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## NORTHWEST INDIAN TREATMENT CENTER





**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 2022 - First Quarter

Referents	No. Pts
American Behavioral Health Systems	2
Believe in Recovery LLC	1
Cedar Grove Counseling	1
Chehalis Behavioral Health	2
Columbia Wellness	1
Colville A&D Program	2
Cowlitz Indian Tribal Health	2
Jamestown Sklallam Tribe	1
Klallam Counseling	3
Lakeside Milam Recovery	1
Lummi Counseling	1
Makah Recovery Services	1
Muckleshoot Behavioral Health	1
New Traditions	1
Nimiipuu Health	1
Northwest Integrated Health	1
Pioneer Human Services	1
Port Gamble S'klallam	3
Puyallup Tribal Health Authority	3
Quileute Counseling & Recovery	2
Quinault Chemical Dependancy	1
Reach	1
Shoalwater Bay A&D	1
Skokomish Hope Project	1
South Sound Behavioral Hospital	1
Spokane Treatment & Recovery Services	2
Squaxin Behavioral Health Outpatient	2
Swinomish Chemical Dependancy	2
Tulalip Family Services	1
Valley Cities Counseling & Consultation	1 ·
Yakima Nation Tiinawit & Youth Treatment	2
v.	
Total Admissions	46
Referent Type	
Tribal	20
Other	11
Total Referents	31

	Statistics by D	ischarge Date*
	Patient Days	
Total Patients	46	
Total Days	1453	
Average Stay	32 days	

Counselor	# Patients	Total	Average
		Pt. Days	Stay
B.H.	13	353	27
B.P.	6	216	36
K.K.	1	48	48
M.T.	2	112	56
S.V.	13	377	29
S.M.	11	347	32
TOTALS	46	1453	32

Gender		
Male	30	
Female	16	
Total Patients	46	

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Other	
Males - 16 (35% of all pts) Females- 8 (17% of all pts)	Males - 8 (17%) Females - 5 (11%)	Males - 5 (11%) Females - 3 (7%)	Males 0 (0%) Males 1 (2%) Females 0 (0%) Females 0 (0%)	
Total - 24 Pts.	Total - 13 Pts.	Total - 8 Pts.	Total - 1 Pts.	
52% of all pts.	28%	18%	2%	

Third Party Payers		
АВР	40	
TANF	2	
TPO	3	
Benefit Bed	1	
Total Third Party Payers 46		

# Efficiency and Access Report FY2022 First 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.

#### October, November, December FY 2022

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

ABP	40
TANF	2
TPO	3
Benefit Bed	1

Forty-six patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there were three purchase order beds.

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. All staff and patients are required to wear masks. Many behavioral health facilities are functioning at lower levels or working via telehealth; Washington State has included telehealth 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. Last year 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 12, 2020. The cost-based rate supports all of the functions needed to provide patient care, recovery support services and cultural activities. The Health Care Authority and most MCO's have updated their billing systems to support the new billing rates. Rebilling at the new rate for each claim is in process and expected to be completed by the end of April.

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 several state areas. The grant awarded through OVW allows for COVID-19 support care packages and other supplies and services to be delivered to alumni who qualify under the DV grant. The IHS MSPI grant has concluded this quarter, however; we are currently applying for a new grant through SAPTA, our planning department continues to monitor funding opportunities.

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.

Access: Patients who were admitted waited an average of less than one day. This is the same as last quarter. The wait period is within our target, which is under 20 days. One patient waited 7 days due to detox.

**Denied Access:** 17 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.

based rate. Access to treatment is improved and satisfaction is still high.			
NAUTO/DA/Mir Master Files/Outcomes/Reports/EV22 1et at /Efficiency & Access			

Summary: The revenue for this first quarter of FY2022 appears to hold in leu of the approved cost-

