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NORTHWEST INDIAN
TREATMENT CENTER

Residential Program First Quarter ~ FY 2020



Statistics



Efficiency & Access Report



Patients' Input Report



Patients' Self-Evaluating Progress Report



Treatment Follow-Up Report



Referring Agencies Report

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June O'Brien, Director

Northwest Indian Treatment Center

Statistics

FY 2020 - First Quarter

Referents	No. Pts	Statistics by Discharge Date*			
American Behavioral Health Camas Path Catholic Community College Cedar Grove Chehalis Behavioral Health Colville A&D Cowlitz Indian Tribal Health Department of Corrections Benton County Goodheart Behavioral Health Harborcrest Harborview Mental Health & Addiction Klallam Counseling Muckleshoot Behavioral Health Program Native Rehabilitation Nooksack A & D Pioneer Human Services Port Gamble S'klallam Puyallup Tribal Health Quileute C & R Services Quinault CD Program Raging River Recovery SeaMar Community Health Seattle Indian Health Skokomish Hope Project Spokane Substance Abuse Squaxin BHOP Suquamish Tribal Wellness Swinomish CD Services Tulalip Family Services Yakama Nation CCAP Yakama Nation Tiinawit & Youth Treatment	2 1 1 1 3 5 1 1 2 3 1 3 3 1 1 1 2 3 8 4 2 2 1 1 2 4 1 1 3 1	Patient Days			
		Total Patients	66		
		Total Days	2258		
		Average Stay	34 days		
		Counselor			
		# Patients	Total Pt. Days	Average Stay	
		A. B.	3	132	44
		B.P	14	393	28
		D.M	8	298	37
		K.K.	11	462	42
		M.T.	8	287	36
		S.V.	10	351	35
		S.I.	12	335	28
		TOTALS	66	2258	34
		Gender			
		Male	38		
		Female	28		
		Total Patients	66		
		Completed Treatment			
		Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Other / Special Leave Circumstances	
		Males - 4 (6%)	Males - 6 (9%)	Males 0 (0%)	Males 1 (1%)
		Females - 4 (6%)	Females - 7 (10%)	Females 2 (3%)	Females 0 (0%)
		Total - 8 Pts.	Total - 13 Pts.	Total - 3 Pts.	
		12%	19%	4%	

Total Admissions	66
Referent Type	
Tribal	22
Other	9
Total Referents	31

Third Party Payers	
ABP	50
TANF	12
CNP	2
Insurance	1
Benefit Bed	1
Total Third Party Payers	66

Northwest Indian Treatment Center PO Box 477, Elma, Washington 98541

Efficiency and Access Report FY2020 First Quarter

Access to residential treatment is measured by the number of days patients must wait for admission to treatment. Efficiency is measured by the payer mix i.e. patients who have a funding source in addition to I.H.S. funds.

Access to the residential program is evaluated by the number of days between the date when all required pre-admission information is received by NWITC and the admission date, i.e. how long people are on the waiting list. The waiting list consists of those persons whose referral source has provided all required documentation and who are only awaiting admission. Persons who want admission but whose referral source has not yet supplied the required documentation are kept in pending status.

Referrals from within Washington State must be on Medicaid, or have another payer, or, if available and meeting eligibility requirements, access the benefit bed. Out of State referrals must have a payer, including for medical care and medications. Referrals that make contact but do not follow through in some way or who are denied admission are placed in closed status.

Factors that can result in long waits in pending status are loss of contact with the patient by the referring organization; loss of contact with the referring organization; or the need for additional health or mental health information.

The intake coordinator maintains contact with all organizations that have a person in pending status or are on the waiting list. Contact occurs frequently to stay abreast of the current status of the referred individual. When an individual is denied admission, the reasons are provided and a referral is suggested to the referring organization. The referral is documented.

Efficiency is measured by the number of persons admitted with a payer in addition to I.H.S. This helps NWITC achieve a balanced budget by maximizing the revenue in relation to each admission. Having a payer other than only I.H.S. provides more easily accessible medical coverage for patients, which helps NWITC respond to health care needs.

October, November, December FY 2020

Efficiency: Here is the payer mix:

ABP	50
TANF	12
CNP	2
Insurance	1
Benefit Bed	1

Sixty-six patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there were no purchase order beds.

