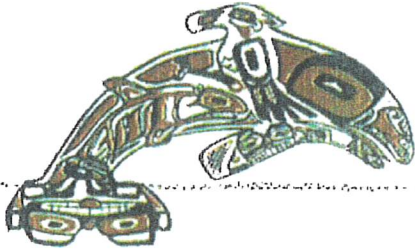


D3WX bi Pa lil



NORTHWEST INDIAN
TREATMENT CENTER

Residential Program Second Quarter ~ FY 2024



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 Brown, Director



NORTHWEST INDIAN TREATMENT CENTER

Quarter ending March 31, 2024

Dear Colleague,

The report for the Second quarter, FY2024 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, FY2024, 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 and reports that 88% 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 "Ofialii Brown". The signature is fluid and cursive, written over a light blue horizontal line.

per Ofialii Brown
Director

Northwest Indian Treatment Center

Statistics

FY 2024 - Second Quarter

Statistics by Discharge Date*

Referents	No. Pts
Alcohol Drug Educaton & Prevention Treatment	1
Catholic Community Center	1
Central Washington Comprehensive MH & Dependency	1
Chehalis Behavioral Services	1
Colville Alcohol & Drug Program	3
Harbor Crest	2
Klallam Counseling Services	2
Lummi Counseling Services	8
Marimn Health	1
Merit Resources Yakima	1
Muckleshoot Behavior Health Program	4
Nisqually Substance Abuse Program	1
Northwest Resources II	1
Okanogan Behavioral Healthcare	1
Puyallup Tribal Health Authority	2
Quileute Counseling & Recovery	2
Reflections Counseling	1
Royal Life Centers	1
Skokomish Hope Project	1
Snoqualmie BH Services	1
Squaxin Behavioral Health Out-Patient Services	3
Tulalip Family Services	3
US Probation	1
Vashon Youth & Family	1
Whatcom County Detox	1
Yakama Nation Tiinawit and Youth Treatment Center	3
Total Admissions	48
Referent Type	
Tribal	14
Other	12
Total Referents	26

Patient Days	
Total Patients	48
Total Days	1995
Average Stay	42 days

Counselor	# Patients	Total Pt. Days	Average Stay
B.HO.	10	423	42
B.HA.	10	402	40
B.P	8	393	49
M.T.	3	89	30
S.V.	7	375	54
S.M.	10	313	31
TOTALS	48	1995	42

Gender	
Male	28
Female	20
Total Patients	48

Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Leave	Other
Males - 19 (40% of all pts)	Males - 3 (6%)	Males - 5 (10%)	Males 0 (0%)	Males (0%)
Females- 15 (31% of all pts)	Females - 3 (6%)	Females - 1 (3%)	Females 1 (%)	Females 0 (0%)
Total - 34 Pts. 71% of all pts.	Total - 6 Pts. 13%	Total - 6 Pts. 13%	Total - 1 Pts. 2%	

Third Party Payers	
ABP	34
TANF	11
Tribal PO	1
Expansion	2
Total Third Party Payers	48

Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2024, Second Quarter

Patients were asked to evaluate their progress in the areas shown below. The percentages represent the degrees of improvement from admission to mid-treatment and additional improvement from mid-treatment to discharge. This report represents seventy-nine percent of all second- quarter graduates. The patient numbers correlate 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	80	100	40	80	60	100	100	0	100	0
2	60	0	60	80	40	60	40	60	0	40
3	20	100	20	100	100	0	40	100	40	100
4	40	100	0	80	60	80	100	0	40	100
5	0	80	40	100	60	100	80	100	20	100
6	20	60	20	60	20	60	20	60	20	60
7	80	0	60	80	100	0	80	0	80	0
8	60	100	60	100	80	100	40	100	40	100
9	0	60	20	60	20	80	40	80	20	80
10	80	100	80	100	100	0	60	100	100	0
11	100	0	100	0	100	0	100	0	100	0
12	60	100	100	0	100	0	100	0	60	100
13	60	0	40	80	20	60	80	0	20	80
14	60	100	0	60	20	60	60	100	40	60
15	20	100	30	80	0	80	80	0	0	100
16	0	40	0	20	40	60	40	60	60	80
17	100	0	60	100	20	0	100	0	100	0
18	0	100	40	80	0	80	0	100	20	100

