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**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Annual Report Addendum January, 2020



Northwest Indian Treatment Center



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Northwest Indian Treatment Center Residential Program
Annual Report Addendum
2020

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 domestic violence 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. This last year, DBT/traditional medicine books were completed. These accompany training, a copy given to each employee and patient.

Residential and recovery support services are provided in coordination and collaboration 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. by Medicaid, except in those instances of treatment purchased privately by tribes and others. The latter charges for care are reviewed each year, but rarely changed. Agreements with tribes include billing for the ARNP services.

In 2020, as the State's Managed Care Organizations became the vehicle for supplying health services, including behavioral health services, with the result that

tribal programs became financially threatened. The MCO system, with its pre-authorization and continued stay requirements, would have substantially altered the cultural model of treatment developed by NWITC. Through a formal Consultation process with the Health Care Authority, the Squaxin Island Tribe, working together with other tribes and the American Indian Health Commission, won independence from the MCO system. This has positive, precedent-setting implications for tribes across the country.

In 2020, NWITC/Squaxin Island Tribe, together with the Healing Center of Seven Nations, through the Health Care Authority, submitted an amendment of the State Medicaid Plan to CMS requesting a cost-based, enhanced rate for treatment. After delays, this was submitted in September. A positive outcome would help NWITC expand space through a new traditional medicine building, increase wages by 20%, and expand services to better support patients.

Also, in 2020 services were interrupted by periodic and ongoing crises related to the virus. Systems of transportation were altered. For periods of time, patients were not accepted from high-outbreak areas. Employee travel was restricted. All planned off-site training was cancelled. As the latter is one way the organization supports employees, this has taken a toll on resiliency. However, DBT/Plant Medicine training was implemented on site.

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 contacting the intake coordinator. The information is collected sufficient to screen the prospective patient for appropriateness. This includes evaluation of potential payers. 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, and lab work when required. Once **medical necessity** is established, a tentative admission date may be given. The referral packet was revised to ease access to treatment as tribal health clinics restricted services. Some of these changes in requirements were successful, so became newly established practices supported by changed policies.

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, or other issues of acuity, 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.

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/Plan and Action

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, the Department of Health personnel and tribal leaders 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. These meetings are attended by the Director, Manager of Administrative Operations or the Assistant Director.

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. In 2020, there were several of these meetings to discuss the tribal/MCO issues and the cost-based submission to CMS.

Administration approves annual goals and objectives of each program, reviews the annual reports, and meets with directors frequently at directors' meetings. The Finance Department develops the budget schedule, reviews expenditures, revenue and provides financial statements as well as organizing external audits. The Budget Commission and Tribal Council approve all budgets. The Finance Department is 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, changed frequently in 2020. The IS Department helped NWITC respond to changing technology needs as we responded to the need for systems of safe service delivery. NWITC, through a grant, bought Smartboards with associated technology. IS helped train employees to operate them. Through grants, new laptops were bought to support at-home work when necessary, and support more mobility within the facility. This accompanied the need for new computer wiring, when was achieved via a contractor. All these changes helped increase safety, made delivery of services and access more flexible. At present, **there are no unmet needs**.

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. These systems are reviewed by IS regularly to ensure the preservation of records.

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. Several employees have Tribal phones because of the nature of their work: frequent calls from employees when off site, frequent contacts by alumni, etc. 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. In addition to the Director and the Manager of Administrative Operations, the CARF Coordinator and the Assistant Director also have access.

The intake coordinator has built an extensive e-mail database to alert referral sources about upcoming admission openings. Another employee uses internet access to submit billing for services. **There are no unmet needs** in the IS/database/technology/disaster preparedness areas.

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 coordination of detox for those patients who need it. Most detox facilities are inside the MCO provider system and may only have a contract with one of the five MCOs in the State. Finding a detox opening available to a particular patient is often challenging. NWITC is working on this issue with the Health Care Authority.

Each year, the unmet needs identified by patients are similar. They ask for more phone calls, sweat lodge ceremonies, exercise equipment and external events. These needs have gone unmet as sweat lodges are closed, external events cancelled, and cultural leaders most often limited to Zoom. We have increased some cultural activities as a substitute for what is missing, but the year has been

difficult. With more providers onsite, this need should return to the 'met' column.

