

Multi Concept Recovery Post-Treatment Outcomes Report



Providing insightful data to help treatment programs improve their outcomes

**For Patients Discharged Between
October 11, 2018 and November 30, 2025**

TABLE OF CONTENTS

	<u>Page</u>
BACKGROUND	3
About Multi Concept Recovery	3
Research Design	3
Survey Submissions	4
POST-TREATMENT ABSTINENCE	5
199 MCR Patients in Recovery One Year Later!	5
One Month Post-Treatment Abstinence	5
Six Month Post-Treatment Abstinence	6
Twelve Month Post-Treatment Abstinence	6
Abstinence Rates By Time Since Discharge	7
Comparison to National Norms	8
Abstinence Rate Progression Over Time	10
Speed of Relapse	10
FACTORS FAVORING ABSTINENCE SUCCESS	11
Successfully Completing Treatment	11
Length of Treatment	12
Drug of Choice	13
After-Care Choices	14
POST-TREATMENT OVERALL FEELING	15
Overall Feeling Over Time	15
IMPACT OF TREATMENT	16
Reduction in Severity of Co-Occurring Disorders	16
Progress on Functioning	18
Patient Progress on Medication Adherence	18
Improvement in Quality of Life	19
Progress on Non-Usage-Related Treatment Goals	21
Improvement in Social Determinants of Health	22
Expensive Medical Interventions	22
SATISFACTION WITH TREATMENT	23
APPENDIX: SAMPLE PATIENT COMMENTS	24

BACKGROUND

About Multi Concept Recovery

Multi Concept Recovery ("MCR") is an addiction and mental health treatment center with locations in Burbank and Redwood City, California. MCR offers a full continuum of care tailored to support individuals facing substance use, mental health, and co-occurring disorders. The center provides a range of treatment programs, including partial hospitalization (PHP), intensive outpatient (IOP), and general outpatient (GOP), designed to guide patients through all stages of recovery. Emphasizing long-term wellness, MCR integrates evidence-based practices such as motivational interviewing (MI), dialectical behavior therapy (DBT), cognitive behavioral therapy (CBT), and eye movement desensitization and reprocessing (EMDR).

A hallmark of MCR's approach is its personalized, client-centered treatment plans, addressing the unique needs of individuals with primary substance use or mental health diagnoses. In addition to conventional therapies, MCR has developed the Emotional Intelligence and Mindfulness Program, an innovative modality that offers a distinct alternative to traditional treatment models. This program, combined with the use of proven therapeutic techniques, equips patients with the tools needed to rebuild their health, restore confidence, and achieve lasting recovery.

MCR started using INSIGHT to monitor its patients on October 5, 2018. This report summarizes outcomes data for MCR patients who discharged between October 11, 2018 and November 30, 2025.

This report was released on April 30, 2026.

Research Design

All patients participated in Vista's INSIGHT Addiction™ or INSIGHT Behavioral™ progress monitoring research in which they were screened for depression, anxiety, trauma, eating disorders, suicidal ideation, and self-harming behavior shortly after intake. Every week or two thereafter, their clinicians received reports tracking the severity of the symptoms of the various disorders they were struggling with, as well as the strength and frequency of any cravings they were feeling, their satisfaction with treatment, and the quality of their relationships with their closest family members.

Vista Research Group has been contacting all patients who spent at least seven days in treatment at one month, six months, and twelve months after treatment. Vista researchers made at least seven attempts to contact them at each time period via text, email, and phone. To encourage complete honesty, patients participating in the post-treatment research were promised confidentiality, and only aggregated results are provided to MCR.

Survey Submissions

Vista received the following post-treatment survey responses:

**Multi Concept Recovery
Outcomes Survey Submissions**
(among surveys due no later than December 31, 2025)

	One Month F/U	Six Month F/U	Twelve Month F/U
# of Patients Selected for Outcomes	792	731	656
# of Complete Responses Received	469 (59%)	373 (51%)	328 (50%)
# of Incomplete Responses Received	27 (3%)	19 (3%)	4 (1%)
# of Reputable Responses Received	8 (1%)	5 (1%)	8 (1%)
Total Responses	504 (64%)	397 (54%)	340 (52%)

SUD Patients

	SUD Programs			BH Programs (Moderate to Severe SUD)		
	One Month F/U	Six Month F/U	Twelve Month F/U	One Month F/U	Six Month F/U	Twelve Month F/U
# of Patients Selected for Outcomes	466	436	407	105	100	77
# of Complete Responses Received	272 (58%)	212 (49%)	192 (47%)	55 (52%)	46 (46%)	32 (42%)
# of Incomplete Responses Received	14 (3%)	8 (2%)	1 (0%)	2 (2%)	7 (7%)	
# of Reputable Responses Received	5 (1%)	2 (0%)	7 (2%)	2 (2%)	1 (1%)	1 (1%)
Total Responses	291 (62%)	222 (51%)	200 (49%)	59 (56%)	54 (54%)	33 (43%)

Vista received one month surveys from 64% of the patients from whom they were requested, six month surveys from 54% of the patients, and twelve month surveys from 52% of the patients. Patients attending MCR's SUD programs had higher response rates at one and twelve months post-treatment compared to patients attending behavioral health programs who had a moderate to severe SUD.

POST-TREATMENT ABSTINENCE

A crucial measure of success for an abstinence-based addiction treatment program is how many patients can abstain from drugs and alcohol after treatment. We are thrilled to announce the following tremendous achievement:

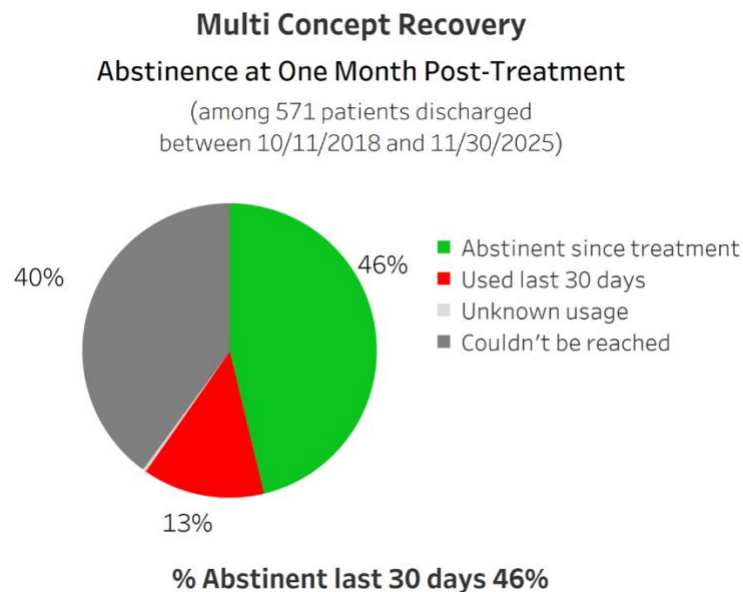
199 MCR Patients in Recovery One Year Later!

Vista's independent research has confirmed that **at least 199 patients** who discharged from MCR between October 11, 2018 and December 31, 2024 were in recovery (defined as abstaining from alcohol and all non-prescribed drugs for at least the previous 30 days) one year after discharge.

Everyone at MCR should feel incredibly proud of the role they played in helping so many patients recover from addiction and regain control of their lives!

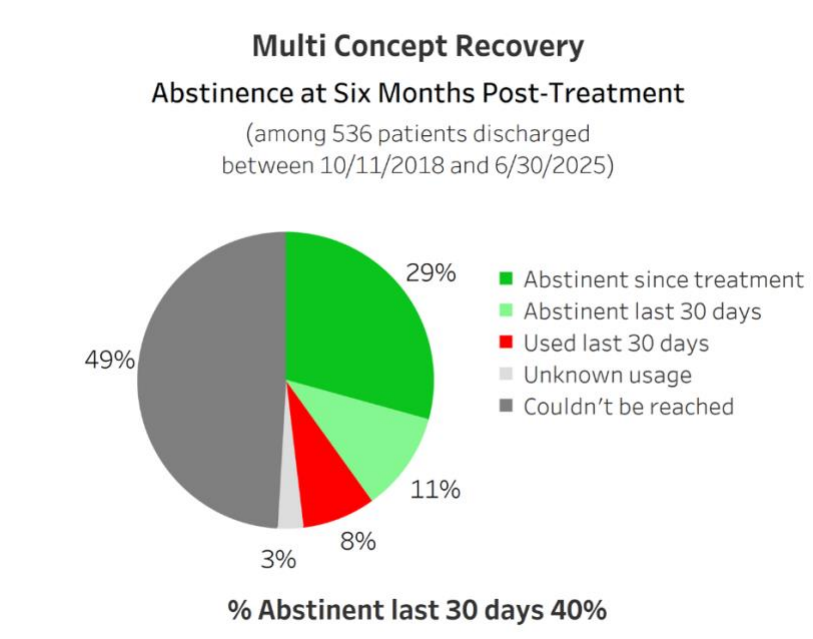
One Month Post-Treatment Abstinence

Among 571 patients discharged on or before November 30, 2025, 46% were reachable at one month post-treatment and said they had abstained from alcohol and all non-prescribed drugs since leaving treatment. Another 13% reported having used drugs and/or alcohol during this first month:



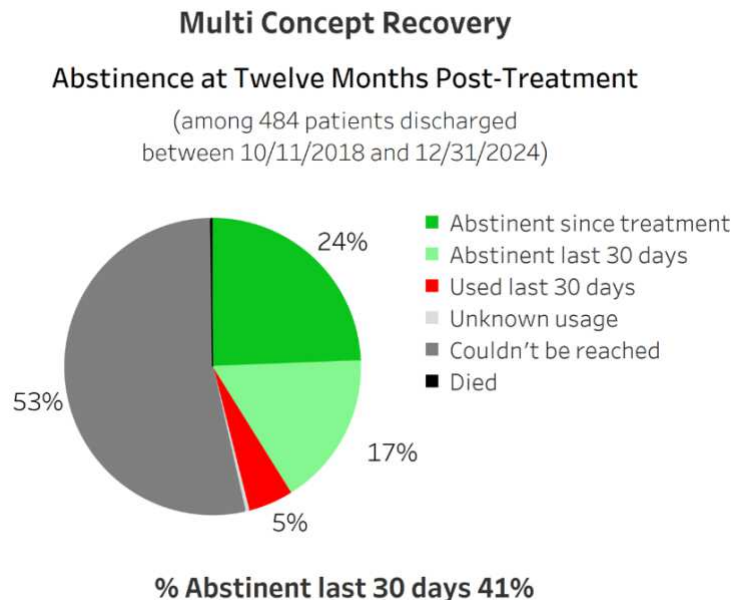
Six Month Post-Treatment Abstinence

Among 536 patients discharged on or before June 30, 2025, 40% were reachable at six months post-treatment and said they had abstained from alcohol and all non-prescribed drugs for at least the previous 30 days. Another 8% reported having used drugs and/or alcohol during the last 30 days:



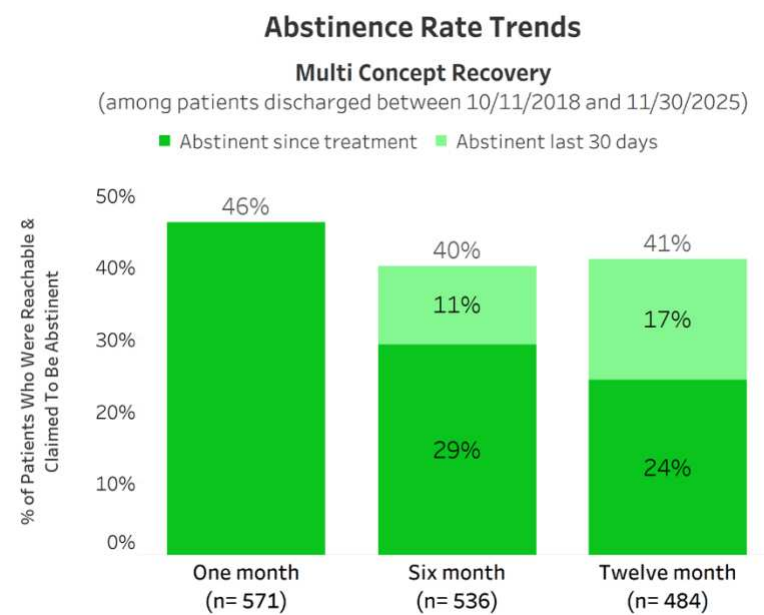
Twelve Month Post-Treatment Abstinence

Among 484 patients discharged on or before December 31, 2024, 41% were reachable at twelve months post-treatment and said they had abstained from all drugs or alcohol for at least the past 30 days. Another 5% reported having used drugs or alcohol within the last 30 days:



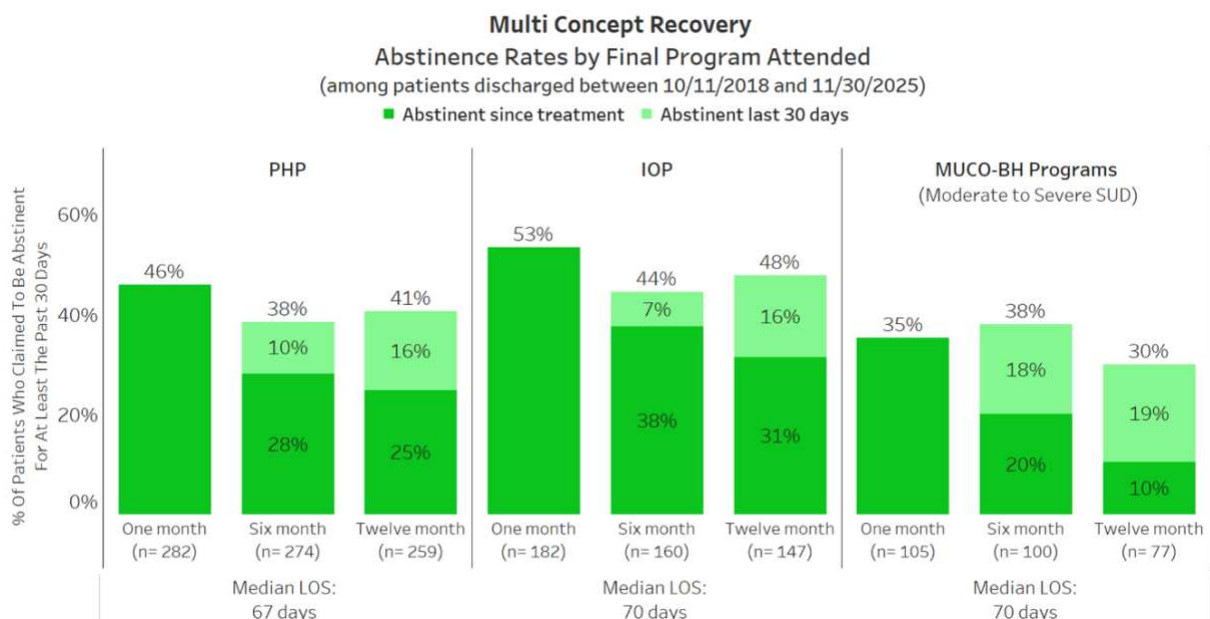
Abstinence Rates By Time Since Discharge

