

ALTER BEHAVIORAL HEALTH

CLINICAL OUTCOMES REPORT

December 2025



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25



CHIEF EXECUTIVE OFFICER AND FOUNDER



At Alter Behavioral Health, our mission has always been clear, to provide compassionate, evidence-based care that empowers individuals to reclaim their lives. This year's outcomes report reflects not only the strength of our clinical model, but also the resilience, courage, and commitment of the clients who entrust us with their healing. The data presented throughout this report demonstrate profound and lasting change: reductions in depression and anxiety, significant gains in wellbeing, and measurable improvements in daily functioning long after clients leave our care.

These results reaffirm what we see every day across our programs. When individuals are met with skilled clinicians, personalized treatment, and a supportive therapeutic environment, meaningful recovery becomes not only possible, but sustainable. I am deeply proud of our dedicated team whose work continues to make these outcomes possible. Their expertise, compassion, and unwavering belief in the potential of each client are at the heart of every improvement reflected in these pages.

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EXECUTIVE SUMMARY

This study employed the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder Scale (GAD-7) and the Personal Wellness Index (PWI) to measure the impact Alter Behavioral Health has on their clients. The findings from the analysis demonstrate that Alter Behavioral Health has a strong positive impact on the lives of clients.

The study used a generalized linear mixed model (GLMM) as a statistical method to best assess Alter Behavioral Health's effectiveness at supporting its clients suffering from Depression and Anxiety. A general linear mixed model was used to examine PHQ-9, GAD-7, PWI scores over time. A total of 1,888 surveys were included in the analysis, reflected by 240 participants. The findings demonstrate that participants enter an Alter Behavioral Health program severely depressed, anxious, and with poor well-being. Clients discharge with statistically significant improvement.

Changes in standardized PHQ-9, GAD-7, PWI scores at all time intervals (Intake, Discharge, and Post-Discharge.) were statistically significant at alpha .05, meaning there is a 95% confidence that the observed effects are real and not due to random variation.



EXECUTIVE SUMMARY

Additional self-report data was collected about participants emergency room hospital visits, interactions with law enforcement, substance abuse abstinence, and treatment center recidivism. The data is presented by way of charts. Key highlights from the additional self-reported data are:

- **97%** of participants indicated they had no encounters with law enforcement in the past 30 days.
- **85%** of participants stated they had no Emergency Room Hospital visits in the past 30 days.
- **74%** of participants stated they had not re-entered any behavioral health residential treatment since leaving an Alter Behavioral Healthcare program.
- **93%** of participants report using substances less or not at all since leaving treatment.

The final question sent to participants post discharge, "Any other comments about your experience or the impact Facility had on your life?" provided useful insights and further context about the positive impact Alter Behavioral Health has on its clients. The overwhelming consensus was positive. One participant from Alter Behavioral Health stated, "One of the best decisions I made in my life was taking the time for myself at Alter. Forever grateful. Thank you..".

The data was independently collected and prepared by Pacific Analytics, a quantitative behavioral health research firm. Questions about the research may be directed to Kyle Van Duser Ph.D. at info@pacificanalytics.org.



INTRODUCTION

OBJECTIVE

The purpose of this study is to assess the effectiveness of Alter Behavioral Health's ability to help clients suffering from depression and anxiety. The sections below: Research Questions, Hypotheses, Methodology, Findings, and Discussion take an empirical approach for assessing Alter Behavioral Health's longitudinal impact on client mental health.

OVERVIEW OF ALTER BEHAVIORAL HEALTH

Alter Behavioral Health is a private mental-health treatment organization based in Southern California that provides a full continuum of care for adults with complex psychiatric and co-occurring mental health disorders. Across multiple residential, partial hospitalization (PHP), and intensive outpatient (IOP) programs, Alter emphasizes a whole-person, evidence-based approach that integrates clinical therapies such as CBT, DBT, trauma-focused modalities, and holistic supports. The organization focuses heavily on individualized care, clinical quality, and the therapeutic alliance, utilizing tools such as the Care Predictor Index (CPI) to assess clinician attributes believed to contribute to effective client engagement. With several treatment centers serving diverse levels of acuity, Alter positions itself as a comprehensive and client-centered behavioral health provider committed to long-term recovery, improved functioning, and sustained stability after discharge.

RESEARCH QUESTIONS

In order to empirically assess the effectiveness of Alter Behavioral Health's ability to support its clients, the study seeks to answer the following research questions (RQ):

RQ1: Is treatment at an Alter Behavioral Health program effective at improving clients' feelings of depression over time?

RQ2: Is treatment at an Alter Behavioral Health program effective at improving clients' feelings of anxiety over time?

RQ3: Is treatment at an Alter Behavioral Health program effective at improving clients' overall feelings of well-being?

The study focused on client depression and anxiety as key areas to monitor longitudinally beyond discharge.

HYPOTHESES

In alignment with the research questions, the study sought to test the following hypotheses to empirically assess the effectiveness of Alter Behavioral Health:

1

Depression (RQ1)

Null Hypothesis:

$H_0: M_1 = M_2 = M_3 = M_4$

There is no difference in clients' self-reported feelings of depression over time after completion of an Alter Behavioral Health treatment program.

Alternative Hypothesis:

$H_1: M_1 \neq M_2 \neq M_3 \neq M_4$

Clients who complete an Alter Behavioral Health treatment program experience a decrease in self-reported feelings of depression over time.

2

Anxiety (RQ2)

Null Hypothesis:

$H_0: M_1 = M_2 = M_3 = M_4$

There is no difference in clients' self-reported feelings of anxiety after completion of an Alter Behavioral Health treatment program.

Alternative Hypothesis:

$H_1: M_1 \neq M_2 \neq M_3 \neq M_4$

Clients who complete an Alter Behavioral Health treatment program self-report a decrease in feelings of anxiety.

HYPOTHESES

In alignment with the research questions, the study sought to test the following hypotheses to empirically assess the effectiveness of Alter Behavioral Health:

3

Well Being (RQ3)

Null Hypothesis:

$H_0: M_1 = M_2 = M_3$

There is no difference in clients' self-reported feelings of well-being over time after completion of an Alter Behavioral Health treatment program.

