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NORTHWEST INDIAN
TREATMENT CENTER

Residential Program
Annual Report Addendum
January, 2019

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Northwest Indian Treatment Center Residential Program

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Northwest Indian Treatment Center provides residential substance abuse treatment for adults, provides some mental health services, and medication management of psychotropic medicines. The program is located in Elma, about twenty miles from the Squaxin Island Tribe. It is organized as a single department of the Squaxin Island Tribe.

The population served is composed primarily of American Indians. It was developed to serve Indian patients from Washington State, Idaho and Oregon. There are tribes from other states that also refer with some purchasing bed days for their tribal members. A few non-Indian adults are sometimes accepted for admission.

NWITC has several grants that bring a rich array of additional services to patients and alumni. Two grants include teaching DBT (Dialectical Behavior Therapy) Skills to patients, and support the use of these skills post-discharge to sustain recovery. This team works with patients to identify aftercare needs, arrange safe housing, a safety plan when appropriate, transportation, and linkages with aftercare providers. They are also in frequent contact with alumni to assess ongoing needs. Another activity of these positions is to work with tribes to assist in the building of a peer recovery support system in the home community. Through grants employees are also taught DBT Skills for modeling, problem solving and creating a supportive environment. DBT, a Best Practice, is adapted to the cultures of northwest tribes.

Residential and recovery support services are provided in coordination with tribal services, mental health providers, parole and probation services, attorneys, vocational rehabilitation services, and transition and recovery houses.

Reimbursements for services are determined by the State of Wa., or by Medicaid, except in those instances of treatment purchased privately by tribes and others. The latter are reviewed each year, but rarely changed. Agreements with tribes include billing for the ARNP services.

Referrals into the residential program are accepted from other substance abuse programs, mental health programs, child protective service providers, employers, employee assistance programs, human resource departments, medical practitioners, law enforcement organizations, courts, schools, families, social services or by self-referral.

Referrals are made by calling the intake coordinator. The information is collected sufficient to screen the prospective patient for appropriateness. If the initial information indicates probable appropriateness, the contact person is given information regarding making a formal referral which includes an alcohol and drug assessment, **TB** screening, medical history, lab work, and physical. A tentative admission date may be given.

After receiving the complete **referral packet,** the information is again screened by the intake coordinator and the nurse. If the patient is not emotionally and mentally stable, if there have been serious or immediate medical needs or conditions that cannot be safely managed at the residential program, or if the referred person does not meet other admission criteria, a referral to another program or resource is made. The reason for exclusion can include current infectious state, recent suicide attempts and sexual abuse offenses. When exclusion occurs, the information is communicated to the referral source and/or prospective patient. A recommended referral is made and documented.

Since the State of Washington organized the delivery of Medicaid eligible services into several State-wide Managed Health Organizations (MHO) the referral process has included additional steps. The intake coordinator must make sure the referred person is not enrolled in a MCO, and is identified in the Medicaid system as American Indian. This is an arrangement between tribes and State so that tribes need not obtain contracts with each MCO. NWITC bills 'fee for service' for residential treatment and also bills for mental health services, unless a tribe is paying by purchase order.

There is usually a **waiting list** for admission into the residential program. During the waiting period, the intake coordinator maintains contact with the referring person to stay abreast of the status of the individual and to offer support, if appropriate. If an opening occurs unexpectedly, referents are notified.

Admissions do not always follow the order of receipt of a complete admission packet. Sometimes order of admission is affected by gender mix, or the presence of a close relative already present.

NWITC occasionally offers a bed without the requirement of a payer if medical expenses are assured.

Assessment

NWITC engages in on-going activities to assess the unmet needs of the population served and stakeholders.