Because addiction is a chronic disease and relapse a common occurrence, Vista considers the percentage of patients who have been abstinent for at least the last 30 days to be the most important measure of success. The percentage of MCR patients who were abstinent for at least the last 30 days decreased from 46% at one month post-treatment to 41% at twelve months post-treatment:



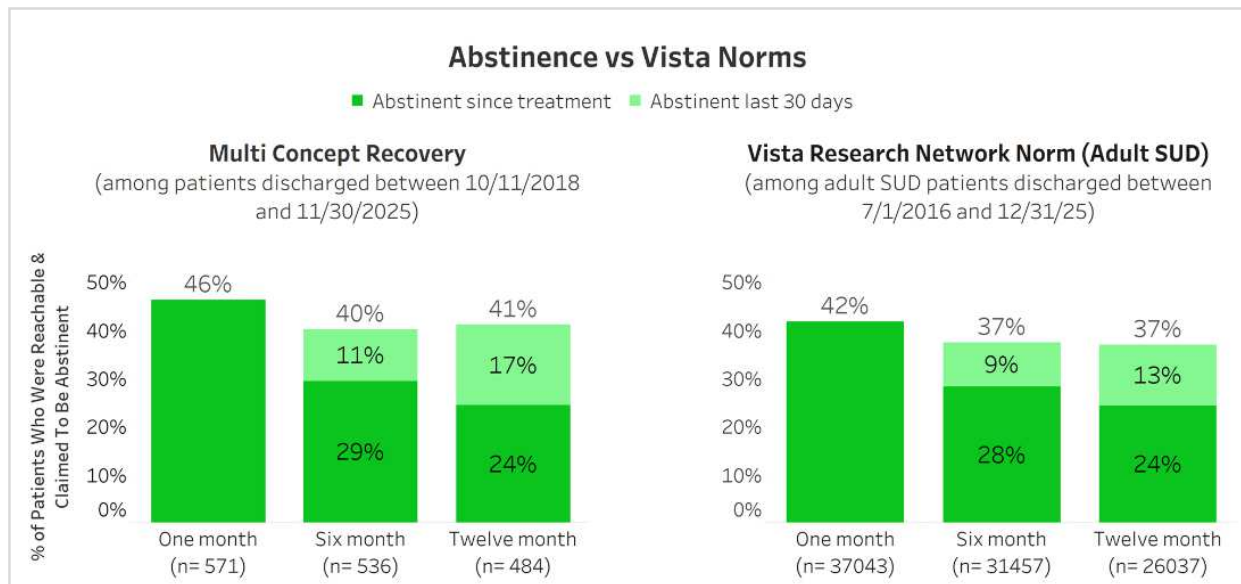
Abstinence Rates By Last Program Attended

Abstinence rates at one, six, and twelve months were highest for patients discharging from IOP, who had a median length of stay of 70 days:

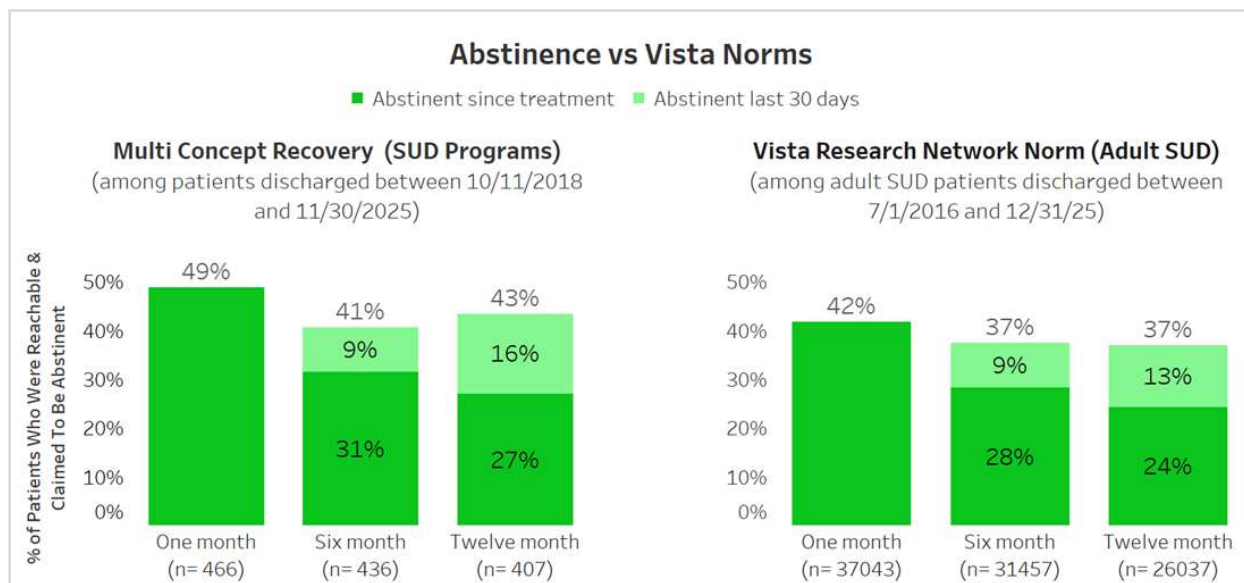


Comparison to National Norms

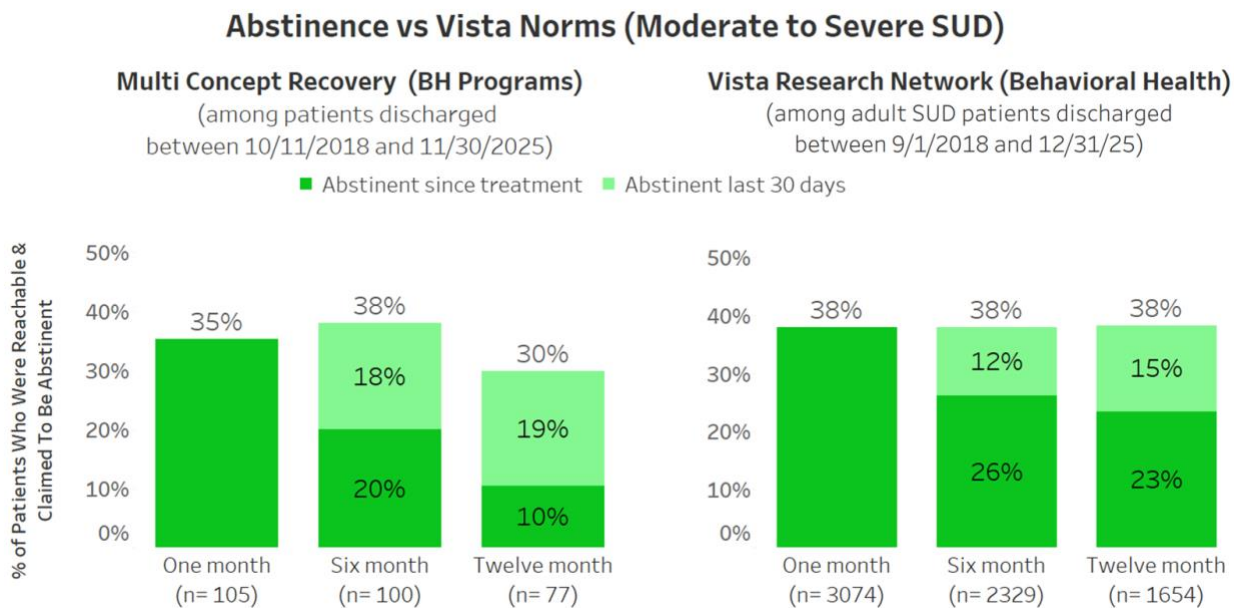
MCR's overall abstinence rates at one, six, and twelve months post-treatment are higher than the Vista norms at each of those time periods:



MCR patients who last attended SUD programs had higher abstinence rates at one, six, and twelve months post-treatment compared to the Vista norms for patients attending addiction treatment programs:



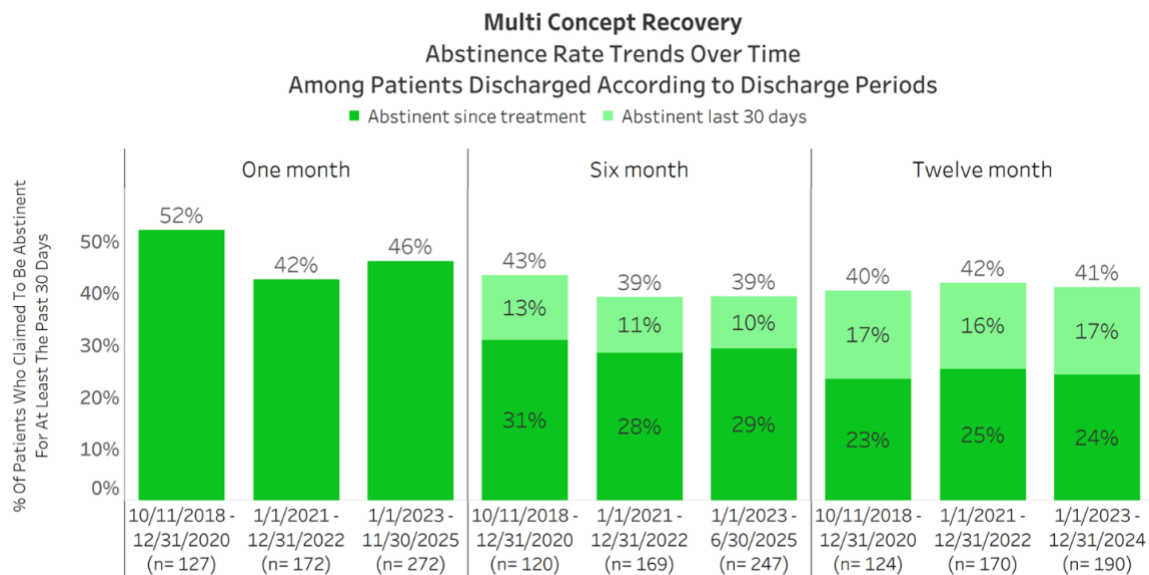
MCR patients who had a moderate to severe SUD and last attended behavioral health programs had lower abstinence rates at one and twelve months post-treatment compared to the behavioral health Vista norms at each of those time periods:



It is important for context to note that Vista's norms are probably well above the average for the entire behavioral health treatment industry today. The reason for this is that the only treatment centers which are likely to make the significant investment in tracking their post-treatment outcomes are top-quality programs that are confident their outcomes are very good.

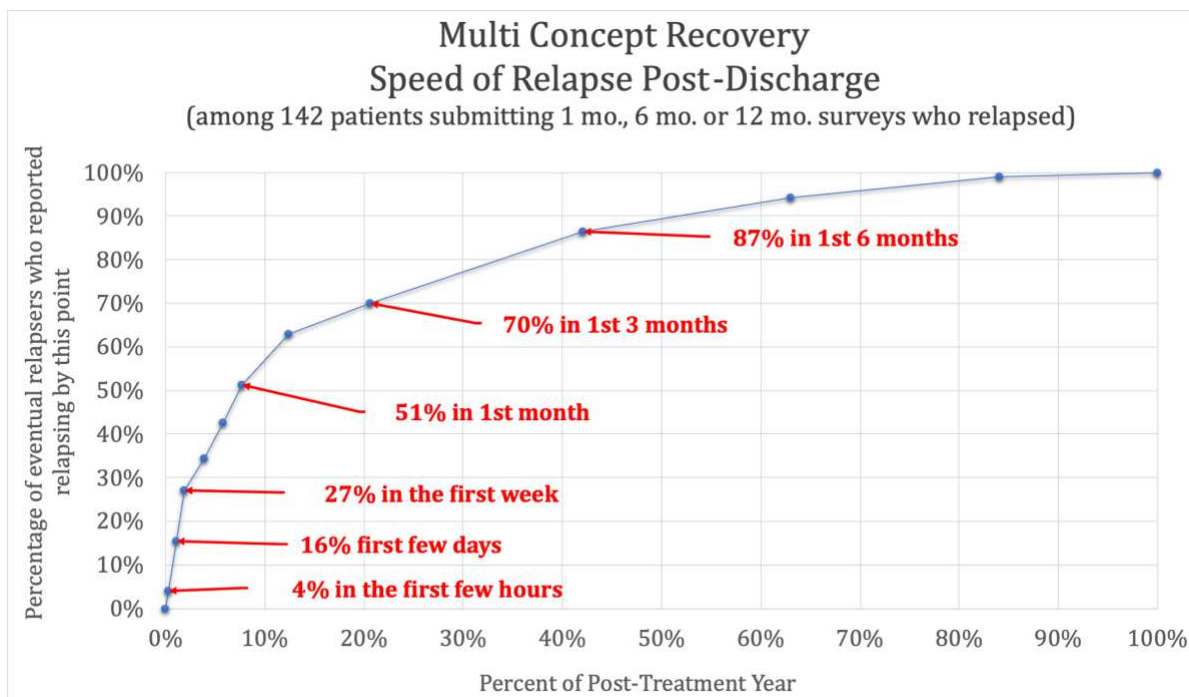
Abstinence Rate Progression Over Time

MCR's one month abstinence rate decreased from 52% in 2020 to 42% in 2022 before increasing to 46% for patients discharged between 2023 and 2025. MCR's six month abstinence rate has been consistent over the last several years. MCR's twelve month abstinence rate fluctuated slightly over time, ranging from 40% to 42%:



