



NEWPORT
HEALTHCARE

The Science *of* Healing

► DATA COLLECTION AT NEWPORT HEALTHCARE



2024 Edition

Patient Outcomes & Key Findings



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NEWPORT HEALTHCARE

Empowering Lives. Restoring Families.™

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“My Newport experience was like seeing a sunset. You don’t notice it and its impact, until you do. Being able to enjoy life and the small things, and spend quality time with people I love, has been life changing. I have so much appreciation for my time at Newport.”

—Nova W.

Overview: Key Findings 2024



About Newport Healthcare

Newport Healthcare is the nation's leading provider of behavioral healthcare for children, adolescents, and young adults struggling with high-acuity mood, anxiety, and co-occurring disorders. Our 70+ residential programs and 20+ outpatient programs are located in a dozen states across the country.

Newport's family of programs includes Newport Academy and Center for Families, serving ages 7–11 and 12–18; Newport Institute for ages 18–35; and our PrairieCare division in Minnesota. PrairieCare provides a full continuum of care for all ages at nine locations, including an inpatient psychiatric hospital for ages 35 and younger, an adolescent residential program, and seven outpatient programs.



About This Report

In 2024, 2,750 adolescents and 1,087 young adults were in our residential programs, and 868 adolescents and 117 young adults were in our outpatient programs. To measure our treatment outcomes, we sent surveys to all patients; see page 37 for sample sizes, cadence, and survey completion rates. The Newport Healthcare Center for Research and Innovation (CRI) collected and analyzed this data. The report also includes 2024 outcomes for 188 patients receiving Transcranial Magnetic Stimulation (TMS) treatment for depression at our PrairieCare TMS clinics. PrairieCare conducted and analyzed TMS research independent of the CRI.

The entire report was independently reviewed by Colin Walsh, MD, MA, Associate Professor, Department of Bioinformatics, Medicine, and Psychiatry at Vanderbilt University, who provided external approval of the analytic methods and conclusions presented.

Highlights from the Report

In 2024, Newport's treatment yielded remarkable improvements in adolescent and young adult patients' depressive and anxiety symptoms, subjective well-being, suicide risk, traumatic distress, and attachment to parents/caregivers. Highlights include:

- ▶ **Well-being improved from “poor” to “well”** for adolescent residential patients with anxiety and/or depression
- ▶ The number of adolescents experiencing **suicidal thoughts dropped by 50%** over five weeks of treatment
- ▶ The number of young adults with **suicide plans fell from 1 in 10 to 1 in 100** over 12 weeks of outpatient treatment
- ▶ 95% of referring professionals reported that the **patients they referred received exceptional care**
- ▶ Newport post-discharge data showed that **gains made in residential treatment were maintained 90 days after discharge**
- ▶ Almost half of PrairieCare's TMS patients experienced at least a **50% reduction in depressive symptoms**



Echo Lake, WA

How We Achieve Industry-Leading Outcomes

Newport uses a results-driven treatment model, facilitated by clinicians trained and supervised in evidence-based and empirically validated therapeutic modalities (Attachment-Based Family Therapy, EMDR, Dialectical Behavioral Therapy-informed skills, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, and more).

Our treatment teams incorporate a wide variety of specializations—clinical, medical, psychiatric, experiential, dietary, life skills, and academic—to create transformative care experiences with sustainable results.

A Message From Our CEO

As our nation's youth and young adult mental health crisis continues, Newport Healthcare remains steadfast in our commitment to lead the way in long-term healing. We are proud to share our exceptional 2024 outcomes that reflect the unwavering dedication of our multidisciplinary teams, whose expertise and compassion set us apart in the industry.

Measuring our outcomes is more than a benchmark; it's a way for us to showcase the tangible difference we make in the lives of those we serve—the young people and families whose futures are brighter because of the healing we help inspire. And we continue to grow that impact, by expanding our services, our locations, and our partnerships with insurance providers, making our transformative care more accessible to individuals and families across the nation.

Brian Setzer, CEO
Newport Healthcare





Patient Profiles: **Adolescents & Young Adults**

This section includes diagnoses, demographics, and risk factors among our adolescent patients at Newport Academy (ages 12–18*) and our young adult patients at Newport Institute (ages 18–35).

*In 2024, Newport Academy began providing residential and outpatient treatment for children ages 7–11. This report does not include treatment outcomes data for ages 7–11.

Patient Diagnoses

In 2024, depression was the most common primary diagnosis among Newport's adolescent and young adult patients, followed by post-traumatic stress disorder (PTSD) for adolescents and bipolar disorders for young adults. About half of patients had a secondary diagnosis of anxiety.

Rather than focusing solely on diagnoses, Newport treatment takes a "whole-person" approach that recognizes and addresses each individual's multifaceted presentation, history, and symptomology. Through individually tailored treatment plans, ongoing family involvement, and industry-leading staff-to-client ratios, we achieve powerful patient engagement that leads to long-lasting results.

PRIMARY DIAGNOSIS	ADOLESCENTS: RESIDENTIAL	YOUNG ADULTS: RESIDENTIAL	ADOLESCENTS: OUTPATIENT	YOUNG ADULTS: OUTPATIENT
Depressive Disorders	64.9%	55.3%	67.1%	64.6%
PTSD	7%	9.8%	3.5%	3.6%
Anxiety Disorders	6.1%	6.4%	10.7%	12.6%
Other Mood Disorders	6.1%	1%	3.8%	3.6%
Bipolar Disorders	4.6 %	16%	4.5%	8.5%
ADHD	3.2%	0.7%	3%	2.2%

SECONDARY DIAGNOSIS	ADOLESCENTS: RESIDENTIAL	YOUNG ADULTS: RESIDENTIAL	ADOLESCENTS: OUTPATIENT	YOUNG ADULTS: OUTPATIENT
Anxiety Disorders	46.6%	42.2%	56.9%	53.8%
Depressive Disorders	11.6%	13.2%	10.6%	13.2%
Substance Use Disorders	8.7%	11.3%	4.6%	11.2%
ADHD	9%	6%	10.7%	5.6%
PTSD	6.9%	11.3%	4.6%	3.6%
OCD	3.6%	3.3%	1%	2%
Eating Disorders	2.9%	2.7%	2.1%	1%

Other diagnoses included (among others) psychotic disorders, adjustment disorders, and personality and identity disorders.

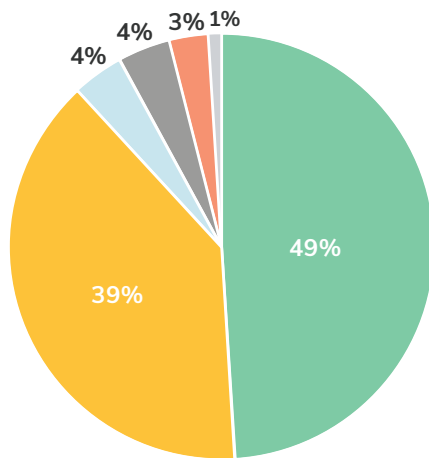
Gender Identity & Sexual Orientation

Consistent with past years, about half of Newport's 2024 patients identified as female, nearly 40% as male, and the remaining percentage as trans or genderqueer/gender-nonconforming. About half identified as heterosexual and about 40% as bisexual, gay, lesbian, pansexual, or asexual.

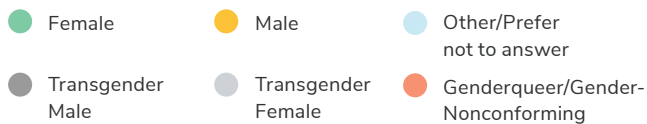
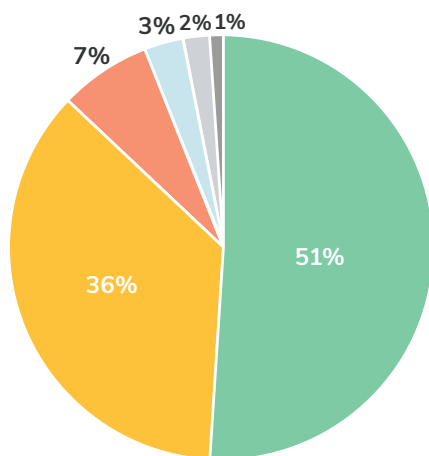
Research by The Trevor Project and other organizations has found that LGBTQ+ young people have higher rates of mental health challenges, due to experiencing higher rates of bullying, prejudice, and societal and/or family rejection. This helps explain why, in 2024, LGBTQ+ adolescents and young adults in Newport treatment reported elevated anxiety and depression and lower well-being than heterosexual, cisgender patients. LGBTQ+ patients in our care improved across all mental health measures throughout the course of treatment.

Gender Identity

ADOLESCENTS

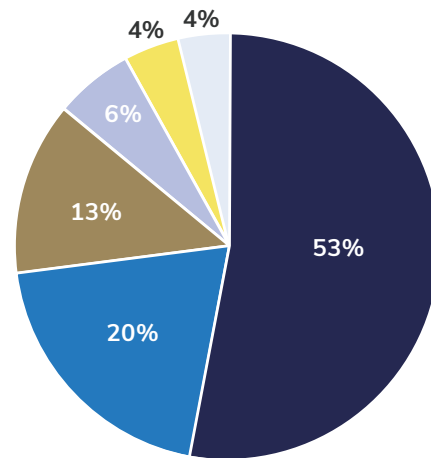


YOUNG ADULTS

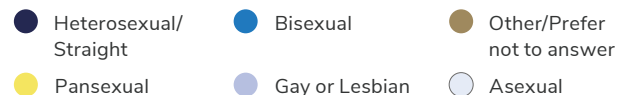
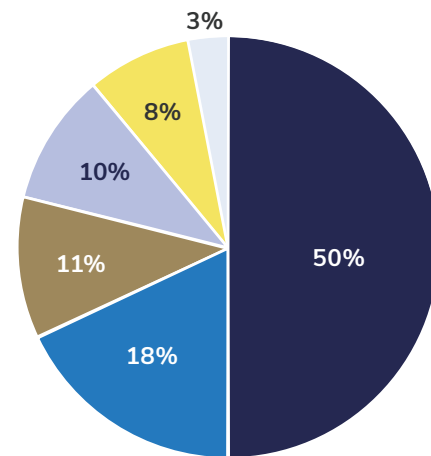


Sexual Orientation

ADOLESCENTS



YOUNG ADULTS



Charts and narrative reflect a sample of the residential data set and are representative of Newport patients in general.

Risk Factors & Symptomology

To deepen our insight into our patients' experiences and challenges, our surveys ask about their exposure to various risk factors and their engagement in unhealthy coping behaviors that may undermine their relationships and well-being.



Substance Use

Substance use often serves as an unhealthy coping mechanism for emotional discomfort and distress. Newport's residential patients report higher levels of substance use than those in outpatient care.



1 in 4
adolescents



1 in 3
young adults

in residential care answered yes to the question
"Have you ever used any type of substance or medicine to get high or relax?"



Bullying

Bullying is a common risk factor for Newport's adolescent patients, as shown below. Research finds that being bullied is linked to a greater risk of mental health issues and suicidal behavior.



**reported
cyberbullying**



**reported verbal
bullying**



Family Conflict

Many patients report family conflict and lack of communication. Our treatment seeks to restore trust and connection, so family can be a source of support.



7 out of 10
adolescents and young adults
in outpatient care reported not
getting along with their family



4 out of 10
adolescent and young adult
patients in residential care
reported they could not talk
with their family about the
sadness they feel



Adolescent Screen Use

To measure the impact of screen use on mood and relationships, we surveyed our adolescent residential patients about their related emotions and conflicts.



49%

feel they spend more time on
their devices than necessary



25%

feel uncomfortable when they
are unable to use their devices



24%

argue with parents/caregivers
about their device use



Bonsall, CA



**NEWPORT
ACADEMY**

Residential Treatment Outcomes: Adolescents

Newport's nationwide residential programs for ages 12–18*, located in eight states, provide live-in treatment with a daily schedule that includes psychiatric care, clinical and experiential therapy, and an accredited academic component.

*In 2024, Newport Academy began providing residential treatment for children ages 7–11. This report does not include treatment outcomes data for ages 7–11.

