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**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Third Quarter ~ FY 2022



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

Ofiialii Tovia, Director



Northwest Indian Treatment Center

Statistics

FY 2022 - Third Quarter

Referents		No. Pts	Statistics by Discharge Date*																																																																														
American Behavioral Health Systems	1	<div>Patient Days</div> <table><tr><td>Total Patients</td><td>44</td></tr><tr><td>Total Days</td><td>1510</td></tr><tr><td>Average Stay</td><td>34 days</td></tr></table> <div>Counselor</div> <table><tr><th>Counselor</th><th># Patients</th><th>Total Pt. Days</th><th>Average Stay</th></tr><tr><td>B.HO.</td><td>8</td><td>198</td><td>25</td></tr><tr><td>B.HA.</td><td>9</td><td>325</td><td>36</td></tr><tr><td>B.P</td><td>6</td><td>179</td><td>30</td></tr><tr><td>M.T.</td><td>5</td><td>183</td><td>37</td></tr><tr><td>S.V.</td><td>8</td><td>339</td><td>42</td></tr><tr><td>S.M.</td><td>8</td><td>286</td><td>36</td></tr><tr><td>TOTALS</td><td>44</td><td>1510</td><td>34</td></tr></table> <div>Gender</div> <table><tr><td>Male</td><td>28</td></tr><tr><td>Female</td><td>16</td></tr><tr><td>Total Patients</td><td>44</td></tr></table> <div>Completed Treatment</div> <table><tr><th>Completed Treatment</th><th>Left Against Staff Advice / Aborted</th><th>Disciplinary Discharge - Non-Compliance</th><th>Med. & Emer. Leave</th><th>Other</th></tr><tr><td>Males - 15 (34% of all pts)</td><td>Males - 7 (16%)</td><td>Males - 4 (9%)</td><td>Males 2 (4%)</td><td>Males 0 (0%)</td></tr><tr><td>Females- 10 (23% of all pts)</td><td>Females - 2 (4%)</td><td>Females - 0 (0%)</td><td>Females 3 (7%)</td><td>Females 1 (2%)</td></tr><tr><td>Total - 25 Pts.</td><td>Total - 9 Pts.</td><td>Total - 4 Pts.</td><td colspan="2">Total - 6 Pts.</td></tr><tr><td>57% of all pts.</td><td>20%</td><td>9%</td><td colspan="2">13%</td></tr></table> <div>Third Party Payers</div> <table><tr><td>ABP</td><td>33</td></tr><tr><td>TANF</td><td>7</td></tr><tr><td>SSI</td><td>2</td></tr><tr><td>Tribal Purchase Order</td><td>2</td></tr><tr><td>Total Third Party Payers</td><td>44</td></tr></table>	Total Patients	44	Total Days	1510	Average Stay	34 days	Counselor	# Patients	Total Pt. Days	Average Stay	B.HO.	8	198	25	B.HA.	9	325	36	B.P	6	179	30	M.T.	5	183	37	S.V.	8	339	42	S.M.	8	286	36	TOTALS	44	1510	34	Male	28	Female	16	Total Patients	44	Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Leave	Other	Males - 15 (34% of all pts)	Males - 7 (16%)	Males - 4 (9%)	Males 2 (4%)	Males 0 (0%)	Females- 10 (23% of all pts)	Females - 2 (4%)	Females - 0 (0%)	Females 3 (7%)	Females 1 (2%)	Total - 25 Pts.	Total - 9 Pts.	Total - 4 Pts.	Total - 6 Pts.		57% of all pts.	20%	9%	13%		ABP	33	TANF	7	SSI	2	Tribal Purchase Order	2	Total Third Party Payers	44
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Astria Toppenish Hospital	1																																																																																
Camas Path	1																																																																																
Cedar Grove Counseling	1																																																																																
Chehalis Behavioral Health	1																																																																																
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Colville A&D	1																																																																																
Cowlitz Indian Tribal Services	4																																																																																
Didgwalic Wellness Center	1																																																																																
Harborcrest	1																																																																																
Klallam Counseling	1																																																																																
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Northwest Resources II	2																																																																																
Port Gamble Sklallam	2																																																																																
Providence D&A Addiction Treatment	1																																																																																
Quileute Counseling and Recovery	1																																																																																
Quinault CD Program	4																																																																																
Royal Life Centers	1																																																																																
Shoalwater Bay A&D Program	1																																																																																
South Sound Behavioral Hospital	1																																																																																
Spokane Substance Abuse Program	1																																																																																
Squaxin Island Tribe BHOP	1																																																																																
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Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2022 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. Medical necessity for residential treatment at ASAM level 3.5 is determined by a review of the referral packet.

