

NORTHWEST INDIAN TREATMENT CENTER



Quarter ending June 30, 2024

Dear Colleague,

The report for the third 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.

Third quarter, FY2024, referents reported that 87% 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 93% of patients contacted were alcohol and drug free.

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

Sincerely,

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Ofiialii Brown Director

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NORTHWEST INDIAN TREATMENT CENTER

Residential Program Third 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 Statistics

FY 2024 - Second Quarter

Referents	No. Pts
Believe in Recovery	1
Beyond Behavioral Health	1
Cedar Grove Counseling	1
Central Washington Comprehensive	2
Chief Seattle Club	1
Colville Alcohol & Drug	2
Lummi Counseling Services	11
Harbor Crest	2
Klallam Counseling Services	1
Lummi Counseling Services	1
Makah Recovery Services	1
Marin Health/ Benewah Medical Center	1
Muckleshoot Behavioral Health Program	2
Nisqually SUD	1
Okanogan BH	1
Port Gamble S'klallam Wellness program	1
Puyallup Tribal Health	2
Quileute Counseling	1
Quinault Indian Nation Wellness	5
Shoalwater Bay A&D	1
Siltez Tribal A&D Program	1
Squaxin Behavioral Health	2
Tulalip Family Services	1
Wellpoint BH Hospital	1
West Sound Treatment Center	1
Yakama Nation Tiinawit & Youth	7
YMCA	1
Total Admissions	53
Referent Type	
Tribal	20
Other	7
Total Referents	27

52
52
1687
32 days

Counselor	# Patients	Total	Average
		Pt. Days	Stay
B.HO.	11	358	33
B.HA.	11	382	35
B.P	10	248	25
S.V.	13	358	28
S.M.	7	341	49
TOTALS	52	1687	32

Gender	
Male	32
Female	21
Total Patients	53

Completed	Left Against	Disciplinary	Med. &
	Staff Advice /	Discharge - Non-	Emer.
Treatment	Aborted	Compliance	Leave
Males - 24	Males - 5	Males - 2	Males 2
(46% of all pts)	(83%)	(50%)	(100%)
Females- 17	Females - 1	Females - 2	Females
(33% of all pts)	(17%)	(50%)	0 (0%)
	_		Total - 2
Total - 41 Pts.	Total - 6 Pts.	Total - 4 Pts.	Pts.
77% of all pts.	11%	8%	4%

Third Party Payers		
ABP	46	
TANF	4	
Tribal PO	1	
Expansion	2	
Total Third Party Payers	53	

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

Efficiency and Access Report FY2024 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 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 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 people 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 2024

Efficiency: Here is the payer mix:

ABP	46
TANF	4
Tribal PO	1
Expansion	2

Fifty-three patients were admitted during this quarter. The number of patients admitted this quarter has increased from the previous quarter.

NWITC continues to be vigilant in ensuring safety for staff and patients. Since the COVID-19 pandemic additional safety procedures and safety equipment have been updated. We are carefully monitoring revenue, expenses and the needs of the organization.

The cost-based rate package sent by the Washington state Health Care Authority (HCA) to CMS was approved retroactively 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.

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 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.

This quarter there were 2 two-day on-site Native Plant/DBT training courses held for staff members as well as 1 two-day on-site ASIST Training.

Access: Patients who were admitted waited an average of 4 days. Many of the wait times were due to waiting on a bed date to open. The other wait time was due to a patient who was self-detoxing from suboxone. The wait period is within our target, which is under 20 days.

Denied Access: 18 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 FY2024 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 PO Box 477, Elma, Washington 98541

Patients' Input Report FY2024 - Third Quarter

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

4%

Confusing

1.

96%

Was your orientation at admission:

Easily understood

All b	out one patient except on	e found the process easily understood. The one pat	ient felt th	e chores could have been explained to them more.
2.	Do you feel th	at you are treated respectfully? If	no, ple	ease explain.
	96%	Yes	4%	No
All Ł	out one patient felt they w	vere treated respectfully. The one patient shared th	at sometii	mes the counselors were in a bad mood.
3.	Are you satisfi	ed with your overall treatment sta	ay?	
	100%	Yes	0%	No
All p	patients were satisfied wit	th their overall treatment stay.		
4. <u>Pt. #</u>		re you satisfied with your treatm Mid-Treatment		<u>Discharge</u>
1	Just being ab judgement.	le to vent to somebody without	Being	able to vent out what I need to.
2	With the Sta	ff around bad.	All ard you a	ound the TA and counselor where amazing, Thank II!
3	welcoming.	tients and Staff) is very kind and The structure is really great for helping to a sober state of mine.		one was great. The food was wonderful. The staff ttentive and caring.
4	counselor is work on. I ar	it where I can understand it and very informative on what I need to n grateful for being able to make t, and beading.	It help mysel	ped me find myself again, love myself and forgive if.
5	well and if co	eally nice and explains stuff really onfused I always feel welcome to ask o, the way everything is structured and es\Reports\FY2024 - 3rd Qtr.\Patient Input		one is friendly and easy get along with my selor is awesome TAs are awesome.