**RESULTS:**

Depression (PHQ-9)

At intake, more than two-thirds of adolescent residential patients had a primary diagnosis of depression, and about 60% of patients reported moderate to severe depressive symptoms on the PHQ-9. After just three weeks at Newport, this group's scores had dropped into the moderate range, on average, and by week 5, the average score was at almost mild levels. There was a statistically significant decrease in scores at each subsequent timepoint from intake to week 5. Newport treats adolescent depression and suicidality by guiding teens to process underlying trauma, repair family relationships, and build self-worth.

Interpretation of the Levels

15–19: Moderately Severe

10–14: Moderate

5–9: Mild

RESULTS: Suicide Risk

Newport assesses suicide risk by surveying patients on their suicidal thoughts, plans, and motivation to live. Over five weeks of treatment, the percentage of adolescent residential patients:

Reporting current suicidal thoughts dropped from



36% to 16%

Reporting suicide plans dropped from 17% to



less than 5%

Feeling that “life is not worth living” fell from

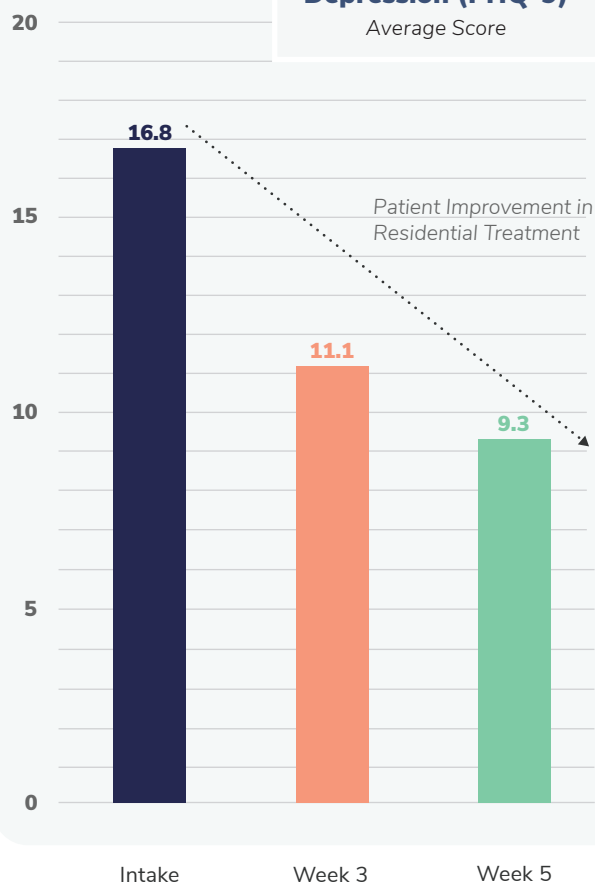


40% to 20%

Depression: p value (statistical significance) < .001; see p. 37 for details.

Depression (PHQ-9)

Average Score



RESULTS: Traumatic Distress (BHS)

The BHS Trauma subscale assesses symptoms resulting from a “frightening, horrible, or upsetting experience,” such as physical violence or sexual coercion. At intake, about 40% of adolescent residential patients reported being on guard, avoiding reminders of trauma, and having less interest in activities due to a traumatic experience. By week 3, only about 30% of patients were reporting these symptoms, and even fewer at week 5. We treat trauma and PTSD using evidence-based modalities including EMDR and Trauma-Focused Cognitive Behavioral Therapy.



Half of adolescents with elevated symptoms of depression **experienced a reduction in symptoms of 50% or more** over five weeks of residential treatment.

RESULTS:



Anxiety (GAD-7)

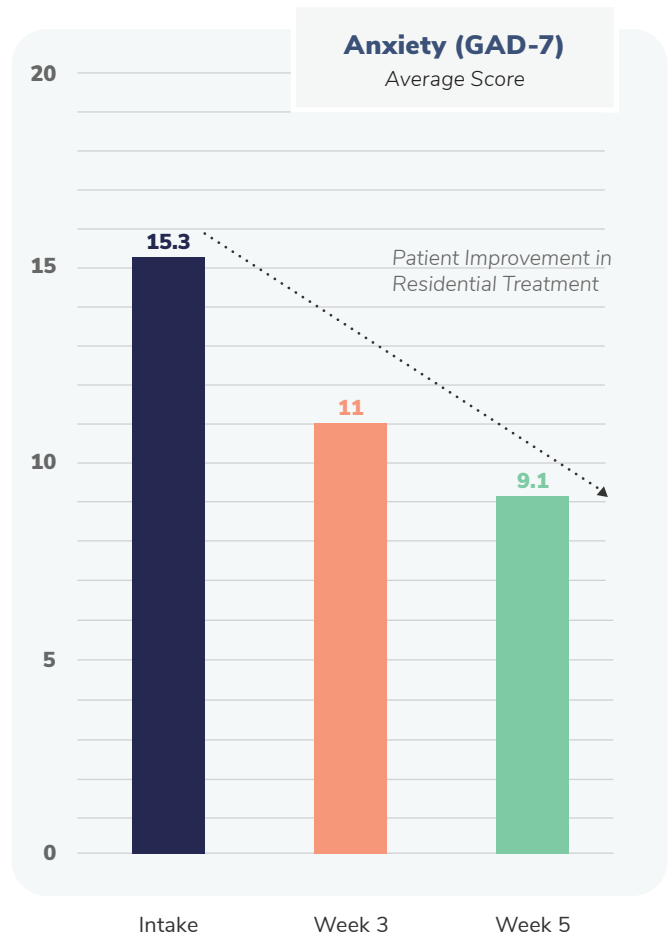
In tracking anxiety outcomes, we measured improvements in patients who reported elevated symptoms of anxiety (moderate to severe) at intake. To address anxiety, we use modalities including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy–informed skills, and Acceptance and Commitment Therapy to help adolescents examine and reframe negative thoughts and fears, and develop positive coping skills. On average, patients' anxiety scores fell from severe to moderate levels by week 3, and to mild levels by week 5. Patients experienced, on average, a statistically significant decrease in GAD-7 scores at each subsequent timepoint from intake to week 5.

Interpretation of the Levels

15–21: Severe

10–14: Moderate

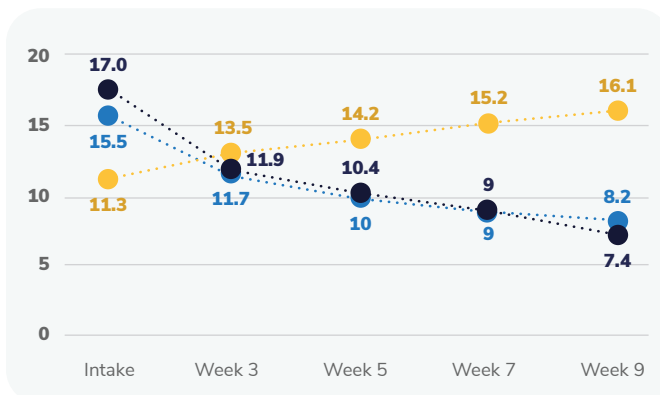
5–9: Mild



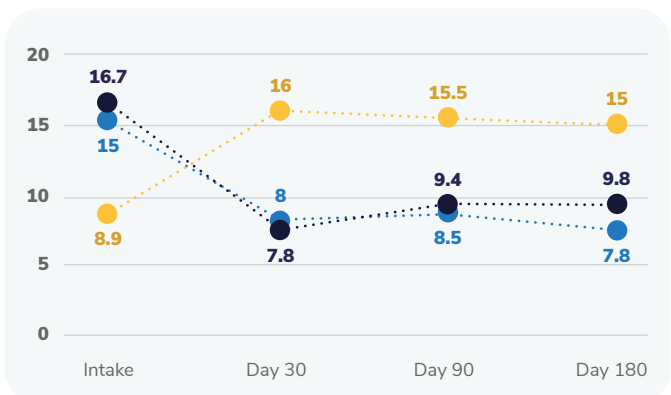
RESULTS: Extended Stays & Post-Discharge Outcomes

Most adolescent patients were discharged by week 7; however, those who needed additional time in treatment continued to report fewer depression and anxiety symptoms and increased well-being levels through week 9. Compared to intake scores, patients maintained their improvements, on average, across all three measures 180 days post-discharge—illustrating that Newport's treatment model can create long-term recovery.

EXTENDED STAYS



POST-DISCHARGE OUTCOMES



● Depression ● Anxiety ● Well-Being

Anxiety: p value (statistical significance) < .001; see p. 37 for details.

RESULTS



Well-Being (WHO-5)

At intake, adolescent residential patients reported poor well-being, on average (score of 11.6). By week 3, their scores were in the well range (13.9), and this further improved by week 5 (15.2). Patients with depression or anxiety reported even lower well-being at intake (8.6) and experienced statistically significant increases over the course of residential treatment, reaching the well range (13.6) by week 5. By looking at the increase in the percentage of patients reporting improvements in various aspects of well-being from intake to week 5, we can see how the impact of treatment is reflected in patients' mindset, energy levels, and engagement with daily life.



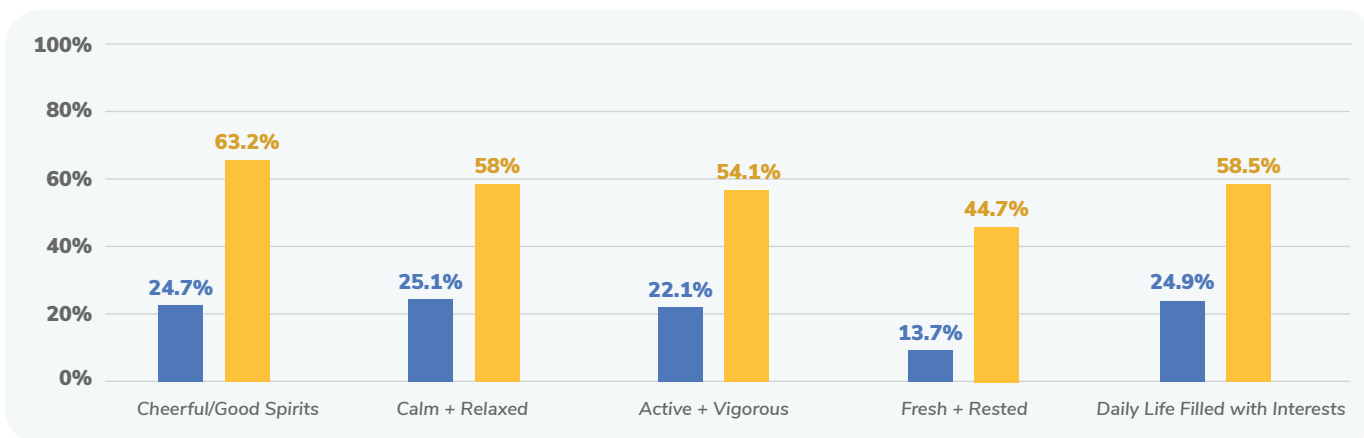
Interpretation of the Levels

0–7: Likely Depression

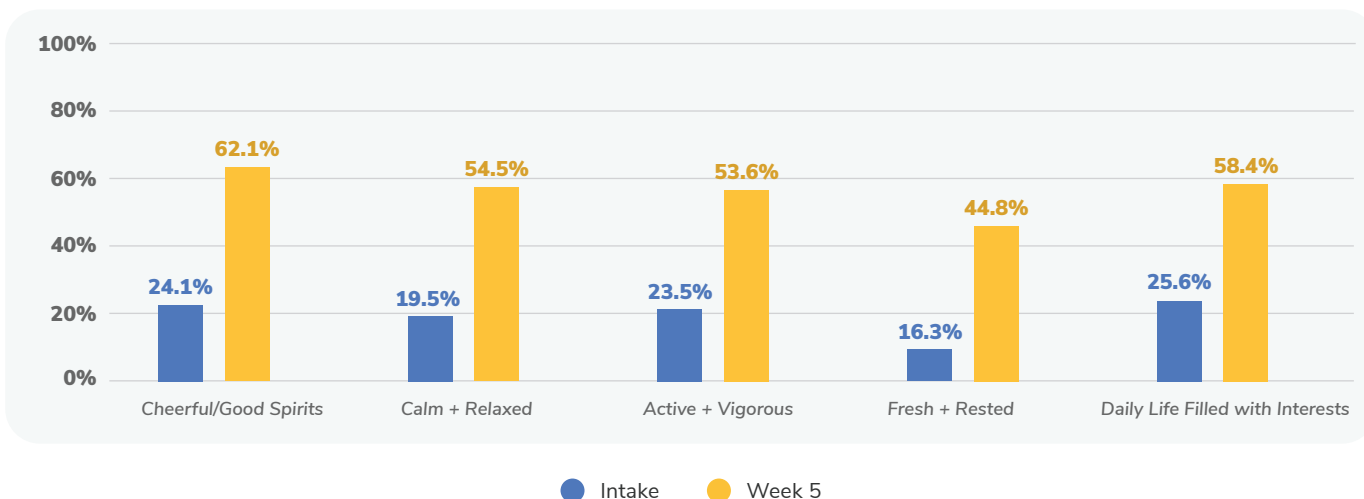
8–12: Poor Well-Being

13–25: Well

WHO-5 CHANGES: PATIENTS WITH DEPRESSION



WHO-5 CHANGES: PATIENTS WITH ANXIETY



Percentages indicate the number of patients who endorse feeling each item "more than half the time." Well-being: p value (statistical significance) < .001; see p. 37 for details.

