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**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Fourth Quarter ~ FY 2022



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



FY 2022 - Fourth Quarter

Patient Days	
Total Patients	48
Total Days	1729
Average Stay	36 days

Counselor	# Patients	Total Pt. Days	Average Stay
B.H.O.	8	256	32
B.H.A.	12	404	34
B.P	5	138	28
M.T.	3	112	37
S.V.	10	409	41
S.M.	10	410	41
TOTALS	48	1729	36

Gender	
Male	28
Female	20
Total Patients	48

Completed Treatment	Left Against	Disciplinary Discharge - Non-Compliance	Med. & Emer.	Other
	Staff Advice / Aborted		Leave	
<p>Males - 17 (35% of all pts)</p> <p>Females- 15 (31% of all pts)</p>	<p>Males - 5 (10%)</p> <p>Females - 5 (10%)</p>	<p>Males - 5 (10%)</p> <p>Females - 0 (0%)</p>	<p>Males 1 (2%)</p> <p>Females 0 (0%)</p>	<p>Males 0 (0%)</p> <p>Females 0 (0%)</p>
<p>Total - 32 Pts.</p> <p>67% of all pts.</p>	<p>Total - 10 Pts.</p> <p>21%</p>	<p>Total - 5 Pts.</p> <p>10%</p>	<p>Total - 1 Pts.</p> <p>2%</p>	

Third Party Payers	
ABP	40
TANF	6
SSI	1
Benefit Bed	1
Total Third Party Payers	48

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2022 Fourth 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.

July, August, September FY 2022

Efficiency: Here is the payer mix:

ABP	40
TANF	6
SSI	1
Benefit Bed	1

Forty-eight patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus.

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. 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. Annual adjustments are determined based on a percentage change to the IHS inpatient hospital per diem rate published in the federal register. The cost-based 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 grants and the new IHS Substance Abuse Prevention Treatment and Aftercare (SAPTA) grant received last quarter help sustain referrals and enhance quality of care. The recovery support 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 COVID-19 grant awarded through OVW allows for 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 on-site Native Plant/ Social emotional trainings were held for staff members and community members.

Access: Patients who were admitted waited an average of one day. This is the slightly higher than last quarter. The wait period is within our target, which is under 20 days. One patient waited forty-three days due to the patient rescheduling.

Denied Access: 22 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 fourth 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

PO Box 477, Elma, Washington 98541

Patients' Input Report

FY2022 – Fourth Quarter

Patients are surveyed at mid-treatment and again at discharge. The following comparison represents ninety-seven percent of all fourth 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

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

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

97% Yes **3%** No

- Yes and no, sometimes staff talk to us like we are kids. At times the TA's talk disrespectfully.

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	Positive environment, principals are fantastic. I love the cultural teachings.	Able to identify grief and loss, emotions and am able to cope clean and sober.
2	My treatment plan is what I need to work on.	Learned some new skills, worked on myself.
3	I'm getting to the root of things, this time my treatment is all personalized to me, meds and all.	I get to explore the things that were keeping me sick.

4	I have talked more about my issues here than I ever have.	It got to the issues and poked at them and made me face them and began healing.
6	I enjoy the classes and the staff.	Everyone is like family here. I enjoyed my time a lot, everyone was respectful, easy going and funny. It felt like we had all been best friends forever.
7	My treatment plan and my personal growth.	My physical, emotional, mental and spiritual growth. Embracing my fears, becoming confident in who I am and loving myself.
8	Respectful staff, good program, great food, safe environment.	Just a good program. I love the food.
9	I'm doing it.	What I have done.
10	I have a great counselor; the TA's are awesome. My stay has been great.	My counselor Scott had me working on relapse. I have it this time. Scott is awesome.
11	I'm learning ways to help me cope with my anger though DBT skills.	I got a lot out of treatment and through discussions with my peers. I like that you can talk to any counselor.
12	I've learned to know more about myself.	I have 90 days clean!
13	The staff are understanding and approachable.	They meet all expectations.
14	My needs are met and if I need to talk to someone there is someone I can talk to.	The staff and cooks are amazing; being busy all day.
15	By Brock helping me to bring my inner-child out, encouraging me to be the real me and I reunited with my traditional ways.	My inner-child and working on my grief. Working through my emotions in a positive way staying focused on myself, putting me first at all costs.
16	How my treatment plan was made and connected with lectures.	My treatment plan went right along with the curriculum, groups and lectures.
17	I've learned a lot about not only myself but my culture as well.	Learned many new skills.
18	Everything is wonderful, all the staff are great.	That they help you work on things you didn't even know you needed help with.
19	I Felt like I have been a part of the group since the first day.	I feel like I have an extended family here. I also feel like I have a better understanding of myself.
20	I felt comfortable and welcome as soon as I got here.	I've learned how I am in control of my own emotions.

