



NORTHWEST INDIAN TREATMENT CENTER

Quarter ending September 30, 2024

Dear Colleague,

The report for the fourth 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.

Fourth quarter, FY2024, referents reported that 86% 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 86% of patients contacted were alcohol and drug free.

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

Sincerely,

Ofiialii Brown
Director

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**NORTHWEST INDIAN
TREATMENT CENTER**

Residential Program Fourth 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

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Ofiialii Brown, Director



Northwest Indian Treatment Center

Self-evaluating Progress Report

FY 2024, Fourth Quarter

Patients were asked to evaluate their progress in the areas shown below. The percentages represent the degrees of improvement from admission to mid-treatment and additional improvement from mid-treatment to discharge. This report represents ninety-four percent of all fourth-quarter graduates. The patient numbers correspond to those used in the Patients' Input Report.

Patient Number	Setting Clear Boundaries		Positive Self Esteem		Anger Management		Taking Responsibility		Cultural Orientation	
	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge	% Improved from Admission to Mid-Treatment	% Improved from Mid-Treatment to Discharge
1	0	0	30	20	30	20	50	50	50	100
2	30	20	30	30	30	20	30	50	30	50
3	0	10	10	30	0	0	10	40	20	0
4	50	50	20	40	10	10	10	50	20	0
5	0	0	0	40	30	10	40	10	40	0
6	10	0	0	50	0	0	0	0	0	0
7	30	10	40	0	20	40	30	40	40	50
8	0	0	30	10	0	10	0	0	0	40
9	30	10	20	0	10	30	10	10	0	50
10	0	0	20	30	0	0	0	0	30	20
11	0	0	40	50	0	0	0	0	20	0
12	0	0	10	10	10	20	10	20	10	10
13	20	0	0	0	0	0	0	0	0	0
14	20	0	10	0	20	0	30	0	0	40
15	30	10	20	40	20	30	0	0	20	50
16	40	50	0	50	20	50	40	50	20	50
17	20	30	0	50	30	50	0	30	0	0
18	20	0	30	0	30	0	40	0	30	0

19	30	10	30	40	40	30	0	0	40	0
20	30	10	40	20	30	50	40	30	30	40
21	30	10	50	0	0	0	30	40	20	40
22	10	50	40	50	20	20	20	0	20	50
23	10	40	40	40	30	40	40	40	40	50
24	50	50	0	40	10	10	0	0	40	50
25	30	20	10	30	30	40	50	50	20	20
26	40	50	30	50	30	50	0	0	20	50

• Substantial improvement occurred in nearly all areas for most patients. The most improvement generally occurred in the first half of treatment.

Northwest Indian Treatment Center

PO Box 477, Elma, Washington 98541

Efficiency and Access Report

FY2024 Forth 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 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.

July, August, September FY 2024

Efficiency: Here is the payer mix:

ABP	35
TANF	8
Tribal PO	1
Expansion	1

Forty-four patients were admitted during this quarter. The number of patients admitted this quarter has decreased 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 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.

Access: Patients who were admitted waited for this quarter was zero days.

Denied Access: 20 patients were denied admission the breakdown as follows 9 too medically acute, 5 high mental health, 3 behavioral mods, 1 too soon, 1 more relapse prevention and 1 seeking all female program. 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 practice. 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 fourth quarter of FY2024 appears to be in leu of the approved cost-based rate. Access to treatment is improved and satisfaction is still high.

