UHS | Foundations Recovery Network

2019 Clinical Outcomes Overview

Providing Integrated Treatment for
Substance Abuse and Mental Health Issues

Contents

Who We Are

Foundations Recovery Network is a component of the Addiction Services Division of Universal Health Services (UHS), a national leader in behavioral health. UHS is dedicated to saving and improving lives and transforming the delivery of healthcare. Recognized for leadership in the treatment of behavioral health disorders by providing high quality, outcomes-focused, compassionate patient care, UHS through its subsidiaries operates over 200 freestanding behavioral health facilities nationwide.

At FRN, our purpose is to create lifetime relationships for long-term recovery. Our system of care is founded in our rich history as a national leader in dual diagnosis treatment. We value an integrated system of care and further the philosophical foundation of this system with the introduction of a "no wrong door policy" within the program, which allows patients to seek support from all staff levels through cross-training and clear communication protocols. Our core belief is that everyone has the ability to recover, and, therefore, we meet people where they are with acceptance and without judgment.

Our Commitment to Quality

We are proud of the accreditations we maintain:

CARF:
Michael's House

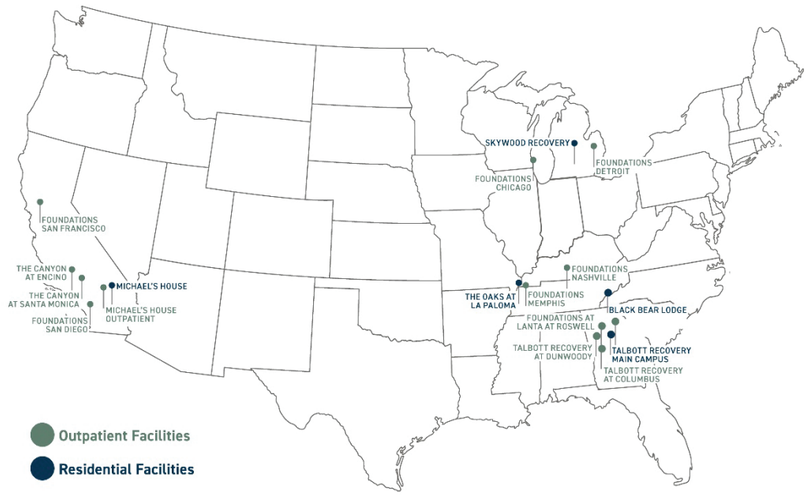
The Joint Commission:
The Oaks at La Paloma
Black Bear Lodge
Skywood Recovery
Foundations Atlanta Roswell
Foundations Atlanta Midtown
Foundations Memphis
Foundation Nashville
The Canyon at Santa Monica
Talbott Recovery
Talbott Dunwoody
Talbott Columbus

FRN's addiction treatment programs are considered national models for care. Our system of care has been referred to as the "Gold Standard" in dual diagnosis treatment by Dr. Mark McGovern of Dartmouth Psychiatric Research Center and is noted as a best practice organization in the Substance Abuse and Mental Health Services Administration (SAMHSA) publication, "Substance Abuse Treatment for Persons with Co-occurring Disorders".

FRN was honored in May 2011 with the James W. West Quality Improvement Award by the National Association of Addiction Treatment Providers (NAATP), which recognizes programs whose efforts demonstrate comprehensive approaches to effective, continuous quality improvement. We were recognized specifically for our Patient-Centered Care Initiative.

Our Locations

Foundations Recovery Network (FRN) provides inpatient treatment at five residential facilities and outpatient treatment at 13 centers across the U.S. Our variety of residential and outpatient locations allows us to place patients based on their particular needs. The transition from lower to higher levels of care, and vice versa, can be easily completed whenever it is indicated.



Residential Facilities
Michael's House – Palm Springs, California
The Oaks at La Paloma – Memphis, Tennessee
Skywood Recovery – Augusta, Michigan Black Bear Lodge – Sautee, Georgia

Talbott Recovery – Atlanta, Georgia

Outpatient Facilities
The Canyon at Santa Monica – Santa Monica, California
Michael's House Outpatient Center – Palm Springs, California
Foundations San Diego – San Diego, California
Foundations San Francisco – San Francisco, California
Foundations Los Angeles at Encino – Encino, California
Foundations Memphis – Memphis, Tennessee
Foundations Nashville – Nashville, Tennessee
Foundations Detroit – Royal Oak, Michigan
Foundations Chicago – Chicago, Illinois
Foundations Atlanta – Roswell, Georgia
Foundations Atlanta – Atlanta, Georgia
Talbott Recovery – Dunwoody, Georgia
Talbott Recovery – Columbus, Georgia

The Importance of a Behavioral Health Continuum

Serious Mental Illness (SMI) is highly correlated with substance dependence and abuse. SAMHSA estimates that 3.4 million Americans over the age of 12 have both a mental health and substance use disorder. The majority of substance use disorders are either alcohol use disorder, or include alcohol use.

FRN is recognized in SAMHSA's Treatment Improvement Protocol (TIP) 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders as a Best Practice case study (pp. 181-182).

In 2017-2018, a pilot project was undertaken to demonstrate that providing an integrated continuum of care among UHS Acute Care (medical-surgical hospitals), Behavioral Health (acute psychiatric facilities), and FRN Substance Use Disorder (SUD) treatment facilities would result in improved access to care, extended engagement in treatment, and improved treatment outcomes for patients with co-occurring disorders (COD). The project involved establishing collaborative relationships between FRN and acute psychiatric facilities. Thirty patients participated in the pilot project. The purpose of the project was to provide substance use disorder treatment through FRN to patients following their discharge from acute psychiatric inpatient care. Data was collected at intake to FRN and Follow-up data was collected 30 days following discharge from FRN.

