

NORTHWEST INDIAN TREATMENT CENTER

August 15, 2013

Dear Colleague,

The report for the Third Quarter, FY2013 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.

Third quarter, FY2013, referents reported that 88% 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.

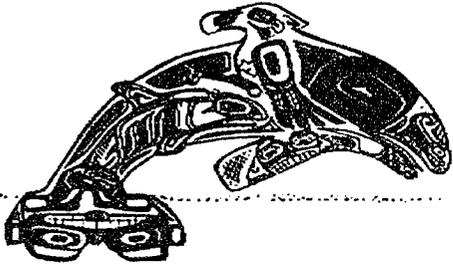
If you have any questions about our services or this report please call me.

Sincerely,

A handwritten signature in cursive script, appearing to read "S. Tompkins".

Stephanie Tompkins, CDP
Director

D3WX bi Pa lil



**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Third Quarter ~ FY 2013



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 2012 - Third Quarter

Referents	No. Pts	Statistics by Discharge Date*																																																																					
Agape Unlimited	1	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Patient Days</th> </tr> </thead> <tbody> <tr> <td style="width: 60%;">Total Patients</td> <td style="text-align: right;">55</td> </tr> <tr> <td>Total Days</td> <td style="text-align: right;">2053</td> </tr> <tr> <td>Average Stay</td> <td style="text-align: right;">37 days</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Counselor</th> <th style="text-align: center;"># Patients</th> <th style="text-align: center;">Total Pt. Days</th> <th style="text-align: center;">Average Stay</th> </tr> </thead> <tbody> <tr> <td>B.P.</td> <td style="text-align: center;">2</td> <td style="text-align: center;">88</td> <td style="text-align: center;">44</td> </tr> <tr> <td>K.P.</td> <td style="text-align: center;">12</td> <td style="text-align: center;">467</td> <td style="text-align: center;">39</td> </tr> <tr> <td>M.S.</td> <td style="text-align: center;">13</td> <td style="text-align: center;">476</td> <td style="text-align: center;">37</td> </tr> <tr> <td>M.T.</td> <td style="text-align: center;">8</td> <td style="text-align: center;">342</td> <td style="text-align: center;">43</td> </tr> <tr> <td>S.I.</td> <td style="text-align: center;">10</td> <td style="text-align: center;">375</td> <td style="text-align: center;">38</td> </tr> <tr> <td>S.D.</td> <td style="text-align: center;">10</td> <td style="text-align: center;">305</td> <td style="text-align: center;">31</td> </tr> <tr> <td>TOTALS</td> <td style="text-align: center;">55</td> <td style="text-align: center;">2053</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Gender</th> </tr> </thead> <tbody> <tr> <td style="width: 60%;">Male</td> <td style="text-align: right;">34</td> </tr> <tr> <td>Female</td> <td style="text-align: right;">21</td> </tr> <tr> <td>Total Patients</td> <td style="text-align: right;">55</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Completed Treatment</th> <th style="text-align: center;">Left Against Staff Advice / Aborted</th> <th style="text-align: center;">Disciplinary Discharge - Non- Compliance</th> <th style="text-align: center;">Med. & Emer. Leave</th> <th style="text-align: center;">Other / Special Circumstances</th> </tr> </thead> <tbody> <tr> <td>Males - 27 (49% of all pts)</td> <td>Males - 6 (4%)</td> <td>Males - 0 (0%)</td> <td>Males 2 (4%)</td> <td>Males 0 (0%)</td> </tr> <tr> <td>Females - 19 (19% of all pts)</td> <td>Females - 1 (5%)</td> <td>Females - 0 (0%)</td> <td>Females (0%)</td> <td>Females 0 (0%)</td> </tr> <tr> <td style="text-align: center;">Total - 46 Pts. 84% of all pts.</td> <td style="text-align: center;">Total - 7 Pts. 13%</td> <td style="text-align: center;">Total - 0 Pts. 0%</td> <td colspan="2" style="text-align: center;">Total - 2 Pts. 4%</td> </tr> </tbody> </table>		Patient Days		Total Patients	55	Total Days	2053	Average Stay	37 days	Counselor	# Patients	Total Pt. Days	Average Stay	B.P.	2	88	44	K.P.	12	467	39	M.S.	13	476	37	M.T.	8	342	43	S.I.	10	375	38	S.D.	10	305	31	TOTALS	55	2053		Gender		Male	34	Female	21	Total Patients	55	Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non- Compliance	Med. & Emer. Leave	Other / Special Circumstances	Males - 27 (49% of all pts)	Males - 6 (4%)	Males - 0 (0%)	Males 2 (4%)	Males 0 (0%)	Females - 19 (19% of all pts)	Females - 1 (5%)	Females - 0 (0%)	Females (0%)	Females 0 (0%)	Total - 46 Pts. 84% of all pts.	Total - 7 Pts. 13%	Total - 0 Pts. 0%	Total - 2 Pts. 4%	
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Upper Skagit C.D.P.	1																																																																						
Warm Springs	1																																																																						
Yakima Co Asses & Referral Services	3																																																																						
Total Admissions	55																																																																						