21	Extremely satisfied! Staff and residents are great.	Staff is amazing, they're always understanding and never judge. They have taught me so much.
22	The staff are very nice to me and make me feel like I do matter.	Good teamwork with the staff, good food, simple rules, simple classes. I love the culture here.
23	It's helping me deal with feelings I never knew I had that are a trigger to drink. It's helping me fix my depression, anger and all the ugly feelings.	I have a clear understanding of what drives my anger/drinking and I have the tools to overcome them.
24	All the staff, counselors and peers make me feel welcomed.	With all the counselors, TA's, cooks, and my peers being supportive throughout all the days I have been here for my recovery.
25	The girls were very helpful on making me feel comfortable here, the staff was nice to me as well as everybody else.	With the comfort from the girls and the staff; they made it feel like home.
26	I like the fact that I am working on the root of my issues from childhood.	I like how each individual patient was a priority.
27	The program is very hands-on and informative.	N/A
28	I enjoy learning about the Native American culture.	Daily affirmations have helped me believe and love myself again. Also, working on all the guilt I carry has helped me overcome it and not dwell on it constantly.
29	Working on all my hurt and pain.	Got to talk about all my hurt and pain.
30	I'm getting the help I need.	That I got to unload some baggage that I've been carrying for two years and I'm starting to heal.
31	The support, love and help from staff.	Conversations, jokes and love by everyone at NWITC.
32	I believe I have a good treatment plan, I just need to be able to focus on it and no other distractions.	I'm learning more about myself and how I can improve who I am as a person.

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	The using in the house.	The drugs they found here.

3	Have some coed classes and loosen COVID standards.	My orientation was really only about what I couldn't do or have.
4	No sweatlodge.	No sweatlodge.
7	Staff may come off inconsiderate at times but they have good intentions.	Not having enough time to grieve the things that I've worked on (letters about hurt or trauma).
12	When I leave from here I have to go back to jail.	Not seeing my daughter.
19	N/A	We have no days to ourselves. We have no books or internet, no visitors and nothing in its place to make up for it.
24	Having less time for phone calls.	The only thing I'm not satisfied with is they forgot to put my name on the schedule for graduation.
25	The staff all say something different as far as the rules.	The different rules from different staff make it confusing.
26	N/A	Some TA's acted superior to us.
28	N/A	Not being able to get visitors.
29	My relapse.	N/A
30	N/A	That we didn't really have traditional foods like deer, elk, salmon or frybread.
32	I have a room that is constantly held at or near outside temperatures and a roommate who wakes up early and isn't respectful when I am trying to sleep, therefore I cannot concentrate on my recovery during the day.	N/A

Dissatisfaction was centered around temporarily discontinued activities due to COVID-19. Sweatlodge has resumed.

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	More cultural orientation, new CD's to listen to, stronger coffee, walks on the beach, outside 12-step meetings, sweatlodge, more drum time.	Outside meetings, walks on the beach, big drum.
6	Outside meetings or activities.	Visits, outside events, outside meetings.
4	More walks.	End the COVID restrictions.

7	N/A	More knowledge about CBT therapy or EMDR therapy.
8	Be able to workout somewhere outdoors where we don't have to wear a mask – have an optional jog.	N/A
10	Air-condition the house.	Even out the schedule M-F.
11	N/A	More activities during the weekends.
12	N/A	Some exercise equipment.
13	They should have a pull-up bar and a dip-bar.	Should be able to have a second drop off of items at 30 days.
14	Having to stay up all day.	More breaks.
15	N/A	Add a week on relationships to include kids, siblings and spouses. Coed groups once per week.
16	N/A	Be able to smoke e-cigarettes.
19	More free time on weekends, leave the house for activities.	Give patients the weekend off to regroup and take in all the information covered during the week.
20	More snacks.	More snacks.
21	Have sweatlodge.	I only wish we were able to use the sweatlodge.
22	More drumming with the round drum and Levi. Longer walks.	Sweatlodge once per week.
24	More time for phone calls.	I would like to see both men and women's graduations be outside.
26	N/A	More phone calls, more song teachings.
27	I would like to see the mask mandate lifted soon.	N/A
28	To be able to sweat and have family visits.	To have an outside graduation so our families can at least watch it from the fence.
29	Having more Indian tacos with frybread.	More Indian tacos.
30	Weight room.	Traditional foods, classes on powwow dancing.

31	Equal rights between guys and gals; being respectful and not announcing over the loud speaker when one group is still in class.	N/A
32	Climate controlled environments that aren't adjusted by only staff.	Magnifier for people with poor eyesight to read with.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	Maybe training staff to be more mindful to talk and look respectful.	N/A
7	N/A	TA's need to be more on the same page when it comes to rules or regulations (wardrobe, privacy curtain). Also being more mindful when using intercom during groups and sweats.
28	Woman's smoking area is too far away.	Woman's smoking area is too far away
32	N/A	It is difficult to be in treatment with people who are required to be here and have no investment in their treatment and are constantly breaking rules.

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:

- Brock is a great counselor and points things out I avoid. He is very understanding in so many ways.
- This program is good and effective.
- My time here went very well.
- I'm very happy for once.
- I'm very happy, I feel very confident I can beat my addiction to alcohol.

