

BRIDGING THE GAPS, INC.

*2021 Annual Performance
Analysis*





ABOUT BRIDGING THE GAPS

Bridging the Gaps is an integrative addiction treatment center providing quality, compassionate, and comprehensive care for adults with substance use disorders. Since 2000, we have been helping individuals transform their lives and find health and happiness free of drug and alcohol dependence.

As one of the nation's premier treatment centers, we have been harnessing innovation in the field of substance abuse treatment since our founding. We pair cutting-edge approaches to physiological healing with evidence-based treatment models and 12 step principles to promote the health and well-being of the whole person – mind, body, and spirit.

Recovery is, above all, an intensely personal journey. That's what makes it such a unique, eye-opening, special process. That's also why it demands a rigorous and individualized brand of treatment. At Bridging the Gaps, we recognize that each person – and the circumstances, experiences, and underlying issues that inform his or her addiction – is unique. Everything about our organizational structure and approach is designed to support the individual clients we are privileged to serve.

HIGHLIGHTS FROM 2021

ASAM Certification

The American Society of Addiction Medicine (ASAM) has certified that our program can deliver services consistent with the ASAM criteria for residential levels 3.5 and 3.1.

According to ASAM's website, "The ASAM Level of Care Certification gives patients, loved ones, payors, and regulators the knowledge that a given treatment program is capable of administering evidence-based addiction treatment that is appropriately matched to a patient's individual needs."

Today's addiction treatment landscape is rapidly evolving, driven by an industry focus on what constitutes best evidence supporting the highest quality of service delivery. Keeping up with best practices is essential to driving our successful outcomes and meeting our aspirations to be the premium service provider in a very diverse environment.

The ASAM/CARF certification represents a seal of approval that we are meeting our mission to enhance the quality of our clients' sustained recovery in accordance with our team's vision and values.



Navigating another year of COVID-19

Substance use and addiction increased for many during the pandemic. Our dedicated and caring staff has worked hard through these challenging and uncertain times to keep our doors open.

We successfully navigated new ways to use technology, including adding telehealth services, while also keeping our residential treatment program open to those in need of a higher level of care.

We are proud to report that we kept our residential population safe through 2020 and 2021. We had 0 positive COVID cases in our clients participating in the residential program as of January 1, 2022.

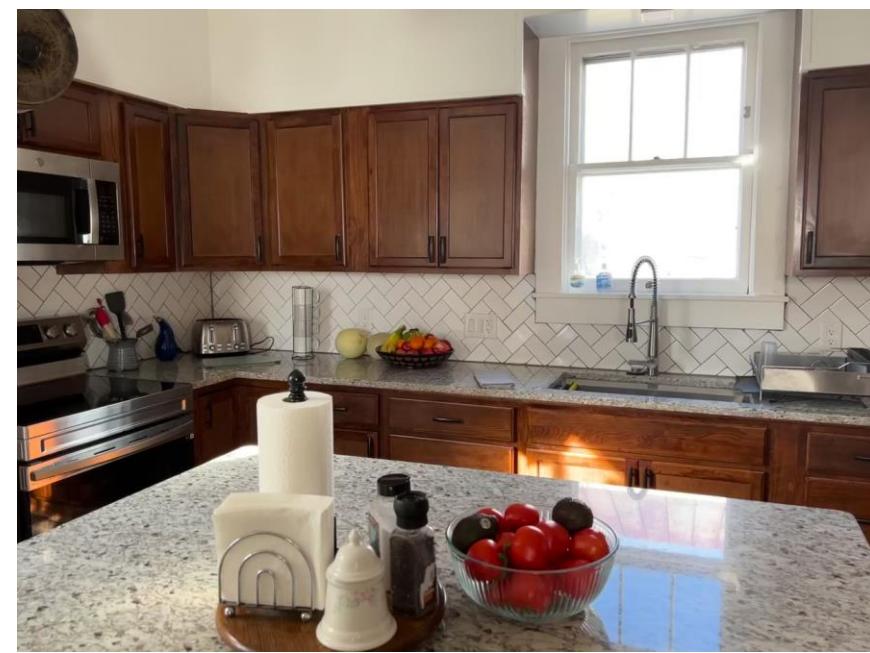
RENOVATIONS IN 2021

We reinvested in our program in 2021 by updating some of our facilities:

- The exterior of our clinical facility received a much-needed facelift, transforming an unusable space to a lovely new patio which is enjoyed by clients and staff alike (see right).
- Drayton House, our residential home, got updates to some of the bathrooms as well as a whole new kitchen (see next page).
- Hamilton House, our peer-run sober living home, got updates to the exterior including a new coat of paint.