Speed of Relapse

Among MCR patients who reported relapsing within the first year after leaving treatment, twenty-seven percent (27%) did so within a week of leaving treatment. About half (51%) relapsed in the first month, and by six months post-treatment, 87% of the patients who would relapse within the first year had done so:

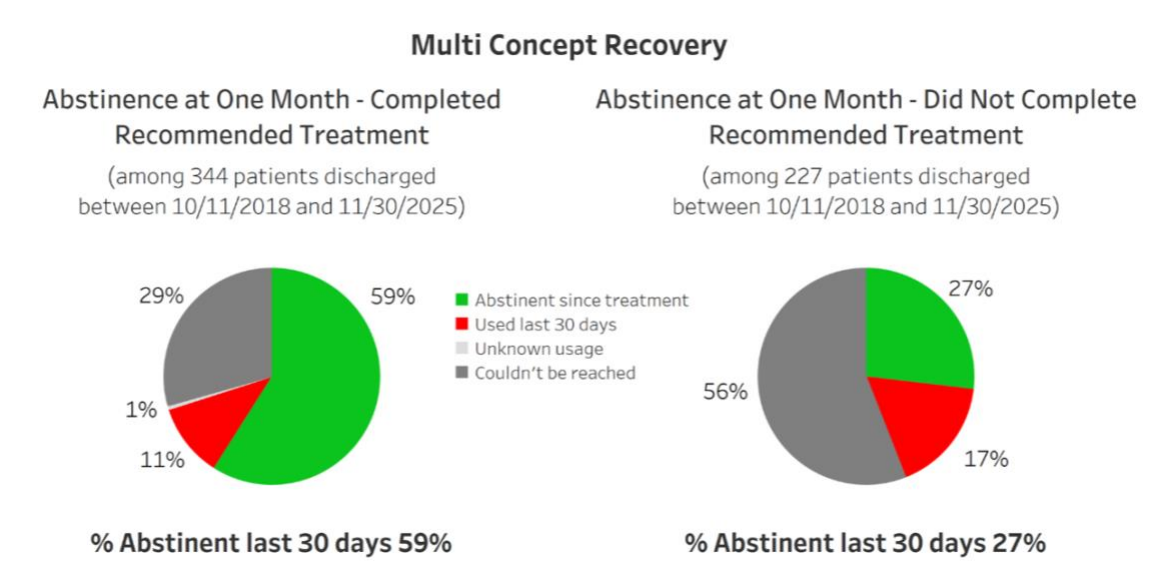


FACTORS FAVORING ABSTINENCE SUCCESS

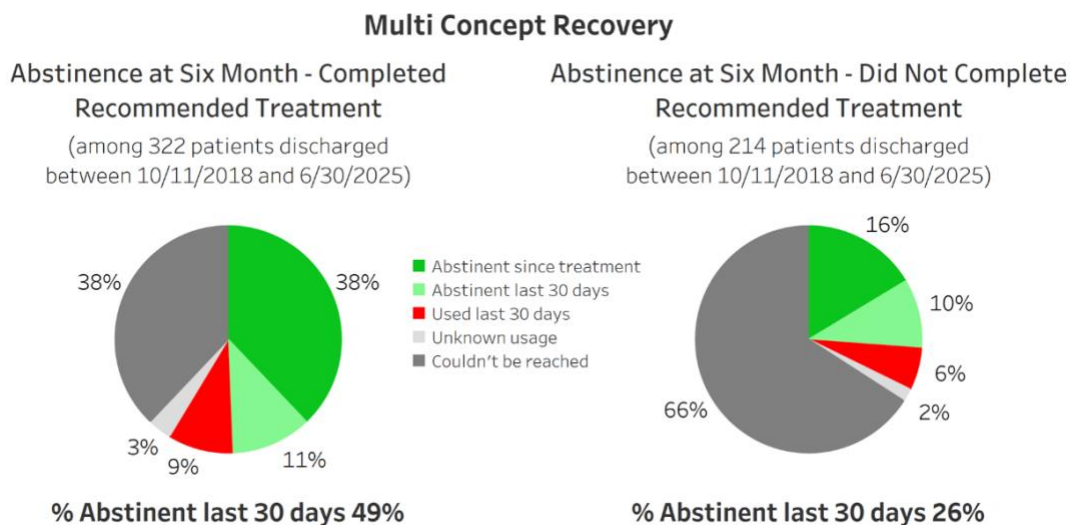
Several critical factors improved abstinence success rates, the most crucial of which was whether patients successfully completed treatment or not.

Successfully Completing Treatment

At one month post-treatment, 59% of the patients who successfully completed all recommended treatment reported having been abstinent since discharge. In comparison, only 27% of the patients who did not complete treatment reported being abstinent:



About half (49%) of the patients who completed treatment reported being abstinent six months after discharge for at least the last 30 days compared to only 26% of the patients who left without completing treatment:

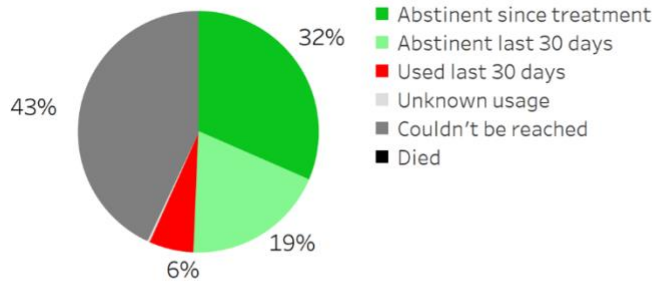


The twelve month post-treatment abstinence rate was 51% among patients who completed treatment, substantially higher than the 26% who did not complete treatment:

Multi Concept Recovery

Abstinence at Twelve Month - Completed Recommended Treatment

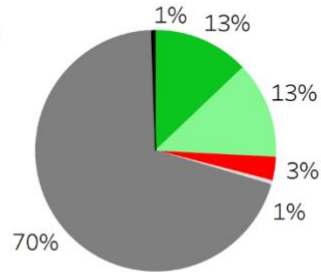
(among 298 patients discharged between 10/11/2018 and 12/31/2024)



% Abstinent last 30 days 51%

Abstinence at Twelve Month - Did Not Complete Recommended Treatment

(among 186 patients discharged between 10/11/2018 and 12/31/2024)



% Abstinent last 30 days 26%

Length of Treatment

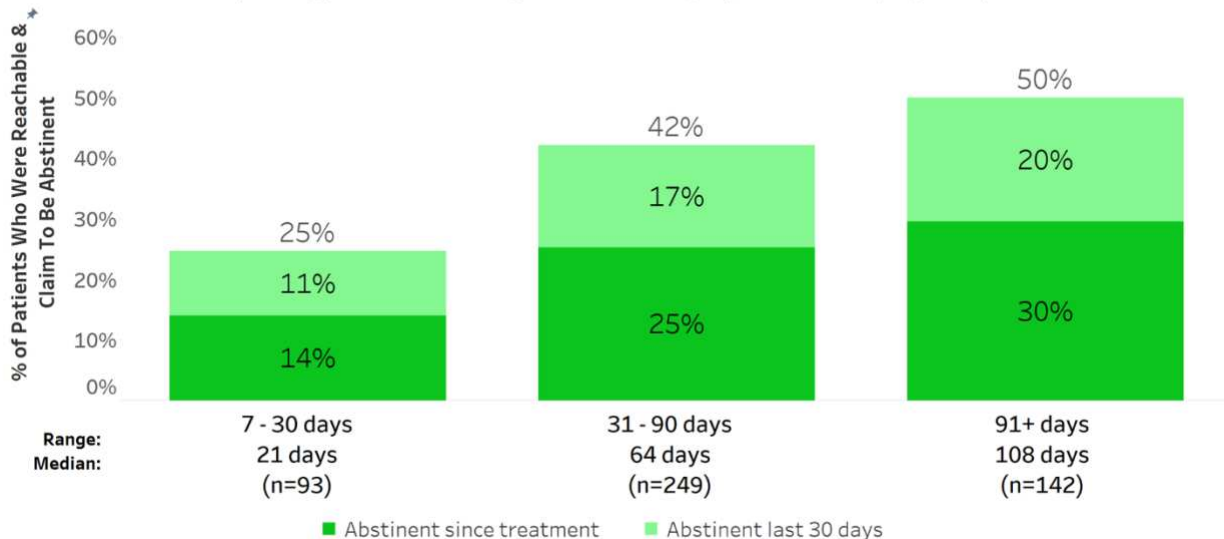
A second critical factor improving abstinence success rates was the length of a patient's treatment. The percentage of MCR patients who reported being abstinent for at least the last 30 days at twelve months post-treatment increased with length of stay. Only 25% of patients in treatment for 30 days or less were abstinent twelve months later compared to 50% for those who stayed in treatment for more than 90 days:

Multi Concept Recovery

Outcomes by Length of Stay

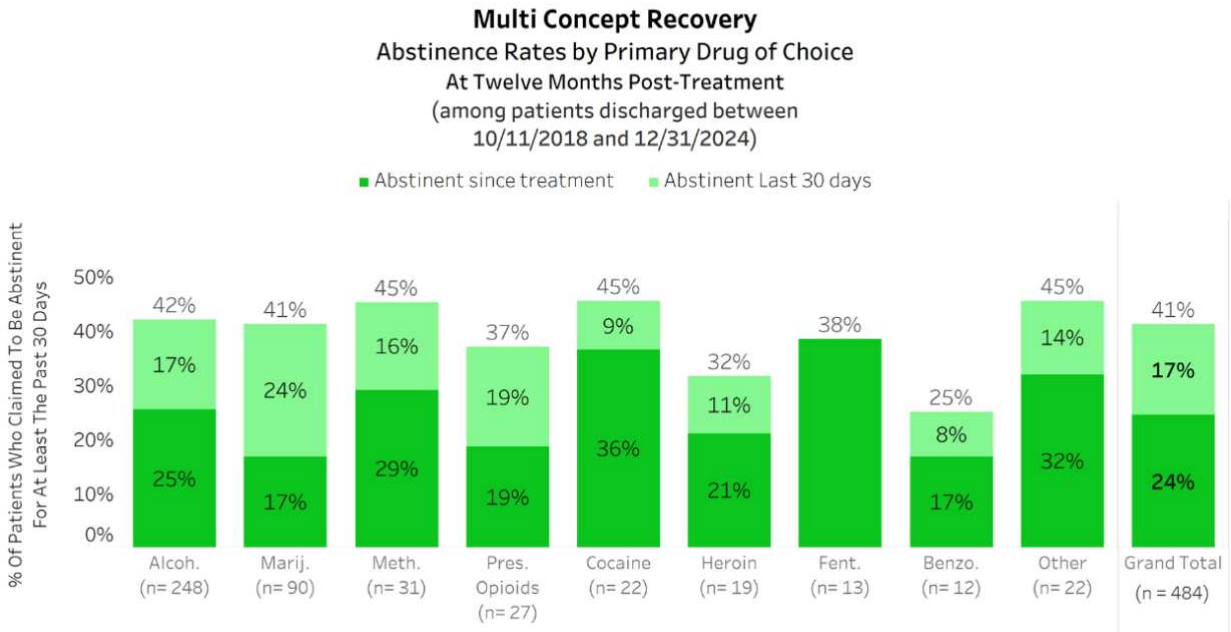
At Twelve Months Post-Treatment

(among patients discharged between 10/11/2018 and 12/31/2024)

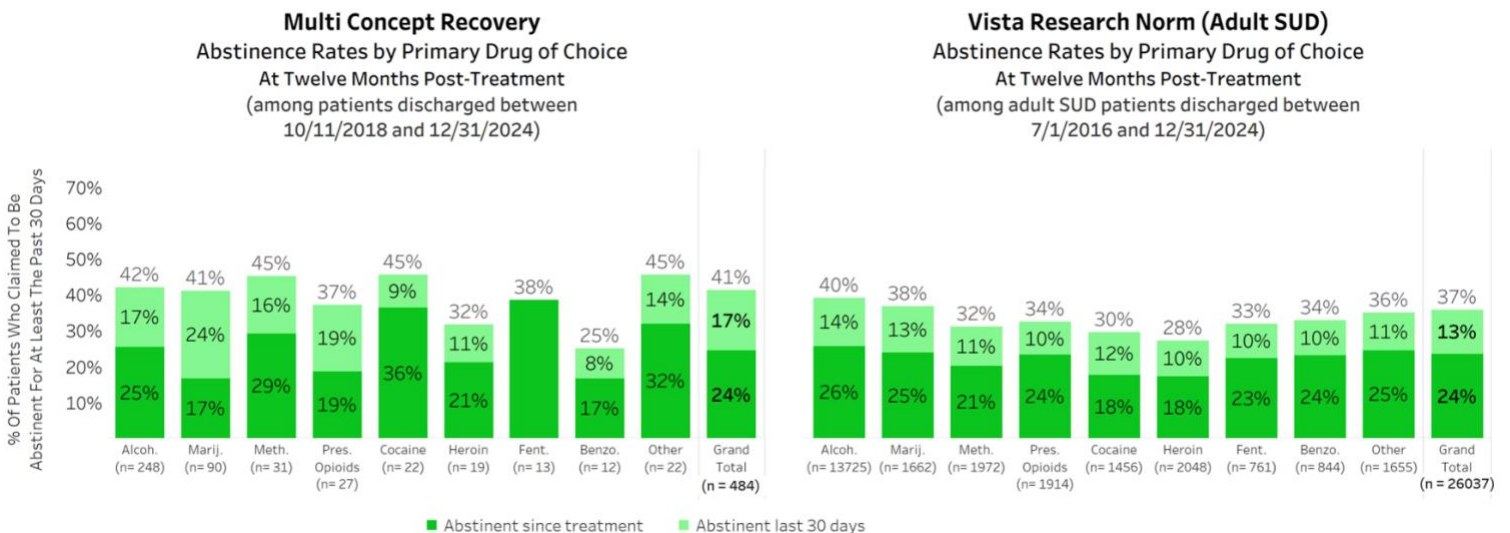


Drug of Choice

Another critical factor was a patient's primary drug of choice. MCR's twelve month abstinence rates varied by this factor. Patients whose drug of choice was benzodiazepines had the lowest abstinence rate at 25%, while those in treatment for meth, cocaine, or "other" substances had the highest abstinence rates at 45%:



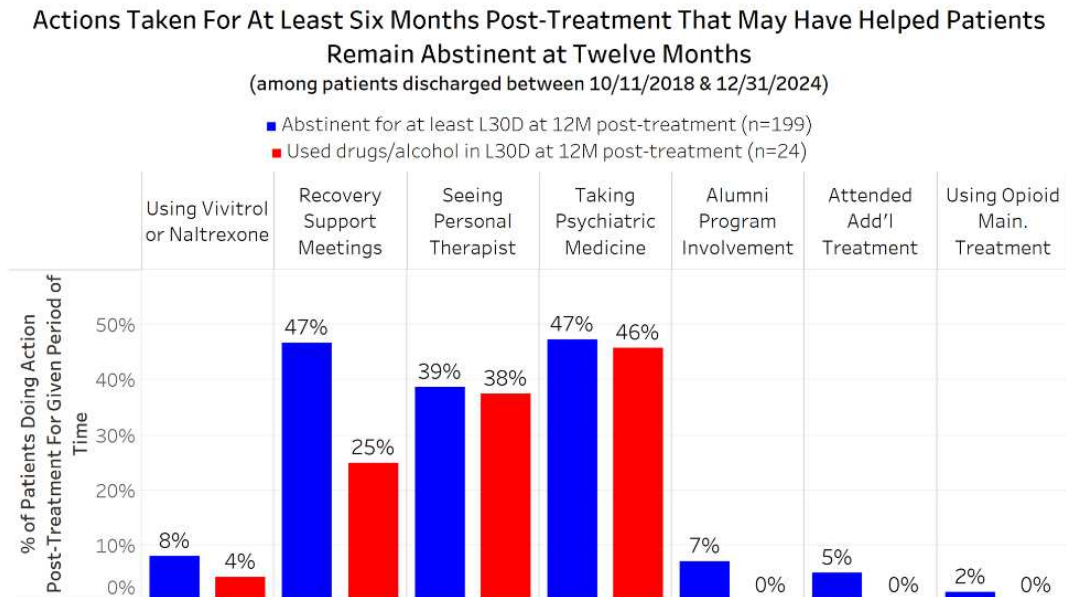
MCR's abstinence rates for patients in treatment for alcohol, marijuana, meth, prescription opioids, cocaine, heroin, and fentanyl are higher than the Vista norms for those drugs. An exception is patients in treatment for benzodiazepines who had a lower abstinence rate (25%) compared to the Vista norm of 34%:



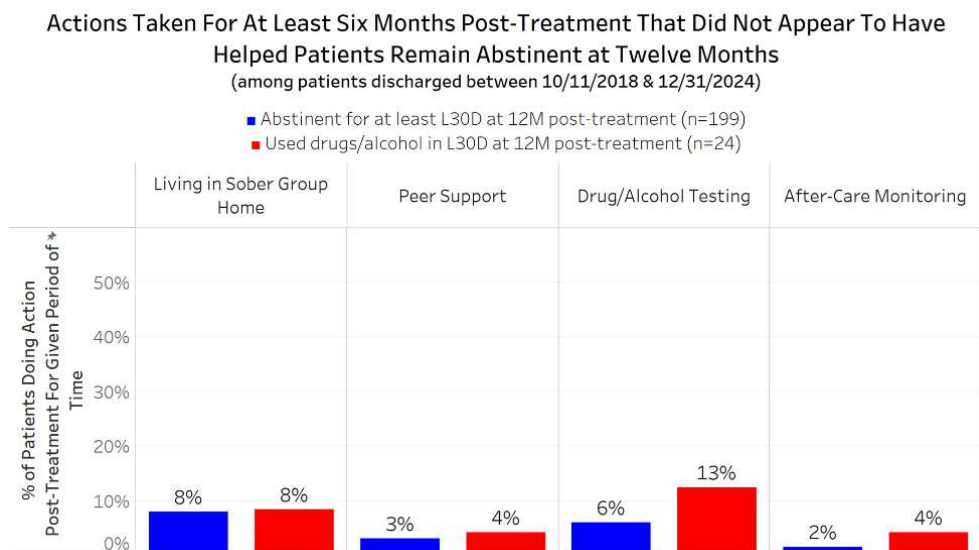
After-Care Choices

A fourth critical factor in whether patients were able to maintain their sobriety after treatment was the actions they took.

The following graph shows the percentages of patients who participated in different after-care activities for at least six months after leaving treatment as a function of whether they reported being abstinent for the last 30 days at twelve months post-treatment. All the actions in the table below, such as attending recovery support meetings, appear to have helped patients remain abstinent:



Other actions that patients took to help themselves remain abstinent did not appear to be helpful. However, we must be careful not to assume cause and effect. For example, the decision to participate in drug and alcohol testing may have been made after a patient relapsed, not before:

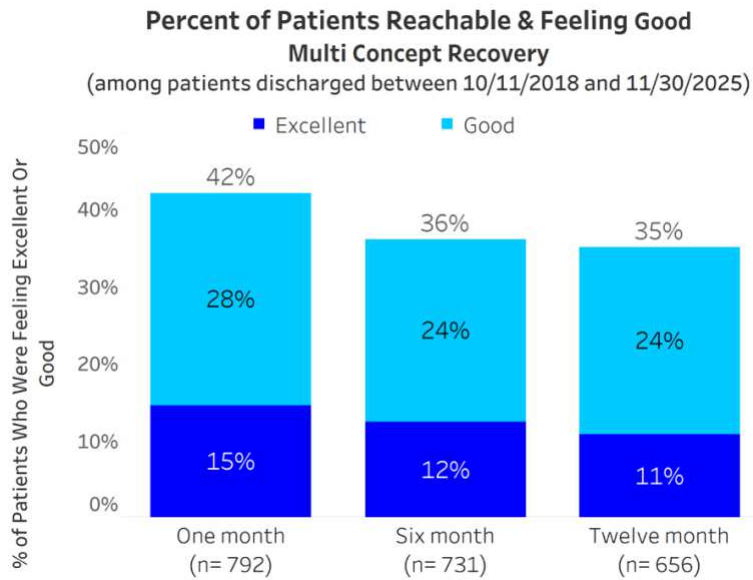


POST-TREATMENT OVERALL FEELING

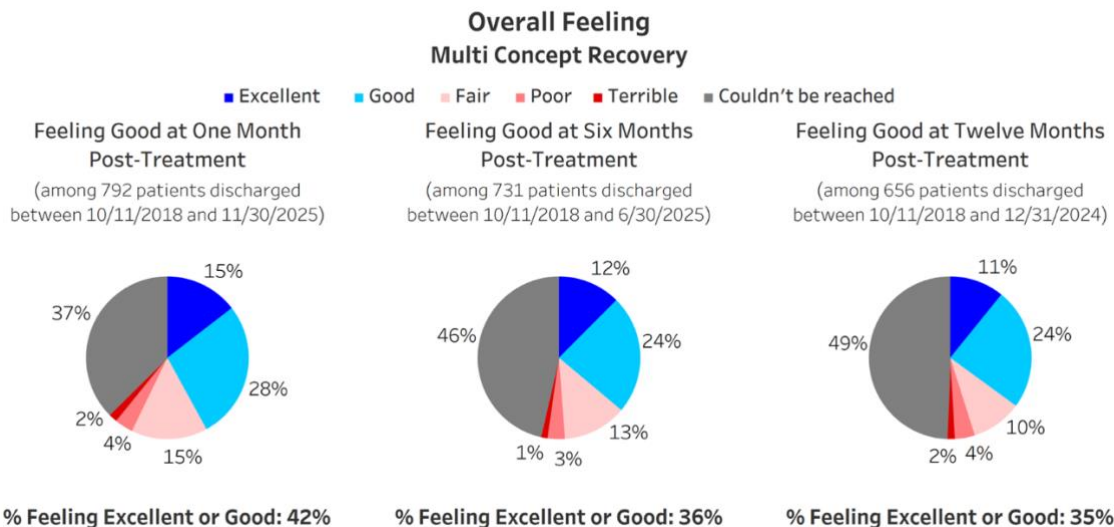
Another critical measure of success for a behavioral health treatment program is how patients are feeling overall after treatment.

Overall Feeling Over Time

At one month post-treatment, forty-two percent of MCR patients (42%) were reachable and reported feeling excellent or good. At six and twelve months, 36% and 35% of patients, respectively, were reachable and reported feeling excellent or good:



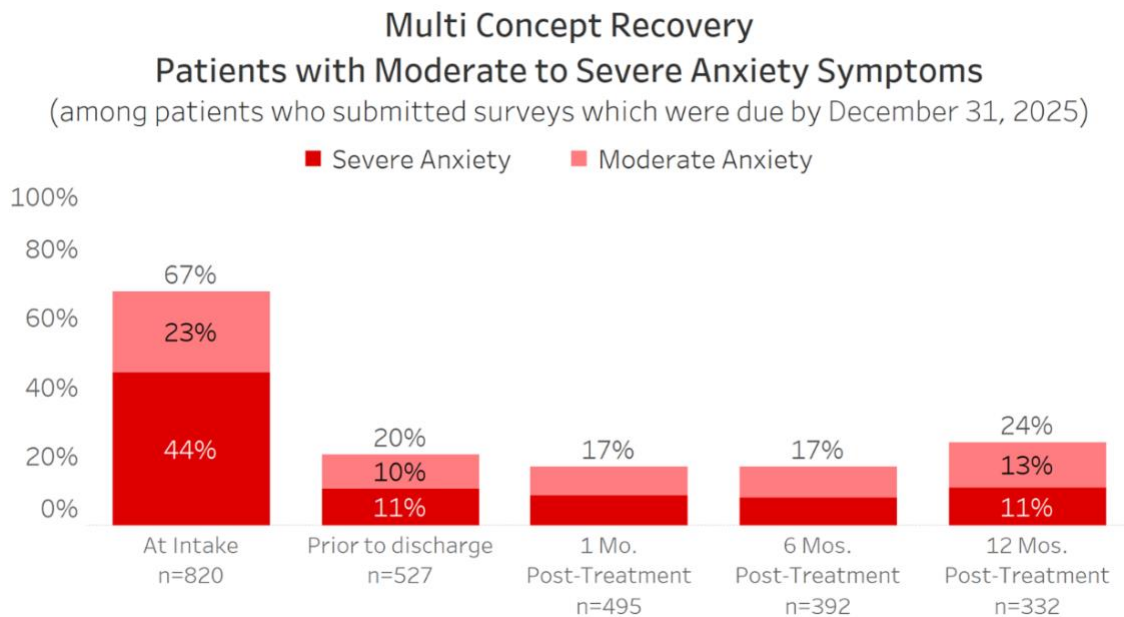
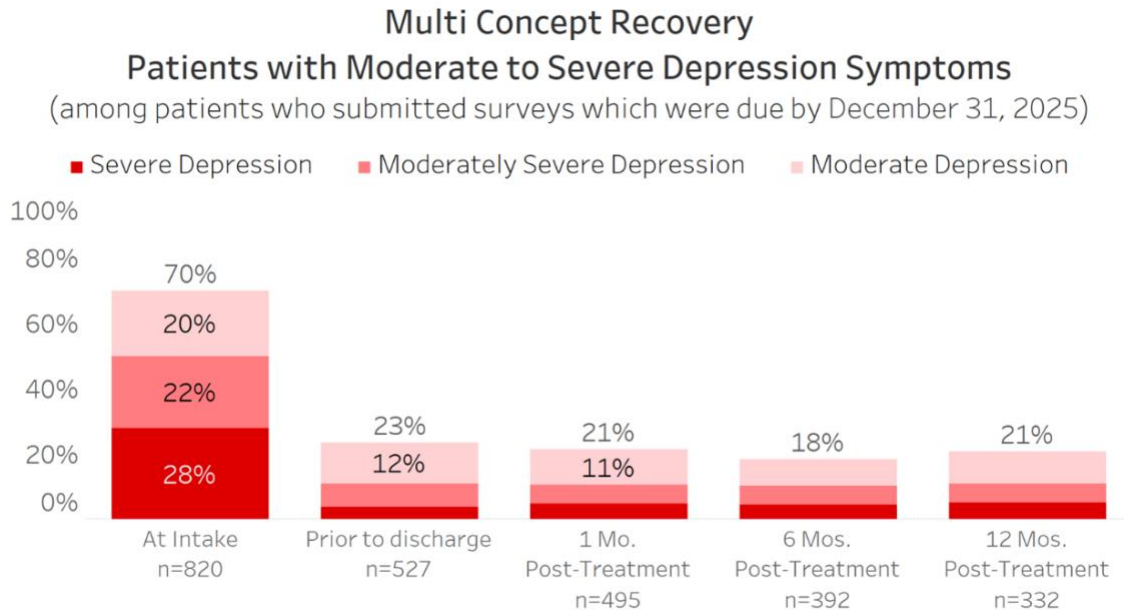
The following charts summarize how patients who responded reported feeling, along with the percentages of patients who didn't respond, at one, six, and twelve months post-treatment:



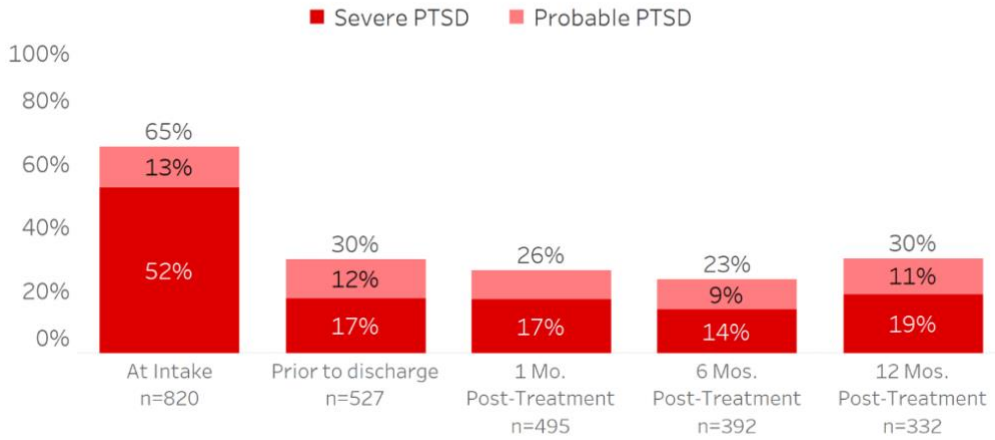
IMPACT OF TREATMENT

Reduction in Severity of Co-Occurring Disorders

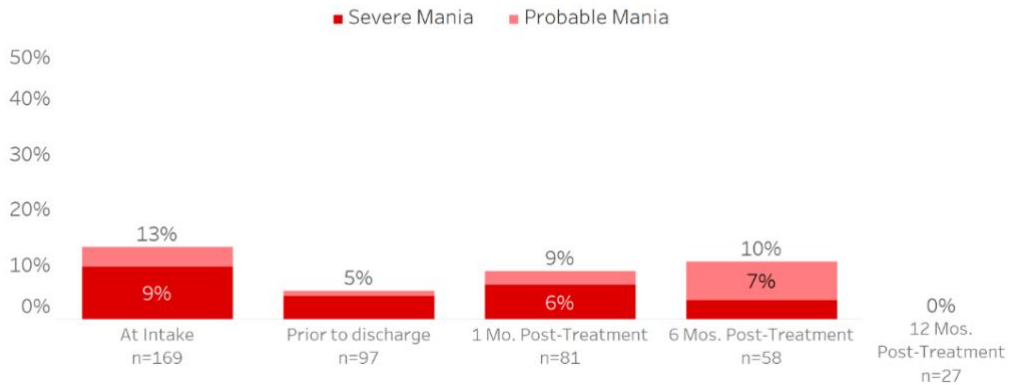
The percentages of patients reporting moderate to severe symptoms of co-occurring disorders decreased dramatically during treatment and remained low throughout the post-treatment year:



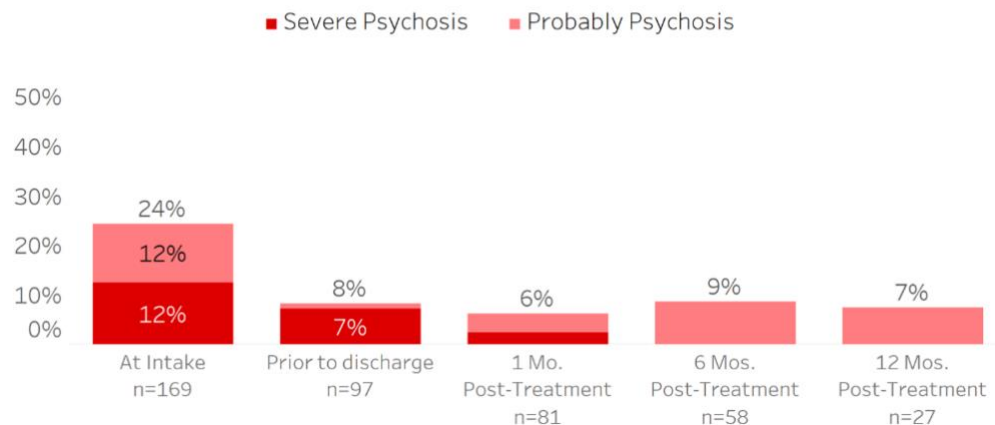
Multi Concept Recovery
Patients with Moderate to Severe Trauma Symptoms
 (among patients who submitted surveys which were due by December 31, 2025)



Multi Concept Recovery (Mental Health Programs)
Patients with Moderate to Severe Mania Symptoms
 (among patients who submitted surveys which were due by December 31, 2025)

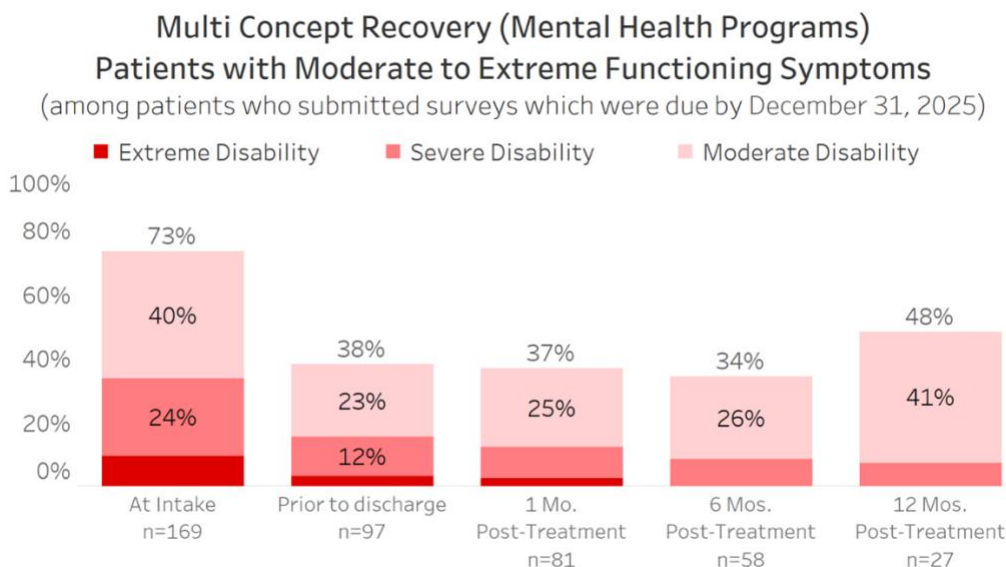


Multi Concept Recovery (Mental Health Programs)
Patients with Moderate to Severe Psychosis Symptoms
 (among patients who submitted surveys which were due by December 31, 2025)



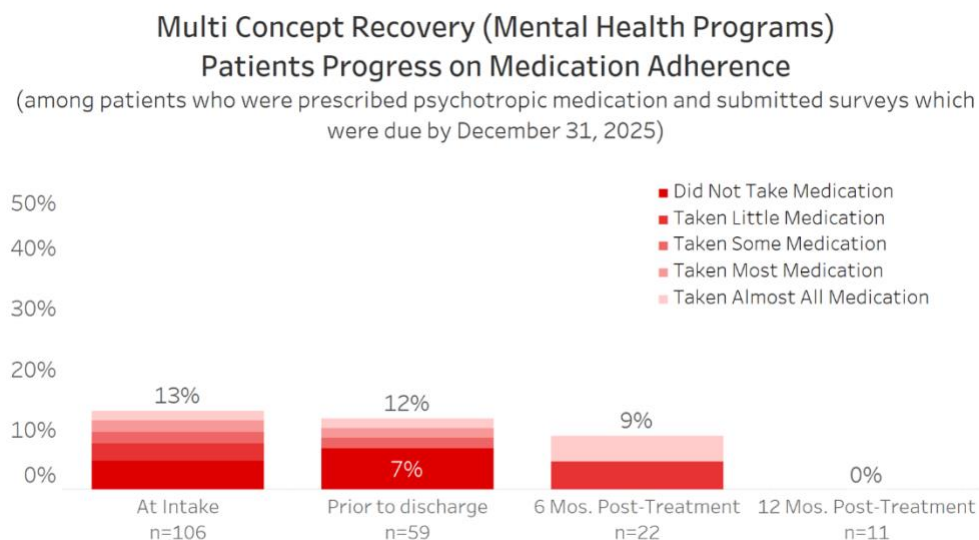
Progress on Functioning

At intake, 73% of MCR patients in mental health programs reported having issues that impacted their ability to function normally in their everyday lives, but the percentage reporting such issues decreased dramatically during treatment. At the last survey before discharge, only 38% of patients reported challenges impacting their daily functioning. The percentage of patients reporting issues with daily functioning remained relatively low throughout the post-treatment year:



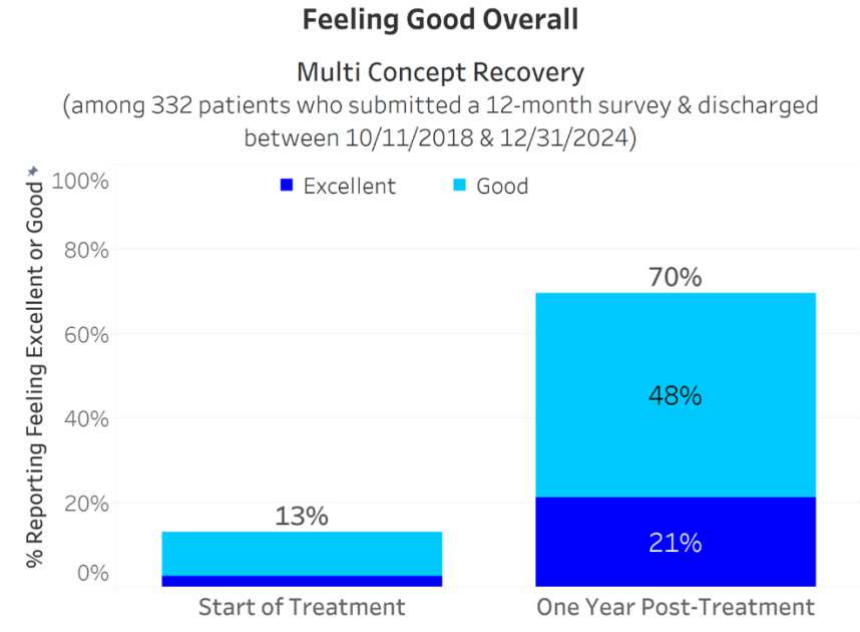
Patient Progress on Medication Adherence

At intake and on subsequent monitoring surveys, patients in mental health programs with prescribed psychotropic medications are asked if they've been taking them as directed. If the answer is no, they are asked how much of the medication they have been taking. The percentage of MCR patients who were not taking all medication as prescribed remained fairly stable from 13% at intake to 12% on their last survey prior to discharge. This percentage decreased to 0% at twelve months post-treatment:

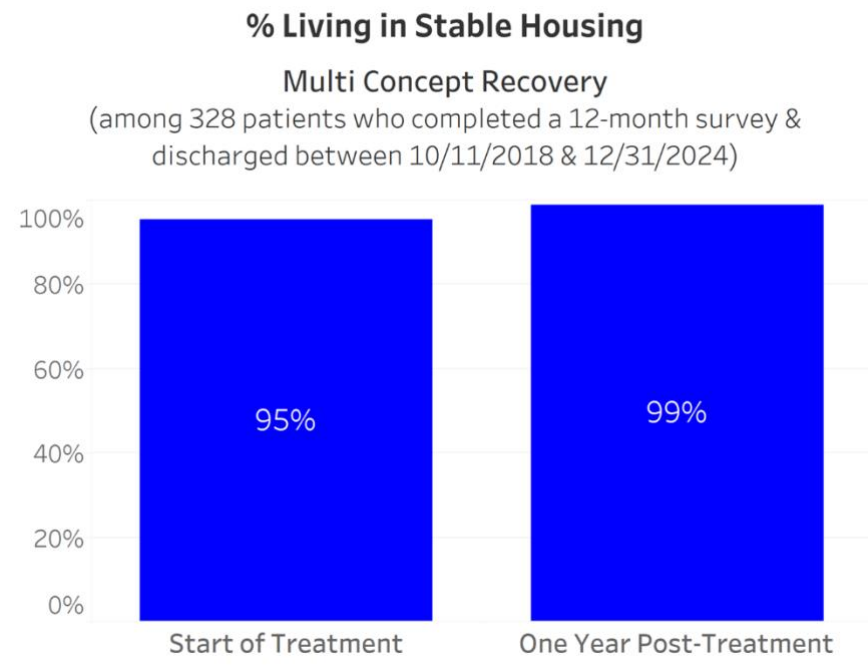


Improvement in Quality of Life

Seventy percent (70%) of patients who completed the twelve month post-treatment survey reported feeling excellent or good during the last 30 days. By comparison, only 13% had reported feeling excellent or good in the 30 days prior to entering treatment:

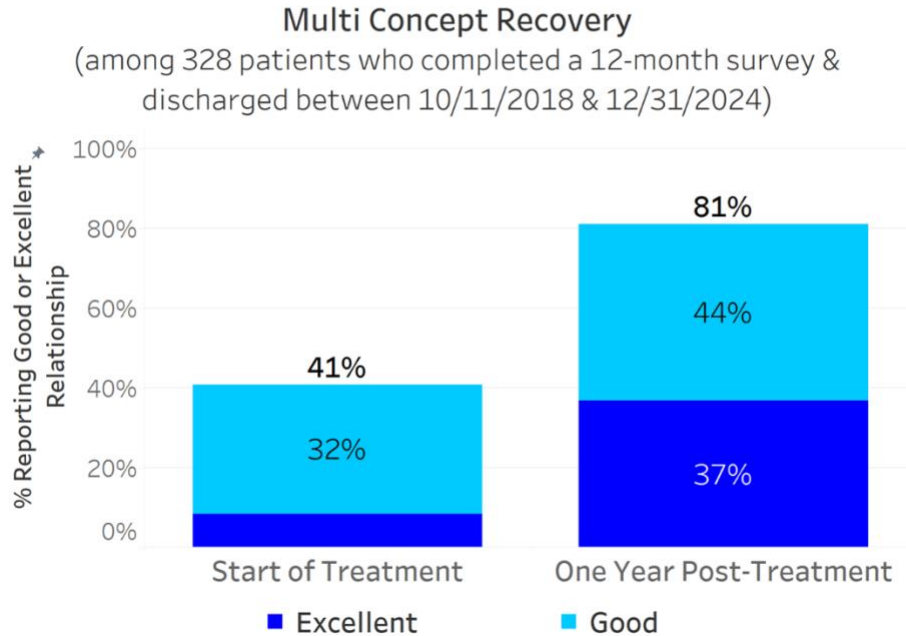


Among 328 patients who completed the twelve month survey, 99% said they were living in stable housing at twelve months post-treatment compared to 95% at intake:



Among patients who completed the twelve month survey, 81% reported having an excellent or good relationship with their closest family members at twelve months post-treatment. This is nearly double the 41% who reported having good family relationships at the start of treatment:

Good Relationship with Closest Family Members

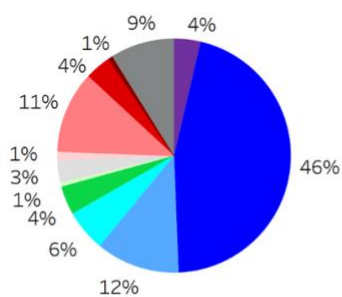


The percentage of patients who were working, going to school, or working in the home increased from 71% at intake to 84% one year after discharge among patients submitting the twelve month survey. The percentage of patients who were not working by choice decreased from 11% to 4%, while the percentage looking for work increased from 1% to 7%:

Impact of Treatment on Employment

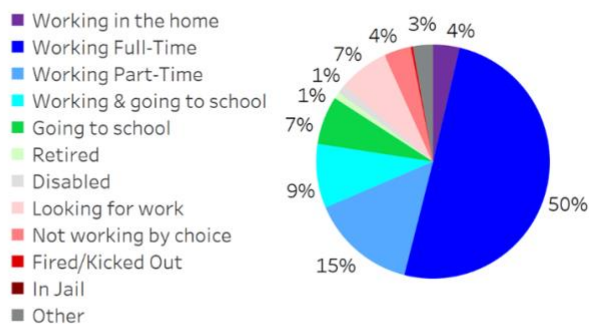
Multi Concept Recovery
(among 328 patients who completed a 12-month survey & discharged between 10/11/2018 & 12/31/2024)

Employment (Start of Treatment)



Working or Going to School: 71%

Employment (One Year Post-Treatment)

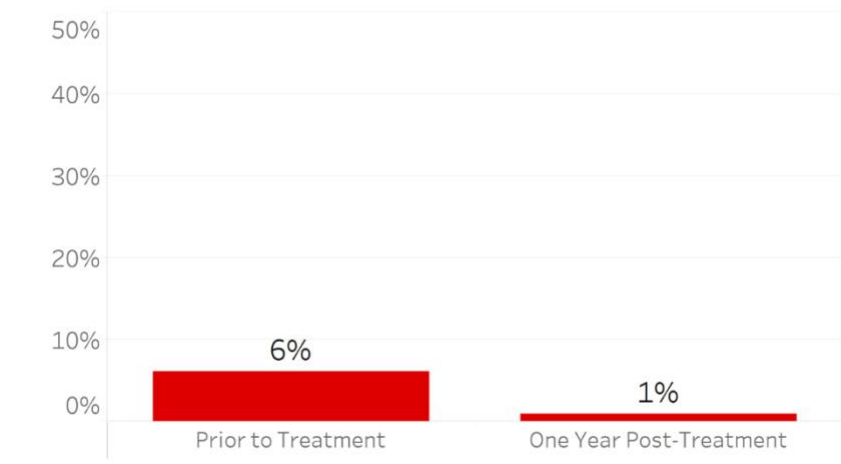


Working or Going to School: 84%

Among patients who completed the twelve month survey, 6% had been charged with a serious criminal offense in the year prior to entering treatment compared to only 1% in their post-treatment year:

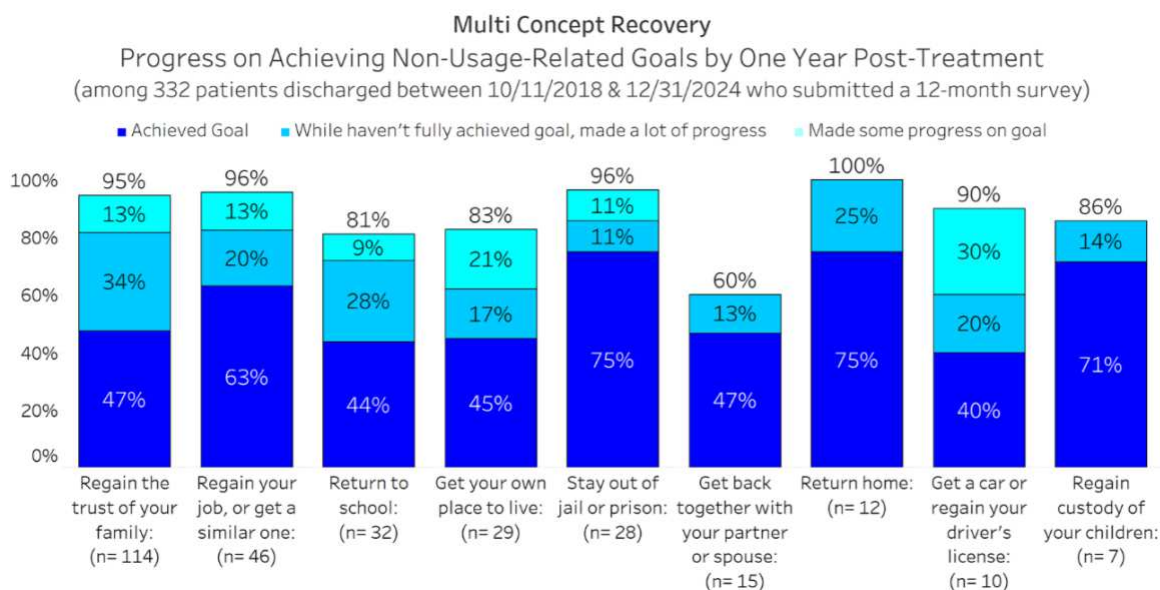
% Charged with Serious Criminal Justice Offense

Multi Concept Recovery
 (among 328 patients who completed a 12-month survey & discharged between 10/11/2018 & 12/31/2024)



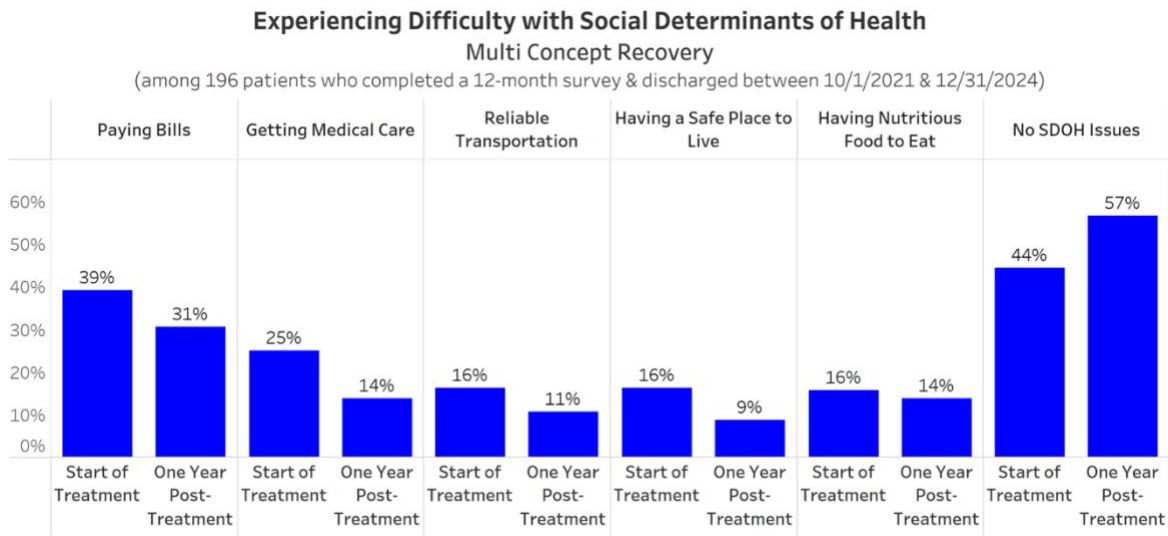
Progress on Non-Usage-Related Treatment Goals

At the start of treatment, MCR patients were asked to choose up to three personal goals they were hoping that they would be able to accomplish as they stopped abusing drugs and alcohol. The majority of patients who were reachable at 12 months post-treatment reported having made extensive progress on meeting these goals:



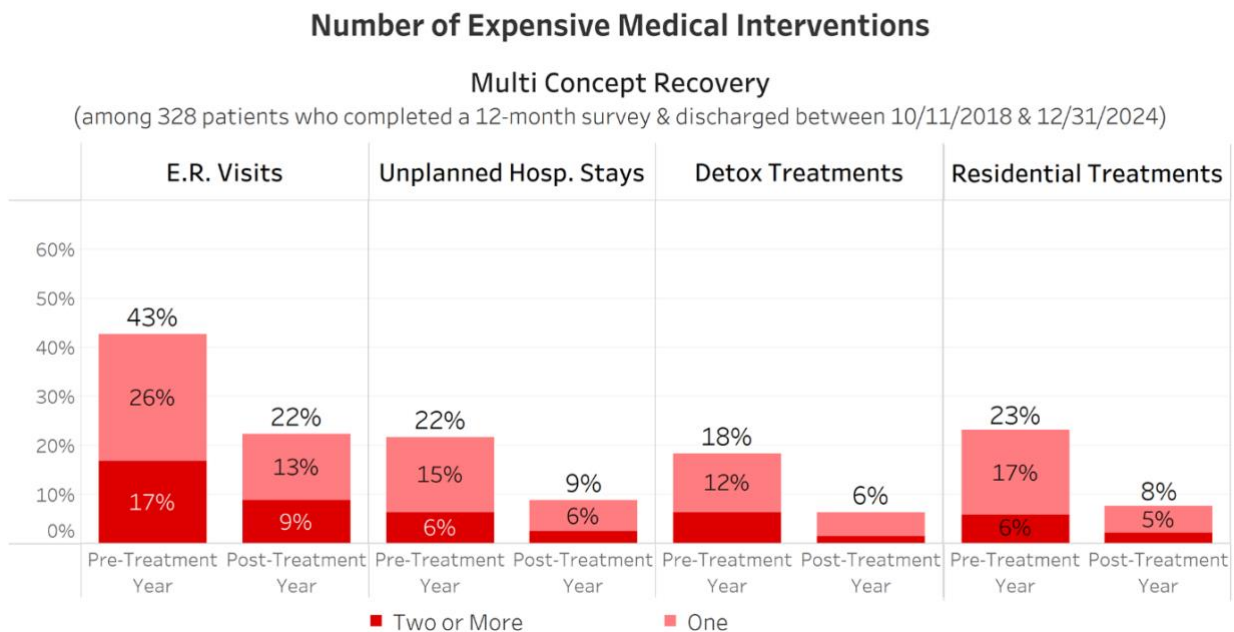
Improvement in Social Determinants of Health

There was a dramatic reduction in the numbers of patients experiencing difficulty with one or more social determinants of health between the start of treatment and one year post-discharge. In fact, the percentage of patients who were not experiencing difficulty with any key social determinants of health increased from 44% at the start of treatment to 57% one year post-discharge among patients submitting a twelve month survey:



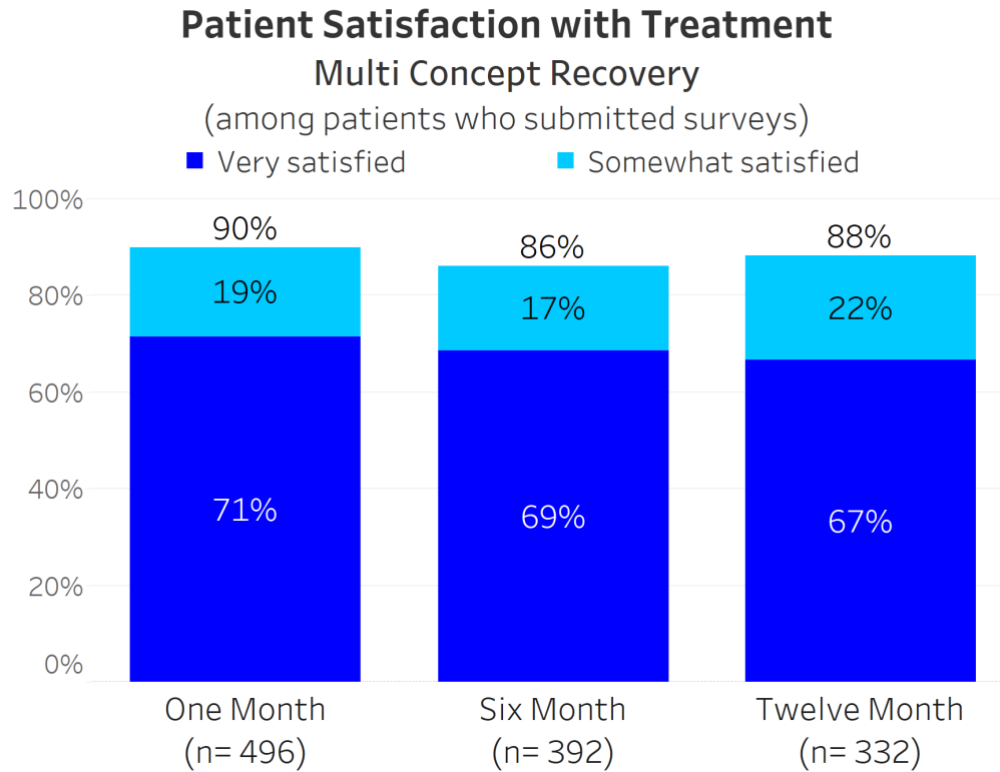
Expensive Medical Interventions

MCR patients who completed the twelve month post-treatment survey have had far fewer expensive medical interventions than would have been predicted based on their pre-treatment year. For example, 22% of patients had an unplanned hospital stay at least once in the year prior to treatment compared to only 9% in the post-treatment year:



SATISFACTION WITH TREATMENT

When reached post-treatment, most patients reported being quite satisfied with the treatment they had received at MCR:



Sample patient comments are included in the Appendix.

