



NORTHWEST INDIAN TREATMENT CENTER

February 28, 2015

Dear Colleague,

The report for the First Quarter, FY2015 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.

First quarter, FY2015, referents reported that 84% 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 98% of patients were alcohol and drug free.

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

Sincerely,

A handwritten signature in black ink that reads "S. Tompkins CDP". The signature is written in a cursive, flowing style.

Stephanie Tompkins, CDP
Director

D3WX bi Pa lil



**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program First Quarter ~ FY 2015



Statistics



Efficiency & Access Report



Patients' Input Report



Patients' Self-Evaluating Progress Report



Treatment Follow-Up Report



Referring Agencies Report

PO Box 477 / 308 E. Young St.
Elma, Washington 98541
360-482-2674

Stephanie Tompkins, Director



Northwest Indian Treatment Center

Residential Program

Statistics

FY 2015 - First Quarter

Referents	No. Pts	Statistics by Discharge Date*																																																									
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**Northwest Indian Treatment Center
PO Box 477, Elma, Washington 98541**

**Residential Program
Efficiency and Access Report
FY2015 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, and a stable number of bed days paid for by purchase orders at the full rate per day.

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 Alternative Benefit Plan (ABP), qualify for the State of Washington's treatment expansion program, have another payer, or if available use the benefit bed. 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. 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. and the number of purchase order bed days or other funders paying more per day than state contracts. This helps NWITC achieve a balanced budget by maximizing the revenue in relation to each admission. If the patient is on Alternative Benefit Plan (ABP), they also receive a medical card which helps NWITC coordinate medical care.

October, November, December FY 2015

Efficiency: Here is the payer mix:

ABP	32
TANF	9
SSI	11
CNP	1
TPO	6
I.H.S.	1
Insurance	2
Self-Pay	1
Benefit Bed	1

Sixty-four patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. The payer mix is still solid. There were more purchase order beds reimbursed by either tribes or I.H.S than last quarter.

It is important to monitor the rate of use of state as well as other state funded beds against the contract. Staff, together with the Legal Department, is also monitoring the state budget and its potential impact on patient eligibility and provider contracts. Mental Health revenue has increased. Funding sources are currently unstable and uncertain. We will adjust expenses as needed and become more creative in diversifying markets.

The intensive aftercare provided by the SAMHSA, OVW and I.H.S. MSPI grants help sustain referrals. The MSPI funds have been increased and extended for an additional year so the rich services will help sustain referrals. Through the grants a "recovery coach" was implemented. This quarter one recovery coach academy was presented, training several recovery coaches throughout different tribes.

Access: Patients who were admitted to the residential program waited an average of eighteen days. This is slightly more than last quarter. The length of time varied from zero to 172 days. One person waited 172 days for admission after cancelling their original bed date and re-scheduling for a later time. The wait period is under 20 days, which is within our target.

Denied Access: No prospective patients were denied access.

Summary: The payer mix is good. The revenue for this first quarter of FY 2015 appears to hold.

Satisfaction is very high from referral sources and from patients as indicated on satisfaction questionnaires. Referents tell the Recovery Support Team (funded by the grants) that they are very pleased with the rich resources available to patients after discharge.

Northwest Indian Treatment Center Self-evaluating Progress Report FY 2015, First 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 first 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	60	20	20	40	0	20	40	60	20	0
2	20	40	0	0	0	0	0	0	0	0
4	0	20	20	20	0	20	20	20	20	40
5	20	0	0	0	0	-80	0	0	0	40
6	40	40	80	20	40	60	40	40	60	40
8	40	20	20	20	40	20	0	0	40	20
9	0	0	60	40	40	40	40	0	80	20
10	40	40	0	20	0	0	40	-20	20	20
11	40	40	20	20	0	0	0	20	40	20
12	-20	40	20	0	0	0	20	20	40	40
13	80	0	80	0	60	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0
15	60	20	60	20	40	0	30	30	0	20
16	20	20	40	20	0	40	20	20	20	20
18	0	0	80	0	0	0	0	0	0	0
19	80	0	20	0	40	0	0	0	0	0
22	80	0	70	0	60	20	20	20	20	40
23	20	0	0	0	60	20	80	0	20	20
24	20	40	20	0	40	20	20	20	80	20
25	60	0	60	0	60	0	60	0	20	0
26	20	20	60	20	20	20	40	0	20	20
27	20	20	20	0	0	0	0	0	0	20