Alternative Hypothesis:

$H_1: M_1 \neq M_2 \neq M_3$

Clients who complete an Alter Behavioral Health treatment program experience an increase in self-reported feelings of overall well-being.

METHODOLOGY

CRITERIA FOR INCLUSION

This study took a multipronged quantitative approach to best assess Alter Behavioral Health programs' effectiveness at improving client wellbeing.

Research evaluators analyzed the admission, biweekly, discharge, and post discharge data. Tables below indicate the count of surveys by time period and assessment type. Participants in the study were admitted between October 2019 and 2025. The average time since post discharge was 741 days, or approximately two years. Clients entered treatment with a range of mental health diagnoses, frequently with co-morbidity.

Administratively, all clients are requested to complete the PHQ-9, GAD-7, and PWI for consistent tracking purposes. The PHQ-9, GAD-7, and PWI are administered at intake and discharge. In some cases, a biweekly assessment is administered.

There was no cut score for the assessments selected intentionally given the average score at intake represented as moderate depression and anxiety on the PHQ9 and GAD7 respectively.



METHODOLOGY

STATISTICAL METHOD AND SAMPLE POPULATION

The study employed a General Linear Mixed Model (GLMM) to examine the relationship between intake, discharge, and post-treatment depression, and anxiety scores. As is common with applied research, participants often do not complete surveys during every single time interval. With classic analysis of variance repeated measures (ANOVA), a single missed survey time interval results in the participant being excluded from the study.

The GLMM technique permitted the researcher to utilize participant data despite the existence of missing data. Further, it allowed for greater latitude to work with the collected data without violating statistical assumptions. In turn, this provided a relatively robust sample within the population of Alter Behavioral Health alumni. Below is a descriptive table which displays the breakdown of responses by time interval. A one-time historical alumni survey was sent out electronically in September 2025 requesting participation.



METHODOLOGY

PHQ - 9 Surveys Collected by Time Interval

		Count
Time	Intake	171
	Biweekly	59
	Discharge	150
	Post Discharge	240
Total		620

GAD-7 Surveys Collected by Time Interval

Descriptive Statistics	
Score	
Time Analysis	Count
Admission	173
BiWeekly	34
Discharge	152
PostDischarge	240
Total	599

METHODOLOGY

PWI Surveys Collected by Time Interval

		Count
Time	Intake	121
	Discharge	108
	Post-Discharge	240
Total		469



ASSESSMENT TOOLS

The study drew upon the following assessment tools for programmatic analysis.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.[i] It consists of nine questions that align with the criteria for diagnosing major depressive disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).[ii] The table below shows the range of scores that represent cut points for mild, moderate, moderately severe, and severe depression.[iii]

[i] Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care*. 2003;41:1284-92.

[ii] Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. *Psychiatry Ann*. 2002;32:509-21.

[iii] Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med*. 2001;16:606-13.

Clinical Depression Scales	
Score	Depression Severity
0 – 4	None-minimal
5 – 9	Mild
10 – 14	Moderate
15 – 19	Moderately Severe
20 – 27	Severe

GENERALIZED ANXIETY DISORDER SCALE (GAD-7)

The Generalized Anxiety Disorder 7-item (GAD-7) is an easy to perform initial screening tool for generalized anxiety disorder[i]. GAD-7 is a self-report questionnaire designed to assess the severity of generalized anxiety symptoms. It consists of seven questions that individuals answer based on their experiences over the past two weeks.

[i] Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med*. 2006;166:1092-7.

Clinical Anxiety Scales	
Score	Anxiety Severity
0 – 5	Minimal
5 – 10	Mild
10 – 15	Moderate
15 – 20	Severe

ASSESSMENT TOOLS CONTINUED

PERSONAL WELLNES INDEX (PWI)

The Personal Wellness Index is a validated measure designed to assess an individual's perceived quality of life across key life domains. It is commonly used in mental health, community wellbeing, and longitudinal research.

[1] Cummins, R. A., Eckersley, R., Pallant, J., Van Vugt, J., & Misajon, R. (2003). Developing a national index of subjective wellbeing: The Australian Unity Wellbeing Index. *Social Indicators Research*, 64(2), 159-190.