## Patients' Input Report FY2022 – First Quarter

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

	response	es in bold type	e.			
1.	Wa	as your orier	ntation at admis	sion:		
	The percent		Easily understood	l be easily understood is cons	<b>0%</b> istent with	Confusing th most quarters.
2.	Do	you feel tha	at you are treate	ed respectfully? If	no, ple	ease explain.
	100	0%	Yes		0%	No
	All but one p	patient felt they w	ere treated respectfully			
3.	Are	e you satisfie	ed with your ove	erall treatment sta	y?	
	<b>10</b> 0 All patients		Yes h their overall treatmen	t stay.	0%	No
4.	In v	what ways a	re you satisfied	with your treatme	ent?	
Pt	<u>. #</u>		Mid-Treatme	<u>nt</u>		<u>Discharge</u>
	1	I am learning	about my recover	у.	I tappe	ped into my inner-child and learned about myself.
	2	major focus a addressed. I	and mental health love the way the tr		spiritu	ble to express myself, connecting with my uality. Awesome counselors, staff, DBT skills, my formation.
	3	I'm learning a me when I le	a lot of tools and to ave here.	echniques to help	Lot's o	of information to help me when I leave.

4	So far I love everything about this place.	I love the individualized treatment plan, I love that all counselors are available to talk to, everyone is very respectful.
5	Learning effective coping skills.	DBT skills.
6	With my treatment. I have never dealt with my trauma much less told anyone in such depth.	I was able to understand trauma which led to substance abuse and was able to find my voice.
7	Learning a lot about myself, staff are helpful.	My counselor was like family, recovery support amazing so was all staff.
8	Good work ethic.	Everything.
9	With everything about this treatment program, it is awesome.	I got to work on the stuff that has been keeping me sick for a long time.
10	I feel a great bond with the brothers and staff. Everyone here has made me feel at home.	I came here looking for myself and I feel like I've done that. I'm proud of the man I see in the mirror.
11	Everything.	The support from all the staff, the expectations as annoying as it is, but I know it has helped me notice when thoughts start to take over.
12	Very easy to understand all the rules and regulations. Staff and TA's are all outstanding.	Everything involved; staff and TA's are absolutely outstanding. Brotherhood here with NWITC counselors are completely irreplaceable.
13	I am growing spiritually, mentally and emotionally.	I learned the tools I needed.
14	The staff are super respectful; good food.	The counselors helped me get through a lot.
15	The staff is amazing. I was the only one stopping myself in the beginning.	The understanding from all staff, all of the support and advice from everyone. Everyone should have capes here, you guys are the real superheros – thank you.
17	All staff are really helping with trying to uncover just what it was that led to my relapse.	Identifying my triggers, what let to my relapse; the counselors were always helpful in asking what happened and the tools to see how.
18	Good staff who are understanding of individual's needs.	I like the staff and how they do staffing daily.
19	I trust the process.	It helped me.
20	With the cultural orientation.	The lectures, I could really relate to the counselors stories.
21	With my treatment, making me feel so safe to open up.	I've experienced things I never discovered in myself ever and getting the knowledge to heal my trauma in a healthier way.

22	Every way.	All my needs were met.
23	It's not textbook treatment, more on my level of understanding and hands on.	I learned some helpful things.
24	Counselors have genuine interest in my personal treatment plan, staff are all friendly and helpful, the food is great.	This program is excellent. Counselors are very involved in building a treatment plan, the TA's and other staff are very respectful and fair.

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>
3	Not enough phone calls.	N/A
4	Us women have to ask to play volleyball, so far we've only played once, though we've asked several times.	I was told I could earn a sweatshirt and worked toward that goal and it changed one week before I left.
5	Couldn't have my Gatorade.	Wasn't able to have my Gatorade.
6	The one thing I wish I could've done was sweatlodge.	N/A
7	Pretty upset about the sweatlodge being closed, no Squaxin meetings or visits, but it's life.	N/A
8	Didn't meet my counselor yet.	N/A
9	That the sweatlodge was not going.	N/A
10	I wish we could sleep in on the weekends.	Get out more, it's hard to be stuck inside all day.
11	N/A	I wish movies weren't just on weekends because during the week I think it would be helpful to relax and watch movies.
18	I haven't had the easiest time with roommates and haven't been able to sleep.	N/A
20	I can't watch football.	A lot of miscommunication between staff. Free time has been consistently taken away.

- Not being remembered when staff tells me they will talk to me on break or after class.

  I was put on blackout & the person who was aggressive remained unpunished.
- 24 Better communication from staff. The things we can't do due to COVID restrictions, sweat, outside meetings, in-person speakers, etc.

