

Clinic Outcomes Summary (2023)

Introduction

Embark Behavioral Health is a leading network of outpatient centers and residential programs offering premier [mental health treatment](#) for preteens, teens, and young adults.

One of Embark's core values is Results – achieving long-lasting, sustainable outcomes for clients and families. The stakes are simply too high for Embark to fail to deliver. Outpatient care at Embark Behavioral Health includes intensive outpatient and partial hospitalization programs. An intensive outpatient program (IOP) is structured to provide treatment at a level more intense than outpatient day treatment or psychosocial rehabilitation, but less intense than a partial hospitalization program (PHP).

We recognize that achieving whole-person health is a dynamic journey. Throughout the lifespan, there are developmental windows of opportunity, growth, and exploration. From childhood through young adulthood, our environment and biology can change rapidly, occasionally exceeding a person's ability to cope. Navigating challenges can give way to distress, anxiety, and depression. At Embark, we believe that true healing and change comes from a comprehensive understanding of the whole-person – the biological, psychological, and social connections that make up who we are. By considering the social determinants of health, such as socioeconomic status, early traumatic experiences, access to education, and social support, we holistically emphasize the interplay between one's environment and lifestyle that might impact transformative healing.

- With IOP, there is minimum of nine (9) hours of services per week and requires a comprehensive, structured, multimodal treatment requiring medical supervision and coordination, provided under an individualized plan of care, because of a mental disorder that severely interferes with many areas of daily life, including social, vocational, and educational functioning.
- At a PHP, the treatment program is structured to provide intensive psychiatric care through twenty (20) hours or more of active treatment that closely resembles that of a highly structured, short-term hospital inpatient program. It is treatment at a level more intense than outpatient day treatment or psychosocial rehabilitation. Partial hospitalization is used to shorten an inpatient stay and transition the patient to a less intense level of care or offer an alternative to inpatient hospitalization.

Data from clients receiving care at IOP or PHP clinics are included in these results.

Outcomes Protocol

Outcomes are integrated into the Embark treatment approach — they’re core to what we do. We use results for decision making, personalized treatment planning, safety evaluation, quality improvement, and clinical research.

Note: The term “parent” is used in this report to refer to all caregivers, but not all caregivers are biological parents.

Surveys Used at Embark

Instrument ¹	What it Measures
Youth Outcome Questionnaire (Y-OQ)/ Outcome Questionnaire (OQ-45)	Social and emotional health
Youth Outcome Questionnaire 2.01 (Y-OQ 2.01)	Parent/Guardian perceptions of child’s current functioning and social and emotional health
Patient Health Questionnaire-9 (PHQ-9)	Depression severity
Generalized Anxiety Disorder-7 (GAD-7)	Anxiety severity
World Health Organization Well-Being Index (WHO-5)	Well-being
Family Assessment Device, General Functioning (FAD-GF)	Family health

¹ Instrument and source: Y-OQ, Y-OQ 2.01 (Burlingame et al., 2001); OQ-45 (Lambert et al., 2004); PHQ-9 (Kroenke et al., 2001); GAD-7 (Spitzer et al., 2006); WHO-5 (World Health Organization, 1998); FAD-GF (Epstein et al., 1983).

Whole-Person Health

Because our biology, behavior, and social networks interact to influence health and well-being, we consider multiple factors that reflect the relationship between the client's body, mind, and environment. Embark aims to treat the whole person and diverse needs of the communities served.

The body

Physical ailments are associated with mental illness. We measure them with the Y-OQ-SR Somatic Subscale, which measures muscle and body aches, stomach pains/nausea, dizziness, and poor sleep hygiene. 78% of Embark outpatient clients struggled with these symptoms at admission.

Data from the Y-OQ-SR Somatic Subscale. Average admission score = 10.52, SD = 5.97. Scores < 6 indicate healthy functioning.

The environment

Many families come to Embark in need of relational support. At admission, 67% Embark of clients struggled with interpersonal relationships. This subscale assesses the quality of trusting relationships, disputes between friends and family, and relational fulfillment.