PWI Scales	
Score	Functioning
0-50	Challenged
50-60	Compromised
60-70	Normal

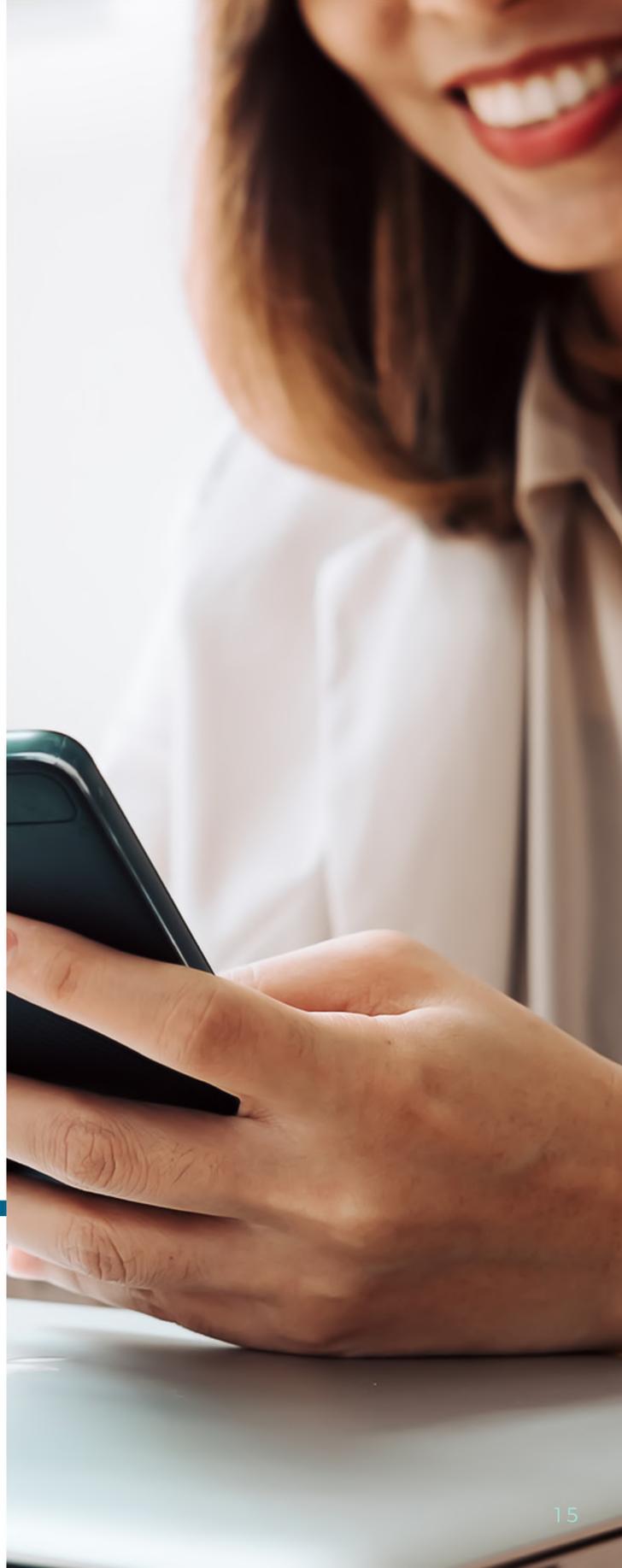
DATA COLLECTION

ETHICAL CONSIDERATIONS OF HUMAN SUBJECTS RESEARCH

Clients were contacted post discharge electronically and offered a gift card for participation.

The lead researcher consulted with Advarra, a private human subjects Institutional Review Board (IRB) to determine if the study needed formal oversight. Using the Department of Health and Human Services (DHHS) regulations at 45 CFR 46, Advarra IRB determined that the research project did not meet the DHHS definition of human subjects research under 45 CFR 46 and, therefore did not require IRB oversight.

Specifically, data presented in the findings are for Alter Behavioral Health programs institutional improvement, anonymized, and aggregated in a way that safeguards any personal identifiable information. While IRB oversight was not deemed a requirement, written consent was ascertained throughout the data collection process.



FINDINGS

RQ1 - DEPRESSION

Based on the findings below, we can reject our null hypothesis. Clients who participate in Alter Behavioral Health see a major reduction in their feelings of depression. This is statistically significant at alpha .05. These findings hold true for long after clients leave Alter Behavioral Health. Clients enter with moderate depression and they discharge below the clinical threshold. Clients do not experience any statistically significant increase in their symptoms post discharge.

Below are the findings from the GLMM outputs examining time. As evident from the estimates of fixed effects, we may reject our Null Hypothesis.

Clients who participate in an Alter Behavioral Health program experience a decrease in their depression symptoms long after discharge. This is significant at alpha .05.



RQ1 - DEPRESSION

This table describes the structure of the multilevel model used to analyze PHQ-9 scores over time. The model includes fixed effects for the overall starting point (the intercept) and for time, which has four levels representing each assessment point (e.g., intake, mid-treatment, discharge, follow-up). These fixed effects estimate the average pattern of change in depressive symptoms across all clients. The model also includes a random intercept, which allows each client to have their own unique baseline PHQ-9 level.

This accounts for the fact that clients naturally start treatment with different levels of depression. The “variance components” structure indicates that the model simply estimates how much individuals vary from one another at baseline. Overall, this model structure allows us to evaluate both (1) how PHQ-9 scores change across time on average, and (2) how much individuals differ from one another in their starting symptom levels.

Table 1
Model Dimension

		Number of Levels	Covariance Structure	Number of Parameters
Fixed Effects	Intercept	1		1
	TimeAnalysis	4		3
Random Effects	Intercept	1	Variance Components	1
Residual				1
Total		6		6

a. Dependent Variable: Score.

Note: The dependent variable was PHQ9 scores. The model includes both fixed and random effects, accounting for variation across time points and subjects

RQ1 - DEPRESSION

Alter Behavioral Health PHQ - 9 Scores Over Time



RQ1 - DEPRESSION

Pairwise Comparisons^a

(I) TimeAnalysis		Mean Difference (I-J)	Std. Error	df	Sig.c	95% Confidence Interval for	
						Lower Bound	Upper Bound
Admission	BiWeekly	2.415	1.076	616	0.151	-0.434	5.264
	Discharge	5.674*	0.798	616	0	3.563	7.785
	PostDischarge	4.705*	0.713	616	0	2.816	6.593
BiWeekly	Admission	-2.415	1.076	616	0.151	-5.264	0.434
	Discharge	3.259*	1.096	616	0.018	0.359	6.159
	PostDischarge	2.29	1.036	616	0.165	-0.452	5.032
Discharge	Admission	-5.674*	0.798	616	0	-7.785	-3.563
	BiWeekly	-3.259*	1.096	616	0.018	-6.159	-0.359
	PostDischarge	-0.969	0.742	616	1	-2.933	0.995
PostDischarge	Admission	-4.705*	0.713	616	0	-6.593	-2.816
	BiWeekly	-2.29	1.036	616	0.165	-5.032	0.452
	Discharge	0.969	0.742	616	1	-0.995	2.933

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Dependent Variable: Score.

c. Adjustment for multiple comparisons: Bonferroni.

The Bonferroni Pairwise Comparison below demonstrates that there is a statistically significant (.05) reduction in symptoms from intake all the way through post discharge. It is important to note that there is no statistically significant difference between the discharge and post discharge time intervals. Meaning, client reduction in symptoms remains consistent over time.

Type III Tests of Fixed Effects^a

Source	Numerator df	Denominator df	F	Sig.
Intercept	1	2.004	3.439	0.205
Time Analysis	3	616	21.102	<.001

a. Dependent Variable: Score.

