



Healing Generations.

ANNUAL OUTCOMES REPORT







embark
BEHAVIORAL HEALTH

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create
JOY

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From the Chief Clinical Officer

It is with profound gratitude and pride that we share our third annual outcomes report, which highlights the growth and progress of the children, adolescents, and adults we have had the privilege of serving. The data within these pages represents not just outcomes, but the stories of resilience and transformation for our clients and their families.

2024 has been a year of significant strides for Embark. We have expanded our clinical teams, enhanced our program offerings, and forged stronger partnerships, all while broadening our virtual care capabilities. At Embark Behavioral Health, we are committed to delivering more than just treatment; we are dedicated to providing critical, life-changing mental healthcare that ensures long-term well-being. Our approach prioritizes whole-person health, combining evidence-based practices with a deep commitment to the family system. This holistic focus allows us to create treatment plans that not only address immediate needs but also foster lasting recovery, healing, and personal growth.

The work we do is more than just support—it is foundational to the future health and success of those we serve. By offering personalized care that is tailored to the unique needs of each individual, we are helping to build a stronger, healthier tomorrow for families and communities. This is the foundation of generational healing—something that has the power to change lives for years to come.

As you explore this report, we encourage you to see yourself as a crucial partner in our mission. Your trust, feedback, and continued collaboration are vital as we work together to ensure that every client we serve has the opportunity to live a healthier, more fulfilling life. Together, we can continue to drive meaningful change, impacting not only individual lives but entire generations.

On behalf of all of us at Embark Behavioral Health, thank you for your steadfast support. We are honored to partner with you in this critical work.



Sharnell Myles

Sharnell Myles
PsyD LPC CPCS CCTP
Chief Clinical Officer
Embark Behavioral Health

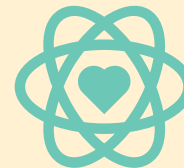
Embark Overview

Embark Behavioral Health (“Embark”) is a leading network of outpatient centers and residential programs offering mental health treatment for preteens, teens, and young adults. Our nationwide programs are part of a robust continuum of care that provides a range of services built from nearly 30 years of specialization in serving youth.



Big Goal

In 2018, Embark set out on a Big Goal to lead the way in driving teen and young adult anxiety, depression, and suicide from the all-time highs of 2018 to all-time lows by 2028.



Core Purpose

Embark exists to create joy and heal generations.

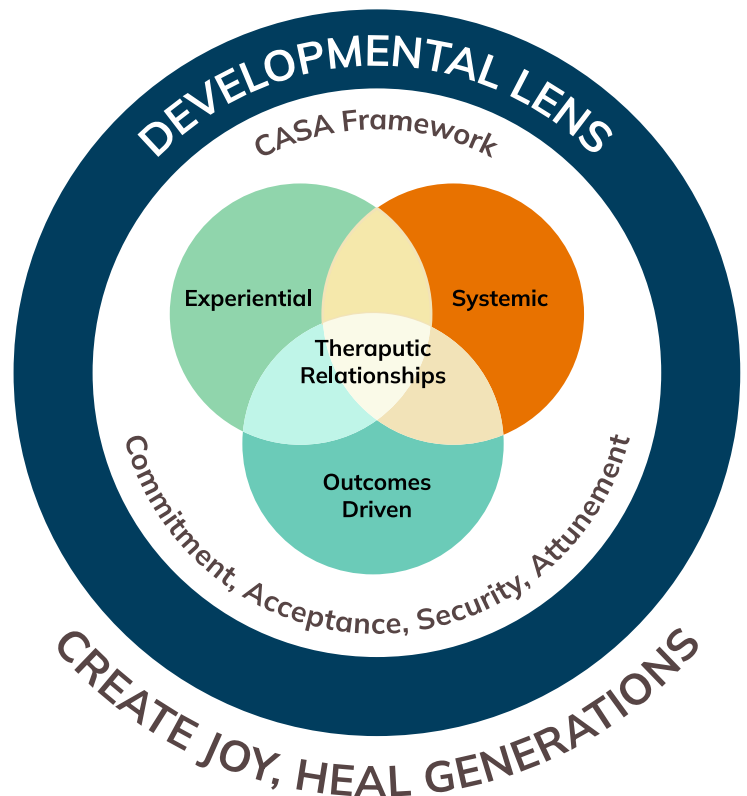
Embark’s continuum of care provides youth, adolescents, teens, and young adults with various levels of mental health treatment and support. The continuum is tailored to individual needs at each stage of healing. The continuum approach provides the right care at the right time.

Introduction

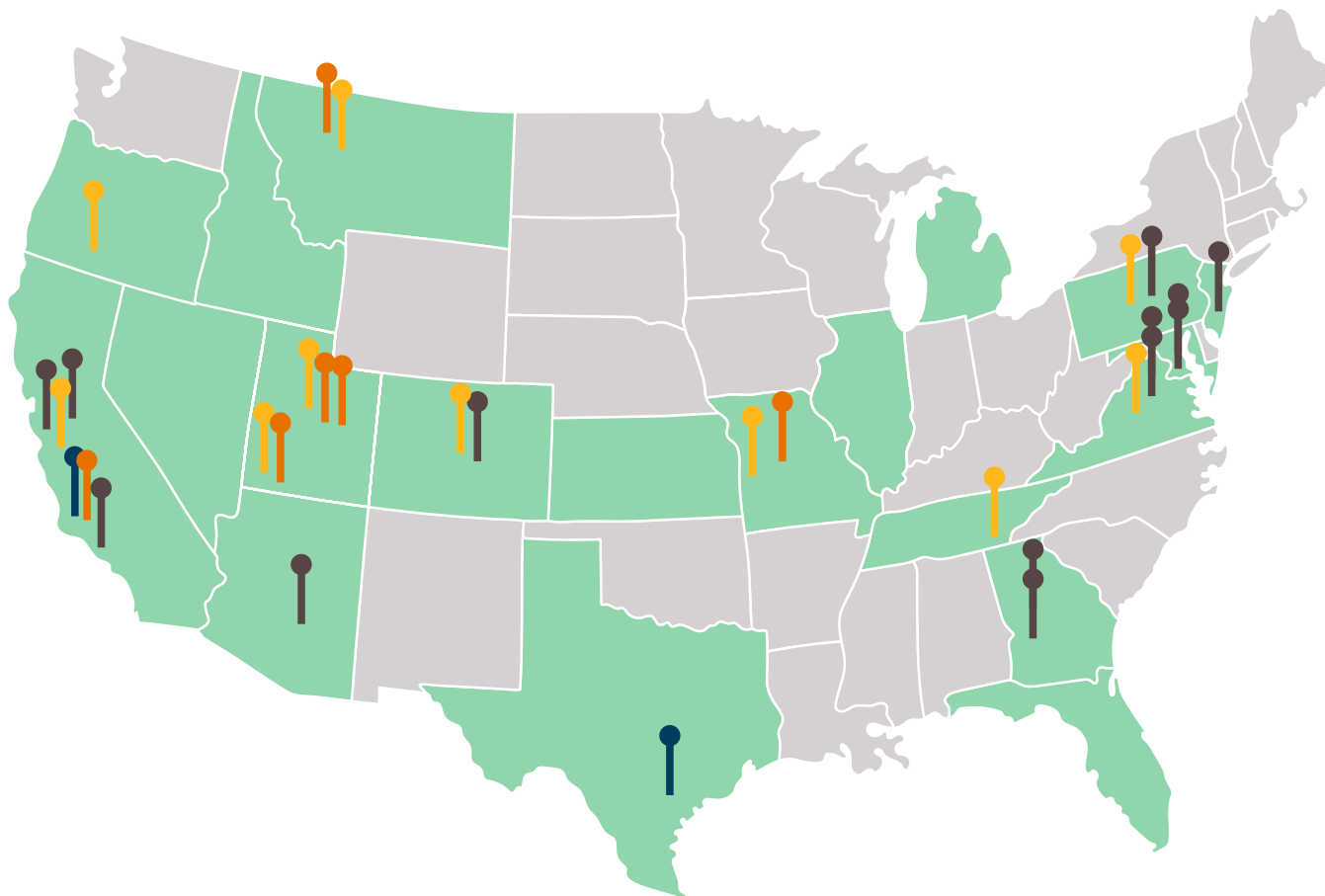
The Embark Treatment Approach uses a developmental, systemic, and experiential lens to foster healing relationships. It is a critical part of the Embark therapeutic process. Grounded in evidence-based research, CASA (Commitment, Acceptance, Security, and Attunement) is the foundation of Embark’s framework for creating secure attachment that protects and comforts.

To assess family functioning, an important piece of healthy family relationships, the Family Functioning Device-General Functioning subscale is administered to clients and parents at all locations at admission and discharge. Across Embark, families reported a 12% average improvement in family functioning from admission to discharge. [You can learn more about the Embark Treatment Approach here.](#)

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



Embark's Continuum of Care



West Outpatient

1. Scottsdale, AZ
2. Campbell, CA
3. Newport Beach, CA
4. Walnut Creek, CA
5. Greenwood Village, CO

Note: Outpatient programs include intensive outpatient programs and partial hospitalization programs.

East Outpatient

1. Alpharetta, GA
2. Atlanta, GA
3. Chevy Chase, MD
4. Rockville, MD
5. Ashburn, VA
6. Vienna, VA
7. Berwyn, PA
8. Livingston, NJ

Residential Treatment

- | | |
|---------------------|--|
| 1. San Martin, CA | 7. Greeley, CO |
| 2. Independence, MO | 8. Alexandria, VA |
| 3. Marion, MT | 9. Bend, OR |
| 4. Benton, TN | 10. Intermediate Secure Care:
Hurricane, UT |
| 5. Springville, UT | |
| 6. White Haven, PA | |

Virtual IOP

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

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. Optimum Performance Institute Residential: Woodland Hills, CA
7. Fulshear RTC: Needville, TX

Transitional Living

1. Fulshear: Needville, TX
2. Optimum Performance Institute: Woodland Hills, CA



Executive Summary

Below is a summary of key Embark clinical highlights. Results are detailed by level of care throughout the report.

Highlights

Clinical assessments are sent before, during, and after discharge as part of our measurement-informed care approach. Clients reported considerable reductions in distress, depression, and anxiety.

- **Distress:** Most clients report high levels of distress upon admission. Aggregate client and parent-reported client distress decreased by 41% and 37%, respectively, from admission to discharge on average.
- **Depression:** Aggregate client depression decreased by 42% from admission to discharge on average.
- **Anxiety:** Aggregate client anxiety decreased by 40% from admission to discharge on average.
- **High Acuity:** Clients with severe anxiety and depression reported significant improvements.

Life After Embark

Following treatment, assessments continue to measure the mental health status of clients over time. The Outcome of Treatment survey assesses the impact of services. The below results are for one year after treatment.



88% of parents reported **no psychiatric hospitalizations**



82% of clients with prescribed medications reported **taking medication as prescribed**



94% of parents reported their child either **returned to school or were employed**



85% of parents reported their **child's problems were much better or somewhat better**

Clinical Expansion and Growth

Embark made significant strides with its clinical team expansion in 2024. A team of clinical leaders was assembled to oversee centralized care delivery across the continuum of care. This structured approach allows for consistent use of evidence-based practices and collaboration across Embark divisions. This team is excited to focus efforts on integrative care, expanded mental health, performance focused athletes, and mental health technology.

