

# 2025

## ANNUAL OUTCOMES REPORT



**ADOLESCENT  
RECOVERY**  
of cumberland heights



**STILL  
WATERS**  
of cumberland heights



**RESEARCH  
INSTITUTE**  
of cumberland heights



# TABLE OF CONTENTS

2	About
3	Measurement Based Care
4	Our Treatments
5	Demographic Characteristics
6	Treatment Characteristics
7	Summary of Treatment Outcomes
8	Outcomes: Readmission
9	Progress Monitoring
13	References



## ABOUT US

Founded in 2018, the Cumberland Heights Research Institute continues to advance our approach to patient care through the integration of data science, clinical expertise, and outcomes research. By embedding measurement-based care across our programs, we strengthen our ability to evaluate treatment effectiveness, refine clinical practice, and transparently share the real-world impact of recovery-oriented care.

The Research Institute at Cumberland Heights Foundation is proud to present our Annual Outcomes Report for 2025. This report reflects our ongoing commitment to accurately measuring patient progress and reporting outcomes with clarity and integrity. We believe individuals seeking treatment deserve accessible, evidence-based information that reflects the true impact of care—not only during treatment, but well beyond discharge.

Our 2025 findings demonstrate meaningful improvements across multiple clinical and recovery domains. Patients showed substantial reductions in symptoms of depression, anxiety, and substance-related cravings during treatment, with these gains largely sustained throughout the year following discharge. At the same time, patients experienced consistent growth in recovery capital—an essential indicator of long-term recovery stability. Key findings from this year's report include:



On average, patients experienced clinically significant reductions in depression, anxiety, and craving severity during treatment, with improvements maintained through 12 months post-discharge.



Patients who remained in treatment for 30 days or longer demonstrated a 49% lower risk of readmission within one year compared to those with shorter lengths of stay.

These outcomes reinforce the value of comprehensive, sustained treatment and the importance of monitoring recovery beyond program completion. Our data-driven approach allows us to continuously evaluate and improve care delivery, ensuring our programs remain responsive to the evolving needs of those we serve.

We are deeply grateful for the contributions of our research partners, including the NAATP Foundation for Recovery Science and Education (FoRSE) Addiction Treatment Outcomes Program, whose collaboration strengthens our commitment to advancing addiction research and clinical excellence. Most importantly, we thank the patients, families, staff, and community stakeholders who make this work possible. Their trust and engagement drive our mission forward.

Together, we remain committed to transforming lives through recovery and advancing the science that supports lasting change.

Respectfully,

*Nick Hayes*

Nick Hayes, PhD  
Chief Science Officer

*Susan Marcotte*

Susan Marcotte, PhD  
Director of Research

*Corianne Johnson*

Corianne Johnson, MPH  
Research Associate

## JOIN US TO HELP CREATE CHANGE

There are many ways to get involved! Partner with our research staff, apply for an internship, or become a donor. There is more than enough room for everyone to get involved.

## WHY DO WE MEASURE CHANGE?

At Cumberland Heights, we're committed to providing the most effective care possible. That's why we carefully track progress throughout the treatment journey. Think of it like a roadmap – we need to know where we are to figure out the best way forward.

### MEASURING PROGRESS HELPS US:

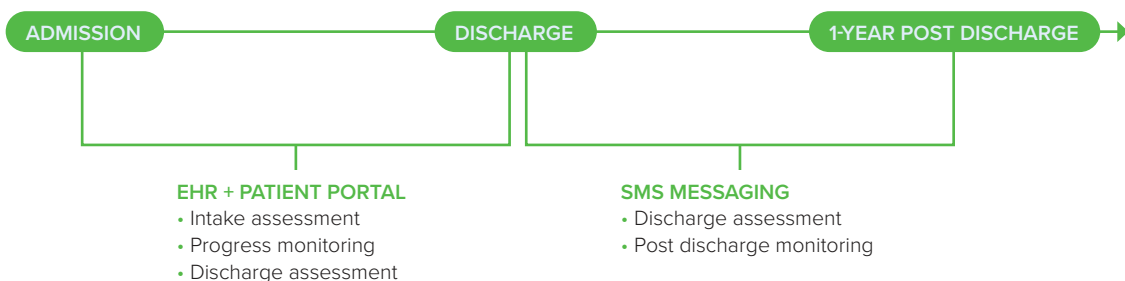


We use a system called Measurement-Based Care (MBC). These practices can be simply described as using data to guide patient care. We believe this approach is essential for providing the best possible support as individuals navigate their path to recovery.