	laid out for me.	
6	I am learning and relearning thing important to recovery.	I think that the people who work here really want the best for you. I like that.
7	I get to meet a lot of good people. The staff here is nice and overall satisfied, yes.	I really believe I have gained quite a few skills being here.
8	Diggin Deep	The way everyone was so welcoming including the trauma work that NWITC allows us / helps us work through properly heal.
9	The trauma work for the most part all staff and peers are very welcoming and understanding.	Better with my boundaries, radical acceptance, healthy self-soothing, using my voice.
10	Learning new coping skills and a positive environment.	I am satisfied that I got the help I got back into culture and finding myself.
11	Love being able to play volleyball and have mixed groups.	I've got to work on a lot of my issues trauma, grief, depression, anger, and letting go so I can move on with my life.
12	Healing my childhood trauma.	The food, learning our traditions, sweat, knowing to make a drum, just everything finding myself.
13	How the classes are taught.	DBT Skills are amazing, having native culture incorporated in great and ow much we learn in lectures and writing letter to ourselves, people who effected our lives really helped me sharing in group really helped heal me as well.
14	So far, I like almost everything.	Staff kept me on my toes.
15	I am satisfied with treatment cause its helping with trauma helping me let out my emotions and finding myself again.	I am satisfied with the lecture and skills I learned. I appreciate the group to let out emotions.
16	Being here has helped me with my anger issues and it has given me an open mind and an open heart and has helped me with my addictions.	I got a lot of things done and helped with my recovery.
17	Appreciate the staff's charisma and understanding.	Great staff, good group sessions, good lectures, cultural.
18	With the work and outs.	The Knowledge.
19	How structured the days are and how well the counselors devise a plan tailored specifically for your needs and how easy they are to talk to.	I picked up new tools on how to stay clean.
20	Good group of lads.	
21	I am satisfied that I can open and allow myself to get emotional.	
22	I feel like I am learning a lot. It's hard and I like it. It's going to feel good when I graduate.	
23	Staff content of literature cultural.	
24	The staff is awesome. I feel I am receiving the correct tools to aid me in the fight for my life.	
25	I am happy with my treatment.	
		7.7 1

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>	Mid-Treatment	<u>Discharge</u>
1	N/A	Just a couple things I went over with my counselor.
2	I'm Not	Wasn't
3	Sometimes I feel a little bit too restricted to the curriculum.	I was very satisfied with the treatment program.
4	Everything being taught to us on a daily basis is good and it's all natural based, so I got no problems.	N/A
5	Could use an exercise room of some sort of cardio.	None really.
6	We don't go on outings or get to have visits.	Nothing really just I'm in class most of the day and I am learning a lot.
7	Days are long and sleep is short.	I can't say I am unsatisfied.
8	Daliy walks should be made up if not taken.	Wish I could have learned more songs.
9	The put downs guys and girls do and nothing is done about it.	N/A
10	They make store runs each week but won't allow me to get my type of hygiene products with my own money. I get skin rashes from the cheap stuff. It's hard for people that don't have anyone to send it through the mail.	Getting phone call taken away.
11	We should move around more or sit in a circle during lecture.	The sweat situation, having more time to take a sweat.
12	Not enough phone time through the week or video visits with my kids.	None
13	I am satisfied.	I'm not dissatisfied with my treatment but would have liked more phone calls with family.
14	None wait a minute losing the free time if you say anything to the women. We should be able to say good morning to them.	None
15	N/A	Not enough coffee.
16	I'm not really unsatisfied, being here in treatment has helped me in many ways.	N/A
17	None	None
18	I'm not	Racial slurs by other men, glorifying drugs, jail mentality, residents not getting any consequences for not doing chores or being disrespectful to Ms. Shirley.
19	I am not unsatisfied.	Nothing
20	None	
21	N/A	
22	I don't think the long days are necessary, I feel like I never have much energy to do much.	
23	N/A	
24	Jail mentality, Jail Talk and people who glorify their use of previous lifestyles.	
25	None.	
Di		The Property of the Court of th

