



# The Windmill Way

Measurement-Based Care in Action:  
Driving Smarter Clinical Decisions at Windmill

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***Part 1: An introduction to our approach***



***"Not everything that can be counted counts,  
and not everything that counts can be counted."***

***— William Bruce Cameron***

# Windmill Wellness at a glance



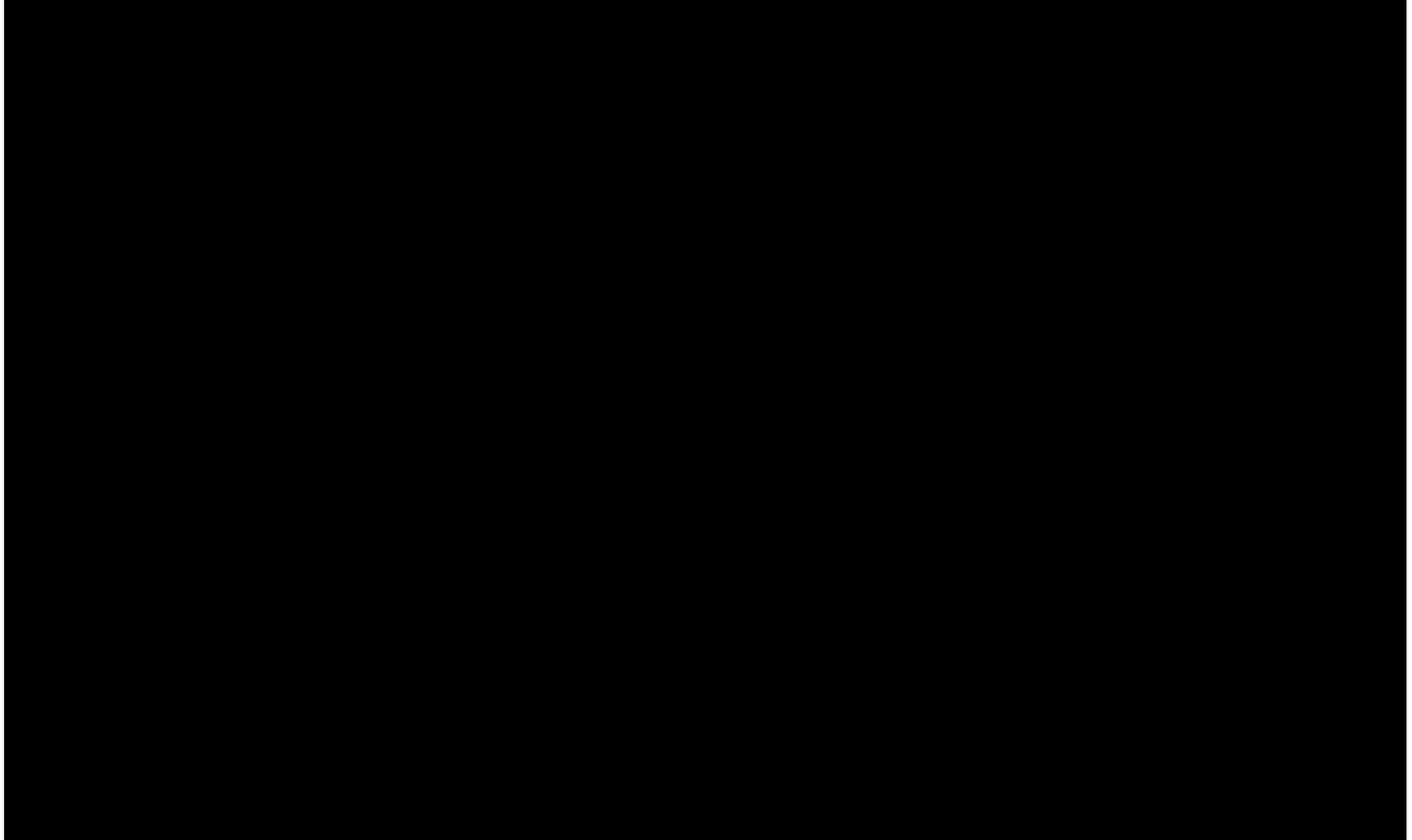
***Co-occurring mental health and addiction treatment***



***68 bed campus in Texas Hill Country, between Austin & San Antonio***



***Full continuum of care: detox --> residential → outpatient***



# Why Windmill was founded



- Founded in **2017** by Shannon Malish, **LCSW-S**
- Inspired by her own recovery journey
- Built to address **systemic gaps** in behavioral health
- Rejected **'band-aid' fixes**
- Built Windmill to treat **underlying trauma** and holistic healing of the whole self – Mind, body, spirit

