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NORTHWEST INDIAN
TREATMENT CENTER

Residential Program Third Quarter ~ FY 2021



Statistics



Efficiency & Access Report



Patients' Input Report



Patients' Self-Evaluating Progress Report



Treatment Follow-Up Report



Referring Agencies Report

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Ofiialii Tovia, Director



Northwest Indian Treatment Center

Statistics

FY 2021 - Third Quarter

Referents		No. Pts	Statistics by Discharge Date*																			
American BH Systems		1	<div>Patient Days</div> <table><tr><td>Total Patients</td><td colspan="4">45</td></tr><tr><td>Total Days</td><td colspan="4">1489</td></tr><tr><td>Average Stay</td><td colspan="4">33 days</td></tr></table>					Total Patients	45				Total Days	1489				Average Stay	33 days			
Total Patients	45																					
Total Days	1489																					
Average Stay	33 days																					
Barth & Associates Clinic		1																				
Camas Path		2																				
Chehalis Behavioral Health		1																				
Colville A&D		2																				
Family Treatment Court King County		1																				
Klallam Counseling		2																				
Lummi Counseling		6																				
Makah Recovery Services		1																				
Merrit Resources		1																				
Muckleshoot Behavioral Health Program		1																				
Nisqually Substance Abuse Program		2																				
Nooksak Tribe Genesis II		1																				
Okanogan Behavioral Health		1																				
Port Gamble S'klallam Wellness		3																				
Puyallup Tribal Health Authority		1																				
Quileute Counseling & Recovery		2																				
Quinault CD Program		6																				
Reflections Counseling Services		1																				
Sauk-Suiattle Indian Health & Human Services		1																				
Seattle Indian Health Board		1																				
Skagit County Crisis Center		1																				
Suquamish Tribal Wellness		1																				
Tulalip Family Services		3																				
Upper Skagit CD Program		1																				
Yakama Nation Tiinawit Program		1																				
Total Admissions		45																				
Referent Type																						
	Tribal	20																				
	Other	6																				
Total Referents		26																				

Gender				
Male	29			
Female	16			
Total Patients	45			

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Leave	Other
Males - 15 (33% of all pts)	Males - 6 (13%)	Males - 8 (18%)	Males 0 (0%)	Males 0 (0%)
Females- 10 (22% of all pts)	Females - 3 (7%)	Females - 1 (2%)	Females 2 (4%)	Females 0 (0%)
Total - 25 Pts. 56% of all pts.	Total - 9 Pts. 20%	Total - 9 Pts. 20%	Total - 2 Pts. 4%	

Third Party Payers	
ABP	42
TANF	1
CNP	1
TPO	1
Total Third Party Payers	45

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2021 Third 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.

April, May, June FY 2021

Efficiency: Here is the payer mix:

ABP	42
TANF	1
CNP	1
TPO	1

Forty-five patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there was one purchase order bed.

The statewide restrictions caused by the coronavirus (COVID-19) pandemic have been mostly lifted. NWITC continues to be vigilant in ensuring safety for staff and patients. Additional safety procedures and safety equipment have been updated and the patient census has been 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. 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, which appears to be working.

The negotiated rate package sent by the State of Washington to CMS has been approved retroactive from September 2020. The Health Care Authority is currently working to update the provider one system before rebilling can begin. The increase of the daily rate supports all of the functions needed to provide patient care, recovery support services and cultural activities.

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. 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 areas. 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.

Most in-person travel and training activities are still restricted due to COVID-19; this quarter the recovery support team held one virtual recovery coach event and one virtual referring agency event.

Access: Patients who were admitted waited an average of zero days. This is lower than last quarter. The wait period is within our target, which is under 20 days.

Denied Access: 8 patients were denied admission due to inappropriateness in this setting. Each was referred to another setting.

There is 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: Due to COVID-19 the census is decreased, therefore; the revenue for this third quarter of FY 2021 falls short of projected goals. Access to treatment is improved and satisfaction is still high.