8	I really like the cultural stuff.	Having my own counselor and great food.
9	I appreciate the many Counselors' views and lessons, and the TA's do great about treat us like family. Two stand out the most; they both are fair and approachable.	All staff same page and all their help.
10	The fact there is a roof over my head and meals each day.	I feel confident in myself.
11	Everyone is attentive and answered all the questions I had.	Everything, especially the deep group talk with brother and sisters about deep matters the guest speakers through NA.
12	Open door policy.	I feel proud of myself. I don't feel hopeless anymore. Nobody judges me, the skill and knowledge and the love and respect. The TA's and counselors are great.
13	By being able to process and talking things out plus getting help.	I was able to work on my grief and loss and speak about processing during the group.
14	I am finding out more about me that I did not know about myself.	Being able to fire tend and do sweat. And I'm keeping busy with assignments and classes, lectures and group.
15	Better ability to use DBT skills but still not 100% emotional regulation when I am unable to stay managed focus on self.	All
16	All the counselors and staff are awesome in every way. Especially from some TA's and the Garden tech.	With all the things that you all do overall.
17	The native based treatment learns a lot. From the guest speakers and all the staff including my counselors.	Help me gain understanding of why I used drugs.
18	Helping understands a lot of things like addiction, safe place, clean and sober and authenticity.	Because I got to really dig deep to the staff I had clocked away or forgotten about because I was so welcomed it was hard no to trust you guys.
19	All groups and activities, spirituality healing is helping.	Staff, Cultural lessons, food, classes.
20	The staff has been good to me. T really liked the cultural videos so far.	The food, DBT Skills, sweat, mix groups.
21	Everything.	It's 45 days.
22	I Really like the cultural stuff.	I feel this place focuses on all the trauma and abuse which helps us in our recovery.
23	Lear better skills.	Processing trauma/ TX Plan assignments with counselors really helped with better emotional regulation.
24	I am learning a lot about the reasons why I am still use it and how to deal with these issues so I will learn how to relapse not so much.	Getting back in touch with my culture.
25	Well, I am still sober.	The food, helping drumming, being more active and creative.
26	I love that they are culturally centered, that they provide so much for us and that we get to bead and make drums.	Help with counselors, the drumming and singing every morning and the beading.

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	I am not.	I am not unsatisfied.
2	N/A	The visitations, the phone calls, no walks on the weekends, the food, not enough classes
3	Only get phone calls for 30 minutes a week. Any allowed to go up stairs at certain times of the day.	The program was longer.
4	N/A	We can't listen to the radio.
5	That staff get to vape, and we cannot.	N/A
6	N/A	Less threats of losing call and more positive reinforcement. Also, if you are teaching DBT skills you should also practice them when dealing with us.
7	Not being able to go in our rooms.	The miscommunication over the phone before I got here. Not being able to take suboxone.
8	That we cannot listen to the radio.	The chairs were extremely uncomfortable since we sat in them for 7 hours a day.
9	One counselor seems unprepared on the weekend, so we get micromanaged and treated like kids. It would work best to be less threatening and more positive reinforcements.	N/A
10	Writing out my problems besides just talking about them.	The skills to be used in case of a situation will drugs.
11	N/A	I wasn't ever unsatisfied perhaps a broader cultural depth other than that great experience.
12	N/A	I couldn't have my sodas, my instant coffee, felt like I was a little tired most days. Otherwise, I loved my stay here at NWITC.
13	Just the struggles and new adjustments.	To be able to use my food stamps card to get tubes with filters and rolling machines.
14	I don't feel guilty, I feel like I am home.	Can use some workout equipment of some sort and comfortable chairs, please.
15	Heard verbal disrespect of gossip from several staff. When they aren't mindful of voices that carry. Personal opinions are allowed but not where patients can hear or treatment of them affected.	None.
16	Can't think of hardly anything other than I would desire more in-depth cultural activities like more drumming and basket weaving classes.	We can't listen to the radio.
17	None.	It was fine.
18	Have more sweats, sleep deprivation, the room times are Wack. The fraternizing rules are stupid.	We should be able to give the woman positive feedback.
19	I am not really.	None.
20	I didn't think that is was fair that the whole group lost a group walk because some of the residents did not complete morning chores.	That I couldn't workout with my bag with rocks.
21	None.	It's 45 Days.
22	That we cannot listen to the radio,	I also feel that when abuse takes place here like happened with me multiple times it isn't taken seriously.

23	I'm happy with the treatment.	The disrespect from group peer's member should have resulted in discharge for them and handled more appropriately sooner than it was. Patient to patient abuse should not be tolerated.
24	I'm not.	The way the Staff jokes or can't pull a side 1 on 1 if you did something.
25	No outside AA meeting.	Just staffing not communicating or getting listened to.
26	How men seem to get special treatment. They have a closer smoking area, woken up later by certain TA's, TAs aren't as rude to them, zoom visits are only last 2 weeks of the stay, only 3 phone calls that the TA's must dial for us. Mail is not sent out or picked up daily, How rules don't apply to employees, not getting passes as described in the handbook.	The visits, the phone calls, the food and not enough classes.