# Small but mighty



## Key metrics

2000+



*Clients served*

20%



*Alumni remain engaged*

25%



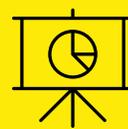
*Patients come from alumni referrals*

80



*Net Promoter Score (NPS)*

57



*Employee Net Promoter Score (eNPS)*

## External recognition



**EMPOWERED**  
HOSTED BY MEG RYAN

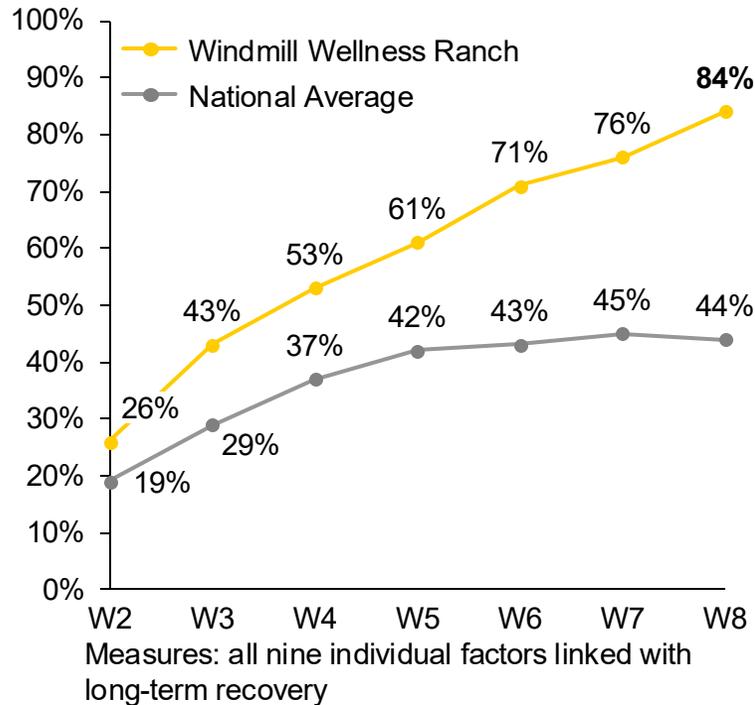


# Windmill patients consistently outperform national benchmarks

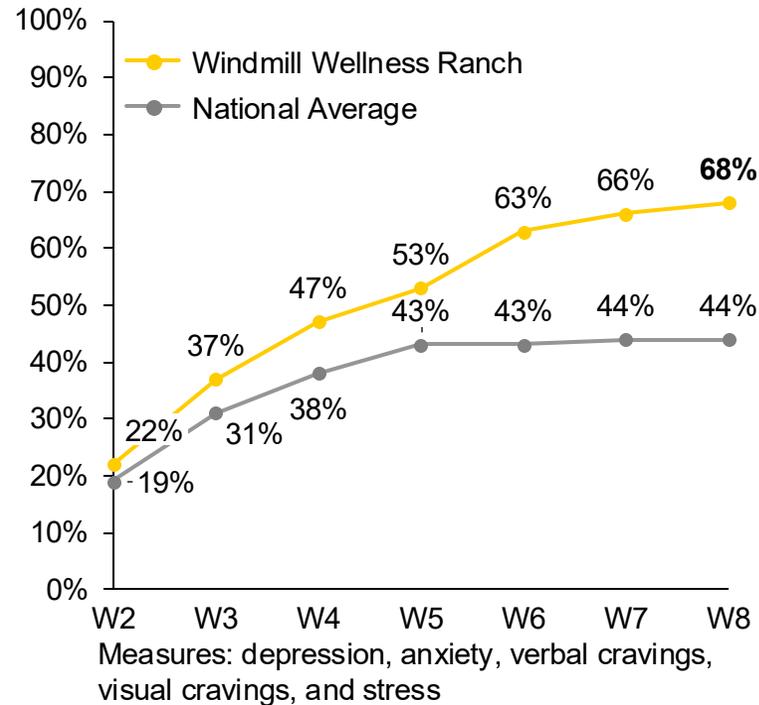


## Outcomes measured during treatment

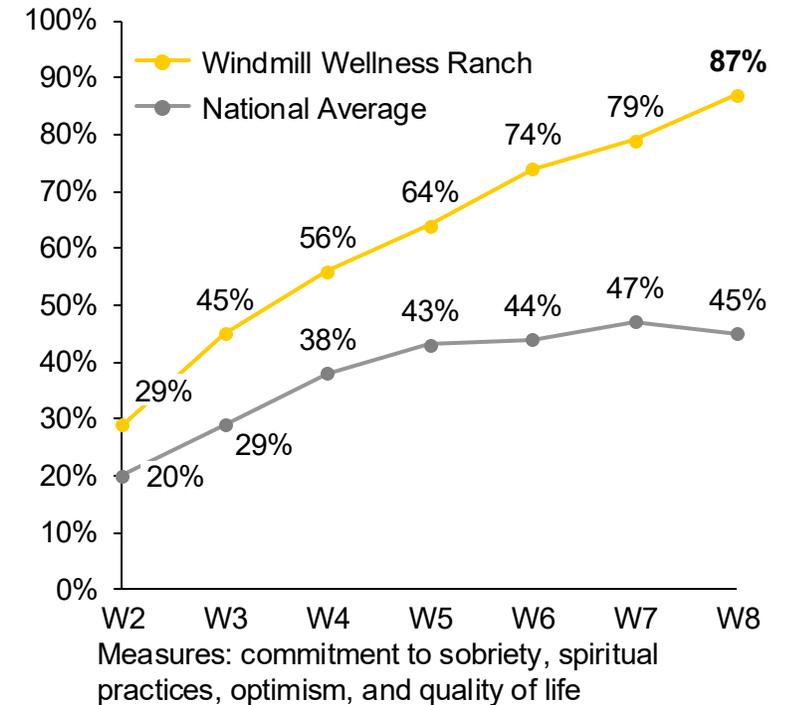
### Overall recovery improvement



### Symptom reduction



### Resilience building



Key patient progress indicators showcase that our treatment outcomes **exceed national averages**



