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NORTHWEST INDIAN
TREATMENT CENTER

Residential Program Fourth Quarter ~ FY 2020



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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 - Fourth Quarter

Referents	No. Pts	Patient Days		Gender		Third Party Payers	
American Behavioral Health Systems	2	Total Patients	62	Male	41	ABP	49
Camas Path	1	Total Days	2151	Female	21	TANF	6
Catholic Community Services	1	Average Stay	35 days	Total Patients	62	CNP	3
Chehalis Behavioral Health	4	Counselor	# Patients			TPO	1
Colville A & D	10		Total			SSI	3
Comprehensive Health Care	1		Pt. Days			Total Third Party Payers	62
Cowlitz Indian Tribal Health	2		Average				
Didgwalic Wellness Center	1		Stay				
Klallam Counseling	4		B.P.	9	315	35	
Lummi Counseling	3		D.M.	9	326	36	
Marimn Health/ Benewah Medical Center	1		K.K.	11	417	38	
Muckleshoot Behavioral Health	1		K.B.	4	152	38	
Native American Rehabilitation	1		M.T.	8	247	31	
Nooksack Tribe Genesis II	1		S.V.	12	337	28	
Northwest Resources II	1		S.I.	9	357	40	
Okanogan Behavioral Health	1	TOTALS	62	2151	35		
Providence St. Peters BH	1						
Puyallup Tribal Health	1						
Quileute Counseling & Recovery	4						
Quinault CD Program	3						
Seattle Indian Health	1						
Spokane Substance Abuse Program	1						
Squaxin Behavioral Health	3						
Suquamish Tribal Wellness	3						
Swinomish Chemical Dependency	2						
Tulalip Family Services	4						
Valley Cities Counseling & Consultation	1						
West Sound Treatment	1						
Willapa Behavioral Health	1						
Yakima Nation Tiinawit & Youth	1						
Total Admissions	62						
Referent Type							
Tribal	24						
Other	6						
Total Referents	30						

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2020 Fourth 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. Medical necessity for residential treatment at ASAM level 3.5 is determined by a review of the referral packet.

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.

July, August, September FY 2020

Efficiency: Here is the payer mix:

ABP	49
TANF	6
CNP	3
TPO	1
SSI	3

Sixty-two patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there were the same amount of purchase order beds as last quarter.

The “stay at home order” issued by the state of Washington caused by the coronavirus (COVID-19) pandemic has been lifted in phases determined by county. NWITC screens admissions for risk factors and each patient is tested, if a patient presents signs of any illness prior to admission they are sent home until they are symptom free for two-weeks. Patients presenting symptoms onsite are quarantined and tested for COVID-19, which may extend their treatment stay. Many behavioral health facilities are functioning at lower levels or working via telehealth; Washington State has included tele-health as a billable service allowing behavioral health programs to connect with patients and provide access to inpatient treatment. We are carefully monitoring revenue, expenses and the needs of the organization, this quarter the revenue appears to hold. Most billings were reimbursed within a reasonable timeframe with the exception of some MCO's, which denied claims due to preauthorization; attempts are underway to resolve this issue.

This quarter a negotiated rate package was sent by the State of Washington to CMS, which would increase the daily rate to support all of the functions needed to provide patient care, recovery support services and cultural activities, if approved the new rate should go into effect in April of 2021 and be retroactive from July 2020.

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.

All travel and training activities were cancelled due to COVID-19 and 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 2 days. This is slightly higher than last quarter. The wait period is within our target, which is under 20 days. The length of time varied from zero to 23 days. One person waited 23 days because the patient was incarcerated.

Denied Access: 17 patients were denied admission due to inappropriateness in this setting. Each was referred to another setting.

There are seldom dissatisfaction identified by referral sources and from patients as indicated on satisfaction questionnaires. Suggestions are usually integrated into practices. 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 fourth quarter of FY 2020 appears to be within projected goals. Access to treatment due to COVID-19 presents some barriers, satisfactions is still high.

Northwest Indian Treatment Center

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Patients' Input Report

FY2020 – Fourth Quarter

Patients are surveyed at mid-treatment and again at discharge. The following comparison represents eighty-four percent of all fourth quarter patients completing treatment. The treatment survey questions are listed with responses in bold type.

1. Was your orientation at admission:

91% Easily understood **9%** Confusing

The percentage of patients finding the orientation to be easily understood is consistent with most quarters.

2. Do you feel that you are treated respectfully? If no, please explain.

97% Yes **3%** No

- I felt I was singled out by peers.

The percentage of patients felt they were treated respectfully is consistent with most quarters.

