaluations, and their performance is rated.

These evaluations are used when creating their individual training plans, which will outline areas of need. In the event of short staffing, client intakes are limited to ensure that regulations surrounding client-staff ratios are in compliance.

Target Date: 12-31-24

Evaluation: The Facility Director and Assistant Director has hired qualified staff in each department to ensure compliance and best practice. Staff have been given appropriate training and supervision throughout 2024. Performance Evaluations will be assigned through Human Resources. Based on an each employee's performance, 2023 individual Training Plans have been created to support

staff's growth. The Corporate Clinical Director has monitored the client-staff ratios at Conewago Place and enforced compliance with regulations.

Staff Training

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

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

Target Date: 12-31-24

Evaluation: Staff have been able to meet their training needs overall. Staff have been able to attend trainings offered in-house through Firetree Ltd and offsite as able now than an increasing number of trainings are available in person. The Clinical Director and Training Director ensures that clinical staff are accessing DDAP trainings where possible. Virtual trainings continue to occur and have allowed employees to meet their training needs. Training needs and plans have been created at the start of 2024 and were utilized throughout the year. The Facility will continue to adhere to the ASAM alignment as well.

Governing Body

Objective: Ensure effective communication with the Governing Body.

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

Target Date 12-31-24

Evaluation: Weekly meetings continue to prove sufficient communication between the Facility Director and Governing Body. Additional communication has occurred with the enforcement of incident reporting. All unusual incidents have been communicated directly to corporate staff and the Governing Body. All communication has been effective and productive in 2023.

Office Management

Objective: Ensure compliance of office administration and accounts.

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

Target Date: 12-31-24

Evaluation: All areas of office administration at Conewago Place have been handled by the Assistant Director or Facility Director and have remained in compliance throughout 2024.

Programming

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

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

Target Date: 12-31-24

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

Quality Assurance

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

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

Areas that need quality improvement may also be addressed through a corrective action plan; developed and enforced by the Facility Director or Corporate Staff. All measures for quality assurance are used to ensure high standards and best practices are present at Conewago Place.

Target Date: 12-31-24

Evaluation: All QA procedures have been followed in 2024. Audits have increased this year to identify underlying issues in client care and case management. These issues have and continue to be overcome using corrective actions and training. Overall, we see compliance strengthening at Conewago Place. Sanitation reports identified various issues over the year that were not severe and

dealt with in a timely manner. The overall building safety, sanitation, and compliance has remained of high quality throughout the year. Client surveys were considered on a quarterly basis showing few underlying issues with the program overall. QA continues to be of the utmost priority at Conewago Place.

2024 QUALITY ASSURANCE

Safety. Drills for further emergency conditions, Implement CARF Drills, implementation of duress alarms to staff

Physical Plant. Create further in-door recreation areas, eliminate aesthetic issues and complete rebuilds and remodels as needed.

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

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

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

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

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

PERSONNEL

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

Clinical. Conewago Place will continue to maintain a fully staff clinical team consisting of: the Clinical Supervisor, Counseling, Case Management and intake staff. All staff will pursue PCB credentialing as applicable.

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

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

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

Food Service. Clients continued to partake in our Serve Safe program. Several staff are Serve Safe certified and assisted with food service as needed.

PHYSICAL PLANT & GROUNDS

There are no plumbing, ventilation, electrical, lighting, sanitation, or fire safety concerns at Conewago Place at the close of 2024. Sanitation continues to be a high priority at Conewago Place. Clients and staff keep all areas tidy and clean for daily inspections. Clients continued to care for the wildlife, raise a garden, and partake in our horticulture activities. As we move into our 6th year of gardening and utilizing the grounds therapeutically, we intend on creating a "Horticulture Program" for clients to partake in.

COMMUNITY INVOLVEMENT

Community Involvement continues through monthly letters to the township Supervisor and the Community Advisory Board. Members of the community are able to communicate directly with the facility as needed. Local vendors are utilized when possible. Firetree Clinical Staff provide monthly family webinars and clients are provided information regarding community events.

MARKETING

Marketing efforts in 2024 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.

Worked toward opening New Way of Life Blairsville and securing contracts.

MCOs—facilitated the addition of new programs (NWOLB) into existing networks.

Worked with 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.

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.

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 and completed all updated entries in ATLAS

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). Worked toward a contract for radio in the western part of the Commonwealth

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. A weekly Marketing Team meeting is also held every Friday.

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.

Increased our social media presence via Face Book, LinkedIn and Instagram. A content creator was hired to create content and post on these platforms.

Two videos were created for marketing purposes, one for Conewago Snyder and one for New Way of Life Blairsville. These videos are pinned to our social media, appear on our website and will be used during presentations to referral sources.

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 2024. Providing information and 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 Medical Assistance 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 2024: RCPA (Rehabilitation and Community Providers Association), CompassMark, COCA (Council on Chemical Abuse), Gaudenzia Women and Children's 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 2025 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."

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PA 17801. For further financial information, contact the Board of Directors at Firetree, Ltd., 800 West Fourth Street, Williamsport, PA 17701. The phone number at the corporate office is (570) 601-0877.