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NORTHWEST INDIAN
TREATMENT CENTER

Residential Program Second Quarter ~ FY 2021



Statistics



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Ofiialii Tovia, Assistant Director

FY 2021 - Second Quarter

Patient Days	
Total Patients	43
Total Days	1316
Average Stay	31 days

Counselor	# Patients	Total Pt. Days	Average Stay
B.H.	3	80	27
B.P.	9	268	30
D.M.	3	81	27
K.K.	9	197	22
M.T.	1	54	54
S.V.	8	284	36
S.I.	10	352	35
TOTALS	43	1316	31

Gender	
Male	27
Female	16
Total Patients	43

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Leave	COVID Shutdown
Males - 8 (18% of all pts) Females-5 (12% of all pts)	Males - 3 (7%) Females - 5 (12%)	Males - 4 (9%) Females - 2 (5%)	Males 2 (5%) Females 1 (2%)	Males 10 (23%) Females 3 (7%)
Total - 13 Pts. 30% of all pts.	Total - 8 Pts. 19%	Total - 6 Pts. 14%	Total - 16 Pts. 37%	

Third Party Payers	
ABP	36
TANF	5
CNP	2
Total Third Party Payers	43

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2021 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. 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 persons served 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 2021

Efficiency: Here is the payer mix:

ABP	36
TANF	5
CNP	2

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

The statewide restrictions caused by the coronavirus (COVID-19) pandemic has been moved to phase three. This quarter due to a COVID outbreak, NWITC closed down for over two weeks. Additional safety procedures and safety equipment have been updated and the patient census has been significantly reduced to maintain social distancing between all patients and staff. NWITC screens admissions for risk factors and each patient is tested prior to admission by the nurse, 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 falls short of our projected goals. A consultation took place between the Tribes and the State to resolve the issue's with MCO's denying claims for treatment services. An agreement concluded the Tribes could now bill all MCO's using fee for services with no preauthorization or length of stay requirements.

The negotiated rate package sent by the State of Washington to CMS is still awaiting approval, this 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 June of 2021 and be retroactive from September 2020.

The intensive transition care provided by the OVW and IHS 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. The new grant awarded through OVW allows for COVID support care packages and other supplies and services to be delivered to alumni who qualify under the DV grant.

All in-person travel and training activities were cancelled due to COVID-19; this quarter the recovery support team held one virtual recovery coach event.

Access: Patients who were admitted waited an average seven days. This is much higher than last quarter. The wait period is within our target, which is under 20 days. The length of time varied from zero to 293 days. One person waited 293 days because the patient's residence was inside an area with high COVID cases.

Denied Access: 5 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 second quarter of FY 2021 falls short of projected goals. Access to treatment due to COVID-19 presents some barriers, satisfaction is still high.

Northwest Indian Treatment Center

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Patients' Input Report

FY2021 – Second Quarter

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

1. Was your orientation at admission:

100% Easily understood **0%** 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.

100% Yes **0%** No

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	Knowing that I'll have 45-days clean and closer to getting my daughter back.	Helped me think about things in a different manner.
2	Everyone from the cooks to the TA's to the counselors have made me feel welcome and eager to learn.	All the staff; counselors, TA's, cooks went over and above my expectations.
3	The hard work I am putting in and the awesome staff that's supporting me.	The skills I've learned and practiced here really help me be who I want to be in the world.
4	N/A	I learned a lot about myself.

5	The staff and the counselors are very good to talk to when I need them.	I was treated respectfully and felt that the TA's were very helpful.
6	With the help and support of my counselor.	The TA's and counselors are here to help you.
7	Getting the help that I needed.	How much they work with your inner self and mental work.
8	Getting to the core of the problem; the counselors being so open; the staff caring so much.	I learned about DBT skills and now I have some real tools to use.
10	I am learning new skills and I love how everyone is so nice to me.	I liked how Brock made sure my treatment plan worked for me and made sense to me.
11	Working on my issues feels like it's moving in a positive direction. All staff seem courteous and respectful.	Everyone has been very attentive to my recovery needs, I am thankful for that.
12	The new things I learned about myself.	Learning to identify my emotions.
13	The counselors really know how to talk to you here and make you let it all out.	This treatment was way better than any other one. I like the DBT skills and traditional ways.

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>
2	I was disappointed with the way I acted when I first arrived.	It doesn't seem right that the staff and the TA's aren't part of the graduation, it would be nice to thank them and acknowledge their part in my recovery.
3	Probably drumming, I miss singing but I am working on radical acceptance.	Not being able to play volleyball.
5	N/A	Some of the patients were very messy and childish.
7	N/A	I could say not long enough but overall it was a good stay.
8	Unsatisfied with certain things but only due to COVID so I understand.	The clocks not being synchronized was a little annoying but not really anything to ruin my day.
11	One brother was passive aggressive, another didn't acknowledge my very existence up until he discharged. Sonja is aware of the situation.	Very satisfied with my treatment.

13 They don't let you wear hats.

The only thing I don't like is that you can't wear your hat.