APPENDIX: SAMPLE PATIENT COMMENTS

Why Satisfied with Treatment (from 1, 6, & 12- month post-treatment surveys)

- All the facilitators at MCR very understanding and very open. I liked the feeling of community and most of the lessons were very helpful.
- Amazing staff. They're all so genuine, caring and empathetic. I absolutely loved the staff.
- Everyone at MCR and Amy have been excellent with each individual client's need, me included.
- Everyone there was great and easy to talk to about any issues or if I was feeling down.
- Everyone was great—I truly felt cared for and heard. I highly recommend this place to anyone who could benefit from it.
- Everything went very well
- Excellent staff, A service. My therapist, Christina.was amazing!
- Facilitators were great, the administrators seemed impersonal
- Getting on good meds and the yoga and emdr were good
- Great staff and learned lots of new skills
- Great therapists, I just wished the program was longer
- Great therapists, terrible business operations and leadership
- Groups teaching coping skills & mindfulness, journaling practice and EMDR therapy made lasting impacts on me that have helped a lot after graduating. The therapists/group leaders were all great and were very accommodating/encouraging.
- Hours were long but got a lot out of it
- I actually felt heard and supported
- I am just forever thankful for my experience at MCR. I am a completely changed person. I know every day I will work towards being the better me but I feel outstanding. Christina was a huge part of it so was China so was Emily so it was Hannah, so is Matt so is Brandon and so was Tori all of them are outstanding people they helped change my life.
- I am satisfied with MCR completely but really it had nothing to do with 'Staff.' It had to do with everybody else!! the other technicians that work, there are the ones that were in recovery and working there had the best advice the best knowledge and taught us in a way that we are. I completely understood. tori was absolutely amazing. She basically runs the place as far as I'm concerned she always took time to answer questions and to help and she helped in such a warming way. It was terrific in China little spitfire. I loved when she talked she was straight to the point but easy to listen to. I really felt like she could be my mentor. !! anyway the moral of the story is between See Purpose and MCR. I will be one year sober October 5 and feeling great.
- I appreciated many aspects of the program, but I would've liked a warmer handoff, more support in setting up ongoing providers or even a brief follow-up or check-in to make sure I was connected to the right next steps
- I felt like they were intentional about my individual support. Asked lots of questions and allowed me to invest in myself as far as scheduling and what worked for me. Really broke down the program that respected who I am during the most challenging times in my life.
- I found everyone to be very caring and I felt like the program was good at catering to my personal needs.
- I got the best treatment realized that I had to love myself and be myself

- I learned several methods to pause and re-regulate my emotions when I feel very anxious or stressed. This has saved me, at times I've applied methods, from speaking rashly and or making impulsive decisions. I was an active listener and participant in group sessions on DBT, anger management and shame and resilience. I have kept all my notes.
- I like the hands on approach and they seemed to be invested in my success and improvement.
- I liked their 360 approach to all aspects of therapy. And the group sessions were a life changer for me. I loved all the instructors and felt every class was valuable and worth my time.
- I was (I believe) the first client to go through the PHP program (and then move to IOP) at the Redwood City location of Multi-Concept Recovery, so things were a little early-stage -- and even given that I was impressed. All the counselors/staff were quite good, and there was a lot of fill-in from the main staff down in Burbank, which was impressive. That said: it was ... a very different? and sometimes awkward, dynamic -- to be doing "group work" when often there was only myself or maybe one other client, for just four, often very long-seeming sessions per day. It's hard to 'carry' a whole session on e.g. DBT, or "Anger Management", for 90 minutes, after 3 other sessions where it's mostly just me and the counselor (and another client who was pretty silent much of the time, for many of the sessions).
- I was prepped for what life was going to be like in sobriety.
- I was treated the way that someone should be treated going through detox and everybody was very professional about it.
- I wasn't able to stay sober the first month I was out. But since March 17 I've been abstinent from all drugs. I just got 4 months sober earlier this month. It definitely helped push me in the right direction just didn't work out at the time.
- I'm feeling more confident and better able to understand why I was drinking out of control. I was able to see the healthier side of not drinking mentally and improve my outlook without being forced down the twelve step path like at other facilities.
- I'm sober and happy
- Individual counseling with Andrew was insightful and helped me positively frame the work I needed to do. Results/productivity of Group Therapy was more mixed: average to excellent, depending upon the facilitator and group dynamic.
- It helped me through my grief for my mother
- It was flexible and thorough.
- It was important for me to have structure and this was good for me and it helped to be living in sober living at the time and the most important thing was the groups and the outlets and having a place to be and time filled in the day of early sobriety
- Julia's Identity exercise was the hardest part of my time at MCR. And as painful as it was, I needed to see it on the board to find another path. During my treatment at MCR my main therapist gave termination notice and I was switched to Julia. I always enjoyed the group sessions she led.
- Loved Jahi. Pleased mostly with everyone else. Very friendly staff. I received a lot of Mindfulness tools and frameworks. There was a bit too much mansplaining by 'Staff,' but his enthusiasm and positive outlook for the topic mostly made up for it.
- MCR is a great out-patient program compared to several others I have been to.
- Multi concept gave me the coping skills I needed to work through my trauma and improve my life
- Provided a safe space to get comfortable with feeling uncomfortable. The staff was knowledgeable and helpful, providing me with tools to better take care of myself in sobriety
- Provided me with structure and tools to treat my addiction
- Really loving, supportive community and range of practitioners who have a very personalized and holistic attitude!
- Staff was amazing at taking care of my emotional needs.

- Superb staff. It was early days for the NorCal center so they were short on clients - some days it was just me, all day - which was a little wearing to carry every "session" with no other clients - but they tried.
- The classes that they offered were informative and useful. Also, the staff dedicated a great amount of care and guidance creating a positive environment for me.
- The counselor's were awesome. They met me exactly where I was. Handled everything with empathy care compassion.. They created a very safe space to be able to heal.
- The counselors and therapists really took one on one time with their patients. I felt well taken care of!
- The individual therapy was very helpful. Some of the groups were also helpful
- The staff and my therapist Jahi were super knowledgeable and very easy to talk to, I got a lot out of my sessions with my therapist?
- The staff is amazing and truly cares the owners as well. Out of the other programs I have been in none compare to MCR.
- The staff is highly skilled and very dedicated. The environment well structured and pleasant. I had a very positive experience at MCR.
- The team assigned to me was very dedicated to what they do. They also made sure to always greet me when I arrive and went out of their way to help.
- they gave me good techniques got on right meds. I thought as a trans person they were educating me more than getting help
- They really went above and beyond for me. I felt very supported by staff.
- they really worked towards my recovery my sobriety and focused on how I was feeling and how that was affecting my addiction and my controlling my addiction
- they seem to care and understand my problems
- They tackle addiction and mental health from every angle. They truly live up to their namesake.
- They were very personable and they cared. I think it's a special place in the recovery community. Everyone there wanted to be there. It was a great environment.
- Tools for having more control over my emotions
- Very good program, learned lots about myself that Ive continued to take into my life today. Very positive experience and great memories with my peers as well as the staff.
- Very knowledgeable. I felt like they treat everyone as an individual, with individual needs. I felt like you could be yourself, and that their program adapts to the individual, without feeling insecure for what ever the reason you were there for.

Elements of Program Patients Found to be Particularly Effective (from 1, 6, & 12-month post-treatment surveys)

- --Individual sessions with Andrew --Processing Groups --Client Camaraderie
- "I felt that every aspect of the program helped me. Each time I attended, it seemed as though every topic we covered spoke directly to me, because it was always relatable to what I was going through that very day."
- 1 on 1 therapy
- 1 on 1 treatments with Porter and Katie
- AA book study groups.
- All of it!
- All the groups and counselors were amazing to provide a safe place to process emotions and be vulnerable.

- All the staff and other clients. I made friends that I see in recovery meetings I'm currently attending. Using the tools I learned setting boundaries
- As a whole the most important thing was the routine and the accountability. I felt like I had somewhere to be and it was a good use of time.
- Being in a group of people who understand each other because of similar mental health issues and symptoms and everyone having a chance to speak
- Breathing and meditation exercises
- Breathwork. Sharing staff's personal experiences as a reference.
- Buddhism practice with Tori as well as talking with my peers and watching them grow and get better, gave me the hope that I could too.
- CBT, neuro, meeting with Amy, music therapy, breathwork
- Charity. Our EMDR and one on ones were incredibly impactful.
- Classes, companionship, meditation, art therapy... everything
- Constant check ins with various staff (therapist, case manager, doctor, psychiatrist) Having a psychiatrist and the doctor offering to send prescriptions in case of emergency Good variety of activities and topics
- Coping skills and breathwork
- Coping skills and the fact that people really care or know what they're talking about
- Coping skills dbt cbt breath work
- Dbt/cbt breath work
- EMDR Therapy Coping Skills & Breathing Techniques Practicing Mindfulness Talking/socializing with other people having similar struggles Journaling Personal Therapist (Lexi is awesome)
- EMDR with Lorin. G
- Everything 2 things my support from Tori especially Nancy therapist but also Sabyn and Brandon as well. Also the kindness of Evan regarding my hardship with insurance and finance insecurity.
- Everything but it's really the staff and team that make the difference.
- Everything. Learning to control my emotions
- Experiential Mindfulness Individual therapy with Jahi Psychiatry with Dr. Reim Walks nearby
- Group sessions
- Group sessions where everyone shared their stories. Helped in feeling less alone and the accountability of strangers impacted me greatly to change my behavior.
- Group sessions with Edelman and David.
- Group talk and discussion. Meeting one on one with my therapist Matthew.
- Group therapy was very helpful. Ran into someone from the program yesterday at work, and it was crazy to cross paths. That was a full circle moment for me. Being able to share and understand people in a different space and found it very therapeutic.
- Groups about 12 step, groups where we could talk about our current problems, individual therapists.
- Having a community of peers that could relate to my situation
- Having community, getting to know my peers
- Hearing personal experiences and relating.
- I appreciated the structure, the range of perspectives and holistic practices offered, and the supportive environment from all staff and peers. I also got along well with my therapist and felt he brought a grounded, human approach to our sessions.
- I feel that all staff and counselors were very helpful in my opinion to the road to "my recovery"
- I found my individual sessions with Nate the most helpful, followed by all of the classes led by every staff member, including yoga and breathwork

- I found the community to be most helpful talking with the other. Patient was extremely helpful and when learning the different aspects of recovery and emotional sobriety, talking about it learning about it and then talking about it, and then talking about our experiences, extremely helped to know that I wasn't alone.
- I found the individual therapy and the Neuro feedback to be the most help.
- I like the art and yoga portions in addition to normal therapy classes.
- I liked group settings it helped me to hear other people's struggles challenges and stories, made me feel like I'm not alone. I felt supported and that it made me feel like a human that it was a shared experience and it reassured me.
- I liked having multiple avenues to recovery since I really don't agree with AA concept
- I liked how all of the forms of recovery were presented. The staff was excellent and very welcoming.
- I liked learning about parts work, and DBT
- I liked that they explore several methods to get sober. I'm not a fan of AA so I found the fact that MCR also talks about alternatives very helpful. I like the meditation and breathing exercises to be a very powerful tool that I still use on my everyday life.
- I liked the consistency and my case manager
- I liked the meditations and when we could talk about our problems and vent.
- I loved my personal therapist Charity. Doing EMDR was incredibly helpful. I also loved bonding with and discussing shared experiences with group members.
- I really like talking through things, and I found that it's helpful for me when people are direct and call me out on my own toxicity. But not in a mean confrontational way, I really felt like I was being called out for my own benefit so I can grow. I found group therapy really enlightening.
- I think the group therapy was the best and overall how everything was applied and taught it was like a class and it was good for learning what I was doing and how it was affecting me
- I think the most helpful was the community I made I still see and hangout with the people that I made strong connections with
- I thought everyone was very helpful. It was a good community effort and it was my first step in getting sober
- In depth education of coping skills, trauma management and education, multiple options for skills
- individual sessions centering predetermined topics focused group time centering activities or discussions forming connections with other clients general routine water/snacks/coffee (food generating community) logistic support (disability financial aid)
- Individual therapy & overall caring and attentive staff
- individual therapy sessions, group sessions, alumni opportunities (snacks as well available)
- Individual therapy, information on outside resources, abundance of tools to cope and deal with my emotions
- It was a good transition out of rehab
- Learning, especially IFS and ACT. Regular movement (yoga/breathwork). 1 on 1 therapy.
- Meditation Breath work Daily reflection Dharma recovery
- meeting with my individual therapist as well as the support of my peers
- My therapist Jahi
- My therapy sessions and the group sessions
- One on one therapy
- One on one therapy. Caroline is wonderful
- Overall group therapy, breath work, neurofeedback, relapse prevention
- planned content group discussion individual therapy snacks community
- Really liked Multi Concepts. Would love to come back if you guys take medical. Is insurance has changed.

