EDGEWOOD
HEALTH NETWORK

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STATE-OF-THE-ART ADDICTION TREATMENT

The Edgewood Health Network (EHN) believes that the best chance for long-term recovery from addiction is a treatment program that assesses all aspects of a patient's health: the physical, mental, emotional, and spiritual body, as well as his or her family and community systems. It is this attention to detail and state-of-the-art programming which has allowed Edgewood to fill a gap in the health system, so effectively.

"The way we think about it," says Joe Manget, CEO and Chairman of EHN, "is we are four-and-a-half years old as a company, but we have over a hundred years of history. It all began on Christmas Eve in 2013, when we created Edgewood Health Network with the acquisition of the Edgewood Treatment Center in Nanaimo, British Columbia. Our philosophy was actually pretty simple. There is, in our opinion, a lack of high-quality treatment across Canada. There are a lot of treatment centers across the country but at the time we started, there was no national provider. That means that if you are a national employer and you are looking for treatment

AT A GLANCE
EDGEWOOD HEALTH NETWORK

WHAT: Mental health and addiction treatment centers

WHERE: Various locations across Canada

WEBSITE: www.edgewoodhealthnetwork.com

for your employees, there is no single source you can go to, especially on the accredited side of the marketplace. We had the vision of creating that as a first in Canada, so we started with Edgewood Treatment Center in Nanaimo. We added Bellwood Health Services in Toronto and then we added Clinique Nouveau Départ in Montreal. Across those three facilities, you have over a hundred years of experience, so our goal remains quite simple: we want to provide the highest level of patient care across the country. In addition to those three inpatient facilities, we have outpatient facilities across the country in most major cities. We want to provide a full continuum of care which means not just inpatient treatment, but also aftercare and additional platforms as well."

Addiction and other related mental health problems are serious, persistent, and challenging. EHN believes that collaboration, compassion, and respect set the tone for the care they provide. That means a treatment approach which creates therapeutic communities in which patients, clients, families, and staff, alike, all contribute to the healing process as they share activities, build relationships, and interact throughout the day. It is about creating an environment

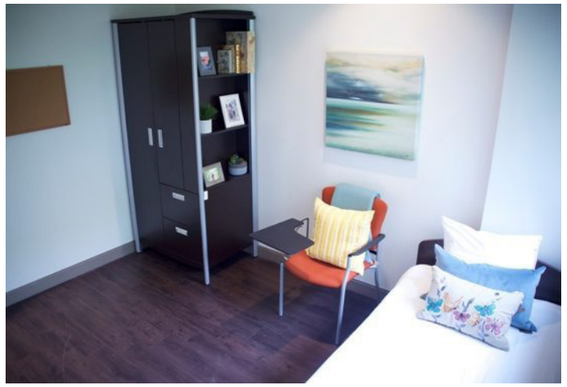
of safety, trust, and honesty.

"There are multiple channels in which clients come to know about us," says Manget, "but the biggest single one is probably the internet. People find us through web searches, Google, and so on, and then they get to our admissions departments and then decide whether or not it makes sense to come in. On the other hand, the most rapidly growing part of our business is from employers who are seeing the need to send their employees to private treatment centers, because although the public system is fine, there are serious waiting lists and you don't get the same kind of level of care as we would offer. So, they see it as a positive return on investment to send an employee to us versus waiting for the private system."

Thus, the majority of revenue at EHN comes from private pay, with about 95 percent of the business funded by individuals, insurance companies, and employers, and the remaining five percent by the

provincial government of Ontario.

"The Canada Health Act mandates that every provincial government must provide insurance for hospitals and physicians to all of its citizens," explains Cara Vaccarino, Chief Operating Officer. "The individual provinces would administer the provincial health plan and finance hospitals and physicians according to various contracts. The problem with the public health care system, speaking specifically of mental health and addictions, is that, through the years, there have been major cutbacks in publicly-funded options for inpatients across Canada. And when there are publicly-funded options available, whether they be inpatient or outpatient options, there is also typically a very long wait time, and people rarely get the right treatment in the right place at the right time. Most inpatient facilities across the country that are publicly funded are short-term stabilization beds. So, typically, the patients are admitted through the emergency department in acute psychological crisis for anywhere from three to ten days for stabilization and then, ideally, they are discharged to a lower level of care. The problem is that those lower levels of