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 persons served 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 Medicaid, or have another payer, or, if available and meeting eligibility requirements, access the benefit bed. Out of State referrals must have a payer, including for medical care and medications. 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 to stay abreast of the current status of the referred individual. 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. This helps NWITC achieve a balanced budget by maximizing the revenue in relation to each admission. Having a payer other than only I.H.S. provides more easily accessible medical coverage for patients, which helps NWITC respond to health care needs.

April, May, June FY 2022

Efficiency: Here is the payer mix:

ABP	33
TANF	7
SSI	2
Tribal Purchase Order	2

Forty-four patients were admitted during this quarter. The number of patients admitted each quarter is usually fifty plus. This quarter there were two more purchase order beds than last quarter.

The statewide restrictions caused by the coronavirus (COVID-19) pandemic have been mostly lifted. NWITC continues to be vigilant in ensuring safety for staff and patients. Additional safety procedures and safety equipment have been updated and the patient census has been reduced to maintain social distancing between all patients and staff. NWITC screens admissions for risk factors and each patient is tested prior to admission by the nurse. Patients presenting symptoms onsite are quarantined and tested for COVID-19, which may extend their treatment stay. All staff and patients are required to wear masks. Many behavioral health facilities are functioning at lower levels or working via telehealth; Washington State has included telehealth as a billable service allowing behavioral health programs to connect with patients and provide access to inpatient treatment. We are carefully monitoring revenue, expenses and the needs of the organization.

The cost-based rate package sent by the State of Washington to CMS has been approved retroactive from September 12, 2020. Annual adjustments are determined based on a percentage change to the IHS inpatient hospital per diem rate published in the federal register. The cost-based rate supports all of the functions needed to provide patient care, recovery support services and cultural activities. Billing adjustments at the new rate for each retroactive claim is still in process.

The intensive transition care provided by the OVW grants and the new IHS Substance Abuse Prevention Treatment and Aftercare (SAPTA) grant received this quarter help sustain referrals and enhance quality of care. The recovery support team works with patients to identify aftercare needs, develop safety plans, arrange transportation and develop linkages with after care providers and housing resources. They help patients manage their legal problems, and assist with the requirements for the return of children from foster care. They are also in frequent contact with alumni to assess ongoing needs. Another activity of these positions is to work with tribes to assist in the building of a peer recovery support system in the home community. These services extend treatment outside the walls and across several state areas. The grant awarded through OVW allows for COVID-19 support care packages and other supplies and services to be delivered to alumni who qualify under the DV grant.

Most in-person travel and training activities are still restricted due to COVID-19. This quarter on-site Native Plant/ Social emotional trainings were held for staff members.

Access: Patients who were admitted waited an average of less than one full day. This is the same as last quarter. The wait period is within our target, which is under 20 days. One patient waited eight days due to COVID-19 testing.

Denied Access: 15 patients were denied admission due to inappropriateness in this setting. Each was referred to another setting.

There is seldom dissatisfaction identified by referral sources and from patients as indicated on satisfaction questionnaires. Suggestions are usually integrated into practices. Referents tell the Recovery Support Team that they are very pleased with the rich resources available to patients after discharge.

Summary: The revenue for this third quarter of FY2022 appears to hold in leu of the approved cost-based rate. Access to treatment is improved and satisfaction is still high.

Northwest Indian Treatment Center

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Patients' Input Report FY2022 – Third Quarter

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

1. Was your orientation at admission:

90% Easily understood **10%** Confusing

All patients except two found the process easily understood. This is consistent with recent quarters.

