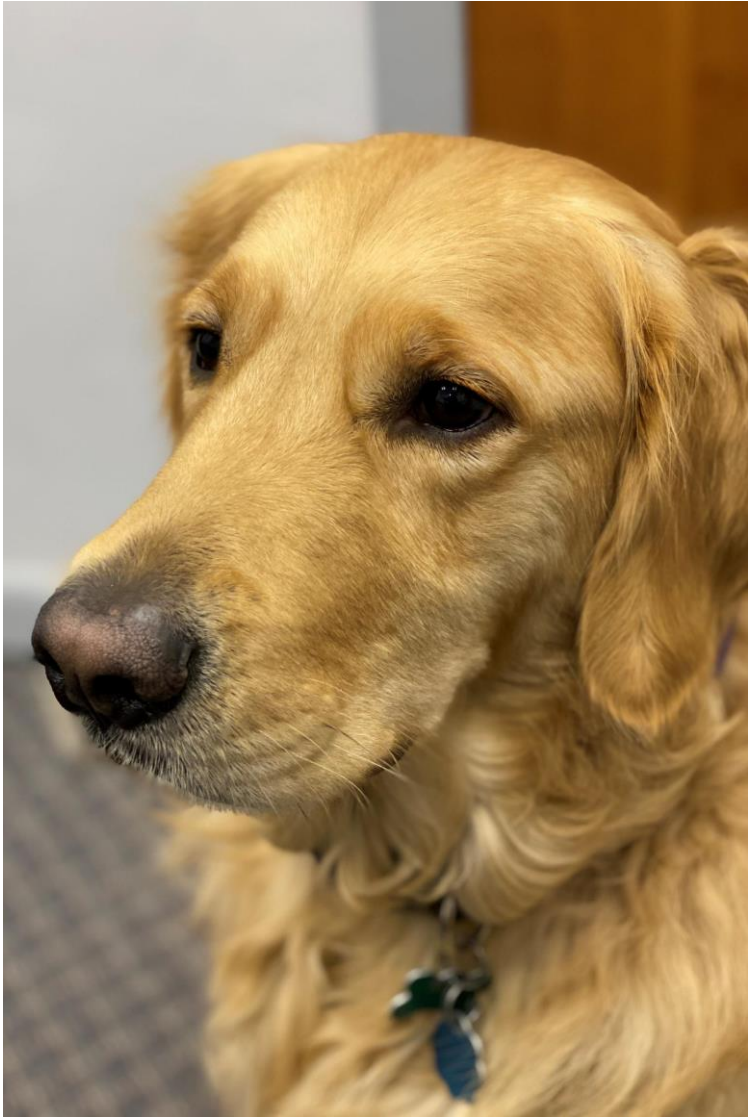


BRIDGING THE GAPS, INC.



2022 Annual Performance Analysis



Our Mission

(revised in 2022)

BTG is devoted to optimizing recovery from the grasp of addiction. We customize our approach to ensure comprehensive, compassionate, conscientious treatment that is focused on healing the entire person; our external accreditations provide the foundation for consistent quality client care and stability in how we operate day to day.



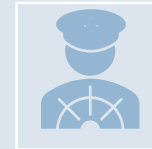
Highlights from 2022

PERFORMANCE IMPROVEMENT

We have an active performance improvement team who is dedicated to building strong systems in alignment with our CARF and ASAM accreditations. We have accomplished a lot over the course of this year.



We joined the National Association of Addiction Treatment Provider's **FoRSE Addiction Treatment Outcomes Program**. Being part of this program will enhance our outcomes measurement program and compares our outcomes to other programs.



We participated in **leadership accountability training** as part of our initiative for ongoing staff development.



We developed a **performance management system** designed to align staff performance goals with the organization's vision.



Utilizing the performance management system, the clinical team is developing an **Alumni Group**. We are very excited to see that group grow in 2023.



Facility Improvement: Group Rooms

Based on client feedback, we updated our group rooms. We replaced the worn-out carpet with new floors and a hodgepodge of chairs with something a little more comfortable to spend the day sitting in.



Staff Spotlight: Clinical Team

Please meet our new Substance Abuse Counselors! We welcomed Tim, Becca, and Sarah to BTG in early 2022. It has been a joy watching them grow and coalesce as a wonderful clinical team. The passion and expertise they each bring has enhanced the depth of therapeutic work we do with the clients.

Our new clinicians joined a core group of long-term, committed clinical staff. Senior members of the team have been with us for more than 8 years each. Despite their long tenure, they all continue to grow in their professional capacity. Denise Reeves, MSW, LCSW, CAADC and Bryon Powell, MS, LPC, CAADC, CCTP-II both stepped into the role of Clinical Supervisor this year to help lead the team. Chris White, BS, QMHP, CSAC, CADC earned his certified substance abuse counselor and certified alcohol drug counselor credentials this year.



Tim Bambara, MA, MAC, QMHP-T

Tim is committed to the BTG mind-body-spirit philosophy & approach to addiction treatment. He is extremely grateful to have the opportunity to work with those seeking recovery.

Becca Mitchell, BA, QMHP-T

Becca firmly believes in BTG's innovative and individualized approach to healing addiction. As a Master of Social Work student, she brings passion and commitment to supporting clients on their path to recovery.



Sarah Carter, BS, QMHP-T

Sarah passionately believes in recovery and that the power to change lies within each of us. She is proud to be learning an integrated, holistic approach with BTG and is currently working towards her CSAC certification.

Client Census 2022
at a glance



Unique Clients: 95

Treatment Episodes: 98

Admissions: 55

Discharges: 55

Average Daily Census: 43

Average Cohort Size: 12

Small Census ~ Personalized Treatment

Unbeatable Clinical Care:

We have an average of 11 clinical team members who are actively participating in groups and individual sessions. With an average cohort of 12 clients participating in daily treatment, that is nearly a 1:1 clinician to client ratio.

Clinicians maintain a low case load. Each clinician has less than 5 clients who are participating at higher levels of care.

Our group sizes remain under 10 clients per group with 1 – 2 staff facilitating.

Extra Support in Sober Living:

We have an average of 8 residential team members who staff our sober living homes.

