# California Behavioral Health Post-Treatment Outcomes Report





Providing insightful data to help treatment programs improve their outcomes

For Patients Discharged Between November 10, 2020 and November 30, 2024

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### **BACKGROUND**

#### **About California Behavioral Health**

California Behavioral Health (CBH) is a treatment facility located in Palm Springs, California, that provides care for individuals experiencing substance use and co-occurring mental health disorders. CBH treats addiction as a chronic condition with physical, emotional, mental, and spiritual components and uses a clinical, evidence-based approach to care.

The facility offers individualized treatment plans based on each patient's background and needs. Services include evidence-based practices, experiential therapies, medication-assisted treatment, non-12-step programming, and residential care. CBH uses a multidisciplinary approach to address co-occurring disorders and supports patients in developing skills for long-term recovery.

CBH started using INSIGHT Addiction™ to monitor patients on November 9, 2020. This report summarizes outcomes data for CBH patients who discharged between November 10, 2020 and November 30, 2024.

This report was released on May 5, 2025.

### **Research Design**

All patients participated in Vista's INSIGHT Addiction™ progress monitoring research in which they were screened for depression, anxiety, trauma, eating disorders, suicidal ideation, and self-harming behavior shortly after intake. Every week or two thereafter, their clinicians received reports tracking the severity of the symptoms of the various disorders they were struggling with, as well as the strength and frequency of any cravings they were feeling, their satisfaction with treatment, and the quality of their relationships with their closest family members.

Vista Research Group has been contacting all patients who spent at least seven days in treatment at one month, six months, and twelve months after treatment. Vista researchers made at least seven attempts to contact them at each time period via text, email, and phone. To encourage complete honesty, patients participating in the post-treatment research were promised confidentiality, and only aggregated results are provided to CBH.

### **Survey Submissions**

Vista received the following post-treatment survey responses:

California Behavioral Health Outcomes Survey Submissions (among surveys due no later than December 31, 2024)				
	One Month F/U	Six Month F/U	Twelve Month F/U	
# of Patients Selected for Outcomes	592	534	477	
# of Complete Responses Received	335	261	228	
# of Incomplete Responses Received	18	9	3	
# of Reputable Responses Received	11	15	10	
Total # of Responses	364	285	241	
% of Responses Received	61%	53%	51%	

Vista received one month surveys from 61% of the patients from whom they were requested, six month surveys from 53% of the patients, and twelve month surveys from 51% of the patients.

### **POST-TREATMENT ABSTINENCE**

A crucial measure of success for an abstinence-based addiction treatment program is how many patients can abstain from drugs and alcohol after treatment. We are thrilled to announce the following tremendous achievement:

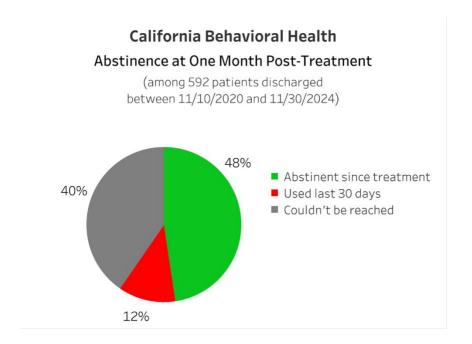
### 209 CBH Patients in Recovery One Year Later!

Vista's independent research has confirmed that at least 209 patients who discharged from CBH between November 10, 2020 and December 31, 2023 were in recovery (defined as abstaining from alcohol and all non-prescribed drugs for at least the previous 30 days) one year after discharge.

Everyone at CBH should feel incredibly proud of the role they played in helping so many patients recover from addiction and regain control of their lives!

### **One Month Post-Treatment Abstinence**

Among 592 patients discharged on or before November 30, 2024, 48% were reachable at one month post-treatment and said they had abstained from alcohol and all non-prescribed drugs since leaving treatment. Another 12% reported having used drugs and/or alcohol during this first month:



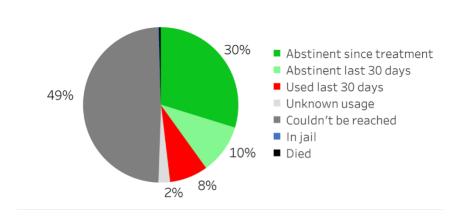
#### Six Month Post-Treatment Abstinence

Among 534 patients discharged on or before June 30, 2024, 40% were reachable at six months post-treatment and said they had abstained from alcohol and all non-prescribed drugs for at least the previous 30 days. Another 8% reported having used drugs and/or alcohol during the last 30 days:

#### California Behavioral Health

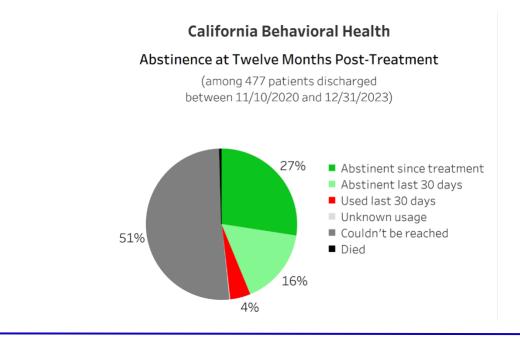
#### Abstinence at Six Months Post-Treatment

(among 534 patients discharged between 11/10/2020 and 6/30/2024)



### **Twelve Month Post-Treatment Abstinence**

Among 477 patients discharged on or before December 31, 2023, 44% were reachable at twelve months post-treatment and said they had abstained from all drugs or alcohol for at least the past 30 days. Another 4% reported having used drugs or alcohol within the last 30 days:

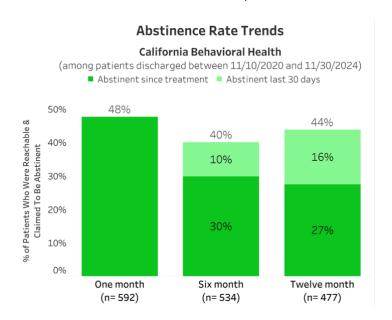


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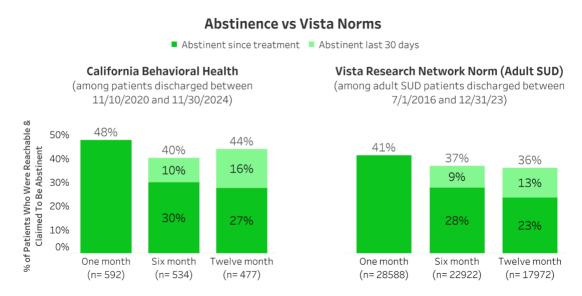
### **Abstinence Rates By Time Since Discharge**