Note: Data from the Y-OQ Interpersonal Relationships Subscale. Average admission score = 5.10, SD = 5.68. Scores < 3 indicate healthy functioning

The mind

At admission, 54% of Embark outpatient clients reported some thoughts or feelings of suicide. Suicidal thoughts and behaviors were based on a score greater than 0 on Item 9 of the Patient Health Questionnaire-9 (PHQ-9). Any response other than "not at all" indicates suicidality.

Data from Item 9 of the PHQ-9. Average admission score = .98, SD = 1.09. Average discharge score = 0.57, SD =.91. Scores > 0 indicate suicidality.

Family functioning

Embark treats the entire family. One of our measures, the Family Assessment Device, assesses family functioning. 71% of clients and 60% of parents struggled with family functioning at admission.

Note: Data from the Family Assessment Device. Average client admission score = 2.25, SD = .57. Average parent admission score = 2.07, SD =.50. Scores at and below 1 indicate healthy functioning.

Distress (Y-OQ)

The Y-OQ measures distress and behavioral functioning; lower scores indicate less distress. Both clients and parents complete the Y-OQ. Scores at or below the clinical line of 47 indicate healthy functioning.

Clients and parents reported a 25- and 22- point average decrease in distress from admission to discharge (Figure 1). Scores neared or remained below the clinical line after discharge (Figure 2).

Average Y-OQ scores at admission, discharge, and post discharge are shown in Figure 2. Both clients and parents reported a steady state in distress post discharge.

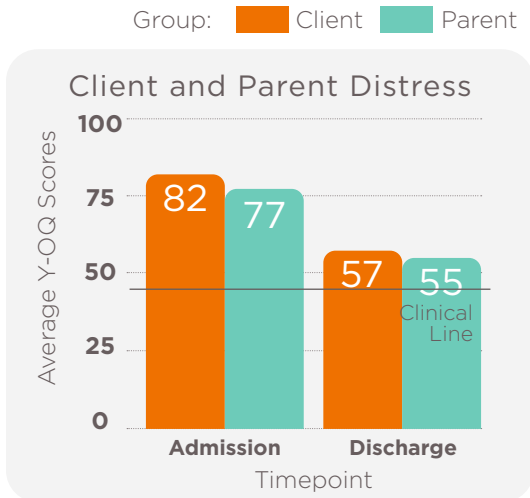


Figure 1. Sample size is 735 clients and 1,115 parents.

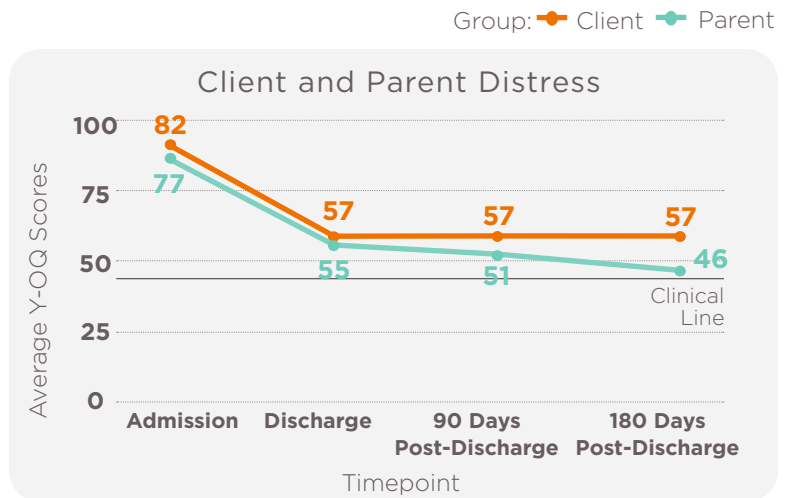


Figure 2. Sample size is 738 clients and 1,141 parents. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .001$ level. Moderate effect size (Cohen's d) for both clients and parents from admission to discharge.

Depression (PHQ-9)

The PHQ-9 measures depression; lower scores indicating fewer depressive symptoms. Clients complete the PHQ-9, parents do not. Scores at or below the clinical line of 9 mean healthy functioning.

Clients reported a 4- point average decrease in depression scores from admission to discharge (Figure 3). Scores largely remained at clinical cutoff after treatment, with a slight increase reported 180 days after discharge.