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

100% Yes **0%** No

All but one patient felt they were treated respectfully

3. Are you satisfied with your overall treatment stay?

100% Yes **0%** No

All patients were satisfied with their overall treatment stay.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	The way the TA's and counselors do their job.	The way the treatment is running is on-point; the staff and the counselors are all good people.
2	I learned tools that I never had.	I like how you guys helped me get to the root of my problems and learned new skills to help me in the real world.
3	I am learning about myself and how to use certain skills with certain situations.	How supportive the staff was and gave compliments when needed.

4	Just love how we have meditation staying in touch with our spirit and the one on ones.	Everything and everyone. I am truly blessed to be able to be here and have this time while I've been here. Thank you all so much.
6	Bringing out the inner child trauma work, counselor to client ratio, classes that are not robotically taught, cultural adversity/history, DBT.	Greif and loss, trauma, DBT, food/snack, medicine garden, morning meditation, zoom guests, group and lectures, one on ones, emotional regulation.
7	Recovery support team; staff meetings so if a counselor is unavailable you can go to another one and they kind of know the situation.	The communication so the team is all aware of situations. Also, how it is laid back on the weekends; Kia's class and DBT.
8	Everything.	Everything.
9	Everyway, this is an all-around well-rounded program.	Every aspect is great and the focus on past trauma is spot on.
10	I am overall satisfied with the program.	Great curriculum, learned a lot of skills about family roles as well as types of communicators.
11	I'm learning so much. I love the staff. I appreciate all this place does for us patients.	Everything I've learned, the staff, my happiness is back.
12	I am satisfied with all of it, this treatment is working for me.	It works well and it is working for me.
13	Good stuff, learning a lot.	Good counselors, learned a lot.
15	The food and a bed.	The food was great, the lectures were useful, the paperwork was interesting and I learned a lot. Thank you.
16	I'm understanding the things that has kept my addiction going for so long.	Best treatment without a doubt.
17	I finally understand what's wrong with me.	I was lost and broken and now I've found myself.
18	Spiritually, mentally and emotionally.	Spiritually lifted, all areas covered.
19	The structure of the facility, the classes like DBT and learning how to identify shame and guilt and how to deal with it.	Everything.
20	I'm kind of eh' between how I feel a few things could've went different way back when I was here last time, but it's great; good lectures.	Very knowledgeable lectures and on-point counselors.

21	Excellent service; food, treatment, TA's are great and respectful, trauma-based treatment is on-point and the presenters are good with making the material understood.	Excellent work from the staff all the way around. Appreciate the guest speakers and cultural classes, the counselors are on-point.
22	With the literature, lectures, groups, staff, TA's, counselors and how everything is very organized.	N/A
24	All around good persons.	Everything.
25	Great environment, people who care and a system that works.	The things I've learned and the progress I've made. I feel different than when I came in.

In general, patients appreciated the staff, the new knowledge they had gained, and their personal progress. This is consistent with previous quarters.

5. In what ways are you dissatisfied with your treatment?

<u>Pt.#</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	N/A	Not getting out of the classroom much.
3	How my roommate doesn't get in trouble for having food in the room almost on a daily basis.	N/A
6	While balancing medication I feel a nap would have been beneficial and helped retain more knowledge.	The thermostat, it was too hot; counselors and TA's don't understand how to work zoom well.
7	COVID restrictions, though I understand.	More hands-on activities.
13	N/A	Not enough phone calls.
15	No sweat, no visiting.	N/A
18	With the amount of time spent in one classroom.	TA's can be a little extra sometimes.
19	Waking up at 6:00 am.	N/A
20	A lot of drama, a few misunderstandings.	N/A
21	Masks being used as a tool to correct patient behavior; Loss of phone calls to children; no sweat or shaker church.	N/A
24	N/A	Not enough sleep.

Dissatisfaction was centered around temporarily discontinued activities due to COVID-19.

