

# D3WX bi Pa lil



NORTHWEST INDIAN  
TREATMENT CENTER

## Residential Program Second Quarter ~ FY 2020



Statistics



Efficiency & Access Report



Patients' Input Report



Patients' Self-Evaluating Progress Report



Treatment Follow-Up Report



Referring Agencies Report

PO Box 477 / 308 E. Young St.  
Elma, Washington 98541  
360-482-2674

June O'Brien, Director



# Northwest Indian Treatment Center

## Statistics

### FY 2020 - Second Quarter

Referents	No. Pts	Statistics by Discharge Date*																																			
American Behavioral Health	1	<b>Patient Days</b>																																			
Camas Path	1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Total Patients</b></td> <td style="text-align: right;">57</td> </tr> <tr> <td><b>Total Days</b></td> <td style="text-align: right;">2022</td> </tr> <tr> <td><b>Average Stay</b></td> <td style="text-align: right;"><b>35 days</b></td> </tr> </table>				<b>Total Patients</b>	57	<b>Total Days</b>	2022	<b>Average Stay</b>	<b>35 days</b>																										
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Harborcrest	2																																				
Harborview Mental Health & Addiction	2																																				
Klallam Counseling	1																																				
Lifeline Connections	1																																				
Lummi Counseling	3																																				
Makah Recovery Services	2																																				
Marim Health/Benewah Medical	1																																				
Muckleshoot Behavioral Health Program	5																																				
Port Gamble S'klallam	3																																				
Puyallup Tribal Health	3																																				
Quileute C & R Services	1																																				
Quinault CD Program	2																																				
Rainier Springs	1																																				
Seattle Indian Health Board	2	<b>Gender</b>																																			
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# Northwest Indian Treatment Center

## PO Box 477, Elma, Washington 98541

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### Efficiency and Access Report

### FY2020 Second 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.

#### January, February, March FY 2020

**Efficiency:** Here is the payer mix:

ABP	38
TANF	8
SSI	2
Benefit Bed NP	1
TPO	6
Other	1
Benefit Bed	1

Fifty-seven patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there were more purchase order beds than previous quarters.

This quarter the coronavirus (COVID-19) pandemic caused a “stay at home order” issued by the state of Washington. Tribal governments also closed along with many behavioral health facilities resulting in a lower census. We are carefully monitoring revenue, expenses and the needs of the organization, this quarter the revenue appears to hold. The fee for service structure for AI/AN is now being reimbursed through managed care organizations (MCO). This quarter all billings were reimbursed within a reasonable timeframe with the exception of three, which are being re-processed. The pre-admission process intensely screens each admission for signs/symptoms of COVID-19, if a patient presents signs of any illness prior to admission they are sent home until they are symptom free for two-weeks. Washington State has included tele-health as a billable service allowing behavioral health programs to connect with patients and provide access to inpatient treatment.

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, for some, during this time when aftercares are closed, is the only support system the alumni has. 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.

This quarter one Recovery Coach Academy was presented by the recovery support team to train referral sources, community members and alumni. Two employees and one contractor are Department of Health recognized Agency Affiliated Counselors as well as certified bridge trainers. We will begin to offer the bridge training as an extension to the eligible recovery coach academy participants; these trainings will become available when the state is no longer under state of emergency and Tribes begin to stabilize.

**Access:** Patients who were admitted waited an average of 3 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 27 days. One person waited 27 days due to being incarcerated.

**Denied Access:** 14 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 second quarter of FY 2020 appears to be within projected goals. Access to treatment due to COVID-19 presents some barriers, satisfactions is still high.



4	My counselor Scott and I came up with a good treatment plan for me.	I got the tools I need to stay sober.
6	Processing my emotion on open CPS case. Loss of my children, identifying my anxiety and being able to focus on the topic.	DBT skills, processing to find healing. The support of our brothers and sisters.
7	I am very appreciative of every staff member. I love every group.	Staff and counselors are awesome.
8	I am satisfied with pretty much everything.	I feel like I've gained some structure as well as some tools to stay sober.
9	I've learned a lot more things I needed to work on. Thank you for what you have taught me.	I am grateful for everything I've learned here. Thank you all.
10	All ways.	This is a different kind of treatment. I love it.
11	I love how "they" say this house calls you because I really feel like it has. I love the culture aspect and the DBT as well.	I feel like I got all that I needed out of this program and really found myself.
12	It's pretty laid back and people being respectful.	Learned a lot of respectfulness.
13	The professionalism with all the staff and how they handle every situation in a respectful manner. I'm thankful for my counselor Brock he has done an amazing job.	My counselor Brock made a perfect treatment plan for me and helped me learn through a lot of my problems. All the counselors go above and beyond
14	Very healthy.	My counselor was a great help. It was good to go to Squaxin to A.A.
15	I'm 150% satisfied with this treatment facility. NWITC is the best, staff is awesome, cooks are excellent, drumming and cultural activities are bomb.	I let all my trauma out and am facing it head on.
16	That I am able to be myself.	I learned a lot of DBT skills.
17	My brain works.	I liked everything.
18	Counselors are great and the food is great. It is a good program.	All the TA's and counselors were great. I learned a lot.
19	I think that the classes exceed any treatment I've ever been to.	I learned a lot of skills such as DBT skills to help deal with life when we leave treatment.
20	The grieving groups.	My counselor, assignments, lectures, food, bed, staff.
21	In every way.	In all ways, counselors and TA's are awesome.