## HOW DO WE COLLECT DATA?

To best serve our patients, we collect information in the following ways.

- ✓ **ELECTRONIC HEALTH RECORD (EHR) AND PATIENT PORTAL**  
For items such as demographics, medical history, diagnoses, and treatment data.
- ✓ **PATIENT PORTAL**  
To track progress during treatment.
- ✓ **SMS MESSAGING**  
For follow-up assessments post-discharge. This information helps us to provide the best care possible.





## OUR TREATMENTS

At Cumberland Heights Foundation, our teams strive to provide the best treatments to our patients and their families. We accomplish that goal through the application of Evidence Based Practices (EBPs). Our multidisciplinary treatment teams collaborate to effectively assess each patient, create robust treatment plans of intervention, and help to support the development of the skills needed to effectively engage in recovery.

### EVIDENCE BASED PRACTICES (EBPS) WE USE:

MOTIVATIONAL INTERVIEWING (MI)

12 STEP FACILITATION (TSF)

COGNITIVE BEHAVIORAL THERAPY (CBT)

TRAUMA STABILIZATION THERAPIES (TST)

DIALECTICAL BEHAVIOR THERAPY (DBT)

MEDICATION-ASSISTED TREATMENT (MAT)

## LEVELS OF PATIENT CARE



## TREATMENT CHARACTERISTICS



**Patients Served in 2024**  
 Total: 2,238 Male: 1,611 Female: 626  
**Heterosexual Sexual Orientation**  
 Male: 93% Female: 86%

	Total	Male	Female
<b>Average Age</b>	41.5 ± 12.2	41 ± 12.2	42.8 ± 12.3
<b>Age Range</b>	18-81	18-79	18-81

### Marital Status



● Single: 48.2% ● Married: 35% ● Divorced/Seperated/Widowed: 15.3% ● Other: 1.4%

#### Male Marital Status



● Single: 51.2% ● Married: 33.4%  
 ● Divorced/Seperated/Widowed: 13.9%  
 ● Other: 1.6%

#### Female Marital Status



● Single: 40.6% ● Married: 39.2%  
 ● Divorced/Seperated/Widowed: 19.1%  
 ● Other: 1.1%

### Employment Status

#### Full Time (53.4%) ● Male ● Female



#### Self Employed (5.4%) ● Male ● Female



#### Unemployed/Disabled (32.1%) ● Male ● Female



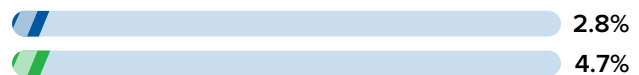
#### Retired (4.4%) ● Male ● Female



#### Student (1.4%) ● Male ● Female



#### Part Time (3.4%) ● Male ● Female



### Education

#### High School or GED (47.4%) ● Male ● Female



#### No High School or GED (4.3%) ● Male ● Female



#### Bachelors (25.7%) ● Male ● Female



#### Post Grad Degree (10.1%) ● Male ● Female



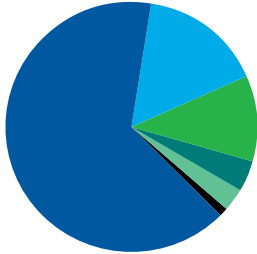
#### Vocational/Associate (12.4%) ● Male ● Female



*\*With the exception of percentages, all values shown are mean +- standard deviation*

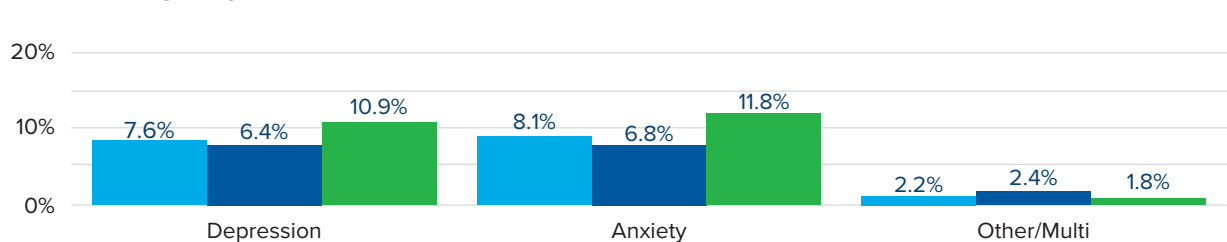
## TREATMENT CHARACTERISTICS

### Primary SUD Diagnosis



- **Alcohol: 67.6%**  
M: 66.5% F: 70.2%
- **Opioid: 13.7%**  
M: 14.1% F: 12.6%
- **Stimulant: 10.4%**  
M: 10.6% F: 9.7%
- **Other: 3.6%**  
M: 3.9% F: 2.8%
- **Cannabis: 3.3%**  
M: 3.2% F: 3.4%
- **Sedative/Hypnotic/Anxiolytic: 1.6%**  
M: 1.6% F: 1.3%