Because addiction is a chronic disease and relapse a common occurrence, Vista considers the percentage of patients who have been abstinent for at least the last 30 days to be the most important measure of success. The percentage of CBH patients who were abstinent for at least the last 30 days decreased from 48% at one month post-treatment to 44% at twelve months post-treatment:



### **Comparison to National Norms**

CBH's abstinence rates at one, six, and twelve months post-treatment are higher than the Vista norms at each of those time periods:



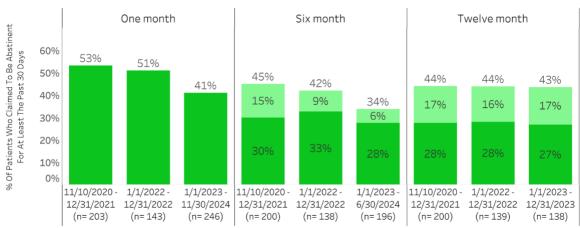
It is important for context to note that Vista's norms are probably well above the average for the entire addiction treatment industry today. The reason for this is that the only treatment centers which are likely to make the significant investment in tracking their post-treatment outcomes are top-quality programs that are confident their outcomes are very good.

### **Abstinence Rate Progression Over Time**

CBH's one month abstinence rate decreased from 53% for patients discharged prior to 2022 to 41% for patients discharged in 2023 or 2024. CBH's six month abstinence rate also decreased over time. CBH's twelve month abstinence rate has been fairly consistent over time, ranging from 44% to 43%:

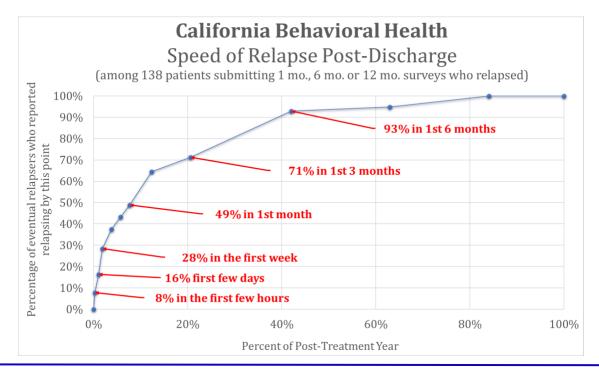
#### California Behavioral Health Abstinence Rate Trends Over Time Among Patients Discharged According to Discharge Periods ■ Abstinent since treatment ■ Abstinent last 30 days





### **Speed of Relapse**

Among CBH patients who reported relapsing within the first year after leaving treatment, twenty-eight percent (28%) did so within a week of leaving treatment. About half (49%) relapsed in the first month, and by six months post-treatment, 93% of the patients who would relapse within the first year had done so:



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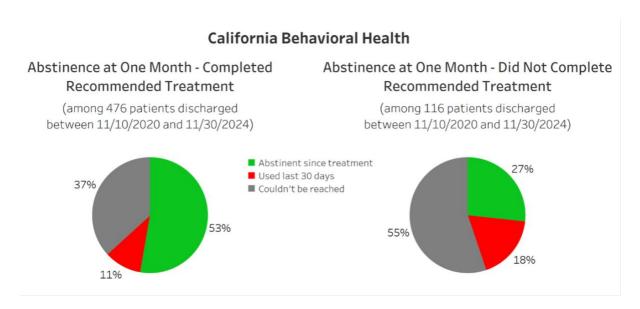
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### **FACTORS FAVORING ABSTINENCE SUCCESS**

Several critical factors improved abstinence success rates, the most crucial of which was whether patients successfully completed treatment or not.

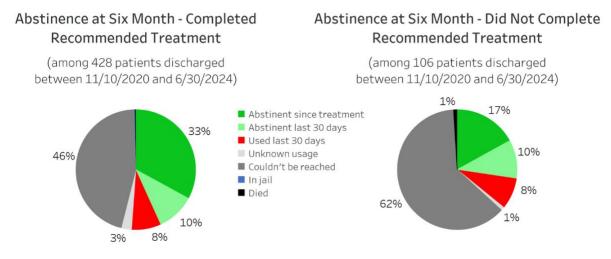
### **Successfully Completing Treatment**

At one month post-treatment, 53% of the patients who successfully completed all recommended treatment reported having been abstinent since discharge. In comparison, only 27% of the patients who did not complete treatment reported being abstinent:



Forty-three percent (43%) of the patients who completed treatment reported being abstinent six months after discharge for at least the last 30 days compared to only 27% of the patients who left without completing treatment:

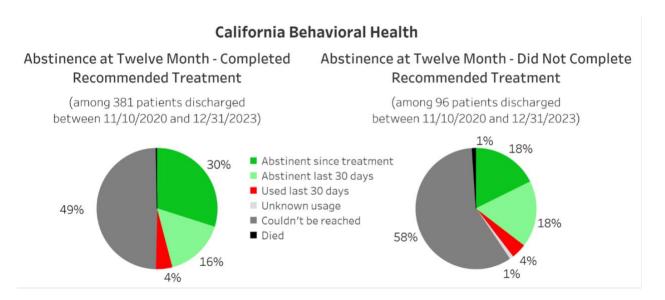
### California Behavioral Health



**CBH Outcomes Report** 

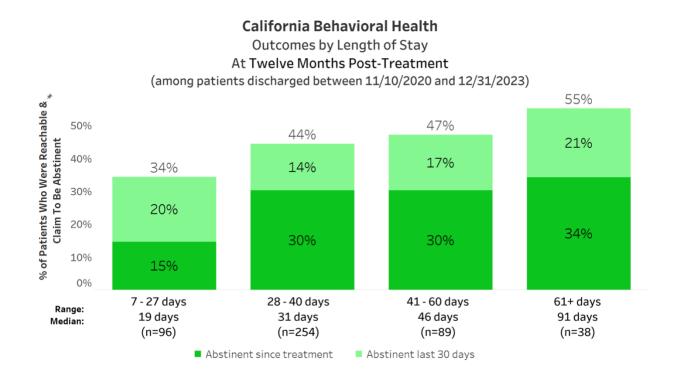
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The twelve month post-treatment abstinence rate was 46% among patients who completed all recommended treatment, higher than the 36% who did not complete treatment:



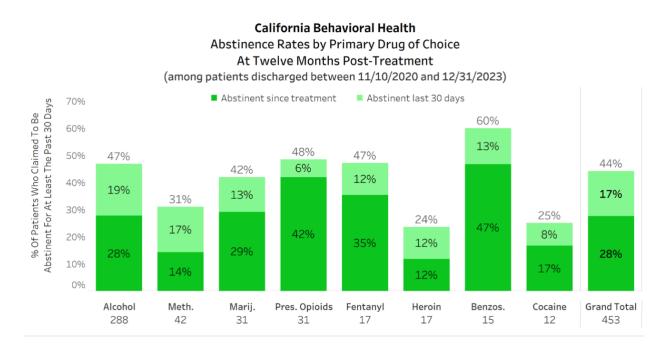
### **Length of Treatment**

A second critical factor improving abstinence success rates was the length of a patient's treatment. The percentage of CBH patients who reported being abstinent for at least the last 30 days at twelve months post-treatment increased with length of stay. Only 34% of patients in treatment for 27 days or less were abstinent twelve months later compared to 55% for those who stayed in treatment for more than 60 days:

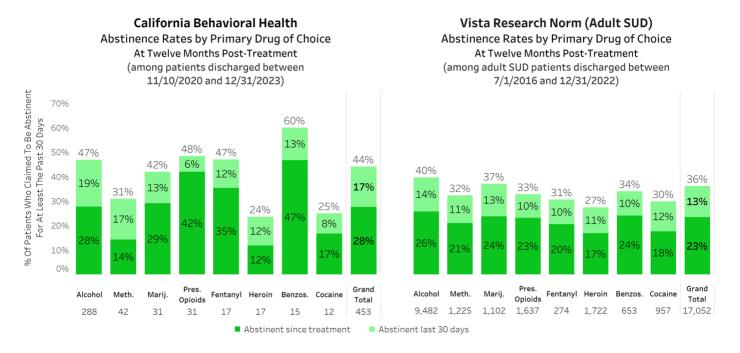


### **Drug of Choice**

Another critical factor was a patient's primary drug of choice. CBH's twelve month abstinence rates varied by this factor. Patients whose drug of choice was heroin had the lowest abstinence rate at 24%, while those in treatment for benzodiazepines had the highest abstinence rate of 60%:



CBH's abstinence rates for patients in treatment for alcohol, marijuana, prescription opioids, fentanyl, and benzodiazepines are higher than the Vista norms for those substances. Exceptions are patients in treatment for methamphetamines, heroin, or cocaine who have modestly lower abstinence rates compared to the Vista norms:



#### **After-Care Choices**

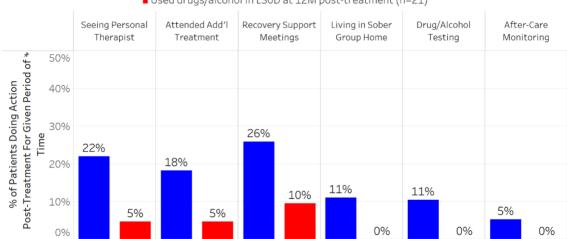
A fourth critical factor in whether patients were able to maintain their sobriety after treatment was the actions they took.

The following graphs show the percentages of patients who participated in different after-care activities for at least six months after leaving treatment as a function of whether they reported being abstinent for the last 30 days at twelve months post-treatment. All the actions in the tables below, such as attending recovery support meetings, appear to have helped patients remain abstinent:

### Actions Taken For At Least Six Months Post-Treatment That May Have Helped Patients Remain Abstinent at Twelve Months

(among patients discharged between 11/10/2020 & 12/31/2023)

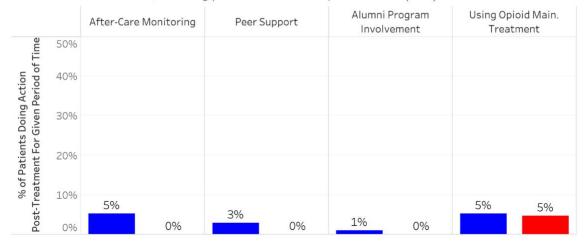
- Abstinent for at least L30D at 12M post-treatment (n=209)
- Used drugs/alcohol in L30D at 12M post-treatment (n=21)



### Actions Taken For At Least Six Months Post-Treatment That May or May Not Have Helped Patients Remain Abstinent at Twelve Months

(among patients discharged between 11/10/2020 & 12/31/2023)

- Abstinent for at least L30D at 12M post-treatment (n=209)
- Used drugs/alcohol in L30D at 12M post-treatment (n=21)

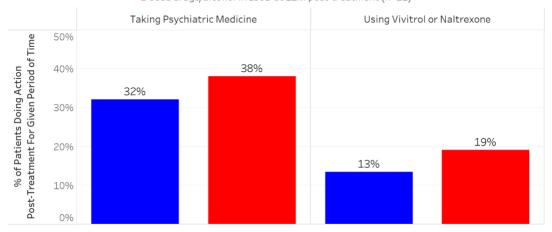


Other actions that patients took to help themselves remain abstinent did not appear to be helpful. However, we must be careful not to assume cause and effect. For example, the decision to take psychiatric medicine may have been made after a patient relapsed, not before:

### Actions Taken For At Least Six Months Post-Treatment That Did Not Appear To Have Helped Patients Remain Abstinent at Twelve Months

(among patients discharged between 11/10/2020  $\&\,$  12/31/2023)

Abstinent for at least L30D at 12M post-treatment (n=209)
 Used drugs/alcohol in L30D at 12M post-treatment (n=21)