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2022, Fourth 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-seven percent of all fourth 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	20	40	20	20	0	40	0	20
2	20	20	40	20	40	20	0	0	20	0
3	60	0	20	0	20	0	0	0	0	0
4	60	0	60	-20	40	0	60	0	60	20
6	20	0	20	0	0	0	0	0	0	0
7	20	40	40	60	0	60	20	20	0	40
8	40	20	40	0	60	20	40	20	40	20
9	20	20	20	20	40	20	0	20	0	0
10	40	20	40	20	0	0	20	20	0	0
11	20	20	20	20	40	20	20	40	40	20
12	0	0	0	0	0	0	0	0	0	0
13	20	0	40	20	80	0	0	20	40	20
14	-20	20	0	0	0	-20	0	0	0	20
15	0	0	20	0	80	20	0	0	80	20
16	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	60	0	0
18	40	20	80	20	40	20	20	20	60	40
19	0	20	0	20	0	20	0	20	0	20

20	-20	0	60	0	20	0	40	0	40	20
21	40	40	20	20	20	40	60	20	20	0
22	0	20	20	20	-20	0	0	0	0	20
23	40	40	0	60	40	20	40	40	20	40
24	0	0	20	20	0	-20	0	0	0	0
25	40	20	40	40	40	40	20	0	60	0
26	40	20	20	40	20	20	20	20	40	40
27	20	20	40	0	20	0	20	0	0	0
28	40	40	20	40	60	40	20	40	60	40
29	40	40	20	0	60	40	60	0	100	0
30	20	20	40	0	0	20	0	0	0	0
31	0	40	20	20	0	20	20	0	0	0
32	40	20	40	40	20	20	20	20	0	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 - Fourth Quarter

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

1. Are you still clean and sober?

100% Yes **0%** No

The number of alumni reporting they are maintaining sobriety is lower than last quarter.

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

72% Yes	28% No
<ul style="list-style-type: none">• Didn't want to.• No appointment scheduled due to aborting tx early.• No appointment scheduled prior to leaving tx due to having jail time.	<ul style="list-style-type: none">• Went back to jail• Went to another inpatient treatment center.• Just released from jail.• Busy working.• Currently back in treatment.

The number of alumni reporting that they have already seen their aftercare provider is about the same as recent quarters.

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

100% Yes **0%** No

The percentage of alumni who felt their sobriety to be stable is lower than recent quarters.

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

97% Yes **3%** No

- Need to get back into treatment

The percentage of alumni receiving the services they need is about 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 who did not complete treatment.

6. Any follow-up or referral requested during interview today?
 - **To change housing.**
7. What referrals were made during the interview today?
 - **Information for other housing options.**

Comments from clients:

- **Several patients report doing well.**
- **Client reports they are out of jail.**
- **Several clients report they are still clean.**
- **Client reports they are grateful for everyone at NWITC.**
- **Client states, thank you recovery support for everything.**

Northwest Indian Treatment Center

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Referring Agencies Report FY2022, Fourth 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-one percent of fourth quarter patients.

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

A. Easily understood	100%	B. Easy to comply with	56%
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?

- *Several referents responded they were satisfied in all ways.*
- *Always love working with you.*
- *Weekly updates.*
- *Chrystol is easy to work with.*
- *The support the counselor gave the client. Communication with staff.*
- *Intake was quick. The client reported only good things about the program.*
- *100% communication.*
- *Always a good experience working with NWITC.*
- *Response time for admissions. Comradery between provider to provider.*
- *Working with Chrystol is great. Very efficient. Staff are very prompt.*
- *Meeting the needs of the clients.*
- *Helped the client through issues.*
- *Chrystol was always prompt.*
- *Straight forward, easy process.*
- *The staff are understanding.*
- *Quick and seamless process.*
- *Hearing how the client processed through issues, hearing about the tools he picked up and the meaningful relationships he developed.*
- *I got follow-up calls all the time and I appreciated it.*

- Easy to get the client in quickly when he needed it.
- The way the client came back so different and now chairs the meetings at the hall.
- Communication with staff.
- The intake person was very helpful, this was my first referral.
- You guys allowed the client to come back to treatment.
- Clear communication.
- Client reported she was able to work on herself while she was there.
- Always able to get clients in quickly.
- Speedy and efficient.
- Great service, quick responses.
- Chrystol got the client in quickly, even though he didn't stay.
- Staff communication and quick responses.
- Client was there before which made the process very easy.
- NWITC worked with the client though her difficulties.
- Smooth intake, counselor communication.

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	79%	Consumes less than before treatment	6%
No change in use	12%	Unsure	3%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 85% of this quarter's post discharge patients that remained drug and alcohol free or consumed less than before treatment.

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?

- To take private insurance so if I have a tribal staff I can send them to you.
- Another process for clients incarcerated as It is hard for the clients to fill out intake packets while they are in jail.

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

There were no questions this reporting period.