2024 Client Profile

Average Age at Admission = 16

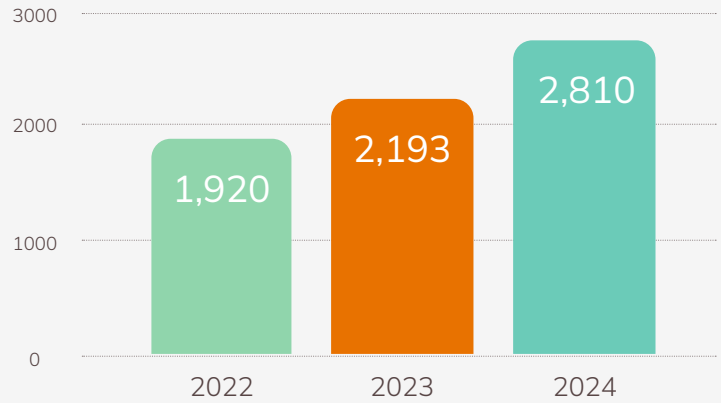
Range = 9-33

Standard Deviation = 3.1

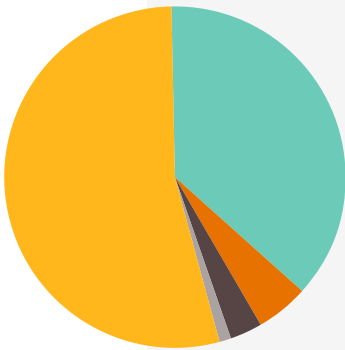
2,810 Admissions

at Embark programs

EMBARK TOTAL ADMISSIONS



GENDER IDENTITY



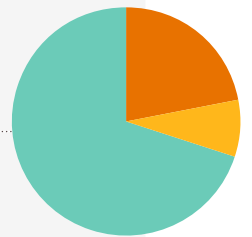
Female	54%
Male	37%
Non-conforming	5%
Transgender	3%
Other	1%

AT ENROLLMENT

8% of clients were children (ages 8-12)

70% were adolescents (ages 13-17)

22% were adults (18+)



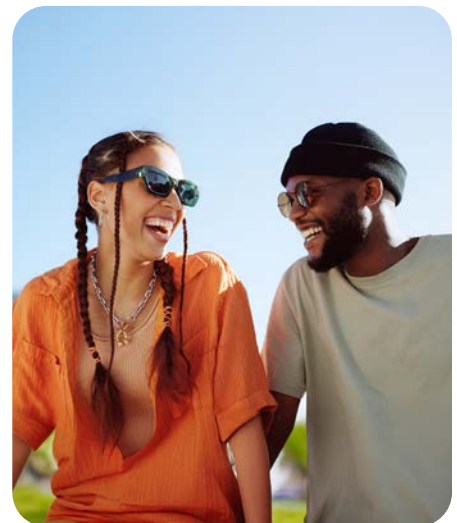
Embark-wide, approximately

79% of clients successfully completed programming

through meeting treatment goals.

RACIAL IDENTITY

White	70%
Black or African American	12%
Asian	8%
American Indian or Alaska Native	.6%
Other	10%



Race and gender data represent clients who reported it.

Whole-Person Health

Biology, behavior, and social connections shape health and well-being. Embark adopts a whole-person care approach, addressing clients' mental, physical, and social needs while aligning with this holistic model. This approach is further supported by the ability to measure key factors through client and parent assessment data.

The body

Physical ailments can occur alongside mental illness. The Y-OQ SR Somatic Subscale measures physical ailments like stomach aches, muscle pain, and sleep quality. From admission to discharge, the percentage of clients struggling with somatic symptom distress decreased from 74% at admission to 51% at discharge.

Data from YOQ-SR Somatic Subscale. Average admission score = 10, standard deviation (SD) = 6. Average discharge score = 7, SD = 6. Scores < 6 indicate healthy functioning.

The environment

Relationships are important for well-being. The Y-OQ SR Interpersonal Relations subscale measures the quality of close relationships with friends and family members. Based on self-report, the percentage of clients struggling with interpersonal relationships decreased from 70% at admission to 43% at discharge.

Data from YOQ-SR Interpersonal Relations Subscale. Average admission score = 6, SD = 6. Average discharge score = 2, SD = 6. Scores < 3 indicate healthy functioning.



The mind

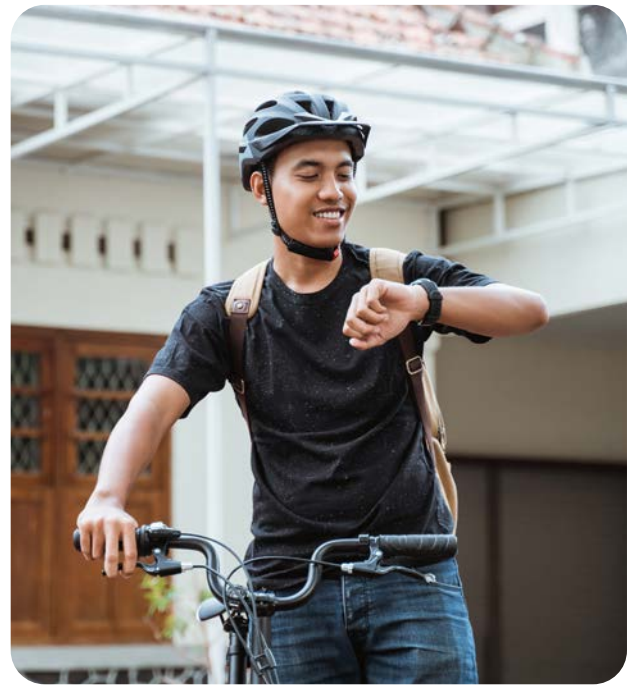
Question 9 of the PHQ-9 measures thoughts of suicide. At discharge 76% of clients reported no thoughts of suicide, compared to 51% at admission.

Data from item #9 of the PHQ-9. Average admission score on Item-9 = .85, SD = 1.06. Average discharge score = .37, SD = .77. Scores > 0 indicate suicidality.

Outcomes

Assessment Protocol

Clinical assessments are core to using measurement informed care. At Embark, measurement-informed care is the process of routinely using behavioral surveys to inform treatment decisions. Every Embark program administers surveys to clients and parents, inviting families to complete behavioral assessments before, during, and after treatment. These data are available to Embark clinicians and the treatment team, allowing them to share and discuss the results with clients and use the information to support informed clinical decision-making.



Data Collection and Methods

In 2024, over 120,000 surveys were completed by clients or parents at Embark. Most clients completed assessments at each scheduled checkpoint throughout treatment.

Table 1 shows the number of surveys completed by each client and parent at routine survey checkpoints throughout treatment in 2024. The count column displays the total number of surveys completed per treatment type in 2024. The percentage columns show the percentage of completed surveys at each checkpoint: admission, mid-treatment, discharge, post-discharge.

Table 1. Client Survey Checkpoints / Survey Completion Rates

Service-Line	Survey Count	Admission %	During Treatment %	Discharge %	Post-Discharge %
Outpatient	42,357	88	87	74	17
Virtual IOP	5,975	90	81	62	17
Residential Treatment Center	25,203	96	93	84	19
Specialty	41,623	76	83	62	19
Young Adult Treatment and Transition	6,593	81	79	58	15



Assessments

The assessments used at Embark are selected based on their empirical reliability, validity, and brevity. Data provide teams with relevant information related to client and family functioning. Surveys used at Embark are summarized in Table 2.

Table 2. Surveys Used at Embark

Instrument	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 Wellbeing Index (WHO-5)	Well-being
Family Assessment Device-General Functioning Subscale (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).



Results

Achieving results is a core value. Results below are shown by level of care from admission to discharge and include clients admitted in 2024. Post discharge results are displayed in the Embark Impact section on page 28.

Outpatient Clinics

Outpatient care at Embark Behavioral Health offers Intensive Outpatient program (IOP) and Partial Hospitalization program (PHP).

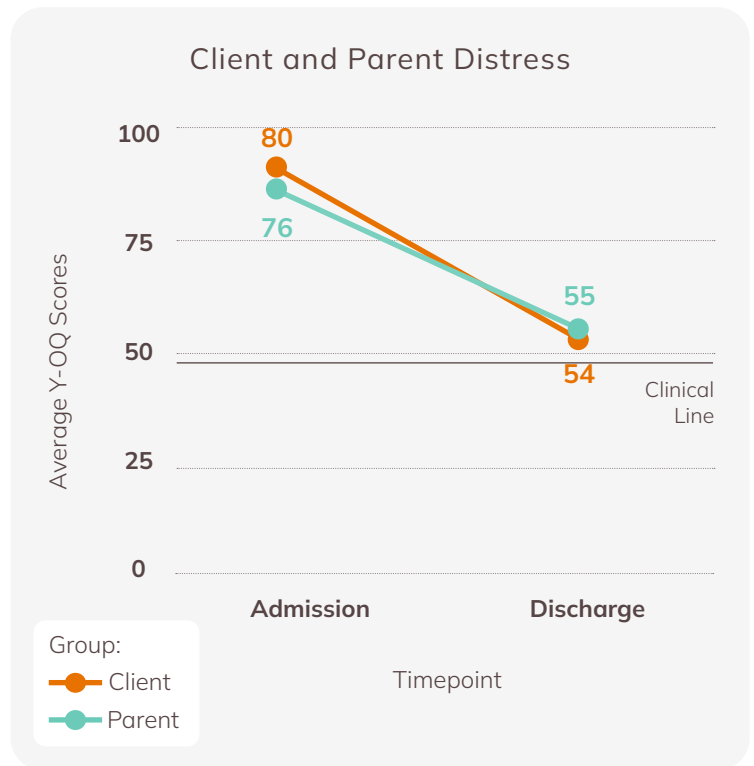
- **IOP:** Provides at least nine (9) hours of weekly treatment under a personalized care plan for mental health conditions that disrupt daily life, including work, school, and social activities.
- **PHP:** Delivers 20+ hours of intensive psychiatric care per week, like inpatient treatment, serving as a bridge between inpatient care and lower levels of support.

Client data from locations offering IOP or PHP are included in these results.

Distress

The Y-OQ assesses distress and behavioral functioning, with lower scores indicating less distress. Both clients and parents complete the Y-OQ. Scores at or below 47 signify healthy functioning. On average, client and parent distress decreased by 33 and 27% from admission to discharge.

Mean client admission score = 80, SD = 36. Mean client discharge score = 54, SD = 37. Mean parent admission score = 76, SD = 31. Mean parent discharge score = 55, SD = 33. Sample size is 416 clients and 643 parents. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) for both clients and parents from admission to discharge.



Depression

The PHQ-9 measures depression; lower scores indicate fewer depressive symptoms. Clients complete the PHQ-9, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, depression symptoms decreased 37% from admission to discharge.

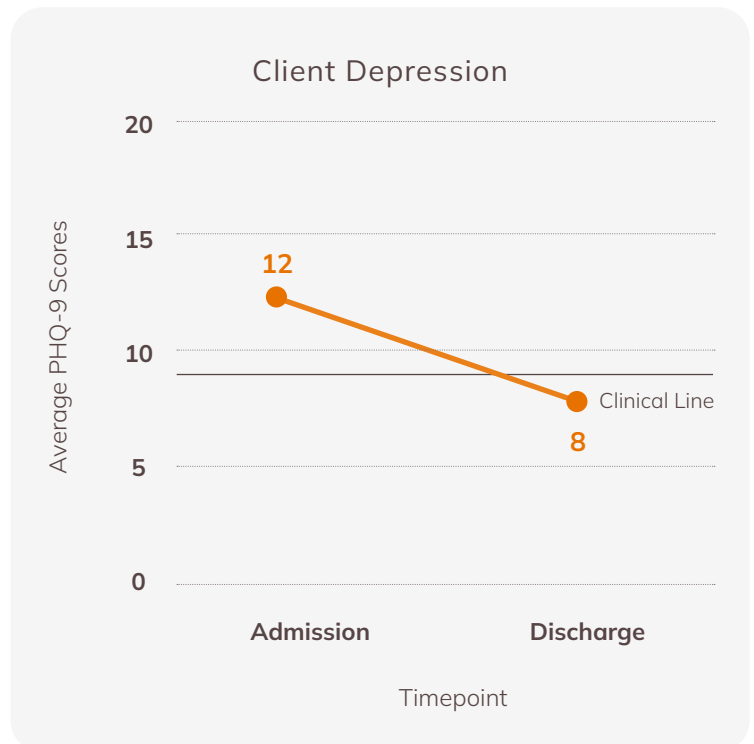
Score Key

- 0-4: Minimal depression
- 5-9: Mild depression
- 10-14: Moderate depression
- 15-19: Moderately severe depression
- 20-27: Severe depression

71%

of outpatient clients reported no thoughts of suicidality at discharge.*

*Item 9 on the PHQ-9 asks about suicidal thoughts.



Mean admission score = 12, SD = 7. Mean discharge score = 8, SD = 6. Sample size is 611. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.