19	60	100	100	100	0	60	100	100	100	0	100	100	0	100	0
20	100	0	80	100	0	100	0	100	0	100	0	100	100	100	0
21	0	100	0	80	100	100	0	60	100	100	40	100	100	40	100
22	40	80	40	80	100	100	0	60	100	100	100	100	100	100	0
23	60	80	60	100	100	100	0	80	100	100	100	100	100	100	0
24	20	80	40	100	80	100	100	100	100	0	80	100	0	80	0
25	100	0	40	100	40	60	100	100	100	0	40	100	0	40	100
26	40	100	60	80	0	40	100	100	100	0	60	100	0	60	40
27	20	80	20	100	40	80	20	100	100	20	100	100	20	100	100
28	40	100	80	100	100	100	0	80	100	80	100	100	80	100	100
29	0	100	0	100	0	100	100	40	100	40	100	100	0	100	100
30	100	0	100	0	80	0	100	100	0	60	0	100	60	80	80
31	0	100	0	60	0	60	0	100	0	100	0	100	0	80	80
32	40	0	80	0	80	0	80	80	0	60	60	0	60	0	0
33	40	100	20	80	100	0	100	100	0	100	100	100	100	0	0
34	20	100	60	80	0	80	80	80	0	80	0	80	0	100	100
35	40	60	40	60	100	0	80	80	0	80	80	80	80	100	100
36	40	80	40	100	20	80	60	80	80	60	60	60	60	80	80
37	0	100	100	0	20	100	100	100	0	100	100	100	100	0	0
38	20	100	20	100	20	100	20	100	100	60	100	100	60	100	100
39	80	100	60	80	80	0	80	80	0	40	60	100	40	60	60

Substantial improvement occurred in nearly all areas for most patients. The most improvement generally occurred in the second 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

Efficiency and Access Report

FY2024 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. 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 people 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 payor, 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 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 people admitted with a payor in addition to I.H.S. This helps NWITC achieve a balanced budget by maximizing the revenue in relation to each admission. Having a payor other than only I.H.S. provides more easily accessible medical coverage for patients, which helps NWITC respond to health care needs.

Jan, Feb, Mar FY 2024

Efficiency: Here is the payer mix:

ABP	34
TANF	11
Tribal PO	1
Expansion	2

Forty-eight patients were admitted during this quarter. The number of patients admitted this quarter has decreased slightly since last quarter.

NWITC continues to be vigilant in ensuring safety for staff and patients. 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. This quarter we have revised our testing policy. 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 was 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 the functions needed to provide patient care, recovery support services and cultural activities.

The intensive transition care provided by the OVW grants and the new IHS Substance Abuse Prevention Treatment and Aftercare (SAPTA) grant 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 aftercare 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.

This quarter we have re-instated on-site visits with new and old referents to tour the facility and provide them with updated information on any changes as we slowly transition to how things were, pre-covid.

Access: Patients who were admitted waited an average of zero days except for a patient who waited 8 days. This wait time was attributed to bed availability.

Denied Access: Fourteen patients were denied admission; 7 were too medically acute, 1 Sexual offense charges, 2 higher mental health, 3 behavioral modification and 1 Relapse Prevention.