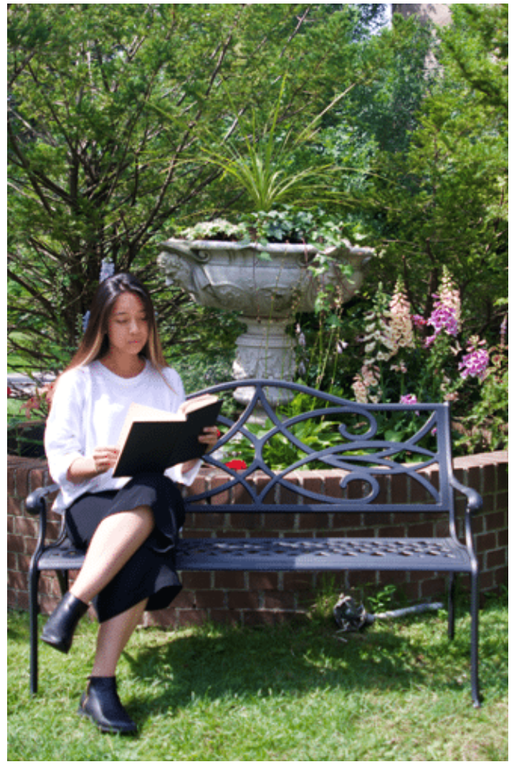


care also face huge backlogs and access issues. So, we have seized an opportunity at EHN Canada to really provide options and service for people in Canada to receive state-of-the-art, excellent, evidence-based treatment. And, really, there is nothing comparable in the public system at all. Most patients do not have access to evidence-based care such as Cognitive Behavioral Therapy or Dialectical Therapy which are not covered by Provincial Health Plans."

People seeking treatment are also being seen in a more holistic way. A lot of treatment centers were originally conceived of treating alcoholism. These days, the problems and the treatments are far more complex.

"To be quite honest, that kind of old school alcoholic is a rare occurrence," Vaccarino points out. "Nowadays we know through the literature that people who abuse alcohol are also more likely to be poly-substance abusers, meaning that they abuse more substances beyond alcohol and I would say more than poly-substance abuse, what we are seeing as a trend is the higher rate of concurrent mental illness. And, by the time people are acute enough to need residential or inpatient treatment, they come to care with a number of complexities. So, not only, for example, will they have an opiate abuse disorder, but also major depression, or bipolar diagnosis. So we have been very strategic across EHN Canada to build huge capacity around mental health and psychiatric care."

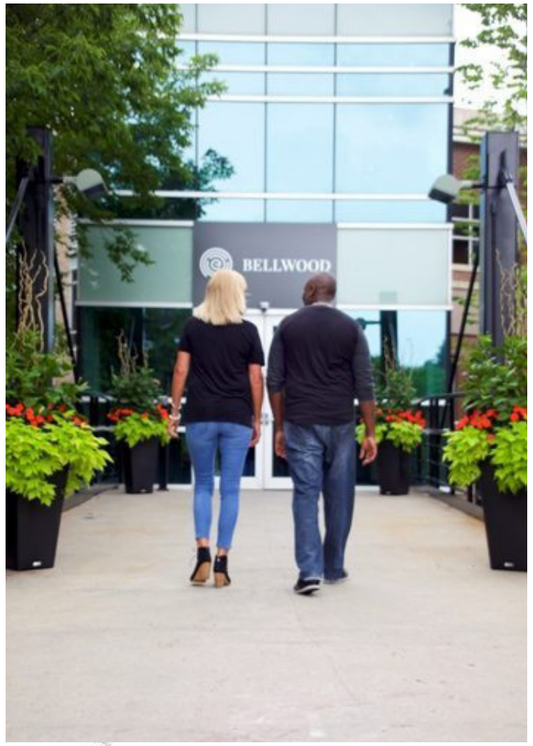
EHN is also trying to treat the larger issue, and recognize the holistic health of the individual. This usually involves including family dynamics and relatives in the treatment protocol. "We see that family