The intake coordinator and the recovery support team are good means of discovering unmet needs among referring tribes, alumni and also the Squaxin Island Tribal community. Occasionally and informally the intake coordinator calls referring tribes to assess the relationship, address any outstanding problems, or modify procedures to better respond to changes in need. Meetings with State of Washington Health Care Authority and the Department of Health personnel are also a good source for learning about changing needs and trends among tribal providers. Other meetings, such as those sponsored by American Indian Health Commission and the Salish, Great Rivers Consortium are attended.

Public meetings of the Squaxin Island Tribe are an important source of input. Notes are taken based on the content of these meetings regarding unmet needs and **satisfaction** regarding services. Attending these meetings are people who have been patients and **families** of patients. NWITC quality assurance reports and the annual report are available on the Squaxin Island Tribe website.

The Northwest Indian Treatment Center director meets several times each year with the **Tribal Council** to report program progress, discuss issues, and for planning. **Administration** approves annual goals and objectives of each program, reviews the annual reports, and meets with directors frequently at directors' meetings. The Finance Department reviews expenditures, revenue and provides financial statements. They are responsible for reviewing financial grant compliance.

The **technology needs** of the programs are evaluated by the IS Department annually including hardware, software and virus protection. Input from staff members help evaluate and identify areas for improvement. The director plans implementation strategies in terms of resources and based on IS evaluation.

Cell phone changes, like changes in the phone and internet systems, are made by the IS Department. IS also replaces phone plans to ensure safe equipment and cost effective plans. Technology is used to improve efficiency and productivity, assisting counselors to complete

patient record requirements, managers and office assistants to track budget expenditures and personnel status. The residential clinical staff have shared drives that increase efficiency and help manage copy control. IS also helps assess the needs of NWITC for security cameras.

Technology needs of NWITC are met, except in one area. The Counseling and Cultural Center needs rewiring and a new server to support current needs. This is included in the unmet needs portion of the budget.

Administrative and clinical records are backed up at the tribal administration site. NWITC synchronizes with the primary domain controller at the Tribal Center site. A disk backup is created Monday through Friday night at 6:00 PM, and the newest 14 days of backups are kept on disk. In addition to disk backups, a tape backup is created every Saturday with a 2-week retention period, and a yearly backup is created on the first Saturday of January each year.

In the event of a disaster that compromises the original data location, employees will have access to login and access replicas of all data identified above just as they would at the live site. There are no other unmet needs currently in this area.

A cell phone is used during emergencies if phones are not operational. One is also used during patient transports. Generators support the phone system, lighting and certain other essential services.

Clinical staff, office assistants and intake personnel in the residential program have internet access. All computers have personal access codes to protect the confidentiality of information.

The intake coordinator has built an extensive e-mail database to alert referral sources about upcoming admission openings. This position is also responsible for administering the food stamp program using internet access. Another employee uses internet access to submit billing for services. The intake coordinator and the billing person make sure each billing is successful and accurate.

In 2019, an unmet need was a new kitchen stove. One was purchased. In 2020 the greenhouse wiring will be finished.

Assistive technology includes tape recorders. Patients with vision problems are evaluated by optometrists and recommendations followed. Large print books are available through local resources. Most often, patient needs for assistance is met by pairing them with another patient who can help and increased individual counseling. Resources are also available through the Health Care Authority.

Tribal alcohol and drug treatment organizations or other agencies who make referrals to NWITC residential program, identify unmet needs on questionnaires. A phone contact is made and a NWITC staff member completes the questionnaire. Identified unmet needs of referral sources usually cluster around access. In short, referents would like to see patients have a shorter wait for admission. Another concern is the extensive pre-admission paperwork required. The reason for the latter requirement is that our reputation for working with traumatized patients, and our service of medication management of psychotropic medications, means some people who are referred are too acute. Our distance from public detox support also means we must make sure patients are appropriately detoxed before admission.

Each year, the unmet needs identified by patients are similar. They ask for more phone calls, sweat lodge ceremonies, exercise equipment and external events. As a result, more ceremonies were scheduled and patients attend 12 step meetings in the community twice monthly.