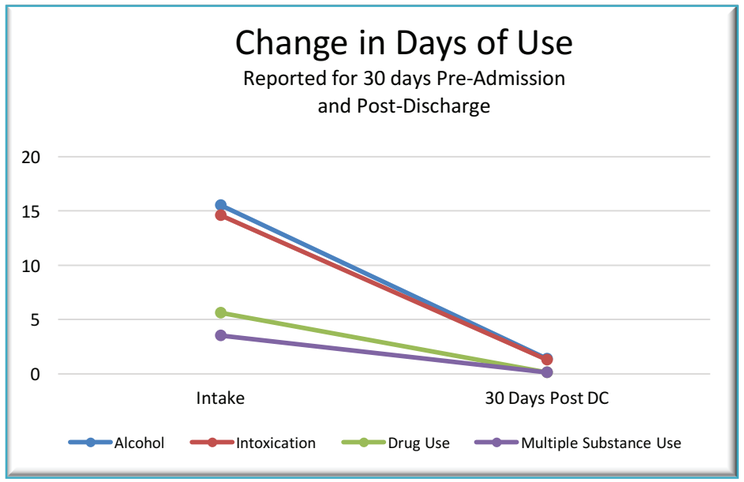
Family members often provide critical support to persons living with a serious mental illness. Research has demonstrated that support and reciprocity with family members are important dimensions of a personal support network that relates to the recovery process. The inclusion of families and positive support systems in recovery are two important evidence-based practices. Patients reported significant improvement in family relationships at the 30-day post-discharge interview.

__"Access"__ refers to the process by which a person with Co-Occurring Disorder (COD) makes initial contact with the service system, receives an initial evaluation, and is welcomed into services that are appropriate for his or her needs.

__"Continuum of care"__ refers to a treatment system in which the patients enter treatment at a level appropriate to their needs and then step up to more intensive treatment, or down to less intensive treatment, as needed. As outlined by Mee-Lee and Shulman (2003), an effective continuum of care features successful transfer of the patient between levels of care, similar treatment philosophy across levels of care and efficient transfer of client records.

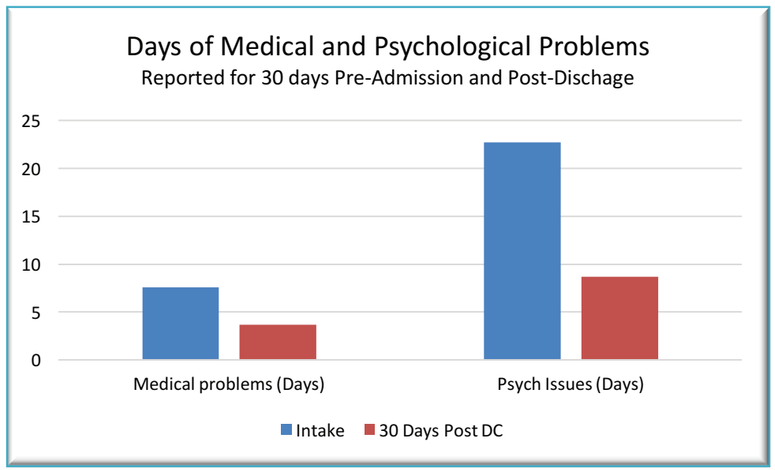
A __"no wrong door"__ policy states that effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services. The consensus panel strongly endorses this policy.

Patients with COD have differing __"engagement responses"__ to levels of care. The motivation and participation of patients with COD in treatment, particularly within in the first 2 weeks, is critical to length of stay and outcomes.



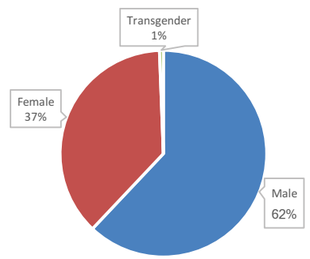
Significantly fewer days of alcohol use, intoxication, illicit drug use as well as multiple substance use were reported by patients at the 30-day discharge interview. Patients entering the FRN system from UHS facilities reported an average of 5.6 days of illicit drug use and 3.5 days of multiple substance use in the 30 days prior to admission. In the 30 days after discharge, these patients reported an average of nearly zero days of use (0.1days).

Patients were also asked about psychological symptoms as well as medical problems and the impact of these on their daily lives. Both measures demonstrated significant reduction between admission and 30 days post-discharge. Results indicated that co-occurring treatment improved upon initial progress made at the acute care level.



Whom We Serve

Understanding the demographics of our patient population is important. Research has demonstrated that certain demographic factors impact patient engagement. Patient engagement – or commitment and participation in treatment – is considered a strong predictor of long-term recovery outcomes with higher levels of engagement associated with positive outcomes (Choi, Adams, MacMaster and Seiters, 2013).