9.	Learned a lot of tools and learned that it all started from my inner child.	This place is amazing. It taught me how to find myself within inner self and how to love myself.
10.	The content + depth of classes + concern for my personal issues.	I continued to learn more about culture + DBT.
11.	I like what I am learning and the people that surround me.	I like all the lectures and feel connected to my group.
12.	I'm learning things I have not learned or remembered in a while. Remembering my spirit, helping with the medicine, Mike & Sonja.	Excellent staff & work done here.
13.	All the kind hearts that truly care – Where did you find these people? I can't believe how fast time is flying. All the knowledge I learned is amazing feeling.	The knowledge you teach makes so much sense. I never knew my bay was so heavy on my back. Your facility helped me to open that bag and release my past! All of it!
14.	I'm satisfied with my treatment.	N/A
15.	Very relaxed, able to work at own pace so I can really think about my life.	NWITC is amazing. I was able to overcome fears.
16.	I am happy that Brock is understanding and that I have grown.	I appreciate all staff. Very loving caring people.
17.	N/A	I'm satisfied with all the tools you have provided me with.
18.	I am satisfied with everything. It's a good place here.	Native culture, medicine plants.
19.	N/A	I was accepted easily by the people.
22.	This is a special place.	I feel loved, respected + needed.
23.	In all ways.	Learning myself.
24.	So far so good. I'm learning a lot.	I've made so much progress here since I first got here.
25.	I'm satisfied because I got a good councilor who is helping me target and deal with my issues.	N/A

26.	I feel that I am making progress towards my sobriety goal. I feel more confident every week.	I have come a long way and feel confident about my sobriety. Not over confident.
27.	Those councilors are real about wanting to help. Every lecture and every word has been on point with what I came here for. Tools.	The areas I identified were pretty well explained and I guess put to the test. I have been gifted with awesome tools and feedback from every councilor. These councilors care a lot.
28.	N/A	The intense daily lectures and consistent.
29.	The food	The food and the whole treatment center.
30.	The teachings through the lectures.	The native American culture/spirituality.
31.	I feel respected, cared for, loved and I am learning a lot even when it's hard to deal with they help you along with everything. It's very comfortable.	N/A
32.	I'm satisfied with the way the councilors get us to open up and the lectures that they have here.	Satisfied with the way the councilors work hard to help us.
33.	I've got a lot out of it this time.	I got more out of the program this time.
34.	Helping me identify why I used to react to situations with anger.	Great insight on my addiction and how to live a healthy life.
35.	N/A	All aspects.
36.	Every way I'm here because I need to be.	I learned what I need to know.
37.	N/A	Everything.
39.	Opening up, talking more, learning DBT skills, learning about my anger, teaching all the different class etc.	This time I learned a lot about myself. I opened up, I feel so much better. Today is a new beginning.
40.	I love the teachings; I feel I can get sober and stay sober I believe.	I feel I have had a spiritual awakening; I don't carry a heavy heart or anger issues no more.
41.	I am learning to love myself and forgive myself for my past. I have learned to accept that things happen but I can make them better.	I've gained confidence back and have dealt with emotions, grief/loss and abandonment in healthy ways. I drum & sing again :)
42.	All the staff.	I feel that I was treated with respect, and was allowed and safe to work on my traumas.

43.	N/A	I really enjoy the cultural aspect of this treatment center.
44.	I am satisfied that we get to change what we think we need to work on in our treatment plan.	I am satisfied with how clearly my councilor worked with me through my treatment plan.
45.	N/A	Every way.
46.	Very satisfied that all the staff is very welcoming, polite and respectful. The lectures and groups are very helpful for understanding what recovery is all about.	During my treatment I felt safe and respected. The lectures and groups help me to better understand feelings and emotions I experience and how to deal with them in a proper manner without using.
47.	N/A	It helped me bring out all my deep secrets so I got nothing to worry about no more.
48.	I am satisfied with it all. It has really helped me learn a lot about myself.	I feel a lot better about myself mentally than when I got here. I feel with the tools given to me here, I feel real strong about my recovery.
50.	Good.	I've learned to communicate with others. Classes are more in detail about alcohol, abuse and healing.
51.	N/A	I learned a lot, got my voice back, was heard, leaving the baggage that wasn't mine here, got my strength, wisdom and experience back.
52.	I'm satisfied with all the staff. They understand, accept and genuinely care.	N/A
53.	Learning that I am truly powerless over my addiction and that I need to stay off the path of self will to maintain sobriety.	All.
54.	N/A	I came back for my 1 week of extension for relapse prevention.
57.	I like all the skills and thing I'm given.	Gained skills to help with dealing with everyday situations.

