



NORTHWEST INDIAN TREATMENT CENTER

May 31, 2016

Dear Colleague,

The report for the second Quarter, FY2016 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.

Second quarter, FY2016, referents reported that 64% 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 100% of patients **contacted** 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, appearing to read 'S. Tompkins'. The signature is fluid and cursive, with a large, sweeping flourish at the end.

Stephanie Tompkins, CDP
Director

D3WX bi Pa lil



**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Second Quarter ~ FY 2016



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 2016 - Second Quarter

Statistics by Discharge Date*

Referents	No. Pts
Agape	1
A&D Education	1
Associated Behavioral Health	1
Camas Path	1
Catholic Community Services	1
Cedar Grove Counseling	1
Chehalis B.H.	5
Colville A&D	4
Cowlitz Indian Tribe	1
Good Samaritan CD	1
Harborcrest	1
Jamestown Sklallam	1
King County Criminal	1
Klallam Counseling	4
Makah Recovery Services	2
Muckelshoot Behavioral Health	5
NARA	2
Navos	1
Nimiipuu Health	1
Nisqually Substance Abuse	1
Puyallup Tribal Health Authority	1
Quinault CDP	3
Raging River Recovery	1
Seattle Indian Health Board	1
Shoalwater Bay A&D	1
Skokomish Hope Project	3
Sound Mental Health	1
Spokane Substance Abuse Program	2
Squaxin BHOP	7
The Center	1
Tulalip Family	1
Willipa Behavioral Health	1
Yakima Nation CCAP	2

Total Admissions	61
Referent Type	
Tribal	23
Other	10
Total Referents	33

Patient Days

Total Patients	61
Total Days	2281
Average Stay	37 days

Counselor	# Patients	Total Pt. Days	Average Stay
B.P.	12	438	37
D.M.	8	311	39
K.E.	1	45	45
K.P.	13	548	42
M.S.	9	335	37
M.T.	5	184	37
S.I.	13	420	32
TOTALS	61	2281	39

Gender

Male	37
Female	24
Total Patients	61

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non- Compliance	Med. & Emer. Other / Special Leave Circumstances	
Males - 27 (44% of all pts)	Males - 5 (8%)	Males - 3 (4%)	Males 2 (3%)	Males 0 (0%)
Females - 18 (29% of all pts)	Females - 3 (4%)	Females - 1 (1%)	Females 2 (3%)	Females 0 (0%)
Total - 45 Pts. 73% of all pts.	Total - 8 Pts. 13%	Total - 4 Pts. 6%	Total - 4 Pts. 6%	

Third Party Payers

ABP	35
TANF	11
SSI	9
Expansion	2
TPO	2
I.H.S.	0
Insurance	1
Insurance/TPO	0
Benefit Bed	1
Total Third Party Payers	61

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

**Residential Program
Efficiency and Access Report
FY2016 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 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.

January, February, March FY 2016

Efficiency: Here is the payer mix:

ABP	35
TANF	11
SSI	9
Expansion	2
Tribal Purchase Order	2
Insurance	1
Benefit Bed	1

Sixty-one patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. There was the same amount of purchase order beds reimbursed by either tribes or I.H.S as 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. Native Americans are currently carved out of the BHO billing system. We are not contracted with any BHO providers and therefore are only accepting Native clients. 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 SAMHSA and OVW grant will be ending this year. The recovery coach program implemented through the grants continues to be successful. This quarter there were two recovery coach academies. Next quarter two Recovery Coach Academies 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 the same as last quarter. The length of time varied from zero to 125 days. One person waited 129 days for admission, this is because we had no communication with the client and they were not checking in with the referent.

Denied Access: No prospective patients were denied access.

Summary: The revenue for this second 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.