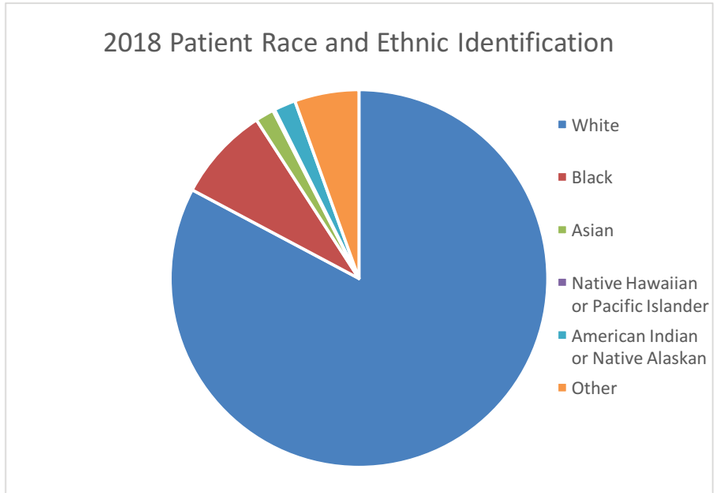


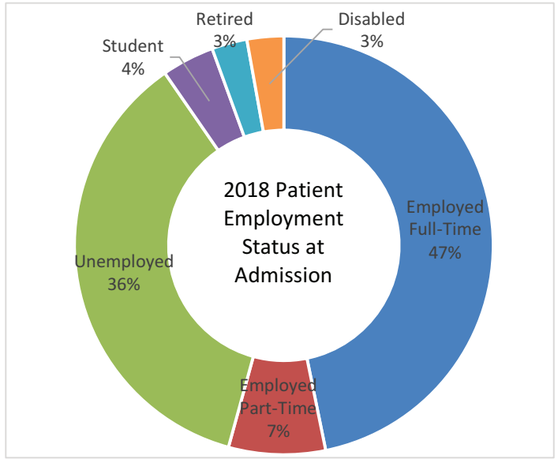
In 2018, the average patient age was 36 years old. Most commonly, however, FRN served patients 34 years old, which is significantly older than the modal age of our patients in 2017 (mode=24 years in 2017).

A majority of patients entering treatment at FRN facilities self-identify as male (62 percent). A small percentage report transgender (1 percent).

Understanding how patients self-identify with regard to gender and sexual preferences has led to the development of specialty tracks in some locations. About 15 percent of patients attending FRN facilities identify with the LGBTQI community, with a majority of those patients identifying as “gay” and a significant proportion who self-identified as “bisexual.”

Additionally, our award-winning, patient-centered care program integrates ethnicity and racial information into personalized treatment protocols. Most of our patient population identified as “white or Caucasian,” (83%) with slightly more than 6 percent also identifying as “Hispanic or Latino.”





Employment status can have a significant impact on financial resources and a patient's ability to remain in treatment for clinically recommended time periods. Patients who are employed or are students may have to address outside issues while engaged in treatment. With 5 residential facilities and 13 outpatient facilities across the country, our system of care meets patients where they are and supports them in engaging in appropriate treatment services, as well as meeting outside obligations in a therapeutic environment and transitioning to full and rewarding lives.

Staying Engaged in a Continuum of Care

FRN recently conducted an impact study looking at the outcomes associated with length of stay in residential and length of engagement across the treatment continuum in our patients. There is significant literature suggesting that longer periods of treatment engagement are associated with lower readmission rates and other positive outcomes (e.g., Moos and Moos, 1995). A random sample of 100 patients was selected using a random number generator such that it met scientific criteria for representing the overall population at FRN. Longer lengths of stay in residential treatment were associated with a number of improved outcomes. Similarly, patients who participated in any outpatient services after residential treatment also experienced improved outcomes at six months and one-year post-discharge from residential treatment compared to patients who did not participate in any outpatient treatment, including the following:

At six months post-discharge, there is a relationship between longer length of stay in residential treatment and:

- *Fewer days of alcohol use in the past month*
- *Reduced frequency of opioid and sedative use*
- *Fewer suicidal thoughts and suicide attempts*
- *Improvement in anxiety and depression (based on assessment scores)*

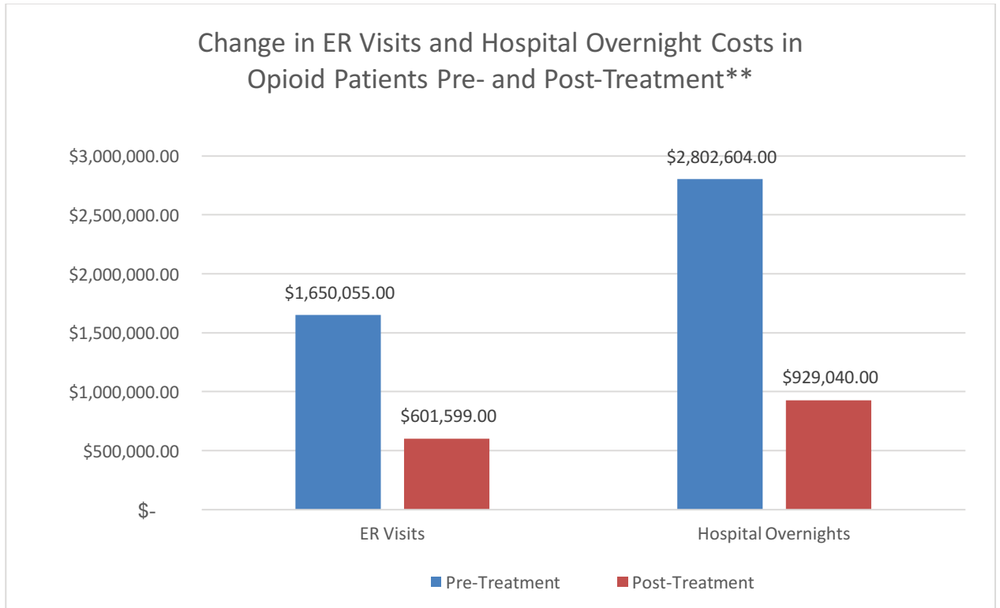
- ❖ Less anxiety
- ❖ Increased attendance at self-help meetings and increased use of sponsor
- ❖ Fewer days of alcohol intoxication
- ❖ More days reported working

Overall, a longer length of engagement was associated with improved outcomes, including working more days, fewer days of alcohol- and marijuana-use, reduced anxiety and depression symptoms, increased use of self-help resources and fewer medical problems when patients were questioned at the six- and 12-month interview.