# Long-term impact that lasts



## Our patients do better after treatment:



Higher Alcohol Abstinence rates



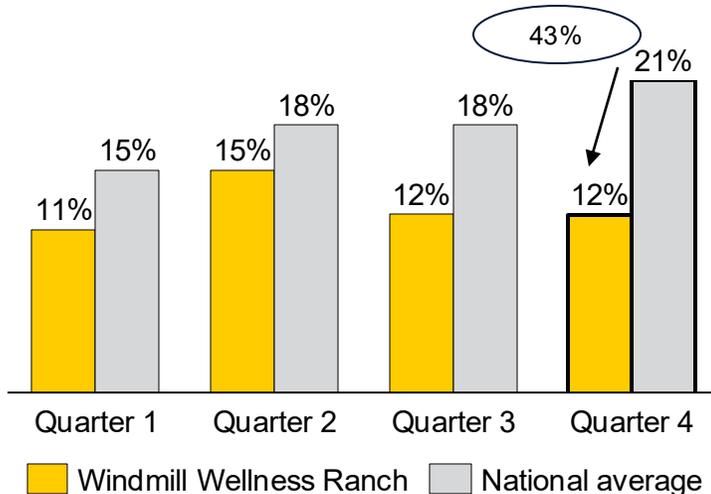
Abstain from other drugs at higher rate



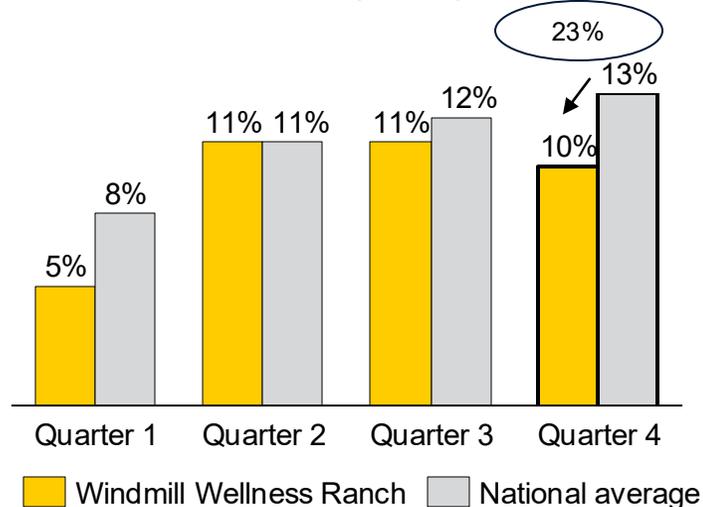
Greater life satisfaction

## Outcomes after treatment

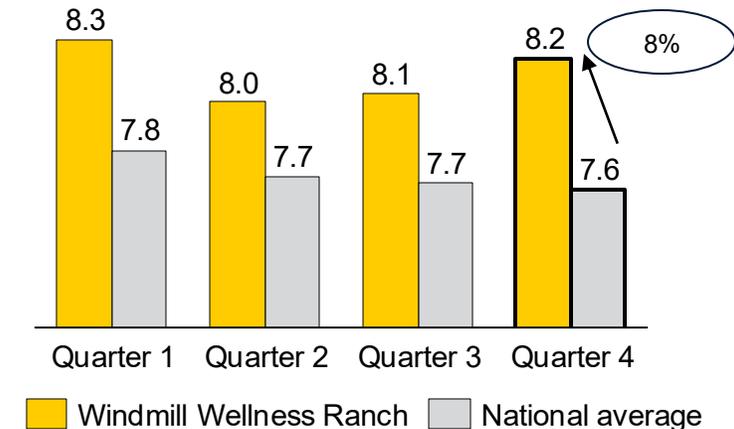
### Post-discharge alcohol use



### Post-discharge drug use



### Post-discharge life satisfaction



# The three pillars underpinning our performance

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**Data-driven care**



**Consistent treatment model**



**Whole person, Holistic healing**



## 9 consistent assessments



### Commitment to Sobriety

*Successful sobriety involves more than just the desire not to drink or use – it also involves hard work.*



### Spirituality

*Spirituality can be complex and fluid, but it plays a huge role in the recovery process.*



### Optimism

*Assesses individual differences in generalized optimism versus pessimism.*



### Quality of Life

*Sobriety impacts the overall wellness in all aspects of one's physical, mental and social life.*



### Depression

*“Am I depressed because I rely upon substances, or do I rely upon substances because I’m depressed?”*



### Anxiety

*Anxiety is the reaction to stressful, dangerous, or unfamiliar situations that can interfere with leading an everyday functioning life.*



### Verbal Craving

*Verbal craving is the verbal manifestation of intense feelings of wanting to drink or use.*



### Visual Craving

*Visual cues can have a powerful ability to stimulate intense feelings of want.*



### Stress

*Stress is a key risk factor in addiction initiation, relapse, and maintenance of recovery.*

 Pathology factors  Resilience factors



# Data-driven care



## Recovery coaching metrics

- Housing
- Food security
- Employment
- Transportation
- Peer support



## Other assessments as needed

- PCL-5 – PTSD
- Adult ADHD Self-Report Scale
- Penn State Worry Questionnaire (PSWQ)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- The Pittsburgh Sleep Quality Index
- Mood Disorder Questionnaire

