

NORTHWEST INDIAN TREATMENT CENTER



Quarter ending December 31, 2020

Dear Colleague,

The report for the first quarter, FY2021 is attached. This report provides information identifying the referral source of patients admitted, how many patients were admitted, the percentage completing treatment, the gender mix and total days of treatment. There are summaries of satisfaction, effectiveness, access and efficiency for NWITC programs. Unmet needs are also included on all questionnaires.

Because of the intensity of COVID-19 related issues this quarter falls outside of our usual outcomes. First quarter, FY2021, referents reported that 51% of patients were alcohol and drug free or consume less than before treatment. The Recovery Support Team continues to be successful in keeping contact with most alumni and reports that 82% of patients contacted were alcohol and drug free.

If you have any questions about our services or this report please call me.

Sincerely,

June O'Brien Director

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NORTHWEST INDIAN TREATMENT CENTER

Residential Program First Quarter ~ FY 2021



Statistics



Efficiency & Access Report



Patients' Input Report



Patients' Self-Evaluating Progress Report



Treatment Follow-Up Report



Referring Agencies Report

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June O'Brien, Director



Northwest Indian Treatment Center Statistics

FY 2021 - First Quarter

Referents	No. Pts
ADEPT	1
Alternatives Professional Counseling	2
Catholic Community Services	1
Cedar Grove Counseling	1
Chehalis Behavioral Health	2
Columbia Wellness	1
Colville A&D	8
Harborcrest	2
Ideal Balance	1
Kitsap Recovery	1
Klallam Counseling Services	4
Lummi Counseling Services	7
Makah Recovery Services	1
Muckleshoot Behavioral Health	1
New Directions Counseling	1
Nisqually Substance Abuse	1
Nooksack Genesis II	2
Pierce County Alliance	1
Port Gamble S'Klallam Wellness	2
Puyallup Tribal Health Authority	2
Quinault C.D. Program	3
Royal Life Centers	1
Shoshone Bannock 4 Directions	1
Skokomish Hope Project	1
Spokane Treatment & Recovery Services	2
Suquamish Tribal Wellness Program	2
Swinomish C. D. Services	1
Tulalip Family Services	5
Yakima Nation CCAP	1
Yakima Nation Tiinawit & Youth	1
	-
Total Admissions	60
Referent Type	
Tribal	21
Other	9
Total Referents	30

	Statistics by Discharge Da	ate*
	Patient Days	
Total Patients	60	
Total Days	1813	
Average Stay	30 days	

Counselor	# Patients	Total	Average
		Pt. Days	Stay
B.P.	9	317	35
D.M.	6	218	36
K.K.	14	346	25
K.B.	3 5	149	50
M.T.	5	148	30
S.V.	12	331	28
S.I.	11	304	28
TOTALS	60	1813	30

Gender	
Male	38
Female	22
Total Patients	60

Completed	Left Against		Med. & Emer. Other / Special
Treatment	Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Leave Circumstances
Males - 17 (28% of all pts) Females- 14 (23% of all pts)	Males - 8 (13%) Females - 4 (7%)	Males - 13 (21%) Females - 4 (7%)	Males 0 (0%) Males 0 (0%) Females 0 (0%) Females 0 (0%)
Total - 31 Pts.	Total - 12 Pts.	Total - 17 Pts.	Total - 0 Pts.
52% of all pts.	20%	28%	0%

Third Party Paye	rs
ABP	48
TANF	7
CNP	1
TPO	2
C-S01	1
Benefit Bed	1
Total Third Party Payers	. 60

Efficiency and Access Report FY2021 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 people 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 2021

Efficiency: Here is the payer mix:

ABP	48
TANF	7
CNP	1
TPO	2
C-S01	1
Benefit Bed	1

Sixty patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there was one more purchase order bed than last quarter.

