California Behavioral Health Treatment Effectiveness Report

Vista RESEARCH GROUP
IMPROVING TREATMENT OUTCOMES

Providing insightful data to help treatment programs improve their outcomes

July 1, 2025 - June 30, 2026

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BACKGROUND

California Behavioral Health ("CBH") is a residential treatment center near Palm Springs, California, providing services for individuals with substance use and mental health disorders. Treatment is grounded in the understanding that addiction is a chronic condition affecting physical, emotional, mental, and spiritual health. Care is delivered by a multidisciplinary clinical team using evidence-based, dual-diagnosis treatment methods.

Treatment plans are individualized based on each resident's history and needs, combining clinical practices with experiential therapies in a structured setting. Services include medication-assisted treatment, non-12-step recovery programming, and residential care for substance use and co-occurring disorders, addressing mind, body, and spirit.

CBH started using INSIGHT Addiction™ to monitor patients on November 9, 2020. This report summarizes patient-reported data received from 145 patients while they were in treatment between July 1, 2025 and June 30, 2026.

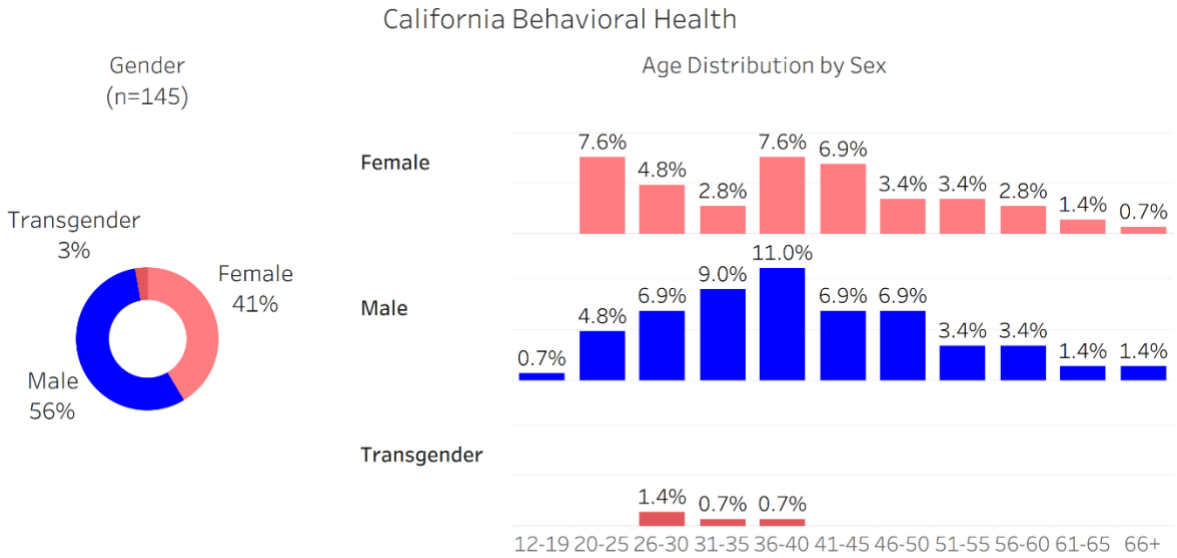
This report was released on August 6, 2026.

PATIENT CHARACTERISTICS AT INTAKE

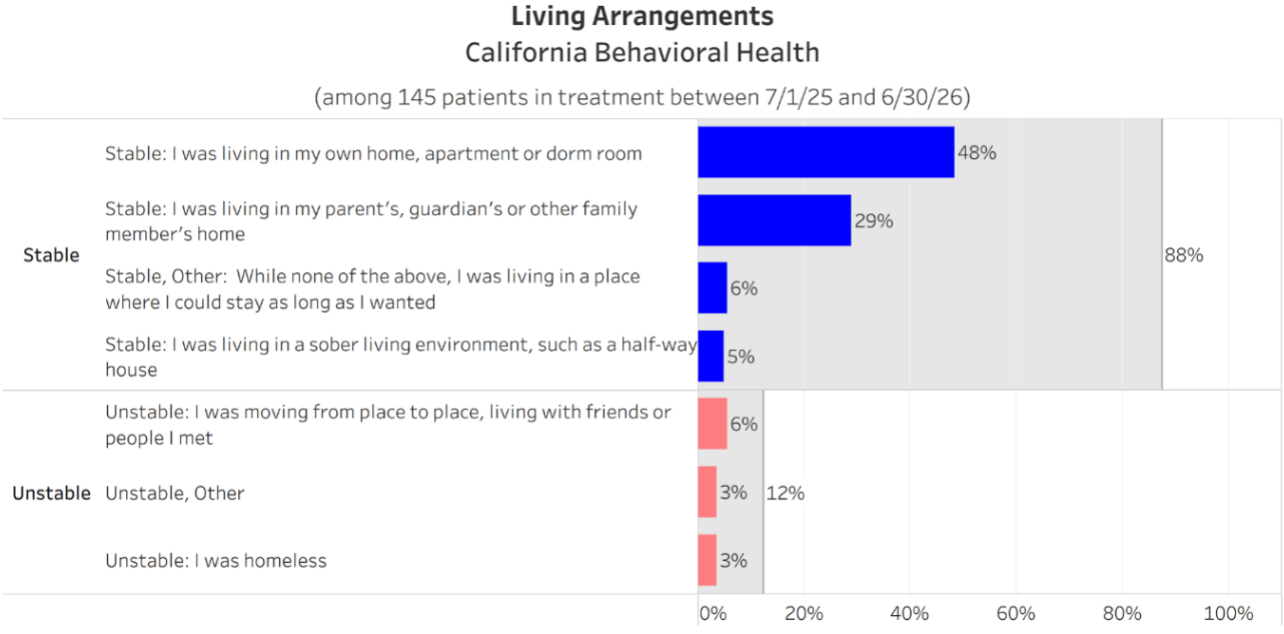
Vista received intake data from 145 patients who attended residential treatment at CBH between July 1, 2025 and June 30, 2026.

Demographics

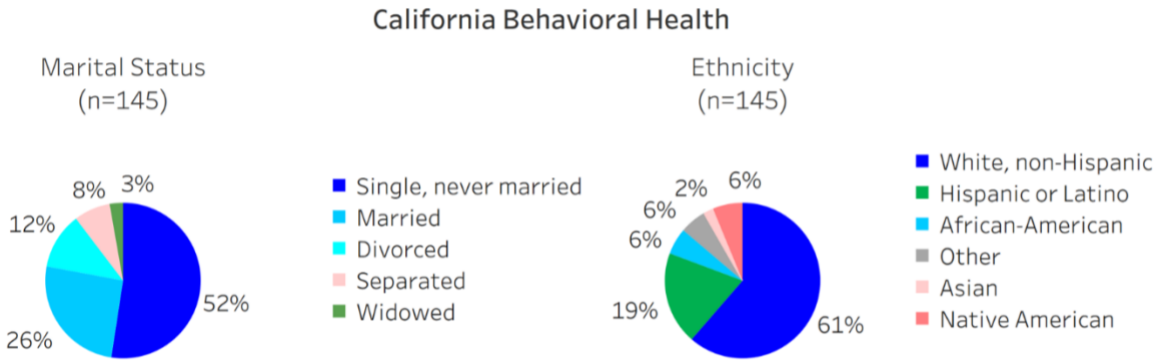
Fifty-six percent of patients (56%) identified as male, and the median age was 41:



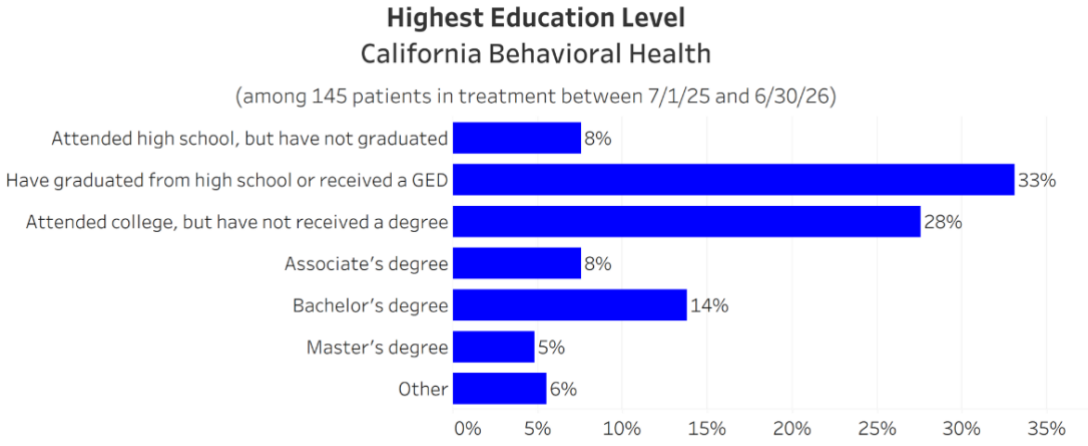
The majority (88%) of patients were in a stable living arrangement prior to entering treatment:



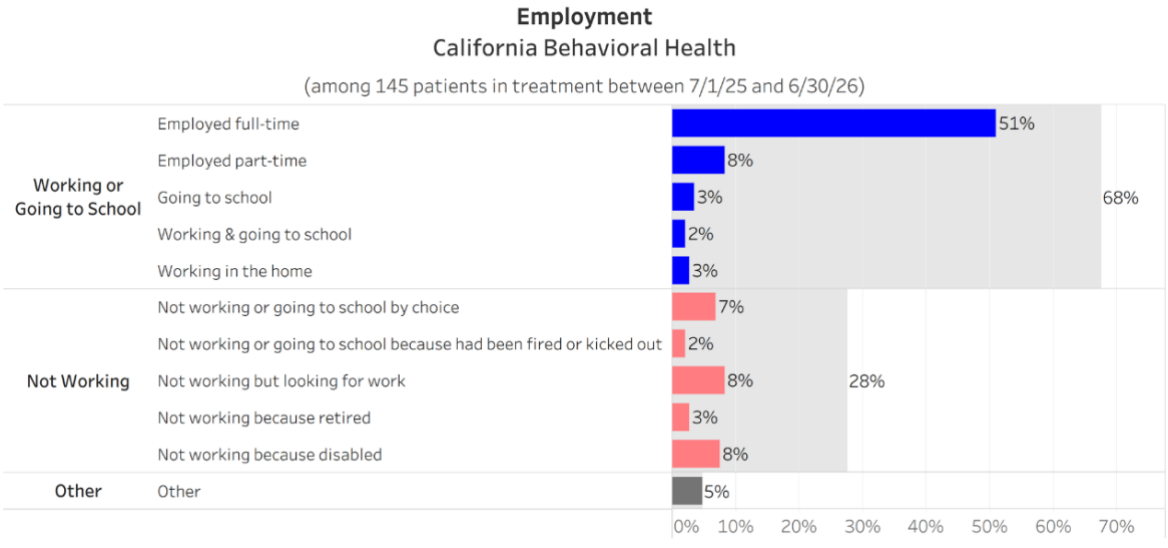
About half (52%) of the patients were single and had never been married, while 26% were married. Sixty-one percent of patients (61%) were White and 19% were Hispanic or Latino:



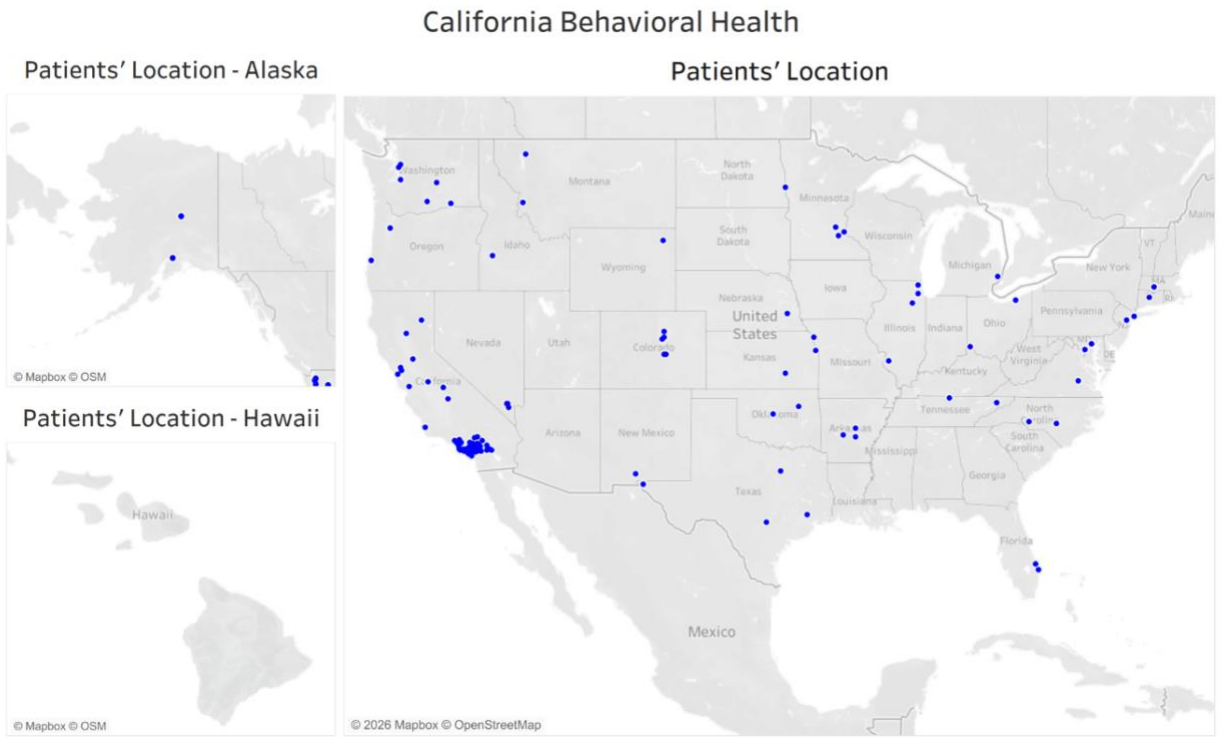
The majority of CBH patients had graduated from high school or received a GED. Nineteen percent (19%) had earned a bachelor's degree or higher:



About two-thirds of patients (68%) were employed or going to school prior to treatment:

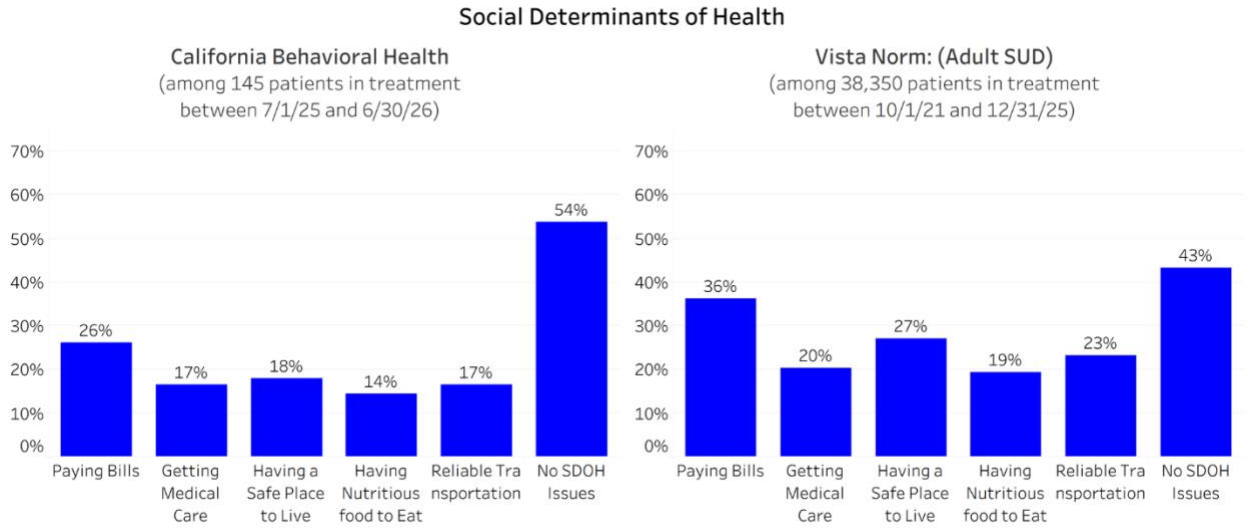


While patients came to treatment from across the country, the majority of patients were from California:



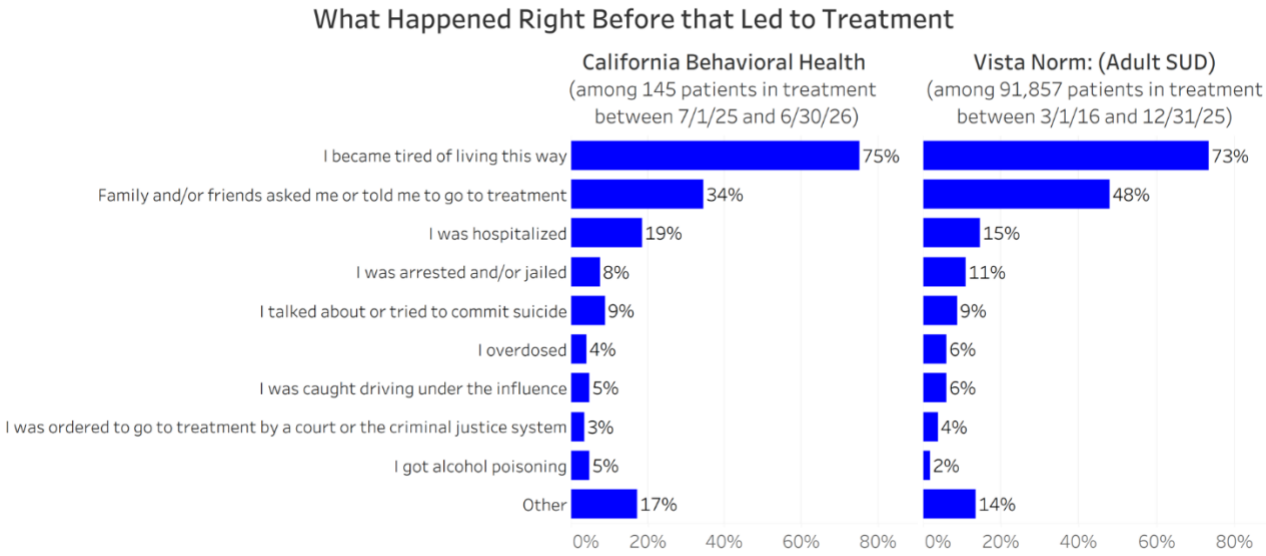
Social Determinants of Health

At the start of treatment, patients are asked whether they've experienced challenges related to one or more social determinants of health in the past year. Twenty-six percent (26%) of CBH patients reported having difficulties paying bills and 18% reported challenges with having a safe place to live:

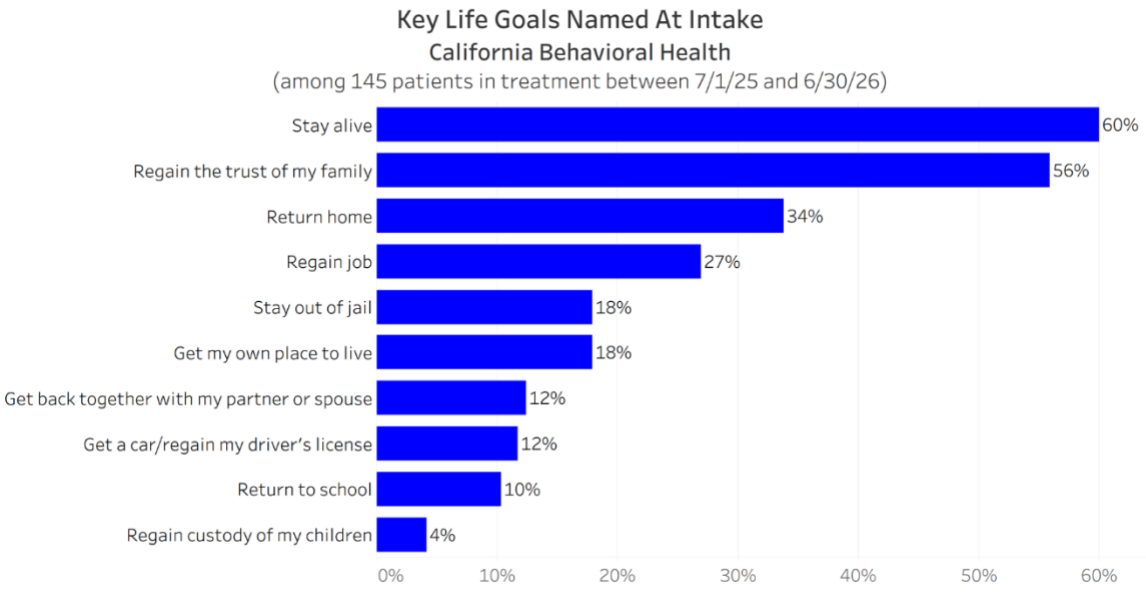


Why Patients Entered Treatment

What Led to Treatment: The majority of CBH patients (75%) said they entered treatment because they "became tired of living this way," similar to the 73% norm for patients treated in the Vista Research Network since 2016. Another 34% said they were asked by family and/or friends to go into treatment, which was lower than the 48% Vista norm. Nineteen percent (19%) of CBH patients reported having been hospitalized prior to treatment, which is slightly higher than the Vista norm of 15%:

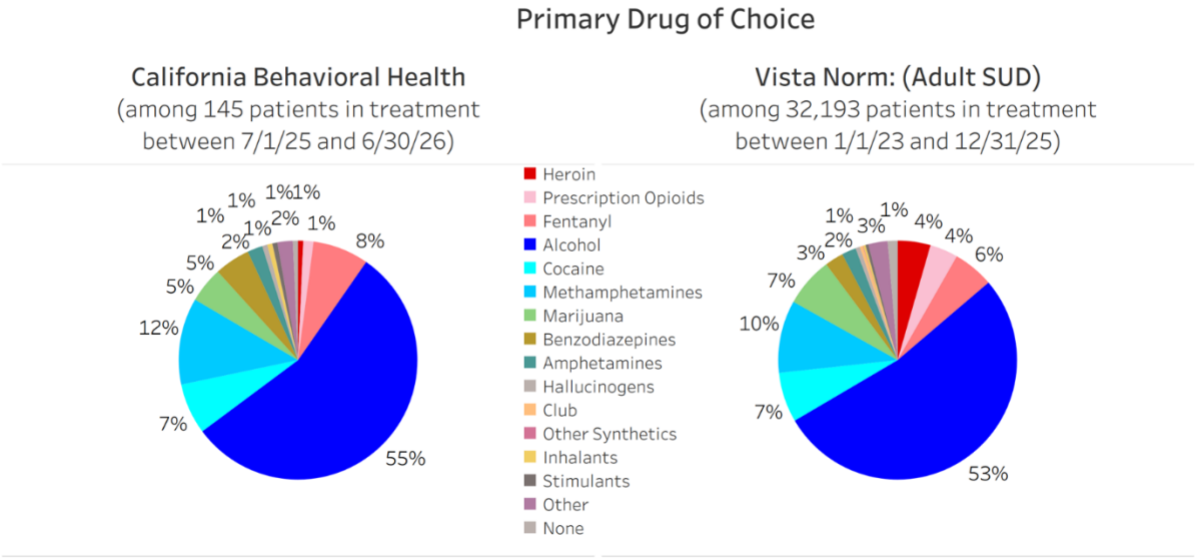


Life Goals: Most CBH patients entering treatment had either experienced consequences of their drug or alcohol use or were afraid for the future. When patients were asked to pick up to three specific life goals they hoped treatment would help them achieve, 60% said they wanted to "stay alive," while another 56% wanted to overcome their addiction to regain the trust of family:

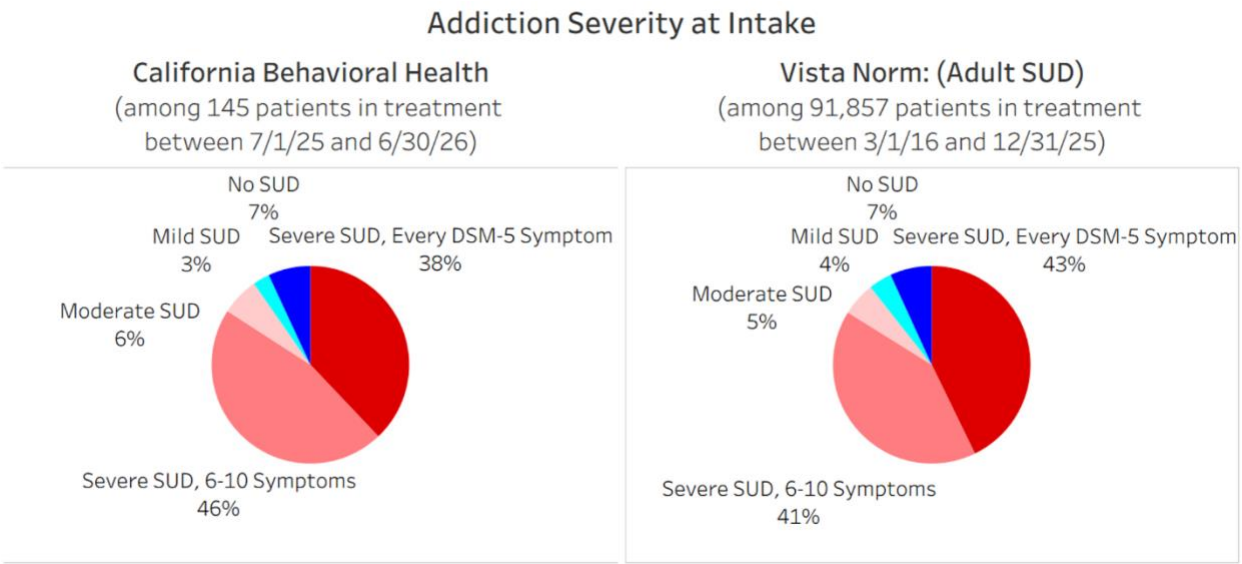


Substance Use

Primary Drug of Choice: Alcohol was the primary drug of choice for 55% of CBH patients, and methamphetamines for 12% of the patients. The other drugs were each preferred by less than 10% of patients:

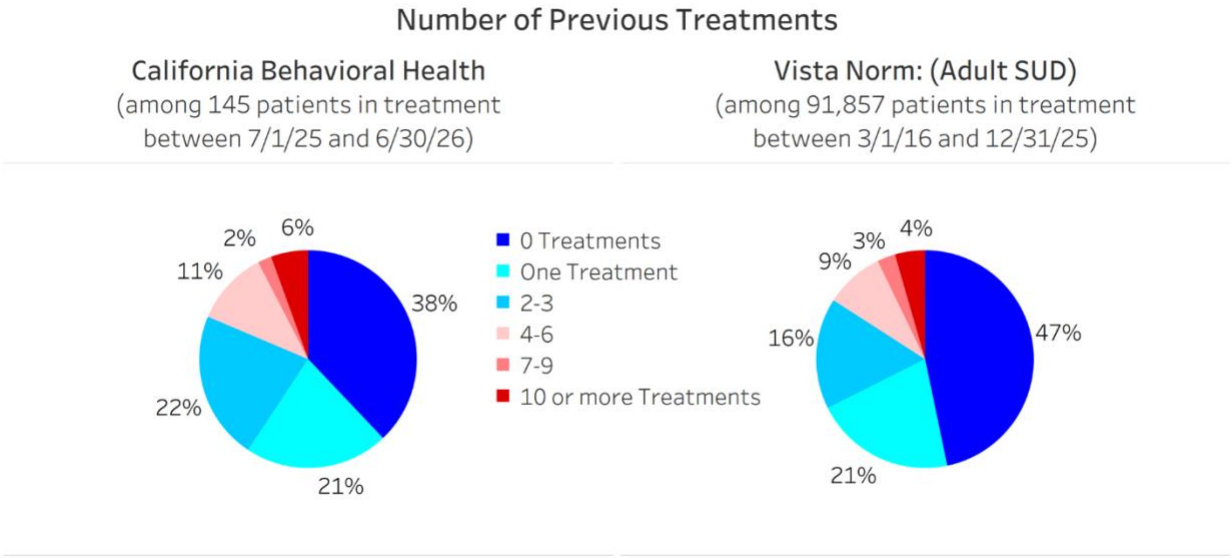


Addiction Severity: The majority (84%) of CBH patients reported symptoms consistent with the DSM-5 criteria for severe substance use disorder (SUD), comparable to Vista's norm of 84%. A somewhat lower percentage of CBH patients (38%) reported experiencing all 11 of the DSM-5 SUD criteria in the year prior to treatment compared to the Vista norm of 43%:



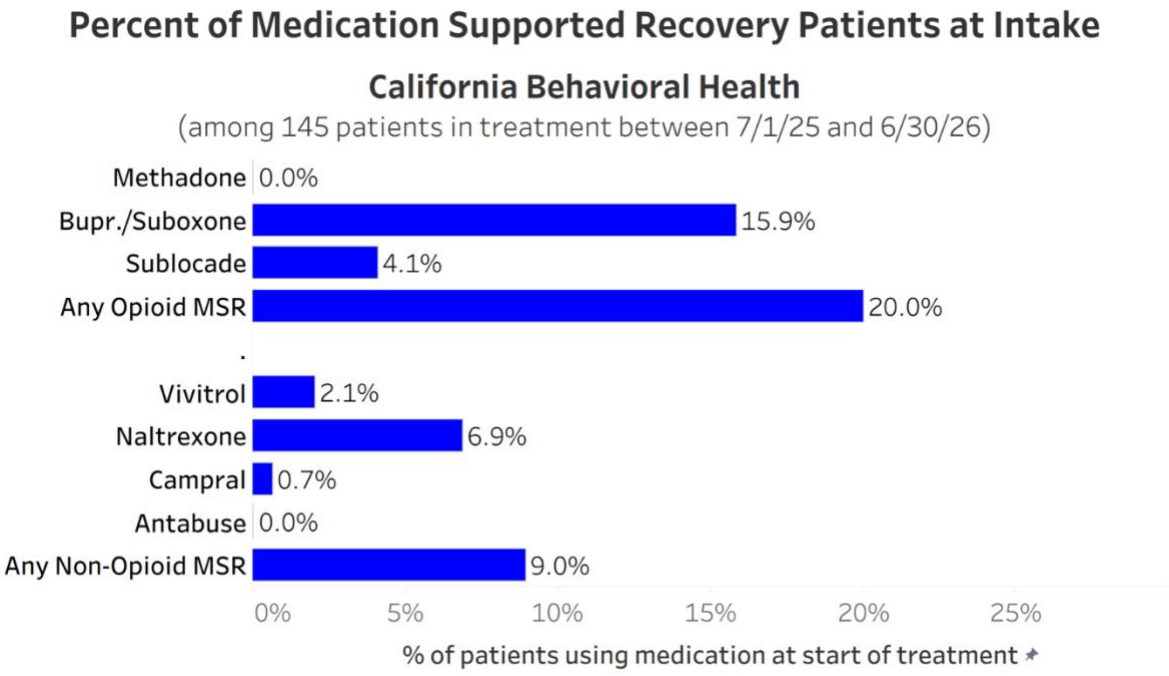
Previous SUD Treatment Episodes

Thirty-eight percent (38%) of CBH's patients were in treatment for the first time, lower than the Vista norm of 47%. A slightly higher percentage of CBH patients (19%) had been in treatment four or more times previously compared to the Vista norm of 16%:



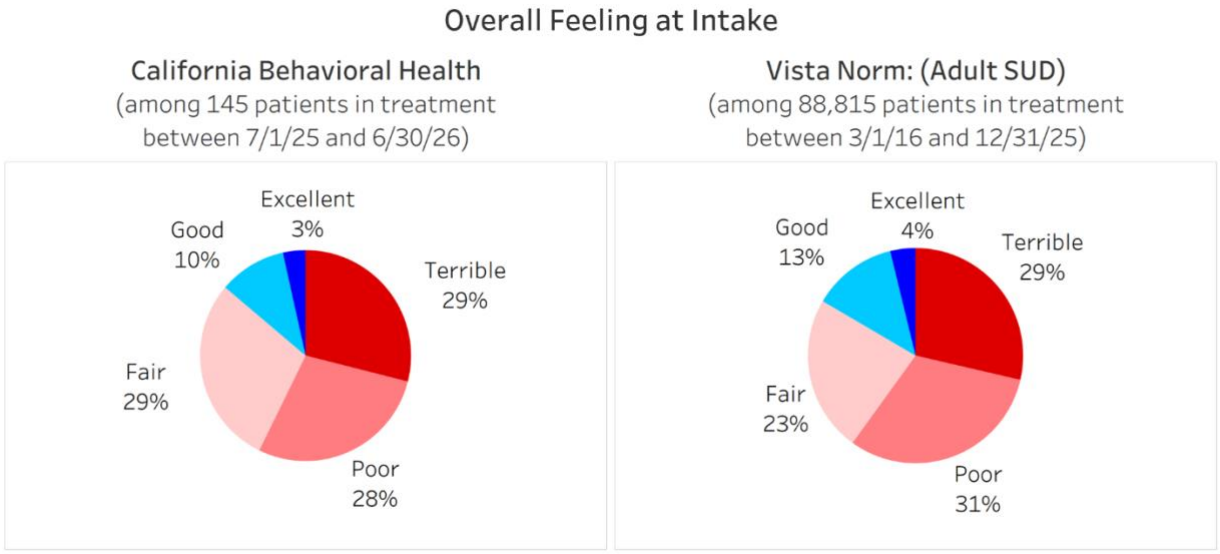
Medication Supported Recovery

Among all CBH patients, 20% reported taking an opioid replacement medication at the start of treatment, and 9% reported taking a non-opioid anti-craving medication. Buprenorphine/Suboxone (15.9%) and Naltrexone (6.9%) were the most commonly used medications:



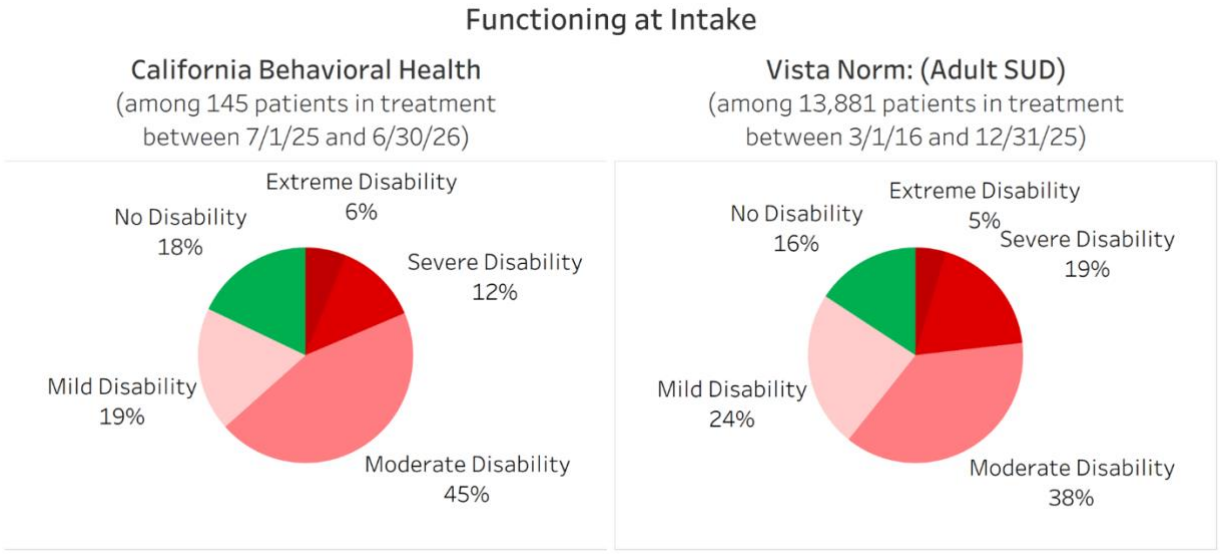
How Patients Were Feeling Prior to Treatment

Fifty-seven percent (57%) of CBH patients reported feeling poor or terrible during the 30 days prior to entering treatment, marginally lower than the Vista norm of 60%. Thirteen percent (13%) of CBH patients reported feeling good or excellent, which is also slightly lower than the Vista norm (17%):



Functioning

At intake, 63% of CBH patients reported behaviors consistent with moderate to extreme disability in daily functioning, similar to the Vista norm (62%):



Presence of Co-Occurring Disorders

As part of their intake questionnaire, patients were asked a series of screening questions that referred to the 30 days before starting treatment. If they answered one or more of the screening questions for a particular co-occurring disorder positively, they were then taken to a complete academically validated assessment to measure the severity of their symptoms of that disorder. If a patient answered the screening questions negatively for a specific disorder, they were classified as "symptom unlikely" on the following charts.