The multilevel model examining PHQ-9 scores showed a significant effect of time, indicating that clients' depression symptoms changed meaningfully across the four assessment points. The fixed-effects test for time was highly significant, $F(3, 616) = 21.10$, $p < .001$, demonstrating that PHQ-9 scores decreased over the course of treatment and continued to improve through follow-up.

Estimates of Fixed Effects^a

Parameter	Estimate	Std. Error	df	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	7.862	5.062	2.02	1.553	0.259	-13.71	29.435
[TimeAnalysis=.00]	4.705	0.713	616	6.594	0	3.304	6.106
[TimeAnalysis=1.00]	2.29	1.036	616	2.21	0.027	0.256	4.325
[TimeAnalysis=2.00]	-0.969	0.742	616	-1.306	0.192	-2.426	0.488
[TimeAnalysis=3.00]	0b	0					

a. Dependent Variable: Score.

b. This parameter is set to zero because it is redundant.

Note: The reference period is 1-Year Post. Estimates represent the difference in PHQ-9 scores compared to that reference period.

The fixed-effects estimates show how PHQ-9 scores changed across each stage of treatment, using the final follow-up assessment as the reference point. At Admission, clients scored on average 4.71 points higher than they did at follow-up, a highly significant difference that reflects substantially greater depressive symptoms at the start of care. By the Bi-Weekly assessment point, scores were still significantly higher than follow-up by an average of 2.29 points, indicating continued improvement as treatment progressed.

At Discharge, the difference from follow-up was no longer statistically significant, suggesting that most reductions in depressive symptoms occurred during treatment and were maintained over time once clients stepped down from care. The intercept itself was not significant, which simply reflects the model's statistical scaling and does not influence interpretation. Overall, the pattern of fixed-effects estimates demonstrates a steady and clinically meaningful decline in PHQ-9 scores from Admission through Discharge, with symptom improvements remaining stable at follow-up.

Estimates^a

Time Analysis	Mean	Std. Error	df	95% Confidence Interval	
				Lower Bound	Upper Bound
Admission	12.567	5.071	2.034	-8.906	34.04
BiWeekly	10.153	5.126	2.124	-10.713	31.018
Discharge	6.893	5.075	2.04	-14.532	28.319
PostDischarge	7.862	5.062	2.02	-13.71	29.435

a. Dependent Variable: Score.

This table shows the estimated average PHQ-9 scores at each stage of treatment. Clients began care with the highest levels of depressive symptoms at Admission, with an estimated mean score of 12.57. Symptoms steadily improved across the Bi-Weekly check (mean 10.15) and Discharge (mean 6.89), reflecting meaningful clinical progress. At Post-Discharge, the estimated score remained low at 7.86, indicating that symptom improvements were maintained after treatment ended. Overall, these estimated means show a clear downward trend in depression symptoms from intake through follow-up.



RQ2- ANXIETY

Based on the findings below, we can reject our null hypothesis. Clients who participate in Alter Behavioral Health see a major reduction in their feelings of anxiety over time. This is statistically significant at alpha .05. These findings hold true for long after clients leave an Alter Behavioral Health Program. Clients enter with moderate anxiety and they discharge below the clinical threshold. Clients experience no increase in their symptoms post discharge.



RQ2 - ANXIETY

Alter Behavioral Health GAD - 7 Scores Over Time



Descriptive Statistics

Time Analysis	Count	Mean	Standard Deviation	Coefficient of Variation
Admission	173	12.1214	6.00312	49.50%
BiWeekly	34	10.2941	5.44688	52.90%
Discharge	152	7.1447	6.00927	84.10%
PostDischarge	240	6.3292	5.74966	90.80%
Total	599	8.4341	6.37684	75.60%

The descriptive statistics for the GAD-7 show a steady decline in anxiety symptoms across the course of treatment. At Admission, clients reported the highest anxiety levels, with an average score of 12.12. Scores decreased to 10.29 at the Bi-Weekly check-in and continued to fall to 7.14 by Discharge, reflecting substantial improvement during active treatment. At Post-Discharge, anxiety levels remained low with a mean score of 6.33, suggesting that clients maintained their gains after completing the program. The overall pattern demonstrates consistent and meaningful reductions in anxiety symptoms from intake through follow-up.



RQ2 - ANXIETY

Model Dimension^a

		Number of Levels	Covariance Structure	Number of Parameters
Fixed Effects	Intercept	1		1
	TimeAnalysis	4		3
Random Effects	Intercept	1	Variance Components	1
Residual				1
Total		6		6

a. Dependent Variable: Score.

This table describes the structure of the statistical model used to analyze GAD-7 scores over time. The model includes fixed effects for the overall baseline level of anxiety (the intercept) and for time, which consists of four assessment points: Admission, Bi-Weekly, Discharge, and Post-Discharge. These fixed effects estimate the average trajectory of anxiety symptoms across treatment. The model also includes a random intercept, which allows each client to have their own unique starting level of anxiety, capturing natural individual differences at baseline. Using a variance components structure for this random effect ensures accurate estimation of how much clients vary from one another. Overall, this model setup is appropriate for repeated-measures data and allows us to examine both individual starting points and overall changes in anxiety across time.



RQ2 - ANXIETY

GAD- 7 Bonferroni Pairwise Comparison

		Mean Difference (I-J)	Std. Error	df	Sig.c	95% Confidence Interval for Differencec	
						Lower Bound	Upper Bound
Admission	BiWeekly	1.827	1.102	595	0.587	-1.09	4.744
	Discharge	4.977*	0.653	595	0	3.248	6.705
	PostDischarge	5.792*	0.586	595	0	4.241	7.343
BiWeekly	Admission	-1.827	1.102	595	0.587	-4.744	1.09
	Discharge	3.149*	1.114	595	0.029	0.199	6.099
	PostDischarge	3.965*	1.076	595	0.002	1.116	6.814
Discharge	Admission	-4.977*	0.653	595	0	-6.705	-3.248
	BiWeekly	-3.149*	1.114	595	0.029	-6.099	-0.199
	PostDischarge	0.816	0.609	595	1	-0.796	2.427
PostDischarge	Admission	-5.792*	0.586	595	0	-7.343	-4.241
	BiWeekly	-3.965*	1.076	595	0.002	-6.814	-1.116
	Discharge	-0.816	0.609	595	1	-2.427	0.796

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Dependent Variable: Score.

c. Adjustment for multiple comparisons: Bonferroni.