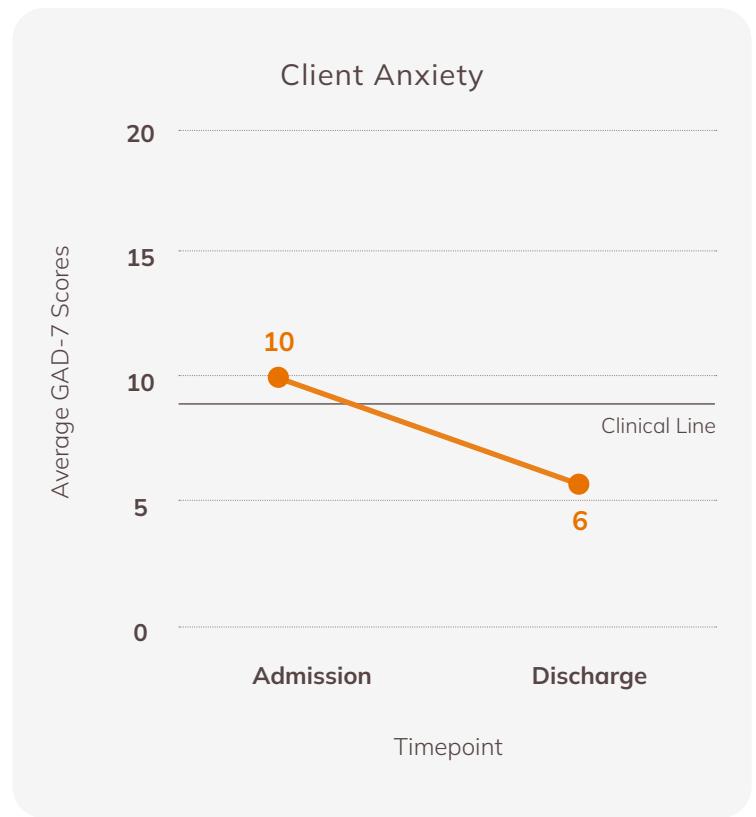
Anxiety

The GAD-7 measures anxiety; lower scores indicate fewer anxiety symptoms. Clients complete the GAD-7, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, anxiety symptoms decreased by 38% from admission to discharge.

Score Key

- 0-4: Minimal anxiety
- 5-9: Mild anxiety
- 10-14: Moderate anxiety
- 15-21: Severe anxiety

Mean admission score = 10, SD = 6. Mean discharge score = 6, SD = 6. Sample size is 611 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.



Well-Being

The WHO-5 measures well-being; higher scores indicate greater well-being. Clients complete the WHO-5, parents do not. Scores at or above the clinical line of 50 indicate healthy functioning. On average, well-being scores increased by 33% from admission to discharge.

Mean admission score = 41, SD = 22. Mean discharge score = 55, SD = 24. Sample size is 606 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant increase at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.





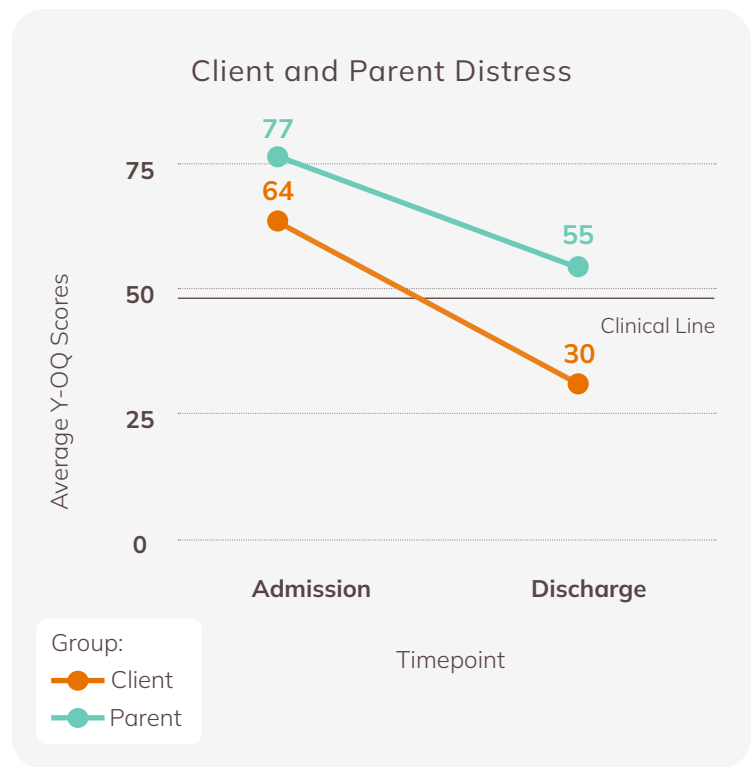
Virtual Intensive Outpatient

For those who prefer or need treatment at home, Embark's Virtual Intensive Outpatient Program (VIOP) provides access to a care team through a secure portal. Like clinic-based IOP, VIOP offers daytime or evening sessions to fit around school and work schedules, following the same structured approach as in-person treatment.

Distress (Y-OQ)

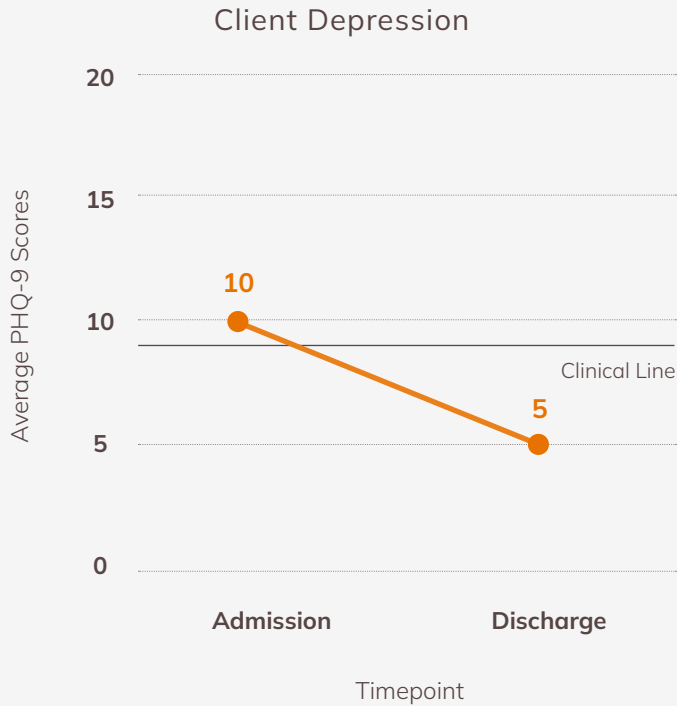
The Y-OQ assesses distress and behavioral functioning, with lower scores indicating less distress. Both clients and parents complete the Y-OQ. Scores at or below 47 signify healthy functioning. On average, client and parent distress decreased by 53 and 29% from admission to discharge. At discharge, 79% of clients reported healthy scores.

Mean client admission score = 64, SD = 35. Mean client discharge score = 30, SD = 32. Mean parent admission score = 77, SD = 30. Mean parent discharge score = 55, SD = 34. Sample size is 57 clients and 73 parents. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Large effect size (Cohen's d) for clients and moderate effect size for parents from admission to discharge.



Depression

The PHQ-9 measures depression; lower scores indicate fewer depressive symptoms. Clients complete the PHQ-9, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, depression symptoms decreased by 45% from admission to discharge.



Score Key

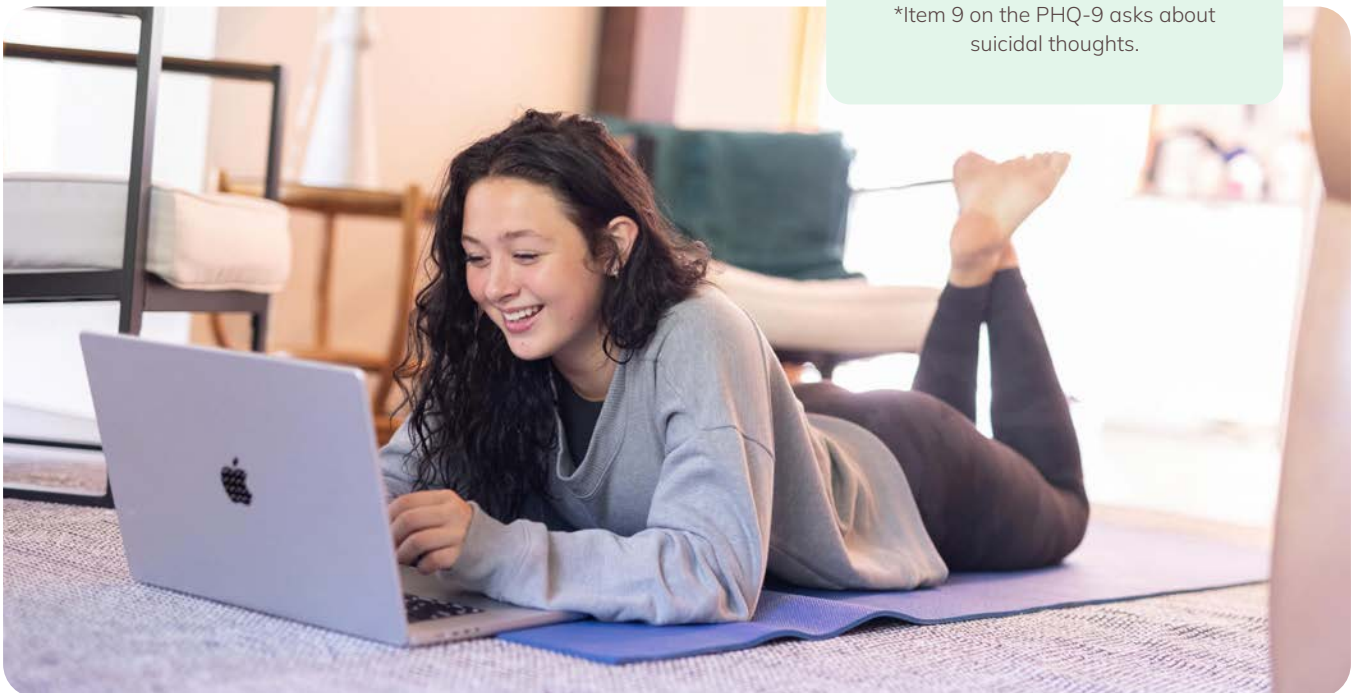
- 0-4: Minimal depression
- 5-9: Mild depression
- 10-14: Moderate depression
- 15-19: Moderately severe depression
- 20-27: Severe depression

Mean admission score = 10, SD = 6. Mean discharge score = 5, SD = 6. Sample size is 94. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.

89%

**of virtual clients reported
no thoughts of suicidality
at discharge.***

*Item 9 on the PHQ-9 asks about suicidal thoughts.



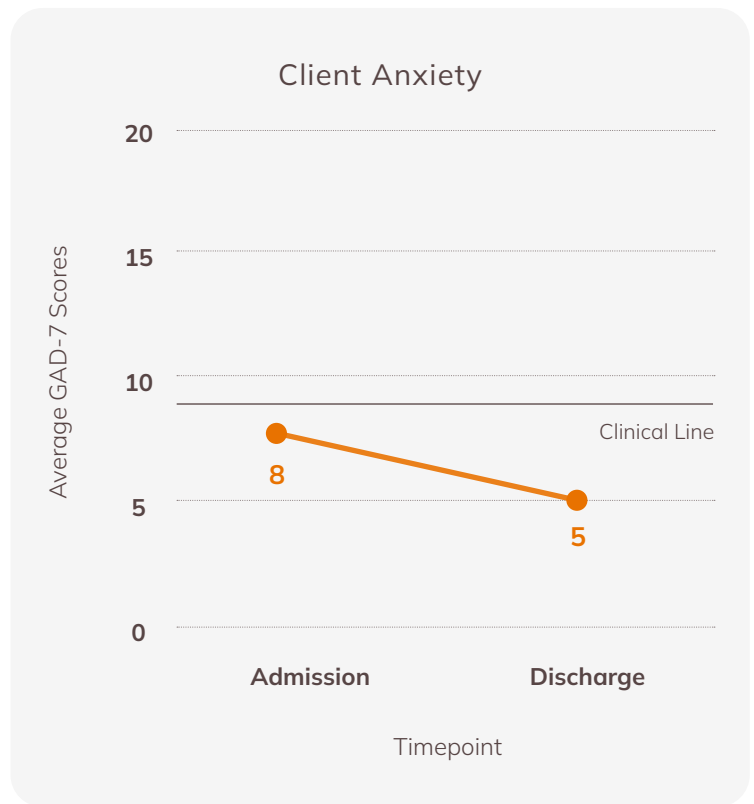
Anxiety

The GAD-7 measures anxiety; lower scores indicate fewer anxiety symptoms. Clients complete the GAD-7, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, anxiety symptoms decreased by 46% from admission to discharge.