3. Are you satisfied with your overall treatment stay?

100% Yes **0%** No

All patients were satisfied with their overall treatment stay.

4. In what ways are you satisfied with your treatment?

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	Satisfied with the cultural part of treatment and acknowledgment of intergenerational trauma.	Lectures and cultural activities are good.
2	I really enjoy learning DBT skills.	The food was amazing, counselors are great, love Shirley's groups.
4	Learning new skills.	Learned a lot.
5	Learning a new way of life to better myself. I like split groups and lectures.	Learned new skills from each counselor. How to change my reactions, emotions and body language to each situation.

7	Finding myself, getting on medication, structure, grief and loss for constructive growth.	I am now happier with myself, I wake up everyday happy.
8	N/A	Very healing and learned a lot.
9	Deeply enjoy the culture aspect and the teachings are somewhat easy to catch on to.	I learned a lot. Got a lot of my chest. I feel humble, I have hope again, I'm very grateful.
10	Informative groups, great peers, good food.	The curriculum is very thought out, helpful even when difficult topics arise.
11	Safe place to get help, very courteous staff, clean warm bed, good food. I'm extremely lucky to have this opportunity, thank you.	With the skills I've gained to deal with my emotions.
12	Being able to relate and being understood.	Got to understand my mistakes and past traumas.
13	Tools, skills, opposite action, radical acceptance, team work, self-soothe, spirituality, hospitality, food.	Here at NWITC the staff as well as the patients made me feel comfortable, safe and right at home.
15	The counselors are real nice, all being in group sharing, learning about things and getting the help I need to live a clean and sober life.	I received the help I needed to remain clean and sober and how to face the outside world.
16	I love the culture and food classes.	Dug deep, worked hard.
17	Being able to let go of past events, learning a new way to deal with my emotions, DBT skills, self-esteem, and positive affirmations.	I found out a lot about myself, I was in my head and not wanting to deal with my emotions.
18	Was given my cultural identity back.	There was an abundance of information on staying clean.
19	I don't feel mistreated or like I don't belong; the staff are all very sweet and we have great boundaries here.	So many beautiful things surrounding us brings so much comfort.
20	I worked on all the horrible things that happened to me and Brock helped me through a lot.	I loved everything.
21	I'm learning how to use the skills and tools taught at this program.	I've learned a lot of skills and tools to take with me when I leave.
22	How the staff welcomes new and returning people; traditional activities	Staff is respectful; non-isolating builds social skills.
23	I've learned a lot of new ways to treat myself and others, I learned to cope with a lot of my problems.	How they helped me see who I am telling me I'm beautiful on the inside and the outside and I feel pretty for once.

24	The food, the staff.	With the curriculum and the schedule; the balance of lectures and activities; the smoke breaks and the emphasis on DBT skills.
25	N/A	Satisfied with everything, especially with my recovery support.
26	The people are nice and welcoming; learning new things every day.	I love the staff, counselors, food and my brothers and sisters.
27	All ways.	I really like being back here, I have done a lot more work this time.
28	The classes from all the counselors; I feel safe here.	The counselors, especially Mike. The classes and TA's and cooks are amazing. I am thankful for the skills I am learning every day.
29	The program, tools, food, structured days, peers, counselor, TA's are awesome, well-balanced schedule.	The food, TA's were very helpful, counselors are rockstars, Molly helped balance my brain out.
30	The house is beautiful, the staff are understanding and I appreciated the culture based counseling.	DBT skills address my specific problems with relapse.
31	People are easy to get along with; counselors are not boring and teach us useful skills.	Food was terrific, staff and counselors were great, I have no complaints.
32	I'm taking everything more serious than ever before and am willing to change.	All the meals, all the staff, all counselors, classes, groups, everything.
35	I think I'm getting all the tools I need to help me in real life.	The counselors and TA's are awesome people and they care about you.
36	I am learning about myself and my addiction.	With the skills I've learned and with my oxford housing placement.
37	The staff is helpful and the treatment is spot on.	In every way.

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	To have someone qualified teaching songs.

