



PATIENT OUTCOMES

ANNUAL REPORT

2025

ARKANSAS

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INTRODUCTION

This 2025 Annual Patient Outcomes Report for Arkansas, published by Ideal Option, highlights the effectiveness of office-based addiction treatment and demonstrates that:

- Specialized treatment leads to verifiably positive recovery outcomes.
- Objective abstinence outcomes can be longitudinally measured over extended periods.

Toxicology results are a key indicator of treatment success. In the outpatient treatment setting, objective and accurate test accountability is essential to the patient-provider therapeutic alliance and, together with medication and psychosocial support and guidance, is a key element of the treatment process. At Ideal Option, unexpected test results do not result in treatment discontinuation or judgment.

Key Takeaway

96% of patients in long-term recovery demonstrated sustained abstinence from opioids!¹



¹ As of 12/31/2025, the percentage of patients in Maintenance Stages of Care demonstrating abstinence from opioids.

² The reduction in positive tests for all patients during 2025 at Maintenance B compared to Initiation Stage of Care.

³ Ideal Option Self-Reported Patient Outcomes Survey, November 2025, 876 respondents.

Treatment Works²

↓ **98%**

less
fentanyl
use

↓ **80%**

less
methamphetamine
use

Retention

70%

of patients who returned for a
second visit remained in treatment
after six months

Life Improves³

↑ **70%**

reported
improvement in
housing

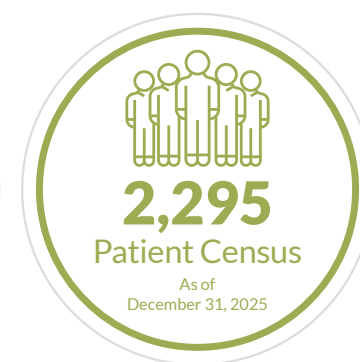
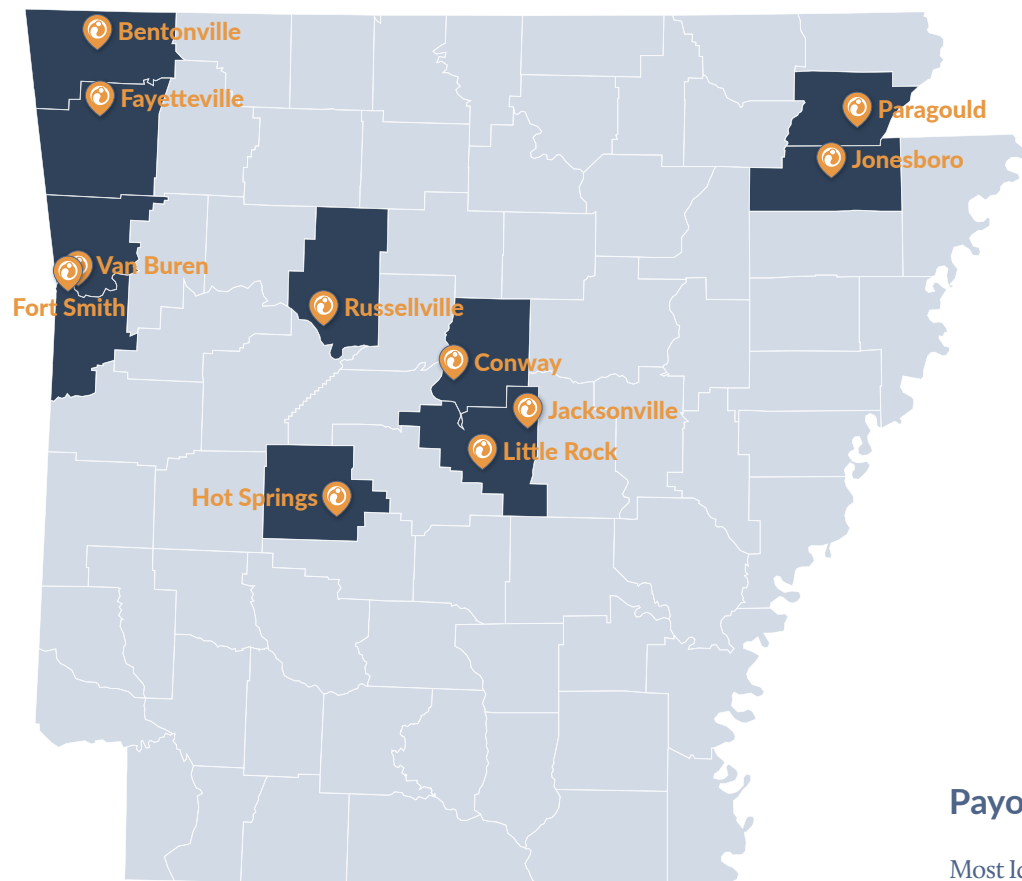
↑ **51%**