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>
2	More time to practice spiritual wellbriety meetings and visiting.	Reopen the sweatlodge, being out the big drum, more time to sing and drum.
3	More phone time or zoom meetings earlier in the program.	More phone calls to family.
4	The men and women switch sides depending on who has garden week to us women have equal opportunity to the volleyball court.	To take debit/credit/gift cards for sweatshirts. I was told cash only or earn one, then no earning was aloud.
5	More time to be able to relax during the day.	More drumming and song lessons.
6	Open the sweatlodge.	The only thing I wish we could've had were sweats.
7	Get the big drum back, meetings and visits.	Books.
8	N/A	Have coffee later.
9	I would like to see the Red Road to Wellbriety in the program.	Maybe a couple more classes on the weekend.
10	Sweatlodge.	More board games.
11	N/A	More movie time.
12	Utilize the sweatlodge, though I understand it's due to COVID-19. Maybe involve additional cultural activities like more drumming.	More one on one with counselors, more drumming, open sweatlodge. Longer phone time, watch football.
13	Drumming with the women.	N/A
14	At least 60 minutes/week of phone time.	More phone time, more bathrooms.
15	Women to have a closer smoking section.	Make all the phone calls 20 minutes.

17	More zoom calls to compensate for no visits.	Stronger coffee, longer zoom visit.
18	Visitation, more phone calls.	More nap time.
19	Add another shower/bathroom for the men.	Weekend walk at the ponds.
21	Have cubbies in women's classrooms to put our things in.	Have men/women graduate together.
23	More interactive activities in classes and more time learning songs during drumming.	N/A
24	I'd love to be able to listen to music.	More time to go into rooms between classes.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
3	Not being able to see my daughter for longer than a week is tough.	N/A
4	My counselor was on vacation so another counselor told me this is it, sign it but then Scott said we will revise it together.	To have the same rules and same beauty items throughout the program. I was told no on things other women got to keep.
7	N/A	In the beginning we were told we could work off a sweatshirt.
21	N/A	I'm a bit nervous stepping into the beginning of my journey, but ready to start my new life and for the first time not living the lifestyle I have since I was a kid.
23	Staff not having clear communication with patients.	When a patient tells staff something is going on, they only punish the individual expressing it instead of the individual included in the incident.

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

**100**% Yes **0**% No **0**% No response

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

# Northwest Indian Treatment Center Self-evaluating Progress Report FY 2022, First Quarter

from mid-tı	reatment to disch	from mid-treatment to discharge. This report represents ninety-six percent of all first quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.	represents ninety-s	six percent of all fi	irst quarter gradu	percent of all first quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.	numbers correspo	ond to those used	in the Patients' In	de nepole.
Patient Number	Setting Clea	Setting Clear Boundaries	Positive Se	elf Esteem	Anger Ma	Anger Management	Taking Res	Taking Responsibility	Cultural O	Cultural Orientation
	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid- Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid- Treatment	% Improved from Mid-Treatment to Discharge
1	20	20	20	0	20	0	40	20	20	0
2	09	20	09	20	0	-40	40	0	40	0
3	40	0	20	0	40	20	40	0	09	20
4	40	20	09	20	40	40	40	40	40	20
2	20	0	20	20	0	0	20	20	60	0
9	80	0	100	0	0	0	100	0	100	0
7	20	20	20	20	20	20	20	20	20	20
∞	80	20	80	20	09	-20	09	0	40	20
6	60	20	40	20	20	0	80	0	40	0
10	20	40	20	40	08	0	0	20	40	90
11	50	10	50	20	09	10	09	20	30	10
12	100	0	09	20	09	0	09	0	40	40
13	40	40	09	20	20	0	20	20	60	20
14	100	-20	0	0	09-	0	40	-20	100	0
15	80	20	09	-20	80	20	09	20	80	0
17	20	40	0	40	09	0	0	40	20	20
18	20	40	20	40	40	40	20	20	0	40
19	40	20	09	40	20	20	0	20	0	0

			_	_
20	0	0	0	0
0	80	0	0	20
0	20	0	0	20
40	40	0	40	0
-20	0	0	0	40
40	0	0	100	20
20	0 .	0	0	40
20	100	0	09	20
0	-20	0	20	20
20	80	0	09	20
20	21	22	23	24

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.)