NEW COUNTRY KITCHEN



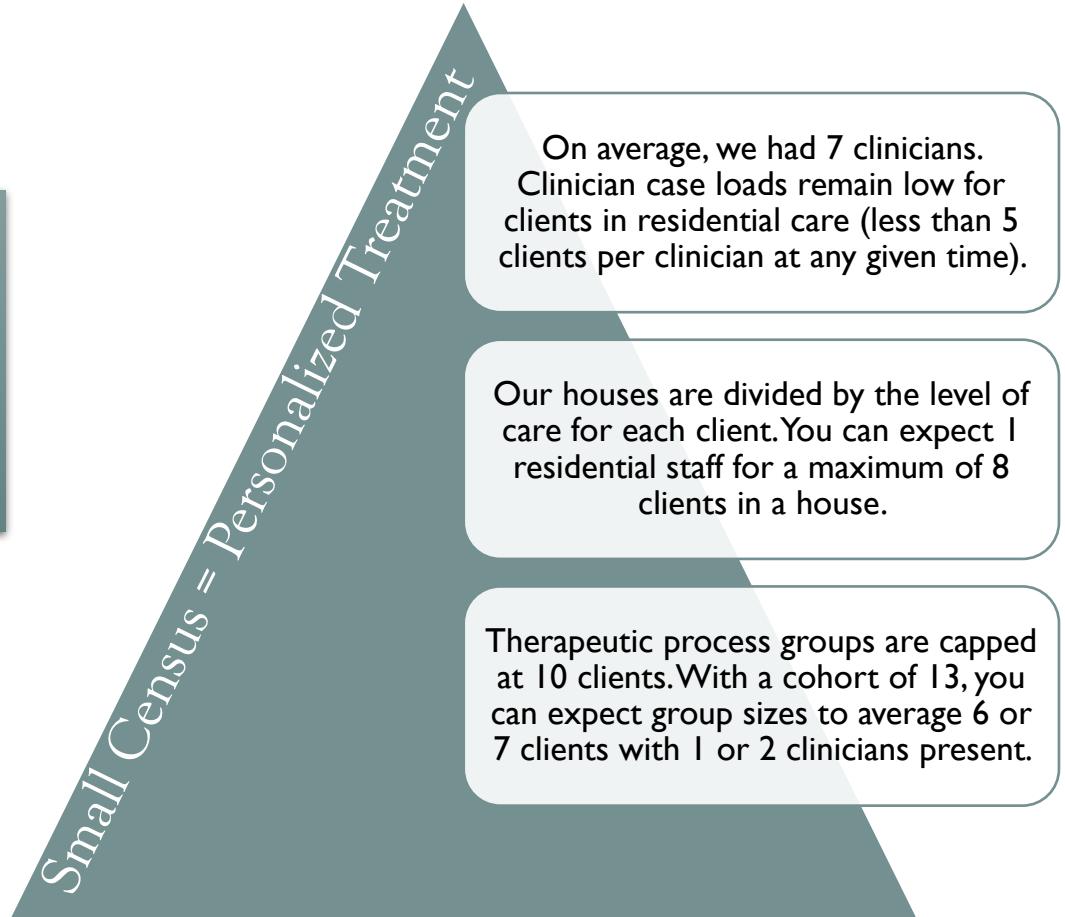
INDIVIDUALIZED CARE

Bridging the Gaps specializes in individualized treatment for substance use disorders. Our small, intimate program is not a one-size-fits-all approach. We care about providing the highest quality care.

In 2021
88: unique clients served
41: average daily census
13: average cohort size

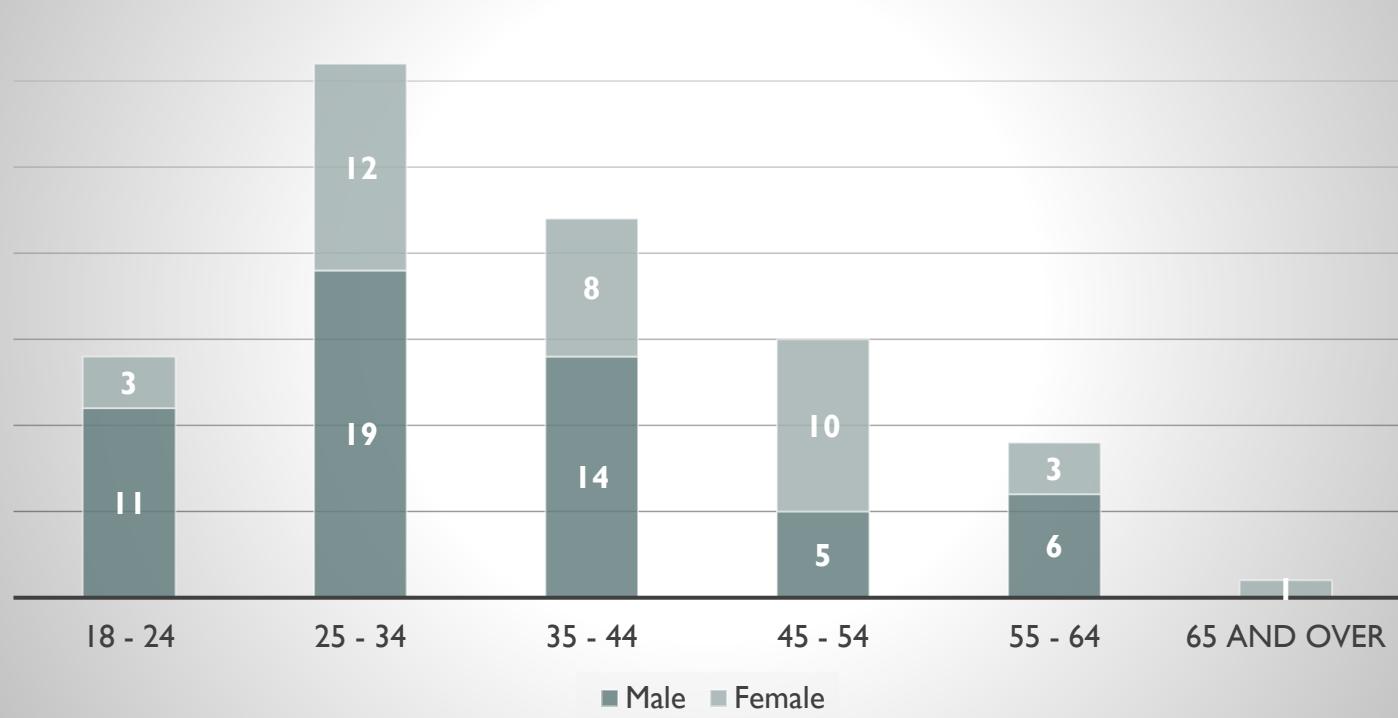
We pride ourselves on a robust aftercare program. The clients who participate in our outpatient program are included in the average daily census.

