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**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Second Quarter ~ FY 2022



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Referring Agencies Report

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Ofiialii Tovia, Director



Northwest Indian Treatment Center

Statistics

FY 2022 - Second Quarter

Referents		No. Pts	Statistics by Discharge Date*			
A Walk to Freedom Counseling		1	Patient Days			
Cedar Grove Counseling		3				
Chehalis Behavioral Health		1	Total Patients38			
Columbia Wellness		1				
Colville A&D Program		2	Total Days1276			
Cowlitz Indian Tribal Health		1				
Evergreen Recovery Center		1	Average Stay34 days			
Harborcrest		1				
Klallam Counseling		1	Counselor# PatientsTotal Pt. DaysAverage Stay			
Lummi Counseling		2				
Muckleshoot Behavioral Health		2				
New Directions		1				
Nisqually Substance Abuse		1				
Northwest Resources II		2				
Port Gamble S'klallam		1				
Puyallup Tribal Health Authority		2	B.HO.417143			
Quileute Counseling & Recovery		1				
Quinault Chemical Dependency		2				
Seattle Indian Health Board		1				
Skokomish Hope Project		1				
South Sound Behavioral Hospital		2				
Spokane Substance Abuse		1				
Trinity Behavioral Health		1	B.HA.133			
Tulalip Family Services		1				
Yakama Nation Behavioral Health		1				
Yakama Nation Tiinawit & Youth Treatment		4				

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2022 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 2022

Efficiency: Here is the payer mix:

ABP	33
TANF	4
SSI	1

Thirty-eight 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 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.

The cost-based rate package sent by the State of Washington to CMS has been approved retroactive from September 12, 2020. The new 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. Billing adjustments at the new rate for each retroactive claim is in process and expected to be completed by the end of April.

The intensive transition care provided by the OVW 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, 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; last quarter the Recovery Support Team held one virtual recovery coach event.

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

Denied Access: 18 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: The revenue for this second quarter of FY2022 appears to hold in leu of the approved cost-based rate. Access to treatment is improved and satisfaction is still high.

Northwest Indian Treatment Center

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Patients' Input Report

FY2022 – Second Quarter

Patients are surveyed at mid-treatment and again at discharge. The following comparison represents ninety-six 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:

96% Easily understood **4%** Confusing

All patients except one found the process easily understood. This is consistent with recent quarters.

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

100% Yes **0%** No

All but one patient felt they were treated respectfully

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	I appreciate that most all the staff are fully engaged in the patient's treatment.	I felt welcome to the treatment center from the start and the NWITC program is very beneficial to me, family and friends.
2	All staff is kind and respectful. I have learned and had a lot of structure thus far here. I am learning new things about myself and I feel safe.	I've never been at a point ever in my life where I've been so committed to being clean and sober; but also at a point to where I've addressed the issues behind my addictions.
3	Culture, homey, the food.	Learning DBT skills and recognizing myself more and more.

4	I am learning new skills and I am satisfied with the staff.	I was able to process through things I never did before.
5	Working together, enough free time, I'm able to handle my projects/ work at my own pace and reflect me thoroughly.	Staff is very nice and polite, this makes me feel better when I'm grumpy. Thank you.
7	N/A	I had guilt, worried about my future constantly and my past felt like an imprisonment. Now I can be in the moment without feeling depressed or anxious.
8	I love that the work here is individualized.	That I'm allowed to identify what trauma I need to work on. There is no skating by if you participate.
9	I'm really grateful & satisfied with what this treatment does. I really like the DBT classes, the lectures and groups helped me realize what I need to do to stay clean and sober.	It helped me deal with past trauma's that I didn't want to deal with. It showed me that I'm not a bad person and I can be better.
10	Everyone is so welcoming and helpful. This atmosphere makes me feel safe so I can open up and take advantage of my time here.	I appreciate how nice and attentive the entire staff has been to me during my stay.
11	It was encouraging to participate individually rather than volumes of mechanical information reeled out – solution oriented.	I was able to have time to actually work a program as opposed to being bombarded with casual information.
12	All staff is very helpful and really kind. I love Miss Mary, Miss Su and Isa.	With how well the counselors really take care of you and help you get that pain out.
13	Feed me very good. Staff are welcoming and respectful; counselors are very helpful and caring.	I've learned so much about myself. I've learned a lot about recovery and what it means. I really feel a healing taking place in my life. I am truly grateful.
14	Staff is helpful and welcoming for the most part; lectures and classes are helpful and informative; I am kept pretty busy; food is good.	I learned a lot; the staff and counselors were helpful, understanding and fair.
15	It doesn't only focus on our sobriety but also on our mental health and abuse.	I love the staff, they're nice and not just here for a paycheck. I also like how they focus on mental health as well.
16	I am learning very much in all the areas I was searching for.	I'm learning everything I feel needs to be. DBT skills, grief and loss, relapse prevention, trauma and more.
17	The curriculum and the staff are great! I get wonderful counseling and great food.	The staff, the home, the curriculum. The counselors all have made this treatment center more of a healing experience, I will truly miss being here.
18	The caring of staff, plenty of food to eat.	Worked on all that I needed to.

