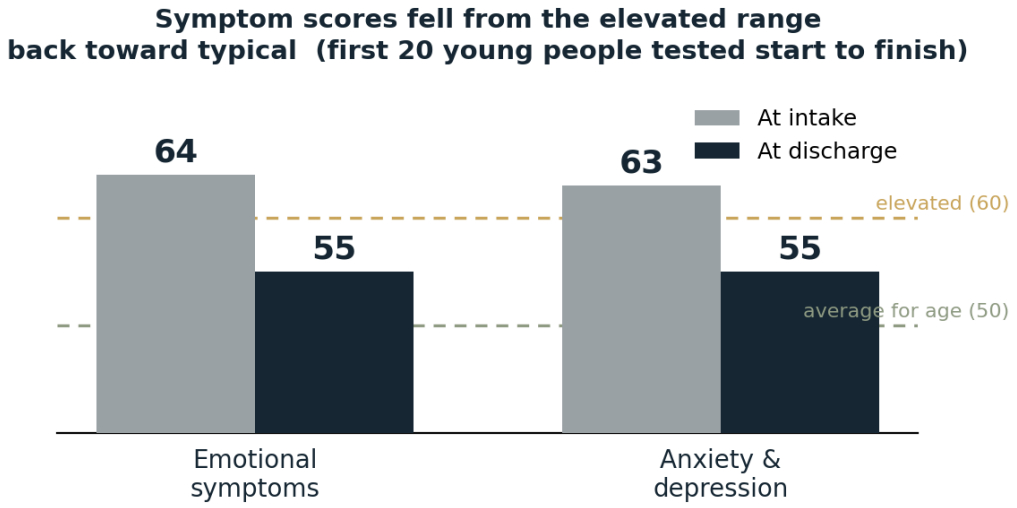
FOR FAMILIES · THE DETAILED VERSION

Our Outcomes, Piece by Piece

The evidence behind the program, itemized — with the number of young people behind each figure

This is the longer companion to our short outcomes overview, for families who want to see the evidence itemized rather than summarized. What makes a program worth choosing comes down to whether it works. Below, each piece of that answer is laid out on its own — what we measured, why it matters for your child, and the actual result with the number of young people (N) behind it. Nothing here is a promise; it is what our own records show.

> **You've been promised results before.** Maybe more than once. What you want now isn't another promise — it's proof.
>
> **Here's ours: real measurement, on validated clinical tools, with the number of young people behind every figure.**



Our own records — not a research study, and no outcome is guaranteed. Small groups shift as more data comes in; we update and label them honestly.

What's behind the outcomes — piece by piece

1. Emotional-symptom change on a validated, validity-checked tool

What we measured. The BASC-3 — the most comprehensive behavioral assessment we use — given at intake and again as your child moves through care. It has built-in checks that flag inconsistent or exaggerated answering, so the scores can be trusted.

Why it matters for your child. A brief questionnaire can be gamed, or can miss what a struggling teen won't say out loud. A validity-checked instrument tells the clinical team whether the picture is real — so the plan is built on something solid.

What we found. Emotional symptoms fell from an average of 64 (elevated) to 55 (back in the typical range) — nearly a full standard deviation. (N = 20.)

2. Anxiety and depression, specifically

What we measured. The internalizing portion of the same assessment — the anxiety-and-depression picture — measured before and after.

Why it matters for your child. Anxiety and depression are what most families walk in the door carrying. This is the direct read on whether that eases.

What we found. Internalizing scores fell from 63 to 55 — from elevated back to typical. About 1 in 3 young people who arrived in the elevated range had returned all the way to the typical range by discharge. (N = 20.)

3. Agreement from the screeners insurers use

By "meaningful improvement" we mean a clinically significant change — at least a 5-point drop on the PHQ-9 (depression) or a 4-point drop on the GAD-7 (anxiety), for a young person who arrived in the elevated range.

What we measured. The PHQ-9 (depression) and GAD-7 (anxiety) — the brief screeners required across behavioral health — tracked for every eligible client.

Why it matters for your child. These are the measures a future provider or insurer will recognize. When they point the same way as our fuller instrument, the finding is harder to wave off.

What we found. Among young people who arrived clinically elevated, about 32% reached meaningful improvement on the PHQ-9. (N = 103.)

4. Your voice in the picture from week one

What we measured. At intake, parents complete the BASC-3 Parent Rating Scales — your view of your child at home and in the community, across struggles and strengths.

Why it matters for your child. Your teenager's account is one vantage point; yours is another. Holding both lets the clinician tailor the plan to your child specifically, rather than to a single point of view.

What we found. This is a quality-of-care measure, not an outcome statistic — we don't re-screen parents at discharge — but it means your read of your child shapes the plan from the first week.

5. Staying well after care

What we measured. Readmission within 90 days of discharge, counting a return more than a week out as a new episode.

Why it matters for your child. Getting better in the building matters less than staying better at home. This is the read on durability.

What we found. Readmission within 90 days has been about 5.8%. (N = 798 discharges.) Measured a second way — any return, any level, at any time — it is about 9%.

6. The payoff for time in care

What we measured. Improvement and readmission, sorted by how long a young person stayed.

Why it matters for your child. It answers the question every parent asks — how long? — with data instead of a guess, and shows why finishing the level of care matters.

What we found. Readmission falls as length of stay rises, reaching 0% past 90 days. Meaningful improvement jumps once a teen is past the first month (about 45% in the 30–59 day range).

> **HOW TO READ THESE NUMBERS**
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> Each figure carries the number of young people behind it. Small groups can shift as more data comes in, so we update them regularly and label them honestly. These are real results from our own clinical records — not a research study, and no outcome is ever guaranteed. Your child's path is their own.

Ask your admissions counselor to walk through any of these with you. We'd rather answer the hard question than dodge it.