The cohort size is reflective of the average group participating in a higher level of care (RTC, PHP, and IOP) at any given time. These clients attend daily education and group together, and many live in one of our residential houses as a peer group.

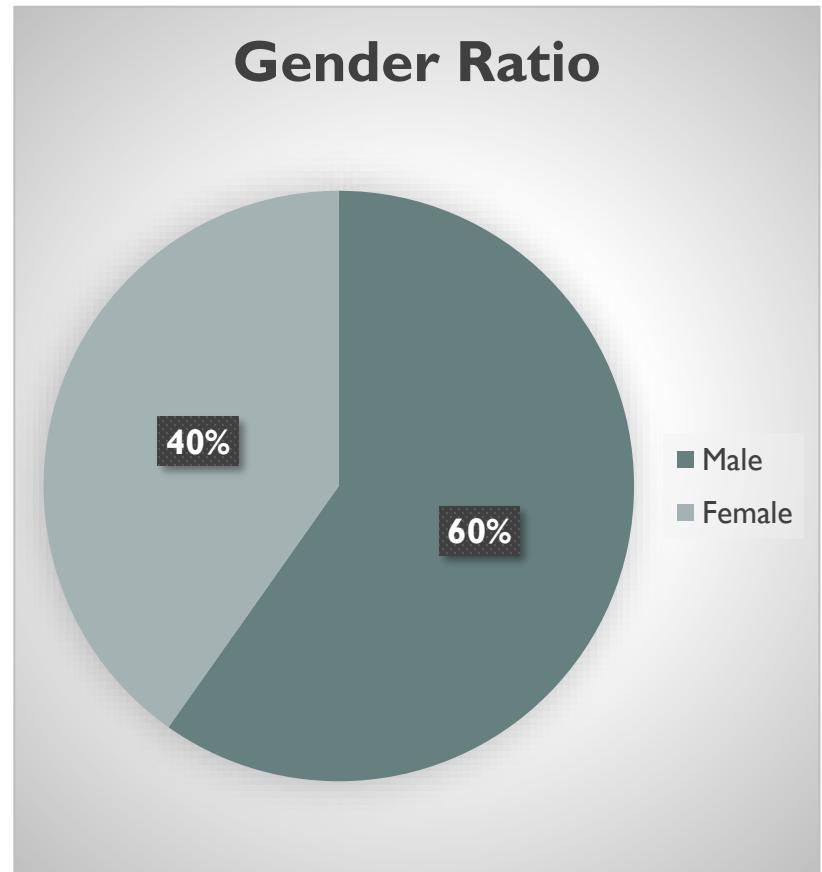


CLIENT DIVERSITY

Client Ages by Gender

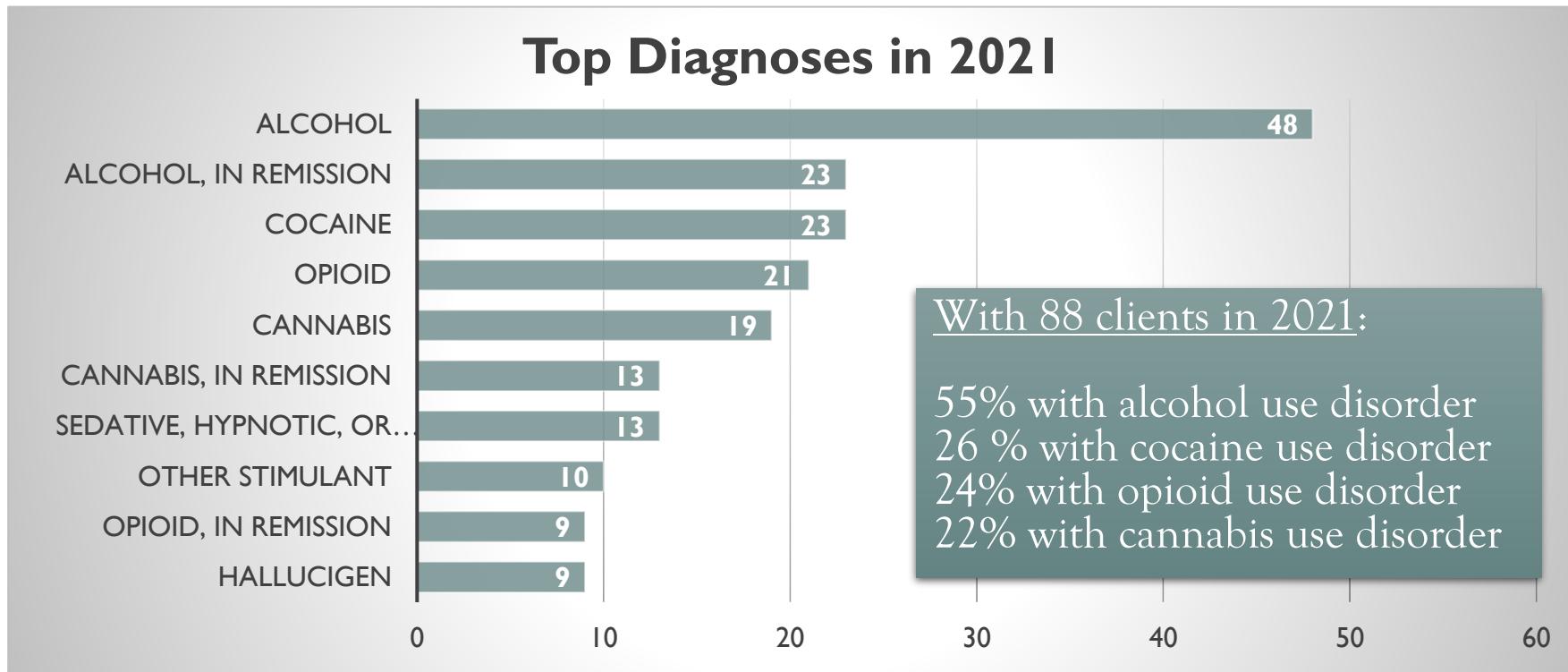


Gender Ratio



Client ages ranged from 21 – 67 years. Our clients reside together in homes where they interact with peers who come from different backgrounds, generations, and genders. Living together with a diverse group provides a space for both peer support and growth opportunities which include cooking together, navigating interpersonal dynamics, and having sober fun.