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	N/A	I Wouldn't.
2	Domestic Violence Program.	More classes, communication, better food choices, more Yakama music, phone changes and more visitation.
3	Being able to get Vape Cigs, Instant Coffee, family being able to come visit on the weekends.	Longer program up to six months.
4	Unsure.	The go out more and to listen to the radio.
5	Have at least one dumbbell or something.	Domestic violent program.
6	More phone calls.	7am wake up time, alarm clocks, refuge recovery meetings, less H&I panel NA Meetings.
7	Being able to vape.	Nothing.
8	Listening to the Radio and to be treated more like an adult.	I really like the program.
9	Since we can't bring books, provide small book cart or library we can find reading materials such as native books Native writers.	N/A
10	I don't have any complaints.	To be able to talk to the men.
11	I would like to wake up at 7am. Everyone seems to be sleep deprived. Especially from all the work we do throughout the day.	Weekend passes perhaps and drumming classes.
12	More phone calls.	More sweat lodge opportunities, employment helps. Ability to have caffeine, weekend passes, have watches like for timewise.
13	More activities or more being outside more walking.	To be able to use my food stamps at the store.
14	The ability to have emergency smoke run.	Like workout center to be added somewhere. Even a treadmill.
15	Expanding program for hardcore processing on return trips.	None.
16	More phone calls, more heritage in depth learning possibly nothing MaJa your problem is	To go out and listen to the radio.

	truly awesome.	
17	To be able to watch Native Music videos and to use food stamps on the store run.	Everything is fine.
18	More sweats. Employment and education opportunities. The room times are Wack. The ability to talk to everyone. To reconnect with my children. Caffeine to be offered and coda.	More outings, please. Also walks on the weekend.
19	A heavy bag.	None.
20	N/A	None.
21	Unsure.	Go out more.
22	Listening to the radio and the be treated like an adult.	Everything is fine
23	Get visits back.	Walks on the weekend and going out to meetings.
24	More freedom to interact with outside community like a day pass with UA's upon returning.	I would like to see visits, longer stays and bringing back the passes.
25	Outside AA meet, at least Sat Sun.	Nothing because I am leaving soon.
26	The treatment program is fine. However, rules for employees should be equal to rules for patients. Graduation/ discharge dates.	Nothing.

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

<u>Pt. #</u>	<u>Mid-Treatment</u>	<u>Discharge</u>
1	N/A	No.
2	N/A	Not currently.
3	No.	N/A
4	No.	No.
5	If the staff can dish it out, they better be able to be dished.	THANK YOU ALL!
6	N/A	Everyone learns differently, you give beads out as a still we can use but don't allow us to use them when it may be helpful for us. I pay attention when I am beading, and my hands are busy.
7	Just take the vapes away after every break. Give them to us only in breaks.	No.
8	No.	No.
9	Since there are ways to lose phone calls, maybe give incentives to be able to earn extra 10-minute calls.	The 6 AM wake up, it's 2 hours for basically sitting around until 8am meditation. 7 AM wake up would make more ore sense.
10	No.	N/A
11	Yes, please allow up to get an extra hour of sleep.	Emergency store runs.
12	N/A	No.
13	Wash showers a bit better and provide what we need and let us know what you don't have for selfcare.	Maybe get an A/C in the men's room upstairs. I would like to apply to work here.
14	No.	We have more classes working with making medicine.
15	You need to add audio to the cameras peers can't	Non-I can think of.

Northwest Indian Treatment Center
Statistics
FY 2024 - Forth Quarter

Referents	No. Pts
Consejo Counseling Services	2
Central Washington Comprehensive MH & I	1
Collville A & D Program	3
Columbia Wellness	1
CWC-Y	1
Evergreen Detox	1
Fedral Public Defenders Office	1
Harbor Crest	3
Life Line Connections	1
Lummi Counseling Services	2
Merit Resource Services	1
Muckleshoot Behavioral Health Program	2
Northwest Resources II, Inc.	1
Okanogan Behaviroal Healthcare	1
Quileute Counseling and Recovery Service	3
Quinault Wellness Center	1
Rainier Springs	1
Reflections counseling Services	1
Shoalwater Bay A&D Program	1
Squaxin Behavioral Health Out-Patient Serv	1
Tullalip Family Services	1
Yakama Nation Tiinawit and Youth Program-Wade Benge	14
Total Admissions	44
Referent Type	
Tribal	14
Other	9
Total Referents	23