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 usually part of the regular schedule. We have increased drum making from every other week to each week and beading to every week, expanding the variety of projects we are able to provide with in-house staff.

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 is a favorite cultural activity and this does occur onsite.

At the 2020 annual general body meeting the need identified is recovery housing.

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 2020 are much lower than those of 2019 and annual outcomes reporting do not include the second quarter as there was an 'outbreak' at NWITC and not all activities occurred in that period. By March, 2021, all usual procedures and functions were restored.

Reliability of data is ensured by making sure the process is the same with each collection, except for the quarter indicated above. 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. However in 2020 referring counselors were difficult to reach as tribal programs tried to respond to the changing methods of delivering services, and alumni could not always be located. The incompleteness rate of patients in December was remarkably high. NWITC is usually adept at helping patients through the holiday season, but this year patients were frightened by the virus, unable to have family visits, and lacking

some of the usual spiritual and cultural supports embedded in NWITC's delivery system, many left treatment or became unmanageable. The pull of their addiction was sometimes too powerful for the supports at hand, keeping in mind that family visits are not allowed. This trend was countered by increased individual counseling, increased family phone calls and DBT Skills coaching. While this worked in the desired direction for some, it did not always.

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 were strong are strong. In 2019 there were 8646 bed days; in 2020 there were 8305. However, revenue was increased by increasing MH encounters with the resulting billing for a total increase in revenue. 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.**

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 in 2020 was 72% compared to 78% in 2019. However, note that the figures for the second quarter were not included in 2020 outcomes. So many tribal behavioral programs

were closed, it was not possible to collect outcomes. The variation between years is usually small.

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 (for details of outcomes see Tribal G&O Outputs)

The **satisfaction** of referral sources, patients, alumni and the community is high. Input was gathered from all patients graduating. Of those providing feedback all were satisfied. Patients 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 options and activities have been increased over the years but during 2020 some of these activities are via Zoom which is less engaging.

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 2020 feedback was received from 72% of alumni, regardless of the nature of the discharge, and 98% of them were satisfied. 72% of referents were contacted and 100% were satisfied, excluding results from the second quarter.

In 2020 there were 5 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.

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 three days. This is one day longer than 2019. Often after all the referring documents are submitted to the intake coordinator, admission can occur within a couple of days or sometimes immediately. However, the low rate somewhat reflects the zero wait coming from detox. Other patients wait for weeks. This is a situation made worse in 2020 because NWITC did not accept patients from high-infection areas of the State for much of the year. This area is stable and satisfactory.

Fifty eight referrals were **denied admission**, over twice in the previous year. Twenty-five had mental health symptoms that were too acute; seven required more long term treatment; six were recommended to behavioral modification programs, six were too medically acute; six were referred to programs on a non-coed program; three have sex offender history; one request was within thirty days of discharge from NWITC; one had been here more than three times; two had an employee relationship making the referral inappropriate. There are several reasons for the high refusal rate. One is referents were fairly desperate for placements during various stages of the virus, but the main reason is that NWITC became more conservative regarding risks given the shortage of resources and the difficulty of contacting tribal behavioral health programs at times. This trend of higher rejections should diminish in 2021 as tribal resources have become more stable.

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.

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 documented feedback to individual clinicians.

In 2020 weekly staffing continued to be a formal process in a meeting with the Psychiatric Nurse Practitioner.

Clinical supervision from a number of supports make counselors more confident in accepting difficult or complex patients. Several months in 2020 the monthly supervision usually provided by the mental health counselor on contract were missed because of the demands of the virus. However the weekly each week the psychiatric nurse practitioner continued to meet with clinical and Recovery Support staff to contribute to treatment planning and make intervention recommendations.

Four days each week there are two clinical staffings led by the Manager of Clinical Services to confirm assignments and assess the progress of the patient community. Once each week, the intake of new patients is presented to clinical and Recovery Support 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 its diversion by 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 retrain the treatment attendants responsible for this area; she has also added in-the-med-room retraining to the annual training schedule. 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 and no correction plan was indicated.

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 counselor on

call is contacted. 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. If a patient has a safety plan a copy is provided to the TAs for additional monitoring.