An Analysis of Healthcare Cost Savings in the Opioid Use Population

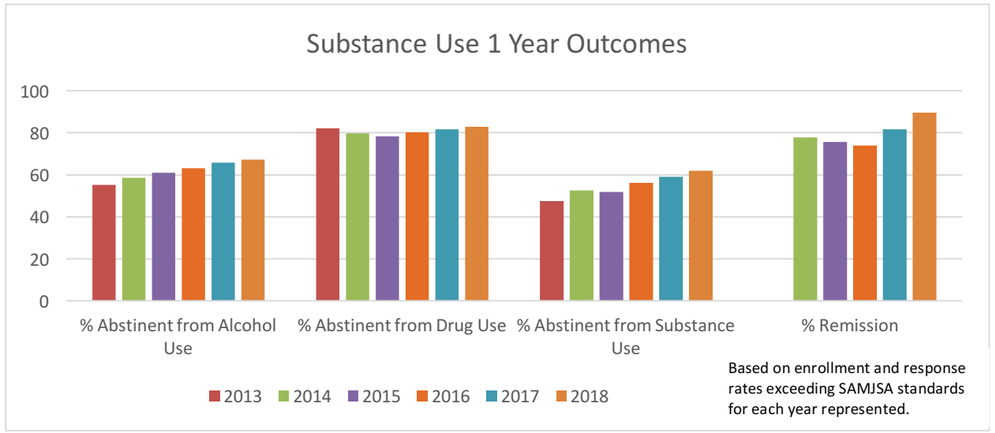
Between 1997 and 2007, average sales of prescription opioids in the U.S. increased by more than 400 percent (Manchikanti and Singh, 2008). Chronic drug users utilize more emergency healthcare services than the general population (McGeary and French, 2000). Opioid users are at higher risk for hospitalization, making them a group of significant interest to healthcare providers and insurers, as they often receive care in emergency rooms (ERs), one of the most expensive points of entry to the healthcare system (Morse and Bride, 2017).

FRN conducted an analysis of ER visits and hospital admissions in 2,444 patients who reported opioid use in the 30 days prior to treatment. The full report and findings are published in *Healthcare* (Morse and Bride, 2017). Patients were questioned about ER visits and overnight hospital admissions during the six months prior to treatment and the six months following discharge from treatment. **Total pretreatment ER costs were estimated at $1,650,055, while post-treatment ER costs were estimated at $601,599, a 64% reduction. Total costs associated with hospital admissions were reduced from $2,802,604 pre-treatment to $929,040 post-treatment, a reduction of 67%.**



From Morse and Bride (2017). "Decrease in Healthcare Utilization and Costs for Opioid Users Following Residential Integrated Treatment for Co-Occurring Disorders". *Healthcare, 5*.

One-Year Outcomes

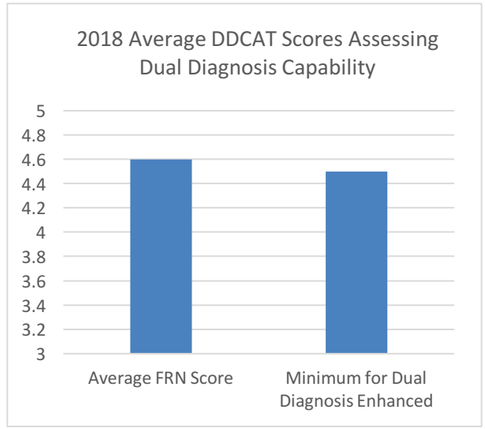


Abstinence has long been used to measure outcomes in substance abuse treatment. FRN is committed to continuing to measure this indicator. The graph above represents the aggregate metrics of reported abstinence from patients across all facilities at the one-year survey. In comparison, the national average for abstinence at one year following substance use treatment is 30% (White, 2013).

As more evidence suggests that substance abuse and mental health disorders are comparable to long-term, chronic diseases, such as diabetes and hypertension, more clinically based measures need to be employed. For this reason, FRN has begun to measure **remission**: the number and extent of clinical symptoms following treatment based on DSM-IV-TR diagnostic criteria. A lack of symptoms signals that the disease is in remission. Very similar to a cancer patient whose blood test indicates a subclinical level of cancer markers or a hypertension patient who has blood pressure readings in the "normal" range for a period of time, the disease is not necessarily eradicated, but it is no longer a threat. A recent National Institute for Drug Abuse (NIDA) publication reports a national average of one-year remission rates at 50% (White, 2012). Over 89 percent of FRN patients report no clinically relevant symptoms in the one-year follow-up survey.

Our Integrated Treatment Model

FRN offers dual diagnosis treatment across all of our programs. In fact, our facilities meet the criteria for dual diagnosis enhanced (DDE) services, the highest level of integration as determined by the Dual Diagnosis Capability in Addiction Treatment (DDCAT), a standard only achieved by the top five percent of addiction treatment programs.



The Difference That FRN Makes

FRN's commitment to providing quality treatment is unique for many reasons, including the following:

1. FRN's integrated treatment model has received national recognition for setting best practice standards in TIP 42, the leading SAMHSA publication for treating people with co-occurring disorders.
2. FRN has participated in 11 federally funded research grants focusing on dual diagnosis and addiction.
3. FRN's research department is committed to developing and communicating reliable, valid and timely information necessary to providing the best treatment available. The research department functions completely independently from the clinical treatment function of the programs, with a firewall of patient protections.
4. FRN uses independent third-party verification of research findings.