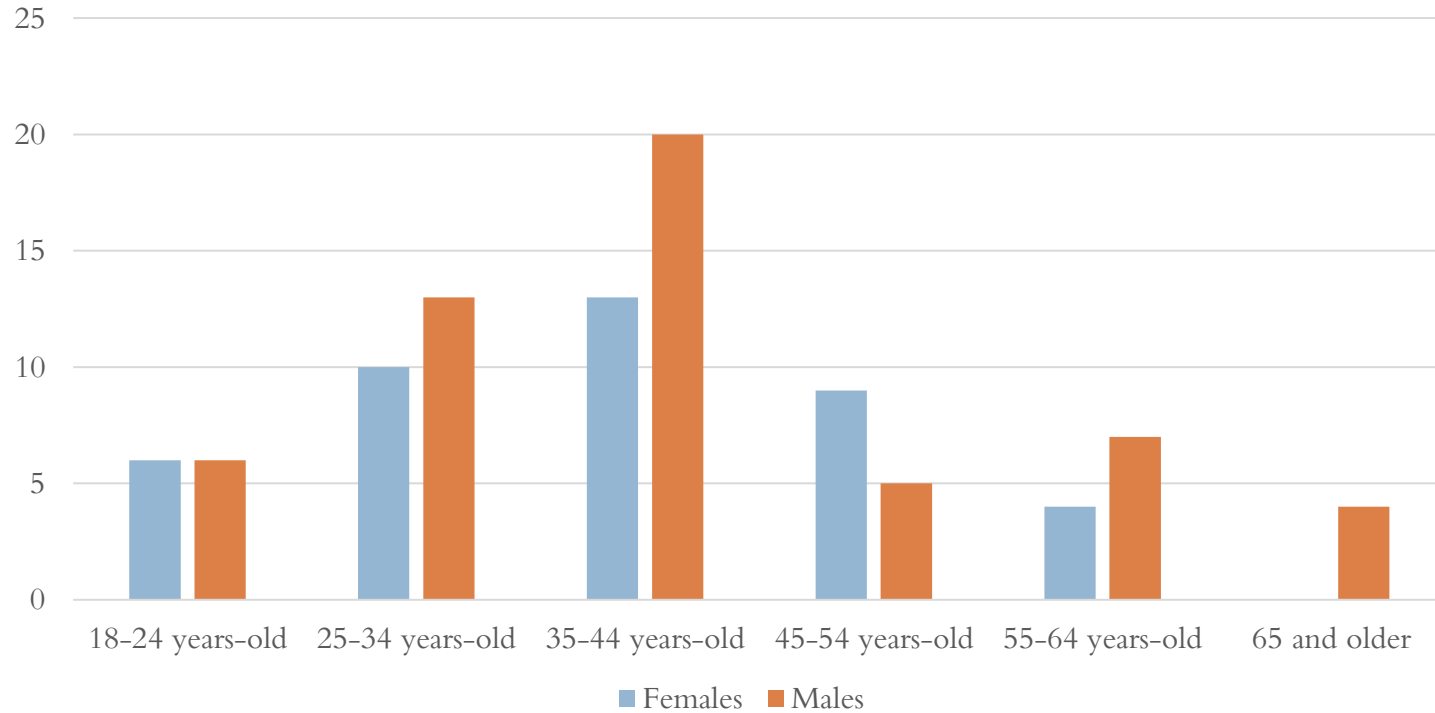
Our residences are certified by ASAM to provide residential care for clients needing 24/7 support.

Additionally, we offer a supported sober living home that is staffed for clients at the PHP level of care who need extra support, structure, and accountability in early recovery.

For clients further in their recovery process, we have a peer-governed sober living home.