Average PHQ-9 scores at admission, discharge, and post discharge are shown in Figure 4.

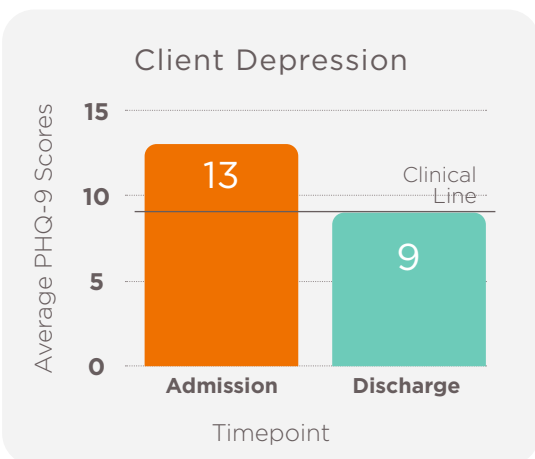


Figure 3. Sample size is 908 clients.

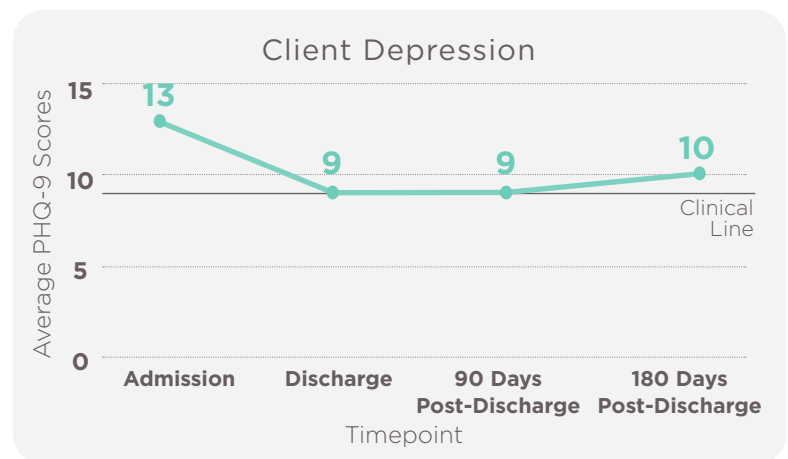


Figure 4. Sample size is 909 clients. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .001$ level. Moderate effect size (Cohen's d) for clients from admission to discharge.

Anxiety (GAD-7)

The GAD-7 measures anxiety; lower scores indicating fewer anxiety symptoms. Clients complete the GAD-7, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning.

Clients reported a 3-point average decrease in anxiety scores from admission to discharge (Figure 5). Scores remained below the clinical line after discharge (Figure 6).

Average GAD-7 scores at admission, discharge, and post discharge are shown in Figure 6.

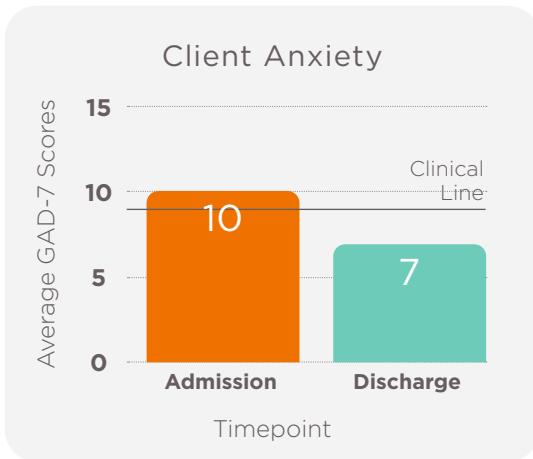


Figure 5. Sample size is 894 clients.