Northwest Indian Treatment Center

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Patients' Input Report FY2021 – Third Quarter

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

1. Was your orientation at admission:

96% Easily understood **4%** 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	Better understanding of my trauma and emotions.	I love all the counselors and TA's; everyone here is super caring and listened to me.
2	As long as people respect me I will respect them. I like it here because automatically I got brought in with open arms.	I really like it here, everyone respects each other in every aspect. I love that we have a schedule to help hold us responsible. I really love it here in so many ways.
4	N/A	The program allowed me to see what's been holding me back all these years; my past trauma's in life, unresolved feelings, emotions, grief and loss.

5	I've learned a lot and have made goals that I feel I will execute very smoothly.	We got fed well, staff and patients are great.
6	My counselor is helping me out a lot, all of the staff is awesome; TA's cooks, Scott, Brock, Mike, Kelly, Lori and Joe.	The work my counselor, Brock, gave me really helped me out a lot. I'm thankful for all the staff and how they treated me.
7	This treatment is different than other ones, I've been learning a lot here.	Staff here is really respectful here and they care.
8	I really like the fact that every class have, it's like a light switches on up in my brain.	It helped me understand what DBT skills I'll need to help my in my recovery.
9	So far so good, everything I'm taking in here I'm going to implement into my everyday life.	I feel privileged to be here, learned a lot about myself and skills to help me in the real world when I leave here.
11	Staff is mostly cool. I'm learning a lot here.	I'm clean and sober.
12	It's a good program and I'm glad they let us practice our cultural ways.	Overall, NWITC is a really good place. All the staff are very understanding and respectful.
13	When I first walked in I was nervous, but when I stepped onto the property it felt peaceful, so I was good.	The good food and people check on you when you are having a bad day.
14	The native ways, the spirit of the house, the counselors are awesome and encouraging.	All around. The DBT skills really helped me with my self-esteem.
15	I feel that my traumas are being addressed and I feel connected to my culture and faith.	I was given time and space to complete the work. Learning new skills.
16	Living in a presidential suite. Love the food, once in a while I hear a rude comment from a TA, but I know everyone has a bad day.	I was treated with respect, exceptional to one TA who was edgy at times.
17	It's helping me understand a lot more about staying clean and understanding to let go of my grief.	Everything is pretty good especially the counselors, they help you out a lot, even if they are not your counselor. I really thank Mike, Bille and Brock.
18	Even though COVID changed a lot of aspects, this treatment center is doing the best to its ability.	Beings that this is my second time here within a year, I learned a lot more due to my willingness to listen and use skills.
19	The TA's were nice and the counselors were understanding.	Everyone was very supportive.
20	The people, food, teachings and lessons.	Great staff, good food and great people – very welcoming.
21	Good cooks, great counselors, great TA's.	Great cooks and TA's, awesome counselors.

22	I'm opening up.	Talking with Scott. NWITC is a good treatment to go for using.
23	I'm doing detailed work.	The work.
24	The fact that people are so personable, I feel that is really important in early recovery.	I liked my counselor, she got me. I appreciate all the counselors, TA's and the food.
25	I'm learning to dip deep in myself with new tools to help my lost little girl not be afraid or run away when hard situations arise.	I can't always get what I want. I've learned tools and easily understood the lectures.

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	I still lack self-control	I wish I hadn't focused on my husband so much.
2	N/A	The beds are uncomfortable.
4	Feeling forced to take my medications, feeling forced to do drum groups, feeling forced to go on morning walk.	None
7	Only three calls a week.	N/A
8	The State moved to phase three, yet I still don't get a store run for food.	N/A
9	Waking up at 6:00am but that is the structure so it's okay.	No unsatisfaction whatsoever.
11	N/A	I'm still working on my emotions, they get the best of me sometimes.
12	Waking up at 6:00am every day of the week.	Having to wake up at 6:00am every day, but I have radically accepted it.
13	N/A	No treadmill, no workout room.
14	N/A	Let the young girls know this isn't high school.
16	Seeing other patients here that cannot follow simple rules.	Not being able to sweat and drum practice was not in person.

