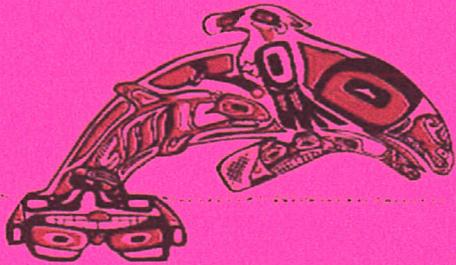


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**NORTHWEST INDIAN  
TREATMENT CENTER**

Residential Program  
Second Quarter ~ FY 2014



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.  
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Stephanie Tompkins, Director

# Northwest Indian Treatment Center

## Residential Program

### Statistics

#### FY 2014 - Second Quarter

Statistics by Discharge Date\*

Referents	No. Pts
Camas Path	1
Chehalis BH Oupatient	6
Colville A&D Program	5
Eugenia Center	1
Genesis II	2
Harborcrest	2
Jamestown S'Klallam	1
Klallam Counseling	3
Makah C.D.	1
Merit Resources	2
Muckleshoot B.H.P.	4
New Traditions	1
Okanogan B.H.	2
Port Gamble S'Klallam	2
Quinalt CD Program	7
Recovery Centers of King Co	1
Shoalwater Bay A&D	1
Skokomish Hope Project	1
Spokane Substance Abuse Program	2
Squaxin BHOP	4
St. Peters Lacey	3
Suquamish Tribal Wellness	4
Swedish Medical Center	1
The Center	1
Warm Springs A&D	1
West End Outreach	1
West Sound Treatment Center	1
Willipa B.H.P.	1
<b>Total Admissions</b>	<b>62</b>

Referent Type	
Tribal	20
Other	8
<b>Total Referents</b>	<b>28</b>

Patient Days	
<b>Total Patients</b>	62
<b>Total Days</b>	2334
<b>Average Stay</b>	<b>38 days</b>

Counselor	# Patients	Total Pt. Days	Average Stay
B.P.	9	289	32
K.P.	11	424	39
M.S.	9	427	47
M.T.	9	317	35
S.I.	13	477	37
S.D.	11	400	36
<b>TOTALS</b>	<b>62</b>	<b>2334</b>	

Gender	
Male	36
Female	26
<b>Total Patients</b>	<b>62</b>

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non- Compliance	Med. & Emer. Leave	Transferred & Deferred
Males - 30 (48 % of all pts)	Males - 4 (6%)	Males - 2 (3%)	Males 0 (0%)	Males 0 (0%)
Females - 20 (32 % of all pts)	Females - 6 (10%)	Females - 0 (0%)	Females 0 (0%)	Females 0 (0%)
Total - 50 Pts. 81 % of all pts.	Total -10 Pts. 16%	Total - 2 Pts. 3%	Total - 0 Pts. 0%	

Third Party Payers	
ABP	5
ADATSA	33
Purchase Order	5
TANF	10
Insurance	9
<b>Total Third Party Payers</b>	<b>62</b>

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

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**Residential Program  
Efficiency and Access Report  
FY2014 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, 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 ADATSA, or recently the Alternative Benefit Plan to qualify for the State of Washington's treatment expansion program or have another payer. 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 ADATSA, or the Alternative Benefit Plan, they also receive a medical card which helps NWITC coordinate medical care.

**January, February, March FY 2014**

**Efficiency:** Here is the payer mix:

ADATSA only	36
ADATSA/Expansion	2
Tribal Purchase Order	2
Expansion	12
Insurance	4
I.H.S.	2

Fifty-eight 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 less purchase order beds reimbursed by either tribes or I.H.S than last quarter.

It is important to monitor the rate of use of ADATSA as well as other state funded beds against the contract. As of January 1, 2014 ADATSA ended, existing patients currently on ADATSA will be billed under the ADATSA contract and new patients will be billed under the Alternative Benefit Plan (ABP). Staff, together with the Legal Department, is also monitoring the state budget and its potential impact on patient eligibility and provider contracts. 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. Through the grants a "recovery coach" program has been implemented. We have conducted two trainings funded through the MSPI grant, one training through the SAMHSA grant; training recovery coaches from tribes all over Washington, Idaho, and Oregon.

**Access:** Patients who were admitted to the residential program waited an average of seven days. This is less than last quarter. The length of time varied from zero to 54 days. One person waited 54 days while the intake coordinator worked to coincide the detox date with the bed date and patient availability. The average 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 second quarter of FY 2014 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  
FY2014 - Second Quarter**

Patients are surveyed at mid-treatment and again at discharge. The following comparison represents eighty-three 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:

**100%** Easily understood 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%**

*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?