reported
improvement in
employment

OUR PATIENTS

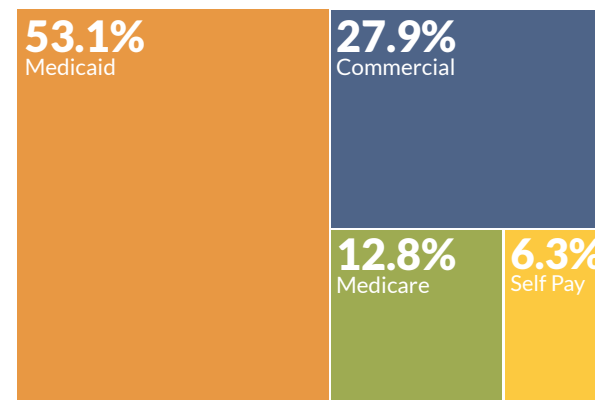
Ideal Option's treatment program in Arkansas includes 11 clinics and supports over 2,200 patients, most of whom rely on Medicaid for treatment.

Patient Census as of December 31, 2025



Payor Coverage

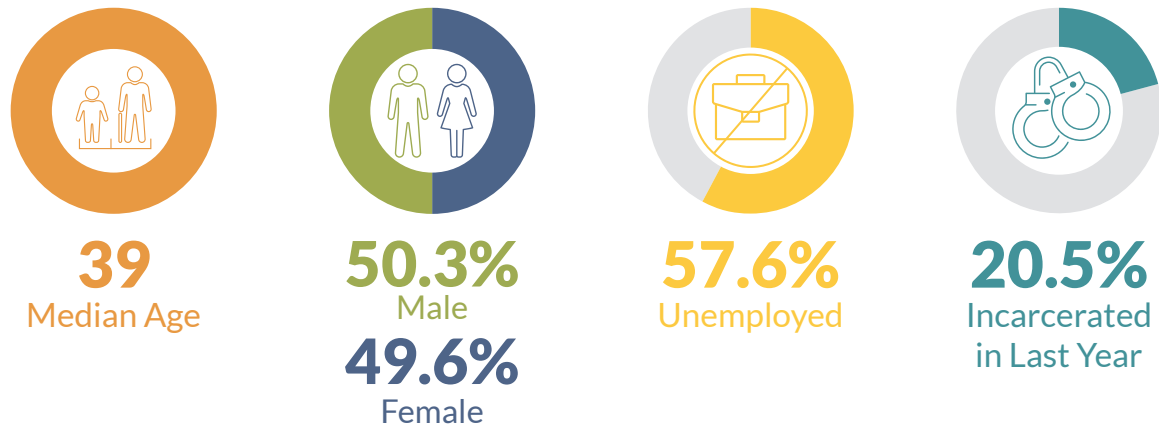
Most Ideal Option patients seeking treatment for substance use disorder rely on Medicaid. The chart shows payor coverage for Arkansas patients seen in 2025.



OUR PATIENTS

Substance use disorder profoundly impacts patients' stability at enrollment, underscoring the need for strong community partnerships.

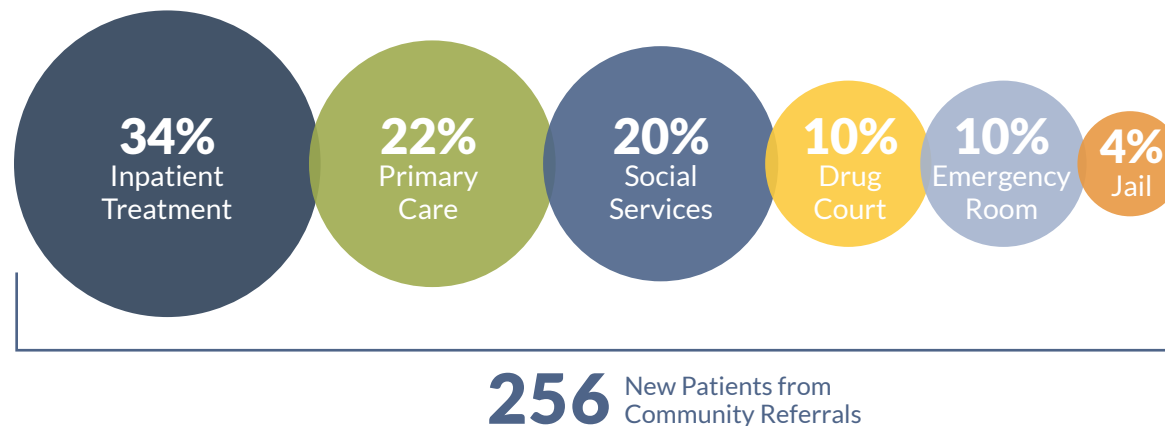
Patient Characteristics at Enrollment



At enrollment, Arkansas patients' self-reported characteristics highlight the **severe societal impact of substance use disorder**.

