



## NORTHWEST INDIAN TREATMENT CENTER

February 28, 2014

Dear Colleague,

The report for the First Quarter, FY2014 is attached. This report provides information identifying the referral source of patients admitted, how many patients were admitted, the percentage completing treatment, the gender mix and total days of treatment. There are summaries of satisfaction, effectiveness, access and efficiency for NWITC programs. Unmet needs are also included on all questionnaires.

First quarter, FY2014, referents reported that 74% 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 80% of patients were alcohol and drug free.

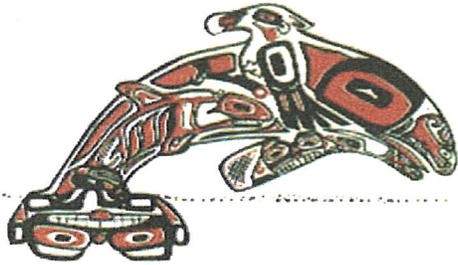
If you have any questions about our services or this report please call me.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Tompkins".

Stephanie Tompkins, CDP  
Director

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**NORTHWEST INDIAN  
TREATMENT CENTER**

## Residential Program First 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.  
Elma, Washington 98541  
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Stephanie Tompkins, Director



# Northwest Indian Treatment Center

## Residential Program

### Statistics

#### FY 2014 - First Quarter

Statistics by Discharge Date\*

Referents	No. Pts
Benewah Medical Center	1
Benton Franklin Crisis	1
Cent. WA Comp MH	1
Chehalis B.H. Outpatient	2
Colville A&D Program	2
Cowlitz Indian Tribal Health Services	2
Crisis Solution Center	1
Genesis II	2
Harborcrest	1
Klallam Counseling Services	1
Lummi Care	1
Makah	3
Merit Resources	3
Muckleshoot B.H. Program	9
New Alliance Counseling	1
New Traditions	1
Nisqually Substance Abuse	1
Northwest Resources	1
Okanogan BHP	1
Pioneer Human Services	1
Port Gamble	2
Raging River Recovery	2
Recovery Centers	1
Seattle Indian Health Board	1
Shoalwater Bay ADP	1
Skokomish Hope Project	4
Squaxin Island BHP	6
St. Peters - Lacey	1
Swedish Medical Center	1
Swinomish CD	1
The Center	1
Upper Skagit CD Program	1
Yakima CCAP	1
<b>Total Admissions</b>	<b>59</b>
<b>Referent Type</b>	
Tribal	19
Other	14
<b>Total Referents</b>	<b>33</b>

#### Patient Days

<b>Total Patients</b>	59
<b>Total Days</b>	2042
<b>Average Stay</b>	<b>35 days</b>

Counselor	# Patients	Total Pt. Days	Average Stay
B.P.	6	161	27
K.P.	11	423	38
M.S.	7	309	44
M.T.	11	365	33
S.I.	14	459	33
S.D.	10	325	33
<b>TOTALS</b>	<b>59</b>	<b>2042</b>	<b>35</b>

#### Gender

Male	32
Female	27
<b>Total Patients</b>	<b>59</b>

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non- Compliance	Med. & Emer. Leave	Other / Special Circumstances
Males - 20 (34% of all pts)	Males - 9 (15%)	Males - 3 (5%)	Males 0 (0%)	Males 0 (0%)
Females - 23 (39% of all pts)	Females - 4 (7%)	Females - 0 (0%)	Females 0 (0%)	Females 0 (0%)
Total - 43 Pts. 73% of all pts.	Total - 13 Pts. 22%	Total - 3 Pts. 5%	Total - 0 Pts. 0%	

#### Third Party Payers

ADATSA	27
Benefit	1
Expansion	12
Insurance	1
I.H.S.	1
Purchase Order	9
TANF	8
<b>Total Third Party Payers</b>	<b>59</b>

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

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**Residential Program  
Efficiency and Access Report  
FY2014 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 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.

**October, November, December FY 2014**

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

ADATSA only	33
TANF	10
SSI	7
Other Expansion	5
Purchase Order	8
Self Pay	1
I.H.S.	1

Sixty-five 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 ADATSA as well as other state funded beds against the contract. As of January 1, 2014 ADATSA is ending. 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. Through the grants a "recovery coach" program has been implemented.