Referent Type	
Tribal	15
Other	8
Total Referents	23

(2 patients admitted and discharged twice against staff advice)

Third Party Payers	
ADATSA	31
Expansion	10
Insurance	2
P.O. / I.H.S.	1
Purchase Order	4
Third-Party	2
TANF	5
Total Third Party Payers	55

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

**Residential Program
Efficiency and Access Report
FY2013 Third 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, 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, they also receive a medical card which helps NWITC coordinate medical care.

April, May, June FY 2013

Efficiency: Here is the payer mix:

ADATSA only	28
Insurance	3
Insurance/P.O.	1
Purchase Order	2
TANF	9
I.H.S.	3
S.S.I.	11
Family Medical	2

Fifty-nine 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 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. 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 seem to have reclaimed some tribes whose referrals had decreased. The MSPI funds have been increased and extended for an additional year so the rich services will help sustain referrals.

Access: Patients who were admitted to the residential program waited an average of eleven days. This is less than last quarter. The length of time varied from zero to eighty-nine days. One person waited eighty days for admission and the reason was the patient's paperwork for admissions was not completed. 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 third quarter of FY 2013 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.

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|-----|--|---|
| 11. | My counselor keeps me alert to what I miss. The TA's are wonderful, so are the cooks and the food. | I've learned to know recognize and deal with my feelings. I've learned to accept recovery and GOD in order to be me/sober. |
| 12. | That I am getting help with my anger problem. | I am very happy and honored to have another chance to come back and re-learn the tools NWITC has to offer. |
| 13. | I am finding myself. | N/A` |
| 14. | When I got here I was confused NWITC has helped me find my spirit. | I came in with understanding; I will leave with more than I came with. |
| 15. | Good counselors, healthy food. | When I first got here it was hard. |
| 16. | With the support of all the people, the hard work here, counselors, cooks and all other workers. | I was able to let a lot more go and learned to be a healthier person. |
| 17. | Well explained classes, good subject matter, group involvement. | Tools learned, emotions, expressed, addressed recovery techniques. |
| 18. | Lectures are easy to understand and counselors are easily accessible. | I was able to dig into my abandonment issues and my grieving process. |
| 19. | I'm able to understand how addiction to drugs has affected my life and the staff is so helpful to help me understand. | Everything. |
| 20. | I am happy in this treatment. I was welcomed the first day I got here. | I liked this treatment a lot. I want to thank you for all the support. |
| 21. | Everybody is respectful, learning my traditional ways. | With everything about the NWITC. |
| 22. | I got to tell everyone what was going on. | I got to talk to the TA's and counselor. |
| 23. | It has opened my eyes for realizing things about myself. | I have realized all my thoughts sometimes were stuck on a defensive side. |
| 24. | N/A | Skills and tools help me fund the lost person in me and gave me life. |
| 25. | All the counselors and TA's have been so helpful, and I came in with an open mind this time. | I was able to communicate w/ all staff members and was treated with respect at all times. |
| 26. | The positive attitude staff has. | It was all positive. |
| 27. | This is a good environment, I feel I wouldn't learn anything anywhere else. | I learned so much about myself in the 44 days I spent here. |
| 28. | Actually learning to not need to get high and actually bettering myself. | It's really opened my eyes to learn about my disease. |
| 29. | N/A | I like the way everyone is like family, (brother and sisters) how we can get close as we open up our life together. |
| 30. | I am surrounded by a lot of good people. | I have a far better understanding of relapse and the skills I need to prevent it. |
| 31. | How you do intake and the counselor works with you on main areas in your problems. | I got to work on the hard things that I most likely couldn't do by myself. |
| 32. | I'm getting the help I expected. | N/A |
| 33. | N/A | I'm completely 110% satisfied with my treatment. |
| 34. | Clean. | Given me a life. |
| 35. | N/A | It was as good as it can get. |