The Behavioral Health Organizations (BHO) are transitioning into Managed Care Organizations (MCO). While American Indians are usually not enrolled in the BHO's or MCO's sometimes they are. In these instances, NWITC can un-enroll the patient so that direct billing to the State is possible. We now have a system in place so that the intake coordinator can quickly opt out an American Indian person retroactive to the first of the month. The MCO's have not yet developed a contract which is consistent with tribal sovereignty. This is an issue tribes are resolving with the Health Care Authority. In the meantime, MCO's are mandated to contract with tribes if tribes wish, but given the language of most of these contracts the de facto result is that NWITC has no contracts with an MCO. The area of most concern is the MCO which serves youth post-foster care, including American Indian youth.

The intensive transition care provided by the OVW and I.H.S. MSPI grants help sustain referrals and enhance quality of care. This team works with patients to identify aftercare needs, develop safety plans, arrange transportation and develop linkages with after care providers and housing resources. They help patients manage their legal problems, and assist with the requirements for the return of children from foster care. 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. These services extend treatment outside the walls and across a several state area.

Next quarter one Recovery Coach Academy will be presented by the recovery support team to train referral sources, community members and alumni. Additionally, two employees and one contractor became certified bridge trainers and will now offer the bridge training as an extension to the eligible recovery coach academy participants. These three also became Department of Health recognized Agency Affiliated Counselors.

Access: Patients who were admitted waited an average of three days. This is slightly longer than last quarter. The wait period is within our target, which is under 20 days. The length of time varied from zero to 98 days. One person waited 98 days due to being incarcerated.

Denied Access: 19 patients were denied admission due to inappropriateness in this setting.

Satisfaction is very high from referral sources and from patients as indicated on satisfaction questionnaires. Referents tell the Recovery Support Team that they are very pleased with the rich resources available to patients after discharge.

Summary: The revenue for this first quarter of FY 2020 appears to be within projected goals. Access to treatment is improved and satisfaction is still high.

4	I feel that my treatment plans are covering and handling issues that I am having or have had in the past years.	Every way.
5	It is helping me express my inner feelings and open up to others.	The one on ones with my counselor and groups.
6	I am here.	The tools, everything I've learned.
7	I love the educational lectures, the support, the drumming and singing, the cultural activities, Kia and Patricia's class and sweat.	The reliable counselors, the schedule/routine. The drum/songs and sweat lodge.
8	I'm being treated on all issues.	I've learned more ways to use DBT skills.
9	I like to listen to the lectures.	People were caring and helpful; good food.
10	It is helping me focus on myself and teaching me useful tools I can take with me when I leave here.	It helped me learn how to cope with my thoughts when they start playing tricks on me.
11	Wonderful experience all the way around.	Super effective.
12	Culturally, spiritually, treatment plan focus.	All around. Spiritually, mentally, emotionally.
13	I love the fact that many of the staff are recovering addicts.	Love the treatment staff.
14	The groups and cultural approach.	Everything.
15	I am very comfortable here, happy with the help that I am getting.	Happy with all the tools I received, the structure, the fish we got to eat and how nice the staff were.
16	Making clear treatment plans to help myself.	The unity we all share.
17	Cultural activities, structure, sweat lodge, drum making.	Learning some of my negative behaviors and skills to practice healthier behaviors.
18	I'm learning more than I thought I would.	I really learned a lot.
19	Learning from lectures and homework; counselors and peers.	Learning DBT skills; one on ones.
20	Infrastructure is amazing, all counselors and staff are respectful.	I'm grateful for all of the counselors and TA's, I have so much respect and love for them and June.
21	I'm getting all the help I've needed for so long, it is great.	I was shown a new exciting way of life, which will not be wasted in addiction.

22	All the help that I needed.	How to trust people and helped me learn how to deal with my feelings.
23	Every way.	I liked how cultural the treatment was.
24	Staff.	Mental Health.
25	Staff, open doors, DBT skills, smoke breaks, walks, everything.	The teachings and the support and love from all the staff and cooks.
26	All the different new skills and how willing I am to take on some issues I'm dealing with.	How I learned new skills to help me grow.
27	The structure, stability and safety is awesome. Counselors, TA's, and all staff are great.	It's overall a safe, amazing place from classes to activities I've learned a lot.
28	Best place I've been.	The cultural teachings.
29	Learning the tools I need to live a sober life.	Learned DBT skills as well as how to drum and bead.
30	I'm getting braver to talk about some of my past drama that I never shared before.	That I was able to get some things out that have been building on the back burner and I got some of my health back.
31	The lectures and groups are good.	Good lectures learned many good skills.
32	Everyone is nice and the classes are good.	Structure.
33	Most staff has a personal experience to share and they know this walk of life.	Addressed much-needed trauma in my life that I am able to leave in the past. I also learned more about my shaker religion.
34	The counselors and staff are great here.	I'm satisfied with everything about my treatment.
35	Everybody seems comfortable, content and helpful.	I learned coping skills to help me in recovery. Everybody was able to learn from each other including staff.
37	The whole set up, no complaints.	Everything, my hands go up to NWITC. Thank you for everything.
38	Every aspect.	Feeling welcomed great vibe here, good energy.
39	I feel I'm working on the proper things I need to work on with my past trauma and stress disorders.	The tools I have learned to better control myself, to not control others, and to speak up.
40	All ways.	Everything.
41	Everything.	How respectful everyone is.