22	Learning DBT skills.	Learning a lot about DBT skills they are very helpful.
23	All ways.	DBT is very helpful, cultural connection, spiritual connection and staff.
24	The pinpointing of my problems and work to help me in that area. The staff are great, I feel loved and welcome.	The staff are very great at what they do.
25	Every class is good, I learn something new every day and it's a good thing.	Everything has actually been going to pretty well for me. I don't have any concerns or complaints.
26	I like how it is focused on generational grief and the staff truly care for the patients healing process.	All the staff have been great and the DBT information has been very helpful.
27	I am very grateful to be here. The counseling, food, morning walks, sweat, split groups and learning responsible healthy boundaries.	The counselors, lectures, groups, crafts, cooks and TA's. I am satisfied.
28	Treated me with respect.	TA's always respectful and talk to us like we are people and adults.
29	Great treatment program.	Very structured and just an all around good treatment center/program.
30	In many ways, but mostly how I've been able to get my higher power back in my life.	In every way from the lectures to the food and staff.
31	Treated with respect.	Can always talk to my counselor.
32	I like the way things are explained and If I do not understand something, I can have it explained again.	I definitely learned a lot. Thanks to Molly I have been able to focus on my work and reading.
33	I get three meals a day; I get to learn something about myself every day and work on it or talk to someone about it.	The treatment was good, everything was worth it.
35	My counselor, Delbert has been a great man to talk to; the other counselors and staff are very respectful.	The work that is done in the area of understanding that we are different.
36	Sleep well, eat well, great relapse prevention skills, drumming songs etc.	Information, comfort, content, food, structure, heritage. Great treatment center.

*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	Intense programming can be overwhelming.	N/A
2	I need to start following the rules better.	N/A
3	The only thing that I get disappointed with is myself.	N/A
5	Wish we could sweat and go on longer walks.	N/A
11	N/A	Coronavirus
12	Not having a TV to watch football.	Not being able to talk to the opposite gender.
14	After mixed group, I'm a lot better.	That my painting was taken away even though it was my canvas.
16	There is no escaping the drums, there is no quiet place to think sometimes.	No more passes and store runs because of coronavirus.
20	The wake up time.	N/A
21	N/A	We didn't get our passes.
22	Trying to get me to read aloud.	Waking up so early each day.
23	N/A	We haven't had a sweat since I've been here.
28	Classroom fatigue, no time to decompress or process/retain information.	Too much "frat" talk and reminders. Staff sometimes talks to patients like we are children.
30	Although I have radically accepted I am going to be here for 45 days, that is the only thing I haven't been satisfied with.	Mostly the night time movies, I kinda don't see the point in them.
31	N/A	No sweats.
33	Not having enough privacy for phone calls.	A few of the TA's and not enough privacy for phone calls.
35	At times with some clients the staff allows them to go a bit far with their sharing.	When a counselor asks a question, not to keep asking the same question over and over.
36	No workout equipment.	No running, exercise bike, no nightly walk.

*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	Longer breaks between groups	More exercise equipment.
2	If you are sick, you should be able to take a day off to rest.	Wellbriety.
3	Exercises. Lectures can put my body to sleep from sitting so long and to put the med schedule somewhere where we can see vs. just the TA's announcing it.	Keep it the way that it is.
6	More group activities.	Have better chairs in the lecture room and all the same chairs so people stop fighting over the good chairs.
9	N/A	Be able to sweat.
11	More split groups and arts projects.	More cultural arts and crafts, more styles of beading.
12	Have a TV.	Be able to watch the football games on TV.
13	Morning walks, longer walks and Saturday and Sundays.	More outside meetings or more outside coming in wellbriety.
14	We should be able to say "good morning" to the opposite gender.	Frybread, seafood, more walks, more videos on real recovery, more cultural guest speakers.
15	More cedar bark, sinew, hoops for dream catchers, yarn and dowels, t-shirt designing and hats to bead.	More arts and craft items. Cedar, sinew, hoops for dream catchers, shawl making.
16	Quiet time, places to do work without the drum or radio.	Sweat added back.
18	I would like to see Mike run more classes.	N/A
19	More free time, sweatlodge, outside meetings.	More Alaska Native culture.
20	N/A	More free drum time.
21	More cultural activities.	More phone calls.
22	More N/A meetings and phone calls.	
23	Private phone calls.	N/A