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

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

<u>Pt.#</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
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4.	N/A	How unorganized my binder is. I started separating it by who was doing the lecture & not by the overall weekly topic.
6.	N/A	Ms. Augusts class. Not always but sometimes she drives me crazy. Rabbit trails.
10.	The dvd player doesn't work for TX videos.	The past 2-3 weeks, the control of certain clients was overlooked. Negative talk.
18.	Negative people talk around me	N/A
19.	N/A	Some staff treated me unfairly. I feel because of my incident.
25.	It could be longer. 60 maybe 90 days.	N/A
26.	I need to get more exercise. My brain works better after a good workout.	I am in need something to fill in my time at night when I am home alone. I am going to pray and meditate about it.
27.	Old behaviors from others.	Totally satisfied.
28.	N/A	I learned not to see the wrong in other people but I feel everything was good.
29.	Drama.	Nothing.
30.	Limited communication to home.	N/A
31.	I don't like how I have to walk on egg shells around a certain patient in fear of being verbally assaulted by them.	N/A
32.	I'm just unsatisfied with our patients behaviors really but in a way it is a good thing because it helps us learn how to pull together as a group.	Not unsatisfied.
44.	I think that it should be explained when you get here that you will be doing WGMH, 1 st step and then your life story because I've seen numerous people confused.	None
45.	N/A	Chairs
46.	N/A	The only thing I can think of would be to try to stress respect for councilors during lectures, try to find a way to minimize cross talk or debates during these times.

47. N/A

Basketball needs to be fixed.

Only a few varied reasons for dissatisfaction noted.

5. What would you like to see added to or changed about the program?

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
4.	Since it is an option to leave anytime, the few that disrupts or don't like to sit in lecture let them leave class. Then take away a privilege they have.	Nothing.
5.	More exercise.	More exercise.
6.	N/A	More sweats, someone to teach us the songs correct.
10.	An additional AA outside meeting and more focus on AA, big book study and 12 step studies.	Better observation of what really goes on behind staff's back.
11.	Longer phone calls.	More sweats.
12.	No more round tables. Get the big long tables back.	Big square tables back.
13.	Expand and build a facility in Neah Bay.	Expand to Neah Bay.
15.	Other self soothe, massage therapy fir pain, dietitian.	Massage therapy. I would like to come back and teach a class on simple Moccasin shoes and cedar weaving.
18.	More red road for treatment, It's a good idea.	N/A
19.	N/A	Watch some TV or radio.
24.	I would love if there was a yoga/ Meditation class offered for exercise and learning how to meditate. Perhaps an optional class to take in the morning.	Nothing.
25.	More group activities.	N/A
26.	I would like there to be more and longer walks. An option for individual exercise like a tread mill.	More exercise. ! long walk in the afternoons or a treadmill would be nice.

27.	Add a group called problem solving maybe it would sink in better.	Maybe all the typo's.
28.	N/A	1 cup of juice for those who don't have pop and if allowed to have candy.
30.	N/A	Extra phone call a week.
31.	Being brushed off more by spiritual healer.	N/A
32.	Nothing. The perfect size and not too many people.	Nothing.
33.	When people get in trouble I don't think everybody should pay	Nothing
37.	N/A	Fix the basketball hoop and court.
39.	Nothing but the food.	I already changed something in the program, you already know.
41.	More crafts, it helped me to self soothe and create something I could be proud of.	N/A
43.	N/A	More physical activity.
44.	I would like to see more physical activity. I believe getting active ia a very important part of early recovery. Once a week trip to weight room.	More exercise for clients.
45.	N/A	Not going to the same room for classes, Build onto property.
47.	N/A	Basketball needs to be fixed.
51.	N/A	Consistency of lectures and activities when things get cancelled.
52.	Add a monthly drum group.	N/A
53.	N/A	New or updated treatment based films. The VHS has got to go people.
54.	N/A	Need a recovery home in Neah Bay.

Many varied suggestions offered with no particular common theme.

**Northwest Indian Treatment Center
PO Box 477, Elma, Washington 98541**

**Residential Program
Treatment Follow-up Report
FY2015 - First Quarter**

The following report represents the results of the telephone interviews with eighty-three percent of the total participants during the first quarter. Survey results are printed in bold type.