- Those affected are more likely to experience homelessness, unemployment, drug-related charges, and incarceration.
- Sustained abstinence from addictive substances has been shown to improve social determinants of health including housing, employment, food security, education, and social inclusion.

Community Referrals



New patients find Ideal Option through online searches, social media, referrals from friends and family, and community partner recommendations.

To foster relationships with community stakeholders and encourage patient referrals, outreach is conducted in every community in which Ideal Option operates.

CLINICAL PROTOCOL

Ideal Option's evidence- and stage-based care model drives long-term recovery outcomes.

How the Program Works

Ideal Option providers guide patients through a stage-based protocol for long-term, sustainable recovery. The chart below shows the criteria opioid use disorder patients must meet to advance from one Stage of Care to the next. This evidence-based treatment approach leverages contingency management behavioral theory to optimize patient outcomes and ensure clinical consistency, while enabling providers to personalize care and celebrate key milestones in recovery.

Note: Patients with isolated methamphetamine or alcohol use disorder will follow specialized protocols.

STAGES OF CARE

INITIATION

New patients, re-start patients, or patients not yet stabilized on buprenorphine.



STABILIZATION A

Patients who are starting to feel stable on buprenorphine and have reduced their use of opioids.



STABILIZATION B

Patients who are stable on buprenorphine and have stopped use of opioids but may still be using other non-prescribed substances.



MAINTENANCE A

Patients who are completely stable on buprenorphine and abstinent from all non-prescribed substances.



MAINTENANCE B

Patients who have long-term stability on buprenorphine and are abstinent from all non-prescribed substances.



GRADUATION CRITERIA

*Verified by diagnostic test

- ✓ No Withdrawal Symptoms
- ✓ Reduced Cravings
- ✓ Taking Buprenorphine*
- ✓ Reduced Opioid Use*

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*

- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*
- ✓ No Stimulants*

- ✓ Long-term Stability
- ✓ No Withdrawal Symptoms
- ✓ No Cravings
- ✓ Taking Buprenorphine*
- ✓ No Opioid Use*
- ✓ No Non-Prescribed Benzos or Sedatives*
- ✓ No Stimulants*

*Centers for Disease Control and Prevention. (2020). Treatment and Recovery Fact Sheet. CDC. <https://www.cdc.gov/overdose-prevention/media/pdfs/What-to-look-for-Treatment-and-Recovery-Fact-Sheet.pdf>

*"Addiction is a disease that often requires long-term care and follow-up. Recovery plans including medication for opioid use disorder can increase success rates by normalizing brain chemistry and reducing cravings."*⁴

CENSUS PROGRESSION

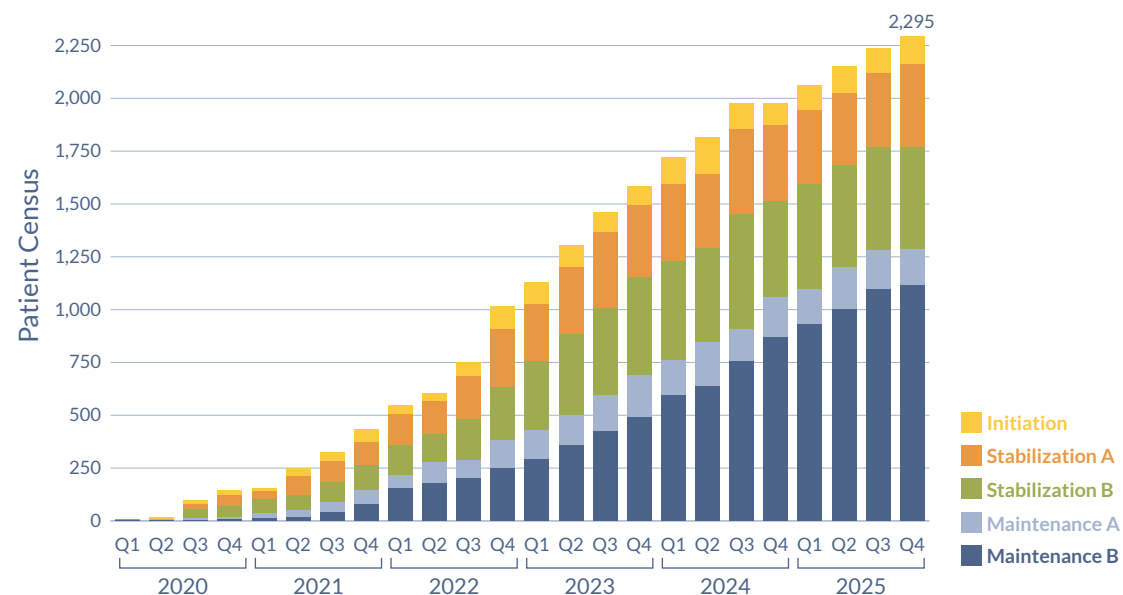
Patient census reflects increasing long-term engagement.