One of the primary reasons patients give for choosing residential treatment at NWITC is the need for treatment with strong cultural orientation. Patients identify activities that support this goal as sweat lodge, Shaker services, the Quinault church and Smokehouse activities regularly included in the treatment schedule. Patients make drums every other week. There is a traditional foods and medicine class weekly. A lot of the food and plants for the medicine come from the gardens the patients care for with the help of the native plants specialist. Cedar weaving was added to cultural activities. DBT Skills were related to plant teachings, laminated cards were developed, and copies given to each patient. Other cultural leaders come twice each month. Beading kits are issued to each patient and classes occur to teach patients how to bead. In 2019 the patients were taken to Sundance. Participation in these activities affirms their worth and identity as Indian people.

At the 2019 annual general body meeting the need identified is recovery housing. Tribal administration indicate they are working to meet this need.

Outcomes

Outcomes are measured in the areas of **efficiency, effectiveness, satisfaction and access.** Outcomes are gathered from patients that reflect their status at intake/admission, at mid-treatment, discharge and post discharge. Questionnaires are also sent to referral sources and/or collateral providers. Outcome results are compiled, assessed and dispersed quarterly. A cover letter identifies who to contact if there are questions or a need for more information. The results for 2019 are below.

Reliability of data is ensured by making sure the process is the same with each collection. Validity and reliability are assessed by soliciting data from both the patient and another source and by monitoring changes in trends. When there are significant changes in outcomes the process is evaluated carefully to see if inadvertent contamination has occurred. Completeness is ensured by having a large enough sample of input.

Quarterly reports, including outcomes, are **dispersed** to a mailing list that includes tribal leaders, alcohol and drug treatment program directors, funding sources, referral sources, aftercare providers, I.H.S., and employees of the Squaxin Island Tribe and NWITC. The annual report has the same distribution but includes the community. The reports are also linked to NWITC website and put in the front office lobby to be sure the **person's served** have access to them.

Patient discharge planning begins early in treatment. Resources are sought that allow the patient to live in the **community of their choice.** The grants help makes this more possible. Sometimes, if the place they prefer to live is not rich in appropriate resources or is too close to friends and family who are still using, the patient is encouraged to live in a transitional setting before returning to the community of choice.

Efficiency

Billings for the residential program are strong. In 2018 there were 8253 patient days; in 2019 there were 8646. The increase in revenue has permitted meeting unmet needs. 51 persons were refused admission. The reasons vary from mental health issues that are too acute to health issues requirement a higher level of treatment.

In 2019 efficiency was also addressed by evaluating shifts, and making changes. Some cook/housekeeper shifts were spread over the week. Counselors trading on-call responsibilities spread the burden of responsibilities while still meeting patient needs. Responsibilities and roles of the lead TA and TA Supervisor were clarified to eliminate confusion.

The data entry person, the intake coordinator and the billing person cross check records to ensure billings are correct. Dates of service are cross-checked with the office assistant to ensure all opportunities for reimbursement are identified and no patients are entered into the system incorrectly.

Effectiveness

One measure of effectiveness is provided by referring organizations and aftercare providers regarding alumni sobriety at the end of each quarter. The goal is 55% of alumni drug and alcohol free or with a pattern of significantly diminished use as identified by the referral contact. The sobriety rate was 78% compared to 81% the year before. This outcome was provided by contact with 88% of referring/aftercare providers compared to 85% in 2018, considerably greater than the objective of 40%. The variation between years is small in most areas of outcomes.

Alumni are contacted for post discharge outcomes by phone soon after leaving. 76% of alumni were contacted, the same number as last year. The questionnaire includes questions about satisfaction with services received, whether they have made an aftercare contact, if they are clean and sober, and if they need assistance of any kind. Most alumni at this point of contact identify themselves as clean and sober. Problems and concerns identified by organizations and by patients and alumni are reviewed by the director and other staff members. This means of measurement has served the organization's purpose.