26	More time for feedback after reading the first steps.	More meetings so patients can process, maybe wellbriety.
28	One full day (Sunday) with no lectures or groups to decompress and catch up on homework.	Weight machines or jogging program.
30	N/A	Some more Native American related treatment.
31	N/A	Less eggs for breakfast.
32	I think we should have to switch seats so were always sitting by someone different. Say an affirmation about ourselves during meditation.	I would like to watch the movie "Shade" I believe it would help people.
33	Privacy on phone calls.	More activities like fitness and more privacy on phone calls.
35	For the A.A/N.A people to explain more of how these meetings work on the streets.	Have someone that works with the clients needs, I have had trouble getting help at the front window.
36	Running machine or bike. There are too many people that don't want to be here which takes away from the people who do.	Exercise equipment, allow people to go on pass with their families.

Many varied suggestions offered with no particular common theme.

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

Pt. #	<u>Mid-Treatment</u>	<u>Discharge</u>
14	N/A	Instead of only having beading/weaving, patients should be able to paint or write.
28	The coffee is very watered down.	N/A
32	N/A	The seating arrangement; I think we should rotate so everyone gets a chance to sit forward.
35	Just more information on A.A/N.A meetings.	The way I am looked at just because I didn't grow up on a reservation by peers.
36	Less DOC/probation clients and more voluntary admitted clients.	Screening of patients to have less prison inmate mentality and more working patients. It takes away from us that really want help.

\*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 liked the way the staff is working on a program to include the native plants/medicines on the cards. Thank you NWITC.
- Overall, everything was good.
- This is a great program.
- The program is great, the staff are all wonderful and caring.
- Thank you for helping me with past trauma abuse and negative behaviors and emotions.
- Sonja, you are a great and wonderful counselor.

# Northwest Indian Treatment Center

## Self-evaluating Progress Report

### FY 2020, Second 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-one percent of all second 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 Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge
1	40	0	20	20	20	0	20	0	0	0
2	60	0	40	0	40	0	60	20	40	20
3	0	40	20	60	0	0	0	20	100	0
4	40	20	20	0	-20	60	0	0	0	0
6	80	0	40	40	0	0	0	0	60	0
7	40	0	80	0	40	0	20	0	100	0
8	40	0	20	0	0	20	40	0	20	20
9	0	0	0	0	60	0	0	0	80	-20
10	60	0	100	0	60	0	40	0	100	0
11	80	20	40	0	60	20	60	0	80	20
12	0	20	0	20	0	20	0	20	0	20
13	40	0	60	0	0	60	40	40	60	40
14	0	0	20	0	0	0	20	20	60	0
15	40	20	20	0	-40	20	20	0	0	0
16	0	20	0	-20	0	100	0	0	0	-20
17	0	0	0	0	0	0	0	0	0	0
18	40	40	40	40	40	40	60	40	60	20
19	0	0	60	0	20	20	20	-20	20	0
20	20	0	40	40	20	20	100	0	100	0



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

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## Treatment Follow-up Report FY2020 - Second Quarter

The following report represents the results of the telephone interviews with sixty-one percent of the total patients admitted during the second quarter. Survey results are printed in bold type.

1. Are you still clean and sober?

**94%** Yes **6%** 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?

**83%** Yes **17%** No

- **Several patients have not seen their aftercare provider as facilities shut down in response to COVID-19 stay at home order.**
- **Using**
- **Missed appointment**

*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?

**94%** Yes **6%** No

*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?

**94%** Yes **6%** No

- 

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

5. Was your treatment with us satisfactory?

**97%** Yes **3%** 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?

- Oxford housing.
- Housing resources.

7. What referrals were made during the interview today?

- Information on oxford houses.
- Housing resources provided.

**Comments:**

- Several clients report doing well.
- Client plans to return to NWITC.
- Client reports, still clean and sober moved out of oxford housing and is back on the reservation.
- Client reports doing well.
- Client comments, grateful for Sonja and recovery support.
- Client reports doing well and remains abstinent.
- Client states, I loved treatment at NWITC.
- Client doing well, disclosed a relapse the day after discharge and has been clean and sober since, client is engaged in aftercare services.
- Client reports being sober but not in stable living.
- Client reports doing very well considering we are quarantined. Client remains abstinent.
- Client states I am grateful for NWITC and DBT skills.
- Client was discharged and no aftercare appointment was scheduled. Client reports abstinent and going to meetings.
- Client is currently incarcerated.
- Client reports doing well and is getting used to life in the real world thanks to NWITC.
- Client reports loving the oxford house.
- Client reports missing NWITC.
- Client reports doing great, living in oxford housing, attending meetings and groups; loves recovery.

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

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**Referring Agencies Report  
FY2020, Second Quarter**

Referring agencies were unable to be contacted this quarter, behavioral health outpatient agencies were shut down across the state due to the Washington State stay-at-home order.