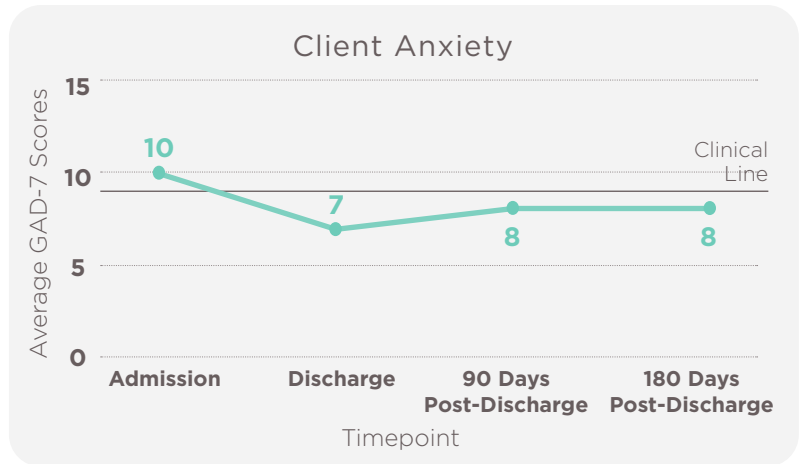


Figure 6. Sample size is 897 clients. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .001$ level. Moderate effect size (Cohen's d) for clients from admission to discharge.

Well-Being (WHO-5)

The WHO-5 measures well-being; higher scores indicating greater well-being. Clients complete the WHO-5, parents do not. Scores at or below the clinical line of 50 mean healthy functioning.

Clients reported a 13- point average increase in well-being scores from admission to discharge (Figure 7). Scores were above (healthy) clinical cutoff after treatment, with a slight decline 180 days after treatment (Figure 8).

Average WHO-5 scores at admission, discharge, and post discharge are shown in Figure 8.

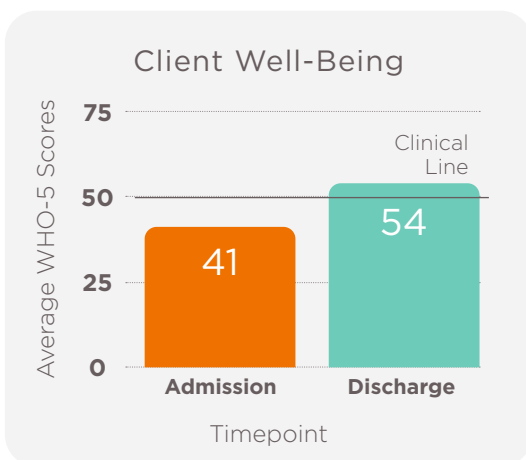


Figure 7. Sample size is 887 clients.

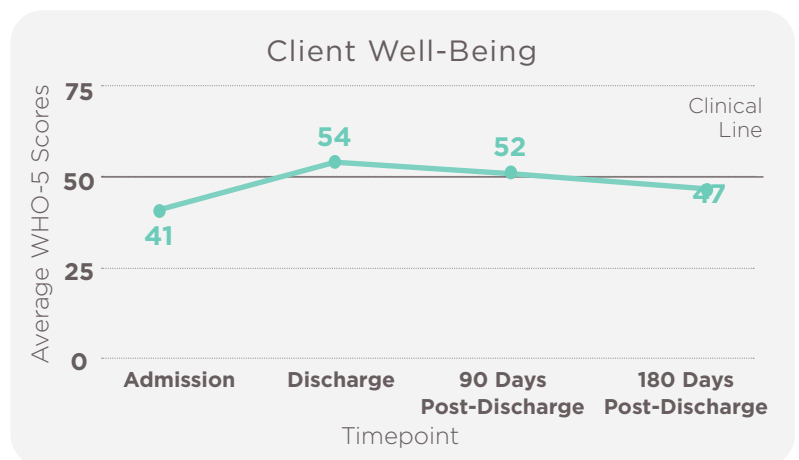


Figure 8. Sample size is 896 clients. Paired sample t-tests from families who completed tests at both admission and discharge found a significant increase at the $p < .001$ level. Moderate effect size (Cohen's d) for clients from admission to discharge.

Experience of Care

A positive experience is top priority for all Embark staff. Clients and parents are regularly asked to assess their level of satisfaction with treatment and progress. At discharge, 80% of clients and caregivers reported their level of satisfaction towards goals and needs to be at least a 7 out of 10 on a 11-point scale.