The Bonferroni pairwise comparisons show significant and meaningful reductions in anxiety symptoms as clients progress through treatment. Anxiety scores decreased substantially from Admission to both Discharge and Post-Discharge, with mean reductions of 4.98 and 5.79 points respectively (both $p < .001$), indicating strong improvement by the time clients completed the program and further stabilization afterward. There were also significant decreases from the Bi-Weekly checkpoint to both Discharge (3.15-point reduction, $p = .029$) and Post-Discharge (3.97-point reduction, $p = .002$), demonstrating continued gains throughout treatment. Differences between Discharge and Post-Discharge were not statistically significant, suggesting that anxiety improvements achieved by discharge were maintained over time. The overall pattern shows that clients experience large reductions in anxiety during treatment, and these gains remain stable following completion.

Type III Tests of Fixed Effects^a

Parameter	Estimate	Std. Error	df	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Intercept	6.329	4.171	2.02	1.517	0.267	-11.448	24.107
[TimeAnalysis=.00]	5.792	0.586	595	9.887	0	4.642	6.943
[TimeAnalysis=1.00]	3.965	1.076	595	3.684	0	1.851	6.079
[TimeAnalysis=2.00]	0.816	0.609	595	1.339	0.181	-0.38	2.011
[TimeAnalysis=3.00]	0 ^b	0					

a. Dependent Variable: Score.

b. This parameter is set to zero because it is redundant.

The fixed-effects estimates show how anxiety symptoms changed over time, using the Post-Discharge score as the reference point. At Admission, clients' GAD-7 scores were on average 5.79 points higher than at follow-up ($p < .001$), indicating much higher levels of anxiety at the start of care. By the Bi-Weekly assessment, scores were still 3.97 points higher than follow-up ($p < .001$), showing continued improvement as clients progressed through treatment. By Discharge, scores were only 0.82 points higher, and this difference was no longer statistically significant ($p = .181$), meaning anxiety symptoms had largely stabilized by the time clients completed the program. The intercept was not significant, which reflects the model's statistical scaling rather than any meaningful clinical result. Overall, these estimates demonstrate a strong and consistent decline in anxiety during treatment, with improvements maintained at follow-up.



Estimates^a

TimeAnalysis	Mean	Std. Error	df	95% Confidence Interval	
				Lower Bound	Upper Bound
Admission	12.121	4.178	2.033	-5.578	29.82
BiWeekly	10.294	4.274	2.227	-6.41	26.998
Discharge	7.145	4.181	2.039	-10.516	24.806
PostDischarge	6.329	4.171	2.02	-11.448	24.107

a. Dependent Variable: Score.

The estimated means show a steady decline in anxiety symptoms across treatment. At Admission, clients had the highest GAD-7 scores, with an average of 12.12. Scores decreased to 10.29 at the Bi-Weekly point and continued to drop to 7.15 by Discharge, reflecting substantial improvement during care. At Post-Discharge, the estimated mean remained low at 6.33, indicating that clients continued to maintain their reduced anxiety symptoms after leaving the program. Overall, these estimates demonstrate a clear and consistent downward trend in anxiety from intake through follow-up.



RQ3-WELL-BEING

Based on the findings below, we can reject our null hypothesis. Clients who participate in Alter Behavioral Health see a significant improvement in their overall well-being. This is statistically significant at alpha .05. These findings hold true for long after clients leave an Alter Behavioral Health program. Clients enter with compromised well-being and they discharge with score that are approximately one standard deviation higher at the challenged/average well-being clinical threshold. Furthermore, a Bonferoni pairwise comparison demonstrates that there is no significant reduction in client well-being beyond discharge.



Descriptive Statistics

Time Analysis	Count	Mean	Standard Deviation	Coefficient of Variation
Admission	121	43.9929	19.51749	44.40%
Discharge	108	58.2381	22.86297	39.30%
PostDischarge	240	57.9917	21.7848	37.60%
Total	469	54.4368	22.30604	41.00%

The descriptive statistics for the Personal Wellness Index (PWI) show a steady improvement in overall wellbeing across treatment. At Admission, clients reported a mean wellbeing score of 43.99, reflecting lower perceived quality of life when entering care. By Discharge, the average score increased to 58.24, indicating meaningful gains in wellbeing during treatment. At Post-Discharge, wellbeing remained high with a mean score of 57.99, showing that clients continued to maintain their improvements after leaving the program. Overall, these descriptive results demonstrate a clear upward trend in clients' subjective wellbeing from intake through follow-up.