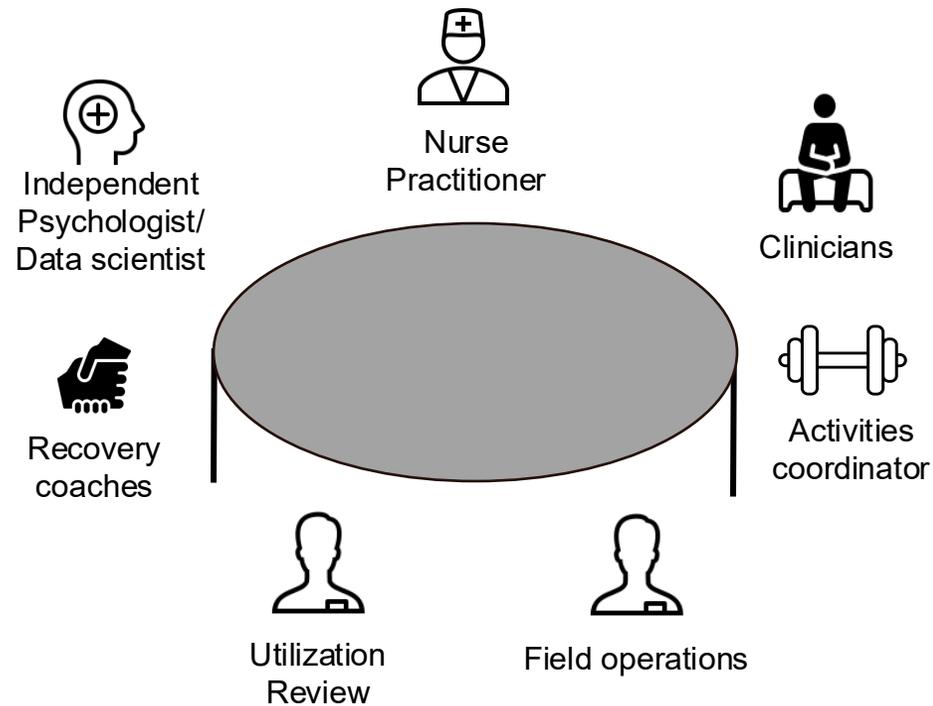


# Data-driven care





## Windmill Multidisciplinary Treatment Council



- ✓ Review **Psychometric assessments**
- ✓ Discuss **family interactions**
- ✓ Assess **EEG data** from Brain Frequency
- ✓ Check for signs of **AMA risk**
- ✓ Discuss inconsistencies and identify **root cause**
- ✓ Review readiness for **Level of Care changes**



# Consistent treatment model



## Staff qualifications

Strictly **masters-level** clinicians, with a curiosity and growth mindset

## Recovery coaching

**Recovery coaches** assigned to every client, with expertise in SMART Recovery and AA

## Session frequency

**Therapist sessions 2X/wk + recovery coaching 1X/wk**

## Family engagement

Deep family involvement via **weekly family workshops**, with **family alumni since 2020**

## Treatment curriculum

**Comprehensive + standardized curriculum**, covering addiction, biology, spirituality, communication

## Treatment duration

**Longer overall stay, 60-90 days (vs. Standard 30)**



# Whole person, Holistic healing



## ***Mind, body, and spirit programming***

- *Customized activity plan to improve metabolic health*
- *Whole foods prepared by Chef*
- *Focus on improving sleep quality*
- *Meditation techniques*



## ***Innovative technologies***

- *9D/Somatic Breathwork*
- *Brain Frequency*
- *Neuro Emotional Technique*



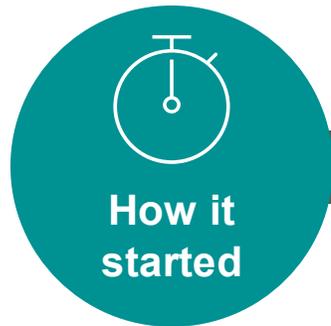
## ***Aftercare community engagement***

- *Alumni DAA meetings*
- *Family support groups*
- *Long Term Monitoring program*



## *Part 2: How we use data*

# How we've used data has evolved



## How it started

- Using **individual psychometric assessments** (HAM-A, HAM-D, PSWQ, ACEs)
- Utilising measurables for **progress** and **treatment planning**



## What was missing

- Being able to explain the data in a **concise way**
- Making **correlations** between different assessment variables
- Usage of data to **refine treatment planning** felt limited



## What we changed

- Identified a program for weekly assessments, that is:
  - Easy to **understand**
  - Abundant with **rich data and insights**
  - **Simple** to administer

# How it started



## Windmill psychometrics

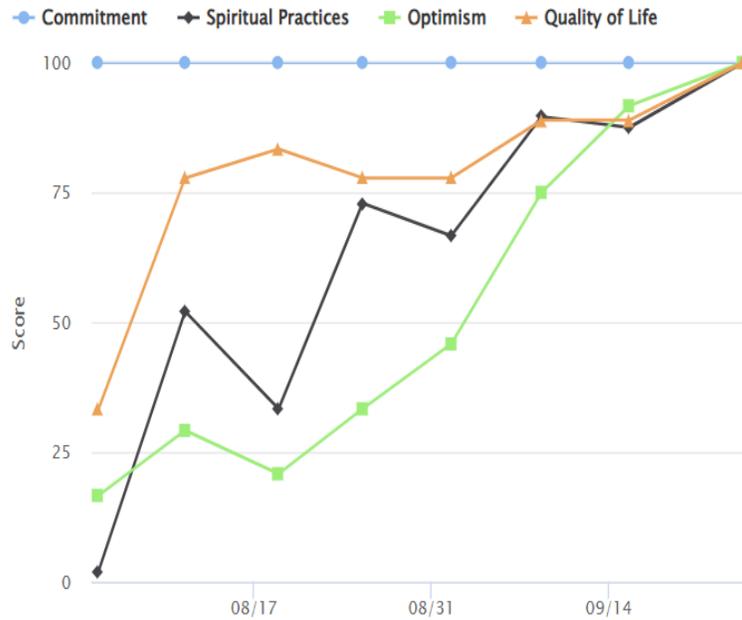
Assessment	01/17/2024	02/08/2024	02/26/2024
Executive Functioning Scale	82%	6%	0%
Sleep	62%	24%	29%
Concussion Symptoms	29.0	0.0	0.0
Cravings	33%	0%	0%
General Mood	50.0		
Obsessive Thoughts and Behaviors	24%	1%	7%
Trauma Index	90%		
Anxiety	98%	34%	38%
Depression	85%	3%	3%
Brain Body Connection	10%	0%	0%
Personality Type	90%		