The statewide restrictions caused by the coronavirus (COVID-19) pandemic has been extended through 2020. NWITC screens admissions for risk factors and each patient is tested prior to or upon admission, if a patient presents signs of any illness prior to admission they are sent home until they are symptom free for two-weeks. Patients presenting symptoms onsite are quarantined and tested for COVID-19, which may extend their treatment stay. Many behavioral health facilities are functioning at lower levels or working via telehealth; Washington State has included tele-health as a billable service allowing behavioral health programs to connect with patients and provide access to inpatient treatment. We are carefully monitoring revenue, expenses and the needs of the organization, this quarter the revenue appears to hold. This quarter 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.

Last quarter a negotiated rate package was sent by the State of Washington to CMS, which would increase the daily rate to support all of the functions needed to provide patient care, recovery support services and cultural activities, if approved the new rate should go into effect in April of 2021 and be retroactive from September 2020.

The intensive transition care provided by the OVW and I.H.S. 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, for some, during this time when aftercares are closed, is the only support system the alumni has. Another activity of these positions is to work with tribes to assist in the building of a peer recovery support system in the home community. These services extend treatment outside the walls and across a several state area. A new grant has been awarded through OVW to provide services related to COVID-19; this grant will allow care packages and other supplies and services to be delivered to alumni who qualify under the DV grant.

All travel and training activities were cancelled due to COVID-19; the recovery support team is working to implement virtual trainings and recovery coach activities.

Access: Patients who were admitted waited an average of less than one day. This is lower than last quarter. The wait period is within our target, which is under 20 days. The length of time varied from zero to 22 days. One person waited 22 days because the patient needed detox prior to admission.

Denied Access: 15 patients were denied admission due to inappropriateness in this setting. Each was referred to another setting.

There are 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 first quarter of FY 2021 appears to be within projected goals. Access to treatment due to COVID-19 presents some barriers, satisfactions is still high.

Patients' Input Report FY2021 – First Quarter

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

	97	7%	Easily understood	3%	Confusing	
	The percent	age of patients fin	ding the orientation to be easily understood is cons	istent with	n most quarters.	
					,	
2.	Do	you feel tha	at you are treated respectfully? If	no, ple	ease explain.	
	10	0%	Yes	0%	No	
	The percent	age of patients fel	t they were treated respectfully is consistent with n	nost quart	ers.	
_			T. 201.	2		
3.	Are	e you satisfie	ed with your overall treatment sta	ŊΫ́		
	10	0%	Yes	0%	No	
	All patients	were satisfied with	h their overall treatment stay.			
4.	In	what ways a	re you satisfied with your treatme	ent?		
		of the time the second second	,			
Pt.	#		<u>Mid-Treatment</u>		Discharge	
	1	Learning to le	et go and get tools to be good with	Learn	ed new tools and found myself; I have new ways to)
			veight I have been carrying is getting	deal v	vith my emotions in a positive manner.	
		lighter every	day.			
	2	I am learning	how to recognize my emotions and	I have	learned that it is ok to have emotions and use over	er
	_	understand h	now & what to do when I get overly	them.	I have worked on my abuse and identified that I	
		emotional.		am no	ot what has happened to me.	
	3	Very respect	ful, learning about culture and good	Learn	ing many skills that will help me with my recovery.	
	-	food.	,	200711		

Was your orientation at admission:

1.

4	With my counselor, he helps me a lot. The staff is nice.	I have learned some skills to handle my things in a healthy way; I have found my voice and my spirit.
5	Staff is super kind, I love getting back into my roots.	I love all the skills I have been taught, I enjoyed the fact I was able to find my inner self.
6	I like that it is structured and how it is helping me deal with my emotions.	N/A
7	The staff and what this treatment teaches.	Very good program.
8	Culture and traditional based; the counselors are comfortable to talk with.	DBT classes, group therapy and counseling.
9	It is exactly what I needed.	Good TA's and counselors.
10	My behavioral health has extensively improved.	Everything.
11	Being able to set positive boundaries for myself and cope with my anger a little better. Being able to come out of my comfort zone by being on the drum & singing.	I was able to accomplish everything I came here for and more.
12	To be able to start a new journey on the red road.	To leave my old ways behind to reconnect with spiritual and cultural ways.
13	I am satisfied with my counselor. The classes are very informative.	N/A
14	Staff is amazing; they show that they really care about us.	The house feels like home; my counselor selected all my main areas of concern for my treatment plan.
15	I love absolutely everything; I am learning a lot.	I am so grateful for the things I have learned.
16	I am amazed at how well this program is on target with every aspect of my core issues.	The TA staff are amazing as well as the counselor's and kitchen staff.
17		
	Changing my behaviors.	Learning DBT skills.
18	Changing my behaviors. By far exceeds what I assumed.	Learning DBT skills. Addresses the root problem and adhering to the curriculum.
18		Addresses the root problem and adhering to the
	By far exceeds what I assumed. Coffee in the morning to get me going; I love the	Addresses the root problem and adhering to the curriculum.