Score Key

- 0-4: Minimal anxiety
- 5-9: Mild anxiety
- 10-14: Moderate anxiety
- 15-21: Severe anxiety

Mean admission score = 8, SD = 6. Mean discharge score = 5, SD = 5. Sample size is 90 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.



Well-Being

The WHO-5 measures well-being; higher scores indicate greater well-being. Clients complete the WHO-5, parents do not. Scores at or above the clinical line of 50 indicate healthy functioning. On average, well-being scores increased by 35% from admission to discharge.

Mean admission score = 48, SD = 25. Mean discharge score = 64, SD = 26. Sample size is 90 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant increase at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.





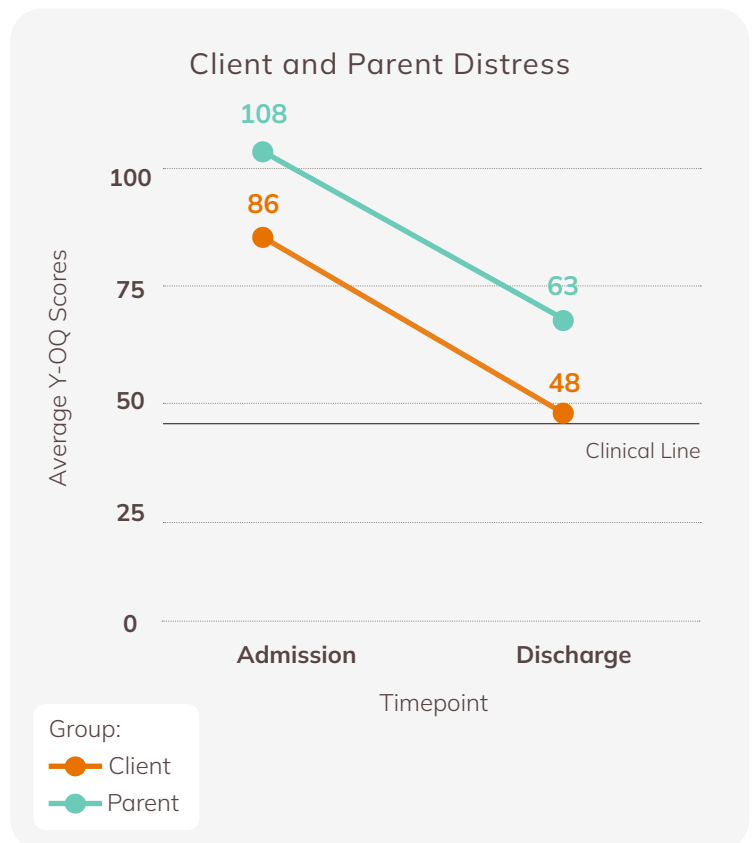
Residential Treatment

A Residential Treatment Center (RTC) provides 24-hour care for individuals whose treatment needs cannot be met through community-based outpatient services. As an alternative to inpatient hospitalization, RTC care is typically overseen by a physician and includes a comprehensive evaluation of medical, psychological, social, behavioral, and developmental needs. After treatment, individuals transition to the next level of care within Embark’s continuum, such as PHP or IOP.

Distress

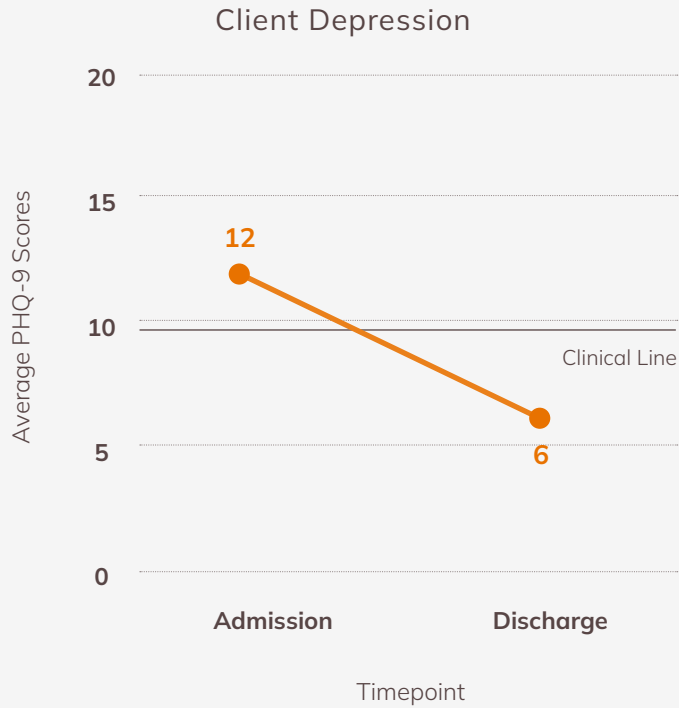
The Y-OQ assesses distress and behavioral functioning, with lower scores indicating less distress. Both clients and parents complete the Y-OQ. Scores at or below 47 signify healthy functioning. On average, client and parent distress decreased by 45 and 42% from admission to discharge.

Mean client admission score = 86, SD = 35. Mean client discharge score = 48, SD = 37. Mean parent admission score = 108, SD = 29. Mean parent discharge score = 63, SD = 38. Sample size is 436 clients and 624 parents. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Large effect size (Cohen’s d) for both clients and parents from admission to discharge.



Depression

The PHQ-9 measures depression; lower scores indicate fewer depressive symptoms. Clients complete the PHQ-9, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, depression symptoms decreased by 51% from admission to discharge.



Score Key

- 0-4: Minimal depression
- 5-9: Mild depression
- 10-14: Moderate depression
- 15-19: Moderately severe depression
- 20-27: Severe depression

78%

of residential clients reported
no thoughts of suicidality.*

*Item 9 on the PHQ-9 asks about suicidal thoughts.

Mean admission score = 12, SD = 7. Mean discharge score = 6, SD = 6. Sample size is 504. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Large effect size (Cohen's d) from admission to discharge.



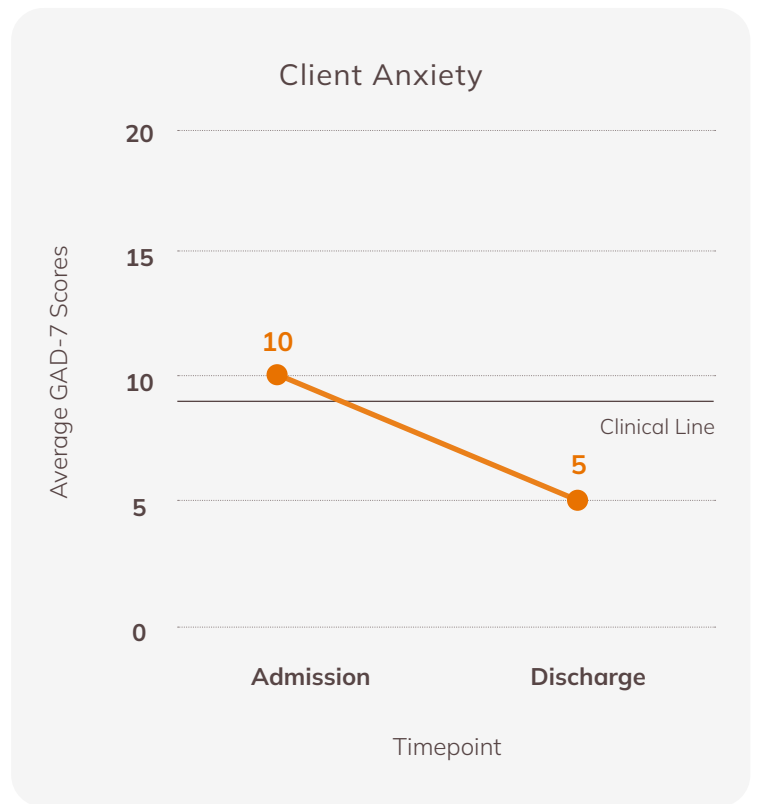
Anxiety

The GAD-7 measures anxiety; lower scores indicate fewer anxiety symptoms. Clients complete the GAD-7, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, anxiety symptoms decreased by 46% from admission to discharge.

Score Key

- 0-4: Minimal anxiety
- 5-9: Mild anxiety
- 10-14: Moderate anxiety
- 15-21: Severe anxiety

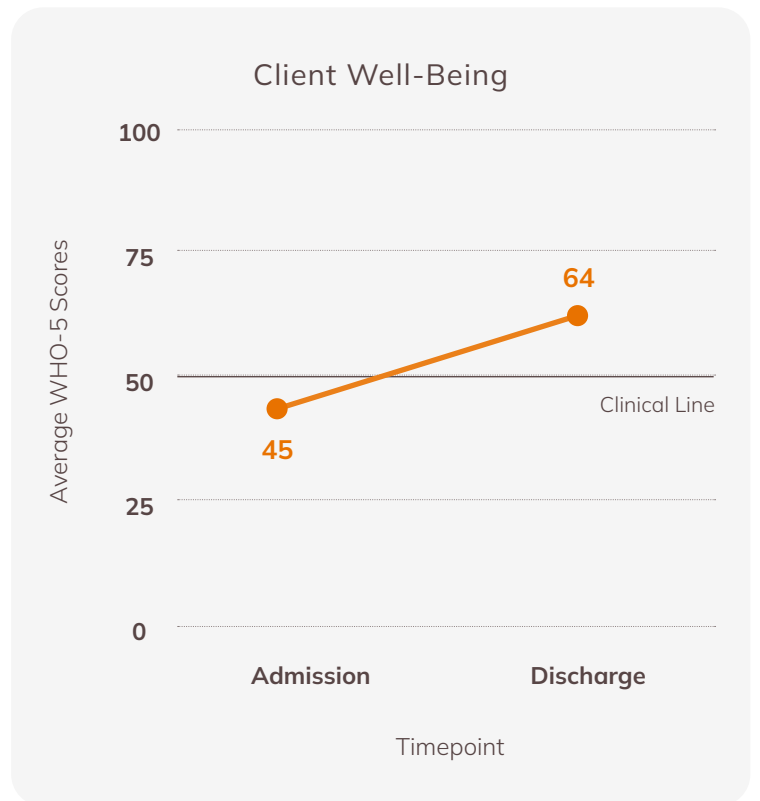
Mean admission score = 10, SD = 6. Mean discharge score = 5, SD = 5. Sample size is 513 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.



Well-Being

The WHO-5 measures well-being; higher scores indicate greater well-being. Clients complete the WHO-5, parents do not. Scores at or above the clinical line of 50 indicate healthy functioning. On average, well-being scores increased by 42% from admission to discharge.

Mean admission score = 45, SD = 23. Mean discharge score = 64, SD = 23. Sample size is 505 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant increase at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.





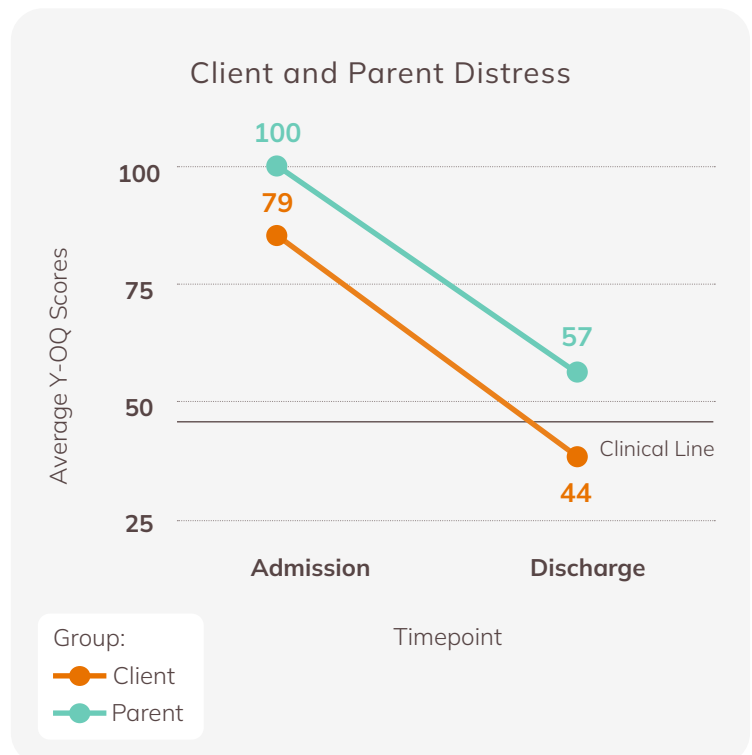
Specialty

Treatment in Embark's specialty residential programs typically lasts 6 to 18 months. These programs provide comprehensive care with increased daily treatment hours as needed and integrated academic support. Clients are removed from the stressors and environments for an extended period to address their mental health challenges with a focus on healing.