Best Practice of the Foundations Treatment Model, As Quoted in TIP 42 (SAMHSA/CSAT, 2005)

Best practice integrated treatment concepts serve as the basis for all program activities:

- *Continuous cross-training of professional and nonprofessional staff*
- *Empowerment of clients to engage fully in their own treatment*
- *Reliance upon motivational enhancement concepts*
- *Culturally appropriate services*
- *A long-term, stage-wise perspective addressing all phases of recovery and relapse*
- *Strong therapeutic alliance to facilitate initial engagement and retention*
- *Group-based interventions as a forum for peer support, psychoeducation and mutual self-help activities*
- *A side-by-side approach to life skills training, education, and support*
- *Community-based services to attend to clinical, housing, social, or other needs*
- *Fundamental optimism regarding "hope in recovery" by all staff.*

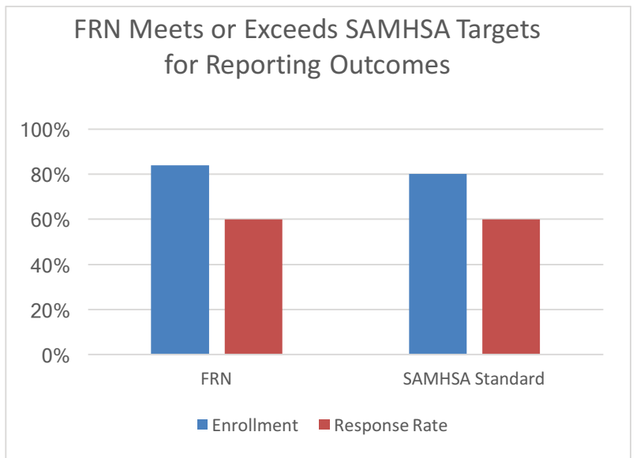
Developing Credible Outcomes

FRN reports on outcomes – how our patients are doing after they receive treatment at our facilities. Unlike individual case studies or simple testimonials, such as seen on websites for other treatment centers, our outcomes reporting represents years of data collection, both at treatment intake and again at one month, six months and 12 months after treatment. We refer to these robust data sets as outcomes.

Generating Reliable and Valid Results

Many programs in the addiction treatment industry generate their success rates based on patients' successful completion of the program. This is not a fair reflection of the goal of treatment and is self-serving in its definition of success. FRN dedicates a team of full-time employees to determining not only the results generated during treatment but also the sustainability of these results over the entire first year of recovery.

In addition to using scientifically validated interviews and surveys, results must represent enough of the general population of patients to be considered reliable and valid. For the addiction treatment industry, the SAMHSA has set baseline standards for measuring the reliability and validity of treatment outcomes that the vast majority of treatment providers simply do not use.



The number of patients who agree to participate in research (enrollment) is the first critical benchmark in SAMHSA's standards. Legitimate research attempts to enroll 100 percent of patients in research. In order for research to be considered reliable, a sufficient number of patients must be included in the original sample or group of participants so the researchers can eliminate the possibility of any kind of selection bias. In light of this, 80 percent is considered an acceptable percentage (because some patients do not want to participate, 100 percent enrollment is virtually impossible). In order to reach this base line, tremendous effort must be made, and any type of filtering (e.g., preselecting more favorable patients) simply cannot be done.

The second SAMHSA baseline involves the percentage of enrolled patients that one is actually able to reach post-discharge for follow-up phone calls and outcomes. When SAMHSA awards funding to an organization, the organization must reach a minimum of 60 percent of patients for follow-up after treatment in order to maintain their funding. Further recommendations include reaching patients at multiple time points: for example, 30 days, six months and one year after treatment. Again, this high percentage of patient participation generally eliminates any potential filtering of favorable or unfavorable participants and allows for the sample to more accurately reflect the population at large. The greater the follow-up rate, the more likely that the results could be considered typical.

The research department maintains a higher standard of HIPAA compliance than a healthcare provider is required to maintain. This allows patients to be assured that all data collected are for research purposes only and will not result in any type of marketing or sales call based on their answers. This type of confidentiality — the absence of consequences contingent upon their responses — has been demonstrated in literature to support the honesty of patient response. NIDA research shows a better than 80 percent agreement between self-report and urine drug-screen analysis in similar situations.

Third-Party Validation

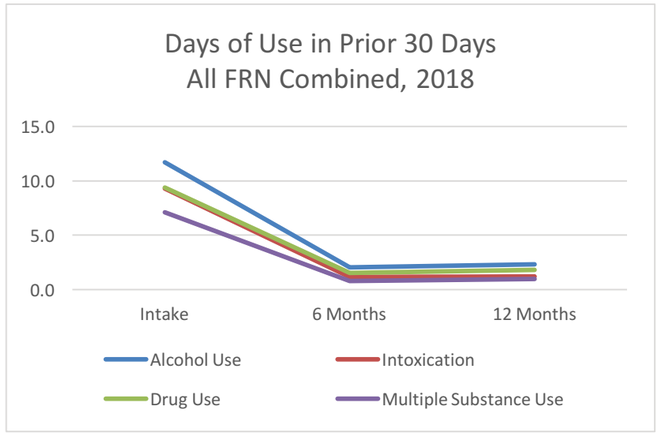
Real results must be open for scrutiny by completely independent groups, such as academics, other researchers and even consumers and advocates. All true research undergoes a review process. This process requires the research to be first determined appropriate and safe by an Institutional Review Board (IRB). The IRB is also given periodic updates as to progress and any problems that might have occurred as a direct result of the research study. Finally, research is reported and validated by a third party. This third party should be independent and unaffected by the results of the research. The IRB is one source of such review. Scientific journals also act as a third party when they review research findings for publishing.

Extremely few private addiction treatment providers are willing to be this transparent with their results. FRN has an almost 20-year history of gathering valid, reliable research outcomes. Once outcomes are gathered and validated and conclusions are drawn, a credible provider should be willing to share results (good and bad) with the world (transparency). In order to be considered credible, these results must be accepted by peer-reviewed journals and public forums (scientific conferences). FRN is pleased to be published in peer-reviewed journals and has been accepted for presentations both in the U.S. and internationally.

