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NORTHWEST INDIAN
TREATMENT CENTER

Residential Program Second Quarter ~ FY 2023



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Northwest Indian Treatment Center

Statistics

FY 2023 - Second Quarter

Referents		No. Pts	Statistics by Discharge Date*				
American Behavioral Health Systems	1	Patient Days					
Camas Path	3	Total Patients				50	
Catholic Community Services	2	Total Days				1650	
Colville A & D	5	Average Stay				33 days	
Cow Creek Health & Wellness	1						
Ithuha Stabilization Facility	1						
Jamestown Healing Clinic	1						
Lummi Counseling	5						
Marimn Health/ Benewah Medical	2						
Muckleshoot Behavioral Health	3						
NARA	2						
Nisqually SUD	2						
Pioneer Human Services	2						
Port Gamble S'Klallam	1						
Providence Drug & Alcohol	1						
Puyallup Tribal Health	1						
Quileute Counseling	1						
Quinault Indian Nation Wellness	3						
Reflections Counseling	1						
San Poil Treatment Center	1						
Seattle Indian Health Board	2						
Skokomish Hope Project	1						
Slietz Tribal Alcohol & Drug Program	1						
South Sound Behavioral Hospital	1						
Stages of Change	1						
Tacoma Detox	1						
Tulalip Family Services	1						
Upper Skagit	1						
Whatcom County Detox	2						
Total Admissions		50					
Referent Type							
	Tribal	19					
	Other	10					
Total Referents		29					
Gender							
Male							28
Female							22
Total Patients							50
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Northwest Indian Treatment Center

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Efficiency and Access Report

FY2023 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 2023

Efficiency: Here is the payer mix:

ABP	39
TANF	8
Tribal PO	3

Fifty patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. Due to COVID-19 the census was lowered, this quarter we have slowly started to increase the patient census.

NWITC continues to be vigilant in ensuring safety for staff and patients. Since the COVID-19 pandemic additional safety procedures and safety equipment have been updated. 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. Next quarter the mask requirement is expected to become optional. 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 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 concluded this quarter.

This quarter there were two on-site Native Plant/DBT trainings held for staff members.

Access: Patients who were admitted waited an average of zero days. This is the same as last quarter. The wait period is within our target, which is under 20 days. One patient waited five days due to bed availability.

Denied Access: 16 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 FY2023 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

Self-evaluating Progress Report

FY 2023, Second Quarter

Patients were asked to evaluate their progress in the areas shown below. The percentages represent the degrees of improvement from admission to mid-treatment and additional improvement from mid-treatment to discharge. This report represents ninety-two percent of all second quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.

Patient Number	Setting Clear Boundaries		Positive Self Esteem		Anger Management		Taking Responsibility		Cultural Orientation	
	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge
1	0	0	0	0	0	20	0	0	0	0
2	40	0	60	20	20	20	20	40	40	20
3	40	20	40	40	0	0	20	0	40	20
4	0	40	0	20	0	0	0	0	0	40
5	40	40	40	40	0	0	0	0	0	0
6	40	0	0	20	0	0	40	0	40	0
7	20	20	60	20	20	20	80	20	60	0
8	20	20	0	40	0	20	0	0	40	20
9	0	20	20	20	0	0	20	0	20	20
10	0	20	20	20	0	0	20	20	20	20
11	40	0	0	0	0	0	20	0	20	0
12	40	20	40	20	0	0	40	20	0	0
13	0	0	20	40	20	20	0	40	20	20
14	0	0	20	0	20	0	20	0	20	0
15	40	20	40	0	40	-20	20	0	20	0
16	0	0	20	40	80	20	60	40	100	0
19	20	20	0	0	0	0	0	0	20	20
20	20	40	20	40	40	40	0	40	40	40

21	40	20	20	40	40	20	0	40	60	20
22	20	40	20	20	20	20	40	40	40	40
23	40	20	40	40	20	0	40	0	40	20
24	80	0	60	20	0	0	80	0	80	0
25	100	0	100	0	100	0	100	0	100	0
26	80	0	100	0	60	0	100	0	100	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.)

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Patients' Input Report

FY2023 – 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.

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

100% Yes **0%** No

All patients 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	It helped with things I had in my past.	I've learned more on expressing my feelings. I feel way better than I did.
2	The cultural aspects.	The guidance to help me through my recovery from the counselors.
3	Feeling better about expressing my feelings & emotions. I feel like I ended up at the right treatment center getting way more cultural knowledge than I had.	Releasing trauma, I didn't know I was holding on to. Learning more on emotions & thought process. Staff is great, never go hungry. Arts & crafts are fun.