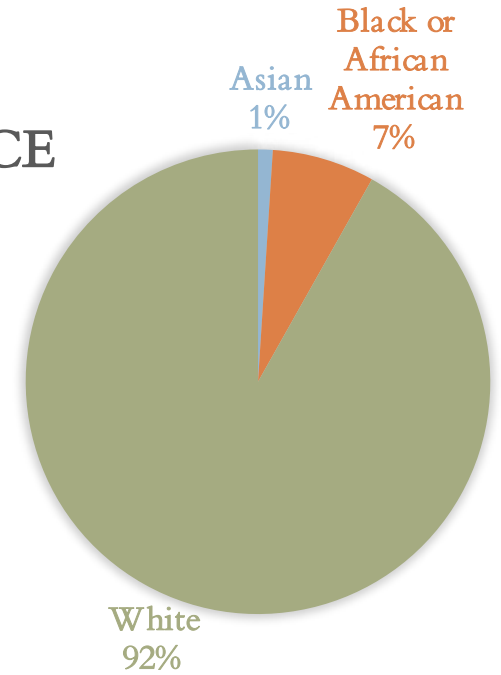
Client Diversity 2022

Client Ages by Gender

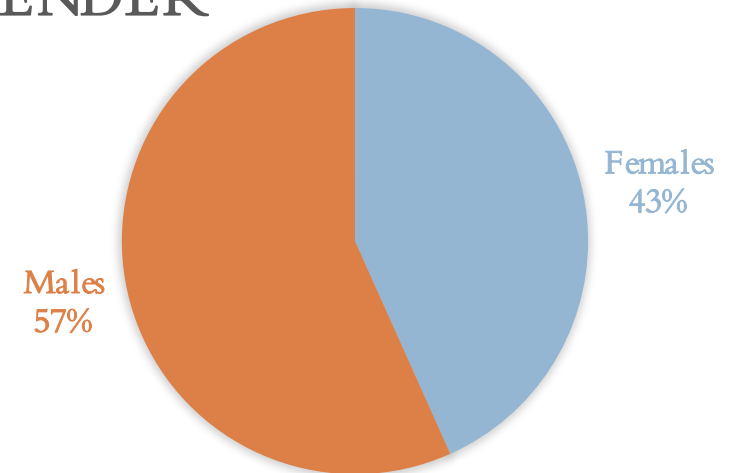


*1 client identified as transgender – preferred gender identity is reflected

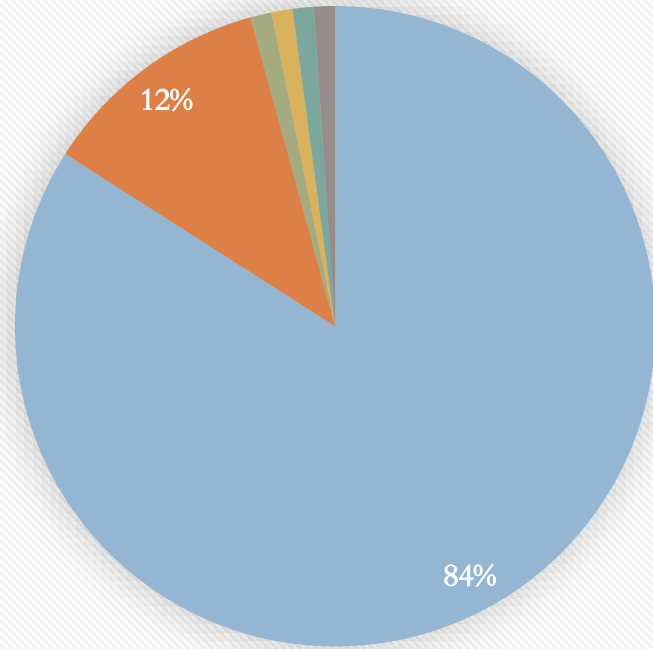
RACE



GENDER



Clients by State



■ Virginia ■ West Virginia ■ Maryland
■ New York ■ Pennsylvania ■ South Carolina

Of Virginia clients:
 42% came from our local region
 34% come from Northern VA
 3 additional VA regions were
 represented as compared to 2021

Client Demographics

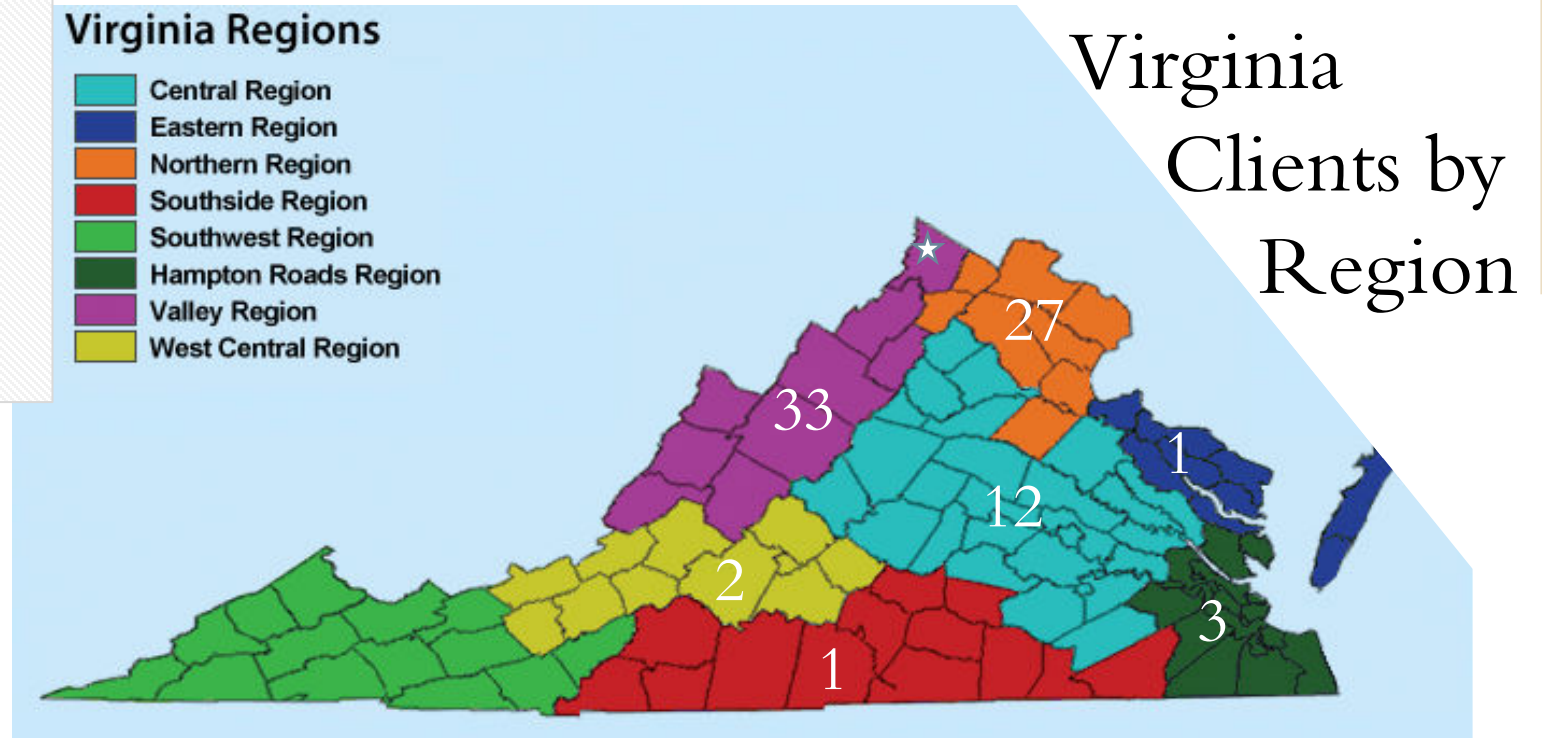


Image Source: Council on Virginia's Future, [Virginia's Eight Regions](#)

Paying for Treatment

69% of clients paid for treatment with private insurance

- We have an in-network contract with Anthem making them the primary payor
- We are also in-network with Anthem and take most other major insurance out-of-network