**Access:** Patients who were admitted to the residential program waited an average of eighteen days. This is slightly more than last quarter. The length of time varied from zero to 123 days. One person waited 123 days for admission and the reason was the patient had a family medical emergency. 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 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.



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|-----|---|--|
| 13. | It is understandable, easy to understand, I can relate.   | I was able to get in touch with me.  |
| 15. | I was able to understand where all the hurts began and that I can talk about them.  | I was asked what I needed to work on that was part of my treatment plan.   |
| 16. | Everything.   | I feel good about myself and my recovery, I feel like I worked a lot of stuff out.   |
| 17. | I like the staff and classes.   | I really enjoyed the educational setting.  |
| 18. | The respect shown to the patients by all members of staff.  | I now have hope in myself.   |
| 19. | The staff, my peers, the lectures, the environment. I like my counselor, he really understands my needs.  | With my counselor, lecture and culture.  |
| 20. | I am here to learn and get well. I am learning a lot and starting to feel great again.  | Very, I have learned a lot and have come a long way. My counselor is awesome.  |
| 21. | Satisfied with the lectures, and digging deep down into what's really inside.   | Lectures really hit the spot.  |
| 22. | Just all around, I really enjoy this place.   | Learned a lot about me and some tools how to cope on the outside.  |
| 23. | N/A   | What I learned about myself inside and out.  |
| 24. | N/A   | I had problems with some things and I was respectfully helped by the counselors and TA's.  |
| 26. | I feel my treatment has been very individualized.   | I'm satisfied with the tools I've been given to continue my recovery on the outside.   |
| 27. | I like especially Mike and Kim's lectures. I like talking and split circle.   | Then when I needed and felt vulnerable staff was here to help.   |
| 29. | I am happy I am learning control, my anger/temper, slowly but surely.   | The lectures are great! I didn't think I would learn so much in just 45 days. The food is great, the staff, counselors is wonderful. |
| 30. | It is good, it has been working.  | The communication between my counselor Steve and I.  |
| 31. | Just being able to understand and relate to lecture topics, getting back to understanding my feelings towards people, places and things and how I can react to them in a positive manner. | With the whole experience in general. The people I met, the education, bringing some spirituality back into my life.                 |
| 33. | Learning DBT skills.  | Very informative and great counselors.   |
| 34. | The spirituality, the caring.   | NA   |
| 35. | I have learned that I have a disease and am ready to learn about it. I am here for me.  | NA   |
| 36. | I have learned a lot about myself and the tools I need to use in order to live a clean and sober life.  | This is an awesome place and I learned so much here. Can't wait to go home and use my tools.   |
| 37. | I'm kinda sorta on track with my goals.   | In every way, even with allll my homework! This is still an amazing program, Stephanie has brought positive changes with it.         |
| 38. | Staff was really helpful and kind.  | I was treated with respect.  |
| 39. | I feel safe and my counselor is attentive to my needs.  | In every way, I love it here, and my counselor is awesome, I love him.   |
| 40. | They keep you busy all the time.  | The way the lectures were conducted and pertained to what I needed.  |

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|-----|--|---|
| 41. | The staff treats me very respectfully and I feel like I have individual treatment.                 | The lectures were very informative and I was allowed to go through my grief in group. |
| 42. | I'm thankful that I'm here.  | Good.   |
| 43. | It's a good program I think the skills were working on are a crucial part in helping me get clean. | NA  |

*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.	That it is taking so long to see a chiropractor that my tribe will pay for.	N/A
5.	My 2 shirts are gone, my hair brush was used w/out permission, my drawers were dug through, but I am learning tools to get through it.	N/A
9.	Talk about my feelings with people I don't know.	N/A
17.	The boundaries were not clearly established, I was told not to be in conversation with the men, but talking was ok.	Some of the intensity.
29.	My stuff being taken, some of the food.	The fact that I didn't feel like my belongings were safe, there shouldn't be that many people staying in one room.
31.	Distraction, trying to concentrate on assignments.	NA
34.	Some of the disrespect at times by younger patients to the facility.	NA
37.	I've gained 10 lbs, too much starch.	NA
39.	I feel that my roommate is disrespectful.	NA
41.	Not enough one on ones with staff.	Some groups seemed to be out of control.