The majority of patients (85%) entering CBH reported experiencing moderate or severe symptoms of one or more co-occurring disorders in the 30 days prior to entering treatment. Overall, a higher percentage of CBH patients reported symptoms of co-occurring disorders compared to Vista norms:

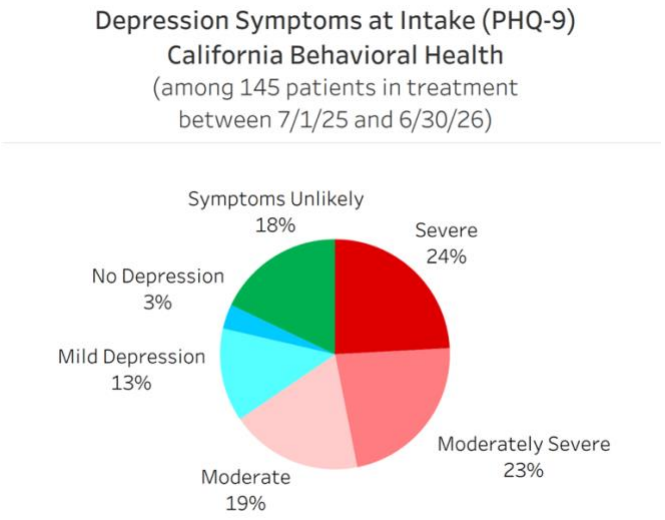
Patients with Moderate or Severe Symptoms at Intake

California Behavioral Health

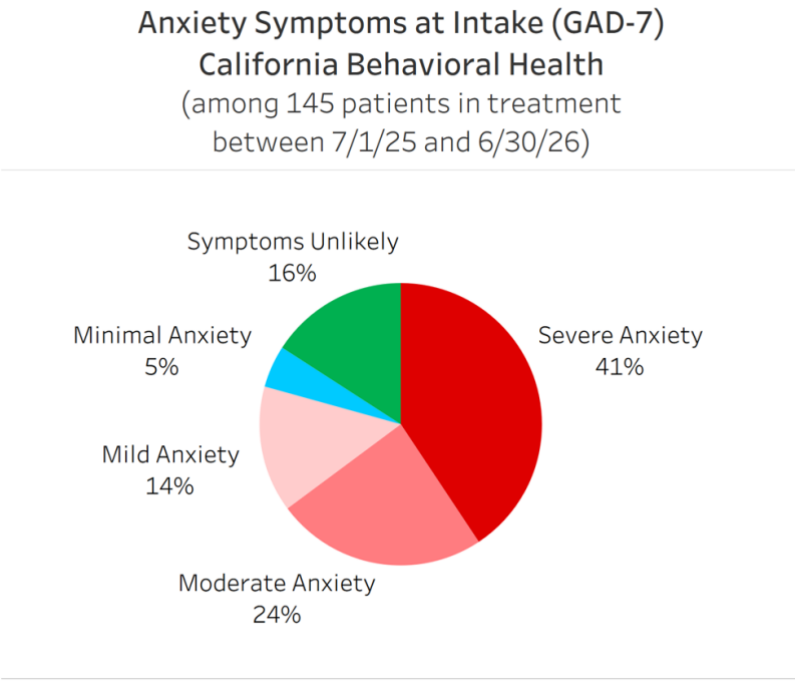
	Total 7/1/25-6/30/26 (n = 145)	Vista Norm: (Adult SUD) 3/1/16 - 12/31/25 (n=88,815)
Depression	66%	64%
Anxiety	65%	61%
Trauma	66%	58%
Eating Disorder	40%	35%

	Total 7/1/25-6/30/26 (n = 145)	Vista Norm: (Adult SUD) 3/1/16 - 12/31/25 Mania: (n=29,835)	Psychosis: (n=30,336)
Mania	23%	19%	
Psychosis	30%		22%

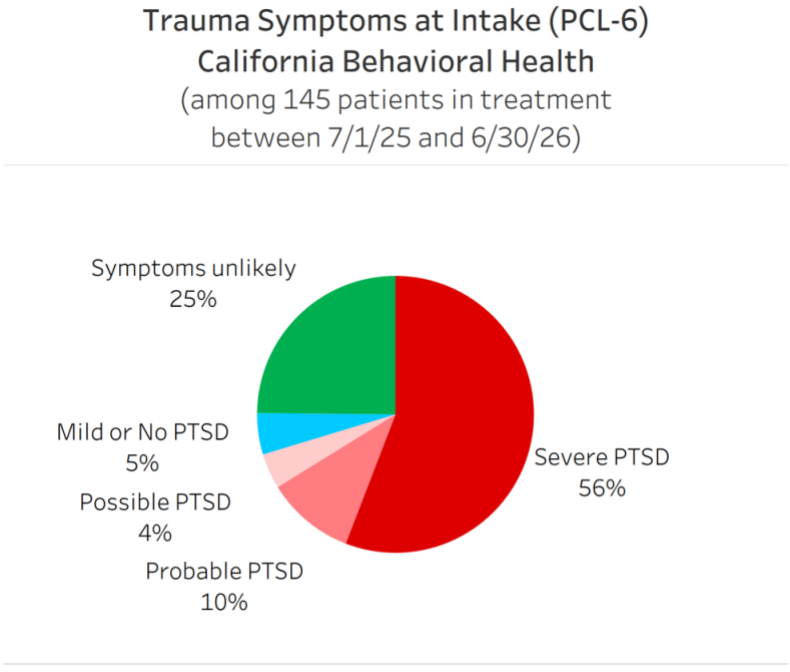
Depression: Two-thirds (66%) of CBH patients reported experiencing symptoms indicative of moderate to severe depression in the 30 days prior to starting treatment:



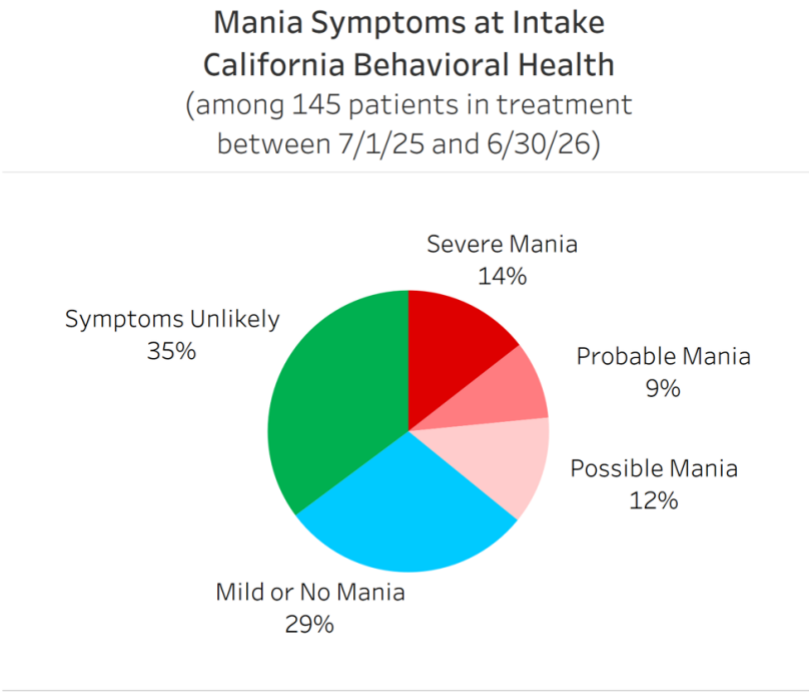
Anxiety: The majority (65%) of CBH patients reported experiencing symptoms indicative of moderate to severe anxiety in the 30 days prior to starting treatment:



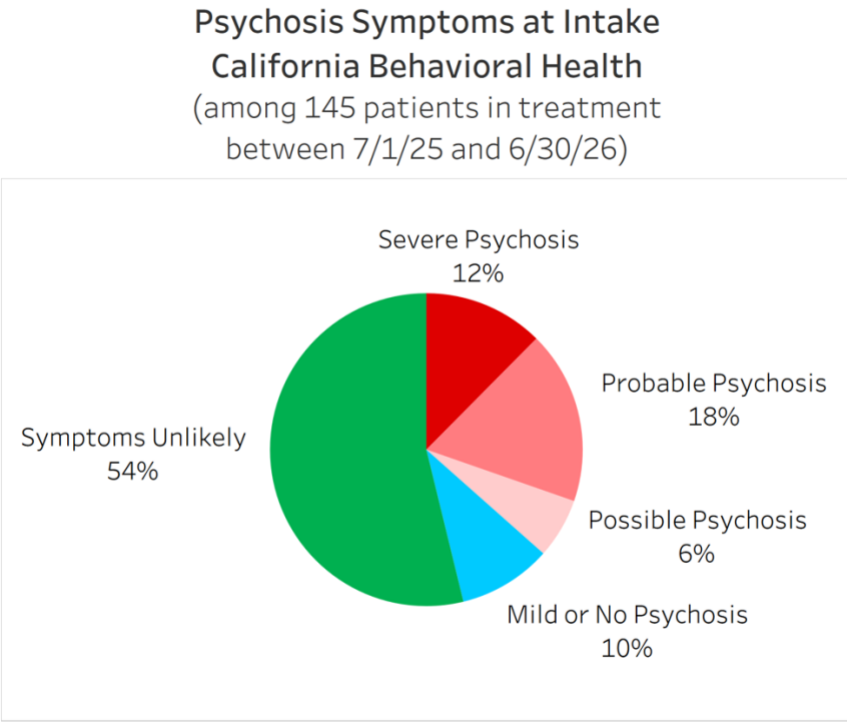
Trauma: Two-thirds (66%) of CBH patients reported experiencing symptoms indicative of PTSD in the 30 days prior to starting treatment:



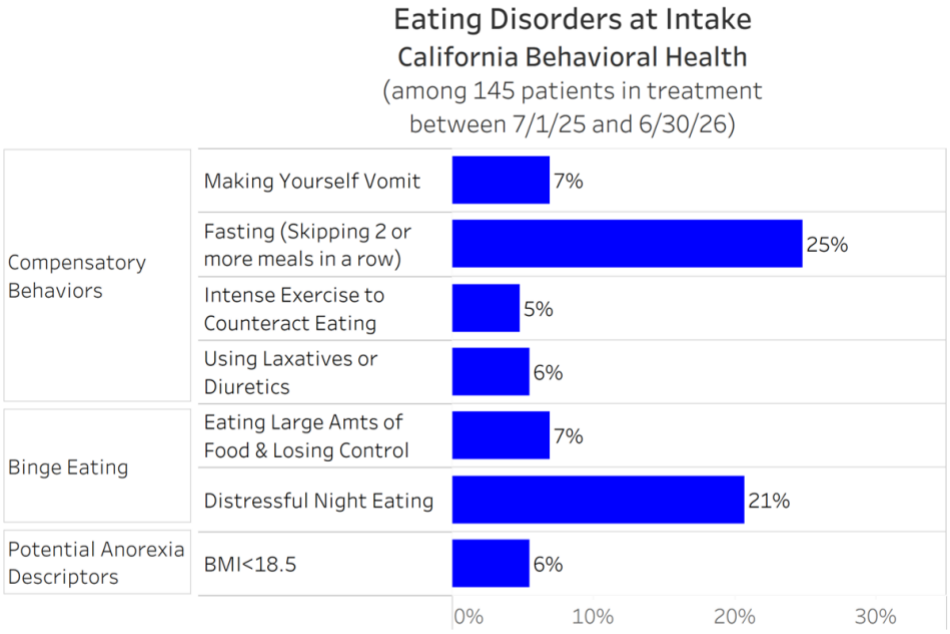
Mania: Twenty-three percent (23%) of CBH patients reported experiencing symptoms indicative of mania in the 30 days prior to starting treatment:



Psychosis: Thirty percent (30%) of CBH patients reported experiencing symptoms indicative of psychosis in the 30 days prior to starting treatment:

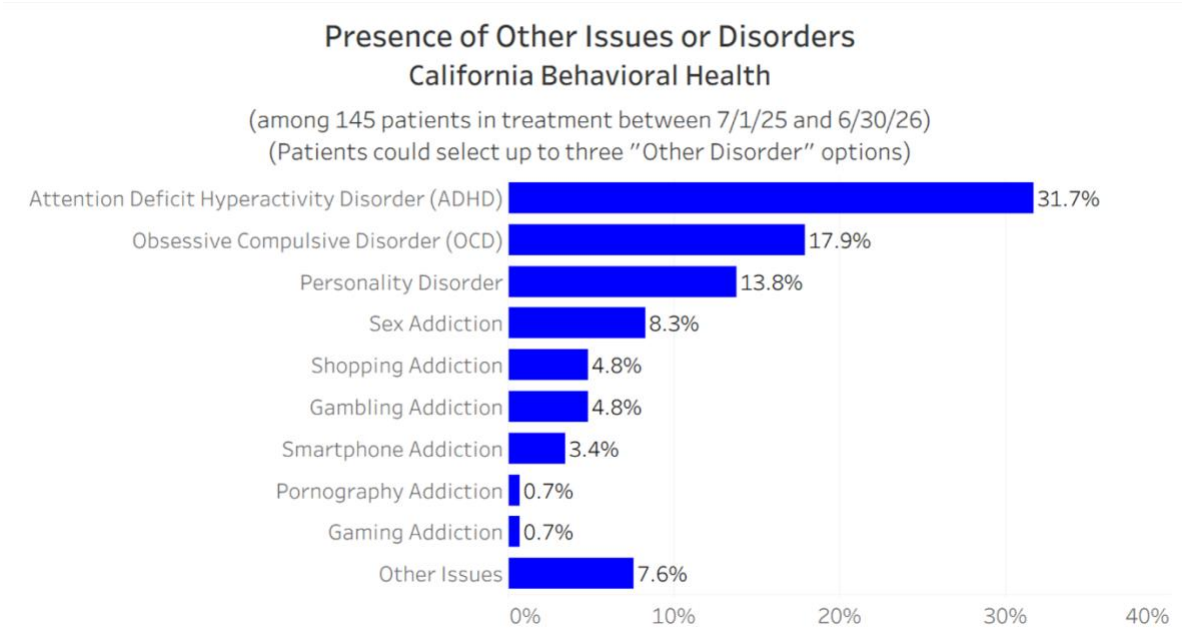


Eating Disorders: Forty percent (40%) of CBH patients reported behaviors typically associated with eating disorders in the 30 days before starting treatment. Twenty-five percent (25%) of patients reported fasting, defined as skipping two or more meals in a row. The next most common behavior was eating during the night after awakening from sleep or eating an unusually large amount of food after the evening meal and being distressed by the night eating, which was reported by 21% of patients:



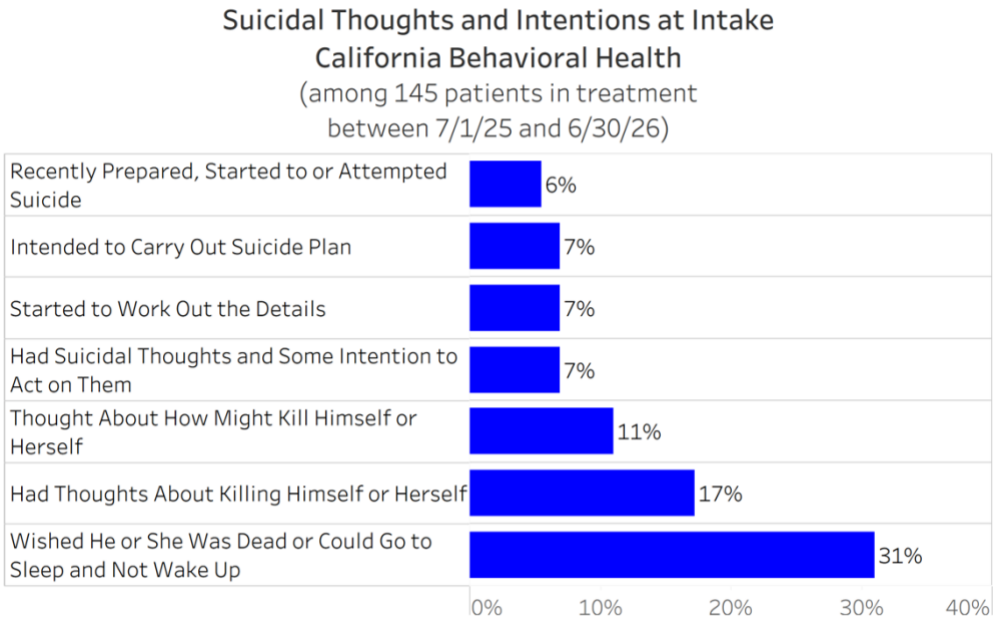
Other Disorders

Additionally, some CBH patients reported other issues or disorders that played a role in their attending treatment. For example, 31.7% of patients reported having ADHD:



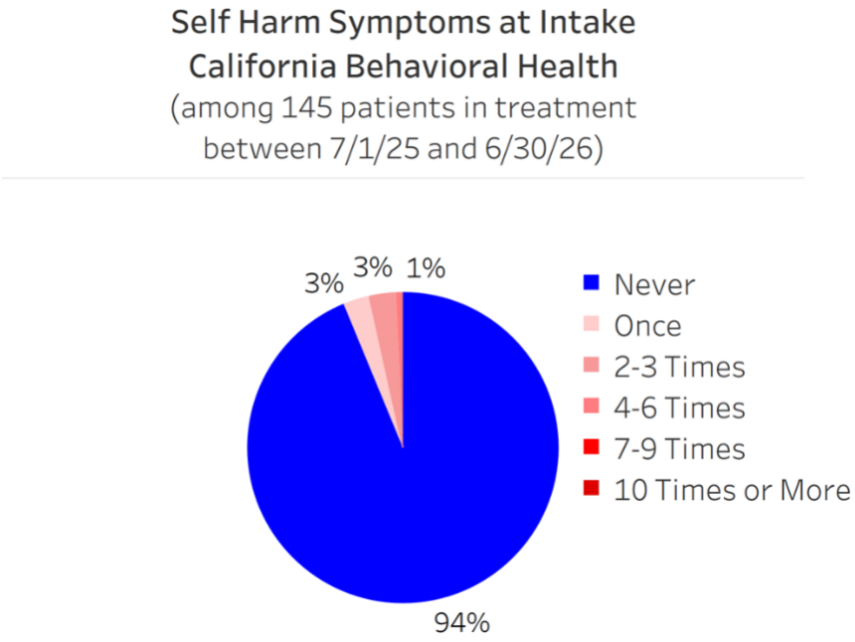
Suicidal Thoughts

Thirty-one percent (31%) of CBH patients reported having wished they were dead or "could go to sleep and not wake up" in the month prior to treatment, while 17% reported having had thoughts about killing themselves. Six percent (6%) reported having recently prepared, started, or attempted suicide:



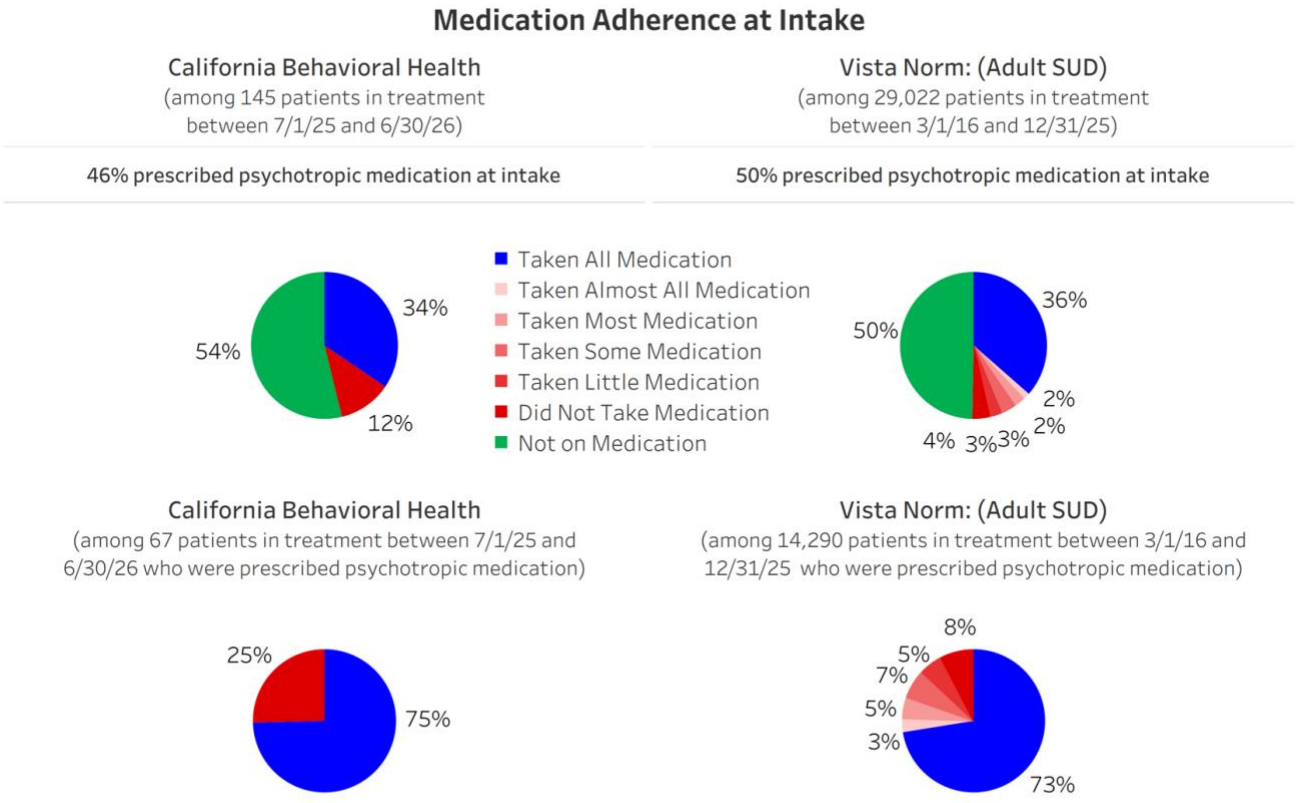
Self-Harming Behaviors

About seven percent (7%) of CBH patients said they had harmed themselves on purpose, such as by cutting themselves, at least once in the month before starting treatment:



Medication Adherence

At intake, 46% of patients reported having been prescribed one or more medications to help with emotional issues such as depression or anxiety that a physician was expecting them to take. Of these 67 patients, 75% reported having taken all of their prescribed medication in the last 30 days. The remaining 17 patients had not taken any of the medication, usually because they never filled the prescription:



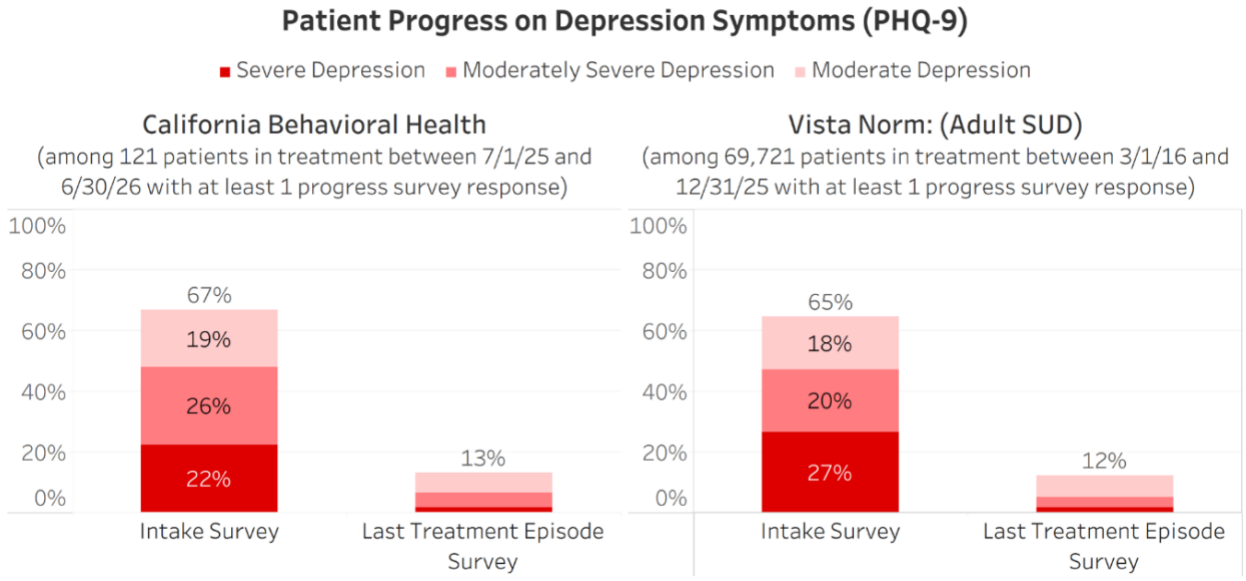
PROGRESS DURING TREATMENT

Improvement in Co-Occurring Disorders

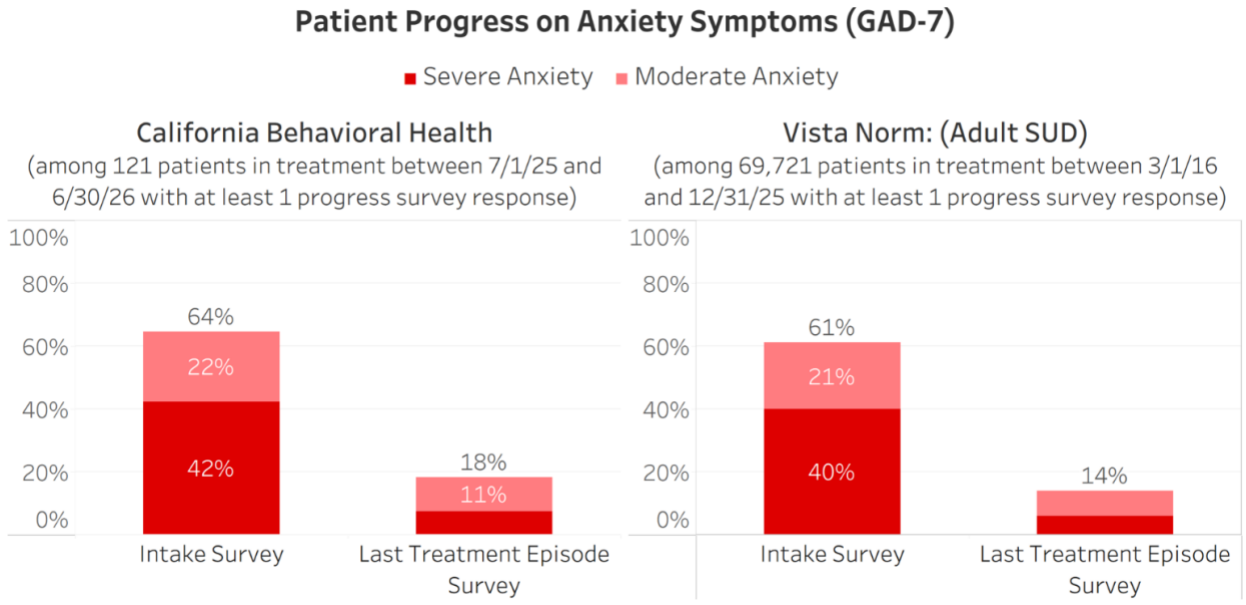
During the time they were in treatment, the percentage of CBH patients who reported experiencing co-occurring disorder symptoms declined dramatically. The following graphs illustrate how the percentage of patients reporting symptoms declined between intake and the last progress monitoring survey they submitted.

These graphs only include patients who submitted at least one follow-up survey. Because not all patients submitted update surveys, the following intake percentages may differ from those shown in the table in the previous section.

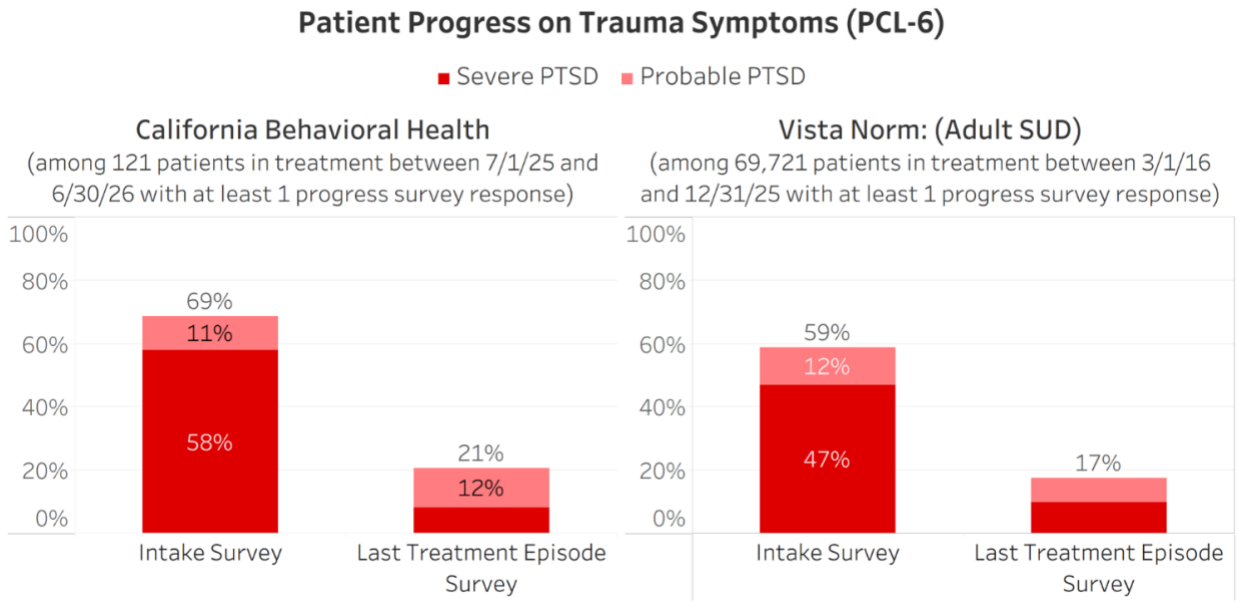
Depression: On the last progress monitoring survey they completed, 13% of CBH patients reported experiencing moderate to severe depression symptoms, which is similar to the Vista norm of 12%:



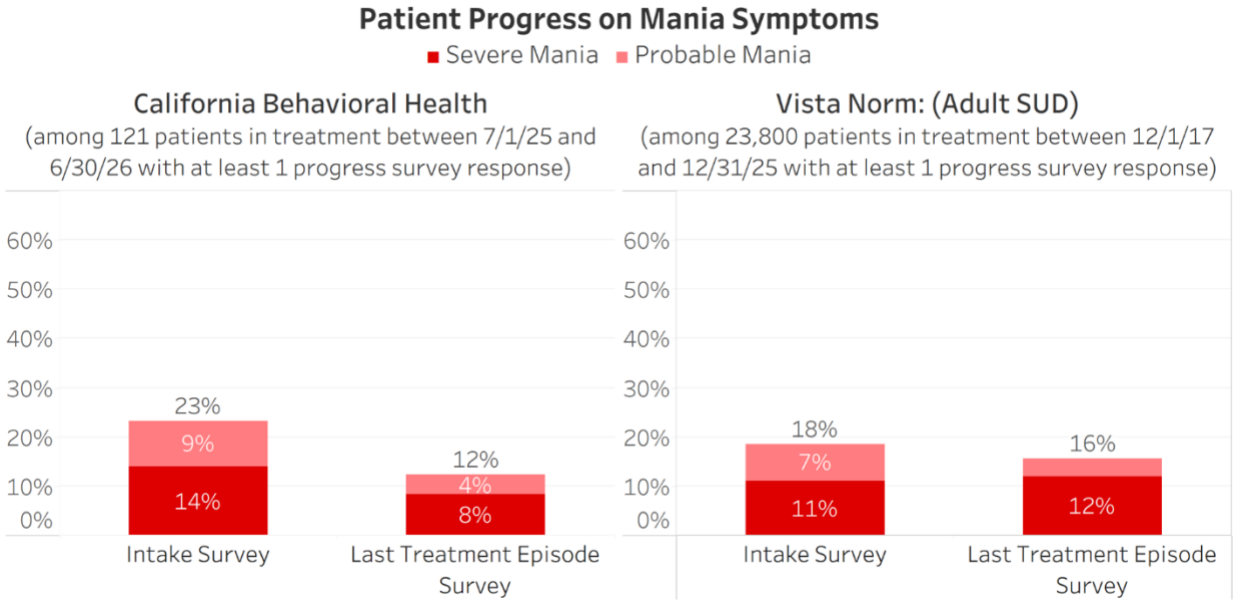
Anxiety: Eighteen percent (18%) of CBH patients reported moderate to severe anxiety symptoms on their last progress monitoring survey, which is slightly higher than the Vista norm of 14%:



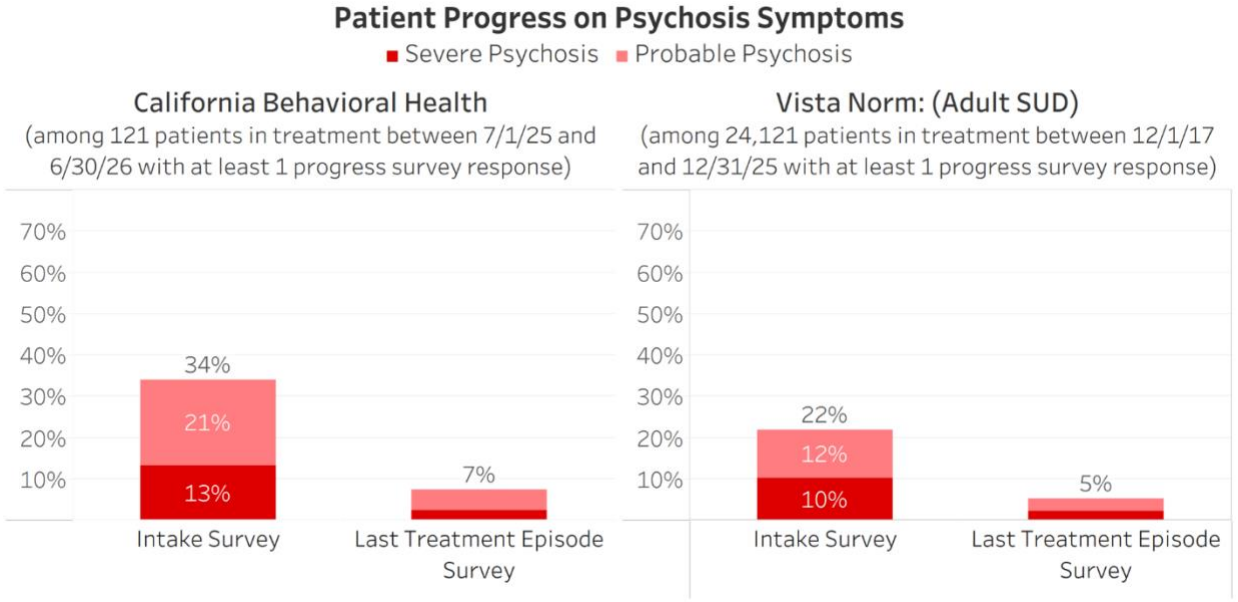
Trauma: Twenty-one percent (21%) of CBH patients reported probable or severe symptoms of PTSD on their last progress monitoring survey, which is modestly higher than the Vista norm of 17%:



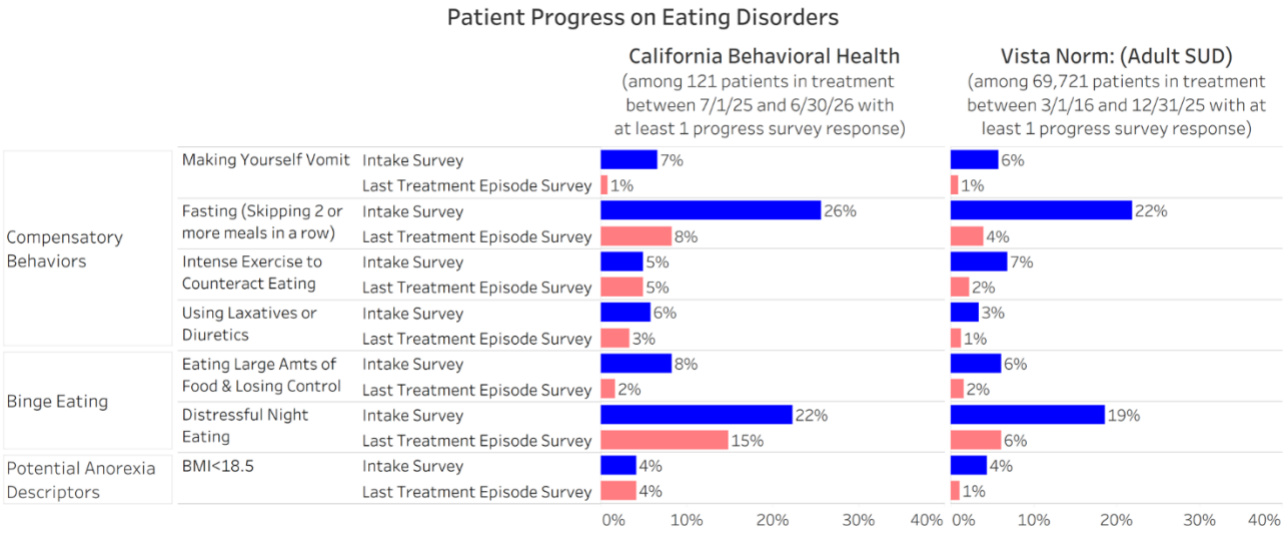
Mania: Twelve percent (12%) of CBH patients reported probable or severe symptoms of mania on their last progress monitoring survey, which is lower than the Vista norm of 16%:



Psychosis: Seven percent (7%) of CBH patients reported probable or severe symptoms of psychosis on their last progress monitoring survey, which is similar to the Vista norm of 5%:



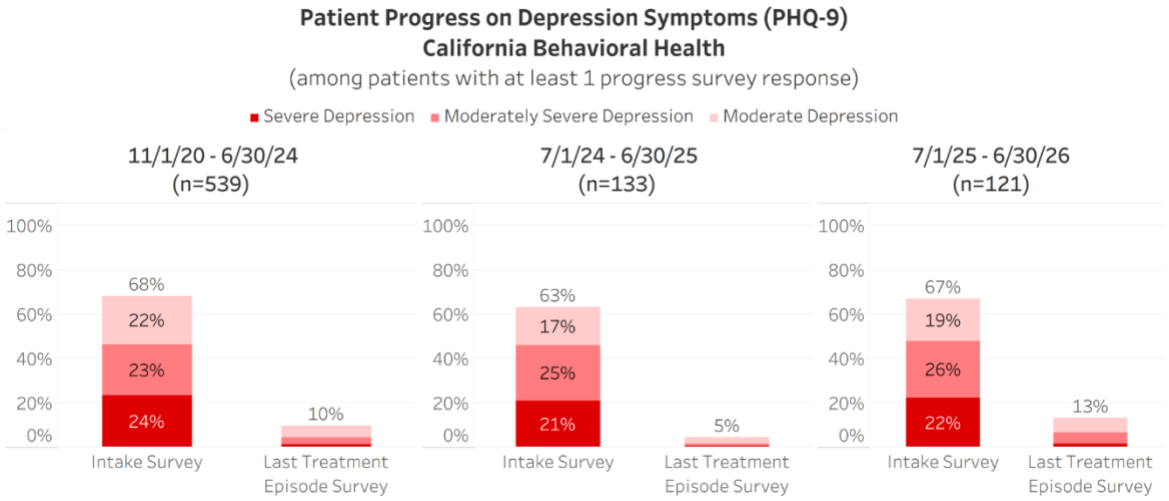
Eating Disorders: The percentage of CBH patients reporting disordered eating behaviors declined substantially during treatment. Generally, the percentages of CBH patients reporting eating disorder behaviors on their last treatment survey were higher than the Vista norms:



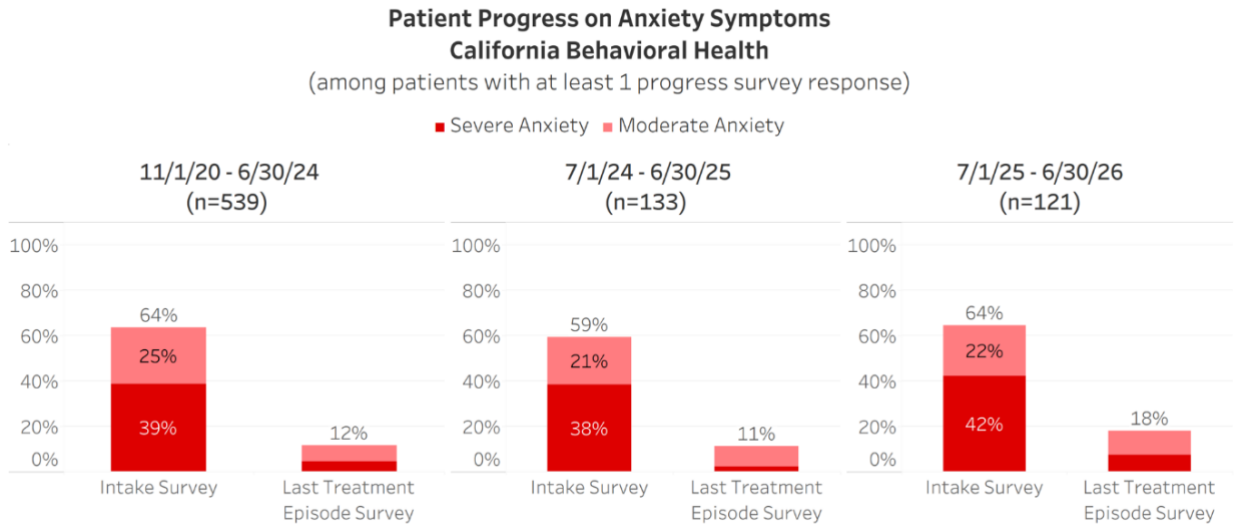
Improvement in Mental Disorders – Trends

The following charts show changes over time in the percentages of CBH patients who reported experiencing symptoms of each disorder at intake and on the last progress monitoring survey.

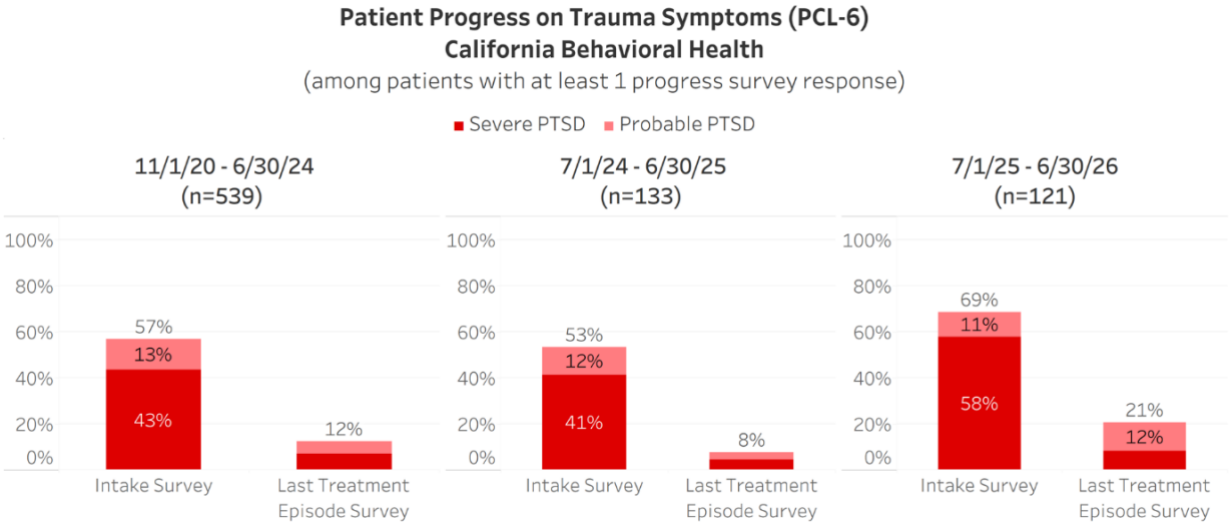
Depression: The percentages of patients reporting moderate to severe depression symptoms at intake or on the last survey before discharge increased between the second and most recent reporting periods:



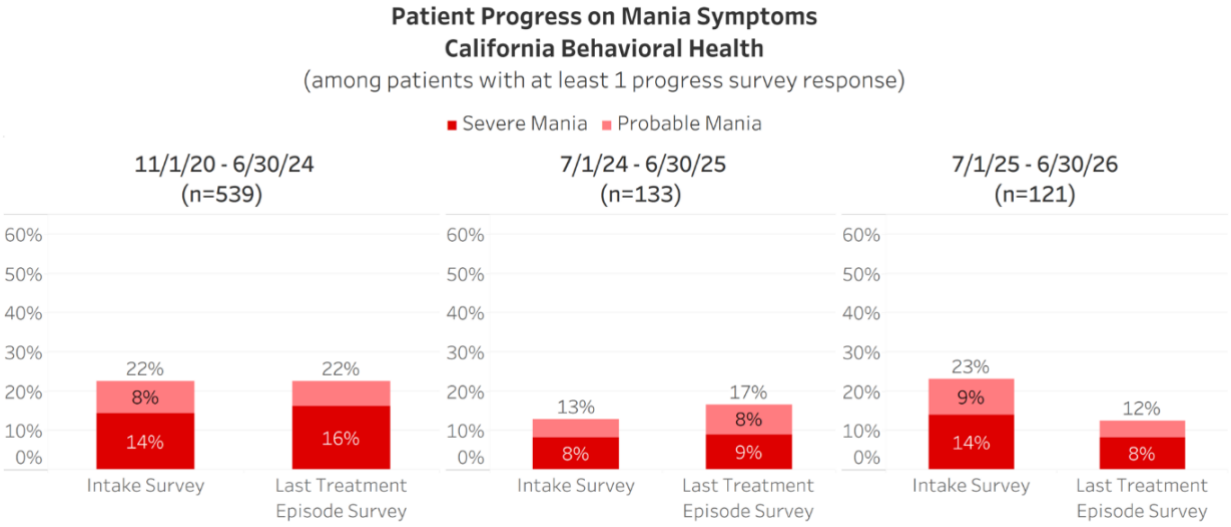
Anxiety: The percentages of patients reporting moderate to severe anxiety symptoms at intake and on the last survey before discharge increased between the second and most recent reporting periods:



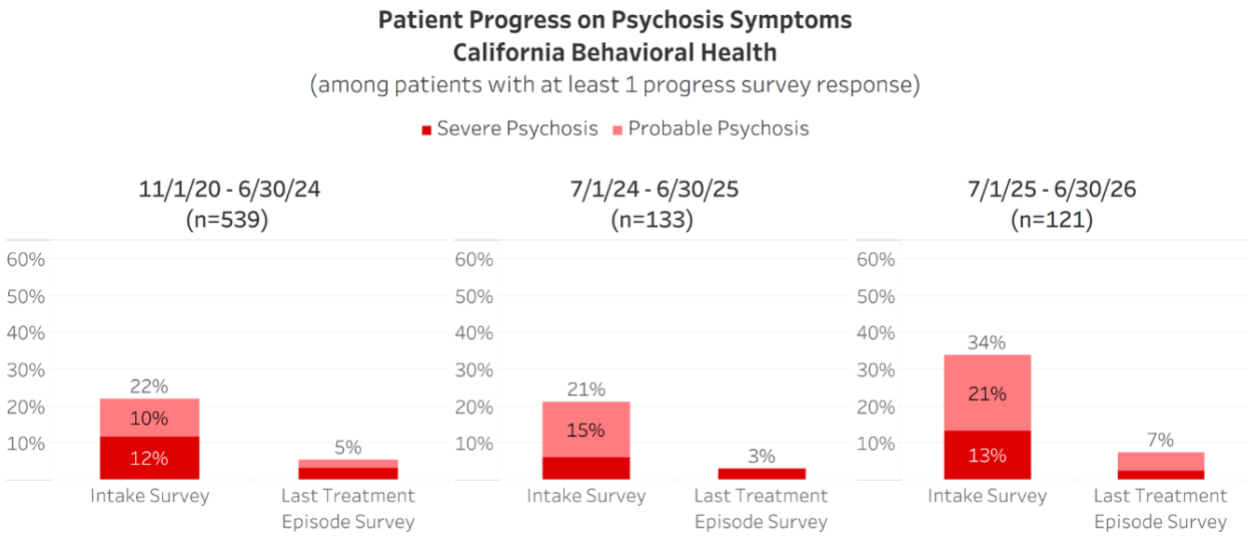
Trauma: The percentages of patients reporting PTSD symptoms at intake and on the last survey before discharge increased between the second and most recent periods:



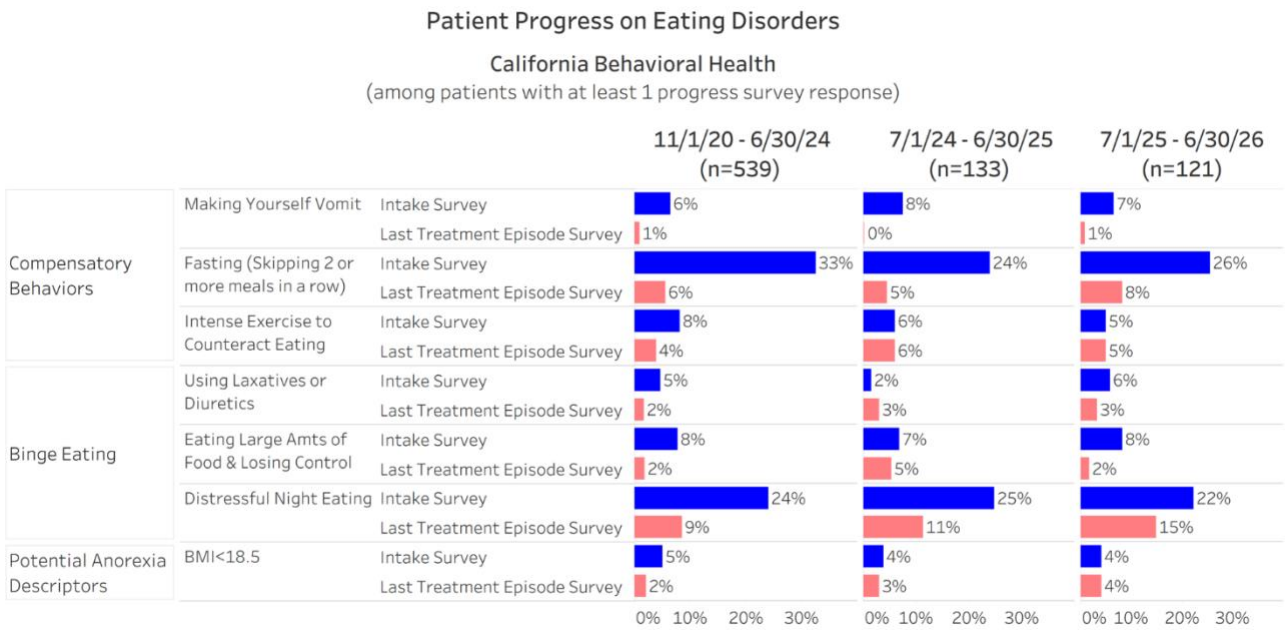
Mania: The percentage of patients reporting symptoms indicative of mania at intake increased from 13% to 23% during the most recent reporting period. On the last survey before discharge, the percentage of patients reporting mania symptoms has decreased over time:



Psychosis: The percentages of patients reporting symptoms indicative of psychosis at intake and on the last survey before discharge were highest during the most recent reporting period, between 7/1/25 and 6/30/26:

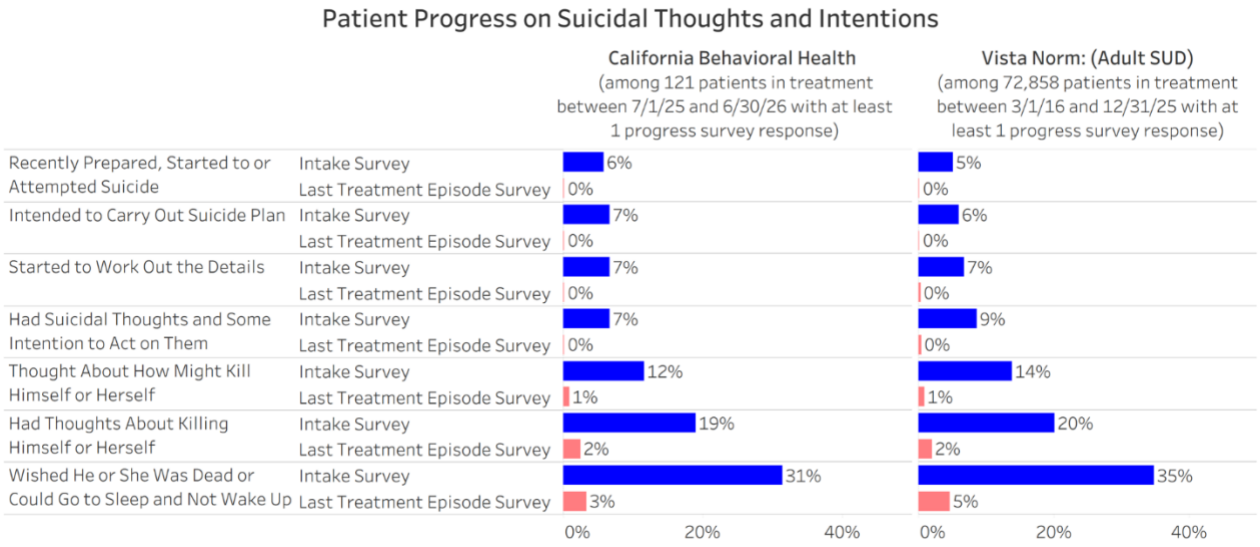


Eating Disorders: The percentages of CBH patients reporting disordered eating behaviors at intake and on the last survey before discharge remained fairly stable across the past two reporting periods:



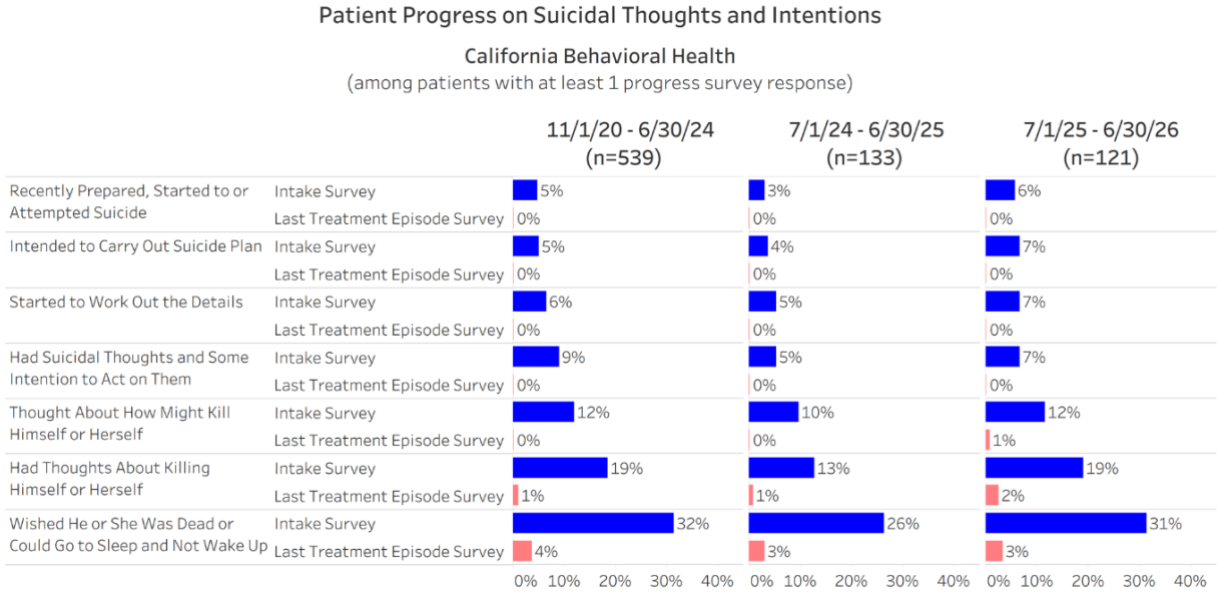
Reduced Suicidal Thoughts

The percentage of CBH patients reporting suicidal thoughts or intentions decreased dramatically during treatment. Similar percentages of CBH patients reported specific suicidal thoughts or intentions at intake and on their last survey compared to the Vista norms:



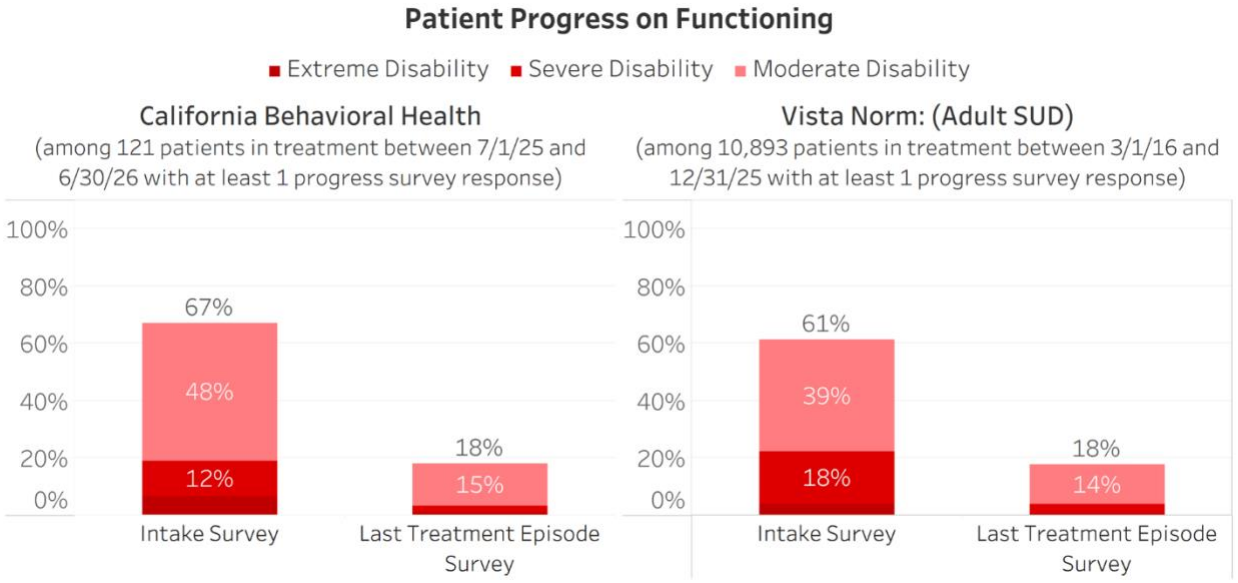
Reduced Suicidal Thoughts – Trends

The percentages of CBH patients reporting suicidal thoughts or intentions at intake increased between the second and most recent reporting periods. Overall, the percentages of patients reporting suicidal thoughts and intentions on the last treatment monitoring survey have remained fairly stable over the last several years:



Progress on Functioning

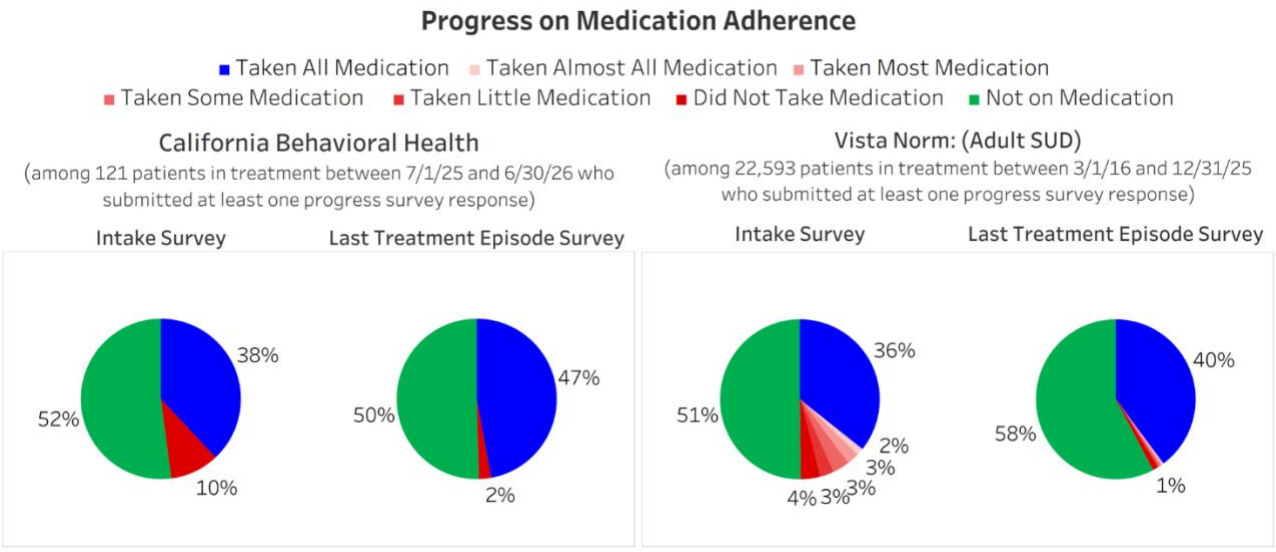
The percentage of patients reporting challenges with day-to-day functioning decreased substantially during treatment. On their last progress monitoring survey, 18% of CBH patients reported moderate to extreme disability:



Progress on Medication Adherence

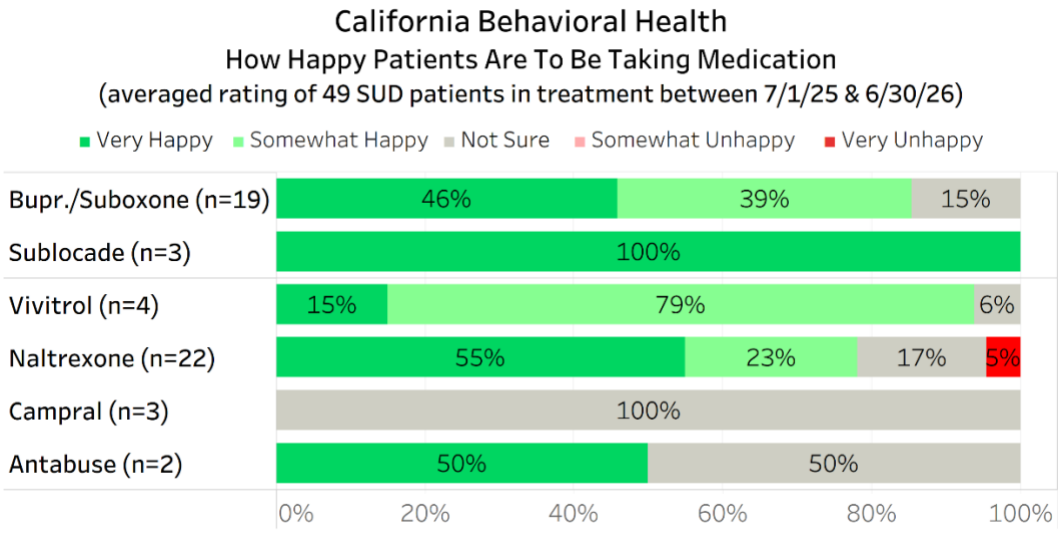
Patients are asked at intake and on each progress monitoring survey whether they have been prescribed medications for emotional issues, since prescriptions can start or change at any time during treatment. Among CBH patients who submitted at least one progress monitoring survey, 48% reported being prescribed psychotropic medications in the 30 days before starting treatment. Of the 58 patients reporting a prescription at intake, 79% (46 patients) said they were taking all their medication.

On the last survey, 49% of patients reported being prescribed psychotropic medications. Among the 59 patients reporting prescriptions at that time, 96% (57 patients) said they were taking all their medication, similar to the Vista SUD norm (95%). The percentage of patients taking all their prescribed psychotropic medication improved substantially from 79% at intake to 96% on the last survey:

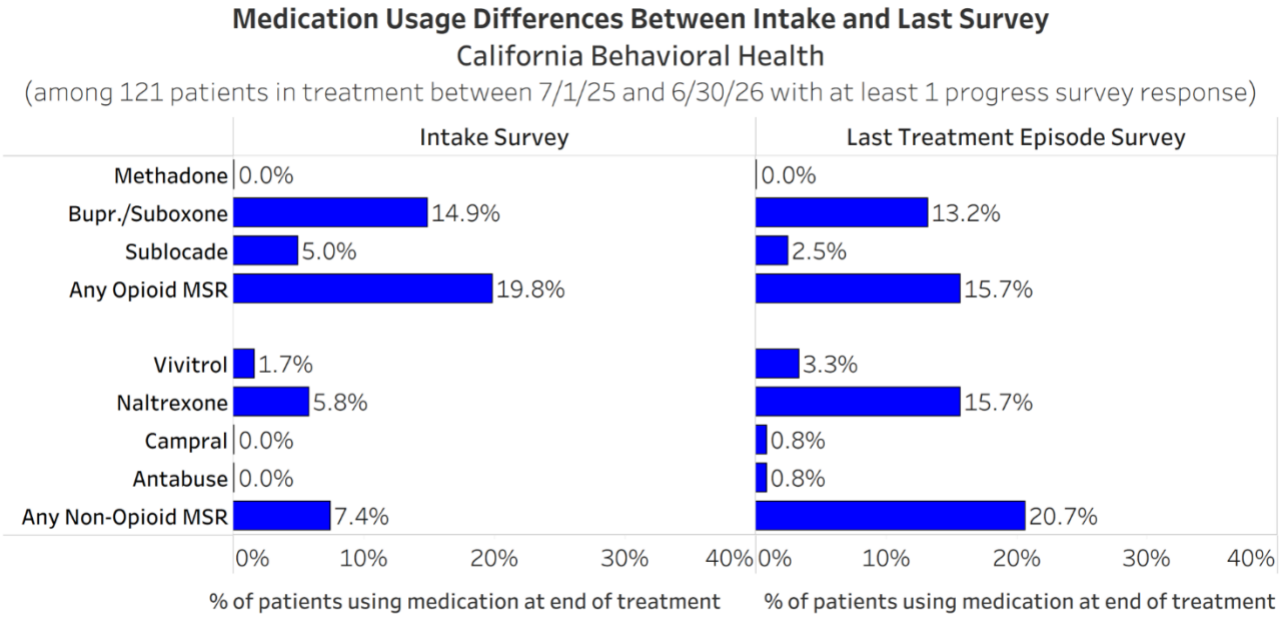


Anti-Craving Medication Usage During Treatment

Patients who were using an opioid or non-opioid anti-craving medication at the time they completed a monitoring survey were asked how happy they were to be taking this medication. For most medications, more than three-quarters of patients reported being somewhat or very happy to be taking their medication. The two exceptions were Antabuse and Campral, which were each being taken by less than 5 patients:



The percentage of patients using an opioid-based medication to control cravings decreased during treatment; however, the percentage of patients using non-opioid medications increased substantially. For example, 15.7% of patients were using Naltrexone on their last survey prior to discharge, up from 5.8% at the start of treatment:



TREATMENT SUCCESS

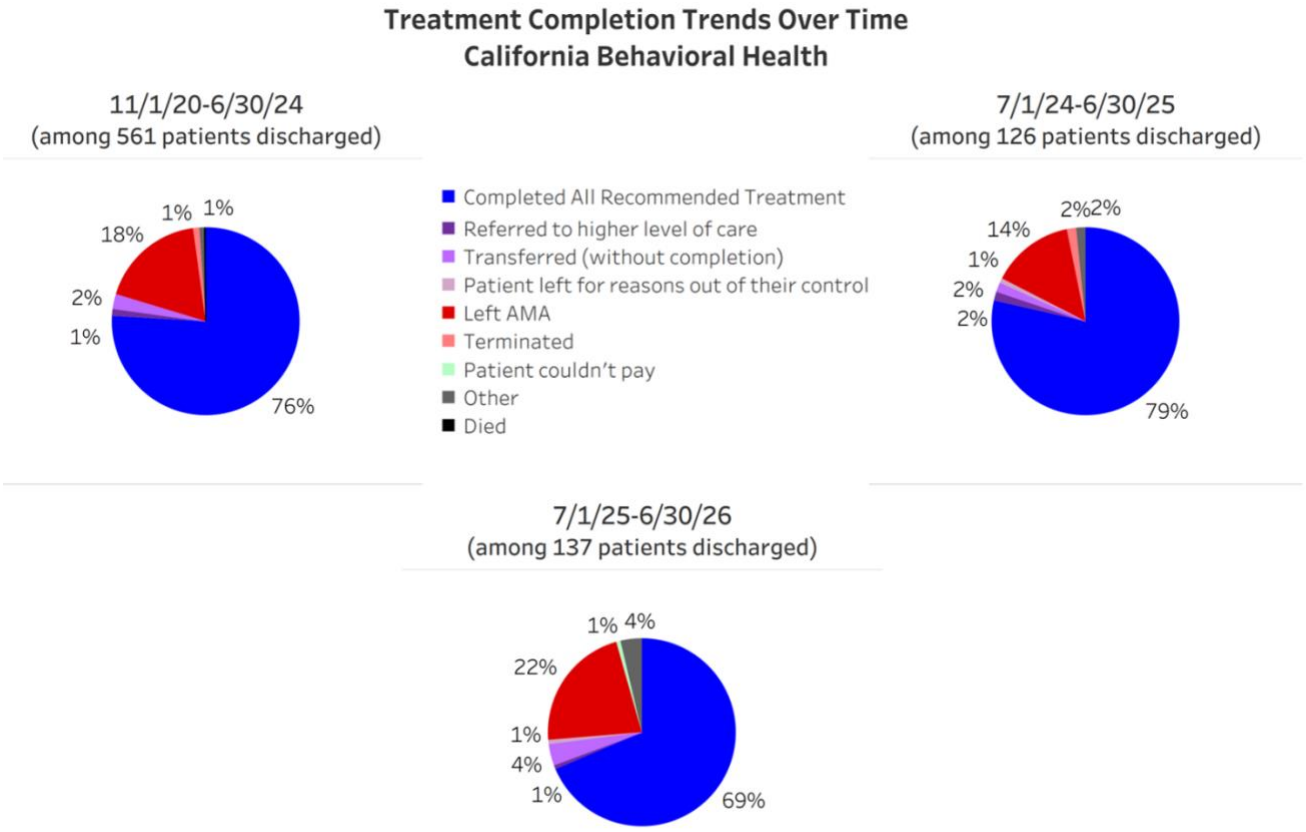
Treatment Completion Rate vs. Vista Norm

Among 137 patients who were discharged from CBH between July 1, 2025 and June 30, 2026, 69% completed all recommended treatment. Twenty-two percent (22%) left treatment against medical advice, and another 4% transferred without completing treatment. The median length of stay for patients successfully completing treatment was 33 days.

The percentage of CBH patients successfully completing all recommended treatment (69%) is higher than the Vista norm of 64%:

Treatment Completion Rate – Trends

The percentage of CBH patients completing all recommended treatment decreased between the second and most recent reporting periods, from 79% to 69%. The percentage of patients who left treatment against medical advice increased from 14% in 2024/2025 to 22% in 2025/2026:

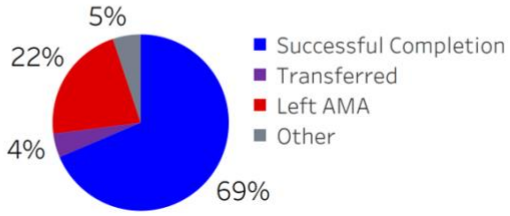


Treatment Completion Rate vs. National Norms

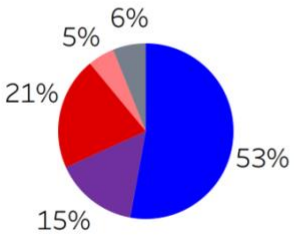
Because CBH offers a continuum of care, there are no directly comparable national norms. The closest comparable national data is for patients completing either a short-term or long-term residential program in the 2023 TEDS-D dataset. In this case, the 69% of CBH patients who successfully completed treatment compares very positively to the 53% of TEDS-D patients who completed short-term residential treatment and the 42% who completed long-term residential treatment:

Treatment Completion Rate vs. National Average

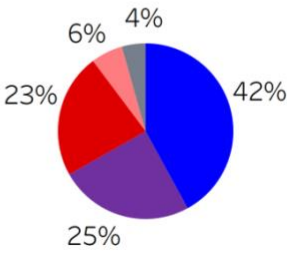
California Behavioral Health
(among 137 patients discharged between 7/1/25 and 6/30/26)
Successful Completion: 69%
Median LOS of Successful Treatment: 33 Days



TEDS-D Short-Term Residential (< 30 days)
(among 145,059 SUD discharges in 2023)
RES ST National Avg: Successful Completion 53%
Median LOS of Successful Treatment: 27 Days

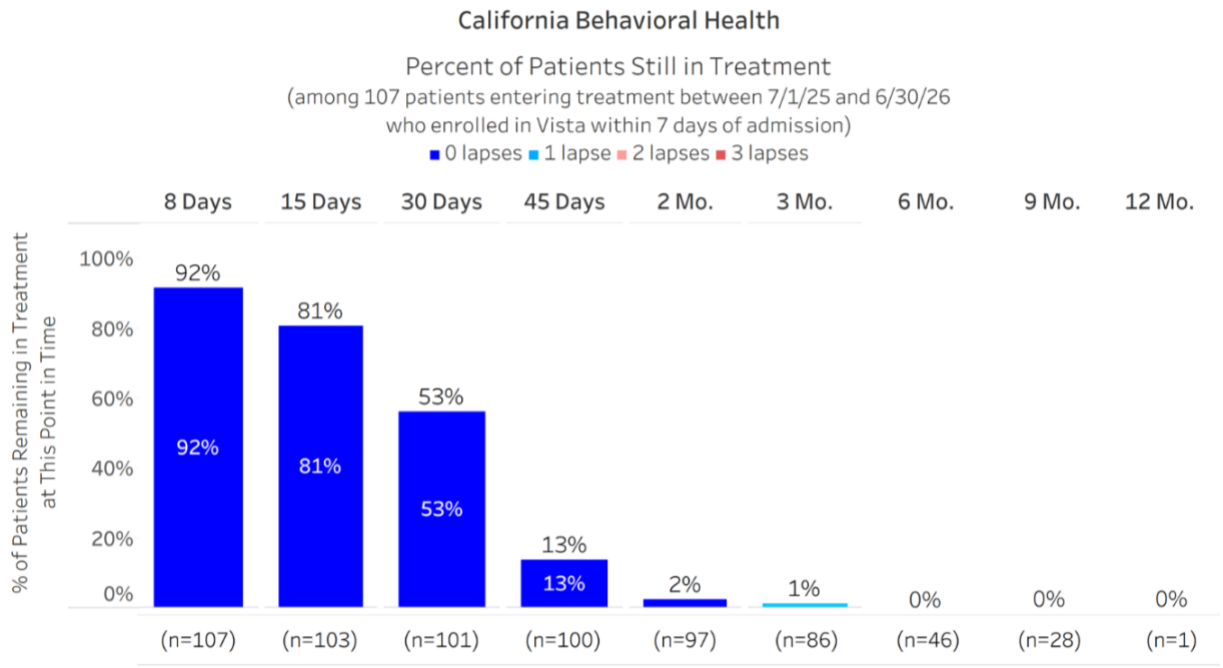


TEDS-D Long-Term Residential (>= 30 days)
(among 98,720 SUD discharges in 2023)
RES LT National Avg: Successful Completion 42%
Median LOS of Successful Treatment: 64 Days