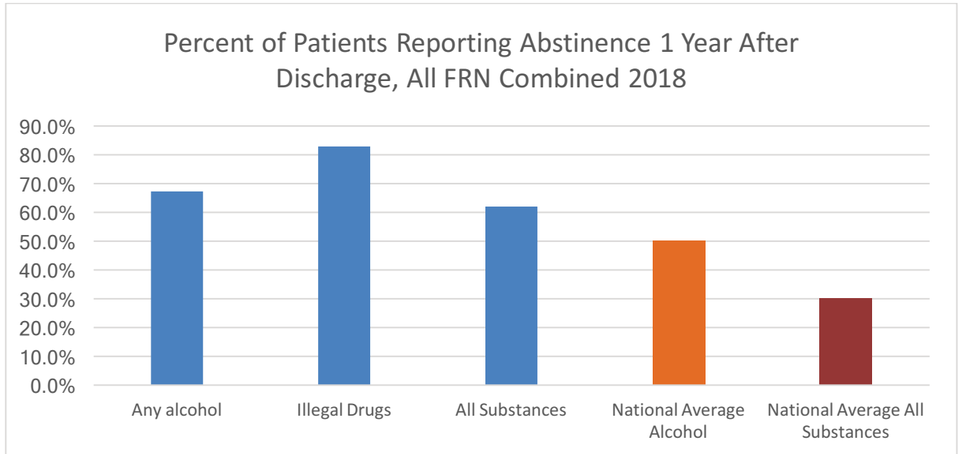
Our Effectiveness: Research and Outcomes

At FRN, we follow patients using research-based interviews for a full year after treatment. Patients are contacted at 30 days, six months and one year post-discharge. This allows us to determine not only the immediate impact of treatment but also the sustainability of results. Over 80% percent of patients enroll in our outcomes research program. Results are based on reaching 60% percent of those patients.

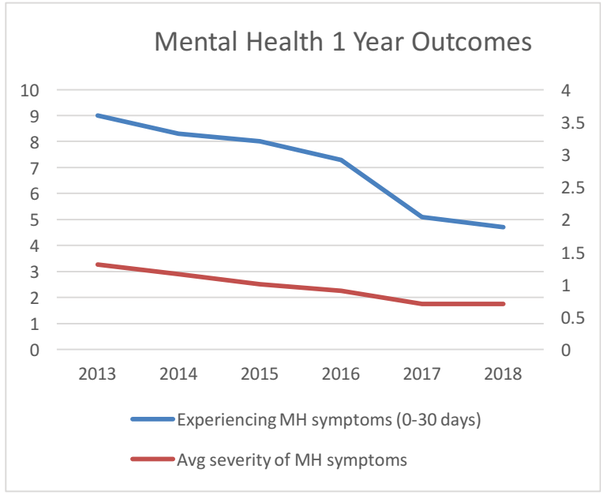
Substance use over the prior 30 days represents patients' ability to use the tools and activate the resources gained during treatment. While many patients remain abstinent for the year following treatment, measuring the average use over the prior 30 days at key time points is a significant indicator of treatment effectiveness.



Patients report a significant reduction in days of substance use at the one-year post-treatment time point. Further, results are sustained through the 1-year time-point.



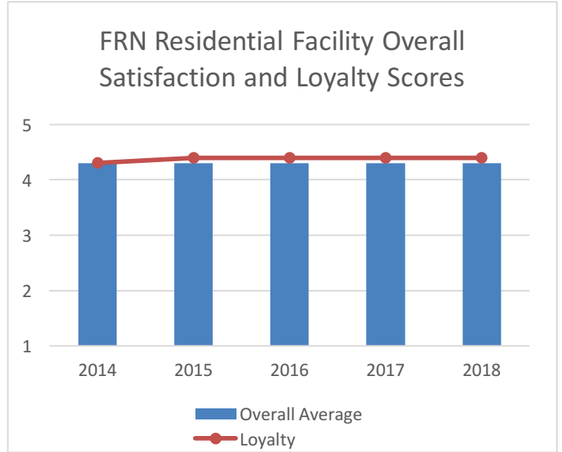
Success is defined by the patient, their families and other stakeholders, not by FRN. Different stakeholders have different priorities, and our research department has the ability to measure outcomes that are important to our stakeholders.



Overall quality of life is impacted by a number of factors. Having medical and psychological problems that impede one's ability to fully participate in his or her life can impact the quality of life. Many patients who attend treatment at FRN facilities have co-occurring psychological and/or medical problems. At intake, patients are asked how many days in the prior 30 they were troubled or bothered by these problems. Patients report significantly fewer days of being troubled or bothered by their psychological and medical issues at one year post-discharge.

Our Patient-Centered Care: Satisfaction with Treatment Experience

Patient satisfaction is a key determinant of quality of care and is strongly influenced by expectations of care and attitudes. Patient satisfaction is also associated with patient engagement in treatment: higher levels of satisfaction with treatment support greater engagement, which, in turn, is a predictor of outcomes (Carlson and Gabriel, 2001). The willingness to recommend a service to others is a strong indicator of satisfaction with service. Over 80 percent of patients surveyed at discharge from an FRN residential facility would recommend the treatment center they attended to others.



Summary

FRN's commitment to current research and third-party validation, focus on patient-centered care, dedication to comprehensive treatment and emphasis on highly qualified staff members translates into superior care for patients and consistent, positive long-term results.

Notes and References

**Calculated using CDC, Health US, 2012 estimates for persons 18-64 years of age = $1,097 per visit for ER and Becker's Hospital Review = $1,760 average for overnights. Both adjusted for 70 percent response to assume non-responders utilize the same as responders.

Adams, S.M., Morse, S.A., Choi, S., Watson, C., Bride, B.E. Substance Use and Mental Health Treatment Retention among Young Adults. *Global Journal of Addiction and Rehabilitative Medicine*, 2017.

Manchikanti, L., Singh, A. Therapeutic opioids: A ten-year perspective on the complexities and complications of the escalating use, abuse, and nonmedical use of opioids. *Pain Physician,* 2008, 11, S63–S88.