19	I like the approach of dealing with trauma, grief and loss, and abandonment.	I feel comfortable about sharing and working on issues that I may have never addressed otherwise.
20	Almost always busy/occupied, good peers, good food.	I learned a lot about myself, came out of my shell.
21	The staff is caring and helpful; the classes presented; beading kits and art kits are provided so we can do projects; I like the salad bar at lunch and dinner.	The counselors are knowledgeable and kind.
22	I love Brock, he digs deep down and I feel comfortable sharing my childhood with him. The staff is so nice and more than I could imagine.	I came to attend my mental health issues and I accomplished much more.
23	I like all the counselors; meditation; my counselor Sonja was great.	Sonja is a great counselor; a lot of information; good food choices and portions.

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	The COVID rules are in place to benefit the staff rather than the patient's well-being.	I only hope the COVID restrictions are lifted so sweat, big drum, trips, etc. are available to all patients.
2	There are times where the TA's come across as rude, only a select few.	
3	Not enough coffee and no Pepsi.	No Pepsi.
10	I was disappointed to hear sweat was unavailable due to COVID. I feel that it is very necessary during the pandemic and our healing process.	N/A
11	I wish it were 12 weeks long instead of 6.	N/A
12	I just wish to sleep in.	N/A
14	Lack of phone time and visitation. Limited phone time; phone time being taken as punishment.	Being on quarantine was not great.
15	Our extra phone time is 10 minutes. Men/woman graduation times should be the same.	I don't care for the zoom calls; graduations are unfair between men/woman. They should be at the same time.

18	Not being able to get my package from detox; the negativity of some people.	N/A
20	No sweats, visitors or field trips. Some of the rules are ridiculous.	COVID restrictions; missed out on some trainings. Stayed a bit longer than expected.
21	We didn't get any exercise.	There are too many "writing therapy" assignments, I didn't find that helpful.
22	All the fighting amongst the girls.	COVID kinda sucked but I was able to put my DBT skills to use.
23	TA's treat everyone like a child, but I understand.	Not enough one on one with my counselor.

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	Have at lease one afternoon for an outing to a local park, lake, river per week.	Outings for an afternoon once per week.
2	Learn to make moccasins. One more 20-minute phone call.	Learn to bead more or learn to make moccasins. More areas to enjoy meals.
3	More caffeinated coffee and Pepsi.	Need Pepsi.
4	Walks should be optional so everyone who walks wants to and it will be more fun. Regalia work.	Walks should be optional so everyone who wants to walk can walk farther.
7	N/A	Better options of colored pencils, markers, paints and beads. A gym or workout equipment. More one on one counseling. Games in the lecture room.
9	Parenting classes; Outdoor nature class off the premises; sweatlodge opened back up and more cultural foods.	Parenting classes.
10	More traditional foods. I never had buckskin bread before and I really loved it.	A small indoor gym.
11	Include Wellbriety.	A day to mourn for those who lose an immediate family member.
12	I don't like the zoom classes.	More games, more stuff to do when we can't watch movies.

13	N/A	I understand COVID has changed things, I was looking forward to sweats, but that's something I can do later.
14	More phone time, visitation. Being able to smoke while walking between classes.	More phone time, visits, outings, earlier night meds, being able to smoke in between buildings.
15	Open the sweatlodge; have two counselors on the weekend.	I think there should be some mental health days if needed; store runs shouldn't be two weeks apart.
16	Be able to make moccasins.	
17	A picnic table in the front side yard because it gets good sun, good place to eat.	I think everyone who comes to NWITC should get a free t-shirt.
19	Exercise equipment, more time mid-day to rest and recharge the mind.	A place to exercise, TA's could use some sensitivity training.
20	More one on one time with counselors or an option to choose.	More one on one time with counselor, less COVID restrictions.
21	More phone calls, physical activity.	Later wake up time, more phone calls.
22	I really want sweats to happen, it was a major factor on why I came here.	More stuff to do – less down time; sweats; more snacks with less gluten.
23	More respect for the patients for the patients will go a long way; one reminder for class is sufficient; just lay down the law when we get here and when the rules are not followed take their phone calls.	N/A

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	To have all patients held accountable for their progress and not just look the other way.	It takes everyone to make this program work.
10	I feel the men are favored over the woman in certain aspects.	N/A
15	N/A	The men's area for basketball and other activities is bigger than the women's.
17	N/A	More accountability for those not doing their chores or being on-time for things.

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.*

Additional Comments:

- This is by far the best place I could have ever been in my life.
- I absolutely love the staff and the curriculum here at NWITC. I actually feel hopeful and excited not only for my recovery but also for my future.