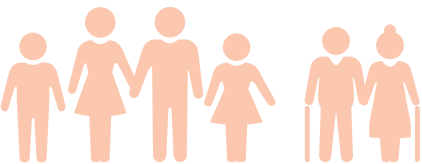


RESULTS:

Family Relationships & Attachment (ECR-RS)

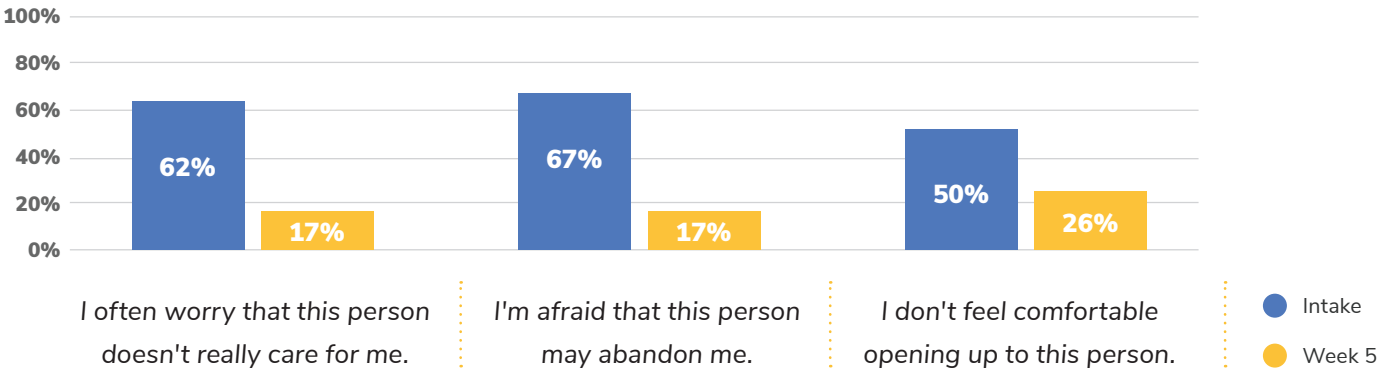


Newport’s family-focused treatment model leverages Attachment-Based Family Therapy (ABFT) to rebuild trust and connection between patients and family members. We recognize that family involvement is key to achieving sustainable healing, and our clinical model shifts the focus from the patient as the “problem” to the family as the solution. To measure attachment, we survey patients about their relationships with primary parents/caregivers (which may include biological or adoptive parents, stepparents, aunts and uncles, and grandparents). In reporting on parental attachment, patients rate their agreement with statements including:



- ▶ *It helps to turn to this person in times of need.*
- ▶ *I find it easy to depend on this person.*
- ▶ *I prefer not to show this person how I feel deep down.*

At week 5, adolescent patients report statistically significant improvements in attachment with both maternal and paternal figures. The graphs below show the increases in the percentage of patients agreeing with these three items on the maternal attachment scale.



RESULTS: Therapeutic Alliance (WAI-SR)

Newport’s treatment model is built on a foundation of trust between patient and therapist. Our 2024 results show that Newport’s adolescent patients feel understood, respected, and appreciated by their therapists. By week 3, patients had already built a high working alliance with their family therapist (score of 45 on a scale of 0–60, with 60 indicating the strongest alliance), which improved at week 5 (48) and again at week 7 (49).

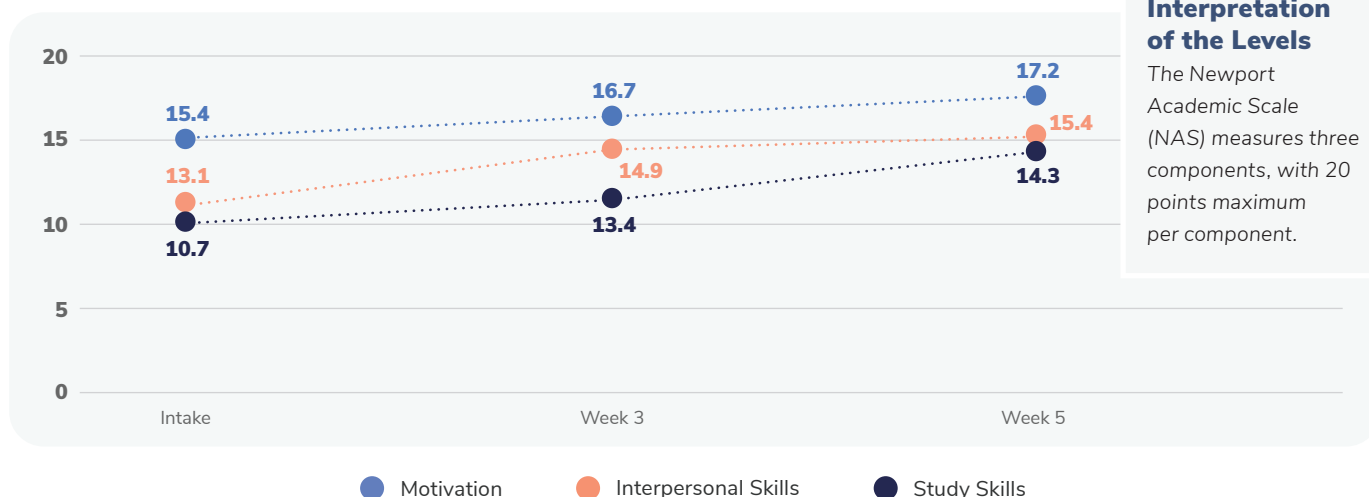
In 2024, about 40% of adolescents who entered Newport residential care felt they needed mental health support and wanted to start treatment. But even patients who were not motivated made positive connections with their family therapist, progressed toward their treatment goals early on, and experienced significant improvement, on average, across all mental health measures. The data shows that initial lack of motivation does not prevent recovery or reduce therapeutic alliance for Newport patients.

RESULTS:



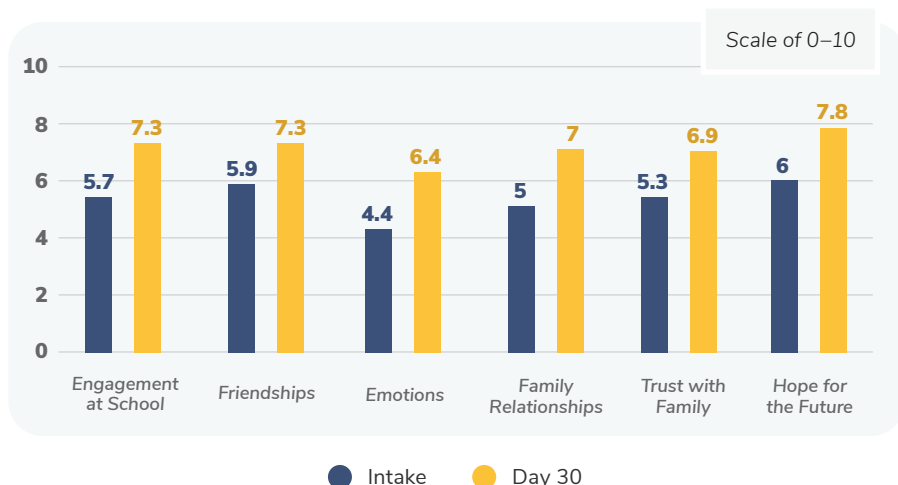
Academics (NAS)

For many adolescents, anxiety and depression reduce cognitive abilities and focus, which can derail academic motivation and success. Newport's accredited academic curriculum provides instruction and tutoring 3–4 hours per day, Monday–Friday. Our teaching teams support patients to close learning gaps and nurture their talents and interests, while also addressing psychological factors that impact academics, such as school-related anxiety, lack of coping strategies, and executive functioning deficits.



RESULTS: General Functioning

In 2024, our surveys included questions asking patients about their general functioning across various areas of life. General functioning is defined as an individual's ability to cope with everyday demands. At intake and again 30 days post-discharge, adolescents used a scale of 0–10 to indicate how they had been doing over the past four weeks across six domains. In the post-discharge survey, our alumni reported higher functioning in all domains, reflecting Newport's focus on helping adolescents build healthy coping skills and authentic relationships.



Alumni Experience

"Participating in everyday life at Newport brought me the ability to manage my time more efficiently and provide a more consistent routine that supports me in recovery. Newport has opened up so many doors in my life, and I am forever grateful."

—David V.



NEWPORT
INSTITUTE

Residential Treatment Outcomes: Young Adults

With locations in five states, our live-in treatment programs for ages 18–35 provide intensive individual, group, and family therapy in healing environments, while supporting patients' executive functioning, life skills, and academic and career advancement.

RESULTS:



Depression (PHQ-9)

Major depressive disorder is the most common primary diagnosis among Newport's young adult patients (55%). Three-quarters of young adults self-reported moderately severe depressive symptoms, on average, at intake. By week 3 of residential treatment, average scores had improved to moderate levels, and those scores had further improved by week 5, to just below mild levels.

Interpretation of the Levels

15–19: Moderately Severe

10–14: Moderate

5–9: Mild

Through multiple therapeutic modalities, experienced and compassionate clinical care, and a supportive, structured environment, Newport's treatment for depression guides young adults to:



Find joy and meaning
in life, even during
hard times



Strengthen their
connection with self
and others



Overcome loneliness
and isolation



Gain healthy tools for
coping with stress



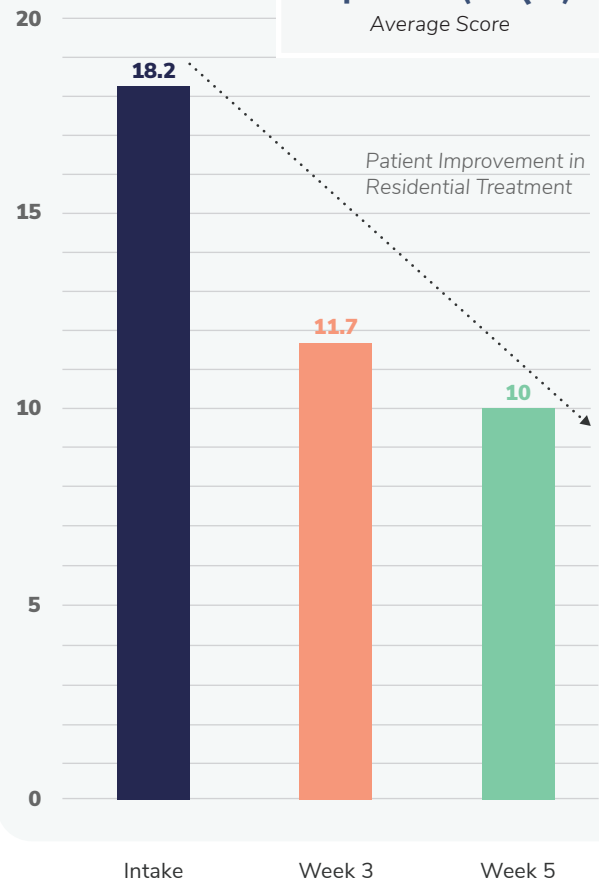
Build self-awareness
and self-compassion



Enhance life skills and
executive functioning

Depression (PHQ-9)

Average Score



RESULTS: Suicide Risk (BHS)

The number of young adult patients with existing suicide risk decreased across all risk measures over five weeks of residential treatment. At intake, half of young adult patients reported suicidal thoughts; by week 5, this had dropped to about 2 in 10 patients. Approximately 20% reported current suicidal plans at intake, which fell to less than 6% at week 5. More than 50% of patients reported at intake that they felt life was not worth living, and this percentage had dropped to about 30% by week 5.