# Treatment Follow-up Report FY2022 - First Quarter

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

1.	Are you still clea	an and sober?		
	86%	Yes	14%	No
	The number of alur	nni reporting they are maintaining sobriety is hi	igher than rec	ent quarters.
2.	Have you seen y	our aftercare provider? If not, wh	ny not?	
	<b>89%</b> Yes		• W	No etting new insurance. aiting to get aftercare set up. o many creeps, I never went back.
	The number of alun	nni reporting that they have already seen their o	aftercare prov	ider is lower than most recent quarters.
3.	Does your sobrie	ety seem stable? If not, what servi	ices do yo	u need?
	89%	Yes	11%	No
			•	Aftercare, relapse prevention.
	The percentage of c	llumni who felt their sobriety to be stable is high	her than recen	t quarters.
4.	Are you receiv	ing the services you need? If not,	what are y	our unmet needs?
	93%	Yes	<b>7</b> %	No
			•	Incarcerated.
	The percentage of a	lumni receiving the services they need is the sai	me as recent o	quarters.
5.	Was your treatm	ent with us satisfactory?		
	100%	Yes	0%	No
	Alumni were satisfie	d with their treatment with the exception of tw	o who did not	complete treatment.
6.		r referral requested during intervi		

Client requested aftercare.

- 7. What referrals were made during the interview today?
  - Mail was forwarded to client.
  - Referred client to aftercare in their area.

#### Comments from clients:

- Several clients report doing well.
- Client reports doing amazing, thank you NWITC.
- Client reports, thank you for recovery support services.
- Client reports, I am thankful for my experience at NWITC.
- Client reports, I am grateful for NWITC.
- Client reports, thank you NWITC.
- Client reports, thank you for everything you do.

## Referring Agencies Report FY2022, First 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-six percent of first quarter patients.

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

A. Easily understood	94%	B. Easy to comply with	6%
C. Confusing	0%	D. Too demanding	6%

Most referents considered the process to be easily understood, the two who thought it was too demanding were issues related to COVID-19.

#### 2. Do you feel that you and your patient were treated respectfully?

Yes **100**% No **0**%

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.
- We love working with you guys.
- Easy admission, communication with counselors and intake; clients return grateful for the tools they've learned.
- NWITC is a pleasure to work with.
- Very helpful staff.
- Really smooth process, patient got in fast.
- Wonderful staff, excellent standards of care; NWITC is an amazing program.
- All staff is helpful, the entire program is great.
- Patient got in quickly.
- Updates from counselors, great staff, easy intake with good communication and quick responses.
- I always get good feedback from clients; updates from counselors.
- I love NWITC. Professional staff, very respectful.
- Good communication, quick call backs, NWITC is great.
- Communication for admission and treatment stay with counselors; Recovery Support Program.
- Easy intake process.
- DBT and cultural elements.
- NWITC works with detox; confirming bed dates.

- Great program, love the cultural aspects.
- All ways from admission to discharge and aftercare services.
- Intake is easy to work with and very helpful.
- I love this place, I like to send everyone to NWITC.
- Allowed patient to get into treatment quickly.
- Frequent communication with the patient.
- Quick responses, very respectful, quick process.
- Referral process; transportation; the whole process.
- NWITC does an exceptional job; intake process was easy and helpful.
- I wish there were more places like NWITC.
- Simple, easy to call and make arrangements.

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	<b>57</b> %	Consumes less than before treatment	0%
No change in use	29%	Unsure	14%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 57% 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**%

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.
- An easier process for admissions coming from jail.
- Change requirements for labs, this is difficult for patients, especially when incarcerated.
- More communication between counselors and referents; status reports.
- Have an online chart of bed openings.
- Wish COVID-19 would end so we could attend graduations again.
- Larger Capacity.

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

Q. When can we come and tour your facility?

A. NWITC will be excited when we can accept outside visitors to our facility. At this time, Due to COVID-19 we are still a closed campus to outside family and friends. We will send out an email when we return to normal functions which we imagine will be a slow process. Thank you for your patience and understanding.