Ideal Option's Arkansas patient census increased at a cumulative annual growth rate of 16% between 2024 and 2025.

- The accompanying chart shows census stratification by Stage of Care for each calendar quarter during the six-year period.
- In 2025, the cumulative annual growth rate of patients in the Maintenance Stages of Care (both A and B) was 21%, increasing from 54% to 56% of total census.
- The Maintenance Stages of Care are typically associated with long-term recovery and correlate with remission (see Remission & Recovery Data).

2020-2025 | ARKANSAS

Census by Stage of Care



Ideal Option has provided care to 7,082 unique Arkansas patients in 127,841 appointments over the past six years. Although Maintenance B patients constituted the majority of the census at any given time, 77% of appointments over this period were dedicated to patients in a Stage of Care prior to Maintenance B. Over the six-year period, 62% of patients who transitioned to Maintenance B exited the program, many of whom are presumed to have tapered off medication.

REMISSION & RECOVERY OUTCOMES

Remission and recovery outcomes improve with each Stage of Care.

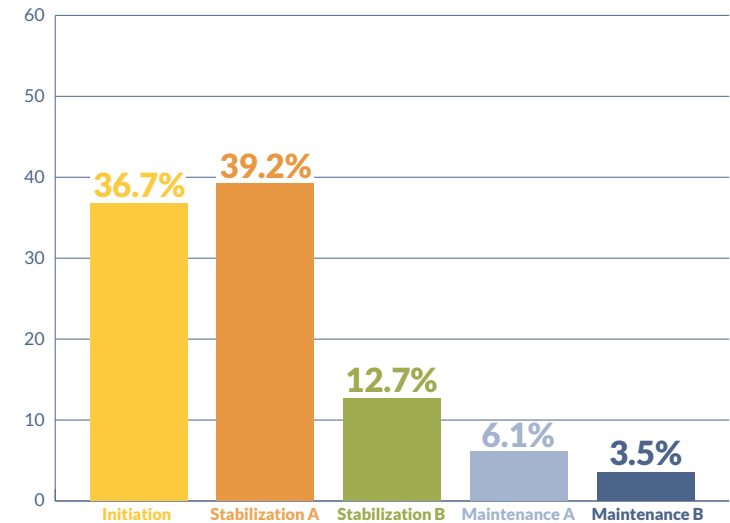
The accompanying charts summarize remission and recovery outcomes. Patients improve medication adherence and abstinence from illicit substances as they advance through each Stage of Care. The positive progression results from a combination of medication adherence, strong therapeutic alliances with patients, psycho-social support, test result accountability, contingency management, and positive reinforcement.

⁵ Centers for Disease Control and Prevention. (2021, September 2). Treatment and Recovery, CDC.
https://www.cdc.gov/overdose-prevention/treatment/opioid-addiction.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/featured-topics/treatment-recovery.html

“The overall goal of treatment is to return people to productive functioning in their family, workplace, and community.”⁵

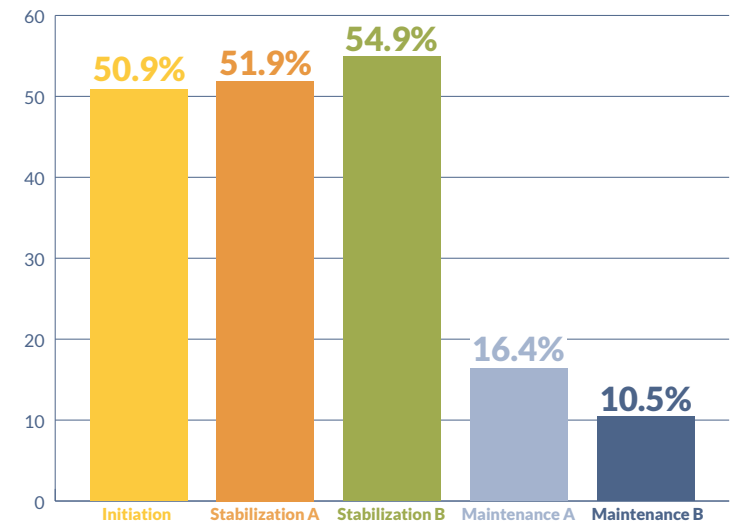


Positive Opioid* Rates by Stage of Care
ARKANSAS



*Opioids include fentanyl, heroin, and prescription pain medication.

Positive Stimulant* Rates by Stage of Care
ARKANSAS



* Stimulants include methamphetamine and cocaine.

TREATMENT RETENTION

High retention rates demonstrate patient determination and resilience.