*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.	Drumming the right way, with respect, not just pounding the drum.	Drumming class to learn all the words for different songs.
4.	We should be able to talk to girls.	More phone calls.
5.	More breaks and AA, NA.	N/A
6.	More counselor time; one on ones.	I would like to see a store here and some sweatshirts.
9.	More outside AA, NA meetings.	More house sweats on Sundays.

12.	Stronger coffee, more phone time, more outside meetings.	More outside meetings.
13.	Pop machine, money could go for house smokes.	More speakers.
15.	In house store.	In house store.
16.	The food is great but high in carbs.	Maybe more low calorie food or more juices.
17.	Walking every day and more garden education.	More sweat and outdoor activities, more exercise.
19.	More communication.	More patient involvement with lectures and groups.
20.	More things to drink, like Gatorade.	NA
21.	Sweat lodge once a week, afternoon walks daily.	N/A
22.	AA once a week outside.	More outside AA meetings.
26.	More exercise.	NA
27.	Store runs, it would be nice to do my own shopping.	NA
29.	Exercise equipment of some sort, a set time to go running or walking, and more physical activity.	More lectures with Mike and Kim teaching. A guaranteed volleyball game every day with patients and staff or patients against staff.
30.	More physical movement, teachings from the book "Red Road to Well". Gamblers Education should be optional.	Daily 45 minute walk. More positive AA/NA affirmations posted on walls in the facility.
31.	NA	Books, reading material that's not related to recovery. Walks to the library once a week.
34.	More videos on alcoholism and discuss it.	NA
36.	That all the staff would be on the same page.	I would like to see more professionals.
37.	Corn in salad bar, the food is amazing but need healthier options – less fatty.	NA
38.	Clock in the lecture room.	Try to change the menu.
41.	Football games on radio, Sundays during free time.	NA

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>
9.	I don't want to go to jail after treatment.	Men and woman should be able to talk when TA's are present.
17.	I do not like it when only a couple go on and on, I feel like much of that should be handled with their counselor.	N/A
29.	I feel uncomfortable leaving certain personal items in my room or locker because I have items being stolen.	One of the TA's has a very negative attitude & when you wake up it's not a very good feeling when you are an inconvenience.
31.	NA	A little more authority towards patients taking care of this amazing place.

34. **Would like to have Shakers light up the dorms to help the spirits that may be lingering.** NA

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 2014, 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	40	20	0	20	0	0	0	0	40	20
2	60	-20	40	-20	0	100	20	0	40	0
3	0	20	60	0	40	20	0	0	60	0
4	-40	20	0	0	-20	0	-20	0	0	-20
5	60	20	20	0	60	0	20	0	0	20
6	60	20	40	20	20	20	40	20	40	20
7	0	0	0	0	0	20	20	20	0	0
9	0	20	0	20	0	0	0	20	0	0
10	0	0	20	20	20	0	0	0	20	0
12	60	0	30	0	40	0	0	0	100	0
13	60	0	40	20	80	20	60	-20	40	20
15	40	0	80	0	0	0	80	20	100	0
16	40	40	20	60	0	0	0	20	0	40
17	0	20	0	40	0	0	0	0	0	40
18	0	20	20	60	20	40	20	40	20	40
19	20	20	20	0	20	0	20	0	0	20
20	40	40	20	0	0	20	20	40	20	20
21	0	100	20	60	0	40	0	40	60	20
22	0	20	40	20	40	20	40	20	40	0
23	80	20	80	0	-60	60	100	0	100	-20
26	40	0	60	20	60	20	60	0	60	20
27	40	0	60	0	20	0	40	0	80	20

29	20	40	20	20	20	40	40	20	40	20
30	20	20	0	0	20	20	0	0	0	20
31	0	40	60	40	40	-20	0	40	40	20
33	0	-20	80	20	0	0	0	0	40	20
34	40	0	60	0	60	0	40	0	0	0
35	0	0	20	0	0	0	0	0	20	-20
36	60	0	60	0	20	-20	80	0	60	0
37	60	20	0	40	40	60	20	40	0	0
38	20	0	0	0	20	0	20	0	20	0
39	80	20	60	0	40	20	40	20	80	0
40	40	20	60	0	0	20	60	20	20	20
41	20	0	40	0	20	0	0	0	20	0
42	60	0	60	0	0	0	80	0	100	0
43	0	0	20	0	0	0	20	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