Pt. #	<u>Mid-Treatment</u>	<u>Discharge</u>
2	I am finding myself, which is something I needed to do.	n/a
3	n/a	Treatment helped me a lot.
4	I feel I have a better understanding of my disease.	The counselors are very helpful; the TA's are very respectful and kind.
6	This is a very positive place.	Completely satisfied.
7	Structured, supportive, helpful with any kinds of assistance.	Educational, supportive, very cultural.
8	In every way, this treatment center is fricken awesome!	Every way.
9	Structure and simple rules.	Finding myself again.
10	I'm learning to love myself and learning a lot about myself.	I love myself now.
11	I felt the TA's, cooks, and counselors actually gave a lot of respect.	I am totally glad the TA's and counselors care so much.
12	n/a	I completed!
13	All of it.	In all ways, the holistic approach. I feel that I have gathered new tools to stay sober.
14	I have been helped to realize that my addiction is a disease and have been helped to find some of my triggers.	n/a

15	The fact that the staff are available at all times.	n/a
16	In every way, every question or concern has been met.	With the thoroughness of the holistic approach and not just on how NOT to do drugs and alcohol.
17	Being able to have a second chance here! I love how the staff is so caring.	After the staff cleaned up the issues, I felt safer and not distracted.
19	I'm learning new ways of approaching recovery.	I have learned to be a stronger, more spiritual person and have learned some new ways of communicating thru DBT from the recovery support.
20	How much culture is involved & how much all the staff genuinely care and show it.	Helped me spiritually and come to acceptance with a couple unresolved issues.
21	Everything, this is a place I recommend to everyone.	The staff is all around awesome. They helped me feel like myself again.
22	I love the schedule, it keeps me outta my head.	I found the TA's extremely helpful and loving.
24	Lectures from all the counselors and feedback and some of the videos.	The very kindness of everyone and all the teachings of the counselors, lectures, and everyone else that teaches including, native plants etc.
26	The counselors are smart and know what they're talking about. Very helpful. I'm happy with the counselor I am assigned to.	Every way.
28	I feel safe, the counselors and staff give a safe environment and are helping with the right questions and experiences.	My questions were addressed. I feel safe, staff is approachable. I feel ready for the next step.
29	Being sober and having a better and clearer understanding of myself and my disease.	Got to know myself a lot more.
31	Satisfied because I'm getting the help I need.	Every way.
32	I think it's really thorough and the people are all great people.	The whole nine yards.
33	n/a	I believe I have gotten a better understanding of not only my disease, but the domestic dysfunction that has caused me pain in my past.
34	Facility is clean, organized, and maintained. The staff is friendly and helpful.	Positive environment, helpful and caring TA's, excellent counselor, Mike.
35	Nice comfortable place, everyone makes you feel welcome.	The classes, the counselor, Nicole and Miss Mary teaching with beading.
36	Classes with Troy, August and Mike.	I'm still sober.
37	All ways, this is a great place, physically, mentally, spiritually.	Extremely grateful and happiest I have been in years, what a wonderful place this is.
38	Helping me understand and work on my grief and loss issues.	Able to work on myself with grief and loss.
41	All of it.	It was all very good; the staff has taught me a lot.
42	Love the people, TA's as well as counselors.	Was an incredible experience, staff and TA's were amazing.
43	That I was accepted and welcomed here with open arms.	That I feel very secure and open. There is hope for me, I am not alone.
45	I am learning more about myself, loving myself and letting go of the garbage.	Yes, I am satisfied, thank you NWITC.

46	<b>Every day, I realize where my addiction has taken my life. Every day I get stronger! Awesome spiritual environment.</b>	<b>The entire trauma with Mike allowed me to see that my past shame was not mine, just the beginning.</b>
47	<b>This is a very good program.</b>	<b>I picked up on a lot more that I missed last time I was here.</b>
48	<b>I feel I am greatly satisfied thus far, because I am working on all aspects of my life, trauma, spiritual and cultural.</b>	<b>I never thought I'd learn and feel the way I do about a treatment center. Truly Grateful!</b>
49	<b>The counselors are very informative and motivating; they make me think of my disease and how to heal myself.</b>	<b>I was given quite a bit of useful information tools to help me cope and walk thru the pain.</b>
50	<b>Staff is very kind and is the only people who listen to what I have to say.</b>	<b>Every way possible. I enjoyed my time here.</b>