The number of young adult patients reporting **suicidal thoughts** dropped from **1 in 2** to **1 in 5** over five weeks.

Depression: p value (statistical significance) < .001; see p. 37 for details.

RESULTS:



Anxiety (GAD-7)

More than half of Newport's young adult patients had a secondary diagnosis of anxiety at intake, about 13% had a primary diagnosis, and two-thirds reported severe anxiety symptoms on the GAD-7 assessment. Among patients reporting elevated anxiety, symptoms dropped to a moderate level, on average, by week 3, and further improved by week 5.

Interpretation of the Levels

15–21: Severe

10–14: Moderate

5–9: Mild

RESULTS:

Traumatic Distress (BHS)

Traumatic distress refers to emotional and behavioral symptoms resulting from traumatic experiences, such as sexual coercion or domestic abuse. At intake, over half of young adults reported symptoms of traumatic distress, such as being on guard/watchful, losing interest in activities that reminded them of past trauma, and avoiding reminders of traumatic experiences. In addition, 50% reported having nightmares. After just three weeks of Newport treatment, young adult patients reported improvements in all symptoms. By week 5, traumatic distress symptoms had further improved, as young adults addressed underlying trauma and gained healthy coping skills.



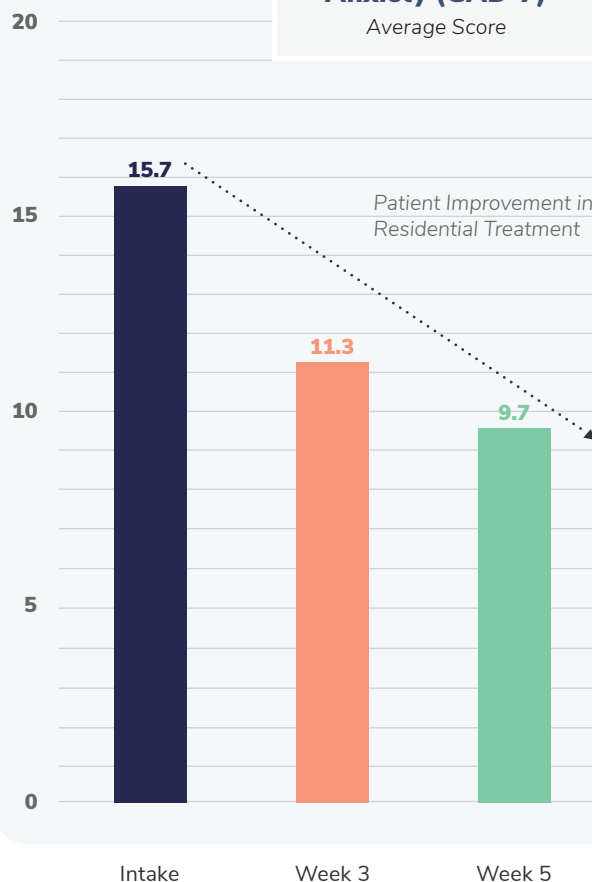
Alumni Experience

"Getting sober and healthy has brought me back up to speed and my memory is back. I treasure it now, all of the moments I thought once lost to time. The memories of the life I lived are now accessible to me again."

—John F.

Anxiety (GAD-7)

Average Score



HOW WE TREAT ANXIETY AND TRAUMA

Newport's clinical model treats anxiety and trauma through tailored treatment plans that include psychiatric care and medication management, Cognitive Behavioral Therapy to change negative thought patterns, EMDR to reduce the intensity of traumatic memories, and psychoeducation to help young adults better understand how the brain and body respond to stress.

Anxiety: p value (statistical significance) < .01; see p. 37 for details.

RESULTS:



Well-Being (WHO-5)

Newport's young adult patients generally reported poor well-being at intake (average score of 8.7), which improved to the "well" range (13.4) by week 5 of residential treatment. Patients with depression or anxiety reported even lower well-being at intake (scores of about 7), which increased to just shy of the well range (12.4) by week 5. The percentage of patients reporting improvements in various aspects of well-being (below) shows the impact of treatment on young adults' state of mind and overall sense of wellness. Each young adult's treatment plan includes a minimum of 30 hours of clinical and experiential therapy each week, plus academic/vocational support, executive functioning coaching, and life skills training—supporting multiple aspects of their well-being.



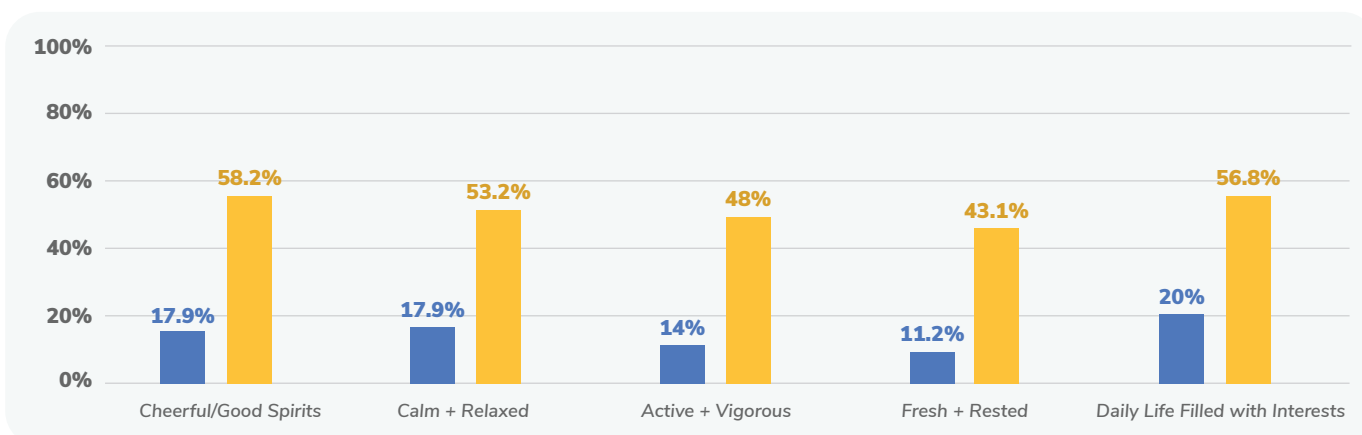
Interpretation of the Levels

0–7: Likely Depression

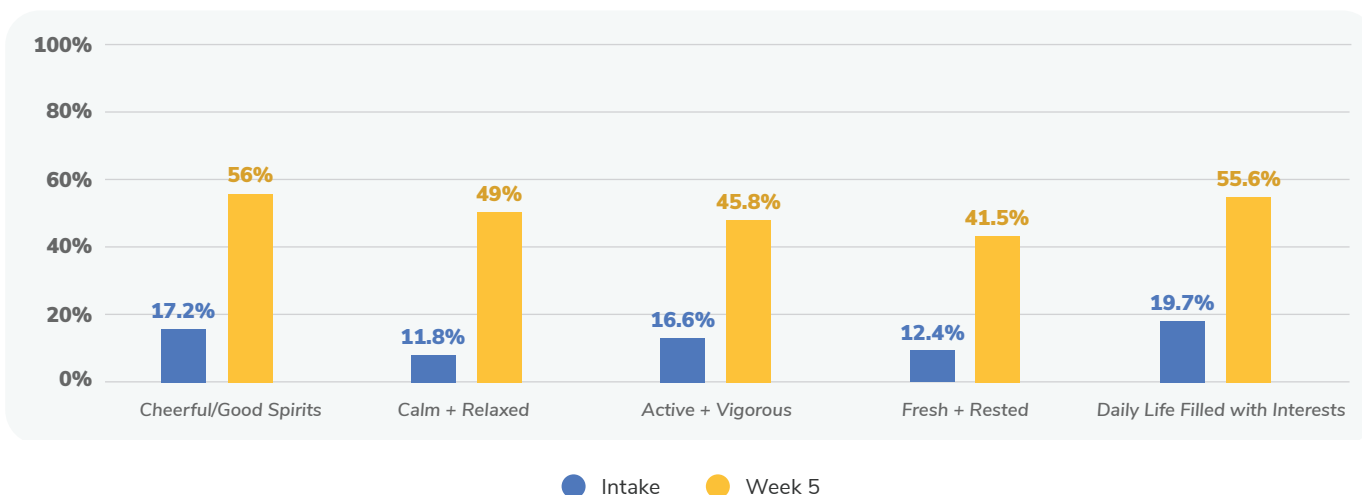
8–12: Poor Well-Being

13–25: Well

WHO-5 CHANGES: PATIENTS WITH DEPRESSION



WHO-5 CHANGES: PATIENTS WITH ANXIETY



Percentages indicate the number of patients who endorse feeling each item "more than half the time."
Well-being: p value (statistical significance) < .001; see p. 37 for details.

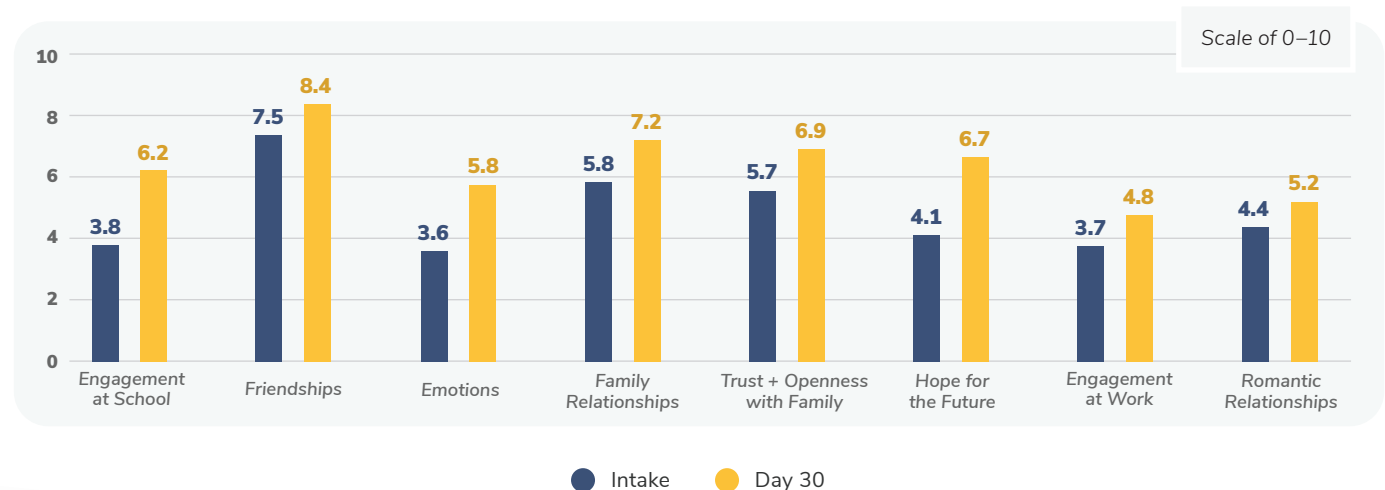
**RESULTS:**

Family Relationships & Attachment (ECR-RS)

After five weeks of residential treatment at Newport, which includes ongoing family therapy using the Attachment-Based Family Therapy model, young adult patients showed improvements across all measures of attachment to both maternal and paternal figures. While young adults may not live with parents/caregivers or depend on them practically or financially, the quality of the parent-child relationship remains pivotal for the young person's mental health. Having the support and acceptance of parental figures (including stepparents, grandparents, aunts and uncles, etc.) bolsters young adults' confidence and sense of direction in life. Secure parent-child attachment also supports a young adult's capacity to form authentic and caring relationships with friends and significant others.