42 All the support.

I am very grateful for the support of the staff and on-going effort to help me succeed.

In general, patients appreciated the staff, the new knowledge they had gained, and their personal progress. This is consistent with previous quarters.

5. In what ways are you dissatisfied with your treatment?

<u>Pt.#</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	N/A	Not enough time, maybe a couple of weeks longer.
7	Long days, have to be up at 6:30am. Some nights I have to be up late to do homework.	The schedule is so long, awesome classes but tiring by the end of the day. No naps and only decaf starting at 9am.
16	That we can't wear hats or hoods.	N/A
17	Limited phone calls.	Men can't talk to women.
20	Some TA's are late for meds.	N/A
28	Some of the rules are bogus.	N/A
29	That we can't sweat when the TA is sick. Us patients should be able to run it.	Can't go on pass, walk and can't run sweat.
31	Some people aren't as focused on themselves as I am.	N/A
35	N/A	Overall satisfied but often felt misunderstood or judged by a few staff members.
39	It's hard to face my past head-on right away in moments unexpected but I understand I need to in order to drop the weakness mentality to prevent relapse.	In ways I feel like I need to stay a little longer but I believe in myself that I can do this.

Only a few varied reasons for dissatisfaction noted.

6. What would you like to see added to or changed about the program?

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	Carving; weaving with cedar to make baskets, headbands, hats etc.	Carving and more work with cedar.
4	Every other week a trip to the ocean, I feel that would be therapeutic.	A little more phone time.

5	A little more phone time.	More cultural activities.
7	More staff available for mixed drumming.	Maybe a nap every day or every other day from 1-1:30. Miss Shirley's class is amazing but we only get one hour with her.
8	Be able to sleep until 7:00am on the weekends.	Be able to sleep until 7:00am on the weekends.
9	More movies to pick from, more snacks.	More movies.
10	N/A	A pot of regular coffee after lunchtime.
12	N/A	More drumming and singing during graduation ceremony.
13	N/A	Therapeutic drives or trips every once in a while.
14	Workout equipment.	Be able to chew in class.
16	Weight room.	Weight room.
17	More sleep time.	Graduates get a free sweatshirt.
18	N/A	Clocks in the bedrooms would be nice.
21	The whole fraternizing rule: at least let us say good morning, afternoon and night. I feel like I'm being rude when I don't do this.	Maybe add something about personal hygiene and how not showering can lead you into that old mindset "feel dirty like an addict, think like an addict."
23	N/A	More coastal teachings.
25	Someone to teach us the graduation song.	There are a lot of coastal teachings, it'd be cool to implement some plains Indian stories, teachings etc.
26	I see nothing; whatever works will be for my benefit.	More visiting, more phone time.
27	Regular coffee later, more outdoor activities or classes would be awesome.	Longer coffee time to help get us through the day instead of cutting us off at 9:00 – should be noon.
29	N/A	A different TA to run the sweat.
30	Pop machine, alarm clocks in the rooms.	More paint colors, more carving time, more information about the pills on the bottle.
31	Smaller groups when mixed – break them into two groups.	N/A

32	Workout room or workout equipment to stay in shape.	More drumming, singing, and volleyball. To be able to sleep longer.
33	N/A	More coffee and more group sports to burn off stress.
34	It would be great if you guys added a drumming class to teach the songs here.	It'd be nice to add an optional gardening class and drumming class for people who want to participate. Also more volleyball time.
35	More elder speakers or perhaps more hours for drum group.	For staff to use nonjudgmental language and lead by example by using DBT skills. More elder speakers and Native art classes. More classes on how to control anger/anger management.
38	More drumming classes.	Drumming class where we can teach/learn other songs.
39	To give people on blackout different things to do that cannot participate in regular activities.	More anger management and self-control.

Many varied suggestions offered with no particular common theme.