### Co-Occurring Diagnosis



### Average Length of Stay



Total: 35.3 ± 27.3

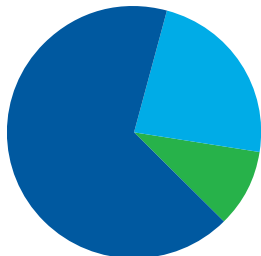


Male: 35.9 ± 27.7



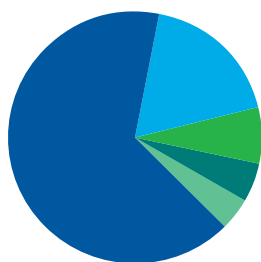
Female: 33.9 ± 26.4

### Treatment Journey



- **Residential: 56.6%**  
M: 58.3% F: 52.1%
- **Residential + Intensive Outpatient Program: 19.9%**  
M: 20.0% F: 19.5%
- **Intensive Outpatient Program: 22.6%**  
M: 20.8% F: 27.3%

### Discharge Type



- **Regular: 63.7%**  
M: 64.2% F: 62.5%
- **Against Medical Advice: 19.1%**  
M: 18.5% F: 20.6%
- **Administrative: 8.7%**  
M: 8.9% F: 8.0%
- **Behavioral: 4.5%**  
M: 4.1% F: 5.4%
- **Medical: 4.0%**  
M: 4.2% F: 3.5%

*\*With the exception of percentages, all values shown are mean +/- standard deviation*

# SUMMARY OF TREATMENT OUTCOMES

Cumberland Heights Foundation has been collecting treatment and post-discharge outcomes from patients for over eight years. Today, our post-discharge measurement program is supported through our Recovery Care Advocates (RCA) program and our Outcomes Program. Founded in 2017, the RCA program consists of Peer Recovery Support Specialists (PRSSs) who are trained to provide support for individuals who are early in recovery from Substance Use Disorder. Our RCAs assist our patients with peer support, identification of positive recovery resources, and accountability away from maladaptive behaviors associated with addiction.

In 2025, 2,238 patients were surveyed at regular intervals throughout treatment and for one-year post discharge. We utilize approximately 25 standardized assessments across all of our programs. For this report, we present data from:

## STANDARDIZED ASSESSMENTS:



**DEPRESSION**  
(The Patient Health Questionnaire (PHQ-9))<sup>4</sup>



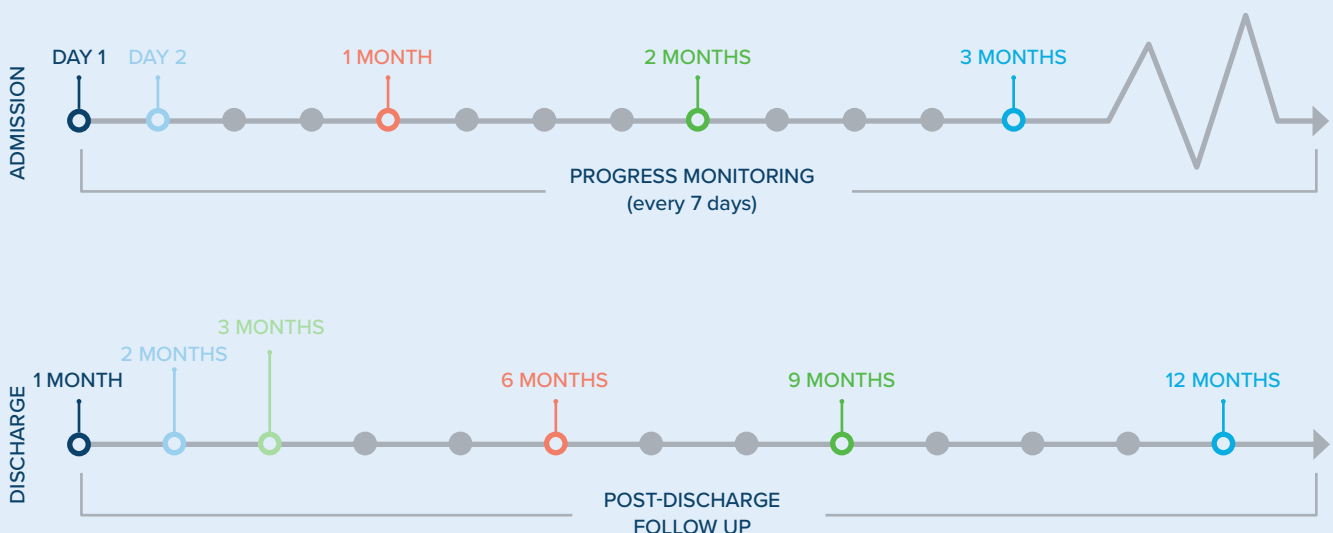
**ANXIETY**  
(Generalized Anxiety Disorder Scale (GAD-7))<sup>6</sup>