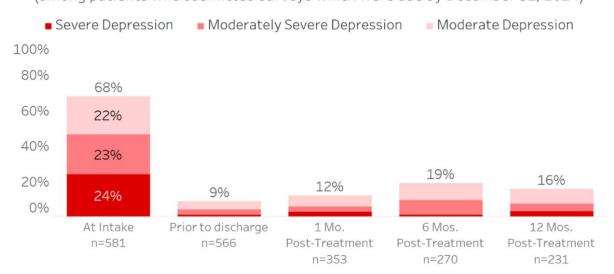
### IMPACT OF TREATMENT

### **Reduction in Severity of Co-Occurring Disorders**

Overall, the percentages of patients reporting moderate to severe symptoms of co-occurring disorders decreased dramatically during treatment and remained improved throughout the post-treatment year:

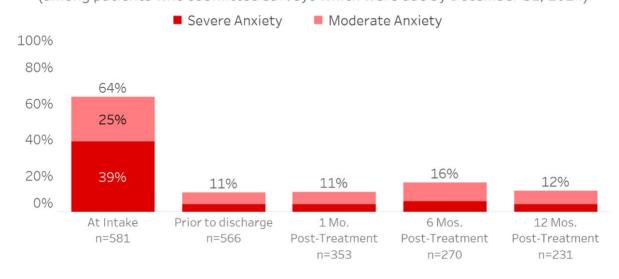
### California Behavioral Health Patients with Moderate to Severe Depression Symptoms

(among patients who submitted surveys which were due by December 31, 2024)



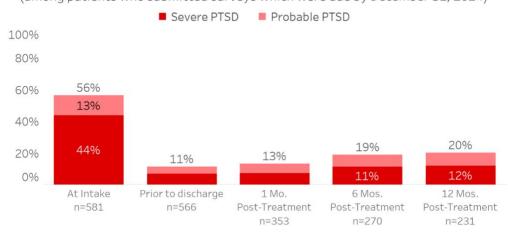
### California Behavioral Health Patients with Moderate to Severe Anxiety Symptoms

(among patients who submitted surveys which were due by December 31, 2024)



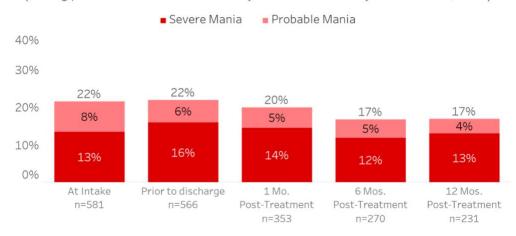
### California Behavioral Health Patients with Moderate to Severe Trauma Symptoms

(among patients who submitted surveys which were due by December 31, 2024)



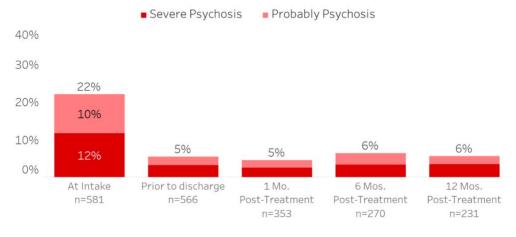
### California Behavioral Health Patients with Moderate to Severe Mania Symptoms

(among patients who submitted surveys which were due by December 31, 2024)



### California Behavioral Health Patients with Moderate to Severe Psychosis Symptoms

(among patients who submitted surveys which were due by December 31, 2024)



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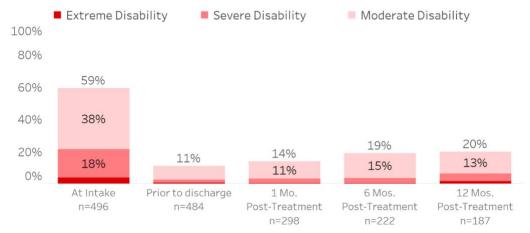
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### **Progress on Functioning**

At intake, 59% of CBH patients reported having issues that impacted their ability to function normally in their everyday lives, but the percentage reporting such issues decreased dramatically during treatment. At the last survey before discharge, only 11% of patients reported challenges impacting their daily functioning. The percentage of patients reporting issues with daily functioning remained improved throughout the post-treatment year:

California Behavioral Health
Patients with Moderate to Extreme Functioning Symptoms



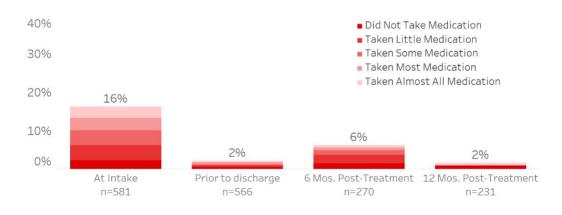


### **Progress on Medication Adherence**

At intake and on subsequent surveys, patients with prescribed psychotropic medications are asked if they've been taking them as directed. If the answer is no, they are asked how much of the medication they have been taking. The percentage of CBH patients who were not taking all medication as prescribed improved drastically from 16% at intake to 2% on their last survey prior to discharge. This percentage increased to 6% at six months post-treatment before returning to 2% at twelve months post-treatment:

### California Behavioral Health Patients Progress on Medication Adherence

(among patients who were prescribed psychotropic medication and submitted surveys which were due by December 31, 2024)

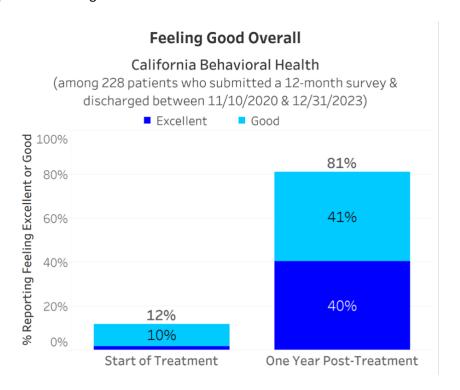


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### Improvement in Quality of Life

The majority (81%) of patients who completed the twelve month post-treatment survey reported feeling excellent or good during the last 30 days. By comparison, only 12% had reported feeling excellent or good in the 30 days prior to entering treatment:

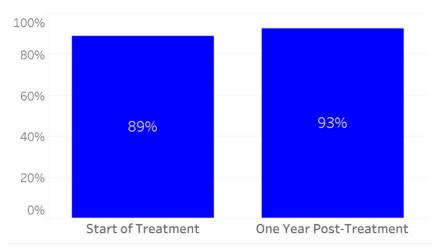


Among 228 patients who completed the twelve month survey, 93% said they were living in stable housing at twelve months post-treatment compared to 89% at intake:

### % Living in Stable Housing

### California Behavioral Health

(among 228 patients who completed a 12-month survey & discharged between 11/10/2020 & 12/31/2023)



**CBH Outcomes Report** 

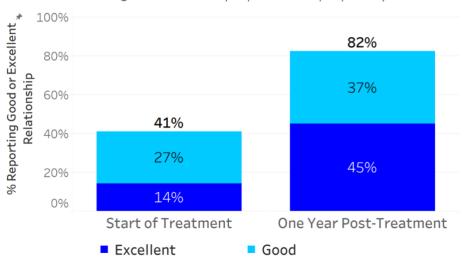
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Among patients who completed the twelve month survey, 82% reported having an excellent or good relationship with their closest family members at twelve months post-treatment. This is double the 41% who reported having good family relationships at the start of treatment:

### **Good Relationship with Closest Family Members**

#### California Behavioral Health

(among 228 patients who completed a 12-month survey & discharged between 11/10/2020 & 12/31/2023)

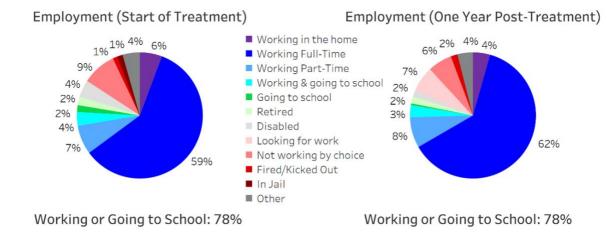


The percentage of patients who were working, going to school, or working in the home remained stable from intake to one year after discharge at 78% among patients submitting the twelve month survey. However, the percentage of patients not working by choice decreased from 9% to 6%, and those looking for work increased from 0% to 7%:

### Impact of Treatment on Employment

#### California Behavioral Health

(among 228 patients who completed a 12-month survey & discharged between 11/10/2020 & 12/31/2023)



CBH Outcomes Report

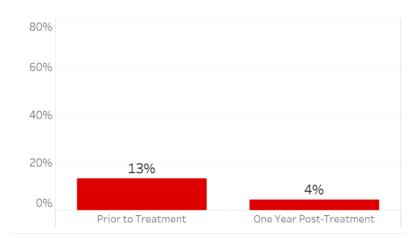
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Among patients who completed the twelve month survey, 13% had been charged with a serious criminal offense in the year prior to entering treatment compared to only 4% in their post-treatment year:

#### % Charged with Serious Criminal Justice Offense

#### California Behavioral Health

(among 228 patients who completed a 12-month survey & discharged between 11/10/2020 & 12/31/2023)

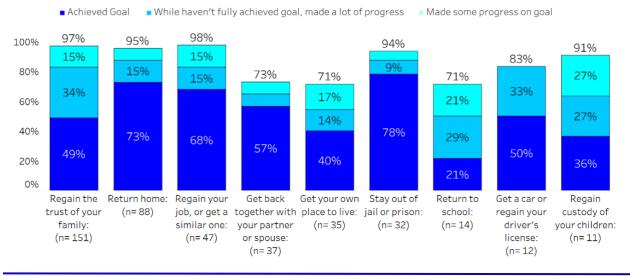


### **Progress on Non-Usage-Related Treatment Goals**

At the start of treatment, CBH patients were asked to choose up to three personal goals they were hoping that they would be able to accomplish as they stopped abusing drugs and alcohol. The majority of patients who were reachable at 12 months post-treatment reported having made extensive progress on meeting these goals:

#### California Behavioral Health

Progress on Achieving Non-Usage-Related Goals by One Year Post-Treatment (among 231 patients discharged between 11/10/2020 & 12/31/2023 who submitted a 12-month survey)



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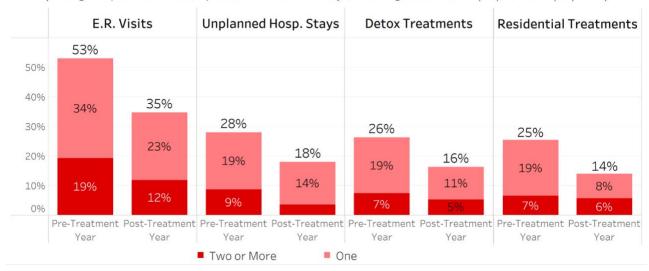
### **Expensive Medical Interventions**

CBH patients who completed the twelve month post-treatment survey have had far fewer expensive medical interventions than would have been predicted based on their pre-treatment year. For example, 53% of patients had an emergency room visit at least once in the year prior to treatment compared to only 35% in the post-treatment year:

#### **Number of Expensive Medical Interventions**

#### California Behavioral Health

(among 228 patients who completed a 12-month survey & discharged between 11/10/2020 & 12/31/2023)



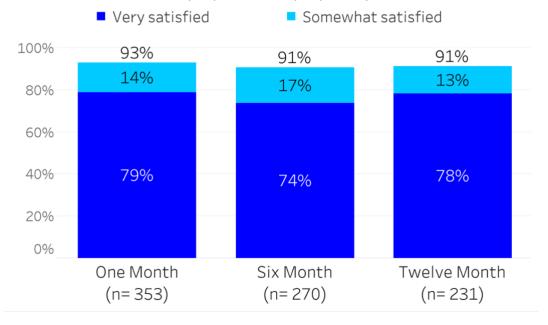
### **SATISFACTION WITH TREATMENT**

When reached post-treatment, most patients reported being quite satisfied with the treatment they had received at CBH:

### **Patient Satisfaction with Treatment**

California Behavioral Health

(among patients who submitted a survey & discharged between 11/10/2020 & 11/30/2024)



Sample patient comments are included in the Appendix.