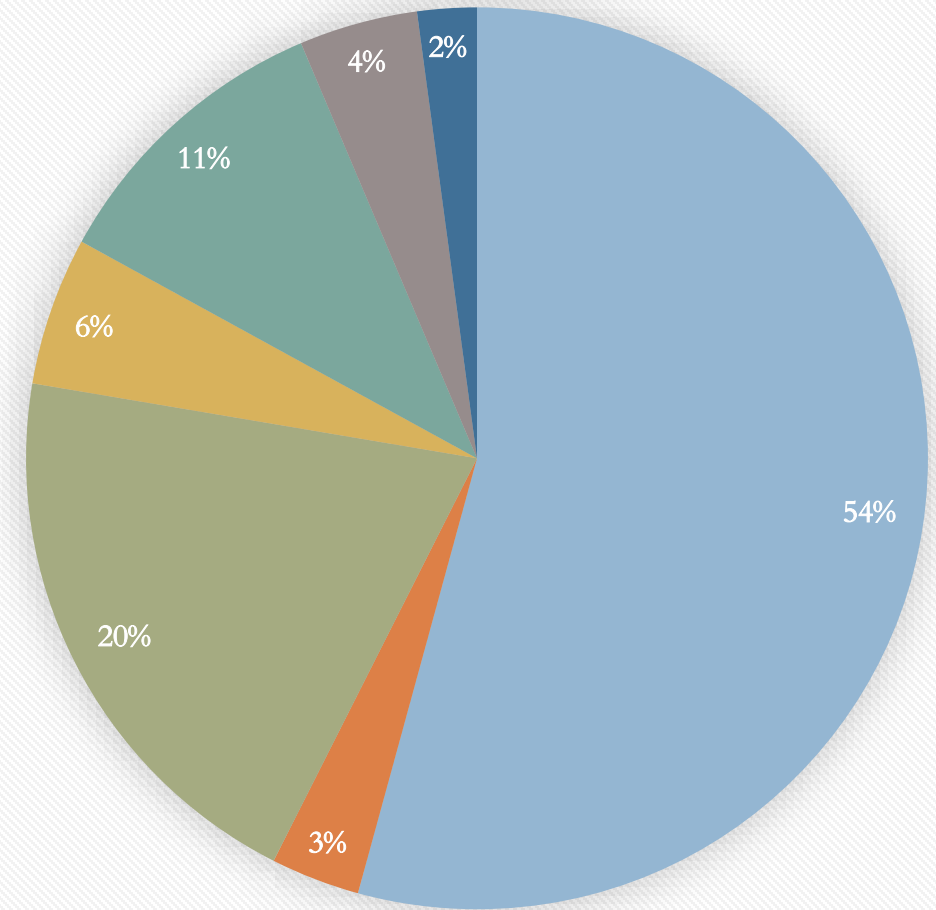
20% of clients paid out of pocket for treatment

- Of the 19 clients who paid with cash, 15 were outpatient clients

11% of clients were referred by the Fairfax CSB

- We have an ongoing partnership with the Fairfax Community Service Board that allows us to take residential clients who would not otherwise have access to the program

