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**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program First Quarter ~ FY 2016



Statistics



Efficiency & Access Report



Patients' Input Report



Patients' Self-Evaluating Progress Report



Treatment Follow-Up Report



Referring Agencies Report

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Northwest Indian Treatment Center

Residential Program

Statistics

FY 2016 - First Quarter

Statistics by Discharge Date*

Referents	No. Pts
Agape	1
Benewah	2
Chehalis B.H. Outpatient	5
Colville A&D Program	3
First Things First	1
Harborcrest	1
Klallam Counseling Services	4
Lakeside Milam	1
Makah Recovery	1
Muckleshoot B.H. Program	1
Native American Rehabilitation	1
Nisqually Substance Abuse	1
Northwest Resources	1
Okanogan Behavioral Health	1
Port Gamble	7
Puyallup Tribal Health Authority	1
Quinault CDP	2
Sea Mar Comm. Health Clinic	4
Seattle Indian Health Board	3
Skokomish Hope	2
Sound Mental Health	2
Specialty Services	1
Spokane SAP	2
Squaxin BHOP	4
Suquamish Tribal Wellness	1
Tamarack Treatment & Counseling	1
The Center	1
Tulalip B.H.	1
Wenatchee	1
Willapa B.H.	1
Yakama Nation CCAP	2
Total Admissions	60
Referent Type	
Tribal	22
Other	9
Total Referents	31

Patient Days

Total Patients	60
Total Days	2077
Average Stay	35 days

Counselor	# Patients	Total Pt. Days	Average Stay
B.P.	11	415	38
D.M.	5	188	38
D.B.	1	44	44
K.P.	13	401	31
M.S.	10	284	28
M.T.	9	315	35
S.I.	11	430	39
TOTALS	60	2077	36

Gender

Male	34
Female	26
Total Patients	60

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non- Compliance	Med. & Emer. Other / Special	
			Leave	Circumstances
Males - 19 (32% of all pts)	Males - 9 (15%)	Males - 5 (8%)	Males 1 (1%)	Males 0 (0%)
Females - 19 (32% of all pts)	Females - 5 (8%)	Females - 1 (1%)	Females 1 (1%)	Females 0 (0%)
Total - 38 Pts. 64% of all pts.	Total - 14 Pts. 23%	Total - 6 Pts. 10%	Total - 2 Pts. 3%	

Third Party Payers

ABP	33
TANF	11
SSI	5
Expansion	2
TPO	2
I.H.S.	0
Insurance	3
Insurance/TPO	2
Benefit Bed	2
Total Third Party Payers	60

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

**Residential Program
Efficiency and Access Report
FY2016 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 2016

Efficiency: Here is the payer mix:

ABP	33
TANF	11
SSI	5
Expansion	2
Tribal Purchase Order	2
Insurance	3
Insurance/Tribal Purchase Order	2
Benefit Bed	2

Sixty 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 recovery coach program implemented through the grants continues to be successful. Last quarter a recovery coach campout conference was held to build relationships between recovery coaches and receive additional training. Next quarter one Recovery Coach Academy will be presented, training several recovery coaches throughout different tribes.

Access: Patients who were admitted to the residential program waited an average of seventeen days. This slightly higher than last quarter. The length of time varied from zero to 129 days. One person waited 129 days for admission, this is because the client refused earlier bed dates. 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 2016 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
PO Box 477, Elma, Washington 98541**

**Residential Program
Patients' Input Report
FY2016 - First Quarter**

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

1. Was your orientation at admission:

97% Easily understood **3%** Confusing

The percentage of patients finding the orientation to be easily understood is consistent with most quarters.

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

100% Yes **0%** No

The percentage of patients felt they were treated respectfully. This is consistent with most quarters.

3. In what ways are you satisfied with your treatment?

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	Very Satisfied, this has been a great adventure on a new road with recovery and the classes are helping me with my past, present and future.	N/A
2	This is my first treatment ever in a treatment center, I believe this is the best in Washington. I automatically felt comfortable when I came here. The lectures, staff are great as well as the people who travel to come her and help all of us with our healing. I am very grateful to be here.	I am happy with my treatment plan, my amazing counselor who helped me through all the healing I did here. I am very happy, fortunate and thankful of this treatment, it truly is something special.
3	N/A	I learned a lot here. Covered a lot of topics.
4	N/A	In all ways.
5	I'm learning how to love myself again.	I have found myself worth and am feeling confident about my future. I will be using DBT skills out there for sure.
6	I'm very satisfied with the lectures and all the tools that is being handed to me.	All aspects of treatment.
8	All my peers and staff are nice and respectful. I like the way they breakdown the assignments.	All the staff here are nice and respectful as well as the peers. I liked all the lectures, crafts and culture.