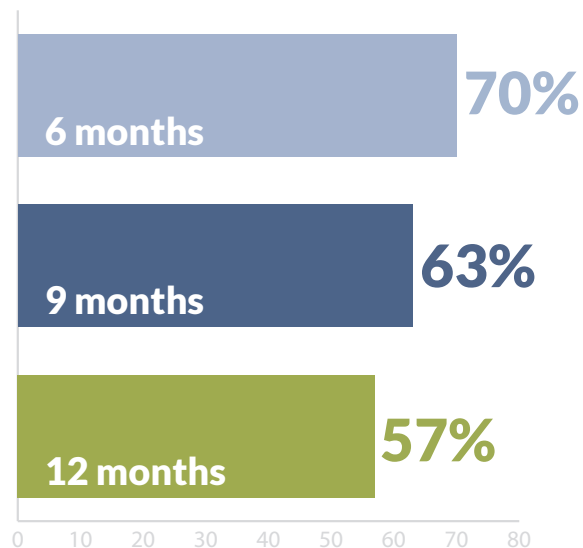
Recovery from substance use disorder requires ongoing treatment over many months, and often years.

- Outpatient treatment is voluntary.
- Return-to-use episodes are common in the recovery process.
- Readiness to change varies widely among individuals.

Despite these challenges, patient determination and resilience are reflected in outcomes:

- 86% of patients returned for a second visit.
- Of patients who returned for a second visit, 70% continued to attend treatment visits after at least six months, 63% continued after at least nine months, and 57% continued after at least 12 months.

Arkansas patients who returned for a second visit remained in treatment after:



“With effective treatment, recovery is possible for everyone. There is strength in getting help.”⁶

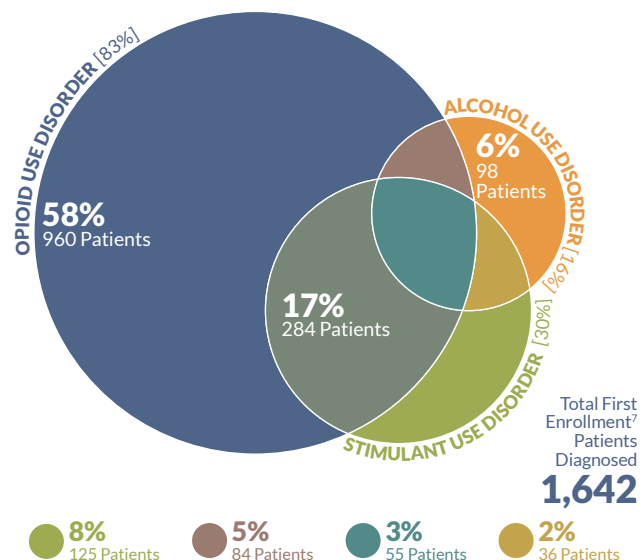
⁶Centers for Disease Control and Prevention. (2024, September 11). Recovery from Substance Use Disorder. CDC. https://www.cdc.gov/overdose-prevention/treatment/?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/featured-topics/recovery-SUD.html

POLYSUBSTANCE USE

Polysubstance use at enrollment reflects complex and contaminated street drug supplies.

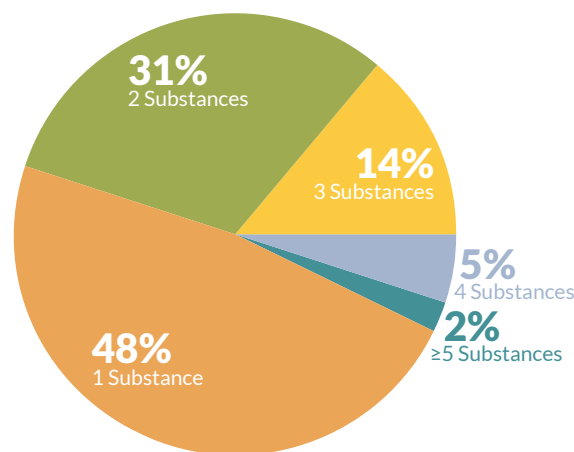
Treatment Diagnosis

2025 DIAGNOSES AT FIRST ENROLLMENT
ARKANSAS



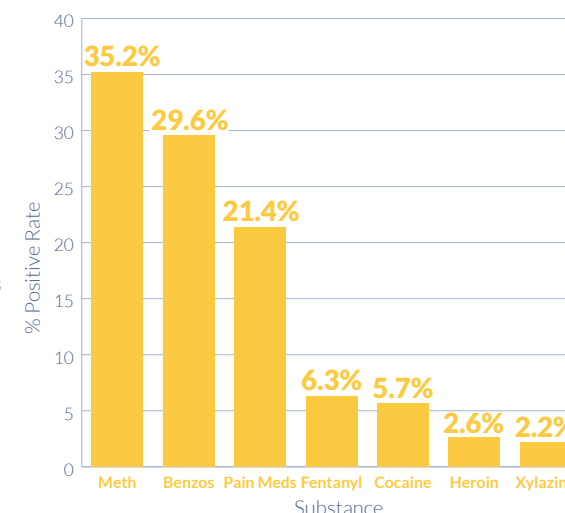
Polysubstance Use

2025 POSITIVE RATES AT ENROLLMENT⁸
ARKANSAS



Substance Use

2025 POSITIVE RATES AT ENROLLMENT⁸
ARKANSAS



Polysubstance Use at Enrollment

Test results at program enrollment reflect current substance use trends. Most enrolling patients test positive for multiple substances, often unaware of some of the substances they have consumed.