Sources of Funding



Anthem BCBS

Aetna

Cash

Cigna

Fairfax CSB

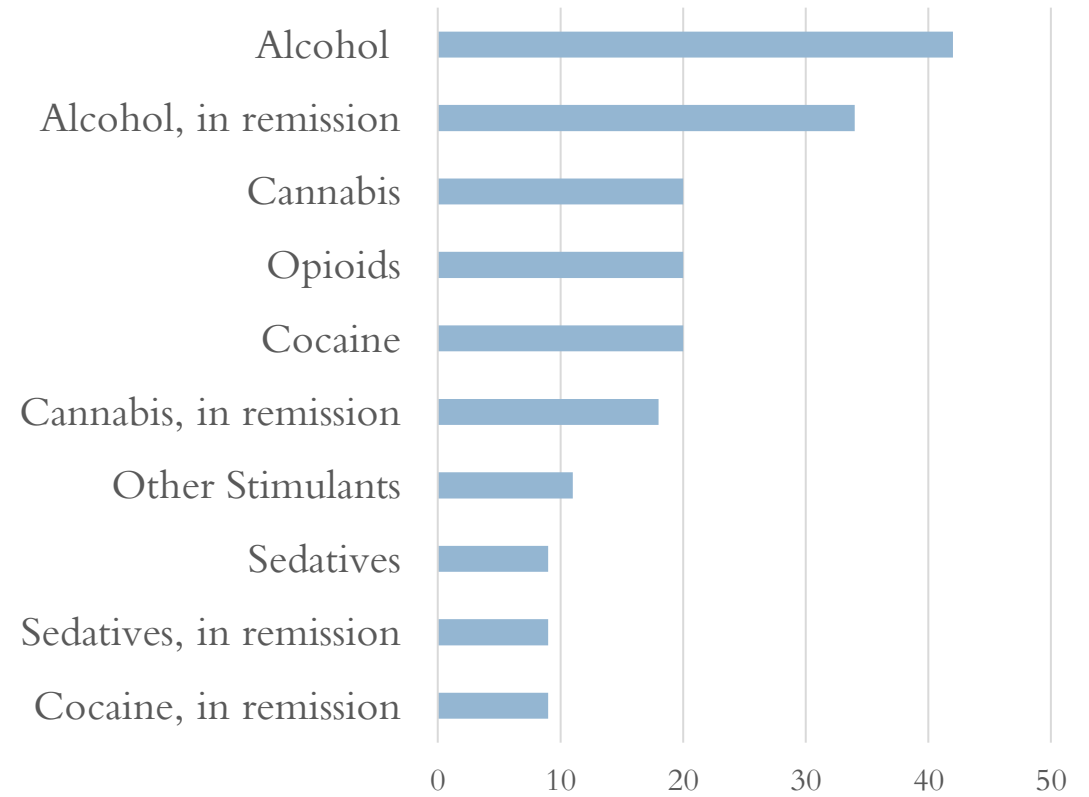
TriCare

United Healthcare

Substance Use Across BTG Clients

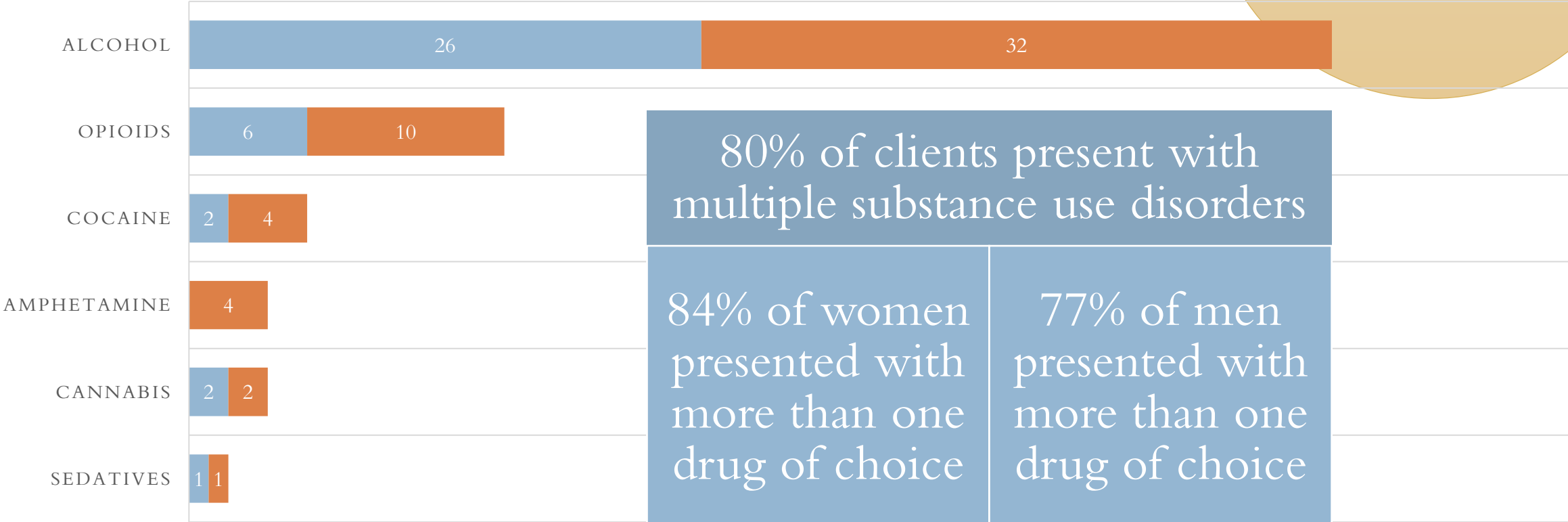


Top 10 Substance Use Diagnoses in 2022



Primary Drug of Choice by Gender

■ Women ■ Men



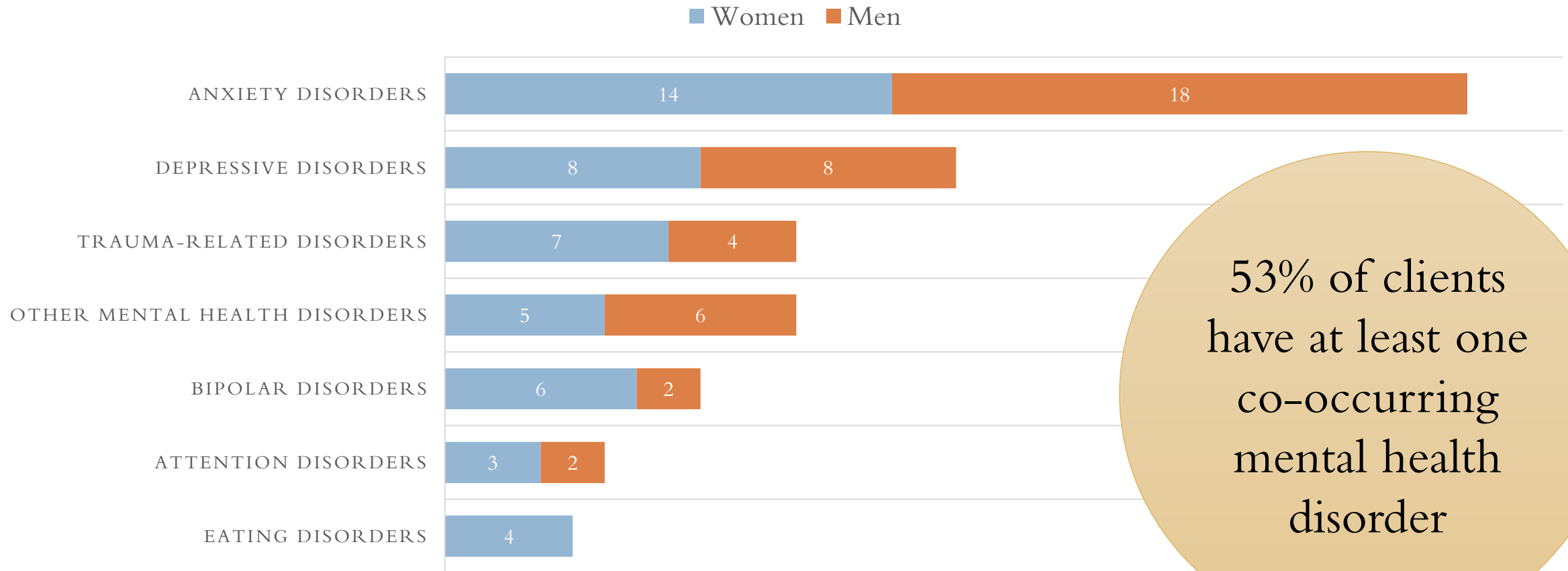
Alcohol use is the primary diagnosis for 64% of clients

80% of clients present with multiple substance use disorders

84% of women presented with more than one drug of choice

77% of men presented with more than one drug of choice

Mental Health Diagnoses by Gender



53% of clients have at least one co-occurring mental health disorder

Program Structure

LEVELS OF CARE



Residential (RTC)



Partial Hospitalization (PHP)



Intensive Outpatient (IOP)