SUBSTANCE USE ACROSS BTG CLIENTS



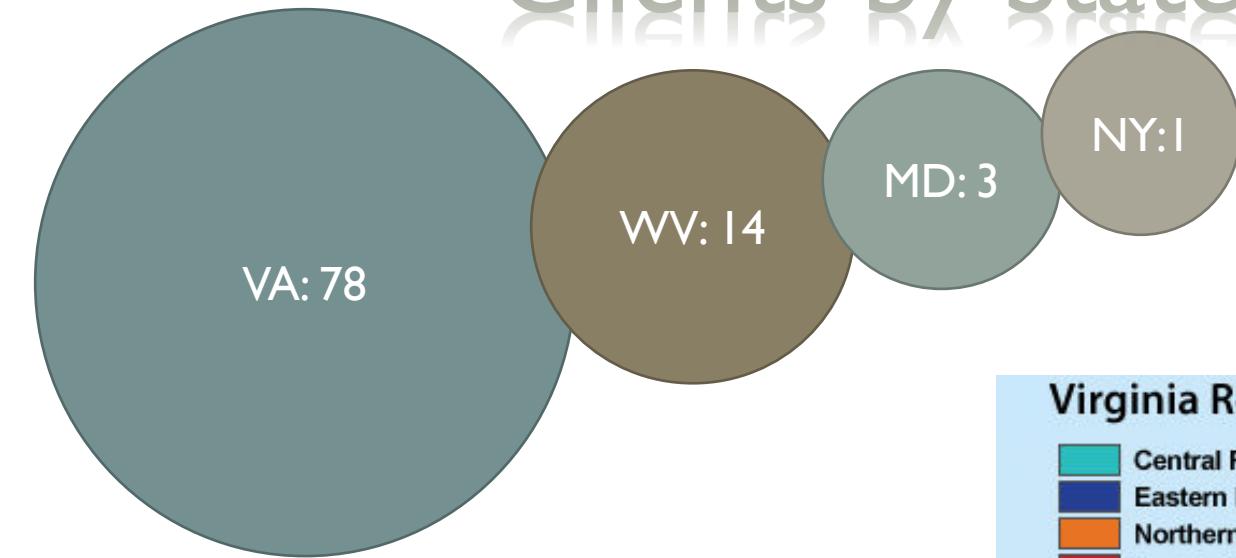
In Remission?

Clients are considered in remission after 6 months of sobriety. The fact that a remission diagnosis is #2 on our list shows that we have clients who:

- A) Stay sober
- B) Stay in treatment with us more than 6 months

66% of clients were diagnosed with more than one substance use diagnosis

Clients by State



Bridging the Gaps is located in the Shenandoah Valley of Virginia.

In 2021, 81% of our clients were Virginia residents.

Of Virginia clients, 54% come from Northern VA and 31% came from our local region.