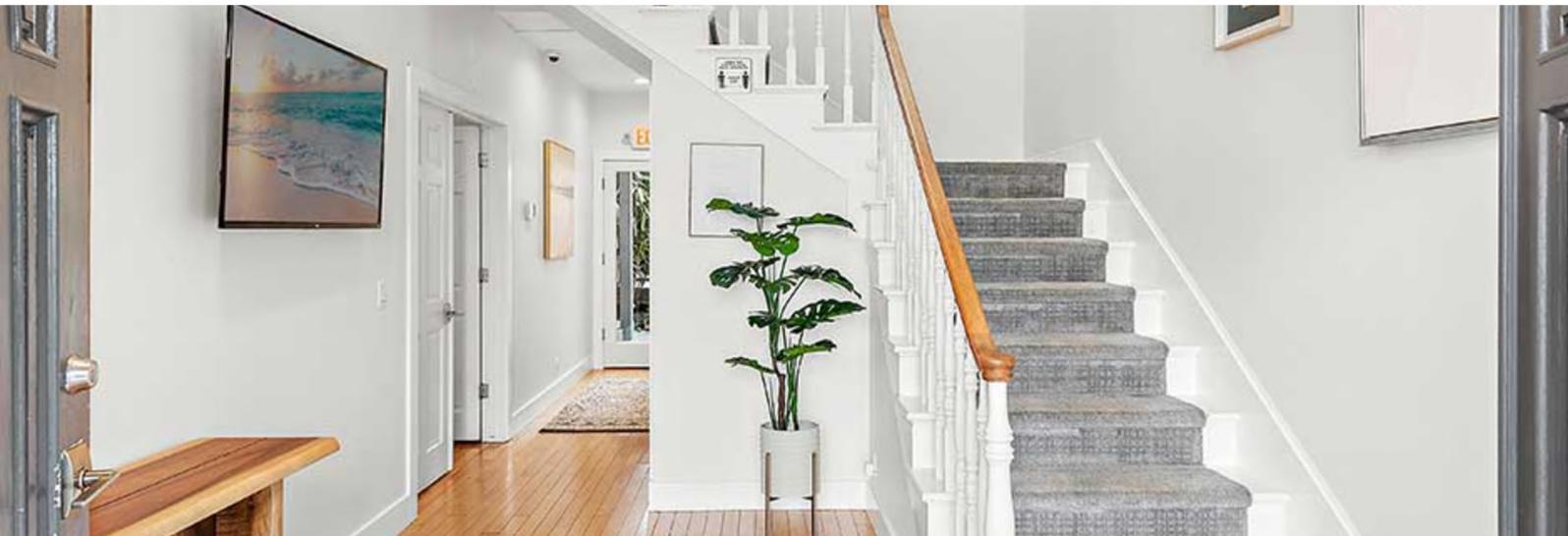


RQ3 - WELL-BEING

Alter Behavioral Health PWI Scores Over Time



The Personal Wellness Index shows that clients experience a significant boost in overall wellbeing during their time at Alter Behavioral Health. Average PWI scores increased from 43.99 at intake to 58.24 by discharge, reflecting strong gains in quality of life as clients progressed through treatment. These improvements remained stable after clients completed the program, with a post-discharge score of 57.99. Overall, the data indicate that clients not only feel substantially better by the end of treatment, but they continue to maintain these gains in the weeks, months, and years that follow.



RQ3 - WELL-BEING

Model Dimension^a

		Number of Levels	Covariance Structure	Number of Parameters
Fixed Effects	Intercept	1		1
	TimeAnalysis	3		2
Random Effects	Intercept	1	Variance Components	1
Residual				1
Total		5		5

a. Dependent Variable: Score.

This table describes the statistical structure used to analyze changes in Personal Wellness Index (PWI) scores over time. The model includes fixed effects for the overall starting point (the intercept) and for time, which in this case has three levels: Admission, Discharge, and Post-Discharge. These fixed effects estimate the average pattern of change in wellbeing across treatment. The model also includes a random intercept, which allows each client to begin treatment with their own unique baseline level of wellbeing, capturing natural individual differences at intake. Using a variance components structure ensures that the model accurately accounts for this person-to-person variability. Overall, this model design is appropriate for repeated-measures data and allows us to examine both the average improvement in wellbeing over time and the fact that clients begin treatment at different starting points.



RQ3 - WELL-BEING

PWI Bonferroni Pairwise Comparison

(I) TimeAnalysis		Mean Difference (I-J)	Std. Error	df	Sig.c	95% Confidence Interval for Differencec	
						Lower Bound	Upper Bound
Admission	Discharge	-14.245*	2.844	466	0	-21.078	-7.413
	Post Discharge	-13.999*	2.395	466	0	-19.754	-8.244
Discharge	Admission	14.245*	2.844	466	0	7.413	21.078
	Post Discharge	0.246	2.489	466	1	-5.734	6.227
Post Discharge	Admission	13.999*	2.395	466	0	8.244	19.754
	Discharge	-0.246	2.489	466	1	-6.227	5.734

Based on estimated marginal means

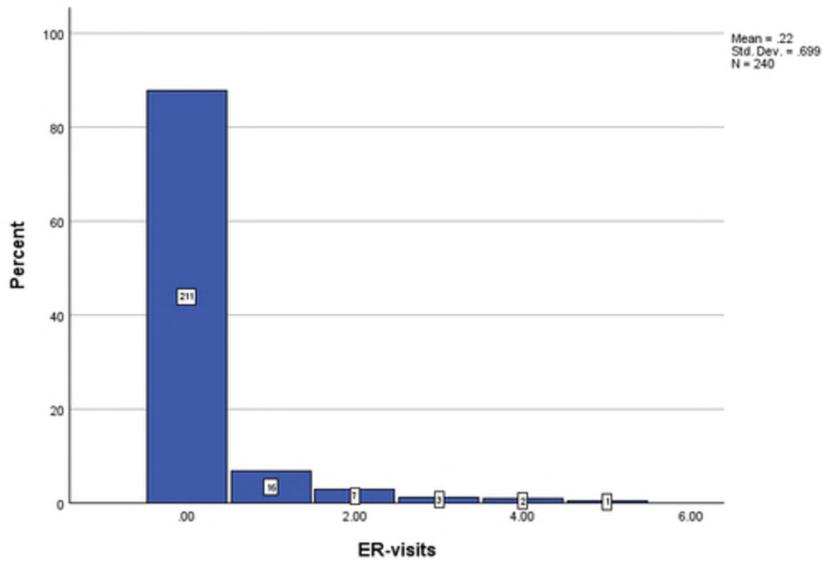
*. The mean difference is significant at the .05 level.

a. Dependent Variable: Score.

c. Adjustment for multiple comparisons: Bonferroni.

The Bonferroni pairwise comparisons show large and statistically significant improvements in overall wellbeing from Admission to both Discharge and Post-Discharge. On average, PWI scores increased by about 14 points from Admission to Discharge and by roughly the same amount from Admission to Post-Discharge (both $p < .001$), demonstrating a substantial rise in clients' perceived quality of life during treatment. The difference between Discharge and Post-Discharge was not statistically significant, indicating that wellbeing gains made during treatment were maintained once clients completed the program. This pattern reflects strong improvements in wellbeing over the course of care, followed by stable levels of wellness in the post-treatment period.