17	N/A	Change up the breakfast and lunch menus. Having access to change the thermostat as it gets too hot upstairs.
18	Weekends are kind of slow but I guess we need a little more down time to self-soothe.	COVID changes sucked but I radically accepted it.
21	N/A	Male/female lectures are separated.
24	It felt like us girls were put on the back burner to the boys.	Very disappointed that the big drum got the rap for COVID.

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>
1	Emotional education and parent education.	I would like the sweat lodge to reopen.
2	Reopen the sweat lodge.	N/A
4	Add songs from other areas to the drum group. Less down time on the weekends.	Make weekends a little more structured, not so much down time during the day.
5	Have one day to sleep in. Allow for packages to be brought in. Be able to exercise.	One day to sleep in. More phone time.
6	Store runs. Bigger breakfast variety, scrambled eggs start to not be as good.	The shower fixed. Family able to drop stuff off because it is expensive to mail.
7	Sweat.	Start sweats again.
8	N/A	To be able to watch one more movie during the week instead of only on the weekends. There was more than once where we didn't have any work to do until dinner.
9	A walk in the afternoon would be nice. I wish the sweatlodge was going.	Longer morning walks.
11	N/A	No teenagers, they don't understand, they don't take it seriously.
12	Allow cell phones.	Wake up at 7:00am on the weekends.
13	Treadmill or inside bike, something to exercise.	Plant cards and DBT diary cards used together. The plant cards explained better than the diary cards.
14	Volleyball, walk in the afternoons.	Graduate on the 45 th day.

15	More physical activities, longer walks or more walks throughout the day.	Only the things changed due to COVID, sweats and church.
16	More story telling from an elder. Strictly stick to three strikes policy if you cannot follow the rules.	Keep up on daily walks every day.
17	N/A	More time on zoom calls or have one zoom per week to make up for no visitors.
19	More walks in the morning.	N/A
20	More walks.	Lacrosse brought here.
21	Need more board games for our free time.	One hour of study time during a day or weekend.
24	Someone to explain at meditation time about the song and what it means and the beat is a heartbeat and not a race. Last time I was here it was explained many times.	To be more equal with the girls and boys. Not doubling up with Levi and Harold on the same day for such a long time.
25	Cooks wear hairnets.	More traditional ways to help with healing since COVID shutdown the sweat.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	Girls being bullies.	I feel as though the TA's need more education and training.
12	N/A	I wish the sweat was open.
14	N/A	The zoom class drumming is dry.
17	N/A	Put softer chairs in the lecture room for watching movies on weekends, because sitting in these chairs for 10-11 hours a day gets uncomfortable.
21	N/A	I've learned a lot, I'm going to miss my counselors Kelly and also Sonja from last year. I'll miss June too.
24	I feel that there needs to be TA's in the classrooms when it is Levi's class and Shirley's class. There is way too much disrespect with people not giving their full attention.	Lectures need to flip-flop day to day because when the boys have a long class we can't get enough time.

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

100%

Yes

0%

No

0%

No response

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

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

Comments:

- I was scared at first but there is no reason so be.
- I love everything about NWITC, the counselors, DBT skills to help cope in a healthy way, recovery support, it is all great, really.
- Everything is balanced out pretty good between classes, groups, lectures and culture.
- I really appreciate all the hospitality and respect I received from you all. Thank you for the great inspiration.
- I'm being grounded in my program.
- I can now see how NWITC treatment program works and I think it's amazing. So glad I'm paying attention a lot more and ready for a huge change in my life.

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2021, Third 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-eight percent of all third 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	60	40	80	0	60	20	20	40	40	20
2	60	40	40	0	0	0	0	20	60	20
4	80	0	60	20	20	0	40	0	0	40
5	40	60	40	20	40	40	40	40	20	60
6	60	40	80	20	100	0	0	0	80	20
7	40	0	20	20	60	20	20	0	40	0
8	40	40	20	20	0	20	0	60	0	20
9	40	0	20	20	20	0	40	0	40	0
11	20	0	20	0	20	0	20	0	20	0
12	0	20	60	0	0	0	0	40	20	20
13	20	0	20	0	20	0	20	0	20	0
14	80	0	100	0	0	0	60	0	40	0
15	40	20	40	40	40	20	60	20	40	40
16	40	20	40	20	-20	-20	60	0	20	40
17	0	0	0	0	-100	0	0	0	0	20
18	60	40	60	20	40	0	60	0	40	40
19	60	20	40	0	40	0	0	0	0	0
20	20	0	60	20	20	0	40	0	20	0