*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>
6	Sometimes messy (when patients are not doing their chores).	n/a
9	n/a	My own lack of ability to follow simple rules.
17	I feel the staff is too soft really, no control of the lectures, too much distraction.	I think the rules need to be strongly enforced, when they are not, clients don't take the treatment center seriously.
19	Not enough phone time, not enough outside meetings.	Constant cross-talk during lectures, lack of phone time, equal discipline.
20	The only way I am unsatisfied is due to me not opening up enough & taking full advantage of the program at NWITC.	Would have been nice to have an iPod in my room. Too some, music is therapeutic.
21	n/a	Need a vending machine with snacks and smokes.
22	One more group a week.	Better coffee.
24	Interruptions from patients not being on time, negative feedback. There should be no chewing in class as we don't get to smoke in class.	n/a
28	The fraternizing and people that don't want to be here are obvious. They should get consequences, this is on the staff.	The clients that don't want to work on their treatment, and that bring other patients down with them should be let go.
29	Worry and self-doubt in myself and my recovery.	n/a
34	The rule in the book regarding sweats is clear, but not followed. It seems to be up to the person running the sweat weather men/women sweat separately. I suggest changing the rule if it's not followed.	Mandatory walks in the cold windy rain.

- |    |  |  |
|----|--|--|
| 35 | The gamblers class and August class, because I don't see anything productive in my recovery. It just seems like she has a hard time with the class to have everyone pay attention, which makes it hard for me. | Gambler class, not a gambler. Hard for me to keep focus in a class when I don't feel the need for it in my recovery. |
| 43 | Some of the other patients mocking other patients.   | I would like to see my counselor at least twice a week.  |
| 48 | My bed hurts my back, and too much pork.   | I felt in some ways disrespected when it came to singing songs.  |
| 49 | Feel like I am being allowed to cry and in the same moment being told to live in the moment and put it on the shelf.   | All the bickering, I shut down.  |

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>
2	More grief and loss.	n/a
4	New vacuum maybe, and give blackout patients something to occupy their time.	n/a
6	More walks.	n/a
8	Candy, cologne, phone, music.	Candy, conjugal visits.
9	Recovery with culture.	n/a
10	TA's in every class, because some people goof off when there is not.	More counselors at graduations.
12	n/a	To let us stay the full 45 days.
13	Nothing, it's just what I've needed and I wouldn't change a thing!	More phone time to call family.
16	Bigger basketball court, exercise area.	More exercising.
17	More one-on-one time. I'm thankful that the counselors are available always.	To have male and female leaders who select movies, make sure chores are done and everyone is in group.
19	Counselors taking control, more physical exercise opportunities.	More phone time, less wait for passes.
20	Exercise equipment or more physical activity. I understand we are focused on recovery; however there is PLENTY of time to fit in exercise without affecting recovery.	n/a
21	n/a	Vending machine.
22	One more group a week.	A week longer treatment.
24	Alumni events, like volleyball, basketball tournaments etc. A traditional salmon bake pit.	Basket making and/or cedar clothing etc. More about hazards of smoking and chewing. More things to do on visiting days for families, and the pts. who are far away from home who have no visitors.
26	More beading classes and more beading styles.	More bead techniques.
28	Longer one-on-ones, more time with patient steps, more time in classes (one hour is just getting warmed up).	More fiber in the diet.



# Northwest Indian Treatment Center Self-evaluating Progress Report FY 2014, 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 seventy-nine 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
3	100	0	100	0	100	0	100	0	100	0
4	60	40	100	0	60	40	100	0	60	0
6	40	0	40	0	40	20	40	40	40	20
7	0	0	60	20	0	0	60	0	100	0
8	0	0	0	0	0	0	0	0	0	0
9	40	0	60	0	20	80	40	0	20	20
10	0	20	0	0	0	0	40	0	0	0
11	40	-20	0	0	-20	0	20	0	0	0
12	0	20	0	20	0	0	0	0	0	0
13	20	20	40	20	80	20	80	20	40	20
14	40	0	60	0	60	0	80	0	0	0
15	0	0	0	0	0	0	0	0	0	0
16	0	0	40	0	40	-20	60	-20	0	0
17	40	0	20	20	40	0	40	0	40	0
19	0	40	40	20	40	20	0	20	40	20
20	20	0	0	20	0	20	20	0	60	0
21	0	0	0	0	0	0	0	0	0	0
22	40	0	40	20	0	0	0	0	20	20
24	20	0	40	0	20	0	20	0	0	0
26	20	0	20	40	40	0	20	0	0	0
28	20	0	20	20	0	0	0	0	0	0
29	0	80	0	100	0	60	0	100	0	60

31	40	20	40	0	-20	0	60	0	60	0
32	20	20	20	20	0	40	0	40	0	0
34	0	0	20	20	20	40	0	0	0	0
35	20	20	0	40	0	20	0	40	0	0
36	60	0	20	40	60	20	80	20	80	20
37	40	20	40	40	40	40	0	40	0	60
38	60	40	60	40	60	40	60	40	60	40
41	0	-20	20	0	20	20	20	0	0	0
42	40	20	60	0	40	0	80	0	40	0
43	0	0	0	0	0	0	20	20	20	0
45	0	0	0	0	0	0	0	0	0	0
46	80	0	100	0	100	0	100	0	100	0
47	40	20	40	20	20	-20	20	0	20	40
48	0	40	20	0	0	20	20	0	20	0
49	20	20	20	0	0	20	0	0	20	0
50	20	0	20	20	0	0	20	20	40	0

Substantial improvement occurred in nearly all areas for most patients. The most improvement generally occurred in the first half of treatment. (Zero may indicate that no new skill level was attained and/or it may indicate that the skill level was already high.)