Satisfaction

The **satisfaction** of referral sources, patients, alumni and the community is high. Input was gathered from all patients graduating. This is 62% of all patients admitted. Of those providing feedback all were satisfied. Patients (62%, see above) are usually strongly positive about their counselors. By various written statements on questionnaires, they identify staff support, learning about themselves, learning DBT skills and cultural aspects of the program as strengths. Complaints tend to be around wanting more phone calls, more cultural foods and activities, more exercise opportunities and more external activities. These have been increased over the years but patients want more, particularly exercise equipment.

Referents were consistently satisfied. Areas of suggested improvement were time awaiting admission and the process required (medical history and physical including labs). Complaints from referents usually relate to the length of time waiting for admission and the need for more treatment beds. The strengths identified by referral sources dwell, in particular, on the intake coordinator, the intensity of services related to unresolved trauma, the cultural orientation of treatment, and the aftercare support from the Recovery Support Team.

In 2019 there were 4 grievances file by patients who were dissatisfied with the facility and ten who believed they'd been treated unfairly. All grievances were resolved in-house. Careful analysis of these didn't identify trends of internal problems or breach of patient rights. DBT training of all employees has helped employees modulate responses to frustrating patient behavior, with the result that most grievances indicate patients triggered by therapeutic issues on which they are working.

Of the 76% of alumni, we were able to contact (regardless of the nature of the discharge), 97% reported satisfaction with NWITC services they received while in residence.

Access

The length of time a person awaiting admission is on the waiting list has been consistently low. The average number of days ranged from one to four days, compared to three days in 2018. Often after all the referring documents are submitted to the intake coordinator, admission can occur within a couple of days or sometimes immediately. The waiting period is sometimes longer

than otherwise necessary because of delays requested by the patient or the referring agency; sometimes the delay is because the person is in jail, or must wait for other legal decisions. Work in this area has brought a consistent result in that the waiting period for access is about the same each quarter. This area is stable and satisfactory.

Twenty-five referrals were denied admission this year but were referred to other programs. Each quarter, the payer mix and number of patient bed days are cross-referenced by the intake coordinator, the billing person and the person inputting State bed days to ensure accuracy. Per year, NWITC allows two I.H.S. beds which are otherwise unfunded, provided medical care and prescriptions are covered. These beds are not always filled. In 2019 there were three benefit beds.

Quality

A review of open and closed patient records presents a solid pattern of compliance of assessments, treatment planning, treatment plan reviews, consistency of the treatment plan with the clinical notes, and that discharge summaries are within organizational guidelines. A mental health counselor provides immediate, documented feedback to individual clinicians. In 2019, weekly staffing continued to be a formal process.

Clinical supervision from a number of supports make counselors more confident in accepting difficult or complex patients. A mental health counselor on contract provides monthly clinical supervision; each week the psychiatric nurse practitioner meets with staff to gather input about patients she sees and make suggestions about treatment planning. Four days each week there are two clinical staffing led by the Clinical Supervisor to confirm assignments and assess the progress of the patient community. Once each week, the intake of new patients is presented to clinical staff.

The ARNP's assessments and treatment are examined for the appropriateness of the assessment and diagnosis, documentation, and appropriateness of medication prescribed. The review is conducted by a contract psychiatrist and it assesses the state-of-the-art use of medications, utilization patterns and effectiveness and the resulting satisfaction of the patient. She assesses that laboratory tests are completed and the co-existing conditions and medications that might be important are considered in the diagnosis and treatment choices. This review occurs quarterly. They are consistently positive. These reports are used to assess performance, give feedback and correct performance. One **risk in the area** of medication is it diversion by staff or patients. Patients are observed carefully by the treatment attendant or nurse to make sure this does not occur. All medications are counted each week. An automatic pill-counter was purchased to make this less arduous.