# Our new approach

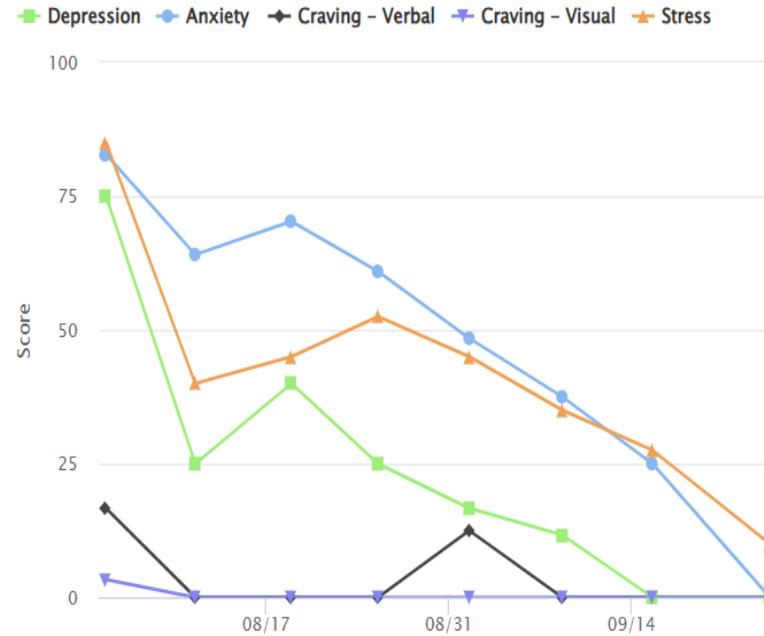


## Trac9 metrics

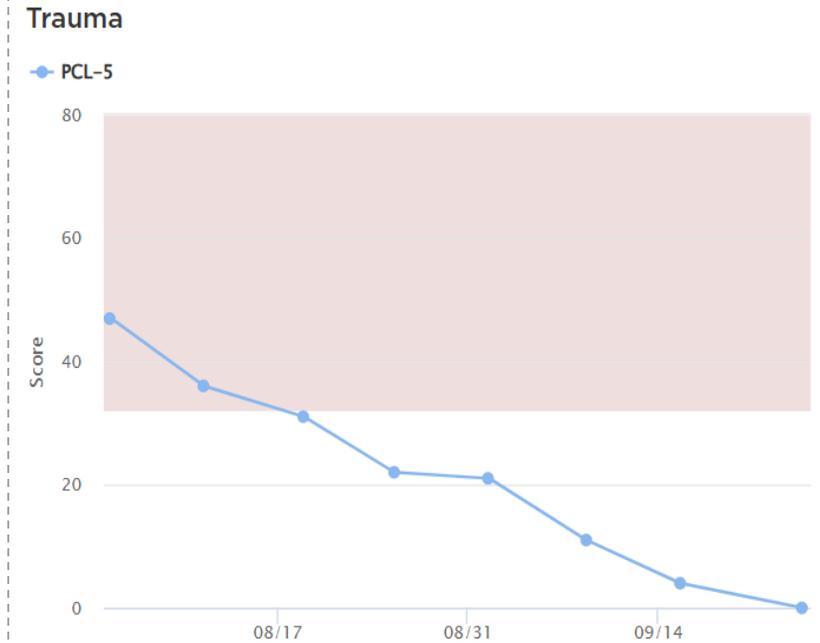
### Resilience factors



### Pathology factors



### PCL-C (Post Traumatic Stress Disorder)



# How did we operationalize this approach?



- 1** *Defined goals*
- 2** *Selected program to use*
- 3** *Evaluated the feasibility*
- 4** *Oriented and set standards with clinicians*
- 5** *Educated clients*
- 6** *Utilized for management*



Initially, we had to determine what our goals are

### Status quo

Fulfilling **Joint Commission and State requirements**, already requiring **data tracking**

### Desired state

***Going above and beyond, maximizing client outcomes and driving long-term recovery***

*We are training our staff to be **clinicians, not statisticians***



## We selected Trac9 as our program of choice (1/2)

### Our requirements

- ✓ Evidence-based measurement
- ✓ Access to researchers and developers
- ✓ Training available for staff
- ✓ Continuous growth, aligning with our mode
- ✓ Usable data for both management & clinicians

### What we chose



***Trac9 was developed by scientists who are some of the most published in the realm of behavioral health, especially SUD***



## We selected Trac9 as our program of choice (2/2)

### What is Trac9?



*An independent third party assessments provider that **measures treatment progress and outcomes***



*Founded by a **data scientist** and a **renowned addiction recovery professor***



*With **9 gold-standard, clinically valid assessments** to assess patients*



*Measurement across **5 pathology (risk) factors** and **4 resilience (protective) factors\****



#### **\*Pathology factors:**

Depression, anxiety, verbal craving, visual craving, stress



#### **\*Resilience factors:**

Quality of life, spirituality, optimism, and commitment to sobriety



## However, we needed to ensure this was feasible

### *Potential barrier*

Ease of access for clients



Burden on staff



Quality and consistency



Resistance to change



### *Our solution*

Clients have access to “locked down” tablets where they can take **web-based assessments**

Trac9 online system provides **alerts** and notifies staff regarding **due dates** for client assessments

Checks and balances via weekly **multi-disciplinary data reviews** and defined **policies and procedures**