**RESULTS: General Functioning**

The general functioning assessment looks at an individual's capacity to fulfill their daily responsibilities and maintain relationships. Young adults' responses provided insight into their experiences at work and/or in school; relationships with family, friends, and romantic partners; and sense of optimism about the future. Thirty days after discharge, Newport's young adult alumni reported improvements, on average, in all eight domains included in the scale. These results show that our alumni experience lasting positive impacts on their emotions, connections, and day-to-day life following Newport treatment.



Alumni Experience

"The compassion from others is what helped me know I made the right decision to continue to put myself first and heal. The staff at Newport Institute truly care and supported me through the entire experience."

—Shannon S.

RESULTS:



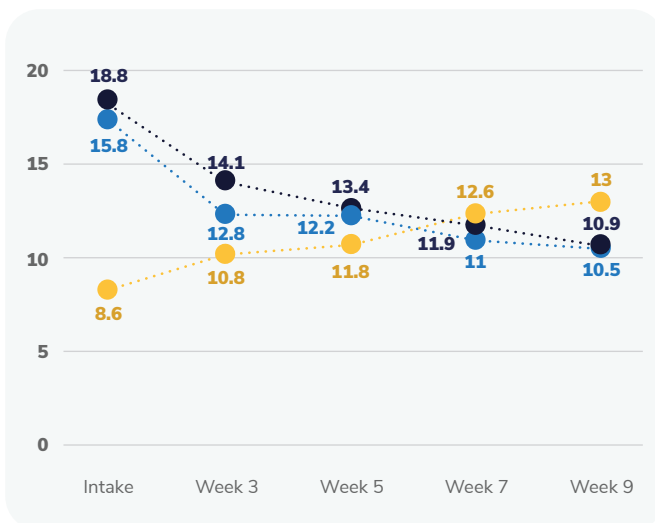
Therapeutic Alliance (WAI-SR)

Connection between therapist and patient is vital to the success of treatment, creating a foundation of trust and safety that allows patients to look honestly at their experiences and build the courage to make positive change. At week 3, most young adult patients had already established mutual respect and collaboration with their therapist. From week 3 to week 5, alliance improved in all 12 categories on the assessment, with the most notable increases in the items “I have a better idea of how I might be able to make some changes” and “Therapy gives me new ways of looking at my problem.”

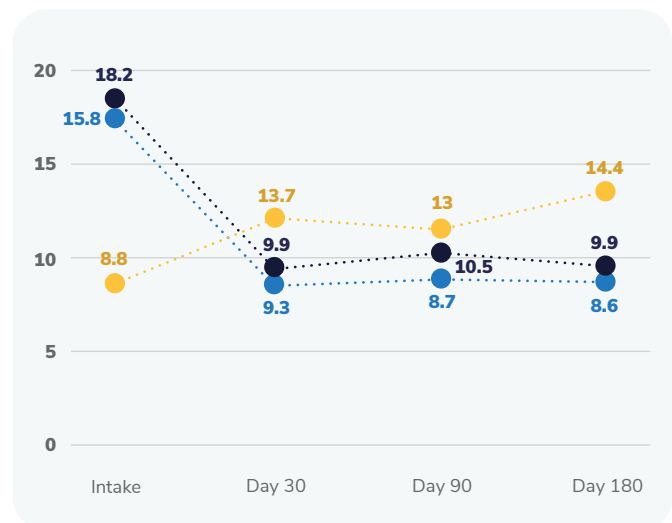
RESULTS: Extended Stays & Post-Discharge Outcomes

Most young adult patients were discharged by week 7; however, those who needed more time in treatment experienced additional improvements in depression, anxiety, and well-being. Post-discharge data shows that young adults maintained improvements, on average, after treatment, with all measures consistent or improved between day 30 and day 180. The data illustrates that the changes patients make within safe and caring therapeutic environments lead to long-term positive outcomes.

EXTENDED STAYS



POST-DISCHARGE OUTCOMES



● Depression ● Anxiety ● Well-Being



Alumni Experience

“After being at Newport for only a few days and seeing what groups were like and who my support team was, I knew I was in the right place. I never knew how much I needed to learn, and I will be forever grateful to Newport for starting me on this path.”

—Chelsea W.



 Sandy Springs, GA



**NEWPORT
ACADEMY**



**CENTER
FOR FAMILIES**
A Division of Newport Healthcare

Outpatient Treatment Outcomes: Adolescents

In Newport's outpatient programs for ages 12–18*, with locations in 10 states, patients live at home and participate in partial- or full-day programming up to five days a week, with both clinical therapy and an academic component provided in full-day programs.

*In 2024, Newport Academy began providing outpatient treatment for children ages 7–11. This report does not include treatment outcomes data for ages 7–11.

RESULTS:



Depression (PHQ-9)

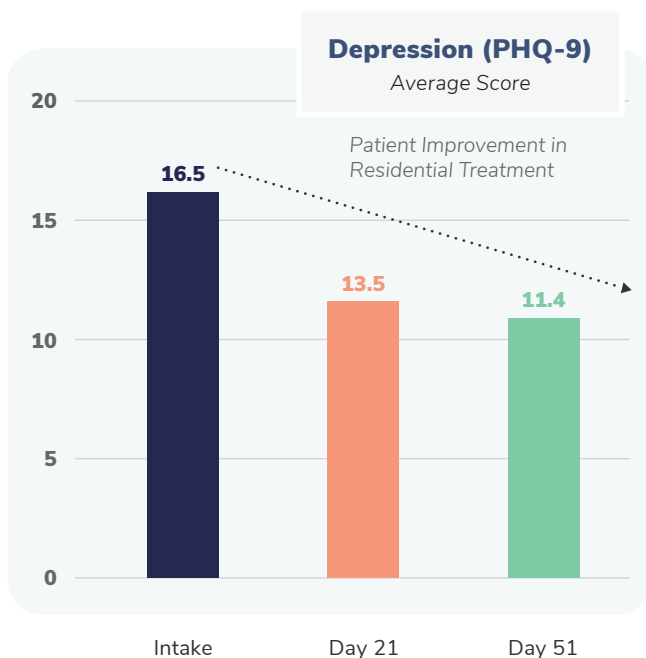
Depression is the most common diagnosis among adolescents in Newport's outpatient programs (67%), and 54% self-reported moderately severe depressive symptoms, on average, at intake. By day 21, their symptoms had dropped to moderate, on average, and into the low end of the moderate range by day 51.

Interpretation of the Levels

15–19: Moderately Severe

10–14: Moderate

5–9: Mild



RESULTS:



Anxiety (GAD-7)

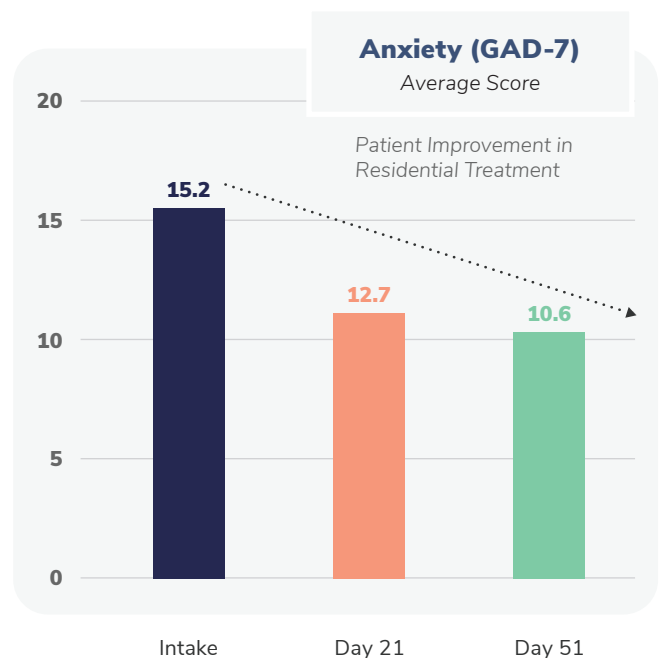
Improvements reported by patients with anxiety followed a similar trajectory as depression outcomes. At intake, 46% of patients reported elevated anxiety, with severe symptoms, on average. By day 21, average anxiety scores had dropped to moderate, and by day 51, patients' anxiety levels were in the low-moderate range.

Interpretation of the Levels

15–21: Severe

10–14: Moderate

5–9: Mild



RESULTS:

Suicide Risk & Traumatic Distress (BHS)

About 40% of adolescents in outpatient care reported symptoms of traumatic distress, suicidal thoughts, and feeling that "life was not worth living," and 12% of patients reported suicidal plans. By day 51, all traumatic distress and suicide risk measures had improved.

Anxiety and depression: p value (statistical significance) < .001; see p. 37 for details.

TAILORED TREATMENT PLANS

Our outpatient treatment addresses the multiple stressors and changes associated with adolescence, through treatment plans that include a variety of clinical and experiential modalities, as well as an accredited academic curriculum and life skills training in our full-day Partial Hospitalization Programs.

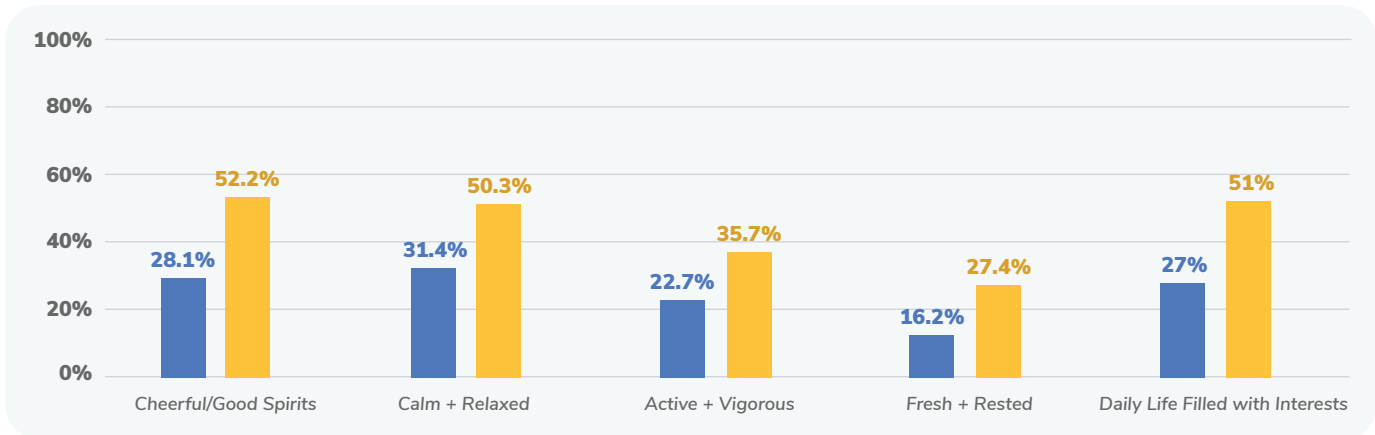
RESULTS:



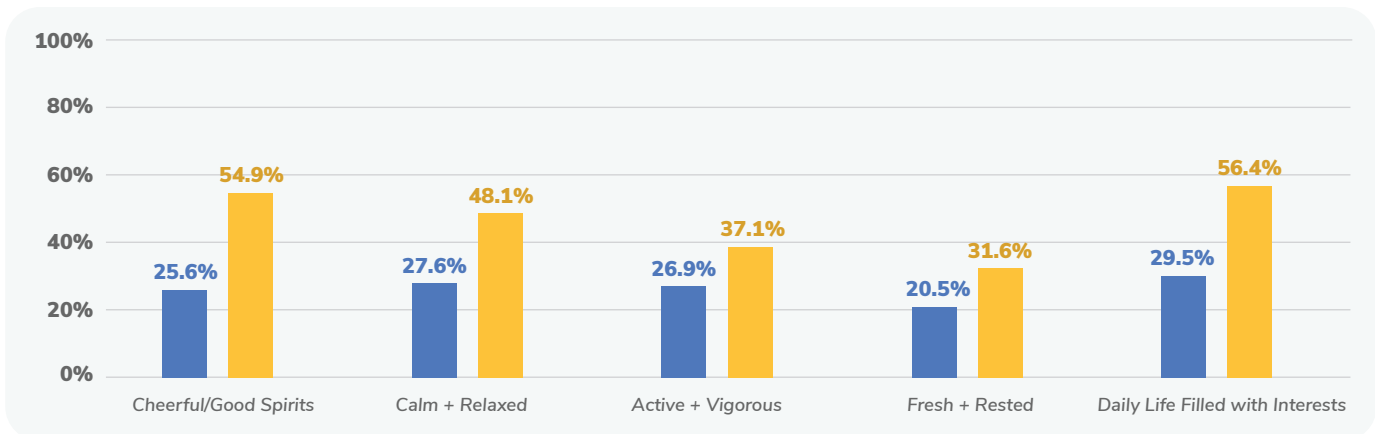
Well-Being (WHO-5)

Patients, on average, reported poor well-being at intake, which improved to the “well” range (13.2) by day 51. For those with anxiety or depression, well-being at intake was lower (8.5) and improved throughout treatment, to just below the “well” range. Adolescents in outpatient care experienced substantial well-being increases, on average, as reflected in individual WHO-5 measures, as seen below. Our outpatient care provides ongoing support and structure for patients and their families, to enhance adolescents' self-esteem and build greater harmony within the family unit.