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Morse, S., Bride, B.E. "Decrease in Healthcare Utilization and Costs for Opioid Users Following Residential Integrated Treatment for Co-occurring Disorders. *Healthcare,* 2017, 5(3), 54. DOI: 10.3390/healthcare5030054.

Morse, S.A., MacMaster, S.A. Characteristics and Outcomes of College-Age Adults Enrolled in Private Residential Treatment: Implications for Practice. *Journal of Social Work Practice in the Addictions*, 2015.

White, M.L. Recovery/Remission From Substance Use Disorders: An Analysis of Reported Outcomes in 415 Scientific Reports, 1868-2011. Published by the Philadelphia Department of Behavioral Health and Intellectual Disability Services and the Great Lakes Addiction Technology Center, 2012.

Curriculum Vitae: Foundations Recovery Network Research Publications

"A comparison of 2013 and 2017 baseline characteristics among treatment-seeking patients who used opioids with co-occurring disorders" in *Journal of Substance Abuse Treatment*, 99:134-138, 2019. DOI: 10.1016/j.jsat.2019.01.023.

"Opioid usage trends in treatment – Trends from the field" in *International Journal of Healthcare*, 5(1)29-32, 2019. DOI: 10.5430/ijh.v5n1p29.

"Predictors of Residential Treatment Retention among Individuals with Co-occurring Substance Abuse and Mental Health Disorders" in *Journal of Psychoactive Drugs*, 45 (2), 122-131, 2013. DOI: 10.1080/02791072.2013.785817.

"Characteristics and Outcomes of College-Age Adults Enrolled in Private Residential Treatment: Implications for Practice" in *Journal of Social Work Practice in the Addictions*, 14:6-26, 2014. DOI: 10.1080/1533256X.2014.871998.

"Characteristics and Outcomes of Young Adult Opiate Users Receiving Residential Substance Abuse Treatment" in *Journal of Evidence-Informed Social Work*, 2015 April 16:1-11. DOI: 10.1080/15433714.2013.872071.

"Integrated Recovery Management Model of Ex-Offenders with Co-occurring Mental Health and Substance Use Disorders and High Rates of HIV Risk Behaviors" in *Journal of Association of Nurses in AIDS Care*, Vol. 24, No. 5, September/October 2013, 438-44. http://dx.doe.org/1-.1016./j.jana.2012.08.006.

"Opiate Use Patients Attending Residential Treatment: Characteristics, Outcomes and Implications for Practice" in *Addiction Science and Clinical Practice*, 2015, 10(Suppl):A36. DOI: 10.1186/1940-0640-10-S1-A36.

"The Impact of a Sleep Hygiene Intervention of Residents of a Private Residential Facility for Individuals with Co-occurring Mental Health and Substance Use Disorders: Results of a Pilot Study" in *Journal of Addiction Nursing*, 2014 Oct-Dec; 25(4): 204-208. DOI: 10.1097/JAN. 0000000000000050.

"A Comparison of Older and Younger Adults in Residential Treatment for Co-occurring Disorders" in *Journal of Dual Diagnosis*, 2015; 11(1): 75-82. DOI:10.1080/15504263.2014.993263.

"Gender Differences in Treatment Retention Among Individuals with Co-occurring Substance Abuse and Mental Health Disorders" in *Journal of Substance Use and Misuse*, 2015; 50(5): 653-63. DOI: 10.3109/10826084.2014.997828.

"A Comparison of Opioid and Non-Opioid Substance Users in Residential Treatment for Co-occurring Substance Use and Mental Disorders" in *Social Work in Public Health*, published online 01 June 2016. DOI: 10.1080/19371918.2016.1188738.

"Characteristics and Outcomes of Young and Older Adult Opiate Users Receiving Private Residential Substance Abuse Treatment" in *Journal of Addiction Research & Therapy: Special Issue – Conference Proceedings of the International Conference on Addiction Therapy and Research*, July 2013.

"Reduction in Healthcare Utilization and Costs Following Residential Integrated Treatment for Co-occurring Substance Use and Mental Health Disorders" in *Journal of Hospital Administration,* 2016; 5(6). DOI: 10.5430/jha.v5n6p5.

"Substance Use and Mental Health Treatment Retention among Young Adults" in *Global Journal of Addiction and Rehabilitation Medicine*, 2017; 1(3). 555564.

"Decrease in Healthcare Utilization and Costs for Opioid Users Following Residential Integrated Treatment for Co-occurring Disorders" in *Healthcare,* 2016; 5. DOI: 10.3390/healthcare5030054.

Selected Original Research Presentations

Moments of Change, *Keynote with Patrick Kennedy*, September 23, 2013, West Palm Beach, FL.

Innovations Conference, Panel Moderator: *Quality Is a Chronic Condition*, April 3, 2014, San Diego, CA.

West Coast Symposium on Addiction Disorders, *Characteristics and Outcomes of Opiate Users Attending Private, Residential Treatment: Implications for Practice*, May 31, 2014, La Quinta, CA.

Global Addictions Conference, *Characteristics and Outcomes of Opiate Users Attending Private, Residential Treatment*, June 28, 2014, Rome, Italy.

Behavioral Leadership Summit, *Managing Quality in Dual Diagnosis Treatment*, August 25, 2014, St. Louis, MO.

Moments of Change, *Beyond Limitation: The Role of Research*, September 29, 2014, West Palm Beach, FL.

Addiction Health Services Research, Poster Session: *Characteristics and Outcomes of Opiate Users in Private, Residential Treatment*, October 16, 2014, Boston, MA.

International Nurses Society on Addiction, *Opiate Users & Abstinence-Based Private Residential Treatment: Characteristics, Satisfaction & Outcomes*, October 17, 2014, Washington, DC.

National Behavioral Consortium, *Dually Diagnosed Young Adults: Characteristics, Retention and Outcomes from Private, Residential Treatment*, October 28, 2014, Savannah, GA.