Upfront identification of potential **slow adopters** and **bottlenecks**, and required **solutions**



## Clinicians were then trained on how to use trac9

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**Zoom trainings** with trac9, repeating 1-2 times a year



**Mock exercises** as potential clients to understand client experience



**Modified onboarding process**, to include trac9 elements



Orientations with **experienced clinicians** for new joiners



## Standards needed to be set with clinicians

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Clinicians need to review data **weekly**, on their **own** and with their **clients**



**Quantitative measurables** (e.g., target scores) need to be integrated into **treatment planning**



Clinicians must attend a weekly **multi-disciplinary meeting** to review progress data with a **Trac9 expert**

# Clients needed to be bought in for successful implementation



***Purchased tablets to use for trac9 assessments***



***Gained client buy-in during intake assessments***



***Highlighted the purpose of trac9, in new client orientations***



## We identified management applications for this data

### *Purpose*

### *How we do it*

**Accountability amongst staff**

Trac9 data is analyzed at the therapist-level to assess performances relative to each other. This data is included in **quarterly performance evaluations**

**External reporting**

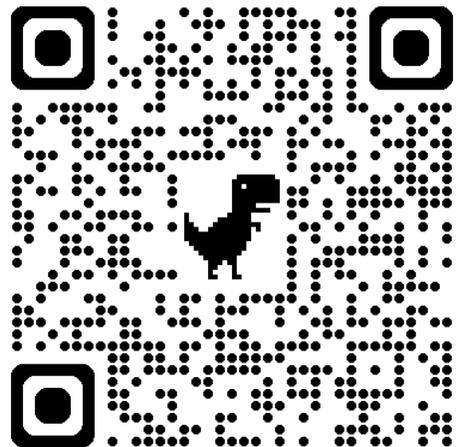
**Program-wide outcomes tracking** on a monthly, quarterly, and annual basis facilitates the reporting of our results on external touchpoints

**Trend analysis**

Monthly data quality meetings (QAPIRA) are held to **track progress** against key metrics and **identify trends**, which are used to inform program trainings and iteration