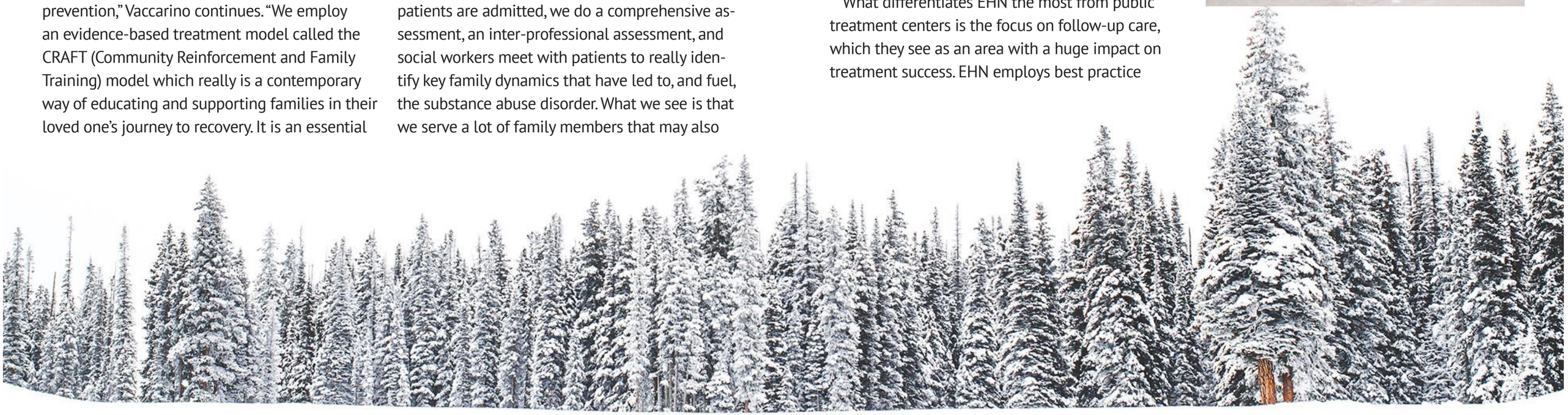


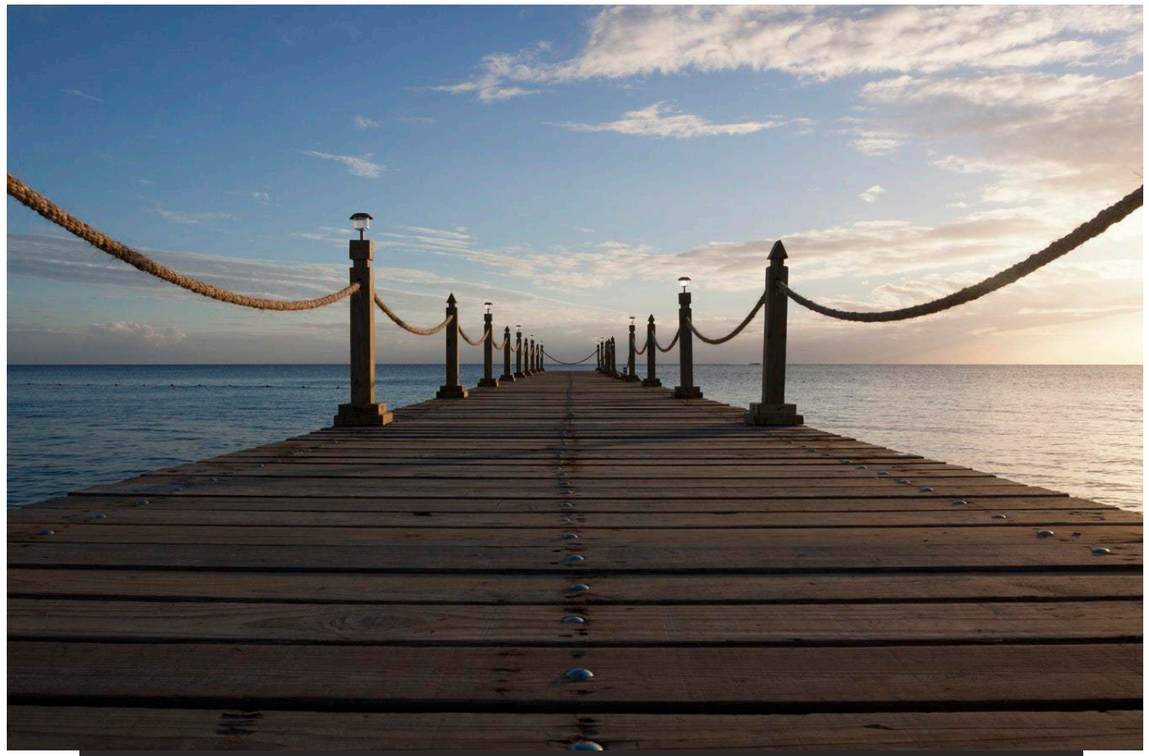
involvement is a critical component to relapse prevention," Vaccarino continues. "We employ an evidence-based treatment model called the CRAFT (Community Reinforcement and Family Training) model which really is a contemporary way of educating and supporting families in their loved one's journey to recovery. It is an essential and very critical component of all we do. When patients are admitted, we do a comprehensive assessment, an inter-professional assessment, and social workers meet with patients to really identify key family dynamics that have led to, and fuel, the substance abuse disorder. What we see is that we serve a lot of family members that may also be struggling with their own mental health concerns or substance abuse disorders. It is a prime opportunity for us to do some impactful work across the board where families are concerned."