WHO-5 CHANGES: PATIENTS WITH DEPRESSION



WHO-5 CHANGES: PATIENTS WITH ANXIETY



● Intake ● Day 51

Interpretation of the Levels

0–7: Likely Depression

8–12: Poor Well-Being

13–25: Well

Percentages indicate the number of patients who endorse feeling each item “more than half the time.” Well-being, depression, anxiety: p value (statistical significance) < .05; see p. 37 for details.



Adolescent well-being scores, on average, **increased from “poor” to “well”** over 51 days of outpatient treatment.

RESULTS:

Family Relationships & Attachment (ECR-RS)

Our outpatient treatment includes Attachment-Based Family Therapy to repair ruptures in the parent-child relationship, leading to improvements in patients' attachment to both maternal and paternal figures (including stepparents, grandparents, etc.). As treatment progressed, patients became more comfortable discussing problems and concerns with parental figures, and turning to them in times of need. Our emphasis on family engagement and our collaborative approach aim to create an environment in which patients and families feel heard, supported, and connected.

**RESULTS: Therapeutic Alliance (WAI-SR)**

By day 21, adolescents in outpatient care had, on average, made solid alliances with their family therapist (score of 45 on a scale of 0–60), and working alliance was even stronger by day 51 (47). Patients felt they were respected and liked by their family therapist, and agreed with their therapist on changes that needed to be made and how to make them. The therapist-patient alliance supports strong engagement in the therapeutic process and provides a safe space in which patients can experience meaningful growth and shift old patterns of thinking and acting.

RESULTS: General Functioning

General functioning refers to how well adolescents are doing in their daily activities. Newport measures six domains when evaluating the adolescent general functioning scale: engagement at school, friendships, emotions, family relationships, trust and openness with family, and hope for the future. From intake to 30 days post-discharge, patients showed improvement across all domains. In outpatient care, adolescents gain healthy coping, relationship, and self-awareness skills that they can put into practice right away, transforming their lives and relationships.



Alumni Experience

"My daughter put in a lot of work every day and it started to show. Not only how she talked, but how she interacted in conversation. She was excited to use the tools she had learned through her therapy and interactions with other kids. Her humor made a comeback as well. I cherished every moment I saw her smiling again!"

—Joey P., alumni parent



NEWPORT
INSTITUTE

Outpatient Treatment **Outcomes: Young Adults**

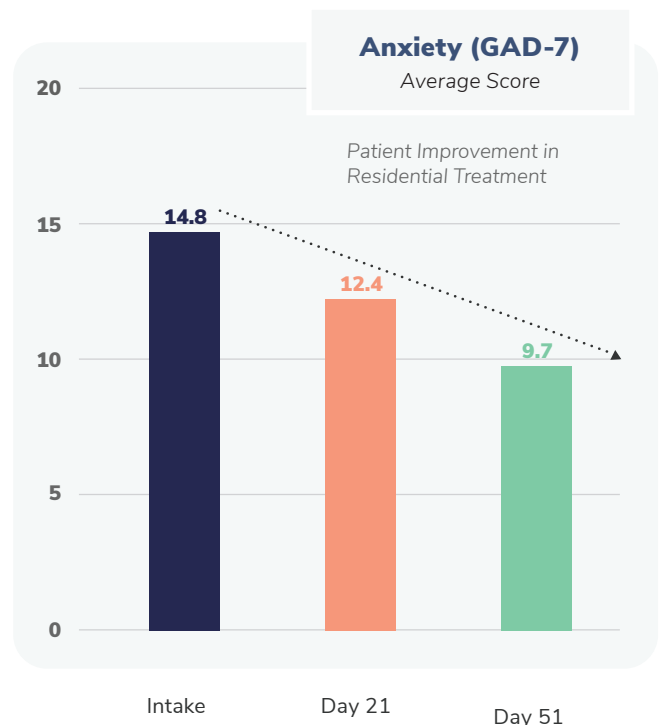
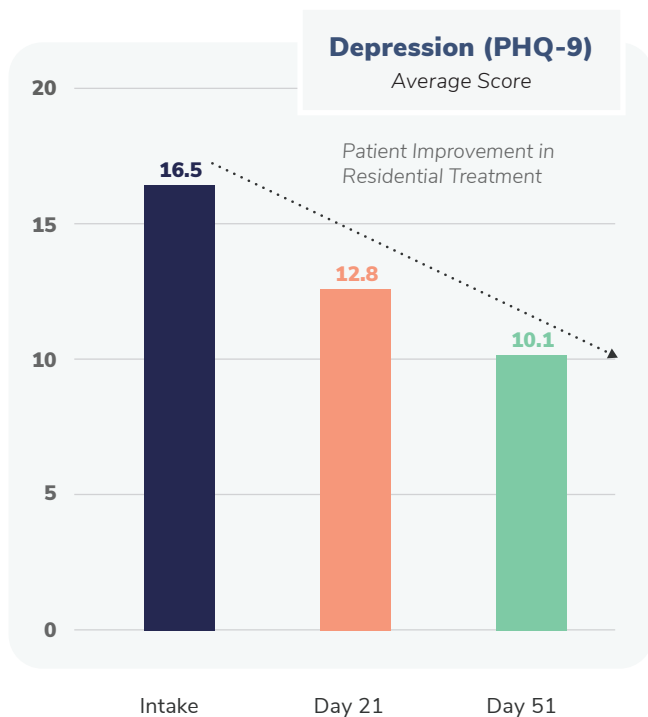
Newport's outpatient treatment for ages 18–35 provides clinical and experiential therapy, executive functioning coaching, and academic and career support, through both in-person and virtual programs.

RESULTS:



Depression (PHQ-9) & Anxiety (GAD-7)

Newport's young adult patients with depression and/or anxiety experienced statistically significant improvement in symptoms over the course of outpatient treatment. On average, patients reported moderately severe symptoms at intake. By day 21, scores had dropped into the high end of the moderate range, and by day 51, patients' anxiety and depression symptoms, on average, measured at the very low end of the moderate range. Our comprehensive outpatient treatment for anxiety and depression—including clinical, family, and experiential therapy, academic and career support, and life skills training—is designed to help young adults build self-understanding, resilience, and skill sets for a thriving life.



Interpretation of the Levels

15–19: Moderately Severe

10–14: Moderate

5–9: Mild

Interpretation of the Levels

15–21: Severe

10–14: Moderate

5–9: Mild

RESULTS:

Suicide Risk & Traumatic Distress (BHS)

At intake, 30% of patients reported suicidal thoughts, 10% had current suicide plans, and 40% felt that life was not worth living. Between intake and day 51, suicidal thoughts and behaviors improved. In the same time span, young adults' distress resulting from traumatic experiences, such as abuse or sexual coercion, decreased across all items (e.g., having nightmares, avoiding reminders of traumatic events, and being on guard).

Depression: p value (statistical significance) < .01, anxiety: p value < .05; see p. 37 for details.



The number of young adults making **suicide plans** dropped **from 1 in 10 to 1 in 100** over 51 days of outpatient treatment.



RESULTS:

Well-Being (WHO-5)

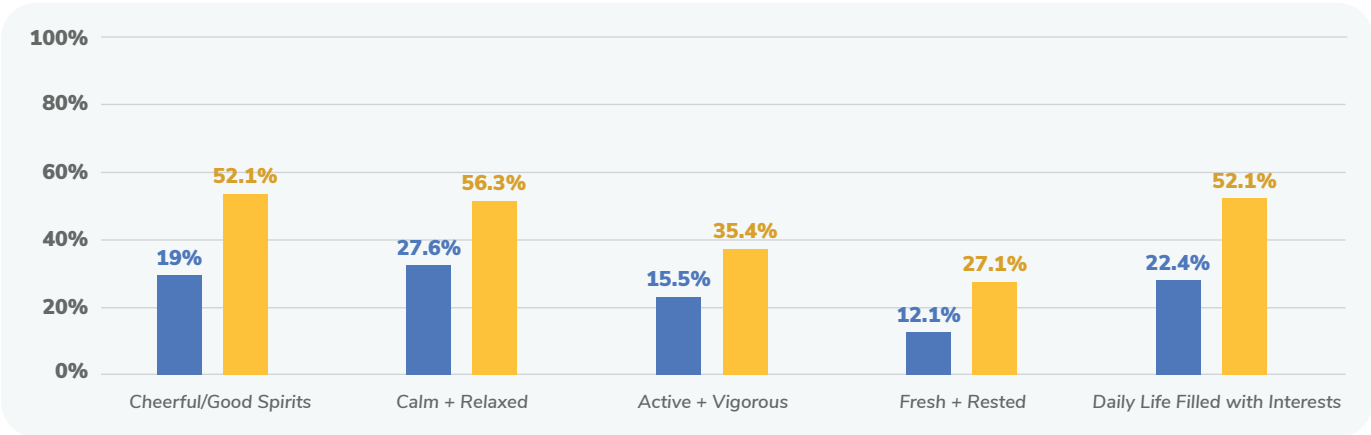
From intake to day 51 of outpatient treatment, young adult patients, on average, experienced well-being increases. Those with elevated symptoms of anxiety and/or depression made even more significant improvements in well-being, with average scores increasing from the low end of the “poor” range (around 8) to the high end (close to 12). Within a compassionate, supportive environment, young adults begin to feel a sense of connection, belonging, and hope. Looking at individual WHO-5 measures, below, we see gains across all well-being symptoms, with more than half of patients feeling calm, relaxed, and engaged with daily life.