National Behavioral Consortium, Panel Presenter: *Quality in Substance Use Disorder Treatment*, October 29, 2014, Savannah, GA.

Association for Medical Education and Research in Substance Abuse, Poster Session: *Gender Effects on Retention in Dually Diagnosed Individuals*, November 5, 2014, San Francisco, CA.

Addiction Professional Webinar: *Lower ACA Rates Equal Better Outcomes: Improving Treatment Retention at Your Facility,* January 27, 2015.

Addiction Marketing and Administration Conference: *Beyond Limitations: Unlocking Organizational Potential*, February 25, 2015, Del Ray Beach, FL.

28th Annual Research and Policy Conference on Child, Adolescent and Young Adult Behavioral Health, *Young Adults in Dual Diagnosis Treatment: Comparison to Older Adults at Intake and Post-Treatment*, March 22-25, 2015, Tampa, FL.

International Congress on Dual Disorders, Poster Session: *Gender Differences in Dually Diagnosed Individuals,* April 17-20, 2015, Barcelona, Spain.

International Congress on Dual Disorders, Oral Communication: *Differences Between Opiate and Non-opiate Using Populations: Characteristics, Motivation, Retention and Outcomes in Dual Diagnosis Treatment,* April 17-20, 2015, Barcelona, Spain.

International Congress on Dual Disorders, Oral Communication: *Young Adults in Dual Diagnosis Treatment: Comparison to Older Adults at Intake and Post-Treatment*, April 17-20, 2015, Barcelona, Spain.

Addiction Professional Panel: *Patient Engagement*, May 7, 2015, Nashville, TN.

Innovations in Behavioral Healthcare*, Dually Diagnosed Young Adults: Characteristics, Retention and Outcomes From Private, Residential Treatment,* June 22-23, 2015, Nashville, TN.

C.O.R.E. Conference, *Dually Diagnosed Young Adults: Characteristics, Retention and Outcomes From Private, Residential Treatment,* July 19-21, 2015, Amelia Island, FL.

National Conference on Addiction Disorders, *Improving Patient Retention and Length of Stay*, August 2-4, 2015, St. Louis, MO.

Cape Cod Symposium on Addictive Disorders, *Lower ACA Rates = Better Outcomes: Improving Retention at Your Facility*, September 10-13, 2015, Hyannis, MA.

National Association of Forensic Counselors, *Managing Quality in Treatment*, September 14-15, 2015, Indianapolis, IN.

Addiction Health Services Research, Poster: *Healthcare Utilization Savings Following Private Residential Treatment for Substance Abuse and Mental Health Disorders,* October 14-16, 2015, San Marino, CA.

International Nursing Society on Addictions, *Improving Dual Diagnosis Treatment for Young Adults: How Do They Differ & How Can We Help Them?* October 22-24, 2015, Charlotte, NC.

Association for Medical Education and Research, Poster: *Examining the Differences Between Adults Over 50 and Younger Adults in Treatment for Co-occurring Substance Abuse and Mental Health Disorders*, November 5-7, 2015, Washington, DC.

Innovations Conference, *Using Drug Screen Results to Support Treatment Planning,* April 3-7, 2016, San Diego, CA.

Northern Illinois EAP Conference, *Managing Quality in Dual Diagnosis Treatment: Fidelity, Satisfaction and Outcomes,* June 6-7, 2016, Chicago, IL.

National Conference on Addiction Disorders, *Developing Outcomes: Who, What, How and Why*, August 19-23, 2016, Denver, CO.

Northern Illinois EAP Conference, *Managing Quality in Dual Diagnosis Treatment: Fidelity, Satisfaction and Outcomes,* June 6-7, 2016, Chicago, IL.

Finding Freedom, *Outcomes Challenge: Developing Meaningful Measures for the LGBTQ Community,* January 13-14, 2017, Palm Springs, CA.

Grand Rounds, Mayo Clinic, *Parallel Paths: Palliative Care and Addiction*, May 2, 2017, Phoenix, AZ.

Addiction Pro Panel Speaker, *Opioids and Stimulants: Addressing These Complex Cases,* February 28, 2018, Dallas, TX.

Labor Assistance Professionals Conference, *Criteria for Selecting Quality Treatment*, July 16-19, 2018, Las Vegas, NV.

Wolters Kluwer Health/Lippincott Williams and Wilkins Webinar, *The Changing Face of America's Opioid Epidemic: History, Patients and Recommendations,* December 20, 2019.

Selected White Papers

Gold Standard/Best Practices Infographic White Paper
DDCAT Evaluation White Paper (July 2013)
Patient Recommendation Scores White Paper (August 2013)
Patient Satisfaction Scores White Paper (September 2013)
Recovery Outcomes for Opiate Users (Oct/Nov 2013)
Treatment Outcomes for Young Adults With Substance Use Disorders (January 2014)
Treatment Outcomes for Adults With Substance Use Disorders (February 2014)
Benefits of Dual Diagnosis Treatment: 2013 Patient Outcomes for Substance Use and Mental Health Disorders (March/April 2014)
2013 Patient Outcomes for Mental Health Disorders (May 2014)
La Paloma Patient Outcomes – Sustaining Recovery at One Year (June 2014)
Patient Satisfaction at The Canyon at Peace Park (July 2014)
Outcomes for Opiate Users at FRN Facilities (Aug/Sept 2014)
Helping Patients Remain in Treatment Supports Positive Long-Term Outcomes (Oct/Nov 2014)
FRN Research and Outcomes One Year Post-Treatment (May 2015)
FRN Mental Health Outcomes (June 2015)
Remission Rates Provide Better Outcome Measures for Substance Use Disorder Treatments (July 2015)
Encouraging Medication Compliance to Alleviate Mental Health Symptoms (November 2015)
FRN 2016 Research and Outcomes One Year Post-Treatment (March 2017)

Institutional Review Board

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