Distress (Y-OQ)

The Y-OQ assesses distress and behavioral functioning, with lower scores indicating less distress. Both clients and parents complete the Y-OQ. Scores at or below 47 signify healthy functioning. On average, client and parent distress decreased by 44 and 43% from admission to discharge.

Mean client admission score = 79, SD = 38. Mean client discharge score = 44, SD = 41. Mean parent admission score = 100, SD = 33. Mean parent discharge score = 57, SD = 38. Sample size is 218 clients and 336 parents. Paired sample t-tests from families who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Large effect size (Cohen's d) for both clients and parents from admission to discharge.

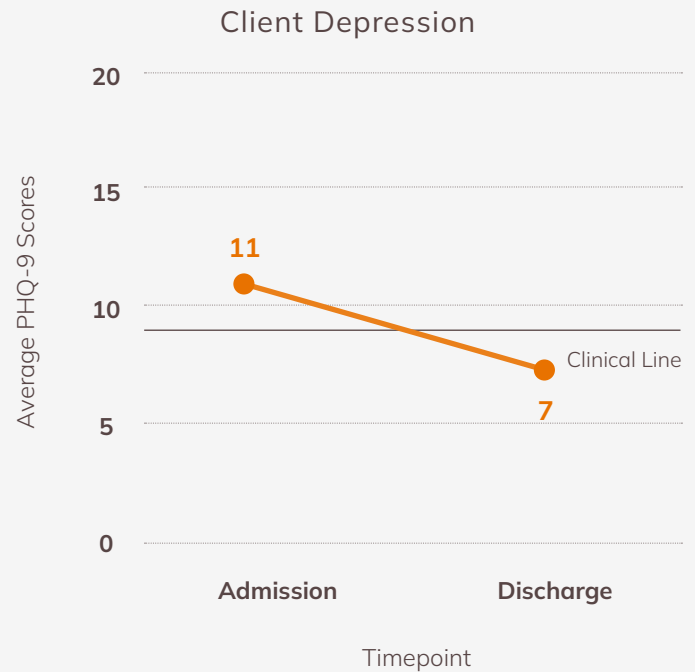


Depression

The PHQ-9 measures depression; lower scores indicate fewer depressive symptoms. Clients complete the PHQ-9, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, depression symptoms decreased by 35% from admission to discharge.

Score Key

- 0-4: Minimal depression
- 5-9: Mild depression
- 10-14: Moderate depression
- 15-19: Moderately severe depression
- 20-27: Severe depression



78%

of residential clients reported no thoughts of suicidality at discharge.*

*Item 9 on the PHQ-9 asks about suicidal thoughts.

Mean admission score = 11, SD = 7. Mean discharge score = 7, SD = 7. Sample size is 238. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.



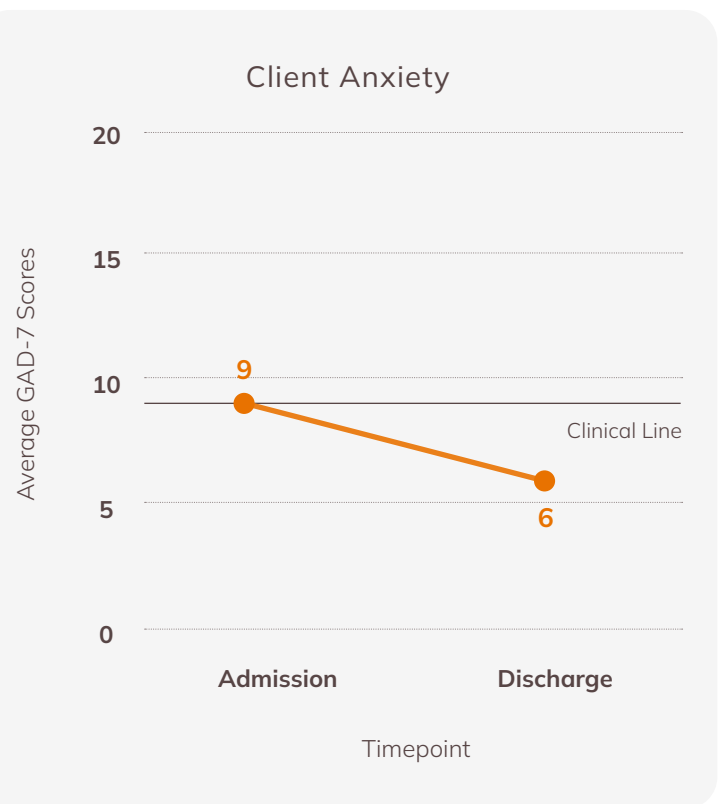
Anxiety

The GAD-7 measures anxiety; lower scores indicate fewer anxiety symptoms. Clients complete the GAD-7, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, anxiety symptoms decreased by 29% from admission to discharge.

Score Key

- 0-4: Minimal anxiety
- 5-9: Mild anxiety
- 10-14: Moderate anxiety
- 15-21: Severe anxiety

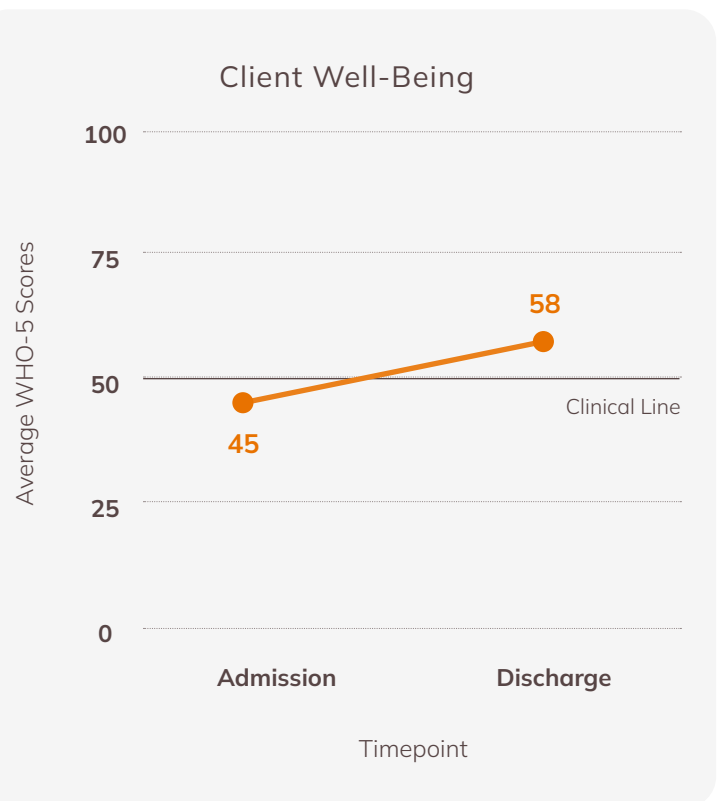
Mean admission score = 9, SD = 6. Mean discharge score = 6, SD = 6. Sample size is 229 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Small effect size (Cohen's d) from admission to discharge.



Well-Being

The WHO-5 measures well-being; higher scores indicate greater well-being. Clients complete the WHO-5, parents do not. Scores at or above the clinical line of 50 indicate healthy functioning. On average, well-being scores increased by 26% from admission to discharge.

Mean admission score = 45, SD = 22. Mean discharge score = 58, SD = 25. Sample size is 227 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant increase at the $p < .0001$ level. Small effect size (Cohen's d) from admission to discharge.





Young Adult Treatment and Transition

Embark serves young adult clients at our transitional living centers. The centers offer support services to people who are readjusting to life after a major change with a focus on the development of the skills and resources to move into permanent housing. Data from young adult clients receiving care at these centers are included in these results.

Distress

The OQ-45 assesses distress and behavioral functioning of young adults with lower scores indicate less distress. Young adult clients complete the OQ-45, parents do not. Scores at or below the clinical line of 63 indicate healthy functioning. On average, young adult distress decreased by 38% from admission to discharge. At discharge, 70% of clients reported healthy scores.

Mean admission score = 82, SD = 28. Mean discharge score = 51, SD = 30. Sample size is 86 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Large effect size (Cohen's d) from admission to discharge.

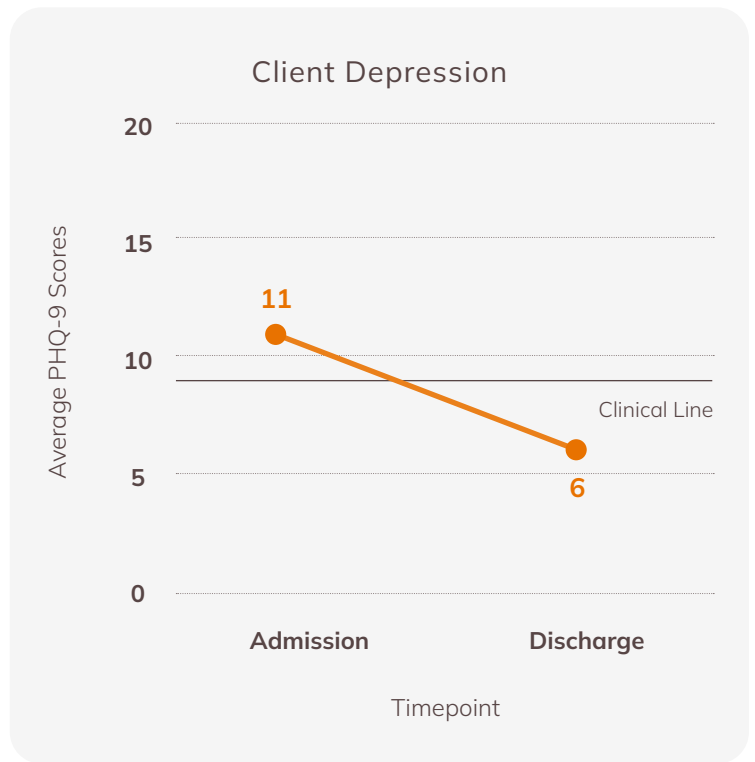


Depression

The PHQ-9 measures depression; lower scores indicate fewer depressive symptoms. Clients complete the PHQ-9, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, depression symptoms decreased by 46% from admission to discharge

Score Key

- 0-4: Minimal depression
- 5-9: Mild depression
- 10-14: Moderate depression
- 15-19: Moderately severe depression
- 20-27: Severe depression