6. What would you like to see added to or changed about the program?

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	Store runs being for both genders weekly.	Store runs being for both genders weekly instead of it just being one gender each week.
3	They should change up the food menu.	To go to our room right after lunch instead of 1:00.
6	Red Road White Bison book study alternating nights with NA/AA.	Include past alumni via zoom wellbriety, NA/AA meetings.
7	More hands-on activities, recovery support help facilitate NA/AA meetings, acupuncture, yoga and one more 20-minute phone call. Have discipline for not being prepared for class.	A 10-minute phone call during the first week of blackout. Change time for orientation so there is not so much down time. Have two counselors or recovery support on weekends.
8	Two walks per day and more phone calls.	Longer phone calls.
9	No more masks.	N/A
10	Sweat and mask mandate lifted.	N/A
11	More walks, watching "Ted Talks", watching movies from addicts and their experiences with addiction effects and overdoses.	Everyone participates in graduation.
12	That we didn't have to sit in the same classroom every day.	N/A
13	N/A	More phone calls.
15	Sweatlodge and visiting.	More phone calls. During down time do learning movies, sweatlodge, more drumming or cultural projects.
16	More phone time to talk with family.	N/A
17	N/A	The way the TA's treat the patients, they need to leave their personal business at the gate before they come to work.
18	Add a limited amount of sugary treats as an incentive for doing chores for the week without being asked.	More cultural arts and craft activities.
19	Have more items allowed at the store like candy and chips.	Have a 7:00 wake up on Saturday and Sundays.

20	A closer smoking area for the ladies.	I wished I could've attended sweatlodge.
21	Remove mask mandate from men's group room, it is too hot for masks.	Increased involvement with counselors in daily activities with patients – I really enjoyed their support and participation.
22	I would like to see men/women lectures, groups and drumming together again.	N/A
25	More things to do outside of group.	Activities, more things to do on down time. Have the treatment stay be longer so I could do more work on myself.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
3	Fraternizing because one patient that left yesterday was passing notes to the guys. The TA's should be more aware of that and implement consequences.	N/A
18	N/A	TA's coming to work in a bad mood.
25	N/A	Ideas on how to make treatment safer for people.

8. 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.

**N/A represents patients who did not have a comment on that question.*

Additional Comments:

- Much love to you all. I wouldn't change a thing and I am truly grateful.
- I appreciate everything.
- Treatment was a blessing.
- Thankful for being here at NWITC.

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2022, 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 eighty-eight 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 Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Mid-Treatment to Discharge
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	40	20	40	60	40	40	60	40	20	20	20	60	20	20	20
3	100	0	80	0	0	0	60	0	60	0	0	80	0	0	0
4	20	0	20	20	20	20	0	20	20	0	0	0	0	0	0
6	60	0	40	40	40	40	40	0	40	0	0	40	20	20	20
7	40	20	20	20	0	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	20	20	0	20	0	0	0	0	0	0	0
9	0	0	40	40	0	0	0	20	0	20	20	40	0	0	0
10	40	0	0	0	0	0	0	0	0	0	0	40	0	0	0
11	40	40	40	40	40	40	60	0	40	20	20	40	40	40	40
12	20	20	20	20	0	0	0	0	20	20	20	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	40	0	40	40	20	20	60	20	0	20	20	20	20	20	20
16	20	20	0	0	0	0	0	0	0	0	20	0	20	20	20
17	40	0	60	60	0	0	60	0	20	0	0	80	20	20	20
18	20	0	20	20	20	20	0	0	20	0	0	20	0	0	0
19	40	20	40	40	0	0	60	40	20	20	20	40	20	20	20
20	100	0	40	40	20	20	40	20	40	0	0	0	0	0	0

21	20	20	20	20	60	20	20	0	0	0	0	0
22	20	20	20	20	40	0	20	40	20	20	20	20
24	0	20	0	0	20	0	0	0	0	0	0	0
25	40	40	20	20	60	40	40	20	40	20	40	40

• 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

Treatment Follow-up Report FY2022 - Third Quarter

The following report represents the results of the telephone interviews with sixty-four percent of the total patients admitted during the third quarter. Survey results are printed in bold type.

1. Are you still clean and sober?

86% Yes **14%** No

The number of alumni reporting they are maintaining sobriety is lower than last quarter.