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

Summary: The revenue for the second quarter of FY2024 appears to be in lieu of the approved cost-based rate. Access to treatment is improved and satisfaction is still high.

		heal as well.
6	Food, respected, loved, cared for, knowledge I am getting from the lectures and the breakdown of information.	I really enjoyed my time here.
7	Friendly Staff	With the staff and my overall skills DBT and all the rest
8	I'm learning new skills for relapse prevention, and I love it here.	Learned DBT skills and now understand I can forgive mine and other mistakes
9	I feel like this place called for me and I can let go of my feelings and emotions.	The groups are understandable, cultural was beneficial
10	All the staff are very understanding and helpful	Lots of tools to help me with my recording
11	I enjoy the lectures, and the split groups/mixed really help.	I was able to learn how to deal with my emotions using DBT Skill
12	Progress, Support from staff as well we my house mates	Learning skills and boundaries
13	I am satisfied with the food here.	I like the counselors, the DBT classes taught me things I can use in case I might have a craving are trying to relapse
14	Everything brock cool too	Leaving with better communication skills
15	The weekly schedule makes for little downtime, and I appreciate always having plenty of work to do.	Each lecture, activities and counseling sessions were #1 (Listed staff members), sweat, the kitchen staff
16	They helped me deal with my unresolved issues	Now I get treated as a grown up and with respect, thank you
17	Good counselors and Tas all of you people – THANK YOU	My counselor helped me a lot probably more than he thinks
18	I love this place. I feel comfortable. I love the program, everything is wonderful. I am learning a lot.	Kept busy, good structure, had enough time with my counselor, was able to walk thru my journey on my own time
19	Good skills that are taught weekly.	It is all amazing
20	I immediately got a feeling of welcome, from my first call to the facility. Concern and Human was prevalent the entire stall is what can only be described as beautiful angel.	I am satisfied with the work I have done here; it was beneficial.
21	Mike is a great counselor and knows how to deescalate well. Also, younger self therapy is great. I love beading, art, drumming, and the food is great.	I have more appreciation for NWITC that I thought I would not only have I gained confidence back but a better sense of myself
22	I often like the classes. A treatment movie they are about people like me that get help or eventually get sobered up. So, they're two different people. Now the better one is not as sick	The grief and loss was a huge part in my journey
23	I'm doing the work.	(Blank)
24	I am learning a lot, really like drumming and singing. I know I am healing on the inside and outside, sweet lodge was amazing, beading is great and made my drum, counselor Bille is great	I learned in many ways how to deal with my triggers in a healthy way.
25	Tas very nice people and respectful at time yelled at	Learned the skills necessary to make it out
26	I do like the meetings and beading. I just got to start talking but I do like the meetings and the counselors	Was able to get skills to identify my emotions and skills to cope with my feelings to avoid relapse

27	I'm not alone. I was scared at first. Now I feel a little more comfortable	I have better coping skills in communicating. I felt like I was really cared for and loved by the staff and peers.
28	I have learned how to handle situations when I get upset and I'm learning how to deal with triggers.	Learning Skills and boundaries
29	The people are understanding	All
30	That our steps intermingled with cultural intent	Very good classes that teach us skills that we can use daily
31	It helped me understand certain feelings are okay, some I need to let go.	I learned a lot with my story have taken in about learned more from with I used last here
32	By being treated good from the counselors and overall facility respectfully.	Finding myself the DBT skills
33	Dealing with my trauma learning how to be people again DBT skills	
34	Mostly currently how the structure is and timing of the class time, the free time is perfectly balanced.	
35	How structured the days are, how well the counselors devise a plan tailored specifically for your needs and how easy they are talked to	
36	With the work	
37	Easy going staff	
38	The people, staff and patients alike. They are all amazing and the structured schedule is very helpful to my recovery, the sweet and drumming.	
39	That we have DBT, beading classes, my counselor and Kia staff	
40	Its helping me set healthy boundaries	

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?		
Pt.#	Mid-Treatment	Discharge
1	Wasn't unsatisfied at all	Like not being able to drum or swear with the guys because its more powerful when we come together as a whole and not just men or women sides
2	No	None
3	Unsure right now, everything seems cool	Not able to have my vape, had to give it up and start smoking tabaco again when I was just 6 years when I got here.
4	(Blank)	N/A
5	I feel like I'm not really "feeling" my assignments/letters with my counselor, but I will try it out.	I'm not unsatisfied with my treatment but would have liked more phone calls with family
6	Lack of sleep would love to have nighttime meds after last class so I could get more sleep.	Sweat should not be part of blackout. Everyone should be expected to go. Its part of healing not games or movie
7	No Visits	Would like to workout options