21	20	40	0	0	0	0	0	0	0	0	40
22	60	0	40	20	40	0	0	40	20	20	20
24	40	20	40	20	20	20	20	60	0	0	0
25	20	20	20	40	0	40	40	60	20	60	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 FY2021 - Third Quarter

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

1. Are you still clean and sober?

74% Yes **26%** No

The number of alumni reporting they are maintaining sobriety is lower than recent quarters.

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

81% Yes	19% No
<ul style="list-style-type: none">• Just graduated IOP!• Walk-in appointments, haven't gone yet.• Not ready yet.	<ul style="list-style-type: none">• Relapsed.• Don't feel like attending.• Relapsed and trying to get back into treatment.• Has a slip up.

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

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

74% Yes	26% No
<ul style="list-style-type: none">• Attend meetings and IOP.• Doesn't want any services.	<ul style="list-style-type: none">• Probably treatment again.• Homeless• To stop Drinking.

The percentage of alumni who felt their sobriety to be stable is lower 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">• Suffered loss of a friend.• Kicked out of treatment, I apologize for my behavior.

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

5. Was your treatment with us satisfactory?

100% Yes **0%** No

All alumni were satisfied with their treatment.

6. Any follow-up or referral requested during interview today?
 - **Returning to treatment.**
 - **Needing outpatient.**
7. What referrals were made during the interview today?
 - **Information shared with client on returning to treatment.**
 - **Referral for outpatient given to several clients.**

Comments from clients:

- **Several clients reported, doing well.**
- **Thank you NWITC.**
- **Grateful for all the staff and I'm happy I relocated.**
- **NWITC is like family, thank you all.**
- **I am grateful for recovery support.**
- **Starting virtual IOP after a short relapse.**
- **Attending relapse prevention classes and working in getting my teeth fixed.**
- **I liked the program, it just wasn't my time. Doing well in IOP, about to graduate to once per month.**
- **Thank you to everyone at NWITC.**

Northwest Indian Treatment Center

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Referring Agencies Report FY2021, Third Quarter

This report represents the perspective of the agencies that refer patients to Northwest Indian Treatment Center. Responses were received from referring agencies for eighty percent of third quarter patients.

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

A. Easily understood	89%	B. Easy to comply with	36%
C. Confusing	0%	D. Too demanding	11%

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?

- Several referents responded they were satisfied in all ways.
- Easy intake process, quick call backs.
- I love working with NWITC.
- NWITC is the best.
- Updates from the counselor.
- The clients got into treatment quicker than they were originally scheduled for.
- I love the recovery support services offered through your program, the intake process is straight forward.
- You guys are awesome in all ways.
- Client is clean and in recovery housing, working and I'm satisfied in all ways.
- The cultural component of your program.
- Good experience for my client to learn culture, good communication.
- Always very easy, I love working with NWITC, everyone is amazing and good. The intake process is straight forward.
- How you work to get the clients in early. All my clients have good reports when they return.
- High succession with folks, great collaboration with staff.
- Not a negative thing to say.
- I've worked with NWITC many years, great work.
- Process is easy, communication is 100% - keep it up.

- *Timely call backs, updates throughout the treatment stay.*
- *Appreciate you asking for feedback, the process is straight forward. Open line of communication with Chrystol and all staff.*
- *Getting the clients in early.*
- *Happy they got into a cultural place, always positive feedback from folks who come back.*
- *Easy, quick, good communication with Chrystol. If I forget something she is on it.*
- *Good communication all around.*

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	6%
No change in use	11%	Unsure	22%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 67% 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 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.*
- *If you guys didn't have the blood work requirement I would send you all my clients.*
- *Be able to come out and spend time with my clients again and visit your program.*
- *Take private insurances.*
- *Build another treatment center in our area.*
- *Just a lot of requirements compared to other treatment centers.*

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

There were no questions during this quarter.