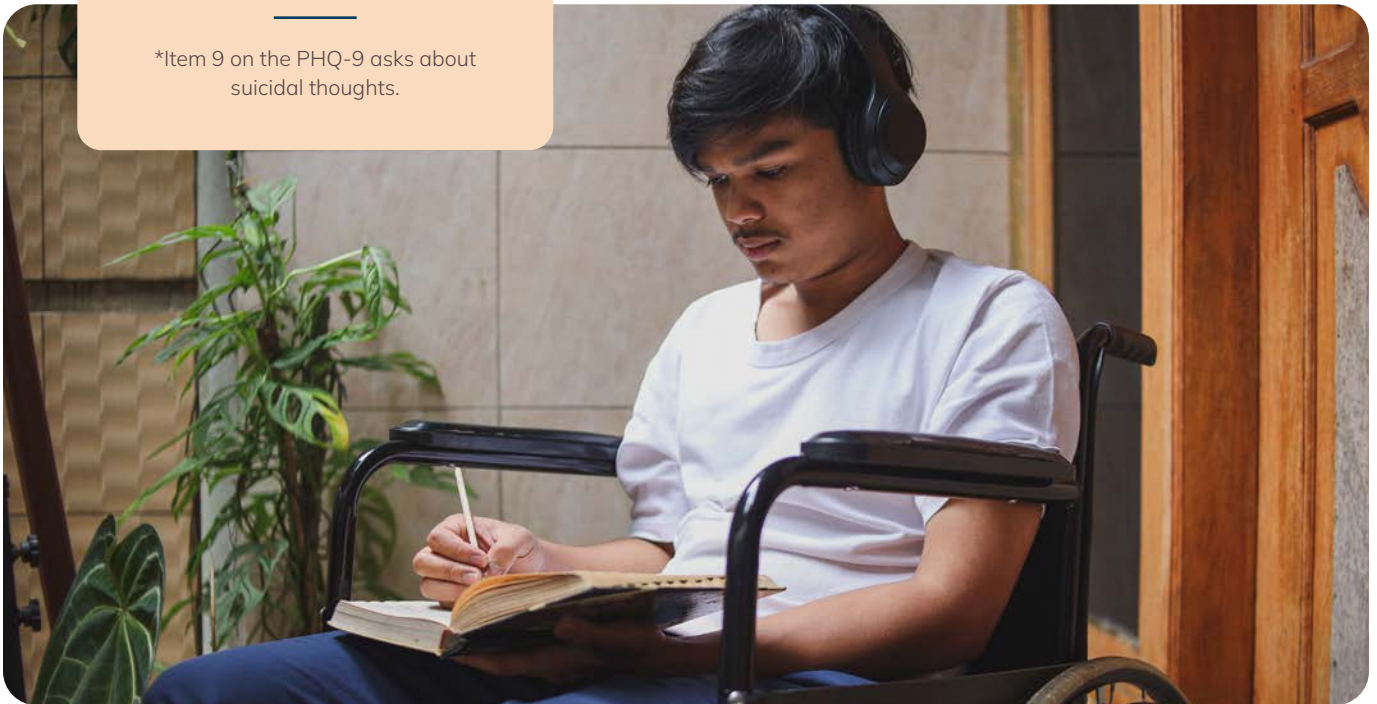


79%

of transitional living clients reported no thoughts of suicidality at discharge.*

*Item 9 on the PHQ-9 asks about suicidal thoughts.

Mean admission score = 11, SD = 8. Mean discharge score = 6, SD = 6. Sample size is 62. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Moderate effect size (Cohen's d) from admission to discharge.



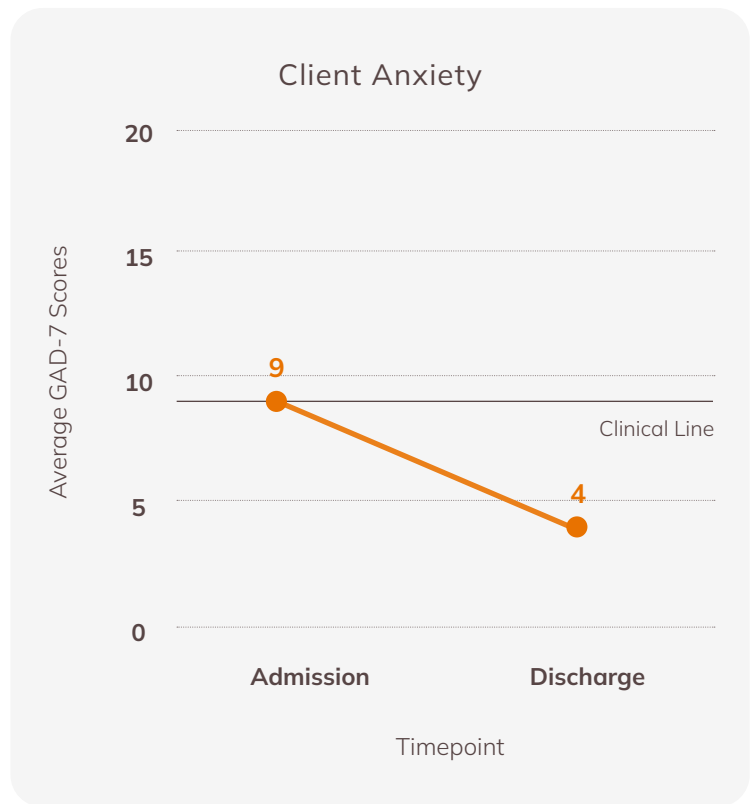
Anxiety

The GAD-7 measures anxiety; lower scores indicate fewer anxiety symptoms. Clients complete the GAD-7, parents do not. Scores at or below the clinical line of 9 indicate healthy functioning. On average, anxiety symptoms decreased by 55% from admission to discharge.

Score Key

- 0-4: Minimal anxiety
- 5-9: Mild anxiety
- 10-14: Moderate anxiety
- 15-21: Severe anxiety

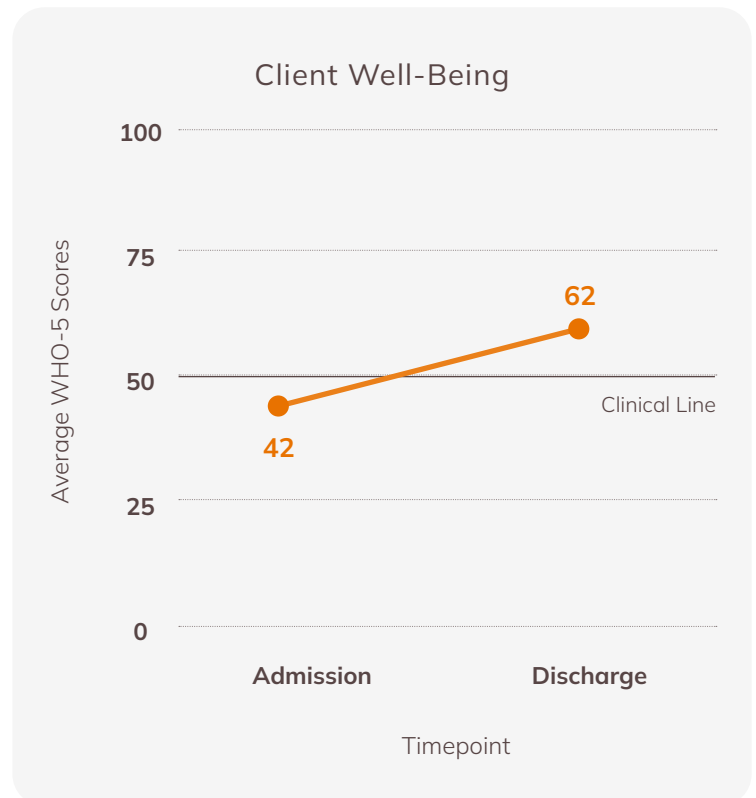
Mean admission score = 9, SD = 6. Mean discharge score = 4, SD = 5. Sample size is 35 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Large effect size (Cohen's d) from admission to discharge.



Well-Being

The WHO-5 measures well-being; higher scores indicate greater well-being. Clients complete the WHO-5, parents do not. Scores at or above the clinical line of 50 indicate healthy functioning. On average, well-being scores increased by 46% from admission to discharge.

Mean admission score = 42, SD = 24. Mean discharge score = 62, SD = 22. Sample size is 62 clients. Paired sample t-tests from clients who completed tests at both admission and discharge found a significant increase at the $p < .0001$ level. Large effect size (Cohen's d) from admission to discharge.





High Severity

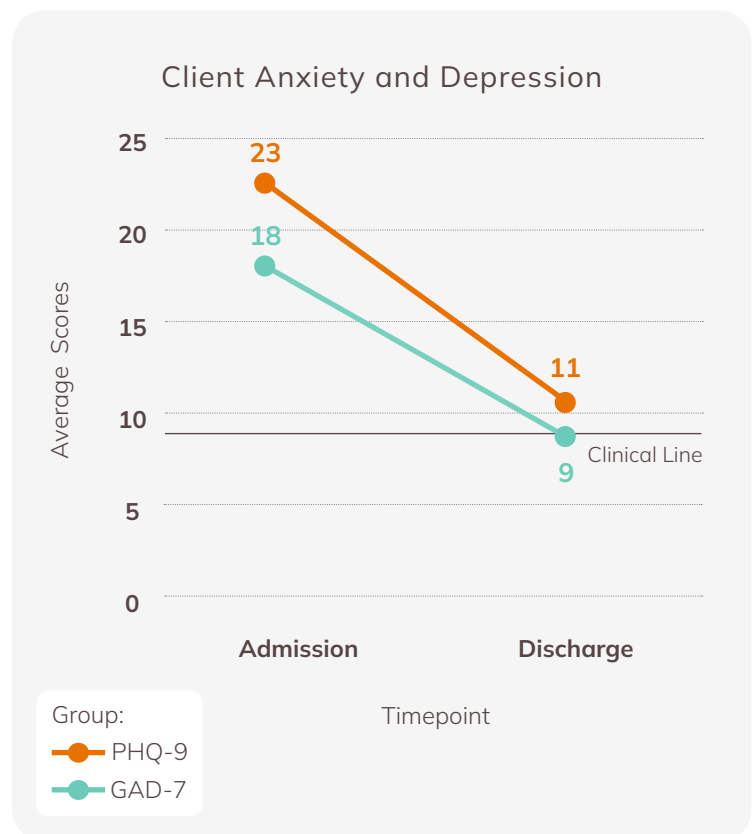
Embark delivers comprehensive care for clients facing severe mental health challenges. The results below highlight depression and anxiety scores from high-acuity clients, defined as those scoring 20+ on the PHQ-9 and 15+ on the GAD-7 at admission. Results demonstrate success in supporting healing for these individuals.

Depression

35% of Embark clients reported severe symptoms of depression at admission (PHQ-9 scores ≥ 20). These clients admitted with an average PHQ-9 score of 23 and discharged with an average score of 11. On average, clients suffering from severe depression decreased symptoms by 50% from admission to discharge as measured by the PHQ-9.

Anxiety

24% of Embark clients reported severe symptoms of anxiety at admission (GAD-7 scores ≥ 15). These clients admitted with an average GAD-7 score of 18 and discharged at clinical cutoff with an average score of 9. On average, clients suffering from severe anxiety decreased symptoms by 49% from admission to discharge as measured by the GAD-7.

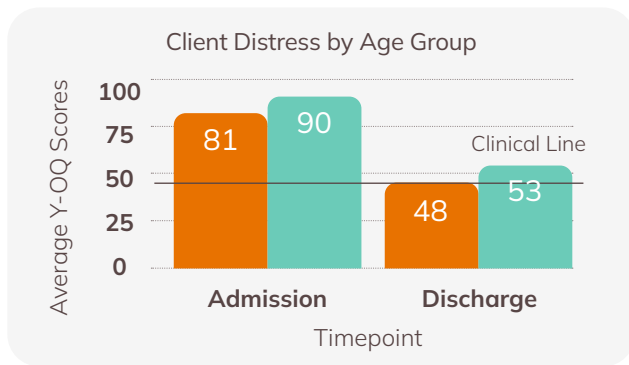


Sample size is 235 (PHQ-9) and 368 (GAD-7). Paired sample t-tests from clients who completed both tests at both admission and discharge found a significant decrease at the $p < .0001$ level. Both measures had large effect sizes (Cohen's d) from admission to discharge.



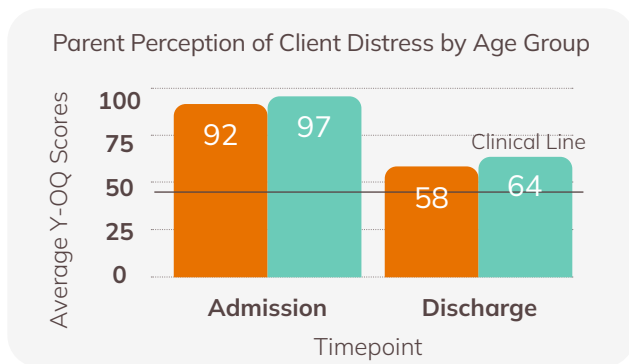
Results by Age

Embark treats clients ages 8 to 35. This section displays results by age, separated by instrument. Results show each cohort made considerable progress from admission to discharge.