Dissatisfaction was centered around phone time, exercise equipment and 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	Bring visits back and weekend walks not being optional and people able to wear tan tops/ wife beaters.	Alumni sweat and tank tops
2	It would be nice to have graduation at once since we attend most groups together.	Both women and men combined
3	Having the option to work on my personal assignments/ beadwork at certain times. Being able to make dreamcatchers also.	Some light exercise equipment would be nice
4	More class exercises to get us all more involved. It's pretty cool when the ladies and men get to play games together. Would like to have more games.	(Not legible)
5	Workout room	Nothing maybe different movies "Mend the line" is a good movie about recovery could take spot of last of words.
6	More sweats, work out equipment, visits, outings, able to wear undershirts such as tank tops when it is hot.	Mixed graduation and being let out for 4 hours the two weeks of my stay.
7	Being able to go to the store by ourselves.	More during more cultural videos.
8	No	4 hours pass for the last 2 weeks, family should be able to come on weekends.
9	More sweat times added, change equality between the guys and girls.	Alumni
10	Bring back visits	Maybe adding another phone.
11	More group activities and more walks or longer ones.	Maybe just to have a little bit longer time to watch tv.
12	Nothingy really	Flute making and other traditional cultural stuff.
13	Nothing	More phone calls and visiting time would be great.
14	Phone time, would like to get 15 minutes	N/A
15	N/A	More songs to be taught.
16	Maybe more sweats like 1 or 2 times a week for both males and females. And the patients can work for some cigarettes	Less hours on the daily.
17	Going to job corps or some work program with housing and Indian housing	More teaching songs singing drums more practice drumming.
18	Nope, all good.	Consequences for not doing what you are supposed to do getting babies by counselors.
19	I would like to be able to sweat more.	More walks and more phone times.
20	Nothing	
21	NO	
22	Phone time, more movies/capable to stay connected with the world, shorter stays, more snacks/ drink options.	
23	N/A	
24	More visits and passes.	
25	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	No
2	The spot where the basketball hoop at the cement spot you could break your ankle or role it really bas needs to be fixed.	No that I can think of
3	NO	No
4	N/A	N/A
5	No	Nope
6	Sometimes some of the staff has off days and it seems like they take it out on us.	The basketball court needs some work.
7	Not really	Make a house for the cat
8	No	No
9	No	N/A
10	Besides buying soda pop instead of things I really need like hygiene, so I don't get a skin rash, that's all I really got.	No
11	We should try and exercise more (walks 2x daily)	No not that I think of no
12	(Personal identifiers in the comment which was already resolved)	No
13	No	No
14	N/A	No
15	N/A	Hours are too long, a lot of people would be burning out most days, including me
16	Maybe that during our long breaks the patients can watch some tv shows.	None
17	No	Some people get punished while others get coddled
18	Nope	New CD player
19	N/A	
20	No	
21	No	
22	I think all our assignments should be turned in and graded. That way we can learn more if we aren't doing it correctly.	
23	N/A	
24	When men share or rather spill their heart on the floor in the next room other patients being loud.	
25	No	

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.

Northwest Indian Treatment Center Self-evaluating Progress Report FY 2024, Third Quarter

from mid-treatment to discharge. This report represents ninety-two percent of all third-quarter graduates. The patient numbers correspond to those used in the Patients' Input Report. 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

18	17	16	15	14	13	12	11	10	9	∞	7	6	5	4	з	2	1		Patient Number
40	30	0	10	100	30	30	20	40	0	30	30	30	30	30	0	0	0	% Improved from Admission to Mid-Treatment	Setting Clea
0	40	0	30	0	0	40	0	0	100	40	30	0	10	20	10	0	0	% Improved from Mid-Treatment to Discharge	Setting Clear Boundaries
40	50	40	30	100	40	40	100	40	0	10	30	30	20	20	10	0	20	% Improved from Admission to Mid-Treatment	Positive So
0	80	100	0	0	0	100	0	0	100	40	50	0	10	40	30	0	40	% Improved from Mid-Treatment to Discharge	Positive Self Esteem
0	20	30	40	100	20	0	100	40	0	20	30	50	0	50	0	0	30	% Improved from Admission to Mid-Treatment	Anger Ma
0	60	70	30	0	0	0	0	0	100	20	50	0	0	0	0	0	30	% Improved from Mid-Treatment to Discharge	Anger Management
40	40	0	30	0	40	40	50	40	0	20	30	50	10	10	10	0	30	% Improved from Admission to Mid-Treatment	Taking Res
0	80	0	40	0	0	100	0	0	100	20	50	0	30	50	40	0	10	% Improved from Mid-Treatment to Discharge	Taking Responsibility
40	0	0	20	0	20	40	40	40	0	10	30	50	40	20	20	0	20	% Improved from Admission to Mid- Treatment	Cultural C
0	0	0	30	0	0	100	0	0	100	50	50	0	50	0	0	0	100	% Improved from Mid-Treatment to Discharge	Cultural Orientation