CLIENT DEMOGRAPHICS

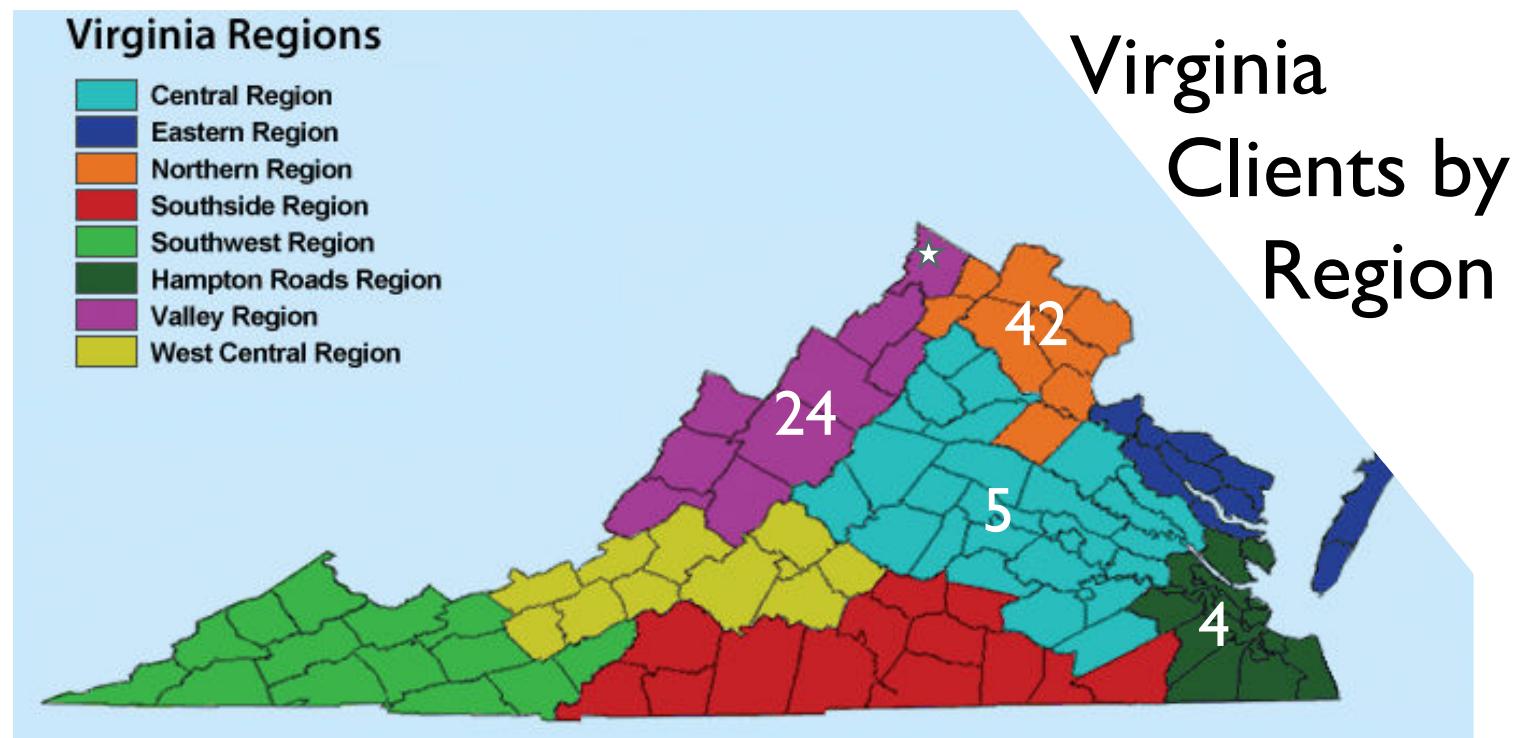


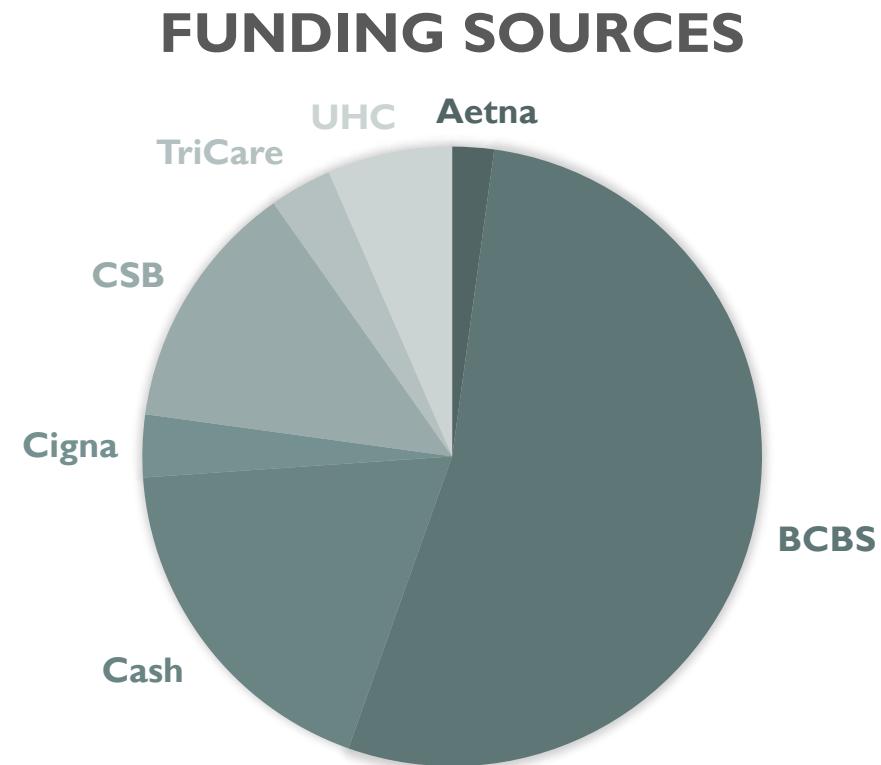
Image Source: Council on Virginia's Future, [Virginia's Eight Regions](#)