1. Are you still clean and sober?

98% Yes **2%** No

The number of alumni reporting they are maintaining sobriety is about the same as most recent quarters.

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

89% Yes **11%** No **0%** No Response

- **Did not go to clean and sober housing as planned.**
- **Just returning home and has not settled in yet.**
- **Back in residential treatment.**
- **Taking care of ill spouse.**
- **Appointment is scheduled.**

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?

98% Yes **2%** No

- **Nothing, it's my mind messing with me.**

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

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

100% Yes **0%** No

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

5. Was your treatment with us satisfactory?

100% Yes **0%** No

The percentage of alumni who were satisfied with their treatment experience is the same as last quarter. All patients were satisfied.

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

- **Housing**

7. What referrals were made during the interview today?

- Client was given a walk-in outpatient facility to seek. (IOP)
- Oxford housing information.
- Mental Health check-in appointment.

Comments:

- Client reports, thank you for another chance at life.
- Client reports still clean and feeling good.
- Client reports, still figuring things out, but life is good.
- Client reports, thank you guys for everything.
- Client reports going to several meetings a day.
- Client reports going to meetings and doing well.
- Client reports they love being with their family.
- Client returned home instead of clean and sober housing.
- Client is seeking IOP since re-locating.
- Client is incarcerated.
- Client is currently in detox.
- Client reports, thank you NWITC.
- Client reports; using my skills every day.
- Client reports feeling good.
- Client reports, enjoying life with my family.
- Client reports, I'm feeling pretty good.
- Client reports, very grateful for NWITC.
- Client reports, loving life.
- Client reports, thanks for the support.

**Northwest Indian Treatment Center
PO Box 477, Elma, Washington 98541**

**Residential Program
Referring Agencies Report
FY2015, 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 eighty-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	95%	B. Easy to comply with	16%
C. Confusing	0%	D. Too demanding	2%

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. In what ways were you satisfied?

- *Pleased we got an interpreter.*
- *Like the updates from the counselor.*
- *Prompt responses, very friendly cooperative people to work with.*
- *Good contact.*
- *Always satisfied with your treatment program.*
- *Easy to get clients in and easily understood.*
- *All ways.*
- *Communication was great with admissions, counselors and everyone else.*
- *Counselors did great at giving updates.*
- *Communication was great.*
- *Quick response.*
- *Satisfied with the updates on the patient.*
- *Easy to reach intake.*
- *Totally satisfied.*
- *Can rely on the intake process.*
- *Referrals were handled great. Good communication with counselors. I liked the spiritual aspect of NWITC.*
- *Easy to get a bed date. Smooth transition from detox to your facility.*
- *Communication and updates on patients from counselors.*
- *All ways, intake; Chrystal is great.*
- *Communication, return calls.*
- *Great facility, easy process.*
- *Follow-up calls.*
- *Short wait time, friendly, easy to get in.*
- *Quality of treatment.*
- *Recovery support program is great! All ways.*
- *Great to work with.*
- *Easy admission process.*

All referents were satisfied in general and especially with the intake staff and treatment components.

4. What changes has your patient made in his/her drug and/or alcohol use?

Drug and alcohol free	82 %	Consumes less than before treatment	2 %
No change in use	7 %	Unsure	9 %

Referents and/or the Recovery Support Team reported having contact with or knowledge of 84% 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?

- More beds.
- The admission process is difficult.
- Maybe expand or make it easier to get clients in. It is difficult these days.
- Blood work is a barrier. Blood work should be done at NWITC so it's not so difficult to get the patient to treatment. If a patient is homeless, it's hard.
- Closer bed dates.
- More beds.
- Discharge when rules are broken. Client broke fraternization rules, yet received a completion; when client returned home they went back to old behaviors.
- Longer stays.

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

- Why are clients going into the recovery coaching program right away? It hasn't worked out well, they relapsed. I think they need to function as a sober person first.

Answer: We don't put clean time requirements on our Recovery Coach Academy. We believe they can learn skills to help stay clean, even if they are not an active "Recovery Coach." I do agree that it is a hit and miss with those in such early recovery. We are looking into ways of easing people into the program. Thank you for your input.

- Are there any follow-up procedures?

Answer: Yes; we have a Recovery Support Team that follows alumni for 1 year (or more) with 3 contacts per week for the first 4 months and 1 time weekly after that (it can be more if the alumni want). They are entered into the program of follow-up services during the treatment stay, unless they refuse services. Once they are entered into the program, they will receive services weather they graduate treatment or not.