**CRAVING**  
(The Craving Scale)<sup>10</sup>



**RECOVERY CAPITAL**  
(The Brief Assessment of Recovery Capital (BARC-10))<sup>10</sup>

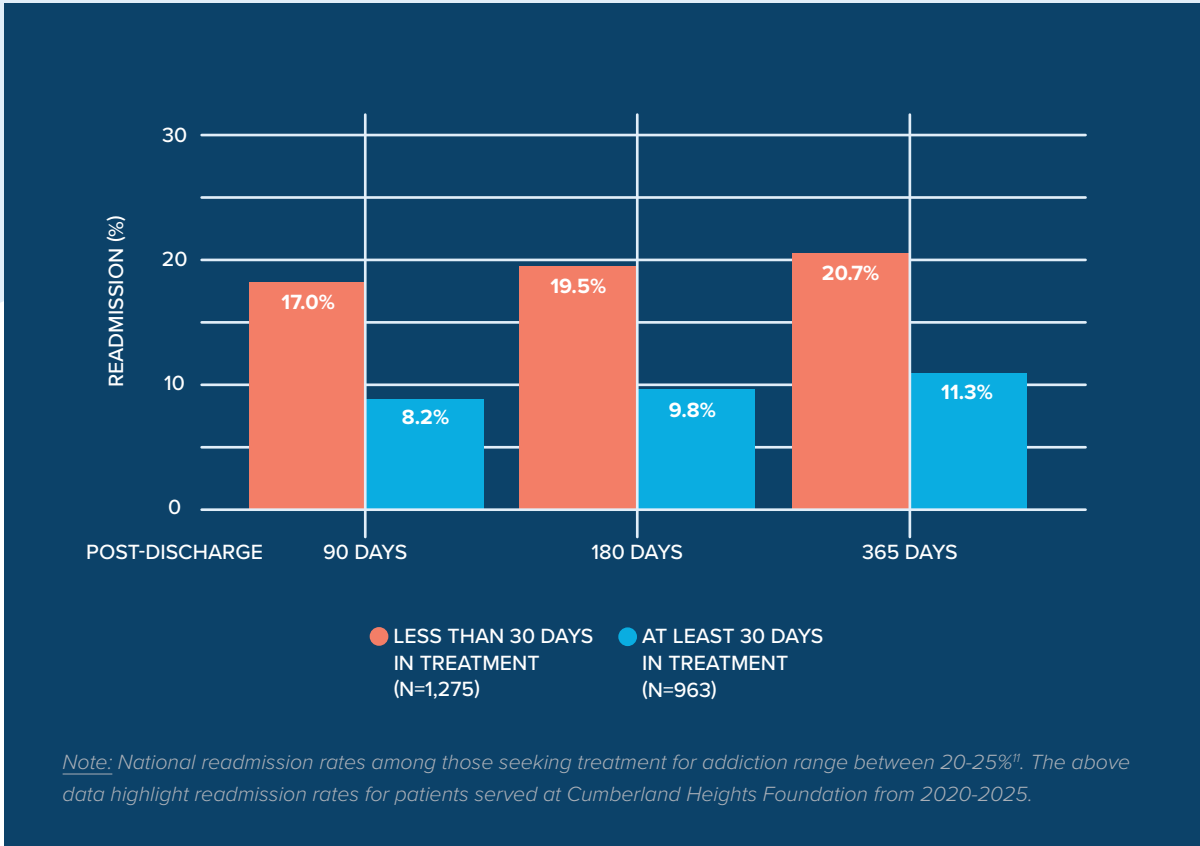


POSITIVE IMPACT OF TREATMENT ON READMISSION RATES



DECREASED READMISSION

Patients who engage for longer periods of time in treatment were observed to have lower readmission rates.