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

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**Residential Program  
Treatment Follow-up Report  
FY2014 - Second Quarter**

The following report represents the results of the telephone interviews with seventy-nine percent of the total participants during the second quarter. Survey results are printed in bold type.

1. Are you still clean and sober?

**94%** Yes **6%** No

*The number of alumni reporting they are maintaining sobriety is slightly higher than last quarter and most other recent quarters.*

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

**88%** Yes **12%** No **0%** No Response

- **Waiting for appointment.**
- **Just got out of jail.**
- **Have not made it home yet (couch surfing).**
- **Moving around.**

*The number of alumni reporting that they have already seen their aftercare provider average compared to more recent quarters.*

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

**91%** Yes **9%** No

- **Have some struggles.**
- **Not sure.**
- **More support.**

*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?

**97%** Yes **3%** No

- **Living on the couch.**

*The percentage of alumni receiving the services they need is about the same as most 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?

- Oxford house phone numbers.
- Oxford House phone numbers.
- Food resources.
- Food bank locations.

7. What referrals were made during the interview today?

- Oxford House phone numbers.
- Oxford House phone numbers.
- Food resources.
- List of meetings.
- List of local food bank locations.
- Treatment and oxford/clean and sober housing.

**Comments:**

- Client reports doing well and will be moving into oxford.
- Client reports they loved treatment, learned a lot, very grateful.
- Client reports feeling good and happy.
- Client reports feeling grateful.
- Client reports glad to be home.

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

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**Residential Program  
Referring Agencies Report  
FY2014, 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-seven percent of second quarter patients. Survey results are printed in bold type.

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

A. Easily understood	<b>81 %</b>	B. Easy to comply with	<b>17%</b>
C. Confusing	<b>2 %</b>	D. Too demanding	<b>4 %</b>

*Most referents considered the process to be easily understood and/or easy to comply with.*

2. Do you feel that you and your patient were treated respectfully?

Yes	<b>100%</b>	No	<b>0%</b>
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*All responses are positive, which is consistent with most quarters.*

3. In what ways were you satisfied?

- *The patient was agreeable, forth coming, and willing.*
- *Pretty well streamlined.*
- *Pretty good.*
- *Patient got in easily, smooth process.*
- *Good communication, clear expectations, timely discharge summaries.*
- *Immediate responses.*
- *Process with Jody is always awesome.*
- *Easy process, good contact, patients had good feedback with the education.*
- *Everything was good.*
- *Always satisfied.*
- *Happy with how fast the patient got in.*
- *Always sending patients to your facility.*
- *Easy process.*
- *Cultural activities, patient spoke highly of the program.*
- *Process, accommodating.*
- *The patient is still clean and sober.*
- *All ways.*
- *Patient was very content with the treatment and made a lot of progress.*
- *Patient got in early.*
- *Culture, information patient received.*
- *Got him in very quick.*
- *Good services, transportation.*
- *The directions were easily understood.*
- *Process, timeliness of phone calls from counselors.*
- *Process fairly easy, return calls.*
- *Efficiency in communication.*
- *Easy process, good contact, patients had good feedback with the education.*
- *Weekly phone calls about patient.*
- *Good communication from counselor.*
- *Easy process, no confusion.*

- Process is smooth, admissions are helpful and prompt.
- Professionally treated, helpful, reminding us of things we need, updates.
- Always enjoy sending patients to your facility.

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

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

Drug and alcohol free	71 %	Consumes less than before treatment	6 %
No change in use	10 %	Unsure	13 %

Referents and/or the Recovery Support Team reported having contact with or knowledge of 77% of this quarter's post discharge patients that remained drug and alcohol free or consumed less than before treatment. This is about the same as last quarter.

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.
- No more physicals.
- Easier process to get in, it is very hard to get a patient in.
- Include a youth program.
- Longer treatment stay.
- Updates, for the counselor to call and keep connected.
- Medical process, didn't like having to do the physical.
- Shorter bed waits.
- Intake process is too demanding.

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

- How do I get a homeless person to complete the medical requirements?
- Is everything needed for the medical requirements included in a regular physical, or are their specific or additional things we need to ask for?

Answers to questions addressed:

- There are walk-in clinics and tribal clinics that a homeless person could access.
- There are additional requirements that are not included in a regular physical: TB results, lab work (CBC, CMP)