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2022, 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-six 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	20	20	40	40	20	60	20	20	40	20
2	40	40	20	80	0	20	40	60	100	0
3	0	20	20	0	20	0	20	0	20	20
4	40	20	20	20	20	0	20	20	40	40
5	0	0	0	20	0	0	0	-20	0	10
7	80	20	60	20	20	0	80	0	20	20
8	40	0	20	0	0	0	40	0	20	40
9	40	20	40	20	20	-20	40	20	40	0
10	20	20	40	20	40	20	40	0	0	20
11	0	0	0	0	0	20	0	0	0	0
12	40	40	20	0	0	0	20	20	20	40
13	20	20	40	20	0	0	0	20	20	20
14	20	20	20	20	0	0	20	0	40	20
15	20	20	40	20	20	20	20	40	60	0
16	20	0	0	0	0	0	0	0	20	0
17	20	20	0	20	0	0	0	40	0	0
18	40	0	60	20	40	0	40	20	0	20
19	20	0	0	0	20	0	20	0	0	0

20	40	20	20	0	0	0	20	0	0	0	40	20
21	0	20	0	0	0	0	0	0	0	0	0	20
22	20	20	60	0	0	100	60	0	0	0	0	40
23	20	20	20	40	40	40	0	0	0	0	40	0

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

Northwest Indian Treatment Center

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Treatment Follow-up Report FY2022 - Second Quarter

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

1. Are you still clean and sober?

96% Yes **4%** No

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

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

81% Yes **19%** No

- **Lost housing, temporarily relocated, will set up appointment.**
- **Been focusing on work.**
- **Changing Providers.**
- **No time between work and meetings.**

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?

93% Yes **7%** No

- **Mental Health.**

The percentage of alumni who felt their sobriety to be stable is about the same as recent quarters.

4. Are you receiving the services you need? If not, what are your unmet needs?

96% Yes **4%** No

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

5. Was your treatment with us satisfactory?

96% Yes **4%** No

Alumni were satisfied with their treatment with the exception of one who did not complete treatment.

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

- **Aftercare provider.**

7. What referrals were made during the interview today?
- Gave client information to re-establish aftercare.

Comments from clients:

- Several clients report doing well.
- Client reports, being grateful for NWITC helping me get my life back.
- Client reports, thank you for the check-ins.
- Client reports, wanting to return.
- Client reports, working and has no time for outpatient.
- Client reports, I have had a little struggle but am on the right track.
- Client reports, I miss everyone.
- Client reports, I wasn't satisfied with treatment because we kept getting served food that contained my food allergy and I felt like my allergy wasn't taken seriously.
- Client reports, currently in another treatment facility after relapse.
- Client's family reports, they are currently mentally unstable.
- Client reports, thank you for everything.
- Client reports, had a couple of slip ups but back on track.
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Northwest Indian Treatment Center

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Referring Agencies Report FY2022, 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 eighty-two percent of second quarter patients.

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

A. Easily understood	98%	B. Easy to comply with	39%
C. Confusing	0%	D. Too demanding	3%

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.
- Love the cultural aspects of this program, however; miss the sweatlodge.
- I like the approach to treatment at this facility.
- Staff is helpful, hopeful and the program is easy to navigate.
- Strong communication and timely responses.
- NWITC is very proficient, response time are good – I wish my client had been more engaged.
- I love how much work that is done around abuse. The holistic medicine and medical needs of clients are very appreciated.
- Communication from Bille was very good. Clients can't say enough good things about the program.
- Some changes made were a little unclear that I needed to understand to give my client the correct information but overall it was good.
- Communication was good, the intake coordinator was easy to work with; counselors were great about initiating contact for patients; appreciate the recovery support provided to patients.
- Patient was able to get in easily with no obstacles.
- It has been a great experience working with NWITC, we appreciate the follow-ups and status reports on our clients. I think it is great that you follow up with us when a patient discharges.
- The bed date was coordinated well, patient got in quick and was a smooth process.
- Speedy and painless process, straight forward.
- I admire your program, it is a very strong program; I love the DBT program that is taught.

- My clients get a strong foundation from NWITC, some clients specifically ask for your program.
- You guys are great; easy process, great staff.
- Most of my clients I send to you are successful than anywhere else.
- I've only heard good things about this program; my client came out with a much more positive attitude.
- Clear direction; recovery support. Everyone talks really good about NWITC.
- We love the program, though the client didn't complete and had issues with staff.
- Being able to know what is going on with this particular patient; Mike was amazing about communication; their efforts and process to get the patient to stay even though the patient did leave was amazing.
- The referral process was clear and easy to work with.
- Chrystol was always easy to get ahold of; intake is easy to fulfill and I always get quick responses.

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	74%	Consumes less than before treatment	3%
No change in use	13%	Unsure	10%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 77% 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?

- Bigger facility, shorter wait time to get in, would like you to be able to take more clients.
- Always room for growth but no changes recommended at this time.
- To open up a family center.
- No, we think you guys are wonderful and will continue referring to NWITC.
- Several referents like the program the way it is.
- Open graduations back up so referents can come.
- No changes besides COVID protocol.

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

Question: Do you ever take non-native clients?

Answer: We do on a case by case basis providing they meet criteria to NWITC.

Question: Can clients switch from Suboxone to Vivitrol?

Answer: They can already be on Suboxone or Vivitrol, however; we do not taper them off of Suboxone at this facility.