EHN is also engaged in a number of strategic partnerships with academic health services centers across Canada. They have medical trainees and residents in their facilities and also conduct research that is peer-reviewed and published. This allows them to identify and fulfill unmet demand in the country. It also means focusing on very highly specialized treatment niches that otherwise would not be available for Canadians. An example of this is a residential treatment program for very severe Obsessive Compulsive Disorder partnered with the Sunnybrook Health Services Center. Prior to the opening of this treatment center last year, most provincial governments had been sending patients to the United States for treatment.

What differentiates EHN the most from public treatment centers is the focus on follow-up care, which they see as an area with a huge impact on treatment success. EHN employs best practice







discharge planning, working with the patient, their families, and with community providers like psychologists or psychiatrists. During every week of residency, some time is spent on discharge planning, so that when patients leave they are set up with a very comprehensive and responsible discharge plan.

"It is easy to stay clean when you are in treatment. The real test is what happens when patients leave residential care," Vaccarino points out. "One of the most progressive and innovative steps that EHN Canada has taken is the development of an internal app," she continues, "an app that people who have been in our care can download on their devices which is an in-time support mechanism. Called WAGON, the app is a check which allows patients to be hooked into their mobile device and they are required to provide daily goals and accountabilities. Everything is built into the app to trigger patients to make sure they are doing what they are supposed to be doing to stay clean and sober and work on any mental health issues they might have. The coolest feature in the app, I think, is actually a trigger where you can program in your GPS function in your mobile device for slippery locations. So if there was a corner, for example, where you used to buy drugs, or a bar where you used to drink excessively, or a relationship you are supposed to avoid, when you actually approach those locations, your phone will send an alert to you saying – 'Wait, do you want to do this?' - and then engage in a series of cognitive behavior exercises to help the client avoid the situation. Another feature of the app is a trigger that if you do not check in daily, EHN Canada will call you and say 'Hey buddy, we see you haven't checked in, in a day or two. Are you okay?' And again, this is strategically focused on relapse prevention. So, we have used all of the best evidence at our disposal and all of the best technology at our disposal to really create a very comprehensive relapse prevention paradigm across the network. We also provide, and encourage, and

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include one year of aftercare, for free, for patients who have been in residential treatment. Aftercare involves both individual aftercare for the identified patient or client, as well as family aftercare to continue to provide support to families after the primary treatment and residential care is complete."

"We are continuing to grow across Canada," Manget says in summary, "working on expanding our reach. We have a new facility coming on stream in the next few months, Whiterock, which is in a suburb of Vancouver and it is an advanced medical detox and short-term inpatient facility. For us, the number one priority is the patient outcome. We are constantly striving to measure and improve patient outcomes. As we expand and more and more clients are on the WAGON platform, we will have an impressive level of data so we can actually use that to research and improve outcomes. So, I think the biggest single thing we will be doing differently in five years is being better at the patient outcome, as well as being more accessible to every Canadian as we have more facilities across the country."

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