13	My behaviors, lectures, the teachings.	I feel a lot stronger mentally and physically.
14	By finding my inner-self of the damages that were caused in the past.	All lectures, counselors, food, sweat lodge, NA/AA meetings and myself.
15	I'm very satisfied with all of the staff and living area.	Very satisfied with every aspect of NWITC.
16	I'm satisfied with the work, classes, the TA's as well as counselors & everyone here.	I'm satisfied with all the classes and the sense of family with everyone including the workers.
17	No complaints with my treatment.	Good experience.
18	N/A	All the methods I've learned. The spirituality, the trips, all the staff are top notch and the recovery team.
19	Lots of learning.	Lectures, behavioral teachings.
20	I am learning to be pro-active.	I've learned about the word BEHAVIOR, MY TRIGGERS & SKILLS that could help. I've learned to understand grief and loss.
21	They helped me, I needed it.	All.
22	Spiritual awakening, learning a lot.	Helped me heal.
23	I am satisfied with the lectures we do every day.	I am satisfied by staying in recovery at NWITC.
25	I love how well our counselors and TA staff understand us and genuinely are here for us.	Very satisfied, learned a lot.
26	The program is great.	The classes, my counselor.
27	They have really good therapy and a lot of new skills I've learned.	N/A
28	It covers all areas of recovery, spiritually, culturally.	Very intense lectures, information grasped and had my full attention.
29	Helping me understand myself.	You fixed me.
30	Working on issues.	My counselor is awesome, she helped me with my grief and loss issues.
31	Everything is going well.	I feel like with the support of my counselor and peers I've been able to get through core issues that allowed me to start to trust others. This will allow me to reach out for support.
32	It's a family & the spirit of this home is special.	This place rocks and I love NWITC.
33	The structure and all the love and care from the staff.	Cultural stuff, outings & counselors.
34	My counselor is awesome.	All, I am very satisfied.
35	All ways.	Good food, good staff, good classes.
36	Good understanding of myself, good treatment center.	N/A
37	I am learning a lot of skills.	I can now express my anger in a healthy way.
38	Great treatment staff, awesome counselors, great food.	The tools I got, my counselor really helped me identify my issues. Held accountable for my actions.
39	I'm satisfied with the help I got to help myself.	With the tools I learned to stay clean.
40	The staff, the counselors, TA's, kitchen, housekeeping, curriculum schedule.	Everything, all the staff, Stephanie and her family, the counselors, housekeepers, cooks, TA's, Max and Darryl.

41	Very great program.	Program, people, counselor.
42	Now I can see where my actions cause me to react in a negative way.	All lectures are congruent with each other.
43	The people here really care about us and believe in what they are doing.	I've learned many new skills to set boundaries and properly regulate my emotions, I've also learned that I do have good qualities that other people appreciate.
44	Thankful for the food.	The full meal deal.
45	I'm satisfied with the respect and hospitality I've been receiving here.	I feel that my spirit has been lifted.

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>
4	N/A	Staff could get both sides of the story when a problem occurs between TA's and patients.
6	When sick I felt no respect.	Fratting was looked at too much, it was the TA's main concern.
7	I haven't gotten to sweat.	N/A
10	More outside meetings, I feel that will help me later in recovery.	Personal boundaries were not respected.
12	Having to deal with new changes.	How the TA's talk down on you like your in jail, not cool.
14	Mixed men and women group.	N/A
16	N/A	It would be cool if the women could have a radio to listen to in the bathroom when getting ready in the morning.
20	No walks on the weekends.	N/A
21	N/A	My pills making me tired all day.
23	By the dirty remarks the clients made about me.	N/A
26	Some patients can get/or abuse meds and can sleep during class without anyone saying anything.	Scrambled eggs every day.
33	N/A	How certain TA's aren't consistent & fair with everybody.
34	TA's.	N/A
38	Wish there were more AA meetings.	Too many females in one bedroom.
39	Too many females in one room.	Not enough phone calls to home. Heating in the house doesn't work.
41	N/A	Lockdown.
42	Not enough time.	Not allowed to use cell phone.
43	I'm here for myself, there are too many classroom distractions ie: cross talk, sleeping.	I don't feel like the group should be punished as a whole when rule breaking is happening. It should be handled as it happens with the individual. Set examples, let the group know what happened.