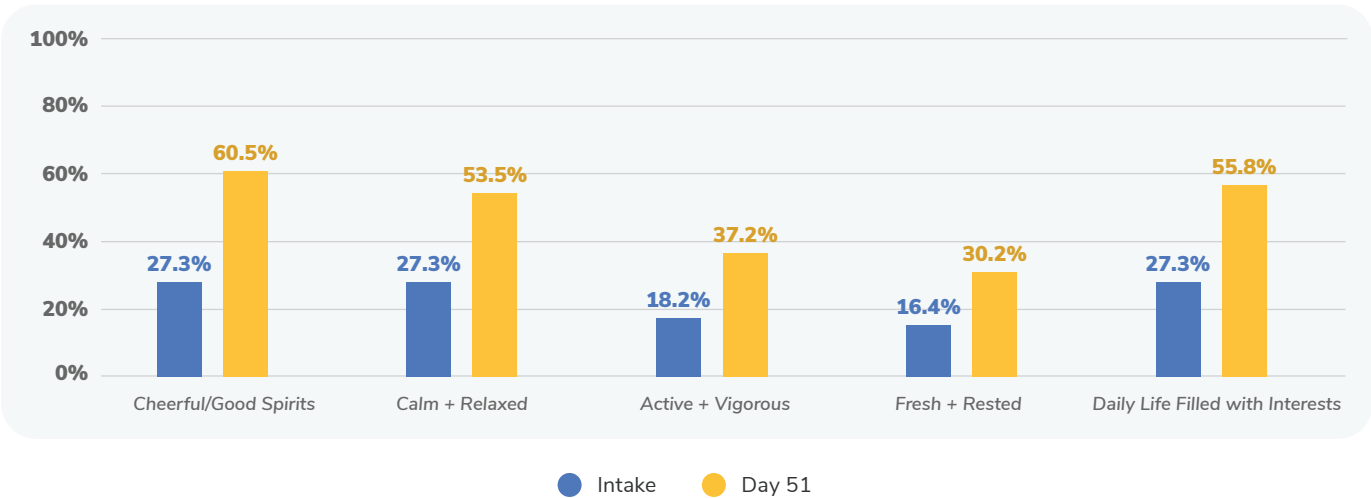
Interpretation of the Levels

- 0–7: Likely Depression
- 8–12: Poor Well-Being
- 13–25: Well

WHO-5 CHANGES: PATIENTS WITH DEPRESSION



WHO-5 CHANGES: PATIENTS WITH ANXIETY



Percentages indicate the number of patients who endorse feeling each item “more than half the time.” Well-being: p value (statistical significance) < .05 for all patients, <.01 for patients with depression, <.001 for patients with anxiety; see p. 37 for details.

RESULTS:



Family Relationships & Attachment (ECR-RS)

Attachment-Based Family Therapy is an essential component of Newport's outpatient treatment plans, as a strong family support system provides a powerful foundation for young adult mental health. Repairing ruptures in relationships with family members—most often, parental figures, such as parents, grandparents, stepparents, etc.—can heal longstanding wounds and promote young adults' overall healing. Patients' family attachment measures improved throughout treatment, with young adults feeling:



More likely to discuss problems and concerns with parents and turn to them in times of need



More comfortable opening up to parents and sharing how they really feel



Less worried that parental figures would abandon them or don't care about them



More likely to depend on parents and talk things over with them

RESULTS:

Therapeutic Alliance (WAI-SR)

Young adults in our outpatient care responded to 12 different items related to alliance with their family therapist (see page 14). By day 21, patients had already forged a high working alliance with their therapist, with an average score of 43 on a scale of 0–60. Agreement and collaboration between patient and therapist further improved between days 21 and 51. Newport's family therapists and other clinical experts bring a wide variety of specializations, backgrounds, and experience to their roles.

In reporting on therapeutic alliance, patients score statements including:

- ▶ I have new ways of looking at my problems
- ▶ I have a better idea of how to make changes
- ▶ My therapist cares about me
- ▶ We agree on the important work
- ▶ We collaborate on setting goals



Alumni Experience

"The first few weeks were so hard! Eventually, my daughter made it through the first few stages of the program. Family therapy got better and easier. I saw a smile and laughter on her face that I hadn't seen in months. It was then that I knew change was taking place—I could see it all over her face!"

—Charity N., alumni parent

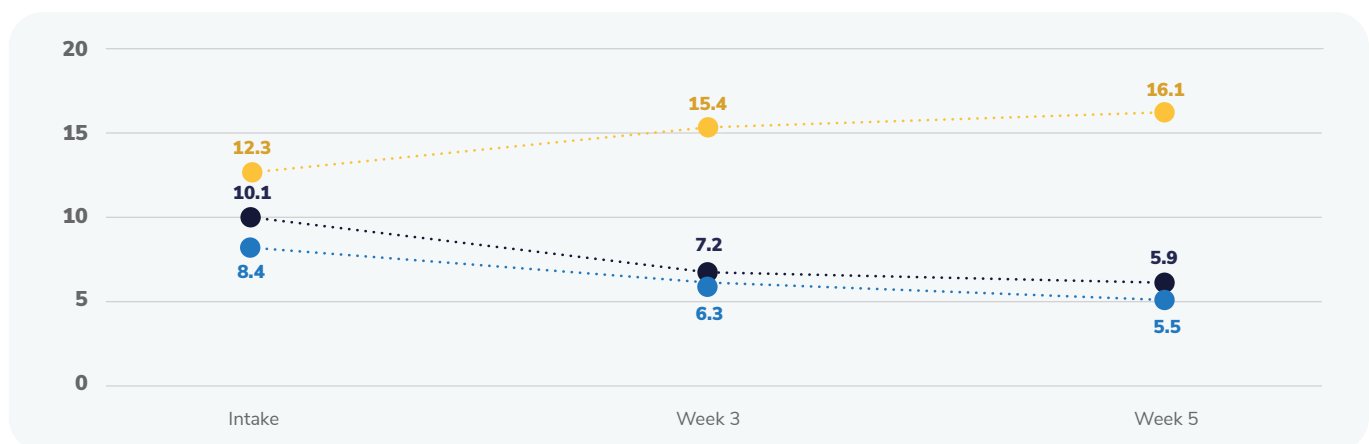
Treatment Outcomes: Specific Patient Populations

Substance Use Disorders

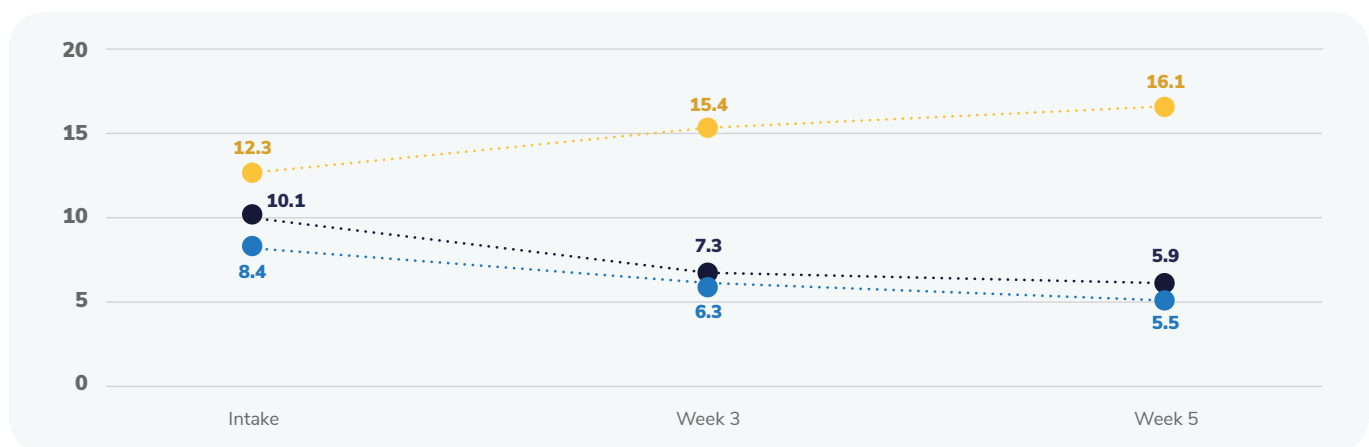
Newport's treatment approach addresses each patient's mental health profile—not isolated to the primary diagnosis, but also treating related symptoms. Our treatment plans for patients with primary or secondary substance use disorder also treat trauma, family attachment ruptures, and co-occurring mental health issues.

In 2024, to assess the overall impact of our treatment on this group of patients, we looked at their anxiety, depression, and well-being scores over five weeks of residential treatment. For both adolescents and young adults with primary or secondary substance use disorder diagnoses, anxiety and depression improved, reaching mild levels, and well-being increased, with patients, on average, in the “well” range at discharge.

ADOLESCENT OUTCOMES



YOUNG ADULT OUTCOMES



● Well-Being ● Depression ● Anxiety



Obsessive-Compulsive Disorder (Y-BOCS/CY-BOCS)

Newport's multidimensional treatment model for obsessive-compulsive disorder provides individualized care that also addresses common issues associated with OCD, like generalized anxiety, social anxiety, and phobias. Clinicians in our OCD-specific programming have extensive training and supervision in Exposure and Response Prevention (ERP) therapy, the gold standard of OCD treatment. Our treatment plans for OCD also include Attachment-Based Family Therapy, experiential therapy, and academics/life skills training to support all areas of each patient's life and well-being.

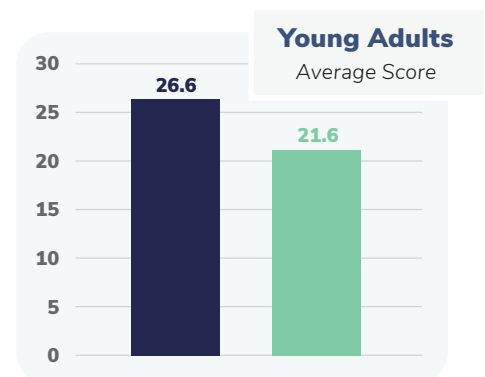
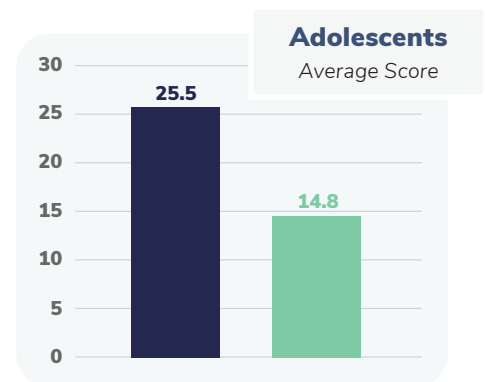
In 2024, patients in our OCD-specific treatment programs were given the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and the Children's Y-BOCS (CY-BOCS) assessments, in addition to our other screening tools. At intake, both adolescent and young adult patients reported severe OCD symptoms, on average. At discharge, adolescents' symptoms had dropped into the mild range, on average, while our young adult patients' mean score was in the moderate range. Average length of stay was 48 days for adolescents and 34 days for young adults. Young adult data includes results from three programs, two of which opened in 2024.

Interpretation of the Levels

24–31: Severe

16–23: Moderate

8–15: Mild



● Intake ● Discharge



Alumni Experience

"The staff didn't learn my case file, they got to know me—my interests, hopes, dreams, adventures, quirks, jokes, and how much of me was being consumed by my OCD. My clinical team, Care Coordinators, and peers became my Newport family, and it was in my relations with them that I found the strength to start decoupling myself from my OCD."

—Andrew K.



Parent Post-Discharge Data

As well as tracking patients' symptoms post-discharge, we survey their parental figures (which may include parents, stepparents, grandparents, etc.). Data from these family members adds another layer to our understanding of how patients and families progress after treatment. In 2024, Newport collected post-discharge data from parents of our adolescent and young adult patients, in both residential and outpatient programs. Results below are drawn from 30- and 90-day follow-up surveys.

Symptomology (PHQ-2 & GAD-2 & WHO-5)

At intake, parent-reported data showed that most patients were exhibiting elevated symptoms of depression and anxiety (>3 on a scale of 0–6 on both measures) and in the “poor” or “likely depression” range on the well-being scale. At 30 days and 90 days post-discharge, parents were no longer observing elevated depressive or anxiety symptoms in their children, and they were also seeing improvements in well-being.