Fentanyl use has largely replaced heroin and prescription pain medications. The widespread use of stimulants and sedatives continues, with **methamphetamine** remaining the most widely consumed illicit drug in the U.S. **Cocaine** also remains

available in many markets. Both methamphetamine and cocaine are **often contaminated with other substances, including fentanyl**.

Benzodiazepines, also known as sedatives or tranquilizers, are commonly prescribed for anxiety and related conditions, but they can cause dependency and are frequently misused and diverted. Illicitly manufactured benzodiazepines, often highly potent and **contaminated with fentanyl**, pose significant

risks, including respiratory depression and death when combined with opioids.

Xylazine is a powerful animal tranquilizer that is currently not a controlled substance. Like benzodiazepines, xylazine increases the risk of respiratory depression and death and can cause severe skin lesions, including necrosis leading to amputation.

⁷ Diagnosis at first-time patient enrollment.

⁸ An enrollment occurs when a first-time patient begins treatment at Ideal Option and when a patient returns to Ideal Option for treatment following a lapse of 42 days or more.

MENTAL HEALTH OUTCOMES

Outcomes from mental health screeners show sustained improvements with each Stage of Care.

Arkansas patients showed sustained improvement in mental health outcomes as demonstrated by PHQ-9 (depression) and GAD-7 (anxiety) assessments.

- **Severity is reduced:** Moderate to severe symptoms decreased markedly from as high as 31% in the Initiation stage to as low as 14% in the Maintenance B stage.
- **Stability is increased:** The percentage of patients reporting no/minimal depression or anxiety was significantly higher in Maintenance B compared to the Initiation stage.
- **Average scores improved:** Average scores in the Maintenance Stages of Care reflect no depression and minimal anxiety.

These results highlight meaningful progress and reinforce the value of continued engagement in care to sustain and build on these positive mental health outcomes.

PHQ-9 Depression Score⁹

	Initiation	Maintenance B
No Depression	49%	64%
Mild Depression	23%	22%
Moderate Depression	13%	8%
Moderately Severe Depression	8%	4%
Severe Depression	6%	2%

GAD-7 Anxiety Score⁹

	Initiation	Maintenance B
Minimal Anxiety	45%	59%
Mild Anxiety	23%	24%
Moderate Anxiety	16%	9%
Severe Anxiety	15%	8%

Average Score		
Stage of Care	PHQ-9	GAD-7
Initiation	6.7	7.0
Stabilization A	6.6	6.8
Stabilization B	5.7	5.9
Maintenance A	4.6	4.4
Maintenance B	4.3	4.8

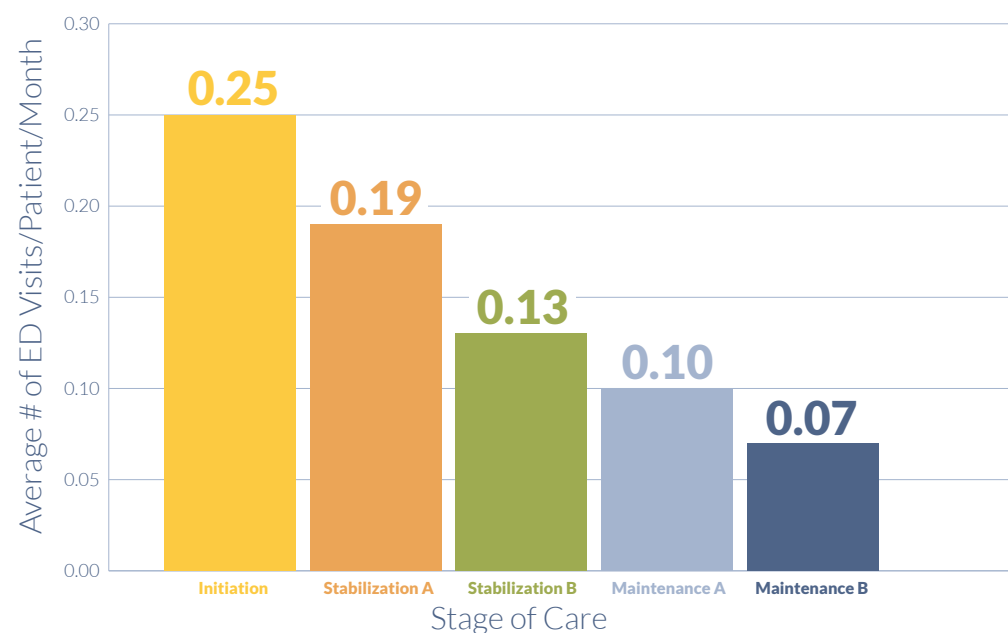


⁹ In 2025, 5,898 patients completed the PHQ-9 and 5,865 patients completed the GAD-7.