8	I don't get enough time with my counselor.	(Blank)
9	Not unsatisfied one bit	Being limited with phone calls, free time isn't actually free time (Room time, relaxing)
10	I wish we could do more walks, drumming, singing with the guys as well as visits.	None that I can think of
11	N/A	N/A
12	I need more outdoor activities; we do not go on daily walks. The weather might not be the best, but neither is going through sobriety.	Rule change constantly
13	The time we woke up.	N/A
14	The walk for the meals	Wishing I would have learned more about DBT
15	I would like to listen to some music that I want to listen to.	(Didn't answer)
16	Nothing	I'm satisfied whole time I was here (Thank YOU)
17	N/A	Nothing
18	(Blank)	N/A
19	Too much class time	(Nothing)
20	My satisfaction is complete- the tools I've received this far surpassed any of the previous treatment I've attended. Excellent.	I am unsatisfied with the sleeping schedule.
21	I wish there were more positive approach music choices (Carrie Underwood, Kolone Kai things I can sing to), more calls allowed more ways to exercise, walks, safe walking path, more sports times, specific drumming time and more sweat	Outdoor activity
22	I feel I could be worked with better and I got called negative names daily by staff or treated differently than others	Wish I had more phone time
23	Negative nanacies not being able to have fun when appropriate.	(Blank)
24	I was accused of things I did not do or was not a part of by staff.	N/A
25	I was unsatisfied with how we thought us ladies talked about getting along then two out of us 7 would be pulled in asked about certain person and all the tattle tale was making me uncomfortable.	None
26	We cannot sleep in until 7 am	Misunderstood and made out to be a woman hater. I have 2 daughters and 6 sisters; I treat women how they should and correct myself if otherwise
27	Unsure right now everything seems cool	(Blank)
28	I'm satisfied	Rule change continuously

29	6 AM wakeup call	None
30	The schedule could be more lenient for downtime to recharge for the day.	12-hour days Mon-Sat
31	Not a big deal but I don't understand why weekends the schedule gets pushed to wake up meds, food just to leave 7:30-8:30 nothing	No comment
32	I wasn't. I need to look for permanent housing	I'm not unsatisfied, the DBT skills
33	Dealing with my trauma feeling is not pleasant.	
34	The fact that there is a limited amount of phone times, not talking about the duration but how many times a day.	
35	I'm not unsatisfied	
36	I'm not	
37	The garbage that comes out of the clients mouths all day. No respect for themselves or elders, it's real sad.	
38	N/A	
39	Just some disagreements with patients who don't follow the rule.	
40	N/A	

Dissatisfaction was centered around visitation, phone time and exercise equipment.

6. What would you like to see added to or changed about the program?		
Pt. #	Mid-Treatment	Discharge
1	Just more phone time	More time to spend as a whole group not just picking men or women we can all learn a lot from each other
2	More phone call	None
3	I don't know	Able to have our phones just not in classes or group. New vapes more showers
4	Nothing!	N/A
5	I wish we had a gym or dumbbells to sign-out or something. I'm sitting down all day. I need some exercise for my mental health!! I wish we could use the scale to keep track of my weight, at least.	More phone calls and visiting times would be great
6	Would like to be able to go out to Squaxin for NA and AA because there are stories from the elders in recovery that would also give us good medicine.	Updated movies, like the one on stress. The drug videos, they are outdated and lack content that will keep people involved
7	Visits	Same
8	More time with my counselor	(Blank)
9	In some of the paperwork we receive in class feels like men are being targeted so he/she his/her would be nice.	Free time regulations, coffee all day