The **medical quality assurance** is conducted by the nurse twice each year. She reports in the review any outstanding problems. Medication errors are the most frequent area of concern, though none of these have been major this year, there were eighteen. When necessary the nurse retrains the treatment attendants responsible for this area; she has also added in-the-med-room retraining to the annual training schedule. One TA was removed from TA duties. One treatment attendant, who is skilled in the area of observation of medication, regularly reviews documentation and medication and reports his findings to the nurse.

The nurse writes the medical discharge plan for patients. She focuses on continuation of medication post-discharge and appropriate medical referrals. She documents acute medical problems and the results of any emergency care or chronic health problems. No significant problems were identified in these plans and no unmet needs.

In some instances, she asks for additional tests and medical referrals. These are usually deferred to the medical discharge plan. There were no significant patterns of problems this year.

Treatment attendants are well trained to monitor patients in the residence building and during times when other staff are not present. When medical problems arise, they call the nurse and/or the director. When the problem is acute, patients are taken to the emergency room or an ambulance is called. This is an area that appears to be going well. If the problem is clinical, the Clinical Supervisor or counselor on call is called. Treatment Attendants also often call their supervisor if they need support to address patient or peer behavior. All treatment attendants were retrained regarding taking vital signs this year, and new parameters for safe indicators were established. A new procedure of supplying critical medical information to treatment attendants was established so that staff consistently monitor vulnerable patients.

Records are kept regarding recovery support services and staff activities, though these are not primary clinical records. The information included is related to grant objectives, and post recovery planning.

Safety and Accessibility

The **residential program's** measures of safety include information from incident reports, quarterly safety self-checks of the buildings and grounds, at least annual **external inspections,** reports of drills related to the emergency plans, vehicle safety checks, vehicle maintenance records and checks of the two generators.

For internal **self-inspections and disaster plan drills** there are forms and checklists. Safety checks occur quarterly conducted by the NWITC facilities operation manager. Drills occur each quarter staged so that each area of the disaster plan is addressed on each shift annually. Fire drills occur on each shift, quarterly. Deficiencies are identified and corrected. A **quarterly report** summarizes all self-checks, disaster plan reviews, and drills, except that the report does not include medical emergency drills which are addressed separately. Drills are de-briefed with patients each month. Those are reviewed by the director.

NWITC programs are included in the overall **disaster plan** of the Squaxin Island Tribe. If necessary, patients can be taken by staff to the Squaxin Island Tribal Center where there are emergency cots, toilets, food, a kitchen and a generator (i.e. all essential services.) Medical care is nearby. From there, the residential building can be evaluated for return or calls can be made to transfer patients to other facilities or return them to their referring programs. Counselors will provide support of patients during the transfer to shelter and decision making about outcomes. Any court or law enforcement officials that need to be informed of decisions about patients will be contacted regarding disposition.

All employees are oriented to every aspect of the **disaster plan** initially after employment begins and annually in all staff training. Treatment attendants are trained more intensively than other employees. They are trained to monitor the generator during power outages and to recognize the codes on the monitor. Staff are trained in the use of fire suppression equipment in orientation and annual training.

When evacuation occurs, the treatment attendants take a patient list and check each name to ensure all are out of the building. Patient information is kept in a rolling cart that can easily be taken from the facility. **Essential services** are counseling support, emergency contacts, transition plans and meeting medical and medication needs of patients. All of these can be met from Tribal buildings and resources through the Tribe's emergency plan on the reservation if buildings in Elma are uninhabitable. A list of **emergency contact people** for employees who choose to participate kept in the medication room and Treatment Attendant station.

The **fire extinguishers** are checked annually in addition to quarterly inclusion in safety self-checks. Fire extinguishers used for autos are one-time use and replaced afterwards so annual

inspections do not apply. Disaster plans are posted near the treatment attendant station. MSDS sheets are available for products used for cleaning. Cleaning supplies are kept in the housekeeping room or in the supply room in the basement.