	25	24	23	22	21	20	19
Substantial improvem	40	20	30	40	40	30	30
substantial improvement occurred in nearly all areas for most natients. The most improvement generally occurred in the first half of treatment.	100	40	20	100	0	100	100
ll areas for most natien	40	30	30	30	40	40	40
its. The most improver	30	100	40	80	0	80	100
ment generally occurre	0	20	40	10	100	0	0
d in the first half of tre	0	80	0	80	40	-20	100
atment.	100	30	30	30	40	40	40
	100	100	20	100	100	100	100
	20	20	0	20	40	30	40
	20	100	30	80	0	100	100

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 FY2024 - Third Quarter

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

1.	Are you st	ill clean and sober?			
	93%	Yes	7%		No
	The numbe	r of alumni reporting they are main	taining sobriety is sustaining le	evels	with last quarter.
2.	Have you	seen your aftercare provi	der? If not, why not?		
	93 % Y	'es	7%	ı	No
					ne did not attend aftercare due to working. apsed.
	The numbe	r of alumni reporting that they have	e already seen their aftercare p	rovid	der is about the same as last quarter.
3.	Does your	sobriety seem stable? If	not, what services do	you	need?
	93%	Yes	7%		No
1		tage of alumni who felt their sobrie			our upmet needs?
4.		receiving the services you		_	
	93%	Yes	7%	•	No
	The percent	tage of alumni receiving the service	s they need is about the same	as re	cent quarters.
5.	Was your	treatment with us satisfac	ctory?		
	93%	Yes	7%		No
	Alumni wer	e satisfied with their treatment exc	ept for one who was discharge	d fro	m treatment early.
6.	Any follow No	w-up or referral requested	d during the interview	tod	lay?
7.	What refe	errals were made during t	he interview today? N	lone	2

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Referring Agencies Report FY2024, 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 percent of third quarter patients.

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

A. Easily understood	100%	B. Easy to comply with	9%
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?

- Got him a bed date and he completed and is doing well.
- Nicole has been a joy to work with.
- That the patient was able to come back.
- How quickly the patient was able to be admitted.
- Love NWITC, I would send all my clients there if I could.
- The constant contact with the counselor.
- Even though the patient left, he is still doing good.
- It is an easy intake process.
- The reports from the counselors.
- The level of communication.
- It is always such a smooth process.
- The bed date was held after the patient had a delay. The treatment center set boundaries and enforces the importance of accountability.
- Intake process is over the top
- Intake is over the top
- NWITC is always prompt with beds for us.
- Nicole was a joy to work with.
- The patient was accepted to comeback.
- He really enjoyed his treatment.
- She was allowed to comeback
- Constant contact with the counselor

- Patient came back with a different outlook on his culture.
- I enjoy working with the NWITC staff.
- How quickly the patient got in.
- I send all my people to NWITC.
- Patient didn't stay & She was brought all the way home by the carrier service.
- Patient came back full of life.
- Nicole is easy to work with.
- Patient is more touched with his culture.
- Good reports from counselor.
- Patient enjoyed treatment.
- He loved the culture attached to treatment.
- Worked with us after she left treatment.
- Could come straight from detox.
- Easy intake 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	79%	Consumes less than before treatment	8%
No change in use	3%	Unsure	10%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 94% 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?

- Longer length of stay.
- Would like to see on or in the application process indicating any disqualifications such as sexual assault charges. Or anything that would disqualify a client from becoming a patient.
- Our program does not ask if there are any criminal charges. This conversation does not happen with our patients. Please add on the application or somewhere indicating the exclusions. By having questions on the applications that relate to any charges that may disqualify an applicant, it opens the conversation with our clients.

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

None