10	I think the house as a whole should be able to do things and would like to see visitors brought back.	IDK
11	N/A	More phone calls
12	More outdoor activities, exercise to improve mental health benefits	N/A
13	Nap time should be added	More phone calls
14	Return to the locker room for meals	Nothing I can think of
15	I would like to listen to some music that I want to listen to.	Maybe more free time, lectures treatment related
16	NO	Nothing evert thing is fine (Thank you)
17	Everything is fine the way it is	Nothing
18	(Blank)	N/A
19	Exercise Equipment	Nothing
20	Perhaps equipment to burn some calories- the kitchen staff ladies are super sweet. The food is irresistible – I have eaten more than I usually do thank you	I would like them not to be so pushy about you eating food and more calls
21	I wish there was more a positive approach to music, more ways to exercise, walks, more sport times	More interactive activities between male and female with boundaries, with having a male mentality watching men open up allows me to feel comfortable
22	Go to outside meetings or YMCA	More afternoon walks
23	The consequences being fair to all. Be able to learn drumming like coed	I think we should be able to graduate as a household and drum and sing together
24	At the weekend breakfast and pre-morning meds are at the same time. It completely does not make any sense.	Maybe little more room time
25	(Did not answer)	Girls smoking section be lecture hall
26	More phone calls	I would like to see going to Squaxin for NA and AA and Shaker church back
27	I don't know	More sweat lodge time, Its such good medicine
28	Visitations	N/A
29	IDK	More zoom calls
30	Hate rule, room time, weekend room time	More contact with outside world
31	I'm satisfied with my treatment.	No Comment
32	Maybe some workout equipment, stair steppers, weight room, exercise overall	Nothing
33	More time drumming and learning the songs especially during abuse week as it grounds me	
34	To have access to the phone when needed	
35	I would like to be able to sweat more	
36	Nope all good	
37	Allowed to go to church on Sundays, I feel not good bout that	
38	Vaping	
39	Add family visits back	
40	No	

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	No I no noh	Just treating everyone fair when it comes to not feeling well or when being disciplined
2	No	Nope
3	No	The way TA talks to patients at times aint respectful
4	Again, I just want to thank you for being the family I needed.	N/A
5	Not right now	No
6	How the girls talk about the men and put them down about the way they look	When new people arrive there should be an ambassador of some kind to show/educate them on the drums/ care of them possible someone graduating that week they came
7	No	Aerobics
8	No	(Blank)
9	Not at all	Being able to relax after meal time or in between class sessions (longer than 15 minutes)
10	We should be able to graduate as a whole house and drumming and sing as a house should be on our schedule	NO
11	Just the side talking is distracting in class and over talking in groups	N/A
12	Serious about activities, we need ways to release our energy and create energy. We sit in the chairs all day.	N/A
13	Nope	NO
14	None	How certain people got away with things than other such as calling, getting away with laying down
15	N/A	As a former life/ fire safety security, I am always perimeter cans and lights.
16	(Blank)	No everything is fine (Thank you)
17	No!	No
18	(Blank)	N/A
19	N/A	None
20	I only hope the staff receives as much or more love than you give blessed be	Not any I can think of at the moment
21	The walking path is really slippery, and it might be helpful to just sprinkle a little sand on the trail so I can run	Seriously, physical activity. It is good for the mental state and anxiety, yall know what you are doing though/
22	Yes, staff talk as us not to us that create a lot of negativities	N/A
23	Yes, people being held accountable for their sh#t it gets old really quick	(Blank)
24	Gooo back to #6, lack of exercise. We should have a mandatory exercise class like Mon/Wed/ Fri, just some mild aerobics	Nothing I can think of
25	(Did not answer)	No

26	NO	There is unfair treatment when it comes to lecture interruptions and behaviors being ignored
27	NO	(Blank)
28	No workout equipment	N/A
29	No	No
30	The gender-neutral discrimination	N/A
31	No	No comment
32	Good food good bedding	No
33	No	
34	Yes, one of the staff member does not come off helpful or kind	
35	(Blank)	
36	Nope	
37	(Blank)	
38	N/A	
39	(Blank)	
40	NO	

*8. Are you an active part of developing your treatment plan with your counselor?					
98%	Yes	2%	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.*

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

Treatment Follow-up Report FY2024 - Second Quarter

The following report presents the results of the telephone interviews with eighty-three percent of the total patients admitted during the second quarter. Survey results are printed in bold type.