- | | | |
|-----|---|--|
| 36. | I can tell much thought has gone into the day to day activities besides the material to be covered. I appreciate that all aspects of ourselves are treated ie: spirit, physical, emotional, mental. | Did some deep work on all aspects of my life. |
| 37. | N/A | I have a great plan which will keep me from relapse. |
| 39. | N/A | I have learned a great deal here. Everyone is great, counselors, staff, cooks, etc. very happy with the treatment I have received. |
| 40. | N/A | I am satisfied with my counselor. |
| 41. | Everything. | Had no clue how amazing the outcome would be. |
| 43. | DBT, food, aftercare, all the counselors. | Food, beads, all Natives, culture. |
| 44. | Full of information. | All the good information. |
| 45. | Staff are very nice. | Glad to have had the chance to come here, learned how to better myself. |
| 46. | The booklet on relapse recovery and DBT skills. | Learned about the skills I need to use in the real world. |

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>
5.	N/A	No graduation ceremony.
9.	Two of my peers being rude to me every day no matter what I do they always have something negative to say about me.	N/A
10.	Room time restraints, study privacy, exercise.	N/A
23.	N/A.	I wish I had more time here.
29.	N/A	Seafood for lunch.
30.	N/A	The disrespect from other patients during lectures (sleeping and beading during class).
34.	Away from my family.	Out of touch with my family.
36.	Lack of respect from others to the teacher.	I wish I could stay here and do more work.

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.	N/A	August not to do the child abuse class.
2.	Afternoon walks.	More exercise.
3.	N/A	More culture.

4.	More one on one time with my counselor. For the new people to learn the morning song.	New store list, more phone time. For the new people to learn the morning song.
5.	An aerobics instructor.	N/A
6.	N/A	More physical activities.
7.	To add a carving class one day a week.	I would like to see dancers come here and teach carving.
9.	N/A	Real sugar.
10.	Exercise.	More fitness.
11.	Have apple juice.	N/A
18.	More cultural activities.	More exercise options.
20.	Art, carving, painting.	The girls should get up to eat first.
21.	More exercise, drum making and sweats.	You should be able to go to your room anytime on Saturdays.
22.	That we could get songs on paper.	N/A.
23.	More boy/girl groups, that way we understood each other a little more.	I'd like more drummers, singers, weavers, and beading for my brothers and sisters. More sports.
26.	Better supplies for projects such as paint brushes and leather.	N/A
27.	More phone calls.	N/A.
28.	We should be able to go to our rooms more on Saturdays when we only have 2 classes.	More weaving, beading, basket making classes.
29.	Change sweat time to 6:00 pm so after sweat we can just relax vs. going to class.	N/A.
30.	N/A	Need discipline in lectures; rules are rules and they should be followed.
32.	Sweat more often, more Native activities.	N/A
33.	N/A	More exercise.
34.	More N/A and AA meetings.	N/A
35.	N/A	Sleep in longer on weekends.
36.	Have an hour a week to take care of business ie; use cell phone to call in bills, talk to lawyer, make bank transfers.	Yoga, more traditional foods, less white flour, less beef, more fish.
40.	N/A	No weights or gym.
43.	Walks should be optional, should be able to get more beads if you need more or run out, more cigs at the TA desk.	More field trips, one movie every week on free time. More activities like on Friday nights like weaving, and carving.
44.	Exercise equipment.	Exercise equipment.
45.	Speak up in the circle sometimes I can't hear.	N/A.

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>
6.	I feel that the TA is rude and unfair at times.	N/A

- 8. N/A I'm a little scared to leave, yet excited to start my new life in recovery.
- 9. I don't like to feel uncomfortable in a safe place with my peers. N/A.
- 10. N/A Bigger house.
- 36. Patients that get treated differently; special; caused a rift between other patients. I would like to see exercise be taken a little more serious. (some TA's look for reasons not to go on walks).