Compared to spending less than 30 days in treatment, spending more than 30 days was associated with a **49% reduced risk** of being readmitted within one year (RR = 0.51 95% CI [0.45, 0.58], p<0.01).

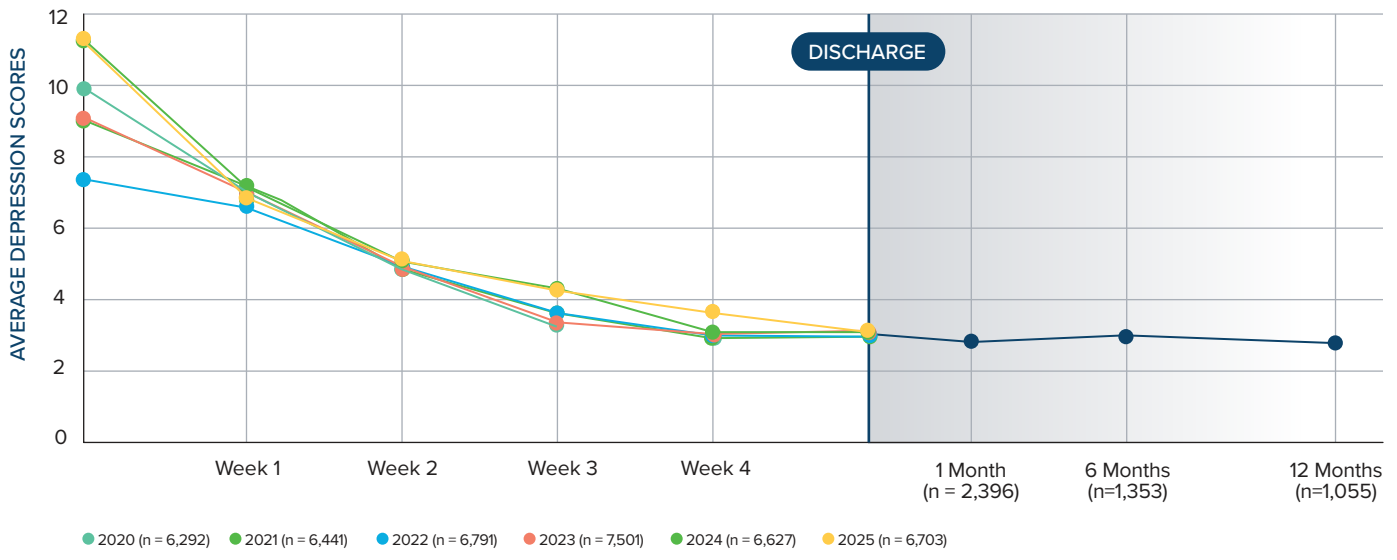
**INSTRUMENT DESCRIPTION**

The Patient Health Questionnaire (PHQ-9) is a standardized assessment used to measure patient levels of depression.<sup>4</sup> The following represents an example of an indicator taken from the PHQ-9: “Little interest or pleasure in doing things”.<sup>5</sup> The PHQ-9 is a continuous variable, with scores ranging from (0 – 27), where higher scores indicate elevated levels of depressive symptoms. Scores of 5–9 may indicate mild depression, 10–14 moderate depression, 15–19 moderately severe depression, and 20–27 severe depression.

**REDUCTION IN DEPRESSION SYMPTOMS IN PATIENTS** (five-year comparison)

The figure below displays average PHQ-9 scores across treatment through one year discharge. These data highlight the significant positive effect that our treatments have had on patient outcomes throughout engagement in our clinical programs.