Reports are provided each quarter by the head cook regarding **safety in food related areas.** Problems are identified and the corrections described. The **annual inspection** of the stove hood is recorded. Hot and cold food and refrigerator and freezer temperatures are recorded. Rags are kept in a bleach solution. There is a separate container for rags to be washed. Food placed in the refrigerators is dated and thrown out on the third day from the date. There is a refrigerator area specifically for defrosting. Staff have a separate refrigerator.

All employees of NWITC are trained regarding infection control, universal precautions, prevention of workplace violence, preventing and recording adverse events and in responding to medical emergencies. They are trained regarding safety practices, emergency procedures including evacuation, reducing physical risk and medication management. Initial and on-going training includes the rights of patients, person centered treatment, confidentiality, cultural competency and professional conduct. All employees are trained in CPR and First Aid. Staff who visit alumni outside the office are coached for safety including staff related to the grants who visit alumni in their home communities.

The **first aid kit location** is marked and directions adjacent. Gloves and masks are located near or in each first aid kit. Body fluid clean up bags are located in three places. Sharps are disposed of in an appropriate receptacle. When it is full, it is sent to the Squaxin Island Health Clinic, together with any **other biohazard material,** for appropriate disposal.

The Department of Health makes **annual inspections.** They assess medication use and documentation, kitchen and food handling, water temperatures, cleanliness, personal records, etc. (For the checklist, see "external inspections" in the safety manual). The **Department of Health** inspector made minor recommendations and those were corrected. The **fire marshal inspection** of the residential site found no major deficiencies.

Related to safety is the **accessibility** plan. It is reviewed annually. The buildings and grounds are evaluated in relationship to disabilities or problems related to balance and mobility such as what might be expected of someone coming straight from detox. There are crutches and a wheel chair available. Ramps are in place for the patient residence building. There is a handicap accessible bathroom on the first floor. Other areas of accessibility are described in the Accessibility Plan and in the Annual Accessibility Evaluation.

NWITC has a **psychiatric nurse practitioner** who makes the program more accessible to people with emotional and mental disorders that previously would have been prevented from admission. She comes each week for initial and on-going evaluations for medication. Her services made treatment accessible to a broader range of personalities and diagnoses.

Incident reports during good weather are related to patient sports such as falls or twisted ankles. During times of icy walks for snowfall sidewalks and steps are sprinkled with salt to prevent slips. Areas in the patient building that might cause trips have been smoothed.

Some other trends relate to patient illness or infections that are related to their addiction. Staff is well trained to identify symptoms that indicate a trip to the emergency room. The nurse and intake coordinator work hard to monitor incoming patients for problem health issues and alert the treatment attendants. Coordinating patient needs with Summit Hospital expanded and deepened resources. Patients can now be seen by a primary care physician in the same day as the request. The nurse makes a call to key personnel at the Hospital and arrangements are made. NWITC is also a member

of a committee led by Summit Hospital to expand/plan opioid oriented services in Grays Harbor County.

Another area routinely monitored by the nurse and by incident reporting is **medication errors.** The nurse also occasionally reviews treatment attendant practices via the camera system. When treatment attendants reach a too high medication error rate, or the camera review indicates decrease in consistency of practice, they are re-trained by the nurse. Treatment attendant meetings occur when several staff appear to need re-training.

The residential program has sight and sound fire alarms. There are fire extinguishers which are annually checked and clearly marked. Exits are posted with lighted signs with battery backup. Routes to the exits are mapped and posted.

At the request of NWITC, the District Fire Marshall inspected the buildings and grounds. He recommended two additional cameras. NWITC installed one near the laundry room door to the outside, and one at the end of the Counseling and Cultural Building. T

here were no incidents requiring internal or external reporting.

Transportation
NWITC has two GSA vehicles plus one other assigned to it. All vehicles have regular maintenance at intervals appropriate to the manufacturer's guideline. GSA notifies the program and the vehicle is transported to the appropriate resource.

Transportation includes picking up patients arriving at airports at either SeaTac or Portland or bus lines in Olympia. Sometimes patients are picked up from detox facilities. The organization's driver transports patients to medical appointments, and for other non-emergency needs.