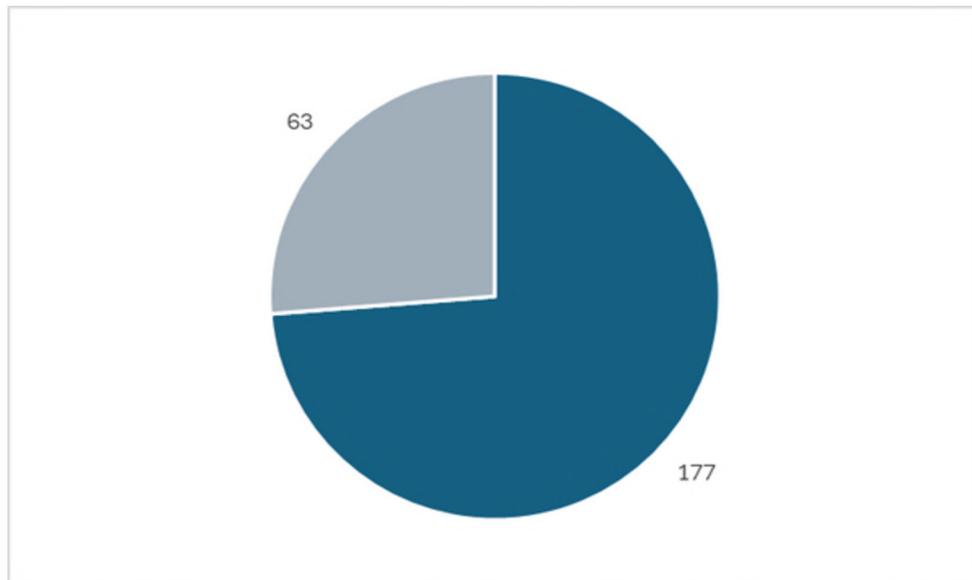
ER VISITS IN THE PAST 30 DAYS



Approximately 85% of participants have not had any emergency room visits in the past 30 days.



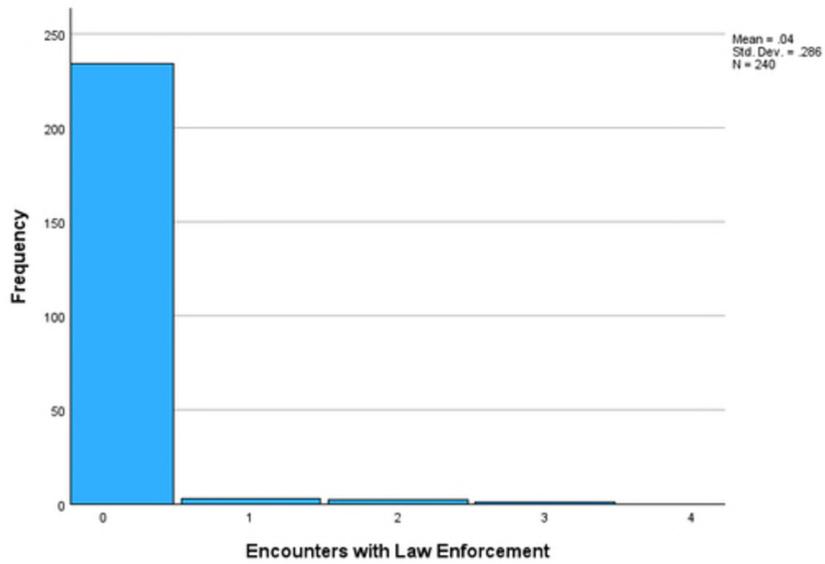
RESIDENTIAL RE-ENTRY



Approximately 74% of participants have not re-entered residential treatment since leaving Alter.