The Embark Impact: A Closer Look

Keeping whole person health in mind, outcome assessments do not end at discharge at Embark Behavioral Health. Following services, regular electronic assessments continue to measure mental health over time. Clinics and short-term residential programs receive outcome assessments up to one year. All other programs receive assessments up to two years. This section talks about outcomes one year post discharge where data were available using the Outcome of Treatment survey.

Return to homelife

Embark's Outcome of Treatment survey began in 2023. The survey measures focuses on the impact of treatment and services provided. Two items ask about educational and vocational status, as return to homelife is a vital outcome of functional improvement. 6 months after discharging from Embark, 95% of parents reported that their child has either returned to school or been employed. One year after treatment, 98% of parents reported the same.

After Embark: Percentage of clients who return to school or work

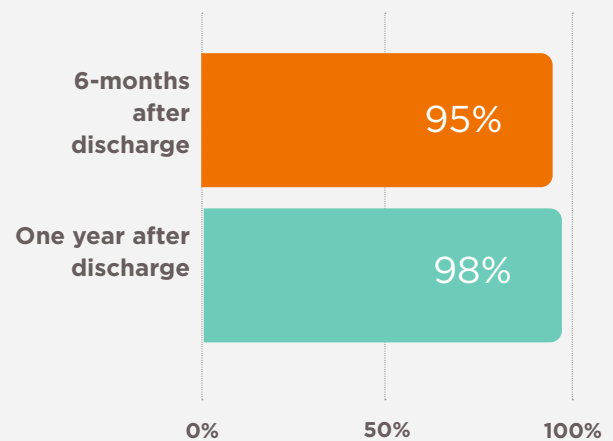


Figure 9. Sample size six months after treatment is 86 parents and one year after treatment is 45 parents.

Return to stabilization

Embark's goal is to provide families with an improved and stable quality of life after discharge. The Outcome of Treatment Surveys assess inpatient psychiatric stays after discharge. Six months after discharging from Embark, 91% of parents reported 0 psychiatric hospitalization visits. One year after treatment, 91% of parents reported the same.

After discharging from Embark, **91% of parents reported 0 psychiatric hospitalization visits.**



Embark Locations

West Outpatient

1. Phoenix, AZ
2. Scottsdale, AZ
3. Campbell, CA
4. Newport Beach, CA
5. West LA, CA
6. Woodland Hills, CA
7. Walnut Creek, CA
8. Greenwood Village, CA

East Outpatient

1. Alpharetta, GA
2. Atlanta, GA
3. Cabin John, MD
4. Rockville, MD
5. Ashburn, VA
6. Vienna, VA
7. Berwyn, PA
8. Coming soon Livingston, NJ

Residential Treatment

1. Embark at San Martin, CA
2. Embark at Independence, MO
3. Embark at Marion, MT
4. Embark at Benton, TN
5. Embark at Springville, UT
6. Embark at Klamath Falls, OR
7. Embark at White Haven, PA
8. Embark at Greeley, CO
9. Embark at Coming Soon, VA
10. Embark at Coming Soon, AZ
11. Embark at Coming Soon, MN

Long Term Residential

1. New Haven: Spanish Fork and Saratoga Springs, UT
2. New Haven Stabilization & Assessment: Spanish Fork, UT
3. Calo: Lake Ozark, MO
4. Sunrise: Washington, UT
5. Chrysalis: Eureka, MT
6. OPI Residential: Woodland Hills, CA
7. Fulshear PHP: Stafford, TX
8. Fulshear RTC: Needville, TX
9. Lake House: Flat Rock, NC
10. Embark at Bend, OR
11. Embark at Coming Soon, GA
12. Embark Stabilization & Assessment: Hurricane, UT

Virtual Intensive Outpatient Program

- | | |
|-----------------|--------------|
| 1. Georgia | 11. Utah |
| 2. Maryland | 12. Illinois |
| 3. Virginia | 13. Montana |
| 4. DC | 14. Kansas |
| 5. Colorado | 15. Florida |
| 6. Texas | 16. Michigan |
| 7. Arizona | 17. Oregon |
| 8. California | 18. Nevada |
| 9. Pennsylvania | 19. Idaho |
| 10. Missouri | |

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