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	More phone calls	N/A
2	Family classes.	Physical activity.
3	N/A	Maybe going over the house rules mid-term.
5	N/A	Volleyball court lights.
7	More one on ones with counselor.	More one on one with counselor.
8	More fry bread.	Volleyball during visits.
10	Smoking program or group.	Optional running days.
12	N/A	More consistency with the rules.
13	More exercise, weight room.	More exercise.
14	The program has worked for those who let it work.	Steamers and oysters.
15	More phone calls at least 2 per week.	Maybe more phone calls.
17	One more phone call per week, or make exception to have the Sunday call on Saturday. And 10-minute call not good. Extra 5 minute break during longer lectures.	A little reminder on the board to check your cloths on break.
19	Should have weight lifting for endorphins.	Loud speaker for announcements cannot be heard in all areas. More trips to the capital building.
20	The orientation could be improved.	I could only hope that the teachings will get stronger and in depth by a few extra steps to get the attention as if lives are really worth it.
22	Maybe some music from the radio or something.	N/A
26	Less scrambled eggs.	Newer treatment related movies.
28	Girls don't want to drum and sing, I feel like I'm the only one who wants to.	More drumming and singing.
30	I would like a nap.	I wouldn't mind if there was naptime.
31	Some of the materials and videos are outdated.	N/A
34	I love this program, but we need to be able to exercise more.	More exercise.
38	Less groups, more lectures, more ice cream.	Movies in the middle of the week, more group activities.
39	N/A	More interaction because lectures all day gets boring.
40	More teachings about songs, what they mean and how and when to play certain songs.	More teachings about the songs.
42	Able to call out on cell phone with TA present.	Using cell phone on weekend for call.
43	Treadmill, workout, equipment. Physical health is just as important as mental health.	Nap time after lunch.

Northwest Indian Treatment Center Self-evaluating Progress Report FY 2016, Second Quarter

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

Patient Number	Setting Clear Boundaries		Positive Self Esteem		Anger Management		Taking Responsibility		Cultural Orientation	
	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge
1	60	40	20	20	20	0	20	0	20	20
2	40	0	20	0	-20	-10	40	20	40	0
3	60	40	60	40	60	40	80	20	80	20
4	0	40	20	60	20	40	20	20	60	40
6	20	0	40	40	0	40	40	40	20	40
7	60	20	40	40	60	0	80	0	60	0
8	20	40	20	60	60	40	20	40	20	40
9	0	20	20	0	0	0	0	20	0	0
10	20	20	40	-20	20	20	40	0	0	-20
11	60	20	40	20	20	20	0	40	0	10
12	0	20	0	20	10	0	0	40	0	20
13	20	60	20	40	-20	20	20	20	20	20
14	20	40	60	40	20	60	60	20	40	60
15	40	40	60	40	80	0	80	0	60	20
16	40	20	20	0	20	0	20	20	40	0
17	0	0	0	0	0	0	0	0	20	10
18	0	0	0	0	0	0	0	0	0	0
19	0	40	20	20	0	0	40	0	40	40
20	-40	40	20	40	20	60	20	40	20	40
21	20	20	20	0	20	20	20	20	20	0
22	60	0	60	40	20	40	40	40	40	20
23	-20	20	0	0	-20	20	0	0	20	0

25	20	40	40	40	20	20	20	20	20	0	0	20	20	40
26	0	20	0	20	20	20	20	20	20	20	20	0	20	20
28	20	20	20	20	20	20	20	20	20	40	20	60	40	40
29	80	0	80	0	0	0	0	0	0	0	0	80	0	0
30	40	20	40	20	20	40	40	40	40	40	20	20	20	20
31	60	20	40	40	40	40	40	40	20	60	0	20	20	20
32	40	0	40	40	40	40	40	40	0	20	0	0	40	40
33	40	20	0	40	40	40	40	20	20	20	40	0	40	40
34	80	0	60	0	0	40	40	40	0	60	0	20	0	0
35	40	0	20	0	0	0	0	0	0	0	0	-20	0	0
36	0	10	20	10	90	0	0	0	50	-10	90	0	0	0
37	60	0	60	20	0	60	40	40	40	80	20	0	20	20
38	20	0	40	0	0	0	20	0	20	0	0	0	0	0
39	40	0	40	20	0	20	20	20	20	20	20	0	0	0
40	40	0	0	40	0	0	20	0	20	0	20	20	20	20
41	0	0	40	0	0	0	0	0	0	0	0	0	0	0
42	40	20	40	40	20	40	40	20	20	20	20	0	0	20
43	40	20	60	0	40	20	20	20	20	60	20	20	20	20
44	0	0	40	0	40	40	40	40	40	20	0	20	0	0
45	0	0	0	0	0	0	20	0	0	-20	0	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.)