9	All ways, good classes, good peers, good teachings.	Got to work on myself, grief and loss.
10	The nutritional / medicines plants education, DBT tools and individual treatment plan.	My individual attention and implementation of my treatment plan with my counselor.
11	Relapse prevention. Our triggers, co-dependency, the books, culture, the pamphlets info.	Culture and traditions, getting to know self, DBT skills, boundaries.
12	I learned how to express my feelings and set boundaries.	I am honest about how I feel.
13	I am satisfied with the culture and the well-rounded lectures.	I'm satisfied with the love and respect with peers, sweats and lectures.
14	I like the lectures, I can relate with a lot of subjects.	I like it, it's a safe environment.
15	I am beyond satisfied, this facility and structure is essential for my recovery program.	This is the start of many goals I have, big and small. I have a working relationship with myself and direction. Now it's time to put in more effort.
16	All the lectures and staff.	With all the tools they taught us to use here.
17	I feel really satisfied with my stay, classes and counselors. I still need to get used to these stairs, woo there a doozy.	I'm very satisfied, I feel you help me conquer some of my main issues, well...all that I know of.
18	I'm satisfied with treatment.	N/A
19	I'm learning a lot, feeling less anxiety, things are beginning to make a lot of sense.	I've learned new ways to deal with emotions and behaviors, and I'm more spiritual.
20	That we all have a lot in common and can express things with one another easily.	That I am learning skills to deal with my addiction.
21	I'm glad because their teaching me the skills I need to stay clean.	I worked on a lot of new stuff here that I never even knew was inside of me.
22	Learned a little bit about myself and now to become myself.	N/A
25	Extremely understanding, learning things I didn't know before.	I accept my treatment plan and glad I got to work on myself.
27	Learning new ways of thinking.	I learned a lot.
28	The way they explain everything.	N/A
29	I'm learning a lot here. The lectures are amazing.	My questions never go unanswered.
30	Courtesy and open-mindedness with staff and peers.	A very welcome, positive environment.
31	Great classes, counselors, nurse, TA's, cooks and awesome food. In every way.	In every way.
32	My progress so far and the spiritual part and the diversified approach here.	Well rounded, touched a little bit on everything, also liked the way my counselor Melody handled my situation.
33	I am grateful to be here and feel like my spirit, heart and mind feel lighter.	N/A
34	Good food and everything.	Gaining a lot of weight. Finding out what really was bothering me for so long.
35	Food.	Food, DBT classes, AA/NA, Sweats, visits, lectures.
36	It's more informative and specific for different problems.	More of a one on one learning more, foods good.

37 I learned a lot here in the short amount of time I've been here. I learned the tools I will use my whole life.

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>
1	At first I wasn't happy with 45 days away from home, but now I see it's enough time to become stronger within myself and to understand how great recovery can be.	N/A
2	Besides some of my personal belongings being stolen, I'm all over happy and satisfied with my treatment.	N/A
9	People came in detoxing.	People should be fully detoxed before entering.
10	The brochure on the web talks about sweats and "nature walks"	N/A
11	For myself, I need to push myself more, to be more initiative.	Exercise, punching bag.
13	N/A	Not enough phone calls.
16	Being away from my daughters is all.	N/A
25	Some teachers using some words I don't know.	N/A
27	Just being treated below other patients by certain TA's.	That I did not feel heard sometimes. Treated like a child be TA's.
30	My fault, but getting annoyed and impatient. I believe there should be more counselor action when people are disruptive and speak out to long or out of turn.	N/A
31	No way to make picture collages.	N/A
32	The concerns are minimal, but there are a few distractions, nothing I can't oversee.	Some counselors have progress to make as far as sincerity and experience, also TA's.
34	More phone calls	More phone calls.
35	Can't talk to opposite gender.	Can't talk to opposite gender.
36	Not enough exercise options.	Changing rooms per my roommate's request.

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>
1	I would like longer phone calls even if it's only 5 minutes added on to the week days and Sunday calls.	N/A

2	I would like to see more different tribal culture influence rather than just coastal. Oh yes, I would like to see more physical activities with working out, hip hop, abs or Zumba and a weight room, treadmill.	5 extra minutes on phone calls.
4	N/A	Lights on the volleyball and basketball courts.
6	Would like to see music added.	More movies during the week.
8	N/A	I would like more A.A. meetings and more time for cultural crafts and activities.
9	How as Squaxin Tribal member I was almost told I could not go to functions.	Recovery house for Natives.
10	Nature walks.	More nature walks, the salmon spawn was insanely awesome.
11	N/A	Weight room.
12	More sweats.	More groups and talking circles.
13	More privacy phone calls.	More phone calls.
14	More activities.	Foosball table.
15	I would like to wear my stocking cap in the building on days that is 20 degrees.	N/A
19	More exercise.	N/A
20	N/A	The student handbook needs to be revised. All rules need to be in it i.e.: no eating in lecture room, wear shoes or slippers in the downstairs area, serving area and dining area.
21	More sports.	We need to make more drums. I didn't get one this time.
27	Doing more group activities or learn about what trust is.	The TA's do orientation and learn how to use DBT skills just as well.
29	More hands on cultural projects, drum groups.	More cultural activities.
30	More crafts.	More with Mandy.
31	N/A	Able to make picture collages.
32	Very little, but I want this to be the last time here. That's up to me though, I know the staff has faith.	More discretion on the fraternizing phone call, privacy.
33	Maybe an elliptical or treadmill to run on.	N/A
34	Longer phone calls.	Longer phone calls.
35	Gym.	Gym.
36	Gym.	An exercise room.
37	The program works perfect.	Works perfect.