PAYING FOR TREATMENT

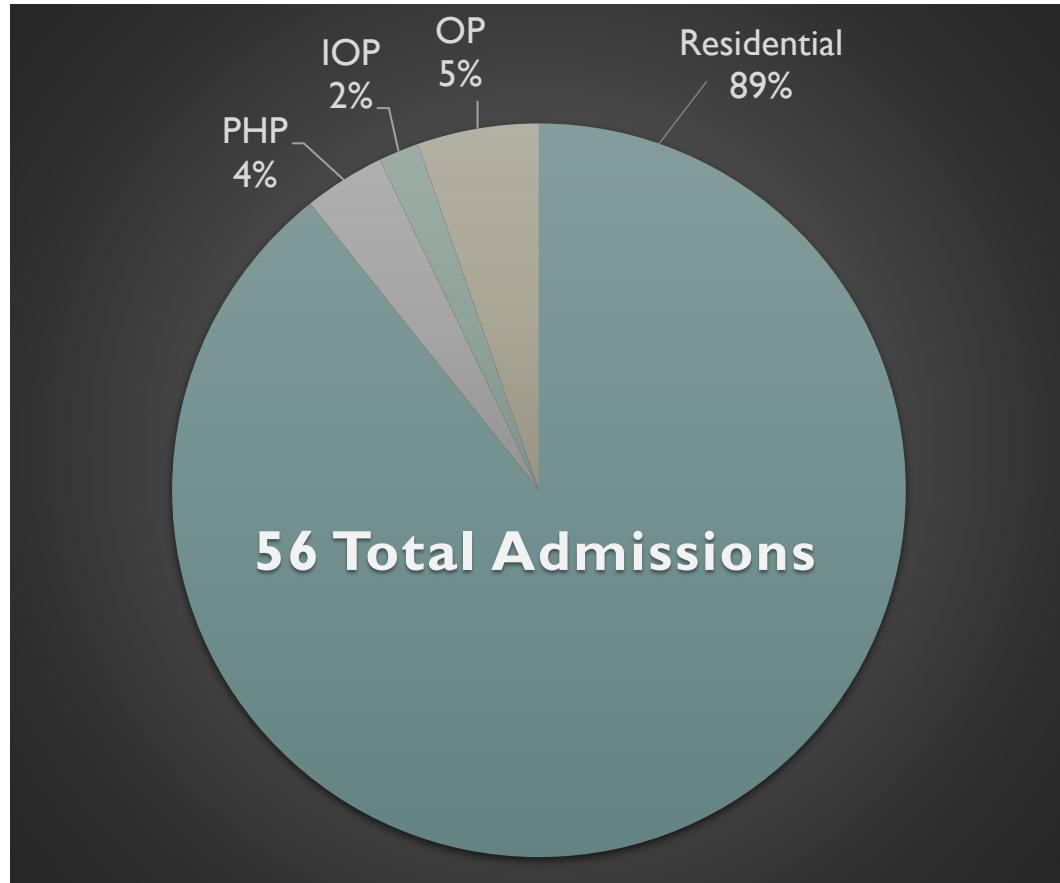
At Bridging the Gaps, we work with most major insurance companies. We are in network with Anthem BCBS and TriCare. We also take out of network clients from United Health Care, Aetna, and Cigna. In 2021, 68% of clients used insurance as their primary source of funding.

19% of clients paid for treatment out of pocket.

We are also grateful to have a referral partnership with the Fairfax Community Service Board (CSB) in Northern Virginia. 13% of our clients came to BTG through this relationship in 2021.



ADMISSIONS



Most of our clients begin their journey with us at the residential level of care.

In 2021, our Partial Hospitalization (PHP) and Intensive Outpatient (IOP) admissions were low due to strict COVID protocols designed to keep our residents and staff safe.

At times, we have repeat clients. Some return due to relapse. Others come back because they just need some extra outpatient support as they navigate recovery.