22	It teaches you child hood trauma.	I was able to love myself again, go through hard spots, and overcome. Now my kids can have their mom back.
23	Spiritual growth.	I was exposed to many hard truths about myself that without addressing would have kept me sick.
24	All the staff are genuine and respectful.	In every way possible, this program is awesome.
25	The staff, food lecture and groups.	I learned many tools to use to help with my recovery.
26	I am learning new ways to cope and deal with situations and events that may arrive.	I learned a lot about myself; my spirit awoke.
27	This time I'm actually here for me and love what I am finally learning.	I gained brothers; I got help with my anger; I got help with a lot of stuff I have been holding in for a long time.
28	My assignments Brock gives me is where I feel the most motivated and open, along with the women's groups.	The knowledge and growth I have gained from Brock, the lectures, the TA's, our cooks, even down to Tim. Everyone has been instrumental to my change.
29	It is helping me re-learn to be comfortable around others.	They defiantly fed me well. Have a good staff crew. My counselor was patient with me.
30	Treated equally and fed well.	The skills NWITC provided and the recovery support after I leave.
31	I am learning a lot from my counselor.	Mindfully helping me understand what I need to hear.

 $In \ general, \ patients \ appreciated \ the \ staff, \ the \ new \ knowledge \ they \ had \ gained, \ and \ their \ personal \ progress. \ This \ is \ consistent \ with \ previous \ quarters.$

5. In what ways are you dissatisfied with your treatment?

<u>Pt.#</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
2	Being told I have to worry about my own side of the street.	I feel that all the TA's should have better communication skills.
3	N/A	Do not get enough sleep.
5	Just with the new girl drama.	
6	I do not like that we have no days off.	
8	N/A	TA's bending rules.
10	TA's treat us like children.	N/A

11	Not being able to focus on my treatment plan because you are in the middle of crossfire with other women.	N/A
12	Do not understand why we cannot vape when staff can.	N/A
13	Bummed out that we cannot go to sweat.	N/A
25	Just waking up to early and no naps all day.	How long the treatment was and no happy week.
26	I could do without the side talk and gossip.	N/A
27	I felt like I was being blamed for things I did not do.	N/A
28	Receiving mail only three times per week.	I would like to see more beading and weaving classes.
29	In a way, I feel doubted; I feel like someone assumes my family is bad for me.	If I had to pick one, I do not like opening up in groups around people.
31	What the counselor has to say.	N/A

Dissatisfaction was centered around issue with communication.

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	Make people come without drugs.	I was disappointed about not being able to go into the sweat lodge.
3	Maybe more books/board games.	N/A
4	In the gambling class if the teacher would let us read so, we would not fall asleep.	N/A
5	N/A	More time doing traditional stuff like sweat and singing with Delbert.
6	We need a happy week.	N/A
8	Less gamblers classes.	Less Shirley, I have not learned anything in her class.
9	Less time off on the weekends.	N/A
10	Policy that has to do with outside-prescribed medicine before coming to treatment.	I would like to see the TA staff practice being kind and study the plant cedar concept.