7. Do you have an area of concern you want to share?

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
7	Not all of the TA's are on the same page.	N/A
17	N/A	All the patients have to share two washing machines.
18	Sometimes my brain can't keep up and I forget things. I'm glad for handouts they help with this.	I wish more patients would take this recovery opportunity more seriously.
25	N/A	TA's should be more on the same page when it comes to the rules.
29	I read the handbook and it says we can't wear beanies or hats all week except for Friday.	Need a different TA to run sweat.
31	We should be able to share things with the opposite sex that are family.	N/A
39	N/A	When problems escalate there seems to be no TA around to control the situation.

*N/A represents patients who did not have a comment on that question during that time.

8. Are you an active part of developing your treatment plan with your counselor?

100% Yes 0% No 0% No response

All patients indicated the affirmative. This is consistent with most recent quarters.

Comments:

- I was able to share my emotional trauma and work through personal issues.
- We talked about real stuff, everyone opened up.
- I've had my needs completely met while I've been here.
- Awesome place, respectful and understanding staff.
- This is a good program.
- I'm happy I am safe and away from drugs and alcohol.

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2020, First Quarter

Patients were asked to evaluate their progress in the areas shown below. The percentages represent the degrees of improvement from admission to mid-treatment and additional improvement from mid-treatment to discharge. This report represents ninety-five percent of all first quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.

Patient Number	Setting Clear Boundaries		Positive Self Esteem		Anger Management		Taking Responsibility		Cultural Orientation	
	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Treatment	% Improved from Mid-Treatment to Discharge
1	60	20	60	0	80	0	40	20	60	20
2	80	0	0	0	0	0	0	0	40	0
3	-40	100	-80	100	-80	0	-20	20	-100	100
4	40	20	60	20	40	0	20	0	40	0
5	40	20	40	20	80	-20	20	0	20	0
6	40	20	40	40	-20	60	0	20	0	40
7	20	40	20	20	0	0	0	0	0	0
8	40	20	100	0	60	0	40	0	60	40
9	-20	20	0	-20	-20	20	0	-20	0	20
10	20	20	40	0	20	20	40	0	0	20
11	80	0	40	0	20	0	40	0	80	20
12	20	0	0	0	0	0	0	0	0	0
13	20	80	20	60	20	0	20	20	40	40
14	0	0	0	0	0	0	0	0	0	0
15	20	0	20	20	20	0	40	0	20	20
16	40	20	20	20	40	40	0	20	0	20
17	40	40	20	40	0	0	40	40	20	40
18	20	20	20	20	0	0	0	20	20	20
19	40	20	40	20	40	20	40	0	60	20

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Treatment Follow-up Report FY2020 - First Quarter

The following report represents the results of the telephone interviews with eighty percent of the total patients admitted during the first quarter. Survey results are printed in bold type.

1. Are you still clean and sober?

92% Yes **8%** No

The number of alumni reporting they are maintaining sobriety is about the same as recent quarters.

2. Have you seen your aftercare provider? If not, why not?

80% Yes **20%** No

- **Had emergency surgery.**
- **Was sick/rescheduled appointment.**
- **Rescheduled due to transportation needs.**
- **Changed insurance companies.**
- **Waiting for appointment date.**
- **Was incarcerated.**
- **Currently incarcerated.**
- **Transitioned to another inpatient treatment.**

The number of alumni reporting that they have already seen their aftercare provider is higher than recent quarters.

3. Does your sobriety seem stable? If not, what services do you need?

89% Yes **11%** No

- **Inpatient treatment.**
- **Groups and meetings.**

The percentage of alumni who felt their sobriety to be stable is higher than recent quarters.

4. Are you receiving the services you need? If not, what are your unmet needs?

92% Yes **8%** No

- **Housing after incarceration.**
- **To go to meetings.**

The percentage of alumni receiving the services they need is the same as recent quarters.

5. Was your treatment with us satisfactory?

100%

Yes

0%

No

The percentage of alumni who were satisfied with their treatment experience is the same as last quarter.

6. Any follow-up or referral requested during interview today?

- Aftercare was booked out.
- Mail DBT work.

7. What referrals were made during the interview today?

- Aftercare – encouraged to call provider regarding cancellations.
- DBT handouts were mailed out to client.
- Detox and inpatient treatment information given to client.
- Aftercare information given to client.
- Family housing information given to client.