EMERGENCY DEPARTMENT FREQUENCY OUTCOMES

Emergency department visits decline substantially as patients progress through the Stages of Care.

Emergency Department Visits by WA and ID Medicaid Patients Decline by Stage of Care



In 2025, Ideal Option's Medicaid patients in Washington and Idaho showed a significant decrease in emergency department (ED) visits, as measured by data from Collective Medical.¹⁰

ED visits declined sharply as patients progressed through the Stages of Care. Nearly 20% of patients in the Initiation Stage of Care visited the ED each month, with an average of 0.25 visits per patient. In comparison, only 6% of patients in Maintenance B visited the ED monthly, averaging 0.07 visits per patient. This yields significant medical cost savings as patients with an opioid use disorder (OUD) diagnosis face 32.5% higher costs per ED visit.¹¹



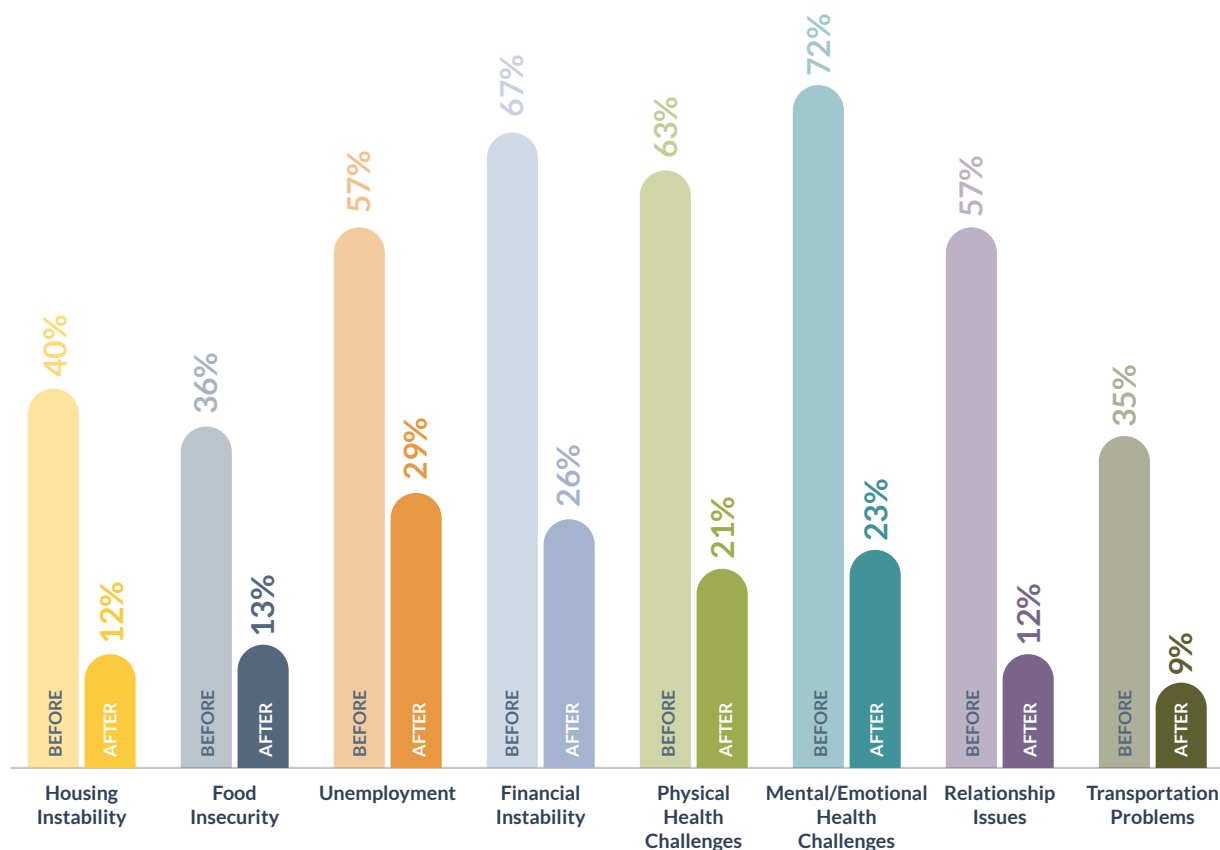
¹⁰ Collective Medical. <http://collectivemedical.com/>

¹¹ Goldman, M. (2023, January 24). How opioid misuse is costing health systems. Axios Vitals. <https://www.axios.com/2023/01/24/opioid-abuse-hospital-costs>

SOCIAL DETERMINANTS OF HEALTH OUTCOMES

Patient-reported data show that engagement in treatment leads to significant improvement in quality of life.