2	The vivitrol shot was painful and I had a hard time walking for 5 days.	N/A
4	Being treated as if I'm a kid and not enough time to talk on the phone, no passes and no visits.	N/A
7	I know it's because of the coronavirus but I'm just bummed out about not having sweat.	That I didn't open up sooner.
8	It took me 7 days to see my counselor and I only see him for one hour a week, it's not enough.	N/A
9	Lack of physical activities, store runs would be nice.	N/A
10	Corona, no sweats, barely any physical activities.	I was looking forward to sweats and don't like wearing masks.
12	Not being able to stay longer.	I didn't get an Indian taco.
13	Would be nice to have family visits or zoom calls.	N/A
16	The process group could be better.	No Indian tacos.
17	No store runs to buy smokes.	No store runs or sweats.
20	N/A	Better air conditioning in the house.
22	COVID.	N/A
23	To have classes more interactive vs. just listening.	Some TA's treat us like we are little kids.
26	I would like the mail checked more but I've radically accepted things the way they are.	N/A
29	I had a pack of smokes disappear, some negative attitudes.	My missing smokes.
30	I don't appreciate the staff threatening to take my phone calls away when I haven't done any type of violation.	N/A
31	TA's enforcing rules that are not in the handbook, crosstalk in some classes. When a TA seems like they are in a bad mood it brings down patient moral.	Some critical comments and power tripping of counselors and TA's.
32	No sweats, no visitation.	No visitors or sweat.

36 When someone complained about me it was addressed, when I complained about someone it wasn't. N/A

Dissatisfaction was centered around activities that were temporarily discontinued as a result of COVID-19.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
2	Open the sweatlodge.	Open the sweatlodge.
4	Video calls with family should be added and supervised if needed.	N/A
7	To be able to workout.	N/A
8	More counselor time or mental health counselor.	More phone time.
10	Yoga, more physical options.	To allow support from opposite gender, but I understand why not.
11	Store runs, walks, kick ball.	More tables, less chairs at the tables – 3 per table is too many.
12	Being able to do more traditional things.	N/A
13	Daily walks, and sweats back.	To have the sweatlodge and family visits back.
15	Walks, family visits, store runs.	N/A
16	More phone time since we can't have visits or passes.	Frybread, sports.
17	TA's being able to share in meetings.	Store runs, sweats, more group drumming.
18	Bring sweatlodge back.	Sweatlodge.
19	Sweatlodge opened.	N/A
21	N/A	Workout equipment.
22	A trip to friends landing for Kia's class before I leave.	Foosball table.
23	Be able to go to your room earlier; more projects and activities; more homework.	More group activities, new tetherball.
24	N/A	More walks.

25	To do more NA/AA in place of gambling education.	It would be cool to have a parenting class here.
26	I would love the sweat to be open.	More phone time and more walks; to be able to vape and play lacrosse because it's creators game.
27	Visitors and more phone time.	N/A
29	If someone is still sick after a week they should be sent home or at least to detox – not fair.	Phone variations; spread 20-minute phone calls out throughout the week then one twenty minute call on the weekend.
30	Stop threatening the patients with “all are in trouble” statements.	Candy.
31	Three 20-minute phone calls a week.	Passes, visits, mail going in/out every day, better exercise times.
32	More walks.	More phone time on Sundays.
35	Have 2 med lines.	Have 2 med lines.
36	More Men/women split groups when possible.	I don't like gamblers education classes and it is too long.
37	More spiritual medicines involvement.	More spiritual teachings about our culture.

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>
10	Coronavirus.	It'd be helpful if we could hear the success stories from the TA's, it gives us hope.
22	Why can't TA's in recovery share their stories during AA/NA classes?	N/A
23	Negativity should be worked on here because it brings people down.	Bullying is an issue that I've observed here and that is something that should be resolved.
32	N/A	The people that use the program to write letters back and forth.

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.

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

Comments:

- I enjoyed the program. It was nice to have fun activities once in a while.
- It was a great experience.
- Many, many thanks.
- You people have changed my way at looking at life and I want to continue to live life in sobriety.
- I will miss all of you, I worry about leaving but I will be strong in my recovery no matter what it takes.
- I'm grateful for all the staff here.
- I'm here to get better and learn new skills.
- I love the program.
- I felt I did great and am furthering my education on addiction.
- I'm getting back the power I gave away.

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2020, Fourth 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 eighty-one percent of all fourth 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	20	0	20	20	20	40	20	20	0	20
2	20	20	0	20	20	0	20	20	20	20
5	60	40	60	20	60	20	60	40	60	20
7	80	0	60	40	100	0	0	0	0	0
8	20	20	20	20	20	20	20	20	60	20
9	0	0	40	0	40	20	0	20	20	20
10	40	40	20	40	40	40	40	40	60	20
11	0	20	20	40	20	0	20	20	0	40
12	0	60	0	0	0	40	0	60	0	20
13	40	20	40	0	40	20	20	20	20	0
15	0	0	0	0	0	0	0	0	0	0
16	40	0	40	0	0	0	20	0	40	0
17	80	0	80	0	80	0	80	20	80	0
18	40	20	80	20	40	40	0	0	0	0
19	0	0	40	20	0	0	0	0	0	0
20	60	0	60	0	80	0	80	0	60	20
21	40	20	20	20	40	40	40	40	60	0
22	100	0	0	0	60	0	0	0	100	0
23	0	20	20	0	0	0	20	0	0	0