Comments:

- Several clients reported doing well.
- Client reports, doing great, working and remains abstinent.
- Client reports, doing great, lives in an oxford house and remains abstinent.
- Client reports, doing well and still sober.
- Client reports, they transitioned into another treatment facility.
- Client reports, living in and oxford house, going to meetings and loving it.
- Client reports, doing well and living in an oxford house.
- Client reports, doing good, currently in another treatment facility.
- Client reports, doing awesome.
- Client reports, doing well and excited to continue to strengthen recovery by attending groups and meetings weekly.
- Client comments, thank you NWITC.
- Client reports, currently incarcerated, but released to attend aftercare appointment.
- Client reports, relapsed after returning home, but currently has 4 days clean and sober.
- Client reports, doing well and remains abstinent.
- Client comments, grateful for NWITC.
- Client reports, doing well and working on obtaining a CDL.
- Clients referent reports, was in the ER due to overdose after discharge from treatment.
- Client reports, having consistent contact with the PO is the priority.
- Client reports, abstinent and living in an oxford house.
- Client reports, currently incarcerated.

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Referring Agencies Report FY2020, First Quarter

This report represents the perspective of the agencies that refer patients to Northwest Indian Treatment Center. Responses were received from referring agencies for seventy-eight percent of first quarter patients. Survey results are printed in bold type.

1. Was the admission and referral process: (Mark all that apply)

A. Easily understood	94%	B. Easy to comply with	9%
C. Confusing	2%	D. Too demanding	2%

Most referents considered the process to be easily understood.

2. Do you feel that you and your patient were treated respectfully?

Yes	100%	No	0%
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All responses are positive, which is consistent with most quarters.

3. In what ways were you satisfied?

- *Several referents appreciated weekly updates.*
- *Always have good feedback from clients. NWITC is the first choice for residential treatment.*
- *Great communication with intake.*
- *Everything went smooth and very thorough.*
- *Quick intake, smooth process.*
- *Great communication with counselor.*
- *You allowed the client to come back.*
- *The client didn't transition back to the community which was very beneficial to long-term sobriety.*
- *Chrystal got the client in quickly. I love you guys.*
- *I like working with all the staff at NWITC.*
- *Thankful the client was able to stay when we couldn't get the client into detox.*
- *Always love working with NWITC.*
- *Allowed the client to come back and appreciated the support from the counselor.*
- *Documentation upon admission and discharge.*
- *Smooth process, I appreciate your program.*
- *Easy process.*
- *You guys are perfect.*
- *Easy process, no long wait period, great experience, great feedback from clients.*
- *Great client care.*
- *Communication with staff; client was discharged for behaviors but was completely handled fairly.*

- How smooth the process was and how great the communication was.
- All ways.
- NWITC has a great reputation, I like the immediate bed.
- When we send clients, we know they will be working on trauma and developing spirituality. Everyone feels healed when they come back or well on the way.
- Appreciate the cultural aspect for clients wanting to get back to their roots.
- The process was thorough.
- Staff is very professional; great discharge summaries.
- The speed at which you are able to get clients into treatment.
- How smooth the process is; NWITC staff really knows what they're doing; great communication.
- The way NWITC treats the clients and work with people in native traditions. We've had a lot of success with clients that have come through NWITC.
- The client's counselor spent a lot of time working out details so client could complete the treatment stay.
- Fantastic work with the client, NWITC is the best.
- Client care, individualized treatment.
- Quick response time with all staff.
- It's always a pleasure to work with NWITC staff.
- Love the way the counselors handle the clients.
- Easy communication, always answer the phones.
- The follow up program.
- Communication with intake, setting up aftercare appointments.
- I work with you folks all the time; the process is easy and straightforward.

All referents were satisfied in general and especially with the intake staff, communication and treatment components.

4. What changes has your patient made in his/her drug and/or alcohol use?

Drug and alcohol free	56%	Consumes less than before treatment	16%
No change in use	7%	Unsure	21%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 72% of this quarter's post discharge patients that remained drug and alcohol free or consumed less than before treatment.

5. To your knowledge, was the patient's confidentiality protected?

Yes	100%	No	0%
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All referents responded positively, which is consistent with most quarters.

6. What would you like to see added or changed to the NWITC program?

- Several referents would like to see more beds.
- Several referents would like less medical paperwork requirements for admission.
- Clients going back to their home communities on passes; if they have alcohol or opiates as their choice of drugs that they have Vivitrol onboard before they go.
- Make NWITC a longer treatment program.

- *To be easier to get a hold of at times.*
- *Easier/more transportation options.*

7. Do you have any questions you'd like addressed?

There were no questions during this quarter.