Dissatisfaction was centered around temporarily discontinued activities due to 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>
3	I don't know if it's possible to move the shaker alter so we have a little bit more space.	Nothing, it works.
4	N/A	More group singing.
5	N/A	More discipline for the ones with low expectations for treatment.
6	N/A	Get the men a better basketball.
8	More Native American movies about history in Western Washington.	Be able to at least say; thank you, excuse me, good morning to the opposite gender – common courtesy.
10	N/A	Just probably group with the ladies, just because I need a lady's point of view.
11	Native American flute making and learning how to use it would be great. Wish we could use the sweat lodge.	Sweat lodge, we have all been tested for COVID. Have flute making and playing.
12	N/A	Real world examples with using DBT skills.
13	Be allowed to wear hats.	Be allowed to wear hats.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
8	Anyone over the age of 50 should be on a bottom bunk.	N/A
11	I just want to keep moving forward in my treatment and make the best of my time here.	I think staff should have quarterly trainings on policies and procedures and they should be posted for everyone to see in regards to the rules of the house i.e.: when to be downstairs, when we can be in our rooms etc.

Better meal time in the morning. If the women aren't in line by the time breakfast is called then they should have to wait.

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:

- Helped me stay sober for the stay and learned some things.
- Honestly, I had to come.
- I'm very comfortable here.
- This place is amazing and I'm grateful for this treatment.
- Thank you everyone!

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2021, 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-two 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	20	0	0	60	20	80	0	20	0
2	40	0	60	0	80	0	60	0	40	20
3	20	20	0	0	0	40	0	0	0	0
4	0	20	0	20	0	0	0	20	20	20
5	20	20	40	20	20	60	20	40	20	20
6	0	40	0	40	0	0	20	0	0	0
7	0	40	80	0	0	20	0	20	0	0
8	40	20	20	20	0	20	20	20	20	20
10	0	20	0	20	0	0	0	0	0	0
11	20	40	40	20	20	0	20	20	20	20
12	100	0	60	0	60	0	40	0	40	0
13	40	20	40	0	0	20	20	20	20	40

- 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.)

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Treatment Follow-up Report FY2021 - Second Quarter

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

1. Are you still clean and sober?

90% Yes **10%** 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?

77% Yes	23% No
<ul style="list-style-type: none">• Coming back after NWITC reopens.• Done with the treatment scene.• Incarcerated.	<ul style="list-style-type: none">• Didn't have one set up, left treatment due to COVID shutdown, will return once NWITC reopens.• Don't want to.

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?

90% Yes **10%** 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?

84% Yes	16% No
	<ul style="list-style-type: none">• Coming back after treatment re-opens.• Doesn't want any services.

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

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

6. Any follow-up or referral requested during interview today?
 - Several clients requested information on housing.
7. What referrals were made during the interview today?
 - Information in local oxford housing was given to the clients.

Comments:

- Several clients reported, doing well.
- Client aborted treatment and reported she is not trying to get clean right now.
- Client reports, grateful for NWITC staff.
- Client reports accessing services through a different provider.
- Client thanks NWITC.
- Client reports, still clean and sober and spending lots of time with daughter.
- Client reports, doing good, signed up for aftercare services and remains on track.
- Client didn't complete intake process for recovery support services due to COVID and reports using.
- Client reports, living on the streets and is not ready for help.
- Client reports, doing great.
- Client reports, getting medical issues resolved and doing well.
- Client reports, involved in aftercare, got a job and doing really well.

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Referring Agencies Report FY2021, Second Quarter

This report represents the perspective of the agencies that refer patients to Northwest Indian Treatment Center. Responses were received from referring agencies for seventy-seven percent of second quarter patients. Due to COVID-19 we were able to contact fewer referent than usual. 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	5%
C. Confusing	3%	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?

- *NWITC is a great place, work well with all staff.*
- *Hear great things from clients, great help with intake.*
- *Great communication, all staff are very informative and communicate well.*
- *Love working with NWITC, great staff.*
- *Referral process, communication.*
- *Easy intake, great communication, awesome program.*
- *Best place ever, smooth intake, great communication.*
- *Communication great, I refer all tribal clients to you.*
- *Compassion, warm hand-off. Love the follow-up, love the DBT and cultural elements.*
- *Great staff, great communication.*
- *NWITC is my favorite treatment center, most clients come back happy, comfortable and motivated.*
- *Always impressed, very thorough, went above and beyond for the client.*
- *Availability and communication.*
- *Great communication, highly recommended.*
- *Easy to communicate with, clients always come back well grounded.*
- *Works well with our people.*

- *Referral process is great, updates and great communication, always have great things to say about NWITC.*

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	61%	Consumes less than before treatment	0%
No change in use	30%	Unsure	9%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 61% of this quarter's post discharge patients that remained drug and alcohol free or consumed less than before treatment. Due to the intensity of COVID related issues and the temporary closure of NWITC this quarter falls outside of our usual outcomes.

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.*
- *Fax discharge summaries instead of mailing them.*
- *Wish you were a 6-month program.*
- *Expand the program.*

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

There were no questions during this quarter.