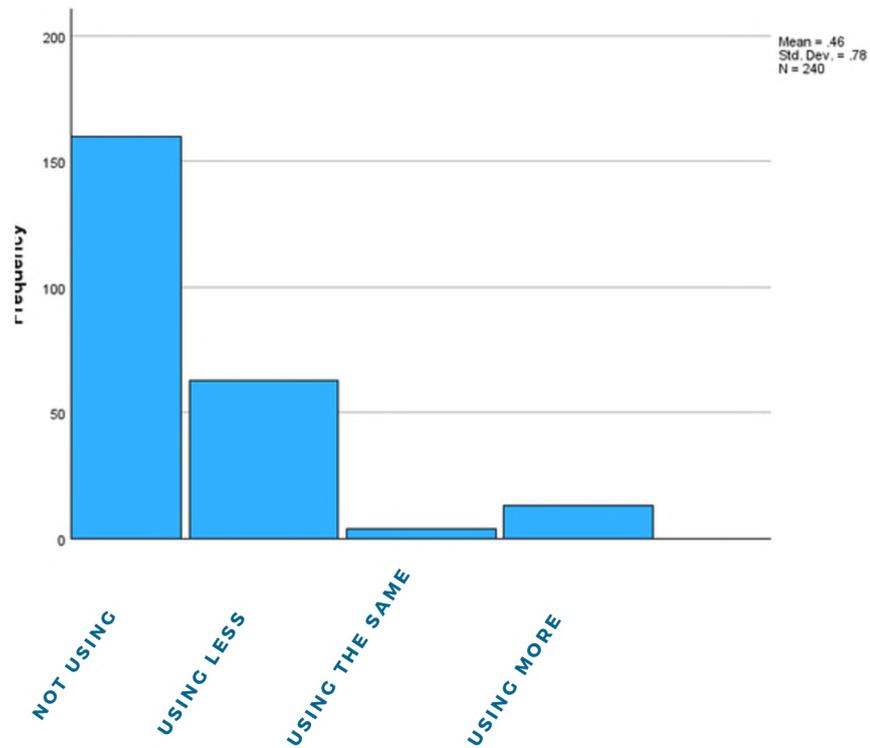
ENCOUNTERS WITH LAW ENFORCEMENT



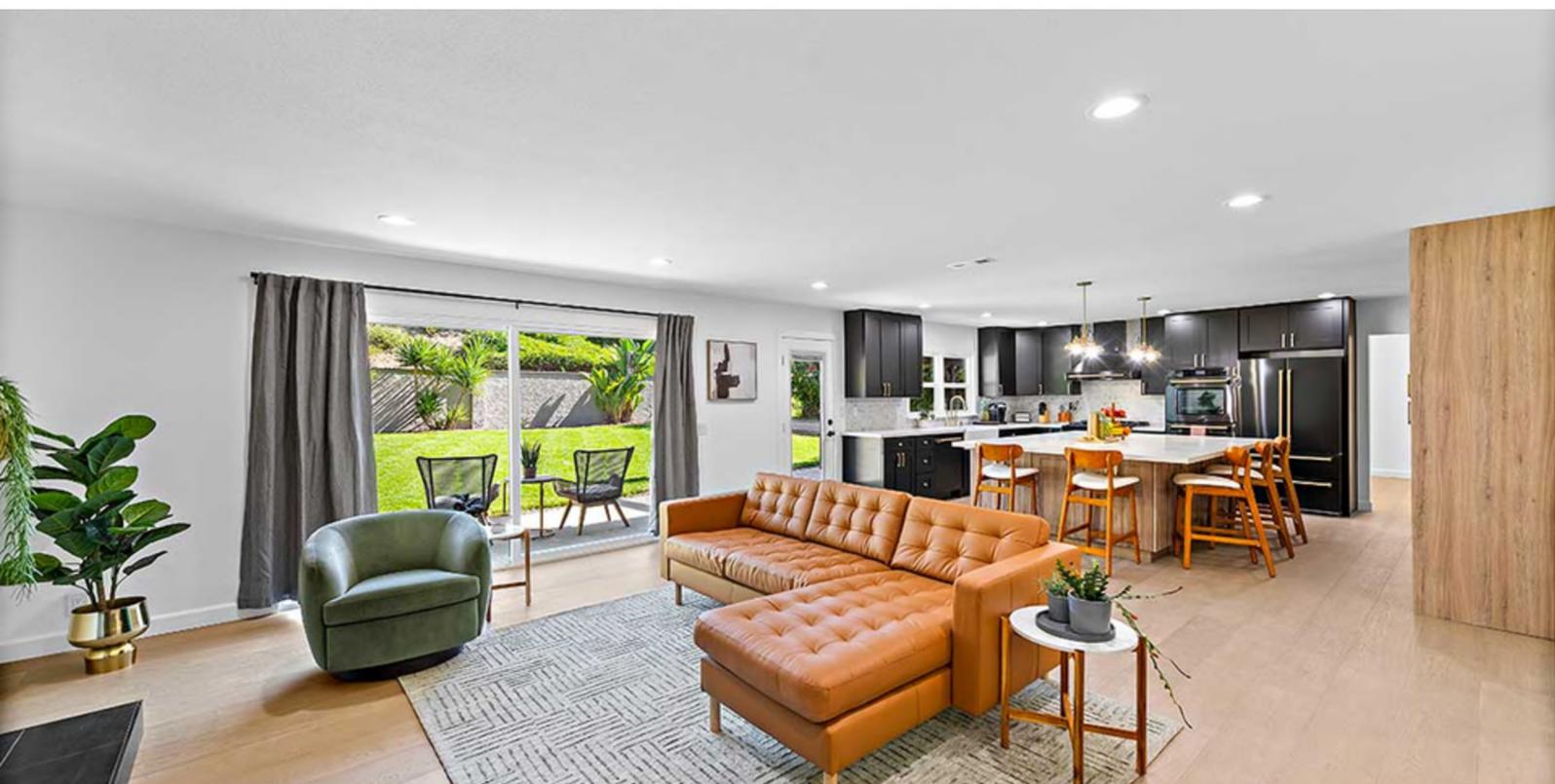
Over 97% of participants have not had any encounters with law enforcement in the past 30 days.



SUBSTANCE USE SINCE LEAVING TREATMENT



Approximately 93% of participants reported using less substances compared to before starting treatment.



DISCUSSION

Using a General Linear Mixed Model, the analysis captured change over multiple time points while appropriately accounting for missing data and natural variations in individual symptom severity. Across all three core measures, PHQ-9 for depression, GAD-7 for anxiety, and the Personal Wellness Index for subjective wellbeing, clients showed statistically significant and clinically meaningful improvement from admission to discharge. Importantly, these gains were maintained through post-discharge follow-up periods, indicating that Alter Behavioral Health's treatment effects are not only immediate but durable.

The Bonferroni comparisons reveal no evidence of decline after program completion, providing strong support for the lasting impact of Alter Behavioral Health's integrative model of care.

Additional self-report indicators collected during the alumni survey strengthen the validity of these conclusions.

Taken together, the results strongly support the program's effectiveness in reducing symptom severity, increasing wellbeing, and promoting healthier behaviors long after clients leave care. The consistency of improvement across psychological and functional domains suggests that Alter Behavioral Health's clinical model produces meaningful, multidimensional, and sustainable recovery outcomes.

CONCLUSION

This study provides compelling evidence that Alter Behavioral Health delivers highly effective mental health treatment for adults with complex psychiatric needs. Across depression, anxiety, and overall wellbeing, clients demonstrated significant improvements from intake to discharge, with gains that remained stable well into post-treatment follow-up. These outcomes are further supported by alumni self-report data that reflect reduced crisis events, minimized law enforcement encounters, low rates of treatment recidivism, and substantial reductions in substance use. By integrating evidence-based therapies with individualized care, Alter Behavioral Health fosters improvements that extend beyond symptom reduction to include enhanced quality of life and healthier patterns of functioning. The findings clearly reject all null hypotheses and affirm that Alter Behavioral Health's approach leads to measurable, meaningful, and enduring positive outcomes for its clients. As demonstrated throughout this report, Alter Behavioral Health continues to position itself as a leader in long-term mental health recovery by delivering treatment that is both clinically robust and holistically transformative.

ALTER BEHAVIORAL HEALTH

CLINICAL OUTCOMES REPORT

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