Group: Adolescent Child

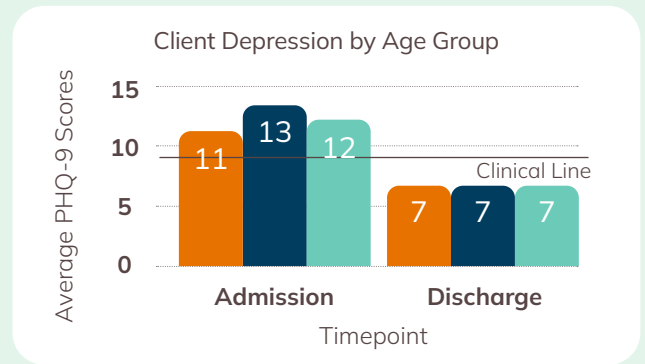
Children: Sample size is 78. Age range is 12 -12.*
 Adolescents: Sample size is 1055. Age range is 13-17.



Group: Adolescent Child

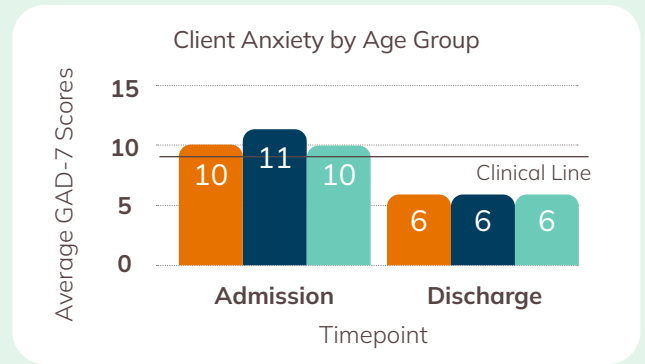
Children: Sample size is 163. Age range is 9 -12.*
 Adolescents: Sample size is 1519. Age range is 13-17.

*YOQ-SR is validated for children and adolescents ages 12-17.
 *YOQ 2.01 is validated for parents of children and adolescents ages 4-17.



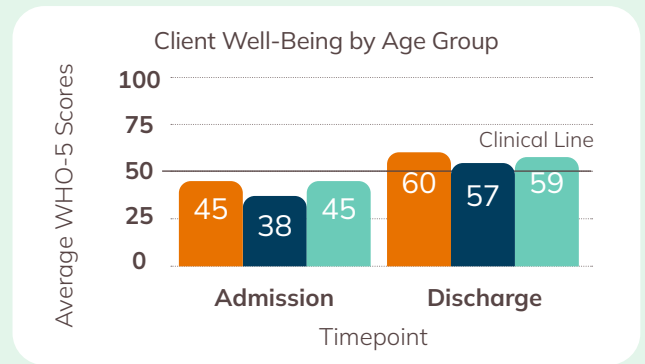
Group: Adolescent Adult Child

Children: Sample size is 86. Age range is 12 - 12.
 Adolescents: Sample size is 1145. Age range is 13 to 17.
 Adults: Sample size is 278. Age range is 18 to 31.



Group: Adolescent Adult Child

Children: Sample size is 98. Age range is 11 to 12.
 Adolescents: Sample size is 1130. Age range is 13 to 17.
 Adults: Sample size is 278. Age range is 18 to 31.



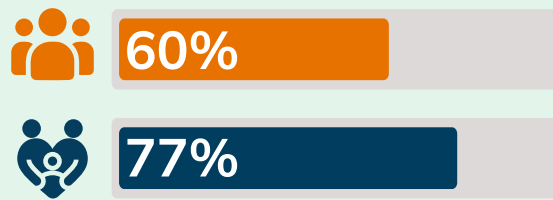
Group: Adolescent Adult Child

Children: Sample size is 105. Age range is 9 to 12.
 Adolescents: Sample size is 1112. Age range is 13 to 17.
 Adults: Sample size is 272. Age range is 18 to 31.

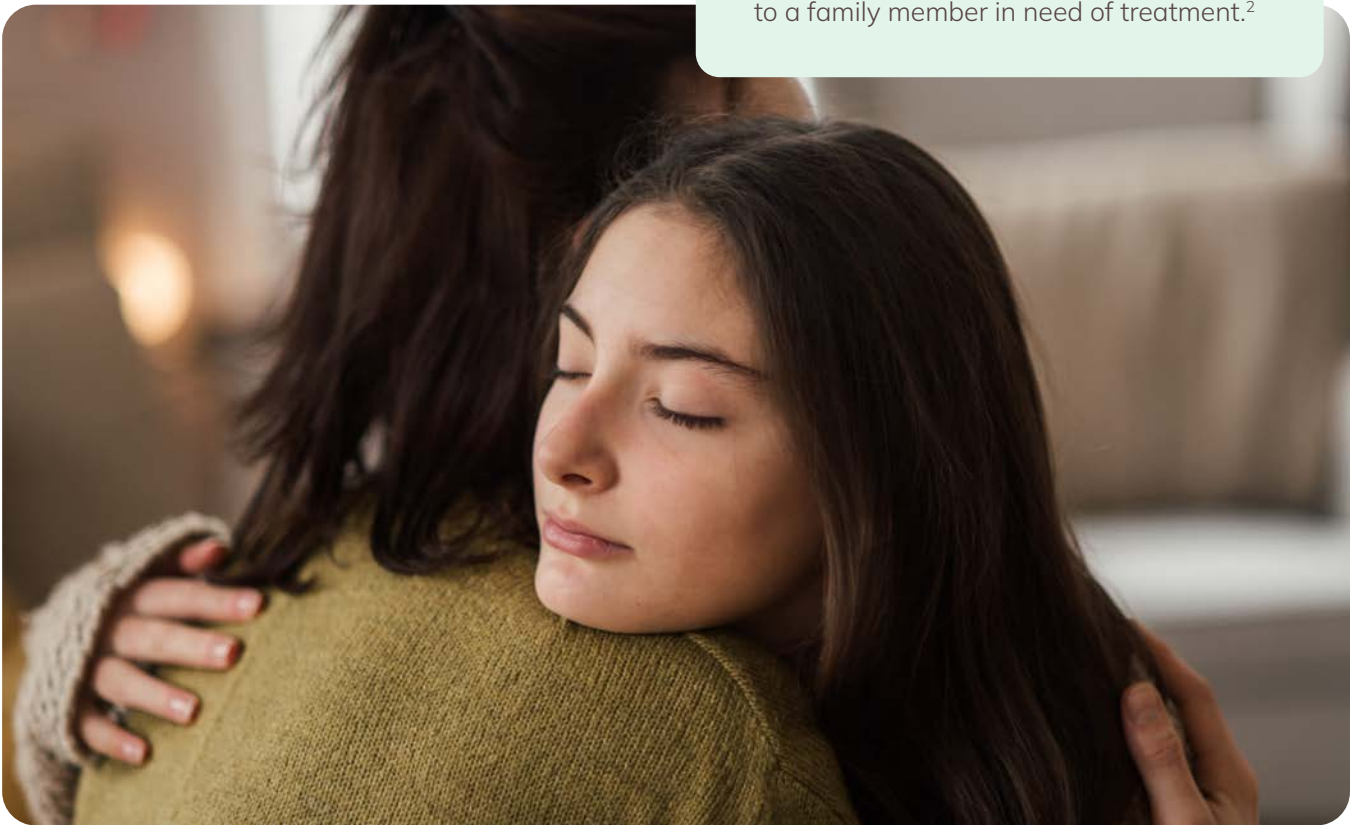
Safety

In 2024, Embark reinforced its commitment to fostering a safe and supportive environment for clients and staff through several initiatives. First, Embark established an organization-wide Health and Safety Committee. This expert-led group meets regularly to promote data-informed conversations about risk management, empowering staff at all levels to actively discuss, manage, and mitigate risks. Additionally, Embark implemented electronic safety alerts across all programs, enabling clinicians and clinical leaders to receive immediate notifications of client self-reported thoughts of self-harm or suicidal ideation. These advancements reflect Embark's unwavering dedication to safety and well-being.

Ensuring a safe and supportive environment is key to providing care. This commitment not only protects clients, but also enhances their experience, contributing to satisfaction and trust in Embark. The following results highlight client and parent satisfaction and likelihood to recommend services.



60% of clients and 77% of parents were likely or very likely to recommend Embark to a family member in need of treatment.²



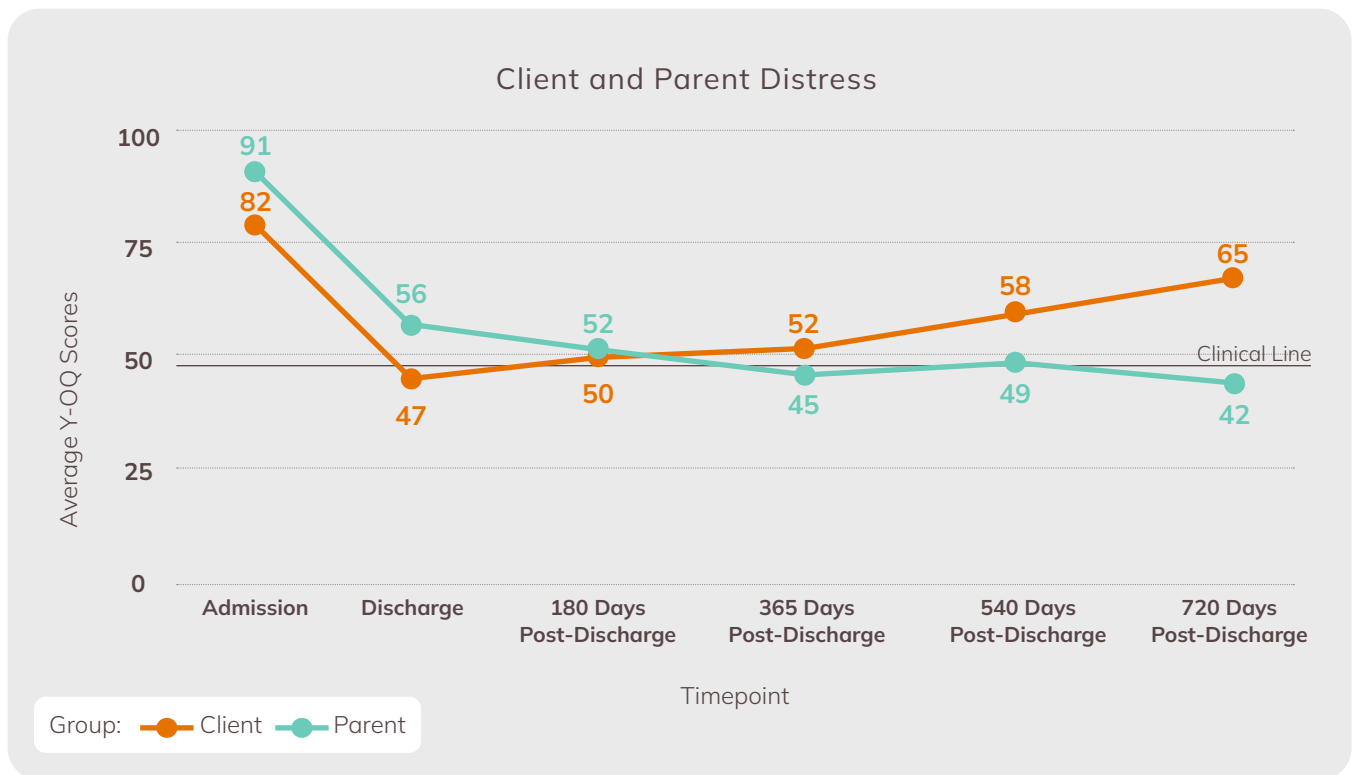
² Likely to recommend is defined by a score of 8 or higher on Embark discharge satisfaction survey, item 1: How likely are you to recommend Embark to a friend or family member who is experiencing similar emotional or behavioral struggles?

The Embark Impact

Embark invites clients and families to participate in data collection two years after their last day of treatment (i.e., discharge), which enables Embark to assess continued progress in a client's life after completing treatment. Collecting data beyond treatment is important for learning about lasting impact and what worked well during treatment. This section talks about aggregated data two years after discharge across Embark. Clients in this section received care between April 11, 2020 and December 31, 2024.

Distress

The Y-OQ assesses distress and behavioral functioning, with lower scores indicating reduced distress. Clients and parents complete the Y-OQ, where scores at or below 47 signify healthy functioning. From admission to two years post-discharge, client and parent scores decreased by an average of 17 and 49 points respectively, suggesting reductions in distress were sustained overtime.