Family Functioning

Parents experienced improvements across multiple areas of family functioning post-discharge, reporting that family members felt:

- ▶ More comfortable discussing emotions, including sadness
- ▶ Better able to work together to problem-solve
- ▶ Greater ease in planning family activities
- ▶ More inclined to turn to family for support
- ▶ More accepted for who they are



The percentage of parents reporting a greater ability to problem-solve with their adolescent child **doubled from intake to discharge (from 22% to 44%).**



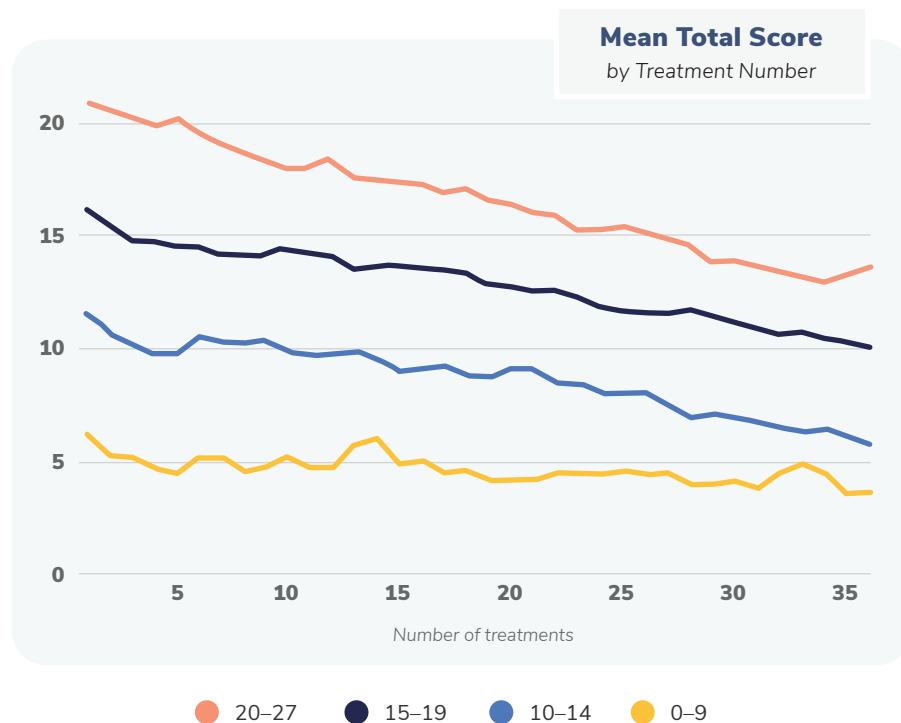
“We came to Newport broken, exhausted, and helpless. We came out with a new life. We are so grateful to the Newport team and the Newport parent community.”

—Pam R., alumni parent

TMS Depression Treatment at PrairieCare (PHQ-9)

PrairieCare, a Minnesota division of Newport Healthcare, offers a complete continuum of care at nine locations in the Twin Cities and Southern Minnesota: inpatient psychiatric hospitalization, residential and outpatient treatment, and clinic services, including Transcranial Magnetic Stimulation (TMS). TMS is an FDA-approved approach for treatment-resistant depression that has been available to the public since 2008. For patients with treatment-resistant depression, TMS has the potential to create life-changing improvements in functioning, mood, and well-being.

In 2024, 188 patients had TMS treatment at PrairieCare's two TMS clinics (some patients began treatment in late 2023 or continued into early 2025). On average, patients started treatment with a PHQ-9 score of about 15.4, indicating moderate to severe depression. After a typical course of 36 treatment sessions, patients' average PHQ-9 score was approximately 9.7, indicating mild depression. This represents a 44% average increase from baseline—a meaningful improvement for most patients. The chart below tracks improvement among patients according to symptom severity at intake.



Over the course of treatment, half of PrairieCare's TMS patients **experienced at least a 50% reduction in depressive symptoms.**



Interpretation of the Levels

20-27: Severe

15-19: Moderately Severe

10-14: Moderate

5-9: Mild



NEWPORT
HEALTHCARE

The Newport Healthcare *Experience*

The Newport experience spans every aspect of the treatment journey, from the admissions process and customer service to quality of care and support after discharge.



Satisfaction with Care

In 2024, our patients, their parents, and referring professionals all reported high satisfaction, on average, with Newport's quality of care, treatment services, and staff. Prioritizing human understanding and connection in our care enhances trust, communication, and collaboration, supporting us to fulfill our mission of providing results-driven, clinically integrated behavioral healthcare that creates hope, promotes sustainable healing, and fosters resiliency in individuals and families. Insights gained from our proprietary Newport Client Satisfaction Scale™ also inform our initiatives to continually improve patients' and families' experiences.

Parents of Adolescents and Young Adults in All Programs



8 in 10 parents surveyed at discharge
would recommend Newport to others



9 in 10 parents surveyed at week 3
felt that staff paid attention to their family's needs and goals

Patients



9 in 10

young adults in residential care **felt welcomed and accepted**



8 in 10

adolescents felt they **benefited from our residential or outpatient treatment**



8 in 10

patients felt Newport **staff took the time to understand them and their needs**

Referring Professionals



99%

reported that they **will continue to refer patients** to Newport



97%

reported that the families they referred **received excellent customer service**



95%

reported that the clients they referred **were given exceptional treatment**



The Newport Alumni Experience

The Newport experience extends beyond discharge. Our Alumni team begins building relationships as soon as patients and families enter our programs—creating the foundation for a supportive and connected network of peers, parents, and mentors. Newport’s organizational values of compassion, connection, and love inform our Alumni Program, which supports young people to maintain recovery through sharing challenges, accepting and encouraging one another, and validating each other’s achievements and progress.

In 2024, Newport’s Alumni Department:



- ▶ **Served more than 4,600 alumni and families** from all over the country, in weekly and monthly online groups and events



- ▶ **Facilitated 18 different weekly support groups**, nine for teens and young adult alumni and nine for parents



- ▶ **Expanded our Advocate community to 540 alumni and parents** who share their experiences with our larger community



- ▶ **Introduced 2 new parent support groups**—for parents of patients with OCD and parents of children in treatment (ages 7–11)



- ▶ **Welcomed over 470 new attendees to support groups**, expanding our network of supportive peers



- ▶ **Reconnected 720+ alumni and families at 3 in-person reunions**, in Washington, Connecticut, and Southern California



- ▶ **Added 3,450 new alumni and parents to the Newport Healthcare Alumni App**, an online resource for alumni



- ▶ **Began planning multiple in-person reunions for 2025**, at locations across the country



Alumni Experience

“I miss Newport all the time—it even makes me emotional. The staff were life changing and truly believed in me. I read my goodbye letters whenever I need motivation to keep going. Newport genuinely saved my life.”

—Laila Y.



Experience Data

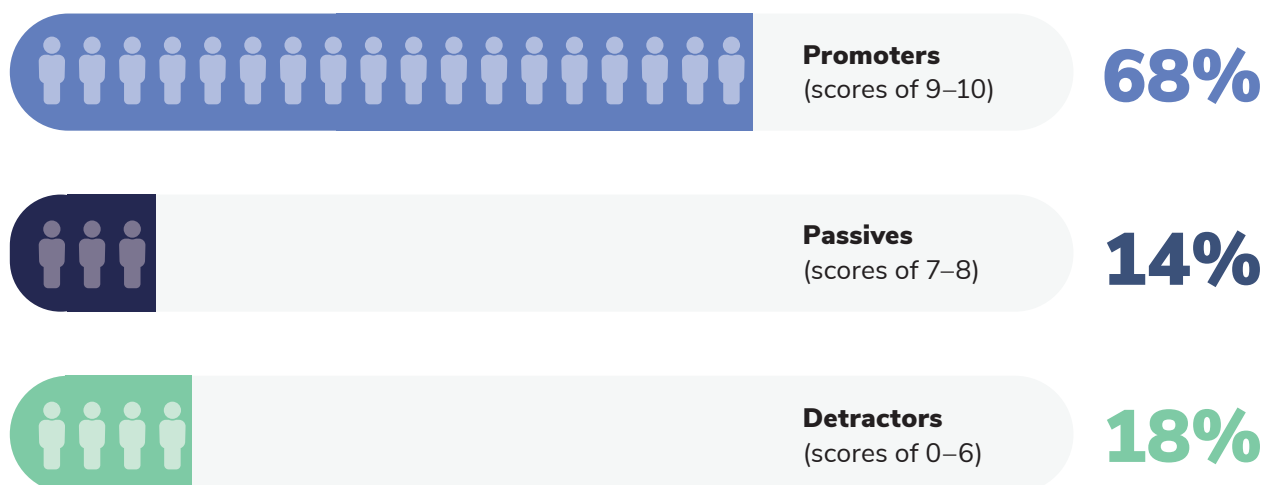


Satisfaction with Care

At PrairieCare, we measure patient satisfaction using the Net Promoter Score (NPS), a standard measurement in the industry that surveys patients about their experience related to admissions, consistency of care, communication, and support from staff.

With data collected from 1,085 surveys, PrairieCare's overall NPS in 2024, across all treatment locations, was 50, exceeding the national NPS benchmark by 14.2 points. Satisfaction scores were above the benchmark on 9 out of 10 individual NPS questions, including questions about family involvement in treatment, assistance with new medication, and more.

NET PROMOTER SCORE



Referring Professionals

Feedback from referring professionals exceeded the company benchmark of 80% across all survey items, including customer service, communication with staff, and ease of the referral process.



PrairieCare's patient satisfaction score was **14.2 points higher than the national benchmark** for behavioral health.

"I am forever grateful for the memories, care, and respect I experienced at both Newport Institute and PrairieCare. Being there was exactly what I needed to get better. Today, I am proud to be an Advocate! Treatment changed my life, and I cherish every moment."

—Annika A.

Appendix I: Assessment Tools

SCALE/SCREENER	DOMAIN
BHS	School, safety, substance use, sexual risk, suicide and self-harm, trauma, bullying
GAD-7 GAD-2	Anxiety
PHQ-9 PHQ-2	Depression
WHO-5	Well-Being
ECR-RS	Family Attachment
WAI-SR	Working Alliance with Family Therapist
FAD-GF	Family Functioning
CY-BOCS/ Y-BOCS	Obsessive-Compulsive Disorder



About the Center for Research and Innovation

The Center for Research and Innovation (CRI) is the research-focused arm of Newport Healthcare. One of the few institutions of its kind, the CRI establishes Newport as a thought leader in the field and an innovator in bridging science and clinical practice.

The CRI's Mission and Objectives

The CRI's purpose is to advance Newport Healthcare as a leader and innovator in treatment, research, and program development, through outcomes evaluation, data-informed care, and field-advancing studies. The CRI's goals are to continually expand our understanding of our patient population and their needs, improve patient outcomes, and support the professional development of our staff, by providing opportunities to participate in research, presentations, and publications.



"Millions of adolescents and young adults are impacted by mental health concerns each year, and that vast number is doubled and tripled by the caregivers and communities impacted. Given how important treatment can be, and the severity of the youth and young adult mental health crisis, there is surprisingly little research on what works and why. The CRI is playing a role in changing that."

—Michael Roeske, PsyD, CRI Senior Director

Appendix II: Patient Survey Data

Sample Sizes, Cadence, and Completion Rates

Surveys, including both industry-standard and Newport-specific measurement tools, were administered at intake, at week 3, and then every two weeks for residential patients and every 30 days for outpatients. Data is from Newport Academy (including Center for Families) and Newport Institute programs.

Data analysis includes statistical significance testing, which is measured by a p value, indicating whether the research outcome cannot reasonably be attributed to the operation of chance or random factors rather than treatment.



RESIDENTIAL PROGRAMS	AVERAGE LENGTH OF STAY	# OF INTAKE SURVEYS COMPLETED	# OF SURVEYS COMPLETED AT WEEK 3	# OF SURVEYS COMPLETED AT WEEK 5	# OF SURVEYS COMPLETED AT WEEK 7	# OF SURVEYS COMPLETED AT WEEK 9
ADOLESCENT	51	2,213	1,587	1,277	959	521
YOUNG ADULT	41	1,280	898	630	396	205

OUTPATIENT PROGRAMS	AVERAGE LENGTH OF STAY	# OF INTAKE SURVEYS COMPLETED	# OF SURVEYS COMPLETED AT DAY 21	# OF SURVEYS COMPLETED AT DAY 51	# OF SURVEYS COMPLETED AT DAY 81
ADOLESCENT	61	755	569	356	195
YOUNG ADULT	64	206	154	92	51



NEWPORT HEALTHCARE

Empowering Lives. Restoring Families.™



**NEWPORT
ACADEMY**

A Newport Healthcare
Program for Children & Teens



**NEWPORT
INSTITUTE**

A Newport Healthcare
Program for Young Adults



PrairieCare

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**CENTER
FOR FAMILIES**

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