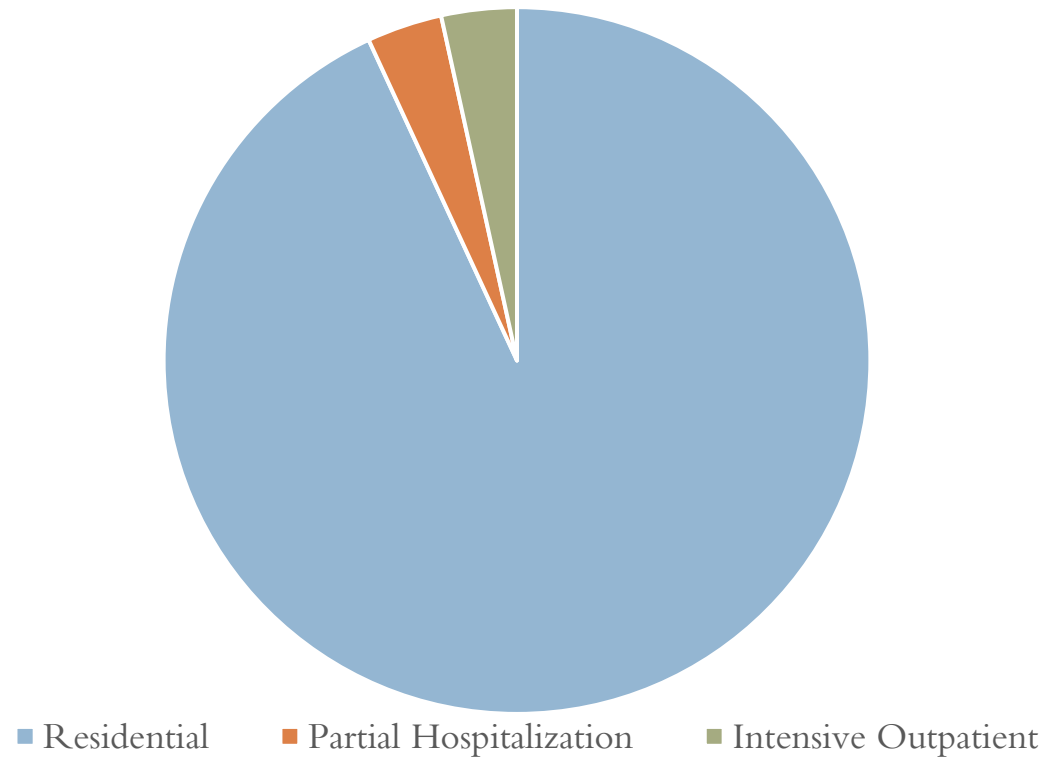
Outpatient (OP)

FOLLOW THE CONTINUUM

- Our program is designed for clients to admit to residential and work their way through the levels of care completing aftercare 12 – 18 months after admission
- However, recovery is not linear, so we can adjust to the clients' needs as we go
- The best treatment outcomes come from a long-term continuum of care with support at the appropriate level of care

Admission to the Program

Level of Care at Admission



Admission Facts for 2022:

- 93% of treatment episodes began at residential
- 3 clients had 2 treatment episodes
 - One of the IOP admissions was a client readmitting
- In addition to the 3 repeat clients in 2022, 6 additional clients were alumni from previous years

Residential Outcomes

51 clients received residential care in 2022 with 5 clients participating in 2 episodes each.

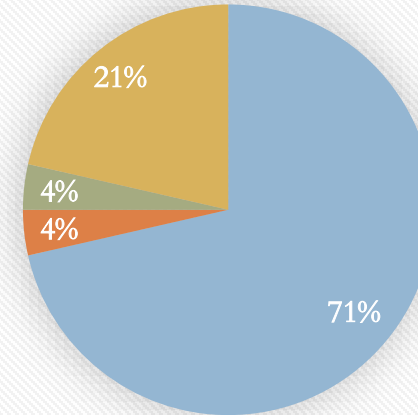
The length of residential treatment ranged from 2 – 376 days with an average stay at residential of 34 days (28 if you exclude the client who was with us for a year).

From residential care, the intended progression is to move to PHP and 71% of clients made that transition.

Clients who required a higher level of care were referred to appropriate treatment or hospitalization as residential is our highest level.

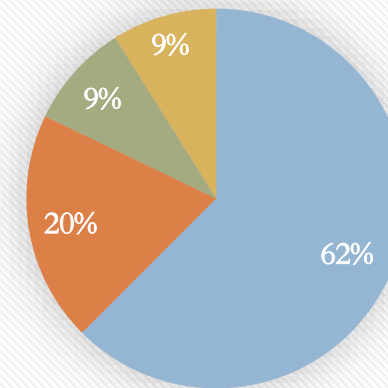
Completion of treatment at this level of care is reflective of CSB clients who attend an extended (60 – 90 day) residential program with us as well as the client who was with us for a year due to extenuating circumstances.

Where did the client go after RTC?



■ PHP ■ IOP ■ OP ■ Discharge from BTG

Type of transition or discharge:



■ Ready to transition ■ Against clinical advice
■ Completed the program ■ Requires a higher level of care

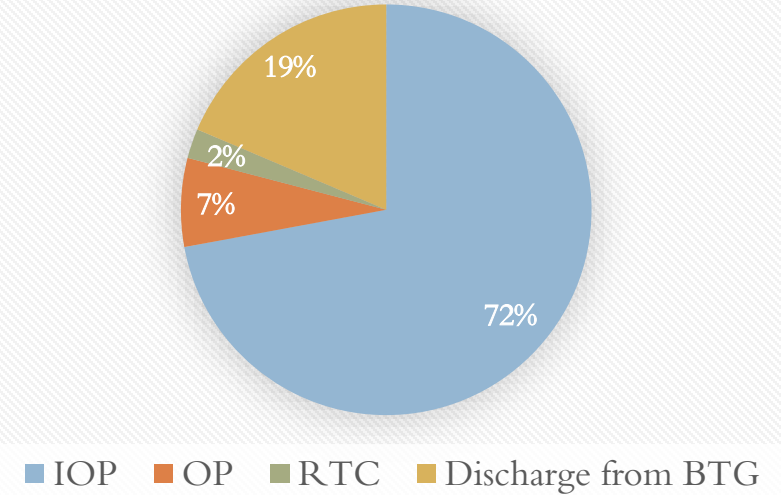
Partial Hospitalization Outcomes

41 clients attended PHP treatment in 2022 with 2 clients participating in 2 episodes each.