- Relapse prevention, shame resilience, trauma resilience, breath work
- Rock to recovery, group discussions
- Saben was awesome. I also liked learning from Jeremy, China, and Andrew.
- Sabyn's wisdom and outlook was awesome. Also, Julianne was my therapist and EMDR with her helped me a lot
- Sharing your story in a comfortable group setting.
- Some of the counselor sharing knowlegde and solid feedback and advice.
- Structure. Someone understanding addiction.
- Structure. Therapy-group and individual.
- Support from Nate (Nathaniel Holden) - individual therapy, as well as modalities including EMDR/trauma.
- Talk therapy
- Talking in group sessions
- The breathing exercises
- The breathwork class was phenomenal.
- The Community and drug testing.
- The community and support
- The consistency of the program
- The counselors as well as the meetings/classes
- The diversity of treatment methods (somatic, cognitive, art-based, etc.) and the support provided by Julianne L.
- The emdr (Nathanael was great) The dbt stuff and the yoga
- The facilitators and therapists were excellent
- The group community and therapists
- The group session discussing strategies to deal with emotional regulation.
- The groups centered around objective facts on trauma, as well as the psychiatric assistance
- The groups were absolutely wonderful and my therapist was also wonderful and so helpful.
- the individual therapy and science behind things and calming nervous system and DBT
- The insistence of challenging yourself with different methods of self care and avoiding triggers was valuable
- The openness of everyone involved sharing their stories and the well-rounded approach, plus the flexibility of time commitment based on personal needs and life stages.
- The staff was caring
- the staff!!!
- The therapists were amazing
- Therapist Andrew and groups with strong therapists, trauma concepts and recovery. Life satisfaction
- Therapy and goal oriented recovery
- Tori was amazing in her class, I would say meditation was great
- Trauma education, emotional support, learned a ton of tools to help me not feel like I'm in crisis. Helped my emotional regulation and grateful to have done it and would recommend it to others / do it again in a heartbeat. It really helped. I was most supported by Brian, he's absolutely incredible.
- Variety of ways to grow and learn more about myself and others. Time with Amy was incredibly helpful.
- Very effective any class that was taught by one of the technicians that are in recovery those were the most helpful of all when the therapist actually taught a class. It wasn't helpful at all.
- Weekly intention setting with Sabyn. Breathworks with Jeremy.
- Working with Sabyn

What MCR Could Have Done Better or in What Areas They Could Improve (from 1, 6, & 12-month post-treatment surveys)

- 1. Ensure Consistent results/performance of Processing Groups. 2. Improve Facilitator Skills e.g., Framing/reframing key questions, checking for understanding; including all participants, etc.
- A little less meditation
- Allowing all types of people to be seen/ heard. Stop clients from bullying other clients Not affirming dangerous or delusional behavior
- Be more forward with clients and more resourceful when it comes to therapy
- Been organized and consistent with therapists and classes.
- Better employee training/management, transparent rules, money-hungry owner, executive
- bigger group room, more seating. miss you all.
- Communication about what's going on.
- Consistency in session schedule
- Consistency with staff members
- Dealing with people who are shut down with severe anxiety that is masquerading as depression.
- Dharma 2x a week was frustrating to me, I felt that other groups were more important. I felt like Dharma was being pushed on me and it was not my thing, so I was very resentful.
- Do more big book step work.
- Encourage/ require working on the 12 steps.
- environment of the group room, seating area, and offices- could improve upon comfort for clients in regards to spacing and type of seating, decor and representation (lgbtq , bipoc, disabled, etc.), general functionality (lighting, fans, paper/pens, cups, paper towels, tissues, etc.) prescheduled times for being pulled into psychiatry, individual sessions, neuro, etc. setting expectations at the top of group for new people and everyone else advanced notice of coming changes regarding staffing or structural shifts
- Explanation of additional treatment like Neuro and easier access to physician
- Food options.
- Get a case manager a good one Put art back on the walls it made it feel less like a prison Better chairs some people have chronic pain and the chair you currently have are not chronic pain friendly which is why I sat on the floor all the time
- Group topics and how some groups are run
- Helping with real world problems for seniors
- I didn't enjoy how quickly the program recycled information. It felt like every two weeks we were learning the same thing over and over.
- I don't really have any suggestions for improvement, I really appreciated everyone that worked there.
- I felt like I was in jail, anywhere I went was policed, staff would call and yell at me if they found out I was outside of Los Angeles, they rudely called my mom saying I'm not allowed to leave the state when I was visiting my cousins in Henderson NV, I'm 26, why are we calling my mom.....its an outpatient program, I didn't sign up to be policed in such a bizarre passive aggressive nature. They have nothing about AA, it's all about Buddhist Dharma. Multi concept was just such a bizarre experience. The whole thing is just passive aggressive and uncomfortable.
- I personally feel a late policy needs to be enforced. It doesn't seem fair when people constantly show up 30-45 minutes late when there are others who really want to improve are there on time. Once in a while is ok but all the time is uncool.

- I think the 1st day being sensitive to my feelings and doubt. I felt thrown into the fire. It was good for me because I was vulnerable right off the bat.
- I think the attendanc epolicy is too strict
- I think the electronic brain testing or whatever took away from group time and I ended up not continuing it while I was there.
- I think they have it right on the money
- I think when I left See Purpose and MCR you feel very cut off because they seem to not or they're not able to communicate with you afterwards or something. I don't know anyway the leaving part seems a little sad.
- I was a part of the day and evening program, and if you are going to do an evening program, I think that case managers shouldn't run it. It should be run by the therapists. I see the difference in the group being run by therapists instead of by case managers. Therapist do a better job.
- I wish I could have stayed longer, an longer plan and more of an easier way to transition
- idk I was in AA and was working the steps and it felt like a lot of the groups were just "you should go to AA and this is why" so that didn't apply to me personally, also I think everyone benefited from interactive groups where there was cross talk but we didn't do those that often.
- include somatic work
- It felt like some of the materials were repeated
- It was obvious they did not care for the full day experience of the client, but we're more concerned with filling their books with signatures. In my opinion if they had cared about the clients experience, there would have been less hall monitoring less pushing my ass back to class less reading from a script in a book and more active and energetic classes
- It would have been nice to get some fresh air, being in that fluorescent lighting all day is not good. It would have been nice to have some variety of different topics like abuse/domestic violence that were pretty common.
- Just switching the schedule around not making Wed a priority during lop 2-3.
- Lack of participants
- Less emphasis on AA and more about coping skills and individual needs
- Listening to patients. When I spoke up about the treatment from the psychiatrist leadership dismissed me.
- Longer program
- Longer than 3 month treatment
- look into matching clients with appropriate therapist that can support their recovery treat actual dual diagnosis
- Make sure the topics has meat and real tools in them. Curb people walking in and out of the classes all of the time and sleeping in the room.
- Maybe even more personalization, involving participants as co-leaders of sessions, making sessions even more engaging or interactive.
- More comfortable chairs in the main room we used for groups, there were maybe 3 chairs that felt alright but all of the others were pretty uncomfortable after sitting for a while & the discomfort was often distracting from the discussion/activity
- More focus on mindfulness, ways to improve yourself, brain rewiring.
- More Jahi
- My feeling is if the program is working and helping people don't change a thing.
- My only feedback is making Wed a priority day music is nice but for me that was the least impactful day.
- None, great across the board.
- Not kicked me out
- Open communication with clients, enforced rules

- Personally, I think all Therapist should be in recovery if they're gonna be a therapist there only because I think they might understand us better. I just think the people that are in recovery at Mcr are the ones that I relate to the most the ones I learned the most from
- please add more somatic work
- Reading more from the big book. I think if you complete the big book in the 3 months more people would be comfortable with AA
- Reduce the amount of sessions that were purely lecture based. Any opportunity (class, or exercise) to introduce tools to assist in dealing with emotional, mental, addiction or cravings-based issues or situations should be more of a priority. Learning how to practice these tools, perhaps by repetition, and promote their use should be more of a priority.
- Retain therapists so that clients aren't having to be assigned a new therapist during their treatment Communication from the therapists that they're are leaving the facility. I often found out the day of or a couple days in advance when they announced they're leaving Communication between therapists because there were times we were doing the same worksheet 2-3 times
- Rock To Recovery twice a week, haha.
- Sending out a schedule for the week. New printer. Clear way to get in touch after hours if needed.
- some groups felt like there was not much planning or thought went into it and it felt like filler, more prep or effort would be nice
- sometimes certain people in groups would take over the conversation and it left less opportunity for others to share. i liked when the counselors would specifically call on people to share because not everybody feels comfortable raising their hand even if they want to, or they dont want to take up space. so maybe just make sure more people get the opportunity to speak up
- Taking scheduling feedback into account (mostly the CEO). All the heavier groups were in the same days and Wednesdays were all the "easy" or "relaxing" groups, which are not helpful when they're all in the same day.
- The breathing session is a little long.
- The food could have healthier options, I felt like there was a little bit of turnover in the food service. I felt like personnel turnover was hard for us, there was a lack of continuity. I think in general it was hard for patients. Not ideal.
- The one family therapy session I attended was very helpful. That program ceased while I was there.
- The one time I attended the family therapy it was a very positive experience. I would have benefited from that being offered more often
- the physical space client to client interactions
- The videos that they show are old
- Therapist reading all the time, (two of them) they need to speak with heart to gain the trust of clients, not thinking that we are in school repeating what the book said
- Therapists choice
- There could have been more awareness of the effects of racism on the mental health and recovery of people of color. There could also have been more racial diversity among the MCR employees and within the materials (videos and readings) that were presented to clients.
- They do not understand and are not equipped to treat or communicate about ADHD, which I understand is not the main focus of the program. ADHD brains retain information and are motivated differently, and I've found that this is my underlying illness that is co-morbid with depression. Nobody seemed to care to address my diagnosis or help me understand it until the new therapist (Amy) came in, but I was only able to have 1 session with her before I was discharged. An alum who came was still severely struggling with her ADHD, and I was giving her information about things like ADHD coaches and frameworks that were brand new to her. I have a feeling they were running the clock on me being done with the program / secretly gave up on me after I stopped taking take anti-depressants. I felt my level of support drift after that choice.

I'm now exploring the right medication for ADHD (stimulants) which couldn't be prescribed in the program due to being a class 2 drug. Also, I find that they are severely lacking in knowledge and understanding of neurofeedback and it's just done as a selling point / gimmick / not taken seriously. I also had an issue with 'Staff' that was never really addressed- I felt like she gave special treatment to others and whenever I'd say hello, or try to engage I'd get a cold shoulder. Not sure what was up there... otherwise the staff was incredible and even with that feedback I could tell she cared about her work and was knowledgeable.

- Too much mansplaining/lecturing by some.
- Trans education and LGBTQ education in general I had to educate them I went there to get help. It wasn't malicious just ignorance
- Transparency from a therapist who is leaving, we shouldn't have to find out the day of or 1 day prior that our therapist is leaving
- We sat too much. Need more exercise/movement in the program
- While I understand that yoga, breathing, and meditation are helpful -- and that for many people those are NEW things: I've been through all that at a previous IOP and residential rehab, so doing "lion breaths" and yet-another-meditation did NOT feel like a good use of time. I think having a more *tailored*, *flexible* program, based on what the individual client needs ---- and without repeating things s/he's already had tons of! -- would be far more valuable. In my case: I came to MCR specifically for EMDR, Trauma-focused therapy, etc. -- to accomplish specific change based on my past trauma and needs. I'd say 30-40% of the week was just repetition of "the basics" -- doing "freshman year" all over again, and again, and again -- when what I needed was very focused trauma- and goal/change- oriented treatment, based on my experience and specific patterns beyond simple addiction. (Also: we needed to have actual *groups* to do group work -- can't really fault MCR for being in startup mode, but again it's REALLY draining to carry 'groups' by one's-self for the whole day. And finally: more, shorter sessions w/ more topics, would be good, esp. for people w/ ADD!)
- wish there had been a warmer transition out of the program, some help with setting up follow-up providers or a brief check-in afterward would've made the ending feel more supported and continuous.
- Y'all can hire a trans or non binary person to educate on non binary trans issues.

Why Unsatisfied with Treatment (from 1, 6, & 12-month post-treatment surveys)

- A therapist let other clients bully me and didn't do anything about it.
- Classes by on instructor were not comprehensive and motivational Too many clients were sleeping in class or going in and out of class all day.
- Didn't enjoy all the group classes. Wanted more individual therapy
- I am still very anxious and depressed.
- I enjoyed most of the instructors and my therapists. There was inconsistency with how management treated some patients and some unprofessionalism from certain staff members
- I feel as though they didn't set me up to leave multi concept I left with no therapist and no psychiatrist and had to figure that out on my own there was also a few other things I asked help with but due to not having a case manager let alone a good one while 'Staff' was there I didn't get what I needed or asked for and it took me way longer to get on my feet then it should have
- I feel like my circumstances at the time were too grave for the resources at MCR
- I felt the owner wasn't supportive.
- I never got to do EMDR

- I specifically went in for MSR for my trauma. I'm the 2 months I was there, I NEVER received treatment. I missed multiple psychiatric sessions, and some therapy sessions. I paid for this place out of pocket, which was expensive. I spoke up about my frustrations but nothing changed. The only person I could say was amazing, was McKenzie. There are many more reasons, but it's room much to write
- Loved Lorin did not appreciate the psychiatrist or leadership. Psychiatrist misdiagnosed me and when I told her the medication she prescribed caused hallucinations she told me I was medication non compliant which was not true.
- Not a lot of holistic stuff. Did not like it at all. 'Staff' was cold and does not care at all.
- The environment was too monotonous. We were expected to use the same room class after class, and the rest of the building was light and airy. I think management could have been more creative or imaginative to use the space in a way that would support open minding ..(new use*)
- Wish people were more supportive

MAT Feedback

(from 1, 6, & 12-month post-treatment surveys)

- Craving reduction.
- I don't think it works for me. Still crave and still get a positive stimulus from drinking. I'm compliant with the drug.
- I like taking it because it makes my cravings more bearable and puts me in a good mood. Some of the side effects aren't the best but at least they don't happen all the time.
- It seems to be working
- Its convenient and fool proof
- Makes me sick if I take daily.
- Reduces effect of alcohol when I do drink. (Note: you didn't ask about Topamax/Topiramate, but I'm taking that too and it's helping - a lot)

Non-Survey Feedback

(from 1, 6, & 12-month post-treatment reputable surveys)

- He told me that after he left the center, he was in a bad place and tried to reach out to the center, but no one contacted him or reached back out to him. He stated that he doesn't have the time or energy to complete a survey.
- Patient wants to discuss outpatient treatment. Requesting a call.
- Requested a call to discuss outpatient treatment. Would prefer if 'Staff' does not call.
- Said the program sucked and she's not doing any surveys.