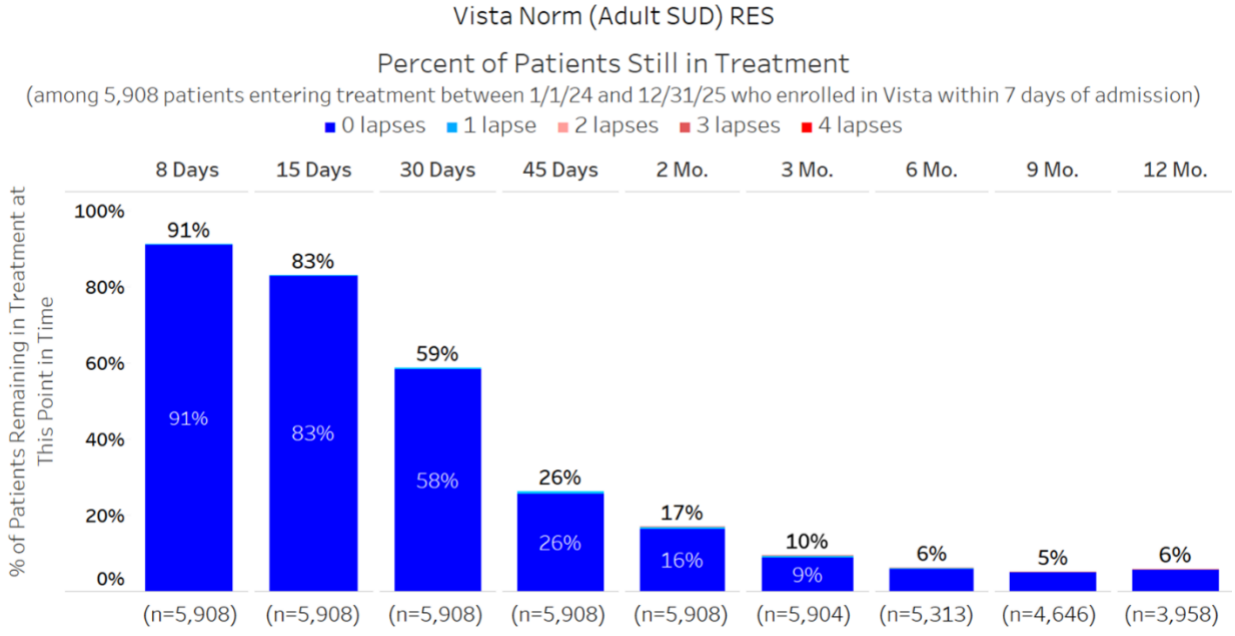


Treatment Retention

This chart illustrates patient retention at CBH, showing the percentage of patients who remained in treatment over various intervals. Retention is high in the initial weeks, with 81% of patients engaged at fifteen days. Fifty-three percent (53%) of patients were still in treatment thirty days after admission:

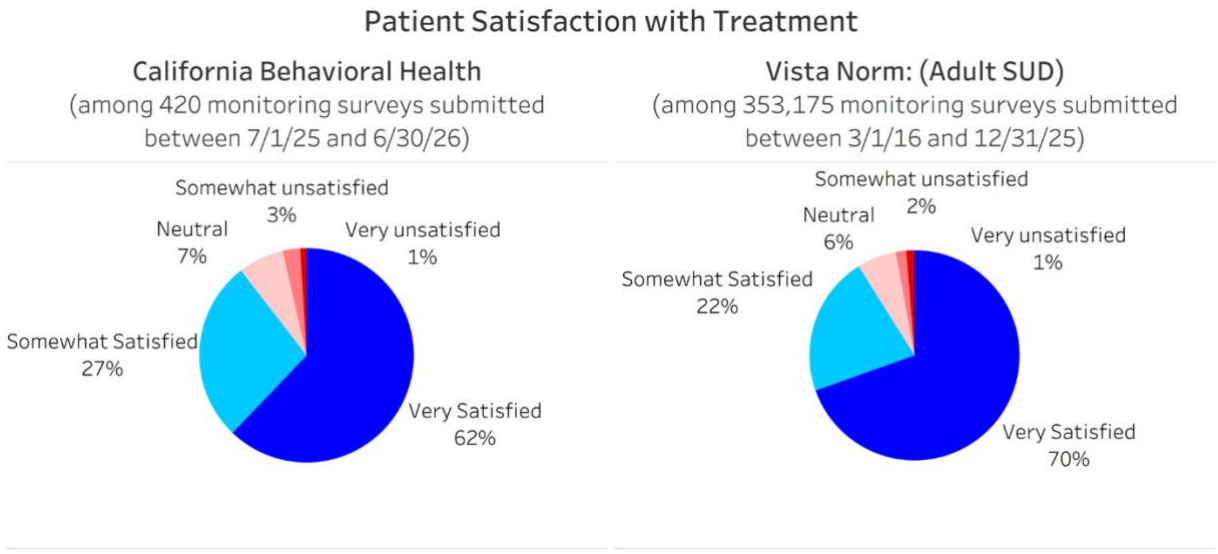


CBH had similar percentages of patients remaining in treatment at the 8 and 15-day intervals compared to the Vista residential norms:



Satisfaction with Treatment

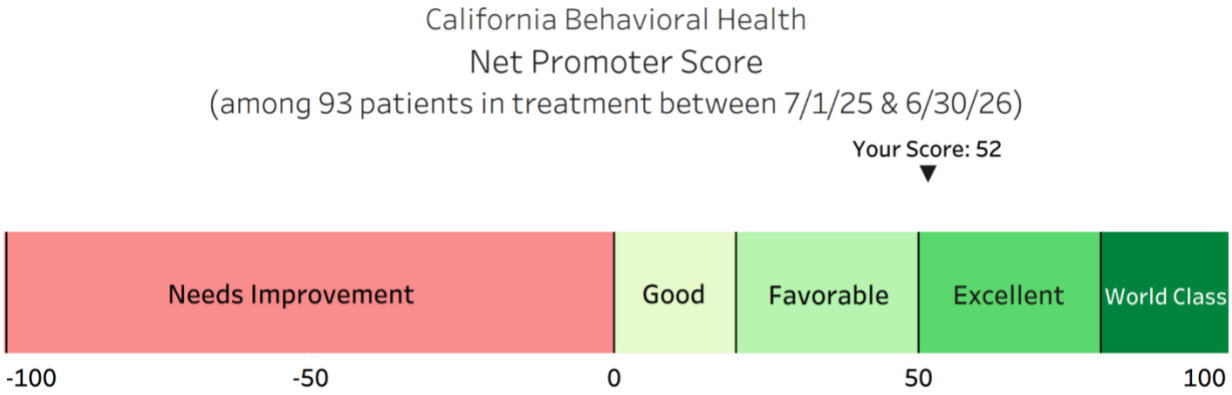
Sixty-two percent (62%) of CBH patients submitting update surveys during treatment said they were very satisfied with the treatment they were receiving, which was lower than the 70% Vista norm. Another 27% said they were somewhat satisfied:



Sample comments from patients are included in the Appendix.

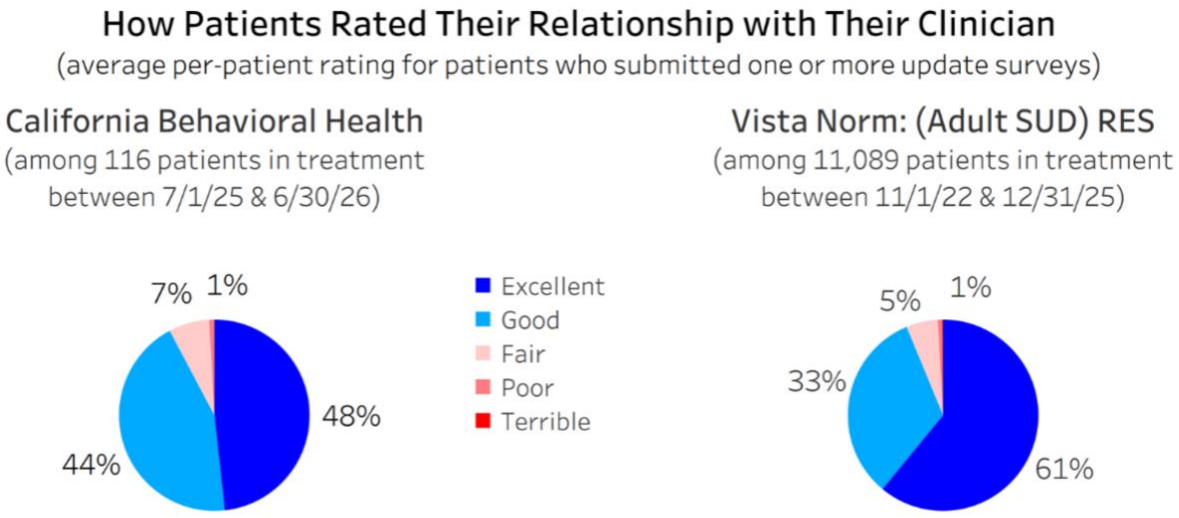
Net Promoter Score

The Net Promoter Score (NPS) is a measure of customer loyalty and satisfaction, gauging how likely clients are to recommend a service to others. CBH has achieved an excellent NPS of 52, indicating a strong level of satisfaction among their patients:



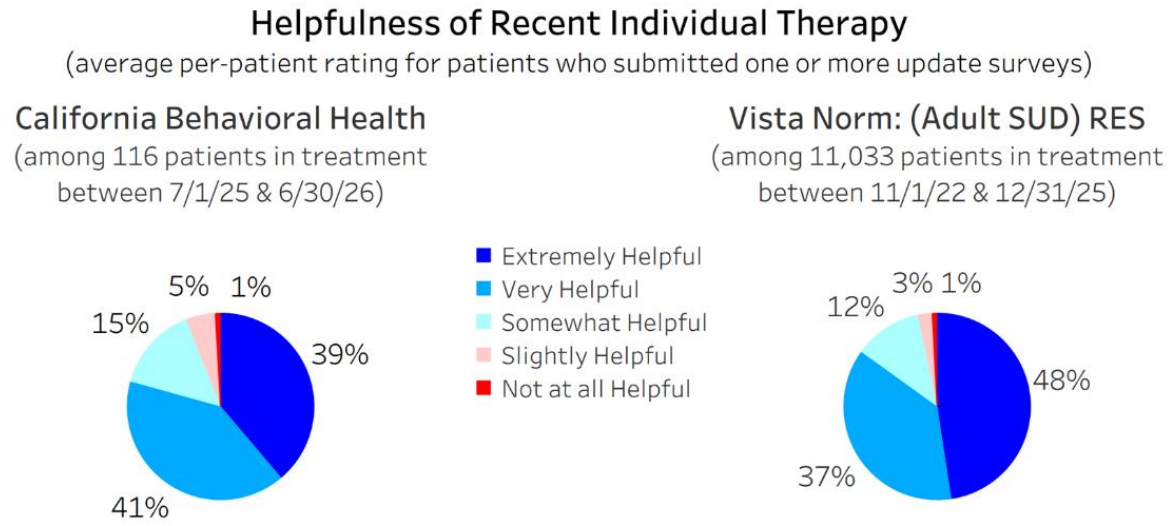
Therapeutic Alliance

Patients who completed at least one progress monitoring survey were asked to rate their relationship with their individual therapist. The majority (92%) of CBH patients rated their relationship with their therapist as excellent or good, similar to the Vista residential norm of 94%:

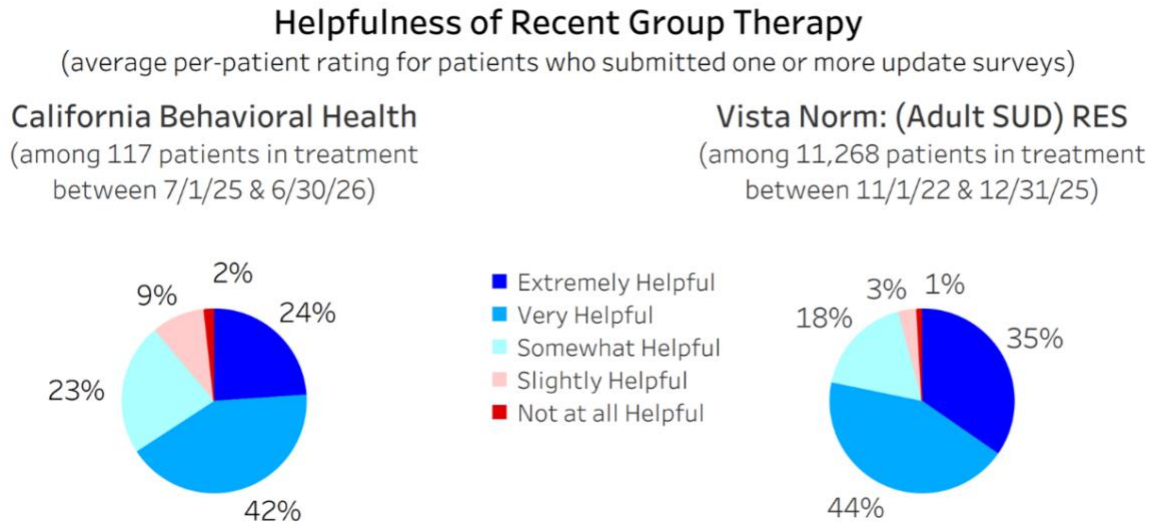


Helpfulness of Individual & Group Therapy

In each progress monitoring survey, patients evaluated the effectiveness of their recent individual therapy sessions in preparing them to achieve their treatment goals, using a 5-point scale ranging from "extremely helpful" to "not at all helpful." Eighty percent (80%) of CBH patients said their individual therapy was very or extremely helpful, compared to the Vista residential norm of 85%:

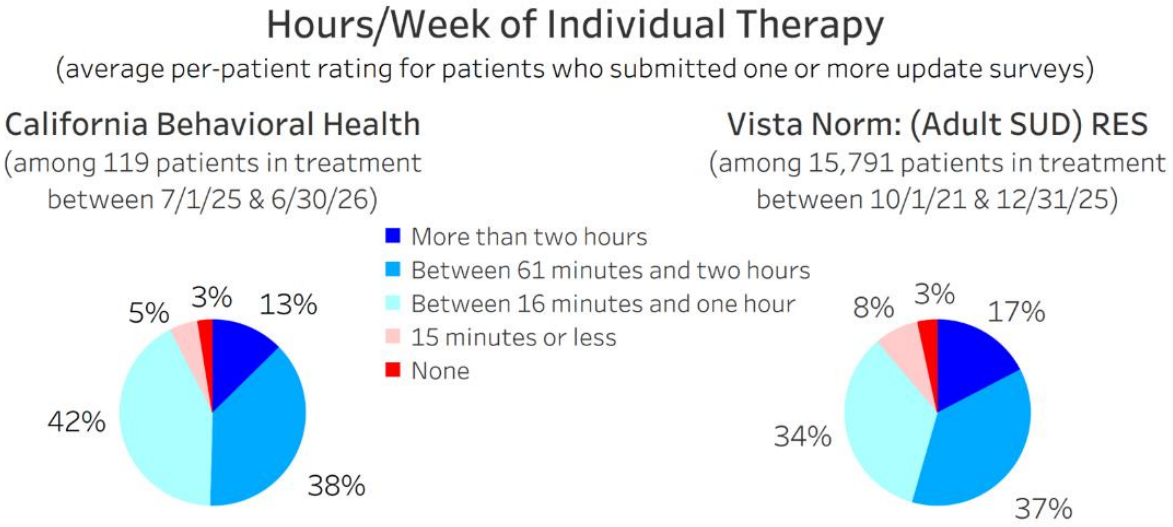


Patients also evaluated the effectiveness of their recent group therapy sessions in preparing them to achieve their treatment goals, using the same 5-point scale. Two-thirds (66%) of CBH patients rated the helpfulness of group therapy as very or extremely helpful, lower than the 79% Vista residential norm:

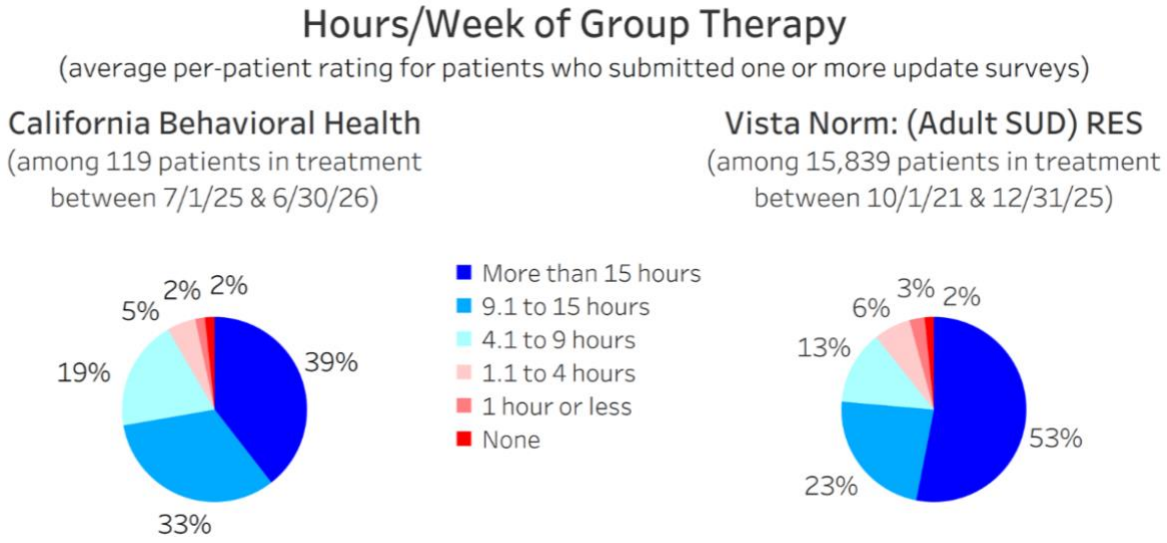


Frequency of Individual & Group Therapy

As part of each progress monitoring survey, CBH patients were asked how many hours per week, on average, they had been attending individual therapy sessions. Fifty-one percent (51%) of patients reported attending more than one hour of individual therapy per week on average, fairly similar to the Vista residential norm of 54%:

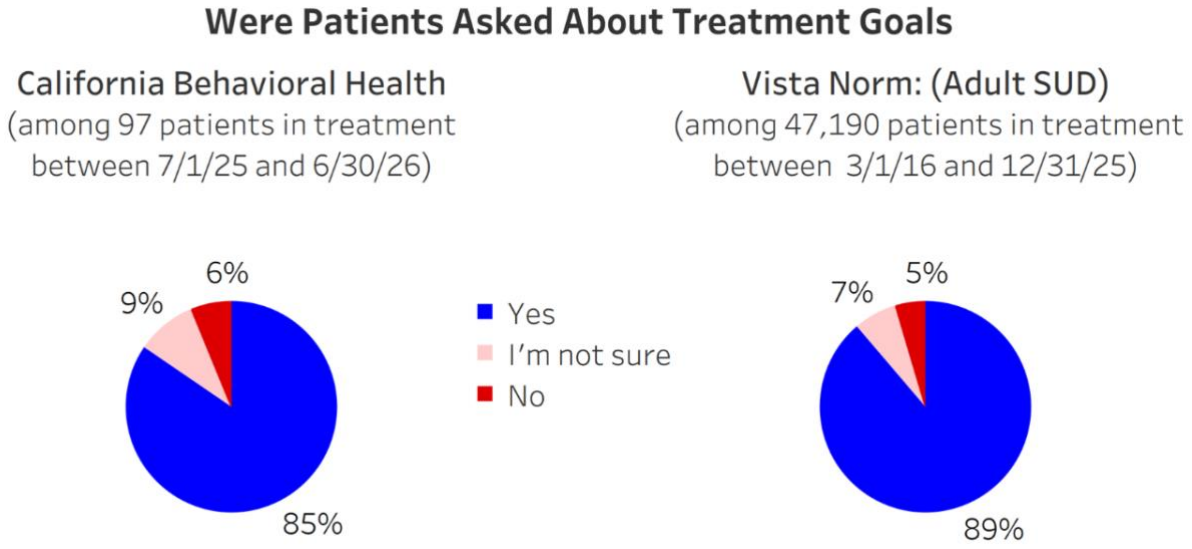


In each progress monitoring survey, CBH patients were also asked to report the average number of hours per week they attended group therapy sessions. Seventy-two percent (72%) of patients reported attending more than 9 hours of group therapy per week on average, slightly lower than the Vista residential norm of 76%:

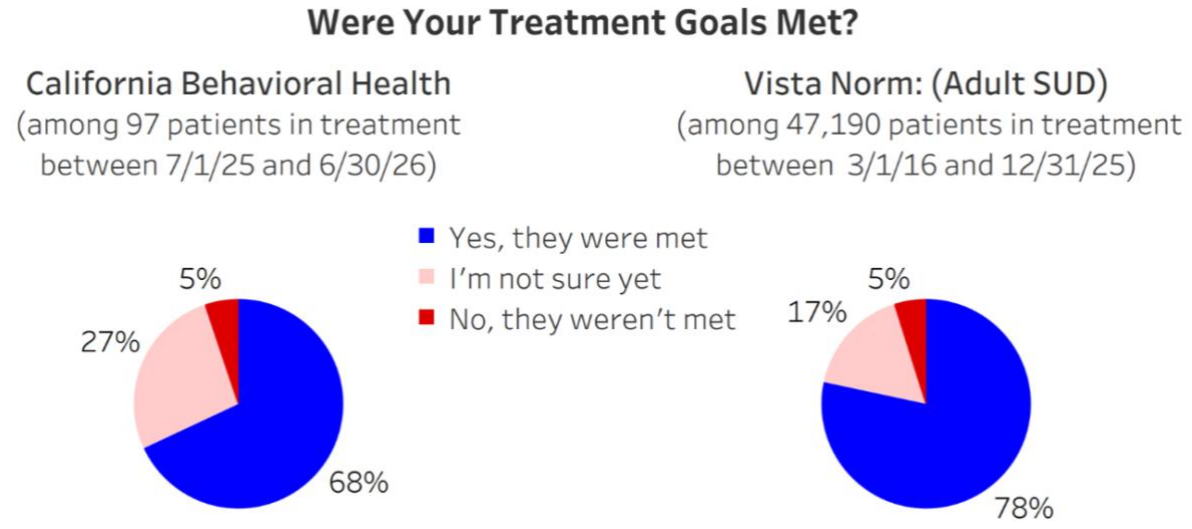


Meeting Treatment Goals

Patients who indicated a progress monitoring survey was likely to be the last they would submit before they left treatment were asked several questions about their treatment goals. The majority of CBH patients (85%) reported having been asked about their treatment goals during treatment, compared to the Vista norm of 89%:



Sixty-eight percent (68%) of CBH patients said their treatment goals had been met, which is lower than the Vista norm of 78%:



APPENDIX: SAMPLE PATIENT COMMENTS

Positive

- Appreciates everybody's help
- Couldn't have asked for a better place to build a foundation for my recovery
- Great program
- I absolutely love the program and staff
- I appreciate the help and attention that has been given to me, I am a social introvert and I am learning to break that barrier but I think what tool that I will walk away with the most is to admit to myself that I have underlying issues and root causes of my alcoholism, not to assign blame but things that have contributed the origin of my drinking, I need to accept, confront, and learn to process the spectrum, not just toggle both ends
- I couldn't have asked for a better place to start healing ❤️🩹
- I feel extremely confident about my future in sobriety
- I love all the staff here, the environment is the very best you could ask for
- I love it here.
- I think overall the policies and format are excellent. I am disappointed that enforcement of protocol was not enforced across the board to all clients. Also, some standard of general decorum might be introduced. In the general area where phones are accessible some reigning in of people that are excessively loud and crude with their conversation to the point others are compelled to abort their own conversation should be looked at. It's frustrating to have brought up concerns and complaints to have them seemingly ignored. If a client ignores directive or is allowed to skip group repeatedly it sends a bad message to the rest of us adhering to the guidelines. Generally I thought the groups were great. I think it's good to have a 2nd therapist in the room for all sessions, but recognize this may be difficult with staff limitations. At times I felt therapists missed what I felt were obvious cues from clients because they were seemingly more focused on their own agenda. This was disconcerting as I watched a client struggle with something, and becoming emotional , only to be interrupted and cut off . No one is perfect, however that seems like a basic area where the therapists should be attuned to the clients needs and signals. I liked the “changing it up” style in groups. Different people learn and assimilate information differently. Different formats kept things lively and interesting. Book learning/ teaching is not bad but for me and some others I spoke to it was easier to disengage or let your mind wander during that type of class . A mix of styles was appreciated. If a client doesn't want to elaborate or speak on a specific topic or question, I don't think that should be pushed in a group setting. I generally participated if I didn't or expressed that it was something I didn't want to talk about I don't like being “cornered” or bringing focus to me. This wasn't a frequent issue for me personally but I think helpful in recognizing that could be counterproductive as a protocol. Generally, I am appreciative of the facility and staff. Professionalism and sensitivity colored the bulk of my experience. I'm grateful for what I hope will change the course of my life and the understanding and shift in my thoughts, and coping skills because of my time at CBH.
- I TRULY LOVE THIS PLACE ❤️😴🎰
- I'll miss you all
- I'm doing great compared to how I was doing when I got here.

- I'm getting more comfortable with the IFS work and with working on it individually. I'm also more confident that I will be able to continue the work going forward. Anxiety about the future is starting to subside.
- I'm in love with this place (AKA - MY Home Away From Home 😇)
- I'm incredibly thankful for all the care I have received at CBH and every interaction I have had with the staff. I have been allowed to land back into my body and feel safe after a long time of feeling unsafe and like the world was a very dangerous place. Thanks for everything!
- I'm just feeling better without medication, I have never been in denial of my alcoholism, I just need to address other issues to socially engage more, work through strained relations with my family. I have no doubt my therapist can point me in the right direction
- I've enjoyed it and am glad I've met the staff along my journey
- Ihave never felt so safe to be myself, broken parts and all 💜
- My experience at CBH has been great and would recommend anyone in my personal life who may be struggling with addiction. I am grateful for the opportunity to have come here.
- Solid staff. SOLID
- Thank u guys for ur time and patience with me and helping me. U will never know how truly greatful I am for CBH ur an amazing facility thank u guys so much . I'm ready to take the next steps on my journey.
- Thank you all for your committed support throughout my time here. You all have done an amazing job.
- Thank you for all you guys do here for me.
- U guys are great and growing on me thanks so much for ur support.
- Very Very Useful To 2 What I Needed For Myself In Order To. Stick To My Goals 😇

Why Satisfied With Treatment

- All the staff is very supportive and compassionate. I feel like treatment is addressing both my mental health as well as addiction. There is a very positive atmosphere that I feel safe in.
- Amazing staff!!
- Because CBH and the staff are awesome 🦙
- Because CBH staff is awesome ❤️
- Because the staff and clients are incredible
- Because this is the first time I've felt normal
- Cards against humanity should be allowed on Saturday nights
- Everyone has been great
- Everyone is nice and caring
- Everyone is really helpful and focused on individual issues
- Everyone overall is really great I'm really going to miss the staff they all bring their Spence of uniqueness.
- Excellent care from staff and providers
- Excellent facility with caring staff and good therapy
- Excellent groups and therapy.
- Good opinions
- Good staff
- Great staff and interaction with others
- Great staff and my therapist is awesome she challenges me
- Great staff, therapy sessions, and groups. Supportive environment.

- I am paired with an amazing therapist that see and hears me and I absolutely love the staff and the support they give
- I feel the štaff has been very in tune with my needs
- I feel welcomed and supported by staff and peers. I am confident in myself and those around me.
- I love the support I receive to help me recover. My therapist is AMAZING
- I receive attention for my needs to feel better.
- Incredible staff, informative groups and comfortable, safe and incredibly clean facilities. Cannot stress enough how wonderful and supportive the community is here at CBH. Truly a gem.
- Mental health is more stable
- My meds have been working really well.
- Nice rooms
- Same reason as last time, very attentive care, I appreciate the concern not just for my sobriety but for helping my get in touch with myself on underlying issues that I need to address
- Sincere care and support
- Staff is amazing and help with specifics of my treatment
- Staff is excellent. Literally every person
- Staff is great and I'm sleeping better
- Staff is great but the place is understaffed on weekends
- The clinicians and nurses have been treating my mental health and addiction issues in real time and I feel normal and comfortable in my own skin
- The med team has been great. Some of the daily groups have been loud and overwhelming on my nervous system with many participants and sometimes staff going off on tangents and lacking direction. I would probably do better just staying in my room and reading the material.
- The people in the group taking the program are fun. This helps me to distract myself. The staff is very generous and kind. They help me with my needs and are open to listen to me.
- The staff and program are amazing
- The staff and therapists are amazing
- The staff and therapists are compassionate.
- The staff are AMAZING
- The staff here are all so sweet and make sure all your needs are met. Super accommodating. The groups, therapy, and tools we learn here hav3 been really giving me new perspective and helping me gain new tools to cope and make it in the real world. I love it here.
- The staff is great and I like the techniques they are using ie Yoga and sound bath and SMART recovery and the different types of the groups
- The staff is very caring, polite, patient and attentive for my needs.
- The therapist here is awesome. Idk if I would've ever been able to identify my behaviors without them. They really get to the root of my problems. Very thankful for them.
- The Treatment set up is great, anytime I need to talk to someone is always available. And everyone here is awesome.
- The work I've been doing is a challenge in the best way. I feel I'm coming back into the world.
- Well matched with my therapist
- Working with me on medications

Why Goals Were Met

- All the nurses and therapists helped me in meeting my goals often going above and beyond to help.

- Because I feel good physically and emotionally as well as mentally no
- Because I got the reset and pause I needed being here and being able to open up and talk to the other patients here allowed me to release a lot of bad energy or guilt I had stored up in me so I can now face the outside world with. My head up chest out once again
- Because I was able to get into the IOP that works best with my schedule and where I live.
- CBH provided an incredible environment for healing, both physically and emotionally. The organization, including the nursing staff, facilities staff, and therapists have been incredible.
- Groups help to show that I am not alone in life's struggles
- I feel a lot better and more confident now than when I arrived. I learned a lot. I know I can do this when I leave.
- I feel I am starting to level out without medication, it allows me to think a little clearer, I learn most from the group and what they have to share
- I got the immediate sobriety I needed and advice and contact information for therapy that would benefit me to address other issues I have
- I wanted to leave this place with my body,mind , and spirits feeing good. With some recovery tools to use, to help me stay clean. I just needed a little help, And I.m ready, I have what I need to leave and be successful and go back to the world,
- My mental health is more stable
- Working on a d/c plan with zoom meetings. Still looking for a therapist but I do t like interrupting group to participate in securing a therapist.
- You can only scratch the surface in 30 but you ripped off somebanaids I'm ready to take on in iop

Positive Feelings About MAT

- Because I am hoping it will help me with cravings
- Because I'm hoping it will help reduce cravings when I leave here
- Because it gave me hope
- Because it helps me
- Cravings are getting less
- I do not wanton drink ever again and I warn to take all the steps to prevent it from occurring in the future.
- I feel like it also helps to abstain from other substances.
- I think it's helping my cravings.
- It also helps with alcohol cravings
- It has helped
- It helps cravings for other substances
- It helps curb the cravings rather than me trying to combat it by myself
- It helps me not worry so much about my addiction so I can concentrate on my future more
- It helps me to not crave alcohol and it has been working.
- It helps me with cravings and I don't want to use.
- It helps with my cravings quite well
- It takes away cravings and I have no urges to use.
- No cravings
- Still have craving sometimes
- The medication is working to reduce and not crave alcohol. I do not think about alcohol. The other day I saw alcoholic drinks and I felt like throwing up just to look at it. Before I would want to get a drink.

- To help with cravings

Negative

- Dress code should be altered. Tank tops should be allowed for all or none. No picking and choosing based on body types
- I have been having suffering from an intense feeling of abandonment with little to no communication with my family and loved ones
- I haven't actually met with a therapist beyond the biopsychomedical. With the holiday the schedule has been less structured and most have had time off. So for 5 days I still have only been to any group sessions available and I am unable to join in activities until my 7 days have passed. I would have liked to have been assessed as not needing detox since I entered sober.
- I think groups should be mandatory P.atients don't go to groups and still go on outings. Swimming during group should be address by staff
- I think it's a great program, but believe the cuts will negatively affect the program. I think this is an excellent place to work on trauma, causes and conditions of my addiction, but cutting hours of availability of counselors will hinder progress for short stays (30-60 days). That's a short time to work through behavioral health concerns and get the most out of being here. The outings help build community within the center and I always looked forward to them. They don't need to be expensive outings, but I think taking them away is a mistake. If I needed treatment again, I would have to take these things into consideration and don't know if I would return to this treatment program because of these cuts.
- I'd like 'Staff' to sit in on groups and judge how the group are run. I believe this stay is more like sober living. Groups aren't run as a learning session with instructions, recently I feel like they are like a AA/NA meeting with little learning. Nobody that instructs, using the board to work through a page in the book. Just my thoughts and heard this too from others. To much free time. Rooms should be a responsibility on Sunday. Checked by 'Staff' at night, not during class period.
- I'm tired of feeling so disconnected from everything and everyone
- It would be great if we could turn on the pool heater so everyone could swim. It would also be great if gluten-free options were available for every meal for people who requested them. Also the website had mentioned massage therapy as a feature of the program. When asked about this the staff said that CBH isn't doing that.
- Keep don't cut the therapist hours because that's one of the main things I love about this place. They are really good at their jobs.

Why Dissatisfied With Treatment

- Because I have Attention Deficit Disorder and have yet to be medicated so it makes it extremely difficult to get anything out of the groups, when the therapist is trying to teach and especially when we have to read out of the book or worksheets. I haven't been able to complete anything yet. And there hasn't been one single concern about it from anyone yet.
- Groups are optional. Most don't show up. That is disruptive to the ones that do show up.
- I could ask 3 staff the same question and get 3 different answers, it can be frustrating because I feel like I never know what is the correct answer
- I didn't like my change or reduction in medication so soon. This reduction in medication is right when I'm reaching what I feel might be the point where the drugs I came in on, are just leaving

my body and I am now feeling the negatives of detox more . . I also didn't appreciate the way I was setup to answer questions regarding my kids being at my house while I used. Because of my answers, CPS was being called to go and check my home.

- I don't feel like we have talked about the issues that brought me here at all. I get cut off from speaking in class. Just because my problems are not normal doesn't mean that they are not valid problems I've experienced and it's what brought me here.
- I don't think some of therapist have enough training n addiction. I feel many of the groups is just talk and not learning and working from the book.
- I feel like I could use more one on one therapy sessions
- I haven't seen a physician, therapist, an RN, or mental illness physician
- I wish there was at least one therapist available on Sunday's
- I'm feeling great and loving it here; however, a couple of staff members have been biased and unfair with me. Im not being treated equal to my peers.
- I've asked for a room with a bathroom inside the room due to medical conditions with my urgency to need the restroom. Was denied as the nurses said it was too much work for the cleaning lady and they don't switch rooms. A room opened and was still said no to a move to unit 4 which had a room open up. Now two beds then available”able since detox moved into that unit. Now that. Unit had an additional 2 rooms available. The girl in that unit was scared to be alone, and wanted a roommate. Instead of me, the moved her friend to the unit, instead of me that requested a room in that unit and the owner promised to move me weeks ago to that room. After I confronted the nursing staff why, since the excuse was it was too much work for staff. The owner then agreed last night I too could move. VERY inconsistent within staff. Everyone of the nurses, therapists too ignored my medical requests.to move until I brought it up last night upset.
- I've never been to treatment before but I honestly feel like there isn't much “teaching” going on. Groups are often times just chatting about how we are feeling. I'm here to get tools and learn not hear about everyone else's life story. And we have PLENTY of free time here yet now we have one less group meeting a week so people can clean their rooms?! Stupid. They do room checks all the time, it would be as simple as letting the ones who have a dirty room to clean their room. Solved.
- Need to figure out what is causing me to sleepwalk and rarely get to talk to provider
- No cards against humanity and you cut the outings/ staff hours which is total bs
- No one believes anything I say and everyone thinks I'm crazy. Feel like everyone is basically calling me a liar.
- Not enough therapy
- Pool not heated
- Seems like there's a lot of strife between the residents and the staff. It feels like the residents emotions are on high gear and in some cases it's been very hard to learn as well as participate in things. I've spent much more time in in my room this week because of it.
- Sick everyday meds not working. Need a different treatment option
- Simple requests being put off has been frustrating. Like a white noise machine and signing in to a somatic exercises account for nervous system regulation.
- Some people here are loud, rude and do not respect our time. One example is a couple people were late to group and the therapist locked them out. Turns out they had a good reason for being late but therapist did not even ask. As she locked them out door she said “I am not playing today”. She is a huge trigger for me!
- Still being treated by medical policies not individual needs.
- Still not getting a lot out of groups. Material is really good so I just mainly read the manual.

- The nursing staff has been confusing with my meds and two staff members have been rude to me

Why Goals Were Not Met

- Didn't tell me there was food or anything about the program at all whatsoever I had to figure rveufjyimb out by myself and not get food or anything about the program full rules
- I'm constantly sick no change in anything
- I'm not confident I was given a lot of tools to take with me. I feel there could have been more info given rather than conversations about how we all feel about things and life.
- I'm struggling with my mental health
- One of the therapist is very rude and loud. Real triggers.

Negative Feelings About MAT

- Hard to put dose under tongue gets on teeth not always under tongue feel like don't get full dose when doesnt get under tongue correctly prefer subutex easier to take medication with same results
- I have still drank taking this medication
- Sleepy all the time : hart to get motivated
- SOMETIMES ITS NOT EFFECTIVE

Suggestions to Improve Treatment Safety

- Get rid of the stairs .. I fell on them and know of another person who fell as well
- Heat the pool.
- I do not, I would not be qualified to assess this treatment facility, CBH was recommended to me by my boss/friend and I am grateful to him for his recommendation, this is the first time I have been in rehabilitation and it was something I needed not just for sobriety but it is helping me know that I need to address issues I have suppressed since childhood.
- I feel that some of the rules they have need to be readdressed and implemented. There are some discrepancies in the rules as well as the enforcement of certain rules that have angered the residents. I feel they had valid complaints that should be addressed.
- I was disappointed to learn they are making cuts like the outings and cutting staff hours . That was one of the reasons I came here.
- Listening more to patient needs
- Make sure nurses knock before entering patients bedrooms.
- Make the facility non-smoking there is too much second hand smoke .Securing tobacco or vape paraphernalia seems to be very important. Decrease some of the sound pollution with all the sound machines and mostly white noise it is exhausting
- More interactive activities outings
- No, the care here is very attentive
- Respect our time, show compassion
- The only thing I can think of is having something akin to a living room setting where people could hang out and read or at h tv comfortably that is not a smoking zone. Something where people can bond and hang out maybe even play some multiplayer video games or something

similar that helps build bonds… not single player games like old school 4 players but honestly CBH IS GREAT

- Y'all wouldn't listen anyways