Statistics by Discharge Date*

Patient Days	
Total Patients	44
Total Days	1738
Average Stay	40 days

Counselor	# Patients	Total Pt. Days	Average Stay
B.HO.	10	407	41
B.HA.	7	304	43
B.P	8	287	36
M.T.	3	123	41
S.V.	7	285	41
S.M.	9	332	37
TOTALS	44	1738	40

Gender			
Male			24
Female			20
Total Patients			44
Completed Treatment	Left Against Staff Advice / Aborted	Disciplinary Discharge - Non-Compliance	Med. & Emer. Leave
Males - 21 (48% of all pts)	Males - 3 (6%)	Males - 4 (9%)	Males 0 (0%)
Females- 12 (27% of all pts)	Females - 3 (6%)	Females - 4 (9%)	Females 0 (0%)
Total - 33 Pts. 75% of all pts.	Total - 6 Pts. 11%	Total - 8 Pts. 14%	Total - 0 Pts. 0%

Third Party Payers	
ABP	35
TANF	8
Tribal PO	0
Expansion	1
Total Third Party Payers	44

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

Treatment Follow-up Report FY2024 – Fourth Quarter

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

1. Are you still clean and sober?

87% Yes **13%** No

The number of alumni reporting they are maintaining sobriety is sustaining levels with last quarter.

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

87% Yes **13%** No

- **Some did not attend aftercare due to working.**
- **Relapsed.**
- **Refused aftercare**

The number of alumni reporting that they have already seen their aftercare provider is about the same as last quarter.

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

87% Yes **13%** No

- **Need to go back to treatment**
- **Went to a different treatment center**

The percentage of alumni who felt their sobriety sustained levels with last quarter.

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

87% Yes **13%** No

- **Need higher level of care than you offer**

The percentage of alumni receiving the services they need is about the same as recent quarters.

5. Was your treatment with us satisfactory?

90% Yes **10%** No

Alumni were satisfied with their treatment except for one who was discharged from treatment early.

6. Any follow-up or referral requested during the interview today?
No

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

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

Referring Agencies Report FY2024, fourth Quarter

This report represents the perspective of the agencies that refer patients to Northwest Indian Treatment Center. Responses were received from referring agencies for eighty-seven percent of fourth quarter patients.

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

A. Easily understood	100%	B. Easy to comply with	8%
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%
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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?

- Easy referral process.
- That I was notified that the patient left treatment.
- Direct transportation from detox.
- How quickly the patient was able to be admitted.
- I would send all my clients there if I could.
- Gave her outpatient resources even though she didn't stay in treatment.
- Brought her all the way home even though the patient did not stay in treatment.
- Quick intake.
- Self-explanatory intake paperwork, which makes the process simple.
- Good reporting from counselor.
- Good contact from staff.
- That you continued to work with client even after all the behaviors.
- Constant contact from patient's counselor.
- Grateful to Nicole, I had never referred to you before.
- NWITC is always prompt with beds for us.
- Nicole was very helpful with the medical part of the process.
- Graduated her with a certificate despite her behavior.
- Counselor updates.
- Worked with probation with ankle monitor.
- Direct transportation from jail.

- How well staff worked with him on his issues.
- Assisted patient with housing (It was a concern of his going into treatment).
- She came back different; she said you helped her with her grief.
- Got patient into treatment fast.
- Great contact with counselor.
- First time referral, it was an easy process, great communication.
- I am always satisfied with how quickly you get my people in.
- Worked directly with client over fears of treatment.
- Good reports from counselor.
- Patient enjoyed treatment.
- She came back with a zest for life.
- Provided client with needs when she came in with nothing.
- 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	87%	Consumes less than before treatment	10%
No change in use	2%	Unsure	0%

Referents and/or the Recovery Support Team reported having contact with or knowledge of 87% 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?

None

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

None