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

100% Yes 0% No 0% No response

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

Northwest Indian Treatment Center Self-evaluating Progress Report FY 2013, Third 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-three percent of all third 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	0	0	20	20	40	20	20	0	0	0
2	20	40	40	20	60	20	20	40	40	40
3	60	20	80	20	60	20	20	20	20	20
4	0	0	20	20	0	0	20	20	20	20
5	40	20	60	40	40	20	20	20	20	40
6	0	60	20	40	0	-20	0	20	40	20
7	0	0	0	0	0	0	0	0	0	0
8	40	40	60	40	80	20	20	80	80	0
9	20	20	20	20	0	20	20	20	-20	20
10	40	-20	60	-20	0	0	0	0	0	0
11	40	0	20	0	0	20	20	0	40	0
12	20	20	20	20	40	20	20	20	0	0
13	0	0	0	0	0	0	0	0	0	0
14	80	20	60	0	80	20	20	60	80	20
15	40	20	40	20	20	20	20	40	40	0
16	20	60	60	40	20	20	20	40	0	0
17	0	0	20	20	20	0	0	20	0	0
18	40	0	40	20	0	40	20	20	20	20
19	80	20	100	0	60	40	40	80	60	-20
20	60	-60	40	-20	-60	0	0	60	0	-20
21	60	40	80	20	40	40	40	40	60	40
22	0	0	40	0	40	-40	0	0	0	0

23	100	0	0	0	0	0	0	0	-40	20	20	100	0
24	0	40	0	20	0	0	0	20	20	0	20	0	40
25	40	0	20	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0
27	20	0	0	0	20	0	0	0	0	0	20	20	20
28	20	80	40	40	0	0	0	0	0	20	40	80	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0
30	60	0	40	0	40	0	0	0	0	40	20	40	20
31	40	20	20	20	0	0	0	0	0	0	40	20	0
32	0	0	20	0	20	0	0	0	0	0	0	0	0
33	0	80	0	100	0	0	0	80	0	0	100	0	100
34	20	0	0	0	20	0	0	20	0	0	10	0	10
35	40	20	40	-20	60	0	0	0	0	40	20	20	0
36	20	20	20	20	0	0	0	0	0	0	0	60	10
37	0	0	0	60	0	0	0	0	0	0	40	0	20
39	40	40	20	0	20	0	0	0	0	20	20	40	0
40	0	0	20	-40	20	0	0	-40	0	0	0	-20	20
41	60	0	20	20	60	0	0	0	0	20	0	20	20
43	0	20	60	20	20	0	0	40	0	30	0	20	20
44	20	0	20	20	0	0	0	0	0	0	0	60	20
45	20	0	20	0	0	0	0	0	0	20	0	-20	20
46	20	40	40	0	20	0	20	20	0	20	20	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
FY2013 - Third Quarter**

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

1. Are you still clean and sober?

97% Yes **3%** 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?

82% Yes **20%** No **18%** No Response

- **Changed locations & waiting on a call back.**
- **Been too busy to go in and schedule services.**
- **Missed appointment, in process of rescheduling.**
- **Appointment is scheduled.**
- **Being admitted today into long term treatment.**
- **Doesn't want to do outpatient.**

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?

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?

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?

- **Client requests gift cards.**
- **Client requests bus pass.**

7. What referrals were made during the interview today?

- Sent client gift cards.
- Meet with their recovery coach.
- Oxford housing, GED program.
- Outpatient.
- Bus pass ordered.

Comments:

- Client had an aftercare appointment set up prior to completion of treatment, but decided to change locations when arriving home.
- Client reports doing absolutely great.
- Client relapsed due to emotional issues, but reports to be back on track with sobriety.
- Client is going to be admitted into a long term treatment center.
- Client reports finding it difficult to reach out after a relapse.

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

**Residential Program
Referring Agencies Report
FY2013, Third 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 third quarter patients. Survey results are printed in bold type.

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

A. Easily understood	85%	B. Easy to comply with	0%
C. Confusing	0%	D. Too demanding	15%

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?

- *Great program, updates were awesome.*
- *Everything.*
- *Speed in admission, the treatment process.*
- *All ways.*
- *Client was in soon/quickly.*
- *Nice facility, intake process.*
- *Great relationships made smooth and productive results.*
- *Communication; always an awesome job.*
- *Communication.*
- *Admissions with intake person.*
- *Quality of services provided.*
- *Satisfied in all ways, extremely pleased with DBT.*
- *Really good program; Jody does an excellent job explaining.*
- *Client got in sooner than expected.*
- *Every way possible.*
- *Follow up program.*
- *Speedy process to get client into treatment.*
- *Like that Brock calls with weekly update.*
- *All the direct contact.*
- *Communication; always an awesome job.*
- *All the contact with Jody on what processes need to be done.*
- *Admission process was smooth. Follow up program is great.*
- *Communication.*

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	83%	Consumes less than before treatment	5%
No change in use	5%	Unsure	7%