### **APPENDIX: SAMPLE PATIENT COMMENTS**

### Why Satisfied with Treatment (from 1, 6, & 12- month post-treatment surveys)

- Best decision I ever made was to go there... Amazing people, amazing program.
- Best time of my life! The staff was good! Everything was great, they took us out places and I learned a lot. I loved the horses
- Everyone was very friendly and hospitable.
- EVERYONE was welcoming, kind, supportive and encouraging.
- Excellent all around
- Good holistic treatment. I could have benefitted with more 1 on 1 time.
- Good staff working there. Good amount of freedom. Enjoyed the various physical activities available and received interesting information
- Great experience very helpful
- Great people, great sessions, group and individual, private rooms and bathrooms, great activities. Overall a great experience
- Great place to start my recovery
- Great program, wonderful staff
- Great staff, and great facility.
- · Great therapists and nursing staff.
- I am still under control. My family is happy and I am healthy. I do stay in contact with the people I met at the rehab Thank you
- I believe the staff are all the best. From the housekeeping to the kitchen, the counselors my personal one will is one amazing person. Even the driver pat is fantastic. I cane in broken but left focused and driven again. I have now received my 60 day chip and plan a sober future Thank you
- I feel like I received the best care and great education.
- I liked it a lot there but was so upset that they were so quick to kick me out instead of trying to help me or giving me another chance.
- I liked them because of how attentive they are it seemed like the cared about my recovery and the staff was very kind and patient. When I was freshly sober I was not the happiest of campers. The time I spent there helped me stay sober
- I was very lucky that my insurance covered CBH . I was treated with tedpect.
- I'm free too be myself
- I'm still sober
- I'm still sober from leaving there
- I've been sober, and keeping myself busy. I would say my lifestyle now is a lot more healthier than it used to be and that was because of treatment I got at CBH and Marty
- I've managed to enjoy and value life again without drugs. I don't ever think of using or ever want to use, at the same time I've gotten to a position in life that's better than ever before with work, school, family and friends. Without treatment I don't think it would've been possible.
- I've stayed sober since leaving CBH. I'm still using the tools that I have learned.
- It helped me not drink but when I got out I felt like drinking and I'm taking naltrexone and that helps me
- It was a great stay. The chef made vegetarian food. The staff was lovely, I didn't have a problem with any of them. It was nice being able to talk to a therapist through the day if I needed to. If I

- couldn't talk to a therapist I could talk to the nurses. It would but nice if the nurses were given some therapeutic training for those times when a licensed therapist isn't available.
- it was such a phenomenal experience and I hope that others will benefit. You have to want it you go for yourself once you do it I can be their spokesperson It was such a game changer for me.
- It was the right type of therapy for me.
- Melissa is awesome great staff and they do care a
- Nursing and Suppott staff were very professional and attentive of my needs.
- Professional, every aspect was excellent (service, care, facilities.)
- Sober since leaving CBH, remembering and relying on what I learned during my stay
- Staff , food , and care was excellent
- Staff was amazing
- The entire staff was amazing. Very personable and attentive.
- the people I could open up to them they were very supportive and the education was great this is the first time I ever thought something was going to work and I feel good about it
- The program and staff are amazing!
- The program gave me multiple tools that i apply in my life.
- The rehab did wonders and made friends.
- The staff and therapist are amazing. Very caring and helpful.
- The staff are amazing an actually care about people
- The staff was absolutely amazing and my therapist Marty was great. I couldn't have had a better therapist.
- The staff was amazing. They were very caring and compassionate. They also made sure the environment was a safe and calm place to be. The one on one time I was able to have was very helpful. The classes were informative and helpful.
- The staff was excellent and I'd been to another rehab and it was a night and day contrast. The staff was wonderful, Marty, Jessica, Leslie were amazing and compassionate and very professional. Will was EXCELLENT!!!! The nursing staff was so caring. I love the staff and the other residents were wonderful.
- The staff was exceptional. Getting virtually unlimited access to trained professionals was a difference maker for me.
- The support and classes were very helpful.
- The the staff was amazing. They made sure to know everyone at the facility and listen to what we said and were polite, respectful, knowledgeable but also willing to joke around.
- The treatment at CBH was one of the best experiences I've ever had in my life And it changed my life
- The treatment was good. I wish I had stayed for all of it rather than discharging early
- The treatment was highly educational and based on positive empowerment rather than negativity.
- They gave me the tools I needed to be successful in my recovery 2
- They had structure and a program that if applied works to stay sober
- They were very attentive and gave me life changing advice
- They were very professional and disciplined.
- they were very supportive and very well rounded groups and staff was available and I got a lot out of it
- Very good people,
- Very good program- I liked that we were able to do a lot of outside activities, like hikes.
- We were able to dive and find the root of problems and work through them in a manner that was so much faster and efficient than my previous visits to therapists and treatment centers. They didn't bombard you with whole 8 hour days of information they gave you the good information

and let you sit with it however you wanted for the day and that allowed you to actually take in and learn what you were talking about rather than learn something then skip to the next class.