11	Being able to read educational books based on trauma, depression and abuse.	Would like to see more cultural classes than just beading and drumming. Would like the programs not to run so late
12	I would like to attend a sweat before I leave.	Food store run.
13	That we could start doing sweat lodge and a better and more efficient way to pass out meds.	N/A
14	Not being able to go to our rooms throughout the day. I understand it helps us but it makes it difficult to have to rush to get ready and forgetting the things we need.	Vapes should be allowed with sealed juice and disposable tanks. We could check them in and out for smoke breaks.
16	I would like to get mail three times a week.	N/A
17	N/A	Sweat
18	A choice of being able to incorporate the white bison/wellbriety teachings.	N/A
19	More cream of wheat daya. Having store runs again.	N/A
20	I would appreciate being called for over the intercom when it is my phone time.	N/A
21	Better zoom. More access to smokes.	I would like to see a quick reference guide to the things I learned here.
22	N/A	It would be cool if they incorporated traditional dancing here.
24	Some football on the weekends.	I would like to see store runs & a workout area for patients. More classes for beading & cedar work.
25	Sweats & more free time.	Happy week & more naps.
26	To know more about the language.	Rules posted somewhere so we are not confused.
27	Do more fun things as a group, like volleyball.	A full court basketball court with a roof over it.
28	More interactive groups: time like this included in our lectures to help refocus us.	Beading, weaving, exercise classes. Allotted time during the week to break in between particularly hard groups.
29	Store runs.	Should make it pet friendly.

 ${\it Many varied suggestions of fered with no particular common theme.}$

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
3	N/A	It gets very hot upstairs.
10	Taking too long to talk to ARNP so I could start taking medication again.	N/A
11	N/A	Some TA's raise their voice, they need to be more mindful of patients past trauma.
12	I believe some brothers are abusing their medication.	N/A
20	Reminder of phone calls.	The disrespect in the classrooms.
24	N/A	I think all patients should be able to talk to each other without getting in trouble.
26	N/A	Would like a native language class and drumming circle to learn and understand the songs better.
29	N/A	Forced out of bed every day.
31	Sweat lodge.	N/A

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

100% Yes **0**% No

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

Comments:

• I am learning better healthier ways; NWITC has helped me deal with all my trauma, grief and anger.

0%

No response

- I learned a lot and thankful to the creator & the house for having me here.
- Everything was good.
- Sonja went above & beyond for me. I appreciate her for that.

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

Northwest Indian Treatment Center Self-evaluating Progress Report FY 2021, First Quarter

from mid-t	reatment to discha	from mid-treatment to discharge. This report represents one hundred percent of all first quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.	epresents one hur	ndred percent of a	ıll first quarter gra	duates. The patie	nt numbers corre	spond to those u	sed in the Patients	from mid-treatment to discharge. This report represents one hundred percent of all first quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.
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	09	0	20	09	20	0	40	40	08	0
2	20	0	40	09	40	40	0	0	07	40
ю	09	40	40	0	0	20	40	0	20	20
4	0	09	0	20	0	20	0	20	0	20
S	40	0	20	0	09	0	0	0	0	0
9	09	20	40	20	0	20	20	40	20	20
7	20	20	20	20	20	40	0	20	0	20
∞	40	20	20	20	20	0	0	0	20	20
ō	20	0	20	40	0	20	20	20	20	40
10	40	40	20	40	40	40	40	40	0	9
11	40	20	0	0	40	0	40	0	0	0
12	40	20	40	20	0	20	20	20	20	0
13	40	0	20	0	0	0	20	0	40	0
14	40	20	80	0	20	20	40	0	80	20
15	80	0	20	0	0	100	40	0	40	0
16	09	0	09	0	80	0	40	0	100	0
17	20	20	20	20	0	20	20	20	0	0
18	20	40	80	20	80	0	40	0	9	0
19	20	0	40	0	20	0	0	0	80	0

NWITC\Z:jj\Outcomes\Residentia\Reports\FY2021 1st Quarter\Patients' Self-evaluation

	_										
20	0	0	20	0	0	0	0	0	0	40	0
09	0	40	09	0	0	20	0	0	20	20	0
20	20	0	0	0	0	0	0	40	0	0	0
20	20	20	20	0	0	40	20	40	0	40	20
20	0	0	0	0	0	20	0	20	0	20	0
09	0	40	09	0	0	40	40	20	0	40	20
40	40	0	40	0	0	20	0	20	0	20	0
09	0	20	20	0	0	40	40	0	20	09	20
0	20	0	0	0	0	20	0	20	20	0	0
80	40	20	09	0	0	40	40	40	0	40	20
20	21	22	23	24	25	26	27	28	29	30	31

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 sk1ill level was attained and/or it may indicate that the skill level was already high.)