Records are kept regarding Recovery Support Services, but these are not primary clinical records. The information included is related to grant objectives, and post treatment 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 in mock drills 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 are kept in the medication room.

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 rooms 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. In 2020 this included training to prevent the virus, stressing use of masks, washing of hands, use of hand sanitizers and limiting contact with the public. All external activities for patients were stopped except those for collecting plants and daily walks.

Staff 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 no longer makes annual inspections of tribal facilities, and in 2020, and because of the virus, neither did the Fire Marshal. The fire marshal inspections have in the past 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.

As mentioned above, 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.

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.

In 2020 there were 89 **incident reports**. !6% were related to strains or sprains during sport activities; one incident was the result of a patient leaving the premises. 25 were the result of minor medication errors and 47 were other kinds of medical incidents: fever, high blood pressure, follow up on medical conditions, etc. This trend is not unusual, however there were some incidents of patients leaving the premises that did not result in a report, particularly during the crises of virus outbreak. This need to return to consistent reporting was stressed to staff and

appears to have resulted in complete and appropriate incident reporting. **Otherwise, there is no need for correction. There were no incidents requiring internal or external reporting.**

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. In 2020, the vent of the kitchen stove was altered to make cleaning it safer.

At the request of NWITC, the District Fire Marshall inspected the buildings and grounds in 2019. 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. In 2020, health practices related to biohazard material were reviewed with the Clinic Director at the Squaxin Island Tribe. Through this assistance NWITC modified practices internally to improve safety.

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.

Another transportation resource contracted for use by NWITC is Northwest Courier Service which provided transportation for other providers in the area also. Their vans meet all requirements for safety.

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 2019, new staff training will include Tribal Sovereignty and also Dialectical Behavioral Therapy. In 2020 staff received more training in DBT. In 2020 supervisory training is planned for several employees.

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, new position requests and personnel action forms to make sure they are current and complete, 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 though the dinner was virtual in 2020. NWITC has a second dinner for the same purpose, however this did not occur in 2020. 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; blast emails are also used. Job openings are posted on the Squaxin Island Tribe website.

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 at the Tribe. 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.

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.

In 2020, revenue and the model of treatment provided by NWITC came under attack via the HCA requirement that all behavioral health programs, even tribal programs, must request pre-authorization and continued stay authorization from MCOs (managed care organizations). The American Indian Health Commission and the Squaxin Island Tribe requested a formal Consultation with HCA. In that

series of three meetings the HCA acknowledged that tribes were correct in point of law and by reason of providing relevant treatment in terms of the needs of tribal people. If the outcome had been different, NWITC would change at its core.

In 2020, an 'enhanced rate' request was submitted through the Health Care Authority to then submit to CMS. If approved, the financial NWITC will be entirely self supporting even without grants, etc.

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. In 2020 the Recovery Support Team added credentials for Peer to Peer Counselors and three became Bridge Trainers, which allows them to assist Recovery Coaches become Peer to Peer Counselors qualified to be hired by behavioral health organizations.

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.

The organization's performance in 2020 was consistent with its mission and core values as are the planned improvements.

Internal Trends

1. Despite challenges in 2020 NWITC continued to serve the population for which it was designed. As other tribal treatment centers are developed, and behavioral health services change, a good strategy is to continue to provide the services in which NWITC is grounded.
2. In 2020, more cultural activities were added to the schedule, but patients and staff suffered from the lack of on-site interaction with cultural leaders. As soon as these contacts can safely occur again, the fullness these activities bring will be celebrated.
Nevertheless, the DBT/Plant Medicine project came into full bloom. Curriculum was developed and training provided to employees. It has also caught fire and been adapted at other tribes including at least one school. Changes were also made to the patient presentations both in DBT training and in herbal classes. In 2021, this training will be offered to the Squaxin employees at the on-reservation site.
3. Late in 2020, through the HCA, NWITC in cooperation with the Healing Lodge of Seven Nations submitted a 'negotiated rate' package to CMS. If the package is accepted, the Squaxin Island Tribe will negotiate a special rate per patient day for residential treatment.
4. In 2021, job descriptions will be re-written to better describe each position expectations and include the use of DBT Skills.