Each vehicle has seat belts. Vans have emergency plans, first aid kits, insurance information, flares, fire extinguisher and first aid supplies including mask and gloves. Employees transporting patients also have a cell phone in the vehicle. When staff must transport in their own vehicles there are kits for them to take with all the supplies that are in the program vehicles. Copies of current driver's license and proof of personal vehicle insurance is kept in employee personnel records. The Tribe's insurance agent checks the driving record of each employee regularly and for cause. All staff is trained during orientation and annual training as to procedures and requirements of driving for the organization.

A requirement is added to all job descriptions that the employee must be insured by the Tribe's auto insurance company. This protects patients and the Tribe from liability concerns.

Training Needs
Training includes CPR and First Aid for all employees, to have someone present at all times who is trained. Staff is trained about the NWITC Mission Statement, the budget process, accessibility and outcomes. On-going training includes training about the rights of patients, the grievance process, patient and family centered service, confidentiality, cultural competency, the prevention of infections, universal precautions, health and safety, unsafe environmental factors, reducing physical risks, transportation requirements, professional conduct and the identification and reporting of critical incidents, the safety and disaster plan, prevention of violence, and medications. Training regarding medications includes how medications work, the benefits, rationale, risks including pregnancy, side effects, contraindications, interaction potential with foods, drugs and other medicine, alternatives and relapse including non-adherence. Training includes the importance of taking medication as prescribed, the need for laboratory monitoring, potential interaction with alcohol, tobacco, caffeine, illicit drugs, self-administration, wellness/recovery management and the availability of resources associated with costs.

Staff search for opportunities for training to improve clinical and supervisions skills. In 2018, several staff attended training provided by Native Wellness Institute. Staff report this as the best training they have had ever had, so we will make them a primary resource. In 2019, new staff training will include Tribal Sovereignty and also Dialectical Behavioral Therapy.

Personnel

It is important to attract, hire and retain staff who are reliable, who are able to support patients through emotional crises, are consistent in interventions, and who have excellent boundaries and ethics. Counselors must be able to facilitate treatment that moves into trauma and grief areas, facilitates expression of grief and trauma leading to patient emotional stability and the internalization of appropriate skills. This requires experience and confidence, empathy and the ability to communicate clear direction.

The Squaxin Island Human Resource Department reviews job descriptions, reclassification requests, new position requests and personnel action forms to make sure they are current and accurate, and alerts directors about overdue annual performance evaluations. They are responsible for personnel policy changes and provide support to directors. Personnel policies are reviewed annually by the Human Resource Director. A copy of the personnel policies of the Tribe is kept on site at NWITC for easy employee access.

NWITC has a personnel policy addendum handbook approved by Tribal Council. It is given to each NWITC employee and contains documents particular to NWITC programs. When significant changes are made, the revised copy is distributed. A copy is provided to each staff member at the annual training.

Human Resources Department provides an all staff appreciation dinner once each year. NWITC has a second dinner for the same purpose. HR orients each patient to tribal benefits, pay, and policies. In addition, if there is information that is critical for employees to have, an enclosure is in the paycheck envelope. Job openings are posted on the Squaxin Island Tribe website and at the Tribe's administrative offices.

Reasonable accommodation requests are presented to the Director, and reviewed in conjunction with the Director of Human Resources, a decision is made and documented by the HR Department. Any supporting medical documents are placed in the employee's medical file. Most NWITC reasonable accommodation requests are granted. Historically they have been in relationship to chairs, keyboards, stools, or transitory medical issues. **This year there was not a request for reasonable accommodation from staff.**

Financial Plan

The financial strategy of NWITC is to diversify revenue, protect resources and reduce expenses without losing the treatment niche for which NWITC is known. Revenue is from I.H.S., insurance, purchase orders and Medicaid. I.H.S. provides a base funding each year. The State of WA is billed for Medicaid eligible patients. Medicaid is also billed for outpatient mental health services provided by the mental health counselor and the ARNP for medication management.