Treatment Follow-up Report FY2021 - First Quarter

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

Are you still clean and sober?

	82%	Yes	18%	No
	The numb	er of alumni reporting they are maintai	ning sobriety is about the same o	as recent quarters.
2.	Have you	seen your aftercare provide	r? If not, why not?	
	• (Yes Currently incarcerated er of alumni reporting that they have a	18% • • • • • ready seen their aftercare provid	No Still using Relocated Just released from Jail der is higher than recent quarters.
3.	Does you	r sobriety seem stable? If no	ot, what services do you	need?
	80%	Yes	20%	No
	The perce	ntage of alumni who felt their sobriety i	• to be stable is higher than recent	quarters.
4.	Are you	ı receiving the services you n	eed? If not, what are y	our unmet needs?
	88%	Yes	12% •	No Client does not want services.
	The perce	ntage of alumni receiving the services to	hey need is the same as recent qu	uarters.
5.	Was your	treatment with us satisfacto	ory?	
	98% Alumni we	Yes ere satisfied with their treatment with to	2% the exception of one.	No I left Treatment
			1	

- 6. Any follow-up or referral requested during interview today?
 - Re-admission into NWITC.
 - Housing.
 - Housing in Spokane.
- 7. What referrals were made during the interview today?
 - NWITC intake information given to patient.
 - Housing information given.
 - A list of oxford housing in Spokane given.

Comments:

- Patient reports, doing well and engaged in aftercare services.
- Patient would like the opportunity to come back and complete inpatient treatment with us.
- Patient is still engaged in IOP, states she is clean but in need of housing with her dog.
- Patient reports, they just relocated to Spokane.
- Patient reports, going great, still living in oxford house and engaged in aftercare services.
- Patient reports, doing well.
- Patient comments, thank you NWITC staff.
- Patient reports, dong well and engaged in aftercare.
- Patient reports, doing amazing.
- Patient comments, I am thankful for NWITC.
- Referent states, client relapsed.
- Patient reports, doing well and had 6 months clean time.
- Patient reports, doing well.
- Patient comments, thank you NWITC.
- Patient reports, loving their oxford house and doing great.

Referring Agencies Report FY2021, 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 ninety-six percent of first quarter patients. Survey results are printed in bold type.

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

A. Easily understood	96%	B. Easy to comply with	5%
C. Confusing	1%	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%

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 were satisfied with good communication, easy to work with.
- Great communication, staff is always easy to reach; patients come back with skills.
- NWITC has the best quality.
- Never have anything negative to say about NWITC; open communication.
- I love NWITC so much, I have a lot of respect for you guys and what you do, I refer all my Native American clients to you.
- Great foundation, great communication, great staff.
- Great partnership, very helpful.
- Clients always come back grounded and ready.
- Love working with NWITC.
- Great people, easy communication.
- All staff communicate well.
- Love working with you, want to send more client, someone always knows where or how to find an answer.
- Amazing, wish there were more people willing to do treatment like yours.
- Will send everyone to you guys, great program.
- Great staff, super helpful, great communications, you give clients lots of opportunities.
- You are very clear on instruction.

- You guys are awesome, high praises.
- I like working with NWITC.
- Everyone at NWITC is very insightful, clients come back well-rounded.

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	48%	Consumes less than before treatment	3%
No change in use	22%	Unsure	27%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 51% 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.
 - Less paperwork requirements for admission.
 - To take private insurance.

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

There were no questions during this quarter.