**OBSERVED REDUCTION IN DEPRESSION SYMPTOMS**



**64.8%** DECREASE IN DEPRESSION SYMPTOMS ACROSS 2020-2025

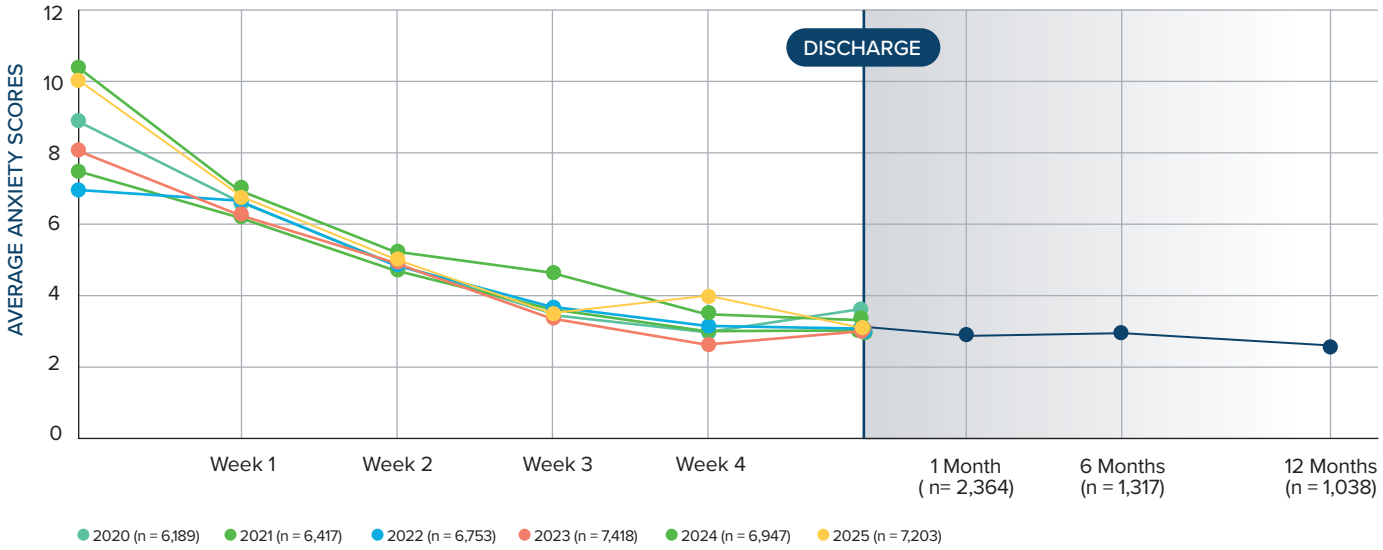
**INSTRUMENT DESCRIPTION**

The Generalized Anxiety Disorder Scale (GAD-7) is a standardized assessment used to measure patient levels of anxiety.<sup>6,7</sup> The following represents an example of an indicator taken from the GAD-7: “Feeling nervous, anxious, or on edge”. The GAD-7 is a continuous variable, with scores ranging from (0 – 21), where higher scores indicate elevated levels of anxiety symptoms. Scores of 5–9 may indicate mild anxiety, 10–14 moderate anxiety, 15 and higher severe anxiety.

**REDUCTION IN DEPRESSION SYMPTOMS IN PATIENTS** (five-year comparison)

The figure below displays average GAD-7 scores across treatment through one year discharge. These data highlight the significant positive effect that our treatments have had on patient outcomes throughout engagement in our clinical programs.