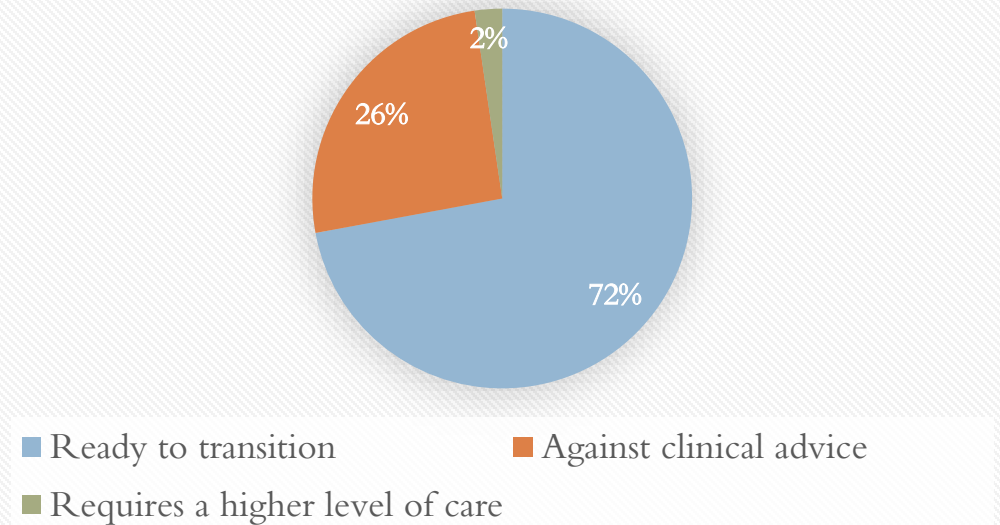
The length of PHP treatment ranged from 2 – 214 days with an average stay of 30 days.

From PHP, the intended progression is to move to IOP, and 72% of clients made that transition.

Where did the client go after PHP?



Type of transition or discharge:



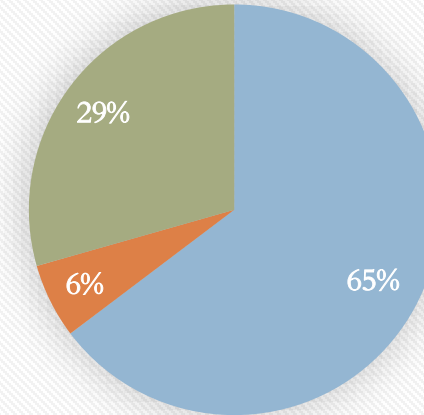
Intensive Outpatient Outcomes

32 clients attended IOP treatment in 2022 with 2 clients participating in 2 episodes each.

The length of IOP treatment ranged from 4 – 106 days with an average stay of 32 days.

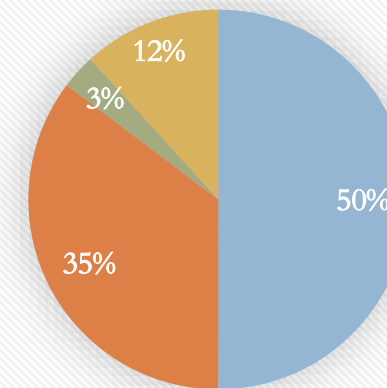
From IOP, the intended progression is to move to OP, and 65% of clients made that transition.

Where did the client go after IOP?



■ OP ■ RTC ■ Discharge from BTG

Type of transition or discharge:



■ Ready to transition ■ Against clinical advice
■ Involuntary Discharge ■ Requires a higher level of care

Outpatient Outcomes

60 clients attended OP treatment in 2022.

The length of OP treatment ranged from 9 – 998 days (at discharge) with an average stay of 223 days.

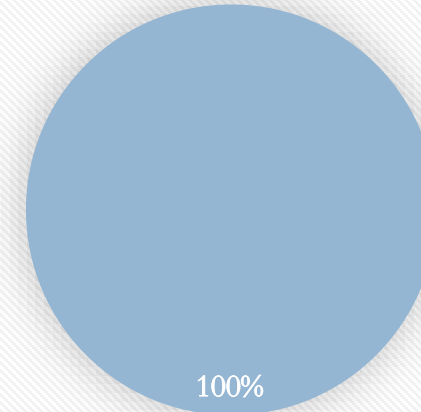
The graphs to the left indicate the OP clients who discharged from OP over the course of 2022. We had no one increase their level of care from OP this year.

Committed OP Clients:

For the 34 active OP clients who remained in treatment at the end of the year:

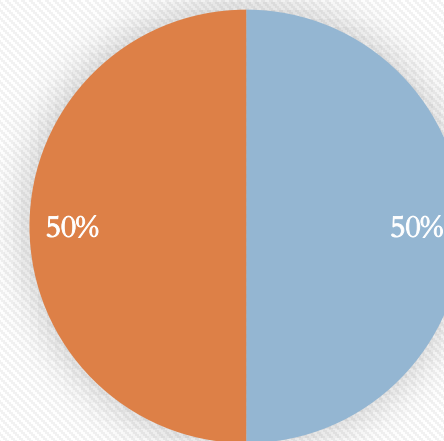
Longest OP Stay (and counting): 2,361 days
Average OP for continuing clients: 730 days

Where did the client go after OP?



■ Discharge from BTG

Type of transition or discharge:



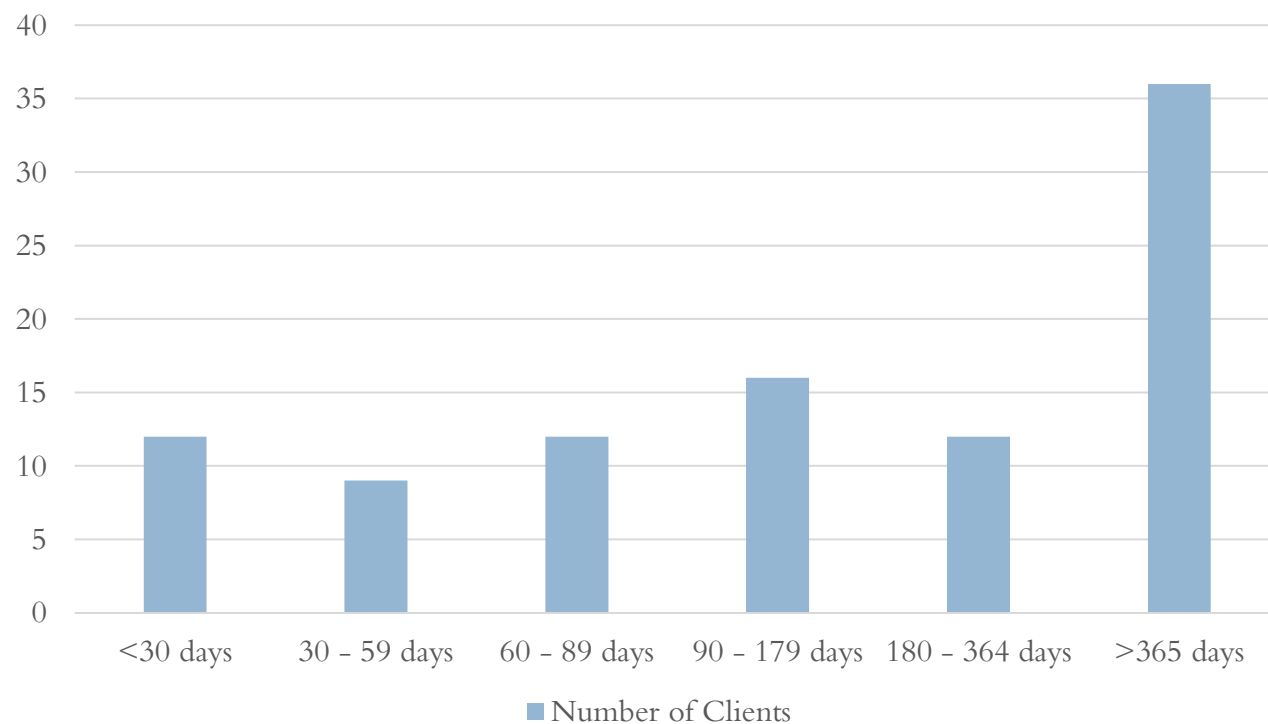
■ Against clinical advice

■ Completed the program

Long-Term Continuum of Care



Total Length of Stay



We know that good treatment outcomes require a commitment. Our clients stay with us much longer than 30 days.

Our average length of stay in treatment, combining all levels of care, is 197 days (about six and a half months).

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.

Client satisfaction improved across all categories in 2022 as compared to the prior year.

Client Net Promotor Score: 81%

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

Admissions Process – 96%

Residential Services – 79%

Clinical Facility – 90%

Therapeutic Counseling – 83%

Addiction Education – 85%

Nutrition and Food Services – 92%

Medical Providers – 88%

Client Feedback from Satisfaction Surveys



"The staff and program all together has made a great impact on my life. Being here for 30 days and being excited for another 60 is something I didn't think would ever happen. I can see the change in myself already and I am looking forward to being the best version of myself when I leave in the future."

"This place saved my life, and I am so grateful for everything I have learned. The clinicians and staff are incredible and do a great job. If anyone I know needed to choose a place for rehab, I would definitely recommend this place."

"23 staff to 15 clients. Neurofeedback, Acudetox, DBT, Music Therapy, etc the variety of programming and the staff to client ratio are the reasons for the 10 out of 10 score"

"Unique holistic therapy approach is excellent. Mind, body, and spirit"

"Overall excellent people and excellent program, very thorough, comprehensive and results oriented, very good education, excellent all round. I can't image there is a better rehab anywhere."

Family Program

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

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

In 2022, we successfully moved our education series from Saturday mornings to Wednesday evenings to accommodate busy family schedules.

65% of our clients had family participate in family education in 2022

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

13: most education sessions attended by one person

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

Family Net Promotor Score: **67%**

Additional Family Support



Family Aftercare Group:

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

15 family members participated in 2022

Conjoint Sessions:

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

37 conjoint sessions facilitated in 2022

Family Sessions:

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

25 family sessions provided in 2022

Measuring Treatment Outcomes

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.

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.

Types of questions we would like to be able to answer:

- Does a longer length of stay result in better outcomes?
- Does participation in certain modalities correlate to a reduction in symptoms?

We are collecting data using standardized assessment tools. The following slides will outline the tools we are using, the intervals that we collect those surveys, and our current response rates.



Outcome Measurements: Data Collection

PHQ-9

Purpose: assess the degree of depression severity

Schedule: administered by nursing staff every 2 weeks for clients in RTC and PHP

Response Rate: 97%

What's working: Effectively using this survey for treatment decisions and substantiating the client's need for care.

Next Steps: Use scores over time to look at improvement in symptoms and efficacy of treatment.

GAD-7

Purpose: assess the degree of anxiety severity

Schedule: administered by nursing staff every 2 weeks for clients in RTC and PHP

Response Rate: 97%

What's working: Effectively using this survey for treatment decisions and substantiating the client's need for care.

Next Steps: Use scores over time to look at improvement in symptoms and efficacy of treatment.

Outcome Measurements: Data Collection

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 at 3, 6, 12, and 18 months

Response Rate: 57% for RTC/PHP/IOP; 37% for OP clients; and 39% for discharged clients

What's working: Effectively using this survey at the time of admission

Next Steps: Improve response rates; simplify a way to use the data in the BAM to guide treatment decisions; utilize the questions on substance use to track relapse rates

TEA

Purpose: patient-centered instrument for evaluating progress in recovery from addiction

Schedule: administered every 90 days for OP; post-discharge at 3, 6, 12, and 18 months

Response Rate: 28% for OP clients; 28% for discharged clients

What's working: Provides good qualitative data when filled out with intention

Next Steps: Improve response rates; simplify a way to use the data in the TEA to guide treatment decisions; utilize the questions on sobriety to track relapse rates

Outcomes Analysis: Progress and Goals

PROGRESS IN 2022

Bridging the Gaps established a baseline for developing a stronger outcomes measurement program this year and took great steps toward improving our data collection systems.

- We developed our first annual analysis looking at 2021.
- We joined 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.
- We improved our methods for data collection including standardizing the interval rates that we collect data.

GOALS FOR 2023

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.

- In 2023 we will be able to report on relapse rates by analyzing the drug screens and select answers on the BAM and TEA.
- We will improve our utilization of standardized tools and work toward increased response rates for outpatient and discharged clients.
- We will incorporate data gleaned from our participation in FoRSE to begin correlating client outcomes with the treatment provided factoring in the social determinants of health.