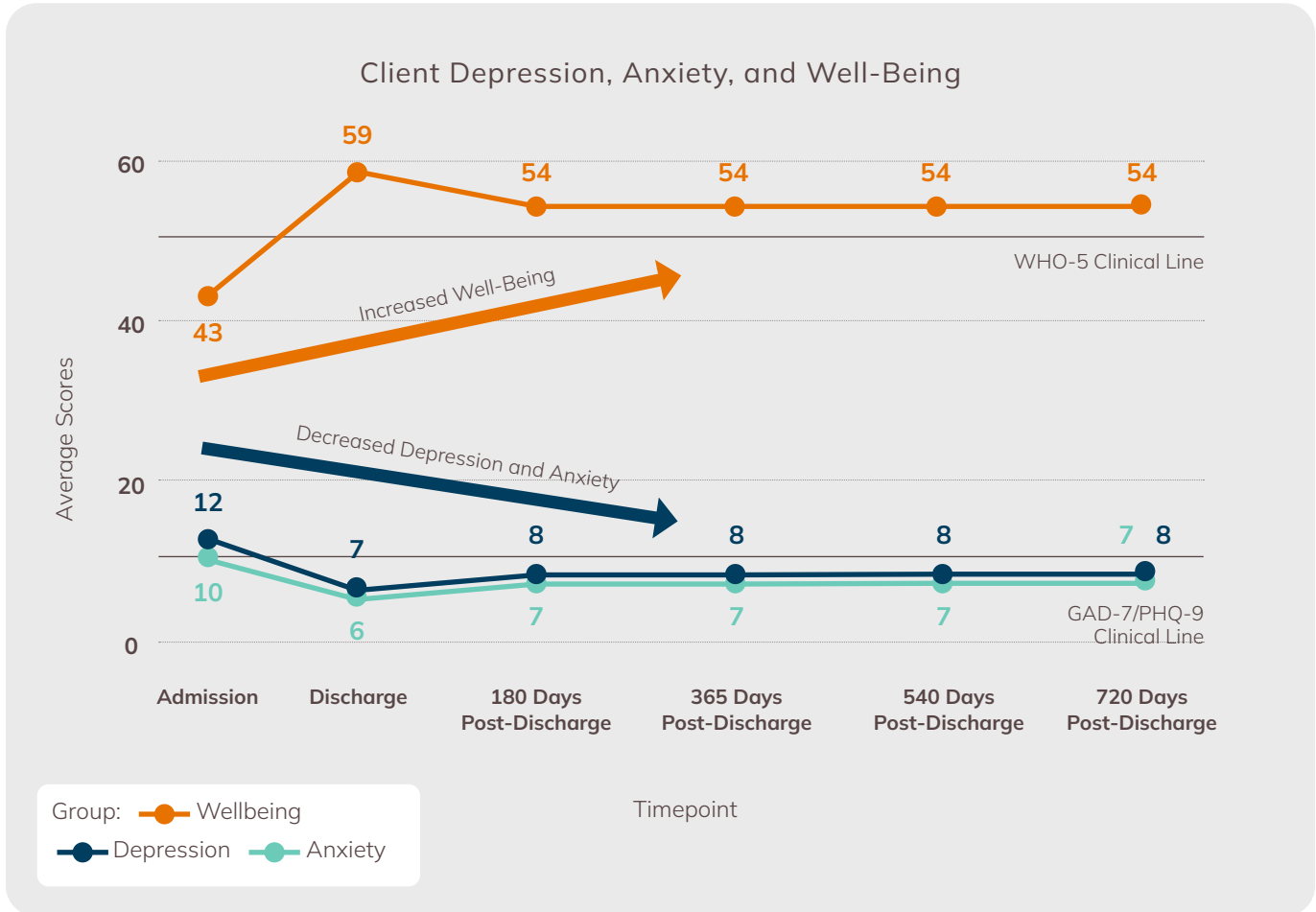
YOQ-SR Sample size: Admission: = 1702. Discharge: = 1381. 180 Days Post discharge (PD) = 245. 365 Days PD = 136. 540 Days PD = 65. 720 Days PD = 46.

YOQ-2.01 Sample size: Admission: = 2942. Discharge: = 2267. 180 Days PD = 722. 365 Days PD = 404. 540 Days PD = 192. 720 Days PD = 130.

Depression, Anxiety, and Well-being

The PHQ-9, GAD-7, and WHO-5 measure depression, anxiety, and well-being, respectively. Lower scores on the PHQ-9 and GAD-7 indicate fewer symptoms of depression and anxiety. Higher scores on the WHO-5 reflect greater well-being. Clients complete all three assessments, and scores at or below 9 on the PHQ-9 and GAD-7, or at or above 50 on the WHO-5, indicate healthy functioning.

From admission to two years post-discharge, clients showed average decreases of 4 points on the PHQ-9 and 3 points on the GAD-7, and an increase of 11 points on the WHO-5.



PHQ-9 Sample size. Admission: = 2112. Discharge: = 1809. 180 Days PD = 298. 365 Days PD = 159. 540 Days PD = 75. 720 Days PD = 52.
 GAD-7 Sample size. Admission: = 2069. Discharge: = 1808. 180 Days PD = 285. 365 Days PD = 149. 540 Days PD = 73. 720 Days PD = 53.
 WHO-5 Sample size. Admission: = 2085. Discharge: = 1813. 180 Days PD = 288. 365 Days PD = 158. 540 Days PD = 69. 720 Days PD = 51.



Satisfaction: What Made the Difference

Understanding specific areas of treatment that helped families heal is important for meeting and exceeding client expectations. To continue strengthening our understanding of client experience, Embark invites families to reflect on the reason(s) behind satisfaction scores by completing the Outcome of Treatment survey after discharge. The survey asks about components of care—e.g., therapeutic relationships, individual or group therapy, program structure — that made a difference during treatment. This section discusses factors of care that are associated with higher satisfaction.

Methods

The Outcome of Treatment survey is sent after discharge and asks about overall satisfaction and other questions related to functional improvement, return to homelife, and medication adherence. One question invites clients to choose from a list of 10 (ten) primary reasons that explain overall satisfaction ratings.

A multiple linear regression analysis was conducted to identify factors significantly associated with higher satisfaction. The analysis revealed that Individual Therapy ($\beta = 1.549$, $p = 0.004$) and Staff ($\beta = 1.482$, $p = 0.002$) were significant predictors of higher client satisfaction ratings six (6) months after discharge. These findings highlight the significant positive impact of Embark's therapeutic approach and the important role that staff play in supporting client satisfaction.

Returning Home

A smooth transition back home is a key priority for families receiving care. The Outcome of Treatment survey contains several items related to this transition, allowing us to measure successes and challenges as clients return to their home environments. This section reports some of these results.

Stabilization after Embark

Our overarching goal is to provide families with a stable quality of life after discharge. One way we measure this is assessing inpatient psychiatric hospitalization stays after discharge.

One year after discharge, **88% of parents** reported 0 psychiatric hospitalization visits.

Two years after treatment, 83% of parents reported the same.

Sample size: One year after treatment is 352 parents.
Two years after treatment is 178 parents.

Reduced Problems

The outcome of treatment survey asks clients to report whether their challenges or problems have gotten better, worse, or not changed after Embark.

One year after discharge, **75% of clients and 85% of parents** reported their challenges to be “somewhat better” or “much better”.

Two years after discharge, 77% of clients and 89% of parents reported the same.

Sample size: One year after treatment is 125 clients and 352 parents. Two years after treatment is 53 clients and 178 parents.

Return to Work or School

The Outcome of Treatment survey asks about educational and vocational status, given that return to school and work is an important outcome of improvement.

One year after discharge **94% of parents** reported that their child has either returned to school or been employed.

Two years after treatment, 95% of parents reported the same.

Sample size: One year after treatment is 352 parents.
Two years after treatment is 178 parents.

Medication management:

For some clients, medication management is a critical outcome for therapeutic progress. The Outcome of Treatment survey asks clients about medication services after discharge.

Of those who were prescribed medication for psychological problems, **82% of clients** reported taking medication as prescribed one year after discharge.

Two years after discharge, 91% of clients reported the same.

Sample size: One year after treatment is 78 clients.
Two years after treatment is 35 clients.

Contributing to the Conversation

As a national provider of mental health services, Embark is in a unique position to influence and inform policy and practice. This section highlights key research contributions, presentations at major conferences, and peer-reviewed publications that showcase Embark's contributions to adolescent mental health and measurement-informed care space.



Publications

Through peer-reviewed journal and other publications, research findings, and other learnings contribute valuable knowledge to the field.

- **Evidence-Based Practice in Child and Adolescent Mental Health:** Brad Simpson, Drew Beatty & Clint Broadbent (13 Jun 2024): Associations Between Symptoms and Participation in a DBT-A-focused Long-Term Residential Treatment Program: Outcomes at Discharge and 2-Years Post-Discharge, Evidence-Based Practice in Child and Adolescent Mental Health, DOI: 10.1080/23794925.2024.2358483, <https://doi.org/10.1080/23794925.2024.2358483>
- **Embark Behavioral Health Data Brief:** Drew Beatty, Emma Smith, Christy Beaudin (7 Nov 2024): Whole Person Care in the Outpatient Treatment Setting, https://www.embarkbh.com/wp-content/uploads/2024/11/EmbarkDataBrief_202401-01.pdf

Conferences and Community Education

Insights were showcased alongside industry thought leaders at conferences and other convenings.

- **National Council on Mental Well-being / NatCon24.** Emma Smith, Jake Sparks, Christy Beaudin. Does Data Culture Predict Survey Completion? Insights from a National Behavioral Health Organization. St. Louis, MO. April 15, 2024
- **Community Education.** Kendra Meiklejohn. Growing through Exposure and Adventure. LinkedIn. September 12, 2024.
- **Licensed Professional Counselor Association of Georgia / LPCA.** Impostor Phenomenon Among Counselors-in-Training. Raven Scott, Hayley Lovelace. LPCA Foundation's Virtual Conference. September 13, 2024

Podcasts

Recent involvement in podcasts provided an opportunity to share expert insights and engage in thought-provoking discussions on topics shaping the industry.

- Behavioral Health Business Perspectives. Alex Stavros. Podcast #6. January 17, 2024.
- NAMI Orange County / Anxiety Sucks. Dr. Sharnell Myles. Trauma Dumping Part 1. September 11, 2024.
- NAMI Orange County / Anxiety Sucks. Dr. Sharnell Myles. Trauma Dumping Part 2. October 9, 2024.

Recognition

Recipients of various awards and recognition throughout 2024 reflect Embark's commitment to excellence and the impact of our work within the mental health space.

- 2024 Arizona Central Top Workplace awarded to Embark Behavioral Health.
- 2024 Aspect Awards Winner awarded to Embark Podcasts.
- 2024 Mental Health America (MHA) Bell Seal Recipient (Gold Level) awarded to Embark Behavioral Health.



Glossary

Clinical cutoff: Clinical cutoff scores for self-report measures provide a means of evaluating clinically significant pathology during and after treatment.

Cohen's d: A statistical effect size used to compare two or more groups on a variable and measure the magnitude of the difference between them.

Composite score: Combined data from multiple individual scores to create an overall measure of a specific area (e.g., symptom severity or treatment progress).

Effect size: A measure of how large the difference is between two groups, showing the practical importance of the results. Effect sizes help indicate the real-world impact beyond just statistical significance.

Matched scores: Data where the same client or caregiver completed surveys at all designated timepoints (admission and discharge). Matched data are considered more accurate for outcome measurement as they track progress across all relevant intervals.

Mean: Found by adding the numbers and dividing the sum by the number of numbers in the list. This is what is most often meant by an average.

Measurement Informed Care: Evidence-based practice of routinely using standardized assessments to inform clinical decisions and monitor treatment progress.

Multiple linear regression: A statistical method used to model the strength of the relationship between the dependent variable and independent variables.

Sample size: The number of observations or individuals included in a study or analysis.

Statistical significance: Statistical significance indicates whether a change in scores is unlikely due to chance, while clinical significance assesses whether the change is meaningful in a client's real-world functioning.

Standard deviation: A measure of the spread or variability of a set of scores around the average (mean). It shows how much individual scores differ from the average, helping to understand the consistency of data within a group.

T-test: A statistical test used to determine whether there is a significant difference between the means of two groups. It helps assess whether observed differences are likely due to chance or if they reflect actual differences in the populations being studied.

Unmatched scores: Data where surveys may not have been completed by the same client or caregiver at all designated timepoints (e.g., admission and discharge).