Patient Challenges Before and After Starting Treatment



Have you visited the ER for drug-related medical care since starting treatment?
96% SAY NO



Have you had any drug-related arrests or charges since starting treatment?
98% SAY NO



Ideal Option found that **quality of life significantly improves** when patients engage in treatment.

- In November 2025, 876 patients completed an anonymous survey sent to over 22,000 patients who had received treatment for six months or more.
- Patients were asked questions about overwhelming challenges they faced before starting treatment with Ideal Option, and which challenges they continued to face after receiving treatment from Ideal Option.
- Patients report significant improvement across all measured social determinants of health, and encouragingly, objective toxicology results confirm that recovery aligns with self-reported progress in social determinants of health.

REMISSION & RECOVERY DATA

A structured care model supports increasing stability and high medication adherence over time.

Initiation and Stabilization Stages (A & B)

As of December 2025, 44% of Ideal Option's Arkansas patients were in pre-Maintenance Stages of Care (Initiation and Stabilization A & B).

The pre-Maintenance Stages are particularly challenging as patients face physical, mental, and environmental obstacles to both substance abstinence and medication adherence. Withdrawal causes intense discomfort and cravings that can last for days, while sublingual buprenorphine adherence requires strict and time-consuming daily dosing, all while resisting the temptation to divert the medication.

The Initiation Stage includes newly enrolling or re-enrolling patients and those needing frequent and intensive care. Stabilization A patients show improved medication adherence and reduced opioid use. Stabilization B patients show further progress, including a decrease in the use of other substances, particularly methamphetamine.

Maintenance Stages (A & B)

As of December 2025, 56% of Ideal Option's Arkansas patients were in the Maintenance A & B Stages of Care.

Over 96% of opioid use disorder patients in these stages are adherent to buprenorphine, as confirmed by definitive testing results for the drug's metabolite, norbuprenorphine. Buprenorphine adherence correlates with recovery from opioid use disorder as shown by the near elimination of fentanyl, heroin, and prescription pain medication positive test results in the Maintenance Stages. Maintenance Stage patients also show significant reductions in stimulant and sedative use, despite the lack of FDA-approved medication treatments.

Positive Rates by Stage of Care | ARKANSAS

Patient Census & Outcomes	Initiation	Stabilization A	Stabilization B	Maintenance A	Maintenance B
Fentanyl	11.5%	8.4%	1.2%	0.6%	0.2%
Methamphetamine	48.4%	48.8%	52.5%	15.0%	9.9%
Benzodiazepines	35.9%	43.0%	33.5%	22.8%	16.7%
Prescription Pain Meds	21.5%	27.1%	9.1%	4.2%	2.6%
Cocaine	6.4%	8.0%	6.1%	2.0%	0.8%
Xylazine	5.1%	2.0%	0.1%	0.0%	0.0%
Heroin	3.3%	3.5%	1.0%	0.9%	0.3%
Norbuprenorphine	85.6%	91.0%	95.6%	96.2%	97.9%
% of Total Census	5.9%	17.2%	20.9%	7.5%	48.5%



ABOUT IDEAL OPTION

Founded in 2012, Ideal Option has treated more than 100,000 patients and:

-  Operates 80 specialized outpatient treatment clinics across nine states.
-  Employs over 500 staff, with more than half being healthcare professionals, including addiction medicine providers, medical assistants, nurse care managers, peer outreach specialists, and behavioral health counselors.
-  Is a member of the American Society of Addiction Medicine (ASAM), with providers regularly completing ASAM trainings and following current guidelines to deliver evidence-based treatment.
-  Operates a high-complexity, CLIA-certified laboratory, accredited by The Joint Commission, and staffed by laboratory managers, quality specialists, analysts, and ASCP registered clinical scientists, to rapidly supply comprehensive and accurate clinical information to providers.
-  Is accredited by The Joint Commission and holds The Gold Seal of Approval®.

Ideal Option aims to provide cost-effective, outcomes-based addiction treatment that improves patients' lives and reduces the financial and social burdens of untreated, or ineffectively treated, substance use disorder. As part of its mission, Ideal Option:

-  Diagnoses and treats Hepatitis C, sexually transmitted infections, and other communicable diseases, and provides reporting to public health agencies.
-  Connects patients to essential resources such as food, housing, employment, and transportation by partnering with community organizations, government agencies, law enforcement, and local, state, and national leaders.

This report uses toxicology results as a definitive measure of treatment progress. In outpatient addiction care, objective and accurate testing is vital, not only for clinical accountability but also for reinforcing trust between patients and providers. Combined with medication and psychosocial support, it forms the foundation of a successful recovery model. At Ideal Option, unexpected test results are treated as clinical information, not as grounds for punishment or discharge.



TO LEARN MORE

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