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

**Residential Program
Treatment Follow-up Report
FY2016 - Second Quarter**

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

1. Are you still clean and sober?

100% Yes **0%** No

The number of alumni reporting they are maintaining sobriety is higher than most recent quarters.

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

97% Yes **3%** No **0%** No Response

- **Relocating soon.**

The number of alumni reporting that they have already seen their aftercare provider is higher than recent quarters.

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

97% Yes **3%** No

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?

94% Yes **6%** No

- **Moved out of house, living in trailer.**
- **Need clean and sober housing.**

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?

- **Follow up housing.**
- **Wants to attend Recovery Coach Academy.**
- **Bus pass requested.**
- **Bus pass requested.**
- **Bus pass requested.**
- **Patient records.**

7. What referrals were made during the interview today?

- Follow up housing.
- Information to attend Recovery Coach Academy.
- Bus pass given to client.
- Bus pass given to client.
- Bus pass given to client.
- Letter of support and discharge summary.

Comments:

- Client attended Recovery Coach Academy.
- Client reports, I love you guys.
- Client reports, thank you for everything.
- Client reports, I love NWITC.

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

**Referring Agencies Report
FY2016, 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-five 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	93%	B. Easy to comply with	32%
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?

- *Communication, friendly atmosphere.*
- *The trauma work we do here.*
- *The whole process was extremely smooth.*
- *No complaints from clients.*
- *Clients loved it.*
- *All information was there; client was very happy with the program.*
- *Quick intake process.*
- *Quick response time, clear and open communication.*
- *You guys went the extra mile for the client.*
- *Everything.*
- *The whole process.*
- *Intake process.*
- *Easy paperwork.*
- *Quick beds.*
- *How quickly you give us beds.*
- *Good customer service, good response time, good attitudes.*
- *Questions are always answered, the follow up services.*
- *Incorporation of Native culture.*
- *Great support.*
- *Everything.*
- *Professionalism, follow up during and after treatment.*
- *Got right in from detox.*
- *The quick intake process.*
- *No complaints from the client.*
- *How simple it is, how quick we get patients in.*
- *One on one with counselor at discharge time.*
- *Quick response time on entry.*
- *The client stayed the whole time.*
- *Quickness of bed date.*
- *The whole process.*
- *Clear and open communication, quick response time.*
- *Updates from counselor.*

- Client was able to come from Idaho.
- No complaints, clients always love it.
- Response time, communication.
- Communication, follow up from clients, good report.
- Everything.
- Handling clients with grace and understanding & took client to detox.
- Loved the professionalism.
- No complaints from the clients.
- Was able to get emergency client in.
- Got in after 3 months in jail.
- Intake process, consistent updates.
- Everything was completed quickly.

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	47 %	Consumes less than before treatment	17 %
No change in use	17 %	Unsure	19 %

Referents and/or the Recovery Support Team reported having contact with or knowledge of 64% 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?

- Nothing other than I would like to be able to send everyone to your facility.
- Would like to get a call from counselor when client is discharged early.
- Would like to get a call from primary counselor for those in re-entry program or what the after plan is.
- Several referents would like to see more beds.
- Nothing you go above and beyond.
- Shorter wait times.
- Needed completed health and physical makes the process too long.
- Longer term referral.
- Contact with the clinical supervisor.
- More contact with counselor about the aftercare plan.

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

There were no questions on this report.