4	I like how my counselor is letting me be more involved with my treatment plan. I like the structure. I appreciate all the native art stuff & sweat.	This is a safe place to process my trauma. My counselor let me pick where I wanted to start.
5	I love that it is native based treatment and trauma. I feel a lot lighter, getting rid of a lot of baggage that's been holding me down.	N/A.
6	Good program, I like the groups.	The staff was really nice and helpful. I feel like I learned a lot.
7	I am learning a lot of skills to help me in life.	I felt respected and cared for. I was taught life skills.
8	Easy to read schedules, treatment plans.	N/A.
9	I like my counselor, Brock he seems to genuinely care and I like Kia's class.	I like my counselor, Brock and Kia's class.
10	That I can get back on the red road again.	That I now can handle the grief and loss and ask for help.
11	Everything.	I just feel that I am taken seriously and cared about, not just another patient.
12	I am comfortable and feel like a member of a new family. I have learned a lot culturally, spiritually, mentally, emotionally and physically. This program has surpassed other programs by far.	NWITC is welcoming and friendly. I really enjoyed the curriculum and the structure of the program.
13	A lot of relative information for my trauma and healing.	I learned many things that I've been holding onto including shame and guilt, and grief and loss. I learned what I can be prepared for in life.
14	I like the counselors and the native things we do up in here.	I'm healing, I can open up more to people instead of keeping how I feel to myself.
15	Being able to open up about my past. Being able to stay mindful and how to properly ask for anything with a DEAR MAN.	All needs are met.
16	Everything.	The entire treatment.
17	I have learned so many new skills that will be effective in my recovery opposite action is working well for me.	I got to understand the root of my problems.
19	It is a good environment; the counselors are nice.	I got to understand why people use and how to stay sober.
20	My willingness and the staff seem supportive and I have not got kicked out and it doesn't even seem like I've irritated anyone yet.	I am clean and sober and now understand how to stay clean and sober while living life.

21	Cultural and healing based treatment.	Addressed what I needed to address.
22	I'm learning about me.	I learned a lot and love the staff overall.
23	Very well fed and my schedule is full from the time we wake up until the time we close our eyes.	Great classes and amazing holidays making us as happy as they can since family can't see us.
24	Very caring and respectful human beings.	The counselors and recovery support are really understanding.
25	I really like my counselor because he is really working hard with me on my problems that I need to solve.	I got everything that was keeping me using off my chest. Thank you.
26	I am treated with respect and if I don't know something, if I ask they will help me understand.	Being able to leave my problems behind and I am a better dad, son, brother and uncle.

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	Not enough beading time.	N/A.
3	The masks, the limited calls & no e-cigs	No indoor fitness options, no library or selection of books, can't watch live sports No e-cigs or vending machine.
4	We are not a part of any rule changes. Instead of changing things for everyone, start with punishing the people not following the rules first.	I don't feel like our concerns or ideas are heard to make the program better.
5	Wish my family could see me graduate.	N/A.
8	N/A.	COVID Protocol.
9	N/A.	I'm sad my counselor left for vacation without letting me know.
13	Other patient complaints.	That I couldn't really have the space to work on my physical shape, too much sitting in a room with no workout.
14	No visits, nobody showed me around when I first got here.	N/A

15	There is no Pepsi.	Not getting to learn more native traditional stuff.
16	Some staff need to re-evaluate how they talk to people coming off drugs in the morning.	N/A.
19	I'm missing out on making money.	Sitting in group.
21	Not having certain things due to COVID.	N/A
22	N/A.	Sometimes when I ask a question they direct me to someone else then they direct me back.
23	N/A.	Not one of my store runs were correct.