The director is in frequent contact with the State's Health Care Authority. Several of the Tribe's directors and managers participate in state/tribe meetings to preserve access to resources for tribal programs and tribal people. They also participate in conference calls with the Center for Medicare and Medicaid Services, and I.H.S. to achieve the same.

There is frequent communication between the office assistant who participates in billing activities, the intake coordinator, the responsible administrative staff and the billing person, sufficient to

make sure each potential billing occurs and that billing is accurate. Insurance is also billed when patients have coverage.

Beginning in 2005, NWITC entered the food stamp program for eligible patients. While this is a labor intensive effort, it continues to bring in enough money to make it worthwhile.

Monthly revenue tracking is provided by regular interaction with the organization that does billing for NWITC. Grants have substantially enriched services. The **Finance Department** has helped to evaluate the budgets for strategies for reducing expenses.

NWITC programs are vulnerable to small changes in the environment. If expenses are elevated to meet some emergent need or revenue is decreased, treatment will have to change. Services like medication management and intensive staffing will all need to be reduced or eliminated.

Risk Management
Risk management is monitored and used in several ways. (See Risk Management Plan). Revenue is monitored so that the financial projections and needs of the program are met: payer mix and maximization of potential resources in relationship to all services and patients, diversification of revenue. Insurance denials in the residential program are all appealed.

Personnel records are reviewed to make sure that all auto insurance and drivers' licenses are current. Contract providers are evaluated against the contents of the contract, and are monitored to assure that liability insurance and professional licenses are current. Safety and disaster planning are priorities and include careful frequent training of treatment attendants. All professional licenses and liability insurance of contractors are complete and current.

See Risk Assessment/Plan document.

Summary and Plan
The program is clinically strong and functioning well. The program is well known for excellence and the caring, sustained support provided to patients and alumni. The work with unresolved grief and trauma in a population with patterns of chronic relapse continues. Added to this is the intensive work with alumni and with tribes to build recovery coach programs. This helps the organization understand the patient's home context, its pressures and strengths, and helps more patients successfully complete as well as reduces relapse. Added to this are problem gambling lectures and groups each week.

Input and outcomes are used to monitor the programs and evaluate their success, the satisfaction of the community, patients and alumni, funding sources is high. NWITC will continue to develop programs as needs are identified and to improve services where opportunities become available.

External input and internal assessment finds the NWITC programs are in compliance with and meet the requirements of licensing, certifying and accrediting bodies including those that license professionals, those that assess safety and those that issue permits. In 2019, NWITC had a three-year review of its services by CARF. The result was an outcome with only two recommendations. A correction plan was developed and corrections have been completed.

The organization's performance in 2019 was consistent with its mission and core values as are the planned improvements.

Internal Trends
In 2019 continued changes implemented in 2018.

1. The acuity of patients admitted was narrowed in 2018 and the results in 2019 was a patient

population more geared to NWITC strengths, instead of allowing referral source pressure to define admissions. It had become clear that the more acute referrals were from non-tribal referents. It is important to make sure do not drift from our strengths.

2. In 2019, more cultural activities were added to the schedule. A project was begun to integrate the herbal medicine program with DBT. The process has been intense to articulate this integration in simple, accessible language. Involved were multiple DBT specialists and herbalists. This program will be expanded in 2020, ensuring a facility wide understanding.
3. As MCOs are established around the State, it will be important to continue to coordinate with other tribes, American Indian Health Commission and the Native Liaisons of the Health Care Authority to maintain and increase referents without losing control of length of stay.
4. Late in 2019, the HCA invited NWITC to develop a package to present to CMS to negotiate an enhanced rate for tribal residential treatment programs in Washington State. A contractor was chosen to help implement this amazing opportunity.
5.

We will continue to monitor patient discharges *at staff request* to make sure all interventions possible are made before this decision is made.