• William and the rest of the therapists were amazing and so insightful

### Elements of Program Patients Found to be Particularly Effective (from 1, 6, & 12-month post-treatment surveys)

- 1 on 1 therapy with Martin.
- A safe place to stay. Counselors .
- AA meetings and group and individual meetings during the day with counselors especially with William and Marty
- Ability to talk freely about my situation in a judgement free environment
- All of it. Therapy, groups, outings, socializing, sound baths, yoga... all of it. I desperately needed a time out from my life.
- All of the staff reminded me of how life should be
- All of them
- All the classes and all the time I got to chat with my counselor. I feel I was treated very nice and not like a drug addict. I've been to other facilities and hospitals in the past and I've just been treated horribly, even by Doctors.
- Antidepression medication
- Being able to talk to other patients and staff without the worry of being judged or shamed.
- Being able to vent, and having encouragement
- Being in a safe place and people that cared
- Being treated like a person
- Community and classes
- Comraderie. Good Staff for the most part. Joe, Jose, the therapists. Melissa, Paul, the cleaning lady. I hope I didn't forget anyone
- Creating a trauma timeline and a calm safe space
- Definitely my peers and the support of the staff!
- Emotional connections
- First and foremost, the staff...and I mean the ENTIRE staff. They are an amazing group of people who care about each individual there. I was also fortunate to have a great group of other individuals seeking treatment while I was there. I learned a lot just by talking with them. The daily group sessions and individual therapy sessions were also a huge plus. I loved the sound bath...I had never even heard of that before. Extremely relaxing. The group outings were also a great opportunity to experience doing activities without using alcohol. Everything I did prior to treatment revolved around drinking. It was good to realize you can have fun and do things without needing a drink in your hand. The food was also top notch. Everyone there had an impact on helping me on my path to recovery. Can't say enough good things about the people there.
- Group classes
- Group meetings
- Group sessions, individual therapy, outings
- Groups and Scott
- Groups were super beneficial to me and very important and I my therapist really helped me make plans and goals
- I found the one on one sessions with Trisha to be the most effective in my recovery. The group outings also played an important role in making me enjoy life again. I found the most pleasure in

- the little things and experiences I had with everyone. Also Pat, Marty, and Sarah are the most amazing people ever and had the most impact on me wanting to be the better me again:)
- I guess the initial detox and being somewhere I could fully get out of it there were therapists there that were very passionate but I don't think it was that fabulous
- I liked the group of other patients and I liked the administration and some of the therapists
- I loved the group therapy and group outings I found having sober fun can be achieved
- I really liked all the al different activities we were able to do, it made time go by a lot quicker and helped me engage in wanted to try new things
- I thought the staff all around was very good. The meals for the most part were healthy and nutritious. The accommodations were more than adequate.
- I've been sober now for the longest I ever have been since I was in high school (5 months)
- Individual therapy, group therapy, and art therapy!
- Individual Therapy, gym visits
- Individual therapy: Marty is the best!!! Bonding with other clients. I am in touch with a lot of them still. We talk every day. The outings. So nice to realize I can have fun sober! The kind staff Everything really. I miss it. You saved my life
- It was a combination of the counseling and the environment as a whole
- Kindness. Activities
- Love and support
- Megan Iol and big thanks to my baby Trish and Brie is who I miss the mostesssss
- Melissa and a couple other people in the staff.
- Multiple approaches to solving the problem of addiction, given the opportunity to find what worked for me.
- Not feeling isolated and treated like an actual person
- NOTHING complete waste of time
- Open conversation amongst peers and counselors
- Participating with group and my counselor Leslie
- Randi the therapist I had
- Routine establishment, therapy
- Social interactions, going to AA meetings with peers
- Structure. Meditation. One on one counseling.
- The belief the people had in me
- The connection I've made with the staff.
- The counseling, outings, and groups were amazing. The facility is beautiful
- The counselors being readily available, either counselor you went to really knew how to help and could give you a great experience so it didn't feel like you had to wait for the "good" counselor, no matter who was there you were getting awesome treatment.
- the group meetings were good and I liked having others who understood what I was personally going through it was most enjoyable and the staff, nurses and therapists were very welcoming and very helpful and helped me sort out my thoughts very pleasurable experience
- The groups were usually good, and going outside helped remind us of the fact that we'd see alcohol everywhere. (in stores, etc.)
- The lady Heather who does the after care and discharge planning, was the only one who actually tried helping me find a different program or another place to go to for help instead of them just kicking me out on the streets she actually TRIED to help me get back into another program and get help but unfortunately I was so mad at myself for getting kicked out I just didn't even want to go to a different program because I'm a lost cause
- The openess of everyone and not feeling like a "lepper"

- The opportunity to be removed from my previous cycle of daily drinking. Doing so in a controlled environment/ facility with medical staff contributed to me having confidence and trust.
- The people around me had been through the same thing and the staff was excellent! It was the best thing that ever happened to me!
- The program securitization
- The pysicalliity, hiked, walks, workouts
- The sense of community and EMDR for PTSD and the general therapy. I learned a lot about myself and worked on my self image a lot. PTSD treatment was life changing.
- The staff challenged me to work on my issueyy
- The staff invested a great deal of time and energy into my recovery
- The time to be sober to work through the depression without alcohol Talking in group and individual therapy sessions Equine therapy

## What CBH Could Have Done Better or in What Areas They Could Improve (from 1, 6, & 12-month post-treatment surveys)

- A lot of the things at the facility were broken and didn't work and they were always shortstaffed and we were told we could only have certain things in the cafeteria because they had to watch a budget.
- Accepting certified service dogs that are protected by ada laws. Having programming that is slightly different for longer stay guests. Having rules that loosen up for longer stay patients.
- Actually a lot they need less outings they need to do the 12-step program cuz that would help
  extremely because us going to a class and just reading out the book answering questions is not
  helping at all I talked to a lot of people I went to at that place and they're all back on the same
  thing because it was basically like School you just free a package answer the questions you're
  done you go back to your room
- Actually they are better than sober living
- All I can think of is giving nurses therapy training
- Allowed me to come back to work their program
- Be upfront about the cost!
- Being more empathetic and understanding of people who don't have conventional backgrounds. Not just appealing to professionals but to everyone.
- Better communication
- Better food and recreational activities
- better snacks
- Called me back when I slipped and drank that day.
- CBH was great. I would change anything
- Communication between staff and clients. Tayloring the program to the specific client needs. Overall client care.
- Communication between staff and peers felt kind of empty or repetitive sometimes in regards to lesson and outing plans.
- Convince me to stay longer.
- Discharge planning. I felt misled by 'Staff.' She stated the SLE she sent me to in LA was long term. I've been in 3 sober livings, as well as the hospital and then residential twice. I have felt very.imcertain about my housing situation
- Enforce the rules better and get rid of people that aren't willing to do the program immediately
- Everything was excellent.