Many varied suggestions offered with no particular common theme.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	No this place is great treatment, the best I've heard and seen.	No concerns.

Northwest Indian Treatment Center Self-evaluating Progress Report FY 2016, 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 eighty-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	0	40	0	20	0	0	20	40	0
2	20	20	0	0	0	20	20	0	0	0
3	0	80	0	60	0	0	0	0	0	80
4	60	20	0	0	-20	0	0	40	0	0
5	60	20	60	40	80	0	0	60	60	40
6	20	0	20	20	0	0	0	0	0	40
8	0	0	0	20	0	20	20	20	0	0
9	0	20	60	0	0	0	0	0	0	0
10	0	40	40	40	0	0	0	60	100	0
11	40	20	20	20	40	0	0	0	40	20
12	100	0	60	40	60	0	0	60	80	0
13	60	0	40	20	0	0	0	80	40	20
14	20	20	40	20	20	20	20	40	40	20
15	20	60	0	40	20	60	60	0	0	0
16	60	20	80	0	0	0	0	60	80	0
17	0	0	0	0	0	0	0	0	0	0
18	40	0	40	0	40	0	0	40	40	0
19	60	0	60	20	80	0	0	60	20	20
20	40	0	40	20	20	20	20	40	20	0
21	60	0	80	0	20	0	0	0	100	0
22	20	0	20	40	40	20	20	0	20	20
25	0	-100	0	-100	20	-60	-60	0	0	0

27	0	80	0	60	0	60	0	80	0	100
28	60	0	40	0	40	0	20	0	40	0
29	40	0	40	40	60	-40	0	-20	20	-20
30	20	20	80	0	-60	80	0	0	20	20
31	40	0	40	20	0	100	60	0	60	-40
32	60	20	40	20	10	30	40	40	10	30
33	10	0	10	0	20	0	20	0	20	0
34	40	0	60	20	-20	20	60	20	40	0
35	60	0	0	0	0	0	20	0	20	0
36	60	20	60	0	60	20	0	0	40	20
37	20	60	0	0	-20	60	40	0	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.)

7. What referrals were made during the interview today?

- Client was given Oxford housing phone numbers and information.
- Client was given housing information.
- Recovery coach academy.

Comments:

- No contact with client, spoke with referent and family who disclosed client is currently using.
- No contact with client, spoke with referent. Client will not respond or return messages.
- Client reports, feeling good.
- Client reports, thank you for your support.
- Client reports, I get be the parent my kids need me to be because of NWITC.
- Client reports, thank you NWITC.
- Referent states, client is going well.
- Referent states client had a relapse and was sent to detox and remains abstinent ever since.

**Northwest Indian Treatment Center
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**Referring Agencies Report
FY2016, 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 seventy-eight 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	93%	B. Easy to comply with	19%
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. In what ways were you satisfied?

- *Prompt responses, easy communication.*
- *Communication is above and beyond.*
- *Reputation in the community is high standard.*
- *Calls back fast for bed dates.*
- *Very fast admission process.*
- *In all ways.*
- *Clear communication, clear understanding of what is needed.*
- *Good process.*
- *Constant updates.*
- *Communication with staff.*
- *Professional staff.*
- *Had no contact after discharge, patient in another treatment.*
- *Easy process, fast response.*
- *Quick admission process.*
- *Very helpful, very cultural.*
- *In all ways.*
- *Amount of time to get into the facility.*
- *Fast process.*
- *All ways, wouldn't change a thing.*
- *Moved into a bed quickly.*
- *Good process.*
- *Professional staff.*
- *Easy understanding of admission process.*
- *Prompt response, easy communication.*
- *Smooth and highly praised.*
- *Above and beyond for beds and change to clients situation.*
- *Admissions.*
- *Easy, simple process, quick responses.*
- *Familiar with the process, always good.*
- *Communication before and after treatment.*

- **Keep good contact.**
- **Good communication, always tending to our needs.**
- **Professionalism of staff.**
- **Communication and updates.**
- **Admissions; always work to accommodate.**
- **Got patient into treatment.**
- **Always satisfied with everything.**
- **Communication between staff and referent.**

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	61 %	Consumes less than before treatment	10 %
No change in use	14 %	Unsure	12 %

Referents and/or the Recovery Support Team reported having contact with or knowledge of 71% 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?

- **Accept more people at one time who are on Suboxone.**
- **Ways to get blood work done for patients.**
- **Several referents would like to see more beds added to NWITC.**
- **Struggle with communication for billing.**
- **Transition to outpatient more successful.**
- **Never once heard from the counselor.**
- **More contact with counselor throughout treatment.**
- **Detox facility.**
- **Would like to be contacted before patient discharge.**
- **Would like an information packet sent over.**
- **A family program.**
- **Clients in relationships.**

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

There were no questions on this report.