1. Are you still clean and sober?

83% Yes **17%** No

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

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

83% Yes **17%** No

- Client went back to work.
- Recovering from surgery.
- Waiting on legals.
- Relapse and incarcerated

The number of alumni reporting that they have already seen their aftercare provider is slightly lower than last quarter.

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

83% Yes **17%**

The percentage of alumni who felt their sobriety to be stable is slightly lower than last quarter.

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

83% Yes **17%** No

The percentage of alumni receiving the services they need is a little lower than last quarter.

5. Was your treatment with us satisfactory?

83% Yes **17%** No

Alumni were satisfied with their treatment except for a few who were discharged from treatment early.

6. Any follow-up or referral requested during the interview today?
(None)

7. What referrals were made during the interview today?
(None)

Comments from clients:

1. Doing well.
2. Client doing good.
3. Still looking for housing
4. Passed away
5. Wants to relocate back home.
6. Doing great.
7. Grateful for NWITC
8. Doing amazing! Thanks for everything!
9. Thanks, NWITC! Miss everyone
10. Doing amazing, thanks for relocating me!
11. Thank you for everything.

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Referring Agencies Report FY2024, 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 ninety percent of the second quarter patients.

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

A. Easily understood	68%	B. Easy to comply with	34%
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%
-----	------	----	----

All responses are positive, which is consistent with most quarters.

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

In what ways were you satisfied?

- *I have been sending clients there for a long time.*
- *Willing to work with our client.*
- *NWITC is always my first choice to send my people.*
- *The referral process at NWITC always runs smoothly.*
- *We were glad when we knew Nicole was taking over for Chrystal. She is amazing and feels like we are still working with Chrystal.*
- *We love everything about NWITC & the treatment people receive.*
- *Nicole was super helpful with the process.*
- *That she was able to come straight from jail to facility.*
- *Nicole was very helpful with the first referral to your facility.*
- *It is always a pleasure to work with the staff at NWITC.*
- *Counselor Communication.*
- *Quick response, good communication*
- *Easy admission process, Intake self-explanatory.*
- *Allowing clients to come back to treatment for a fresh start.*
- *NWITC always provides a clear message of expectations of treatment.*
- *NWITC has always been my first choice for my clients.*
- *The counselor was amazing at sending updated reports.*
- *NWITC worked closely with clients to get her in quickly due to her situation.*
- *Nicole was a pleasure to work with & very helpful.*

- Staff very accommodating
- The amount of follow-up documentation that was provided.
- NWITC is a joy to work with. We like referring to our people down there.
- Patient is doing really well & came back excited to dive into his culture.
- NWITC is a great treatment center and we like sending our people here.
- Client came back engulfed in his love for his culture again.
- Nicole was able to get this particular client in right away.
- Easy process, timing is quick and negotiable. Treatment they receive when they go and come back is evident.
- Follow-up discharge and coordination of care.
- Even though she left earlier, she got what she needed to be successful so far.
- Quick intake process.
- Nicole was able to get clients in quickly.
- Let the client come back for treatment.
- Love working with NWITC.
- Very helpful with my first referral
- Let the client return to treatment.
- Communication with progress
- Overall- EVERYTHING
- Always communicate.
- NWITC works with clients where they are at
- Smooth process, communications, and admission was easy.
- Easy process
-

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	90%	Consumes less than before treatment	0 %
No change in use	2%	Unsure	6%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 90% 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%
-----	-------------	----	-----------

All referents responded positively, which is consistent with most quarters.

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

- Did great with the following and just the admission portion to get started.
- Nothing, it's a great program, there is a lot of native culture.
- More beds.
- No Needs are being met.
- Add detox, medical staff to provide suboxone.

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

There were no questions addressed this quarter.