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- Focus on open groups more
- Get me off of everything before discharge
- Get the nurses on the same page. Really enjoyed it but because of this, I had to leave and the place I went to was find but what your offer and your style I think would have put in a better position. Who knows though
- Held firm on must attend group and individual session
- I didn't like some of the patients. There was a couple having an affair. Nothing was done to separate them and they always triggered me by talking about drugs in the smoking section.
- I just feel I had too much time on my hands in the afternoons.
- I really can't think of a thing. It truly is the best place I could have went to!
- I struggle to think of anything to be improved. For my personal experience, all needs were met and the staff was friendly and helpful.
- I wish they actually had an indoor area with activities and to hang out. Like a ping pong table or a pool table...or something. It was just so oppressively hot while I was there. It would also be nice to have a couple ellipticals and/or treadmills in an indoor area.
- Improve safety no locks on doors and some erratic people there and I felt very unsafe and they didn't address it and it was my neuroses were making me feel uncomfortable and I didn't appreciate it. Having a way lock where staff could come in is not a hard ask. It was hard to focus on issues when I felt so worried about someone coming in my room.
- Maybe helped get things ready for when you leave instead of shoving some online recovery group down your throat
- Medication distribution should be done correctly
- More classes should be interactive. I felt like the classes/lectures were not as effective.
- More focused time with individual therapist. I could have taken more initiative, but building more of this in would be helpful.
- More one in one therapy
- More sessions with therapist
- More staff on deck
- Multi racial materials
- Not being so quick to kick people out and giving them more chances
- Not jumping to conclusions or hospitalizing someone over clairaudience (clear hearing)
- Not stripped ..me of my laundry and kept it from mr for hours
- Nothing everything was wonderful!
- Nurses overwhelmed and over worked which causes them to be moody and short. And cranky .
- Nurses, curriculum, having a doctor, daily structure, therapy, family therapy, medication options, safe environments, fewer patients, more one on one sessions, medication management, knowledgeable staff, access to medical care, setting up for a patients departure with AA meetings, calls to AA members, even a sponsor. Location of the facility, upkeep of facility, truthful and accurate representation of that a patient can expect
- prepared for mental symptoms after coming off drugs
- Quickly get rid of people who obviously don't want to be there.
- Serve coffee until 2 pm. Come on now haha Have therapist approach you more when you're new and don't know you're supposed to approach them. Improve the gym area and get a tread mill!
- the cell phone access should be a little better I could have used more access
- The food
- The impersonal sometimes rude MDs
- The nursing staff. Honestly I would have panic attacks at night and they would just kinda talk to me like I was an idiot, or when I would describe a feeling they would just go "nooooo I don't know

what you're talking about" like that was supposed to calm my anxiety levels down and they would just tell me "well you're fine" which even talked about in treatment is so not what you're supposed to do or make a patient think because then they really think something is wrong. Train the nurses with how to properly handle patients with anxiety, depression, and other mental disorders.

- They need to do more to help the patient after recovery
- They should teach and educate the importance of AA and the 12 steps much more. The AA, NA, CA meetings should be more frequent and mandatory. They should assist with finding a temporary sponsor while there as well.
- They showed us episodes of intervention and they didn't pre-view it, and it would help to preview them to make sure it was appropriate to show so that there weren't triggers for patients.

### Why Unsatisfied with Treatment (from 1, 6, & 12-month post-treatment surveys)

- did not detox me
- Due to the mileu, a girl in particular making fun of me
- Follow up with the nurses and staff to get my things I left behind. I called and 'Staff' was going to have 'Staff' call me to orchestrate me sending 'Staff' info to send the boxes for me to my home in Colorado. I emailed the nurses email and the last nurse and no response had been received as of now
- Had two different nurses tell me two different things on a medication I was on. I ended up leaving because of it. Very unprofessional and the Head Nurse was extremely rude. The nurse on call adjusted the medication I was on and stated, "why would she do that, it is dangerous to come off a Benzo that quickly". Your hear for amphetimine use correct? Yes, I was on a Benzo script and still am for over 15 years. Taking me off over 15 day period was never told to me that would occur. Loved the place, loved Scott but come on!!
- I didn't feel welcome at the facility and felt bullied by the other residents. I didn't feel like I was able to be vulnerable in groups due to being reported as things I shared being inappropriate despite them being facts about my life and what led me to seek treatment in the first place. I ended up transferring to a different rehab where I felt welcome and encouraged and completed treatment there.
- I felt like there wasn't enough support and it was just like classes are done time to go to an outing or something..to many outings and I feel not enough one on one not by just the counclers
- I have continued my sobriety on my own, the benefits coordinators didn't report to my job so I was terminated during my initial 3 days into my treatment which disqualified me for FMLA which I didn't find out until my near completion. So I come back to no job & fighting for unemployment benefit's!
- Inadequate communication; not meeting with my councilor; possible discrimination against my "gift(s)"
- Incredibly poorly run, dangerous detox, little management, curriculum for a five year old, presented with my drug of choice, Xanax, during my evening medication, no doctors or nurses on staff. Complete waste of time this place should be shut down. Thank goodness I received PROPER treatment elsewhere.
- Just a lot going on in life. My health my dad's i did relapse the day after I got home and got pulled over and arrested for owi.
- Some nurses rude look down at people
- The staff sucked and I filed a complaint with the state last year
- the treatment was decent and I got an unexpected bill for \$25k that was not discussed before hand and I may take it to court.

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- The Vivitrol you guys recommend that people use for cravings for opioids. That medication is dangerous. It should not be on the market. I had really super bad side effects. And still going through it.
- There are some problems that I felt were not addressed like there were no locks on doors and there were some sort of men in the treatment facility that made me feel unsafe and I didn't appreciate that.
- Too many grants given to disruptive individuals

### MAT Feedback (from 1, 6, &, 12-month post-treatment surveys)

- Cause I'm not sure if I should still take it. Can't tell if it's helping or if I'm just getting better
- I don't want to take anything
- I feel like it may contribute to anhedonia
- I have not really had any cravings and I can tell of no negative side effects from taking this medication.
- I'm glad I'm taking it otherwise I'd be off the rails
- It helps
- it helps me with everything and especially cravings
- It seems like it's working
- It works, but it messes with my head a bit, and it makes you very tired.
- It's hard to tell if it's working, but I don't have many cravings
- It's working
- Lots of injection site pain
- Not sure
- Seems to make me tired.
- So I don't use
- they help me a lot with cravings