**WINDMILL  
WELLNESS**



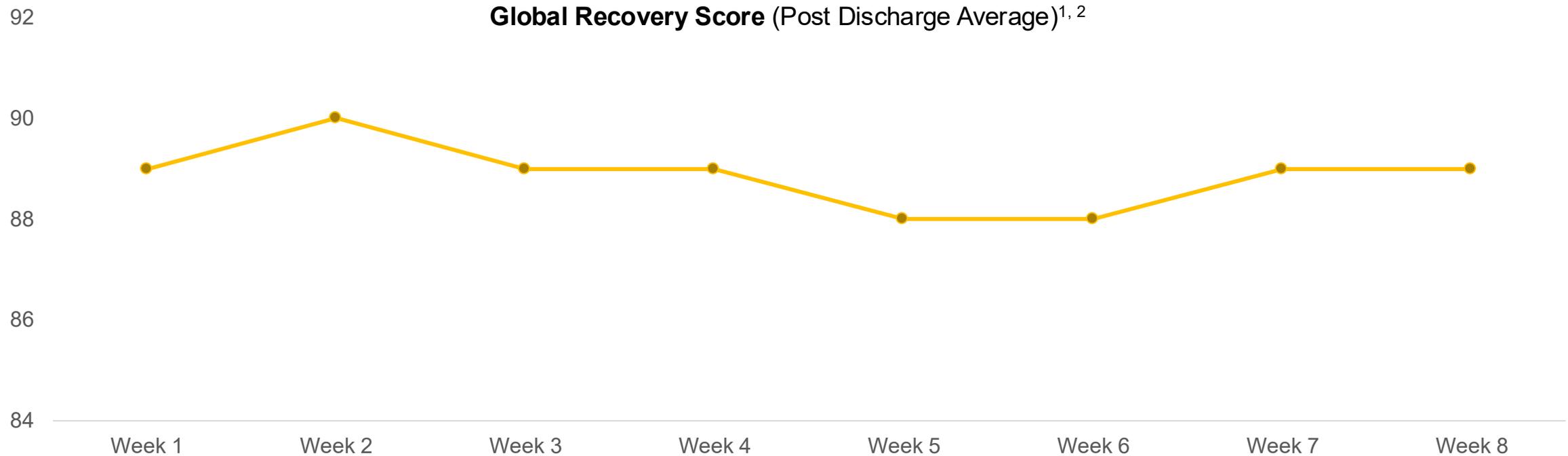


***Appendix***

# Our alumni thrive after treatment at Windmill



## Remote Intensive Monitoring Program results



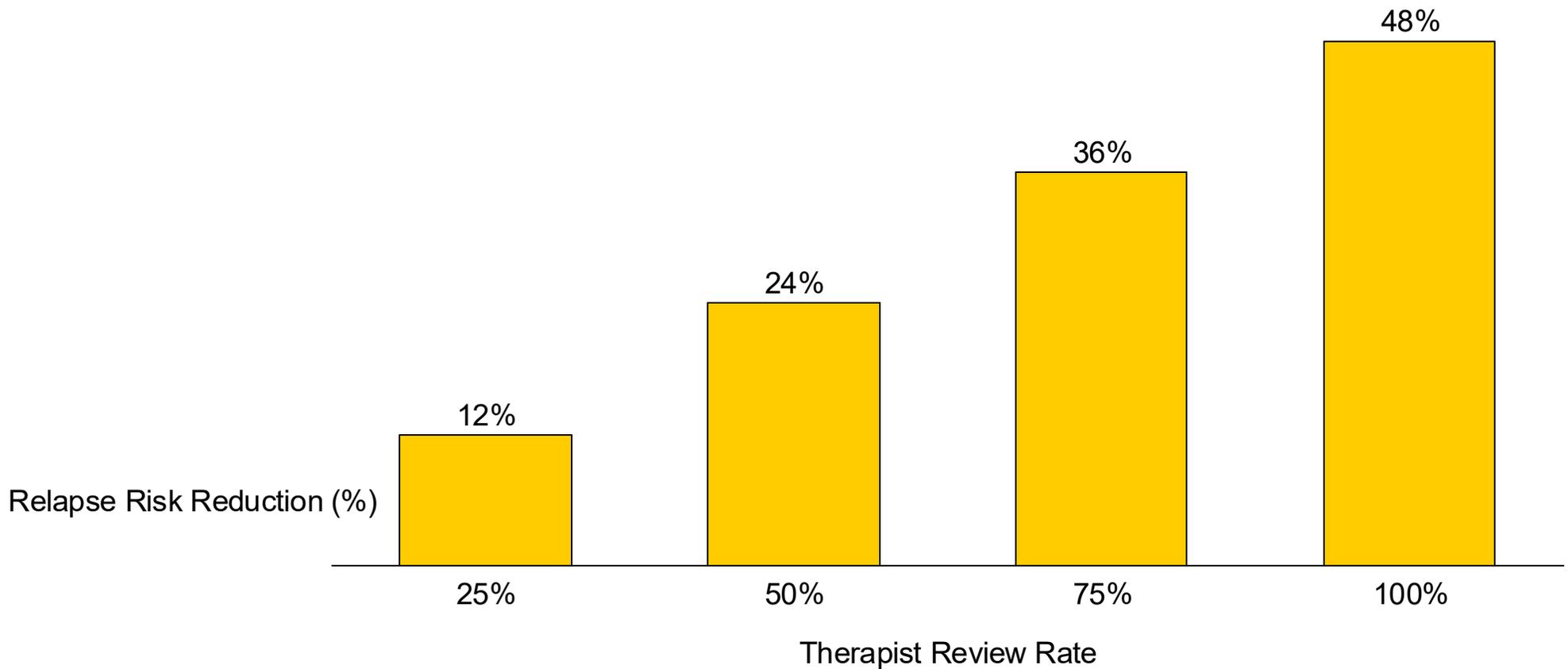
**Clients maintain the outstanding recovery results achieved during treatment**

1. There were an average of 84 Remote Intensive Monitoring Program (RIMP) participants across the measuring period  
2. Windmill is the only facility with RIMP, to our knowledge

# Higher review rates lead to dramatically lower relapse risk



Therapist Review and Relapse Risk Reduction



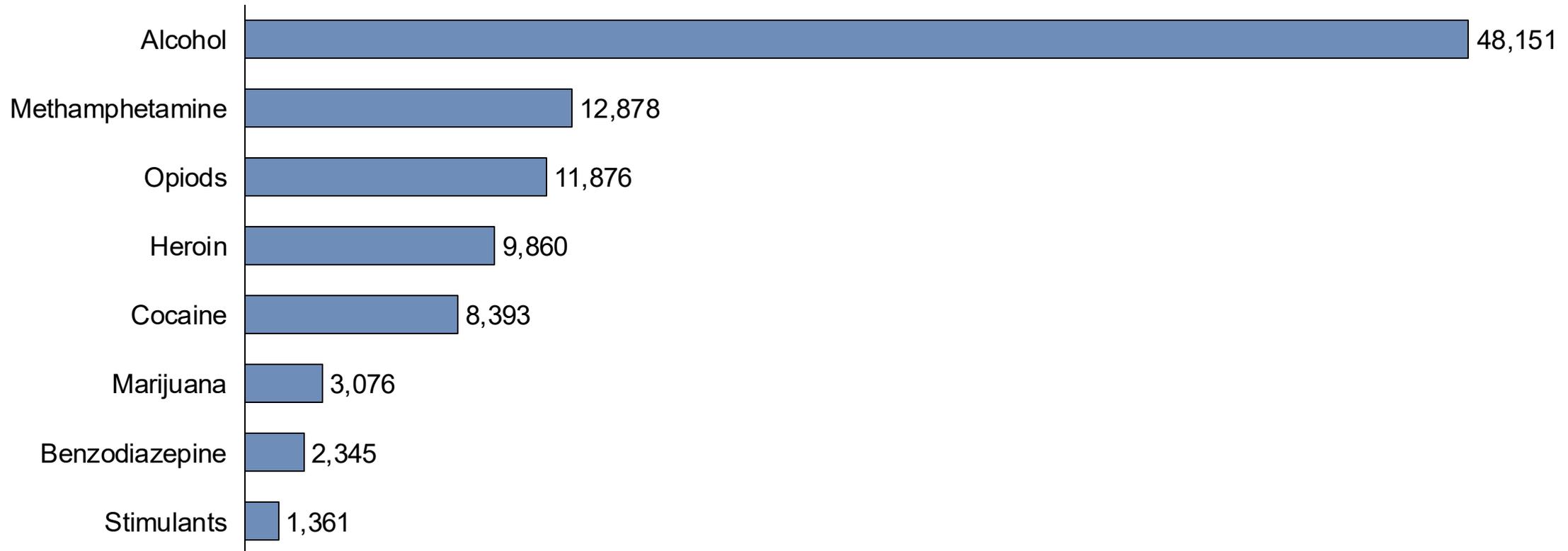
Sources: Data obtained from Trac9

# Patients by drug of choice



Number of episodes by drug of choice for residential patients (all discharge types)