**OBSERVED REDUCTION IN ANXIETY SYMPTOMS**



**60.2%** DECREASE IN ANXIETY SYMPTOMS ACROSS 2020-2025

**PROGRESS MONITORING** **CRAVING**

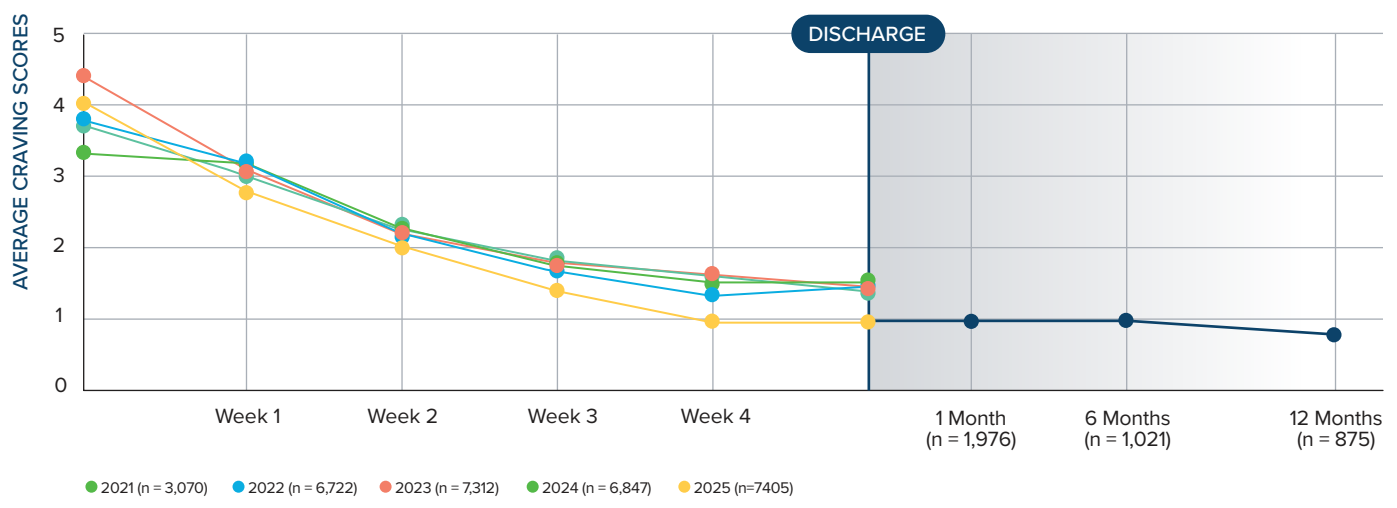
**INSTRUMENT DESCRIPTION**

The Craving Scale is a standardized assessment used to measure craving associated with Substance Use Disorders.<sup>8,9</sup> The following represents an example of an indicator taken from the Craving Scale: “Please rate how strong your desire was to use in the past 24 hours”. Each item on the Craving Scale is rated on a scale from (0-9), and the total score is calculated as the average of the three items. Higher scores indicate elevated levels of craving symptoms.

**REDUCTION IN DEPRESSION SYMPTOMS IN PATIENTS** (five-year comparison)

These data highlight the significant positive effect that our treatments have had on patient outcomes throughout engagement in our clinical programs.