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

82% Yes **18%** No

- **Provider rescheduled.**
- **Had COVID, was sent away and never returned.**

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?

86% Yes **14%** No

The percentage of alumni who felt their sobriety to be stable is lower than recent quarters.

4. Are you receiving the services you need? If not, what are your unmet needs?

86% Yes **14%** No

- **Needs to sign up for TANF and food assistance.**
- **Thinking about doing a methadone clinic since suboxone didn't work.**

The percentage of alumni receiving the services they need is lower than recent quarters.

5. Was your treatment with us satisfactory?

100% Yes **0%** No

Alumni were satisfied with their treatment with the exception of one who did not complete treatment.

6. Any follow-up or referral requested during interview today?

- **Patient would like to hear from recovery support more.**

7. What referrals were made during the interview today?

- **No referrals were requested this quarter.**

Comments from clients:

- **Several patients report doing awesome.**
- **Patient reports staying in touch with recovery support and doing well.**
- **Client comments, thank you NWITC for everything.**

Northwest Indian Treatment Center

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Referring Agencies Report FY2022, 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-seven percent of third quarter patients.

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

A. Easily understood	82%	B. Easy to comply with	21%
C. Confusing	3%	D. Too demanding	6%

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. Were you satisfied Yes **100%** No **0%**

In what ways were you satisfied?

- *Several referents responded they were satisfied in all ways.*
- *The website is very helpful, good communication.*
- *Communication is good, it's easy to get ahold of someone if needed.*
- *All clients like it there and say positive things.*
- *It's easy to work with NWITC staff, the requirements are easily outlined, expectations are understood.*
- *Easy to refer out, great communication.*
- *Good communication, easy to get in contact with people.*
- *Coordination was good, clients knew what was expected of them.*
- *Easy intake process, good communication.*
- *Everything was fine, Chrystol was amazing, 5 stars! I appreciate the staff working with them even when there were some hurdles to jump through.*
- *Easy to work with and accommodating.*
- *Handled in a timely manner, great communication.*
- *You guys are the best, I would send all of my patients to you if I could.*
- *Good communication, the intake process is quick.*
- *The process was seamless & relief of having to find transportation.*
- *Counselor feedback was great.*
- *The time period in getting clients in and the respectfulness of staff.*
- *The connection the counselors keep with us as referents with our clients is one like no where else I*

work with.

- Your facility is easy to work with and very informative about the process.
- Chrystol was very flexible on getting the client in. I never had to ask NWITC for updates during the treatment stay or discharge summary which was appreciated.
- Always satisfied with the work that NWITC does.
- Smooth process, promptness, communications.
- Communication with the counselor. Clients love it and learn great skills at NWITC.
- It wasn't too challenging to get the patient admitted and the process was quick.
- The length you went through to evaluate the file and the communication with other entities involving the client. I was also happy with the call after discharge explaining the situation and the fact I could call and talk to someone even on the weekends.
- Always love working with NWITC, counselors and Chrystol are the best!
- The length the facility goes for the clients that come there.
- How quickly counselors contact when someone leaves or is being discharged early.
- Expectations were easily understood and easy to follow.
- Coordination was good, clients knew what was expected of them.
- Always easy to get in touch with someone. I always hear good things about this facility so I will keep referring.
- How you work to get clients in quickly and how they are better for coming to NWITC.

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

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

Drug and alcohol free	67%	Consumes less than before treatment	3%
No change in use	15%	Unsure	15%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 70% 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?

- A few referents would like to see Longer treatment stays, 60-90 days.
- Blood tests take too long, getting physicals are no problem.
- Several referents stated they wouldn't change anything, it's a great program.
- Trying to get patients tested for COVID-19 5 days prior to admission is challenging.
- I wish the process of intake was a bit easier when it comes to getting bloodwork done.
- I wish readmissions were easier, but overall NWITC has a great program.
- In a perfect world, expedited intake but in the program itself, nothing.
- Several referents would like to see sweat open back up – NWITC is happy to announce sweat ceremony opened back up August 14, 2022.

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

Question: Do all clients need evaluations or just specific clients.

Answer: All clients files are evaluated to ensure appropriate placement to NWITC.