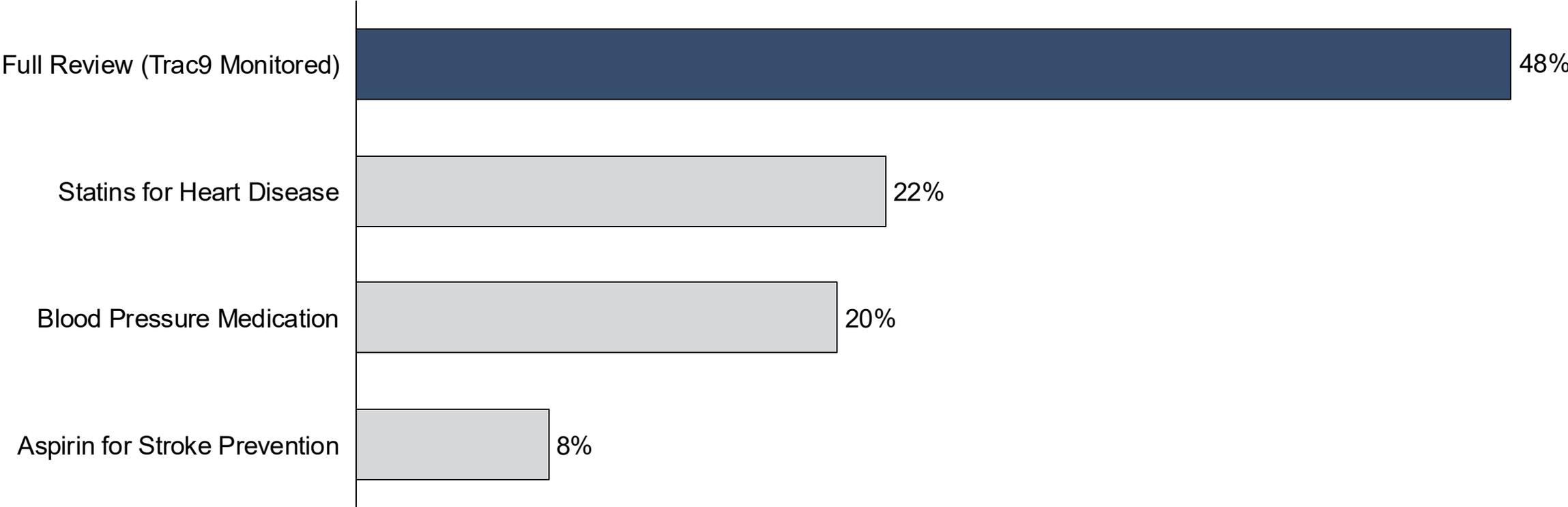
*N* = 97,960



# Trac9 review monitoring vs medical interventions



Relative risk reduction (%) comparison

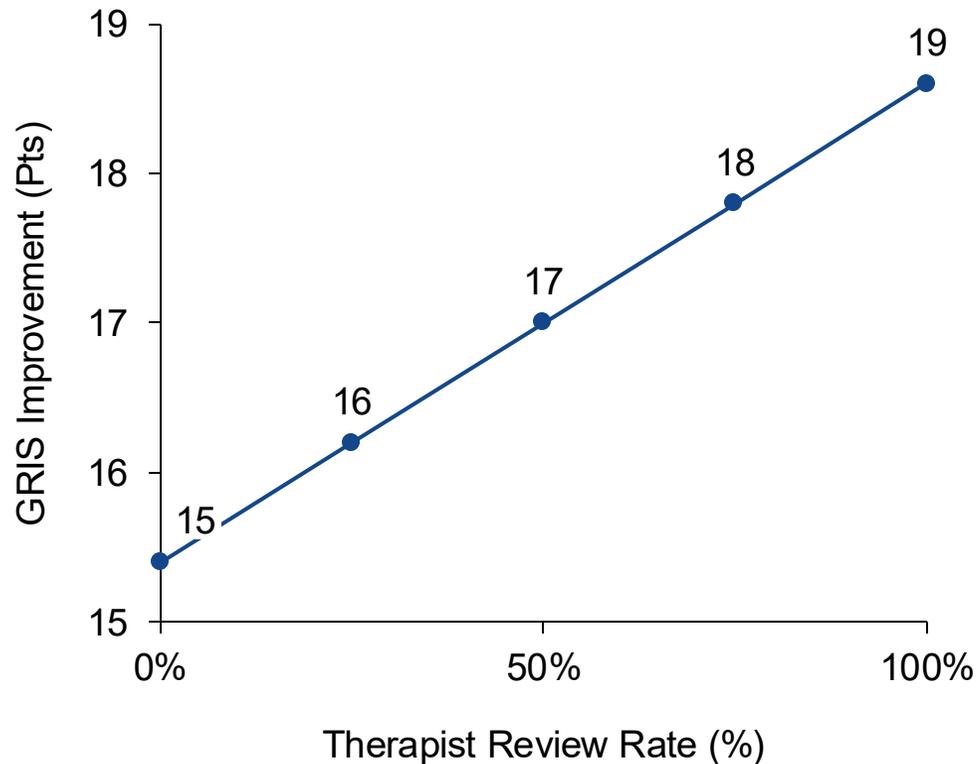


Sources: Aspirin (Mahmoud et al., 2019); BP meds (Ettehad et al., 2016); Statins (CTT Collaboration, 2019)

# Effect of therapist assessment review on patient improvement



Impact of therapist review rate (%) on GRS improvement (Pts)



Impact of therapist review rate (%) on relapse risk reduction (%)