Rates for returning clients in 2021:

4 clients discharged and readmitted to RTC

3 clients who attended treatment prior to 2021 returned for outpatient services

TRANSITIONS THROUGH TREATMENT

Residential (RTC)

61% transitioned to PHP
5% transitioned to IOP
4 % transitioned to OP
30% discharged

Partial Hospitalization (PHP)

64% transitioned to IOP
2% transitioned to OP
24% discharged
10% increased care to RTC

Intensive Outpatient (IOP)

59% transitioned to OP
22% discharged
16% increased care to RTC
3% increased care to PHP

Outpatient (OP)

44% remained as clients
52% discharged
2% increased care to RTC
2% increased care to IOP

Bridging the Gaps offers four levels of care based on the clients needs.

RTC is the most intensive level with 24-hour support.

PHP is our full-day program with the option for supported sober living.

IOP is our half-day program for clients who are ready to start transitioning back to some life responsibilities.

OP is for ongoing support as clients navigate life in early recovery.

Our program is designed to provide a long-term continuum of care. Many clients find it beneficial to move through all 4 levels of care as they gain the tools and knowledge to navigate their recovery.

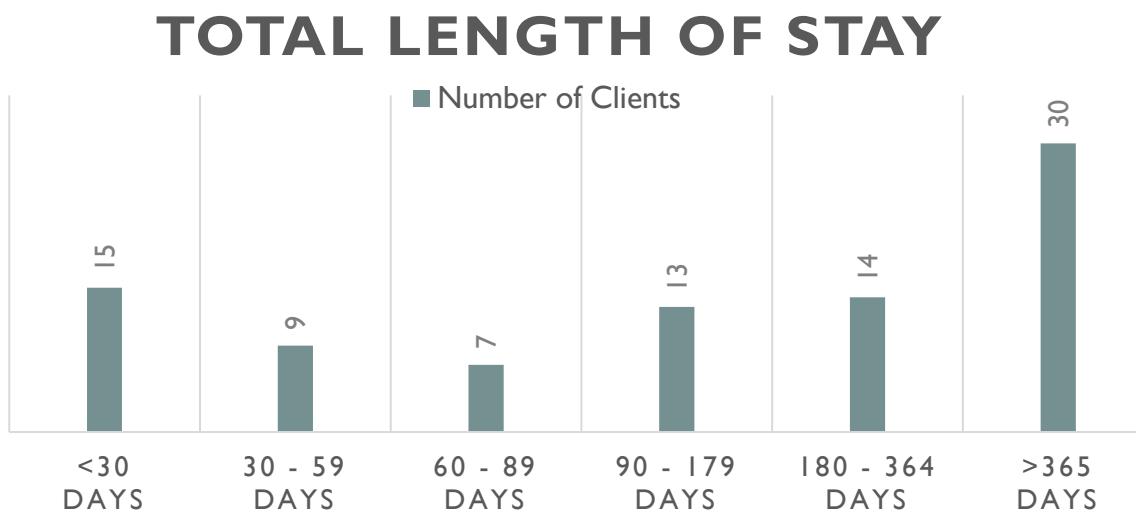
The above numbers show that the majority of our clients utilize the full continuum of care.

Some clients discharge along the way for various reasons, including referrals to other providers. Others stumble along their journey and are given the opportunity to return to a higher level of care for support and stabilization.

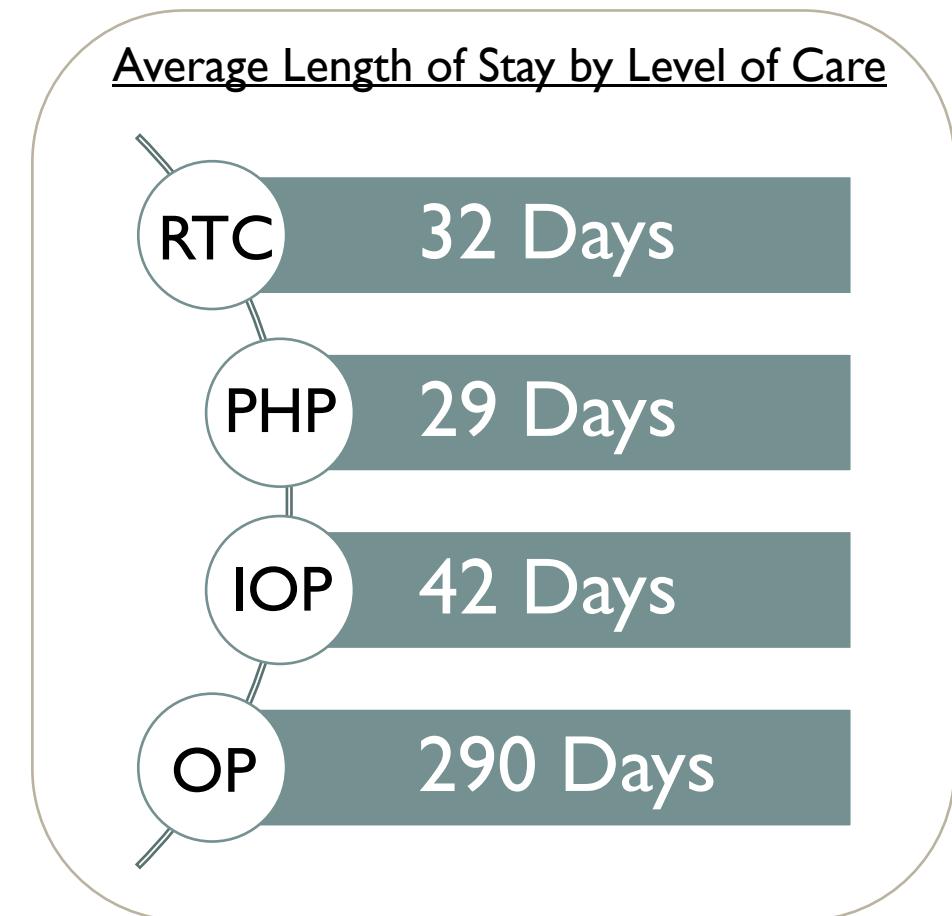
LONG-TERM CONTINUUM OF CARE

At BTG, we know sobriety takes more than a 28-day commitment. We provide a long-term continuum of care.