24	40	20	20	20	40	20	40	20	40	20	100	0
25	0	40	60	20	0	0	80	0	20	40	0	40
26	20	20	20	20	0	0	40	20	40	0	40	40
27	0	0	0	0	20	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	40	0	60	20	0	20	0	0	0	0
30	0	0	0	40	0	0	0	0	0	0	0	0
31	0	0	0	20	20	20	0	0	60	20	0	20
32	60	0	80	0	20	0	0	0	0	0	0	0
35	0	0	20	0	0	100	0	0	20	0	0	0
36	0	0	60	0	80	0	0	0	0	0	0	0
37	60	0	40	0	60	0	40	0	40	0	40	0

Substantial improvement occurred in nearly all areas for most patients. The most improvement generally occurred in the first half of treatment.
(Zero may indicate that no new skill level was attained and/or it may indicate that the skill level was already high.)

Northwest Indian Treatment Center

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Treatment Follow-up Report FY2020 - Fourth Quarter

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

1. Are you still clean and sober?

93% Yes **7%** 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
<ul style="list-style-type: none">• Cannot reach anyone despite leaving several messages.• A lot going on in life.	<ul style="list-style-type: none">• Opted not to go to aftercare.• A few missed appointments and did not reschedule.• Rescheduled 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?

93% Yes **7%** No

- **Attend aftercare.**

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?

88% Yes **12%** No

- **Waiting to get into the orthopedic doctor.**
- **Changing aftercare providers.**
- **Homeless and living in a tent.**

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

5. Was your treatment with us satisfactory?

98% Yes **2%** No

Alumni were satisfied with their treatment with the exception of one.

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

- New aftercare provider and housing.
- Needing another aftercare appointment.
- Job resources.
- Medications.

7. What referrals were made during the interview today?

- Housing and aftercare resources given.
- Aftercare appointment was made.
- Job resources given.
- Referred patient to primary care for medications.

Comments:

- Patient reports, still clean and doing amazing.
- Patient is currently in inpatient treatment and getting the services they need.
- Patient reports, doing amazing and thanks all staff at NWITC.
- Patient reports, feeling grateful.
- Patient reports, doing good, remains abstinent and is engaged in aftercare services.
- Patient appreciates the follow-up services.
- Several patients report, doing well.
- Patient was asked to leave oxford house and reports staying clean.
- Patient aborted treatment, reports doing well, and remains abstinent.
- Patient reports, still clean and still homeless.
- Patient reports doing great, engaged in aftercare services and participates in meetings.
- Patient reports, doing well, living in an oxford house, however struggling to connect with aftercare to schedule an appointment.
- Patient aborted treatment after the first week and the referent reports the patient relapsed.
- Patient reports they relocated to California.
- Patient reported one relapse and now back on track.
- Patient reports, doing great, engaged in aftercare and going back to school.
- Patient reports, doing well, working with aftercare provider on housing.

Northwest Indian Treatment Center

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Referring Agencies Report FY2020, Fourth Quarter

This report represents the perspective of the agencies that refer patients to Northwest Indian Treatment Center. Responses were received from referring agencies for sixty-four percent of fourth quarter patients. Due to COVID-19 we were able to contact fewer referents than normal. Survey results are printed in bold type.

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

A. Easily understood	97%	B. Easy to comply with	10%
C. Confusing	0%	D. Too demanding	0%

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. Were you satisfied Yes **100%** No **0%**

In what ways were you satisfied?

- Easy intake process.
- Easy to work with.
- Love the recovery support services you provide after they leave treatment.
- Love NWITC, the staff is great.
- Always good.
- Several referents said they were pleased with everything.
- Several referents said they were pleased with great communication.
- Always good to work with.
- Clients come back well grounded, NWITC is amazing, and I want to meet all your staff.
- Good communication, great staff.
- Love working with NWITC.
- Knowledgeable staff.
- Clients come back more confident.
- Always great to work with NWITC.
- Great support and communication.
- Updates from the counselor.

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	68%	Consumes less than before treatment	2%
No change in use	10%	Unsure	20%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 70% 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.*
- *Less paperwork requirements for admission.*

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

There were no questions during this quarter.