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Residential Program  
Treatment Follow-up Report  
FY2014 - First Quarter

The following report represents the results of the telephone interviews with eighty percent of the total participants during the first 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 about the same as most recent quarters.*

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

**77%** Yes **23%** No **0%** No Response

- Does not want to
- Appointment has been rescheduled.
- Moved.
- Refused.
- Refused outpatient.
- Was busy and forgot.
- Waiting on aftercare, pending paperwork.
- Missed appointment, rescheduled.
- Appointment made.
- Moving.

*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?

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

- Not following recommendations.
- S.O. is still drinking.
- Not following through with recovery plans.
- Appointment scheduled.

*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?

**98%** Yes **2%** 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?

- DV assessment.

7. What referrals were made during the interview today?

- Referral from outpatient for another program that would work with clients' schedule.
- Call outpatient.

**Comments:**

- Client has been focused on son and medical needs.
- Client reports doing well, is moving into clean and sober housing.
- Client reports doing well.
- Called referent to find out about pending paperwork to get aftercare moving forward.
- Client reports doing well; started working with tribe and is receiving "support" from them.

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

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**Residential Program  
Referring Agencies Report  
FY2014, 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 ninety-seven 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	<b>77%</b>	B. Easy to comply with	<b>14%</b>
C. Confusing	<b>4%</b>	D. Too demanding	<b>5%</b>

*Most referents considered the process to be easily understood.*

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?

- *With the treatment of clients, always!*
- *Working relationships with NWITC and Jody; very appreciative of NWITC!*
- *All ways.*
- *With the updates.*
- *Communication and quality of treatment.*
- *Timely getting patients in; understanding treatment.*
- *Aftercare is wonderful; recovery coach program is the best in the area.*
- *All ways, speed of bed dates; contact while patients in treatment.*
- *Every way. Best in the state for the Native population.*
- *Follow up calls.*
- *Follow up with referent.*
- *Quick calls back.*
- *Friendly, easy to talk to Jody.*
- *Patient got a lot out of treatment.*
- *Seamless referral.*
- *Timeliness, short wait, communication, recovery support.*
- *Fairly easy getting in.*
- *Communication, quality of treatment.*
- *Patient was admitted in a timely manner.*
- *Treatment outcome; recovery support.*
- *Treated patient respectfully.*
- *Quickness, calls returned, bed date confirmations.*
- *Communication with staff.*
- *Treatment provider.*
- *Speedy replies.*
- *Quick getting patients into treatment.*
- *Patients are spiritually fulfilled by the program; never a single complaint from patients.*
- *Treatment of clients always.*
- *Been referring to NWITC for 15 years; always satisfied; return calls, always informed.*
- *Overall availability of getting bed dates.*

- **A person answers the phone; Jody is timely, kindness from NWITC.**
- **Communication, quality of treatment.**
- **Communication, timeliness.**
- **Communication is great.**
- **All ways.**
- **Services provided by NWITC.**
- **Transportation, getting patients to the facility and services received.**
- **The fact that NWITC went above and beyond given patient behavior.**

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	56 %	Consumes less than before treatment	18 %
No change in use	7 %	Unsure	19 %

Referents and/or the Recovery Support Team reported having contact with or knowledge of 74% 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?

- Longer stays.
- More beds.
- More beds, less wait period.
- More beds, methadone beds for women, less wait time.
- Communication between patient and referent could have been better.
- More available bed dates.
- More gardening.
- More flexibility on paperwork.
- Help with detox admittance.
- Less wait time for a bed.
- Longer stays.
- Medical detox.
- Increase beds, less wait time.
- Family component.
- All releases combined into one.
- Quicker beds.
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7. Do you have any questions you'd like addressed?

- Patient was involved in a treatment relationship, yet was able to stay, curious as to why pt stayed?

Answer :NWITC Provides individualized treatment.

Comments:

- Several referents stated they would love to come visit.

Reply: You are all welcome at our facility anytime!