Dissatisfaction was centered around phone time, exercise equipment and 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	For the TA's to all be on the same page.	More beading time.
3	4 phone calls a week instead of 3.	An indoor fitness option for free time. Earlier start time on movies since we can't watch tv during the week.
4	More things added to the store run.	N/A.
6	For people to be discharged on New Year's Eve.	Possible visits with family.
7	Free tobacco & papers.	More hands-on activity.
8	COVID restrictions to be less effective.	N/A.
9	Books should be allowed, be able to sleep in once a week, have clocks in the rooms and classrooms.	Be able to read books and have clocks in the bedrooms and classrooms.
10	More grief and loss groups.	Having a little longer break.
12	More walking, time for exercise.	Incorporate physical activity or a period of time each day for physical activity.
13	Bring the big drum out for singing.	That there is no space or equipment to workout.
14	More phone calls, at least one visit, co-ed meetings and some real-life music.	We need some music and chocolate up in here, everyone needs to be on the same page with rules and to let us read books.
15	More spirituality classes like: history, language and learn more about different Tribes.	Learn native language, basket weaving and drumming.

17	N/A	Parenting classes for people trying to get their kids back.
19	Have visitors.	Walks on the weekends.
20	More one on one time with the counselors.	More cultural influences such as historic trauma and how to do a family tree.
21	Calls, visits, caffeine, soda.	N/A.
23	More store runs.	Another orange juice during the day.
24	N/A.	Better chores.
25	Punching bag.	Naps on the weekend.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	N/A.	N/A.
12	Still unaware of my recovery plan for post treatment.	N/A.
24	N/A.	Sisters in recovery should be more involved with the brothers in recovery.

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:

- I am learning the skills I need to stay sober after I leave here.
- This place helped me with my problems.
- Continue to help whoever comes through those gates.

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Treatment Follow-up Report FY2023 - Second Quarter

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

1. Are you still clean and sober?

93% Yes **7%** No

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

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

67% Yes **33%** No

- **Going to meetings instead.**
- **Going to make an appointment.**
- **Five alumni did not attend aftercare due to working.**
- **Relapsed.**
- **Going to another treatment.**

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

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

93% Yes **7%** No

- **Detox**

The percentage of alumni who felt their sobriety to be stable is higher than last quarter.

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

93% Yes **7%** No

- **Housing and treatment center information.**

The percentage of alumni receiving the services they need is about 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 was discharged from treatment early.

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

- **Need help to find good meetings.**
- **Oxford housing.**
- **Oxford and treatment information in a different state.**

7. What referrals were made during the interview today?
- NA/AA meetings in the area were given.
 - Oxford housing and contact information given.
 - Oxford and housing information given.

Comments from clients:

- Several clients report doing well.
- Client reports living in oxford.
- Thank you NWITC for all the support.
- Client reports doing amazing.
- Client reports moving into their own apartment.
- Client reports still clean and doing well.
- Client reports they are not happy with their discharge from NWITC.

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Referring Agencies Report FY2023, Second Quarter

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

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

A. Easily understood	97%	B. Easy to comply with	3%
C. Confusing	0%	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?

- *Paperwork for admissions is pretty self-explanatory which makes the process simpler.*
- *Client said his recovery support person went above and beyond for him.*
- *Chrystol was really helpful with the process.*
- *The professionalism of the staff.*
- *Everyone at NWITC is a joy to work with.*
- *Self-explanative intake forms.*
- *I love how she came back a different person. I love your program.*
- *First time ever sending someone to your facility. It was a breath of fresh air.*
- *The client was able to come back.*
- *Chrystol was super helpful.*
- *I love working with all the NWITC staff.*
- *The way you worked with him over the loss of his son.*
- *He was able to come back to finish treatment.*
- *It was nice to see the patient come home with all the tools she learned.*
- *Chrystol is a gem to work with.*
- *Friendly and responsive.*
- *The counselor did a good job with the client.*
- *That the client was able to come straight from jail.*
- *The intake process was smooth.*

- Quick intake, you got her in fast but she just wasn't ready.
- The attention she received from you after medical discharge coordinating with the hospital and getting his belongings for him.
- Chrystol is always on top of things.
- Good contact with the counselor.
- The client was able to come back.
- Intake process was really smooth.
- Staff is easy to work with.
- Chrystol is always so helpful with the intake process.
- Good communication with the counselor.
- Great staff.
- Intake was easy.
- I love working with you guys.
- Easy intake process, Chrystol is so helpful.
- Chrystol is awesome.
- I have been working with NWITC for twenty years. It's my first choice to send my people. I have nothing but good things to say.

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	80%	Consumes less than before treatment	14%
No change in use	6%	Unsure	0%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 94% 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?

There were no changes requested this quarter.

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

Question: Do you take non-natives ever?

Answer: In some instances, provided they meet the criteria for admissions. Typically, they are the spouse of a tribal member or a tribal community member.