Average Length of Stay:
155 days (slightly more than 5 months)



Average Length of Stay by Level of Care



FAMILY PROGRAM

The disease of addiction impacts the family system. We encourage all clients to have their loved ones participate in our family program.

Family Education

The core of the family program is our weekly educational sessions that parallel key lessons that the clients learn in treatment.

93% of our residential clients had loved ones participate

72: total individuals to participate in one or more family education sessions

15: most education sessions attended by one person

5: most loved ones who participated on behalf of a single client

Additional Family Support

Family Aftercare Group:

Bi-weekly process group for family members who are interested in additional, ongoing support.

14 family members participated

Conjoint Sessions:

Therapeutic sessions between the client and one or more loved ones.

46 conjoint sessions facilitated

Family Sessions:

Therapeutic sessions with one or more loved ones without the client present.

21 family sessions provided

CLIENT SATISFACTION



At Bridging the Gaps, we ask for client feedback at the conclusion of each level of care. Our performance improvement team evaluates the feedback and actively makes changes to address the client's needs. We are pleased to report a high level of client satisfaction.

Percent of clients who report that they are **completely satisfied or very satisfied** with the following services:

Admissions Process – 90%

Residential Services – 71%

Therapeutic Counseling – 78%

Addiction Education – 79%

Nutrition and Food Services – 77%

Medical Providers – 84%

Client Quotes

"I love this program. It has helped me grow into a much better person. Appreciate you all for all your hard work and everything you do for us."

"This program so far has been unbelievably helpful for my overall mental, physical and addiction health. I could not have been more happy at a treatment facility."

OUTCOME MEASUREMENTS



Bridging the Gaps is dedicated to developing an outcomes measurement program that will enable us to communicate the efficacy of our services and provide the foundation for our performance improvement process.



We made progress toward better data collection over the course of 2021. Mid-year we updated our electronic health record to a new system that is more in accordance with industry standards and will allow for better data capture and reporting.



In addition, we implemented new assessment tools, including the PHQ-9 and GAD-7. We have successfully developed a system to administer these tools on a regular basis and are utilizing them as a clinical team to guide treatment decisions.



STANDARDIZED ASSESSMENT TOOLS

Drug Screens:	Purpose: confirm substance use or continued abstinence Schedule: random weekly urinalysis screens are done throughout the course of treatment
PHQ-9:	Purpose: assess the degree of depression severity Schedule: administered by nursing staff every 2 weeks
GAD-7:	Purpose: assess the degree of anxiety severity Schedule: administered by nursing staff every 2 weeks
BAM:	Purpose: assess risk factors for substance use , protective factors that support sobriety, and drug and alcohol use Schedule: administered every 30 days through residential, PHP, and IOP services; every 90 days for OP; post-discharge up to 18 months
TEA	Purpose: patient-centered instrument for evaluating progress in recovery from addiction Schedule: administered every 90 days for clients at an OP level of care; post-discharge up to 18 months

OUTCOMES ANALYSIS: NEXT STEPS

In addition to the standardized assessment tools listed, we also utilize internal measurements that we evaluate regularly. Our Abstinence Severity Scale tracks the severity of 30 abstinence symptoms as reported by the client. We review these scores three times a week and use them to make clinical decisions.

While we are getting better at collecting data and using that data to inform treatment decisions for individual cases, we are still developing our ability to meaningfully aggregate and report outcomes as a whole.

Ideally, we would like to correlate the outcomes of treatment (such as negative drug screens and reduction of symptoms) with all the data already shared in this presentation.

Does a longer length of stay result in better outcomes?

Does participation in certain modalities correlate to a reduction in symptoms?

Our goal is to continue developing our ability to analyze the data we have so that we can continually improve the quality of care that we provide our clients.

Goals for 2022:

1. Join the National Association of Addiction Treatment Provider's FoRSE Addiction Treatment Outcomes Program. Joining FoRSE will support us with evaluating the data that we are collecting for our program and allow us to compare our outcomes with others in the industry.
2. Improve survey response rates. Our current response rates are good for clients participating in treatment. The data we would like to see a better capture rate for are those who have already discharged. Looking at client outcomes after treatment is a crucial component to meaningful reporting of treatment outcomes.
3. Begin analyzing the data we have by simplifying our intent. At the core of substance use treatment is whether clients abstain from use. To this end, our intention is to utilize the new reporting capabilities of our electronic health record to look at rates of relapse within our client population.