**OBSERVED REDUCTION IN CRAVING SYMPTOMS**



 **64% DECREASE IN CRAVING SYMPTOMS ACROSS 2020-2025**

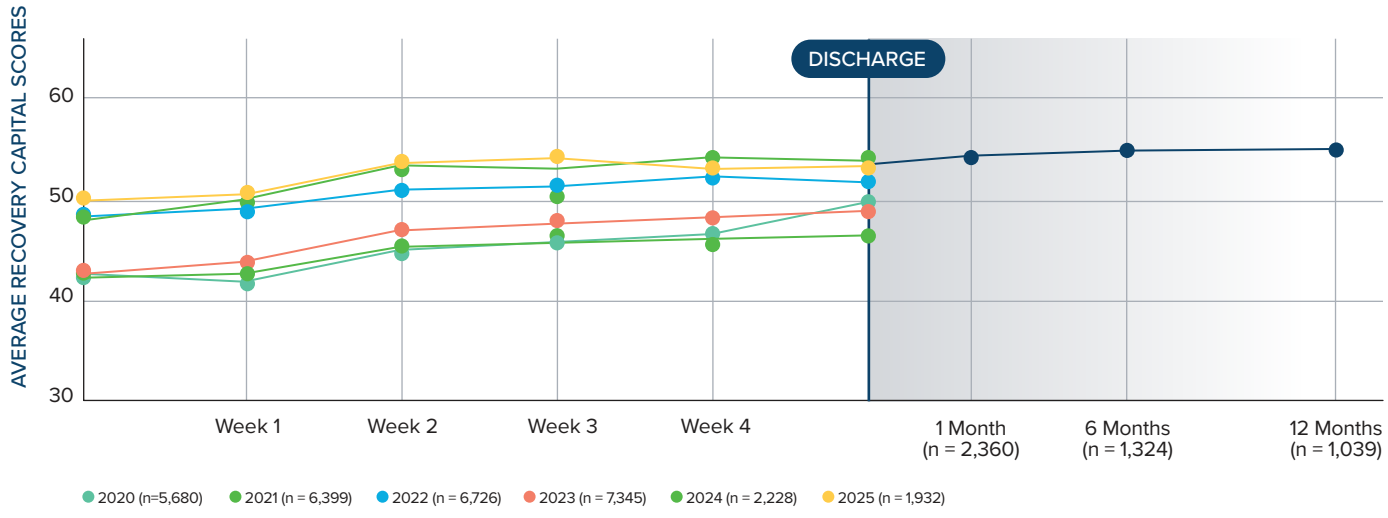
**INSTRUMENT DESCRIPTION**

The Brief Assessment of Recovery Capital (BARC-10) is a standardized assessment used to measure patient levels of recovery capital.<sup>10</sup> Recovery Capital refers to the quantity and quality of internal and external resources that support initiating and maintaining recovery from substance use disorder (SUD). The BARC-10 increases our ability to measure patient success as the measure is associated with “recovery progress that extends beyond mere abstinence”. The BARC-10 is a continuous variable, with scores ranging from (10 – 60), where higher scores indicate higher levels of Recovery Capital resources. Scores of 47 or higher are likely to reach or sustain a year or longer of recovery from substance use disorder.

**REDUCTION IN DEPRESSION SYMPTOMS IN PATIENTS** (five-year comparison)

These data highlight the significant positive effect that our treatments have had on patient outcomes throughout engagement in our clinical programs.

**OBSERVED INCREASE IN RECOVERY CAPITAL RESOURCES**



**13.2%** INCREASE IN RECOVERY CAPITAL SYMPTOMS ACROSS 2020-2025

## REFERENCES

- <sup>1</sup> Lambert, M. J., Harmon, C., Slade, K., Whipple, J. L., & Hawkins, E. J. (2005). Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions. *Journal of Clinical Psychology, 61*(2), 165-174.
- <sup>2</sup> Scott, K., & Lewis, C. C. (2015). Using measurement-based care to enhance any treatment. *Cognitive and Behavioral Practice, 22*(1), 49-59.
- <sup>3</sup> American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist, 61*, 271–285.
- <sup>4</sup> Löwe, B., Kroenke, K., Herzog, W., & Gräfe, K. (2004). Measuring depression outcome with a brief self-report instrument: sensitivity to change of the Patient Health Questionnaire (PHQ-9). *Journal of Affective Disorders, 81*(1), 61-66.
- <sup>5</sup> Spitzer, R. L., Kroenke, K., Williams, J. B., & Patient Health Questionnaire Primary Care Study Group. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *Journal of the American Medical Association, 282*(18), 1737-1744.
- <sup>6</sup> Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine in Journal of the American Medical Association, 166*(10), 1092-1097.
- <sup>7</sup> Löwe, B., Decker, O., Müller, S., Brähler, E., Schellberg, D., Herzog, W., & Herzberg, P. Y. (2008). Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. *Medical Care, 46*(3), 266-274.
- <sup>8</sup> McHugh, R. K., Trinh, C. D., Griffin, M. L., & Weiss, R. D. (2021). Validation of the craving scale in a large sample of adults with substance use disorders. *Addictive Behaviors, 113*.
- <sup>9</sup> Heinz, A. J., Epstein, D. H., Schroeder, J. R., Singleton, E. G., Heishman, S. J., & Preston, K. L. (2006). Heroin and cocaine craving and use during treatment: measurement validation and potential relationships. *Journal of Substance Abuse Treatment, 31*(4), 355-364.
- <sup>10</sup> Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., & White, W. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug and Alcohol Dependence, 177*, 71-76.
- <sup>11</sup> Morel, D., Kalvin, C. Y., Liu-Ferrara, A., Caceres-Suriel, A. J., Kurtz, S. G., & Tabak, Y. P. (2020). Predicting hospital readmission in patients with mental or substance use disorders: a machine learning approach. *International Journal of Medical Informatics, 139*, 104-136.

# 1ST IN TENNESSEE

As part of our ongoing commitment to quality patient care, Cumberland Heights Foundation sought and received the American Society of Addiction Medicine's (ASAM) certification for **Levels 3.7** (Medically Monitored Inpatient Services) and **3.5** (Clinically Managed Residential Services) (the first provider in Tennessee).



## MISSION

To transform lives, giving hope and healing to those affected by alcohol or drug addiction

## PATIENTS

On average, treating 2,500 patients every year

## TREATMENTS

Detox, residential, extended care, intensive outpatient, outpatient, family care, and more

## LOCATIONS

Eighteen (18) locations throughout Tennessee

## EMPLOYEES

400 employees

## TELEHEALTH

Intensive outpatient and individual psychotherapy

## CUMBERLAND HEIGHTS AT GLANCE



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